



JOURNAL

OF THE ARKANSAS MEDICAL SOCIETY

FALL 2024 VOLUME 121 NUMBER 2

MATERNAL MORTALITY

NOT THE LIST WE WANTED TO TOP



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OF THE ARKANSAS MEDICAL SOCIETY

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Editor Emeritus: Alfred Kahn Jr., MD (Deceased)

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Correction: In the Summer 2024 Vol 121 Number 1 issue of The Journal, some the 2024 awards winners' names were misspelled. AMS offers our sincerest apologies to all the winners in the Inaugural Student and Faculty Award and Poster Competition. Please find the corrected list of winners on page 60.

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I MATERNAL MORTALITY: NOT THE LIST WE WANTED TO TOP

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ARKANSAS HAS ONE OF THE HIGHEST RATES OF MATERNAL MORTALITY AMONG THE 50 STATES BY GOVERNMENTAL STATISTICS

GEORGE L. CONNER III, MD
2024-2025 AMS PRESIDENT



THIS IS PAINFUL TO READ. IT FEELS PERSONAL, FROM ONE WHO DELIVERED PRENATAL CARE AND BABIES FOR MORE THAN 20 YEARS IN ARKANSAS. YOUNG WOMEN SHOULD NOT DIE, ESPECIALLY AROUND THE TIME OF PREGNANCY, CHILDBIRTH, OR THE POSTPARTUM PERIOD. THE MAJOR QUESTION IS HOW TO IMPROVE THESE OUTCOMES.

The leading causes of mortality around the time of childbirth are cardiomyopathy, cardiovascular conditions, hemorrhage, hypertension, and infection. There

is reason to believe that more than 90% of these deaths are potentially preventable. There is a disproportionately higher risk of mortality in black women versus white and Hispanic women.

ARKANSAS HAS BEGUN AN INITIATIVE CALLED HEALTHY MOMS, HEALTHY BABIES, THAT IS ADDRESSING THE NEEDED CHANGES TO IMPROVE MATERNAL OUTCOMES.

There are many identified risk areas and factors: getting early prenatal care, regular and timely prenatal evaluations, postnatal care extending until health risks are stable or resolved, education to patients and families on recognizing the signs and symptoms of complications that need immediate attention, access to adequate health care in rural areas, distance of travel for prenatal care and delivery and follow up, treatment of disease and health issues prior to conception, and many other issues.

Maternal mortality, like major health risks like obesity, can feel like a mountain too high to climb. However, Arkansas has begun an initiative called Healthy Moms, Healthy Babies, that is addressing the needed changes to improve maternal outcomes. This month the state released the initial progress report.

I am very thankful to Governor Sarah Huckabee Sanders and the State Health Officials and committees who are addressing this issue. ■



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LET'S GET THIS PARTY STARTED!

DAVID WROTEN

AMS EXECUTIVE VICE PRESIDENT



PUT THIS ON YOUR 2025 CALENDAR ... MAY 30-31, 2025, AT THE STATEHOUSE CONVENTION CENTER IN LITTLE ROCK ... AND MAKE PLANS TO BE A PART OF HISTORY. THE AMS WILL BE CELEBRATING 150 AMAZING YEARS OF REPRESENTING ARKANSAS PHYSICIANS AND THEIR PATIENTS. OFFICIALLY, THE ARKANSAS MEDICAL SOCIETY WAS FOUNDED ON OCTOBER 13, 1875.

The celebration will be in conjunction with the AMS Annual Membership Meeting, with an anticipated attendance of 1,000 people including leaders in healthcare, medical students, residents/fellows, and state dignitaries. We'll have nationally

recognized speakers, lots of awards, a poster contest, and entertainment.

Going back 150 years to identify landmark events in AMS's history will take some time, but even a look back at the past 40-50 years provides a good indication of the Society's impact on our state:

- **Medical Education Foundation for Arkansas (MEFFA)** – Created in the 1960's, MEFFA provides educational grants to UAMS, currently averaging around \$40,000 per year.
- **Arkansas Medical Foundation (AMF) and the Physician's Health Committee** – These organizations

have been helping physicians, dentists, and other health professionals recover from substance use disorders.

- **Arkansas Healthcare Access Foundation** – This AMS program matched volunteer physicians and other health professionals with indigent patients across the state to provide needed medical care. It ceased operations once the Affordable Care Act became fully implemented.
- Then there are those legislative landmarks that have benefited patients, physicians, and the health of our state:
 - **Any Willing Provider** prevents health insurance carriers from arbitrarily restricting which physicians and hospitals can participate in their networks.
 - **Clean Indoor Air Act** prohibited smoking in restaurants and public buildings.
 - **Tobacco Settlement** ensures that tobacco settlement dollars are spent on healthcare.
 - **Statewide Trauma System**
 - **Medicaid Expansion**
 - **Practice-related legislation** including prompt payment, recoupment, credentialing, prior authorization, and the Gold Card.

These are but a few highlights of the past 40-50 years.

Come join your colleagues and help celebrate what has been an amazing story and what will be a challenging and rewarding future. ■



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Important Information

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- ✓ Awards Luncheon: May 31
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MATERNAL MORTALITY: NOT THE LIST WE WANTED TO TOP

STAKEHOLDERS WORKING TO IMPROVE MATERNAL HEALTH IN ARKANSAS

CASEY L. PENN

WHILE IT WOULD FEEL GREAT TO SEE ARKANSAS TOPPING LISTS LIKE “BEST PLACES TO LIVE, WORK, PLAY,” THERE ARE OTHER LISTS WE WOULD NEVER WISH TO LEAD. IN THE CASE OF MATERNAL MORTALITY, OUR STATE’S RECENT RANKING OF #1 BY THE CDC IS A HEARTBREAKING PLACE TO BE.

This statistic counts the maternal mortality rate (from 2018 to 2020) at 43.5 deaths per 100,000 live births. It’s worth noting that a more recent calculation (from 2018 to 2022) shows Arkansas as fourth in the nation, with 38 deaths per 100,000 live births.

Any way you measure it, maternal health is, rightly, of great concern in Arkansas, where every year approximately 33 women die during or within the first year after delivery and where about two-thirds of our counties are without a birthing hospital.

“Maternal mortality has been increasing in the U.S. since the 1980s,” Arkansas Surgeon General Kay Chandler, MD, touched on the issue for fellow AMS physicians during the Society’s August Board of Trustees meeting. “We’re the highest among developed countries and almost three times higher than the next developed country behind us (France). Going along with that, we’re third highest in infant mortality.”

More disturbing is the finding by the Arkansas Maternal Mortality Review Committee that more than 90% of the state’s maternal deaths during that period were estimated to be “potentially preventable.”

In looking at reasons for these bleak statistics, Arkansas Center for Health Improvement pointed to three main contributing factors: the rural nature of our state, the challenge of comorbidities in our pregnant women, and a lack of monitoring of mothers during the first six weeks after babies are born.



Nirvanna Manning, MD, an AMS Board of Trustees member, has long been involved in efforts related to improving maternal health in Arkansas. Dr. Manning is a practicing obstetrician and chair of the Department of Obstetrics and Gynecology at UAMS. She added a lack of obstetrics providers, cost of patient care, and reimbursement rates to the reasons for our state's high maternal mortality rates.

Touching on challenges associated with the state's rurality, Dr. Manning pointed out that maternity care is specialized and requires 8-12 visits for a low-risk individual and more for those at high-risk. It makes sense that moms who travel farther to deliver babies may also obtain less prenatal and postnatal care. "Imagine if you live in southwest Arkansas and your closest hospital is El Dorado, and you're 45 minutes away from that," she explained. "In between pockets of great healthcare, there are healthcare deserts. One reason? It's expensive. A birthing hospital must be ready with staffing and equipment 24/7, but hospitals in smaller, rural areas may only deliver 300 babies a year."

And then there is the low reimbursement – something physicians and hospitals alike understand all too well. "More than 50% of the births in our state are covered by Medicaid – and its reimbursement doesn't even cover what hospitals pay to care for those patients," Dr. Manning continued, adding that despite increased cost and patient complexity, that reimbursement [amount] hasn't changed in close to 20 years.

Finally, she touched on the state's lack of providers, noting that it's no wonder that Arkansas isn't producing the number of physicians we need to service our state. "It's hard to be an obstetrician," she said. "It's a 24/7 service. We have a good portion of family medicine that services this area, but not enough, and we have few certified nurse midwives."

THE GOVERNOR'S EXECUTIVE ORDER AND RESULTING RECOMMENDATIONS

Such dismal numbers have the state's stakeholders working together diligently to move things in the right direction. On March 6 of this year, Arkansas Gov. Sarah

"IT'S HARD TO BE AN OBSTETRICIAN. IT'S A 24/7 SERVICE. WE HAVE A GOOD PORTION OF FAMILY MEDICINE THAT SERVICES THIS AREA, BUT NOT ENOUGH, AND WE HAVE FEW CERTIFIED NURSE MIDWIVES."

Sanders created (by executive order) the Strategic Committee for Maternal Health. She charged it with addressing improvements to all things maternal health in Arkansas. In short, she asked the group to develop strategies related to improving access and available resources, increasing education surrounding maternal health, and assisting more pregnant and postpartum women in taking advantage of available resources. Since the establishment of the Strategic Committee, more than 100 stakeholders representing dozens of organizations across the state have been collaborating to understand the problems and develop solutions.

In early September, the Strategic Committee released formal recommendations for improving maternal health in Arkansas in the form of a report, "The Maternal Health Working Group Statewide Strategic Maternal Health Plan."

The list of avenues explored, and tasks accomplished, in these first months, is impressive.* Initial recommendations focused on data, reporting, and technology; healthcare access and Medicaid; clinical and practice improvements; and education and outreach.

Each area of the report offered recommendations and plans of action. For example, the subcommittee on Clinical Practice, chaired by Dr. Manning, recommended reforms aimed at improving access and maternal health outcomes by enhancing financial incentives, improving care delivery, and modernizing the maternal health workforce. A sample of specific actions included expanding prenatal care services in local health units where necessary, working on obstetrics and gynecology residency expansion and retention in Arkansas, and creating

a pathway for a Medicaid provider type and reimbursement for doulas and community health workers.

The latter has been suggested as a potentially helpful tool for busy practices who want to better address social determinants of health in pregnant women. "Community health workers and doulas are non-medical but could be integral in advocating for and supporting patients as they navigate the healthcare system," said Dr. Manning.

Regarding community health workers, Dr. Chandler mentioned a pilot program to place UAMS community health workers in some of the state's health department units to assist patients with Medicaid paperwork. "I haven't done it myself, but I've heard that quickly getting signed up on Medicaid isn't easy," she said. "If you had someone to come alongside and walk you through it, that would be helpful. I think even private practice doctors could [eventually] refer patients to the health department for that service."

A board-certified obstetrician/gynecologist, Dr. Chandler serves on the overall Strategic Committee and the subcommittee on Outreach and Education. She is excited that associated efforts are already reaping results. "Prior to the Governor's signing of the executive order, it was noted that 1,000 women in the state (yearly) don't receive prenatal care until they're in the delivery room," she said. "About 10,000 don't go until after the first trimester. Since the executive order in March, we're already seeing increased prenatal care visits. That's fantastic, and it looks like the more we get the word out, the more people are seeing how crucial prenatal care is and even preconceptual care."

Preconceptual care is a topic Dr. Chandler gets impassioned about. "Most women,

when they become pregnant, do get more serious about getting healthy,” she explained, “Really, they need to be in the best health beforehand. That means a preconceptual visit to make sure their blood pressure’s okay and that they don’t have prediabetes, diabetes, or thyroid issues as these could cause problems in their pregnancy.”

Another area of concern for maternal health is obesity – something the AMS Board of Trustees shed light on last year through its November 2023 policy statement naming it along with addiction and mental health disorders as chronic medical diseases. “The areas with the highest mortality rates overlap with high obesity rates,” said Dr. Chandler. “Women may not realize what a risk that can be to their pregnancy, so education is important and preconceptual care can help.”

Outreach and education plans also include development of a branded, educational campaign – Healthy Moms Healthy Babies

– and a comprehensive website that will contain all the state’s maternal health resources. “We want to make sure our AMS members know about this and are telling their patients about it,” noted Dr. Chandler of the website and the resources listed there. “There are community resources to help with housing, transportation, etc., but people don’t always know they are there. There will be toolkits, too, to help with things like applying for Medicaid, getting prenatal care scheduled, contraception, and getting care for substance abuse or depression.”

Medicaid expansion (regarding to maternal health) has been a point of debate in recent months as well, with some recommending expanded coverage for Medicaid recipients for one year after delivery. (Currently, coverage stops at 60 days post-delivery, or more specifically, at the end of the month past that 60-day mark.) Arkansas is one of the only states that has not mandated expanded coverage. In its

2023 review of pregnancy-associated deaths among Arkansas residents, the Arkansas Maternal Morbidity Review Committee recommended the extension, reasoning, “Postpartum care should be provided to mothers through one year postpartum to monitor the mother’s physical and mental health, provide support during the transition, and ensure access to treatment.”

Gov. Sanders has resisted the expansion, calling it “duplicative” and indicated that instead, the state needs to help moms transition to coverage options already in place. ACHI’s Joe Thompson told Arkansas’s Talk Business (published Sept. 9, 2024) that an alternative to extending Medicaid benefits would be transitioning new mothers to the state’s ARHOME Medicaid expansion program that uses federal dollars to provide private insurance.

“It would work, and it might even be to the benefit because in the Medicaid

TRAVEL TIME TO DELIVERY FACILITIES FOR ARKANSAS MOTHERS

JUNE
2024

Closures of labor and delivery services at Arkansas hospitals in recent years have led to longer travel times for mothers in some areas of the state. As of April 2024, 59% of rural hospitals did not provide labor and delivery services.¹ Increased travel times to delivery facilities have been associated with higher risks of adverse maternal and neonatal outcomes.²⁻⁴ ACHI reviewed data on birth events occurring between 2016 and 2022 to estimate travel times to delivery facilities.⁵

Percentages of Arkansas Mothers Traveling 30+ or 60+ Minutes to Delivery Facilities

	2016	2022
30 MINUTES OR MORE	26% n = 9,500	28% n = 9,401
60 MINUTES OR MORE	7% n = 2,690	8% n = 2,808

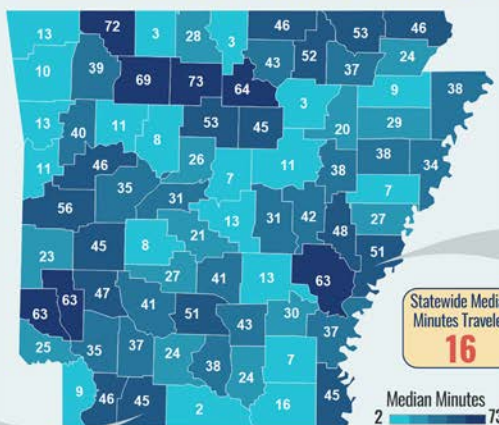
^an = Number of Mothers

Columbia County

- The median minutes traveled by Columbia County residents increased fourfold from 2016 to 2022, the third-highest increase in any county.
- In 2016, Magnolia Regional Medical Center delivered around 68% of births in the county. The hospital’s labor and delivery unit closed in 2021. The next closest birthing hospital for the majority of mothers is 52 minutes away.



Median Minutes Traveled to Delivery Facilities in 2022, by County of Residence



Phillips County

- The median minutes traveled by Phillips County residents increased eightfold from 2016 to 2022, the highest increase in any county.
- In 2016, Helena Regional Medical Center delivered around 65% of births in the county. The hospital’s labor and delivery unit closed in 2020. The next closest birthing hospital for the majority of mothers is 47 minutes away.



¹⁻⁴For references: achi.net/library/travel-time-to-delivery
⁵Mothers’ home ZIP codes and delivery facilities’ addresses were used to estimate travel times to delivery facilities, including some out-of-state facilities.
 Data sources: Arkansas Department of Health birth records and Arkansas Healthcare Transparency Initiative’s All-Payer Claims Database.



expansion, at least under the current version, those services are being paid for at commercial rates in the qualified health plans, not at the reduced rate in the Medicaid program,” said Dr. Thompson.

“I just need them to have coverage,” said Dr. Manning, who hopes the state can make the process easier for patients one way or another. “I want to see a situation where we don’t lapse in coverage because a family doesn’t have the resources or the wherewithal to know which way to go.”

With all the efforts underway, stakeholders and policy holders hope to improve maternal health in Arkansas. As the work continues, physicians of Arkansas can contribute during their daily visits with patients. “If you see women in your practice, then maternal morbidity and mortality should be on your radar,”

said Dr. Manning, noting that she believes she and her fellow physicians can promote preventative care and thereby influence maternal health and lessen morbidity. “Don’t be afraid to talk about contraception, obesity, and lifestyle changes and things that will put moms in a better place with each subsequent pregnancy. Supporting women’s legislation for things like extension of Medicaid in the postpartum period, extension of mental health services for women, contraception coverage, things like that can go a long way.”

AMS Executive Vice President David Wroten joined Drs. Manning and Chandler in reacting positively to the governor’s workgroup and its ongoing efforts. “At the end of the day, this is about healthy moms and babies,” said Wroten. “We can do better, and we must

do better to improve outcomes in our state. We look forward to working with our Governor to make this goal a reality. A big shout out to the many people involved in this important effort.”

Statistics: Kff.org, ACHI.net

Arkansas Maternal Mortality Review Committee: <https://healthy.arkansas.gov/boards-commissions/committees/arkansas-maternal-mortality-review-committee/>

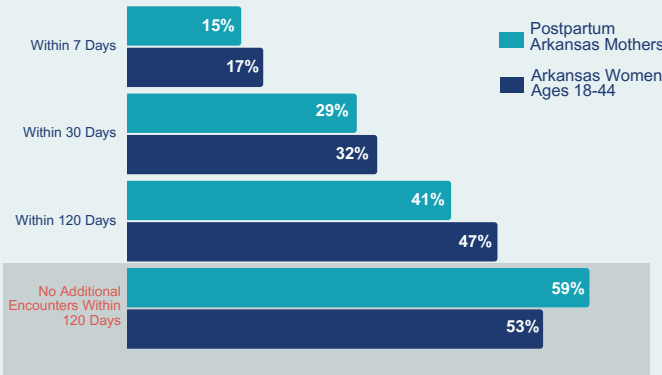
*Strategic Committee for Maternal Health September Report

https://governor.arkansas.gov/news_post/sanders-signs-executive-order-to-support-moms-protect-babies-and-improve-maternal-health/

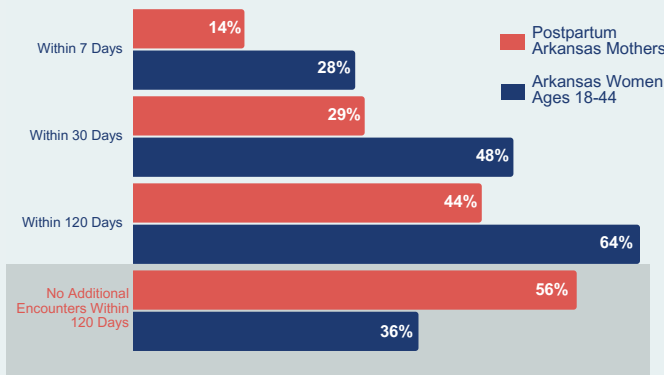
MATERNAL BEHAVIOR HEALTH EVENTS DURING THE BIRTHING JOURNEY

AUGUST 2024

TIMING OF FOLLOW-UP BEHAVIORAL HEALTH VISIT* AFTER EMERGENCY ROOM VISIT



TIMING OF FOLLOW-UP BEHAVIORAL HEALTH VISIT AFTER INPATIENT STAY



ACHI * A follow-up behavioral health visit is defined here as an outpatient visit following an emergency room visit or inpatient stay with a primary behavioral health diagnosis. Secondary diagnoses were not considered. Data source: Arkansas Healthcare Transparency Initiative’s All-Payer Claims Database.

SCREENING AND BILLING FOR SOCIAL DETERMINANTS OF HEALTH (SDOH)

COURTNEY SALMON, MHSA
AMS DIRECTOR OF PRACTICE SUPPORT



ARE YOU SCREENING FOR SDOH?

DID YOU KNOW CMS WILL ALLOW YOU TO BILL FOR THIS IMPORTANT ASSESSMENT?

According to the World Health Organization (WHO), Social Determinants of Health are the non-medical factors that influence health outcomes. Put another way, SDOH are the conditions in which people are born, grow, work, live, and age and the wider set of forces and systems shaping the conditions of daily life.

Examples of SDOH include income, education, job insecurity, food insecurity, housing, social inclusion, and access to affordable health services.

Physicians are aware that SDOH related to housing, food, and safety can create significant obstacles to receiving quality care and contribute to poor health outcomes. Still, very few are screening their patients.

Research shows that social determinants can be more important even than healthcare or lifestyle choices in influencing health. Numerous studies suggest that SDOH accounts for between 30-55% of health outcomes. In addition, estimates show that the contribution of sectors outside health to population health outcomes exceeds the contribution from the health sector.

SOCIAL DETERMINANTS OF HEALTH



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SCREENING TOOLS FOR SOCIAL DETERMINATES OF HEALTH

THREE SCREENING TOOLS CAN AID PHYSICIANS IN ADDRESSING MULTIPLE SOCIAL DETERMINANTS OF HEALTH IN A PRIMARY CARE SETTING.



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- 5 SUPPLEMENTAL

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THE AMERICAN ACADEMY OF FAMILY PHYSICIANS SOCIAL NEEDS SCREENING TOOL

- 11 (SHORT FORM)
- 15 (LONG FORM)

SHORT: https://www.aafp.org/dam/AAFP/documents/patient_care/everyone_project/patient-short-print.pdf

LONG: [HTTPS://WWW.AAFP.ORG/DAM/AAFP/DOCUMENTS/PATIENT_CARE/EVERYONE_PROJECT/PATIENT-LONG-PRINT.PDF](https://www.aafp.org/dam/AAFP/documents/patient_care/everyone_project/patient-long-print.pdf)



THE ACCOUNTABLE HEALTH COMMUNITIES (AHC-HRSN) SCREENING TOOL

- 10 CORE
- 10 SUPPLEMENTAL

<https://innovation.cms.gov/Files/worksheets/ahcm-screeningtool.pdf>

EFFECTIVE JANUARY 1, 2024, CMS ESTABLISHED HCPCS CODE G0136, WHICH THEY DESCRIBED AS THE ADMINISTRATION OF A STANDARDIZED EVIDENCE-BASED SDOH RISK ASSESSMENT TOOL, 5-15 MINUTES, NOT MORE OFTEN THAN EVERY SIX MONTHS.

Effective January 1, 2024, CMS established HCPCS Code G0136, which they described as the administration of a standardized evidence-based SDOH risk assessment tool, 5-15 minutes, not more often than every six months. To bill G0136, you must use a standardized, evidence-based risk assessment tool and document any health-related social need in the medical record.

SDOH is separately payable from the Annual Wellness Visit and has no Part B co-insurance or deductible when part of the same visit with the same date of service (DOS) as the AWW. When performed with an AWW, you would report G0136 with Modifier 33. Cost-sharing does include applicable Part B coinsurance/deductible when provided outside of the AWW, such as an E&M Service. The 2024 Arkansas Medicare Non-Facility participating provider reimbursement is currently \$17.04.

The first step in implementing a SDOH screening tool is to determine who will perform the SDOH screening. In-practice examples include 1) patients conducting a self-assessment while the patient waits, 2) non-clinical support staff performing prior to the visit, or 3) clinical staff performing when they room a patient. The practice will also need to determine which tool they will be using, how often they will screen, and where the results will be stored in the medical record.

It is important to have a list of community referral resources for patients (based on their assessment) and a process to track these referrals. For an initial list, check out Arkansas's Statewide Community Resources Portal found at scr.ade.arkansas.gov.

When a need is identified, practices must bill using the appropriate Z Code (Z55-Z65).



EXAMPLES:

- Z55.6** Problems related to health literacy
- Z59.00** Homelessness, unspecified
- Z59.10** Inadequate housing, unspecified
- Z59.41** Food Insecurity
- Z59.82** Transportation Insecurity
- Z59.86** Financial Insecurity

SDOH screening is now encouraged to improve the health outcomes of patients. The recent coding change by CMS ensures you are receiving reimbursement for the work that you are performing. Including the Z Codes on these claims will allow the healthcare community to better track the needs of their patient population to improve health equity.



PRIORITIZE ... DON'T TAKE VOTING FOR GRANTED!

H. SCOTT SMITH, JD
AMS DIRECTOR OF GOVERNMENTAL AFFAIRS



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WHERE WE CAN VOTE, AND IT'S EASY TO
TAKE THIS PRIVILEGE FOR GRANTED.**

ARKANSAS IS A BEAUTIFUL STATE. WHEN I VISIT WITH PEOPLE FROM OTHER PARTS OF THE COUNTRY AND TELL THEM WHERE I'M FROM, THE FREQUENT RESPONSE GOES SOMETHING LIKE THIS, "ARKANSAS IS SUCH A PRETTY STATE." IF YOU'VE TAKEN A DRIVE THROUGH THE OZARKS IN THE FALL, SPENT TIME ON ONE OF OUR LAKES IN THE SUMMER, OR FISHED OR FLOATED OUR RIVERS, YOU KNOW WE LIVE IN A WONDERFUL STATE. HOWEVER, IF YOU'RE LIKE ME, IT'S EASY TO TAKE IT FOR GRANTED NOW AND THEN, PARTICULARLY WHEN I REALIZE I HAVEN'T BEEN OUT IN IT LATELY.

I try to get out and enjoy Arkansas as often as possible. When enveloped by beauty, sometimes it's too close to see. A quick fix is to travel somewhere with no trees, hills, lakes, or rivers. I remember a flight I took years ago back from West Texas landing in Fayetteville. Yes, West Texas has its own beauty, and the people there are truly lovely. Nevertheless, the contrast between the two short flights

was nothing short of extraordinary and made quite an impression on me.

Similarly, we all live in a beautiful country where we can vote, and it's easy to take this privilege for granted. After all, it's all around us. Most of us have been able to vote since our senior year in high school. Consequently, the opportunity happens regularly enough that it's easy to forget or place as a lower priority.

I understand we're all busy. I also understand that whatever I prioritize generally gets done before the things not prioritized. Most of us have said at some time, "I don't have time today

to vote, and it probably won't make a difference anyway." Truthfully, voting normally doesn't take much time, and your vote CAN make a difference.

In the 2022 general election with over 8,000 votes cast, the AMS past president Rep. Steve Magie, MD, won his race by 10 votes! Thankfully, Dr. Magie is running again with our strong support and we're all hoping for a much larger margin of victory this year. You can follow Dr. Magie and contribute to his campaign at stevemagie.net.

Every vote counts, so please make plans to prioritize voting in this general election.



VOTING BASIC INFORMATION

The registration deadline was Monday, Oct. 7. If you registered, go to VoterView or call your county clerk's office to check your status and see sample ballots.

Early in-person voting is Monday, Oct. 21 through Monday, Nov. 4. In most counties, early voting takes place at your county clerk's office, but contact them to see if there are other locations. More early voting information, including hours, is available at the secretary of state's website.

Absentee ballots are only for those who can't make it to a polling site on Election Day because of illness, disability, religious observance or another acceptable reason. For more information, visit the secretary of state's website.

The general election is Tuesday, Nov. 5, and polls are open from 7:30 a.m. to 7:30 p.m. You must be in line before 7:30 p.m. and bring a photo ID, such as your driver's license or U.S. passport. Find your polling location at VoterView.

APPLYING FOR ABSENTEE BALLOT

By mail: Download a copy of the application, then mail the completed form to your county clerk's office.

By phone or email: Request a mailed copy of the application from your county clerk's office. The completed application can be mailed, emailed, or dropped off at the county clerk's office.

In person: Visit your county clerk's office to pick up and complete an application through the close of business on Friday, Nov. 1.

The clerk's office must receive any mailed or emailed application by Tuesday, Oct. 29 for the general election.

RETURNING AN ABSENTEE BALLOT

Return the absentee ballot by mail or in person.

By mail: Mail ballot to your county clerk's office. Ballots must be received by 7:30 p.m. on Tuesday, Nov. 5.

In person: Hand-deliver your ballot to your county clerk's office by close of business on Friday, Nov. 1, for the general election.

Deadlines may be different for military members living overseas. Visit the secretary of state's website for more information.

Visit VoterView to track your ballot status.

ELECTION DAY VOTER ID REQUIREMENTS

An acceptable photo ID such as an Arkansas driver's license, a concealed carry license, or a U.S. passport is required when voting in person. Expired IDs can be used as long as expiration is within four years of the election.

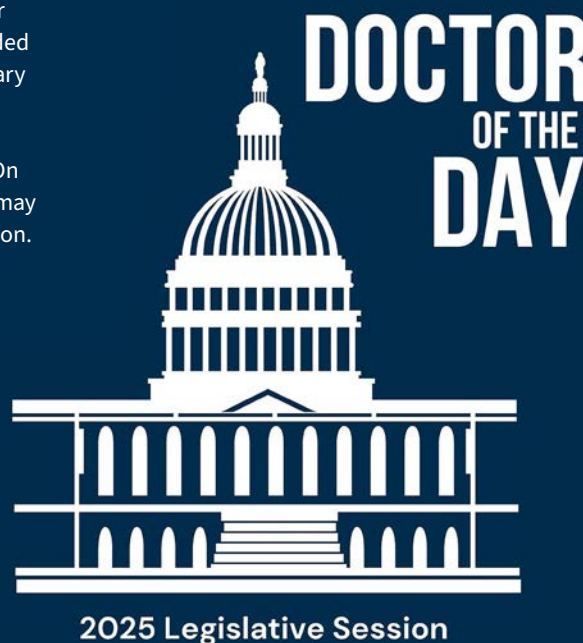
Free voter verification cards are available from your county clerk's office if you have no other acceptable ID. If there is no acceptable form of ID when at the poll, a provisional ballot must be used. Acceptable ID must be taken to your county clerk's office by noon on Monday, November 11 for your provisional ballot to count. ■

VOLUNTEER TO BE A 2025 DOCTOR OF THE DAY!

The Arkansas Medical Society will again sponsor the Doctor of the Day program for the 2025 legislative session of the Arkansas Legislature. AMS members have provided this important service for over four decades. The session begins on Monday, January 13, 2025, and will continue for 60 days, but the Legislature can vote to extend.

Physician volunteers are needed Monday through Thursday from 9 a.m. to 3 p.m. On Friday, volunteers are needed from 9 a.m. to noon. Please remember that Fridays may be canceled with little notice if the Legislature votes to recess on Thursday afternoon. Please provide your cell number on the form for quick notification. The Society will not share the number.

Doctors of the Day attend legislative committee meetings and have floor privileges in both chambers for introductions. AMS coordinates with the Arkansas Department of Health to provide nursing coverage when the Shuffield Infirmary is open. A parking pass will be sent one week prior to the designated date of service.



Positive Experiences Impact Health

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

*“Children . . . ugh, I could never
do kids . . . or their parents!”*

How many times have I heard this statement or something similar in my twenty-five years of pediatric practice? It is true that the direct care of children (and their families) is not for everyone. I started my career, however, thinking that by doing pediatrics, I would be free from the ills of adults. Children and the ills they encounter are often at no fault of their own – such as excessive smoking or drinking, lack of exercise, poor social choices, etc., unlike those adults who have brought so much upon themselves! And they should have the will to find a way out of the issues impacting their health. Right?

I did think that way until I began to learn about Adverse Childhood Experiences (ACEs) and the impact they have on our adult patient’s mental and physical health. Arkansas ranks highest in the United States with the number of adults who report one or more ACEs. The more ACEs you have, the worse your health. What happens in childhood impacts your health for the long haul. ACEs tend to perpetuate themselves across generations. The parents of the children whom I take care of are highly traumatized folks. I can’t take care of the children without caring for the parents. And their grandparents. And all the adults in their family and community.

We can’t do anything about ACEs that have already occurred. But what we know about ACEs can help us intervene now to stop or alleviate some trauma and even prevent future ACEs! Becoming aware of ACEs and possibly starting to screen for ACEs can cause a dynamic shift in practice. Moving from “what is wrong with you” to “what happened to you” can cause a dynamic shift within yourself. The work of identifying and addressing ACEs is overwhelming. No one person can turn the tide. But by working together, we can.

But let’s talk about the positive – Positive Childhood Experiences (PCEs). A growing body of research and knowledge about the impact of PCEs supports the importance of nourishing, safe, and consistent relationships with trusted adults as the strongest protective factor for our children and youth. Even just one caring adult makes a considerable difference in a life. The good outweighs the bad, even in the worst of situations.

Positive Childhood Experiences questions asked how often the respondent:

1. Felt able to talk to their family about feelings
2. Felt their family stood by them during difficult times
3. Enjoyed participating in community traditions
4. Felt a sense of belonging in high school
5. Felt supported by friends
6. Had at least two non-parent adults who took genuine interest in them
7. Felt safe and protected by an adult in their home

<https://positiveexperience.org/wp-content/uploads/2020/03/BRFShandout2-18.pdf>

YOU, even beyond your role as a healthcare professional, have an impact as an individual to help children feel safe and supported by increasing that sense of belonging and meaning for a young person. Creating these PCEs can prevent ACEs and, more importantly, build resilience.

Screening for PCEs in practice is much easier than screening for past trauma. It's important to identify a family's and a child's strengths. Children with more PCEs are less likely to suffer from anxiety and depression, improving their lifetime chances of optimal mental health. And knowing that, they grow up into healthier adults.

Because of our standing in society, we must model these positive behaviors when dealing with children and young people, especially with young parents. Smiling at neighbors, assisting those in need, being kind to the cashier at the store, helping a lost child find their caregiver or another trusted adult who can help them, thanking a service worker, sending a supportive email to a teacher, acknowledging strangers in the room with a greeting, and not getting upset with a crying baby or child, are all examples of how we can impact people's health and wellbeing in and out of the exam room.

Creating safe and inclusive environments helps patients trust you and your staff more. Feeling they are understood and not judged creates a practice environment that improves care and health outcomes. It also enhances the environment for all your staff.

Many of us have experienced ACEs. With some thought, we can often identify that adult in our life who made the difference. Those positive experiences matter the most, including being kind and forgiving to ourselves so that we can keep taking good care of others.

Take the advice of your pediatrician. ▲



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.



SHANNON COOPER, MD, FACP, FAAP

Specialty:

Internal Medicine and Pediatrics

City:

Walnut Ridge

AMS Member Since:

2005

Family:

My husband, Brett, and I have been married for 22 months. We were both happily single until a mutual friend thought to introduce us about 2.5 years ago. We are now married and enjoying this new chapter in our lives. We have a dog, Etta, and a cat, Ellie, and they both have us well-trained to their wants and needs!

Why are you an AMS member?

I appreciate all the Society does to help physicians and patients. The work we do at the Legislature is vital to our practices and our ability to provide the best care for our patients. Also, I enjoy getting to know physicians from around the state and various specialties.

Who inspired your career in medicine?

My grandmother was a public health nurse for over 40 years, as well as a midwife. She started her career in the 1920s and had amazing stories of caring for patients in the Pine Bluff area. Her stories and inspiration were the reasons I decided to look to medicine as a career.

What do you enjoy most about being a doctor, or your specialty?

I practice primary care in a rural health setting. I enjoy getting to know and treat an entire family and working with them to not only treat illness but also to help prevent illness and disease.

What are the most critical healthcare issues facing Arkansas today?

Lack of access to the most appropriate medications and treatments, including cost concerns; preventative screenings that are not covered or not emphasized to patients on importance; challenges to seeing specialists in a timely fashion; and healthy food options.

What do you like to do on days off or weekends?

I enjoy kayaking, hiking, reading, trying out new restaurants (especially international cuisine), and watching sporting events (live and on TV). 



Dr. Cooper with husband, Brett, and the couple's dog, Etta.





WILLARD G. BURKS, MD

Specialty:

Family Medicine

City:

Wynne

County Medical Society:

Cross County

AMS Member Since:

1965

Family:

My wife, Vel, and I have been married 63 years. We have four children and eight grandchildren.

Why are you an AMS member?

My partners were members since 1950.

Who or what inspired your career in medicine?

My family doctor in Monticello. When he was setting my leg, I thought, 'He does a lot of good for our society, I would like to be like him.'

What do you like most about being a doctor, or your specialty?

I have been a doctor in this setting since 1965; I have delivered 3,000 children and have seen them grow to the point they are grandparents. I am a part of their family.

What is the best professional advice you have received?

Never get in a hurry.

What advice do you have for young people considering a career in medicine?

Go into medicine if you want to serve. Never do it for money. If you do it to serve, you will have a happy life.

What is the most critical healthcare issue facing Arkansas today?

Insurance companies are the runners of medicine. They are about money not people.

What do you like to do on days off or weekends?

Bush hog; work in the yard

Dream Car?

Corvette (I have owned 20)

What is something surprising or interesting about you?

We (Vel and me) have raised three world-champion walking horses. I was a general in the Arkansas National Guard and served as president of the Chamber of Commerce twice. 🇺🇸

Dr. Burks with his granddaughters



Dr. Burks with wife, Vel



NYITCOM'S BLOESCH RECEIVES ISAACSON SCHOLARSHIP

RITTER ARNOLD, AN ARKANSAS BUSINESSMAN AND PHILANTHROPIST, HAS A HEART FOR SMALL COMMUNITIES LIKE HIS HOMETOWN OF MARKED TREE. THAT'S WHY HE ALONG WITH HIS BROTHER PAUL AND SISTER MELISSA WRENN ESTABLISHED A SCHOLARSHIP IN 2023 TO SUPPORT MEDICAL STUDENTS AT NEW YORK INSTITUTE OF TECHNOLOGY COLLEGE OF OSTEOPATHIC MEDICINE AT ARKANSAS STATE UNIVERSITY WHO ARE INTERESTED IN PRACTICING IN RURAL, MEDICALLY UNDERSERVED TOWNS LIKE THE ONE THE ARNOLDS GREW UP IN.

Last month, Karley Bloesch was awarded the second-annual Dr. Micheal & Julie Isaacson Scholarship during the NYITCOM at A-State's Class of 2028 White Coat Ceremony. Bloesch is a native of Poplar Grove, a small community located in Phillips County, and plans to serve her home community as a physician.

"I'm extremely grateful to the Arnold family and Dr. and Mrs. Isaacson for this gift and I'm humbled to be selected," Bloesch said. "Being from a small Delta town, rural healthcare impacts my life daily and seeing the disparities within it inspires me to make an impact. This scholarship will not only help financially, but it will help motivate me to become the physician that my community needs."

The scholarship is named after Arnold's dear friends Dr. Michael and Julie

Isaacson. Dr. Michael Isaacson is a retired cardiologist who practiced at NEA Baptist in Jonesboro for nearly 40 years and cared for numerous members of the Arnold family. Julie Isaacson is a registered nurse who spent four decades practicing the profession while also training aspiring healthcare workers at the collegiate level.

Arnold has been a member of the NYITCOM at A-State dean's advisory board since its inception in 2017 and has been an ardent supporter of NYITCOM and its mission.

"Ritter and his family have shown an unwavering commitment to improving healthcare in the Delta, and we are incredibly grateful for their support," said Shane Speights, DO, dean of NYITCOM at A-State. "We can't thank them enough for all they've done for our medical school and for their dedication to helping us live out our mission of making a difference through healthcare and health education."

LAURENT APPOINTED TO U.S. HEALTH & HUMAN SERVICES ADVISORY COMMITTEE

The United States Secretary of Health and Human Services has appointed Brookshield Laurent, DO, to serve on the Advisory Committee on Training in Primary Care Medicine and Dentistry (ACTPCMD).

Dr. Laurent, associate dean of population and public health for NYITCOM at A-State, was nominated by the American Association of Colleges of Osteopathic Medicine (AACOM) and will serve a three-year term on the committee. AACOM is a national organization that represents and advocates for all osteopathic medical schools across the U.S.

The ACTPCMD provides advice and recommendations to the HHS Secretary concerning policy and program development and other matters of significance concerning medicine and dentistry activities. Additional activities include developing, implementing performance measures, and recommending funding levels for certain federal programs. The Committee is made up of 14 members representing a broad spectrum of stakeholders in the medical and dental communities.

Dr. Laurent has served as a faculty member at NYITCOM at A-State since its inception in 2016. In addition to leading the medical school's population health and health education efforts, Dr. Laurent previously served as the chair of the department of clinical medicine and is a board-certified family medicine physician. ■

Karley Bloesch



Brookshield Laurent, DO



ARCOM GRADUATE HELPS SAVE A LIFE

DURING A VACATION IN CHARLESTON, SC., ARKANSAS COLLEGE OF OSTEOPATHIC MEDICINE (ARCOM) GRADUATE KYLIE DUNN, DO, FOUND HERSELF IN A LIFE-SAVING ROLE.

Originally from Alma, Ark., and a recent ARCOM graduate, Dr. Dunn was celebrating with friends in Charleston when an emergency unfolded nearby. “All of a sudden, a lady next to me fell and hit the ground,” Dr. Dunn recalls. The woman was unconscious and gasping for air.

Drawing on her years of training at ARCOM, Dr. Dunn acted swiftly. With the help of a nurse who was also present, she performed CPR on the woman for about 10 minutes until emergency responders arrived. “We continued chest compressions until they got there,” Dunn says, describing the tense moments as they awaited further assistance.

That evening, the situation weighed heavily on Dr. Dunn. However, her concerns were soon alleviated when a police officer who was on the scene called to inform her that the woman had survived. “I just tried to rely on the training I’ve had. This experience gave me reassurance and confidence for my upcoming residency,” Dr. Dunn reflects.

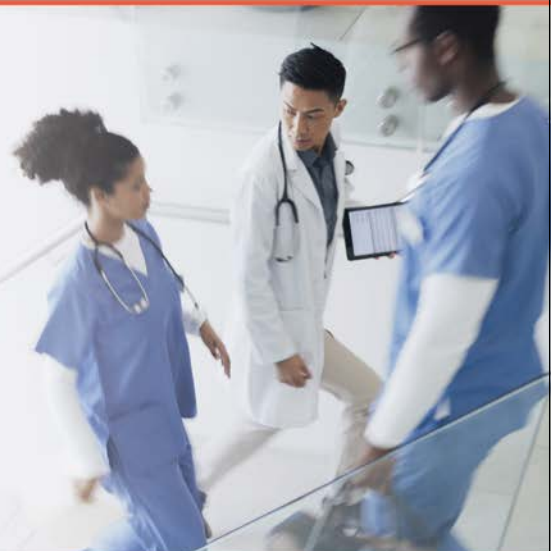
Dr. Dunn’s actions serve as a strong testament to the power of compassion and the impact one person can have in a moment of crisis. She says her unforgettable experience in Charleston will serve as a reminder of the difference she and all Arkansas Colleges of Health Education (ACHE) students and alumni can make in the lives of others. ■



Kylie Dunn



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UAMS STUDENTS WIN NATIONAL INTERVENTIONAL RADIOLOGY COMPETITION WITH DEVICE DESIGN

A TEAM OF FIVE UAMS MEDICAL STUDENTS TOOK HOME TOP HONORS IN THE BIODESIGN COMPETITION AT THE SOCIETY OF INTERVENTIONAL RADIOLOGY (SIR) ANNUAL MEETING EARLIER THIS YEAR FOR THEIR DESIGN OF A NOVEL “ACCESSANYWHERE” CATHETERIZATION TRAINER.

And they aren’t done yet.

The team is developing a prototype of the device that will combine an affordable, portable vascular model with computer-mediated sensing, recording and feedback capabilities to give interventional radiology (IR) fellows, residents, and medical students an opportunity to practice the fundamental skill of catheterization in a low-pressure environment before attempting it in the IR suite. If all goes well, the team will pursue a patent and further advance their invention.

“Participating in the SIR Biodesign Competition was an inspiring journey that deepened our understanding of medical device design and team dynamics,” Mason Belue, now a senior,

said on behalf of the team. “It opened doors to invaluable networking with mentors, innovators, and fellow students in interventional radiology.”

Also on the team are juniors Andrew Mathews, Milenko Petrovic, Aaron Rieth, and sophomore Josue Calderon. Contributing to their victory were faculty mentors and interventional radiologists Mollie Meek, MD; Robert Dixon, MD; and Brandon Allen, MD; who participated in the contest the previous year and graduated from UAMS in May.

Student teams from across the country were challenged to design an innovation prompted by the theme of telehealth in interventional radiology. The UAMS students interviewed interventional radiologists in central and northwestern Arkansas to learn about procedural training needs that could be addressed in part through such technology.

The team learned that some of the most common IR procedures incorporate central and peripheral venous catheterization, amplifying the need

for effective training. Thus, the idea for the AccessAnywhere catheterization trainer was born. After presenting their project virtually in a preliminary round, the team was named as one of two finalists and advanced to the final round at the national meeting.

“The knowledge, creativity, and dedication of these UAMS students is incredibly impressive,” said Becky Latch, MD, associate dean for student affairs in the College of Medicine. “I find inspiration in the excitement and enthusiasm these students have for innovation and for improving the care of patients. I hope all of us ‘more seasoned’ physicians can use their inspiration to reinvigorate our own dedication to improving our patients’ health through innovation.”

“As aspiring physician-scientists, we are confident that our success will lead to future collaborations and breakthroughs,” said Belue. “We are excited to continue developing AccessAnywhere to make a meaningful impact on patients and students alike.”

The winning team from UAMS in the SIR Biodesign Competition and their mentors include, from left: Milenko Petrovic; Aaron Rieth; Brandon Allen, MD; Mollie Meek, MD; Robert Dixon, MD; Andrew Mathews; Mason Belue; and Josue Calderon.

UAMS students celebrate their teamwork and the trophies they earned in the Society of Interventional Radiology’s national Biodesign Competition.



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AMS Benefits was created by the Arkansas Medical Society to delivery quality insurance coverage to Arkansas physicians, their families, and their staff. We understand your busy schedule and will work to give you the protection you need to focus on your patients.

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NPN# 1653222
AR License #100112594



TRAINING BY PRECEPTORS

BY SAM TAGGERT, MD

WITH THE EXCEPTION OF A FEW MEN LIKE DR. MATTHEW CUNNINGHAM OF LITTLE ROCK, WHO WAS UNIVERSITY TRAINED, MOST PHYSICIANS IN ARKANSAS DURING THE 19TH CENTURY WERE TRAINED BY PRECEPTORS.

These young apprentice physicians spent a specified time with a practicing physician, usually six months to a year. Often, they attended for a period of two to three months at a proprietary medical school for additional training; schools in Kansas City, St. Louis, Louisville, and Nashville were commonly used by these young apprentice physicians in Arkansas and the mid-south. There are two delightful extant books that detail the lives of these apprentice physicians in a semi-autobiographical fashion.

"Odd Leaves from the Life of a Louisiana Swamp Doctor," by Henry Clay Lewis, tells the story of Madison Tensas who apprentices to a doctor in the 1840s near the town of Yazoo City, Miss. In one telling quote, he expresses his feelings about his preceptor: "I am not much, yet what I am he made me; and when my heart fails to thrill in gratitude at the silent breathing of his name, may it be cold to the loudest tones of life."

"The Life and Adventures of an Arkansaw Doctor," by David Rattlehead (the pen name for Marcus Bryn), details the life of a young man as he apprentices himself to a local physician and makes his way through several courses of medical study before ending up in the swamps of east Arkansas to establish his own practice.

It is important to remember that most of these men were quite young, some only sixteen or seventeen years old. An intelligent, quick, sober mind was considered essential because one of the first chores they were assigned was to begin to memorize the various medications used by their preceptor and spend a good deal of time pouring over the books in their teacher's library. A calm demeanor

with a quiet voice, soft touch, and a warm smile were considered highly useful.

Being calm and certain when everyone else was in turmoil helped to engender confidence. In a day where these men had few diagnostic tools, the ability to take a good thorough history; to sit quietly and listen to the patient's breathing; to palpate the pulse, percuss the organs, and auscultate the chest and abdomen were essential. In the first half of the 19th century, they did not even have the benefit of a stethoscope.

As noted above, most of these men were quite young and the ability to grow a full set of whiskers suggested maturity. Once the candidate had begun to show a degree of proficiency, he accompanied the teacher on his calls: watching, learning, and doing. In the first half of the 19th century, when the preceptor was convinced that the potential young doctor was adequately prepared, the young man was encouraged to relocate to a new community and put out his shingle.

As the 19th century progressed and medical schools/medical courses became more readily available, the apprentice

would take one or two courses of formal training that lasted for two to six months before setting out on his own. By the later part of the 19th century, once the apprenticeship was completed, the student was examined by a panel of physicians who then certified that the young doctor had the skills to practice the healing arts. Until the advent of state licensing in the early 20th century, the authority of these panels of physicians rested with the counties.

In the Pre-Germ theory days (prior to 1870s), these physicians labored under a faulty system of diagnosis and treatment; however, there is little question that most of these men, even those with minimal training, were bright, literate, devoted to their patients, and deeply involved in their communities. Any doubts the public had about physicians as a whole, they valued their own doctor. ■



MOST OF THESE MEN WERE QUITE YOUNG AND THE ABILITY TO GROW A FULL SET OF WHISKERS SUGGESTED MATURITY.

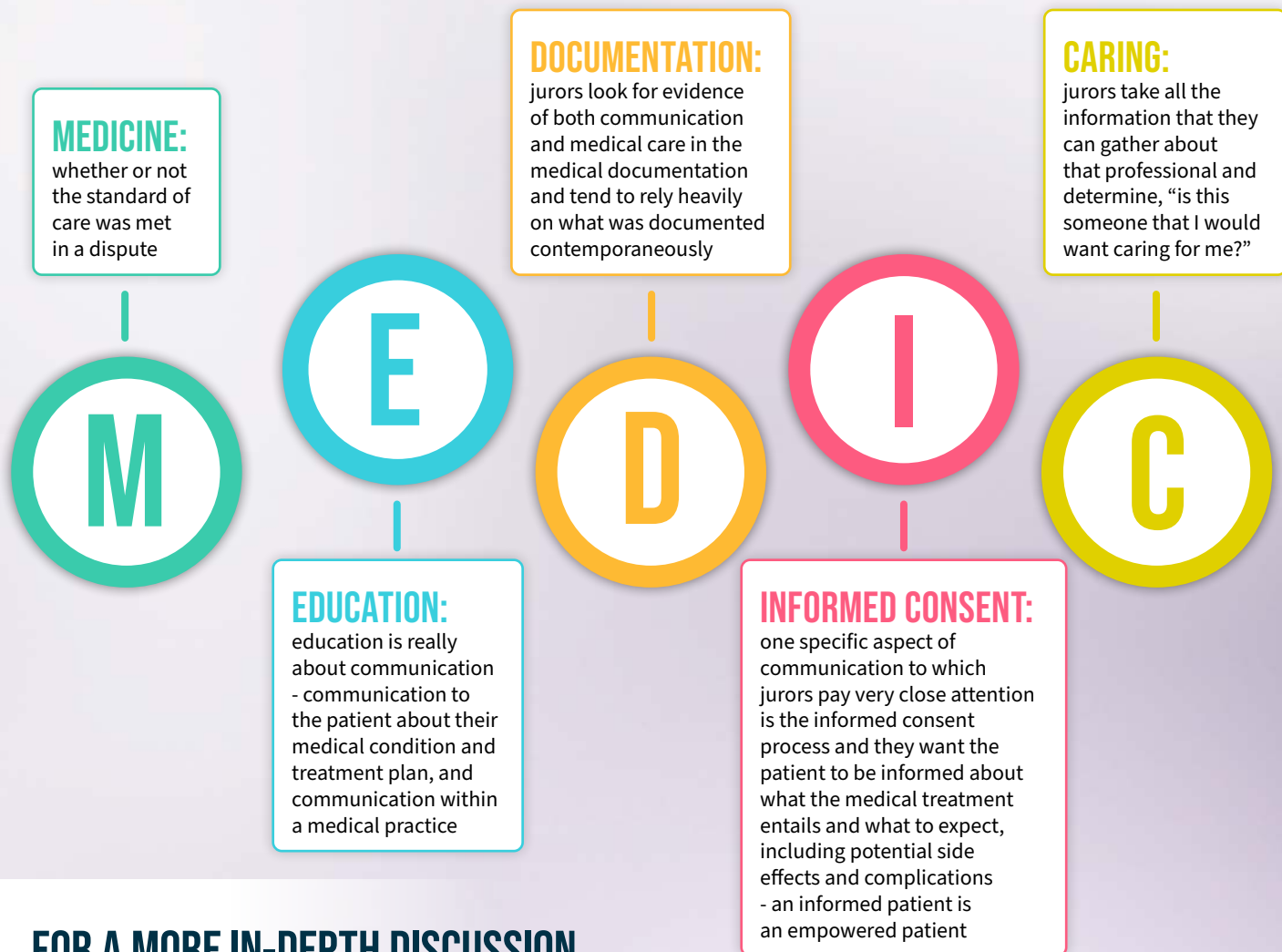




RISK MATTERS: M.E.D.I.C

JEFFREY A. WOODS, JD, DIRECTOR OF RISK EDUCATION, SVMIC
REPRINTED FROM THE SVMIC SENTINEL

A FEW YEARS AGO, NATIONALLY RECOGNIZED TRIAL CONSULTANT, DR. JILL HUNTLEY-TAYLOR, WAS A CONTRIBUTOR TO SVMIC'S LIVE SEMINAR PROGRAM THAT OUTLINED JUROR EXPECTATIONS IN A MEDICAL MALPRACTICE TRIAL. TO IDENTIFY THESE EXPECTATIONS, SHE USES THE ACRONYM "MEDIC" WHICH STANDS FOR:



FOR A MORE IN-DEPTH DISCUSSION



READ DR. HUNTLEY-TAYLOR'S SENTINEL ARTICLE:

Addressing Juror Expectations in Everyday Practice: MEDIC



LISTEN TO

Your Practice Made Perfect Episode 51: Keeping Calm in the Courtroom

Dr. Huntley-Taylor breaks down the process of preparing medical professionals for trial.

Both are available on the Resources section of www.svmic.com.

ARKANSAS OPHTHALMOLOGISTS RAISED MORE THAN \$30,000 FOR THE ARKANSAS SCHOOL FOR THE BLIND AND VISUALLY IMPAIRED THROUGH SOLAR ECLIPSE GLASSES FUNDRAISER



AOS members along with school officials and area legislators.

Members of the Arkansas Ophthalmological Society raised over \$30,000 to benefit the Arkansas School for the Blind and Visually Impaired by selling eclipse glasses for the solar eclipse in April. Thirty-seven members

representing 17 clinics from across the state participated in this project. This initiative was led by Lydia Lane, MD, and Tracy Baltz, MD, from Little Rock Eye Clinic, in collaboration with members of the Arkansas Ophthalmological

Society. In honor of August being Children's Eye Health and Safety Month, the check presentation to the school was made on August 19. ■

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PERSONAL LOAN VS. CREDIT CARD: WHICH OPTION FITS YOUR NEEDS

MICHAEL JERKINS MD, M.ED.

When it comes to deciding between a personal loan or a credit card, the right choice depends on your financial goals and how you plan to use the funds.

As physicians, both financial tools can help with various expenses including exam fees, relocation costs, unexpected medical bills, and everyday expenses. However, selecting the right option for your needs is important to maintaining your long-term financial stability and success.

Let's explore these options and figure out which one aligns best with your needs.

PERSONAL LOAN

A personal loan provides a lump sum of money from a lender, usually with a fixed interest rate and a set repayment schedule. These loans offer predictable monthly payments and often feature lower interest rates compared to credit cards, making them a good option for long-term financial commitments.

WHEN SHOULD YOU OPT FOR A PERSONAL LOAN?

Personal loans can be used for many different financial needs but are particularly useful for more substantial or long-term expenses like:

- Medical bills
- Relocation costs
- Home renovations
- Debt consolidation

PROS & CONS OF PERSONAL LOANS

PROS:

- Lower interest rates than credit cards
- Clear end date for debt repayment

CONS:

- Requires good credit for favorable terms
- May include prepayment penalties
- Not ideal for ongoing expenses

CREDIT CARD

A credit card offers revolving credit, meaning you can borrow up to a specific

limit and repay it over time. Credit cards provide rewards programs, flexibility, and an opportunity to build credit if managed responsibly (which can be especially important for young doctors).

WHEN SHOULD YOU USE A CREDIT CARD?

Credit cards are great for smaller, recurring expenses, only if you can pay off the balance in full each month. Holding a balance on a credit card can lead to debt that can be difficult to manage, so we advise using credit cards only when you're able to pay them off each month.

PROS & CONS OF CREDIT CARDS

PROS:

- Flexible spending and repayment options
- Potential for rewards or cashback
- Can help build credit with responsible use

CONS:

- Higher, variable interest rates, which can be costly if carrying a balance
- Risk of rapid accumulation of debt
- May include annual fees

WHICH IS RIGHT FOR YOU: A PERSONAL LOAN OR A CREDIT CARD?

If you need a substantial amount of money for a specific purpose and plan to pay it off over several months or years, a personal loan might be the best choice. On the other hand, if you prefer flexibility and can pay off your balance each month, a credit card might be better suited to your needs.

The decision between a personal loan and a credit card hinges on your financial objectives, creditworthiness, and spending habits.

NEED A PERSONAL LOAN?

Panacea Financial offers PRN Personal Loans tailored specifically for doctors. Plus, Arkansas Medical Society members are eligible for exclusive discounts on personal loans.

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ABOUT MICHAEL JERKINS, MD, M.ED

Michael is the president and co-founder of Panacea Financial and is also a practicing physician in Little Rock, Ark. After earning his BBA in economics, he deferred his medical school acceptance to teach middle school science in the Phoenix, AZ, area while also earning his master's in education from Arizona State University. He then completed medical school at the University of Tennessee Health Science Center before finishing his residency at University of Cincinnati Medical Center and Cincinnati Children's Hospital. With a faculty position and board certifications in both internal medicine and pediatrics, Michael is able to treat patients of all ages and teach medical trainees in both inpatient and outpatient settings. ■

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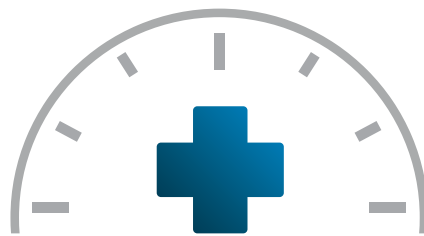
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Jane Kang, MD
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ARKANSAS MEDICAL SOCIETY BOARD OF TRUSTEES MEETING MINUTES

AUGUST 21, 2024

ANTHONY JOHNSON, MD
AMS CHAIRMAN OF THE BOARD



The Arkansas Medical Society Board of Trustees met via zoom on Wednesday, August 21, 2024. AMS board members and past presidents attending were Drs. Ahmed Abuabdou, Dale Blasier, Willard Burks, George Conner, Shannon Cooper, Jacob Dickinson, David Dobies, Jennifer Doyle, Candace Franks, James Hunt, Anthony Johnson, Edward Jones, Sujit Kotapati, Randy Maddox, Nirvana Manning, Tim Paden, Naveen Patil, Clara Puente, Mark Ramiro, Carolyn Reeves, Mark Renno, Chad Rodgers, Jeremiah Rutherford, Alan Schumacher, Courtney Sick, Bala Simon, Jerakaycia Smith, Kathryn Stambough, Randy Walker, Danny Wilkerson, Mark Wren, Stacy Zimmerman, Scott Cooper, Scott Ferguson, David Jacks, Kay Chandler.

Staff and guests included: Mike Mitchell, Amy Pritchard, David Wroten, Scott Smith, Mary Ann Mansfield, Courtney Salmon, Laura Hawkins, Casey Penn, and Nicole Richards.

CHAIRMAN ANTHONY JOHNSON, MD, CALLED THE MEETING TO ORDER AND THE FOLLOWING BUSINESS WAS RECEIVED AND TRANSACTED:

1. The Chair welcomed members to the meeting. He called for any necessary disclosures to be made.
2. The Chair asked for a motion to approve the board minutes from May 17, 2024. There was a motion and a second. The motion passed.
3. The Chair introduced and called upon Arkansas Surgeon General Kay Chandler, MD, to make a presentation on improving maternal health in Arkansas.
4. The Chair announced a vacancy in District 8 to fill the position vacated by Dr. Patil when he was elected vice president. The vacancy will be filled at the October fall meeting.
5. The Chair called on Executive Vice President David Wroten to give his reports on membership and finances.
6. The Chair called on AMS Vice President Naveen Patil, MD, to give an update on the 150th Anniversary planning.
7. The Chair called attachments 4 and 5 to the board's attention.
8. The Chair reminded the board of the upcoming fall legislative board meeting on October 25 at Chenal Country Club. There will also be a social event on Thursday night, October 24, at Little Rock's Top Golf. More information will be forthcoming.
9. The Chair thanked everyone and adjourned the meeting. ■



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