

## Briefly Stated - May 1, 2017

### Georgia Special Election Results - GAFPPAC Supports Physician Dr. Kay Kirkpatrick in Run-off

State Senate District 32, which covers a portion of east Cobb to Sandy Springs, had a total of eight candidates running to fill this seat in the Georgia General Assembly. The top two contenders, Christine Triebisch (D) receiving 24.2% of the vote and Kay Kirkpatrick, MD (R) securing 21.1%, will go into a runoff scheduled for May 16<sup>th</sup>.

The GAFP PAC supported all three of the physicians who ran for the Senate District-32 position in a crowded field of eight potential candidates. Eldon Daniels, MD, Bob Wiskind, MD and Kay Kirkpatrick, MD all ran excellent campaigns and completed our GAFP candidate survey where they stated that some of their top-tier issues included Medicaid and supporting the growth and advancement of family medicine.

The GAFP has a long-standing policy to support physicians who are willing to run for local office. We encourage you to support Dr. Kirkpatrick. Her campaign website is here: <http://kayforsenate.com/> Dr. Kirkpatrick's bio is below.

For 30 years Dr. Kay Kirkpatrick served as an orthopedic surgeon here in metro Atlanta. She is the former president of Resurgens Orthopedics. Dr. Kirkpatrick volunteers her time delivering pet therapy as a team leader at the Ronald McDonald House through the Happy Tails Pet Therapy Program. Kay is passionate about Georgia's ability to respond to disasters and other emergency situations and will work with other leaders in the state to be sure there is a coordinated effort. Dr. Kirkpatrick is a district coordinator for the Medical Association of Georgia's Medical Reserve Corps.

Dr. Kirkpatrick is a graduate of the University of Kentucky and earned her medical degree from the University of Louisville. She and her husband, Thomas, an emergency physician, have two adult children and live in the Ashebrooke subdivision. They are members of the East Cobb United Methodist Church.

### Gonorrhea: Who's at risk and what do we do about it?

*Priya Gulati, MD Emory Family & Preventive Medicine Resident Physician*

Family physicians regularly complete STD testing as part of routine preventive visits. It is not a surprise that overprescribing creates antibiotic resistance, and this has now been identified as an issue with gonorrhea. Much like the common cold and resulting resistance to zpack, gonorrhea is progressively becoming a resistant organism to standard therapy.

The Center for Disease Control & Prevention (CDC) began monitoring the emergence of antibiotic resistant gonorrhea in the U.S. with the Gonococcal Isolate Surveillance Project (GISP) in 1986. In 2013, the CDC listed *N. gonorrhoeae* as one of three organisms posing the highest threat to human health. Although antibiotic resistant gonorrhea has so far been concentrated on the west coast of the U.S., it is clear from the CDC's threat assessment that public health professionals across the country, including Georgia, need to be concerned. Decreased susceptibility of gonorrhea to antibiotics is expected to continue, so state and local surveillance for antimicrobial resistance is crucial for guiding local therapy recommendations.

As primary care providers, it is imperative to do our part to prevent the spread of antibiotic resistance in cases of gonorrhea. So how is this accomplished?

It is critical to report all cases to a local health department within 7 days, including patient demographics, lab testing, and treatment. If cephalosporin treatment failure is suspected (based on persistent symptoms 3-5 days after appropriate therapy without new sexual contact), clinicians should perform culture and antimicrobial susceptibility testing of relevant specimens, consult an infectious disease specialist, and report the case to the Georgia Department of Public Health. Isolates should be saved in case they need to be sent on for further testing.

On the basis of experience with other microbes that have developed antimicrobial resistance rapidly, a theoretical basis exists for combination therapy using two antimicrobials with different mechanisms of action to improve treatment efficacy and potentially slow the emergence and spread of resistance. Therefore, CDC recommends prescribing dual antibiotic therapy for all gonorrhea cases with 250 mg ceftriaxone IM+ 1 g azithromycin PO on the same day, preferably simultaneously and under direct observation; monotherapy is no longer recommended. Azithromycin is preferred as the second antimicrobial over doxycycline.

Clinicians should also ensure patients' sexual partners are treated appropriately to prevent further transmission.

Additionally, primary care providers should be diligent about screening at risk populations, assessing screening appropriateness on a case by case basis: Patients <25 years old, with a prior previous history of STD, with report of new or multiple partners/report of inconsistent condom use, men who have sex with men, sex workers or drug users.

By implementing these strategies and identifying at risk populations more effectively, primary care providers in Georgia can help mitigate the risk of antibiotic resistant gonorrhea.

Additional guidelines for treatment shortages, individuals with allergies, pregnant women and children are available at <https://www.cdc.gov/std/tg2015/gonorrhea.htm>.

## **Spring Cleaning: How Family Physicians Can Ease the Child Dental Crisis in Georgia**

A family physician or pediatrician typically sees a child and their family about 13 times for routine checkups and vaccinations. Each of these visits presents an opportunity for you and your clinical staff to review risk factors for oral disease. In the U.S., tooth decay is the most prevalent chronic disease of childhood, five times more common than asthma. Research has shown that from 1994-2004, 28 percent of 2-5-year-olds experience tooth decay. Which is an increase of 15 percent from the prior decades. We also know, that if parents have poor oral health status, so will their children.

### *What Can Family Physicians Do to Turn a Frown Upside Down for Our Children?*

For all children and their families, it's important to educate them and hit these main points:

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

Start providing fluoride varnish application in your practice!

Effective 2015, physicians can offer this service to Medicaid children with a new CPT code 99188. Georgia's Department of Public Health has a small staff dedicated to expanding fluoride

varnish in primary care physicians' offices around the state. Please see the contact below and consider adding this benefit to your practice.

Want to learn more? Register for the upcoming webinar, Wed, May 31, 2017 12:00 PM - 1:00 PM <https://attendee.gotowebinar.com/register/1873115196169259267>

If you cannot join us but would like a recording of the webinar email [twallace@gafp.org](mailto:twallace@gafp.org) to receive the live link.

For more information, please outreach to the following:

Carol C. Smith, RDH, MSHA, Director of Oral Health

Maternal and Child Health

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## **Resources for Georgia Providers: Helping Your Patients Meet Their Well-Being Goals**

*We recognize the powerful influence providers have with helping their patients lead healthy happy lives. Be Well SHBP wants to help you support your patient's well-being goals.*

*Be Well SHBP* is a comprehensive well-being program, administered by **Healthways**, that is available to all (non-Medicare Advantage) Blue Cross and Blue Shield of GA and UnitedHealthcare State Health Benefit Plan (SHBP) members and covered spouses.

It is Healthways' goal to increase engagement through collaboration and partnership with as many providers in Georgia that is feasibly possible. This program can reinforce the recommendations of health care providers around healthy eating, exercise, stress management, medication adherence, tobacco cessation and much more. Recognizing the importance of partnership with the medical community, Healthways and SHBP offer healthcare provider's in Georgia a dedicated resource to support provider's interactions with their patients and their use of the Be Well SHBP well-being program. The program reduces out of pocket cost for members and increases their well-being.

We encourage you to advocate member engagement in the well-being resources available to them through Be Well SHBP. Learn more:

**Health Care Provider Overview Brochure**

Members may ask providers to support their well-being actions by:

- **Completing Physician Screening Forms**
- **Reviewing results from SHBP-sponsored onsite screenings**
- **Reviewing a Members' Well-Being Assessment Report**
- **Providing nicotine replacement therapy (NRT) prescriptions**

Please contact your dedicated SHBP provider representative Jacqueline Jackson, RN, at 404-234-0975 or [Jacqueline.Jackson4@healthways.com](mailto:Jacqueline.Jackson4@healthways.com) with any questions.

## **FMIG Pilot Project – AAFP Partnership with FMAHealth and Primary Care Progress**

The AAFP and Family Medicine for America's Health (FMAHealth) have partnered with Primary Care Progress (PCP) to offer Family Medicine Interest Group (FMIG) members the opportunity to participate in a unique leadership development program. The Primary Care Leadership Collaborative will transform the passion of FMIG teams (3 students and 1 Faculty Advisor) into action, training and supporting FMIGs to champion primary care by engaging their peers, their medical school, and their community.

Information on the pilot program will be sent via the FMIG Network online communities directly to student and faculty FMIG leaders who are members of the communities on April 20. However, not all FMIG leaders will be reached. Chapters are also asked to share this information with FMIGs where possible to encourage interest in the program. Promotional language is provided. If an FMIG in your state is chosen, chapter participation and support will be welcomed.

### **Primary Care Leadership Collaborative**

The AAFP and Family Medicine for America's Health (FMAHealth) have partnered with Primary Care Progress (PCP) to offer Family Medicine Interest Group (FMIG) teams (3 students and 1 Faculty Advisor) the opportunity to participate in a unique leadership development program.

An exclusive few FMIG leadership teams and faculty advisors will be invited to attend the transformative training at the AAFP National Conference of Family Medicine Residents and Medical Students this summer and participate in a year-long leadership development experience during 2017-2018. The aim of the program is to activate FMIGs to be champions for primary care by helping FMIG leaders develop relational leadership skills and apply them to the work of their FMIGs.

### **Program Participation with estimated time commitments include:**

- Committing to this leadership development model and pilot program for one year and incorporating the newly learned skill set into FMIG programming.
- Attending PCP's Relational Leadership Training on Wednesday, July 26, and Thursday, July 27, from 2:30-6:30 p.m. at the AAFP National Conference of Family Medicine Residents and Students in Kansas City, MO (8-hour workshop over 2 days).
- Participating in monthly coaching/consulting sessions with an FMIG coach and monthly sessions with your FMIG Advisor (total of 2-3 hours per month).
- Providing feedback about the program through personal phone calls and online surveys (total of 2-3 hours for the year).
- Representation at additional strategy/tactical support sessions from PCP 1-2 times/per year (total of 3 hours per semester).

### **Participants will gain:**

- The knowledge and strategies needed to map an initiative, build a core team, and engage a community.
- Leadership skills that can be applied in the clinical environment and innovation realm in addition to advocacy.

FMIG leaders who wish to express interest in the program should email Ashley Bentley at [abentley@aafp.org](mailto:abentley@aafp.org) by Friday, May 5. FMIGs are reminded to apply for an FMIG leadership scholarship to attend National Conference by May 1.

## **Emory School of Medicine Residents presents the Tar Wars tobacco program at Indian Creek Elementary**

Emory Family Medicine Residents (L to R) Gayle Wong MD, Maliha Beg MD, Afua Akhi-Gbade MD, Tony Bullon MD, Priya Gulati MD, Torrance Laury MD and Hitesh Patel MD recently presented the Tar Wars tobacco prevention program to more than 150 5th graders at Indian Creek Elementary School in Clarkston, Ga. Indian Creek serves a large refugee population in Clarkston where many students are at risk for exposure to tobacco products and second hand smoke. To learn how you can present the program in your community contact Kara Sinkule at [ksinkule@gafp.org](mailto:ksinkule@gafp.org).

***Support for Tar Wars provided by the W.G. Raoul Foundation***

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