



# JOURNAL

OF THE ARKANSAS MEDICAL SOCIETY

SPRING 2022 VOLUME 118 NUMBER 9

## AMS CONTINUES SHARING THE LOAD WITH ARKANSAS PHYSICIANS



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# JOURNAL

OF THE ARKANSAS MEDICAL SOCIETY

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

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

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

**Postmaster:** Send address changes to:

The Journal of the Arkansas Medical Society,  
P.O. Box 55088, Little Rock, AR 72215-5088.

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

**Editor Emeritus:** Alfred Kahn, Jr., MD (deceased)

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FROM THE PRESIDENT

# WE BELONG

BY **DANNY WILKERSON, MD**

2021-2022 PRESIDENT, ARKANSAS MEDICAL SOCIETY



As your 2021-2022 president of the Arkansas Medical Society, I'm writing my last president's letter as May is rapidly approaching, and soon AMS will install its new president. Reflecting on my time as president, I found myself thinking about what it means to belong, so I looked up the definition. Webster's Dictionary says belonging is "an affinity for a place or situation." Cornell University defines belonging as "the feeling of security and support when there is a sense of acceptance, inclusion, and identity for a member of a certain group." I feel I belong in the Arkansas Medical Society, and I hope you do too.

I joined AMS in 1990 and have been in the governing body since 2010. I have served on the Board of Trustees, Finance and Audit Committee, as the Chairman of the Board, and now president. AMS ended 2021 with 4,235 members, including active physician members, life and emeritus members, residents, and medical students. Six physicians serve on the executive committee, and 36 district trustees serve throughout the Society's 10 districts. The Society also has six AMA delegates, bringing a total of physician leaders to 48. Could you be the next in line to fill one of these positions? I think so!

One of the highlights during my tenure as president was speaking at the White Coat Ceremony for incoming medical students at UAMS. I can avouch that it is indeed an honor and a privilege. In my address, I shared with them that AMS was formed in 1875 by a small group of physicians who recognized that physicians needed to work together collectively to

improve health care. I explained how AMS was founded on the principle that we all become a powerful force for physicians and their patients by combining our efforts. I urged them to be a part of organized medicine by joining their county medical society, the Arkansas Medical Society, and their national organizations, and I will also urge you to do the same. Collectively, we do make a difference.

During my presidential acceptance speech last May, I told members that I joined AMS to be a part of something bigger than myself and that something was organized medicine. I reminded the members that together we accomplish many things that would be hard to do – dare I say impossible – singlehandedly. We do what we do for the people of Arkansas – our patients.

I'm proud of the issues we were able to take on during my tenure. The AMS Board of Trustees addressed the Transgender lawsuit (Brandt vs Rutledge et. al.) and signed on to the American Medical Association's amicus brief against Act 626. The Society also issued a statement supporting vaccination for all health care workers, which 14 other Arkansas physician organizations supported. Most recently, the Board agreed to partner with the Arkansas Medical Foundation to establish a voluntary online questionnaire designed to assess mental health and well-being.

As my role as president, I appointed other physician leaders to PAC, the Physicians Health Committee, the Alzheimer's Disease and Dementia Advisory

Council, and various other committee appointments within AMS. I also had the pleasure of speaking at a luncheon for the incoming medical students.

I invite all reading this to actively be a part of organized medicine - don't sit on the bench. Get in the game. Voice your opinions/concerns to your district trustee. Be a trustee yourself. Get on a committee. Be an officer. Be the President. Keep abreast of the legislation that affects the House of Medicine. Call your State Senator/Representative. Vote!

Everyone is important. You matter! The words of the famous author Helen Keller still ring true today. She said, "Alone we can do so little; together we can do so much." Let's all work together as an organization to better the patients we serve. We belong!

Thank you all for the honor and privilege of serving as your president. It has been a pleasure. ■

A handwritten signature in black ink, appearing to read "Danny Wilkerson". The signature is fluid and cursive, written over a light blue background.



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FEATURE

# AMS CONTINUES SHARING THE LOAD WITH ARKANSAS PHYSICIANS

BY CASEY PENN



**A**s physicians and health care professionals of Arkansas, you know best that those in the field of medicine are not in a place to stop fighting against this virus after two years, and the same is true for the organizations behind medicine. From the early days of the pandemic, when Arkansas's first COVID-19 patient was identified on March 11, 2020, to today, when more than 800,000 Arkansans have tested positive for this virus and more than 10,000 have died, your Arkansas Medical Society leadership and staff have worked in a multitude of ways to support physicians and their staffs and patients.

The Society wants to continue encouraging your ongoing efforts during this pandemic and assure you that we're still here beside you in the fight – helping to bear the load. Here's a quick look back at what AMS has been doing – and a look at how the Society will continue to help.

## THE EARLY DAYS IN THE FIGHT AGAINST COVID

As the pandemic began ramping up, the Society immediately became involved, taking on any tasks necessary to support our state's doctors. There were sometimes daily meetings with stakeholders and extensive COVID updates to members. The AMS staff answered many calls from clinics trying to figure out their next steps as health officials, health providers, and the public tried to make sense of the new virus and how to fight it. AMS worked tirelessly to make crucial recommendations to state officials to help safeguard the practice of medicine during extraordinary circumstances. **For instance, the Society's recommendations to Gov. Asa Hutchinson helped safeguard**

## the physician-patient relationship as the state relaxed telemedicine law requirements to allow for virtual care during a pandemic.

AMS also jumped in to help clinics with pandemic-related reimbursement provisions, challenges related to staff shortages, and clinic closings, but perhaps the most basic yet difficult and necessary task, was procuring and distributing personal protective equipment (PPE).

"Calls started coming in ... physicians could no longer order the protective equipment needed, supply lines were overwhelmed with worldwide requests, and Arkansas was not getting enough of the national stockpile of PPE," recalled David Wroten, AMS executive vice

president, of the circumstances that launched a full-scale Society effort to distribute PPE to clinics across the state.

The state's PPE stockpile was going to first responders, hospitals, nursing homes, and other hot spots, so AMS reached out to Gov. Hutchinson asking for assistance. The governor had announced that he would buy \$30 million worth of PPE, and then that number went up to \$70 million. Wroten said, "During a Saturday morning phone call, Gov. Hutchinson agreed to allocate a percentage of those purchases to the state's medical practices. During that conversation, I stuck my neck out just a little bit and said, 'If you'll just help us out, we'll get it to them.' From that point forward, we became PPE distributors for a while."



## PANDEMIC CHALLENGES TO PRACTICE MANAGEMENT PAST AND PRESENT

While reflecting on the calls the Society has received, Tereasa Holmes, AMS director of practice and health policy, said that the content has changed from the beginning of the pandemic. “Early on, clinics were losing staff because of the fear of taking the virus home to family or needing to be home with their children when schools closed,” she said. “At first, no one was coming in and patients were getting behind on well visits,” she said.

“Now, clinics are seeing a flood of people coming in, so staff must do more with less. Rural clinics are having more trouble retaining staff because there are fewer physicians to see patients. Where first, they couldn’t retain staff because there weren’t enough patients, now, it’s the opposite. Staff members are overwhelmed and deciding to leave the field of medicine altogether. In larger cities it is an issue, but more so in rural areas.”

The Society has also received calls related to COVID coding reimbursements,

vaccination mandates, and testing supplies. “It’s a team effort with AMS staff to stay abreast of all these changes. We work with clinics to give them clarification on rules. It helps for clinics to have someone to talk to who understands what it’s like to manage a clinic,” said Holmes.

Recent testing issues have related mainly to supply. “Now that the government is mailing free COVID tests to individuals, clinics are once again having trouble getting the tests they need,” said Holmes. In addition to getting enough tests, clinics have had a hard time getting the equipment to store them due to backlog.

AMS has been a great resource for Donna Coulter, who works in medical billing at Physicians Medical Billing, Inc., in Lockesburg, Ark. The company serves family practice and pediatric clinics, surgeons, mental health professionals, and others throughout the state. Coulter has been relying on AMS for help since before the pandemic and throughout it. “We’re not running a practice. We’re in billing, but we still have many questions from our clients, and we do the best to help them. The Arkansas Medical Society is a big part of that help,” said Coulter.

On behalf of her clients during the pandemic, Coulter has reached out to AMS with questions related to closing a practice, how long to keep medical records, telemedicine, and more. She has also asked the Society for attorney or malpractice insurance recommendations, and which have panned out well. “Tereasa and AMS have been a blessing,” summed Coulter. “I know that if they don’t know the answer, they can route me to someone who does.”

## SUPPORTING PHYSICIANS & CLINICS THROUGH COVID MINI-GRANTS

Once the COVID vaccine was available to the public, AMS stepped in to assist in improving the state’s COVID vaccination rates and vaccine confidence. To further those efforts, the Society received a \$1.5 million grant from the Arkansas Department of Health, part of which includes the “Our Fight is Against

COVID” mini-grant program. This program provides financial support to physicians and clinics who provide COVID vaccinations for patients and their communities. Since the application period ended in December 2021, AMS has awarded more than \$410,000 to over 40 clinics around the state. Some recipients were already providing COVID vaccines, while others are using the funds to start new vaccine programs.

Physician-owned HealthStar Physicians of Hot Springs is one group that requested funding from the program to help continue and add to its vaccination efforts. Specifically, it needed to purchase equipment related to vaccine administration and storage. The clinic’s CEO, Rachel Wallis, MPH, explained the necessity of these items for the group of 18 physicians and over 50 providers working from nine locations. “Refrigerators add to our ability to replace broken units or add capacity for additional storage of COVID vaccine and antibody therapy,” she said. “Generators back up our refrigerators, and this is important in the event of power outage. We currently have to transport vaccine and other meds to other places if we lose electricity.”

Beyond in-clinic family medicine, HealthStar offers physical therapy, house calls, clinical research, lab services, telemedicine, school-based health at four schools, and rounding for patients at National Park Hospital. The busy group is using mini-grant funds for ice chests used to transport vaccine and other therapies during house-call visits to vulnerable patients with mobility issues. “By going to their homes, we can limit their exposure,” said Wallis.

Other grant purchases have included iPads and stands to streamline outside testing and patient visits. “By March 17, 2020, we installed three COVID testing sites: two in Hot Springs and one in Mena. We were using large tents. This worked well for spring, but as summer hit, our staff began to suffer from heat exhaustion under all that PPE. So, we had to purchase permanent structures and remodel a bit. Additionally, several of our other clinics

continue to have symptomatic patients wait in their cars to be tested for COVID. The iPads will help us streamline our outdoor patient visits by documenting the encounter in real time while outside. We can capture insurance information, add patients to our EMR, capture their photographs, and have them sign necessary consents all from these iPads while outside in the COVID drive-thru or parking lot.”

Several other clinics used assistance through the mini-grant program, specifically for storage and preservation equipment, including Medical Associates of Northwest Arkansas, P.A. (MANA), Sherwood Family Medical Center, and UAMS Northwest.

MANA’s COVID vaccines are made available to its eight family medicine clinics and two pediatrics clinics. Bekki Boyd is the executive assistant and COVID Vaccine Coordinator for MANA administration in Fayetteville. She shared, “With the approved funds, our depot location was able to purchase two medical-grade refrigerator/freezer combos, a couple of digital data logger kits, as well as one large-sized and one small-sized transport cooler. A couple of our family medicine clinics were approved for mini-grant funds to upgrade their refrigeration/freezer combos and purchase emergency backups and transport coolers.”

James Pratt, clinic manager for Sherwood Family Medical Center, expressed that clinic’s appreciation of the grant opportunity. “We needed a new vaccine refrigerator to store our COVID vaccine, and the mini-grant was able to provide that equipment,” said Pratt. “The mini-grant allowed us to purchase a small generator and connection to safeguard our vaccines in case of a power failure. We have five family practice physicians and four pediatricians, and we see about 225 patients a day ranging from newborns to geriatric patients. Given that the past year has been very stressful for both patients and providers, the grant provided some safety in knowing our vaccines would be protected.”



Sarah Watkins, RN, Clinic Care Coordinator at MANA Family Medicine South in Fayetteville, is excited to have a vaccine transport cooler to help their clinic with vaccine distribution.

“When this pandemic started, most organizations had to adjust and adapt quickly,” contributed Stephanie Kruger, COVID clinic lead and assistant director of programs for UAMS Northwest Regional Campus. Kruger explained that the clinic reaches the underserved Latino, Marshallese, and Caucasian populations through the service of 13 physicians (not including residents). “First, it was paramount to set up testing quickly, and then we were required to pivot to vaccinate quickly. This set-up time left us doing things effectively, but not efficiently. Without the assistance of AMS, we would still be hobbling along. Now, UAMS NW can bring this once-make-shift vaccine center into a more permanent state with ideal equipment to accomplish the mission to vaccinate as many Arkansans as possible.

“We are in the process of using the awarded mini-grant to purchase a vaccine refrigerator and freezer from TempArmor. Our vaccine freezer is not convenient to where we administer our vaccines. One of our barriers to having a freezer in close proximity was the issue of having a back-up generator on site, which was cost

prohibitive. Because of our mini-grant, we will be able to store more vaccine safely where the vaccines are distributed and given. We are so excited to be able to increase our vaccine capacity safely and effectively,” said Kruger.

#### **ONGOING EDUCATION FOR PHYSICIANS AND THE PUBLIC**

A large component of the ADH grant to AMS was for outreach and education, including a marketing campaign designed to increase vaccine confidence and knowledge among the public through social and digital media. The [ARKMED.org/covid19](https://www.arkmed.org/covid19) webpage has been updated and features the only vaccine finder that only shows medical clinics who are vaccine providers. “There was not a website available for patients in Arkansas to search for a clinic who was giving the vaccine,” said Laura Haywood, membership and communications specialist at the Society. “We felt that was a critical piece of information that was missing, and it was imperative to us that we highlight those clinics who are providing the vaccine.”



Sharon Reece, MD, of UAMS Northwest in Fayetteville, stands next to their grant-funded vaccine refrigerator and freezer.

The website also has an information section for physicians and a training section for physicians and clinic staff. That instruction includes informative webinars on timely topics like Preparing for Pediatric Vaccines, COVID Therapeutics, and Telemedicine During and Post Pandemic. Arkansas Department of Health Chief Medical Officer Jennifer Dillaha, MD, discussed how the partnership between AMS and ADH helped create the webinar series.

“To help provide training for physicians and health care workers on COVID and to support their vaccination activities, AMS has, through this partnership, put together five webinars since last summer,” she said. “I’ve helped with these as have Drs. Greenfield and Kothari. This has been an important partnership because the Society has good relations with so many physicians around the state. They communicate with them in ongoing and timely ways, so that has been a good help to the Department to get training and information out. I receive requests for this kind of training, and I’m able to refer them to the AMS website, which is a great resource because not everybody was able to attend when the event occurred. They can watch them after the fact.”

### LEARNING, ADAPTING, CARRYING ON

In addition to celebrating the frequent partnerships between AMS and ADH and complimenting the Society’s efforts, Dr. Dillaha also made a point to commend the physicians of Arkansas in their continued care of patients

in extraordinary and ever-changing circumstances.

“The pandemic has been extremely challenging because we’ve had to learn about COVID-19 as we’ve gone along in coping with the pandemic. New vaccines have been developed and made available as well as therapeutics, and that is a steep learning curve for clinics to learn and manage these new pharmaceutical products for the benefit of patients. This illness changes somewhat with each new surge of a new variant, so we’re going to be learning about it for a long time. So far, we haven’t focused much on the long-term complications of having been infected with SARS COV2, but it’s clear there will be long-term complications. As a state medical community, we will need to continue to work together to meet the needs of the people we serve.

“We’re fortunate that we have a vaccine that works, and we have treatment options that work as well. So, a lot of the important strategy for maintaining low

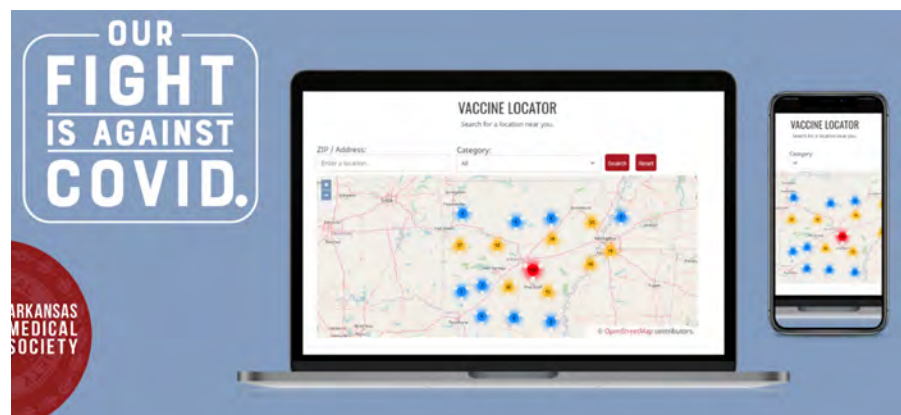
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*“Because of our mini-grant, we will be able to store more vaccine safely where the vaccines are distributed and given. We are so excited to be able to increase our vaccine capacity safely and effectively.”*

-Stephanie Kruger,  
Assistant Director  
of Programs and  
COVID Clinic Lead,  
UAMS Northwest  
Regional Campus

spread and avoiding spikes will be on the shoulders of our health care providers working to persuade their patients to get vaccinated or take treatments that have demonstrated benefit. I greatly admire the physicians and their staff in Arkansas. They have worked so hard to meet the needs of their patients during the pandemic – not just for COVID but for other health needs – at a time when resources have been greatly stretched and the future is hard to predict.”

For more information on webinars mentioned here, practice management assistance, membership benefits, and legislative affairs related to the Arkansas Medical Society, visit [ARKMED.org](http://ARKMED.org) or call (501) 224-8967. ■



# RIVER VALLEY WELLNESS: A HOLISTIC APPROACH TO WELLNESS AND ADDICTION MEDICINE

BY CASEY PENN

“We’re not your run-of-the-mill organization or practice,” said Kristin Martin, DO, MS, FAAFP. As the chief executive officer and medical director for River Valley Medical Wellness, Dr. Martin works alongside Joseph Zitterman, MD; Jamie Zimmerman APRN, FNP-BC; Lindsey Sharp APRN, FNP-BC; Brittney Shanek APRN, FNP-C; and Kristen Coffman, MSN, APRN PHMNP-BC in the fields of primary care and addiction medicine. That brief description does little to scratch the surface of all that this team does to provide care for patients in need.

River Valley Wellness applied for the AMS “Our Fight is Against COVID” mini-grant to help the clinic primarily with COVID vaccination efforts. But that, too, is misleading in its simplicity, as much of the clinic’s vaccination efforts are tied closely to a whole host of other services it provides daily.

River Valley Wellness is based primarily in Russellville, and its mission is to serve rural, underserved, and vulnerable populations struggling with substance use and mental health disorders. The group is available statewide for consult and telemedicine but focuses on serving patients in 19 rural Arkansas counties, including: Ashley, Clark, Conway, Crawford, Drew, Faulkner, Franklin, Garland, Hot Springs, Johnson, Logan, Montgomery, Perry, Pike, Polk, Pope, Sebastian, Scott, and Yell.

“The River Valley team provides wrap-around services with primary and addiction medical care, licensed professional counseling, and certified peer recovery support services. We began in June 2020 in response to the COVID-19 pandemic and the sudden void of primary care and recovery services left by other organizations,” said Dr. Martin. “During



Kristin Martin, DO, (seated) with her staff, (left) Lindsey Sharp, APRN and (right) Jamie Zimmerman, APRN.

the past 17 months, we have provided over 1,700 patient contacts in seven of eight catchment areas, in coordination with 10 rural hospitals, eight residential treatment centers, four detox centers, and three reentry programs. We support all roads to recovery and wellness and provide 24-hour call service through in person, telemedicine, and onsite visits to anyone who needs assistance, despite ability to pay.”

With the goal being to save lives, stabilize individuals and families, reduce relapse, decrease recidivism, and bridge the gap in care and services in our communities, the number of patients needing assistance has multiplied at astonishing numbers each day. Dr. Martin recognized the limitations of the number of patients the clinic could serve in one primary location due to limited physical space. “We recently purchased a new property in Russellville and have rented a new office in Hot Springs, which allows us to expand our services to include COVID-19 vaccination, COVID-19 testing/medical care, and acute care services. We have four mobile units that travel to rural areas to treat patients and provide testing, intervention services,” said Dr. Martin.

## BEING “IN THE KNOW”

“Part of the interesting thing about our practice is that we were all working as emergency care providers, but each of our medical providers is also board certified in family practice,” said Dr. Martin. “So, we’ve always been able to see both sides of the coin as far as inpatient and outpatient care. With the primary model or outpatient model, when people can’t get to resources, they come to emergency rooms – certainly for trauma, heart attacks and strokes. We’ve all been ER providers for a long time, but what we’ve witnessed over the past few years is what happens when typical resources are cut off to people. Maybe they can’t go inside to see their provider because they’re sick; maybe their provider’s offices are being closed due to someone retiring or the substantial number of providers and health care workers who have been ill from treating the COVID-19 crisis.”

Since the start of the pandemic, particularly in her work in the ER, Dr. Martin has seen – in addition to people coming in sick with COVID – a significant increase in overdose and mental health issues. Specifically, she witnessed people who were severely depressed, suicidal,

anxious, and unable to reach their providers to get care.

“I really felt before like I was ‘in-the-know’ on access to care,” she reflected. “I thought, ‘you know, I get it. I’ve worked a lot of these little towns. People would come into the ER in the evenings and say, ‘I don’t have any health insurance, so I’ve got to come here to get care, I’m sorry.’ I really thought I had a handle on that ... that I was on the front lines, educated. Now, I don’t think anybody really understands the barriers to care and things like that until they witness what we’ve witnessed over the last couple of years.”

A case in point, Dr. Martin shared a call she received from one of the largest providers of substance-abuse disorders and recovery services that had closed just a few months into the pandemic. The organization had an extensive outpatient practice caring for hundreds of patients on medication-assisted treatment (MAT) for addiction. “We had an economic crisis, a pandemic, and now, one of the only stabilizing forces in these people’s lives was taken away from them suddenly through no fault of their own,” said Dr. Martin. “There are few MAT providers in the state because it requires special licensing. When we got the call, my nurse practitioners and I (all DEA-certified) decided we didn’t want people to be without this care. We knew that if they didn’t get this care, they would have overdoses and end up in the ER – or dead. I say that because we realized that most of these patients, were told if they need help with COVID, addiction, or psychiatric issues, or need your diabetic drugs, they should just go do a telemedicine visit with your doctor.”

“Generally, these patients don’t have internet access, and if they do, many don’t have a stable connection or access to a computer. Most don’t have smart phones either because they cost \$1,000.”

### **WORKING COVID VACCINES INTO PROVIDED CARE**

With patients unable to come to them, Dr. Martin and her team began traveling around the state. “I went to ERs in Stuttgart, Monticello, Malvern, Arkadelphia, and Dardanelle. We would fill in shifts and would let people know, ‘Hey, I’ll be in your area on Saturday, so I can see you after my shift. I can help you with your medical needs.’”

River Valley started mobile units and began to care for people who didn’t have access to their regular providers. In building a relationship with new patients, the subject of COVID would come up. When asked if they had been vaccinated, many patients were hesitant. “Many of them felt they had already been abandoned by places closing or weren’t trusting of vaccinations. We built a relationship with them as providers, and they began to know we would go above and beyond to treat them. In our clinic, we really try to meet the patient where they are – whether it’s their location, their access-to-care issues, understanding their mental health needs, their need for help with substance-use disorders, etc. We don’t use the word addiction anymore, and we don’t judge. We try to help them facilitate insurance or connect with providers in the area. Over time, many who were resistant to vaccinations or regular health visits began to trust. They started asking, ‘Can you also be my primary care doctor?’ or ‘I’ll take the vaccination if you think it’s okay, doc.’ So,

with that, it’s been an unconventional practice, but it’s been some of the most rewarding work I’ve done in medicine,” said Dr. Martin.

### **A LITTLE HELP**

To provide vaccinations, testing, and supplies, the clinic needed additional resources. “Our practice typically does not generate a lot of money when we’re driving all over the place,” said Dr. Martin, who reached out to the Society for help associated with the mobile technology needed to go to high-risk populations. Dr. Martin said, “When we help care for patients in substance-use-disorder inpatient treatment centers, a good portion come in off the streets or from sleeping on somebody’s couch. While they’re in our facility for 30 days, we’re able to get them vaccinated and check for other health problems, and they participate.”

While the clinic initially set out to bridge the gap in addiction medicine and mental health services, it has ultimately provided additional, but vital, care in other areas of health. “As a result, we’re moving away from strictly emergency medicine and setting up stand-alone clinics as well as bases for our work,” explained Dr. Martin. “The clinic in Russellville will have walk-in and primary care, addiction medicine, mental health providers, and peer recovery support specialists. We’re also building a community center in the back where we can do Narcan training, public education, trauma-informed care courses, and 12-step meetings.”

Essentially, River Valley Wellness is working toward being a one-stop shop, where patients can come in for everything they need – from a simple blood-pressure check to diabetic medications to addiction issues. And now, thanks in part to the AMS “Our Fight Is Against COVID” mini-grant, patients will be able to receive vaccinations and boosters while they’re there. “There’s no stigma when you walk in our door,” said Dr. Martin. “Our motto there is ‘Where recovery and wellness come full circle.’ No matter what you’re recovering from, we want to be a clinic that offers holistic care.” ■



*“Part of the interesting thing about our practice is that we were all working as emergency care providers, but each of our medical providers is also board certified in family practice,” said Dr. Martin. “So, we’ve always been able to see both sides of the coin as far as inpatient and outpatient care.”*

*-Kristin Martin, DO, MS, FAFAP*

## *Emerging from a Pandemic*

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

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**F**or years, scientists and health professionals have anticipated a pandemic similar to the Spanish Flu. The health care system has changed significantly since 1918. Advances in technology include improved ventilators, ECMO, vaccines and medications. There have been changes in hospitals and clinics to prevent the spread of infection within those settings and reduce complications from hospitalization. We also have improved access to health care insurance.

But we were not prepared. We were aware of the weaknesses within the health care setting. Because the health care world was already busy, many of these things were discussed but put aside. Then there were the things we didn't know. The pandemic brought those weaknesses and a lack of information on responding to a head.

When this novel virus emerged, disease surveillance and other data collections allowed us to

realize its presence quickly, know where it was popping up in the world and know when it was here. We knew it was deadly, especially for patients with certain disease states. What we didn't know was how the virus spread. Panic ensued. We shut down the economy and our lives to help contain the spread and protect others. We learned the virus was not spread as easily on surfaces but primarily through respiratory spread. We learned when people were more likely to be contagious and identified the most vulnerable among us. We also learned that masks effectively prevented the spread of COVID and other viruses like the flu.

Vaccine technology that had been in development for years allowed us to quickly develop new vaccines to slow the spread of the virus, protect vulnerable populations, and prevent hospitalization, ventilation, and ultimately death. Although it didn't feel fast enough, we distributed the vaccine to a large part of the

population. Health care systems quickly stood up vaccine clinics within the hospitals and in the community.

AFMC is a trusted source and is called upon frequently to lead initiatives. Almost immediately, AFMC was asked to champion COVID testing events. We administered testing throughout central Arkansas. Our work led to a unique partnership with the top university in the state to provide testing for students. These relationships carry on to today.

AFMC collaborated with Blue Cross and Blue Shield and the State Chamber in a statewide campaign, Vaccinate the Natural State, to make vaccines available to everyone. This combined effort highlighted the importance of the vaccine and helped reduce initial vaccine hesitancy.

During the spring, summer and fall of 2021, some government agencies and private businesses called AFMC to handle vaccine events. Nurses spent days at businesses, schools, festivals,

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## There is still room for improvement in health care coverage, so we have a healthier population and a healthy workforce.

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graduations, and football games with vaccines available for the general public. Our work continues with providing vaccines to Historically Black Colleges and other universities in Arkansas.

Health care research also allowed us to develop new treatments quickly. We developed monoclonal antibodies and new anti-virals that allowed high-risk patients to lower their risk of getting sicker. AFMC hosted several webinars on the treatment of monoclonal antibodies for health care providers.

While telemedicine was emerging, providers did not prefer it for managing patients. Although the technology was not new, many health care systems had not adopted and implemented telemedicine into the routine care of patients. The health care community quickly learned how to best use this technology, and payors responded, paying for these services. Many patients still have limited access due to a

lack of devices and connectivity. Remote patient monitoring continues to grow as we learn more from research and best practice.

The shortage of health care professionals was also apparent and then exacerbated by some leaving health care and sadly because many got sick and died from the virus. Not only did we run out of hospital beds, but we also ran out of nurses and doctors to care for patients. Many nurses and other health-related professionals responded by going to the hospitals that needed the most help. While this filled a need, it also created a loss for other hospitals.

There is still room for improvement in health care coverage, so we have a healthier population and a healthy workforce. Access to providers is still limited, especially in rural areas. We need more health care professionals.

During the pandemic, AFMC reached out to providers to see where we could assist in responding to the pandemic

and collaborated with other organizations to help meet needs as they arose. We assisted all providers with improved use of telemedicine within practices to better reach patients and get reimbursement. We also reached out to the community to respond to the increased stress on everybody. We sought to increase knowledge of Adverse Childhood Experiences and how to build and sustain resilience. We continued to work with hospitals, clinics and other health care facilities to ensure good quality of care despite the stresses of the pandemic.

Although the pandemic may go on for a while, it is time to think about what life will be like on the other side. Or at least how to better respond to a pandemic and other health care needs. We have all used COVID for an excuse (often well warranted), but things must continue to move forward. ▲

*Dr. Rodgers is chief medical officer at AFMC.*



#### WHAT HAVE WE DONE FOR YOU LATELY

## SURPRISE!

BY **DAVID WROTEN**

EXECUTIVE VICE PRESIDENT, ARKANSAS MEDICAL SOCIETY



The federal “Surprise Billing” Act went into effect on January 1, 2022. You have probably received correspondence from various carriers and management companies explaining your responsibilities. Needless to say, this new federal law is causing turmoil and confusion and has generated several lawsuits.

While I may be oversimplifying it, there are two primary targets of the legislation. As the name would suggest, the primary focus of the law is what we would all consider “surprise billing.” This occurs most often when a patient receives services at an in-network facility, but during their stay receive services from an out-of-network provider or physician, unknowingly. For example, the hospital and surgeon are in-network, but they later find out that the pathologist or anesthesiologist was not in-network. They then receive a billing statement from the out-of-network physician for an amount above what their insurance company allows for in-network services.

**This occurs most often when a patient receives services at an in-network facility, but during their stay receive services from an out-of-network provider or physician, unknowingly.**

The Act establishes a notice requirement for these situations, prevents collecting more than the in-network copay or coinsurance amounts from the patient, and establishes a dispute resolution or arbitration program to negotiate a fair payment between the billed charge and the in-network charge to be paid by the carrier.

Several lawsuits have been filed against this part of the bill because the federal agency charged with implementing the Act deviated from the plain language of the law in crafting their rules. In doing so, they created a situation where the arbitration companies would be required to give deference to the carrier’s median in-network payment. Of course, this would almost always result in the physician receiving less than their billed amount or even the UCR for the service. The language in the Act established several criteria for the arbitration review but placed no special weight on any one criterion. A lawsuit filed in Texas was successful in overturning the agency’s inappropriate

arbitration method. We are not certain exactly what that will mean for the remainder of the law.

The real “surprise” came in the form of another provision of this law that requires all health care providers to provide a “good faith estimate,” or GFE, of charges to self-pay patients when scheduling services or on request. This is not tied in any way to surprise billing or being in- or out-of-network. Our current understanding is that the GFE must reflect the cash price for services and the total cost of expected care furnished by the physician or provider during a “period of care,” which include other services likely to be furnished in conjunction with the primary item. The GFE must also include an itemized list and description of expected services, diagnosis codes, services codes, and associated anticipated charges.

This will certainly create more headaches for physicians and their office staff. We know that the federal agencies have provided sample forms to comply with the statute, and your AMS staff and legal counsel are continuing to study this new law and provide advice as soon as possible. ■

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# TWO EASY WAYS TO STEP UP AND HELP

BY **SCOTT SMITH, JD**  
DIRECTOR OF GOVERNMENTAL AFFAIRS, ARKANSAS MEDICAL SOCIETY

**W**ith the primary elections scheduled for May 24, 2022, physicians still have time to make a positive impact for organized medicine by taking two quick and easy steps. First, find out who's running for the state legislature in your area. At the end of 2021, the Arkansas Legislature voted to approve new districts based on the 2020 census. To find out what district you're in, visit [ARKMED.org/advocacy](http://ARKMED.org/advocacy) to search for your proposed district to determine who is running. Second, contact them and ask, "How can I help?"

You may ask, "What have I just opened myself up to? Am I going to have to make a speech or spend hours and hours walking the streets or licking envelopes?" The answer is easy - no, you won't. Your initial contribution will most likely be financial to offset campaign expenses, and then you'll be asked to put a sign in your yard or office. EASY. There are so many ways to help... and that kind of basic help will be needed

and appreciated by every single candidate. There IS NO GOOD EXCUSE not to offer to help.

The bottom line is that physician-driven, grassroots efforts to elect friends of medicine lead to legislative victories, pure and simple. While nothing is guaranteed, the more physicians are involved in helping with elections, the more victories the House of Medicine will have. Whether dealing with bills to help physicians address bad insurance company tactics or non-physicians' attempts to practice medicine, patients are protected when physicians help friends of medicine get elected.

What is truly at stake when someone not adequately trained in medical school and residency goes to the Capitol and advocates for legislation allowing them to practice medicine? How many citizens could be hurt? What is medical school and residency for, if not to provide training for the safest and most effective care to the citizens of

the state? Who best to educate legislators on the merit of medical training than those who have gone through it? It's you - the physician.

Medicine is not partisan. AMS supports incumbents who have either already supported physician-friendly legislation, or new candidates who have communicated their desire to support such issues. While your financial contribution to ArkMed-PAC is crucial to helping elect physician-friendly candidates, YOUR direct involvement in helping YOUR LOCAL candidates is just as important.

Yes, you can talk to your legislator during the 2023 legislative session about the challenges of taking care of your patients, but when you meet with that candidate **today** and help them get elected during their race **now**, you identify yourself to them as a person of influence. When that happens, your legislator will be a little bit more eager to listen and give your thoughts more weight when critical decisions are being made during the session. Those relationships must be built **now...today**. .NOT AFTER the primary election in May or after the general election in November.

You have insight and advice that can truly be helpful to candidates. Start that dialogue today, before the primary election. You have about 4 WEEKS. Let them know what's important to you **today** and help them in their campaign **today** with a yard sign and a financial contribution.

You can do this...and we can help. Our hope is to be a resource, a plug and play...point and click...place to get information to help quickly and efficiently. Visit [ARKMED.org/advocacy](http://ARKMED.org/advocacy) for advocacy information or you can email me at [ssmith@arkmed.org](mailto:ssmith@arkmed.org) and we will gladly assist in your efforts.

Physicians are being challenged from all directions and just watching from a distance will not help in overcoming those challenges. Step up and help all Arkansas physicians by being involved during the election process. It's as easy as 1, 2. ■



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# PRACTICE MANAGEMENT THEN AND NOW

BY **TEREASA HOMES, CMPE**

DIRECTOR OF PRACTICE AND HEALTH POLICY, ARKANSAS MEDICAL SOCIETY



**H**ow many times have you heard, “Things are just not the same as they used to be!” This statement has never been truer than today, especially in the health care arena, but is this statement necessarily a dreadful thing?

When you’re looking for a new employee, experience, knowledge, and resourcefulness are often words used to describe the most qualified candidate for a position. These three words are vital in daily operations within health care settings, as well. As we take a closer look into what each of these mean we realize:

- Experience cannot be taught; it must be learned.
- Knowledge is ongoing but never fully obtained.
- Resourcefulness consists of experience and knowledge, both past and present.

When considering the great importance of these three characteristics in your work, one thing to remember is that resources are key when adapting to change. Management has been defined as “the activity of using resources in an efficient and effective way so that the end product is worth more than the initial resources,” and while that definition has been around for hundreds of years, the term “practice management,” seldom used 20 years ago, has evolved into a necessity for all clinic administrators and managers. Without implementing practice management principles, your job of staying abreast

of rules, policies, deadlines, and requirements can be overwhelming and often overlooked, causing a host of problems.

Since the Society’s establishment in 1875, physicians and clinics have depended on the Arkansas Medical Society to help guide them through issues, and today AMS is one of the greatest resources available to assist with practice management needs within your clinic. Just in the month of February, AMS was contacted about numerous topics, including health care vaccination rules, medical records, closing a practice, contact information for carriers, and Covid vaccines, to mention a few. Whatever changes the next year, month or even day, may bring, AMS is dedicated to supplying the tools and resources needed to help your clinic be as successful as possible.

So to answer the question above, “Things are just not the same as they used to be” is actually not such a dreadful thing, as long as you have the right experience, knowledge, and resources!

As we get further into 2022, my goal is to meet your educational needs on topics that are the most important to you. It could be refresher courses on coding or HIPAA, upcoming changes to Medicare or Medicaid, or free educational webinars to help your entire staff. Whatever it may be, I want to hear from you! You can contact me at 501-224-8967 or email at [tholmes@arkmed.org](mailto:tholmes@arkmed.org). ■



*“Management is “the activity of using resources in an efficient and effective way so that the end product is worth more than the initial resources.”*

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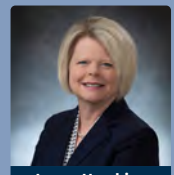
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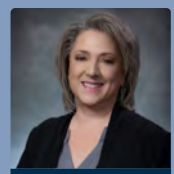
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# MUCH WORK REMAINS TO ENSURE MEDICARE FULFILLS ITS POTENTIAL

BY **SCOTT FERGUSON, MD**  
 SECRETARY, AMERICAN MEDICAL ASSOCIATION BOARD OF TRUSTEES  
 PAST PRESIDENT (2004-2005), ARKANSAS MEDICAL SOCIETY

Since the COVID-19 pandemic began, physicians across Arkansas and throughout our nation have responded with courage and skill despite considerable risk to their personal health and the financial pressures imposed by this generational public health crisis.

The AMA recognizes the stress physicians have endured since the earliest days of this pandemic, and we have created dozens of tools and evidence-based resources to support your efforts, delivered PPE and other critical equipment to keep you and your patients safe, and helped secure billions in financial relief to keep your practices running.

Thanks to persistent pressure from the AMA and other leading medical organizations – including state partners and physicians directly impacted – Congress passed bipartisan legislation at the end of last year to avert potentially devastating Medicare physician payment cuts totaling nearly 10% that were set to take effect in 2022.

But as welcome as those measures are, the fact remains that a tremendous amount of work remains before us to implement the fundamental reforms the Medicare program needs to provide sustainable payment rates that accurately reflect increased costs of care. Preventing draconian cuts to physician reimbursement in the short term is the right place to start, but that alone will not get us where we need to be.

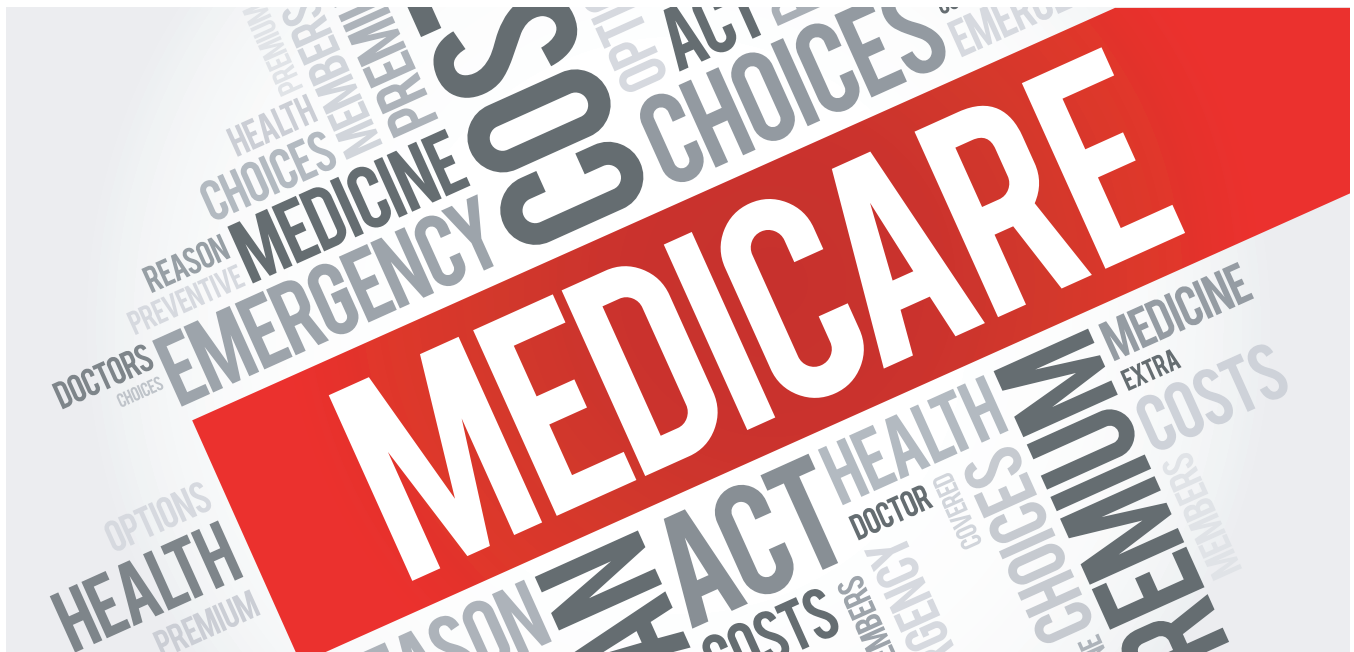
The temporary expansion of telehealth services covered by Medicare during the pandemic should be made permanent. We must provide physicians with the resources and flexibility to deliver appropriate care to their patients while minimizing the administrative burdens placed upon them – burdens that directly diminish the quality care patients deserve.

Plus, we must empower physicians to help rein in those aspects of health care spending over which they can assert influence instead of allowing Medicare policymakers to invoke inappropriate cost-control measures such as payment

cuts, coverage denials, and prior authorization. Steps like those improperly transfer financial risk to physicians and physician practices while simultaneously jeopardizing patient care.

The AMA will continue to push for a simplified Medicare payment system that works for participating providers in a relevant, predictable, and responsible manner. We need a system that rewards quality patient care instead of data entry, which encourages the type of innovation that allows physicians to redesign care delivery while maintaining the financial stability they need to do so.

The physical, emotional, and financial toll on physicians and all health workers during this pandemic has been immense. We cannot change the past, but we can work collaboratively to fix the obvious flaws in the current Medicare system in the hope of avoiding payment battles year after year. Patients and their physicians deserve better. ■





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# ARKANSAS COLLEGE OF HEALTH EDUCATION DAY OF SERVICE



Student Doctor Sydney Despain, a third-year medical student at the Arkansas College of Osteopathic Medicine (ARCOM) had the desire to plan an event that would bring students, faculty, and staff together to give back to our community. With a committee of 12 people assisting her, Despain has organized the first Arkansas College of Health Education (ACHE) Day of Service that will take place on Saturday, April 23, 2022.

Located in Fort Smith, third and fourth-year students are placed throughout the state and region for their clinical rotations, so the event is being planned to include several communities. The ACHE Day of Service will benefit Fort Smith: Fort Smith United Way, Eastern Oklahoma Medical Center, and the Good Samaritan Clinic. In Little Rock: The Little Rock United Way and the Ronald McDonald House. In Pine Bluff: plans include a local nursing facility and a combined effort with AHEC Family Medicine residents at Jefferson Regional Medical Center. There are also plans underway for Hot Springs and Northwest Arkansas.

According to Despain, the goal of the event is to give back to the communities that students, faculty, and staff call home by spending a day cleaning, organizing, and volunteering. In addition to the actual day of service, events organized throughout the week include a blood drive and lunch and learns with speakers from the United

Way and other agencies. The ARCOM Sports Medicine Club is planning a kickball tournament with an entrance fee of canned goods that will be donated to the Community Clearing House in Fort Smith. With financial help from the Degen Foundation, the ACHE Day of Service will be another student-driven event that will help promote health and wellness to the underserved.

In other news, ARCOM students recently announced the winners of their Fourth Annual Research Symposium. Students planned and organized the yearly symposium with 24 presenters and awarded winners in five categories.

Additional events for students include an open forum, “What is Racial Trauma? Our Black Story”, hosted by the Black Student Health Alliance and a 5k and one-mile fun run called “Heart ACHE” which will take place on campus in early spring. ■

## NYITCOM STUDENT PROFILE: HANNAH BOEHLER



Growing up in Europe and Asia, Hannah Boehler saw firsthand the disparities between healthcare abroad compared to the United States. When her family left their position as Christian missionaries to return Arkansas in 2010, she also observed the discrepancies that exist at home.

“There are a lot of gaps in terms of availability right here in Arkansas, depending on things like geography and socioeconomic factors,” Boehler said. “As I began to consider a career in medicine, I was really drawn to rural health care. I really want to practice Family Medicine in a small town in Arkansas that has limited medical resources. It’s a calling.”

Upon graduating from Ouachita Baptist University in 2018, Boehler enrolled at NYIT College of Osteopathic Medicine at Arkansas State University. She was drawn to NYITCOM at A-State because of its mission to address issues of access to health care and education in the state region.

“NYITCOM has a rural focus and provides us with some really unique opportunities,” Boehler said. “I’ve participated in health screenings in several small towns through our Delta Care-A-Van program and some of my clinical experiences have been in rural communities. That’s where I want to ultimately practice, so I feel fortunate to get to see that now.”

Another component that drew Boehler to NYITCOM was the opportunity to be trained in the osteopathic principles and philosophy.

“I really believe in the osteopathic principles that go into how we approach medicine and the holistic view,” Boehler said. “It’s about approaching the whole person and not just the disease. That’s so crucial to treating them, especially

in Family Medicine where you see so many problems, both chronic and acute. Additionally, Osteopathic Manipulative Medicine is a really helpful tool to have for diagnosis and treatment. It gives you another way to take care of patients, even when you have no other resources available other than your hands and your mind.”

Boehler recently completed NYITCOM’s Academic Scholars program, which allows select third-year students to step away from clinical rotations for one year to teach and conduct research while earning a Master of Science in Neuromusculoskeletal Sciences. She found the teaching aspects of the program to be particularly beneficial.

“Long term, I want to be able to instill in others the passion I have for rural health as well,” Boehler said. “That may be through teaching as a preceptor or through some kind of academic program. The Academic Scholars program gave me that foundation in teaching that will really benefit me as I try to instill in others the desire I have to help people who need it the most.” ■

# UAMS MD/MPH PROGRAM PREPARES STUDENTS TO CARE FOR PATIENTS, COMMUNITIES



**A**ustin Brown will graduate from the University of Arkansas for Medical Sciences (UAMS) in May with both a Doctor of Medicine and Master of Public Health, equipping him for his goal to battle systemic, “outside of the clinic” problems that impact his patients’ lives and health.

The Excellence in Public Health Award that Brown received from the U.S. Public Health Service this year is a good indication the aspiring family medicine physician will succeed.

Brown is one of 123 students currently enrolled in the MD/MPH program at UAMS

— the highest number to date for the dual degree program established in 2004. He is the third consecutive UAMS student nominated and selected for the prestigious national award.

Brown’s capstone project for his MPH explored why rural Arkansans are less likely to become organ donors. With the Arkansas Regional Organ Recovery Agency (ARORA) and mentors in the UAMS Fay W. Boozman College of Public Health, Brown analyzed population and demographical data, revealing clear divides along boundaries of poverty, education and race between donors and non-donors. The work is informing ARORA on strategies for working with underrepresented groups.

“I believe that working in public health will make me a better doctor, and that working as a physician can help me ask better questions when it comes to public health,” Brown said. “Ultimately, the reward is that by being better at both, I can take better care of patients and my community.”

Nearly one in five UAMS medical students is enrolled in the MD/MPH program, said James Graham, MD, vice dean for Academic Affairs in the College of Medicine, who attributes the program’s popularity to several factors, including the clarity the pandemic has provided about the relevance of public health approaches in medicine.

“The program also has grown organically, as incoming medical students hear positive things from participants in classes ahead of them,” Graham said. “This is a clear testament to the fact that we have a truly great College of Public Health at UAMS.”

Susan Smyth, MD, PhD, executive vice chancellor and dean of the College of Medicine, said graduates like Brown are crucial to improving health in Arkansas.

“Public health approaches are integral to our ability to take good care of Arkansans and reduce health inequities,” she said. “We are enormously proud of Austin and all of our MD/MPH students.” ■

## Leaders in Medical Education

New York Institute of Technology College of Osteopathic Medicine (NYITCOM) at Arkansas State University is committed to training talented physicians who aspire to become servant leaders that positively impact their communities.

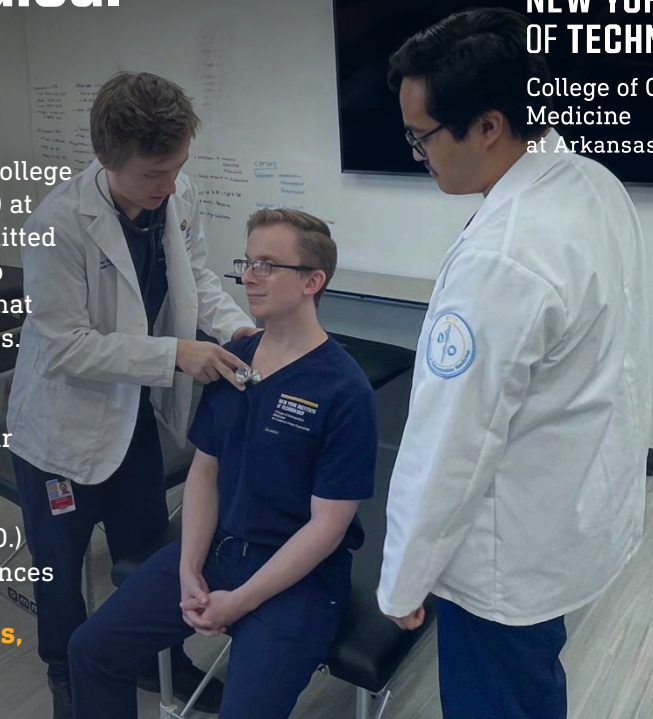
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## NIRVANA MANNING, MD

ASSOCIATE PROFESSOR OF OBSTETRICS AND GYNECOLOGY AT UAMS  
CHAIR AND SERVICE LINE DIRECTOR FOR WOMEN'S HEALTH SERVICE LINE

**City:** Little Rock

**Specialty:** Obstetrics and Gynecology

**County Medical Society:** Pulaski County Medical Society

**AMS member since 2007:** Currently serves as trustee for AMS District 8.

**Why are you an AMS member?** To better advocate for my patients

**Who or what inspired your career in medicine?** I loved the idea of helping people in a way that I was uniquely trained to do. No one in my family is in medicine and I found it fascinating.

**What do you like most about being a doctor or your specialty?** I adore my specialty. Helping women to take care of

themselves and advocate for themselves is truly inspiring. With the obstetrics I get to help women in the most exciting, terrifying, anxiety-provoking, and amazing nine-month journey. Women are coming to me for a largely happy reason which is very different than other areas of medicine. On top of that, I get to see patients through multi-generations and do surgery. It's the best of all the worlds.

**What is the best professional advice you have received?** Make the career you want and don't be afraid every 3-5 years to re-examine and see if things need to change.

**What advice do you have for young people considering a career in medicine?** Find something you would love to do every day. Despite recent



hardships in medicine, I truly love the patient care I get to do every day.

**What do I like to do on my days off or weekends?** With three kids it is usually sporting events and being a personal chauffeur. I also love to read and do puzzles.

**What is my favorite restaurant?** I love sushi, but more important than the food is the company. I de-stress by spending time with family and friends. ■



## RANDY D WALKER, MD

OWNER, RANDY D. WALKER, MD, LLC

**City:** De Queen

**Specialty:** Family Practice

**AMS member since 2003:** Currently serves as trustee for AMS District 6.

**Why are you an AMS member?** Having a voice, making a difference, and shaping the future requires many to speak as one. We may not all agree on every issue but together, through the AMS we can preserve the efficacy, integrity, and sanctity of the doctor-patient relationship, which is the very essence of our profession.

**What is the best professional advice you have received?** "Look son, don't worry about lawyers, insurance companies or paying the rent. Be the best

servant possible to your patients and the rest will take care of itself."

**What is the most critical health care issue facing Arkansas today?** The jeopardization of the patient/physician relationship. It's prestige, economic girth, and headline-grabbing nature make the practice of medicine an irresistible target for special interests. Try to imagine a special interest that is not actively lobbying for some sort of medical legislation. To me, so many voices in the exam room between the patient and the physician is the most critical issue.

**Do you have a personal motto or favorite quote?** "We have spent the prime of our lives in procuring them the precious blessing of liberty. Let them spend theirs in showing that it is the



great parent of science and of virtue; and that a nation will be great in both always in proportion as it is free." -Thomas Jefferson to Joseph Willard, March 24, 1789

**What is an important cause to me?** Feed Local, Inc. is a non-profit started by my wife to assist with food insecurities in Sevier County, specifically with school age children. ■

# NEW DISTRICT TRUSTEES ELECTED FOR AMS BOARD

The elections for the AMS District Trustees concluded on February 28, 2022. The following members were elected to serve a two-year term that will begin at the May 6, 2022 Board of Trustees meeting. (\* indicates incumbent).

## OFFICERS ELECTED FOR 2022-2023:

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President-elect:

**Anthony Johnson, MD** – Little Rock

Vice President:

**George Conner, MD\*** - Forrest City

Secretary:

**Brad Bibb, MD\*** - Jonesboro

Treasurer:

**Jacob Dickinson, MD\*** – Mountain Home

## AMA DELEGATES (2023-2024)

**Stephen Magie, MD\***

- Little Rock (Alternate)

## DISTRICT 1:

**Matt Haustein, MD\*** - Jonesboro

## DISTRICT 2:

**Courtney Sick, MD** - Conway

## DISTRICT 3:

**Candace Franks, MD** – Forrest City

## DISTRICT 4:

**Mark Ramiro, MD\*** - White Hall

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**R. Dale Blasier, MD\*** - Little Rock

**Joshua Chance, MD\*** - Little Rock

**Jennifer Doyle, MD\*** - Little Rock

**Amanda Novack, MD\*** - Little Rock

**Tobias Vancil, MD\*** - Little Rock

**Lyle Burdine, MD** – Little Rock (serving Dr. Johnson’s remaining one-year term)

## DISTRICT 9:

**Carolyn Reeves, DO\*** - Centerton

## STUDENT TRUSTEE:

**John Hunton** – UAMS, Little Rock

For a complete list of AMS Board of Trustees, visit [ARKMED.org/about/physician-leaders/](https://www.arkmed.org/about/physician-leaders/) ■

## PRESERVING MEDICINE

# JOSEPH P. RUNYAN, MD

BY RAY HANLEY

Born on a farm in Columbia County, Arkansas, Joseph P. Runyan, MD (1869-1931) earned his medical degree in 1890 from Tulane University, specializing in general surgery. After moving to Little Rock, Dr. Runyan became very active in civic and medical institutions. He served as secretary of the Arkansas Medical Society from 1901 to 1904, when he was elected president and served in that capacity until 1905. In 1911, he founded the private St. Luke’s Hospital which was once located at 20th and Schiller Street in Little Rock. He also had served as the president of the State Board of Health and dean of the College of Physicians and Surgeons, which later merged with the University of Arkansas Medical College in 1912.

Dr. Runyan gave the keynote address at the Society’s annual meeting held in Texarkana in 1904, and his remarks sent a call to action to the state’s leading

physicians and extolled the benefits of physicians’ involvement in politics. “As physicians, we know what should be embodied in the laws enacted for the preservation of the health and lives of the people,” he said. He went on to say that physicians are the “representatives of true medicine” and “are constantly and rapidly acquiring new thoughts and new

knowledge, by which we are the more able to relieve the sick and afflicted; we are living in an age of general advancement.”

Dr. Runyan passed away in 1931, and his home at 1514 South Schiller in Little Rock still stands today. To read more about Dr. Runyan, visit [ARKMED.org](https://www.arkmed.org). ■



Left: Current photo of 1514 South Schiller in Little Rock.

Right: Joseph P. Runyan, 1869-1932

# ARKANSAS MEDICAL SOCIETY BOARD OF TRUSTEES: 2021 MEETING MINUTES

BY **DANNY WILKERSON, MD**  
CHAIRMAN OF THE BOARD

## FEBRUARY 3, 2021

The Arkansas Medical Society Board of Trustees met at 5:30 pm. on Wednesday, February 3rd, 2021 via Zoom. Members attending the meeting were Drs. Bala Simon, Seth Barnes, Brad Bibb, Dale Blasier, Samuel Bledsoe, Willard Burks, Kay Chandler, George Conner, William Dedman, James DeRossitt, Gina Drobeno, Jennifer Doyle, Matt Haustein, Michael Hickman, James Hunt, Tony Johnson, Joe Miller, Amanda Novack, Darrell Over, Naveen Patil, Carolyn Reeves, Chad Rodgers, Jeremy Saul, Alan Schumacher, Garry Stewart, Shannon Swift, Toby Vancil, Nannette Vowell, Gary Wheeler, Danny Wilkerson, Mark Wren, and Stacy Zimmerman. AMS Past Presidents present were Drs. Omar Atiq, Scott Cooper, Scott Ferguson, David Jacks, Larry Lawson, Stephen Magie, Gene Shelby, Steven Strode and Dennis Yelvington. AMS staff present were David Wroten, Mary Ann Mansfield, Scott Smith, Billie Jean Davenport, Alanna Scheffer, Laura Hawkins, and Laura Haywood, Penny Henderson. AMS Legal Counsel present was Mike Mitchell. Guests present was Dr. Chris Westfall, MD.

Chairman, Dr. Danny Wilkerson 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 5, 2020 Board of Trustees Meeting
- David Wroten presented the Executive Vice-President's report and included information on Membership (attachment #2), Budget (attachment #3), and a reminder about the election of officers and district trustees. Additionally, Mr. Wroten thanked Billie Jean Davenport for 13 years of service after announcing her retirement on April 2, 2021.
- Scott Smith discussed the 2021 legislative issues. He focused on specific scope of practice issues and AMS priorities.
- Chairman Dr. Wilkerson announced that the Annual Membership Meeting will be a virtual gathering on Friday, May 14, 2021 from 1:00pm-5:30pm.
- Chairman Dr. Wilkerson announced future board meetings: Friday, May 14, 2021, August 25, 2021, and November 4, 2021.

There being no further business the meeting adjourned.

## FEBRUARY 25, 2021

The Arkansas Medical Society Board of Trustees met at 6:00 pm, on Thursday, February 25, 2021 via Zoom. Members attending the meeting were Drs. Brad Bibb, Dale Blasier, George Conner, Scott Cooper, William Dedman, Joshua Hagood, James Hunt, Tony Johnson, Joe Miller, Amanda Novack, Darrell Over, Tim Paden, Naveen Patil, Carolyn Reeves, Chad Rodgers, Jeremy Saul, Alan Schumacher, Bala Simon, Shane Smith, Garry Stewart, Randy Walker, Gary Wheeler, Danny Wilkerson. AMS Past Presidents present were Drs. Lee Archer, Omar Atiq, Scott Ferguson, David Jacks, Larry Lawson, Stephen Magie, Gene Shelby, and Dennis Yelvington. AMS staff present were David Wroten, Mary Ann Mansfield, Scott Smith, Billie Jean Davenport, Alanna Scheffer, Laura Hawkins, and Laura Haywood. AMS Legal Counsel present was

Mike Mitchell. Guests present Linda Bell.

Chairman, Dr. Danny Wilkerson called the meeting to order.

Without a written agenda to follow, Dr. Wilkerson called upon Mr. Wroten, Executive Vice-President and Mr. Smith, Director of Governmental Affairs to open the discussion and share information regarding HB1246 and HB1258.

- Following discussion on HB 1246, the members present voted to support HB 1246, a compromise bill on pharmacy.
- Following discussion on HB 1258 the members present voted to remain neutral on HB 1258, a compromise bill introduced by Rep. Johnson dealing with APRNs.

There being no further business the meeting adjourned.

## NOVEMBER 4, 2021

The Arkansas Medical Society Board of Trustees met at 4:00 pm. on Thursday, November 4, 2021, via Zoom. Members attending the meeting were Drs. Seth Barnes, Dale Blasier, Willard Burks, Anthony Davis, Jacob Dickinson, Jennifer Doyle, Gina Drobeno, Michael Hickman, James Hunt, Jim Ingram, Tony Johnson, Stephen Magie, Nirvana Manning, Simon Mears, Amanda Novack, Darrell Over, Naveen Patil, Carolyn Reeves, Chad Rodgers, Jeremiah Rutherford, Gene Shelby, Garry Stewart, Shannon Swift, Randy Walker, Danny Wilkerson, Mark Wren, Stacy Zimmerman. AMS Past Presidents present were Drs. Omar Atiq, Scott Ferguson, Larry Lawson, Steven Strode. AMS staff present were David Wroten, Mary Ann Mansfield, Scott Smith, Laura Hawkins, Laura Haywood, and Tereasa Holmes. AMS Legal Counsel present was Mike Mitchell.

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

- The chair called for an Executive Session to discuss the 2022 budget. Staff were excused for the remainder of the Executive Session. Dr. Jacob Dickinson presented the 2022 Budget Recommendations as prepared by the Finance and Audit Committee. The 2022 Budget was accepted and approved.
- The chair reconvened the meeting and reminded everyone in attendance to make any necessary disclosures.
- The board approved the minutes of the August 25, 2021 meeting.
- David Wroten presented membership and budget reports which were accepted.
- The chair called on Dr. Chad Rodgers to give a presentation about an AMFC opportunity.
- The chair called on Laura Haywood, Membership and Communications Specialist, to make a presentation on the new Membership Software program, GrowthZone.
- Mary Ann Mansfield, Director of Administrative Services, made a presentation on the COVID-19 grant received from the Arkansas

Department of Health.

- The chair noted a need to appoint Dr. Steve Magie as an Alternate Delegate to AMA for the period of 11/21 – 12/22. This was moved, seconded, and approved.
- The chair referred members to the items for information listed on the agenda and announced tentative dates for 2022: February 2; May 5-6 (Annual Session); August 24; November 3-4 (Fall/Legislative Meeting).

There being no further business the meeting adjourned at 4:50 p.m.

## MAY 14, 2021

The Arkansas Medical Society Board of Trustees met at 4:45 pm. on Friday, May 14th, 2021 via Zoom. Members attending the meeting were Drs. Seth Barnes, Brad Bibb, Dale Blasier, Samuel Bledsoe, Willard Burks, Josh Chance, George Conner, Anthony Davis, William Dedman, Jacob Dickinson, Jennifer Doyle, Gina Drobeno, Michael Hickman, James Hunt, Tony Johnson, Mimo Lemdja, Gail McCracken, Simon Mears, Amanda Novack, Darrell Over, Tim Paden, Naveen Patil, Mark Ramiro, Carolyn Reeves, Chad Rodgers, Jeremy Rutherford, Appathurai Simon, Shannon Swift, Toby Vancil, Nannette Vowell, Randy Walker, Gary Wheeler, Danny Wilkerson, Mark Wren, Stacy Zimmerman and student Ms. Sarish Lone. AMS Past Presidents present were Drs. Lee Archer, Omar Atiq, Scott Cooper, Scott Ferguson, David Jacks, Stephen Magie, Gene Shelby, and Steven Strode. AMS staff present were David Wroten, Mary Ann Mansfield, Scott Smith, Alanna Scheffer, Laura Hawkins, Laura Haywood, Tereasa Holmes, and Teresa Newcomb. AMS Legal Counsel present was Mike Mitchell. Guest present was Jennifer Lee.

Chairman, Dr. Danny Wilkerson 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:

- Mike Mitchell also discussed the AMS conflict of interest and the fiduciary responsibility of each trustee.
- As a part of the swearing in of new officers and trustees, Dr. Danny Wilkerson called upon the outgoing President, Dr. Chad Rodgers, to say a few words. Dr. Rodgers then administered the oath of office to the newly elected members of the Executive Committee and the Board of Trustees which was followed by remarks from the new president, Dr. Danny Wilkerson.
- Dr. Wilkerson thanked those members who have gone off the board. They will receive plaques as a way to show our appreciation for their service.
- The board approved the minutes of the following meetings:
  - February 3, 2021 Board of Trustees meeting (attachment #1)
  - February 25, 2021 Board of Trustees meeting (attachment #2)
- The Life/Emeritus/Affiliate Dues Exemption report was amended and approved to include Dr. Eugene Shelby as a life member.
- 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

Executive Committee – Danny Wilkerson, MD, Chairman

- Arkansas Medical Society Board of Trustees – Danny Wilkerson, MD, Chairman
- Arkansas Medical Society 2021 Budget – Bradley Bibb, MD, Chairman
- Arkansas State Medical Board – Sylvia Simon, MD, Chairman
- Medical Education Foundation for Arkansas (MEFFA) – Alan K. Wilson, MD, President

- David Wroten presented the membership and budget report which were accepted for information.
- Dr. Scott Ferguson and Jennifer Lee gave an AMA update.
- The BOT discussed a request from the AMA regarding their involvement in a potential legal challenge to Act 626 of 2021. The Board voted to support the AMA action pending a review of the legal arguments that would be raised. The AMA has not yet decided whether or not they will proceed.
- Dr. Chad Rodgers reported on the activity of the Diversity Committee.
- Dr. Danny Wilkerson called attention to the openings on the following committees and who to contact if interested in serving:
  - Finance and Audit Committee: 3 positions open – contact David Wroten
  - Bylaws Committee and Awards Committee – contact Mary Ann Mansfield
  - Committee on Legislation and ARKMED-PAC – contact Scott Smith
- Dr. Danny Wilkerson was elected to serve as the Board of Trustees Chairman for another one year term.

There being no further business the meeting adjourned.meeting adjourned at 4:50 p.m.

### AUGUST 25, 2021

The Arkansas Medical Society Board of Trustees met at 4:30 pm. on Wednesday, August 25th, 2021 via Zoom. Members attending the meeting were Ors. Seth Barnes, Brad Bibb, Dale Blasier, Willard Burks, Josh Chance, George Conner, Anthony Davis, William Dedman, Jacob Dickinson, Matthew Haustein, Michael Hickman, James Hunt, Jim Ingram, Tony Johnson, Nirvana Manning, Gail McCracken, Amanda Novack, Darrell Over, Carolyn Reeves, Chad Rodgers, Shane Smith, Garry Stewart, Shannon Swift, Toby Vancil, Nannette Vowell, Randy Walker, Danny Wilkerson, Stacy Zimmerman and student Ms. Sarish Lone. AMS Past Presidents present were Ors. Omar Atiq, Eddie Bryant, Amy Cahill, Scott Cooper, David Jacks, Larry Lawson, Gene Shelby, and Dennis Yelvington. AMS staff present were David Wroten, Mary Ann Mansfield, Scott Smith, Laura Hawkins, Laura Haywood, Penny Henderson, and Tereasa Holmes. AMS Legal Counsel present was Mike Mitchell. Guest present was Jennifer Lee.

Chairman, Dr. Danny Wilkerson 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:
  - May 14, 2021 Board of Trustees meeting
- David Wroten presented the membership and budget report which were accepted for information.
- The letter to the Governor from 15 members of the Arkansas House of Representatives re: Covid was discussed and accepted for information.
- David Wroten referenced the Subpoena involving the Cherokee Nation vs. McKesson Corporation that was included in the board packet. He and AMS legal counsel Mike Mitchell explained the lawsuit and how AMS has responded to the requests made in the subpoena.
- The article titled “Analysis Aims to Separate COVID-19 Facts from Fiction” was accepted for information.
- Act 626 Legal Action -- At its last meeting the BOT voted to support AMA legal action seeking to overturn Act 626 of 2021

(prohibits providing any gender affirming medical treatment to minors). The action was contingent on providing the BOT an opportunity to review the legal arguments being made by the AMA. Summaries of the arguments being made by plaintiffs and the brief filed by the AMA and 19 other medical organization were provided for discussion. The BOT approved adding AMS’s name to support this going forward.

- Dr. Danny Wilkerson made the following appointments:

#### Finance and Audit Committee:

- Dr. Toby Vancil - term ending in December 2023
- Dr. Stacy Zimmerman - term ending in December 2023
- Dr. Jennifer Doyle - term ending in December 2025

#### AMS Constitution and Bylaws Committee

- Dr. Randy Walker - term ending in December of 2024

#### Committee on Legislation

- Dr. Scott Cooper, Chair - term ending in December of 2024
- Dr. Cole Peck - term ending in December of 2024
- Dr. E.J. Jones - term ending in December of 2024
- Dr. Randy Walker - term ending in December of 2024
- Dr. Chad Rodgers - term ending in December of 2024
- Dr. Tim Paden - term ending in December of 2024
- Dr. Anthony Davis - term ending in December of 2024

#### ArkMed-PAC Board

- Dr. Steve Magie, Chair - term ending in December of 2023
- Dr. Stacy Zimmerman - term ending in December of 2023
- Dr. Joseph Miller - term ending in December of 2023

- The Board of Trustees unanimously voted to adopt the AMS Policy Statement: COVID-19 Vaccine Requirement for Health Care Workers and no one spoke against approval.

- Dr. Omar Atiq gave an update of the AMA.

There being no further business the meeting adjourned.

Danny Wilkerson, MD, Chairman of the Board

## ARKANSAS MEDICAL SOCIETY: 2022 BUDGET

BY JACOB DICKINSON, MD

TREASURER

### INCOME

Dues .....	\$1,005,358.00
Journal .....	62,000.00
Annual Meeting .....	34,000.00
Website & Grants .....	241,000.00
Interest /Investment Income .....	80,000.00
Specialty Services .....	62,000.00
Educational Programs.....	25,000.00
Building Operating .....	411,745.00
ADH- Covid Sub Grant .....	675,871.50
<b>TOTAL REVENUE</b> .....	<b>2,596,974.50</b>

### EXPENSE

Salaries.....	766,000.00
Contract Labor.....	108,624.00
Travel and Convention .....	25,000.00
AMA Delegation.....	36,000.00
President's Account.....	6,000.00
Taxes .....	57,000.00
Retirement .....	83,450.00
Stationery & Printing.....	20,000.00

Office Supplies & Expenses.....	43,000.00
Telephone - AMS .....	13,000.00
Postage, Communications, Web .....	25,000.00
Insurance & Bonds.....	170,000.00
Auditing .....	5,460.00
Board & Executive Committee .....	4,000.00
Journal .....	35,000.00
Dues & Subscriptions .....	18,748.00
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.....	5,000.00
Investment Fees .....	20,000.00
Contract Lobbyist.....	24,000.00
Building Operating Exp .....	245,065.00
ADH- Covid Sub Grant Exp .....	595,493.50
<b>TOTAL EXPENSE</b> .....	<b>2,452,140.50</b>

# ARKANSAS DEPARTMENT OF HEALTH: 2021 ANNUAL REPORT

BY **BALA SIMON, MD**  
DEPUTY CHIEF MEDICAL OFFICER

The Arkansas Department of Health has been at the helm of addressing the diverse needs of our state's residents during the COVID-19 pandemic over the past year. The ADH continues to be driven by its mission of protecting and improving the health and well-being of all Arkansans. The COVID-19 pandemic has required an inordinate amount of the ADH's resources and staff time as well as effort. Still, throughout it all, we strived to fulfill our basic overall mission through our multiple programs and outreach efforts described in this article. While COVID-19 became a leading cause of death in 2020 and 2021, heart disease and cancer remained the top two leading causes of death in the state and the nation.

Arkansas identified its first confirmed COVID-19 case on March 11, 2020—the same day that COVID-19 was declared a global pandemic. The pandemic continued throughout 2021, punctuated by a surge in cases due to the emergence of the Delta variant. A total of 328,174 people testing positive in that year alone resulted in 16,138 Arkansans hospitalized and 3,888 COVID-19-related deaths. The ADH steadily worked to provide and expand testing and vaccination to Arkansans. The ADH's Public Health Laboratory (PHL) went from the inability to perform on-site COVID-19 testing in early 2020 to its current ability to process 3,000 to 3,500 specimens a day with the help of its partners. This was accomplished through the acquisition of state-of-the-art equipment, and modernization and physical expansion of its molecular testing capability. In addition, the ADH has established COVID-19 molecular surveillance capabilities, allowing us to detect the presence of novel COVID-19 variants without the need to send specimens out of state. Our PHL can process 400 specimens weekly to determine their genotype. The ADH has worked to ensure equitable distribution and access to COVID-19 vaccines since they became available in December of 2020 while continuing to

communicate to Arkansans the safety and effectiveness of these vaccines. By the end of 2021, 1,526,367 individuals were fully vaccinated for COVID-19, with an additional 296,873 having received at least one dose of vaccine. In total, ADH administered 3,711,001 vaccine doses through its local health units and statewide partnerships with health care providers.

During this time, the ADH also continued its efforts to reach out to people across the state through its Be Well Arkansas initiative for tobacco cessation and referral to community hypertension and diabetes resources, which launched in November 2018. In 2021, 3,249 Arkansans were enrolled in the tobacco cessation counseling program, with an estimated 21% quit rate. There were 1,234 Arkansans referred to community hypertension resources, and 535 Arkansans referred to community diabetes resources. The Arkansas Legislature also passed Tobacco-21 legislation, which increased the minimum purchase age for tobacco products in Arkansas to age 21 at the end of 2021.

Arkansas ranks first and eighth, respectively, among states with the highest death rates due to heart attack and stroke in the nation. In 2021, efforts to address stroke included: (a) certifying ten facilities as Arkansas Stroke Ready Hospitals designated by the ADH, (b) supporting the certification of over 300 health care providers to receive the Advanced Stroke Life Support (ASLS) credential, and (c) conducting quality improvement visits with hospitals to help healthcare providers find and close gaps inpatient care.

Programs to reduce heart attack, ST-segment elevation myocardial infarction (STEMI), mortality in 2021 included: (a) expanding participation in the Arkansas Heart Attack Registry to now include 72 hospitals; (b) supporting a real-time mobile communications platform

across the state to improve STEMI care coordination between EMS and hospitals; and (c) certifying 58 paramedics to become instructors in the Acute Coronary Syndrome (ACS) curriculum to improve recognition of STEMI in the field among Arkansas pre-hospital providers.

The ADH also continued its response to an ongoing 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, 1,319 cases have been reported to the ADH. Cases have been predominantly white (91%), male (63%), and recreational drug users (49%). The ADH has responded to the outbreak by providing targeted hepatitis A vaccination campaigns in counties and risk populations 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.

There were 276 persons reported as newly infected with human immunodeficiency virus (HIV) in Arkansas in 2019. That same year, an additional 130 persons were reported as newly acquired immunodeficiency syndrome (AIDS) cases. The U.S. Department of Health and Human Services' Ending the HIV Epidemic in the U.S. (EHE) Initiative, which started in 2019, has a goal to eliminate the HIV epidemic in the United States by 2030. The goal is to ensure a 75% reduction in new HIV infections in five years and at least a 90% reduction in new HIV infections in 10 years through early detection of those who are infected but remain undiagnosed. The ADH efforts integrate with and support ongoing HIV prevention initiatives to target this cohort. Another aspect of the initiative is to offer individuals at high risk for HIV infection with Pre-Exposure Prophylaxis (PrEP). The 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 those at risk for HIV infection. The ADH has the expertise to train community providers interested in providing PrEP services in their practices. The ADH currently has an Integrated HIV Prevention & Care Plan for Arkansas and an Ending the Epidemic Plan. All of Arkansas's prevention, care, and treatment efforts are being enhanced within the state to end this epidemic by 2030.

Drug overdose deaths, due largely to opioid use disorder, increased during the pandemic claiming over 500 lives in 2021 alone in Arkansas. The 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. In preparation for the National Suicide Prevention Lifeline's telephone number switch to "988" this summer, the branch is working with stakeholders on in-state capacity building and expansion to include answering chat and texts. Additionally, the branch has maintained a leadership role in the state's Governor's Challenge—a technical assistance opportunity from the Substance Abuse and Mental Health Services Administration and the U.S. Department of Veterans Affairs that supports states to prevent suicide among service members, veterans, and their families. A grant from the CDC has enabled the PDMP to be integrated with all electronic health records in the state, making the utilization of the PDMP easier for providers, and has expanded the branch's Academic Detailing project—

offering one-on-one training on topics like safer prescribing. With the training and distribution of naloxone a continued priority, the program supported the development and passing of Act 651 of 2021, which mandates providers to prescribe naloxone when prescribing opioids; the Medical Board recently posted rules applicable to the law.

These are challenging times for the medical and public health community in the state and the nation. The ADH is working tirelessly with the physician and health care community in the state to mitigate the impact of COVID-19 and promote the health and well-being of all Arkansans.

## AMS BENEFITS: 2021 ANNUAL REPORT

BY **STEPHEN MAGIE, MD**  
CHAIRMAN OF THE BOARD

AMS Benefits is a for-profit subsidiary of the Arkansas Medical Society established in 1991 to provide insurance benefits to AMS members. The company operates as a licensed insurance agency that markets life, health, dental, vision and disability products.

AMS Benefits currently services 92 group and individual life insurance policies covering 484 lives, 85 group and individual health insurance policies covering 782 lives, 42 group and individual dental policies covering 406 lives, 36 group and individual vision policies covering 315 lives, and 51 group and individual

disability policies covering 138 lives. 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, their staff and their families.

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 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 licensed support staff. They also contract with four independent sales agents.

I would like to give a special thanks to the AMS Benefits for their service to the Arkansas Medical Society and its members by providing the best service available for those products they provide.

### AMS BENEFITS STAFF

Alanna Scheffer  
Marissa Shuffield  
Alan White (contract agent)  
Travis Mulhearn (contract agent)  
John Gillenwater (contract agent)  
David M Coussens, M.D. (contract agent)

### BOARD MEMBERS

Stephen Magie, M.D. (Little Rock)  
Danny Wilkerson, M.D. (Little Rock)  
Seth Barnes, M.D. (Hot Springs)  
Brenda Powell, M.D. (Hot Springs)

Jacob Dickerson, M.D. (Mountain Home)  
Barry Pierce, M.D. (Mountain View)  
David Wroten (AMS)  
Jan Hundley, (Little Rock)

# MEDICAL EDUCATION FOUNDATION FOR ARKANSAS: OCTOBER 20, 2021 MINUTES

BY **ALAN WILSON, MD**  
PRESIDENT

The Medical Education Foundation for Arkansas (MEFFA) Board of Directors met at 4:00 p.m. on Wednesday, October 20, 2021, via ZOOM. Members present were Drs. Alan Wilson, G. Edward Bryant, Danny Wilkerson, Susan Smyth, Karina Clemmons, and student representative John Hutton. David Wroten and Mary Ann Mansfield with Arkansas Medical Society also attended the meeting.

## THE FOLLOWING BUSINESS WAS RECEIVED AND TRANSACTED:

- Minutes of the August 18, 2020, meeting were approved as presented.
- The Board re-elected the current officers for 2021-2022.
- Prior year contributions were reviewed.
- Discussed funding requests for 2021-2022. The Board approved the following requests from UAMS:

Alan Wilson, MD – President  
G. Edward Bryant, MD – Vice President  
Steve Magie, MD – Secretary/Treasurer

## TOTAL AMOUNT OF APPROVED GRANTS FOR 2021 - \$38,453.00

Cost	Department/Faculty/Project	Brief Description
\$5,000.00	College of Medicine, Karina Clemmons, MD Annual Teach the Teacher Conference	Support for the annual conference
\$9,480.00	Ob-Gyn, Alexis White, MD Microscopy skills development	Teaching microscopes
\$3,500.00	Radiation/Oncology, Gary Lewis, MD Summer preceptorship in radiation/oncology	Stipend and presentation costs
\$4,813.00	Pediatrics, Jon Oden, MD Development of online education in peds endocrinology	Recording equipment, visual aids, honoraria
\$13,660.00	NW Campus, Linda Worley, MD Virtual reality medical education: anatomy and stress reduction	Purchase of hardware and software for virtual reality medical education
\$1,000.00	Lifestyle Medicine Interest Group, Gina Drobena, MD AMS Distinguished Lecture Series	Kim Williams, MD Health equity and lifestyle medicine
\$1,000.00	Neurobiology, David Davies, PhD AMS Distinguished Lecture Series	Tanis Hogg, PhD Patient centered preclinical medical school curriculum

There being no further business the meeting adjourned.

# ARKANSAS MEDICAL FOUNDATION: 2021 ANNUAL REPORT

BY **DANNY WILKERSON, MD**  
INTERIM EXECUTIVE DIRECTOR

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

The Arkansas Medical Foundation strives to identify impaired physicians before disciplinary action is required so that they might receive the necessary treatment and monitoring to ensure that they can continue to practice unencumbered by disciplinary restraints. Unfortunately, physicians are often unaware of the existence of the Foundation. In order to provide us with more visibility, the Arkansas State Medical Board has

a provision on your yearly renewal that requires each of you to attest acknowledgement of accessing and viewing our website. Please visit us at [arkmedfoundation.org](http://arkmedfoundation.org). We are happy to add information to our website concerning any pertinent CME or other items pertaining to our program. A portion of every physician's annual fee to the Arkansas State Medical Board is sent to the AMF as support for the program. The AMF is a non-profit agency; as such donations are accepted and are tax deductible.

We are pleased to announce the upcoming implementation of an Interactive Screening Program associated with the American Foundation for Suicide Prevention. The ISP is a completely confidential program that will be staffed by a psychiatric APN and will screen for depression and burnout. The program will allow you to speak confidentially with the APN for an appropriate referral in your area. The Arkansas Medical Society has generously funded part of this program in order to

provide physicians with additional help and support.

Clients are referred to the Arkansas Medical Foundation by hospital administrators, spouses, children, concerned colleagues, and patients. Anyone can report an impaired physician and 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 have concerns about yourself or any medical professional that is practicing in a potentially dangerous or impaired state. We are here to help, and to hopefully prevent you from becoming a statistic with disciplinary intervention.

**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 Arkansas Medical Foundation announces the retirement of executive director

## J. LARRY LAWSON, MD

Dr. Lawson has served as the Foundation's only executive director since 2004.

We recognize his achievements and applaud the leadership he has provided our organization.

The staff of the AMF wishes to thank you for your service, and we wish you well in your retirement.

# ARKANSAS STATE MEDICAL BOARD 2021 ANNUAL REPORT

BY SYLVIA SIMON, MD  
CHAIRMAN OF THE BOARD

**THE 2021 MEMBERS AND OFFICERS OF THE ARKANSAS STATE MEDICAL BOARD ARE AS FOLLOWS:**

Sylvia D. Simon, M.D., Chairman	Edward K. Gardner, M.D.	William L. Rutledge, M.D.
Robert E. Breving, Jr., M.D., Vice Chairman	Rodney L. Griffin, M.D.	David L. Staggs, M.D.
Veryl D. Hodges, D.O., Secretary	Ms. Betty Guhman	The Board met bimonthly and
John H. Scribner, M.D., Treasurer	Brian T. Hyatt, M.D.	addressed complaints, hearings, and
Mrs. Elizabeth Anderson	Timothy C. Paden, M.D.	other pertinent business affecting
Rhys L. Branman, M.D.	Don R. Phillips, M.D.	health care in the State of Arkansas.

**2021 LICENSING STATISTICS**

Medical Doctors and Doctors of Osteopathy Licensed.....	1,204
Medical Doctors and Doctors of Osteopathy (total).....	12,239
Medical Doctors and Doctors of Osteopathy (in state).....	7,318
Occupational Therapists Licensed.....	141
Occupational Therapists (total).....	1,868
Occupational Therapy Assistants Licensed.....	126
Occupational Therapy Assistants (total).....	1,072
Physician Assistants Licensed.....	89
Physician Assistants (total).....	634
Respiratory Care Therapists Licensed.....	175
Respiratory Care Therapists (total).....	2,228
Radiologist Assistants (total).....	6
Radiology Practitioner Assistants (total).....	3
Medical Corporations Registered.....	64
Medical Corporations (total).....	863
Licensed Genetic Counselors Licensed.....	106
Licensed Genetic Counselors (total).....	263
Surgical Technicians Registered.....	8
Surgical Technicians (total).....	310
Withdrawn Applications.....	16

**2021 LICENSING STATISTICS**

Individual Discussions and Issues (total).....	381
Complaints (including investigations and other issues involving licensed practitioners).....	332
Issues.....	49

**2021 BOARD ACTIONS**

Suspension.....	11
Revocation.....	2
Revocation/Stayed.....	3
Surrendered in lieu of further action.....	5
Reprimand.....	1
Consent Orders.....	3

**COMPLAINT ALLEGATIONS (INCLUDING INVESTIGATIONS)**

1	Alcohol/Substance Abuse
30	Attestation/Renewal Affirmative Answers
6	AMF Monitoring Report
9	Advertising
16	Behavior/Attitude
9	Billing/Insurance Issues
1	Boundaries
5	Criminal Allegations
4	Lack of Communication
6	Discrimination/Harassment
9	Dispensing Permit
52	Dissatisfaction with Treatment/Procedure
4	Ethics
1	HIPAA Issues
9	Hospital Reporting/Privileges
6	Improper Dispensing
6	Inmate Allegations
6	Inappropriate Prescribing
2	Inquiry from practitioner
21	Lack of Attention to Medical Needs
8	Malpractice Regulation 23
7	Misdiagnosis/Failure to Diagnose
4	Medical Marijuana
2	Medical Records - Failure to Provide
4	Medical Records - Discrepancy
1	Miscellaneous
1	Practicing Medicine without a License
1	Treated by Nurse instead of a Physician
8	Patient Felt Offended/Violated by Physician
8	Over Prescribing
12	Actions taken by other states
1	Patient Abandonment
1	PDMP Violation
6	Doctor Refuses to Prescribe/refill Pain Meds or Other Meds
4	Didn't or Won't Comply with Patient's Request to Complete Paperwork
6	Staff Generated Issues
1	Self-Prescribing or Prescribing to Family
6	Self-Reporting
1	Sexual or Romantic Relationship
2	Telemedicine
3	Terminated Patient
2	Misidentification/treatment of patient
1	Unauthorized Delegation of Duties
4	Unsanitary Treatment Conditions
8	Update

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**ALANNA SCHEFFER**

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