THE Journal
OF THE ARKANSAS MEDICAL SOCIETY
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MAY 2021

Change:

Looking Back, Looking Ahead

IN THIS ISSUE

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THE Journal
OF THE ARKANSAS MEDICAL SOCIETY

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COVER STORY

Change:
Looking Back, Looking Ahead

By Chad Rodgers, MD

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BY BENJAMIN THARIAN, MD

Impact of COVID-19 Pandemic on Gastrointestinal Endoscopy

Coronavirus disease 2019 (COVID-19), caused by severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2), led to an unprecedented strain on health care systems across the globe. As of March 16, 2021, more than half a million COVID-19 related deaths were reported in the U.S. Arkansas suffered 5,500 deaths and ranked 30 among all the states in the U.S. COVID-19 remains predominantly a respiratory pathogen. As the experience with COVID-19 evolved, extrapulmonary symptoms were increasingly recognized.[1] Among them, gastrointestinal (GI) symptoms such as diarrhea, abdominal pain, and dysgeusia have been reported.[2]

Endoscopy Unit and COVID-19

Gastrointestinal endoscopy involves a variety of procedures to diagnose diseases of the alimentary canal (esophagus, stomach, duodenum, small and large intestine) with the help of specialized instruments (fiber optic endoscopes). Due to widespread stay-at-home orders, endoscopy centers suffered a significant reduction in volume throughout the U.S., especially during the early stages of the pandemic. Endoscopic procedures involve potential close contact with patients' body fluids such as oropharyngeal secretions and gastric, biliopancreatic, and colonic contents.[3] Close proximity to the patient's body fluids places endoscopists and staff at increased risk. There has been an increasing body of literature where SARS-CoV-2 can be isolated from stool specimens making endoscopy procedures at risk of transmission to endoscopy staff. This theoretical risk led to multiple endoscopy societies recommending reducing the elective and semi-elective endoscopic procedures to minimize transmissibility and preserve personal protective equipment. Endoscopy staff were redeployed. This resulted in rescheduling and deferring screening colonoscopies for colorectal cancer (CRC) prevention. A few studies showed that CRC screening decreased by 72% in the United Kingdom and up to 84.5% in the U.S. The impact of all these changes on cancer surveillance and delayed diagnosis is yet to be determined.

GI endoscopy centers throughout the U.S. adapted to the pandemic in multiple ways. During the early phase of the pandemic, endoscopy units increased enhanced-cleaning protocols, reduced the stay to only essential personnel, decreased contact with family members, and increased utilization of telemedicine. There was increased utilization of negative-pressure ventilation to decrease the viral load and contaminant concentration. Endoscopists were actively involved in prioritizing semi-urgent/urgent procedures and deferring non-urgent endoscopies. Traditionally, endoscopy units are highly efficient units with high procedure volume. The above changes affected the functioning of these units, with increased downtime, the need for conservation of protective equipment, and decreased procedures that could potentially be aerosol-generating. Furthermore, multiple-barrier devices (aerosol box, endoscopic shields, endoprotector) were developed to reduce the transmission.[4] Despite the risk, the transmission of SARS-CoV-2 during endoscopy procedures remains low, with an average of <1% (0.6% in low prevalence areas and up to 6% in high prevalence areas during the peak of the pandemic).

SARS-CoV-2 transmission via contaminated endoscopes has not been proven yet. Nevertheless, a theoretical risk of this transmission exists. Endoscopists adapted to multiple procedural changes such as decreasing spill of GI secretions via working channel use, minimizing the use of accessories, and deferring procedures with incomplete bowel preparation.

Trainee involvement in the endoscopy procedures reduced significantly during the pandemic. This was to minimize risks of transmission and conserve protective equipment. A multicenter, international survey study showed a reduction of procedure volume up to 94%. While this has impacted the learning process of the trainees, it was partially compensated by reorganizing the learning process via increased involvement in research and educational activities electronically.

The Future

Fortunately, with the COVID-19 pandemic trend moving in the right direction, with widespread adoption of vaccination, the resumption of endoscopy units has led to increased case volume. Pre-procedural screening and testing has been performed for the majority of patients, although this is expected to change in the future. Due to their inherent capability to adapt quickly to this pandemic, endoscopy units were able to maneuver through the intricate challenges. Nevertheless, the journey ahead involves continued effort to compensate for procedure delays, methods to clear the backlog of cases, easier provisions for patients to get their procedures on time, and (more importantly) decreased the risk of infection transmission.

During the pandemic, telemedicine use in gastroenterology has been utilized like never before (an increase of 4000% noted in the first few weeks of the pandemic). Moving forward, some of these changes in the endoscopy unit (enhanced cleaning protocols, safe distancing, use of personal protective equipment) and patient encounters (telemedicine) are expected to continue even after the pandemic resolves. This will likely amplify patient compliance and safety to some extent.

References

1. Perisetti A, Gajendran M, Mann R, Elhanafi S, Goyal H. COVID-19 extrapulmonary illness - special gastrointestinal and hepatic considerations. *Dis Mon*. 2020;66(9):101064.
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3. Perisetti A, Gajendran M, Boregowda U, Bansal P, Goyal H. COVID-19 and gastrointestinal endoscopies: Current insights and emergent strategies. *Dig Endosc*. 2020;32(5):715-22.
4. Goyal H, Perisetti A, Tharian B. Percutaneous Endoscopic Gastrostomy tube placement in COVID-19 patients: Multidisciplinary approach. *Dig Endosc*. 2021;33(1):209.

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Arkansas Medical Society

2021 Budget

INCOME	
Dues 2021	988,871.00
Journal	60,000.00
Annual Meeting	34,000.00
Website & Grants	241,000.00
Interest /Investment Income	80,000.00
Specialty Services	64,000.00
Educational Programs	25,000.00
Building Operating	380,964.00
TOTAL REVENUE	**1,873,835.00**
EXPENSE	
Salaries	831,000.00
Travel and Convention	40,000.00
AMA Delegation	36,000.00
President's Account	6,000.00
Taxes	61,530.00
Retirement	89,850.00
Stationery & Printing	20,000.00
Office Supplies & Expenses	48,000.00
Telephone - AMS	14,000.00
Postage, Communications, Web	31,000.00
Insurance & Bonds	178,943.00
Auditing	6,460.00
Board & Executive Committee	7,000.00
Journal	35,000.00
Dues & Subscriptions	18,500.00
Gifts & Contributions AMS	4,000.00
Legal Services	91,800.00
Public Relations	1,500.00
Miscellaneous Expense	4,000.00
Office Equipment & Furniture	9,000.00
AMS Resident & Student	6,000.00
Annual Meeting	30,000.00
Educational Programs	5,000.00
Investment Fees	20,400.00
Building Operating Exp	247,607.00
TOTAL EXPENSE	**1,842,590.00**

AMS Benefits, Inc.

Annual Report to the Arkansas Medical Society

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

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

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

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

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Marissa Shuffield
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Travis Mulhearn (contract agent)
John Gillenwater (contract agent)
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Jan Hundley (Little Rock)

BY CHAD RODGERS, MD

Change:
Looking Back, Looking Ahead

Before the pandemic, we had certainly become accustomed to the rapid changes in health care and to the idea that change is a new constant. It has felt like it has come in waves with the adoption of electronic health records, HIPPA, health care expansion, new ICD codes, electronic prescribing, increasing telehealth, and so on. Then came the tidal wave.

Almost 20 years ago as I was beginning practice, a close colleague and friend was doing disaster preparedness for an insurance company. I had not known much about the Spanish flu of 1918, but to wrap my mind around another potential pandemic was just not possible. I was busy taking care of patients and trying to tend to the business and politics of medicine. But he stated that there will be another pandemic, lots of people will get sick, and lots of people will die.

I became president of the Arkansas Medical Society just as the pandemic and "lockdown" were beginning. I have been honored to serve on the AMS board and executive committee through the years because I believe we do good work to deliver the best medicine in our rural state, meet the challenges of delivering that care, and to always make patients our priority. It was my time to serve, and I am thankful to you all.

"I have been surprised not only by the many things that we have worked on for decades that came to fruition but also by the many things we have worked to protect that have been threatened."
– Chad Rodgers, MD
AMS President

One of the first changes I encountered was in my practice and had to do with trying to respond while protecting myself, my family, my staff, and my patients. Masks became the new standard. The AMS worked to deliver millions of pieces of Personal Protective Equipment (PPE) to clinics around the state – even to practices of doctors who were not currently members. They did this because it was the right thing to do and it was desperately needed.

Financially, we were all hit hard as we postponed visits and procedures. We had to quickly respond and decide how best to keep our practices viable. The Society sent out weekly and sometimes daily information to members to inform us of current guidelines and best practices.

Telemedicine is something I had resisted, although really, many elements I had done for years as friends and family called to ask medical questions. I still believe strongly in a Patient Centered Medical Home and having a personal relationship with my patients and their families. There is no substitute for the human interaction that occurs between a doctor and patient in the exam room. It is my favorite part of medicine. But with ever-increasing technology, the capability for quality virtual visits has improved. I have enjoyed getting to see patients in their home settings – with other family members and the family dog – and patients appreciate the increased virtual "touch" that we can provide using this technology. The pandemic moved us more in the direction of virtual care. We have all changed the way we see patients and have adapted to the virtual visit. It is not a substitute for care, but it is a tool and a piece of that care.

The issue of racism and inequity in our society is very important to me personally. We all watched the centuries of their impact come to a head amid the pandemic. It intensified our awareness of the inequalities of our health care system, and we recognized the impact it has on our country and state. The AMS has worked to be a part of the solution and not part of the problem.

There were many changes in our nation and our state. I feel like I have stayed the same, but the lawmakers and the ideologies changed. I have been surprised not only by the many things that we have worked on for decades that came to fruition but also by the many things we have worked to protect that have been threatened. We still have the same amazing AMS staff and legislative team. They have fought a difficult battle.

It has been an honor to serve as your president. There is much more work to do. I want to thank the wonderful AMS staff. They are a passionate, thoughtful, knowledgeable, and hard-working group. I plan to continue my involvement with AMS and look forward to the new leadership. I can never stress enough to doctors I talk to about the importance of being involved. Many times, the response I get is that they are too busy, or they do not think they bring enough to the table. Well, we are all busy. Just be at the table. Together, we can do so much more.

ARKANSAS MEDICAL SOCIETY'S

ANNUAL MEMBERSHIP MEETING *Virtual Conference*

FRIDAY, MAY 14, 2021

Join your colleagues for the virtual Arkansas Medical Society Annual Membership Meeting! Whether you are a long-time member or medical student, this event will provide opportunities to hear updates on COVID-19, COVID-19 vaccines, and legislative issues from the 93rd Arkansas General Assembly.

CONTRIBUTORS featured on our VIRTUAL EXHIBIT HALL

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- SVMIC
- AMS Benefits, Inc.

SILVER
- Arkansas Children's
- UAMS

EXHIBITOR
- First Security Bank
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Non-Member Physicians - $225
***Registration fee is $250 between May 1-13.*

Medical Students and Residents - $25
***Registration fee is $50 between May 1-13.*

2021 Virtual Annual Membership Meeting

Registration Form

You can register online at ARKMED.org or pay with credit card by faxing this form to 501-224-6489. If you have any questions, please call 501-224-8967. Refunds requested prior to April 30, 2021, will be at the full amount.
Refunds requested after that date will be charged a $25 processing fee. All refunds will be processed after the meeting.

Section 1: Registrant Information

Member Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Office or Cell - circle): _____ Fax: _____

Email: _____

Section 2: Registration

Early Bird Registration Through April 30, 2021		
Member Physicians and Staff	$125.00 per person	
Non-Member Physicians and Staff	$225.00 per person	
Medical Students and Residents	$25.00 per person	

Regular Registration Through May 1 - 13, 2021		
Member Physicians and Staff	$150.00 per person	
Non-Member Physicians and Staff	$250.00 per person	
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Every person requiring CME must register for the event.

To register multiple attendees, contact AMS office at **ngentry@arkmed.org**.

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A CLOSER LOOK AT QUALITY

Outpatient Antibiotic Stewardship

WILLIAM GOLDEN, MD, MACP, LARRY BALLARD, CPC+, PCCM, E.J. SHOPTAW, MS, AND MARLO HARRIS, MS

Reducing the overuse of antibiotics has been a focus for quality improvement in the hospital and long-term care settings. Facilities have instituted structured reviews and protocols to avoid lengthy durations of treatment and utilization of inappropriate broad-spectrum agents.

Outpatient antibiotic stewardship is less well-developed and effective. Antimicrobials are prescribed routinely for common respiratory conditions, despite evidence to the contrary. The Arkansas Medicaid episodes of care initiative successfully reduced antibiotic prescribing from 50% of viral URIs to the low 30s. It was not effective in lessening the 90% antibiotic use for acute sinusitis visits that warrant such treatment infrequently. Pharyngitis, bronchitis, and otitis are other conditions with substantial overuse of antibiotics.

Two years ago, Arkansas Medicaid joined with the Arkansas Department of Health (ADH) to participate in a CDC initiative promoting outpatient antibiotic stewardship in the state. ADH has pursued an academic detailing effort with primary care offices, distributing posters and educational fliers for physicians and patients.

Arkansas Medicaid has developed a new data-driven approach for its Patient-Centered Medical Home (PCMH) program. The PCMH program has developed a report card for each medical home in Arkansas by determining the number of antibiotic prescriptions per 100 patients who were in a practice panel for at least six months. The practice variation in medical home performance is substantial and provides an opportunity for all prescribers to benchmark their practice style to peers in the state.

The PCMH program modeled its report card after the national IQVIA analysis provided to the CDC. Using all-payer pharmacy claims, the IQVIA mapped each state by its antibiotic outpatient prescribing. In 2018, the national rate was 76 prescriptions per 100 patients. The western United States prescribed antibiotics the lowest, 55 per 100 patients while the southern US had a rate of 86 per 100 patients, over 50% higher.

The Arkansas rate was 101 filled prescriptions per 100 patients, over 25% higher than the national average. While 7th highest in the country, Arkansas was not as pronounced as Kentucky that had nearly 113 antibiotic prescriptions per 100 patients.

Table 1 displays the practice variation in Arkansas medical homes. Some practices prescribed at a rate over three times higher than sites with more selective use of antibiotics. The Arkansas Medicaid prescribing values were very similar to the all-payer IQVIA prescription data, so it appears that payer source does not affect antibiotic utilization.

This practice variation sends an interesting message: if the antibiotics were clinically necessary, practices with the lowest rates of prescribing should have had complications from under treatment. Such adverse clinical outcomes are not prevalent. On the other hand, practices with higher rates of prescribing could safely consider reducing the use of antibiotics without systemic risk.

The PCMH program will send its practices monthly report cards that will detail practice site prescribing compared to peer groups. Financial incentives will reinforce efforts at better antibiotic stewardship. Over the next year, Medicaid will perform additional analysis to describe with greater clarity outpatient treatment of common infectious conditions. ▲

Table 1

Antibiotics/100 Patients			
	Total	**Age >=18**	**Age <18**
Population	107.5	103.5	108.5
PCMH Median	114	104	118
Highest PCMH	220	179	231
Lowest PCMH	46	21	25

REFERENCES:

https://www.cdc.gov/antibiotic-use/community/pdfs/Annual-Report-2018-H.pdf

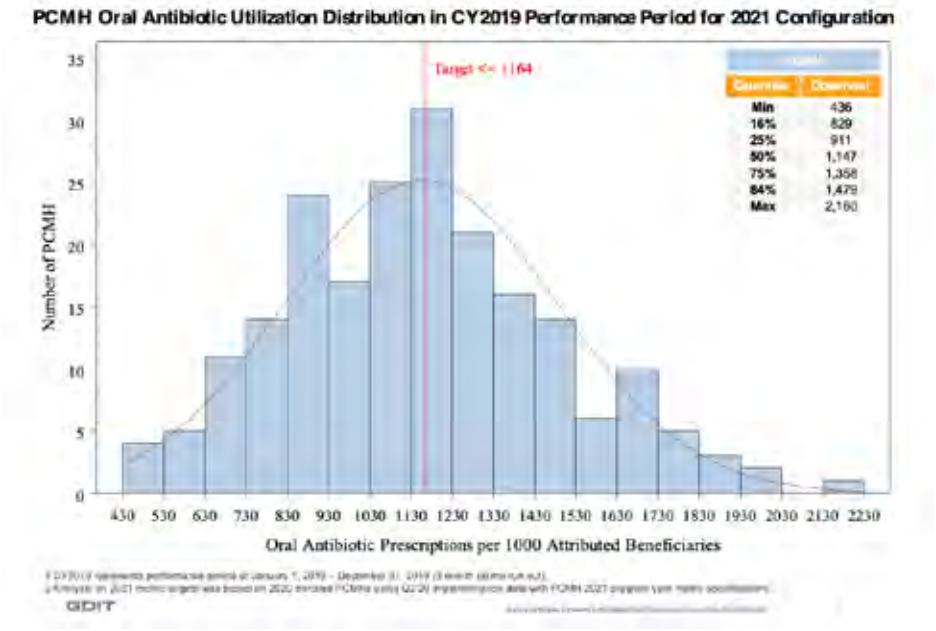
Dr. Golden is medical director for Arkansas Medicaid and the Arkansas Office of Health Information Technology. He is a UAMS Professor of Internal Medicine and Public Health.

Larry Ballard is a Medical Assistance Manager for the Division of Medical Services at the Arkansas Department of Human Services (DHS). He has been with DHS for 9 years and currently over sees Patient-Centered Medical Home, Primary Cares Case Management, and aids with the CPC+ program.

E.J. Shoptaw is a program director at General Dynamics Information Technology (GDIT) that manages Arkansas Medicaid Alternative Payment Models and other analytic contracts.

Marlo Harris is a Program Analyst Advisor at General Dynamics Information Technology (GDIT). She has been with GDIT for over twelve years and has over thirteen years of experience analyzing Medicaid data.

Quality Metric 5: Distribution of Oral Antibiotic Prescriptions (Rx) per 1,000 Attributed Beneficiaries[1&2]



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MAY 2021

EXECUTIVE COMMITTEE MINUTES CONFERENCE CALL OF 7/22/2020

The AMS Executive Committee met via conference call on Wednesday, July 22 beginning at 6:05 pm. Present: Drs. Danny Wilkerson (chair), Chad Rodgers, Seth Barnes, George Conner, Bradley Bibb, and Dennis Yelvington. David Wroten and Mike Mitchell also attended.

1. Chair Dr. Wilkerson called the meeting to order at 6:05 pm.
2. The Committee approved Direct Membership status for 50 new AMS members and one current member eligible for Emeritus status.
3. The Committee discussed issues referred by the Board of Trustees. Staff provided research on each of the issues.

   Issue 1. The Biometric/Wellness Screening program utilized by the Arkansas State and Public-School Life and Health Insurance Plan. This program is administered through a contract with Catapult Health. The state program is self-funded and administered by ABCBS.

   a. Texas physician supervising APRNs in Arkansas – The physician is the corporate supervisor of the APRNs rather than being a collaborative practice physician. The APRNs are not prescribing, so no collaborative practice agreement is required by Arkansas law. There is no requirement that this physician have an Arkansas license.

   b. Compliance with Arkansas Telemedicine Act – The interaction between employees and Catapult APRNs is done either in person or using real-time audio video with a nurse at the originating (job) site and the APRN at the distant site. This complies with Arkansas law.

   c. Compliance with ABCBS Provider Manual – While some of these services could not be provided by APRNs under ABCBS's provider manual, this is a self-funded plan and the plan has the authority to allow this.

   d. Involvement of the employee's physician – These screens can be performed by the patient's primary care physician. Last year, 72,000 screens were performed; 26,000 of those were performed by a physician. During the screens, employees are asked if they have a primary care physician. If they do, Catapult provides the results of the screens to the physician for any diagnosis and/or follow-up. If not, Catapult staff will assist the employee in finding someone within a reasonable distance from their home/work that is taking new patients.

   Issue 2. Utilization of APRNs and PAs by specialists – The Nurse Practice Act requires APRNs "with prescriptive authority" to have a collaborative practice agreement with a physician who has "training in scope, specialty, or expertise" in the same area as the APRN. APRNs are required to have certification in one of several areas in order to be licensed. The Arkansas State Board of Nursing has a history of firmness in their regulation of this requirement. AMS is aware of several instances where the Board refused to allow an APRN to practice in an area that was not within their certification area. For example, an APRN with certification in "Adult Nurse Practitioner" would not be allowed to practice in a pediatric clinic. However, their certifications do not mirror physician board certifications and the nomenclature is significantly different. This does create confusion. It is important to note that the statute does not require the physician and APRN to have the same "specialty" certification. Furthermore, APRNs without prescriptive authority are not required to have a collaborative practice agreement at all.

   Issue 3. The Corporate Practice of Medicine – The "corporate practice of medicine" statute requires all shareholders of a medical corporation to be physicians. This would seem to prohibit hospital employment of physicians. However, this has become common practice and most hospitals have either found a way to comply or they assume no one will challenge the practice. More concerning is the potential for corporate entities to begin opening medical clinics. The primary concern and the reason for the corporate practice of medicine doctrine is to ensure that a physician's fiduciary duty continues to be directly linked to their patients rather than the corporation whose primary fiduciary duty is to the shareholder.

Executive Committee Recommendations

1. The Committee recommends that a letter be sent to the Arkansas State and Public-School Life and Health Insurance Board recommending that it add practicing physicians to its decision-making bodies.
2. The Committee recommends that AMS legal counsel confer with the legal counsel of the Arkansas Hospital Association to investigate ways to strengthen the corporate practice act to ensure that patient care always takes precedence over corporate profits.
3. The Committee discussed the idea of having an AMS policy supporting efforts to eliminate racial injustice and other discriminatory practices. AMS president, Chad Rodgers, MD, agreed to head an ad hoc committee to consider this issue.
4. The Committee reviewed a recent statement from the Arkansas Chapter of the American Academy of Pediatrics stating their position that Arkansas schools should not be required to re-open to in-person learning until the CDC recommendations for downward trends are met.
5. The meeting was adjourned.

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Arkansas Medical Foundation Report

In conjunction with The Physicians Health Committee

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

The Arkansas Medical Foundation strives to identify impaired physicians before disciplinary action is required so that they might get the necessary treatment and monitoring to ensure that they can continue to practice unencumbered by disciplinary restraints. Unfortunately, physicians are often unaware of the existence of the Foundation. In order to provide us with more visibility, the Arkansas State Medical Board has a provision on your yearly renewal that requires each of you to attest acknowledgement of accessing our website. Please visit our website at: www.arkmedfoundation.org.

If you are battling substance abuse problems, are embroiled in an ill-advised relationship with a patient, or if you have complicated psychiatric issues that might interfere with your practice, we encourage you to contact us for assistance and potential referral. The Foundation assists practitioners licensed by the Arkansas State Medical Board, the Arkansas State Board of Dental Examiners, and the Arkansas State Board of Optometry. The program consists of identifying, assisting, and securing treatment and aftercare monitoring, if recommended. Monitoring may consist of random drug screening, attendance with documentation at AA/NA meetings, psychotherapy, and physician support groups for a period of, usually, one to five years. The program has a success rate of over 90% if these standards are adhered to. The Foundation advocates for clients in the program by providing credentialing information or periodic reports to their licensing agencies, insurance providers, and employers. If our services are secured by a voluntary agreement, the respective boards are never made aware of the issues unless the client declines to follow recommendations. More than half of our 130 plus participants are voluntary. The Foundation staff maintains close contact with all clients and provides personal support throughout their contract.

A portion of every physician's annual fee to the Arkansas State Medical Board is sent to the Arkansas Medical Foundation as support for the program. We currently receive no outside contributions, so each participant is required to pay a small annual fee to help offset expenses. The Arkansas Medical Foundation is a non-profit agency; as such, donations are accepted and tax deductible. Fees paid by clients are considered a business expense.

Clients are referred to the Arkansas Medical Foundation by hospital administrators, spouses, children, concerned colleagues, and patients. Anyone can report an impaired physician, and all reports are confidential and taken seriously. Each report is investigated and, if it is determined intervention is necessary, appropriate action is taken. Please contact us if you have concerns about yourself or any medical professional that is practicing in a potentially dangerous or impaired state. We are here to help you and to hopefully prevent you from becoming a statistic with disciplinary intervention.

IF YOU ARE BATTLING

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MINUTES OF THE ARKANSAS MEDICAL SOCIETY BOARD OF TRUSTEES MEETING

February 5, 2020

The Arkansas Medical Society Board of Trustees met by conference call at 4:00 p.m. on Wednesday, February 5, 2020. Members on the call were Drs. William Ackerman, Appathurai Balamurugan, Seth Barnes, Dale Blasier, Samuel Bledsoe, Willard Burks, Josh Chance, Kay Chandler, William Dedman, Gina Drobena, Michael Hickman, James Hunt, Jim Ingram, Parker Jenkins, Joseph Miller, Darrell Over, Tim Paden, Naveen Patil, William Reding, Chad Rodgers, Jeremy Saul, Alan Schumacher, Shane Smith, Shannon Swift, Toby Vancil, Randy Walker, Gary Wheeler, Danny Wilkerson, Ngozidilenna Wilkins, Dennis Yelvington, Stacy Zimmerman, and Ms. Kathleen Connery. AMS Past Presidents present were Drs. Omar Atiq, G. Edward Bryant, Amy Cahill, Scott Cooper, Scott Ferguson, Stephen Magie, Gene Shelby, and Steven Strode. AMS staff present were David Wroten, Kay Waldo, Scott Smith, and Billie Jean Davenport. AMS Legal Counsel present was Mike Mitchell.

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

1. The board approved the minutes for the following meeting:
   - November 6, 2019 Board of Trustees meeting
   - January 29, 2020 Executive Committee conference call
2. The board approved the following recommendations from the Executive Committee:
   - **Safe Surgery Arkansas (SSA)** – The Committee recommended that the AMS Board of Trustees authorize $250,000 to be used for the General Election Campaign to repeal Act 579.
   - **AMS Annual Awards** – The Committee recommended that the Board of Trustees authorize a one-year pause on these awards for the purpose of conducting an evaluation and developing recommendations for improving the awards process.
3. David Wroten presented the membership report and budget report for information.
4. The board agreed to support the Stop the Stigma Campaign to change the way of looking at drug addiction.
5. AMA Interim Meeting report was accepted for information
6. Anyone interested in the Finance and Audit Committee position to replace Robert Zimmerman, MD, whose term expired in December 2019 was asked to contact David Wroten.
7. Anthony (Tony) Johnson, MD was elected to the Board of Trustees to fill the unexpired term of Dirk Haselow, MD, whose term ends May 2021 in District 8.
8. Scott Smith reported on the Board of Trustee's contributions to ARKMED PAC.

Dr. Gary Wheeler reported on the Corona Virus. The Department of Health has activated a call center to answer questions.

There being no further business the meeting adjourned.

May 1, 2020

The Arkansas Medical Society Board of Trustees met via Zoom at 4:00 p.m., on Friday, May 1, 2020. Members participating in the meeting were Drs. Appathurai Balamurugan, Seth Barnes, Bradley Bibb, Dale Blasier, Samuel Bledsoe, Willard Burks, Josh Chance, Kay Chandler, George Conner, William Dedman, James DeRossitt, Jennifer Doyal, Gina Drobena, Matt Haustein, Michael Hickman, James Hunt, Jim Ingram, Anthony Johnson, Joseph Miller, Amanda Novack, Darrell Over, Mark Ramiro, Carolyn Reeves, Chad Rodgers, Jeremy Saul, Shane Smith, Gary Stewart, Shannon Swift, Toby Vancil, Randy Walker, Gary Wheeler, Danny Wilkerson, Mark Wren, Dennis Yelvington, Stacy Zimmerman, and Joshua Hagood, Medical Student Representative. AMS Past Presidents participating were Drs. Lee Archer, Omar Atiq, Amy Cahill, Scott Cooper, Scott Ferguson, David Jacks, Gene Shelby, Gerald Stolz, Steven Strode, and Alan Wilson. AMS staff participating were David Wroten, Kay Waldo, Scott Smith, Alanna Scheffer, Laura Haywood, Penny Henderson, Tereasa Holmes, and Charles Hicks, AMS Legal Counsel. Dr. Greg Bledsoe, Arkansas Surgeon General, also participated in the zoom meeting.

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

1. New officers and members of the Board of Trustees were introduced.
2. Dr. Greg Bledsoe, Arkansas Surgeon General, gave an update on COVID-19 in the state and how Arkansas has been impacted.
3. The board approved the minutes of the February 5, 2020 meeting.
4. David Wroten discussed the Arkansas Medical Society's efforts to provide PPE to medical clinics across the state. He also reported on a recent conference call with Dr. James Bledsoe on the state's plans to resume elective surgeries.
5. The board approved a list of members requesting life, emeritus, and affiliate dues exemptions.
6. A letter from Dr. Garry Stewart listing items for the board to consider was discussed. The board referred the items to the Executive Committee for their review.

The following reports were accepted for information:

- AMS Benefits, Inc. – Stephen Magie, MD, Chairman
- Arkansas Medical Foundation – Bradley Diner, MD, Medical Director
- Arkansas Medical Society Board of Trustees – Danny Wilkerson, MD, Chairman
- Arkansas Medical Society 2020 Budget – Bradley Bibb, MD, Chairman
- Arkansas State Medical Board – Sylvia Simon, MD, Chairman
- Medical Education Foundation for Arkansas (MEFFA) – Alan K. Wilson, MD, President
- Arkansas Department of Health – Nathaniel Smith, MD, MPH Director and State Health Officer

1. The vacancy on the Finance and Audit Committee was announced. Dr. Robert Zimmerman's term expired December 31, 2019. If anyone is interested in serving on this committee, they should contact David Wroten at the AMS office.

2. The following reports were accepted for information:
   - March 31, 2020 Membership Report
   - March 31, 2020 Cash Budget Report
3. The board approved a proposal for a public service announcement to thank Arkansas physicians for their contributions to healthcare and their patients during the COVID-19 pandemic.
4. Dr. Steven Strode requested that these minutes reflect the board of trustees' appreciation of the AMS staff and the efforts put forth during these challenging times.
5. The board re-elected Dr. Danny Wilkerson to serve as chairman.

There being no further business the meeting adjourned.

August 5, 2020

The Arkansas Medical Society Board of Trustees met via Zoom at 4:00 p.m. on Wednesday, August 5, 2020. Members on the call were Drs. Appathurai Balamurugan, Bradley Bibb, Dale Blasier, Josh Chance, Kay Chandler, George Conner, William Dedman, James DeRossitt, Jennifer Doyal, Matt Haustein, James Hunt, Tony Johnson, Joseph Miller, Erick Messias, Darrell Over, Naveen Patil, Carolyn Reeves, Chad Rodgers, Shane Smith, Garry Stewart, Shannon Swift, Toby Vancil, Nannette Vowel, Randy Walker, Donya Watson, Gary Wheeler, Danny Wilkerson, Mark Wren, and Stacy Zimmerman. AMS Past Presidents present were Drs. Lee Archer, Omar Atiq, G. Edward Bryant, Amy Cahill, Scott Cooper, Scott Ferguson, David Jacks, Larry Lawson, Stephen Magie, Gene Shelby, Steven Strode, and guest Dr. Joe Thompson. AMS staff present were David Wroten, Kay Waldo, Scott Smith, Billie Jean Davenport, Laura Hawkins, and Laura Haywood. AMS Legal Counsel present was Charles Hicks.

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

1. The board approved the minutes for the following meetings:
   - May 1, 2020 Board of Trustees Meeting
   - July 22, 2020 Executive Committee
2. The board approved the following recommendations from the Executive Committee:
   - A letter be sent to the Arkansas State and Public-School Life and Health Insurance Board recommending that it add practicing physicians to their decision-making bodies.
   - AMS legal counsel to confer with the legal counsel of the Arkansas Hospital Association to investigate ways to strengthen the corporate practice act to ensure that patient care always takes precedence over corporate profits.
3. Joe Thompson, MD, MPH, Director, Arkansas Center for Health Improvement (ACHI), provided an analysis of COVID-19 data, reported there is a need for more physicians voice to the COVID-19 crisis and asked for a call to action. This was referred to Executive Committee.
4. Appathurai Balamurugan, MD, ADH Deputy Chief Medical Officer, reported on the Arkansas Department of Health COVID-19 Response.
5. David Wroten presented the membership report and budget report for information.
6. Omar Atiq, MD reported on the AMA Annual Meeting.
7. Carolyn Reeves, MD was appointed to fill the Finance and Audit Committee vacancy replacing Robert Zimmerman, MD. Term will begin September 2020 for 4 years.
8. Stephen Magie, MD gave the update on Safe Surgery Arkansas (SSA).
9. Chad Rodgers, MD will chair a committee to draft a diversity policy for the Board of Trustees to consider for adoption.

There being no further business the meeting adjourned.

November 5, 2020

The Arkansas Medical Society Board of Trustees met at 6:00 pm. on Thursday, November 5, 2020 via Zoom. Members attending the meeting were Drs. Appathurai Balamurugan, Seth Barnes, Bradley Bibb, Dale Blasier, Samuel Bledsoe, Willard Burks, Josh Chance, Kay Chandler, George Conner, William Dedman, James DeRossitt, Gina Drobena, Jennifer Doyle, Matt Haustein, Michael Hickman, James Hunt, Jim Ingram, Tony Johnson, Erick Messias, Amanda Novack, Darrell Over, Tim Paden, Naveen Patil, Mark Ramiro, Carolyn Reeves, Chad Rodgers, Jeremy Saul, Alan Schumacher, Garry Stewart, Shannon Swift, Toby Vancil, Nannette Vowell, Randy Walker, Donya Watson, Gary Wheeler, Danny Wilkerson, Mark Wren, and Stacy Zimmerman. AMS Past Presidents present were Drs. Lee Archer, Omar Atiq, Amy Cahill, Scott Cooper, Scott Ferguson, David Jacks, Larry Lawson, Stephen Magie, Gene Shelby, Gerald Stolz, Steven Strode, and Dennis Yelvington. AMS staff present were David Wroten, Kay Waldo, Mary Ann Mansfield, Scott Smith, Billie Jean Davenport, Alanna Scheffer, Laura Hawkins, and Laura Haywood. AMS Legal Counsel present was Mike Mitchell. Guests present were Dr. Jose Romero, Dr. Patty Gibson, Dichelle George, Amanda Deel, Zainab Atiq, and Mary Beth Rogers.

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

1. Dr. Brad Bibb, Chairman of the AMS Finance and Auditing Committee, presented the 2021 proposed budget in Executive Session. The Board approved the budget recommendations.
2. The board approved the minutes of the following meeting:
   - August 5, 2020 Board of Trustees Meeting
3. Dr. Jose Romero, Arkansas Secretary of Health, led a question-and-answer session regarding COVID-19.
4. David Wroten presented the membership and budget report for information.
5. Dr. Dennis Yelvington discussed the State Medical Organizations meeting.
6. Dr. Bradley Bibb encouraged trustees to contribute to ARKMED PAC.
7. Dr. Chad Rodgers reported the Diversity Committee was getting organized and would report back to the Board.
8. Scott Smith discussed the 2021 anticipated legislative issues.

There being no further business the meeting adjourned.

BOARD OF DIRECTORS MEETING

August 18, 2020

The Medical Education Foundation for Arkansas (MEFFA) Board of Directors met via Zoom at 4:00 p.m., Tuesday, August 18, 2020. Members present were Drs. Alan Wilson, G. Edward Bryant, Jim Citty, Dennis Yelvington, and James Graham. David Wroten executive director of the Arkansas Medical Society, also attended the meeting.

The following business was received and transacted:

1. Minutes of the July 24, 2019 meeting were approved.

2. The board elected current officers for 2020-2021:
   Alan Wilson, MD – President
   G. Edward Bryant, MD – Vice President
   Steve Magie, MD – Secretary/Treasurer

4. Prior-year contributions were reviewed.

5. Discussed funding requests for 2020-2021. The board approved the following requests from UAMS:

Total Amount of Grants for 2020: $46,475.78

Cost	Project	Brief Description
$9,750.00	Culinary Medicine	Continuation of Food as Medicine sessions at Culinary Institute
$9,738.00	Culinary Medicine	Mobile Kitchen to allow for the food as medicine education
$9,900.00	Obstetrics Care	Equipment needed to teach Didactic Sessions on OB care
$121.78	Otologic Education	3D Model of Ear x2 and Tegaderm to create ear drums
$9,966.00	Telehealth – Colorectal Cancer Screening	To use telehealth to educate medical students on motivational counseling strategies aimed to increase the state's colorectal cancer screening rate
$2,000.00	Buddy Program with the Elderly	Pilot a buddy program for isolated community elderly in pandemic COVID-19 with M3 & M4 students.
$3,000.00	Teach the Teacher Conference	Continuing support for the annual Teach the Teacher Conference
$1,000.00	AMS Distinguished Lecture Series	**Christopher S. Kovacs, MD**, Endocrinology Memorial University of Newfoundland, St.John's, Canada
$1,000.00	AMS Distinguished Lecture Series	**Joseph G. Ouslander, MD,** Dean for Geriatric Programs at Florida Atlantic University

There being no further business, the meeting adjourned.

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Arkansas State Medical Board

2020 Annual Report

The 2020 members and officers of the Arkansas State Medical Board are as follows:

Sylvia D. Simon, MD, Chairman
Robert E. Breving, Jr., MD, Vice Chairman
Veryl D. Hodges, D.O., Secretary
John H. Scribner, MD, Treasurer
Mrs. Elizabeth Anderson
Rhys L. Branman, MD
Edward K. Gardner, MD
Rodney L. Griffin, MD
Ms. Betty Guhman
Brian T. Hyatt, MD
Timothy C. Paden, MD
Don R. Phillips, MD
William L. Rutledge, MD
David L. Staggs, MD

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

2020 Licensing Statistics

Medical Doctors and Doctors of Osteopathy Licensed	1,133
Medical Doctors and Doctors of Osteopathy (total)	11,626
Medical Doctors and Doctors of Osteopathy (in state)	7,127
Occupational Therapists Licensed	140
Occupational Therapists (total)	1,811
Occupational Therapy Assistants Licensed	99
Occupational Therapy Assistants (total)	1,010
Physician Assistants Licensed	70
Physician Assistants (total)	578
Respiratory Care Therapists Licensed	129
Respiratory Care Therapists (total)	2,130
Radiologist Assistants (total)	6
Radiology Practitioner Assistants (total)	3
Medical Corporations Registered	60
Medical Corporations (total)	954
Licensed Genetic Counselors Licensed	165
Licensed Genetic Counselors (total)	187
Surgical Technicians Registered	59
Surgical Technicians (total)	290
Withdrawn Applications	9

Summary of Board Proceedings for 2020

Individual Discussions and Issues (total)	415
Complaints (including investigations and other issues involving licensed practitioners)	372
Issues	43

2020 Board Actions

Suspension	15
Revocation	2
Revocation/Stayed	1
Surrendered in lieu of further action	2
Reprimand	0
Consent Orders	6

Complaint Allegations (including investigations)

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

Amended/New Rules Adopted/Approved in 2020:

1. **Rule 6 Governing Occupational Therapy amended June 2020**
2. **Rule 24 Governing Physician Assistants amended June 2020**
3. **Rule 37 – Graduate Registered Physicians amended June 2020**
4. **Rule 44 – Pre-Licensure Criminal Background Check adopted June 2020**
5. **Rule 45 – Reciprocity adopted October 2020**

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