

Briefly Stated - February 1, 2017

Regional CME Dinners on Medicare - Columbus is Next

Family Physicians and Residents Register Now

The leadership of the Georgia Academy of Family Physicians has come together with Privia Health to offer primary care physicians local CME dinner meetings to help practices with the new Medicare payment system (MACRA).

Please join us at these pivotal upcoming meetings and feel free to bring a guest.

Note the following dinner meeting dates and locations

Thursday, February 9, Columbus, the Chattahoochee River Club

Thursday, March 16, Macon, Tic Toc Room

Thursday, April 20, Gainesville, Chattahoochee Country Club

Thursday, May 4, Rome, Harvest Moon

All of the dinner meetings will begin at 6:30 pm and conclude at 8:30 pm. 1.5 AMA PRA Category 1 credits will be offered to all clinical attendees.

Primary care physicians and a guest are invited to attend.

If you have any questions, please contact Fay Fulton (ffulton@gafp.org).

[Please learn more and RSVP today!](#)

Attention GAFP Members: Leadership Development Meeting – Join Us – Travel Stipend Available

**AAFP Leadership Conference - April 27-29, 2017 (preconference April 26) – Kansas City,
Missouri**

Sheraton Kansas City Hotel at Crown Center

To: GAFP Colleagues

From: Eddie Richardson, Jr, MD, FAAFP - President

If you want to get more involved in your state and national academies, being a delegate to the American Academy of Family Physicians (AAFP) Annual Chapter Leadership Forum (ACLF) and the National Conference of Constituency Leaders (NCCL) is the perfect opportunity. Join your Georgia colleagues and network with over 300 of family physician leaders from around the country at this vibrant meeting!

April 27-29, 2017 (optional preconference April 26) – Kansas City, Missouri

Join your colleagues at the Annual Chapter Leader Forum and National Conference of Constituency Leaders. Whether you're seeking professional development, leadership development, or a voice in

policy development, the AAFP Leadership Conference is the place to network, learn, and train with hundreds of current and aspiring leaders in family medicine.

Three-plus days of training. Two dynamic tracks. One focus: LEADERSHIP.

Annual Chapter Leader Forum (ACLF)

The Annual Chapter Leader Forum (ACLF) is the AAFP's leadership development program for chapter-elected leaders, aspiring leaders, and chapter staff.

- Discover** solutions to chapter challenges.
- Learn** from your colleagues.
- Strengthen** relationships with peers and AAFP leaders.
- Refine** leadership skills.
- Develop** new leaders.

National Conference of Constituency Leaders (NCCL)

The National Conference of Constituency Leaders (NCCL) is the AAFP's premier policy and leadership development event for underrepresented constituencies.

- Create** powerful platforms for change and influence AAFP policies.
- Inspire** yourself, your colleagues, and other AAFP members.
- Lead** the way for progress and improvement.
- Voice** your unique perspective and opinion with others who share common interests.
- Build** leadership skills to use in your practice and community.

At NCCL, you will elect national officers, gain and enhance skills to become an articulate policy advocate and an effective leader, and meet others who share similar interests. Chapter delegates participate in all NCCL-specific business functions and have the opportunity to attend a variety of educational breakout sessions each day as well.

If you are chosen to be a GAFP representative to ACLF or NCCL, the Georgia Academy will reimburse your travel expenses up to \$800 - \$1,000*. (with the submission of an expense report and receipts). *This travel stipend typically does not cover the cost of the entire meeting which is between \$1,000 - \$1,300.

If you are interested as serving as a delegate to ACLF or NCCL please email ffulton@gafp.org and make a brief statement of your interest no later than Friday, February 3rd. All nominees will be notified in mid-February in time to register for the "early bird" AAFP registration discount.

If you would like more information or have any questions, please contact Fay Fulton (ffulton@gafp.org) or call 800.392.3841.

Limited Number of Stipends Available for Tar Wars Presenters For Remainder of School Year!

The Georgia Healthy Family Alliance (GHFA) needs your help spreading the tobacco-free *Tar Wars* message to fourth- and fifth-grade students in all corners of Georgia.

A limited number of stipends are available to **FMIG, Family Medicine Resident groups and GAFP members** who present *Tar Wars* before the end of May 2017. By volunteering just one hour of your time you can help us educate Georgia's youth on the dangers of traditional and E-Cigarettes while spreading the tobacco-free *Tar Wars* message in your community.

Presenting *Tar Wars* is easy – and fun! We'll mail a *Tar Wars Classroom Kit* to you with all the materials you will need for the presentation. The kit includes all the activity materials and handouts you'll need, plus poster board and markers to help the students create posters "advertising" the benefits of living a tobacco free life. Prior to the presentation, we can also schedule a presenter "training" session to review the *Tar Wars Program Guide*, which contains step-by-step instructions for each *Tar Wars* classroom activity.

Tar Wars can also be presented to both Boy Scout and Girl Scout Troops as well as youth after school enrichment programs, youth groups, etc. **To volunteer or learn more about potential presentations in your area please contact Kara Sinkule at ksinkule@gafp.org or call toll free (800) 392-3841.**

Tar Wars is a tobacco-free education program operated by the American Academy of Family Physicians for fourth- and fifth-grade students. The program is designed to teach kids about the short-term, image-based consequences of tobacco use, the cost associated with using tobacco products, new and emerging products like E-Cigarettes and the advertising techniques used by the tobacco industry to market their products to youth. To learn more visit the *Tar Wars* home page located at www.tarwars.org.

****Tar Wars* stipends are made possible by a grant from the W.G. Raoul Foundation.**

"Hey Baby, Can You Hear Me Now?"

Georgia's Hearing Detection and Intervention Information

Georgia's Early Hearing Detection and Intervention (EHDI) Program is a system of care for early identification and intervention of children with congenital hearing impairment. The EHDI Program's benchmarks are to screen by one month, to diagnose by three months, and to enroll into intervention by 6 months, also known as a 1-3-6 goal. Children identified as deaf or hard of hearing (D/HH) move through a multi-partner system that begins with initial hospital screening and includes two public and multiple private intervention providers in Georgia. Although navigating intervention resources can be challenging for many families with hearing impaired children, studies show intervention beginning as early as six months of age that includes access to communication can positively impact that child's speech and language development and consequently their ability to learn.

Georgia's EHDI program is currently monitoring language development of children identified at birth with hearing loss through the 100 Babies Project. The purpose of the project is to identify and explore factors that influence language development of D/HH children identified through newborn screening, including maternal and social factors, age of intervention, intensity of intervention and home language. We suspect that not all children in Georgia are meeting language milestones despite being enrolled in early intervention due to maternal and social factors. Although research supports early intervention by six months of age to attain improved development outcomes for deaf and hard of hearing children, vulnerable populations of children

may be at greater risk for not meeting language outcomes despite early intervention. Results from the evaluation are being used to develop and implement strategies so that newborns and infants identified as D/HH do not fall behind their hearing peers.

Currently, the results of this evaluation further support that early identification by three months and early intervention by 6 months for D/HH children have improved outcomes compared to their peers. The EHDI program is striving to remove barriers to timely identification, reduce referral time into intervention, and promote the importance of intervention for all D/HH children. As a provider of essential care for children with hearing loss, it is crucial that you ensure families understand the importance of following up on the newborn hearing screen and enrollment of intervention after a possible diagnosis of permanent hearing loss with Georgia's Part C Program (Babies Can't Wait).

If you have any questions about newborn hearing screening or 100 Babies, please contact Kelly Dundon, AuD MPH at Kelly.dundon@dph.ga.gov or 470-283-9259.

Robert Graham Center Study - Please Help!

Racheli Schoenburg - Georgetown University School of Medicine, M.D. Candidate 2017

In partnership with the Robert Graham Center of the American Academy of Family Physicians and as a member of the AAFP Emerging Leaders Cohort, I am conducting a qualitative study to explore characteristics of care management programs that have been established in small and solo AAFP member practices. A recent policy brief published by the RGC indicated that 27% of small and solo practices had a dedicated care coordinator in comparison to 53.1% of large practices.

I am interested in talking to physicians in small practices (less than five physicians) that have adopted some form of care management services within the practice. Your participation in helping us investigate how to incorporate population health management programs in smaller practices would be greatly appreciated. Participation would require a twenty-minute phone interview. The interview would be audio-recorded and digital transcripts of the interview will be created. I have attached sample interview questions below.

Any quotations or contribution will be attributed to anonymous sources. However, the quotations and ideas that are generated from these interviews would be incorporated into a poster and possibly used for future publications.

I would greatly appreciate being put in contact with any physicians in your state that are in a small practice (less than 5 physicians) and have a care management program at their practice. Please feel free to contact me at rs1567@georgetown.edu or by phone at 1(703) 4341266, if you have any additional questions.

Core Interview Questions

1. When and why did your practice adopt a Care Management Program?
2. Can you describe the key features of your Care Management Program?
3. Do you have a dedicated staff member functioning as a care coordinator? If yes, would you be able to share the job description with us?
4. Did you encounter challenges in establishing your program? How or what work arounds were you able to develop?
5. Do you have any success stories of how care management helped you in your practice?
6. How do you finance your Care Management Program?
7. Have you been able to utilize the Chronic Care Management code (99490)? Why or why not?

8. Do you accept Medicare?
9. Were you exempt from the Quality Payment Program this year?
10. How do you identify patients for this program?
11. If you can tell me one thing that you would want me to know, that would be most important.

Is She or Isn't She - Preterm Labor Assessment Toolkit

Anne Lang Dunlop, MD, MPH, FAAFP

While few family physicians are continuing to deliver babies after residency training, most family physicians still provide prenatal care and many care for pregnant women through their first and second trimesters.

It is not a surprise that recent studies support that babies born full term (39-40 weeks gestational age) experience better outcomes than infants born even a few weeks early and than infants born preterm (< 37 weeks gestational age). The Georgia Academy joins the March of Dimes as a leader in maternal and child health committed to improving perinatal outcomes and reducing preterm deliveries. One strategy for reducing preterm deliveries is the appropriate assessment and management of preterm labor.

According to substantial evidence in the literature, there continues to be wide variation in the practices used to assess pregnant women presenting with symptoms of preterm labor. Together with the co-authors, the March of Dimes has spearheaded the development of a Preterm Labor Assessment Toolkit to help clinicians establish a standardized clinical pathway for the assessment and disposition of women with suspected preterm labor. Better identification of women in preterm labor will not only provide timely and appropriate interventions; it will also promote effective management to improve neonatal outcomes.

We ask that you review this revised evidence-based resource that can be implemented at all levels of maternity care. This edition incorporates advances in research and best practices and outlines a step-by-step guide to standardized assessment. The toolkit is not intended to dictate practice. Instead, we urge you to examine how patients in suspected preterm labor are currently being assessed and triaged to understand how this toolkit can support practice improvement.

The March of Dimes Preterm Labor Assessment Toolkit is divided into the following sections to help streamline access to the information most relevant to each type of user (such as health systems and clinics, providers, patient educators).

- Overview; preterm labor assessment and clinical disposition of patients.
- Algorithm, Protocol and Order Set
- Recommendation for Data Collection
- Implementation Guidelines
- Patient Education and Home Care Instructions
- Appendices – including case studies, areas of evolving care, implementation PowerPoint presentation

A free copy of the toolkit can be downloaded at prematurityprevention.org. Registration is required. Additionally, in support of this initiative, the Georgia Department of Public Health is willing to provide technical assistance, training and PLAT materials to all interested birthing hospitals, particularly Level I and Level II facilities, free of cost. Please feel free to contact Terry

Ann Harriott at Terryann.Harriott@dph.ga.gov for more information. We hope this proves to be a useful educational resource.

AAFP Direct Primary Care Workshop - Atlanta Bound

How does DPC work? Find out in just one day

Ready to embrace the Direct Primary Care (DPC) model in your practice?

Get your DPC questions answered—in just one day—by attending the [AAFP's DPC Workshop](#) in Atlanta, GA, on Saturday, March 11.

At this one-day workshop, you will:

- Receive ***dedicated face time from industry experts.***
- Gain ***first-hand knowledge of the benefits and challenges*** involved with starting or converting your practice.

Space is limited. [Save \\$200 when you register by February 10.](#)

As an added bonus, attendees receive a one-year subscription to the [DPC Toolkit](#), a web-based collection of downloadable tools—a value of over \$200.

Don't miss out. Register today!

Body text here.

Georgia HPV Vaccination Quarterly Report

2017 HCPCS Reference Updates

Message from Medicaid

Dear Providers:

On or shortly after February 1, 2017, the Department of Community Health (DCH) and Hewlett Packard Enterprise (HPE) will update the Georgia Medicaid Management Information System (GAMMIS) with the 2017 Healthcare Common Procedure Coding System (HCPCS) codes. This system update will result in procedure code additions, changes, and deletions that will be effective for dates of service (DOS) on or after January 1, 2017. Deleted procedure codes will no longer be reimbursable or covered by the Georgia Medicaid program as of December 31, 2016.

If you billed claims for DOS on or after January 1, 2017, with the new added 2017 HCPCS procedures codes and your claims denied, the DCH and HPE will reprocess those claims automatically. The reprocessing is scheduled to be performed in March 2017. No action is required on your part for this special processing. PLEASE do not resubmit these claims in GAMMIS with the denied detail lines for the 2017 new HCPCS procedure codes.

If you billed claims with procedure codes that changed or were deleted and are no longer for DOS on or after January 1, 2017, you will need to adjust those claims accordingly with the equivalent 2017 new added HCPCS procedure code for the special mass reprocessing in March 2017. Otherwise, those claims will be denied and recouped in the reprocessing.

For Prior Authorizations (PA) that may require a new 2017 procedure code(s) because the effective date range of the PA crosses over from 2016 into 2017, continue to submit your PA requests electronically for the Alliant/Georgia Medical Care Foundation's review through the web portal, i.e., for PAs to be appropriately updated, the provider is responsible for submitting requested updates through the standard request process. The new 2017 procedure code(s) submitted on those PA requests will be reviewed.

For other questions, please contact the Hewlett Packard Enterprise Call Center at 770-325-9600 or 1-800-766-4456 or via the Contact Us link at www.mmis.georgia.gov.

We apologize for any inconvenience this delay in implementation may cause. Thank you for your continued participation in the Georgia Medicaid program.

New Residency Program in Macon

Seeking Faculty

Coliseum Medical Centers, in association with Mercer University, is developing a new Family Medicine Residency in Macon, GA.

We are recruiting full-time and part-time faculty for the program.

We are looking for board certified family physicians who are strongly motivated to teach and support the whole person development of our next generation of family physicians. Formal teaching experience is not necessary. We will support your development as a teacher.

If you are interested, please contact: Jason Hatcher, DO, FAAFP via email: Jason.Hatcher@HCAHealthCare.com or call/text: 478-550-4340.
