



GEORGIA OSTEOPATHIC
MEDICAL ASSOCIATION
— 1902 —

*GOMA is thankful
for the osteopathic physicians serving
Georgians!*



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.

Annual Membership Meeting: Dec 4

The annual membership business meeting for the Georgia Osteopathic Medical Association will be held on Saturday December 4, 2021 at 9 AM to 10 AM. Review of the past year, financial statements and introduction to the new management of the organization will be highlights and of course the installation of the 2022 President of GOMA and the Executive Board. Please join to show your interest in the organization that represents and supports the entire osteopathic community of Georgia. Members will be getting an email with Zoom link but put it on your schedule now. Zoom meeting #895 7706 5654 with password 633805.

The Gift of GIVING

GOMA Gift Guide



Whether you are shopping for books for children or adults (fiction or non-fiction), we have osteopathic authors with Georgia connections to highlight. If you would like a clothing item that shows osteopathic pride, the link for a wide selection is below. And if you want beautiful art inspired by the artist's own spine, jump right to the bottom of this article.

[Physician Leadership: The 11 Skills Every Doctor Needs to be an Effective Leader](#) by Karen J. Nichols, DO (former AOA President) delivers a “concise guide for busy physicians doing their best to successfully lead people and organizations.” Dr. Nichols is generously contributing 100% of all book royalties to American Osteopathic Foundation {AOF} Karen J. Nichols LEAD Scholar Fund. This book came out in August 2021, and if you heard Dr. Nichols’ lecture at the GOMA Fall Conference, you realize that “leading” can refer to directing a patient to the path to wellness, or steering office staff in to a new direction, or even being in charge of a professional organization.

[Candace White](#), DO (family physician in Lithonia, GA) is author of [Born into a Pandemic](#), a children’s book that can be purchased for your children and grandchildren by going to her website and reading about [her](#) and the new [book](#).

Bryan K Harrell, DO is proud to be in the first class graduating from GA-PCOM and is now working at the VA system as a family physician after having served as a physician in the U.S. Navy. He specializes in medical, military and sports romance writing. Dr. Harrell began seriously writing while deployed to Afghanistan in 2012 and has never looked back. His first novel *The Infertile Heart* is the first of The Doctors of Atlanta Series. His three book series *Doctors of Atlanta: The Infertile Heart, A Heart in Remission and A Heart Reborn* are available [here](#) in all formats.

Check out the “Never underestimate an OLD MAN who is also an OSTEOPATH” hat is one of many clothing items that can be found [here](#).

If the dark days of winter need bright colors, one needs to look no further than [art](#) by Lucie Noriscat Mitchell, DO (Rome, GA) as a great holiday gift. Most of her pieces are abstract works that initially started as X-rays and MRIs of Dr. Mitchell’s spine, but she also uses acrylic paint on canvas. She has been making art for over ten years but started abstract spine artwork during her psychiatry residency. “My goal is to increase your quality of life and bring forth beauty out of pain through education and creativity through my artwork,” Dr. Mitchell summarized.



GOOD to TALK

Grief in Light of COVID: Julie Gauss Williams, DO; Nancy Harpold, DO and Ray Horowitz, DO discuss.



Dr. Gauss Williams



Dr. Harpold



Dr. Horwitz

In interviews by phone and email, we did an investigation into the thoughts about December being the month most likely to induce depression. With the pandemic approaching a two-year anniversary, we caught up with Ray Horwitz, DO, Nancy Harpold, DO and Julie Gauss Williams, DO. All three have shown commitment to GOMA by being long-time members of the organization.

Dr. Horwitz is a 1989 graduate of the Michigan State University College of Osteopathic Medicine and practices general psychiatry in Sandy Springs, GA with an interest in ADD and Stress Management. Dr. Harpold is a 1996 graduate from Nova Southeastern College of Osteopathic Medicine (now known as Nova Southeastern University Dr. Kiran C. Patel College of Osteopathic Medicine) who currently does inpatient, outpatient and crisis psychiatry at a state prison. Dr. Williams is a 2014 graduate of Michigan State University College of Osteopathic Medicine and since 2018 has served as the chief psychiatrist at Curtis V. Cooper Primary Health Care, a historic Federally Qualified Health Center (FQHC) that provides outpatient psychiatric care to children, adolescents, adults and the aged patients in Savannah-Chatham County.

In a phone interview, Dr. Ray Horwitz immediately commented, “Depression and anxiety is at an all-time high. Patients are dealing with loss of family members. I can’t remember a time like this.” In response to emailed questions, Dr. Nancy Harpold felt that December has a reputation for being the worst month for suicides because “unemployment, unable to buy gifts or food, away from family or no family contact, everyone is supposed to be happy and having fun, but if you are depressed, treated or untreated, that is difficult to do. The social pressure can be overwhelming. Of course, increase in alcohol use adds to the problem.”

Dr. Julie Gauss Williams researched the December myth, and in email sent the disputing study by A.O. Oladnjoye, O.O. Oladnjoye, O.A. Ayeni, and et al. from October 6, 2020 issue of *Cureus Journal of Medical Science* entitled “Seasonal Trends in Hospitalization of Attempted Suicide and Self-Inflicted Injury in United States Adults”. The study used discharge data from the Agency for Healthcare Research and Quality’s (AHRQ) National Inpatient Sample (NIS) database revealed the opposite that peak periods for suicide attempts are in the late summer months. Dr. Williams explained, “The reasons for this trend are under further study. Certainly, an avenue of consideration is that some psychiatric illnesses such as bipolar disorder are associated with circadian rhythm dysfunction which may have seasonal variations which increase the risk for suicidal ideations and impulses.”

The three psychiatrists had different responses to whether Covid-19 has increase suicidal behavior. Dr. Horwitz said, “Survivors are much less likely to be depressed and anxious if they don’t have underlying psychiatric issues, but if Covid-19 infection has residual symptoms (after recuperation), it is a blow to their ego.” He added that he has noted many of his patients are experiencing “stress due to change in family relations with relatives moving into their house” in light of health needs or economic strain. Dr. Horwitz hears his patients often expressing “guilt surrounding the changed funeral arrangements”, and he encourages physicians to ask, “What would you have liked differently?” when encountering this guilt in survivors. Dr. Harpold commented, “I have not read recent studies on this but with the isolation, unemployment, substance abuse, it would not surprise me [to have seen an increase in suicidal behavior]. However, some people whose family members have died, are happy to be alive after

they recover.”

In response to the question of whether Covid-19 has increased suicides, Dr. Williams stated, “Longitudinal studies on the risk and prevalence of suicidal ideations, attempts and completions following infection with COVID-19 are urgently needed, with a particular emphasis on the psychiatric sequelae experienced by those with what we refer to as “long-COVID syndrome.” Dr. Williams pointed to a study by H. Murray, Y. Pethania and E. Medin published online in *Cognitive Behaviour Therapy* journal on September 16, 2021 entitled “Survivor Guilt: A Cognitive Approach” which points out that “survivor guilt” by individuals who were caregivers, colleagues and family members of the deceased is a potential target for clinical intervention in suicidality. Furthermore, Dr. Williams noted a study by I. Conejero B. Nobile and E. Olie in the *Courtet Curr Psychiatry Rep* published online March 3, 2021 entitled “How Does COVID-19 Affect the Neurobiology of Suicide?” She summarized, “Interestingly, recent research has suggested promise for some psychotropic medications (such as antidepressants) as therapies with beneficial effects on the inflammatory process involved in COVID-19 infection.”

All three psychiatrists sounded similar themes when asked about the stress the pandemic has had on health care providers, and what peers can do to prevent suicides. Dr. Ray Horwitz suggested talking to peers about common frustrations, and opening the conversations with the question, “How has this affected you and your staff?” Dr. Nancy Harpold wrote, “We give a lot of lip service to self-care and take time off if you are burnt out. Reality is different, be sure your shift is covered; you are seen as weak for trying to have an extra day off. All the while, you are given extra work.” Dr. Julie Gauss Williams wrote, “Our profession has an unfortunate history of marginalizing physicians and physician trainees who show vulnerability or ask for help. As physicians we are trained to recognize and address the pain and suffering of others, but we do not do this so well when it comes to ourselves. Suicidality amongst physicians and physician trainees is almost an epidemic within the global pandemic; the global pandemic highlighted the systemic gaps in caring for the caregivers, if you will.” Dr. Williams continued, “With the global pandemic, we also see a collective grief experience. Being patient with ourselves as we move through grief is probably one of the most difficult but necessary pieces of healing. I think that being patient with ourselves is what allows us to be present for our colleagues who are very likely experiencing the same complexity of loss.”

Dr. Williams ended with, “All physicians should be aware of and share with each other information about [The Physician Support Line](#), 1-888-409-0141. Founded by Mona Masood, DO, the PSL is a free and confidential peer support hotline for physicians and medical students in the United States staffed by volunteer U.S.-licensed psychiatrists. The PSL launched in 2020 as a supportive and confidential space for physicians weathering the emotional toll of the COVID-19 global pandemic.”

DO'ING US GOOD

Healing Song for Healers by JC. Sue, DO



Gregory “J.C.” Sue, DO has quite the reputation for taking mnemonics that students of medicine use to remember confusing lists and molding them into songs. And yet over the past two years working as a resident at Fort Gordon through the pandemic, he has taken on the challenge of

healing the healers. Burn out amongst medical professionals is at an all-time high. Dr. Sue introduces his most recent song "[Self-Care Should Now Be Your Plan](#)" with the following words, "COVID-19 deaths have definitely taken a serious toll on healthcare professionals' mental health. I wrote this song for healthcare professionals (myself included) who need to heal from that stress. I hope it helps anyone who listens to it."

GA WINNERS

Family Medicine Educator of the Year: Monica Newton, DO



The Georgia Family Medicine Educator of the Year award is bestowed each year on a deserving physician who has been a leader in academic, community and professional affairs, along with making outstanding contributions to the profession or the community. This award is presented each year by the Georgia Academy of Family Physicians (GAFP) at their annual scientific assembly in early November.

Monica Newton, DO was surrounded by her family and peers as she was honored with the 2021 Educator of the Year award. Dr. Newton is the Northeast Georgia Medical Center (NGMC) Family Medicine Residency Program Director. Dr. Newton was nominated by her peers out of 16 residency programs and five medical school campuses in the state of Georgia. "I was, of course, surprised," said Dr. Newton. "To be given this award, out of so many great teachers, with 16 residency programs and five medical school campuses represented, this is a huge honor. I'm really excited about the residency program we're building at NGMC, now 24 Family Medicine residents strong and currently interviewing for our third class – it's all very exciting."

Dr. Newton graduated from the Chicago College of Osteopathic Medicine in 1997 followed by a Family Practice Residency at the University of Alabama in Birmingham. She continued her education by doing an Obstetrics Fellowship in Selma, Alabama at the Vaughan Regional Hospital. The above picture shows Dr. Newton at the award ceremony enjoying the honor with her husband and son.

Marc Greenstein, DO Said 'Yes' to the Vaccine in DPH World Series Commercial

Last month, GOMA's Newsletter featured Dr. Robby Bowers in his role as a shoulder expert and team physician helping the Atlanta Braves win the World Series, but if you watched the World Series on television, you may have noticed a [commercial](#) by the Department of the Public Health of Georgia (DPH) featuring our own Marc Greenstein, DO, FACOS. Dr. Greenstein has worked at the Sandy Springs office of Advanced



Urology since 2018 after moving south from New Jersey/Philadelphia, and in the DPH commercials seen by millions of Braves fans, he encourages folks to get vaccinated based on the science. The [commercial](#) promotes the Covid-19 vaccination to Georgians.

Dr. Greenstein is a 1997 graduate of PCOM in Philadelphia who is known by his peers at

Advanced Urology as the to-go-guy for cameras ever since he was on the show “Love and Hip Hop in Atlanta” discussing vasectomy with one of the “talents” of the show. “He never got it,” says Dr. Greenstein. The feedback from the commercial has been “very positive” according to Dr. Greenstein. “Many people will text me or my wife saying ‘we got our vaccine’. People mostly texted my wife. The commercial was seen during the Olympics, UGA games and shown on the Braves big screen at Truist Park before they went to the playoffs. I even had an old friend from high school send me a message that he saw me on the big screen. He lives in Alpharetta and we grew up in New York.”

More recently, Dr. Greenstein was recorded for a Podcast entitled “The Modern Urologist”. To listen click [here](#).

Agne Naujokas, DO Lectures on Pathology on Other Side of the World



Agne Naujokas, DO is a dermatopathologist in Atlanta who teaches at Emory, Augusta University and PCOM residents about the subject. She lectured at a virtual conference to pathologists in New Zealand on October 29th. She figured out the seventeen-hour time difference and spoke at 10:30 PM EST on “Laboratory Adaption during COVID”. New Zealand’s very restrictive travel policies have spared the country of the brunt of COVID-19, but the 100 attendees were interested in what they can learn from those that have experienced the pandemic adjustments. One of the big adjustments lately has been digital pathology which now allows Dr. Naujokas to work from home. The 2009 A.T Still University Kirksville College of Osteopathic Medicine graduate stated, “When I chose pathology as my career I certainly never imagined that one day I would work from home!”

ASSOCIATION NEWS

New Executive Director for GOMA

Oak Ridge Association Management Company (ORAMC) will be replacing Valerie Okrend, Executive Director of Georgia Osteopathic Medical Association, effective December 1, 2021. Ms. Okrend will be relocating to Denver, Colorado to work for the International Association for the Study of Lung Cancer. Her leadership over the past three years under the most difficult strain of the COVID-19 pandemic has been so vital to GOMA.



Betsy Hilt will be our point of contact at ORAMC. Ms. Hilt has over thirty years of experience in association management. She has been involved in all aspects of managing professional organizations. “I have been responsible for meeting and event planning, volunteer coordination, financial management, web site development, member relations, publication production, and all other activities involved in managing a non-profit association office.” Ms. Hilt has extensive work in the osteopathic profession having served as the Executive Director of Tennessee Osteopathic Medical Association since June 2018.

THERE IS STILL TIME to REGISTER!



GOMA Virtual 2021 Fall CME Meeting November 12 - 13 | 2021

**Miss a lecture? The whole meeting? Still need CME?
Access the Virtual Conference for AOA Category 1A CME credit online
until December 17.**

Your colleagues raved about the conference program listed [here](#), but you can still [REGISTER!](#) Or if you already registered, use the link sent to you November 11 to access the virtual conference room. Remember to complete each session evaluation and then the final overall conference evaluation to access and print your CME Certificate.

For questions email: joels@tsleads.net or gomaosteo@aol.com

AOA Health Insurance

One of the benefits of belonging to the American Osteopathic Association is the access to the best pricing on individual health insurance from industry leading carriers. If you need coverage by January 1, 2022, you must enroll by December 15, 2021. The extended open enrollment period allows members to enroll between December 16, 2021 and January 15, 2022, and your plan will start February 1, 2022.

This health insurance marketplace is available to AOA members, employees and eligible dependents. A team of Benefits Counselors are available to speak with you and can provide expert advice about each health plan. Common inquiries include things such as checking provider networks, making sure certain prescription drugs are covered, and explaining difficult to understand insurance jargon.

Visit this [link](#) to start the process!

ON THE NATIONAL FRONT

The News of 2022 Medicare Changes

On November 3, 2021, the Centers for Medicare and Medicaid Services (CMS) released the Medicare Program; CY 2022 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Provider Enrollment Regulation Updates; and Provider and Supplier Prepayment and Post-payment Medical Review Requirements final rule (scheduled to publish in the Federal Register on November 19, 2021 – Document number 2021-23972). In addition, CMS published an accompanying press release and fact sheet highlighting the key provisions contained in the final rule. The policies in the rule are scheduled to take effect on

January 1, 2022 and cover diverse topics, including the CY 2022 rate setting and Medicare conversion factor, telehealth and other services involving communications technology, and updates to the Quality Payment Program (QPP) through Merit-based Incentive Payment System (MIPS) activities, methodology, and payment adjustments, amongst other provisions.

Below is a summary of select provisions finalized in the rule:

- The final conversion factor for 2022 is \$33.5983, which reflects the expiration of the 3.75 percent increase for services furnished in 2021, the 0.00 percent update adjustment factor specified under section 1848(d)(19) of the Act, and a budget neutrality adjustment of -0.10 percent.
- For the 2022 PFS, the RUC submitted 185 recommendations for individual CPT codes. CMS implemented the recommended work values for 77% of these services and nearly all of the direct practice expense recommendations.
- CY 2022 will be the final year of transition to the new CMS prices for medical supplies and equipment.
- For 2022, CMS will implement new wage data from the United States Bureau of Labor Statistics and will update clinical labor costs over a four-year transition period.
- CMS finalized a split (or shared) visit as an E/M visit in the facility setting, for which “incident to” payment is not available when services are performed in part by both a physician and a non-physician practitioner (NPP).
- CMS will continue to pay for services placed temporarily on the telehealth list through the end of 2023.
- CMS will implement a recent change to Section 1834(m) which removes geographic restrictions and permits the home as an originating site for telehealth services furnished for the purpose of diagnosis, evaluation, or treatment of a mental health disorder.
- CMS finalized its proposal to delay enforcement of the Appropriate Use Criteria (AUC) program by at least one year until the later of January 1, 2023, or in January after the end of the public health emergency (PHE).
- CMS finalized its proposal to allow patients receiving treatment at OTPs to receive counseling and therapy services via audio-only telephone and simplified the administrative requirements for OTPs to document the use of audio-only telephone for provision of counseling and therapy services.
- Despite concerns from the AMA, CMS is ending coverage for audio-only E/M services (CPT codes 99441-99443) at the end of the PHE.
- CMS is covering the family of 5 RTM codes as general medicine codes, allowing physicians and other qualified health professionals to bill at their recommended RUC valuation. CMS also designated these codes as “sometimes therapy” codes, which allows use of these codes outside a therapy plan of care when provided by a physician and certain NPPs in appropriate circumstances.
- Beginning January 1, 2022, Physician Assistants (PAs) will be authorized to bill the Medicare program and will be paid directly for their services in the same as nurse practitioners (NPs) and clinical nurse specialists (CNSs).
- CMS finalized revisions to the de minimis policy previously finalized in the CY 2020 PFS final rule which delineates when the -CQ and -CO modifiers apply.

Visit these links for valuable resources:

In more bad news for 2022, Sequestration is the mandatory, pesky, negative 2% adjustment on all Medicare payments. I had been put on hold and is set to return at the beginning of 2022. Additionally, there is a proposal in Congress in which MIPS penalties will be higher now, with 9% penalties for nonparticipants. The government offers physicians the ability to officially get out of the program in 2021 because of the COVID-19 pandemic, thereby staving off the steep penalty. The option which is available through the end of the year, requires completion of a simple application on behalf of the entire practice. If you want out, now is the time to find and fill out that application. If the proposal is accepted, small practices – defined by CMS as 15 eligible clinicians or fewer – won't have to file an annual application to reweight. If acknowledged, small practices will automatically be exempt from the program's technology section.

Biden Administration Issues Emergency Regulation Requiring COVID-19 Vaccines for Health Care Workers

The Biden-Harris Administration is requiring COVID-19 vaccination of eligible staff at health care facilities that participate in the Medicare and Medicaid programs. The emergency regulation issued by the Centers for Medicare & Medicaid Services (CMS) on November 4th protects those fighting this virus on the front lines while also delivering assurances to individuals and their families that they will be protected when seeking care.

The prevalence of COVID-19, in particular the Delta variant, within health care settings increases the risk of unvaccinated staff contracting the virus and transmitting the virus to patients. These requirements will apply to approximately 76,000 providers and cover over 17 million health care workers across the country. The regulation will create a consistent standard within Medicare and Medicaid while giving patients assurance of the vaccination status of those delivering care.

Facilities covered by this regulation must establish a policy ensuring all eligible staff have received the first dose of a two-dose COVID-19 vaccine or a one-dose COVID-19 vaccine prior to providing any care, treatment, or other services by December 5, 2021. All eligible staff must have received the necessary shots to be fully vaccinated – either two doses of Pfizer or Moderna or one dose of Johnson & Johnson – by January 4, 2022. The regulation also provides for exemptions based on recognized medical conditions or religious beliefs, observances, or practices. Facilities must develop a similar process or plan for permitting exemptions in alignment with federal law.

The staff vaccination requirements apply to Medicare and Medicaid-certified provider and supplier types (collectively, “facilities”) that are regulated under the Medicare health and safety standards known as Conditions of Participation (CoPs), Conditions for Coverage (CfCs), or Requirements. Facilities are required to have a process or policy in place ensuring that all applicable staff are vaccinated against COVID-19

The requirements apply to: Ambulatory Surgical Centers, Hospices, Programs of All-Inclusive Care for the Elderly, Hospitals, Long Term Care facilities, Psychiatric Residential Treatment Facilities, Intermediate Care Facilities for Individuals with Intellectual Disabilities, Home Health Agencies, Comprehensive Outpatient Rehabilitation Facilities, Critical Access Hospitals, Clinics (rehabilitation agencies, and public health agencies as providers of outpatient physical therapy and speech-language pathology services), Community Mental Health Centers, Home Infusion Therapy suppliers, Rural Health Clinics/Federally Qualified Health Centers, and End-Stage Renal Disease Facilities.

This interim final rule directly applies only to the Medicare- and Medicaid-certified providers and suppliers listed above. It does not directly apply to other health care entities, such as physician offices, that are not regulated by CMS. However, a physician admitting and/or treating patients in-person within a facility subject to the CMS health and safety regulations and included as a part of this requirement must be vaccinated so that the facility is compliant.

Q: What happens if State law prohibits vaccine mandates? How can CMS expect a facility to follow its requirements if its State prevents them from implementing this rule?

A: Under the Supremacy Clause of the U.S. Constitution, this regulation pre-empts any state law to the contrary. U.S. Const. art. VI § 2.

To view the interim final rule with comment period click [here](#).

To view a list of frequently asked questions click [here](#).

NEWS FROM THE SCHOOLS

PCOM South Georgia Partnering with Colleges

In an effort to fast-track students to medical school, PCOM South Georgia has created articulation agreements with Georgia Southern University, Abraham Baldwin Agricultural College and Valdosta State University. These agreements provide undergraduate students the opportunity to complete medical school a year early and also give special consideration to graduates during the admissions process. Get the whole story [here](#).

PCOM Georgia & PCOM South Georgia Virtual Q&As on December 6 & 7

PCOM Georgia is hosting a virtual question-and-answer session on Monday December 6, 2021 from 6 PM to 7 PM. This is a great opportunity for individuals interested in pursuing a career in osteopathic medicine to speak with the student ambassadors and admission staff of the PCOM campus located in Suwanee, Georgia. If you know of an individual who may be interested, send them the following link: <https://www.pcom.edu/admissions/visit/online-events/pcom-georgia-do-student-ambassadors-virtual-qa-session-dec-6-2021.html>

A similar program on Tuesday, December 7 will be focused on PCOM South Georgia located in Moultrie, Georgia. Use this link: <https://www.pcom.edu/admissions/visit/online-events/pcom-south-georgia-what-is-a-do-online-info-session-dec-7-2021.html>

MORE SOON...

New Resident Listing

GOMA will continue to introduce the newest residents to the state of Georgia next month since three important articles took up so much space in this month's newsletter.

In other words....

“Success is not final, failure is not fatal; it is the courage to continue that counts” ~ Winston S. Churchill



Support GOMA!

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

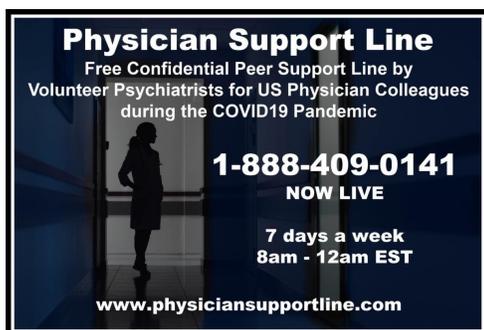
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Mona Masood, DO is a general adult psychiatrist in the greater Philadelphia area is the founder and chief organizer of the Physician Support Line. , a free confidential peer support line by volunteer psychiatrists was started. It is supported 8 AM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

[Visit our website](#)