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AMA News Winter 2012



Atlanta Medical Association
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www.atlantamedicalassociation.org



Atlanta Medical Association, Inc.

"One of the Oldest African-American Physician Organizations"

Winter 2012 AMA NEWS

ONE OF THE OLDEST AFRICAN AMERICAN PHYSICIAN ORGANIZATIONS

Events:

SAVE THE DATE:

The Georgia State Medical Association's 119th Annual Convention & Scientific Assembly - June 13-16, 2012 at the Hilton Oceanfront Resort, Hilton Head Island, SC.

The 2nd Annual Vitas Innovative Hospice Golf Outing/Fund Raiser in support of the Sickle Cell Foundation. June 29, 2012 at the Stone Mountain Golf Club. Contact Dr. David Blake 770-873-0160.

Join Dr. Julianne Adams Birt Ob/Gyn as she discusses *Female Sexual Dysfunction: It's Not All In Your Head!* Thurs 2/2/2012 Rockdale Medical Center 770-860-8591

TWO MONTH REPRIEVE!!

Congress once again voted to hold the Physician Fee Scale to 2011 levels for the first two months of 2012. Thus the 27+% cut has been temporarily averted. If Congress does not act in this two month window, the cut could be reinstated on March 1st. Contact your congressional representative and your Senators to DEMAND a permanent "fix" for this continuing problem.

THANK YOU!

The AMA would like to thank Dr. William and Mrs. Verna Cleveland for hosting the annual Christmas gala. Their home glistened with holiday lights and a 20 foot tree to kick off the holiday season. The decor was a beautiful setting for the gourmet cuisine by Chef Juan, the unique candy dessert bar by D's house of sweets and the live entertainment by jazz musician Theresa Hightower and actress Dawnn Lewis. The event was well attended as our members enjoyed the holiday celebration well into the evening. - Sponsor Forrest Pharmaceuticals



News Update - The AMA office has officially moved. We are still in the United Way building at 100 Edgewood Ave. but the new office is now located in Suite 820. Please update your information to reflect the change of address.

The Heritage Fund of the Atlanta Medical Association, Inc. will have its

annual Scholarship Ball on January 28, 2012 at 6:30pm in the Grand Ballroom of the Atlanta Marriott Marquis. For tickets or tables please call the Heritage Fund office at **404-586-0845** or you may contact Jan Kennedy, M.D. at **404-226-1341**. If you are interested in placing an ad in the Scholarship Ball souvenir program please call Jan Kennedy, MD at **404-226-1341**.

The MARRIOTT MARQUIS IS OFFERING A DISCOUNTED ROOM RATE OF \$139. PLEASE ASK FOR HERITAGE FUND OF THE ATLANTA MEDICAL ASSOCIATION RATE. ROOMS ARE LIMITED

5010 Code Sets NOW in Effect

January 1st marks the beginning of the mandatory use of the 5010 code sets. Although Medicare has announced a 3 month window in enforcement, they will still consider any violation complaints received during this window. All practitioners will be required to be in full compliance no later than March 31, 2012. For more information, check these sites:

www.cms.gov/ICD10/11a_Version_5010.asp
www.cms.gov/ICD10/Downloads/Versions5010DOFAQs.pdf
www.cms.gov/ICD10/Downloads/Versions5010TestingReadinessFactSheet.pdf
www.cms.gov/ICD10/Downloads/ICD10TalkingtonVendorformedicalPractices20100409.pdf

Are you leaving money on the table?

- \$75 million in first payments of the Medicare EHR Incentive Program were distributed on May 19th; Providers Offered Flexibility in Adopting E-Prescribing. As of October 31st, the total of Medicare EHR Incentive Program payments is over \$527 million.
- Attestation for the Medicare EHR Incentive Program is now open. Visit the Attestation page for more information.
- In October and November, twelve states launched Medicaid EHR Incentive Programs - Arkansas, California, Delaware, Maine, Maryland, Massachusetts, Montana, New Jersey, New York, North Dakota, Utah, and Vermont. More states will launch in December.
- As of October 31st, over \$711 million has been paid in Medicaid EHR incentives since the program began in January; and there are 138,570 active registrations of eligible professionals and eligible hospitals for the Medicare and Medicaid EHR Incentive Programs.
- You can Subscribe to CMS EHR Incentive Programs Listserv to be informed of upcoming deadlines and get answers to questions and concerns that we have gathered from eligible professionals and eligible hospitals in the field.
- Participate early to get the maximum incentive payments.



Electronic Prescriptions for Controlled Substances

Historically, where federal law required that a prescription for a controlled substance be issued in writing, that requirement could only be satisfied through the issuance of a paper prescription. Given advancements in technology and security capabilities for electronic applications, DEA recently amended its regulations to provide practitioners with the option of issuing electronic prescriptions for controlled substances (EPCS) in lieu of paper prescriptions. Efforts to develop EPCS have been underway for a number of years. DEA's Interim Final Rule for Electronic Prescriptions for Controlled Substances was published on March 31, 2010 at 75 FR 16236-16319 and became effective on June 1, 2010. While these regulations have paved the way for controlled substance prescriptions to be issued electronically, not all States have authorized electronic prescriptions for controlled substances, particularly Schedule II controlled substances which have a significant potential for abuse.

DEA is also announcing the first DEA approved certification process for EPCS. Certifying organizations with a certification process approved by DEA pursuant to the regulations are posted on DEA's Web site once approved.

FOR FURTHER INFORMATION, CONTACT:
Imelda L. Paredes, Office of Diversion Control, Drug Enforcement Administration, 8701 Morrisette Drive, Springfield, Virginia 22152; Telephone (202) 307-7165 (202) 307-7165 or visit the DEA website at <http://www.deadiversion.usdoj.gov>

Between 8-12 million Americans have Peripheral Arterial Disease.

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Please welcome the newest members of the AMA:

Dr. Ebony Love
Dr. Jeane Watson
Dr. Leslie Holmes
Dr. Maurice Gilbert
Dr. Julianne Adams-Brit
Dr. Phyllis Williams
Dr. Evelyn Campbell-Bayaan
Dr. Kabir Ashish
Dr. Sumaiya Khondker
Drs. John and Jeanine Oliga

State Board Pharmacy New Regulations

The State Board of Pharmacy has issued new regulations aimed at curbing a growing problem with illegal use of prescription medications. These new regulations call for Schedule-II drugs (e.g. Demerol, Morphine etc.) to be written on specially treated Rx forms that prevent photocopying and/or erasure of alteration. Additionally, such forms must now be sequentially numbered and bear a specific State seal. The Board of Pharmacy will publish a list of vendors who have been approved to provide Rx forms that meet these new criteria. You may check with the board of Pharmacy at <http://sos.georgia.gov/pbl/pharmacy/> for this list which will be updated regularly. If you have a local favorite printer, they can purchase the paper stock from an approved vendor and continue to print your forms for you. These new forms with the seal and sequential numbering are REQUIRED for all hard copy Rx's for Schedule-II medications (Demerol, Morphine, etc)

The DEA has approved ERx for schedule II narcotics. The process is complicated but could avoid the cost and confusion of the new hard copy regulations.



Happy New Year Atlanta Medical Association Members! 2012 is here signaling the end of my reign as your president. It has been a very productive year. We have a stable Executive Director who has helped grow the membership and bring the Association into the media age. The website is up and interactive with links to membership, photos of social events, member's practices/locations, and supporting vendors. We have a wonderful, stable location for our General Body Meetings which have been well supported by our vendors and we have a full slate of presentations for your practice growth scheduled for 2012.

We have received the support of Dr. James Maupin, President and Dr. Valerie Montgomery-Rice, Dean, Morehouse School of Medicine by their hosting our General Body Meeting and Dr. Rice expressing the school's commitment to the Atlanta Medical Association. Future meetings will be held on the school campus, opportunities for Adjunct Faculty appointments for community physicians, and of course, clinical rotations in our practices for the students/residents.

We held the first AMA/GSMA Mixer to expand our memberships to community physicians, residents, and students. This was such a successful event that we hope to have at least two such events this year. We established an affiliation with our legal colleagues through another well attended mixer with the Gate City Bar Association and GABWA (Georgia Association of Black Women Attorneys).

So, please join me as your Chairman of the Board in welcoming your new administration, lead by Luther Burse, MD. Let's continue to grow our association and spread our influence throughout the city and state!

B. David Blake, MD

Congratulations to Millard J. Collier, Jr., M.D. who has been named the new CHIEF MEDICAL OFFICER of Southside Medical Center

Did You Know????

CMS (Medicare) has recently revealed a new rule to get all corrected information on each provider to minimize fraud. This means that everyone will need to REVALIDATE their PECOS information by March, 2013. This will affect all providers EXCEPT those that have revalidated their PECOS enrollment data since March 23, 2011. Normally, revalidating your information is good for 5 years, however, in a February Final Rule, CMS changed this in order to be compliant with provisions in the health reform Law. What fun this will be for everyone!!

If there is any good news, it's that you will be notified when to accomplish this revalidation. CMS plans to stagger enrollment to reduce the potential of backlogs of enrollees all trying to get this done right away.

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Julianne Adams Birt, MD
Cyril O. Spann, Jr., MD
Frank Jones, MD
Forrest Michael Toca, MD
Marvin Crawford, MD

**2012 New
Officers
Installation
will be held on
January 19
6:30pm at The
Cascade Club.**

The 2012 membership dues statements were mailed in November. For your convenience you can submit your payment via mail or online. If you did not receive your statement then we may need updated contact information for you. If you have any questions or need to update your information, please contact **Priscilla Hubbard, Executive Director**, in the AMA office.

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I am in the process of updating the AMA website with new information for those who are accepting new patients. If you are currently accepting new patients, please forward to me this information your specialty and the current locations of your offices. Once I have this information, I will make this available on the website.

Thank you.

Priscilla Hubbard
Executive Director

Designed by:
Outside the Box Creations
443-642-1967

Atlanta Medical Association
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Phone: 404-586-0385
Fax: 404-586-0386
ama@atlantamedicalassociation.org
www.atlantamedicalassociation.org



Membership Application

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| <input type="checkbox"/> Annual Physician Dues | New | \$300.00 |
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| <input type="checkbox"/> Annual Physician Dues | Life | \$300.00 |
| <input type="checkbox"/> Resident Dues | Resident | \$45.00 |
| <input type="checkbox"/> Student Dues | Student | \$10.00 |
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Primary Specialty _____ Secondary Specialty _____

Board Certified? (Circle one)
 Yes No

Gender (Circle one)
 Male Female

Winter 2012 AMA NEWS

ONE OF THE OLDEST AFRICAN AMERICAN PHYSICIAN ORGANIZATIONS

Welcome to GA-HITREC

GA-HITREC is a federally funded program, at the National Center for Primary Care, designed to assist Georgia's providers with the selection, successful implementation, and meaningful use of certified EHR systems to improve clinical outcomes and quality of care provided to their patients. Providers eligible for our services include: physicians (MD and DO), nurse practitioners, and physician assistants in family practice, obstetrics, internal medicine, and pediatrics.

Why Participate? The Time is NOW!

Our priority is helping providers understand and take advantage of the full benefits of EHRs. We provide scalable solutions that will enable providers to:

- Improve patient safety and quality of care while reducing costs associated with medical errors, duplicate tests, and administering paper records and claims
- Easily navigate the EHR vendor marketplace by having supported access to recommended certified systems to fit your practice
- Use EHRs in a meaningful way so that patient information is available when and where it is needed, and care is coordinated across provider teams
- Achieve EHR meaningful use objectives from the very beginning, maximizing incentives and minimizing financial and administrative burdens associated with implementing new electronic systems
- Prepare and position you for future pay for performance programs

The Georgia State Medical Association has a very successful partnership with GA HI-TREC.

Medicare EHR Incentive Program

As many of you are aware, Stage 2 meaningful use has been delayed until 2014. The Notice of Proposed Rule Making will be released in February 2012 and the final rule expected release in Summer 2012. With this change, providers who attested in 2011 will be eligible for Years 1, 2, 3 payments under MU Stage 1.

I attended a program call with other RECs and HHS this week to talk through the impact of the Stage 2 delay. We are working on collateral that defines the impact of the Stage 2 delays in an easy to read format so it can be shared with the providers. These documents should be available by the 2nd week in January. We have also asked HHS to update the timelines listed on all .gov websites.

February 29, 2012 is also the last day for eligible professionals to register and attest to receive a Medicare Incentive Payment for calendar year (CY) 2011.

Please do not hesitate to let me know if you have any questions about either of these programs.

Dr. Denise W. Hines, PMP, FHIMSS
 Director-Marketing, Education & Outreach
 GA-HITREC
 www.ga-hitrec.org
 404-520-0592

Did You Know???

You are allowed to bill Medicare patients for missed appointments. According to Medicare Transmittal #1279, a provider is allowed to bill a Medicare patient (not Medicare) for a missed appointment as long as there is no discrimination between Medicare patient and all other patients. A written office policy should be in place addressing this issue. The bill is NOT for a service but for a "missed business opportunity". Medicare is NOT responsible for payment but will allow the beneficiary to be billed under the above guidelines. e) NOT Allowed to Balance Bill Qualified Medicare Beneficiaries

This category of beneficiaries applies to certain low-income Individuals, usually those with a Medicaid supplement, and certain other low income and special circumstance individuals. For these patients you are NOT allowed to balance bill for deductibles or co-payments.

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Proper EMR Backup Solutions

Information Technology is an essential part of any organization in the modern world; this is especially true for medical practices which are being required to adopt an EMR/EHR. Strong network support and proper backup are considered vital for the smooth functioning of all IT systems. If your EMR is not safely backed up, the reliability and efficiency of the system becomes shaky and patients' confidence is shaken.

EMR can be easily defined as managing patient data electronically. The data is recorded in electronic format to keep better records and allow providers easier access to their patient data. The electronic record keeping is not only efficient and transparent but also cost effective primarily because you do not have to have charts of paper and files to store in the office. Furthermore, EMR, when successfully backed up and managed can last forever whereas paper charts can be destroyed in fire or theft. Finally, the quickness of the system itself is a competitive advantage of the EMR systems because the data can be accessed very quickly in comparison to manual form. When you have installed an EMR system in your practice, you have to ensure that it is regularly backed up and managed by a seasoned IT professional. In this regard, there are two types of systems that you can use to back up your EMR.

A true Backup and Disaster recovery system will contain the following items: hourly backups to a local device, a standby server in case of server failure and offsite backup in case of disaster. A practice should always consider hourly data backups, after a day of clinic – it is important to be able to restore the system to a specific point of time in case of data corruption. Imagine a clinic which experiences a data base corruption at 9:30am but does not realize until 5:00pm, that clinic has spent 7.5 hours of a providers time, multiplied by the amount of providers in your practice and have lost countless hours and charges in their EMR system. How much would it be worth to you to be able to restore to specifically 9:30am and copy in all recoverable data during those 7.5 hours?

This is the exact question you should be asking yourself, how much time, money, patient data and business would you lose if your server crashed today? The answer would be hidden in a BDR system – within 30 minutes of notifying your IT solution provider that your system is crashed, they would be able to have a backup server running in your environment and clinic would continue, charges would be entered and billing would proceed. This is more of an insurance program than anything, however the peace of mind in knowing your data is backed up hourly onsite and daily offsite is priceless.

[HTTP://KAPTECHS.COM](http://KAPTECHS.COM) or call 678-921-9554

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GA MEDICAID INCENTIVE PROGRAM

DCH will process the December MIP payouts on December 27th. I've reviewed the list and most of the eligible professionals on the list are GA-HITREC providers. The assistance we are providing is helping. I will share this list with you after the payments are made.

There will be minimal application review and processing activity between now and January 3rd. In addition to the holiday break, DCH will be performing an update of the MAPIR system and there will be no provider access to the system between December 29-January 3rd.

The deadline for GA MIP 2011 attestation is February 29, 2012. Providers must be in the "Submitted" status on this date. This means that providers who have submitted and are currently in the "Incomplete" status must resubmit by February 29th. Over the holiday break, I will compile a list of providers that have either contacted me directly or have been forwarded to me by all of you. DCH has agreed to work with me on this list of providers to get as many resolved and processed as possible in January. I will share this list of providers with you so you can confirm that your providers are listed.

Here are some quick tips, based on what I've seen:

1. The ideal attestation documentation is an executed EHR vendor contract. Executed meaning that it is signed by both the vendor and the organization. For older EHR vendor contracts that were signed prior to when EHR certification process was created, providers should also attach a document that states they are on the current certified release. Otherwise, they will be told their documentation is too old.
2. Providers can only resubmit documents in the "Incomplete" status. They do not have the option to edit or add attachments in any other status. They will need to request that their status is changed to "Incomplete."
3. All documents must be saved as a PDF.
4. For group attestations, there must still be a calculator for each provider attached.
5. If the provider is a self-payee, they must obtain an Organization NPI.

Your frustrations and concerns about the process have been shared with DCH. I am also in the process of scheduling an onsite workshop with DCH to be held in January.

Dr. Denise W. Hines, PMP, FHIMSS
Director-Marketing, Education & Outreach
GA-HITREC
www.ga-hitrec.org
404-520-0592



April 18th marked the beginning of the EMR/HER Attestation period.

If you have already registered as an eligible provider you may begin the Attestation process. Incentive payments actually began in May, 2011. You must have a qualified EHR program and have used it for 90 consecutive days in 2011 in order to meet the *Meaningful Use* criteria necessary to qualify for the Phase 1 incentive payment. Some in Georgia have already received the first incentive check

Registration for Medicare/Medicaid Incentive programs began in January. If you have NOT registered as yet you, should do so as soon as possible. You are permitted to register even before you have a certified EHR and are encouraged to register even if you have not completed the enrollment for PECOS.

Good news for practitioners is that Phase-2 will be postponed for another year (will start in 2013)

For more information go to:

https://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp

To determine if your EMR/HER program is certified, go to: <http://onc-chpl.force.com/ehrcert>

Proposed Meaningful Use Timeline Changes Encourage Adoption of EHRs

In response to significant input from multiple stakeholders, expert testimony, and countless hours of review, analysis and deliberation, HHS announced its intention to delay the start of Stage 2 meaningful use for the Medicare and Medicaid EHR Incentive Programs for a period of one year for those first attesting to meaningful use in 2011. CMS intends to propose such a delay in the Stage 2 meaningful use Notice of Proposed Rulemaking (NPRM), which is scheduled to be published in February 2012.

Why Did We Make this Decision?

Input from the vendor community and the provider community makes clear that the current schedule for compliance with Stage 2 meaningful use objectives in 2013 poses a challenge for those who are attesting to meaningful use in 2011.

The current timetable would require EHR vendors to design, develop, and release new functionality, and for providers to upgrade, implement, and begin using the new functionality as early as October 2012.

What are the Benefits to the Proposed Delay?

We believe that a proposed delay will be beneficial for several reasons:

- We hope that this will give vendors added time to develop certified EHR technologies for Stage 2, as well as give providers additional time to implement new software and meet the new requirements of Stage 2.
- We also intend to propose maintaining the current expectation for those first attesting to meaningful use in 2012, so that all providers attesting to meaningful use in 2011 or 2012 will begin Stage 2 in 2014.
- We believe this provides an added incentive for providers to attest to meaningful use in 2011 and rewards early participants.

Under the Medicare and Medicaid EHR Incentive Programs, providers who attest early receive greater incentives. And now those providers who first attest in 2011 are eligible for three payment years for meeting the Stage 1 criteria, while those first attesting in 2012 can only have two payment years under Stage 1 criteria.

Are Medicaid Program Participants Affected?

Because Medicaid providers can receive an incentive payment for adopting, implementing, or upgrading to certified EHR technology in their first year of Medicaid EHR Incentive Program participation, Medicaid providers will still be able to attest to Stage 1 meaningful use for the next two years (first for a 90-day period, then for a 365-day period).

Therefore, most Medicaid providers do not attest to Stage 2 requirements until 2014 at the earliest.

Want more information about the EHR Incentive Programs?

Make sure to visit the EHR Incentive Programs website for the latest news and updates on the EHR Incentive Programs.

Who we are

The Atlanta Medical Association, Inc. which was founded in the year 1890 by African American physicians, dentists, and pharmacists within the Atlanta metropolitan area has over 1,000 African-American physicians in the metropolitan area. We are active as well as others committed to addressing the health disparities in our community and to expose the multitudes to the information provided through our meetings. Our organization is also involved within the community with periodic health fairs as well as the daily interaction we share with patients and their families.

Our organization has monthly general body meetings held on the 3rd Thursday of each month at 6:30pm as an opportunity to inform our members of various medical topics in order for us to keep our members well abreast of the latest medical updates which will help them to provide better treatment and other facilities to our patients. The Cascade Club located at 2890 Continental Parkway, Atlanta, Georgia is the facility we have chosen within our community as a central location that our members can call home to our meetings. The Atlanta Medical Association, Inc. would be grateful to your company for agreeing to sponsor one of our meetings.

Congratulations to Millard J. Collier, Jr., M.D. who has been named the new CHIEF MEDICAL OFFICER of Southside Medical Center

Southside Medical Center has opened up a new site as of Monday January 9, 2012. Jeanine Oliga, M.D., Family Practice will be the provider there initially. 1100 Cleveland Avenue, East Point, Georgia. 30344. (404) 410- 2852

Congratulations to Paul K. King, M.D. the recipient of the 2011 Jack A Raines, M.D. Humanitarian Award. Dr. King was honored by the Medical Association of Georgia's 157th House of Delegates for his outstanding humanitarian contribution to his fellow man and community beyond the normal practice of medicine. Dr. King formed the Adopt a Village organization after he went on a trip to Ghana to care for people in villages who don't have access to health care with a Ghanaian neurosurgeon that he met in Michigan. Adopt a Village's mission is to "enrich lives through medical aid."