ARKANSAS MEDICAL SOCIETY

JOURNAL
OF THE ARKANSAS MEDICAL SOCIETY

FALL **2023** VOLUME **120** NUMBER **2**

PRIOR AUTHORIZATIONS TURN GOLD IN ARKANSAS

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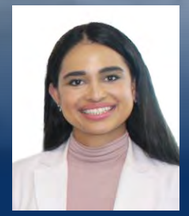

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OF THE ARKANSAS MEDICAL SOCIETY

Established 1880, the Journal of the Arkansas Medical Society is owned and edited by the Arkansas Medical Society and published quarterly under the direction of the AMS Board of Trustees.

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DISTRIBUTION: The Journal of the Arkansas Medical Society (ISNN 0004-1858) is published quarterly by the Arkansas Medical Society, 10 Corporate Hill Drive, Suite 300, Little Rock, AR 72205. Subscription rate: $30.00 annually for domestic; $40.00, foreign; $3.00, single issue.

Periodicals postage is paid at Little Rock, AR, and at additional mailing offices. The Journal is printed by Walsworth Press Inc., Fulton, MO 65251.

Postmaster: Send address changes to:
The Journal of the Arkansas Medical Society,
P.O. Box 55088, Little Rock, AR 72215-5088.

Articles and advertisements published in The Journal are for the interest of its readers and do not represent the official position or endorsement of The Journal or the Arkansas Medical Society. The Journal reserves the right to make the final decision on all content and advertisements.

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FROM THE PRESIDENT

EASING A DAILY BURDEN

BY **ANTHONY JOHNSON, MD**
2023-2024 AMS PRESIDENT

PRIOR AUTHORIZATION (PA) IS A MANAGEMENT PROCESS USED BY INSURANCE COMPANIES TO DETERMINE IF A PRESCRIBED PRODUCT OR SERVICE WILL BE COVERED. PA'S ORIGINATED WITH UTILIZATION REVIEWS, BEGINNING WITH THE MEDICAID AND MEDICARE LEGISLATION IN THE 1960S. IT STARTED AS A WAY TO AUDIT ADMISSIONS; WE NOW SEE IT USED TO ENSURE THAT A SPECIFIC TREATMENT IS APPROPRIATE AND MEDICALLY NECESSARY. FREQUENTLY, IT NOW SEEMS TO BE USED AS A TOOL TO DECREASE THE COST OF CARE RATHER THAN IMPROVE THE QUALITY OF CARE.

In my pediatric practice, prior authorization is a daily occurrence. At least one of my nurses spends the majority of their workday completing paper forms and faxing, filling out forms online, spending time on hold, and talking to insurance company representatives to obtain approvals for medications and tests that my partners and I have ordered. The time my nurse spends is not reimbursed but is currently the only way to obtain the necessary care for my patients.

One specific example is when one of my patients has a fall at school or home and is brought to me at the clinic rather than going to the ER. With a head injury, I can assess the child much more easily because I know the patient and family, and I have their history and I know what the child was like prior to the injury. When a CT is indicated, I have two options: either send the patient to the ER or go through the prior authorization process and then schedule the procedure.

Going to the ER significantly increases both the time and cost of care, although both options add hours to the evaluation process of a child and family who has already had an awfully bad day. Also, the delay in diagnosis increases the risk of harm to my patient if there something significant is going on.

When I was growing up and had started driving, I knew I had to ask permission to borrow the car when I wanted to go to a friend's house. Eventually, my parents trusted me enough to not have to ask before I went somewhere, and I was even lucky enough to be given a car to drive. Even though I am in my 40th year of practice, I still must ask permission to provide the medically necessary care my patients need.

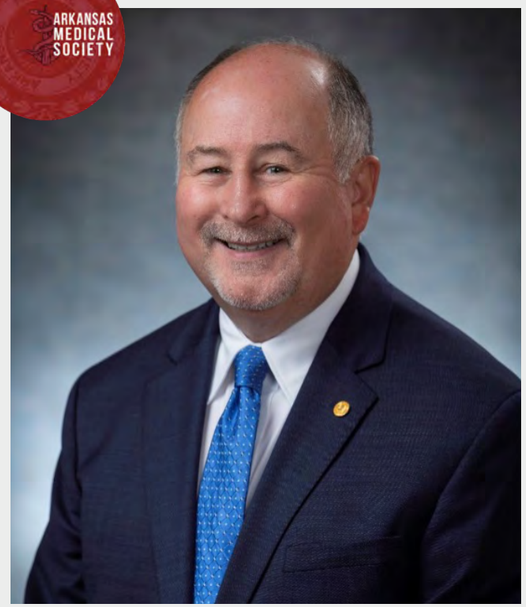
Arkansas' new prior authorization Gold Card law will be a first step in changing how physicians order and provide the medical care our patients need. Our Arkansas Medical Society community collaborated closely with legislators to get this bill passed, and we are now working on implementing this new law.

Currently, only two other states have a fully implemented Gold Card policy, Texas and West Virginia. Hopefully, we have learned from their experiences. Once implemented, our Gold Card policy will result in an improved process that will enable our patients to receive the care they need as we strive to provide high quality and cost-effective medical care. Our Arkansas Medical Society, with the help of the AMA and Arkansas physicians, will be vigilant during this implementation process.

Please reach out to us if you would like to be a part of the implementation of a process that has the potential to be a huge benefit to our patients and to each one of us.

THANK YOU

PLEASE JOIN IN CONGRATULATING DAVID WROTEN FOR 40 YEARS OF SERVICE TO THE ARKANSAS MEDICAL SOCIETY.



David joined the then Fort Smith-based association on October 1, 1983, in the position of Professional Relations Coordinator. In June 2005, Wroten was promoted to Executive Vice-President and was quoted in the Journal of the Arkansas Medical Society saying, **"Never in a million years did I think I would be with the same employer for 10 years much less 22."**

Well now it's been 40 years, and the Arkansas Medical Society is still in his very capable hands.

Thank you, David!

FEATURE STORY

PRIOR AUTHORIZATIONS TURN GOLD IN ARKANSAS

BY CASEY L. PENN

If you want to get physicians or clinic managers riled up, or worse, feeling weighed down, just ask how they feel about prior authorization (PA). A new AMS-supported law in Arkansas, commonly known as the Gold Card bill, seeks to reduce that PA burden, which two Arkansas clinicians described as a relentless challenge.

"Prior authorizations are a hassle at best, and a barrier to quality patient care at worst," said Anita Sellers, office manager for Bruce Brown, MD, at Arkansas Orthopaedic Center in Russellville. "It depends on the insurance company you're dealing with as to how much of a hassle it is. [_____] is out of control and a nightmare."*

Sellers shared numerous examples of how PAs are so burdensome, including four-hour phone calls, bogus denials, denials after confirmed approvals, ridiculous peer-to-peer attempts, and more. Sharing one possible scenario, she said, **"A patient can be in here with a locked knee and a positive finding on their MRI with a tear and insurance may not approve surgery because the patient hasn't had six weeks of physical therapy."**

At the heart of PA frustration is the time it takes away from patient care and the feeling that those on the other side of the approval process seem to lack associated medical knowledge. Sellers illustrated, "[_____,] for example, has a long list of 'guidelines' that may or may not apply to our situation. If the doctor doesn't touch on each of these in his dictation, they will not approve the prior authorization."*

At the busy Central Arkansas ENT Clinic in Conway, office manager Jamie Blumhorst experiences similar frustrations. In business since 1995, the clinic has two otolaryngologists and one audiologist and treats about 500 patients per month. The staff must obtain PAs for things like tonsillectomies, ear tubes, and even adult hearing aids. "It's a hurdle for everyone involved, especially during the summer months when patients are trying to get ready for back to school," she complained of an approval process that is typically 15-20 business days. "Our patient load is so full that it takes two to three months for a patient to get in to see one of the doctors and then we may miss the patient's 'best time' for a procedure. Getting PAs adds that much more time to their wait. About 99% of the time they are approved, so it would be awesome not to have to go through that process."

ENTER PRIOR AUTHORIZATION GOLD CARD

For Sellers, Blumhorst, and Arkansas physicians, the new legislation should offer some breaks from the cumbersome process, particularly for physicians and clinics with a good record of approval. AMS governmental affairs director Scott Smith explained, "All around the country, not just in Arkansas, physicians experience administrative nightmares dealing with PAs. Thankfully, our friends at Texas Medical Association led the way by helping pass their Gold Card legislation in 2021, which we not only patterned our bill on, but feel we improved upon their bill."

> **"HEALTH INSURERS MAY NOT IMPOSE ANY PRIOR AUTHORIZATION REQUIREMENTS FOR HEALTHCARE SERVICES THAT ARE INCLUDED IN A VALUE-BASED REIMBURSEMENT ARRANGEMENT."**

Following the lead of Texas and other states, AMS assisted in drafting and filing the Prior Authorization Exemption or "Gold Card" bill, sponsored by Rep. Lee Johnson, MD, and Sen. Missy Irvin. This AMS top-priority bill, now signed into law as Act 575, provides a pathway for specific prior authorization exemptions. These exemptions are procedure specific, and a physician may qualify related to one service but not for another.

THE BILL IS LENGTHY WITH MANY PROVISIONS, BUT HERE ARE ITS ESSENTIALS:

- Health insurers may not impose any prior authorization requirements for health care services that are included in a value-based reimbursement arrangement.
- Starting January 1, 2024, a physician will receive a nine-month exemption from prior authorization for procedures/services that were approved at least 90% of the time during the baseline period of January 1, 2022, to June 30, 2022.
- A carrier may revoke an exemption (for specific services) if a physician's utilization during the first six months of 2024 increases by 25% or more when compared to the baseline period.
- By October 1, 2024, each insurer must notify a physician whether the specific exemptions will remain in place, based upon a retrospective review of claims submitted during the initial six-month exemption period of January 1, 2024, through June 30, 2024.
- Going forward, exemptions are valid for 12-month periods.
- An appeals process is provided for anyone denied an exemption.
- Prior authorization exemptions for prescription drugs begin January 1, 2025.

There are exclusions, Smith noted, "Unfortunately, the following are not covered by the bill: state employee plan, ERISA, municipal, and county plans. Also not immediately impacted by the bill are qualified health plans for Medicaid Expansion sold on the Marketplace and PASSES, but those plans become subject to the Act on January 1, 2025, unless they develop and submit for approval, alternatives that eliminate or reduce prior authorizations."

Also of note, the bill offers pharmaceuticals a separate timeline to establish a Gold Card on PAs for prescriptions, some of which can cost tens of thousands of dollars per dose. According to lead sponsor, Rep. Lee Johnson, MD, "Act 575 lays the groundwork for the pharmacy board and the medical board to work together to establish a list of medicines that always need prior authorization," he said.

TAKING IT A STEP FURTHER

An interesting distinction between Arkansas's bill and that of other states has to do with value-based agreements, which states in the Arkansas Gold Card bill that "Health insurers may not impose any prior authorization requirements for healthcare services that are included in a value-based reimbursement arrangement."

"As far as I'm aware, this is unique to Arkansas," said Smith. "That language is significant. Physicians working in a value-based reimbursement arrangement are already incentivized to keep costs low. It doesn't make sense for them to be dealing with prior authorizations."

Dr. Lonnie Robinson works under multiple value-based agreements at Regional Family Medicine in Mountain Home. While he doesn't see the Gold Card bill as a final solution to the burden of prior authorizations, he did support the bill's intent.

Explaining his support, he echoed Smith's thoughts, calling it "much like double jeopardy" to hold providers like himself to the burden of PAs. In his view, it's like forcing physicians to undergo the burden of prior authorization while also holding them accountable for the total cost of care. "I

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AMS HAS MOVED FORWARD IN WHAT WE CONSIDER TO BE A REASONABLE, RESPONSIBLE WAY.

think that's particularly true in value-based contracts that have downside risk for the provider," Robinson explained. "Many of our [value-based] contracts are risk-bearing, so if we spend too much money over a benchmark, then we are responsible for paying that back to the payor. For providers engaged in those, there should not only be the financial reward, but administrative relief as well."

Expressing some concerns about the bill, Dr. Robinson added, "I don't think the Gold Card bill solves the problem for providers at the practice level because of the carve-outs written into it. When you say it's not going to apply to state Medicaid; state employees; public school employees; self-insured payors like Walmart; then it really dilutes the effect. There's only a handful – primarily fully insured commercial products – that it applies to. It doesn't apply to the Arkansas Works population and so on. So again, I don't think it's a solution, but I hope it opens the conversations for a better solution."

Smith appreciated Dr. Robinson's support of the bill and his concerns as well. "There are differing opinions regarding the best approach to dealing with what can feel like a worsening situation regarding prior authorizations," said Smith. "However, there is little disagreement that something must be done, and the sooner the better. Because of this unanimity of feeling, AMS has moved forward in what we consider to be a reasonable, responsible way. If adjustments need to be made, we will do what we can to make the correct ones. Inaction on such a pervasive and growing problem for physicians across Arkansas was not an option."

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WORD FROM THE SPONSOR

Rep. Lee Johnson, MD, lead sponsor of Act 575, called the bill a "good example of the compromises that can be reached through good diplomacy" and commented on its capacity to affect change down the road. "Initially, the intent behind prior authorizations was to protect patients and consumers from unnecessary tests and procedures," said Dr. Johnson. "The problem is that over time, the PA has become more of a barrier to care than a protector of consumers. The idea of this bill is to create a system where, if you've been a responsible steward of practice, and you're consistently being approved for prior authorizations, then you're rewarded with not having to go through that step for those procedures."

Much work and discussion went into drafting and passing the bill, according to Rep. Johnson, who recalled conversations that started back in the summer of 2022 and continued into the recent session. "We met regularly with representatives of commercial payors to try to work through what was and wasn't fair in a Gold Card bill. Not everybody got what they wanted, but at the end of the day, this bill was passed almost unanimously through both chambers. It came from a lot of work even in prior sessions, such as the work that Sen. Irvin did with her prior authorization laws starting as early as 2013."

While Act 575 will have a significant impact on Arkansas physicians and clinics, Rep. Johnson hopes it helps spiral into something larger, namely changes at the federal level and across Medicare. "It's important to recognize the effect that state legislation can have on federal legislation. Right now, seven or eight states have adopted some type of gold card legislation and another dozen are looking at this type of legislation. That gets federal attention. I think Medicare is starting to look at some sort of federal policy for prior authorization at the Medicare level. Hopefully this will lead, down the road, to something even more meaningful and substantial across the board."

**Specific insurance companies names have been withheld from this article.*

WHAT HAVE WE DONE FOR YOU LATELY

MORE ON ARKANSAS' "GOLD CARD" LEGISLATION

BY DAVID WROTEN,
AMS EXECUTIVE VICE PRESIDENT

In this issue of The Journal, you'll get a deep look into AMS' signature legislative priority passed during the most recent session of the Arkansas General Assembly. Prior authorization (PA) requirements have become one of the biggest, if not THE biggest, complaints from AMS members. In the past, PA requirements were applied judiciously to expensive diagnostic tests, lengthy or expensive treatments, and procedures. They were a hassle, but manageable. Now it seems like carriers are putting everything but the kitchen sink on a PA requirement. Clinics tell us about having to have at least one full-time person dedicated to nothing but obtaining PAs.

The Gold Card concept is the culmination of a decade-long effort to trim the administrative burden of PA requirements. AMS started with passing legislation that placed time limits on the approval process. Later, we added requirements for posting the criteria that carriers use to approve or deny PA requests, and then added provisions for same-specialty reviews and expanded applicability to prescription drugs and other services.

The Gold Card is the first effort that actually removes the burden of obtaining PA, although, you won't find the phrase "Gold Card" anywhere in the legislation. The language in the laws refers to an exemption from PA requirements, but for purposes of understanding and discussions, Gold Card, seems to make more sense.

Put simply, if you have a 90% or better approval rate on PA requests for specific medical services, the burden of obtaining those PA's is waived for a period of time. The original Texas legislation provided for a six-month exemption, but in the Arkansas bill, we improved on that to make it good for a full 12 months. Prior to the end of that 12-month period, carriers will have to perform retrospective reviews to determine whether to extend that exemption for the next 12-month period. Probably sounds simpler than it will actually be.

THE GOLD CARD CONCEPT IS THE CULMINATION OF A DECADE-LONG EFFORT TO TRIM THE ADMINISTRATIVE BURDEN OF PA REQUIREMENTS.

The other improvement AMS made to the Texas bill was to include a provision prohibiting all PA requirements for services provided within a value based-reimbursement model. There is also a provision that would apply the Gold Card provisions to a "group" of physicians/providers with the same tax ID, rather than an individual, provided no one in the group objects… think in terms of a clinic wanting to be reviewed as a group rather than each individual physician in the clinic.

As is pointed out in the full article, the Gold Card legislation, much like other insurance related laws, won't apply to some health plans. State regulation of ERISA (self-funded) plans is prohibited by federal law. Medicaid expansion plans, PASSE plans, as well as federally funded individual marketplace plans have been given until the end of 2024 to come up with their own programs to reduce or eliminate PA requirements. If these plans fail to come up with adequate programs, they will then become subject to the Gold Card provisions.

Provisions related to value-based reimbursement models are currently in effect. The other provisions become effective January 1, 2024, and begin with an initial nine-month Gold Card based on a review of claims subject to PA during January 2022 through June 2022.

Two things to keep in mind, however. It is possible for an individual physician to have a Gold Card for some services but not for others. The 90% threshold is specific to each service subject to a PA. Also, if you don't hit the threshold for a specific service, you might choose to focus more on meeting the PA criteria for that service to hit the 90% during the next review period.

Bottom-line...this legislation is good news for Arkansas physicians and their patients. However, AMS is not naïve, and this isn't going to solve all the PA problems. But rest assured, with each legislative session every two years AMS will continue looking for solutions to these and other problems faced by Arkansas physicians.

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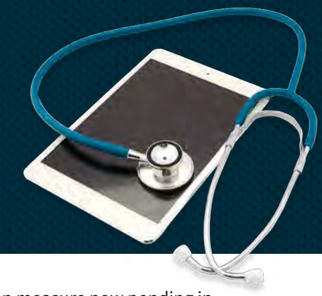
AMA UPDATE

WHY WE NEED TO BUILD UPON LATEST GAINS IN TELEHEALTH

BY SCOTT FERGUSON, MD
AMA BOARD OF TRUSTEES

POWERED BY THE PRESSING NEED FOR UNINTERRUPTED PATIENT CARE DURING THE COVID-19 PANDEMIC, TELEHEALTH EXPERIENCED EXPONENTIAL GROWTH OVER THE PAST FEW YEARS TO BECOME AN ESSENTIAL ELEMENT OF HEALTH CARE DELIVERY. TELEHEALTH REMAINS PARTICULARLY VALUABLE FOR PATIENTS DEALING WITH CHRONIC ILLNESSES AND/OR MOBILITY ISSUES, AS WELL AS THOSE RESIDING IN RURAL AREAS AND IN MARGINALIZED COMMUNITIES.

ONE OF THE MOST IMPORTANT FACTORS DRIVING THE GROWTH OF TELEHEALTH DURING THE PANDEMIC WAS ACTION AT THE FEDERAL LEVEL TO STRIP AWAY MANY OF THE LIMITS THAT GREATLY LIMITED MEDICARE REIMBURSEMENT FOR VIRTUAL CARE.



The American Medical Association (AMA) defines telehealth as a digital health solution that connects patients and clinicians through real-time audio and video technology, and can be used as an alternative to traditional in-person care delivery. The AMA recognizes the vital role that digital health technology will continue to play in health care, which explains its inclusion as one of the five pillars comprising our Recovery Plan for America's Physicians. (https://www.ama-assn.org/amaone/ama-recovery-plan-america-s-physicians)

This strategic blueprint outlines the fundamental changes required to create a health system that better supports patients and physicians. In addition to an aggressive expansion of telehealth policies and resources, the Recovery Plan calls for:

- Reforming Medicare reimbursement to promote thriving physician practices and innovation (https://www.ama-assn.org/practice-management/medicare-medicaid/current-medicare-payment-system-unsustainable-path-contact)
- Stopping scope creep that threatens patient safety (https://www.ama-assn.org/practice-management/scope-practice/ama-successfully-fights-scope-practice-expansions-threaten)
- Fixing prior authorization to reduce the burden on practices and minimize dangerous care delays for patients, and (https://www.ama-assn.org/practice-management/prior-authorization/prior-authorization)
- Reducing physician burnout and addressing the stigma around mental health (https://www.ama-assn.org/practice-management/physician-health/measuring-and-addressing-physician-burnout).

Each of these objectives is within our grasp, and achieving them will streamline health care delivery, improve patient care, and support innovation while simultaneously allowing us to respond more effectively to future public health emergencies.

One of the most important factors driving the growth of telehealth during the pandemic was action at the federal level to strip away many of the limits that greatly limited Medicare reimbursement for virtual care. For example, before the Covid-19 public health emergency was declared early in 2020, Medicare covered only a limited number of telehealth services – and even then, only for patients who lived in rural areas who had traveled to a medical facility to receive them.

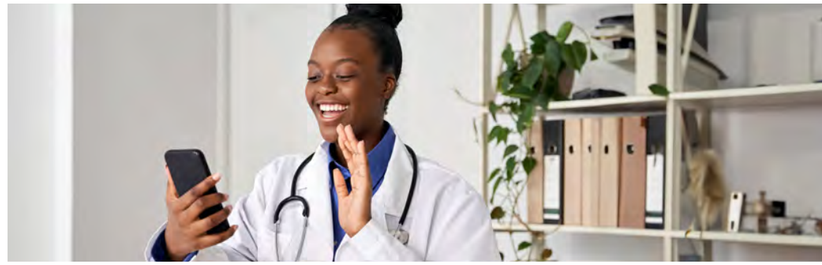
But as the pandemic took hold, the AMA was at the forefront of the effort to strip away these and other restrictions so that patients across the nation could receive telehealth services in their own homes. As the pandemic-related public health emergency wound down, our advocacy focus shifted to ensuring that the revised policies that fueled telehealth expansion remained in place.

As a result, we helped secure passage of legislation at the federal level that extends much-needed telehealth flexibilities through the end of 2024. Currently, we are working to bolster support for the CONNECT for Health Act of 2023, a bipartisan measure now pending in Congress that would expand Medicare coverage of telehealth services even further while ensuring that pandemic-related flexibilities become permanent.

At the same time, the AMA is always working to provide the information, tools and resources that physicians need to integrate telehealth services into their practices as seamlessly as possible. For example, check out this webinar from the AMA Advocacy Insights series in September 2023 that examined emerging state models of physician licensure flexibility to broaden telehealth access. https://www.ama-assn.org/about/events/ama-advocacy-insights-webinar-series-emerging-state-models-physician-licensure

Giving physicians a voice in the development and implementation of digital health technology is a key element in achieving this goal. And because a lack of sustainable payment policies puts continued access to telehealth services at risk, we are committed to ensuring that physicians are compensated fairly for providing these services.

Telehealth is here to stay, and our health care system is better for it. Ensuring that physicians are involved throughout the telehealth equation will enhance patient wellness, advance equity in health care, and help our nation confront the ever-increasing burden of chronic disease.



FOR YOUR PRACTICE

WHERE IS "THAT" IN WRITING?

BY **TEREASA HOLMES, CMPE**
AMS DIRECTOR OF PRACTICE AND HEALTH POLICY

AS PRACTICE MANAGERS, YOU FACE A VARIETY OF OPERATIONAL AND PROCEDURAL CHALLENGES, WITH COMMON ISSUES LIKE BILLING, MEDICAL RECORDS, PROPER CODING, PATIENT CONFIDENTIALITY, AND SATISFACTION. ALSO FACTORED INTO THE CHALLENGES INCLUDE STAYING ABREAST OF HEALTH CARE POLICY CHANGES, LAWS, MARKETING, SOCIAL MEDIA, INCLUSION, AND DIVERSITY. WHILE ALL THESE CHALLENGES MAY SEEM OVERWHELMING, ONE SOLUTION THAT IS OFTEN OVERLOOKED IS THE IMPORTANCE OF POLICIES AND PROCEDURES.

Policies and procedures are the fibers that hold organizations together and can provide a roadmap to streamline your work. With patient care being the number one focus in health care, the staff and employees should have policies and procedures in place that readily uphold their focus so that patient care can run efficiently.

Policies and procedures should be unique and tailored to fit your clinic. Writing and maintaining a policy and procedure manual is an exhaustive ongoing task and should be viewed as "a living document." When your staff understands their responsibilities, expectations, and proper procedures, optimal results should follow. Policies and procedures should enable staff to be more confident, efficient, organized, and allow more time to complete other tasks.

It's important for the clinic to have a combination of health safety, administrative, and human resources employee policies and procedures to cover all aspects of a medical practice.

> **"IF YOU CANNOT DESCRIBE WHAT YOU ARE DOING AS A PROCESS, YOU DO NOT KNOW WHAT YOU ARE DOING."**
> **- W. EDWARDS DEMING**

HERE ARE JUST A FEW EXAMPLES OF WHAT SHOULD BE CLEARLY IDENTIFIED:

- **General Human Resource Operations:** Dress codes, vacations, sick days, work hours.
- **Code of Ethics:** Respect, honesty, fairness, accountability, compliance.
- **Code of Conduct:** Acceptable and unacceptable behavior, harassment, confidentiality
- **Training:** Adequate and recurring training and materials necessary to perform the duties of all staff.
- **Social media:** What employees are allowed to post during work hours and off work, reflections on the clinic, opinions which could cause harm.
- **Electronics:** Allowed devices at workstations accessing work emails, internal documents.
- **Wellness:** Employee development, promote healthy living.
- **Safety:** Personal protective equipment, exposure to substances like chemicals, infectious agents, or drugs; and any physical hazards in and around your facility.

While it may seem like just another challenge added to an already long list, policies and procedures, when followed, ensure efficiency, consistency and quality in the services provided to your patients. There are numerous resources available to assist in establishing policies specific to your clinic. As Orion Swett Marden stated, ***"A good system shortens the road to the goal."***

BUILDING A STRONG FOUNDATION

BY **H. SCOTT SMITH, JD,**
AMS DIRECTOR OF GOVERNMENTAL AFFAIRS

Can we all agree that having a strong foundation is important? Whether we're talking about construction, sports, or political action, successful, long-lasting endeavors require a strong foundation. Without it...good luck.

Before the first bang of the gavel opening the January 2025 session, the foundational work must be done. While the 2023 legislative session was successful, the AMS legislative team is already preparing the foundational work by reviewing ideas for new legislation, meeting with legislators, and attending fundraisers. But the most important piece of the foundation of the 2025's legislative session is making sure we have physician-friendly legislators. And to have them elected, they must have successful campaigns.

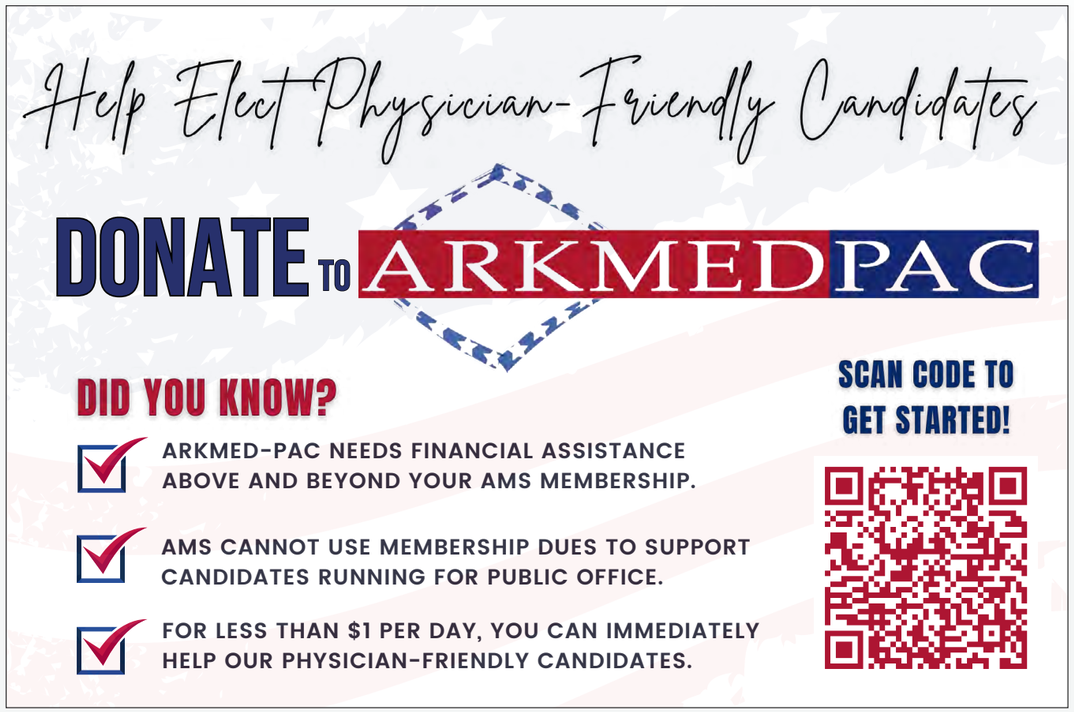
Campaigns are expensive. Last election cycle, one campaign for the Arkansas House of Representatives cost more than $100,000, and House campaigns are generally LESS expensive than campaigns for the state Senate.

Your AMS dues help pay for our direct advocacy efforts like lobbying the Arkansas legislature and our Congressional delegation; however, **AMS dues cannot be used to financially support candidate campaigns for public office**.

Donations to **ArkMed-PAC enables AMS members to financially help physician-friendly candidate campaigns**…and this is why ArkMed-PAC needs your donation above and beyond your AMS membership dues.

The more donations received from AMS members; the more financial support ArkMed-PAC can provide to physician-friendly campaigns. **Your small contribution of less than $1 a day will immediately help** our non-partisan ArkMed-PAC Board (made up of AMS member-physicians from across the state) support physician-friendly candidates from your area and around the state.

To donate to ArkMed-PAC, scan the QR code below or you can send a personal check, made payable to ArkMed-PAC, to Arkansas Medical Society, P.O. Box 55088, Little Rock, AR 72215.



ACEs and Addiction

CHAD T. RODGERS, MD, FAAP, CHIEF MEDICAL OFFICER, AFMC; PARTNER AND PEDIATRICIAN, LITTLE ROCK PEDIATRIC CLINIC

Healthcare providers have long recognized the connection between past experiences and addiction. A growing body of scientific evidence supports the impact of Adverse Childhood Experiences (ACEs) on immediate and long term physical and mental health issues on our patients. The more ACEs you have experienced, the more likely you are to suffer from chronic medical conditions like heart disease, diabetes, inflammatory diseases, and cancer as well as depression, anxiety, and substance abuse.

Substance abuse by a family member in a home is part of the original ACEs Study completed by Drs. Vincent Falletti and Robert Anda in the late 1990's in connection with Kaiser Permanente and the CDC. Not only does it cause significant toxic stress and household dysfunction, but it is also most commonly the result of intergenerational trauma, the substance abuser having a history of ACEs passing down trauma to children and young children in the household. It is a vicious cycle.

These ACEs are common and occur throughout the state of Arkansas and in all types of families and communities. Poverty, homelessness, discrimination, and violence perpetuate these ACEs. Arkansas ranks first for children who have experienced at least one ACE and among the highest for children who have experienced three or more ACEs. Arkansas also ranks highest in opioid prescription rates and substance abuse disorders.

It is well established that individuals who have suffered traumatic stress have higher rates of depression. And depression, as well as anxiety, increases rates of addiction. Stress has multiple effects on the body (increased heart rate, blood pressure, release of glucose) but also has impact on the brain causing the "flight or flight" response of the brain. Children during crucial times of brain development in the first five years of life, experience a prolonged "activated stress response" leading to hypervigilance and perceived threats that may or may not be real. This has tremendous impact on the development of the neocortex with decision making occurs but also the limbic system where stress responses and memories are formed.

Sensory input of a threat most commonly in through our eyes and our ears but can include our other senses as well. Information is relayed to the Thalamus of the limbic system where it is relayed more quickly to our amygdala and not as quickly to our neocortex. The Amygdala is the "alarm" system of our brain and quickly detects threats before our consciousness is even aware. Dopamine is released into the amygdala by the hypothalamus in response to threats and rewards. Closely related is the hippocampus that is involved in memory making and retrieving. It sends messages to the neocortex but places a role in emotional processing including anxiety and avoidance behaviors. It is very vulnerable to stress, disease, and drug withdrawal. The Nucleus Acumbens is part of the brain's reward system also known as the" pleasure center". Pleasure increases dopamine levels but gets "hijacked" by addictive substances that cause greatly increased levels of dopamine in the brain (meth increases it by 10-fold). Dopamine is also what motivates us to push through challenges to a reward. The repeated attack of toxic stress leads to the dysregulation of this process increasing the need for more. When the brain doesn't receive more, it starts craving more. Thus, the development of addiction or "ritualized compulsive comfort-seeking". Stimuli that may or may not threats often become very distorted and lead to "triggering" of these survival mechanisms of the brain. In response, humans must adapt to survive and may acquire behaviors to improve their internal state despite the fact that those responses may or may not be harmful to themselves or others. What we see as "bad behaviors" are actually maladaptive behaviors that developed to survive when supportive and trusting relationships with adults was minimal or did not exist during times of stress.

Addiction has been most often seen as a "moral failure" in our society. Addictive substances are very powerful, and their impact are hard to overcome. A better understanding of the impact of trauma on the developing brain leads to a greater understanding of addiction and how to address it. It also builds empathy among health care providers to make the trauma informed shift from not "what is wrong with" to "what happened to" our patients. Understanding of the science improves our treatment for patients dealing with addiction.

Patients need increased understanding and less judgement for their treatment. Appropriate screening, diagnosis, and referral for treatment increase the likelihood of success. Many of the conditions that we struggle to improve for our patients – both physical and mental – will not improve without addressing trauma and addiction. Our patients also suffer from all kinds of addictions including substance abuse but also overeating, excessive shopping, stressful codependent relationships, and others that need to be brought to light. ACEs screening is a good way to access past trauma and improve patient-doctor relationships and outcomes. Appropriate referrals to substance abuse treatment and community-based supports increases the likelihood of success.

Adults recognizing and addressing their own trauma can help the next generation and prevent the vicious cycle of intergenerational trauma. Health care providers also should recognize their own trauma and any concurrent addiction and seek appropriate help. Doctors, nurses, and other health professionals can not take good care of patients without taking good care of themselves. Arkansas needs increased Trauma Informed Care (TIC) by our medical providers in our state and resources for substance abuse treatment and community support.

Resources are available for health care professionals experiencing mental or emotional illness or a chemical dependency. To learn more, visit the Arkansas Medical Foundation at arkmedfoundation.org. ▲

Dr. Rodgers is a board-certified pediatrician and physician at Little Rock Pediatric Clinic. He received his medical degree from the University of Arkansas for Medical Sciences and completed his residency at Arkansas Children's Hospital, also serving as Chief Resident of Pediatrics. He has served as president of the Arkansas chapter of the American Academy of Pediatrics and on the board of directors of the Arkansas Medical Society. Dr. Rodgers served on AFMC's board of directors from 2011 until 2015 when he resigned to become AFMC's chief medical officer.

SPECIAL TO THE JOURNAL

BENEFITS OF PROVIDER DISPENSING

BY **PAUL W. SULLIVAN PHARMD, MBA, CPH, FACHE**
A-S MEDICATION SOLUTIONS

According to a 2017 CDC study, between 20% and 31% of patient medications are never filled, leading to decline in patient health conditions. As a result, we see a drastic rise in health care expenses to treat more complex disease states or other patient related issues that may have resulted from medication noncompliance.

Provider dispensing is one solution to assist with improved medication adherence and reduction in overall health care costs on all levels.

Arkansas is one of only nine states that place significant restrictions on provider dispensing, as almost 80% plus of states fully allow for this value-added practice. Arkansas' restrictive permitting requirements render provider dispensing virtually unfeasible. A licensed provider can only be granted a dispensing permit in rural areas as a result of long-distance travel by a patient to a retail pharmacy to fill their medications. *Please see note at end of the article for an update on Arkansas law.*

Provider dispensing in the office can assist with improved medication adherence and ultimately better patient outcomes and a total reduction in health care costs. Provider dispensing allows physicians to dispense medications directly to their patients in real-time and discuss all aspects of patient care with their patients during their office visit.

There are numerous tangible benefits to provider dispensing, including:

- **Improved Medication Compliance and Convenience**
  Patients can procure their medications during their doctor's office visit without traveling to an outside retail pharmacy, as this will save time and reduce inconvenience for each patient.
- **Improved Patient Satisfaction**
  Patients can discuss their medication profile directly with their provider and can discuss all aspects of their medication regimens including adverse drug reactions, side effects, indication, and frequency of use.
- **Improved Medication Timeline**
  Patients will avoid any wait time associated with retail pharmacy dispensing. In addition, patients can have all their applicable insurance adjudication barriers resolved in a quick and timely fashion as the provider-driven formulary would prevent any gaps in filling time.
- **Improved Patient Outcomes**
  By utilizing dispensing and improving medication adherence, we should see an overall improvement in patient outcomes, resulting from medication management therapy and a reduction in additional more complex patient disease states due to a lack of mediation adherence.
- **Safety and Ease of Use**
  Providers can efficiently and safely verify the accuracy of the medication dispensed by the medical technician. In addition, providers can check for drug-to-drug interactions that may cause serious harm to their patients.

A-S Medication Solutions (ASM) and its affiliates are privately-owned companies founded in 1968. ASM is the leading provider of on-site dispensing and currently services over 3,600 provider dispensing sites as well as several on-site close system pharmacies. ASM is registered with the FDA, DEA, and licensed with all 50 states and focuses on a closed system distribution model capable of providing medications to both clinics and pharmacies at all levels.

In addition, ASM is a Verified-Accredited Wholesale Distributor with the National Association of Boards of Pharmacy, which validates a secure medical supply chain at the highest levels by the prestigious national association of boards of pharmacy. Finally, the ASM model allows for pre-packed medications to be sent directly to on-site clinics to allow for provider dispensing and improved medication adherence on all levels.

Overall, provider dispensing provides a convenient method in a timely manner for patients to fill and discuss all applicable medications in real-time with their provider during their office visit. ASM can assist with the provider dispensing model by providing an array of pre-pack medications directly to both employee health and primary clinics as well as closed-system pharmacies.

Note: The Arkansas Medical Society has successfully passed legislation that loosens some of the restrictions on physician dispensing. A dispensing permit is no longer required for topical medications, Naloxone, nicotine replacement therapy products, contraceptives, acute care medications, and initial prescriptions for maintenance medications. For more information, including definitions for acute and maintenance medications, see Arkansas Code Annotated 17-95-102, or visit the Arkansas State Medical Board website.

To contact A-S Medication Solutions, scan QR code.

SPECIAL TO THE JOURNAL

CYBER EDUCATION IS MORE THAN A MEETING

BY RANA MCSPADDEN, FACMPE
MEDICAL PRACTICE CONSULTANT
AND ANALYST, SVMIC

SVMIC

A practice does not need to implement the most expensive technology or hire full-time IT staff in order to comply with the HIPAA Security Rule. So long as policies and procedures, technology, and physical safeguards which are appropriate for the size of the practice are put in place, compliance is achievable. However, if staff members are not trained in the prevention of cybersecurity incidents, all other prevention measures may be for nothing. Staff are on the front lines of cybersecurity and, without the proper knowledge and skills to recognize risks, may leave themselves and the practice vulnerable. Firewalls cannot prevent hackers from accessing systems if staff members inadvertently give them their login credentials or download malware through infected links sent through a phishing email. Device encryption is futile if staff members do not log out of the system before walking away from their workstation or laptops, allowing someone to walk up and access anything in the system.

In addition to HIPAA privacy education, security awareness and training should also be provided to all members of a practice's workforce.

WHO SHOULD RECEIVE EDUCATION?

Every member of the practice workforce should receive education. This includes staff, management, and providers. Anyone who has access to the practice's systems, including any temporary staff or students, should receive education on their role in preventing cybersecurity incidents.

HOW OFTEN SHOULD EDUCATION BE PROVIDED?

As with general HIPAA education, all new workforce members should receive education as soon after hire as possible. Additionally, re-education for all members should be performed on a periodic basis as well as when there are changes in policies and procedures, whenever new software or hardware is implemented, or if changes are made in the Security Rule. It is best practice to do security awareness training at least annually. Educational calendars are an easy way to stay abreast of training and provide reminders. To supplement and reinforce education efforts, the security reminders and updates should be provided periodically throughout the year and whenever there is a security incident. These reminders should be brief and provide timely information regarding security risks to the practice.

WHAT SHOULD BE INCLUDED IN EDUCATION SESSIONS?

Some of the most important topics that should be covered in cybersecurity education relate to ways in which workforce members can guard against, detect, and report malicious software. Topics include (but are not limited to) how to spot a phishing email, the risks of clicking suspicious links, the dangers of downloading infected files, and to whom to report suspicious activity. This point of contact may be the HIPAA Security Officer, a manager, or IT personnel. Additional education may focus on processes or software used to report suspicious emails or activity. Other topics may include information about various threats to practice systems and why they are a threat, such as ransomware. Additionally, workforce members should be educated on log-in monitoring to thwart inappropriate log-in attempts, what happens when there are too many log-in attempts, and how to manage passwords. Password management education should discuss the use of complex passwords, how to change passwords and how often passwords should be changed, as well as the dangers of keeping written passwords in the open or sharing them with others. A practice's security policies and procedures may provide a good place to start for an outline of topics to cover, as well as providing some of the content to be presented.

HOW SHOULD EDUCATION BE PROVIDED?

There are several ways to provide cybersecurity education and reminders to all members of the workforce. Full education can be provided through formal educational presentations or webinars. Routine security reminders can be provided using memos, postings in employee areas, email blasts, newsletters, or during monthly staff meetings. Whatever format is used, it should be what benefits the practice and workforce most. As with other areas of a practice's HIPAA compliance program, retain documentation of education efforts, including the content presented, date presented, presenter information, and to whom it was presented.

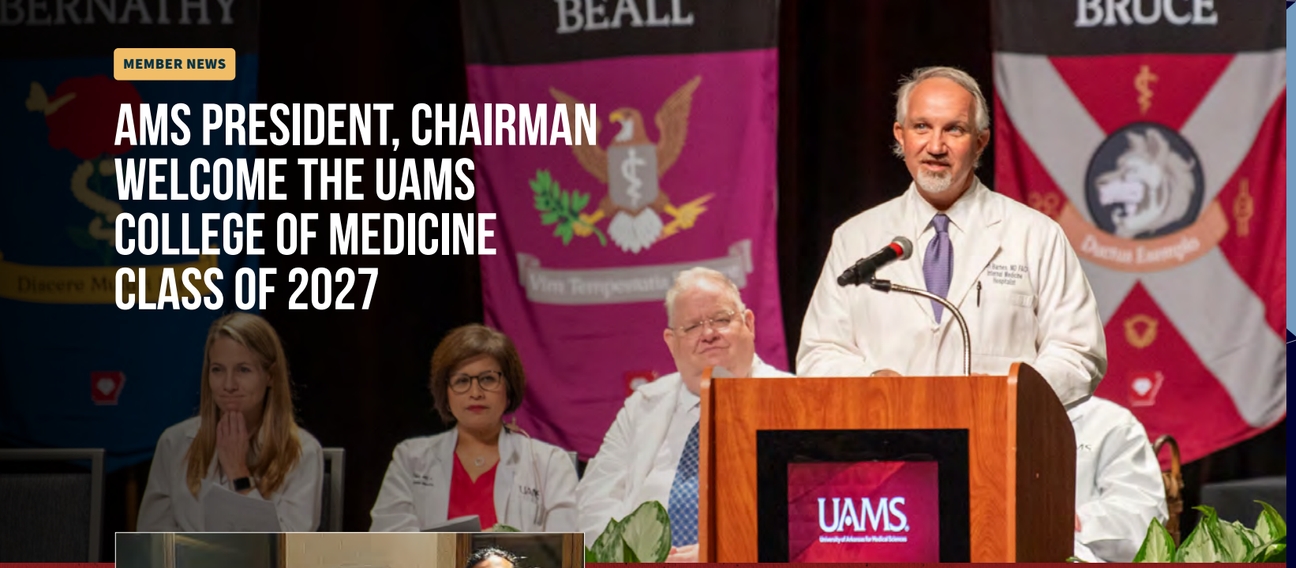
WHERE CAN I FIND ASSISTANCE?

To assist with practice education needs, SVMIC provides multiple resources for members on their member portal, Vantage®. To learn more about SVMIC, please contact their Arkansas representative, Sharon Theriot, at 870.540.9161 or Sharon.Theriot@svmic.com; or visit svmic.com/Arkansas.

Reprinted from the SVMIC Sentinel

MEMBER NEWS

AMS PRESIDENT, CHAIRMAN WELCOME THE UAMS COLLEGE OF MEDICINE CLASS OF 2027



AMS Chairman of the Board Seth Barnes, MD, speaks at the UAMS White Coat Ceremony.

Olivia Tzeng, AMS-MSS chair, Jessica McAllister and Chelsea Saurer, AMA representatives, and Humam Shahare.

AMS representative Laura Hawkins and AMS Student Leadership Award Winner, Olivia Tzeng, who also serves on the AMS Board of Trustees as the Student Representative.

AMA representative Chelsea Saurer, with AMS student representative Charlotte Jeong, and AMS President Anthony Johnson, MD, at the AMS-sponsored M1 Welcome Lunch.

AT THE BEGINNING OF AUGUST EACH YEAR, THE UAMS COLLEGE OF MEDICINE WELCOMES THEIR INCOMING FRESHMAN CLASS TO CAMPUS TO BEGIN THEIR MEDICAL CAREERS. DURING THAT WEEK, AMS PHYSICIAN LEADERS ATTENDED EVENTS TO SHARE WISDOM AND THE IMPORTANCE OF BEING INVOLVED WITH THE SOCIETY.

On August 4, 2023, UAMS welcomed 175 incoming students to the College of Medicine during the annual White Coat Ceremony at the Robinson Center Performance Hall in downtown Little Rock. After being called to the stage, each student was helped into a short white coat by their faculty adviser and/or members of their family. The short white coat will be replaced with a longer white coat upon earning a medical degree.

AMS Chairman of the Board Seth Barnes, MD, spoke at the ceremony and explained the significance of the white coat. "It's a symbol of the profession and all that it entails," he said. "It represents that you're kind, compassionate, you're a professional, learner, reader, and the most important, an advocate for your patients because you're going to take care of weak and vulnerable people who have no one to speak for them but you," he said. "It's just a coat, but what it represents is so much more."

Two days earlier on August 2, AMS sponsored a welcome lunch at both the Little Rock and Northwest Arkansas campuses. AMS President Anthony Johnson, MD, welcomed the medical school students to this new journey in their career and shared some advice for the four years ahead. "Where you can really make a difference is becoming part of something bigger than yourself, and joining the Arkansas Medical Society is a way that can help you advocate for your patients," he said, encouraging AMS student membership.

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ALANNA SCHEFFER
AMS Plan Administrator

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VISION INSURANCE

MEMBER NEWS

UPDATE YOUR MEMBER PROFILE IN THE AMS INFO HUB

Membership dues will be hitting mailboxes soon, so now's the time to update any contact information you have with AMS. You can easily do that in the AMS Info Hub!

The AMS Info Hub is the member-only portal where you can connect with the Society and peers in a virtual environment. You can update your contact information, access member-only resources, set up payment profiles and automatic billing for dues, PAC donations, and more!

To get started, scan the QR code to manage your profile or create a profile. If you do not have an email on file, call 501-224-8967 and we can add one to your account.

After entering your name and email, you will receive a link to your email to verify your account and complete the process.

If you have completed residency, retired, or moved out of state, please call **501-224-8967** or email **ams@arkmed.org** to let us know.

Review your contact information so that you won't miss out on the many benefits of AMS membership, including:

- A voice at the state Capitol where AMS fights for you and your patients on issues like scope of practice, prior authorization, and Medicaid reimbursements.
- Experienced practice management staff to provide you with personalized support, answer your questions about your practice, and provide educational opportunities for you and your staff on a variety of topics.
- Information you need to know through subscription to the Journal and AMS's email newsletters, Chart Notes and Legislative Updates.
- Networking opportunities for physicians of all specialties from all over the state to come together to build relationships.
- Exclusive access to AMS members-only benefits, including State Volunteer Mutual Insurance Company and Panacea Financial.

If you have any questions about your AMS Info Hub member profile, please call the Society office at **501-224-8967**

BOARD MEETING MINUTES

ARKANSAS MEDICAL SOCIETY BOARD OF TRUSTEES MEETING MINUTES: AUGUST 23, 2023

BY **SETH BARNES, MD**
AMS CHAIRMAN OF THE BOARD

The Arkansas Medical Society Board of Trustees met via Zoom on August 23, 2023. AMS board members and past president's attending were Drs. Lee Archer, Seth Barnes, Brad Bibb, Dale Blasier, Samuel Bledsoe, John Bouldin, Willard Burks, George Conner, Anthony Davis, Jennifer Doyle, David Jacks, Anthony Johnson, Edward Jones, Sujit Kotapati, Larry Lawson, Riley Lipschitz, Issam Makhoul, Nirvana Manning, Amanda Novack, Naveen Patil, Mark Ramiro, Carolyn Reeves, Mark Renno, Chad Rodgers, Jeremiah Rutherford, Courtney Sick, Bala Simon, Jerakaycia Smith, Kathryn Stambough, Olivia Tzeng, Tobias Vancil, Randy Walker, Danny Wilkerson, Mark Wren and Stacy Zimmerman. AMS staff present were David Wroten, Scott Smith, Mary Ann Mansfield, Alanna Scheffer, Laura Hawkins, Tereasa Holmes, Laura Haywood, and Nicole Richards. AMS Legal Counsel present was Mike Mitchell.

CHAIRMAN DR. SETH BARNES CALLED THE MEETING TO ORDER, AND THE FOLLOWING BUSINESS WAS RECEIVED AND TRANSACTED:

1. The Chair welcomed everyone to the board meeting and reminded all in attendance of their responsibility to declare and disclose any conflicts of interest.
2. Dr. Barnes presented the minutes of the May 12, 2023 meeting and asked for a motion to approve. There was a second, and the minutes were approved as presented.
3. Dr. Barnes made three appointments to the Finance Committee. Dr. Carolyn Reeves was reappointed to a second term commencing in January of 2024; Dr. E.J. Jones and Dr. Willard Burks were appointed to terms effective immediately. There was a motion to accept these appointments, a second, and the motion carried.
4. Dr. Barnes called on AMS Executive Vice President David Wroten to present his report. His report included another call for PAC contributions. Following his report there was a motion to accept the report, it was seconded, and the motion carried.
5. Dr. Barnes was informed that Dr. Alan Wilson was unable to join the meeting to give the AMA Annual Meeting report.
6. Dr. Barnes then called on Scott Smith to give a legislative update.
7. Dr. Barnes called on AMS President Dr. Tony Johnson to lead a discussion about the Obesity Statement included in the board packet. Dr. Johnson will take the feedback back to the Executive Committee and will bring a report back to the board at the November board meeting.
8. Dr. Barnes turned the meeting over to David Wroten who led the board through a Board Orientation presentation.
9. Dr. Barnes referred those present to the four informational items – attachments 5-8 – that were a part of the board packet.
10. Dr. Barnes reminded everyone of the next two meetings, November 1, 2023, and February 7, 2024. Both of these meetings will be virtual.
11. Seeing no other business, Dr. Barnes adjourned the meeting.

AMANDA NOVACK, MD

CITY:
Little Rock

COUNTY:
Pulaski County Medical Society

SPECIALTY:
Infectious Diseases

AMS MEMBER SINCE 2014:
Currently serving as District 8 Trustee.

WHY ARE YOU AN AMS MEMBER?
I believe it is important for me to change care not just for individual patients, but at the system and societal level.

WHO OR WHAT INSPIRED YOUR CAREER IN MEDICINE?
I was a hypochondriac from a very young age, and I would read encyclopedias and my uncle's medical books trying to figure out what was wrong with me. There was a natural progression from there to keep learning about the human body and medicine.

WHAT DO YOU LIKE MOST ABOUT BEING A DOCTOR, OR YOUR SPECIALTY?
I always say Infectious Diseases has a great interesting-to-grunt-work ratio. Like any specialty, there is the bread-and-butter work, but we also see a lot of REALLY interesting cases; the stuff you see on TV or movies.

WHAT IS THE BEST PROFESSIONAL ADVICE YOU HAVE RECEIVED?
Your patients can have lots of doctors, but your kids will only have one mom, so keep that in mind.

WHAT ADVICE DO YOU HAVE FOR YOUNG PEOPLE CONSIDERING A CAREER IN MEDICINE?
When my husband and I had our third child in our second year of residency, I was told that I would be ruining my career to quit residency to take care of my family. But I did it anyway, not knowing if I would ever make my way back to medicine because I knew what was important to me. So my advice to young people is, there is not a single path to a rewarding career in medicine. Take a gap year, join the Peace Corps, get an MBA, become a foster parent… anything can contribute to being a better physician; it's not all about the schoolwork. No one is requesting a 26-year-old doctor. There's no prize for sacrificing your youth or your family.

WHAT IS THE MOST CRITICAL HEALTH CARE ISSUE FACING ARKANSAS TODAY?
The most glaring issue seems to be nutrition (and its ramifications, in obesity, diabetes, and other metabolic issues). But the thing that keeps me up at night is the opiate epidemic and other substance use disorders. So many young, otherwise healthy people are dying are too early, and it feels like Arkansas is still terribly under-resourced to deal with these issues.

WHAT DO YOU LIKE TO DO ON YOUR DAYS OFF OR WEEKENDS?
Anything outdoors. Hiking, kayaking, camping, and playing in my back yard. Arkansas is such a beautiful state, and I try to get out in it whenever possible.

WHAT IS AN IMPORTANT CAUSE TO YOU?
The mission of "Immerse Arkansas" and all their work with youth in crisis. As they say, "it's messy and slow work," but they do an incredible job of partnering with young people who are healing from trauma and creating better lives.

WHAT IS YOUR FAVORITE RESTAURANT?
I have a steady rotation between Bossa Nova, Zaza's, Kemuri, The Root, and Heights Taco and Tamale.

DREAM CAR?
I'd rather have walkable neighborhoods and safe bike trails than any car in the world.

MARK WREN, MD, MPH, FAAPMR

CITY:
Texarkana

COUNTY:
Miller (AR) /Bowie (TX) County Society

SPECIALTY:
Physical Medicine & Rehabilitation

AMS MEMBER SINCE 1995:
Currently serving as District 6 Trustee.

WHY ARE YOU AN AMS MEMBER?
My multi-specialty group in Texarkana offered AMS and TMA memberships in 1995, AND I became more passionate about "the big picture" of medicine, leaning towards policy, my public health background, and obligation to contribute in more recent years.

WHO OR WHAT INSPIRED YOUR CAREER IN MEDICINE?
My father was the second board certified thoracic surgeon in Arkansas in 1962 after his Tulane fellowship. His involvement in UAMS/AHEC and residency training followed by ministry have had tremendous impact on my inspirations.

WHAT DO YOU LIKE MOST ABOUT BEING A DOCTOR, OR YOUR SPECIALTY?
The most gratifying part of medicine is being called to serve patients and, for my specialty as a physiatrist, focusing on maximizing functional independence of the whole person rather than a single organ system is most gratifying. Developing a caregiver matching portal for seniors and being the first physician in Arkansas outside of UAMS to dabble in telemedicine (since 2010) and subscribe to telemedicine platform via Cisco Jabber has been a very interesting endeavor of mine long before it was popular or expanding—exponentially by 800% with the pandemic.

WHAT IS THE BEST PROFESSIONAL ADVICE YOU HAVE RECEIVED?
Remain diverse in practice which has led to my expansion into palliative medicine—a recognized subspecialty within PM&R (like other specialties).

WHAT ADVICE DO YOU HAVE FOR YOUNG PEOPLE CONSIDERING A CAREER IN MEDICINE?
Carpe Diem.

DO YOU HAVE A PERSONAL MOTTO OR FAVORITE QUOTE?
The most important stuff is NOT the stuff.

WHAT DO YOU LIKE TO DO ON YOUR DAYS OFF OR WEEKENDS?
Especially since my daughter's University of Arkansas Pom Squad years began in 2009, attending Razorback games, boating on Lake Hamilton with the grandkids, and occasionally fishing with my New Mexico kids are among my favorite things.

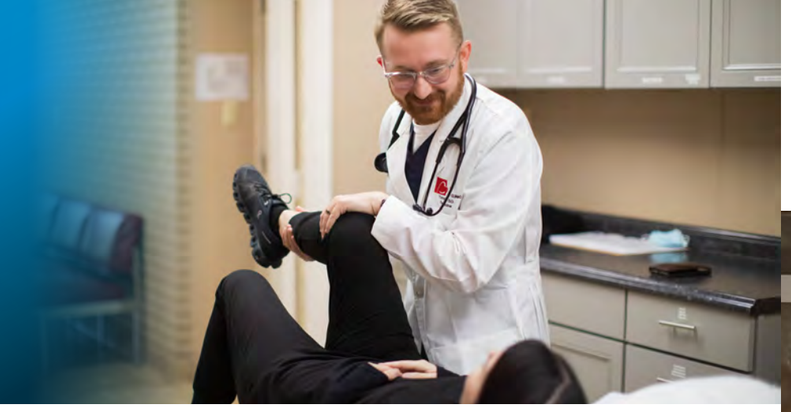
WHAT IS AN IMPORTANT CAUSE TO YOU?
Supporting faith, family, and friends may sound like a beauty pageant cliche BUT means something REAL to me.

WHAT IS YOUR FAVORITE RESTAURANT?
Truluck's

DREAM CAR?
Ford F-150.

WHAT IS SOMETHING SURPRISING OR INTERESTING ABOUT YOU?
I began doing magic in the 5th grade and now incorporate something into every CME lecture I give (inspired and reinforced by Dr. Christopher Westfall in 2020) hopefully to make a more memorable point. I'm happy demonstrate virtually any time - send requests to **arehabdoc@gmail.com** or text **903-701-8700**.

NYITCOM: ALUMNI BATY BEGINS PRACTICE IN WYNNE



When Tim Baty, DO, opens the door to the Wynne Medical Clinic each morning, he often stops to pinch himself as he prepares for his workday.

"It's surreal," Dr. Baty said. "This has been my dream for a long time. It's something I worked towards for over a decade. There were tons of late nights and stress. I don't think reality has set in quite yet that I'm back home and I've finally fulfilled the dream."

Dr. Baty was a member of the inaugural class at New York Institute of Technology College of Osteopathic Medicine at Arkansas State University, and now he's among the first to begin fulfilling the mission of the school, which opened in 2016 to train physicians to serve in rural and medically-underserved communities in Arkansas and the Mississippi Delta region.

While in high school, Dr. Baty began shadowing James Cathey, MD, a family physician at the Wynne Medical Clinic. Eventually, Dr. Baty became Cathey's scribe, and the aspiring physician soaked up as much knowledge as he could from his mentor.

Dr. Baty left home in 2010 to attend the University of Central Arkansas and then joined the NYITCOM at A-State inaugural class in 2016. After earning his medical degree in 2020, Dr. Baty completed his Family Medicine residency at the UAMS North Central campus in Batesville, where he was chief resident during his final two years.

Now the circle is complete. He's in Wynne practicing medicine, serving his community, and expressing a great deal of gratitude for the path that brought him home and the mentor whom he now gets to call teammate.

"I was blessed that NYITCOM opened the Jonesboro campus when it did," Dr. Baty said. "I'm very grateful for the opportunity to attend medical school so close to home and train with the patient population I'm working with now as a physician. It was a godsend for me and a blessing. I received an awesome education, and I take a lot of pride in being an alumnus. I'm just so appreciative of everyone who's helped me get here."

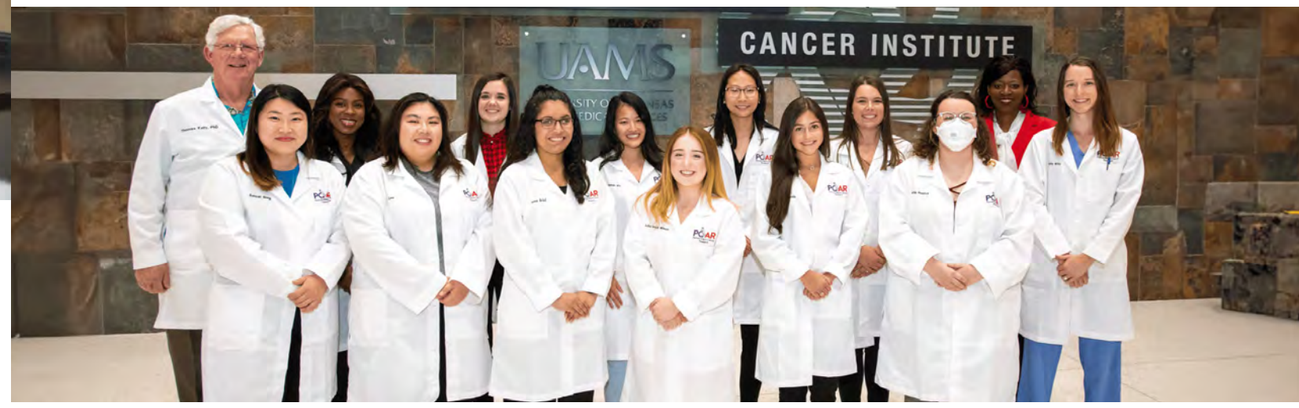
NYITCOM at A-State's inaugural class graduated in 2020, meaning many of its first graduates have completed their residencies and started practicing. Just seven years after opening, NYITCOM at A-State now has alumni practicing in places like Conway, Dardanelle, Ft. Smith, Hot Springs, Jonesboro, North Little Rock, Little Rock, Piggott, and Wynne.

"We are incredibly proud to see our alumni living the mission," said Shane Speights, DO, dean of NYITCOM at A-State. "As a native Arkansan, it gives me such a great sense of pride seeing these physicians establish roots in these communities and serve them through medicine."

Shane Speights, DO, Dean of NYITCOM at ASU, and Tim Baty, DO

James Cathey, MD, and Tim Baty, DO

UAMS: RESEARCH INTERNSHIP INSPIRES STUDENTS TO JOIN THE FIGHT AGAINST CANCER



The 2023 Partnership in Cancer Research (PCAR) Internship Class with Program Director Tom Kelly, PhD, (back row, far left) and Summer Program Manager Diane McKinstry, BBA, (back row, second from right). Photo by Bryan Clifton

Meredith "JuJu" Martin, a second-year medical student at the University of Arkansas for Medical Sciences (UAMS), could very well become a member of the next generation of cancer researchers, thanks to the immersive, hands-on experiences she gleaned last summer as an intern in the Partnership in Cancer Research (PCAR) program in the UAMS Winthrop P. Rockefeller Cancer Institute.

"The internship opened my eyes to medical specialties I hadn't yet explored," said Martin, who is interested in learning more about radiology following a simulation center event that focused on breast biopsies and ultrasounds.

Martin was likewise fascinated with the laboratory research she conducted under the mentorship of Samantha Kendrick, PhD, assistant professor of biochemistry and molecular biology in the UAMS College of Medicine. Kendrick's lab is working to better understand the molecular mechanisms behind the genomic instability of lymphoma, particularly diffuse large B-cell lymphoma. The goal is to discover new therapeutic strategies to improve patient outcomes, and Martin learned how to run spectrometry and fluorescence-based assays to show how small drug-like molecules interact with DNA.

"The experience in the lab has been awesome," said Martin. "I plan to stay involved in this research project over the next couple of years of medical school."

Martin was one of 10 UAMS students and two Arkansas osteopathic students participating in the PCAR program between their first and second years of medical school last summer. Now in its third year, the program is supported by a grant from the National Institutes of Health, National Cancer Institute (NCI) that runs through 2025. The initiative is led by Tom Kelly, PhD, a professor of pathology and associate director of the Cancer Research and Training Program in the cancer institute. More than 20 UAMS faculty members served as mentors and lecturers this year.

As UAMS progresses toward applying for designation from the National Cancer Institute, cancer research training and education programs such as PCAR will be important.

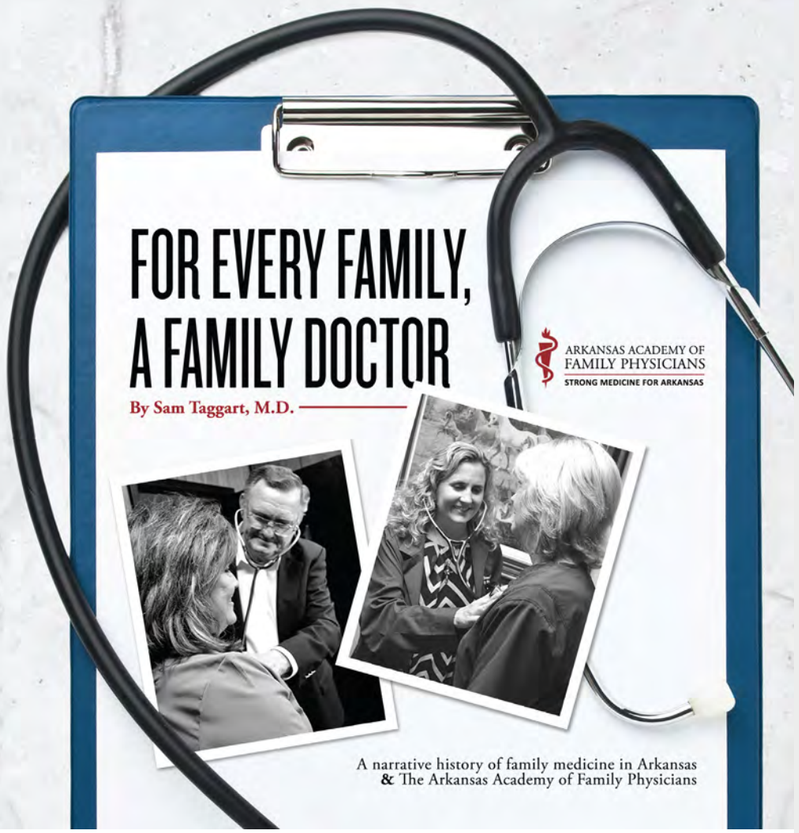
"The PCAR program fits in the cancer research training 'pipeline' to encourage young scientists and health professionals to pursue cancer research in Arkansas," Kelly said. "Arkansas has a high prevalence of cancer. Our hope is that our PCAR interns will go into cancer-related fields and care for Arkansans. We expect that some will have a passion for cancer research ignited and that they will one day lead new clinical trials to discover better treatments for cancer."

UAMS medical student Meredith "JuJu" Martin performs a simulated ultrasound-guided needle biopsy of a breast with the assistance of Patrick Jennings, MD, assistant professor of radiology. Photo by Diane McKinstry

PRESERVING HISTORY

FOR EVERY FAMILY, A FAMILY DOCTOR

BY **SAM TAGGART, MD**



WITH THE CREATION OF THE ARKANSAS ACADEMY OF GENERAL PRACTICE IN 1948, THE MOTTO FOR EVERY FAMILY, A FAMILY DOCTOR BECAME THE MANTRA FOR THE NEW ORGANIZATION. FOR THE FIRST 10 YEARS OF THE ORGANIZATION, THE PHRASE WAS PART OF THE MASTHEAD OF THE STATE NEWSLETTER. IT WAS COINED BY DR. FOUNT RICHARDSON OF FAYETTEVILLE, THE EDITOR OF THE NEWSLETTER, THE 2ND PRESIDENT OF THE STATE ORGANIZATION, AND THE 12TH PRESIDENT OF THE NATIONAL ORGANIZATION.

Known today as the AAFP, the organization is now in its 75th year of existence and the motto still holds true. As a part of our celebration, we have published a history of the Arkansas Academy, liberally using the historical writings of Dr. James Kolb of Clarksville, Dr. Fount Richardson of Fayetteville, and Dr. Tom Honeycutt of Little Rock. We've told the history of the modern family medicine movement in Arkansas through the lives of the men and women who led the organization. The title of this history is *For Every Family, A Family Doctor.*

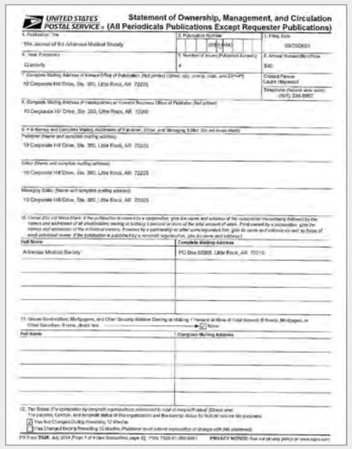
In the last few years, the financial burdens of medical training have dramatically increased and are continuing to rise. As of 2022, the average debt after medical training is between $200,000 and $300,000. To help partially reduce these costs, the Arkansas Academy of Family Physicians Foundation is establishing two $5,000 endowed scholarships in perpetuity. In August 2023, a two-year fundraising campaign to fund these scholarships for physicians who have matched with family medicine residences in our state.

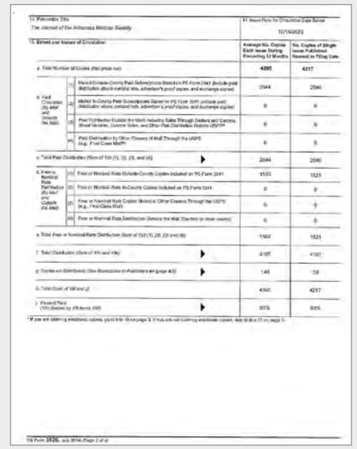
This fundraising effort will be done through the Arkansas Academy of Family Physicians Foundation working with the Arkansas Community Foundation, and profits from the books, The Public's Health, County Doctors of Arkansas and For Every Family, A Family Doctor, will go towards these endowed scholarships.

During the next two years, we encourage all communities that are in need or will need young family doctors to begin developing their own scholarship programs for their local students. It is important to remember: **if we are going to have family doctors in our small towns, we are going to have to raise them.** We at the academy want to be of any assistance we can be in helping you establish these scholarship programs.

If you have any questions, please don't hesitate to call me at 501-773-7830 or email samtaggart@att.net. To purchase the books, call Michelle at 501-316-4011 or michelle@arkansasafp.org.

TO HELP PARTIALLY REDUCE THESE COSTS, THE ARKANSAS ACADEMY OF FAMILY PHYSICIANS FOUNDATION IS ESTABLISHING TWO $5,000 ENDOWED SCHOLARSHIPS IN PERPETUITY.





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DAY, THOMAS, MD
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HARVILLE, TERRY O., MD
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HATCH, ALLAN B., MD
HAUSTEIN, MATTHEW, MD
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HAWS, KARL W., DO
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HAYES, WILLIAM J., MD
HAYS, DAVID A., MD
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HEBBAR, PRABHAT, MD
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HENRY, LANCE B., MD
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HENSKE, JOSEPH ANTHONY, MD
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HEULITT, GERALD, MD
HICKMAN, MICHAEL P., MD
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HILL, TODD, DO
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HILLIS, THOMAS, MD
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HINKLE, KEVIN ANTHONY, MD
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HINTON, THOMAS W., MD
HIRE, JUSTIN MICHAEL, MD
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HODGES, MICHAEL E., MD
HODGES, VERYL DENNIS, DO
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HRUBY, SIOBAHN, MD
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JOHNSON, JEFFREY W., MD
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