

Briefly Stated - June 1, 2017 (Print All Articles)

Did You Miss our Public Health Webinars in May? Check Out the Recorded Webinars on the GAFP Website

Through a partnership with the Georgia Department of Public Health, GAFP offered two webinars on Infant Oral Health and Health Care Transition. Both webinars were recorded and are now available to view on the GAFP website at <https://www.gafp.org/education/webinars/>. You can see objectives and speaker information for each webinar below!

Out of the Mouths of Babes – How Family Physicians Can Ease the Child Dental Crisis in Georgia

This program is presented by Carol Johnson Smith, RDH, MSHA, Director, Oral Health Program for Georgia. Carol manages surveillance for the program and she developed a Georgia Oral Health Coalition with 7 Coalition Regional Boards and recently obtained 501c3 status for the Coalitions.

Webinar Objectives

- Explain why primary teeth are important
- Encourage that patients brush teeth regularly with a smear of fluoridated toothpaste
- Encourage regular dental visits
- Outline proper dietary habits
- Educate parents about good oral health habits for them and their children

Adult Disability Medical Home (ADMH) - Transitioning from pediatric to adult healthcare

This program is presented by **JEFFREY REZNIK, MD and ANDREA VIDELEFSKY, MD.**

Dr. Reznik is a partner with Urban Family Practice Associates, Medical Co Director of the Adult Disability Medical Home. He is a member of Down Syndrome Medical Interest Group and a Family Physician Champion for Health Care Transition. Jeff has special interests in treating patients with special needs and their families and has expertise in the areas of cerebral palsy, Down syndrome and autism.

Dr. Videlefsky is a Family Practice Physician of Urban Family Associates, an active member of Down Syndrome Medical Interest Group and serves as a Family Physician Champion for Health Care Transition. She is dedicated to serving patients through the patient-centered medical home model. She has a special interest and expertise in treating teens and adults with Down syndrome and other developmental disabilities.

Webinar Objectives:

- Strategies for transitioning patients to the adult care system
- Information about a best practice model of the Patient Centered Medical Home which places the needs of patients at the center of healthcare services.
- Holistic approach to care for patients transitioning to adult services with respect to health, wellness, living and recreational options.
- Strategies for a medical partnership

Georgia Family Physicians Lead Discussions at AAFP's Leadership Meeting

Recently, 13 GAFP members and 3 staff members attended AAFP's Annual Chapter Leadership Forum and National Conference of Constituency Leaders held in Kansas City.

The largest (and most good looking) of all the Chapter delegations, Georgia members were pivotal in some key discussions at both meetings.

Many of the Issues discussed during the conference included adding more diversity to the AAFP Board of Directors, encouraging graduating residents to maintain their Academy membership and providing members with physician wellness resources.

Thank you to the following leaders who attended on behalf of all Georgia's family physicians

- Eddie Richardson, Jr, MD – Minority Representative
- Chip Cowart, MD
- Karla Booker, MD – Woman Representative
- Loretta Hicks, MD
- John Vu, MD
- Monica Newton, MD
- Samuel "Le" Church, MD
- Ellie Daniels, MD
- Donny Fordham, MD
- Susanna Alfonso, MD
- Kim Eubanks, MD – GLBT Representative
- Zita Magloire, MD - New to Practice Representative
- Ambar Kulshreshtha, MD - IMG Representative
- Giselle Blair, MD
- Carmen Echols, MD
- Saida Omrova, MD
- Christina Kelly, MD
- Omoniyi Adebisi, MD
- Leonard Reeves, MD

Register Now!! GCT2 Monthly Webinar: Cancer Survivorship – Wednesday, June 28th

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>

Can't attend on June 28th? Register anyway and we'll send you a link.

GAFP's Congress of Delegates: Call for Resolutions

The Georgia Academy of Family Physicians is seeking resolutions for the 2017 Congress of Delegates (COD) meeting. Last year, the COD tackled issues such as transmission of controlled substances electronically to pharmacies as well as the numbers of delegates that could be allotted for each of the family medicine residency programs and Georgia medical schools.

What is the Congress of Delegates, you ask? The GAFP Congress of Delegates is a governing body of the Academy that can set policy. It meets annually at the GAFP Annual Meeting to vote on and ratify decisions that are made by the Board all year, as well as to hear and vote on resolutions from all members.

We are soliciting your ideas and leadership in proposing resolutions for this year's Congress of Delegates, the first session will be a live webinar/ conference call on Thursday, October 3 at and the final session will meet on Saturday, October 28 in conjunction with the Annual Meeting held in Atlanta at the Westin Buckhead.

Do you need help writing your resolution? Staff is available to assist you, contact Alesa McArthur at amcarthur@gafp.org or 800.392.3841. You can submit your resolution online at http://www.gafp.org/about_gafp.asp and the deadline to submit resolutions is **Monday, August 21.**

Speak Out to Save Teaching Health Center GME Funding

The fundamental goal of the Teaching Health Center Graduate Medical Education (THCGME) program is to increase access to well-trained primary care clinicians, particularly in ambulatory settings. It does this by providing funding to increase the number of primary care medical and dental residents training in community-based settings across the country. Unfortunately, unless reauthorized by Congress by September 30, this vital program will be eliminated.

THCGME addresses three major concerns regarding physician production: the serious shortage of primary care physicians in general, their geographic maldistribution, and the growing need for physicians to serve underserved populations. In addition, data now shows that residents who train in these types of environments are much more likely to work in safety net clinics than residents who train in more traditional settings.

With approximately 740 residents being trained in 59 HRSA-supported teaching health center (THC) residencies in the last year alone, this program has been instrumental in training primary care

physicians. Please click here **Speak Out** to urge our Georgia Congressional legislators to reauthorize this vital program, and adequately fund it to ensure its continued success.

Opioid Use in Pregnancy and Neonatal Abstinence Syndrome

Priya Gulati, MD and Ambar Kulshreshtha, MD, PHD Emory Department of Family and Preventive Medicine

Women are at highest risk for developing a substance use disorder during their reproductive years. According to a national survey, 5.9% of pregnant women use illicit drugs and 8.5% drink alcohol, resulting in over 380,000 offspring exposed to these substances, creating a significant public health issue. Over 1 in 20 women received an opioid during the first trimester with significant geographic variation; prescription rates were highest in the South and lowest in the Northeast. Substance abuse during pregnancy can lead to life-threatening complications for the mother, such as arrhythmias or uterine rupture, and adverse effects for offspring such as birth defects, low birth weight infants, preterm birth, and neonatal abstinence syndrome (NAS). NAS refers to a postnatal opioid withdrawal syndrome that can occur in 55 to 94% of newborns whose mothers were addicted to or treated with opioids while pregnant. Symptoms of withdrawal can occur within 1-3 days after delivery and range from mild tremors and irritability to fever, excessive weight loss, and seizures. With the opioid epidemic, the incidence of NAS has also increased substantially in the past decades. In Georgia from 2010-2014, there were 1365 hospitalizations with a diagnosis of NAS with an average cost of \$52,856 per baby.

Targeted initiatives to address prescribing practices may help to reduce substance use in women of childbearing age and prevent the subsequent development of NAS. Women should receive counseling about the risks and benefits of all medications taken during pregnancy. Primary care physicians treating women of childbearing age are encouraged to practice judicious prescribing of opioids and may want to consider non-opioid alternatives for pain management. Non-pregnant women of childbearing age who are opioid dependent need specific counseling about family planning and the implications of opioid dependence for future pregnancies. In conjunction with a specialist and the patient, primary care physicians can facilitate withdrawal from opioids before patient becomes pregnant. Pregnant women who are opioid dependent need education about the possibility of NAS, its management, and the possibility of an extended hospital stay for the infant.

Ongoing surveillance including programs to monitor opioid-drug prescribing practices, establishment of opioid dosage thresholds, and standardized protocol for treatment are all necessary to address the opioid epidemic. Identification of infants at risk for NAS is important to ensure early intervention to mitigate signs of withdrawal. Targeted screening (such as the Screening, Brief Intervention, and Referral to Treatment (SBIRT)) enables identification of women at highest risk and is believed to be more cost-effective than universal screening. The main objective in the management of NAS is to promote normal growth and development of the infant. Care of the mother-baby should be collaborative, compassionate, and nonjudgmental, since many mothers feel stigmatized and guilty regarding substance use. Breast-feeding and rooming-in can improve outcomes and promote bonding. First-line pharmacotherapy consists of opioid replacement with oral morphine solution, sublingual buprenorphine, or methadone to minimize signs of withdrawal. Recent evidence suggests that regardless of the treatment option, infants who underwent protocol-specified weaning had significantly fewer treatment days and a shorter hospital stay. A multidisciplinary approach including primary care providers, substance abuse providers, and public health officials is imperative to curb the epidemic and reduce costs associated with NAS.

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GAFP Membership May 2017

<u>Membership 2016</u>	<u>2017</u>	<u>Percent of total Membership</u>	
Active	1,615	1,680	54.05%
Students	995	1,074	34.59%
Residents	174	173	5.57%

Life	156	156	5.02%
Inactive	10	12	.0039%
Supporting	<u>9</u>	<u>13</u>	.0039%
Total	2,963	3,108	

Thank you for your support GAFP Members!

Breakdown by Member Type

April, as always, was a very busy time for membership for your GAFP staff! May 1 was the deadline for paying 2017 dues (or signing up for the installment plan) and reporting CME, so we were busy reaching out to make sure that all members remained current. Staff continues to try new ways to reach out to members, targeting specific member segments and sometimes texting for those whom their cell was their primary number. The Membership Committee again joined in and reached out to our new physicians via emails and phone calls. We thank all of you for responding to our emails, texts, letters, and phone calls.

GAFP member numbers ended up even stronger than last year with a total of 3,108 members, a gain of 5 percent in our membership, or 145 members. This continues to be about a 94 percent market penetration in our state of all family physicians that are eligible to be members.

In comparison, membership in other states is interesting to note. The California Chapter, the largest chapter in the country, has 9,195 members, of which 5,729 are active physicians; our southern neighbor, Florida, another large chapter, has 5,565 total members, of which 2,920 are active member physicians. Alabama, our neighbor to the west, has 1,675 members with 921 categorized as active.

Membership in the AAFP overall is at 129,000, a 3.3% increase over last year with the Academy continuing to be the second largest subspecialty physician membership organization in the United States, trailing only the American College of Physicians.

Thanks to all of you for your membership and the tireless work that you do in keeping your Academy strong!

If you would like to discuss anything membership related, please contact our Chief Operating Officer Alesa McArthur at the GAFP office, (800) 392-3841 or amcarthur@gafp.org.

Georgia Academy Continues the Drumbeat on Medicare's Annual Wellness Visits

New Patient Outreach Tools from AAFP – Ready to Use

Over the last three years, Georgia Academy leaders have petitioned the AAFP Congress of Delegates and Board of Directors to ask CMS to not allow payment for Medicare Annual Wellness Visits (AWVs) if they aren't conducted in connection with the patient's primary care physician. The AAFP, AMA, and the American College of Physicians sent a joint letter asking for a change in the CMS regulations related to this issue but to date there has been no change. Unfortunately, many outside for-profit companies are conducting the AWVs with little to no information being sent back to the patient's physician. A compounding problem is that when a family physician does conduct the AWV they are denied payment for a duplicative service.

Question: *When the wheels of change move too slow – what do Georgia’s family physicians do?* Answer: *The right thing.*

Recognizing this as an ongoing issue nationally, the AAFP has recently created additional tools for members to directly outreach to our members to inform them about the AWVs so they are not tricked by an outside company that threatens our continuity of care. The Georgia Academy leaders has all members to outreach to our patients and move the needle back in the direction of family medicine. Here are the tools that can help:

The landing page for all of the AAFP Medicare annual wellness visit information and resources is here:

<http://www.aafp.org/practice-management/payment/medicare-payment/awv.html>

There is a link on that page to the sample letter encouraging patients to receive their annual wellness visits from their primary care physician rather than a commercial entity; the link is found part of the way down the page in a box on the right labeled "Talk to Your Medicare Patients about AWV." It is the second link in the box. The URL for the letter itself is: **http://www.aafp.org/dam/AAFP/documents/practice_management/payment/AWV-Patient-Letter.pdf**

Members can also find the new letter by simply Googling "Medicare annual wellness visit patient letter **aafp.org**" AAFP has also added a Q&A to our FAQs that explains how to check a Medicare patient's past billing history to see if he or she has already received an annual wellness visit in the past 12 months, another GAFP suggestion. Those FAQs are here:

<http://www.aafp.org/practice-management/payment/medicare-payment/awv/faq.html>

Advocacy in Action – Georgia Leaders Storm Capitol Hill

"Ready or not, here I come. You can't hide, gonna find you." -- The Fugees

Legislative Committee Co-Chair Bruce LeClair, MD – Evans (left), AAFP Commission on Governmental Advocacy Mitch Cook, DO – Athens (right of LeClair), Board Chair Mitzi Rubin, MD – Marietta (centered), President Eddie Richardson Jr, MD – Eatonton (right).

For more than 15 years the AAFP, in partnership with our colleagues at the [Council for Academic Family Medicine](#) (CAFM), has hosted the [Family Medicine Advocacy Summit](#) (FMAS).

Each year, the summit (formerly known as the Family Medicine Advocacy Conference, or FMCC) brings hundreds of family physicians, medical students and chapter executives to Washington, D.C., to learn from leading experts, meet with their representatives and senators and advancing policies of importance to family medicine and patients. This year, the following leaders attended the Summit on our behalf.

Antibiotic Stewardship

Adrienne Mims, MD MPH FAAFP, AGSF Vice President, Chief Medical Officer, Medicare Quality Improvement

Antibiotic resistance is among the greatest public health threats today, leading to an estimated 2 million infections and 23,000 deaths per year in the United States. Although antibiotics are life-saving drugs that are critical to modern medicine, infections with pathogens resistant to first-line antibiotics can require treatment with alternative antibiotics that can be expensive and toxic. The most important modifiable risk factor for antibiotic resistance is inappropriate prescribing of antibiotics. Approximately half of outpatient antibiotic prescribing in humans might be inappropriate, including antibiotic

selection, dosing, or duration, in addition to unnecessary antibiotic prescribing. At least 30% of outpatient antibiotic prescriptions in the United States are unnecessary.

The Healthcare Infection Control Practices Advisory Committee (HICPAC) convened to provide advice and guidance to the Centers for Disease Control and Prevention (CDC) and the Secretary of the Department of Health and Human Services (HHS) regarding the practice of infection control and strategies for surveillance, prevention, and control of healthcare-associated infections, and antimicrobial resistance. As a result, CDC has released the Core Elements of Outpatient Antibiotic Stewardship to accompany the existing recommendations for hospital and long term care settings.

The four areas of focus for outpatient settings are:

- **Commitment:** Demonstrate dedication to and accountability for optimizing antibiotic prescribing and patient safety.
- **Action for policy and practice:** Implement at least one policy or practice to improve antibiotic prescribing, assess whether it is working, and modify as needed.
- **Tracking and reporting:** Monitor antibiotic prescribing practices and offer regular feedback to clinicians, or have clinicians assess their own antibiotic prescribing practices themselves.
- **Education and expertise:** Provide educational resources to clinicians and patients on antibiotic prescribing, and ensure access to needed expertise on optimizing antibiotic prescribing.

Alliant GCMF received a contract from the Centers for Medicare and Medicaid Services (CMS) to support the development of outpatient antibiotic stewardship programs in physician offices, urgent care centers, emergency rooms and federally qualified healthcare centers. Our focus will be to assist clinicians in ensuring that each patient receives **the right antibiotic, at the right time, at the right dose for the right duration** according to current evidence based guidelines.

Additional benefits to participation include:

1. Updated knowledge of appropriate antibiotic prescribing practices for common infections in seniors, thus lowering the overall cost of the care.
2. Available learning collaboratives, including topics, such as: appropriate antibiotic prescribing, patient engagement, antimicrobial resistance, etc.
3. Access to resources to educate patients about appropriate antibiotic usage.
4. Virtual technical assistance on workflow redesign and implementation of best practices to support appropriate antibiotic prescribing.
5. Overall cost of care will decrease, improving your value to insurers.
6. Completion of one *Improvement Activity* under the Merit Based Incentive Program (MIPS) of the Quality Payment Program (QPP)

For more information:

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<https://www.cdc.gov/mmwr/volumes/65/rr/rr6506a1.htm>

http://www.alliantquality.org/sites/default/files/16_268900-a_coreelementsoutpatient_508.pdf

GAFP PAC Support Senator Jeff Mullis - Chickamauga - Senate District 53

President Eddie Richardson Jr, MD and Speaker Donny Fordham, MD recently attended State Senator Jeff Mullis' campaign event. Senator Mullis is from Chickamauga and serves as the Senate Rules Committee Chairman. He also serves as the chairman of the economic development subcommittee of Senate Appropriations Committee. Senator Mullis has been recognized by *Georgia Trend* magazine as one of the "100 most influential People in Georgia".
