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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   External Policy Review: GAFP Mission Statement
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Georgia Academy of Family Physicians

51st Annual Congress of Delegates – 1st Session
Thursday, October 17, 2019
Webinar/Teleconference

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**COD Orientation Call Agenda**

**Thursday, October 17 – 5:00 – 6:00 pm**

I. Orientation and Welcome  
Carl McCurdy, 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  
Beulette Hooks, MD - Parliamentarian

IV. Reference Committee Review  
Carl McCurdy, MD - Speaker

IV. Parliamentary Procedure Review  
Beulette Hooks, MD - Parliamentarian

V. Resolutions  
Carl McCurdy, MD - Speaker

VI. Questions

**COD 1st Session Call Agenda**

**Thursday, October 17 – 6:00 – 9:00 pm**

I. Welcome and Introduction of Call Leaders  
Carl McCurdy, MD - Speaker

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

III. Review of Resolutions A-E  
Anne Todd, MD  
Reference Committee Co-Chair

IV. Review of Resolutions F-J  
Mike Busman, MD  
Reference Committee Co-Chair

V. Wrap Up and Next Steps  
2nd Session Reminder (November 16th – 8am)  
Carl McCurdy, MD
Georgia Academy of Family Physicians
51st Annual Congress of Delegates – 2nd Session
Saturday, November 16, 2019
Evergreen Marriott Conference Resort
8:00 am
(Breakfast will be served)

Agenda

8:00 am – 8:30 am
Delegates & Alternate Delegates Registration/Review Reference Committee Report

8:30 am – 12:30 pm
Call to Order and Welcome Carl McCurdy, MD – Speaker
Pledge of Allegiance Carl McCurdy, MD – Speaker
Board Chair Remarks Loy “Chip” Cowart, MD – Board Chair
President’s Remarks & Recognition of Past Presidents Donald Fordham, MD - President
Introduction and Remarks of Honored Guests Carl McCurdy, MD – Speaker
Russel Kohl, MD - AAFP Board Designee
Installation of Officers Russel Kohl, MD - AAFP Board Designee
Installation of President Bruce Bagley, MD – Former AAFP President
GAFP President – Inaugural Address Jeff Stone, MD
GAFP Family Physician of the Year Award Alice House, MD
Fellows’ Convocation Ceremony Russel Kohl, MD - AAFP Board Designee
All Member Assembly

BREAK

Parliamentary Procedure Review and Orientation for Delegates Beulette Hooks, MD - Parliamentarian
Omega Report Carl McCurdy, MD – Speaker
Congress of Delegates Introductions Carl McCurdy, MD – Speaker
Quorum Call Carl McCurdy, MD – Speaker
GHFA Trustee Vote

51st GAFP Congress of Delegates Action Calendar

Vote of Consent Calendar
Congress of Delegates Schedule

Thursday, October 17, 2019

First Session of the Congress of Delegates
6:00 pm
Via Webinar and Teleconference
Register here: COD First Session 2019

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

Saturday, November 16, 2019

Evergreen Marriott Conference Resort
Stone Mountain, GA

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

Officers' Induction
9:00 am
Ballrooms E-G

Fellows Convocation Ceremony
9:30 am
Ballrooms E-G
### 2019 District Delegates as of 10/10/19

**Speaker:** Carl McCurdy, MD, FAAFP  
**Vice Speaker:** Samuel “Le” Church, MD, MPH, FAAFP

#### District 1 Delegates
- Loy "Chip" Cowart, MD  
- Anthony Foley, MD  
- Mah-Fri Fomukong, MD  
- Angela Gerguis, MD  
- Peter Rives, MD

#### District 2 Delegates
- Mike Busman, MD  
- Zita Magloire, MD  
- Laura Guadiana-Sanchez, MD  
- Michael Satchell, MD

#### District 3 Delegates
- Donald Griffin, MD  
- Alice House, MD  
- Shika Shah, MD  
- George Shannon, MD  
- Jagdish Shukla, MD  
- Daniel Singleton, MD

#### District 3 Alternates:
- Joy Adegbile, MD  
- Shawnte Hall-Kraft, MD  
- Beulette Hooks, MD  
- Tamara Lewis, MD  
- Michael Sims, MD  
- Beverley Ann Townsend, MD

#### District 4 Delegates
- Ruth Adene-Peter, MD  
- Andrea Andrews, MD  
- Jody Bahnmiiller-Brasil, MD  
- Amy Bailey, MD  
- Emily Herndon, MD  
- Hira Kohli, MD  
- Vera Reaves, MD  
- James Short, MD  
- Tina Ann Thompson, MD

#### District 4 Alternate:
- Monica Parker, MD

#### District 5 Delegates
- Shameeka Hunt-McElhaney, MD  
- Allison Key, MD  
- Jiyo Shin, MD  
- Carolyn Smallwood, DO  
- Irshad Syed, MD

#### District 6 Delegates
- Tameka Byrd, DO, MPH  
- Monique Davis-Smith, MD  
- Sandhya Ramayya, MD  
- Eddie Richardson, MD  
- Bert Wall, MD

#### District 6 Alternate:
- Brandan Worms embacher, MD
**District 7 Delegates**
John Desmond, MD
Christina Douglass, MD
Pamela Obi, MD
Leonard Reeves, MD
Stephanie Stutz, DO

**District 7 Alternate:**
Kelly Culbertson, MD

**District 8 Delegates**
Thomas Fausett, MD
Jay Floyd, MD
Richard Wheeler, MD

**District 8 Alternate:**
Jairaj Goberdhan, MD
Eugene Jackson, MD

**District 9 Delegates**
Samuel “Le” Church, MD
Trey Gunter, MD
Philip Kimsey, MD
Carl McCurdy, MD
Monica Newton, DO, MPH
Nkiruka Udejiofor, MD

**District 10 Delegates**
Edward Agabin, MD
Julie Dahl-Smith, DO
Jacqueline DuBose, MD
Joseph Hobbs, MD
Stalina Gowdie, MD

**District 11 Delegates**
Susana Alfonso, MD
Marva Ayers, MD
Teresa Beck, MD
Michelle Cooke, MD
Elvan Daniels, MD
Kim Eubanks, MD
Wanda Gumbs, MD
F. Kennard Hood, MD
Riba Kelsey-Harris, MD
Hogai Nassery, MD
Jun Ro, MD
Priya Shah, MD

**Resident Delegates:**
Babatunde Ajibola, MD - Houston FMRP
Oluwole Akintayo, MD – Morehouse FMRP
Tarah Henderson, MD - Phoebe FMRP
Julie Kostanjevec, MD – Gwinnett Medical FMRP
Philomise Moncion, MD – Navicent Health FMRP
Jemese Richards-Boyd, MD – Wellstar Atlanta FMRP

**Student Delegates:**
Chinomnso Ekeke - Morehouse School of Medicine
Caleb Swindell - Mercer University School of Medicine
Catherine Waldron - Memorial Health - Savannah
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*
1949-50 James B. Kay, MD*
1950-51 Walter W. Daniel, MD*
1951-52 Albert R. Bush, MD*
1952-53 Peter Hydrick, MD*
1953-54 H.L. Cheves, MD*
1954-55 George H. Alexander, MD*
1955-56 Walter G. Elliot, MD*
1956-57 Maurice F. Arnold, MD*
1957-58 Fred H. Simonton, MD*
1958-59 Sage Harper, MD*
1959-60 Ben K. Looper, MD*
1960-61 Joseph Mercer, MD*
1961-62 Charles McArthur, MD*
1962-63 W. Frank McKemie, MD*
1963-64 Albert L. Moms, MD*
1964-65 James H. Milford, MD*
1965-66 Donald W. Schmidt, MD*
1966-67 Robert Mainor, MD*
1967-68 Robert E. Huie, MD*
1968-69 Irving D. Hellenga, MD*
1969-70 Thomas A. Sappington, MD*
1970-71 Robert D. Walter, MD*
1971-72 George E. Mixon, MD*
1972-73 Ollie O. McGahee, Jr., MD*
1973-74 Edwin E. Flournoy, Jr., MD
1974-75 James C. Dismuke, Jr., MD*
1975-76 Wells Riley, MD*
1976-77 H. Gordon Davis, MD
1977-78 Stephen C. May, Jr., MD*
1978-79 Milton I. Johnson, Jr., MD*
1979-80 Robert A. Pumpelly, Jr., MD*
1980-81 Tommy K. Stapleton, MD*
1981-82 Guerrant H. Perrow, MD*
1982-83 David S. Sowell, MD
1983-84 John Ed Fowler, MD*
1984-85 Andrew P. Morley, Jr., MD
1985-86 Lanny R. Copeland, MD
1986-87 Ernest J. Jones, MD

1987-88 Howard Vigrass, MD
1988-89 Richard A. Wherry, MD
1989-90 Paul D. Forney, MD
1990-91 S. Catherine Huggins, MD
1991-92 D. Robert Howard, MD*
1992-93 Darrell L. Dean, DO
1993-94 Keith E. Ellis, MD
1994-95 John S. Antalis, MD
1995-96 George W. Shannon, MD
1996-97 Dee Brown Russell, MD
1997-98 Tanya Y. Jones, MD
1998-99 William F. Bina, MD
1999-00 Ralph Peeler, MD
2000-01 M.J. Collier, MD
2001-02 Fred S. Girton, MD
2002-03 Eugene H. Jackson, MD
2003-04 D. Ann Travis Honeycutt, MD
2004-05 Robert B. Hash, MD
2005-06 Susan C. Margletta, MD
2006-07 Alice R. House, MD
2007-08 Bruce M. LeClair, MD
2008-09 Howard C. McMahan, MD
2009-10 Leonard D. Reeves, MD
2010-11 Harry S. Strothers, MD
2011-12 Beullette Y. Hooks, MD
2012-13 Jonathan “Mitch” Cook, DO
2013-14 Brian K. Nadolne, MD
2014-15 Wayne K. Hoffman, MD
2015-16 Mitzi B. Rubin, MD
2016-17 Eddie Richardson, Jr., MD
2017-18 Loy D. “Chip” Cowart, MD
2018-19 Donald L. Fordham, MD

* Indicates Past Presidents who are deceased

Thank you for your dedication and support of the GAFP

Georgia Academy of Family Physicians
Northlake Commons
3760 LaVista Road, Suite 100
Tucker, GA 30084

404-321-7445 phone | 404-321-7450 fax
2019 In Memoriam

In memory of our colleagues

Laurence T Crimmins, MD ~ Albany
Chester R Lapeza, MD ~ Cordele
Robert Mainor, MD ~ Smyrna
Bonnie P Malvea, MD ~ Jonesboro
Beena S Patel, MD ~ Sandy Springs
Allen L Pelletier, MD ~ Augusta
Roslyn Donny Taylor, MD ~ Summerville, SC
Bradley L Ward, MD ~ Taylorsville

“We don’t forget those...
Who give us much to remember.”
Members Celebrating Anniversaries in 2019

55 Years
Archie Walden, MD, FAAFP

50 Years
John Bates, MD, FAAFP
Louis Wilhelmi, MD, FAAFP

45 Years
Hugh Hodges, MD, FAAFP
William Caput, MD
Laurin Smith, MD, FAAFP
Howard Yager, MD, FAAFP

40 Years
Gregory Eilers, MD, FAAFP
James Harvey, MD, FAAFP
Robert Morgan, MD, FAAFP
Richard Wood, MD, FAAFP
William Bina, MD, MPH, FAAFP
Salpi Adrouny, MD, FAAFP
Roberd Bostick, MD, MPH, FAAFP
Mark Clark, MD, FAAFP
Jon Cox, DO, FAAFP
Marc David, MD, FAAFP
Wayne Hoffman, MD, FAAFP
Juanita Lott, MD, FAAFP
Shannon Mize, MD, FAAFP
John Richards, MD, FAAFP
Reuben Roberts, MD, FAAFP
Earl Martin, MD
Margot Cseley, MD, FAAFP
Charles Dodgen, MD, FAAFP

35 Years
Derrell Anglyn, MD, FAAFP
Lawrence Price, MD
Peter Rives, MD, FAAFP
Garth Russo, MD, MSPH, FAAFP
George Brown, MD
Robert Cook, MD, FAAFP
Frank Don Diego, MD, FAAFP
Rudolf Hehn, MD
Scott Henderson, MD, FAAFP
Bruce LeClair, MD, MPH, FAAFP
Charles Lodge, MD, FAAFP
Steven Reissman, DO, FAAFP
Thaddeus Riley, MD, FAAFP
Charles Sanders, MD, FAAFP
Michael Schrager, MD, FAAFP
Georgia Theriot, MD
C Williams, MD, FAAFP
Gary Kinsey, MD
Jeremy Poole, DO, FAAFP
Charles White, DO

30 Years
Elizbeth Appelquest-Coe, DO, FAAFP
Murray Odrezin, MD
Robin Rodgers, MD
Philip Kimsey, MD
William Lambert, MD
Robert Little, MD
George Wheeler, MD, FAAFP
Deborah Packer, MD
Jeffrey Rollins, MD
Donald Griffin, MD
Shiu Kao, MD
Andrew Mecca, MD
John Schuler, MD
Monica Parker, MD
Morris Pulliam, MD, FAAFP
Charlene Robinson, MD, FAAFP
Linda Dolan, MD, FAAFP
Daniel Grizzle, MD, FAAFP
Michael Moody, MD
William Nash, MD
Karen Harris-Moore, MD, FAAFP
James Shiver, MD
Judith Rausch, MD
Roy Reardon, MD, FAAFP

25 Years
JoDon Garringer, MD
William Parrish, MD
Christine Bao, MD
Kelli Carter, MD
Elvan Daniels, MD, MPH
Emmanuel Ozimba, MD
Alan Perry, MD
Jatin Pithadia, MD, FAAFP
Wendell Smith, MD, FAAFP
Linda Chin, MD
Davina Dansby, MD
John Delzell, MD, MSPH, FAAFP
Julie Johnson, MD, FAAFP
Richard Livingston, MD, FAAFP
Matthew Marchal, MD
Michelle Mason-Woodard, MD
Kerry Neises, MD
Garland Register, MD
George Royer, MD
Kirby Smith, DO
Christopher Wommack, MD
Teresa Beck, MD, FAAFP
David Drury, MD
Kenworth Holness, MD
Theresa Jacobs, MD, FAAFP
Barbara McMillan-Persaud, MD
Russell Sliker, MD
David Hogue, MD
Riba Kelsey-Harris, MD, FAAFP

20 Years
Houria Allia, MD
Contresia Bailey, MD
Joan Harden, MD
Joseph Hooper, MD
Lenka Novotna, MD, MPH
Michael Schmidt, MD
Chinwe Ukaonu, MD, FAAFP
Thomas Buice, MD
Vera Garcia, MD
Monica Newton, DO, MPH, FAAFP
Curtis Clark, DO, FAAFP
William Fricks, MD
Kirsten Hampton, MD
Dolores Havidon-Foley, MD
Audrey Hodge, MD, FAAFP
Vince Rosales, MD
Doris Wilder, MD
Cecil Bennett, MD
Ray Bennett, MD
Amy Clemons, MD

Lan Mahon, DO
Glen Dasher, MD
David Gaines, MD
Terry Hansen, MD
Jeffrey Lamp, MD
Veronica Patterson, MD
Michael Sein, DO, FAAFP
Vandana Setia, MD
Susana Alfonso, MD, FAAFP
Eddie Richardson, MD, FAAFP
Mary Barfield, MD
Aleta Gardner, MD
Lisa Hueseman, MD
Bennie Law, MD
Christopher Sward, MD
Timothy Thomson, MD
Candace Vaughn, MD
Travis Whitehead, MD
Sundari Raju, MD
Thomas Fausett, MD, FAAFP
Kirby Peden, MD
Henry Purvis, MD
Christopher Apostol, DO
Dorel Bidiuc, MD
Susan Land, MD
William Swafford, MD
Richard Wheeler, MD
Yacobia Hudson, MD
Yong Kim, MD
Jodi Krueger, MD
Tia Sanderlin, MD
William Whitten, MD

15 Years
Elizabeth Appelquest-Coe, DO, FAAFP
Murray Odrezin, MD
Robin Rodgers, MD
Philip Kimsey, MD
William Lambert, MD
Robert Little, MD
George Wheeler, MD, FAAFP
Deborah Packer, MD
Jeffrey Rollins, MD
Donald Griffin, MD
Shiu Kao, MD
Andrew Mecca, MD
John Schuler, MD
Monica Parker, MD
Morris Pulliam, MD, FAAFP
Charlene Robinson, MD, FAAFP
Linda Dolan, MD, FAAFP
Daniel Grizzle, MD, FAAFP
Michael Moody, MD
William Nash, MD
Karen Harris-Moore, MD, FAAFP
James Shiver, MD
Judith Rausch, MD
Roy Reardon, MD, FAAFP

10 Years
Houria Allia, MD
Contresia Bailey, MD
Joan Harden, MD
Joseph Hooper, MD
Lenka Novotna, MD, MPH
Michael Schmidt, MD
Chinwe Ukaonu, MD, FAAFP
Thomas Buice, MD
Vera Garcia, MD
Monica Newton, DO, MPH, FAAFP
Curtis Clark, DO, FAAFP
William Fricks, MD
Kirsten Hampton, MD
Dolores Havidon-Foley, MD
Audrey Hodge, MD, FAAFP
Vince Rosales, MD
Doris Wilder, MD
Cecil Bennett, MD
Ray Bennett, MD
Amy Clemons, MD

5 Years
Houria Allia, MD
Contresia Bailey, MD
Joan Harden, MD
Joseph Hooper, MD
Lenka Novotna, MD, MPH
Michael Schmidt, MD
Chinwe Ukaonu, MD, FAAFP
Thomas Buice, MD
Vera Garcia, MD
Monica Newton, DO, MPH, FAAFP
Curtis Clark, DO, FAAFP
William Fricks, MD
Kirsten Hampton, MD
Dolores Havidon-Foley, MD
Audrey Hodge, MD, FAAFP
Vince Rosales, MD
Doris Wilder, MD
Cecil Bennett, MD
Ray Bennett, MD
Amy Clemons, MD
James Cornwell, MD, FAAFP
Leslie David, MD
Daniel Green, MD
Asmita Joshi, MD
Andrea Kovacic, MD
Philip Oconnell, MD, FAAFP
Theresa Berry, MD, FAAFP
Johnathan Henderson, MD
Paula Jacob-Fox, MD
Barry Jordan, MD, FAAFP
Agnes Kovacs, MD
Srinivas Bramhadevi, MD, MBA, FAAFP
Julie Dahl-Smith, DO, FAAFP
James Hornsby, MD
Jennifer Mathew, MD
O. Michael Obiekwwe, MD, FAAFP
Elizabeth Sergile, MD
Kathrine May Tan, MD
James Williams, MD
Crystal Young, DO
John Buchanan, DO
Fred Hood, MD
Jyotir Jani, MD
David Derrer, MD
Janet Fason, DO, FAAFP
R Mason, MD
Bridgit Joseph, MD
Shemal Scott, MD
Samuel Church, MD, MPH, CPC, FAAFP
Crystal Comeau, MD
David Tate, MD
Russell Thomas, MD
Tangela Atkinson, MD
Sharon Palmer, MD
Moya Sommerville-Kelley, MD

15 Years
Zahid Afridi, MD
Kelly Culbertson, MD
Cynthia Giles, DO
Kevin Norris, MD
Nandana Reddy, MD
McArthur Cadet, MD
Wesley Hoke, MD
Viktoria Nurpeisov, MD
Arunasree Pothuraju, MD
Virna Simmons, MD
Changchun Wu, MD
Clement Anthony, MD
Maria-Elizabeth Borelli, MD
William Robinson, MD
John Bradberry, MD
Jonathan Davis, MD
Gregory Parker, MD
Patricia Patterson, MD
Jill Pottinger, MD
Laurie Cochrane, MD
Anu Gulati, MD
Vaidarbhi Kolavennu, MD
Feroz Lalani, MD
Shakoor Omonuwa, MD, FAAFP
Clifford Dunn, MD
Chang Soo Kim, MD
James Parker, MD
Shravantika Reddy, MD
Dolapo Babalola, MD, FAAFP
Divina Dyer, MD
Mikela Swenson, MD
Tiffany Byrd, MD
Charles Davis, MD
Reden Delgado, MD
Sanjay Shukla, MD
Nagimesi Wanasika, MD
Melissa Sanchez Quiros, MD
Lashunda Williams, MD
Satya Thippareddi, MD, FAAFP
Mukti Kanji, DO
Hope Mitchell, MD

10 Years
Mary Boyce, MD
Casey Henritz, DO
John Moultrie, MD
Trinidad Osselyn, MD
Sreevalli Dega, MD
Thomas Edwards, MD
Ngozi Ezeh, MD
Zanie Leroy, MD
Sheba Naqvi, MD
Rajiv Tejura, MD
Vincent Glenn Valencia, MD
Justin Whitley, MD
Kanyan Xiao, MD
Akita Evans, MD
Jigar Patel, MD
Laura Guadiana, MD
Solaih Khalid, MD
Samantha McCaskill, DO
Jonathan Shank, DO
Omoniyi Adebisi, MD, MBChB
Vernon Bryant, MD
Yen I Chen, MD
Bobby Crocker, MD
James Douglas, MD
John Douglas, MD
Frantz Felix, MD
Kavita Gone, MD
Harrison Goodno, MD
Kristin Gore, MD
Stalina Gowdie, MD
Benjamin Hess, MD
Kristina Johnson, MD
Daryl McCartney, MD, FAAFP
Ian Munger, DO
Harsimrat Parmar, MBBS
Anuvesha Samala, MD
Megha Shah, MD
Jagdish Shukla, MD
Michele Shumpert, DO
Alida Gertz, MD, MPH
SHEILA KENNEDY, MD
Patrick Lynn, MD, FAAFP
Robyn Wirsing Black, MD
Mark Virtue, MD
Noshin Najafi, MD
Suneetha Chekuri, MD
Marlon Sharpe, MD
Avril Campbell, MD
Robert Lester, MD
Emem Udo, MD
Nazra Baluch, MD

5 Years
Farhan Ahmed, MD
Chelsea Ryan, DO
Kyle Adams, MD
Kehinde Idowu, MD
Brandon Wormbsacher, MD
Daquesha Chever, DO
Frederick Harold, DO
Sarah Codrea, DO
Scott Mikell, MD
Amana Andrews, MD
Joseph Beavers, MD, MS
Rachel Gallen, DO
Donovan Johnson, MD
Richard May, DO
Kristin McPhillips, MD
Andre Miller, MD
nathalie minami, MD
Chinmay Patel, MD
Rucha Patel, MD
Rani Patil, MD
Nabila Shehu, MD
Ryan Shingler, DO
Vaheh Shirvanian, MD
Anna Sikod, MD
Shad Stormant, MD
Hafsa Bhatti, MD
Heather Castleberry, MD
Dwaipayan Choudhury, MD
Kim Ann Dang, MD
Sydney Deal, MD
Jordan Knoefler, MD
Danielle McMechan, MD
Chetan Patel, MD
Stephanie Stutz, DO
Solomon Teckle, MD
Samuel Waling, DO
Congress of Delegates Officers

Speaker
Carl McCurdy, MD

Vice Speaker
Samuel “Le” Church, MD, MPH

Parliamentarian
Beulette Hooks, MD

Credentials Committee
Chair – Monica Newton, DO
Member – Shameka Hunt-McElhaney, MD

Tellers Committee
Chair – Julie Dahl-Smith, DO
Member – Michael Satchell, MD

Reference Committee
Co-Chair – Anne Todd, MD
Co-Chair – Mike Busman, MD
Secretary – Alice House, MD
Member – Julie Udejifor, MD
Member – Dan Singleton, MD
Resident Member – Julie Kostanjevec, MD
Staff - Fay Fulton
Staff – Angela Flanigan
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 2019 Delegates Handbook, paying special attention to reports with recommendations; and,

b) Talk with your colleagues about the recommendations presented.

Credentialled 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 indefinitely 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.
Delegate & Alternate Delegate Instructions

(continued)

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.
<table>
<thead>
<tr>
<th>Motions</th>
<th>The Chief Purposes of Motions</th>
</tr>
</thead>
</table>
| Present an idea for consideration and action | Main motion  
Resolution  
Consider subject informally |
| Improve a pending motion | Amend  
Division of Question |
| Regulate or cut-off debate | Limit or extend debate  
Vote immediately |
| Delay a decision | Refer to committee  
Postpone definitely  
Postpone temporarily  
Recess |
| Suppress a proposal | Object to consideration  
Postpone indefinitely  
Withdraw a motion |
| Meet an emergency | Question of privilege  
Suspend rules |
| Gain information on a pending motion | Parliamentary inquiry  
Request for information  
Request to ask member a question  
Question of privilege |
| Question the decision of the presiding officer | Point of order  
Appeal from decision of Chair |
| Enforce rights and privileges | Division of assembly  
Division of question  
Parliamentary inquiry  
Point of order  
Appeal from decision of chair |
| Consider a question again | Resume consideration  
Reconsider  
Rescind  
Renew a motion |
| Change an action already taken | Reconsider  
Rescind  
Amend by new motion |
| Terminate a meeting | Adjourn  
Recess |
# 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>SUBSIDARY 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>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>
<tr>
<td><strong>Order of precedence</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Renewable?</td>
</tr>
<tr>
<td><strong>PRIVILEGED MOTIONS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Adjourn</td>
<td>None</td>
<td>Amend, close debate, limit debate</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Recess</td>
<td>None</td>
<td>Amend, close debate, limit debate</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Question of privilege</td>
<td>None</td>
<td>None</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SUBSIDARY MOTIONS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Table</td>
<td>Main motion</td>
<td>None</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Close debate</td>
<td>Debatable motions</td>
<td>None</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Limit or Extend debate</td>
<td>Debatable motions</td>
<td>Amend, close debate</td>
<td>Yes</td>
<td></td>
<td></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>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Refer to committee</td>
<td>Main motion</td>
<td>Amend, close debate, limit debate</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Amend</td>
<td>Reconsiderable motions</td>
<td>Amend, close debate, limit debate</td>
<td>Yes</td>
<td></td>
<td></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>None</td>
<td>Subsidiary</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Specific main motions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adopt in-lieu-of</td>
<td>None</td>
<td>Subsidiary</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amend a previous action</td>
<td>Adopted main motion</td>
<td>Subsidiary</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ratify</td>
<td>Adopted main motion</td>
<td>Subsidiary</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recall from committee</td>
<td>Referred main motion</td>
<td>Close debate, limit debate</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reconsider</td>
<td>Vote on main motion</td>
<td>Close debate, limit debate</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rescind</td>
<td>Adopted main motion</td>
<td>Subsidiary, except amend</td>
<td>No</td>
<td></td>
<td></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>
Congress of Delegates  
October 2019  

**President’s Report 2019**

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.

**Leadership**

As part of my participation with the Georgia Physician Leadership Academy, I focused my service project on seeking out new leaders for the Georgia Academy. I held a lecture during last year’s annual meeting and was able to connect with many members who were looking for guidance about the many ways to become more involved in the Academy.

**Supporting Family Medicine Practices**

Another important part of serving as your president has been implementing more services that support our members who work independently. We have brought in several national companies that support family physicians in forming group Medicare ACO’s to speak to both the board and the general membership.

We have also developed a rapid cycle improvement CME lecture series that focuses on supporting independent practices to improve their financial well-being and provide additional services to our patients. This project, Thrive, has been successfully launched in both the Gainesville and Macon area and we plan to expand this initiative in 2020.

Working with the Practice Management Committee, we have focused on offering additional education focusing on the business of family medicine – and providing support and information through our newsletter and website. Several of our members wrote about their own practices sharing their tools and tips to implement systems in supporting services to our patients.

We have met with Blue Cross Blue Shield of Georgia and through our discussions with them, they updated their policy to allow for point-of-service lab testing. This is an example of how we can work with large insurance companies to reduce physician administrative burdens.

**Your Giving is Great Medicine**

Partnering with our foundation, the Georgia Healthy Family Alliance, we have seen progress in raising money to endow our community health grants and expanding the AAFP’s Tar Wars education to include vaping. My family and I are proud to support the Alliance at the Caduceus level. I ask that you consider supporting our efforts as the *Your Giving is Great Medicine* capital campaign continues to seek up to $4 million to advance our mission. The GAFP Executive Committee has an annual meeting with the Alliance to receive a briefing and discuss options on how both the leadership of the Alliance and the GAFP can continue to advance our joint mission to help family physicians and their patients in Georgia.

**Legislative Win – Supports Community Family Medicine Teachers**

**Tax Credit for Preceptors**

*House Bill 287 (Sponsor Rep. Matt Dubnik – Gainesville)*

Workforce - Preceptor Tax Credit – Support tax credits for community-based physician faculty to precept Georgia medical students, physician assistants and advanced practice registered nurses. It replaces the existing tax deduction for community-based faculty preceptors. Preceptorship training is defined as the uncompensated community-based
training of medical students, advanced practice registered nurses (APRNS) students, or physician assistant (PA) students. For physicians, the tax credit would be $500 for each of the first three rotations and $1,000 for the fourth through tenth rotations in a calendar year. For APRNs and PAs, the tax credit would be $375 for the first three rotations and $750 for the fourth through tenth. Status: Act 44 Signed by the Governor 4/25/2019.

President’s Awards
It’s my honor and privilege to present the President’s Awards to two family physicians that I believe embody the best of family medicine and have offered me support and guidance throughout the years. These awards will be given during our upcoming Annual Meeting.

Georgia Leaders – On the Road for Family Medicine
The Georgia Academy sent 24 leaders and staff to attend AAFP’s annual leadership conferences, National Chapter Constituency Leaders and Annual Chapter Leadership Forum (NCCL and ACLF), held concurrently in Kansas City.

The GAFP was recognized with three awards from AAFP:
• Full Delegation to the National Chapter Constituency Leaders Program
• 100 Percent Membership Participation of all Georgia Family Medicine Residents
• Highest Percentage of AAFP FAM MEDPAC Contributions by a Large-Sized Chapter

A special congratulations goes to Dr. Chetan Patel, who was elected to serve as the IMG CoConvener for NCCL 2020 and as the Constituency Alternate delegate to the AAFP Congress of Delegates.

I attended the meeting along with the following GAFP leaders:

Omoniyi Adebisi, MD Susana Alfonso, MD Mike Busman, MD, Loy “Chip” Cowart, MD – GAFP Board Chair, Ellie Daniels, MD, Loretta Duggan, MD, Wanda Gumbs, MD, Casey Heinritz, DO, Beulette Hooks, MD, Catherine James-Peters, MD, Marissa Lapedis, MD, Zita Magloire, MD, Chetan Patel, MD Leonard Reeves, MD – AAFP Board Member and Jeff Stone, MD – GAFP President-Elect

In May, I attended the Family Medicine Advocacy Summit along with Christina Anyikwa, MD, Past President, Bruce LeClair, MD and AAFP Board of Directors, Leonard Reeves, MD.

The Family Medicine Advocacy Summit (FMAS) is held every spring in Washington, DC. During the two-day event, participants learn about the legislative process, current priorities for family medicine, practice advocacy skills, and meet with members of Washington’s Congressional delegation.

Family Medicine Legislative Champion of the Year
State Representative Matt Dubnik (R-Gainesville) was named the 2019 Family Medicine Legislative Champion of the Year by the Georgia Academy of Family Physicians for his commitment to advocating for physicians and patients. During the 2019 legislative session, Rep. Dubnik sponsored legislation that offers a state tax credit for physicians who precept nurse practitioners, physician assistants and medical students. I was honored to give Representative Dubnik this award at our August Board Meeting.
Representative Matt Dubnik represents the citizens of District 29, which includes portions of Hall County. He was elected to the House of Representatives in 2016 and currently serves as Vice Chair of the Game, Fish & Parks and Juvenile Justice committees. He is also a member of the Higher Education, Small Business Development and Interstate Cooperation committees.

**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 2020 as I assume the role as Chairman of the Board of Directors. And I would like to add a personal note of thanks to all members and GAFP staff who helped make the year beneficial to our membership and our patients.

**Recommendations: None**

Donald L. Fordham MD, FAAFP
President
Congress of Delegates - September 2019

Chairman of the Board of Directors’ Report 2019
I would like to extend my thanks to approximately 200 GAFP members who have served in a leadership role during 2019. 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 3, June 8 and August 4. The Board will meet during the GAFP annual meeting on Thursday, November 14.

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

Chair – Loy “Chip” Cowart, MD
President – Donald Fordham, MD
Vice President - Susan Alfonso, MD
President-Elect – Jeff Stone, MD
Secretary - Tom Fausett, MD
Treasurer - Sharon Rabinowitz, MD
Speaker - Carl McCurdy, MD
Vice Speaker – Samuel “Le” Church, MD
Director, District 1 - Thomas J. Miller, Jr., MD
Director, District 2 – Gurinder Doad, MD
Director, District 3 – Daniel Singleton, MD
Director, District 4 – Kevin Johnson, 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 - Islam Eltarawy, MD
Director, District 10 – Daniel Grizzle, MD
Director, District 11 – Elvan Daniels, MD
Alternate Director, District 1 - Angela Gerguis, MD
Alternate Director, District 2 - Derek Heard, MD
Alternate Director, District 3 – Beverley Ann Townsend, MD
Alternate Director, District 4 – Carmen Echols, MD
Alternate Director, District 5 - Shameka Hunt
McElhaney, MD
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 – Monica Newton, DO
Alternate Director, District 10 - C. Judson Pickett, MD
Alternate Director, District 11 – Wanda Gumbs, MD
Resident Director – Brett Prestia, DO
Resident Director – Chivon Stubbs, MD
Resident Alt. Director – Hikma Jamal, MD
Student Director - Kenneth Franz-Joseph Hearn
Student Director - Sun Hee (Sunny) Shin
Student Director - Michelle Adaora Orabueze
Student Alt. Director - Charles Gober
Student Alt. Director - Jordi Gaton
Student Alt. Director - Carley Borrelli
AAFP Delegate - Harry Strothers, III, MD, MMM
AAFP Delegate - Beulette Y. Hooks, MD
AAFP Alternate Delegate – Eddie Richardson, Jr., MD
AAFP Alternate Delegate - Mitzi Rubin, MD

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

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

Finance Committee
Sharon Rabinovitz, MD – Chair
John Vu, MD – Vice Chair

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

Membership Committee
Michael Busman, MD – Chair
Elvan Daniels, MD – Vice Chair

PAC Board
Loy “Chip” Cowart, MD – Chair
Monica Newton, DO – Vice Chair

Practice Management Committee
Jairaj Goberdhan, MD – Co-Chair
Michael Satchell, MD – Co-Chair

Public Health Committee
Jay Floyd, MD - Chair
Sherma Peter, MD – Vice Chair

Student and Resident Committee
Julie Dahl-Smith, DO – Chair
Kevin Johnson, MD – Vice Chair
The following policies originated by the Board came up for review and were updated in the following manner:

The 2019 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.

1A. Clarifying Policy Decisions by the Board of Directors and Congress of Delegates
GAFP policy is directed by both the Congress of Delegates (COD) and the Board of Directors (or by the Executive Committee in lieu of the Board). The Executive Committee actions are subject to review by the Board at the next in-person Board meeting. The COD routinely meets annually. The board meets at least quarterly. There may be times when issues arise that must be dealt with in a timely manner and cannot wait for the next meeting of the COD. In those instances the board can make decisions it believes are in the best interests of the GAFP. It would then be the Board's obligation to report to the COD if it deviated from current COD policy and justify its rationale to the COD. The Board reports to the COD in the form of board reports to the COD. The COD has the right to accept, modify or reject the actions taken.

The Policy Review Team recommended continuing the policy as edited.

2A. GAFP CME MISSION STATEMENT:
Purpose: The mission of the Georgia Academy of Family Physicians’ (GAFP) continuing medical education program is to provide high quality evidence-based educational opportunities to family physicians, their clinical teams as well as other healthcare providers to improve their knowledge, skills, and attitudes, and focuses on improving patient outcomes.

Content Areas: The GAFP Continuing Medical Education (CME) Program supports the strategic priorities of the Georgia Academy of Family Physicians. GAFP education closes gaps in professional practice which impact our patient’s health and the practice of medicine. GAFP CME highlights evidence-based medicine, practice management and healthcare delivery of safe, timely, effective, efficient, equitable, and patient-centered care. The GAFP develops activities in response to a continuous assessment of needs by the GAFP membership, and collaborates with strategic partners, when applicable, to offer educational activities that align with the priorities of the Academy.

Target Audience: The GAFP designs educational activities to meet the learning needs of its members and their clinical teams as well as other primary care professionals.

Type of Activities: The GAFP presents scientifically valid and commercially unbiased content based on principles of effective adult learning in the following formats: live activities, small group learning, and workshops; enduring and web-based activities; performance improvement activities; and other appropriate formats. GAFP educational activities are designed to emphasize desirable physician attributes as identified by the Institute of Medicine, the American Board of Medical Specialties, and the Accreditation Council for Graduate Medical Education. The GAFP evaluates the effectiveness of all individual activities and of its overall CME program.
Expected Outcomes: The GAFP provides physicians and other clinicians with educational programs that update clinical knowledge and enhance patient care by improving competence, performance, and patient outcomes through integration of evidence-based CME content that supports quality improvement in practice. The GAFP evaluates the effectiveness of its CME through a combination of member feedback and activity evaluations. Feedback from activity evaluations is communicated with faculty and the Education planning committee, to ensure that future activities are better planned to meet the changing needs of their patients, practices and communities.

The Policy Review Team recommended continuing the policy as is. The Education & Research Committee reviewed the policy as well and concurs with the Policy Review Team

3A. Legislative Lobbying for Family Medicine
The Georgia Academy of Family Physicians lobby for increased funding for Family Medicine departments and residency programs at the federal and state level.

The Policy Review Team recommended continuing the policy as is.

Recommendations:

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

1B. Internal Policy Review: Displaying the US flag and reciting the Pledge of Allegiance
The GAFP display the flags of the United States and the State of Georgia at the front of the room at the Congress of Delegates and the Exhibit Hall. The Pledge of Allegiance is to be recited at the opening session of the Congress of Delegates.

Policy Date: 11/2008
Re-adopted as edited 11/2016
The Policy Review Team recommended approving the policy as is.

2B. External Policy Review: Area of training for Family Medicine Residents
The Georgia Academy of Family Physicians unconditionally supports the concept that family medicine residents be trained in all major disciplines of medicine, including, but not limited to, the care of pregnant women and hospitalized patients.

Policy Date: 11/1998
Re-adopted as written 11/2016
The Policy Review Team recommended approving the policy as is.

3B. External Policy Review: GAFP Mission Statement
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.

Policy Date: 8/2009
Re-adopted as written 11/2016
The Policy Review Team recommended approving the policy as is.

4B. External Policy Review: Healthy Lifestyle and Weight for Children and Adults
Original resolution: Legislation for Healthy Lifestyle and Weight for Children and Adults
The Georgia Academy of Family Physicians both supports and encourages policies that promote a healthy lifestyle and healthy weight for both children and adults.

Edited resolution: The resolution content remains the same. The Policy Review Team requests the removal of “Legislation for” from the resolution title to read Healthy Lifestyle and Weight for Children and Adults
Policy Date: 8/2009
Re-adopted as written 11/2016
The Policy Review Team recommended approving the policy as edited.
Report of the Treasurer and the Finance Committee  
September 2019  
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 2016, 2017, and 2018 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. This report is a comparison of 2018 year-end financial activity versus 2017 year-end activities.

**Statement of Activities for the Years Ended December 31, 2018 and 2017**

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Total for 2018</th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Total for 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUE &amp; SUPPORT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membership dues</td>
<td>$ 593,700</td>
<td>$ 593,700</td>
<td>$ 592,350</td>
<td>$ 592,350</td>
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<td></td>
</tr>
<tr>
<td>Contributions</td>
<td>16,595</td>
<td>16,595</td>
<td>14,520</td>
<td>14,520</td>
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<tr>
<td>Grants</td>
<td>308,373</td>
<td>308,373</td>
<td>354,406</td>
<td>354,406</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCMH fees</td>
<td>--</td>
<td>--</td>
<td>227,504</td>
<td>227,504</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conferences &amp; meetings</td>
<td>309,527</td>
<td>309,527</td>
<td>296,517</td>
<td>296,517</td>
<td></td>
<td></td>
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<tr>
<td>Advertising</td>
<td>29,643</td>
<td>29,643</td>
<td>36,421</td>
<td>36,421</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment income (loss)</td>
<td>(182,830)</td>
<td>(182,830)</td>
<td>467,030</td>
<td>467,030</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest &amp; dividends</td>
<td>1,518</td>
<td>1,518</td>
<td>1,473</td>
<td>1,473</td>
<td></td>
<td></td>
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<tr>
<td>Other revenue</td>
<td>19,805</td>
<td>26,711</td>
<td>18,566</td>
<td>27,288</td>
<td>45,854</td>
<td></td>
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<tr>
<td>Total revenue &amp; support</td>
<td>1,079,736</td>
<td>43,306</td>
<td>1,123,042</td>
<td>1,994,267</td>
<td>41,808</td>
<td>2,036,075</td>
</tr>
<tr>
<td>*Net assets released from restrictions</td>
<td>50,220</td>
<td>(50,220)*</td>
<td>--</td>
<td>35,397</td>
<td>(35,397)</td>
<td></td>
</tr>
</tbody>
</table>

**EXPENSES**

**Program services:**

*Education 678,079 678,079 803,249* 803,249

Advocacy 174,204 174,204 147,767 147,767

Membership development 146,627 146,627 142,934 142,934

**Supporting Services**

Management and General 289,918 289,918 276,800 276,800

Total expenses 1,288,828 1,288,828 1,370,750 1,370,750

**CHANGE IN NET ASSETS FROM OPERATIONS**

(158,872) (6,914) (165,786) 658,914 6,411 665,325

Donation to Alliance 200,000 200,000 200,000 200,000

*Change in Net Assets* (358,872) (6,914) (365,786)* 458,914 6,411 465,325


Net assets – end of year $ 3,807,065 $ 24,508 $ 3,831,573 $ 4,165,937 $ 31,422 $ 4,197,359


The final year end net income for 2018 was $5,518.38 versus the final net income for 2017 was $166,361.82.

Committee Activities:
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 continued to review the strategic plan and will assist the other committees in budgeting for their concepts and suggestions.

- The Committee received updates on the GAFP’s Thrive project throughout the year. Thrive is an educational, small-scale practice improvement project that focuses on helping practices find overlooked, under-used codes and procedures to increase their reimbursement rates and help patients ensure they are taking advantage of all the benefits their health plans provide. The Academy launched two classes (Gainesville and Macon) in 2019 with funding from our PCMH University fund. The Finance Committee recommended, and the Executive Committee approved funding of $96,500 from the PCMH fund to offer up to five Thrive classes in 2020.

- The Committee discussed the Practice Start-up Pilot which was approved by the Board and will launch during the Annual Meeting in 2019. The project will focus on graduating residents who would like to start a practice in Georgia. Partnering with the Sanders law firm, the GAFP will offer legal resources to members who would like to start a practice. We will also use AAFP resources as a complement to the project.

  The Committee worked in conjunction with Executive Committee to research the process of setting up an association 401k. Members completed a survey to determine the interest in moving forward, and the GAFP shared the results with our 401k plan advisor, Robert Nix. We enlisted Mr. Nix’s help to outreach to recordkeepers who may be interested in managing our organization’s 401k with additional member’s plans. The Executive Committee continues to research this process and will keep the Committee and the Board abreast of next steps. If the academy moves forward with the member eligible 401k, the Finance Committee will play an important role in establishing the appropriate fiduciary responsible systems.

- The Finance Committee reviewed the Resident Contract Review program with the Southern Health Lawyers law firm, noting that more than sixty 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 Committee had a teleconference with Dale Culver, CFO & Senior Vice President of Finance and Administration for the American Academy of Family Physicians regarding the AAFP Pooled Investments and the GAFP long term reserves. Mr. Culver explained the diverse mix of products in the portfolio, and the fees associated with our participation in the pool. The Committee received feedback on the progress of the investments and their performance.

- GAFP finance committee reviewed and discussed the GAFP’s financial policies. No updates were made to the policies.

- The Finance Committee and the GAFP staff presented sufficient evidence to perform our 2018 audit. The Finance Committee met with Brian Muia, auditor from Jones and Kolb accounting form, and discussed the GAFP and Georgia Healthy Family Alliance’s (GHFA) 990 and 2018 audit. This year we were able to review trend data from our programs and note areas of growth for the Academy and GHFA. Mr. Muia noted that overall, operationally, the GAFP and GHFA had a positive year.

The Finance Committee will continue to support and review evaluations of the groundbreaking initiatives as listed above to ensure the monies allocated are supporting the intended and measurable outcomes. The Committee will continue to assess the allocation of membership dues to ensure the monies are directed to areas of need over the next 2-3 years.

Overall, we had a financially healthy year due to several factors including investments, membership dues, and diversified funding.
I would like to thank my committee members which include: John Vu, MD (Vice Chair); Loretta Hicks, MD; Thomas "TJ" Miller, MD; Brian Pratt, MD; Aerica Summers, MD; and Beverley Ann Townsend, MD

**Recommendations:** None

Respectfully Submitted,

Sharon Rabinovitz, MD  
Treasurer, Georgia Academy of Family Physicians  
Chair, Finance Committee

*Footnotes:

*Net Assets Released from Restrictions:* The $50,220 in parenthesis is negative because it is a reclass of money out of the restricted column and into the unrestricted column. So, the net is $0. As funds are released from restrictions, they are moved out of the restriction column (as a negative) and into the unrestricted column (as a positive) for presentation purposes.

*Education:* 2017’s education program expenses of $803,249 were higher than 2018’s education program expenses of $678,079. This was primarily due to PCMH expenses in 2017 of approximately $140,000. 2018 only had $3,000 of PCMH expenses. So, not having PCMH in 2018 is the biggest driver of the change from 2017.

*Change in Net Assets:* The overall net change in assets is negative $365,786. This includes a $200,000 donation to GHFA. The line in question is titled "change in net assets from operations" and this line is included in the statement of activities so that the user can see the result of operations before the significant donation to GHFA (a related entity). The $165,786 negative change in net assets from operations is the amount related to operations, which excludes the donation to GHFA.
September 2019

Congress of Delegates
Georgia Academy of Family Physicians

Secretary of the Executive Committee and Board of Directors

The Board of Directors met four times over the course of the year. The minutes of the meetings were approved and duly filed at the GAHP headquarters and are available for review upon request. The Board minutes are 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.

2019 Executive Committee Members

Chair Loy D. “Chip” Cowart, MD
President Donald L. Fordham, MD
President-Elect Jeff Stone, MD
Vice President Susanna Alfonso, MD
Secretary Tom Fausett, MD
Treasurer Sharon Rabinovitz, MD
Speaker Carl McCurdy, MD
Executive Vice President Fay Fulton (staff)

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

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

Natalie Britt, MD AAFP COD – Resident Physician
Mitch Cook, DO Member, AAFP Commission on Finance
Fay Fulton, MHS Member, Robert Graham Policy Center Advisory Board
Wanda Gumbs, MD Member, Chapter Executive Advisory Committee
Beulette Hooks, MD AAFP COD – Constituency Delegate
Evelyn Lewis&Clark, MD Chair, AAFP Commission on Health of the Public & Science
Adrienne Mims, MD AAFP Delegate to the AMA House of Delegates
James Morrow, MD Member, American Health Quality Association Board of Directors
Folashade Omole, MD CMS Commission Health Information Technology
Chetan Patel, MD AAFP COD – Alternate Constituency Delegate
Leonard Reeves, MD Member, AAFP Board of Directors
Harry Strothers, MD HHS/HRSA Advisory Committee on Training in Primary Care
Rick Wherry, MD Medicine and Dentistry.

2019 Annual Chapter Leadership Forum and National Conference for Special Constituencies Representatives:

Omoniyi Adebisi, MD Donny Fordham, MD
Susana Alfonso, MD Mike Busman, MD
Chip Cowart, MD Ellie Daniels, MD
Loretta Duggan, MD  Angeline Ti, MD
Casey Heinritz, DO  Nkiruka Udejiofor, MD
Beulette Hooks, MD  John Vu, MD
Catherine James-Peters, MD  Fay Fulton
Wanda Gumbs, MD  Angela Flanigan
Marissa Lapedis, MD  Felicia Kenan
Zita Magloire, MD
Leonard Reeves, MD
Jeff Stone, 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
Donny Fordham, MD  Georgia Physician Leadership Academy
Jay Goberdhan, MD  Member, Medicare Carrier Advisory Committee
Zita Magloire, MD  Member, Georgia Perinatal Quality Collaborative
Adrienne Mims, MD  Member, Council on Aging
Leonard Reeves, MD  Georgia Postpartum Support Network Advisory Board
Michael Satchell, MD  Secretary, Georgia Medical Directors Association Board of Directors
Harry Strothers, MD  Governor Appointed Special Advisory Commission on Mandated Health Insurance Benefits
Angeline Ti, MD  Member, Maternal Mortality Review Action Committee

Respectfully submitted,

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

**RECOMMENDATIONS:** None
Report of the Executive Vice President

September 2019
Congress of Delegates

It is an ongoing pleasure and rewarding work that I do on behalf of the Georgia Academy of Family Physicians and the Georgia Healthy Family Alliance. Please know that I appreciate the hard work that family physicians are doing everyday to keep our friends, family members and neighbors healthy.

The Georgia Academy and Alliance staff work tirelessly to ensure that your professional membership association is providing ongoing support and education to you and your practice team. With this report, I’d like to thank our dream team that makes your initiatives successful. Please note who your GAFP/Alliance team are, and they include:

Angela Flanigan – Chief Operating Officer – aflanigan@gafp.org
Shan Hayes – Alliance Director of Philanthropy – shayes@gafp.org
Tenesha Wallace Hood – Director of Communications and Public Health – twallace@gafp.org
Felicia Kenan – Director of Education – fkenan@gafp.org
Ciera Mitchell – Manager of Operations – cmitchell@gafp.org
Kara Sinkule – Alliance Deputy Executive Director – ksinkule@gafp.org

There are other colleagues that help extend our reach who also need to be thanked and they include:
Bob Addleton – Thrive Moderator and Faculty
Deanna Kauten – Tar Wars Coordinator
Patti and Jim Lyons – Philanthropy Consultants
Alesa McArthur – GAFP’s Bookkeeper
Chuck McMullen – GAFP’s contract lobbyist
Daniel Thompson – Alliance’s Gainesville Regional Strike Force Director

By year’s end, we will have held regional meetings around the state including Gainesville, Macon, Dalton, Marietta, Stone Mountain, Rome, Athens, and Savannah. We have worked with hundreds of medical students who participate in our Family Medicine Interest Group Clubs in the ever growing number of medical school campuses, as well as promoting our residency programs to our own Georgia medical students and to those students who attend the American Academy of Family Physician’s National Conference for Medical Students and Residents.

With our ongoing relationship with Georgia’s Department of Public Health, we have presented education to our residents focusing on Georgia-based health issues such as maternal mortality, and medical transitions and oral health.
We work to promote family medicine at the State Capitol and this legislative session, we were able to support legislation that passed to help our family physician preceptors who are teaching Georgia’s medical students in the community.

The Alliance and the **Your Giving is Great Medicine** Capital Campaign continues to receive significant donations and with the vaping crisis unfolding, we have revitalized our Tar Wars education and outreach to children around the state.

It is 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
ffulton@gafp.org

**Recommendations:** None
Committee Meetings

The Education and Research Committee convened on the following dates:

- January 30, 2019 – Tucker, GA (GAFP office)
- June 6, 2019 – Amelia Island, FL (Omni Amelia Island)
- March 2, 2019 – Athens, GA (Graduate Hotel)
- August 3, 2019 – Gainesville, GA (Lanier Island Legacy Lodge)
- August 3, 2019 – Gainesville, GA (Lanier Island Legacy Lodge)

Activity Planning

The Education and Research Committee met during the past year and was fundamental in the planning of the following activities:

- Thrive Transformation Project
- 2019 Summer CME Meeting
- 2019 Annual Scientific Assembly
- Integrated Care Implementation Strategies
- Exhibitor Advisory Committee
- Two (2) Telephonic E&M Coding Workshop
- Department of Public Health Education
- CME Provider Reaccreditation Conducted by Medical Association of Georgia

Major Initiatives:

Strategic Partnerships

By aligning with external organizations such as the Georgia Primary Care Association, the Georgia Department of Public Health, and Alliant Quality, the overall scope of educational opportunities exceeded annual meeting offerings. This year, the partnership with Alliant Quality resulted in two workshops hosted in March and April across the state. During the Telephonic Workshop in Athens, faculty presented the appropriate use of non-face to face Evaluation and Management Codes and how to apply these codes in specific clinical scenarios. In Rome, John Kern, MD, Clinical Professor University of Washington AIMS Center discussed applying the “Collaborative Care Model” into practices for behavioral health. The session provided physicians with tools to identify behavioral health conditions present in primary care that can be managed through collaborative care.

The success of the Summer CME meeting was in part due to the continued partnership with the Georgia Primary Care Association (GPCA). Partnering with GPCA, continues to provide GAFP access to additional primary care clinicians who do not participate in our educational offerings. GPCA offered a one-day leadership track, which empowers learners with strategies and best practices to address challenges facing medical/clinical leaders.

The partnership with the Georgia Department Public of Health continues to allow us to bring public health related topics to our members throughout the state. Using the support of the state contract, GAFP offered two public health related lectures during Summer conference (Maternal Mortality and Transitions of Care) and will offer three additional lectures during the Fall conference.

Thrive

July 18, 2019 earmarked the inaugural cohort of Thrive, a GAFP transformation project that focuses on helping primary care practices increase reimbursements by identifying under-used codes and procedures.

Up to ten independent practices were given an opportunity to participate in one of two cohorts hosted in Gainesville, GA or Macon, GA. The instructional component of each cohort consisted of two face to face workshops and interim improvement plan checkpoint teleconferences. The rapid-improvement team consisted of GAFP partner and coding expert, Steve Adams MCS, COC, CPC, CPMA, CPC-I, PCS, FCS, COA, who led discussions on hidden codes and documentation. Bob Addleton, EdD and Adele Cohen, MS of Leadership in Practice mentored individual practices on developing rapid-improvement plans, which when implemented will transform the practice into a thriving facility. In addition, GAFP Director of Education, Felicia D Kenan, MPA, CMP was on-hand to provide direction relating to utilizing this project for a self-directed study for ABFM Part IV maintenance of certification.
Aside from unmasking medical codes and documentation procedures that will lead to improved billing practices, participants are eligible to receive up to 10.00 Prescribed credit(s) by the American Academy of Family Physicians. Upon completion of the full improvement plan activity, Diplomates may submit the activity to ABFM to qualify for 20 activity points submitted as Part IV- Self-Directed Performance Improvement Activities.

**2019 Summer Family Medicine Weekend**
The 2019 Summer CME Meeting was held at the Omni Amelia Island Resort in Amelia Island, FL, June 6-9, 2019. We offered up to 36 CME credits for the program and hosted 214 family physicians and other health care professionals, a record number for the Summer meeting.

The Summer Meeting topics included a Business Leadership track jointly provided by GPCA, Women’s Sexual Health, Cancer (Lung & Colorectal), Hemophilia, Depression, Heart Failure and a state update on Opioids. In addition, we offered several public health related lectures including Maternal Mortality and Transitioning of Care from Pediatric-Oriented Practice to an Adult-Oriented Practice. The Summer CME weekend also offered ABFM Knowledge Self Assessments (KSAs) on Diabetes, Asthma, and Cerebrovascular Disease.

**2019 Annual Scientific Assembly**
The 2019 Annual Scientific Assembly will be hosted at the Atlanta Evergreen Marriott Conference Resort in Stone Mountain, November 14-16 (Thursday – Saturday).

This year’s educational programs will include a business solution track which will provide training on 2020 Coding and Implicit Bias. In conjunction, AAFP will provide a workshop on Physician Health First which will focus on such issues as physician burnout. Added educational programming will include a variety of CME lectures such as a Pediatric track, Atopic Dermatitis, Lupus, Diabetes; Member Interest Groups; and a myriad of additional evidence-based educational lectures. In addition, we will offer ABFM Knowledge Self Assessments (KSAs) on Women’s Healthcare, Hypertension, Care of the Vulnerable Elderly, and Childhood Illnesses. Regarding public health lectures, the Fall conference will offer sessions to address the State of Public Health in Georgia, STDs, and Maternal Mortality.

**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 GAFP staff to discuss trends in the industry; offer suggestions to make the Hub more interactive and beneficial for both the attendee and the exhibitor; and to give GAFP staff feedback from their exhibiting colleagues that help us in our program planning.

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

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

Theresa Jacobs, MD - Chair
Ken Howard, MD – Vice Chair
Dolapo Babalola, MD
Karla Booker, MD
Loretta Hicks, MD
Ambar Kulshreshtha, MD
Oguchi Nwosu, MD
Kuna Okong, MD

Monica Parker, MD
Dean Seehusen, MD
Harry Strothers, MD
Susan Thomas, MD

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

Respectfully submitted,

Theresa Jacobs, MD
Education and Research Committee Chair

Ken Howard, MD
Education and Research Committee Vice Chair

Recommendations: None
August 2019

Georgia Academy of Family Physicians
Congress of Delegates

Annual Report of the Legislative Committee
The First Session of the 155th Georgia General Assembly adjourned Sine Die Thursday, April 2, 2019. Georgia’s legislature meets for 40 days and their sessions last for two years. Any legislation not defeated or passed will be still be pending in 2020.

Tax Credit for Preceptors – Passed!
House Bill 287 (Sponsor Rep. Matt Dubnik – Gainesville)
Workforce - Preceptor Tax Credit – Support tax credits for community-based physician faculty to precept Georgia medical students, physician assistants and advanced practice registered nurses. It replaces the existing tax deduction for community-based faculty preceptors. Preceptorship training is defined as the uncompensated community-based training of medical students, advanced practice registered nurses (APRNs) students, or physician assistant (PA) students. For physicians, the tax credit would be $500 for each of the first three rotations and $1,000 for the fourth through tenth rotations in a calendar year. For APRNs and PAs, the tax credit would be $375 for the first three rotations and $750 for the fourth through tenth. Status: Act 44 Signed by the Governor 4/25/2019.

Medicaid Waivers – Passed and Immediately Signed by the Governor
Senate Bill 106 (Sponsor Senator Blake Tillery – Augusta)
Medicaid – Support Medicaid innovations (state waivers) to provide affordable access to health insurance for low income Georgians and stabilize the current insurance market for individuals and small businesses. SB 106 authorizes the Department of Community Health (DCH) so submit a waiver request, on or before June 30,2020, to the U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services pursuant to the Section 115 of the federal Social Security Act, which may include an increase in the income threshold up to a maximum of 100 percent of the federal poverty level. The measure also allows Georgia to submit 1332 innovation waivers relate to health insurance coverage or health insurance products. Status: Signed by the Governor 3/27/2019.

Step Therapy Exception Protocols – Passed!
House Bill 63 (Sponsor Rep. Sharon Cooper – Marietta)
Insurance - Step Therapy – Support legislation to require insurance (non-ERISA) and State Health Benefit Plans to have a process for step therapy exception protocols. The exceptions protocols are based on the following criteria: 1) the required drug is contraindicated; 2) RX would be ineffective based on the known clinical condition of the patient; 3) patient has previously tried the prescription drug under a current or previous health insurer and was shown to be ineffective; and 4) patient’s condition is stable on an RX previously selected whether or not approved under current health benefit plan. Status: Act 43 Signed by the Governor 4/25/2019.

Scope of Practice – APRN Expansion
Patient Safety – Oppose legislation that would allow APRN’s to order imaging without supervision of a physician and would also allow physicians to increase supervision from four to eight advance practice nurses at the same time in active practice. The Georgia Academy has concerns about additional abundance of over-imaging of patients by allowing non-physicians to order screenings. The GAFP also believes that increasing the number of active APRN’s working concurrently under a physician’s supervision diminishes the ability to provide accurate review of patient care. (Pending in the House Special Committee on Access
to Quality Health Care / Tabled in the Senate). It is expected to be redirected to the Senate Health and Human Services Committee prior to the end of this legislative session. It will still be available for passage in 2020.

Public Health – Easing Mandatory Childhood Vaccines
House Bill 416 (Sponsor State Rep. Rick Williams - Milledgeville)
Child Safety – Oppose legislation that would create a state vaccine board to allow easing of mandatory childhood vaccines. This legislation would reduce Georgia’s child immunization rates. It would also be duplicative of the federal National Vaccine Injury Compensation Program. Vaccines save lives by preventing disease. (Pending in the House Health & Human Services Committee.) No movement on this bill in 2019, will be available for passage in 2020.

Scope of Practice - Abortion
House Bill 481 (Sponsor State Rep. Ed Setzler – Acworth)
Scope of Practice – Oppose legislation that would criminalize a Georgia physician performing within their scope of practice. This bill will have a chilling effect of clinicians who are trained to care for women and would exacerbate the problem of keeping labor and delivery units open throughout the state. The Georgia Academy has a long-standing policy of opposing any legislation that would violate the physician/patient relationship, as well as, banning a physician’s ability to diagnose, prescribe and treat a patient within their scope of practice. Passed the General Assembly and signed into law. Currently, the effective date is January 1, 2020 – but a lawsuit has been filed to enjoin the law.

Rural Broadband
Senate Bill 2 (Sponsor State Senate Steve Gooch – Dahlonega)
Access for Underserved/Rural Communities – Support legislation (from past legislative sessions) broadband legislation that will enhance and provide for high speed broadband and increase internet connectivity. The legislature adopted and Governor Kemp signed into law three rural broadband bills introduced by Sen. Steve Gooch R-Dahlonega). SB 2 allows local EMCs to deliver broadband services; SB 17 allows local telephone cooperatives to deliver broadband services; and SB 66 addresses small cell wireless technology.

Surprise Billing
Sen. Chuck Hufstetler (R-Rome) introduced legislation (SB 56) that would mandate the amount health insurers pay for emergency medical services provided by doctors and groups who aren’t part of a patient’s insurance network. The measure establishes a standard payment model for out-of-network emergency care using a formula that includes a combination of the 80th percentile of charges and the 95th percentile of allowed amounts from the nonprofit organization FAIR Health. The bill also requires insurance companies and hospitals to notify patients of who their physicians will be and whether the physicians are in-network; at the patient’s request. Mediation is available by the Department of Insurance at the patient’s request and costs associated shall be shared evenly among all parties involved. Status: Eligible in 2020

HR 84, by House Insurance Committee Chairman Richard Smith (R-Columbus), attempts to address surprise billing by requiring physicians, hospitals and insurers to provide information to patients to allow for more informed medical decisions related to scheduling elective procedures. In addition to the transparency provisions the bill was amended to create a payment model for out-of-network emergency care that would be the greater of 150 percent of Medicare or the contracted rate. Status: House Third Readers Lost (HV #222 77-78; NV 12; Exc 13) 3/7/2019

Pharmacy Benefits
HB 233, authored by Rep. David Knight (R-Griffin), amends Title 26 to create the "Pharmacy Anti-Steering
and Transparency Act”. The bill prohibits nonresident pharmacies from sharing patient and prescriber data with affiliates for commercial purposes, presenting a claim for a service provided based on referral from an affiliate, or mailing a prescription to a patient when the prescriber calls for an in-person consultation. It also requires such pharmacies to file an annual disclosure statement of its affiliates. This bill has been enacted.

HB 323, authored by Rep. David Knight (R-Griffin), amends Title 33 to add new restrictions on actions by pharmacy benefits managers. These new restrictions include prohibitions on referring an insured to an affiliated pharmacy for the provision of pharmacy care services; transferring or sharing records containing patient-identifiable and prescriber-identifiable data to an affiliated pharmacy for any commercial purpose; making any false or misleading statement to an insured, pharmacist, pharmacy, dispenser, or dispenser practice; restricting an insured from utilizing any in-network pharmacy or dispenser practice; and, implementing any medication management program that alters or denies access to ongoing therapy. The House agreed to the Senate Substitute to the bill by a 158-0 vote, and the bill has been enacted.

Sen. Chuck Hufsteter (R-Rome) introduced a bill (SB 195) that would have 1) established transparency standards for formularies; and 2) streamlined the prior authorization process by requiring the use of a standard form by setting timelines for insurers to respond to the form and ensuring the continuity of care when a patient switches their health insurance plan. The prior authorization language was stripped out of this bill and replaced with language related to travel insurance. Status: Eligible in 2020.

Scope of Practice
Sen. Larry Walker (R-Perry) introduced a bill (SB 109) that would have 1) expanded the number of advanced practice registered nurses (APRNs) a physician can oversee under a protocol agreement from four to eight and 2) allowed physicians to supervise up to four of these APRNs at any one time and 3) allowed APRNs to order radiographic imaging. Status: Senate Tabled 3/5/2019. Eligible in 2020. Georgia Academy continues to oppose this expansion.

Rep. Alan Powell (R-Hartwell) introduced a bill (HB 409) that would have 1) allowed advance practice registered nurses (APRNs) to order radiographic imaging in non-emergency situations and 2) increased the number of APRNs a physician can supervise under a protocol agreement from four to eight. Status: House Second Readers. Eligible in 2020 Special Committee on Access to Quality Health Care. Georgia Academy continues to oppose this expansion.

Other Issues:
Rep. Ron Stephens (R-Savannah) introduced a bill (HB 214) that will remove the geographic restrictions on physicians who have vaccine protocol agreements with pharmacists. Passed as an SB 115 amendment related to telemedicine licensure. Status: Enacted

Rep. Houston Gaines (R-Athens) introduced a bill (HB 217) that will create a needle exchange program within the Georgia Department of Public Health. MAG asserted that physicians should be able to prescribe syringes and needles to patients who have an injection drug addiction in conjunction with addiction counseling to help prevent the transmission of contagious diseases. Status: Act 25 Signed by Governor 4/2/2019.

Sen. Kay Kirkpatrick, M.D. (R-Marietta) introduced a bill (SB 16) that will allow Georgia to join the Interstate Medical Licensure Compact to make it easier for physicians to obtain licenses in other participating states. Status: Signed by Governor 4/25/2019.

Sen. Kay Kirkpatrick, M.D. (R-Marietta) introduced a bill (SB 18) that will allow physicians to enter into
direct primary care agreements with their patients without being subject to health insurance regulations.


**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 approved this initiative this summer and Atlanta Mayor Keisha Lance Bottoms signed it into law in July.

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.**

**2019 Legislative Day at the Capitol**

On Thursday, February 28th over 150 family physicians, internists, pediatricians, and OB/Gyn physicians joined together to take our legislative initiatives to the State Capitol. Governor Brian Kemp attended the event and made remarks to the physicians in attendance. Mark your calendar for our 2020 Day at the Capitol, scheduled for Thursday, March 5, 2020.

**Family Medicine Legislative Champion of the Year**

State Representative Matt Dubnik (R-Gainesville) was named the 2019 Family Medicine Legislative Champion of the Year by the Georgia Academy of Family Physicians for his commitment to advocating for physicians and patients. During the 2019 legislative session, Rep. Dubnik sponsored legislation that offers a state tax credit for physicians who precept nurse practitioners, physician assistants and medical students.

The Preceptor Tax Incentive Program (PTIP) Act, or House Bill 287, was introduced by Rep. Dubnik during the 2019 legislative session. The bill, which passed with bipartisan support in both legislative chambers, grants state tax credits not just to licensed physicians training future doctors, as was implemented in a 2014 law that gave tax deductions instead of credits, but also to medical students, advanced practice registered nurses and physician assistants who receive no financial compensation for their work as instructors or preceptors. Governor Brian Kemp signed HB 287 on April 25, 2019, and the legislation went into effect on July 1, 2019, as the new PTIP.

Representative Matt Dubnik represents the citizens of District 29, which includes portions of Hall County. He was elected to the House of Representatives in 2016 and currently serves as Vice Chair of the Game, Fish & Parks and Juvenile Justice committees. He is also a member of the Higher Education, Small Business Development and Interstate Cooperation committees.

**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.

Thank you to the following GAFP leaders:

**Legislative Session Working Group:**
- Cedrice Davis, MD
- Kim Eubanks, MD
- Angela Gerguis, MD
- Emily Herndon, MD
- Thaddeus Lynn, MD
- Nithya Natrajan, MD
- Kuna Okong, MD
- Anna Sikod, MD
- Harry Strothers, MD
- Tina-Ann Thompson, MD
- Angeline Ti, MD
- Nkiruka Udejiofor, MD
- Donny Fordham, MD – President
- Alexis Halyard, - Medical Student
- Kenneth Hearn – Medical Student
- Vijay Venkatesan – Medical Student

**Legislative Committee Members:**
- Susana Alfonso, MD
- Samuel “Le” Church, MD
- Chip Cowart, MD
- Mitch Cook, DO
- Daniel Feckoury, MD
- Donald Fordham, MD
- Neena Ghose, MD
- Casey Henritz, DO
- Thaddeus Lynn, MD
- Gena Marie Mastrogianakis, MD
- Monica Newton, DO
- Mitzi Rubin, MD
- Alayna Dukes – Medical Student

Respectfully Submitted,

Bruce LeClair, MD, FAAFP Co-Chair

Rick Wherry, MD, FAAFP Co-Chair

**Recommendations:** None
Report of the Membership Committee

September 2019
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 with membership numbers reflected from May 2019, the AAFP’s member drop date for 2019.

Membership Programs:

GAFP Membership as of May 2019

Membership
GAFP Membership as of May 2019 was at a total of 3,292, a gain of 4.9% from the previous year. Our member demographics included 1,719 active members, 9 inactive members, 172 life members, 238 residents, 1,133 students, 14 supporting, and 8 transitional members. Our total membership continues to be approximately 85 percent market penetration in our state of all family physicians that are eligible to be members.

The GAFP, for the fourth 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.

Membership in the AAFP overall is at 134,600, a 1.2% increase over last year with the Academy continuing to be the second largest subspecialty physician membership organization in the United States, trailing only the American College of Physicians.

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. In 2019, the GAFP’s Board of Directors approved the following dues increase for GAFP Membership in 2019. Life member dues increased by $25 to $300 (one-time only), and Inactive member dues increased to $100 annually from $50. Members saw the increase in their 2019 dues renewal as it was in effect for 2019. Active, resident, and transitional member’s dues remained the same.

Member Recruitment and Retention
At the conclusion of the AAFP’s final membership drive in May, the GAFP had lost 121 members due to lack of CME or for non-payment. Prior to the May 1st deadline, we conducted several outreach efforts via mail, 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 (2017, 2018, and 2019) for one of our CME meetings (Summer or Annual). This pilot will conclude in 2019 and will be reviewed for 2020.
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...............................Alice House, MD, FAAFP ~ Buena Vista
Family Medicine Educator of the Year.................Dolapo Babalola, MD, FAAFP ~ Atlanta
Community & Volunteer Services Award.............Folashade Omole, MD, FAAFP ~ Atlanta
Department of Public Health Award....................Zita Magloire, MD ~ Cairo
Family Medicine Resident of the Year...............Natalie Britt, MD ~ Savannah Memorial Health FMRP
Keith Ellis Resident Scholarship Award..............Natalie Britt, MD ~ Savannah Memorial Health FMRP

T. A. Sappington Awards
In 2019, there were four T. A. Sappington Award winners:

- Michael Land from Mercer University School of Medicine (MUSM), Macon Campus who was accepted and enrolled in Medical Center Navicent Health Family Medicine Residency Program.
- Macy McNair, a student from Morehouse School of Medicine who was accepted into the Morehouse School of Medicine Residency Program.
- Joseph Coppiano, a student from the Medical College of Georgia in Augusta, who has entered the Medical College of Georgia Augusta University Family Medicine Residency Program.
- Jordan Moss, a student from the Philadelphia College of Osteopathic Medicine (PCOM) will continue her medical career at the Floyd Family Medicine Residency Program in Rome.

Congratulations to all of our 2019 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. Elvan “Ellie” Daniels; Carmen Echols, MD; James Hagler, MD; Beulette Hooks, MD; Folashade Omole, MD; and Tina-Ann Thompson, MD.

Respectfully Submitted,
Michael Busman, MD
Chair, Membership Committee

RECOMMENDATIONS: None
September 2019

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

The installation of officers will take place during the 2019 Congress of Delegates in November. The nominations proposed by the members of the Nominating Committee are as follows:

President-Elect* .........................................................Tom Fausett, MD ~ Adel, 2020
Vice President ..........................................................Susana Alfonso, MD ~ Atlanta, 2020
Secretary .................................................................Samuel “Le” Church, MD ~ Hiawassee, 2022
Speaker** ............................................................Carl McCurdy, MD ~ Jasper, 2020
Vice Speaker** .......................................................Monica Newton, DO ~ Gainesville, 2020
Director, District 5.......................................................Cedrice Davis, MD ~ Marietta, 2019-2021
Director, District 8.......................................................Jay Floyd, MD ~ Brunswick, 2019-2021
Alternate Director, District 1..............................Sherma Peter, MD ~ Sylvania, 2019-2021
Alternate Director, District 2..............................Zita Magloire, MD ~ Cairo, 2019-2021
Alternate Director, District 4..............................Carmen Echols, MD ~ Conyers, 2019-2021
Alternate Director, District 5..............................Shameka Hunt McElhaney, MD ~ Smyrna, 2019-2021
Alternate Director, District 8...............................William “Donny” Nash, MD ~ Nashville, 2019-2021
Alternate Director, District 9...............................Nkiruka Udejiofor, MD ~ Woodstock, 2019-2021
Alternate Director, District 11..........................Wanda Gumbs, MD ~ Atlanta, 2019-2021
AAFP Delegate .......................................................Beulette Hooks, MD ~ Midland, 2019-2021
AAFP Alternate Delegate.................................Mitch Cook, DO ~ Athens, 2019-2021

PAC Board Nominations:
The GAFP PAC Board nominated Dr. Beulette Hooks and Dr. Dan Singleton to serve on the 2020 PAC Board. If approved by the Board in November, this will serve as their three terms as PAC Board members.

Past GAFP President, Dr. Beulette Hooks of Midland, is a longtime supporter of the PAC and served on the GAFP PAC Board in 2019 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 2019 as the GAFP PAC “At Large” member, and is a supporter of the PAC. 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 of Trustees Nominations: The Georgia Healthy Family Alliance Board recommends to the Nominating Committee, Dr. Patrick “PJ” Lynn of Rome and Dr. Loy “Chip” Cowart to serve four-year terms beginning in November 2019 and concluding in November 2023, if approved by the GAFP Board of Trustees. Note that the GHFA Board of Trustees is comprised of GAFP member volunteers and are appointed by either the GAFP Board or the GAFP Congress of Delegates.

Dr. Patrick “PJ” Lynn of Rome has agreed to serve an additional term on the Georgia Healthy Family Alliance Board of Trustees. This would be a four-year term beginning in November 2019 and concluding in November 2023. Dr. Lynn is currently serving as President of GHFA. He has indicated his interest in serving in this capacity and is willing to serve if approved by the GAFP Board of Trustees.

Dr. Loy “Chip” Cowart of Statesboro has agreed to serve an additional term on the Georgia Healthy Family Alliance Board of Trustees. This would be a four-year term beginning in November 2019 and concluding in November 2023. Dr. Cowart currently serves on the GHFA Board and is Chair of GHFA’s Capital Campaign Cabinet. He has indicated his interest in serving in this capacity and is willing to serve if approved by the GAFP Board of Trustees.

One additional new trustee will be presented to the COD for final review and approval at the November meeting.
Summary
I would like to thank the efforts of the members of the Nominating Committee. The members include Drs. Loy “Chip” Cowart; Julie Dahl-Smith; Wayne Hoffman; Theresa Jacobs; Howard McMahan; and Jeff Stone. I would also like to thank all of those who have agreed to serve as leaders next year.

Recommendations: None

Respectfully Submitted,
Donald L. Fordham, MD, FAAFP
Chair, Nominating Committee

* President Elect automatically becomes President in 2021 and Board Chair in 2022.
**Speaker and Vice Speaker nominations are for the 2020 Congress of Delegates.
September 2019

Practice Management Committee
2019 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. This year, the Practice Management Committee redesigned its work to support members focusing on business education and payor issues/easing administrative burdens.

Meeting dates:
March 2 – Athens, GA
June 6 – Amelia Island, FL
August 3 – Gainesville, GA

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

Business of Family Medicine Education
A. Newsletters
Through September, the following articles were published in the GAFP newsletter that is sent to all members and archived on our website:
   - Getting Paid for CCM Services
   - Prime Registry
   - Medicaid New Enrollment Process
   - Georgia BCBS HMO Office Lab – Refreshed
   - Stopping Burnout
   - Monthly Metrics for Private Practices
   - Peach State – New PA & Pharmacy Changes
   - If you Prescribe Durable Medical Equipment: Please Read GAMMIS Change Notice - DCH's Continuous Program Improvement Initiative
   - A message from the Georgia Composite Medical Board
   - Stopping Burnout at the Source: Delegating the Administrative Burden

B. AAFP Member Interest Group – Employed Physicians
The leadership of the Georgia Academy, following a request from the 2018 Congress of Delegates, requested that the AAFP Board of Directors approve a new member interest group forum on Employed Physicians. This MIG was approved in September and is now one of the options when AAFP members explore ways that the AAFP can help specific member groups.

C. CME Lectures
The Committee asked the Education and Research Committee to host a multitude of lectures during their traditional Business Solutions Track that is offered at the GAFP’s annual meeting. The current schedule for this year’s Business Solutions Track includes the following:
In conjunction with the Education and Research Committee, we launched regional education for independent practices to work on financial sustainability in their practice.

In 2019, this was offered in Gainesville and Macon. Thrive, a GAFP transformation project focus on helping family medicine practices increase reimbursements by identifying under-used codes and procedures. Family physicians, along with their core billing team, had the opportunity to receive individualized rapid cycle improvement guidance from industry experts.

The Thrive team consisted of GAFP partner and coding expert, Steve Adams of InHealth Professional services, who led discussions on hidden codes and documentation. Bob Addleton, EdD and Adele Cohen, MS of Leadership in Practice mentored individual practices on developing rapid cycle improvement plans, which when implemented will transform the practice into a thriving facility. In addition, GAFP Director of Education, Felicia Kenan, MPA, CMP was on-hand to provide direction related to utilizing this project for a self-directed study for ABFM Part IV maintenance of certification. Aside from unmasking medical codes and documentation procedures that will lead to improved billing practices, participants are eligible to receive up to 10 prescribed credit(s) by the American Academy of Family Physicians. Upon completion of the full improvement plan activity, diplomates may submit the activity to ABFM to qualify for 20 activity points as an approved Part IV- Self-Directed Performance Improvement Activity.

**Medicaid Administrative Simplification Workgroup**

For an additional year, Dr. Le’ Church was the 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. Dr. Church presented to the Committee on how all four Medicaid insurers utilize prior authorization for ADHD and Diabetes medications.
Summary
Thank you to our Practice Management Committee for their participation and support of the GAEP practice improvement initiatives.

Cedrice Davis, MD  Tom Fausett, MD
David Fieseler, MD  Nikiruka Udejiofor, MD
Shameka Hunt-McElhaney, MD  Claire Visitacion, MD
Catherine James-Peters, MD  Vaidehi Ambai, DO (resident)
Michelle Nichols, MD  Ayesha Ali (medical student)
Collyn Steele, MD  Yasir Anzar (medical student)
Anne Todd, MD

RECOMMENDATIONS: None

Respectively Submitted,
Jay Goberdhan, MD, Co-Chair
Michael Satchell, MD – Co-Chair
Report of the Public Health Committee
September 2019
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 2, 2019 – Athens, GA
June 6, 2019 – Amelia Island, FL
August 3, 2019 – Lake Lanier, 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 two years.

2019 Guest Presentations to the Public Health Committee
One of the goals put forth in the previous committee year was to invite guests to speak at the Public Health Committee meetings in 2019. In 2019, we had guest speakers at all 3 committee meetings:

- Kimberly Brown, STD Nurse Consultant – Presentation Topic: Desensitization
- Kimberly Stringer Ross, Program Manager – Presentation Topic: “Talk with Me Baby” Initiative
- Melissa Tobin-D’Angelo, MD, Infectious Disease Specialist – Presentation Topic: E. coli O103 infections in Georgia
- Ami Gandhi, MPH, Team Lead – Presentation Topic: Hepatitis A (HAV) outbreak in Georgia
- Kevin A. Kovach, Population Health Manager – Presentation Topic: AAFP Population Health Initiatives
- Sharifa Peart Program Director, Children and Youth with Special Health Care Needs

2019 memo
The committee submitted the following recommendation for Commissioner Kathleen E. Toomey, MD to give the “State of Public Health” at the 2019 Annual Meeting.

Recommendation for Commissioner Kathleen E. Toomey, M.D., M.P.H. Georgia Department of Public Health to speak at the 2019 Annual Meeting to provide a “State of Health” lecture

Background: Kathleen E. Toomey, M.D., M.P.H., was appointed commissioner of the Georgia Department of Public Health by Governor Brian Kemp in March 2019. Dr. Toomey is a life member of the Georgia Academy of Family Physicians.

The Georgia Department of Public Health (DPH) is the lead agency in preventing disease, injury and disability; promoting health and well-being; and preparing for and responding to disasters from a health perspective.

- DPH’s main functions include: Health Promotion and Disease Prevention, Maternal and Child Health, Infectious Disease and Immunization, Environmental Health, Epidemiology, Emergency Preparedness and Response, Emergency Medical Services, Pharmacy, Nursing, Volunteer Health Care, the Office of Health Equity, Vital Records, and the State Public Health Laboratory.
The Public Health Committee discussed having a senior leader of the Department of Public Health provide an update to our membership. As the GAFP has a contract with DPH’s division of Maternal and Child Health, we believe that having Commissioner Toomey speak to our members at an upcoming CME meeting would be mutually beneficial. Commissioner Toomey lecture is confirmed for November 14th at 3:30pm the titled of the lectures is the State of Public Health in Georgia

GAFP Representative for DPH Committees - MMRC Action Committee / Perinatal Quality Collaborative
The GAFP selected two GAFP members to serve on the MMRC Action Committee and Perinatal Quality Collaborative.

MMRC Action Committee:

Angeline Ti, MD serves as the GAFP representative on the Maternal Mortality Review Action Committee (MMRC). This group works on the pregnancy-related/pregnancy associated case recommendations. Additionally, they explore in more depth the contributing factors and social determinants from the cases to develop further action and initiatives (mental health, substance use, access to care). Dr. Ti provided updates and news findings to the GAFP membership and the public health committee.

Liaison for the Georgia Perinatal Quality Collaborative (GaPQC):

Zita Magloire, MD of Cairo, GA, serves as the Georgia Academy of Family Physicians (GAFP) liaison to the Georgia Perinatal Quality Collaborative (GaPQC) committee. GAFP Staff – Tenesha Wallace served as a representative for GAFP on the (GaPQC) committee as well. The purpose of the GaPQC liaison is to ensure that GaPQC and GAFP has an open pathway of communication established to synchronize organizational efforts in perinatal quality improvement, as it impacts the GAFP membership. Dr. Magloire provided quarterly updates to the GAFP and the Public Health Committee.

AAFP Health Equity Grant
The GAFP received a grant from the AAFP on health equity. To fulfill the grant, the GAFP will:

• Will conduct two in-person public health committee meetings to discuss this issue (August 2019 and March 2020) and seek resources for members. Along with the key leaders (and staff) from the Education Committee, information (4-6 topics) will be distributed to the membership utilizing the GAFP newsletter, social media and website.

• GAFP will partner with the Two Georgia project to offer online education (webinars). The GAFP annual meeting (November 2019) will also offer a lecture focusing on Health Equity in Georgia - "Focusing on Best Practices and Current Solutions". Up to 500 family physicians and their staff are expected to attend the annual meeting.

GAFP/Department of Public Health (DPH) Contract
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 2019 calendar year:

2019 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 Zita Magloire, MD of Cairo, GA at the 2019 Fall Family Medicine Weekend, November 14-16 at the Atlanta Evergreen Marriott Conference Resort.

2019 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 served as the (EHDI) Physician Champion for 2019. 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 April and June 2019. 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/.

Sexual Transmitted Diseases
One STD webinar titled: “Expedited Partner Therapy” was provided to GAFP Chapter members in May 2019. At our annual meeting GAFP provided an STD Update to our membership. In addition, one newsletter on Reducing Syphilis-Related Adverse Pregnancy Outcomes in Georgia via Screening was published in the GAFP newsletter in July 2019.

Oral Health
An Oral Health Varnish Newsletter titled: Making a Case for the Importance of the Primary Care Provider in Early Child Oral Health – A Dentist’s Plea for Help was provided to GAFP members in July 2019. Additionally, 2 grand round lectures were given to 2 of Georgia residency programs in March of 2019.

2019 DPH and GAFP Collaboration Meeting
The GAFP staff and the DPH leadership team met on Friday, April 19, 2019 to discuss the priorities and vision for the future of DPH and further collaboration efforts with Georgia Academy of Family Physicians.

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
- Strategic Partnerships and Health Policy Division
- Health Care Transitions for Adolescents with Chronic Conditions: Moving to a New Physician Practice
- Demystifying Health Care Transition: The 6-Step Program for Family Physicians
- Women, Substance use, reproductive & sexual health
• Update: Sexually Transmitted Infections

Educational Lectures for Family Medicine Residency programs:

**Topic Area: Newborn Screening**
EHDI: 1-3-6: Considerations for the Medical Home
Presenters: Paula Harmon, MD  
Medical Director of Hearing Loss  
Children’s Healthcare of Atlanta
Programs: Morehouse School of Medicine Family Medicine Residency Program - May 29th  
Emory University Family Medicine Residency Program – June 6th

**Topic Area: Oral Health**
Prenatal and Infant Oral Health: Roles and Impact of Medical Providers
Presenter: Adam Barefoot DMD, MPH
Programs: Augusta University Residency Program – March 26th  
Navicent Health Residency Program – March 15th

**Topic Area: Developmental Screening**
“Don’t Wait and See” Early identification of Developmental Delays Through Surveillance and Screening
Presenter: Jennifer M. Zubler (CDC/ONDIEH/NCBDDD) (CTR)
Programs: WellStar Kennestone Regional Medical Center Residency Program – May 15th  
WellStar Atlanta Medical Residency Program – April 16th

**Topic Area: Maternal & Mortality**
Maternal Mortality: AIM High - Reducing Harm with Safety Bundles
Presenter: Lauren Nunally MPH, BSN, RNC-OB, Perinatal Quality Coordinator
Programs: Gwinnett Family Medicine Residency program – March 27th  
Savannah Memorial Family Medicine Residency program – May 24th  
Phoebe Family Medicine Residency program – May 21st

**Public Health Education**
2019 Newsletter Articles:

• Living Well with Sickle Cell: Utilizing Community Health Workers to Improve Patient Care for Georgians  
• Seeking Family Physician Who is Exemplary in Supporting Georgia’s Maternal and Health Population  
• Super Bowl and the Measles - What to know about the disease outbreak  
• Making a Case for the Importance of the Primary Care Provider in Early Child Oral Health – A Dentist’s Plea for Help  
• Reducing Syphilis-Related Adverse Pregnancy Outcomes in Georgia via Screening  
• New Conditions added to Georgia NBS Panel  
• Incorporating Pediatric-To-Adult Transition into NCQA Patient-Centered Medical Home Recognition  
• Addressing the “GaP” in Perinatal Outcomes

GAFP Website – Public Health:  
The GAFP website contains an entire section dedicated to Public Health, which the Public Health Committee directs. Staff updated the following public health website tabs:  
• Transitioning Youth from Pediatric to Adult Health Care
• Public Health for Women, Infants and Children (WIC)
• Newborns Screenings
• Early Hearing Detection and Intervention
• Oral Health: Public Health Services and Provider Locator

Thank you to the Public Health Committee members for their participation and continued support of GAEP initiatives: Loretta Duggan, MD; Kim Eubanks, MD; Jay Floyd, MD – Chair; Jose Villalon-Gomez, MD; Kenneth Hearn (student); Sylveria Olatidoye, MD; Nithya Natrajian, MD; Sherma Peter, MD - Vice Chair; Jemese Boyd- Richards, MD (resident); Anna Sikod, MD and Angeline Ti, MD.

Respectfully Submitted for the Committee,
Jay Floyd, MD

RECOMMENDATIONS: None
Report of the Student and Resident Recruitment Committee

September 2019
Congress of Delegates
Georgia Academy of Family Physicians

Meeting dates:
March 2, 2019 – Athens, GA
June 6, 2019 – Amelia Island, FL
August 3, 2019 – Lake Lanier, GA

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 Recruitment 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 2019, five residents used the contract review benefit.

Committee noted that PGY2 residents are receiving contracts and the GAFP may need to explore the idea of allowing PGY2 to take advantage of this benefit.

**GAFP Student Track**

**Family Medicine Day for Medical Students – Saturday, March 2, 2019**

The third Annual Family Medicine Day for Medical Students was held Saturday March during the concurrent GAFP Leadership meetings in Atlanta. There were over sixty medical students, program faculty, resident, and student member volunteers present at GAFP Family Medicine Day. We had a record number of 10 Georgia based residency programs in attendance.

Agenda:

**Saturday, March 2, 2019 – Graduate Hotel Athens**

8:00 a.m. – 8:40 a.m.: Registration and Continental Breakfast
8:40 a.m. – 8:55 a.m.: Welcome

9:00 a.m. – 10:30 a.m.: Student Themed “Ted Talks”
1. Medical Missions- Treading Lightly – Gwinnet – Kevin Johnson, MD
2. Improving One’s Chances of Matching into Residency Houston FMRP – Warner Robbins – LaToya Jackson, DO
3. Hepatitis C Care in Primary Care Offices – Savannah – Mary Mier, DO
4. Just Breathe – Navicent Health – Harry Strothers-Smith, MD

10:30 a.m. – 10:45 a.m. Break

10:45 a.m. – 12:00 p.m.: Speed Dating (8 minutes per topic)
Topics: Faculty role & International medicine
Faculty: Kevin Johnson, MD (Gwinnet)
Topic: Women's Health & Family Medicine Residents
Faculty: Mary Mier, DO and resident TBD (Memorial - Savannah)
Topic: Incorporating Research into Your Practice
Faculty: Pamela Obi, MD (Floyd)
Topic: Primary Care Sports Medicine
Faculty: Leslie David, MD (NE GA Health)
Topic: Working in Private Practice
Faculty: Amy Bailey, MD (NE GA Health)
Topic: Fellowships/Procedures
Faculty: Leslie David, MD (NE GA Health)

12:15 p.m. – 1:15 p.m.: Lunch– Panel Discussion

1:30 p.m. – 3:45 p.m.: Hands on Workshops
- Acupuncture – Augusta University – Julie Dahl-Smith, DO
- Knee Examinations and Injections – Memorial Health– Mary Mier, DO
- Basic Suturing – Wellstar Kennestone – Victoria Nurpeisov, MD
- GYN Procedures – Emory – Emily Herndon, MD
- Circumcision – Gwinnett – Kevin Johnson, MD
- Casting/Splinting – Emory – Torrance Laury, MD and Devon Carr, MD
- Airway Procedure – Northeast GA FMRP – Monica Newton, DO and John Delzell, MD

3:45 p.m. – 4:00 p.m. Break

4:00 p.m. – 5:30 p.m.: Georgia (Only) Residency Fair
- Augusta University Medical College of GA - Augusta
- Emory Family Medicine Residency Program- Atlanta
- Gwinnett Family Medicine Residency Program - Gwinnett
- Wellstar Kennestone Family Medicine Residency - Marietta
- Houston Healthcare Family Medicine Residency – Warner Robins
- Morehouse School of Medicine – Atlanta
- Medical Center of Central Georgia/Navicent – Macon
- Memorial Family Medicine Residency – Savannah
- Northeast Georgia Medical Center FM Residency – Gainesville
Floyd Family Medicine Residency Program – Rome

6:00 pm – 8:30 pm.: Dinner with Medical Students and Family Physicians: Magic Moments in Family Medicine

The Committee suggested opening the 2020 Family Medicine Day residency fair session for M3’s. The 2020 meeting will take place at the Westin Perimeter in Metro Atlanta – February 29, 2020.

Outreach to Resident and Student Programs

GAFP Staff Tenesha Wallace, visited nine 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. Staff also attended AU/UGA – Athens for a FMIG informational session and the GAFP setup a booth and spoke with M1’s and M2’s about tools and resources GAFP offer medical students.

2019 Student Award Winners

Congratulations to the 2019 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:

Mr. Michael Land, a student from Mercer University School of Medicine (MUSM), Macon Campus, was nominated by Drs. Monique Davis-Smith, Program Director and Department Chair, Harry S. Strothers. He has been accepted and enrolled in Medical Center Navicent Health Family Medicine Residency Program. Michael is the first student from the MUSM Macon campus to graduate in three years through the Accelerated Track Program and enter into the MCNH Family Medicine Residency. His other student activities include the Diversity in Medicine Interest Group—where he served as Treasurer; President, Genders and Sexuality Alliance, Treasurer of the Family Medicine Interest Group; President of the Kappa Mu Alumni Association (Honorary Society for college band members); and a member of the University of Georgia Alumni Pep Band.

Ms. Macy McNair, 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. Macy was very active during her medical school career at Morehouse. She served as the Student Government Association President for the Class of 2019 and was the FMIG 1st and 3rd year liaison as well as an FMIG Ambassador. She also proudly served as a Student Director of the GAFP’s Board of Directors. Ms. McNair is known for greeting people with a bright smile and always offering a helping hand to students, administrators and faculty/staff.
Mr. Joseph Coppiano, a student from the Medical College of Georgia in Augusta, was nominated by Dr. David Kreigel. Joseph served as Academic House Senator and was Education and Advocacy chair for the Latino Medical School Association. He also served as the clinic supplies and lab coordinator for the student run free clinic, Clinica Latina. His outgoing and friendly personality made it easy to see that Joseph cares about people and enjoyed being helpful to his fellow medical students, faculty, and patients. He has served on several committees during his medical school tenure of particular note was his work with the tissue and MSK system module and the Augusta University High School Academy. He has been active in GAFP activities since 2017 and plans to continue his involvement as a resident at the Medical College of Georgia Augusta University Family Medicine Residency Program.

Ms. Jordan Moss, a student from the Philadelphia College of Osteopathic Medicine (PCOM) Georgia was nominated by Dr. Michael Sampson and has been accepted into the Floyd Family Medicine Residency Program in Rome. Ms. Moss was very active during her medical school career at PCOM where she served as the President of the American College of Osteopathic Family Physicians chapter. She is dedicated to practicing primary care in underserved areas with a focus on preventative medicine in adolescents and other at-risk populations.

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 7 different southwest Georgia counties: Dougherty, Ben Hill, Decatur, Irwin, Lee, Mitchell and Seminole. From 8 different undergraduate institutions: Albany State University (1), Abraham Baldwin Agricultural College (3), Georgia Southern University (2), and, University of Georgia (4). Five of the 2018 Pathway students have applied and been accepted to medical school; 4 will attend Georgia medical schools (Mercer & MCG) including 1 Nathan Deal Scholar. In the last 5 years, 87 percent of pathway students who applied have been accepted to medical school. 3 PTMS graduates have returned to work in the southwest Georgia area.

Foothills AHEC reported that as of July 2019, 40 pre-med students have completed the Foothills AHEC PTMS program. Two of these students are rising fourth year medical students, four are rising third year students, seven are rising second year students, and three will start medical school this fall. Seven students will apply for medical school during the 2019-2020 application cycle and four will apply during the 2020-2021 application cycle. Foothills will continue to track students through annual surveys and communication from application to med school, entrance into residency training and practice as a physician.
The student and resident recruitment committee met with SOWEGA pathway program director in February and conducted a round table discussion regarding growth of the program and program barriers. In 2019-2020 GAFP will work with the PTMS programs to recruit GAFP members for shadowing hours and increase donation amount to both AHEC programs.

AAFP National Conference for Medical Students/Residents

Georgia, along with family medicine residency programs from twenty-five additional states, set up decorative booths at the Kansas City Convention Center July 25-27 to attract medical student candidates to Georgia to attend residency in our state. A total of 99 active medical students and residents from around the state of Georgia were in attendance along with the following 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, Northeast Georgia FMRP, Gwinnet Medical Center FMRP, Houston FMRP, and WellStar Kennestone FMRP.

In addition, the GAFP had representation in both the resident and student categories. Dr. Chivon Stubbs from the Morehouse Family Medicine Residency Program at Morehouse Healthcare Comprehensive Family Healthcare Center in Atlanta served as our resident delegate and Dr. Jemese Richards-Boyd from WellStar Atlanta Medical Center in Atlanta served as our alternate. Sun Hee Shin “Sunny” and Carley Borrelli, both from the Medical College of Georgia in Augusta served as our student delegate and alternate student respectively.

Another event that occurred at the AAFP National Conference was the Yes, Ma’am (Mothers Advancing in Academic Medicine), I Can Do It All: An Interactive Panel Discussion. GAFP Member Amy Bailey, MD was among a panel of academic family physicians in various career and life stages who shared their stories of motherhood and medicine, including traditional and nontraditional paths.

2019 DPH Lectures for Georgia Residency Programs

GAFP offered nine Georgia residency programs and opportunity to participate in the Department of Public Health (DPH) grand round lectures. The following family medicine programs participated:

WellStar Kennestone Regional Medical Center Residency Program, WellStar Atlanta Medical Residency Program, Savannah Memorial Family Medicine Residency Program, Phoebe Family Medicine Residency Program, Emory University Family Medicine Residency Program, Gwinnet Family Medicine, Navicent Health Residency Program, Augusta University, and Morehouse School of Medicine. A total of 152 residents was 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: Christian Albarus (student); Maria Baumgartner (student); Jody Bahnmiller-Brasil, MD; Angela Gerguis, MD; Jason Hatcher DO; Emily Herndon, MD; Rebecca Kim (student); David Kriegel, MD; Lauren Little, DO (resident); Pamela Obi, MD; Susan Schayes, MD; Sun Hee "Sunny" Shin (student).
Respectfully Submitted for the Committee by,

Julie Dahl-Smith, DO
Chair

RECOMMENDATIONS: None
AAFP Congress of Delegates Report
November 2019

The GAFP was represented at the AAFP Congress of Delegates in Philadelphia, PA by AAFP delegates Beulette Hooks MD of Midland and Harry Strothers MD of Macon.

Also, in attendance were alternate delegates Mitzi Rubin MD of Atlanta and Eddie Richardson MD of Eatonton, GAFP staff Fay Fulton, Executive Vice President and Angela Flanigan, CEO. There were a few Georgia Physicians in attendance including past AAFP Board Member, Dr. Rick Wherry in support of Dr. Reeves’ candidacy for the AAFP President Elect.

Unfortunately, Dr. Leonard Reeves was not elected AAFP President Elect. Dr. Reeves is still a winner in our book!

The delegation attended all the reference committees monitoring all proposed resolutions. The GAFP submitted the following resolutions to the 2019 AAFP COD:

1. Tar Wars and Vaping: RESOLVED, That the American Academy of Family Physicians expand the anti-vaping and e-cigarette information included in the Tar Wars program to prevent vaping from erasing years of progress Tar Wars has made in curbing youth tobacco use, and be it further
   RESOLVED, That the American Academy of Family Physicians annually update their Tar Wars curriculum by July 1, so chapters and other anti-tobacco/vaping advocates have access to the updated information prior to the start of the school year that can start as early as August 5 in some states. (The resolution was reaffirmed as current policy. The GAFP will make sure this is updated in a timely manner and if it is not a new resolution will be sent to the next COD).

2. Medicare for Pay: RESOLVED, That the American Academy of Family Physicians actively support legislation to offer individuals aged 55 to 64 the option to buy into Medicare, and be it further
   RESOLVED, That legislation to offer individuals aged 55 to 64 the option to buy into Medicare be compliant with the previously agreed upon policies of the American Academy of Family Physicians, and be it further
   RESOLVED, That the American Academy of Family Physicians lobby for legislation that offers individuals 55 to 64 the option to buy into Medicare at the national level by providing financial support for those officeholders in favor of this option, and be it further
   RESOLVED, That the American Academy of Family Physicians offer education for the public and the profession regarding the strengths and challenges regarding “Medicare for Pay.” (This resolution was not adopted since the AAFP “Health Care for All” policy is well positioned for the current political environment).

Dr. Mitzi Rubin was a member of the AAFP 2019 Tellers Committee.

The 2020 AAFP Congress of Delegates will be held in Chicago, IL in mid-October.

NO RECOMMENDATIONS
The AAFP Congress of Delegates elected several candidates to the AAFP Board of Directors. Congratulations to the President Elect: Ada D. Stewart, MD, FAAFP, South Carolina AFP; Speaker of the Congress: Alan I. Schwartzstein, MD, FAAFP, Wisconsin AFP; Vice Speaker: Russell W. Kohl, MD, FAAFP, Oklahoma AFP; Directors: Andrew J.P. Carroll, MD, FAAFP, Arizona AFP; Steven P. Furr, MD, FAAFP, Alabama AFP and Margot Savoy. MD, FAAFP, Delaware AFP.

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/2019.html

Beulette Y. Hooks, MD, FAAFP
Midland

Harry Strothers, MD, FAAFP
Macon

Mitzi Rubin, MD, FAAFP
Atlanta

Eddie Richardson, MD, FAAFP
Eatonton
2019 Georgia Healthy Family Alliance
Report to the Congress of Delegates
September 2019

By Patrick “PJ” Lynn, 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 2019, the Alliance Board has had two in-person meetings with another scheduled in November for a total of three this year. In 2019, the Alliance had one full-time and three part-time staff members devoted to coordinating programming, communications, corporate funding and donor outreach.

The additional part-time staff this year allowed GHFA to expand the impact of Tar Wars and the Community Health Grant Program across the state. In addition, staff spent more time on the road this year launching two Tar Wars Strike Force projects in Rome (August) and Gainesville (October) to address the teen vaping epidemic.

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 2019 Community Health Grant Awards
In January 2019, the Georgia Healthy Family Alliance (GHFA) began its eighth year of the Community Health Grant Awards Program. Since its inception, the Community Health Grant Program has awarded more than $326,000 in support of 65 GAFP member sponsored healthcare projects throughout Georgia that enhance the well-being of our communities. Below is a map of Georgia counties that have received grants from the Community Health Grant Program:
With the help of a matching gift from Jackson Healthcare, GHFA once again doubled the number of community health grants awarded in 2019 to the following GA AFP members:

Alice House, MD, “myTEAM TRIUMPH-Georgia,” Columbus
Patrice Shongo, MD, “Clarkston Health Center Breast Health Project,” Clarkston
Mitch Cook, DO, “Mercy Health Flu Prevention for the Underserved,” Athens
Martha Crenshaw MD, “Chronic Disease Management Program,” Decatur
Scott Keller, MD, “Grace Village Refuge Clinic Project,” Clarkston
Suzanne Lester, MD, “MPMobile/Athens Free Clinic Lab Project,” Athens
Farris Johnson, MD “Free From “C” Project,” Athens
Leonard Reeves, MD “I’d Like To Speak to The Manager,” Rome
Allison Turk, MD “Free Medical and Dental Clinic” Project, Dahlonega
Andrea Videlefsky, MD “Get Fit and Be Healthy Project,” Marietta
Irshad Syed, MD “Free Flu Vaccines and Cardiac Screening For High Risk Project,” Athens
Raymond Bedgood, MD “Diabetes Management Classes,” Dalton
Brian DeLoach, MD “Patient Lab Tests Project,” Statesboro
Folashade Omole, MD “H.E.A.L. Mobile & Stationary Clinic Technology Upgrade,” Atlanta
Adrienne Mims, MD “Safety Net Clinic,” Dekalb County
Beverley Townsend, MD “Clay County Diabetes Management Project,” Clay County
The Jackson Healthcare gift also included production of a new video highlighting the Community Health Grant Program. Visit [www.georgiahealthyfamilyalliance.org](http://www.georgiahealthyfamilyalliance.org) to view the 2019 video and see the impact these grants have on Georgia families.

**2020 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, 2020. First cycle grant awards will be announced in March 2020. Application information will be available online at [www.georgiahealthyfamilyalliance.org](http://www.georgiahealthyfamilyalliance.org) in October.

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**Tar Wars Kicks off 2019-20 School Year**

The Tar Wars tobacco prevention and education program for elementary and middle school 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, hookah or chewing tobacco. Georgia Healthy Family Alliance staff member Kara Sinkule attended the 2019 Georgia Association of School Nurses (GASN) annual meeting on Jekyll Island, 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 “No Vaping” signs for their school clinics and educational posters on the most popular products among youth like JUUL and hookahs.

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. Morehouse School of 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” 2019 by educating students about the dangers of vaping and second hand smoke.

The Alliance continues to expand our anti-tobacco/vaping message to elementary school children throughout Georgia. Over the last eight years, we have aligned with the Georgia School Nursing Association and have reached thousands of school children as a result. GHFA staff has also been invited to present at the Children’s Healthcare of Atlanta School Health Leadership conference in early November to discuss the dangers of vapes and JUULS with school nurse leaders from across the state.

The Georgia Healthy Family Alliance 2019 statewide Tar Wars winners are Oluwatomi Shoneye from Brumby Elementary School in Marietta (pictured above) and Kellie Sanford and Neyla Gonzalez from Statham Elementary School in Barrow County. Poster winners
received a Certificate of Recognition and a gift card provided by the W.G. Raoul Foundation Tar Wars Grant.

The Alliance also used funds from the W.G. Raoul Foundation grant to launch a new Tar Wars tab on the GHFA website (www.georgiahealthyfamilyalliance/tar-wars/) where visitors will find the latest news and resources on tobacco and vape education as well as a link to request a Tar Wars presentation in their community. If you are interested in presenting Tar Wars to a local elementary or middle school in your community contact Kara Sinkule at ksinkule@gafp.org for more information or visit www.georgiahealthyfamilyalliance.org.

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

At the 2019 August Committee Conclave in Lake Lanier Islands, 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. GHFA Fundraising Consultant Jim Lyons of Pride Philanthropy joined GHFA staff to brief the GAFP Board on the progress of GHFA’s five-year capital campaign relaying that the Alliance has raised $1.6 million toward our $4 million goal.

In the current phase of the capital campaign, GHFA is seeking signature gifts of $50,000 or higher from businesses and community leaders in areas where we have considerable Alliance support and leadership. Due to the epidemic of youth vaping, we are putting more time and resources into reaching more children than we ever have with our Tar Wars program. The current community-based Strike Force, campaigns aim to raise funds to implement the Tar Wars anti-tobacco/vaping youth education and awareness program in Rome and Gainesville. As Alliance President and a resident of Rome, I will Chair the Rome Strike Force composed of family physicians, nurses, and community leaders. The Rome Strike Force is being co-chaired by GAFP member, Dr. Leonard Reeves. A kickoff meeting was held August 8th with additional requests for funding and educational activities planned for Fall 2019.

Gainesville Strike Force members are currently being recruited and a kickoff event will be held October 17, 2019. GAFP member and Gainesville resident, Dr. Monica Newton, has agreed to serve as Chair of the Gainesville Strike Force. If you would like to participate on a Tar Wars Strike Force in your community please contact Shan Hayes at shayes@gafp.org.

The 2019 Capital Campaign Leadership Cabinet members are:

**2019 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
GHFA Capital Campaign Donors

As of August 30, 2019 the “Your Giving is Great Medicine” Capital Campaign 5-year pledges include:

$1,000,000
Georgia Academy of Family Physicians

$50,000- $100,000
Jackson Healthcare

$25,000-$49,999
Dr. Chip and Elizabeth Cowart
Dr. Patrick “PJ” and Lindsey Lynn

$10,000-$24,999

Dr. John Bucholtz
Dr. Mike and Dianne Busman
Dr. Samuel “Le” Church
Dr. Evelyn Lewis & Clark
Dr. Lanny and Mica Copeland
Dr. Donald Fordham
Fay Fulton
Dr. Gene and Ivy Jackson
Dr. Susan Margletta & Jack
Harmon
Dr. Dayle Hawthorne
Dr. Thaddeus Lynn
Jim and Patti Lyons
Dr. Carl and Melanie McCurdy
Dr. Howard and Janet McMahan
Dr. Rolf Meinhold and Caryn Bains
Dr. T.J. Miller

Dr. Adrienne Mims
Drs. Monica and Wylie Newton
Dr. Mitzi and Jeremy Rubin
Dr. Eddie Richardson and Dr. Jameelah Gater
Dr. Michael Satchell
Dr. George Shannon
Dr. Daniel Singleton
Dr. Collyn and Nick Steele
Dr. Harry and Karen Strothers
Dr. John Vu
Dr. Rick and Alice Wherry
$5,000-$9,999
Dr. Susana A. Alfonso
Dr. Karla Booker
Dr. Mitch Cook
Dr. Denise Crawley
Dr. Elvan Daniels
Dr. Daniel Grizzle
Dr. Thomas Fausett
Dr. Jay and Adelene Goberdhan
Gwinnett Medical Center
Dr. Emily J. Herndon
Dr. Audrey and William Hodge
Dr. Wayne Hoffman and Thomas Torrey
Dr. Beulette Hooks
Dr. Theresa Jacobs
Dr. Kevin and Connie Johnson
Dr. Bruce LeClair
Dr. Sherma Peter
Dr. James and Harriet Ray
Dr. Leonard Reeves and Terri Brown
Dr. Susan Schayes
Dr. Jeff and Holly Stone

$1000-$4,999
Dr. Thomas Bevill
Dr. J. Larry Boss
Dr. Michelle Cooke
Dr. David Fieseler
Shan Hayes
Dr. Loretta Hicks
Dr. Christina Kelly
Dr. Ambar Kulshreshtha
Dr. Sharon Rabinovitz
Dr. Thad and Susan Riley
Shawn Smith
Dr. Charles Sow
Dr. Beverly Townsend
Dr. Walter Steven Wilson

$500-$999
Dr. Rodneysha Brown (Resident)
Dr. Kristen Kettelhut (Resident)
Dr. Shameka Hunt McElhaney
Dr. Shikha Shah
Dr. Charles Sow

2019 “Your Giving is Great Medicine” Donor Recognition Event
A reception honoring Your Giving is Great Medicine top campaign donors will be held at the Evergreen Marriott in Stone Mountain on November 15, 2019.

2019 GHFA Board of Trustees
Patrick “PJ” Lynn, MD, President
Eddie Richardson Jr., MD, Vice President
Richard Wherry, MD, Treasurer
Michael Busman, MD
Evelyn Lewis & Clark, MD
Loy “Chip” Cowart, MD
Ambar Kulshreshtha, MD
Mitzi Rubin, MD

Resident Trustees
Rodneysha Brown, MD
Kristen Kettelhut, MD
August 2019

Georgia Academy of Family Physicians
Congress of Delegates

Report of the GAFP PAC Board

The PAC Board voting members for 2019 were:

GAFP Board Chair – Loy D. “Chip” Cowart, MD
GAFP PAC Board Vice Chair – Monica Newton, DO
GAFP President – Donald L. Fordham, MD
COD Speaker – Carl McCurdy, MD
GAFP Board Member Representative – Beulette Hooks, MD
At Large GAFP Member – Dan Singleton, MD

The PAC Board ex officio members for 2019 were:

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

Donations Given in 2019 (Through August)

Georgians First Committee – Governor Kemp Inaugural Committee
Duncan for Georgia – Lt. Governor Geoff Duncan

Speaker David Ralston – Blue Ridge
Representative James Beverly - Macon
Representative Sharon Cooper - Marietta
Representative Terry England - Ashburn
Representative Brett Harrell - Snellburn
Representative Trey Kelley – Cedartown
Representative Dominic LaRiccia - Douglas
Representative Jodi Lott - Augusta
Representative Butch Parrish - Swainsboro
Representative Jay Powell - Camilla
Representative Bert Reeves - Marietta
Representative Terry Rodgers - Clarkesville
Representative Richard Smith - Columbus
Representative Calvin Smyre - Columbus
Representative Brian Strickland - McDonough

Senator Dean Burke, MD - Bainbridge
Senator Kay Kirkpatrick, MD – Roswell
Senator Butch Miller - Gainesville  
Senator Blake Tillery – Augusta  
Senator Ben Watson, MD - Savannah

**Donations Given in 2018**

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 - Rome  
Senator Jeff Mullis - Chickamauga

PAC Donation by GAFP Members  
In 2018, we raised $16,595, which was slightly more than what we raised in 2017 ($14,520). As of August, the PAC has raised $8,141.81 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 2019, the following members have contributed to the PAC:

Folake Aminu, MD  
Karla Booker, MD  
John Bucholtz, DO  
Samuel “Le” Church, MD  
Mitch Cook, DO  
Loy “Chip” Cowart, MD  
Martha Crenshaw, MD  
Henry DeWitt, MD  
Tom Fausett, MD  
Donny Fordham, MD  
James Hagler, MD  
Jeffery Harris, MD  
Karlene Hart, MD  
Rudolph Hehn, MD  
Wayne Hoffman, MD  
Kevin Johnson, MD  
Phillip Kennedy, MD  
Bruce LeClair, MD  

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:** We encourage all members to contribute to the PAC, as well as, become engaged in advocacy for family physicians.

Respectfully Submitted,

Loy D. “Chip” Cowart, MD, FAAFP
PAC Board Chair
Resident Directors Report

September 2019
Congress of Delegates
Georgia Academy of Family Physicians

2019 Resident Directors and Alternates to the Board
Resident Director Brett Prestia, DO
Resident Director Chivon Stubbs, MD
Resident Alternate Director Hikma Jemal, MD

Resident Award Winners:
Georgia Academy Resident of the Year
Awarded to Dr. Natalie Britt, M.D from the Memorial Health University Medical Center Family Residency Program in Savannah, GA.
Georgia Academy Keith Ellis Award
Also awarded to Dr. Natalie Britt, M.D for her service to the State as well as serving as Resident Delegate to the AAFP and Resident Member on the Commission on Education

AAFP Resident and Student National Conference:
One of our resident directors attended the conference in Kansas City, Dr. Chivon Stubbs along with a fellow member Jemese Richards-Boyd. They were both the recipients of the travel stipend. There were also residents present from several Georgia programs, with a total of *** medical students and residents from around the state of Georgia. Dr. Chivon has submitted to this assembly a summary of the conference and pertinent resolutions in her report.

Medical Student Meeting Workshop:
On March 2, 2019 in Athens, GA a couple dozen medical students from several schools met for a full day of lectures, panels, and workshops relating to family medicine. The goal of the event was to showcase family medicine, and help inspire and inform the students towards choosing this specialty as their career. The event was moderated by family medicine residents and program faculty across the state. In the evening there was a residency fair that had representatives from nearly every residency in Georgia.

Resident Directors also voted to help pass the following initiatives pertaining to residents:
- Residents submitted and supported a resolution that the AAFP have an official stance on access to abortion care.
- Encourage legislation to implement financial protection and support plans for residency programs at safety net hospitals
- Encourage ACGME to establish policies to support retention or resident training records with Federation of State Medical boards in event of program closure, in order to avoid financial burden on residents or record retention.
- Resident members would like AAFP to support gender-affirming care for children and adolescents, and oppose legislation that would limit care.

- Support resolutions that help the physician burnout epidemic

The Resident Board Directors are truly appreciative that the GAFP represents residency programs across the state and that the Georgia Academy consistently considers how policies enacted both on state and national level affect residency training programs and resident family physicians here in the Great State of Georgia.

Respectfully submitted,
Resident Directors, Drs. Brett M. Prestia, Chivon Stubbs, and Hikma Jemal

Recommendations: None
September 2019  
Congress of Delegates  
Student Directors Report

2019 Student Directors and Alternates to the Board  
Student Director, Board of Directors, Kenneth Hearn, Medical College of Georgia – Athens  
Student Director, Board of Directors, Michelle Orabueze, Morehouse School of Medicine  
Student Director, Board of Directors, Sun Hee “Sunny” Shin, Medical College of Georgia – Augusta  
Student Alternate Director, Board of Directors, Charles Gober, Medical College of Georgia – Athens  
Student Alternate Director, Board of Directors, Carley Borrelli, Medical College of Georgia - Augusta  
Student Alternate Director, Board of Directors, Jordi Gaton, Medical College of Georgia – Athens

Congress of Delegates Representatives to the AAFP National Student and Resident Conference  
Student Director, Board of Directors, Sun Hee “Sunny” Shin, Medical College of Georgia – Augusta  
Student Alternate Director, Board of Directors, Carley Borrelli, Medical College of Georgia - Augusta

Attendance to AAFP National Conference for Medical Students/Residents  
Sun Hee “Sunny” Shin and Carley Borrelli participated in the AAFP National Conference in Kansas City, Missouri as the student chapter delegate and the student alternate chapter delegate respectively. Through the Student Congress, they elected student representatives to national AAFP positions. In addition to this, they passed various resolutions including one providing more confidential and accessible care for the transgender youth and one affirming the safety and legality of abortion. Along with residents and family medicine physicians, the newly elected student representatives of the AAFP will continue to promote the specialty as whole.

Outside the Congress duties, delegates attended the residency fair and explored different family medicine residency programs throughout the country. They also had an opportunity to attend workshops covering various topics such as EKG, disaster medicine, opioid dependence, and dermatology. Delegates felt ignited and inspired from the conference. They hope to continue to work hard for the specialty and plan to continue to be patient advocates.

Student Directors on Committees  
- Student Director Kenneth Hearn served on the Public Health Committee and was a member of the Legislative Working Group  
  - Spent a day at the Capitol with Dr. Church during his presentation in the support of Senate Bill 106 (Medicaid Waivers)  
- Student Director Sun Hee “Sunny” Shin served on the Students & Residents Committee

Select Georgia FMIG Activity Updates  
➢ Medical College of Georgia  
➢ Morehouse School of Medicine  
  - Increased membership by 32 members since May  
  - Will implement a series of panels to highlight different aspects of Family Medicine in terms of career opportunities, diversity in the practice of Family Medicine, academia, and changes in health policies as they relate to Family Medicine.  
  - New Executive Board has been chosen for 2019-2020  
  - New E-Board Position: Activities Outreach Correspondent  
    - Aim is to increase community service and activities with the FMIG  
  - Future collaboration with other Primary Care interest groups  
  - Members of FMIG attended AAFP conference in Kansas City, Missouri
We the 2019 Student Directors and Alternate Directors are incredibly grateful for the opportunity to have served on the GAFP Board of Directors with each of you. We thank you for your continued support and guidance throughout the year. We look forward to working with you in the future.

Respectfully Submitted,
Kenneth Hearn, Sun Hee “Sunny” Shin, Charles Gober, Michelle Orabueze

Recommendations:
- Continue seating Med Student Board members amongst Physician Board members
- Open residency fair at the end of GAFP Medical Students Day to more students so that they can learn more about Georgia FM residency programs
- Regarding future policy recommendations, we would like the GAFP to consider support of CANDOR legislation such as the ones in Iowa and Colorado. CANDOR is a pre-litigation process to resolve unintended medical outcomes. The AMA and MAG are already on record in support of CANDOR.
Since graduating its first class of residents in 1975, a total of 304 residents have completed their training in the Family Medicine Residency Program. Eighty-one percent of these graduates chose to remain in the Southeast. Sixty-seven percent of the 2019 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 submitting our application for ACGME osteopathic recognition in 2020. We continue to successfully recruit allopathic and osteopathic residents into 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. Efforts continue to result in successful filled positions through the National Resident Matching Program.

The Family Medicine Center (FMC) maintains recognition through the National Committee for Quality Assurance (NCQA) as a Level III Patient Centered Medical Home (PCMH). The FMC functions in a modified multi-disciplinary team structure. There are seven teams of attending physicians, resident physicians, mid-level providers and nurses. The FMC 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 annual Departmental Research Day. Transitioning PGY-2s attended the annual Resident Retreat held in Savannah, Georgia. Resident presence continues at GAFP in Atlanta, GA, the North American Primary Care Research Conferences, 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 2018-2019:**
- The three-year residency expansion project concluded to 10/10/10 successfully. 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.
- Residents continue to participate in our Global Medicine elective rotation. Dr. Shreya Patel rotated Uganda, East Africa.
- The “Wellness” curriculum continues to address issues related to stress and fatigue, and through scheduled group events and personal wellness, promotes more time for personal health maintenance.
- Hospital-wide Ultra Sound Training instituted starts during Orientation and continues through the resident’s three-year educational process. The department purchased portable ultrasound equipment for inpatient and outpatient training.
- ROSH Review is renewed by the department each year and is a valuable tool to assist residents with board-taking skills. Residents are also required to attend a Board Review Course paid for by the department. Our program has achieved a 100% pass rate for the last three years.
- Two rural pediatric outpatient practices were secured this year to improve residents experience in pediatric care.
- Our department has been engaged in an intercampus grant to educate residents and faculty in 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.

Respectfully submitted,

**Julie Dahl-Smith, DO**
Julie Dahl-Smith, DO
Professor
Director, ACGME and AOA Resident Educational Programs
The Family Medicine Residency at Piedmont Columbus Regional 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. Over the past sixty years Piedmont Columbus Regional Midtown
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 Columbus Regional Midtown.

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

The Family Medicine residency continues with full accreditation from the ACGME. The
Institution has also had two CLER visits from the ACGME.

The residency program has transitioned to EPIC as its third electronic health record. The
residency continues to be the largest outpatient EHR implementation in the Columbus area.
Piedmont Columbus Regional Midtown and its faculty are committed to keep our residency
program at the cutting edge of providing quality and cost-effective medicine.

Years ago, our residency participated in the GAFP sponsored PCMH University to obtain Level 3
designation as an NCQA patient centered medical home. Our residency is grateful for GAFP’s
support and engineers our curriculum to maintain NCQA certification. Our center was the first in
our network to achieve PCMH Level 3 designation. We have actually recertified twice and
maintain our level 3 status.

In 2012 we became an official satellite campus for Mercer University School of Medicine as a
branch campus. We are currently in our eighth year of this successful project. Piedmont
Columbus Regional Midtown 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 hold medical school appointments at the Medical College of Georgia at Augusta
University, Nova Southeastern University and Georgia-PCOM. While resident training is the
primary mission of the Medical Education Department, there is extensive cooperation with Three
Rivers AHEC in the training of physician assistants, nurse practitioners and other allied health providers.

An important mission of our training program is to supply physicians to meet the needs of Georgia citizens. The following physicians graduated in June, 2019 and are listed with their practice location:

2019 graduates and practice locations:

<table>
<thead>
<tr>
<th>Resident</th>
<th>Practice or Training Location</th>
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<tbody>
<tr>
<td>Regina Addo, MD</td>
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<tr>
<td>Tia Bingham MD</td>
<td>Savannah, GA</td>
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<tr>
<td>Joseph Conklin MD</td>
<td>Columbus, GA</td>
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<tr>
<td>Nicholas Herga MD</td>
<td>Columbus, GA</td>
</tr>
<tr>
<td>Anthony Iwelunmor MD</td>
<td>Jackson, TN</td>
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<tr>
<td>Anushree Kadchhud MD</td>
<td>Columbus, GA</td>
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<tr>
<td>Michelle Montalvo MD</td>
<td>Columbus, GA</td>
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<tr>
<td>Eka Ndem MD</td>
<td>Columbus, GA</td>
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<tr>
<td>Abiola Saibu MD</td>
<td>Atlanta GA</td>
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<tr>
<td>Hedayah Scoon MD</td>
<td>Milledgeville, GA</td>
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<tr>
<td>Frank Taddeo</td>
<td>Grand Forks, ND</td>
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<tr>
<td>Aakar Thaker MD</td>
<td>Locum Tenens</td>
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There are no formal recommendations for the Reference Committee. The Medical Education Department at Piedmont Columbus Regional Midtown 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
Piedmont Columbus Regional Midtown
Columbus, Georgia
General

The Emory Family Medicine Residency Program (EFMRP) completed its 24th year of training residents. During the 2018-2019 academic year, 28 residents were in training. Eight of our residents completed the program, of whom five went into 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. Mohammed Ali and Dr. Megha Shah were part of an Emory/Georgia Tech collaboration that won the Award of Distinction for Early Stage Research Teams from the Georgia Clinical and Translational Science Alliance for their project “Characterizing Diabetes Screening Systems for Design, Evaluation, and Disparity Identification.” Our faculty and residents presented their research at conferences including:

- Annual American Academy of Family Practice Resident and Medical Student Conference
- Society of Teachers of Family Medicine Annual Conference
- Georgia Clinical & Translational Science Alliance Health Services Research Day
- Southern Group on Educational Affairs Regional Conference
- Georgia Academy of Family Physicians Annual Scientific Assembly
- North American Primary Care Research Group Annual Meeting
- Connected Health Conference
- Lifestyle Medicine Conference.

Two of our residents won the 1st and 2nd place awards during the 2018 Georgia Academy of Family Physicians Annual Scientific Assembly poster presentation.

Our faculty and residents also published scholarly articles in journals including:

- Cancer Nursing Practice
- Integrative Cancer Therapies
- Gastric Cancer
- Journal of Alternative and Complementary Medicine
- Journal of the American Board of Family Medicine
- Journal of the American Heart Association
- Southern Medical Journal.
Dr. Mohammed Ali was named Vice-Chair of Research for our Department. All faculty and residents are actively engaged in teaching and lecturing within the Department as well as the School of Medicine and Physician 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 development 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 2,100 applicants. The program successfully matched all ten positions in March 2019.

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. James Jo became Associate Program Director for the residency program in August 2018.
Dr. Mirtha Aguilar joined the residency core faculty in June 2019.

**2019 Graduates**

<table>
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<tr>
<th>Graduate</th>
<th>Practice Location</th>
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<tbody>
<tr>
<td>Afua Akhi-Gbade</td>
<td>WellStar- Primary Care, Atlanta, GA</td>
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<tr>
<td>Mohammed Ali</td>
<td>Emory Healthcare-Primary Care and Faculty at the Emory Department of Family Medicine and Preventive Medicine Faculty, Atlanta, GA</td>
</tr>
<tr>
<td>Hunter Davis</td>
<td>WellStar-Urgent Care, Atlanta, GA</td>
</tr>
<tr>
<td>Blair Funk</td>
<td>Wickenburg Community Hospital Clinic-Primary Care, Wickenburg, AZ</td>
</tr>
<tr>
<td>Aparna Mark</td>
<td>Emory Healthcare-Primary Care, Atlanta, GA</td>
</tr>
<tr>
<td>Lin Mel</td>
<td>IDSA HIV Fellowship at Ponce de Leon Center at GHS Center for Advanced HIV Disease, Atlanta, GA</td>
</tr>
<tr>
<td>Daniel Ralston</td>
<td>Primary Care, Atlanta, GA</td>
</tr>
<tr>
<td>Brock Vanderbush</td>
<td>Sports Medicine fellowship at St. Vincent’s Sports Performance in Indianapolis, IN</td>
</tr>
</tbody>
</table>

Seven out of eight graduates sat for the ABFM exam in April 2019. They passed the exam on their first attempt. The eighth graduate will sit for the board exam in November 2019.
**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 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 our patients.

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/](https://www.emoryhealthcare.org/locations/primary-care/emory-at-dunwoody-family-medicine/)

**Graduates**

We currently have 192 graduates in practice. Approximately 60% are practicing in the state of Georgia.

**Future Directions**

1. The Division of Palliative Care will be incorporated into our Department as of September 1st. Our Department will sponsor the Palliative Care Fellowship.
2. We continue to expand our quality improvement projects in chronic diseases such as diabetes, hypertension, and obesity; and wellness.
3. We continue to recruit faculty members to our residency program.
4. The TeleHealth VA rotation continues to expand their services with residency involvement.
5. A Point of Care Ultrasound Curriculum will start on July 1st, 2019 for our PGY2 residents.

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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
Accomplishments and activities:
We are pleased to announce several major accomplishments and milestones for the program for the 2018-2019 academic year.

1. We have graduated our 3rd class of residents, and retained 13/15 graduates since inception within the state of Georgia.
2. We continue to have a 100% board passage rate since inception.
3. We continue to expand clinical numbers in 3 locations across the county.
4. We have successfully established a Primary Care Sports Medicine Fellowship in conjunction with Northside Orthopedic Institute and recruited our first 2 fellows.

Faculty Staffing
The Family Medicine Program is fully staffed with 6.2 FTE faculty, adequate for the current level of residents, and meet ACGME requirements for core faculty ratio. We are currently seeking 1 faculty, to replace our departed maternity care director. We will additionally be adding 0.4 FTE in FM faculty from a part time Sports Medicine faculty in our Duluth location.

2019 Match Results
Overall: 5 first year residents total
- 40% underserved minority
- 40% GA Medical School Graduates
- 80% Osteopathic Graduates
- 20% Allopathic Graduates

We entertained over 1089 applications, performed 87 interviews

Accreditation: Family Medicine: Continuing accreditation status
Osteopathic Recognition program- initial accreditation
Sports Medicine Fellowship in initial accreditation

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 opened 5/2018 and is the primary location for the 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 it’s 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 10 journal article publications, 2 national posters presentations, 4 regional/state poster presentations, and 2 national conference presentations.

Ongoing Issues:
The program has identified the following challenges for the 2018-19 Academic Year:

Merging operations with Northside:
Merger of GME with NSH finally completed 8/28/2019, clinical and systems integration are ongoing. No immediate impacts to GME operations or residency impacts are currently anticipated, our program will likely undergo a name change within the next 12 months pending ACGME and CMS approvals.

Faculty:
We continue to recruit additional faculty with focus on support for our Maternity Care and Osteopathic Recognition components. Because of prolonged nature of this search we have required the engagement of a national recruiting firm.

Recruiting Residents:
With 2 new FM residency programs adjacent to our current service area, efforts to remain a first choice for candidates continues to be a focus of our efforts.

Policy Considerations

Budget cuts ordered by the Governor of all departments for future operations may potentially impact both payment of current capitated funds or amounts, and other fiscal impacts yet unforeseen.

Respectfully Submitted,

Kevin E. Johnson, MD, FAAFP
Program Director, Gwinnett Medical Center Family Medicine Residency
The 2018-19 year at Houston Healthcare began by welcoming our seventh class of interns from five medical schools and we were also able to fill a vacant second year position due to a resident departure in the latter half of the previous academic year.

Our community faculty continue to work with our residents, we began a relationship with one of our new community faculty members, Dr. Allison Burkett, who provides a rotation experience in vascular surgery. Our local OB/GYN groups continued to provide supervision for our residents in our outpatient and inpatient facility, this has helped our OB continuity clinic to grow providing a more robust longitudinal obstetrics and gynecologic experience. We also continue our relationship with the CEME Opti at NOVA Southeastern University, which have provided us with a medical library as well as resources for other scholarly activity. After previous faculty losses we launched an extensive recruitment campaign and were able to successfully recruit three new faculty members for our upcoming 2019-2020 academic year. To include FM-OB, FM-behavioral health and a Hospitalist provider to our current faculty. Our residents continue to maintain a 100% board pass rate to include our first Osteopathic resident who took and successfully passed the ABFM exam. Our residents also scored well on the ACOFP and ABFM in training exams.

Our residents continue to work in our weekly volunteer clinics and provide health education to middle Georgia businesses, to include Flint Energies and the Five Star Group. Our third-year residents presented their scholarly research projects at the ACOFP annual convention this past March and our residents have begun engaging in scholarly projects to include collaborations with other residents/fellows across the country. We once again successfully matched all six residency positions, this year with two DO and four Allopathic students.

As the year ended, we had our resident retreat, which took place in June and was well received by our residents. The retreat focused on leadership, wellness, and taking our residency to the next level. Our residents participated in team building activities, planning sessions related to residency improvement, as well as activities to keep ourselves healthy mentally and physically. On June 21, 2019 the faculty, staff, community physicians, Houston Healthcare Board of Directors along with medical executives, family and friends celebrated the journeys of Drs. Adedayo Ayinde, Lee Dinning, Kevin Costa, Linda Nguyen, Daniel Talamo, and Susan Walker as graduates of our program. This was our last class of all Osteopathic graduates since our program has made the transition from AOA to ACGME. During the ceremony Dr. Daniel Talamo was awarded the Resident of the year award and one of our former graduates, Dr. Michael Allen (2015) returned to give an inspiring graduation message.

During the beginning of the academic year we had our second site visit from the ACGME for our program and sponsoring institution. We successfully attained Continued accreditation for our sponsoring institution, however, we were not granted Continued accreditation due to citations in areas of FM role modeling maternal care, lack of pediatric numbers under the age of 10, and adequate core faculty. We are working vigorously to correct these citations in order to achieve Continued accreditation status at our next inspection during the 2019-2020 academic year. Our residents continue to participate in Osteopathic education through didactics lectures and OMM clinic; our program successfully obtained Initial
accreditation for Osteopathic recognition and will anticipate our next inspection for Continued accreditation for Osteopathic recognition in 2020.

Our goals for the 2019-2020 academic year are to continue to improve the overall resident experience, through the various resident rotation and engagement on the local, regional and national levels, resolve our previous ACGME citations, and improve faculty retention.

We anticipate a great academic year, successful match season, and look to promote the field of Family Medicine and physicians to serve the state of Georgia and other regions of the United States.

Respectfully submitted,

La Toya D. Jackson, MS, DO, FAAFP
Program Director
Director of Medical Education/Direct Institutional Officer
September 26, 2019
2017-2018 Annual Report to the GAFP

The Medical Center of Central Georgia/Mercer University School of Medicine Family Medicine Residency Program had a productive academic year.

We are working with Mercer School of Medicine to increase Family Medicine doctors in underserved Georgia by accelerating select students through medical school in three years in a compact and robust curriculum that includes being integrated in the residency program that the student will transition to at the end of the three years of medical school. Upon completion of residency training these doctors will practice in an underserved area in Georgia.

We received a grant from the Navicent Foundation for a community outreach program Walk With A Doctor. This program is designed to promote physical activity for community dwelling people. A resident or faculty member presents a health-related topic and then there is a 45-minute walk in the park with the participants and the physicians. Healthy snacks are served and information on having a primary care doctor is shared. The objectives are to develop a relationship with the community for the residency program and to provide an opportunity to increase physical activity for the community members. The event is free and open to the public.

The program continues to have a 100% American Board of Family Medicine take and pass rate of the accreditation examination. The program also has a 100% take and pass rate for the USMLE Step 3 exam by the end of the PGY 2 year. We matched 7 of 7 positions in the Matched and filled one of our positions with the ACT student from Mercer that I described earlier. Of our seven 2019 residency graduates, four are practicing outpatient medicine in Georgia, one is in the geriatric fellowship we sponsor, and two are practicing outside of Georgia. Over the last five years 77% of our graduates remained in Georgia.

We continue to have very active and productive fellowships with Geriatrics, Hospice and Palliative Medicine. We graduated our first fellow from our non-accredited Addiction Medicine Fellowship. We are actively looking to recruit a fellow for this experience this year.

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 as two of our faculty members will be retiring June 2020.
- 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 is the largest hospital in the state of Georgia. 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 177 residents, 65% 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 four years.

Residents and Graduates
Program graduates during the 2018 – 2019 academic year are listed below with their practice sites.

Aaron Cooper       Kaiser Permanente Atlanta, GA  
Mayyada Holt       Kaiser Permanente Atlanta, GA  
Tolani Olagunju    WellStar Atlanta, GA  
Vrati Parikh       Integra Healthcare Chicago, IL  
Monique Merritt-Atkins Oakhurst FQHC Atlanta GA

The program successfully filled the full complement of six slots for the PGY 1 class out of an applicant pool of approximately 1300. The following interns were welcomed to the program on July 1, 2019:

Landon Irvin, MD     Morehouse School of Medicine  
Stephen James, MD    Howard University College of Medicine  
Macy McNair, MD      Morehouse School of Medicine  
Kelechukwu Onyedimma, DO Philadelphia College of Osteopathic Medicine  
Ashley Peterson, Do  Philadelphia College of Osteopathic Medicine  
Uchechukwu Egwu, MD  University of Nigeria Faculty of Medicine

Administration Changes:
1) Program Manager- Mrs. Justina Rodriguez became Program Manager in March 2019.

Geriatric Rotation
We have established a new relationship with the Carl Vinson VA in Dublin, GA, where our PGY2 residents now have the opportunity to complete a Geriatric rotation. Dr Akintayo a PGY2 resident was the first resident from Morehouse SOM to train in Geriatric Medicine at the Dublin VA location. Our residents will receive training in Geriatrics and Extended Care under the supervision of the Geriatrics VA faculty to gain experience and a better understanding of healthcare needs specific to the veteran population as well as the veteran-centered approach in delivering needed services.

Resident Scholarly Activity:
Our residents were actively engaged in scholarly activity during the 2018 – 2019 academic year. The following lists a few highlights of their activities:
Presentations
National Medical Association – August 2019
Poster Presentation

Kuna Okong, MD, Hikma Jemal, MD
“Systemic Lupus Erythematosus presents as Myopericarditis with Pericardial Effusion”

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

Monique Merritt-Atkins, MD, Hikma Jemal, MD, Tolani Olagunju, MD:
“Developing a transition care program to improve health outcomes of underserved population”

Vrati Parikh, MD, Mayyada Holt, MD
“The Association between Working in a Medically Underserved Community and Physician Wellbeing in a National Sample of Teaching Family Physicians”

Kuna Okong, MD
“How heavy is your backpack? A case of backpack palsy”

Resident Research Day
Mayyada Holt, MD, Vrati Parikh, MD
“The Association Between Area Level Primary Care Physician Supply and Physician Wellbeing in a National Sample of Teaching Family Physicians”

Tolani Olagunju, MD, Monique Merritt-Atkins, MD & Hikma Jemal, MD
“Transition of Care”

Aaron Cooper, MD, David Moise, MD
“Improving Durable Power of Attorney in patients greater than 65 years of age”

Resident Leadership
Dr Hikma Jemal, Tolani Olagunju, Kuna Okong, Miranda McNear served on the Clinical Process Improvement Committee.
Dr Mayyada Holt served on the GME PSQI committee.
Dr Aaron Cooper and Tolani Olagunju served on the Chief resident council.
Dr Kuna Okong and Dr Stubbs were GAFF Resident Delegates.
Dr. Rodrick Stewart served as the President-Elect for the Morehouse School of Medicine Resident Association

Awards and Recognitions:
Our residents and faculty strive for excellence in all their endeavors. As such, they received numerous awards and recognitions during the 2018 – 2019 academic year.

Residents
Chivon Brown-Stubbs, MD
- The Rising Star Award, June 2019
Mayyada Holt, MD
- MSM Family Medicine Residency Program Faculty Award for meritorious achievement during residency training

**Tolani Olagunju, MD, MPH**
- MSM Family Medicine Residency Program Resident of the Year Award, June 2019
- Chief Resident 2018-2019

**Aaron Cooper, MD**
- MSM Family Medicine Residency Program Director’s Award for scholastic excellence and education in teaching fellow residents the art of Family Medicine, June 2019
- Chief Resident 2018-2019

**Faculty**

**Charles Sow, MD**
- GAFP Physician Educator of the Year

**Robersteen Howard, MD**
- MSM Family Medicine Residency Program William H. Cleveland Faculty of the Year Award, June 2019

**Anne Gaglioti, MD**
- MSM Family Medicine Residency Program Chairman’s Award, June 2019

**Riba Kelsey, MD**
- MSM Family Medicine Residency Program Nelson McGee Award, June 2019

**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 and numerous health fairs. 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 elementary, high school, collegiate, and medical school levels both individually and as a part of collective pipeline efforts. Our residents have collected over 300 items to donate to the Back to School initiative that went to a local school along with participating in an annual event called “Pretty Girl Sweat”. Finally, Dr. Kelsey-Harris travelled to Tanzania where, along with Tanzanian physicians, she provided care for nearly 1500 elementary school children while exploring opportunities for future service and learning opportunities in the country.

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.

Riba Kelsey, MD, FAAFP
Assistant Professor of Clinical Family Medicine
Residency Program Director
Accomplishments: The goals of the Rural Family Medicine Residency Program in Waycross, Georgia, sponsored by Medical College of Georgia in Augusta, to keep residents practicing in the state of Georgia continue to be successful. Both graduates from this year have secured positions in Georgia, making the overall percentage for remained in Georgia = 57 percent.

Out of the graduates from the class of 2019 thru 2015, eight (8) out of ten (10) graduates have remained in Georgia to practice medicine. Below is a report of where these graduates are currently practicing.

<table>
<thead>
<tr>
<th>Resident</th>
<th>Practice Type</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashley Norman, MD</td>
<td>Outpatient/urgent care</td>
<td>Macon, Ga.</td>
</tr>
<tr>
<td>David Carstens, MD</td>
<td>Outpatient, private practice</td>
<td>Blackshear, Ga.</td>
</tr>
<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>
</tbody>
</table>

Residency program resources have been expanded because of the affiliation between this facility and HCA. They now have the opportunity to benefit from not only MCG’s Graduate Medical Education Program but with HCA’s medical education program as well. The resources are greatly enhanced and offer more learning opportunities for the residents.

Community involvement – residents annually are involved in the education of high school students thru a special instructional program called Teen Maze. The event was conducted in September 2019, and two residents participated in the event. The residents enjoy the interaction with the high school students and spend time in a small setting discussing 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.

Residents also have the opportunity to mentor medical students from MCG and enhance their teaching skills and share their residency experiences.

Respectfully submitted,

Brent Waters, MD
Program Director
The 2018-2019 academic year has continued to reflect change in the residency program and medical school here in Savannah under Dr. Pallay’s direction. We continue to be under the supervision of HCA with many changes occurring on the national, divisional and local levels. We continue to work with the many FM residencies in the HCA network to improve our overall abilities to train our residents with the help of the many systems and applications HCA provides for us. Although these changes are sometimes difficult, we are confident that in the longer run, the work with our national people will lead to a better training ground for our residents and also offer them potential jobs once they graduate. The ultimate effect of the new ownership by HCA is still in process as we are only 18 months into the new direction.

Seven residents graduated this year with one joining our new Sports Medicine fellowship, just approved to start July 1, and four of the other six remaining in Georgia. We continue to look for new faculty to add to our residency as we have a few openings still available, but we did have Ame Wilder, M.D. join the faculty this past March. In addition, Candace Murbach, D.O., who works primarily as Program Director and DIO at Orange Park, Florida, returns regularly to help cover our OB and inpatient service.

We continue with our FM-ACT program with three new students accepted into the program this year and two finishing their last year of medical school training before joining our residency next July. We have continued with a 100% fill rate on our residency positions and a continued 100% Board pass rate from our graduates, now six years with all passing the FM Boards! We have continued our work with J.C. Lewis FQHC, where Dr. Bonzo Reddick continues to work, and have continued and grown our work with Street Medicine and Healthcare for the Homeless in partnership with JC Lewis. We have added an additional mental health component to our homeless care which comes just as we have started a partnership with the new Psychiatry Residency in Savannah that has their PGY1 residents spending 4 months in Family Medicine rotations during their first year of residency training. We are hopeful that they will also become part of our developing further our Street Medicine program.

We continue to offer prenatal obstetrical care for our patients at both our office and at JC Lewis with delivery by our residents and faculty. Drs. Mary Mier, Ryann Cowart, and Ame Wilder oversee the obstetrical services with excellent backup by our OB department friends. We are continuing to search for new faculty with an interest and desire to continue to do OB which we feel is part of our mission to the people of Georgia. Our faculty along with Dr. Murbach have done ALSO courses at our program as well as at Orange Park and will continue to be actively involved in training and teaching the ALSO curriculum.

As mentioned above, July 1 meant the start of our new Sports Medicine fellowship, under the direction of Marvin Sineath, M.D. This has been the dream of Dr. Sineath since he joined our faculty a few years ago and he has developed a very vigorous training program for the SM fellows using Memorial, local high schools, and colleges, Georgia Southern University, and various military sites throughout the Savannah area. It is his hope to increase the number of fellows in the program in the near future.

Finally, July 1 marked the start of a brand, new program at our residency as we started our Clinic First model of care in the clinic office. We are one of only 25 residency programs in the country doing this program which is a five-year initiative that will put more time and emphasis on care of the patients in our office and improved continuity. We are excited, and in our report next year we will let everyone know how it is going.

Respectfully submitted,

Robert Pallay, M.D.
Program Director, Family Medicine Residency - Memorial University Medical Center
Chair and Professor, Department of Family Medicine - Mercer University School of Medicine, Savannah

Recommendations: None
2019 Annual Report for the
WellStar Atlanta Medical Center Family Medicine Residency Program

We have now graduated 23 classes, with 60% of our graduates remaining in Georgia to practice.

We had a successful match this year, filling all of our 6 positions with excellent medical school graduates. We had 2600 applicants for those 6 positions. Our interns have started out very well and have gotten excellent evaluations on their first rotations.

Our Family Medicine Center in Morrow, Georgia, continues to do well. We are presently remodeling the clinic in order to create pods that will allow us to deliver team-based care. We also continue to see continuity OB patients at the Your Town Health Clinic (an FQHC) in Palmetto. We deliver these patients at our hospital.

WellStar is strongly supporting GME with WAMC and with their Kennestone hospital. They have initial plans for starting a residency program at WellStar Spalding Hospital in Griffin.

We have 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 in the last 5 years.

Our program continues to work within the community and over the past academic year our faculty, residents, and staff have continued several initiatives. For example, we work at a free clinic we started for Clayton county citizens, we do sports physicals for the special Olympics, and we give health lectures at a local senior center.

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

Respectfully submitted by,

George W. Brown, MD
Program Director, Family Medicine Residency Program
WellStar Atlanta Medical Center
Accomplishments, Activities, Issues:
1. Building a new family medicine residency program
2. Scholarly/Quality improvement activities for all residents

Scholarship in 2018-19:
Faculty
18 State/Regional presentations
100% of faculty satisfied ACGME scholarship requirements
100% of faculty involved in the randomized trial with MayoClinic team

Residents
18 State/Regional presentations
100% of residents satisfied ACGME scholarship requirements
100% of residents involved in the randomized trial with MayoClinic team
100% of residents participated in the Research Night

Any future policy recommendations that the GAFP should consider: none

Thank you.

Viktoria Nurpeisov, MD FAAFP
Program Director
Wellstar Kennestone Family Medicine Residency Program
2019 GAFP Congress of Delegates Resolutions

All members are encouraged to participate in the first session of the Congress of Delegates’ webinar on **Thursday, October 17th** to discuss these proposed policy changes. Click here to register [Congress of Delegates Webinar](#).

A. HIV Epidemic in Primary Care  
Submitted by: Zazi Nylander, MD (Emory Family Medicine Residency, PGY-2)-Atlanta, GA

Addressing the HIV epidemic in Primary Care specifically as it relates to Southern States where the HIV epidemic represents the greatest burden but yet lags far behind in providing quality HIV care and prevention to its citizens.

WHEREAS, in 2017, there were 1600 new HIV diagnosis in Atlanta with an HIV incidence rate of 1 in every 51 people,

WHEREAS, Southern States today account for an estimated 44 percent of all people living with an HIV diagnosis in the U.S., despite having only about one-third (37%) of the overall U.S. population and 8 of the 10 of the Southern States have the highest rates of new HIV diagnosis

WHEREAS, the HIV epidemic in Atlanta, Georgia and Southern States is driven by unique socio-economic factors such as poverty, lack of insurance and access to care, in addition to stigmatization towards PLWHIV which likely impacts their willingness to obtain care which is likely also complicated by the fact that the treatment of PLWHIV is currently mainly focused in specialized HIV centers, be it

RESOLVED that, the GAFP increase member education and consider implementing education of residents early on in residency training, especially in Southern States where HIV has been declared an epidemic, such that FM physicians may be comfortable with not only initiating preventative therapies such as PrEP (to avoid missed opportunities) for HIV prevention but also that they be comfortable with initiating the initial treatment regimen for the treatment-naïve HIV positive patient and this could likely contribute to decreasing the stigma that may likely be associated with obtaining treatment from specialized HIV centers thereby improving patient compliance with office visits and overall treatment plan and be it further

RESOLVED that, the GAFP advocate for a primary care model that begins as early as the residency training of FM physicians and that this may be standardized across residency programs particularly in the South (using quality control tools such as Standard Operating Procedures) for not only the prevention of HIV using therapies such as PrEP, but also in addition to managing the preventative health of PLWHIV but that the GAFP should also consider advocating for a primary care model such that FM physicians be involved in the initiation of HIV medications particularly for treatment-naïve patients in addition to handling their treatment regimen especially in non-complex situations

**Background:** Standard operating procedures (SOPs) are commonly used in healthcare settings to stream-line processes in order to prevent variation in common procedures and processes and to reduce error.

PrEP was recently introduced as a GRADE A recommendation from the USPTF for providers to prescribe particularly for at-risk populations for the prevention of HIV. Southern States, including Georgia and specifically Atlanta, have the highest rates of HIV infection and people living with HIV.

Given the high prevalence of HIV in Atlanta, it is important that primary care physicians are
comfortable with the topic of HIV, including prescribing therapies such as PrEP for HIV prevention, HIV primary care and HIV treatment (particularly for the treatment-naïve patient) as HIV prevention (specifically with PrEP), primary care and treatment is multi-step process requiring specific testing at specific intervals in addition to frequent patient counselling and monitoring.

Preliminary data collected from a survey completed by faculty and residents at the Emory Family Medicine Residency Program suggests that both faculty and residents are unfamiliar with steps involved in prescribing PrEP therapy, that there are some gaps in knowledge, and that there is some variation in terms of routine testing etc. across faculty and residents. An SOP for prescribing PrEP (designed specifically for residency training) has currently been developed for the Emory Family Medicine Residency Training program with a plan to implement within the residency in the upcoming weeks. Knowledge about PrEP in addition to familiarity with prescribing is important because FM physicians often represent the first point of contact for patients into the healthcare system and so FM physicians need to be adept in recognizing patients particularly in order to avoid missed opportunities for HIV prevention and that SOPs could represent an opportunity to encourage training and standardize these multi-step processes. If FM physicians can take a more active role in prevention, primary care and management of HIV (specifically for treatment-naïve patients), this may decrease the stigma associated with HIV and possibly improve compliance to medication regimens.

**Background on HIV**
HIV represents a substantial public health issue, particularly in Southern States which has the highest rate of new HIV diagnosis. This public health issue results in tremendous economic, social, and medical costs. As the percentage of PLWHIV continues to increase, the role of primary care physicians is becoming increasingly important not only in terms of management of their primary care but also in terms of HIV prevention (as we are often their first point of contact). The HIV epidemic in Atlanta has been compared by some HIV experts to be similar to developing regions of the world such as “Zimbabwe, Harare or Durban (South Africa), as such FM physicians, particularly in the Atlanta-Georgia area need to seriously consider advocating for interventions such as PrEP which target HIV prevention in addition to a primary care model for HIV management (particularly for treatment-naïve HIV patients) and this could also decrease the stigma associated with obtaining treatment from specialized centers which is currently the status quo.

**AAFP Recommended Curriculum Guidelines for Family Medicine Residents**
**HIV Infection/AIDS**

**GAFP Educational Outreach and Newsletter Articles on HIV/STI/STDs**
**Live lectures**
2018
Summer 2018: Elevate: Your Gender-Affirming Healthcare Environment for Optimal HIV Care
Annual Meeting 2018:
- General STD Update
- Elevate: Your Gender-Affirming Healthcare Environment for Optimal HIV Care

2019
Summer 2019: Building HIV Treatment Capacity in the Family Medicine Clinic
Annual Meeting 2019 (scheduled lecture): STD/HIV Prevention Training

**Webinars**
- Expedited Partner Therapy - Candice J McNeil MD, MPH FAAP FACP
- Syphilis in Pregnancy: Preventing Congenital Syphilis - Jodie Dionne-Odom, MD
Newsletter articles

- *Reducing Syphilis-Related Adverse Pregnancy Outcomes in Georgia via Screening*
  Co-Authors: Nithya Natrajan MD & Jemese Richards-Boyd MD

- *Congenital Syphilis in Georgia*
  Co Authors: Thomas Creger, PhD, MPH – University of Alabama at Birmingham, Division of Infectious Diseases

B. Hospital Operative and Non-Operative Obstetric Privileges for Family Physicians

Submitted by: Omoniyi Yakubu Adebisi, MBChB, MD, CCFP – Tallapoosa, GA

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

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

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

WHEREAS, GAFP and AAFP continue to make efforts to improve Family Physicians’ rights, there are still valid unresolved obstacles regarding hospital privileges for obstetric trained Family Physicians who seek operative and non-operative obstetric privileges in hospitals across the nation, including State of Georgia; be it

RESOLVED that, The GAFP should set up a committee to review the current challenges against hospital privileging of Family Physicians in Georgia, especially in and around Atlanta and list of members involved along with the hospitals that are involved; and be it

RESOLVED that, the GAFP recommend that all hospitals should have clear criteria for granting privileges to physicians who perform operative and non-operative Obstetrics regardless of their specialty training; and be it further

RESOLVED, that GAFP should lobby with the State legislators to ensure that necessary legislations are put in place to ensure that qualified trained Family Physicians are privileged by hospitals to practice operative and non-operative Obstetrics as recommended by the joint position statements of the AAFP and ACOG on this matter.

Background: The American Academy of Family Physicians supports unequivocally the concept that all physicians should obtain privileges in accordance with their individual, documented training and/or experience, demonstrated abilities, and current competence.

The criteria necessary before the AAFP accepts cases for legal support in the area of hospital privileges include:


Privilege Support Protocol
1. Strict following of the AAFP Protocol for Handling Hospital Privilege Problems.

2. Impact on the specialty of family medicine.

3. Evidence of discrimination based on physician specialty rather than individual qualifications.
   (In accordance with the legal principle of "inurement," a tax-exempt organization may not expend funds for the benefit of an individual.)

**American Academy of Family Physicians Protocol for Handling Hospital Privilege Problems for Family Physicians Who Are Medical Staff Members**

The American Academy of Family Physicians (AAFP) stands unequivocally in support of the concept that all physicians should obtain privileges in accordance with their individual qualifications (i.e., documented training and/or experience, demonstrated abilities, and current competence).

If you are faced with a problem in obtaining or modifying hospital privileges, you should follow the protocol listed below, which has been approved by the AAFP Board of Directors.

(1). Have adequate training and experience
Review your credentials. You must show that your training and experience qualify you for the privileges you have requested.

(2). Assemble all pertinent documentation
Make sure that the documentation of your training, experience, and current competence is in order. Collect letters of recommendation from past instructors, preceptors, those who have monitored your clinical work, and colleagues who have worked with you throughout the years. Assemble case reports, including data about the number and types of cases, treatment outcomes, etc. Also, assemble documentation records maintained during your family medicine residency.

Your complete documentation, case reports, and letters of recommendation should be in order at the time you fill out your applications for medical staff membership and privileges. The hospital may only require that you submit a list of references; however, these additional materials should be readily available upon request.

It is important that you make a copy of each document you submit in the event that the original documents are lost or misplaced. Ongoing documentation of your clinical experiences should be maintained.

(3). Read the Hospital Privileging for Family Physicians web content
The web content provides resources for family physicians seeking information on hospital credentialing and privileging.

(4). Read the legal opinion obtained by the AAFP
The Basis for Credentialing Decisions legal opinion examines the law on the granting and denial of privileges and supports Academy policy that privileges should be based on the qualifications of the individual physician, not the specialty.

(5). Be informed of all hospital rules and procedures
Obtain a copy of the current version of the medical staff bylaws and rules and regulations that apply to privileges (and department rules and regulations, if available). Determine how your hospital's medical staff bylaws are different from the policies outlined in the Hospital Privileging for Family Physicians web content.

Assure yourself that the hospital is complying with its own bylaws. (You may need to seek
professional advice on this if the bylaws are written in difficult-to-understand technical terms.)
Carefully study and scrupulously comply with your medical staff bylaws, rules, and regulations.

Before taking any action, fully understand the appeal process as delineated in the bylaws, including any time restrictions.

(6). If your request for privileges has been denied, insist on a written explanation
Be sure that specific information regarding the decision is submitted to you in writing and the letter explicitly states the reason(s) why your privileges have been denied or restricted and under what circumstances these privileges may be obtained.

Identify the real problem. Have you reasonably documented your capabilities? On what reasonable grounds have your privileges been restricted or denied? Are all family physicians denied these privileges at this hospital or have you alone been singled out for restriction? Are there other reasons behind those which have been stated in writing? Keep written notes on any conversations related to your attempts to obtain privileges.

Seek local support
In the event of a hospital privilege dispute, your relationships with other physicians may be helpful in influencing your credentialing committee. Their conversations with committee members and other members of the medical staff, and their letters of support may contribute to an early resolution of your problem.

(a) Seek the support of family physicians on the medical staff
If there is an organized department of family medicine, submit your position to it and seek its enthusiastic support. If such support cannot be obtained, other family physicians on the staff will need to vouch for your abilities. Your local Academy chapter should be informed and may be able to help at this stage.

(b) Seek the support of physicians in other specialties with whom you have a working relationship, especially those with whom you consult and to whom you refer patients
Be sure to build alliances with members of other specialties at your hospital. They may find themselves with a similar problem in the future and may seek your support.

(c) Notify your AAFP chapter that you have a hospital privilege problem you are working to resolve
Some chapters may have a committee that deals specifically with privilege problems. They may suggest other actions you could take, or perhaps write a letter of support or make a site visit. State your problem in writing to the chapter and send all pertinent data (copies of letters regarding your privileges, the medical staff bylaws, etc.).

Exhaust all local avenues of appeal
(a) Know the appeal process
Familiarize yourself with the section of the hospital s medical staff bylaws that describes the appeal process. In particular, review the section of your medical staff bylaws that pertains to fair hearings and appellate review mechanisms for medical staff recommendations to deny, curtail, suspend, or revoke hospital privileges. Note the time frame for requesting an appeal.

You must follow your hospital’s medical staff bylaws explicitly to preserve your legal right to appeal.

(b) Take advantage of the hearing process
Since your best opportunity for successfully resolving your privilege problem is at the hearing, you should consider legal counsel. You may wish to consult your own personal attorney or contact
your AAFP chapter, your state or county medical association, or your local bar association to obtain the name of an attorney experienced in health care law, particularly medical staff affairs.

Obtain a written list of witnesses expected to testify at the hearing on behalf of the medical staff.

Develop your own list of witnesses to testify on your behalf, which may include the chair of the department of family medicine, other physicians who are well-informed and respected, and those who can vouch for your current competence.

Bring to the hearing all documents and letters you have compiled that are relevant to your case, as well as the policy statements developed by the AAFP and the American Medical Association (AMA). Submit a written statement of your position at the close of the hearing. Be sure you receive the hearing panel’s written recommendation, including an explanation of the basis for the recommendation.

In the event of an adverse ruling by the hearing panel, request appellate review. Appellate review is usually conducted before the board of trustees. Although a hospital board usually will comply with the hearing recommendation, a ruling in your favor is still possible. You should prepare a written statement for the board explaining why the hearing recommendation should not be adopted. Find out whether oral presentations will be permitted. Be sure to obtain the board of trustees final decision in writing.

(c) Keep your AAFP chapter informed of the status of your case.
Utilize the chapter’s advice and assistance on an ongoing basis. Keep the chapter informed of the outcome of your appeals.

(d) Consider legal action with caution.
Whether you actually pursue a lawsuit is ultimately a decision to be made between you and your attorney. Talk with physicians who are respected in the community before you decide how far you want to go. As a word of caution, however, do not allow yourself to be overly influenced by an attorney’s encouragement for you to litigate. In general, courts are hesitant to substitute their judgment for the judgment of hospital boards. Absent a flagrant wrong, such as failing to follow medical staff bylaws, courts will usually defer to hospitals as the supreme authority in determining medical staff privileges.

Before deciding, you should request an opinion letter from your attorney that addresses the merits of your case. The opinion letter should include: (i) the basis for taking legal action; (ii) an opinion on the likelihood of success; (iii) citations to specific statutes and cases that support your position; and (iv) an estimate of the cost involved to litigate.

NOTE: Neither the AAFP nor its chapters provide individual legal advice, nor are they responsible for financial support for legal expenses (see paragraphs 10, 11, and 12 below).

**AAFP chapter determines whether to support your case**
The chapter reviews the information submitted by you to make certain that all steps have been followed; reviews the report of the chapter’s investigative committee and the opinion of your personal attorney; and then determines whether to support your case.

The chapter may decide to commit funds for your legal expenses (and, if so, what amount) or whether other measures are more appropriate. Before deciding to commit financial resources to potentially costly legal action, the chapter should seek the opinion of an attorney other than your attorney on the merits of the case. This opinion would be similar to that described in paragraph 8(d) above.
AAFP chapter determines whether to seek national support

If all attempts to resolve your privilege problem at the local and chapter levels have failed, the chapter board of directors may wish to seek the support of the AAFP.

The chapter should submit its request for assistance directly to the AAFP Commission on Quality and Practice (CQP). The commission will provide advice and assistance to ensure that the protocol requirements have been met and documentation of the case is complete.

**The chapter should submit:**
- Complete documentation of your case
- A written report of the findings of the chapter’s investigative committee
- A detailed list of all steps taken to resolve the case to date
- Legal opinions from your attorney and the chapter’s attorney
- Specific information about the type of support the chapter would like the national Academy to provide (e.g., a letter of support for your case, a site visit by Academy officials, financial assistance for a lawsuit)

**Conditions for AAFP financial support**

Before the AAFP Board of Directors will consider your request for financial assistance, it must receive an official request from your chapter’s board of directors and a recommendation from the CQP. The AAFP Board of Directors has supported such requests only when the chapter has made its own financial commitment in support of its member’s case.

If the chapter requests AAFP financial support for the costs of a lawsuit, such requests will be considered only if you and the chapter each have obtained legal opinions covering the matters set forth in paragraph 8(d) above.

Also, the AAFP is under no obligation to finance legal expenses incurred before an official request for financial support is approved.

**The criteria that must be met before the AAFP accepts cases for financial support in the area of hospital privileges include:**

(a) Strict following of the AAFP Protocol for Handling Hospital Privilege Problems for Family Physicians Who Are Medical Staff Members

(b) Impact on the family medicine movement

(c) Evidence of discrimination based on physician specialty rather than individual qualifications. In accordance with the legal principle of inurement, a tax-exempt organization may not expend funds for the benefit of an individual.

AAFP Board of Directors determines whether to support the case

The official request for support then will be considered by the AAFP Board of Directors. The board chair or his/her designee will contact the chapter’s president immediately following the board meeting to notify the chapter of the board’s decision. A letter to reiterate this conversation will follow, with a copy of the letter to the member whose case has been considered.

Members who follow the steps outlined in this protocol are not guaranteed that the Academy will automatically support their efforts.

C. **Remove barriers to physician credentialing in rural and physician-shortage areas**

Submitted by Zita Magloire, MD – Cairo, GA

WHEREAS, the insurance credentialing process for physicians varies significantly by company with no standard timeline for approval and this causes a significant delay in providing care to
patients in communities with the greatest medical need, and

WHEREAS, the AAFP has a strategic initiative dedicated to the development and implementation of improving rural health and access to care, and

WHEREAS, there is a national physician-shortage crisis that is projected to increase to a 122K physician deficit by 2032, and

WHEREAS, fewer than half of rural women live within a 30-minute drive to a hospital with perinatal services, and over 10% have a drive of 100 miles or more, and

WHEREAS more than 100 rural hospital in the US closed in the last 10 years and hundreds more are at risk of closure. Be it

RESOLVED, that the GA AFP support legislation that requires insurers and health care networks to not delay physician credentialing applications once all requirements are met, and be it further

RESOLVED that the GA AFP draft a formal statement regarding the issue of physician credentialing and its effect on patient access to care as well as how it creates a significant financial hardship for both private practices and rural hospitals that depend on this reimbursement to continue to provide health care services in their community.

Background:
Georgia Academy leadership and staff have not heard any member complaints about the speed of provider enrollment for insurance companies either in rural or urban communities. Medicaid has developed a one-stop credentialing platform for all Medicaid-based insurance companies. The Georgia Academy stands ready to assist any member if they encounter undue delays in enrollment or other administrative burdens and hassles.

Effective August 1, 2015, Georgia’s Department of Community Health (DCH) will implement a NCQA certified Centralized Credentialing Verification Process utilizing a Credentialing Verification Organization (CVO). The new functionality will be added to the Georgia Medicaid Management Information System (GAMMIS) website (www.MMIS.georgia.gov) and will streamline the time frame that it takes for a provider to be fully credentialed.

Credentialing and recredentialing services will be provided for Medicaid providers enrolled in Georgia Families and/or the Georgia Families 360° program.

This new streamlined process will result in administrative simplification thereby preventing inconsistencies, as well as the need for a provider to be credentialed or recredentialed multiple times.

The CVO’s one-source application process will:
Save time
Increase efficiency
Eliminate duplication of data needed for multiple CMOs
Shorten the time period for providers to receive credentialing and recredentialing decisions

The CVO will perform primary source verification, check federal and state databases, obtain information from Medicare's Provider Enrollment Chain Ownership System (PECOS), check required medical malpractice insurance, confirm Drug Enforcement Agency (DEA) numbers, etc. A Credentialing Committee will render a decision regarding the provider's credentialing status. Applications that contain all required credentialing and recredentialing materials at the time of submission will receive a decision within 45 calendar days. Incomplete applications that do not contain all required credentialing documents will be returned to the provider with a request to
D. Support fair reimbursement for maternity care services in rural areas
Submitted by Zita Magloire, MD – Cairo, GA

WHEREAS, there is a national maternal health crisis with the US having one of the highest rates of maternal mortality of any Western nation, and

WHEREAS, the AAFP developed a maternal mortality task force to address the growing epidemic of poor maternal outcomes from lack of access to care and other disparities

WHEREAS, in 2010 less than 10% of family physicians practiced obstetrical care in part due to unfair insurance practices that allow specialists in to charge more for the same services

WHEREAS, insurance companies have denied claims for reasons outside of the provider’s control such as the patient not knowing their last menstrual period, be it

RESOLVED, that the GAAP support legislation that requires insurers and health care networks to reimburse obstetrical providers for their maternity related services, and be it further
RESOLVED that the GAAP develop a survey for its members providing obstetrical care to assess insurance and payment barriers to providing obstetrical care.

Background:
The Georgia Academy has supported increasing Medicaid codes – as it relates to obstetrical care – for over the last ten years. Four years ago, the Georgia Academy was successful in increasing Medicaid OB codes to the 2014 Medicare parity (these rates are currently higher than 2019 Medicare rates). These codes are paid to any physician who bills them — there is no differentiation between OBs and FP’s who are utilizing these codes. To date, neither the leadership nor staff have heard from members that they are being paid less for obstetrical and maternity services by insurers.

<table>
<thead>
<tr>
<th>OB Codes</th>
<th>Current Enhanced Rate at 2014 Medicare</th>
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<tr>
<td>59400</td>
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<tr>
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<tr>
<td>59618</td>
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</tbody>
</table>

E. Advocate for Life
Submitted by Michael Sims, MD - Columbus, GA

WHEREAS it is established and accepted science that within the framework of human existence life begin at conception (Dr. Keith L. Moore, the Developing Human: Clinical Oriented Embryology 2nd Edition) and

WHEREAS it is established and accepted science that the beginning of human life is at the fertilization of the egg by the sperm (Dr. Bradley M. Patten, Human Embryology, 3rd Edition) and

WHEREAS, the beginning of human life establishes the beginning of an individual person endowed by their creator with certain inalienable rights, among these are life, liberty, and the pursuit of happiness, as described by Congress in our Declaration of Independence; and

WHEREAS, the fourteenth amendment of the United States Constitution declares that “no state shall deprive any person of life, liberty or property without due process of law; nor deny to any
person within its jurisdiction of equal protection of the laws”, and

WHEREAS, Congress makes no attempt to distinguish persons born from those unborn, in the language of the fourteenth amendment, and instead established protections of deprivation of life, or denial of equal protection for all persons, born and unborn; and

WHEREAS, the family medicine physician advocates for the health and well-being of the human individual, both mother and child; be it

RESOLVED that we, therefore, accepting our duty and responsibility as family physicians, resolve to advocate for the protection and welfare of the uniquely created individual human life, as described above; allowing him/her to mature and exist as created, while providing support for the mother to care for that individual life.

**Background:** Georgia Academy has opposed legislation that criminalizes medical procedures or discussions between physicians and their patients related to medical procedures.

**AAFP Policy:** At its July 2019 meeting, the AAFP Board of Directors discussed the potential of consolidating several AAFP policies regarding comprehensive reproductive health services and related matters into a single policy statement. It was never the intention of the Board to modify or amend the current policies adopted by the Congress of Delegates.

Following appropriate discussion and consideration, the Board decided that current AAFP policies (see attached) as discussed and approved by the AAFP Congress of Delegates (COD) as recently as 2017 and 2018, provide the organization and the Board with appropriate policy and advocacy guidance on these matters.

The Board is aware of several recent communications from AAFP chapters and members representing diverse, and often passionate, opinions on these issues. The Board appreciates and values this input but believes that any changes to these current policies are within the purview of the COD. The Board encourages all AAFP members with opinions on these and other important policy matters to contact their chapter leadership and delegates to express their opinions to inform the decisions and actions of their chapter delegations to the COD. Chapters have also been encouraged to consider informing members about important (and perhaps controversial) resolutions in advance of each COD so that members remain well informed and can provide feedback to chapter delegations in advance of the COD. Finally, if members wish to express their concerns and opinions directly to the COD, they are welcome to provide testimony to the reference committees considering the many issues before the COD.

**Additional AAFP Information:** AAFP POLICY STATEMENTS RELATED TO REPRODUCTIVE HEALTH DECISIONS

*Reproductive and Maternity Health Services:* The American Academy of Family Physicians (AAFP) supports a woman’s access to reproductive and maternity health services and opposes nonevidence-based restrictions on medical care and the provision of such services. The AAFP believes maternity and reproductive health services are essential to general health care and should be covered under all insurance plans. (2014 COD) (2018 COD)

*Reproductive Decisions:* The American Academy of Family Physicians (AAFP) encourages all family physicians to provide patient education on contraceptive options at every available opportunity to avoid unintended pregnancies. In the event of an unintended pregnancy, family physicians should educate patients about all options. If a patient desires termination of their pregnancy or adoption, family physicians should provide resources to facilitate those services. If a family physician’s moral or ethical beliefs conflict with the ability to provide the requested resources or education, the family physician should ask a colleague to provide this information in a timely fashion rather than omit it. Additionally, the AAFP encourages family physicians to stay
informed of all state and federal laws as they apply to reproductive health. (1989) (2017 COD)

Reproductive Decisions, Coverage for - The American Academy of Family Physicians endorses the principle that women receiving health care paid for through health plans funded by state or federal governments who have coverage for continuing a pregnancy also should have coverage for ending a pregnancy. (2017 December BOD)

Reproductive Decisions, Training in - The American Academy of Family Physicians supports the concept that no physician or other health professional shall be required to perform any act which violates personally held moral principles. The AAFP recommends that medical students and family medicine residents be trained in counseling and referral skills regarding all options available to pregnant women.

The AAFP supports provision of opportunities for residents to have access to supervised, expert training in management techniques and procedures pertaining to reproductive health and decisions commensurate with the scope of their anticipated future practices. (1995) (2015 COD)

Criminalization of the Medical Practice - The American Academy of Criminalization Family Physicians take all reasonable and necessary steps to ensure that medical decision-making and treatment, exercised in good faith, does not become a violation of criminal law. (CGA) (2007) (2018 COD)

Criminalization of the Provision of Medical Care to Undocumented Individuals - The American Academy of Family Physicians believes that medical care decision-making occurs between the physician and the patient. The AAFP opposes actions that would criminalize the provision of medical care to undocumented foreign-born individuals. (2007) (2017 COD)

Health Care is a Right - The American Academy of Family Physicians recognizes that health is a basic human right for every person and that the right to health includes universal access to timely, acceptable and affordable health care of appropriate quality. (2017 COD)

Long-Acting Reversible Contraceptives - The American Academy of Family Physicians support a policy of adequate payment for Long-Acting Reversible Contraceptives (LARC) for all women, both as a contraceptive option and as a treatment for dysfunctional bleeding. (2015 COD)

Contraception Methods for Medicare Patients - The American Academy of Family Physicians support Medicare coverage for all FDA-approved methods of contraception. (2015 COD)

Over-the-Counter Oral Contraceptives - The American Academy of Family Physicians recognizes that unintended pregnancies are a major public health concern, accounting for approximately 50% of US pregnancies. Access and cost are commonly cited reasons why women have gaps in contraceptive use or do not use contraception. While oral contraceptive pills are widely considered to be safe and effective medications, they continue to require a prescription for use, further restricting access. The AAFP recognizes that though contraindications to these medications do exist, women have been shown to correctly self-identify contraindications to use when using a standardized check-list. Over 100 countries round the world currently provide oral contraceptive pills over the counter without a prescription. The AAFP supports over-the-counter access to oral contraception without a prescription. Under the Patient Protection and Affordable Care Act, private insurance must cover all contraceptive methods approved by the FDA. The AAFP supports insurance coverage of oral contraceptives regardless of prescription status in all insurance plans. (2014 COD) (March 2019 BOD)

Coverage Equity for Drugs, Testing, Procedure, Preventive Services, and Reproductive Technologies - Employers and health plans should not discriminate by the patient's birth gender,
sexual orientation, or marital status in the provision of health care benefits including a) prescription drugs and devices, b) elective sterilization procedures, c) diagnostic testing, d) medically indicated surgical procedures, and e) assisted reproductive technologies. These benefits should be covered under the same terms and conditions as other prescription drugs, devices, elective surgeries, diagnostic testing, and medically indicated surgical procedures.

Coverage should include medically appropriate services for individuals requiring transition or transgender care as determined by best practice standards, the patient, and the attending physician. Further, this coverage should extend to the medically-appropriate, sex-specific recommended preventive services determined appropriate by the patient's primary care physician. (2002) (2018 COD)

Coverage, Patient Education, and Counseling for Family Planning, Contraceptive Methods, and Sterilization Procedures - The American Academy of Family Physicians (AAFP) supports policies and legislation that would require public and private insurance plans to provide coverage and not impose cost sharing for all Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women and men with reproductive capacity including those contraceptive methods for sale over-the-counter.

The AAFP supports the position that intrauterine device and other long-acting reversible contraception be offered as a first-line contraceptive method and encouraged as options for most women with reproductive capacity. The AAFP also supports assuring coverage of Long-Acting Reversible Contraceptives devices and placement prior to hospital discharge, separate from the global fee, for all women who select this method.

The AAFP is concerned about the sexual health of adults and adolescents and believes physicians should provide patient education and counseling to both men and women to decrease the number of unwanted pregnancies. This includes information about abstinence, contraceptive methods, sterilization procedures, and providing emergency contraception. It includes the discussion of all contraceptive methods, where to obtain them, and the reliability of each. In addition, the family physician should explain how the different contraceptive methods do and do not prevent sexually transmitted diseases. If the family physician is uncomfortable providing these services, the patient should be referred to another physician or provider who is willing to provide the education and counseling and/or services. (2011 COD) (2016 COD)

Adolescent Health Care, Sexuality and Contraception - The American Academy of Family Physicians (AAFP) values the sexual health of adolescents in the United States. The AAFP particularly recognizes the importance of reducing the incidence of unintended teenage pregnancies; reducing sexual assault; increasing awareness of the risks and signs in adolescents regarding sex trafficking; and increasing awareness of the legal ramifications of sexuality and technology. The AAFP believes that an evidence-based approach to sexual health education will effectively address these issues and recognizes the need for more comprehensive and effective sex education programs in the community. The AAFP endorses opt-out comprehensive sexual education in all states and does not support abstinence-only sexual education. The AAFP recommends that:

All sexual education programs (including programs for reproductive health, pregnancy prevention, sexually transmitted infection (STI) prevention, etc.) includes medically accurate and evidence-based information.

Family physicians should provide appropriate guidance and counseling to educate patients about responsible sexual behaviors that decrease the risk of unplanned pregnancy and transmission of STIs. Patient education should address signs and symptoms of STIs and the need for testing even when patients are asymptomatic.
Comprehensive education and counseling regarding sexual practices of adolescents should include discussion about genital, anal, oral, and other types of sexual contact. Family physicians should be aware that adolescents may be exploring sexual orientation and/or gender identity, which can impact their psychosocial and physical health. Asking open-ended questions about sexual orientation and gender identity can open a dialogue about family relationships, safe sexual practices, mental health, and other issues confronting lesbian, gay, bisexual, transgender, queer, questioning, and intersex adolescents in a sensitive and accepting atmosphere. Family physicians should discuss with and educate their adolescent patients on the concept of consent to sexual activity and what to do if sexual contact takes place against one’s consent. A medical evaluation that addresses an adolescent's sexual and reproductive health should include a careful assessment for abusive or unwanted sexual encounters.

Family physicians must know their state laws and report cases of suspected sexual abuse to the proper authority in accordance with those laws. Family physicians should also be knowledgeable about their state laws in regard to technology and sexuality and should educate adolescents about the risks of sexting and using social media in a sexual manner.

Adolescents receiving family planning services deserve confidential care. Family physicians should be aware of any state laws that may impact the reproductive rights of their patients. Updated state laws can be found through the Guttmacher Institute at https://www.guttmacher.org.

Family physicians are in an ideal position to encourage family members to be involved in sex education efforts. It is primarily from the family that an adolescent’s values and concept of sexual and reproductive responsibility arise. Encouraging dialogue with parents or other trusted adults has been shown to positively impact outcomes of sexuality.

Family physicians should be actively involved in community efforts that initiate and implement effective education and prevention programs for reducing unintended teenage pregnancy and reducing STIs; addressing sexual assault; promoting safe use of technology in expressing sexuality; and increasing education regarding sex trafficking. Health education programs from elementary to high schools should include age-appropriate reproductive health education.

If a family physician is uncomfortable providing these services, the patient should be referred to another clinician who is willing to provide the education and/or services. (1987) (March 2019 BOD)

F. Continue seating Med Student Board members amongst Physician Board members
   Submitted by GAFP Student Board Members

   **Background:** This is a current practice for Board seating at the Georgia Academy of Family Physicians’ Board meetings. Recommend to file for information.

G. Open the Residency Fair during the GAFP Medical Students Day to more students to learn more about Georgia Family Medicine Residency programs.
   Submitted by GAFP Student Board Members

   **Background:** The Executive Committee approved this request from the Student and Resident Recruitment Committee at their September meeting. This practice will begin in March 2020 at the Medical Student Day. Recommend to file for information.
H. GAFP to consider support of The Communication and Optimal Resolution (CANDOR legislation) such as the ones in Iowa and Colorado.
Submitted by GAFP Student Board Members:

CANDOR is a pre-litigation process to resolve unintended medical outcomes. The American Medical Association and the Medical Association of Georgia are already on record in support of CANDOR.

**Background:** GAFP has the following policy on medical malpractice reform:

*Tort Reform: The GAFP will continue to make tort reform a top legislative issue,* which was instituted in 2014 and re-adopted in 2018.

**The AAFP has the following policy:**

*Professional Medical Liability*

**Academy Goals and Methods**
As one of its highest priorities, the Academy will continue to work on the professional medical liability problem. The professional liability insurance problem continues to have a negative impact on patients’ access to care. No responsible party in the medical profession denies the existence of malpractice and the right of a fair recovery to the negligently injured patient.

**The goals of the AAFP in this area are:**

1. To be an advocate for the patient and help them obtain relief from costs related to professional medical liability insurance and to support solutions that more equitably and quickly compensate those truly injured in the course of medical care.
2. To be an advocate for family physicians regarding any mechanism for: (1) affordable premiums; (2) differential premiums for beginning and part time physicians; and (3) equitable premium differentials for family physicians who provide obstetrical and surgical services based on sound actuarial evidence and standards of care.
3. To encourage and support in depth study and implementation of non legislative solutions to the professional liability problem.
4. To encourage and support state and national legislative solutions to aid physicians providing medical care (including obstetrics) in underserved areas. Such relief could be in the form of tax relief, partial payment of professional liability insurance premium and/or loan forgiveness.
5. To support chapters by serving as a resource center to provide information of evolving solutions in other areas. (1976) (2004)

**The American Academy of Family Physicians supports the following federal liability reforms:**

1. A limit on payments on "non-economic damages,"
2. Reducing awards by the amount of compensation from collateral sources,
3. Allowing periodic payment of future damages at a defined award limit,
4. Limiting attorneys' contingency fees,
5. Replacing joint and several liability with proportionate liability among the defendants in a case,
6. Reduce statute of limitations for commencing professional liability actions to one to three years after injury, with an absolute limit of six years for minors,
7. Incentives for states to establish Alternative Dispute Resolution Systems, and
8. An expert affidavit that must be provided by a specialist who possesses knowledge and expertise and practices in the same medical specialty as the defendant.

**Other methods that the Academy believes will be helpful in stabilizing unacceptably high liability premiums and aid in abating the medical liability problem are:**
1. Secure state legislation requiring joint underwriting associations (JUAs), consisting of all casualty insurance carriers in the state, to provide professional liability coverage on a collective basis.
2. Redefine, by legislation, medical negligence and liability, including specific designations concerning implied warranty and informed consent.
3. Legislate limits on awards including, but not limited to, limits on awards for total damages, non-economic damages, damages for dependent care, wrongful death benefits and limited punitive damage awards.
4. Mandate catastrophic insurance coverage.
5. Make information concerning collateral sources of income, and the tax status of awards, admissible in evidence.
6. Increase disciplinary authority of state boards of medical examiners.
7. Require 60 days advance notice of intention to sue.
8. Affirm a physician's right to recover from plaintiff reasonable legal costs and attorney's fees in successful defense of professional liability suits.
9. Eliminate the ad damnum clause in the filing of lawsuits.
10. Require that accompanying the filing of a claim is an affidavit from a physician stating the physician's opinion that the claim has merit.
11. Require that expert witnesses meet specific requirements (see Academy's policy regarding expert witnesses).
12. Required that insurance companies provide information regarding economic versus non-economic damages and settled versus verdict cases to state and national regulators.
13. Raising the evidentiary standard in medical liability cases to require “clear and convincing” evidence. (1975) (2017 COD)

Additional Background:
Medical Liability Reform -

I. Member Contributions to PAC
Submitted by: PAC Board
We encourage all members to contribute to the PAC, as well as, become engaged in advocacy for family physicians.

Background: The GAFP has the following policy on PAC contributions and donations,
The PAC strives to increase its annual contributions by 20 percent annually. The policy was instituted in 2007 and re-adopted in 2018.

J. Internal Policy Review: Displaying the US flag and reciting the Pledge of Allegiance
The GAFP display the flags of the United States and the State of Georgia at the front of the room at the Congress of Delegates and the Exhibit Hall. The Pledge of Allegiance is to be recited at the opening session of the Congress of Delegates.
Policy Date: 11/2008
Re-adopted as edited 11/2016
The Policy Review Team recommended approving the policy as is.

K. External Policy Review: Area of training for Family Medicine Residents
The Georgia Academy of Family Physicians unconditionally supports the concept that family medicine residents be trained in all major disciplines of medicine, including, but not limited to, the care of pregnant women and hospitalized patients.
Policy Date: 11/1998
Re-adopted as written 11/2016
The Policy Review Team recommended approving the policy as is.
L. External Policy Review: GAFP Mission Statement
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.
Policy Date: 8/2009
Re-adopted as written 11/2016
The Policy Review Team recommended approving the policy as is.

M. External Policy Review: Healthy Lifestyle and Weight for Children and Adults
Original resolution: Legislation for Healthy Lifestyle and Weight for Children and Adults
The Georgia Academy of Family Physicians both supports and encourages policies that promote a healthy lifestyle and healthy weight for both children and adults.

Edited resolution: The resolution content remains the same. The Policy Review Team requests the removal of “Legislation for” from the resolution title to read Healthy Lifestyle and Weight for Children and Adults
Policy Date: 8/2009
Re-adopted as written 11/2016
The Policy Review Team recommended approving the policy as edited.
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
Dr. Reeves gave the group an update on AAFP
- Talked about membership. Talked about the growth, especially in the student category.
- Talked about where our members are employed
- Talked about frustrations from other family physicians
- Opened the floor for questions:
  o A: midlevels aren’t allowed to prescribe on their own. The aafp continues to fight this issue.
  o Pending waive of older patients, what efforts can be made on the Medicaid level? – A: seeing
    more FM residencies are opening. More residencies are coming around, but they need to be
    more FM. This needs to go to Washington on a national level. Have to speak to ppl in
    Washington in a language that they understand. If they are numbers people, tell them a story
    that they can relate to.
  o Question: Concerned about advanced care providers who are moving into the healthcare space.
    Great encroachment into our profession, and expanding their professions into GA. Diminishes
    how much physicians get paid.
    ▪ A: Perform at the top of your profession to make sure we can’t be replaced
  o Question: can aafp exempt FM residents from an obstetrics track?
    ▪ A: hate to advocate to remove it. There was an article that noted that FM needed more
      training in OB to make sure we are adequately trained to handle OB. FPs are the ones
      who they fall back on. He believes that we need additional training (OB fellowships).
  o Comments: Contribute to the PAC to help raise our voices.
  o GAFP consider doing monthly withdrawals for the PAC

9:05 am – 9:30 am
• Officers’ Induction
  Leonard Reeves, MD, AAFP Board Member
• President’s 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 – 10:00 am
• Parliamentary Procedure Review
  Carl McCurdy, MD - Parliamentarian
• Omega Report
  Chris Wizner, MD - Vice Speaker

10:00 am – 10:15 am
Congress of Delegates Introductions & Quorum Call
Chris Wizner, MD - Vice Speaker
10:15 am – 10:20 am
Adoption of the 2017 Minutes of the 49th GAFP Annual Congress of Delegates – The minutes were reviewed and approved.

10:20 am – 10:25 am
Nominating Committee Business
Georgia Healthy Family Alliance Board Trustees – Jeff Stone, MD – Speaker
The COD recommended Drs. Rubin and Busman to the Board of Trustees – they were approved.

10:25 am – 11:45 am
Dr. Stone gave an overview and introduction to how the COD works. He gave examples to help the group understand how the business of the COD is conducted. He reviewed the rules of order. He discussed the way a resolution goes to the reference committee (discussion and debate happens here) and how the consent calendar works.

- Discussion and Extraction of Action Items (if necessary) – Jeff Stone, MD – Speaker
  Extracted Items:
  - No items were extracted
  - Thank you to the Reference Committee by the Co-Chairs of the Reference Committee

- Final Vote and Approval of Consent Calendar
Dr. Stone called for a vote of the consent calendar. The consent calendar was approved unanimously.

Dr. Stone noted that staff would send the final minutes and notes after the meeting.

11:45 am – 12:00 pm
- Presentation of Family Physician of the Year Award – Loy D. “Chip” Cowart, MD – 2019 Board Chair
Dr. Cowart introduced and presented Dr. Eddie Richardson the Family Physician of the Year award.

Adjournment – 11:05am