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.
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Tuesday, October 23 – 5:00 – 6:00 pm

I. Orientation and Welcome
   Jeff Stone, MD - Speaker

II. Housekeeping and Participation Instructions
    Angela Flanigan, Chief Operating Officer

III. Review of the Congress of Delegates Agenda,
     COD Handbook, Reference Committee and Voting
     Carl McCurdy, MD – Parliamentarian

IV. Reference Committee Review
    Jeff Stone, MD - Speaker

IV. Parliamentary Procedure Review
    Carl McCurdy, MD - Parliamentarian

V. Resolutions
    Jeff Stone, MD - Speaker

VI. Questions

COD 1st Session Call Agenda

Tuesday, October 23 – 6:00 – 8:00 pm

I. Welcome and Introduction of Call Leaders
   Jeff Stone, MD - Speaker

II. Housekeeping and Participation Instructions
    Angela Flanigan, Chief Operating Officer

III. Review of Resolutions 1-8
     Mike Busman, MD
     Reference Committee Co-Chair

IV. Review of Resolutions 9-15
    Dan Singleton, MD
    Reference Committee Co-Chair

V. Wrap Up and Next Steps
   2nd Session Reminder (November 10th – 8am)
   Jeff Stone, MD
Georgia Academy of Family Physicians
50th Annual Congress of Delegates – 2nd Session
Saturday, November 10, 2018
Evergreen Marriott Conference Resort
8:00 am
(Breakfast will be served)

Agenda

8:00 am – 8:30 am
Delegates & Alternate Delegates Registration

8:30 am – 8:45 am
Call to Order and Welcome
Jeff Stone, MD – Speaker
Pledge of Allegiance
Chris Wizner, MD – Vice Speaker

8:45 am – 9:05 am
• Introduction of AAFP Board Representative
  Jeff Stone, MD – Speaker
• Town Hall Q&A
  Leonard Reeves, MD, AAFP Board Member

9:05 am – 9:30 am
• Officers’ Induction
  Leonard Reeves, MD, AAFP Board Member
• President’s Inaugural Comments
  Donny Fordham, MD – GAFP President, 2019

9:30 am – 9:45 am
Fellows’ Convocation Ceremony
Leonard Reeves, MD, AAFP Board Member

9:45 am – 9:55 am
• Parliamentary Procedure Review
  Carl McCurdy, MD - Parliamentarian
• Omega Report
  Chris Wizner, MD - Vice Speaker

9:55 am – 10:10 am
Congress of Delegates Introductions & Quorum Call
Chris Wizner, MD - Vice Speaker

10:10 am – 10:20 am
• Adoption of the 2017 Minutes of the
  49th GAFP Annual Congress of Delegates
  Jeff Stone, MD - Speaker
• Nominating Committee Business
  Georgia Healthy Family Alliance Board Trustees

10:20 am – 12:30 pm
Discussion and Extraction of Action Items (if necessary)
Voting and Approval of Consent Calendar
Jeff Stone, MD - Speaker

Adjournment
Congress of Delegates Schedule

Tuesday, October 23, 2018

First Session of the Congress of Delegates
6:00 pm
Via Webinar and Teleconference
Register here: COD First Session 2018

Reference Committee Executive Session
(Committee Members Only)
To Follow Immediately Afterward

Saturday, November 10, 2018

Evergreen Marriott Conference Resort
Stone Mountain, GA

Second Session of the Congress of Delegates
8:00 am until 12:30 pm
Ballrooms D-G

Officers' Induction
9:00 am
Ballrooms D-G

Fellows Convocation Ceremony
9:15 am
Ballrooms D-G
### 2018 Congress of Delegates by District – as of 10/15/18

**Speaker:** Jeff Stone, MD, MPH, MBA  
**Vice Speaker:** Chris Wizner, MD

<table>
<thead>
<tr>
<th><strong>District 1 Delegates</strong></th>
<th><strong>District 6 Delegates</strong></th>
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<tbody>
<tr>
<td>Loy &quot;Chip&quot; Cowart, MD</td>
<td>Tameka Byrd, DO</td>
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<tr>
<td>Angela Gerguis, MD</td>
<td>Monique Davis-Smith, MD</td>
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<td>Peter Rives, MD</td>
<td>Eddie Richardson, MD</td>
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<td>John Vu, MD</td>
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<td>Bert Wall, MD</td>
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<tr>
<th><strong>District 2 Delegates</strong></th>
<th><strong>District 7 Delegates</strong></th>
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<tbody>
<tr>
<td>Kyle Adams, MD</td>
<td>Kelly Culbertson, MD</td>
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<td>Laura Guadiana, MD</td>
<td>John Desmond, MD</td>
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<td>Michael Satchell, MD</td>
<td>Christina Douglass, MD</td>
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<td>Pamela Obi, MD</td>
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<td>Leonard Reeves, MD</td>
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<th><strong>District 3 Delegates</strong></th>
<th><strong>District 8 Delegates</strong></th>
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<tr>
<td>Janine Burgher-Jones, MD</td>
<td>William Nash, MD</td>
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<td>Donald Griffin, MD</td>
<td>Jairaj Goberdhan, MD</td>
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<td>Beullette Hooks, MD</td>
<td>Jonathan Wade, DO</td>
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<td>Alice House, MD</td>
<td>Richard Wheeler, MD</td>
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<td>Shika Shah, MD</td>
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<td>Jagdish Shukla, MD</td>
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<td><strong>District 3 Alternates:</strong></td>
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<tr>
<td>James Hagler, MD</td>
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<td>Deborah Travis Honeycutt, MD</td>
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<td>Evelyn Lewis&amp;Clark, MD</td>
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<td>Beverley Ann Townsend, MD</td>
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<th><strong>District 4 Delegates</strong></th>
<th><strong>District 9 Delegates</strong></th>
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<tr>
<td>Ruth Adene-Peter, MD</td>
<td>Donald Fordham, MD</td>
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<td>Andrea Andrews, MD</td>
<td>Daniel Gordon, MD</td>
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<td>Jody Bahnmiller-Brasil, MD</td>
<td>Philip Kimsey, MD</td>
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<td>Carmen Echols, MD</td>
<td>Monica Newton, DO</td>
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<td>Hira Kohli, MD</td>
<td>Anne Todd, MD</td>
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<td>Kris Manlove-Simmons, MD</td>
<td>Nkiruka Udejiofor, MD</td>
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<td>Harold Moore, MD</td>
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<td>Monica Parker, MD</td>
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<td>Susan Thomas, MD</td>
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<td><strong>District 4 Alternates:</strong></td>
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<td>Karla Booker, MD</td>
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<td>Kevin Johnson, MD</td>
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<td>Vera Reaves, MD</td>
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<td>Emily Herndon, MD</td>
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<th><strong>District 5 Delegates</strong></th>
<th><strong>District 10 Delegates</strong></th>
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<tr>
<td>Omoniyi Adebisi, MD</td>
<td>Edward Agabin, MD</td>
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<td>Mary Dailey-Smith, MD</td>
<td>Ashley Saucier, MD</td>
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<td>Shameeka Hunt-McElhaney, MD</td>
<td>Jacqueline DuBose, MD</td>
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<td>Allison Key, MD</td>
<td>Joseph Hobbs, MD</td>
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<td>Carolyn Smallwood, DO</td>
<td>Bruce LeClair, MD</td>
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<td>Irshad Syed, MD</td>
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<th><strong>District 6 Alternates:</strong></th>
<th><strong>District 11 Delegates</strong></th>
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<tr>
<td>James Hagler, MD</td>
<td>Marva Ayers, MD</td>
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<td>Deborah Travis Honeycutt, MD</td>
<td>Teresa Beck, MD</td>
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<td>Evelyn Lewis&amp;Clark, MD</td>
<td>Evelyn Campbell-Bayaan, MD</td>
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<td>Beverley Ann Townsend, MD</td>
<td>Kim Eubanks, MD</td>
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<td>Wanda Gumbs, MD</td>
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Yuan-Xiang Meng, MD  
Adrienne Mims, MD  
Hogai Nassery, MD  
O. Michael Obiekwe, MD  
LaJune Oliver, MD  
Folashade Omole, MD  
Jun Ro, MD  

**District 11 Alternates:**  
Susana Alfonso, MD  
Michelle Cooke, MD  
Riba Kelsey-Harris, MD  
Wilhelmina Prinssen, MD  
Mitzi Rubin, MD  
Charles Sow, MD  

**Resident Delegates:**  
Janese Richards-Boyd, MD – WellStar Atlanta Medical  
Kuna Okung, MD – Morehouse School of Medicine  
Kristen Kettlehut, MD – Columbus Regional Health  
Tashinea Bernadin, DO – Gwinnett Medical  
Jeremy Neuman, MD – Emory Family Medicine Residency Program  
Octavia Lawton, MD – Mercer University School of Medicine  

**Student Delegates (to date):**  
Sina Hedayatpour – PCOM  
Georges Bouobda Tsemi - Morehouse School of Medicine
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.
Georgia Academy of Family Physicians
Past Presidents

1948-49  Steven Kenyon, MD*  1987-88  Howard Viggrass, MD
1949-50  James B. Kay, MD*  1988-89  Richard A. Wherry, MD
1950-51  Walter W. Daniel, MD*  1989-90  Paul D. Forney, MD
1951-52  Albert R. Bush, MD*  1990-91  S. Catherine Huggins, MD
1952-53  Peter Hydrick, MD*  1991-92  D. Robert Howard, MD*
1953-54  H.L. Cheves, MD*  1992-93  Darrell L. Dean, DO
1954-55  George H. Alexander, MD*  1993-94  Keith E. Ellis, MD
1955-56  Walter G. Elliot, MD*  1994-95  John S. Antalis, MD
1956-57  Maurice F. Arnold, MD*  1995-96  George W. Shannon, MD
1957-58  Fred H. Simonton, MD*  1996-97  Dee Brown Russell, MD
1958-59  Sage Harper, MD*  1997-98  Tanya Y. Jones, MD
1959-60  Ben K. Looper, MD*  1998-99  William F. Bina, MD
1960-61  Joseph Mercer, MD*  1999-00  Ralph Peeler, MD
1961-62  Charles McArthur, MD*  2000-01  M.J. Collier, MD
1962-63  W. Frank McKemie, MD*  2001-02  Fred S. Girton, MD
1963-64  Albert L. Moms, MD*  2002-03  Eugene H. Jackson, MD
1964-65  James H. Milford, MD*  2003-04  D. Ann Travis Honeycutt, MD
1965-66  Donald W. Schmidt, MD*  2004-05  Robert B. Hash, MD
1966-67  Robert Mainor, MD*  2005-06  Susan C. Margetta, MD
1967-68  Robert E. Huie, MD*  2006-07  Alice R. House, MD
1968-69  Irving D. Hellenga, MD*  2007-08  Bruce M. LeClair, MD
1969-70  Thomas A. Sappington, MD*  2008-09  Howard C. McMahen, MD
1970-71  Robert D. Walter, MD*  2009-10  Leonard D. Reeves, MD
1971-72  George E. Mixon, MD*  2010-11  Harry S. Strothers, MD
1972-73  Ollie O. McGahee, Jr., MD*  2011-12  Beullette Y. Hooks, MD
1973-74  Edwin E. Flournoy, Jr., MD  2012-13  Jonathan “Mitch” Cook, DO
1974-75  James C. Dismuke, Jr., MD*  2013-14  Brian K. Nadolne, MD
1975-76  Wells Riley, MD*  2014-15  Wayne K. Hoffman, MD
1976-77  H. Gordon Davis, MD  2015-16  Mitzi B. Rubin, MD
1977-78  Stephen C. May, Jr., MD*  2016-17  Eddie Richardson, Jr., MD
1978-79  Milton I. Johnson, Jr., MD*  2017-18  Loy D. “Chip” Cowart, MD
1979-80  Robert A. Pumpelly, Jr., MD*  1980-81  Tommy K. Stapleton, MD*
1980-81  Tommy K. Stapleton, MD*  1981-82  Guerrant H. Perrow, MD*
1981-82  Guerrant H. Perrow, MD*  1982-83  David S. Sowell, MD
1982-83  David S. Sowell, MD  1983-84  John Ed Fowler, MD*
1983-84  John Ed Fowler, MD*  1984-85  Andrew P. Morley, Jr., MD
1984-85  Andrew P. Morley, Jr., MD  1985-86  Lanny R. Copeland, MD
1985-86  Lanny R. Copeland, MD  1986-87  Ernest J. Jones, MD
1986-87  Ernest J. Jones, MD

* Indicates Past Presidents who are deceased

Thank you for your dedication and support of the GAEP

Georgia Academy of Family Physicians
Northlake Commons
3760 LaVista Road, Suite 100
Tucker, GA  30084
404-321-7445 phone | 404-321-7450 fax
The Omega Report

In memory of our colleagues

Perry Greene Busbee, MD, FAAFP ~ Vienna
William Robert Dunn, MD, FAAFP ~ Atlanta
Joseph J Jackline, Jr, MD, FAAFP ~ Sharpsburg
James F Langford, MD, FAAFP ~ Roswell
T Conrad Williams, Jr, MD ~ Norcross

“We don’t forget those...
Who give us much to remember.”
Members Celebrating Anniversaries in 2018

55 Years
Carvin Moreland, MD, FAAFP

50 Years
Charles Bagley, MD, FAAFP
James Burns, MD, FAAFP
Edwin Flournoy, Jr., MD, FAAFP
W. Lanier Nicholson, MD, FAAFP

45 Years
Benjamin Anderson, MD, FAAFP
Joseph Bishop, MD, FAAFP
John Fillingim, MD, FAAFP
E R Hensley, MD, FAAFP
William Kent, Jr., MD, FAAFP
Richard Rosenberger, MD, FAAFP
Philip Sapp, MD, FAAFP
Irwin Streiff, MD

40 Years
Yu-Chia Chao, MD, FAAFP
Keith Ellis, MD, FAAFP
Paul Forney, MD, FAAFP
Eugene Jackson, MD, FAAFP
Richard Wherry, MD, FAAFP

35 Years
Roger Beville, MD
William Collins, MD, FAAFP
Henry de Witt, MD, FAAFP
Steven Garner, MD, FAAFP
Richard Gorman, MD
Gregory Harold, MD, FAAFP
Edwin Hendricks, DO, FAAFP
Jack Heneisen, MD, FAAFP
Eugene Jackson, MD, FAAFP
William Keating, MD
Howard McMahan, MD, FAAFP
Adrienne Mims, MD, MPH, FAAFP
Ralph Peeler, III, MD, FAAFP
Dorthe Peloquin, MD, FAAFP
Melissa Phillips, MD, FAAFP
James Seale, MD, FAAFP
Wiley Smith, MD, FAAFP
John Spicer, MD, FAAFP
Dennis Thomas, MD, FAAFP
Merna Vera, MD
Bradley Ward, MD, FAAFP
Lee Woodall, MD, FAAFP

30 Years
William Adcox, MD, FAAFP
Sam Amportful, MD
Henry Anderson, IV, MD, FAAFP
Christopher Armour, MD, FAAFP
Linda Arnold, MD
Thomas Bat, MD
James Brown, MD
Crystal Brown, MD, FAAFP
Philip Carroll, MD
Frank Carter, MD
Linda Casteel, MD
Bryan Cheever, MD
Randy Cronic, MD
William Dixon, MD
Mark Eebell, MD
Albert Edwards II, MD, FAAFP
David Fieseler, MD, FAAFP
David Hall, MD, FAAFP
James Heaton, MD
Barry Hull, MD, FAAFP
William Hutchings, II, MD
Stanley Ireland, MD
Vickie James, MD
Kenneth Jones, Jr., MD
Juliette Kendrick, MD
Glenn King, MD, FAAFP
Mark Koralewski, MD
Dominic Mack, MD
Michael Manning, MD
William McDaniel, MD
Hugh McLaurin, MD
Rolf Meinhold, MD
Henry Moon, MD
Lenox Morris, MD, FAAFP
Sarah Polow, DO
Cedric Porter, MD, FAAFP
William Powell, Jr., MD
Natalie Russo, MD, FAAFP
Willard Snyder, MD, FAAFP
Robert Taylor, DO
Robert Williams, MD, FAAFP

25 Years
Jibike Adegbile, MD, MPH, FAAFP
John Aicher, MD
Frank Alena, MD
Andrea Andrews, MD
Nicole Ash-Mapp, MD
Shainul Bhatia, MD, FAAFP
Bryan Blake, MD
Eric Bohn, MD
Paula Boyle, MD
Valencia Burruss, MD
Jeffrey Culpepper, MD
Jeffery Dockery, MD, FAAFP
Donald Fordham, MD
Angela Gerguis, MD
Stewart Grizzard, MD
Padmini Gunadeva, MD
Alan Hanley, MD
Jeffrey Holley, MD
Nadeem Hoodbhoy, MD, FAAFP
Kenneth Howard, MD
Joel Jager, MD
Kevin Johnson, MD, FAAFP
Renee Kimball, MD
Joyce Koram, MD
Lawrence Kulish, MD
Victor Lambert, MD
Maureen Lamm, MD
Edward Lloyd, MD
John Maylock, MD
Patrick McMahon, MD, FAAFP
Carol Odegaard, MD
Samuel Palmer, MD
Nicholas Pietrzak, II, MD
Vera Reaves, MD
Holly Roberts, MD
Tracy Rosenbaum, DO, FAAFP
Phyllis Rutledge, MD
Margaret Schutte, MD
Mark Sexton, MD
James Toth, MD
Shirin Valiani, MD
Gregory Wallace, MD
Jeff Wilkins, MD, FAAFP

20 Years
Kevin Adams, MD
Karen Artress, MD, FAAFP
Garrett Bennett, MD
Kenneth Boss, MD
Gloria Browne, MD
Lia Bruner, MD
Israel Bryson, MD
Thomas Carswell, MD, FAAFP
Troy Clifton, MD
Monique Davis-Smith, MD, FAAFP
Cynthia Drury, MD
Kimberley Ham, MD
Lina Harper, MD
George Harrison, MD, MMM
Nicole Haynes, MD, MPH, FAAFP
Charles Hoff, MD
Lisa Jennings, MD
Georgia Academy of Family Physicians
50th Annual Congress of Delegates

Specializing in You!

Slavko Kukucka, MD
Sean Lynch, DO
Willert Lynn, MD, FAAFP
George McCaskill, MD
Edward Meier, MD
Michael Miles, MD
L Jill Moore, MD, FAAFP
Michael Munsey, MD
Cynthia Murray, MD
Thomas Nguyen, DO, FAAFP
Oguchi Nwosu, MD, FAAFP
Sara O’Heron, MD
LaJune Oliver, MD
Folashade Omole, MBChB, FAAFP
Michele Pennington, MD
Jeffrey Reznik, MD
Emily Richardson, MD
Richard Rickman, MD
Stephen Schmidt, MD
Andre Schoeffler, MD
Jeffrey Sherman, MD
James Short, MD
Ivy Smith Coleman, MD
Suzanne Storey, MD
Lisa Sward, MD
Jonah Thompson, MD
Jennifer Herbert, MD
Melvin Jackson, MD
John Jenkins, MD
Manishkumar Joshi, MD
Georgina Kalaitzidis, MD
Larry Kang, MD
Craig Kaplan, MD
Allison Key, MD, FAAFP
Steven Lucks, MD
Jyoti Manekar, MD, FAAFP
Kris Manlove-Simmons, MD
Amardeep Mann, MD
Shameka McElhaney, MD
Alan Miller, MD, FAAFP
Nelly Mizrahi, MD
John Murimi, MD
Piyushkumar Patel, MD
Bhumiben Purohit, MD
Pedro Ramirez, MD
Amanda Sahai, MD
Rodrigo Sanchez, MD
Christine Scott, MD
Desha Secrest, MD
Irshad Syed, MD
Mark Thomas, MD
Teresa Thompson, MD
Allison Turk, MD

10 Years
Omar Al Haddad, MD
Kamlesh Ansingkar, MD
Chinyere Anyakudo, MD
Florence Baralatei, MD
Maria Bendana, MD
Joy Church, MD
Aaron Clark, MD
Lyndsay Claroni, DO
Zachary Cohen, MD
Michelle Cooke, MD
Marcella Cox, DO
Raquel De Guzman, MD
Kenyatta Dean, DO
Kathryn Dudas, MD
Mark Earhart, MD
Ibrahim Eltarawy, MD
Jennifer Evans, MD
Samina Fakhri, MD, FAAFP
Jennifer Francois, MD
Ophelia Gherman, MD
Lakshmi Gopireddy, MD
Elizabith Gordon, MD
Billy Greening, MD
Rosiland Harrington, MD
Jackson Hatfield, MD
Anila Jamal, MD
Loni Jenkins, MD
Matthew Jenkins, MD
Lawrence Kirk, MD
Michelle Lowe, DO
Thaddeus Lynn, MD
Beata Majewski, MD, MPH
Elizabeth Mathew, MD

15 Years
Maria Alban, MD
Shitaye Argaw, MD
Indira Asser, MD
Bridgett Bailey, DO
Komal Balaney, MD
Kathryn Blocker, MD
David Celestial, DO
Angela Coleman, MD
Jacqueline DuBose, MD, FAAFP
William Duke, MD
Alice Edwards, MD
Tania Edwards, DO
Tonya Fordham, DO
Joshua Garrett, MD
Jairaj Goberdhan, MD, FAAFP
Shawnte Hall Kraft, MD
Tomia Harmon, MD
Jennifer Herbert, MD
Melvin Jackson, MD
John Jenkins, MD
Manishkumar Joshi, MD
Georgina Kalaitzidis, MD
Larry Kang, MD
Craig Kaplan, MD
Allison Key, MD, FAAFP
Steven Lucks, MD
Jyoti Manekar, MD, FAAFP
Kris Manlove-Simmons, MD
Amardeep Mann, MD
Shameka McElhaney, MD
Alan Miller, MD, FAAFP
Nelly Mizrahi, MD
John Murimi, MD
Piyushkumar Patel, MD
Bhumiben Purohit, MD
Pedro Ramirez, MD
Amanda Sahai, MD
Rodrigo Sanchez, MD
Christine Scott, MD
Desha Secrest, MD
Irshad Syed, MD
Mark Thomas, MD
Teresa Thompson, MD
Allison Turk, MD

5 Years
Wallace Ajakaiye, MD
Shenique Anderson, MD
Huma Arain, MD
Shannon Ashley, MD
Sarah Beer, MD
Fariha Bhatti, MD
Giselle Blair, MD
Peggy Bourguillon, MD
Salvatore Bruni, MD
Ana Bulla, MD
Jacquelyn Cheatham-Terry, DO
Iris Clark, MD
Jelender Clark, MD
Todd Deavens, MD
Danielle DonDiego, DO, MBA
Richard Ellis, DO, APN
Erik Ewing, MD
Harendra Fernando, MD
Nancy Garcia, MD
Donna Gregory, MD
James Hamilton, MD
Randy Hines II, MD
Shaista Hussain, MD
Bianca Islam, PhD
Wanda Jirau-Rosaly, MD
Georgia Academy of Family Physicians
50th Annual Congress of Delegates

Specializing in You!

Mary Keith, MD
Maria Ley Kelly, MD
Nakato Kibuyaga-Travis, MD
Jung Kim, MD
William Koeppel, DO
Nataliya Kubasova, MD
Ambar Kulshreshtha, MD, PhD
Priya Kurl, MD
Vera Lafosse, DO
Patrick Lancaster, MD
Torrance Laury, MD
Thien-Kim Le, MD
Holly Mahoney, MD
Ambreen Mardhani, MD
Gena Mastrogianakis, MD
Kelly McCarter, DO
Monique Merritt-Atkins, MD
Mary Mier, DO
Daniel Miller, Jr., MD
Muhammad Mohyuddin, MD
Nazia Moiz, MD
Heera Motwani, MD
Samyuktha Muralidhara, MD
Remmya Nair, MD
Shanda Newsome, MD
David Nguyen, MD
Tung Nguyen, DO
Saida Omarova, MD
Rashi Patel, MD
Catherine Pechon, MD
Lauren Powell, MD
Brett Prylinski, DO
Kumuda Ranjan, MD
Kabita Regmee, MD
Cortie Rolison, DO
Jonathan Rosenfield, MD
Khalil Sharif, MD
Shazia Siddiqui, MBBS
Devin Stephens, MD
Luzmira Torres, MD
Jason Varghese, MD
Berrien Waters, MD
Candace White-Jackson, DO
Congress of Delegates Officers

Speaker
Jeff Stone, MD, MPH, MBA

Vice Speaker
Chris Wizner, MD

Parliamentarian
Carl McCurdy, MD

Credentials Committee
Chair – Michelle Cooke, MD
Member – Daniel Gordon, MD

Tellers Committee
Chair – Julie Dahl-Smith, DO

Reference Committee
Co-Chair – Dan Singleton, MD
Co-Chair – Mike Busman, MD
Secretary – Kevin Johnson, MD
Member – Ann Todd, MD
Member – Beulette Hooks, MD
Member – Jay Floyd, MD
Staff - Fay Fulton
Staff – Angela Flanigan
Delegate & Alternate Delegate Instructions

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 2018 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.
Parliamentary Procedure
Proper Sequences

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>Present an idea for consideration and action</th>
<th>Main motion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Resolution</td>
</tr>
<tr>
<td></td>
<td>Consider subject informally</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Improve a pending motion</th>
<th>Amend</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Division of Question</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulate or cut-off debate</th>
<th>Limit or extend debate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Vote immediately</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Delay a decision</th>
<th>Refer to committee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Postpone definitely</td>
</tr>
<tr>
<td></td>
<td>Postpone temporarily</td>
</tr>
<tr>
<td></td>
<td>Recess</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Suppress a proposal</th>
<th>Object to consideration</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Postpone indefinitely</td>
</tr>
<tr>
<td></td>
<td>Withdraw a motion</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Meet an emergency</th>
<th>Question of privilege</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Suspend rules</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gain information on a pending motion</th>
<th>Parliamentary inquiry</th>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question the decision of the presiding officer</th>
<th>Point of order</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Appeal from decision of Chair</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Enforce rights and privileges</th>
<th>Division of assembly</th>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Consider a question again</th>
<th>Resume consideration</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Reconsider</td>
</tr>
<tr>
<td></td>
<td>Rescind</td>
</tr>
<tr>
<td></td>
<td>Renew a motion</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Change an action already taken</th>
<th>Reconsider</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rescind</td>
</tr>
<tr>
<td></td>
<td>Amend by new motion</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Terminate a meeting</th>
<th>Adjourn</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Recess</td>
</tr>
</tbody>
</table>
# Parliamentary Procedure Motions Chart

Based on the American Institute of Parliamentarians Standard Code of Parliamentary Procedure

## Basic Rules Governing Motions

<table>
<thead>
<tr>
<th>Order of precedence</th>
<th>Can interrupt?</th>
<th>Requires a second?</th>
<th>Debatable</th>
<th>Amendable?</th>
<th>Vote required?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PRIVILEGED MOTIONS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Adjourn</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Majority</td>
</tr>
<tr>
<td>2. Recess</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Majority</td>
</tr>
<tr>
<td>3. Question of privilege</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>None</td>
</tr>
<tr>
<td><strong>SUBSIDIARY MOTIONS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Table</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>2/3</td>
</tr>
<tr>
<td>5. Close debate</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>2/3</td>
</tr>
<tr>
<td>6. Limit or Extend debate</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>2/3</td>
</tr>
<tr>
<td>7. Postpone to a certain time</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Majority</td>
</tr>
<tr>
<td>8. Refer to committee</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Majority</td>
</tr>
<tr>
<td>9. Amend</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Majority</td>
</tr>
<tr>
<td><strong>MAIN MOTIONS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. a. The main motion</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Majority</td>
</tr>
<tr>
<td>11. b. Specific main motions:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adopt in-lieu-of</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Majority</td>
</tr>
<tr>
<td>Amend a previous action</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Same vote</td>
</tr>
<tr>
<td>Ratify</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Same vote</td>
</tr>
<tr>
<td>Recall from committee</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Majority</td>
</tr>
<tr>
<td>Reconsider</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Majority</td>
</tr>
<tr>
<td>Rescind</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Same vote</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>Yes</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>Yes</td>
</tr>
<tr>
<td><strong>SUBSIDIARY MOTIONS</strong></td>
<td>Main motion</td>
<td>None</td>
<td>No</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>Reconsiderible motions</td>
<td>Amend, close debate, limit debate</td>
<td>No</td>
</tr>
<tr>
<td><strong>MAIN MOTIONS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. a. The main motion</td>
<td>None</td>
<td>Subsidiary</td>
<td>No</td>
</tr>
<tr>
<td>11. b. Specific main motions:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adopt in-lieu-of</td>
<td>None</td>
<td>Subsidiary</td>
<td>No</td>
</tr>
<tr>
<td>Amend a previous action</td>
<td>Adopted main motion</td>
<td>Subsidiary</td>
<td>No</td>
</tr>
<tr>
<td>Ratify</td>
<td>Adopted main motion</td>
<td>Subsidiary</td>
<td>No</td>
</tr>
<tr>
<td>Recall from committee</td>
<td>Referred main motion</td>
<td>Close debate, limit debate</td>
<td>No</td>
</tr>
<tr>
<td>Reconsider</td>
<td>Vote on main motion</td>
<td>Close debate, limit debate</td>
<td>No</td>
</tr>
<tr>
<td>Rescind</td>
<td>Adopted main motion</td>
<td>Subsidiary, except amend</td>
<td>No</td>
</tr>
</tbody>
</table>

## Incidental Motions

<table>
<thead>
<tr>
<th>Requests:</th>
<th>Can interrupt?</th>
<th>Requires a second?</th>
<th>Debatable</th>
<th>Amendable?</th>
<th>Vote required?</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>
### 2017 Resolutions

#### Recognition of Physicians as Physicians across all HealthCare Entities

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.

Be it further resolved that, GAFP promote ourselves as physicians to all healthcare entities.

Be it further resolved, the GAFP advocate the AAFP to adopt a similar resolution.

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<td>Deadline for Draft: April 20\textsuperscript{th}</td>
</tr>
<tr>
<td>Georgia AAFP COD delegates met and reviewed proposed resolution</td>
<td>Met on April 30\textsuperscript{th}</td>
</tr>
<tr>
<td>Resolution approved by GAFP Board</td>
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### Expansion of Telemedicine and Electronic Resources

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<p>| Legislative Committee will review and recommend support by GAFP Board of legislation that expands | Legislative Committee supports broadband bills during State                                      |</p>
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<td>“Achieving Connectivity Everywhere” passed General Assembly and Governor Signed Into Law.</td>
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<td><strong>Be it further resolved that</strong> the Georgia Academy outreach to the Medical Association of Georgia to continue to advocate for the removal of any and all barriers to the provision of telemedicine and telehealth services.</td>
<td><strong>Speaker presenting a resolution to GAFP Board for review and discussion at the August Board of Directors Meeting</strong></td>
<td>Completed June 24, 2018</td>
</tr>
<tr>
<td>Article seeking support for the Telemedicine Resolution published in the October 2\textsuperscript{nd} Briefly Stated</td>
<td><strong>GAFP forwarded the resolution to the Medical Association of Georgia’s House of Delegates at their October meeting</strong></td>
<td>August 5, 2018</td>
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<tr>
<td>October 19-21, 2018</td>
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I start this report with gratitude over a year that enhanced family medicine and helped both Georgians and communities in Georgia become healthier – one patient at a time.

As president, I’ve been committed to supporting your other leaders (over 125 strong) as well as staff, to focus on and advance our mission and strategic plan.

Our strategic plan has five basic goals and they include:

**Advocacy**
- Advocate for Family Medicine with state policy leaders (including elected officials), businesses and Georgia’s citizens.
- Increase Family Medicine visibility with Georgia Payors.
- Increase key contact communications with federal and state leaders.

**Governance**
- Facilitate leadership education and training for new and emerging Georgia Academy leaders
- Formulate ways to identify future Georgia Academy leaders

**Membership**
- Maintain professional and personal career satisfaction and combat burnout.
- Increase Effective Communication to Our Members.
- Increase activities for new-to-practice physicians.

**Medical Students and Residents**
- Increase the number of family physicians in Georgia by engaging current Georgia medical and pre-medical students, residents and practicing physicians through various GAFP activities.
- Hold Medical Student and Residency Recruitment Fair annually.
- Increase interaction with Family Medicine Interest Groups (FMIG’s) – both officers and their GAFP member advisors.
- Increase mentoring medical students.

**Education**
- Provide high value CME to as many members as possible.
- Assist members in value-based payment success (e.g. MACRA, population management, direct primary care, etc.).
- Develop more diverse educational offerings.

In each area we made progress thanks to our volunteers who worked tirelessly through both the committee and board structure.

Your board invited several thought leaders to our meetings to discuss mega-issues and how we could advance our strategic mission. Those discussions included: strategies on medical students, opioid crisis in Georgia and the prescription drug monitoring program and our capital campaign to support our philanthropy – Georgia Healthy Family Alliance.

We also held a dinner last December for newly elected State Senator Kay Kirkpatrick, MD. The GAFP PAC had supported her campaign and several members of both the PAC Board and the Executive Committee met with her to discuss healthcare policy in Georgia.
Many Georgia Chapter leaders stepped forward this spring and we had a full delegation to attend AAFP’s National Constituency Leadership Conference and the Annual Chapter Leadership Forum. I also represented the Georgia Academy at AAFP’s Washington, DC Congressional Summit.

We were proud to nominate our own GAFP past president, Dr. Leonard Reeves, to run for the AAFP President-Elect position in 2019. We kicked off his campaign at the AAFP Congress of Delegates held in New Orleans over the October 8th week. We also learned that the AAFP had accepted our nomination of Dr. Beullette Hooks to serve as the 2019 AAFP Commission Chair of the Health of the Public and Science! A big week and I was proud of our GAFP colleagues.

I am pleased that the Board of Directors has voted to reinstate an annual past president’s event to be held at our annual CME meeting, beginning this fall. I believe it is important that we stay connected with those members who have served our Academy over the years and provide a brief update as well as hear feedback from them on our advancement of our strategic plan and overall mission.

**President’s Awards**

It’s my honor and privilege to present the President’s Awards to the following people who have advanced family medicine and healthcare in Georgia.

Dr. James Ray – Swainsboro Family Physician
Blake Fulenwider – Deputy Commissioner and Chief, Medical Assistance Plans, Department of Community Health
Rick Jackson – CEO and Founder, Jackson Healthcare

**Appreciation**

I look forward to seeing you at our annual meeting in November. I encourage you to contact the GAFP office or me directly in 2019 as I assume my role as Chairman of the Board of Directors.

**Recommendations: None**

Loy D. “Chip” Cowart, MD, FAAPF
President
Chairman of the Board of Directors’ Report 2018
I would like to extend my thanks to approximately 200 GAFP members who have served in a leadership role during 2018. 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 4, June 16 and August 5. The Board will meet during the GAFP annual meeting on Thursday, November 8.

The GAFP has a dedicated group of members serving all of you and includes the following leaders:
Chair - Eddie Richardson, MD
President - Loy “Chip” Cowart, MD
Vice President - Susana Alfonso, MD
President-Elect - Donald Fordham, MD
Secretary - Tom Fausett, MD
Treasurer - Sharon Rabinovitz, MD
Speaker - Jeff Stone, MD
Vice Speaker - Chris Wizner, MD
Director, District 1 - Thomas J. Miller, Jr., 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 - John Vu, MD
Director, District 7 - Tom Bevill, 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 - Angela Gerguis, MD
Alternate Director, District 2 - Derek Heard, MD
Alternate Director, District 3 - Dan Singleton, MD
Alternate Director, District 4 - Kevin Johnson, MD
Alternate Director, District 5 - Shameka Hunt
Alternate Director, District 6 - W. Steven Wilson, MD
Alternate Director, District 7 - Pamela Obi, MD
Alternate Director, District 8 - Jay Floyd, MD
Alternate Director, District 9 - Islam Eltarawy, MD
Alternate Director, District 10 - C. Judson Pickett, MD
Alternate Director, District 11 - Ellie Daniels, MD
Resident Director - Jessica Brumfield, DO
Resident Director - Tolani Olagunju, MD
Resident Alt. Director - Aparna Mark, MD
Resident Alt. Director - Jemese Richards-Boyd, MD
Student Director - Carmen Collins
Student Director - Macy McNair
Student Director - Nicholas Schoenmann
Student Alt. Director - Aaron Doctor
Student Alt. Director - Drevon Jones
AAFP Delegate - Harry Strothers, III, MD, MMM
AAFP Delegate - Beullette Y. Hooks, MD
AAFP Alternate Delegate - Karla Booker, MD
AAFP Alternate Delegate - Mitzi Rubin, MD

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

Bylaws Committee
Alice House, MD – Chair
Howard McMahan, MD – Vice Chair

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

Finance Committee
Sharon Rabinovitz, MD – Chair
Christina Kelly, MD – Vice Chair

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

Membership Committee
Michelle Cooke, MD – Chair
Ivy Smith Coleman, MD – Vice Chair

PAC Board
Eddie Richardson, MD – Chair
Monica Newton, DO – Vice Chair

Practice Management Committee
Jairaj Goberdhan, MD – Chair
Michael Satchell, MD – Vice Chair

Public Health Committee
Jay Floyd, MD - Chair
Georgia Academy of Family Physicians
50th Annual Congress of Delegates
Specializing in You!

Sherma Peter, MD – Vice Chair

Student and Resident Committee
Julie Dahl-Smith, DO – Chair
Kevin Johnson, MD – Vice Chair

Georgia Healthy Family Alliance
Evelyn Lewis & Clark, MD – President
P. J. Lynn, MD – Vice President

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:

The 2018 Policy Review Team made the following recommendations to the Board:

Background: GAFP policy is directed by both the Congress of Delegates (COD) and the Board of Directors. The GAFP Policy Review Team, consisting of the Board Chair, Speaker and Vice Speaker of the COD meet annually to review one third of the GAFP policies. The policies that originated through the Board of Directors is before you today and the balance that were reviewed and that originated with the Congress of Delegates will come before the Congress to review in November of this year.

A. Capitalization on Assets Purchased

It is the Georgia Academy’s policy to capitalize all assets purchased or received by donation that cost $750 or more individually or in the aggregate. All capitalized assets will be depreciated in accordance with the Academy’s depreciation policy. Assets purchased or received that cost less than $750 individually or in the aggregate will be expensed in the period purchased.

The Board approved the policy as is.

B. GAFP Membership Donation to Georgia Healthy Family Alliance

The Georgia Academy of Family Physicians (GAFP) will provide for a $5.00 annual donation to the Georgia Healthy Family Alliance from each active member’s dues without an increase.

The Board approved the policy as edited.

C. Policy on Requests for Financial Assistance from GAFP Members:

GAFP recognizes the importance of its role protecting family physicians' scope of practice. The Academy occasionally receives requests for financial assistance to offset the costs of legal expenses incurred to defend privileges. The GAFP Board of Directors will weigh such requests against the following criteria:

1. Physician(s) requesting funds must be active members of GAFP.

2. Non-judicial avenues of advocacy must be pursued and exhausted.

3. Physician(s) must agree to match the Academy's contribution dollar for dollar.

4. Funds must be used to defend family physician scope of practice in the hospital setting.

5. More than one family physician must benefit, or have potential to benefit, from GAFP assistance.
6. GAFP Executive Committee, or their designees, will do a peer review of each case.

7. Funds are to be repaid to GAFP if member recovers expenses.

8. Assistance will not be considered if member is involved in active malpractice litigation concerning circumstances leading to current incident.

GAFP reserves the right to inquire about potential quality-of-care issues at play. GAFP further reserves the right to deny requests for financial assistance for any reason. Financial assistance will be limited to a maximum of $10,000 in legal fees per incident. This is considered a onetime benefit of membership over the life of the individual(s) concerned. Funds will be paid against invoices submitted on stationery of the member's legal counsel. 

*The Board approved the policy as is.*

D. **GAFP Policy on assisting Resident Members with Contract Review**

The Board of Directors approved offering GAFP PGY3 residents funding to review legal contracts with a vetted law firm. This funding will be allowed as long as the resident plans to remain in Georgia and contract review is with a potential Georgia employer. The funding would come from the Legal Defense and Education Fund. 

*The Board approved the policy as is.*

E. **Fees for CME Meetings for Board of Directors and Alternates**

Board members will receive one free CME registration per year – either the summer or annual CME meeting. This would exclude residents and students as their registration is minimal.

*The Board approved the policy as is.*

F. **Approval Process for Inactive Members**

The Executive Committee recommended to the Board that the Membership Committee be empowered to make decisions on Inactive members asking to extend their Inactive status for an additional year.

**Background:** The AAFP sends out an annual list of members whose inactive terms are up for renewal as well as a list of Life eligible members, requesting that the GAFP determine the inactive renewals and reach out to new Life eligible as to their membership category change.

*The Board approved the policy as is.*

G. **Board Attendance Policy**

Each district has a voting seat, AAFP delegates and residents both have two, and the medical students have three. There is currently an alternate seat for each of these positions and representation for each position or district should occur at each Board meeting. The other can optionally attend or not attend without being charged with an unexcused absence.
If neither are in attendance (excluding the approval of an excused absence*), then they will both receive an unexcused absence for that meeting. However, if either (one) delegate is in attendance, then neither will receive an unexcused absence for that meeting.

**Excused Absences for Board Meetings**

Excused absences include emergency illness/funeral of a close family member or if a Board member must miss a GAFP Board meeting due to a conflict if representing the GAFP or AAFP at another meeting. Absences and excused absences would be reflected in the minutes.

**Background:** The working group was formed after the November meeting when there was discussion on action items around Board governance for potential short and long-term options for Board changes. The group met and proposed discussion points for the March Board meeting, which provided feedback to the working group. The working group concluded that a new attendance policy was needed.

The working group heard that networking and mentoring is important to the Board and leadership will continue to look for ways to expand both. In addition, we would ask staff to continue to monitor the effect of this new policy. Staff will also continue to monitor the following metrics: meeting costs and time, number of attendees, number of new leaders identified, and meeting evaluations and satisfaction rates. The Board approved the policy as edited.

**H. Support Pathway to Med School Programs**

Continue to endorse the Pathway to Med School programs and help facilitate collaboration among interested family medicine residencies and AHECs in other regions of Georgia to expand and grow this upstream recruitment effort for family medicine and primary care at the pre-med level. The Board approved the policy as edited.

**I. GAFP Intellectual Property and Social Media Policy**

The intent of this policy is to preserve the mission, reputation, and property of the Georgia Academy of Family Physicians (GAFP), and, at the same time, promote the organization, interaction among colleagues and their connection to the Georgia Academy of Family Physicians through the prudent use of social media. This policy applies to all types of social and print media known today or that may be developed in the future. Without intending to limit the scope of this policy and only to provide examples, these social media include platforms such as Facebook, LinkedIn, MySpace, YouTube, Twitter, blogs, comment sections of new media or other networking sites.

1) The name, marks, and the logos of the Georgia Academy of Family Physicians are solely owned by the Georgia Academy of Family Physicians, and all rights are reserved. This includes but is not limited to the following program names: The Georgia Academy of Family
Physicians, and the Georgia Healthy Family Alliance. The marks and logos of GAFP may not be used by any third party without the written consent of the GAFP.

2) All members of the Georgia Academy of Family Physicians are encouraged to maintain the highest standards on their own personal social media pages and are expected to do so whenever there is any reference to the Georgia Academy of Family Physicians. Participation as a member in any Georgia Academy of Family Physicians activity requires that participants consent that the Georgia Academy of Family Physicians has the right to object to and to prohibit improper uses in social media of the Georgia Academy of Family Physicians name, trademark, service mark, logos, or other intellectual property, as well as improper references to all of the foregoing and any Georgia Academy of Family Physicians affiliation.

3) The Georgia Academy of Family Physicians is the only entity authorized to create and maintain public social media sites or web pages in the name of the Georgia Academy of Family Physicians, which right may be delegated. Any GAFP public social media or other web site will be maintained by the Georgia Academy of Family Physicians staff or delegate. All material associated with the Georgia Academy of Family Physicians that is entered onto public sites will maintain the high standards of the Georgia Academy of Family Physicians, including and not limited to the following:

   a. The Georgia Academy of Family Physicians administrator may remove from its social media or other website any inappropriate posts, unauthorized members, copyright, service mark or trademark material that is not the property of the Georgia Academy of Family Physicians or its members, as determined in its sole discretion.

   b. All contributors of content will state their affiliation with the Georgia Academy of Family Physicians.

   c. All posts will be respectful. No spam, off-topic, derogatory or offensive comments. No personal attacks will be permitted. Posts are not to be commercials by or for members or their associated businesses or affiliated organizations.

   d. The Georgia Academy of Family Physicians documents, reports, and education programs are for internal use of the Georgia Academy of Family Physicians only, and not to be distributed by any means. The Georgia Academy of Family Physicians documents, reports and education programs are confidential and proprietary to the Georgia Academy of Family Physicians and represent intellectual property that is protected by copyright, trademark and other laws.
e. All social media communication will be transparent and not in any way a violation of the Georgia Academy of Family Physician’s privacy, confidentiality, and legal guidelines for external commercial, personal, or political speech.

f. All news media inquiries must be referred to the Georgia Academy of Family Physicians staff.

g. Due to the permanent nature and accessibility of any person’s internet presence, all content related in any fashion to the Georgia Academy of Family Physicians must be carefully considered prior to publication.

h. Removal of material from a site by a Georgia Academy of Family Physicians staff member or their designee may be appealed to the Board of Directors.

4). The Georgia Academy of Family Physicians may have private, members-only pages or sites which are created and administered by the Georgia Academy of Family Physicians staff or their designee(s). Only members of the Georgia Academy of Family Physicians are eligible to be admitted as members. Information and discussions held on these sites will not be open to the public. All material on the sites will maintain the high standards of the Georgia Academy of Family Physicians and shall comply with all applicable laws including, but not limited to, laws pertaining to patient privacy, defamation, and anti-competitive activity. The Georgia Academy of Family Physicians administrator will utilize its best efforts to remove any unauthorized users and/or inappropriate posts but is not responsible for the posts of its members.

5) Participation in any Georgia Academy of Family Physicians member activity will require, as set forth in separate agreement, each participant’s consent to abide by this policy and other policies governing the use of the Georgia Academy of Family Physician’s intellectual property and reputation.

6) If necessary, the Georgia Academy of Family Physicians will take legal action to preserve its reputation and its intellectual property and any other substantial interest through the enforcement of its policies and contracts.

7) The Georgia Academy of Family Physicians reserves the right to amend this policy at any time by posting a notice on its website.

The Board approved the policy as edited.

Recommendations:

The Policy Review Team recommends the following updates to the Congress of Delegates for review and approval.

A. Internal Policy Review: GAFP PAC Board

The PAC strives to increase its annual contributions by 20 percent annually.

Each year the Speaker, Vice Speaker, and the Board Chair (or the Board Chair’s designee from the Executive Committee) will meet no later than June to review one-third of the active GAFP Policies as compiled in the GAFP Policy Manual. The Policy Manual is a compilation of Congress of Delegates and Board of Directors’ approved policies.

The group will make recommendations for each policy to be either:

1. Archived (no longer needed)
2. Re-adopted (as written)
3. Re-adopted (as edited)

All active policies will be reviewed on a rotating basis but no later than every 3 years.

*The Board policies will be brought to the August Board meeting for final review and approval. The COD policies will be brought to the COD annual meeting in the Board Chair’s report, as an action item to review and approve.*

**Policy Date: 11/15/2009**
Re-adopted as written 11/2015

*The Policy Review Team recommended approving the policy as edited.*

**C. Internal Policy Review: Member Attendance at GAFP Committee Meetings**

The Georgia Academy of Family Physicians will allow any interested members to attend all meetings of boards and committees in person in order to allow all members to have the opportunity to be informed on the workings of our Academy and educate themselves to the issues that affect us all, and;

*The Board Secretary will work with staff to create an expedited review of Board minutes so that all members have the ability to review the leadership decisions within one month following the meeting.*

All attending members may participate in discussions as non-voting members if not appointed to the committees or boards they are attending at the purview of the Chair. (as outlined in *The Standard Code of Parliamentary Procedure*)

**Policy Date: 11/16/2014**
Re-adopted as written 3/2015

*The Policy Review Team recommended approving the policy as edited.*

**D. External Policy Review: Annual Dilated Retinal Exam**

*Original resolution:* Be it resolved that the recommendation be made requesting the Executive Board of the GAFP open discussion with the Executive Boards of the Ophthalmologists and optometrists to facilitate the standard of care practice that proper documentation must be sent to the patient’s primary care physicians after each visit.
Edited resolution: Encourage Ophthalmologists and optometrists to facilitate the standard of care practice that proper documentation must be sent to the patient’s primary care physician after each visit.
Policy Date: 11/13/2011
Re-adopted as written 11/2015
The Policy Review Team recommended approving the policy as edited.

E. External Policy Review: Increase in Tobacco Excise Tax
The Georgia Academy of Family Physicians (GAFP) support an increase in the tobacco excise tax and revenue received should be dedicated to healthcare improvements.
Policy Date: 11/12/2002
Re-adopted as written 8/2015
The Policy Review Team recommended approving the policy as is.

F. External Policy Review: Scope of Practice by Non-Physicians
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.
Policy Date: 12/2/2001
Re-adopted as written 8/2015
The Policy Review Team recommended approving the policy as is.

G. External Policy Review: Tort Reform
The GAFP continue to make tort reform a top legislative issue.
Policy Date: 11/14/2004
Re-adopted as written 8/2015
The Policy Review Team recommended approving the policy as is.
Georgia Academy of Family Physicians  
50th Annual Congress of Delegates  
Specializing in You!  

Report of the Treasurer and the Finance Committee  
September 2018  

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 2015, 2016, and 2017 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, 2017 and compared to 2016.

<table>
<thead>
<tr>
<th>Statement of Activities for the Years Ended December 31, 2017 and 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue &amp; Support</strong></td>
</tr>
<tr>
<td>Unrestricted</td>
</tr>
<tr>
<td>Memberships dues</td>
</tr>
<tr>
<td>Contributions</td>
</tr>
<tr>
<td>Grants</td>
</tr>
<tr>
<td>PCMH Fees</td>
</tr>
<tr>
<td>Conference &amp; meetings</td>
</tr>
<tr>
<td>Advertising</td>
</tr>
<tr>
<td>Investment income (loss)</td>
</tr>
<tr>
<td>Interest &amp; dividends</td>
</tr>
<tr>
<td>Other revenue</td>
</tr>
<tr>
<td><strong>Total revenue &amp; support</strong></td>
</tr>
<tr>
<td>Net assets released from restrictions</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
</tr>
<tr>
<td>Program services:</td>
</tr>
<tr>
<td>Education</td>
</tr>
<tr>
<td>Advocacy</td>
</tr>
<tr>
<td>Membership development</td>
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<tr>
<td>Supporting Services</td>
</tr>
<tr>
<td>Management and General</td>
</tr>
<tr>
<td><strong>Total expenses</strong></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 Finance Committee approved a new financial policy presented by the Membership Committee and approved by the Board which states that with the passing of a past GAFP President, there will be a $250 *In Memory Of* donation from the GAFP to the Georgia Healthy Family Alliance. The gift would be acknowledged to the family, and funding for the gift would come from the Interim Board Approvals line item of the budget.

- The Committee received updates on the status of the GHFA Capital Campaign, noting that GHFA staff has been meeting with GAFP members and key community groups around the state. In addition to the $1 million donated by the GAFP, the Capital Campaign has raised more than $500,000 to-date. GAFP presented GHFA with the second installment of our commitment in the amount of $200,000.

- The Finance Committee reviewed the Resident Contract Review program with the Southern Health Lawyers law firm, noting that more than fifty residents have utilized the contract review service since its inception in 2014. The Committee noted that the project continues to be a beneficial member benefit for those new to practice physicians.

- The Finance Committee and the GAFP staff presented sufficient evidence to perform our 2017 audit. The Finance Committee met with Brian Muia, auditor from Jones and Kolb accounting form, and discussed the GAFP’s 990 and 2017 audit. He noted that overall, operationally, the GAFP had a positive year.

- The AAFP annual life and inactive member dues renewal rate was discussed and it was noted that GAFP dues are well within range for our membership size for active members. There was a slight increase in 2017 in the Life and Inactive dues categories, but in order to more closely align with the AAFP dues structure an increase for 2019 was suggested for Life and Inactive members. The Board of Directors approved the following dues increase for GAFP Membership in 2019. Life member dues will increase by $25 to $300 (one-time only), and Inactive member dues will increase to $100 annually from $50.

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<table>
<thead>
<tr>
<th>CHANGE IN NET ASSETS FROM OPERATIONS</th>
<th>658,914</th>
<th>6,411</th>
<th>665,325</th>
<th>320,994</th>
<th>(2,641)</th>
<th>318,353</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donation to Alliance</td>
<td>200,000</td>
<td>200,000</td>
<td>600,000</td>
<td>600,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in Net Assets</td>
<td>458,914</td>
<td>6,411</td>
<td>465,325</td>
<td>(279,006)</td>
<td>(2,641)</td>
<td>(281,647)</td>
</tr>
</tbody>
</table>
• Overall, we had a financially healthy year due to several factors: healthy gains with our investments, an increase in membership and related dues, an increase in grant funding, and an increase in PCMH fees.

I would like to thank my committee members which include: Christina Kelly, (Vice Chair), Loy “Chip” Cowart MD, Loretta Hicks MD, Beverley Ann Townsend MD, and resident member, Jemese Richards-Boyd, MD.

Recommendations: None

Respectfully Submitted,

Sharon Rabinovitz, MD
Treasurer, Georgia Academy of Family Physicians
Chair, Finance Committee
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 November Board meeting will be approved before the end of December.

2018 Executive Committee Members:

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair</td>
<td>Eddie Richardson, Jr, MD</td>
</tr>
<tr>
<td>President</td>
<td>Loy D. “Chip” Cowart, MD</td>
</tr>
<tr>
<td>President-Elect</td>
<td>Donny Fordham, MD</td>
</tr>
<tr>
<td>Vice President</td>
<td>Susanna Alfonso, MD</td>
</tr>
<tr>
<td>Secretary</td>
<td>Tom Fausett, MD</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Sharon Rabinovitz, MD</td>
</tr>
<tr>
<td>Speaker</td>
<td>Jeff Stone, MD</td>
</tr>
<tr>
<td>Executive Vice President</td>
<td>Fay Fulton (staff)</td>
</tr>
</tbody>
</table>

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:

- Natalie Britt, MD AAFP COD – Alternate Resident Physician
- John Bucholtz, DO Nick Zervanos Outstanding Program Director Award
- Samuel “Le” Church, MD Chair, AAFP Commission on Finances
- Fay Fulton, MHS Member, Robert Graham Policy Center Advisory Board
- Beulette Hooks, MD Member, AAFP Commission on Health of the Public & Science
- Christina Kelly, MD Member, AAFP Commission on Education
- Evelyn Lewis&Clark, MD AAFP Delegate to the AMA House of Delegates
- Adrienne Mims, MD Member, American Health Quality Association Board of Directors
- James Morrow, MD CMS Commission Health Information Technology
- Folashade Omole, MD Member, AAFP Commission on Education
- Leonard Reeves, MD Member, AAFP Board of Directors
- Harry Strothers, MD HHS/HRSA Advisory Committee on Training in Primary Care Medicine and Dentistry.
- Rick Wherry, MD Board Member, AAFP FAM MED PAC

2018 Annual Chapter Leadership Forum and National Conference for Special Constituencies Representatives:

- Chip Cowart, MD Le’ Church, MD
- Donny Fordham, MD Kim Eubanks, MD
- Mike Busman, MD Tom Fausett, MD
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Jay Goberdhan, MD  Nkiruka Udejiofor, MD
Casey Heinritz, DO  John Vu, MD
Wanda Gumbs, MD  Fay Fulton
Christina Kelly, MD  Angela Flanigan
Leonard Reeves, MD  Megan Neuffer
Angeline Ti, MD

Georgia Family Physicians continue to be leaders around Georgia such as:
John Antalis, MD  Georgia Composite Medical Board, Past Chair
Scott Bohlke, MD  Georgia Board for Physician Workforce
Chip Cowart, MD  Georgia Physician Leadership Academy
Donny Fordham, MD  Georgia Physician Leadership Academy
Jay Goberdhan, MD  Member, Medicare Carrier Advisory Committee
Leonard Reeves, MD  Georgia Postpartum Support Network Advisory Board
Michael Satchell, MD  Secretary, Georgia Medical Directors Association Board of Directors
Jeff Stone, MD  Georgia Physician Leadership Academy
Harry Strothers, MD  Governor Appointed Special Advisory Commission on Mandated Health Insurance Benefits

Respectfully submitted,

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

RECOMMENDATIONS: None
September 2018 - Congress of Delegates

The Georgia Academy of Family Physicians and its foundation, the Georgia Healthy Family Alliance, continues to grow and you allow me to continue to grow alongside both. It has been another exciting year of advancement of family medicine in Georgia. It is an honor to serve you and your patients.

Strengths
The backbone and the strength of the Georgia Academy is its staff. There are currently six of us who work in your headquarters offices for the Georgia Academy and the Alliance.

Angela Flanigan – Chief Operating Officer
Cierra Mitchell – Office Manager
Megan Neuffer – Events and Practice Improvement Manager
Kara Sinkule – Georgia Healthy Family Alliance Deputy Executive Director
Tenesha Wallace – Manager of Communications and Public Health

Weaknesses
If we have an area of weakness, it would be the issue of the need to continue to focus our initiatives as it supports our strategic plan goals. As a professional association, it is always an issue to keep on task when multiple issues such as state and national healthcare reform, advocacy, education, payor outreach on administrative relief and payment, coalition building, outreach to residency programs and support of medical students with an interest in family medicine, public health and the capital campaign through the Alliance.

Our weakness is also our strength as we have over 100 volunteers that tackle tough issues with gusto. It certainly helps staff when members take on the leadership for many of these issues.

Opportunities
The Georgia Academy is continuing to brand itself as the “go-to” organization to consult with when considering health policy changes. We continue to find amazing local initiatives through our Alliance’s Community Grants that are improving the health of the community one patient at a time.

I can’t watch this video of Mr. Moore without getting a lump in my throat and a tear in my eye. I challenge you to watch this video – if you haven’t yet done so – or forward to your friends and post on social media!
http://www.georgiahealthyfamilyalliance.org/wp-content/uploads/2018/05/ghfa_version_only_960x540.mp4?_=1

Threats
There is always a concern that our members who are overworked can lose interest in maintaining their interest and willingness to lead the Georgia Academy. This association is only as strong as our family physicians who lead the organizations. We must be vigilant to continue to strive for excellence, laugh when we can, seek solutions to tough issues, be willing to concede when change can help move the association forward.

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
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Organization

CONGRESS OF DELEGATES

Committee on Public Health

Nominating Committee

Committee on Finances

Committee on Bylaws

Committee on Education & Research

GAFP PAC Board

Committee on Practice Management

Legislative Committee

Committee on Student & Resident Recruitment

Executive Committee
The GAFP Bylaws Committee met once this year at the March GAFP Committee Conclave in Atlanta. The Committee recommended the following revisions to the GAFP Bylaws. The updates were reviewed by the Board of Directors in June 2018 and will go on to the Congress of Delegates for final approval.

**Chapter 6: Section 2** – change the word *prefer* in the sentence to *profer*

**CHAPTER 6**

**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 *profer* charges against them in the form and manner herein after specified.

**Chapter 7: Section 2: 3rd sentence** – remove the word *affiliate* in the sentence

**CHAPTER 7**

**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.

**Chapter 7: Section 7 - The Family Medicine Interest Group from each allopathic and osteopathic accredited medical school **physically located** in the state….**

**CHAPTER 7**

**SECTION 7:** The Family Medicine Interest Group from each allopathic and osteopathic accredited medical school **physically located** in the state shall have a total representation of (2) student delegates and (3) alternate delegates, each being from different Georgia medical school campuses, with elections by student members if needed; to the Congress of Delegates.

**Chapter 7: Section 9: 3rd sentence** – *Prior to the Reference Committee meeting published deadline, any member may submit resolutions...*

**Chapter 7: Section 9: 5th paragraph: 4th sentence** – Remove the words *commission and…*

**CHAPTER 7**

**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 published deadline 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: Section 5: Last sentence – Remove the words or district chapter…
Chapter 8: Section 6: First sentence – Remove the words component chapter and replace with members

CHAPTER 8
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 members 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.

Chapter 9: Section 2: 2nd paragraph: 2nd sentence – Change the sentence to read, …full term shall be eligible to succeed them, except the Secretary, and Treasurer, and Vice President.

CHAPTER 9:
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, and Vice President. 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.
Chapter 10: Section 1: First sentence – Remove the words *commissions and*…

**CHAPTER 10**

**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.

**CURRENT BYLAWS (2018)**

**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;
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- 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
chairs, 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 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 physically located in the state shall have a total representation of (2) student delegates and (3) alternate delegates, each being from different Georgia medical school campuses, with elections by student members if needed; to the Congress of Delegates.

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 published deadline, 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 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 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 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 members 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, Treasurer, and Vice President. 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 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 these 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 Finances. 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.

The proposed changes were published in the October 15, 2018 issue of Briefly Stated, uploaded on the GAFP website and emailed to membership (on October 9th) as a part of the 2018 COD Resolutions. The information can be found here https://www.gafp.org/wp-content/uploads/2015/02/2018-Resolutions_.pdf.

I would like to thank the Bylaws Committee members: Dr. Howard McMahan (Vice Chair) and Dr. Susana Alfonso, GAFP Vice President and Ex Officio Member.

Alice House, MD, FAAFP
Chair, Bylaws Committee

RECOMMENDATION: Approve updated Bylaws.
Committee Meetings
The Education and Research Committee convened on the following dates:

- December 16, 2018 – Tucker, GA (GAFP office)
- March 3, 2018 – Atlanta, GA (Westin Perimeter)
- June 14, 2018 – Amelia Island, FL (Omni Amelia Island)
- August 4, 2018 – Savannah, GA (Hyatt Regency)

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
- 2017 Annual Scientific Assembly
- 2018 Summer CME Meeting
- 2018 Annual Scientific Assembly
- Medical Student Workshop
- Exhibitor Advisory Committee
- Department of Public Health Education

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 last 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 (GCT²) 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 GCT² partners, the GAFP coordinated outreach to our members through webinars, social media, GAFP website and newsletters.

**2017 Annual Scientific Assembly**

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

Hosting more than 400 family physicians and other health care professionals at the Westin Buckhead Atlanta Hotel, the Academy offered up to 37 CME credit and 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 learning sessions on Physician Wellness; and a myriad of evidence-based educational lectures.

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. Which
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included, Heart Failure, Medical Genomics, Well Child Care, and Health Behavior. More than 80 attendees successfully completed the modules during the Annual meeting.

2018 Summer Family Medicine Weekend
The 2018 Summer CME Meeting was held at the Omni Amelia Island Resort in Amelia Island, FL, June 14-17, 2018. We offered up to 35 CME credits for the program and hosted over 170 family physicians and other health care professionals.

This year for the first time we partnered with the Georgia Primary Care Association (GPCA), a member service organization representing the Federally Qualified Health Centers. By partnering with GPCA, the GAHP had the opportunity to outreach and educate some clinicians who may not have attended our meetings in the past. In addition, GPCA offered their Annual Leadership workshop, which empowers learners with strategies and best practices to address challenges facing medical/clinical leaders.

Other topics presented during the Summer Meeting included, Behavioral Health, Vitamin Deficiencies, Chronic Care Management, and a state update on Opioids. In addition, through our partnership with the Department of Public Health, we could offer several public health related lectures including Maternal Mortality, Men’s Health, and Transitioning of Care from Pediatric-Oriented Practice to an Adult-Oriented Practice.

2018 Annual Scientific Assembly
The 2018 Annual Scientific Assembly will be hosted at the Atlanta Evergreen Marriott Conference Resort in Stone Mountain. The meeting will be held November 7-10 (Wednesday - Saturday), beginning with a Palliative Care and Pain Management in the Midst of an Opioid Epidemic workshop.

This year’s educational programs will include a variety of CME lectures including Cardiovascular and Palliative Care tracks, Dementia Care workshop, a Business Management Solutions track; Member Interest Groups; Physician Wellness track; and a myriad of evidence-based educational lectures. In addition, we will offer ABFM Knowledge Self Assessments (KSAs) on Maternity Care, Hospital Medicine, Well Child Care, and Mental Health.

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 staff advisors for the Social and Information Hub (exhibit hall). Members of the EAC meet twice a year with GAHP 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 to give GAHP 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
Thank you to our Education and Research Committee for their participation and support of the GAHP educational initiatives.

Karla Booker, MD  Johnathan Gore, MD  Yuan-Xiang Meng, MD
Mike Busman, MD  Ambar Kulshreshtha, MD  Adrienne Mims, MD
Blair Funk, MD - Resident  Evelyn Lewis & Clark, MD  Viktoria Nurpeisov, MD
Wanda Gumbs, MD  Carl McCurdy, MD  Harry Strothers, MD

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

Respectfully submitted,
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Theresa Jacobs, MD
Education and Research Committee Chair
Vice Chair

Recommendations: None

Ken Howard, MD
Education and Research Committee
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August 2018

Georgia Academy of Family Physicians
Congress of Delegates

Annual Report of the Legislative Committee
The 154th Georgia General Assembly adjourned Sine Die Thursday, March 29, 2018. Governor Deal had 40 calendar days to consider legislation favorably adopted by the General Assembly. Bills not signed into law or vetoed by May 8, 2018 became law July 1, 2018 or pursuant to their effective date.

Outcome of the 2018 Georgia Academy’s Legislative Priorities

Rural Broadband & Telemedicine
Support connectivity and broadband throughout the state of Georgia to enhance electronic prescribing, electronic health records and telehealth initiatives. It’s a Win!

SB 402, by Sen. Gooch, is entitled the ‘Achieving Connectivity Everywhere (ACE) Act’ and attempts to increase incentives for companies to expand broadband internet and cable services connectivity to rural areas of Georgia. It provides for an exception on taxes for specific right of ways, to promote the expansion of broadband services through planning, deployment and incentives. This bill passed and signed by the Governor.

APRN Independent Practice
Oppose independent scope of practice for advance nurse practitioners who provide services in counties with a population of less than 50,000. It’s a Win!

Senate Health & Human Services Chair, Renee Unterman authored SB 351 to allow for the independent practice of advanced practice nurse practitioners in a rural county with a population of 50,000 or less according to the United States decennial census of 2010. Counties with a military base or installation are required to exempt the military personnel and their dependents living in the county from the definition for purposes of the proposed definition. The measure was amended in Committee to strike the independent practice provision; and inserted a new provision to increase the number of APRNs physician may supervise from 4 to 8. The Senate Committee Substitute to SB 351 was amended to HB 927 and HB 301. Status: SB 351, HB 927 and HB 301 failed final adoption.

Preceptor Tax Incentive Program (PTIP)
Support House Bill 301/Senate Bill 301 – The current PTIP program was implemented in July 2014 and offers up to a $10,000 deduction for precepting medical/osteopathic, APRN, or PA students. The current bill would have changed the tax deduction to a tax credit. So close – but did not pass.

The Committee Substitute to HB 301 changes the PTIP program from a tax deduction to a tax credit for physicians, advanced practice registered nurses and physician assistants who provide uncompensated preceptorship training. The provisions of HB 301 were added to SB 432 related to the Georgia Tax Credit Business Case Act. Status: HB 301 and SB 432 failed final consideration.

Prescription Drug Monitoring Program
Support additional funding and legislation to improve of the Prescription Drug Monitoring Program. (House Bill 782). It’s a win!

HB 782 amends the prescription drug monitoring program (PDMP) to clarify statutory provisions and improve implementation. Specifically, the bill allows the Department of Public Health to share
information in the PDMP with other states and law enforcement and patient’s electronic health record. It also includes provisions that allow unlicensed delegates who work with prescribers and dispensers to register and access the PDMP. The provisions of HB 782 were added to SB 407. Status: House sent SB 407 as amended to Governor who signed it into law.

**Distracted Driving & Hands-Free Technology**

Support HB 673 requires drivers to use hands-free technology when using cell phones and other electronic devices while driving. **It’s a win!**

H.B. 673 will 1) increase the fine for distracted driving from $150 to $900 for repeat offenders and 2) increase the penalty from 1 point assessed against a driver’s license to up to 4 points for repeat offenders, while drivers who accumulate 15 points in a 24-month period would lose their license. H.B. 673 would allow drivers to make “one swipe” on their phones to make or answer a call. They would also be allowed to use map apps. Status: House sent to Governor who signed it into law.

**Tobacco Taxes**

Oppose any legislation that would reduce state tobacco taxes. **It’s a win!**

The House voted down HB 877, by Rep. Chad Nimmer, Wednesday evening by a vote of 59-109 (House Vote # 656). The bill proposed to lessen the tax rate on modified risk tobacco products by 50 percent which are included in such modified risk tobacco product order issued by the secretary of the United States Department of Health and Human Services pursuant to 21 U.S.C. Section 387k(g)(1); or by 25 percent for any product included in a modified risk tobacco order issued by the Secretary pursuant to 21 U.S.C. Section 387k(g)(2). Status: House failed third reading.

**Adoption**

Oppose any legislation that could discriminate patients against their race, creed, religion or sexual orientation. The Georgia Academy joined the Georgia Prospers Coalition to oppose any legislation that could impact health care or the business community related to anti-discrimination. **It’s a win!**

SB 375 - Adoption bill that would allow tax-payer funded organizations religious exemptions for not placing children with same-sex couples Georgia Academy joined the Chamber sponsored “Georgia Prospers” coalition to oppose SB 375 and all similar “religious freedom” bills that could harm Georgia’s patients. Status: Passed the Senate but did not pass out of the House.

**State Budget – It’s a Win** (Medicaid codes increased in 2017 for family physicians maintained for 2018-2019 State Budget!)

The House and Senate Budget Conferees unveiled a revised FY 2019 Budget (HB 684) with an additional $194,759,788 in spending, the result of a long-awaited increase in the state tax revenue estimate from Governor Deal. On the Governor’s recommendation, $166,747,626 of that funding went directly to public education, providing for full funding of the Quality Basic Education formula for the first time since at least 2002. Among the other notable allocations in the compromise agreement:

- $92.3 million in Medicaid funds to replace Tenet settlement funds;
- $45.7 million in new funding for Medicaid baseline expense growth;
- $32.2 million in Medicaid funds for reinstatement of the Health Insurance Provider Fee;
- $300,000 for the start-up of the Rural Health Systems Innovation Center;
- $1,500,000 for the start-up of the Health Coordination and Innovation Council;
- Increase funds to support the annual onsite inspection of narcotic treatment programs pursuant to the passage of HB 249 and SB 88 (2017 Session);
Quasi-statutory language directing the Georgia Department of Community Health to include language in all managed care contracts requiring the plan sponsor to annually report the following to the department: all pharmacy claims, the amount paid to the pharmacy provider per claim, including but not limited to the cost of the drug reimbursement; dispensing fees; copayments; and the amount charged to the plan sponsor for each claim by its pharmacy benefit manager;

- $5.2 million for Direct Graduate Medical Education (GME) Medicaid reimbursement for GRE expansion programs.
- $5.5 million to increase the triage payment rate by $10 for urban hospitals and $20 for rural hospitals.

Additional Health Policy-Related Legislation

Balance Billing

The two-year-old fight among insurers, patient advocates, hospitals and physicians around billing for surprise out-of-network services continues. All parties involved agree the practice should be curtailed, but there is little agreement on how to do so.

House Insurance Committee Chairman Richard Smith introduced HB 678 to shift the debate from out-of-network compensation to billing transparency. The bill allows patients to ask health care organizations to be informed of the providers participating in a scheduled procedure, whether those providers are in the patient’s insurer’s network, and the associated fees and insurance payments exceeded. However, if an out-of-network provider becomes necessary in a procedure, the legislation requires the organization to bill the provider’s fees within 90 days of adjudication of the claim; and resolve payment disputes within 90 days. The Department of Insurance resolves disputes through mandatory arbitration.

SB 359, by Sen. Chuck Hufstetler, the ‘Consumer Coverage and Protection for Out-of-Network Medical Care Act’ protects consumers from out-of-network surprise bills in emergency situations. The bill requires insurers to reimburse providers a percentage of the usual and customary cost for out-of-network health care services.

The underlying provisions of HB 678 (House Transparency Bill) were amended to SB 8 related to Surprise Billing (Senate Fair Health Bill) and the Senate’s model surprise billing act (SB 359) was amended to HB 314. Status: SB 359, SB 8, HB 678 and HB 314 failed final adoption.

Health Care Provider Reimbursement

HB 818 permits an individual healthcare provider to choose which form of electronic funds transfer he or she uses with an insurer; and prohibits insurers to require use of its own EFT or credit card, with fees, be used. Status: House sent to Governor and signed into law.

Low THC Oil Patient Registry

HB 65 creates the Joint Study Commission on Low THC Medical Oil Access to study the in-state access of medical cannabis and low THC oil, including the security and control of all aspects of the process from acquisition and planting of the seeds to final destruction of any unused portion of the plant; quality control of all aspects of the manufacturing process including product labeling and independent testing for purity and safety; as well as all aspects of dispensing the final product including security, competency of the dispensing staff, training on dosing and proper delivery methods. The current law was also expanded to include post-traumatic stress disorder. Status: House sent to Governor and signed into law.

Other Issues of Note
HB 519, by Rep. Cooper, requires health benefit plans to utilize certain clinical review criteria to establish step therapy protocols for prescription drugs. The bill also creates four exceptions to override step therapy protocols: (1) a drug is contraindicative or may do harm to the patient (2) a drug in the protocol is expected to be ineffective (3) the patient has already failed on a specific drug in the protocol or (4) the patient is on a drug that is already working. The step therapy provisions were amended to SB 325 and adopted by committee. Status: HB 519 and SB 325 failed final adoption.

HB 769, authored by Rep. Jasperse, implements recommendations from the Rural House Development Council relating to health care issues. The bill:

- Allows for remote order entry of prescriptions in hospital pharmacies by Georgia-licensed pharmacist who is physically located out of the state.
- Requires DCH to take all reasonable steps to streamline and expedite the credentialing and billing processes for state medical plans, including but not limited to examining the potential for a uniform billing platform or portal.
- Establishes the Rural Center for Health Care Innovation and Sustainability within DCH’s State Office of Rural Health.
- Allows for micro-hospitals that have 2-7 beds and provide 24/7 services in counties of fewer than 50,000 residents.
- Calls for the establishment of a grant program to increase the number of physicians who remain in Georgia to practice in medically underserved rural areas of the state.
- Increases the Rural Healthcare Tax Credit from 90% to 100%.

Status: House sent to Governor and signed into law.

Smoke Free Atlanta

The Georgia Academy joined the American Cancer Society and other health care advocacy groups to serve as a partner to support “Smoke Free Atlanta.” The Atlanta City Council will be taking this up in the fall.

In 2005, the Georgia Smoke-free Air Act of 2005 was enacted and it allows smoking in bars and restaurants that do not employ people under the age of 18 or allow them to enter, allows for smoking rooms and smoking areas in workplaces with ventilation systems, and allows smoking rooms at Hartsfield Jackson International Airport.

The state law is not preemptive, meaning counties and municipalities may pass local smoke-free laws more restrictive than the state law. Efforts to pass local ordinances stronger than the state law have been difficult, and eleven years after implementation of the state law, many workers and patrons, especially those in bars, clubs and adult entertainment establishments remain unprotected from secondhand smoke. This is the case in Atlanta as well.

2018 Legislative Day at the Capitol

On Thursday, February 15th over 150 family physicians, internists, pediatricians, and OB/Gyn physicians joined together to take our legislative initiatives to the State Capitol. Governor Nathan Deal attended the event and made remarks to the physicians in attendance. Over 19 legislators also joined us to give updates on their key issues.

Family Medicine Legislative Champion of the Year
State Senator Steve Gooch was selected as the 2018 Family Medicine Legislative Champion. He was pivotal in passing Achieving Connectivity Everywhere (ACE) in 2018. This will help rural health and telemedicine/broadband throughout Georgia. He has also been very supportive of patients for fair compensation – a bill that the GAFP supported that would have transformed medical malpractice insurance.

Senator Steve Gooch was elected to the Georgia State Senate in 2010. Senator Gooch is a Republican representing the 51st District, which includes Fannin, Union, Gilmer, Lumpkin, White, Dawson and parts of Pickens and Forsyth counties. Senator Gooch was elected as the Majority Whip of the Senate Majority Caucus in 2014. Prior to serving as the Senate Majority Whip, Senator Gooch served as the Secretary of the Senate Majority Caucus and as chair of the Senate Transportation Committee. Senator Gooch serves as Vice-Chairman of the Transportation Committee and Secretary of the Appropriations Committee. He currently serves as the Executive Director for the Development Authority of Lumpkin County and is a former Georgia Department of Transportation board member. Prior to being elected to the Georgia State Senate, he served as the sole Lumpkin County Commissioner.

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 Parker Poe as our outside Legislative Consultant and our Executive Vice President Fay Fulton continues to also serve as our other registered lobbyist at the Capitol. We extend our ongoing gratitude for the work that both Chuck and Fay provide in supporting our ongoing advocacy efforts.

IV. Deep Appreciation

Thank you to the following GAFP leaders:

**Legislative Session Working Group:**
- Mirtha Aguilar, MD
- Dolapo Babalola, MD
- Evelyn Campbell-Bayaan, MD
- Rucha Kharwa, MD
- Harry Strothers, MD
- Veronita Thompson, MD
- Angeline Ti, MD
- Joshua Koerner, DO
- Anita Nawathe, MD
- Praharsha R. Menon, MD
- Debo Akintayo, MD
- Kim Eubanks, MD
- Donny Fordham, MD

**Legislative Committee Members:**
- Teresa Beck, MD
- Samuel “Le” Church, MD
- Chip Cowart, MD
- Mitch Cook, DO
- Angela Gerguis, MD
- Casey Henritz, DO
- Thaddeus Lynn, MD
- Gena Marie Mastrogianakis, MD
- Monica Newton, DO
- Mitzi Rubin, MD
- Alayna Dukes – Medical Student

Respectfully Submitted,

Bruce L. LeClair, MD, FAAFP
Co-Chair

Rick Wherry, MD, FAAFP
Co-Chair

Recommendations: None
Report of the Membership Committee

September 2018
Congress of Delegates

The Membership Committee met three times this year and focused on many issues including ways to improve and increase membership award submissions, maintaining professional and personal career satisfaction, efforts to 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 2018 was at a total of 3,148, which includes 1,827 active members, 1,010 students, 160 residents, 160 Life members, 13 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 third year in a row, won an award for 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 outreach and given the option to convert their active membership to Life.

Dues Update
The AAFP annual life and inactive member dues renewal rate was discussed and it was noted that GAFP dues are well within range for our membership size for active members. There was a slight increase in 2017 in the Life and Inactive dues categories, but in order to more closely align with the AAFP dues structure an increase for 2019 was suggested for Life and Inactive members. The Board of Directors approved the following dues increase for GAFP Membership in 2019. Life member dues will increase by $25 to $300 (one-time only), and Inactive member dues will increase to $100 annually from $50.

Member Recruitment and Retention
At the conclusion of the AAFP’s final membership drive in May, the GAFP had lost 130 members due to lack of CME or for dues non-payment. Prior to the May 2nd deadline, we conducted several outreach efforts via email and phone calls to encourage members to pay their dues so as not to drop from membership. Additional outreach after the deadline brought more than thirty members back to active member status.

As a part of our strategic plan, the new-to-practice group is still a targeted group, and in an effort to ensure they are involved in Academy activities, we offered complimentary registration for recent residency graduates (2016, 2017, and 2018) for either of our CME meetings (Summer or Annual). This pilot will continue through 2019.
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..........................Eddie Richardson, Jr., MD ~ Eatonton
Family Medicine Educator of the Year....................Charles Sow, MD ~ Atlanta
Georgia Department of Public Health Award...........Viktoria Nurpeisov, MD ~ Atlanta
Family Medicine Resident of the Year..................Karla van Rensburg Owen, DO ~ Columbus FMRP
Keith Ellis Resident Scholarship Award...............Daniel Feckoury, MD ~ Emory FMRP

T. A. Sappington Awards
In 2018, there were three T. A. Sappington Award winners:

- Suzanne Abbasi from the Medical College of Georgia at Augusta University who plans to attend the Medical College of Georgia’s Family Medicine Residency Program in Augusta.

- Chivon Stubbs from Morehouse School of Medicine has been accepted and will attend the Morehouse Family Medicine Residency Program in Atlanta.

- Sarah Dupont a student from Emory University who plans to attend the Emory Family Medicine Residency Program in Atlanta.

Medical Association of Georgia Awards
This year, two GAFP leaders were winners of awards from the Medical Association of Georgia.

- Bruce M. LeClair, MD, MPH, FAAFP, Associate Professor, Department of Family Medicine, at the Medical College of Georgia - Augusta University is the winner of the 2018 Medical Association of Georgia’s Physician’s Award for Community Service. Dr. LeClair is a physician leader who has made outstanding contributions in medical education and in his community.

- Adrienne Mims, MD, MPH, FAAFP, Vice President, Chief Medical Officer, Medicare Quality Improvement at Alliant Quality Solutions, will receive the 2018 Medical Association of Georgia’s Jack A. Raines, MD, Humanitarian Award. Dr. Mims is a physician who has made outstanding contributions in her community and continues to give of herself to serve others.

- John Bucholtz, DO, Program Director of the Columbus Family Medicine Residency Program, received the 2018 Nikitas J. Zervanos Outstanding Program Director Award from the Association of Family Medicine Residency Directors and the American Academy of Family Physicians. The award recognizes a family medicine residency director who has made a significant national contribution to the specialty of family medicine.

Congratulations to all of our 2018 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. Mirtha Aguilar, Debo Akintayo, Giselle Blair, Carmen Echols, Kim Eubanks, Daniel Grizzle, James Hagler, and Beulette Hooks.

Respectfully Submitted,
Michelle Cooke, MD
Chair, Membership Committee

RECOMMENDATIONS: None
Georgia Academy of Family Physicians
50th Annual Congress of Delegates
Specializing in You!

September 2018

Congress of Delegates
Georgia Academy of Family Physicians
Report of the Nominating Committee

The installation of officers will take place during the 2018 Congress of Delegates in November. Mailed ballots were sent to the delegates in September. The nominations proposed by the members of the Nominating Committee are as follows:

**President-Elect**
Jeff Stone, MD, MBA of Canton, 2019

**Vice President**
Susana Alfonso, MD of Atlanta, 2019

**Speaker**
Carl McCurdy, MD of Jasper, 2019

**Vice Speaker**
Samuel “Le” Church, MD of Hiawassee, 2019

**Director, District 2**
Gurinder Doad, MD of Albany, 2018-2021

**Director, District 3**
Dan Singleton, MD of Buena Vista, 2018-2021

**Director, District 4**
Kevin Johnson, MD of Lawrenceville, 2018-2021

**Director, District 9**
Islam Eltarawy, MD of Woodstock, 2018-2021

**Director, District 10**
Daniel Grizzle, MD of Athens, 2018-2021

**Director, District 11**
Elvan “Ellie” Daniels, MD of Atlanta, 2018-2021

**Alternate, District 3**
Beverley Ann Townsend, MD of Columbus, 2018-2021

**Alternate, District 4**
Carmen Echols, MD of Conyers, 2018-2019

**Alternate, District 7**
Pamela Obi, MD of Rome, 2018-2021

**Alternate, District 9**
Monica Newton, DO of Gainesville, 2018-2019

**Alternate, District 10**
Judson Pickett, MD of Augusta, 2018-2021

**Alternate, District 11**
Wanda Gumbs, MD of Atlanta, 2018-2019

**AAFP Delegate**
Harry S. Strothers, III, MD of Macon, 2019-2020

**AAFP Alternate Delegate**
Eddie Richardson, MD of Eatonton, 2019-2020

**PAC Board Nominations:**
The GAFP PAC Board nominated Dr. Beulette Hooks and Dr. Dan Singleton to serve on the 2019 PAC Board.

Past GAFP President, Dr. Beulette Hooks of Midland, served on the GAFP PAC Board in 2018 as the GAFP Board Designee. She is available and willing to serve an additional year – if approved by the Nominating Committee and the GAFP Board of Directors.

GAFP Board Member, Dr. Dan Singleton of Buena Vista, served on the GAFP PAC Board in 2018 as the GAFP PAC “At Large” member. He is available and willing to serve an additional year – if approved by the Nominating Committee and the GAFP Board of Directors.

The Nominating Committee approved both nominees and their nominations will be voted on at the Board of Directors meeting in November.

**Georgia Healthy Family Alliance Board of Trustees Nominations:**
The Georgia Healthy Family Alliance Board recommended to the Nominating Committee, Dr. Mitzi Rubin of Atlanta and Dr. Mike Busman of Americus to serve a four-year term beginning in November 2018 and concluding in November 2022.
Dr. Rubin is currently serving out the unexpired term of Dr. Denise Crawley. She serves on GHFA’s Capital Campaign Cabinet and is willing to serve if approved by the Congress of Delegates.

Dr. Busman currently serves on GHFA’s Capital Campaign Cabinet and indicated his willingness to serve on the Board of Trustees.

Both candidates were approved by the Nominating Committee, and their nominations will be voted on for the 2018 Congress of Delegates.

I would like to thank the efforts of the members of the Nominating Committee. The members include: Drs. Julie Dahl-Smith, Donald Fordham, Beulette Hooks, Howard McMahan, and John Vu. I would also like to thank all of those who have agreed to serve as leaders next year.

Recommendations:

Respectfully Submitted,

Loy “Chip” Cowart, MD, FAAFP
Chair, Nominating Committee

* President Elect automatically becomes President in 2020 and Board Chair in 2021.
**Speaker and Vice Speaker nominations are for the 2019 Congress of Delegates.
Georgia Academy of Family Physicians
50th Annual Congress of Delegates
Specializing in You!

September 2018

Practice Management Committee - 2018 Report to the GAFP 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 3 – Atlanta, GA
June 14 – Amelia Island, FL
August 4 – Savannah, GA

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

Issues Facing Physicians
Issues was the main topic of discussion this year, with three specific issues being discussed: physician harassment, demeaning online reviews and physician burnout/wellness.

The GAFP worked with AAFP to gather articles on information surrounding these topics. The committee decided to write three resolutions and will bring them to the congress of delegates this October. Staff outreached to committee members who have a passion for this topic and refined the language of the resolution before it was submitted to the Congress of Delegates.

PCMH University
With the success of PCMH University in 2017, the committee continues to push for funding to further this project in 2019. The GAFP met with all four of the Medicaid insurers – Amerigroup, Care Source, WellCare and PeachState to gather their interest in supporting medical home transformation with the GAFP as the educational conduit. The GAFP leadership then met with Georgia’s Quality Chief, Dr. Kelvin Holloway and encouraged him to include in his quality initiatives a focus on the medical home for his physician providers. These conversations are ongoing.

Blue Cross Blue Shield (BCBS) Lunch Panel
During the March Conclave, Blue Cross Blue Shield of Georgia sponsored a panel discussion which included the BC/BC President and the Georgia Chamber of Commerce. This discussion allowed our leaders to have a robust discussion with these key policy leaders.

Medicaid Administrative Simplification Workgroup
In 2018, Dr. Le Church, GAFP’s representative on the Medicaid Administrative Simplification Taskforce attended meetings each month to discuss issues seeking ways to reduce administrative burdens that physicians have with Medicaid.

Summary
Thank you to our Practice Management Committee for their participation and support of the GAFP practice improvement initiatives.

David Fieseler, MD
Catherine James-Peters, MD
Joshua Koerner, MD
Shameka Hunt-McElhaney, MD
Ramon Parrish, MD
Michael Satchell, MD – Vice Chair
Nicholas Schoenmann - Student
Collyn Steele, MD
Nikiruka Udejiotfor, MD
Claire Visitacion, MD

John Vu, MD
Respectfully Submitted,
Jay Goberdhan, MD, Chair

Recommendations: None
Report of the Public Health Committee
September 2018
Congress of Delegates
Georgia Academy of Family Physicians

The Public Health Committee met three times this year and dealt with multiple issues at our meetings and during the interim.

Meeting dates:
March 3, 2018 – Atlanta, GA
June 14, 2018 – Amelia Island, FL
August 4, 2018 – Savannah, GA

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

Strategic Plan 2017-2020
The committee reviewed the strategic plan and discussed what components relate to the public health committee and what ways we can meet our strategic plan goals over the next three years.

2018 Guest Presentations to the Public Health Committee
One of the goals put forth in the previous committee year was to invite the Georgia Department of Public Health (DPH) guests to speak at the Public Health Committee meetings in 2018. In 2018, we had guest speakers at 2 out of 3 committee meetings:

- Shana Scott, JD, MPH – Policy and Planning Lead; Presentation Topic: CATAPULT: A model for Diagnosis and Management of Chronic Diseases in Georgia Health Systems
- Quondalynn Rainey, MHC; Presentation Topic: Update on the Autism Initiatives
- Synita Griswell, MPH, CLC, CHES; Presentation Topic: Committee Feedback on physician communication materials developed to assist clients that are transitioning to adult care

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

Gun Violence - The Public Health committee drafted a memorandum to the Education and Research committee recommending gun violence education at the 2018 annual meeting. The proposed CME lecture would focus on the connection between gun violence and suicide prevention. The memo was accepted by the Education and Research committee and a lecture is to be presented this fall at the 2018 GAFP’s annual meeting.

Public Health 101 - The committee completed the development of the Public Health 101 toolkit for medical students and residents. The volunteer subcommittee members are: Ms. Wallace, Ellie Daniels, MD, and Pamela Obi, MD. The committee concluded that a tab on the GAFP website for students to access will be the most cost-effective delivery tool. Staff will create the tab and include the required public health information and links. The link will go live prior to the March 2019 Medical Student Workshop.
The Committee provided valuable feedback for the GAFP contract with the Department of Public Health. The following are highlights of the contract activities for the 2018 calendar year:

**2018 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) bestows 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 Viktoria Nurpeisov, MD of Smyrna, GA at the 2018 Summer Family Medicine Weekend, June 14-17 at the Omni Amelia Island, FL.

**2018 Early Hearing Detection and Intervention (EHDI) Physician Champion:**
The EHDI Program created an initiative to strengthen the EHDI system through participation in the **Augusta Area Learning Community**. The Learning Community is an innovative project designed to engage stakeholders to share, test and implement strategies to improve the EHDI System. Christopher Apostol, MD of Evans, GA was designated to serve as the (EHDI) Physician Champion. The (EHDI) program Champion duties:

- Quarterly meetings in Augusta
- Input on helping families receive hearing intervention services before children are six months of age – also known as the 1-3-6 program
- Make recommendations about resources provided as families transition from EHDI to intervention services
- Work with other physicians in the state to champion best practices. Perhaps integrating the recommendations and processes, that arise as a result of items 1-3,6 program into the Champion’s own practice

**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 June 2018. 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/).

**Sexual Transmitted Diseases**
One STD webinar titled: “Congenital Syphilis in Georgia” was provided to GAFP Chapter members in April 2018. At our annual meeting GAFP provided an STD Update to our membership. In addition, one newsletter about Congenital Syphilis was published in the GAFP newsletter.

**Oral Health**
An Oral Health Varnish Newsletter titled: Good Oral Health During Pregnancy - Why it Matters was provided to GAFP members in July 2018. Additionally, 2 grand round lectures were given to 2 of Georgia residency programs in March and May 2018.

**2018 Contract Proposal Meeting**
The GAFP staff and the DPH team met on August 7th to review the outcomes from the 2017-2018 contract year. GAFP provided a presentation and a steered a robust discussion on growing the
contract to include a Chronic Disease section in the 2019-2020 contract. The upcoming 2018-2019 contract is approved.

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

- Georgia’s Prescription Drug Monitoring Program: Why It’s Worth It.
- CDC Guideline for Prescribing Opioids for Chronic Pain
- Transition of Care from a Pediatric-Oriented Practice to an Adult-Oriented Practice
- Youth to Adult Healthcare: Communication Strategies & Resources
- Maternal Mortality: What Role the Primary Care Physician Plays
- Resistant Gonorrhea and CDC STD Treatment Guidelines

**Educational Lectures for Family Medicine Residency programs:**

**Topic Area:** Newborn Screening
Are You Ready to Follow Up Abnormal Newborn Screening for Metabolic Disorders?

Presenters: Juanita Neira, MD
Angela Wittenauer, FNP-C, RN
Department of Human Genetics
Emory University, School of Medicine

Programs: WellStar Atlanta Medical Center (AMC)
Memorial Satilla Health

**Topic Area:** Oral Health
Prenatal and Infant Oral Health

Presenter: Adam Barefoot DMD, MPH

Programs: Gwinnett Family Medicine Residency Program (GMC)
Houston’s Family Medicine Residency Program (HHC)

**Topic Area:** Developmental Screening
“Don’t Wait a nd See” Early identification of Developmental Delays Through Surveillance and Screening

Presenter: Jennifer M. Zubler (CDC/ONDIEH/NCBDDD) (CTR)

Programs: Gwinnett Medical Center Family Medicine Residency Program (GMC)
Medical College of Georgia Family Medicine Residency Program (MCG)

**Topic Area:** Maternal & Mortality
Maternal Mortality in Georgia

Presenter: Merrilee Gober, RN, BSN, JD

Programs: Mercer University School of Medicine
Morehouse School of Medicine
WellStar Atlanta Medical Center

**Public Health Education**
2018 Newsletter Articles:

- Optional Krabbe Screening – Memorandum
- Medical Nutrition Therapy for Prevention (MNT for P)
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- **Move on Positively – Benefits for Youth, Caregivers and Providers**
- **Women & Substance Use & Reproductive Health**
- **Human Papillomavirus Vaccination Report: Georgia**
- **Good Oral Health During Pregnancy - Why it Matters**
- **Public Health Spotlight - New Preventive Care and Transition Toolkit Available**
- **Congenital Syphilis in Georgia**
- **Georgia AAP: Incorporating Health Care Transition Services into Preventive Care for Adolescents & Young Adults: A Toolkit for Clinicians**
- **Public Health Spotlight: Maternal Mortality Report**
- **Transitioning to Adult Services: Unique Health Care Challenges for Youth with Intellectual or Developmental Disabilities**
- **GA AAP and DPH Transition Seminar - Resources for Transitioning Youth with Special Health Care Needs - May 19th**
- **Transition Expo in Athens Georgia for Families**
- **Seeking Family Physician Who is Exemplary in Supporting Georgia’s Maternal and Health Population**
- **Register Now!! April Webinar on Preventing Congenital Syphilis – April 25th, 12:00pm – 1:00 pm**
- **Don’t miss out on upcoming CME webinars: Register Today!!**
- **Spring into action! Don’t miss GAFP’s Upcoming CME Webinars – Register Today!**
- **Register Now!! June Webinar on “I’m growing up, now what?” The process of Transitioning to Adult Services: Unique Health Care Challenges for Youth with Intellectual/Developmental Disabilities – June 6, 12:00 pm – 1:00 pm**

**GAFP Website – Public Health:**
The GAFP Website contains an entire section dedicated to Public Health, which the Public Health Committee directs. The section was updated to add new pieces under the (Maternal Child Health and Newborn Screening) section during this contract year. The section updates include information on Reducing Maternal Mortality in Georgia – 2013 Case Review Update; Neonatal Abstinence Syndrome (NAS) – Annual Surveillance Report 2016, Neonatal Abstinence Syndrome (NAS) – Data Summary 2016-2017 and Neonatal Abstinence Syndrome (NAS) – Healthcare Provider FAQ; and Georgia 5-STAR Hospital Initiative – Quality Breastfeeding Care Brochure.

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 
Wanda Del Carmen Jirau-Rosaly, MD 
Lisa Griggs, MD 
Rucha Kharwa, MD 
Wilhelmina Prinssen, MD

Angeline Ti, MD 
Praharsa Menon, MD 
Jose Villalon-Gomez, MD 
Amita Nawathe, MD (resident) 
Carmen Collins (student)

Respectfully Submitted for the Committee, 
Jay Floyd, MD

**RECOMMENDATIONS:** None
Report of the Student and Resident Recruitment Committee  
September 2018  
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 meetings and in other venues, including leadership activities. 
The following are some of the projects that the Committee worked on this past year:

**Strategic Plan: Medical Students and Residents**  
The student and resident committee continue to work diligently to achieve the goal of increasing the number of family physicians in Georgia by engaging current Georgia students, residents and practicing physicians through various GAFP activities.

**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 2018, _ residents used the contract review benefit.

**GAFP Student Track**  
**Family Medicine Day for Medical Students – Saturday, March 3, 2018**  
The second Annual Family Medicine Day for Medical Students was held Saturday March during the concurrent GAFP Leadership meetings in Atlanta. There were 38 medical students in attendance from seven Georgia Medical Schools. 

**Agenda:**
- 8:00 a.m. – 9:00 a.m. Registration and Continental Breakfast
- 9:00 a.m. – 9:15 a.m. Welcome - Eddie Richardson, MD - GAFP Board Chair, 2018
- 9:15 a.m. – 11:00 a.m. Mini Lectures
  - Resident Well-Being Workshop on Stress and Managing it during Residency - Medical Center of Central Georgia Family Medicine Residency Program
  - Before & After: Life as a Family Medicine Physician - Floyd Medical Residency Program
- 11:00 a.m. – 11:15 a.m. Break
- 11:15 a.m. – 12:00 p.m. Speed Dating Event - “Simple, Smart and Flexible - Why I chose Family Medicine”
- 12:15 p.m. – 1:15 p.m. Lunch Lecture: “A career in family medicine in the era of Consumerism, Machine learning, Big data, Inter-professionalism, and The Triple Aim” Keynote Speaker: Gerald “Jay” Fetter, Jr., MSHA
Georgia Academy of Family Physicians
50\textsuperscript{th} Annual Congress of Delegates
Specializing in You!

American Academy of Family Physicians

1:15 p.m. – 3:15 p.m.
Hands-On Workshops
- Acupuncture – Augusta University Medical College of Georgia - Augusta
- Knee Examinations and Injections - Gwinnett Medical Residency Program - Gwinnett
- Basic Suturing - Floyd Medical Residency Program
- GYN Procedures - Emory School of Medicine - Atlanta
- FAST Exam - Augusta University Medical College of Georgia - Augusta

3:30 p.m. – 5:30 p.m.
Residency Program Fair
- Augusta University Medical College of Georgia - Augusta
- Emory Family Medicine Residency Program - Atlanta
- Floyd Family Medicine Residency Program - Rome
- Gwinnett Family Medicine Residency Program - Gwinnett
- Medical Center of Central Georgia - Macon
- Phoebe Family Medicine Residency – Albany
- Columbus Family Medicine Program – Columbus

6:00 p.m.
Dinner: Fellowship with Family Medicine Leaders and Medical Students “Magic Moments in Family Medicine”

The committee drafted a memo to the board of directors recommending the following: multiple meeting rooms for additional space for the March 2, 2019 Medical Student meeting. The memo was accepted and the new location for 2019 is The Graduate, Athens, GA.

Outreach to Resident Programs
GAFP Staff Tenesha Wallace, visited six residency programs and three medical schools in Georgia to discuss the benefits of being an AAFP/GAFP member. Staff provided background on the resident contract review benefit and the potential leadership opportunities at the AAFP level and the GAFP level, both in terms of family medicine overall, and on activities that the students/residents can get involved in now to help further their careers. In August, staff and other GAFP leaders participated in the FMIG Speed Dating Dinner panel at Emory University and discussed the breadth of Family Medicine.

2018 Student Award Winners
Congratulations to the 2018 recipients of the T. A. Sappington Award. This prestigious award is given to student members who have demonstrated their commitment to family medicine by choosing to attend a Georgia Family Medicine Residency Program. We had a strong year with many of our graduates electing to remain in Georgia for residency.

This year we recognize:

Ms. Suzanne Abbasi, a student from the Medical College of Georgia at Augusta, was nominated by Dr. David Kriegel. She has been accepted and enrolled in MCG Family Medicine Residency Program at Augusta University.
Ms. Chivon Stubbs, a student from Morehouse School of Medicine, was nominated by Dr. Dolapo Babalola. She has been accepted into the Morehouse School of Medicine Residency Program.

Ms. Sarah Dupont, a student from Emory University, was nominated by Dr. Emily Herndon. She has been accepted into the Emory University Family Medicine Residency Program.

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

Congratulations to Karla van Rensburg, DO who was voted to be the Georgia Academy Resident of the Year. Dr. Rensburg attends the Columbus Family Medicine Residency Program and was recommended by Dr. John Bucholtz, the Program Director. The Resident of the Year receives an engraved plaque and will be recognized during the Georgia Academy’s Annual Meeting in November of this year.

The Georgia Academy’s Keith Ellis Award winner for Chief/Co-Chief Resident goes to Daniel Feckoury, MD (Resident) from the Emory University School of Medicine Department of Family and Preventive Medicine.

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

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 physicians. 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 8 southwest Georgia counties Appling, Brooks, Decatur, Dougherty (3), Lee, Tift, Thomas, & Worth counties. From 6 different undergraduate institutions:
Georgia Academy of Family Physicians
50th Annual Congress of Delegates

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Abraham Baldwin Agricultural College (2), Columbus State University, Albany State University, Emory University, Florida State University, Mercer University, University of Georgia (2), and Valdosta State University. Eight of the 2017 Pathway students have applied to medical school, and four have been accepted thus far. In the last 5 years, 85 percent of Pathway students who applied have been accepted to medical school.

Foothills AHEC reported that As of July 2018, 32 students have completed the Foothills AHEC PTMS program. Three of these students are rising third year medical students, three are rising second year students, and six will start medical school this fall. Ten students will apply for medical school during the 2018-2020 application cycle.

The student and resident recruitment committee met with both pathway program directors in August and conducted a round table discussion regarding growth of the program and program barriers. In 2018-2019 GAFP will work with the PTMS programs to develop a timeline on outreaching to GAFP members about shadowing hours to help fulfill the shadowing component.

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 August 2nd – 3rd to attract medical student candidates to Georgia to attend residency in our state. A total of 64 medical students and residents from around the state of Georgia were in attendance along with the following 11 Georgia state residency programs: Wellstar Atlanta Medical Center FMRP, Columbus FMRP, Emory FMRP, Augusta University Medical College of GA FMRP, Medical Center of Central Georgia, Floyd FMRP, Savannah FMRP Memorial Medical Center, Phoebe FMRP, Gwinnett Medical Center FMRP, Houston FMRP, and WellStar Kennestone FMRP.

In addition, we had representation in both the resident and student categories for the National Conference Congress. Dr. Jessica Brumfield from the Georgia South Family Medicine Residency at Colquitt Regional Medical Center in Moultrie served as our resident delegate and Dr. Joshua Koerner from Gwinnett Medical Center in Lawrenceville served as our alternate. Macy McNair from the Morehouse School of Medicine Program in Atlanta served as our student delegate and Nick Schoenmann from the Medical College of Georgia in Augusta served as our alternate student delegate.

Natalie Britt, MD (Savannah) was one of eight Adolescent Immunization Award Research Poster Winners to share best practices and techniques to boost adolescent immunizations at the national conference.

Another event that occurred at the AAFP National Conference was the Faces of Family Medicine: An Interactive Storytelling Event. GAFP Board Chair and Past President – Eddie Richardson, Jr., MD, FAAFP was amongst top panelists representing the diversity of choice within family medicine sharing his experiences, advice, and passion for primary care.

2018 DPH Lectures for Georgia Residency Programs
GAfp offered six Georgia residency programs and opportunity to participate in the Department of Public Health (DPH) grand round lectures. The following family medicine programs participated:
WellStar Atlanta Medical Center (AMC), Memorial Satilla Health, Gwinnett Family Medicine (GMC), Houston’s Health Care (HHC), Augusta University (AU), and Morehouse School of Medicine. A total of 109 residents were present for the lectures.

**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:

Edward Agabin, MD  
Bailee Blackburn, MD (resident)  
Chivon Brown-Stubbs (student)  
Emily Herndon, MD  
Theresa Kowalski, MD (resident)  
Pamela Obi, MD  
Susan Schayes, MD  
Jason Hatcher DO  
David Kriegel, MD  
Aparna Mark, MD (resident)  
Regina Addo, MD (resident)  
Rebecca Kim (student)

Respectfully Submitted for the Committee by,

Julie Dahl-Smith, DO  
Chair

**RECOMMENDATIONS:** None
The GAFP was represented at the AAFP Congress of Delegates in New Orleans, Louisiana by AAFP Delegates Beulette Hooks MD of Midland and Harry Strothers MD of Macon; AAFP Alternate Delegates Karla Booker MD of Atlanta and Mitzi Rubin of Atlanta.

Also, in attendance were GAFP staff Fay Fulton, Executive Vice President and GAFP President Loy “Chip” Cowart. The GAFP Board Chair Dr. Eddie Richardson was also present for part of the Congress of Delegates.

The delegation attended all the reference committees monitoring all proposed resolutions. The GAFP submitted the following resolutions to the 2018 AAFP COD:

1. Recognition of Physicians as Physicians Across All Healthcare Entities- A Substitute Amended Resolution was ADOPTED: 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 the American Academy of Family Physicians always refer to our membership as family physicians which is distinctive for our patients, our healthcare systems, and above all for ourselves, and be it further

RESOLVED, That the American Academy of Family Physicians encourage our chapters to standardize terminology and only refer to our specialty as family medicine and refer to each other as family physicians, and be it further

RESOLVED, That the American Academy of Family Physicians encourage other physician groups to standardize how we refer to our profession, and to send a resolution from our delegation to the American Medical Association’s House of Delegates.

2. Co-Sponsored with 8 other Chapters this resolution was REFERRED to the Board: Candidate Hospitality Event: RESOLVED, That the American Academy of Family Physicians (AAFP) Candidate Campaign Activities and Rules regarding the candidate hospitality event be amended beginning in 2019 and forward as follows: “Commit [the] AAFP to a minimum contribution of $10,000 to the joint reception, with each chapter with a candidate contributing $2,500, to include funding for only food and beverage, exhibit tables, pipe and drape, and basic signage for the room as provided by the AAFP.” This was referred to the Board with a request that this be dealt with soon for Chapters running candidates in 2019.

Dr. Strothers served on the Education Reference Committee and Dr. Hooks served on the Health of the Public and Science Reference Committee.

Dr. Hooks was selected as the Chair of the Commission on Health of the Public and Science for 2019.
The AAFP Congress of Delegates elected several candidates to the AAFP Board. Congratulations to the President-Elect: Gary LeRoy, MD, FAAFP, Ohio AFP; Speaker of the Congress: Alan Schwartzstein, MD, FAAFP, Wisconsin AFP; Vice Speaker: Russell Kohl, MD, FAAFP, Oklahoma AFP Directors: James Ellzy, MD, FAAFP, Uniformed Services AFP; Dennis Gingrich, MD, FAAFP, Pennsylvania AFP; Tochi Iroku-Malize, MD, MPH, MBA, FAAFP, New York AFP; New Physician Board Member: LaTasha Seliby Perkins, MD, District of Columbia AFP Resident Board Member: Michelle Byrne, MD, MPH, Illinois AFP; Student Board Member: Chandle Stisher, Alabama AFP

The next AAFP Congress of Delegates will be held in Philadelphia, Pennsylvania in September 2019 and our own Dr. Leonard Reeves with be running for AAFP President- Elect!

NO RECOMMENDATIONS

Decisions about all the resolutions put forth at the Congress with their actions can be found on the AAFP website at http://www.aafp.org/about/governance/congress-delegates/2018.html

Beulette Y. Hooks, MD, FAAFP
Midland, GA

Harry Strothers, MD, FAAFP
Macon, GA

Karla Booker, MD, FAAFP
Atlanta, GA

Mitzi Rubin, MD, FAAFP
Atlanta, GA
2018 Georgia Healthy Family Alliance
Report to the Congress of Delegates
August 2018

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 continued support of the Alliance over the past year bringing us ever 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 2018, the Alliance Board had two in-person meetings and one meeting via conference call for a total of three to date this year. In 2018, the Alliance had one full-time and one part-time staff member devoted to coordinating programming, communications, corporate funding and donor outreach.

The addition of a full-time staff member in 2018 allowed us to begin for the first time to tell the story of the Alliance, our grants and their impact in local newspapers across the state. Staff spent much of the year on the road doing grant check presentations and speaking to Rotary Clubs across Georgia and in doing so highlighted the volunteer efforts of the GAFP members in those communities who are sponsoring grant projects.

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

**Improving the Health of Georgians:**

**The 2018 Community Health Grant Awards**
In January 2018, the Georgia Healthy Family Alliance (GHFA) began its seventh year of the Community Health Grant Awards Program. Since its inception, the Community Health Grant Program has awarded more than $250,000 in support of more than 56 GAFP member sponsored healthcare projects throughout Georgia that enhance the well-being of our communities. With the help of a matching gift from Jackson Healthcare, GHFA doubled the number of community health grants awarded in 2018 to the following GAFP members and their teams:
The Jackson Healthcare gift also included production of a video highlighting the Community Health Grant Program. Visit www.georgiahealthyfamilyalliance.org to view the video and see the impact these grants have on Georgia families.

**2019 Community Health Grant Applicants:**
Current GAFP members including medical students, residents and active/life members are eligible to sponsor applications for the next cycle grant funding with a deadline of February 1, 2019. First cycle grant awards will be announced in March 2019. Application information will be available online at www.georgiahealthyfamilyalliance.org in October.

**Tar Wars Kicks off 2018-19 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 and e-cigarette products before they are ever offered a cigarette, vape or chewing tobacco. Georgia Healthy Family Alliance staff member Kara Sinkule attended the 2018 Georgia Association of School Nurses (GASN) annual meeting in Athens, where she provided more than 500 school nurses from all corners of the state with Tar Wars resources for them to take the tobacco/nicotine free Tar Wars message back to their schools.

With continued 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 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 area elementary schools. Emory Family Medicine Residents also presented Tar Wars to 5th grade students in Atlanta-area schools. In addition, Atlanta-area middle schools participated in National “Kick Butts Day” 2018 by educating students 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 seven years, we have aligned with the Georgia School Nursing Association and have been able to reach thousands more school children.

The 2018 Tar Wars statewide poster contest winners were 4th graders Jadesola Oladipo (L), Hallie Villarreal (2nd L), Neyla Gonzalez and Autumn Smith (R) from McBride Elementary School on Ft. Benning, Georgia. Family Physicians from Martin Army Hospital led by Dr. Katrina Jones presented the Tar Wars program to students at McBride School.

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.

**Increasing the Financial Wellness of the Alliance**

**GHFA Capital Campaign- Your Giving is Great Medicine**

At the 2018 August Committee Conclave in Savannah, the GHFA board continued the tradition of having a joint GAFP and GHFA board leadership gathering to update GAFP leaders on the Alliance’s accomplishments and foster communication between our two boards. Family Physician Dr. Roger Longenderfer of Pride Philanthropy led a joint leadership workshop on the vital role physicians play as philanthropists in their communities. Dr. Evelyn Lewis & Clark President of GHFA, also briefed the GAFP Board on the progress of GHFA’s five-year Capital Campaign to raise an additional $3 million. Currently $1.4 million has been raised toward our goal. The 2018 Capital Campaign Leadership Cabinet members are:

2018 Chair: Loy “Chip” Cowart, MD  
Dr. Mike Busman, Americus  
Dr. Evelyn Lewis & Clark, Newnan  
Dr. Donald Fordham, Demorest  
Dr. Patrick “P.J.” Lynn, Rome  
Dr. Eddie Richardson, Eatonton  
Dr. Mitzi Rubin, Atlanta  
Dr. George Shannon, Columbus  
Dr. Collyn Steele, McDonough
Georgia Academy of Family Physicians
50th Annual Congress of Delegates
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Dr. Harry Strothers, Macon
Dr. Rick Wherry, Dahlonega

GHFA Capital Campaign Donors
As of October 1, 2018, the “Your Giving is Great Medicine” Capital Campaign 5 year pledges include:

**$1,000,000 –**
Georgia Academy of Family Physicians

**$25,000-$50,000-**
Dr. Chip and Elizabeth Cowart - Statesboro
Jackson Healthcare
Dr. Patrick “PJ” and Lindsey Lynn -Rome

**$10,000-$24,999**
Dr. Mike and Dianne Busman – Americus
Dr. Samuel “Le” Church- Hiawassee
Dr. Evelyn Lewis & Clark – Newnan
Dr. Lanny and Mica Copeland- Brentwood, TN
Dr. Donald Fordham - Demorest
Fay Fulton – Atlanta
Dr. Dayle Hawthorne – Fort Oglethorpe
Dr. Gene and Ivy Jackson- Hawkinsville
Dr. Susan Margletta - Roswell
Dr. Carl and Melanie McCurdy -Jasper
Dr. Howard and Janet McMahan- Ocilla
Dr. Rolf Meinhold and Caryn Bains – Alpharetta
Dr. T.J. Miller – Claxton
Dr. Adrienne Mims – Atlanta
Drs. Wylie and Monica Newton -Gainesville
Dr. Mitzi and Jeremy Rubin - Atlanta
Dr. Eddie Richardson and Dr. Jameelah Gater – Eatonton
Dr. Michael Satchell - Albany
Dr. George Shannon – Columbus
Dr. Daniel Singleton- Buena Vista
Dr. Collyn and Nick Steele - McDonough
Dr. Harry and Karen Strothers - Macon
Dr. Rick and Alice Wherry - Dahlonega

**$5,000-$9,999**
Dr. Susana A. Alfonso
Dr. Karla Booker – Lilburn
Dr. Mitch Cook- Athens
Dr. Denise Crawley- Rome
Dr. Elvan Daniels - Atlanta
Dr. Thomas Fausett- Adel
Dr. Jay and Adelene Goberdhan-Adel
Gwinnett Medical Center
Dr. Wayne Hoffman and Thomas Torrey - Atlanta
Georgia Academy of Family Physicians
50th Annual Congress of Delegates

Specializing in You!

Dr. Beulette Hooks - Columbus
Dr. Theresa Jacobs - Conyers
Dr. Kevin and Connie Johnson - Lawrenceville
Dr. Sherma Peter - Sylvania
Dr. Bruce LeClair - Augusta
Dr. Leonard and Terry Reeves - Rome
Dr. Susan Schayes - Marietta
Dr. Jeff and Holly Stone - Canton
Dr. John Vu - Griffin

$1000 - $5,000
Dr. Thomas Bevill – Cartersville
Dr. David Fieseler - Thomaston
Dr. Christina Kelly – Richmond Hill
Dr. Ambar Kulshreshtha - Atlanta
Dr. Sharon Rabinovitz - Atlanta
Dr. Beverly Townsend - Columbus

2018 “Your Giving is Great Medicine” Donor Recognition Event
A reception honoring “Your Giving is Great Medicine” campaign donors will be held at the Evergreen Marriott in Stone Mountain on November 9, 2018.

2018 GHFA Board of Trustees
Evelyn L. Lewis & Clark, MD, President
Patrick “PJ” Lynn, MD, Vice President
Bruce LeClair, MD, Treasurer
Loy “Chip” Cowart, MD
Mitzi Rubin, MD
Ambar Kulshreshtha, MD
Eddie Richardson Jr., MD
Richard Wherry, MD

Resident Trustees
Aparna Mark, MD
Kristen Kettelhut, MD
Georgia Academy of Family Physicians
Congress of Delegates

Report of the GAFP PAC Board

The PAC Board voting members for 2018 were:

GAFP Board Chair – Eddie Richardson, Jr., MD
GAFP PAC Board Vice Chair – Monica Newton, DO
GAFP President – Loy D. “Chip” Cowart, MD
COD Speaker – Jeff Stone, MD
GAFP Board Member Representative – Beulette Hooks, MD
At Large GAFP Member – Dan Singleton, MD

The PAC Board ex officio members for 2018 were:

GAFP Legislative Co-Chair – Rick Wherry, MD
GAFP Legislative Co-Chair – Bruce LeClair, MD
GAFP President Elect – Donald Fordham, MD
GAFP Executive Vice President – Fay Fulton

PAC Donor-Only Calls

The Georgia PAC Board hosted several PAC Donor-Only calls that focused on the upcoming state and federal mid-term elections. Up-to-date polling information and election forecasting was shared by the faculty (Chuck McMullen and AAFP PAC Director Mark Cribben).

Donations Given in 2018 (Through August)

Casey Cagle for Governor – Primary and Run-Off Donation
Stacy Abrams for Governor – Primary Donation
David Schafer for Lt. Governor – Primary Donation

Senator Chuck Hufstetler
Senator Jeff Mullis

Donations Given in 2017

Senator Matt Brass
Senator Bill Cowsert
Senator Harold Jones
Senator Kay Kirkpatrick, MD
Senator Jeff Mullis
Senator Blake Tillery
Royden Daniels, MD for State Senate
Bob Wiskind, MD for State Senate
Candidate Bob Wiskind, MD for State Senate
Representative Barry Fleming
Representative Gloria Frazier
Representative Spencer Frye
Representative Tom McCall
Representative Jeff Mullis
Representative Sheila Nelson
Representative Brian Prince
Representative Blake Tillery
Representative John Wilkinson
PAC Donation by GAFP Members
In 2017, we raised $14,520, which was slightly more than what we raised in 2016 ($13,797). As of August, the PAC has raised $7,515 and we encourage all the Congress of Delegates to stop by the GAFP PAC booth to discuss our advocacy in action initiatives. We will be holding a raffle for a Green Egg Barbeque set, so please participate.

We thank our GAFP members who continue to strengthen our advocacy by donating to the PAC. Through August 2018, the following members have contributed to the PAC:

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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,

Eddie Richardson, Jr., MD, FAAFP
PAC Board Chair
Georgia Academy of Family Physicians  
50th Annual Congress of Delegates  
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Resident Directors Report

September 2018  
Congress of Delegates  
Georgia Academy of Family Physicians

2018 Resident Directors and Alternates to the Board
Resident Director: Jessica Brumfield, DO  
Resident Director: Tolani Olagunju, MD  
Resident Alternate Director: Jemese Richards-Boyd, MD  
Resident Alternate Director: Aparna Mark, MD

Resident Award Winners

Georgia Academy Resident of the Year
Awarded to Karla van Rensburg Owen, DO from the Piedmont Columbus Regional Family Medicine Residency Program in Columbus, GA.

Georgia Academy Keith Ellis Award
Awarded to Daniel Feckoury, MD from the Emory Family Medicine Residency Program in Atlanta, GA.

GAFP resident member, Dr. Natalie Britt, M.D. was one of eight Adolescent Immunization Award Research Poster Winners to share best practices and techniques to boost adolescent immunizations

AAFP Resident and Student National Conference
One of our resident directors attended the conference in Kansas City, Dr. Jessica Brumfield along with alternate Dr. Joshua Koerner. They were both the recipients of a $600 travel stipend. There were also residents present from several Georgia programs, with a total of 64 medical students and residents from around the state of Georgia

Resident directors also voted to help pass the following initiatives pertaining to residents:

- Continuation of offering GAFP PGY-3 residents funding in order to review legal contracts with a vetted law firm. Residents planning to remain in Georgia needing a contract review with a potential Georgia employer will be eligible. The funding would come from the Legal Defense and Education Fund.

- Two year pilot starting in 2018 that offers one free CME meeting for GAFP members who have graduated from residency in 2015 or later. The CME would be utilized at either the summer or annual conference.

- Continuation of endorsing the Pathway to Med School programs and assisting with collaboration among interested family medicine residencies and AHECs in other regions of Georgia to expand and grow efforts for family medicine and primary care recruitment at the pre-med level.

- Upcoming opportunity to vote on a two year pilot that will utilize up to $35,000 from the GAFP’s long term reserves so that up to five residents per year could be able to utilize the service. This will be offered to residents interested in starting their own practice and the resident will be asked to put in $500 for cost-sharing. The recipient will also have to agree to maintain their AAFP/GAFP membership for a minimum of two years after receiving their Start Up Kit support.
The resident board directors are 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 and resident family physicians.

Respectfully submitted,

Resident Directors, Drs. Jessica Brumfield, Tolani Olagunju, Jemese Richards-Boyd, and Aparna Mark.

**Recommendations:** None
2018 Student Directors and Alternates to the Board
Student Director, Board of Directors, Carmen Collins, Medical College of Georgia
Student Director, Board of Directors, Macy McNair, Morehouse School of Medicine
Student Director, Board of Directors, Nicholas Schoenmann, Medical College of Georgia - Athens
Student Alternate Director, Board of Directors, Aaron Doctor, Morehouse School of Medicine

Congress of Delegates Representatives to the AAFP National Student and Resident Conference
Student Director, Board of Directors, Macy McNair, Morehouse School of Medicine

Attendance to AAFP National Conference for Medical Students/Residents
Macy McNair 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 as the common discussion for conference was centered around resolution workshops. Our elected student representatives will continue to advocate on the behalf of family medicine and students alongside residents and family medicine physicians.

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.

Nicholas Schoenmann also attended the National Conference, but as 1 of 30 scholars for the AAFP Family Medicine Leads Emerging Leader Institute. The meeting at the conference served as the beginning of a year long project that could culminate in a presentation at the next National Conference. All 30 scholars received instruction in project management at the AAFP Headquarters in Leawood, KS.

Student Directors on Committees
Student Director Nicholas Schoenmann served on the Practice Management Committee

Select Georgia FMIG Activity Updates
迦 Medical College of Georgia
迦 “How to Get Involved in Family Medicine”
迦 The primary purpose of this meeting was to present students from all classes with the many opportunities available to us with respect to serving in the GAFP, AAFP, and other organizations in Georgia.
迦 We also discussed the significance of the AAFP National Conference for Medical Students and Residents as an opportunity to meet representatives from various residency programs.

迦 Morehouse School of Medicine
迦 Currently re-electing the executive board
迦 Planning to have a table at the student organization fair within the next few weeks
迦 Looking at dates to have representatives from GAFP to join a meeting
We, the 2018 Student Directors and Alternates are thankful for the opportunity to have served on the GAEP Board of Directors 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,
Carmen Collins, Macy McNair, Nicholas Schoenmann

Recommendations: None
Since graduating its first class of residents in 1975, a total of 295 residents have completed their training in the Family Medicine Residency Program. Eighty-one percent of these graduates chose to remain in the Southeast. Sixty-nine percent of the 2017 graduates remained in Georgia.

Our program is accredited through the Accreditation Council for Graduate Medical Education (ACGME). Due to the merger between ACGME and AOA we will be applying for ACGME osteopathic recognition in 2018-2019. We continue to recruit allopathic and osteopathic residents in our program.

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 filled through the National Resident Matching Program.

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.

Our chief residents attended the AAFP Chief Resident Leadership Development Program Conference. All of our PGY-3s presented their senior scholarly project(s) at our Departmental Research Day. Transitioning PGY-2s attended the annual resident retreat held in Savannah (Tybee Island) Georgia in January. Resident presence was available at both GAFP in Atlanta, GA and AAFP National Conference in Kansas City, MO and AAFP FMX Conference in San Antonio, TX.

Residents continue to be active in community duties such as; our homeless clinic, our women’s clinic and the equality clinic.

Highlights for 2017-2018:

- Residents continue to participate in our Global Medicine elective rotation.
- Wellness component added to resident curriculum to address stress and fatigue.
- Hospital wide Ultra Sound Training is instituted starting from Orientation through the resident’s three-year educational process. 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 expansion by two positions continuing to be successful. Matched all ten positions two years in a row. This expansion has allowed 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

Julie Dahl-Smith, DO
Professor
Director, ACGME and AOA Resident Educational Programs

Recommendations: None
Piedmont Columbus Regional Family Medicine Residency Program COD Report

The Family Medicine Residency Program at Piedmont Columbus Regional in Columbus, Georgia respectfully submits its 2017-2018 Annual Report to the GAFP Congress of Delegates.

The Family Medicine Residency Program at Piedmont Midtown 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. As of March, 2018, we joined the Piedmont family and now are known as Piedmont Columbus Regional. Over the past seventy years Piedmont 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 Piedmont Midtown Medical Center.

An important part of our Medical Education mission is providing quality medical care to the underserved. The teaching services enable Piedmont Columbus Regional 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 Piedmont 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 provide 24/7 care to patients referred to Piedmont Columbus Regional’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’s Family Medicine Center participated in the GAFP sponsored PCMH University to obtain Level 3 designation as an NCQA patient centered medical home (PCMH). Our residency is grateful for GAFP’s support and is engineering our curriculum to maintain NCQA certification. Three years have gone by quickly and we recently passed our recertification process with flying colors. 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 seventh year of this successful project. Midtown Medical Center and St. Francis Hospital continue a successful collaboration to provide clinical experiences for 20 MS3 and 20 MS4 students. In addition to Mercer, our clinical faculty holds medical school appointments and train students from the Medical College of Georgia at Augusta University, Nova Southeastern University and Georgia-PCOM. 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.

We are excited to have been named one of Georgia’s five Memory Assessment Centers (MAC) under a research grant managed by Emory. Our Family Medicine Center’s involvement as a MAC will increase our ability to provide sophisticated dementia screening for our patients and the public. The project focuses on a
multidisciplinary approach and involves the local Alzheimer’s Association and Agency on Aging. We are fortunate to have two certified geriatricians on our faculty leading this effort, Greg Foster, MD and Jennifer Roberts-Woodbury, DO.

In March 2018, John R. Bucholtz, DO, program director, was named the 2018 Nikitas Zervanos, MD, national outstanding program director. He was nominated for the award by the GAFP.

An important mission of our training program is to supply physicians to meet the needs of Georgia citizens. The following physicians graduated in June 2018 and are listed with their practice location:

<table>
<thead>
<tr>
<th>Name</th>
<th>Practice Type</th>
<th>Practice Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promise Chidi, M.D.</td>
<td>Hospitalist</td>
<td>Columbus, GA</td>
</tr>
<tr>
<td>Shahzad Chaudhry, M.D.</td>
<td>Hospitalist</td>
<td>Milwaukee, Wisconsin</td>
</tr>
<tr>
<td>Adeel Choudhary, M.D.</td>
<td>Hospitalist Fellowship</td>
<td>Columbus, Ohio</td>
</tr>
<tr>
<td>Robert Fung, D.O.</td>
<td>Geriatric Fellowship</td>
<td>Lancaster, Pennsylvania</td>
</tr>
<tr>
<td>Sadaf Khan, M.D.</td>
<td>Geriatric Fellowship</td>
<td>Cleveland, Ohio</td>
</tr>
<tr>
<td>Charisse Logronio, M.D.</td>
<td>Hospitalist</td>
<td>Columbus, GA</td>
</tr>
<tr>
<td>Vivin Mathew, M.D.</td>
<td>Hospitalist</td>
<td>Columbus &amp; Newnan, GA</td>
</tr>
<tr>
<td>Shazia Siddiqui, M.D.</td>
<td>Urgent Care</td>
<td>Anderson, South Carolina</td>
</tr>
<tr>
<td>Kathy Jo Thompson, M.D.</td>
<td>Geriatric Fellowship</td>
<td>Winter Park, Florida</td>
</tr>
<tr>
<td>Karla van Rensburg, D.O.</td>
<td>Urgent Care</td>
<td>Alexandria, VA</td>
</tr>
<tr>
<td>Julia Vu, M.D.</td>
<td>Emergency Medicine Fellowship</td>
<td>Decatur, Alabama</td>
</tr>
</tbody>
</table>

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
**General**

The Emory Family Medicine Residency Program (EFMRP) completed its 23rd year of training residents. During the 2017-2018 academic year, 28 residents were in training. Ten of our residents completed the program, of which five went into private practice 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 2017. Dr. Sarah Dupont received the T. A. Sappington Award from the Georgia Academy of Family Physicians. Dr. Daniel Feckoury received the 2018 Keith Ellis, MD Resident Scholarship Award.

Residents in our program were prolific in their scholarly work during this academic year presenting posters and placing 1st, 2nd and 3rd at the 2017 Annual GAFP Scientific Assembly. Dr. Susana Alfonso was promoted to Associate Professor in the Department of Family & Preventive Medicine. Several of our faculty members published original scientific work and review articles during this past year. 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 the country.

Our residency program continues to attract large numbers of applicants both nationally and internationally. This year we had over 2,300 applicants. The program successfully matched all ten positions in March 2018. 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 regularly engage in procedure workshops with medical students.

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

**Faculty/ Staff Changes**

Dr. Jose Villalon-Gomez joined our faculty in July 2017 as Assistant Program Director. Dr. Villalon-Gomez became Program Director of the residency program in January 2018.

Dr. Thien-Kim Le joined our faculty in July 2017.

Dr. Kyle Wilson joined our faculty in September 2017.
2018 Graduates

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beg, Maliha</td>
<td>CareNow Urgent Care</td>
<td>Locums Tenens</td>
</tr>
<tr>
<td>Boone, Timothy</td>
<td>University of Maryland</td>
<td>Sports Medicine Fellowship</td>
</tr>
<tr>
<td>Bullon, Tony</td>
<td>University of Tennessee</td>
<td>Emergency Medicine Fellowship</td>
</tr>
<tr>
<td>Feckoury, Daniel</td>
<td>Piedmont Primary Care</td>
<td>Private Practice/Primary Care</td>
</tr>
<tr>
<td>Gulati, Priya</td>
<td>Eagles Landing Family Practice</td>
<td>Private Practice/Primary Care</td>
</tr>
<tr>
<td>Laury, Torrance</td>
<td>Emory Sports Medicine Fellowship</td>
<td>Sports Medicine Fellowship</td>
</tr>
<tr>
<td>Morgan, Elena</td>
<td>SmartCare Urgent Care</td>
<td>Urgent Care</td>
</tr>
<tr>
<td>Otabil-Nelson, Maame</td>
<td>Mercy.Net</td>
<td>Private Practice/Primary Care</td>
</tr>
<tr>
<td>Patel, Hitesh</td>
<td>Kaiser Permanente</td>
<td>Private Practice/Primary Care</td>
</tr>
<tr>
<td>Wong, Gayle</td>
<td>The University of Alabama</td>
<td>Hospital Medicine Fellowship</td>
</tr>
</tbody>
</table>

All 2018 graduates passed their ABFM board exams on their 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 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, and PA students in Ambulatory Care at the Emory University School of Medicine. We continue to incorporate e-visits and telephone visits to improve access and quality of care for patients with chronic illness.

The clinic offers a Lifestyle Clinic to help patients with chronic disease overcome 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 https://www.emoryhealthcare.org/locations/primary-care/emory-at-dunwoody-family-medicine/

Graduates
We currently have 183 graduates in practice. Approximately 70% are practicing in the state of Georgia.

Future Directions
1. We continue to expand our quality improvement projects in chronic diseases such as diabetes, hypertension, and obesity.
2. The Midtown and Old 4th Ward Family Medicine faculty offices will continue to provide full-spectrum family medicine care.
3. EmoryHealthcare is planning to open a fourth family medicine faculty practice at the Emory St. Joseph location.
4. We continue to recruit faculty members to our residency program.
5. The TeleHealth VA rotation will continue to provide primary care to rural sites in the state of Georgia.
6. We are currently developing a Point of Care Ultrasound Curriculum for our residents.

Emory FMRP encourages the GAFP to continue to focus on the following:
1. Promote initiatives that improve health care for all citizens in Georgia.
2. Support incentives that held recruit family medicine educators to the state.
3. Support incentives that recruit recent family medicine graduates to establish practices in rural Georgia.”
Jose M. Villalon-Gomez, MD, MPH
Assistant Professor
Program Director, Emory Family Medicine Residency Program
Department of Family & Preventive Medicine
Emory University School of Medicine
jose.villalon-gomez@emory.edu

Recommendations: None
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. The major challenge Georgia South faces is our rapid growth means a strong push towards excellence in teaching at the hospital administrative, physician and service levels. 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
Accomplishments and activities:
We are pleased to announce several major accomplishments and milestones for the program for the 2017-2018 academic year.
1. We have graduated our 2nd class of residents, and retained 9/10 graduates since inception within the state of Georgia,
2. We established a second Family Medicine Practice site adjacent to our Duluth hospital campus to improve access to that area of the county, and
3. We recruited a new Primary Care Sports Medicine trained faculty and have submitted application for our first fellowship program.

Faculty Staffing:
The Family Medicine Program is fully staffed with 5.8 FTE faculty, adequate for the current level of residents, and meets ACGME requirements for core faculty ratio. We are currently seeking 2 faculty, one to replace our departed maternity care director and another for anticipated growth.

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:

- Kristen McDermott, DO, Georgia Healthy Family Alliance Hypertension Management clinic for underserved, $5000
- GMC Women’s Counsel grant for neonatal simulation (GME shared grant) $35,000

Residents: We now have 15 residents in the program.

2017 Match Results
Overall: 5 first year residents total
- 40% underserved minority
- 40% GA Medical School Graduates
- 60% Osteopathic Graduates
- 40% Allopathic Graduates

We entertained over 1159 application between the 2 match programs.

Accreditation: The residency has relinquished its AOA accreditation effective 7/2018. We will continue to offer Osteopathic Recognition for all residents enrolled in the program on an opt-in basis. The program will only participate in the NRMP match for 2018 cycle.

We do have a 100% passage rate for Both ABFM and ABOFP certification for all takers since inception. 3 graduates have not taken their primary certification exam.

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.
**Duluth Family and Sports Medicine** is newly opened 5/2018 and will be the location of the planned fellowship in Primary Care Sports Medicine. The clinic provides both sports medicine and family medicine services and is co-located in the same medical office building with the hospitals Concussion Institute and orthopedic practices, to provide a convenient continuum of care for a diverse range of sports related injury plus training opportunities for residents and fellows. The clinic is also adjacent to the location where the Family Medicine program maintains our inpatient service. This allows for post-hospitalization follow up care for our patients who do not have another primary care home and has already been a source for significant volume for the clinic.

Both FMPs also serve as Gwinnett Hospital Systems **Associate Health and Wellness Center**. This “Clinic within a Clinic” functions in a unique role providing a combination of sick and minor emergency needs of the associates of the healthcare system, along with post-offer, pre-employment physical evaluations, workplace injury/worker’s compensation initial evaluations and referrals, and services to associates families at reduced cost. This has proven to be an extremely important part of our services to the system and has resulted in significant cost savings.

The program has also addressed its only continued citation for pediatric continuity volume by partnering with the hospital pediatric clinic, **Lib and Miles Mason Pediatrics**, to develop a continuity experience for the residents with family medicine faculty providing precepting in the clinic.

**Research and Scholarly Activity:**
For the academic year, the program had 1 resident research posters accepted at national conference, 1 presentation by faculty at national conference, 1 faculty poster presentation at a national conference, 1 faculty PMID publication, and 4 other publications. All graduating residents presented research and QI to meet the RC requirements.

**Ongoing Issues:**
The program has identified the following challenges for the 2017-2018 Academic Year:

**Continuity Visits:**
The program did receive a citation from the ACGME for failing to meet the 1650 face to face continuity visit requirement due to delay in graduation of several of our first class due to health related issues. All graduates did meet the requirement prior to their completion date, however the reporting system for the ACGME does not capture continuity numbers for late graduates after 6/30. Our most recent class did complete the continuity requirements before 6/30 and we do not see any concerns for this going forward.

**Faculty:**
We continue to recruit additional faculty with focus on support for our Maternity Care and Osteopathic Recognition components. We are strategically looking to hire additional faculty who can practice full scope family medicine.

We have added expertise in Primary Care Sports Medicine, With Dr Purnima Bansal, MD joining as the inaugural fellowship director for the program.

**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 continues to fall out of many filters on the AAMC site. We continue to work on medical school recruiting efforts in Georgia and surrounding states.
Policy Considerations:
Proposed payment changes for outpatient medicine from CMS both with QPP and proposed re-alignment of E&M codes continue to be on the radar for possible disruption of payment streams for the program. From the state level we have not seen any direct repercussions from the Hb 249, however we continue to face challenges with compliance and documentation of compliance with the rules outlined, and have requested the COD consider legislative advocacy to require EMR vendors to fully integrate the PDMP program with any EMR sold or maintained in the state or be subject similar consequences as physicians.

Gwinnett Medical Center and Northside Hospital merger continues to remain in unknown factor in our future plans. Support remains strong not only for GME in general but primary care in particular.

Respectfully Submitted,

Kevin E. Johnson, MD, FAAFP
Program Director, Gwinnett Medical Center Family Medicine Residency
Houston Healthcare Family Medicine Residency 2017-18 Annual Program Summary

The 2017-18 year at Houston Healthcare began by welcoming our sixth class of interns from three Osteopathic medical colleges to include the Philadelphia College of Osteopathic Medicine, Lincoln Memorial University De Busk College of Osteopathic Medicine, and Edward Via Virginia College of Osteopathic Medicine-Carolinas Campus. We also welcomed our first group of allopathic graduates coming from Ross University School of Medicine, St. George’s University School of Medicine, and American University of Antigua College of Medicine. Filling a vacant second year position, we welcomed a resident from New York Institute of Technology College of Osteopathic Medicine who completed an intern year in New York.

The program was awarded Initial Accreditation under the American College of Graduate Medical Education (ACGME) as of July 2016 allowing us to recruit Osteopathic as well as Allopathic medical graduates. Our community faculty grew this year with the additions of Drs. Dean, Iguobadia and Neibaum (ophthalmology and pediatrics, respectively) joining to provide resident education. With the new requirements under the ACGME three local OB/GYN groups joined our community faculty to provide supervision for our residents in our outpatient and inpatient facility, to begin continuity obstetrics and gynecological care. We also continue to recruit for faculty providing Obstetrical care in addition to family medicine given faculty losses this year. Unfortunately, we did have two faculty physicians; Dr. Stewart Grizzard and Dr. Jovan Adams depart towards the end of the year, as well as an intern.

Our residents continue to maintain a 100% board pass rate and 80% of our resident graduates from the class of 2018 chose to stay in the state of Georgia to practice medicine, with one resident going out of state for Sports medicine fellowship training with future plans to return to Georgia.

Our residents continue to provide community services to the middle Georgia region and our programs role has grown to include resident participation in community health fairs for several middle Georgia businesses, to include Flint Energies and the Five Star Group. Once again, our third-year residents presented their scholarly research projects at the ACOFP annual convention in March and one of our residents was invited to present his original case presentation “When a Simple Fracture Turns Out to be More Problematic,” at the American Medical Society for Sports Medicine.

This year we expanded our interview process to include our community physicians and we saw an increase in ERAS applications and participated in both NMS and NMRP matches. This academic year we, for the first time, successfully filled all of our residency positions welcoming two DO and four MD graduates, completing our previous year's goal to match all of our residency positions.

As the year came to a close our resident graduation highlighted the accomplishments of our five graduates. On June 22, 2018 the faculty, staff, community physicians, Houston Healthcare Board of Directors along with medical executives, family and friends celebrated the journeys of Drs. Courson, Huckle, Kokilakumar, Ong and Snyder.

Dr. William Courson is practicing in Newnan, Ga. with Piedmont Physicians at Premier Medical; Dr. Christopher Huckle is completing a Sports Medicine Fellowship in Lillington, NC with Campbell University; Dr. Pranam Kokilakumar joined University Hospital in Augusta, practicing Urgent Care; Dr. Ben Brian Ong joined Houston Healthcare to practice Urgent care medicine; and Dr. Jessica Snyder moved to Flowery Branch to join Northeast Georgia Physicians group.
As the end of the year drew to a close, we did add two of local physicians to our faculty, Drs. Shekerappa and Espinosa along with a new physician to middle Georgia, Dr. Heimer. We also accomplished goals set last year to include joining the CEME Opti through NOVA Southeastern Kiran Patel College of Osteopathic Medicine in order to improve our library resources. We had two resident retreats, in August 2017 and June 2018, and began addressing wellness and leadership.

As we prepare for our second site visit from the ACGME for our program and sponsoring institution we continue to honor our Osteopathic roots and have applied for Osteopathic recognition. Our goals this year include improving our faculty recruitment and retention, community presence, scholarship, resident recruitment and overall resident experience.

As our new academic year has begun we welcome new interns from various medical schools to include All Saints University SOM, Georgia Campus of Philadelphia College of Osteopathic Medicine, Windsor University SOM, Ross University SOM, American University of Antigua COM, and American de Freedom of Brussels Faculty of Medicine and Science.

We anticipate a great academic year, successful match season, and look to provide physicians to serve the state of Georgia.

Respectfully submitted,

La Toya D. Jackson, MS, DO, FAAFP
Program Director
Director of Medical Education/Direct Institutional Officer
October 8, 2018

Medical Center of Central Georgia/Mercer University School of Medicine Family Medicine Residency Program 2017-2018 Annual Report to the GAPP

The Medical Center of Central Georgia/Mercer University School of Medicine Family Medicine Residency Program has had an eventful year.

The Program has established as its Mission: Striving for excellence in health, wellness, and education for our community and providers.

The Vision of the program is: To Create and sustain a healthy community with healthy primary care providers.

The Aims of the program are to:
1. Have a learning environment that supports the development of competent, well developed, socially aware Family Physicians.
2. Have a clinical environment that promotes wellbeing throughout the lifespan of our patients while addressing the needs of our community.
3. Address the needs of our community and learners through advancing knowledge in the scope of the practice of Family Medicine.

We continue to have very active and productive fellowships with Geriatrics, Hospice and Palliative Medicine. We are in the process of implementing a non-accredited Addiction Medicine Fellowship, with the hopes of obtaining accreditation in the near future. Securing sustained funding and faculty for this program are significant challenges we are working on.

The ABFM pass rate for the program has been 100% for the last five years with the passing score for the program continuing to rise. The In-Training Service Exam scores are improving and the Step 3 Pass rate for the PGY2s is 100%. We matched 8 of 8 positions in the 2018 PGY 1 class with strong candidates; most having strong ties to Georgia.

Of our eight 2018 residency graduates, four are practicing in Georgia, one is in our Geriatric fellowship, one joined the faculty of our program, one is with the VA in Dublin, and one is in practice in another state. Overall, more than 80% of our graduates are practicing in Georgia, with over half of those serving in medically underserved areas.

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 and staff that is competitive for the market

Respectfully submitted,

Y. Monique Davis-Smith, MD, FAAFP
Program Director
MCCG/MUSM Family Medicine Residency Macon, GA
Annual Report of the Morehouse School of Medicine Residency Program
to the GAFP Congress of Delegates

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 that serves a largely underserved population and as the largest hospital in the state of Georgia and the 5th largest hospital in the country. Our primary ambulatory training site is the 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 172 residents, 60% of whom are practicing in the state of Georgia. Our program has Continued Accreditation by the ACGME. Proudly, 100% of our residents have passed the ABFM Board Examination on their first attempt for the past three years.

Residents and Graduates
Program graduates during the 2017-2018 academic year are listed below with their practice sites.

- Ogechukwu Adekweh, MD: Grand Itasca Hospital in Grand Rapids, MN
- Sarmed Al-Haddad, MD: Decatur Morgan Hospital in Decatur, AL
- Onyinye Iheaku, MD: Emory St. Joseph’s in Atlanta, GA
- Shantae Mangaroo, MD: Kaiser Permanente in Lithonia, GA
- Oluwaseun Odewole, MD: Redmond Regional Medical Center in Rome, GA
- Emmanuel Osinuga, MD: Carolina Healthcare System in Whiteville, NC

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, 2018:

- Oluwole Akintayo, MD: University of Iowa Carver College of Medicine
- Facia Beysolow, DO: Alabama College of Osteopathic Medicine
- Miranda McNear, MD: Meharry Medical College
- David Moise, MD: University of Connecticut School of Medicine
- Jessica Ordu, MD: Ross University School of Medicine
- Chivon Stubbs Brown, MD: Morehouse School of Medicine

Administration Change as of July 1, 2018:
Dr. Walkitria Smith became Associate Program Director.

Faculty Additions:
Ashley McCann, MD

Resident Scholarly Activity:
Our residents were actively engaged in scholarly activity during the 2017 – 2018 academic year. The following listing highlights their activities:

National Presentations
Society for Teachers of Family Medicine- May 2018
Poster Presentations

Drs. Oluwaseun Odewole and Emmanuel Osinuga
“Quality of diabetes care provided by family medicine residents at Morehouse School of Medicine”
Drs. Ogechukwu Adekweh and Onyinye Iheaku
“Screening for Abdominal Aortic Aneurysms: Adherence to USPSTF guidelines in Morehouse Comprehensive Healthcare Center”

National Medical Association – August 2017
Dr. Oluwaseun Odewole
“Subgaleal Hematoma Following Hair Braiding in a 6-Year Old Female” – Platform Presentation

Dr. Onyinye Iheaku
“Multi-dermatomal Herpes Zoster in a patient with HIV/AIDS” – Poster Presentation

Local Presentations
Mr. William Booth and Dr. James Zaidan Resident Research Day- May 2018
Grady Memorial Hospital

Dr. Oluwaseun Odewole
Lower extremity pain in a patient with Non-ST-segment elevation myocardial infarction and acute exacerbation of congestive heart failure.

Drs. Kuna Okong, Hikma Jemal, and Oluwaseun Odewole
Systemic Lupus Erythematosus Presents as Myopericarditis with Pericardial Effusion

Dr. Vrati Parikh
Visual Hallucinations Secondary to Hypomagnesemia in a Patient Admitted for Acute Pancreatitis

Dr. Onyinye Iheaku & Ogechukwu Adekweh
Screening for Abdominal Aortic Aneurysm: Adherence to USPSTF Guidelines at Morehouse Comprehensive Family Healthcare Center (CFHC)

Department of Family Medicine Residency 10th Annual Resident Research Forum, June 13, 2018
Drs. Onyinye Iheaku, Ogechukwu Adekweh, & Ayan Ahmed
“Screening for Abdominal Aortic Aneurysm: Adherence to USPSTF Guidelines at the Morehouse Comprehensive Healthcare Center (C.F.H.C)”

Drs. Sarmed Al-Haddad & Shantae Mangaroo
“Relationship Between Vitamin D Supplements and Pain in African American Patients”

Dr. Erskine Hawkins
“Literacy & Diabetes”

Drs. Oluwaseun Odewole & Emmanuel Osinuga
“Quality of Diabetic Care Provided in the Morehouse Family Medicine Residents’ Clinic”

Publications
Dr. Oluwaseun Odewole
Marion, C. & Goel, S.
Case 6: Head Swelling After Hair Braiding in a 6-year-old Girl.
Resident Leadership
- Dr. Vrati Parikh served as a Resident Delegate to the Georgia Academy of Family Medicine Congress of Delegates.
- Dr. Monique Merritt-Atkins served as a Resident Delegate for the Resident Board of Directors of the Georgia Academy of Family Physicians.
- Dr. Tolani Olagunju began her tenure as a Resident Delegate for the Resident Board of Directors of the Georgia Academy of Family Physicians. She is still serving in this role.
- Drs. Onyinye Iheaku and Oluwaseun Odewole served as our Chief Residents.

Awards and Recognitions:
Our residents and faculty strive for excellence in all their endeavors. As such, they received numerous awards and recognitions during the 2017 – 2018 academic year.

Residents
Rodrick Stewart, DO
- MSM Family Medicine Residency Program Community Service Award, June 2018
- The Rising Star Award, June 2018

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

Onyinye Iheaku, MD, MPH
- MSM Family Medicine Residency Program Resident of the Year Award, June 2018

Ogechukwu Adekweh, MD
- MSM Family Medicine Residency Program Director’s Award for scholastic excellence and education in teaching fellow residents the art of Family Medicine, June 2018

Aaron Cooper, MD
- MSM Humanism in Teaching Award for the Department of Family Medicine. Awarded by the MS3 Class in July 2018.

Faculty
Peter Egbe, MD
- MSM Family Medicine Community Preceptor Award, June 2018

Yvonne Maduka, MD
- MSM Family Medicine Residency Program William H. Cleveland Faculty of the Year Award, June 2018

Walkitria Smith, MD
- MSM Family Medicine Residency Program Chairman’s Award, June 2018

Folashade Omole, MD
- MSM Family Medicine Residency Program Nelson McGee Award, June 2018

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” and vision to lead in the “creation and advancement of health equity” through involvement in numerous community service activities. Activities with the highest participation include volunteering at the Morehouse School of Medicine student run HEAL Clinic, numerous health fairs, and performing complimentary sports physicals for high school football teams. Our residents are also co-hosts with Dr. Charles Sow on the monthly radio talk show “For your Good.” 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. Finally, Dr. Kelsey-Harris traveled to Haiti as part of a Morehouse School of Medicine medical mission trip.

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
October 8, 2018

The Phoebe Family Medicine Residency was successful in recruiting eight residents for PGY 1 positions.

**2017-2018 Graduating Class:**

- Antwuan Allen, MD  
  Columbus, GA
- Shayla Curtis, MD  
  Fitzgerald, GA
- Kristen Krakovec, MD  
  Orlando, FL
- T. Daniel Smith, MD  
  Going into Sports Medicine Fellowship and then returning to Albany, GA
- Kim Ann Dang, MD  
  Going into Palliative Care Fellowship

With the 2017 ACGME approval to increase resident compliment from 15 to 24, the 2018 match brought 8 interns to the class of 2021. 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 we delivered our 22nd graduating class, bringing the total number of successfully trained Family Medicine physicians to 120, including 76 practicing here in Georgia. That number will be 78 once the 2 fellowship trained residents from last graduating class return to Georgia. All graduating residents have passed the American Board of Family Medicine Certification examination.

Phoebe has committed expand the clinic area in the family medicine center as well as the residents conference center located in the doctor's lounge. Construction is expected to begin before the end of the current academic year.

Respectfully,

George T. Fredrick, MD
Program Director, Phoebe Family Medicine Residency
The 2017-2018 academic year has continued to reflect change in the residency program and medical school here in Savannah under Dr. Robert Pallay’s direction. The far-reaching impact of being acquired by HCA, as yet, is only partially revealed, since the change in ownership took effect in February 2018.

Six residents graduated this year with five out of the six remaining in Georgia. Two of the graduates participated in the FM-ACT Program. Additionally, one of the graduates had a scholarship requiring practice in an underserved county in rural Georgia.

Several changes occurred in core faculty. Bonzo Reddick, M.D. continues to provide board review and now has a position shared between JC Lewis and the residency. Christina Kelly, M.D. resigned due to her husband’s military promotion resulting in his transfer. This has left another opening in the faculty. It has also impacted our OB coverage, and we are currently being covered for caesarian sections by the OB department.

We continue to emphasize education and work with social determinants of health. We have been excited that we were able, over the past year to initiate a program for care of the homeless. We have accomplished this in cooperation with JC Lewis Primary Healthcare, the Homeless Authority, and Gateway Behavioral Health. Recently, Mercer University Medical School has allowed their medical students to assist with homeless care. They have been pre-registering homeless patients or the clinics we hold on Wednesday morning. This has helped increase the number of people available to help. A formal medical student interest group is in the planning stages. We also plan to increase mental health pre-registration for the homeless clinics.

Multiple people have received awards and scholarships over the past year. These include:
- Natalie Britt, MD – 2018 Award for Excellence in GME presented by AAFP in recognition of a resident’s excellence and commitment to patients and the specialty of Family Medicine
- Kimberly Fordham, MD – Selected by the AAFP Family Medicine 2018 Emerging Leader Institute
- Christina Kelly, MD – Gold Humanism Award
- Rebecca Marshburn, MD - HEDI Scholar for STFM National Conference May 2018
- Candace Murbach, DO – High Performer Awardee for the 2018 Adolescent Immunization Best Practices Summit – July 2018
- Robert Pallay, MD – JC Lewis Primary Care Center Inspiration Award presented to FMRP August 2018

The main challenge for the new, upcoming year will be recruiting additional faculty. This will be especially true for recruiting family medicine doctors with obstetrics training. We are hoping to fill our three faculty vacancies as soon as possible.

Respectfully,

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

RECOMMENDATION(S): NONE
10/05/2018

Satilla MCG Rural Residency Program
Memorial Satilla Health, 1900 Tebeau St., Waycross, GA 31501

Annual Report GAFP Congress of Delegates

Accomplishments: The Rural Family Medicine Residency Program in Waycross, Georgia, sponsored by Medical College of Georgia in Augusta, has reached its 20th year since inception of the program in 1998. The hospital has changed hands twice during the past 6 years, however leadership for the residency program has remained the same. Dr. George Wheeler has been the Program Site Director since the initial start of the program. Goals to keep residents practicing in the state of Georgia have been achieved, reaching a current level of 54.5 percent overall. Graduates over the 20 year period total 33, with 18 remaining in Georgia.

Graduates from the past five years reflect 10 graduates with 60 percent remaining in Georgia. Below is a summary of those graduates and their current practice.

<table>
<thead>
<tr>
<th>Resident</th>
<th>Practice Type</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charlotte Coggins, MD</td>
<td>Hospitalist</td>
<td>Waycross, GA</td>
</tr>
<tr>
<td>John Riggs, MD</td>
<td>Outpatient</td>
<td>California</td>
</tr>
<tr>
<td>Joseph Beavers, MD</td>
<td>Hospitalist</td>
<td>Moultrie, GA</td>
</tr>
<tr>
<td>Chinmay Patel, MD</td>
<td>Outpatient, private practice</td>
<td>Valdosta, GA</td>
</tr>
<tr>
<td>James Kisselburg, MD</td>
<td>Hospitalist/Medical Director</td>
<td>Waynesboro, GA</td>
</tr>
<tr>
<td>David Nege, MBBS</td>
<td>Dept of Corrections</td>
<td>California</td>
</tr>
<tr>
<td>Iris Clark, MD</td>
<td>Outpatient, private practice</td>
<td>Statesboro, GA</td>
</tr>
<tr>
<td>Josh McCarthy, MD</td>
<td>Outpatient, private practice</td>
<td>Waycross, GA</td>
</tr>
<tr>
<td>Babu Chalam, MD</td>
<td>Urgent care</td>
<td>Colorado</td>
</tr>
<tr>
<td>Robert Medeiros, MD</td>
<td>Emergency med.</td>
<td>Alabama</td>
</tr>
</tbody>
</table>

Community involvement – residents annually are involved in the education of high school students thru a special instructional program called Teen Maze. In 2018, residents were involved over a period of 3 days teaching students the importance of avoiding negative behaviors and influences that could impact their future health and career opportunities.

Residents also participate annually in conducting sports physicals for schools in three (3) counties – Ware, Pierce, and Brantley.

Respectfully submitted,

Brent Waters, MD
Site Director
Satilla MCG Rural Residency Program

Recommendations: None
October 2018

2018 Annual Report for the WellStar Atlanta Medical Center Family Medicine Residency Program

We have now graduated 22 classes, with 60% of our graduates remaining in Georgia to practice. We had a successful match this year, filling all 6 positions with excellent medical school graduates. We had 2625 applicants for those 6 positions. These new interns are already performing quite well on their first two rotations.

WellStar has been very supportive of graduate medical education in general and has certainly helped our program. Our clinic continues to grow, and we hope to increase our patient volume by extending the hours we are open. To that end, we have hired one of our recent graduates to begin late hours in our clinic. We have also hired an RN to help with various duties.

The Morrow Clinic continues to work within the communities and over the past academic year our faculty, residents, and staff have completed several initiatives. A brief overview of a few is provided below:

Every year we pick local organizations to donate non-perishable food items during the Thanksgiving season and toys during the Christmas season. 2017 – 2018 was our third year organizing these events. Our goal is to donate to organizations in Clayton County, which is the main population we serve.

**Henry County School System Sports Physical Event**

The WellStar AMC Family Medicine Residency Program facilitated a Sports Physical Event with the Henry County School System. We provided physicals for the middle school and high school athletes. 10 of our physicians from our Morrow clinic volunteer their time, as well as 5 medical students from Ross University School of Medicine and 2 community volunteers. The Sports Physical Event was a wonderful successful and we completed over 250 sports physicals.

**Good Shepard**

Our residents also work in collaboration with the Good Shepard Clinic. Good Shepard is a non-profit clinic which provides no cost primary medical care to uninsured residents of Clayton County who have limited financial resources. Our second and third-year residents rotate there and are involved in direct patient care.

**Special Olympics**

Each year in October, we participate in Special Olympics Georgia. This year, we will participate in the annual Special Olympics Health Fair within the Dekalb County School System. Annually over 500 students with intellectual disabilities are assisted through this fair.

**J Charley Griswell Senior Center**

Our residents give talks, six times per year at the J Charley Griswell Senior Center in Clayton County. They do this during their geriatric rotation. The talks are on topics such as prostate health, healthy diets in seniors, and heart disease.

We continue to maintain full accreditation from the ACGME with no citations. Only about a third of Family Medicine residencies can claim this. Finally, all of our residents have passed their boards on their first attempt 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.

Respectfully submitted,

George W. Brown, MD
Program Director, Family Medicine Residency Program
WellStar Atlanta Medical Center
Report of the Residency Program for WellStar Kennestone Regional Center
September 2018

Congress of Delegates

The Annual Residency Program report for WellStar Kennestone Regional Center

1. Accomplishments, Activities, Issues:
   • Building a new family medicine residency program: “We must set a good tone for the program from today onward, it will be our job to take this program from its infancy and build a brand-new training program.”
   • Recruiting faculty
   • Recruiting residents
   • Faculty development
   • Building research opportunities
   • Being awarded the 2018 Georgia Department of Public Health Award for family physicians.

2. Any future policy recommendations that the GAFP should consider:
   • Faculty wellness
   • Resident wellness

Respectfully Submitted,

Viktoria Nurpeisov, MD
WellStar Kennestone Family Medicine Residency Program
Program Director

Recommendations: None
All members are encouraged to participate in the first session of the Congress of Delegates’ webinar on **Tuesday, October 23rd** to discuss these proposed policy changes. Click here to register [Congress of Delegates Webinar](https://example.com/register).

### I. GAFP Bylaws Update 2018

**Review and changes to the current Bylaws**

The Bylaws Committee group reviewed the GAFP Bylaws and suggested several grammatical changes to the following sections of the Bylaws:

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Section</th>
<th>Change(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>2</td>
<td>Change <em>prefer</em> to <em>profer</em></td>
</tr>
<tr>
<td>7</td>
<td>2</td>
<td>Remove <em>affiliate</em></td>
</tr>
<tr>
<td>7</td>
<td>7</td>
<td>The Family Medicine Interest Group from each allopathic and osteopathic accredited medical school <strong>physically located</strong> in the state….</td>
</tr>
<tr>
<td>7</td>
<td>9</td>
<td>Prior to the Reference Committee meeting published <strong>deadline</strong>, any member may submit resolutions…</td>
</tr>
<tr>
<td>7</td>
<td>9</td>
<td>Remove <em>commission and</em>…</td>
</tr>
</tbody>
</table>

**CHAPTER 6**

**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 *profer* charges against them in the form and manner herein after specified.

**CHAPTER 7**

**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 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.

**CHAPTER 7**

**SECTION 7:** The Family Medicine Interest Group from each allopathic and osteopathic accredited medical school **physically located** in the state shall have a total representation of (2) student delegates and (3) alternate delegates, each being from different Georgia medical school campuses, with elections by student members if needed; to the Congress of Delegates.

**CHAPTER 7**

**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 **published deadline** 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: Section 5: Last sentence – Remove the words or district chapter…
Chapter 8: Section 6: First sentence – Remove the words component chapter and replace with members

CHAPTER 8
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 members 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.

Chapter 9: Section 2: 2nd paragraph: 2nd sentence – Change the sentence to read, …full term shall be eligible to succeed them, except the Secretary, and Treasurer, and Vice President.

CHAPTER 9:
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, and Vice President. 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.

Chapter 10: Section 1: First sentence – Remove the words commissions and…

CHAPTER 10
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.

BYLAWS 2018

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
Purpose
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 GAFA. 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 exonation, 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, exonation, 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 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 physically located in the state shall have a total representation of (2) student delegates and (3) alternate delegates, each being from different Georgia medical school campuses, with elections by student members if needed; to the Congress of Delegates.

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 published deadline, 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 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 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 members 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, Treasurer, and Vice President. 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 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 these 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 unexpired 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 Finances. 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.

II. Online Patient Surveys and Reviews
Submitted by Catherine James-Peters, MD – Decatur, GA

WHEREAS, patients have been using Vitals, Healthgrades, Facebook and other online social media to harass, bully, defame and denigrate physicians. Physicians and all medical associations must prevent online bullying and harassment of physicians by patients and,

WHEREAS, online and clinical patient satisfaction surveys are used as tools to defame, denigrate, and harass excellent physicians who practice evidence-based medicine and,

WHEREAS, many physicians are experiencing depression, burnout and loss of employment due to defamatory patient satisfaction survey scores. Especially, when the physician adheres to evidenced based medicine regardless of the demands of a patient to go against evidenced based medicine by demanding unnecessary pain medication, narcotics combined with benzodiazepines, unnecessary labs or tests, and unnecessary antibiotics. Patients want what they want without understanding the risk of going against evidenced based medicine are more likely to disparage the physician who rightly chose evidenced based medicine and,


WHEREAS, some physicians have experienced loss of wages/incentive bonuses and loss of employment due to unfair and defamatory patient satisfaction surveys and,

WHEREAS, fear of poor patient satisfaction scores is forcing many physicians to practice mindless medicine wherein they give the patient whatever they want without meeting evidence-based medicine criteria, in other words, “the path of least resistance”, to avoid harassment by patients and administrators, and “corrective action” that can lead to termination and,

WHEREAS, more physicians will experience more burnout, possible suicide or choose other avenues of medicine to avoid being abused by patients and administrators, now, therefore be it

RESOLVED that, we as professional physicians will no longer tolerate patient satisfaction comments or scores due the unfair subjectivity and personal attacks unrelated to evidence-based medicine, and be it further

RESOLVED that, physicians are no longer subjected to employers taking incentive bonuses away, loss of employment, or threat of loss of employment due to unfounded patient complaints by forming a national advocacy group or labor group who will defend our jobs and reputations, and be it further

RESOLVED that, the Georgia Academy of Family Physicians work with that the American Academy of Family Physicians, the American Medical Association and the American College of
Physicians to develop a pathway for physicians to remove patient satisfaction website reviews or give physicians the option to remove their names from these websites without cost to the physician, and be it further

RESOLVED that, national physician organizations help physicians defend their reputation, regardless of privacy issues, once a patient has revealed their health information onto a social media platform.

**Background:**

How to respond to a negative online review
https://www.aafp.org/journals/fpm/blogs/inpractice/entry/how_to_respond_to_a_negative_online_review.html

If you find a negative review, it can be productive to respond. Although patients can write freely about their visit, physicians cannot do the same because of HIPAA regulations. A useful strategy for physicians is to simply and politely acknowledge the review with a statement that acknowledges what the patient experienced and offers to make amends.

This type of response can open up communication with the patient who wrote the review while letting others know that the physician is interested in hearing feedback and improving patient satisfaction.

Establishing and Protecting Your Online Reputation

Proactively building a positive Internet presence for your practice can blunt the effect of a few bad reviews.

Understand your legal options. If you see a review that you think is false, you can certainly request to have it removed. However, unless the review violates very specific review guidelines (e.g., hate speech or vulgarity) most review platforms will err on the side of the reviewer, freedom of speech, and so on, and will not remove the review from the website.

Legal action against the review website is difficult because of a federal law called the Communications Decency Act. The courts have determined that the provider or user of an online service cannot be considered the responsible publisher or speaker for third-party content.

Lawsuits against patients who post potentially defamatory reviews are also difficult to win in the United States because the First Amendment provides broad protection of freedom of speech. Filing a defamation lawsuit against a patient also brings a substantial risk of widespread bad publicity.

### III. Physicians Authority Over Prescribing

Submitted by Catherine James-Peters, MD – Decatur, GA

WHEREAS, physicians are forced to write scheduled drugs in singular or multiple combinations against evidenced based medicine, and

WHEREAS, in some institutions there is an unwritten policy wherein physicians are being harassed and threatened with loss of employment if they do not give patients the scheduled drugs that they want or claim that they take, or that they need and

WHEREAS, physicians are stripped of their right to make evidence based medical decisions to please the patient (consumer) and administrative personnel, and
WHEREAS, physicians incur all the risk of the legal ramifications of a bad patient outcome due to drug overdose or dangerous drug cocktail combinations. The physician may be subject to jail or lose their license while the administrative personnel absolve themselves of any accountability, and

WHEREAS, physicians are scared not to write controlled medications because of potential violent patients. “I don’t want to be killed” stated one physician, therefore, be it

RESOLVED that, the Georgia Academy of Family Physicians form an advocacy group to protect physicians from harassment and threats of termination from employers, along with a hotline for a physician to call for assistance and be it further

RESOLVED that, the Georgia Academy request the American Academy of Family Physicians work with the American Medical Association and the American College of Physicians to form a national advocacy group to protect physicians from harassment and termination threats from employers, along with a hotline for physicians to call for assistance and be it further

RESOLVED that, both the Georgia Academy and the American Academy develop educational materials for members on their right to refuse prescribing scheduled drugs for patient who do not qualify or in combinations or quantities that are not safe for the patient which include materials that physicians can give to their employers to avoid potential bullying, harassment or lawsuits as it can threaten a physician’s employment, and be it further

RESOLVED that, the Georgia Academy form a group to educate physicians on their right to protect their medical and DEA licenses and their employment, and be if further

RESOLVE that, the Georgia Academy advocate to teach employers to educate the patient that evidence-based medicine will be practiced at all times.

Background:
Physician Performance Reporting, Guiding Principles
https://www.aafp.org/about/policies/all/physician-performance.html

The American Academy of Family Physicians (AAFP) believes the primary purpose of performance measurement and sharing of results should be to identify opportunities to improve patient care. The benefit of measurement is the knowledge gained, so the improvement process can begin and be monitored over time. Ideally, any Physician Performance Reporting should:

   2. Provide physician performance reports/ratings to assessed physician within meaningful time periods and be compared against both peers and performance targets prior to being made public.
   3. Be transparent in all facets of physician measurement analysis

B. 1. Identify physicians that meet quality standards separately from their cost assessment
   2. Utilize appropriate and easy to understand designations for physicians who have special circumstances related to their assessments

C. 1. Provide a minimum of 90 days for physicians to review, validate, and appeal their payer’s performance report before public reporting.
   2. Immediately adjust physicians’ performance rating/designation(s) based upon a successful reconsideration or discovery of errors in the payer’s data analysis.
   3. Provide consumers adequate guidance about how to use the physician performance information and explicitly describe any limitations in the data.
The American Academy of Family Physicians opposes action that limits patients' access to pharmaceuticals prescribed by a physician using appropriate clinical training and knowledge, and opposes any actions by pharmaceutical companies, public or private health insurers, legislation, the FDA or any other agency, which may have the effect of limiting by specialty the use of any pharmaceutical product.

The AAFP believes that only licensed doctors of medicine, osteopathy, dentistry, and podiatry should have the statutory authority to prescribe drugs for human consumption.

Under physician supervision, physician assistants and advanced practice nurses may have the statutory authority to prescribe drugs for human consumption.

Pharmacists should not alter a prescription written by a physician, except in an integrated practice supervised by a physician or when permitted by state law.

In order to preserve patient confidentiality the Academy opposes any requirement that a diagnosis be placed on a prescription form. (1995) (2014 COD)

Chronic Pain Management and Opioid Misuse: A Public Health Concern (Position Paper)

Executive Summary

The intertwined public health issues of chronic pain management and the risks of opioid use and misuse continue to receive national attention. Family physicians find themselves at the crux of the issue, balancing care of people who have chronic pain with the challenges of managing opioid misuse and abuse. Pain is one of the oldest challenges for medicine. Despite advances in evidence and understanding of its pathophysiology, chronic pain continues to burden patients in a medical system that is not designed to care for them effectively.

Opioids have been used in the treatment of pain for centuries, despite limited evidence and knowledge about their long-term benefits, but there is a growing body of clear evidence regarding their risks. As a result of limited science, external pressures, physician behavior, and pharmacologic development, we have seen the significant consequences of opioid overprescribing, misuse, diversion, and dependence.

In the face of this growing crisis, family physicians have a unique opportunity to be part of the solution. Both pain management and dependence therapy require patient-centered, compassionate care as the foundation of treatment. These are attributes that family physicians readily bring to their relationships with patients. While our currently fragmented health care system is not well-prepared to address these interrelated issues, the specialty of family medicine is suited for this task.

The American Academy of Family Physicians (AAFP) is actively engaged in the national discussion on pain management and opioid misuse. Committed to ensuring that our specialty remains part of the solution to these public health crises, the AAFP challenges itself and its members at the physician, practice, community, education, and advocacy levels to address the needs of a population struggling with chronic pain and/or opioid dependence.
IV. Uncompensated Physician Care (Afterhours)
Submitted by Catherine James-Peters, MD – Decatur, GA

WHEREAS, many physicians are working an additional four to six hours after work and/or on weekends to complete charts, answer patient emails, address labs/diagnostics without compensation, and

WHEREAS, excessive time spent is burdensome and is leading to burnout and depression, therefore, be it

RESOLVED that, the Georgia Academy of Family Physicians educate our members on how to negotiate contracts to include overtime for completion of charts, and be it further

RESOLVED that, the Georgia Academy educate physicians on negotiating administrative time in their week to complete charting tasks to avoid extra hours after the scheduled work day, and be it further

RESOLVED that, the Georgia Academy of Family Physicians hold an open forum to discuss this issue, and be it further

RESOLVED that, the Georgia Academy request that the American Academy of Family Physicians hold a national forum to discuss the issue of uncompensated care that includes education to our members on how to seek appropriate compensation.

Background:

Employment Contracting
https://www.aafp.org/practice-management/payment/contracts.html
Five Key Elements of a Physician Employment Agreement

If considering a position as an employee of a hospital, health system, or physician group there are five basic elements of negotiation you should know. A health care transactional attorney can help you review a specific employment agreement in detail to be sure it is fair and appropriate and represents your best interests.

Employment Contract FAQs
Access Frequently Asked Questions

MACRA: A Guide for Employed Physicians
All you need to know about MIPS participation with the Making Sense of MACRA: A Guide for the Employed Physician Supplement.

Useful Tips for Physicians Negotiating an Employment Agreement

1. Physician Compensation
   • The compensation is comparable to physicians with similar skills and experience in your region
   • Access survey reports on physician compensation in your area (for example, from Merritt Hawkins(www.merrithawkins.com))
   • Ensure your base salary is guaranteed for as long as possible without adjustment. When joining a health system as part of a practice sale may be able to negotiate a longer period of guaranteed base salary (three to five years).
Specific requirements regarding all activities and metrics (e.g., productivity, quality, cost) that will affect your compensation are included in the employment agreement or in an established written policy.

• All benchmarks you will be measured against are stipulated in the employment agreement.
• Understand how your data will be collected and submitted.

**Incentive Compensation: What You Should Know**

If an employer offers a base salary plus incentive compensation, look closely at how you would qualify for incentive payments and how they’re calculated.

**AAFP Membership: Invest in Your Career**

When negotiating your employment contract, remember to include opportunities for professional support and development.

2. **Benefits**

In general, hospitals and health system employers offer a better range of benefits and more retirement options than private practices.

Employers typically provide the following:

• Health insurance for the employed physician (and possibly for family members)
• License fees
• Medical staff dues
• Stipend for continuing medical education (CME)
• Malpractice insurance (occurrence-based or claims-made coverage)
• Three to four weeks of paid time off (a benefit that typically combines vacation, CME time, and sick time)

Some employers may also offer the following:

• Retirement plan
• Moving expense allowance (if you’re taking a position in a different area)
• Educational loan forgiveness
• Paid sick leave (less common)

3. **Schedule and Call**

Be clear and open about your schedule expectations to ensure that they align with the employer’s requirements.

Payment for Non Face-to-Face Physician Services

https://www.aafp.org/about/policies/all/payment-services.html

Physician's Right Relative to Imposed Administrative Costs

https://www.aafp.org/about/policies/all/physicians-right.html

V. **Addressing Determinants of Maternal Mortality in Georgia**

Submitted by Angeline Ti, MD – Atlanta, GA

WHEREAS, the United States has the highest maternal mortality of any developed country, and increasing attention and funding is being directed towards the issue.

WHEREAS, in 2016 Georgia had the highest maternal mortality rate in the United States, at 29.3 deaths per 100,000 live births, with the rate for Black women 3.4 times higher than the rate for White women,
WHEREAS, current efforts to address maternal mortality in Georgia focus on addressing awareness and proximal causes, such as hemorrhage, hypertension and cardiac disease, be it

RESOLVED that, the Georgia Academy of Family Physicians (GAFP) work to address distal, social determinants of maternal mortality and racial disparities within maternal mortality in Georgia, through education and advocacy, and be it further

RESOLVED that, the GAFP advocate to relevant stakeholders for evidence-based measures shown to decrease maternal mortality such as access to contraception, doulas and labor support, and programs to address social determinants, and be it further

RESOLVED that, the GAFP provide online and in-person opportunities for members to explore and address implicit bias and its impact on health care.


The Georgia Maternal Mortality Review Committee (MMRC) has completed case reviews and has released two reports of its findings for 2012 and 2013. The MMRC report provides:
- An overview of reviewed cases
- Prenatal/Intrapartum factors associated with maternal mortality
- Causes of pregnancy-related deaths
- Opportunities for prevention
- Recommendations

This initiative was a result of collaboration between the Georgia Department of Public Health (DPH), the Georgia Obstetric and Gynecological Society and Centers for Disease Control and Prevention (CDC).

The support of the Georgia General Assembly and Governor with the passage of SB 273 laid the foundation for this work by providing legal protections for committee members and the review process, ensuring confidentiality of the review process and providing the committee with the necessary authority to collect data for case review.

The findings of this report have been presented to Georgia Academy members as educational activities through the following venues:

Grand Rounds at Family Medicine Residency Programs, Live CME meetings including both the Summer and Annual CME events, webinars and newsletters https://www.gafp.org/public-health-spotlight-maternal-mortality-report/

VI. Addressing the Opioid Epidemic in Primary Care
Submitted by Angeline Ti, MD – Atlanta, GA

WHEREAS, in 2016, Georgia ranked 11th among the United States in prescription opioid deaths with 8.8 deaths per 100,000 Georgians,

WHEREAS, providers in Georgia wrote 77.1 opioid prescriptions per 100 people, but in the bottom 13 states with the lowest share of buprenorphine prescriptions funded by Medicaid.

WHEREAS, current efforts from the state and CDC are focused on increasing awareness and decreasing risky prescription practices, including alternatives to opioids for chronic non-cancer pain, be it
RESOLVED that, the Georgia Academy of Family Physicians (GAFP) increase member education around safe prescribing practices, and medication assisted therapy such as buprenorphine training, and be it further

RESOLVED that, the GAFP advocate to relevant stakeholders to increase patient access to affordable medication assisted therapy, and be it further

RESOLVED that, the GAFP advocate to relevant stakeholders to increase patient access to evidence-based non-pharmacologic modalities for pain control.

**Background:** Buprenorphine and substance abuse training has been offered to GAFP members at CME events over the last five years, including lectures at our Annual Meeting in 2013 and 2017 as well as a research poster in 2014. Additionally, the GAFP has offered lectures on the prescription drug monitoring program, CDC opioid prescribing guidelines, opioid abuse and street drugs, and prescribing safety at our Annual and Summer Meetings in 2017.

Additional information: AAFP Chronic Pain Management Toolkit

Chronic pain is common in the United States, with approximately 11% of the population reporting daily pain. The use of pain medications has increased dramatically, with the sales of prescription opioids quadrupling from 1999 to 2014. Opioid misuse and abuse rates have also increased, leading to a rise in both opioid overdoses—at least half of which are attributed to prescription medications—and morbidity and mortality. Numerous groups—including the AAFP, other medical societies, the National Academy of Medicine (NAM) (formerly the Institute of Medicine), and the U.S. Congress—are emphasizing the need to improve chronic pain care.


**Pain Management & Opioid Abuse Resources**

Chronic pain represents a substantial public health issue with tremendous economic, social, and medical costs. As the percentage of the U.S. population utilizing opioid analgesics for pain control grows, so do the rates of abuse, misuse, and overdose of these drugs. The American Academy of Family Physicians (AAFP) recognizes the seriousness of the prescription drug abuse problem in the United States. As a medical organization, we must address the ongoing public health responsibility to provide adequate pain management.

The AAFP is actively working toward addressing pain management and opioid abuse problems in the U.S. through advocacy, collaboration, and education.

VII. **Require Integration of PDMP into EHRs**  
Submitted by Kevin E. Johnson, MD – Lawrenceville, GA

WHEREAS, the use of the Georgia State Prescription Drug Monitoring (PDMP) is a requirement of all practitioners who prescribe controlled substances in the state due to the current epidemic of narcotic abuse and is an important patient safety measure.

WHEREAS, Electronic Health Records (EHRs) have been shown to place an undue burden and worsen fatigue and burnout among physicians, and additional requirements for documentation and interaction with stand-alone PDMP system creates further patient safety and liability concerns, along with potential risk of criminal penalties for physicians.

WHEREAS, failure by EHR vendors to integrate GA PDMP into their workflows has created further hardships on physicians which may result in risk to patient health due to provider errors.
and workflow issues that could be resolved and should be part of the solution to the current narcotic abuse epidemic and not part of the problem. Be it

RESOLVED that, EHR vendors should be equal partners with physicians in addressing the important public health concern and should take immediate steps to assure all products sold or maintained in the state of Georgia integrate direct 2-way communication with and documentation from the Georgia PDMP. Be it further

RESOLVED that, the GAFP put forward and advocate for a resolution for consideration by state legislators with the backing of this body for a law to require that all EHRs currently sold or requiring an ongoing payment for maintenance by any EHR company doing business in the state of Georgia be required to demonstrate full integration with the PDMP including login, search, reporting and documentation to meet compliance with GA code Section 16-13-26 to the Georgia Department of Public Health no later than December 31, 2019, with appropriate fiscal and criminal penalties for companies and leadership thereof to assure compliance.

Background:
Information Technology Used in Health Care
https://www.aafp.org/about/policies/all/information-technology.html

The American Academy of Family Physicians recommends that Congress:
• Use federal incentives to support a system of “Connected Patient Centered Medical Homes,” electronically connecting patients with their family physicians and other medical-home providers in communities throughout the U.S. It is time to recognize that over 80 percent of health care is delivered in doctors’ offices, and to apply modern HIT in those settings.
• Provide upward payment adjustments to physicians who can demonstrate that they use Electronic Health Records (EHRs) for care coordination, disease management, referrals, e-prescribing, and for communications with patients and other doctors. Conversely, physicians without an HIT system should not be penalized with negative payment adjustments.
• Extend targeted federal financial support for HIT to physicians who are serving the underserved or those at risk for health disparities. These vulnerable populations would benefit particularly from a system of connected patient centered medical homes.
• Support private sector efforts to apply uniform standards for portability and interoperability to the exchange of health information. While a long-term goal has been to establish a National Health Infrastructure, this goal could be accomplished in a more simple and efficient way by using the Internet.
• Ensure privacy protections apply to all parties who store, organize, manage, and transfer patients’ personal health information, not only to HIPAA-covered entities. (2007) (2017 COD)

CMS Urges EHR Integration of PDMP Data to Reduce Provider Burden

June 12, 2018 - State Medicaid programs should improve EHR integration of prescription drug monitoring program (PDMP) data to reduce provider burden and allow healthcare organizations to easily track patient information related to opioid use, stated CMS Acting Director Tim Hill in a June 11 letter to state Medicaid directors.

The letter provided guidance to states about which funding authorities are able to support health IT, EHR technology, and health data exchange for the purposes of reducing opioid misuse. This letter is one of several CMS resources recently issued to accelerate progress on addressing the opioid crisis.

Dig Deeper

PDMPs that are declared specialized registries ready to accept data for the purposes of meaningful use requirements are eligible for this enhanced federal funding and may claim 90 percent HITECH
match for costs related to the design, development, implementation, and connection of PDMPs. In addition to reducing provider burden, integrating PDMP data into EHRs may also improve the overall effectiveness of PDMPs. Hill cited a 2016 study from the New England Journal of Medicine (NEJM) that found PDMP use alone is not as effective as a PDMP deployed along with well-designed clinical workflows.

Integrating PDMPs with health information exchanges (HIEs) could further improve clinical decision-making, Hill wrote. By connecting to an HIE, states can further integrate PDMP data with pharmacy data, shared care plans, drug utilization review programs, EMS data, medication assisted therapy data, advanced directives, and other EHR data.

States can also leverage federal funding opportunities for PDMP development through the Managed Registry business process in Medicaid Information Technology Architecture (MITA.) MITA allows states to support specialized registries that receive an individual’s health outcomes information, prepare information, prepare updates for a specific registry, and supply information in response to inquiries.

In addition to EHR integration of PDMPs, Hill also offered guidance related to advanced data analytics and public health data, technologies for coordinating care and increasing access to care, and enhanced statewide interoperability.

Opioid epidemic: UNC Health Care to integrate Epic EHR with state's PDMP

The University of North Carolina Health Care at Chapel Hill announced plans to integrate its Epic EHR with the state’s controlled substance reporting system. UNC Health says the move will help tackle the opioid problem and save clinicians time.

UNC, in so doing, joins the growing ranks for providers aligning with Prescription Drug Monitoring Program efforts to fight back against the opioid epidemic. Indiana, for instance, said in 2017 it would integrate electronic health records software with its Inspect platform to better track prescribing of controlled substances statewide.

In January 2018, Nebraska became the first state to require all drugs to be reported to its PDMP and, in that same month, Ochsner Health System, in New Orleans, integrated opioid monitoring within its Epic EHR.

PDMPs are among the tactics hospital leaders, technology vendors, as well as state and federal policymakers are taking to address the growing opioid epidemic. What had been a 13-step process is now three steps for providers to confirm prior controlled substance prescriptions.

The functionality provides clinical information necessary, such as the drugs prescribed, number of prescribers, and different pharmacies a patient has used, to help ensure that opioids and other controlled substances are not prescribed inappropriately.

VIII. Fair Payment from Medicaid for Adult Flu Shots
Submitted by Willard (Alex) Snyder, Jr., MD – Brunswick, GA

WHEREAS, Medicaid does not pay for the administration of adult shots

WHEREAS, flu shots are a MIPS criteria

WHEREAS, doctors lose money on each shot despite any Group Purchasing Agreement, be it
RESOLVED that the Georgia Academy of Family Physicians make it a priority to lobby state government to pay for administration.

**Background:** Georgia Medicaid CMOs do pay for an administrative fee for adult flu vaccinations. However, Medicaid fee-for-service does not pay an administrative fee. [https://www.crackingthecodestraining.com/files/resources/Medicaid-States/GA.pdf](https://www.crackingthecodestraining.com/files/resources/Medicaid-States/GA.pdf)

Administration Fee
Publicly-supplied VFCa Billing
Privately-purchased Adult Billing
Adult Coverage Policy

Primary Care Enhanced (PCE) payment: 90460 - $21.93; 90471 and 90473 - $23.54; 90472 and 90474 - $11.981 Non-PCE payment: 90460 and 90471 – 90474 $10.00 PeachCare for Kids® Fee for Service Providers - $18.501

**IX. Internal Policy Review: GAFP PAC Board**
The PAC strives to increase its annual contributions by 20 percent annually.
*Policy Date: 11/11/2007*
*Re-adopted as edited 11/2015*
*The Policy Review Team recommended approving the policy as is.*

Each year the Speaker, Vice Speaker, and the Board Chair (or the Board Chair’s designee from the Executive Committee) will meet no later than June to review one-third of the active GAFP Policies as compiled in the GAFP Policy Manual. The Policy Manual is a compilation of Congress of Delegates and Board of Directors' approved policies.

The group will make recommendations for each policy to be either:
1. Archived (no longer needed)
2. Re-adopted (as written)
3. Re-adopted (as edited)

All active policies will be reviewed on a rotating basis but no later than every 3 years.

*The Board policies will be brought to the August Board meeting for final review and approval.*
*The COD policies will be brought to the COD annual meeting in the Board Chair’s report, as an action item to review and approve.*
*Policy Date: 11/15/2009*
*Re-adopted as written 11/2015*
*The Policy Review Team recommended approving the policy as edited.*

**XI. Member Attendance-at GAFP Committee Meetings**
The Georgia Academy of Family Physicians will allow any interested members to attend all meetings of boards and committees in person in order to allow all **members** to have the opportunity to be informed on the workings of our Academy and educate themselves to the issues that affect us all, and;

*The Board Secretary will work with staff to create an expedited review of Board minutes so that all members have the ability to review the leadership decisions within one month following the meeting.*
All attending members may participate in discussions as non-voting members if not appointed to the committees or boards they are attending at the purview of the Chair. (as outlined in The Standard Code of Parliamentary Procedure)
Policy Date: 11/16/2014
Re-adopted as written 3/2015
The Policy Review Team recommended approving the policy as edited.

XII. External Policy Review: Annual Dilated Retinal Exam
Original resolution: Be it resolved that the recommendation be made requesting the Executive Board of the GAAFP open discussion with the Executive Boards of the Ophthalmologists and optometrists to facilitate the standard of care practice that proper documentation must be sent to the patient’s primary care physicians after each visit.

Edited resolution: Encourage Ophthalmologists and optometrists to facilitate the standard of care practice that proper documentation must be sent to the patient’s primary care physician after each visit.
Policy Date: 11/13/2011
Re-adopted as written 11/2015
The Policy Review Team recommended approving the policy as edited.

XIII. External Policy Review: Increase in Tobacco Excise Tax
The Georgia Academy of Family Physicians (GAAFP) support an increase in the tobacco excise tax and revenue received should be dedicated to healthcare improvements.
Policy Date: 11/12/2002
Re-adopted as written 8/2015
The Policy Review Team recommended approving the policy as is.

XIV. External Policy Review: Scope of Practice by Non-Physicians
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.
Policy Date: 12/2/2001
Re-adopted as written 8/2015
The Policy Review Team recommended approving the policy as is.

XV. External Policy Review: Tort Reform
The GAAFP continue to make tort reform a top legislative issue.
Policy Date: 11/14/2004
Re-adopted as written 8/2015
The Policy Review Team recommended approving the policy as is.
Georgia Academy of Family Physicians
50th Annual Congress of Delegates
Specializing in You!

Minutes
Second Session of the 49th Annual Congress of Delegates DRAFT

Saturday, October 28, 2017
Woodruff Ballroom – Westin Buckhead, Atlanta, GA

Members Present:
District 1: Drs. Angela Gerguis and Christina Kelly; District 2: Drs. Michael Satchell and Emantavious Williams; District 3: Drs. Beulette Hooks, Alice House, Evelyn Lewis&Clark, Chetan Patel, Beverley Townsend, Deborah Travis-Honeycutt and Alternate Delegate Dr. James Hagler; District 4: Drs. Amy Bailey, Karla Booker, Lind Casteel, Carmen Echols, Peaesha Houston, Kevin Johnson, Kris Manlove-Simmons, Harold Moore and Susan Thomas; District 5: Drs. Gena Mastrogianakis, Jeffrey Stone, and Chris Wizner; District 6: Dr. John Vu; District 7: Drs. John Desmond and Leonard Reeves; District 8: Drs. Tom Fausett and Jonathan Wade; District 9: Speaker Donald Fordham, MD, Vice-Speaker Samuel “Le” Church, and Drs. Daniel Gordon, Monica Newton and Anne Todd; District 10: Drs. Edward Agabin, Jonathan “Mitch” Cook, Jacqueline DuBose, Sean Lynch, Charlton Pickett and Ashley Saucier; District 11: Drs. Susana Alfonso, Teresa Lianne Beck, Michelle Cooke, Wayne Hoffman, Riba Kelsey-Harris, Thaddeus Lynn, Yuan-Xiang Meng, Michael Obiekwe, LaJune Oliver, Folashade Omole, Wilhelmina Prinsen, and Mitzi Rubin; Family Medicine Residency Programs (3 voting): Dr. Priya Gulati (Emory), Dr. Joshua Koerner (Gwinnett), Dr. Vrati Parikh (Morehouse) and Alternate Delegate Dr. Blair Funk (Emory); Family Medicine Medical Schools Programs (3 voting): Chivon Brown-Stubbs (Morehouse), Angela Holder (Augusta University/Athens Campus) and Ronke Olowojesiku (Medical College of Georgia at Augusta University).


AAFP Board of Directors Representative: John Bender, MD.

Staff Present: Fay Fulton and Alesa McArthur.

I. All Member Assembly and AAFP Board Update
Speaker Donald Fordham, MD called the meeting to order, welcomed everyone to the 49th meeting of the Congress of Delegates, and asked for introductions to be made. AAFP Board Representative, Dr. John Bender, gave the Congress an update on the key activities of the American Academy of Family Physicians. Speaker Fordham thanked the over 200 volunteers of the Georgia Academy and explained the order of business for the final session of the Congress of Delegates. He also reminded all delegates to review the committee reports in the COD manual and note what transpired during 2017 to complete the actions of the 2016 resolutions.

II. Pledge of Allegiance and Induction of Officers
Speaker Fordham 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 came to the dais to be sworn in:

President Elect: Dr. Donald Fordham, Demorest
Vice President: Dr. Susana Alfonso, Atlanta
Treasurer: Dr. Sharon Rabinovitz, Decatur
Speaker: Dr. Jeff Stone, Canton
Georgia Academy of Family Physicians  
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Vice Speaker: Dr. Chris Wizner, Temple  
Director, District 6: Dr. John Vu, Griffin  
Alternate, District 1: Dr. Angela Gerguis, Statesboro  
Alternate, District 3: Dr. Dan Singleton, Buena Vista  
Alternate, District 7: Dr. Pamela Obi, Rome  
AAFP Delegate: Dr. Beullette Hooks, Midland  
AAFP Alternate Delegate: Dr. Karla Booker, Lilburn  
AAFP Alternate Delegate: Dr. Mitzi Rubin, Atlanta

*Speaker and Vice Speaker nominations are for the 2018 Congress of Delegates.

Following the induction of these officers, Dr. Loy D. “Chip” Cowart of Statesboro came to the dais to be sworn in as President.

Two additional nominees were put forth, Dr. Richard Wherry, Dahlonega, and Dr. Ambar Kulshreshtha, Atlanta, 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 John Bender, MD, assisted by GAFP leadership, awarded the designation of “Fellow” to eligible GAFP/AAFP members: Drs. Dereje Aboye, Pamella Charles-Pryce, Jacqueline DuBose, Thomas Fausett, Jay Goberdhan, Bidemi Olaniyi-Leyimu, Jatin Pithadia, Wilhelmina Prinssen, Anne Gaglioti, and Allison Key.

IV. Awards Presentations
Several awards were given out at the Congress of Delegates this year. Dr. Mitzi Rubin presented John Bucholtz, DO with the Educator of the Year Award and he was present to address the Congress. She also awarded Samuel “Le” Church, MD with the Family Physician of the Year Award and he, also in attendance and serving as Vice Speaker.

Outgoing President Dr. Eddie Richardson gave out two of his President’s Awards: one to his practice administrator, Ms. Martha Curry, for her untiring assistance to his practice, and the other to his mother, Ms. Laverne Richardson, for always being there for him.

V. Omega Report
After a break when all guests left the room, including guests of awardees and Georgia Academy member guests, Speaker Fordham asked all Delegates to stand for a moment of silence while the GAFP members who had died over the past year were remembered: Drs. William Robert Camp, Henry Tucker Clay, Harmer O Eason, Jr, Jesse Ray Grant, Julia Ellen Hendrich, Milton I. Johnson, Jr., Past Georgia Academy President, Dinshaw Sidhwa, Wells Riley, Past Georgia Academy President and William R. Wills, Jr.

VI. Quorum Call
Speaker Fordham inquired to the Credentials Committee Chair Beverley Ann Townsend, MD about a quorum. Dr. Townsend confirmed that a quorum was present with 58 delegates in attendance and all districts represented.

VII. Minutes of the 48th session of the Congress of Delegates
The Congress of Delegates minutes from the 48th session were presented for approval and were passed by a unanimous vote.
VIII. Resolutions
Dr. Fordham announced that all 2016 resolutions were acted on appropriately, and that the 2017 resolution items were heard at a Joint Reference Committee meeting via conference call on Thursday, October 5.

Item 1-Resolution 1: Recognition of Physicians as Physicians across all Healthcare Entities (Submitted by Beverly Ann Townsend, MD)

Item 2-Resolution 2: Support Cesarean Section Privileges for Family Physicians (Submitted by Omoniyi Yakubu Adebisi, MD)

Item 3-Resolution 3: Expansion of Telemedicine and Electronic Resources (Submitted by Teresa Lianne Beck, MD)

Item 4-Resolution 4: Policy Considerations GA HB 249 Regarding Controlled Substances and Collecting More Information Regarding Dispensing and Use (Submitted by Kevin E. Johnson, 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 Fordham asked the Congress if they had any items that they would like to extract from the Reference Committee Report. Speaker Fordham called Drs. Alice House and Tom Fausett, Co-Chairs of the Reference Committee, to the podium to provide an overview of the resolutions being presented to the body. Item 1 was called out.

Item 1 – Resolution 1: Recognition of Physicians as Physicians across all HealthCare Entities
Original Resolution
Sponsored by Beverley Ann Townsend MD, of Midland,

the resolved portions which are printed below:

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.

RECOMMENDATION: The reference committee recommended that Resolution No. 1 be adopted as amended below:

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

**COD Action:** There was some discussion back and forth about this resolution as amended. The general consensus was that the Georgia Academy is not able to dictate what others will promote or can say, including the AAFP.

An additional amendment was proposed which was stated as below:

**Be it further resolved,** the GAFP advocate the AAFP to adopt a similar resolution.

It was brought to a vote to add this fourth clause, which passed.

The final resolution, which passed, reads as follows:

**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.

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

**Be it further resolved,** the GAFP advocate the AAFP to adopt a similar resolution.

X. **Consent Calendar Approval**

The Congress then took up the rest of the items placed on the consent calendar from the 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 2 – Resolution 2: Support Cesarean Section Privileges for Family Physicians**

*Original Resolution*

Sponsored by: Omoniyi Yakubu Adebisi MD, of Tallapoosa, the resolved portions which are printed below:

**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 hospitals 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/obstetrician.
RECOMMENDATION: The Reference Committee recommended that Resolution No. 2 not be adopted, that this policy be filed for information, and outreach to Dr. Adebisi for follow up.

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

B. Item 3 – Resolution 3: Expansion of Telemedicine and Electronic Resources

Original Resolution
Sponsored by: Teresa Lianne Beck, MD, FAAFP, of Atlanta, Program Director, Emory Family Medicine Residency Program, the resolved portions which are printed below:

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.

RECOMMENDATION: The Reference Committee recommended that Resolution No. 3 be adopted as amended:

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 resolved that the Georgia Academy outreach to the Medical Association of Georgia asking that they coordinate and advocate 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 that the Georgia Academy outreach to the Medical Association of Georgia to continue to advocate for the removal of any and all barriers to the provision of telemedicine and telehealth services.

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

C. Item 4 - Resolution 4: Policy Considerations GA HB 249 Regarding Controlled Substances and Collecting More Information Regarding Dispensing and Use

Original Resolution
Sponsored by Kevin E. Johnson, MD, FAAFP, of Lawrenceville, Program Director, Gwinnett Family Medicine Residency Program, the resolved portion of which is printed below:

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

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

COD action: The COD voted to file this resolution for information.
D. Item 5-Board Chair’s Report:

**RECOMMENDATION:** The Reference Committee recommended that the 2017 Board Chair’s report, and all other reports in the 2017 COD Handbook, **be accepted as presented,** and thank outgoing Board Chair Dr. Rubin for her 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 and on the GAFP website.

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

XI. New Business

XII. Adjournment

There being no further business for the Final Session of the 49th meeting of the Congress of Delegates, the meeting was adjourned.