



# GEORGIA COMPOSITE MEDICAL BOARD NEWSLETTER

JUNE 2009

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Marion O. Lee, Jr., MD, Cordele

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William A. Woolery, DO, PhD, *Past Chairperson*,  
Warner Robins

## Newsletter Editor

William A. Woolery, DO, PhD

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Jeffrey Lane, MS, Director of Investigations

Mary Harris, Licensure Manager

Franchesca Virgil, Enforcement Manager

Phyllis White, Operations Analyst

## ABOUT THE BOARD

Board Members are chosen from across Georgia and are appointed by the Governor. The Board currently has the following Advisory Committees: Physicians, Resident Physicians, Physician Assistants, Respiratory Care Professionals, Perfusionists, Orthotists, Prosthetists, Acupuncturists, and Volunteers in Medicine.

## INFORMATION AVAILABLE ON THE BOARD'S WEBSITE

The Board has a new E-government system. By now you should have received your temporary user identification and password from the Board to access this system. After you have successfully changed your temporary information you will have the ability to update your physician profile, order duplicate identification cards, renew and pay for licenses, volunteer for emergencies, file a complaint and request a copy of the Board's database of licensees. Please keep your login information in a safe place as it will be required each time you wish to access the system. If you have not received your temporary information, please contact the Board directly at 404-463-8902 or 404-651-7854.

## KEEP YOUR INFORMATION CURRENT WITH THE BOARD

Each year license renewal applications are lost in the mail or returned to the office for bad addresses. As a result, your license may expire or lapse and have to be reinstated. Reinstatements may require a public consent order with a fine and a reprimand for practicing without a license. Please keep the Board informed of your correct address. Please view your address at the Board's website at [www.medicalboard.georgia.gov](http://www.medicalboard.georgia.gov) and make sure we have the correct address for you. If you need to make a change of address, you may access our new E-government system to change your address, or fax your information to the Board office at (404) 656-9723. It is the law that you must notify the board of a change of address.

**LEGISLATIVE UPDATES ON REWRITE OF THE MEDICAL PRACTICE ACT****O.C.G.A. 43-34**

The Medical Board updated the Medical Practice Act (Title 43, Ch. 34) this Legislative Session. The Bill was signed by Governor Perdue and is effective July 1, 2009. Changes include the following:

- Increases the number to 15 board members to help with ever increasing workloads
- Changes the name of the Board from “Georgia Composite State Board of Medical Examiners” to “Georgia Composite Medical Board.”
- Gives the Board authority to order mental and physical examinations for all license groups
- Changes the title of the Board President to Board Chairperson
- Individuals must notify the Board within ten days of conviction of a felony
- Adds language to allow medical assistants to give injections under supervision
- Eliminates provisional licenses
- Eliminates the requirement to register medical licenses with the county clerk and for them to report them to the board
- Removes the apostrophe from the word “physician’s” in the new title “physician assistant”
- Updates the definition of job description, physician assistant, and supervising physician language
- Increased the fine from \$1,000 to \$5,000 for failure to obtain a license prior to practice
- Authorizes PAs and APRNs to pronounce death if so delegated by a physician and identified in job description (PA) and protocol agreement (APRN)
- Makes it unlawful for a physician to be an employee of the physician assistant whom he supervises. Will grandfather existing relationships as approved by the Board
- Eliminates the 18 month temporary permit for respiratory care professionals
- Shortens renewal period from two years to three months for Clinical Perfusionist licenses
- Moves disciplinary authority for all professions to Article One
- Provides for the delegation of tasks to polysomnographic technologists under physician supervision

## **DISCIPLINARY ACTIONS**

### **Some of the issues that may bring you before the Board:**

- Failure to maintain patient records documenting the course of the patient's medical evaluation, treatment, and response.
- Writing prescriptions for controlled substances to self and/or immediate family members without a documented emergency.
- No chaperone present when doing an examination of the breast and/or genitalia of the opposite sex.
- Prescribing controlled substances for a known or habitual drug abuser in the absence of legitimate medical purpose.
- Prescribing controlled substances or dangerous drugs for a patient based solely on a consultation via electronic means with the patient.
- Pre-signing prescriptions that have the patient's name, type of medication, or quantity blank.
- Practicing medicine while mentally, physically or chemically impaired.
- Conviction of a felony.
- Disciplinary action in another state.
- Malpractice settlement or judgment.

### **Federation of State Medical Board offers free CME courses.**

Eleven new educational courses were recently added to a FSMB Foundation-hosted web portal ([www.fsmb.org/re/open/aboutus.html](http://www.fsmb.org/re/open/aboutus.html)) providing practitioners with access to accredited CME courses about pharmaceutical industry marketing techniques. Most of the more than 40 courses now available on the portal are available free of charge and many may be taken for CME credit.

Additionally, a new educational resource center was recently added to the portal at [www.fsmb.org/re/open/resources.html](http://www.fsmb.org/re/open/resources.html). Resources include relevant statutes, reporting mechanisms for adverse events related to medications, and databases of information about the safety and efficacy of prescription medications. Funded by a grant from the Attorney General Consumer and Prescriber Education Grant Program, the portal is part of a national program designed to educate health care professionals about pharmaceutical industry marketing techniques and their effect on prescribing practices. For more information, please contact Kelly Alfred at [kalfred@fsmb.org](mailto:kalfred@fsmb.org) or (817) 868-5160.

## NATIONAL PROVIDER IDENTIFIERS (NPIs)

### Special note to physicians and other practitioners concerning National Provider Identifiers:

A health care provider who is an individual, such as a physician or any other practitioner, is eligible for only one NPI. Once it is assigned, the practitioner's NPI lasts "for life."

If you voluntarily surrender your license or retire and you will no longer be furnishing health care in this or any other State, please remember to deactivate your NPI in the National Plan and Provider Enumeration System (NPPES). Deactivating your NPI will help ensure that your NPI is not used fraudulently by others. If you do not know how to deactivate your NPI, you may contact the NPI Enumerator at 1-800-465-3203 for assistance.

## RULES COMMITTEE MEMBERS

Eddie Cheeks, MD, Committee Chair, Board Member  
 Alexander S. Gross, MD, Board Member  
 Kathy Kemle, PA-C, Ex-Officio Board Member  
 Kathy Kinlaw, MDiv, Consumer Member  
 Marion O. Lee, Jr., MD, Board Member

William Roundtree, MD, Board Member  
 Jean Sumner, MD, Board Member  
 Charles White, DO, Board Member  
 William A. Woolery, DO, PhD, Board Member



## RULE CHANGE UPDATES

If you are interested in receiving email alerts regarding changes to the Board's rules, please send your email address to [matkinson@dch.ga.gov](mailto:matkinson@dch.ga.gov). You will receive a copy of all proposed rules from the Board. The Board appreciates your input to this important process.

With the passage of the Medical Practice Act, the Board will update all Board rules. Make sure you are included in this important process.

The following rules were changed and can be reviewed at the Board's website.

### **Rule 360-2-.08 Volunteers in Medicine**

**Purpose/Main Feature:** The purpose rule is housekeeping language for birth month renewals of the holders of volunteer licenses.

### **Rule 360-15-.01 Requirements for Physicians. Amended.**

**Purpose/Main Feature:** To change the continuing medical education requirements for physicians who volunteer in uncompensated health care services, such as free clinics, up to a maximum of ten continuing medical education hours per biennium. In order to receive the waiver, the physician shall submit to the Board documentation of such work at the time of renewal.

## The Changing Requirements for the Practice of Polysomnography in Georgia

A polysomnogram (PSG) is the current “gold standard” testing procedure for the diagnosis and treatment of many disorders in the field of sleep medicine. The PSG is also used to access the appropriate application of positive airway pressure (PAP) as well as low-flow oxygen therapy to treat multiple forms of sleep-disordered breathing (SDB) such as obstructive sleep apnea.

Over the past several months, the Georgia Composite Medical Board, with guidance from the Respiratory Care Committee, reviewed the practice of polysomnography, and in particular the use of PAP and low-flow oxygen therapy to treat SDB. The Board met this past February 5<sup>th</sup> and an open discussion was held with members of the sleep medicine and respiratory care communities. At this meeting, the Board made the determination that the practice of polysomnography is effectively a medical procedure (e.g.; PAP and low-flow oxygen therapies) and as such requires medical supervision by a qualified state licensed physician. Therefore, any individual performing polysomnography with the use of either PAP or low-flow oxygen therapy must possess a professional healthcare state license which would allow a physician to abrogate responsibility for this medical procedure.

As a relatively new technical specialty, polysomnographers come from diverse training backgrounds including electroencephalography (EEG), electromyography (EMG), nursing, emergency medical technology, respiratory therapy, and physician assistants. As a result, training programs for polysomnographers, commonly referred to as sleep technicians and sleep technologists by the American Academy of Sleep Technologists (AAST), are diverse. Licensing for sleep technologists, as a technical specialty, is limited to a handful of states, and currently there is no licensure for sleep technologists in Georgia. In some states sleep technologists are exempt from licensure all together.

Since sleep technologists are not currently licensed, the Board’s ruling makes it illegal for physicians to abrogate their medical responsibility for PSG testing with PAP or low-flow oxygen to unlicensed individuals (sleep technologists). Given the fact that the vast majority of Georgia’s sleep technology professionals are unlicensed and thousands of patients require routine sleep testing on a regular basis, it was determined that, (1) the practice of PSG testing in the state must change dramatically, (2) sleep technologists must be exempt from licensure requirements, or (3) legislation must be passed to provide a license for polysomnographers.

In an expedient and coordinated fashion, representatives from both the respiratory care and sleep medicine communities drafted a bill for the licensing of polysomnographers in the state. The Polysomnography Practice Act (PPA), sponsored by Representatives Joe Wilkinson, Sharon Cooper, Stephanie Benfield and Michele Henson in the House, and Senators Don Thomas, Greg Goggans, Jeff Mullis, Renee Unterman and Jack Hill in the Senate, was passed by both legislative bodies this past session. In order to pass legislation this session, the PPA was incorporated into House Bill #509 as part of the Medical Practice Act which also passed both legislative bodies. House Bill #509 was signed by Governor Sunny Perdue on 5/12/2009.

The PPA would not limit the ability of any current licensed healthcare professional (e.g.; respiratory therapists) to perform PSG or therapeutic interventions under the supervision of a licensed physician. In fact, the following statement from the bill would effectively exempt *all sleep technologists* in the state of GA which would avoid the process for polysomnography licensure:

*A physician may delegate tasks involving polysomnography to a polysomnographic technologist without regard to whether such technologist is certified or licensed as a respiratory care therapist under Article 6 of this chapter*

Since the outcome is still to be determined, sleep medicine physicians and sleep technology professionals around the state should “stay tuned”. To read the current iteration of the PPA (in House Bill #509), navigate to [http://www.legis.ga.gov/legis/2009\\_10/pdf/hb509.pdf](http://www.legis.ga.gov/legis/2009_10/pdf/hb509.pdf) on your internet browser, and read from line #1736-1764. Also, you can read regular updates on the legislative process by navigating to the Georgia Association of Sleep Professionals website at [www.gasleep.org](http://www.gasleep.org).

## Physician Disciplinary Actions

The following is a report of public Board disciplinary actions for **Physicians** from October 15, 2008 thru April 15, 2009. These cases have been investigated and are now part of the public record. Although every effort is made to insure that the information is correct, you should read the order in its entirety. The Board may include several provisions in an Order that are not summarized in this report. You may obtain a copy of public orders from our website or by written request to the Board office for all professions identified in this newsletter.

<b>Date</b>	<b>Discipline Taken</b>	<b>License #</b>	<b>Name</b>
11/6/2008	Probation	38821	JUNCO, ANTHONY JR
11/6/2008	Probation	53662	ASH, TOLAND LANIER
1/8/2009	Probation	20865	ELLIS, DAVID JOSEPH
1/9/2009	Probation	35598	COPENHAVER, JOHN MICHAEL
1/9/2009	Probation	50873	COLEMAN, ROBERT STANLEY JR
2/5/2009	Probation	31731	DOHERTY, DENNIS CHRISTOPHER
2/5/2009	Probation	37189	SANDERS, LISA DAYLIDA
3/5/2009	Probation	45376	ABDEL-SAMED, GIHAN SALAH
3/18/2009	Probation	47225	JOHNSON, THOMAS CLAYTON
4/2/2009	Probation	29073	POUND, EDWIN CURRIER III
4/2/2009	Probation	43026	CRUSE, JAMES GARLAND
1/9/2009	Fine	47772	FERREE, SUZANNE JEANNETTE
1/21/2009	Fine, CME	47267	TACKITT, BOBBY II
2/16/2009	Fine	41934	REDDY, RAJASHAKER PULLAGURRAM
11/6/2008	Public Reprimand	59191	SHAH, ANIMESH C
11/7/2008	Public Reprimand	21355	POAG, JOYCE HOUSTON
12/4/2008	Public Reprimand	23564	BARCLAY, CHARLES DUANE
12/4/2008	Public Reprimand	45681	DURDEN, MARK DANIEL IV
1/8/2009	Public Reprimand	23086	MALLOY, TYRONE CECIL
1/9/2009	Public Reprimand	37465	AMIN, KAUSHIK
2/5/2009	Public Reprimand	22951	NELSON, ROBERT LEE
2/5/2009	Public Reprimand	33688	RITCHEA, ROBERT MARK
3/5/2009	Public Reprimand	36815	MARTIN, ANTHONY KEITH
3/18/2009	Public Reprimand	24404	CARTER, JAMES HENRY JR
4/2/2009	Public Reprimand	38981	SVED, ISAAC
4/2/2009	Public Reprimand	57322	SCOTT, CAROL RUTH
12/10/2008	Revocation	44763	KATZ, DANIEL BENJAMIN
2/11/2009	Revocation	36051	ALLEE, ANTHONY CRAIG
10/29/2008	Suspension	31731	DOHERTY, DENNIS CHRISTOPHER
12/15/2008	Suspension	44023	MILLS, ANTHONY DWAYNE
1/8/2009	Suspension	24129	SCHWARZ, STEVEN BENJAMIN
3/13/2009	Suspension	53781	MCCOWAN, KEVIN GARY
3/26/2009	Suspension	45971	SMITH, WESLEY DEAN
4/2/2009	Suspension	23060	HART, LARRY RAY SR
4/7/2009	Suspension	21575	RAMESH, KALLAMBELLA C
12/4/2008	Voluntary Surrender	48795	MCCALL, BRUCE BURTON
1/9/2009	Voluntary Surrender	18239	LOAIZA, AUGUSTO
2/5/2009	Voluntary Surrender	53600	EMENIKE, UCHENNA JOHN

## PHYSICIAN ASSISTANT ADVISORY COMMITTEE MEMBERS

William Butler, MD, Committee Chair, Board Member  
Marion Lee, Jr., MD, Board Member  
William Paulsen, PA  
Runnette Flowers, MD

Alexander S. Gross, MD, Board Member  
Kathy Kemle, PA-C, Ex-Officio Board Member  
Alan Platt, PA-C  
Carolanne Redfearn, PA

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Additional duties are those activities delegated to a physicians assistant by a supervising physician, which are not included in the basic job description and may subject the patient to increased risk of morbidity or mortality. They are only considered additional duties when performed outside the physical presence of the physician. Examples might include: endoscopic saphenous vein harvest, chest tube placement and bone marrow biopsy.

To apply for a duty, complete the form (which may be downloaded from the Board's website) and include documentation of the procedure you wish to perform. Any additional training you might have undertaken is also helpful. Please be as specific as possible in your description. If you include actual procedure records, please remove patient names and identifiers. If the duty is a complex one with multiple medications (such as conscious sedation), please include your protocol including type and dose of each drug.

A thorough description of the duty you are requesting allows the Board to assess your request and process it more quickly and allows you to begin caring for your patients in a timely manner. Insufficient documentation delays your request as we may need to meet with you or ask for more information.

Changing your primary supervising physician(s) requires you to reapply for additional duties with your new supervising physician. (If you change primary supervising physicians, you must re-apply for additional duties with the subsequent physician.) Including a reference to your prior approval may allow the Board to process your request in a more timely manner.

Please DO NOT perform the procedure outside the presence of your supervisor or alternate supervising physician until you have received written approval from the Board. Meetings are held the first or second Thursday each month and requests received 2 weeks prior to each meeting are considered. If the Board approves your request, you should receive notification during the week following the meeting.

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## PHYSICIAN ASSISTANT CONTINUING EDUCATION INFORMATION

Every PA must complete 40 hours of Board approved continuing medical education biennially. Effective 2009-2010, at least (10) ten hours MUST be directly related to the specialty of the Board approved supervising physician. In addition, if a PA has prescriptive authority, (3) three hours must be in practice specific pharmaceuticals. Records of attendance must be maintained for a minimum of (5) five years from the date of attendance.

## RESPIRATORY CARE ADVISORY COMMITTEE MEMBERS

William Roundtree, MD, Committee Chair, Board Member

Roland S. Summers, MD, Board Member

M. Vinayak Kamath, MD, Board Member

William A. Woolery, DO, PhD, Board Member

Tom Madrin, B.S., RRT, RCP

Lynda Goodfellow, Ed.D., RRT

Larry Arnson, PhD, RRT, RCP

Harold Oglesby, RRT

Alfred William "Fred" Droms, Jr., RRT

## RECRUITMENT OF NEW ADVISORY MEMBERS

If you are interested in serving on the Respiratory Advisory Committee, please send your resume along with three references to Katonya Reynolds at [kreynolds@dch.ga.gov](mailto:kreynolds@dch.ga.gov) or the Board's address. The Advisory Committee meets monthly by teleconference and alternate months at the Board's office. There is no monetary compensation to serve on the Committee.

### Respiratory Care Professionals Disciplinary Actions

The following is a report of public Board disciplinary actions for **Respiratory Care Professionals** from October 15, 2008 thru April 15, 2009. These cases have been investigated and are now part of the public record. Although every effort is made to insure that the information is correct, you should read the order in its entirety. The Board may include several provisions in an Order that are not summarized in this report. You may obtain a copy of public orders from our website or by written request to the Board office for all professions identified in this newsletter.

this newsletter.

Date	Discipline Taken	License #	Name
11/19/2008	Probation	5479	Crawley, Andria Denise
12/30/2008	Suspension	3897	Coulter, David Ira
1/8/2009	Probation	7243	Fillyaw, Matthew
2/18/2009	Suspension	3055	Bell, Kenneth

## ORTHOTIST & PROSTHETIST ADVISORY COMMITTEE MEMBERS

Richard L. Weil, MD, Committee Chair, Board Member

Todd Clay, C.P.O.

William Butler, MD, Board Member

James H. Hughes, C.P.

William Roundtree, MD, Board Member

Marc Kaufman, C.P.O.

William A. Woolery, DO, PhD, Board Member

Dan Zenas, C.P.

### Recently passed Rule:

Rule 360-31-.04 Licensure Pursuant to Qualifications Established by O.C.G.A. Sec. 43-34-195.

Purpose/Main Feature: The purpose of the proposed changes is to clarify what constitutes unlicensed practice and to further define training requirements.

## RECRUITING NEW ADVISORY COMMITTEE MEMBERS

If you are interesting in serving on the Orthotist & Prosthetist Advisory Committee, please send your resume along with three reference letters to Katonya Reynolds at [kreynolds@dch.ga.gov](mailto:kreynolds@dch.ga.gov) or to her attention at the Board's address.

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## CLINICAL PERFUSIONIST ADVISORY COMMITTEE MEMBERS

M. Vinayak Kamath, MD, Committee Chair, Board Member

A. Karim Jabr, CCP

Ted Perry, MD, Board Member

Mike Troike, CCP

Lynn Pfaender, CCT, CCP

Chris R. Trocchio, CCP

It has come to the Board's attention that the Abiomed Impella Circulatory Support System and the TandemHeart Cardiac Assist Extracorporeal Circulatory Support System are being operated by cardiac catheterization lab technicians. This practice by these technicians, who are neither Registered Nurses nor Perfusionists, is not consistent with O.C.G.A. 43-34-170. The Board's position is that these and similar cardiac assist devices are complex in nature and their operation requires licensure (and require a licensed Perfusionist or Registered Nurse be involved in their operation). This practice is considered a violation of the Medical Practice Act (MPA)

## RECRUITING NEW ADVISORY COMMITTEE MEMBERS

If you are interesting in serving on the Perfusion Advisory Committee, please send your resume along with three reference letters to Lynette Riddle at [lriddle@dch.ga.gov](mailto:lriddle@dch.ga.gov) or to her attention at the Board's address.

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## CLINICAL PERFUSIONIST DISCIPLINARY ACTIONS

The following is a report of public Board disciplinary actions for **Perfusionists** from October 15, 2008 thru April 15, 2009. These cases have been investigated and are now part of the public record. Although every effort is made to insure that the information is correct, you should read the order in its entirety. The Board may include several provisions in an Order that are not summarized in this report. You may obtain a copy of public orders from our website or by written request to the Board office for all professions identified in this newsletter.

Date	Discipline Taken	License #	Name
2/5/2009	Suspension	50	Tiller, John Paul

# ACUPUNCTURE ADVISORY COMMITTEE MEMBERS

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Charles White, DO, Committee Chair, Board Member  
Ted Perry, MD, Board Member  
Mark Lewinter, L.Ac  
Yong Li, L.Ac. New Member  
David Cohen, DO

JiMong Choe, Ph.D., L.Ac., New Member  
James Freemont, MD  
William (Bill) Skelton, L.Ac., New Member  
Robin Bewley, CHES, RYT, New Consumer Member

## Unlicensed Practice

THE ACUPUNCTURE ADVISORY COMMITTEE CONTINUES ITS WORK TO STOP UNLICENSED PRACTICE IN OUR GEORGIA COMMUNITY. PLEASE CONTACT THE BOARD IF YOU KNOW

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## ADVANCED PRACTICE REGISTERED NURSE ADVISORY COMMITTEE MEMBERS

Kathy Kinlaw, MDiv, Committee Chair, Consumer Member  
Eddie Checks, MD, Board Member  
Richard L. Weil, MD, Board Member  
Marian Blaesser, DNP, APRN

Karen Schwartz, MS, WHNP-BC, (new member)  
Rhonda Ligon, MS, APRN (new member)  
Tony Barnett, PhD, APRN-BC

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## INFORMATION REGARDING PHYSICIAN/APRN PROTOCOL AGREEMENTS

The Medical Board reviewed the response from the Attorney General's office regarding advanced practice registered nurses (APRNs) operating under O.C.G.A. 43-34-26.1 and O.C.G.A. 43-34-26.3 simultaneously with the same delegating physician. When a delegating physician and an APRN co-sign a protocol agreement under O.C.G.A. 43-34-26.3, this agreement supersedes any previous protocol agreement under O.C.G.A. 43-34-26.1 that the delegating physician may have with the same APRN. However, an APRN may have both a protocol under O.C.G.A. 43-34-26.1 and O.C.G.A. 43-34-26.3 if those two protocols have different delegating physicians.

### **Rule 360-32-.04 Limitations**

**Purpose/Main Feature:** The purpose of this rule is to ensure that physicians cannot delegate to an APRN the authority to write prescriptions or controlled substances for the delegating physician and his immediate family or for the APRN to self-prescribe or prescribe for his or her immediate family. The intent of this rule is to close a loophole since physicians cannot directly prescribe controlled substances for themselves and immediate family members except in documented emergency situations under the professional conduct rules.

## THE INS AND OUTS OF DIABETES

ATHENS, GA. – When physicians in Washington County diagnose patients with diabetes they not only provide them with the proper medication and information on testing their blood sugar correctly, they also refer them to Joann Milam, the University of Georgia Cooperative Extension family and consumer sciences (FACS) agent for Washington County.

“Chronic disease management requires multiple disciplines,” says Dr. Jean Sumner, a Washington County physician. “In Washington County, we have found a valuable alliance with our FACS agent. Patients receive ongoing support and education that is life changing.”

For nearly three years, Milam has provided a bi-monthly, intensive five-hour diabetes education class called, “The Ins and Outs of Diabetes” to patients who have been referred by their physicians.

“Doctors don’t have time to go into all of the details patients need when dealing with diabetes,” Milam says. “We discuss everything from the importance of drying between your toes to tips on how to eat out and maintain your blood sugar levels.”

Cooperative Extension FACS agents develop programs in conjunction with their research and service colleagues at the University of Georgia. All of the programs present research-based information using proven educational techniques. FACS agents help consumers of all ages learn more about reducing the risk for chronic diseases like heart disease, cancer, diabetes and high blood pressure. Guidance on healthy weight control, physical activity and nutritious food selection and preparation are also offered through Cooperative Extension programs.

FACS agents also provide education and resources for professionals, parents, and other caregivers on the developmental needs of, and healthy strategies to care for, infants, toddlers and young children.

As of December 2008, Milam had delivered her program to 335 clients. Some of her success stories include a client reporting a drop in his A1c level from 13 percent to 8 percent in six months. Another client lost 50 pounds after learning the role obesity can play in diabetes. Many other clients have reported beginning and sticking with physical activity programs and counting carbohydrates.

“We frequently have the spouses of our clients join them for these programs,” Milam says. “That provides added support.”

“The FACS agent’s excellent program is a tremendous asset to our patients and our practices,” Dr. Sumner says.

Cooperative Extension FACS agents are located throughout Georgia and are all trained to provide education programs on diabetes, weight management and other chronic illnesses. Agents are willing to partner with physicians across the state to work with patients in these critical areas. Physicians who would like to know what’s available in their county can call 1-800-ASK-UGA1, or contact Joann Milam directly at 478-552-2011, 478-552-3042 or by email at [jmilam@uga.edu](mailto:jmilam@uga.edu) or Jean Sumner, MD, 478-552-0001, [jrsmd@hughes.net](mailto:jrsmd@hughes.net)

**ARTICLE WRITTEN BY:**

**DENISE H. HORTON**

University of Georgia Cooperative Extension

706-542-8014

[dhorton@uga.edu](mailto:dhorton@uga.edu)

# GEORGIA COMPOSITE MEDICAL BOARD

**Purpose:** The Georgia *Composite Medical Board* is the state agency that licenses physicians, physician assistants, respiratory care professionals, perfusionists, acupuncturists, orthotists, prosthetists and auricular (ear) detoxification specialists. The Medical Board also investigates complaints and disciplines those who violate *The Medical Practice Act* or other laws governing the professional behavior of its licensees and unlicensed practice.

**Mission Statement:** The mission of the Georgia *Composite Medical Board* is to protect the health of Georgians through the proper licensing of physicians and certain members of the healing arts and through the objective enforcement of the *Medical Practice Act*.

<b><u>2009</u></b> <b><u>BOARD MEETING</u></b> <b><u>DATES</u></b>	<b><u>CONTACT INFORMATION</u></b>	<b><u>ACTIVE LICENSEES AS OF</u></b> <b><u>6/7/2009</u></b>
July 9-10, 2009	General Information (404) 656-3913	Physicians* 29,475
August 6-7, 2009	Board Secretary (404) 657-6490	Physician Assistants 2,847
September 3-4, 2009	Copies of Board Orders (404) 657-6494	Respiratory Care Professionals 4,850
October 1-2, 2009	License Verification (404) 656-1725	Acupuncturists 191
November 5-6, 2009	Complaints (404) 463-8903	Perfusionists 124
December 3-4, 2009	Physician Assistant/Perfusionist (404) 657-6495	Resident Physicians 1,705
	RCP/Orthotist/Prosthetist (404) 463-2292	Orthotists & Prosthetists* 204
	APRN/Acupuncture/Resident Permits (404) 463-5038	*Note: Physicians include: Vol- unteer In Medicine, Institu- tional Physician, and Physician Teacher licenses. O&P includes: Orthotists, Prosthetists, and O&P license holders.
	Physician Profile Information (404) 651-7854	