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**Minutes of the
Louisiana State Medical Society
Board of Governors Meeting – December 14, 2016**

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Call to Order

Luis Alvarado, MD, President, called the meeting to order, on Wednesday, December 14, 2016 at 8:30 AM.

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Verification of Quorum

Dr. Rod Clark verified the presence of a quorum.

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Approval of Minutes

After reviewing the minutes of September 14, 2016, the following motion was made:

**MOTION (APPROVED)
ACCEPT THE MINUTES OF THE BOARD OF GOVERNORS MEETING ON
SEPTEMBER 14, 2016 AS PRESENTED.**

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Update on Resolution 102 (Local Independence)

Susan Bankston, MD, Chair of the Board of Councilors provided the board with another update on the progress of R102-16, i.e. local independence. Resolution 102 resolved that beginning with the dues year commencing on January 1, 2018, joint membership in the LSMS and a parish medical society is no longer required. Dr. Bankston explained that in order to actually implement local independence that both the LSMS Charter and Bylaws have to be changed and that the LSMS House of Delegates would be tasked with approving both in February 2017. Dr. Bankston then provided an overview of her recent activities, which included traveling and presenting both the proposed charter and bylaws changes to the: Lafayette Parish Medical Society, Iberia Parish Medical Society, Capital Area Medical Society, Jefferson Parish Medical Society and Orleans Parish Medical Society. Additionally, meetings are scheduled in early January 2017 for the Ouachita Medical Society, Rapides Parish Medical Society and St. Tammany Parish Medical Society. Dr. White informed the board that the Shreveport Medical society also reviewed the proposed changes as well. After addressing several questions, Dr. Bankston informed the board that both the charter and bylaws changes will be submitted in the form of a resolution later this week.

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Update on Louisiana Department of Health (LDH) Activities

Staff informed the board that over the course of the last several months while attending multiple meetings led by LDH, that it has become clear that Secretary Gee would like to convert the state's Medicaid program from a fee-for-service and managed care model(s) to a value-based purchasing program where payments would be tied to quality measures and metrics. However, at this time there are no specifics to the plan. Staff, let the board know that they addressed their concerns to the secretary and will continue to monitor the situation. Mr. Williams reminded the board that LDH has unreliable data and that there is no way the current data could actually be used to measure quality, which is a significant problem for our members who see Medicaid patients. However, it also creates a unique opportunity for the society, i.e. the Louisiana Health Information Network, which will be discussed later.

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1 **Update on MACRA and MIPS**

2 Dr. Alvarado reminded the board that the LSMS Council on SocioEconomics has been tasked with
3 monitoring MACRA/MIPS on behalf of the membership and asked Mr. Williams to provide an update
4 on recent activities. Mr. Williams addressed three on-going products/services that were currently being
5 worked on by staff and that should be up and running by the annual meeting in February. First, the
6 LSMS is compiling a comprehensive list of MACRA and MIPS resources on its website that will be
7 available to all physicians. Secondly, the LSMS is producing a white paper on the first five steps to take
8 related to MIPS participation in 2017. Lastly, we have identified a product that will help members
9 determine which quality metrics and clinical improvements to report to CMS in order to potentially
10 receive the best rate increase or to stave off any decreases in 2019. The product is known as MIPS
11 Navigator and is available either via a link on our website or by directly purchasing the product for
12 resale to our members. After many questions the following motions were made:

13
14 **MOTION (APPROVED)**

15 **DIRECT STAFF AND SOCIOECONOMICS CHAIR TO FURTHER EVALUATE**
16 **THE MIPS NAVIGATOR TOOL TO DETERMINE IF OUR MEMBERS COULD**
17 **BENEFIT FROM IT.**

18
19 **MOTION (APPROVED)**

20 **IF THE MIPS NAVIGATOR TOOL IS CONSIDERED A BENEFIT FOR**
21 **MEMBERS THAT WE PURCHASE 200 LICENSES AT A COST OF \$5,000 AND**
22 **MAKE IT AVAILABLE FOR FREE TO MEMBERS ONLY ON THE LSMS**
23 **WEBSITE.**

24
25 **Update on Nominations to State-Wide Boards and Commissions**

26 Terri Watson reminded the board that we currently have multiple openings for LSMS nominees on the
27 following state wide boards and commissions: Louisiana State Child Death Review Panel; Louisiana
28 Emergency Response Network Board; Louisiana Executive Board on Aging; Louisiana Workforce
29 Investment Council; Medicaid Pharmaceutical and Therapeutics Committee; Workers Compensation
30 Advisory Council; Louisiana Board of Examiners for Speech-Language Pathology and Audiology;
31 Louisiana Physician Therapy Board; and the Louisiana Mental Health Advocacy Service. Mrs. Watson
32 reminded the board that all of these opening were discussed at the September 14, 2016 board meeting
33 and still remain vacant. Staff will continue to market the opening to the membership through all
34 available channels until the positions are filled or vacated.

35
36 **Federal Update on the Affordable Care Act (ACA)**

37 Mr. Williams informed the board that both the AMA and the LSMS had put out position statements
38 regarding the ACA since the election of Donald Trump as president-elect. The LSMS statement reads,
39 in part, as follows:

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41 The LSMS:

- 42 ■ Supports the development and implementation of a fiscally sound plan to address the need for access
43 to quality medical care for the indigent and uninsured populations in the state.
- 44 ■ Supports states being given the freedom to develop and test different models for covering the
45 uninsured.
- 46 ■ Supports the creation of a health insurance risk pool that would offer coverage to the uninsured, as
47 well as, those who are ineligible for Medicaid and cannot afford individual coverage but could buy
48 coverage at a group rate.
- 49 ■ Supports a pluralistic system of health care delivery wherein patients have multiple choices of health
50 care financing mechanisms in an open market setting.

- 1 ▪ Supports the freedom of choice when choosing health care and medical care delivery settings for
- 2 patients and physicians.
- 3 ▪ Supports a health care delivery system that provides value and cost effectiveness and is accountable
- 4 to patients and not to government, insurance companies, employers, hospitals or physicians.
- 5 ▪ Supports the creation of an employee based health coverage system, which provides freedom of
- 6 choice to employees and their families in selecting and changing healthcare coverage.
- 7 ▪ Supports the elimination of the current tax bias against individually owned and individually chosen
- 8 health coverage plans and supports the creation of an economic market for family owned plans with
- 9 a fair premium rating system independent of employer or government mandates.
- 10 ▪ Supports federal and state tax initiatives, as well as, third party payer and employer-based incentives
- 11 for individuals to improve their health and lifestyle, which may include reduced insurance premiums
- 12 for healthy lifestyle activities.
- 13 ▪ Supports the establishment of a health insurance co-op to improve access to insurance for small
- 14 business employees.
- 15 ▪ Supports the utilization of Health Savings Accounts (HSAs) as one option in a pluralistic system for
- 16 patient health care coverage.
- 17 ▪ Supports including medical liability reforms in any new health care delivery reform plans.
- 18 ▪ Supports appropriate and/or increased funding for graduate medical education in any new health care
- 19 delivery model.
- 20 ▪ Supports alternative practice models such as Direct Primary Care, which allow physicians to practice
- 21 medicine in a manner, which reduces burdens and administrative overhead.
- 22 ▪ Supports quality research and guidelines, but opposes the use of these guidelines as a justification for
- 23 the rationing of patient care, the calculation of physician reimbursement, or the establishment of a
- 24 standard of medical care.

25
26 Additionally, the LSMS:

- 27 ▪ Opposes any requirement or mandate by state or federal government that individuals purchase health
- 28 insurance.
- 29 ▪ Opposes the imposition of price controls in our health care delivery.
- 30 ▪ Opposes mandating employer provided health insurance coverage.
- 31 ▪ Opposes the inclusion of any pre-existing condition clause in a health insurance contract as these
- 32 clauses generally prevent the acquisition of affordable health care insurance.
- 33 ▪ Opposes the inclusion of any lifetime cap on benefits in any health insurance contract.

34
35 Specific to Medicaid, the LSMS supports a Medicaid program which achieves the following:

- 36 ▪ Provides access to quality and robust care to Medicaid recipients.
- 37 ▪ Relies on funding sources, which are dedicated and stable thereby allowing the program to remain
- 38 fiscally sound and sustainable even in times where the state of Louisiana is facing budget deficits.
- 39 ▪ Empowers Medicaid recipients to own their own healthcare and make decisions about their
- 40 healthcare needs by utilizing co-payments and deductibles which are commensurate with
- 41 reimbursement allowed under federal and state law.
- 42 ▪ Is privatized and calls for the following choices for patients; traditional insurance plans, managed
- 43 care plans (HMO, PPO, etc.), benefit payment schedule plans, and purchasing pools to enable
- 44 individuals to achieve group rate premiums.
- 45 ▪ Provides incentives such as small business tax breaks, limited malpractice caps, or other non-
- 46 reimbursement incentives for physicians who accept Medicaid patients.
- 47 ▪ Provides complete financial transparency so that it can easily be determined if taxpayer dollars are
- 48 being used in a manner which maximizes access to quality and robust care.

1 **Update on Patients Compensation Fund**

2 Mr. Williams let the board know that he attended the December 1st meeting of the Louisiana Patients
3 Compensation Fund (PCF) Oversight Board on behalf of LSMS. The primary focus of the December
4 meeting was the results of their most recent financial audit for the fiscal year ending on June 30, 2016.
5 The audit showed that the PCF had assets totaling \$1,049,958,218, which was an increase of
6 \$64,138,709 over the previous year even with significant rate reductions. The board asked that a LSMS
7 nominee on the PCF be invited to the March meeting of the board to provide additional information and
8 answer any questions.

9
10 **LSBME Update**

11 Staff informed the board that Mr. Eric Torres had recently resigned as the executive director of the
12 LSBME and that no action had yet been taken to replace him. Staff then briefly updated the board on
13 the events of the last three LSBME meetings and answered any questions.

14
15 **Billeaudeau vs Opelousas General (negligent credentialing)**

16 Mr. Hataway briefed the board on the recent decision by the Louisiana Supreme Court that creates an
17 avenue for circumventing the medical malpractice cap in Louisiana. In *Billeaudeau v. Opelousas*
18 *General Hospital Auth.*, (La. 2016), the court was asked to decide whether a claim against a hospital for
19 negligent credentialing of a physician was within the scope of the LA Medical Malpractice Act and
20 therefore subject to its statutory cap on damages. The matter involved a minor patient that was taken to
21 the hospital ER. Believing their daughter had suffered a stroke, the parents of the minor allege they
22 requested the ER physician to administer stroke medication. It is further alleged the physician declined
23 and administered anti-seizure medication instead. The patient was eventually transferred to another
24 hospital where it was determined the patient had suffered a stroke and was ultimately given stroke
25 medication. As a result of the episode, the patient suffered severe, irreversible brain damage. In
26 addition to their medical malpractice claim against the physician and others, the plaintiffs also made a
27 claim against the hospital for the “negligent credentialing” of the physician. In furtherance of their
28 claim, the plaintiffs alleged “negligent credentialing” of a physician by a hospital does not constitute
29 medical malpractice subject to the terms of the Medical Malpractice Act (“MMA”) and, thus, the
30 \$500,000 damages cap imposed by the MMA should not apply. The issue of whether or not “negligent
31 credentialing” constitutes medical malpractice was eventually taken up by the Louisiana Supreme Court.
32 In its analysis, the Court applied a six factor test which was established in a prior La. Supreme Court
33 decision to determine whether certain conduct by a qualified health care provider constitutes
34 “malpractice” as defined under the MMA. The factors are as follows:

- 35
- 36 ■ Whether the particular wrong is “treatment related” or caused by the dereliction of professional skill;
 - 37 ■ Whether the wrong requires expert medical evidence to determine whether the appropriate standard
38 of care was breached;
 - 39 ■ Whether the pertinent act or omission involved assessment of the patient’s condition;
 - 40 ■ Whether an incident occurred in the context of the physician-patient relationship, or was within the
41 scope of activities which a hospital is licensed to perform;
 - 42 ■ Whether the injury would have occurred if the patient had not sought treatment; and
 - 43 ■ Whether the alleged tort is intentional.
- 44

45 After its review, the Court determined that an application of the six factors demonstrated that “negligent
46 credentialing” was administrative, not medical in nature. Consequently, the act (OGH’s negligent
47 administrative decision making) was separate and distinct from the medical decisions and conduct
48 directly related and integral to rendering of medical care and treatment by health care providers to the
49 patient in this case. As such, the plaintiff’s negligent credentialing claim was not subject to the
50 limitations on liability contained in the MMA and the plaintiffs could proceed under general tort law.

1 While this decision certainly represents a circumvention of the protections of the MMA, it is important
2 to note that the decision only impacts the procedural nature of the case. The case is far from over.
3 Although the plaintiffs are able to pursue a general liability claim against the hospital, they still must
4 prove “negligent credentialing” occurred and, if it occurred, it was causally related to the damages
5 suffered in this case. It also important to note that the uncapped damages claim only applies to the
6 hospital’s administrative decision regarding credentialing. All claims against the physician are still
7 subject to the MMA’s statutory cap on damages. The LSMS will continue to follow this case and
8 monitor any future actions.

9
10 **Coulon vs West Bank Surgery Center (request for amicus brief)**

11 Mr. Hataway briefed the board on the legal case. A patient presents to a physician with chronic shoulder
12 pain. The physician performs two surgeries on the shoulder; the first is to correct the chronic condition
13 while the second is to clean and irrigate the wound due to an infection that developed after the first
14 surgery. Both surgeries are performed at the same surgical center. The plaintiff alleges the infection
15 worsened and he was eventually admitted to Tulane Medical Center for intervention and additional
16 surgeries to address the infection and other damage. The plaintiff alleges the physician and surgical
17 center were negligent in their treatment. The plaintiff requested that a medical review panel (MRP) be
18 convened to review the medical treatment provided by the physician and surgical center. Specifically,
19 he alleged (1) the surgical center failed to develop, maintain and enforce proper policies and procedures
20 to prevent surgical infections, and (2) the surgical center was responsible for the actions of its employees
21 acting within the course and scope of their employment. The MRP convened and rendered an opinion
22 finding the evidence did not support the conclusion that the defendants failed to meet the applicable
23 standard of care. Following the finding of the MRP, the plaintiff filed a petition naming the physician,
24 surgical center and its insurer as defendants. Among the allegations raised by the plaintiff were “failure
25 to supervise the nurses who treated the plaintiff and failure to train the nurses who treated the plaintiff”.
26 The defendants filed an Exception of Prematurity on the basis that the claims against the above claims
27 fall squarely within the statutory definition of “malpractice” and thus are required to be presented to a
28 MRP. The plaintiffs responded by saying the allegations were inferred to included with their general
29 allegation of malpractice against the physician, surgical center and its employees. The district court
30 agreed with the defendants and granted the motion of prematurity. The plaintiff appealed and the court
31 of appeal upheld the lower court’s ruling. The matter is now being appealed to the Supreme Court of
32 LA. This raises the question of did the plaintiff raise “new” allegations in their Petition for Damages
33 which were not considered by the MRP requiring the allegations be referred back to the MRP for
34 consideration or was the plaintiff’s brief description of malpractice sufficient to encompass the claims
35 that were specifically alleged in the Petition? Why should that concern physicians? If the lower courts
36 decision is overturned, this could lead to a slow erosion of the MRP process. Potentially, plaintiffs
37 could circumvent the panel by making a very basic allegation of malpractice; withholding specific
38 allegations to be alleged later in the lawsuit. Such action would prevent the MRP from weighing in on
39 the allegations and their conclusions from reaching the trier of fact. Mr. Hataway then answered
40 several questions before informing the board that the Louisiana Hospital Association, as well as, the
41 Louisiana Orthopedic Association have already agreed to file an amicus brief. He then asked the board
42 if the LSMS wishes to join as well.

43
44 **MOTION (APPROVED)**

45 **DIRECT GENERAL COUNSEL TO NOTIFY BOTH THE LOUISIANA**
46 **HOSPITAL ASSOCIATION AND THE LOUISIANA ORTHOPEDIC**
47 **ASSOCIATION THAT THE LSMS WILL JOIN IN THEIR AMICUS BRIEF**
48 **RELATED TO COULON VERSUS WEST BANK SURGERY CENTER.**

1 **Proposed Louisiana Health Information Network**

2 Mr. Williams updated the board regarding the LSMS creating a health information network based off the
3 turnkey product developed by the Kansas Medical Society (KMS). KMS received a federal grant in
4 2007 to create a health information exchange and unlike others who failed with this endeavor they have
5 a fully functioning product that seamlessly connects over 150 different electronic medical records.
6 Recently the Medical Association of Georgia and the South Carolina Medical Society launched the
7 product. Mr. Williams suggested the board set a future date to meet with representatives from KMS to
8 dive deeper into the product to which the board agreed. After much discussion, not immediate action
9 was taken.

10
11 **Independent Physician Association (IPA)**

12 Mr. Williams informed the board that he had been approached by a representative from the LSU Health
13 Sciences Center in New Orleans about the possibility of the two organizations partnering together to
14 form an IPA to initially take advantage of upper payment limit (UPL) dollars within the state's Medicaid
15 program. Eventually the IPA could produce other synergies and benefits to both groups and all
16 members of the IPA. Mr. Williams asked the board if this was something they would like staff to
17 continue exploring with future reports back to which they agreed. No immediate action was taken.

18
19 **Humana "Efficiency" Rankings**

20 Mr. Hataway presented the board with a recent issue where Humana was presenting specialist rankings
21 based on cost of care/episode and calling it "efficiency" rankings. The board did not feel that was
22 appropriate and was also misleading to the general public. This lead to conversations where it was
23 determined that the LSMS did not have any policy related to this issue. Staff shared current AMA
24 policy on the issue and after several minutes of discussion the following motion was made:

25
26 **MOTION (APPROVED)**

27 **SUBMIT A RESOLUTION AT THE 2017 HOUSE OF DELEGATES MEETING TO ADOPT**
28 **CURRENT AMA POLICY REGARDING ECONOMIC PROFILING OF PHYSICIANS,**
29 **WHICH READS: THE LSMS WILL (1) TAKE ALL APPROPRIATE STEPS TO ACTIVELY**
30 **OPPOSE ALL EFFORTS BY THIRD PARTY PAYERS TO RANK, PROFILE, OR**
31 **OTHERWISE "SCORE" PHYSICIANS PURELY FOR CORPORATE COST CONTAINMENT**
32 **PURPOSES; AND (2) WIDELY PUBLICIZE INSURANCE INDUSTRY ECONOMIC**
33 **PROFILING PRACTICES AND HOW THEY IMPACT PATIENT CARE.**

34
35 **Meeting dates for 2017**

36 Dr. Beau Clark, president-elect presented his meeting dates for 2017 as follows:

- 37
38
 - Wednesday, March 8th
 - 39 ▪ Wednesday, June 7th
 - 40 ▪ Wednesday, September 13th
 - 41 ▪ Wednesday, December 13th

42
43 **Annual Meeting Awards**

44 The board was given the various names of nominees for the LSMS' Distinguished Service,
45 Community Service and Alliance Flame of Excellence awards and after some discussion the following
46 motions were made:

47
48 **MOTION (APPROVED)**

49 **RESOLVED THAT THE 2016 LSMS DAVE TARVER DISTINGUISHED SERVICE AWARD**
50 **BE PRESENTED TO DR. IRVING M. BLATT.**

1 **MOTION (APPROVED)**

2 **RESOLVED THAT THE 2016 LSMS COMMUNITY SERVICE AWARD BE PRESENTED TO**
3 **DR. MOHAMMED SULEMAN.**

4
5 **MOTION (APPROVED)**

6 **RESOLVED THAT THE 2016 LSMS ALLIANCE FLAME OF EXCELLENCE AWARD BE**
7 **PRESENTED TO MRS. ROSEADA MAYEAU.**

8
9 **Report of the Budget and Finance Committee**

10 Dr. Paddock on behalf of the LSMS Budget and Finance Committee made the following recommendations for 2017:

11
12 Recommendation 1

13 The FY2017 proposed budget be approved with estimated revenues of \$1,677,500 and projected
14 expenses of \$1,677,234, with net income over expenses totaling \$266.00.

15 Recommendation 2

16 Annual dues for FY2017 remain unchanged at:

17		
18	Active Member	\$400
19	Service Member	\$200
20	Academic Member	\$400
21	Part-time Member	\$200
22	Affiliate Member	\$100
23	Resident Member	\$ 35
24	Medical Student Member	\$ 0
25	Dues Exempt Member	\$ 0
26		

27 The non-deductible portion of dues for lobbying activities will be 25%.

28
29 Recommendation 3

30 Dues for first and second year in practice members will be set to 50% and 75% of full Active Member
31 dues respectively.

32
33 **Perkins Properties/LSMS Offices**

34 Mr. Williams updated the board on recent discussions with Moss Side Partners, LLC, our partner in the
35 property at 6767 Perkins Road. However, an actual proposal was still not readily available for review.
36 Mr. Williams walked the board through three different scenarios, which may or may not develop and
37 explained the benefits and pitfalls of each. Again, without an actual proposal to evaluate no action was
38 taken.

39
40 **Update on Vision 20/20**

41 Mr. Williams presented the board with a set of high-level analytics measuring our current progress
42 towards meeting the objectives and goals laid out in the Vision 20/20 plan from December 2015. The
43 data sets included:

44
45 Key Success Factor/Goal #1 – Clearly define the mission, vision and guiding principals of the LSMS

46	Status of Strategy Recommendations	Quantity
	Completed in 2016	3
	On-going/Work in Progress	2
	No work has Begun	1

1 Key Success Factor/Goal #2 – Firmly establishes the LSMS as the leading physician membership
2 organization in the state through advocacy, education and communication.

3

Status of Strategy Recommendations	Quantity
Completed in 2016	2
On-going/Work in Progress	9
No work has Begun	2

4
5 Key Success Factor/Goal #3 – Retain existing membership, while working to attract new members.

6

Status of Strategy Recommendations	Quantity
Completed in 2016	4
On-going/Work in Progress	12
No work has Begun	1

7
8 Key Success Factor/Goal #4 – Enhance member communication and contact

9

Status of Strategy Recommendations	Quantity
Completed in 2016	4
On-going/Work in Progress	4
No work has Begun	0

10
11 Key Success Factor/Goal #5 – Develop non dues revenue streams to support the activities of the society.

12

Status of Strategy Recommendations	Quantity
Completed in 2016	0
On-going/Work in Progress	12
No work has Begun	0

13
14 **Student, Resident and Young Physician Membership Report**

15 Mr. Williams conceptually outlined what new or different membership models for medical students,
16 residents and young physicians could look like in the future. However, Mr. Williams cautioned the
17 board that much of the provided information was dependent on local independence being approved in
18 2017 by the LSMS House of Delegates. As a result, the following motion was made:

19
20 **MOTION (APPROVED)**

21 **THE CONCEPT OF CHANGING HOW THE LSMS RECOGNIZES AND ORGANIZES**
22 **MEDICAL STUDENTS, RESIDENTS AND YOUNG PHYSICIANS AS MEMBER BE**
23 **REFERRED TO THE LSMS COUNCIL ON MEMBER SERVICES FOR FURTHER**
24 **DEVELOPMENT AND A REPORT BACK AT A FUTURE DATE.**

25
26 **Dues Exempt Member Report**

27 Mr. Williams conceptually outlined what a new or different membership model for dues exempt
28 members could look like in the future. However, Mr. Williams cautioned the board that much of the
29 provided information was dependent on local independence being approved in 2017 by the LSMS House
30 of Delegates. As a result, the following motion was made:

31
32 **MOTION (APPROVED)**

33 **THE CONCEPT OF CHANGING HOW THE LSMS RECOGNIZES AND ORGANIZES DUES**
34 **EXEMPT MEMBERS BE REFERRED TO THE LSMS COUNCIL ON MEMBER SERVICES**
35 **FOR FURTHER DEVELOPMENT AND A REPORT BACK AT A FUTURE DATE.**

1 **Reports of Officers**

2
3 **President**

4 Dr. Alvarado updated the board on his recent activities as president, which included: attending the AMA
5 House of Delegates in November as an alternate delegate; attending a meeting of the Louisiana Board of
6 Pharmacy; and attending a meeting of the St. Tammany Parish Medical Society.

7
8 **President-Elect**

9 Dr. Clark had nothing specific to report.

10
11 **Secretary Treasurer**

12 Mr. Williams reviewed the October 31, 2016 financial statements for the LSMS and Perkins Properties.
13 For Perkins Properties, assets and liabilities totaled \$2,476,298; Net income year to date was \$214,883.
14 For the LSMS assets and liabilities totaled \$3,068,543; while net income year to date was \$281,294.
15 Additionally, membership was up from September 2016 by 13 members; however we continued to lose
16 full dues paying members as active membership was 2,877, down 4 members since the September
17 meeting.

18
19 **Speaker of the House**

20 The Speaker informed the board that final preparations for the 2017 annual meeting of the House of
21 Delegates were in full swing and that the resolution deadline of December 20, 2016 was six days away.
22 However, less than ten resolutions had been received to date.

23
24 **Chair, Council on Legislation**

25 Dr. Bass was not able to attend the meeting.

26
27 **Chair, Board of Councilors**

28 As previously recorded, Dr. Bankston updated the board regarding the Board of Councilors progress
29 towards local independence.

30
31 **EVP Report**

32 Mr. Williams waived.

33
34 **LSMS Alliance**

35 Mrs. Anita White, Immediate Past President of the LSMS Alliance provided a brief update on recent
36 Alliance activities.

37
38 **LAMPAC**

39 There was nothing of note to report for LAMPAC.

40
41 **Physicians' Foundation**

42 Dr. Lawrence Braud, the LSMS representative of the Physicians Foundation provided a brief quarterly
43 overview of their recent activities.

44
45 **Adjournment**

46 With no additional business to discuss, Dr. Alvarado adjourned the meeting at 3:40 PM.

47
48 **Attending:**

49 Luis Alvarado, MD, President

50 William "Beau" Clark, MD, President-Elect

1 Dolleen Licciardi, MD, Immediate Past President
2 Roderick Clark, MD, Vice President
3 Paul Perkowski, MD, Speaker, House of Delegates
4 Richard Paddock, MD, Secretary-Treasurer
5 Juan Gershanik, MD, First District Councilor
6 Allen Vander, MD, Third District Councilor
7 Frederick J. White, III, MD, Fourth District Councilor
8 Ezekiel Wetzel, MD, Fifth District Councilor
9 Susan Bankston, MD, Sixth District Councilor
10 Brian Gamborg, MD, Seventh District Councilor
11 Lance Templeton, MD, Eighth District Councilor
12 Nicholas Viviano, MD, Tenth District Alternate
13 Harold Ishler, MD, Senior Physician Member
14 Jeremy Henderson, Young Physician Member
15 Shannon Sparrow, Medical Student Member

16

17 **Absent:**

18 Steen Trawick, MD, Vice Speaker of the House
19 Robert Bass, MD, Chair, Council on Legislation
20 Richard Dickey, MD, First District Alternate
21 Robert McCord, MD, Second District Councilor
22 Robert Chugden, MD, Second District Alternate
23 Mark Hebert, MD, Third District Alternate
24 Rick Michael, MD, Fourth District Alternate
25 Adrienne Williams, MD, Fifth District Alternate
26 David Fargason, MD, Sixth District Alternate
27 Yoko Broussard, MD, Seventh District Alternate
28 Anthony Blalock, MD, Ninth District Councilor
29 Larry Simon, MD, Ninth District Alternate
30 Claude Pirtle, MD, Resident and Fellow Member
31 Anthony Naquin, Medical Student Alternate

32

33 **Guests Attending:**

34 Lawrence Braud, MD, Physicians Foundation
35 Sara Sotile, Executive Director, Capital Area Medical Society
36 Anita White, Immediate Past President, LSMS Alliance

37

38 **Staff Attending:**

39 Jeff Williams, Executive Vice President & Chief Executive Officer
40 Jennifer Marusak, Vice President of Government Affairs
41 Wes Hataway, Vice President of Legal Affairs & General Counsel
42 Terri Watson, Director of Member Services
43 Chris Lebouef, Director of Communication
44 Kayne Daigle, Director, LSMS Educational & Research Foundation
45 Elise Tauzin, Communication Associate

46 **Approved:**



47 **Richard Paddock, MD, Secretary-Treasurer**

48 **Date: March 8, 2017**