

## **Briefly Stated - May 15, 2017**

### **Upcoming Webinars for you and your staff: Register Today!**

The Georgia Academy of Family Physicians is bringing you webinars with key information vital to Georgia's family physicians and your patient population. These educational CME webinars offer a streamlined, comprehensive approach to services that are needed and accessible to clinicians.

Please register and plan on participating to hear the latest updates. Can't join us live? Register for one of our live sessions and we will send you the recording when it's available!

1. Adult Disability Medical Home (ADMH) - Transitioning from pediatric to adult healthcare – May 24, 1:15 pm- 2:15 pm (1 AMA PRA Category 1 CME credit) Please click the link to register for the May 24th webinar.

<https://attendeegotowebinar.com/register/968565672425276418>

2. Spring Cleaning– How Family Physicians Can Ease the Child Dental Crisis in Georgia – May 31, 12:00 pm - 1:00 pm (1 AMA PRA Category 1 CME credit) Please click the link to register for the May 31st webinar.

<https://attendeegotowebinar.com/register/1873115196169259267>

### **MACRA/Quality Payment Program Technical Assistance**

*ADRIENNE MIMS, MD MPH FAAFP, AGSF Vice President, Chief Medical Officer, Medicare Quality Improvement*

Alliant Quality has been chosen by the Centers for Medicare and Medicaid Services to provide free technical assistance to ensure that physicians can successfully participate in the Quality Payment Program implementation of MACRA. You may earn a positive MIPS payment adjustment for 2019 if you submit 2017 data by March 31, 2018. If you participate in an Advanced APM in 2017, then you may earn a 5% incentive payment in 2019. MIPS-eligible clinicians opting not to participate will receive a 4% reduction in payment in 2019.

- Alliant Quality will support practices with more than 15 clinicians under one Tax ID Number.
- Alliant Quality and Georgia HITEC are working together to help small practices in Georgia with 15 or fewer clinicians under one tax ID number to understand and enroll in the Quality Payment Program (QPP).

#### **This initiative is designed to help clinicians:**

- Select & report on appropriate measures and activities to satisfy requirements of each MIPS performance category – Quality, Improvement Activities, Advancing Care Information and Cost
- Engage in continuous quality improvement
- Optimize health information technology (HIT)
- Evaluate options for joining an Advanced Alternative Payment Model (APM)

#### **Getting started with MIPS Checklist**

- Determine whether you have \$30,000 or less in Medicare charges OR 100 or fewer Medicare patients annually. If so, you are exempt from MIPS participation. CMS is mailing letters to all practices notifying them of their exempt status in May 2017.
- Make sure your electronic health record is certified by the Office of the National Coordinator (ONC) for Health Information - <https://chpl.healthit.gov/#/search>.
- Determine whether you plan to report through claims, electronic health record (EHR), clinical registry, qualified clinical data registry (QCDR).
- Decide which measures and activities best fit your practice - explore the MIPS Measures <https://gpp.cms.gov/measures/performance>.
- Decide whether you should report as an individual or with a group.

View the handout on [MACRA/Quality Payment Program Technical Assistance](#).

For additional information and support, contact us using the following information:

- Practices with 15 or fewer/TIN - 844.QPP.TOOLS (844.777.8665) [QPPSURS@AlliantQuality.org](mailto:QPPSURS@AlliantQuality.org)
- Practices with >15/TIN-[QPPSupport@AlliantQuality.org](mailto:QPPSupport@AlliantQuality.org)

## Register Now!! GCT2 Monthly Webinar: Care Coordination – The Key to MACRA - MIPS Success

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, *Care Coordination – The Key to MACRA - MIPS Success*, will be held on May 24<sup>th</sup> at 12:30 pm with Kathy Whitmire, Vice President of Business Development for Caravan Health. From this webinar, you'll learn more about the role of the Care Coordinator, the benefits of Care Coordination to the patients and the practice, Chronic Care Management services and how they comply with new MIPS measures, and how to achieve better scores on QRUR (Quality and Resource Use Report) through Care Coordination.

Please click the link to register for the May 24<sup>th</sup> webinar. <https://attendee.gotowebinar.com/rt/6353936240793489921>

Can't join us live? Register for one of our live sessions and we will send you the recording when it's available!

## Georgia Academy Member Seeks to Form an Obstetrics Member Interest Group – But Needs Your Help

The AAFP has multiple member interest groups that meet online and annually at AAFP's FMX. GAFP leader, Dr. Zita Magloire, has identified a need for a new interest group and is seeking interested members so she can complete the AAFP application (she needs 50 AAFP members to assist). The group would be focused on those with a strong interest in OB and are working towards improving opportunities for training and privileging for FPs doing OB. This group differs from the reproductive

health interest group, because the issues surrounding OB, and to a greater extent, surgical OB, are unique and members interested in women's health or reproductive health may not also be interested in OB.

If you are supportive of the formation of the AAFP OB interest group, please email Dr. Magloire ([zita.magloire@gmail.com](mailto:zita.magloire@gmail.com)) with your first and last name and AAFP member number. She needs to show the AAFP that there is an interest among a large group of members (minimum of 50) to trigger the formation of a new group. She recently attended the AAFP's National Conference of Constituency Leaders and has collected a variety of members from many other chapters as well.

### **Current AAFP MIGs**

**Adolescent Health:** Foster collaboration, communication, and support among family physicians engaged in adolescent health.

**Community Health:** Forum for providers interested in the intersection of primary care and public health.

**Direct Primary Care:** Increase awareness of the DPC model among family physicians and advocate for members currently practicing in this model or anticipate transitioning to it.

**Emergency Medicine/Urgent Care:** Promote workforce policies, educational goals, and credentialing standards consistent with the AAFP policy on family physicians in emergency medicine.

**Global Health:** Facilitate professional development in global health and opportunities for engagement in the broader global health movement.

**Hospital Medicine:** Serve as a voice for family physicians that practice hospital medicine. Advocate for educational resources specific to hospital medicine.

**Independent Solo/Small Group Practice:** Represent the interests of members who practice in independent solo and small group practices. Advocate policies that enable independent solo and small group practices to deliver the highest quality of care while remaining financially viable.

**Lifestyle Medicine:** Increase networking opportunities for members who have a passion to improve health through the focus on healthy lifestyle and foster communication and dialogue on debates in nutrition, fitness and other self-care areas.

**Oral Health:** Increase awareness of oral health resources for members so that they might serve their patients better and improve their overall wellness.

**Point-of-Care Ultrasound:** Work to improve access to education and resources to help incorporate Point-of-Care Ultrasound (POCUS) into family physician's practices and advocate for related education in medical school and family medicine graduate medical education.

**Reproductive Health Care:** Promote evidence based reproductive health care in family medicine.

**Rural Health:** Grow connections among members with a distinct interest in rural health, inclusive of rural practice topics and rural medical education issues.

**School Doctor:** Provide peer support and serve as a resource for family physicians who work with schools.

**Single Payer Health Care:** Investigate the current outlook on single payer financed health care among members. Educate members on the ability of single payer financed health care to streamline and simplify patient care and improve family physicians' professional satisfaction by greatly decreasing administrative complexities and burdens.

**Telehealth:** Provide education and support for the family medicine community on the many facets of Telehealth with a view toward enriching the practice of medicine and patient care.

**Transforming Clinical Practice Initiative:** Serve as a resource for members interested in practice enhancement and the activities of the Transforming Clinical Practice Initiative (TCPI). Establish a collaborative learning and problem-solving environment focused on practice enhancement.

To join a MIG visit <http://www.aafp.org/membership/involve/mig.html> review the list of MIGs and click "Visit the Online Community" for those MIGs that interest you.

## **American Academy of Family Physicians Bestows Membership Awards on Georgia Academy**

At the 2017 Annual Chapter Leadership Luncheon on April 28, leadership of the Georgia Academy of Family Physicians were awarded two membership awards.

The first was 100 percent Resident Membership Participation, and we thank our Georgia Family Medicine Residency Programs for supporting Georgia residents with their membership dues.

The second award was for Second Place in the Large Chapter category of Highest Percent Increase in Active Membership. Membership was at almost 3,000 last year when these numbers were determined and Active membership at that time was over 1,600.

Membership has continued to increase this year and we expect another strong year with even higher numbers. Thanks to all of YOU for making the Georgia Academy great!

## **Free Clinics Need Our Help to Heal Patients, Communities**

*Leonard Reeves, M.D., AAFP Board of Directors.*

"What do you normally have for breakfast?" I asked the 30-something woman sitting before me.

"Oh, whatever they have left over at the gas station," she replied.

"The gas station?" I asked. "Yes, they give me the leftovers from the hot dog machine when I get finished sweeping the parking lot," she replied.

The young lady in question appeared to be 20 years older than her actual age, was living in a tent and had no income. She didn't want to bother anybody with her problems, but she had attended a health screening at a local church, where she was found to have hypertension. That led to an appointment at the free clinic where I saw her.

Hers is one of the hundreds of stories we could tell about our patients. No matter what legislation is ultimately passed in Washington, unless the forgotten people of this country are taken care of, they will continue hiding in the shadows and living unnecessarily shortened lives.

Free clinics across this country have been trying to take care of patients who have no other place to go for years. The challenges we face in doing this job continue to grow daily.

The clinic where I work is fortunate to have volunteer support from physicians who see it as our duty to give back to the community. It is difficult to have a patient seen by anyone else because physicians are often too busy just meeting the needs of their office to see someone gratis. And without the support of others in the community, it would be a huge challenge just to keep the rent paid and the power on.

### **Why should we take care of the less fortunate?**

Morally, it is the right thing to do. Most of the world's religions advise us to take care of one another. That desire to help others is the reason most of us went into the field of medicine in the first place.

And it makes financial sense! We all know preventive care is less costly than curative care and saves money in the long run by keeping patients out of the ER and out of the hospital. Keeping a patient's blood pressure under control will prevent heart attack, stroke and renal failure (just to name a few issues).

By giving to a free clinic and supporting its mission, you save the money that is then not needed for more costly services down the road.

Who pays for those services? We all do. The cost of indigent care is factored into hospital bills and helps explain those \$15 acetaminophen tablets. Insurance pays for that, you might argue. True, but who pays for your insurance? You do.

Looking back in history, we realize there have always been those who were considered the "unfortunate." In her book [White Trash: the 400-year Untold History of Class in America](#), Nancy Isenberg calls them "the waste people." Today we talk about social determinants of health. Either way you look at it, there are those who -- sometimes due to circumstances out of their control -- are economically, educationally and physically challenged. Don't they deserve good health care?

The population we see in our free clinic has changed over the years. There are more homeless people. There also are a lot of 50-somethings who lost their jobs in the economic downturn and have not found new employment. And there are some who are recent immigrants to our great nation, seeking what we used to call the American Dream.

They all find themselves in the unenviable position of asking for help. This may be the first time many of them have had to ask for assistance. Just like the homeless young woman at the start of this blog post, they did not want to be takers instead of makers in the system. Georgia, where I practice, did not expand Medicaid, and [those who fall outside of that safety net are in drastic need](#).

The free clinics of our communities help these people. Most, like the one where I work, depend on the generosity of the community. That generosity, unfortunately, seems to wax and wane, and it is hard to develop a budget when you have no idea whether the money will come in.

For those who can, I urge you to volunteer at your local free clinic. If you can't give of your time, perhaps you can give money or supplies to keep their mission going. Your support will help us all in the long run by saving lives and saving our communities money.

So what happened to that young woman? When we heard her story at the free clinic, we helped her get in touch with community resources. She joined a nearby church and met a fellow member who needed someone to help with his aging mother. She no longer lives in a tent, has a bed to sleep in and has found a family that cares about her.

It is the kind of result that keeps me working at the free clinic.

## **Georgia Academy of Family Physicians 2017 Student Awards**

Congratulations to the 2017 recipients of the **T. A. Sappington Award**. This prestigious award is given to student members who have demonstrated their commitment to family medicine by choosing

to attend a Georgia Family Medicine Residency Program. We had a strong year with many of our graduates electing to remain in Georgia for residency.

This year we recognize 5 recipients:

Bailee Blackburn from the Medical College of Georgia at Augusta University who plans to attend the Medical Center of Columbus Family Medicine Residency Program in Columbus.

Rodneysha Brown from Morehouse School of Medicine who will attend the Morehouse Family Medicine Residency Program in East Point.

Kristen Kettelhut from the Mercer University School of Medicine, Columbus campus, who is planning to attend the Columbus Regional Medical Center's Family Medicine Residency Program.

Kristin McDermott from the Philadelphia College of Osteopathic Medicine in Suwanee is planning to attend the Gwinnett Medical Center Family Medicine Residency Program in Lawrenceville.

Leilla Myrick from the Emory School of Medicine who plans to attend the Emory University Family Medicine Residency Program in Atlanta.

Best of luck to the Sappington winners as they transition to residency programs in Georgia!

## **Georgia Academy of Family Physicians 2017 Resident Awards**

This year we recognize:

Mary Keith, MD, the **Georgia Academy's Keith Ellis Award** winner for Chief/Co-Chief Resident. Dr. Keith is from the Memorial Health Family Medicine Residency Program in Savannah. Her Program Director, Dr. Robert Pallay states that Dr. Keith "embodies all of the qualities that this award is trying to recognize by naming it in his honor." In addition, he explains that the quote on leadership below is one that summarizes Mary's approach to all that she has done as a medical student, developing resident, and now as one of our Chief residents this year.

"A leader is one who knows the way, goes the way, and shows the way." —John Maxwell

Dr. Pallay explained that Dr. Keith was one of the first two medical students accepted into the Family Medicine Accelerated Track at Mercer in Savannah, which required her to commit to family medicine during her first year of medical school and to be an ambassador for the specialty during the rest of her undergraduate medical education. If you talk with her, she will tell you without hesitation that she

has never regretted that decision for a second, and she was the perfect medical student to bring into the Accelerated Track at the very beginning. She helped a program in its infancy become a success because of her academic accomplishments and the high quality of clinical care she provided as a resident once she was done with the program. She role modeled the specialty of family medicine at the highest level possible, and that demonstrated the potential for success for an accelerated curriculum to the medical school, other residency programs, and our hospital system. The program's success allowed expansion to other Mercer sites for the Family Medicine Track, and then subsequently, the addition of an Internal Medicine Track because of its success. Specifically, Mary was a key part of that success.

The Keith Ellis award winner receives a free trip to our annual meeting this October along with registration and attendance to the Georgia Academy's Annual Meeting where she will be recognized.

Congratulations to Chetan Patel, MD, who was voted to be the **Georgia Academy Resident of the Year**. Dr. Patel attends the Columbus Family Medicine Residency Program and was recommended by Dr. John Bucholtz, the Program Director. He served on the Board of Directors of the Georgia Academy as a Resident Alternate Director and as a Resident Director. He attended the National Congress of Family Medicine Residents and served as an Alternate Delegate, 2016. In addition, he secured a seat on the AAFP Commission on Education (COE) where he currently serves as a member of the Subcommittee on Resident and Student Issues. Dr. Patel graduates in July and we wish him much luck in his family medicine endeavors.

The Resident of the Year receives an engraved plaque and will be recognized during the Georgia Academy's Annual Meeting in October of this year.

## **The truth about vaccines**

*By Eddie Richardson Jr., MD*

The Augusta Chronicle has published Dr. Richardson's oped. See below for a link and full text.

<http://chronicle.augusta.com/opinion/opinion-columns/2017-04-20/truth-about-vaccines>

Measles. Mumps. Whooping cough. What do these diseases have in common? Thanks to vaccinations, each of these serious diseases was considered by the Centers for Disease Control and Prevention to be eliminated or nearly eliminated – until recently. What the CDC didn't count on was that more and more parents would stop vaccinating their children.

Parents who choose not to vaccinate tend to cite safety concerns, specifically the rumor connecting vaccines with autism. The genesis of the autism-vaccine connection was a now-debunked 1998 study by a British researcher who fabricated the medical histories of every one of his subjects, and, after being exposed of the elaborate fraud in 2011, was stripped of his medical license.

Even though there is no scientific connection between vaccines and autism, nor any valid reason to think shots are unsafe, the myth lives on.

Earlier this year, President Trump met with Robert F. Kennedy Jr., a proponent of the same discredited theory, and reportedly asked him to lead an official commission investigating vaccine safety. The Autism Science Foundation, a nonprofit that supports research into causes of autism, has even sounded the alarm that vaccines have nothing to do with autism – and that feeding the flames of anti-vaccine sentiment will only put children's lives at risk.

For proof, look no further than the recent resurgence of vaccine-preventable diseases. We're in the midst of the worst mumps outbreak in a decade, according to the CDC. There have been nearly 3,000 cases during the past year in 45 states and the District of Columbia. That's compared to just 300 cases in 2000 – a 10-fold increase in just 10 years.

Measles, which was considered to be eliminated in 2000, is also back – thanks to gaps in vaccination. The disease is so contagious that if one person has it, the CDC says 90 percent of the people around him or her will also become infected if they are unvaccinated. There were more than 650 measles cases in 27 states in 2014 – the greatest number of cases in more than a decade. Cases of the measles were reported here in Georgia in both 2015 and 2016, according to the Department of Public Health.

Then there's whooping cough. California's worst outbreak of whooping cough, or pertussis, occurred in 2010, after spreading among unvaccinated children and infecting more than 9,000 kids.

These diseases prove that just because a disease isn't common or has even been eliminated from the U.S., it doesn't mean that your child can't catch it. Vaccine-preventable diseases are especially common abroad, and it only takes one sick person to start an outbreak.

As a family physician, I am passionate to make all of us healthier, and the first step is to be vaccinated and to have those you love vaccinated and protected. Vaccines are the best tool we have to prevent disease. For example, thanks to vaccines to prevent meningitis, including the recent development of meningitis B vaccines, all strains of the disease have declined since the 1990s.

If you're concerned about vaccine safety, talk to your physician. You can even work with your doctor to come up with an alternative vaccine schedule for your child. Just don't let debunked theories outweigh the scientific evidence that vaccines save lives.

The writer is president of the Georgia Academy of Family Physicians, and a fellow of the American Academy of Family Physicians.

## **Mindfulness to Improve Children's Well-being**

*By Pathways.org (Bobbie Vergo, OTD, OTR/L & Emmy Lustig, BA)*

As more children adopt demanding schedules with increased academic work loads and an abundance of extracurricular activities, some react by showing signs of increased stress and anxiety.<sup>1</sup> Our academic system has accelerated so children are now expected to complete school work previously given to children in higher grade levels. Early education has become less play focused and children receive a more academically rigorous curriculum. This change is evident by the amount of time children spend preparing for 3rd grade exams that measure performance in math and reading. On average, 77% kindergarteners received 90 minutes of daily reading instruction in 2010 whereas only 32% received daily reading instruction in 1998.<sup>2</sup> With increased academic demands and busy schedules, children may need to take an intentional break in the day to relax and recharge. The practice of mindfulness is quickly gaining recognition as an activity to help children manage feelings of stress and anxiety.

Mindfulness can be practiced during breaks at school, between homework assignments, before bedtime, and when children may be experiencing heightened feelings of stress or anxiety. Families can initiate a mindfulness session by sitting in a relaxing environment and concentrating on their sensory perceptions such as how they feel when taking deep breaths.<sup>3</sup> This form of relaxation allows children to temporarily let go of distractions in their lives and focus only on a sensation of their choosing without overreacting or feeling overwhelmed. With practice, children can benefit from mindfulness

both behaviorally and developmentally by learning how to process and understand their thoughts, emotions, and surrounding environment. The activity is a form of reflection, which can improve their well-being.<sup>4,5</sup>

Since mindfulness is an emerging topic, much of the research published evaluates adult populations. However, studies on children have revealed comparable results that connect the practice of mindfulness to positive states of mind. Teaching children to be mindful can improve their:

- Ability to manage anxiety <sup>6</sup>
- Executive function skills <sup>4</sup>
- Attention capabilities <sup>7</sup>

One of the important executive functions children build through mindfulness is emotional control. Mindful children are more equipped to process their feelings instead of resorting to a habit or impulse response.<sup>4</sup> A 2014 study conducted in Richmond, CA observed the implementation of the Mindful Schools program where teachers worked with children to practice mindfulness over the course of 7 weeks. Students in 17 different classrooms participated in 15-minute mindfulness sessions, and teachers used a rubric to report their behavior. Results indicated that practicing mindfulness improved students' ability to pay attention in class, maintain self-control, respect others, and participate in classroom activities.<sup>7</sup>

The benefits of children practicing mindfulness can also be observed in very young children, possibly as young as preschool aged. Data from a 2015 study measuring preschoolers' inhibition responses revealed that mindful yoga improved their ability to manage impulses. The study used a series of assessments including asking the children to not watch while an adult wrapped a gift, asking children to not touch the present after it was wrapped, and asking children to play 'Head, Shoulders, Knees, and Toes' by performing the opposite motion as the interviewer. The children who studied mindful yoga performed better on the assessments by showing a greater ability to delay gratification and control both behavior impulses and attentional impulsivity.<sup>8</sup>

Ultimately, the goal of introducing children to mindfulness is to improve their self-reflection outside of designated times when they're focused on breathing—to gain a greater awareness about their experiences, thoughts, and feelings. Caregivers who are interested in helping their children practice mindfulness at home can follow these three tips:

**Use mindfulness to focus on different types of sensations:** Although basic mindfulness helps children concentrate on their breathing, they can also focus on how their legs or arms feel or on scents such as the smell of an orange peel. Focusing on sounds is another good mindfulness exercise. Children can concentrate on the sound of a fan rotating, birds chirping outside, or another sound that is part of the environment where they are practicing.<sup>3,9</sup>

**Practice mindfulness during activities that require movement:** This helps children incorporate mindfulness into everyday activities. Walking can be an effective way to start because children focus on the physical sensation of how their legs or feet feel while moving.<sup>10, 11</sup>

**Make time for mindfulness as a family:** Families can dedicate an area of the house to practice mindfulness together and they can also set aside a time of day such as before bedtime. Both caregivers and children should talk about how they felt throughout the day or what they focused on to help become more mindful.

### **About Pathways.org**

Pathways.org is a national not-for-profit dedicated to maximizing children's development by providing free tools and resources for medical professionals and families. Medical professionals can contact Pathways.org to receive free supplemental materials to give away at well child visits and parent

classes. Our free brochures can be viewed at [Pathways.org](http://Pathways.org). For a free package of brochure to give away to families, please email [friends@pathways.org](mailto:friends@pathways.org).

[1] Ginsburg, Kenneth R. "The importance of play in promoting healthy child development and maintaining strong parent-child bonds." *Pediatrics*. Jan 2007; 182.

[2] Bowdon J. The Common Core's first casualty: Playful learning. *The Phi Delta Kappan*. May 2015; (98)8: 33-37.

[3] Getting Started with Mindfulness. *Mindful*. 8 Oct 2014. [www.mindful.org](http://www.mindful.org).

[4] Teper et al. Inside the Mindful Mind. *Current Directions in Psychological Science*. 3 Dec 2013; 22(6): 449-454.

[5] Satlof-Bedrick E, C Johnson. Children's metacognition and mindful awareness of breathing and thinking. *Cognitive Development*. Dec 2015; 36: 83-92.

[6] Research on Mindfulness. *Mindful Schools*. [www.mindfulschools.org](http://www.mindfulschools.org). Accessed 24 Jan 2017.

[7] Black D, R Fernanado. Mindfulness Training and Classroom Behavior Among Lower-Income and Ethnic Minority Elementary School Children. *Journal of Child and Family Studies*. Oct 2014; 23(7): 1242-1246.

[8] Razza et al. Enhancing Preschoolers' Self-Regulation Via Mindful Yoga. *Journal of Child and Family Studies*. Feb 2015; 24(2): 372-385.

[9] Chapman S. Practice Mindfulness with Everyday Sounds. *Mindful*. 29 May 2013. [www.mindful.org](http://www.mindful.org).

[10] Sofer O. The Practice of Walking. *Mindful Schools*. 8 Nov 2016. [www.mindfulschools.org](http://www.mindfulschools.org).

[11] Sofer O. Mindfulness as a Way of Life. *Mindful Schools*. 26 Sept 2016. [www.mindfulschools.org](http://www.mindfulschools.org)