

**Georgia Physicians Leadership Academy
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Abad, Gregorio A. Class III Area: Legislative <i>PM &R from Dublin sponsored by Laurens CMS</i>	Increasing Physician Representation in Lawmaking Bodies	To assist with the political campaign of Pablo Santamaria, M.D. (Dublin urologist) for Georgia State House of Representatives seat, District 143.	1) Mail campaign to canvas all Georgia physicians for contributions, grassroots campaign in individual doctors' offices and ancillary healthcare facilities, Laurens CMS mail campaign and link medical society website to campaign website. 2) if Dr. Santamaria wins in the run-off, we will broaden message to include jobs and economy for general community with new campaign literature and commercials. 3) If Dr. Santamaria doesn't succeed in run-off, I will analyze campaign for troubleshooting and alternatives and compare to Ben Watson's campaign(Savannah internist). <u>Conclusion:</u> Won primary, lost in the general election. Completed analysis of campaign. I have been nominated to attend the AMA Candidate and Campaign Schools this spring.
Adams, Jovan, Class VIII Area: Community/ Patient Education <i>Family Physician from Warner Robins sponsored by Peachbelt Medical Society</i>	Be Fit Be Cool Obesity Awareness		Expansion of program, addition of 5K race at conclusion
Awad, Eric, Class VII Area: Physician Ed and Legislative <i>Neurologist from</i>	The Cognitively Impaired Patient and Driving	Raise the level of awareness about the need to evaluate the "ability to continue to drive" in patients with cognitive deficits (defined in the protocol). Patients meeting criteria	The final results of my project were presented in a lecture to the Georgia Neurological Society as part of the annual meeting. The change in the course was to move the responsibility away from legislation to the private sector and ask physicians to address driving on a regular basis with a

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<i>Atlanta nominated by Ga Neurological Society</i>		will take an in office computer based cognitive test (administered by a certified technician using DriveAble).	guideline that is distributed.
<p>Barber, James W. Class II Area: Legislative, Community/ Patient Education</p> <p><i>Orthopaedist from Douglas sponsored by the Ga Orthopaedic Society</i></p>	Bringing MAG issues to the grassroots: The Trauma Network	The goal of this project is to develop a MAG grassroots network. Based on the 2008 MAG resolution to build a “field representative” network, this project will likewise build a network of grassroots MAG members who will take MAG issues to each county in Georgia. To build support for the creation of a trauma network, this GPLA project will establish a grassroots network, identify representatives, and provide support materials. It is hoped this grassroots network will be useful for other future MAG issues.	<p>At the beginning of my project, I planned to primarily construct a database of MAG speakers to blanket the State. However, I ended up focusing more on other MAG trauma projects which were more important, such as lobbying and trauma commission meetings. The result is a delay in implementation of my project. However, it is still in progress. I developed a 3 minute powerpoint presentation for use by others, and made a database to track the county-by-county results.</p> <p><u>Conclusion:</u> My methods differed from my original plan, but were consistent with the purpose of my project. My timetable was not realistic based on available resources.</p>
<p>Barnett, Florence C. Class II Area: Legislative, Community/Patient Education, Physician Education</p> <p><i>Neurosurgeon from Johns Creek, Ga sponsored by the</i></p>	Increasing Public Awareness to Facilitate Legislation for Trauma Network in Georgia	Raise awareness of public to lack of coordinated trauma care in Georgia Prompt legislation to fund trauma care	<p>Talked to legislators by phone and in person at the Capitol, continuing email communication, took out local ad and talk to my patients.</p> <p><u>Conclusion:</u> Ongoing efforts for establishing trauma system in Georgia are needed. Active participation in MAG Trauma Committee and CoL necessary to protect citizens of Georgia.</p>

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<i>Ga Neurosurgical Society</i>			
Bashuk, Robert, Class VIII Area: Physician Education <i>Neurologist from Marietta sponsored by Georgia Neurology Society</i>	CARS=Cognitive Assessment for Road Safety	To increase physician awareness about the medically at risk driver	Outcomes: Increase the number of physician evaluating at risk drivers. I would like this to be statewide so that Georgia will have the safest roads in the Country.
Bogorad, David D. Class IV Area: Legislative, Physician Education <i>Ophthalmologist from Augusta sponsored by Ga Society of Ophthalmology</i>	Development of Annual Georgia Society of Ophthalmology Day at Georgia State Capitol, Atlanta	Purpose or goal: The Development of “Georgia Society of Ophthalmology Day” at the Georgia State Capitol in Atlanta, which would be designed to become an annual event, would serve multiple purposes, and have several goals.	My project is completed. On January 12, 2012 we had our first GSO Advocacy Day at the Capitol. In addition to several GSO members from different areas of the state, representing both private and academic practice, we had three ophthalmology residents from GHSU and two from Emory with us. The legislators we met with included: Sen. Tommie Williams, Lt. Gov. Casey Cagle, Rep. Jan Jones, and Rep. Ed Lindsey. As well, we had a joint meeting with Health & Human Services Chairs Rep. Sharon Cooper and Sen. Renee Unterman, and a photo op. with Gov. Nathan Deal. All in attendance felt it was an excellent, productive day. At a subsequent meeting of the Council of the GSO it was decided that GSO Advocacy Day should become an annual event.
Bohlke, W. Scott Class I Area: Patient Education	Choosing a Medicare Advantage Plan	To assist Medicare beneficiaries in choosing a health plan that best fits their needs	Over 300 participants were counseled in an individual fashion and/or in a group fashion on choosing the best plan for them in a 4 month period of time. All available plans in the local area were represented via an overview packet and with appropriate links to resources concerning each plan. Once each participant had time to review this information, a second

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<i>Family Medicine from Statesboro sponsored by the Olgeehee CMS</i>			<p>conference was undertaken via phone. Approximately 70% of the participants were assisted in making an informed decision on which plan provided the greatest benefit to their individual needs. The rest were grateful for the effort and were seeking even more information to help in their decision making process.</p> <p>Conclusion: Each Medicare beneficiary was educated in the importance of making a informed decision on the best plan that fit their needs.</p>
<p>Boltja, Margaret, Class VIII Area: Community/Patient Education <i>Neurologist from Macon sponsored by Bibb CMS</i></p>	<p>DASH (Doctors Against Stroke and Heart Attacks)</p>	<p>Reduce the number of heart attacks and strokes by raising awareness of risk factors such as HYPERTENSION, OBESITY, HYPERLIPIDEMIA, and TOBACCO ABUSE.</p>	<p>1. Doctors checking BPs: Recruited physician volunteers through emails and social media to check BPs and educate people about risk factors including obesity, tobacco cessation, high blood pressure, hyperlipidemia, and diabetes. I was very fortunate to receive a grant from Navicent Health Foundation for \$10,000 to cover expenses. They offered a employee to help schedule the blood pressure screenings. She called a lot of churches and other locations to get us scheduled.</p> <p>2. Create a music video teaching about risk factors: We made up words and produced a song very similar to “Uptown Funk” but copyright issues made it too expensive. We found a producer to write an original song for free. More than 25 physicians have signed up for the video production. They will be dancing, checking blood pressure on pretend patients, etc.</p> <p>The video will be played in the hospital waiting rooms and patient rooms. Hopefully this will reach family members and patients in the hospital and encourage them to have their blood pressure checked, lose weight, not smoke, exercise, monitor cholesterol, and monitor glucose.</p>
Brown, Amanda,	Advocacy for HR	Seek passage of professional	Activities and Outcomes:

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<p>Class VII Area: Legislative <i>Anesthesiologist from Macon nominated by the Ga Society of Anesthesiology</i></p>	<p>971/ Professional Transparency</p>	<p>transparency bill</p>	<p>Lobby on behalf of a professional transparency bill in Georgia -Participate in Capital activities to establish relationships with legislators -January MAG Day at the capital -House of Representative HHS hearing -Outreach to local legislators to mobilize bill support -Passage of HB 416 Consumer Information and Awareness Act April 2</p>
<p>Campbell-D’Hue, Gloria and Perry-Gilkes, Lisa Class II Area: Legislative <i>ENT from Atlanta sponsored by Medical Association of Atlanta</i></p>	<p>The Georgia Trauma System: Developing Financial Support for the Providers of Direct Patient Care</p>	<p>Purpose or goal: The Georgia Trauma system is currently underfunded which prevents it from functioning at its optimal level. Numerous mechanisms have been employed to increase the funding for said system but yet have failed to fill the void. One mechanism which hasn’t been investigated is the development of a specialty trauma license plate where the funds raised would be used to directly support the providers of care to the trauma victims. This idea came from the California Arts tag that raised over 50 million dollars for the California Endowment for the Arts. Target audience for these special license plates could include physicians, EMT’s, trauma nurses, police and firemen. These organizations may be needed to get the required signatures to trigger the development of the plates.</p>	<p>After our day at the Capitol hill I learned that there was legislation in progress to develop a license plate tax, sponsored by Austin Scott. With further research it was found that this tax would raise significantly more than a new trauma license plate. With that knowledge in hand and the collaboration of our classmates and the Medical Association of Atlanta the concept evolved to get support for the active legislation. As chair of the Social Committee for MAA we had previously discussed having a day at NASCAR/ Atlanta Motor Speedway with a 1 hr CME on trauma. Dr, John Harvey could arrange a pit tour for the group and the CME would follow. The plan was to expand this event to educate the public about the need for a trauma system. One tool that we planned to use to accomplish this is the “It’s About Time” Brochure. We learned that the average attendance per event is over 100,000 viewers. With this information in mind it was decided to approach the Atlanta Motor Speedway owners and ask them if we could ask that a mechanism be made available when a person purchases a ticket they could donate \$1.00 via the Speedway to the trauma system. This would allow the</p>

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		<p>Once the funds were raised it should be ear marked for use in the county where the plates are registered. We would also have to develop a mechanism by which the arts for the plate would be obtained. This could be by a contest between young artists or commissioned by a local renowned artist. We could invite the MAG Alliance to join us in the art development. We would also submit a resolution the Medical Association of Georgia at the 2009 HOD requesting the house to support this effort to raise funds for the trauma system.</p>	<p>public and the Speedway to give back to the community that supports us and serves to protect our health and could easily raise over \$100,000.00 for the trauma system. To help this process along we would like to get a NASCAR driver to help raise awareness for the need of a trauma system. Attempts were made to contact driver Bill Elliot but we have had no response to date. The target date for this event was Labor Day but unfortunately we could not get the pit tour for that day. Dr. John Harvey has been promised a day in March 2010 for us to have the event. Conclusion: The project has grown significantly and is still viable. With our target date being in March we have much more time to get all the “players” to the table. It is a more strategic time in the legislative calendar which will help Mr. Austin’s bill.</p>
<p>Campbell-D’Hue, Gloria and Perry-Gilkes, Lisa Class II Area: Physician Education</p> <p><i>ENT from Atlanta sponsored by Medical Association of Atlanta</i></p>	<p>Physicians Resource Guide for Battered Women</p>	<p>Purpose or goal: The conundrum exist for the physician in practice of how to help a female patient who presents to your office that you may suspect as is a victim of domestic violence.</p> <p>The purpose of this project would be to develop a simple resource guide that could be used to help the physician help the patient.</p> <p>Organizations that we could partner with are the Rebecca Lee Society, the Atlanta Women's Medical Alliance and</p>	<p>Multiple on line searches were done this topic. Metro Atlanta hospitals emergency departments were contacted to find out how they handle patients they suspect are victims of domestic violence. I learned that in the emergency department of the majority of hospitals that I spoke with the local police were contacted. The officer would come to the emergency department and interview the patient. After the interview the patient was offered safe haven. Some hospitals do have a resource guide that is given to the patient Atlanta based, Partners Against Domestic Violence organization led by President and CEO, Cathy Willis Spruetz, CAE indicated, “While you can still find references to “battered women’s syndrome” it is no longer a best practice term and should not be used. It assumes that there must be</p>

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		<p>the MAG Alliance. Funding for the production this resource booklet could be done through grants.</p>	<p>something wrong with her and sets up fertile ground for victim blaming.” I saw the play “The Rule of Thumb” sponsored by the American Medical Association. In this play domestic violence was presented to the audiences and means to deal with it were offered Conclusion: There is a need in the community for heightened awareness of domestic violence. The GBI statistics reported 61, 464 cases of domestic violence 11,753 with children present and 21,063 with children involved in 2007. As an ongoing project I think MAG can develop a web based resource for its members similar to the Vermont Medical Society. I will continue to work on a pocket resource guide for physicians to be presented to the HOD.</p>
<p>Campbell-D’Hue, Gloria and Perry-Gilkes, Lisa Class II Area: Physician Education <i>Dermatologist from Atlanta sponsored by the Medical Association of Atlanta</i></p>	<p>A Survey of Stress Relieving Methods Used by Local Physicians</p>	<p>Stress is what a person perceives as a threat even if it is a non-physical threat. Stress or burnout often arises because of a clash of unrealistic expectations. Physicians are often at great risk for stress because they spend so much time providing care and not getting as much in return as they may expect and postponing their own care. Physicians on average die younger than their patients due to the stress of their jobs. Stress relief is essential to a long more fulfilling, healthy and productive life. This survey was structured to collect data from physicians as to the tools they use to diminish their stress. A</p>	<p>The survey was created to capture the age, specialty, length of practice and specialty of physicians. The survey was distributed at the Heritage Ball of the Atlanta Medical Association, to the South Fulton Hospital Staff and members of the board of the Medical Association of Atlanta. A total of 55 physicians completed the survey. Conclusions: 90% exercised or traveled with their spouse or significant other. 99% felt that relaxation methods are important. 60% have been in practice for 10 years or more 50:50 male and female physicians 80% are aged 40-60 98% would be interested in a planned relaxation activity</p>

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		correlation between stress related diseases was included to evaluate the seriousness of compliance with stress relieving methods. Ultimately, a weekend retreat would be offered at a nearby resort as a relaxation activity.	
Clements, Vickie Class V Area: Physician Education	GELT (Georgia Education Law Toolkit)	Develop a resource for Georgia providers (particularly pediatricians) to educate themselves and their patients on the Individuals with Disabilities Act and related laws, to enable them to provide assistance to the families of children with disabilities. The information provided is based upon recommendations for physician knowledge by the American Academy of Pediatrics and upon the Parents' Rights and Responsibilities information provided by the Georgia Department of Education.	Outcome: Multiple groups have been contacted and have agreed to provide assistance with accuracy. Parent groups have been contacted and representatives have been selected to help identify questions that are often raised by parents. Providers in various areas involved in the care of children with disabilities have been identified and invited to help. Parent and physician resources are being identified to be included in the Toolkit. It is anticipated that this will be completed in the next 12-18 months.
Coffin, Janis, Class VIII Area: Physician Education <i>Family Physician from Augusta sponsored by Richmond CMS</i>	Social Media In The Medical Profession: How To Best Protect Patient Interests and Apply Principles of Professionalism To Online Settings	Develop awareness of social media and the implications related to social media if used incorrectly.	Outcome: Will give the Social Media lecture to the incoming first year medical school class at MCG and will give the lecture to the orientation to the August University resident class at the end of June
Cook, J. Mitchell	Patient Centered	1. Increase awareness to the members	1. Increase awareness to Legislators/Head of M-caid/CMOs.

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Class V Area: Other Practice Management <i>Family Physicians from Athens sponsored by GAFP</i>	Medical Home: The Next Step	of the GA. Academy of Family Physicians of PCMH and the importance of practice transformation through GAFP PCMH University. 2. Increase recognition of PCMH by Insurance payers and corporations to increase reimbursement to PCMH Recognized practices.	2. M-caid/CMO are starting a PCMH payment model. 3. BCBS/Wellpoint starting PC2 payment for PMPM and recognition of PCMH Recognized practices.
Dalal, Snehal C. Class IV Area: Communications <i>Orthopaedists from Lawrenceville sponsored by the Ga Orthopaedic Society</i>	Advocacy for Georgia Trauma Commission	Boost efforts of Georgia Trauma Commission by increasing awareness in area physicians and community. I currently am awaiting correspondence from one of the members of the commission to see how I can be the most effective.	Appointed Legislative Chair for GOS and focusing on workman’s comp issues
Dalton, Debi, Class VIII Area: Community/Physician Educ. <i>Emergency Peds from Powder Springs sponsored by Cobb CMS</i>	Expanding the “Think About It” Campaign	1. Create a video for Wellstar physicians, add to credentialing process.	I created a short video for the Wellstar Health System Medical Staff to be incorporated into our Safety First Training. Physicians applying for hospital credentials and reappointment must view the video and answer 5 questions. The video has been approved all five Medical Executive Committees (current state Wellstar Health System) and been endorsed by the Board Safety and Quality Committee.
Das, Santanu Class III	Free Clinic for Minority Patients	To improve access to preventive health care for uninsured patients with a special focus on minority sections of	I will explore the feasibility of conducting free clinics on weekends for the above groups of patients. The locations of the clinics will be chosen keeping in mind where such patients

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<p>Area: Community/Patient Education</p> <p><i>Pediatrician from Warner Robins sponsored by Third District</i></p>		<p>the population.</p>	<p>may normally visit on weekends maybe a church or temple or even a marketplace or a mall.</p> <p>Resource: I will work with the Georgia Association of Physicians of Indian Heritage (GAPI) (and any other groups interested) to form a group of volunteer physicians who will help run the clinic. The operation of the clinic will be financed by contributions.</p> <p>Conclusion: Free clinic dedicated March 2011 in the Global Mall in Atlanta and will be open 12 noon – 4pm the first Sat of each month in donated space with volunteer physicians recruited from GAPI. Able to get chart storage fees</p>
<p>Davidoff, Madalyn N. Class IV</p> <p>Area: Legislative, Community <i>Cardiologist from Macon sponsored by Bibb CMS</i></p>	<p>Physician Toolbox (Grass roots campaign)</p>	<p>Purpose or goal: Development of physician toolbox with PowerPoint presentations, speakers bureau and training for media interviews and op-eds to reach out to community (especially businesses)</p>	<p>Mentor moved but actively working on PowerPoint presentations. Made 3 presentations at community events with 3 pending. Appointed to MAG CoL</p>
<p>Donoghue, Edmund Class V</p> <p>Area: Physician Education</p> <p><i>Pathologist from Savannah nominated by Georgia Medical</i></p>	<p>Insurance and Healthcare in the United States: What Went Wrong?</p>	<p>In 1929, Baylor Hospital initiated a plan that allowed teachers to pay 50 cents a month into a fund that guaranteed up to 21 days of hospital care at their hospital. The Baylor Plan became the blueprint for modern health insurance, and similar plans all over the United States became known as the Blue Cross Plan. By 1939, Blue Shield plans were beginning to be formed to reimburse hospital-practicing</p>	<p>During World War II, the Office of Price Administration ruled that benefit increases of up to 5 percent would not be considered inflationary. At this moment, health insurance premium payments became an employer's responsibility. This effectively provided a government subsidy to health care insurance because payments were made with pre-tax dollars. Patients came to believe that health care was free and became unconcerned about costs. Physicians by accepting direct payments from insurance companies contributed to the problem. Third-party payers intruded into the doctor-patient relationship. As a result, patients had no incentive to resist</p>

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<i>Society</i>		<p>physicians for their services. The original Blue Cross/Blue-Shield Plans had a number of important characteristics: a) they covered only serious illness requiring hospitalization; b) there were deductibles to discourage unnecessary hospital admissions; c) there were co-payments to encourage short stays; d) the cost was affordable for nearly everyone because rates were set on a community basis; e) there was open enrollment and no one was denied coverage for preexisting medical conditions; f) subscribers bought and paid for policies individually; employers made no contributions; g) if subscribers were out of work or changed jobs, they did not lose coverage as long they paid the premiums; h) the plans were established and operated locally by non-for-profit organizations with tax-exempt status.</p> <p>The goal of this project is to identify what changed during the next 80+ years that would make health insurance unavailable to large numbers of people.</p>	<p>higher physician charges and the cost of health care increased. After World War II, government involvement in medicine increased: e.g., the Hill-Burton Act, the National Institutes of Health, and the Veterans Administration. For-profit commercial insurers began to enter the health care market in competition with the Blue Cross-Blue Shield plans that were vulnerable because of community based rating. At the request of large employers concerned about health care costs, for-profit insurers began charging employee group rates that reflected their actual use of health services (experience based rating) and departed from community rating.</p> <p>In 1965, Congress enacted Medicare offering insurance to the elderly, and Medicaid, that promised health care services to the indigent. Coverage for Medicare set up along traditional fee-for-service insurance model. There were deductibles. There was no coverage for outpatient prescription drugs or periodic check-ups and preventive screens.</p> <p>During President Lyndon Johnson administration, federal capitation programs encouraged development of new medical schools and expansion of existing schools. The program had two goals: 1) solving the physician distribution problem and 2) lowering physician fees by increasing the supply of physicians. Between 1965 and 2000, the number of physician in the U.S. doubled. After the Vietnam War, the military draft was abolished. To insure an adequate supply of military physicians, federal medical school subsidies were withdrawn and replaced with military scholarships for medical students. The tuition of all medical student rose dramatically. Most medical students now graduate with large debts, averaging more than \$150,000. These debts significantly affect how</p>

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			<p>they practice medicine.</p> <p>In the 40 years from 1970 to 2000, Congress authorized numerous entitlements and unfunded mandates that significantly increased the cost of health care. In 1972, Congress passed the End Stage Renal Disease Program (ESRD) extending Medicare coverage to Americans with severe chronic renal disease regardless of age and creating the nation’s first near-universal health insurance entitlement. In 1982, the Tax Equity and Fiscal Responsibility Act (TEFRA) allowed states to extend Medicaid coverage to children under 18 with disabilities. In 1986, the Emergency Medical Treatment and Active Labor act (EMTALA) requires hospitals participating in Medicare to screen and stabilize every emergency rooms patient regardless of ability to pay. The same year, the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA) allows employees to continue group health plans up to 18 months after losing their jobs. In 1996, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) establishes standards for medical record privacy, protects people in group health plans from being barred for pre-existing conditions, and prohibits employment discrimination based on health status. In 1997, the Balanced Budget Acts restrained Medicare spending growth, but simultaneously enacted the State Children's Health Insurance Program (S-CHIP), which provides grants to states to help cover low-income kids above Medicaid eligibility levels. In 1996, the Mental Health Parity Act (MHPA) requires insurance companies to treat and cover mental health conditions on an equal basis with physical conditions. In 2003, the Medicare Modernization Act</p>

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			<p>expands Medicare to include prescription drug coverage. The benefits are offered exclusively by private insurance companies and there is a significant financial gap in drug coverage, known as the doughnut hole. In 2008, the MHPA is amended to include treatment for drug abuse.</p> <p>During the same period, Congress and business repeatedly attempted to rein in growing health care costs. In 1974, Congress passes the Employee Retirement Income Security Act (ERISA) which exempts large corporations' self-insured health plans from state regulation. During the 1980's, concern with the rising health care costs led businesses to move employees into health maintenance organizations and other forms of managed care. HMOs kept spending down by negotiating lower rates with health care providers, restricting referrals, limiting hospital admissions, reducing the length of hospital stays, and arbitrarily denying subscriber benefits. In 1983, Medicare initiated a system of prospective reimbursement, which based payment on diagnosis, age, and complications. Diagnosis Related Groups (DRGs) ended Medicare hospital reimbursement on a cost-plus basis. In 1993, Medicare enacted the Resource Based Relative Value Scale (RBRVS). Specialists began to receive less for a given procedure and family practitioners began to receive more. This annoyed specialists but did encourage some newly trained physicians to remain in primary care.</p> <p>Because Medicare was growing faster than private sector health care spending, Congress passed the Balanced Budget Act of 1997. This dramatically reduced hospital reimbursement under Medicare. The Sustainable Growth Rate (SGR) based reimbursement on the Gross Domestic</p>

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			Product (GDP) and not on actual health care practice costs. It was intended to be a budgetary restraint on Medicare’s total expenditures to maintain budget neutrality. If actual expenditures exceed the SGR, physicians’ payments are cut. If not corrected by Congress on a yearly basis, it would produce steep cuts in physician compensation for services to Medicare patients.
<p>Doyle, Joyce P. Class IV</p> <p>Area: Legislative, Physician Education</p> <p><i>Internist from Atlanta sponsored by GA Chapter, ACP</i></p>	<p>Exploring Barriers to Participation in Professional Societies and Health Advocacy among Medical Trainees in the State of GA</p>	<p>Background: Physician engagement in health policy and health advocacy at the state and national levels is traditionally low. Involvement can include direct participation in lobbying on health care related issues, membership and participation in medical societies with advocacy roles, and voting in regional and national elections. Evidence suggests that behaviors formed during medical training are likely to persist into one’s professional career. Thus, better understanding barriers to engagement that exist among physician trainees could be a good initial step in creating strategies to promote physician engagement in policy aspects of their profession. Increase Medical Student and Medicine Resident Engagement in Professional Societies and Health Advocacy in the State of GA.</p>	<p>Activities and Timeline for Needs Assessment:</p> <ol style="list-style-type: none"> 1. Permission to hold focus group and administer anonymous survey from residency programs/IRB 2. Focus groups with residents 3. Survey development 4. Survey administration and reminders 5. Analysis of survey results 6. Planning for Phase II: approach to addressing barriers to engagement <p>Survey done, results show residents strongly agree they need more information on advocacy</p> <p><u>Conclusion:</u> A brief survey of GA medical students and IM residents suggests that 3 big barriers to participation in Health Advocacy through Professional Societies are: lack of time (92%), lack of training (62%) and unclear how to participate (62%). Suggestions to increase engagement included: increase knowledge and awareness by sending short e-mail bulletins or audio clips with key points; Creating multiple choice questions help assess knowledge of issues; Provide mock advocacy training; Plan events to facilitate advocacy; Make participation as easy as possible!</p>

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			Action Plan: The creation "The American College of Physicians-Georgia LEAD Program" to provide framework for students and internal medicine residents to gain professional skills and participate in health advocacy. Participants in ACP-GA LEAD would be eligible for recognition and certification upon completing milestones as outlined by the program.
<p>Emerson, Thomas, Class VII</p> <p>Area: Community/Patient Education</p> <p><i>Urologist from Marietta nominated by Cobb CMS</i></p>	<p>Androgen Deprivation Therapy Clinic</p>	<p>Develop consensus and protocol to set up a clinic for all advanced prostate cancer patients within our 13 doctor practice. Patients' on this treatment are at risk for complications related to their treatment. The purpose is to segregate this group of patients to a separate clinic with an advanced practice provider, MD and nurse navigator to assure their treatments are given per schedule, appropriate labs as required are obtained. Lifestyle changes, dietary modifications and exercise counseling will be emphasized.</p>	<p>The ADT protocol has been established. A nurse navigator is now hired for the practice and she will identify and properly schedule the patients. Two nurse practitioners will be assigned to this patient care responsibility. An electronic health record template has been written to promote consistency in care and provide data monitoring capabilities to evaluate quality metrics. A urologist medical director has been assigned to provide oversight. Interdisciplinary networks have been established for continuum of care outside that of the urology care that can be a result of the treatment. The first patients will be seen on May 4, 2015</p>
<p>Eubanks, Amy, Class VIII</p> <p>Area: Community / Pt Education</p> <p>Internist from Bremen sponsored by ACP Ga Chapter</p>	<p>Diabetes? Know Your Goals! It's As Easy As A, B, C...</p>	<ol style="list-style-type: none"> 1. Organize a community awareness program to increase patient awareness of diabetic standard of care goals. 2. Make this a collaborative effort with Tanner Medical Group (TMG) administrators and physicians who are applying for medical home certification. 	<p>I developed the A,B,C program, created a PowerPoint, held a Diabetes Awareness Day at Tanner Medical Center on March 19th. Obtained a grant from the Tanner Foundation Community Grant to print materials.</p> <p>Met with administrators and other Tanner MDs to introduce the program. I will meet with PCMH physicians to coordinate roll-out of materials in their offices and to recruit more</p>

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		3. Learn about and use available resources in the health system for funding, coordination, and increasing marketing options.	physicians to present the A,B,C project to the community. They will use the PowerPoint to ensure uniform presentations.
<p>Fincher, Jacqueline and McMahan, Howard Class I Area: Physician Education</p> <p><i>Internal Medicine from Thomson</i></p> <p><i>sponsored by Ga Chapter, American College of Physicians</i></p>	Medicare in Crisis and the Patient Centered Medical Home Solution	To develop a grassroots advocacy program to be deployed in 2 phases. Phase 1 is to advocate for legislation to prevent the mandated 10.6% reduction in Medicare physician payments. Phase 2 is to develop a similar advocacy program for education and promotion of the Patient Centered Medical Home (PCMH) and push for its implementation. The PCMH model includes physician payment reform that would avert future crisis situations in Medicare physician payments, in addition to delivering cost efficient, high quality, safe care for our patients.	<p>Phase 1: Prevent the Medicare Pay Cut We customized a series of tools developed by the AAFP for its members to “SPEAK OUT” to Congress, demanding legislation to prevent the looming Medicare cuts and giving an 18 month positive payment update during which time a permanent solution to the Medicare physician payment crisis could be enacted. These tools were displayed on the GAFP and GaACP websites in an “easy to download” format for members to advocate directly with their Senators and Representatives. We also sent the “tool kit” via direct e-mail, fax, and standard mail with a personal message to ALL members of our state chapters urging them to personally contact their representatives and senators and to encourage their patients to do the same. The “tool kit” included a brief description of the problem, the potential negative impact on physician practices and their patients, sample letters to be sent to Congress, sample petitions to be placed in offices and other public places in each community, and posters to be reproduced and placed in each office. Opinion editorials were also sent to several newspapers in the state making the case for preventing the impending Medicare pay cut. Dr. Fincher and Dr. McMahan, along with other delegates from the GaACP and the GAFP, made direct visits to both Georgia Senators and our Representatives at their offices in Washington and in Georgia, and remained in close contact with them and their legislative assistants during May, June, and July.</p> <p>Results: HR 6331, “Medicare Improvements for Patients and Providers Act of 2008”, was passed on July 9, 2008, accomplishing our Phase 1 goal with enough bipartisan support to withstand the Presidential veto.</p>

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			<p>Phase 2: Promote the Patient Centered Medical Home Solution</p> <p>A. We have developed a video podcast campaign to draw attention to and promote advocacy for the Patient Centered Medical Home. In August, a series of interviews and videotaping sessions were held in Thomson, Covington, Gainesville, Atlanta, Columbus and Marietta, Georgia which included a diverse and knowledgeable group of GAFFP and Ga ACP leaders, patients, legislators, industry leaders, and policy makers speaking on the subject of the PCMH. These videos will be produced by September 30, 2008 and added to the GAFFP, Ga ACP, AAFP, ACP and PCPCC websites for viewing by members and non-members alike.</p> <p>B. We will produce a series of 1-2 minute video podcasts featuring patients who will speak to the benefits of the Patient Centered Medical Home from their perspective. The videos will underscore the value of primary care and having a personal physician to assist them in navigating the complexities of the health system with an emphasis on the improvement in health literacy this model of healthcare delivers. A brochure for patients will be developed highlighting these same themes. It will also be made available on the websites already noted and can be downloaded by individual physician members of these organizations to be used in their offices and/or other public venues. The brochure will be another avenue to draw attention to and promote the implementation of the PCMH model.</p> <p>C. We will develop a 15-20 minute power point presentation on the PCMH designed primarily for the lay public. The power point presentation along with one or more of the above video podcasts will then be made available to be used by advocates of this model – physicians and non-physician stakeholders-- in reaching members of their respective communities. We envision these presentations being delivered to civic groups and other community gatherings such as schools, clubs, hospital outreach programs, churches, and</p>

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			local employers. Our goal is to reach as many people locally, statewide, and nationally as possible and to affect such a powerful grassroots campaign for implementation of the PCMH that Congress will enact legislation implementing the PCMH into the Medicare program by January 1, 2010.
<p>Forney, Rutledge, Class VII Area: Other</p> <p><i>Dermatologist from Atlanta nominated by MAA</i></p>	<p>Pilot Program in Certification of Dermatology Medical Assistants for Meaningful Use</p>	<p>Purpose: A little known requirement of Meaningful Use regulations is that MA's must be certified by someone other than their physicians in order to enter orders electronically. Georgia does not certify Mas. Create MA certification program for dermatology.</p>	<p>Outcomes:</p> <ol style="list-style-type: none"> 1. Establish dermatology MA certification exam and process for state society (or other organization) certification. 2. Enable other specialties' to build on the derm program to develop their own specialty MA certification
<p>Gallup Gaudry, Pamela Class I Area: Patient Education</p> <p><i>OB/Gyn from Savannah sponsored by Ga Medical Society</i></p>	<p>STDs and You: An Educational Program for Young Women and Their Mothers</p>	<p>My goal is to educate rising high school students (8th-9th) about the dangers of sexually transmitted diseases. I am focusing on the long-term consequences of early sexual behavior. My goal is to have a large presentation with the help of the Chatham Co. school system and/or one or several "mother-daughter" presentations at one of the local theaters. I will be pursuing grants from Merck, perhaps CDC or NIH for funding.</p>	<p>To prepare a lecture and make it available to schools, churches, colleges, boys and girls clubs, and any other reasonable venue available to educate young girls about the dangers of unsafe sexual practices.</p> <p>Conclusion: The abstinence programs in this country have failed terribly in educating young people about sexually transmitted diseases. We have sent our youth a mixed message about sexuality. We allow graphic sexual scenes on television and in movies, yet we teach them in the schools that abstinence is the best way to behave. I believe that we need to educate these young people about the long term consequences of what they are doing. When one engages in adult behavior, one must face adult consequences. The power point presentation that I have prepared educates young women about STDs, how to prevent the diseases, and, if possible, how to treat or manage them. It is a graphic, very frank</p>

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			discussion on how choices that they make now can affect the rest of their lives. My original goal was to have a large venue event, “A night for mothers and daughters” at a local theatre; however, I have learned that the best venues are small intimate settings such as churches or business groups. Young people are more likely to listen to the message in small groups.
<p>Gangasani, Sreeni R. Class V Area: Other: Streamline the process for consultations</p> <p><i>Cardiologist from Lawrenceville sponsored by GAPI</i></p>	GAPI Volunteer clinic management	GAPI Volunteer clinic is free clinic run by physician volunteers from GAPI (Georgia Association of Physicians of Indian Heritage). Clinic was started about 2 years ago to provide free medical services for uninsured residents of Metro Atlanta. Purpose of my project was to streamline the process to get patients seen in an efficient manner as well as to get the consultants to see clinic patients at a discounted price.	After collecting data from most sought after specialties and discussing with the specialists we came up with process and forms to help with referral process and smooth running of the clinic.
<p>Gaur, Abhishek Class VI Area: Quality and Cost Optimization</p> <p><i>Cardiologist from Gainesville sponsored by GAPI</i></p>	Apply ACC Appropriate Use Criteria 2009 for Nuclear Stress Imaging	Optimize utilization of nuclear imaging by referring physicians	A retrospective chart review was conducted on 50 consecutive charts as Quality Improvement Project. Concurrently, physician and nurse practitioner education was started with respect to appropriate use criteria (AUC) as recommended by American College of Cardiology (ACC). AUC App was shared with all ER physicians. Chart review indicated good compliance with referral guidelines: Appropriate referral 98%, Inappropriate 2% and Uncertain 0%. Ref. Hendel RC et al. Appropriate Use Criteria for Radionuclide Imaging. A Report of the ACC foundation AUC

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			<p>Task force. JACC 2009;53:2201-29.</p> <p>The criteria will also be presented at the ER physicians departmental meeting. Chart review conducted periodically to assess compliance.</p>
<p>Grant, Tim, Class VIII Area: Physician education <i>Anesthesiologist from Macon sponsored by GSA</i></p>	<p>Understanding the Business of Medicine: a Financial Education for Future Physicians</p>	<p>Develop a curriculum with the goal of helping medical students become more financially astute, enabling them to take a greater interest and involvement in their financial future and the organizations (organized medicine) that advocate for them.</p>	<p>1) Developed Healthcare Economics course for 4th year medical students at Mercer University School of Medicine (MUSM). 2) Helped introduce the concepts of healthcare policy, debt management, and business of medicine into the medical school capstone curriculum 3) Led the creation of a new MD/MBA program for medical students at MUSM.</p>
<p>Gregory, Paula Class III Area: Other-Primary Care Physician Recruitment <i>Family Physician from Atlanta sponsored by GOMA</i></p>	<p>Recruiting and attracting rural physicians through developing a pilot project for resident mentoring</p>	<p>Recruiting medical students receiving their education in GA to do a Georgia residency</p>	<p>Communicate intent – long and short term goal- through selected individual conversations with academic deans and residency directors. 2) Work with a coalition of academic deans of medical training programs to target a selected number of communities (perhaps five) for an initial pilot project. 3) Identify rural community physicians leaders who might be interested and available to participate in an initial pilot project.</p> <p><u>Conclusion:</u> Where we are</p> <ul style="list-style-type: none"> • Involvement of multiple sectors to create awareness • Inserting in current relationships to continue the associations • Reintroducing the program • Looking for more mentors • Looking at student websites to advertise • Considering grant for phone, social media and travel for mentors and mentees

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<p>Griffiths, Mark, Class VIII Area: Other <i>Emergency Pediatrician from Decatur sponsored by GCEP</i></p>	<p>Little Interventions</p>	<p>In this advocacy project, I intend to work on improving prehospital care for the most commonly referred complaints to Children's Emergency Department. Specifically, I will focus on appendicitis, bronchiolitis and fracture care.</p>	<p>Created the first physician-led outreach team at Children's, improved collaboration between Children's Emergency Department and surrounding Emergency Departments, decreased exposure to ionizing radiation and increased timeliness to pain medications for pediatric patients.</p>
<p>Grossman, Jeffrey Class I Area: Physician Education <i>PM&R from Atlanta sponsored by Medical Association of Atlanta</i></p>	<p>Physicians' Institute e-Technology Forum</p>	<p>Web based message board to allow physicians to best choose, implement, and use an electronic health record. One goal is consumer empowerment through the internet.</p>	<p>Web based message board to allow physicians to best choose, implement, and use an electronic. This e-technology forum will allow you to pick the best system for your practice and most cost-effectively and efficiently implement that system. Results are that the e-technology forum is up and running and will serve as a great resource to physicians and office managers. Conclusion: This E-technology forum will allow you to sift through the more than 700 systems on the market, pick and implement the best system, and not pay a penny more than you have to. I don't know any doctor that looks forward to transitioning to I, but hopefully this e-technology forum will make this transition a more friendly process.</p>
<p>Groves, Michael Class V Area: other-clinical management <i>Otolaryngologist from Augusta sponsored by GSO</i></p>	<p>Improving Coordination of Care to Decrease Incidence of Excessive Length of Stay and Improve Outcomes in a Head/Neck Cancer Ward</p>	<p>Patients with head/neck cancer often present with a host of concomitant issues including malnutrition, tobacco and alcohol abuse, lack of social support, and unfavorable socio-economic status. This is often results in a rocky hospital course, post-operative complications, and difficulty finding an appropriate discharge</p>	<p>Through meetings with various stake-holders we were able to make some substantial gains. For example:</p> <ol style="list-style-type: none"> 1) Resident Documentation – Response to documentation audits (reviewers looking for opportunities to improve documentation to increase expected length of stay) rose to 100%. 2) Dietary – New dietician hired at Cancer Center for preoperative optimization. Feasibility of providing nutritional support at Cancer Center expense for

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		<p>disposition with excessive and costly length of stay. The purpose of this project was to better coordinate all stakeholders in the care of these patients to improve outcomes and therefore decrease length of stay for our head/neck cancer patients.</p>	<p>malnourished patients underway.</p> <ol style="list-style-type: none"> 3) ID – Protocol being developed with ID staff for preoperative antibiotics, post-operative prophylaxis and initiation of broad-spectrum coverage for suspected post-operative infection. 4) Social Work – Socially isolated patients and those with socio-economic challenges identified at initial Tumor Board visit to eliminate “surprise” discharge issues. 5) Nursing – Negotiations with nursing leadership on Head/Neck ward (shared with Med/Neuro observation patients) underway to establish a core nursing group for Head/Neck patients to improve knowledge of and adherence to the complicated nursing care required by these patients, as well as encouraging proper education of family/friends that will become caregivers at home. 6) Meetings with director of Physical Therapy, development of a “Nurse Educator” position, and refinement of the Alcohol Withdrawal Protocol will be undertaken in future.
<p>Gupta, Anuj Class III</p> <p>Area: Other-Administration</p> <p><i>Orthopaedist from Atlanta sponsored by GOS</i></p>	<p>The Consequences of Opting Out of Medicare</p>	<p>To demonstrate the benefits and disadvantages of opting out of Medicare for a large single specialty group</p>	<p>The author is a partner in a practice that has twenty-eight physicians, over two hundred employees, an outpatient surgery center, several physical therapy centers, an MRI center and six offices. Providing care for Medicare patients is a significant portion of the practice from the perspective of revenue. Medicare reimbursement continues to decline, particularly when compared with inflation. Additionally, the penalties for mis-coding continue to worsen. The practice has 28 physicians, 6 of whom have opted out of Medicare as of</p>

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			<p>July 1, 2010. The study provides data on the cash flow analysis (as percentages of cash flow), case volume, and effect on ancillary revenue. Finally, a subjective analysis of “perception” in the community will be discussed.</p> <p>Conclusion: 6 months of data show decrease in patient volume and revenue is level.</p>
<p>Hanly, Mark Class I Area: Membership and Legislative</p> <p><i>Pathology from Brunswick sponsored by Glynn CMS</i></p>	<p>The Ethics and Impact of Pathology “Pass Through Billing” with an Analysis of MAG’s Stance and Role in the Crises.</p>	<p>In recent years a highly contentious issue has arisen within the MAG membership. Pass through billing for pathology services generated questions about how the house of medicine dealt with the issue. The perception is that MAG and the Ga Association of Pathologists were pitted against each other, affecting MAG membership, public perception of MAG, MAG Legislative policy and medical ethics. This project will analyze these factors and their impact on Ga physicians along with MAG’s role in interdisciplinary conflict resolution.</p>	<p>An extensive review of the documentation related to the interaction between the Georgia Association of Pathologists, the Medical Association of Georgia and the Georgia Obstetric Gynecological Society as well as the College of American Pathologists was undertaken in conjunction with a critical evaluation of methods used to reconcile positions.</p> <p>Conclusion: The main body of opinion indicates that the current method of “billing for other physicians work” is at best ethically questionable. Unfortunately the overall situation has not been resolved.</p> <p>Several instances of near agreement were missed due to misunderstandings and, in some instances, definitive attempts by some physicians involved in the negotiation process to put forward personal agendas by some of the people involved in the negotiations.</p> <p>MAG has a significant potential role in interdisciplinary conflict resolution (Both in regards to this issue and other issues involving interdisciplinary disagreement) within the house of medicine, if it can be seen as an unbiased mediator. If resolution cannot be found and impartial panel should be sworn in as a subcommittee to hear evidence from both sides of the issue and make a binding ruling for presentation to the board of directors.</p>
<p>Higgins, Joel</p>	<p>Georgia Young</p>	<p>To develop a network of</p>	<p>I established a website www.georgiayoungphysicians.org.</p>

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<p>Class I Area: Membership</p> <p><i>OB/Gyn from Waycross sponsored by 8th District CMS</i></p>	<p>Physicians</p>	<p>communication and collaboration among young physicians in the state of Georgia</p>	<p>with blog and podcast features to promote the interaction of young physicians around the state. An email newsletter was also discussed but this function was later fulfilled by using podcasts with RSS feed subscription to allow periodic dissemination of topics to interested young physicians. As a secondary goal, recognizing that membership in organized medicine is difficult to promote among young physicians these days, it was hoped that the interaction among young physicians spurred by the website would translate into an increase in membership in the Medical Association of Georgia as interested young physicians begin to interact and collaborate with one another through this website. Attempts have been made through word of mouth and e-mail notifications to promote this website, however traffic has been minimal.</p> <p><u>Conclusion:</u> The project was successful in the creation of the website www.georgiayoungphysicians.org which is intended as a tool to promote communication and collaboration among young physicians across the state. Despite good intentions and a fair amount of effort, this project has not been successful in creating a network of communication and collaboration among young physicians. Efforts will continue to be made to promote interest in and awareness of this tool for young physician communication and collaboration.</p>
<p>Hoffman, Wayne, Class VII Area: Membership</p>	<p>Assessment and Revision of GAFP Governance Structure</p>	<p>Review and evaluate the current GAFP governance structure. With our rapidly changing healthcare environment and evolving needs of our members, the</p>	<p>Outcomes: -Re-vamped Nominating Committee into a 12 month role as a “Nominating and Leadership Development Committee” -Created application process for new leaders and means to</p>

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Physician	Title	Goal	Activities/Outcomes
<p><i>Family Physician from Atlanta nominated by GAFP</i></p>		<p>goal is to create a plan for the governance of a high performing association.</p>	<p>identify Board member interests -Conducted multiple Board discussions on governance options -Piloted “Town Hall” at November Annual Meeting, will conduct additional “Town Hall” calls this year - Action Item to modify attendance requirements and establish metrics to be considered at next Board meeting</p>
<p>Hooks, Beulette Y. Class IV Area: Physician Education and Communications <i>Family Physician from Midland sponsored by GAFP</i></p>	<p>Transforming Army Medical Clinic to A Patient Centered Medical Home (PCMH).</p>	<p>To help get military clinics to become medical homes for soldiers, their families and retirees</p>	<p>Change the way clinic are run to include clinic and team huddles; same day appointments; EMR update; improving patient continuity of care with same provider and/or tram; applying for NCQA status as a medical home.</p>
<p>Jarrard, Stephen W. Class V Area: Membership <i>General surgeon sponsored by the Ninth District</i></p>	<p>Rejuvenation of CMS</p>	<p>Rejuvenate our CMS (Stephens-Rabun) which has gone dormant over the years. To allow active and retired physicians from different practice settings or the community to come together in a collegial, social, and educational setting to share knowledge, as well as supporting MAG HOD and other programs for input. A side goal is to push for the affiliation of NPs and PAs to MAG, which will allow them to be affiliate members of our CMS (since we all practice together). This also,</p>	<p>We have not had our first official meeting yet, but I have the address database and am about to send out a letter. We did arrange that MAG could collect our dues for us with MAG dues each year. I hope to have the first meeting in May/June of this year, and meet once a quarter in the beginning.</p>

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Physician	Title	Goal	Activities/Outcomes
		hopefully, will encourage more membership in MAG.	
Johary, Albert Class III Area: Legislative <i>Internist from Atlanta sponsored by MAA</i>	A Systematic Retrieval of Expired Drug Medications for Proper Disposal and/or Overseas Use”	To develop a systemic approach to collect expired drug medications so that they do not get into the water supply of Atlanta. Also, I will investigate the potential use of these medications overseas if they are less than 6 months from their expiration date.	Will start with my own locale (Dunwoody) and create a hub where local doctors can drop off their expired medications on a weekly basis. Medications will be picked up from the various hubs and taken to a warehouse where they can be packed up for transport to an incinerator or for transport overseas. <u>Conclusion:</u> not available
Johnson, Keith R. Class VI Area: other <i>Anesthesiologist from Waycross sponsored by Okefenokee MS</i>	Early Risers: An Educational Leadership Foundation	Develop a youth leadership program	Early Risers is an education leadership foundation created to instill principles, teach youth leadership and success skills. Our first class Jan 11 was a great success. Our goal is to instill leadership and success skills at an early age in an effort to create success stories along with ingraining a sense of community responsibility. Our efforts have now been expanded to include football athletes in partnership with the area touchdown club. Our interactions will be tracked in a database to measure impact and document that our interaction significantly impacts youth when compared to a control group over time.
Jones, Bob C. Class II Area: Membership <i>Family Medicine from Macon</i>	Join or Retire	Increase membership and involvement in organized medicine, especially in minority populations.	Physician participation in local organized medicine was solicited using direct phone calls and faxes. Non-members and previous members were called and encouragement was given to join the Bibb County Medical Society as well as the Medical Association of Georgia. Current members delinquent on dues payments were also contacted. Direct discussion with physicians was sought; however discussion was sometimes

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Physician	Title	Goal	Activities/Outcomes
<i>sponsored by Bibb CMS</i>			<p>limited to only interaction with the office secretary or manager with a subsequent fax message sent. Issues highlighting the current medical environment were discussed and the importance of physician involvement via membership in BCMS and MAG was reviewed. The importance of physician collaboration was emphasized. Overall, membership in BCMS slightly increased but some previous members remained unconvinced of the value of dues payments.</p> <p><u>Conclusions:</u> Physician involvement in organized medicine shows much variability in interest. Some previous members simply required a reminder to join and others had a negative experience and likely will forego organized medicine indefinitely. Previous, current, and prospective members expressed significant concern about the value of membership and did not simply join in order to belong to a group. Physicians will require repeated solicitation for membership when utilizing means other than direct person-to-person contact. Significant apathy toward society membership must be overcome. Recruitment efforts during hospital staff meetings might prove to be helpful since it represents an opportunity for person-to-person interaction.</p>
<p>Jonnalagadda, Sudhakar Class II Area: Membership <i>Gastroenterologist from Douglas</i> <i>sponsored by the Ga</i></p>	Integrations of IMGs	To increase the membership of IMGs with MAG	<p>Conducted large meeting on October 4, 2009. Had long discussion with IMG and explained the MAG's role for IMG's.</p> <p><u>Conclusion:</u> The best plan is to meet IMG leaders of different nationalities and encourage membership in MAG.</p>

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Physician	Title	Goal	Activities/Outcomes
<i>Gastroenterology Society</i>			
Khoury, Aysha Class VI Area: Physician Education and Communications <i>Internal Medicine from Atlanta sponsored by GA/ACP</i>	Patient Management Optimization	To improve the management of patients seen in the observation unit by providing the most optimized care during their stay.	Activities: Determine top 5 most common diagnoses admitted to the unit. Gather input from internists working in the unit on opportunities for improved management. Develop communication tools among staff as guided by first two activities.
Krishnan, Indran Class III Area: Community/Patient Education <i>Gastro. from Atlanta sponsored by GGES</i>	Free colon cancer screening for indigent patients	Colon cancer screening is recommended to people over 50 years (or sooner if there is a family history). Not possible for people who do not have insurance/money.	Joint effort with Georgia Gastroenterological & Endoscopy Centers. Ongoing project Conclusion: challenge to determine eligible patients, connecting with Free Clinics for referrals
Kubik, Craig Class I Area: Other <i>Gastroenterology from Waycross sponsored by</i>	Free Medical Clinic for the Okefenokee Area	Start a free medical and dental clinic for working uninsured or underinsured residents of Ware, Pierce, and Brantley counties who meet criteria, including a family income not more than 200% of the federal poverty level	Second Baptist Church of Waycross, GA ran a clinic that provided free medical, dental, and optometry services for one weekend a year. This brought together the nucleus of people determined to have these services available year-round. A board of directors, including an executive director, medical director, and dental director was formed -501.3C status was obtained -Entered into partnership with the United Way -Started to inform the community through print and television

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Physician	Title	Goal	Activities/Outcomes
<i>Okefenokee CMS</i>			<p>media</p> <ul style="list-style-type: none"> -Fixed location for the clinic is still lacking, although several possible locations are pending -Funding through the Georgia Healthcare Foundation is anticipated, but still pending a physical address <p><u>Conclusion:</u> The problem of the insured and underinsured is a growing one, whether patients are seen in the office, emergency department, or in the hospital</p> <ul style="list-style-type: none"> -Patients forgo care to preserve and restore health because of cost -Emergency departments are being tasked to provide primary care -Primary care physicians, medical and surgical specialist physicians, dentists, optometrists, podiatrists, and nurses have all volunteered their services -Patients will receive primary care at the clinic facility, with specialty services provided at private offices -We need to enlist our local hospital as a partner for lab/x-ray/OR -Other communities in Georgia have or are starting their own free clinics -Work for the future includes tying these free-standing clinics into a state-wide network -State of Georgia is supportive, with sovereign immunity for physicians working in free medical clinics
<p>Lane, Bob Class III Area: Community/Patient Education</p>	<p>Obsolete Hospital Equipment Distribution</p>	<p>To create a vehicle for distribution of obsolete hospital equipment to medical charity organizations locally and globally.</p>	<p>Create a not for profit entity that can receive medical equipment no longer in use by hospitals and medical practices: process and repair as needed, distribute to medical charity organizations for use in the care of underserved peoples. Will require biomedical expertise, distribution</p>

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Physician	Title	Goal	Activities/Outcomes
<i>Anesthesiologist from Macon sponsored by GSA</i>			capability, relationship building with donors, logistics. Will require legal assistance. <u>Conclusion:</u> Creating 501c3
Lewis, Robert “Bo” Class V Area: other <i>Orthopaedist from Columbus sponsored by GOS</i>	Operating Room Efficiency Initiative	To create cost effective operative services by identifying operative waste and wasteful processes, replacing them with a model designed in efficiency and cost-saving incentives.	Waste is multifactorial (surgeons, circulators, techs, anesthesia services, sterile processing personnel and processes). Solution is complex but can be instituted and must be measured constantly as all solutions require constant reevaluation.
Lott, McGregor Class VI Area: Physician Education <i>Ophthalmologist from Waycross sponsored by GSO</i>	Georgia Society of Ophthalmology Young Ophthalmologist’s Section	To organize an educational event in which invited experts present information about such topics as practice management, malpractice insurance, coding, and contract negotiation that are of particular interest to practitioners who are early in their careers.	Along with another member of the Georgia Society of Ophthalmology, organized a half-day program featuring expert speakers in each of the above categories. Program started with a luncheon and concluded with a “networking” reception. We held the program at a local hotel and approximately 20 young ophthalmologists, mostly residents from the MCG and Emory programs, attended. Feedback from attendees was positive and we intend to organize another program (with different topics) for 2014.
Lovett, Karen Class IV Area: Community/Patient Education and Physician Education <i>Radiologist from</i>	Local initiation of American College of Sports Medicine “Exercise Is Medicine” Project.	Trust for America’s Health has ranked GA 17 th most obese state in the US according to the seventh F as in Fat report. 2007 National Survey of Children’s Health found GA to ranked 2 nd out of 50 states and D. C for childhood obesity. My project would involve working with primary care physicians, pediatricians, schools, organizations etc to initiate the	Introducing Exercise in Medicine program in Albany using local medical society. Setting up networks of medical professionals and trainers. Held a run that got good media attention.

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Physician	Title	Goal	Activities/Outcomes
<i>Albany sponsored by Dougherty CMS</i>		American College of Sports Medicine Exercise is Medicine project in my area.	
Lyon, Matt, Class VII Area: Communications <i>Emergency Medicine from Augusta nominated by GCEP</i>	Georgia Legislative Action Network (LAN)	Focused communication tool to notify members of important legislative issues	Outcomes: Currently the GA LAN is functional for the Georgia College of Emergency Physicians. This notification system can be expanded to other specialties and notifications sent out from the system can be tailored to the specific specialties enrolled in the program. The system was used during the 2015 legislative process.
Mattke, Angela Class IV Area: Legislative <i>Emergency Medicine from Atlanta sponsored by Ga. College of Emergency Medicine</i>		Since the SGR continues to be an issue and physicians of nearly all specialties are affected, I thought that writing resolution that would encourage research into legislation to allow tax credits for physicians/hospital/ other medical providers who are required by EMTALA to provide care for patients who often don't pay bills. Many PMDs can't afford to take care of Medicaid patients, and this might make it easier to find a follow up appointment for patients. The resolution would be for ACEP, and I was hoping to include other medical specialty societies in an effort to unify our voices.	Appointed Secy/Treasurer of GCEP PAC and State Legislative Cmt for ACEP. Updating Doctor's Advocacy book.
Maziar, Howard	How Much Does It	Establish a PAC for the Georgia	I contacted GPPA membership, educated them about purpose

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Class I Area: Legislative <i>Psychiatry from Atlanta sponsored by Ga Psychiatric Physicians Association</i>	Cost?	Psychiatric Physicians Association	of the PAC and solicited contributions. Successfully raised funds for PAC and in process educated membership about a variety of political issues impacting medicine. <u>Conclusions:</u> PAC successfully created
McClatchey, Cody Class III Area: Legislative and Communications <i>Internist from Atlanta sponsored by ACP</i>	Develop an Advocacy Networking Site for Internists-PhysicianForum.org (potential site name)	1. Identifies upcoming meetings with legislators 2. Identifies current events and upcoming legislative bills pertinent to Internal Medicine 3. Facilitates dialogue amongst Internists in Georgia via blogs/social networking forum 4. Build awareness of the site and explore linking to Georgia medical society websites	<u>Conclusion:</u> Now building advocacy page on GA ACP website instead of creating independent website, plan weekly updates for state issues. Increased Internist advocacy in the state of Georgia to improve the practice of medicine for doctors and healthcare for patients.
McDonald, Frank Class IV Area: Physician Education <i>Neurologist from Gainesville sponsored by Hall CMS</i>	Maximizing Physician Income in the Era of Healthcare Reform: A Practicing Physician's Perspective	To teach physicians how to make their practices profitable in these changing times.	I am writing a book and have completed or nearly completed the following sections: <ul style="list-style-type: none"> • Introduction—An Explanation on Why Business Knowledge is Important • Change—The History of Medicine and Why Change is Necessary • The Art of Generals—An Introduction to Business Strategy • Keeping Score—Understanding Financial Statements • Supply and Demand—How Economics Affects Medicine • Faster, Better, Cheaper—Achieving Operational

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Physician	Title	Goal	Activities/Outcomes
			<p style="text-align: center;">Excellence</p> <ul style="list-style-type: none"> • IT Does Matter—The Role of Information Technology in a Medical Practice <p>I talked with Steve Davis, Medical Relations Director at MAG Mutual, about putting me on their Speakers Bureau so they can promote my talks at local medical societies and medical schools.</p> <p>Conclusion: Although change is coming physicians can learn to adjust to the change and still make a living practicing medicine.</p>
<p>Miller, Charles, Class VIII Area: Other <i>General Practice from Douglas sponsored by Coffee CMS</i></p>	<p>Revitalizing the Coffee County Medical Society</p>	<p>Coffee Medical Society has been in existence for years but is experiencing declining membership.</p> <p>The plan is to foster congeniality, and foster a cohesive atmosphere for physicians to interact and to advocate with another goal to increase membership by 30 %.</p>	<ol style="list-style-type: none"> 1. Learned we did not have a current set of bylaws, so they were recently revised and updated. 2. Developed a database of physicians in the Coffee County area. There are 53 current physicians, 14 are current MAG members (a requirement to be a Coffee Medical Society member). 3. I am the President of the medical society and have planned a dinner meeting on 4/21/16, where we will approve the bylaws and have a general discussion about ways to increase membership and to improve our efforts at legislation supported by our members. I plan to have quarterly meetings. A second meeting will be open to all physicians in the area and our members will sponsor new physicians to join the CMS.
<p>Mims, Adrienne, Class VII Area: Community, patient, physician education</p>	<p>Promoting End of Life Decision Making</p>	<p>Increase the number of health care practitioners who have end of life discussions with patients and use the Physician Order for Life Sustaining Treatment (POLST) form to ensure that the wishes are honored.</p>	<p>Outcomes:</p> <p>The revised bill passed both houses and awaits the Governor’s signature. It clarifies all of the major concerns with broadly promoting the use of POLST across all healthcare settings</p> <p>The website was revised including updated documents, tools</p>

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<p><i>Family Physician from Atlanta nominated by Alliant/GMCF</i></p>			<p>and promotion of the upcoming conference. Resources secured to support the website over the next few years.</p> <p>The GA POLST Collaborative conference is on schedule and will feature a national speaker, the passage of the recent legislation and promotion of the IOM Report on End of Life Care.</p>
<p>Moore, Charles Class III Area: Community/Patient Education</p> <p><i>Otolaryngologist from Atlanta sponsored by GSO</i></p>	<p>Physician Assistant Education in Early Detection and Treatment of Oral Cavity/Head and Neck Cancers in Underserved Communities</p>	<p>The goal of this program is to develop, implement and evaluate an educational program designed for physician assistants (PA) to provide screening for oropharyngeal cancers (OPCs), tobacco cessation techniques, knowledge, and support in medically underserved areas. Through this process, we will provide a vital service and critical information to high-risk, underserved populations.</p>	<p>The program will consist of education modules on OPC and tobacco cessation. Practical application of these teaching modules will come in the form of each PA student working at an urban clinic, Grady Health System, and at a free clinic the HEALing Community Center, at least once a month. Additionally, each PA student will be required to participate in 1 of 2 rural health outreach programs in either in Bainbridge, GA or Valdosta, GA. Each participant will have the ability to participate at several other outreach programs, sure as the head and neck cancer-screening events at the Atlanta Motor Speedway and faith-based and community-health outreach programs. All of these events include persons who are high-risk for development of OPCs.</p> <p>Conclusion: I will now head the otolaryngology aspect of the training program at the Emory Physician Assistants Program. I have created a monthly clinic that involves PA faculty and students from Emory and Mercer in an underserved part of Atlanta. They are also involved in community outreach programs around metropolitan Atlanta and South Georgia. I will be introducing this project at an upcoming national PA meeting.</p>
<p>McMahan, Howard and Fincher,</p>	<p>Medicare in Crisis: The Collapse of Primary Care and</p>	<p>See Fincher, Jacqueline on this joint project</p>	<p>See Fincher, Jacqueline report on this joint project</p>

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Physician	Title	Goal	Activities/Outcomes
Jacqueline Class I Area: Physician Education <i>Family Medicine from Ocilla sponsored by Ga Academy of Family Physicians</i>	the Patient Centered Medical Home Solution		
Moore, Walter, Class VII Area: Communication, Membership <i>Rheumatologist from Augusta nominated by GA ACP</i>	Expansion of GME Training Programs in Georgia	Expand the number of training positions in hospitals currently not participating in graduate medical education.	<ul style="list-style-type: none"> -Meetings with CEO's, CMO's, CFO's, Board members, -Regents, local elected officials, community leaders -Presentations to hospital boards: GME 101 and beyond -Interactions with community faculty – cultural addition to the hospital mission -GME policy development for applications -Applications reviews –institutional and program level -Mock accreditation site visits Outcomes: 7 new residency programs added to GA.
Morgan, Elizabeth Class VI Area: Other <i>Plastic Surgeon from Atlanta sponsored by MAA</i>	To develop new ways to improve the supply of primary care physicians in Georgia	Given the acute shortage of physicians, especially in rural areas, and the pressure from non-physicians to take over physicians' roles, the development of more Georgia physicians is important.	Phase 1: Six of 11 FM MD residency program directors took part; half (3) did not consider a student's intentions to practice here and wanted only US MD or DO residents. The other three did consider students' origins and/or intention to practice in GA and had found that US students from foreign medical schools made residents, as good as or better than US graduates. Phase 2: All Caribbean schools were asked if they knew the number of students they had from GA or the Southeast or who wanted to practice FM in Georgia. None had this information.

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			<p>Phase 3: GA FM Program Directors’ ideas as to how to keep residents in GA was information new to the Governor and conveyed in a meeting with Ms. Katie Rogers, the Governor’s Health Care Specialist.</p> <p>Phase 4: The CEO of a large GA hospital system was found who intended to hire many more FM specialists. The CEO was introduced to the PDs in this study, to set up a direct-hire system for GA FM residents, to meet the hospital’s needs and keep these physicians in GA.</p>
<p>Nadolne, Brian Class VI Area: other</p> <p><i>Family Physician from Roswell nominated by GAFP</i></p>	<p>How an organization vets an ACO for its members</p>		<p>I have completed my project, which involved the vetting of starting an ACO that the GAFP worked on for a few months last year.</p> <p>I will be presenting and discussing the work we did, what we learned, how it helped me professionally, and how it helped our organization.</p>
<p>Natrajan, P. K. Class V</p> <p>Area: Increasing membership in MAG and Richmond County Medical Society</p> <p><i>Reproductive Endocrinologist from Augusta sponsored by GAPI</i></p>	<p>Increasing membership in MAG and Richmond County Medical Society</p>	<p>The membership in our society had been declining and there was need for a program to improve the attendance and membership in the societies. I have been on the board of Richmond County Medical society for many years. We have a monthly dinner meeting which includes educational seminars, legislative meetings with our politicians and fun meetings like Doctors day and Christmas where families are invited. Physicians from our community in private practice as</p>	<p><u>Outcomes:</u></p> <p>I got our meetings approved for CME in 2011-2012: The lectures are given by MCG faculty and physicians in private practice. The attendance has improved tremendously in the past year. We had a close relationship with the Medical College of Georgia and the entire faculty from MCG became members of RCMS and MAG, increasing membership in both societies. I feel if we give good benefits to the members and have a strong campaign for increasing membership the societies will increase their membership.</p>

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		<p>well as faculty from Medical College actively participate in these meetings.</p> <p>I sent letters to all the current and previous members (who had dropped the membership), all the known physicians in the CSRA and all the new physicians that moved to Augusta by calling all the Hospitals and getting the data base. I started the process of students/residents doing poster presentations and we are planning a residents' research day offering prizes this year. This should increase students and residents participation.</p>	
<p>Newman, Danny Class V</p> <p>Area: Membership</p> <p><i>Internist from Augusta sponsored by ACP</i></p>	<p>Improving Participation in the Council of Young Physicians</p>	<p>Survey the young physician membership of the American College of Physicians to determine areas to promote and improve the Council of Young Physicians (CYP). Survey questions were decided based on input from the executive committee of CYP and national leadership of the organization. Survey was distributed to all young physician members of CYP in Georgia via email through survey monkey.</p>	<p>Surveys were sent to several hundred members but only 30 were returned.</p> <p>-Sixty percent of those surveyed were not aware that CYP existed. The greatest percentages of those surveyed were interested in education (76.9%) and professional development (61.5%). All preferred communication via email.</p> <p>-About half (53.6) were willing to be local champions for CYP and seventy percent were interested in mentoring a student or resident to encourage a career in IM. Fifty percent were interested in events focused on medical education and leadership development.</p> <p>-Over eighty percent said that time was the biggest barrier to</p>

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			<p>participation. -Survey results were forwarded to all executive committee members and the state leadership of ACP. The results will be discussed at the next meeting for further discussion about how to move the council forward.</p>
<p>Odom, Howard Class II Area: Leadership Development <i>Anesthesiologist from Canton sponsored by the Ga Society of Anesthesiology</i></p>	<p>First Steps Toward Medical Society Leadership</p>	<p>Professional societies face a perpetual challenge to refresh the supply of leadership at the committee level and to groom particular individuals toward leadership at the society officer level. I believe there are two barriers that specifically hinder the vital ongoing pursuit of new society leadership for GSA. First is the barrier of combined unavailability of information, ignorance and misunderstanding of the basic workings of the society. Second is the lack of an effective method for physician members to understand and envision themselves in an entry level leadership role that could lead to identifying their potential engagement in leadership. These two fundamental barriers to physician involvement in GSA society leadership are the targets of my GPLA Leadership Project. Moving from entry level involvement to experienced leadership effectiveness is the next</p>	<p>The project was originally defined in four sequential phases; my initial plan was to complete the first two phases during the GPLA year. Phase 1: Compile a reference source of Society information Phase 2: Define a mechanism for leadership identification Phase 3: Initiate a process for leadership development Phase 4: Map a pathway of leadership advancement Conclusions: Only two of the four originally defined phases listed in the initial project (Phases 1 & 3) could be meaningfully addressed during this year. A more appropriate approach might rather be to view the sequential phases instead as simultaneous ongoing objectives where some incremental stage of completion is achieved. Each objective is separate but still related and dependent on the others. This parallel / incremental approach is being carried forward within the GSA. Despite the amount of work that remains, the project has produced definite successes. Most notable is that GSA embarked on its first strategic initiative related to Society leadership by beginning a deliberate process to identify and develop physician leaders. Current and future leaders will be better equipped and more strongly positioned to contribute at the local, state and national levels.</p>

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		vital process that GSA must also undertake but is not included in the scope of this particular project.	
<p>Oliver, David Class I Area: Membership</p> <p><i>Otolaryngology from Savannah sponsored by Georgia Medical Society</i></p>	<p>Developing Physician Awareness and Appreciation of The Georgia Medical Society as a Means to Increase Membership and Involvement</p>	<p>Complacency and apathy are common problems in many organizations. There are many reasons this has occurred in medical societies. Many physicians feel there are already excessive demands on their time and their financial resources. Many of these disenfranchised physicians would be more involved if they were aware of the benefits of their local medical society and appreciated what it takes to maintain the benefits derived from the society. We plan to study methods that have increased physician membership in other societies and implement those methods into a membership drive in the Georgia Medical Society.</p>	<p>Conclusions: not available</p>
<p>Patel, Dilipkumar, Class VIII Area: Physician Education /Legislation</p> <p><i>Psychiatrist from Lilburn sponsored by GAPI</i></p>	<p>Demonstrating continued learning and Maintenance of Clinical competence---Why recertification or expansive steps of MOC needed?</p>	<p>Examine the history of certification/recertification and current MOC requirements by specialty boards and ABMS. Examine if the changes were evidence based or arbitrary and seek views about using CME activities in the specialty field as a measure to demonstrate continued learning and</p>	<p>This project will look at diplomats opinion regarding best way to establish that they are keeping up with the current knowledge and advances in the field and living up to the expectation of Specialty society to demonstrate their clinical competence. The data will be helpful to specialty society.</p>

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		maintenance of clinical competence.	
<p>Patel, PH Class III</p> <p>Area: Other-Improving Patient Services <i>Gastro. from Columbus sponsored by GAPI</i></p>	Ancillary Services for Office	To Provide services under one roof for improved Patient convenience and better outcomes.	<p>Over the last year I have been struggling to improve the services in the practice so that we can provide services such as Ct Scan, Labs, Ultrasound, Infusion services, Anesthesia and Pathology</p> <p>Conclusion: Increasing number of patients being served, waiting for license for CT scanner</p>
<p>Patel, Piyush, Class VII</p> <p>Area: <i>Family Physician from Columbus nominated by GAPI</i></p>	Bring different group of physician under one roof. Increase awareness of physician for narcotic use.	Arrange meeting in Columbus for all physician and increase awareness of how to reduce Abuse of Narcotics.	<p>Activity - With help of GAPI, arrange meeting in columbus for how to reduce narcotic use in USA. Made all different group of physicians to make there member to attend. Organized nice event for all physician with help of 16 vendors and MAG, teach all physician about importance of unity and "Thinks about it" campaign. Took leadership in columbus area. Dr. Tom Price and Dr. Manoj Shah was chief guest. More than 150 people attended with great success. Organizations like Georgia Association of Indian Heritage, Muscogee County Medical Society, Columbus-Fort Benning Association, Physician Association of Pakistan were involved.</p>
<p>Patel, Purnima, Class VII</p> <p>Area: Physician Education, Communications, Membership</p>	L.E.A.P. Forward	Inspire and Engage Young Ophthalmologists Purpose: take the engaged group of Advocacy Ambassadors (resident and fellows in ophthalmology) and inspire them to be active leaders in practice setting, community, state and sub-specialty society, and national and	Friday, April 17, 2015 presentation of a 3-hour program with short 10-minute talks interrupted with panels for each area of focus will be created. The panelists' and speakers' charge will be to inspire our young Advocacy Ambassadors. They will share inspirational stories and provide practical methods to turn the inspiration into realization. The panels will include leaders in

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<i>Ophthalmologist from Atlanta nominated by GSO</i>		international organizations. The American Academy of Ophthalmology’s Mid-Year Form in Washington DC is an ideal setting for these young members to network and interact with active leaders in our field. The Mid-Year Forum is the AAO forum to discuss political, advocacy, and practice management issues. The L.E.A.P. Forward curriculum will provide interactive discussions in 4 major areas: Leadership, Engagement, Advocacy, and Practice Management.	ophthalmology at varying points in his/her ophthalmology career. This cross-generational approach will demonstrate the importance of a lifelong commitment to being an engaged citizen in our field.
Patton, Henry Class VI Area: other <i>Internal Medicine from Covington nominated by GA/ACP</i>	Expanding the Georgia Board for Physician Workforce Scholarship	My goal is to help the members of that Board and GA state legislators understand how to recruit future physicians to serve in needy areas of our state by making the scholarship available to medical students interested in going to underserved areas regardless of which specialty of medicine they chose to practice.	I spoke with my state representative and a state senator, emailed the Director of the DCH's GA Board for Physician Workforce (GBPW), and sent a letter to the Chairman of the Board of GBPW.
Perry-Gilkes, Lisa and Campbell- D’Hue, Gloria Class II Area: Legislative	The Georgia Trauma System: Developing Financial Support for the Providers of Direct Patient Care	Purpose or goal: The Georgia Trauma system is currently underfunded which prevents it from functioning at its optimal level. Numerous mechanisms have been employed to increase the funding for said system but yet have failed to fill the void. One mechanism	After our day at the Capitol hill I learned that there was legislation in progress to develop a license plate tax, sponsored by Austin Scott. With further research it was found that this tax would raise significantly more than a new trauma license plate. With that knowledge in hand and the collaboration of our classmates and the Medical Association of Atlanta the concept evolved to get support for the active

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<p><i>ENT from Atlanta sponsored by Medical Association of Atlanta</i></p>		<p>which hasn't been investigated is the development of a specialty trauma license plate where the funds raised would be used to directly support the providers of care to the trauma victims. This idea came from the California Arts tag that raised over 50 million dollars for the California Endowment for the Arts.</p> <p>Target audience for these special license plates could include physicians, EMT's, trauma nurses, police and firemen. These organizations may be needed to get the required signatures to trigger the development of the plates. Once the funds were raised it should be ear marked for use in the county where the plates are registered. We would also have to develop a mechanism by which the arts for the plate would be obtained. This could be by a contest between young artists or commissioned by a local renowned artist. We could invite the MAG Alliance to join us in the art development. We would also submit a resolution the Medical Association of Georgia at the 2009 HOD requesting the house to support this effort to raise funds for the trauma system.</p>	<p>legislation.</p> <p>As chair of the Social Committee for MAA we had previously discussed having a day at NASCAR/ Atlanta Motor Speedway with a 1 hr CME on trauma. Dr, John Harvey could arrange a pit tour for the group and the CME would follow. The plan was to expand this event to educate the public about the need for a trauma system. One tool that we planned to use to accomplish this is the "It's About Time" Brochure.</p> <p>We learned that the average attendance per event is over 100,000 viewers. With this information in mind it was decided to approach the Atlanta Motor Speedway owners and ask them if we could ask that a mechanism be made available when a person purchases a ticket they could donate \$1.00 via the Speedway to the trauma system. This would allow the public and the Speedway to give back to the community that supports us and serves to protect our health and could easily raise over \$100,000.00 for the trauma system.</p> <p>To help this process along we would like to get a NASCAR driver to help raise awareness for the need of a trauma system. Attempts were made to contact driver Bill Elliot but we have had no response to date.</p> <p>The target date for this event was Labor Day but unfortunately we could not get the pit tour for that day. Dr. John Harvey has been promised a day in March 2010 for us to have the event.</p> <p>Conclusion: The project has grown significantly and is still viable. With our target date being in March we have much more time to get all the "players" to the table.</p> <p>It is a more strategic time in the legislative calendar which</p>

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<p>Perry-Gilkes, Lisa and Campbell-D’Hue, Gloria Class II Area: Physician Education</p> <p><i>ENT from Atlanta sponsored by Medical Association of Atlanta</i></p>	<p>Physicians Resource Guide for Battered Women</p>	<p>Purpose or goal: The conundrum exist for the physician in practice of how to help a female patient who presents to your office that you may suspect as is a victim of domestic violence.</p> <p>The purpose of this project would be to develop a simple resource guide that could be used to help the physician help the patient.</p> <p>Organizations that we could partner with are the Rebecca Lee Society, the Atlanta Women's Medical Alliance and the MAG Alliance.</p> <p>Funding for the production this resource booklet could be done through grants.</p>	<p>will help Mr. Austin’s bill.</p> <p>Multiple on line searches were done this topic. Metro Atlanta hospitals emergency departments were contacted to find out how they handle patients they suspect are victims of domestic violence. I learned that in the emergency department of the majority of hospitals that I spoke with the local police were contacted. The officer would come to the emergency department and interview the patient. After the interview the patient was offered safe haven. Some hospitals do have a resource guide that is given to the patient Atlanta based, Partners Against Domestic Violence organization led by President and CEO, Cathy Willis Spraeztz, CAE indicated, “While you can still find references to “battered women’s syndrome” it is no longer a best practice term and should not be used. It assumes that there must be something wrong with her and sets up fertile ground for victim blaming.”</p> <p>I saw the play “The Rule of Thumb” sponsored by the American Medical Association. In this play domestic violence was presented to the audiences and means to deal with it were offered</p> <p>Conclusion: There is a need in the community for heightened awareness of domestic violence. The GBI statistics reported 61, 464 cases of domestic violence 11,753 with children present and 21,063 with children involved in 2007. As an ongoing project I think MAG can develop a web based resource for its members similar to the Vermont Medical Society. I will continue to work on a pocket resource guide for physicians to be presented to the HOD.</p>
<p>Perry-Gilkes, Lisa</p>	<p>A Survey of Stress</p>	<p>Stress is what a person perceives as a</p>	<p>The survey was created to capture the age, specialty, length of</p>

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and Campbell-D’Hue, Gloria Class II Area: Physician Education <i>Dermatologist from Atlanta sponsored by the Medical Association of Atlanta</i>	Relieving Methods Used by Local Physicians	threat even if it is a non-physical threat. Stress or burnout often arises because of a clash of unrealistic expectations. Physicians are often at great risk for stress because they spend so much time providing care and not getting as much in return as they may expect and postponing their own care. Physicians on average die younger than their patients due to the stress of their jobs. Stress relief is essential to a long more fulfilling, healthy and productive life. This survey was structured to collect data from physicians as to the tools they use to diminish their stress. A correlation between stress related diseases was included to evaluate the seriousness of compliance with stress relieving methods. Ultimately, a weekend retreat would be offered at a nearby resort as a relaxation activity.	practice and specialty of physicians. The survey was distributed at the Heritage Ball of the Atlanta Medical Association, to the South Fulton Hospital Staff and members of the board of the Medical Association of Atlanta. A total of 55 physicians completed the survey. Conclusions: 90% exercised or traveled with their spouse or significant other. 99% felt that relaxation methods are important. 60% have been in practice for 10 years or more 50:50 male and female physicians 80% are aged 40-60 98% would be interested in a planned relaxation activity
Rahimi, Ali, Class VII Area: Physician Education <i>Cardiologist from Marietta nominated by MAA</i>	Performance Improvement Leadership	To improve physician understanding of performance improvement fundamentals and the need for their collective support and leadership in the area of health care management.	Understand definition of performance improvement and fundamental applications in healthcare. Increase physician leadership and involvement in health care PI management.
Reddy, Rani, Class VIII	PCMH Implementation	NCQA Certification, improved patient care and access to medical care.	Outcomes: My practice successfully received a level 3 NCQA certification! Happier staff, overall cost savings, hoping to

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<p>Area: Other <i>Internist from Statesboro sponsored by Ogeechee River MS</i></p>			<p>succeed in an environment marching towards value based or global payments.</p>
<p>Reisman, Andrew Class I Area: Membership <i>Family Medicine from Oakwood sponsored by Hall CMS</i></p>	<p>Hall County MAG Membership Project</p>		<p>Conclusions: Not available</p>
<p>Roberts, Carla Class VI Area: Legislative <i>OB/Gyn from Atlanta nominated by GA/OBGyn Society</i></p>	<p>Creation of Right TALK: a 501 (C) 3 to educate the voters on the facts of science and medicine and the policies governing them.</p>	<p>Right TALK is an earned media, not-for profit organization that emboldens voters to require Transparency and Accountability from their elected officials and to expect Leadership and Knowledge about the policies they craft. Right TALK began its focus to educate the public on the issues of science, medicine and technology. In this initial phase, Founding Executive Director, Dr Carla Roberts has primarily concentrated on Women’s Health.</p>	<p>Right TALK is now registered with the Secretary of State and membership on its Executive Board is being finalized prior to filing for tax-exempt status with the IRS. Initial fundraising is underway to develop public outreach through a variety of social media outlets. Op-eds on Georgia’s maternal mortality ranking have been submitted at a local and national level for publication. To follow are pieces on Georgia’s infant mortality ranking and the differences in the public’s selection process for their physicians compared to their state elected officials which includes reminding the voting public in this era of healthcare reform that Georgia’s current House of Representatives does not have a physician member.</p>
<p>Rogers, John Class II Area: Other</p>	<p>Develop and Implement a Strategic Plan to Improve Rural</p>	<p>Purpose or goal: To develop, refine and implement a plan to address the needs of rural EM physicians and improve their ability to provide adequate</p>	<p>I began by defining the problems, sought and built a team of collaborators, developed a broad plan and lobbied to place myself and this team in positions that would draw attention to the problems in rural emergency care and allow increased</p>

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<i>Emergency Medicine from Macon sponsored by the Ga. College of Emergency Medicine</i>	Emergency Medical Care in Georgia	emergency medical care.	input from these physicians. I worked with GCEP to develop a strategic plan with two main goals: develop a skills update course and develop local meetings of emergency physicians. I revitalized the ACEP Rural Physicians Section and became a voice in the national organization. Conclusions: A broad approach persistently representing and advocating for rural emergency physicians on a personal basis and on a national and state level has yielded dividends for rural EPs and their patients. Leadership must begin with oneself and must serve as an example to others. This approach led to an opportunity to recruit others and to advocate for their involvement in organized medicine for the benefit of rural emergency physicians and the patients they serve. These efforts have only begun and will be both a personal pursuit but now one shared by many rural emergency physicians and the leadership of both ACEP and GCEP.
Rubin, Mitzi, Class VIII Area: Communication/ Membership <i>Family Physician from Atlanta sponsored by GAFP</i>	GAFP Town Hall Meeting Pilot	Increase membership involvement, communication and identify potential leaders	Webinar July and October Town Hall meeting in November
Ruark, Randy Class VI Area: Community/Patient	Osteoporosis: Improving awareness and accessibility to	Many elderly patients sustain insufficiency fractures because they have osteoporosis that has been inadequately treated. Goal is to	Studied treatment of hip fracture patients treated at my institution over the last 3 years and found that only 18.7% were adequately treated for osteoporosis. Next step is to design algorithm to improve percentage treated.

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Education <i>Orthopaedist from Augusta nominated by GOS</i>	treatment in the Augusta Area	increase awareness in the community and design a treatment pathway that prevents these patients from “dropping through the cracks”.	
Schaufler, Mardi Class IV Area: Community/Patient Education <i>OBGyn from LaGrange spokored by Troup CMS</i>	Assessment of Local Efforts to Address the Obesity Epidemic in Troup County, GA	Large amounts of time and money are being spent by government agencies - CDC, State of GA -on Georgia's Nutrition and Physical Activity Initiative. And yet I do not hear much about it here in Troup County where we have a serious problem. I want to find out, as a physician who sees women, mothers, grandmothers, cooks, lunchroom ladies, daycare workers, what is common knowledge about this. Is there coordination and energy in this project and is it being diligently promoted, carried out, and its outcomes assessed?	<p>I wrote a newsletter article for the GA OB/GYN Society news January 2012 issue entitled "Obesity - Call it what it is"</p> <p>I organized a community group called TOP (Troup Obesity Project) made up of 6 individuals from Troup County; the District 4 Public Health Director, Dr. Nicole Haynes, Beth Daniel, Adolescent Health and Health Promotion for District 4, Blanche Moreman, Director of Nutrition, District 4, Isabella Hardwick, MPH a CDC employee who is also a public health instructor at LaGrange College, Monica Barber, City of West Point Childhood Obesity point person, Sherry Clark, LaGrange Daily News, Jane Gannon, RN, Troup County Health Dept teen and adolescent health nurse. We met 3 times and have outlined a plan of action. We identified an unfinished project started in 2006 by GA Recreation and Parks administration in which their Board of Directors passed a resolution supporting healthy concessions at Parks and Rec facilities. The board asked that local boards pass similar resolutions and outlined recommended choices for the foods and beverages. We are moving forward to contact our board and try to convince them to implement the resolution of their own governing board.</p> <p>I am giving a 45 min presentation entitled "The Obesity Epidemic" to the Department of Medicine at West GA Health, our local hospital. It will summarize many of my findings and</p>

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			give recommendations on what they can do about the problem.
<p>Schreiner, Rob Class VI Area: Quality, service, affordability</p> <p><i>Physician Executive from Atlanta nominated by MAA</i></p>	<p>Use the Infrastructure and Culture of a Large Multi-Specialty Group Practice to Substantially Improve the Quality, Affordability and Service to Patients</p>	<p>Compare metrics of quality, service and cost of various specialty services (Cardiology, Nephrology, Ophthalmology, Nocturnal Hospitalist, and Urgent Care) before and after incorporation into the Permanente Medical Group.</p>	<p>As a result of incorporating care into a large multi-specialty group practice: Cardiology: HEDIS metrics rose, MIs fell, and utilization of invasive diagnostics declined; Nephrology: optimal dialysis starts rose, hospital and ER use declined; Acute Care: ER visits fell, hospital days fell.</p>
<p>Sekhar, Thekkepat Class VI Area: Community/Patient Education</p> <p><i>OBGyn from Warner Robins nominated by Third District MS</i></p>	<p>Improving access to patient records</p>	<p>Access to patient records is often a difficult task which tends to delay care and results in duplication of services leading to increased costs. The project purpose was to find ways to encourage connectivity between physicians using a central hub to facilitate exchange of patient records in a safe and secure manner.</p>	<p>Much of these concepts are still to be fully implemented and will probably take several years to bear fruition, especially when it comes to simplifying the access to patient records. The greatest hurdle is to change the paradigm that physicians and hospitals “own” the records to a more patient centric approach and give the patients control over their medical records. That is the greater challenge.</p> <p>In the short term, the connectivity to the 27 hospitals in the network helps to reduce duplication of tests, especially the expensive radiological examinations and facilitate a speedier exchange of data.</p>
<p>Shah, Manoj Class I Area: Membership</p> <p><i>OB/Gyn from</i></p>	<p>Integration of IMGs in Organized Medicine</p>	<p>At this time IMGs have not been very active in MAG membership and leadership. Approximately 25% of the total physicians in Georgia are IMGs, but MAG has only 12% IMGs. The</p>	<p>The best way to recruit members is by peer to peer campaign. GAPI (Georgia Association of Physicians of Indian Heritage) invited Dr. Chapman, President of MAG to its annual meeting and he stressed the importance of organized medicine to private practice and medical care of our patients. I kept MAG</p>

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<p><i>Warner Robins sponsored by 3rd District CMS</i></p>		<p>purpose is to increase IMGs membership in MAG.</p>	<p>applications in my coat pocket and when you see a physician in doctor’s lounge or at meetings and give it to them, have worked well. I worked with Pakistani, Nigerian and Middle Eastern groups. The next step will be IMG section officers to attend different county society meeting and meet IMG members. We will try to make few regional meetings and recruit members. We wrote letters to all IMG about MAG, its activities, membership benefits, but have not seen good response. I have discussed with president elect of the IMG section and plan to have a meeting in February of 2009 in Macon, which may attract more members. This is a long term project and will continue to work on it. <u>Conclusion:</u> The only method works best is member to member campaign. The regional meetings also help in attracting new members.</p>
<p>Shannon, Angela Class II Area: Community/Patient Education and Membership</p> <p><i>Psychiatry from Stockbridge sponsored by the Ga Psychiatric Physicians Association</i></p>	<p>1.BPA + MAG = BGMH (Better Georgia Mental Healthcare) 2. Recidivism Reduction for County Mentally Ill Parolees</p>	<p>-To increase the number of BPA members who are members of MAG. -To facilitate mental health follow-up of mentally ill parolees with the intent of decreasing recidivism which may be a result of relapse/decompensation related to a lack of medication.</p>	<p>1. Attend BPA meetings Provide BPA members with information on MAG advocacy efforts Invite BPA members to participate in Patient and Profession Advocacy Efforts Encourage BPA to join MAG Encourage BPA to develop a PAC 2. Identify Community Partners Identify Providers Bring Stakeholders Together Identify a Facility Determine Expenses Secure Funding Develop a Memorandum of Understanding for participating entities</p>

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<p>Simon, Geoffrey Class III</p> <p>Area: Physician Education</p> <p><i>Pediatrician from Atlanta sponsored by GaAAP</i></p>	<p>Integrating practice management and systems based medicine education across the continuum of pediatric residency.</p>	<p>Currently, pediatric residency programs are typically not fully meeting 2005 RRC requirements that residents be knowledgeable about healthcare delivery systems and practice management. As a result, pediatric residents graduate with a deficiency of knowledge and experience in leadership, business, the larger healthcare system and the details of medical practice management. The purpose of this project is to develop an integrated curriculum component for pediatric residents over the entire 3 years of their post-graduate education cycle which focuses on Systems Based Practices, including: the organization, operation and financing of clinical practice and healthcare organizations; risk management; healthcare finance; and systems approach to Quality Improvement processes. Additionally, these topics will be taught within the larger context of lifelong professional development that addresses professionalism, management and leadership, employment and career opportunities, and Personal Health/life</p>	<p>Execute Conclusions: Pending</p> <p>There exists an abundance of educational materials addressing these topics, as well as a body of published studies demonstrating systems approaches and interventions that positively affect the quality and value of medical care delivered physicians in outpatient and inpatient settings. Working with the Assistant Residency Director of the Department of Pediatrics at Emory University, we are reviewing the current medical education program against the RRC requirements to identify specific deficiencies in the resident curriculum. In addition, we are going to survey current residents and recent program graduates to assess their current desires and self identified knowledge and experience deficiencies regarding these topics. Based on this information, the initial priority is to develop a series of didactic lectures, panel presentations and small practice management projects for senior (3rd year) pediatric residents. The second stage is to develop a similar program for interns and 2nd year residents appropriate to their level of professional development and their current clinical curriculum. Fundamental to this project is to also identify faculty members within the Pediatric Department to incorporate these educational components into regular patient care, as “teachable moments” intrinsic to caring for patients within the medical system as a whole and as part of the Patient Centered Medical Home. In addition, faculty and personnel resources within Children’s Healthcare of Atlanta, the Emory University School of Medicine, and the larger healthcare community will be invited to participate in the development and teaching of</p>

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		balance.	<p>this program. Then end goal is to create a sustainable curriculum component for the pediatric program that could then be duplicated or adapted for use in other pediatric residency programs. The hope is also to recruit one to three pediatric residents to have a hands on role in developing this program, the initial survey and repeating the survey after to intervention to evaluate changes, and to present this information as a poster at an conference and/or to write a piece for publication.</p> <p>Conclusion: Identified core curriculum items, will focus on senior residents. Learning how to negotiate the residency bureaucracy but getting positive feedback.</p>
<p>Smith, James, Class VII Area: Legislation <i>Emergency Medicine from Atlanta nominated by MAA</i></p>	Sex, Lies & Legislation	Pass Legislation that will allow treatment of seizure disorders with cannabis oil that is high in CBD & low in THC	<p>Activities: Formation of Non-Profit, Lobbying at Capitol, Attending Seminars, Giving Educational Lectures, Testifying at Capitol</p> <p>Outcomes: Legislation was passed</p>
<p>Strothers, Harry Class III Area: Physician Education and Communications <i>Family Physician from Atlanta sponsored by GAFP</i></p>	Implementing Patient Centered Medical Homes in Georgia	Qualified HEDIS certified PCMH practice in GA with a GOAL of 15 practices and 3 residencies in GA sign up for PCMH process	<ul style="list-style-type: none"> - Registration with TransforMed for GA group rates and facilitation and collaboration of primary care practices in GA. - Results-negotiated rates, support form GAFP, outreach to GaAAP and ACP. Approved by GAFP Board Executive Committee - Target: Kickoff November 10, 2010 <p>Conclusion: 27 practices signed up for PCMH University kickoff 11/10/10 and will meet again in June. Have a consultant to help complete paperwork to enable them to reach Level 3 NCQA recognition.</p>

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<p>Sy, Johnny Class VI Area: Membership</p> <p><i>Emergency Medicine from Savannah nominated by GCEP</i></p>	Emergency Medicine Futures	<ol style="list-style-type: none"> 1. To increase membership numbers, but more importantly increase membership engagement and participation within the specialty group. 2. Develop regional mentorship program within the state. 3. Initiate and engage medical school interest groups. 4. Develop GCEP board of director fellowship program. 	<ol style="list-style-type: none"> 1. Medical School Visits: All the medical schools in the state of Georgia have been visited with ensuing presentation given. This component has been completed with great feedback and enthusiasm from the medical students. 2. Residency Visits: Completed Georgia Regents University residency program visit in October 2013. Emory University residency program visit is scheduled for February 2014. 3. Advocacy Fellowship: Slated to start in June 2014. This is expected to be a one year fellowship geared towards recent residency graduates. 4. Mentorship program: Still in planning phase and awaiting completion of fellowship inaugural class.
<p>Taliaferro, Sumayah Class IV Area: Physician Education</p> <p><i>Dermatologist from Atlanta sponsored by MAA</i></p>	Roadblocks and Gaps in coverage in Medical specialties	This project was an effort to understand current barriers and lapses in medical coverage and to work towards improvement of possible gaps in coverage in medical specialties.	MAG, MAA members, and members of specialty societies were surveyed to assess if there were any medications, diagnoses codes, medical encounters and procedures that are deemed medically necessary but frequently not covered by medical insurance, or frequently denied without prior authorization.
<p>Toraya, Jules Class II Area: Physician Education Membership</p> <p><i>OB/Gyn from Savannah sponsored by the Ga Medical Society</i></p>	Transparency for Non-Profit Hospitals	<p>Educate physicians, patients and general public on:</p> <ul style="list-style-type: none"> -Physician obligations under EUTALA for the ER -Establishing a structure state-wide definition of community benefit that non-profit hospitals owe the community (have them provide population-based health care). -Provide a fund for ER call 	<ul style="list-style-type: none"> -Interview State Rep. John Loustroud, former chairman of Georgia House of Representatives Hospital and Indigent Care Study Committee -Prepare and conduct a meeting of the Georgia Medical Society 4/09 on “Transparency in Healthcare”. -Write an op/ed article for Savannah newspaper on the subject. -Prepare a PowerPoint presentation on the subject for the GPLA

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		<p>compensation for physicians from non-profits that fail to provide adequate community benefit.</p> <p>-Collect data from doctors' offices to quantify the amount of indigent and charity care they provide in their offices.</p>	<p><u>Conclusion:</u> -Lobby for efforts through the legislature/negotiating process for the state of Georgia to define and enforce community benefits for hospitals.</p> <p>-Introduce legislation to be approved by MAG at HOD 10/16-10/17 meeting to create a state Bad Act deduction /tax credit for physicians or physicians groups who provide total charity care for indigent; uninsured patients. The credit would be equal to the Medicare physician fee structure for that service.</p>
<p>Tucker, Jennifer, Class VIII Area: Other-diversity <i>Orthopaedist from Atlanta sponsored by GOS</i></p>	<p>The Perry-Jackson Mentorship Program</p>	<p>Create a mentor match program between women registered with the Perry Project and female orthopaedic surgeons in the Ruth Jackson Society.</p>	<ol style="list-style-type: none"> 1. Provide a formal long lasting mentorship for females interested in orthopaedic surgery. 2. Provide continuity for women throughout their training. 3. Increase the number of female applicants for orthopaedics training programs.
<p>Velimesis, James Class V Area: other <i>Anesthesiologist from Milton sponsored by MAA</i></p>	<p>Perioperative Surgical Home</p>	<p>Purpose or goal: To create a perioperative management system which reduces preoperative, intraoperative and post operative expenses while tracking and improving quality outcomes and patient satisfaction. Examples include significantly reducing lab testing, medical consultations, pharmacy expense, blood transfusions and hospital length of stay. Individual and group metrics are collected and managed and are used as a basis for oppe/fppe, hospital gain sharing arrangements, Alternative quality</p>	

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		contracting with managed care companies and to form a unique ACO like arrangement with CMS. An i-pad based EMR has been developed for analytics and web based customized dashboards have been developed for stakeholders.	
Vella, Vijaya, Class VII Area: Community/Patient Education <i>OBGyn from Warner Robins nominated by Peachbelt CMS</i>	Childhood Obesity Awareness	<ul style="list-style-type: none"> - Adopt a school class, conduct activity day, educate involve school children in choosing right diet and physical activity - Try to get sponsors - AAPI Be Cool Be Fit program 	<ul style="list-style-type: none"> - Educate children about fitness physical activity and awareness of balanced diet
Walsh, Steve, Class VII Area: Physician Education <i>Anesthesiologist from Roswell nominated by MAA</i>	Promoting a role of physician as healer, leader, and partner will create newfound quality and safety for our patients and our communities.	The program will leverage the Professional Knowledge of subject, discipline, and values by adding Improvement Knowledge of system processes, variation, team psychology, and implementation knowledge.	All students must complete a project and identify a project, HINT: “Looking for your biggest hassles and frustration of daily work” PROJECT DATABASE
Watkins, Clyde Class II Area: Community/Patient Education	Why Is It So Hard to Find a PCP? America’s Shortage of Primary Care Physicians	<ul style="list-style-type: none"> -To increase public awareness of the looming shortage of primary care physicians -Promote a discussion of the causes behind the shortage of primary care 	I am an active alumni participant of Leadership Atlanta. An obvious hole in our alumni programs are topics around healthcare. I approached Leadership Atlanta with the idea of a health program around the topic of health reform but was told that they wanted to go in another direction for their

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<p><i>Internal Medicine from Atlanta sponsored by the GA Chapter of the American College of Physicians</i></p>		<p>physicians and possible solutions. -Discuss how healthcare reform may affect primary care.</p>	<p>Fortieth Year anniversary. I was later reengaged to help coordinate a new alumni program entitled the Community Issues Dialogue Series (CIDS). My task was to coordinate two meetings on healthcare. I recruited a co-chair, State Rep. Pat Gardner, who is very interested legislatively on health issues. We agreed on the topic and recruited three discussion leaders, Dr. Joseph Stubbs from the American College of Physicians, Dr. Todd Williamson from MAG and Timothy Sweeney from the Georgia Budget and Policy Institute. The event was held on September 15, 2009 at Atlantic Station and was open to all active alumni of Leadership Atlanta. There were approximately 50 attendees, a standing room crowd of leaders from business, medicine, law, nonprofits and government. There was over ninety minutes of spirited debate, insightful and challenging questions. Conclusions: This event was the inaugural session of the Community Issues Dialogue Series (CIDS) and therefore set the bar for quality for future events. All attendees were pleased with the quality of information and discussion. The leadership staff of Leadership Atlanta was please with the high quality of our session.</p>
<p>Watson, Matthew Class III Area: Physician Education <i>Emergency Med. from Atlanta sponsored by</i></p>	<p>Increasing Attendance at the GCEP annual meeting</p>	<p>To increase EM Physician awareness of CME opportunities available through the Georgia chapter of the American College of Emergency Physician, and increase involvement/attendance at this meeting</p>	<p>Conclusion:I have initiated a program that offers tuition reduction for our annual CME conference for first time attendees, as well as a discount incentive for existing members/past attendees to "refer-a-friend" to the future meeting in June 2011</p>

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Physician	Title	Goal	Activities/Outcomes
<i>GCEP</i>			
Weselman, Kelly, Class VIII Area: Community/ Patient Education <i>Rheumatologist from Smyrna sponsored by GSR</i>	Shared Medical Appointments	Increase patient access to rheumatology care by setting up a shared medical appt for certain dx. Improve staff leadership skills by including them in the process Improve access to rheumatology by sharing lessons learned with GSR membership.	Shared medical appts have increased patient support. Patients give very positive feedback with increased support and knowledge gained. Staff have been engaged and taken a lead in preparing for the SMA. Going forward, my goals include incorporating staff more into the patient teaching to decrease the demands on my time.
Wetherington, Mark Class I Area: Membership <i>Plastic Surgery from Rome sponsored by Floyd, Polk, Chattooga CMS</i>	Membership development in Specialty and County Medical Societies	Increase membership and participation	Contacted physicians in our county using phone, email and printed material. Same methods used for specialty society program. Developed enlarged program for annual meeting of specialty society. Incorporated Emory Department of Plastic Surgery into our scientific program. Expanded the role of our executive committee. Had moderate success with the Georgia Society of Plastic Surgeons membership and development project. Excellent feedback from membership regarding the expansion of academic participation. Results for county medical society disappointing with a loss of membership. Analysis revealed two issues. Apathetic core leadership on the part of our county medical society executive committee and a trend for physicians to identify more strongly with specialty society membership. Long range plans include working to replace current county medical society leadership (dormant) with more energetic physicians. Will continue work with my specialty society in leadership position. <u>Conclusion:</u> As the practice environment continues to evolve there are more and more physicians who fail to see the

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			value of medical society membership. Hospital based physicians look to the hospital for leadership. Physicians in large group practices identify with their own corporate leadership. The small independent physician is more likely to look to a state medical society for assistance. While all of the above is taking place, the specialty societies are enjoying rising popularity. The challenge is to demonstrate the value of a unified house of medicine to the entire physician force.
<p>Willimon, Cliff, Class VIII Area: Community/ Patient education <i>Orthopaedist from Atlanta sponsored by GOS</i></p>	<p>Time to Return To School</p>	<p>Understand more accurately the time it takes for children to return to school after various orthopaedic surgeries</p>	<p>A study of 10 common pediatric orthopaedic surgeries was completed and presented as a podium presentation at the American Academy of Orthopaedic Surgeons (AAOS) Annual Meeting. It was selected by the AAOS for a press release as well as informational handout to be distributed to AAOS members that is composed of 95% of practicing orthopaedic surgeons. It has been submitted for publication in the Journal of Pediatric Orthopaedics.</p>
<p>Wilmer, Charles Class VI Area: other <i>Cardiologist from Atlanta nominated by MAA</i></p>	<p>Reducing readmissions for CHF</p>	<p>Study the patterns of CHF, treatment and discharge with a focus on improvement in therapy and reduction in readmissions. We will study the factors leading to CHF readmission, understanding of illness, resources available, education, ability to obtain meds, compliance with meds, depression, f/u phone calls and medical follow ups with MD or heart failure clinic. We will look at cost of care and depression as a variable along with readmission</p>	<p>Ongoing Medication Reconciliation Include prevention / disease management education: Readmission source(s). Patient and Caregiver. Follow up with patient / caregivers Transportation Medications Discharge / Transfer documentation comprehensive addressing all patients' individual needs. MD Tools Reminders Protocols/ Order Sets per EBM</p>

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<p>Young, Edward Class III Area: Legislative, Physician Education and Communications <i>Hospitalist from Macon sponsored by Bibb CMS</i></p>	<p>Who Should Run Georgia’s Public (501c3) Hospitals?</p>	<p>Explore the evolution to present of the 501c3 corporate model of public hospital administration</p>	<p>Planned article MAG magazine, consider resolutions in HOD Conclusion: Still learning about the source of current laws and regulations. Have been nominated for the Georgia Board for Physician Workforce.</p>
<p>Zeanah, Michelle Class V Area: other <i>Pediatrician from Statesboro nominated by Ogeechee River Medical Society</i></p>	<p>Employing Georgia medical school alumni in Georgia</p>	<p>To increase the number of Georgia medical school graduates who return to the state to practice medicine.</p>	<p>My ultimate outcome is to facilitate the recruitment of alumni thru email marketing via the alma mater that provides access to a jobs website for physician openings in the state. Research showed 1) employers would not be willing to post vacancies on a public forum because they wanted to avoid being contacted by recruiters 2) no Georgia medical school has an online program for connecting alumni with job vacancies 3) bringing Georgia medical school alumni back to the state after out of state residency results in physicians committed to staying in our state. I wrote a resolution for HOD supporting MAG’s development of a program to recruit Georgia medical school graduates back to the state and that MAG convey this support to the Georgia Board for Physician Workforce. This resolution passed in the 2012 HOD. I developed relationships with AHEC, Mercer University Office of Development, legislators interested in physician workforce, and physician recruiters. I found technical resources to develop the website that would not require specific fundraising. Ongoing work needs to be done to verify that 1) hospitals and large employers would be willing to post vacancies on such a</p>

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			jobs board and 2) all five medical schools would be willing to be a gateway for access for alumni to connect with the jobs board. I also still need to develop a relationship with the Governor’s office to ideally have his endorsement for the project which would result in cooperation from any hesitant players.