

Briefly Stated - Briefly Stated: 1/17/2017 (Print All Articles)

Regional CME Dinner Meetings On Medicare Payment Shift

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, January 26, Savannah, Vic's on the River
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!

<https://www.gafp.org/macra-regional-dinner-meetings/>

We Goofed - Acknowledgement of Legacy Club Members

Corrected Article of Largest Legacy Club Class Supporting GHFA

2016 Legacy Club members:

Dr. Karla Booker, Lilburn, GA

Dr. Mike Busman, Americus, GA

Dr. Lanny and Mrs. Mica Copeland, Brentwood, TN

Dr. Loy and Mrs. Elizabeth Cowart, Statesboro, GA

Dr. Denise Crawley, Rome, GA

Dr. Elvan Daniels, Atlanta, GA

Dr. Tom Fausett, Adel, GA

Dr. Wayne Hoffman and Mr. Tom Torrey, Atlanta, GA

Dr. Beulette Hooks, Midland, GA

Dr. Kevin Johnson, Lawrenceville, GA

Dr. John and Mrs. Denice Kludt, Duluth, GA

Dr. Bruce and Mrs. Sheila LeClair, Evans, GA

Dr. Evelyn Lewis & Clark, Newnan, GA

Dr. Patrick and Mrs. Lindsey Lynn, Rome, GA

Dr. Rolf Meinhold and Mrs. Caryn Bains, Alpharetta, GA

Dr. Adrienne Mims, Atlanta, GA

Drs. Brian and Mrs. Marnie Nadolne, Marietta, GA

Dr. George Nixon, Augusta, GA

Dr. Sherma Peter, Statesboro, GA

Dr. Mitzi and Mr. Jeremy Rubin, Atlanta, GA

Dr. Michael Satchell, Leesburg, GA

Dr. Susan Schayes, Marietta, GA

Dr. George and Mrs. Barbara Shannon, Columbus, GA

Dr. Collyn Steele, McDonough, GA

Dr. Harry and Mrs. Karen Strothers, Macon, GA

Dr. Richard and Mrs. Alice Wherry, Dahlonega, GA

The Legacy Club is a special membership of the Alliance consisting of family physicians who contribute \$1,000 or more to our programs – all of which is fully tax-deductible.

As a Legacy Club member, you will receive acknowledgment in the GAFP and GHFA newsletters, special recognition at the Annual Assembly and an invitation to our exclusive event during the Annual Scientific Assembly. Payments can be made in monthly installments starting at just \$83. For more information on the 2017 Legacy Club contact ksinkule@gafp.org or call (404) 321-7445.

Alliance Grants Applications Now Due

Community Health Grant Applications - Apply Now

The Georgia Healthy Family Alliance (GHFA) is currently accepting applications for the 2017 Community Health Grant Awards.

Grant awards of up to \$5,000 are made to GAFP member affiliated charitable organizations that support GHFA program priorities including underserved populations and outreach programs that promote healthy practices consistent with the principles of Family Medicine.

Grant application time takes less than 45 minutes to complete. Consider taking the time to support your local charities with additional funding in 2017.

Current GAFP members including medical students, residents and active/ life members are eligible to apply. The application deadline for first cycle 2017 awards is February 1st.

First cycle grant awards will be announced in March, 2017. The second cycle application deadline is May 14, 2017.

Visit www.georgiahealthyfamilyalliance.org/grants/ to download the 2017 application or view a list of previously funded grant projects.

Over the last four years, the Community Health Grant Program has given more than \$100,000 in grants back to GAFP members and their communities.

Register Now for Day At the Capitol

Join Your Colleagues - Thursday, February 23

Plan to Attend the Georgia Academy of Family Physicians Legislative Day at the Capitol! Meet your state legislators and top government officials and learn how the state government and legislature impacts your practice and family medicine in Georgia. Join us under the Gold Dome!

Who Should Attend: The meeting is open to all GAFP members – family physicians, family medicine residents and medical students. We will be joined at the meeting by our MD and DO colleagues in internal medicine, ob/gynecology and pediatrics.

<https://www.gafp.org/wp-content/uploads/2016/12/2017-GAFP-Legislative-Day-Flyer.pdf>

Weekly updates on the State Legislative Session available on the GAFP website: www.gafp.org or contact Fay Fulton by email (ffulton@gafp.org).

Please register by February 15, 2017.

Join the Georgia Academy's Leadership Team This Year

To: GAFP Colleague (Active, Life, Resident, Medical Student)

From: Eddie Richardson, Jr., MD, FAFAP – President

One of the most important roles serving as your President for this upcoming year is appointing the Committee members for 2017. As there is still availability on all committees, I am soliciting your interest in participating on one of the Georgia Academy's committees this year.

I ask that you only volunteer to be nominated if you can attend either in person or by phone all 3 meetings in 2017. Although several committees meet more than 3 times a year, here are the dates for the 2017 Committee Conclaves:

- **Saturday, March 4, 2017 - Committee Conclave – Atlanta.**
- **Thursday, June, 2017 - Summer CME Meeting – Isle of Palms, SC.**
- **Saturday, August 5, 2017 - Committee Conclave – Young Harris.**

I appreciate your consideration of service with your colleagues on a committee. We are only strong with many voices of family medicine working together. Committee membership will be held to no more than 15 members. For most committees, this will include one slot for a resident and a medical student. The expectation is that each member selected for a committee will have the ability to 1) attend the three committee conclave meetings, 2) respond to emails, and 3) review committee materials and be ready to offer advice and guidance.

There will also be Working Groups that will be larger groups that meet for a shorter time period to assist in Georgia Academy programs.

Following is a list of the opportunities for service. We encourage your interest and participation as this is certainly an important and pivotal time for family medicine. We are only as strong as the commitment and involvement of our members.

Education and Research Committee (15 members): This committee is responsible for all the educational activities of the Georgia Academy, including the annual and summer meeting, as well as our national GO! Diabetes project and the education for the Patient Centered Medical Home University.

Annual CME Meeting Working Group (unlimited members): This working group will meet from June until November and will be asked to help shape the agenda, lectures and speaker selections for the annual meeting. The Working Group will also be asked to help review lectures for accurate content and be willing to serve as moderators during the meeting.

Finance Committee (15 members): This committee reviews the financials including staff benefits and the budget. It also makes recommendations to the Board on financial policies.

Legislative Committee (15 members): This committee oversees all advocacy and legislative activities and recommends action to the Board to assure representation of family medicine and our patients.

State Legislative Session Working Group (unlimited members): This working group will meet weekly by phone from January - March to review the policy priorities of the Georgia Academy along with receiving updates on the activities of the Georgia General Assembly. Areas of focus will include the State Budget (Medicaid, Public Health), Tort Reform, Insurance Initiatives, Public Safety, Medical Education, Georgia Board Physician Workforce Funding of Family Medicine Residency Programs and Scope of Practice.

Membership Services Committee (15 members): This committee has the responsibility for membership recruitment and retention, overview of leadership development, as well as, for all local and national award nominations. This committee is also tasked with monitoring the communications to our members.

Practice Management Committee (15 members): The Practice Management Committee monitors insurance policies and issues that affect the business of family medicine. It also works on practice transformation and the patient centered medical home. The committee is continually monitoring new payment models and works to educate our membership on patient centered medical home, accountable care organizations, Medical Advantage plans and other business models.

Public Health Committee (15 members): This committee works to improve the health and welfare of our state's citizens by assisting Georgia's Department of Public Health in their mission. The Georgia Academy has an ongoing contractual relationship with the Department of Public Health that is overseen by this committee.

Student and Resident Recruitment (15 members - 6 active/life members, 3 students, 3 residents) This Committee promotes family medicine to our Georgia medical students, pre-medical and high school students as well as looks for areas to support family medicine physicians-in-training.

Email the portion below to Alesa McArthur (amcarthur@gafp.org)

Committee Membership Application

_____ Name

I am a _____ Medical Student _____ Resident _____ Family Physician

_____ is the Committee I would like to serve on in 2017.

_____ I can attend all 3 committee dates (either in person or by phone).

I cannot attend all three committee dates, I can attend _____ of the meetings.

My talents and expertise that will assist the committee are:

If I am not selected for my committee of choice. I would like to be considered for the _____ Committee.

I would also like to volunteer for a Working Group (list the Working Group):

Preventing Congenital Syphilis in Georgia

Michelle Cooke, MD, Board Certified Family Physician

In 2007, The World Health Organization launched a global initiative to eliminate congenital syphilis.^[1] In 2015, the State of Georgia stood in solidarity with this mission with the passing of HB 436 in the Georgia legislature. This law mandates testing for HIV and syphilis for pregnant women in the first and third trimester. Previous prenatal guidelines called for testing of HIV and syphilis in the first trimester only. While the first trimester testing strategy helps identify opportunities to treat and prevent congenital syphilis, this strategy can miss cases of syphilis acquired later in pregnancy and put newborns at unnecessary risk.

The Georgia Law specifies that "every physician and health care provider who provides prenatal care of a pregnant woman during the third trimester of gestation shall offer to test such pregnant woman for HIV and syphilis at the time of first examination during that trimester or as soon as possible thereafter, regardless of whether such testing was performed during the first two trimesters of her

pregnancy.” The bill goes on to specify that “If at the time of delivery there is no written evidence that an HIV test or syphilis test has been performed, the physician or other health care provider in attendance at the delivery shall order that test for HIV, syphilis, or both be administered at the time of the delivery.” [2] All Congenital Syphilis cases must be reported within 24 hours to your local District health office or entered into SendSS. This includes babies without congenital syphilis symptoms, but who were born to mothers with untreated syphilis at time of delivery. [3]

Newborns acquire congenital syphilis through transmission of spirochetes through the placenta. Less commonly, syphilis can be acquired through direct contact with an infected lesion shortly after birth. Syphilis is not transferred through breast milk, however, syphilis may be transferred during breast feeding if the mother has an infectious lesion such as a chancre on her breast. Breastfeeding can be safely resumed provided that the breast is clear of lesions. Syphilis is more likely to be transferred vertically from a mother with untreated primary or secondary syphilis or with mothers co-infected with HIV. [4]

Syphilis can be screened in pregnancy with a nontreponemal antibody test such as the RPR or VDRL. In cases where syphilis is identified, treatment must be offered. Penicillin G is the only known effective treatment for preventing maternal transmission to the fetus and treating fetal infection. Women with a penicillin allergy should be desensitized prior to treatment and given penicillin as there are no known effective alternatives. Beware that treatment for syphilis can induce the much feared Jarisch-Herxheimer reaction, where endotoxin released from spirochetes during antibiotic therapy can cause a systemic inflammatory response. In pregnancy, this reaction can cause preterm contractions and other pregnancy complications. Thus, women treated for syphilis, especially after the second trimester should be educated about the signs of this reaction. The sexual partners of infected women should be identified and evaluated for treatment. Most protocols recommend that partners be treated presumptively for early syphilis, even if serologic testing is negative. [5] Partner treatment can help prevent re-infection of mothers previously treated for syphilis.

In cases where syphilis has been identified in a pregnant mother, early detection of congenital syphilis is essential. Such mothers should be offered sonographic evaluation during time of pregnancy, with special attention given towards evaluating signs of congenital syphilis. [6] After birth, neonatal providers must have a high index of suspicion for congenital syphilis, as up to 90% of early congenital syphilis cases are asymptomatic. Some early findings may include hepatomegaly (enlarged liver), jaundice, nasal discharge, rash, and skeletal abnormalities. The pathognomonic findings of congenital syphilis such as facial deformities (frontal bossing), Hutchinson’s Teeth, and sensorineural hearing loss are rarely present at birth. Therefore, the absence of these findings does not exclude congenital syphilis. [7] Treatment of congenital syphilis is a 10-day course of intravenous or intramuscular penicillin. [8]

In 2015, there were 21 reported congenital syphilis cases in the state of Georgia, all of which were completely preventable. Per CDC’s [2015 STD Surveillance Report](#), Georgia ranked 8th (among the 31 states that reported any congenital syphilis cases), with a rate of 16.3 cases per 100,000 live births (compared to the U.S. rate of 12.4). We have the tools and resources to ensure that no other Georgia newborn is born with the burden of syphilis. Prevention with early detection and early treatment works. We know that treatment at least 30 days prior to birth is effective at decreasing the odds that a baby is born with congenital syphilis. Please test for syphilis and HIV in the first AND third trimesters of pregnancy and join us in reducing the number of congenital cases of syphilis in our state.

If you have any questions or concerns, please contact your local district health office or call the Georgia Department of Public Health at 1-866-PUB-HLTH ([1-866-782-4584](tel:1-866-782-4584)).

[1] The World Health Organization. The global elimination of congenital syphilis: Rationale and strategy for action. <http://www.who.int/reproductivehealth/publications/rtis/9789241595858/en/>

[2] Georgia HB 436 – Georgia HIV/Syphilis Pregnancy Screening Act of 2015

[3] Georgia Department of Public Health. <https://dph.georgia.gov/>

[4] Up to Date. Congenital Syphilis: Clinical Features and Diagnosis. https://www.uptodate.com/contents/congenital-syphilis-clinical-features-and-diagnosis?source=search_result&search=congenital%20syphilis&selectedTitle=1~57#H110903715 (Accessed January 11, 2017)

[5] CDC. 2015 Sexually Transmitted Disease Treatment Guidelines. Syphilis During Pregnancy, <https://www.cdc.gov/std/tg2015/syphilis-pregnancy.htm> (Accessed January 11, 2017)

[6] CDC. 2015 Sexually Transmitted Disease Treatment Guidelines. Syphilis During Pregnancy, <https://www.cdc.gov/std/tg2015/syphilis-pregnancy.htm> (Accessed January 11, 2017)

[7] Up to Date. Congenital Syphilis: Clinical Features and Diagnosis. https://www.uptodate.com/contents/congenital-syphilis-clinical-features-and-diagnosis?source=search_result&search=congenital%20syphilis&selectedTitle=1~57 (Accessed January 11, 2017)

[8] CDC. Congenital Syphilis. <https://www.cdc.gov/std/tg2015/congenital.htm> (Accessed January 11, 2017)

Family Medicine Cares Resident Service Award - Deadline March 15

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The [AAFP Foundation Family Medicine Cares Resident Service Award](http://www.aafpfoundation.org) (www.aafpfoundation.org) provides \$16,500 to support a first- or second-year resident to address health disparities by conducting a 12-month project that addresses an unmet health care need in his/her community.

The deadline to apply is March 15.

Contact Sondra Goodman at the AAFP by email (sgoodman@aafp.org) or at 800-274-2237 ext. 4457 with questions.

Congratulations to our 2017 Student Board Members

Congratulations goes out to Chivon Brown-Stubbs (Morehouse), Alayna Dukes (Mercer, Macon campus), and Daryl Singleton (Morehouse) whom you have elected as your 2017 representatives to the Board of Directors and to Alcha Strane (Morehouse), Dontre Douse (Mercer, Savannah Campus) and Daniel Kim (Morehouse) whom you elected as your Alternate Board members.

Chivon Brown-Stubbs (Morehouse) says that she has been interested in pursuing a career in family medicine since she started medical school and truly believes in helping the underserved and working in primary care. Being a part of the GAFP Board will allow her to surround herself with great mentors that have a like-minded interest, which she says will guide her during training.

Alayna Dukes (Mercer Macon) states that she is passionate about Family Medicine, and brings a unique perspective that may be valuable to the Georgia Academy of Family Physicians Board as an Accelerated Track Family Medicine student and having a Master in Public Health degree, as well as having other leadership activity experience.

Daryl Singleton (Morehouse) believes that taking his passion of advocacy for medical students interested in Family Medicine to a higher platform will allow him to continue creating opportunities for other students to grow and reach new levels. Being a bridge for his home institution to the GAFP Student Board will help ensure GAFP is aware and able to help out should any concerns or event needs arise.

Alcha Strane (Morehouse) is interested in participating on the GAFP Board because she thoroughly enjoys working in positions of leadership and has always been a team player, so looks forward to learning about the activities of the GAFP and how to increase awareness of these activities amongst medical students at Morehouse School of Medicine.

Family Medicine is all I want to do, states **Dontre Douse (Mercer Savannah)** and counts it as an honor to have the opportunity to be the primary provider when it comes to treating the whole family—this opportunity is one that is unique only to Family Medicine.

Daniel Kim (Morehouse) is interested in participating on the GAFP Board in order to encourage and represent student involvement in primary health promotion activities and interest in family medicine at Morehouse School of Medicine as well as across the different campuses in Georgia.

Welcome and Congratulations to these students in their new leadership roles.

Cincinnati Shriners Hospital Outreach to Georgia's Family Physicians

Shriners Hospitals for Children® — Cincinnati is asking Georgia's family physicians to help raise the awareness of the expert pediatric plastic surgery specialties treated at the Cincinnati hospital. These services are available to families and children who otherwise may not have access to specialized care. Cincinnati Shriners Hospital accepts children up to the age of 18, based on medical need, and care is provided regardless of a family's ability to pay. Transportation assistance and housing are also provided to all patients and families at no cost.

Pediatric plastic surgeons at Shriners Hospitals for Children — Cincinnati provide expert care for congenital conditions including cleft lip and palate and craniofacial conditions; birthmarks such as hemangioma and port wine stains; congenital hairy nevus, and breast malformations affecting both boys and girls. Reconstruction of scars or scar revision from past trauma or surgery is also treated at the hospital.

In many cases, families have been denied treatment for their child because their insurance company deems the condition and treatment as cosmetic and not covered by their insurance policy, said Debbie Harrell, director of professional relations at Cincinnati Shriners Hospital.

She added, "A lot of these kids have poor self-esteem or have been bullied about their condition. Shriners Hospitals for Children — Cincinnati is here for them; if we can medically provide the service we will".

GYNECOMASTIA

Referring a child to Cincinnati Shriners Hospital is easy and only a phone call or a few Internet clicks away. Physicians and parents can call the toll-free Referral Line at Shriners Hospitals for Children — Cincinnati at [844-272-7738](tel:844-272-7738), or visit the Cincinnati Shriners Hospital's web page at Shrinershospitalcincinnati.org and click "Request an Appointment."

Savannah Newsletter Highlights Family Medicine

Posted December 30, 2016 11:16 pm - Updated December 31, 2016 07:30 am
By

[Jan Skutch](#)

jan.skutch@savannahnow.com

Memorial-Mercer med school partnership helps young docs find family medicine careers

Dr. Robert 'Butch' Pallay watches as Dr. Daniel Gordon, right, examines Jayceon Kelly. (Courtesy of Memorial Health)

Dr. Robert 'Butch' Pallay, Memorial Health program director of Family Medicine Residency and Mercer University professor and chair of the Department of Family Medicine (courtesy of Memorial Health)

Dr. Daniel Gordon, chief resident of Family Medicine at Memorial Health. Gordon is one of the first Mercer University medical students to take advantage of the accelerated learning residency program.

He is nearing the end of his three year residency at Memorial Health and hopes to practice family medicine in his hometown of Hartwell, (courtesy of Memorial Health)

Dr. Daniel Gordon is a budding physician who plans to reject the wealth of specialty medicine and return to his small-town roots to practice family medicine.

When he completes his residency at Memorial University Medical Center in June. Gordon, his wife, Paige, and their three small children hope to return to his hometown of Hartwell and begin his career.

"I didn't do it for the money," said Gordon, 31-year-old chief resident for Memorial's family medicine residency program.

"That's what I wanted to do," he said of small-town, family medicine. "That's where I want to go."

A Memorial Health partnership with its medical school, the Mercer University School of Medicine, is helping Gordon to fulfill his goals and to fill the unmet need for more family medicine physicians in Georgia.

The Accelerated Curriculum Track program allows a medical student to sign on for a family medicine or internal medicine education and cut a year off the normal four-year medical school for scholarship followed by three years of residency. It offers a chance to significantly reduce the debt load, which can run to about a quarter-million dollars and allow a graduate to begin generating income faster.

The program's beginning

Dr. Robert "Butch" Pallay, chair of the Department of Family Medicine at the Mercer University School of Medicine, Savannah Campus, and director of Memorial's family residency program helped start and oversee the program.

Pallay, a 40-year veteran of family medicine in New Jersey, arrived at Mercer's Savannah campus 10 years ago to fashion the family medicine residency program there.

Working with Mercer's Savannah Campus Dean Dr. William "Bill" Bina III, Pallay obtained \$1.2 million annual funding from the General Assembly under the Family Medicine Act to help the program grow, some of which is earmarked for Memorial.

Mercer has similar programs at its Macon and Columbus campuses, but Pallay considers the Savannah campus to be the headquarters.

The ACT Family Medicine program started here in 2012; ACT internal medicine started in in June. A similar program in pediatrics is on the to-do list.

"You only pay for one year of school" with the scholarships, Pallay said.

In return, the med student must agree to return to Georgia and a family medicine practice that accepts Medicaid for two to three years, often in underserved areas of fewer than 35,000 residents.

"It's not like the four-year medical school is the only way," Pallay said, referring to accelerated programs in Europe and Canada.

The need is there, he said.

"We are a primary care-starved state," he said. Georgia ranks 44th among the 50 states in primary care doctors, and statistics show that by 2020 it will be last.

In 40-50 of Georgia's 159 counties there are no primary care physicians at all, he said. And he said Georgia is a resident exporter - "They go elsewhere to practice.

"There's a huge need," he said. "We are only getting worse."

But a primary care career pays significantly less than a specialist can make, he said.

"You have to have people who want to do this," he said. "You practice family medicine because you love doing it."

True believer

He found a true believer in Gordon.

The two met at a family medicine conference in Charleston, S.C., in 2011 and Gordon immediately bought in.

"I wanted to be in Georgia and I loved the city of Savannah ever since I was a kid," he said. "The opportunity came up and I jumped on it. Some of it was the school and I jumped at the opportunity to be in Savannah."

"I'm really passionate about it," he said. "I would have done the exact same thing without the program."

That passion helped Gordon earn the American Academy of Family Physicians Award – one of only 10 such recipients nationwide and the only one east of the Mississippi River.

When Gordon completes his residency, he hopes to return to Hartwell where his family and community remain. He will be joined by fellow resident Dr. Mary Keith who plans to practice in the Rome area, not far from Hartwell.

"A lot of people are talking about it," Gordon said. "Dr. Pallay did something about it. ... It changed my life."

"It's not about the money," he said, adding his wife and family will be "comfortable." "It's about people and relationships, the impact you can have on families and communities."

He said the health care industry is trending back to primary care and preventative services.

"That excites me," Gordon said. "It's priceless."

Briefly Stated - February 1, 2017

Regional CME Dinners on Medicare - Columbus is Next

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

Note the following dinner meeting dates and locations

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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 GAFF representative to ACLK 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 ACLK 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.
