

GAFP's Congress of Delegates

2017 Resolutions & Information

The Georgia Academy of Family Physicians would like you to participate in the 49th Annual Congress of Delegates. There will be a call on October 5 at 6 pm where all members are invited to listen in and discuss the policy deliberations. Time and call in information will be announced in the next newsletter. We would like for all members to participate.

Please plan to be on this call as we would like for you to voice your opinion on the resolutions being presented.

The request for resolutions deadline has passed and therefore these are the final resolutions.

1. Recognition of Physicians as Physicians across all HealthCare Entities

Submitted by: Beverley Ann Townsend, MD

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.

2. Support Cesarean Section Privileges for Family Physicians

Submitted by: Omoniyi Yakubu Adebisi

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 setup 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.

3. Expansion of Telemedicine and Electronic Resources

Submitted by: Teresa Lianne Beck, MD

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.

4. Policy Considerations GA HB 249 Regarding Controlled Substances and Collecting More Information Regarding Dispensing and Use

Submitted by: Kevin E. Johnson, MD

Whereas, the implementation of GA HB 249 poses particular challenges for compliance for residents on training permits and with facility licenses, and

Whereas, the Gwinnett Family Medicine Residency Program has 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,

Be it resolved that, we can be assured that we are operating in compliance with the new law.

5. 2017 Policy Approvals (13) – Reviewed by 2017 Policy Review Team

Submitted by: Mitzi Rubin, MD, Georgia Academy of Family Physicians Board 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 that originated with the Congress of Delegates will be presented by the GAFP Speaker and Vice-Speaker.