



GEORGIA OSTEOPATHIC  
MEDICAL ASSOCIATION  
1902

## Your monthly GOMA news & update

Welcome to GOMA's monthly newsletter where you can stay up-to-date on the latest osteopathic news and happenings in the GOMA community.

### In the Know...



#### Legislative Update

Every year, doctors complain that they are too time strapped to take action about legislative bills that are influencing the practice of medicine. This newsletter that is coming out in the closing days of the legislature is hoping to prompt readers to action on five bills. The recommendation is to call the senators and representatives that are on the pertinent committees. Emailing them is another option but they get so many emails that the calls actually will make more of an impact. Go to [www.legis.ga.gov](http://www.legis.ga.gov) to check on the status of the bill, use the hyperlinks to see which legislators are on the committee and to get their contact information. The following are viable bills:

***GOMA President Karen Turner, DO said that we want “legislation that will ease administrative burden that we are experiencing from prior authorizations,”***

**Support SB 80** which reduces prior authorization hassles. It passed the Senate unanimously and now sits in the House Insurance Committee (led by Eddie Lumsden Republican – Armuchee).

There are two bills that are focused on following up on sexual assaults including tracking evidence and more transparency of physicians who have been investigated or disciplined

for sexual assault of patients. (**Support HB 255 & HB 458**) **HB 255** passed house unanimously and now sits in Senate Public Safety Committee (led by John Albers Republican-Roswell); **HB 458** passed the house 131 – 27 and is now in the Senate HHS Committee (lead by Ben Watson, MD Republican—Savannah)

***GOMA opposes two bills. Karen Turner, DO said, “We, as a group, are monitoring the scope of practice pertaining to chiropractors that want to get into the practice of medicine without proper training.”***

**Oppose HB 119** that allows D.C.s to own professional corporations with physicians. HB 119 passed house unanimously, and is in the Senate HHS Committee (led by Ben Watson, MD (R – Savannah).

**Oppose HB 369** which allows physician assistants and advanced practice registered nurses to prescribe Schedule II controlled substances under certain conditions even if their state job description/guidelines do not mention that kind of work. **HB 369** passed House 143-12 and is in the Senate HHS Committee (led by Ben Watson, MD (R – Savannah).

The following bills that GOMA supported did not “crossover” to be viable this year:

**HB 73 & SB 181** regarding insulin pricing; **HB 115** to inhibit insurers from using information derived from genetic testing for any non-therapeutic purpose; **HB 99** “Bathroom Bill” that expands American Disability Act to allow handicap persons access to employee bathrooms in retail establishments; Increase taxation on tobacco and vaping to get Georgia up to national average (**HB 394**); Stopping narrow insurance networks (**HB 41**); Increase access to care with expanding Medicaid coverage (**HB 209 & HB 214**); Full year of Medicaid coverage for post-partum mothers (**HB 72 & SB 173**); Concerns about mental health for children and teens (**HB 49**)

But of course some bills, we are happy that did not “crossover”: Oppose laws that would weaken vaccination rates or erode the current shot laws (**oppose HB 413**); Scope of practice issues **Oppose HB 430**; Education, Prevention & Treatment of COVID pandemic (**oppose HB 413**).

This is the first year of a two -year term so bills that don’t “crossover” are still viable and can advance in the 2022 session or possibly can be amended into another bill that **did** crossover.

Georgia Osteopathic Medical Association has been an integral part of the Patient-Centered Coalition of Georgia (also known as “PC2 ”) which represents branches in primary care medicine. Besides the January 28, webinar via Zoom put on by the five medical associations including GOMA, two additional Zoom educational sessions were hosted by PC2: one with pharmacist Georgia Representative Larry J. “Butch” Parrish (R—Swainsboro) who is the Chair of the House Appropriations Health Subcommittee. The second was a panel of Georgia Senators: Dean Burke, MD (R – Bainsbridge); Michelle Au, MD (D – Johns Creek) and Bo Hatchet (R-Cornelia). Both programs got great reviews from all the physicians who attended.

**Don't Miss Out...**



## VOC CME is 3 Weeks Away

GOMA is proud to co-host the Virtual Osteopathic Conference with the Missouri Association of Osteopathic Physicians and Surgeons, the Osteopathic Physicians and Surgeons of Oregon, the Idaho Osteopathic Physicians Association, the Kansas Association of Osteopathic Medicine, and the Washington Osteopathic Medical Association. The conference offers up to 48 CME credits of AOA Category 1-A Credit and *AMA PRA Category 1 Credit™* in a flexible format.

The live conference will be held April 16 – 18. The live conference allows you the opportunity to interact with faculty in real time during the presentation. There are 2 educational tracks for the live conference, Primary Care and EM/IM.

All presentations from the live conference will be made available for on-demand viewing on April 19. This allows you the opportunity to complete any lectures you may have missed live, and view any of the lectures on your own schedule. To provide you maximum flexibility, the conference will remain available for completion on-demand through June 30, 2021.

To take advantage of the "Members Price" for this conference, you must be a member of the osteopathic association in a consortium state. So, make sure your GOMA dues are paid up.

It is impossible to write about all the great lecturers and subjects so we thought it be best to highlight a few. GOMA is excited about the opportunity that virtual CME is giving everyone to hear from the best teachers from around the country without having to pack a bag.

There are five lectures focusing on the different facets of COVID-19 care including one by Past President of the ACOI and current chairman of Internal Medicine at Kansas City College of Osteopathic Medicine, Kevin Hubbard, DO, that focuses on the hematologic considerations of this pandemic. Development effects of COVID-19 on children will be discussed by Missouri pediatrician Megan McBride, DO. And of course, an update on the current therapies and vaccines for COVID-19 will be a popular talk by Johns Hopkins trained Joseph Carrington, DO, MHA, who practices pulmonology in Des Moines, Iowa. Some of the best emergency room physicians in Oregon will be lecturing during the Emergency Medicine module. Brandon Maughan, MD is an Assistant Professor of Emergency Medicine at the Oregon Health Science University (OHSU) who loves discussing pulmonary embolism. Nicholas Jaszczak, MD is an Adjunct Assistant Professor of Surgery & Critical Care at OHSU and will introduce the concept of contrast blush in trauma patients and how that drives treatment. Lung ultrasound use in emergency medicine will be the subject of Dan Hubbard, MD who is the director of the Emergency

Some of the faculty will be giving two lectures such as Katie Murray, DO who is an Assistant Professor of Urology at the University of Maryland as well as serving at the Deputy Editor of the oncology section of *Urology*. Christopher Cirino, DO, MPH, is an infectious disease specialist on the teaching staff at Kirksville College of Osteopathic Medicine, and he will discuss antibiotic stewardship as well as a second lecture on preparing for the next pandemic.

Some of the planned talks promise to be quite enlightening. Kevin Cuccaro, DO is a former program director of the Navy's Pain Medicine Fellowship and ponders, "Why do so few pain patients get 'better' with our treatments?" Dr. Cuccaro will try to answer that question in his lecture entitled "Pain, Trauma, and the Brain (For Acute Care). Al'ai Alvarez, MD is the Assistant Emergency Medicine Residency Director at Stanford University whose lecture "Belonging: The Intersection of Diversity, Equity and Inclusion, and Physician Wellbeing" promises to be good. And there promises to be some palpitations when University of Maryland Professor of Emergency Medicine Amal Mattu, MD speaks on "Cardiology Emergencies". Dr. Mattu is the author of *ECGs for the Emergency Physician* Volume 1 & 2.

Don't forget that December 31, 2021 is the end of the AOA's three year CME cycle. Plan you CME strategy by visiting the [program and registration site](#).

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## Worth a Shot



### How to Help Patients Get the COVID Vaccine

The statistic is troubling. Georgia is vaccinating people against COVID-19 at a slower pace than any other state, according to the U.S. Centers for Disease Control and Prevention.

From the start of the vaccination rollout, Georgia has lagged in getting shots in arms because of technical challenges, distribution issues and communication gaps, according to a study released in mid-March by Georgia State University researchers.

Georgia has administered about 74% of the more than 3.3 million doses shipped, according to state data. Most states have rates greater than 80% according to analysis of the CDC data.

Some researchers have noted that vaccine appointment websites show relatively few available slots in the Atlanta area and many more available in rural areas indicating an imbalance of demand.

While many patients are aware that major pharmacies are not getting some COVID-

19 vaccine doses, it has been problematic getting an appointment on line. Similarly, the county health department scheduling has been challenging especially for senior citizens that may not be adept with technology.

GOMA is suggesting a few hints that you may want to share with your patients. The state opened four mass vaccination sites in February, operated by Georgia Emergency Management and Homeland Security Agency (GEMA), and five more opened in the third week of March. To schedule at the [GEMA locations](#) (don't use the phone to schedule your appointment, it only works with laptop/desktop). The Department of Public Health [web site](#) can be another source of frustration, but it is worth noting that if one scrolls all the way down past the list of vaccination sites and phone numbers, the patient will come to a place that one can receive an email within 24 to 48 hours enabling registering for an appointment or getting on a waiting list.

Ashley Chen, who works in technology sales and lives in Duluth started the Georgia Vaccine Hunters Facebook group, which now numbers over 5,000 members. This is full of hints to success.

As vaccine eligibility expands to all adults, the numbers of people searching increases. There are strategies that concert goes utilize to get tickets to popular music groups that may help with the competition for appointments. Some vaccination centers release appointments in a randomized lottery system — so it can be useful to have multiple people trying simultaneously. Once you get a tentative appointment — and are filling in the form online — skip anything that is not required (emergency contact, primary physician). It is imperative that you act quickly — or your spot will be gone.

Skilled Ticketmaster users suggest not battling with everyone else to nab the earliest appointments. Once you get the calendar open for scheduling, it's like when you get access to Ticketmaster to select your seats for a hot concert. Everyone is going to try to first click on the first time slot they see available for a particular day (like everyone first clicks on the front row seats). Scroll to later, more random time slots to ensure you're not selecting the same slot hundreds of others are clicking at the same time as you. Since there's no centralized vaccine system, your likelihood of nabbing an appointment increases with each additional route you try.

Reloading websites is often a critical step to discovering new appointment inventory. Older people think that you need to close the browser and open it up again. In most Web browsers, the Refresh button looks like a circle with an arrow inside. Or, you could save yourself the clicks by making websites reload themselves. For webpages that require constant refresh to see new availability, consider using an auto-refresh extension that allows you to set the refresh interval like Easy Auto Refresh for Chrome.

Don't give up on a session right away, even if the website crashes or freezes. Persistence pays off. Having several browsers open at the same time increases one's odds of success.

Individuals can install an add-in on Chrome that monitor webpages for changes.

Other services vaccine hunters are using to automatically check sites for changes include Visualping and the Chrome extension Web Alert.

Distill.io can monitor up to ten vaccine sign up pages. Every time something changes, an alarm will sound on the computer. One can expect lots of false alarms, but eventual success with this strategy.

Lastly, many people report getting inside information from Facebook groups such as the Georgia Vaccine Hunters site. Similarly, others report that following the county's Health Department Twitter account and changing the Twitter settings to get a phone notification whenever the Health Department tweets.

## Food for Thought

### Peaasha Houston, DO: Addressing Hunger in Pandemic

On Sunday March 7, many Georgians participated in the Hunger Walk/Run, albeit virtually, by walking and running throughout the state. The walk, typically held in person, helps to raise funds for the Atlanta Community Food Bank.

Started in 1984, the event has gained extra significance during COVID-19. Since the pandemic began last year, the issue of food insecurity has grown dramatically.

We exchanged emails with Peaasha Houston, DO (=PH) to get more information on this subject.



#### ***Where did you go to medical school and year graduated?***

**PH:** GA campus Philadelphia College of Osteopathic Medicine (GA PCOM) class of 2014 (Read GA-PCOM's [feature on Dr. Houston](#))

#### ***Residency information?***

**PH:** Gwinnett Medical Center (now Northside Gwinnett) family medicine residency program/ completed 2017

#### ***Information about your current practice?***

**PH:** Family Medicine, Urgent care, and long term acute care physician with Northeast GA Hospital System, one of the largest health systems in GA and "a not-for-profit community health system dedicated to improving the health and quality of life of the people of Northeast Georgia".

#### ***How did you get interested in Food Insecurity/Food Instability/Food Deserts?***

**PH:** I am passionate about hunger and food insecurity because I have seen firsthand how detrimental limited access to healthy and adequate amounts of food can be to both children and adults. Growing up in a low income family and community, putting food on the table was sometimes a struggle for my family, neighbors, and friends.

### ***What are the statistics on these issues in Georgia? In the USA?***

**PH:** Since the global coronavirus pandemic struck, it now is estimated that approximately 24 million households (11.2% of the population) are struggling with food insecurity. This essentially means that due to a lack of money and other resources that a person is unable to provide an adequate amount of nutritious food for themselves and their families. Often the choice must be made between either paying bills or buying food. GA is number 3 in the country for food insecurity. In Georgia, approximately 15% of the population is food insecure.

### ***What are the effects on kids (schooling, growth)?***

**PH:** Food insecurity is associated with poorer physical and mental health in children: Hunger and the associated stress it causes make it difficult to perform well in school leading to poor grades and reduced academic success. Improper childhood nutrition can also lead to stunted growth and a multitude of other health issues.

### ***What are the effects on adults?***

**PH:** Just as food insecurity can negatively affect a child's school performance, it can also impact an adult's job performance. Food insecurity is linked with numerous health conditions including diabetes, high blood pressure, and depression. The cost of managing these conditions can further complicate and limit a family's capability of affording food. When you think of malnutrition, you probably think of someone who is thin and frail in appearance. This is a misconception as obese individuals are the most malnourished. Often those that are food insecure are forced to buy less expensive food options. These options are usually overly processed, contain lots of high-fructose corn syrup, and low in nutritional value leading to weight gain (obesity) and insulin resistance and later metabolic disorders such as diabetes.

### ***What are the effects of skipping meals (immune, bones, teeth)?***

**PH:** Chronic food insecurity leads to malnutrition which has tremendous negative consequences for one's immune function and health. Malnutrition also leads to inadequate amounts of important minerals and nutrients like Vitamins A, B, C, D, and E in the diet. This can cause many problems in adults and children. In children malnutrition and lack of vitamin D for example can lead to improper development of the jaw and teeth. Permanent teeth may not grow properly and come in smaller than normal. In adults this may lead to loosening teeth or excessive tooth loss and contribute to gum disease. Bones also depend on calcium. Deficiencies can also lead to tooth breakdown as well as poor bone health leading to osteoporosis (weak brittle bones) and other bone disorders in children and adults.

### ***Do food shelters monitor the quality of the food that they provide?***

**PH:** Food shelters try to provide quality nutrient meals to those they service. However they are working with strict and often limited budgets dependent on state/government funding and donations from the community and local distributors. Food banks and shelters often receive donations of food which may be less healthy options such as canned or packaged food products. These items generally have a longer shelf life and are easy to store and distribute. Due to storage demands, cost, and the man power needed to distribute and secure fresh

fruits and vegetables, it can be difficult for food shelters and food banks to regularly provide these types of foods. Food shelters provide safe foods pertaining to freshness but these food options may be less focused on healthy eating and more catered towards foods with long shelf life and feeding large amounts of people at a time.

***Are nutrition supplements (bars, Ensure, Boost) a help to the problem?***

**PH:** Nutritional supplements can be a great tool in the fight against food insecurity. They can provide excellent sources for vitamins and minerals often deficient in food insecure individuals. One has to be very careful in the selection, however, as many of these items are packed with sugar and highly processed.

***Is there a cost-effective easy option to address the problem?***

**PH:** Food insecurity is a challenging issue and won't be solved overnight. One solution, however, has been to focus on tackling the high cost of and limited access to fresh fruits and vegetables. Mobile food truck Initiatives have proven to be instrumental in tackling food insecurity because they are raising awareness on how important quality healthy food is and are working to overcome some of the most significant barriers: access to quality food and cost. Food trucks can also play important roles in food dessert areas. Dekalb Mobile Farmer's Market in GA, for example, brings affordable fresh fruits and vegetables to different communities in the region. Other important resources include services provided by government and state agencies for low income individuals such as the supplemental nutrition assistance program (SNAP), WIC, and food pantries.

***For the clinician, what are the symptoms and signs of food insecurity?***

**PH:** Poor grades, focus problems, growth scale abnormalities, obesity or significant weight loss, physical signs such as swelling to the hands and feet, skin abnormalities, laboratory testing that suggest vitamin deficiencies, etc.

***Is there a good way to ask a patient about Food Instability?***

**PH:** There is no easy way. Food instability can be a very touchy subject and being unable to provide food for a person's family can cause tremendous shame and guilt. In discussing food insecurity with patients it is first important to remove the stigma associated with it. Most hospitals and primary care offices are routinely screening for food insecurity through standard patient intake questionnaires. The Hunger Vital Sign is commonly used and is a validated 2 question screening tool useful in identifying households at risk for food insecurity. 2 questions are asked: "Within the past 12 months we worried whether our food would run out before we got money to buy more." and "Within the past 12 months the food we bought just didn't last and we didn't have money to get more." If a patient answers that either or both of the statements are often true or sometimes true, a patient may be at risk for food insecurity and should be further questioned and offered assistance.

***Can you suggest recommendations for the patient that live in a Food Desert?***

**PH:** See question on cost-effective easy option to address the problem

**Thank you Dr. Houston.**

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## Heather Ivy, DO, to serve on Council for American Academy of Dermatology



Heather N. Ivy, DO, who graduated from the Oklahoma State University College of Osteopathic Medicine in 2016 has been appointed to serve a two year term on the Council on Communication for the American Academy of Dermatology. Dr. Ivy is a second year dermatology resident in Atlanta at the 3-year dermatology residency at the Philadelphia College of Osteopathic Medicine – Georgia campus under the direction of Marcus Goodman, DO at Goodman Dermatology. As a medical student, Dr. Ivy was awarded Student of the Year and was inducted into Omega Beta Iota, a political action honor society. She considers political advocacy for her patients as a vital responsibility as a physician. Dr. Ivy has held numerous leadership positions for the American Osteopathic Association.

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## Georgia - Where Fellowships Thrive



The 2021 residency match just occurred, but we won't be able to have a full listing of new residents in Georgia until the end of the summer. So, instead we wanted all the GOMA member to notice how many osteopathic physicians who have extended their education by doing a fellowship in Georgia. It makes us so proud that DOs from around the country to get the best medical education to launch their career!

**David Willkerson, DO** Emory Hospice & Palliative Medicine Fellow/ Alabama COM

**Karli Okeson, DO** (nee Singer) Emory Pediatric Emergency Fellow/ Arizona COM

**Sharmila Raghunandan, DO** Emory Pediatric Hem/Onc Fellow / Univ of N.E. COM

**Maddie Goldstein, DO** Emory Pediatric Infectious Disease Fellow/NOVA SECOM

**Jacob Figner, DO** Emory Radiology Body Imaging Fellow/ PCOM

**Paul Smith, DO** Emory Radiology Body Imaging Fellow/Chicago COM

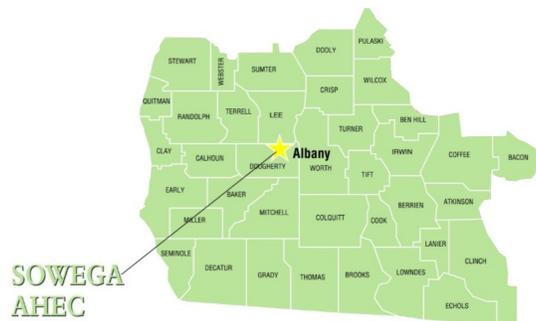
**Jonathan "Yoni" Bulzan, DO** Emory Musculoskeletal Radiology Fellow/VCOM Carolinas

**Jessica Enderson, DO** Master of surgery Macon /Lincoln Mem University Debusk COM

**Max Bursey, DO** Augusta University Anesthesia Critical Care Fellow / VCOM-Virginia  
**Paul Wesley, DO** Augusta University Cardiology Fellow/ Des Moines University COM  
**Raymond Mai, DO** Augusta University Cardiology Fellow/ LECOM  
**Jonathan Hanson, DO** Augusta University Cardiology Fellow/Campbell University SOM  
**Christa Root, DO** Augusta University Pediatric Emer. Medicine Fellow / Touro Univ COM  
**Fatima Ramirez-Cueva, DO** Augusta Univ Pediatric Emergency Medicine /NOVA  
SECOM  
**Kaitlin Verdone, DO** Augusta University Pediatric Critical Care Fellow / NYCOM  
**Isaac Perry, DO** Augusta University Gastroenterology Fellow / VCOM – Carolinas  
**Mathew Fowler, DO, PhD** Augusta Univ Pulmonary & Critical Care Fellow/ VCOM-  
Virginia  
**Ricaurte Solis, DO** Augusta Univ Emergency Medicine Ultrasound / Ohio University COM

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## PCOM South Georgia Continues to Innovate to Achieve Goal of More Rural Docs



Five students in the Doctor of Osteopathic Medicine (DO) program at PCOM South Georgia are taking the initiative to learn more about practicing medicine in rural areas with the help of the Southwest Georgia Area Health Education Center (SOWEGA AHEC). Read here about this [innovative program](#).

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## Support GOMA!

*Helping your professional society,  
and the osteopathic community weather these  
uncertain times.*

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## A few words...

“Osteopathy is a search for communication and cooperation with the natural laws of healing.”



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Mona Masood, DO is a general adult psychiatrist in the greater Philadelphia area is the founder and chief organizer of the Physician Support Line. , a free confidential peer support line by volunteer psychiatrists was started. It is supported 8 AM to Midnight seven days a week.

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