



JOURNAL

OF THE ARKANSAS MEDICAL SOCIETY

SUMMER 2023 VOLUME 120 NUMBER 1



ANTHONY JOHNSON, MD
2023-2024 | AMS PRESIDENT



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OF THE ARKANSAS MEDICAL SOCIETY

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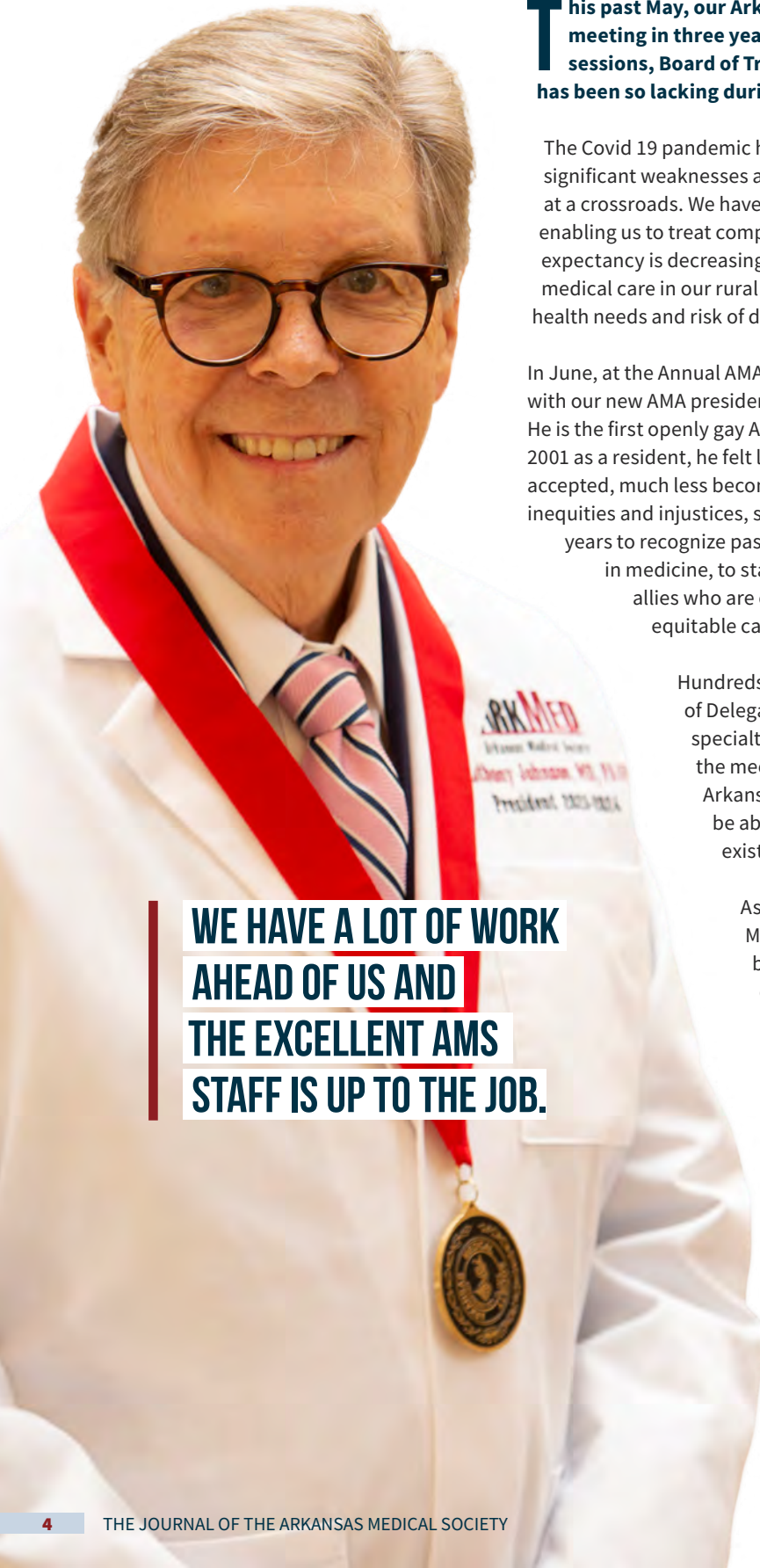
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TELLING OUR STORIES

BY ANTHONY JOHNSON, MD
2023-2024 AMS PRESIDENT



**WE HAVE A LOT OF WORK
AHEAD OF US AND
THE EXCELLENT AMS
STAFF IS UP TO THE JOB.**

This past May, our Arkansas Medical Society held its first in-person annual meeting in three years. We had a great meeting, excellent educational sessions, Board of Trustees meetings and networking and fellowship, which has been so lacking during zoom meetings.

The Covid 19 pandemic has touched each of us in different ways and exposed significant weaknesses and shortcomings of our health care system which is currently at a crossroads. We have exciting new medical advancements and treatments, enabling us to treat complicated conditions and save lives. At the same time, life expectancy is decreasing and maternal mortality is unacceptably high. Access to medical care in our rural communities is becoming more challenging and the mental health needs and risk of death by suicide and gun violence continue to rise.

In June, at the Annual AMA Meeting in Chicago, I had the opportunity to sit on the stage with our new AMA president, Dr. Jesse Ehrenfeld, as he shared his story of optimism. He is the first openly gay AMA president and when attending his first AMA meeting in 2001 as a resident, he felt like he was different and never dreamed that he would be accepted, much less become a future president of the AMA. He spoke about health inequities and injustices, saying “the AMA has made tremendous strides in recent years to recognize past wrongs, to take a stand against discriminatory practices in medicine, to stand on the side of justice and equity, and to partner with allies who are committed to advancing the rights of all patients to receive equitable care.”

Hundreds of resolutions were discussed and debated during the House of Delegates meeting, many submitted by medical students and our specialty representatives. The enthusiasm was contagious and I left the meeting filled with optimism that physicians together with our Arkansas Medical Society, the AMA and our specialty societies will be able to address the health inequities and injustices which still exist.

As I look forward to this next year as president of our Arkansas Medical Society, I am so appreciative of the trust I have been given to lead this organization. I plan to continue our effort to improve health equity for our disadvantaged and underserved Arkansans and encourage the integration of mental health and primary care. Also, I want to make sure that we, the physicians, are OK and look for ways to improve our well-being and prevent burn-out.

We have a lot of work ahead of us and the excellent AMS staff is up to the job. This is our Society, though, and we all need to step up to be the voice of our patients in our communities and institutions, as well as the Congress and our state legislature.

I thank you again for this opportunity to serve and invite you to reach out to me with any ideas, concerns, or suggestions. Have a great summer, stay healthy and let's start making plans to be at our Arkansas Medical Society's Annual Meeting in May 2024. ■



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ANTHONY D. JOHNSON, MD 2023-2024 AMS PRESIDENT

BY CASEY L. PENN

Anthony Johnson, MD, has a respect for organized medicine and a heart for patients. In his recent acceptance speech at the AMS President's Gala, he encouraged two main actions from fellow AMS members: look for ways to get involved in a "broader sense" and "share your stories" on a personal level.

"Our stories are important. We've all had folks that have given us bad or good advice, folks that have challenged us. We've each had to overcome things," said Dr. Johnson, a practicing senior partner at Arkansas Pediatric Clinic in Little Rock. "When I talk to my patients, I share my story. I think that's how we're going to help these kids that have struggled as they've come through the pandemic."





Left: Dr. Barnes passing off the AMS medallion to Dr. Johnson. **Right:** Dr. Johnson and wife Denise

HIS STORY

Dr. Johnson’s story began in north central Arkansas in Sharp County, from where his parents grew up. Once his parents married, they moved to Wichita, Kan., for work opportunities. “That’s where my brother Mark and I were born,” said Johnson.

When Johnson was just a few months old, he and his mother moved back to Arkansas and lived with his grandparents while his dad was in the service. “My grandfather lived on a farm owned by the banker in town – two or three hundred acres outside Evening Shade,” he said. “He lived there for 40 years. It was a neat relationship he had with the banker – not exactly sharecropping, but similar.”

After a few years of back and forth between Kansas and Arkansas, the family came back to Sharp County, settling for good in Cherokee Village. “My dad began buying and selling properties,” recalled Dr. Johnson. “He was a salesman and worked well with people. He didn’t have the opportunity to go to college, but Mark and I grew up somehow knowing we would go. Both of our parents instilled that in us.”

Young Johnson chose Arkansas State University in Jonesboro, initially thinking he might try his hand at law, but his dad eventually advised him against law and toward medicine. “He told me, ‘Tony,

lawyers have to convince people of something, even if it’s not true. You don’t have that ability.’”

Instead, his dad drew his attention to the caring nature of the doctors in their community. “He mentioned Dr. Charles Tucker – my family doctor – and other physicians,” said Dr. Johnson, “and he said, ‘I think you’ve got that personality.’”

(Incidentally, his dad also said that Mark was the better storyteller, and Mark became the lawyer. He is now district judge for Sharp, Lawrence, and Randolph Counties.)

After struggling through his first semester and not enjoying his coursework, Johnson decided his dad might have been right. Father and son went to visit Dr. Tucker. “I don’t remember everything he advised,” said Dr. Johnson, “but one thing he said was ‘Being a doc is the best thing I’ve ever done in my life. I think you’ll love it. It’s hard work, but you can do it.’”

With his dad’s and mentor’s words as inspiration, Johnson worked hard and made his way into UAMS School of Medicine in the fall of 1976. With pediatrics as his specialty, he graduated and completed residencies and internships at both Arkansas Children’s and UAMS before entering private practice at Arkansas Pediatric Clinic. Through his work there, Dr. Johnson has done his best to pay Dr.

Tucker’s time and attention forward by mentoring younger physicians.

As a personal bonus for the incoming president, Dr. Tucker attended the President’s Gala in Rogers this past May. “He’s 86 and still seeing patients,” said Dr. Johnson. “It was the highlight of my weekend to be able to spend time with him.”

In his nearly 40 years of practicing medicine, Dr. Johnson has served in many additional capacities including medical directorships at Arkansas Pediatric Research Group, CHI St. Vincent Level II NICU, and Health Advantage HMO. He currently serves as medical director of KEPRO (Keystone Physician Review Organization), a position he feels is important to helping the children of Arkansas. “The company does prior authorizations and retrospective reviews for all types of therapies and psychological services,” he explained. “The ability to serve as medical director allows me to use my experience to make sure kids get the services they need while also making sure therapists aren’t providing unnecessary services.”

SPECIAL RECOGNITION

Dr. Johnson’s achievements in medicine are many; however, one award stands out as particularly memorable: The Dr. Tom Ed Townsend Award, given to an Arkansas community physician who has provided excellent health care and has been a consistent supporter of Arkansas Children’s Hospital. “Dr. Townsend was a giant in pediatrics and medicine in Arkansas, and, I think, the first

**LOOK FOR WAYS TO GET INVOLVED IN A “BROADER SENSE”
AND “SHARE YOUR STORIES” ON A PERSONAL LEVEL**

pediatrician to serve AMS as president. He served as a model to pediatricians across the state and country. To be in the group of past [Townsend Award] winners Drs. Warren Skaug, Chad Rodgers, and Alan Lucas, is humbling.”

Dr. Johnson recalled a talk by Dr. Townsend about ADHD and the value of teachers, “At an AAP chapter meeting in Fayetteville, he relayed how he went to a one-room schoolhouse in southeast Arkansas where he met a kid who couldn’t sit still or stop talking. He often finished first and then bothered the whole class, still, his teacher made him feel special by giving him jobs like cleaning the blackboard or taking trash out. She lifted him up rather than tearing him down,” said Johnson.

“Dr. Townsend was one of my teachers, too. He exhibited that same ability to lift up and empower his patients, his students, and everyone he encountered.”

SOMETHING BIGGER

In his early days at Arkansas Pediatric, Dr. Johnson worked with Gil Buchanan, MD, who offered him some advice. “One day, we were talking,” recalled Dr. Johnson. “Gil said, ‘Tony, practicing medicine is wonderful. Being able to sit in a room with a patient and help them with an illness is fantastic, but you ought to think about being part of something bigger. That’s how you can really make a difference. You have an opportunity to do that as a

physician, and I think you’ll see that it will fulfill your life.’”

“He told me about the Pulaski County Medical Society. I started going to meetings, served on the Board of Trustees, and later became president.”

Working in specialty societies became a significant part of life for Dr. Johnson, who has been active in the American Academy of Pediatrics (national and Arkansas chapters), the Arkansas Medical Society, the American Medical Association, and other organizations. At AMS, Dr. Johnson has served in the House of Delegates, on the Board of Trustees, and in many capacities related to legislative efforts. He has testified multiple times in the Arkansas Legislature and has lobbied and advocated on the side of medicine and physicians here in Arkansas and in Washington, D.C.

As president, he hopes to help the Society continue its current work while also exploring new areas in which to make a difference. Areas of interest for him include health equity, training in motivational interviewing, behavioral and mental health in the primary care setting, and the transition of children and adolescents from pediatricians to family and internal medicine physicians.

Of the latter, he said, “We may not be the best stewards in ensuring provision of medical care for that group. There’s been some discussion and DHS has started an

effort, but this may be something that’s better driven by physicians. In this and all our efforts, it’s ultimately about our membership working together to improve the health of all Arkansans and to improve the well-being of the physicians providing the medical care.”

CHALLENGES AND JOYS

There’s always work to be done, but Dr. Johnson advises physicians (including himself) to not let that become overwhelming. He mused that while doctors go into medicine to help people, the practice side of medicine has changed dramatically, making helping more difficult. “The system has become more of a business,” he explained. “Sometimes, it feels like it rolls right over the individuals involved – patients and ourselves. Our challenge is to keep the joy in medicine as we deal with a system that is so expensive, but in some ways still not providing people the care they need.”

In the end, keeping that joy for Dr. Johnson goes back to his focus on organized medicine and establishing a personal rapport with patients. “Organized medicine gives us the ability to make substantial changes to better the system,” he said. “However, it’s getting back in the exam room and helping that patient that really charges you back up.”

As you work to preserve your own joy in the practice of medicine, The Arkansas Medical Society is here to help. Reach out to Dr. Johnson, the Board of Trustees, or the AMS staff any time with questions on practice management, policy, insurance, or other matters. ■

Left to right: Nephew Skylar Johnson, Dr. Anthony Johnson, wife Denise Johnson, and brother, the Honorable Mark Johnson



SPOTLIGHT ON ANTHONY D. JOHNSON, MD, FAAP

BY CASEY L. PENN

Anthony Johnson, MD, is married to Denise Johnson, RN. The couple have three daughters: Piper, 26; Parker, 24; and Phoebe, 19. “I’ve learned so much from my family that has benefitted me in my practice and advocacy work. Like I tell my patients, your family is the toughest, best job you will ever have!”



HOBBIES:

Running, evenings on Lake Hamilton, and being the best “Girl Dad” I can be as my daughters continue moving into adulthood.

PAST & CURRENT AFFILIATIONS:

Pulaski County Medical Society

Arkansas Medical Society

American Academy of Pediatrics
(national and state)

MedCamps of Arkansas

Arkansas Childrens Hospital

Francis Allen School
for Exceptional Children

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Central Arkansas Pediatric Society

PEOPLE MIGHT BE SURPRISED TO KNOW:

“I’m a car buff – a bug I’ve passed on to my youngest daughter.”

WHY PEDIATRICS?

“Kids can be challenging and less cooperative in some ways, but overall, they are fun and more rewarding, with less chronic illnesses and fewer self-inflicted illnesses than adults.”

BIGGEST LEARNING EXPERIENCE:

“During my last year at A-State, I was an orderly at St Bernard’s Hospital. I gave enemas, cleaned catheters, emptied bedpans, and prepped patients for surgery. To be there doing the ‘scut work’ and seeing how hard the nurses worked and how the whole team came together to provide care, was a huge experience for me. It reinforced my desire to go to medical school and showed me the importance of the whole team and that I need to respect every member of the team.”

FROM ARKANSAS PEDIATRIC CLINIC PARTNER GENE LU, MD:

“Tony is our senior partner in tenure only. He’s young at heart, and his patients love him. He’s an excellent clinician and has been a knowledgeable and positive mentor to me and to the rest of the clinic’s practitioners. Having seen him in action with the AAP and Arkansas AAP, I know he’ll put 110% into his tenure to make AMS the best that it can be.”

PRESIDENTIAL THOUGHTS:

“It’s been a challenge the past few years, but our Society has risen to the task. I appreciate those who served as president during this time, and Dr. Barnes, who has led us out of the pandemic. I appreciate this opportunity and look forward to this next year. I don’t know exactly what challenges we’ll have, but I promise I’ll work hard and try to live up to your expectations as we go through the next year.” – Anthony Johnson, MD ■



ARKANSAS GENDER TRANSITION CARE LAW RULED UNCONSTITUTIONAL

BY DAVID WROTEN
AMS EXECUTIVE VICE PRESIDENT



On June 20, AMS received word that federal judge James Moody issued his final decision in the lawsuit challenging Act 626 of 2021, which prohibits a physician or other health care professional from providing treatment for or making a referral to any health care professional for gender transition care, for anyone under 18 years of age. The Act was challenged by several named patients, their parents, the ACLU, and a long list of physician and patient organizations. The AMS and American Medical Association submitted briefs in support of the plaintiffs.

The Judge ruled for the plaintiffs on all claims, stating simply, “Act 626 is unconstitutional,” permanently preventing the State from enforcing the Act. It is expected that the State will appeal the decision to the 8th Circuit, but the 80-page ruling is solid in its reasoning and reliance on a mountain of evidence-based medicine, scientific research, and studies presented by a strong list of expert witnesses for the plaintiffs.

On the other hand, Judge Moody had this to say about the State’s “expert” witnesses:

Most of the State’s expert witnesses... were unqualified to offer relevant expert testimony and offered unreliable testimony. Their opinions regarding gender-affirming medical care for adolescents with gender dysphoria are grounded in ideology rather than science.

This lawsuit is the latest in a long line of cases where the Arkansas Medical Society has been involved to advocate for physicians and their patients. Here are a few other examples of AMS in the courtroom.

AMS v. Reynolds (1992 and 2000)

AMS filed suit in federal court to stop an impending cut in Arkansas’ Medicaid reimbursement designed to address a budget shortfall. The State failed to conduct any analysis of the impact on access to care, and the Court awarded AMS with a victory resulting in the long-standing Consent Decree that to this very day controls physician reimbursement in Arkansas.

Any Willing Provider (1995)

After passing the “any willing provider law” in 1995, insurers filed a federal lawsuit seeking to enjoin the State from enforcement because the law mentioned ERISA plans. The mention was to make it clear that AWP did not apply to ERISA plans. The AWP law prohibits health care insurers from denying qualified physicians the ability to join their networks. AMS assisted the Attorney General in fighting the case which went to the 8th Circuit. The Act was enjoined for nearly 10 years until a similar case was decided in our favor before the US Supreme Court. AMS and the State reopened our case, and the Act was ruled enforceable.

Economic Credentialing (2005)

Economic credentialing is the practice of using criteria other than professional qualifications and quality of care to determine hospital privileges. In the early 2000s, Arkansas began seeing efforts by general hospitals to remove physicians from staff if they or any number of close relatives had an ownership interest in a competing entity. Two prominent lawsuits were filed to stop this practice. AMS was deeply involved in both as was the AMA.

In the first case, we supported Dr. Janet Cathey’s lawsuit challenging her termination of privileges because her husband was part owner of a specialty

hospital. That case was favorably settled before it went to trial. The second case involved the physicians at Little Rock Cardiology who were part owners of the Arkansas Heart Hospital. That case lasted for nearly six years and went all the way to the Arkansas Supreme Court. In both cases, the outcome was a strong statement that economic credentialing was against public policy and threatened the very foundation of the patient-physician relationship.

Professional Liability Cases

AMS usually would not get involved in a medical malpractice case. However, when a case involves challenges to AMS-supported policies and principles, it becomes necessary. One such case is worth mentioning although the outcome was not in our favor. In *Summerville v. Thrower* in 2006, a malpractice case against Dr. Thrower was thrown out because the defendant’s attorney failed to file an affidavit of merit within 30 days of filing the suit. The affidavit of merit was a key component of AMS-supported tort reform passed in 2003. AMS filed briefs in the appeal to preserve the affidavit. The plaintiff in the case appealed the ruling, arguing that the legislature was not authorized to pass such laws. The court agreed and remanded the case back to the lower court. Incidentally, over the course of about six years, the courts overturned nearly all the provisions in the tort reform law designed to stop the rising cost of liability premiums and restrictions on access to care.

Advocacy in the courts is yet another example of the importance of your membership in the Arkansas Medical Society. ■



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HIGHLIGHTS FROM THE 146TH ANNUAL MEMBERSHIP MEETING

Physician members, trustees, and guests gathered at the Embassy Suites in Rogers, Ark., on May 11-12 to attend the first in-person annual membership meeting since 2019. The two-day meeting kicked off with an educational session on the Arkansas Prescription Drug Monitoring Program followed by a presentation on avoiding financial mistakes.

Arkansas Foundation for Medical Care (AFMC) hosted a welcome reception on Thursday evening, where members, exhibitors, and guests enjoyed a time of networking before heading into the President's Inaugural Gala. The gala honored incoming president Anthony Johnson, MD, and his family and guests. Outgoing president Seth Barnes, MD, also recognized Danny Wilkerson, MD, for his years of service as AMS chairman of the board. "It's been a true pleasure to serve AMS, and I encourage everyone to continue to serve because it truly makes a difference," said Wilkerson.



After reflecting on the past year as president, Dr. Barnes invited Dr. Johnson and other newly elected officers and board members to the stage to recite the oath of office. AMS past presidents were invited to join them at the front for the swearing in ceremony. Following Dr. Johnson's presidential address,

everyone enjoyed a dessert reception and champagne toast in the reception area.

The next day, the AMS board of trustees met to discuss the Society's business, including recognition of outgoing board members. More educational sessions continued after the board

meeting and included presentations on diversity, equity, and inclusion, critical conversations, and a panel discussion on value-based purchasing and population health. AMS Director of Governmental Affairs Scott Smith wrapped up the meeting with a recap of the 2023 legislative session.



Left: Outgoing board member Kay Chandler, MD, with Danny Wilkerson, MD

Middle: Outgoing board member Shannon Swift-Cooper, MD, with Danny Wilkerson, MD

Right: Outgoing board member Shane Smith, MD with Dr. Wilkerson

The 2023 Annual Membership meeting would not have been a success without the support of our contributors and exhibitors: State Volunteer Mutual Insurance Company, Arkansas Foundation for Medical Care, AMS Benefits, Arkansas Blue Cross Blue Shield, Homes for Heroes, State Health Alliance for Records Exchange, Destination Rogers, First Security Bank, Arkansas Children's, UAMS, United Healthcare, Natural State Recovery Centers, Panacea Financial, EngageMED, Biomedical Solutions, Arkansas Diamond Plan, First Horizon Bank, and Arkansas Medical Foundation.



1. Jamie Turpin, PharmD, ADH Prescription Drug Monitoring Program **2.** Michael Jerkins, MD, Panacea Financial **3.** Bala Simon, MD **4.** Population Health Panel: Joe Thompson, MD, CEO of Arkansas Center for Health Improvement, Alicia Berkmeier of Arkansas Blue Cross Blue Shield, and Shawn Purifoy, MD, physician at Malvern Family Practice **5.** Tim Paden, MD



1. The new officers and board members are sworn in by Dr. Barnes **2.** Dr. Johnson incoming president remarks **3.** Dr. Jon Gustafson with wife Lynne. **4.** AFMC CEO John Selig, Dr. Kristin Martin, and Dr. Bala Simon **5.** Dr. Alan Schumacher and Dr. Jera Smith **6.** Justin Villines and Anne Santifer of SHARE, with Peggy Starling from AFMC **7.** Dr. Jacob Dickinson and Dr. Issam Makhoul **8.** Dr. Scott Cooper, Scott Smith, Sheri and Dr. Robert Zimmerman **9.** Dr. Alan Wilson and Dr. Gene Shelby **10.** Dr. Dale Blasier with his wife Cecelia **11.** Dr. Matthew Haustein, Dr. Seth Barnes, Dr. Emma Jacobs, and Dr. Shane Smith **12.** Precy and Dr. Mark Ramiro, with Dr. Naveen Patil **13.** Dr. David Dobies and Dr. Jeremiah Rutherford **14.** Dr. E.J. Jones, Dr. Monique Spillman, and Dr. Lyle Burdine **15.** Dr. Toby Vancil, Dr. Riley Lipschitz, Eric McDaniel, and Dr. Chad Rodgers **16.** AMS Staff Top (L to R) Mary Ann Mansfield, Laura Haywood, Scott Smith, Teresa Newcomb, Alanna Scheffer, Nadine Gentry, David Wroten. Bottom (L to R) Nicole Richards, Laura Hawkins, and Kenna Harris

HIGHLIGHTS FROM THE 146TH ANNUAL MEMBERSHIP MEETING



- 1. Dr. David Jacks with Arkansas Blue Cross Blue Shield
- 2. Dr. Jera Smith with Alanna Scheffer of AMS Benefits
- 3. Dr. Randy Walker and Dr. David Jacks with Arkansas Diamond Plan
- 4. Dr. Danny Wilkerson with First Horizon Bank

- 5. Dr. Melissa Albers with Biomedical Solutions
- 6. Dr. Michael McClurkan and Dr. Melissa Albers with Homes for Heroes.
- 7. Dr. Issam Makhoul with SHARE



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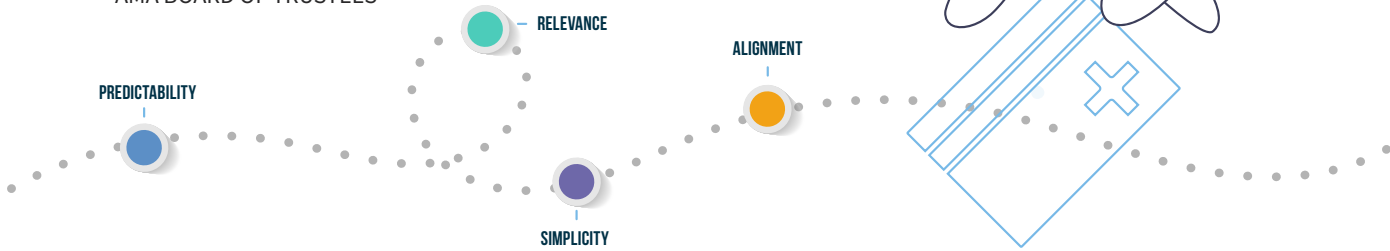


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BADLY NEEDED MEDICARE PAYMENT REFORM IS WITHIN OUR REACH

BY SCOTT FERGUSON, MD
AMA BOARD OF TRUSTEES



Fixing an unsustainable and irrational Medicare payment model is an essential element of the AMA's Recovery Plan for America's Physicians, along with reducing burnout, stopping scope expansion, streamlining prior authorization and supporting telehealth.

It strains credibility to consider the fact that physicians have not seen a true increase in Medicare reimbursement for more than two decades. But it is truly mind-boggling to realize that Medicare physician payments plunged by 26 percent between 2001 and 2023 after adjusting for inflation in practice costs. That threat to practice sustainability is all but unconscionable.

This issue extends far beyond physician pay. The greater need here is to build a sustainable health care model that supports physicians – particularly our colleagues in private practice who face enormous financial pressures.

And when physicians lack the resources required to maintain their practices, patients face the greatest risk – particularly seniors, who may have to travel farther to see a doctor they don't know, or who might lose access to essential care entirely. **That is because the administrative and financial burdens posed by Medicare participation, coupled with the gap between practice costs and reimbursement rates, are driving physicians away from rural and underserved areas.**

Physicians deserve payment models that recognize and invest in their contributions

in providing high-value care to patients, while generating cost savings across all parts of Medicare and the broader health care system. In practical terms, this means directly rewarding the value of care that physicians offer to patients, as opposed to administrative tasks such as reporting on process measures that have nothing to do with patient outcomes.

In addition, we need to right-size the burdensome prior authorization process that takes extra staff to complete, and needlessly delays and denies needed care. These administrative burdens are contributing to physician burnout and early retirement, as well as adding costs to our health care system.

PERMANENT SOLUTION NEEDED

The AMA continues to work with the Arkansas Medical Society, along with state and specialty medical societies from across the nation, to educate members of Congress on the need for meaningful – and permanent – Medicare payment reform. We need to eliminate the recent experience of year-end scrambles on Capitol Hill to blunt the impact of planned Medicare payment cuts that threaten the solvency of physician practices.

What we need instead is a rational Medicare payment system based on four key principles: **predictability, relevance, simplicity and alignment.** More than 150 state medical associations and national medical specialty societies have endorsed this roadmap to reform, which describes payment models that recognize and invest in the contributions of physicians who provide high-value care to patients while generating savings across all parts

of Medicare and the broader health care system.

These groups are also collaborating on securing legislation to **(1) provide an automatic, annual inflation update to Medicare physician payments; (2) reform the processes used to apply budget neutrality when fee schedule changes are projected to increase total Medicare spending; (3) reduce the administrative burdens for physicians under fee-for-service Medicare; and (4) maintain support for physicians in accountable care organizations and other alternative payment models.**

Promising indications exist that our advocacy efforts are bearing fruit. Earlier this spring, Congress took an important first step toward Medicare payment reform with the introduction of H.R. 2474, the Strengthening Medicare for Patients and Providers Act. One of the most important aspects of this bipartisan bill lies with its alignment of the Medicare fee schedule with the Medicare Economic Index, which provides an annual inflation update and thus places physicians on equal footing with other health care providers.

Medicare payment reform momentum is building, and we need to keep the ball rolling. I urge you to contact your representatives in Congress in support of H.R. 2474, and to visit our updated website for this effort at physianguassrootsnetwork.org. Working together, we can place the Medicare payment system back on a sustainable path and ensure that our patients receive the quality care they deserve. ■

EDITORIAL ADVISOR: Chad T. Rodgers, MD, FAAP, CPE

Arkansas Good Medicine: Improving Lives Through Physician Education

HANNA WINDLEY, MPA

AFMC established the Arkansas Good Medicine (AGM) Fellowship Program in 2018 through funding from the U.S. Health Resource Services Administration's Primary Care Training Enhancement. The AGM Fellowship Program provided one year of training and research opportunities to nineteen physicians (10 MDs, 3 DOs, and 6 PAs). Most of our fellows practice in rural areas of Arkansas, but our final cohort also included a physician from California. AFMC conducted this fellowship in partnership with the Arkansas College of Osteopathic Medicine and ARcare, a federally qualified health center with 60 primary care clinics, 8 pharmacies, and 2 fitness centers across Arkansas, Kentucky, and Mississippi.

The main goal of the AGM program was to train healthcare providers who have been practicing for at least three years on adverse childhood experiences (ACEs), social determinants of

health (SDOH), and trauma-informed care (TIC). ACEs are traumatic events such as abuse, neglect, or household dysfunctions that occur to a child before the age of 18 years old. SDOH are the conditions in which people live, work, and play and how they impact the health and well-being of individuals and communities. ACEs and SDOH can significantly affect a person's physical, mental, emotional, and behavioral health. TIC "realizes the universal effect of trauma; recognizes how trauma presents in children, families, and staff; and responds in a way that resists retraumatization. Trauma-informed care is rooted in the assumption that any child or adult could have a trauma history, and this approach should be used across medical settings with all patients" regardless of the number of ACEs or SDOH experienced.¹

The fellows began the AGM program by completing a 12-week curriculum phase

which consisted of six online modules on ACEs and TIC, population health and collective impact, SDOH, leadership, and team-based healthcare, health education and policy, and quality improvement. The curriculum consisted of webinars, reading assignments, case studies, and bi-weekly discussions on Microsoft Teams or by telephone.

Guided by the AGM mentors and director, fellows planned and implemented research projects within their clinics for the final nine months of the fellowship. Projects included the topics of ACEs, SDOH, substance use, mental health diagnoses of anxiety and depression, autism, bullying, obesity, telemedicine, and end-of-life care. During the project phase, fellows collected data that AFMC's Data Sciences Team then analyzed. Fellows then presented their findings to AFMC and its partners and graduated from the AGM Fellowship program.

¹ Racine N, Killam T, Madigan S. Trauma-Informed Care as a Universal Precaution: Beyond the Adverse Childhood Experiences Questionnaire. *JAMA Pediatrics*, Nov. 4, 2019. <https://doi.10.1001/jamapediatrics.2019.3866>

After finishing the program, we requested that our fellows provide feedback on what they enjoyed about the AGM program and what it will or has changed about their practice; these are a few of their responses:

**MONICA BOMAR, PA-C
COHORT 1, 2019 – 2020**

“The AGM fellowship was a great learning experience for me. I was able to learn more about adverse life experiences and how they affect all aspects of patient care and outcomes. It has really helped me view my patient care differently and be able to apply my knowledge to my treatment plans with regards to total patient care, mentally and physically.”

**DAVID BRIGHTWELL, PA-C
COHORT 2, 2020 – 2021**

“What I enjoyed most about the fellowship lies the personal goals that I set prior to beginning the project. My goals in participating in this research allowed me to gain a greater insight in practicing evidenced based medicine while increasing my knowledge and confidence in my ability to comprehend and educate others. The result of this research has

made a lasting impact on my personal relationship with the patients that participated in this study and thus has led to better health outcomes—that alone represents the essence of why I went into health care, simply put, to help others.”

**KRISTIN MARTIN,
D.O., MS, FAFAP
COHORT 3, 2021 – 2022**

“For me, I believe that the training on trauma-informed care and social determinants of health has been revolutionary to my practice. My understanding of these areas was superficial prior to becoming a Fellow of this program. I have now not only been given a deeper understanding but also guidance on how to implement new tools and screenings into my practice. I had wanted to perform research in the area of mental health, substance use disorders, and Adverse Childhood Experiences, but I was intimidated about how to manage the research data and statistics while daily still practicing medicine. AFMC has made that so much easier and provided guidance and resources to let me focus on the patient while still completing my research and improving my practice!!”

**LIDWINA “WINNY” POWERS,
PA-C
COHORT 1, 2019 – 2020**

“The thing that I enjoyed most about the AGM Fellowship was researching the many and varied factors that affect a patient's overall health. Understanding how to treat the patient as an entire person and not just a set of biological processes is a perspective that will aid me significantly in my practice moving forward.”

Cohort 4 graduates from the AGM Fellowship Program at the end of May 2023. Working with all of these physicians has been a pleasure, and although we were the ones training and guiding them, it has been a learning experience for us all. The HRSA PCTE grant funding for this fellowship ends in September 2023. The lessons learned, and the connections made between the fellows, AFMC, and its partners will continue to bring “Arkansas Good Medicine.” ▲

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Hanna Windley, MPA, Grant Analyst, holds a Master of Public Administration degree with an emphasis in nonprofit management. She is the project director for the Arkansas Good Medicine (AGM) Fellowship program funded by the HRSA Primary Care Training Enhancement grant and the grant analyst of the Arkansas Department of Health Substance Use Disorder (ADH SUD) grant. She has been an Arkansas ACEs and Resilience Coalition member since 2019, providing support through research, training, and coalition building. Windley has worked at AFMC since June 2019.

TOP 10 WINS OF THE 2023 LEGISLATIVE SESSION

BY H. SCOTT SMITH, JD
AMS DIRECTOR OF GOVERNMENTAL AFFAIRS



With the 94th Arkansas General Assembly well in the rearview mirror, it's time to look back to see where our advocacy efforts were the most successful. Legislators convened on Monday, January 9, and got right to work. By the time they went into recess on April 7, there had been a total of 1,439 bills filled, of which 890 became law. Below is a list of the top 10 high-profile issues AMS successfully fought for that may have an impact on you, your patients, and your practice.

PRIOR AUTHORIZATION EXEMPTION OR "GOLD CARD" (ACT 575/HB 1271)

The "Gold Card" bill was AMS's top priority this session and physicians and legislators worked together to solve to one of the most aggravating issues a physician experiences in practice. This law provides a pathway for procedure-specific prior authorization exemptions, which means a physician may qualify for an exemption for one service but not for another. Here's what you need to know:

- Health insurers may not impose any prior authorization requirements for health care services that are included in a value-based reimbursement arrangement.
- Starting January 1, 2024, a physician will receive a nine-month exemption from prior authorization for procedures/services that were approved at least 90% of the time during the "baseline" time of January 1, 2022, to June 30, 2022.
- A carrier may revoke an exemption (for specific services) if a physician's utilization during the first 6 months of 2024 increases by 25% or more when compared to the baseline time (January 1, 2022, to June 30, 2022).
- By October 1, 2024, each insurer must notify a physician whether the specific exemptions will remain in place, based upon a retrospective review of claims submitted during the initial six-month

exemption period of January 1, 2024, through June 30, 2024.

- Going forward, exemptions are valid for 12-month periods.
- An appeals process is provided for anyone denied an exemption.
- Prior authorization exemptions for prescription drugs begin January 1, 2025.
- NOT COVERED: State employee plan, ERISA, municipal and county plans.

NOT IMMEDIATELY impacted are:

- Qualified health plans for Medicaid Expansion sold on the Marketplace, and
- PASSES.

They become subject to the Act provisions on January 1, 2025, unless those entities before that date develop and have legislatively approved alternatives that eliminate or reduce prior authorizations.

PATIENT RIGHT TO KNOW (ACT 830/HB 1734)

Amends the 2017 Act passed to ensure patients could follow their physician or other health care professional if they changed practice locations. The bill:

- Clarifies how the physician notifies their former employer...by certified mail to the chief executive or administrative officer.
- Removes requiring that the former employer post the new practice location on their website.
- Caps potential damages. The 2017 Act has unlimited damages calculated at \$1000 per day, and this bill amends the Act to cap the potential damage award at \$500,000 for a plaintiff physician or other provider and \$500,000 for a plaintiff patient or group of patients. This cap is retroactive, so even cases filed before the effective date of this legislation are covered. Effective July 30, 2023.

PSYCHIATRIC COLLABORATIVE CARE (ACT 615/SB 178)

- Requires insurers to reimburse for a "care manager" who will work through primary care physician offices with psychiatric consultants and other behavioral health care providers in a "psychiatric collaborative care model" to facilitate more efficient and effective behavioral health care treatment.
- Increases efficiency in accessing vital behavioral health services and has already been shown to provide cost savings (one example...significantly reducing ER visits).
- Medicaid may apply for grants to help facilitate this model in the Medicaid program and to report quarterly to the Senate and House Insurance and Commerce committees on progress and activities regarding this model. Effective October 1, 2023.

MEDICAID SUPPLEMENTAL REIMBURSEMENT FOR CHILD PREVENTATIVE SERVICES (ACT 513/HB 1574)

- Creates a framework for patient-centered medical homes serving children to support families with infants and toddlers in a new way.
- Outlines a structure and timeline for Arkansas Medicaid to implement a supplemental reimbursement rate for primary care clinics choosing to implement evidence-based models of team-based pediatric primary care.

PHYSICIAN ASSISTANT BILLING (ACT 303/SB 112)

AMS was initially opposed to this bill which would have required carriers to recognize physician assistants (PA) as the treating provider and allowed PAs to "bill for and receive direct payment" for services they provide regardless of the wishes of their supervising physician.

PAs are "dependent" providers and services they provide are generally billed under the supervising physician's name. AMS removed its opposition after

the sponsors agreed to our proposed amendments. Under the amended bill, only “if authorized by the supervising physician,” the PA shall:

- Be listed as the treating provider for billing and claim processes and may file claims as the billing provider.
- There is no provision for receiving direct payment.
- The bill also prohibits insurers and Medicaid from requiring the physical presence of the supervising physician which reflects wording in the PA practice act. Effective July 30, 2023.

MEDICAL RECORDS ACCESS AND CHARGE INCREASE (ACT 765/SB 359)

- Access to medical records for legal proceedings was amended to add access for adjustment of insurance claims, along with processing and underwriting life insurance policy applications.
- Increase in charges allowed will go from \$15 to \$25 labor; add \$2 for certification or notarization; or if electronic records, the charge allowed

is \$75 plus postage. AMS worked to make sure current patient safety language (concerning the ability of a physician to keep the medical record away from a patient if not in the patient’s best interest to view the record) was retained in the law.

ELECTRONIC ACCESS TO MEDICAL RECORDS LIMITING FURTHER SUBMISSION REQUESTS (ACT 502/HB 1275)

- A physician can now grant electronic access of their medical records system to a health care payor or health care payor’s designee and such payor is restricted from requiring further submissions from the physician. Effective 1/1/24.

RENTING NETWORK PROHIBITION (ACT 576/HB 1272)

- Prohibits insurers from leasing, renting, or selling health care contracts or provider networks to another insurer or third-party administrator. Now considered an unfair trade practice. Exceptions apply.

BEHAVIORAL HEALTH COVERAGE (ACT 494/HB 1129)

- Behavioral health condition screenings and services in hospital outpatient clinics and physician clinics will now be covered by Medicaid and other insurers.

MEDICAID REIMBURSEMENT FOR POSTPARTUM LONG-ACTING REVERSIBLE CONTRACEPTION (ACT 581/HB 1385)

- Medicaid now required to reimburse for postpartum long-acting reversible contraception.

Although the 2023 Legislative Session has ended, the Society’s advocacy work does not. As we begin the next half of the year and get ready for the upcoming fiscal session, it’s more important than ever for each member to take the time to get to know your legislators. We encourage you to reach out to and get to know your legislators so that you can share your insight and medical expertise regarding crucial issues that will come up in the future. For more information on our advocacy efforts, visit arkmed.org/advocacy.



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PHYSICIANS SERVE AS DOCTOR OF THE DAY AT THE STATE CAPITOL



During the legislative session, the Arkansas Medical Society hosts a long-standing program that gives physician members the opportunity to serve as Doctor of the Day for the Arkansas State Legislature. This unique volunteer opportunity allows physicians to connect with legislators one-on-one and get a first-hand look at the legislative process and how it affects the practice of medicine.

Doctor of the Day physicians are granted floor privileges to both chambers of the State Legislature and are introduced in

the House and the Senate. They also have the opportunity to attend committee meetings, such as Public Health, Welfare, and Labor, where many of our front-line advocacy takes place.

But being the Doctor of the Day is not only just a distinguished title, but also an opportunity to provide health care to members of the legislature, legislative employees, and other guests who are at the Capitol on that day. The Legislative Infirmary is equipped to assist in any minor medical situation that may arise

and is staffed with two experienced nurses. Brenda Huitt, RN, and Sherry Barnard, RN, have served as Infirmary nurses since 2013.

Doctors of the Day represent a diverse audience of different specialties and organizations and many serve year after year, but each session brings new physicians who have never participated. We know that the schedule of a physician is challenging, so we'd like to thank all the member physicians who took time out to be Doctor of the Day this year and represent AMS at our state Capitol.

1. Dr. Teresa Wyrick with Sen. Clarke Tucker
2. Dr. Bala Simon in the Dr. H. E. Shuffield Capitol Infirmary.
3. Dr. Lakshmi Cheerla with Laura Hawkins, AMS legislative staff.
4. Rep. Shad Pearce with Dr. E.J. Jones
5. Dr. Cheryl Hull with Sen. Joshua Bryant
6. Sen. Fred Love with Dr. Jim English
7. Rep. Jon Milligan with Dr. Leisa Spence
8. Dr. Shannon Swift-Cooper with Rep. Steve Magie, MD
9. Rep. Denise Garner, Dr. Jarna Shah, and Rep. Tippi McCullough
10. Rep. Grant Hodges with Dr. Carolyn Reeves
11. Rep. Stetson Painter with Dr. Tim Paden
12. Sen. Bart Hester with Dr. Jon McCowan



CLINIC ADMINISTRATOR: MORE THAN A TITLE

BY TEREASA HOLMES, CMPE

AMS DIRECTOR OF PRACTICE AND HEALTH POLICY



Often in a clinic setting, the manager or administrator responsibilities appear to be unlimited. The hat they wear on any day may be one of unlocking the doors, managing the schedule, spending time talking with the patient who needs a little reassuring, or interceding for the receptionist who is under attack because the magazines are out of date in the waiting room. Then you have the operations which can include scheduling, billing, coding, ordering, contracts, and employee management, just to name to mention a few. Regardless of title, there is one important responsibility that is often not recognized in the clinic – your leadership skills!

When you think of a successful leader, you often think of someone with years of experience, confident, strong, complex, knows all the right people, an exceptional speaker, and approachable only through their administrative assistant. Their last name is followed by several credentials and their office walls are full of certificates. While this image may be appropriate for some leaders, it is not conclusive. So, what exactly is a leader? A leader simply is someone who can lead and have followers. As the old proverb says, ***“If you think you’re leading and no one is following you, then you’re only taking a walk.”***

Leadership skills may not be something specifically listed in your job description, but the ability to lead is vital for the success of the organization and to have satisfied physicians, staff, and patients. While not an exhaustive list, the following leadership traits within a health care setting can set you up for success:

INTERPERSONAL COMMUNICATION

Communication is a two-way street. Not only do you need to be able to receive information from others, but you also need to be able to send it effectively. This

means understanding the other person’s point of view and using clear, concise language. Interpersonal communication is not just about exchanging information, but it’s also about building relationships.

Effective employee relationships can only be built on a foundation of great communication! The better you know someone, the easier it will be to communicate with them, and an employee knows when a leader has true interest in their employees by their interaction.

“Wise people are not absorbed in their own needs. They make the needs of all people as their own.” - Lao Tzu

CONFIDENCE

It’s hard to follow someone who is unsure of themselves. If you didn’t have the knowledge and experience, you would not be in this vital position. Remember though, you will not always have the right answers or make the best decision. Allow your staff to see you are human and be open, which will encourage your team to be open about their own mistakes.

“Experience tells you what to do; confidence allows you to do it.” -Stan Smith, tennis player

POSITIVE ATTITUDE

A positive attitude leads to greater happiness, fulfillment and productivity in the clinic and our personal lives. Focus on the positive and celebrate your staff’s personal and professional accomplishments. But if there is negative talk, identify the source of negativity and confront the issue quickly. Do not allow it to overcome your workplace regardless of its source.

ADAPTABILITY

As witnessed during the public health emergency, change often happens quickly. As a leader you are forced to think quickly

and make effective decisions. It is natural for people to gravitate toward the familiar. Share your ideas as to why the change is necessary. Reiterate your trust in the staff to adapt and display your appreciation, in advance, as to how you know they will be successful as they move forward.

“Nothing gives one person so much advantage over another as to remain always cool and unruffled under all circumstances.” - Thomas Jefferson

HUMOR

In the words of Mark Twain, ***“Humor is mankind’s greatest blessing.”*** Humor boosts wellbeing, happiness, communication, job performance, and acceptance of tasks. Humor also has health benefits and is good for the soul. Studies show that women and men with a strong sense of humor live longer, even despite illness. You do not have to be a stand-up comedian to bring laughter to your clinic, but you can look for everyday occurrences within your life to laugh about, share quotes, or have a random humor elevator talk with your staff.

PRACTICE MAKES PERFECT

Leadership does not come naturally to everyone. It takes awareness, time, lots of practice, and willingness to learn, so look for opportunities to grow the skills you need to improve. One of the best ways to develop your skills is to learn from a leader you admire who can assist you in developing your skills. You can also participate in leadership training courses, both online and in-person, that can help you hone your leadership skills.

Your success as a leader is summed up from a quote Martin Luther King, Jr., posed many years ago who said, ***“Life’s most persistent and urgent question is: What are you doing for others?”*** ■

ARCOM: 129 MEDICAL STUDENTS GRADUATE; NEW DEAN ANNOUNCED

Arkansas College of Osteopathic Medicine recently graduated 129 medical students in May 2023. Eighty-six graduates will be completing their residency in our service area with 19 of those doing their residency in Arkansas. In addition to primary care residencies, many ARCOM graduates will be going into specialty medicine including anesthesiology, neurology, surgery, orthopedic surgery, pathology, and psychiatry.

ARCOM also announced that Shannon Jimenez, DO, has been appointed as the new dean of Arkansas College of Osteopathic Medicine, effective June 1, 2023. Dr. Jimenez was the senior associate dean for ARCOM and brings years of medical education experience to her new role.



In her previous positions, Dr. Jimenez served as inaugural chair of clinical Medicine and interim dean at San Houston State University College of Osteopathic Medicine and was also the regional assistant dean and assistant professor of family medicine at Campbell University College of Osteopathic Medicine.

“I am honored and excited to lead ARCOM as it continues to serve the region as a leading educator of osteopathic medical

students,” said Dr. Jimenez. Her expertise in rural workforce issues and experience in growing a practice from conception to thriving will bring valuable assets to ARCOM.

ARCOM former dean, Rance McClain, DO, will be continuing his osteopathic medical education career as the senior vice president of medical education for the American Association of Colleges of Osteopathic Medicine (AACOM). ■

NYITCOM: CLASS OF 2023 ENJOYS 100% ‘MATCH’ RATE



The NYIT College of Osteopathic Medicine at Arkansas State University (NYITCOM at A-State) Class of 2023 is proud to celebrate a 100% match rate.

“It’s incredibly exciting,” said Shane Speights, DO, dean of NYITCOM at A-State. “It speaks to the continual hard work these future physicians have done to not only complete medical school, but to make themselves highly-qualified candidates for residency programs throughout the state, region, and country.”

The Class of 2023 is the fourth class for the Jonesboro-based medical school, which opened in 2016, and every student who has graduated from NYITCOM at A-State has earned post-graduate placement.

“Our faculty and staff join our students in celebrating this tremendous accomplishment,” Speights said. “We pride ourselves in giving our students outstanding experiences both inside and outside the classroom that make them desirable to programs, and days like today show that we’re doing a great job of that. We often say that we are ‘more than a medical school,’ and I hope our graduates see that.”

NYITCOM at A-State was established to train medical students to help address a growing physician shortage in Arkansas and the Mississippi Delta region. This year, 63 percent of NYITCOM at A-State graduates were placed into programs that will keep them in Arkansas, a targeted-Delta state, or a state contiguous to Arkansas.

Among those are Connor and Alexa Gibbs, who both matched at Unity Health in Searcy. Connor, a Searcy native, will specialize in emergency medicine, while Alexa, who hails from Hot Springs, will join Unity’s psychiatry program. Connor and Alexa met during their first year at NYITCOM at A-State and married while

in medical school. They’re excited to be staying in Central Arkansas.

“We looked at programs across the country, but our hearts are in Central Arkansas, and this is where we both ultimately want to practice,” Connor said. “We’ll be in my hometown, and Alexa’s family is very close. We were fortunate to find programs at the same health system that meet both of our goals and objectives, and the strong family ties to the area are really nice.”

NYITCOM at A-State also encourages students to pursue primary care specialties due to the significant needs in those areas in Arkansas and the Delta. This year, 75 percent of NYITCOM at A-State students matched into primary care positions, including 30 percent in Internal Medicine, 25 percent in Family Medicine.

The national average among all medical schools for medical students choosing family medicine is 12.6 percent, which puts NYITCOM at A-State at double the national average in the specialty. ■

UAMS: UAMS AMONG TOP MEDICAL SCHOOLS FOR GENERATING PRIMARY CARE, RURAL WORKFORCE

Having graduated from the University of Arkansas for Medical Sciences (UAMS) in May, spouses Anna Mears, MD, and Cameron Duke, MD, are excited about starting their family medicine residency training together at Conway Regional and preparing for a career in primary care.

“We are very excited to one day practice family medicine in a rural community like the one I grew up in,” said Mears, who was raised near Wynne. Duke is from Searcy.

“When you practice medicine in a small town, you become a part of the community,” Mears explained. “The biggest draw for us, however, is our desire to go where we are most needed. Primary care is where we can have the biggest impact on our state’s health. Every physician in these small towns makes a tremendous difference and helps to make Arkansas healthier overall.”

The couple are among the 50% of their class who matched to primary care residencies. Their career aspirations mirror the UAMS College of Medicine’s long success in generating primary care physicians and the ongoing push to ensure outstanding doctors for rural and underserved areas.

One result of these efforts is the college’s latest jump in the U.S. News & World Report annual rankings for best medical schools. UAMS tied for 17th place overall among 123 schools that were evaluated specifically for primary care for the 2023-2024 rankings — up from 36th last year. UAMS also placed 18th in serving rural areas, fourth in serving medically needy areas, and 24th in producing the most primary care graduates. Last year, UAMS ranked 20th nationally in serving rural areas, wasn’t ranked in the category of serving medically needy areas and ranked 36th in producing primary care graduates.

The latest data from the Association of American Medical Colleges (AAMC) also confirms UAMS as a national leader in addressing primary care workforce needs. The 2023 Mission Management tool reports the current areas of practice of graduates from 2009-2013. UAMS is in the top 10% for those practicing primary care, practicing in rural areas, and/or practicing in underserved areas, and nearly the top decile for the percentage practicing in state. The report also assessed the most recent specialty training completed by graduates from 2015-2017. UAMS is in the top 10% both for graduates who trained in primary care and for those who trained specifically in family medicine.

“These rankings show that UAMS’ dedication to improving the lives of Arkansans, in line with our motto of creating ‘A Better State of Health,’ is being noticed on a national scale,” said G. Richard Smith, MD interim dean of the College of Medicine and executive vice chancellor of UAMS. “That is good news for patients and traditionally underserved communities across the state.”

While Mears and Duke embark on residency training, current UAMS students such as senior Chase Brazeal also look forward to serving Arkansans as primary care physicians who can build meaningful relationships with their patients and families.

“I will eventually practice in a community much like those I grew up in, Humnoke and Carlisle, small, tight-knit farming communities that are full of great people,” Brazeal said. “I look forward to a purposeful career that is stimulating, challenging and fun, and I am hopeful that one day I will be a part of the solution to Arkansas’ access-to-care issues by serving in a community that needs a good doctor.”



2023 UAMS graduates and spouses Anna Mears, MD, and Cameron Duke, MD, celebrate their new degrees and future careers as family medicine physicians after the UAMS Commencement Ceremony on May 20.



The UAMS College of Medicine has again been recognized by U.S. News & World Report as among the best medical schools in categories relating to primary care and service to rural and medically underserved areas.

THE CHANGING LANDSCAPE OF MEDICINE: TRENDS AND KEY BENEFITS OF PRIVATE PRACTICES



Most physicians are employed by one of two practice types — corporate or private. In recent years, corporate practices, like hospitals and hospital-owned entities, have become an increasingly common place of employment.

Despite this shift away from smaller, private medical practices, many are discovering benefits that these practices offer to employees, owners, and partners. For doctors, considering practice ownership or partnership, understanding the state of private practice medicine and its advantages can help you prepare for your next career move.

TRENDS IN PRIVATE PRACTICE MEDICINE

According to the American Medical Association's biennial analysis, private practice employment is at an all-time low. For the first time since the analysis began, private practice employment has dropped below 50%, as the majority of patient care physicians now work in corporate environments.

Though private practice ownership is trending downward, a recent report from AdvancedMD predicts a resurgence of private practice ownership and employment. The report asserts that more doctors are aiming to be their own boss in part due to new technologies that streamline workflow and enable more efficient billing, patient engagement, and EHR processes.

KEY BENEFITS OF PRIVATE PRACTICE OWNERSHIP

Despite the decline in employment and ownership, there are many benefits of private practice that appeal to many physicians across Arkansas. We highlight three of these below.

AUTONOMY

One key benefit of owning a private practice is the level of autonomy granted to physicians. Rather than going through multiple layers of organizational leadership, private practices allow individual authority or smaller, more efficient group decision-making when navigating new situations or needs.

Becoming a partner in a practice will allow a physician the chance to have a bigger say in services to offer, new projects and new hires — an opportunity not ordinarily given to physicians in corporate settings.

Partners and owners have a greater say in their schedule, while employees in corporate settings often do not have much

control over aspects of their schedule such as when they work, how many patients to see per day, and vacation.

MORE LUCRATIVE AND SECURE

Due to high student loan debt, many physicians, especially young ones, avoid private practice because of the additional monetary burden of financing a practice, but pursuing this route can actually set a doctor up for greater financial success.

But according to Medscape, self-employed physicians earn an average of \$374,000, while employed physicians earn \$344,000. Additionally, despite the steep cost of entry, ownership will help a doctor build their equity and eventually fund their retirement post-buyout.

Partnership or sole ownership can also give a physician greater job security. In most partnership scenarios, partners have to receive a majority vote to be removed from their practices. This stands in contrast to multi-year employment contracts from corporate settings that could potentially be broken more easily.

PROFESSIONAL GROWTH

Some doctors shy away from private practice ownership or partnership because of the business-focused aspects of the job. There is no denying that this can be quite an adjustment, moving from solely patient care to overseeing every aspect of a practice, but it can be extremely rewarding.

THE CASE FOR PRIVATE PRACTICE

Private practice medicine may be declining, but it is a vital part of the health care community that benefits both patients and doctors. At private practices, patients and providers have more options. Providers can create strong connections with patients, which can lead to better patient outcomes and satisfaction. ■

Medical Board Legal Issues?

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AMS MEMBER SINCE 2018:

Currently serves as District 8 Trustee.

WHY ARE YOU AN AMS MEMBER?

When I joined the faculty at UAMS, I became a member through the AMS group membership program, which is a great way to get all physicians within an organization to have a membership in the Society.

WHO OR WHAT INSPIRED YOUR CAREER IN MEDICINE?

I shadowed an interventional radiologist when I was in junior high and fell in love with the idea of using technology to help people.

WHAT DO YOU LIKE MOST ABOUT BEING A DOCTOR, OR YOUR SPECIALTY?

I love the variety in my work. Some days, I perform and read echocardiograms, cardiac MRIs, and cardiac CTs. On others, I have the privilege of walking families through new congenital heart disease diagnoses, both prenatally during the fetal cardiology clinic and postnatally on the inpatient services and general cardiology clinics. I get to follow my own patients with pediatric heart disease over time, but I also get to share in the joy and relief when an evaluation reveals no intrinsic heart abnormality. My work week is never mundane!

WHAT ADVICE DO YOU HAVE FOR YOUNG PEOPLE CONSIDERING A CAREER IN MEDICINE?

A medical career can be incredibly meaningful and rewarding. Be on the lookout for a specialty that you will enjoy for the long haul, but also consider this: a good decision is one that leads to future

decisions. Try to avoid boxing yourself into a specialty where it's hard to pivot to a different job description. It's unlikely that I will ever get bored with my specialty, but I feel great freedom in the knowledge that I could easily change my job description during my career without substantial additional training.

WHAT DO YOU LIKE TO DO ON YOUR DAYS OFF OR WEEKENDS?

I enjoy activities and adventures with my wife and four kids. Top hits include swim meets, piano recitals, scouting, cycling, hiking, camping, Buffalo River floating, cooking, traveling, and visiting extended family in Colorado and Germany.

WHAT IS SOMETHING SURPRISING OR INTERESTING ABOUT YOU?

As a freshman in college, I was on the Price is Right with Bob Barker and won \$11,100 playing Plinko. ■



ARKANSAS DEPARTMENT OF HEALTH: 2022 ANNUAL REPORT

BY **BALA SIMON, MD, DRPH**

DEPUTY CHIEF MEDICAL OFFICER, ARKANSAS DEPARTMENT OF HEALTH

As we move forward from the end of the COVID-19 pandemic, the Arkansas Department of Health (ADH) continues to be driven by its mission of protecting and improving the health and well-being of all Arkansans. In 2022, heart disease and cancer remained the first and second leading causes of death in the state and the nation.

Arkansas ranks first and fifth, respectively, among states with the highest death rates due to heart attack and stroke. In 2022, efforts to address stroke included:

- a.** Re-designated (every three years based on quality stroke performance measures) 18 facilities as Arkansas Stroke Ready Hospitals designated by the ADH;
- b.** Supported the certification of over 600 health care providers to receive the Advanced Stroke Life Support (ASLS) credential;
- c.** Elected health care representatives across geographic regions to coordinate efforts to reduce the burden of stroke;
- d.** Developed a transition of care toolkit to help support follow-up with post-acute stroke patients among hospital teams;
- e.** Increased usage of mobile communications application by 133% from the previous year to help pre-hospital and hospital providers manage acute stroke patients; and
- f.** Conducted quality improvement visits with hospitals using data from the Arkansas Stroke Registry to help health care providers close gaps in patient care.

Programs to reduce heart attack (ST-segment elevation myocardial infarction (STEMI)) mortality in 2022 included:

- a.** Conducted quality improvement visits with hospitals using data from the

Arkansas Heart Attack Registry to help health care teams close gaps in patient care;

- b.** Increased usage of mobile communications application by 21% over the previous year to assist health care teams manage STEMI patients;
- c.** Certified over 100 paramedics to become certified in the Acute Coronary Syndrome (ACS) curriculum to improve recognition of STEMI in the field among Arkansas pre-hospital providers; and
- d.** Enabled 410 medical professionals to enroll in our online heart attack education course, with 190 having already completed the program and received their continuing education credits.

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. Be Well Arkansas was launched in November 2018. In 2022, 3,621 Arkansans were enrolled in the tobacco cessation counseling program, with an estimated 32% quit rate. There were 1,367 Arkansans referred to community hypertension resources, and 463 Arkansans referred to community diabetes resources. Bolstering Arkansas's Tobacco-21 legislation, the federal law was also passed during this period, which increased the minimum purchase age for tobacco products to 21 years across the nation.

The maternal morbidity and mortality that impacts the health outcomes of both mothers and infants continues to be an area of concern for the ADH and the Arkansas Maternal Mortality Review Committee (ARMMRC). The Arkansas Maternal Mortality Case Summary and Committee Recommendations report was released in December 2022 after the ARMMRC completed their second comprehensive review of maternal deaths of Arkansas residents for 2019. Arkansas has one of the highest maternal mortality rates in the nation, with maternal

mortality among African American women being 2-3 times higher than their white counterparts in the state. ADH continued to provide administrative support and oversight to the ARMMRC, and to promote education to address this public health concern.

ADH established an online Data Hub to reflect the information collected from our local, statewide, and national partners to monitor the spread of infectious diseases in Arkansas. ADH partnered with over 1,500 health care entities to ensure the Arkansas public has up-to-date and accurate disease outbreak data for COVID-19, mpox, hepatitis, sexually transmitted infections (syphilis, chlamydia, and gonorrhea), tuberculosis, and zoonotic diseases. The online data hub can be accessed through the ADH Data Hub website (<https://experience.arcgis.com/experience/ed29852b41484e3f8013e7b196f7f1a8/>).

The ADH also responded to several outbreak investigations and continued its response to the hepatitis A outbreak among high-risk individuals, including people who use drugs, persons experiencing homelessness, and men who have sex with men. Since February 2018, 1,347 cases, predominantly among men (63%), white individuals (91%), and injection (32%) or non-injection (41%) drug users, have been reported to the ADH. The ADH responded to the outbreak by providing targeted vaccination campaigns in counties and populations disproportionately impacted. Over 35,000 individuals were vaccinated at mass clinics, jails, homeless shelters, substance misuse treatment centers, and other settings. The hepatitis A outbreak ended in January 2023 with a return to the baseline incidence of fewer than 10 cases per year. ADH will continue to monitor for any increase in hepatitis A cases.

A total of 347 new cases of HIV/AIDS were diagnosed and reported in Arkansas during the calendar year 2021. This aggregate included 280 persons reported as newly infected HIV patients (Stage I and II) during the reporting period. In the same year, an additional 67 persons were reported as newly diagnosed AIDS (or Stage-III HIV) cases.

The U.S. Department of Health and Human Services Ending the HIV Epidemic in the U.S. (EHE) Initiative aims to eliminate the HIV epidemic in the United States by 2030. The goal is to ensure a 75 percent reduction in new HIV infections by 2025 and a 90 percent reduction in HIV incidence by 2030 through early detection of those who are infected but remain undiagnosed, as well as persons newly infected. The ADH efforts support ongoing HIV prevention initiatives to prioritize this cohort. Another aspect of the EHE initiative is to provide Pre-Exposure Prophylaxis (PrEP) access for people at high risk for HIV infection who remain HIV seronegative. 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. The ADH has the expertise to train any community provider interested in providing PrEP services in their practice. 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 in line with the National Plan for America/Ending the HIV Epidemic.

Deaths due to overdose and substance misuse skyrocketed during the pandemic—claiming over 500 lives in Arkansas in 2021 alone. The ADH 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 the summer of 2022, the National Suicide Prevention Lifeline's number switched to "988." The branch continues to work with stakeholders on in-state capacity building and expansion, including answering chats and texts. Additionally, the branch has maintained a leadership role in the state's Governor's Challenge—a technical assistance opportunity from the U. S. Substance Abuse and Mental Health Services Administration and the U.S. Department of Veterans Affairs that supports states in preventing suicide among service members, veterans, and their families.

The Arkansas PDMP continues to enhance patient care through individualized provider reports on prescribing trends and patient alerts within the system to notify healthcare providers when a patient's controlled substance history may indicate a higher risk of overdose or substance use disorder. In the spring of 2023, the FDA approved Narcan (naloxone) 4mg Nasal Spray for over-the-counter (OTC), nonprescription use—making it the first naloxone product approved for use without a prescription. With the hope of seeing Narcan OTC on shelves in the fall/winter of 2023, the branch continues to provide Narcan education and training to individuals and groups across the state, supplying trained individuals with a dose of Narcan while funding is available.

The ADH is working tirelessly with clinicians and the health care community in the state to protect and improve the health and well-being of all Arkansans. ■

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ARKANSAS MEDICAL SOCIETY BOARD OF TRUSTEES

MEETING MINUTES: MAY 12, 2023

BY **SETH BARNES, MD**

AMS CHAIRMAN OF THE BOARD

The Arkansas Medical Society Board of Trustees met at the Embassy Suites in Rogers, AR. Members attending the meeting were Drs. Seth Barnes, Brad Bibb, Dale Blasier, Samuel Bledsoe, John Bouldin, Lyle Burdine, Willard Burks, Kay Chandler, George Conner, Scott Cooper, Anthony Davis, Jacob Dickinson, David Dobies, Jennifer Doyle, Matthew Haustein, David Jacks, Emma Jacobs, Anthony Johnson, Edward Jones, Sujit Kotapati, Riley Lipschitz, Randy Maddox, Stephen Magie, Issam Makhoul, Tim Paden, Naveen Patil, Mark Ramiro, Carolyn Reeves, Mark Renno, Chad Rodgers, Jeremiah Rutherford, Alan Schumacher, Eugene Shelby, Courtney Sick, Bala Simon, Shane Smith, Jerakaycia Smith, Shannon Cooper, Tobias Vancil, Randy Walker,

Danny Wilkerson, Alan Wilson, Mark Wren and Stacy Zimmerman. AMS staff present were David Wroten, Scott Smith, Mary Ann Mansfield, Alanna Scheffer, Laura Hawkins, Laura Haywood, and Nicole Richards. AMS Legal Counsel present was Mike Mitchell. Guests were Derek Rudkin, Dr. Shawn Purifoy, Dr. Margie Spillman, and Dr. Michael McClurkan.

CHAIRMAN DR. DANNY WILKERSON CALLED THE MEETING TO ORDER, AND THE FOLLOWING BUSINESS WAS RECEIVED AND TRANSACTED:

1. The Chair welcomed everyone to the board meeting and reminded all in attendance of their responsibility to declare and disclose any conflicts of interest. The chair also called to everyone's attention the several sign-on letters and notices in the packets. Additionally, the 2022 AMS Tax Return is available for review prior to its filing.
2. Dr. Wilkerson presented the minutes of the February 1, 2023, meeting and asked for a motion to approve. There was a second, and the minutes were approved as presented.
3. Dr. Wilkerson called on all board members who were elected to their first term to stand and introduce themselves.
4. Dr. Wilkerson recognized all outgoing members and presented plaques to those present.
5. Dr. Wilkerson presented the Dues Exemption Request report for approval. There was a motion to approve. There was a second and the report was approved as presented.
6. Dr. Wilkerson called on Mr. David Wroten, Executive Vice-President, to give his report. Mr. Wroten asked Dr. Cooper to share his thoughts on PAC contributions. There was a motion to

approve the written EVP reports as presented. There was a second and the motion was approved.

7. Dr. Wilkerson called on Dr. Shane Smith and Dr. Michael McClurkan to present a Position Statement on the Diagnosis and Treatment of Arkansans with Overweight and Obesity and then opened the floor for questions and comments. Following the discussion, there was a motion to refer the position statement back to the Executive Committee to be discussed again at the August Board meeting. The motion was seconded and approved.
8. Dr. Wilkerson announced that was a vacancy in District 8 on the Board of Trustees. He nominated Dr. James Hunt to fill the vacancy. There was a second and the nomination was approved.

Dr. Wilkerson also pointed out that there are several committees with vacancies. If anyone is interested in serving on the Committee for Legislation, ARKMED PAC Board, Finance and Audit, Nominating Committee, and the Medical Education Foundation for Arkansas committee, please contact the AMS office to speak with either David Wroten or Mary Ann Mansfield.

9. Dr. Wilkerson thanked the board for the opportunity to serve as the Chair and called for nominations for a new Chairperson of the Board. Dr. Seth Barnes was nominated. There was a motion to approve Dr. Barnes as Chair, there was a second, and the motion passed. Following the election, Dr. Barnes presented Dr. Wilkerson with a gift commemorating his service to the AMS Board of Trustees.
10. As the new Chair of the Board, Dr. Barnes adjourned the meeting. ■



AMS INSURANCE CONFERENCE

This fall, The AMS Insurance Conference will celebrate 20 years of bringing the major players in health care together for one day to discuss the issues important to your practice.

Mark your calendar for the date and location near you and stay tuned for registration information.

JONESBORO TUESDAY, OCTOBER 10
Embassy Suites

FAYETTEVILLE THURSDAY, OCTOBER 12
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