

**REMINDER:**

**THE FINAL SESSION OF THE CONGRESS OF DELEGATES WILL MEET  
ON SATURDAY, OCTOBER 28, 2017 AT 8 AM  
WOODRUFF BALLROOM, 2<sup>ND</sup> FLOOR, WESTIN BUCKHEAD**

**The 2017 Reference Committee recommends the following actions for each resolution:**

**Item 1 – Resolution 1: Recognition of Physicians as Physicians across all HealthCare Entities- **Be Adopted as Amended****

**Item 2 – Resolution 2: Support Cesarean Section Privileges for Family Physicians - **Not Be Adopted****

**Item 3 – Resolution 3: Expansion of Telemedicine and Electronic Resources- **Be Adopted as Amended****

**Item 4 – Resolution 4: Policy Considerations GA HB 249 Regarding Controlled Substances and Collecting More Information Regarding Dispensing and Use – **Be Filed for Information****

**Item 5 – Report of the Board Chair, Policy Review Team and all other reports in the COD Handbook – **Be Adopted as Presented****

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

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

***C. Strategic Planning***

***D. Adult Immunization Requirements***

***E. Increase funding for family medicine and payment***

***F. GAFP's Opposition Non-Physician Prescribing Medications***

***G. Medicaid Reimbursements***

***H. Scoliosis Screening***

***I. Establishment of the Dr. Keith Ellis Award***

***J. Poster Publications***

***K. GAFP Patient Safety Principles***

***L. HIV Testing***

***M. Cancellation of Electronic Prescriptions***

1 **THIS REPORT IS NOT POLICY AND IT WILL NOT BECOME POLICY UNTIL ACTED UPON BY**  
2 **THE CONGRESS OF DELEGATES**

3  
4 **Speaker Fordham, the Reference Committee has considered each of the items**  
5 **referred to it and submits the following report. The committee's**  
6 **recommendations on each item will be submitted as a consent calendar and voted**  
7 **on in one vote. Any item or items may be extracted for debate.**

8  
9 **Item 1 – Resolution 1: Recognition of Physicians as Physicians across all HealthCare Entities**

10  
11 Submitted by Beverley Ann Townsend MD, of Midland, the resolved portions which are printed  
12 below:

13  
14 **Be it resolved that,** we as physicians should uphold our honorable professions and be  
15 recognized as such and not be categorized, generalized, or confused with other doctoral degree  
16 professions, and;

17  
18 **Be it further resolved that,** we be addressed, promoted and recognized as PHYSICIANS  
19 which is distinctive for our patients, our healthcare systems, and above all for ourselves, and;

20  
21 **Be it further resolved that,** AAFP and all physician medical organizations, promote ourselves  
22 as physicians to all healthcare entities.

23  
24 *The reference committee heard testimony first from the author that she believes this issue to*  
25 *be important because other clinicians have doctorate degrees and none of them are medical*  
26 *doctors, creating a confusing landscape for terminology. There was brief discussion with the*  
27 *general consensus being to support. Additional testimony was heard which questioned the*  
28 *last resolve as GAFP does not have sway over other groups.*

29  
30 *The reference committee agreed that adding to Georgia Academy policy to affirm that our*  
31 *members are medical doctors and should be distinguished from others with a doctorate degree.*

32  
33 **Be it resolved that,** we as physicians should uphold our honorable professions and be  
34 recognized as such and not be categorized, generalized, or confused with other doctoral  
35 degree professions, and;

36  
37 **Be it further resolved that,** we be addressed, promoted and recognized as PHYSICIANS  
38 which is distinctive for our patients, our healthcare systems, and above all for ourselves.

39  
40 **Be it further resolved that,** AAFP promote ourselves as physicians to all healthcare entities.

41  
42 **RECOMMENDATION:** The reference committee recommends that Resolution No. 1 be  
43 adopted as amended.

44  
45 **Item 2 – Resolution 2: Support Cesarean Section Privileges for Family Physicians**

46  
47 Submitted by: Omoniyi Yakubu Adebisi MD, of Tallapoosa, the resolved portions which are printed  
48 below:

1 **Resolve that,** The AAFP and chapters of the AAFP around the country including the State of  
2 Georgia embark on advocacy programs to educate administrators of hospitals that family  
3 physicians should be granted privileges to practice operative and non-operative Obstetrics  
4 with similar criteria set for other physicians that are allowed to practice similar services  
5 because such will improve continuity of care to our patients and improve patients' satisfaction,  
6

7 **Resolve that,** the AAFP should recommend that all hospitals should have clear criteria for  
8 granting privileges to physicians to perform operative and non-operative Obstetrics that do  
9 not prejudice against family physicians with adequate training and experience in operative  
10 and non-operative Obstetrics,  
11

12 **Be it further resolved,** that AAFP should set up a committee that will study what should be  
13 done if any qualified member is denied privileges to practice operative and/or non-operative  
14 Obstetrics in any hospital based on no other reason other than not being a trained  
15 gynecologist/obstetrician.  
16

17 *The reference committee heard testimony from the author first, stating that, over the years,*  
18 *he has come across many colleagues who have had difficulty obtaining hospital privileges for*  
19 *family physicians to perform ob/gyn procedures. He recently contacted a local system which*  
20 *stated that they do not accept family physicians to deliver babies at their hospital, only*  
21 *obstetrics and gynecology physicians. Without anything written or supporting information,*  
22 *there is little to put forward to hospitals.*  
23

24 *Additional testimony was generally in support of this resolution, because there is bias about*  
25 *who can perform ob/gyn procedures and that the spirit of this resolution is positive.*  
26

27 *However, another member stated that this is already current policy with AAFP. Some*  
28 *hospitals in Georgia allow anyone who is trained to pursue privileges and will be supported.*  
29

30 *The reference committee noted that, additionally, the GAFP is very supportive of helping local*  
31 *members get privileges and that we have a Legal Defense Fund. GAFP leadership should*  
32 *work directly with this member's specific issues. The recommendation is to not move*  
33 *forward, but to ask staff to work directly with any member to support them. With policy and*  
34 *help already in place, the resolution was not approved.*  
35

36 **RECOMMENDATION:** The Reference Committee recommends that Resolution No. 2 not be  
37 adopted, that this policy be filed for information, and outreach to Dr. Adebisi as follow up.  
38

39 **Item 3 – Resolution 3: Expansion of Telemedicine and Electronic Resources**  
40

41 Submitted by: Teresa Lianne Beck, MD, FFAFP, of Atlanta, Program Director, Emory Family Medicine  
42 Residency Program, the resolved portions which are printed below:  
43

44 **Be it resolved** to improve access to primary and specialty care for all citizens in Georgia by  
45 promoting and advocating for the use of state and federal rural development funds to expand  
46 broadband and internet services to rural and remote areas of the state;  
47

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

6  
7 *The reference committee heard testimony from the author that telehealth is necessary,*  
8 *especially in rural and remote areas and that we need to help our colleagues who have a lack of*  
9 *broadband and internet in these areas. Additionally, it is hoped that there will be rural*  
10 *development funds to expand this initiative and develop the infrastructure so that patients can*  
11 *have access to both primary and specialty care. Coinciding with this initiative, there should also*  
12 *be an initiative for all pharmacies to convert to electronic prescribing in order to help with opioid*  
13 *addiction.*

14  
15 *Additional testimony was heard that the spirit of the resolution should be applauded, but that*  
16 *there is trouble with the scope and expertise of family physicians to accomplish the statewide*  
17 *technology issues. The second resolve is also challenging in that there are implications involved*  
18 *that are concerning.*

19  
20 *After discussion, the reference committee noted that the first resolved clause can stand on its*  
21 *own, but that the second resolved clause, being very broad in scope, should be amended:*

22  
23 **Be it resolved** that the Georgia Academy outreach to the Medical Association of Georgia  
24 asking that they coordinate and advocate to improve access to primary and specialty care for  
25 all citizens in Georgia by promoting and advocating for the use of state and federal rural  
26 development funds to expand broadband and internet services to rural and remote areas of  
27 the state;

28  
29 **Be it further resolved** that the Georgia Academy outreach to the Medical Association of  
30 Georgia to continue to advocate for the removal of any and all barriers to the provision of  
31 telemedicine and telehealth services.

32  
33 **RECOMMENDATION:** The Reference Committee recommends that Resolution No. 3 be  
34 adopted as amended:

35  
36 **Item 4 - Resolution 4: Policy Considerations GA HB 249 Regarding Controlled Substances and**  
37 **Collecting More Information Regarding Dispensing and Use**

38  
39 Submitted by Kevin E. Johnson, MD, FAAFP, of Lawrenceville, Program Director, Gwinnett Family  
40 Medicine Residency Program, the resolved portion of which is printed below:

41  
42 **Be it resolved that,** we can be assured that we are operating in compliance with the new law.

43  
44 *The reference committee heard testimony from the author that when the law (H. B. 249) first*  
45 *passed, there were no mechanisms to sign up residents and to get them registered for the*  
46 *Prescription Drug Monitoring Program (PDMP). However, since that time, the Department of*  
47 *Public Health has put in a mechanism. The author believes that this has been resolved.*

48

1 *The reference committee agreed that, as long as the issue is resolved, this resolution does*  
2 *not need to move forward.*

3  
4 **RECOMMENDATION:** *The Reference Committee recommends that Resolution No. 4 be filed*  
5 *for information.*

6  
7 **Item 5: Board Chair's Report**

8  
9 *The Board Chair's Report is located on pages 26-28 in the Congress of Delegates Handbook.*

10  
11 *The reference committee heard testimony from the Board Chair about the following policies*  
12 *that originated out of the Congress of Delegates. The Board Chair noted that the*  
13 *recommendations were as follows. There was no additional testimony.*

14  
15 ***A-H: Be re-approved at written.***

16 ***I-J: Be approved as re-written.***

17 ***K-M: Be archived.***

18  
19 *The following policies originated from the Congress of Delegates came up for review and were*  
20 *updated in the following manner:*

21  
22 ***These eight policies were recommended to be re-approved as written:***

23  
24 ***A. Congress of Delegates Progress Report to the Board of Directors***

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

28  
29 ***B. GAFP Supports the Georgia Patient Centered Physician Coalition (GPCPC)***

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

35  
36 ***C. Strategic Planning***

37 *The GAFP complete a Strategic Plan at a minimum of every 3 years and;*  
38 *The implementation and the goal accomplishments of that plan be presented to the Board of*  
39 *Directors at each of their regularly scheduled meetings.*

40  
41 ***D. Adult Immunization Requirements***

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

44  
45 *1) that information is sent to the patient's primary care physician if the patient consents,*

1) *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*

2) *the administering pharmacist has a valid certificate from the State Pharmacy Board,*

3) *and the pharmacist inputs the information into GRITS (Georgia Registry for Immunization Services) which will allow the primary care physician/medical home to have access to the information.*

**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 recommended to be approved as re-written:***

**I. 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.*

**J. 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.*

1 ***New Language:***

2 *The GAFP has a research poster presentation and contest at the Annual Meeting each year. As*  
3 *policy, the GAFP is to publicize the winning posters in their publications.*

4  
5 ***The following three policies were recommended to be archived:***

6  
7 ***K. GAFP Patient Safety Principles***

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

10  
11 *That the GAFP will work with physicians to reduce adverse events and systemic problems*  
12 *through the promotion of education, appropriate technologies, and process improvements.*

13  
14 *That the GAFP will work with physicians to promote a safe and protected environment for*  
15 *sharing information on quality improvement activities and discussions.*

16  
17 *That the GAFP will work with all those involved in the delivery of health care to improve patient*  
18 *safety.*

19  
20 *This policy was archived because it is an ongoing initiative through our educational outreach.*

21  
22 ***L. HIV Testing***

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

25  
26 *That the GAFP inform and educate its body of practicing physicians of the changes in testing*  
27 *recommendations recently instituted by the CDC and encourage routine testing in reproductive*  
28 *aged adults, and be if further,*

29  
30 *That the GAFP petition the state to require insurance coverage by all insurance, both private*  
31 *and public, of routine HIV testing in accordance with CDC guidelines.*

32  
33 *This policy was archived because it is not a current issue in the family physician's office.*

34  
35 ***M. Cancellation of Electronic Prescriptions***

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

41  
42 *This policy was archived because it is now advocated at the national level.*

43  
44 **RECOMMENDATION:** The Reference Committee recommends that Resolution No. 5, the 2017  
45 Board Chair's report and all other reports in the 2017 COD Handbook **be adopted as presented.**