

234th Annual Meeting of the Medical Society of Delaware

**November 18, 2023
Christiana Hilton
100 Continental Dr., Newark, DE**



Agenda

| | |
|---------------------|---|
| 7:00 – 7:30 a.m. | All exhibitors set up |
| 7:30 – 8:00 a.m. | Check in begins for attendees Continental breakfast available |
| 8:00 a.m. | Welcome Remarks (Robert Varipapa, MD, MSD President) <ul style="list-style-type: none">• Sponsor Videos• Sen. Tom Carper President’s Award |
| 8:15 a.m. | AMA Presentation (Jesse Ehrenfeld, MD, MPH, AMA President) |
| 8:30 – 9:30 a.m. | Lewis B. Flinn CME Lecture – Presenter: Tia Trivisonno, ND, LAc, MSOM “Food as Medicine – Ancient Wisdom, Modern Times” |
| 9:30 – 9:45 a.m. | 50 Year Medical Graduate Awards Presentation |
| 9:45 – 10:00 a.m. | Break/Visit Exhibits |
| 10:00 – 11:00 a.m. | 2 nd CME Lecture/Food Demonstration - Katerina Tsapos Parmele, MD, FACEP, IFMCP “Heart Healthy Burrito Bowl” |
| 11:00 – 11:15 a.m. | Break/Visit Exhibits |
| 11:15 am – 12:30 pm | Annual Meeting of the Council |
| 12:30 – 12:45 p.m. | Break/Visit Exhibits |
| 12:45 – 1:15 p.m. | MSD Holding Company Board Meeting (Exclusive to Holding Company Board members) |



Medical Society of Delaware
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234th Annual Meeting

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**2023
50 Year Medical Service Award**

Each year, the Medical Society of Delaware recognizes its physician members who graduated from medical school 50 years prior by distinguishing these individuals for their many years of service to the medical profession. We honor and truly appreciate the service these individuals have given to their patients and to the betterment of health care in Delaware.

The distinguished physicians who graduated medical school in 1973 are:

Lamberto M. Arellano, MD

Timoteo Gabriel, Jr., MD

William L. Jaffee, MD

Joseph A. Kuhn, MD

Brian W. Little, MD, PhD

Abdollah M. Malek, MD

A. Robert Masten, MD

Elizabeth F. Masten, MD

Kathleen W. McNicholas, MD

Nicholas J. Petrelli, MD

Edward R. Sobel, DO

David Sopa, DO

Joseph A. Vitale, DO



Medical Society of Delaware

LEADING THE WAY TO A HEALTHY DELAWARE

**234th
Annual Meeting of the Council**

Saturday, November 18, 2023

**Christiana Hilton
100 Continental Drive
Newark, DE**

**Official Meeting Materials
Medical Society of Delaware**





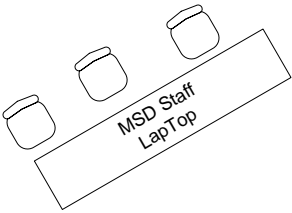
2023 MSD COUNCIL

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 (45) | NAME | TERM |
|---|-----------------------------|-------------|
| President | Robert J. Varipapa, MD | 2023 |
| President-Elect | Bhavin R. Dave, MD | 2023 |
| Vice President | Brian J. Galinat, MD, MBA | 2023 |
| Secretary | James Monihan, MD | 2023 |
| Treasurer | Shalini B. Shah, MD | 2023 |
| Speaker of the Council | Stephanie Guarino, MD | 2023 |
| Immediate Past President | Matthew J. Burday, DO | 2023 |
| AMA Delegate | Janice E. Tildon-Burton, MD | 2022-2023 |
| Resident/Fellow Section Representative | Nicole M. Kushner, DO | 2022-2023 |
| Young Physician Section Representative | Anthony M. Tramontozzi, DO | 2023-2024 |
| Physicians Emeritus Representative | John Chabalko, MD | 2022-2023 |
| New Castle County At-Large Representative | James M. Gill, MD | 2023-2024 |
| New Castle County At-Large Representative | Michael T. Vest, DO | 2022-2023 |
| Kent County At-Large Representative | Cedric T. Barnes, DO | 2023-2024 |
| Sussex County At-Large Representative | William M. Chasanov II, DO | 2022-2023 |
| Government Affairs Committee Representative | Richard W. Henderson, MD | 2023-2024 |
| Third Party Payer Committee | Nicholas O. Biasotto, DO | 2023-2024 |
| Holding Company Board Representative | Joseph J. Straight, MD | 2023 |
| Anesthesiology Representative | Manish Purohit, MD | 2022-2023 |
| Cardiology Representative | Vinay R. Hosmane, MD | 2022-2023 |
| Dermatology Representative | Helen A. Mashek, MD | 2022-2023 |
| Family Medicine Representative | Hugh Bonner, MD | 2022-2023 |
| Internal Medicine (ACP) Representative | John H. O'Neill, DO | 2023-2024 |
| Obstetricians & Gynecologists Representative | Lindsey M. Davis, MD | 2022-2023 |
| Oncology Representative | Lydia I. Clements, MD | 2023-2024 |
| Ophthalmology Representative | Paula C. Ko, MD | 2022-2023 |
| Otolaryngology/Head Neck Surgery Representative | Paul M. Imber, DO | 2022-2023 |
| Pediatrics Representative | Vibha Sanwal, MD | 2022-2023 |
| Psychiatry Representative | James M. Ellison, MD | 2022-2023 |
| Urology Representative | Michael R. Zaragoza, MD | 2023-2024 |
| Delaware State Osteopathic Medical Society Representative | Edward R. Sobel, DO | 2022-2023 |
| Delaware Chapter, National Medical Association | Drew A. Brady, MD | 2023-2024 |
| Wilmington Geographic Affinity Group Representative | Nancy Fan, MD | 2023-2024 |
| Hockessin/Pike Creek Geographic Affinity Group Rep | Donald Archer, MD | 2022-2023 |
| Christiana Geographic Affinity Group Representative | Randeep S. Kahlon, MD | 2023-2024 |
| Bayhealth Kent Campus Medical Staff Representative | Brintha F. Vasagar, MD | 2022-2023 |
| Bayhealth Sussex Campus Medical Staff Representative | Akshatha S. Kamath, MD | 2023-2024 |
| Christiana Care/Wilmington Medical Staff Representative | Gilbert A Leidig, | 2022-2023 |
| Christiana Care/Wilmington Medical Staff Representative | Jeffry T. Zern, MD | 2022-2023 |
| Nemours Children's Hospital Medical Staff Representative | Stephanie Guarino, MD | 2023-2024 |
| Saint Francis Hospital Medical Staff Representative | Wesley E. Emmons, MD | 2023-2024 |
| Saint Francis Hospital Medical Staff Representative | Mary C. McCrossan, MD | 2023-2024 |
| TidalHealth Nanticoke Medical Staff Representative | Jona D. Gorra, MD | 2023-2024 |
| TidalHealth Nanticoke Medical Staff Representative | Joseph H. Kim, DO | 2023-2024 |
| Corporate/Government Employed (non-hospital) Rep | Avani K. Virani, MD | 2023-2024 |

ANNUAL MEETING OF THE MSD COUNCIL – November 18, 2023
CHRISTIANA HILTON, NEWARK
SEATING CHART (Not to scale)



Podium and
Microphone

SCREEN

Projector
Table

Council Seating –
Meeting Materials Available at Tables

Council Council Council

Council Council Council

Council Council Council

Council Seating -
Meeting Materials Available at Tables

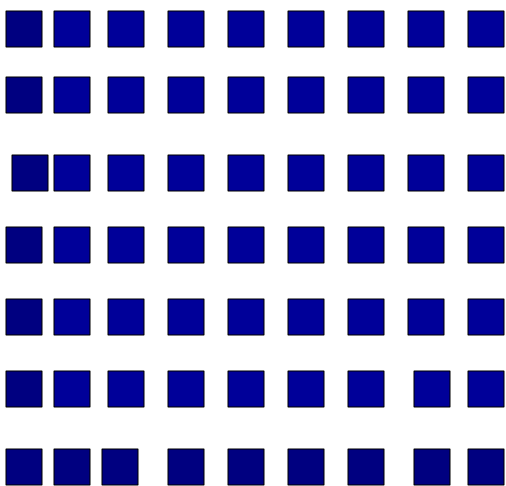
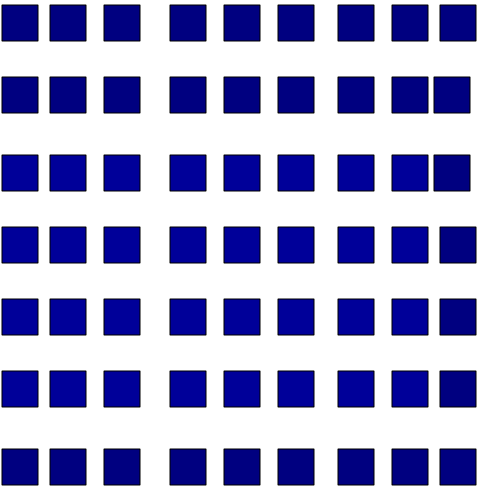
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Council Council Council

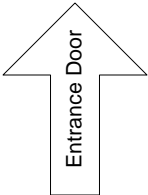
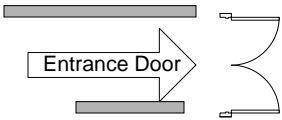
Council Council Council

Microphone
and stand

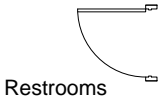
Those wishing to
address the
Council must do
so at the
microphone.



General Membership
Seating



Council Meeting Materials–
General Membership Pick Up

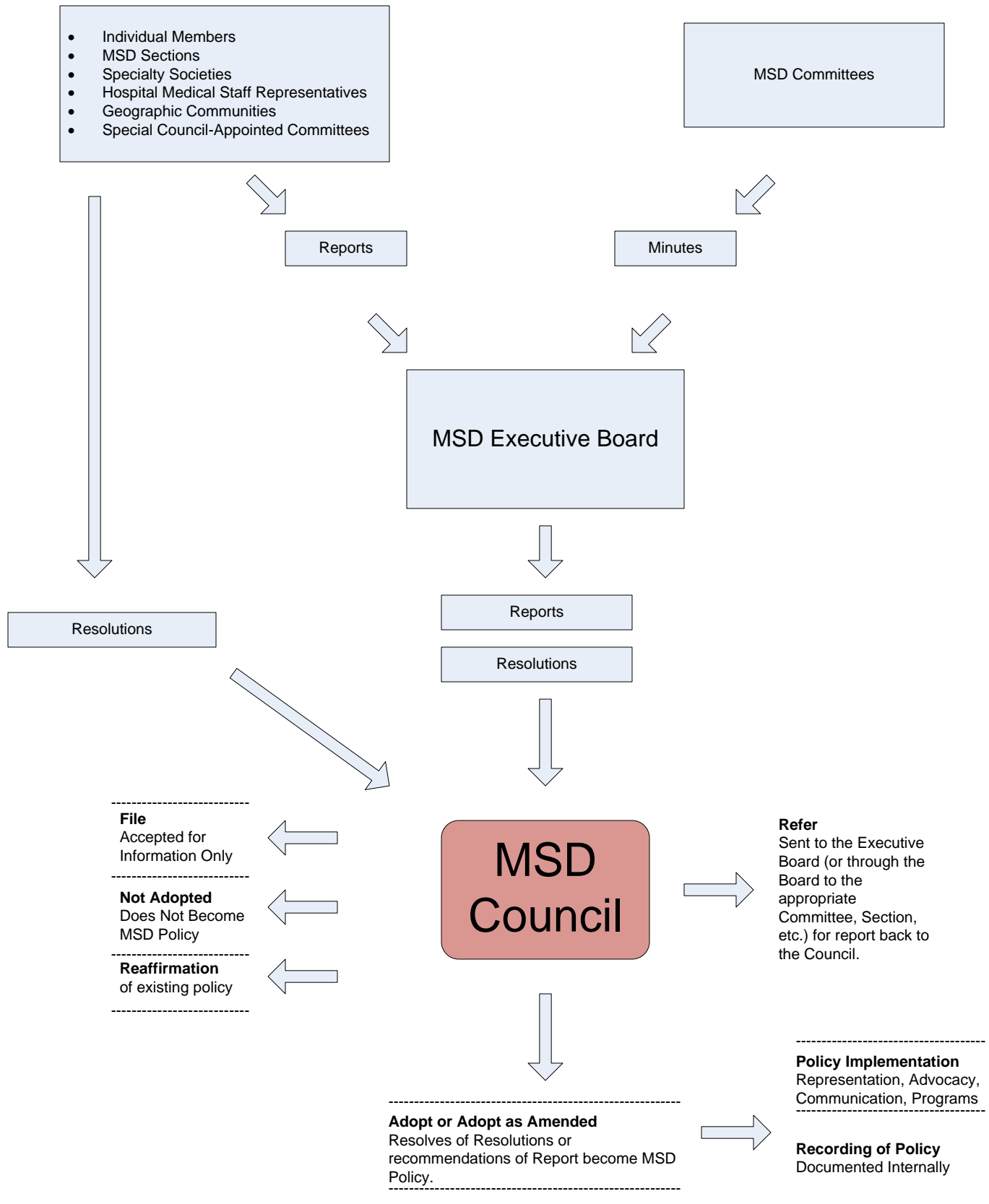


*Seating at the first three rows of tables is for designated Council members only.
The last row of tables is reserved for Past Presidents and designated guests.
Please refer to pages 4 and 5 of the Meeting Materials Packet for a list of MSD
Council members.*

For Illustration Purposes Only – Not Drawn to Scale



How MSD Sets Policy





INSTRUCTIONS TO MEMBERS OF THE COUNCIL

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

Council Authority

According to the MSD 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 attend the meeting. A quorum is required to conduct the business of the meeting and registering prior to the registration deadline will help determine if a quorum will be met, and thus, if the meeting can be held. Your badge will have been prepared in advance so that there will be a minimum of delay upon check-in.

The Council is composed of the MSD Officers; AMA Delegate; MSD Section Representatives; four At-Large Representatives; Government Affairs Committee Representative; Third Party Payer Committee Representative; Specialty Society Representatives; Delaware State Osteopathic Medical Society Representative; Delaware Chapter, National Medical Association 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 in good standing and of the organization being represented (e.g., a specialty society, the Delaware State Osteopathic Medical Society, hospital medical staff). Most representatives on the Council are appointed from the individual group or section they represent. Officers, the AMA Delegate, and the At-Large Representatives are all elected by the Council.

Seating

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

Conduct of Business

The Council in its deliberations shall be presided over by the Speaker of the Council. In the Speaker's absence, the President may serve. **One-third majority of the members on the Council constitute a quorum for the transaction of business.** The Meeting proceedings may be recorded. Please utilize the microphone when addressing the Council to help with recording purposes. The Council, whether in regular or special session, shall proceed with the order of business set by the Speaker. At any meeting, however, the Council by specific motion may change the order of business previously set 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 other recognized medical societies, 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 and resolutions received after the established deadline date are considered late. Reports are submitted to outline the activities of that particular committee, foundation, subsidiary, or group and are provided as informational. Should a committee, foundation, subsidiary, or group not submit a report in writing, there will be no documentation within the handbook. A representative may make a verbal presentation, but it is preferable to have a timely written submission for prior review by the Council. Resolutions are numbered in the order in which they are received. The reports and resolutions will be made available electronically in advance of the meeting for preview. This information will be made available in print form at the meeting as necessary.

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

Duties of the Council

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

The Council members should prepare in advance and 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; speak with their 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 to understand the opinions being expressed, or may answer questions if a member seeks clarification. The Council listens carefully and evaluates all opinions presented so that it may vote after careful consideration of all comments and opinions.

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

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

Voting and Voting Options

Only those who are currently on the roster as a member of the Council are eligible to vote. The business of the Council meeting has significant impact on MSD activities and policy and MSD asks that Council members take their voting privilege seriously. Choosing to abstain from voting is your decision not to vote in favor one way or another and is also used for those who have a conflict of interest on the matter. These abstention votes are not counted either as a “yes” or “no” vote. Along with abstention votes, if you choose not to vote at all, you waive your right and allow the will of the organization to be expressed by those voting. In computing whether a motion passes, the Speaker has interpreted the MSD Bylaws to mean that the number of legal votes cast will be used to determine whether a motion passes, as long as a quorum still remains for the meeting.

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 | None |
| Parliamentary inquiry | Yes | No | No | No | None | All motions | None |
| Withdraw a motion | Yes | No | No | No | None | All motions | None |
| Division of question | No | No | No | No | None | Main motion | None |
| Division of assembly | Yes | No | No | No | None | Indecisive vote | None |

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.

1. Opening Remarks by MSD President – Robert J. Varipapa, MD
 - a. Recognition of Past Presidents (pg. 14)
 - b. Recognition of 1789 Club Members for 2023 (pg 15)
 - c. Moment of Silence for Deceased Members (pg 16)
2. Call to Order of the Business Meeting of the Council – Stephanie Guarino, MD, Speaker
 - a. Procedure Review (pg. 10)
3. Approval of 2023 Interim Council Meeting Minutes – April 21, 2023 (pg 17-24)
4. Report of the Executive Board (pg. 25-29)
5. Report of MSD Holding Company Board of Directors (pg. 30-32)
6. Report of the Bylaws Committee – Janice Tildon-Burton, MD (pg. 33-35)
7. Presentation of Proposed 2024 Budget – Randeep Kahlon, MD, Past Treasurer (pg. 36-38)
8. Resolution Submissions for Council Consideration
 - a. 01-A2023 “Artificial Intelligence in Health Care” (pg. 39)
 - b. 02-A2023 “MSD Response to the Obesity Epidemic – A Chronic Disease” (pg. 40)
 - c. 03-A2023 “Support for Refugees in Delaware” (pg.41-42)
 - d. 04-A2023 “Gun Violence is a Public Health Crisis” (pg. 43-45)
9. Nominating Committee Report – Bhavin Dave, MD, Chair/President-Elect (pg. 46-47)
10. President’s Address – Robert J. Varipapa, MD
11. Old Business
12. New Business
13. Absolution Resolution (pg. 48)
14. Informational Reports (pg. 49-142)
 - a. Strategic Plan 2023-2026 (pg. 49-56)
 - b. Reports of MSD Committees (pg.57-106)
 - c. Reports of MSD Sections (pg. 107-111)
 - d. Reports of MSD Subsidiaries (pg. 112-115)
 - e. Reports of MSD Foundations (pg. 116-121)
 - f. Other Reports (AMA) (pg. 122-123)
 - g. Reports of Medical Specialty Societies (pg. 124-142)
15. Committee Members for 2023 (pg. 143-150)
16. Late Reports (if any)
17. Adjournment



2023 Annual Council Meeting

RECOGNITION OF PAST PRESIDENTS OF THE MEDICAL SOCIETY OF DELAWARE

| | | | |
|---------|-------------------------------|---------|----------------------------|
| 1978-79 | Anthony L. Cucuzzella, M.D. | 2007-08 | Kelly S. Eschbach, M.D. |
| 1987-88 | Martin J. Cosgrove, M.D. | 2008-10 | Nicholas O. Biasotto, D.O. |
| 1990-91 | Ali Z. Hameli, M.D. | 2010-11 | David M. Bercaw, M.D. |
| 1991-92 | James P. Marvel, Jr., M.D. | 2011-12 | Randeep S. Kahlon, M.D. |
| 1992-93 | Stephen R. Permut, M.D. | 2012-13 | Stephen J. Kushner, D.O. |
| 1994-95 | Michael J. Bradley, D.O. | 2013-14 | Nancy Fan, M.D. |
| 1995-96 | Carol A. Tavani, M.D. | 2015 | Nancy Fan, M.D. |
| 1997-98 | Stephen S. Grubbs, M.D. | 2016 | Dorothy M. Moore, M.D. |
| 1999-00 | Michael A. Alexander, M.D. | 2017 | Prayus T. Tailor, M.D. |
| 2001-02 | Leo W. Rasis, M.D. | 2018 | Richard W. Henderson, M.D. |
| 2002-03 | Joseph P. Olekszyk, D.O. | 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. | 2021-22 | Matthew J. Burday, D.O. |
| 2005-07 | Janice E. Tildon-Burton, M.D. | | |



2023 Annual Council Meeting

RECOGNITION OF 1789 CLUB MEMBERS

The Medical Society of Delaware is one of the oldest institutions of its kind in the United States and rich in history. It was incorporated on February 3, 1789, twelve days after President Washington took his oath of office. 1789 is a significant date in MSD's history, and thus the creation of the 1789 Club.

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 2023 1789 CLUB MEMBERS

Michael J. Axe, MD
Anna Marie D'Amico, MD
Nancy Fan, MD
Suzanne J. Sherman, MD
Kirsten M. Smith, MD
Michael E. Stillabower, MD
Robert J. Varipapa, MD

IN MEMORY

As a memorial to the members of the Society who were lost through death during the past year since the 2022 Annual Meeting, we pay tribute to the following physicians:

Joyce W. Anderson, MD

Basilio N. Bautista, MD

Paul E. Gorrin, MD

Kevin C. Kelley, MD

Louisa C. Mankin, MD

Otto R. Medinilla, MD

John S. Piendak, MD

R. Walter Powell, MD

Robert H. Radnich, MD

Alex M. Raney, MD

Charles S. Riegel, MD

Pietro (Peter) V. Rocca, MD

Christopher J. Whitney, MD



MEDICAL SOCIETY OF DELAWARE
 11th INTERIM MEETING OF THE COUNCIL
 Meeting Minutes
 Thursday, April 20, 2023

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| <p>Location: This meeting was held at the Smyrna Opera House.</p> <p>Time: 6:30 p.m.</p> | <p>Council Members Present: Cedric T. Barnes, DO; Nicholas O. Biasotto, DO; Hugh Bonner, MD; Drew Brady, MD; Matthew J. Burday, DO; John Chabalko, MD; Bhavin R. Dave, MD; James Gill, MD; Jona Gorra, MD; Vinay Hosmane, MD; Mary C. McCrossan, MD; James Monihan, MD; John O'Neill, DO; Shalini B. Shah, MD; Joseph J. Straight, MD; Janice E. Tildon-Burton, MD; Robert Varipapa, MD; Brintha Vasagar, MD; Michael Vest, DO; and Avani K. Virani, MD.</p> <p>Other MSD Members Present: Raghda Bchech, MD; Anna M. D'Amico, MD; Dakota Degenstein; Richard W. Henderson, MD; G. Jeffrey Millan, MD; and Prayus T. Tailor, MD.</p> <p>Guests Present: Mr. David Brond, Aloysius Butler & Clark; Mr. Joaquin Falcon, AMA Field Representative; Ms. Kim Gomes, Byrd/Gomes Group; Marilyn J. Heine, MD, AMA Board of Trustees and spouse Arlin Silberman, DO;</p> <p>Staff Present: Mary LaJudice; Mike Miller; Lynn Robinson; Michelle Seymour; and Mark Thompson.</p> <p>Council Members Absent: Donald R. Archer, MD; William M. Chasanov II, DO; Steven R. Chmielewski, MD; Lindsey Davis, MD; James Ellison, MD; Nancy Fan, MD; Brian J. Galinat, MD, MBA; Stephanie Guarino, MD; Paul M. Imber, DO; Randeep S. Kahlon, MD; Joseph H. Kim, MD; Paula Ko, MD; Gilbert Leidig, MD; Helen Mashek, MD; Manish Purohit, MD; Vibha Sanwal, MD; Edward R. Sobel, DO; Anthony Tramontozzi, DO; Michael R. Zaragoza, MD; and Jeffry Zern, MD.</p> |
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| ITEM/TOPIC | DISCUSSION | ACTION | STATUS |
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| Official Call to Order of Business Meeting by Speaker of the Council | <p>The 11th Interim Council Meeting of the Medical Society of Delaware was held in-person at the Smyrna Opera House, the first in-person Council Meeting held since the beginning of the COVID-19 pandemic in March 2020. MSD Speaker, Stephanie Guarino, MD was not able to attend the meeting. MSD President, Robert J. Varipapa, MD, assumed the role of speaker.</p> <p>Recognizing a quorum, Dr. Varipapa officially called to order the 11th Interim Meeting of the Council at 6:44 p.m. Since this Interim Meeting included items of business relevant to the entire membership, an invitation was extended to the entire MSD membership to attend.</p> | <p>Fourteen Council members constitute a quorum for the transaction of business (one-third majority of the 40 total members on the Council).</p> | |

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| Introduction of AMA Guests | American Medical Association (AMA) Board of Trustees member, Marilyn J. Heine, MD, and AMA Field Representative, Joaquin Falcon, were introduced. Dr. Heine presented on AMA-focused initiatives and the Independent Physician Practice (IPP) survey. | | |
| Update on Strategic Plan | Mr. David Brond, Vice President of Strategy and Planning at Aloysius Butler & Clark, was introduced as the facilitator for MSD's Strategic Plan. He provided the Council with an update on the 2023-2026 Strategic Plan development and informed that MSD is currently in the stages of assessment and research and will be moving to develop goals, objectives and strategies. He encouraged the Council members and all MSD members to access the membership survey and complete it as soon as possible. | | MSD Executive Board provided final approval of the MSD Strategic Plan at its meeting held on September 21, 2023. Strategic Plan launch kick-off done in October 2023. |
| Committee on Diversity, Equity and Inclusion Questionnaire | Dr. Cedric Barnes, Chair of the MSD Committee on DEI encouraged members to complete the questionnaire prepared to collect demographic data on the membership. | | Questionnaire continues to be presented for the membership to complete. |
| Procedure Review | <p>Dr. Varipapa asked if there were any late resolutions to be presented. No one came forward with any late resolutions.</p> <p>Dr. Varipapa reviewed the specifics to a well-functioning meeting. This information was provided in the Council Handbook as well. It was noted that the session was being recorded.</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. In order to have an uninterrupted flow of the meeting, the Council was asked if it was their will to allow MSD members who are non-Council members the opportunity to address the Council without having to provide the consent of the Council each time.</p> | The Council granted a blanket approval for allowing MSD members who are not Council members the privilege of the floor to address the Council. There was no objection. | |
| Approval of Minutes | <p>The minutes of the November 1, 2022 Annual Meeting of the Council were presented.</p> <p>A motion was made and seconded for approval of the minutes.</p> | The motion was adopted to accept the minutes of the November 1, 2022, Annual Meeting. There was no objection and no abstentions. | |
| President's Report | Dr. Varipapa presented his President's report. He thanked the MSD staff for all the assistance they provide. He has been working to improve the MSD website, and increase the use of the Slack app. He mentioned a bill being discussed in MSD's Government Affairs Committee regarding the Delaware Motor Vehicle Department and patients with seizures and their ability to drive. | The President's Report was filed. | |
| Treasurer's Report | MSD Treasurer, Shalini B. Shah, MD, presented the Treasurer's report. She reviewed the 2022 annual fiscal audit, membership dues paid over the past four years showing continuing | The Treasurer's Report was filed. | |

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| | <p>decreases each year, an update on the sale of the MSD Conference Center in 2022 and the new office location in Middletown, as well as requesting donations to the MSD Mission Appeal. Funds received through the Mission Appeal are directed to the Delaware Foundation for Medical Education and/or the Delaware Foundation for Medical Services. 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> | | |
| Advocacy Update | <p>Dr. Henderson, standing in for the Chair of the Government Affairs Committee (GAC), Dr. Steven Chmielewski, provided the update.</p> <p>Dr. Henderson began by thanking the members of the Government Affairs Committee, the Byrd/Gomes lobbying team, Lincoln Willis, and MSD staff.</p> <p>Dr. Henderson outlined the new GAC leadership, informed of the addition of a public member to the GAC, and acknowledge the leadership of the external advocacy/lobbying team.</p> <p>The election in November 2022 preceded many retirements, which brought a new General Assembly to Delaware in January 2023. Budget revenue predictions are strong in year over year numbers.</p> <p>He discussed primary care reform and that MSD continues to track closely the regulatory process. SB 31, which passed and was awaiting the Governor's signature, corrects a technical error in SB 227 by establishing requirements for group and blanket health insurance plans that align with existing requirements for individual and state employee health insurance plans.</p> <p>HB 1 and HB 2, recreational marijuana bills, passed the General Assembly. HB1 legalizes possession and use and HB 2 provides a taxation and regulatory framework for implementation. MSD testified against the legislation.</p> <p>MSD is working with stakeholders and drafted legislation on educational transparency and the use of "Dr." The legislation would strengthen Delaware laws to ensure patients know what educational background their health care professional has obtained.</p> <p>MSD continues to work with stakeholders including the AMA and Delaware Healthcare Association to create a series of reforms.</p> <p>MSD convened a discussion with the primary sponsor of the Alzheimer's & Dementia CME Requirement legislation (SB 283).</p> | The report was filed. | |

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| | SB 8, the medical billing and collections bill, protections patients from unfair debt collection for practices for medical debt, including prohibiting large health care facilities from charging interest and late fees, requiring facilities to offer reasonable payment plans, limiting the sale of debt to debt collectors unless and agreement is made, etc. Large health care facility was defined. | | |
| Nominations to the 2023-2024 Nominating Committee | <p>The MSD Nominating Committee is comprised of seven members, six of whom are selected from the members of the Council. At each Interim Council Meeting, six Council members are requested to serve on the MSD Nominating Committee for the ensuing year. The MSD President-Elect serves as Chair. Bhavin Dave, MD will serve as the Nominating Committee Chair for the 2023-2024 term. The identified Council Members are ratified by the Executive Board at its May meeting to serve on the 2023-2024 Nominating Committee. The Nominating Committee members have the responsibility throughout the year to identify colleagues who are qualified and have an interest in serving in the various elected positions, who are then considered for election by the Council at the Annual Meeting held in November. The following Council members were presented for nomination from the floor to serve for the 2023-2024 term. Dr. Varipapa asked whether there was any opposition to closing nominations, which none was raised.</p> <p>A motion was made by Dr. Monihan and seconded by Dr. Fan for the acceptance of the nomination slate of the Nominating Committee members.</p> <p>The following members were nominated:</p> <p>2 members from: SECTIONS, AT-LARGE, GEOGRAPHIC GROUPS</p> <ul style="list-style-type: none"> • Nancy Fan, MD – Wilmington Geographic Group • Michael T. Vest, DO – At Large, New Castle County <p>2 members from: SPECIALTY SOCIETIES, OSTEOPATHIC SOCIETY</p> <ul style="list-style-type: none"> • Nicholas O. Biasotto, DO – Osteopathic Society • Hugh Bonner, MD – Specialty Society, Family Practice <p>2 members from: HOSPITALS, PRACTICE TYPE GROUP</p> <ul style="list-style-type: none"> • Mary C. McCrossan, MD – Saint Francis Hospital • Shalini B. Shah, MD - Bayhealth <p>MSD President-Elect to serve as Chair – Bhavin R. Dave, MD</p> | <p>The motion was passed approved the nominating slate to be presented to the Executive Board. There was no opposition or abstentions.</p> <p>The Executive Board is to finalize the appointment at its May 18, 2023 meeting.</p> | 5/18/23 – Nomination slate adopted by Executive Board. Committee created in database. Nominating Committee members notified of their appointment. |
| Resolution 01 I2023– | Three resolutions were presented to the Council for consideration. The resolves of each resolution were presented. Resolutions are numbered and presented in the order in which they are received in the MSD office. | On the motion to adopt resolution 01, of the Council members voting, they voted in | |

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| <p>“Increasing Representation on the Medical Society of Delaware’s Delegation to the American Medical Association”</p> | <p>Dr. Varipapa reminded anyone who is speaking to come to the center isle microphone, and introduce themselves and who they are representing (themselves or an organization). He noted that conversation can focus on one or all resolves, or amendments can be offered. Resolution 01 was submitted by the MSD Executive Board. Dr. Dave, President-Elect, read the resolves.</p> <p>RESOLVED, That the Medical Society of Delaware Council approve the funding and representation for a Delaware representative to the American Medical Association Private Practice Physician Section to be elected according to the Bylaws; and be it further</p> <p>RESOLVED, That the Medical Society of Delaware Council approve the funding and representation for a Delaware representative to the American Medical Association Minority Affairs Section to be elected according to the Bylaws.</p> <p>Dr. Gill spoke in favor of the resolution that MSD needed more representation and voice in the AMA and that it was a small cost to have this. Dr. Tildon-Burton clarified that increasing the number of AMA members increases it voice and can eventually lead to an automatic allowance of a second Delegate and Alternate Delegate position with the AMA. Dr. Varipapa noted that Bayhealth provides funding for AMA membership for all its physicians on staff.</p> <p>Dr. Henderson motioned for adoption of the resolution, with Dr. Biasotto seconding. There were no amendments presented and there was no further discussion.</p> | <p>the affirmative to adopt the resolution. The resolution was adopted as submitted.</p> | |
| <p>Resolution 02 I2023– “Medical Society of Delaware Position on the Legalization of Cannabis”</p> | <p>Several physicians were listed as submitting Resolution 02 (Robert Varipapa, MD; Richard Henderson, MD; and Michael Vest, DO). Dr. Varipapa read the Resolves:</p> <p>RESOLVED, That the Medical Society of Delaware urge the Delaware Legislature to require all cannabis grown, produced, or sold in the state to contain less than 15% Tetrahydrocannabinol (THC); and be it further</p> <p>RESOLVED, That the Medical Society of Delaware strongly oppose unregulated advertising, marketing, and promotion of cannabis; and be it further</p> <p>RESOLVED, That the Medical Society of Delaware urge the Delaware Legislature to require prominent labeling of all cannabis products with up-to-date, evidence-based warnings, which should include: “WARNING: Use of cannabis may cause psychosis, impaired driving, addiction, suicidal ideation, uncontrollable vomiting, and increase the risk of heart attack and lung disease. Cannabis may also cause harm if used during pregnancy and breast feeding.”; and be it further</p> | <p>On the motion of modifying resolve clause three, the Council members voting voted in the affirmative to adopt the resolve with the modifications.</p> <p>On the motion to adopt the resolution, those Council members voting adopted by a majority to accept the resolution as amended.</p> | |

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| | <p>RESOLVED, That warnings be prominently included in all audio, written, and internet advertising of cannabis products; and be it further</p> <p>RESOLVED, That the Medical Society of Delaware urge the Delaware Legislature and State administration to dedicate appropriate resources for public education on the medical and psychiatric risks and addiction potential associated with the use of cannabis products; and be it further</p> <p>RESOLVED, That the Medical Society of Delaware continues to support removal of THC/cannabis from Drug Enforcement Administration Schedule 1 and strongly promote research on the uses and dangers of cannabis products; and be it further</p> <p>RESOLVED, That the Medical Society of Delaware advocate for funds to be allocated by the General Assembly for the establishment, support, and maintenance of addiction and mental health facilities to manage and treat conditions associated with legalized recreational cannabis use.</p> <p>Dr. Biasotto noted that MSD opposes the use of cannabis. Dr. Varipapa informed that if the current bills are passed, this resolution will be important to address the thoughts of MSD going forward.</p> <p>Dr. Burday suggested an amendment to the third resolve to read:</p> <p><u>RESOLVED</u>, That the Medical Society of Delaware urge the Delaware Legislature to require prominent labeling of all cannabis products with up-to-date, evidence-based warnings, which should include: “WARNING: Use of cannabis may cause lead to multiple medical problems, which may include psychosis, impaired driving, addiction, suicidal ideation, uncontrollable vomiting, and increase the risk of heart attack and lung disease. Cannabis may also cause harm if used during pregnancy and breast feeding.”; and be it further</p> <p>A motion was made and seconded for acceptance of the modification to resolve 3.</p> <p>With no further discussion, a motion was made and seconded for approval of the resolution with the amendment presented.</p> | | |
| Resolution 03 – I2023 – | Prayus T. Taylor, MD submitted the resolution and read the resolves as follows: | The motion passed to adopte the resolution as presented with Dr. Gill abstaining. | |

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| <p>“Dialysis Coverage for Undocumented Immigrants with End-Stage Renal Disease”</p> | <p><u>RESOLVED</u>, That the Medical Society of Delaware urge the State Medicaid Director to expand emergency Medicaid services to undocumented immigrants with end-stage renal disease by including kidney failure and dialysis as emergency medical conditions; and be it further</p> <p><u>RESOLVED</u>, That the Medical Society of Delaware urge the State Medicaid Director to include coverage for vascular access, peritoneal dialysis access, and living-donor kidney transplant for undocumented immigrant patients with end-stage renal disease; and be it further</p> <p><u>RESOLVED</u>, That the Medical Society of Delaware work with community organizations, patients, patient advocacy groups, physicians, and policymakers to raise awareness about the barriers to accessing dialysis treatment, higher mortality rate, and cost for emergency-only hemodialysis for uninsured patients with end-stage renal disease.</p> <p>A question was raised as to whether the EMTALA law provides provisions for these patients. Dr. Tailor noted that Emergency Department care is episodic and there is no follow up. Dr. Gill was concerned that Medicaid would be paying for another type of care and that physician costs should be paid for but not hospital costs for dialysis. Dr. Tailor informed that 20 states across the country have implemented this. Dr. Biasotto raised a question about other medical conditions these patients may experience. Dr. Tailor indicated that interstitial kidney disease was the cause of dialysis for most young patients and they did not have other comorbidities.</p> <p>Dr. Biasotto motioned and was seconded by Dr. Dave to accept the resolution as presented.</p> | | |
| <p>Elections</p> | <p>In follow up to the adoption of Resolution 01-I2023, “Increasing Representation on the Medical Society of Delaware’s Delegation to the American Medical Association,” the Council was presented the names of two individuals to fill the spots of the two additional seats on the Delegation. Cedric T. Barnes, DO was in nomination for the AMA Minority Affairs Section representative and Shalini B. Shah, MD was in nomination for the AMA Private Practice Physician Section representative.</p> <p>A motion was made by Dr. Monihan and seconded by Dr. Dave to elect both Drs. Barnes and Shah to the respective positions.</p> | <p>The motion was passed to elect Dr. Barnes as the AMA Minority Affairs Section representative and Dr. Shah as the AMA Private Practice Physician Section representative.</p> | |
| <p>Old Business</p> | <p>Dr. Variipapa called for any old business. There was no old business presented.</p> | | |
| <p>New Business</p> | <p>Dr. Varipapa asked if there was any new business to present.</p> | | |

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| | Dr. Barnes informed that the Delaware Academy of Family Physicians was hosting a Golf Tournament on May 12 and that details are included in the <i>MSD eNews and Views</i> . | | |
| Reminders | Dr. Varipapa requested that all Council members who have not yet returned a signed Conflict of Interest form for 2023 to do so as soon as possible, as well as making a contribution to DELPAC and the Mission Appeal. Members were also encouraged to complete the Strategic Plan survey as well as the DEI demographics questionnaire. 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 18, 2023, barring any issues related with the pandemic or other situations. | | |
| Adjournment | With no further business, the meeting was adjourned at 8:46 p.m. | | |

Respectfully submitted,

James Monihan, MD
Secretary

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Executive Board
Report to Council
November 18, 2023

| ITEM/TOPIC | DISCUSSION | ACTION | STATUS |
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| AMA Update | <p>The Board received reports throughout the year on the activities of the AMA and the Delaware AMA Delegation.</p> <p>Janice Tildon-Burton, MD continues as a member of the AMPAC Board, being reappointed in 2023. Mr. Mark Thompson continues as a member of the AMA Litigation Center.</p> <p>Delaware participated in the AMA National Advocacy Conference held February 13-15, 2023, in Washington, DC. Topics of discussion included prior authorization, scope of practice, physician workforce, and Medicare payment reform.</p> <p>MSD has representation for Delaware's Organized Medical Staff Section to support the increase in number of physicians employed and addressing their needs. MSD also has a Senior Physician Section representative. A proposal to the Council at its Interim Meeting in April 2023 was adopted to add representatives to the Delaware AMA Delegation representing the Private Practice Physician Section and the Minority Affairs Section.</p> <p>The AMA Annual Meeting was held in-person in Chicago during the period of June 9-14, 2023. From MSD's resolution (A-2022) on social media and gun violence, a resolution was drafted and submitted to the AMA for consideration. This resolution was adopted as submitted by the AMA House of Delegates. Highlights of topics discussed by the House of Delegates included Medicare payment reform, prior authorization and the use of AI, that Body Mass Index (BMI) should not be used solely in health assessments, students carrying naloxone in schools, irrelevant mental health history for physicians, physician non-compete issue, and educating patients about the use of telehealth.</p> <p>The AMA is conducting a survey, Physician Practice Information (PPI) survey, to gather information from physicians and staff to produce data for Medicare payment reform. All physicians and staff, if they receive a request, were strongly encouraged to participate.</p> <p>The November AMA Interim Meeting will be held at National Harbor from November 10-14 this year. AMA enacted new guidelines for resolution submission for this meeting. The entire handbook will be posted with no supplement, which means all information needs to be submitted on time and resolutions must be print ready, with no review or corrections. Resolutions not in correct form will not be accepted.</p> | <p>Cedric T. Barnes, DO (AMA Minority Affairs Section) and Shalini B. Shah, MD, MBA (Private Practice Physician Section) were added to the Delaware AMA Delegation in 2023 as additional representatives.</p> | |

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| | <p>In preparation for the AMA Interim Meeting, the Southeastern Delegation, of which Delaware is a member, meets prior to discuss issues. Several high level items were discussed at this meeting. The California Medical Society submitted a resolution to change the AMA Bylaws that would allow anyone in an AMA leadership position within the past two to three years to be eligible for consideration as the AMA Medical Executive. Dr. James L. Madara who currently holds this position announced he will be retiring in a few years. Issue number two is that medical students at the AMA level are quite active and supported by the AMA. The Southeastern Delegation felt that medical students bring up new resolutions and tend to tweak existing policy to the point that it slows down the meeting process. Some physicians within the SE Delegation voiced that they will not be rejoining the AMA because of this.</p> | | |
| Meeting Format | <p>The Executive Board has held a standing meeting date as the second Thursday of the month that it meets. Since it is difficult to turn around a financial report in time to send out one pre-meeting packet on the Monday prior to a “2nd Thursday of the month” Executive Board meeting, meetings were moved to the third Thursday of the month, with the exception of December, in order to streamline the number of communications that are sent out for the meeting.</p> <p>Since the pandemic, the Executive Board meetings have been held virtually. The Board initially agreed to transition to a hybrid meeting format, once required equipment was installed at the MSD office. Upon further discussion, the Board voted to hold four in person meetings, with the balance to be held virtually, beginning in 2024. The four in person meetings will include the two Council Meetings (April and November) and the July Executive Board meeting (held in conjunction with the Holding Company Board) and October Executive Board meeting (when the ensuing year’s budget is presented).</p> <p>MSD continues to pursue the course to install equipment to hold hybrid meetings.</p> | <p>In order to reduce the number of communications that are sent out prior to each monthly meeting, the meetings have been moved from the second to the third Thursday of the month.</p> <p>Beginning in 2024, the Executive Board will meet in person four times during the year: April, July, October, and November.</p> | |
| 2023 MSD Annual Meeting | <p>Due to challenges in securing a location in the Dover or even Middletown area to hold the Annual Meeting, the Christiana Hilton was secured since it is close to Interstate 95 and Route 1 providing easy access for downstate physician travel. It also has hotel rooms to accommodate out of town guests without them having to travel to and from the meeting. The Executive Board approved having a strictly in person meeting due to the cost of a hybrid meeting set up. Because Dr. Varipapa intends to serve a second consecutive term as president, it was agreed to forego the evening social event, since this is mainly held to recognize incoming officers.</p> | <p>The November Annual Meeting will be held in Newark due to non-availability of space in Dover. The meeting will be held in person due to the cost of hybrid meetings.</p> | |
| Board Orientations | <p>Board orientations continued in 2023 with an overview of MSD presented at the January combined meeting of the Executive Board and Holding Company Board of Directors.</p> | | The issue of unauthorized |

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| | <p>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> <p>An addition to the annual orientation came in October when it was learned that other state medical societies experienced issues of unauthorized recordings of Board and committee meetings by members and attendees. Of specific concern was that the unauthorized recordings were done without the knowledge or consent of the other meeting attendees or the organization by using AI-based tools. In some cases, the unauthorized “minutes” were then distributed via email to the meeting attendees and possibly others. It was stressed that the only authorized recording of MSD Executive Board meetings is done by MSD staff in order to assure accuracy of the minutes. Through the Zoom tool, members joining a meeting when recording is in progress are given notification of the recording. All other recordings are strictly prohibited and are considered to be in violation of Board ethics, which includes privacy and confidentiality of the meeting.</p> | | recordings of meetings has been added to the annual Board orientation material. |
| Premier Educational Program Partner Presentation | As a benefit of being a Premier Educational Program (PEP) partner with MSD, Quality Insights provided a brief presentation about their organization. | | |
| Strategic Planning Presentations | Mr. Thompson explained the need for development of a current MSD strategic plan, since the most recent strategic plan sunetted in 2020 (2015-2020). Mr. David Brond, Vice President of Strategy and Marketing at Aloysius, Butler & Clark (AB&C) was secured to facilitate discussion and help with workflow. Beginning at the February meeting with an initial proposal to the Executive Board, routine updates on the Strategic Planning initiative were provided to the Executive Board members. Individual interviews were held with physicians, a survey was created and sent to all members as well as practice managers who MSD had contact information for, and a Steering Committee was created to drive the planning process. Four plan goals were identified, of which actions and strategies were created: Membership Engagement, Physician Advocate, Healthier Delawareans, and Organization Vitality. | The strategic planning process started in March 2023 and was finalized in September with the approval of the plan by the Executive Board. | October 2023: Communication sent to the membership outlining the plan. Routine communications to be sent updating the membership. |
| Feathr Technology Presentation | MSD has utilized the Feathr Digital Marketing Solution Technology to help meet its engagement and recruitment goals. Feathr was launched on March 22, 2022, and is in its second year of the membership campaign. Three goals are to increase the number of digital ads served to grow the audience; engage those seeing the ads, measured as click thrus; and engage with new and existing audiences to drive membership. MSD is testing different marketing ideas with the greater need to do things digitally-oriented and targeted. | | |

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| 2023 Nominating Committee Appointment | <p>Following the nominations received at the April 20, 2023, Interim Council Meeting, the Executive Board ratified the members of the 2023 Nominating Committee.</p> <p>Nicholas O. Biasotto, DO Hugh Bonner, MD Nancy Fan, MD Mary C. McCrossan, MD Shalini B. Shah, MD Michael T. Vest, DO</p> <p>Bhavin R. Dave, MD, MSD President-Elect, will serve as Chair.</p> | | The Nominating Committee has been working in 2023 to develop the nomination slate for submission to the Council at the 2023 Annual Meeting. |
| 2023 Tilton Award Event | The Tilton Society and MSD identified the awardee for the 2023 Tilton Award. The Tilton Award Reception was held on Thursday, October 12 th at 6:00 p.m. at the University & Whist Club in Wilmington. Participants attend a social gathering to honor this year's award honoree, Nancy Fan, MD. | | |
| Use of Slack for MSD | Dr. Varipapa asked that the Executive Board, as well as certain high level committees, begin using Slack as an experimental communication tool to later determine whether to incorporate its use permanently. This is part of a strategy to reduce the number of emails that are sent. | There was little uptake on the use of Slack. | |
| Podcasting | MSD has been working over the past several years to lay out a plan for development of podcasts to the membership then eventually to the public. Initial podcasts will be pre-recorded. | | |
| Highmark Blue Prints Grant | Phase II of the Blue Prints Primary Care Grant was launched. Blue Prints committed to \$4.25 million grant, being awarded in increments of \$1 million. The first \$1 million was successfully distributed during Phase I of the primary care grant funding project. Through the Delaware Medical Education Foundation, primary care practices applied for Phase II and eligible, selected practices are in line with receiving funding this year. During Phase I there were 26 practices that applied and 24 were awarded grant funding representing 60 physicians. In Phase II, 40 practices applied and all 40 were awarded grant funding representing 104 physicians. The caveat for Phase II eligibility is that all physicians within the practice must be MSD members and pay dues for 2023 and 2024 in advance. As a result, two new members were secured. | | |
| Resolutions Adopted by Council | The Executive Board is tasked with developing directives for resolutions that are adopted following each Council Meeting in order to carry out the resolve clauses (action items) from the resolutions. | | |

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| President's/Executive Director's Reports | At each meeting of the Executive Board, the President and Executive Director provides informational topics of their choice. | | |
| Committee Minutes | Throughout the year, the Executive Board is presented with the minutes from the various MSD committees and subcommittees for approval of the minutes. Review of the committee/subcommittee minutes provide opportunity for the Executive Board to understand what our committees/subcommittees activities are. | | |
| Foundation Minutes | The Executive Board is presented with the minutes from meetings of the Holding Company Board and our two Foundation Boards of Directors: Delaware Foundation for Medical Services and Delaware Medical Education Foundation. The minutes are informational only and the Executive Board is not required to approve these minutes. | | |
| Part-Time and Supporting Membership Requests | Throughout the year the Executive Board is the final step in approving part-time requests and supporting membership applications. | | |
| Standing Committee Membership | Standing committee members are appointed by the President with the concurrence of the Executive Board. Throughout the year names are presented to the Executive Board for final approval. | | |
| DELPAC Board Members | The Executive Board provides approval of the DELPAC Board members for the ensuing year. | | |

Respectfully submitted,

James Monihan, MD
Secretary

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MSD Holding Company Board of Directors
Report to Council
November 18, 2023

A summary of topics of significance discussed/acted upon by the MSD Holding Company Board during meetings held November 2022 through October 2023.

| ITEM | DISCUSSION | ACTION | STATUS |
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| Annual Meeting | <p>The MSD Holding Company Board of Directors will hold its Annual Meeting this year in conjunction with the MSD Annual Meeting on Saturday, November 18, 2023. The Holding Company Board voted at its July 20, 2023, meeting to hold its annual meeting in-person as opposed to a virtual meeting.</p> <p>Subsidiary Board members are elected at the Annual Meeting of the MSD Holding Company Board.</p> | The Holding Company Board voted to hold an in-person annual meeting on November 18 th with lunch. | |
| 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). | Joseph J. Straight, MD is serving as the Vice President of the Holding Company Board, as well as the representative to the Executive Board in 2023 and 2024 since Robert J. Varipapa, MD is serving a two-year term as MSD President. | The Prior Past President beginning in 2025 will be Dr. Matthew J. Burday, who will serve as the Holding Company Board representative on the MSD Executive Board for the 2025 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 2, 2022, the Holding Company Board elected the members of the Health Hub, MedNet, and MSDIS Boards for a one year term, commencing January 1, 2023 through December 31, 2023. | | |
| Board Orientations | <p>In 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 presented.</p> <p>These orientations serve as beneficial to both new and existing members on the Executive and Holding Company Boards.</p> <p>The orientation held at the January 12, 2023, meeting was an overview of MSD and its family of companies, stressing key responsibilities for board members, such as preparation, confidentiality, code of conduct, and recognition of conflict of interest, as well as the importance of the conflict of interest form that is signed annually. The power point presentation slide deck was included in the meeting materials distributed.</p> | <p>January 2023 - Mr. Thompson provided an overview of MSD and its family of companies.</p> <p>July 2023 – David Brond, Vice President of Strategy and Planning at Aloysius, Butler & Clark and facilitator for MSD strategic planning presented a review of MSD’s strategic plan.</p> | <p>MSD’s Executive Board gave final approval of MSD’s Three-Year Strategic Plan at its meeting September 21, 2023. The plan was launched to the membership at the beginning of October 2023.</p> <p>Orientations will continue to be planned for the joint meetings held with the MSD Executive Board.</p> |

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| | <p>The presentation at the July 20, 2023, meeting included a review of the draft of the strategic plan as developed through individual member interviews, membership and practice manager surveys, and oversight by the Strategic Planning Steering Committee. Executive Board as well as Holding Company Board members were asked to take time to review the information and ask questions/present concerns or modifications to the recommended plan prior to the September 21, 2023 Executive Board meeting where final approval of the plan would take place.</p> | | |
| <p>Subsidiary Updates – Health Hub, LLC</p> | <p>Health Hub has helped to identify and bring technologies to physician practices, with the focus on telehealth vendors for telemedicine services, especially important during the pandemic. Most practices have settled in with telehealth services with the pandemic forcing most to immediately move to such a platform to continue to provide health care services in a convenient and safer way.</p> <p>In 2023, the Board met with WellLink, a vendor providing COPD services.</p> <p>The Health Hub Board continues to be challenged to find a current focus. An idea to consider is emerging technologies, such as artificial intelligence in health care.</p> <p>Members continue to resign from the Health Hub Board. A call for members was placed in the MSD eNews and Views, and several members have expressed an interest.</p> | <p>Members who have an interest in serving on the Health Hub Board for the 2024 annual term have been placed on the nomination slate for the Holding Company Board’s consideration.</p> | |
| <p>Subsidiary Updates – MedNet of Delaware</p> | <p>MedNet and AmeriHealth Caritas formed an Administrative Services Organization (ASO) agreement with the Delaware Care Collaborative in 2023. MedNet transitioned the AmeriHealth Caritas contract to the Delaware Care Collaborative ACO.</p> <p>MedNet has contracted with Delaware First Health, a Centene company. It is a straight Medicaid contract with MedNet providing the physician network.</p> <p>MedNet continues its goal of merging the three downstate physician organizations to streamline work.</p> <p>A part-time nurse has been hired to assist in care coordination as required by MedNet’s contracts. The assistant works approximately 10 hours per week.</p> <p>For more details, please refer to the MedNet Council report submitted.</p> | | |

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|-----------------------------------|---|---|--|
| 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>At the time of annual elections to the subsidiary boards in November 2022, there were three seats that remained vacant on the nomination slate for the MSD Board of Directors, with no floor votes received. Two physicians were later identified for nomination to the MSDIS Board and were presented for Holding Company Board at its January 12, 2023 meeting. The Board voted William M. Chasanov, DO (Practicing physician Sussex County) and James M. Fletcher, DO (At-Large) to the MSDIS Board.</p> <p>Dr. Dorothy Moore, MSDIS Board representative on the Holding Company Board, provided reports at each Holding Company Board meeting that has taken place in 2023.</p> <p>MSDIS continues to work in conjunction with MSD affinity partner, Diamond State Financial Group, to help promote the MSD group 401k plan.</p> | <p>MSD Holding Company Board members adopted a motion for William M. Chasanov, DO and James M. Fletcher, DO to fill vacancies on the MSDIS Board.</p> | |
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Respectfully submitted,

Brian J. Galinat, MD, MBA
Secretary, Holding Company Board



Bylaws Committee
Report to Council
November 18, 2023

The Bylaws Committee met on October 17, 2023, and 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 |
|--|---|---|
| Proposed Changes to the Committee on Diversity, Equity, and Inclusion (DEI) Regarding Membership on the Committee | <p>The Committee on DEI recommended that a Bylaws change be made to modify the maximum number of members on the committee as it hinders having enough involved to carry out the work of the committee. The recommendation is for removing the language that indicates a maximum number of MSD members and changing it reflect a minimum number of MSD members. There is no change to the maximum number of public members on the committee, other than to clarify that they are voting members. Regarding quorum requirements, when the Bylaws language was originally written, it was done so to prevent more public members than MSD members being present and voting on motions. That language included specific quorum requirements for the committee to address this. In the same spirit, the quorum that must be met is based on the number of MSD members and does not include the number of public members present in the quorum formula. The general quorum requirement is defined in the Bylaws, Article IX, Sessions and Meetings, Section 7 indicating that “a quorum shall be one-third majority of the eligible members of the committee, board, or the Council, unless otherwise specified in these Bylaws.”</p> <p>BYLAWS COMMITTEE RECOMMENDATION: A change in the maximum number of MSD members allowed on the committee to reflect only a minimum number of members, to outline how a quorum is formulated, and to clarify that the public (lay) members on the committee are voting members.</p> | <p>The Bylaws Committee recommends the following changes to the Bylaws in support of allowing additional members on the Committee on Diversity, Equity, and Inclusion.</p> <p>ARTICLE XI - Committees of the Society Section 13 - Committee on Diversity, Equity, and Inclusion The Committee on Diversity, Equity, and Inclusion will be composed of not less more than eight eleven members to include up to eight members from the Society’s membership and no more than three lay voting members appointed by the President with the concurrence of the Executive Board. A quorum for this committee will be based on the number of Society members appointed to the 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> |

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| <p>Changes to the Historical Subcommittee</p> | <p>The Historical Subcommittee was formed after MSD purchased the Office and Conference Center on Prides Crossing in Newark. The goal was to remain at this site and to build a medical education component within the building for the members, the public and research. MSD began collecting items and under the direction of and funding from Dr. William Duncan, established the Duncan Library. Another large “collection” was obtained from the family of deceased MSD member, John M. Levinson, MD. Items from other physicians and their estates were also donated to MSD and displayed in the lobby area of the building, as well as on bookshelves within the MSD office. The Historical Subcommittee developed appropriate forms for the acceptance of donations of items and also inspected items prior to them being accepted into the MSD historical collection. The Subcommittee was also responsible for the placement of the items. There was a goal to rotate the items in and out, but that did not occur prior to the sale of the building. Currently, Dr. Kestner and Dr. Brian Little are the only two physicians who are recognized as members on this Subcommittee.</p> <p>Since the sale of the MSD Building and Conference Center in July 2022, MSD has put into storage most of the historical items collected. At this time, there are no specific plans for the items, as the current rented office space is not large enough to display all the items. And, not all items were displayed in the MSD Conference Center.</p> <p>It is unknown if MSD will have another site large enough to display the historical items. Since MSD cannot accept more items at this time (they would simply be put into storage at a fee) and that most other items are currently in storage, a change was suggested for this committee, since it is not currently active and there is no foreseeable role for it as it relates to the collection of medical items for the Society’s Building, as stated in the Bylaws.</p> <p>Three options were considered by the Bylaws Committee:</p> | <p>The Bylaws Committee recommends modifying the current language in the Bylaws for the Historical Subcommittee and not to eliminate the committee.</p> <p>ARTICLE XI – Committees of the Society Section 14 – Historical Subcommittee The Historical Subcommittee encourages members and others to contribute relevant historical medical items and information to develop a perspective of the practice of medicine and surgery in Delaware over the years. Members will determine items to accept into the historical collection of the Society, maintaining an inventory of such items, and develop the displays in the Society’s building. endeavors to preserve the history of medicine in Delaware.</p> |
|--|--|--|

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|--|--|--|
| | <ol style="list-style-type: none"> 1) The language in the Bylaws remains as is and the Historical Subcommittee becomes inactive. This was not favored due to the language in the Bylaws referencing the Society's previous building and developing displays for the historical items, which is no longer relevant. 2) Eliminate the Subcommittee from the Bylaws. This also was not favored as there can be roles for a committee such as this. 3) Modify the existing language in the Bylaws to be a broad definition for the Subcommittee. This keeps the Subcommittee intact and it can be placed in an inactive status until there is a specific need for it. <p>BYLAWS COMMITTEE RECOMMENDATION: The Bylaws Committee favored modifying the existing language regarding the Historical Subcommittee. Should in the future a decision is made about the current historical collection, the Historical Subcommittee can be involved with carrying out the directives. There can also still be a continuation of projects that don't require storage area, such as interviewing senior physicians about historical medical aspects related to their career, as an example. In the meantime, the Historical Subcommittee can remain inactive until such time that it is called into action.</p> | |
|--|--|--|

Respectfully submitted,

Janice E. Tildon-Burton, MD, Chair
Jeffrey E. Hawtof, MD

Joseph F. Kestner, Jr., MD
Joseph F. Rubacky III, DO

MSD Consolidated 2024 Budget

Council 11/18/23

Key Factors - 2024 Budget

- **Membership**

No Dues Increase. Regular member rate remains at \$757. CPI was 3.7%.

Membership budgeted flat at 681 Paid members.

Dues Revenue represents 20% of Total Revenue - Consistent with previous years.

- **MedNet LLC**

New Contract with Cigna effective 10/1/23.

Additional FTE eff. 3/1/24 added due to new contracts. Reduction in Consultant fees.

Ongoing relationships with Amerihealth Caritas and Delaware First Health (Medicaid).

- **Education Revenue**

Budgeted Flat based on 2023.

- **MSDIS Joint Venture Revenue**

Budgeted Flat based on 2023.

- **Highmark Blueprints Primary Care Grant**

MSD retains a 10% Administration Fee - \$100k in 2022, 2023 and 2024.

- **Annual Giving/Mission Appeal**

Mission Appeal Continues with end of year appeal.

Continued expansion with Foundations and donors outside of membership.

Creation of Advisory Committee in 2024.

- **Personnel and Staff**

Currently 17 FTE's. Adding 1 FTE - MedNet Coordinator (3/1/24).

3% wage increase to current staff effective 1/1/24.

Medical Society of Delaware and Subsidiaries 2024 Budget

| | 2022 Budget | 2022 Actual | 2023 Budget | Act/Est 2023 | 2024 Budget | % Change from 2023 budget |
|------------------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------------------|
| Medical Society of Delaware | 1,400,000.00 | 1,392,039.22 | 1,322,955.00 | 1,514,280.24 | 1,383,150.00 | 4.6% |
| MSD Holding Company | 30,000.00 | 1,018,348.90 | - | - | - | 0.0% |
| MSDIS | 415,600.00 | 459,847.11 | 405,125.00 | 419,729.46 | 406,200.00 | 0.3% |
| MedNet | 275,000.00 | 589,632.40 | 539,000.00 | 1,483,733.00 | 604,000.00 | 12.1% |
| HEALTHHUB, LLC | 2,040.00 | 2,040.00 | 2,040.00 | 680.00 | - | -100.0% |
| Total Consolidated Revenues | 2,122,640.00 | 3,461,907.63 | 2,269,120.00 | 3,418,422.70 | 2,393,350.00 | 5.5% |

Revenue Breakdown:

Medical Society of Delaware

| | | | | | | |
|------------------------------|------------|------------|------------|------------|------------|--------|
| Dues Revenues | 528,000.00 | 489,683.64 | 493,705.00 | 453,847.88 | 463,100.00 | -6.2% |
| Grant Revenue | 160,000.00 | 162,115.27 | 160,000.00 | 155,485.74 | 160,000.00 | 0.0% |
| Grants - DFMS | 90,000.00 | - | - | - | - | 0.0% |
| Grants - Planned Giving DFMS | 50,000.00 | 44,846.23 | 42,000.00 | 42,967.27 | 60,200.00 | 43.3% |
| Grants - Planned Giving DMEF | 75,000.00 | 19,582.56 | 75,000.00 | 8,241.82 | 60,000.00 | -20.0% |
| Grants - State OBOT | - | 100,000.01 | - | 75,000.00 | 75,000.00 | 0.0% |
| Grants - DMEF | - | 100,001.00 | 100,000.00 | 100,000.00 | 100,000.00 | 0.0% |
| DCC Contractual Revenue | 48,000.00 | 48,000.00 | 48,000.00 | 48,000.00 | 48,000.00 | 0.0% |
| Service Revenue | 168,100.00 | 163,052.92 | 151,000.00 | 149,749.78 | 151,000.00 | 0.0% |
| Annual Meeting Revenue | 40,700.00 | 16,110.00 | 15,000.00 | 19,300.00 | 22,300.00 | 48.7% |
| Educational Program Revenue | 235,500.00 | 241,357.76 | 230,500.00 | 220,835.49 | 236,700.00 | 2.7% |
| Subscriptions Revenue | 200.00 | - | - | - | - | 0.0% |
| ERTC Tax Credit | - | - | - | 233,567.14 | - | 0.0% |
| Miscellaneous Revenue | 4,500.00 | 7,289.83 | 7,750.00 | 7,285.12 | 6,850.00 | -11.6% |

MSD Holding Company

| | | | | | | |
|---------------------------------|-----------|--------------|---|---|---|------|
| Gain/Loss on Disposal of Assets | - | 1,011,177.24 | - | - | - | 0.0% |
| Room Rental Revenue | 30,000.00 | 7,171.66 | - | - | - | 0.0% |

MSDIS

| | | | | | | |
|-----------------------|------------|------------|------------|------------|------------|-------|
| Joint Venture Revenue | 355,000.00 | 399,637.35 | 345,000.00 | 355,034.15 | 342,000.00 | -0.9% |
| Reimbursement Revenue | 60,500.00 | 59,676.86 | 60,000.00 | 59,423.10 | 60,000.00 | 0.0% |
| Interest Revenue | 100.00 | 532.90 | 125.00 | 5,272.21 | 4,200.00 | 0.0% |

MedNet

| | | | | | | |
|--------------------------------|------------|------------|------------|------------|------------|--------|
| Management Revenue | 35,000.00 | 35,000.00 | 35,000.00 | 35,000.00 | 40,000.00 | 14.3% |
| PHM Revenue - AmeriHealth | 240,000.00 | 391,527.40 | 144,000.00 | 326,103.00 | 240,000.00 | 66.7% |
| PHM Revenue - Del First Health | - | - | 360,000.00 | 244,702.00 | 180,000.00 | -50.0% |
| PHM Revenue - Cigna | - | - | - | 36,000.00 | 144,000.00 | 0.0% |
| Shared Savings - AmeriHealth | - | 163,105.00 | - | 841,928.00 | - | 0.0% |

HEALTHHUB, LLC

| | | | | | | |
|------------------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|-------------|
| Advertising & Affinity Revenue | 2,040.00 | 2,040.00 | 2,040.00 | 680.00 | - | -100.0% |
| Total Consolidated Revenues | 2,122,640.00 | 3,461,907.63 | 2,269,120.00 | 3,418,422.70 | 2,393,350.00 | 5.5% |

Medical Society of Delaware and Subsidiaries

2024 Budget

| | 2022 Budget | 2022 Actual | 2023 Budget | Act/Est 2023 | 2024 Budget | % Change from 2023 budget |
|-------------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------------------|
| Expenses | | | | | | |
| Personnel | 1,294,000.00 | 1,319,985.71 | 1,414,513.00 | 1,345,319.76 | 1,507,480.00 | 6.6% |
| Grant Personnel | 157,700.00 | 157,505.72 | 131,400.00 | 126,841.53 | 128,800.00 | -2.0% |
| Outside Grant Expense | 3,000.00 | 4,609.55 | 4,500.00 | 5,366.09 | 4,500.00 | 0.0% |
| 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 | 21,700.00 | 28,284.29 | 35,600.00 | 32,904.06 | 33,300.00 | -6.5% |
| Legal Fees | 48,000.00 | 108,322.81 | 50,000.00 | 58,187.50 | 55,000.00 | 10.0% |
| Accounting Fees | 22,400.00 | 25,750.00 | 23,925.00 | 26,792.51 | 25,050.00 | 4.7% |
| Other Professional Fees | 187,030.00 | 310,224.41 | 241,900.00 | 331,668.26 | 292,200.00 | 20.8% |
| Shared Savings Physicians | - | 146,795.00 | - | 673,542.40 | - | 0.0% |
| Insurance | 66,570.00 | 70,360.77 | 70,410.00 | 65,848.80 | 65,830.00 | -6.5% |
| Donations | - | 600.00 | - | 1,300.00 | 800.00 | 0.0% |
| Interest Expense | 88,000.00 | 54,971.78 | 30,250.00 | 31,901.24 | 29,600.00 | -2.1% |
| Payroll Service Fees | 5,400.00 | 5,245.28 | 5,400.00 | 5,142.03 | 5,200.00 | -3.7% |
| Occupancy Expenses | 28,500.00 | 18,231.77 | - | 9,393.00 | 1,500.00 | 0.0% |
| Office Rents | - | 50,843.91 | 130,700.00 | 130,572.64 | 134,500.00 | 2.9% |
| Office Supplies | 5,200.00 | 5,878.29 | 5,300.00 | 13,594.43 | 11,200.00 | 111.3% |
| Other Supplies | 1,900.00 | 11,175.96 | 2,700.00 | 3,053.92 | 2,500.00 | -7.4% |
| Utility Expenses | 38,300.00 | 29,613.95 | 15,000.00 | 8,766.28 | 9,000.00 | -40.0% |
| Telephone | 18,730.00 | 26,154.30 | 18,730.00 | 19,474.68 | 19,050.00 | 1.7% |
| Postage | 3,200.00 | 2,854.21 | 2,800.00 | 3,864.58 | 3,800.00 | 35.7% |
| Printing | 600.00 | 2,150.45 | 500.00 | 564.25 | 500.00 | 0.0% |
| Copying | (650.00) | (619.71) | (500.00) | (1,035.60) | (700.00) | 40.0% |
| Equipment | 33,600.00 | 51,818.13 | 51,200.00 | 33,668.60 | 44,400.00 | -13.3% |
| Accredited CME | 500.00 | - | 500.00 | - | - | -100.0% |
| Workshops | 6,800.00 | 10,086.72 | 6,600.00 | 4,185.49 | 5,150.00 | -22.0% |
| Travel | 30,700.00 | 41,793.67 | 33,400.00 | 44,207.77 | 43,100.00 | 29.0% |
| Moving Expenses | - | 118,626.06 | - | 1,999.00 | - | 0.0% |
| Storage Expenses | - | 7,971.60 | 19,700.00 | 19,818.36 | 19,700.00 | 0.0% |
| Dues | 12,500.00 | 15,033.00 | 12,100.00 | 10,966.00 | 11,300.00 | -6.6% |
| Subscriptions | 900.00 | 2,376.56 | 1,500.00 | 3,600.10 | 3,500.00 | 133.3% |
| Advertising | - | 1,173.21 | - | - | - | 0.0% |
| Depreciation | 139,600.00 | 75,787.62 | - | - | - | 0.0% |
| Other Taxes | 36,950.00 | 20,571.03 | 2,100.00 | 2,438.00 | 1,800.00 | -14.3% |
| IT Infrastructure AmeriHealth | - | 300.00 | - | - | - | 0.0% |
| Total Expenses | 2,323,130.00 | 2,796,476.05 | 2,382,228.00 | 3,085,945.68 | 2,530,060.00 | 6.2% |
| Surplus (Deficit) | (200,490.00) | 665,431.58 | (113,108.00) | 332,477.02 | (136,710.00) | 20.9% |
| Federal and State Taxes | (28,000.00) | 303,785.00 | 53,900.00 | 129,600.00 | 67,600.00 | 25.4% |
| Net Surplus (Deficit) | (172,490.00) | 361,646.58 | (167,008.00) | 202,877.02 | (204,310.00) | 22.3% |

MEDICAL SOCIETY OF DELAWARE COUNCIL

Resolution: 01
(A-2023)

Introduced by: MSD Committee on Ethics

Subject: Artificial Intelligence in Health Care

Whereas, The Medical Society of Delaware recognizes that there are presently no clear guidelines for the use of artificial intelligence (AI), nor ethical technology¹ in health care; and

Whereas, The American Medical Association promotes the development of high-quality, clinically validated AI use in health care in keeping with best practices and evidence-based care;² and

Whereas, AI and related technologies are prevalent in businesses and society, and the rise in data means that AI will increasingly be applied to the field of health care; and

Whereas, Use of AI in health care can potentially exacerbate disparities in race, gender, and sexuality;³ now therefore it be it

RESOLVED, That the Medical Society of Delaware collaborates with other medical societies and health care organizations to advocate for the appropriate use of Artificial Intelligence (AI) in health care; and be it further

RESOLVED, That the Medical Society of Delaware continues to review medical literature as AI data and information is released to provide awareness and continuing medical education in the State of Delaware.

Fiscal Note: Unknown

References

1. Garcia B. Manuel, Lopez Vanessa Mildred, de Almeida Pereira Rui Pedro. Leveraging Ethical Standards in Artificial Intelligence Technologies: A Guideline for Responsible Teaching and Learning Applications. In: *Handbook of Research on Instructional Technologies in Health Education and Allied Disciplines*. First edition. IGI Global; 2023.
2. American Medical Association. Augmented Intelligence in Health Care H-480.940. Available at: <https://policysearch.ama-assn.org/policyfinder/detail/AI?uri=%2FAMADoc%2FHOD.xml-H-480.940.xml>. Accessed October 28, 2023.
3. Panch, Trishan; Mattie, Heather; Atun, Rifat. National Library of Medicine, National Center for Biotechnology Information. Artificial intelligence and algorithmic bias: implications for health systems. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6875681/>. Accessed October 28, 2023.

1 **MEDICAL SOCIETY OF DELAWARE COUNCIL**

2
3 Resolution: 02
4 (A-2023)
5

6 Introduced by: Shalini B. Shah, MD, MPH, DipABLM, DABOM; and Robert J. Varipapa, MD

7 Subject: MSD Response to the Obesity Epidemic – A Chronic Disease
8

9
10 Whereas, Obesity affects 33% of the American population in 2021, an increase from 2011's rate
11 of 27.4%;¹ and

12 Whereas, In Delaware, obesity affects 33.9% of the population, an increase from 2011's rate of
13 28.2%;¹ and

14 Whereas, the burden of obesity in the U.S. has been demonstrated to be increasing at an
15 alarmingly rate for the last three decades; and

16 Whereas, Obesity has historically been consider a behavioral flaw; and

17 Whereas, Obesity increases the risk of developing an ever increasing number of other medical
18 conditions such as diabetes mellitus, coronary artery disease, cerebrovascular accidents,
19 depression, osteoarthritis, cirrhosis, certain cancers, sleep apnea and many other diseases; and

20 Whereas, Obesity has been declared a chronic medical disease by the American Medical
21 Association²; now therefore be it

22 RESOLVED, That the Medical Society of Delaware declare that obesity is a chronic medical
23 disease; and be it further

24 RESOLVED, That the Medical Society of Delaware declare that obesity is an epidemic affecting
25 the state; and be it further

26 RESOLVED, That the Medical Society of Delaware advocates for resources including practice
27 guidelines, payment assistance, legislative action, and support towards this epidemic.

28 **Fiscal Impact: None**

29 **References:**

- 30
31 1. Centers for Disease Control and Prevention. Adult Obesity Prevalence Maps. Available
32 at: <https://www.cdc.gov/obesity/data/prevalence-maps.html>. Accessed October 27, 2023.
33
34 2. American Medical Association. Recognition of Obesity as a Disease, H-440.842.
35 Available at: [https://policysearch.ama-](https://policysearch.ama-assn.org/policyfinder/detail/obesity?uri=%2FAMADoc%2FHOD.xml-0-3858.xml)
36 [assn.org/policyfinder/detail/obesity?uri=%2FAMADoc%2FHOD.xml-0-3858.xml](https://policysearch.ama-assn.org/policyfinder/detail/obesity?uri=%2FAMADoc%2FHOD.xml-0-3858.xml).
37 Accessed October 27, 2023.
38
39

40 **Relevant MSD Policy**

41 N/A

MEDICAL SOCIETY OF DELAWARE COUNCIL

Resolution: 03
(A-2023)

Introduced by: Matthew J. Burday, DO

Subject: Support for Refugees in Delaware

Whereas, The Immigration and Nationality Act defines a refugee as an individual who has experienced past persecution or has a well-founded fear of persecution on account of their race, religion, nationality, membership in a particular social group, or political opinion;¹ and

Whereas, In 2019, Delaware Governor John Carney sent a letter to U.S. Secretary of State Mike Pompeo, noting, "We are proud to do our part, and continue to accept the resettlement of refugees";² and

Whereas, This letter was in response to President Trump's Executive Order 13888 that requires local communities to opt-in to continue accepting the resettlement of refugees;² and

Whereas, There have been 127 refugee arrivals in Delaware over the past ten years;³ and

Whereas, the top five countries from where refugees have traveled to Delaware since 2022 are Congo, El Salvador, Columbia, Afghanistan, and Venezuela;⁴ and

Whereas, Delaware contracts with Jewish Family Services of Delaware (JFS) for social services statewide. For families meeting the eligibility for the Temporary Assistance for Needy Families (TANF) program, refugees can receive benefits as permitted by the TANF program;⁵ and

Whereas, Social services can be provided for five (5) years after arrival. These social services include employment services, English as a second language, literacy, counseling, enculturation, and case management services as needed;⁵ now therefore be it

RESOLVED, That the Medical Society of Delaware (MSD) pledges to support Delaware Department of Health and Social Services (DHSS) and the Jewish Family Services of Delaware in the humane treatment of refugee individuals and families; and be it further

RESOLVED, That the Medical Society of Delaware supports actions to continue to provide funding by the Federal Government and DHSS to provide access to food, clean water, vaccines, medical and mental health care, and safe dwellings; and be it further

RESOLVED, That the Medical Society of Delaware work with DHSS, Jewish Family Services (via JFS RISE-Refugee Integration Support Effort)⁶ and ethnic community-based organizations (ECBOs)⁶ to assist refugees by providing information to MSD members and citizens of the State of Delaware on such issues as volunteering at a resettlement agency, becoming an English tutor, a tour guide, a mentor to an individual or family, donating money and household items, encouraging local businesses to employ refugees, and urging elected officials to support refugee resettlement.⁷

Fiscal Note: TBD

References:

1. U.S. Refugee Admissions Program; U.S. Department of State. Available at: [Refugee Admissions - United States Department of State](#). Accessed October 26, 2023.
2. Governor Carney Sends Letter to Trump Administration Accepting Resettlement of Refugees. Available at <https://news.delaware.gov/2019/12/16/governor-carney-sends-letter-to-trump-administration-accepting-resettlement-of-refugees/>. Accessed October 26, 2023.
3. [Refugee Resettlement per Capita: Which States Do the Most? - Immigration Research Initiative \(immresearch.org\)](#). March 7, 2023. Accessed October 26, 2023.
4. [Where Refugees in Delaware Are Arriving From | Stacker](#). September 11, 2023. Accessed October 26, 2023.
5. Refugee Cash Assistance. Available at <https://www.dhss.delaware.gov/dss/refast.ht/>. Accessed October 26, 2023.
6. [2019DelawareRCUSA.pdf](#). Accessed October 26, 2023.
7. Resettlement and Asylum. Available at: [Refugees in America | International Rescue Committee \(IRC\)](#). Accessed October 26, 2023.

Relevant MSD Policy

N/A

MEDICAL SOCIETY OF DELAWARE COUNCIL

Resolution 04
(A-2023)

Introduced by: Medical Society of Delaware Gun Violence Workgroup

Subject: Gun Violence is a Public Health Crisis

Whereas, Gun violence is a major cause of preventable death and suffering; and

Whereas, Death and disability from intentional interpersonal gun violence can be reduced by understanding and addressing the underlying causes of violence and by making firearm ownership as safe as possible;¹ and

Whereas, Gun violence has affected patient communities within our state including murder-suicides of a husband and wife in Bowers Beach in 2020² and another at the ManorCare Health Services nursing home in Wilmington in 2019³, among many more incidents – so far in 2023, there have been 148 shooting incidents in Delaware, leaving 145 people wounded and 34 killed;⁴ and

Whereas, Gun violence has affected physician communities across the nation in hospital-related shootings, including the death of an orthopedic surgeon in Collierville, Tennessee in July 2023⁵, the death of two doctors, a receptionist, and a visitor in Tulsa, Oklahoma in June 2022⁶, as well as several other incidents; and

Whereas, There were more school shootings in 2022 than in any year since at least 1999 with more than 357,000 students having experienced gun violence at school since Columbine;⁷ and

Whereas, For the first time, firearm-related deaths exceeded motor vehicle collisions as the leading cause of death for US youth across all racial and ethnic groups in 2020, with the greatest toll on black youth;⁸ and

Whereas, At least once every 16 hours, a woman in the US is fatally shot by a current or former intimate partner. Abusive partners with access to firearms are five times more likely to kill their victims than abusive partners without guns, and when an abuser has access to a firearm, the likelihood that a domestic violence victim will end up dead increases by 500% or more;⁹ and

Whereas, Several major medical organizations, including American Medical Association, American College of Surgeons, American College of Physicians, American College of Emergency Physicians, American College of Obstetrics and Gynecology, American Academy of Pediatrics, American Academy of Family Physicians, and many others have developed policy statements, position papers, and calls for action to prevent gun violence; now therefore be it

RESOLVED, That the Medical Society of Delaware acknowledge and declare that gun-related violence is a public health crisis; and be it further

RESOLVED, That the Medical Society of Delaware support effective public health firearm injury reduction interventions such as community violence intervention programs, as well as clinically-driven interventions, including counseling patients and families on safe firearm storage,

providing lethal means counseling, screening for patients at risk for firearm injury or death, and hospital-based violence intervention programs; and be it further

RESOLVED, That the Medical Society of Delaware support Delaware Senate Bill 2, which creates an application process to obtain a handgun qualified purchaser permit to authorize the purchase of a handgun, prohibits selling or transferring a handgun to an individual unless the individual has a handgun qualified purchaser permit, requires that an applicant complete a firearms training course within 5 years before the date of application, and requires the Department of Safety and Homeland Security to develop and administer a firearms training voucher program for low-income residents.¹⁰

Fiscal Note: TBD

References:

1. Bulger EM, Kuhls DA, Campbell BT, et al. Proceedings from the Medical Summit on Firearm Injury Prevention: A Public Health Approach to Reduce Death and Disability in the US. J Am Coll Surg. 2019;229(4):415-430. DOI: 10.1016/j.jamcollsurg.2019.05.018.
2. Wilson X. The News Journal. The red flags that preceded the murder-suicide in Bowers Beach. Available at: <https://www.delawareonline.com/story/news/2020/06/09/red-flags-preceded-murder-suicide-bowers-beach/5011158002/>. Accessed October 26, 2023.
3. Bies J. The News Journal. Man killed wife, himself in shooting at Delaware nursing home. Available at: <https://www.delawareonline.com/story/news/crime/2019/07/22/man-shot-and-killed-wife-himself-delaware-nursing-home/1793145001/>. Accessed October 26, 2023.
4. The News Journal. Delaware Gun Violence Database. 42 people have been killed and 162 were wounded by gun violence in Delaware in the past 365 days. Available at: <https://www.delawareonline.com/in-depth/news/2021/08/16/delaware-gun-violence-database/5518513001/>. Accessed October 26, 2023.
5. Lenthang M, Mullen A. NBC News. Tennessee surgeon fatally shot in 'targeted attack' by patient in exam room, police say. Available at: <https://www.nbcnews.com/news/us-news/tennessee-surgeon-fatally-shot-targeted-attack-patient-exam-room-polic-rcna93821>. Accessed October 26, 2023.
6. The Associated Press. National Public Radio. 2 doctors, a receptionist and a visitor were killed in the Tulsa shooting. Available at: <https://www.npr.org/2022/06/02/1102813156/2-doctors-receptionist-visitor-killed-tulsa-shooting>. Accessed October 26, 2023.
7. Cox JW, Rich S, Chong L, Trevor L, Muyskens J, Ulmanu M. Washington Post. School Shootings Database. More than 357,000 students have experienced gun violence at school since Columbine. Available at: <https://www.washingtonpost.com/education/interactive/school-shootings-database/>. Accessed October 26, 2023.
8. U.S. Department of Health & Human Services. National Institutes of Health. National Institute on Minority Health and Health Disparities. Firearm-Related Deaths Increased Among Youth in 2020, Greatest Toll on Black Youth. Available at: https://nimhd.nih.gov/news-events/research-spotlights/racial-disparities-in-youth-firearm-deaths.html?utm_medium=email&utm_source=govdelivery. Accessed October 26, 2023.
9. Henry T. American Medical Association. Physicians to high court: Keep firearms out of abusers' hands. Available at: <https://www.ama-assn.org/delivering-care/public-health/physicians-high-court-keep-firearms->

[out-abusers-hands?utm_source=SFMC&utm_medium=email&utm_term=1062023&utm_content=23-9997_AdvocacyUpdate_100623&utm_campaign=Advocacy_Email_Newsletter_AdvocacyUpdate&utm_uid=9565187&utm_effort=](https://www.delawarelegis.gov/BillDetail/130284). Accessed October 26, 2023.

10. An Act To Amend Title 11, Title 24, And Title 29 Of The Delaware Code Relating To Deadly Weapons, SB 2, 152nd General Assembly (2023). Available at: <https://legis.delaware.gov/BillDetail/130284>. Accessed October 26, 2023.

Relevant MSD Policy

Minimizing the Influence of Social Media on Gun Violence 02-A2022 (Adopted by Council)

1. MSD will ask the AMA to call upon all social media sites and all others that allow posting of videos, photographs, and written comments encouraging and glorifying the use of guns and gun violence to vigorously and aggressively remove such postings.
2. MSD will request the AMA to strongly recommend social media sites continuously update and monitor their algorithms in order to detect and eliminate any information that discusses and displays guns and gun violence in a way that encourages viewers to act violently.
3. MSD will work with communities and community leaders to post information on social media sites such as Facebook to inform users of proper gun safety and the dangers inherent to themselves and others when guns are used for violent purposes.
4. MSD will work with the Delaware Division of Public Health to develop educational content involving social media and other forms of communication for the public at large, as well as age-appropriate education for school children, in an effort to end the ongoing and devastating effects of gun violence in our communities.

MSD Policy Statement on Gun Control adopted May 9, 2013. Communicated to MSD Membership through May 2013 edition of the *Delaware Medical Journal*:

- If in the course of diagnosis and treatment the physician believes the patient may be a danger to self or others, action should be taken within a system designed to support healthy outcomes and safety for the patient, their family, and the community.
- Health care professionals must be given the opportunity to exercise their judgment in how to conduct frank discussions with patients about firearm safety issues and the risks associated with the possession and use of firearms.
- Compelling physicians to act as the first line of law enforcement, as opposed to safeguarding the public's health, is not the answer. Physicians cannot and should not take that role.
- Dangers presented by a patient are complex in their origin and may or may not be related to the mental health status of the patient. Mental health is but one factor among many that physicians examine when determining whether a patient represents a danger to society. Violent tendencies expressed by the patient represent a more apt measure of potential safety concerns and evidence-based interventions to this end must be more fully explored and implemented.
- Integrating these research findings with a re-investment in our health system and improved education for health care professionals and the public will bring us closer to solving the problem.
- As physicians, we realize that this is a multi-faceted problem that requires a multi-faceted solution.
- Provide more safety education programs to promote responsible use and storage of firearms.
- Strongly advocate the need for more funding for increased research on violence prevention and epidemiology of gun-related injuries and death.
- Enable more research so that evidence-based interventions can be implemented.



Nominating Committee
2023 Report to Council
November 18, 2023

| POSITION | NOMINATION | ACTION |
|---|-----------------------------|--------|
| OFFICERS (1/1/2024 – 12/31/2024) | | |
| President | Robert J Varipapa, MD | |
| President-Elect | Bhavin R. Dave, MD | |
| Vice President | Brian J. Galinat, MD | |
| Secretary | James Monihan, MD | |
| Treasurer | Shalini B. Shah, MD | |
| Speaker of the Council | Stephanie Guarino, MD | |
| AT-LARGE REPRESENTATIVES TO EXECUTIVE BOARD (1/1/2024 – 12/31/2025) | | |
| New Castle County | Michael T. Vest, DO | |
| Sussex County | William M. Chasanov II, DO | |
| AMERICAN MEDICAL ASSOCIATION | | |
| Delegate (1/1/2024 – 12/31/2025) | Janice E. Tildon-Burton, MD | |
| Resident/Fellow Physician Representative (1/1/2024-12/31/2024 – one year term) | Dakota J. Degenstein, DO | |
| Senior Physicians Section Representative (1/1/2024-12/31/2024 – one year term) | Nicholas O. Biasotto, DO | |
| Minority Affairs Section Representative (1/1/2024-12/31/2024 – one year term) | Cedric T. Barnes, DO | |
| Private Practice Physician Section Representative (1/1/2024-12/31/2024 – one year term) | Shalini B. Shah, MD | |
| MSD HOLDING COMPANY – BOARD OF DIRECTORS | | |
| MSDIS Representative (For 1 year term: 1/1/2024 – 12/31/2024) | Dorothy M. Moore, MD | |
| MedNet Representative (For 1 year term: 1/1/2024 – 12/31/2024) | Michael J. Bradley, DO | |
| Health Hub Representative (For 1 year term: 1/1/2024 – 12/31/2024) | Bhavin R. Dave, MD | |
| At-Large Representative – 1 year term slot (For 1 year term: 1/1/2024 – 12/31/2024) | Joyce F. Robert, MD | |
| Young Physician Representative (For 2 year term: 1/1/2024 - 12/31/2025) | Mushmoom Khan, MD | |
| DELAWARE FOUNDATION FOR MEDICAL SERVICES– (3 yr term: 1/1/2024-12/31/2026) | | |
| Member | Dorothy M. Moore, MD | |
| Member | Mr. Larry Zutz | |
| JUDICIAL COMMITTEE (3 year term: 1/1/2024 – 12/31/2026) | | |
| New Castle County Member | Joseph J. Straight, MD | |
| BUDGET & FINANCE COMMITTEE (Committee Elected Annually) | | |
| Member, one-year term | Michael A. Alexander, MD | |
| MSD President-Elect | Bhavin R. Dave, MD | |
| Member, one-year term | John F. DeCarli, DO | |
| Member, one-year term | Ali Z. Hameli, MD | |
| Member, one-year term | Randeep S. Kahlon, mD | |
| Member, one-year term | Dorothy M. Moore, MD | |
| Chair/Treasurer | Shalini B. Shah, MD | |
| Member, one-year term | Cindy W. Siu, MD | |

| | | |
|---|--------------------------|--|
| COMMITTEE ON ETHICS (Committee Elected Annually) | | |
| 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 | Andrea C. DeSimone, DO | |
| Member, one-year term | 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 | Stuart Septimus, MD | |
| Member, one-year term | Carol A. Tavani, MD | |
| Member, one-year term | Avani K. Virani, MD | |
| COMMITTEE ON MEMBERSHIP (Committee Elected Annually) | | |
| Member, one-year term – YPS | Raghda Bchech, MD | |
| Member, one-year term – “Other” specialty | Jay J. Dave, DO | |
| Member, one-year term – SC | JoAnn Fields, MD | |
| Member, one-year term – Primary Care | John Kehagias, MD | |
| Member, one-year term – NCC | John H. O'Neill, DO | |
| Member, one-year term – KC | Sangeetha Satyan, MD | |
| Member, one-year term – Primary Care | Cydney T. Teal, MD | |
| Member, one-year term – Resident/Fellow | VACANT | |
| Member, one-year term – “Other” specialty | VACANT | |
| BOARD OF MEDICAL LICENSURE AND DISCIPLINE (NOMINATION TO GOVERNOR) | | |
| New Castle County | VACANT | |
| New Castle County | VACANT | |

Respectfully submitted,

Bhavin R. Dave, MD, Chair
Nicholas O. Biasotto, DO
Hugh Bonner, MD
Nancy Fan, MD
Mary C. McCrossan, MD
Shalini B. Shah, MD
Michael T. Vest, DO

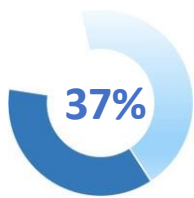
ABSOLUTION RESOLUTION

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

The Medical Society of Delaware involved and engaged members in a variety of ways to develop a three-year strategic plan for the organization.

Eleven (11) MSD stakeholders participated in strategic conversations and 131 physician and practice managers completed an online survey. A Strategic Planning Steering Committee, comprised of 13 MSD members and staff, met monthly to help guide the planning process. This serves as a summary of the input received and the final Strategic Plan.

PERCEPTIONS



of survey respondents believe MSD **made notable progress** in achieving prior strategic planning goals.

44%

were **unsure** if MSD made notable progress in achieving prior strategic planning goals.

MSD COMMUNICATIONS

98% of survey respondents prefer email or e-newsletter.

59% would use an app to receive MSD communications.

MSD STRENGTHS

- Respected organization
- Legislative efforts
- Guidance, support and education

MSD CHALLENGES

- Specialty-physician focused
- Membership
- Communication

REPRESENTATIVE QUOTES FROM SURVEY

“Professional organization committed to improving the health of communities and giving physicians a voice.”

“Advocate for physician interests and the health interests of Delawareans.”

“Strong reputation in the community, with insurance companies and with legislators.”

“Is a place to call with questions and for guidance, like malpractice and other types of insurance.”

“Communication can be strengthened by a greater focus on current issues and practice-management advice.”

MSD MISSION STATEMENT

To guide, serve and support Delaware physicians, promoting the practice and profession of medicine to enhance the health of our communities.

PRIORITIES AND GOALS



I: MEMBERSHIP ENGAGEMENT

GOAL: MSD will employ effective strategies to increase physician involvement and engagement. The value of membership will be a primary focus for MSD to demonstrate going forward. This will be communicated by way of various communication channels and will include physicians, residents, medical students, physician assistants and physician office staff.



II: PHYSICIAN ADVOCATE

GOAL: MSD will be a primary voice for all physicians, representing and advocating the role of the medical profession in the ever-changing health care landscape. MSD will work collaboratively with like-minded health care organizations, associations and elected officials to make Delaware a desirable place to practice medicine for all physicians.



III: HEALTHIER DELAWAREANS

GOAL: MSD will encourage the professional development of physicians, as well as efforts that create meaningful, systemic change toward more equitable health care environments. MSD will lead efforts to promote improved public health in local communities across the state through strong physician-patient partnerships, along with improved health literacy for patients. In this way, patients will be assured of access to high quality and affordable medical care within the health care system.



IV: ORGANIZATIONAL VITALITY

GOAL: MSD will ensure diverse representation within its staff, membership, committees and leadership to better manage operations and support functions that lead to a vibrant, financially viable medical organization for the future.

STRATEGIC PLAN COMMUNICATION OBJECTIVES

Leverage existing MSD communications platforms, and incorporate priorities, goals and strategies into all communications, to:

1. Expand understanding of MSD's goals, programs and services.
2. Increase the number of members and member engagement, involvement and referrals.
3. Build and strengthen strong community and partner relationships.

2. NEXT STEPS

- The input and feedback received during the strategic planning process will guide the work of MSD staff, committees and leadership to support physicians throughout the state and improve the health of those living in Delaware.
- MSD staff, committees and the Executive Board will focus on the goals, strategies and actions in the plan and regularly report success measures on an MSD dashboard.
- MSD looks forward to keeping all members, staff, partners and the community informed of progress in meeting the priorities of this important work.

Medical Society of Delaware
2023—2026 Strategic Plan
Steering Committee: Goals, Strategies, Activities

Priorities and goals are the issue areas to which MSD will allocate resources (time, funds and staff). These identified priorities and goals are based on input and feedback from the Strategic Planning Steering Committee.

Priority: Membership Engagement

Goal: MSD will employ effective strategies to increase physician involvement and engagement. The value of membership will be a primary focus for MSD to demonstrate going forward. This will be communicated by way of various communication channels and will include physicians, residents, medical students, physician assistants and physician office staff.

Priority: Physician Advocate

Goal: MSD will be a primary voice for all physicians, representing and advocating the role of the medical profession in the ever-changing health care landscape. MSD will work collaboratively with like-minded health care organizations, associations and elected officials to make Delaware a desirable place to practice medicine for all physicians.

Priority: Healthier Delawareans

Goal: MSD will encourage the professional development of physicians, as well as efforts that create meaningful, systemic change toward more equitable health care environments. MSD will lead efforts to promote improved public health in local communities across the state through strong physician-patient partnerships, along with improved health literacy for patients. In this way, patients will be assured of access to high quality and affordable medical care within the health care system.

Priority: Organizational Vitality

Goal: MSD will ensure diverse representation within its staff, membership, committees and leadership to better manage operations and support functions that lead to a vibrant, financially viable medical organization for the future.

I. MEMBERSHIP ENGAGEMENT

| STRATEGIES | ACTIONS | MEASURES | RESPONSIBILITY |
|---|--|---|--|
| A. Continue engagement strategies for membership recruitment and retention. | <ol style="list-style-type: none"> 1. Identify, connect and learn from other state medical societies that have increased membership in the past several years. 2. Create short-term and long-term recruitment marketing plan for physician members. 3. Review and modify as necessary the membership strategic plan annually for recruitment and retention, as necessary. 4. Develop and monitor the onboard process for new members. 5. Continue to attend Delaware health-system resident events to introduce MSD. 6. Pursue Delaware health systems to pay for physician memberships. | <ol style="list-style-type: none"> a. Membership increase by 2% annually (accounting for new members and dropped members). b. Report findings of 3 to 4 other successful state society membership strategies. c. Retention rates year to year (how many new members renewed their membership, as well as their membership category). d. At least 2 onboarding events each year. e. Outreach each year to all hospitals with residency programs to give presentations. f. Annual request that MSD's President be on the agenda of Delaware health-system medical-staff meetings (at least one meeting per year for each hospital). | Committee on Membership |
| B. Pursue membership engagement and retention projects. | <ol style="list-style-type: none"> 1. Introduce MSD to all Delaware hospital residents each year. 2. Expand the resident and young physician-engagement program with additional projects. 3. Consider the value of a loyalty program for years of continuous membership. | <ol style="list-style-type: none"> a. Number of residents and young physicians participating in MSD engagement projects each year. b. If warranted, a proposed membership loyalty program presented to the Executive Board. | Committee on Membership |
| C. Create meaningful leadership development opportunities. | <ol style="list-style-type: none"> 1. Create a mentorship program for new and young members. 2. Develop strategies to connect new members to MSD activities in a targeted way. 3. Investigate the development of distinct CRM tactics for private and employed physicians. 4. As appropriate, nominate representatives for Delaware's American Medical Association (AMA) Delegation, as well as state boards and commissions. | <ol style="list-style-type: none"> a. Annual increase in the number of mentors. b. Increase in participation in the MSD Leadership Institute each year. c. Increase (in all membership types) in the number of members engaging in MSD activities each year. | Committee on Membership, Senior Physician Section (Physician Emeritus), Professional Education |

II. PHYSICIAN ADVOCATE

| STRATEGIES | ACTIONS | MEASURES | RESPONSIBILITY |
|---|--|--|--|
| A. Develop a legislative advocacy relationship plan. | <ol style="list-style-type: none"> 1. Enhance current advocacy communications strategy to ensure promotion of MSD legislative activities, including victories, to members, specialty society leadership and physician office staff. 2. Create a more organized strategy for legislative-update texting campaigns. 3. Increase Delaware Medical Political Action Committee (DELPAC) donors. 4. Explore feasibility of implementation of advocacy communications strategy to include text to advocate and text to give strategies. | <ol style="list-style-type: none"> a. Increase in the number of members participating in lobbying efforts in Dover, per MSD Bylaws related to Government Affairs Committee responsibilities. b. Increase individual PAC donors by 5% each year. c. Increase amount of PAC donations by 5% each year. d. Continue holding at least 2 (baseline), 4 (threshold), or 6 (stretch) Pubs and Politics events across the state, and enhance with "Advocacy 101" education. | Executive Board, Government Affairs Committee |
| B. Enhance relationships and coalitions with other associations, societies and in-state universities. | <ol style="list-style-type: none"> 1. Hold regular meetings with the Delaware Healthcare Association, Delaware Nurses Association as well as the Academy of Medicine. 2. Communicate regularly with state and regional specialty societies. 3. Continue to include and leverage the impact of AMA and national partners on regulatory and legislative issues. 4. With other associations and interested organizations, explore the feasibility of a Delaware-based medical school. | <ol style="list-style-type: none"> a. At least one meeting each year (frequency to be determined with input from other entities). b. Progress of discussions regarding a Delaware-based medical school, reviewed annually. | MSD leadership as appropriate, Association Management Services |
| C. Continue relationships with state agencies. | <ol style="list-style-type: none"> 1. Continue periodic meetings with DHSS, Division of Public Health, Division of Professional Regulation, Department of Insurance, etc. | <ol style="list-style-type: none"> a. Regular meetings in conjunction with the agencies, and when appropriate. Frequency of meetings to be determined with input from other agencies. | |
| D. Establish and maintain relationships with Delaware payers and insurers. | <ol style="list-style-type: none"> 1. Continue periodic meetings with all significant payers in the state. | <ol style="list-style-type: none"> a. Regular meetings in conjunction with the organizations and when appropriate. Frequency of meetings to be determined with input from other organizations. | |
| E. Identify and communicate physician and practice manager issues and MSD benefits. | <ol style="list-style-type: none"> 1. Clearly define how MSD and its subsidiaries benefit all physicians. 2. Identify and recruit physicians and practice managers interested in serving on time- limited, topic-specific workgroups. 3. Continue MSD practice-management educational forums for members and practice managers. 4. Through surveys of practice managers, explore the desire of networking sessions, either held in conjunction with education sessions or as standalone events. | <ol style="list-style-type: none"> a. Identification of 3 to 4 physicians for each workgroup. b. Increase in member participation in MedNet Physician Organizations, MSDIS and Health Hub services. c. Achievement of the DEI committees' goals, objectives and outcomes related to membership/ leadership, legislative/advocacy, community (improved trust and collaboration) and physician education. d. Conduct a practice-manager satisfaction survey each year. | Committee on Diversity, Equity, and Inclusion, MedNet, MSDIS, Health Hub, DMEF, DFMS Boards of Directors, Physician Relations, Association Management Services |

| | | | |
|--|---|---|---|
| | <ul style="list-style-type: none"> 5. Continue support of the Delaware Medical Education Foundation, Ltd. (DMEF) efforts to expand medical-education programs for Delaware physicians. 6. Continue support of the Delaware Foundation for Medical Services efforts to support charitable work in health care. 7. Help physician practices remain current with patient-focused business practices like compliance, OSHA, HIPAA training, etc. in simple, low cost ways. 8. Association Management Services to share the benefits of MSD membership with specialty societies. | <ul style="list-style-type: none"> e. Increase the number of BLS classes offered by two additional classes each year. f. Expand HIPAA and OSHA class offerings to other health organizations to include dental, chiropractic and optometry. g. Association Management Services to share the benefits of MSD membership with specialty societies that MSD manages at least one time each year. | |
| F. Physician and practice professional development and well-being. | <ul style="list-style-type: none"> 1. Seek and evaluate additional partnerships with health clubs, gyms, etc. for MSD members and their staff ("lifestyle benefits"). 2. Develop, promote and schedule events that educate physicians and practices about current well-being and legislative efforts. 3. Continue involvement in addressing statewide work-force shortage issues. 4. Create a Task Force to outline ways to improve the practice of medicine in Delaware. 5. Review the feasibility of MSD continuing CARS program for medical students. | <ul style="list-style-type: none"> a. At least one new "lifestyle benefit" implemented annually. b. Continue to hold at least four practice-management sessions each year. c. Review the number of CME and practice-management educational events held annually as well as attendance at each event, noting any patterns or differences between virtual and in-person events. d. Number of resource downloads from a repository of knowledge assets for private and employed practicing physicians on the website. e. Create a diverse Task Force with members approved by the Executive Board, to produce a report to the Executive Board on ways to improve the practice of medicine in Delaware. f. Review of outcomes data provided by the University of Delaware for participants in CARS education to determine whether MSD should continue the program if outside funding is not provided. | Committee on Membership, Education Program Planning Committee, Government Affairs Committee, School Health Subcommittee, Physician Relations, Executive Board |
| G. Increase advocacy on issues specific to employed physicians. | <ul style="list-style-type: none"> 1. Ensure OMSS representation at AMA level. 2. MSD President to continue attendance at hospital medical-staff meetings. 3. Continue to hold meetings with hospital medical staff leadership. | <ul style="list-style-type: none"> a. At least one meeting held each year with hospital medical-staff leadership to discuss current issues. b. Attendance by MSD President at 1 hospital medical staff meeting each year at each hospital having a separate medical-staff (if invited to present). | AMA OMSS Delegate/Alternate Delegate, MSD President |

III. HEALTHIER DELAWAREANS

| STRATEGIES | ACTIONS | MEASURES | RESPONSIBILITY |
|---|---|--|--|
| A. Increase collaboration on health care initiatives with communities, in coordination with the Delaware Division of Public Health. | <ol style="list-style-type: none"> 1. Cultivate relationships with leaders of various communities throughout the state. 2. Establish more coordinated efforts and relationships with strategically identified patient-advocacy groups. 3. Continue support for the Delaware Foundation for Medical Services, Delaware Medical Education Foundation, Voluntary Initiative Program (VIP) and Campaign for Kids (OBVIOUS). 4. Build a more inclusive relationship with Quality Insights on patient initiatives, as well as how MSD can either recruit physicians to their program or help support in some other way. 5. Attempt to secure grants to support this strategy. | <ol style="list-style-type: none"> a. Assembled list of Division of Public Health contacts and its initiatives. b. Development of a database of contacts for patient advocacy groups. c. Increase in the number of physicians participating in VIP and other community programs for adults and children. d. At least one grant secured each year to support this strategy. | Voluntary Initiative Program, Environmental and Public Health Subcommittee, Committee on DEI |
| B. Increase public health education for healthier Delawareans. | <ol style="list-style-type: none"> 1. Develop an annual content-marketing calendar. 2. Expand and enhance MSD's Facebook and YouTube presence. 3. Add Twitter and LinkedIn platforms. 4. Consider new social media platforms that may be beneficial for reaching the public. 5. Create a podcast program specific to public education. 6. Develop a forward-facing consumer page on the website with links to pertinent resources. 7. Coordinate with community groups and payers to provide compliance and health-equity information for consumers on the website. 8. Increase the number of OBVIOUS talks, both to students and the public. 9. Resume Healthy Living Talks. 10. Continue support of DMEF efforts to educate the public on health care-related issues. 11. Work to activate the Public Health Subcommittee. | <ol style="list-style-type: none"> a. Increase in the number of followers and engagement on MSD social media platforms. b. Addition of relevant links on the MSD website for the public. c. Increase in website traffic on pages related to public information. d. Increase in the number of listeners of MSD podcasts. e. Identification of an interested physician for the Chair of the Public Health Subcommittee, as well as recruitment of additional members as needed for the committee to be viable and begin working on public education delivery. f. Increase in the number of OBVIOUS and Healthy Living talks presented each year by physicians. g. Development of approved content to present to 7th and 8th grade students in schools. h. Increase in the number of Healthy Living Week educational presentations by physicians in Delaware private schools each year. | Education Program Planning Subcommittee, School Health Subcommittee, Public Education Subcommittee, DMEF Board of Directors, Physician Relations |

IV. ORGANIZATIONAL VITALITY

| STRATEGIES | ACTIONS | MEASURES | RESPONSIBILITY |
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| A. Market subsidiary programs. | <ol style="list-style-type: none"> 1. Annually review business and marketing plans for subsidiary services. 2. Highlight benefits of services in ongoing member and nonmember communications. | <ol style="list-style-type: none"> a. Approval of annual business plan. b. Increase in membership utilization of 5% per year for each subsidiary. c. Identification of one new strategic opportunity each year by Health Hub Board. | Subsidiary Board of Directors |
| B. Continue to explore alternative revenue streams. | <ol style="list-style-type: none"> 1. Review other states' non dues revenue streams. 2. Continue to seek association grant opportunities. 3. Consider organization-wide corporate sponsorships. | <ol style="list-style-type: none"> a. Report on other states' successes. b. Add at least two new association/grant opportunities each year. | MSD staff |
| C. Increase giving to the Annual Mission Appeal. | <ol style="list-style-type: none"> 1. Increase the number of new donors. 2. Increase the existing donors' level of giving. | <ol style="list-style-type: none"> a. Increase in the number of new members' giving to the Annual Mission Appeal by 5% each year. b. Increase in the existing donors' giving dollar amount by 5%. | |
| D. Continue to pursue operational efficiencies. | <ol style="list-style-type: none"> 1. Create a Technology Committee composed of staff and leadership that will advise MSD on a variety of technology issues. 2. Explore the future status of MSD's Annual Gala. 3. Evaluate the current lease and location of MSD's office. | <ol style="list-style-type: none"> a. Report on current process and recommendations to increase efficiencies. b. Report on technology applications and uses such as web development, social media, podcast, online journal, incorporation of Google/OneDrive/Cloud services, email newsletter, email policy, app, etc. | MSD staff, Executive Board, Budget & Finance Committee, Technology Committee |
| E. Build MSD brand awareness through marketing and communications. | <ol style="list-style-type: none"> 1. Develop an integrated brand and membership marketing campaign focused on all segments of membership. 2. Create a messaging strategy to regularly reach state leaders and physician nonmembers. 3. Create timely media releases and social media posts with state and national partners as issues arise. 4. Evaluate the feasibility of development of a MSD app to enhance marketing and communications. | <ol style="list-style-type: none"> a. Increase in MSD business product usage by members of 5% each year. b. Launch of annual marketing outreach plan. c. Development and launch of an enhanced website, podcast and social media content-strategy plan. d. Continued marketing of MSD's Academic Channel and review of the number of articles submitted and published each year. e. Electronic member-satisfaction survey conducted each year. f. Legislators sent "e-News and Views", Pubs and Politics event announcements, as well as information on legislative events and candidates' night events that are held during election years. | MSD staff and Marketing/Communications Committee |



Budget & Finance Committee
Report to Council
November 18, 2023

| ITEM/TOPIC | DISCUSSION | ACTION | STATUS |
|----------------------------|--|--|--------|
| Audit Report – 2022 | <p>Ms. Samantha Maiorano 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, 2022. She 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. Cash and cash equivalents - Cash of \$1,612,873 at 12/31/22 compared to \$667,609 at 12/31/21 represents the proceeds from the sale of the office building in July, 2022.2. Accounts Receivable - Commissions of \$143,114 at 12/31/22 compared to \$110,019 at 12/31/21 represents the fourth quarter Commissions from USI to MSDIS.3. Property and Equipment decreased from \$2,140,696 at 12/31/21 to \$0 at 12/31/22 due to the sale of the building on 7/15/22.4. Deferred Tax Asset, Net decreased from \$146,846 at 12/31/21 to \$0 at 12/31/22 primarily due to the sale of the building. This is detailed in the Notes to Financial Statements.5. Deferred Revenue - \$332,349 at 12/31/22 compared to \$419,894 at 12/31/21 due to reduced deferred grant income at 12/31/22.6. Current portion of long-term debt - decreased from \$111,125 at 12/31/21 to \$0 at 12/31/22 due to the sale of the building. | <p>Motion was made, seconded and approved to accept the 2022 Audit Report and Management Letter as presented.</p> | |

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| | <p>7. Long Term Debt - decreased from \$1,406,260 at 12/31/21 to \$0 at 12/31/22 due to the sale of the building. More detail of this is addressed in the Notes to the Financial Statements.</p> <p><u>Consolidated Statements of Activities</u></p> <ol style="list-style-type: none"> Overall Revenues decreased from \$3,546,449 in 2021 to \$2,428,933 in 2022. Advertising Revenue decreased from \$9,407 in 2021 to \$2,040 in 2022 due to the DMJ contract with Today Media being terminated on April 30, 2021. Commissions increased from \$367,518 in 2021 to \$399,637 in 2022 as the MSDIS Joint Venture Revenues increased in 2022. Fees Revenue decreased from \$819,451 in 2021 to \$590,585 in 2022 Forgiveness of debt – PPP Loan Revenue of \$237,825 in 2021 and \$0 in 2022 was due to the forgiveness of the second PPP Loan received from the Federal Government in 2021. Grants Revenue increased from \$145,365 in 2021 to \$271,130 in 2022 primarily due to State of Delaware Grant. Memberships decreased slightly to \$487,861 in 2022 compared to \$501,378 in 2021. Rental Income decreased slightly from \$14,572 in 2021 to \$8,032 in 2022 primarily due to the Building being sold in July, 2022. Overall Expenses decreased from \$3,225,367 in 2021 to \$2,774,684 in 2022 primarily due to the building being sold in July, 2022. Change in Net Assets Before Nonoperating Revenue and the Provision For Income Taxes was (\$345,751) in 2022 compared to a Net Income of \$321,082 in 2021. Nonoperating Revenue – Gain on Sale of Fixed Assets of \$1,011,177 in 2022 reflects net book gain on the sale of | | |
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| | <p>the Office building in July, 2022. Dr. Hameli questioned the use of the Proceeds from the sale of the building which included reduction of certain operational expenses. After a brief discussion, Mr. Miller stated that a full disclosure of the use of proceeds would be presented to the Finance Committee at a later date.</p> <p>12. Provision for Income Taxes increased from \$21,260 in 2021 to \$303,785 in 2022 due to the sale of building.</p> <p>13. Net Assets/Net Income increased to \$361,641 in 2022 compared to \$299,822 in 2021.</p> <p><u>Consolidated Statement of Functional Expenses</u></p> <p>This statement breaks out the Non Profit functional expenses only. The categories are Program Services, Management and General, and Fundraising.</p> <p><u>Consolidated Statement of Cash Flows</u></p> <p>1. The Consolidated Statements of Cash Flows reflected an overall increase of \$288,537 in 2021 compared to an increase of \$945,264 in 2022. This reflects a comparable increase of \$656,727.</p> <p>2. Income Taxes (paid) increased from (\$5,985) in 2021 to (\$162,833) in 2022.</p> <p>3. Proceeds from Sale of Building was \$3,290,000.</p> <p>4. Payments on Notes Payable in 2022 was (\$1,517,385) & (\$111,125) in 2021 which represents the principal payments on the PNC Building Loan. Loan was paid off at settlement on July 15, 2022.</p> <p><u>Notes To Financial Statements</u></p> <p>1. Reclassifications – Certain Expenses amounts in the prior period consolidated financial statements were reclassified in the statement of functional expenses in order to conform to the presentation of the current period format.</p> | | |
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| | <p>In addition, revenue from the State of Delaware was reclassified from grant income grant to contractual income on the consolidated statement of activities income.</p> <ol style="list-style-type: none"> 2. The Property and Equipment Note to Financial Statements reflected the MSD Holding Company, Inc. sold its land and building for \$3,290,000 during the year ended December 31, 2022 resulting in a gain on the sale of fixed assets of \$1,011, 177. 3. The Property and Equipment Note to Financial Statements reflected \$75,788 of Depreciation Expense in 2022 compared to \$140,989 in 2021. Decrease due to sale of building in July, 2022. 4. The Long-Term Debt Note states that in July, 2022, the remaining principal balance plus all accrued interest were paid in full using the proceeds from the sale of the building. Interest expense on this loan was \$26,299 and \$65,017 for the years ended December 31, 2022 and 2021, respectively. 5. The Pension Plan Note reflects the discretionary contribution of 0% in 2022 compared to 2% in 2021. Total expense was \$60,398 in 2021 compared to \$28,032 in 2022. 6. Commitments reflected the renewal twelve month contract with American Philanthropic at a cost of \$3,000 per month in December, 2022. The Copier lease expense was \$22,298 for the years ended December 31, 2022 and 2021. In August, 2022, the Society entered into a three-year lease agreement for office space In Middletown, Delaware. The agreement has a renew feature for two additional terms of one year each. Total lease expense was \$59,054 during the year ended December 31, 2022. 7. 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 | | |
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| | <p>8.7% for the years ended December 31, 2022 and 2021. Year ended 2022 reflects the sale of the office building.</p> <p>8. 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, contract revenue through MedNet, and also membership dues.</p> <p>9. Ms. Maiorano then reviewed the Consolidating Statements on Pages 23 through 26.</p> <p>Mr. Kennedy presented the Management Letter Comments to the Committee, stating that there were no material deficiencies in internal control encountered during the audit.</p> <p>Mr. Kennedy reviewed Additional Information for Your Consideration:</p> <ol style="list-style-type: none"> 1. Succession Planning - As some of the Society’s key employees near retirement, it is important to develop a succession plan that addresses the future accounting and finance needs of the society. Mr. Kennedy addressed the key questions that needed to be addressed for the future accounting and finance department including information technology, processes and procedures and people. Succession Planning will be on the Personnel Committee’s next meeting prior to the Annual Meeting. 2. Significant Audit Matters – The Society elected not to implement Accounting Standard Codification (ASC) Topic 842, Leases which is effective for the year ended December 31, 2022. The effect of this departure from generally accepted accounting principles on the Society’s financial position has not been determined. There is no effect of this departure on the Society’s changes in net assets and equity, and its cash flows. | | |
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| | <p>Mr. Kennedy 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, Miller and Ms. Williams were excused at this point for an Executive Session with Cover & Rossiter and the Committee.</p> | | |
| Paid Dues Report | <p>4/5/23 - Mr. Miller reviewed the Paid Dues Report as of 3/31/23. It reflected paid dues at 3/31/23 of 621 members which is 47 paid dues below 4/5/22 last fiscal year and 92 members lower than all of last fiscal year. Mr. Miller stated that 2 additional members paid prior to the meeting bringing the year to date paid members to 623.</p> <p>10/9/23 - Mr. Miller reviewed the Paid Dues Report as of 10/9/23. It reflected paid dues at 10/9/23 of 676 members which is 37 paid dues below 9/8/22 last fiscal year and 37 members lower than all of last fiscal year.</p> | No Action necessary. | |
| Annual Mission Appeal Update | <p>4/5/23 - Mr. Miller gave the Committee a brief update on the MSD Annual Mission Appeal. He reported that currently there had been a total of \$162,886 received from individual donors with \$115,168 deposited to DFMS and the balance of \$47,718 deposited to DMEF. The DFMS portion represents 70.7% of the total received. Mr. Miller also presented that there were additional funds received from the Vale Foundation and the Highmark Blueprints Grants totaling \$1,215,000 with \$1,100,871 disbursed based on the direction of the grants. The balance remaining from the foundations and grants is \$114,129.</p> | No Action necessary. | |
| Budget 2024 | <p>The 2024 budget was presented to the Committee on October 9, 2023 via Zoom.</p> <p>The Key Factors of the 2024 Budget will primarily be Membership, new provider contracts with MedNet LLC, Education Revenue, MSDIS Joint Venture Revenue, and Annual</p> | The 2024 Budget was reviewed and recommended to the Executive Board for its | Recommended to the Executive Board. Executive Board |

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| | <p>Mission Appeal. In addition, the budget includes the 3rd Blueprints Primary Care Grant installment of \$1,000,000 which includes a 10% Administration Fee for MSD.</p> <p>The membership dues for 2024 will remain the same as 2023 even though the Philadelphia CPI increased 3.7% at 6/30/23. The 2024 Budgeted membership is projected to be level with 2023 at 671 paid members plus 10 new net members. This will be the 7th consecutive year of no increase in the dues membership rate. Based on CPI increases during that 7 year period, the 2024 Membership rate would have been \$965 if the rate had been increased by the CPI rate each year.</p> <p>There will be no Room Rental Revenue in MSDHC due to the sale of the building in July, 2022.</p> <p>MSDIS Revenue continued level in 2023 and for the Budget in 2024.</p> <p>MedNet reflects the first full year of Delaware First Health (DFH) in 2023 and will continue in 2024. DFH and AmeriHealth Caritas are both Medicaid providers in the state of Delaware. MedNet also entered into a new commercial contract with Cigna effective 10/1/23 and is also budgeted in 2024.</p> <p>Personnel Expenses represent 59.6% of the total budgeted expenses for 2024. It includes 18 FTE's for 2024 which includes one additional FTE in MedNet effective 3/1/24. This additional cost will be offset by the reduction in Professional fees for a MedNet consultant. The 2024 Budget includes an overall 3% wage increase for the MSD staff.</p> <p>The Operational Snapshot reflected a consolidated Net Loss after taxes of (\$204k). This compares to a net loss of (\$167k) for the 2023 Budget and a net gain of \$70k for the 2023 projected. The Projected 2023 included \$234k for an Employee Retention Tax Credit (ERTC) from the IRS. This created a positive cash flow</p> | <p>meeting on October 19, 2023.</p> | <p>recommended approval to the Council.</p> |
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| | <p>for the Projected 2023 of \$15k after allocation of \$55k for the IT Capital equipment. This does not include shared savings from AmeriHealth Caritas (ACDE) at the time of the Committee meeting. Subsequent to the meeting the amount of the Net Shared Savings from ACDE was \$168k.</p> <p>There was a motion to make a Profit Sharing contribution to the 401k Pension Plan for 2023 based on the profitability for the Projected 2023. This will be reviewed for approval at the Personnel Committee meeting sometime in November, 2023.</p> | | |
| Committee - 2024 | Dr. Shalini Shah completed her first year as Treasurer in 2023 and will remain as Treasurer in 2024. The MSD Treasurer serves as the Committee Chair for 2024. | No Action Necessary. | |

Respectfully submitted,

Shalini Shah, M.D., MPH
Chair



Committee on Diversity, Equity, and Inclusion

Report to Council
November 18, 2023

| ITEM/TOPIC | DISCUSSION | ACTION | STATUS |
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| Committee Composition and Responsibilities | <p>The Committee is composed of not more than eleven members to include up to eight members from the Society's membership and no more than three public 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.</p> <p>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>The committee's intent is to create awareness, and that it may not immediately make change in practice. The committee will help physicians gain exposure, and create an avenue for learning and dialogue.</p> | <p>The Committee currently seats the maximum number of MSD members allowed (8) and one of the three available seats filled by public members.</p> <p>Members on the committee include: Cedric T. Barnes, DO, Chair; James M. Fletcher, DO; John J. Goodill, MD; Sarah J. Matthews, MD; Cindy W. Siu, MD; Cydney T. Teal, MD; Janice E. Tildon-Burton, MD; Mary Jo Vazquez, Delaware Breast Cancer Coalition; and Avani K. Virani, MD.</p> | The committee met five times during 2023. |
| Suggested Change in Committee Composition | <p>The committee proposed a modification of the Bylaws language to allow for more MSD members to join the committee, given the scope of work within health care diversity, equity, and inclusion.</p> <p>Proposed Bylaws changes include that the committee would have no less than 10 members from MSD and no more than three public members; clarifies that public members are voting members of the committee; the quorum would be based on the number of MSD members appointed to the committee.</p> | The proposed Bylaws changes were given to the MSD Bylaws Committee for consideration. | The Bylaws Committee agreed with the proposed changes and are recommending to Council the modification to the Bylaws language as outlined by the Committee on DEI. Refer to the Bylaws Committee report to the Council (November 18, 2023). |
| AMA Minority Affairs Section Representative | The Committee supported that the Chair of the Committee on DEI be designated the representative to the AMA Minority Affairs Section. | Dr. Cedric Barnes, Chair of the Committee on DEI, was elected by MSD Council, at its meeting on April 21, 2023, to the Delaware AMA Delegation as | Dr. Barnes provides updates following the AMA meetings held in June and November. This is an annual elected term. Dr. |

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| | | the Minority Affairs Section Representative. | Barnes is listed on the Annual Meeting of the Council Nomination Slate for election to the 2024 term. |
| Committee Strategic Planning Retreat | <p>The Committee held a day retreat on October 22, 2022 at Eden Hill Medical Center in Dover. Dr. William Jordan of the AMA Center for Health Equity moderated the discussion.</p> <p>Four goal areas were identified and a committee member(s) assigned as a champion to help lead activities in the respective goal areas:</p> <ul style="list-style-type: none"> • Membership/Leadership Diversity – Cedric Barnes, DO and Mary LaJudice • Legislative/Advocacy – Sarah Matthews, MD • Community – Cindy Siu, MD and Mary Jo Vazquez • Physician Education – Janice Tildon-Burton, MD and John Goodill, MD <p>Information on committee activities that follow are a result of activities generated from these goal areas.</p> | | |
| Membership Demographics Survey (Membership / Leadership Diversity Goal) | <p>The MSD membership application now includes questions to voluntarily collect information on race, ethnicity and gender identity. The choices provided for race and ethnicity follow the Office of Management and Budget (OMB) current minimum categories. Only those applying for membership will have opportunity to provide the information through the membership application.</p> <p>Current members can log in to the MSD website to their profile page and update this information. In addition, the committee publicizes a request monthly in the MSD eNews and Views newsletter that links to a survey to collect the information. Currently, approximately 16% of the membership has provided this information.</p> <p>Collection of this information is the foundation for understanding the extent of diversity in our membership and also leadership.</p> | For anyone who has not provided their information, the survey can be accessed at: https://tinyurl.com/2023DEI | |
| MSD's Adoption of Gender and Race Pay Equity in | MSD Council at its Interim Meeting in 2022, adopted the resolution “Gender and Race Pay Equity in Medicine in Delaware” supporting advancement of gender pay equity in medicine in Delaware, advocate for gender-neutral criteria for pay structures, support training to identify and mitigate inequities, promote and support educational programs, promote the inclusion of women | MSD is moving forward to develop a Contract Negotiation education program with MedEd Stat for physicians that has elements of pay equity, as well | The program is in the beginning stages and not yet ready to launch. |

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| Medicine in Delaware Resolution (Physician Education Goal) | and various genders in MSD leadership positions throughout the organization, and adopt the AMA Principles for Advancing Gender Equity in Medicine. Dr. Barnes and Ms. LaJudice met with a consulting group and also a company that MSD works with to provide its Physician Leadership education to discuss providing physicians education and training on gender and race pay equity. | as additional education modules more specific to the topic. There will be a member and non-member cost to take the education. | |
| Community Engagement/ Education (Community Goal) | The focus of this group is to collaborate on projects to improve health equity. Dr. Siu and Ms. Vazquez have attended and participated in various community events through the state during 2023. The committee discussed the “Walk with a Doc” programs and the Wilmington Community Outreach Walks. | | |
| Legislation / Advocacy (Legislation/ Advocacy Goal) | The committee needs to prepare how to advise the MSD Government Affairs Committee on issues of DEI consideration. Several bills were presented in 2023 that focused on DEI issues: SB 34 – a bill to clean up old racist laws still in existence, SB 97 requests silent gender or use of the term “individual,” SCR 30 recognized a week in April as “Black Maternal Health Awareness Week,” HB 340 “momnibus” legislation addressed child and maternal mortality, and SB 346 was the fairness in women’s sports act addressing transgender athletes. | | |
| Elimination of Race Correction Factor in eGFR | MSD Council adopted Resolution A-2021, “Elimination of the Race Correction Factor in eGFR.” The AMA Center for Health Equity requested state medical societies report on their DEI activities in 2023. As part of MSD’s report, it included the work it has done in Delaware to help change the use of race correction in kidney function studies. The AMA requested additional information and interviewed Dr. Barnes and Ms. LaJudice on Delaware’s activities in this area. As a result Delaware will be included in an AMA report outlining state medical society DEI activities, specifically about its work to eliminate race correction. | The AMA report is due out in 2023. | |
| Proximity Project | The Proximity Project is an eight-week cohort experience for those who want to examine and reform how they interact with and serve communities of color. | | |

Respectfully submitted,

Cedric T. Barnes, DO
Chair



Committee on Education (Parent Committee)

Report to Council
November 18, 2023

| ITEM/TOPIC | DISCUSSION | ACTION | STATUS |
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| MSD Leadership Institute | <p>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 virtual classroom 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.</p> <p>A new course on “Physician Employment Contract Negotiations” will be offered starting on January 1, 2024. This CME course is for anyone negotiating an employment contract, reviewing their present contract or considering a new employment opportunity. The course is presented using an interactive, virtual classroom. Instructors will follow your progress, interact with you often one to one, and provide mentoring during the class and beyond.</p> | No action necessary. | Complete |
| MSD Practice Management & Leadership Education Series | <p>MSD hosted five 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:</p> <ul style="list-style-type: none"> • Insurance Payer Workshop • 10 Ways to Guarantee a Lawsuit • Human Resources Practice Update • Practice Operations 101 • Lead Poisoning in Delaware | MSD Physician Relations will continue to coordinate educational programming on topics relevant to our physicians and 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 18, 2023

| ITEM/TOPIC | DISCUSSION | ACTION | STATUS |
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| General | The Committee meets two times per year. The public member on the Committee is Marvin Lee, Ph.D., clinical ethicist for ChristianaCare and Co-Chair of the hospital's Ethics Committee. The Committee consists of not more than 15 elected from the membership of MSD and no more than five appointed lay members. We welcome interested physicians to join, noting that members are elected to the committee by the Council. | | |
| Information Blocking | <p>The 2022 report to the Council informed of the Committee's concern with the 21st Century Cures Act regarding the federal information blocking rule, issued by the Office of the National Coordinator for Health IT (ONC) that took effect on April 5, 2021. The rule is intended to enable more widespread access, use, and exchange of patient data. It will with some exceptions prohibit any action defined as "information blocking" by physicians, hospitals, and health information technology vendors. Information blocking is defined as practices that prevent or materially discourage the access, exchange, or use of electronic health information.</p> <p>It was noted the AMA strongly opposed the forced display of patient information without delay, not opposing information going into the portal, but that the information is in the portal before clinicians see the results, many times after patients have already seen the results. ONC published a list of reasons for why results could be delayed, one of which was risk of harm, which was thought psychological harm could be used as a legitimate reason. This would then allow a 72 hour delay. ONC indicated risk of harm was determined to be physical harm, not psychological harm and, thus, the reason was not able to be used as a reason for delay.</p> <p>Citing a California state statute in place that delays display of medical results of up to seven days, the Committee was in favor of Delaware legislation that would allow for a 48-72 hour delay in posting medical information in the patient portal, allowing time for the physician to review results and speak to the patient prior to the patient seeing the results and possibly misinterpreting or misunderstanding the information. The Executive Board directed the MSD Government Affairs Committee to review the California statute to determine if Delaware could benefit from similar statute/laws. After its discussion, the Government Affairs Committee asked that the MSD Medico-Legal Affairs Committee review the matter. After investigation it was reported back that</p> | The California (state) legislation was enacted prior to the federal law being put into place and takes precedence over the current federal law. However, the difference is that, any state legislation that is enacted after the federal law is in place (such as Delaware trying to push state legislation) would not supersede or override the current federal legislation. | Resolved. |

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| | <p>the California (state) legislation was enacted prior to the federal law being put into place and, therefore, any state legislation that is enacted after the federal law would not supersede or override the federal legislation.</p> <p>Enforcement of the federal information-blocking rules is underway and can result in fines of up to \$1 million for health IT developers, health information exchanges and health information networks for every violation. Meanwhile, the American Medical Association is awaiting the government's proposed regulations that would apply to physicians and other health professionals who are deemed information blockers. The Office of the National Coordinator for Health Information Technology (ONC) is expected to publish a proposed regulation this fall. Physicians and hospitals are not subject to the information-blocking fines that went into effect September 1, 2023, unless they could also be considered a health IT developer, a health information exchange, or health information network. The AMA expects that the ONC and the Office of the Inspector General will frame future regulation around several themes and will use them to guide physician information blocking investigations.</p> | | |
| Statewide Ethics Network | <p>The idea of a statewide ethics network came about from a doctoral project of the ChristianaCare Ethics Committee. Unfortunately, the group did not stay intact. While active, it linked acute care systems, long term care facilities, hospitals, and others to participate in critical mass to review cases and provide education.</p> <p>The Delaware Division of Public Health (DPH) has a statewide medical ethics group (Medical Advisory Committee) that is brought together whenever there is an issue. Topics discussed relate to public health. There is question as to whether the DPH group could be combined into a statewide network. A statewide network could be a support and networking group for those concerned with ethical issues in health care and would not necessarily be setting policy, but sharing information. It would focus on education and hold a yearly conference.</p> | Dr. Goodill and Dr. Lee are working together to create a list of those in charge of ethics at the various hospitals around the state as a starting point. | |
| Incorporating Artificial Intelligence in Health Care | <p>The Committee discussed the challenges and benefits of AI in health care. As an example, EMRs were mentioned that they have massive amounts of data built up but that those data sets are flawed, having a need to interpret what AI provides from this information. The Committee felt it was important that patients were made aware if AI was utilized in reading study results. There was also the question of responsibility of incorrect information, the physician or AI. The Committee was in agreement that AI should never take the place of a physician's clinical judgement, but to be used as a guide. It was also felt</p> | At the time of the writing of this report, it is expected that the committee will craft a resolution proposing to provide physician education on artificial intelligence to present to the Council at its meeting on November 18, 2023. | |

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| | <p>that in order for a physician to be effective, they have a need to know about AI and it was not known whether today's medical students are getting this training.</p> <p>The Committee proposed the need for physician education on AI, particularly its effect in marginalized populations. It was suggested that the Committee submit a resolution to the Council at its meeting on November 18, 2023.</p> | | |
| Chair of the Committee on Ethics | <p>Dr. Goodill has served as Chair of the Committee for many years. He has since retired from practice and while Dr. Goodill plans to continue as a member on the Committee on Ethic during his retirement, he is looking for someone to take over the chair position.</p> | | |

Respectfully submitted,

John J. Goodill, MD
Chair



Committee on Membership
Report to Council
November 18, 2023

| ITEM | DISCUSSION | ACTION | STATUS |
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| Committee Composition | The Committee is an annually elected committee of the Council, currently comprised of eight members. Seats on the committee represent the three counties, the early career physicians, residents and fellows, primary care, and specialties. | In 2023, the Committee welcomed the following new members: <ul style="list-style-type: none"> • Raghda Bchech, MD • Jay J. Dave, DO (assumed seat as Chair) • JoAnn Fields, MD As in past years, a Committee on Membership PowerPoint was provided via email to familiarize new members about the committee in January. | The orientation presentation continues to be updated and reviewed each year as new members join the committee. |
| Membership Composition | 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. 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. | At the time this report was done, the results showed the following breakdown: <ul style="list-style-type: none"> • Retired – 26% (340) • Resident/Fellow – 18% (231) • Medical Students - <1% (10) • Private Practice –72% (513) • Employed –28% (199) Employed members broken down further: <ul style="list-style-type: none"> • Bayhealth (14) • Beebe (11) • ChristianaCare (91) • Nemours (11) • TidalHealth (8) • Saint Francis/Trinity (18) • FQHC/VA (5) • State of DE/Univ of DE (9) • Other (32) | These numbers do not necessarily represent the status of the state of Delaware, only MSD's membership composition. |
| AMA Partnership for Growth & Dues Billing | The 2024 dues year AMA Partnership for Growth (PfG) Agreement was submitted to the AMA in July 2023. The PfG requires MSD to bill AMA dues with the dues invoice provided to MSD members. AMA membership is optional and not | MSD will begin billing for AMA dues during the 2024 dues billing cycle on November 22, 2023. The PfG requires three invoices to be sent by February 1st. The other two invoices are planned for mailing on December 18, 2023 and January 29, 2024. | MSD encourages its members to submit their AMA dues payments directly to MSD. This will |

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| | <p>required for MSD membership. In return, MSD receives commissions on the AMA dues collected through its billing efforts. MSD currently averages approximately \$1200 in commission revenues each year from this partnership, with commission and the number of participating physicians declining each year.</p> | <p>Early membership invoices were sent to 40 practices (101 physicians) on September 29, 2023 to collect dues ahead of the Blue Prints grant checks being sent – AMA dues for 2024 were included on these early invoices.</p> | <p>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> <p>Early invoices were sent to 40 practices this year on September 29, 2023.</p> |
| <p>Membership Engagement Strategy</p> | <p>At the Committee’s quarterly meeting in September, the committee provided feedback and input to update the current Membership Engagement Strategy for 2024 to ensure it aligns with the MSD’s Strategic Plan. At this time, MSD staff is working to finalize the document updates. Changes are continually made to ensure all outreach is current and personalized to each of our members.</p> | <p>As of the date of this report, 98 new members have joined (with 14 pending approvals to be active, and additional applications expected to be submitted before year’s end.) This is a decrease of 16 new members compared to this time last year.</p> <p>49 Resident Members and 15 Medical Student Members have joined as of the date of this report (compared to 74 Residents and 2 Medical Students in 2022.) 6 new physicians who recently completed their medical training and are considered Resident-to-Active members have joined. 7 of the students were elevated to resident members this summer after joining.</p> <p>As of the date of this report, 137 potential members received recruitment materials for membership including postcards, letters, emails and applications along with benefits sheet and testimonials sheets plus an additional 365 letters and emails for membership were sent.</p> <p>Utilizing our digital marketing partner, Feathr, between July 2023 and October 2023, 897 emails were sent encouraging membership and advertising MSD:</p> <ul style="list-style-type: none"> • 387 emails to lapsed members on 7/12/23 • 67 emails to physicians who had just completed training on 7/19/23 • 300 emailed to lapsed members (2nd send) on 9/7/23 | |

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| | | <ul style="list-style-type: none"> 143 emails to physicians who had never been a member | |
| Member Spotlight | 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. | 10 physician members have participated so far in 2023, this is a decrease compared to 2022. | |
| Feathr Digital Marketing – Membership Focus | On March 29, 2022, MSD entered into an agreement with the digital marketing company Feathr with the goals of raising the brand awareness of MSD, encouraging increased traffic to our MSD website and recruiting new members. MSD renewed the license to continue its partnership with Feathr and began a new marketing plan effective April 25, 2023. Utilizing various marketing techniques, Feathr was able to help grow our digital net new audience to over 13K and serve over 223K ads to those individuals. Feathr also focused on helping to share the benefits of MSD membership. Through Feathr customized retargeting campaigns, there have been 1,624 clicks on MSD ads with a very strong average click through rate of .73% (the industry average for digital advertising is .2% - .3%). MSD's ads have remained well above the average rate, meaning our ads resonate with those who receive them. As of September 2023, we were able to attribute the receipt of 7 new membership applications as a result of these efforts and expect more in the upcoming months. | MSD will continue to engage Feathr as a marketing tool to engage and recruit members. | |
| Mentorship Workgroup | To align with the strategic plans of MSD, in October, the Committee on Membership created a working group focused on developing and implementing a mentorship program for MSD. | The Mentorship Workgroup will continue working together to implement a strong and sustainable plan for mentoring physician members, residents and medical students while connecting MSD resources and staff to | |

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| | <p>The work group is currently comprised of 3 Committee on Membership members, Dr. Jay Dave, Dr. Cydney Teal and Dr. Ragda Bchech. The 4th member of the workgroup is Dr. Nicole Kushner, Resident Representative. As of the time of this report, the workgroup has met one time and has plans to meet again this month. The group discussed what will resonate with members from both a mentor and mentee perspective, have begun working on the creation of a survey, discussed plans for in person and virtual events to engage mentors/mentees and are outreaching to additional physicians to seek their input and desire to be part of the workgroup. The group recognizes that there are many facets to this project and are excited about moving it forward.</p> | further promote what MSD does and how we support all physicians in Delaware. | |
| Group Memberships | <p>Beginning with the 2015 dues billing cycle, MSD instituted a group dues invoicing program whereby those groups who have 100 percent of their practicing physicians as members of MSD can be granted a ten percent discount for those in the group who pay the full dues rate; hospital/health systems are offered a 30% discount if 100 percent of the practicing physicians are active members.</p> <p>For the 2023 dues billing cycle, 24 groups (23 private and 1 hospital) participated, with 182 physicians eligible for the discount. Although a net loss was incurred, MSD saw a record number of 24 new members join as a result of the program, and 173 existing members renewed. Only 1 group who participated in 2022 did not participate in 2023; additionally 7 new practices were in the program.</p> <p>The program is valuable as it continues to be a retention strategy and a way to secure new members as practices repeatedly participate year to year.</p> | The program will continue for the 2024 dues billing cycle and 31 practices (30 private groups and 1 hospital) are currently participating. | |

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| Requests for Dues Waivers (Par Time Status) | Members may request a waiver of full or partial dues based on reduced practice hours, financial hardship, or health concerns. | The Committee recommended approval for 17 requests for the 2023 dues year, which were approved by the Executive Board (all were for part-time membership status -50% reduction of regular dues membership amount): <ul style="list-style-type: none"> • 13 from New Castle County • 0 from Kent County • 4 from Sussex County | |
| Retention Efforts | The committee was apprised during the year of the status of 2023 dues collections. The Committee on Membership was requested to contact those on the non-payment list. | 60 members were dropped due to unpaid membership dues for the 2023 membership year, compared to 45 in 2022. | |
| 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. | One new supporting members joined this year to be eligible effective 1/1/2024 to participate in the 401K MEP. As of 10/23/2023, there are currently 16 supporting members. As of the date of this report, the Supporting Members include: <ul style="list-style-type: none"> • 4 dentists • 8 podiatrists • 2 physicians from Texas • 1 physician from Washington DC • 1 Executive VP from the Medical Society of Washington DC | |
| Statistics | As the membership manager continues her 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 9, 2023. <u>Total Membership Breakdown – 1,309</u> Physician Assistants: 7 Physician Members: 1,046 Resident Members: 231 | In 2022, 153 new members joined: <ul style="list-style-type: none"> • 66 designated as dues paying members • 86 designated as non-dues paying members (residents and medical students) In 2021, 124 new members joined: <ul style="list-style-type: none"> • 54 designated as dues paying members • 70 designated as non-dues paying members (residents and medical students) | |

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| | <div>Med Student Members: 10 Supporting Members: 15 Pending: 25</div> <div><u>2023 Resident Conversion to Active Membership</u> 41 Resident members completed training in 2022 20 Left the state 21 Will be billed for 2023 dues (12 current members plus 9 who joined as new members)</div> <div><u>Average Age of Membership:</u> 56</div> <div><u>2023 New Members (as of 10/1/2023)</u> 84 new members have joined The average age of all new members is 38. The average age of new members, physicians only (excludes residents, students) is 49.</div> <div><u>Drop Statistics (January 1 – September 30, 2023)</u> <div>Moved out of state: 44 Deceased: 10 Non-payment of MSD dues: 60 Cost – Dues too high 1 Medical license no longer valid: 6 No Value from membership: 3 Resigned (no reason): 3 Weak Refusal: 4</div><div>131</div></div> | <div>In 2020, 113 new members joined:<ul style="list-style-type: none">49 designated as dues paying members64 designated as non-dues paying members (residents)</div> | |
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Respectfully submitted,

Jay J. Dave, DO
Chair



MEMBERSHIP STATISTICS

2023 Membership* (as of 10/23/2023)

| | <u>Dues Paying</u> | <u>Dues Exempt</u> | <u>Affiliates</u> | <u>Associates</u> | <u>Physician Assistants</u> | <u>Medical Students</u> | <u>Residents</u> | <u>Pending Applicants</u> | <u>Totals</u> |
|--------------------------|--------------------|--------------------|-------------------|-------------------|-----------------------------|-------------------------|------------------|---------------------------|---------------|
| Kent County | 70 | 26 | 1 | 1 | 1 | 2 | 53 | 1 | 155 |
| NEW CASTLE County | 454 | 221 | 0 | 1 | 3 | 4 | 149 | 14 | 846 |
| Sussex County | 125 | 53 | 2 | 1 | 3 | 0 | 6 | 3 | 193 |
| Out of State / No County | 11 | 107 | 4 | 0 | 0 | 5 | 3 | 2 | 132 |
| | 670 | 407 | 7 | 3 | 7 | 11 | 211 | 20 | 1326 |

2022 Membership (As of 12/31/2022)

| <u>Dues Paying</u> | <u>Dues Exempt</u> | <u>Affiliates</u> | <u>Associates</u> | <u>Physician Assistants</u> | <u>Medical Students</u> | <u>Residents</u> | <u>Pending Applicants</u> | <u>Total</u> |
|--------------------|--------------------|-------------------|-------------------|-----------------------------|-------------------------|------------------|---------------------------|--------------|
| 751 | 397 | 11 | 3 | 9 | 11 | 196 | 0 | 1378 |

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.

Pending members are included in total counts.



Editorial Board
Report to Council
November 18, 2023

| ITEM/TOPIC | DISCUSSION | ACTION | STATUS |
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| <p>Launch of MSD Academic Channel with the Cureus Journal of Medical Science</p> | <p>The Medical Society of Delaware Academic Channel was launched in Q4 of 2021.</p> <p>The printed Delaware Medical Journal was no longer financially sustainable and had lost its PubMed Indexing status. The opportunity for online publishing through Cureus presented a solution. The transition from a bi-monthly printed scientific Journal (the Delaware Medical Journal) to the Academic Channel has resulted in at least at \$50,000 annual savings based on the 2021 proposal to produce the bi-monthly printed journal. This does not include the change in the advertising revenue that would have also decreased for MSD.</p> <p>Our Academic Channel is digital space online within the broader Cureus journal. When an author publishes through the MSD Academic Channel, they are in effect publishing in the Cureus Journal of Medical Science and all established publishing rules by Cureus apply.</p> <p>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>There are no author submission fees and access to published articles does not require a subscription and articles are free to download. 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 Delaware Medical Journal.</p> <p>Up to 25 articles can be accepted during a 12-month period for publishing under the contract with the Cureus Journal of Medical Science. Should MSD determine that the 25 article threshold would be surpassed in a 12-month period, it will reconsider the level of the agreement and whether a change in the contract is needed.</p> <p>Articles that meet all the criteria are eligible for publishing and indexing in PubMed. All articles submitted go through a rigorous peer-review process. A</p> | <p>As the submission of this report, the Academic Channel reflects 12 articles that have been published since the Channel was launched.</p> <p>The MSD Academic Channel can be accessed at: https://www.cureus.com/channels/medsocdel</p> | |

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| | plagiarism checker is used to assure no copyright infringements, patient confidentiality, and whether it meets HIPAA requirements. | | |
| Academic Channel Editors | Additional Academic Channel Deputy Editors have been identified who have oversight of the Channel content from submission to publication and are also responsible for the peer review by the Academic Channel for articles submitted. | Current Channel Deputy Editors include: Bhavin Dave, MD Stephanie Guarino, MD Stephen T. Lawless, MD James Lenhard, MD Gregory A. Masters Sangeetha Satyan, MD | |
| Roles for Editorial Board Members | To engage the entire Editorial Board, a list of possible roles and their descriptions were developed to include being peer reviewers, channel editors, author submission, recruiter for articles, and “welcome committee” that would help authors stuck in the process to explain next steps, to encourage continuing in the process if there is no activity after a period of time, through to congratulating published authors. | New and existing residency programs bring opportunity to new article submission. Editorial Board members were encouraged to present at hospital staff meetings about publishing through the Academic Channel. | |
| Peer Reviewers | Additional peer reviewers from the membership is encouraged. An account needs to be established on the Academic Channel. This helps with the review of all articles submitted to the general Cureus Journal of Medical Science and not necessarily just for articles submitted through the MSD Academic Channel. Peer reviewers are matched by specialty with the article subject matter. | https://www.Cureus.com/Channels/MedSocDel All current Editorial Board members should sign up to be a peer reviewer on the Cureus website. MSD members are also encouraged to sign up to be a peer reviewer. | |
| Accreditation of Published Articles | Accrediting published articles was investigated to determine if it could be accomplished, what needed to be done, and if there was a financial impact. After a discussion with the Cureus staff who welcomed having accredited articles, the MSD Professional Education staff provided more details that were the basis for the decision on moving forward. | After investigating, it was determined that CME accreditation of articles was not feasible. | Resolved |

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| | <p>In order to proceed with accrediting an article, the author would need to apply for continuing medical education (CME) credit and any “planners” that assisted with the article would need to complete a planner and disclosure forms. The application process can be overwhelming due to the amount of paperwork. There was question as to what point in the article submission process does the application for CME become relevant and how potential readers are informed of available CME, as the article needs to be accredited prior to publication and it is not a given that an article will be published.</p> <p>After investigation it was determined that it was not feasible to offer CME due to the amount of paperwork, author submission separately of CME for themselves (this is different and additional paperwork for the author to submit to receive CME for themselves), continuous updating of information for enduring materials, and probably no one willing to pay the CME application fees, as this is an expense for MSD to provide the accreditation. The committee agreed that the amount of work required would be a barrier for application.</p> | | |
| Advertising | MSD utilized the Academic Channel as a source for placing Annual Meeting sponsor ads for marketing. This was a test and analytics will be checked to determine click throughs on the ads. | | |
| Digital Digest | <p>Along with the Academic Channel and publishing capabilities, MSD will produce it own digital digest that will be emailed to the membership, at no additional cost. MSD did not renew the digital digest feature in the Cureus contract renewal since we haven’t utilized all the digests allotted, due to lack of content, as we continue to ramp up.</p> <p>The Digital Digest includes a list of articles published since the last published digest and have a message from the editor and any other content desired.</p> | Awaiting content for the Editor’s message. | |
| Editorial Board Leadership | In 2023, Gregory A. Masters, MD assumed the role of Editor in Chief of the Editorial Board. Dr. Stephen T. Lawless, MD has assumed the seat of the Associate Editor. | | |

Respectfully submitted,

Gregory A. Masters, MD
Editor



Committee on Education
Education Program Planning Subcommittee
 Report to Council
 November 18, 2023

| ITEM/TOPIC | DISCUSSION | ACTION | STATUS |
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| 233rd Annual Meeting | The Education Program Planning Subcommittee meets to determine the education session for the MSD Annual meeting. The 234th MSD Annual Meeting education session entitled Food as Medicine: <i>Recipes for Healthy Living: Empowerment, Nutrition, Longevity</i> is scheduled on November 18, 2023 at the Christiana Hilton, Newark, DE. Speakers include Tia Trivisonno, ND, LAc, MSOM and Katerina Tsapos Parmele, MD, FACEP, IFMCP, CHEFCoachMD. | 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 education sessions in 2023 included:</p> <ul style="list-style-type: none"> • Creating Supportive Space: LGBTQ+ and Mental Health Awareness on March 22, 2023 • Policy Opportunities for Addressing Stigma and Removing Professional Licensing Barriers for Clinicians Seeking Mental Health Care in Delaware on June 6, 2023 • Fentanyl Laced with Zylazine – A Public Crisis on October 26, 2023. | No action necessary. | Resolved |
| OBVIOUS | A weekly OBVIOUS lecture series is scheduled for March, 2024. Topics under OBVIOUS to include Obesity, Bullying, Violence, Intelligent Decisions, Opioid Abuse, Underage Drinking and Suicide will be addressed. | No action necessary. | Pending |
| Premier Educational Partner Program | The Premier Educational Partner Program (PEP) continues with nine partners in 2023. For an annual fee, those organizations who enrolled to become a Premier Educational Partner have opportunities to exhibit at educational sessions, prominent placement of logo on the MSD website, highlights in weekly newsletters, social media posts and co-branding of promotional materials. | No action necessary. | Resolved |

Respectfully submitted,

Stephen J. Kushner, D.O.
 Chair



Environmental & Public Health Subcommittee

Report to Council
November 18, 2023

| ITEM/TOPIC | DISCUSSION | ACTION | STATUS |
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| Committees Formal Merger | The Public Health Subcommittee and the Environmental Health Subcommittee were formally combined with the Council's approval at last year's meeting, effective 1/1/2023. The subcommittee is now named the Environmental & Public Health Subcommittee. | With Board and Council approval, the separate committees combined to form The Environmental & Public Health Subcommittee | |
| Committee Responsibilities and Composition | <p>The main responsibility of the Environmental & Public Health Subcommittee is to focus on the public health, wellness issues and environmental issues affecting the health of Delaware citizens.</p> <p>The Subcommittee is a standing committee under Community Health, and is currently comprised of eight members, with a shared chair position:</p> <ul style="list-style-type: none"> • Zain Ul Abdin, MBD • Matthew T. Caddell, DO, MPH, MBA • David P. Donohue, MD, Co-Chair • James M. Fletcher, DO • John J. Goodill, MD • Stephen T. Lawless, MD • Patt E. Panzer, MD, MPH • Cindy W. Siu, MD, Co-Chair | | |
| State Opioid Response (SOR) 3.0A Grant and Office-Based Opioid Treatment (OBOT) Year 2 | <p>The Division of Substance Abuse and Mental Health (DSAMH) Opioid Response Team (ORT) had 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 for a second year.</p> <p>As a Tier 2 participant, MSD, in conjunction with their subsidiary Medical Network Management Services of Delaware ("MedNet"), became part of Delaware's Opioid Response Provider Network (ORPN). MSD and MedNet engaged with the North Carolina Medical Society's "Recovery Platform" on this project. This second grant awarded MSD with \$75K to manage a grant that was to run from January 1st through September 30, 2023. During the course of this year, MSD and the Recovery Platform continued to engage the same three primary care practices in a screening and assessment project that</p> | | |

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| | outlined risk level related to opioid and substance abuse and other mitigating social determinants of health and added an important layer: to close the referral loop. Now, after a patient is referred, there is follow up to the patient about the referral and also follow up with the organization in which they were referred to, to ensure the loop is closed (and they sought the care or resources needed). At this time MSD is awaiting a reply from DSAMH to advised as to whether we will be approved for 2024. | | |
| Gun Violence Resolution | <p>A workgroup was formed to work together and draft a resolution on the topic of gun violence. The group, consisting of MSD members:</p> <ul style="list-style-type: none"> • Cindy Siu, MD • James M. Fletcher, DO • Brian J. Galinat, MD • John J. Goodill, MD <p>The group met multiple times over the last several months gathering resources and discussion their position. Dr David Chen also contributed resources and has applied to join MSD as a member. The resolution will be presented at this year's annual meeting.</p> | A resolution addressing gun violence will be presented this year. | |
| Climate Bills Passed | <p>MSD continued its membership with the Medical Society Consortium on Climate and Health as well as the Mid-Atlantic Alliance for Climate and Health (MAACH) in 2023, and supported the passage of important climate bills, which were passed in June and were signed by the Governor on 8/3/2023:</p> <ul style="list-style-type: none"> • HB99 - This Act, known as the Delaware Climate Change Solutions Act of 2023, follows the issuance of Delaware's Climate Action Plan in 2021, and establishes a statutory target of greenhouse gas emissions reductions over the medium and long term to mitigate the adverse effects of climate change due to anthropogenic greenhouse gas emissions on the State. • HB10 - This Act establishes targets for annual purchase of electric school buses through fiscal year 2030, and requires the Department of Education to submit an annual implementation report through 2029 as well as a comprehensive report in 2030 detailing future recommendations for electric vehicle purchases and other measures to reduce the carbon and environmental impact of the State's school transportation fleet. | | |

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| Mid-Atlantic Alliance for Climate and Health (MAACH) Farm Policy Letter Signed | <p>The Mid-Atlantic Alliance for Climate and Health (MAACH) was formed in 2022, and includes groups representing many of the health professions, as well as many non-profit environmental organizations. MSD continues to participate with this group as well.</p> <p>On July 28, 2023, at the recommendation of this committee, MSD signed on to support the MAACH's farm policy letter to Congress. The letter provided recommendations on farm policy from U.S. health and medical professionals across the country. MSD signed on along with other health groups to support four key areas for investments and policy change:</p> <ul style="list-style-type: none"> • Support healthy foods, healthy people, and healthy communities • Support healthy farms and a healthy planet • Support a fair and just farm system • Support expanded research | <p>MSD signed on to support the MAACH's farm policy letter to Congress.</p> | |
| Contaminated Soil Samples Project Letter of Support Provided | <p>MSD provided a letter dated March 15, 2023, to Dr. Jun Wang of NanoDiagnostic Technology, LLC, to provide support for the application of its onsite biomonitoring system of exposure to pesticides" - a screening device which employs a pin-prick blood sample to assess exposure to toxins via measurement of cholinesterase levels in human blood. It is recognized that in Delaware, our residents currently live in a variety of environments in which there is a significant exposure to pesticides – from farmland to landscaping. In addition, certain areas of the state are demonstrating significant areas of new construction on existing or historic farmland. This disruption could potentially increase pesticide exposure. The long-term environmental health of the residents of Delaware is a major concern this committee and it supports the potential to improve the monitoring of pesticide exposure in an efficient and cost-effective manner. NanoDiagnostic Technology, LLC submitted its NIH STTR phase II grant application on 4/5/2023 and received a good score; they are currently waiting for possible funding and expect to get news by December. At this time the project is on hold because of no funding.</p> | <p>MSD provided a letter of support for a project which focuses on screening pesticide levels to mitigate toxin exposure. Funding is pending to move forward with the project.</p> | |
| Air Quality Support Letter Signed | <p>At the recommendation of this committee, MSD was one of several Delaware health organizations to sign a March 24, 2023, letter to the U.S. Environmental Protection Agency (EPA) addressing particle pollution standards. The letter urged the EPA to stronger annual and 24-hour standards for the National Ambient Air Quality Standards</p> | <p>MSD signed a letter of support addressed to the EPA to require stronger air quality standards.</p> | |

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| | (NAAQS) for fine particulate matter pollution (PM2.5). The revision of the NAAQS for particulate matter pollution represents an important step toward healthier air. To ensure that the standards are aligned with the current science, MSD and other organizations supported a final standard of 8 micrograms per cubic meter (µg/m3) for annual PM2.5 and 25 µg/m3 for 24-hour PM2.5 to ensure healthier air for all. | | |
| Health Care Decarbonization Support Letter | At the recommendation of this committee, and at the request of the Medical Society Consortium on Climate and Health, MSD signed the Health Care Decarbonization letter of support on 9/11/2023, ahead of a November 1 st deadline. Recognizing that the health sector is responsible for an estimated 8.5% of U.S. greenhouse gas emissions and accounts for 25% of total global health sector emissions. Hospitals can commit to reducing their emissions and improving climate resilience in the face of these worsening threats. | MSD signed a letter of support requesting health care systems pledge to make changes that will benefit the environment. | |
| MyGreenDoctor.Org | The Medical Society of Delaware joined MyGreenDoctor.org as a participating society on February 15, 2022, and we continue to provide this as a member benefit for MSD. | | |
| Community Events and Outreach | MSD participated for the second year in a row in Delaware's Coastal Cleanup day as an environmentally-focus event. This year's event took place on Saturday, September 16, 2023, at Herring Point, Cape Henlopen State Park in Lewes. In collaboration with the Surfrider Foundation, we formed a team who removed 75 pounds of trash and litter from the beach, more than double last year's efforts. MSD plans to participate again next year. This event has also promoted membership engagement and resulted in the addition of 3 new medical student members to MSD. The members of this committee recognizes they are a committee of action and have been integral in MSD's ability to sign on to multiple letters this year that have addressed environmental and public health. The committee stated they would like it to be goal that each member participate in at least 1 event per year. | | |

Respectfully submitted,

David P. Donohue, MD and Cindy W. Siu, MD
Co-Chairs



Government Affairs Committee
Report to Council
November 18, 2023

| ITEM/TOPIC | DISCUSSION | ACTION | STATUS |
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| Legislative Overview | <p>2023 ushered in the first half of an active 152nd Legislative Session. This session saw a few themes, groundbreaking legislation, and new bills introduced to advocate for enhanced processes for physicians and improved health care for their patients. MSD continues to advocate for physicians to select their own continuing education and training, rather than mandated training on topics. HB 227, as originally introduced, would have imposed a one-hour CME requirement on physicians on lead poisoning every two years. MSD successfully pushed back and the legislation was amended to remove the training requirement. In response to the very controversial SB 283 from last session (requiring CME on dementia), MSD worked with the bill sponsor to pass SB 185 this year. It delays implementation of SB 283 until April 1, 2025. This gives MSD and the bill sponsor more time to improve the legislation.</p> <p>MSD, along with the Delaware Healthcare Association, authored a bill to significantly reform the prior authorization process. SB 10, the "Delaware Pre- Authorization Reform Act of 2023," will be worked on with other interested parties over the next several months.</p> <p>The Director of Public Health role has been vacant for over a year. HB 243 with HA 1 allows for this position to be expanded to a non-physician role. With the amendment, the expansion will sunset after five years. It is critical for the Department of Health and Social Services (DHSS) to fill this role to ensure the public health of our Delawareans. We are now on our 3rd interim director since the retirement of Dr. Karyl Rattay. This is not a long-term solution. Both MSD and DHSS are committed to finding a practical solution that would allow a physician to lead the Division of Public Health.</p> <p>The final legislative highlight was MSD's work on SB 8 regarding medical debt collection. This bill adds to the already complex federal requirements on the collection of medical debt. With MSD's</p> | | |

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| | <p>advocacy, the bill was significantly amended to draw out the vast majority of private practices. It will continue to be reviewed for any legislative changes that might be required before the bill is enacted.</p> <p>The Operating Budget for fiscal year 2024 passed with a 10% increase from the prior budget. The \$5.6 billion Operating Budget heads to the Governor’s desk for signature.</p> <p>In the final hours of the session, Speaker Pete Schwartzkopf announced he was stepping down as Speaker but would serve his remaining term as State Representative. The House will be led by newly elected Speaker Valerie Longhurst. She makes history as the first female in the role. House Democrats also announced the elections of Melissa Minor-Brown as Majority Leader and Kerri Evelyn Harris as Majority Whip—also making history as the three constitute the first all-female leadership lineup. Majority Whip Kerri Evelyn Harris also makes history as the first openly LGBTQ member of legislative leadership. MSD is committed to developing and sustaining relationships with the Legislative Leaderships.</p> <p>MSD remains active in the off-session season, staying active in many key issues, getting ready for session in January.</p> | | |
| Priority Issues | | | |
| Prior Authorization | <p>MSD and DHA drafted language to reform Prior Authorization in DE. SB 10 was introduced late in the session. MSD and DHA are meeting with Senator Townsend in the off-session, along with key players from payers, Department of Insurance, AHIP, AMA, and physicians to have collaborative conversations. Both AHIP and AMA have provided red-lined changes and comments to the bill. AHIP would like to reflect some of the language of the Pennsylvania legislation. Emily Carroll from the AMA attended the October GAC meeting to provide comments and insights.</p> | <p>During the October GAC meeting, members agreed to provide additional written comment and feedback</p> | <p>Comments were discussed at the October 16th Prior Authorization meeting.</p> |
| Educational Transparency/ | <p>A meeting was held in early summer with various stakeholders to discuss Educational Transparency/ Title Misappropriation. There was varying opinions on the use of “doctor” based on degree in the</p> | <p>Ms. Gomes of ByrdGomes is working to secure</p> | <p>Monitor interest and</p> |

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| Title Misappropriation | clinical setting. There are minimal reports by patients to the state/ licensure agencies despite this being a concern for patient safety and health. The goal was to reconvene with the bill sponsor in the fall. A smaller group met in September to prep for the call but the sponsor cancelled the meeting. There may be a need to find another sponsor due to the new responsibilities of the sponsor, but the sponsor has not indicated she would like to relinquish responsibilities at this time. | new dates with Rep. Minor-Brown | availability of bill sponsor |
| Primary Care Reform | Primary Care Reform, as it relates to passed legislation (see SB 120 below) has been severely delayed. Multiple issues have been identified that cause delays and consternation between parties including: Bill Complexity Unclear eligibility requirements for Value Based Care Limited PC representation on Collaborative Lack of Chronic Care Management Fees Accurate & Verifiable Data Limited Population Coverage There is interest from Primary Care Subcommittee and MSD leadership to develop a strategy to further the journey to reform along the correct path. However, The PCRC also developed a strategy team to tackle the issue of delayed reform. | | MSD Primary Care Subcommittee meets on Dec 7. |
| Physician Workforce | Members of the GAC have shared that they would like to see renewed energy around physician workforce challenges. Mr. Thompson regularly attends state meetings on workforce initiatives as a task force of the DHCC. | | |
| Bills Supported by MSD | | | |
| Primary Care Reform – SB 120 (151st) | The past year has led to several delays in implementation and progress with the legislation. Many separate meeting have been held with stakeholders and there is little desire from insurance companies to make this reform successful. There is a renewed energy within MSD, the GAC, and Primary Care Subcommittee to develop a strategy to move this reform forward in a positive direction. <i>Supports, with ongoing engagement from MSD</i> | Signed by Governor | See priority issues above |
| Topical Medical Waste Reduction Act – | This Act will allow physicians and other practitioners the ability to dispense the unused portion of the creams, drops or ointments that were used after a surgical or other procedure to our patient. It would | Signed by Governor | |

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| SB 148 | allow physicians and practitioners to better serve their patients by helping decrease direct cost to them. This will reduce the wasteful discarding of perfectly good medications, help reduce healthcare expenses, and improve continuity of care. Both MSD and DAO wrote letters of Support to the Senate and bill sponsor. <i>Supports</i> | | |
| Lead Poisoning Prevention – HB 227 w/ HA 2 | HA 2 removes the requirement from the bill that requires health care providers to complete a training program every 2 years. HA2 also clarifies that primary health care providers must report results to DPH for every instance of screening, in addition to the 12 and 24 month scheduled screening. HB 227 makes enhancements for reporting. MSD and DE Chapter of AAP opposed the CME portion of this bill and wrote testimony in opposition. With this portion removed, MSD and AAP were able to support the bill. <i>Supports</i> | Signed by Governor | This bill is effective upon signature date |
| Reporting of Patient Abuse – SB 123 | Adult day care facilities would be subject to reporting requirements related to patient abuse. Act covers loop holes that are not addressed in other patient abuse laws. <i>Supports</i> | Signed by Governor | This bill is effective upon signature date |
| Medical Debt – SS 2 for SB 8 w/ SA 1 & HA 1 | The Senate Substitute 1 protects patients from potentially unfair debt collections practices. The concept of medical debt and its impact on patients can be partially attributed to the increasingly unsustainable high cost of medical care, including labor and materials, in Delaware. MSD has worked with the bill sponsor and Senate to address the concerns and possible negative consequences which may have occurred with prior drafts of this bill. SS2 defines who is which providers are subject to the act; increases the threshold of outstanding debt; extends time of notice; and provides for other basic clarifications. <i>Supports, pending a follow-up in January</i> | Signed by Governor | Meeting with bill sponsor scheduled for October 26. Additional follow-up is needed in January |
| Prior Authorization – SB 10 | Comprehensive legislation to reform prior authorization in DE. MSD drafted with the Health Care Association. <i>Supports</i> | Awaiting Consideration in Committee | See priority issues above |
| Income Tax Credit for Nurse Preceptors – HB 136 | The nursing shortage in DE remains unsustainable. Due to a lack of nursing school faculty, this bill provides a nonrefundable tax credit of up to \$1,000 and up to \$5,000 for individual qualifying preceptors and clinical preceptors. The act would be effective for tax years beginning on or after January 1, 2024. | Out of Revenue & Finance; Assigned to Appropriation Committee. Large fiscal note | Continue to explore options for physician |

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| | <i>Supports, with physicians added to bill or separate bill</i> | | preceptors of physicians |
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| Other Bills – See Bill Chart that follows | | | |
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| Other topics | | | |
| Physician at Legislative Hall | GAC is striving to have a physician in attendance at Legislative Hall starting in 2024. | | Reviewing Session calendar with physicians planned for Nov GAC meeting |
| Pubs & Politics | 2003 events - February 21, May 17, and October 11 Planned – December 5 | | |
| Dementia Education | The law was passed in the 151 st with SB 283 to require physicians and other health care professionals to take CME/ CEU on dementia and Alzheimer’s care. In the 152 nd , this was delayed with SB 185 . | Signed by Governor, with delayed implementation | MSD continues to engage with Senator Mantazinos, as recently as 10/26. We are looking at other options to increase the awareness of this disease and limit the educational requirement to one time. |

Respectfully submitted,

Richard Henderson, MD
Chair
/LMG



152nd DELAWARE GENERAL ASSEMBLY
LEGISLATIVE WRAP-UP
October 16, 2023

| Bill Title | Bill Number | Description | Sponsor | Status | MSD position |
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| Bills Supported by MSD | | | | | |
| Primary Care Reform | SB 120 (151st) | The past year has led to several delays in implementation and progress with the legislation. Many separate meeting have been held with stakeholders and there is little desire from insurance companies to make this reform successful. There is a renewed energy within MSD, the GAC, and Primary Care Subcommittee to develop a strategy to move this reform forward in a positive direction. <i>Supports, with ongoing engagement from MSD</i> | Senator Townsend | Signed by Governor | Supports, with ongoing engagement from MSD |
| Topical Medical Waste Reduction Act | SB 148 | This Act will allow physicians and other practitioners the ability to dispense the unused portion of the creams, drops or ointments that were used after a surgical or other procedure to our patient. It would allow physicians and practitioners to better serve their patients by helping decrease direct cost to them. This will reduce the wasteful discarding of perfectly good medications, help reduce healthcare expenses, and improve continuity of care. Both MSD and DAO wrote letters of Support to the Senate and bill sponsor. <i>Supports</i> | Senator Sturgeon | Signed by Governor | Supports |

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| Lead Poisoning Prevention | HB 227 w/ HA 2 | HA 2 removes the requirement from the bill that requires health care providers to complete a training program every 2 years. HA2 also clarifies that primary health care providers must report results to DPH for every instance of screening, in addition to the 12 and 24 month scheduled screening. HB 227 makes enhancements for reporting. MSD and DE Chapter of AAP opposed the CME portion of this bill and have written testimony in opposition. | Representative Lambert | Signed by Governor | Supports |
| Reporting of Patient Abuse | SB 123 | Adult day care facilities would be subject to reporting requirements related to patient abuse. Act covers loop holes that are not addressed in other patient abuse laws. | Senator Mantzavinos | Signed by Governor | Supports |
| Medical Debt | SS 2 for SB 8 w/ SA 1 & HA 1 | The Senate Substitute 1 protects patients from potentially unfair debt collections practices. The concept of medical debt and its impact on patients can be partially attributed to the increasingly unsustainable high cost of medical care, including labor and materials, in Delaware. MSD has worked with the bill sponsor and Senate to address the concerns and possible negative consequences which may have occurred with prior drafts of this bill. SS2 defines who is which providers are subject to the act; increases the threshold of outstanding debt; extends time of notice; and provides for other basic clarifications. | Senator Mantzavinos | Signed by Governor | Supports, pending a follow-up in January |
| Prior-authorization | SB 10 | Comprehensive legislation to reform prior authorization in DE. MSD drafted with the Health Care Association. | Senator Townsend | Awaiting Consideration in Committee | Support |

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| Income Tax Credit for Nurse Preceptors | HB 136 | The nursing shortage in DE remains unsustainable. Due to a lack of nursing school faculty, this bill provides a nonrefundable tax credit of up to \$1,000 and up to \$5,000 for individual qualifying preceptors and clinical preceptors. The act would be effective for tax years beginning on or after January 1, 2024. | Representative Minor-Brown | Out of Revenue & Finance; Assigned to Appropriates Committee | Support, with physicians added to bill or separate bill |
| Primary Care Coverage | SB 31 | Addresses technical issues in SB 120 that will align requirements across insurance plans. The act reintroduces a deleted segment of SB 120 that addresses chronic care management and requires it in group and blanket plans. | Senator Townsend | Signed by Governor | Support |

| Neutral Position | | | | | |
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| End of Life Options | HB 140 | This act permits terminally ill adult individuals to request and self-administer medication to end the individual's life in a humane and dignified manner. The individual's attending or consulting physician or APRN agree on the individual's diagnosis and prognosis and believe the individual has capacity to make decisions as well as is acting voluntarily. The Act itemizes safeguards. | Representative Baumbach | Out of Committee 5/16/23 | Engaged Neutrality |
| Health Records for Non- physician Practices | SB 74 w/ SA 1 | This act establishes requirements for a list of non-physician health care providers for the handling of medical records upon the when the practitioner closes a practice, dies, terminates the patient relationship, or is incapacitated. The requirements are modelled after the bill that cites physician requirements and processes when doctor-patient relationships are ended. SA1 adds provisions for | Senator Hansen | Signed by Governor | Neutral |

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| | | consistency that require notice of an office closure to include the date services will cease and notice must be provided explaining how former patients or clients may obtain their records. Also requires patient's written consent before providing records to a new provider. | | | |
| Professional Licensing for Undocumented Individuals | SB 80 and SS 1 for SB 80 | Codifies the current practice of not requiring proof of citizenship or immigration status on an application for a professional license. | Senator McBride | Signed by Governor | Neutral |
| Oral Health Screening in Children | HS 1 for HB 83 | Every public school and charter school would provide students in kindergarten with an oral health screening by the end of the other school year. MSD has expressed some capacity concerns. | Representative Williams | Signed by Governor | Neutral |
| Insurance Coverage of Epinephrine Autoinjectors | HB 54 | Expands the requirement of all health insurance plans to include at least 1 formulation of epinephrine autoinjectors on the lowest tier of the drug formulary for members 18 years and younger to all covered members by January 1, 2024. | Representative Williams | Signed by Governor | Neutral |
| No Position Provided by MSD | | | | | |
| Pharmacy Collaborative | SB 165 w/ SA 2 | Authorizes pharmacists to engage in "collaborative pharmacy practice" with one or more "practitioners" (authorized to prescribe drugs). SA2 clarifies that "practitioners" also administers injectable medications, biologicals and immunizations. | Senator Poore | Signed by Governor | No Position |
| DHSS – Director of Division of Public Health | HB 243 w/ HA 1 | This act expands the qualifications for the Director of DPH to include non-physician professionals. The amendment provides that the act with sunset 5 years from enactment. (MSD requested this amendment) | Representative Minor-Brown | Signed by Governor | No Position |

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| Medical Practices Act – Practice Closure | HB 105 w/ HA 1 | Requires physicians who are discontinuing business, leaving the state, or terminating the physician-patient relationship for any reason to notify the patients at least thirty days prior to the discontinuation of services via first class mail and an electronic message if possible. Information about how to obtain medical records must be included. HA 1 requires physicians provide the Board of Medical Licensure and Discipline notice of patients may obtain their records and requires a date of the end of the physician-patient relationship in the notification. | Representative Williams | Signed by Governor | No position, but provided comments to improve the bill |
| Behavioral Health Updates | SB 153 | Makes changes related to behavioral health and DSAMH to reflect current practices | Senator McBride | Signed by Governor | No Position |
| Lead-based Paint | SB 9 w/ SA 1 & HA 1 | Ground-breaking legislation that creates a system to eliminate lead-based paint from homes where children are still exposed to lead as well as a testing and abatement process. SA 1 clarifies that when a child has an elevated blood lead level, an inspection is done by the state. HA 1 requires Department of Finance to investigate funding sources for the DE State Lead Based Paint Program. | Senator McBride | Signed by Governor | No Position |
| Prohibition of Smoking in Vehicles when Minor is Present | HB 118 w/ HA 1, HA 2 and SA 1 | This act adds smoking restrictions when there is a person under the age of 18 in a vehicle. It clarifies which police can enforce the code, but that a vehicle cannot solely be pulled over for this reason. | Representative Hensley | Signed by Governor | No Position |
| Board of Speech/ Language Pathologists, Audiologists and Hearing Aid Dispensers | SB 141 | Curtails standards for hearing aid dispensers to ensure they are not working outside their permissible scope of practice. | Senator Huxtable | Signed by Governor | No Position |

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| 988 Behavioral Health Crisis Intervention Services | HS 2 for HB 160 | Amends the 2020 Act that established the 988 “national suicide prevention and mental health crisis hotline” to make it more sustainability. The bill creates a Board to oversee an integrated behavioral health crisis care system and also imposes a surcharge on business and residential telephone and wireless services. The surcharge will fund the behavioral health crisis services which are currently have capacity challenges. | Representative Longhurst | Signed by Governor | |
| PA Compact | SB 116 | The act adopts the PA Licensure Compact, therefor strengthening access to medical services and improving the portability of a physician assistant’s license to practice. It also protects the safety of patients the existing authority of state licensing boards to license and discipline PA’s. PA’s using a Compact privilege must adhere to the laws and regulations in the state in which they are practicing. | Senator McBride | Signed by Governor | Support, pending a follow-up in January |

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| Rare Disease Council | SB 55 w/ SA 1 | Establishes the DE Rare Disease Advisory Council with the primary goals of education, prevention, and funding for treatments. There are over 7000 rare diseases, which cause a challenge to public health. | Senator Poore | Signed by Governor | No position |
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| Long Term Care Facility Bills | SB 150 SB 151 SB 152 | Last session, there was a bill that called for dementia education and creation of a task force. The task force drafted 18 recommendations and these bills stem from these recommendations. | Senator Mantzavinos | SB 150 – Not heard this session SB 151 Out of Committee 6/7/23 SB 152 Signed by Governor | No Position |
| Hospital Visitation Policy | HS 1 for HB 242 | The bill strives to balance between allowing visitors and ensuring safety of hospital staff during public health emergencies, pandemics, and disease outbreaks. It allows for hospitals to provide guidance on hospital visitation including number of visitors, health screenings, and PPE requirements. HS 1 provides clarity on liability and risk and also notes that a hospital may not provide a doula providing pregnancy or post-partum services. | Representative Dukes | Passed by House | No Position |
| Authorized Information Sharing for Children | SB 122 | Authorizes the Office of the Child Advocate and Office of the Investigation Coordinator to provide child victim data and information to the Office of Investigative Services during investigations of defendants convicted of felony child abuse. | Senator Gay | Passed by Senate | No Position |
| Maternal Mental health | SS 1 for SB 106 | Expands maternal mental health by including perinatal mood and anxiety disorder in the definition of maternal depression. | Senator Gay | Passed by Senate | No position; Defer to ACOG |
| Insurance Coverage for Termination of Pregnancy | HS 1 for HB 110 | Requires all health benefit plans delivered or issues for Medicaid to cover services for pregnancy termination, including deductibles, coinsurance, copayments and other cost sharing. Additionally, it updates individual, group and state employee health plans with similar requirements. The act also defines religious employer and how they may obtain and exclusion. | Representative Minor-Brown | Not heard this session | No position; Defer to ACOG |
| Lyme Disease Education Oversight Board | HB 71 | Addresses that the goal of the Lyme Disease Education Oversight Board includes Lyme Disease and other tick-related diseases. | Representative Schwartzkopf | Signed by Governor | No Position |

MSD Continue to Monitor/ Engage with Legislators

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| Dementia Education | SB 283 (151st) | The law was passed in the 151 st to require physicians and other health care professionals to take CME/ CEU on dementia and Alzheimer's care. In the 152 nd , this was delayed with SB 185 . | Senator Mantzavinos | Signed by Governor, with delayed implementation | MSD continues to engage with Senator Mantazinos, as recently as 10/26. We are looking at other options to increase the awareness of this disease and limit the educational requirement to one time. |
| Reimbursement of School Based Behavioral Health Services | HB 5 | State Medicaid Plan limits Medicaid covered, school based behavioral health services provided under an Individuated Educational program (IEP). This bill would direct funds from DHSS to apply to CMS allow for reimbursement of medically necessary behavioral health services. The fiscal note is pending. | Representative Longhurst | Not heard this session | Monitor |
| Pediatric Inpatient Behavioral Health Enhancement | HB 7 | Requires Delaware Medicaid to enhance the acute care per diem rate for psychiatric facilities for hard to place pediatric behavioral health inpatients. The enhancement would be based on admission criteria and would be limited to 14 days. The fiscal note is pending. | Representative Longhurst | Not heard this session | Monitor |
| Medical Coverage for all DE Children | HB 150 | This bill would provide healthcare coverage to undocumented children. The Act directs the Department of health and Social Services to develop and operate a limited medical assistance program for children who are not covered, including the undocumented. It would not include in-patient care at hospital or other healthcare facility. Large fiscal note attached, which is cause for some concern. | Representative Griffith | Out of Committee | Will take a position if asked. |

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| Coverage of Mammograms | HB 253 | Requires health insurance companies, including State employee' retiree plans and Medicaid, to cover annual mammograms for women 40 years and older. Mammogram facilities may not require the name of the health care provider in the order. | Representative Williams | Introduced and Assigned to Committee | Introduced Late, Awaiting MSD Consideration |
| Delaware Medical Orders for Scope of Treatment Act (DMOST) | SB 195 | This act will improve the utilization of DMOST forms by creating a DMOST Program at DHSS. It expands the DHSS's responsibilities to include ongoing training and education, maintaining a website, working with the DHIN to maintain and electronic registry, coordination with the POLST Collaborative, and creating a DMOST Steering Committee | Senator Pinkney | Introduced and Assigned to Committee | Introduced Late, Awaiting MSD Consideration— However GAC has supported this effort, simply have to review final bill. |
| 24/7 Emergent Physician Care Centers | SB 196 | Establishes a voluntary certification program for 24/7 Emergent Physician Care Centers. The goal is help patients chose the right level of walk in, medical care based on the level of certification. | Senator Poore | Introduced and Assigned to Committee | Introduced Late, Awaiting MSD Consideration |
| Criminal Liability related to Patient Abuse: Facility Managers | SB 127 | Adds criminal liability for directors or managers of facilities that fail to take corrective action to protect patients or residents from criminal activity. | Senator Mantzavinos | Bill needs to be rewritten | No Action Needed at this time |
| Medical Conditions Related to Driver's Licenses | HB 108 | Allows for all licensed independent practitioners that are treating a driver to report findings and sign Division paperwork. Makes other technical and logistical changes to regarding reporting and compliance. | Representative Matthews | Not worked in Committee | Working with DMV to amend the bill |

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| Prompt Payment on Clean Claims by Insurance Companies | SB 143 | The act makes several changes to enhance the health insurance claims payment process. | Senator Mantzavinos | Awaiting consideration in Committee | GAC Supports; Pending in Executive Board; A meeting was held with Sen. Mantzavinos on 10/26 and MSD will provide feedback on the bill |
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OTHER BILL UPDATES

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| Temp Nurse Staff Agencies in LTC Facilities | HB 199 | Grants DHSS authority to adopt regulations to oversee operations of temp nurse staffing agencies and nurses in long-term care facilities. Oversight assigned to DHSS Division of Health Care Quality. | Representative Johnson | Stricken in the House | No Position |
| Educational Transparency | Draft | Draft legislation to strengthen Delaware law on educational transparency in medical setting so that patients understand the credentials of the practitioner they are seeing. | | | Support. Working with supporters and other health care professionals. |
| Seizure Safe Act | SB 24 | All schools with a student diagnosed with a seizure disorder would need at least 2 employees trained in the rescue medication or treatment of a person with a seizure disorder. | Senator Hoffner | Introduced and Assigned to Education Committee in Senate 1/20/23 | Bill will not be worked. |
| Medical Debt | HB 90 | Would require health care facilities to provide uninsured patients information on medical assistance. | Representative Williams | Incorporated into SS 1 for SB 8 | Will not be worked |
| Non-Acute Long-Stay Patient Task Force | SCR 64 | The concurrent resolution establishes a task force to study and make findings and recommendations regarding the needs and options of non-acute long-stay hospital patients in need of transition to a more appropriate care setting. | Senator Poore | Passed | Follow Task Force |

OPPOSED

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| Legalization of the recreational use of marijuana | HB 1 | Removes all penalties for the possession or personal use of marijuana and marijuana accessories. Legalizes activities for the personal use of marijuana for adults 21 and over and defines “personal use quantity”. MSD testified against this bill. | Representative Osienski | Enacted without Governor’s Signature | Opposed |
| Creation of the Delaware Marijuana Control Act | HB 2 | This act regulates and taxes marijuana for recreational use, similar to alcohol. Regulations include licensing, carding, and taxing requirements. | Representative Osienski | Enacted without Governor’s Signature | Opposed |



Committee on Education
Professional Education Subcommittee
November 18, 2023

| ITEM/TOPIC | DISCUSSION | ACTION | STATUS |
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| Education Sessions Approved for CME | <p>The Committee reviewed and approved a total of 91 education sessions 10/1/22 – 10/1/23:</p> <ul style="list-style-type: none"> • Regularly Scheduled Series – 46 Desired results chosen: <ul style="list-style-type: none"> ○ Competence – 46 ○ Performance – 5 ○ Patient Outcomes – 6 ○ ABIM MOC – 3 • Live Sessions – 19 Desired results chosen: <ul style="list-style-type: none"> ○ Competence – 19 ○ Performance – 1 ○ Patient Outcomes – 0 ○ ABIM MOC – 1 • Enduring Material – 8 Desired results chosen: <ul style="list-style-type: none"> ○ Competence – 8 ○ Performance – 5 ○ Patient Outcomes – 1 ○ ABIM MOC – 0 <p>The MSD Professional Education team continues to work closely with hospitals and organizations to continue transitioning from all virtual programming to live and hybrid programming as pandemic restrictions were lifted.</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 |
| Subcommittee Participation | This Subcommittee reviews all CME applications for appropriate criteria in order to meet ACCME accreditation guidelines. | No Action Necessary | Pending |
| Subcommittee Meetings | A Subcommittee meeting was held on August 2, 2023. | No Action Necessary | Pending |

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| | <ul style="list-style-type: none"> • MSD was awarded reaccreditation through the ACCME through 2026. Reaccreditation permits MSD to award ACCME PRA Category 1 credit for educational programs meeting the ACCME criteria for CME credit. • Antje Arnold, Professional Education Coordinator reported attending the ACCME annual conference in April, 2023. Mrs. Arnold attended lectures on improving patient outcomes, commendation criteria and data collection. | | |
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Respectfully submitted,

Hugh Bonner III, MD
Chair



**Committee on Education
School Health Subcommittee**
Report to Council
November 18, 2023

| ITEM/TOPIC | DISCUSSION | ACTION | STATUS |
|--|---|---|----------|
| Committee Meetings | A School Health Subcommittee meeting was held on March 12, 2023. The Subcommittee will meet again in December, 2023. | No Action Necessary. | Complete |
| Presentations | <p>This Committee continues to work closely with Dr. Stephen Kushner to schedule important educational sessions under OBVIOUS for the community.</p> <p>The MSD Campaign for Kids is an initiative of the Medical Society of Delaware launched in 2013 focusing on seven critical issues that affect young Delawareans and their families: Obesity, Bullying, Violence, Intelligent Decisions, Opioid use, Underage Drinking, Suicide prevention.</p> <p>An education session was held on March 22, 2023 on “Creating a Supportive Space, LGBTQ+ and Mental Health Awareness”, presented by NAMI Delaware.</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 and Dr. Shannon Pan.</p> <p>Drs. Jayshree Tailor and Shannon Pan presented at the SHAPE Delaware Annual State Convention on October 14, 2022 and will continue their outreach for collaborative opportunities on nutrition.</p> <p>Drs. Tailor and Pan also participated in a Brandywine School District Learning Summit on March 15, 2023 for Health and PE teachers entitled: The Power of Plant-Based Eating for Optimal Health-Demystifying the Misconceptions.</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 is working with Sabra Collins, a representative from the Department of Education (DOE), who advised that significant changes are needed to the Healthy Living presentation in order to ensure relevance and compliment the classroom curriculum. Ms. Collins advised that a sexual health presentation to 9 th & 10 th grade students is needed. Dr. Tailor will work with this Committee to develop a sexual health presentation and submit to Ms. Collins for DOE Approval. Once approved, physicians will be scheduled to present in the classrooms. | The Committee will develop a sexual health presentation and submit to DOA for approval. | Pending |
| Electric School Bus Legislation | This Committee supported and sent letters to State elected officials in support of Delaware applying for the federal Clean School Bus Rebate program. The Delaware Department of Education opted to submit applications for a hybrid approach of both electric and propane busses. | The Committee will continue to advocate for a full electric school bus program. | Resolved |

Respectfully submitted,

Jayshree Tailor, MD
Chair



Third Party Payer Committee
Report to Council
November 18, 2023

| 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 with the Chief Medical Officers of the Delaware health insurance plans. Meetings were held on May 31, 2023 and scheduled to meet again on December 13, 2023. Dr. Biasotto continues his work on eliminating prior-authorization hassles. | No action necessary. | Resolved |
| Pharmacy Policies | Dr. Biasotto has organized meetings with major pharmacies throughout the state of Delaware to help resolve issues raised by physicians and patients. Meetings were held on March 7, 2023, July 11, 2023 and November 1, 2023. Discussions included: <ul style="list-style-type: none">• Delaware Prescribing Regulations.• Written and electronic script denials at Walgreens, Rite Aid & CVS.• Formulary changes are not being reported to physicians.• Pre-authorization delays.• Telephone prompts causing delays in ordering prescriptions.• Pharmacies shortening their hours may impede on patient care as they are unable to get prescriptions filled in a timely manner.• Issues with transfer of e-scribed orders.• Store Closings | No action necessary. | Resolved |

Respectfully submitted,

Nicholas Biasotto, DO
Chair



MSD Physician Emeritus Section

Report to MSD Council

November 18, 2023

| ITEM/TOPIC | DISCUSSION | ACTION | STATUS |
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| April 11, 2023 <i>Social Lunch and Learn Series</i> | “The Transformation to Outpatient Total Joint Replacement” presented by Steven M. Dellose, MD | Dr. Steven M. Dellose is Board Certified by the American Board of Orthopaedic Surgeons and specializes in Total Joint Replacement. He is one of the largest volume joint replacement surgeons in the tri-state area. He was the first Orthopaedic Fellowship-Trained Joint Replacement Surgeon in New Castle County Delaware. He attended AI DuPont HS and after finishing his undergraduate studies at the University of Delaware, Dr. Dellose earned his medical degree at Jefferson Medical College in Philadelphia, PA. He completed an internship in general surgery at Temple University Hospital in Philadelphia, where he also finished a four-year residency in the Department of Orthopaedic Surgery. Dr. Dellose has collaborated and contributed to medical textbooks and performs speaking engagements and lectures to professionals and other medical doctors and students. Dr. Dellose shared many of the advancements and updates related to total knee and hip joint replacement. | |
| Sussex County Location Added | On behalf of the Physician Emeritus Section, Ms. Seymour polled all members to determine if there was a desire for additional luncheons to be held in Kent and/or Sussex county. As a result an additional date was added to the calendar this year for Rehoboth Beach DE. | The 1776 Steakhouse in Rehoboth Beach, DE was added as an additional location option for the Sussex county members. | |
| April 27, 2023 <i>Social Lunch and Learn Series</i> | Karla B. Levinson, Attorney at Law, The Levinson Firm, LLC presented “Wills v. Revocable Trusts plus 10 Things Every Senior Needs to Know about Elder Law” | Karla Levinson provided an overview of the estate planning process, spoke about why a Will is important, but also why it is important to think about additional documents, such as a revocable trust, to provide additional protection. “10 Things Every Senior Needs to Know about Elder Law” addressed the top 10 myths, misconceptions and “need to know” elder law | |

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| | | <p>concepts, including the difference between Medicare and Medicaid, why gifting \$15,000 a year away to anyone is NOT okay, basic Medicaid qualification rules and more.</p> <p>This luncheon was the first held at the 1776 Steakhouse in Rehoboth Beach and will be offered again for 2024.</p> | |
| <p>June 13, 2023 <i>Social Lunch and Learn Series</i></p> | <p>Ruth Lytle-Barnaby, President and CEO of Planned Parenthood of Delaware presented on the topic: "Updates in Abortion Law and care in Delaware"</p> | <p>Ruth Lytle-Barnaby is the current President and CEO of Planned Parenthood of Delaware. Planned Parenthood of Delaware (PPDE) is a non-profit organization that provides a wide range of reproductive and healthcare services for women, men and teens. The organization manages three locations in the state, and is a subsidiary of Planned Parenthood Federation of America. Ms. Lytle-Barnaby shared updates regarding the abortion laws and care in our state.</p> | |
| <p>October 10, 2023 <i>Social Lunch and Learn Series</i></p> | <p>"Physician Burnout: Why now? What now?" was presented by Julia MacRae, MD.</p> | <p>Being a doctor has always been a life of hard work and high expectations. So why are we facing a burnout "epidemic" now, and what can we do about it? Dr. MacRae examined causes of burnout in today's world and what some healthcare systems are doing about it.</p> <p>Dr. MacRae is a board certified plastic surgeon who has been in private practice in Newark for almost 20 years. She attended Yale School of Medicine and did her general and plastic surgery residency at the University of Virginia in Charlottesville. In addition to performing reconstructive surgery, she also works with the Center for WorkLife Wellbeing at ChristianaCare. The Center for WorkLife Wellbeing is a nationally renowned department at ChristianaCare that is researching and implementing new ways of helping caregivers thrive. Dr. MacRae understands first hand some of the unique challenges faced by surgeons and by women in medicine in addition to the global issues contributing to burnout in the healthcare system.</p> | |
| <p>Leadership and Representation</p> | <p>Ali Z. Hameli, MD was reaffirmed to continue as Chair of the Section beginning January 1, 2024 and will serve a one-year term.</p> | <p>Ann Marie D'Amico, MD will be the Physician Emeritus Representative on the Executive Board effective 1/1/2024.</p> | |

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| | <p>John J. Chabalko, MD has stepped down from the Physician Emeritus Section representative on the MSD Executive Board as of 12/31/2023.</p> <p>Ann Marie D’Amico, MD expressed interest in assuming this position and will be the new Physician Emeritus Representative, effective January 1, 2024.</p> | | |
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Respectfully submitted,

Ali Z. Hameli, MD
Chair



Resident and Fellow Section (RFS)

Report to Council
November 18, 2023

| ITEM/TOPIC | DISCUSSION | ACTION | STATUS |
|----------------------------|--|--------|--------|
| Section Composition | <p>As of the end of September 2023, there were 231 Resident and Fellow members. Twenty-one members have completed training this summer and were invoiced as A1 (first year in practice) MSD members. Resident/Fellow membership has increased compared to 2022 due to expanding residency programs in Delaware, and is expected to continue to increase as more opportunities for engagement are offered.</p> <p>The following health systems work with MSD staff to encourage resident membership – this includes MSD’s participation and attendance to their orientation sessions to promote membership:</p> <ul style="list-style-type: none">• Bayhealth Medical Center• Beebe Healthcare (began 2022)• ChristianaCare• Delaware Psychiatric Center• Nemours Children’s Hospital• Saint Francis Healthcare | | |
| Medical Students | Medical student membership continues to grow as opportunities for membership are being made known, especially to those who are branch campus students. As of the end of September, there were 10 medical student members and 3 were elevated to resident member status following graduation. | | |
| Activities | For the second year, the Medical Society of Delaware participated in Delaware’s Coastal Cleanup day on Saturday, September 16, 2023, at Herring Point, Cape Henlopen State Park in Lewes. In collaboration with the Surfrider Foundation, we formed a team who removed 75 pounds of trash and litter from the beach (compared to 35 pounds in 2022.) This event resulted in the addition of 3 new medical student members who are students at the Sidney Kimmel Medical College and are creating a “Delaware Chapter” to further connect with one another. The event also provided an opportunity for members to further engage with one another while doing something good for Delaware. | | |

Respectfully submitted,

Nicole M. Kushner, DO
Chair



Young Physician Section (YPS)
Report to Council
November 18, 2023

| ITEM/TOPIC | DISCUSSION | ACTION | STATUS |
|--|--|--------|--------|
| Section Responsibilities and Composition | <p>Anthony M. Tramontozzi, DO is the current Young Physician Section Representative, he began his initial term on 1/1/2021, and agreed to serve a second 2-year term beginning 1/1/2023. He will be eligible to serve one additional term if desired. Dr. Tramontozzi has been very active and supportive of the engagement of MSD's young physician members.</p> <p>There are currently 399 members aged 45 and younger – comprised of 177 physicians, 211 residents/fellows and 11 medical students.</p> <p>The YPS section of 177 physicians aged 45 and younger represents 13.6% of total MSD membership. While residents, fellows and members are not part of the YPS section, it is important to consider that they are potential future physician members.</p> <p>18 new member applications were received as of the end of September for physicians ≤45 years old.</p> | | |
| Communication | <p>Dr. Tramontozzi continues to provide an e-newsletter for the YPS members of MSD to focus on topics that apply more for younger physicians.</p> <p>The current open rate for this publication is 64% (compared to 48% at this time last year) which indicates the content is relevant and the YPS section is engaged with the communication.</p> | | |
| Residency Orientation | <p>The MSD membership department had a table at the ChristianaCare Ammon Education Center during the new resident orientation on June 22, 2023. Dr. Anthony Tramontozzi attended the event and spoke to many of the resident physicians and shared the benefits of membership.</p> | | |
| YPS Engagement | <p>The “MSD Night at the Blue Rocks” was held again this year on April 25, 2023, at Frawley Stadium in Wilmington. MSD members, including those from the YPS, enjoyed watching the game from a suite.</p> <p>The second event of the year was the “YPS Autumn Social” that was held on October 5, 2023 at Constitution Yards on the Riverfront in Wilmington. The event was a combined effort of the Young Physician Sections of the Medical Society of Delaware and the Delaware Chapter of the American College of Physicians. Several of the physician members spent a relaxing evening sharing each other's company while enjoying complimentary food, drinks, and games including corn-hole and axe throwing.</p> | | |

Respectfully submitted,

Anthony M. Tramontozzi, DO
Chair

Health Hub, Inc.
Report to Council
November 18, 2023

| ITEM/TOPIC | DISCUSSION | ACTION | STATUS |
|---------------------------------------|---|--|---------|
| Board Members | The Health Hub Board currently has three members. Board Chair, Suzanne Sherman will step down at the end of 2023. Three new Board members are needed to be compliant with the Bylaws minimum requirement of five Board members, and a Chair is to be identified | MSD will reach out to physicians for interest. | Pending |
| Health Hub Board of Directors Meeting | A Health Hub Board of Directors meeting was held on March 23, 2023. MSD surveyed physician members on items of health technology interest. Survey questions included areas of technology members want Health Hub to explore on their behalf and where physicians see Telemedicine use in the future. Twenty-three physicians responded to the survey with interest in Artificial Intelligence, smart phone technology and virtual home care. 78% of physicians see themselves using Telemedicine in the future. | The Board agreed to further dissect the survey information and continue discussions. | Ongoing |
| Report on Health Hub Projects | Wellinks, a virtual COPD management solution company presented to the Board. Wellinks is new to Delaware and recently contracted with Highmark BCBS Delaware. They requested assistance from MSD with making additional connections in Delaware with health plans that have Medicare Advantage plans (such as Humana, United, and Aetna) and/or ACOs or other risk bearing entities to help Wellinks expand to other contracts. Since Health Hub is a technology entity, the Board consulted with MSD's subsidiary, Medical Network Management Services of Delaware (MedNet) for possible connections. Following discussions, it was determined that now is not the right time to pass Wellinks over to MedNet, as Wellinks indicated that they want larger insurance markets that are not currently aligned for implementation. This Board agreed that a “wait and watch” would be the best strategy for now, to see how Wellinks performs in Delaware. In the meantime, MSD will continue to offer sponsorship, exhibiting, conference and meeting opportunities to assist with connections in Delaware. | | Pending |

Respectfully submitted,

Suzanne Sherman, MD
Chair

Medical Network Management Services of Delaware, LLC
(MedNet)

Report to Council
November 18, 2023

| ITEM/TOPIC | DISCUSSION | ACTION | STATUS |
|-----------------------------------|--|--|--------|
| Physician Organization Statistics | <p>The following are statistics for the Physician Organizations as of October 2023:</p> <p><u>New Castle County Physicians Organization (NCCPO):</u></p> <ul style="list-style-type: none"> • 414 Physicians/Clinicians • 86 Primary Care • 328 Specialists • 13 Hospital Employed Physicians (St. Francis) <p><u>Eastern Sussex Physicians Organization (ESPO):</u></p> <ul style="list-style-type: none"> • 234 Physicians/Clinicians • 46 Primary Care • 188 Specialists • 65 Hospital Employed Physicians (Beebe) <p><u>Central Delaware Physicians Organization (CDPO):</u></p> <ul style="list-style-type: none"> • 126 Physicians/Clinicians • 20 Primary Care • 106 Specialists • 0 Hospital Employed <p><u>Nanticoke Physicians Organization (NPO):</u></p> <ul style="list-style-type: none"> • 53 Physicians/Clinicians • 18 Primary Care • 35 Specialists • 36 Hospital Employed (TidalHealth) | <p>There are 827 Active Members throughout the Four Physician Organizations.</p> | |
| Contracting | <p>MedNet has entered into its 6th year of their AmeriHealth Caritas Medicaid Contract. At this time, 19 primary care practices are aligned with the MedNet-AmeriHealth contract, covering approximately a range of 12K lives. In 2023, MedNet moved forward with a joint partnership with the Delaware Care Collaboration ACO for this contract. MedNet is</p> | <p>The 2022 measurement year of the AmeriHealth Caritas Medicaid Contract resulted in</p> | |

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| | <p>pleased to announce that shared savings was achieved for the 2022 measurement year of between \$800-\$900K. Reconciliation of the shared savings settlement is underway.</p> <p>Preliminary reports for the 2023 measurement year indicate a strong pathway towards adherence to quality measures.</p> <p>Delaware First Health, Delaware’s newest Medicaid payer, launched operations in Delaware in January of 2023. MedNet was able to provide a robust network of 387 physicians/clinicians covering 131 practices across all three counties. Delaware First Health is powered by their parent company, Centene.</p> <p>AmeriHealth Caritas Marketplace Exchange (Commercial) and Medicare Advantage Contracts MedNet successfully launched these two new contracts in January of 2023. AmeriHealth is new to the market with these specific products. 49 practices comprised of 205 Physicians/Clinicians are participating under the MedNet contract. These product offerings are fee-for-service contracts only.</p> <p>Cigna Commercial MedNet successfully contracted with Cigna Commercial in October 2023. The model mirrors a pay-for-performance program designed to award primary care practices for meeting targets for quality measures and a few cost-savings measures.</p> | <p>shared savings of between \$800K-900K.</p> <p>In 2023, MedNet and the Delaware Care Collaboration ACO joined forces to contract with AmeriHealth Caritas Medicaid.</p> <p>MedNet provided a robust network of physicians to the State’s newest Medicaid Payer: Delaware First Health.</p> <p>MedNet launched two more contracts with AmeriHealth Caritas Delaware in January of 2023.</p> <p>MedNet contracted with Cigna Commercial in October 2023.</p> | |
| The Delaware Care Collaboration (DCC)- Medicare Shared Savings(MSSP) Accountable Care Organization (ACO) | Results from the 2022 measurement year for the DCC’s MSSP ACO resulted in their overarching entity (Trinity) earning \$41M in shared savings from CMS. Trinity has eleven ACOs under their umbrella, which includes the DCC. Performance was largely driven by reducing unnecessary hospital stays, by reducing unnecessary visits to the ER, and by reducing the length of stay for patients admitted to skilled nursing facilities. | Delaware Care Collaboration ACO Earns Shared Savings for 2022. | |

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| Grant Funding for Opioid Pilot Program | <p>As last reported, in December of 2021, The Division of Substance Abuse and Mental Health (DSAMH) Opioid Response Team (ORT) had 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.</p> <p>MSD/MedNet was successful in creating an automated workflow for the 3 practices to release and collect patient assessments related to suspected opioid abuse and/or substance abuse disorders. Assessments completed by patients were then condensed into a dashboard-style view for the practices. Upon the next visit from the patient at the practice, the practice is able to address any concerns that resulted from the assessments. Practices would either refer the patients to the appropriate resources or in some cases, if appropriate, provide direct treatment.</p> <p>MSD and MedNet are hopeful that DSAMH will continue to offer a next iteration of this type of work supported by an additional grant in 2023 and pending approval for grant funding for 2024.</p> | <p>MSD Successfully managed the grant to support practices with assistance in screening for opioid abuse or substance abuse disorders. MSD anticipates grant funding for 2024.</p> | |
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Respectfully submitted,



Michael J. Bradley, DO
Chair

Delaware Foundation for Medical Services, Ltd.

Report to Council

November 18, 2023

| ITEM/TOPIC | DISCUSSION | ACTION | STATUS |
|-------------------------------------|---|--|-----------|
| Election of Officers | The election for the 2023 DFMS officers took place at the February 1, 2023 Board of Directors meeting. | Officers were elected as follows: Chair – Michael A. Alexander, M.D. Vice Chair – Edward R. Sobel, D.O. Treasurer – Nancy Fan, M.D. Secretary – Debbi Zarek, M.D. | |
| Annual Mission Appeal Update | <p>2/1/23 - 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 \$162,786 received from individual donors. Donors had the choice of donating either to DFMS or DMEF or both. To date, there has been \$115,068 contributed to DFMS.</p> <p>5/3/23 - Mr. Miller gave the Board a brief update on the MSD Annual Mission Appeal. He reported that currently there has been a total of \$163,686 from physicians received with \$115,968 deposited to DFMS and the balance deposited to DMEF. The DFMS portion represents 71% of the total received. Mr. Miller also stated that there was a total of \$1,215,000 received from Foundations and Grants. There has been \$1,100,871 disbursed to date from the Grants and Foundations. In addition, MSD is currently in the process of hiring a new position entitled External Affairs and Development Officer. This position was included with the 2023 Annual Budget. This position will replace the function of the current consultant, American Philanthropic whose contract ends in December, 2023.</p> | No Action Necessary. | |
| DFMS Investments | Mr. Jeremy Gajkowski and Brian Appleby of PNC Advisors presented a Market Outlook and Performance data for the DFMS Investment Fund at each of the four (4) DFMS Board meetings in 2023. The Fund continued to be in line with the Investment Policy Statement which reflects a revised asset allocation of 70% Equities | Motions were made, seconded and approved to accept the Investment Reports as presented. | Accepted. |

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| | and 30% Fixed Income. As of September 30, 2023, the Market Value of the Investment fund was \$1,516,889. | | |
| New Business – Request for PANO Grant – State of Delaware | <p>Lisa Gruss presented to the Board a proposal to submit an application to the Delaware Division of Public Health’s Physical Activity, Nutrition, and Obesity Prevention Program (PANO) “Advancing Healthy Lifestyles” Minigrant Program. PANO is seeking proposals that promote physical activity and/or healthy weight to reduce chronic disease. The Project period is short, approximately September, 2023 – May, 2024 and the budget is not to exceed \$15,000.</p> <p>Ms. Gruss stated that our proposal is to conduct a focused project that will provide extra support and skill building for high-risk, underserved VIP enrollees who are diagnosed with diabetes. This grant if rewarded would be a perfect fit to flow through DFMS.</p> | Ms. Gruss was thanked for her presentation of this potential State PANO Grant. | Accepted |
| 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 \$6,301.00. The Board approved an amount of \$6,300.00 in 2022. The 2023 Budget included \$7,000.00 for this request. MSDIS has confirmed the actual amount. The Board approved the requested amount of \$6,301.00. | There being no further discussion, a motion was made, seconded and approved to award The Rosa Health Center in the amount of \$6,301.00. | Approved |
| Grant Request - Hope Medical Clinic | A grant request from the Hope Medical Dental Clinic, Inc. was presented to cover Medical Malpractice Insurance for their physicians. The amount of the request is \$8,088. The Board approved an amount of \$3,157 in 2022. Their total cost in 2022 was \$7,369. They had secured another Grant for \$4,212 to cover the difference. The 2023 Budget included \$3,500 for this request. Their total premium for the current year increased from \$7,369 to \$8,088. MSDIS has confirmed the actual amount. The Board approved the grant for \$8,088. | There being no further discussion, a motion was made, seconded and approved to award the grant request to Hope Medical Dental Clinic in the amount of \$8,088. | Approved |
| Grant Request – HANDS International (Previously approved electronically) | Mr. Miller reviewed the grant awarded to HANDS International electronically on February 27, 2023. The amount of the Grant was \$2,800.00 and was proposed by Drs. Agard and Dunn who are both MSD members. The Grant assisted in a portion of the travel to and from the airports for the 45 doctors, nurses and other health care members from the Delaware community traveling to Cape Coast Ghana for a medical mission from 3/3/23-3/13/23. The Board voted in favor of the grant 7-2. There was a discussion of the process once | There being no further discussion, this grant request in the amount of \$2,800.00 had been approved electronically on February 27, 2023 with a vote of 7-2. | Approved |

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| | the funds are received through DFMS. DFMS would establish a sub-committee to approve allocation of funds. Following the discussion, there was a motion to proceed with the project. | | |
| VIP/HCC Update | <p>Ms. Seymour presented a brief update on VIP/HCC activities for the twelve months ending June 30, 2023 compared to the twelve months ending June 30, 2022. She stated that Yesica Pena will not be returning from her maternity leave. Alessandra Mariz has taken her position starting as a temp, then based on her performance, hired as a full time employee. The Medicaid wind down has increased referrals. VIP physicians have increased from 418 to 654 which will help with referrals. Pharmacy visits have also increased from 634 to 715.</p> <hr/> <p><u>Client Interviews or Other Communications:</u> July 1, 2022 to June 30, 2023 compared to July 1, 2021 to June 30, 2022:</p> <ul style="list-style-type: none"> • 2,617 patients were assigned to primary health homes and/or scheduled for medical sub-specialty services compared to 2,637. • During this period, VIP staff tracked general calls of patient assistance provided and logged 8,309 calls compared to 10,388 or a 20.0 % decrease. <hr/> • Total number of patients assisted since onset of program in 2001 is 79,109. <p><u>Overview of Work Activities</u> July 1, 2022 to June 30, 2023 compared to July 1, 2021 to June 30, 2022:</p> <ul style="list-style-type: none"> • At present there are 654 participating physician sites compared to 418. <p>Ms. Seymour reported the following data for the twelve months ending June 30, 2023 compared to the Twelve months ending June 30, 2022:</p> | Reports were Accepted as presented. | The current Health Care Connection (HCC) contract year is July 1, 2023 – June 30, 2024. |

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| | <ul style="list-style-type: none"> • 715 Patients accessed pharmacy assistance compared to 634 for a 13.0% increase. • A total of 2,487 prescriptions were researched compared to 2,438 for a 2.0% increase. • Resulting in 2,480 filled or discounted prescriptions compared to 2,426 for a 2.0% increase. • An estimated retail savings of \$252,281 compared to \$279,532 for a 9.0% decrease. • The program's projected cumulative savings is nearly \$7,550,237. <p>Ms. Seymour also reported the following regarding the Diabetes Clients:</p> <ul style="list-style-type: none"> • 226 request for glucose testing meters compared to 135. • The program's estimated cumulative savings since 2011 is \$81,531. | | |
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Respectfully submitted,

Michael A. Alexander, M.D.
Chair



Delaware Medical Education Foundation

Report to Council

November 18, 2023

| ITEM/TOPIC | DISCUSSION | ACTION | STATUS |
|-----------------------------|--|----------------------|----------|
| Meetings/Elections | <p>DMEF Membership and Board meeting was held on 2/22/23 with additional Board meetings held on 6/26/23 and 11/7/23.</p> <p>The Membership unanimously approved the election of the following Board members for 2023:</p> <p>The membership voted to elect the following Board of Directors:</p> <ul style="list-style-type: none">• Brian Levine, MD• Jeremy Axe, MD• Bryan Choi, MD• Justin Connor, MD• Justin Eldridge, MD• Grigory Gershkovich, MD• John Goodill, MD• Ryan Holton, MD• James Ruether, MD <p>The Board unanimously approved the election of the following officers for 2023:</p> <ul style="list-style-type: none">• Chair – Brian Levine, MD• Vice Chair – Jeremy Axe, MD• Secretary – Jeremy Axe, MD <p>The Treasurer seat is currently vacant.</p> | No action necessary. | Resolved |
| Nominating Committee | <p>The Board unanimously approved the following members to be appointed on the 2023-2024 Nominating Committee:</p> <ul style="list-style-type: none">• Stephani Guarino, MD• Randeep Kahlon, MD• Brian J. Levine, MD• Jonathan McGhee, DO• Carol Tavani, MD <p>This Committee will be tasked with submitting nominations of interested physicians to the membership for voting at the first meeting in 2024.</p> | No action necessary. | Pending |

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| Grant Applications | <p>The Board approved the follow grant requests:</p> <p>Highmark Delaware Blueprints for the Community awarded a grant to the Delaware Medical Education Foundation (DMEF) for a Primary Care Investment Initiative (PCII) for up to 4 million dollars. A working committee was formed to develop criteria for grant awards and application protocols. The PCII intends to target independent primary care practices that are also members of the Medical Society of Delaware (MSD) and their subsidiary, MedNet. Through a formal process, the PCII will make financial stimulus awards to eligible practices who propose a qualified method to prepare their practice for sustainable success in value-based care. The first one million dollars was awarded to twenty-six practices in November, 2022. The second million dollars was awarded to forty practices and will be disseminated in November, 2023.</p> <p>DMEF awarded \$15,000 to allow twenty-five students the opportunity to attend the University of Delaware CARs MCAT prep program. Recruitment was made available to all DIMER eligible students and UD Med Scholars.</p> <p>DMEF awarded \$7,000 to CPR students to be trained and/or certified though Dr. Michael Axe and his staff during heart month in February, 2024.</p> | No action necessary. | Pending |
| DMEF Membership | <p>Paid membership in 2023 is 118 through October 31, compared to 113 for full year of 2022. Dr. Levine's letter to physicians, community engagement and the inclusion of DMEF membership on MSD membership application has contributed to the increase in paid members.</p> | Another letter from Dr. Levine will be included with MSD membership renewals for 2024. | Resolved |

Respectfully submitted,

Brian Levine, MD
Chair



American Medical Association
Senior Delegate Report
 Report to Council
 November 18, 2023

| ITEM/TOPIC | DISCUSSION | ACTION | STATUS |
|--|--|--------|--------|
| AMA Interim Meeting November 12-15, 2022 | <p>The AMA Interim Meeting was held November 12-15, 2022 in Honolulu, Hawaii. It was noted that Dr. Tildon-Burton was reappointed to the AMPAC Board.</p> <p>Dr. Varipapa informed this was the first AMA meeting he has attended and indicated it was overwhelming and was amazed with the volume of work that is completed. He indicated Delaware has one voting Delegate, which is based on Delaware AMA membership. Delaware does have other physicians appointed to various roles as part of the Delegation and noted he was interested in having an additional physician assigned to the Private Practice Physician Section, but understands there is an issue of funding.</p> | | |
| AMA National Advocacy Conference February 13-15, 2023 | <p>Drs. Tildon-Burton, Varipapa and Mark Thompson attended the NAC in Washington, DC.</p> <p>Topics of discussion were:</p> <ol style="list-style-type: none"> 1. Prior Authorization – challenges with prior authorization 2. Scope of Practice – other health care professionals are valuable members of the team and there should be collaborative relationships; however, physicians should be the leaders of the team. 3. Manpower (foreign medical graduates and residency training) – Conrad 30 Waiver program allows J-1 foreign medical graduates to apply for a waiver of the 2-year foreign residency requirement upon completion of the J-1 exchange visitor program. Delaware is out of slots for those doing residencies. 4. Medicare payment – CMS has not provided an increase in physician reimbursement. The proposed 8% decrease in reimbursement was reduced to 2%, with another 1.25% decrease anticipated in 2024. | | |
| AMA Annual Meeting June 9-14, 2023 | <p>Drs. Tildon-Burton, Burday, Fan, Barnes, Shah, Biasotto, Varipapa and Mark Thompson attend the House of Delegates Annual Meeting from June 9-14, 2023.</p> <p>Dr. Tildon-Burton commented that the Delegation from Delaware to the recent June AMA Annual Meeting was outstanding and there was participation at all levels. MSD's resolution was presented to the Southeastern Delegation and at the Reference Committee and passed on consent calendar. She noted Mr. Thompson is a member of the AMA Litigation Center.</p> | | |

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| | <p>Dr. Barnes indicated he participated in activities of the AMA Minority Affairs Section. It was exciting to hear discussions about diversity in medical education, AI and how it affects black/brown communities, affirmative action bill, and mental health. He discussed evaluation of wellness programs and how MSD could possibly assist through the DEI Committee. He has scheduled a meeting with Craig Johnson of the AMA Minority Affairs Section in hopes to become more involved with the AMA.</p> <p>Dr. Burday agreed with Dr. Tildon-Burton that this was the largest MSD contingent to the AMA in a long time. He informed of the new AMA President, Jesse Ehrenfeld, MD and his address to the House of Delegates and guests, focusing on his feelings of isolation as a gay person, health inequities. Dr. Burday mentioned three fireside chats held on the subjects of health inequity, LGBTQ, and the Rise to Health Coalition. He mentioned the discussion at the Litigation Center meeting regarding Dr. Kaitlyn Bernard who performed an abortion on a ten-year old rape victim. He informed that from MSD's resolution (A-2022) on social media and gun violence, a resolution was drafted and submitted to the AMA for its consideration. He discussed the resolution at the Southeastern Delegation meeting and at the Reference Committee (D). There were no remarks at the Reference Committee to the negative about the resolution and it passed on consent calendar. Highlights of topics discussed by the House of Delegates include Medicare payment reform, prior authorization and the use of AI, BMI should not be used solely in health assessment, students carrying naloxone in schools, irrelevant mental health history for physicians, physician non-compete issue, and educating patients about the use of telehealth.</p> <p>Dr. Biasotto mentioned a case presented at the AMA Litigation Center meeting regarding a bait and switch by Cigna on surgery payments. He also signed on to a letter to tell Congress to keep Medicare payments consistent with inflation.</p> <p>As part of his President's report, Dr. Varipapa presented a slide show of pictures captured from the AMA Annual Meeting.</p> <p>Dr. Shah added that the AMA meeting was fun, interesting, and a great experience.</p> | | |
| AMA Interim Meeting Nov 10-14, 2023 | The meeting will be held November 10-14, 2023 and the report will be included in next year's report. | | |

Respectfully submitted,

Janice E. Tildon-Burton, MD
Chair
kmh

Delaware Academy of Dermatology (DAD)

Report to MSD Council

November 18, 2023

| ITEM/TOPIC | DISCUSSION | ACTION | STATUS |
|--------------------------------------|---|--------|--------|
| Leadership | <p>DAD Officers for the one year term <u>6/1/23 – 5/31/24</u> / <u>Secretary-Treasurer is 3-year term</u></p> <ul style="list-style-type: none"> • President, Curtis Asbury, MD • Vice President, Sara Moghaddam, MD • Secretary/Treasurer, Matthew Rosenthal, DO (6.1.23 to 5.31.26) • Representative to the American Academy of Dermatology (AAD) Advisory Board: Sara Moghaddam, MD <p>Helen Mashek, MD will act as the DAD Representative to Medical Society of Delaware (MSD) Council for the two year term ending 12/31/2023.</p> | | |
| Membership | <p>DAD received 4 new applications / memberships in 2023</p> <ul style="list-style-type: none"> • Hanna Anderson, MD • Stephanie Jackson Cullison, MD • Courtney Guerrieri, MD • Dawn Hirokawa, MD | | |
| Annual Spring Chapter Meeting | <p>DAD hosted an in-person Annual Chapter Spring Business Meeting on May 13, 2023.</p> | | |
| Education / Business | <ul style="list-style-type: none"> • 5/13/23 - Annual Chapter Spring Business Meeting • 8/23, 9/12, 9/19 and 10/23 –Live Webinar Series provided by Clinical Care Options on “Jak Inhibitors: Therapy for Alopecia Areata; Expert Guidance to Fill the Blank.” • 9/6 – 10/1 – In Person Strategic Leadership Retreat. During this meeting future goals of DAD were discussed. We also drafted updated mission statements and bylaws changes. Large goal of retreat attendees is advocacy work which includes trying to work with MSD to strengthen Truth-in-advertising laws. • 9/28/23 – 10/1/23 – DAD hosted an in-person strategic leadership retreat that took place in Rehoboth. During this meeting future goals of DAD were discussed. We also drafted updated mission statements and bylaws changes. Large goal of retreat attendees is | | |

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| | <p>advocacy work which includes trying to work with MSD to strengthen Truth-in-advertising laws.</p> <ul style="list-style-type: none"> Fall/Winter Meeting – Currently in the works with Clinical Care Options to include education on “Spotlight on Generalized Pustular Psoriasis: Harnessing Recent Advances to Improve Patient Care.” | | |
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Respectfully submitted,

Curtis Asbury, MD
President



Delaware Academy of Ophthalmology

Report to MSD Council

November 18, 2023

| ITEM/TOPIC | DISCUSSION | ACTION | STATUS |
|---------------------------------------|--|--------|--|
| Governmental Activities | <p>April 20, 2023 AAO Mid-year Forum Attendance representing the state of Delaware meeting with (DAO representatives; Dr. Paula Ko, Dr. Dot Moore and Resident-Dr. Sean Considine) Lisa Blunt-Rochester and Senators Chris Coons and Tom Carper to advocate on behalf of issues vital to our practice and careers.</p> <ul style="list-style-type: none"> • DAO sponsored a resident, Dr. Sean Considine, to attend the Mid-Year Forum • Letter writing campaign to key legislators on the Senate and Health and Human Resources Committee to explain the difference between an ophthalmologist and optometrist. • The DAO is actively scheduling and meeting with key Delaware legislators to discuss key talking points. Goal-to continue with these legislative meetings to enhance relations and discussion. • Outreach is currently being done to a legislator who is an OD to find common ground specifically regarding diabetic eye screening in the state of Delaware. • The DAO sent letters to legislators in support for Senate Bill 148- The Topical Medical Waste Reduction Act. This Act will allow Ophthalmologists and physicians the ability to dispense the unused portion of the creams, drops or ointments that were used after a surgical procedure to our patient. We witness a lot of waste when drops or ointments are used only once in surgery, charged to the patient and then they are not allowed to take them home. | | Outreach and meetings continue to take place with the help of Anne Farley-lobbyist hired by DAO. |
| Major Initiatives for the Year | <p>DAO has accelerated efforts in the legislator as well as our efforts around insurance reimbursement. DAO is actively involved in developing closer relations with our legislators. DAO is working on insurance reimbursement issues that impact our membership. DAO is working hard to re-engage members in activities such as education events and social activities.</p> <p>DAO is currently working on rewriting its bylaws.</p> | | |
| Annual Eye Screening | <p>Due to Covid the community service efforts such as the Annual Eye Screening, held in conjunction with Henrietta Johnson Medical Center, has not resumed as of yet. There are have been conversations pertaining to when</p> | | |

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| | would be the best time to resume, a date has not yet been decided on. DAO is hoping to begin again in 2024. | | |
| Socioeconomic Activities | <p>Facilitated negotiations for Aetna to update fee codes specifically for eye codes. This was directly related to the DAO and MSD negotiations.</p> <p>Supported legislation that was introduced by The Delaware Senate that helps minimize surgical waste</p> | | Passed in the senate and waiting to be signed by the Governor |
| Membership Activities | <p>The DAO continues to do outreach to new area ophthalmologists to invite potential members to join the state society.</p> <ul style="list-style-type: none"> • Quarterly Newsletter • Pickelball tournament • YO representation on the Board <p>A Facebook group was made for members to easily communicate with each other and to send out society updates regarding events.</p> <p>A yearly resident graduation /case presentation program has been created and sponsored by the DAO that honors the residents who train in Delaware.</p> <p>The DAO has sponsored a Temple resident to go to the Midyear Forum.</p> | | |
| Annual Meeting and Educational Activities | <p>The DAO continues to offer continuing medical education programs to our membership. The CME Lecture Series has transitioned back to in-person.</p> <ul style="list-style-type: none"> • CME both virtual and in-person <ul style="list-style-type: none"> ○ January 2023 CME/hybrid –Diplopia ○ March 2023 CME/hybrid-Eye Research in Delaware ○ May 2023 CME/virtual-Ethics ○ June 2023 CME/in person-Temple Grand Rounds/Resident Presentations ○ October 2023 CME/hybrid-OCT ○ October 2023 CME/hybrid-OMIC | | |
| DAO Leadership | <p>The DAO held elections and below are the results.</p> <p><u>Elected Positions:</u> President: Paula Ko, MD Vice President: Neil Kalin, MD Secretary/Treasurer: Andrew Shyu, MD Third Party Liaison: Erwin Suh, MD Representative at Large: Tabassum F. Ali, MD Councilor to AAO: Andrew Shyu, MD</p> | | |

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| | <p>Young Ophthalmologist – Neha Kumar, MD Director of Social/Public Affairs: Ben Chaon, MD Director of Membership: Heather Dealy, MD</p> <p><u>Appointed Positions:</u> Legislative Chair: Dorothy Moore, MD Downstate Liaison: Edward Jaoude, MD MSD Council Representative: Paula Ko, MD Federal Advocacy Coordinator: Jeff Minkovitz, MD</p> | | |
| Public Service Activities | <p>Prior to the COVID pandemic, the DAO hosted an annual eye screening event every year since 2001 for the purpose of offering free screenings for the underserved population.</p> | <p>The last eye screening event was held in 2018 at Henrietta Johnson Medical Center. This event was done in conjunction with a larger health fair to encourage a good turn. The DAO already reached out to Henrietta Johnson Medical Center and plan on doing an eye screening in early 2024.</p> | <p>The DAO Board will soon decide if and when future eye screening events should be held. The DAO is working with the AAO in developing a diabetic eye screening pilot program in conjunction with FQHC's in Delaware. This should be implemented in early 2024 and if successful will be a role for other states to implement.</p> |

Respectfully submitted,

Paula Ko, MD
President

Delaware Chapter

INCORPORATED IN DELAWARE

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



Delaware Chapter of the American Academy of Pediatrics

Report to MSD Council

November 18, 2023

| ITEM/TOPIC | DISCUSSION | ACTION | STATUS |
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| Leadership | Katherine King, MD, FAAP stepped down as Treasurer and was replaced by Vibha Sanwal, MD, FAAP. Dr. Sanwal also serves as the DEAAP Representative to MSD Council. | President – Kirk Reichard, MD Vice President – Jonathan Miller, MD Treasurer – Vibha Sanwal, MD, FAAP Secretary – Stacey Fox, MD, FAAP Immediate Past President – Laura Lawler, MD, FAAP Members-at-Large – Nemishh Mehta, MD, FAAP Judith Gorra MD, FAAP Sana Rahimi, DO | Current officer terms are July 1, 2022 - June 30, 2024. |
| Grant - Developmental Screening | <p>The Delaware Chapter of the AAP continues to work in partnership with the State of Delaware, Division of Public Health to promote Developmental Screening and Early Childhood health. Our 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 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.</p> | <p>In addition to practice recruitment and training on PEDS Online, the grant team continued to collaborate with community partners and stakeholders to grow and expand its efforts to engage practices and address barriers to developmental surveillance and screening and referrals.</p> <p>Activities included:</p> <ul style="list-style-type: none"> The creation of online education modules on developmental screening that are available on the DEAAP website (https://www.deaap.org/) for pediatricians and other stakeholders to access for professional development. We are working with our partners to expand the site to include education on other pertinent and trending topics of interest to pediatricians and other stakeholders. We continued our CHADIS care coordination pilot with four community pediatric practices in the state to address gaps in the referral system. We continue to work with the practices and early intervention agencies to address challenges and to improve the platform. | The current contract term is July 1, 2022- June 30, 2023. |

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| | | <ul style="list-style-type: none"> We worked in collaboration with other community partners and stakeholders to promote literacy and the Reach Out and Read program (see Early Literacy section below) as a means to increase developmental screening and support developmental milestones. We continue to serve on the Help Me Grow (HMG) Advisory Committee and report on the progress of our healthcare provider outreach. | |
| Early Literacy | <p>DEAAP continues to grow and expand its efforts to promote developmental milestones, surveillance and screening and early childhood health through its Early Literacy Committee (ELC). Chaired by Stacey Fox, MD, the ELC is tasked to engage and support Delaware primary care pediatricians to implement the evidence-based, national pediatric literacy program, Reach Out and Read (ROR).</p> <p>The Reach Out and Read program gives young children a foundation for success by incorporating books into pediatric care and encouraging families to read aloud together. Using the ROR model of early childhood literacy promotion, primary care clinicians advise parents on the critical importance of reading aloud daily and distribute free, developmentally-appropriate books to children from birth through five (5) years of age at each routine well-visit. This evidence-based intervention model addresses important social determinants of health and is considered the standard of care as recommended by the American Academy of Pediatrics in support of early brain development.</p> | <p>We continued our work to support ROR in community pediatric practices and engage other partners and stakeholders through literacy.</p> <p>Activities included:</p> <ul style="list-style-type: none"> In collaboration with Reach Out and Read National Office and Reach Out and Read New Jersey we applied for and received a \$250,000 Longwood Foundation Matching Grant to support ROR in Delaware. We successfully raised the remaining funds needed to secure the Longwood Matching Grant which was used to establish an ROR Delaware Affiliate. As an ROR Delaware Affiliate, we now have access to ROR resources and staff to support ROR practices to implement the program with fidelity and to grow the program and bring on new practices. In April 2023, ROR hired a Delaware program manager to provide support to practices in the state. We also continued to engage our early childhood stakeholders and partners around early literacy and the opportunity to work with us to support literacy and share important health messages with pediatricians and patients through the ROR program. Partnerships include: <ul style="list-style-type: none"> Bureau of Oral Health and Dental Services to provide a book at the 12 month well-child visit to promote oral health and a dental home. | <p>Ongoing as we continue to support practices and expand ROR Delaware in a sustainable way, maintain and build collaborative relationships and partnerships and leverage our literacy work to share other important child health messages.</p> |

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| | | <ul style="list-style-type: none"> ○ Delaware Readiness Teams to provide a book at the 60 month well-child visit to promote kindergarten readiness and enrollment. ○ Delaware Food Bank to provide a book at the 6 month well-child visit to promote WIC education and enrollment. ○ Read Aloud to provide Rainbow Pediatrics a book at the 4 month well-child visit to promote the LENA Start program to increase interactive talk between parents and their child. ○ We are in the process of establishing a partnership with the Delaware Safe Homes (Lead Program) to provide a book at the 9 month well-child visit to promote lead safety. <p>Our goal is to continue to grow our collaborative partnerships with the early childhood community to sponsor a book for each of the 13 pediatric well-child visits.</p> <ul style="list-style-type: none"> ● We continue to participate in the Early Childhood Literacy Workgroup which is part of the Delaware Literacy Alliance. | |
| Justice, Diversity, Equity and Inclusion (JEDI) | DEAAP formalized its efforts around diversity, equity and inclusion and created a Justice, Equity, Diversity and Inclusion (JEDI) Committee. Chaired by Shanique Kilgallon, MD, the committee was formed 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. | <p>The JEDI Committee is working to address health inequities through an education webinar series. It hosted its first webinar on Thursday, April 27th on “Health Literacy and Pediatric Anesthesiology.” Its second webinar will be held on Thursday, November 9th on “Suicide Prevention: Understanding the Landscape and Tools for identifying Those at Risk.”</p> <p>The committee is working to develop a mission statement to support its vision and serve as a reminder of what the committee aims to accomplish through its efforts.</p> | Ongoing as we continue to flesh out a mission statement and work to identify activities and education that promote this mission. |
| Advocacy Highlights | The chapter is committed to preserving, promoting and protecting the rights of children for optimal health and well being and to work to advocate for these rights. Top issues include gun safety and behavioral/mental health. | The chapter works in collaboration with AAP as well as Medical Society of Delaware and Nemours around legislative issues impacting children both nationally and locally. | Ongoing as we continue to work in collaboration with our partners and stakeholders to |

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| | | | advocate for both federal and local advocacy work. |
| Conference – Social Pediatrics: Present and Future | The Delaware Chapter of the American Academy of Pediatrics held its annual conference on September 26, 2023. The half-day conference was held in-person at CSC Station and included two sessions followed by panel discussions. Session 1 focused on Transgender/LGBTQ+ Health and Session 2 focused on Gun Violence and Trauma. | <p><u>CONFERENCE AGENDA</u></p> <p><u>Session 1: Transgender/LGBTQ+ Health</u></p> <p>Senator Sara McBride, Senate District 1, Delaware General Assembly</p> <p>Evan Graber, DO, Pediatric Endocrinologist, Nemours Children’s Health</p> <p>Anthony Alioto, PhD, ABPP, Pediatric Psychologist, Nemours Children’s Health</p> <p>Session 1: Panel Discussion</p> <p><u>Session 2: Gun Violence and Trauma</u></p> <p>Senator Elizabeth Lockman, Senate Majority Whip - District 3, Senate Majority Caucus Leadership</p> <p>Chantay Love, MHSA, Co-Founder & President of E.M.I.R Healing Center</p> <p>David Chen, MD, MPH, FAAR, FACP, Medical Director for Empowering Victims of Lived Violence (EVLV) Physician-Scientist with Institute for Research on Equity and Community Health (IREACH), ChristianaCare Health System</p> <p>Daniel Taylor, DO, Associate Professor of Pediatrics, Drexel University College of Medicine, General Pediatrician, St. Christopher’s Hospital for Children</p> | The 2023 conference has concluded. We are in the process of planning the 2024 conference on Thursday, April 18 on “Paving the Way to Pediatric Wellness: Chronic Disease Management and Mental Health in Primary Care.” |

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| | | Meghan Walls, PSY.D, Pediatric Psychologist, Nemours Children's Health; Clinical Associate Professor of Pediatrics, Sydney Kimmel Medical College, Thomas Jefferson University | |
| 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 and promote collaboration, communication and education. | <p>The chapter engaged members in the following ways:</p> <ul style="list-style-type: none"> • Committees • Education Events • Fundraisers • Programs/Initiatives • Legislative Advocacy • Resources for Practice | |

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 18, 2023

| ITEM/TOPIC | DISCUSSION | ACTION | STATUS |
|-----------------------------|---|--------|--------|
| DRS Leadership | <p>DRS Officers for the two year term 6/1/22 – 5/31/2024:</p> <ul style="list-style-type: none"> • President, Joshua Kyle, MD • Vice President, Alberto Iaia, MD • Secretary, Mohammed Ali, MD • Treasurer, Andrew Dahlke, MD • Immediate Past President, Andrew Dahlke, MD • Councilor to American College of Radiologists (ACR), Steven Chmielewski, MD (three year term ending in 2025) • Alternate Councilor to ACR, Min Chul F. Shin, MD (one year term ending in 2024) • Young Professional Alternate Councilor to ACR, Denise Kohen, DO (one year term ending in 2024) <p>Steven Chmielewski, MD is the DRS Representative to MSD Council for the two year term ending 12/31/2023.</p> | | |
| Membership | <p>DRS had four new members join in 2023:</p> <ul style="list-style-type: none"> • Ellen P. Albert, MD • Lauren Averill, MD • Zachary Bopp, MIT • Anthony Larson, MD | | |
| Legislative/Advocacy | <p>DRS engaged with Medical Society of Delaware (MSD) on such issues as efforts on Prior Authorization, Medical Debt Screening and Truth in Advertising.</p> <p>At the national level, ACR legislative issues of priority include: Tying the Medicare conversion factor to inflation, No Surprises Act and PAMA and appropriate use criteria (AUC). Breast density legislation is also being discussed at both the national and state level for women with dense breast to allow subsequent imaging without additional costs.</p> | | |

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| DRS Annual Chapter Meeting | The DRS Annual Chapter Business meeting was held virtually on Tuesday, May 16, 2023. Richard Duszak Jr., MD presented “How Increasing Radiology Subspecialization Threatens Patient Access.” | The next DRS Annual Chapter Business meeting is scheduled for Tuesday, May 14, 2024. | |
| Educational Event | The non-CME event, “The Role of the Community Radiologist in the Care Coordination of Patients With Interstitial Lung Diseases (ILDs)” was presented virtually by Jubal R. Watts, MD., F.C.C.D. Assistant Professor, Cardiopulmonary Imaging Section VAMC, on Tuesday, September 12, 2023. | | |
| ACR Annual Meeting | ACR 2023 was held in Washington, DC, May 6-10 2023 and was the college’s 100-year celebration of its founding in 1923. The theme of the meeting was “Focused. Forward. Together.” ACR 2023 highlighted ways that the organization supports its members to advance radiology and deliver the highest quality healthcare. Efforts currently underway include ways to increase the radiology workforce and to work with artificial intelligence (AI) to increase efficiency and decrease utilization. | ACR 2024 is currently scheduled April 14 - 17, 2024 in Washington, DC. | |

Respectfully submitted,

Joshua Kyle, MD
President



Delaware Society for Clinical Oncology (DSCO)
Report to MSD Council
November 18, 2023

| ITEM/TOPIC | DISCUSSION | ACTION | STATUS |
|--------------------|--|--------|--------|
| Leadership | <p>DSCO Officers for the two year term June 1, 2023 thru May 31, 2025</p> <ul style="list-style-type: none">• President: Lindsay Romak, MD• President-Elect: SuJung Park, MD• Secretary/Treasurer: Lydia Clements, MD• Member At Large: Amy McGhee-Jez, MD• Immediate Past President: Dhaval Shah, MD <p>MSD Council Representative (January 1, 2023 – December 31, 2024): Lydia Clements, 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 2023:</p> <ul style="list-style-type: none">• Ammar Alzoubi, MD• Arvid Sabesan, MD• Christopher Verdone, MD• Phillip Margiotta, MD• Roberto Ferro Valdes, MD• Jenia Jenab-Wolcott, MD | | |
| 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> | | |

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| Education | <p>The 2023 DSCO CME Lecture Series was a robust series held both virtually and in-person with multiple speakers and topics. Speakers and education topics that were held as part of the 2023 DSCO CME Lecture Series are noted below.</p> <p>1/19/23: Olga Kantor, MD, MS and Adrienne Waks, MD, “Best of San Antonio Breast Cancer Symposium 2022”</p> <p>3/2/23: Charles J. Schneider, MD, “ASCO GI Review”</p> <p>5/25/23: Matthias Holdhoff, MD, PhD “Malignant Gliomas; Challenges, Opportunities and the Evolving State of the Art”</p> <p>10/12/23: Eric Christenson, MD, Haniee Chung MD, and Jeffrey Meyer, MD, MS, “Updates in Rectal Cancer Management”</p> <p>11/9/23: Charu Aggarwal, MD, MPH, “Precision Medicine in Lung Cancer”</p> <p>12/14/23: Elizabeth Nichols, MD; “Best of ASTRO”</p> | DSCO plans to continue with both online webinars and in-person meetings moving forward to provide quality education in a convenient and cost effective format. | |
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Respectfully submitted,

Lindsay Romak, MD
President



Delaware Society of Anesthesiology
Report to MSD Council
November 18, 2023

| ITEM/TOPIC | DISCUSSION | ACTION | STATUS |
|--------------------------------|--|--------|--------|
| Governmental Activities | Working with lobbyist ByrdGomes on various legislative issues. | | |
| DAO Leadership | <p>The DSA held elections and below are the results.</p> <p><u>Elected Positions:</u></p> <ul style="list-style-type: none"> • President- Rob Olszewski, MD • President-Elect- Vacant • Secretary/Treasurer -Vacant • ASA Director-Rob Olszewski, MD • ASA Alternate Director -Tetsu "Butch" Uejima, MD • ASA Delegate-Sophia Cisler, MD • ASA Delegate-Akshatha Kamath, MD • Immediate Past PresidentDoyle Lim, MD | | |

Respectfully submitted,

Rob Olszewski, MD
President



Delaware Society of Orthopaedic Surgeons (DSOS)

Report to MSD Council

November 18, 2023

| ITEM/TOPIC | DISCUSSION | ACTION | STATUS |
|----------------------------------|---|--------|--------|
| DSOS Leadership | <p>DSOS Officers for the two year term 2022-2024:</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</p> | | |
| Membership | <p>DSOS has 72 active members.</p> | | |
| Advocacy/ Legislative | <p>DSOS advocates 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>National</u> The 2023 Combined AAOS National Orthopaedic Leadership Conference (NOLC) / Fall Meeting was held September 17 - 20, 2023 in Washington, DC. Advocacy efforts focused on the following healthcare policy issues: Prior Authorization, Payment Policy Changes, Safety from Workplace Violence, Physician Owned Hospitals and Medical Liability. Other on-going grassroots advocacy campaigns include: Surprise Billing, Orthopaedic Research Funding, Scope of Practice and Telemedicine.</p> <p><u>Local</u> DSOS has been working since November 2019 to address the issue of Physician Owned Physical Therapy Services (POPTS). In keeping with the Delaware way, we chose to approach this with the PT Parity Bill (noting that 16 of the 17 health professions licensed in Delaware can work together; only PT is restricted and cannot join other health professionals to provide care together). This bill would not, in any way, restrict any of the current PT job opportunities in the state – it would add yet another job (and ownership) opportunity on par with all of the surrounding states. Healthcare payment reforms and the need for greater integration/virtualization of healthcare to manage all aspects of a patient's care requires consistent</p> | | |

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| | <p>management of their rehabilitation. Integrating PT providers with orthopedic providers is clinically beneficial to patients and is allowed in every state but Delaware due to an archaic 1980's restriction on the employment of physical therapists. Under current Stark federal laws, In Office Ancillary Services are regulated and because PT falls under Stark, other states have removed their old PT laws.</p> <p>DSOS has been working to address this issue collaboratively through legislation but the PT lobby is spreading misinformation. The PT lobby incorrectly claimed that Delaware was not, in fact, the last state with restrictions on the employment of physical therapists but was instead 1 of 12 states with these restrictions. They also made false claims about risks of physician overbilling. Based on data from other states and from Delaware, we have forcefully disproven and refuted both claims. Again, keeping with the Delaware way, DSOS proactively worked to develop a specific three-part plan to help support continuity for small private practice PT. This was summarily rebuffed by the PT lobby, but legislators noted our pragmatic solutions. Despite our efforts, the Speaker of the House refused to allow committee or floor discussion on the topic in 2022 due to his acknowledged personal relationships with PT. A new Speaker is now in place and the House door is open for 2024.</p> <p>For the last 4 years, DSOS has worked the legislative pathway only. While we are hopeful that this issue can be resolved through legislative means, we have decided to pursue legal/court action. We have filed legal action which will force the state to defend an archaic law that violates the Equal Protection clause of the United States Constitution. We have many PT's already on board supporting our effort and have two named parties (DSOS President, Randeep Kahlon, MD and a highly-regarded PT) for the legal/court action. In addition, we have been able to recruit both national-level, co-counsel (from the successful Alabama and South Carolina similar efforts on POPTS) and state-level, co-counsel (former State Attorney General (AG) now in private practice) to lead the legal/court action. The suit currently is in pretrial motions and discovery phase with depositions planned for January and February 2024. The judge has set a trial date of September 2024.</p> <p>DSOS is committed to our patients which means getting PT Parity passed in Delaware. We will continue to work the legislative route, however, if this avenue does not work, we will address this in court.</p> | | |
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Respectfully submitted,

Randeep Kahlon, MD
President

Psychiatric Society of Delaware (PSD)

Report to Council

November 18, 2023

| ITEM/TOPIC | DISCUSSION | ACTION | STATUS |
|-------------------|---|---|--------|
| Leadership | <p><u>Officers – Two Year Terms (7/1/21 thru 6/30/23) & Council Members</u></p> <p>President: James Ellison, MD</p> <p>President Elect: Vishesh Agarwal, MD</p> <p>Secretary: Narpinder Malhi, MD</p> <p>Treasurer: Peter Zorach, MD</p> <p>Representatives to the American Psychiatric Association (APA) Assembly - (July 1,2023 thru June 30,2026)</p> <ul style="list-style-type: none"> Sherry Nykiel, MD Ram Sharma, MD <p>Councilor at Large 3-year term (July 1, 2023 thru June 30, 2026)</p> <ul style="list-style-type: none"> Carol Tavani, MD <p>Councilor at Large 2-yr Term (July 1, 2021 thru June 30, 2025)</p> <ul style="list-style-type: none"> Robert Gorkin, MD Dyanne Simpson, DO <p>Councilor at Large 1-yr Term (July 1, 2023 thru June 30, 2024)</p> <ul style="list-style-type: none"> Andrea DeSimone, DO Shruti Nadkarni, DO <p>PSD Representative to MSD Council (1/1/2022 – 12/31/2023)</p> <ul style="list-style-type: none"> James Ellison, MD <p><u>Appointments</u></p> <p>Andrea DeSimone, DO was recently appointed by the Governor to the Addiction Action Committee.</p> | | |
| Membership | <p>Member recruitment, retention and engagement remain top priorities for our organization. PSD continues to encourage psychiatrists to be engaged in PSD as well as other health-related initiatives within the State. Resident engagement and support has been a long-standing priority of our organization. We encourage our Early Career and Resident-Fellow Members to participate in PSD Council. In addition to monthly Council meetings, we offer a joint PSD/Delaware Council Child and Adolescent Psychiatry meeting and educational events throughout the year. All our activities are focused on providing value to members as well as a space for them to engage with their colleagues.</p> | PSD will continue to focus its efforts on recruitment and engagement. | |

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| 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 152nd General Assembly. A few mental health related bills of interest from the 152nd General Assembly that were passed or continue to be worked:</p> <p>HB 227 – to address lead poisoning prevention by improving compliance with the Childhood Lead Poisoning Prevention Act testing and reporting requirements. PSD Supports</p> <p>HS2 for HB160 – to amend the 2020 Act that established the 988 “national suicide prevention and mental health crisis hotline” to fund this service by imposing a surcharge on business, residential telephone and wireless services. PSD Supports</p> <p>SB283 – a bill passed last session that requires continuing education in each board reporting period on Alzheimer’s disease and dementias. In collaboration with MSD, we were able to work with the bill sponsor to pass SB 185 this year which delays implementation of SB 283 until April 1, 2025 providing more time to work with the bill sponsor to improve this legislation. PSD Does Not Support Mandated Training</p> <p>HB5 – to direct funds from DHSS to apply to CMS to allow for reimbursement of medically necessary school-based behavioral health services. PSD Supports</p> <p>HB7 – to require Delaware Medicaid to enhance the acute care per diem rate for psychiatric facilities for hard to place pediatric behavioral health inpatients. PSD Supports</p> <p>HB140 – to permit terminally ill adult individuals to request and self-administer medication to end the individual’s life in a humane and dignified manner. PSD Does Not Support Assisted Suicide</p> <p>SB10 – to reform the prior authorization process. PSD Supports</p> <p>SB122 – to authorize the Office of the Child Advocate and Office of the Investigation Coordinator to provide child victim data and information to the Office of Investigative Services during investigations of defendants convicted of felony child abuse. PSD Supports</p> <p>In addition, PSD recently sent two members, Sherry Nykiel, MD and Shruti Nadkarni, DO to attend the APA Federal Advocacy Conference on October 16-17 in Washington, DC. This conference is designed to help build a diverse and varied psychiatrist advocacy network through hands-on advocacy training and meetings with their members of Congress and their staff.</p> | PSD will continue to collaborate with MSD and other organizations to support or oppose legislation in the 152 nd General Assembly. | |
| Education | <p>The Psychiatric Society of Delaware held two educational meetings in 2023:</p> <p>5/9/23 - “Illuminating Modern Strategies for the Detection and Treatment of Bipolar Depression,” Virtual Grand Rounds Session with speaker, Joseph F. Goldberg.</p> <p>9/26/23 - “Physicians with Lived Experience, Their Stories Are Making Us Better Psychiatrists,” hybrid dinner meeting at Harry’s Savoy Grill with speaker Michael Myers, MD.</p> | | |

Respectfully Submitted,

James Ellison, MD
President

**MEDICAL SOCIETY OF DELAWARE COMMITTEES
2023**

ELECTED COMMITTEES

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

BUDGET AND FINANCE COMMITTEE

| | |
|---|--|
| Michael A. Alexander, M.D. Bhavin R. Dave, MD (Pres-Elect) John F. DeCarli, DO Patrick Q. Eckert, MD | Shalini B. Shah, MD, Chair (Treasurer) Ali Z. Hameli, M.D. Randeep S. Kahlon, MD Dorothy M. Moore, MD |
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COMMITTEE ON ETHICS

| | |
|--|--|
| Mehdi Balakhani, M.D. Cedric T. Barnes, DO Louis E. Bartoshesky, M.D. Andrea C. DeSimone, DO Mary V. Iacocca, MD Stephen J. Kushner, DO | John J. Goodill, MD, Chair Marvin J.H. Lee, PhD Brian W. Little, M.D. Stuart Septimus, M.D. Carol A. Tavani, MD Avani K. Virani, MD |
|--|--|

COMMITTEE ON MEMBERSHIP

| | |
|---|---|
| Jay J. Dave, DO, Chair Raghda Bchech, MD YPS JoAnn Fields, MD SC Ioannis (John) Kehagias, MD Primary Care John H. O'Neill, DO NCC | Other Specialty Sangeetha Satyan, MD KC Cydney T. Teal, MD Primary Care Nwando Tony-Onugu, MD Resident/Fellow VACANT Specialty |
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JUDICIAL COMMITTEE

| | |
|---|---|
| Michael A. Alexander, MD (2017-2019; 2020-2022; 2023-2025) NCC David M. Bercaw, MD (2022-2024) SC Michael J. Bradley, DO (2019-2021; 2022-2024) KC | Anthony Cucuzzella, MD (2015-2017; 2018-2020; 2021-2023) NCC Dorothy M. Moore, MD (2019-2021; 2022-2024) NCC Paul C. Peet, MD (2022-2023, completing Olekszyk term 21-23) SC Brian J. Walsh, DO (2022-2024) KC |
|---|---|

DELEGATES AND ALTERNATES TO THE AMA

| | |
|--|---|
| Delegate: Janice E. Tildon-Burton, MD (1/1/2022-12/31/2023) OMSS Delegate Nancy Fan, MD (1/1/2023-12/31/2024) Young Physician Representative VACANT (1/1/2023-12/31/2023) Minority Affairs Representative Cedric T. Barnes, DO (4/20/2023 – 12/31/2023) | Alternate: Matthew J. Burday, DO (1/1/2023-12/31/2024) OMSS Alternate VACANT (1/1/22-12/31/23) Senior Physicians Section Representative Nicholas O. Biasotto, DO (1/1/2023-12/31/2023) Private Practice Physician Section Representative Shalini B. Shah, MD, MPH (4/20/2023 – 12/31/2023) |
|--|---|

STANDING COMMITTEES 2023

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

BYLAWS COMMITTEE

Janice E. Tildon-Burton, MD, Chair

Jeffrey E. Hawtof, MD
Joseph F. Kestner, MD

Joseph Rubacky, D.O.

COMMITTEE ON COMMUNITY HEALTH

ELDERLY AND AGING HEALTH SUBCOMMITTEE

Patricia M. Curtin, M.D.
Javed M. Gilani, M.D.

Cindy W. Siu, MD

DISABILITY HEALTH SUBCOMMITTEE

ENVIRONMENTAL AND PUBLIC HEALTH SUBCOMMITTEE

David P. Donohue, MD, Co-Chair
Cindy W. Siu, MD, Co-Chair

Zain Ul Abidin, MBBS
Matthew T. Caddell, DO
James M. Fletcher, DO

John J. Goodill, MD
Stephen T. Lawless, MD
Patt E. Panzer, MD

David Donohue – Medical Society Consortium for Climate and Health Steering Cmte Rep
Pat Panzer is the Alternate for the Steering Cmte.

HEALTH CARE ACCESS SUBCOMMITTEE

Christian Kasianko, MD
Stephen T. Lawless, MD
Sarah J. Matthews, MD

Renee L. Quarterman, MD
Cindy W. Siu, MD

PRISON HEALTH CARE SUBCOMMITTEE

Prayus T. Tailor, Chair

Benjamin A. Dixon, MD
Christopher D. Moen, MD

Cindy W. Siu, MD

COMMITTEE ON EDUCATION – Chair is Matthew Burday, DO

EDUCATIONAL PROGRAM PLANNING SUBCOMMITTEE

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Ramachandra U. Hosmane, M.D.
Rebecca Jaffe, M.D.

Joyce F. Robert, MD

HISTORICAL SUBCOMMITTEE

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Brian W. Little, MD

PROFESSIONAL EDUCATION SUBCOMMITTEE

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Zain Ul Abdin, MBBS
Jeffrey I. Komins, MD
Hersh D. Patel, MD

Kent A. Sallee, M.D.
Stuart Septimus, M.D.

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Renee L. Quarterman, MD

SCHOOL HEALTH SUBCOMMITTEE

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Alessandro Bianchi, DO
Nancy Fan, MD
Allen R. Friedland, M.D.
Angelica C. Gangemi, MD (Resident)
Judith B. Gorra, MD

Stephen J. Kushner, DO
Shannon Pan, MD
Nancy F. Petit, M.D.
Cindy W. Siu, MD
Avani K. Virani, MD

COMMITTEE ON DIVERSITY, EQUITY, AND INCLUSION

*Cedric T. Barnes, DO, Chair

*James M. Fletcher, DO
*John J. Goodill, MD
*Sarah J. Matthews, MD
*Cindy W. Siu, MD

*Cydney T. Teal, MD
*Janice E. Tildon-Burton, MD
Mary Jo Vazquez (public member)
*Avani K. Virani, MD

- Indicates MSD physician members

EDITORIAL BOARD

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M James Lenhard, MD (Endo)
Marwan G. Ma'ayeh, MD (Maternal Fetal Med)

Sangeetha Satyan, MD (Nephrol)
James Monihan, MD (Path), **Secretary**
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Michael R. Zaragoza, M.D. (Uro)

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Laura B. Moylan, MD, Vice Chair

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Louis E. Costa, Jr, DO
Bhavin R. Dave, MD (**President-Elect**)
Brett Elliott, MD
Nancy Fan, MD
Brian J. Galinat, MD (**Vice President**)
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Bryan A. Haimes, MD
Marsha T. Horton (**Public Member**)
Randeep S. Kahlon, MD

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Selvam J. Mascarenhas, MD
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Dorothy M. Moore, MD
Kevin P. Sheahan, MD
Joseph J. Straight, MD
Mr. Mark B. Thompson, **Executive Director**
Janice E. Tildon-Burton, MD (**AMA**)
Anthony M. Tramontozzi, DO
Robert J. Varipapa, MD (**President**)

SELECT SUBCOMMITTEE

(A subcommittee of the Government Affairs Committee)

Richard W. Henderson, Chair of GAC (term ends 2024)
Laura B. Moylan, MD, Vice Chair of GAC
Matthew J. Burday, DO, Imm. Past President
Bhavin, R. Dave, MD, President-Elect
Brian J. Galinat, MD, Vice President
Janice E. Tildon-Burton, MD AMA Delegate Rep
James M. Gill, MD, Member from GAC (term ends with 2024 legislative session)
Robert J. Varipapa, MD, President

PRIMARY CARE SUBCOMMITTEE

(A subcommittee of the Government Affairs Committee)

James M. Gill, MD, Chair (Family Medicine) (Chair must be a member of the Gov't Affairs Cmte)

Nicholas O. Biasotto, DO (3rd Party Payer, FM)
Michael J. Bradley, DO (Med/Net, Family
Medicine)
Jason B. Hann-Deschaine, MD (Pediatrics)

Richard W. Henderson, MD (Gov't Affairs Cmte.
Chair)
Kathleen H. Willey, MD (Family Medicine)
Deborah T. Zarek, MD (Internal Medicine)

THIRD PARTY PAYER COMMITTEE

Nicholas O. Biasotto, DO, Chair

Mehdi Balakhani, M.D.
Louis E. Costa, DO
Zeina Jeha, MD

Randeep S. Kahlon, M.D.
Gaetano N. Pastore, MD
Anthony C. Sciscione, MD

SPECIAL COMMITTEES – 2023
(Appointed annually by the President of the Society.)

MATERNAL AND CHILD CARE COMMITTEE

Garrett H. C. Colmorgen, M.D., Chair

| | |
|-------------------------------|----------------------------|
| Michelle H. Cooper, M.D. | Nancy F. Petit, M.D. |
| Robert B. Hartmann, Jr., M.D. | Anthony C. Sciscione, D.O. |
| Matthew K. Hoffman, M.D. | Stuart Septimus, M.D. |
| Stephen T. Lawless, M.D. | Kevin P. Sheahan, M.D. |
| Kathleen A. Leach, MD | Philip A. Shlossman, M.D. |
| Richard W. Leader, M.D. | Melissa M. Tribuiani, M.D. |

MEDICO-LEGAL AFFAIRS COMMITTEE

Mehdi Balakhani, MD, Chair

| | |
|----------------------|------------------------|
| Barry L. Bakst, D.O. | Stephen T. Lawless, MD |
| A Neal DeSanctis, MD | John Viteritti, DO |

Legal Members (appointed by Bar Association):

| | | |
|----------------------|----------------------|------------------------|
| Adam Balik, Esq. | Joseph Rhoades, Esq. | Danielle Yearick, Esq. |
| Dawn Becker, Esq. | Ben Schwartz, Esq. | |
| Patricia Davis, Esq. | | |

PHYSICIAN RELATIONS ADVISORY COMMITTEE

Julia M. Pillsbury, DO

**MSD HOLDING COMPANY
2023**

Bhavin R. Dave, MD (MSD Pres-Elect/Chair of HC)
Joseph J. Straight, MD (MSD Prior Past Pres/VC of HC/Exec Bd Rep)
Brian J. Galinat, MD (MSD Vice Pres/Secretary of HC)
Shalini B. Shah, MD (Treasurer/MSD Treasurer)
Robert J. Varipapa, MD (MSD President)
James Monihan, MD (MSD Secretary)
Stephanie Guarino, MD (MSD Speaker)
Matthew J. Burday, DO (MSD Immediate Past President)
Mark B. Thompson (MSD Exec Dir)
Dorothy M. Moore, MD (MSDIS Rep)
Michael J. Bradley, DO (MedNet Rep)
Suzanne J. Sherman, MD (Health Hub Rep)
Mushmoom Khan, MD (YPS Rep; 1/1/2022 – 12/31/2023)
Joyce F. Robert, MD (At-Large, 1 year term; 1/1/2023-12/31/2023)
Randeep S. Kahlon, MD (At-Large, 2 year term; 1/1/2023 – 12/31/2024)

MEDICAL SOCIETY OF DELAWARE SUBSIDIARY ORGANIZATIONS

January 1, 2023 – December 31, 2023

HEALTH HUB, LLC BOARD OF DIRECTORS

| NAME | BOARD POSITION |
|------------------------|--|
| Beth R. Duncan, MD | Member (7/12/2019 – 12/31/2023) |
| Suzanne J. Sherman, MD | Chair (1/1/2020 – 12/31/2023) |
| Mark B. Thompson | Member (MSD Executive Director) (7/13/2017 – 12/31/2023) |
| VACANT | |
| VACANT | |

MEDICAL SOCIETY OF DELAWARE INSURANCE SERVICES, INC. (MSDIS)**BOARD OF DIRECTORS - 2023**

| NAME | BOARD POSITION | OFFICER POSITION |
|-----------------------------|---|-------------------------|
| Cedric T. Barnes, DO | Practicing Physician, Kent County Rep | |
| William M. Chasanov, DO | Practicing Physician, Sussex County Rep | |
| Dorothy M. Moore, MD | Practicing Physician, New Castle County Rep | |
| Joseph F. Kestner, Jr., MD | Director Emeritus, Voting | |
| Robert J. Varipapa, MD | MSD President | |
| Bhavin R. Dave, MD | MSD President-Elect, Without Vote | |
| Mark B. Thompson | MSD Executive Director | |
| Larry Zutz | Ex-Officio without vote | |
| Joseph F. Hacker, MD | At-Large | President |
| Joseph J. Straight, MD | At-Large143 | |
| Janice E. Tildon-Burton, MD | At-Large | |
| James M. Fletcher, DO | At-Large | |

MEDICAL NETWORK MANAGEMENT SERVICES OF DELAWARE (MED-NET)**BOARD OF DIRECTORS (2023)**

| BOARD POSITION | NAME | POSITION | OFFICERS |
|-----------------------|--------------------------|---------------------------------|-----------------|
| Manager (Voting) | Nicholas O. Biasotto, DO | President of NCCPO | |
| Manager (Voting) | James M. Fletcher, 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) | Robert J. Varipapa, MD | President of MSD | |
| Manager (Voting) | Matthew J. Burday, DO | Immediate Past President of MSD | |
| At-Large (Voting) | Michael J. Bradley, DO | | Chair |
| Observer (non-voting) | Bhavin R. Dave, MD | President-Elect of MSD | |

MEDICAL SOCIETY OF DELAWARE FOUNDATIONS

**DELAWARE FOUNDATION FOR MEDICAL SERVICES, LTD. (DFMS)
BOARD OF DIRECTORS - 2023**

| NAME | Board Term | Position |
|--------------------------|---|-----------------|
| Justin P. Eldridge, MD | 1/1/2023 – 12/31/2025 | |
| Nancy Fan, MD | 1/1/2020-12/31/2022; 1/1/2023-12/31/2025 | |
| Stephanie Guarino, MD | 1/1/2020-12/31/2022; 1/1/2023-12/31/2025 | |
| Michael A. Alexander, MD | 1/2018-12/2020; 1/1/2021-12/31/2023 | |
| Mr. Larry Zutz | 1/1/2021-12/31/2023 | |
| Suzanne J. Sherman, MD | 1/1/2019 – 12/31/2021 (served 1/1/19-12/31/19 as Advisory Member); 1/1/2022-12/31/2024 | |
| Edward R. Sobel, DO | 1/1/2019-12/31/2021; 1/1/2022-12/31/2024 | |
| Deborah T. Zarek, MD | 1/1/2022-12/31/2024 | |
| Matthew J. Burday, DO | 1/1/2022-12/31/2024 | |

**DELAWARE MEDICAL EDUCATION FOUNDATION, LTD. (DMEF)
BOARD OF DIRECTORS (2021-2022) – elected at 2/22/2023 meeting**

| NAME | Board Term | Officer Position |
|----------------------------|----------------------|--------------------------|
| VACANT | 2021-2024 | |
| Justin R. Connor, MD | 2021-2024 | |
| Ryan S. Holton, MD | 2021-2024 | |
| Bryan Y. Choi, MD | 2022-2025 | |
| Justin P. Eldridge, MD | 2022-2025 | |
| John J. Goodill, MD | 2019-2022; 2022-2025 | |
| Brian J. Levine, MD | 2019-2022; 2022-2025 | Chair |
| Jeremie M. Axe, MD | 2020-2023; 2023-2026 | Vice Chair and Secretary |
| Grigory E. Gershkovich, MD | 2023-2026 | |
| James E. Ruether, MD | 2023-2026 | |

POLITICAL ACTION COMMITTEE

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

Brian J. Galinat, MD, Chair (MSD Vice President)

Barry L. Bakst, D.O.
Bhavin R. Dave, 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
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