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OF THE ARK[...]L SOCIETY
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JULY 2019

DENNIS YELVINGTON, MD

AMS PRESIDENT 2019-2020

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THE Journal OF THE ARKANSAS MEDICAL SOCIETY

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Sandy Johnson, MD

COMMENTARY

Thank you Dr. Lee Johnson

Dr. Lee Johnson is the best brother-in-law ever. In 1997, when we were both residents, Lee arranged a blind date for me with his only brother, Brad. Marrying Brad and becoming a dermatologist are two of the best decisions I ever made. As you know, you marry both your spouse and his family. Fortunately, I married into an amazing family. Lee wants to make our world a better place to live. He is doing this by raising three amazing children with his astonishing pediatrician wife, being a great ER physician, and now serving as a representative to the Arkansas House.

This (his first) legislative session dealt with many medical issues, including scope of practice situations.

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I encourage all of you (and me) to become familiar with what is happening on both the state level and the national level. I am thankful to Lee and to all who take the time to maintain the professionalism of the practice of medicine. While Lee was serving as an Arkansas representative to make our state better, I was wasting time looking at Facebook. While on Facebook, I saw a post from an esthetician in our Fort Smith community who is hiring "MD, NP, BSN, RN, LPN, MA, Laser tech, Esthetician, Massage Therapist, Receptionists: all with an energetic personality and ready to WORK and change your life. Send your resume to xxx."

This prompted me to review the Arkansas Medical Act and Regulations that were revised by our Arkansas State Medical Board in August 2018. I also looked at guidelines set forth by the AAD, the ASPS, American Med Spa Association, etc. It clearly states that in our great state of Arkansas, all medical practices must be owned by a medical doctor according to Regulation 4-29-305. For example, I need and have two medical licenses for the state of Arkansas. One is for me personally to practice medicine, and one is for Johnson Dermatology for the practice of medicine to occur at our location. This means that a nurse or an esthetician cannot own a medical practice in the state of Arkansas since they cannot apply for the practice of medicine at their location. I don't understand, then, how this person is able to hire an MD or offer the practice of medicine at her location. I am also not sure how a local nurse practioner is able to advertise that she is the "fifth nurse practioner to open her own clinic in Arkansas."

The American Med Spa organization also has clear guidelines about the practice of medicine within a medical spa. There is a link to an article from their website. The American Academy of Dermatology has a position statement about medispas that reads, "Medical spas are facilities that offer a range of services, including medical and surgical procedures, for the purpose of improving an individual's well-being and/or appearance. The distinguishing feature of medical spas is that medicine and surgery are practiced in a non-traditional setting. Procedures by any means, methods, devices, or instruments that can alter or cause biologic change or damage the skin and subcutaneous tissue constitute the practice of medicine and surgery. These include (but are not limited to) the use of scalpels, all lasers and light sources, microwave energy, electrical impulses and all other energy-emitting devices, thermal destruction, chemical application, particle sanding, and other foreign or natural substances by injection or insertion. Any procedure that constitutes the practice of medicine, including (but not limited to) any procedure using a Food and Drug Administration (FDA)-cleared or regulated device that can alter or cause biologic change or damage, should be performed only by an appropriately-trained physician or by appropriately-trained non-physician personnel under the direct, on-site supervision of an appropriately-trained physician in accordance with applicable local, state, or federal laws and regulations."

As physicians, we all strive to follow the Hippocratic Oath, "first do no harm." If I have said anything incorrect, please reach out to me and educate me. If you would like to learn more, here are some links that I used to gather information. If you see Lee (or Jen), please tell them hello from me. Even though we live within a few miles of each other, I do not get to see them as often as I like or tell them "Thank you" as often as I like – for making my life better, personally and professionally. Stay skintastic.

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John Burge, MD, emceed the 50 Year Club presentations.

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Catching up after lunch and awards presentation.

Gerald Stolz, MD; James Bledsoe, MD; Kenneth Meacham, MD

by CASEY L. PENN

AFMC Welcome Reception & President's Inaugural Gala

Highlights from the 143rd Annual Meeting

The 143rd Annual Meeting of the Arkansas Medical Society brought members back to downtown Little Rock's DoubleTree Hotel. The one-day meeting included several educational seminars, an awards luncheon, and an AMS Board of Trustees meeting that was open to all members.

After the day's work came to an end, attendees regathered to enjoy the evening portion of the event. The Arkansas Foundation for Medical Care-hosted reception led into the anticipated President's Gala honoring incoming AMS President Dennis Yelvington, MD.

Swearing in of 2019-2020 Officers and Board of Trustees

Dr. Dennis Yelvington escorted by Drs. Steven Strode and Joe Stallings for installation as President.

In addition to AFMC, contributors included AMS Benefits, Inc.; State Volunteer Mutual Insurance Company; Alexion; Arkansas Blue Cross and Blue Shield; Arkansas Health & Wellness/Arkansas Total Care; and First Security Bank.

After dinner and entertainment by inspirational humorist Dennis Swansberg, outgoing AMS President Lee Archer, MD, invited past AMS presidents to join him in welcoming into office the 2019-2020 AMS President, Dr. Yelvington.

In accepting the gavel, Dr. Yelvington expressed love for his family, his colleagues, and his profession. A father of four girls and husband to RN Sheryl Yelvington, he credited his wife and family for their support along the way. "It's an honor to serve as president of the Arkansas Medical Society," he said. "I'd like to thank the nominating committee and the membership. I've been a member for many years, and it's been quite an education. I've been amazed at the leadership and the drive of those who have served before me.

"The AMS has become a society of advocacy for medicine and the patients it serves," said Dr. Yelvington. "We've had too many rules and regulations put forth by state and federal laws, we have unhealthy policies from insurance carriers, and we've been told how to care for patients by non-physicians who say they can see the correct path [for us]. Too frequently, the rules are made by people who don't have to follow them – people who have no direct connection to medical care. We as a medical society are here to shine a bright light on the way forward. Our staff works diligently to convey our concerns to insurance carriers, the health network, our legislators, and our governor. Today, we learned about the successes and near misses that we had during this year's legislative session. It was the work of member physicians in this room and across the state that made a difference."

Dr. Yelvington is a family physician from Stuttgart, Ark., and a 34-year member of the Arkansas Medical Society. Learn more about him in our presidential profile, page 8. AMS

New AMS president, Dr. Yelvington, presents outgoing president Dr. Lee Archer with a gift for his service.

Linda Bell, MD; David Jacks, MD; Robert Bell, MD

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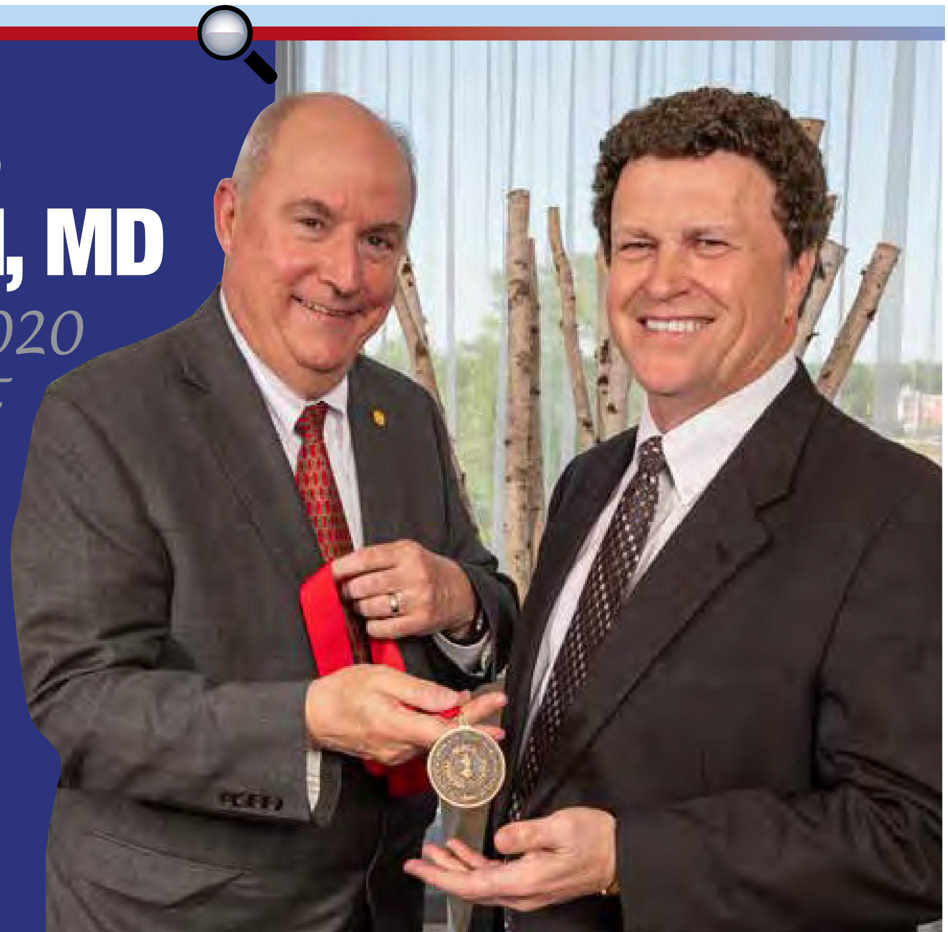
by CASEY L. PENN

DENNIS YELVINGTON, MD

AMS 2019-2020 President



Dr. Lee Archer, immediate past president of the Arkansas Medical Society, passes the president's medal to Dr. Dennis Yelvington.

Dennis Yelvington, MD, grew up on a farm in Clarendon, Ark. It was in his boyhood home that he was first touched by the power of good medicine. "I was very ill once as a child," he recalled. "Mother called Dr. Ben Pupsta, who drove five miles down our muddy, gravel road to care for me in our home. I remember my mother and father were very appreciative of his coming in the middle of the night."

Dennis Yelvington, MD, and his wife, Sheryl

Later, the Yelvington family moved to town and lived next door to Dr. Pupsta, who continued to make an impression on young Dennis. "He was a kind man who used to ride me around in the side car of his motorcycle."

Upon graduating from Clarendon High School, Dr. Yelvington first considered architecture as his career. He changed his mind, however, after more than two years of study in the University of Arkansas School of Architecture. "I realized that that was not what I wanted to do with my life," he said. "For one thing, it was going to take five-to-six years for me to get a bachelor's degree in architecture. I felt that was way too long. My mother suggested medicine, which I had brought up to her many years before. Looking back, I guess five-to-six years in architecture school was not so bad compared to 11 years for family medicine."

Dr. Yelvington completed UAMS Medical School in 1982 and went through residency at Jonesboro's Area Health Education Centers. Today he is a 37-year practicing family physician at Baptist Health Stuttgart Medical Clinic. The full-service clinic also boasts seven other physicians and five nurse practitioners. "We staff a total of six clinics and practice hospital medicine at Baptist Health Medical Center in Stuttgart.

"I remember my first day in practice there. I was across the hall from Dan Daniel, who had been there for about seven years and wanted me to get the right start. Dr. Daniel recommended that I always touch my patients when I saw them for a visit. You either shook their hand firmly or looked them in the eye while you touched their shoulder. This was part of the art of medicine."

Good influences were many for the young physician, but a few stand out in his memory. Jerry Morgan, MD, served as Dr. Yelvington's mentor during a sophomore preceptorship. "I learned many things from Dr. Morgan, the most important being to be kind to your patients," said Dr. Yelvington.

Joe Stallings, MD, was another role model for Dr. Yelvington. "My residency director, Dr. Joe Stallings, was particularly influential in encouraging me to be involved in organized medicine as well as its leadership."

> **"I learned many things from Dr. Morgan, the most important being to be kind to your patients."**
>
> *– Dr. Dennis Yelvington*

"Dr. Stallings has served in every leadership position within the Arkansas Academy of Family Physicians and in the Arkansas Medical Society. He encouraged all his residents not only to learn medicine but also to be involved in organized medicine. It's one of the things that he was very good at. If we weren't going, he would load us up and carry us to the meetings. It was at the Academy and Society meetings that I saw physicians take a stand for what they took an oath to do, and that is to put the patient's health and safety first."

An AMS past president, Dr. Stallings returned Dr. Yelvington's respect and recalled enjoyable times with his long-time colleague and former student. "Dennis was an early family medicine resident at UAMS," said Dr. Stallings. "If he had a question, he did not hesitate to ask for an answer. He knew where he was going to practice. He knew he would take care of everyone. He likes being a family doctor. He is family oriented and has a large family of his own. We had great times hunting … didn't always get a limit or fire a shot, but always found time for a laugh."

Continuing Service

Dr. Yelvington recognized early the importance of being involved in leadership roles. He is a former chief of staff and a member of the Baptist Health Medical Center (Stuttgart) Board of Trustees. He is a past vice chairman of the Arkansas Foundation for Medical Care, and he presently serves on the Underwriting Committee of the State Volunteer Mutual Insurance Company. In addition, he is a past president of the Arkansas Academy of Family Physicians and a current delegate to the national Academy of Family Physicians.

Dr. Yelvington's service to the AMS includes being past chairman of the Board and 34 years of active membership. As the face of the Society, he wants to grow membership throughout the state. "I'd like to encourage physicians who are nonmembers to join so that we may speak with one voice," he said. "Our influence to advocate for our members and patients is great when we stand together."

Another specific goal involves bringing more physician groups together to discuss shared goals. "I'd like the Society to consider a 'Board of Boards' meeting, annually or bi-annually, to discuss current issues that face physicians and our patients in the state of Arkansas," he suggested. "This [super] Board would consist of the Medical Society board of trustees, as well as the boards of other specialty organizations in Arkansas. We would include our three medical schools and other stakeholders as well.

"There is no other organization that has the membership and resources to speak for the physicians of the state of Arkansas and its patients better than the Arkansas Medical Society. We have a strong organization with great leadership, but we need every physician in the state of Arkansas to stand with us." AMS

Dr. Dennis Yelvington and his family.

Dennis Yelvington, MD

Medical & Professional Affiliations

Arkansas Academy of Family Physicians

Arkansas Foundation for Medical Care

Christian Medical and Dental Association

Arkansas Medical Society

Family matters: I'm a married Methodist with four daughters and one grandson.

Hobbies: I enjoy gardening and duck hunting. My favorite place to relax is on a houseboat in the middle of the White River Refuge.

by CASEY L. PENN

Public Health Update

Presenter: Gary Wheeler, MD, MPS

In an update on public health in Arkansas, Arkansas Department of Health Chief Medical Officer Gary Wheeler, MD, touched first on wins and losses associated with recent legislation. Act 5580, sponsored by Andy Davis, included a win for the state according to the ADH. "This Act puts into law that people under 21 years of age will no longer be able to purchase tobacco products," explained Dr. Wheeler. "We are happy to see this in the state."

Gary Wheeler, MD, MPS

"On immunization, Act 676 will require all schools to post online and locally the number of people who are not up-to-date on their vaccines," he said, of another win. "Under the current law, you're not supposed to be able to go to school unless you're up-to-date on your immunizations, yet we know that we don't get anywhere close to where we need to be. It's an issue. The number of kids who are exempted is less than 2%, so most of the kids are not getting vaccines because schools aren't requiring them. Still, exemptions are a problem. In the Searcy school district, 9% of kids are exempt. That's a hot spot where measles and other transmissible infections could get in that could be prevented by vaccines. So that's an important bill."

On the loss side, pediatricians weren't in favor of a bill allowing pharmacists to give immunizations down to ages as young as seven. "There's not much evidence that it increases vaccination rates by having pharmacists give the vaccines, but our main worry is that kids will go to their pharmacists to get only what they're required to get for school and not get their HPV vaccines and not visit their pediatrician for annual well visits."

Another big win, Act 829, will fight maternal morbidity and mortality. "Arkansas is #4 in the nation in maternal morbidity and mortality," said Dr. Wheeler. "This legislation puts in place a mechanism to fight common reasons for maternal morbidity. Maternal hemorrhage, preeclampsia, and suicide are the three biggest causes of maternal mortality, and this committee is going to get to work to make sure every woman in this state gets a fair chance to survive and that the resources are distributed. We're thankful to Rep. Deborah Ferguson for leading that bill."

Ongoing Efforts: Hepatitis A, Antimicrobial Resistance, Tuberculosis, Ebola, HIV

Hepatitis A is a problem in Arkansas. The state has seen more than 300 cases since the outbreak began last February. "Most of the patients are white, most are men," revealed Dr. Wheeler. "We've had a couple of deaths. I should note we've had only two teens affected. This is because roughly 15-16 years ago, Hep A vaccines became required for newborns or infants. They've been getting the vaccine, and we've seen virtually no cases. One case was an unvaccinated teen.

"It's been a long haul, but we think our efforts have been effective at containing the outbreak. A surprising feature is there are a lot of drug users who catch and spread this. An alarming fact is that about 49% of adults getting this have been hospitalized. That is unusual with this disease, which is usually a disease of childhood."

ADH is working on management of Hepatitis A through containment strategies like education, a focus on handwashing, and giving vaccines to those who had close contact with cases.

"The World Health Organization has identified antimicrobial resistance as one of the top 10 threats to human wellbeing and survival; it has been recognized as such here in the U.S. also through White House and other conferences," said Dr. Wheeler, adding that this problem is driven by failure to exercise antimicrobial stewardship in Arkansas and worldwide. "As a consequence, there is a rise of C-diff [Clostridium difficile] that has left the hospital and is out in the community now and there's a rise in drug-resistant organisms, gram negatives, VRSA, MRSA, and *Candida auris*. We are seeing high rates of MSRA and advanced resistance to gram negatives. Recently, we've had problems with medical tourism. One outbreak was related to people getting stomach slings in Mexico and coming back with infections."

In response, ADH is working with hospitals around the state to prevent health-care-associated infections and to talk about stewardship. "If you have a resistant gram negative in your office and you're not sure what to do with it, you can send that isolate to us and we can confirm whether it's a true problem and suggest an intervention," said Dr. Wheeler. "We partner with infection control practitioners in the state to isolate infected patients so that it doesn't spread throughout your institution. We've collaborated with *The Journal* (See April 2019 issue) recently to disseminate a letter to promote stewardship also.

When it comes to tuberculosis, there have always been containment efforts, but there's been little elimination activity. "There's never been a sustained effort to find folks with latent disease and treat that," said Dr. Wheeler. "We initiated such an effort among the Marshallese in northwest Arkansas and have expanded to south Arkansas. Our efforts actually preceded similar efforts by the CDC in the Marshall Islands. We've participated in two trips with them there."

Eliminating HIV is another big push, and one that the current federal administration has made a priority. "President Trump wants to eliminate HIV in the U.S., and there's no reason not to," said Dr. Wheeler. "We have the drugs, tools, and providers. All we have to do is make sure there's the will at the provider level, at the patient level, and at the federal support level."

The federal plan is to identify urban areas and rural states and assist them; Arkansas is one of the states that will receive assistance. "We have about 6,000 people in Arkansas [diagnosed] and most have not reached our goal of undetectable HIV copy counts," said Dr. Wheeler. "New cases tend to be young (15-34 age range), and a large population are men who have sex with men. The highest number are in central Arkansas, where our highest populations are. To accomplish this, there are some new tools to help us with epidemiologic work and ways to reach these populations."

ADH is still working to fight Ebola, which is seeing an outbreak in the Democratic Republic of Congo (1,000 to 1,400 cases). A powerful tool that we now have available during this outbreak is a vaccine. "We've taken the traditional approach; we identify cases, immunize around them, treat where necessary," he said. "A real challenge is that this threat is happening in combat areas. The other issue is that people are resistant to getting immunizations – partly because of false rumors. Things are not at all under control there. There are a lot of people going there to render aid, and they could bring the disease back to Arkansas."

What can *you* do to protect your office against Ebola and other infectious diseases? Dr. Wheeler said, "The most important thing you can do in your practice is to continue to ask, 'have you been out of the country in the last 30 days?' That's important for prevention of Ebola, measles, and other infections."

For more information about the state of public health in Arkansas, see the April *Journal* article by ADH Director Nate Smith, MD. **AMS**

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Tereasa Holmes, CMPE, has joined the Arkansas Medical Society as a physician outreach specialist. She has more than 25 years' experience in all phases of clinical practice management, and in her role, she will be a liaison for our members needing assistance with Medicaid. She will also be available to assist physicians as they navigate and implement the Arkansas Health Care Program Initiatives to promote high quality, cost effective health care.

In her previous position of AFMC's director of beneficiary relations, she developed policies and procedures, monitored quality assurance measures, and assisted with preparation of grants and proposals. Holmes participated in meetings and developed professional relationship with various stakeholders, which enables her to assist providers and beneficiaries in numerous federal and state health care programs.

Before coming to AFMC in 1999, Holmes worked in the private insurance industry, where she was responsible for providers' professional development and contracts. Her experience includes serving as clinic administrator in a private clinic setting, daily organizational management, staff education, and maintaining current policies.

She is a Certified Medical Practice Executive (CMPE) and is pursuing a fellow through the American College of Medical Practice Executives. Holmes is a member of the National and Arkansas Medical Group Management Association. She is co-author of an article published in Clinical Publications entitled "Comparison of Office-Based Versus Outbound Immunization Recall Services." She is a certified facilitator for Alzheimer's Arkansas and a gifted motivational speaker.

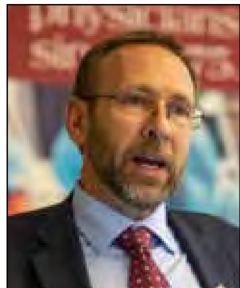
To contact Tereasa Holmes, email tholmes@arkmed.org. **AMS**

by CASEY L. PENN

Reorganization of Boards in Arkansas

Presenter: Nate Smith, MD, MPH
Director & State Health Officer
Arkansas Department of Health

Nathanial Smith, MD, MPH, acts as director and state health officer for the Arkansas Department of Health. In his address to AMS physicians at the annual meeting, Dr. Smith gave the members in attendance an overview of coming reorganization of boards in the state. "The reorganization of boards," he explained, "is part of a larger plan by the governor to reorganize state government. The idea is to bring the many boards, commissions, and agencies into a structure where their purpose, their mission, is aligned and they have real access to the governor and can be [better] managed."



Nate Smith, MD, MPH

Background

Act 1202 of 2015 created a committee to review and make recommendations for realigning state government in a similar framework as a federal cabinet. The previous structure had 42 cabinet level positions and over 200 boards and commissions. The Transformation and Efficiencies Act (2019) decreases the number of cabinet level positions to 15.

Under the new plan, many boards and commissions that were formerly separate will be moved under the umbrella of the Arkansas Health Department. Some will move out of the ADH into newly created agencies. All that come under the ADH will align with the ADH mission, which is "to protect and improve the health and well-being of all Arkansans."

"There are legal and administrative aspects that will be worked out as the process moves along," said Smith, alluding to the reality that many things were undecided at the time of his presentation. "However, I do know that the boards and commissions that move under the ADH umbrella will retain their ability to make autonomous decisions, retain their independent funding streams, continue to promulgate their own rules and regulations, and their members will continue to be appointed as before."

Implementation of the new system is planned for July 1, 2019. For more information, contact Nate Smith at ADH. AMS

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by **Casey L. Penn**

Culinary Medicine: *Transforming Sick Care Into Health Care*

Presenter: Gina Drobena, MD

Gina Drobena, MD, is an associate professor of pathology at the UAMS College of Medicine and part of the culinary medicine team that is being established at UAMS. Using the Health Meets Food curriculum, she is working to teach *culinary medicine*, or "an evidence-based field in medicine that blends the art of food and cooking with the science of medicine." Dr. Drobena shared information about the topic at this year's annual membership meeting.

In looking at Arkansas's adult overweight and obesity rates, Dr. Drobena shared concern that 68% of Arkansans are either overweight or obese. "I propose that it's as much from what we're not eating as what we are eating," she said. "About 18-19% are consuming vegetables less than once a day and a higher percentage consume fruit less than once a day.

"If we're not eating fruits and vegetables, what are we eating? Most of our diet is calorie-rich and processed. This results in a high rate of mortality from total cardiovascular disease. I want us to fight chronic disease by making healthy food palatable, affordable, easy to prepare, and accessible. I want culinary medicine to be the first tool clinicians think of for themselves and their patients."

Gina Drobena, MD

Sharing more information about the current state of patients in Arkansas, Dr. Drobena said, "During regular exams, only 36% of obese patients are encouraged to lose weight. Why is this? Clinicians report a lack of skill to counsel patients in this area. By starting with medical students, we are hoping to change this culture and make our young physicians more confident in not only talking about nutrition, but also keeping themselves healthier. It's well known that what we do in our own lives affects what we counsel our patients to do."

It's easy to see a correlation between diet and disease. According to Dr. Drobena, we can improve the situation by using dietary change and culinary medicine.

The Curriculum

Health Meets Food curriculum is module-based instruction that includes video lectures followed by three hours of practical education in the kitchen. During that time, students are taught from case studies that focus on conditions like diabetes and hypertension. Students also spend time cooking and eating meals related to the study material.

To help listeners picture what this looks like, Dr. Drobena outlined her own typical diet and recommended sample menus and additional tools found at myplate.gov. Other resources she shared include Nutritionfacts.org, UAMS.edu/culinary medicine, Culinarymedicine.org, CDC.gov, TheMedChefs.com, Whatscooking.fns.usda.gov, and your local county extension office.

The diet outlined in the curriculum most closely resembles the Mediterranean Diet and/or Dash Diet (similar, less sodium, differing serving sizes), which consists of the following:

- Vegetables: 2-3 cups per day
- Fruits/Nuts: 1-1.5 cups per day/ ¼ cup per day
- Whole grains: 1.5 cups per day
- Legumes: 2 cups per week
- Fish: 2 servings (4oz) per week
- Dairy: Less than 1 cup/day
- Oils/Fats: Plant based rather than animal
- Meat: 1 serving per day (3-4 oz)
- Alcohol: 1 drink per day for women, 2 for men

Incorporating Culinary Medicine into Your Practice

There are several methods for incorporating culinary medicine and its benefits into the lives of your chronic disease patients. Dr. Drobena recommended several including having them perform a 24-hour food recall, referring them to a registered dietician if you don't have time to work with them, and promoting local food events. To help these patients get on board with the idea of healthy eating, she also recommends motivational interviewing and cognitive behavioral strategies. For help and further information about culinary medicine, contact Dr. Drobena at gadrobena@uams.edu. AMS

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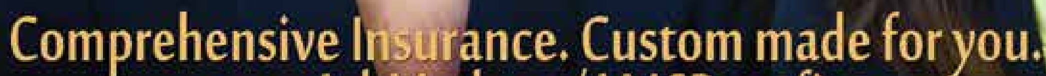

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by **Casey L. Penn**

2019 Awards LUNCHEON
Board of Trustees Meeting

David C. Jacks, MD Honored with Asklepion Award

The Asklepion Award, named for the Greek god of medicine, honors an AMS member who promotes the art and science of medicine and the betterment of public health; embodies the values of the medical profession through leadership, service, excellence, integrity and ethical behavior; and serves the community through dedicated medical practice.

This year's Asklepion Award winner was David C. Jacks, MD, FACS, from Pine Bluff. Dr. Jacks received his medical degree from and completed his residency in urology at UAMS College of Medicine, Arkansas Children's Hospital, and John L. McClellan Memorial Veterans Hospital. He is certified by the American Board of Urology and is a fellow of the American College of Surgeons.

Dr. Jacks practices at South Arkansas Urology, the clinic he founded in 1981. He is married to Donna Schwab Jacks, and they have three children. Active in many roles as a physician, Dr. Jacks is a member of the medical staff at Jefferson Regional Medical Center in Pine Bluff, where he has served as chief of staff, chief of surgery, and other capacities throughout his career. He serves as clinical assistant professor of urology at UAMS in Little Rock and the UAMS-South Central Family Medicine Residency Program in Pine Bluff.

John Redman, MD; David Jacks, MD; Blake Jacks, MD

David Jacks, MD, celebrating with friends and family.

A 34-year member of the Society, Dr. Jacks is a past president and has served on several committees and in several roles on the Board. He is also a former member of the Arkansas State Medical Board, where he served in multiple leadership roles. In addition, Dr. Jacks has served on the Arkansas State Legislative Oversight Committee on Prostate Cancer since 2001 and is active in the Arkansas Urological Society, Arkansas Caduceus Club, Arkansas Foundation for Medical Care, Southern Medical Association, and the American Urological Association.

In introduction of Dr. Jacks, colleagues Drs. Wilkerson, Bell, and Wilson shared fond words of appreciation for the encouragement and mentorship Dr. Jacks has provided to colleagues, students, and patients throughout his career.

In answer to such recognition, Dr. Jacks said, "I don't want to talk about David Jacks. I want to talk about you all. I thank you from the bottom of my heart. I thank the Arkansas Medical Society for allowing me to grow up in the Society. I would be remiss if I didn't thank Dr. Atiq as well, who is out of the country.

"The product is only the sum of the parts, and these are my parts," he said, as he began to recognize and celebrate the contributions of family and dear friends who were in attendance in support of him that day. "I really couldn't be here without all of them."

In addition Hunter Cochran was recognized as the winner of the AMS Student Membership Award. Cochran will be presented her award during the UAMS White Coat Ceremony in August. She was chosen as a student that embodies the values of the medical profession through leadership, service, excellence, integrity, and ethical behavior, and encourages other students to be community servants and/or political activists in addition to being dedicated students.

Dr. Jacks receiving the Asklepion Award presented by Danny Wilkerson, MD.

David Wroten, AMS executive vice president

Board of Trustees Meeting & Legislative Review

Apart from the Awards Luncheon, the Society also extended some awards during that afternoon's meeting of the AMS Board of Trustees. Appreciation plaques were presented to outgoing board members. These included Drs. Calvin Bracy, John Hearnsberger, Robert Breving, Jacob Dickinson, and Gary Edwards.

The board meeting was open to all members and included updates from AMS Governmental Affairs Director Scott Smith and AMS Executive Vice President David Wroten regarding the recent legislative session. So eventful was the 92nd Arkansas General Assembly that AMS covered it in depth in the June issue of *The Journal*. You can learn more about the high and low points of the session by referring to that article – a full-length question-answer session with Smith and Wroten – in which Wroten said, "This was probably the most challenging legislative session faced by the Arkansas Medical Society, at least in my 35-year career."

Smith also summed up the relentless nature of the fight, saying, "It's worth stating early and often that most of these opposing groups come forth to advance just one issue. *We* must deal with all of them in addition to our *own* issues that we're putting a lot of work into for the benefit of our members."

For a copy of the Q&A with Smith and Wroten, please contact the Society at (501) 224-8967. AMS

Gary Edwards, MD, receiving his recognition plaque for his years of service on the Board from Drs. Lee Archer and Danny Wilkerson.

Rep. Steve Magie, MD

Lloyd Langston, MD; John Burge, MD; Charles Rodgers, MD; and David Jacks burning the note on the AMS building.

William Clark, III, MD, Southeastern Chairman to the AMA; Scott Ferguson, MD; Alan Wilson, MD; Stephen A. Imbeau, MD, AMA Southeast Delegation; Gene Shelby, MD; Amy Cahill, MD

Rep. Deborah Ferguson

Scott Smith, director of governmental affairs

Amy Cahill, MD

Attendees of the AMS Board of Trustees Meeting

by **Casey L. Penn**

Physician Wellness and Burnout

Presenter: Erick Messias, MD, MPH, PhD
Associate Dean for Faculty Affairs
UAMS College of Medicine

A psychiatrist and epidemiologist, Erick Messias, MD, MPH, PhD, has devoted years to understanding the issue of professional burnout in medicine. During his educational seminar at this year's annual meeting, the associate dean for faculty affairs at the UAMS College of Medicine shared detailed information on a topic that affects physicians deeply.

Starting from the broad perspective of the planet itself and its population, Dr. Messias shared his conviction that we all (the world over) have a responsibility to pay attention to the problem of professional burnout. "Globally, 24% of the world's population (1 in 4) is 'actively disengaged' in what they do," he explained, sharing data from a Gallup Engagement Survey. "Further, about 63% (about two-thirds) are not engaged and are just clocking in and clocking out. Only the remaining 13% are actively engaged in what they do. They find purpose, they're in control, they believe that what they do matters."

Erick Messias, MD, MPH, PhD

Calling these statistics a "crisis," he summed, "As a species, we've never had it so good materially, but we are disengaged."

Narrowing his focus, Dr. Messias pointed out the severity of professional burnout among the health care population in the U.S. "How bad is it? Headlines show this problem is everywhere," he said. "In 2014, over 50% of physicians had symptoms of professional burnout."

Defining *burnout* as "an experience in response to chronic job stressors," the doctor shared three main components to it: *exhaustion*, or the physical response; *cynicism*, the psychological response; and *inefficacy*, a negative response leading one to think that, no matter how hard you work, there's always a task left to do.

Consequences of burnout can be grave, as documented in several studies to date. On the personal side, they may include broken relationships, a rising divorce rate, alcoholism and drug abuse, depression, and physician suicide. On the professional side, they include decreased quality of care, increased medical errors, decreased patient satisfaction, decreased productivity, and increased turnover.

"So, we have a problem. No matter how we look at this issue, it is affecting *you* at a personal level," said Dr. Messias. "It's also affecting your institutions and practices from a professional perspective."

Glad to share a bright spot, he added, "Some new data has just come out that is some good news to share with you. The same survey that was repeated in 2011 and 2014, was repeated in 2017. It showed that the levels of professional burnout seem to be coming back down to the levels of 2011."

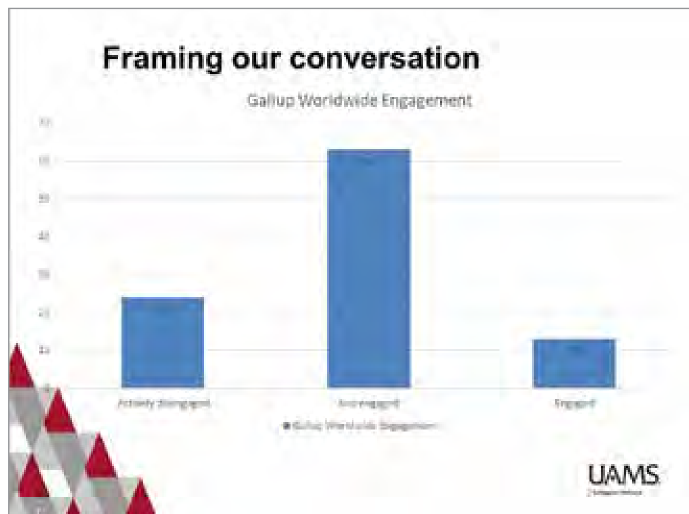
A slight reversal notwithstanding, burnout is a serious problem that affects all areas of medicine – some more than others. High-risk categories correlated with specialties at the forefront of patient care (emergency medicine, OB/GYN, family physician, neurology, physical medicine, and rehab), while the lowest burnout levels found were in pediatric subspecialties, preventive medicine, and psychiatry.

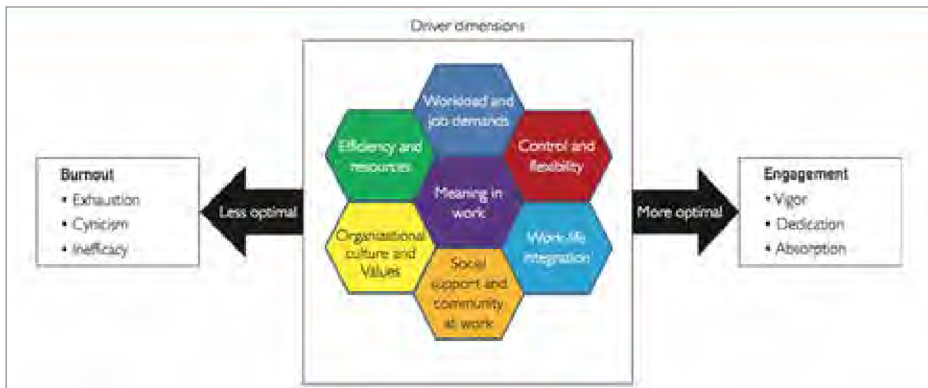
Looking closer at physicians as a U.S. work group, Dr. Messias noted that they tend to be more male (about 57% of physicians in practice in the U.S. are male compared to 52% of workers in the US), about 50 years old (younger than the average population) and more likely to be married (about 80% compared to 66% in the general population). They work on average 52 hours a week, which is about 12 hours more than the average American worker.

"In surveys, physicians are more likely to strongly disagree that 'my work schedule leaves me enough-time for my personal and family life,'" said Dr. Messias. "Only 10% of physicians said yes to that. This is clearly a problem that needs to be addressed."

He also found that, in professional health care categories, the most burnt out population is not physicians, but nurses. On the personal side, this is followed by residents, technologists, APRNs, and then physicians. On the work side, residents experienced burnout the most followed by APRNs, technologists and nurses, and then physicians. "The lesson here is that you cannot address burnout in a health care organization without addressing nurse burnout," he said.

Narrowing his focus yet again, Dr. Messias turned his attention to health care professionals in Arkansas alone. Getting even more specific, he shared results of a study he did at UAMS. Using the Copenhagen Burnout Inventory, a research survey developed in Denmark, Dr. Messias gauged burnout. He found that at UAMS, 53% of physicians and nurses were burnt on the personal side, 48% were burnt out on the work side, and 18% on the patient-related side.





Key drivers of burnout and engagement in physicians.

What's Driving Physician Burnout?

No matter how you look at professional burnout – globally, as a nation, or here in Arkansas – health care sectors seem the most prone to it. Dr. Messias addressed reasons for these very real findings.

"There are several drivers, if you will," he explained, pulling from research done at the Mayo clinic to reveal culprits like **heavy workload, increasing job demands, changes to the health care system, increased access, increased workload**, and – perhaps because of all of these – a **lack of work-life balance**. "Physicians, by nature, are hard-working and demanding of themselves, but at some point, we need some boundaries around clinical time and patient demands, so that we can have our own lives, too."

Honing in on electronic medical records as a connected factor, Dr. Messias said, frankly, "These have not been designed for us. They promise us a lot and have delivered little so far. We need to have better systems that work for physicians and nurses. Without that, burnout is not going to go away. I tell you, efficiency and resources are key factors. Data from EPIC, the largest electronic medical record system in the country, shows that in a typical day, peak EMR times are from 10 a.m. to 2 p.m. Lunch time is a big time for EPIC, and there are peak times also on Saturday and Sunday nights. This is not an efficient system. In fact, a recent piece in the New Yorker** by surgeon Atul Gawande was titled 'Why Doctors Hate their Computers.'"

What Can Be Done?

Turning to solutions, Dr. Messias shared with attendees what was being done at UAMS to address professional burnout. The University's wellness programs are patterned on research by The Mayo Clinic* and focus on promoting positive engagement and reducing burnout by acknowledging and assessing problems, implementing interventions and cultivating community, providing resources that promote work-life balance and self-care, and more.

"I'm not here today to sell you a mindfulness program," said Dr. Messias, boiling down his thoughts on personal solutions. "I do not believe, and there is data to prove, that you cannot do this alone. You cannot, by yourself, be mindful, be present, and solve your own professional burnout problem. Your professional burnout problem must have organizational changes. There are individual interventions and there are organizational changes to propose. I have also become convinced that there's a leadership component.

"To address professional burnout in health care, we need a more supportive, transparent, and less hierarchical model of organization. Professionals want, and need, to see meaning and purpose in what they do and to have a sense of control of their work processes. This will reduce burnout and increase engagement. We need to show that we care for each other."

Meaning & Control at Work

According to Dr. Messias, it's not news that job control affects job satisfaction. Citing studies conducted as far back as the 1970s, he said, "This has been known in HR for 40 years, and about a year ago, Harvard Business Review had a front-page article on 'To Reduce Burnout on Your Team, Give People a Sense of Control.' Can we give physicians a sense of control? We must, because without that sense of control, we're all going to be burnt out. I can show you the relationship between a sense of control and burnout. The more burnout, the less control.

"It's funny that physicians would be the people complaining about a lack of control, but the truth is that the changes in health care in the last 30 years have eroded the sense of control that physicians used to have. To an extent, we have contributed to that by giving away some of the key leadership positions in health care organizations and in health care - policy making circles to either non-health care workers altogether or to non-physicians. That's why associations like the Arkansas Medical Society are important, so that physicians can retake their place at these tables.

Meaning is another key to job satisfaction. "*Meaning* is a key driver for us humans," said Dr. Messias. "Victor Frankl was a Holocaust survivor who was trained in medicine and psychiatry and lost his whole family in concentration camps. He wrote that 'Striving to find meaning in one's life is the primary motivational force in man.' And it is. We have to find a sense of meaning in our lives.

"That's good. As a psychiatrist, I can use that. As an epidemiologist, I have a couple of questions about it in my survey, and now I'm putting them together with my burnout data … People that said they always found a sense of meaning in their day, the level of burnout was about 20%, but people with the least amount of meaning in their work had the highest level of burnout. So, finding that meaning back in what we do, in the value of our profession, and in our mission, will help us with this."

To find out how to add more meaning at work, UAMS asked their clinicians to share, in 10 words, what makes their days meaningful. "The number one word was *patients*," he said. "Being able to help *patients*. Being able to care for *patients*. That's what makes health care meaningful. So, going back to this basic value of health care will help us address this."

Conclusions

"From global statistics down to Arkansas physicians," said Dr. Messias, "it's clear that the more we find purpose and control in our work, the less we experience professional burnout. The more we can focus on caring for patients, the more purpose we find in our work."

Dr. Messias is happy to talk to you about starting wellness interventions in your institution. "I think it is part of UAMS to create and use studies like we did, but also to disseminate that knowledge to others," he said. "I would love to see some of this done at a statewide level. I'd love to engage with you. I respect what you do." To get the conversation started, email him at wellbeing@uams.edu.

To find the full report on the Mayo Clinic's organizational strategies, search mayoclinicproceedings.org for the article, "Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout." Also find "Burnout Among Physicians Compared With Individuals With a Professional or Doctoral Degree in a Field Outside of Medicine."

***https://www.newyorker.com/magazine/2018/11/12/ why-doctors-hate-their-computers* AMS

by **Casey L. Penn**

Developing a Telemedicine Program in Arkansas: A River Runs Through It

Presenter: Stephen Canon, MD
Chief of Pediatric Urology, Arkansas Children's Hospital

"I have a love and hate relationship with telemedicine," said Dr. Canon, who is an associate professor at UAMS and is chief of Pediatric Urology at ACH. "This is going to be as close to reality as I can paint it."

In addition to his achievements as a physician and researcher, Stephen Canon, MD, has become an authority on telemedicine by implementing it into his pediatric urology practice. Drawing from his experiences in practice, Dr. Canon educated members on technology, effectiveness, policy, and payment for telemedicine. He also covered some alternative paths to utilization and shared his goals for telemedicine in Arkansas.

Telemedicine is defined as the use of electronic communications and information technology to provide clinical services when participants are at various locations. The basic types of telemedicine include the following:

- **Store and forward** refers to a not-in-real-time method involving the practitioner making a video, sending it around, and waiting for patients to respond with another video
- **Remote monitoring** refers to monitoring a patient in his or her home or location (no back and forth)
- **Real-time interactive** refers to facetime interactions.

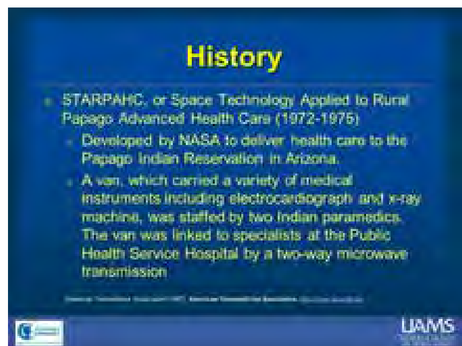
Of telemedicine, Dr. Canon said, "There's an inevitability that you see with the course of a river, basically creating its path. I think telemedicine is very much that way. It's going to be a part of our practice – not if, but when and how are the questions in my opinion."

Telemedicine can be applied in many areas of practice, from the originating site (where patient is, where the care starts) to the distant site (where the provider is). "Believe it or not, it's been around longer than you might think," said Dr. Canon, referring to work by NASA in the 1960s and 1970s to use telemedicine.

Requirements & Effectiveness

Dr. Canon recommended Broadband ISDN as standard, with upload speeds of at least 2-10 MBPDs. "Low bandwidth will be too frustrating," he said. Other considerations before starting to implement telemedicine include equipment capability and compatibility, security and privacy, interoperability with electronic health records, and process flow standardization (check-in, etc., which must be done on both ends).

"These are dependent upon your institution," he explained. "If you're in private practice, that's one thing. If you're at UAMS, that's another. I think a lot of this – the tech component – is incumbent upon the institution's investment in what you're doing."



Regarding technical help, Dr. Canon cited a company he has no affiliations with, Innovator Health (innovatorhealth.com), as a cutting-edge provider of telemedicine.

How does telemedicine achieve improved outcomes? Dr. Canon shared findings from the 2015 Cochrane Review, which found that telemedicine (as opposed to traditional delivery) was effective in treatment of diabetes, blood pressure, and hypertension, with less clear benefit for congestive heart failure and mental health. "There's a relative shortage of mental health providers in Arkansas," he added, "so there may be opportunity – through telemedicine – to provide more care to those who don't have access."

Legal Barriers & Arkansas Policy

Stressing the importance of following the law, Dr. Canon said, "Physicians prescribing over the internet must hold a state license where the patient is located and must be compliant with the state laws there. The Interstate Medical Licensure Compact can help you get licensed in multiple states."

Summarizing current Arkansas policy, he talked through Arkansas's hard-won telemedicine legislation – Act 887 (2015) and Act 203 (2017). "[With Act 887,] the medical board took a conservative approach to establishing the physician-patient relationship," said Dr. Canon.

Act 203 further safeguarded and clarified key aspects of Act 887. It expanded the "originating site" definition to include the patient location; broadened the definition of "telemedicine" to include all types of "electronic information and communication technology;" added "store and forward" and "remote patient monitoring" to the definition of telemedicine; clarified that once a professional relationship is established, the use of any type of telemedicine, is allowed; and provided insurance coverage and reimbursement parity for not just physician services,

Stephen Canon, MD

but all services provided via telemedicine as long as the service is comparable to the in-person service.

"Thanks to Act 887 and Act 203, there is opportunity to conduct telemedicine in Arkansas and to get paid for it," he said. "There are some inconsistencies with reimbursement, but we have been paid by Medicaid, Blue Cross, Blue Shield, United, etc."

Making Telemedicine Work in Your Organization

For implementation, Dr. Canon recommended a dedicated team, good equipment and infrastructure, and buy-in on both ends.

At ACH, telemedicine started by working with the UAMS ANGELS program and prenatal consultations. Following that example, Dr. Canon and his division began implementing telemedicine. "We started with post-op visits and then moved to pre-operative visits and medical management," he said. "Beyond that, we have established relationships with regional clinics through UAMS. That's difficult to do because you don't have the same EMR, boss, financial billing structure, etc., so there's a lot that goes into that. It took us a year to get up and running, but we started in Texarkana and have expanded to Fort Smith. Our hope is to eventually be able to provide service to all the regional programs in the state. We're not limited to them, but we're taking it a step at a time.

"We've been doing this for about eight years. We've had about 500 encounters. Over the same time frame, we've seen [in person] about 64,000 encounters. The harsh reality is, we're not making a huge dent in making it main-stream, but I think these are the steps you have to go through to get there."

As an example of someone going "all-in" with telemedicine, Dr. Canon described Brent Lawless, MD, a psychiatrist who recently made the decision to join a full-time telemedicine group. "He will be doing psychiatry for 15 states. In my own view, that's another way to really use the technology because mixing it into your regular practice – like we do – is challenging. It can be done, but in some ways, it might be easier to do one or the other."

In conclusion, Dr. Canon said, "It's easy to draw it up and think how it should be, but the reality is, it's windy and irregular, and there's going to be some unexpected turns. That's the way it's going to be for telemedicine, but it will come. Patients who live far off tell us that they appreciate the less time and distance. The challenge is getting more access to more patients in rural Arkansas. If I can keep them from driving the entire day, I think that's a worthy goal."

For more information, email Dr. Canon at canonsj@archildrens.org. AMS

AMS Night at the Travs

Doug Cahill; Amy Cahill, MD; Joe Stallings, MD; Brad Bibb, MD

William Clark, III, MD; Stephen A. Imbeau, MD

Dennis Yelvington, MD; Chad Rodgers, MD

The AMS Staff and Dr. and Mrs. George Conner

by **Casey L. Penn**

Prescription Drug Regulations in Arkansas and DEA Investigation and Enforcement

Presented by: Kevin O'Dwyer, JD, MPA, BA;
General Counsel, Arkansas State Medical Board &
Justin C. King, Assistant Special Agent in Charge, Drug Enforcement Agency

Representatives from Arkansas State Medical Board and the Drug Enforcement Agency in Arkansas provided members with updates related to the ongoing opioid epidemic and related policies.

Regulatory

ASMB General Counsel Kevin O'Dwyer has updated AMS members before on Regulation 2.4 (see Nov 2018 *Journal*). During this year's Annual Membership Meeting, he was there in person to clear up misconceptions about the rule and provide a brief update on changes made in April 2018. He also discussed the role of the ASMB Pain Management Committee and related matters.

During its April 2018 meeting, the ASMB adopted changes to Regulation 2, which states and governs the standard of care expected of physicians in Arkansas, and amended section 2.4, which directs the prescribing of scheduled medications. Post-changes, the rule accomplishes two things: it defines once and for all what is "excessive" when prescribing narcotics and it establishes some stipulations for prescribers to follow.

Kevin O'Dwyer

O'Dwyer stressed that Regulation 2.4 doesn't set any hard limits on prescribing. Rather, it calls for more detailed documentation from physicians prescribing more than 50 Morphine Milligram Equivalents (MME) per day of a scheduled drug. O'Dwyer covered details on the regulation, which can be read in full at armedicalboard.org.

He also talked about the Board's difficult job of looking at opioid prescribing complaints. The rule changes have helped, but there are other ways the Board is addressing the situation. "It's been a balancing act between dealing with what the Medical Board felt was adequate medical care for patients and dealing with the opioid epidemic that has really come to light over the last few years," he said. "One way we've done this is to increase the usage of the Pain Management Committee.

"As we review complaints pertaining to over-prescribing, the Board is always looking to see if the practitioner reached the threshold of gross negligence and ignorant malpractice, which is a pretty high standard. The vast majority of cases we review don't quite reach that threshold."

Over time, O' Dwyer indicated, a pattern began to develop. "We would review a particular doctor," he said, "and wouldn't really do anything. We'd then review him again [at a later date], and eventually, years later, he would finally reach that threshold."

By utilizing the Pain Management Committee, the Board tries to make a difference earlier in the prescribing practices of physicians who are just below the threshold of negligence. He explained, "So, we make them take a day off work to come sit before the pain management committee, who will review five or six charts with them, and get a corrective action plan together."

Enforcement

The ASMB and the Arkansas Drug Enforcement Agency are working as partners as much as possible to curb the opioid epidemic. To update members on the enforcement side was DEA Assistant Special Agent in Charge Justin King.

Justin C. King

King cautioned physicians to keep talking to their patients as the drug crisis continues to grow in severity. With more sophisticated drug labs in Mexico, more fentanyl, and more diversion with higher return on investments for drug makers and sellers, the problem has not yet peaked here in Arkansas, King indicated. "Arkansas is still on the rise," he said. "Our NARCAN saves are off the charts.

"I don't want to tell you you're doing something wrong. What I would ask you to do is think of ways you can help us move that needle. Keep talking to your patients. When you have a patient who comes into your office, ask them, 'Do you have a problem? Are you addicted?' I can tell you a tell-tale sign [of a problem]. If you say, 'I'm considering lowering the amount I'm giving you,' watch their reaction. It will [show]. They are terrified of not having that [dosage]. A heroin addict knows to the minute when he needs his next high. You're going to have people try to manipulate you. You're going to have patients who try to take advantage of your healing spirit. That's what you're faced with."

For more information from King or O'Dwyer, contact them through the Arkansas Medical Society at (501) 224-8967. **AMS**

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Providing protection and support
for Arkansas is our natural state.

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