



# JOURNAL

OF THE ARKANSAS MEDICAL SOCIETY

SPRING 2024 VOLUME 120 NUMBER 4

## AMS PHYSICIAN REPRESENTING WELL

OMAR T. ATIQ, MD, MACP, ADVOCATES  
FOR EQUITABLE HEALTH CARE IN  
ARKANSAS AND NATIONWIDE



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# JOURNAL

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# TIME OF RENEWAL

ANTHONY JOHNSON, MD  
2023-2024 AMS PRESIDENT

**S**PRINGTIME IN ARKANSAS IS A TIME OF RENEWAL, WHEN MIGRATORY BIRDS RETURN FROM THEIR WINTER RECESS AND NESTING SEASON BEGINS. TULIPS AND DAFFODILS EMERGE AND ARE BLOOMING AND THE GRASSES AND TREES ARE DOING THEIR THING, STIRRING UP ALLERGIES, BUT ALSO BRINGING COLOR BACK INTO OUR WORLD.

Pediatric practices are similar; springtime is when we transition from a long winter of RSV and flu to allergy season with all the itchy eyes, runny noses, and wheezing. Eventually, we get summer checkups, when we hear from our patients about all their accomplishments this past year in school, their excitement for summer and preparations to advance to the next grade or possibly college in the fall.

For our three medical schools, spring is when the match occurs. This is such an exciting time, when four years of challenging work really starts to feel

like it might have been worth it, as these new physicians find out where the next big step in their careers will take them.

Spring also means planning for the Annual Membership Meeting of the Arkansas Medical Society. This May in Little Rock, we will have some new opportunities to stimulate the involvement of our medical students and residents; a poster/abstracts exhibit and awards for Best Residents and Best Medical Students from multiple specialties and residency programs and students from all three of our medical schools.

It has truly been a privilege to serve as your president of the Arkansas Medical Society this past year, and next year it will be an honor to join the ranks of AMS past presidents, such as Dr Atiq, who is being recognized in this journal for his service as president of the American



College of Physicians. Our organizations, like the AMS and our specialty societies, are vital to maintaining our ability to provide high quality medical care that is so important to our patients and to the state of Arkansas. Physicians with forethought and lofty ideas formed these organizations because they felt that physicians working collectively was the way to improve healthcare.

The ability to practice medicine is an honor and privilege and it required a huge amount of preparation and hard work from each of us to have this opportunity. Time and effort must be put into our yards for the blooms and colors to come back each spring, and it is our role as physicians to continue to nurture and grow our physician organizations with the goal of improving healthcare in the future. We need everybody pulling together, physicians in training, those of us in practice and retired physicians, if we are going to reach this goal.

I am so excited about our upcoming annual meeting, when we will have the opportunity to recognize accomplishments of our physicians in training, have some excellent CME and advocacy updates, but more importantly the opportunity for physicians from across Arkansas to get together and continue working collectively to improve the health of Arkansas.

I hope to see you in Little Rock in May! ■

*I hope to see you in May*



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# AMS PHYSICIAN REPRESENTING WELL

OMAR T. ATIQ, MD, MACP, ADVOCATES FOR EQUITABLE HEALTH CARE IN ARKANSAS AND NATIONWIDE

CASEY L. PENN

“ WHAT A POSITIVE REFLECTION ON AMS THAT ONE OF OUR PAST PRESIDENTS, BOARD CHAIRMEN, AMA DELEGATES, ETC., IS WORKING EFFECTIVELY IN THIS INFLUENTIAL ROLE, ”

SAID AMS EXECUTIVE VICE PRESIDENT DAVID WROTEN, OF OMAR T. ATIQ, MD, MACP, ON HIS CURRENT ROLE AS 2023-24 PRESIDENT OF THE AMERICAN COLLEGE OF PHYSICIANS.



Dr. Gene Shelby, AMS past president, swears in Dr. Omar T. Atiq during the AMS oath of office ceremony in 2013.



**Mehreen and Dr. Omar Atiq.**

ACP has a long reach with its diverse, global community of internal medicine specialists and subspecialists. It is the largest specialty organization in the country, with more than 160,000 members. The College provides internal medicine physicians with education, clinical support, practice resources, and political advocacy geared toward safeguarding their profession and improving the health of patients.

Since April 2023, Dr. Atiq has served as ACP president, but his membership within the organization goes back all the way to 1985. Much like he did on his path in the Arkansas Medical Society, he started as an active member and gradually increased in participation and responsibility, serving as an ACP officer in many capacities including governor of the Arkansas Chapter, chair of the Board of Governors, chair of the Health and Public Policy Committee, president elect, and now president.

Though Dr. Atiq moved beyond Arkansas borders to important leadership roles within the ACP, Arkansas is still his home and workplace and remains a big part of everything he does. *“I happen to be the first Arkansan elected as president of ACP,”* noted Dr. Atiq. *“I continue to be a proud member of AMS, and my experience in Arkansas informs my views.”*

In his advocacy efforts beyond the Natural State, the physician has had notable impact. “Dr. Atiq is a strong advocate for his internal medicine physician colleagues and for patients,” said Wayne H. Bylsma, PhD, ACP Chief Operating Officer. “His passion and compassion have helped move our mission forward, both during his

year leading our organization as president, and prior to that, over the course of his years of involvement with ACP. His passion for advocacy and ensuring that all patients are able to access and afford the care they need motivates those around him to match his caring and energy.”

### **THE PROLIFIC BACKGROUND OF AN ACCOMPLISHED PHYSICIAN**

Dr. Atiq is a distinguished professor of medicine at the Winthrop P. Rockefeller Cancer Institute at UAMS in Little Rock. He received his medical degree from Khyber Medical College at the University of Peshawar in Pakistan and completed his fellowship in medical oncology and hematology at Memorial Sloan Kettering Cancer Center in New York. He is board certified in medical oncology and internal medicine. A full-time practicing physician, Dr. Atiq sees patients most days while also instructing medical students, residents, and fellows in the clinic and on inpatient rounds. He is also involved in clinical research in head and neck cancers.

Formerly, Dr. Atiq served as chief of medical staff at Jefferson Regional Medical Center in Pine Bluff and as medical director of the Arkansas Cancer Clinic in Pine Bluff. In 2020, he closed his Pine Bluff practice of 29 years to move to Little Rock. (More on that to come.)

Productive far beyond daily practice, Dr. Atiq has served in leadership roles in organized medicine at local, state, and national levels; volunteered in community organizations; authored an

### **Dr. Atiq, 2023-2024 president of the American College of Physicians, at their office.**



extensive list of professional published works; and so much more. In each area, he is well known for forward thinking, eloquent speech, and decisive actions.

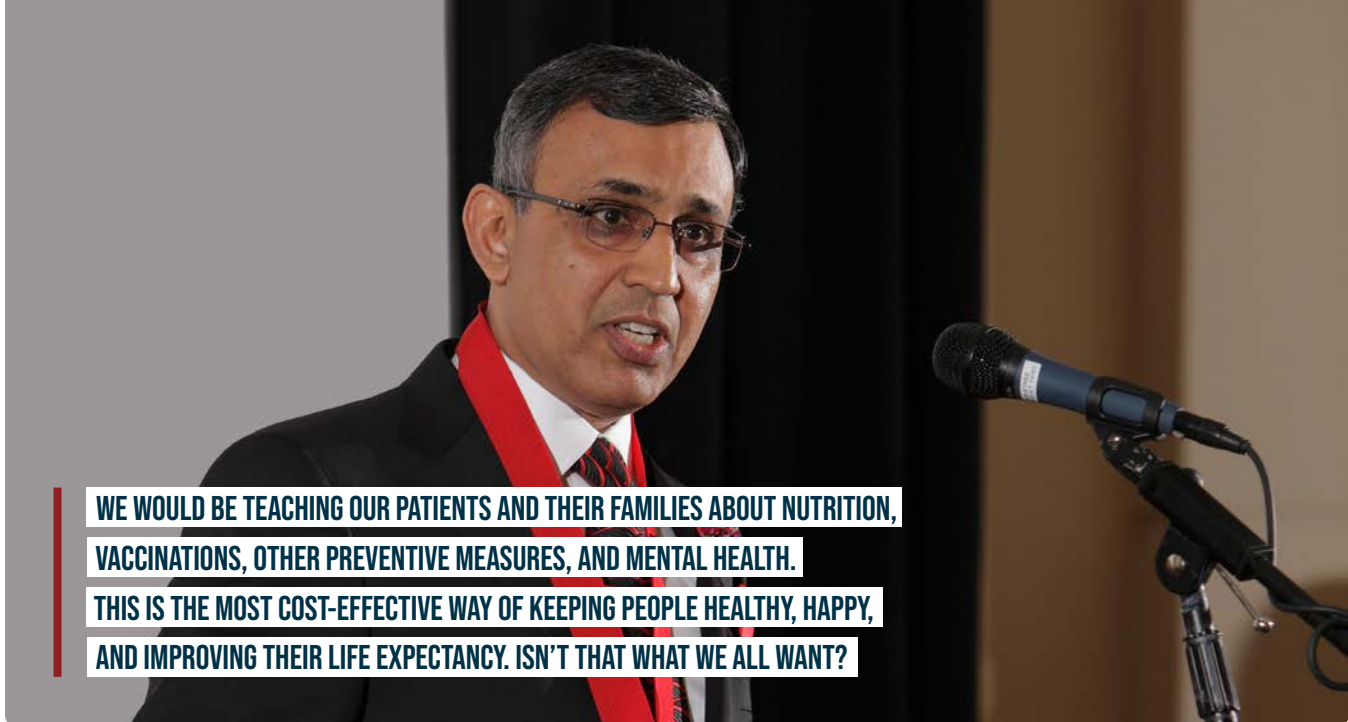
*“Omar is exceptionally friendly and always a professional,”* said Doug DeLong, MD, chair emeritus, ACP Board of Regents, whose acquaintance with Dr. Atiq goes back at least a decade. Having met through their roles in ACP, the physicians became fast friends. *“Omar followed a year or two behind me, so we had plenty of interactions over the years. He’s always prepared and only speaks when he has something to say. But when he speaks, people listen because he’s thoughtful about it.”*

*“It’s unusual, I think, for leaders at that level to change their opinions. We tend to be dogmatic about things. But over the course of 10 years, I saw Omar evolving into a person who really thought big about health care in the United States and how we could make it better. A couple of years ago, he was a big part of the push within the College to develop a series of papers about our vision for a health care system that costs less, includes everyone, improves equality, and values internal medicine. He was among those who worked behind the scenes to do that, and it required him to think about and adjust his fundamental opinions about the health care system in this country. It isn’t everybody that can make a change in their thinking, but Omar has done that.”*

### **MORE ON THE CAUSES THAT DRIVE THE PHYSICIAN**

A venerable advocate for both physicians and patients, Dr. Atiq has never been one to shy away from issues he believes in. During his term as ACP president, he has written monthly newsletter articles covering weighty topics like health as a human right, transforming healthcare to improve life expectancy, purpose-over-profit in health care, universal healthcare, and alcoholism.

Elaborating on the relevance of life expectancy to the health of our nation, Dr. Atiq said, *“Despite being a subspecialist in oncology and loving what I do, what concerns me most as a physician –and*



**WE WOULD BE TEACHING OUR PATIENTS AND THEIR FAMILIES ABOUT NUTRITION, VACCINATIONS, OTHER PREVENTIVE MEASURES, AND MENTAL HEALTH. THIS IS THE MOST COST-EFFECTIVE WAY OF KEEPING PEOPLE HEALTHY, HAPPY, AND IMPROVING THEIR LIFE EXPECTANCY. ISN'T THAT WHAT WE ALL WANT?**

**Dr. Atiq gives his AMS Presidential address at the Inaugural Gala in 2013.**

FEATURE STORY: CONTINUED

*one in a leadership role – is the most basic health care indicator for a nation, and that is, life expectancy. The United States is by far the leading country in the world in technology, health care advances, and in health care expenditures, which far exceed the next developed country in the world. Still, our life expectancy is the worst of all the OECD nations. Chile and Costa Rica, both developing countries to our south, have surpassed our life expectancy. So, what are we doing wrong?"*

*"It turns out that we are best at what I would call sick care. When people get sick, injured, or ill, we are superb at taking care of them – better than any other place in the world. But we haven't paid as much attention to keeping people healthy, which translates to better life expectancy. That is what makes the most sense as a focus for our population, our nation, and ourselves." Dr. Atiq believes this can only happen through a truly responsive public health-based primary health care system in which a physician-led team manages health and supports patients to live healthy lives that prevent sickness and injuries. He added, "We would be teaching our patients and their families about nutrition, vaccinations, other preventive measures, and mental health. This is the most cost-effective way of keeping people*

*healthy, happy, and improving their life expectancy. Isn't that what we all want?"*

#### **HOW AMS AND OTHERS CAN JOIN THESE EFFORTS**

There are practical, concrete steps that we can take to achieve these goals, according to Dr. Atiq. There are things that AMS and other medical societies can do, in collaboration with our legislators and policymakers, but it isn't easy work. As an example, he singled out "promoting primary care" as a broad effort, which includes "promoting physicians who take care of families from birth to death in a longitudinal manner" like geriatricians, general medicine physicians, pediatricians, family physicians, and psychiatrists.

*"We need to promote their work and make the playing field even,"* he explained, referencing the difference in compensation levels for primary care physicians versus specialists and subspecialists. *"Right now, the difference in compensation is almost double and encourages medical students to get into the more lucrative specialties and subspecialties."*

Dr. Atiq summed, *"So, we can work towards educating, supporting, and encouraging our legislators to focus*

*on improving the training of primary care physicians and adjusting their compensation structures to be equitable. It isn't a pipe dream, but it requires a vision and a unified will to make it a reality. It won't be easy ... there will be people who would be scared of change or believe that it may potentially affect their financial standing."*

#### **A CHARACTERISTIC ACT OF KINDNESS**

After closing his Pine Bluff practice and moving to Little Rock to devote himself fully to his role at UAMS, Dr. Atiq did something that was a tangible example of his passion for equal access and affordability.

In an act of kindness to the tune of \$650,000, the oncologist sent the following well wishes in a Christmas card to his patients: *"I hope this note finds you well. The Arkansas Cancer Clinic was proud to have you as a patient ... The clinic has decided to forego all balances owed to the clinic by its patients. Happy Holidays!"*

In explanation of the debt forgiveness that became a defining act of his career, Dr. Atiq explained, *"Covid was at its peak. Collections were dwindling, and I realized these people probably couldn't pay. My family and I discussed it and*

*agreed that we'd write it off. It caught too much attention from around the world. I heard from people as far east as China, as far south as Argentina, and every place in between. It almost hit a nerve, I suppose, although my fellow physicians do such things all the time."*

*"It was one of the most generous acts of personal gratitude for being a physician I've ever heard of,"* observed Dr. DeLong, who was not surprised to learn of his friend's compassionate action. *"It knocked my socks off. But stepping back, I'm not shocked by it. He is a humble, professional, caring human being and one of my ideals of what it means to be a real physician."*

### LEARNING FROM CHILDHOOD TO GIVE BACK

Pondering the influences that helped shape him to make bold life choices like going into medicine and leaving his native Pakistan, Dr. Atiq mentioned his parents, who taught him the power of working hard while also maintaining balance in life. *"My dad is the most important influence that*

*I had growing up. He and my mom took a keen interest in our education – mine and my sister's,"* he said. *"Sometimes, disciplined people may put work above everything else. My father worked hard but would still tend to all relationships in a jolly, charming manner. That was important for me to see, and something that I learned from him as being normal: that even when you work hard, you don't sacrifice the other parts of your life and your personality and relationships."*

Dr. Atiq has inherited that deep sense of duty and family. With his wife, Mehreen, he has worked to pass it down to his children. *"My parents raised me and my sister to provide value wherever we are because that's what self-respect demands,"* he said. *"Our hope has always been that our children – in whatever they choose to do – would provide value to the society where they live and be grateful and humble but know their worth."*

Those lessons created a values foundation that has guided this doctor's personal and professional paths. As his AMS and ACP colleagues acknowledged, Dr. Atiq has built a career in medicine (and organized medicine) that shows his respect for patients and fellow physicians. Here in Arkansas and far beyond, it's safe to say he will continue to make a difference and inspire others through both his clinical work and advocacy efforts. ■

### Suggested Reading

Health as a Human Right: A Position Paper from the American College of Physicians (2023)  
<https://www.acpjournals.org/doi/10.7326/M23-1900>

Transforming Health Care to Improve US Life Expectancy (immattersacp.org, Oct 2023)  
By Omar T. Atiq, MD, MACP  
<https://immattersacp.org/archives/2023/10/transforming-health-care-to-improve-us-life-expectancy.htm>

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# AMS RESPONDS TO CYBER-ATTACK

**DAVID WROTEN**  
AMS EXECUTIVE VICE PRESIDENT



## NEED ANOTHER GOOD REASON TO TAKE PRIDE IN YOUR ARKANSAS MEDICAL SOCIETY MEMBERSHIP? READ ON.

On February 21, 2024, there was a massive cyber-attack on the medical clearinghouse company Change Healthcare (CH), a subsidiary of United Health Group, one of the largest clearinghouses in the country. The disruption caused by this data breach has been severe, creating financial and administrative hardships for physicians, hospitals, pharmacies, and other providers. Many have had to borrow money or request advance payments just to meet payroll.

This is a nationwide problem and while UHC states that it is committed to getting things back to normal, the end seems far removed.

The AMS has participated in multiple meetings with CMS, the American Medical Association, and members of the Arkansas congressional delegation. During the third week of March (the beginning of March Madness for you basketball fans), AMS pulled together representatives from the Arkansas Hospital Association and Arkansas Pharmacists Association to discuss what steps we might take to help provide some needed relief from this mess.

The result was a request sent to the Arkansas Insurance Commissioner, Alan McClain, on behalf of the members of the three organizations, asking him to consider issuing an official directive to all insurance carriers doing business in Arkansas. Commissioner McClain had recently returned from the NAIC (National Association of Insurance Commissioners), where this issue was a major theme.

As a result, he directed his staff to draft an official, binding directive to the carriers in hopes of providing needed relief to Arkansas healthcare providers. As I am writing this commentary, the draft is in its final stages. Our “ask” was the following:

### WE ASKED FOR A 90-DAY DIRECTIVE THAT, AT A MINIMUM:

- Waives or extends timely filing requirements for initial and corrected claims.
- Prohibits payers from denying claims for technical reasons, including:
  - lack of prior authorization.
  - failure to check electronic eligibility.
  - failure to give notice of admission.
  - failure to receive medical records.
  - coordination of benefits; and
  - failure to timely appeal denials.
- Prohibits recoupments for lack of timely filing or the technical reasons outlined above.
- Extends time frames for filing an internal and/or external appeal.
- Strictly enforces the prompt pay rule.
- Requires payers to accept paper claims.
- Requires affected carriers, PBMs and others to suspend “routine” audits.

While the final directive may not contain all our requests, AMS is extremely grateful that Commissioner McClain was more than willing to go to bat for Arkansas physicians, hospitals, and pharmacists.

Your membership, and the combined membership of your colleagues across the state enables the AMS to help you, your practice, and your patients when these difficult situations occur. That’s true in the courtroom, the halls of Congress, the State Capitol, and regulatory agencies like in this case, the Arkansas Insurance Department.

Thank you for your continued support. 🙏

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# PRIOR AUTHORIZATION REFORMS SHOW MEANINGFUL CHANGE IS POSSIBLE

SCOTT FERGUSON, MD  
AMA BOARD OF TRUSTEES

# PRIOR AUTHORIZATION FORM

APPROVED



ONE-THIRD OF PHYSICIANS SURVEYED BY THE AMA REPORTED THAT PRIOR AUTHORIZATION HAS LED TO

AVOIDABLE HOSPITALIZATIONS  
LIFE-THREATENING EVENTS  
PERMANENT DISABILITIES  
DEATH

**REFORMING THE ONEROUS PRIOR AUTHORIZATION PROCESS THAT INSURERS USE TO DELAY AND SOMETIMES DENY PATIENT CARE HAS LONG BEEN A SOURCE OF MAJOR FRUSTRATION FOR PHYSICIANS AND HEALTHCARE WORKERS HERE IN ARKANSAS AND AROUND THE COUNTRY.**

Finally, after years of sustained advocacy on the part of the American Medical Association, the Arkansas Medical Society and many others, there is good news to celebrate on prior authorization.

In January, the Centers for Medicare & Medicaid Services (CMS) released a Final Rule that makes important and long-overdue changes to the prior authorization process for services and procedures under government-regulated health plans. The new rule, which takes effect in 2026 and 2027, streamlines the process by reducing the timeframes for prior authorization decisions and requiring plans to publicly report program metrics, which will reduce care delays and improve transparency.

**THE PLANS WILL ALSO BE REQUIRED TO OFFER ELECTRONIC PRIOR AUTHORIZATION TECHNOLOGY THAT DIRECTLY INTEGRATES WITH EXISTING ELECTRONIC HEALTH RECORDS, SIGNIFICANTLY REDUCING UNNECESSARY BURDENS FOR PHYSICIANS AND RESULTING IN AN ESTIMATED \$15 BILLION IN HEALTHCARE INDUSTRY SAVINGS OVER 10 YEARS, ACCORDING TO HEALTH AND HUMAN SERVICES (HHS).**

Importantly, these changes also build on new regulatory requirements that went into effect in January that ensure validity of prior authorization clinical criteria and protections for care continuity in Medicare Advantage plans.

While AMA and AMS will continue to fight for additional reform measures on prior authorization, these rulings represent a huge win for both doctors and patients who have borne the brunt of a broken system used by insurers for years to control the costs of care by inappropriately delaying or even denying courses of treatment approved by their physicians.

The need to right-size prior authorization has never been greater. Mountains of administrative busywork, hours of phone calls, and other clerical tasks tied to the onerous review process not only rob physicians of face time with patients, but studies show also contribute to physician dissatisfaction and burnout.

More than one-third of physicians surveyed by the AMA reported that prior authorization has led to serious adverse health outcomes for patients in their care, including avoidable hospitalizations, life-threatening events, permanent disabilities and even death.

**IN ADDITION TO THE REFORMS INSTITUTED BY CMS, WE'RE BEGINNING TO SEE MEANINGFUL PRIOR AUTHORIZATION REFORMS AT THE STATE LEVEL AS WELL. AMS WAS INSTRUMENTAL LAST YEAR IN SECURING PASSAGE OF ITS VERSION OF A GOLD CARD LAW, WHICH IS ALREADY REDUCING CARE DELAYS FOR PATIENTS HERE AT HOME.**

Around the country, more than a dozen other states have adopted comprehensive prior authorization reforms—many of them based on the AMA model legislation. And as 2024 state legislative sessions get underway, there are already more than 70 prior authorization reform bills of varying shapes and sizes in 28 states, which suggests we will continue to see advancements this year at the state level.

We're seeing some progress on reform in the private sector as well. Cigna and United Healthcare, two of our nation's largest insurers, outlined voluntary reform efforts to reduce prior authorization hassles. It remains to be seen how significant these changes will be, but they represent a victory for physicians and patients who have long been frustrated by excessive prior authorization demands. Insurers know the pressure is on. Policymakers know the pressure is on. This progress may not be as fast as we all want, but it is happening. And physicians can feel good about that.

Reducing administrative burdens posed by prior authorization is one of five pillars of the AMA Recovery Plan for America's Physicians that it launched in 2022. Other pillars include:

- Reforming Medicare payment to promote thriving physician practices and innovation.
- Stopping scope creep that threatens patient safety.
- Reducing physician burnout and addressing the stigma around mental health.
- Supporting the creation of digital health tools, such as telehealth.

Recent reforms to the prior authorization process won't solve all of our administrative headaches and frustrations. This work will continue in 2024 and until more substantial reforms are realized. But this progress does remind us that meaningful reforms to the most persistent challenges physicians face in health care today are possible – through the power of organized medicine and sustained advocacy of our physician community. ■

# Join ArkMed-PAC With New Contribution Levels and Benefits



Scott Smith  
Director of Governmental Affairs

You can join our political action committee, ArkMed-PAC, at the basic level for \$99 and with the Arkansas state income tax credit as an offset, your membership would not cost you a dime.

On joint returns, Arkansas law provides a dollar-for-dollar state income tax CREDIT of up to \$100 (\$50 on individual returns) for political action committee contributions (like ArkMed-PAC) and candidate campaign contributions. So, if you haven't already claimed the state political contribution credit, you could join ArkMed-PAC at the \$99 basic level and receive it back on a joint return as a tax credit.



## ArkMed-PAC new levels of membership and benefits are:

- **Basic membership** (\$99) includes: annual recognition in the AMS Journal and AMS website; invitations to Board meetings; and eligibility to request a specific campaign contribution from ArkMed-PAC be made to a candidate.
- **Capitol Club membership** (\$300) includes everything in basic membership plus: annual photo recognition in the AMS Journal and AMS website; special recognition at AMS annual meeting; invitation to separate event/reception/luncheon with invited legislators; and eligibility to deliver contribution checks.
- **Arkansas Diamonds Club membership** (\$1,000) includes everything in Capitol Club membership (recognition, invitation and eligibilities) plus: one admission to Arkansas Diamonds Club Dinner with pin.
- **Corporate and Clinic membership** (\$5,000) includes recognition in AMS Journal and on AMS website, invitation to event with legislators listed above and four admissions to Arkansas Diamonds Club Dinner with plaque.

Trial lawyers, insurance companies and other groups adverse to physicians' interests are already out and working to support candidates, so we have no time to spare. Your membership in ArkMed-PAC will make a difference. A strong PAC is necessary in our advocacy efforts, because while your AMS dues go toward physician advocacy, AMS cannot legally contribute to candidate campaigns.

ArkMed-PAC's job is to provide campaign contributions to physician-friendly candidates. In order to have a successful legislative session next year, we must help elect physician-friendly candidates this year. The passage of last year's Prior Authorization Gold Card is a good example of the importance of campaign support. The lead sponsors were an AMS member-physician and a physician-spouse, both strongly supported by ArkMed-PAC in previous campaigns.

## DONATE NOW!

Other physician-friendly candidates need our help now, so please take a moment and join us in the fight today. For less than 28 cents a day (\$99 basic membership) you can start supporting physician-friendly candidates from your area and all around the state.

ArkMed-PAC is non-partisan, and the board is made up of physicians from all over Arkansas who are committed to utilizing your membership contribution effectively to help these candidates win so they can advocate for stronger, more physician-friendly policies. Visit our donation page <https://www.arkmed.org/advocacy/arkmed-pac/> or contact us directly at 501.224.8967.



## TAX INSTRUCTIONS



SCAN ME

## TAX FORM



SCAN ME

## *Advancing Early Lung Cancer Detection: Robotic-Assisted Navigational Bronchoscopy in Clinical Practice*

BY DR. JUSTIN BAILEY, PULMONOLOGIST, NORTHWEST PULMONOLOGY – BENTONVILLE

In the United States, lung cancer is a leading cause of cancer-related deaths, and early detection is crucial. However, lung cancer screening rates lag behind other cancers, resulting in late-stage diagnoses and compromised survival outcomes.

Northwest Pulmonology - Bentonville employs navigational bronchoscopy as a minimally invasive procedure that leverages advanced technology for precise lung biopsies. This method, known as shape-sensing navigation bronchoscopy, combines fiber optics with 3D visualization to navigate the complex pulmonary anatomy and accurately target nodules. This technological innovation enhances the detection of early-stage lung cancer, providing patients with expanded treatment options and improved prognoses.

### **THE ROBOTIC ADVANTAGE:**

The complexities of the pulmonary airways, spanning over 1,500 miles, pose challenges in reaching small, deep-seated nodules. Robotic surgical equipment ensures optimal angles for enhanced visualization and improved biopsy access. With the catheter's 180-degree mobility in all directions, thorough examination and biopsy collection are possible, enabling comprehensive coverage of all 18 lung segments.

Results from the robotic-assisted procedure typically return within seven to ten days, which is a critical timeframe for initiating timely

cancer treatment. The expeditious nature of this method aids in preventing disease progression and underscores its utility in preserving patient well-being.

### **SCREENING GUIDELINES:**

Adherence to screening guidelines is imperative to address the underutilization of lung cancer screening. The U.S. Preventive Services Task Force recommends annual low-dose CT scans for individuals aged 50-77, current smokers or those who have quit within the last 15 years, asymptomatic individuals with a smoking history of at least 20 pack-years (an average of one pack a day - 20 cigarettes - for 20 years), and those with a doctor's order for screening.

### **PROCEDURE AND RECOVERY:**

The robotic-assisted procedure boasts a same-day recovery, significantly shorter than traditional biopsies or surgeries. Despite potential risks, complications are infrequent, allowing patients to resume their regular activities promptly.

The procedure employs ultrasound, fluoroscopy, and CT scans to locate lung nodules accurately. Integration of these modalities ensures precise navigation within the bronchial tree, minimizing the risk of errors. The presence of a pathologist during the procedure facilitates real-time assessment of collected tissue, streamlining the diagnostic process.

**DIAGNOSIS AND STAGING IN ONE SETTING:**

Navigational bronchoscopy uniquely combines diagnosis and staging in a single session. After collecting diagnostic tissue, ultrasound is used to examine mediastinal lymph nodes for staging purposes, providing a comprehensive understanding of the patient's condition.

Navigational bronchoscopy is particularly suitable for high-risk patients, even those on oxygen therapy, due to its minimally invasive nature. The procedure's low-risk profile ensures positive outcomes, allowing high-risk individuals to return home on the same day.

Navigational bronchoscopy represents a significant advancement in the early detection and diagnosis of lung cancer. The commitment to this groundbreaking procedure signifies a paradigm shift in lung cancer care, offering potential benefits to patients nationwide. As this innovative approach gains recognition, its transformative impact on lung cancer outcomes becomes increasingly evident, contributing to the ongoing effort to combat the leading cause of cancer-related deaths in the U.S.

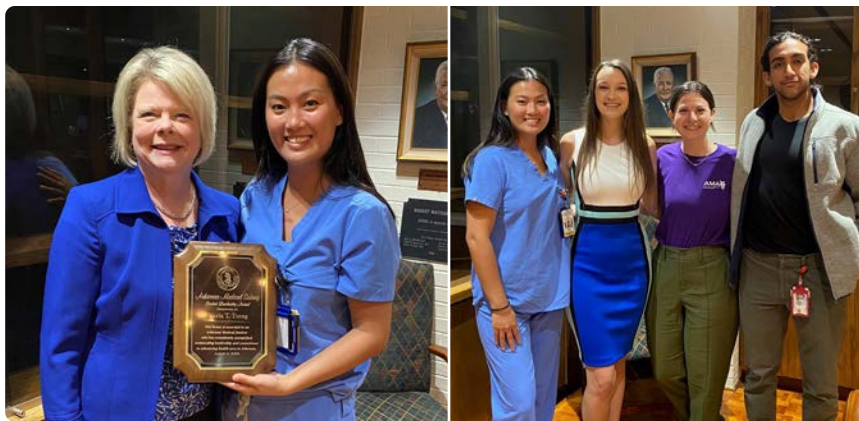
This life-saving procedure is available to patients from anywhere, not just those in Northwest Arkansas. Visit [NorthwestHealth.com/robotic-lung-biopsy](http://NorthwestHealth.com/robotic-lung-biopsy) to learn more.



*Jason Bailey, D.O., is board certified in pulmonology and internal medicine, practicing at Northwest Pulmonology – Bentonville. Dr. Bailey provides pulmonology care for diseases and conditions such as emphysema, cystic fibrosis, chronic bronchitis, chronic obstructive pulmonary disease (COPD), lung cancer, respiratory failure and asthma in addition to other respiratory system illnesses. Dr. Bailey received his medical education at Des Moines University in Des Moines, Iowa. He then completed his pulmonary and critical care fellowship along with his internal medicine residency at Genesys Regional Medical Center in Grand Blanc, MI. Dr. Bailey is a member of the American College of Chest Physicians and the American Osteopathic Association.*



# OLIVIA TZENG



**OLIVIA TZENG**  
**AMS STUDENT TRUSTEE 2023-2024**  
**MD CANDIDATE 2024**

**Why are you an AMS member?**

Advocacy and mentorship have played a large role in helping me feel connected to my community. Working within AMS has grown my understanding of the intersectionality between medicine, policy, and public health.

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

I am excited to join the field of Physical Medicine and Rehabilitation because of its focus on restoring function and quality of life for our patients in addition to treating complex, multi-system pathologies. Feeling like I have helped positively change a patient's life is always the best motivator.

**What is the best professional advice you have received?**

Continue to build hobbies outside of medicine. You need something that keeps you feeling connected to the "real world" and something that helps you feel calm.

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

Be courageous and seek out mentorship from all stages of the journey ahead of you. Find small things to celebrate largely at each step. Shadow professionals across healthcare. There are more ways than one to have a career in medicine.

**What is the most critical health care issue facing Arkansas today?**

When talking to patients and creating workable discharge plans, the most common barriers I have encountered are the high costs of healthcare/medicine/hospital stays/procedures, long delays in follow-ups/referrals, and minimized ability to provide evidence-based reproductive care.

**Who or what inspired your career in medicine?**


I have had several invaluable mentors throughout my life so far both in and outside of medicine. Overall, the feeling of being able to provide some calm and hope for patients during uncertain times has kept me motivated to pursue a career in medicine.

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

Anything active, outdoors, or relaxing while spending time with friends and family!

**What is an important cause to you?**

Broadly speaking, I am invested in equity. Throughout medical school, I have focused most on climate health, reproductive rights, student advocacy, disability coverage, obesity, substance abuse, and mental health for Arkansans. ■



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# SHALETHA JONES, MD, MS

## Specialty:

Family Medicine Hospitalist

## City:

Camden, AR

## County Medical Society:

Ouachita County

## AMS Member since?

2023

## Why are you a member?

I joined AMS so that I can be a more efficient advocate for my community of patients.

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

As a rural hospitalist, in the community that I grew up in, I can form and nurture relationships with my patients. Creating trusting, doctor-patient relationships lead to better health outcomes.

## What is the best professional advice you have received?

“Just relax, you got this!” - Dr. David Nelson, residency advisor

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

Establish your “why” before embarking on a career in medicine. When you are faced with long, sleepless nights of studying, difficult exams, and unfortunate patient outcomes, remembering why you chose this path will help to sustain you.

## What is the most critical health care issue facing Arkansas today?

Currently the financial crisis that many hospitals, especially rural hospitals, are facing is a threat to patients’ access to healthcare; which is one of the major factors contributing to healthcare disparities.

## Who or what inspired your career in medicine?

Mr. Bennet, my Jr. High science teacher, peaked my interest of anatomy through the dissections of organisms. This eventually ignited my love for the field of medicine.

## Do you have a personal motto or favorite quote?

When I stand before God at the end of my life, I would hope that I would not have a single bit of talent left, and could say, “I used everything you gave me.” - Erma Bombeck

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

I love to travel.

## What is an important cause to you?

Patient advocacy and education. When patients are equipped with the knowledge to adequately advocate for themselves, we see better healthcare outcomes.

## Who is your hero?

My hero is my mother. I would not be who I am today without her love and the sacrifices she made for us. ■



# NYITCOM AT A-STATE STUDENT'S RURAL MEDICINE EXPERIENCE INSPIRES GIFT TO MEDICAL SCHOOL

**J**ARED BURNS-MARTIN, A FOURTH-YEAR MEDICAL STUDENT AT NEW YORK INSTITUTE OF TECHNOLOGY COLLEGE OF OSTEOPATHIC MEDICINE AT ARKANSAS STATE UNIVERSITY (NYITCOM AT A-STATE), IS GRATEFUL FOR MANY OF THE UNIQUE OPPORTUNITIES THAT HAVE ENHANCED HIS MEDICAL EDUCATION, SO MUCH SO THAT HE'S MADE A GENEROUS GIFT TO SUPPORT THE SCHOOL'S COMMUNITY HEALTH INITIATIVES.

Burns-Martin recently donated \$26,951 to the Delta Population Health Institute (DPHI), an organization that serves as NYITCOM at A-State's community engagement arm. The gift was made out of an inheritance Burns-Martin received from his grandparents, William and Hilda Mae Martin, who passed away in 2019 and 2021, respectively.

The Martins' trust included instructions that a portion of the funds be donated to a charitable organization, and

Burns-Martin chose the DPHI because he so thoroughly enjoyed working with the organization as a student.

*"I liked the idea of giving to the DPHI because I feel like the resources will directly benefit those that need it most," Burns-Martin said. "The DPHI's work not only impacts the community, it enables medical students to get hands-on experiences that really help enhance their medical education, so it's a win-win for everyone."*

Burns-Martin's gift will be used to help fund programs related to population health initiatives and the Delta Care-A-Van, the DPHI's mobile medical unit that conducts free health screenings in rural parts of Arkansas and the Mississippi Delta region. Burns-Martin regularly participated in Delta Care-A-Van events during his first two

years of medical school and greatly benefited from those experiences.

*"I got to talk to patients at those events and really develop my communication skills," Burns-Martin said. "I felt much more comfortable going into the clinical portion of my medical education because of those interactions I had at Delta Care-A-Van events. I got to administer vaccines. We received warmth and gratitude from everyone we interacted with. They were a great opportunity to connect and learn what the community and culture were all about."*

Burns-Martin's gift is the first major gift NYITCOM at A-State has received from an active student.

*"We are so incredibly grateful to Student Doctor Burns-Martin for this generous gift," said Brook Laurent, DO, NYITCOM at A-State's chair of clinical medicine and founder/executive director of the DPHI. "It's heartwarming to me to know that his experiences through the DPHI were so impactful, and we are humbled by his desire to help future NYITCOM at A-State students enjoy similar opportunities."*

**THE DPHI'S WORK NOT ONLY IMPACTS THE COMMUNITY, IT ENABLES MEDICAL STUDENTS TO GET HANDS-ON EXPERIENCES THAT REALLY HELP ENHANCE THEIR MEDICAL EDUCATION, SO IT'S A WIN-WIN FOR EVERYONE.**



# ARCOM STUDENTS ENGAGE IN MASS CASUALTY DRILL ON CAMPUS

**A**T THE 12TH STREET HEALTH & WELLNESS CENTER IN LITTLE ROCK AND THE NORTH STREET CLINIC IN FAYETTEVILLE, UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES (UAMS) STUDENTS TAKE THE LEAD IN PROVIDING FREE ESSENTIAL HEALTH CARE AND OTHER SERVICES FOR PATIENTS WITH LIMITED RESOURCES.

*“North Street gives students an opportunity to take care of the whole person and feel fulfilled knowing we are making an impact on our patients and the health of the community,”* said Harrison Ballard, president of the clinic’s Student Board of Directors, who will graduate in May with a medical degree and Master of Public Health degree.

The community-based, interprofessional clinics are staffed by student volunteers from UAMS’ five colleges and graduate school. Along with student boards of directors, the clinics have faculty leadership from multiple colleges, including College of Medicine Internal Medicine faculty members G. Dean Ezell, MD, medical director for North Street, and Elizabeth Gath, MD, medical director for 12th Street. Faculty volunteers serve as attendings.

*“One of the greatest benefits of volunteering at North Street is the autonomy you have as a medical student,”* said Ballard. *“The attendings listen to the visit in a separate room, but the student team goes into the exam room first and conducts the visit by themselves.”*

Third- and fourth-year medical students lead the student teams at North Street, which opened in 2015. Board members have been working to expand volunteer opportunities for first- and second-year medical students now that they are also at the UAMS Northwest Regional Campus.

*“The clinic is a wonderful experience for students as they become immersed in patient care for the first time,”* said Ezell. *“By their senior year, we see tremendous growth in maturity and how they manage the clinic team.”*

In Little Rock, students have logged tens of thousands of volunteer hours at 12th Street since it opened in 2013. *“The dedication of our student board members and volunteers has truly made 12th Street a vibrant and important community resource,”* said Gath.

Senior medical student Nadia Safar has volunteered at the center since her freshman year and now serves as executive director on the student board.

*“I have been able to work on my clinical skills much more frequently as a volunteer at 12th Street,”* Safar said. *“This was especially important to me in my first and second years when clinical exposures were far fewer. I also appreciate the opportunity to practice interprofessional teamwork, as interprofessional teams are at the heart of clinical medicine.”*

Safar and Ballard said serving on their respective student board has helped them understand what it takes to successfully run a clinic. *“We discuss everything from how to better provide quality care for our patients to how the educational experience is for students, to how to bolster outreach into the community and raise money, including the intricacies of grant funding,”* said Ballard.

*“Students definitely manage the bulk of our clinic,”* Safar agreed. *“Serving as executive director has helped me improve my leadership skills and to grow as a manager in many different capacities.”* ■

**UAMS medical student John Marrufo performs a diabetic foot exam at the North Street Clinic in Fayetteville while physical therapy student Marissa Vargas takes down information. Like many of the clinic’s visitors, the patient is a member of the Marshallese community.**

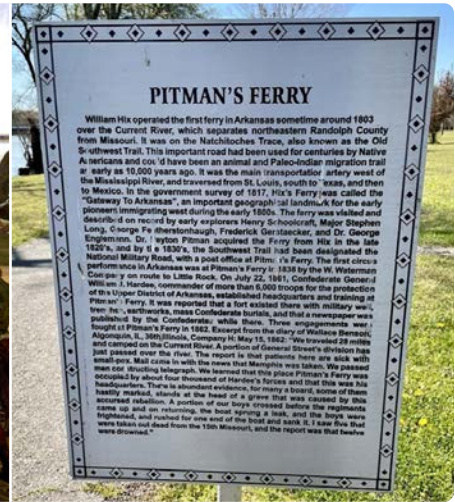


**Student volunteers at the 12th Street Health & Wellness Center in Little Rock work and learn alongside team members from multiple UAMS colleges. Pictured from left are pharmacy student Daniel Armstrong, medical students Laith Stafford and Urooj Hudda, and physician assistant student Jaren Hernandez.**



# HISTORY OF HEALTH AND DISEASE AND THE VARIOUS HEALING PROFESSIONS IN ARKANSAS

SAM TAGGART, MD



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Morris Arnold's book, *Colonial Arkansas 1686-1804*, contains an excellent discussion of French and Spanish health professionals in Arkansas during this era. In 1682 LaSalle had a surgeon during his sojourn in Arkansas. Among the small contingent of the Law Concession that actually made it to Arkansas in 1721 there was an apothecary and a surgeon. In 1748 a gentleman by the name of Lefevre served as the post surgeon at Arkansas Post; he was also described as a barber and tailor. In the early 1750's the French built a small fort at Arkansas Post and among the buildings was the description of a small hospital. Like most remote hospitals in this time these were small cabins with a cot designed to separate the sickest patients as they died. Early during the Spanish reign in Louisiana, Francois Menard was listed as the Post Surgeon; by 1770, he had resigned and spent the rest of his life as an active businessman in the area. Interestingly, some of his descendants continue to live in Nady, Arkansas, an un-incorporated community, near the Menard-Hodges Indians Mounds and the former Arkansas Post.

As early as the mid-sixteenth century when Hernando de Soto made his foray through the Trans-Mississippi (Arkansas) estimates are that there were probably in excess of two-three hundred thousand Native Americans living in this part of the Trans-Mississippi. In the next 250 years, repeated epidemics of novel European/African diseases such as flu, measles, and smallpox as a part of the Columbian exchange decimated the populations. At the beginning of the 19th century, the Arkansas Archeologic Survey estimated that there were only two to four thousand native Americans, 365 European hunters, trappers and farmers and 65 African American Slaves living in the place we call Arkansas when the United States took control of the Louisiana Purchase.

With completion of the Louisiana Purchase in 1803, and the beginning of the modern era, a slow but steady stream of European settlers began to enter the state. The swamps of east Arkansas created a formidable barrier to easy access. Shallow-draft River boats provided one route of up-river travel. A second route was the Old Military Road that coursed from St. Louis in a southwest direction across the territory toward

Mexico. This trail tended to be a few miles up in the hills, first of the Ozarks and then the Ouachita, to avoid mosquitos and the fevers. An advantage of the old Southwest Trail is that it crossed the rivers before they flattened out into alluvial streams, and this provided the settlers with sources of clean water. Many of the modern towns along the trail were established during this time. The one name that stands out in this time is Dr. Peyton Pitman of Randolph County in Northeast Arkansas. In the early 19th century, William Hix established a ferry across the Current River and called it the "The Gateway to Arkansas." Sometime during the following ten years Dr. Peyton Pitman purchased the ferry and renamed it Pitman's Ferry. For forty years he was active in politics and the practice of medicine. ■

## Suggested Reading:

*Colonial Arkansas 1686-1804 A Social and Cultural History*, 1991, Morris Arnold, University of Arkansas Press

*The Public's Health: a narrative history of health and disease in Arkansas*, Sam Taggart M.D., 2013, Arkansas Times.

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## LEVERAGE YOUR FIXED COSTS

ELIZABETH A. WOODCOCK, DRPH, MBA, FACMPE, CPC  
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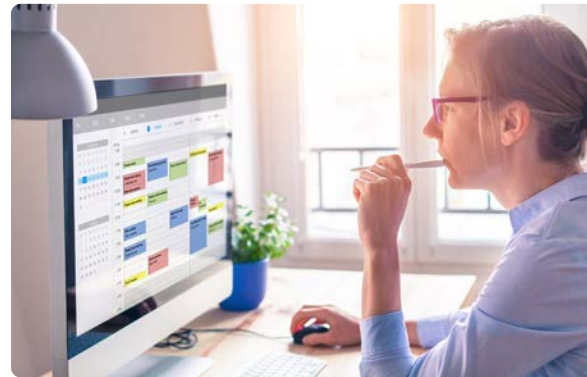
**M**uch like airplanes, medical practices carry a multitude of fixed expenses. When a plane takes off, the airline must pay for the pilots, flight attendants, mechanics, and gas, regardless of whether every seat is taken – or just a handful. The nature of bearing these fixed costs makes selling a ticket for each seat of the airplane of vital importance to the business. Airlines have gotten creative – offering tickets at various prices based on the size and position of the seat as well as selling seats at higher prices as the plane fills. Medical practices don't have the luxury of using pricing tactics to boost profits, but there are overlooked opportunities to leverage the practice's fixed costs to boost revenue without adding additional expenses.

Office space represents a major expenditure of fixed costs; most practices use this investment about 25% of the time (typically 45 operating hours, as compared to 168 hours of the week). Consider ways to use space during the 75% downtime; early morning, weekend, and evening hours add patient convenience without an

additional cost outlay for rent. These non-traditional hours are often a great solution to decompress a crowded day and may even save expenses related to staff overtime. Unless your practice features a walk-in clinic, your practice controls the hours that are used (via your scheduling template). Therefore, there's no need to open every morning, evening, etc., but the additional 7:00 or 7:30 a.m. appointment slot(s) that can be added once a week will surely delight your patients, without increasing your rent expenses. Consider combining two part-time physicians to create a 12-hour, 7:00 a.m. to 7:00 p.m. template that optimizes space.

In addition to expanding hours, consider how your practice utilizes space today. Divide each area into two categories: revenue-producing and non-revenue-producing. Are there opportunities to transfer the latter into revenue-producing space? This may involve migrating staff positions to work-from-home (or rotating one week in/one week out, etc., so that two positions can share a workstation); or, you may find value from reducing the size of your waiting room to create another exam room or two, which may also improve patient flow (and patient experience potentially).

Medical practices have historically spent thousands of dollars on clipboards, paper, and printing, but the pre-visit workflow can be streamlined with readily available tools. Successful practices put these tools into the hands of their free employee – the patient! Forms are transmitted electronically in advance of



the visit, reducing the time that a patient spends in the waiting room – and the staff time required to manage it. Don't limit your requests to demographic information; consider integrating your entire registration process, as well as past family social history.

Boost your patient flow efforts by improving your schedule management. Don't overbook: book strategically. There are opportunities to improve the distribution of appointments nearly every day. Consider the first appointments of the morning and afternoon, for example. If you give them to new patients, that protocol will cost you precious time. New patients naturally take longer to process through reception and result in a higher no-show rate. To start on time, commence each half-day session with an established patient. Add efforts such as identifying predictable no-shows through an advance review of tomorrow's schedule, convert cancelled slots through an automated waitlist function, and avoid booking routine follow-up visits on the day of your highest demand (e.g., Mondays). There are so many tips and



tricks to improve the management of the schedule; engage with the experts on your team – your schedulers – to glean their ideas on improvement opportunities.

Your team of employees represents the single largest category of costs, but focusing solely on expenses disguises the opportunity to leverage this amazing resource. Consider the services that your team can perform – principal care management (PCM), for example, offers an often-overlooked opportunity to code and bill for the amazing work performed by your clinical team. (There are a host of “care management” CPT codes that are under used.) CPT 99211, often referred to as the code for a “nurse visit” and confirmed by the description: “may not require the

presence of a physician or other qualified health care professional,” is rarely used. There is a medley of overlooked coding opportunities; determine if any may work for your practice.

Don't reinvent the wheel; network with stakeholders to identify opportunities. Connect with your colleagues around the region; what services are they offering? Contact the practice management advisors employed by your specialty society: what advice might they have to improve your practice? Reach out to the SVMIC team by contacting Sharon

Theriot at [Sharon.Theriot@svmic.com](mailto:Sharon.Theriot@svmic.com) or **870-540-9161**. Commit a few hours to running a Web search on your specialty, along with terms like “revenue,” “business,” and “management.”

When an airplane takes off, there's no turning around to accommodate more passengers – or reduce the costs associated with getting the plane in the sky. There's no “turning around” at the end of the day for a medical practice either, so the time is now to consider opportunities to leverage your investment into fixed costs. ■

**THERE IS A MEDLEY OF OVERLOOKED CODING OPPORTUNITIES;  
DETERMINE IF ANY MAY WORK FOR YOUR PRACTICE.**



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# SHAPING HEALTH CARE IN ARKANSAS BY EMPOWERING THE ARKANSAS MEDICAL SOCIETY

ISSAM MAKHOUL, MD



“ THE FUTURE IS NOT SOME PLACE WE ARE GOING, BUT ONE WE ARE CREATING. THE PATHS ARE NOT TO BE FOUND BUT MADE. AND THE ACTIVITY OF MAKING THEM CHANGES BOTH THE MAKER AND THE DESTINATION. ”

- JOHN SCHAAR

The American Recovery and Reinvestment Act of 2009 will remain in the annals as a turning point in the history of medical practices in the US. It incentivized the adoption of electronic medical records (EMR) with a hope for improved accuracy and accessibility of information and therefore continuity of care. However, with the advent of EMR, the regulations governing medical practices have become daunting. Dealing with Medicare and Medicaid and private insurances' complicated regulations became a major burden on physicians. This transition was marked by the astronomical rise of the number of procedures and drugs requiring prior authorizations (PAs). The move from the fee-for-service model to a value-based model completed this change by linking reimbursement to reporting on certain predetermined quality measures.

As a result of these radical changes, many physicians who worked for decades as solo practitioners or in small groups left

their practices and joined larger groups or hospital-based systems. Joining a large group or an institution offers a practical solution to many of these challenges: cross coverage to maintain continuity of care, economy of scale in the investment in expensive EMR systems and in allocating manpower to the laborious PAs and the collection and reporting of the required data. However, numerous downsides are notable, especially the loss of autonomy and difficulty in negotiating directly with the government and big insurance companies the terms of increasing regulations and requirements.

Physicians, individualistic by nature, refrained historically from unionizing. Unionizing was guaranteed by the Clayton Act and the Norris-LaGuardia Act and extended to physician employees under the National Labor Relations Act. Yet, in 2018, only 11.4% of health care practitioners and technical workers were unionized in the US. There are many reasons for this disaffection

of physician unions. In their fight for autonomy, physicians lose some autonomy when they belong to a labor union and may be stigmatized by peers and patients that they are “placing their personal interests above the patients' interests, thus betraying their Hippocratic oath to serve the patients before serving their interests.” While labor unions are appropriate for many professions, striking is not in the culture of physicians. Are there other means to make their voice heard?

If physicians want to gain collective bargaining power and have a voice to relay their concerns and a seat on the table to represent them in negotiating with the government and other private entities, they can belong to their preexisting professional societies such as the Arkansas Medical Society. In 2023, the number of physicians licensed to practice medicine in Arkansas and had an address in the state was 7,648 (MDs 7,088 and DOs 560). Only 4,123



**IN 2023 ONLY**  
**— 15%**  
**WERE MEMBERS OF THE**  
**ARKANSAS MEDICAL SOCIETY**

were members of the AMS, 54% of the total population of physicians.

This problem is not new. Dr. Joseph P. Runyan, the president of the AMS in 1904, in his presidential address to the members of the Society was very critical of Arkansas doctors who didn't participate in organized medicine. *"The man who keeps out of the Society, or is but a half-*

*hearted supporter of the Society, is like the stone in the pothole, the longer he stays there the less he grows, yet the smaller he grows, the greater he thinks himself to be. Because of the decrease in size, he has more room to play around. The doctor is like the rough diamond, he has to rub against his kind to bring out the luster. In the Society, he rubs against his fellow and becomes a polished diamond."*

How can we overcome disengagement? Multiple actions must be taken at the same time. Some cultural changes need to happen. Abandoning our individualistic approach and workarounds to fix the problems is a good starting point. Aligning our efforts with other health care professionals and anchoring our interventions in the movement aiming to improve patient care and their wellbeing are important steps to move forward. Physicians ought to embrace the new changes in healthcare and shape/lead them to be more conform with the values they have committed themselves to. This cultural change should be promoted through different information dissemination channels and social media by AMS. More deliberate actions must be adopted by our members. If every member commits to bringing one or two physicians to the Society, our organizations will acquire renewed strength and power to effect the desired changes. ■

**IF EVERY MEMBER COMMITS TO BRINGING ONE OR TWO PHYSICIANS TO THE SOCIETY, OUR ORGANIZATIONS WILL ACQUIRE RENEWED STRENGTH AND POWER TO EFFECT THE DESIRED CHANGES.**



## ARKANSAS MEDICAL SOCIETY

### 2024 AMS ANNUAL MEMBERSHIP MEETING

**EXHIBITOR SET-UP**

Exhibit Move-in: Friday, May 17  
1:30 pm - 4:00 pm

Exhibit Hours: Saturday, May 18  
7:30 am - 2:00 pm

Exhibit Move-out: Saturday, May 18  
2:00 pm - 2:30 pm

# BECOME AN EXHIBITOR

**Contribution Levels**



**GOLD**  
\$5,000



**SILVER**  
\$3,000



**TABLETOP EXHIBITOR**  
\$1,250



**BRONZE EXHIBITOR**  
\$2,250

**ADDITIONAL OPPORTUNITIES**

President's Inaugural Gala Contributor \$1,200  
 Breakfast in Exhibit Hall \$1,000  
 Break in Exhibit Hall \$800  
 Welcome Banner \$500  
 Unrestricted Educational Grant

May 17 & 18, 2024

Embassy Suites  
11301 Financial Centre Pkwy  
Little Rock, AR 72211

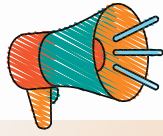
Laura Hawkins at  
lhawkins@arkmed.org

**SCAN THE CODE TO REGISTER NOW!**



SCAN ME





# THANK YOU TO OUR EXHIBITORS AND CONTRIBUTORS

## GOLD EXHIBITORS



## SILVER EXHIBITORS



## BRONZE EXHIBITORS



## TABLETOP EXHIBITORS



## CONTRIBUTORS



# ARKANSAS MEDICAL SOCIETY'S ANNUAL MEMBERSHIP MEETING



**MAY 17 & 18, 2024**

EMBASSY SUITES | LITTLE ROCK, AR  
11301 FINANCIAL CENTRE PKWY,  
LITTLE ROCK, AR 72211

Empowering Physicians. Improving Medicine.



We are delighted to invite all physicians, non-physician clinic staff, students/residents, and spouse/guests to the 2024 Arkansas Medical Society's Annual Membership Meeting!

- AMS MEMBER PHYSICIAN | \$225
- NON-MEMBER PHYSICIAN | \$325
- MEDICAL STUDENT/RESIDENT | Fee Waived
- PHYSICIAN GUEST | \$60
- NON PHYSICIAN CLINIC STAFF | \$65

**Register Today!**

## DON'T MISS THE PRESIDENT'S INAUGURAL GALA & AWARDS PROGRAM

Dr. George Conner practices family medicine in Forrest City, Arkansas. He has been an AMS member for 34 years and has served on the Board of Trustees and the executive committee. Join us in honoring Dr. Conner on Friday, May 17, 2024.



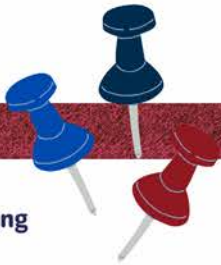
2024-2025 AMS President

**George Conner III, MD**

For more information, visit [ARKMED.org](http://ARKMED.org) or call 501.224.8967.

See next page for agenda. 

# AGENDA



## FRIDAY, MAY 17

**10:30 am - 5:00 pm**  
Registration

**11:00 am - 12:30 pm**  
50 Year Club Luncheon

**12:30 pm - 1:30 pm**  
New 2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain

Laura E. Cima, PharmD  
Prescription Drug Monitoring Program Pharmacist,  
Center for Health Protection Injury Prevention and Control, Arkansas Department of Health  
Little Rock, Arkansas

**1:00 pm - 2:30 pm**  
MEFFA Board Meeting

**1:30 pm - 2:30 pm**  
Panacea Financial Seminar  
Michael Jerkins, MD, MEd, Co-Founder and President  
Panacea Financial  
Little Rock, Arkansas

**2:30 pm - 3:30 pm**  
ArkMed-PAC Board Meeting

**2:30 pm - 5:00 pm**  
Exhibits Open

**4:00 pm - 5:00 pm**  
AMS Board of Trustees Meeting

**5:00 pm - 6:00 pm**  
AFMC Welcome Reception

**6:00 pm - 8:00 pm**  
President's Inaugural Gala & Awards Program  
Honoring Incoming AMS President  
George Conner III, MD  
Forrest City, Arkansas



## SATURDAY, MAY 18

**7:00 am - 3:00 pm**  
Registration

**7:30 am - 8:45 am**  
Breakfast & Visit Exhibits

**8:45 - 9:45 am**  
AI: Ways to Integrate into Patient Care  
Shannon Vogel, MS, FHIMSS  
Health Information Technology  
Texas Medical Association  
Austin, Texas

**9:45 am - 10:15 am**  
Break with Exhibitors

**10:15 am - 11:30 am**  
Obesity, Addiction & Mental Health; Opioid Use, Pregnancy & Maternal Health  
Facilitator:  
Bala Simon, MD, DrPH, DipABOM, DipABLM, FFAFP  
Deputy Chief Medical Officer,  
State Chronic Disease Director  
Arkansas Department of Health  
Little Rock, Arkansas

**11:30 am - 12:00 pm**  
Awards Program (if needed)

**12:00 pm - 12:45 pm**  
Lunch & Visit Exhibits

**12:45 pm - 1:45 pm**  
Medication Errors in the Electronic Age

**1:45 pm - 2:15 pm**  
Break with Exhibitors

**2:15 pm - 3:00 pm**  
Closing the Gap on Cancer Screenings

**3:00 pm - 4:00 pm**  
Cybersecurity Awareness  
Rana McSpadden, FACMPE, CPC  
Medical Practice Consultant  
State Volunteer Mutual Insurance  
Company  
Brentwood, Tennessee



**Register Today!**

## GOLD CARD BILL – EFFECTIVE NOW

As the state’s most influential organization for physicians, the Arkansas Medical Society has been working to shape the policies that govern how we practice medicine since 1875. One focus for AMS in recent years has been easing the burden of Prior Authorization. In 2023, AMS was instrumental in the passage of Act 575. This landmark law -- Arkansas’s version of what’s called a GOLD CARD Bill -- went into effect on Jan. 1. It represents a significant victory for physicians and patients, prioritizing medical expertise over bureaucratic hurdles.

While it doesn’t apply to Medicare or ERISA plans, Act 575 exempts Arkansas physicians from most other prior authorization requirements, provided they have maintained at least a 90% approval rate for prior authorization requests over the last 12 months. As the new year unfolds, please be patient while the carriers work to implement this legislation.



### ANNUAL REPORTS

## ARKANSAS MEDICAL FOUNDATION: 2023 ANNUAL REPORT

BY DANNY WILKERSON, MD  
EXECUTIVE DIRECTOR

### SAVING LIVES. SAVING CAREERS. CONFIDENTIALLY



#### 140 HEALTH PROFESSIONALS WERE MONITORED IN 2023

- 67 were referred by their licensing board
- 73 contacted the AMF voluntarily

#### 70 HEALTH PROFESSIONALS WERE REFERRED OR SELF-REPORTED TO THE AMF IN 2023

- 16 were licensed without a monitoring contract required
- 12 completed the evaluation process requiring no monitoring contract.

Burn out, stress, anxiety, and the pressures of day-to-day life affect us all. Sometimes those pressures can negatively affect our happiness and disposition, our relationships with others, our job satisfaction, and even our feelings and beliefs about ourselves.

Our Arkansas Professional Screening Questionnaire is available at no cost to licensed healthcare professionals or healthcare professionals in training in Arkansas. The first step is a voluntary and completely anonymous questionnaire designed to help you assess your current state of mental health and well-being. <https://arkansas.providerwellness.org/>

#### DONATIONS RECEIVED IN 2023: \$8,650.00

The AMF welcomes donations, they are tax deductible. Your monetary donation will help support the AMF and the serves we provide to the Healthcare Professionals of Arkansas. Please visit our website for ways to donate. [www.arkmedfoundation.org](http://www.arkmedfoundation.org)

10 Corporate Hill Drive, Suite 150  
Little Rock, AR 72205

**Phone:** 501.224.9911

**Fax:** 501.224.9966

**Website:** [www.arkmedfoundation.org](http://www.arkmedfoundation.org)

**Email:** [staff@arkmedfoundation.org](mailto:staff@arkmedfoundation.org) / [director@arkmedfoundation.org](mailto:director@arkmedfoundation.org)

## AMS BENEFITS, INC

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 provides services for group and individual life, health, dental, vision and disability insurance policies for our members, staff and families. 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 provides support at all AMS meetings as well as at specialty society meetings, clinic manager meetings and educational workshops. AMS Benefits has one full-time licensed employee agent and contracts with three independent sales agents.

I would like to give a special thanks to AMS Benefits for their service to the Arkansas Medical Society and its members by providing the best service available for those products they provide. I would like to encourage all Arkansas Medical Society members to take advantage of this specialized service for our members.

### BOARD MEMBERS

Stephen Magie, MD (Little Rock)  
 Anthony Johnson, MD (Little Rock)  
 George Conner, MD (Forrest City)  
 Brenda Powell, MD (Hot Springs)  
 Jacob Dickerson, MD (Mt. Home)  
 Barry Pierce, MD (Mt. View)  
 David Wroten (AMS)  
 Jan Hundley (Little Rock)

### AMS BENEFITS STAFF

Alanna Scheffer  
 Alan White (Contract Agent)  
 Travis Mulhearn (Contract Agent)  
 John Gillenwater (Contract Agent)

## 2024 AMS BUDGET REPORT

### INCOME

|                             |                     |
|-----------------------------|---------------------|
| Dues                        | \$1,005,358.00      |
| Journal                     | 46,000.00           |
| Annual Meeting              | 44,000.00           |
| Website & Grants            | 246,385.00          |
| Interest /Investment Income | 60,000.00           |
| Specialty Services          | 75,200.00           |
| Educational Programs        | 64,000.00           |
| Building Operating          | 431,009.00          |
| ADH- Covid Sub Grant        | 391,740.00          |
| <b>TOTAL REVENUE</b>        | <b>2,363,692.00</b> |

### EXPENSE

|                              |                     |
|------------------------------|---------------------|
| Salaries                     | 787,498.00          |
| Contract Labor               | 112,428.00          |
| Travel and Convention        | 46,000.00           |
| AMA Delegation               | 32,000.00           |
| President's Account          | 6,000.00            |
| Taxes                        | 57,500.00           |
| Retirement                   | 86,400.00           |
| Stationery & Printing        | 13,000.00           |
| Office Supplies & Expenses   | 43,000.00           |
| Telephone - AMS              | 13,000.00           |
| Postage, Communications, Web | 18,000.00           |
| Insurance & Bonds            | 169,086.00          |
| Auditing                     | 5,460.00            |
| Board, Fall & Executive Comm | 6,000.00            |
| Journal                      | 30,000.00           |
| Dues & Subscriptions         | 23,770.00           |
| Gifts & Contributions AMS    | 2,500.00            |
| 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               | 40,000.00           |
| Educational Programs         | 40,000.00           |
| Investment Fees              | 20,000.00           |
| Contract Lobbyist            | 24,000.00           |
| Building Operating Exp       | 251,561.00          |
| ADH- Covid Sub Grant Exp     | 350,173.00          |
| <b>TOTAL EXPENSE</b>         | <b>2,289,676.00</b> |



U.S. AIR FORCE

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HEALTH PROFESSIONAL CAREERS

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[cody.rosenberger@us.af.mil](mailto:cody.rosenberger@us.af.mil)



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# Together, we go further.

The practice of medicine is full of unforeseen challenges, and an experienced, proactive partner will help navigate them. As a premier provider of medical malpractice insurance, our in-house attorneys and unique array of tailored services are always at the ready to help you be prepared for what lies ahead.

