The 2016 Reference Committee recommends the following actions for each resolution:

Item 1 - Resolution 1: Bylaws Revision - Be Adopted as is

Item 2 - Resolution 2: Identification of the Entity initiating Prescription refill requests - Not Be Adopted

Item 3 - Resolution 3: Education for Changes in payment models - Not Be Adopted

Item 4 - Resolution 4: Mandate that all scheduled drugs be prescribed only through electronic means - Not Be Adopted

Item 5 - Report of the Board Chair, Policy Review Team and all other reports in the COD Handbook - Be Accepted as Presented
THIS REPORT IS NOT POLICY AND IT WILL NOT BECOME POLICY UNTIL ACTED UPON BY THE CONGRESS OF DELEGATES

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

Item 1 – Resolution 1: Bylaws Revision

Sponsored by the Bylaws Committee, the resolved portions which are printed below:

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 a COD 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 uploaded on the website.

Discussion: Bylaws Chair Alice House, MD reviewed the requested bylaws change to reflect a new formula for student/resident voting participation. There was a question related to the change of numbers from the current bylaws to the new bylaws. Currently, for the residents, there are 13 residency programs in Georgia; therefore, there could be up to 13 voting resident delegates and 13 alternate delegates. For the family medicine interest groups, there are currently 7 medical schools, so there can be up to 7 voting student delegates and 7 alternate (non-voting) delegates.

A number of Georgia Academy members spoke in favor of this resolution.

Reference Committee: Recommend to accept as is.
RECOMMENDATION: The reference committee recommends that Resolution No. 1 be adopted as is.

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

Submitted by: Willard A. Snyder, Jr., MD, the resolved portions which are printed below:

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.

Discussion: Dr. Snyder presented his resolution to the GAFP. He discussed the issue that he has in his office with the prescription date and different nomenclature used. One question was raised about jurisdiction to work at the federal level - and who has jurisdiction of prescribing practices at the state level? Is this a federal question and therefore should go to AAFP, or is this a state issue?

Reference Committee: For the first resolve clause, a speaker noted that the Georgia Department of Pharmacy regulates prescription labeling.

There was lots of discussion in favor of the second resolve clause; however, the issue arose as to whether it is a state issue or a federal issue. It is a bit confusing as the goal is related to auto-refill issues rather than labeling. Therefore, should it be accepted as is or should it be amended?

The Reference Committee noted that there is a lot of ambiguity related to both resolve clauses. They would encourage the author to come back next year with additional information. Overall, the Committee found merit in the resolution and asks for further information with a new resolution being brought forward next year.

RECOMMENDATION: The Reference Committee recommends that Resolution No. 2 not be adopted.

Item 3 - Resolution 3: Education for Changes in payment models

Submitted by: Tammy Robinson, MD, the resolved portions which are printed below:

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.

Discussion: Dr. Robinson asked for additional ongoing education on MACRA, especially for those who are running smaller practices. Another speaker noted that they are concerned about the volume of the CMS final MACRA rule and difficulty synthesizing the rule into an action plan for family physicians. One speaker spoke in favor of the resolution and noted this is part of the current educational outreach of both the American Academy of Family Physicians and Georgia Academy of Family Physicians and would note that this continue as part of our strategic plan.

The Reference Committee noted the multiple activities already planned for GAFP members including ongoing articles in Briefly Stated, the twice monthly GAFP enewsletter, a Town Hall Webinar Meeting on MACRA on April 14, 2016 for all GAFP members, a lecture at the 2016 Summer Meeting on Sunday, June 12, for attendees, entitled: What’s All the Mumbo Jumbo about MACRA. Additionally, at the Saturday Board Meeting, the Board of Directors received a presentation on the PTN/SAN joint initiative discussion led by Elizabeth Bishop, from the American Board of Family Medicine, Debra Simmons, Executive Director, COSEHC, Project Director, QualityImpact, The COSEHC PTN, and Anna Thomas, Vice President, Kinetix Group, Care Delivery Division and Assistant Director, QualityImpact Practice Transformation Network.

GAFP has endorsed the COSEHC/Quality Impact Practice Transformation network (PTN) and encourages our eligible members to utilize both Quality Impact Practice Transformation Network and the ABFM Support and Aligning Network. Bishop, Simmons and Thomas presented their offerings and discussed our unique pilot project to enforce.

There will be another MACRA talk at the GAFP Annual meeting in November as well as 5 regional dinners in 2017 that leadership approved which will focus on MACRA education.

Therefore, the Reference Committee does not think that this needs to be a new policy as this is already an ongoing activity.

RECOMMENDATION: The Reference Committee recommends that Resolution No. 3 not be adopted.

Item 4 - Resolution 4: Mandate that All Scheduled Drugs be Prescribed Only Through Electronic Means

Sponsored by Teresa Lianne Beck, MD, FAAFP, 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.

Discussion: It was noted that one residency program does not allow residents to do electronic health records (EHR) for those drugs for educational purposes. The Reference
Committee suggested to consider adding “stimulants” for ADHD to be prescribed via EHR’s only. Many physicians commented that some can’t send prescriptions via EHR because either the physician or pharmacy does not have a compliant system and therefore can’t be sent electronically. One commenter said it would be a great help and a safety issue. Another was in favor for both customer service and safety issues. A listener spoke in favor of it but noted that to make this happen it would have to change at the DEA/Federal/legislative level. Another spoke against it as currently drafted and stated where there are instances where a prescription can’t be sent electronically, for example, scheduled drugs cover a wide range of opioids.

Reference Committee: On the basis of safety, quality-efficiency, and tracking, there is merit to this resolution. However, there were numerous concerns that would require further investigation regarding barriers and facilitators to implementation and special circumstances that need consideration. There were comments in favor of the intent, but it could be unusable in its current format, particularly in its vagueness. The Reference Committee sees merit in the resolution; however, the details related to adoption and implementation are not currently feasible or practical in our state, where e-prescribing would not be practical or advisable.

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

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.

Each year, one third of all GAFP policies are reviewed by the Policy Review Team, this year 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.

Pages 27-31 in the Congress of Delegates Handbook.