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GEORGIA OSTEOPATHIC
MEDICAL ASSOCIATION
— 1902 —

GOMA News & Updates

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MEDICAL ASSOCIATION
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**GOMA 2025
Virtual Fall CME
Conference
October 24-25**



GOMA Fall Conference ... It's Time to Register

The GOMA Fall Conference is once again going to be virtual allowing for watching it live or on demand allowing for getting quality CME whenever you want it. The full lineup of lectures has not been released, but among the faculty and subjects are listed below. Last month, eight other lectures were featured.

“OB/GYN Update” by Matthew Shelnutt, DO, FACOOG. Dr. Shelnutt is an Assistant Professor at PCOM South Georgia. He grew up in Stockbridge, GA, and obtained a bachelor of science degree in biology from Clayton State University. Dr. Shelnutt went to medical school at PCOM Georgia in Suwanee, GA, and graduated in 2017. Dr. Shelnutt completed a residency program in Obstetrics and Gynecology at University of Michigan Health West in Wyoming, MI, in 2017. He served as co-chief OB/GYN resident his senior year, and was also the Resident Representative for ACOOG's Continuing Medical Education Committee. Dr. Shelnutt was in clinical practice at Ascension Borgess Hospital following residency where he taught OB/GYN residents as a clinical assistant professor of OB/GYN for Western Michigan University's Homer Stryker MD School of Medicine. He received the OB/GYN Excellence in Teaching Award in 2022 from this institution.

“AI in Practical Practice and Pitfalls” by Ravi Yarid, DO. Dr. Yarid is an Assistant Professor at PCOM Georgia. He is featured in the below article about Artificial Intelligence. In a world where we have the leading medical research in an artificial intelligence model, don't you want to know how AI can help you?

“Controlled Substance Prescribing” by Susan Blank MD. Dr. Blank is the Founder and Chief Medical Officer for the Atlanta Healing Center in Dunwoody, Georgia with specialties of psychiatry, preventative healthcare and addiction medication. She was a co-author of the “Responsible, Safe, and Effective Prescription of Opioids for Chronic Non-Cancer Pain: American Society of Interventional Pain Physicians (ASIPP) Guidelines” published in *Pain Physician* in 2017 as well as “ASIPP Opioid Prescribing Guidelines” in 2023 in the same journal. Dr. Blank has served as the President of the Georgia Society of Addiction Medicine as well

as on the Advisory Board of the Georgia Physician's Health Program. She was co-chair of the Medical Association of Georgia's "Think About It Campaign". She is also a past member of the Board of Directors for The Georgia Council on Alcohol and Drugs and Let's Be Clear Georgia.

[Register Here](#)



**John Kelley, DO - Fishin. Musician. Magician.
Physician. February 8, 1951 – August 18, 2025**

Dr. John Philip Kelley passed away on August 18, 2025 in Gainesville, GA at the age of 74. But all that came before the day was what made him remarkable. His parents gave him a wonderful

childhood, a love of fishing, and the support to dream big and to become his own unique self.

Dr. Kelley put his whole heart and mind into all his passions: fishing, medicine, music, friendships, humor, missions, and most especially, his family. His enthusiasm was contagious and everyone who entered his circle is richer for it.

He made sure his family knew they were loved unconditionally. John & Marcia Lee Kelley, DO, wife of 41 years, raised two daughters, Jennifer and Kaitlyn. Jennifer's husband, Robert Kesler, joined the family as the uncontested "favorite son-in-law".

Dr. Kelley's legacy looms large in too many areas to count. One of his mentors summed it up best: "He spent his life doing good, and had a good time doing it!"

He always tried to live in a way that would make God the Father proud to call him a son. He always ended his prayers with the same simple request: "...and help us do our best, every day. Amen."

Funeral Mass Saturday, September 6 at 11 am.
St. Michaels Catholic Church
Pearce Circle
Gainesville, GA 30501

The funeral service will also be live streamed if you need.

In lieu of flowers the family asks that you send donations to:
St. Benedict Joseph Medical Center in Honduras where John spent a great deal of time volunteering. www.sbihonduras.com/donate-1

**Federal Health Policy in 2025: Medicaid Reform,
Medicare Payment Pressure, and the Road Ahead**

Federal health policy in 2025 is moving at an extraordinary pace. Since the start of the year, the administration has issued over 160 executive orders, paused or revised key regulatory efforts, and signed the sweeping One Big Beautiful Bill Act (OBBBA) into law.

Collectively, these actions create a volatile environment for healthcare organizations trying to plan ahead.

A major driver of this uncertainty has been the Department of Government Efficiency (DOGE), a newly formed body tasked with evaluating federal operations across agencies and streamlining functions of government. DOGE's work has led to staffing reductions at key federal institutions, including the Department of Health and Human Services (HHS) and its agency, the Centers for Medicare & Medicaid Services (CMS). As a result, healthcare stakeholders are increasingly reporting delays in policy guidance, and routine communication — adding operational strain just as policy changes begin to take hold.

Against this backdrop, athenahealth's Government and Regulatory Affairs team is working to keep clinicians and healthcare administrators informed through regular webinars, policy guidance, and strategic advocacy updates. Our June 2025 Advocate Policy Webinar brought our community together to make sense of what's changing and what it could mean for care delivery. Below are key takeaways about recent policy changes introduced in the OBBBA, including Medicaid reform, Medicare payment policy, and areas like telehealth where bipartisan momentum is providing some stability.

Among the most closely watched elements of this year's federal health policy agenda is Medicaid reform. Key Medicaid changes in the One Big Beautiful Bill Act include:

- **Work Requirements:** Starting December 31, 2026, adults ages 19+ must complete at least 80 hours per month of work, school, or community service to maintain Medicaid coverage — unless they qualify for a “hardship” exemption. Parents and guardians may be exempted, but only if their state opts in. While framed as promoting workforce participation, similar efforts in the past have led to large coverage losses — often for administrative reasons unrelated to employment status.
- **Six-Month Redetermination Cycles:** Medicaid and CHIP eligibility reviews will now occur every six months — doubling

the administrative burden and increasing the risk of paperwork-related coverage losses. Even small delays in form processing or system errors could mean millions losing coverage temporarily — or permanently.

- **Cost-Sharing Changes:** New \$35 co-pays are being introduced for many non-primary care and mental health services, which may affect Emergency Department use and increase out-of-pocket burdens for vulnerable patients.
- **Immigration-Related Eligibility Restrictions:** Certain legal immigrants will no longer be eligible for Medicaid, CHIP, Medicare, or ACA marketplace subsidies. Undocumented individuals remain ineligible, but the new changes significantly impact access for many lawfully present patients.
- **Medicaid Payment Cap:** States will no longer be allowed to pay providers more than Medicare rates, with a limit of 110% in non-expansion states. Some legacy programs will be grandfathered in, but most will face rate compression over the next three years.
- **Restrictions on Provider Tax Mechanisms:** The bill curbs states' ability to use provider taxes — a key mechanism for drawing down federal Medicaid funds — aiming to reduce perceived abuse but potentially weakening program sustainability. These taxes have long been a tool to finance Medicaid sustainably, particularly in states with large rural or low-income populations.
- **Elimination of Medicaid Funding for Reproductive Health Services:** The bill ends federal Medicaid payments to providers offering family planning, reproductive care, or abortion services.
- According to the CBO, the legislation is projected to reduce federal Medicaid spending by \$793 billion over 10 years, with 10 to 17 million people estimated to lose coverage. This could increase the self-pay population by up to 50%, with serious implications for patients and providers already under financial strain. The burden will fall disproportionately on states with tight budgets and vulnerable populations — deepening regional

disparities and threatening provider sustainability in underserved areas.

Medicare payment reform has long been a pressure point in federal health policy. This year, it resurfaced again, reviving memories of the old "doc fix" debates that defined a generation of provider advocacy.

From 1997 to 2025, Medicare's payment rates were tied to the Sustainable Growth Rate (SGR) formula. Every year, that formula threatened steep cuts — only to be averted by last-minute congressional action. These recurring patches became known as the "doc fix," and while they prevented immediate payment shocks, they created long-term uncertainty.

The 2015 MACRA law replaced the SGR and promised more predictable payment updates. But since 2001, when adjusted for inflation, Medicare physician payments have decreased 33%, and Congress has struggled to implement meaningful annual updates. In January 2025, Congress allowed a 2.83% cut to Medicare physician payments to take effect, intensifying calls for action.

Early drafts of the House budget included a structural fix — increasing Medicare payments in 2026 by 75% and tying future Medicare updates to the Medical Economic Index (MEI) and capping annual increases at 10% of MEI. While imperfect, this would have at least re-established a link between reimbursements and practice cost growth.

The One Big Beautiful Bill Act delivered a temporary 2.5% increase to the Medicare Physician Fee Schedule for CY 2026. It's another one-time "fix" not indexed to inflation and will expire in 2027 unless further legislative action is taken. This stopgap approach mirrors "doc fixes" of the early 21st century and fails to address the long-term sustainability of Medicare reimbursement. In short, the structural imbalance between rising practice costs and stagnant Medicare payments remains unresolved.

One of the few areas drawing bipartisan support this year is telehealth policy. The March 2025 continuing resolution extended Medicare telehealth flexibilities through September 30, maintaining

expanded access to virtual visits, remote monitoring, and rural broadband incentives.

The OBBBA goes further:

- Telehealth expenses to be eligible for Health Savings Account (HSA) reimbursement
- High-deductible health plans (HDHPs) can now cover telehealth services before deductibles are met

CMS Administrator Dr. Mehmet Oz called telehealth an area “with no opponents,” signaling confidence in future legislative support. Still, providers and advocacy groups continue pushing for permanence, parity in reimbursement, and inclusion of community health centers and federally qualified health centers (FQHC) in expanded coverage models.

FQHCs and CHCs remain funded through the end of the federal fiscal year, thanks to short-term extensions passed this spring. But these stopgaps are part of a longer trend: year-to-year uncertainty that makes it difficult for centers to recruit staff, secure facilities, or expand services in medically underserved areas.

There’s growing bipartisan support for a multi-year funding deal, but it has yet to materialize. Until then, centers are left in a holding pattern.



Ravi Yarid, DO: Decoding the Future of Artificial Intelligence

ChatGPT launched in late November 2022 – an event that introduced millions of people to the concept of generative artificial intelligence (GenAI), a type of AI that uses data to learn and subsequently create original content, like writing and images. Because of its capacity to change how we approach everyday life, experts have compared GenAI to transformative innovations like broadband internet and the spread of smartphones.

“AI has been the biggest driving force in my career and profession,” said Ravid David Yarid, DO, an Assistant Professor of Osteopathic Manipulative Medicine at PCOM Georgia in Suwanee. Dr. Yarid describes his current career at the school as “providence”. In 2021, he and his wife, Nicole, moved from Ann Arbor, Michigan to the Atlanta area, 25 miles from PCOM Georgia, in order to escape the snow and with the awareness that his five kids were growing up.

Dr. Yarid's path started in the Washington, D.C. suburbs, the son of a former CIA employee and an electrical engineer at NBC. He recalls being fascinated with Atari 400 gaming and DOS programming and inspired by the movie *WarGames*. After his father's NBC job ended, the family moved to Lewisburg, West Virginia, two miles from the West Virginia School of Osteopathic Medicine. When Dr. Yarid was a senior in high school, his class did a tour of the WVSOM campus, and he fell in love with it. He graduated from WVSOM in 2002, and completed a family medicine/OMT residency in Coldwater, Michigan and an OMM+1 fellowship in Bangor, Maine. Dr. Yarid returned to Michigan to practice at an OMM-only clinic in the suburbs of Detroit, but it closed that practice during the recession of 2008. He joined a group practice in Hillsdale, Michigan, for two years, then transitioned to solo practice there combining urgent care and family practice. In 2017, he moved to Ann Arbor, working as a medical director in the Michigan Department of Corrections across multiple prisons. In March of 2020, Dr. Yarid suffered severe COVID-19. He said, "It aged me a decade," which led to a transition to telemedicine for the rest of his correctional care career.

"I have a knack for innovation, as I've always been a visionary. Twenty years ago, I knew AI would be a part of our lives. Two and half years ago, ChatGPT popped. It spoke to me. Those in osteopathy can see how it will affect us," Dr. Yarid recalled. "Collect data in information lakes, so that we could do research to confirm that putting our hands on patients makes a difference."

Currently, a large portion of students are using AI. They are uploading lectures, then asking ChatGPT to sync, summarize and come up with questions. Dr. Yarid feels that "the problem is that the students are not necessarily aware of the best ways to use AI". He feels strongly that AI programs to help the students should be institutionally approved, privacy-compliant tools due to copyrights and proprietary information. Although students are not allowed to upload most course materials to open-source AI programs, this is not being enforced nationally by most schools.

Dr. Yarid is aware that AI is being used in practices as a dictation assistant and to make scheduling more efficient as well as patient taking in and providing recipes.

Dr. Yarid is on several AOiA Digital Health Advisory Group with osteopathic toward continuous trigger an osteopathic education, he enjoyed perfectly modeled

Dr. Yarid concluded moves!" Dr. Rav Conference. His be mind expanding for most of us.



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Megan Jimenez, DO is Prepared for AI, Sports Injuries and the Next Jiu-Jitsu Match

Megan Jimenez, DO recalls starting martial arts as a 5-year-old in New Jersey with Kenpo. Her parents immigrated to the United States from Cuba, and she recalls her uncle being in the Marines. And now she is a black belt in Jiu Jitsu serving in the United States Army providing orthopedic care for injured soldiers. Dr. Jimenez has stayed active her entire life with a period of amateur boxing which later transitioned to Jiu Jitsu. She won the Jiu Jitsu World Championship in Las Vegas in 2021 for the Master I age group as a Purple Belt.

Dr. Jimenez graduated from Rowan-Virtua School of Osteopathic Medicine in Stratford, New Jersey in 2014 and then completed an orthopedic residency at Inspira Health in Vineland, NJ. A one-year fellowship at Washington University in Sports Medicine followed, helping her focus on the athletic injuries that had always been her passion. Dr. Jimenez started her sports orthopedic career with

Emory in Lagrange, Georgia being ringside at fights and on the football field most weekends. She partly credits her osteopathic training to making her conscientious about diet and rehabilitation. “It’s the reason I’m more holistic,” Dr. Jimenez reflects. After three years with Emory, she realized that joining the Army would make all of her patients high level athletes. So, for the past year and a half, she has been stationed in Washington State. She trains Jiu Jitsu and lifts weights with the other soldiers. “That is super awesome,” she said enthusiastically, and realizes that it creates a trust between her and her patients. Most orthopedic surgery deployments lasts four and a half months, so in her down time, she teaches Jiu Jitsu while abroad.

After her 2021 World Championship win and a bad relationship breakup, she started working with a life coach. It inspired her to start working on a book that is anticipated to be released in 2026. In addition, she began a monthly podcast, a website and a weekly newsletter to create her brand prior to her book release. That brand revolves around Jiu Jitsu, sports medicine, cross training and recovery.

Artificial Intelligence has helped Dr Jimenez be more productive as she works on these projects. She uses ChatGPT to do literature searches and to check her writing. She said, “I use it as a checker, and [then] I triple check it.” Oftentimes, her newsletters are inspired by questions that she is asked by patients, and she feels would benefit others. Recent newsletters have been about: electrolytes, raw milk, recovery after workouts, shoulder injuries, knee injuries, ice baths, and morning routines. Drawings and pictures to accompany her articles are frequently being created by AI, but she makes sure to credit the program. Dr. Jimenez appreciates that ChatGPT keeps track of what she is working on. “It’s a great tool ... to help me find things, and it remembers what we’ve done before.” Mondays she releases her newsletter and Fridays she releases her social media posts. Dr. Jimenez wishes AI could schedule her Instagram and LinkedIn posts. Dr. Jimenez recalled that, while deployed, as she started teaching her brand new Jiu Jitsu white belt class, she utilized

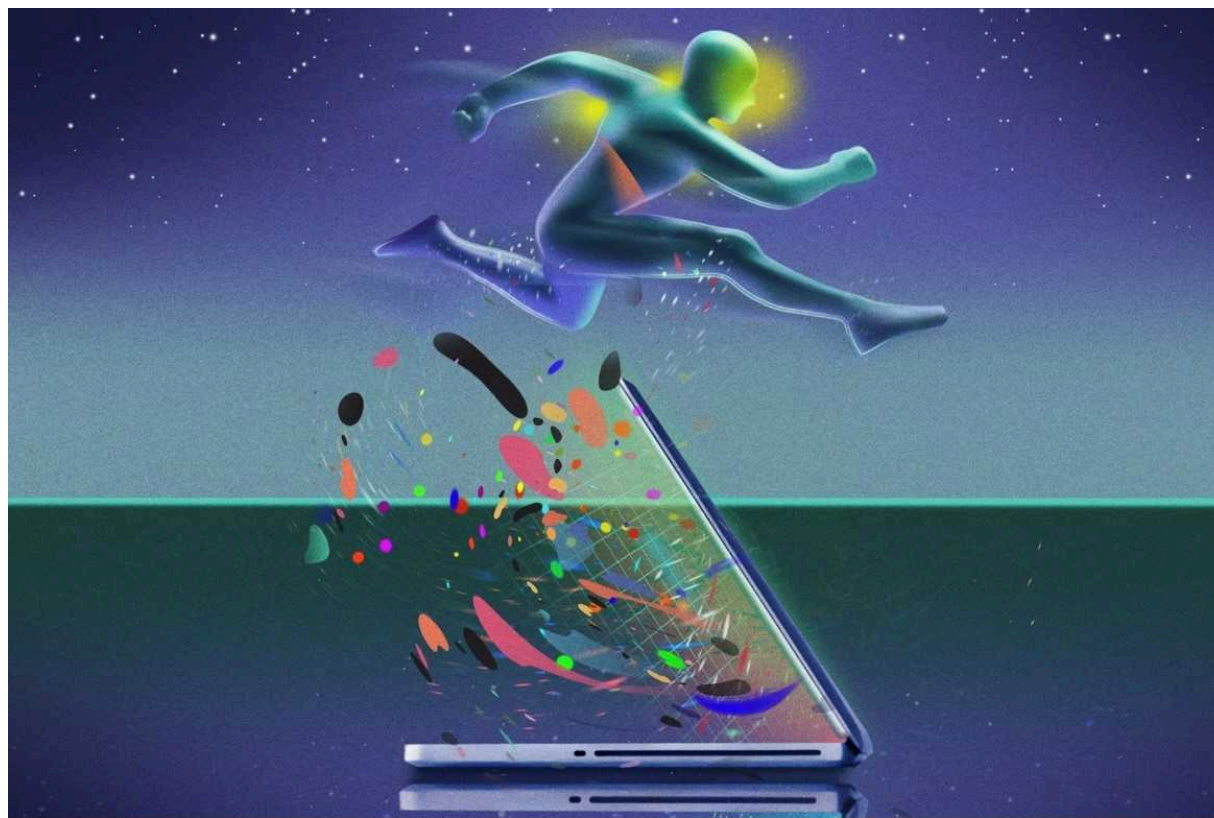
AI to create a syllabus for the class. Using AI helped her plan the best way to start a Jiu Jitsu beginner with a cohesive approach.

Dr. Jimenez tore her Anterior Cruciate Ligament (ACL) in her knee two years ago and underwent surgery. The rehabilitation was challenging. She used AI to supplement the Physical Therapist to help her create workout plans especially as she returned back to the mats. She was aware that many athletes don't return to sports after an ACL tear because of a fear of reinjury and thus sought out assistance from a Sports Psychologist. She began purposely putting herself in susceptible positions with trusted to overcome her fears. She was awarded her black belt in May of 2025 and continues teaching both beginners and advanced students.

While she has heard of orthopedic surgeons to use AI for planned various surgeries, Dr. Jimenez has not used AI for actual surgeries as of yet. Most of her work currently focuses on two distinct populations which includes athletes and "lifesaving, limb saving care." The lack of X-rays being available in the field means that other clinical skills are being fine-tuned by Dr. Jimenez, but that does not scare her. Her next military goals are to attend airborne school, attend air assault school and to apply to the Joint Medical Augmentation Unit (JMAU). Dr. Jimenez give holistic a whole new definition!

Find the links to her blog, podcast, etc. at Dr. Jimenez's website:

www.meganjimenez.com



(Mark Pernice/For The Washington Post)

How AI is Impacting 700 Professions — and Might Impact Yours

Will AI help you work or replace you? Check yourself.

From opinion piece by Youyou Zhou in *Washington Post*

Companies are rushing to embrace artificial intelligence to cut costs, increase efficiency and better understand this new technology. IBM has replaced a couple hundred human resources workers with AI applications. At Microsoft and Google, AI writes more than one-quarter of the code. Writers can now use AI as their personal assistant and editor.

These reports have provoked untold worries that AI could ultimately replace us in the workplace. Indeed, unlike AI experts, only 23 percent of the general public recently surveyed believed that the technology would have a positive impact on jobs.

That's partially because it's still difficult to grasp how AI might affect U.S. labor markets.

When examining AI's impact on job markets, some economists try to draw a line between automation and augmentation:

- Automation happens when AI systems can independently carry out a task without human input.
- Augmentation means AI needs human supervision to complete a task, complementing the human worker.

A recently published study examining the impact of AI on the U.S. labor market between 2015 and 2022 found that though AI-driven automation leads to lower wages and higher unemployment, AI-driven augmentation increases wages of more experienced workers and creates jobs in new areas.

How can you prepare?

1. Stay on top of the technology.

You want to stay informed of capabilities of AI by using it and seeing firsthand how it automates or augments your daily tasks. Many of us have already been using AI for activities such as getting recipes, planning vacations, seeking advice and making exercise plans. You also want to be aware of the strengths and weaknesses across different models, their inherent biases that can amplify those in the real world and potential privacy risks. Read widely on the topic to deepen your understanding. Read both the praises and warnings.

2. Proactively use AI at work.

Most people can use AI to augment their jobs already — but might be reluctant to do so. You can expedite research and more effectively communicate by using AI as your personal assistant. If your work requires reasoning, ask it to check your logic. You can even ask AI itself for advice on how to prepare for changes in your own area of expertise.

Artificial intelligence is like a tsunami, powerful and unavoidable. But it will not crash into everyone in the same way. The best survival strategy is to seek higher ground. That means rising above fear and ignorance and moving toward information and understanding. Learning to use the tools for your benefit is a good first step. People who adapt and position themselves in areas that require human

judgment, creativity and ethics are more likely to survive — and some might even thrive

<u>AI is currently</u>	<u>menting</u>
Family Phys	3%
Internists	8%
Hospitalists	%
Pediatrician	4%
OB/GYNs	33%
Radiologist	7%
Pathologist	2%
Allergists	19%
Neurologist	13%
Ophthalmol	25%



National Prescription Fall Take Back Day Announced

On October 25, 2025, the DEA and its federal partners will team up for the 29th bi-annual National Prescription Drug Take Back Day to remove unused, unwanted medications from homes and medicine cabinets to prevent drug misuse before it starts.

Check the [Take Back Day](#) website for more information as it becomes available.



Celebrating a Family Legacy at PCOM Georgia's DO White Coat Ceremony

In mid-August, PCOM Georgia student John “Jackson” Norris (DO '29) walked across the stage to receive his white coat, just as his father, J. J. Norris, DO '17, had done just twelve years prior.

“I was in middle school when my father was a student here,” Norris said. “So I got to see his journey, and I can still remember going to campus with my mom and brothers to see him after he finished classes, or while he took a study break.” For Norris, to say his father is his greatest inspiration in his life is an understatement, as he recalls how his dad was able to spend so much time with the family while still succeeding in medical school and balancing other life stressors.

“I can't begin to imagine the financial strain that was placed on my parents while my dad was in the Doctor of Osteopathic Medicine (DO) program, but we always had food on the table and a good roof over our heads while my dad continued to receive good grades and praise from his professors.”

These childhood memories and close proximity to campus only further solidified Norris' decision to attend PCOM Georgia. “I was honored to be accepted by the same medical school that accepted my dad 12 years ago, and am excited to be following in his footsteps,” he shared. Dr. Norris, a specialist in internal medicine now working as a hospitalist at Wellstar Kennestone, expressed pride and encouragement in his son's recent achievement.

A Poem on the Assassination of Robert F. Kennedy

By Nikki Giovanni ((1943-2024))

Trees are never felled . . . in summer . . . Not when the fruit . . .

is yet to be borne . . . Never before the promise . . . is fulfilled . . .
Not when their cooling shade . . . has yet to comfort . . .

Yet there are those . . . unheeding of nature . . . indifferent to
ecology . . . ignorant of need . . . who . . . with ax and sharpened
saw . . . would . . . in boots . . . step forth damaging . . .

Not the tree . . . for it falls . . . But those who would . . . in
summer's heat . . . or winter's cold . . . contemplate . . . the
beauty . . .