



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.

Matters of the Heart

Dia Smiley, DO – Completes her Book to Help Patients Prevent Cardiac Disease



Dia Smiley, DO is making a splash in the world by writing a book to help patients prevent heart disease. But she was international her entire life. Dr. Smiley was born in Saudi Arabia to her father who was an engineer for an oil company and her mother who cared for her and her four siblings. They moved to different locations for her father's work resulting in the entire family

speaking Arabic and French in addition to English. Dr. Smiley graduated from high school with an International Baccalaureate at age 17 from a boarding school associated with the American Department of Defense in Bahrain. She went on to graduate at age 20 from University of Toledo in Ohio with a B.S. in Biology and a minor in Chemistry. She took a year off working in the office of her uncle who was a cardiologist in Ohio, and then attended the Heritage College of Osteopathic Medicine in Athens, Ohio. Dr. Smiley graduated with a DO degree in 2008 along with 100 of her classmates. After a research fellowship at Brigham and Women's Hospital/Harvard Medical School in Boston, she returned to Ohio and did my residency in Internal Medicine at the University of Cincinnati in Cincinnati, Ohio, as well as an Adult Cardiology Fellowship. She also pursued an Advanced Cardiac Imaging Fellowship at Yale-New Haven hospital in New Haven, Connecticut. Dr. Smiley and her fiancé Jimmy who works for Delta moved to Atlanta in 2016, and they were wed in October 2018.

Dr. Smiley started her practice in Cartersville, GA at Tanner Medical Center in 2016. After three years of commuting to that job from her Midtown Atlanta home, she joined the cardiology group of Kaiser in August of 2019. Her clinical interests include cardiac disease in women, as well as cardiac imaging and preventative cardiology. Dr Smiley is trained in reading cardiac MRIs as well as Cardiac CTs. She feels that her osteopathic training results in her holistic care of her patients. "As a cardiologist, I still practice some general internal medicine . . . I look at the whole patient."

In light of this holistic view, Dr. Smiley worked with Draion Burch, DO to write her book *Ticker TALK*. She enjoys educating patients on how they can prevent heart disease, but has learned in her short career that there are so many things to say that even she can't mention all of them in her office visits despite her fast paced speech. She said that Dr. Burch took away her cell phone during a retreat and assigned her to write her lessons down. At the end of that November 2019 weekend, she had finished her book. Her publisher was impressed that she sold 400 copies of *Ticker TALK* on its release day in early April making it a top seller for Amazon. Dr. Smiley states that she wrote the book for patients in order to "educate themselves about the heart".

For fun: "I am a world-traveler, and love to experience new cultures and meet new people. I am fluent in Arabic and French, in addition to English. I always had an eye for fashion, and appreciate style and

elegance. Who said as a cardiologist she can't be stylish?"

"Because of this, I am now an international speaker, fashionista, and media personality, educating women about heart disease and prevention. Living in my purpose has allowed me to use what I'm passionate about, to make a difference in the lives of women. You deserve a healthier lifestyle and to feel good about yourself."

Dia Smiley, DO released her book entitled Ticker TALK on Wednesday April 1, 2020. She is an Atlanta cardiologist that will be profiled in next month's newsletter. Dr. Smiley feel this will be a read that patients can benefit from by learning about risk modification. Dr. Smiley realizes that she is not the only clinician that has limited time, and so she felt that D.O.s in Georgia who want their patients to understand and implement preventative care would be able to recommend the eBook for \$2.99.

Navigating a Pandemic

A Prayer for Healing

Source of healing, cast the light of health and well-being
On those who have been exposed to the coronavirus,
Those who have contracted the disease
And all those - may the number be few - who contract the disease in
the future.
Bless them, protect them and bring them speedily to full recovery.
Bless as well all who are wrestling with personal fears, anxiety, and
loneliness
during this disconcerting time of isolation
with the knowledge that others are here, just as You are near.
Bless us all with healing of body, healing of soul, and healing of spirit

FROM THE FIELD

John L Sy, DO - Member of Governor Kemp's COVID-19 Healthcare Task Force

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John L Sy, DO, MS, FACEP is President of Georgia College of Emergency Physicians. Dr. Sy is an Associate Professor at Mercer University's School of Medicine and he works in the Emergency Department of Memorial Hospital in Savannah, Georgia. We asked him to write his perspective on these unprecedented times due to his work on Governor Brian Kemp's COVID-19 Healthcare Task Force. Controversially, Gov. Kemp allowed businesses to start to open three days after he submitted this piece.



As a member of Governor Kemp's COVID-19 Healthcare Task Force and President of Georgia College of Emergency Physicians (GCEP), I am fortunate to be at the intersection of medicine and government. Governor Kemp has been very receptive to the recommendations of the task force. His executive order to increase medical liability protections during this pandemic is huge for physicians. This is a critical

necessity during a time that we might have to ration medical care – including ventilators. When we as physicians have to make decisions based upon the greater good for society versus on an individual patient basis, the Governor's executive order provides some protection.

The lack of personal protective equipment (PPE) is the one thing that saddens me on a personal level and professional level as president of GCEP. Some of my colleagues on the front lines have been out of PPE for weeks. Many are conserving and reusing "single use PPE". Some have developed garage "set ups" to sterilize their N95 masks for reuse. The silver lining in all of this is that the generosity of people has been overwhelming. Many non-medical sectors, including aeronautical (N95 masks), industrial (face shields), game fishing (protective gowns), fashion (washable shoes) have donated PPE to healthcare workers. Physicians are facing unprecedented financial strain due to significant decreases in volume and therefore revenue. Most practices have furloughed employees with uncertain time frames of return. Non-emergency care has essentially shut down across the nation with possible long-term ramifications downstream – delayed cancer diagnosis with cancelled routine screening exams, etc.

This pandemic is a wonderful learning opportunity on deficiencies of our preparation, need to implement social protective measures earlier on the curve, and stockpiling of PPE. The future is certainly unpredictable, but we will always be stronger if the house of medicine works together and stays together across all specialties.

Payments for Audio-Only Telephone Visits

The American Medical Association reports that the Centers for Medicare & Medicaid Services (CMS) has announced that it will "increase payments for audio-only telephone visits between Medicare beneficiaries and their physicians to match payments for similar office and outpatient visits. This would increase payments for these services from a range of about \$14-\$41 to about \$46-\$110, and the payments are retroactive to March 1, 2020."

In addition, nearly 40 U.S. senators signed a letter that was sent to U.S. Health and Human Services Sec. Alex Azar and CMS Administrator Seema Verma on April 29 to request that...



– Medicare payment rates for telephone-based evaluation and management (E/M) codes (99441-99443) be increased to equal Medicare's established in person visit codes (99212-99214) to "ensure that patients without advanced video-sharing capabilities are able to get care virtually, while helping to sustain physician practices."

– HHS/CMS immediately provide guidance to Medicare Administrative Contractors (MACs) to "ensure that recent CMS guidance and rules are followed appropriately to enable the payment of telephone E/M claims."

– HHS/CMS provide members of Congress with a briefing on CMS' efforts to address this issue by May 8, 2020.

Pamela Tipler, DO - Worries about "Opening Up"

Pamela Tipler, DO was featured in the GOMA Newsletter in June 2019. She spoke of her work with Raising Up Hope for Uganda (RUHU), how her Christianity influenced her practice and her work as a hospitalist at Medical College of Georgia in Augusta, Georgia. She is now married to her fiancé Jay Snyder, but limited in her travels back to Africa due to the novel Coronavirus. She wrote this essay on Facebook in an expression of



frustration and hope in light of Governor Kemp "Opening Up" Georgia. She has permitted us to reprint it here.

The past few weeks have been a struggle. I have had many discussions with people who think it's all a political scam or made up in a country or that we are being too cautious. I have heard it all. "Do we really need to do this?" "Don't you guys think about us small business owners?" "You still have a job to go to."

The reality is, oil prices have plummeted.

The reality is, stock markets have crashed.

The reality is, unemployment is up.

But the reality also is that people are LIVING!! Social distancing is working!!

Our governor in Georgia decided it was time for nail salons and barber shops to open....nail salons and barber shops...

I have been working EVERY day in the hospital for the past 3.5 weeks. I work many weeks straight so that I can go to Uganda for a month or 2 at a time. In these past few weeks, I have held the hands of dying patients because their loved ones can't be with them....

My medical students aren't able to do their rotations right now and are doing a pandemic Medicine elective virtually. Some of my colleagues called in today to discuss with them their perspective from an insiders point of view. One of my students Sehar posted this and is SO SPOT ON. "So then I ask, why is it that hospitals are not allowing immediate family to see their loved ones who are so close to leaving this Earth, while I can go to a nail salon tomorrow? Why is it that only one parent can visit their sick baby in the neonatal intensive care unit at a time, while I can go bowling tomorrow? Why is it that mothers cannot receive the support they need while they give birth to their first child, while I can go to the movies tomorrow?

Is it because hospitals are overreacting? Because they are cruel and would rather save themselves from a malpractice law suit than allow patients to partake in the healthcare of their loved ones? No. It's because they care about our wellbeing. They care about treating our loved one with the respect and dignity that they would provide if they were caring for their own. This decision to close hospitals is difficult for families, but it is also difficult for healthcare workers. Patients are dying differently because COVID-19 has changed the landscape within which healthcare workers are practicing.

I write this sitting at home with a blanket around me, relatively untouched by this virus. I have been bored. I have been frustrated that it feels like I'm not doing anything. I have been lonely. I have been anxious. But, to me, these feelings seem to pale in comparison to that of the nurse who is afraid to see his daughter because he may transmit the virus to her or to the resident who lost their coworker after they treated a patient together."

Please be patient. Be thankful that you can still go to the grocery store. Be thankful that you can eat.

From another part of my life...Uganda. The president has halted all public transportation. He told everyone to stock up for 2-3 months. 2-3 months?! How do you tell a poor country to stock up on food for 2-3 months? They live on daily wages. Tell the taxi driver who cannot drive thus gets no money thus gets no food to take to his family to stock up for 2-3 months. Pray for the Good Samaritan who gives food to the elderly in the community that gets arrested for "attempted murder" because they broke the shelter in place rules. Remember the woman who dies while giving childbirth on the dirt floor in her home because she can't go to a hospital.

We are all struggling in many ways, some more desperately than others. I'm not writing all this for sympathy. I'm not writing this just to vent. I'm writing this to encourage you all to pray. Pray with your whole heart, with every inch of your being. Please keep practicing social distancing to suppress this virus. Please don't go get your nails done. It can wait a little longer.

The Doctor is In

Media's Go-To COVID-19 Doctor - Dr. Mehrdod Ehteshami

Mehrdod Ehteshami, DO, MPH works in the Emergency Department of Higgins Hospital in Bremen, Georgia (west of Atlanta) and is part of the Tanner Health System. His efforts to protect himself by making masks with filters, protect his family by sequestering himself from his wife Laura and his two children, and his efforts to slow down the spread of COVID-19 by encouraging people to continue to practice social distancing have all been documented by stories in the media since the middle of March. Most recently, he was interviewed by the British Broadcasting Channel.



Dr. Ehteshami has allowed us to share some of his Facebook posts as well as the links to the five most seen appearances.

On April 21st, Dr Ehteshami was on [11Alive Atlanta TV News](#) reacting to Gov. Kemp reopening Georgia:

There is a reason why I look like this when taking care of you. There is a reason why I have been advocating for love of neighbor. When asymptomatic patients with COVID-19 are prevalent and irresponsible, it puts our more vulnerable at great risk. I have had asymptomatic patients elope from the ER with imaging consistent with COVID-19. What does love require of me? It requires me to speak on behalf of those that cannot. It requires me to put myself at risk physically and professionally because I have been called to this place at this exact point in time. We can do better. I still believe. We will prevail.

On April 23rd, [BBC interviewed](#) Dr. Ehteshami about reopening the state of Georgia: *I had the privilege to speak with the BBC last night! My interview is the very first one, so tune in and take a listen! Disclaimer: spoken not as a Democrat or a Republican...interview done as a physician that loves his state.*

On April 16th, Dr. Ehteshami was one of the physicians showing how hard separation from the family can be in the [11Alive television story](#).

On March 30th, [WSB 95.5 radio](#) highlighted Dr. Ehteshami's mask production innovation:

On March 23rd, [11Alive](#) had this story on their website as the pandemic was just starting in Georgia:

Nicholas DeAngelo, DO Endorses Science as the Way to Battle COVID-19

Nicholas A. DeAngelo, DO attended and graduated from Philadelphia College of Osteopathic Medicine in 1994 who works in Augusta, GA. He created a web site to compile all the scientific information being produced about COVID-19. He writes:

It is my site. I am an Anesthesiologist with a fellowship in



Interventional pain. I started it because I was trying to take care of patients in the OR at the time as well as keep up-to-date about the pandemic when it really took hold in Georgia. I felt that it was really needed to improve communication to healthcare workers since it is hard to find true medical facts and work at the same time. This site is a consortium of Covid scientific and medical journals, organizations, educational videos, tracking data, etc. located all within one web page. In addition, pertinent articles [are] updated daily.

SCIENCE . . . I made a website that has all in one place.

Until further notice...

State Legislative Issues Continue to be Available to Speak on with a Possible Reopening 6/11.



Crossover day was completed in the evening hours of Thursday March 12, 2020. This is the day that proposed legislation that fails to be passed by one chamber of the legislature “dies”. Hence, only legislation that has moved on by the end of crossover day has any chance of being signed into law by the Governor. The Georgia General Assembly has been suspended “until further notice” as a result of the COVID-19 health care threat. The remainder of this article will feature proposed laws that still have a chance to get to the Governor’s desk this year. Please note that due to the economic damage COVID-19 has done to Georgia, most of the work will be focused on cutting spending in order to balance the budget.

IN THE SENATE (passed by House):

H.B. 987 would increase training requirements and safety protections for seniors in private-pay assisted living communities and large personal care homes. It would also increase fines for abuse and neglect in homes. Rep. Sharon Cooper, R-Marietta, who shepherded it through the House in little more than a week after introduction, is concerned that attention to the budget will prevent this legislation getting passed by the Senate. It is the Senate Regulated Industries & Utilities Committee.

A prescribing law H.B. 791 would allow pharmacists to convert a maintenance medication prescription from a 30-day supply to a 90-day supply up to the quantities that have been authorized through refills by the physician – although this would not be permitted on the initial fill of the prescription or whenever the physician specifies that the refills should not be combined. HB 791 is in the Senate Health & Human Services Committee.

An insurance law H.B. 888 proposes: 1. To set the price that should be paid for out-of-network emergency care and unanticipated out-of-network non-emergency care at A) the previously contracted rate between the provider and the insurer or B) the 2017 median contracted rate, adjusted annually according to the Consumer Price Index (CPI) – whichever is greater – and paid without the need for prior authorization and without any retrospective payment denials; 2) To allow a patient to choose out-of-network elective care by consenting in writing and orally at least 48 hours in advance with an estimate of the charges; 3) To require an insurer to use the most recent in-network contract rates as the initial payment for a physician/provider when a contract is terminated without cause by the insurer or with cause by a physician/provider within one year of the effective date of the legislation; 4) To establish a “baseball-style” arbitration system (i.e., the insurer and physician/provider would each submit a payment amount and an arbitrator would choose one of the numbers and the “loser” would pay the arbitration costs and the bundling or

batching of claims would be allowed, with no thresholds). HB 888 is in the Senate Health & Human Services Committee.

IN THE HOUSE (passed by the Senate):

An insurance network law SB 352 would require insurers to cover physician/other health care provider charges at in-network rates for the duration of the patient's contract year if a physician/provider departs the network during the contract year and were advertised as in-network in the insurer's provider directory when the patient selected their plan. SB 352 has been assigned to the House Insurance Committee.

An insurance transparency law SB 303 has been assigned to the House Special Committee on Access to Quality Health Care, would require health insurers to make certain patient cost comparison information available on an interactive and publicly accessible website. This legislation would allow patients to 1) see how much in-network physicians are paid by insurers and 2) see the average amount that in-network physicians actually agree to be paid by insurers and 3) get an estimate for how much out-of-pocket money they will owe their physicians/providers and 4) compare quality metrics for the physicians/providers that are in their network in major diagnostic categories, adjusted for risk and severity.

Another insurance transparency law SB 359 has been sent to the House Special Committee on Access to Quality Health Care. SB 359 would 1) set the price that should be paid for out-of-network emergency care and unanticipated out-of-network non-emergency care at 1) the previously contracted rate between the provider and the insurer or 2) the 2017 median contracted rate, adjusted annually according to the Consumer Price Index (CPI) – whichever is greater – and paid without the need for prior authorization and without any retrospective payment denials and 2) allow a patient to choose out-of-network elective care by consenting in writing and orally at least 48 hours in advance with an estimate of the charges and 3) require an insurer to use the most recent in-network contract rates as the initial payment for a physician/provider when a contract is terminated without cause by the insurer or with cause by a physician/provider within one year of the effective date of the legislation and 4) establish a "baseball-style" arbitration system (i.e., the insurer and physician/provider would each submit a payment amount and an arbitrator would choose one of the numbers and the "loser" would pay the arbitration costs and the bundling or batching of claims would be allowed, with no thresholds).

A MediSpa law SB 323 would 1) require the Georgia Composite Medical Board to establish rules and regulations for the in-office use of sedation in "MediSpas" and 2) prohibit anyone who doesn't have a license to practice dentistry to administer conscious sedation in a dental facility or during the practice of dentistry in a MediSpa. SB 323 has been assigned to the House Health & Human Services Committee.

A physician supervision bill SB 321 has been assigned to the House's Regulated Industries Committee. It changes the rules allowing P.A.s and N.P.s to not be limited where they practice being near their supervising physician, and additionally it revises the number of P.A.s and N.P.s a physician can authorize and supervise at one time from four (4) to six (6).

A surprise billing bill SB 359 has been assigned to the House Special Committee On Access to Quality Health Care Committee. SB 359 would: 1. provide for certain consumer protections against surprise billing; 2. provide mechanisms to resolve payment disputes between insurers and out-of-network providers regarding the provision of healthcare services; 3. require the department to provide for the maintenance of an all-payer health claims data base; 4. provide for in-network cost-sharing amounts in healthcare plan contracts; and 5. establish an arbitration process.

With the pause in the legislature due to the COVID-19 crisis, this is an unusual opportunity. As medical providers, you have a chance to communicate with the legislators about your opinion on these bills. If you want to read the actual wording of the bills as well as see who will be hearing testimony about these bills by going to house.ga.gov or senate.ga.gov. Just look at the top left of the page, plug in the bill number, and you can see which committee and who sits on that committee and their contact info by clicking the hyperlinks. Both sites are very user friendly.



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6:00—7:00 PM EDT, MONDAYS:
June 1: "Identifying & Reducing Health Disparities and Improving Health Equity" Judith Volcy, DO (Asst. Professor of Internal Medicine, Morehouse)
June 8: "Unique Health Needs of Immigrants" Omofolarin Fasuyi, MD, MPH, FFAFP (Assistant Professor of Family Practice, Morehouse)
June 15: "Reemergence of Global Infectious Disease" Ali Moradi, MD, MPH, DrPH (Prof., Philadelphia College of Osteopathic Medicine)
June 22: "Working with Transgender Patients" Carla Schnitzlein, DO (Gateway Psychiatric Residency, Savannah, GA)

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For four consecutive Mondays starting June 1, GOMA will host a webinar featuring highly qualified faculty speaking on topics related to multicultural medicine. Multicultural medicine training will make physicians more prepared for a diverse patient population. The cost for this series is \$120, but there is a 50% reduction in cost for members of GOMA. The information gathered through these four lectures is priceless. Go to www.goma.org and register under the CME tab.



JUNE 1: The first in this series will be "Identifying & Reducing Health Disparities and Improving Health Equity" presented by Judith Volcy, DO. Dr. Volcy is an Assistant Professor of Internal Medicine at Morehouse, and an expert in this subject that has been brought up so often since the COVID-19 pandemic.



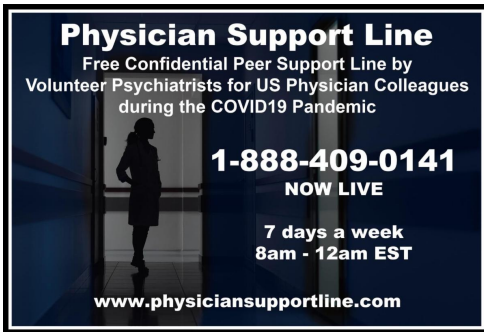
JUNE 8: On our second Monday, Omofolarin Fasuyi, MD, MPH, FFAFP will be speaking on "Unique Health Needs of Immigrants". Dr. Fasuyi is an Assistant Professor of Family Practice at Morehouse who has spoken on this subject around the country.



JUNE 15: GA-PCOM Professor Ali Moradi, MD, MPH, DrPH will be lecturing on the timely subject of "Reemergence of Global Infectious Disease".



JUNE 22: The last lecture of this four week series will be given by Carla Schnitzlein, DO on Monday June 22nd. Dr. Schnitzlein will have just retired from the US Army but will be completing her work contract with the Gateway Psychiatry Residency in Savannah prior moving back to her hometown in Connecticut. She will speak on her specialty when she give her talk on "Working with Transgender Patients".



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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.

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