



JOURNAL

OF THE ARKANSAS MEDICAL SOCIETY

WINTER 2023 VOLUME 119 NUMBER 3

A photograph of the Arkansas State Capitol building, showing its grand dome and classical columns. The building is set against a clear blue sky. Several American and Arkansas state flags are visible in the foreground.

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JOURNAL

OF THE ARKANSAS MEDICAL SOCIETY

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

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

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

Postmaster: Send address changes to:
The Journal of the Arkansas Medical Society,
P.O. Box 55088, Little Rock, AR 72215-5088.

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

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I'M JUST A BILL, SITTING HERE ON CAPITOL HILL

BY **SETH M. BARNES, MD, FACP**
AMS PRESIDENT, 2022-2023



Well, it's that time of the year. The time of the year when the Arkansas legislative session begins. Perhaps some of you are old enough to remember the Saturday morning Schoolhouse Rock cartoon skit involving a bill sitting on Capitol Hill and how legislative action is required to actually make a bill a law. (For the younger physicians.....Google it).

It's an interesting process whereby a bill actually becomes a law. It usually begins with a bill being introduced by a member of either the House or Senate and then committees debate the pros and cons of the bill. Once a bill leaves a committee with a favorable recommendation, it is hardly ever voted down or vetoed by the governor.

This is where the Arkansas Medical Society becomes very important. By developing relationships with our legislators, we are more effective to combat adverse legislation that ultimately affects the health and safety of our patients.

All politics are local and if you haven't yet established a relationship with your local representatives, I encourage you to do so. A call or a conversation by a physician is significant as it allows us, the physician, to more effectively lobby our position on a whole host of issues ranging from insurance issues, to prior authorizations, to scope of practice issues, and many others.

HERE ARE JUST A FEW ISSUES THAT WILL AMS WILL BE WORKING ON IN THE UPCOMING LEGISLATIVE SESSION:

TACKLING PRIOR AUTHORIZATION.

You may have heard by now AMS is planning to support a bill which will help relieve some of the burdens associated with prior authorization. In short, the bill will allow a much easier means in dealing with PAs. The program essentially involves a method where if a physician has obtained several PAs without issues, then the burden to obtain future PAs will be relieved.

FIGHTING SCOPE CREEP.

Probably one of my favorite new terms. All of you are aware of other professions attempting to practice medicine without having to go to medical school. From chiropractors to pharmacist to physician extenders, this is an annual battle that will surely rear its head during the session.

SUPPORTING TELEHEALTH.

No doubt a great way to help tend to our patients is by telephone or video conferencing. More work is needed to extend the flexibility of telehealth for the better care of our patients.

REFORMING MEDICARE PAY.

This is a national incentive battling proposed Medicare pay cuts, which will be an ongoing debate mainly involving our federal representatives.



So here we go - the legislative session has begun and these issues I've mentioned are on the horizon. Our success hinges on the relationships you can build with your local representative and senator, and I encourage you to reach out to them and establish yourself as a subject matter

expert on medical issues. It's a very powerful and simple act that has great potential for us to ensure safer, more efficient and better care of our patients.

I'm just a bill, sitting on Capitol Hill... ■





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FEATURE STORY

BRINGING PHYSICIANS AND LEGISLATORS TOGETHER FOR A SUCCESSFUL SESSION

BY CASEY L. PENN



Many physicians spend their time being “on-call” – ready to assist their patients as needed, especially in an emergency or critical situation. The #1 job of the Arkansas Medical Society is advocacy, and with the convening of the 94th General Assembly this month, it’s “on-call” time for the Arkansas Medical Society as they work to protect the interests of Arkansas physicians and their patients. But they can’t do it alone. It will take medicine-friendly legislators AND physicians alike to come together to make sure that physicians are top-of-mind at the state Capitol.

ARKANSAS ALLIES FOR THE HOUSE OF MEDICINE

As the Session gets underway, AMS is excited to continue to have allies in the legislature in the form of medicine-minded lawmakers. In both the senate and the house of representatives, those with ties to the Society and those who understand its mission are invaluable.

Providing strong support in the state Senate is long-time friend of the Society, Sen. Missy Irvin, who is stepping into the role of chair of the Public Health Committee. “We’re fortunate to have Sen. Missy Irvin back on the Public Health Committee and serving this year as chair. She was not on the committee last session, and her presence was missed. She has so much knowledge about medical issues and an incredible passion for the patients and physicians of Arkansas,” said Scott Smith, AMS director of governmental affairs.

Other key legislators who are back this session include Sen. Jonathan Dismang, Rep. Deborah Ferguson, DDS, Rep. Lee Johnson, MD, and Rep. Steve Magie, MD, who continues to serve in the House after a very close election. “It was a landslide victory,” joked Dr. Magie, who won by just 10 votes. “Without the support of the physician and medical community, I could not have done it.”

Unfortunately, one of the Society’s biggest supporters will not be back this session. Sen. Cecile Bledsoe, who has been term limited, has made a profound impact on behalf of Arkansas physicians. David Wroten, AMS executive vice president, commented on the many years of service by Sen. Bledsoe. “We’re losing someone who has been the longest-serving friend

we’ve had to date in Cecile Bledsoe, Dr. Jim Bledsoe’s wife and Drs. Greg and Sam Bledsoe’s mother,” he said. “We’ve never had stronger support for physicians, for medicine, and for the Society. We thank her and wish her well in this new chapter.”

WHAT TO EXPECT IN THE 2023 LEGISLATIVE SESSION

With help from these legislators, AMS has already been hard at work preparing for bills that will affect Arkansas physicians most. According to Wroten and Smith, some of the important things coming up include legislation in support of a prior authorization gold card and clean-up legislation concerning both the Corporate Practice of Medicine Act and the Patient Right to Know Act. “These bills are drafted and ready to go. We will need members on call ready to help us support these issues,” said Wroten.

PRIOR AUTHORIZATION GOLD CARD

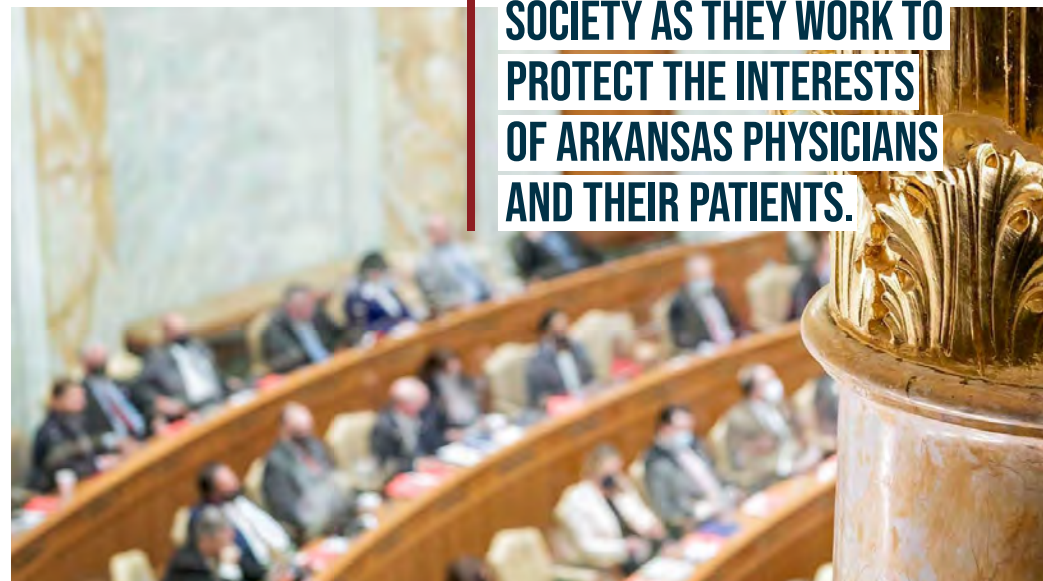
Issue number one this session will be an AMS-supported bill establishing a prior



authorization gold card, an issue that has been around for a few years. Currently, prior authorization requires asking for permission from the insurance company to proceed with a procedure or treatment that the physician has prescribed. Prior authorization requests are generally approved, so having to complete them frequently slows the process of providing care and makes things more difficult for physicians and their office staff.

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IT'S "ON-CALL" TIME FOR THE ARKANSAS MEDICAL SOCIETY AS THEY WORK TO PROTECT THE INTERESTS OF ARKANSAS PHYSICIANS AND THEIR PATIENTS.





Right: AMS Executive Vice President David Wroten and Sen. Missy Irvin testify before the Senate Public Health Committee in 2019. **Left:** Rep. Lee Johnson, MD, speaks at the well on the House of Representatives floor in 2021.



Sen. Cecile Bledsoe (second from left) was recognized by AMS for a decade of extraordinary service in the Arkansas State Senate in 2017. With Sen. Bledsoe is David Wroten, Scott Smith, and AMS General Counsel Mike Mitchell.

In 2022, Texas passed a gold card bill and other states are doing the same. Here in Arkansas, AMS assisted in the drafting of similar legislation, sponsored by Rep. Lee Johnson, MD, saying that if a physician meets a certain threshold, a prior authorization will not be necessary for certain procedures every time one is scheduled. “For example, if the insurance company can look back and see that a physician is being approved 90% of the time for a particular procedure, then for a

certain period of time, the physician does not need to ask for a prior authorization,” said Smith.

Also, the Society is interested in having a provision saying if you are in a value-based reimbursement with a carrier, you don’t have to do PAs at all, which Wroten says makes sense. “If you are held responsible for your reimbursement from a carrier that depends on meeting certain metrics, even if it’s an incentive-based

program, you already have a built-in reason to not do unnecessary tests and procedures. Our bill has an exemption, which may be an area for negotiation but it’s a place to start.”

THE CORPORATE PRACTICE OF MEDICINE ACT

This session, the Society is also working on cleanup language related to the Corporate Practice of Medicine Act, which defines who can practice medicine and who can employ physicians practicing medicine. “Last session, a bill was introduced to remove all obstacles to the corporate practice of medicine,” said Wroten. This bill would have allowed anybody to open a medical practice in Arkansas without any physician involvement.

Wroten and Smith believe that bill may be brought back this session, so over the last few months they’ve worked on a draft that will be a collaborative effort with the Arkansas Hospital Association. “This is a decades-old issue of who can own a clinic, who can employ a physician, and it’s too important not to get right,” said Wroten.



Left: Rep. Steve Magie, MD, will serve on the House Public Health Committee in the 2023 Legislative Session. **Middle:** AMS Director of Governmental Affairs Scott Smith and Rep. Lee Johnson, MD, preparing to testify at a House Public Health Committee meeting in 2019. **Right:** Rep. Deborah Ferguson, DDS, speaks to fellow representatives from the well in 2019.

PATIENT RIGHT TO KNOW ACT

AMS is working to clarify the original Patient Right to Know Act, which was designed to make it easier for the patients to find a physician if their physician changed practice locations. It included language that said an employer in violation had to pay liquidated damages the greater of actual damages or \$1,000 a day. “That’s powerful, and the bill has been used by physicians to accomplish its purpose. However, in a certain lawsuit that’s happening now, the damages to the hospital in question would be \$500 million,” said Wroten.

While it was never the intent of the original bill to bankrupt any hospital, AMS’s new bill will put a \$500,000 cap on damages to discourage class-action lawsuits. The new bill will also require the physician to notify the hospital/employer of their new location in a certified letter, and it will also require the hospital/employer to give the physician an option of either receiving a list of their patients or choosing to notify patients themselves and put it on the hospital/employer’s website for 12 months.

DOING YOUR PART TO BE POLITICALLY ACTIVE

The Society is counting on your support to help them stand strong on issues that will affect the practice of medicine in Arkansas. “Our team – David, myself, Mike Mitchell, Marvin Parks – does an excellent job of talking to legislators,” Smith said.

“However, no matter what we do, we must have the local physician’s voice backing up what we’re saying.

Because of the hectic nature of lawmaking, legislators have a lot coming at them from all directions. A terrific way to break through is for a physician to call, text, email, or visit. “Because legislators understand how busy physicians are, when you take the time to reach out to them, it has the potential to move the needle,” said Smith.

Dr. Magie compared having a relationship with your legislator to the relationship doctors have with consultants in their own practice. “Every one of us has a short list of consultants that we use when we need someone with a little more expertise,” he explained. “Legislators are no different. They have a handful of people from different backgrounds that help with decisions. Doctors need to be a consultant to legislators, but to do that, you must develop that relationship,” said Magie.

Dr. Magie knows how much legislators want to hear from their constituents, and recommends a short, respectful text or email when reaching out to your representatives. “Legislators are people-loving types. The best way to contact them is through a brief note like this: ‘Dear Rep. Magie – Hey, I’ve looked at this bill, and I have some issues with it. I sure would like to discuss it with you. Here’s my number ... what time would be convenient for me to call you?’

Financial support of physician-friendly legislators is another critical step, and Smith emphasized the importance of ArkMed-PAC. “There is nothing more helpful to sustaining continued legislative success than to help physician-friendly candidates win their elections. An effective and efficient way is to contribute to ArkMed-PAC, led by a board of AMS members from around the state whose guides contributions to physician-friendly candidates.

Whether it’s contributing financially to ArkMed-PAC, contributing directly to a close race, or making phone calls during the session, the goal of advocacy is all about physicians making themselves heard and voicing their positions to legislators they know. “I can’t reiterate enough the importance of doctor involvement,” Magie said. Being ready and “on call” as a physician can have a positive impact for the patient. When you’re “on call” for AMS, you can have a profound influence on legislation that protects the practice of medicine in Arkansas now and in the future.

Smith, Wroten, and the Society staff are here to help you get involved during this legislative session. Watch your inbox for weekly legislative news and be ready to answer calls to action. AMS also wants to hear from you. Contact AMS at [\(501\) 224-8967](tel:5012248967) or email Scott Smith at ssmith@arkmed.org to let us know about the issues that are affecting your practice. ■

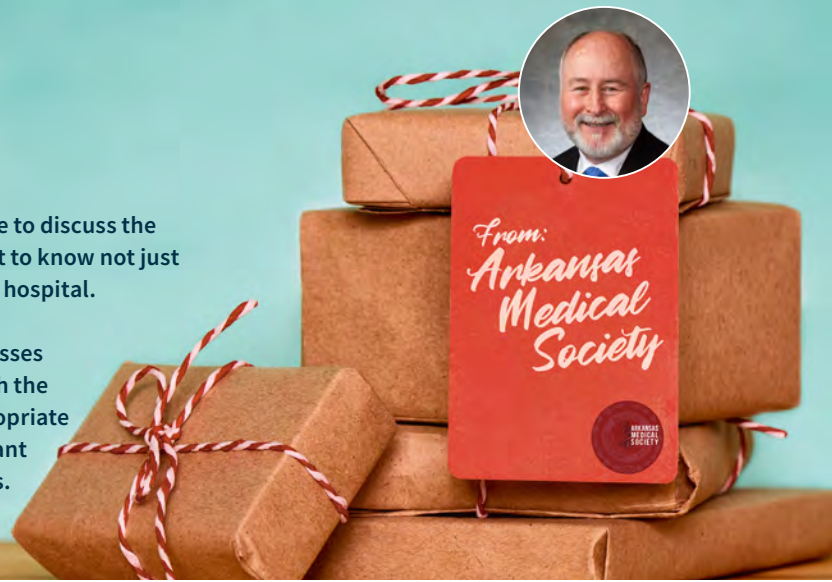
THE GIFTS THAT KEEP ON GIVING

BY DAVID WROTEN

AMS EXECUTIVE VICE PRESIDENT

Recently I was preparing for a meeting with a hospital executive to discuss the importance of AMS membership. Most hospital executives want to know not just what AMS does for physicians, but how those issues impact the hospital.

It didn't take long to come up with a long list of advocacy successes to help make the case for maintaining membership in AMS. With the current legislative session in full force, now seems like an appropriate time to walk down memory lane while highlighting the significant impact the AMS has on the lives of physicians and their patients.



LET'S BEGIN WITH ANY WILLING PROVIDER.

How many hospitals and clinics in Arkansas would not exist today without this legislation? Young physicians may have no idea what this is, but travel to other states and you'll find that insurance companies get to decide who they will contract with. These insurance companies can create very narrow networks by picking and choosing which hospitals and physicians are in network and it doesn't matter how good a physician you are.

Think for a moment how your practice (or your hospital) would be impacted if you or the hospital were excluded from the largest network in Arkansas for no reason. That's exactly what was happening in our state prior to the work AMS did to pass the Patient Protection Act, or Any Willing Provider. Under this law, health plans must contract with any physician or hospital that is willing to accept the terms of the contract and meet the credentialing requirements.

NEXT IS PROMPT PAYMENT AND RECOURPMENT.

I put these two together because they are certainly related. AMS led the charge to get the Arkansas Insurance Department to issue regulations that require health insurance carriers to pay providers in a timely manner while establishing interest penalties for late payments. In 2005, AMS worked to pass legislation limiting to 18 months the time carriers can recoup payments from providers, except in cases of fraud.

THE NEXT GIFT IS ECONOMIC CREDENTIALING.

Imagine getting kicked off staff at your local hospital because you or your spouse (or your mother, daughter, son, etc.) had an ownership interest in a competing hospital. That almost happened in Arkansas before the AMS and AMA intervened in two separate lawsuits to prevent it from happening. One of the cases was settled and the other went to the Arkansas Supreme Court. This is referred to as economic credentialing, and the Court agreed with AMS that this interferes with the patient physician relationship and is therefore against public policy.

FINALLY, LET'S DISCUSS CREDENTIALING.

Few things are more financially disruptive than bringing in a new physician then waiting six months or longer for the carriers to credential them and add them to their network. In 2009, AMS worked

to pass legislation requiring carriers to complete credentialing within 90 calendar days (it was originally 180 days). Then in 2015, AMS worked to amend the act to reduce the time to 60 calendar days.

OTHER ADVOCACY WINS.

AMS has recently been at the forefront of passing or supporting legislation that benefits physicians, hospitals, and other health care providers. Since I'm running out of space, I'll just mention a few:

- Limitations on prior authorization requirements
- Medicaid expansion
- Telemedicine
- POLST
- Physician dispensing
- Treatment of chronic pain, and much more.

It's fair game for physicians and hospitals alike to ask AMS, "What have you done for me lately." But the point I'm trying to make is that many of the successful efforts of the AMS are timeless. Any willing provider, prompt payment, recoupment, credentialing, prior authorization reform...these are all gifts that keep on giving long after the wrapper has been removed. Their existence is a direct result of strong and engaged physician membership in the Arkansas Medical Society. ■

MANY OF THE SUCCESSFUL EFFORTS OF THE AMS ARE TIMELESS.





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AMA PURSUES 5-POINT STRATEGY TO HELP PHYSICIANS BETTER SERVE PATIENTS

BY SCOTT FERGUSON, MD
AMA BOARD OF TRUSTEES








As the U.S. recovers from the most severe public health crisis in generations, the American Medical Association is pursuing a five-point strategy to help improve the working environment for physicians so that we can deliver the very best care to our patients.

Physicians took care of this nation throughout the pandemic. It's time the nation renews its commitment to us.

This is why we've introduced the AMA's Recovery Plan for America's Physicians. Just as the AMA supported physicians throughout the pandemic by securing billions of dollars to protect private practices and advance telehealth while enabling investments in vaccines and therapeutics, we are wholly committed to rebuilding and recharging our health system to make it function more effectively for physicians, our staffs, and, most importantly, our patients.

THE FIVE ELEMENTS OF THE AMA RECOVERY PLAN FOR AMERICA'S PHYSICIANS ARE:

-  Bolstering **TELEHEALTH** to maintain coverage and payment;
-  **REFORMING MEDICARE PAYMENT** to promote thriving physician practices and innovation;
-  Stopping **SCOPE CREEP** that threatens patient safety;
-  Fixing **PRIOR AUTHORIZATION** to reduce the burden on practices and minimize care delays for patients; and
-  Reducing **PHYSICIAN BURNOUT** and addressing the stigma around mental health.

WE NEED TO IDENTIFY AND ELIMINATE THE ROOT CAUSES FOUND AT THE SYSTEM LEVEL THAT ARE DRIVING PHYSICIANS AWAY FROM MEDICINE IN ALARMING NUMBERS.

Each of these initiatives is a complex undertaking that will require collaboration, focus, resources and resolve. Achieving all of them is within our grasp; however, doing so will streamline health care delivery, reduce costs, improve patient care and support innovation while also allowing us to respond much more effectively to the next public health emergency.

Consider the changes we've already seen in telehealth. The large-scale adoption and expansion of telehealth services during the pandemic enabled physicians to meet patient needs while reducing risks. The AMA is committed to building on that success by permanently eliminating coverage restrictions and other barriers that predated the pandemic, and giving physicians the resources and tools needed to seamlessly integrate telehealth services into their practices. You can find comprehensive, step-by-step guides to implementing the full range of digital health solutions in the AMA Digital Health Implementation Playbooks,

just one of the many free resources offered online to help physicians put telehealth into practice.

Reducing physician burnout and restoring joy to the practice of medicine is another important element of the Recovery Plan. The strategy here must focus on much more than increasing resiliency. We need to identify and eliminate the root causes found at the system level that are driving physicians away from medicine in alarming numbers. Physician wellness took a major step forward with enactment of the Dr. Lorna Breen Health Care Provider Protection Act, but we need to press forward to achieve more legislative, regulatory and health system advancements that support the mental health needs of medical students, residents and practicing physicians.

Of course, we can make tremendous strides toward improving physician wellness by fixing the overly onerous prior authorization process, which steals time that could otherwise be spent treating patients and

ties up both physicians and their support staff. AMA research has demonstrated that the average physician deals with more than 40 prior authorization requests each week, which require about 13 hours to complete. The AMA continues to push for prior authorization reform with multiple initiatives designed to the overall number of requests, while promoting automation in completing them and making requirement criteria more transparent.

Reforming the Medicare payment system with an emphasis on financial stability and predictability, and eliminating scope of practice expansions that threaten patient safety round out our five-point Recovery Plan. By helping create a health care system that works better for physicians we create a process that works better for patients and, importantly, places the patient-physician relationship at the center, where it belongs. This is the AMA's vision for our health system, and one we wholly committed to achieving. ■

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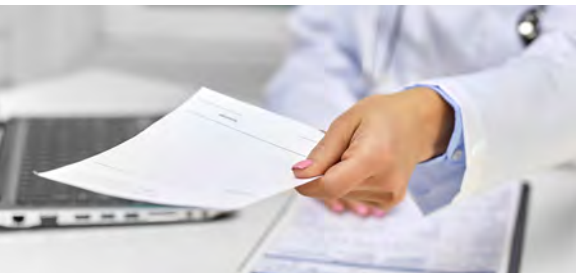
2023...IS THIS THE YEAR TO RETIRE?

BY TEREASA HOMES, CMPE

AMS DIRECTOR OF PRACTICE AND HEALTH POLICY

It's a brand new year. Time for us all to make resolutions, plan vacations, and set personal goals for a successful 2023. While these may be the typical topics of discussion between friends and family, in the health care industry, there is a completely different conversation. Physicians must consider many issues in a new year including increasing or decreasing patient load, additional staffing, updated or new software, incorporating social media, and increasing community engagement.

But what about those silent questions that begin to arise in a physician's mind – is it time for me to retire? Research has shown that physicians struggle with deciding to retire because of the enjoyment of the practice of medicine, but eventually the time comes when the decision must be made. While AMS cannot suggest the next path to take, below are three ideas to consider as you contemplate the next chapter in your professional career.



GRADUAL TRANSITION TO RETIREMENT

Many physicians want to continue to practice medicine but will cut back the number of hours and days they practice. By setting a time frame to work part-time within your practice, it allows for patient awareness and understanding of the upcoming transition, giving them time to research and select a new physician when you become fully retired and no longer practicing.

Another option is to arrange or lease exam room space from an established practice within your specialty for a set number of hours. Consideration for the patient panel may include by referral only, scheduled coverage for out-of-office physicians, and walk-ins.

Some physicians choose to establish a cash-only clinic with determined hours. This option would dissolve contracts with insurance carriers and state funded programs, and you would need to make patients aware of the change in financial responsibility.

One of the newest trends in medicine is concierge medicine, which allows primary care physicians to maintain a small patient panel with extended services and availability. Patients are charged a yearly membership fee and responsible for billing their own claims.

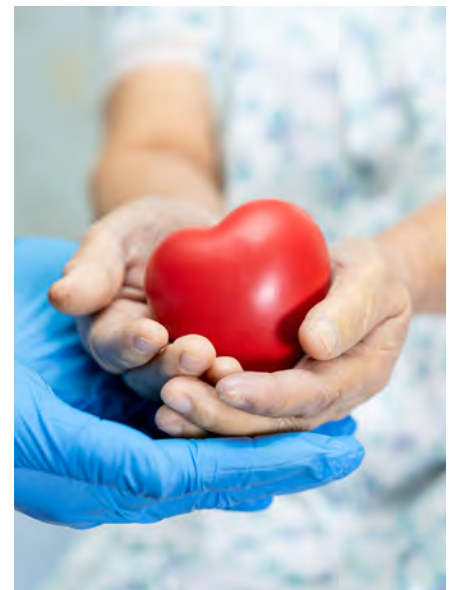
VOLUNTEERING IN RETIREMENT

Many physicians want to step back from the daily schedule of seeing patients and running a clinic but are not ready to completely give up the joy of serving others. If a physician wants to volunteer with charitable organizations, the medical license must still be active and in good standing.

This would apply in settings such as free clinics, where physicians go to underserved areas and populations. Many of these non-profit organizations providing medical outreach are faith or community medical

events such as health fairs, vaccine clinics, or medical mission trips to foreign countries.

Many physicians came out of retirement when the COVID-19 pandemic began and were able to assist in many emergency situations. In August 2021, Gov. Hutchinson issued an executive order that eased some of the licensing restrictions for retired physicians to help during the public health emergency. Since that time, the official public health emergency has expired in Arkansas, but it may be a consideration to take in keeping your medical license current even if you aren't going to continue daily practicing at a clinic or hospital.





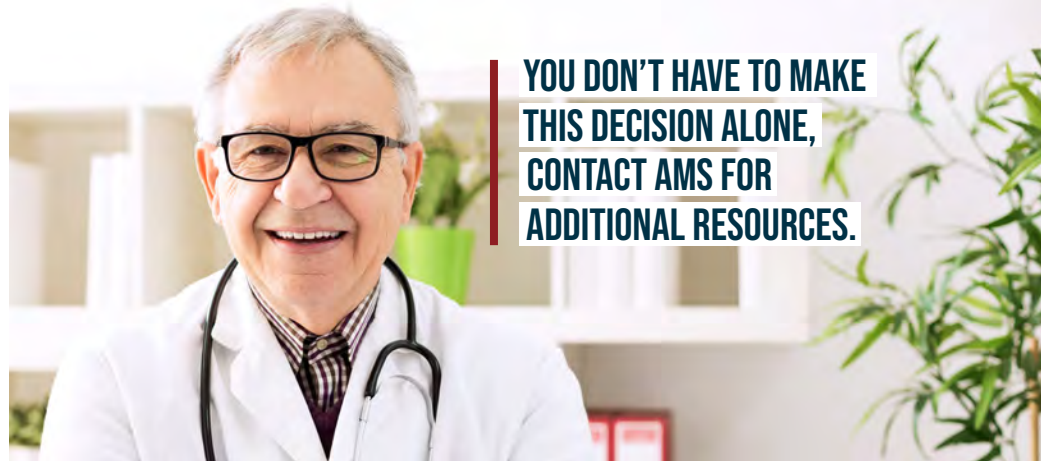
member of the Society (meaning no lapse in membership), are less than 70 years old, and are fully retired, you may be eligible for Emeritus status, meaning your AMS membership would automatically renew each year without dues. If you are 70 or older, have practiced 45 years, and are a concurrent member (no lapse in membership), you may be eligible for the Life membership, which is also automatically renewed each year without dues.

It takes an enormous amount of time, energy, and money to become a doctor, so the decision to retire can be an extremely difficult one to make. While this article contains a simplified list for physicians to consider, you don't have to make this decision alone. Contact AMS for additional resources on the process of closing a practice or let us put you in touch with experts that can assist you in making this very important decision in 2023. ■

FULL RETIREMENT

The final option is to completely retire from practicing medicine and surrender your license or let your license expire after the renewal deadline. You will want to make sure that you properly notify your patients and employees, determine the best way to disperse your medical and office equipment, and make arrangements to store or transfer custody of medical records.

AMS also asks that you let us know if you have fully retired or plan to fully retire in 2023. If you have been a concurrent



YOU DON'T HAVE TO MAKE THIS DECISION ALONE, CONTACT AMS FOR ADDITIONAL RESOURCES.

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THE POWER OF ONE

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



The importance of each vote making a difference was highlighted this past November when State Representative Steve Magie, MD, won re-election in a true nail-biter. When the counting was completed, Dr. Magie, who is also an AMS Past President and current chair of ArkMed-PAC (the AMS political action committee), had 4,052 votes and his opponent had 4,042 - a winning margin of .0012% proving those 10 votes for Dr. Magie were incredibly important.

What you may not understand is how important a candidate's "get out the vote" operation is for successful politicians. One voter told Dr. Magie that either he or his campaign workers came to her house a total of seven times! While Dr. Magie's victory was close, repetition and perseverance were key to his victory.

The same repetition and perseverance will be needed for the continued success of AMS in the legislature this session.

In committees, close votes happen at just about every meeting, making it a strong likelihood that at least one bill will either pass or fail by ONE VOTE. The same is true for legislation that makes it to the State House and State Senate floors. Each regular session of the Arkansas General Assembly has had legislation pass or fail because of the vote of just ONE legislator, who might just be YOUR legislator.

You, the constituents, will be the key to success...especially on those hotly contested bills in committees where there is a ONE VOTE margin. Now is the perfect time to introduce yourself to your State Representative and State Senator and offer to serve as a resource on medical-related issues. If your legislators are on either the Insurance and Commerce committee or the Public Health committee, your help will be especially critical to this year's session. (See below to learn how to locate your legislator).



When specific issues are before those committees, be on the lookout for our Legislative Update emails that will give you the bills coming up soon along with talking points. You do not have to be an expert on the bill. Talking points will get you the information we need to be communicated, and legislators will listen to you. Just be polite, offer your thoughts, and if asked something you don't know, say you'll get back to them with the information.

Your frequent efforts to communicate with your legislators will make our efforts in getting support and counting votes more effective. The power of your ONE vote, call, text, or face-to-face visit, can bring ONE positive vote that helps all Arkansas physicians and your patients. ■

LOCATE YOUR LEGISLATOR

TO FIND YOUR STATE REPRESENTATIVE AND STATE SENATOR:

Go to ARKMED.org, and under the Advocacy tab, click on the "Locate Your Legislator" link (or scan QR code).

Scroll down to enter your **zip code** and address, then scroll to the bottom to locate your **STATE Representatives and Senators**.

To send a message, **click the box next to your House and Senate legislator**, then click "**compose**" to send them a message. You can also click on their names to see if their district phone numbers are listed.

Another way to contact your legislator is to **call the Capitol** and leave a message for them, and always include your best contact number and a BRIEF message asking them to call you back.

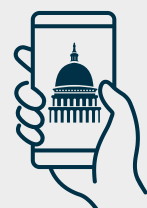
Senate – 501-682-2902
House - 501-682-6211

VOTE

EACH REGULAR SESSION OF THE ARKANSAS GENERAL ASSEMBLY HAS HAD LEGISLATION PASS OR FAIL BECAUSE OF THE VOTE OF JUST ONE LEGISLATOR, WHO MIGHT JUST BE YOUR LEGISLATOR.



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Changing Trends in Suicide: Young Black Arkansans Are at Risk

AUSTIN PORTER, DrPH, MPH; NAKITA LOVELADY, PH.D., MPH; M. KATHRYN ALLISON, PH.D., MPH

Since 2013, more than 500 Arkansans have died yearly due to suicide. Historically, white Arkansans have been disproportionately impacted by suicide, accounting for nearly 95% of suicides in 2015 while accounting for 78% of the population. This trend has continued for years until recently, when the state is experiencing an alarming increase in the rate of Black Arkansans who have died by suicide.

Since 2015, the rate of Black Arkansans who have died by suicide has more than doubled (4.7 per 100,000 in 2015 to 10.4 per 100,000 in 2020), while the suicide rate among white Arkansans slightly decreased during the same period (22.2 per 100,000 in 2015 to 21.1 per 100,000 in 2020; [Figure 1](#)). Even more startling is the 55% increase in the suicide rate among Black Arkansans between 2019 and 2020, while the suicide rate among white Arkansans decreased slightly.

The COVID-19 pandemic has been and continues to be associated with increased levels of stress and depression, which are risk factors for suicide. The impact of the pandemic may be disproportionately affecting the mental health and well-being of

Black Arkansans. Other states have experienced similar trends. A study by Bray et al. found that the suicide rate among Blacks living in Maryland significantly increased in 2020 compared to previous years.¹ Although the number of Black Arkansans who die from suicide is relatively low compared to whites. The emerging trends are particularly troubling.

AGE

The average age of people who die from suicide can provide critical information for health care professionals seeking to identify at-risk populations and implement interventions to reduce the risk of suicide. In 2015, the average age of decedents of suicide for white and Black Arkansans was 47 and 44 years, respectively, a difference of approximately three years ([Figure 2](#)). In the years leading to 2020, the average age of decedents from suicide among white Arkansans remained unchanged, while the average age among Black Arkansans decreased by 11 years.

The decrease in the average age among Black Arkansans indicates an increase in the frequency of younger people dying by suicide. In 2015, less than half of Black Arkansans who died by suicide were ≤ 44 years com-

pared to 84% in 2020. Additionally, in 2020 approximately 14% of Black Arkansans who died from suicide in 2020 were children (<18 years), compared to 3% among white Arkansans for the same year. National data from the Youth Behavioral Risk Factor Surveillance System have shown that suicidal ideation, creation of a suicide plan, and attempts have all statistically increased among Black youth from 2009 through 2019.²

CALL TO ACTION

To address this increasing rate of suicide among Black Arkansans, our state needs culturally appropriate community programs that engage appropriate community partners and settings. Churches, workplaces, and schools are vital for promoting mental health and suicide prevention. One example of a workplace program is The Confess Project, which has trained barbers to listen, validate, and be advocates to help others get comfortable talking about their emotions. Programs like The Confess Project help create environments where Black community members feel comfortable discussing mental health and asking for help.

Community leaders also play a role in creating cultures that destigmatize mental health. Black

community leaders should discuss mental health and suicide prevention openly to reduce stigma and promote help-seeking. The role of the church and church leaders may prove instrumental in destigmatizing mental health care in the black community.³

We must also expand access to culturally appropriate mental health care for Black communities. Only one in three Black adults with mental illness receive treatment.⁴ Some reasons why treatment rates are so low among Black adults are due to the mistrust of the healthcare system. Historical and current negative experiences such as the Tuskegee Syphilis Study and systemic barriers and biases within the healthcare system against minorities exacerbate distrust in these communities.⁵ Expanding insurance coverage for mental health care, including in-person and telehealth-delivered therapy, would reduce barriers to mental health care. Black Arkansans should be made aware of virtual resources for mental health treatment, such as AR CONNECTNOW—a call center and virtual clinic.

Furthermore, practitioners should be trained on how diagnoses such as depression and anxiety may be expressed differently between Black and white youths. A study by Kendrick et al. showed that Black children are more likely to express depression or despair differently, which may lead clinicians to misdiagnose these symptoms as a conduct disorder, another type of mental health disorder, or remain undiagnosed.⁶ In 2019, the United States Congressional Black Caucus

released a document entitled "Ring the Alarm: The Crisis of Black Youth Suicide in America," which raised awareness and called for increased research funding to address the increasing rates of suicide seen in Black youth.⁷

Figure 1. Suicide Rates, By Race in Arkansas 2015–2020

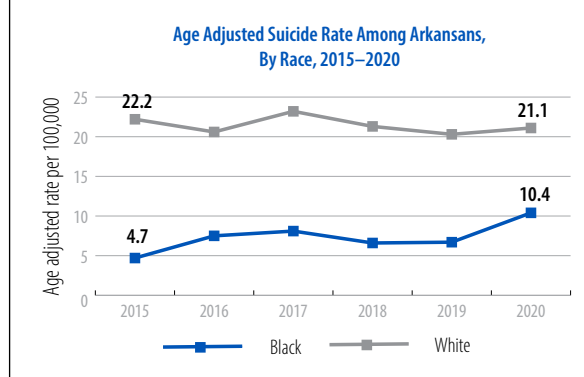
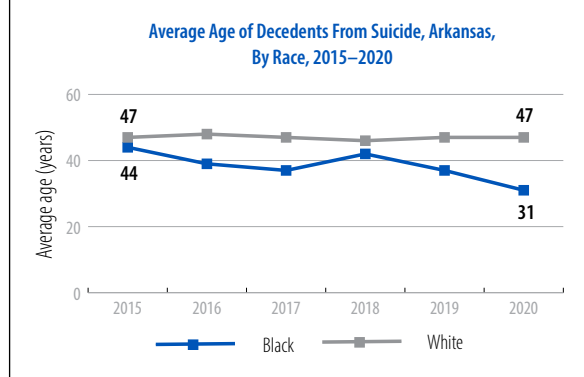


Figure 2. Average Age of Decedents from Suicide in Arkansas



The pandemic has undoubtedly created a tremendous amount of stress on all communities; however, we must understand and address why we are seeing an increase in younger Black Arkansans dying by suicide. More importantly, we must implement evidence-based interventions and policies to address this growing public health problem.

Disclaimer: The views expressed in this paper are those of the author(s) and not necessarily those of the Arkansas Department of Health. ▲

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Dr. Porter is the Deputy Chief Science Officer for the Arkansas Department of Health and assistant professor at the University of Arkansas for Medical Sciences Fay W. Boozman College of Public Health.

Dr. Mary Kathryn "Katy" Allison is a Research Assistant Professor at the University of Arkansas for Medical Sciences Fay W. Boozman College of Public Health.

Dr. Lovelady is an Assistant Professor at the University of Arkansas for Medical Sciences, Fay W. Boozman College of Public Health, Department of Health Behavior and Health Education and a native of the Arkansas Delta.

FINDING A PRACTICE LENDER & BANK: CHOOSING WISELY TODAY FOR YOUR PRACTICE TOMORROW

BY MICHAEL JERKINS, MD, M.ED.



We all know it. These are tough economic conditions for both patients and physicians. Nevertheless, I encounter many in our profession that want to enter or grow in private practice but do not know where to start.

A big part of growing or entering private practice is finding a banking partner that can support you in your practice needs. Finding a lender that has the best program AND will provide you the best support to allow you to focus on what you do best — patient care — rather than worrying about banking for your practice.

Practice ownership can affect all areas of your life, so before choosing a lender, you should consider your wants and needs in every aspect of your life — personal and professional — to map out your priorities.

Think about your future plans for the practice, how you want to lead your team as an owner, how much you want to work clinically, and how you would bring in other clinicians. Then, use these priorities to help you find a lender that aligns with your long-term plans.

It can be tempting to choose a lender based solely on a low rate, but this can be a dangerous strategy for several reasons. For instance, lenders may lock you into their program for years with a prepayment penalty or charge you exorbitant fees on merchant services for your practice.

They also may not be prepared to support any future growth you have planned for your practice. All of these variables can be more important than simply looking at the interest rate of a loan.


Here are some other things to consider when choosing your banking partner:

 **Specialty Knowledge:**

Does the lender have specialized knowledge in health care lending to practices? Lending to a medical practice or surgery center is very different from another business and requires experience.

 **Structure and servicing:**

Understand if there are fees or limits on deposits and services like checking accounts, ACHs and wire transfers, costs for banking equipment, and remote deposit capabilities. Those costs can add up very quickly.

 **Merchant services (credit card processing):**

The ability to accept payment from your patients is obviously vital to your practice. This includes credit cards. Some lenders require borrowers to use their merchant services but attach high fees that can counteract any savings you may have gotten from a low rate.

 **Future support:**

Ask any potential lending partner if they can support any future lending needs for your practice such as real estate purchases, construction or expansion, equipment purchases and more.

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Private practice can be rewarding, but I know it can also be tough. That is why it is important to work with a true lending and banking partner that cannot just support you today but also be able to better support you tomorrow. You and your patients deserve it. ■

UAMS: WASHINGTON REGIONAL AND UAMS TEAM UP FOR NEW RESIDENCY PROGRAM IN NWA

Efforts by the University of Arkansas for Medical Sciences (UAMS) and partners to generate much-needed physicians for Arkansas are getting a boost this year with the launch of the UAMS/Washington Regional Internal Medicine Residency Program in Fayetteville.

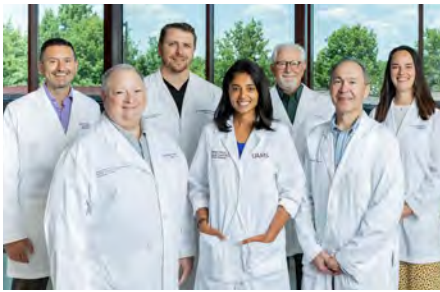
The program received initial approval from the Accreditation Council for Graduate Medical Education (ACGME) for 24 internal medicine slots and will welcome its first class of eight residents in July. It is a jointly administered residency program and is accredited as part of the new GME initiative between UAMS and Washington Regional Medical Center. With future residency training planned in emergency medicine, neurology, surgery and transitional year, these programs will bring approximately 92 new residency positions to Northwest Arkansas by 2030.

“As we work with collaborators across the state to expand residency training opportunities, it is exciting to see this new program with Washington Regional come to life,” said G. Richard Smith, MD, interim UAMS executive vice chancellor and College of Medicine dean. “Washington Regional has provided excellent training opportunities for UAMS family medicine residents for many decades, and our new, jointly administered programs in internal medicine and other specialties take our partnership to a new level.”

“The success of our program is essential to meeting the health care needs of Arkansans and aligns with our regional and institutional missions to educate future physicians who will provide the highest quality primary and specialized care,” said Sheena CarlLee, MD, assistant professor and residency program director. “We are so excited to welcome our first residents this summer.”

Preparations for the new program add to the atmosphere of growth for the College of Medicine at the UAMS Northwest Regional Campus, where undergraduate medical education also is being expanded. For the first time, students from all four years of medical school – 62 in all – are now based at the campus. This is the second year the campus has hosted UAMS’ accelerated three-year MD track for highly qualified students who plan to practice primary care, in addition to the traditional four-year track.

“It has been amazing to see the growth of our medical education program in Northwest Arkansas,” said John Spollen, MD, a professor of psychiatry and longtime educational leader who began serving as regional associate dean for the college in January 2023. “I look forward to working with our students, faculty and community partners as we continue to expand and enhance medical education in the years ahead.” ■



Left Photo: UAMS/Washington Regional Residency core faculty members: Back row (l-r): Michael Bolding, DO, Director of Hospital Medicine; Corey Costantino, MD, Hospital Medicine Physician; David Ratcliff, MD, Chief Medical Officer; Anne Montgomery, MD, General Internal Medicine Physician. **Front Row** (l-r): Buddy Newton, MD Medical Director of Infection Prevention, Control and Treatment; Sheena CarlLee, MD, General Internal Medicine Physician and Program Director; Anthony Williams, MD, Vice President and Chief Quality Officer.

Right Photo: John Spollen, MD, newly appointed regional associate dean for the UAMS College of Medicine in Northwest Arkansas.

ARCOM: APPLICANTS HELP MAKE BLANKETS FOR PROJECT LINUS

Serving the underserved is central to the mission of the Arkansas College of Osteopathic Medicine (ARCOM). One of the ways ARCOM is making a difference is through participation in the Project Linus program. Project Linus is a national organization that provides homemade blankets to children who are seriously ill, experiencing trauma, or otherwise in need. On ARCOM interview days, the admissions team instructs applicants on how to make fleece cut and tie blankets. Before and after their interviews, the applicants work on making the blankets that are later donated to Project Linus. Not only is it a wonderful way to show applicants how important service is to ARCOM, but it is also a great way for them to bond with fellow applicants as they work together toward a common goal.

Tracy Long, Coordinator of the Western Arkansas chapter for Project Linus stated,

“Since 1995, the mission of Project Linus has been to provide new, handmade blankets to local children in need. The alignment with ARCOM’s mission, to serve the underserved, was never more evident than when they began engaging potential student doctors in the process of making blankets for the Western Arkansas chapter of Project Linus. As a result, more than 75 local children have received a “hug” from these Blanketeers (volunteer blanket makers). We, and they, are so very appreciative of this partnership and willingness of ARCOM and potential student doctors to share their talents and resources with our community in this way.”

Since mid-August, ARCOM Admissions has donated several homemade blankets to children in the River Valley. They project that by the end of the interview season, they will make a total donation of 100 blankets.



NYITCOM: STUDENTS WAGNER AND NATHAN DRAWN TO RURAL MEDICINE IN UNDERSERVED AREAS

Benjamin Wagner and Melissa Nathan both grew up in small towns in Southern Illinois, and when they began searching for the ideal place to earn their medical degree, they both hoped they'd land at a medical school that provided them with unique opportunities to train in and experience what it's like to practice in a rural, underserved area.

Through their first three years at New York Institute of Technology College of Osteopathic Medicine at Arkansas State University, Wagner and Nathan have received just that.

"We really connected with NYITCOM's mission to serve underserved populations, especially in the Delta," Nathan said. "We felt like they were going to help us serve the population we



WE'RE BOTH INTERESTED IN PRACTICING MEDICINE IN UNDERSERVED AREAS, AND THIS IS GREAT PREPARATION FOR THAT. WE GET TO SEE A LOT OF UNIQUE CASES AND EXPERIENCE THE NEED FOR BETTER ACCESS TO HEALTH CARE IN PLACES LIKE THIS.

want to. I feel like a lot of places talk a lot about rural health care and serving the underserved but don't take steps toward that. We could tell NYITCOM meant it, and we've experienced how that mission is being carried out."

Wagner and Nathan met through a pre-med student group while they were both undergrads at Eastern Illinois University and began dating in 2018. Wagner graduated ahead of Nathan and worked as a scribe at a local hospital for two years before they began applying to medical school together.

The couple landed several interviews but were drawn to NYITCOM's mission and its presence on a large undergraduate campus, and they enrolled in 2020.

Wagner and Nathan enjoyed their pre-clinical years in Jonesboro and are extremely grateful for the experience they've received during the early portion of their clinical training as well. They perform a majority of their rotations in Crossett, where they currently live, but also travel to hospitals and clinics in Monticello and Warren.

"Because of where we grew up, I feel like we just kind of get it, the feel down here," Nathan said. "We're both interested in practicing medicine in underserved areas, and this is great preparation for that. We get to see a lot of unique cases and experience the need for better access to health care in places like this."

While in Crossett, they've enjoyed the opportunity to participate in community service events such as food drives and as medical assistants on the sidelines of local high school football games.

"In smaller towns like this, the smallest action can make a huge difference because there aren't that many people here and there aren't as many resources," Nathan said.

They also appreciate how they've been welcomed in the community. "The Southern hospitality is real," Nathan said. "We've really been taken care of."

Wagner and Nathan became engaged last May, but wedding plans are on hold until 2024 after residency plans are secure. Those residency plans, and their future practice plans, have certainly been impacted by the time they've spent in rural Arkansas.

"We could see ourselves coming back here," Wagner said. "We're very comfortable training in an area like this so we'd certainly look at practicing in one like it as well. Every day we talk about how fortunate we are to be able to train here and we just really appreciate all that our preceptors have done to make us feel welcome and give us a great experience." ■

Medical Board Legal Issues?

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ARKANSAS DELEGATES ATTEND AMA INTERIM MEETING IN HAWAII

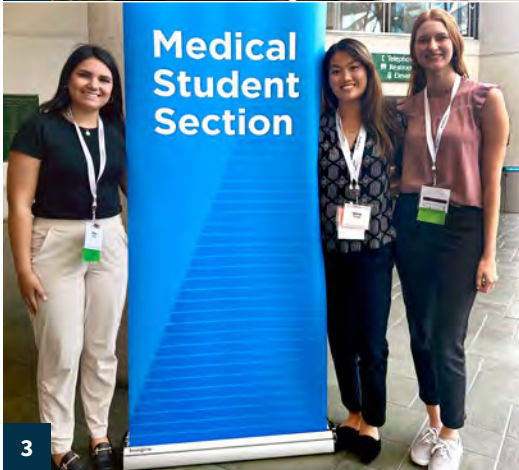
This past November, the Arkansas delegates and alternate delegates attended the American Medical Association Interim Meeting in Honolulu with 700 other physicians and medical students. Attendees considered proposals across a wide range of clinic practice, payment, medical education, and public health topics.



1



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6

1. Dr. Omar Atiq, Dr. Amy Cahill, Dr. Alan Wilson, and Dr. Gene Shelby were part of the Arkansas delegation.
2. Clara Puente speaks to the medical student delegation.
3. UAMS medical students Clara Puente, Olivia Tzeng, and Jordan Myers attended the AMA Interim Meeting.
4. Left to Right: Dr. Dale and Cecilia Blasier, Rep. Deborah Ferguson and Dr. Scott Ferguson, Stephanie and Dr. Alan Wilson, and Dr. Amy Cahill
5. Olivia and Jordan enjoying the beautiful scenery in Hawaii
6. Left to Right: Mehreen and Dr. Omar Atiq, Dr. Gene Shelby and Becky Tate, and Scarlett and Dr. Seth Barnes, AMS President. ■

UAMS MOURNS LOSS OF DEAN OF THE COLLEGE OF MEDICINE, SUSAN SMYTH, MD, PHD

PHOTOS BY: EVAN LEW

The University of Arkansas for Medical Sciences is sad to announce that Susan Smyth, MD, PhD, executive vice chancellor and dean of the College of Medicine died December 31, 2022, after a battle with cancer. Smyth is survived by her husband Andrew and their sons, Edward and William.

“Susan was a remarkable leader, colleague and friend who will be deeply missed by many across our state, especially those of us fortunate enough to work with her,” wrote Chancellor Cam Patterson, MD, MBA. “Her death is a great loss for UAMS, our state, and all who knew her.”

Joining UAMS in 2021, Smyth, a nationally respected cardiologist and translational researcher, specialized in arterial and venous thrombosis, authoring more than 200 publications and a dozen textbooks. Patterson said Smyth was a “fantastic scientist” and “incredible leader” whose research helped advance the understanding of heart disease and identified new therapies to treat people suffering from it. Patterson also credited Smyth as a trailblazer for women in academic medicine who became president of the Association of University Cardiologists.

This past November, Smyth was invested at UAMS in the Arkansas Medical Society Distinguished Dean’s Chair, an endowment that is among the

highest academic honors a university can bestow on a faculty member. The chair was established in 2017 by the College of Medicine and the Arkansas Medical Society for the college’s most important leadership post. In addition to her investiture during the ceremony, her husband Andrew Morris, PhD, professor in the UAMS Department of Pharmacology and Toxicology, also was invested in the Mehta Stebbins Chair in Cardiovascular Research.

During her tenure at UAMS, Smyth launched and expanded numerous initiatives to improve health in Arkansas while also increasing the College of Medicine’s national standings in primary care and other aspects of education, research, and clinical care. She made the pursuit of health equity, diversity, and inclusion a top priority for the college. Smyth also helped guide the state through the covid-19 pandemic and wanted to improve health outcomes in rural and underserved communities.

“She will be remembered not just today, not just a year from now. She will be remembered 50 years from now,” said Patterson.

UAMS has appointed G. Richard Smith, MD, former dean of the College of Medicine and founding director of the UAMS Psychiatric Research Institute, to serve as interim dean. ■



Representing AMS at the Investiture included (back L to R): AMS EVP David Wroten, Dr. James Hunt, Dr. Omar Atiq, Dr. Amy Cahill, Dr. Lee Archer, Dr. Danny Wilkerson, AMS President Dr. Seth Barnes, and Dr. Gina Drobeno. Dr. Susan Smyth (seated) is flanked by Stephanie Gardner and Dr. Cam Patterson from UAMS.



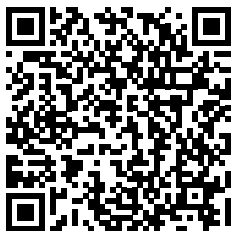
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FOR OPIOID USE DISORDER

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[UAMS.Info/Opioid](https://uams.info/opioid)

Scan to visit.



In collaboration with the Arkansas Department of Human Services, the UAMS Center for Addiction Services and Treatment (CAST) is providing funds to facilities across Arkansas offering medication-assisted treatment to patients with opioid use disorder. The money will allow medical providers to offer treatment to patients without insurance or the ability to pay for services.

Medication-assisted treatment involves the use of medication to relieve cravings and withdrawal symptoms along with counseling and support to overcome the

use of opioids. This includes methadone, which can only be dispensed through an opiate treatment program, products containing buprenorphine that require a federal waiver for prescribers and injectable naltrexone, which does not require special qualifications for prescribing.

The funds will cover expenses including the cost of medication, hiring peer support specialists, providing treatment services and even travel costs for patients using medication-assisted treatment.

**To learn more about these funds and how to receive them:
call (501) 526-8459 or (833) 872-7404
or e-mail Anner Douglas at ADouglas2@uams.edu.**



UAMS

Psychiatric
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2023 MEMBERSHIP DUES STATEMENTS HAVE BEEN MAILED

Your 2023 AMS membership dues statements were mailed in November to the default or preferred address in your membership record. Your prompt payment is greatly appreciated, as this helps save staff time and administrative costs associated with follow-up mailings over the next couple of months. Per the AMS bylaws, members who have not paid by March 1 are considered delinquent for the current calendar year. (Medical Students, Residents, Life, and Emeritus memberships automatically renew without dues).

For over 30 years, AMS's low annual membership dues have not been raised - \$400 for active members, and \$100 for first-year physicians starting practice in Arkansas. For your added convenience, you may pay your AMS and County Society membership dues online by credit card using our secure payment portal. A link can be found on your email invoice or PDF invoice. You may also log into your AMS Info Hub account and pay online - visit <https://www.arkmed.org/payyourdues/> for instructions.

If you did not receive your AMS dues statement by mail or need another copy, or wish to pay by phone, contact AMS at **501-224-8967** or email ams@arkmed.org.

We look forward to providing you with another year of valuable benefits as the Society works on behalf of Arkansas physicians, but ultimately it's your involvement and advocacy that strengthen physician voices and provide a strong avenue for physicians to be advocates for patients. Renew Today! ■



**IT'S YOUR INVOLVEMENT AND
ADVOCACY THAT STRENGTHEN
PHYSICIAN VOICES**

*Renew
Today!*

NOMINATIONS/APPLICATIONS OPEN FOR AMS BOARD OF TRUSTEES

The Arkansas Medical Society is now accepting nominations/applications for District Trustees. The deadline is February 1, 2023. District Trustees are elected by AMS members in each of the 10 districts. Voting will take place from February 15 - March 1, 2023.

Any member interested in serving on the AMS Board of Trustees, or wishing to nominate someone, please visit <https://www.arkmed.org/about/physician-leaders/nominate/>

to fill out the online form. You can also call the AMS office at **501-224-8967**, or email **Mary Ann Mansfield** at mamansfield@arkmed.org with your nominations.

The Board of Trustees consists of the primary officers of the AMS and district trustees representing 10 geographic areas of the state. There are currently 36 district trustees, which can fluctuate based upon the number of AMS members in each district.

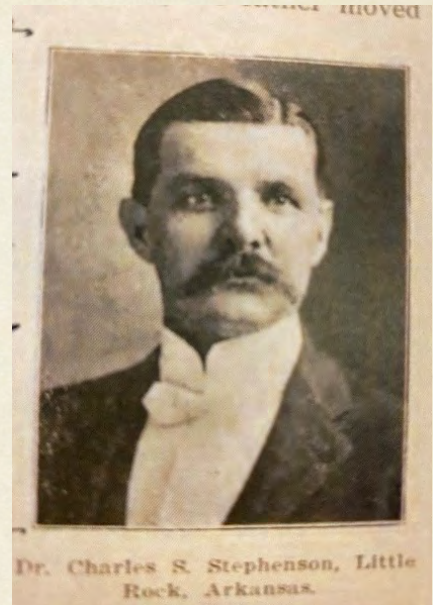
The Board of Trustees sets policy and is responsible for the business and financial affairs of the AMS. The Board meets quarterly with meetings generally lasting about two hours.

Terms are for two years, beginning Spring 2023, with a limit of four consecutive terms. Those elected will be notified after March 1 and will be installed at the Annual Membership meeting on May 11-12, 2023, at the Embassy Suites in Rogers. ■

LECTURES ON THE EVILS OF TOBACCO: DR. CHARLES STEPHENSON

BY: RAY HANLEY

As late as the 1950s, the American tobacco companies featured physicians in their advertising touting the benefits of cigarettes. The battle against tobacco in medicine only gradually began to ramp up in the early 1960s after the U.S. Surgeon General's announcement of the health impacts. But more than 50 years before that, Dr. Charles Stephenson published an article in the August 1905 Monthly Journal of the Arkansas Medical Society to lecture his fellow physicians on not doing enough to rid themselves of the habit.



Dr. Charles S. Stephenson, Little Rock, Arkansas.

Dr. Stephenson was born during the Civil War in DeSoto County, Mississippi, in 1863 and relocated to Des Arc, Ark., seven years later. In 1881, he became a drug store clerk spurring his interest in medicine. He would graduate from the Kentucky School of Medicine in 1889 and practiced for a time in Stuttgart before opening his practice as an oculist, known today as an ophthalmologist, in Little Rock.

In addition to his practice, he served the Arkansas State School for the Blind, the Arkansas Deaf Mute Institute, and the Logan H. Roots Memorial City Hospital. At the time of his article in 1905, he was the secretary of AMS and would later become the Society's president.

He wrote, "Doctor, with your permission, I will have a little heart-to-heart talk with you on what I believe to be a very important subject. In a recent issue of the Journal of the American Medical Association and a recent issue of the Medical World, appeared articles on the use of tobacco and its physiological effects." Dr. Stephenson expressed amazement that while this was discussed, "neither one said one word of encouragement to the slave of the tobacco habit or gave one word of advice to cease the weed."

"If you are a tobacco user, is it right for you to enter the room of your sick patient with your breath scented with smoke of a cigar, be it a Havana or "two-fer" (likely meaning two for a nickel), or a strong pipe, and consider it nothing to blow your breath onto the sick

DON'T WAIT UNTIL THE FIRST OF THE MONTH; DON'T WAIT UNTIL THE FOURTH OF JULY; DON'T WAIT TILL CHRISTMAS; DON'T WAIT UNTIL THE FIRST OF THE YEAR, OR ANY OTHER TIME TO SWEAR OFF. THROW AWAY WHAT YOU HAVE ON HAND NOW, AND QUIT, AND STAY QUIT.

patients face? Is it right for you to come in contact with parties who do not use the weed and blow your breath into their faces?"



A typical magazine ad for tobacco at the time Dr. Stephenson appealed to his colleagues in 1905.

Dr. Stephenson continued, "To illustrate my point more fully; In discussing the tobacco habit with a gentleman a few days ago, after bringing up to him a picture that I thought would impress his mind more forcibly, he said to me that he would rather suffer with poverty and sickness than to give up his tobacco.

"Doctor, if you are a victim of the tobacco habit, let me implore you to quit. Don't wait until the first of the month; don't wait until the Fourth of July; don't wait till Christmas; don't wait until the first of the year, or any other time to swear off. Throw away what you have on hand now, and quit, and stay quit," he wrote.

For reasons lost in history, Dr. Stephenson moved to Los Angeles in 1910. He died in 1938 and was buried among the rich and famous in the Forest Lawn Cemetery at Glendale, Calif.

As a doctor decades ahead of his time warning of the dangers of tobacco, we know he would celebrate all the progress made against the deadly habit and would encourage us to do more. ■

JAMES E. HUNT, MD

PAIN TREATMENT CENTERS OF AMERICA



City: Little Rock and North Little Rock

Specialty: Anesthesiology, Pediatric Anesthesiology, Pain Management

AMS Member since 1999: Currently serves as trustee for AMS District 8.

Why are you an AMS member? It's more important than ever to be engaged in community and professional organizations that represent our perspectives, our passions, and our professions. AMS serves as an accessible network of physicians and resources to help me best care for my patients as well as an advocate for the highest standards of care my patients—and my family—deserve right here in Arkansas.

Who or what inspired your career in medicine? As a nurse I fell in love with critical care—the complexity of care in extremes of medically and surgically fragile patients. I loved the monitoring and management of hemodynamics, the families and patients, and the knowledge and skills I witnessed in the physicians I worked alongside. I didn't expect to feel so hungry for deeper engagement in the

medicine of critical care when I started my nursing career, but I loved being at the bedside and pestering my patients' physicians about decision-making processes and knowledge. Eventually, several of those physicians started encouraging me to apply to medical school—maybe because they were tired of me being such a pest (thank you to Art Squire, Don Meacham and so many others for helping me believe I could succeed).

What do you like most about being a doctor, or your specialty? Anesthesiology, for me, has been a wonderful nexus of so many parts and specialties of medicine and surgery—critical care, obstetrics, trauma, pediatrics, pain management—I'm constantly learning new things and seeing new things. Even after all these years, I love “going to school” every day!

What advice do you have for young people considering a career in medicine? Whatever you decide to do or wherever you practice, make sure part of your medical education is a business education! Get an MBA or similar degree; you'll never be sorry if you do.

What is the most critical health care issue facing Arkansas today? Access and equity are two of the most critical health care issues facing Arkansans today.

Do you have a personal motto or favorite quote? “If you're not sitting at the table, you're on the menu.”

What is an important cause to me? My personal and professional passion is care of neurodiverse people: Arkansan children with intellectual and developmental disabilities (IDD) can access excellent dental, medical, and surgical care through Arkansas Children's' System, but adults with IDD don't have access to equitable care in Arkansas. Since 2009, I've dedicated a portion of my clinical time to perioperative care of Arkansans with IDD, and a portion of my community service to advocating for more equitable and empathetic dental and medical care of adult Arkansans with IDD. Our loved ones with IDD shouldn't have to leave our state to find good care—or suffer without access to care. We can and must do better. ■

Dr. Hunt with son Al and wife DeAnn.





JEREMIAH S. RUTHERFORD, MD, FACP

ST. MARY'S REGIONAL MEDICAL CENTER



From left to right: Dr. Jeremiah Rutherford, sons Landon and Christian, and husband James.

City: Russellville

Specialty: Internal Medicine with Focused Practice in Hospital Medicine

AMS Member since 2017: Currently serves as trustee for AMS District 10.

Why are you an AMS member? I am a member of the AMS to be part of a community of physicians who are driven to promote the highest standards of care in the practice of medicine in Arkansas and to be another voice to stand up in support of our interests.

Who or what inspired your career in medicine? My grandmother, who was an LPN, gave me a Fisher Price doctor's kit when I was 4 years old, and I have pursued a career in medicine ever since.

What advice do you have for young people considering a career in medicine? Often, I hear other physicians telling young people to not choose a career in medicine; do not listen to them. If medicine is your calling, do it. You are our future, and the advances we will see in our profession depend on you.

What is the most critical health care issue facing Arkansas today? The erosion of the doctor-patient relationship, which is the foundation of how we care for our patients. We are forced to see patients in less time to increase RVUs, interact more with a computer than the patient, and now we have to deal with government-intrusion in the exam room overseeing the most personal decisions patients can make.

What do you like to do on your days off or weekends? I enjoy riding motorcycles and hiking all around the Natural State. I am also a nature photographer and home coffee roaster. ■

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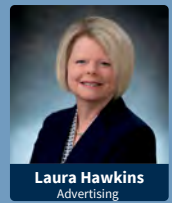
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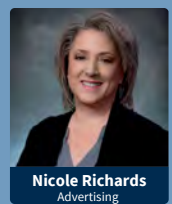
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ARKANSAS MEDICAL SOCIETY BOARD OF TRUSTEES

MEETING MINUTES: NOVEMBER 4, 2022

BY **DANNY WILKERSON, MD**

AMS CHAIRMAN OF THE BOARD

The Arkansas Medical Society Board of Trustees met at Oaklawn in the conference center in Hot Springs on November 4, 2022. Members attending the meeting were Drs. Seth Barnes, Brad Bibb, Sam Bledsoe, Willard Burks, Anthony Davis, Jacob Dickinson, David Dobies, Gina Drobena, Candace Franks, Matthew Haustein, James Hunt, Anthony Johnson, Amanda Novak, Tim Paden, Bala Simon, Danny Wilkerson, and Mark Wren. AMS Past Presidents present were Drs. Scott Cooper, Chad Rodgers, and Gene Shelby. AMS staff present were David Wroten, Mary Ann Mansfield, Alanna Scheffer, Tereasa Holmes, Laura Hawkins, Laura Haywood, and Nicole Richards. AMS Legal Counsel present was Mike Mitchell. Guests were Brittney Dunn, Dr. Grant Morshedi, Dr. Tommy Wagner, and DeAnn Hunt.

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

1. The Chair greeted everyone and called for an Executive Session. The Chair asked everyone who is not a trustee or past president to leave the meeting.
2. The Chair welcomed everyone back to the board meeting and reminded all in attendance of their responsibility to declare and disclose any conflicts of interest.
3. Following disclosures, the board approved the minutes of the August 24, 2022, Board of Trustees meeting.
4. The Chair called for a motion to accept the nomination of Dr. Bala Simon to the Board of Trustees representing District 8 to fill Dr. Ingram's unexpired term. There was a motion made and seconded. The motion was approved.
5. The Chair called for a motion to accept the recommendation that Dr. Amy Cahill be appointed as a full AMA delegate to fill the unexpired term of Dr. Omar Atiq. There was a motion made and seconded. The motion was approved.
6. The Chair called for a motion to accept the recommendation that Dr. Danny Wilkerson be appointed as an alternate AMA delegate to fill the unexpired term of Dr. Cahill. There was a motion made and seconded. The motion was approved.
7. The Chair called upon Mr. David Wroten, Executive Vice President to give his report. Following Mr. Wroten's report, the chair called for a motion to accept the report. There was a motion made and seconded. The motion was approved.
8. The Chair called upon Dr. Chad Rodgers, Chair of the Diversity and Equity Committee, to give an update. Dr. Rodgers indicated that the committee had met and would be presenting a policy statement to the Executive Committee in early 2023. Dr. Rodgers also indicated that the committee would like time at the Annual Session in May 2023 to present an educational session. Dr. Wilkerson thanked Dr. Rodgers for the committee's work.
9. The Chair called the board's attention to the Nominating Committee reappointments listed on the agenda.
10. The Chair also called the board's attention to the Medicare Physician Payment Sign-On Letter.
11. With no additional business, the Chair adjourned the meeting. Following a short break, the board members and guests reconvened for the Fall Legislative Program. ■

FALL MEETING IN HOT SPRINGS



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