



KENTUCKY ACADEMY OF  
FAMILY PHYSICIANS  

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STRONG MEDICINE FOR KENTUCKY

# KAFP Board & Committee Notebook

**9/24/2020-HOLIDAY INN EAST, LOUISVILLE, KY**

**Kentucky Academy of Family Physicians**

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KentuckyAFP  
KAFPNow

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| CONSENT AGENDA can be download from the KAFP Website<br><a href="http://www.kafp.org">www.kafp.org</a> under Thursday, Sept. 24, 2020 Annual Meeting |    |
| A. June 20, 2020 Minutes   |    |
| B. KAFP Policy & Procedure Manual  |    |
| C. 2020-2021 KAFP Calendar   |    |
| D. 2019-2020 KAFP Board & Committee Members  |    |
| E. Treasurer’s Report  |    |
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**I. CALL TO ORDER and INTRODUCTIONS (5 minutes)**

- A. Review of Conduct of Board Meeting Protocol
- B. Ground Rules
  - 1. Be present turn off distraction
  - 2. You can agree to disagree but respect the person
  - 3. Be open and honest
  - 4. All ideas are valid
  - 5. Stay at the strategic level and out of the weeds
  - 6. Focus on what is best for KAFP and its members not you personally.
  - 7. Complete evaluation form

**II. REVIEW AND ACCEPTANCE OF CONSENT AGENDA (5 minutes)**

- A. **June 20, 2020 Minutes**
- B. **KAFP Policy & Procedures Manual**
- C. **KAFP Calendar**
- D. **2019-2020 KAFP Board & Committee Members**
- E. **KAFP Treasurers Report**
- F. **KAFP Foundation Fiscal Report**

**IV. COMMITTEE REPORTS (1 hour)**

- A. **Academy Operations Committee** Chaired by Gay Fulkerson, MD  
with Gerry Stover, staff
  - 1. 2020-2021 Slate of Officers
  - 2. WVAFP has moved SEF to Sept.9-11, 2021
  
- B. **Advocacy Committee** Co-Chaired by Drs. Patty Swiney and Nancy Swikert  
with Gerry Stover, Staff
  - 1. Report from Lobbyist-Bob Babbage
  - 2. Presentation by Whitney F. Jones, MD for the KY Colon Cancer Prevention Project  
On Pharmacists doing CRC Screening.
  - 3. KY Prevention Research Request
  
- C. **Communication/Membership Committee** Chaired by Dr. Alan Wrightson  
with Janice Hechesky, staff.
  - 1. No Actions
  
- D. **Education and Practice Enhancement Committee** Chaired by Dr. Monica Sullivan  
with Janice Hechesky, Staff
  - 1. Discuss 2021 Annual Meeting Dates & Location
  
- E. **KAFP Foundation Committee** Chaired by Dr. Nancy Swikert with Gerry Stover, Staff
  - 1. No Actions

**V. OLD BUSINESS**

**VI. NEW BUSINESS**

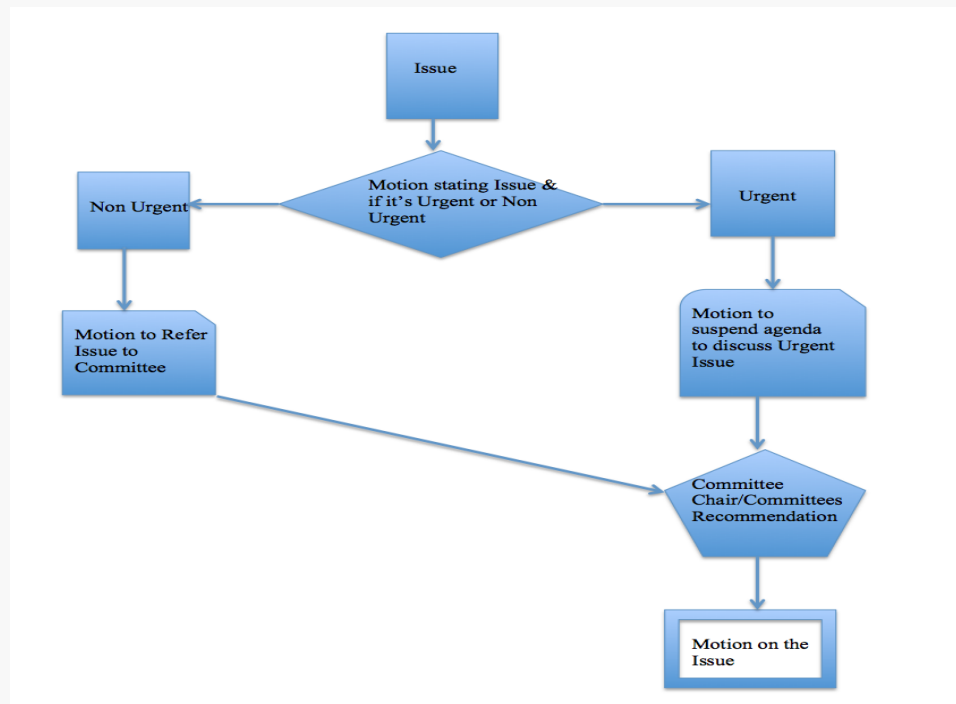
### Conduct of Board Meeting Protocol

The following Conduct of Board Meeting Protocol is a learning document to assist KAFP leadership in fulfilling its vision of increasing participation of members through committee doing the tactical work in order to allow the KAFP Board to focus attention on strategic issues. **This protocol is designed to serve as a reminder of the procedure within AIP Standard Code (formerly known as Sturgis)** that is our procedural guide in facilitating discussion and debate at KAFP Board meeting.

The principle behind following AIP Standard Code is to give all members the opportunity for their voice to be heard. The authority to use AIP rules can be found in KAFP Bylaws under Chapter XIII Section 4. Rules of Order states, “ AIP Standard Code, except when the same are in conflict with the Bylaws of the Academy, shall control all parliamentary procedure of the meetings of the All-Member Business Meeting, Board of Directors, and all committees.”

The Chair of the Board will call the meeting to order and, after a roll call to confirm a quorum is present, the Chair will proceed to read the following, “In your policy manual and below is a algorithm explaining the concept that we desire to follow on issues brought to the board. In reviewing the algorithm you will note that new issues that are not urgent will be sent to committee to be researched, discussed and debated at the Committee level. Once the committee has done the tactical work on the issue the Chair of the Committee will bring the issue back to the board in the form of a committee recommendation.

The Chair of the Board will manage the meeting. For efficient use of our time together, the Chair propose that we limit debate on all issues being brought to the board to **X** minutes per member for the first round until each member has an opportunity to speak. The Chair proposes that on the second round we limit debate to **X** minutes. After the second round, the Chair will call for a vote to end debate, which will require a 2/3<sup>rd</sup> majority. If the motion fails then we will continue with another round of debate. Once debate ends the Chair will request of the board for a motion on the issue. Once the motion is made and properly seconded then I will call for a vote. **(On reverse side is a summary of AIP Standard Code Parliamentary Procedure.)**



## AIP's Standard Code of Parliamentary Procedure

### Summary:

#### Basic Rules of Precedence:

1. When a motion is being considered, any motion of higher precedence may be proposed, but no motion of lower precedence may be proposed.
2. Motions are considered and voted on in reverse order to their proposal. The motion last proposed is considered and disposed of first.

#### Common Motions in Order of Precedence:

| LANGUAGE  |  | INTERRUPT<br>SPEAKER? | SECOND<br>NEEDED? | MOTION<br>DEBATABLE? | VOTE<br>NEEDED?                 |
|---|--|-----------------------|-------------------|----------------------|---------------------------------|
| <b>Privileged Motions:</b> Motions of urgency entitled to immediate consideration.                            |  |                       |                   |                      |                                 |
| 1) *Adjourn the meeting   | I move that we adjourn.                                  | NO                    | YES               | YES**                | MAJORITY                        |
| 2) *Recess the meeting  | I move that we recess until...                           | NO                    | YES               | YES**                | MAJORITY                        |
| 3) Questions of Privilege<br>(Noise, temperature, etc.)   | I raise the question of privilege....                    | YES                   | NO                | NO                   | Decided by<br>presiding officer |
| <b>Subsidiary Motions:</b> Motions which alter the main motion, or delay or hasten its consideration.         |  |                       |                   |                      |                                 |
| 4) Postpone temporarily   | I move we table the motion.                              | NO                    | YES               | NO                   | MAJORITY                        |
| 5) Close debate   | I move to close debate and vote immediately.             | NO                    | YES               | NO                   | TWO<br>THIRDS                   |
| 6) *Limit or extend debate  | I move that the debate on this question be limited to... | NO                    | YES               | YES**                | TWO<br>THIRDS                   |
| 7) *Postpone to a certain time  | I move we postpone this matter until...                  | NO                    | YES               | YES**                | MAJORITY                        |
| 8) *Refer to committee  | I move we refer this matter to committee.                | NO                    | YES               | YES**                | MAJORITY                        |
| 9) *Amend   | I move that we amend this motion by....                  | NO                    | YES               | YES                  | MAJORITY                        |
| <b>Main Motions:</b> Motions bringing substantive proposals before the assembly for consideration and action. |  |                       |                   |                      |                                 |
| 10) *Main motions and restorative main motions  | I move that...   | NO                    | YES               | YES                  | MAJORITY                        |

The following motions can be offered whenever they are needed and have no order of precedence. They should be handled as soon as they arise.

| LANGUAGE   |                                     | INTERRUPT<br>SPEAKER? | SECOND<br>NEEDED? | MOTION<br>DEBATABLE? | VOTE<br>NEEDED?                 |
|--|-------------------------------------|-----------------------|-------------------|----------------------|---------------------------------|
| <b>Incidental Motions:</b> Motions that arise incidentally out of the business at hand. They relate to matters incidental to the conduct of the meeting. |                                     |                       |                   |                      |                                 |
| 1) Appeal a decision of the chair  | I appeal the chair's decision.      | YES                   | YES               | YES                  | MAJORITY                        |
| 2) Suspend the rules   | I move to suspend the rules and.... | NO                    | YES               | NO                   | TWO<br>THIRDS                   |
| 3) Point of order  | I rise to a point of order.         | YES                   | NO                | NO                   | Decided by<br>presiding officer |
| 4) Raise a question relating to procedure.   | I rise to a parliamentary inquiry.  | YES                   | NO                | NO                   | Decided by<br>presiding officer |
| 5) Withdrawal of a motion  | I move to withdraw my motion.       | YES                   | NO                | NO                   | MAJORITY                        |
| 6) Separate a multi-part question for voting purposes  | I move division on the question.    | NO                    | NO                | NO                   | MAJORITY                        |

\*Can be amended.

\*\*Debatable if no other motion is pending.

Note: General consent is a way of saving time by avoiding votes on routine or non controversial matters. After a motion has been moved and seconded the presiding officer may ask if there are any objections. If anyone objects, a vote must be taken on the action. If there are no objections, the matter has been decided by general consent. The presiding officer may also propose actions by general consent without any motion. If anyone immediately objects, the question must be stated and voted on in the usual way.

**2019-2020 KAFP BOARD OF DIRECTORS** updated 9/10/2020

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## KAFP OPERATION COMMITTEE REPORTING FORM

*Committee Member that prepared report: Gay Fulkerson, MD*

*Date: September 1, 2020*

**1. Response to the KAFP BOD Request:**

- Nominating Committee Report – Slate of Officers

**2. Committees Action Items to the KAFP BOD:**

- WVAFP has moved SEF to 9 – 11 Sep 2021

**3. Current Plans:**

- Review financials after the 2020 meeting.

**4. Future Plans/Goals:**

- Mr. Roger Conley our Auditor/Accounting has health issues that have resulted in him submitting his intent to retire. His firm – BHM CPA Group, Piketon, Ohio have assigned another of their accountant to complete the federal tax returns and unfinished WVAFP accounting.
- Plan to target New Physicians with our lottery call for 2021 AAFP NCSC Delegates

## 2020-2021 SLATE OF OFFICERS & BOARD OF DIRECTORS

### KAFP Officers

|                             |                                   |
|-----------------------------|-----------------------------------|
| <b>Chair/ Im. Past-Pres</b> | Adnan Ahmed, MD, FAAFP            |
| <b>President</b>            | Asha Sharma, MD, FAAFP            |
| <b>President-Elect</b>      | Syed Naseeruddin, MD, FAAFP       |
| <b>Vice President</b>       | Jonathon Becker, MD               |
| <b>Treasurer</b>            | Gay Fulkerson, MD                 |
| <b>Secretary</b>            | <b>Monica Sullivan, MD, FAAFP</b> |

### AAFP Delegates & Alternates (2year terms maximum of 3 terms)

|                  |                         |  |
|------------------|-------------------------|--|
| <b>Delegate</b>  | Pat Williams, MD, FAAFP | <b>2020 -2nd Term Ends - RENEW</b>             |
| <b>Delegate</b>  | Rick Miles, MD, FAAFP   | <b>2020 – 1<sup>st</sup> Term Ends - RENEW</b> |
| <b>Alternate</b> | Lisa Corum, MD, FAAFP   | <b>2021 – 2<sup>nd</sup> Term Ends</b>         |
| <b>Alternate</b> | Patty Swiney, MD, FAAFP | <b>2020- 1<sup>st</sup> Term Ends - RENEW</b>  |

### KAFP Congress of Delegates

|                     |                                 |
|---------------------|---------------------------------|
| <b>Speaker</b>      | Robert L. Wood, MD, FAAFP       |
| <b>Vice Speaker</b> | John Patterson, MD, MSPH, FAAFP |

### KAFP Resident/Student Member

|                        |  |
|------------------------|--|
| <b>Resident</b>        | <b>You Wei Lin, MD-St. Elizabeth</b>   |
| <b>Resident</b>        | <b>Anthony Moon, MD-Baptist Health</b> |
| <b>Medical Student</b> | <b>– Tyler McMurtrey-UK</b>            |
| <b>Medical Student</b> | <b>– Cayla Kunstek-UK</b>              |

### Regional Directors (4 year terms maximum of 2 terms)

|                   |                           |  |
|-------------------|---------------------------|--|
| <b>Region I</b>   | Anthony Starkey, MD       | <b>2021 - 1<sup>st</sup> Term Ends</b> |
| <b>Region II</b>  | Luz Fernandez, MD         | <b>2023 – 1<sup>st</sup> Term Ends</b> |
| <b>Region III</b> | Robert Atkins, MD         | <b>2022 – 2<sup>nd</sup> Term Ends</b> |
| <b>Region IV</b>  | David Williams, MD, FAAFP | <b>2023 – 2<sup>nd</sup> Term Ends</b> |

### Member-at-Large (3 year terms maximum of 1 term)

|                            |                              |
|----------------------------|------------------------------|
| Nancy Swikert, MD, FAAFP   | <b>2017</b>                  |
| Mark Boyd, MD, FAAFP       | <b>2018 – 2021 Term Ends</b> |
| Renee Girdler, MD, FAAFP   | <b>2018 – 2021 Term Ends</b> |
| Alan Stevens Wrightson, MD | <b>2018 – 2021 Term Ends</b> |

**KAFP ADVOCACY COMMITTEE REPORTING FORM**

Committee Member that prepared report: Nancy Swikert, MD and Patty Swiney, MD  
Date September 1, 2020

**1. Response to the KAFP BOD Request:**

None

**2. Committees Action Items to the KAFP BOD:**

- Presentation by Whitney F. Jones, MD for the KY Colon Cancer Prevention Project on Pharmacists doing CRC screening.
- FYI – This was released on Aug 21, 2020 *“While we acknowledge the importance of getting patients caught up on vaccines, the AAFP has concerns that allowing vaccinations to be given outside of the patient’s usual primary care setting could disrupt the doctor-patient relationship that is so critical, especially during a health pandemic. Knowing the full medical history of their patients allows family physicians to touch base on a host of critical medical issues during vaccine visits. Any measure – however temporary – that disrupts the doctor-patient relationship creates further confusion in already challenging times.” -- Gary LeRoy, MD, president, American Academy of Family Physicians*

**3. Current Plans:**

- Dr. Swiney had an article in Herald Leader dealing with children needing vaccine during COVID-19

**4. Future Plans/Goals:**

- Planning a follow up meeting with Cabinet officials regarding previous agreement to amend EO permitting Medicaid patient to utilize Direct Primary Care Physician services
- Coalition building with association on common patient care or political themes

### **Answers to KAFP Questions for Research Request from KYPhA**

1. Copy of the survey is attached.
2. There was not a family physician involved in the development of the survey. There were two PharmDs from Kentucky Pharmacy Education and Research Foundation (part of KPhA) and several team members from KIPRC (Kentucky Injury Prevention and Research Center) including the center director/principle investigator and the OD2A grant project director (a sociologist by training).
3. The information will be used for research purposes. The protocol submitted to IRB and their approval letter are attached. We do request that the information remain confidential beyond those staff/members needed to review to meet your policy requirements as it is the protocol for the entire OD2A grant. It is a large grant with many smaller strategies that could not be teased out to send. You can find the information you are looking for related to this survey under Strategy 5 Academic Detailing Provider Survey throughout.
4. If the results of the survey are determined to be significant and can contribute to the current literature as it relates to providers and the need for educational programming and substance use disorders, we do plan to publish the results. The journals targeted for publication are to be determined but will likely be public health journals aimed at public health practice and policy. We are open to recommendations for publication of results. The results will also be shared with CDC as the funding source for the grant.
5. The information from this survey will help to determine current provider beliefs, comfort level, and practices regarding the recognition and treatment of substance use disorder. It also provides a link and contact information to request academic detailing for those wanting more information on the substance use disorder.
6. We are happy to compensate you for direct costs and to share a final/brief report of the results.

The Overdose Data to Action program is refining educational programming for healthcare providers in Kentucky on clinical issues surrounding drug use and treatment for substance use disorders. We are appreciative of your input on these clinical areas; the feedback you offer here helps us to create programming that best suits the needs of providers in the Commonwealth. Any questions regarding our programming can be referred to the Director of Clinical Outreach for the Kentucky Pharmacy Education and Research Foundation at 502-227-2303. We thank you for your time.

1. Please check your practice area:
  - a. Primary Care/Family Medicine
  - b. Dental
  - c. Specialty Medicine (please specify cardiology, neurology, etc.):
  - d. Pharmacy (jump to question 7)
  - e. Other (please specify)
2. How often do you or your staff screen patients for problematic or risky drug use?
  - a. Every Visit
  - b. Annually
  - c. Non-specific/ "if it comes up"
  - d. Rarely
  - e. Never
3. What interventions do you and your staff provide for patients who you determine to have a Substance Use Disorder (SUD)? (Select all that apply)
  - a. Referral to substance use disorder treatment
  - b. Naloxone
  - c. Referral to syringe access program
  - d. PrEP for HIV prevention
  - e. Medications for opioid use disorder (OUD) (Usually known as medication assisted treatment (MAT))
  - f. Other (please specify):
4. Are you x-waivered to prescribe buprenorphine?
  - a. Yes
  - b. No
  - c. No, but I am interested in training for seeking this certification.
5. On a scale of 1-5, with 1 being not at all motivated and 5 being very motivated, how motivated are you to treat Substance Use Disorders within your normal scope of care?
6. What barriers exist that prevent your team from comprehensively treating/caring for People Who Use Drugs (PWUD) (all people would answer this, then move to Question 8))
  - a. Discomfort of provider
  - b. Not my job
  - c. Inexperience or lack of training on treating substance use disorders
  - d. Insufficient reimbursement for service
  - e. Discomfort from staff
  - f. No time for more patients
  - g. Concerned about diversion
  - h. Don't believe in agonist treatment
  - i. Lack of resources (e.g., staff, internal counseling services)
  - j. Lack of x-waiver
  - k. Others (please specify):

1. Does your pharmacy dispense naltrexone or buprenorphine to patients for OUD treatment?  
(Then to Question 5)
  - a. Yes
  - b. No
2. Are you familiar with the website findhelpnowky.org?
  - a. Yes (if yes, then #9)
  - b. No
3. Have you used findhelpnowky.org before?
  - a. Yes (if yes, then #10)
  - b. No
4. If you have used findhelpnowky.org before, was it to find (select all that apply):
  - a. Connection to substance use disorder treatment for a patient (if yes, then #11)
  - b. Resources on OUD to help guide treatment for a patient
  - c. Resources on OUD to provide to a patient or family
  - d. Other (please specify)
5. When you used findhelpnowky.org to refer a patient to available SUD treatment, how helpful was it on a scale of 1-5? (1 = not helpful at all, 5 = extremely helpful)?
6. Are you interested in completing a free academic detailing session on clinical issues surrounding drug use and treatment for substance use disorders?
  - a. Yes (if yes, please click on the following link, fill out the contact form, a pharmacist from the Kentucky Pharmacist Association will be in contact with you in the future).
  - b. No

**2020 COMMUNICATION COMMITTEE REPORTING FORM**

Report prepared by the Chair: Steve Wrightson, MD

Date: September 8, 2020

1<sup>st</sup> Quarter       2<sup>nd</sup> Quarter       3<sup>rd</sup> Quarter      X 4<sup>th</sup> Quarter

**Response to the KAFP BOD Request:**

1. Ask Dr. Wanda Gonsalves to write an article for the Journal. Completed.

**Committees Action Items to the KAFP BOD:**

1. None at this time

**Current Plans:**

1. Fall issue will be finalized in October with mail date of mid November. Dr. Zowtiak is the lead Associate Editor on this journal.
2. Several COVID pandemic pieces are still being submitted and will be considered for the journal.
3. Dr. Wanda Gonsalves has written an article about her work establishing a preprofessional learning community at Kentucky State University in Frankfort. She is also looking for volunteers to allow students to shadow.

**Future Plans/Goals:**

1. Continue to recruit authors and reviewers with focus on first time active practice physician writers, medical students and residents.



**2020 KAFP EDUCATION & PRACTICE ENHANCEMENT  
COMMITTEE REPORTING FORM**

Committee Member that prepared report: Monica Sullivan, MD-Chair

Date: 9/13/2020

1<sup>st</sup> Quarter     2<sup>nd</sup> Quarter     3<sup>rd</sup> Quarter     4<sup>th</sup> Quarter

**1. Response to the KAFP BOD Request:**

1. 2020 Annual Meeting Update – following page

**2. Committees Action Items to the KAFP BOD:**

1. No Actions Currently-Need to discuss 2021 Annual Meeting Date/Place-see below under Current Plans.

**3. Current Plans:**

1. This years meeting is underway-thank you to everyone for the input and extra zoom/phone meetings to discuss how best to navigate the Pandemic and still have a stellar meeting. Thanks to Janice and Gerry for their many hours and emails to pull this off.
2. SBIRT Online-KAFP and Lake Cumberland District Health Department have joined together to provide FREE SBIRT online for the LCDHD county area. LCDHD is paying the registration fee for everyone.
3. Using new meeting registration ONLINE-Janice
4. Starting discussion of next year's meeting place/dates-lots of conflicts and need BOD input.

**4. Status of the KAFP Strategic Plan Objective:**

**Provide high quality continuing education for physicians, residents & students**

**A. Explore alternative delivery methods of CME**

1. New ways for KAFP to offer CME between meetings.
2. Plan for mini-meetings again?
3. Annual Event+Workshops – Thoughts
4. Topics that are needed for all scope of practice in KYU for family physicians – what needs to be discussed or what would people like to concentrate on?

**5. Future Plans/Goals:**

1. 2021 Annual Meeting – place/date – Ideas?
2. How to deliver CME in different formats for people – given pandemic this is more important than ever to keep KAFP members engaged and to attract more!

**2020 KAFP ANNUAL MEETING UPDATE as of 09/14/2020**

Total Registered – 40 including Staff, Residents and Medical Students (excludes speakers)

Total Award Luncheon - 53

1-ABFM Exhibit for Speaker

1-Kentucky Beef Council \$500.00 plus paying for Friday Luncheon.

1-Kentucky Beef Council providing Farm Tour

We had to limit Exhibitors because of Covid19

## KAFP FOUNDATION REPORTING FORM

Report prepared by the President KAFPF: Nancy Swikert, MD

Date: September 1, 2020

**1. Response to the KAFP FOUNDATION BOD Request:**

NONE

**2. Committees Action Items to the KAFP FOUNDATION BOD:**

- None

**3. Current Plans:**

- Leann Cooper, DO was selected as the first Fleet Award recipient.
- We provided an endorsement letter for UofL's and AAFP Emerging Leader recipient Jerome Soldo bid for Student Board member of AAFP.
- 14 students received AAFP scholarship to attend NC with KAFP providing them with a \$60 food stipend; and 5 students received \$190 from KAFP Foundation to cover food and registration fee for NC.
- We are working with Leadership Kentucky to assist them in accrediting it for physicians.

**4. Future Plans/Goals:**

- Working with Fleet Award recipient on ideas to promote 'patient cantered care' and ways to engage new physicians.
- Working with residency directors on policy stipend and 2021 Fleet Award.

