

THE **Journal**

OF THE ARKANSAS MEDICAL SOCIETY

Vol.115 • No. 10

APRIL 2019



**2019 AMS
ANNUAL
MEMBERSHIP
MEETING**

April 26, 2019 • DoubleTree Hotel • Little Rock

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ON THE COVER

224

2019 AMS ANNUAL MEMBERSHIP MEETING

April 26, 2019 • DoubleTree Hotel • Little Rock



220

DARRELL R. OVER, MD, MSC, FAFAP

A Closer Look at Quality

228

Winner of the ASAE Excellence in Communications Award

THE Journal

OF THE ARKANSAS MEDICAL SOCIETY

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Arkansas Medical Society
2019 BUDGET

221

2019 Annual Session Registration Form

226

Minutes of the Arkansas Medical Society
House of Delegates

227

Arkansas Department of Health

230

AMS Benefits, Inc.

231

Annual Report to the Arkansas Medical Society

Report of the

Arkansas Medical Foundation

231

Minutes of the Arkansas Medical Society

Board of Trustees Meetings

232

Medical Education Foundation
for Arkansas (MEFFA)

234

ARKANSAS STATE MEDICAL BOARD

2018 ANNUAL REPORT

236



PEOPLE + EVENTS

238



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Tort Reform: an After-action Review and a Look Forward

DARRELL R. OVER, MD, MSC, FAAFP
ASSOCIATE PROFESSOR,
UAMS (SOUTH CENTRAL), PINE BLUFF, AR

The U.S. Military employs an analytical method called an after-action review (AAR).

This structured process evaluates *what* happened, *why* it happened, and *how* it could have been done better. This process enables a clear comparison of intended-versus-actual results achieved and helps capture the lessons learned from successes and failures, with the goal of improving future performance. Considering the recent effort by the Arkansas Medical Society to advance meaningful tort reform, and the ultimate failure of the measure, it is perhaps worthwhile to conduct an AAR on our process to guide future efforts. Let's first review what Issue 1 was intended to accomplish and the current state and national tort landscape.

Issue 1 would have set caps for non-economic damages to \$500,000 and on punitive damages to \$500,000, or three times the compensatory damages (whichever is higher). It would have limited the contingency fees of lawyers to one-third of the net amount recovered. The amendment also would have decreased the supermajority vote requirement in the Legislature to amend or repeal Arkansas Supreme Court rules regarding pleading, practice, or procedure from 66.67% to 60% and would have required a 66.67% supermajority vote for the Legislature to make certain changes to the limits in the amendment.

Currently, 11 states have caps on non-economic damages for general tort or personal injury cases; 20 states have provisions capping non-economic damages specifically in cases of medical malpractice but not for personal injury cases; and 19 states have no caps on non-economic damages (as of 2017). Among the 19 states with no non-economic damage caps, five states (including Arkansas) have constitutional provisions prohibiting caps at least in certain areas. Regarding limits on lawyer contin-

gency fees, 21 states have no limitations on contingency fees; 11 states have a general cap on contingency fees; 16 states have a cap on contingency fees specifically for medical malpractice cases; and, two states have both general restrictions and separate caps specifically for medical malpractice cases.

What happened: The Arkansas Constitution allows the Legislature to propose up to three constitutional amendments in an election cycle. In Sept. 2018, Pulaski County Circuit Judge Mackie Pierce declared Issue 1 unconstitutional in that it rolled up multiple issues in a single proposal: limiting non-economic caps; limiting economic caps; limiting attorney's fees; and, in several ways, transferring court rule-making authority from the Arkansas Supreme Court to the Legislature.

Citing the Arkansas Constitution, Judge Pierce stated that proposed constitutional amendments "shall be so submitted as to enable the electors to vote on each amendment separately." Judge Pierce stated that the four provisions of Issue 1 were not "reasonably germane" to each other and that the "general subject" of the amendment was unclear. He ruled the reduction in attorney's fees an infringement of the right to freely enter contracts and that modifying the voting threshold required in any legislative process from two-thirds to three-fifths of both houses was an internal legislative modification and outside judicial purview. He further stated that a cap on non-economic and punitive damages infringes on the rights of citizens and litigants to be compensated fully. In October, just days before early voting started, the Arkansas Supreme Court voted 6-1 upholding Judge Pierce's ruling and ordered election officials not to count votes cast on Issue 1.

Why it happened: Having a means to rein in the Supreme Court, although a much-needed reform, was probably an overreach. Both Judge Pierce and the Supreme Court cited lack of a general subject for the amendment and that the four

provisions were not "reasonably germane" to each other (although this terminology does not appear in the Constitution). However, the truly weak link was the attempt to give the Legislature control over Supreme Court rules. A case for linkage could be made for the other three provisions and the issue of Legislature control should have been a separate amendment proposal.

However, even before a court challenge was raised for Issue 1, it suffered from "image problems." Religious and pro-life groups such as the Family Council and Arkansas Right to Life vigorously opposed the amendment saying that limiting damages in lawsuits sets an arbitrary value on human life, conflicts with biblical principles of justice and helping the poor, and is contrary to anti-abortion beliefs. These groups organized meetings with church leaders to call for the measure's rejection and garnered support from pastors to exhort their congregations to oppose the amendment. A Talk Business & Politics Hendrix College survey of 1,701 statewide likely voters conducted in Sept. 2018 (with a margin of error of +/- 2.4) found that voters were already leaning against the measure.

How could it have been better done: We must be focused. The court decisions criticized the lack of a central theme or "general subject." The AMS needs to advocate for tort reform – period. We certainly should be able to draft an amendment on this "general subject," the provisions of which are "reasonably germane" to each other. Also we need to do a much better job of stating why tort reform is good, not only for us but for our patients. We must be proactive in educating Arkansans about tort reform, but we have to emphasize why it is good for *them* also. Our adversaries tainted our efforts early as "putting a price on life," and we must prepare to vigorously counter this. They certainly will try this again. It is possible to achieve reasonable tort reform. Other states have done so and we need to analyze how they were successful. AMS

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Arkansas Medical Society
2019 BUDGET

INCOME

Dues	1,065,000.00
Journal	85,000.00
Annual Meeting	34,000.00
Website & Grants.....	235,000.00
Interest /Investment Income.....	100,000.00
Specialty Services	73,000.00
Educational Programs	95,000.00
Building	361,181.00

TOTAL REVENUE.....2,048,181.00

EXPENSE

Salaries.....	830,000.00
Travel and Convention.....	30,000.00
AMA Delegation.....	36,000.00
President's Account	6,000.00
Taxes	61,000.00
Retirement	89,950.00
Stationery & Printing.....	24,000.00
Office Supplies & Expenses	48,000.00
Telephone - AMS.....	10,000.00
Postage, Communications, Web.....	39,000.00
Insurance & Bonds	191,773.00
Auditing	5,460.00
Board & Executive Committee	4,000.00
Journal.....	63,000.00
Dues & Subscriptions.....	15,500.00
Gifts & Contributions AMS	4,000.00
Legal Services	91,800.00
Public Relations.....	1,500.00
Miscellaneous, Legal guide Exp.....	4,000.00
Office Equipment & Furniture	12,000.00
AMS Resident & Student.....	6,000.00
Annual Meeting	30,000.00
Educational Programs	34,000.00
Investment Fees	20,400.00
Contract Lobbyist.....	8,000.00
Building Exp & CAP Exp.....	214,809.00

TOTAL EXPENSE..... 1,880,192.00

Non-Budgeted items taken from Reserves



Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000
Governor Asa Hutchinson
Nathaniel Smith, MD, MPH, Director and State Health Officer

January 9, 2019

Dear Colleagues:

As Director of the Arkansas Department of Health (ADH) and State Health Officer as well as an infectious disease specialist, I am seeking your partnership in implementing good antimicrobial stewardship practices in our state.

Antibiotic resistance is a serious and growing public health threat. The use of antibiotics is the single most important factor contributing to the worldwide problem. The Centers for Disease Control and Prevention (CDC) estimates that more than 2 million Americans are infected with antibiotic-resistant organisms each year, resulting in 23,000 deaths. Twenty to 50 percent of all antibiotics prescribed in U.S. acute care hospitals are either unnecessary or inappropriate. A consequence of inappropriate antibiotic prescribing includes *Clostridium difficile* infections, which account for an additional 500,000 infections a year and approximately 30,000 deaths in the U.S.

Antimicrobial stewardship is an interdisciplinary activity that improves the selection of antimicrobial therapy (correct drug, dose, and duration), and antibiotic stewardship programs (ASPs) have been shown to reduce the overall burden of antibiotic resistance, improve individual patient outcomes, and decrease health care costs.

In the fight against antimicrobial resistance, I am committed to promoting the establishment of ASPs, based on the CDC's [seven core elements of an ASP](#), in every inpatient and outpatient health care facility in Arkansas. To support these efforts, ADH has an antimicrobial stewardship expert on staff to promote ASPs and assist Arkansas' health care providers with antimicrobial stewardship activities. Please contact ADH.HAI@arkansas.gov if you would like more information or need assistance.

Again, I seek the partnership of all medication prescribers, including health care providers and veterinarians, as well as ranchers and farmers who produce animals for human consumption, to commit to using antibiotics appropriately.

Please accept my invitation to join ADH and local, state, and national stakeholders in the fight against antimicrobial resistance. Together, we can save lives in Arkansas.

Sincerely,

Nathaniel Smith, MD, MPH
Director and State Health Officer

THE ARKANSAS DEPARTMENT OF HEALTH IS OFFERING NEW, ENHANCED TOBACCO CESSATION SERVICES:



How Does Be Well Help Arkansans?

- Counseling and resources for quitting tobacco and nicotine products
- Wellness counseling to help manage diabetes
- Wellness counseling to help manage high blood pressure

What Does Be Well Provide?

- Telephone counseling for interested callers
- In-person counseling at select locations for Arkansans without private insurance
- Referrals to and assistance navigating resources available through private insurance, employee assistance programs and more
- Nicotine Replacement Therapy (NRT) for Arkansans with Medicare or no insurance, a prescription for NRT for those with Medicaid, or assistance with accessing NRT through private insurance
- Online resources available to help all Arkansans, including a new website, texting programs and mobile apps

How Can I Refer Patients to Be Well?

- Use the Be Well fax form, which can be downloaded at bewellarkansas.org (the fax number hasn't changed: 1-800-827-7057)
- Call 833-283-WELL to connect patients to the Be Well Call Center. If counselors are not available, leave the patient's contact information and they will receive a callback within one business day. The number 1-800-QUIT-NOW still works and will route callers to the Be Well Call Center.



833-283-WELL
bewellarkansas.org





AMS ANNUAL MEMBERSHIP MEETING

FRIDAY, APRIL 26, 2019
DOUBLETREE HOTEL • LITTLE ROCK

Join fellow physicians at the 2019 AMS Annual Membership Meeting at the DoubleTree Hotel in Little Rock. This one-day meeting will provide CME opportunities, as well as a chance to discuss advocacy efforts from the legislative session and to network with your peers.

CONTRIBUTORS & EXHIBITORS

Gold Contributors

AMS Benefits, Inc.
State Volunteer Mutual Insurance Company

Silver Contributor

Arkansas Foundation for Medical Care

Bronze Contributors

Arkansas Blue Cross Blue Shield
Arkansas Health and Wellness/Arkansas Total Care

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First Security Bank

Exhibitors

Arkansas Children's Hospital
Arkansas Surgical Hospital
Buygility
Simmons Bank
State Health Alliance for Records Exchange
Wellpath
UAMS Physician Relations
US Army

ACTIVITIES INCLUDE:

- ✓✓ 5.5 CME/CEUs available on DEA opioid regulations, physician wellness and burnout, legislative update, telemedicine, culinary medicine, and more.
- ✓✓ President's Gala with installation of 2019-2020 President Dennis Yelvington, MD, and recognition of new board members.
- ✓✓ AMS Family Night at the Travs on Thursday, April 25, at Dickey-Stephens Park. (reservation required, space is limited)

Hotel reservations may be made by calling the DoubleTree Hotel at 501-372-4371. Mention the AMS rate of \$139 per single/double room. Room-reservation deadline is March 30, 2019.

Visit ARKMED.org for more information.

Schedule of Events



THURSDAY, APRIL 25

6:00 p.m. - 9:00 p.m. **AMS Night at the Travs**
Dickey-Stephens Park
North Little Rock

FRIDAY, APRIL 26

8:00 a.m. - 9:00 a.m. **REGISTRATION & BREAKFAST;
EXHIBITS OPEN**

9:00 a.m. - 10:00 a.m. **DEVELOPING A TELEMEDICINE
PROGRAM IN ARKANSAS:
A RIVER RUNS THROUGH IT**

Stephen Canon, MD
Chief of Pediatric Urology
Arkansas Children's Hospital
Urology Residency Program Director
University of Arkansas for Medical
Sciences

10:00 a.m. - 11:00 a.m. **PRESCRIPTION DRUG
REGULATIONS IN ARKANSAS
AND DEA INVESTIGATION AND
ENFORCEMENT**

Kevin O'Dwyer, JD, MPA, BA
General Counsel
Arkansas State Medical Board

Justin C. King
Assistant Special Agent in Charge
Drug Enforcement Agency
Little Rock Field Office



Physicians completing the sessions listed above are eligible for a 10% premium credit from SVMIC. You must attend both sessions to receive the credit.

11:00 a.m. - 11:15 a.m. **BREAK & EXHIBITORS**

11:15 a.m. - 12:00 p.m. **PHYSICIAN WELLNESS AND
BURNOUT**

Erick Messias, MD, PhD, MPH
Associate Dean for Faculty Affairs
University of Arkansas for Medical
Sciences

12:00 p.m. - 1:00 p.m. **LUNCH & EXHIBITORS**

1:00 p.m. - 1:30 p.m. **REORGANIZATION OF BOARDS
IN ARKANSAS**

Nathaniel Smith, MD, MPH
Director and State Health Officer
Arkansas Department of Health

1:30 p.m. - 2:00 p.m. **POP ART: PUBLIC HEALTH
UPDATE**

Gary Wheeler, MD, MPS
Chief Medical Officer
Arkansas Department of Health

2:00 p.m. - 2:45 p.m. **CULINARY MEDICINE:
TRANSFORMING SICK CARE INTO
HEALTH CARE**

Gina Droben, MD
Associate Professor of Pathology
University of Arkansas for Medical
Sciences

2:45 p.m. - 3:15 p.m. **BREAK & EXHIBITORS**

3:15 p.m. - 4:15 p.m. **THE 92ND GENERAL ASSEMBLY:
THE GOOD, THE BAD, AND THE
UGLY**

H. Scott Smith, JD
Director of Legislative Affairs
Arkansas Medical Society

4:15 p.m. - 5:15 p.m. **AMS BOARD OF TRUSTEES
MEETING**

All members are invited to attend.

6:00 p.m. - 6:45 p.m. **RECEPTION**

6:45 p.m. - 8:30 p.m.

PRESIDENT'S GALA



Dennis Yelvington, MD, a family physician from Stuttgart, will be installed as the 2019-2020 AMS president during the Inaugural Gala. Dr. Yelvington is a 34-year member of the Society and has served on the AMS Board of Trustees since 2007.

Accreditation Statement

In support of improving patient care, this activity has been planned and implemented by the University of Arkansas for Medical Sciences and Arkansas Medical Society. University of Arkansas for Medical Sciences is jointly accredited by the Accreditation Council on Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

AMA Designation Statement

The University of Arkansas for Medical Sciences designates this live activity for a maximum of 5.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

2019 AMS Annual Membership Meeting Registration Form

You can register online at arkmed.org or pay with credit card by faxing this form to 501-224-6489. If you have any questions, please call 501-224-8967 or 800-542-1058. Refunds requested prior to April 19, 2019, will be at the full amount. Refunds requested after that date will be charged a \$25 processing fee. All refunds will be mailed after the meeting.

Section 1: Registrant Information

Member Name: _____

Spouse or Guest Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Section 2: Registration

AMS Physician Members or their Staff:

Registration Fee \$135 Per Person

AMS Night at the Travs (Thursday, April 25):

\$12 Per Person

Physician Non-Members or their Staff:

Registration Fee \$235 Per Person

Please help us make an accurate meal order by indicating the number of people, including yourself, who will attend the following:

Spouse or Guest:

Registration Fee \$ 65 Per Person

_____ AMS Night at the Travs (Thursday)

Medical Student and Resident Members or their Guests:

Registration Fee \$ 25 Per Person

_____ Inaugural Gala (Friday)

Section 3: Payment

Payment Method: Check VISA Mastercard Discover

Name on credit card: _____

Signature: _____

Billing Address: _____

City/State/Zip: _____

Total Amount to be charged to card: \$ _____ Email for Receipt: _____

_____/_____/_____
Credit Card Number

____/____/_____
Expiration Date

3-Digit Code

Special Assistance Available: If you are a person with a disability or have special dietary needs, please let the Society office know in advance so we can arrange to make your attendance as convenient and comfortable as possible.

Please make checks payable to AMS. Registration forms may be mailed to: AMS, PO Box 55088, Little Rock, AR 72215.

Minutes of the Arkansas Medical Society

House of Delegates

Dr. Gene Shelby, Vice Speaker

May 5, 2018

The Arkansas Medical Society House of Delegates met at 11:30 a.m., on Saturday, May 5, 2018, at DeGray Lake Resort. The following business was received and transacted.

1. Dr. Gene Shelby, Vice Speaker, called the meeting to order. There were 40 voting members present.
2. Dr. Steven Strode gave the invocation and remembered AMS members that passed away during the past year.
3. Amy Cahill, MD addressed the Board as outgoing President.
4. Dr. Gerald Harmon, Chair, AMA gave an update on AMA activities
5. Dr. Scott Cooper thanked the Nominating Committee and introduced the slate of officers. The following officers were elected:

Vice President: Dr. Chad Rodgers, Little Rock

Secretary: Dr. George Conner, Forrest City

Treasurer: Dr. Bradley Bibb, Jonesboro

Speaker of the House: Dr. Gene Shelby, Hot Springs

Vice Speaker of the House: Dr. Jim Ingram, Little Rock

AMA Delegates: Dr. Edward Bryant, West Memphis

AMA Alternate Delegates: Dr. Omar Atiq, Pine Bluff

Medical Student Trustee: Austin Armstrong, Little Rock

Confirmation of District Trustees:

District 1: Matthew Haustein, MD, Jonesboro

District 2: Seth Barnes, MD, Batesville

District 3: James DeRossitt, MD, Forrest City*

District 4: Doug Coleman, MD, White Hall

District 5: William D. Dedman, MD, Camden*

District 6: Ngozidilenna Wilkins, MD, Nashville*

District 7: Michael Hickman, MD, Hot Springs

District 8: William Ackerman, MD*

District 8: Kristin Lienhart, MD

District 8: William Reding, MD

District 8: Dale Blasier, MD*

District 8: Toby Vancil, MD

District 9: Robert Gullett, MD, Fayetteville

District 9: Carolyn Reeves, DO, Bentonville *

District 10: Kristie Gast, MD, Fort Smith

**New District Trustee*

6. Minutes from the May 6, 2017, House of Delegates meeting were approved.
7. Requests for life/emeritus/affiliate dues exemptions were approved.
8. Dr. Danny Wilkerson gave a report on the Board of Trustees meeting held prior to the House of Delegates meeting.
9. The following reports were placed on the Consent Calendar and accepted for information:
 - AMS Benefits, Inc. - Stephen Magie, MD, Chairman
 - Arkansas Medical Society Board of Trustees – Dennis Yelvington, MD, Chairman
 - Arkansas Medical Society 2018 Budget – Bradley Bibb, MD, Chairman
 - Arkansas State Medical Board – Steven Cathey, MD, Chairman
 - Medical Education Foundation for Arkansas (MEFFA) – Alan K. Wilson, MD, President
 - Arkansas Department of Health – Nathaniel Smith, MD, MPH Director and State Health Officer
 - Arkansas Medical Foundation – Bradley Diner, MD, Medical Director
10. The following was approved and referred to the Bylaws Committee:

Recommendation #1:

Eliminate the AMS House of Delegates and transfer its responsibilities to the Board of Trustees and/or general membership.

Recommendation #2:

Transfer the following responsibilities to the Board of Trustees:

- a. Legislative and policy making authority
- b. Amendments to the Bylaws: adopt a process where proposed amendments first go out to general membership for comment prior to being considered by the Board of Trustees
- c. Changes in membership dues. Utilize the same process as amendments to bylaws

Recommendation #3:

Transfer the election of AMS officers and AMA delegates to the general membership at the same time as district trustee elections. Continue to utilize the Nominating Committee for recommending a slate of officers.

There being no further business the meeting adjourned. AMS

Timely Congenital Hypothyroidism Treatment Prevents Intellectual Disability

Y. ANNIE WANG, MD, and EMIR TAS, MD

Congenital hypothyroidism (CH) causes inadequate thyroid hormone production at birth. It is one of the most common preventable causes of intellectual disability. Reported prevalence of CH is 1:2000 to 1:4000. The prevalence of primary CH in Arkansas in 2016 was approximately 1:1200. Newborns with CH are frequently asymptomatic with progressive symptoms if they remain untreated. Newborn screening is extremely important for early diagnosis and treatment before irreversible neurologic damage occurs.

The American Academy of Pediatrics and European Society for Pediatric Endocrinology guidelines are our references to help practitioners diagnose and treat CH in a timely manner to optimize developmental outcomes and avoid overtreatment.^{1,2}

The most common cause of CH in the United States is secondary to abnormal development of the thyroid gland such as thyroid aplasia, hypoplasia and ectopic thyroid. They account for 75 percent of CH cases. Thyroid dysmorphogenesis accounts for 10-15 percent of CH cases.

Primary CH can be permanent or transient. These two forms of CH are not clinically distinguishable.

Thyroid hormone is important for energy metabolism, temperature regulation, growth, central nervous system maturation and bone development. The fetal thyroid gland starts producing thyroid hormone by the 10th week of gestation. Prior to this, maternal thyroid hormone is critical for supporting the developing fetus. Therefore, undiagnosed or inadequately treated maternal hypothyroidism may severely affect fetal and neonatal development. At delivery, there is a surge of thyroid-stimulating hormone (TSH) due to cold exposure. TSH elevation starts 30 minutes after birth, lasting 48 hours. During this surge, TSH levels can reach 160 mIU/L.

Symptoms of CH are fairly silent in newborns. Affected patients are usually asymptomatic, rarely cry and sleep most of the time. Physical exam is usually unremarkable at birth. If left untreated, classic signs develop and include prolonged jaundice, hypotonia with feeding difficulty, umbilical hernia, soft tissue myxedema, delayed skeletal

development with decreased linear growth and open fontanelles. Further treatment delays lead to developmental delay with intellectual disability.

Newborn screening (NBS) for CH occurs in all states but methods vary. Whole blood is obtained by heel stick onto filter paper after 24 hours of life. Collection before 24 hours may reflect the physiologic surge in TSH (<https://www.healthy.arkansas.gov/images/uploads/rules/NewbornScreening.pdf>). In Arkansas, primary TSH measurement is done with back-up T4 measured if TSH is above the cut-off threshold. This method is highly sensitive for primary hypothyroidism but may miss central causes or delayed TSH elevation due to prematurity. If the CH screen is abnormal, confirmatory screening with serum TSH and Free T4 is recommended. Do not delay treatment for patients with highly elevated TSH pending confirmatory test results.

Although imaging studies are valuable in identifying the etiology and permanence of CH, do not delay initiation of treatment to perform the study. Imaging is not required

to determine the need for thyroid hormone replacement. Thyroid ultrasound and nuclear scan are the two most commonly utilized imaging modalities.

Patients with an initial TSH level greater than 40 mIU/ml on the NBS should have thyroid hormone replacement initiated with levothyroxine (L-T4). Treatment should begin as soon as confirmatory serum tests have been drawn, even before results are available.^{1,2} In a recent survey of Arkansas primary care providers (n=75), two-thirds stated they prefer to wait for confirmatory testing results before beginning treatment because results are usually available the same day.

Treatment goals are to normalize TSH and Free T4 as soon as possible, start treatment prior to three weeks of life and keep TSH within the lower half and Free T4 in the upper half of the normal range. Children whose levels were normalized by one to two weeks scored higher on indices of visual memory, attention and math skills, compared to those who took longer to normalize their levels.³ An L-T4 dose of 10-15 mcg/kg/day (max. dose 50 mcg/day) is the recommended initial oral replacement dose. Individual differences and co-morbidities should be considered for initial dose selection. Frequent clinical and biochemical assessments are needed for optimal management. Although normalization of TSH may take up to four weeks, Free T4 level should become normal within days of treatment. Measure TSH and Free T4 in two weeks to ensure good response to treatment and timely adjustment of the medication dose. Avoid overtreatment as it may result in sustained tachycardia, jitteriness, impaired feeding, poor

weight gain, premature synostosis and undue advancement of bone age if not recognized early. Consultation with a pediatric endocrinologist is strongly encouraged to improve patients' outcome.

Only tablet forms of L-T4 should be used. No FDA-approved liquid formulations are available in the United States. There are concerns for reliable dosing of suspension forms prepared by individual pharmacies. Iron, calcium, fiber and soy products should be avoided when administering L-T4 due to interference with drug absorption. L-T4 should be crushed and mixed with small volume of breast milk, formula or water, and given directly into the infant's mouth.

Inadequate thyroid hormone replacement within the first three years of life may result in irreversible neurodevelopmental outcomes. Highest risk factors for developmental disability are severe hypothyroidism at birth and delayed diagnosis. NBS has largely eliminated delays in timely diagnosis. However, although rare, false negative results in the NBS are still possible (i.e., preterm or multiple births). Serum thyroid hormone measurement should always be carried out if clinical concerns exist, even if the NBS was normal. Thyroid hormone is essential for neuronal cell migration, which peaks in the third trimester and continues for three years of post-natal life.

Children with CH must be closely monitored for compliance and age appropriate growth and development at each visit. Poor compliance alone is an independent risk factor for worse outcome. Early identification and timely intervention are key to improving outcomes.

Ages and Stages Questionnaire (ASQ) is a validated developmental screening tool and superior to surveillance alone. At-risk cases (severe hypothyroidism at birth, TSH elevation while on therapy) should be more closely monitored. Use ASQ to screen children's gross-motor, fine-motor, communication, personal-social and problem-solving skills from newborn until age 5. Hearing tests should be carried out at birth and as needed if speech delay is suspected or diagnosed.⁴ Targeted training and personalized education may be needed especially if academic success and psychomotor development is a concern. ▲

Drs. Wang and Tas are with the Division of Endocrinology and Diabetes, Arkansas Children's Hospital in Little Rock.

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APRIL 2019

The State of Public Health in Arkansas in 2018

by **NATHANIEL SMITH, MD, MPH, DIRECTOR AND STATE HEALTH OFFICER**

The activities of the Arkansas Department of Health (ADH) in 2018 were driven by its mission to protect and improve the health and well-being of all Arkansans and a strategic plan that focuses on six health issues: childhood obesity, hypertension, tobacco, immunizations, teen pregnancy, and mental and community wellness. In addition, the ADH sought opportunities for innovation, efficiency, and improvements in its operations and responded to unexpected challenges. The 2018 Annual Report of *America's Health Rankings*[®] by the United Health Foundation showed that Arkansas had improved from 48th to 46th in health ranking.

Healthy Active Arkansas (HAA), a public-private partnership, promotes healthy weight and an active, sustainable lifestyle. This year, HAA received funding from the Delta Dental Foundation to install water-bottle filling stations in schools to encourage students to drink more water. Breastfeeding is a primary activity to reduce childhood obesity. In the past two years, six Arkansas delivery hospitals have achieved U.S. Breastfeeding Friendly status. The ADH also partnered with private clinics, hospitals, and the YMCA in implementing diabetes prevention programs (DPPs), increasing the number of CDC-recognized DPPs in Arkansas to 14.

Nationally, Arkansas ranks 1st in heart attack mortality and 7th in stroke mortality. Progress in addressing heart attack and stroke mortality included increasing participation in the Arkansas Stroke Registry, over 1,200 new Advanced Stroke Life Support (ASLS) certified health care providers across the state and certification of seven hospitals as ASLS training centers, launching the

Arkansas Heart Attack Registry, and increasing emergency medical service (EMS) access to 12-lead ECG equipment in 15 counties. The “Dial Don’t Drive” community-awareness campaign was initiated to teach the signs and symptoms of heart attack and stroke and the importance of dialing 911.

Tobacco use is the leading cause of health complications in Arkansas, causing huge economic losses, and is preventable with proven interventions. The ADH established an in-house program, *Be Well Arkansas*, which provides tobacco cessation counseling and resources for diabetes and hypertension management. The ADH also responded to inquiries about T-21 (raising the age for sale of tobacco products from 18 to 21 years) and e-cigarette taxation, which reduces use by youth. The use of e-cigarettes and vaping products among youth now exceeds the use of traditional cigarettes.

In response to an outbreak of over 250 cases of Hepatitis A, ADH local health units reached out to populations at risk in northeast Arkansas and vaccinated over 29,000 individuals. Collaboration among state and local officials, EMS, and businesses helped to expedite 43 special vaccination clinics. The ADH Tuberculosis (TB) program collaborated with the CDC in Desha County to investigate a cluster of TB cases among African Americans and continues to work among the Marshallese in northwest Arkansas through screening and case identification. ADH staff also traveled to the Marshall Islands to help public health officials there reduce TB at its source, resulting in fewer new cases in Arkansas.

The ADH continued to focus on reducing unintended pregnancies, with a particular emphasis on decreasing teen pregnancies. The ADH provided a broad range of contraceptive methods, including Long Acting Reversible Contraception (LARC). The use of LARC provides safe and more effective birth control than traditional methods. In 2018, 3,861 women seeking contraceptive services from local health units received a LARC method.

The Prescription Drug Monitoring Program began issuing quarterly Prescriber Comparison Reports in April of 2018. Prescribers who write at least one prescription for an opioid now receive quarterly reports comparing their prescribing habits to those in similarly self-identified specialties. Close to 7,000 reports were issued last quarter.

In 2017, Arkansas ranked 10th in the nation for the highest rate of suicide. During the 90th General Assembly, Act 811 mandated that the ADH create and maintain a statewide suicide-prevention hotline. On December 11, 2017, the Arkansas Lifeline Call Center began answering calls, and Arkansas became the first state to have a 24/7 suicide-prevention lifeline housed within a state agency. The Arkansas Lifeline Call Center averages 1,400 calls per month.

Children in Arkansas have the highest prevalence of adverse childhood experiences (ACEs) of all states as measured by the 2016 National Survey of Child Health. ACEs are associated with subsequent adult health and well-being but, if recognized, respond to targeted interventions. In 2018, the ADH WIC Program implemented the CDC “Learn the Signs, Act Early” Developmental Milestone pilot. In another pilot project, “Baby & Me,” parent-support mentors provided interactive parent education to enrolled WIC participants.

Innovation was a focus in 2018. The ADH assumed management of the Office of Health Information Technology (OHIT) to develop a functional resource for clinicians and patients. Birth and death certificates used to be available only from the ADH main office in Little Rock but are now available in every local health unit throughout the state. In December, over 22,000 certificates were provided locally. Our antibiotic stewardship program was awarded a CDC grant to work with outpatient facilities, and the health care-associated infections program increased its activities in managing highly resistant bacteria, including travel-associated infections. **AMS**

➤➤ **The 2018 Annual Report of *America's Health Rankings*[®] by the United Health Foundation showed that Arkansas had improved from 48th to 46th in health ranking.**

AMS Benefits, Inc.

Annual Report to the Arkansas Medical Society

STEPHEN MAGIE, MD, CHAIRMAN OF THE BOARD

AMS Benefits is a for-profit subsidiary of the Arkansas Medical Society established in 1991 to provide insurance benefits to AMS members, family, and staff. The Company operates as a licensed insurance agency that markets life, health, and disability products. I would like to encourage all Arkansas Medical Society members to take advantage of this specialized service that was created upon your request to meet the needs of Arkansas Physicians.

AMS Benefits advertises on the AMS Website and in the Journal of the Arkansas Medical Society. AMS Benefits provides support at all AMS meetings as well as at specialty society meetings, clinic manager meetings, and educational workshops.

AMS Benefits staff includes two full-time licensed employee agents. They also contract with four independent sales agents.

I would like to give a special thanks to the AMS Benefits Board of Directors for their service to this organization dedicated to providing support to our members by providing the best service available for those products they provide.

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Emily Clark
Alan White (contract agent)
Travis Mulhearn (contract agent)
John Gillenwater (contract agent)
David M. Coussens, MD (contract agent)

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Stephen Magie, MD (Little Rock)
Dennis Yelvington, MD (Stuttgart)
R. Lee Archer, MD (Little Rock)
Brenda Powell, MD (Hot Springs)
Bradley Bibb, MD (Jonesboro)
Barry Pierce, MD (Mt. View)
Jan Hundley, (Little Rock)
David Wroten (AMS)

Report of the Arkansas Medical Foundation

The Arkansas Medical Foundation was formed to assist in performing the duties of the Physician's

Health Committee of the Arkansas Medical Society and the Caring Dentist Committee of the Arkansas State Board of Dental Examiners. This peer-review program is designed to aid in the detection, potential treatment recommendation, and monitoring of impaired physicians, dentists, and other licensed health care professionals who are afflicted with mental illness, substance use disorders, boundary problems, or cognitive deficits. Our goal is to protect public safety and ensure the continued availability of highly trained medical professionals for the benefit of the patients of the state of Arkansas.

2018 reflected a year of increased activity, a trend over the past few years reflecting improved awareness of our presence and con-

tinued success in achieving our mission goals. The Foundation exists solely on contributions from the Arkansas State Medical Board, Arkansas Mutual Insurance Company, and participant fees. We added 37 new participants into the program in 2018 and are now monitoring 168 health care professionals. We enjoy the support of the Arkansas State Medical Board and remain a member of the Federation of State Physician Health Programs so that we can stay abreast of industry policy and national trends in care of physicians, thereby ensuring their safe and successful medical practice.

We encourage voluntary contact with our office before potential devastating consequences develop. To better reach potential clients, we have recently updated our website in an effort to expand our availability; we encourage you to visit us at www.arkmedfoundation.org or www.arkmedfoundation.com. AMS

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Minutes of the Arkansas Medical Society

Board of Trustees Meetings

May 5, 2018

The Arkansas Medical Society Board of Trustees met at 7:30 a.m. on Saturday, May 5, 2018, at De-Gray Lake Resort. Members attending the meeting were Drs. Lee Archer, Bradley Bibb, Samuel Bledsoe, Calvin Bracy, Robert Breving, G. Edward Bryant, Amy Cahill, Joshua Chance, George Conner, Scott Cooper, William Dedman, Jacob Dickinson, Gina Droben, Gary Edwards, Kristie Gast, Robert Gullett Jr., Matt Hausteine, John Hearnberger, Kristen Lienhart, Tim Paden, William Reding, Chad Rodgers, Shane Smith, Shannon Swift, Toby Vancil, Danny Wilkerson, and Dennis Yelvington. AMS Past Presidents present were Drs. John Burge, Scott Ferguson, David Jacks, Stephen Magie, Michael Moody, Gene Shelby, Joe Stallings, Steven Strobe, and Alan Wilson. Guests present were Drs. William Ackerman, Dale Blasier, Bill Dedman, Gerald Harmon, James DeRossitt, Carolyn Reeves, and Charles Rodgers. AMS staff present were David Wroten, Kay Waldo, Billie Jean Davenport, Alanna Scheffer, Penny Henderson, and Scott Smith. Legal counsel present was Mike Mitchell.

Chairman Danny Wilkerson, MD called the meeting to order and the following business was received and transacted.

1. Danny Wilkerson welcomed everyone and reminded attendees of Disclosure of Conflicts of Interest policy.
2. The minutes of the February 21, 2018 Board of Trustees Meeting were approved.
3. David Wroten provided the following items for information:
 - March Membership Report
 - March Cash Budget Report
 - 2017 Tax Return
 - Tort Reform Update
 - State Medical Board Regulation 2.4
4. The following Board appointments were approved:

Finance and Auditing Committee - Sam Bledsoe, MD (fill unexpired term through December 2018); Robert Zimmerman, MD

(fill unexpired term through December 2019)

MEFFA Board – Eddie Bryant, MD

5. Efforts were discussed to repeal funding of the Arkansas Department of Health Tobacco Quit Line. Approved sending a letter to ADH voicing the AMS opinion that the Quit Line is valuable and should not be discontinued.
6. David Wroten discussed a recent *Arkansas Democrat-Gazette* article on opioid companies' payments to physicians and the Sunshine Act data release from the AMA. Mr. Wroten will prepare a response in the form of an op-ed piece.
7. David Wroten also discussed the Arkansas Blue Cross Blue Shield Value-Based Compensation Initiative.

The following were given for informational purposes:

1. Arkansas Department of Workforce Audit – The 2016 records of AMS have been “selected” for audit by the Arkansas Department of Workforce Services.
2. Sign-on (AMA) letter expressing concerns about APRN Interstate Licensure Compact.

There being no further business the meeting adjourned.

August 22, 2018

The Arkansas Medical Society Board of Trustees met at 4:00 p.m. on Wednesday, August 22, 2018, at the Clinton Library. Members attending the meeting were Drs. Lee Archer, Bradley Bibb, Dale Blasier, Samuel Bledsoe, Robert Breving, Amy Cahill, Joshua Chance, Kay Chandler, George Conner, Scott Cooper, William Dedman, James DeRossitt, Jacob Dickinson, Gina Droben, Matt Hausteine, John Hearnberger, Michael Hickman, Jim Ingram, Larry (Jack) Johnson, Tim Paden, Carolyn Reeves, Chad Rodgers, Jeremy Saul, Shane Smith, Matthew Spond, Shannon Swift, Toby Vancil, Gary Wheeler, Danny Wilkerson, Ngozilenna Wilkins, Dennis Yelvington, and Robert Zimmerman. AMS Past Presidents present were

Drs. Omar Atiq, G. Edward Bryant, Scott Ferguson, Lloyd Langston, Stephen Magie, Michael Moody, Gene Shelby, and Gerald Stolz. Guests present were Carl Vogelpohl, John Mize, Mandy Holmes, Sharon Theriot, and Randy Meadors. AMS staff present were David Wroten, Kay Waldo, Billie Jean Davenport, Alanna Scheffer, Laura Hawkins, Penny Henderson, and Scott Smith. Legal counsel present were Mike Mitchell and David Ivers.

Chairman Danny Wilkerson, MD called the meeting to order and the following business was received and transacted.

1. Danny Wilkerson welcomed everyone and reminded attendees of disclosure of Conflicts of Interest policy.
2. The minutes of the May 5, 2018 Board of Trustees Meeting were approved.
3. Austin Armstrong was recognized as the new medical student trustee member of the Board.
4. Carl Vogelpohl reported on the progress of the tort reform efforts and the Arkansas for Jobs & Justice campaign. Those in attendance were urged to contribute to this campaign, take yard signs for home and office, and offered other methods to promote the fight for tort reform.
5. John Mize, CEO, SVMIC, introduced the Mutual Value Plan, a program designed to recognize and reward the loyalty and commitment of SVMIC policyholders. He thanked the Board for AMS endorsement and relationship.
6. Dr. Steve Magie provided information on legislative issues expected to be addressed during the 2019 General Assembly. He encouraged physicians to get involved by getting to know their legislators, participating in Day at the Capitol and contributing to PAC.
7. Dr. Amy Cahill reported on the meeting held earlier in the day with AR Blue Cross Blue Shield regarding their Value Based Compensation Initiative. Additional meetings are planned.
8. Board members received the membership and budget reports for information. David Wroten and Dr. Danny Wilkerson expressed concern over the lack of renewals and new members.

9. Dr. Scott Ferguson was recognized for his election to the AMA Board of Trustees. He thanked everyone for the support of his campaign and reviewed some of the advocacy efforts of the AMA.
10. Dr. Omar Atiq was elected to fill Scott Ferguson's unexpired term as an AMA Delegate. Dr. Amy Cahill was elected AMA Alternate Delegate to fill the unexpired term of Dr. Omar Atiq.
11. Dr. Danny Wilkerson was re-elected Chairman of the Board.
12. The Board of Trustees convened into Executive Session to discuss personnel matters.

There being no further business the meeting adjourned.

November 2, 2018

The Arkansas Medical Society Board of Trustees met at 8:00 a.m. on Friday, November 2, 2018, at Red Apple Inn in Heber Springs. Members attending the meeting were Drs. William Ackerman, Lee Archer, Bradley Bibb, Dale Blasier, Samuel Bledsoe, Amy Cahill, Kay Chandler, George Conner, William Dedman, James DeRossitt, Gina Drobeno, Kristie Gast, Matt Haustein, Michael Hickman, Tim Paden, Carolyn Reeves, Chad Rodgers, Jeremy Saul, Matthew Spond, Shannon Swift, Joe Thompson, Toby Vancil, Danny Wilkerson, Dennis Yelvington, and Robert Zimmerman. AMS Past Presidents present were Drs. G. Edward Bryant, Scott Ferguson, Stephen Magie, Michael Moody, Gene Shelby, and Steve Strobe. AMS staff present were Billie Jean Davenport, Alanna Scheffer, Laura Hawkins, Laura Haywood, Scott Smith, Kay Waldo, and David Wroten. AMS Legal Counsel present were Mike Mitchell, David Ivers, and Blake Byrd. Guests present were Dr. Cole Peck, Dr. Mark Hahn, and Dr. Milton Hammerly.

Chairman Danny Wilkerson, MD called the meeting to order, reminded members of the AMS conflict of interest policy, and the following business was received and transacted:

1. Dr. Brad Bibb, Chairman of the AMS Finance and Auditing Committee, presented the 2019 proposed budget in Executive Session. The Board approved the budget recommendations.
2. The Board approved the minutes of the following meetings:
 - August 22, 2018 Board of Trustees Meeting
3. Dr. Nisha Viswanathan was elected to fill the unexpired term for Dr. Seth Barnes in District 2. Dr. Barnes' term ends May 2020.

4. David Wroten presented the membership and budget report and a tort reform update for information.
5. The following doctors were reappointed to the Finance and Audit Committee with terms of January 2019 – December 2020: Dr. Sam Bledsoe, Dr. Danny Wilkerson, Dr. Lee Archer, and Dr. Kristen Lienhart.
6. The Board discussed a pending lawsuit to lift midwife restrictions in the state. Upon motion, the Board voted to allow AMS attorneys to intervene in the lawsuit to dismiss if deemed necessary.
7. Dr. Brad Bibb led a discussion on Point of Care. Members agreed AMS should research to determine what other states are doing on this issue and contact the AMA for their position.
8. AMS Board members discussed the following three issues:
 - What are three most valuable benefits of your AMS membership that you would share with a non-member colleague?
 - What do you think are the biggest challenges with recruiting and retaining members?
 - What can AMS do to bring more value to current and potential members?

This information will be used for membership recruitment and retention efforts.

There being no further business the meeting adjourned.

January 30, 2019

The Arkansas Medical Society Board of Trustees met at 4:00 p.m. on Wednesday, January 30, 2019, at the Little Rock Club. Members attending the meeting were Drs. Lee Archer, Bradley Bibb, Dale Blasier, Samuel Bledsoe, Calvin Bracy, Amy Cahill, Kay Chandler, George Conner, William Dedman, Jacob Dickinson, Gina Drobeno, Gary Edwards, Matt Haustein, Michael Hickman, Jim Ingram, Larry (Jack) Johnson, Kristen Lienhart, Tim Paden, William Reding, Carolyn Reeves, Chad Rodgers, Jeremy Saul, Shane Smith, Matthew Spond, Shannon Swift, Joe Thompson, Toby Vancil, Danny Wilkerson, Ngozidilenna Wilkins, Dennis Yelvington, Robert Zimmerman, and Nisha Viswanathan. AMS Past Presidents present were Drs. Omar Atiq, G. Edward Bryant, Scott Ferguson, Lloyd Langston, Larry Lawson, Stephen Magie,

and Gene Shelby. AMS staff present were Billie Jean Davenport, Alanna Scheffer, Laura Haywood, Scott Smith, Kay Waldo, and David Wroten. AMS Legal Counsel present was David Ivers. Guests present were Dr. Julie MacNeil and Dr. Nate Smith.

Chairman Danny Wilkerson, MD called the meeting to order, reminded members of the AMS conflict of interest policy, and the following business was received and transacted:

9. The Board approved the minutes of the November 2, 2018 Board of Trustees Meeting.
10. Dr. Julie MacNeil of Pine Bluff was elected to fill the unexpired term for Dr. Doug Coleman in District 4. Dr. Coleman's term ends May 2020.
11. David Wroten presented the membership and budget report for information. He reminded Board members that AMS would be holding elections for district trustees Feb. 15-28. Nominations are also being accepted for the Askelpion and Shuffield awards.
12. Upon motion, the Bylaws Committee will review and consider a recommendation to allow districts that have had a drop in membership to have one year to regain the membership before losing a trustee.
13. David Wroten and Scott Smith discussed the 2019 Legislative Session and discussed the issues AMS would be working on during the 2019 legislative session. Board members were encouraged to get involved and respond to calls for action.
14. Board members were encouraged to attend the Annual Membership Meeting on April 26, 2019, in Little Rock.
15. Dr. Danny Wilkerson, Chairman, asked Board members to contact him should they have any suggestions for when AMS Board of Trustees meetings should be held. The Board typically meets four times a year on a Wednesday and/or Friday.
16. Highlights of an AMA Interim Meeting were provided for information.
17. The final letter in response to a CMS request for feedback on the Open Payments Program reporting requirements was provided for information.

There being no further business the meeting adjourned.
AMS

Minutes of the
**Medical Education Foundation for Arkansas
 Board of Directors Meeting**

Alan K. Wilson, MD, President

May 5, 2018

The Medical Education Foundation for Arkansas (MEFFA) Board of Directors met at 12:00 p.m., on Friday, May 5, 2018, at DeGray Lake State Park. Members present were Drs. Alan Wilson, Amy Cahill, Jim City, Scott Cooper, James Graham, and Chris Westfall. David Wroten and Penny Henderson, Arkansas Medical Society, also attended the meeting.

The following business was received and transacted:

1. Minutes of the May 5, 2017 meeting were approved.
2. The Board re-elected current officers for 2018-2019:
 Alan Wilson, MD – President
 Jim City, MD – Vice President
 Steve Magie, MD – Secretary/Treasurer
3. The Board reviewed financial information and 2018 tax return.
4. Prior year contributions were reviewed.
5. The Board discussed funding requests for 2017-2018. The Board approved the following requests from UAMS:
 Total Amount of Grants for 2018: \$46,138

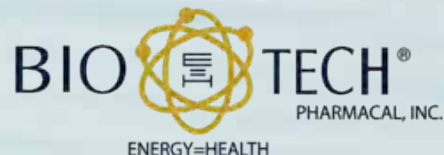
\$ 2,500.00	COM Curriculum – support for the annual Teach the Teacher Conference
\$13,908.00	Surgical Visualization for Clinical Procedure Teaching Lab - equip the CPTL laboratory with steel shelving, storage drawers, two ceiling-mounted surgical lamps, two ceiling-mounted cameras, a computer, and two NextGen GE LOGiQe Ultrasound laptop machines with four probes.
\$ 1,000.00	Geriatric Virtual Reality – expand the experiential portion of the week of Geriatrics topic in the M4 year with virtual reality including dementia, delirium, hearing, and vision loss.
\$ 7,980.00	Breast exam and needle biopsy simulator – to enable students to differentiate between normal and abnormal breast examinations and different breast pathologies.
\$ 8,000.00	Ultrafest – to provide medical students with the opportunity to gain hands-on experience and knowledge of Point of Care Ultrasound via a regional symposium held at UAMS.
\$ 9,750.00	Food as Medicine – introduce medical students to the concept of Culinary Medicine through two didactic lectures and a “hands on” three-hour cooking session where they will prepare a healthy meal at the Culinary Arts and Hospitality Management Institute of Arkansas.
\$ 3,000.00	AMS Distinguished Lecture Series – grants of \$1,000 for each of the following speakers: <ul style="list-style-type: none"> • Larry Suva, PhD, College of Vet Medicine, Texas A&M (requested by the Department of Physiology) • Angela Catic, MD, Baylor College of Medicine (requested by the Department of Geriatrics) • Brenda Roman, MD, Boonshoft College of Medicine, Wright State University, (requested by the Department of Psychiatry)
\$46,138.00	

There being no further business, the meeting adjourned. AMS

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ARKANSAS STATE MEDICAL BOARD

2018 ANNUAL REPORT

The 2018 members and officers of the Arkansas State Medical Board are as follows:

Robert E. Breving, Jr., MD, Chairman
 Bob E. Cogburn, MD, Vice Chairman
 Veryl D. Hodges, DO, Secretary
 John H. Scribner, MD, Treasurer
 Omar T. Atiq, MD

Rhys L. Branman, MD
 Rodney L. Griffin, MD
 Mrs. Marie Holder
 Larry D. "Buddy" Lovell
 Don R. Phillips, MD

William L. Rutledge, MD
 Sylvia D. Simon, MD
 David L. Staggs, MD
 John B. Weiss, MD

The Board met bimonthly and addressed complaints, hearings, and other pertinent business affecting health care in the state of Arkansas.

2018 Licensing Statistics (As of 1/5/19)

Medical Doctors and Doctors of Osteopathy Licensed	865
Medical Doctors and Doctors of Osteopathy (total).....	10,795
Medical Doctors and Doctors of Osteopathy (in state).....	6,900
Occupational Therapists Licensed	145
Occupational Therapists (total)	1,673
Occupational Therapy Assistants Licensed	131
Occupational Therapy Assistants (total)	864
Physician Assistants Licensed	66
Physician Assistants (total)	482
Respiratory Care Therapists Licensed	107
Respiratory Care Therapists (total)	2,055
Medical Corporations Registered.....	78
Medical Corporations (total).....	1,102
Radiologist Assistants Licensed.....	0
Radiologist Assistants (total)	6
Radiology Practitioner Assistants (total).....	4
Withdrawn Applications	20
Surgical Technicians Registered	363
Surgical Technicians (Total).....	289

Summary of Board Proceedings for 2018

Individual Discussions and Issues (total)	427
Complaints (including investigations and other issues involving licensed practitioners)	370
Issues.....	57

Summary of Board Proceedings for 2017

Suspension.....	15
Revocation.....	2
Revocation/Stayed	0
Surrendered in lieu of further action.....	2
Reprimand.....	0
Consent Orders.....	15

Complaint Allegations (including investigations)

2 Advertising
30 Attestation/Renewal Affirmative Answers
13 Arkansas Medical Foundation Reports
21 Behavior/Attitude
13 Billing/Insurance Issues
12 Board Actions Taken by Other States
5 Criminal Allegations
3 CME/CEU Issues
4 Communication Issues
39 Dissatisfaction with Treatment/Procedure
3 Ethics
4 HIPAA Issues
15 Hospital Reporting
7 Inmate Allegations
10 Inappropriate Prescribing
47 Lack of Attention to Medical Needs
7 Malpractice Regulation 23
18 Medical Records – Failure to Provide
2 Medical Records –Discrepancy
5 Misdiagnosis
27 Miscellaneous
15 Over-Prescribing/Over-Testing
2 Patient Abandonment
8 PDMP Violation
1 Physician Inquiries
9 Doctor Refuses to Prescribe/Refill Pain Meds
2 Didn't/Won't Comply with Patient's Request to Complete Paperwork
1 Staff Generated
9 Sexual or Romantic Relationship
1 Telemedicine
13 Terminated Patient
19 Licensure Issue
3 Update

To see the amended regulations for the calendar year as well as the full report, visit <http://www.armedicalboard.org>. AMS



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