The Mission of the Georgia Academy of Family Physicians is to promote the health of the citizens of Georgia by advancing the specialty of Family Medicine through education, advocacy and service to family physicians in the State of Georgia.
2017 District Delegates as of September 20, 2017

Speaker: Donald Fordham, MD  
Vice Speaker: Samuel “Le” Church, MD

**District 1 Delegates**  
Mah-Fri A. Fomukong MD  
Angela Sellers Gerguis MD  
Christina Marie Kelly MD

**District 2 Delegates**  
Michael D. Satchell MD  
Emantavius Marquis Williams MD

**District 3 Delegates**  
Beulette Y. Hooks MD  
Alice Aumann House MD  
Beverley Ann Townsend MD  
Evelyn L. Lewis&Clark MD  
Chetan Raman Patel MD  
Jennifer Catherine Roberts-Woodbury DO  
Deborah Ann Travis Honeycutt MD  
Alternate: James Raleigh Hagler MD

**District 4 Delegates**  
Amy E. Bailey MD  
Linda L. Casteel MD  
Carmen Echols MD  
Peaesh Lynette Houston DO  
Kevin Earl Johnson MD  
Kris Manlove-Simmons MD  
Harold E. Moore MD  
Beverly Taylor MD  
Susan Thomas MD  
Alternate: Karla L. Booker MD

**District 5 Delegates**  
Gena Marie Mastrogianakis MD  
Afolake Omowunmi Mobolaji MD  
Jeffrey C. Stone MD  
Christopher R. Wizner MD

**District 6 Delegates**  
Sandhya Ramayya MD  
Harry S. Stroters MD

**District 7 Delegates**  
C. Thomas Bevill, III, MD  
John Joseph Desmond MD  
Leonard Daniel Reeves MD

**District 8 Delegates**  
Thomas D. Fausett MD  
William D. Nash MD  
Jonathan David Wade DO

**District 9 Delegates**  
Daniel Harry Gordon MD  
Monica Suzanne Newton DO  
Anne Berry Todd MD

**District 10 Delegates**  
Edward V. Agabin MD  
Christopher J. Apostol DO  
Jonathan Mitchell Cook DO  
Jacqueline DuBose MD  
Sean T. Lynch DO  
Charlton J. Pickett MD  
Alternate: Ashley Nikko Saucier MD

**District 11 Delegates**  
Susana A. Alfonso MD  
Wayne K. Hoffman MD  
Riba C. Kelsey-Harris MD  
Thaddeus Kedron Lynn MD  
Teresa Lianne Beck MD  
Michelle Elizabeth Cooke MD  
Yuan-Xiang Meng MD  
O. Michael Obiekwe MD  
LaJune Elder Oliver MD  
Folashade S. Omole MD  
Wilhelmina Margaretha Prinssen, MD  
Charles M. Sow MD  
Alternates: Julie L. Johnson MD  
Mitzi Beth Rubin MD

**Resident Delegates**  
Priya Gulati MD, Emory  
Joshua Koerner DO, Gwinnett  
Vrati Parikh MD, Morehouse

**Student Delegates**  
Chivon Brown-Stubbs, Morehouse  
Sophia Rashid, Mercer  
Noreen Syed, MCG
<table>
<thead>
<tr>
<th>Districts</th>
<th>Board of Directors</th>
<th>The Counties Represented in each District</th>
</tr>
</thead>
<tbody>
<tr>
<td>District - 1</td>
<td>Director - Sherma Peter, MD</td>
<td>Baldwin; Bryan; Bulloch; Burke; Chatham; Effingham; Evans; Glascock; Greene;</td>
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<tr>
<td></td>
<td>Alternate – Thomas J. Miller, Jr., MD</td>
<td>Hancock; Jefferson; Jenkins; Johnson; Liberty; Long; McDuffie; McIntosh;</td>
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<td></td>
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<td>Screven; Taliaferro; Warren; Washington and Wilkinson.</td>
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<tr>
<td>District - 2</td>
<td>Director - Michael Satchell, MD</td>
<td>Baker; Brooks; Calhoun; Clay; Colquitt; Crisp; Decatur; Dooly; Dougherty;</td>
</tr>
<tr>
<td></td>
<td>Alternate – Jimi Malik, MD</td>
<td>Early; Grady; Lee; Lowndes; Miller; Mitchell; Quitman; Randolph; Seminole;</td>
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<td></td>
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<td>Sumter; Terrell; Thomas; Tift; Turner and Worth.</td>
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<tr>
<td>District - 3</td>
<td>Director - Beverley Ann Townsend, MD</td>
<td>Chattahoochee; Coweta; Fayette; Harris; Heard; Marion; Meriwether; Muscogee;</td>
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<td></td>
<td>Alternate- Dan Singleton, MD</td>
<td>Schley; Stewart; Talbot; Taylor; Troup and Webster.</td>
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<td>District - 4</td>
<td>Director – Jada Moore-Ruffin, MD</td>
<td>DeKalb; Gwinnett; Newton; Rockdale and Walton.</td>
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<td>Alternate Director - Kevin Johnson, MD</td>
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<td>District - 5</td>
<td>Director - Susan C. Schayes, MD</td>
<td>Carroll; Cobb; Douglas; Haralson and Paulding.</td>
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<td>Alternate Director - Shameka Hunt McElhaney, MD</td>
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<tr>
<td>District - 6</td>
<td>Director – W. Steven Wilson, MD</td>
<td>Bibb; Butts; Crawford; Houston; Jasper; Jones; Lamar; Macon; Monroe; Peach;</td>
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<td></td>
<td>Alternate Director - John Vu, MD</td>
<td>Pike; Pulaski; Putnam; Spalding; Twiggs and Upson.</td>
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<tr>
<td>District - 7</td>
<td>Director - Denise Crawley, MD</td>
<td>Bartow; Catoosa; Chattooga; Dade; Floyd; Gordon; Murray; Polk; Walker and</td>
</tr>
<tr>
<td></td>
<td>Alternate Director – Tom Bevill, MD</td>
<td>Whitfield.</td>
</tr>
<tr>
<td>District - 8</td>
<td>Director - Jairaj Goberdhan, MD</td>
<td>Appling; Atkinson; Bacon; Benn Hill; Berrien; Bleckley; Brantley; Camden;</td>
</tr>
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<td></td>
<td>Alternate Director - William “Donny” Nash, MD</td>
<td>Candler; Charlton; Clinch; Coffee; Cook; Dodge; Echols; Emanuel; Glynn; Irwin;</td>
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<td></td>
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<td>Davis; Lanier; Laurens; Montgomery; Pierce; Tattnall; Telfair; Toombs;</td>
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<td>Treutlen; Wayne; Ware; Wheeler and Wilcox.</td>
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<tr>
<td>District - 9</td>
<td>Director - Carl D. McCurdy, MD</td>
<td>Banks; Cherokee; Dawson; Fannin; Forsyth; Franklin; Gilmer; Habersham; Hall;</td>
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<td></td>
<td>Alternate Director – Islam Eltarawy, MD</td>
<td>Hart; Lumpkin; Pickens; Rabun; Stephens; Towns; Union and White.</td>
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<tr>
<td>District - 10</td>
<td>Director - Sean Lynch, DO</td>
<td>Barrow; Clarke; Columbia; Elbert; Jackson; Lincoln; Madison; Morgan; Oconee;</td>
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<td>Alternate Director – Jennifer Herbert, MD</td>
<td>Oglethorpe; Richmond and Wilkes.</td>
</tr>
<tr>
<td>District - 11</td>
<td>Director - Adrienne D. Mims, MD</td>
<td>Clayton; Fulton and Henry.</td>
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</tbody>
</table>
Pledge of Allegiance

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands: one Nation under God, indivisible, with Liberty and Justice for all.
Westin Buckhead
Atlanta, GA

Thursday, October 5, 2017

First Session of the Congress of Delegates
6:00 pm
Via Webinar and Teleconference
Register here:

Reference Committee
To Follow Immediately Afterward

Saturday, October 28, 2017

Second Session of the Congress of Delegates
8:00 am until 12:30 pm
Woodruff Ballroom

Officers' Induction
9:00 am
Woodruff Ballroom

Fellows Convocation Ceremony
9:15 am
Woodruff Ballroom
<table>
<thead>
<tr>
<th>Year</th>
<th>President</th>
<th>Year</th>
<th>President</th>
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<tbody>
<tr>
<td>1948-49</td>
<td>Steven Kenyon, MD*</td>
<td>1983-84</td>
<td>John Ed Fowler, MD*</td>
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<tr>
<td>1949-50</td>
<td>James B. Kay, MD*</td>
<td>1984-85</td>
<td>Andrew P. Morley, Jr., MD</td>
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<tr>
<td>1950-51</td>
<td>Walter W. Daniel, MD*</td>
<td>1985-86</td>
<td>Lanny R. Copeland, MD</td>
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<td>1951-52</td>
<td>Albert R. Bush, MD*</td>
<td>1986-87</td>
<td>Ernest J. Jones, MD</td>
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<tr>
<td>1952-53</td>
<td>Peter Hydrick, MD*</td>
<td>1987-88</td>
<td>Howard Viggrass, MD</td>
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<tr>
<td>1953-54</td>
<td>H.L. Cheves, MD*</td>
<td>1988-89</td>
<td>Richard A. Wherry, MD</td>
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<td>1954-55</td>
<td>George H. Alexander, MD*</td>
<td>1989-90</td>
<td>Paul D. Forney, MD</td>
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<td>1955-56</td>
<td>Walter G. Elliot, MD*</td>
<td>1990-91</td>
<td>S. Catherine Huggins, MD</td>
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<tr>
<td>1956-57</td>
<td>Maurice F. Arnold, MD*</td>
<td>1991-92</td>
<td>D. Robert Howard, MD*</td>
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<tr>
<td>1957-58</td>
<td>Fred H. Simonton, MD*</td>
<td>1992-93</td>
<td>Darrell L. Dean, DO</td>
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<td>1958-59</td>
<td>Sage Harper, MD*</td>
<td>1993-94</td>
<td>Keith E. Ellis, MD</td>
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<td>1959-60</td>
<td>Ben K. Looper, MD*</td>
<td>1994-95</td>
<td>John S. Antalis, MD</td>
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<td>1960-61</td>
<td>Joseph Mercer, MD*</td>
<td>1995-96</td>
<td>George W. Shannon, MD</td>
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<td>1961-62</td>
<td>Charles McArthur, MD*</td>
<td>1996-97</td>
<td>Dee Brown Russell, MD</td>
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<td>1962-63</td>
<td>W. Frank McKennie, MD*</td>
<td>1997-98</td>
<td>Tanya Y. Jones, MD</td>
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<td>1963-64</td>
<td>Albert L. Mims, MD*</td>
<td>1998-99</td>
<td>William F. Bina, MD</td>
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<td>1964-65</td>
<td>James H. Milford, MD*</td>
<td>1999-00</td>
<td>Ralph Peeler, MD</td>
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<td>1965-66</td>
<td>Donald W. Schmidt, MD*</td>
<td>2000-01</td>
<td>M.J. Collier, MD</td>
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<tr>
<td>1966-67</td>
<td>Robert Mainor, MD</td>
<td>2001-02</td>
<td>Fred S. Girton, MD</td>
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<tr>
<td>1967-68</td>
<td>Robert E. Huie, MD*</td>
<td>2002-03</td>
<td>Eugene H. Jackson, MD</td>
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<td>1968-69</td>
<td>Irving D. Helenga, MD*</td>
<td>2003-04</td>
<td>D. Ann Travis Honeycutt, MD</td>
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<tr>
<td>1969-70</td>
<td>Thomas A. Sappington, MD*</td>
<td>2004-05</td>
<td>Robert B. Hash, MD</td>
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<tr>
<td>1970-71</td>
<td>Robert D. Walter, MD*</td>
<td>2005-06</td>
<td>Susan C. Margletta, MD</td>
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<tr>
<td>1971-72</td>
<td>George E. Mixon, MD*</td>
<td>2006-07</td>
<td>Alice R. House, MD</td>
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<td>1972-73</td>
<td>Ollie O. McGahee, Jr., MD*</td>
<td>2007-08</td>
<td>Bruce M. LeClair, MD</td>
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<tr>
<td>1973-74</td>
<td>Edwin E. Flourney, Jr., MD</td>
<td>2008-09</td>
<td>Howard C. McMahen, MD</td>
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<tr>
<td>1974-75</td>
<td>James C. Dismuke, Jr., MD*</td>
<td>2009-10</td>
<td>Leonard D. Reeves, MD</td>
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<tr>
<td>1975-76</td>
<td>Wells Riley, MD*</td>
<td>2010-11</td>
<td>Harry S. Strothers, MD</td>
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<td>1976-77</td>
<td>H. Gordon Davis, MD</td>
<td>2011-12</td>
<td>Beulette Y. Hooks, MD</td>
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<tr>
<td>1977-78</td>
<td>Stephen C. May, Jr., MD*</td>
<td>2012-13</td>
<td>Jonathan Mitchell Cook, DO</td>
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<td>1978-79</td>
<td>Milton I. Johnson, Jr., MD*</td>
<td>2013-14</td>
<td>Brian K. Nadolne, MD</td>
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<td>1979-80</td>
<td>Robert A. Pumpelly, Jr., MD*</td>
<td>2014-15</td>
<td>Wayne K. Hoffman, MD</td>
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<td>1980-81</td>
<td>Tommy K. Stapleton, MD*</td>
<td>2015-16</td>
<td>Mitzi B. Rubin, MD</td>
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<td>1981-82</td>
<td>Guerrant H. Perrow, MD*</td>
<td>2016-17</td>
<td>Eddie Richardson, Jr., MD</td>
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<tr>
<td>1982-83</td>
<td>David S. Sowell, MD</td>
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</tbody>
</table>

* Indicates Past Presidents who are deceased

Thank you for your dedication and support of the GA AFP!
8:00 am – 9:00 am
Call to Order and Welcome
Donald Fordham, MD – Speaker

Pledge of Allegiance
Donald Fordham, MD – Speaker

Introduction and Remarks of Honored Guest
Donald Fordham, MD – Speaker
John L. Bender, MD, AAFP Board Member

Officers’ Induction
Woodruff Ballroom

Fellows’ Convocation Ceremony
Woodruff Ballroom

Parliamentary Procedure Review and Orientation for Delegates
Jeff Stone, MD

Omega Report
Samuel “Le” Church, MD - Vice Speaker

Congress of Delegates Introductions
Samuel “Le” Church, MD - Vice Speaker

Quorum Call
Samuel “Le” Church, MD - Vice Speaker

Member Anniversary List
Samuel “Le” Church, MD - Vice Speaker

Congress of Delegates Officers

48th GAFP Congress of Delegates Action Calendar

Reports (Additional oral addendums to printed reports will be given at the discretion of the Speaker)
Report of the President
Eddie Richardson, Jr., MD
Report of the Chair
Mitzi Rubin, MD

Report of Other Officers and Directors:
Treasurer
Jeff Stone, MD
Secretary
Tom Fausett, MD
Executive Vice President
Fay Fulton, MHS

GAFP Organization

Staff Organization
Committee Reports:
Education and Research........................................... Theresa Jacobs, MD, Ken Howard, MD ........... 37
Legislative..................................................................... Bruce LeClair, MD, Rick Wherry, MD .......... 42
Membership .................................................................... Tom Fausett, MD, Ivy Smith, MD .......... 48
Report of the Nominating Committee.............................. Eddie Richardson, Jr., MD .......................... 50
Practice Management .................................................... Jairaj Goberdhan, MD, Michael Satchell, MD 51
Public Health .................................................................. Jay Floyd, MD, Sherma Peter, MD .......... 54
Student and Resident Recruitment ................................. Julie Dahl-Smith, DO, Kevin Johnson, MD .... 57

Other Reports:
AAFP Delegates ............................................................ Bruce LeClair, MD, Harry Strothers, MD........  Handout
Georgia Healthy Family Alliance ................................. Evelyn Lewis&Clark, MD, President .............. 60
Political Action Committee Board ................................. Mitzi Rubin, MD, Thaddeus Lynn, MD ........ 64
Resident Directors ........................................................发动机 Sarah Codrea, DO, Monique Merritt-Atkins, MD .... 67
Student Directors .......................................................... Chivon Stubbs, Alayna Dukes, Daryl Singleton .... 68

Family Medicine Residency Program Reports:
Augusta University ........................................................................................................................................................................................................................................... Julie Dahl-Smith, DO ........................................... 71
Columbus ........................................................................ John Bucholtz, DO ........................................... 73
Colquitt Regional .................................................................................................................................................................................. Kirby Smith, DO ................................................... 75
Emory ............................................................................. Teresa Liane Beck, MD, MPH ..................... 77
Gwinnett Medical Center ............................................... Kevin E. Johnson, MD ................................. 80
Medical Center of Central Georgia ............................... Monique Davis-Smith, MD .......................... 82
Morehouse ...................................................................... Riha Kelsey-Harris, MD ............................... 83
Phoebe ........................................................................... George Frederick, MD .................................. 87
Savannah ........................................................................ Robert Pallay, MD ...................................... 88
Wellstar Atlanta Medical Center .................................... George W. Brown, MD ............................... 90

Resolutions:

A. Policy Approvals – Located in Chairman’s Report to the Congress of Delegates ................................................. 26-28

B. Recognition of Physicians as Physicians across all Healthcare Entities
   Submitted by: Beverley Ann Townsend, MD of Columbus .......................................................... 91

C. Support Cesarean Section Privileges for Family Physicians
   Submitted by: Omoniyi Yakubu Adebisi, MD of Tallapoosa ......................................................... 92

D. Expansion of Telemedicine and Electronic Resources
   Submitted by: Teresa Lianne Beck, MD of Atlanta, Program Director, Emory Family Medicine Residency Program ................................................................. 94

E. Policy Considerations GA HB 249 Regarding Controlled Substances and Collecting More Information Regarding Dispensing and Use
   Submitted by: Kevin E. Johnson, MD of Lawrenceville, Program Director, Gwinnett Family Medicine Residency Program ................................................................. 96
Adoption of the 2016 Minutes of the 48th GAFP Annual Congress of Delegates ............................................. 102

Nominating Committee Business
Georgia Healthy Family Alliance Board Trustee ........................................... Donald Fordham, MD

Discussion and Voting on Reference Committee Report ....................................... Donald Fordham, MD

Adjournment

GAFP Bylaws ........................................................................................................ 108
You have been elected by your colleagues to represent them at the GAFP Congress of Delegates. As a delegate or alternate delegate you are responsible for setting the policies of the Academy for the coming year. It is also your responsibility to:

a) Read the 2017 Delegates Handbook, paying special attention to reports with recommendations; and,
b) Talk with your colleagues about the recommendations presented.

Credentialed Delegates will vote on the recommendations presented by the Reference Committees. If approved, these recommendations will then become policy for the Academy.

**Instructions**
The Credentials Committee will officially register every delegate and alternate before the opening session.

A delegate may represent his constituents on the floor of the Congress by accepting the floor in debate of issues, discussion at Reference Committees, and, of course, in voting on all actions. "Sturgis Standard Code of Parliamentary Procedure" shall govern the proceedings of the Congress of Delegates.

Congress of Delegates leadership are appointed by the Speaker of the Congress from among the members of the Congress of Delegates.

The Congress will hold a session for deliberations, receipt of officer and committee reports and action on Reference Committee recommendations as well as election of officers.

Each delegate appointed to the Congress is asked to report punctually to all meetings of that Committee.

A Reference Committee receives all matters referred to it. To receive a report or other matters simply indicates that the Reference Committee gives attention to a matter or considers it. It does not mandate that the Committee has taken action on that matter, except in the case of resolutions.

The Reference Committee may make a recommendation to the Congress of Delegates on each agenda item referred to it.

A. The Reference Committee may recommend that an item be:
   1. **Filed** - To file is a common method of disposing of a report. A report that is filed is not binding on the Academy but is available for information and may be considered again at any time. An expression of thanks or other commendation may be combined with a motion to file a report.

   If within a report to be filed there are items on which the Reference Committee wishes to recommend definitive action, separate consideration should be given to those items. (Since a resolution proposes specific action, it would be inappropriate to file a resolution.)

   Among the agenda items appropriate to file are those reports from a body over which the GAFP Congress of Delegates has no jurisdiction.
2. **Adopted** - An adopted report or resolution commits the Academy to all the findings, opinions, and recommendations contained therein. A report may be adopted as written, in part, or with exceptions or reservations as expressed by the Reference Committee.

Adopted as Amended indicates that the agenda item exists in a form other than that originally referred to the Reference Committee. It may have been amended by the Author during open hearings or by the Reference Committee during executive session. The Reference Committee may amend an agenda item during executive session either by adopting an amendment proposed during open hearings or at its own prerogative. The Reference Committee Chairperson will indicate amendments when he presents his report to the Congress of Delegates.

Adopted as Corrected indicates that an inadvertent error existed in the form originally referred to the Reference Committee and that the Reference Committee has corrected that error. The Chairperson will indicate the corrections when he/she presents his/her report to the Congress of Delegates.

Adopt a Substitute proposal indicates that the Reference Committee has extensively revised the agenda item referred to it or has drafted a completely new proposal which it recommends in lieu of the original(s). A substitute proposal may be particularly appropriate when several resolutions have been submitted on the same issue. The Chairperson will read the substitute proposal when he presents his report to the Congress of Delegates.

**Postponed** - (a) **To Postpone Definitely** indicates that the Reference Committee feels it appropriate to defer further consideration of an agenda item. When a matter is postponed definitely, a specific time must be designated for further consideration. A matter may be postponed definitely to another specific meeting of the Congress of Delegates, or until specific information becomes available, or possibly pending certain developments.

(b) **To Postpone Indefinitely** has the effect of permanently tabling further consideration of an agenda matter. Once consideration of an item has been postponed indefinitely, it cannot receive further consideration unless it is reintroduced at a later meeting of the Congress of Delegates.

3. **Referred** - To refer is a suggestion by the Reference Committee that further consideration should be given to the agenda item. The Reference Committee will usually designate to whom the matter may be appropriately referred and for what purpose the matter is being referred.

A matter may be referred without any other action being recommended by the Reference Committee. If a follow-up report is desired, the Reference Committee may designate to whom that report should be given and when. A matter may be referred after other action has been recommended as in a recommendation to adopt and refer for implementation.

4. **Not Adopted** - To not adopt indicates that the Reference Committee does not endorse the recommendations contained in the report or other agenda item, or the report in its entirety, and implies that none of the recommendations contained in it will be implemented.
B. A recommendation may contain more than one of the above elements, as in a report that is recommended to be adopted as corrected and amended, and referred to the Committee on Committees and Evaluation.

C. In stating the recommendation, special consideration should be paid to the verb(s) used to be sure the Reference Committee's intent is clear.

1. A recommendation that a specific person(s) shall do a certain action mandates that action by the designee(s).

2. A recommendation that a specific person(s) may do a certain action at his discretion but does not require him to do that action.

An outline of the suggested verbatim format of the report is as follows:

"Madam Speaker, the Committee (or Reference Committee) on ........ has met and duly considered all items of business referred to it. The Committee wishes to make the following report:

Upon consideration of the general issue of ............, the Committee recommends that paragraph ........ on page ..... addressing this issue and assigned to us be filed as they are informational."

or

"In addressing the recommendation on page .... which states .................., the Committee recommends it be (adopted, referred, etc.) .................."

or

"The Committee considered resolution No. ........ on page ..... regarding and recommends that it be ............"

"Madam Speaker, I move the adoption of the entire report of the Committee on ....................."

The Speaker, Vice Speaker and Parliamentarian will be available during the Committee meetings for assistance in clarifying problems with the preparation of the Committee reports.
I. **The Object of Parliamentary Procedure**

The object of Parliamentary Procedure is to provide a formula or guide for conducting business meetings. It provides a set of rules and principles for an orderly method of conducting these meetings and for the oral debate of controversial matters. It is the means by which the will of the majority can be determined in an orderly manner.

Parliamentary Procedure is not the technical or difficult body of principles, which some persons believe to be. Neither is it a means by which the "tricky" individual can advance his own ends. Even if it is occasionally abused, it is basically a defense against such persons. It provides for free and open debates, which should assure a fair hearing for all persons. Its basic principles are flexible enough to serve the needs of every type of meeting, and it can be used with varying degrees of formality.

II. **The Basic Principles of Parliamentary Procedure**

A. **The Principle of Equality**: Every member is the equal of every other member in the right to introduce, debate, and vote upon business.

B. **The Right of Free and Full Debate**: This is a basic right, which should be curtailed only when the group's welfare is furthered.

C. **The Principle of Rule by the Majority without Tyranny to the Minority**: In return for the privilege of participation, the member agrees to abide by the decision of the majority.

D. **One Question or Proposal at a Time**: Although there may be several proposals pending, only one should be "immediately pending" or in the immediate focus of attention and subject to vote.

III. **Some Duties and Rights of Members of an Assembly**

A. **The Primary Duties**
   1. He/She should properly obtain the floor before speaking.
   2. He/She should avoid speaking upon any matter until it has been properly brought before the assembly.
   3. He/She should never interrupt another member unless the motion, which he/she is about to make, permits it.
   4. He/She should abide by the spirit, as well as by the letter of Parliamentary Procedure.

B. **The Primary Rights**
   1. He/She has the right to offer in the proper manner any motion, which he/she may consider to be wise.
   2. He/She has the right to explain or debate a motion unless the Parliamentary rules prohibit.
   3. He/She has the right to call for a "point of order."
   4. He/She has the right to hold the floor, when legally obtained, until he/she has finished speaking (unless time limits prevail).
   5. He/She has the right to appeal from the decision of the Chair to that of the assembly.
Voting

I. **Forms of Voting**
   A. Yes and No's (comparison of volumes of sound)
   B. Raising of hands
   C. Rising
   D. Yeas and No’s (roll call)
   E. Balloting

II. **Place of the Chairperson in Voting**
   A. As a member of the assembly, he/she may vote whenever his/her vote will affect the result.
   B. In case of roll call voting, his/her name is called last.
   C. In case of ballot voting, he/she must vote before the polls are closed.

**Proper Sequences**

I. **The Usual Order of Business**
   A. Call to Order
   B. Roll Call (if necessary)
   C. Reading, Correction (if necessary), and Approval of the Minutes or the Journal
   D. Reading and Acceptance of the Treasurer's Report
   E. Reports of the other Officers (if necessary)
   F. Reports of Standing Committees
   G. Reports of Special Committees
   H. Unfinished (Old) Business
   I. New Business
   J. "For the Good of Order" (if desired)
   K. Adjournment

II. **The Steps in a Motion**
   A. The Motion is **Made**
   B. The Motion is **Seconded**
   C. The Motion is **Stated**
   D. The Motion is **Debated**
   E. **Debate is Stopped**
   F. The Motion is **Put**
   G. The **Vote is Taken**
   H. The **Vote is Announced**

**Note:** Between D and E, several other steps may be introduced--for instance, "to amend," “to refer to a committee," etc.
# Motions

**The Chief Purposes of Motions**

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Main motion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present an idea for consideration and action</td>
<td>Resolution</td>
</tr>
<tr>
<td></td>
<td>Consider subject informally</td>
</tr>
<tr>
<td>Improve a pending motion</td>
<td>Amend</td>
</tr>
<tr>
<td></td>
<td>Division of Question</td>
</tr>
<tr>
<td>Regulate or cut-off debate</td>
<td>Limit or extend debate</td>
</tr>
<tr>
<td></td>
<td>Vote immediately</td>
</tr>
<tr>
<td>Delay a decision</td>
<td>Refer to committee</td>
</tr>
<tr>
<td></td>
<td>Postpone definitely</td>
</tr>
<tr>
<td></td>
<td>Postpone temporarily</td>
</tr>
<tr>
<td></td>
<td>Recess</td>
</tr>
<tr>
<td>Suppress a proposal</td>
<td>Object to consideration</td>
</tr>
<tr>
<td></td>
<td>Postpone indefinitely</td>
</tr>
<tr>
<td></td>
<td>Withdraw a motion</td>
</tr>
<tr>
<td>Meet an emergency</td>
<td>Question of privilege</td>
</tr>
<tr>
<td></td>
<td>Suspend rules</td>
</tr>
<tr>
<td>Gain information on a pending motion</td>
<td>Parliamentary inquiry</td>
</tr>
<tr>
<td></td>
<td>Request for information</td>
</tr>
<tr>
<td></td>
<td>Request to ask member a question</td>
</tr>
<tr>
<td></td>
<td>Question of privilege</td>
</tr>
<tr>
<td>Question the decision of the presiding officer</td>
<td>Point of order</td>
</tr>
<tr>
<td></td>
<td>Appeal from decision of Chair</td>
</tr>
<tr>
<td>Enforce rights and privileges</td>
<td>Division of assembly</td>
</tr>
<tr>
<td></td>
<td>Division of question</td>
</tr>
<tr>
<td></td>
<td>Parliamentary inquiry</td>
</tr>
<tr>
<td></td>
<td>Point of order</td>
</tr>
<tr>
<td></td>
<td>Appeal from decision of chair</td>
</tr>
<tr>
<td>Consider a question again</td>
<td>Resume consideration</td>
</tr>
<tr>
<td></td>
<td>Reconsider</td>
</tr>
<tr>
<td></td>
<td>Rescind</td>
</tr>
<tr>
<td></td>
<td>Renew a motion</td>
</tr>
<tr>
<td>Change an action already taken</td>
<td>Reconsider</td>
</tr>
<tr>
<td></td>
<td>Rescind</td>
</tr>
<tr>
<td></td>
<td>Amend by new motion</td>
</tr>
<tr>
<td>Terminate a meeting</td>
<td>Adjourn</td>
</tr>
<tr>
<td></td>
<td>Recess</td>
</tr>
<tr>
<td>Order of precedence</td>
<td>Can interrupt?</td>
</tr>
<tr>
<td>---------------------</td>
<td>---------------</td>
</tr>
<tr>
<td><strong>PRIVILEGED MOTIONS</strong></td>
<td></td>
</tr>
<tr>
<td>1. Adjourn</td>
<td>No</td>
</tr>
<tr>
<td>2. Recess</td>
<td>No</td>
</tr>
<tr>
<td>3. Question of privilege</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>SUBSIDIARY MOTIONS</strong></td>
<td></td>
</tr>
<tr>
<td>4. Table</td>
<td>No</td>
</tr>
<tr>
<td>5. Close debate</td>
<td>No</td>
</tr>
<tr>
<td>6. Limit or Extend debate</td>
<td>No</td>
</tr>
<tr>
<td>7. Postpone to a certain time</td>
<td>No</td>
</tr>
<tr>
<td>8. Refer to committee</td>
<td>No</td>
</tr>
<tr>
<td>9. Amend</td>
<td>No</td>
</tr>
<tr>
<td><strong>MAIN MOTIONS</strong></td>
<td></td>
</tr>
<tr>
<td>10. a. The main motion</td>
<td>No</td>
</tr>
<tr>
<td>b. Specific main motions:</td>
<td></td>
</tr>
<tr>
<td>Adopt in-lieu-of</td>
<td>No</td>
</tr>
<tr>
<td>Amend a previous action</td>
<td>No</td>
</tr>
<tr>
<td>Ratify</td>
<td>No</td>
</tr>
<tr>
<td>Recall from committee</td>
<td>No</td>
</tr>
<tr>
<td>Reconsider</td>
<td>Yes</td>
</tr>
<tr>
<td>Rescind</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Order of precedence</th>
<th>Applies to what other motions?</th>
<th>Can have what other motions applied to it?</th>
<th>Renewable?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PRIVILEGED MOTIONS</strong></td>
<td>Amend, close debate, limit debate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Adjourn</td>
<td>None</td>
<td>Amend, close debate, limit debate</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Recess</td>
<td>None</td>
<td>Amend, close debate, limit debate</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Question of privilege</td>
<td>None</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td><strong>SUBSIDIARY MOTIONS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Table</td>
<td>Main motion</td>
<td>None</td>
<td>No</td>
</tr>
<tr>
<td>5. Close debate</td>
<td>Debatable motions</td>
<td>None</td>
<td>Yes</td>
</tr>
<tr>
<td>6. Limit or Extend debate</td>
<td>Debatable motions</td>
<td>Amend, close debate</td>
<td>Yes</td>
</tr>
<tr>
<td>7. Postpone to a certain time</td>
<td>Main motion</td>
<td>Amend, close debate, limit debate</td>
<td>Yes</td>
</tr>
<tr>
<td>8. Refer to committee</td>
<td>Main motion</td>
<td>Amend, close debate, limit debate</td>
<td>Yes</td>
</tr>
<tr>
<td>9. Amend</td>
<td>Rewordable motions</td>
<td>Amend, close debate, limit debate</td>
<td>No</td>
</tr>
</tbody>
</table>

**MAIN MOTIONS**

10. a. The main motion | None | Subsidiary | No |

b. Specific main motions: | | | |
| Adopt in-lieu-of | None | Subsidiary | No |
| Amend a previous action | Adopted main motion | Subsidiary | No |
| Ratify | Adopted main motion | Subsidiary | No |
| Recall from committee | Referred main motion | Close debate, limit debate | No |
| Reconsider | Vote on main motion | Close debate, limit debate | No |
| Rescind | Adopted main motion | Subsidiary, except amend | No |

**Incidental Motions**

Requests: | Can interrupt? | Requires a second? | Debatable | Amendable? | Vote required? |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Point of order</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>None</td>
</tr>
<tr>
<td>Withdraw a motion</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>None</td>
</tr>
</tbody>
</table>
The Omega Report

In memory of our colleagues

William Robert Camp, MD ~ Atlanta
Henry Tucker Clay, MD ~ Macon
Jesse Ray Grant, MD ~ Forsyth
Julia Ellen Hendrich, MD ~ Evans
Milton I. Johnson, Jr., MD ~ Macon
Wells Riley, MD ~ Hampton

“We don't forget those...
Who give us much to remember.”
Members Celebrating Anniversaries in 2017

60 Years
Perry Busbee, MD

50 Years
William McGinty, MD
Edwin Mayo, MD

45 Years
Manuel Fajardo, MD
John McCamy, MD
Larry Boss, MD, FAAFP
Thomas Davis, MD
Harmer Eason, Jr., MD, FAAFP

40 Years
William Dunn, MD
Fred Girton, MD
Edwin Hiatt, MD
Garey Huff, MD
Joseph Jackson, MD
Martin Jacobson, MD
Robert Jones, MD
John Kludt, MD
Robin Line, MD
Robert Murdock, MD
Thomas Parrott, MD
Robert Phillips, MD
Rafik Raphael, MD
Stephen Saylor, MD
Chandrankant Shah, MD
George Shannon, MD
Robert Shiver, MD
H. Templeton, MD
Mason Thompson, MD

35 Years
Catherine Andrews, MD
Robert Bush, MD
Darrell Dean, DO, MPH
Ronald Elliott, MD
George Fredrick, MD
Henry Gardiner, MD
Keith Hannay, MD
Elizabeth Herman, MD
Michael Huey, MD
Catherine Huggins, MD
Kenneth Jones, MD
Ken Kwok, MD
Alison Lauber, MD
Debra Levin, MD
Stuart Levin, MD
Sandra Maryman, MD
Seaborn Moss, MD
Omar Najjar, MD
Rajendra Patel, MD
Richard Pierzchajlo, MD
Meena Shah, MD
Michael Sims, MD
Titus Taube, MD
Leonard Wojnowich, MD

30 Years
Ramon Parrish, MD
Charlton Pickett, MD
David Pierce, MD
Stephen Pohl, MD
John Polak, DO
Michael Renner, MD
Dave Ringer, MD
Lisa Rosa Re, MD
Jack Ross, MD
Mark Salsberry, MD
C. Schramm, MD
Steven Schuster, DO
Meyer Schwartz, MD
Edwin Scott, MD
Michael Sergeant, MD
Sheila Smith, DO
Robert Snoddy, MD
James Thigpen, MD
Thomas Upshaw, MD
Robert Van Gallera, MD
Marc Wall, MD
Murrith Watson, MD
Robert Weintraut, MD
Anne White, MD
Daryl Wiley, MD
Stewart Williams, MD
Dale Wing, MD
Lawrence Zottoli, Jr., MD

25 Years
Joyce Lewis, MD
Marek Majoch, MD
Haley Manley, MD
Susan Margletta, MD
Kimberly Martin, MD
Sarah Matovu, MD
Julian McLendon, MD
Michael Milton, MD
Brian Nadolne, MD
Robert Pyle, MD
Patrick Railey, MD
Gregory Rainwater, MD
Raja Ram, MD
Riaz Rassekh, MD
Leonard Reeves, MD
Angela Ritter, MD
Malcolm Simpson, MD
Versie Slay, MD
Harry Snapperman, MD
Robert Sullivan, MD
Corazon Tan, MD
Charles Tapley, MD
Kathleen Toomey, MD, MPH
Deborah Travis Honeycutt, MD
Patrick Voswinkel, MD
Emory Walker, MD
John Watson, MD
Joanne Williams, MD, MPH

20 Years
Bonnie Jenkins, MD
Kim Kurtz, MD
Clay Lee, DO
James Lee, DO
Thomas McElhannon, MD
Lorraine McRae, MD
Catherine Meredith, MD
Blake Milner, MD
Michael Mulberry, MD
Robert Norris, DO
Dipak Patel, MD
Drew Posey, MD, MPH
Carla Price, MD
Heather Pryor, MD
Christopher Reeves, MD
Wayne Richey, MD
Jorge Rodriguez, DO
Michael Satchell, MD
Richard Schlossberg, MD
Thomas Self, MD
Daryl Sherrod, MD
Varinder Singh, MD, FAAFP
Rebecca Talley, MD
Leah Tobin, MD
Christy Wagner, MD
Gordon Waters, MD

15 Years
Deepali Agarwal, MD
Adebayo Akintobi, MD
Christopher Anderson, MD
Crystal Barnwell, MD
Nabatanzi Bewayo, MD
Craig Bishop, DO
Jeffrey Davenport, MD
Anne Gaglioti, MD
Chandrika Garg, MD
Lisa Griggs, MD
Sinan Haddad, MD
Nadine Halliburton-Foster, MD
Angie Haque, DO
Marc Harrigan, MD
Grant Hsing, MD
Altee Johnson, MD
<table>
<thead>
<tr>
<th>Georgia Academy of Family Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>49th Annual Congress of Delegates</td>
</tr>
<tr>
<td>Specializing in You!</td>
</tr>
</tbody>
</table>

**10 Years**

Dale Lawson, MD  
Arlene Lewis, MD  
Kim Livsey, MD  
Kendra Lynch, MD  
Jonathan Lynch, MD  
Christopher McWhorter, MD  
Kelley Mondi, MD  
Usha Musunurud, MD  
Isioma Okobah, MD  
James Oliviere, MD  
Shannon Pitman, MD  
Clayton Ramsue, MD  
Maryam Sedghi, MD  
Charles Sow, MD  
Joseph Surber, DO  
Modesta Tako, MD  
Lydia Tanner, MD  
Mark Taylor, MD  
James Tinley, MD  
Jacoby Varghese, MD  
Rayashree Venkatesh, MD  
Linda Walden, MD  
Katherine Whitehead, MD  
Charity Wilson, MD  

**5 Years**

Nailah Abdulbaaqee, MD  
Jorge Amador, MD  
Adil Ansari, MD  
Jody Bahnminer-Brasil, MD  
Justin Baker, MD  
Fiona Baldwin, MD  
Ian Beckford, MD  
Peggy Bergrabra, MD  
Sajuma Bhaju, MD  
Fr'daniel Boyd, MD  
Wilma Briones-Mull, MD  
Gotam Chand, MBBS  
Jack Cheng, MD  
Mitzi Clayton, MD  
Ralph Crowe, MD  
Kommerina Daling, MD  
Eric Davis, MD, JD  
Michelle Dees, DO  
Madhavi Devaraju, MD  
Sharanjeet Enokpare, MD  
Angela Evans, DO  
Katia Forbin, MD  
Duriel Gray, MD  
Wanda Gumbs, MD  
Wanda Guy-Craft, MD  
Karen Hacker, MD  
Gehrigh Harris, MD  
David Hines, MD  
Cynthia Hurley, MD  
Amanda Hutchinson, MD  
Witemba Kabange, MD  

Poonaminder Kaur, MD  
Bo Ryung Lee, MD  
Yvonne Maduka, MD  
Zita Magloire, MD  
Laura Makoroff, DO  
Godfrey Mark, MD  
Robert Martin, MD  
Stephen Martini, MD  
Celeste Miller, MD  
Afolake Mobolaji, MD  
Noshin Najafi, MD  
Osaretin Okungbowa, MD  
Omokhaule Omokhodion, MD  
Shetal Patel, MD  
Sonja Penson, MD  
Randall Peterson, MD  
Glendon Rougeou, MD  
Minkailu Sesay, MD  
Thenmozi Singaram, MD  
Daniel Singleton, MD  
Sanjeev Tendolkar, MD  
Cheryl Trewell, MD  
Jonathan Wade, DO  
Tyler Wheeler, MD  
Tian Xia, MD  
James Yost, MD  
Steven Ziemen, MD  

Barbara Jones, DO  
Jocelyn Joseph, MD  
Linu Joseph, MD  
Kirpich Joseph, MD  
Erica Judge, MD  
Sonja Kellerher, MD  
Nakato Kubuya-Gravis, MD  
Patrick Kindregan, DO  
Srividy,a Koduru, MBBS  
Daniel Kosobucki, MD  
Joshua Lang, DO  
LaToya Lee, MD  
Michael Ly, MD  
Gabriella Maris, MD  
Byron Mata, MD  
Joshua McCarthy, MD  
John McCaskey, MD  
Sidney Morgan, MD  
Nokuthula Msimanga, MD  
Farah Mubarak Ali, MD  
Darrell Murray, MD  
Nirag Nagada, MD  
Son Nguyen, MD  
Joi Nichols, MD  
Julie Patel, MD  
KC Patel, MD  
Gabriela Pena, MD  
Leslie Pittman, MD  
Bhavi Purohit, MD  
Sana Rabbi, MD  
Joy Rankin, MD  
Saman Razzak, MD  
Daryl Remick, MD  
Donald Reynolds, MD  
Deanna Roy, MD  
Horace Sawyer, Jr., MD  
Abiramasundari Senthivel, MD  
Shikha Shah, MD  
Danielle Shelton, MD  
Ah Rim Shin, MD  
Harleen Singh, MD  
Walkitria Smith, MD  
Thomas Smith, MD  
Jessica Stepp, DO  
St. Claire Sumaili, MD  
Felecia Sunmer, DO  
Humaira Syed, MD  
Katherine Taylor, MD  
Davon Thomas, MD  
Winston Ugbajah, MD  
Scott Waguespack, MD  
Candace Walker, MD  
Brandi Warren, DO  
Elaine Wenstrom, MD  
Erica Young, MD  
Erik Zarandy, DO
Congress of Delegates Officers

Speaker
Donald Fordham, MD

Vice Speaker
Samuel “Le” Church, MD

Parliamentarian
Jeff Stone, MD

Credentials Committee
Chair – Beverley Ann Townsend, MD
Member – Wayne Hoffman, MD

Tellers Committee
Chair – Beulette Hooks, MD
Member – Sean Lynch, DO

Reference Committee
Co-Chair – Tom Fausett, MD
Co-Chair – Alice House, MD
Secretary – Chris Wizner, MD
Member – Peaeshia Houston, DO
Member – Christina Kelly, MD
Member – Sandhya Ramayya, MD
Member – Michael Satchell, MD
Resident Member – Priya Gulati, MD
Student Member - Chivon Brown-Stubbs
Staff - Fay Fulton
Staff - Alesa G. McArthur
<table>
<thead>
<tr>
<th>Resolutions</th>
<th>Recommended Action</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Bylaws Revision</td>
<td>Passed.</td>
<td>The GAFP Bylaws have been updated, including website version. (11/16)</td>
</tr>
<tr>
<td>Let it be Resolved that, the Family Medicine Interest Groups move to a full delegation of 2 medical student members and 3 alternate medical student members, each from different Georgia medical school campuses, with elections by student members; And, let it be further Resolved that, this new Congress of Delegates composition be effective beginning the 2017 Congress of Delegates. (from CHAPTER 7, Section 7)</td>
<td></td>
<td>Sent to AAFP for review. (04/17) Action complete.</td>
</tr>
<tr>
<td>2. Policy</td>
<td>Further actions:</td>
<td>Speaker Fordham spoke to the staff attorney at the Georgia Board of Pharmacy and learned it is current law that prescriptions for controlled substances can be transmitted electronically. They did acknowledge that many pharmacies in Georgia do not yet have the capability to receive electronic submission of prescriptions (but did not know the number of pharmacies who do not provide this service). (March 2017)</td>
</tr>
<tr>
<td>Be it resolved that the GAFP promote and support legislation to simplify and standardize the transmission of controlled substances (classes 2, 2N, 3, 3N, 4 and 5) electronically over the internet to pharmacies within the State of Georgia, maintaining the option of allowing these medications to be written on current Georgia Board of Pharmacy approved secure paper. Furthermore, that the GAFP work with the Georgia Pharmacy Association and Georgia Board of Pharmacy to require pharmacies to have systems in place to be compliant with the transmittal, and acceptance, of such electronic medication transmittals.</td>
<td>- Send a letter to the Georgia Association of Community Pharmacies asking them to work with their members to encourage them to adopt the electronics necessary to accept electronic submission of prescriptions. (June) - Ask staff and the Legislative Committee to bring to the leadership any state legislation that will simplify and standardize the transmission of controlled substances. (May)</td>
<td>Letter sent to the Georgia Board of Pharmacy asking them to craft a letter for our GAFP publication to educate our members about electronic prescribing with an emphasis on appropriate e-prescribing on controlled substances. (July 2017)</td>
</tr>
<tr>
<td>Resolutions</td>
<td>Recommended Action</td>
<td>Action Taken</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>3. Let it be resolved that the GAFP accept the 2016 Board Chair’s report and all other reports in the 2016 COD Handbook.</td>
<td>These reports were submitted and accepted as presented. Items within the reports become policy and official history of the Georgia Academy.</td>
<td>Followed up with the original sponsor of the resolution, Dr. Teresa Lianne Beck, to give her an update on current actions. (July 2017)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Policy Manual updated. Action complete. (01/17)</td>
</tr>
</tbody>
</table>
President’s Report 2017

I would like to start my report by thanking the over 150 GAFP members who serve in leadership roles either within the GAFP or in appointed positions throughout the state of Georgia and nationally. We are fortunate to have many colleagues who take time away from their busy practices and families to represent family medicine and our patients.

I was your GAFP representative to the Medical Association of Georgia’s Physician Leadership Academy Program. Through this program, I worked with my colleagues to launch a successful media campaign encouraging our Georgia citizens to get vaccinated! We continue to make strides in this arena as we are now in discussions with Georgia’s Board of Regents about increasing Meningitis vaccination rates with young adults entering our college system.

I was proud to represent you around the state having met with all the residency programs and the family medicine interest group clubs around the state. My motto is “Living the Dream” and I hope that I’ve instilled that motto to others through my mentoring with young and emerging family physician leaders to be.

Other meetings that I proudly represented this Academy were the AAFP Family Medicine Legislative Summit, National Chapter Leaders of Special Constituencies, American Academy’s Chapter Leadership Forum and the AAFP Congress of Delegates.

President’s Awards
It’s my honor and privilege to present the President’s Awards to the following people in my life who have supported, loved and mentored me:

Jameelah Gater Richardson, MD – My beautiful wife and life partner
Laverne P. Richardson – My Mother who encouraged me every step of the way
State Representative John Corbett – Childhood friend that continues to support my leadership initiatives
Mrs. Martha Curry – my practice administrator who keeps me “living the dream” and tending to my patients!

Funding for 2016 Pathway to Medical School Program
We were proud to help support two classes for the Pathway to Medical School which targets rural pre-med students for six-week programs in both North Georgia and Southwest Georgia.

Appreciation
I look forward to seeing you at our annual meeting in October. I encourage you to contact the GAFP office or me directly in 2018 as I assume my role as Chairman of the Board of Directors.

Recommendations: None

Eddie Richardson, Jr., MD, FAAFP
President
Georgia Academy of Family Physicians
49th Annual Congress of Delegates
Specializing in You!

Congress of Delegates
August 2017

Chairman of the Board of Directors’ Report 2017
I would like to extend my thanks to approximately 200 GAFP members who have served in a leadership role during 2017. My colleagues on the Executive Committee have met at least monthly and continually strive to advance our specialty and protect our patients.

Board of Directors
The GAFP Board of Directors meets quarterly throughout the year, and this year met three times prior to the annual meeting, on March 5, June 10 and August 6. The Board will meet during the GAFP annual meeting on Thursday, October 26.

The GAFP has a dedicated group of members serving all of you and includes the following leaders:

Chair, Mitzi Rubin, MD
President, Eddie Richardson, Jr., MD
Vice President, Susana Alfonso, MD
President-Elect, Loy “Chip” Cowart, MD
Secretary, Tom Fausett, MD
Treasurer, Jeff Stone, MD
Speaker, Donald Fordham, MD
Vice Speaker, Samuel “Le” Church, MD
Director, District 1, Sherma Peter, MD
Director, District 2, Michael Satchell, MD
Director, District 3, Beverley Ann Townsend, MD
Director, District 4, Jada Moore-Ruffin, MD
Director, District 5, Susan Schayes, MD
Director, District 6, W. Steven Wilson, MD
Director, District 7, Denise Crawley, MD
Director, District 8, Jairaj Goberdhan, MD
Director, District 9, Carl McCurdy, MD
Director, District 10, Sean Lynch, DO
Director, District 11, Adrienne Mims, MD
Alternate Director, District 1, Thomas J. Miller, Jr., MD
Alternate Director, District 2, Jimi Malik, MD
Alternate Director, District 3, Dan Singleton, MD
Alternate Director, District 4, Kevin Johnson, MD
Alternate Director, District 5, Shameka Hunt McElhaney, MD
Alternate Director, District 6, John Vu, MD
Alternate Director, District 7, Tom Bevill, MD
Alternate Director, District 8, W. “Donny” Nash, MD
Alternate Director, District 9, Islam Eltarawy, MD
Alternate Director, District 10, Jennifer Herbert, MD
Alternate Director, District 11, Ellie Daniels, MD
Resident Director, Sarah Codrea, DO
Resident Director, Monique Merritt Atkins, MD
Resident Alt. Director, Jessica Brumfield, DO
Resident Alt. Director, Joshua Koerner, DO
Student Director, Chivon Brown Stubbs
Student Director, Alayna Collier Dukes
Student Director, Daryl Singleton
Student Alt. Director, Alcha Strane
Student Alt. Director, Dontre Douse
Student Alt. Director, Daniel Kim
AAFP Delegate, Harry Strothers, III, MD
AAFP Delegate, Bruce LeClair, MD, MPH
AAFP Alternate Delegate, Karla Booker, MD
AAFP Alternate Delegate, Beulette Y. Hooks, MD

Committee chairs and vice-chairs also serve on the Board in a non-voting capacity:

Education and Research Committee
Theresa Jacobs, MD – Chair
Ken Howard, MD – Vice-Chair

Finance Committee
Jeff Stone, MD – Chair
Sharon Rabinovitz – Vice Chair

Legislative Committee
Bruce LeClair, MD – Co-Chair
Rick Wherry, MD – Co-Chair

Membership Committee
Tom Fausett, MD – Chair
Ivy Smith Coleman, MD – Vice Chair
Policies of the GAFP

In addition to the GAFP Bylaws, the GAFP has a Policy Manual that is reviewed and updated every year. The policy review process is that one-third of all policies are reviewed each year on a three year rotating basis by the Board Chair and the Congress of Delegates Speaker and Vice Speaker. The policies that originated with the Board are taken back to the Board for approval. Those originated with the Congress of Delegates will be presented by the GAFP Speaker and Vice-Speaker.

The following policies originated by the Board came up for review and were updated in the following manner:

These eight policies were re-approved as written:

A. Congress of Delegates Progress Report to the Board of Directors

The Speaker of the Congress of Delegates must present to the Board of Directors, at each regularly scheduled meeting, a progress report on the directives given to the Academy as set forth by the approved resolutions.

B. GAFP Supports the Georgia Patient Centered Physician Coalition (GPCPC)

The Georgia Academy of Family Physicians proclaims its support for the Georgia Patient Centered Physician Care Coalition (GPCPCC). The Executive Director/Executive Vice President of GAFP is charged with facilitating and attending meetings of the GPCPCC. Additionally, two (2) members of the GAFP active membership will be appointed by the President to attend each meeting of the GPCPCC.

C. Strategic Planning

The GAFP complete a Strategic Plan at a minimum of every 3 years and;

The implementation and the goal accomplishments of that plan be presented to the Board of Directors at each of their regularly scheduled meetings.

D. Adult Immunization Requirements

Resolve that, under certain settings, the GAFP approves of Pharmacist administered vaccines to adults, under a physician protocol, as long as:

1) that information is sent to the patient’s primary care physician if the patient consents,

2) the specific vaccine is provided either under authority of prescription or specific collaborative agreement with a physician located within the county of the pharmacist’s place of registration with the vaccination registry or a county contiguous thereto, and
E. Increase funding for family medicine and payment

Continue to advocate strongly for increased funding for family medicine GME and increased payment for family physicians at the state and national levels in collaboration with AAFP.

F. GAFP’s Opposition Non-Physician Prescribing Medications

The GAFP is committed to opposing any expansion of a scope of practice by any non-physician when we believe that it is not in the best interest of our patients.

G. Medicaid Reimbursements

The GAFP to support increased Medicaid reimbursements to be equal to 100% of Medicare reimbursements.

H. Scoliosis Screening

The GAFP work to eliminate mandatory screening for scoliosis in schools in accordance with USPSTF guidelines.

These two policies were edited and approved as re-written:

A. Establishment of the Dr. Keith Ellis Award

On the eve of Dr. Keith Ellis’ retirement as Residency Faculty and Program Director of Memorial Health Family Medicine Residency in Savannah, a scholarship fund be developed that would be awarded to send one (1) deserving resident per year to the GAFP Annual Meeting. Criteria for choosing this resident would be developed and maintained by the Membership Committee.

The current policy is that the Membership Committee reviews all named GAFP awards every ten years. The awards were reviewed and nominations process updated in June 2014.

This sentence, as no longer needed, was deleted: The awards were reviewed and nominations process updated in June 2014.

B. Poster Publications

From the 2013 GAFP COD, a resolution was approved whereby the AAFP COD Delegates recommended that the Board have the GAFP publicize winning posters in their publications.

New Language:
The GAFP has a research poster presentation and contest at the Annual Meeting each year. As policy, the GAFP is to publicize the winning posters in their publications.
The following three policies were archived:

A. GAFP Patient Safety Principles

That the Georgia Academy of Family Physicians (GAFP) will strive to improve patient safety in medical encounters.

That the GAFP will work with physicians to reduce adverse events and systemic problems through the promotion of education, appropriate technologies, and process improvements.

That the GAFP will work with physicians to promote a safe and protected environment for sharing information on quality improvement activities and discussions.

That the GAFP will work with all those involved in the delivery of health care to improve patient safety.

This policy was archived because it is an ongoing initiative through our educational outreach.

B. HIV Testing

That the GAFP petition the state to eliminate the requirement of written informed consent for HIV testing in Georgia in accordance with the CDC guidelines.

That the GAFP inform and educate its body of practicing physicians of the changes in testing recommendations recently instituted by the CDC and encourage routine testing in reproductive aged adults, and be if further,

That the GAFP petition the state to require insurance coverage by all insurance, both private and public, of routine HIV testing in accordance with CDC guidelines.

This policy was archived because it is not a current issue in the family physician’s office.

C. Cancellation of Electronic Prescriptions

The GAFP, through its representatives to the AAFP and AMA, will convey on them the desire to have these organizations request, work with, and develop policy and recommendations to electronic prescribing software vendors, the Government, and appropriate standardization groups to develop a simple, universal method to discontinue a prescription that had previously been e-Prescribed.

This policy was archived because it is now advocated at the national level.

Appreciation

I would like to thank each of you for giving me the opportunity to serve the past three years as President-Elect, President and Board Chair. I look forward to continuing to being an active member of the Academy for years to come.

Recommendations: Approve updated policies and recommendations of Policy Review Committee.

Mitzi B. Rubin, MD, FAAFP
Report of the Treasurer and the Finance Committee
August 2017

Congress of Delegates
Georgia Academy of Family Physicians Annual Financial Report

GAFP’s Annual Financial Report

Under Internal Revenue Code (IRC) section 6104, tax exempt entities must make their tax returns to the public at the organization’s principal office. The public is free to review the 2014, 2015 and 2016 tax filings for both the Georgia Academy and the Georgia Healthy Family Alliance during regular business hours – Monday through Friday from 8 a.m. to 5:00 p.m. Copied versions can be mailed for $10 per filing. For more information contact the GAFP office at (404) 321-7445 or by e-mail at gafp@gafp.org. Changes to fund balance year ended December 31, 2016, and compared to 2015.
<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Total for 2016</th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Total for 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUE &amp; SUPPORT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membership dues</td>
<td>$573,564</td>
<td>$573,564</td>
<td>$565,747</td>
<td>$565,747</td>
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<td></td>
</tr>
<tr>
<td>Contributions</td>
<td></td>
<td>13,797</td>
<td>13,797</td>
<td></td>
<td>13,579</td>
<td>13,579</td>
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<tr>
<td>Grants</td>
<td>313,974</td>
<td>313,974</td>
<td>326,852</td>
<td>326,852</td>
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<td></td>
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<td>PCMH fees</td>
<td>197,536</td>
<td>197,536</td>
<td>505,387</td>
<td>505,387</td>
<td></td>
<td></td>
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<tr>
<td>Conferences &amp; meetings</td>
<td>266,840</td>
<td>266,840</td>
<td>251,362</td>
<td>251,362</td>
<td></td>
<td></td>
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<tr>
<td>Advertising</td>
<td>64,892</td>
<td>64,892</td>
<td>56,612</td>
<td>56,612</td>
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</tr>
<tr>
<td>Investment income (loss)</td>
<td>232,972</td>
<td>232,972</td>
<td>(388)</td>
<td>(388)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest &amp; dividends</td>
<td>1,384</td>
<td>1,384</td>
<td>2,110</td>
<td>2,110</td>
<td></td>
<td></td>
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<tr>
<td>Other revenue</td>
<td>8,488</td>
<td>25,548</td>
<td>34,036</td>
<td>20,796</td>
<td>29,204</td>
<td></td>
</tr>
<tr>
<td><strong>Total revenue &amp; support</strong></td>
<td>1,659,650</td>
<td>39,345</td>
<td>1,698,995</td>
<td>1,716,090</td>
<td>34,375</td>
<td>1,750,465</td>
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<tr>
<td><strong>Net assets released from restrictions</strong></td>
<td>41,986</td>
<td>(41,986)</td>
<td>188,234</td>
<td>(188,234)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>EXPENSES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program services:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>617,073</td>
<td>617,073</td>
<td>831,664</td>
<td>831,664</td>
<td></td>
<td></td>
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<tr>
<td>Membership</td>
<td>146,596</td>
<td>146,596</td>
<td>94,386</td>
<td>94,386</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advocacy</td>
<td>220,061</td>
<td>220,061</td>
<td>142,060</td>
<td>142,060</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership development</td>
<td>139,319</td>
<td>139,319</td>
<td>132,062</td>
<td>132,062</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supporting Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management and General</td>
<td>257,593</td>
<td>257,593</td>
<td>254,709</td>
<td>254,709</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td>1,380,642</td>
<td>1,380,642</td>
<td>1,454,881</td>
<td>1,454,881</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CHANGE IN NET ASSETS FROM OPERATIONS</strong></td>
<td>320,994</td>
<td>(2,641)</td>
<td>318,353</td>
<td>449,443</td>
<td>(153,859)</td>
<td>295,584</td>
</tr>
<tr>
<td>Donation to Alliance</td>
<td>600,000</td>
<td>600,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Change in Net Assets</strong></td>
<td>(279,006)</td>
<td>(2,641)</td>
<td>(281,647)</td>
<td>449,443</td>
<td>(153,859)</td>
<td>295,584</td>
</tr>
<tr>
<td><strong>Net assets – end of year</strong></td>
<td>3,707,023</td>
<td>25,011</td>
<td>3,732,034</td>
<td>3,986,029</td>
<td>27,652</td>
<td>4,013,681</td>
</tr>
</tbody>
</table>
The Finance Committee met three times this year in March, June, and August and these were some of the important issues that were tackled:

- The Finance Committee reviewed the new strategic plan and will assist the other committees in budgeting for their concepts and suggestions.
- The Committee met with the new financial auditors, Jones and Kolb, to review the retroactive work on the 2015 audit and to review the 2016 audit. The reason for that the 2015 financial statement needed review was so that the two years could be presented in a comparative format. This required the 2015 financial statement line items to be properly adjusted so that they could be presented alongside the 2016 financial statements. The auditor’s opinion could then refer to both years, while still indicating that the 2015 financial statements were audited by another firm.
- The Committee assessed the auditors’ recommendations as to when to complete the balance of the one million dollar donation to the Georgia Healthy Family Alliance so as to avoid triggering a taxable event.
- The Committee reviewed and approved asking that the Board increase chapter dues to the following categories of membership:
  A. Supporting members currently pay $300 which will increase to $325 for 2018 dues.
  B. Life members pay a one-time dues amount of $250, which will increase to $275 for 2018 dues.
  C. Inactive members are currently free and their dues will become $50 beginning with 2018 dues.

I would like to thank my committee members which include: Sharon Rabinovitz, MD (Vice Chair), and Loy “Chip” Cowart MD, Loretta Hicks MD, Beverley Ann Townsend MD, resident member Shivani Jerath MD and student member Alayna Collier Dukes.

**Recommendations: None**

Respectfully Submitted,

Jeff Stone, MD, FAAFP  
Treasurer, Georgia Academy of Family Physicians  
Chair, Finance Committee
August 2017

Congress of Delegates
Georgia Academy of Family Physicians

Secretary of the Executive Committee and Board of Directors

The Board of Directors meet four times over the course of the year. The minutes of the meetings were approved and duly filed at the GAFP headquarters and are available for review upon request. The Board minutes are now expedited so the general membership can review them within 3-4 weeks after the meeting has occurred. The minutes from the upcoming October 2017 meeting in Atlanta, GA will be approved before the end of December.

2017 Executive Committee Members

Chair: Mitzi Rubin, MD
President: Eddie Richardson, Jr, MD
President-Elect: Loy “Chip” Cowart, MD
Vice President: Susanna Alfonso, MD
Secretary: Audra Ford, MD – November 2016 – June 2017 (Moved out of state)
Treasurer: Jeff Stone, MD
Speaker: Donald Fordham, MD
Executive Vice President: Fay Fulton (staff)

Since the last Congress of Delegates, the Executive Committee has met at least monthly either in person or by phone.

GAFP continues to have unprecedented leadership at the national level including the following members:

Cecil Bennett, MD Member, AAFP Commission on Membership & Member Services
Samuel “Le” Church, MD Member, AAFP Commission on Finances
Mitch Cook, DO Member, AAFP Commission on Governmental Advocacy
Fay Fulton, MHS Member, Robert Graham Policy Center Advisory Board
Beulotte Hooks, MD Member, Chapter Executive Advisory Committee
Evelyn Lewis&Clark, MD Member, AAFP Commission on Health of the Public & Science
Adrienne Mims, MD Member, American Health Quality Association Board of Directors
James Morrow, MD CMS Commission Health Information Technology
Chetan Patel, MD Resident Member, AAFP Commission on Education
Harry Strothers, MD HHS/HRSA Advisory Committee on Training in Primary Care
Medicine and Dentistry.

Rick Wherry, MD Board Member, AAFP FAM MED PAC

2017 Annual Chapter Leadership Forum and National Conference for Special Constituencies Representatives:

Omoniyi Adebisi, MD Giselle Blair, MD
Susanna Alfonso, MD Karla Booker, MD
Georgia Academy of Family Physicians
49th Annual Congress of Delegates
Specializing in You!

Samuel “Le” Church, MD
Loy “Chip” Cowart, MD
Ellie Daniels, MD
Carmen Echols, MD
Kim Eubanks, MD
Donny Fordham, MD
Loretta Hicks, MD
Christina Kelly, MD
Ambar Kulshreshtha, MD
Zita Magloire, MD
Monica Newton, MD
Saida Omrova, MD
Leonard Reeves, MD
Eddie Richardson, Jr, MD
John Vu, MD

Georgia Family Physicians continue to be leaders around Georgia such as:

John Antalis, MD  Georgia Composite Medical Board, Past Chair
Karla Booker, MD  Georgia Maternal Mortality Committee
Scott Bohlke, MD  Georgia Board for Physician Workforce
Chip Cowart, MD  Member, Georgia Physician Leadership Academy
Joseph Hobbs, MD  President of MCG’s School of Medicine Alumni Association
Evelyn Lewis&Clark, MD  2017 Top Blacks in Healthcare honoree
Adrienne Mims, MD  Steering Committee, Physician Orders for Life Sustaining Treatment
Jay Goeberdhan, MD  Member, Medicare Carrier Advisory Committee
Leonard Reeves, MD  Georgia Postpartum Support Network Advisory Board
Member, American Academy of Family Physicians Board
Thad Riley, MD  Insurance Commissioner’s Medical Advisory Task Force
Michael Satchell, MD  Secretary, Georgia Medical Directors Association Board of Directors
Harry Strothers, MD  Governor Appointed Special Advisory Commission on
Mandated Health Insurance Benefits
Linda Walden, MD  Chair, Georgia State Medical Association

Respectfully submitted,

Tom Fausett, MD
Board Secretary, Georgia Academy of Family Physicians

RECOMMENDATIONS: None
September 2017
Congress of Delegates

It is my honor and privilege to work with the membership and staff of the Georgia Academy of Family Physicians. I was taken by surprise and touched by the Board acknowledging my 15 years of service to the Georgia Academy with a lovely bracelet. I wear it with pride knowing that you have all invested in 15 years of me growing and learning. You have been gracious when I have made mistakes and allowed me to dust myself off and try to get it right the next time.

My colleagues and I work tirelessly to provide cutting edge education, practice management support and advocacy for family medicine and your patients.

Your GAFP office is located in Tucker and our office hours are Monday through Friday from 8:30 am – 5:00 pm. Please know that we are always on the “other side” of the toll free number 800.392.3841 and we hope you will utilize us as a member benefit. This year we have responded to over 10,000 calls and close to 85,000 emails. We hope you feel connected to your professional association and are comfortable reaching out to staff so we can be of service to you.

Staff
There are currently five of us who work in your headquarters offices for the Georgia Academy. The Georgia Healthy Family Alliance has grown to a staff of two as we continue to work towards our launch of the Alliance’s Capital Campaign.

I would like to extend my thanks to your staff who make coming to work each day a pleasure:

Angela Flanigan - Director of Education and Corporate Relations
Ciera Mitchell – Office Manager
Alesa McArthur – Chief Operating Officer
Tenesha Wallace – Manager of Communications and Public Health

Jennifer Konstanzer – Georgia Healthy Family Alliance Director of Philanthropy
Kara Sinkule – Georgia Healthy Family Alliance Deputy Executive Director

We continue to update our membership at least twice a month. And I now incorporate monthly emails to the GAFP leadership for news of interest. Please take some time to visit us online:

Twitter - @GAFamilyDocs
Facebook – www.facebook.com – Georgia Academy of Family Physicians

It is been my pleasure to serve the Board and the membership. Please think of the Georgia Academy as your professional home in the same way you give Georgians a medical home.

Sincerely,

Fay A. Fulton, MHS
Executive Vice President

Recommendations: None
Committee Meetings
The Education and Research Committee convened on the following dates:
March 4, 2017 – Atlanta, GA  August 5, 2017 – Young Harris, GA

Activity Planning
The Education and Research Committee during the past year was fundamental in the planning of the following activities.
- Georgia Clinical Transformation Team – Alliant GMCF Collaboration
- Patient Centered Medical Home University – Stratus Class
- Regional MACRA Dinners
- 2016 Annual Scientific Assembly
- 2017 Summer CME Meeting
- 2017 Annual Scientific Assembly
- Exhibitor Advisory Committee

Major Initiatives:

Georgia Clinical Transformation Team – Alliant Quality Collaboration
The GAFP continues our partnership with Alliant Quality, the QIN-QIO for Georgia. This is the 4th year of the 5-year initiative that combines quality measures, the chronic care model, individual learning interventions, group educational offerings, outcomes measurements, and tools to help physicians achieve quality measures.

As a part of our collaboration with Alliant Quality, the Academy is a part of a coalition of organizations with aligned programs and services dedicated to connecting and collaborating to lead Georgia clinicians in transforming healthcare using technology and quality improvement to educate the clinical care team.

The Georgia Clinical Transformation Team (GCT") is comprised of the GAFP, Alliant Quality, Department of Public Health, Georgia Health Information Technology Center (GA-HITEC), Morehouse School of Medicine, HomeTown Health, Medical Association of Georgia, Georgia Pharmacy Association, and the Georgia Hospital Association. The Academy’s role in the consortium has been to market the monthly educational webinars to GAFP members and the stakeholders of each partnering organization. The goal of this network of partners was to create one unified message to providers in the community that are improving cardiac care and tackling disparities, meaningfully using their health information technology to improve prevention screenings, and reporting quality data.

Through the collaboration with GCT" partners, the GAFP coordinated and hosted 30-minute monthly webinars on topics that fostered collaboration on practice quality improvement, facilitated efforts around care coordination, 2017 Quality Payment Program – MIPS, cancer survivorship, HIPAA privacy and security, and opioid prescribing.

These educational sessions offered a streamlined, comprehensive approach to services that are needed and accessible to clinicians.

We also offered a Quality Corner in the GAFP’s newsletter and members of the consortium can submit quality related articles that reach the membership. The various services and resources offered through the collaboration are free to GAFP members and other clinicians.

The Academy also hosted two Learning and Action Network (LAN) Workshops in early 2017. The March workshop, held during the Academy’s March Committee Conclave focused on designing an antibiotic stewardship improvement activity which would help physicians be successful in MACRA reporting. The June LAN, which took place during the
Georgia Academy of Family Physicians
49th Annual Congress of Delegates
Specializing in You!

Summer CME Meeting educated clinicians on how to use a team approach to improve hypertension care while satisfying their Part IV maintenance of certification requirements. The group has a third LAN scheduled during the 2017 Annual Scientific Assembly on Behavioral Health.

2017 PCMH University – Stratus Class

In January 2016, GAFP signed a contract with Stratus Health Network to provide a PCMH University Collaborative to hospitals and health systems participating in the Stratus network. In July 2016, PCMH University Stratus Collaborative launched in Tifton with 6 hospitals participating and 13 practices. This was the first PCMH U Collaborative of the new redesign of PCMH University with three 2-day PCMH Intensives and working with Amerigroup and their NCQA Core Content Expert Coaches.

The PCMH University Stratus Collaborative consists of:

<table>
<thead>
<tr>
<th>Stratus Member System/Hospital Name</th>
<th>Practice Name</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td>Memorial Hospital and Manor</td>
<td>Amelia Medical Plaza</td>
<td>Bainbridge</td>
</tr>
<tr>
<td></td>
<td>Memorial Pediatrics</td>
<td>Bainbridge</td>
</tr>
<tr>
<td></td>
<td>Magnolia Women's Center</td>
<td>Bainbridge</td>
</tr>
<tr>
<td>Coffee Regional Medical Center</td>
<td>CRH Primary Care</td>
<td>Douglas</td>
</tr>
<tr>
<td>Meadows Regional Medical Center</td>
<td>Dublin Internal Medicine Physicians, LLC</td>
<td>Dublin</td>
</tr>
<tr>
<td></td>
<td>Vidalia Children's Center, LLC</td>
<td>Vidalia</td>
</tr>
<tr>
<td></td>
<td>RT Stanley Health Center, LLC</td>
<td>Lyons</td>
</tr>
<tr>
<td></td>
<td>Southern Medical Associates</td>
<td>Glennville</td>
</tr>
<tr>
<td>Crisp Regional Hospital</td>
<td>Crisp Regional Convenient Care</td>
<td>Cordele</td>
</tr>
<tr>
<td>Navicent Health</td>
<td>Children's Health Center (General Peds)</td>
<td>Macon</td>
</tr>
<tr>
<td>Tift Regional HS</td>
<td>Ocilla Pediatrics</td>
<td>Ocilla</td>
</tr>
<tr>
<td></td>
<td>Affinity Pediatrics</td>
<td>Tifton</td>
</tr>
<tr>
<td></td>
<td>Nashville Primary Care</td>
<td>Tifton</td>
</tr>
</tbody>
</table>

The 2016-2017 Stratus class of PCMH University hosted learning intensives in August 2016, January 2017, and April 2017. The first intensive in August brought the practice teams together for the first time where they were asked to bring their practice’s written guidelines/policies/protocols/ workflows; job descriptions, and organizational charts. The clinical teams were paired with their Amerigroup coaches and began to review their information, and come up with their practice
vision for the project. They were given homework assignments that included introducing team-based care management concepts to staff, begin team meeting and huddles, work with their local IT team to gather QI data, establish roles for the transformation, plan QI activities, and coordinate standing meetings with their assigned coaches.

Over the next few months, the teams worked with their coaches to reach benchmarks that they outlined in the work plans. In January 2017, the groups came together for the 2nd Intensive and shared their practice’s current successes and challenges, and what they learned from conducting the Plan-Do-Study-Act (PDSA) Cycle. On day 2, the group took a first-hand look at the NCQA’s ISS tool, and discussed the challenges that they faced using the tool in their practices.

Time between the Intensives was spent reporting their progress or challenges to their coaches, attending education webinars, and updating their policies and processes. By the time the third Intensive took place in April, several of the practices were well on their way to completing their NCQA PCMH Survey Tool application. The journey was not without trials and challenges, however. Some practices were finding it difficult to make the transition and found staffers and lead clinical staff who were not engaged, which made things difficult. While two practices dropped out of the transformational process in the middle of the journey.

The Amerigroup coaches continued to work with the remaining practices and were optimistic that several would complete the work needed to submit their applications before the end of the Summer.

**Regional MACRA Dinners**

The GAFP partnered with Privia Health to offer primary care physicians local CME dinner meetings to educate physicians and their staff about the new Medicare payment system (MACRA). The monthly dinners took place in Savannah, Columbus, Macon, Gainesville, and Rome. The Committee received a copy of the MACRA presentation being given during the dinners as well as evaluation summaries from the Savannah and Columbus dinners that have taken place to date.

The Committee reviewed and discussed the evaluation comments from each dinner meeting, and noted that several attendees felt that this information was basic information. The Committee agreed that we are at a point where we need the “what’s next” conversation to happen so clinicians can move people forward in the MACRA process.

**2016 Annual Scientific Assembly**

November 9-12, 2016 marked the GAFP’s 68th Annual Scientific Assembly and Exhibition in Atlanta, Georgia. Hosting more than 350 family physicians and other health care professionals at the Westin Buckhead Atlanta Hotel, the Academy offered up to 46 CME credit and a myriad of CME lectures; an LGBTQ Healthcare track; a Medicare Annual Visit workshop; Member Interest Groups; and a Business Management Solutions track.

In addition to lectures and workshops, the GAFP offered four Knowledge Self Assessments to assist members to fulfill the ABFM’s Maintenance of Certification, Part II – Self-Assessment and Lifelong Learning in a study group format. More than 80 attendees successfully completed the modules during the Annual meeting.

**2017 Summer Family Medicine Weekend**

The 2017 Summer CME Meeting was held at Wild Dunes Resort in Isle of Palms, SC, June 8-11, 2017. We offered up to 35 CME credits for the program and hosted 110 attendees.

This year we partnered with Physicians Institute for Excellence in Medicine to offer a 1-day Leadership Challenge Workshop that offered small group leadership training to registered attendees. Other topics included Burn Therapies & Pediatric Specialty Burn Care Management, Dementia, Vitamin Deficiencies, Risk Adjustment and Resource Allocation, Wise Antibiotic Usage, and Care Coordination. In addition, through our partnership with the Department of Public
Health, we could offer several public health related lectures including Neonatal Abstinence Syndrome, STIs, and Transitioning Youth with Special Needs to Adult Healthcare.

**2017 Annual Scientific Assembly**
The 2017 Annual Scientific Assembly will be hosted again at the Westin Buckhead Atlanta Hotel. The meeting will be held October 25-28 (Wednesday - Saturday), beginning with a practice transformation workshop supported by QualityImpact.

This year’s educational programs will include a variety of CME lectures including a Domestic Partner Abuse track; a quality improvement workshop on Behavioral Health; a Business Management Solutions track; Member Interest Groups; small group sessions on Physician Wellness; and a myriad of evidence-based educational lectures. In addition, we will offer ABFM Knowledge Self Assessments (KSAs) on Heart Failure, Medical Genomics, Well Child Care, and Health Behavior.

**Exhibitor Advisory Committee**
An ongoing partner in the success of our Summer and Annual Meetings is the Exhibitor Advisory Committee (EAC). The EAC is comprised of industry partners that exhibit during either (or both) the Summer or Annual Meetings and serve as GAFP advisors for the Social and Information Hub (exhibit hall). Members of the EAC meet twice a year with GAFP staff to discuss trends in the industry; offer suggestions to make the Hub more interactive and beneficial for both the attendee and the exhibitor; and give GAFP staff feedback from their exhibiting colleagues that help us in our program planning.

Without input from this group, we would not be able to offer fun, creative, and interactive activities for our attendees in the Information Hub.

**Summary**
Thanks to our Education and Research Committee for their participation and support of the GAFP educational initiatives.

Theresa Jacobs, MD – Chair
Ken Howard, MD – Vice Chair
Karla Booker, MD
Mike Busman, MD
Clark Gillett, MD
Alice House, MD

Alison Lauber, MD
Yvonne Maduka, MD
Carl McCurdy, MD
Yuan-Xiang Meng, MD
Monique Merritt-Atkins, MD – resident

Adrienne Mims, MD
Saida Omarova, MD
Blake Rudeseal – student
Harry Strothers, MD

Additional thanks to our Annual Meeting Working Group for their excellent efforts and contributions to the planning of our educational activities.

**Annual Meeting Work Group**

<table>
<thead>
<tr>
<th>Giselle Blair, MD</th>
<th>Theresa Kowalski, MD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kim Eubanks, MD</td>
<td>Zita Magliore, MD</td>
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<tr>
<td>Angela Evans, MD</td>
<td>Sylveria Olatidoye, MD</td>
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<td>Abdollatif Ghiathi, MD</td>
<td>Shikha Shah, MD</td>
</tr>
<tr>
<td>Shivani Jerath, MD</td>
<td>Marilyn Washburn, MD</td>
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</table>

The continued goal of the Education and Research Committee is to make the GAFP the “Premier Provider” of CME for our members.
Respectfully submitted,

Theresa Jacobs, MD  
Education and Research Committee Chair

Ken Howard, MD  
Education and Research Committee Vice Chair

Recommendations: None
August 2017

Georgia Academy of Family Physicians
Congress of Delegates

Annual Report of the Legislative Committee

The Georgia Legislature concluded their 2017 session in March. They meet for 40 days from January through the Spring. This is the first year of a two-year session so bills that did not pass this year will still be available for passage in 2018.

Family Physicians Score Increases to Key Primary Care Codes for Medicaid!

Budget: The Governor signed a budget for 2017 fiscal year with a spending plan of $24 billion starting in July. It includes 81 key primary care and obstetrical codes that will increase to the 2014 Medicare rate. These codes will be increased from between 11 percent to a high of 135 percent. This is a major victory for family physicians, our primary care physician and obstetrical/gynecologist colleagues. Increases for Amerigroup, WellCare, PeachState and CareSource will begin this Fall. Increases for Fee for Service will begin a few months later. All Medicaid services utilizing the codes will be paid retroactive to the July 1 state date of the state’s budget year.

Note that this increase has been a three-year initiative and that the Governor mentioned it as one of his highlights. The codes that are increasing are listed below:

Medicaid and Peachcare Physician Rate Increase for Primary Care

Pending CMS approval and effective for dates of service on or after July 1, 2017, and subject to payment at fee for service rates, the Department is proposing to increase certain medical service codes to 100% of the Calendar Year 2014 Medicare fee schedule for attested primary care physicians and physician extenders.

These changes are estimated to increase Medicaid and Peachcare physician expenditures for SFY 2018 as follows:

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*Eligible Physician Extenders are reimbursed 90% of the new physician rate.*
Retail Health Clinics – Information to Patient’s Physician – Senate Bill 242
The Georgia Academy worked with the Senate Health Committee Chair Renee Unterman and the House Health Committee Chair Sharon Cooper to support legislation to require retail health clinics to provide to the designated primary care physician a report of a patient’s visit to an urgent care clinic (with patient’s permission) within 24 hours. Note that is also allowed an expansion of a roster of nurse practitioners approved to work under a physician’s supervision at a Retail Health Clinic but it did not expand the number of APRN’s and PA’s who can be working at any given time. This bill passed and was signed by the Governor.

Expedited Partner Therapy Bill – House Bill 360
Georgia Academy supported the Expedited Partner Therapy Bill. This bill is a public health issue and will assist physicians to treat patients with sexual transmitted diseases and their partners who are unable or unwilling to seek care. This bill passed and was signed by the Governor.

Pending for 2018

Tax Credits for Physicians Precepting Georgia Medical Students – House Bill 301
This bill is still pending in the House Ways and Means Committee. This would supplant the current state tax deduction and allow precepting physicians to apply a tax credit for their state tax income. Additional information on the current system can be found here: http://www.augusta.edu/ahec/ptip/.

Medicaid Waiver/Expansion
The Georgia Academy supports innovations to provide affordable access to health insurance for low income Georgians.

This issue did not come before the state legislature in 2017. However, the Georgia Academy was a part of the Georgia Chamber of Commerce Health Care Access Task Force and worked with over 50 stakeholders to shape a potential waiver for Medicaid expansion to increase coverage to the working poor. This issue is expected to be an issue of debate and discussion during the 2018 session.

2017 Legislative Day at the Capitol
On Thursday, February 23rd over 150 family physicians, internists, pediatricians, and OB/Gyn physicians joined together to take our legislative initiatives to the State Capitol. For the first time, physicians were grouped together geographically so that there could be more networking and discussions with key legislators. Over 19 legislators joined us to give updates and greetings to our members.

Family Medicine Legislative Champions of the Year
House Insurance Chair Richard Smith (Columbus) and Senate Health and Human Services Vice Chair Dean Burke, MD (Bainbridge) will be awarded the 2017 Family Medicine Legislative Champions of the Year Award. Both Senator Dean Burke, MD and Representative Richard Smith have been ardent supporters of family medicine over many years. Recently, Senator Burke created a state fund to support practices transforming into medical homes. He has also been key in encouraging the Senate to continue to support the increase in 86 codes utilized by primary care and OB/Gyn physicians.

Representative Smith has guided many difficult insurance issues through the State House. He has always been a friend to family physicians – and been a prudent and cautious legislator. He is strongly supportive of rural medicine and primary care.

Senator Dean Burke, a Republican, represents Senate District 11, which consists of Colquitt, Decatur, Early, Grady, Miller and Seminole counties along with portions of Mitchell and Thomas counties. Senator Burke serves as the Chairman of the Ethics Committee, Vice-Chairman of the Health and Human Services Committee, and is a member of the Agriculture and Consumer Affairs Committee. He also
serves on the Appropriations Committee and is its Community Health Sub-Committee Chair, responsible for 14.1 percent of the state's total budget. Senator Burke graduated Summa Cum Laude from Georgia Southwestern University and went on to graduate from the Medical College of Georgia. He received his specialty training in Obstetrics and Gynecology at Mercer University School of Medicine and practiced obstetrics and gynecology for 27 years. He now serves as a rural hospital administrator in the role of Chief Medical Officer at Memorial Hospital and Manor in Bainbridge. In addition, Senator Burke is the Chairman of the Stratus Healthcare Governing Board, and is a member of Georgia's Health Care Reform Task Force led by Lt. Governor Casey Cagle.

**Representative Richard H. Smith** was born in Wrightsville, Georgia. Richard moved to Madison, Georgia and graduated from Morgan County High School. Upon completion of High School, he earned a Bachelor of Science degree from Louisiana State University (1968) and a Master’s of Science degree from the University of Florida (1970). In 1970, Richard began his career with the University of Florida Cooperative Extension Service and in 1978 transferred to the University of Georgia Cooperative Extension. During his tenure with the UGA Cooperative Extension Service, Richard served in Statesboro, Cedartown and Columbus. While serving as Columbus Extension Director, he served as an Adjunct Faculty Member of the UGA Fanning Leadership Center from 1990 until 1999. Richard was no stranger to Public Service prior to being elected State Representative for House District 131. Richard served as Columbus Interim City Manager (12/15/1989). He served four years, from January of 1999 until December of 2002, on the Columbus City Council in an at-large post while serving one of those years as Budget Chair. He is a founding board member of the Chattahoochee Valley Community Foundation, former President of the Chattahoochee Valley Fair and Exposition, member of the Columbus Downtown Rotary Club, and a member of the First Baptist Church of Columbus. His committee assignments include: Chairman - House Insurance Committee (since 2011), Appropriations, Natural Resources and Environment, Legislative and Congressional Reapportionment, and Rules Committees (Secretary).

**III. Follow Up and Heart Felt Thanks**

It has been our pleasure to serve as your Co-Chairmen. The Legislative Working Group and the Committee worked tirelessly and met weekly by phone during the session to discuss urgent issues. This proved very effective in having an ongoing voice in the ever-shifting political landscape at the state capitol.

The Georgia Academy continues to work with Chuck McMullen of Greenberg Traurig as our outside Legislative Consultant and our Executive Vice President Fay Fulton continues to also serve as our other registered lobbyist at the Capitol.
Georgia Academy of Family Physicians
49th Annual Congress of Delegates
Specializing in You!

IV. Deep Appreciation

Thank you to the following GAFP leaders:

**Legislative Session Working Group:**
- Tom Bevill, MD
- Kim Eubanks, MD
- Mariha Natividad Felciano, MD
- Angela Gerguis, MD
- Priya Gulati, MD
- Jodi Ann Heath, MD
- Christina Kelly, MD
- Joshua Koerner, DO
- Jyoti Manekar, MD
- Saida Omarova, MD
- Chetan Patel, MD
- Daryl Singleton
- Harry Strothers, MD

**Legislative Committee Members:**
- Samuel “Le” Church, MD
- Mitch Cook, DO
- Donald Fordham, MD
- Harry Heiman, MD
- Wayne Hoffman, MD
- Thaddeus Lynn, MD
- Zita Magloire, MD
- Gena Marie Mastrogiannakis, MD
- Monica Newton, MD
- Mitzi Rubin, MD
- Floyd Soriano, MD
- Aparna Mark, MD
- Sarah Dupont

Respectfully Submitted,

Bruce L. LeClair, MD, FAAFP
Co-Chair

Rick Wherry, MD, FAAFP
Co-Chair

**Recommendations:** None
August 2017
Congress of Delegates

The Membership Committee met three times this year and, among other issues, brainstormed ways in which to help fulfill the membership responsibilities of our new strategic plan, specifically for the two goals of maintaining professional and personal career satisfaction and combat burnout and increasing effective communication to our members.

The following are highlights that the Committee worked on this past year:

Membership Programs:

Membership
Membership as of May 2017 was at a total of 3,108, which includes 1,680 active members, 1,074 students, 173 residents, 156 Life members, 12 inactive members and 13 supporting members. This continues to be about a 94 percent market penetration in our state of all family physicians that are eligible to be members.

The GAFP, for the second year in a row, won two awards this year at ACLF (AAFP Annual Chapter Leadership Forum), including Second Place among Large Chapters in highest percentage in active membership increase and 100 percent resident membership.

Inactive members continue to be reviewed annually and placed back into Active status unless they have a hardship or are retired and have not yet reached Life status by virtue of AAFP membership affiliation years. Possible Life members are sent a notice in advance of the AAFP annual membership dues so that they are aware of their potential new status change.

Dues Update
The AAFP annual dues renewal rate was discussed and it was noted that GAFP dues are well within range for our membership size for active members. However, for Life, Supporting, and Inactive members, a minimal dues increase was approved by the Board as follows:

Georgia Academy Membership Dues for 2018: Supporting Member dues and Life Member dues were increased by $25, moving them to $325 and $275 respectively, and inactive member dues will become $50 annually as opposed to $0.

Member Recruitment
As the New to Practice Reception was well attended last year and as the new to practice group is still a targeted group in our strategic plan, a second new to practice reception has been set for November 7, 2017, 6 until 8 pm, at Muss and Turners, a Cobb county location in District 5. District 5 is the second most highly populous district for the new to practice members.
Awards
The Membership Committee works diligently to attract competitive and highly deserving nominees for both state and national recognition.

This year’s winners for the GAFP awards include:

Family Physician of the Year..................................................Samuel “Le” Church, MD ~ Hiawassee

Family Medicine Educator of the Year.................................John Bucholtz, DO ~ Columbus

Georgia Department of Public Health Award............................Jonathan Lynch, MD ~ Cairo

Family Medicine Resident of the Year.................................Chetan Patel, MD ~ Columbus FMRP

Keith Ellis Resident Scholarship Award...............................Mary Keith, MD ~ Memorial Health FMRP, Savannah

T. A. Sappington Awards
This year, there were five T. A. Sappington Award winners:

- 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 plans to attend the Columbus Regional Medical Center’s Family Medicine Residency Program.

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

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

Congratulations to all of our 2017 award winners!

Acknowledgment:
The Membership Committee has worked tirelessly on your behalf and I would like to acknowledge and thank the members who served: Vice Chair Dr. Ivy Smith Coleman, and Drs. Giselle Blair, Carmen Echols, Kim Eubanks, James Hagler, Beulette Y. Hooks, Sylveria Olatidoye, Tolani Olagunju (resident), and student member Evan Smallwood.

Respectfully Submitted,
Tom Fausett, MD
Chair, Membership Committee

RECOMMENDATIONS: None
As the Congress of Delegates is meeting after the installation of officers, mailed ballots were sent to delegates in August. The nominations proposed by the members of the Nominating Committee are as follows:

*President Elect .......................... Dr. Donald Fordham of Demorest, 2018
Vice President ............................. Dr. Susana Alfonso of Atlanta, 2018
Treasurer .................................... Dr. Sharon Rabinovitz of Decatur, 2018-2020
**Speaker.................................. Dr. Jeff Stone of Dallas, 2018
**Vice Speaker............................ Dr. Chris Wizner of Temple, 2018
District 1 Director .......................... Dr. Thomas J. Miller, Jr. of Claxton, 2018-20
District 6 Director .......................... Dr. John Vu of Griffin, 2018-20
District 7 Director .......................... Dr. Thomas J. Miller, Jr. of Claxton, 2018-20
District 1 Alternate......................... Dr. Angela Gerguis of Statesboro, 2018-20
District 3 Alternate......................... Dr. Dan Singleton of Buena Vista, 2018-20
District 6 Alternate......................... Dr. W. Steven Wilson of Warner Robins, 2018-20
District 7 Alternate......................... Dr. Pamela Obi of Rome, 2018-20
AAFP Delegate .............................. Dr. Beulette Y. Hooks of Buena Vista, 2018-2019
AAFP Alternate Delegate .................. Dr. Karla Booker of Lilburn, 2018
AAFP Alternate Delegate .................. Dr. Mitzi Rubin of Atlanta, 2018-19

I would like to thank the efforts of the members of the Nominating Committee. The members include: Drs. Loy “Chip” Cowart, Beulette Hooks, Kevin Johnson, Carl McCurdy and Beverley Ann Townsend. I would also like to thank all of those who have agreed to serve as leaders next year.

A nomination for two PAC Board nominees will be forthcoming from the GAFP Board meeting on October 26, 2017. In addition, a Georgia Health Family Alliance trustee for 2018 will be presented to the Board at that time.

Recommendations:

Respectfully Submitted,

Eddie Richardson, Jr., MD, FAAFP
Chair, Nominating Committee

* President Elect automatically becomes President in 2017 and Board Chair in 2018.
**Speaker and Vice Speaker nominations are for the 2018 Congress of Delegates.
The Practice Management Committee met three times this year and dealt with several issues at our meetings and during the interim.

**Meeting dates:**  
March 4 – Atlanta, GA  
June 8 – Isle of Palms, SC  
August 5 – Young Harris, GA

The following are some of the highlights that the Committee worked on this past year:

**Patient Centered Medical Home**  
The Committee continues its role as a resource for GAFP members when seeking information about the Patient Centered Medical Home (PCMH). Throughout the year, the Committee was informed of the GAFP PCMH University and its progress, as well as other PCMH initiatives in Georgia. As of August, there are over 300 NCQA PCMH practices in Georgia.

**PCMH University**  
In January 2016, GAFP signed a contract with Stratus Health Network to provide a PCMH University Collaborative to hospitals and health systems participating in Stratus. In July 2016, PCMH University Stratus Collaborative launched in Tifton with 6 hospitals participating and 13 practices. This was the first PCMH U Collaborative of the new redesign of PCMH University with three 2-day PCMH Intensives and working with Amerigroup and their NCQA Core Content Expert Coaches.

The PCMH University Stratus Collaborative consists of:

<table>
<thead>
<tr>
<th>Stratus Member System/Hospital Name</th>
<th>Practice Name</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td>Memorial Hospital and Manor</td>
<td>Amelia Medical Plaza</td>
<td>Bainbridge</td>
</tr>
<tr>
<td></td>
<td>Memorial Pediatrics</td>
<td>Bainbridge</td>
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<td></td>
<td>Magnolia Women's Center</td>
<td>Bainbridge</td>
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<tr>
<td>Coffee Regional Medical Center</td>
<td>CRH Primary Care</td>
<td>Douglas</td>
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<td>Meadows Regional Medical Center</td>
<td>Dublin Internal Medicine Physicians, LLC</td>
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<td>Vidalia Children's Center, LLC</td>
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<td>RT Stanley Health Center, LLC</td>
<td>Lyons</td>
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<td>Southern Medical Associates</td>
<td>Glennville</td>
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<td>Crisp Regional Hospital</td>
<td>Crisp Regional Convenient Care</td>
<td>Cordele</td>
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</tbody>
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The 2016-2017 Stratus class of PCMH University hosted learning intensives in August 2016, January 2017, and April 2017. The first intensive in August brought the practice teams together for the first time where they were asked to bring their practice’s written guidelines/policies/protocols/ workflows; job descriptions, and organizational charts. The clinical teams were paired with their Amerigroup coaches and began to review their information, and come up with their practice vision for the project. They were given homework assignments that included introducing team-based care management concepts to staff, begin team meeting and huddles, work with their local IT team to gather QI data, establish roles for the transformation, plan QI activities, and coordinate standing meetings with their assigned coaches.

Over the next few months, the teams worked with their coaches to reach benchmarks that they outlined in the work plans. In January 2017, the groups came together for the 2nd Intensive and shared their practice’s current successes and challenges, and what they learned from conducting the Plan-Do-Study-Act (PDSA) Cycle. On day 2, the group took a first-hand look at the NCQA’s ISS tool, and discussed the challenges that they faced using the tool in their practices.

Time between the Intensives was spent reporting their progress or challenges to their coaches, attending education webinars, and updating their policies and processes. By the time the third Intensive took place in April, several of the practices were well on their way to completing their NCQA PCMH Survey Tool application. The journey was not without trials and challenges, however. Some practices were finding it difficult to make the transition and found staffers and lead clinical staff who were not engaged, which made things difficult. While two practices dropped out of the transformational process in the middle of the journey.

The Amerigroup coaches continued to work with the remaining practices and were optimistic that several would complete the work needed to submit their applications before the end of the Summer.

**Annual Wellness Visits**

Annual Medicare Wellness Visits were a topic of discussion this year, with the ongoing issues of family physicians competing with outside organizations that conduct the exams and submit the claims to Medicare without coordination or information back to the family physician. In addition, when physicians spoke with patients about the nature of the exam, they found that the exams were not always completed.

Representative leaders from the GAFP, the Medical Association of Georgia, and the GA Chapter of the American College of Physicians came together to discuss the issue and should be more diligent in educating patients on what the annual wellness visits entails, and why it should be done with their primary care physicians. The GAFP worked with the AAFP on information for our member to share with their patients.

**Georgia’s CMOs**
In 2017, the total of Medicaid insurance companies went from three to four. With the launch of a new insurance plan and changes to the Medicaid process, each company is guaranteed a minimum of 250,000 patients. Patients who do not opt-in from a prior year’s insurance company will be automatically assigned to a random company. It was noted that because of this caveat there may be disruption in a patient’s care plan. The Academy remained vigilant and was prepared to answer questions from physicians or patients during the enrollment period, noting that an enrollee would be allowed a one-time change before the final enrollment deadline in September. After the deadline, the patient would be locked into the insurance company they were assigned for a year. The GAFP and the AAFP communicated this information in publications and on the website to membership to ensure physicians were aware and could communicate to their patients the need to select an insurance plan.

MACRA Regional Dinners
The GAFP partnered with Privia Health to offer primary care physicians local CME dinner meetings to educate physicians and their staff about the new Medicare payment system (MACRA). The monthly dinners took place in Savannah, Columbus, Macon, Gainesville, and Rome. The Committee received a copy of the MACRA presentation being given during the dinners as well as evaluation summaries from the Savannah and Columbus dinners that have taken place to-date.

Blue Cross Blue Shield of Georgia
A delegation of GAFP leaders attended a meeting with Dr. Anthony Sabatino, Chief Medical Officer as well as other Blue Cross Blue Shield of Georgia senior staff. The group discussed several topics of interest for family physicians including an update on the BCBS medical home project; credentialing issues, Pathway X, and the enforcement of emergency room payments.

The BCBS group was receptive to the concerns of GAFP leadership, and took steps to resolve individual member issues. It was noted that the BCBS group would like to continue to have dialogue with the Georgia Academy leaders.

Thank you to the members of the Practice Management Committee who gave their valuable time to help with the work of the Committee and the GAFP: Michael Satchell, MD – Vice Chair, and Drs. John Vu, MD; Tom Bevill, MD; Collyn Steele, MD; Terrell Bacchus, MD; Catherine James-Peters, MD; Jyoti Manekar, MD; Rhonda Walton, MD; David Fieseler, MD; Folashade Omole, MD; Shikha Shah, MD; Joshua Koerner, MD; and Dontre Douse (student)

Recommendations: None

Respectively Submitted,
Jay Goberdhan, MD, Chair
The Public Health Committee reviewed the 2017-2020 strategic plan, and had the following suggestions and recommendations:

**Membership**
*Goal: Increase Effective Communication to Our Members.*
- Survey to membership to determine how they would like to receive communication from GAFP.

**Advocacy**
*Goal: Advocate for Family Medicine with state policy leaders (including elected officials) business and Georgia citizens.*
- A subcommittee to support providing health care to immigrant populations in so-called sanctuary settings. This might include cities, but more locally, houses of worship or other locations where they are living.
- More involvement as family physicians with our elected state and national leaders to Congress. The committee propose additional days at the state capitol dedicated to family physicians only with (1) state representatives and (2) state senators, one day each.

**Medical Students and Residents**
*Goal: Increase the number of Family Physicians in Georgia by engaging current Georgia students, residents and practicing physicians through various GAFP activities.*
- Education for medical students and residents on the importance of public health and how they will be affected, no matter what specialty they ultimately choose. Perhaps an educational initiative at medical schools/residencies.

**Subcommittees**
Subcommittees were developed to support public health related matters and to increase public health education within our membership.

**Provided Health care to Immigrant Populations in Sanctuary Settings**- This might include cities, but more locally, houses of worship or other locations where undocumented immigrants are living. At the June meeting, it was noted that public health assistance is not needed at this time. Any refugees seeking resources in rural communities should contact their local community churches and small satellite clinics.

**Public Health 101**-The committee started work on developing a Public Health 101 manual for medical students and residents. The volunteer subcommittee members are: Ms. Wallace, Ellie
Daniels, MD, Pamela Obi, MD and Marylin Washburn, MD. The subcommittee will work to produce a Public Health manual to give out to the medical students at the 2018 Student Meeting.

**GAFP/Department of Public Health (DPH) Contract**

The Committee directed and provided valuable feedback for the GAFP contract with the Department of Public Health. The following are highlights of the contract activities for the 2017 calendar year:

**2017 Georgia Department of Public Health Award for family physicians:**
The Georgia Academy of Family Physicians (GAFP) in partnership with the Department of Public Health (DPH) awards this award annually. The award is given to a chapter member who has supported Georgia’s mothers and children above and beyond the routine scope of family medicine. The Georgia Academy will present this award to Dr. Johnathan Lynch of Cairo, GA at the 2017 Annual Scientific Assembly, October 25-28 at the Westin, Buckhead-Atlanta.

**Health Care Transition**
As part of our public health contract, the GAFP worked with Public Health to coordinate two webinars on Health Care Transitions for membership in March and May 2017. The webinars covered the topic of Transitioning Youth from Pediatric to Adult Health Care. Both webinars are available to view on the GAFP website [https://www.gafp.org/education/webinars/](https://www.gafp.org/education/webinars/).

**Children and Youth with Special Healthcare Needs**
GAFP (Staff) attended the first Annual Maternal and Child Health Conference in April 2017 and provided a medical home lecture for DPH staff.

**Sexual Transmitted Diseases**
One (1) STD webinar titled: GA HIV/Syphilis Pregnancy Screening Act of 2015 was provided to GAFP Chapter members in April 2017. At our annual chapter meeting GAFP provided a STD Update to our membership. In addition, two newsletters about STDs were published in the GAFP newsletter:
- Gonorrhea: Who’s at risk and what do we do about it?
- Preventing Congenital Syphilis- “Hey Baby Can You Hear Me”

**Oral Health**
An Oral Health Varnish Webinar titled: Out of the Mouths of Babes – How Family Physicians Can Ease the Child Dental Crisis in Georgia was provided to GAFP members in May 2017. Interested participants from the webinar were connected with DPH Oral Health staff for further training and education for their practices. Additionally, one newsletter article about oral health were published in the GAFP newsletter. Webinars are available to view on the GAFP website [https://www.gafp.org/education/webinars/](https://www.gafp.org/education/webinars/).

**2018 Contract Proposal**
GAFP is awaiting the approval of the new 2018 contract which is expected to be approved in the fall.

**Educational Lectures**
The following Public Health related lectures were presented at a GAFP meeting or to GAFP members during the contract year:

- Perinatal Health: Neonatal Abstinence Syndrome
- Perinatal Health: Oral Health Varnish Training Lecture
Perinatal Health: Maternal Mental Health in Family Practice
Transitioning Children and Youth with Special Needs to Adult Healthcare: A Continued Conversation
Transitioning Special Needs Youth to Adult Healthcare
Sickle Cell Disease in Georgia: From Newborn Screening to Transition
Ocular Syphilis
Oral Varnish Training
Georgia Maternal Mortality 2012 Review presented to Family Medicine Residency Programs at Atlanta Emory School of Medicine, Phoebe Putney Residency, and Gwinnett Residency

Public Health Education
2017 Newsletter Articles:
Upcoming Webinars for you and your staff: Register Today!
Did You Miss our Public Health Webinars in May? Check Out the Recorded Webinars on the GAFP Website
Opioid Use in Pregnancy and Neonatal Abstinence Syndrome
"Hey Baby, Can You Hear Me Now?"
Human Papillomavirus Vaccination Report: Georgia
How to make a Referral to Children 1st
Public Health Spotlight - Important Message from the Commissioner on Opioids
Gonorrhea: Who’s at risk and what do we do about it?
Preventing Congenital Syphilis- “Hey Baby Can You Hear Me”
Is She or Isn’t She - Preterm labor assessment toolkit
Public Health Spotlight: Maternal Mortality Report
Out of the Mouths of Babes – How Family Physicians Can Ease the Child Dental Crisis in Georgia
Got Transition: Bringing Health Care Transition to Your Practice
Key Information on Georgia Newborn Screening (NBS) Program
Seeking Family Physician Who is Exemplary in Supporting Georgia’s Maternal and Health Population

GAFP Website – Public Health:
The GAFP Website contains an entire section dedicated to Public Health, which the Public Health Committee oversees. The section was updated to add two new segments (Oral Health and Maternal and Child Health) during this contract year. This section includes information on Women, Infants, Children (WIC); Notifiable Disease and Oral Health; Maternal and Child Health; and Other Resources and Information.

Thank you to the Public Health Committee members for their participation and continued support of GAFP initiatives: Sherma Peter, MD (Vice-Chair), Ellie Daniels, MD; Mariha Natividad Feliciano, MD; Jennifer Francois, MD; Jose Villalon-Gomez, MD; Abdollatif (Latif) S. Ghiathi; MD, Pamela Obi, MD; Angela Sellers Gerguis, MD; Marilyn Washburn, MD; William Earl Robinson, MD; Anthony V. Smith, MD, MPH; Kironda Owens-Lewis, MD; Hilary Dowdall, MD (Resident) and Carmen Collins (Student)

Respectfully Submitted for the Committee,
Jay Floyd, MD

RECOMMENDATIONS:
None
Report of the Student and Resident Recruitment Committee

August 2017

Congress of Delegates

The Student and Resident Recruitment Committee met three times this year and focused on multiple activities in which to engage the students and residents at our meeting and in other venues, including leadership activities.

The following are some of the projects that the Committee worked on this past year:

Employment Contract Review Assistance for Resident Members

The Georgia Academy of Family Physicians continued a program providing funding for GAFP PGY3 family physician residents who are planning to remain in Georgia upon graduation to have their employment contracts reviewed by the Sanders Law Firm. Residents not planning to stay in Georgia would not receive full funding, but GAFP negotiated a reduced rate that the resident can pay directly to the Sanders Law Firm. Residents eligible for full funding must be current members of the AAFP/GAFP, must be enrolled as a PGY3 in training at a Georgia family medicine residency program, and must be remaining in Georgia upon graduation. The committee reviewed updates and were asked to promote the information to interested residents. In the year 2017, 11 residents utilized the contract review benefit.

GAFP Student Track

Family Medicine Day for Medical Students – Saturday, March 4, 2017

The first Annual Family Medicine Day for Medical Students was held Saturday March 4th, 2017. There were 25 medical students in attendance from six Georgia Medical Schools.

Agenda:

9:30 a.m. – 10:00 a.m. Registration and Continental Breakfast

10:00 a.m. – 10:30 a.m. Welcome and Living the Family Medicine Dream- Eddie Richardson, Jr, MD - President

10:30 a.m. – 12:00 p.m.: Lectures

• Crazy Talk: Key to Integrating Behavioral Health in Primary Care
• What Exactly Can a Family Medicine Resident Do?
• Delirium

12:15 p.m. – 1:15 p.m.: Box lunches with panel discussion “Day in the Life of a Family Doc”

1:30 p.m. – 3:00 p.m.: Workshops

• Acupuncture - Augusta University Medical College of GA – Augusta
• Knee Examinations and Injections – Gwinnett Medical Residency Program
• Basic Suturing - Augusta University Medical College of GA – Augusta

3:00 p.m. – 5:00 p.m.: Residency Programs Fair

• Phoebe Family Medicine Residency – Albany
Georgia Academy of Family Physicians
49th Annual Congress of Delegates

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- Augusta University Medical College of GA - Augusta
- Gwinnett Family Medicine Residency Program - Gwinnett
- Medical Center of Central Georgia - Macon
- Morehouse School of Medicine Family Medicine Residency Program - Atlanta
- Floyd Family Medicine Residency Program – Rome
- Emory Family Medicine Residency Program - Atlanta

6:00 p.m. – Dinner at Maggiano’s – Family Medicine Leaders and Medical Students – Magic Moments in Family Medicine

Next years’ meeting is scheduled for March 3, 2018.

Outreach to Resident Programs

President Eddie Richardson, MD, visited all the residency programs in Georgia to tell his story of “Living the Family Medicine Dream.” Dr. Richardson provided background on activities at the AAFP and the GAFP level, both in terms of family medicine overall, and on activities that the residents can get involved in to help further their careers.

Pathway to Medical School Program

The GAFP Board of Directors voted to support the Pathway to Med School program with a donation of $2,000 to the Southwest Georgia Area Health Education Center (SOWEGA-AHEC) and $2,000 to the Foothills Area Health Education Center (Foothills AHEC). The Pathway to Med School program was developed to target Georgia pre-med college students who plan to pursue a medical career in primary care and to encourage participants to return to rural and underserved areas as providers. Students accepted into the program shadow primary care physicians, develop research projects and attend seminars over a four-week period.

The Southwest Georgia Area Health Education Center (SOWEGA-AHEC) reported 10 students were selected to participate from 9 different southwest Georgia counties: Dougherty (2), Thomas, Colquitt, Sumter, Tift, Terrell, Lowndes, Lee & Irwin counties. From 6 different undergraduate institutions: UGA (5), Valdosta State, Elon University, Georgia Southwestern State, Darton State, & Abraham Baldwin Agricultural College. Foothills AHEC reported as of July 2017, 24 students have completed the Foothills AHEC Pathway to Med School program representing seven Georgia counties. Three of these students are rising second year medical students and three will begin medical school this fall. Eleven students will be applying to medical school during the 2017-2019 application cycle. Two students are opting to pursue master's degrees, one has chosen a non-medical school doctoral program, and four are not yet eligible to apply to medical school. Twenty-One Family physicians donated 616 total hours of their time for clinical shadowing.

AAFP National Conference for Medical Students/Residents

Georgia, along with family medicine residency programs from twenty-five additional states, set up decorative booths at the Kansas City Convention Center July 27th-29th to attract medical student candidates to Georgia to attend residency in their state. Georgia Academy had representation in both the resident and student categories. Monique Merritt-Atkins, MD from the Morehouse School of Medicine Program in Atlanta and Jessica Brumfield, DO from the Georgia South Family Medicine Residency at Colquitt Regional Medical Center in Moultrie, two of our resident Board members, were our delegate and alternate respectively. Alayna Dukes from the Mercer University in Macon, served as our student delegate. Natalie Britt, MD from Memorial University Medical Center Family Medicine Program (Savannah) was elected as one of the two National Resident Alternate Delegates to the AAFP Congress of Delegates for 2017-2018. Chetan
Patel, M.D., of the Columbus Regional Medical Center in Columbus authored a resolution on a topic that causes many residents a good deal of stress: personal finance.

Another event that occurred at the AAFP National Conference is the Primary Care Leadership Collaborative (PCLC). Jamal Lawrence, MD from Savannah Family Medicine Residency Program. Dr. Lawrence is a coach for 2 of the Family Medicine Interest Groups (FMIGs) in the pilot program. Dr. Lawrence was selected to be a coach from a large group of resident and early career physician applicants.

Recognition of Volunteers on behalf of the Committee

The committee would like to acknowledge all who have advocated for family medicine to groups throughout the state, as part of a family medicine interest group meeting.

I would like to thank my Vice Chair, Kevin Johnson, MD and the following members who have served on this committee: Michelle Cooke, MD; Angela Evans, MD; Priya Gulati, MD (resident); Jason Hatcher, DO; Jodi Heath, MD; Christine Kelly, MD; Theresa Kowalski, MD (resident) Kristen Kettelhut (student); Theresa Kowalski, MD (resident) Kyla Mohler (student); Mary Meir, DO; Ifeoma Nnaji, MD; Chivon Brown-Stubbs (student); and Susan Schayes, MD

Respectfully Submitted for the Committee by,

Julie Dahl-Smith, DO
Chair

RECOMMENDATIONS:

Kevin Johnson, MD (vice-chair)- Encourage statewide Family Medicine Residency participation in 2018 Family Medicine Day.
2017 Georgia Healthy Family Alliance
Report to the Congress of Delegates
August 2017

By Evelyn L. Lewis & Clark, MD, FAAFP – President

On behalf of the Georgia Healthy Family Alliance (GHFA) Board of Trustees, I am pleased to present the following report of the Alliance’s activities over the past year for your review.

I must first express thanks to the GHFA Board of Trustees for their commitment to and support of the Alliance over the past year bringing us closer to achieving our mission of enhancing the well-being of Georgians through educational and outreach programs that promote healthy practices consistent with the principles of family medicine.

In 2017, the Alliance Board had two in-person meetings and one meeting via conference call for a total of three to date this year. I am happy to report that as of August 2017 the Georgia Healthy Family Alliance (GHFA) has hired its first full time employee (Kara Sinkule – Deputy Executive Director) devoted to coordinating programming, communications, corporate funding and donor outreach.

Major goals of the Alliance:
1. Improving the health of Georgians
2. Improving the financial wellness of the Alliance

Improving the Health of Georgians:

The 2017 Community Health Grant Awards
In January 2017, the Georgia Healthy Family Alliance (GHFA) began its sixth year of the Community Health Grant Awards Program. Since its inception, the Community Health Grant Program has awarded more than $160,000 to support 38 GAFP member sponsored healthcare projects throughout Georgia that enhance the well-being of our communities. GHFA doubled the number of community health grants in 2017 awarding grants to the following GAFP members and their teams:

2017 Community Health Grant Recipients:

Woodson Park Academy Weekend Meal Bags $5000 Loretta Hicks, MD, Atlanta
Team Triumph Race for Disabled Georgians $5000 Mercer School of Medicine, Cols
Truth’s Clinic 100 Mammograms for Women $5000 Kevin Johnson, MD Lawrenceville
Urban Health Clinic’s COPD And Asthma Project $3500 Karla Booker, MD Atlanta
Rome Clinic’s Log it, Learn it- Let’s Stay Healthy $4970 Leonard Reeves, MD Rome
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Physicians Care Clinic’s Chronic Disease Management $5000 Martha Crenshaw MD Dekalb County
Hearts & Hands Referrals, Specialized & Basic Labs $5000 Brian DeLoach, MD Statesboro

Morehouse Heal Clinic’s Community Health Project $5000 Folashade Omole, MD Atlanta
Adult Developmental Disabilities Get Fit Project $5000 Andrea Videlefsky, MD Marietta

Current GAFP members including medical students, residents and active/ life members are eligible to apply for the next cycle grant funding with a deadline of February 1, 2018. First cycle grant awards will be announced in March 2018. Application information is available online at www.georgiahealthyfamilyalliance.org

Tar Wars Kicks off 2017-18 School Year
The Tar Wars tobacco prevention and education program for 4th and 5th grade students in Georgia is designed to shape a child’s opinion about tobacco before they are ever offered a cigarette, e-cigarette or chewing tobacco. Georgia Healthy Family Alliance staff member Kara Sinkule recently attended the Georgia Association of School Nurses (GASN) annual meeting in Savannah, where she provided more than 500 school nurses from all corners of Georgia with Tar Wars resources for them to take the tobacco free Tar Wars message back to their schools. With funding from the W.G. Raoul Foundation she also provided the nurses with educational posters on new and emerging tobacco products like E-Cigarettes and Hookahs which are gaining popularity with Middle and High School students across Georgia.

Last school year more than 20 Emory Family Medicine Residents presented Tar Wars to 5th grade students in Atlanta area schools. Residents and medical students at Georgia Regents University presented the Tar Wars program to students at the Augusta Boys and Girls Club as well as in Augusta elementary schools. In addition, Atlanta area Girl Scouts participated in National “Kick Butts Day” 2017 by educating classmates about the dangers of E-Cigarettes and second-hand smoke.

The Alliance continues to expand our anti-tobacco messaging to elementary school children throughout Georgia. Over the last six years, we have aligned with the Georgia School Nursing Association and have been able to reach thousands more school children. If you are interested in presenting Tar Wars to a local elementary school in your community contact Kara Sinkule at ksinkule@gafp.org for more information or visit www.georgiahealthyfamilyalliance.org.

Improving the Financial Wellness of the Alliance

GHFA Capital Campaign
Dr. Evelyn L. Lewis & Clark, President of GHFA, addressed the GAFP Board at the 2017 August Committee Conclave on behalf of the GHFA Board of Trustees to praise the GAFP Board’s long-term investment in the Georgia Healthy Family Alliance and the Community Health Grant Program. Dr. Lewis & Clark also briefed the GAFP Board on GHFA’s five-year Capital Campaign to raise an additional $3 million and introduced Jim and Patti Lyons from Pride Philanthropy of Jasper whose decades of experience in healthcare fundraising will be crucial to guiding GHFA through the next “public” phase of the Capital Campaign. The initial 2017 Capital Campaign Leadership Cabinet members were also announced.

They are:

2017 Chair: Loy “Chip” Cowart, MD
Dr. Mike Busman, Americus
Dr. Evelyn Lewis & Clark, Newnan
Dr. Patrick “P.J.” Lynn, Rome
Dr. Eddie Richardson, Eatonton
Dr. Mitzi Rubin, Atlanta
Dr. George Shannon, Columbus
Dr. Collyn Steele, McDonough
Dr. Harry Strothers, Macon
Dr. Rick Wherry, Dahlonega

2017 BBQ & Boots All Member Party /Campaign Kick Off

Dr. Chip Cowart also addressed the GAFP Board to announce that the quiet phase of Capital Campaign will end in October with an all-member party in place of the President’s Gala at the Annual Meeting October 27th kicking off GHFA’s “Your Giving is Great Medicine” Capital Campaign. “BBQ and Boots” attire is encouraged as we kick off the Capital Campaign with a BBQ buffet and night of Country Karaoke.

GHFA Capital Campaign Donors

The Alliance has started meeting with leaders on assisting with early commitments to our campaign. As of August 11, 2017, the “Your Giving is Great Medicine” Capital Campaign initial 5-year pledges include:

$1,000,000
Georgia Academy of Family Physicians

$25,000-$50,000
Dr. Chip and Elizabeth Cowart, Statesboro
Dr. Patrick “P.J” and Lindsay Lynn, Rome

$10,000-$24,999
Dr. Mike and Dianne Busman, Americus
Dr. Evelyn Lewis & Clark, Newnan
Dr. Donald Fordham, Demorest
Fay Fulton, Atlanta
Dr. Carl and Melanie McCurdy, Jasper
Dr. Mitzi and Jeremy Rubin, Atlanta
Dr. Eddie Richardson and Dr. Jameelah Gater, Eatonton
Dr. George and Barbara Shannon, Columbus
Dr. Collyn and Nick Steele, McDonough
Dr. Harry and Karen Strothers, Macon
Dr. Rick and Alice Wherry, Dahlonega

$2,500-$9,999
Dr. Karla Booker, Lawrenceville
Dr. Denise Crawley, Rome
Dr. Elvan Daniel, Atlanta
Dr. Wayne Hoffman and Thomas Torrey, Atlanta
Dr. Kevin and Connie Johnson, Lawrenceville
Dr. Bruce and Sheila LeClair, Augusta
Dr. Adrienne Mims, Atlanta
A reception honoring those contributing $10,000 or more to the “Your Giving is Great Medicine” Capital Campaign will be held at The Palm Restaurant inside the Westin Buckhead on October 27, 2017 prior to the BBQ and Boots dinner. If you would like more information on the Capital Campaign giving levels and payment options please contact Kara Sinkule or email ksinkule@gafp.org.

2017 GHFA Board of Trustees
Evelyn L. Lewis & Clark, MD President (Term expires 2020)
Patrick “PJ” Lynn, MD, Vice President (Term expires 2019)
Denise Crawley, MD Treasurer (Term expires 2018)
Loy “Chip” Cowart, MD, (Term expires 2019)
Rachel Gallen, DO (Term expires 2018)
Bruce LeClair, MD (Term expires 2018)
Ambar Kulshrestha, MD (Term expires 2017)

Resident Trustees
Sunaina Jhurani, MD (Term expires 2017)
Aparna Mark, MD (Term expires 2018)
August 2017

Georgia Academy of Family Physicians
Congress of Delegates

Report of the GAFP PAC Board

The PAC Board voting members for 2016 were:

GAFP Board Chair – Mitzi Rubin, MD
GAFP PAC Board Vice Chair – Thaddeus Lynn, MD
GAFP President – Eddie Richardson, Jr, MD
COD Speaker – Donny Fordham, MD
GAFP Board Member Representative – Howard McMahan, MD
At Large GAFP Member – Tom Fausett, MD

The PAC Board ex officio members for 2016 were:

GAFP Legislative Co-Chair – Rick Wherry, MD
GAFP Legislative Co-Chair – Bruce LeClair, MD
GAFP President Elect – Loy “Chip” Cowart, MD
GAFP Executive Vice President – Fay Fulton

Advocacy Dinners

The Georgia Academy Board of Directors has supported annually small group Advocacy Dinners to bring together family physicians and our legislators in small group dinners. These dinners are continuing to build our advocacy strength across the state as our members get to know their legislators better for improved communications.

In September 2017, we have advocacy dinners planned in Athens and Augusta.

Donations Given in 2017 (Through August)

Senator Matt Brass
Candidate Royden Daniels, MD for State Senate
Senator Kay Kirkpatrick, MD (both primary and general election)
Senator Jeff Mullis
Senator Blake Tillery
Candidate Bob Wiskind, MD for State Senate

Donations Given in 2016

Representative Shaw Blackmon
Representative John Corbett
Representative Joyce Chandler
Representative Tom Dickson
Representative Gerald Greene
Representative Brett Harrell
Representative Lee Hawkins
Representative Michelle Henson
Representative Jan Jones
Representative Jodi Lott
Representative Howard Maxwell
Representative John Meadows
Representative Greg Morris
Incumbent Mark Newton, MD running for State District 123
Representative Clay Pirkle
Representative Karen Bennett
Representative Ed Rynders

Senator Brandon Beach
Senator Bill Cowsert
Senator Jack Hill
Senator Greg Kirk
Senator Fran Millar
Senator Jeff Mullis
Senator Curt Thompson

Safe Harbor YES Campaign - The Safe Harbor for Sexually Exploited Children Fund was on the 2016 general election ballot in November (Amendment 2) and was successfully approved by the voters. It will create a dedicated source of funding that will provide restorative services like safe housing, trauma counseling and medical treatment to child victims of sex trafficking without raising or creating any new taxes.

Representative Allen Peake
Representative Jay Powell
Incoming Representative Betty Price, MD
Speaker David Ralston
Representative Tom Rice
Senator David Shafer
Representative Darlene Taylor

PAC Donation by GAFP Members
In 2016, we raised $13,797 which was slightly more than what we raised in 2015 ($13,578). As of July, the PAC has raised $8,895 and we encourage all the Congress of Delegates to stop by the GAFP PAC booth to discuss our advocacy in action initiatives.

We thank our GAFP members who continue to strengthen our advocacy by donating to the PAC. Through July 2017, the following members have contributed to the PAC:

Houria Allia, MD
Folake Aminu, MD
Tom Bevill, MD
J. Larry Boss, MD
Karen Bullington, MD
Michael Busman, MD
Samuel “Le” Church, MD
Mitch Cook, DO
Loy “Chip” Cowart, MD
Jason Cox, MD
Elvan Daniels, MD
Bradley Delay, MD
Wayne Dodgen, MD

Clifford Dunn, MD
Tom Fausett, MD
Donny Fordham, MD
Richard Glass, MD
Jay Gobderhan, MD
James Hagler, MD
Rudolf Hehn, MD
Loretta Hicks, MD
Wayne Hoffman, MD
Beulette Hooks, MD
Eugene Jackson, MD
Kevin Johnson, MD
Allison Key, MD
Georgia Academy of Family Physicians  
49th Annual Congress of Delegates  
*Specializing in You!* 

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>David Kunz, MD</td>
<td>Henry Richbourg, MD</td>
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<tr>
<td>Bruce LeClair, MD</td>
<td>Mitzi Rubin, MD</td>
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<td>Thaddeus Lynn, MD</td>
<td>John Schuler, MD</td>
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<td>Matthew Marchal, MD</td>
<td>Ted Scoggins, MD</td>
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<td>Kim Martin, MD</td>
<td>Daniel Singleton, MD</td>
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<td>William McDaniel, MD</td>
<td>Leon Smith, MD</td>
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<td>Cheryl McGowan, MD</td>
<td>Collyn Steele, MD</td>
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<td>Howard McMahan, MD</td>
<td>Jeff Stone, MD</td>
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<td>Rolf Meinhold, MD</td>
<td>Harry Strothers, MD</td>
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<td>Thomas J. Miller, MD</td>
<td>Joseph Surber, DO</td>
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<td>Sana Muneer, MD</td>
<td>Beverley Townsend, MD</td>
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<td>George Nixon, MD</td>
<td>Richard Wherry, MD</td>
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<td>Sherma Peter, MD</td>
<td>Louis Wilhelm, MD</td>
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<td>Truc Pham, MD</td>
<td>W. Steven Wilson, MD</td>
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<tr>
<td>Eddie Richardson, MD</td>
<td>John Vu, MD</td>
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I encourage all members and especially those of you designated leaders of the Congress of Delegates to take less than five minutes and open your wallet to donate to the GAFP State PAC. You can contribute online securely: https://www.gafp.org/pac/

Recommendations: None

Respectfully Submitted,

Mitzi B. Rubin, MD, FFAFP  
PAC Board Chair
August 2017
Congress of Delegates
Georgia Academy of Family Physicians

2017 Resident Directors and Alternates to the Board
Resident Director                  Sarah Codrea, DO
Resident Director                  Monique Merritt-Atkins, MD
Resident Alternate Director        Jessica Brumfield, DO
Resident Alternate Director        Joshua Koerner, DO

Resident Award Winners

Georgia Academy Resident of the Year
Awarded to Chetan Patel, MD, Columbus Family Medicine Residency Program. Dr. Patel served as Director and Alternate Director to the GAFP Board of Directors in 2015 and 2016 respectively. In addition, he served as Alternate Resident Delegate to the American Academy Family Physicians Congress of Delegates in 2016 and will serve as Delegate in 2017. In addition, he was selected to serve on the AAFP Commission on Education (COE).

Georgia Academy Keith Ellis Award
Mary Keith, MD from the Memorial Health Family Medicine Residency Program in Savannah was the Georgia Academy’s Keith Ellis Award winner for Chief/Co-Chief Resident. 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.

AAFP Resident and Student National Conference
Two of our resident directors attended the conference in Kansas City, Dr. Monique Merritt-Atkins was our resident delegate and Dr. Jessica Brumfield our alternate. There were also residents present from several Georgia programs, with a total of 6 residents present overall. Dr. Chetan Patel and Dr. Merritt-Atkins both served on Reference Committees during resolution proposals. In addition, Dr. Natalie Britt of Memorial University Medical Center Family Medicine Residency Program in Savannah, GA was elected as Alternate Resident Delegate of the AAFP Congress of Delegates for 2017.

The resident board directors is appreciative that the GAFP represents residency programs across the state and that the Georgia Academy considers how policies enacted both on state and national level affect residency training programs, as they have with the Pathway to Medical School project.

Respectfully submitted,

Resident Directors, Drs. Sarah Codrea, Monique Merritt-Atkins, Jessica Brumfield, and Joshua Koerner.

Recommendations: None
August 2017
Congress of Delegates
Student Directors Report

2017 Student Directors and Alternates to the Board
Student Director, Board of Directors, Chivon Brown Stubbs, Morehouse School of Medicine
Student Director, Board of Directors, Daryl Singleton, Morehouse School of Medicine
Student Director, Board of Directors, Alayna Dukes, Mercer University School of Medicine
Student Alternate Director, Board of Directors, Daniel Kim, Morehouse School of Medicine
Student Alternate Director, Board of Directors, Alcha Strane, Morehouse School of Medicine
Student Alternate Director, Board of Directors, Dontre Douse, Mercer University School of Medicine

Congress of Delegates Representatives to the AAFP National Student and Resident Conference
Student Director, Board of Directors, Alayna Dukes, Mercer University School of Medicine

Attendance to AAFP National Conference for Medical Students/Residents
Alayna Dukes represented GAFP’s student members at this year’s AAFP Student Congress held during the Student and Resident Conference in Kansas City. In addition to electing student representatives to national AAFP positions, the student congress debated and passed several resolutions from health care as a right, to electronic medical records, to the bail bond system that disproportionately affects the health of individuals and communities from disadvantaged socioeconomic backgrounds, and many others. Our elected student representatives will continue to advocate on the behalf of family medicine and students alongside residents and family medicine physicians. Our resolutions will be sent forward for broader consideration from AAFP.

Outside of Congress, delegates have the opportunity to attend the largest Family Medicine residency fair in the country and attend clinical workshops. The best part of the convention is meeting lots of other students and residents who are excited about the “Family Medicine Resolution.

Student Directors on Committees
Student Director Daryl Singleton served on the Legislative Committee
Student Director Chivon Brown Stubbs served on the Student and Resident Recruitment Committee
Student Director Alayna Collier Dukes served on the Finance Committee

Select Georgia FMIG Activity Updates
1. Morehouse School of Medicine
   a. “Strolling Through the Match”
      i. This event included a panel of MS4’s that recently matched in Family Medicine and FM residents which engaged FMIG members and other members of the MSM student body by discussing the benefits of Family Medicine and why they chose the specialty.
   b. “Med-Peds or Family Medicine?”
      i. A Q&A session geared to comparing and contrasting the specialties of FM and Med-Ped, which featured a MSM FM resident and MSM IM Program Director.
   c. “Put A Can in It”
Georgia Academy of Family Physicians
49th Annual Congress of Delegates

Specializing in You!

1. Georgia Academy of Family Physicians
   a. Our annual Thanksgiving food drive collected over 200 lbs. in donations of non-perishable food products to benefit the Atlanta Community Food Bank.

   d. “Sex: Hate It or Love It”
      i. Open forum discussion featuring a licensed sex therapist to help empower students and build an atmosphere that promotes sexual health personally and for future patients. Discussions focused on healthy sexual practices, STD testing, contraceptives, etc.

2. GA-Philadelphia College of Osteopathic Medicine
   a. GA-P.COM SAACOFP created a preventative wellness curriculum for Annandale Village, a home for the physically and mentally disabled
      i. The classes include: resistance band stretching, hygiene, yoga, healthy snacks, and breathe work
      ii. The class is bi-weekly and we have around 20 residents in attendance every class
      iii. Many of the residents use our stretching and breathing techniques in their morning routine
   b. GA-P.COM SAACOFP set up a joint injection clinic for first year students.
      i. 45 students were in attendance and split into two sessions
      ii. Dr. Sampson, Sports Medicine, taught the clinic and students practiced practical skills in the simulation lab.
   c. GA-P.COM SAACOFP also attended the 2017 American College of Osteopathic Family Physicians Conference in Orlando, Florida. There the members learned practical skills for recruitment, fundraiser ideas, and how to spark more interest in primary care among fellow classmates.

Family Medicine Day for Medical Students – Saturday, March 4, 2017

The first Annual Family Medicine Day for Medical Students was held Saturday March 4th, 2017 during the concurrent Committee Conclave. There were 30 medical students in attendance from six Georgia Medical Schools. The following lecture and workshops were offered: Crazy: Talk: Key to Integrating Behavioral Health in Primary Care, What Exactly Can a Family Medicine Resident Do?, Delirium, Acupuncture, Knee Examinations and Injections, and Basic Suturing. There was also a residency fair held with the following programs: Phoebe Family Medicine Residency – Albany, Augusta University Medical College of GA - Augusta, Gwinnett Family Medicine Residency Program - Gwinnett, Medical Center of Central Georgia - Macon, Morehouse School of Medicine Family Medicine Residency Program - Atlanta, Floyd Family Medicine Residency Program – Rome, and Emory Family Medicine Residency Program- Atlanta. The event concluded with dinner and “Magical Moments in Family Medicine” A post-event survey was sent out and 16/24 students responded that the event was time worthy, with helpful lectures and workshops that advance their skill set. The students also really enjoyed the residency fair and found it to be helpful.

Pathway to Medical School Program

The GAFP Board of Directors again voted to support the Pathway to Medical School program with a donation of $2,000 to the Southwest Georgia Area Health Education Center (SOWEGA-AHEC) and $2,000 to the Foothills Area Health Education Center (Foothills AHEC). The Pathway to Med School program was developed to target Georgia pre-med college students who plan to pursue a medical career in primary care and to encourage participants to return to rural and underserved areas as providers. Students accepted into
the program shadow primary care physicians, develop research projects and attend seminars over a four-week period, as well as submit research posters at the Georgia Academy’s annual meeting.

The Southwest Georgia Area Health Education Center (SOWEGA-AHEC) reported 10 students were selected to participate from 9 different southwest Georgia counties: Dougherty (2), Thomas, Colquitt, Sumter, Tift, Terrell, Lowndes, Lee & Irwin counties. From 6 different undergraduate institutions: UGA (5), Valdosta State, Elon University, Georgia Southwestern State, Darton State, & Abraham Baldwin Agricultural College. Foothills AHEC reported as of July 2017, 24 students have completed the Foothills AHEC Pathway to Med School program. Three of these students are rising second year medical students and three will begin medical school this fall. Eleven students will be applying to medical school during the 2017-2019 application cycle. Two students are opting to pursue master's degrees, one has chosen a non-medical school doctoral program, and four are not yet eligible to apply to medical school.

We the 2017 Student Directors and Alternates are thankful for the opportunity to have served on the GAFP BOD with each of you. We thank you for all your advice and words of encouragement and look forward to working with you in the future.

Respectfully Submitted,
Chivon Brown Stubbs, Daryl Singleton, Alayna Dukes, Daniel Kim, Alcha Strane, Dontre Douse

Recommendations: None
Since graduating its first class of residents in 1975, a total of 289 residents have completed their training in the Family Medicine Residency Program. Eighty-one percent of these graduates chose to remain in the Southeast, and of these, 70.1 percent chose practice sites in Georgia. Sixty-two percent of the 2017 graduates remained in Georgia.

Our program is a dually accredited Accreditation Council for Graduate Medical Education (ACGME) and American Osteopathic Association (AOA) residency. Due to the merger between ACGME and AOA we will be applying for ACGME osteopathic recognition in 2017-2018.

Resident recruitment activities continue on both the local and national levels to include the American Academy of Family Physicians, American and Student National Medical Association in Kansas City and the American College of Osteopathic Family Physicians (ACOFP) Annual Convention and Scientific Seminar residency fairs. These efforts resulted in a successful match with all ten PGY-1 positions being filled. Eight filled in the National Resident Matching Program match and two in the Osteopathic match.

Continued recognition through the National Committee for Quality Assurance (NCQA) as a Level III Patient Centered Medical Home (PCMH). The FMC adopted a modified multi-disciplinary team structure. There are seven teams of attending physicians, resident physicians, mid-level providers and nurses. Teams meet on a monthly basis to discuss patient care issues, communication or safety concerns, and anticipated cross-coverage needs. The Quality Department Committee is now involved in helping develop outcome projects for our department. This activity will help expand resident and faculty scholarship opportunities.

Three residents participated on articles “In press”, Patient Perspectives of an Individualized Diabetes Care Management Plan, European Journal for Person-Centered Care, and Evaluation of Trends in Diabetes Care in a Patient-Centered Medical Home, Journal of the Georgia Public Health Association. Family Medicine residents had a total of five abstracts accepted by NAPCRG’s Annual Scientific Meeting in Colorado Springs, November 2016. Two residents were involved in the Obesity Summit which took place in Orlando, Florida in May. In addition, our chief residents attended the AAFP Chief Resident Leadership Development Program. All of our PGY-3s presented their senior scholarly project at the first Departmental Research Day. PGY-2s provided a Critical Appraisal of Topic (CAT) during their community medicine rotation. In addition, all residents with their advisor presented at Journal Club.

Highlights for 2016-2017:

- Dr. Julie Dahl-Smith, Program Director won the Thomas A. Sappington Award.
- Two of our residents participated in our Global Medicine elective rotation.
- Wellness component added to resident curriculum to address stress and fatigue.
- Hospital wide Ultra Sound Training has been instituted. The department has purchased portable ultrasound equipment for inpatient and outpatient training.
- ROSH Review purchased by department to assist residents with board taking skills.
- Our residency expanded by two positions and we matched all ten positions. This expansion allows access to a variety of community clinical settings such as rural emergency medicine, prompt care, primary care and hospitalist at a community hospital.
- Our department has been engaged in an intercampus grant regarding educating residents and faculty on the Screening and Brief Intervention with Referral to Treatment (SBIRT) model for the screening of patients who are at risk of alcohol and drug abuse.
- Our program continued to track required procedures through our electronic ONE45 system.
- Continued efforts in the development of the residency dashboard.

Respectfully submitted,

Julie Dahl-Smith, DO
Professor
Director, ACGME and AOA Resident Educational Programs
The Family Medicine Residency at Midtown Medical Center has a long and distinguished history of providing physician Graduate Medical Education and patient care to the Columbus area. The three-year Family Medicine residency program was established in 1972. Prior to that date, primary care physicians were trained as general practitioners with a two-year residency after medical school. Over the past sixty years Midtown Medical Center has been instrumental in supplying general practitioners and family physicians who served the needs of Georgia and particularly the Columbus area. In our immediate area, there are approximately ninety physicians who practice within a thirty-mile radius of Columbus who can claim all or part of their training at Midtown Medical Center. Unfortunately, due to budget pressures, we are discontinuing the Transitional Year (rotating) internship program after our current class finished in June 2016.

An important part of our Medical Education mission is providing quality medical care to the underserved. Under the guidance of full-time attending physicians, our Family Medicine residents provide care in Family Medicine, Internal Medicine, General Surgery, Pediatrics and Obstetrics and Gynecology. The teaching services enable Midtown Medical Center to serve as a patient resource and referral center for citizens of Georgia and east Alabama. Residents provide care at the Columbus Health Department clinics and routinely assist on Columbus Regional’s outreach medical van. During the last year, our teaching program saw over 35,000 outpatient visits in the Family Medicine Center, delivered hundreds of infants and cared for thousands of hospital admissions. With training in Advanced Cardiac and Trauma Life Support, residents help to provide 24/7 care to patients referred to Midtown Medical Center’s Intensive Care Units and Level II Trauma program.

The Family Medicine residency continues with full accreditation from the American Osteopathic Association for the three-year osteopathic Family Medicine program. Our Family Medicine Residency Program also received a full 10 year accreditation cycle under the Next Accreditation System of the ACGME. We will be seeking Osteopathic Recognition as the AOA and ACGME merge accreditation standards over the next few years.

Through the generous sponsorship from GAFP, our residency Family Medicine Center participated in the GAFP sponsored PCMH University to obtain Level 3 designation as an NCQA patient centered medical home. Our residency is grateful for GAFP’s support and is engineering our curriculum to maintain NCQA certification. Three years has gone by quickly as we are currently in recertification mode. Our center was the first in our network to achieve PCMH Level 3 designation.

In 2012, we became an official satellite campus for Mercer University School of Medicine as a branch campus. We are currently in our sixth year of this successful project. Midtown Medical Center and St. Francis Hospital continue a successful collaboration to provide clinical experiences for 15 MS3 and 15 MS4 students. In addition to Mercer, our clinical faculty holds medical school appointments and train students from the Medical College of Georgia at GRU, Nova Southeastern University and Georgia-PCOM. A few months ago, we entered an affiliation agreement to provide rotations for students of the Virginia College of Osteopathic Medicine at Auburn University (War Eagle!). While resident training is the primary mission of the Medical Education Department, there is extensive cooperation with Three Rivers AHEC in the training of physician assistants, nurse practitioners and other allied health providers.
An important mission of our training program is to supply physicians to meet the needs of Georgia citizens. The following physicians graduated in June 2017 and are listed with their practice location:

2017 graduates practice type and locations:

<table>
<thead>
<tr>
<th>Resident</th>
<th>Practice Type</th>
<th>Location</th>
</tr>
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<tbody>
<tr>
<td>Hafsa Bhatti, M.D.</td>
<td>Rural Medicine-locums</td>
<td>New Zealand</td>
</tr>
<tr>
<td>Heather Castleberry, M.D.</td>
<td>Group Practice</td>
<td>Donalsonville, GA</td>
</tr>
<tr>
<td>Amanda Du Sablon, D.O.</td>
<td>Group Practice</td>
<td>Hudson, NC</td>
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<tr>
<td>Samantha Jean, M.D.</td>
<td>Hospitalist</td>
<td>Port Charlotte, FL</td>
</tr>
<tr>
<td>Arshia Khan, M.D.</td>
<td>Hospitalist</td>
<td>Columbus, GA</td>
</tr>
<tr>
<td>Jordan Knoefler, D.O.</td>
<td>Sports Med Fellowship</td>
<td>Baylor @Waco, Texas</td>
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<tr>
<td>Joseph McCue, D.O.</td>
<td>Neuromuscular Medicine Fellowship</td>
<td>Bangor, ME</td>
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<tr>
<td>Malika Nair, M.D.</td>
<td>Geriatric Fellowship</td>
<td>Mayo @Ft. Lauderdale, FL</td>
</tr>
<tr>
<td>Chetan Patel, M.D.</td>
<td>Rural Medicine-locums</td>
<td>New Zealand</td>
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<tr>
<td>Sony Sebastian, D.O.</td>
<td>Group Practice</td>
<td>Louisa, KY</td>
</tr>
<tr>
<td>Vaheh Shirvanian, M.D.</td>
<td>Hospitalist</td>
<td>Columbus, GA</td>
</tr>
<tr>
<td>Ibrahim Zeinaty, M.D.</td>
<td>Group Practice</td>
<td>Douglasville, GA</td>
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There are no formal recommendations for the Reference Committee. The Medical Education Department at Midtown Medical Center appreciates the ongoing support of the Congress along with that of the membership of the Georgia Academy of Family Physicians.

Sincerely,

John R. Bucholtz D.O.
Director of Medical Education
Midtown Medical Center
Columbus, Georgia
Georgia South Family Medicine Residency Program
Annual Report
July 1, 2017 – June 30, 2018

General

Georgia South Family Medicine Residency Program at Colquitt Regional Medical Center launched its residency in July 2016, matching its first three residents into the program, and is now entering its second year. The program has pre-accreditation with the Accreditation Council for Graduate Medical Education, and had its site visit in May 2017, with a decision on accreditation expected in October 2017. As the program looks towards unified accreditation, it will expand capacity to include 4 residents per year (12). Once the program receives its ACGME accreditation, it plans to pursue Osteopathic Recognition.

Residents

It was a year of firsts for our program, culminating in our first promotion of residents from interns to residents. We are proud of our first class. Dr. Michael Magat became actively involved with the Colquitt County High School National Championship Football team, attending games on the field to support the team physician. Dr. Marco Hur was our first resident to staff our hospital in-patient service, and became a leader in looking at hospital policy. Dr. Jessica Brumfield was elected to serve on the GAFP Board, and welcomed Georgia South’s first continuity delivery, and will continue to see the baby and her mother as patients.

Georgia South proudly welcomed our second group of residents, including Dr. Catie Duskin, Dr. Valerie Sherrer and Dr. Theja Lanka, at a white coat ceremony in June.

Faculty and Staff

Georgia South added two new faculty members to the team. I am pleased that Dr. Woodwin Weeks, D.O., joined as the Associate Program Director in December 2016, and Dr. Melissa Cardwell, D.O. came on board in March 2017. Dr. Weeks brings a depth of knowledge to our residents, and is helping grow the program’s adult and pediatric in-patient experiences, and has been instrumental in developing a robust didactic curriculum, which incorporates osteopathic manipulation. Dr. Cardwell brings a depth of expertise in women’s health and geriatrics. Also continuing his involvement is Dr. Nick Carden, the program’s behavioral health faculty. Dr. Carden is a tremendous asset to resident wellness and in teaching residents about various aspects of behavioral and mental health issues.

Service

Georgia South opened its new Family Medicine Continuity Clinic in Moultrie December 2016. The
clinic has allowed residents to offer a full scope of primary care, women’s health, including obstetrics and a strong focus on procedures. At Georgia South Family Medicine Residency Program, we have recently introduced point of care ultrasound in our outpatient clinic. While often used for musculoskeletal ultrasound and ultrasound guided injections, we are also training our residents in limited obstetrical ultrasound and abdominal ultrasound.

Future Direction

As a new program, we are focused on recruitment of strong faculty and residents as a first priority. In addition, the program will continue to build a comprehensive curriculum and didactic experience targeting practice in rural and community settings. As a new program, Georgia South faces the challenge of rapid growth within our program, and the impact that has on our local health system. This requires constant education and attention to program requirements, a new position for many on the hospital team. It also requires an unwavering dedication to protecting the resident experience, one which we embrace and hold above all else. In the pursuit of becoming a premiere teaching hospital, we constantly strive to serve the community in patient care, and the State of Georgia in our work to develop a new generation of Family Physicians as leaders, advocates and caregivers.

Respectfully,

Kirby Smith, D.O.
Program Director
Georgia South Family Medicine Residency Program
General

The Emory Family Medicine Residency Program (EFMRP) completed its 22nd year of training residents. During the 2016-2017 academic year 26 residents were in training. Eight of our residents completed the program, of which 7 went into private practice or academic medicine in the state of Georgia.

The program continues to staff its Family Medicine service (FMS) at Emory University Hospital Midtown, which is the sponsoring hospital for the Emory Family Medicine Residency Program. This is an excellent teaching service with the full academic training and clinical services support of Emory Healthcare. It is also ranked nationally in the top 10% for outstanding quality for academic medical centers.

Our faculty and residents continue to receive recognition for their leadership and outstanding work in medical education, residency training and clinical research. Dr. Susana Alfonso, one of the core faculty and interim director for the Emory Family Medicine Clinic was once again recognized as one of Atlanta’s Top Doctors in 2016 and chosen to be Vice President of the GAfp. Dr. Leila Myrick, one of our newly matched PGY1s was chosen for the T.A. Sappington “Outstanding Student in Family Medicine” award by the Georgia Academy of Family Physicians. Dr. Ambar Kulshreshtha was appointed a Fellow of the American Heart Association and nominated Board Chair for the Georgia Healthy Family Alliance.

Residents in our program were prolific in their scholarly work during this academic year presenting posters and placing 1st, 2nd and 3rd at the 2016 Annual GAfp Scientific Assembly. Dr. Kim Le, Dr. Teresa Beck and Dr. Megha Shah coauthored and published a book chapter “Medical Care for Undocumented Immigrants: National and International Issues.” Dr. Oguchi Nwosu was promoted to Associate Professor in the Department of Family & Preventive Medicine. All faculty and residents are actively engaged in teaching and lecturing within the department as well as the School of Medicine and Physician’s Assistant Program.

Our residents remain engaged in Global Health electives, with residents and faculty traveling to Ethiopia during the academic year to continue to assist in the building of the first Family Medicine residency program in that country. Dr. Kim Le, PGY3 and co-chief resident, returned to Ecuador to provide teaching and medical care with Project HEAL, an international medical group that she had worked with during medical school. Dr. Alia Hassanali, PGY3, participated in a highly competitive Medical Journalism elective in New York City, working with the team of medical journalists at ABC news gaining invaluable experience in research and reporting on important medical issues.

Our residency program continues to attract large numbers of applicants both nationally and internationally. This year there were 2,107 applicants. The program successfully matched all 10 positions in March 2017. Through the generosity of Dan and Kathy Amos and the Amos Family foundation, the program continues to expand its training, moving one step closer to our goal of becoming a 10/10/10 program.

Our involvement with the Emory Family Medicine Interest Group continues to attract medical students and undergraduates to Family Medicine. The residency program faculty and residents remain engaged in the newly established chapter of Primary Care in Progress at Emory. This past fall, we were honored to have Dr. Tom Bodenheimer, Professor Emeritus at UCSF, Center Excellence in Primary Care as a guest visitor to our program. We welcomed his insights and suggestions and were happy to learn that our
Family Medicine Clinic is making significant progress towards impaneling patients, clinic continuity and team based care.

The program’s website is: [http://www.fpm.emory.edu/](http://www.fpm.emory.edu/).

**Faculty/Staff Changes**

Dr. James Jo joined our clinical faculty in August 2016.
Dr. Michael Ly joined our core faculty in March 2016.
Ms. Tammi McDade has taken on the position of program coordinator for the Emory Family Medicine Residency Program, effective January 1, 2017. She brings 9 years of experience to this position as the former program coordinator for the Emory Radiology Residency Program.

**2017 graduates**

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
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</thead>
<tbody>
<tr>
<td>Kyle Wilson, MD, MPH</td>
<td>Emory Family Medicine Faculty, Atlanta GA</td>
</tr>
<tr>
<td>Kim-Thien Le, MD</td>
<td>Emory Family Medicine Faculty, Atlanta GA</td>
</tr>
<tr>
<td>Hilary Dowdall, MD</td>
<td>Jencare, Atlanta GA</td>
</tr>
<tr>
<td>Rani Patil, MD</td>
<td>Jencare, Atlanta, GA</td>
</tr>
<tr>
<td>Sanjay Manubolu, MD, MPH</td>
<td>Urgent Care/Locums, Boston, MA</td>
</tr>
<tr>
<td>Donovan Johnson, MD</td>
<td>Gwinnett Medical Group, Loganville, GA</td>
</tr>
<tr>
<td>Sunaina Jhurani, MD</td>
<td>Piedmont Physicians Group, Woodstock, GA</td>
</tr>
<tr>
<td>Alia Hassanali, MD</td>
<td>Hospital Medicine Grady, Atlanta, GA</td>
</tr>
</tbody>
</table>

All 2017 graduates passed their ABFM board exams on first attempt.

**Family Medicine Center**

All Family Medicine residents and faculty practice in the Emory Family Medicine at Dunwoody clinic and provide inpatient care at Emory University Hospital Midtown. The Dunwoody site offers full service primary care, as well as a wide variety of office procedures. We’ve expanded our clinic hours to include Saturdays, early morning and lunch time hours for patients with busy work schedules. We offer behavioral counseling on site. The Dunwoody clinic provides teaching and training to Family Medicine residents, medical students, PA and NP students in Ambulatory Care at the Emory University School of Medicine. We have added a clinical pharmacologist who provides teaching and consultation for our residents and faculty, as well as one on one consultation with patients. We continue to incorporate e-visits and telephone visits in order to improve access and quality of care for patients with chronic illness.

The clinic offers a Lifestyle Clinic to help patients with chronic disease management and to assist them with overcoming barriers to making healthier lifestyle choices. Individual consultation with Preventive Medicine specialists and group visits are provided for patients who seek additional assistance in successful long term weight loss.

The clinic web site is: [http://www.emoryhealthcare.org/family-medicine/index.html](http://www.emoryhealthcare.org/family-medicine/index.html)

**Graduates**

We currently have 175 graduates in practice. Approximately 70% are practicing in the state of Georgia.
Future Directions
We anticipate future expansion of our Dunwoody site as we strive to provide care for a larger portion of our local population. Our practice offers care coordination and reporting of quality indicators for chronic diseases such as diabetes, hypertension and obesity in our practice.

Plans are on track to open two other Family Medicine clinics, one in Midtown and the other in Old 4th Ward in downtown Atlanta. We continue to dedicate faculty resources to teaching medical students and continue to seek involvement with the FMIG at Emory. We have recently hired two new faculty, and we are in the process of recruiting others, so that we may continue providing excellent teaching for our residents and medical students.

We are planning to implement an elective in Rural Telemedicine in collaboration with the Atlanta Veterans Administration to help bring primary care to military veterans living in underserved areas in Georgia. We believe this model is one that can be expanded so that all people living in rural Georgia are no longer disadvantaged by having limited access to primary care.

Resolutions for the COD
Whereas, the state of Georgia ranks 41 out of 50 in primary care access, last in the nation in maternal mortality, and like the rest of our nation, has experienced an exponential rise in the rates of opioid abuse, addiction and overdose deaths in the past 10 years;

And whereas, the National Rural Health Association reports the patient-to-primary care physician ratio in rural areas is only 39.8 physicians per 100,000 people, compared to 53.3 physicians per 100,000 in urban areas;

And whereas, telemedicine and telehealth services are now seen as a solution to overcoming the lack of access to primary and specialty care in rural areas with over half of all U.S. hospitals using telemedicine, and 90 percent of healthcare systems developing and implementing a telemedicine program;

And whereas, the ability to provide telemedicine and telehealth services is challenging in rural areas where reliable broadband and internet services are lacking;

Be it resolved to improve access to primary and specialty care for all citizens in Georgia by promoting and advocating for the use of state and federal rural development funds to expand broadband and internet services to rural and remote areas of the state;

Be it further resolved to remove any and all barriers to the provision of telemedicine and telehealth services including ease of restrictions for multistate licensure for primary and specialty care, incorporating various payment models that include individual, private and third party payers, uploading and sharing of electronic medical records, and electronic submission of all prescriptions, specifically controlled substances.

Teresa Lianne Beck, MD, FAAFP
Program Director, Emory Family Medicine Residency Program
Chief, Family Medicine Inpatient Service, Emory University Hospital Midtown
Department of Family & Preventive Medicine
Emory University School of Medicine
tbeck@emory.edu
Accomplishments and activities:
We are pleased to announce several major accomplishments and milestones for the program for the 2016-2017 academic year. First, and most importantly, we have graduated our first class of Family Medicine residents, with all graduates staying within 30 miles of the program to practice. We have retained one graduate as a part time faculty with a focus on Osteopathic Manipulative Medicine.

Accreditation
The program was approved by the ACGME for Osteopathic Recognition with no citations. We also received our continuing accreditation status with a self-study visit date scheduled for 3/1/2026.

Faculty Staffing
The Family Medicine Program is fully staffed for the current level of residents, and meets both ACGME and AOA requirements for core faculty ratios.

Grants – Funded
Below listing is a summary of the Grants, their Author(s), the Agencies, and the status and dollar amount of the grant request:

• Amimi Osayande MD - Family Practice Inquires Network faculty development workshop, Completed, $5500
• Kevin Johnson MD, Georgia Healthy Family Alliance Truth’s Clinic Mammograms and Medicine, open, $5000
• Karla Booker MD, Georgia Healthy Family Alliance, Urban Health and Wellness Clinic, open, $3500

Residents: We now have 15 residents in the program. We do anticipate requesting a permanent increase in complement for AY 2018-2019.

2016 Match Results
Overall: 5 first year residents total
• 60% underserved minority
• 40% GA Medical School Graduates
• 40% Osteopathic Graduates
• 60% Allopathic Graduates

Service:
Strickland Family Medicine Center (SFMC) continues to increase in service volume and in services offered, additional focused clinic time to osteopathic manipulation, women’s health/GYN procedures, and dermatological procedures. Our population served mirrors the diversity in the community with a good mix of insurance, including: Medicare, Medicaid, charity care, and self-pay. We have assumed the role as Gwinnett Hospital System’s Associate Health and Wellness Center within the walls of the Strickland Family Medicine Center. This “Clinic within a Clinic” functions in a unique roll providing a combination of sick and minor emergency needs of the associates of the healthcare system, along with post-offer pre-employment evaluations, workplace injury/worker’s compensation evaluations and referrals, and services to associates.
families at reduced cost. Our volumes have grown substantially in visits, and we are operating at a net positive between income and cost savings for the organization afforded by the clinic.

Research and Scholarly activity:

For the academic year, the program had 2 resident research posters accepted at national conferences, 3 presentations by faculty at national conferences, 1 faculty poster presentation at a national conference, 1 PMID article published, 2 other publications, and all graduating residents presented research and QI to meet the RC requirements.

The program director participated in the National Institute for Program Director Development, sponsored by the AFMRD. Our Behavioral Medicine Faculty, Carol Minor MSW, completed the Behavioral Science/Family Systems Educator Fellowship sponsored by STFM.

Ongoing Issues:
The program has identified the following challenges for the 2016-2017 Academic Year:

Faculty:
We continue to recruit additional faculty with focus on support for our Osteopathic Recognition component. We are strategically looking to hire additional faculty who can practice full scope family medicine. We are additionally looking for qualified sports medicine faculty with a goal of expanding our sports medicine care and adding a Primary Care Sports Medicine Fellowship.

Pediatric Experiences:
We continue to be challenged to meet the ACGME required experiences for pediatric numbers in the Strickland Family Medicine Center. We have several efforts ongoing to increase our recruitment of newborns and school age children through marketing.

Recruiting Residents
As a growing program, we continue to work to attract the best possible candidates for our program. Since we only have preliminary graduation data to report, our program falls out of many filters on the AAMC and AOA Opportunities sites. We continue to work on medical school recruiting efforts in Georgia and surrounding states.

Policy Considerations
The implementation of GA HB 249 poses particular challenges for compliance for residents on training permits and with facility licenses. We have been actively engaged with the Georgia Department of Public Health which is now in charge of the Prescription Drug Monitoring Program from the program level in efforts to assure we can operate in compliance with the new law.

Gwinnett Medical Center and Northside Hospital merger plans continue to progress, support remains strong not only for GME in general but primary care in particular.

Respectfully Submitted,

Kevin E. Johnson, MD, FAAFP
Director, Family Medicine Residency
Director, Strickland Family Medicine
Gwinnett Medical Center
This has been a trying year for our department. We, the faculty and staff, have had to work with a lean crew for various reasons throughout the year. Despite this setback there were many accomplishments achieved. The reaccreditation process for the Level 3 PCMH was successfully completed. The Accelerated Track for the Mercer Medical Student was implemented and we currently have one student in the first year and one student in the second year of that program. We have had increased patient encounters at our Family Health Center. The Family Medicine inpatient service continues to meet quality and patient satisfaction measures. The resident and faculty surveys with the ACGME reflect an overall positive experience for our learners and the faculty.

All of the faculty have been active in scholarly activity with presentations at grand rounds as well as international, national and regional meetings. The residents have also been actively involved in quality improvement projects and research projects. The transition of care visit program continues to flourish. It was developed and implemented by several residents to assist in reducing our readmission rate to the hospital and enhancing our transition of care visit.

We have had an ABFM pass rate of 100% for the last four years for the ABFM exam with our recent graduates. We matched 8 of 8 positions in the 2017 PGY 1 class with strong candidates; most having strong ties to Georgia. Of our nine 2017 residency graduates, 1 is enrolled in our Hospice Palliative Care Fellowship, 1 is in private practice in GA, six are practicing in GA, and one is practicing in SC. Overall, more than 60% of our graduates from the past five years are practicing in Georgia.

Issues facing our training program include but are not limited to the following:

- Increasing the patient population of children under the age of 10 years
- The need for more talented, committed, and passionate Residency faculty
- Negotiating salaries for faculty that are competitive for the market
- Improving research infrastructure in the organization
- Developing an effective/efficient coding/billing experience for the residents

Respectfully submitted,

Y. Monique Davis-Smith, MD, FAAFP
Program Director
MCCG/MUSM Family Medicine Residency
Macon, GA
The Morehouse School of Medicine (MSM) Family Medicine Residency Program was established in 1981 as MSM’s first graduate medical education program. Our residents benefit from inpatient training at both Atlanta Medical Center–South, a moderately sized community hospital in East Point, Georgia, and Grady Memorial Hospital serving a largely underserved population as the largest hospital in the state of Georgia and the 5th largest hospital in the country. Our primary ambulatory training site is the state-of-the-art Morehouse Healthcare Comprehensive Family Healthcare Center where the full scope of Family Medicine is practiced and a range of procedures are performed. Since its inception, the program has graduated 166 residents, 67% of whom are practicing in the state of Georgia.

Residents and Graduates
Program graduates during the 2016 – 2017 academic year are listed below with their practice sites.

Ayan Ahmed, MD
Northeast Georgia Medical Center, Gainesville, GA

Riliwanu Aliu, MD
Murray Medical Center, Chatsworth, GA

Erskine Hawkins, MD
JenCare, New Orleans, LA

Nabila Shahu, MD
Southside Hospital, Atlanta, GA

Anna Sikod, MD
Eagles Hospitalists, Atlanta, GA

William Vincent, MD
Temecula Valley Physicians, Temecula, CA

The program successfully filled the full complement of six slots for the PGY 1 class out of an applicant pool of more than 1,300. The following interns were welcomed to the program on July 1, 2017:

Rodneysha Brown, MD
Morehouse School of Medicine

Hikma Jemal, MD
University of Texas Medical Branch

Kuna Okong, MD
Université de Yaoundé I

Aaron Pettyjohn, MD
Meharry Medical College School of Medicine

Khalil Sharif, MD
Wright State University Boonshoft School of Medicine

Rodrick Stewart, MD
Rowan University School of Osteopathic Medicine

Administration Change as of July 1, 2016:
We have had one personnel change:
Dr. Walkitria Smith has joined our program in the capacity of Assistant Program Director.

Faculty Additions:
Walkitria Smith, MD
Nicole Ash-Mapp, MD

Resident Scholarly Activity:
Our residents were actively engaged in scholarly activity during the 2016 – 2017 academic year. The following listing highlights their activities:

Presentations
State Level Presentations

Dr. Anna Sikod
Georgia State Medical Association Meeting – June 2017
Poster Presentation: “Characterizing prescription of statins by primary care physicians at Morehouse Comprehensive Family Health Center”
Georgia Academy of Family Physicians  
49th Annual Congress of Delegates  
Specializing in You!

Georgia Academy of Family Physicians Meeting – November 2016  

**Dr. Oluwaseun Odewole**  
Georgia Academy of Family Physicians Meeting – November 2016  
Poster Presentation: “Idiopathic Bells Palsy in the Immediate Postpartum”

National Level Presentations  
**Dr. Oluwaseun Odewole**  
Case Report Presentation: “Subgaleal hematoma in a 6 year old girl following hair braiding”  

Department of Family Medicine Residency 9th Annual Resident Research Forum, June 14, 2017  
**William Vincent, MD:** “The correlation of Attributes of Physicians by Patients and How it Relates to Compliance of Medical Action Plans”  
**Anna Sikod, MD:** “Characterizing prescription of statins by primary care physicians at Morehouse Comprehensive Family Health Center”  
**Nabila Shehu, MD:** “Depression Screening at Morehouse Healthcare”

**Onyinye Iheaku, MD:** “Multi-dermatomal Herpes Zoster in a patient with HIV/AIDS”  
**Oluwaseun Odewole, MD, MPH:** "Sudden Onset of Facial Droop: A Case of Idiopathic Bell’s Palsy in the Immediate Postpartum”

Publications:  
**Anna Sikod, MD, MPH**  

**Oluwaseun Odewole, MD, MPH**  
Akin-Akintayo, Oladunni O. MD; Jani, Ashesh B. MD, MSEE; Odewole, Oluwaseun MD; Tade, Funmilayo I. MD; Nieh, Peter T. MD; Master, Viraj A. MD; Bellamy, Leah M. MSN; Halkar, Raghvveer K. MD; Zhang, Chao PhD; Chen, Zhengjia PhD; Goodman, Mark M. PhD; Schuster, David M. MD. Change in Salvage Radiotherapy Management Based on Guidance With FACBC (Fluciclovine) PET/CT in Postprostatectomy Recurrent Prostate Cancer. Clinical Nuclear Medicine: January 2017 - Volume 42 - Issue 1 - p e22–e28


Resident Leadership
Dr. Monique Merritt-Atkins started serving as a Resident Delegate for the Resident Board of Directors of the Georgia Academy of Family Physicians. She is still serving in this role.

Awards and Recognitions:
Our residents and faculty strive for excellence in all of their endeavors. As such, they received numerous awards and recognitions during the 2016 – 2017 academic year.

Residents
Monique Merritt-Atkins, MD
- MSM Family Medicine Residency Program Community Service Award, June 2017
- The Rising Star Award, June 2017

Anna Sikod, MD
- MSM Family Medicine Residency Program Faculty Award for meritorious achievement during residency training

Nabila Shehu, MD, MPH
- MSM Family Medicine Residency Program Resident of the Year Award, June 2017

Onyinye Iheaku, MD
- MSM Family Medicine Residency Program Director’s Award for scholastic excellence and education in teaching fellow residents the art of Family Medicine, June 2017

Aaron Cooper, MD
- MSM Humanism in Teaching Award for the Department of Family Medicine. Awarded by the MS3 Class in June 2017.

Faculty
Robertsteen Howard, MD
- MSM Family Medicine Community Preceptor Award, June 2017

Willie Landrum, MD
- MSM Family Medicine Residency Program William H. Cleveland Faculty of the Year Award, June 2017

Riba Kelsey-Harris, MD, MSCR
- MSM Family Medicine Residency Program Chairman’s Award, June 2017

Gregory Strayhorn, MD
- MSM Family Medicine Residency Program Nelson McGee Award, June 2017

Charles Sow, MD, MSCR
- Special Award by the Residents for dedication to our learning and support throughout our journey to success.
Community Service:
Morehouse School of Medicine Family Medicine faculty and residents show their commitment to the MSM mission to “improve the health and well-being of individuals and communities” through involvement in numerous community service activities. Activities with the highest participation include volunteering at the Back to School Fairs, numerous health fairs, and performing complimentary sports physicals for high school football teams. Residency faculty additionally serve as mentors to students at the high school, collegiate, and medical school levels both individually and as a part of collective pipeline efforts.

The program continues to work towards excellence in education, scholarly activity, patient care, leadership, and community engagement.

This report is presented for information only. We have no formal recommendations for the reference committee.

Respectfully Submitted,

Riba Kelsey-Harris, MD, FAAFP
Assistant Professor of Clinical Family Medicine
Residency Program Director
The Phoebe Family Medicine Residency was successful in recruiting seven residents for PGY 1 positions.

2016-2017 Graduating Class:

- Danielle Andrews, MD  Going into Behavior Health Fellowship (off-cycle will graduate 8/27/17)
- Sarah Codrea, DO  Johns Creek, GA
- Justin Lancaster, MD  Sports Medicine Fellowship
- John Macon, MD  Albany, GA
- Jennifer Yam, MD  Kennesaw, GA

This graduating class of 2017 represents 100% of the 2016-2017 graduating class staying and practicing family medicine in Georgia. Dr. Andrews and Lancaster both entered fellowships in Alabama but both have committed to returning to Georgia after that year of training.

With last year’s approval from the ACGME to increase resident compliment from 15 to 24, this year’s match brought 7 interns to the class of 2020. The goal for the expansion is to increase to 8 interns next year to ultimately reach the goal of an 8-8-8 program.

This June delivered our 21st graduating class, bringing the total number of successfully trained Family Medicine physicians to 114, including 80 practicing here in Georgia. That number will be 82 once the two fellowships trained residents return to Georgia. All of the graduating residents have passed the American Board of Family Medicine Certification examination with off cycle resident Dr. Andrews scheduled to test this fall.

Phoebe completed construction of a medical student housing complex. Flagstone, housing for healthcare professionals in training has been part of the long-term vision of the Phoebe Foundation to foster students who may one day serve the growing health care needs of our community. Flagstone is designed to house up to 40 medical and pharmacy students and family medicine residents who are training at Phoebe. It includes: studio and 1, 2 and 3-bedroom apartment homes. Flagstone will increase the number of students who choose to study here, foster an affinity for the area and encourage physicians to stay in our region.

Sharmon Osae, PharmD joined the faculty of the residency program as adjunct faculty member. Dr. Osae is on staff with the Southwest Georgia Pharmacy Program which is part of The University of Georgia College of Pharmacy.

Respectfully,

George T. Fredrick, MD
Program Director, Phoebe Family Medicine Residency
July 7, 2017
Congress of Delegates
Georgia Academy of Family Physicians

The 2016-2017 academic year has continued to have its fair share of changes as has become the expected state of the residency program and medical school department here in Savannah under Dr. Pallay’s direction. The largest changes have occurred in leadership at both Memorial and Mercer over the first 6-9 months of the 2017 year. At Memorial, the CEO and other leaders have left while the institution continues to look for a partner to stabilize the entire situation. As of time of this report, there is yet no definitive decision on a partner although we do expect some answers in the near future. No doubt, stabilization of the Memorial leadership team and ownership by a profitable corporation will have very positive effects on the residency program itself. The start of Dean Sumner and other associated leadership changes at Mercer has reinvigorated primary care and Family Medicine in particular as she continues to be very vocal in expressing her concern and support for growing the primary care infrastructure in the state of Georgia. But, even in the midst of all the above-noted changes, we have continued to grow and prosper and graduated 6 excellent PGY3 residents who have taken job positions in Savannah as well as in other communities in Georgia, South Carolina, Tennessee and Texas. This year our graduated residents include Mary Keith, M.D. and Daniel Gordon, M.D., our first graduates of the FM-ACT program. They are headed to rural areas in northern Georgia to begin practice, totally consistent with the goals of this program.

In terms of Core Faculty, we have a couple of additional changes this year. Cindy Carter, M.D., who spent the last few years stabilizing and improving our medical student clerkship program has decided to move back to her area of primary love and will be returning to full time hospice and palliative care at Hospice Savannah. Of course, our students and residents will continue to work with her there as they do their rotations in hospice and palliative care medicine. Donna Prill, M.D. has also decided to move and join her husband in his position in Kansas City where she is moving to a different Family Medicine residency. We have hired Ryann Cowart, M.D. to start in August and she comes to us from private practice in Savannah by way of her Family Medicine training in University of Virginia in Charlottesville, Virginia. Although she enjoyed her couple of years in private practice, her first love is academic medicine and she was excited to hear of our opening and grabbed it immediately. We are happy to have her joining us. We will continue to look for a faculty person to fill our last position but in the interim, have hired a couple of new part-time faculty who will fill teaching roles as part of our greater faculty.

Our other core faculty continue with their various areas of interest and expertise. Candace Murbach, D.O. has taken over our Associate Program Director position replacing Bonzo Reddick, M.D., who remains with the program as a core faculty but will focus more on his Associate Dean for Diversity role at Mercer. Candace will continue to lead us as we continue our involvement in the community with various programs, including Walk With a Doc, Teens and Tots, and our Rocking Chair program. Bonzo will continue to emphasize and grow our residency focus and curriculum on social determinants of health programs. He will, of course, continue with his Board Review course and this year we had our third 100% pass from the graduating class, testament to the success of the program he has developed. Mary Mier, D.O. has taken over the medical student preceptor program from Dr. Carter and is planning adjustments and changes so that both our Mercer and MCG students continue to enjoy their time here on the Family Medicine rotations in years 3 and 4. Marty Sineath, M.D. has continued to grow our sports medicine programs at the various high schools in Savannah as well as with the Savannah College of Arts and Design. In addition, he has developed a relationship with our friends at Hunter Air Force base and will be working with them on care of their Army Rangers and others who need sports medicine services. In this way, we are continuing to improve our residents’ experiences in sports medicine, both through didactics and hands-on experience. Finally, Christina Kelly, M.D. has continued to work with growing our Obstetrics program as she has brought her experience and teaching of surgical OB as
well as all the other pieces of OB training. Already one of our graduates this year took a position in Georgia where he plans to continue doing obstetrics, one of our graduates is applying to OB fellowships, and a few of our PGY2 and PGY3 residents are also seriously thinking of including obstetrics in their future plans. In addition, Christina has assumed the position of Director of our Primary Care-Accelerated Curriculum (PC-ACT) program and has shepherded it through to its present position with 16 students in the ACT program at the three Mercer campuses. This program has continued to grow and evolve and now involves all three Mercer campuses (Savannah, Macon, Columbus) and we now have students in both Family Medicine and Internal Medicine. Starting in June of 2017 we will have 19 students in the PC-ACT program. We continue to work with the State of Georgia with funding in the budget to help this program grow. This year our first two graduates of the program left to practice in rural Georgia and within 6 years Mercer will be graduating as many as 18-20 students to positions throughout Georgia providing primary care for the people of this state!

This past year has also been one that has seen our faculty and residents get various awards in many diverse areas. Drs. Pallay and Kelly, along with Kelli Lemieux received the prestigious Georgia Medical Society – Health Care Innovation Award; Mary Keith received the Keith Ellis Resident Scholarship Award from GAFP; the Arnold Gold Humanities and Excellence in Resident Teaching Award from Mercer University School of Medicine Class of 2017 went to Erica Young, and the 2018 awards went to Daniel Gordon and Natalie Britt.

Clinically, we continue to improve our PCMH care in our office and continue to grow our Care Coordination program throughout the institution and its primary care practices, all of which are now Level 3 PCMH practices. As has been the situation in the past, our residency practice continues to lead all the Memorial practices in developing the most current and up-to-date programs. All our faculty are Point of Care Ultrasound (POCUS) trained and we are incorporating ultrasound into all aspects of care and teaching. We have finished a 6-month Wellness Program and are evaluating its effects and deciding what we need to change and update. Our diabetic retinopathy screening has picked up dramatically with our donated camera to allow us to do regular screening. Finally, we are working with the Homeless Authority in Savannah and hope to have a full program in place within the near future for providing street medicine and care for the large homeless population in Savannah through our residency and medical students and led by our faculty. More to come next year.

Respectfully,

Robert Pallay, M.D.
FMR Program Director and Chairman
Department of Family Medicine
Mercer University Medical Center, and
Mercer University School of Medicine, Savannah campus

RECOMMENDATION(S): NONE
We have now graduated 21 classes, with 60% of our graduates remaining in Georgia to practice.

We had a successful match this year, filling all of our 6 positions with excellent medical school graduates. We had 2500 applicants for those 6 positions. These new interns are already performing quite well on their first rotations.

Our Family Medicine Center in Morrow, Georgia, continues to do well. Our clinic continues to grow and we hope to increase the hours we are open in the near future. We also continue to see continuity OB patients at the Your Town Health Clinic (an FQHC) in Palmetto. We deliver these patients at our hospital.

The WellStar acquisition of our Hospital has brought about very positive change for us. We have seen an increase in resources and salaries for our residents and faculty. We are excited for 2 of our faculty, Drs. Viktoria Nurpeisov and Michael Kraft, who have gone to one of our sister hospitals, WellStar Kennestone Hospital, to start the new residency program there. Dr. Nurpeisov will be the new program director.

We have full accreditation from the ACGME with no citations. Only about a third of Family Medicine residencies can claim this. Finally, all but two of our residents have passed their boards on their first attempt in the last 5 years.

We hope that interest in Family Medicine amongst American medical students will continue and the small reverse in the multi-year decline will expand. We must all continue to promote Family Medicine to all medical students we encounter, and show them the benefit of continuity of care, and comprehensive care, and how this will improve the health care provided to the citizens of Georgia.

George W. Brown, MD

Program Director, Family Medicine Residency Program

WellStar Atlanta Medical Center
A. Recognition of Physicians as Physicians across all Healthcare Entities

Submitted by: Beverley Ann Townsend, MD of Columbus

Whereas, being a physician is an honorable profession and history shows physicians have existed since ancient times and

Whereas, physicians are required to complete medical school (either allopathic or osteopathic) and upon graduation receive a doctorate of medicine degree and;

Whereas, the term physician is recognized world-wide as a graduate of medical school and holds a Doctorate degree of Medicine and;

Whereas, in modern times in healthcare a doctoral degree can be earned by various fields of study and upon graduation will also be recognized as a doctor and;

Whereas, introduction to patients in provision of care, as the title doctor includes multiple “providers” which has created confusion in the healthcare arena and;

Whereas, physicians complete greater than 20,000 hours of clinical experience which far supersedes other healthcare providers;

Be it resolved that, we as physicians should uphold our honorable professions and be recognized as such and not be categorized, generalized, or confused with other doctoral degree professions, and;

Be it further resolved that, we be addressed, promoted and recognized as PHYSICIANS which is distinctive for our patients, our healthcare systems, and above all for ourselves, and;

Be it further resolved that, AAFP and all physician medical organizations, promote ourselves as physicians to all healthcare entities.

Background: GAFP Mission: The Mission of the Georgia Academy of Family Physicians is to promote the health of the citizens of Georgia by advancing the specialty of Family Medicine through education, advocacy and service to family physicians in the State of Georgia.

AAFP Mission: The mission of the AAFP is to improve the health of patients, families, and communities by serving the needs of members with professionalism and creativity.

GAFP Policy: GAFP Oppose any Expansion of the Scope of Practice by Non-Physicians – Adopted 12/2/2001 by the GAFP Congress of Delegates: The Georgia Academy of Family Physicians is committed to opposing any expansion of a scope of practice by any non-physician that is not in the best interest of our patients.
B. Support Cesarean Section Privileges for Family Physicians

Submitted by: Omoniyi Yakubu Adebisi, MD of Tallapoosa

Whereas, Obstetrics is a core aspect of training and practice of family physicians, and

Whereas, the ability of family physicians to provide operative obstetrics, including Cesarean Sections, to their patients in and around their community of practice will not only improve the continuity of care but will also improve patients' satisfaction, and

Whereas, despite the fact that a lot of data are available that favorably compare the outcome of operative and non-operative deliveries performed by trained family physicians with those performed by obstetricians and gynecologists, family physicians with adequate training in operative and non-operative Obstetrics are still being denied hospital privileges in the State of Georgia and around the country, especially in the major metropolitan cities like Atlanta and others, thereby discouraging many family physicians from practicing what they are competent and trained to perform;

Resolve that, the AAFP and chapters of the AAFP around the country including the state of Georgia embark on advocacy programs to educate administrators of hospitals that family physicians should be granted privileges to practice operative and non-operative Obstetrics with similar criteria set for other physicians that are allowed to practice similar services because such will improve continuity of care to our patients and improve patients' satisfaction,

Resolve that, the AAFP should recommend that all hospital should have clear criteria for granting privileges to physicians to perform operative and non-operative obstetrics that do not prejudice against family physicians with adequate training and experience in operative and non-operative Obstetrics,

Be it further resolved that, AAFP should set up a committee that will study what should be done if any qualified member is denied privileges to practice operative and or non-operative Obstetrics in any hospital based on no other reason other than not being a trained gynecologist and obstetrician.

Background: AAFP-ACOG Joint Statement on Cooperative Practice and Hospital Privileges

Access to maternity care is an important public health concern in the United States. Providing comprehensive perinatal services to a diverse population requires a cooperative relationship among a variety of health professionals, including social workers, health educators, nurses and physicians. Prenatal care, labor and delivery, and postpartum care have historically been provided by midwives, family physicians and obstetricians. All three remain the major caregivers today. A cooperative and collaborative relationship among obstetricians, family physicians and nurse midwives is essential for provision of consistent, high-quality care to pregnant women.

Regardless of specialty, there should be shared common standards of perinatal care. This requires a cooperative working environment and shared decision making. Clear guidelines for consultation and referral for complications should be developed jointly. When appropriate, early and ongoing consultation regarding a woman's care is necessary for the best possible outcome and is an important part of risk management and prevention of professional liability problems. All family physicians and obstetricians on the medical staff of the obstetric unit should agree to such guidelines and be willing to work together for the best care of patients. This includes a willingness on the part of obstetricians to provide consultation and back-up
for family physicians who provide maternity care. The family physician should have knowledge, skills and judgment to determine when timely consultation and/or referral may be appropriate. The most important objective of the physician must be the provision of the highest standards of care, regardless of specialty. Quality patient care requires that all providers should practice within their degree of ability as determined by training, experience and current competence. A joint practice committee with obstetricians and family physicians should be established in health care organizations to determine and monitor standards of care and to determine proctoring guidelines. A collegial working relationship between family physicians and obstetricians is essential if we are to provide access to quality care for pregnant women in this country.

A. Practice privileges

The assignment of hospital privileges is a local responsibility and privileges should be granted on the basis of training, experience and demonstrated current competence. All physicians should be held to the same standards for granting of privileges, regardless of specialty, in order to assure the provision of high-quality patient care. Prearranged, collaborative relationships should be established to ensure ongoing consultations, as well as consultations needed for emergencies.

The standard of training should allow any physician who receives training in a cognitive or surgical skill to meet the criteria for privileges in that area of practice. Provisional privileges in primary care, obstetric care and cesarean delivery should be granted regardless of specialty as long as training criteria and experience are documented. All physicians should be subject to a proctorship period to allow demonstration of ability and current competence. These principles should apply to all health care systems.

B. Interdepartmental relationships

Privileges recommended by the department of family medicine shall be the responsibility of the department of family medicine. Similarly, privileges recommended by the department of obstetrics-gynecology shall be the responsibility of the department of obstetrics-gynecology. When privileges are recommended jointly by the departments of family medicine and obstetrics-gynecology, they shall be the joint responsibility of the two departments. (1998) (2014 COD)

Note: This joint statement was developed by a joint task force of the American Academy of Family Physicians and the American College of Obstetricians and Gynecologists.
C. Expansion of Telemedicine and Electronic Resources

Submitted by: Teresa Lianne Beck, MD, of Atlanta, Program Director, Emory Family Medicine Residency Program

Whereas, the state of Georgia ranks 41 out of 50 in primary care access, last in the nation in maternal mortality, and like the rest of our nation, has experienced an exponential rise in the rates of opioid abuse, addiction and overdose deaths in the past 10 years;

And whereas, the National Rural Health Association reports the patient-to-primary care physician ratio in rural areas is only 39.8 physicians per 100,000 people, compared to 53.3 physicians per 100,000 in urban areas;

And whereas, telemedicine and telehealth services are now seen as a solution to overcoming the lack of access to primary and specialty care in rural areas with over half of all U.S. hospitals using telemedicine, and 90 percent of healthcare systems developing and implementing a telemedicine program;

And whereas, the ability to provide telemedicine and telehealth services is challenging in rural areas where reliable broadband and internet services are lacking;

Be it resolved to improve access to primary and specialty care for all citizens in Georgia by promoting and advocating for the use of state and federal rural development funds to expand broadband and internet services to rural and remote areas of the state;

Be it further resolved to remove any and all barriers to the provision of telemedicine and telehealth services including ease of restrictions for multistate licensure for primary and specialty care, incorporating various payment models that include individual, private and third party payers, uploading and sharing of electronic medical records, and electronic submission of all prescriptions, specifically controlled substances.

Background: AAFP Policy on Electronic Health Records:

The American Academy of Family Physicians (AAFP) believes that every family physician should leverage health information technology, which includes electronic health records and related technologies needed to support the patient centered medical home (PCMH). These capabilities can support and enable optimal care coordination, continuity, and patient centeredness, resulting in safe, high quality care and optimal health of patients, families, and communities. (March 2001 BOD) (2016 COD)

AAFP Policy on Telehealth and Telemedicine:

The AAFP supports expanded use of telehealth and telemedicine as an appropriate and efficient means of improving health, when conducted within the context of appropriate standards of care. The appropriateness of a telemedicine service should be dictated by the standard of care and not by arbitrary policies. Available technology capabilities as well as an existing physician-patient relationship impact whether the standard of care can be achieved for a specific patient encounter type.

Telehealth technologies can enhance patient-physician collaborations, increase access to care, improve health outcomes by enabling timely care interventions, and decrease costs when utilized as a component of, and coordinated with, longitudinal care. Responsible care coordination is necessary to ensure patient safety and continuity of care for the immediate condition being treated, and it is necessary for effective longitudinal care (for clarification, forwarding documentation by electronic means, including fax, is not acceptable for
coordination of care with the primary care physician or medical home). As such, the treating physician within a telemedicine care encounter should bear the responsibility for follow-up with both the patient and the primary care physician or medical home regarding the telemedicine encounter.

The AAFP recommends streamlined licensure processes for obtaining several medical licenses that would facilitate the ability of physicians to provide telemedicine services in multiple states. The AAFP encourages states to engage in reciprocity compacts for physician licensing, especially to permit the use of telemedicine. Within a state licensure framework, the AAFP strongly believes that patients with an established relationship, who are traveling, should be allowed to be treated by their primary care physician, so long as the physician is licensed in the state in which the patient receives their usual care.

Payment models should support the patient’s freedom of choice in the form of service preferred (i.e., copays should not force patients to a specific modality). Additionally, payment models should support the physician’s ability to direct the patient toward the appropriate service modality (i.e., provide adequate reimbursement) in accordance with the current standard of care. The AAFP believes current reimbursement policies warrant increased standardization among payers, especially in regard to eligible originating and distant sites, and use of asynchronous store-and-forward technology. The current unneeded variability in policies among payers leads to administrative complexity and burden for physicians and patients.
E. Policy Considerations GA HB 249 Regarding Controlled Substances and Collecting More Information Regarding Dispensing and Use

Submitted by: Kevin E. Johnson, MD of Lawrenceville, Program Director, Gwinnett Family Medicine Residency Program

Policy Considerations

The implementation of GA HB 249 poses particular challenges for compliance for residents on training permits and with facility licenses. We have been actively engaged with the Georgia Department of Public Health which is now in charge of the Prescription Drug Monitoring Program from the program level in efforts to assure we can operate in compliance with the new law.

Background: The Georgia Prescription Drug Monitoring Program (PDMP) is an electronic database used to monitor the prescribing and dispensing of controlled substances. The PDMP can help eliminate duplicative prescribing and overprescribing of controlled substances and provide a prescriber or pharmacist with critical information regarding a patient’s controlled substance prescription history and protect patients at risk of abuse.

Georgia House Bill 249

During the 2017 legislative session, the Georgia General Assembly passed House Bill 249 which provided for several changes to the PDMP:

1. Effective July 1, 2017, dispensers will be required to enter prescription information for Schedule II, III, IV, V controlled substances within 24 hours. This will provide prescribers more efficient access to information with less wait time as they make the best clinical decisions possible for their patients.

2. All prescribers will be required to register in the PDMP by Jan. 1, 2018. Currently only about 10 percent of prescribers in Georgia are registered in the PDMP. Prescribers already registered DO NOT need to re-register.

3. Beginning July 1, 2018, prescribers will be required to check PDMP before prescribing opiates or cocaine derivatives in Schedule II drugs or benzodiazepines. (Prescribers are currently encouraged to check the PDMP but are not yet required to do so.)

Register in PDMP

To register in PDMP, go to georgia.pmpaware.net/login. You will need:

- Your name and business address
- Primary phone number
- Last 4 digits of SSN
- DEA number
- NPI number
- Professional license number and type
- Health care specialty
Because there is a large number of prescribers to be registered in the PDMP by Jan. 1, 2018, we have devised a system for prescribers to register based on their birth month. Refer to the table below to find out when to register.

<table>
<thead>
<tr>
<th>If you were born in:</th>
<th>Register in PDMP in:</th>
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<tbody>
<tr>
<td>January, February, March</td>
<td>July</td>
</tr>
<tr>
<td>April, May, June</td>
<td>August</td>
</tr>
<tr>
<td>July, August, September</td>
<td>September</td>
</tr>
<tr>
<td>October, November, December</td>
<td>October</td>
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</tbody>
</table>

Under the new law prescribers and dispensers are allowed to register two delegates (staff without a DEA number) per shift or rotation to check the PDMP and enter prescription information. However, to ensure prescribers and dispensers are all registered by their mandated date, DPH will register new users in two phases. In the first phase, DPH will ensure all prescribers are registered by Jan. 1, 2018, and in the second phase, DPH will allow new delegates to register. We will provide more information about delegates and how they may be registered after Jan. 1, 2018.

Help Using PDMP

If you have any questions about the PDMP or registering, please send an email to pdm-support@dph.ga.gov or call 404-463-1517.

REGISTERING IN PDMP FAQ

1. Who is required to register in the Georgia PDMP?

   Individuals with a DEA number must register in the PDMP including: physicians, physician assistants, pharmacists, licensed pharmacist delegates, dentists, optometrists, podiatrists, nurses with prescriptive authority, medical residents and interns with prescriptive authority.

2. Where do I go to register in the Georgia PDMP?

   The URL for registration is https://dph.georgia.gov/pdmp.

3. What information do I need to register in the Georgia PDMP?

   Go to https://georgia.pmpaware.net/login and enter your request for an account. You will need your business address, email address, last 4 digits of your SSN, DEA number, NPI number, professional license number and type, primary phone number and health care specialty.

4. Why are physicians and health care providers required to register in the Georgia PDMP?

   The PDMP will give you specific information on your patients’ history of filled prescriptions over the last two years. By using the PDMP, physicians can reduce duplicative prescribing and overprescribing of controlled substances.

5. I do not practice or live in Georgia, but see Georgia residents as patients. Am I required to register in the Georgia PDMP? No.
6. Do veterinarians have to register in the Georgia PDMP? No.

7. I live near the state line and practice in two. Is it necessary to have a different DEA number for each state? Yes, if you prescribe controlled substances in two states. Here is what the DEA says:

“DEA individual practitioner registrations are based on a state license to practice medicine and prescribe controlled substances. DEA relies on state licensing boards to determine that practitioners are qualified to dispense, prescribe or administer controlled substances and to determine what level of authority practitioners have, that is, what schedules they may dispense, prescribe or administer. State authority to conduct the above-referenced activities only confers rights and privileges within the issuing state; consequently, the DEA registration based on a state license cannot authorize controlled substance dispensing outside the state.

8. Is a Veterans Affairs or military prescriber required to check the Georgia PDMP?

A prescriber who is a federal employee practicing on federal property is not required to register for the PDMP or to check it before writing a prescription. However, they are eligible to do so, and the Georgia Department of Public Health encourages prescribers to register and use the PDMP for their Georgia patients.

9. What if health care practitioners choose to ignore the requirements of the law?

Failure to comply with the requirements of the law may subject a health care practitioner to discipline by their licensing board.

USING THE GEORGIA PDMP

10. When am I required by law to begin using the Georgia PDMP?

You can begin using the system as soon as your account is activated by Georgia PDMP. Beginning July 1, 2018, you will be required to check the PDMP before prescribing some Schedule II drugs or benzodiazepines.

11. When is a prescriber required to check the Georgia PDMP?

A prescriber is required to check the PDMP before writing a prescription for the first time for:

1. Benzodiazepines
2. Opiate drugs or cocaine derivatives listed in Schedule II

Thereafter, if the prescription continues, the prescriber should check the PDMP at least every 90 days.

The prescriber is not required to check the PDMP in these four situations:

- If the prescription is for no more than a three-day supply and no more than 26 pills
If the patient is in a health care facility, such as a hospital, nursing home, intermediate care home, personal care home or hospice, which provides patient care and prescriptions to be administered to the patient on the premises

If the patient has had outpatient surgery at a hospital or ambulatory surgical center and the prescription is for no more than a 10-day supply and no more than 40 pills

If the patient is receiving treatment for cancer

12. Are prescribers required to check the Georgia PDMP before writing prescriptions for ANY Schedule II drugs?

No. Prescribers are only required to check the PDMP before writing a prescription for a benzodiazepine or one of the opiate drugs listed in Schedule II. Other Schedule II drugs do not require checking the PDMP before prescribing.

13. Where can I find a complete list of drugs that require checking the Georgia PDMP?

A list of drugs that require checking PDMP can be found here.

14. Can I see prescriptions that have been dispensed under my DEA number?

Yes, log in to https://georgia.pmpaware.net/login. Click on RxSearch, then click on MyRx. It will give you parameters to search for prescriptions for Schedule II, III, IV, V drugs and benzodiazepines.

15. Does the Georgia PDMP offer a way for me to compare my controlled substances prescribing against that of other practitioners? No.

16. How can I review prescriptions written by my delegates?

Log in to https://georgia.pmpaware.net/login. From the home screen, click on RxSearch, then click on MyRx and enter your delegate’s DEA number.

17. How do I run a report to view the prescription history of my patient?

Once you are logged in to the Georgia PDMP, click on RxSearch, and then click on Patient Request. You will be asked to provide as much information about the patient as you are able. Click search at the bottom of the screen and the system will display the patient report.

18. May I share information in the Georgia PDMP with a patient’s insurer?

Information may be shared with a patient’s insurer if the patient has authorized you to make the disclosure, or if the patient’s insurer needs that information in order to provide treatment, payment or health care.

19. Will health care practitioners be able to find out what controlled substances might have been previously dispensed by out-of-state dispensers?
The Georgia Department of Public Health has entered into agreements with the states of Alabama, South Carolina, Massachusetts and North Dakota for the purpose of sharing and disseminating data and information in the Georgia PDMP.

20. If I believe that an investigation into a health care practitioner may be appropriate, where do I report my concern?

You should report your concerns to the licensing board with regulatory jurisdiction over that health care practitioner.

21. Are there required steps of action if I suspect a patient is doctor shopping?

You are not required to report a patient whom you suspect of doctor shopping. However, you may wish to discuss your concerns directly with the patient or explore alternatives to the drugs being prescribed.

22. If I find that a patient is receiving prescriptions for the same substance I am about to prescribe, am I bound legally or merely advised to withhold my prescription?

The PDMP is a tool for prescribers and the use of PDMP information is left to the prescriber’s clinical judgment and discretion.

GENERAL QUESTIONS AND TECHNICAL ISSUES

23. If I have general questions about the Georgia PDMP, how do I resolve them?

For general questions, contact the Georgia Department of Public Health PDMP staff at 404-463-1517 or email pdmp.support@dph.ga.gov.

24. If I am having trouble uploading my prescription data what should I do?

Appriss handles all prescription data uploads, so if you are a prescriber or pharmacy having difficulties uploading your data, please call Appriss at 1-855-542-4767 for assistance.

25. What do I do if I’ve registered in the Georgia PDMP but I’ve forgotten my password?

Go to https://georgia.pmpaware.net/login and enter your email address. Then click on “reset password.” A link will be emailed to you with instructions on resetting your password.

26. How do I register in the Georgia PDMP if I don’t have an NPI number because I don’t take Medicare, Medicaid or any third-party reimbursement?

You must enter 10 digits to register. Use the number “9999999999” to register if you do not take Medicare, Medicaid or third-party reimbursements.

27. Do I have to manually key in my assigned login ID each time I log in to Georgia PDMP? Yes.

28. Do all dispensing reports have to be filed electronically?

All dispensing reports must be filed electronically, unless the dispenser has obtained a waiver from the Georgia Department of Public Health on the grounds of undue hardship.
29. **How do I report if the Georgia PDMP is down?**

Please send an email to pdmp.support@dph.ga.gov with as much detail as possible about the issue and your contact information.

**FOR PHARMACISTS**

30. **Are there changes for pharmacies and pharmacists?**

As of July 1, 2017, prescription information for Schedule II, III, IV, V substances must be entered into the Georgia PDMP within 24 hours after the prescription is dispensed. This means reports will be made daily rather than weekly.

31. **Are pharmacies/pharmacists required to submit reports for days that the pharmacy is closed or there were no prescriptions filled for Schedule II, III, IV, V drugs?**

Yes, you are required by law to file a “zero report” for the day.

**FOR PATIENTS**

32. **How can I get a copy of my prescription report?**

You must request a “Patient Request Form” which PDMP staff will email or mail to you. Once the form is completed and returned to PDMP staff, we will provide a copy of your report.
Members Present:
District 1: Speaker Chip Cowart, MD, Drs. Leland Dampier, Angela Gerguis, and Thad Riley; District 2: Drs. Shane Herrin, Samantha Pollock McCaskill, and Michael Satchell; District 3: Drs. Julie Braddy-Roberts, Clark Gillett, James Hagler, Beulcett Hooks, Alice House, Yvonne Maduka, Daniel Singleton, Beverley Ann Townsend, and Benise L. Williams; District 4: Drs. Amy E. Bailey, Janet Bivens, Amardeep Mann, and Monica Parker; District 5: Drs. Gena Marie Mastrogiannakis, Tammy Robinson, Susan Schayes, Jeffrey Stone, and Chris Wizner; District 6: Drs. Sandhya Ramayya, Eddie Richardson, Jr., Harry Strothers, and W. Steven Wilson; District 7: Drs. Tom Bevill and Jose Villalon-Gomez; District 8: Drs. Tom Fausett and Jairaj Goberdhan; District 9: Drs. Samuel “Le” Church, Donald Fordham, Carl McCurdy, Samyuktha Muralidhara, Monica Newton, and Anne Berry Todd; District 10: Drs. Edward Agabin, Christopher Apostol, Jonathan Mitchell Cook, Jacqueline Dubose, Bruce LeClair, and Sean Lynch; District 11: Drs. Michelle Cooke, Ellie Daniels, Harry Heiman, Wayne K. Hoffman, Riba Kelsey-Harris, Thien-Kim Le, Thaddeus Lynn, Yuan-Xiang Meng, Adrienne Mims, and Charles Sow; Family Medicine Residency Programs: Albany: no representative; Atlanta Medical: no representative; Columbus: no representative; Emory: no representative; Floyd: no representative; Augusta: no representative; Gwinnett: no representative; Houston: no representative; Mercer: Sarah Choo-Yick, MD; Morehouse: no representative; Savannah: no representative; Southwest GA: no representative; Waycross: no representative; Family Medicine Medical Schools Programs: Emory: no representative; GRU-Athens: no representative; Augusta: Blake Rudeseal; Mercer-Macon: no representative; Mercer-Savannah: no representative; Morehouse: no representative; PCOM: no representative.


AAFP Board of Directors Representative: Lynne Lillie, MD.

Staff Present: Fay Fulton and Alesa McArthur.

I. All Member Assembly and AAFP Board Update
Speaker Chip Cowart, MD called the meeting to order, welcomed everyone to the 48th meeting of the Congress of Delegates, and introduced those speaking, including Board Chair Wayne Hoffman, MD, President Mitzi Rubin, MD, and AAFP Board Representative Lynne Lillie, MD. Dr. Lillie gave the Congress an update on the key activities of the American Academy of Family Physicians. Dr. Hoffman welcomed everyone to the meeting, thanking the over 200 volunteers of the Georgia Academy and explained the goals of the town hall. Dr. Rubin gave a brief update on the 5 strategic initiatives of the GAFP and noted that a new strategic plan would be voted on by the Board of Directors later this week. Finally, Dr. Cowart reminded all delegates to review the committee reports in the COD manual and noted what transpired during 2016 to complete the actions of the 2015 resolutions.

II. Pledge of Allegiance and Induction of Officers
Dr. Cowart led the group in the Pledge of Allegiance and announced that the selection of new officers for the Board of Directors was conducted by an email ballot by the Congress of Delegates. The new officers are...
listed below and those present, other than Dr. Richardson, whose installation would follow at the President’s Gala, came to the dais to be sworn in:

President-Elect Loy “Chip” Cowart, MD, Statesboro
Vice President Susana Alfonso, MD, Atlanta
Secretary Audra Ford, MD, Smyrna
Speaker* Donald Fordham, MD, Demorest
Vice Speaker* Samuel “Le” Church, MD, Hiawassee
Director, District 5 Susan Schayes, MD, Marietta
Director, District 8 Jairaj Goberdhan, MD, Adel
Alternate Director, District 1 Thomas Miller, Jr., MD, Claxton
Alternate Director, District 2 Jimi Malik, MD, Albany
Alternate Director, District 4 Kevin Johnson, MD, Lawrenceville
Alternate Director, District 5 Shameka Hunt McElhaney, MD, Smyrna
Alternate Director, District 8 Donny Nash, MD, Nashville
Alternate Director, District 9 Islam Eltarawy, MD, Canton
Alternate Director, District 11 Ellie Daniels, MD, Atlanta
AAFP Delegate Harry Strothers, MD, Macon
AAFP Delegate Bruce LeClair, MD, Evans
AAFP Alternate Delegate Beulette Y. Hooks, MD, Midland

*Speaker and Vice Speaker nominations are for the 2017 Congress of Delegates.

Two additional nominees were put forth, Dr. Rachel Gallen, Atlanta, and Dr. Ambar Kulshreshtha, Berkeley Lake, to be placed on the Board of Trustees of the Georgia Healthy Family Alliance. The Congress of Delegates approved the nominations.

III. AAFP Fellow’s Convocation Ceremony
AAFP Board representative Lynne Lillie, MD, assisted by GAFP leadership, awarded the designation of “Fellow” to eligible GAFP/AAFP members: Drs. Julie Braddy-Roberts, Samuel “Le” Church, Yvonne Maduka, Lenox Kyle Morris, Benise Williams, Amy E. Bailey, and Jonathan Wade.

Following the fellow’s convocation, Parliamentarian Donald Fordham, MD also gave a brief review on parliamentary procedure. The voting system was discussed as was the role of the Tellers Committee.

Finally, Dr. Cowart asked that all delegates introduce themselves.

IV. Omega Report
Speaker Cowart asked all Delegates to stand for a moment of silence while the GAFP members who had died over the past year were remembered: Drs. John Robert Arnall, Marcelle T. Bernard, William A. Hitt, Richard Chesley Manus, Williams H. Rhodes, Jr., Ralph Donald Roberts, Jack B. Roof and Edward Russell White, Jr.

V. Quorum Call
Speaker Cowart inquired to the Credentials Committee Chair Michael Satchell, MD about a quorum. Dr. Satchell confirmed that a quorum was present with 56 delegates in attendance.

VI. Minutes of the 47th session of the Congress of Delegates
The Congress of Delegates minutes from the 47th session were presented for approval and were passed by a unanimous vote.
VII. The Reports of the President and the Board Chair
The reports of the President and Board Chair were presented and accepted as written. They both provided verbal reports as well during the Town Hall Assembly portion of the meeting.

VIII. Resolutions
Dr. Cowart announced that all 2015 resolutions were acted on appropriately, and that the 2016 resolution items were heard at a Joint Reference Committee meeting via conference call on Thursday, October 20.

Item 1-Resolution 1: Bylaws Revision, (Submitted by the Bylaws Committee)
Item 2-Resolution 2: Identification of the Entity Initiating Prescription Refill Requests (Submitted by Willard A. Snyder, Jr., MD)
Item 3-Resolution 3: Education for Changes in payment models (Submitted by Tammy Robinson, MD)
Item 4-Resolution 4: Mandate that all scheduled drugs be prescribed only through electronic means (Submitted by Teresa Lianne Beck, MD)
Item 5-Resolution 5: Report of the Board Chair, Policy Review Team and all other reports in the COD Handbook

IX. Reference Committee Report – Extracted Item
Speaker Cowart asked the Congress if they had any items that they would like to extract from the Reference Committee Report. Speaker Cowart called Dr. Alice House, Chair of the Reference Committee to the podium to provide an overview of the resolutions being presented to the body. Item 4 was called out. It was then moved and seconded to break briefly for a subcommittee meeting and reconvene so that the subcommittee could revise the language in resolution 4.

Item 1-Resolution 4: Mandate that all scheduled drugs be prescribed only through electronic means

Original Resolution:
Sponsored by Teresa Lianne Beck, MD Program Director, Emory Family Medicine Residency Program,

the resolved portion of which is printed below:

Let it be Resolved that, the GAFP require that all controlled substance prescriptions, specifically opioids and benzos, be prescribed electronically.

RECOMMENDATION: The Reference Committee recommended that Resolution No. 4 not be adopted.

COD Action: After the COD reconvened following the subcommittee meeting, there was some discussion back and forth about this resolution as amended:

That the GAFP promote and support legislation to simplify and standardize the transmission of controlled substances of the (classes 2, 2N, 3, 3N, 4 and 5) electronically over the internet to pharmacies within the State of Georgia, maintaining the option, in training programs and special situations, of allowing these medications to be written on current Georgia Board of Pharmacy approved secure paper. Furthermore, that the GAFP work with the Georgia Pharmacy Association and Georgia Board of Pharmacy to require pharmacies to have systems in place to be compliant with the transmittal, and acceptance, of such electronic medication transmittals.
Following discussion, the resolution was adopted as amended below:

**Be it resolved that** the GAFP promote and support legislation to simplify and standardize the transmission of controlled substances (classes 2, 2N, 3, 3N, 4 and 5) electronically over the internet to pharmacies within the State of Georgia, maintaining the option of allowing these medications to be written on current Georgia Board of Pharmacy approved secure paper. Furthermore, that the GAFP work with the Georgia Pharmacy Association and Georgia Board of Pharmacy to require pharmacies to have systems in place to be compliant with the transmittal, and acceptance, of such electronic medication transmittals.

X. **Consent Calendar Approval**

The Congress then took up the rest of the items placed on the consent calendar from Reference Committee that had not been extracted. Without further discussion, it was moved and approved to approve the consent calendar by a unanimous vote.

A. **Item 1-Resolution 1: Bylaws Revision**

Sponsored by The Bylaws Committee

The GAFP Bylaws Committee met once this year at the March GAFP Committee Conclave in Pine Mountain because a resolution related to bylaws from the 2015 Congress of Delegates was referred to the GAFP Board of Directors. The Congress of Delegates formed a brief task force, which met by phone in January and recommended the following revision to the GAFP Bylaws:

CHAPTER 7, Section 6:

**And, let it be resolved that,** the Family Medicine Residency Programs consider a full delegation to be up to 3 resident members and 3 alternate resident members, each from different Georgia family medicine residency programs, with elections by resident members;

CHAPTER 7, Section 7:

**And let it be Resolved that,** the Family Medicine Interest Groups move to a full delegation of 2 medical student members and 3 alternate medical student members, each from different Georgia medical school campuses, with elections by student members;

**And, let it be further Resolved that,** this new Congress of Delegates composition be effective beginning the 2017 Congress of Delegates.

This update was approved by the Bylaws Committee as recommended from the Task Force and was sent to the Georgia Academy membership to review in advance of the 100 days’ deadline per Chapter 14 of the GAFP Bylaws where it states that notices must be given “at least one hundred (100) days prior to any regular or special meeting of the Congress of Delegates,” and will be included as a resolution to the 2016 Congress of Delegates.
The proposed changes were published in the August 15, 2016 issue of *Briefly Stated* and also uploaded on the website at https://www.magnetmail.net/Actions/email_web_version.cfm?publish=newletter&user_id=GAAFP&message_id=13388897.

**RECOMMENDATION:** The reference committee recommended that Resolution 1 be adopted as is.

**COD action:** This item passed as presented during the Congress of Delegates.

**B. Item 2-Resolution 2: Identification of the Entity initiating Prescription refill requests**

*Original Resolution:*

Sponsored by: Willard A. Snyder, Jr., MD

*Whereas,* electronic prescriptions and reconciliation of medications have become the standard of care in order to prevent medical errors;

*Whereas,* auto-refills or robotic refill requests often present inappropriate requests, and potentially result in excessive refills, inappropriate refills of discontinued medications, or other mistakes;

*Whereas,* being able to identify the source of the request (patient, auto-refill, or pharmacy) will assist the physician in identifying the need for the refill;

*Resolve that,* the Georgia Academy of Family Physicians forward a resolution to the American Academy of Family Physicians to promote rules and regulations to assist physicians in identifying the initiator of refill requests, particularly web-renewals;

*And be it further resolved,* that the Georgia Academy forward a resolution to the American Academy to promote standardization of location of labeling of prescriptions, including font size, etc. to assist physicians in being able to gather important information from medicine bottles to appropriately determine need for refills.

**RECOMMENDATION:** The reference committee recommended that this resolution not be adopted.

**COD action:** The COD voted to not adopt this resolution.

**C. Item 3-Resolution 3: Education for Changes in payment models**

*Original Resolution:*

Sponsored by Tammy Robinson, MD

*Whereas,* Family Physicians need training in new payment models,

*Whereas,* MIPS and MACRA are to go in effect over a timeline from 2016 to 2019,
Whereas, planning and preparation are needed to adopt these models,

Resolve that, The Georgia Academy of Family Physicians explore effective training sessions in these areas,

Resolve that, the Georgia Academy develop methods to educate its members on upcoming changes in payment models,

Be it further resolved, that the Georgia Academy be proactive in education of its members.

RECOMMENDATION: The Reference Committee recommends that Resolution 3 not be adopted.

COD action: The COD voted to not adopt this resolution.

D. Item 5-Board Chair’s Report:

RECOMMENDATION: The Reference Committee recommends that the 2016 Board Chair’s report, and all other reports in the 2016 COD Handbook, be accepted as presented, and thanks Dr. Hoffman for his work.

Discussion: Each year, one third of all GAFP policies are reviewed by the Policy Review Team, consisting of the Board Chair, GAFP COD Speaker and GAFP COD Vice Speaker, and they are either re-adopted as written, re-adopted as edited or archived. Each of these that originated with the Board of Directors that were reviewed this year are listed in the Board Chair’s Report and each that originated with the Congress of Delegates are listed in the Policy Review Team’s report.

All policies, including new and updated policies, are in the GAFP Policy Manual on the GAFP website.

XI. New Business

XII. Adjournment

There being no further business for the Final Session of the 48th meeting of the Congress of Delegates, the meeting was adjourned.
GAFP Bylaws

CHAPTER 1
Name
This corporation, an association of family physicians, shall be known as the "Georgia Academy of Family Physicians, Inc."

CHAPTER 2
Affiliation
This organization is a constituent chapter of the American Academy of Family Physicians, a corporation that is possessed only of those rights and powers conferred by said corporation on this organization. No rules, regulations or policies adopted by this organization shall be in conflict with the rules of the American Academy of Family Physicians or the Charter issued by said Academy to this organization.

CHAPTER 3
Purposes
SECTION 1: The purposes of this Academy are as follows:
- The promotion of the art and science of Family Medicine as a specialty;
- The preservation of the right of Family Physicians in the State of Georgia to engage in the practice of the medical and surgical procedures for which they are qualified;
- The promotion of research in the discipline of Family Medicine;
- The promotion of the Family Physician as an ideal medical home for patients of all ages;
- The promotion of the practice of high quality, safe, and cost effective medicine;
- The promotion of Family Medicine as a career choice to pre-medical and medical students;
- The promotion of public health by: patient education, health promotion, patient advocacy, and community leadership in health related affairs;
- The development and provision of leadership for the specialty of Family Medicine in the State of Georgia;
- The representation of Family Physicians in issues of importance to the public health and the practice of medicine to the people and leaders of the State of Georgia;
- The provision of appropriate continuing education for the Family Physician; including the provision of support and education for the Family Physician in relation to the constantly changing medical environment;
- The fostering and support of Family Medicine education in the State of Georgia; including the Education of other physicians and health care professionals in the concept of Family Medicine.

SECTION 2: To accomplish its mission and purposes this Academy may:
- Have the power to acquire, own, and convey real and personal property;
- Carry on research;
- Make awards and give recognition for achievements in leadership and in the science and practice of medicine;
- Establish and issue publications;
- Establish, conduct, and maintain educational courses
- Use any and all ethical and prudent means for the attainment of its objectives, which from time to time it may deem desirable.

SECTION 3: This organization shall have no capital stock. It is not conducted for pecuniary profit and does not contemplate pecuniary gain or profit to the members thereof.

CHAPTER 4
Membership
Section 1: Classes of Membership and Election
The qualifications, classes and conditions of membership shall be the same as provided in the Bylaws of the AAFP. All active members of this organization shall be members of the AAFP and the GAFP. In the event of a conflict regarding classes of membership and election, the Bylaws of the AAFP shall prevail.

ACTIVE MEMBERS
Any active member in good standing shall be eligible to vote and hold office.

LIFE MEMBERS
Life members may vote, serve on committees and commissions, and address the membership but shall not hold office.
INACTIVE MEMBERS
An Inactive member shall not vote or hold office in the Academy, but may address the membership and serve on committees and commissions.

HONORARY MEMBERS
An Honorary Member may not vote. He/She shall pay no dues or admission fees and shall have no right, title, or interest in any Academy property.

SUPPORTING MEMBERS
A Supporting Member shall not vote or hold office in the Academy, but may address the membership and serve on committees and commissions.

RESIDENT MEMBERS
A Resident member may vote and hold office in the Academy, may address the membership, may have a voice in reference committees, and may serve on committees but may not serve as a chair.

STUDENT MEMBERS
A Student Member may vote and hold office in the Academy, may address the membership, may have a voice on reference committees, and may serve on committees but may not serve as a chair.

SECTION 2: Agreement.
The Board of Directors of this chapter shall be the judge of each member’s right to be or remain a member, subject to the right of appeal to the AAFP as provided in Chapter 6 (Ethics) of these bylaws. All rights, title, and interest, both legal and equitable, of a member in and to the property of this organization, shall cease and determine in the event of any or either of the following:
(a) the expulsion of such member;
(b) the striking of his/her name from the roll of members;
(c) his/her death or resignation.

SECTION 3: Good Standing.
A member in good standing shall be one whose current dues and assessments, if any, have been paid in accordance with the provision of these Bylaws, as well as those of AAFP, who is not under disciplinary action, and who has met the applicable CME requirements during the period of the preceding three (3) years as set forth in the AAFP Bylaws.

CHAPTER 5
Dues and Assessments
SECTION 1:
The dues for active members, special dues, and the maximum amount of annual dues may be changed by a two-thirds (2/3) affirmative vote of the Board of Directors. Dues for active members shall be fixed annually. Said dues shall be levied per capita upon all the active members of the Academy.

SECTION 2: Membership dues shall be payable in conjunction with the AAFP dues schedule.

SECTION 3: Any member whose dues or assessments are unpaid at the time of the AAFP dues deadline shall be ineligible to vote or hold office.

SECTION 4: The record of payment of dues and assessments on file of the American Academy of Family Physicians shall be final as to the fact of payment by a member and to their right to participate in the business and proceedings of the Academy.

CHAPTER 6
Ethics
SECTION 1: The Principles of Medical Ethics of the American Medical Association, as they now or hereafter may provide, as modified by the AAFP, shall be the principles of this organization and are hereby made a part of these Bylaws.

SECTION 2: If any member is believed to have violated the Principles of Medical Ethics or the Bylaws of this organization or the bylaws of the American Academy of Family Physicians, or to be otherwise guilty of conduct justifying censure, suspension, or expulsion from this organization, any member may then prefer charges against them in the form and manner herein after specified. Such charges must be in writing and signed by the accuser(s) and must state the facts of the case with reasonable particularity.

Such charges must be filed with the Secretary and at the first meeting of the Board held after the filing of said charges, the Secretary must present said charges to the Board of Directors. The Board shall then or at any adjournment of said meeting, but not more than thirty (30) days thereafter, consider the charges and shall either dismiss them or shall proceed as hereinafter set forth.
If the Board fails to dismiss said charges, it shall within fifteen (15) days thereafter cause a copy of the charges to be served upon the accused by depositing in the United States mail a copy thereof, registered and addressed to the last known address of the accused. The Board shall at the same meeting fix a time and place for hearing said charges, and the accused shall be notified of the time and place at the same time and in the same manner as provided for the serving of the charges. The time set for said hearing shall be not less than fifteen (15) days nor more than six (6) months after services of charges.

Unless otherwise noted, the Board of Directors is the GAFP Board of Directors.

The accused may answer in writing but need not do so. Failure to answer shall not be an admission of truth of the charges or a waiver of the accused's right to hearing.

The Board shall, after having given the accuser and the accused every opportunity to be heard, including oral arguments and the filing and consideration of any written briefs, conclude the hearing and within thirty (30) days thereafter render a decision. The affirmative vote of two-thirds (2/3) of the members of the Board present and voting shall constitute the verdict of the said Board which such vote may exonerate, censure, suspend, or expel the accused member(s). In matters of exoneration, suspension, or expulsion, the decision of the Board shall be expressed in a resolution which shall contain no explanation of the verdict and shall be signed only by the chairperson of the Board of Directors and forwarded to the accused in a certified mail, or equivalent, return receipt requested. Censure shall mean a reprimand by the chair of the Board of Directors administered to the accused in the presence of the said Board. No member shall be suspended for more than one year, except in instances when suspension is due to lack of or loss of licensure, in which case the suspension shall not exceed the duration of licensure suspension. At that time, the member may be reinstated to membership upon their application and the payment of dues accrued, before or after the period of suspension. The decision of the Board of Directors regarding censure, suspension, expulsion, exoneration, or reinstatement shall be final except as provided hereinafter.

Any member who has been censured, suspended, or expelled may appeal such action to the American Academy of Family Physicians pursuant to the Bylaws of said corporation.

CHAPTER 7
Congress of Delegates

SECTION 1: Congress of Delegates, Definition.
The control and administration of the GAFP shall be vested in the Congress of Delegates, subject to the statutory authority of the Board and to those additional duties and powers specifically reserved to the Board in these Bylaws.

SECTION 2: Each district, as determined by the Board of Directors, shall be entitled to elect delegates and alternate delegates to the Congress of Delegates, who shall be elected for terms of two (2) years, provided that at the first election, each district elects one delegate and one alternate delegate for two (2) years. Each district shall be entitled to no less than two delegates and two alternates. The total number of delegates in the Congress of Delegates shall be up to 70. Each district shall be allotted delegates and alternate delegates above their two delegates and two alternates as determined by the secretary on the basis of that district’s proportion of the total paid Academy membership. Only active members may be elected as delegates; however, in determining the number of delegates per district all classes of members except student and resident affiliate members are counted. Such determination shall be made by May 31st each year. The names of all delegates entitled to be seated in the Congress of Delegates shall be furnished to the Credentials Committee of the Congress of Delegates by the Secretary.

SECTION 3: Membership in a district will be determined by the primary mailing address of said member, whether home or professional.

SECTION 4: It shall be the duty of the COD Secretary (role filled by the Vice-Speaker, see Chapter 11, Section 4) of the Congress to poll each district as to their choice for delegates and alternate delegates from a list submitted to them of the entire active membership in that district. The names of those so elected shall be published prior to the annual meeting.

SECTION 5: The Congress of Delegates shall meet during and at the place of the annual meeting of the Academy and at such other times and places as it may determine. Special meetings of the Congress of Delegates may be called by a two-thirds (2/3) affirmative vote of the Board of Directors, and shall be held at such time and place as may be set forth in said call, subject to the following notice: Notice of such meetings shall be given by the Executive Director/Executive Vice President in writing at least sixty (60) days prior to the date set for such a meeting.

SECTION 6: The Family Medicine Residency Programs shall consider a full delegation to be up to (3) resident members and (3) alternate resident members, each from different Georgia family medicine residency programs, with elections by resident members if needed.

SECTION 7: The Family Medicine Interest Group from each allopathic and osteopathic accredited medical school in the state shall
SECTION 8: The Congress of Delegates having at least one member from each geographic district shall constitute a quorum at any meetings of the Congress. The Congress may adopt such rules of procedure of the transaction of its business as it deems desirable, and shall be the judge of the election and qualifications of its members.

SECTION 9: Resolutions offered to the Congress of Delegates must be submitted to the Executive Director/Executive Vice President at least 45 days before the next meeting of the Congress of Delegates. Resolutions will be assigned by the Speaker to the reference committees. Prior to the Reference Committee meeting, any member may submit resolutions in writing that are pertinent to the objectives of the Academy or in reference to any report by any office or committee of the Academy.

At the Reference Committee hearing the proponents and opponents of resolutions shall be given reasonable opportunity to be heard. Any member of the Academy may attend and testify at the Reference Committees.

At a later session(s) of the Congress of Delegates during the annual meeting, the Reference Committees shall report their recommendation on such resolutions, with any amendments or comments, to the Congress of Delegates.

The Congress of Delegates shall thereupon approve, disapprove or modify such resolution at the annual meeting, and their actions shall be entered in the minutes.

Each delegate of the Congress shall have one (1) vote. Alternate delegates will not vote unless their associated delegate is absent. In the event of a dispute, the Speaker will determine which alternate(s) may vote. The officers and directors, past presidents, and the chairperson of each commission and committee of the Academy shall have the privilege of the floor in the Congress of Delegates, but shall not have the right to vote as such except as provided in this Chapter.

CHAPTER 8
Board of Directors
Unless otherwise, noted, the Board of Directors is the GAFP Board of Directors.

Duties and Powers. The business and affairs of the GAFP shall be managed by or under the direction of the Board acting in a manner consistent with its fiduciary duties and responsibilities. In addition to the powers and authority expressly confirmed upon it by these Bylaws, the Board may exercise all powers and do all acts as allowed by law, subject to the powers of the Congress of Delegates as set forth in these Bylaws.

SECTION 1: Composition of the Board. Subject to the action of the Congress of Delegates, and during the interim between the meetings of the Congress, the control and administration of the Academy shall be vested in a Board of Directors. There will be an Executive Committee of the Board comprised of the Chairperson of the Board of Directors, the Secretary, the Treasurer, the President, the Vice President, the President-Elect, and the Speaker of the Congress of Delegates. The Remaining Board members shall be composed of the Vice Speaker of the Congress of Delegates, two (2) delegates to the AAFP Congress of Delegates, one (1) elected member from each of the eleven (11) districts, two (2) resident directors, and three (3) student directors, each with the right to vote. Additionally, there shall be elected two alternate delegates to the AAFP Congress of Delegates, an alternate director for each of the eleven directors, alternate resident directors and alternate student directors referred to above. An alternate director shall assume the official duties of the director for whom they are alternate only when the director cannot function in these duties.

SECTION 2: The Board of Directors or the Executive Committee shall meet within thirty (30) days following the annual meeting of the Academy and such other times and places, but not less than two (2) times annually or as may be determined by the written request of five (5) voting members of the Board of the Board of Directors. A majority of the Board shall constitute a quorum.

SECTION 3: The Chairperson of the Board, with the approval of two-thirds (2/3) vote of the Board of Directors, may remove any director or alternate director who misses two or more consecutive Board meetings or fails to show interest in the performance of the duties assigned them. Any director removed from the Board for lack of attendance can file a written appeal outlining any extenuating circumstances within thirty (30) days of notification to the chairperson of the Board for review. The decision of the chairperson regarding such a written appeal is final.

SECTION 4: The Executive Committee, by majority vote of those present, shall have full authority to act for and on behalf of the Board of Directors whenever the business of the Academy demands prompt action in the interim between meetings of the Board or when it is impractical or impossible to convene the entire membership of the Board of Directors. Action of this committee shall be voted on by the Board of Directors at its next meeting following.

SECTION 5: Directors and Alternate Directors.
The term of office of directors/alternate directors shall be for three (3) years and shall begin at the conclusion of the annual meeting
of the Congress of Delegates at which their elections occur and expire at the conclusion of the third succeeding annual meeting, or when their successors are elected. No director shall be eligible for re-nomination to the Board of Directors unless at least one year has elapsed since the expiration of their previous term. Should a vacancy occur on the Board of Directors, it shall be filled by a majority vote of the remaining members. Directors who have been appointed to the Board by the Board of Directors or district chapter to fill an unexpired term shall be eligible for re-nomination to the Board notwithstanding the provisions to the contrary in this section.

SECTION 6: Resident Director. 
There shall be two (2) resident representatives elected by the Board of Representatives of the resident component chapter for the GAFP and shall have full voting privileges on the GAFP Board of Directors. One resident will serve two years and one will serve one year, with a corresponding number of alternate representatives elected annually. The resident alternate director shall be elected by the GAFP resident members. If the director’s position becomes vacant, a resident alternate is eligible to serve the remainder of the unexpired term.

SECTION 7: Student Director.
Three (3) students shall be elected by the GAFP student members to hold the positions of student directors to the GAFP Board of Directors, with full voting privileges. There will be a corresponding number of alternate representatives elected annually. If the director’s position becomes vacant, a student alternate is eligible to serve the remainder of the unexpired term.

SECTION 8: Delegate and Alternate Delegate to AAFP.
One delegate and one alternate delegate to the Congress of Delegates of the American Academy of Family Physicians shall be elected annually for a two (2) year term that shall be limited to two consecutive terms with the option of serving in the same position at a later time. The delegates and alternate delegates shall be members of the Board of Directors and the delegates have a right to vote. The alternate delegates may vote only in the absence of the delegates.

SECTION 9: Advisory Committee.
All past presidents shall become an Advisory Committee to the Board of Directors and shall be considered ex-officio members of the Board with the privilege of the floor, but without the right to vote.

CHAPTER 9:
Election of Officers
SECTION 1: Definition. The officers of the Academy shall be a President, President-Elect, Vice-President, Secretary, Treasurer, Chairperson of the Board of Directors, Speaker of the Congress of Delegates, GAFP Delegates and Alternate delegates to the AAFP. All officers shall serve until their successors are elected and installed. The powers, duties, terms of office, and method of election of the officers shall be set forth in the Bylaws.

SECTION 2: Election of Officers. At least ninety (90) days before the annual meeting each year, the President shall appoint a nominating committee of three or more members whose duties shall be to present nominations for the office of President-Elect, Vice-President, one Delegate and one Alternate Delegate to the Congress of Delegates of the American Academy of Family Physicians, and such directors whose terms of office are expiring. At each third annual meeting, the nominating committee shall also present a nomination for the offices of Secretary and of Treasurer, both of whom shall be elected for a term of three (3) years and shall serve until their successor has been elected.

Nothing in these Bylaws shall prevent nominations from the floor of the Congress of Delegates. No officer or Board member who has served a full term shall be eligible to succeed them, except the Secretary and Treasurer. The election of all offices shall be by a majority vote of the members of the Congress of Delegates. When there are three or more candidates for a single office and no one receives a majority vote on the first ballot, a second ballot shall be taken between the two candidates receiving the highest number of votes on the first ballot. Vacancies on the Board of Directors may be filled by Board vote.

SECTION 3: The Congress of Delegates shall annually elect a Speaker and a Vice-Speaker who shall take office at the conclusion of the annual meeting at which their elections occur, and whose terms shall expire at the conclusion of the next annual meeting or when their respective successors are elected.

SECTION 4: Election of the above officers shall be by ballot prepared by the Executive Director/Executive Vice President. The nominee receiving the majority of votes shall be declared elected, provided that when the nominations have been closed with only a single candidate having been nominated, the presiding officer shall declare that candidate elected to office.

CHAPTER 10
Duties and Terms of Officers
SECTION 1: The President shall be a member of the Board of Directors and all standing commissions and committees. The President shall preside at all meetings of the Academy. The President shall be the spokesperson of the Academy. They shall have general supervision of the business of the Academy and shall see that all orders and resolutions of the Board of Directors are carried into effect; they shall execute bonds, mortgage, and other contracts requiring the seal of the Academy, except where required by law.
to be otherwise signed and executed and except where the signing and execution thereof shall be expressly delegated by the Board of Directors to some other officer or agent of the Academy. Their term of office shall begin at the installation ceremony following the one at which their predecessor was installed. In the event of the death or resignation of the president during the term of their office or if they shall for any reason be unable or unqualified to serve, the Vice-President shall succeed to the office of the President for the unexpired portion of the President's term. In the event of the death, resignation, or incapacity of both the President and the Vice-President, the Board of Directors shall elect a President for the unexpired portion of the term. The President-Elect shall succeed to the office of President at the conclusion of the annual meeting following the meeting at which their election occurred.

SECTION 2: The Vice-President shall be a member of the Board of Directors and shall preside at meetings of the Academy in the absence of the President. Their term of office shall begin at the installation ceremony during the annual meeting at which their election occurs and expires at the installation ceremony during the next annual meeting. The Vice-President shall also serve as a member with voting privileges on the bylaws committee and shall serve as the parliamentarian of the Board of Directors. In the event of the death, resignation, or incapacity of the Vice-President, the Board of Directors shall elect a Vice-President for the unexpired portion of their term.

SECTION 3: The President-Elect shall be a member of the Board of Directors and shall preside at meetings of the Academy in the absence of the President and Vice-President. They shall succeed to the office of President at the expiration of the President’s term as provided in Section 1. In the event of the death, resignation, or removal from office of the President-Elect, the Board of Directors shall nominate candidate(s) for that office and election of the successor to the President-Elect shall take place by vote on those candidate(s) by the Congress of Delegates at the next ensuing meeting, as the first order of business following approval of the minutes, provided however, that nothing herein shall be construed as preventing additional nominations for this from the floor. Such elected President-Elect shall succeed to the office of President at the next installation ceremony.

SECTION 4: The Speaker of the Congress of Delegates shall be a member of the Board of Directors and the Executive Committee with the privilege to vote. The Speaker shall preside over meetings of the Congress, and shall appoint all reference and special committees of the Congress.

The Vice Speaker shall serve as the Secretary to the Congress of Delegates, shall cause to be kept an accurate record of the minutes, and shall be a member of the Board of Directors with the privilege to vote. He/She shall preside over all meetings of the Congress in the absence of or when designated by the Speaker.

The Speaker and Vice Speaker shall be elected for one (1) year term of office for a maximum of three (3) years. The term shall begin at the conclusion of the annual meeting of the Congress of Delegates at which their elections occur and expire at the conclusion of the next succeeding annual meeting, or when their successors are elected. No speaker shall be eligible for re-nomination to the Board of Directors unless at least one year has elapsed since the expiration of their previous term. Should a vacancy occur on the Board of Directors, it shall be filled by a majority vote of the remaining members. The Speaker or Vice Speaker who has been appointed to the Board by the Board of Directors to fill an un-expired term and who has served for a period of less than one (1) year shall be eligible for re-nomination to the Board notwithstanding the provisions to the contrary in this section.

SECTION 5: The Chair of the Board of Directors shall be the immediate past president and shall assume the office of Chairperson at the conclusion of the annual meeting following the conclusion of their presidency. The Chairperson of the Board of Directors shall preside over all meetings of the Board and the Executive Committee. In the absence of the Speaker and Vice-Speaker, they shall preside over meetings of the Congress of Delegates.

In the event of the death or resignation of the Chair during their term of office or if they shall for any reason be unable or unqualified to serve, the Board of Directors shall elect a new Chair to serve the unexpired portion of the term. If the Chair is unable to attend a meeting of the Board or the Executive Committee, the President shall preside at that meeting. In their absence a temporary Chair shall be elected by the members present for that meeting.

The Chair of the Board of Directors shall be an ex-officio member of all standing committees.

SECTION 6: The Secretary shall be a member of the Board of Directors and shall be elected for a term of three (3) years. The Secretary shall cause to be kept an accurate record of the minutes of the Board of Directors, and shall serve as Secretary to this body. The duties of Secretary, by action of the Board of Directors, may be assigned to the Executive Director/Executive Vice President. The Secretary, assisted by the Executive Director/Executive Vice President, shall provide a summary of the activities of the Academy including elected officers, significant actions, activities, and events at the annual meeting for purposes of the GAFP archives.

SECTION 7: The Treasurer shall be a member of the Board of Directors and shall be elected for a term of three (3) years. They shall be the Chair of the Committee on Finance. They shall cause to be kept adequate and proper accounts of the properties and funds of the Academy. The Treasurer shall cause to be deposited all monies and other valuables in the name and to the credit of the Academy with such depositories as may be designated by the Board of Directors. They shall disburse the funds of the Academy as may be ordered by the Board of Directors, shall render to the Board of Directors, whenever it may request it, an account of their.
transactions as Treasurer and of the financial condition of the Academy, and shall have such other powers and perform such other duties as may be prescribed by the Board of Directors or these Bylaws. The Treasurer may be required by the Board of Directors to give a surety bond in an amount to be determined by the Board of Directors, the premium thereon to be paid by the Academy. Any of the duties of the Treasurer, by action of the Board of Directors, may be assigned to the Executive Director/Executive Vice President.

SECTION 8: The Executive Director/Executive Vice President shall be appointed for a term and stipend to be fixed by the Board of Directors. The Executive Director/Executive Vice President, under the direction of the Board of Directors, performs such duties as the title of the office ordinarily connotes and such duties of the Secretary and/or Treasurer as may be assigned to the Executive Director/Executive Vice President by the Board of Directors. The Executive Director/Executive Vice President shall supervise all other employees and agents of the Academy and have such other powers and duties as may be prescribed by the Board of Directors. The Executive Director/Executive Vice President shall not be entitled to vote. The Executive Director/Executive Vice President shall be bonded in an amount fixed by the Board of Directors, the premium thereon to be paid by the Academy.

SECTION 9: The title of Executive Director shall be changed to Executive Vice President when, in the judgment of the Board of Directors, tenure, expertise and credibility have been established, and the title will be conferred by the Board of Directors.

SECTION 10: The President, Vice-President, President-Elect, Speaker of the Congress of Delegates, Vice-Speaker of the Congress of Delegates, Chairperson of the Board of Directors, Delegate to the AAFP, Alternate Delegate to the AAFP, Secretary, Treasurer, or any member of the Board of Directors may be removed from office for cause by two-thirds (2/3) vote of the total voting members of the Board of Directors. Any vacancy which should occur as a result of removal from office shall be filled in the same manner as is otherwise provided in this Chapter.

No action may be taken to remove any person listed in the preceding paragraph from office except upon the written petition of five (5) voting members of the Board of Directors. The petition shall be delivered to the Secretary of the Board of Directors and shall state that cause(s) for which removal is sought. Within five (5) days of receipt of such petition, the Secretary shall cause a copy thereof to be sent by registered mail, with return receipt requested, to each officer and member of the Board of Directors. The person whose removal is being sought may answer the petition in writing at any time prior to the meeting of the Board of Directors, but need not do so, and failure to answer shall not be an admission of truth of the charges or waiver of the right to a hearing. The petition shall be considered and a decision rendered at the first meeting of the Board of Directors which is held no less than fifteen (15) days after the date on which a copy of the petition was mailed to the officers and directors. The person whose removal is being sought shall be afforded every opportunity to be heard at the board meeting at which the petition is considered and may be represented by counsel.

CHAPTER 11
Committees
SECTION 1: Standing Committees.
Standing committees of the Academy shall be as follows. Committee on Membership and Member Services, Committee on Education and Research, Committee on Bylaws, Committee on Practice Management, Committee on Legislation, Committee on Public Health, Committee on Student and Resident Recruitment, and the Committee on Finances.

The duties of each of these committees shall be defined by the Board of Directors. Unless otherwise provided in these Bylaws, each of these committees shall be appointed and may be replaced by the President and President-Elect with the advice and consent of the Board. The President, with the approval of the Board of Directors, may replace any member of any committee who fails to show interest in the performance of the duties assigned them. All committee chairpersons shall make an annual report to the Congress of Delegates in advance of the annual meeting.

SECTION 2: Special (Ad Hoc Task Force) Committees.
To facilitate the work of this organization, Special Committees may be appointed by the President. Special Committees shall serve until the end of that President’s term unless re-appointed by the new President. The new President can only extend the committee’s life through the end of their term. All such committees shall be designated as standing or special at the time of appointment and the purposes, duties, duration shall then be stated.

SECTION 3: Official Publication.
The Board of Directors shall appoint the Board Secretary to serve as the medical content editor for GAFP publications.

CHAPTER 12
Annual Meeting
Unless otherwise ordered by the Board of Directors, there shall be an annual meeting of the Congress of Delegates, together with such meetings of the Board of Directors, Executive Committee, and other commissions and committees as may be fixed by the Board of Directors. The time and place of the annual meeting shall be designated by the Board of Directors and announced at least sixty (60) days before the date so fixed.
CHAPTER 13
Miscellaneous

SECTION 1: Inspection of records.
The minutes of the proceedings of the Board of Directors and of the Congress of Delegates, as well as the membership books and books of account, shall be open to inspection upon the written demand of any member at any reasonable time for any purpose reasonably related to the member’s interest as a member. They may be produced at any time when requested by the demand of one-third (1/3) of the members of the Congress of Delegates present. Such inspection may be made by agent or attorney, and shall include the right to make extracts thereof. Demand of inspection, other than at a meeting of the members shall be in writing to the President or Secretary of the Academy.

The directors shall cause to be sent to the members, not later than six (6) months after the close of the fiscal year, a balance sheet as of the closing date of that fiscal year, together with statement of the income and profits and losses for such fiscal year. Such financial statement shall be certified by a public accountant.

SECTION 3: Seal.
The Georgia Academy shall have a seal, the form and device of which shall be adopted by the Board of Directors.

SECTION 4: Rules of Order.
Sturgis Standard Code of Parliamentary Procedure, current edition, except when the same is in conflict with the Constitution and Bylaws of this Academy, shall control all parliamentary proceedings of the meetings of the Congress of Delegates and the Board of Directors.

SECTION 5: Fiscal year.
The fiscal year of this organization shall begin on the first day of January and end on the last day of December.

CHAPTER 14
Amendments to Bylaws.
Any five (5) or more members, the Bylaws Committee, or the Board of Directors may propose amendments to the Bylaws. Such proposals shall be submitted to the Executive Director/Executive Vice President at least one hundred (100) days prior to any regular or special meeting of the Congress of Delegates, and notice shall be given by the Executive Director/Executive Vice President to all Academy members at least thirty (30) days prior to said meeting. Publication of proposed amendments in the official publication of the Academy shall be sufficient to constitute notice thereof to the members. An affirmative vote of at least two-thirds (2/3) of the delegates present and voting shall constitute adoption. Amendments shall take effect immediately upon adoption unless otherwise specified.

CHAPTER 15:
AAFP Resolutions.
Before submission to the American Academy of Family Physicians, members in good standing seeking an endorsement or support from the Georgia Academy of Family Physicians related to resolutions must submit a written resolution to the Chair of the Board of Directors a minimum of forty-five (45) days prior to a Board meeting. The resolutions require a two-thirds (2/3) affirmative vote of the Board to receive an endorsement of the state chapter.