

Briefly Stated - June 19, 2017

Register Now!! GCT2 Monthly Webinar: Cancer Survivorship – Wednesday, June 28th-12:30 pm

The GAFP serves as a partner of the Georgia Clinical Transformation Team (GCT2), a coalition of organizations who have aligned programs and services dedicated to connecting and collaborating to lead Georgia providers in transforming healthcare using technology and quality improvement processes.

The GAFP coordinates and hosts 30-minute monthly webinars on topics that foster collaboration on practice quality improvement, facilitated efforts around cardiac care, diabetes management, motivational interviewing, behavioral health, and medication adherence. These educational CME webinars offer a streamlined, comprehensive approach to services that are needed and accessible to clinicians.

This month's webinar, *Cancer Survivorship*, will be held on June 28th at 12:30 pm with Angie Patterson, Vice President, Georgia Center for Oncology Research and Education (GA CORE). From this webinar, you'll learn more about the results of the statewide Cancer Survivors' Needs Assessment, with particular focus on the top issues of Georgia's survivors; the needs of cancer survivors with a particular focus on their ongoing care from primary care physicians (surveillance, guidelines, care for long-term (and short term) side effects; and the need for the second dissemination of survivors' survey and it's focused approach to reach more of the disparate population in our state.

Please click the link to register for the June 28th webinar. <https://attendee.gotowebinar.com/rt/6353936240793489921>

Family Medicine Practices Needed for Office of the Future Exhibit at FMX – Submission Deadline July 7

The AAFP is looking for family medicine practices that have solved or improved a key challenge that helped them improve practice in the domains of patient engagement, team workflow, population management, care coordination, or telehealth. The AAFP plans to highlight these practices in the Office of the Future exhibit at FMX this year and on AAFP.org to encourage and inspire other members.

Interested practices are asked to create a short (3 minute max) creative video and answer the following questions:

What was the challenge you wanted to solve?

Why was solving this challenge important?

How did you solve/improve this challenge?

The [video submission\(script.google.com\)](https://script.google.com) deadline is July 7. Additional information including video recording tips can be found on the [AAFP website](#).

2017 AAFP National Conference Poster Presentation Winners Selected Gwinnett Medical Center Family Medicine Residency Program - Finalists

Rachel Gallen, DO, Sang Dao, DO, and Nonna Ilyabayeva, MD Gwinnett Medical Center Family Medicine Residency Program

Twenty-four winners have been selected for the AAFP National Conference of Family Medicine Residents and Medical Students annual poster presentation competition.

The AAFP National Conference of Family Medicine Residents and Medical Students provides one of the largest forums for medical students and family medicine residents to display research initiatives and special projects. Twenty-four winners have been selected for National Conference annual poster presentation competition. A list of the authors and poster titles is [available\(11 page PDF\)](#). Poster presentations will be displayed in the Expo Hall during National Conference, July 27-29 in Kansas City, MO.

Congratulations to Drs. Gallen, Dao and Ilyabayeva.

Abstract:

Improving Pneumococcal Polysaccharide Vaccination Rates in Immunocompetent Adults

ACIP pneumococcal vaccination guidelines changed in November 2014 with a new recommendation to give 1 dose of the polysaccharide vaccine for patients ages 19 to 64 with COPD, asthma, smoking history, coronary artery disease, congestive heart failure, alcoholism, cirrhosis and type 2 diabetes. A baseline assessment of our PPSV23 adherence was determined by chart review and was found to be 3% in our patient population. In order to improve vaccine compliance, we implemented three sequential strategies; a didactic presentation which reinforced the new guidelines, dispersal of vaccine reference pocket cards among physicians and utilization of a reference poster placed on the bulletin board in the residents chart room. Following the implementation, a 3 month chart review was performed for data collection using our clinic electronic health record (EHR) charting system. The statistical analysis showed improvement in our vaccine compliance rates from 3% pre-intervention to 38% postintervention. This shows that the reinforcement of new guidelines and provision of visual reference guides is of great benefit in patient care. This intervention could be extended to other types of vaccinations such as pediatric immunizations. CP-4 Rural Healthcare Delivery in Haiti: Retrospective

Opioid Overdose in Georgia

Brenda Fitzgerald, M.D. Commissioner, Georgia Department of Public Health

The Georgia Department of Public Health (DPH) is working with the Georgia Poison Center and the Georgia Bureau of Investigation (GBI) on a cluster of opioid overdoses and possible related deaths that have occurred in Central Georgia since June 3, 2017. This is the largest cluster of known opioid overdoses in Georgia and a serious public health crisis.

Patients reportedly purchased yellow pills on the street that are purported to be Percocet. One identifying mark indicating the pills are counterfeit is the Percocet stamp on the fake pills is at a slight angle. The pills are extremely potent and patients have required massive doses of naloxone to counteract the effects.

On Wednesday, June 7, 2017, the GBI received evidence related to these pills and reported overdoses. Preliminary results indicate a mixture of two synthetic opioids, with one of the drugs being consistent with a new fentanyl analogue. This fentanyl analogue has not previously been identified by the GBI Crime Lab and confirming the full identity of the drug will require additional time.

We estimate the number of overdoses to be approximately 30, including four deaths that may be related to the counterfeit pills. These numbers are fluid due to incomplete confirmatory testing. In addition, as treating facilities are able to interview patients, a case originally thought to be related may ultimately be determined to be unrelated.

As your Commissioner of Public Health, I am writing to stress the importance of early recognition of symptoms and the need for decisive action when a patient presents. DPH and the Georgia Poison Center have developed guidelines for patients who may have ingested the yellow pills and present to hospital emergency departments. I am sharing this same information with all Georgia physicians because of the critical need for awareness among all of us, and to appropriately track these cases and gain better understanding of the scope of the problem.

If a patient arrives in your ED meeting the following criteria:

1. Patient presents on or after June 1, 2017.
2. Patient presents with an opioid toxidrome requiring resuscitation, ventilation, and/or naloxone for reversal of symptoms.
3. Exposure history that may involve "purchasing pills off the street" or like-story.
4. Exposure history that may involve the ingestion of a **SMALL** quantity of the suspect pills resulting in **BIG** symptoms. (e.g., the ingestion of 1-2 suspect tablets producing sudden onset of CNS, RESPIRATORY, CARDIOVASCULAR depression).

Please ensure the following:

1. Immediately upon admission to ED, obtain **WHOLE BLOOD sample, preferred gray-top** tube (sodium fluoride preservative).
2. Urine sample collected if possible, per standard collection protocol.
3. The sample(s) should be sent to the hospital's lab for refrigeration in case further analysis is needed.
4. If you are unsure if the case is related to counterfeit Percocet pills, collect and hold admission samples as described above and call the Georgia Poison Center for guidance.

If a pill is found on a patient in the hospital:

1. Wear adequate PPE when handling the substance.
2. Specific recommendations from the GBI include double gloving, gown, n95 mask and goggles.
3. Double bag the substance with a bio-hazard label on the outside and handle per hospital protocol.

To appropriately track these cases, it is highly recommended that the Georgia Poison Center be notified of all cases suspected to be related to this outbreak of overdoses.

For any additional questions, including sample procurement and storage, please call the Georgia Poison Center at **1-800-222-1222 or 404-616-9000**.

DPH will continue to monitor this situation. Please do not hesitate to contact me if you have any questions.

Thank you for all that you do.

Sincerely,

Brenda Fitzgerald, M.D.
Commissioner

New Medicare cards offer greater protection to more than 57.7 million Americans

New cards will no longer contain Social Security numbers, to combat fraud and illegal use

The Centers for Medicare & Medicaid Services (CMS) is readying a fraud prevention initiative that removes Social Security numbers from Medicare cards to help combat identity theft, and safeguard taxpayer dollars. The new cards will use a unique, randomly-assigned number called a Medicare Beneficiary Identifier (MBI), to replace the Social Security-based Health Insurance Claim Number (HICN) currently used on the Medicare card. CMS will begin mailing new cards in April 2018 and will meet the congressional deadline for replacing all Medicare cards by April 2019. Today, CMS kicks-off a multi-faceted outreach campaign to help providers get ready for the new MBI.

Providers and beneficiaries will both be able to use secure look up tools that will support quick access to MBIs when they need them. There will also be a 21-month transition period where providers will be able to use either the MBI or the HICN further easing the transition

Personal identity theft affects a large and growing number of seniors. People age 65 or older are increasingly the victims of this type of crime. Incidents among seniors increased to 2.6 million from 2.1 million between 2012 and 2014, according to the most current statistics from the Department of Justice. Identity theft can take not only an emotional toll on those who experience it, but also a financial one: two-thirds of all identity theft victims reported a direct financial loss. It can also disrupt lives, damage credit ratings and result in inaccuracies in medical records and costly false claims.

CMS is committed to a successful transition to the MBI for people with Medicare and for the health care provider community. CMS has a [website](#) dedicated to the Social Security Removal Initiative (SSNRI) where providers can find the latest information and sign-up for newsletters. CMS is also planning regular calls as a way to share updates and answer provider questions before and after new cards are mailed beginning in April 2018.

For more information, please visit: <https://www.cms.gov/medicare/ssnri/index.html>

Interested in learning more about advancing care?

Webcast: Advancing Care Information

Do you know members interested in learning more about advancing care information (ACI)? The AAFP's webinar, **Your Prescription for MIPS: Demystifying Advancing Care Information**

(ACI), helps family physicians understand this complex category and identify ways to maximize their ACI score.

“Webcast: Advancing care information

Advancing care information (ACI) is one of the four areas physicians will be assessed under the Quality Payment Program (QPP). Understanding the ACI category and its scoring requirements will help physicians be successful.

Get an in-depth review with the AAFP’s free member-only webinar, **Your Prescription for MIPS: Demystifying Advancing Care Information (ACI)**. Presenter Erin Solis will help you understand this complex category and identify ways to maximize your ACI score.

[Your Prescription for MIPS: Demystifying Advancing Care Information \(ACI\)](#)

Tuesday, July 18 | 1:00-2:00 p.m. ET

After the webinar, you should be able to:

- Describe the ACI category for MIPS
- Evaluate scoring criteria for ACI
- Determine opportunities to maximize the ACI score

Unlock information to successfully navigate payment reform. [Register today.](#)”

Volunteer at Bridge Atlanta Medical Center

Leroy M. Graham, MD, FCCP

"Bringing excellence to the charitable care space"

The “Bridge” is Atlanta’s newest charitable health center located in Norcross, GA. just 1.5 miles from the Jimmy Carter Blvd exit on I-85. We are the first charitable clinic to provide both primary and specialty care at inception. In addition to a strong base in primary care, we offer specialty care in Cardiology, Pulmonology, Women’s Health, Endocrinology, Behavioral Health and Podiatry staffed by board certified specialists who work closely with our primary care physicians in a care coordination model. Our 12,500 sq. foot facility is equipped with a laboratory, echocardiography and general ultrasound, an Athena EHR system and soon digital radiography. We are supported by a number of communities of faith grants, donations and a 1:7 volunteer to employed staff ratio at all levels.

As a pulmonologist practicing for more than 30 years in both the military and private practice, I have always noted the importance of strong coordination between primary and specialty care particularly in the management of chronic disease. This is particularly true for the uninsured and underinsured given the current state of healthcare in our country. I have also found the true joy that comes in volunteering and providing care that makes such a big difference in the lives of those who have little. Often what seems so simple for us as providers becomes a game changer for those struggling to stay healthy enough to maintain a job and take care of their family. As anyone who has volunteered before knows, you quickly realize you become incredibly enriched on a personal level by the care you provide. You also help the broader community by relieving our emergency rooms from the burden of those who seek care there as there only option.

Please visit our website at www.bridgeamc.org and consider committing as little as ½ day per month to change a life. Together, we can truly bring excellence to the charitable care space.

Contact me directly with any and all questions. I would be happy to provide a tour of our facility at your convenience.

LeRoy M. Graham MD, FCCP
CEO & Medical Director
Bridge Atlanta Medical Center
4864 Jimmy Carter Blvd
Norcross, GA 30093
404-295-9181 (cell)
LeRoy.Graham@bridgeamc.org