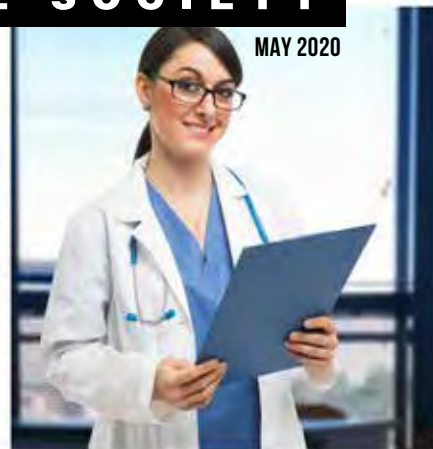


THE Journal

OF THE ARKANSAS MEDICAL SOCIETY

VOL. 116 • NO. 10

MAY 2020



The Value of AMS Membership

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Courage Under Fire

2019 Annual Reports



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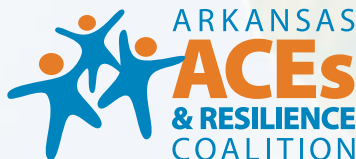
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Courage Under Fire

What a strange and glorious time. What a mixture of words and gestures. At the time of this writing (March 2020), we are living in a time unlike any witnessed before. Amidst Covid-19, the story is writing itself as we go along. In health care, unlike any other field or industry, we must perform on all fronts. We must treat our patients while reassuring them that we will get through this pandemic. We must protect those around us while advising fellow employees or fellow workers. Ironically, I just began reading the book by Erik Larson, “The Splendid and the Vile,” concerning how during World War II, the Churchill family and those around them continued to live their private lives and public responsibilities while unsure of the next 24 hours. We must remind ourselves that no matter the outside circumstance or threats to our well-being, we are all dealing with the same daily struggles. We have our inner circle of friends and family we most treasure, and we have our extended family of coworkers and the added responsibility to look out for their needs. While we advance our own values and causes, it’s of the utmost importance that we keep our eyes on preserving all life.

This is a strange time in that no matter our experience or knowledge level, we can face unknown circumstances that can throw us all for a loop. We live in an age and time where more has been accomplished than ever before. We have more access to online knowledge than ever before, yet in unfamiliar times we must fall back on our values and our abilities. From the highest levels of the land to the lowest levels of existence, we all seek the same things: security, safety, a boundary of protection, and the treasure of our inner circle of friends and family.

This is a glorious time. Our country and our globe has never been more tuned in to self-preservation and community awareness.

At no time in our history have we had the level of cooperation, communication, and common desires that we are seeing during this trying time. How often do we have a common desire among countries? Yet by the time this is published, it is presumably everyone’s hope and prayer that this pandemic is settling to our common benefit.

If instead we face uncertainty and this pandemic is still in full swing, then I can only hope and pray that we are all achieving the same goals of security, safety, and protection. So, lend a hand when necessary and look for ways to show kindness to those around; you never know who may need it.

While we may have some values that are different, we must realize that our deepest values – courage, hope, resilience – bind us together as values held across the globe. No matter our field or industry, country of residence, economic level, or current situation, we all face common threats that hold us together in efforts towards the greater good.

At your position or level, define these values in your own way. Have *courage* to face the known or the unknown, to do your part or assist others in theirs. Project *hope* that this too shall pass. Stride forward in *resilience*, for we know that our humankind has been in many circumstances in which these three traits prevailed.

COVID-19 may be fading by this publication or it may be growing in intensity. As of March 19, it is starting to spread, but perseverance takes qualities that are embedded in every culture and every country. I simply desire to see us recognize that we all embody these qualities and if COVID-19 is fading, what a glorious day! If not, then draw on your courage, hope and resilience. When it does fade, we will all need them again.

No matter our field or industry, country of residence, economic level, or current situation, we all face common threats that hold us together in efforts towards the greater good.



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Alanna Scheffer, AMS Plan Administrator

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Arkansas Medical Society

2020 BUDGET

INCOME	
Dues	988,871.00
Journal	85,000.00
Annual Meeting	34,000.00
Website & Grants	241,000.00
Interest /Investment Income	100,000.00
Specialty Services	78,000.00
Educational Programs	80,000.00
Building Operating	395,125.00
TOTAL REVENUE	2,001,996.00
EXPENSE	
Salaries	846,000.00
Travel and Convention	49,000.00
AMA Delegation	36,000.00
President's Account	6,000.00
Taxes	61,000.00
Retirement	91,500.00
Stationery & Printing	24,000.00
Office Supplies & Expenses	48,000.00
Telephone - AMS	14,000.00
Postage, Communications, Web	31,000.00
Insurance & Bonds	191,773.00
Auditing	6,460.00
Board & Executive Committee	7,000.00
Journal	63,000.00
Dues & Subscriptions	13,000.00
Gifts & Contributions AMS	4,000.00
Legal Services	91,800.00
Public Relations	1,500.00
Miscellaneous Expense	4,000.00
Office Equipment & Furniture	9,000.00
AMS Resident & Student	6,000.00
Annual Meeting	30,000.00
Educational Programs	34,000.00
Investment Fees	20,400.00
Contract Lobbyist	16,000.00
Building Operating Exp	233,870.00
TOTAL EXPENSE	1,938,303.00

AMS Benefits, Inc.

Annual Report to the Arkansas Medical Society

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

AMS Benefits provides support at all AMS meetings as well as at specialty society meetings, clinic manager meetings, and educational workshops. AMS Benefits contracts with the Farris Agency to provide property and casualty products to AMS Members and refers all Medical Malpractice leads to State Volunteer Mutual Insurance Company, the Arkansas Medical Society–endorsed medical malpractice carrier.

AMS Benefits staff includes a full-time licensed employee agent and one part-time support staff. They also contract with four independent sales agents.

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

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Alan White (contract agent)
Travis Mulhearn (contract agent)
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The Value of AMS Membership

Stacy Zimmerman, MD, FACP FAAP, has been the internal medicine residency program director for Unity Health in Searcy for the past four years. Before that, she owned a rural clinic, where she practiced internal medicine and pediatrics for 14 years. An AMS member since 2003, she reflects on her decision to enter primary care and remain on the front lines of medicine.

Like many of her colleagues, Dr. Zimmerman cites family members' illnesses as a profound influence on her career path. However, there were other drivers that factored into her pursuing medicine – factors she shares with fellow physicians. “It goes deeper than just a pivotal event in one’s life,” she said. “If you look at commonalities among early-career physicians, you’ll find a desire to help others as caretakers and a determination to become a lifelong learner.”



STACY ZIMMERMAN, MD
FACP FAAP

She believes it takes more than the basic desire to help heal others, however. Physicians must also learn to maintain career satisfaction. For contentment, advocacy, and continued growth in her field, Dr. Zimmerman turns to her physician community for support. Specifically, she turns to the Arkansas Medical Society.

“The sense of community is perhaps the greatest value of my AMS membership,” she explained. “A physician’s learning environment is socially staged during medical school and residency. We round in teams, collaborate with ancillary and consult services, and learn in group environments. Residents are so excited to leave residency only to later realize that in the world outside of academics, we practice in more isolated environments.

“When I left residency, I experienced professional loneliness within a few years of private prac-

tice. I felt the need to reconnect to a medical community for collegial support and social fellowship. AMS fills this need by providing a community network for me. I have found that I am much happier navigating through a fragmented health care system when I can routinely connect with peers who deal with the same frustrations.”

A sense of community is one of the many essential values provided with AMS membership. Others include advocacy, education, practice management support, and more. Read on for a closer look at what your paid membership includes.

Maintaining Value Since Day One

The Arkansas Medical Society was founded in 1875 on the principle that combined efforts create a powerful force for all physicians and their patients. Through AMS, members have access to practice management expertise, continuing education, comprehensive insur-

ance, and legal counsel. However, the highest value, as reported by members in recent AMS research data, is legislative advocacy for professional interests.

In 2019, AMS went through an official independent third-party to carry out membership research that included an Appreciative Inquiry Report for Arkansas Medical Society (May 2019) and an Arkansas Medical Society Nonmember Focus Group Study (Ariel Strategic Communications, September 2019) to better learn what our most engaged physicians think we do best and what others think we can do better. Additional insight was gained through a month-long survey to members about communication habits and preferences. Through the course of the research, discussion was collected from members and nonmembers related to what is valuable to physicians, both inside and apart from AMS membership.

Physician members professed valuing The Society's advocacy at the Capitol, engagement with members, ability to represent the views of physicians and patients during policy discus-

sions, and provision of a community of peers for socializing and networking.

Among nonmembers, physicians professed to need more of things like camaraderie, policy updates, results, and advocacy or "someone to fight for them." (source: Focus Group). "One [nonmember] said she wants good feedback so she knows what is happening, what the issues are, what is being done, and – if efforts aren't successful – what's next for the professional members of that organization," read the report.

Another nonmember said, "Physicians get taken advantage of a lot because our primary goal is to take care of the patient. So we're going to do everything we can for that, and if we have to take on more work, it's not going to be *not* taking care of the patient. Somebody's gotta push back ... If I'm going to pay a membership fee, I expect those people to really fight for me."

These nonmember comments were among the same things that AMS members noted that AMS can and *does* provide. As part of the recent

"Value is in everything we do. We make doctors' lives easier and more fulfilling, but also we help facilitate a great community for physicians where they can come and feel a part of something bigger than themselves."

*– Laura Haywood,
Membership and
Communications Specialist*

Appreciative Inquiry, member stakeholders were interviewed about the attributes they perceived as positive of the organization. Their comments about why they are active and committed included things like, "They're in the struggle," referring to legislative advocacy; "Collegiality and the sense of community;" being "part of" a group; "confidence and the ability to reach out to political leaders;" "guidance [that] came with encouragement;" "passion ... for us and our patients and health care;" a "sense of hope;" and so on.

>>CONTINUED ON PAGE 250.

DID YOU KNOW?

Your Arkansas Medical Society membership rate hasn't increased since 1988.

"Historically, AMS has fared much better than most other states," said Wroten, sharing information from a 2019 State Membership Survey Handout (available by request from The Society). "Only five other states have a higher percentage of physicians who are members of their state medical societies. We are tied for first with Tennessee for the highest percentage of young physician members (34%). I believe the reason we have done so well is a product of strong advocacy efforts at the Capitol and the collegiality, or community relationship among Arkansas physicians.

"We take pride in the fact that AMS membership dues have not been raised in 32 years. That's unheard of. AMS dues of \$400 rank among the lowest in the nation – \$100 below the average, with only five states with lower dues (highest, \$757; lowest, \$300). AMS has been able to do this because of several factors including membership growth, revenue from educational programs and other 'non-dues' sources, our strong relationship with State Volunteer Mutual (SVMIC) and running an efficient organization. As long as these factors continue at their current levels, we see no justification for a dues increase in the foreseeable future."



I Am a Member Because ...

“The physician voice muffled both by regulation and limited numbers has not been heard by policy makers. As a result, our profession has suffered in terms of autonomy, quality of life, and effectiveness. The AMS serves to condense many voices into one amplifying our message. Without a forum to speak with one voice we will not be heard.”

“I’m a member because AMS legislative advocacy supports all doctors in our state including osteopaths. Doctors do not take an active enough role in the political landscape, and we will suffer for it if we don’t take notice. Legislators hear only the loudest voices and we need a collective to be noticed.”

“It’s an educational vehicle for me.”

“One thing’s for sure: The regulators will continuously change the practice of medicine. Our only choice is whether we want to be involved in those choices or not.”

Advocacy Is Job #1

Every time there is an active session of the Arkansas Legislature, AMS Governmental Affairs Director Scott Smith and his team are in place and working on issues facing medicine. Smith gave examples of advocacy measures past and present. In the past, AMS led the fight for public health issues like the Clean Indoor Air Act, a tobacco tax increase that helped pay for the statewide trauma system, graduated driver’s license restrictions on 16- and 17-year-olds, and a Prescription Drug Monitoring Program, just to name a handful among many successful initiatives.

“One of the biggest issues we’ve been involved in [recently] is the optometrist fight last year. That is still ongoing,” Smith said, referring to Act 579, which says that optometrists can perform eye surgery with minimal training. “We

believe surgery should only be done by those who have gone to medical school and then have had residency training. Scope of practice issues like this one come down to protecting the public by insisting on the highest quality of training possible. Other recent scope of practice issues have included APRNs and CRNAs, both seeking independent practice.

“These issues will come back in 2021, so we have to gather as many physicians together as we can in order to fight for the highest level of training in protecting the patients of Arkansas.”

AMS also regularly advocates at the Capitol in Washington, DC, the Arkansas Department of Health, the Arkansas State Medical Board, the Arkansas Insurance Department, and the Arkansas Department of Labor. According to Smith, joining the AMS non-partisan political action committee, ArkMed-PAC, is the easiest and quickest way to help AMS advocacy efforts. ArkMed-PAC helps support candidates who are medicine-friendly. (Go to the AMS website and look under “Advocacy” or go directly to <https://www.arkmed.org/advocacy/arkmed-pac/>. Because of federal rules, ArkMed-PAC membership is available to AMS members only, so the link to join is password protected. Contact AMS at ams@arkmed.org for the password.)

A service provided by AMS that has been a great inspiration to those physicians who have taken part in it is called Doctor of the Day Program. Organized by AMS Legislative Support Specialist Laura Hawkins, the Shuffield Infirmary is open to everyone during an active session at the Capitol. Hawkins schedules the doctors, works with the Department of Health, contacts the Senate and the House, and is physically there each day to introduce physicians to their legislators and act as a liaison. “Doctors at the Capitol may feel a little out of their element at first, but they quickly feel at home there,” said Hawkins. “The program is a great service for the legislators, but it also gives Arkansas doctors a chance to be a part of the process and to have their voices heard.”

Physicians who have participated in it call the program “meaningful” and “appreciated.” One physician said, “It was good recognition for physicians, and I feel proud to be involved at that level... the appreciation for it, and the respect that they offered us.” Another added,

“Just being at the state capitol and being involved and listening in the public health committee hearings, and to know that I could actually make a difference by my presence, was phenomenal.”

Help with the Practical Side of Medicine

If you’re a member, you can call AMS with questions about private insurance, Medicare/Medicaid, staffing issues, medical records, HIPAA violations, cybersecurity, human resources, coding, and more. In all points of managing your practice – or if you need help managing as an employed physician – AMS Director of Practice Management Billie Jean Davenport, BRST, is available to help. Davenport helps physicians with the practical side of medicine, from starting a practice to retirement, and all points in between. “We also stand up for physicians in payer issues,” said Davenport. “In January, we were made aware of an issue with Arkansas Health and Wellness about the STAT lab policy, which would limit in-office laboratory procedures. Physicians and office manager contacted us, and we were able to talk with the company and get them to rescind their policy.”

AMS Physician Outreach Specialist Teresa Holmes, CMPE, is also available to help. Recently, the Society became aware of a physician who had an issue with his Medicaid license. “The physician was able to get his Medicaid license back on in a minimal amount of time,” said Holmes. “Ultimately, we worked to get the patients the medicine they need, and the doctor and his staff were so appreciative.”

The group has sometimes acted as a voice to the opposition for physicians. Davenport gave an example. “We wrote Walmart and urged them to reconsider their policy on requiring electronic prescriptions for controlled substances,” she said. “They had this policy to help combat the opioid epidemic, but what it did was put a burden on rural physicians and patients who don’t have the IT infrastructure to comply with the policy. We’re definitely supportive of e-prescribing, but we have to make sure that physicians are supported in meeting the state mandates.”

In addition to practice management issues of all types, Hawkins, Davenport, and AMS Director of Administrative Services Kay Waldo

work on contract for AMS to carry out some of the duties of affiliated specialty societies. They are relied upon by the Arkansas Urological Society, the Arkansas Chapter of the American College of Cardiology, Arkansas Dermatological Society, and the Arkansas Ophthalmological Society.

Membership Specialist Laura Haywood pointed out other ways the Society works to support physicians in every area of medicine. Sometimes, that means bringing members together in one place. She explained, "We know doctors can feel isolated, so we provide an opportunity for physicians to come together to talk about the issues that concern them most and to learn from each other how to better help their patients. A good example of this is our annual membership meeting, complete with CME."

While this year's May 1 meeting has been suspended due to COVID-19 concerns, the Presidential Gala honoring incoming president Chad Rodgers, MD, will be rescheduled for a later date.

Aside from the annual membership meeting, AMS provides regular continuing education opportunities for you and your staff members. For example, each October, they host an insurance conference during which payers come together to talk about issues and give attendees a chance to ask questions.

AMS Begins a Membership Campaign: Will You Help?

After sharing this brief overview of AMS membership advantages, the Society appeals to all members to take advantage of every membership benefit. In addition, they ask members to help them spread the word to non-member physicians throughout the state. To that end, The Society will launch a campaign to bring more awareness of the Society to potential members. Staff members are reaching out to medical students and residents, making group and clinic visits, attending partner events, and taking time to explain the long-term impact of physicians joining the Society.

"It's extremely important that AMS continue to work on its membership growth," said

AMS Executive Vice President David Wroten. "Those physicians who are members are carrying the load for everyone else. Membership fuels all the advocacy efforts of the AMS. While this is certainly true to ensure AMS has the financial resources to accomplish its work, it is especially true from the advocacy perspective. More members mean we have a broader representation of thought leaders. It means the AMS Board of Trustees is more representative of the state. In short, our membership is the lifeblood of our organization, and we, in turn, work to be the lifeblood of our members, professionally speaking."

Visit ARKMED.org and click on the Join/Renew link and share with your non-member colleagues. Tell them why you're a member and encourage them to join. With your help, we will continue to strengthen our ability and we will continue our work to represent the interests of every Arkansas physician! (For more information about advocacy at the Capitol, you may contact Smith at ssmith@arkmed.org. To participate as a Doctor of the Day, contact Laura Hawkins at lhawkins@arkmed.org.)

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Keeping Physicians In Mind and Informed



The Arkansas Medical Society has been working closely with the Arkansas Department of Health and other health care community leaders to serve physicians during the COVID-19 outbreak here in Arkansas. Our top priority is the safety and well-being of the health care community that we serve, including our 4,400 member physicians, residents, and medical students. We will be providing updates as often as possible.

Visit ARKMED.org/COVID19 to sign up for our latest updates, as well as to view resources on financial assistance, telemedicine, and more.

Fetal Alcohol Spectrum Disorders Advocacy in Arkansas

ELIZABETH CLEVELAND, ABD, CCC-SLP; DAVID DEERE, LCSW AND ANGELA KYZER, BA; AND SHANECA SMITH, BSB, RN, CNOR(E)

Fetal Alcohol Spectrum Disorders (FASDs) are the most common cause of preventable developmental disabilities.

They include a range of disorders that can occur in individuals exposed prenatally to alcohol. FASDs affect people of every race, religion, education level and socioeconomic status. Affecting about one in 20 people nationwide, FASD is more prevalent than autism spectrum disorder.¹

In Arkansas, the estimated annual cost of FASD is more than \$79 million; more than \$4 billion for the United States.² This includes costs for medical care, special education, substance abuse treatment and incarceration. Individuals with FASD often have a variety of delays — physical, mental, behavioral or learning disabilities — that require assistance with daily living tasks, social skills, mental health services and finances.³

The cost of failing to provide early intervention services and support is even higher. Many people with FASD are eventually incarcerated or require mental or substance abuse services. Studies found 16.9% of children in the child welfare system have FASD.⁴ Youths with FASD are 19

times more likely to be incarcerated than those without FASD.⁵ Early intervention helps prevent or lessen these secondary challenges.

Arkansas advocates are seeking to change these statistics, including Arkansas None for Nine, the Arkansas Leadership Education in Neurodevelopmental Disabilities program and AFMC by educating providers and the public about FASDs.

There is no safe amount of alcohol during pregnancy. The most critical time to refrain from alcohol exposure during pregnancy is week three. Most women do not know they are pregnant until weeks six to eight, so exposure to alcohol can happen without the mother even knowing she is pregnant. The Centers for Disease Control and Prevention (CDC) report one in nine women use alcohol during pregnancy.⁶ In Arkansas, about 100 pregnant women are admitted to a state-supported treatment facility for alcohol or drug treatment each year, according to the Arkansas Department of Human Services.

Experts agree that pregnant women should abstain from alcohol completely. Women of childbearing age should abstain or use effective

contraception. Prevention should begin with regular alcohol-use screening for all women of childbearing age. Valid screening tools include the AUDIT, TWEAK or T-ACE.⁷

FASDs include Fetal Alcohol Syndrome (FAS), Neurobehavioral Disorder Associated with Prenatal Alcohol Exposure (ND-PAE), Partial Fetal Alcohol Syndrome (pFAS), Alcohol Related Birth Defects (ARBD), and Alcohol Related Neurodevelopmental Disorder (ARND).

Physical diagnostic criteria for FAS include facial dysmorphias (thin upper lip, smaller inner/outer eye openings, smooth upper lip), growth deficits and central nervous system abnormalities (small head circumference, low cognition, developmental delays).⁸ Most FASD patients do not present with physical characteristics but display functional or behavioral impairments such as poor executive functioning, impulsivity, hyperactivity, risky behaviors and sensory sensitivity. They may be diagnosed with attention deficit hyperactivity disorder or oppositional defiant disorder, but these treatments may not work for FASD.

Be patient with FASD patients. They often need directions explained many times and need more time to process what is being said. If it takes 20 times for a neurotypical individual to learn a skill, FASD patients may need 200 times to learn the same skill. Use strategies that work with FASD patients: consistency, supervision and repetition. Learn more at <http://come-over.to/FAS/brochures/EightMagicKeysBroch.pdf>.

Despite their deficits, FASD children are often friendly and cheerful, have lots of energy and work hard as adults. Parents remark that they are often kind to younger children and animals, play fair, like to help others and want to be liked.

Arkansas None for Nine's website is <https://arkansasnonefor-nine.org/>. The CDC has FASD trainings for medical professionals at <https://www.cdc.gov/ncbddd/fasd/index.html>. The Arc at www.thearc.org and the National Organization on Fetal Alcohol Syndrome (www.nofas.org) are also good resources.

Less than 1% of FASD patients get a diagnosis, due in part to both limited knowledge and diagnostic resources. It's more common for them to be misdiagnosed with another behavioral or mental health diagnosis. It is of utmost importance to refer patients for testing. An FASD diagnosis can help family members set realistic expectations and helps the patient get appropriate treatment and intervention. More information about referring for FASD diagnosis at ar.ms.lend@gmail.com.

An interprofessional team of FASD experts has developed Arkansas' first center for diagnostics and resources in FASDs for ages 3–21. The Specialty Diagnostic Resource Center (SDRC) provides evaluations to determine

if patients have an FASD and assists their families. The team, including social workers, psychologists, speech-language pathologists, geneticists, genetic counselors and audiologists, will provide a comprehensive evaluation to confirm or rule out FASD. Occupational therapists, physical therapists and nutritionists occasionally join the team. Currently, families have no out-of-pocket expenses, except for travel. The clinic operates at the University of Central Arkansas Speech and Hearing Clinic on Thursdays. More information about SDRC at 501-301-1100 or 800-342-2923 or email ar.ms.lend@gmail.com.

Governor Hutchinson signed a proclamation designating September 2019 as FASD Awareness Month in Arkansas. Additionally, Arkansas advocates were instrumental in getting Arkansas Act 860 passed by the General Assembly in 2019. This law requires a warning sign be posted in any establishment that sells or dispenses alcoholic beverages. AFMC, in collaboration with the Arkansas Alcoholic Beverage Control (ABC) Board, has developed and printed the warning signs at no cost to the ABC. The warning signs are being distributed as businesses receive inspections and fines may be assessed for not displaying the warning sign.

AFMC also convenes the FASD Workgroup at AFMC on the first Tuesday of each month. To enhance public education about FASD, AFMC developed and printed FASD Awareness brochures for Arkansas None for Nine and FASD Workgroup members.

Save the Date: The 7th Biennial FASD Conference will be held Sept. 10, 2020 at University of Arkansas – Pulaski Technical College in North

Little Rock. More information from Shaneca Smith at 501-553-7805 or ssmith@afmc.org. ▲

Ms. Cleveland and Mr. Deere co-direct the SDRC. Ms. Kyzer is a UAMS research associate. Mrs. Smith is an outreach specialist RN in AFMC's quality department.

REFERENCES

1. May PA, Chambers CD, Kalberg WO, et al. Prevalence of fetal alcohol spectrum disorders in 4 US communities. *JAMA*. 2018;319(5):474-482. DOI:10.1001/jama.2017.21896
2. Lupton C, Burd L, Harwood R. Cost of fetal alcohol spectrum disorders. *Am J Med Genet C*. 2004; 127C:42-50
3. Streissguth AP, Bookstein FL, Barr HM, et al. Risk factors for adverse life outcomes in fetal alcohol syndrome and fetal alcohol effects. *Jour of Devel & Behav Pediatrics*. 2004; 25(4):228-238
4. Lange S, Shield K, Rehm J, et al. Prevalence of fetal alcohol spectrum disorders in childcare settings: A meta-analysis. *Pediatrics*. 2013, 132(4) e980-e995; DOI: <https://doi.org/10.1542/peds.2013-0066>
5. Popova S, Lange S, Bekmuradov D, et al. FASD prevalence estimates in correctional systems: A systematic literature review. *Can J Public Health* 2011;102(5):336-40
6. Denny CH, Acero CS, Naimi TS, et al. Consumption of alcohol beverages and binge drinking among pregnant women aged 18-44 years – United States, 2015-2017. *MMWR Morb Mortal Wkly Rep*. 2019; 68:365-368. DOI: <http://dx.doi.org/10.15585.mmwr.mm6816a1>
7. Chang G. Alcohol-screening instruments for pregnant women. *Alcohol Res Health*. 2001;25(3):204-209
8. Hoyme HE, Kalberg WO, Elliott AJ, et al. Updated clinical guidelines for diagnosing fetal alcohol spectrum disorders. *Pediatrics*. 2016;138(2): e20154256
9. Substance Abuse and Mental Health Services Administration. My Sibling Has a FASD. Can I Catch It? DHHS Pub. No. (SMA) 06-4247. Rockville, MD: Center for Substance Abuse Prevention, 2006

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MAY 2020

The State of Public Health in Arkansas in 2019

The activities of the Arkansas Department of Health in 2019 were driven by its mission of protecting and improving the health and well-being of all Arkansans. ADH sought opportunities for innovation, efficiency, and improvements in its operations and responded to unexpected challenges. ADH's "Be Well Arkansas" initiative continued its outreach to Arkansans in assisting them with tobacco cessation, hypertension, and diabetes resources. ADH also embraced the President's HIV elimination challenge in Arkansas while responding to ongoing outbreaks due to Hepatitis A, Legionella, and Mumps.

While ADH launched "Be Well Arkansas" initiative in November 2018, the year 2019 saw it grow to its full potential by reaching out to Arkansans across the state for tobacco cessation and referral to community hypertension and diabetes resources. A total of 3,376 Arkansans were enrolled in the tobacco cessation counseling program, with an estimated 34% quit rate. Nine-hundred and thirty-two Arkansans were referred to community hypertension resources, and 433 Arkansans were referred to community diabetes resources. The Arkansas Legislature also passed the Tobacco-21 legislation, which increases the minimum age of purchase for tobacco products in Arkansas to age 21 by the year 2021.

Arkansas ranks first and seventh, respectively, among states for fatal complications of hypertension, heart attack, and stroke. In 2019, efforts to address stroke included: (a) increasing participation in the Arkansas Stroke Registry, now involving 77 of the state's acute care hospitals; (b) coordinating efforts to ensure over 800 health-care providers received certification with the Advanced Stroke Life Support (ASLS) credential; (c) orchestrating educational and quality improvement efforts for EMS agencies, hospitals, and emergency departments; (d) releasing a stroke care quality improvement toolkit for EMS and (e) integrating "stroke bands" into Arkansas's system of care to tie together EMS and hospital data and support quality improvement efforts. Programs to reduce ST-segment elevation myocar-

dial infarction (STEMI) fatality in 2019 included: (a) increasing participation in the Arkansas Heart Attack Registry now involving 27 percutaneous coronary intervention hospitals; (b) supporting a real-time mobile communications platform in three regions (Northeast, Arkansas Valley, and Southwest) to improve STEMI care coordination between EMS and hospitals; and (c) providing educational materials to EMS and hospital teams to share with the community to help the public know the signs and act in time by calling 911 when heart attack is detected. In addition, hospital teams are connecting patients with the ADH's "Be Well Arkansas" initiative to give them online and text resources to help address risk factors for both stroke and heart attack.

The Arkansas Department of Health continued its response to an outbreak of Hepatitis A among high-risk individuals, including people who use drugs, persons experiencing homelessness, and men who have sex with men (MSM). Since February 2018, 471 cases, predominantly among men (64%), white individuals (93%), and recreational drug users (60%), have been reported to ADH. ADH has responded to the outbreak by providing targeted vaccination campaigns in counties and risk populations that are disproportionately impacted. Thus far, more than 35,000 individuals have been vaccinated at mass clinics, jails, homeless shelters, substance misuse treatment centers, and other settings. The ADH outbreak response section also worked on a mumps outbreak at the University of Arkansas at Fayetteville in 2019. The outbreak was declared to be over on February 10, 2020, after completing two incubation periods (52 days) without a new case associated with the U of A Fayetteville campus. All students and faculty/staff have been back to normal campus activity since then. A total of 3,692 MMR vaccines were given at U of A Fayetteville to both students or campus employees/faculty/staff in relation to this outbreak.

In 2019, ADH investigated 79 possible Legionella cases, of which 11 were determined not to be cases. Legionella naturally occurs in the environment but exposures occur through the built

environment, like showerheads, hot tubs, and cooling towers. Of the 68 cases identified, 64 were confirmed, three were suspected, and one is ongoing. Inhalation of aerosolized water containing gram-negative bacteria of the genus *Legionella spp.* can cause Legionnaires' disease. Persons at increased risk of infection include persons over 50 years of age, current or former smokers, persons with chronic lung conditions, or immunocompromised persons. Garland county had the most investigations (15) of any county with 14 confirmed cases. Water management plans for the built environment are the most effective way to reduce exposures to *Legionella*. When appropriate, ADH encourages and assists building owners with water management plan development.

There were 254 persons reported as newly-infected with Human Immunodeficiency Virus (HIV) in Arkansas in 2017. In that same year an additional 152 persons were reported as new cases of Acquired Immuno-Deficiency Syndrome (AIDS). During his 2019 State of the Union address before the U.S. Congress in on Feb. 5, 2019, President Trump challenged the country to work towards the elimination of the HIV epidemic in the U.S. by 2030. The President's goal, simply stated, is to ensure a 75% reduction in new HIV infections in five years, and at least 90% reduction in new HIV infections in ten years. Living-infected-and-undiagnosed forms the basis of one of the major focus of ongoing HIV prevention efforts by both the CDC and HRSA. At the moment ADH efforts are to integrate with and support ongoing HIV prevention initiatives to target this cohort. Another aspect of the initiative is to offer high-risk individuals who may develop HIV with Pre Exposure Prophylaxis (PrEP). ADH is exploring options to identify these high-risk individuals who may benefit from PrEP and at the same time encourage community providers to offer PrEP to high-risk groups. ADH has the expertise to train community providers who may be interested in offering PrEP services in their practices. ADH currently has an Integrated HIV Prevention & Care Plan for the State of Arkansas as well as an Ending the Epidemic plan under development. All

these prevention, care, and treatment efforts in Arkansas are being enhanced with the President's expressed drive to end this epidemic by 2030.

The newly created Substance Misuse and Injury Prevention branch continues to expand its impact by enhancing the Prescription Drug Monitoring Program (PDMP), substance misuse education and prevention, and the suicide prevention program in the state. A grant from the CDC will allow for integration of the PDMP with all electronic health record (EHR) software and pharmacy dispensing software in the state over the next three years. Integration of the PDMP will allow prescribers and dispensers to check a patient's PDMP within their current EHR without having to log into a separate portal, making the utilization of the PDMP easier and quicker for health care providers. Additionally, the grant funds an Academic Detailing project in the state—enabling a team led by clinicians to provide one-on-one, short-length, evidence-based education to providers related to opioids. The intent is to decrease high-risk prescribing of opioids and to increase the use of other pain management strategies.

Child obesity often begins in homes where adults do not follow healthy behaviors. Healthy Active Arkansas (HAA), a public-private partner-

ship, promotes healthy weight and an active sustainable lifestyle. This year HAA used funding from the Delta Dental Foundation to install water-bottle filling stations in schools to encourage students to drink more water. Arkansas was one of the states selected to participate in Harvard T Chen School of Public Health's CHOICES (Childhood Obesity Intervention Cost Effectiveness Study) project.

Immunization rates have improved over the last few years with innovations in vaccine management and registry systems. The Arkansas rankings for immunization in infants, teens, and adults have all increased. Particular focus has been put on HPV immunization, which prevents cervical and oral cancer with new partnerships developed with dentists and with broader vaccine coalitions. The department has also begun our online exemption program to improve the education of those who are undecided about immunization.

This past year also saw the consolidation of 45 cabinet level state agencies to 15, with 23 out of 45 agencies brought under the Arkansas Department of Health. This includes the Arkansas State Medical Board and State Nursing, Pharmacy, and Dental Boards, to name a few.

While ADH launched, “Be Well Arkansas” initiative in November 2018, the year 2019 saw it grow to its full potential by reaching out to Arkansans across the state for tobacco cessation and referral to community hypertension and diabetes resources.

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Arkansas Medical Foundation Report

In 1983, the Arkansas Medical Society realized that health care professionals with substance abuse problems and mental health issues needed an advocate to assist in rehabilitating and restoring them to continue to provide quality health care. As such, the Arkansas Physician's Health Committee, and later, the Arkansas Medical Foundation, were established. Since then, the Foundation has touched hundreds of lives and continues to provide a place for impaired physicians to get assistance in treatment and monitoring in a confidential environment.

In the AMF newsletter, as in every publication from the Arkansas State Medical Board, physicians are identified who have been subjected to disciplinary action. Many of these physicians have been discovered to be practicing under the influence of substances or have boundary violations in their practice. The Arkansas Medical Foundation strives to identify such impaired physicians before disciplinary action is required so that they might get the necessary treatment and monitoring necessary to ensure that they can continue to practice unencumbered by disciplinary restraints. Unfortunately, physicians are often unaware of the existence of the Foundation. The purpose of this article is to help increase awareness.

If you are battling substance abuse problems, are embroiled in an ill-advised relationship with a patient, or if you have complicated psychiatric issues that might interfere with your practice, we encourage you to contact us for assistance and potential referral. The Foundation assists medical doctors, physician assistants, dentists, licensed respiratory care professionals, registered dental hygienists, optometrists, and occu-

pational therapists. The program consists of identifying, confronting, and securing treatment and after-care monitoring. Such monitoring may consist of random drug testing, attendance with documentation at AA/NA meetings, psychotherapy, and physician support groups for a period (usually) of one-to-five years. The program has a success rate of over 90% if these standards are adhered to. The Foundation advocates for clients in the program by providing credentialing information or periodic reports to the Arkansas State Medical Board, the Arkansas Board of Dental Examiners, the Arkansas State Board of Optometry, the Arkansas Board of Podiatric Medicine, or the DEA, if necessary. Clients will sign a release of information to the agency specific to them. If our services are secured by a voluntary agreement, the respective boards are never made aware of the issues unless the client refuses to follow our recommendations. The staff maintains close contact with all clients and provides personal support throughout their contract. This program is about the person as a whole and not just a name and number.

A portion of every physician's annual fee to the Arkansas State Medical Board is sent to the Arkansas Medical Foundation as support for the program. Each client is also required to pay an annual fee to help offset expenses. The Arkansas Medical Foundation is a non-profit agency; as such, donations are accepted and are tax deductible. Fees paid by clients are considered a business expense.

Clients are referred to the Arkansas Medical Foundation by hospital administrators, spouses, children, concerned colleagues, and patients. Anyone can report an impaired physician. All reports are confidential and

taken seriously. Each report is investigated, and if it is determined intervention is necessary, appropriate action is taken. Please contact us if you or another medical professional that you know that is practicing in a potentially dangerous or impaired state. We are here to help you and to hopefully prevent you from being a statistic with disciplinary intervention.

The office is centrally located in Little Rock, Arkansas, at 10 Corporate Hill Drive, Suite 150. The phone number is 501-224-9911. In order to provide us with more visibility, the Arkansas State Medical Board has added a provision on your yearly renewal that requires each of you to attest acknowledgement of accessing our website. Please visit our website at www.arkmedfoundation.org or www.arkmedfoundation.com.

IF YOU ARE BATTLING

substance abuse problems, are embroiled in an ill-advised relationship with a patient, or if you have complicated psychiatric issues that might interfere with your practice, we encourage you to contact us for assistance and potential referral.

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January 30, 2019

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

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

- The Board approved the minutes of the following meetings:
 - November 2, 2018 Board of Trustees Meeting
- Dr. Julie MacNeil of Pine Bluff was elected to fill the unexpired term for Dr. Doug Coleman in District 4. Dr. Coleman's term ends May 2020.
- David Wroten presented the membership and budget report for information. He reminded Board members AMS would be holding elections for district trustees Feb. 15-28. Nominations are also being accepted for the Askelpion and Shuffield awards.
- Upon motion, the Bylaws Committee will review and consider a recommendation to allow districts that have had a drop in membership to have one year to regain the membership before losing a trustee.
- David Wroten and Scott Smith discussed the 2019 Legislative Session and discussed the issues AMS would be working on during the 2019 legislative session. Board members were encouraged to get involved and respond to calls for action.

- Board members were encouraged to attend the Annual Membership Meeting on April 26, 2019 in Little Rock.
- Dr. Danny Wilkerson, chairman, asked Board members to contact him should they have any suggestions for when AMS Board of Trustees meetings should be held. The Board typically meets four times a year on Wednesdays and/or Fridays.
- Highlights of AMA Interim Meeting were provided for information.
- The final letter in response to a CMS request for feedback on the Open Payments Program reporting requirements was provided for information.

There being no further business the meeting adjourned.

April 26, 2019

The Arkansas Medical Society Board of Trustees met at 4:15 p.m. on Friday, April 26, 2019, at the DoubleTree Hotel located at 424 West Markham Street in downtown Little Rock. Members attending the meeting were Drs. Lee Archer, Appathurai Balamurugan, Seth Barnes, Bradley Bibb, Willard Burks, Kay Chandler, George Conner, Kathleen Connery, William Dedman, James DeRossitt, Gina Drobena, Matt Haustein, James Hunt, Joseph Miller, Darrell Over, Naveen Patil, Carolyn Reeves, Chad Rodgers, Alan Schumacher, Shannon Swift, Nisha Viswanathan, Toby Vancil, Nannette Vowell, Randy Walker, Gary Wheeler, Danny Wilkerson, Ngozidilenna Wilkins, Dennis Yelvington, Robert Zimmerman, and Stacy Zimmerman. AMS past presidents present were Drs. John Burge, Amy Cahill, Scott Cooper, Scott Ferguson, David Jacks, Lloyd Langston, Stephen Magie, Gene Shelby, Joe Stallings, Gerald Stolz, Steven Strode, Dwight Williams, and Alan Wilson. AMS staff present were Billie Jean Davenport, Alanna Scheffer, Laura Haywood, Scott Smith, Penny Henderson, Kay Waldo, and David Wroten. AMS legal counsel present were David Ivers and Michael Mitchell. Guests present were Dr. Charles Rodgers, Mr. Hunter Cochran, Dr. John Lytle, Dr. Kristin Martin.

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

- Dr. John Lytle of State Volunteer Mutual Insurance Company gave a presentation.
- The Board approved the minutes of the following meetings:

- January 30, 2019 Board of Trustees Meeting
 - November 2, 2018 House of Delegates Meeting
- The Life/Emeritus/Affiliate due exemptions report was accepted as amended.
 - David Wroten presented the membership and budget reports, which were accepted for information.
 - The following reports were placed on the Consent Calendar and accepted for information:
 - AMS Benefits, Inc. - Stephen Magie, MD, Chairman
 - Arkansas Medical Foundation - Bradley Diner, MD, Medical Director
 - Arkansas Medical Society Board of Trustees - Danny Wilkerson, MD, Chairman
 - Arkansas Medical Society 2019 Budget - Bradley Bibb, MD, Chairman
 - Arkansas State Medical Board - Robert Breving, MD, Chairman
 - Medical Education Foundation for Arkansas (MEFFA) - Alan K. Wilson, MD, President
 - Arkansas Department of Health - Nathaniel Smith, MD, MPH Director and State Health Officer
 - Announcement was made of vacancies on the Finance and Audit Committee:
 - Replace Robert Breving, MD, term expires December 31, 2020
 - Replace Robert Gullett, MD, term expires December 31, 2021
 Anyone interested in these positions was asked to contact David Wroten.
 - The following recommendations were accepted to fill vacancies in AMA Delegation due to the resignation of Dr. Eddie Bryant (delegate)
 - Recommendation #1: Appoint Dr. Gene Shelby (currently alternate delegate) to fill the unexpired term of Dr. Bryant - Term expires 12/31/2020
 - Recommendation #2: Appoint Dr. Steve Magie to replace Dr. Shelby as an alternate delegate - Term expires 12/31/2021
 - Ad Proposed Bylaws Amendment - The amendment provides an opportunity for

trustees in a specific district to submit a “corrective action plan” providing a one-year period in which to cure a deficiency in membership numbers that would otherwise result in the loss of one or more trustees in that district. The proposed amendment was sent to the membership on March 8, 2019, more than 45 days prior to the Board of Trustees meeting.

9. Upon motion, the Bylaws Committee will review and consider a recommendation to allow districts that have had a drop in membership to have one year to regain the membership before losing a trustee.
10. David Wroten and Scott Smith discussed the 2019 Legislative Session and discussed the issues AMS would be working on during the 2019 legislative session. Board members were encouraged to get involved and respond to calls for action.
11. Board members were encouraged to attend the Annual Membership Meeting on April 26, 2019 in Little Rock.
12. Dr. Danny Wilkerson, chairman, asked Board members to contact him should they have any suggestions for when AMS Board of Trustees meetings should be held. The Board typically meets four times a year on a Wednesday and/or Friday.
13. Highlights of AMA Interim Meeting were provided for information.
14. The final letter in response to a CMS request for feedback on the Open Payments Program reporting requirements was provided for information.

There being no further business the meeting adjourned.

July 24, 2019

The Arkansas Medical Society Board of Trustees met at 4:00 p.m. on Wednesday, July 24, 2019, at the Chenal Country Club located at 10 Chenal Club Blvd. in Little Rock. Members attending the meeting were Drs. William Ackerman, Lee Archer, Appathurai Balamurugan, Bradley Bibb, Sam Bledsoe, Willard Burks, Kay Chandler, George Conner, Kathleen Connery, William Dedman, James DeRossitt, Gina Drobena, Dirk Haselow, Michael Hickman, James Hunt, Jim Ingram, Joseph Miller, Darrell Over, Naveen Patil, Chad Rodgers, Jeremy Saul, Alan Schumacher, Shannon Swift, Nisha Viswanathan, Toby Vancil, Nannette Vowell, Randy Walker, Donya Watson, Gary Wheeler, Danny Wilkerson, Ngozidilenna Wilkins, Dennis Yelvington, Robert Zimmerman, and Stacy Zimmerman. AMS past presidents present were Drs. G. Edward Bryant, Amy Cahill, Lloyd Langston, Stephen Magie, Gene Shelby, Steven Strode, and Alan Wilson. AMS staff present were Kay Waldo, David Wroten, Billie Jean Davenport, Alanna Scheffer, Scott Smith, and Laura

Hawkins. AMS legal counsel present were David Ivers and Charles Hicks. Guests present were Drs. Parker Jenkins and Laurie Barber.

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

1. The Board approved the minutes of the following meetings:
 - April 26, 2019, Board of Trustees Meeting
 - June 17, 2019 Executive Committee Meeting
2. Dr. Steve Magie discussed efforts by the Arkansas Ophthalmological Society to overturn Act 579 by submitting a referendum to the voters. The Board unanimously voted to support their efforts.
3. Mr. Wroten, AMS EVP, presented the membership report, budget report, and a summary of findings from a leadership focus group.
4. Dr. Parker Jenkins was elected to fill the unexpired term of Dr. Julie McNeil in District 4. The term ends May 2020.
5. Dr. Josh Chance was elected to fill the unexpired term of Dr. Kristen Lienhart in District 8. The term ends May 2020.
6. The following Board members were elected to fill unexpired terms on the Finance and Audit Committee:
 - a. Dr. Michael Hickman – Replacing Kristin Lienhart, MD, term expires December 31, 2022
 - b. Dr. Shannon Swift – Replacing Robert Breving, MD, term expires December 31, 2020
 - c. Dr. Appathurai Balamurugan – Replacing Robert Gullett, MD, term expires December 31, 2021
7. The Board adopted amendments to the District Trustee Election Policy and the Board of Trustee Meetings Policy.
8. The report of the AMA Annual 2019 meeting was provided for information.

There being no further business the meeting adjourned.

November 6, 2019

The Arkansas Medical Society Board of Trustees met at 4:00 p.m. on Friday, November 6, 2019, at the Chenal Country Club located in Little Rock. Members attending the meeting were Drs. William Ackerman, Appathurai Balamurugan, Seth Barnes, Bradley Bibb, Dale Blasier, Willard Burks, Josh Chance, Kay Chandler, George Conner, William Dedman, James DeRossitt, Gina Drobena, Matt Hausteine, James Hunt, Parker Jenkins, Joseph Miller, Darrell Over, Tim Paden, Naveen Patil, William

Redding, Carolyn Reeves, Shane Smith, Shannon Swift, Toby Vancil, Nisha Viswanathan, Nannette Vowell, Randy Walker, Donya Watson, Danny Wilkerson, Dennis Yelvington, and Stacy Zimmerman. AMS past presidents present were Drs. Omar Atiq, G. Edward Bryant, Larry Lawson, Stephen Magie, Gene Shelby, and Alan Wilson. AMS staff present were David Wroten, Kay Waldo, Scott Smith, Billie Jean Davenport, Alanna Scheffer, Laura Hawkins, and Laura Haywood. AMS legal counsel present were Mike Mitchell and David Ivers. Guests present were UAMS student Ashlyn Abbott.

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

1. Dr. Brad Bibb, Chairman of the AMS Finance and Auditing Committee, presented the 2020 proposed budget in Executive Session. The Board approved the budget recommendations. The Board also approved the recommendation to move from a monthly publication of the Journal to a bi-monthly.
2. The Board approved the minutes of the following meetings:
 - June 17, 2019 Executive Committee Meeting
 - July 24, 2019 Board of Trustees Meeting
3. David Wroten presented the membership report, budget report, communication efforts accomplishments, and the PRSA Award for the AMS Newsletter for information.
4. Dr. Dennis Yelvington reported on the State Medical Organizations meeting held prior to the Board meeting. Representatives from different specialty groups met and heard a report on past legislative battles fought by AMS. Dr. Yelvington plans on the groups working together in the future to better influence and educate legislators on healthcare issues.
5. Stacy Jones, Ariel Strategic Communications, gave a report on the recent focus groups that met in central and NW AR with both AMS members & non-members. The lessons learned from this project provide information that will assist in membership growth and improved communications for AMS.
6. Dr. Wilkerson discussed the concerns of substance abuse problems in the state. Wilkerson will appoint a task force to develop a plan for AMS to become more active in helping fight this major health care crisis.
7. Dr. Appathurai Balamurugan updated the Board on health care concerns related to more hospitalizations and deaths related to vaping especially in teenagers and young adults.
8. Dr. Bradley Bibb asked Board members to join ARKMED PAC and support AMS advocacy efforts. The goal is to have 100% Board participation.

There being no further business the meeting adjourned.

BOARD OF DIRECTORS MEETING

July 24, 2019

The Medical Education Foundation for Arkansas (MEFFA) Board of Directors met at 3:00 p.m., on Wednesday, July 24, 2019, at the Chenal Country Club. Members present were Drs. Alan Wilson, Steve Magie, G. Edward Bryant, Dennis Yelvington, Chad Rodgers, Lee Archer, Sara Tariq, and Chris Westfall. Billie Jean Davenport with Arkansas Medical Society also attended the meeting.

The following business was received and transacted:

- Minutes of the May 5, 2018 meeting were approved.
- The Board elected current officers for 2019-2020.
Alan Wilson, MD – President
G. Edward Bryant, MD – Vice President
Steve Magie, MD – Secretary/Treasurer
- The Board reviewed financial information and 2018 tax return.
- Prior year contributions were reviewed.
- Funding requests for 2019-2020 were discussed. The Board approved the following requests from UAMS:
Total Amount of Grants for 2019 - \$55,655.00

\$2,500.00	COM Curriculum – Support for the annual Teach the Teacher Conference
\$9,750.00	Culinary Medicine – Continuation of food as medicine sessions at Culinary Institute
\$2,955.00	EKG Video Library - Online video library focused on EKG, electrophysiology
\$4,500.00	Proteomics/Personalized Medicine Project - Workshop on proteomics, bioinformatics, personalized medicine followed by research proposals
\$5,110.00	Imposter Syndrome Program - Group coaching for medical students on imposter syndrome, build self confidence
\$3,200.00	Sectra Table Use in Class Activities – Support for use of Sectra anatomy materials in classroom teaching
\$1,000.00	Opioid Education in Geriatrics Clerkship - Expand teaching on opioid use in geriatric patients, use of simulation and audience response
\$12,143.00	Ultrasound/Simulation at NW Campus - Equipment for US/simulation education at the NW campus
\$5,750.00	Mobile App for OB Clerkship - Customized app for mobile devices for use on OB clerkship, similar to successful app used on surgery clerkship
\$4,747.00	Online Research Methods Course - Development of a module on clinical research skills aimed at medical students; better prepare students to participate in research
\$4,000.00	AMS Distinguished Lecture Series – grants of \$1,000 for each of the following speakers:
	Allan Pickens, MD, Associate Professor and the Residency Program of the Thoracic Surgery Integrated residency and fellowship programs, Emory University (requested by the Department of Surgery)
	Peter Abadir, MD, academic geriatrician with a career focus on research, education and clinical care. Geriatrics, Johns Hopkins (requested by the Department of Geriatrics)
	Gregory Davis, MD forensic pathology, University of Kentucky (requested by the Department of Pathology)
	Beth Nelson, MD, Associate Dean of Undergraduate Medical Education, General Internal Medicine, Dell Medical School, University of Texas
\$55,655.00	

There being no further business, the meeting adjourned.

**Q. How to keep in contact with
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ARKANSAS STATE MEDICAL BOARD

2019 ANNUAL REPORT

The 2019 members and officers of the Arkansas State Medical Board are as follows:

Sylvia D. Simon, MD, Chairman	Rhys L. Branman, MD	Timothy C. Paden, MD
Robert E. Breving, Jr., MD, Vice Chairman	Rodney L. Griffin, MD	Don R. Phillips, MD
Veryl D. Hodges, D.O., Secretary	Mrs. Marie Holder	William L. Rutledge, MD
John H. Scribner, MD, Treasurer	Brian T. Hyatt, MD	David L. Staggs, MD
Omar T. Atiq, MD	Larry D. "Buddy" Lovell	

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

2019 Licensing Statistics

Medical Doctors and Doctors of Osteopathy Licensed	931
Medical Doctors and Doctors of Osteopathy (total)	11,139
Medical Doctors and Doctors of Osteopathy (in state).....	6,992
Occupational Therapists Licensed	92
Occupational Therapists (total).....	1,698
Occupational Therapy Assistants Licensed.....	130
Occupational Therapy Assistants (total).....	949
Physician Assistants Licensed.....	56
Physician Assistants (total)	527
Respiratory Care Therapists Licensed	115
Respiratory Care Therapists (total)	2,068
Radiologist Assistants (total)	6
Radiology Practitioner Assistants (total)	3
Medical Corporations Registered	53
Medical Corporations (total).....	987
Surgical Technicians Registered.....	16
Surgical Technicians (Total)	270
Withdrawn Applications.....	17

Summary of Board Proceedings for 2019

Individual Discussions and Issues (total).....	427
Complaints (including investigations and other issues involving licensed practitioners).....	368
Issues.....	59

2019 Board Actions

Suspension	21
Revocation.....	1
Revocation/Stayed	5
Surrendered in lieu of further action	3
Reprimand.....	1
Consent Orders.....	14

Complaint Allegations (including investigations)

1	Alcohol/Substance Abuse
20	Attestation/Renewal Affirmative Answers
10	Arkansas Medical Foundation Reports
13	Behavior/Attitude
12	Billing/Insurance Issues
25	Board Actions Taken by Other States
4	CME/CEU Issues
3	Discrimination/Harassment
50	Dissatisfaction with Treatment/Procedure
1	Ethics
1	HIPAA Issues
20	Hospital Reporting
7	Inmate Allegations
10	Inappropriate Prescribing
37	Lack of Attention to Medical Needs
25	Malpractice Regulation 23
14	Medical Records – Failure to Provide
1	Medical Records –Discrepancy
4	Misdiagnosis
41	Miscellaneous
16	Over-Prescribing/Over-Testing
2	Patient Abandonment
5	Physician Inquiries
12	Doctor Refuses to Prescribe/Refill Pain Meds
2	Didn't/Won't Comply with Patient's Request to Complete Paperwork
1	Self Reporting
4	Staff Generated
7	Sexual or Romantic Relationship
15	Terminated Patient
5	Licensure Issue

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



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