



# JOURNAL

OF THE ARKANSAS MEDICAL SOCIETY

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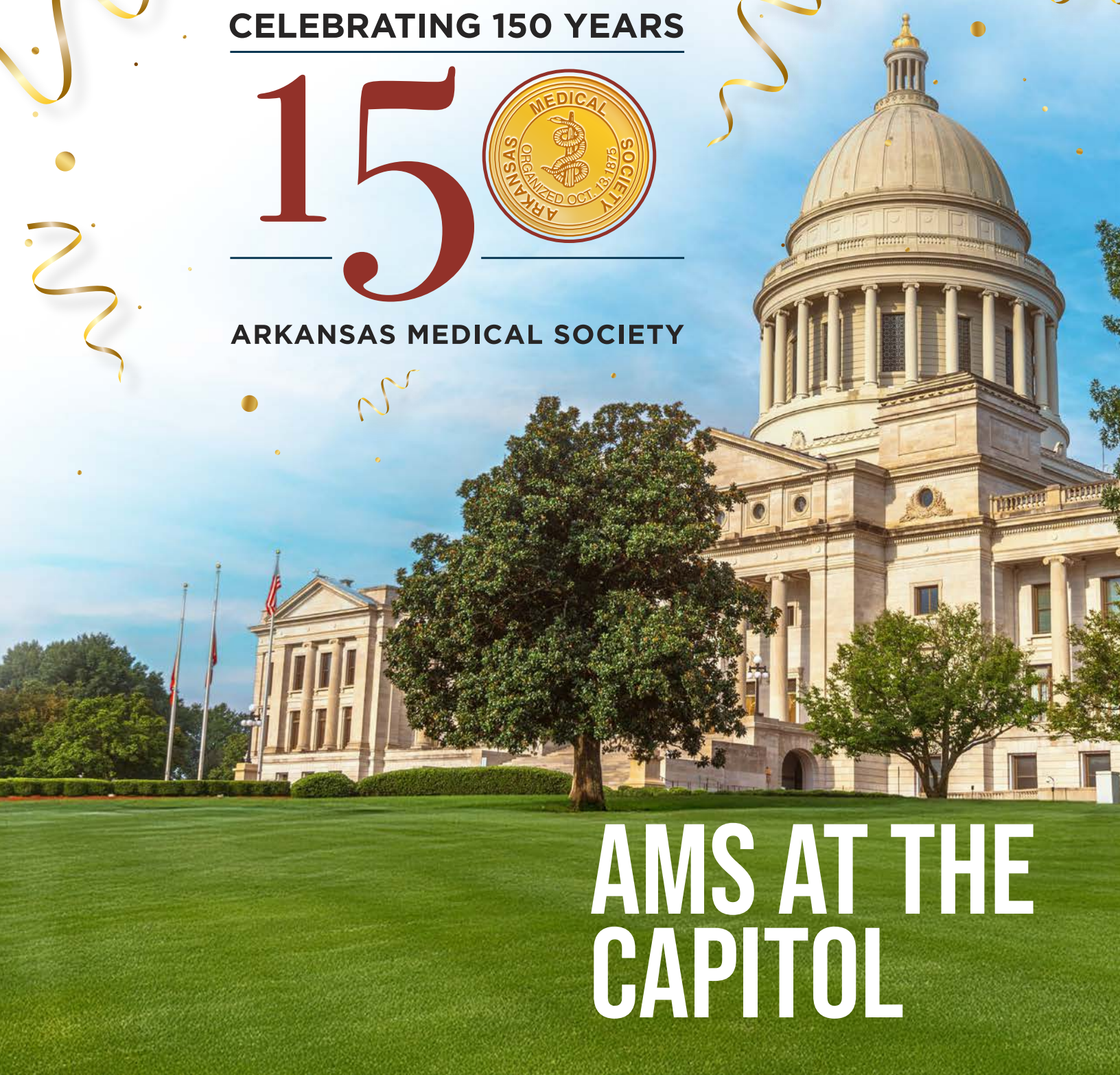
CELEBRATING 150 YEARS

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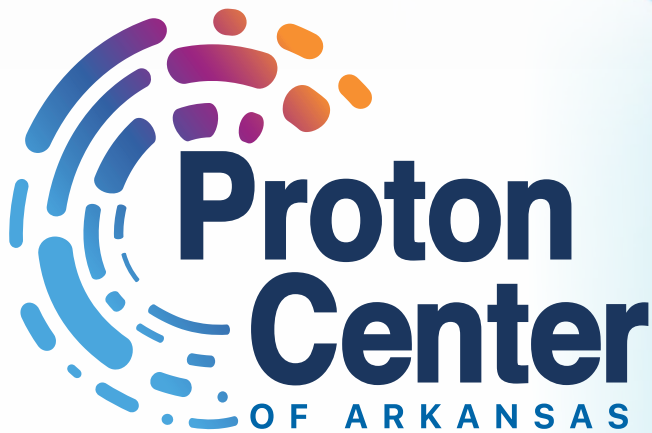
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# JOURNAL

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

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# ARKANSAS PHYSICIANS: COME CELEBRATE WITH US!

GEORGE CONNER III MD  
2024-2025 AMS PRESIDENT

**2025** IS AN IMPORTANT YEAR FOR PHYSICIANS IN ARKANSAS. IT IS OUR 150TH ANNIVERSARY OF THE ORGANIZATION OF ARKANSAS PHYSICIANS. WE ORGANIZED SO LONG AGO TO BETTER THE STATE OF MEDICINE AND IMPROVE THE HEALTH OF THE CITIZENS.

I know we are the busiest profession, but we are the most important profession. Preservation of life, restoration of health, and provision of comfort is our daily vocation.

So, come give your presence this year to show support for your profession. We want to celebrate, fellowship together, and support our cause during this anniversary year. We need you!

You need a strong, vibrant medical society to advocate for our patients and our profession. United, we are strong! If you're not a member of the Arkansas Medical Society, I hope you'll join today!

## CELEBRATING 150 YEARS

# 150



## ARKANSAS MEDICAL SOCIETY

Members, your presence is important at the annual gala on May 30-31, 2025. Your attendance gives you the opportunity to influence and encourage existing and future Arkansas physicians.

You will help influence the future of healthcare in Arkansas. Please don't underestimate the importance of your attendance. See you there! ■



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# PHYSICIANS AND POLITICS – NOT SOMETHING NEW

DAVID WROTEN  
AMS EXECUTIVE VICE PRESIDENT



HERE'S HOPING THAT THE FUTURE CAN LIVE UP TO THE ACCOMPLISHMENTS OF THE FIRST 150 YEARS!

**T**HE ARKANSAS GENERAL ASSEMBLY IS NOW IN SESSION. WHY SHOULD YOU CARE? LET ME CUT TO THE CHASE AND THEN PROVIDE SOME HISTORICAL PERSPECTIVE.

Legislative advocacy is part and parcel to your professional responsibilities. There is no escaping that reality. Ignore it at your peril. That's the short version.

Now for a history lesson: This year marks the 150th anniversary of the Arkansas Medical Society. You will be hearing much about what the AMS has accomplished over its century and a half existence, some of which you'll read about in this issue of The Journal.

Since its inception, the physicians of the AMS have understood that to advance medical care and training and to protect the citizens of Arkansas from "charlatans," it is necessary to be involved in the legislative process. So much so that in 1892, the first Committee on Medical Legislation was formed. That committee included Drs. R.G. Jennings, P.O. Hooper, J.S. Shibley, and W.G. Lawrence. If one of those names sounds familiar, turn south off West Markham onto "Hooper Drive" and into the state's flagship medical school. Indeed, the AMS played a leading role in establishing our state's first medical college, now known as UAMS.

Back then, AMS had no lobbyist, no Department of Governmental Affairs, and, from what I can tell, no staff. These responsibilities fell at the feet of the physician members or the organization. They were leaders and visionaries who were often larger than life. Through their legislative efforts, AMS is credited with establishing the first State Board of Health, the first medical licensing exam, the Medical Practice Act, the medical licensing board, the original State Hospital, and much more.

The historical records of AMS document how the Society's physicians understood that to be true advocates for their patients and their profession, they had to engage in

the political process. Legislative advocacy was a professional responsibility that hinged on their active involvement.

Fast forward 150 years. While much has changed, much remains the same. AMS legislative efforts succeed or fail with the personal involvement of its physician members. Thanks to YOU, Arkansas has an Any Willing Provider law, a Clean Indoor Air Act, a statewide trauma system, a Patient Right to Know Act, a primary seatbelt law, and much more.

The legacy of the AMS legislative efforts at the state Capitol is also exemplified in the hundreds of physicians who have volunteered their time as Doctor of the Day during meetings of the Arkansas General Assembly. This practice started with one

physician more than 50 years ago. That physician, Dr. H. Elvin Shuffield, served as secretary of the AMS for many years and, during legislative sessions, spent his time at the state Capitol, providing medical care to those who needed it and advising our elected officials on all matters of medical legislation. Legislators so appreciated the advice and care from Dr. Shuffield that on April 16, 1980, the 72nd General Assembly dedicated the Dr. H. Elvin Shuffield Capitol Infirmary. Located on the third floor of the Capitol, the infirmary serves to this day as the medical office for those serving as Doctor of the Day.

Fifty years from now, what will history say about the Arkansas Medical Society? Here's hoping that the future can live up to the accomplishments of the first 150 years! ■



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# IN SUPPORT OF PHYSICIANS & PATIENTS IN ARKANSAS:

## AMS AT THE CAPITOL

CASEY L. PENN

**T**HROUGHOUT THE 95TH GENERAL ASSEMBLY, WHICH CONVENED ON JANUARY 13, THE ARKANSAS MEDICAL SOCIETY WILL BE HARD AT WORK ADVOCATING FOR THE INTERESTS OF ARKANSAS PHYSICIANS AND PATIENTS.

To be most effective, AMS advocacy efforts will include the AMS Governmental Affairs team, physician-friendly legislators in the Arkansas Senate and the Arkansas House of Representatives, and you, our member physicians.

The AMS Governmental Affairs Team consists of Governmental Affairs Director Scott Smith, AMS Executive Vice President David Wroten, AMS Counsel Mike Mitchell, AMS Lobbyist Marvin Parks, and others. Along with medicine-friendly legislators, Smith and the team will remain on high alert throughout the session, paying close attention to public health issues.

“As the Session gets underway, AMS is happy to have allies in the Arkansas Legislature,” said Smith. “A few of the lawmakers who are back this session include longtime friends of the AMS, Rep. Lee Johnson, MD; Rep. Steve Magie, MD; and Sen. Missy Irvin, who is continuing in her role as chair of the Public Health Committee. These are close supporters with ties to the Society; they understand its mission, and that is invaluable.”

**AMS Lobbyist Marvin Parks; Sen. Missy Irvin; Rep. Steve Magie, MD; AMS Governmental Affairs Director Scott Smith**

**HERE'S A LOOK AT ISSUES THAT MAY COME UP AND MORE ON HOW YOU CAN HELP.**

### GOLD CARD AND OTHER PRIORITY ISSUES

“A top priority for us this session is to strengthen the Prior Authorization Gold Card,” said Smith, referring to HB 1271 / Act 575 that passed during the last legislative session. The bill, sponsored by Dr. Johnson and Sen. Irvin, is designed to ease the burden of prior authorizations for those who have already been shown to have high rates of approval from an insurance company and therefore should not have the administrative burden of getting prior authorization on every issue. “We knew that this legislation, just like any dealing with insurance matters, would probably be a continuing work in progress.”

AMS Executive Vice President David Wroten added, “AMS will be seeking to amend the gold card bill to provide more transparency and to correct the problems we have seen occur since its effective date. In addition, the Medical Society will be supporting legislation that aligns with our position on priority issues like maternal health, obesity, mental health, addiction, and other public health issues that affect the health of the citizens of Arkansas.”

As always, the Society will also be paying close attention to scope of practice. “We

anticipate a number of scope of practice bills to be filed,” said Smith. “AMS will be reviewing them to assess patient safety and quality of care implications. Depending on what our legislative committee members and others in AMS leadership think, we will support those that make sense and oppose or seek to amend those that might adversely impact patient safety or quality of care.”

During the AMS Fall Meeting in October 2024, Smith issued a survey to those in attendance asking them to name and rank issues of importance that could be affected by legislation. Just a few of the issues that proved top of mind for member physicians included infant mortality and maternal health, scope of practice, mental health, Medicaid, and obesity. As always, the Society keeps member concerns like these and others in mind as it works to advocate for physicians and patients at the state Capitol.

### YOUR WORK AS AN AMS ADVOCATE

As Smith and the AMS team work daily at the state Capitol, they're counting on your support to help them stand strong on issues that will affect the practice of medicine in Arkansas. Smith discussed what they need from you, the physician members. “Our team does an excellent job of talking to legislators, but we must have the local physician's voice backing us up,” he said. “Legislators have information coming at them from many angles during a session. You can help them make sense of critical issues by taking the time to call, text, or visit. They realize how busy physicians are, so it makes an impact to hear from physician constituents.”

Speaking with the knowledge of someone who understands the importance of physician involvement in political affairs, Dr. Magie compared having a relationship



**OUR TEAM DOES AN EXCELLENT JOB OF TALKING TO LEGISLATORS,  
BUT WE MUST HAVE THE LOCAL PHYSICIAN'S VOICE BACKING US UP.**

with your legislator to the relationship you, as doctors, have with those you seek out for consultation in your 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 people that help them make their decisions. Docs need to be among those people ... To earn that, you must develop that relationship."

In illustration of his point, Dr. Magie shared the story of how he developed a close relationship with Marvin Parks back when Parks was running for the Arkansas House of Representatives. "I called him back then and took him to breakfast, and we talked," recalled Dr. Magie. "That was 25 years ago now. And what was that little bill that he passed? Oh, yes ... Tort Reform."

Parks, too, spoke about the influence physicians can have. He said, "In terms of affecting public policy, you have great advocates, but nothing will replace you picking up the phone and explaining to your legislator why an issue is important to you."

Sen. Irvin added, "We are there for you, but we are just point guard for your team. You're the voice for your patients. Don't forget that."

**FINANCIAL SUPPORT THROUGH ARKMED-PAC**

Financial support of physician-friendly legislators is another effective way to support advocacy. "I can't reiterate enough the importance of doctor involvement," said Dr. Magie, who won his re-election campaign this past November and has recommended that physicians contribute not only to individual candidates, but also to ARKMED-PAC.

ARKMED-PAC is the political arm of the Society. "There is nothing more helpful to sustaining continued legislative success than to help physician-friendly candidates win their elections," explained Smith of the mission and usefulness of ARKMED-PAC to each legislative session. "While your regular AMS dues go to support advocacy, AMS dues cannot be

used to support a political campaign. ARKMED-PAC is your avenue to directly support physician-friendly candidates.

"Whether it's contributing financially or making phone calls during the session to help us advocate for issues with the intent of creating more positive practice environments for physicians and their patients ... it really is all about physicians making themselves heard and voicing our positions to legislators they know."

Smith, Wroten, and Parks are all here to help you get involved or connect to legislators during this legislative session. Along with the full AMS staff, they ask you to please watch your inbox for legislative news and be ready to answer calls to action when they come your way. Contact AMS at **501-224-8967** or email [ssmith@arkmed.org](mailto:ssmith@arkmed.org) to discuss the issues that are important to you and your practice. ■

**DOCTOR OF THE DAY**  
ANOTHER WAY TO SERVE AND CONNECT



For more than four decades, AMS has sponsored the Doctor of the Day program, which places physician volunteers in the state Capitol infirmary from 9 a.m. to 3 p.m. Monday through Thursday throughout the legislative session. The program is a meaningful and unique opportunity to get involved during each legislative session. In addition to providing a vital service to busy legislators who may become ill, participating physicians are able to attend legislative committee meetings and enjoy floor privileges in the House and Senate for introductions. One physician member noted, "It is phenomenal ... by just being at the Capitol and listening in the sessions, I could make a difference for our profession."

For more information and to express your interest in serving, contact AMS Legislative Support Specialist Laura Hawkins at [hawkins@arkmed.org](mailto:hawkins@arkmed.org).



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# HAPPY SESQUICENTENNIAL

YOUR ARKANSAS MEDICAL SOCIETY IS 150 YEARS STRONG IN 2025!

CASEY L. PENN



*Arkansas Medical Society,  
May 4, 1933.*

Courtesy of AMS



Courtesy of AMS

## CELEBRATING 150 YEARS



ARKANSAS MEDICAL SOCIETY

**IN 2025, THE ARKANSAS MEDICAL SOCIETY CELEBRATES 150 YEARS OF REPRESENTING ARKANSAS PHYSICIANS AND THEIR PATIENTS. THE SOCIETY HAS HAD A TREMENDOUS IMPACT ON OUR STATE AND ITS CITIZENS JUST LIKE YOU HAVE HAD A TREMENDOUS IMPACT ON YOUR PATIENTS AND HEALTHCARE IN ARKANSAS. THANK YOU AND CONGRATULATIONS!**

### HIGHLIGHTS – THE EARLY YEARS:

- In **October 1875**, a group of physicians organized the present Arkansas Medical Society and required its members to be Arkansas residents and graduates of American Medical Association-recognized medical schools. (There was a medical society that formed before the AMS, the **Arkansas State Medical Association**, which didn't last due to internal disagreements.)
- **Dr. W. B. Welch** of Washington County was the first president of the AMS.
- The **Journal of the Arkansas Medical Society** was first published

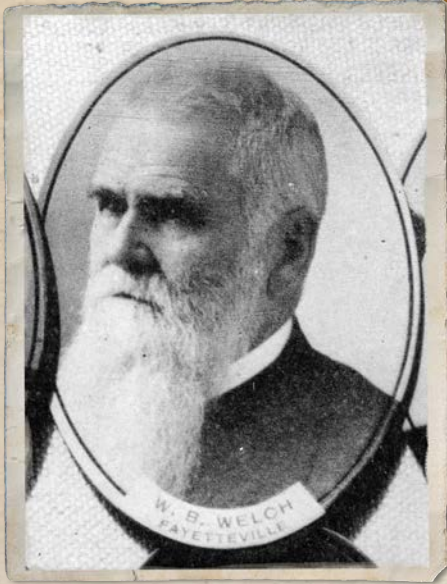
in 1890 but was discontinued in 1897 due to the resignation of its first editor, Lorenzo Gibson. It was re-established a few years later.

- The AMS was instrumental in establishing the first medical school in Arkansas and contributed to the formation of the state's first licensing examination requirements.
- In response to the prevalence of yellow fever, the AMS pushed for and succeeded in getting a law passed by the Arkansas Legislature in 1881 establishing a **State Board of Health**. (You can read Dr. Sam Taggart's

piece, this issue, about one of its founders, Dr. C.E. Nash of Helena.)

- The AMS's first female officer was **Dr. Ruth E. Lesh** of Fayetteville, who served as a second vice president in 1938.
- The first **Committee on Medical Legislation** formed in 1892 and included Drs. R.G. Jennings, P.O. Hooper, J.S. Shibley, and W.G. Lawrence. Their first legislative win included a law regulating the practice of medicine in Arkansas. Language from the law: "The party or parties so desiring to engage in the practice of

PAGE 82 ►



## DR. W. B. WELCH OF WASHINGTON COUNTY WAS THE FIRST PRESIDENT OF THE AMS.

Courtesy Shiloh Museum of Ozark History / Washington County Historical Society Collection (P-44)

medicine or surgery ... shall be of good moral character, twenty-one years of age, and a graduate of some reputable college of medicine and surgery that requires not less than two course of lectures, each course in a different year as the requirements for graduation.”

- **The Society’s 50th president was Dr. H.D. Wood**, who was also a founding member.
- The first report of the Society having both a **president and president-elect** was in 1926.
- In **1929**, the AMS retained an attorney, **Peter Deisch of Helena**, who played a key role with the Committee on Medical Legislation in passing the **Basic Science Law. Current AMS General Counsel Mike Mitchell** (Mitchell, Blackstock, Wright & Alagood) has served the Society since 1980; his predecessor in the firm, Eugene Warren, served for approximately 30 years prior, for a total of 75 years of service by the same law firm.
- During the **61st annual session**, the **Committee on Medical Legislation** chair, Dr. Val Parmley, expressed “appreciation that during that year there had been perfect harmony between the State Medical Society, the State Medical School, and the State Board of Health.”

- Historic records indicate that in **November 1927**, the AMS included 1,063 members. Today, the AMS has more than 4,000 members (including Life, Emeritus, students, and residents).

### HIGHLIGHTS – PAST 50 YEARS:

In recent years, the Arkansas Medical Society has continued to play an integral role in the public health of Arkansans and has contributed to the formation of several organizations for the good of the state:

- **Medical Education Foundation for Arkansas (MEFFA)** – Created in the 1960s, MEFFA provides educational grants to UAMS, currently averaging around \$40,000 per year. (The bylaws were recently changed to also include grants to other schools of medicine in Arkansas.)
- **Arkansas Medical Foundation (AMF) and the Physician’s Health Committee** – These organizations help physicians, dentists, and other health professionals recover from burnout, mental health issues, and substance misuse disorders.
- **Arkansas Health Care Access Foundation** – This AMS program matched volunteer physicians and other health professionals with

indigent patients across the state to provide needed medical care; it ceased operations upon the implementation of the Affordable Care Act.

Legislative victories have played a significant role in AMS’s long history. Here are just a few key wins from the past 50 years:

- **Any Willing Provider** – Prevents health insurance carriers from arbitrarily restricting which physicians and hospitals can participate in their networks.
- **Clean Indoor Air Act** – Prohibits smoking in restaurants and public buildings.
- **Tobacco Settlement** – Ensures tobacco settlement dollars are spent on healthcare.
- **Statewide Trauma System** – Established a comprehensive, statewide trauma system.
- **Practice-related Legislation** – Includes prompt payment, recoupment, credentialing, prior authorization, and the **Prior Authorization Gold Card**.

## CELEBRATE WITH US!

- Join us for a special celebration on May 30-31, 2025, at the Statehouse Convention Center in Little Rock. 150th Anniversary celebrations will coincide with the AMS Annual Membership Meeting and will be attended by members, state dignitaries, and healthcare leaders from across the state. Expect prominent speakers, prestigious student and faculty awards, a poster contest, and entertainment.
- Attendees of the event will receive a special **Arkansas Medical Society 150th Commemorative Magazine**,

which will feature all manner of historical content and highlights.

**Are you or your clinic interested in advertising in this special magazine? Please contact Laura Hawkins at [hawkins@arkmed.org](mailto:hawkins@arkmed.org).**

## THANKS TO OUR SPONSORS

- This celebration would not be possible without support from **AMS Diamond Sponsors** Arvest Bank, State Volunteer Mutual Insurance Company, and Arkansas Foundation for Medical Care.
- We are also reliant and grateful to our **AMS Platinum Sponsors** UAMS,

Gilead Sciences, Noydeen Medical Group, Conway Management, and Johnson & Johnson.

## ADDITIONAL EVENT SPONSORS:

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- **Tabletop:** Alexion, CARTI, Farris Agency, Traverre Therapeutics, Panacea Financial, St. Bernards Healthcare



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| Arkansas Retina Clinic                  | Little Rock Family Practice             | Radiology Oncology Associates             |
| Arkansas Urology                        | Little Rock Pediatric Clinic            | Retina Associates                         |
| Associated Radiologists                 | Magnolia Regional Medical Center        | St. Mary's Millard Henry Clinic           |
| Autumn Road Family Practice             | MANA Physicians                         | UAMS North Central Family Medicine Center |
| Bowen Hefley Orthopedics                | Mercy Obstetrics & Gynecology           | UAMS                                      |
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For clinics with several physicians, group membership in the **Arkansas Medical Society** eliminates the hassle of individual renewal and reimbursement for physicians and accounts payable staff and provides **EVERY physician** with the invaluable resources of the largest and strongest Arkansas health care advocate. For more information, contact Casey Penn at (501) 224-8967.



INTERNAL MEDICINE

RHEUMATOLOGY

NEUROLOGY

- Ahmed Ali, MD
- Noha Mohamed, MD
- Billy McBay, MD
- Carolyn Mehaffy, MD
- Kayla Johnson, APRN
- Christina Downes, APRN
- Arielle Holloway, APRN



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# WORKING TOGETHER DURING THE LEGISLATIVE SESSION

H. SCOTT SMITH, JD

AMS DIRECTOR OF GOVERNMENTAL AFFAIRS



**T**HE 95TH ARKANSAS GENERAL ASSEMBLY CONVENED ON JANUARY 13. ONCE WE GET PAST THE FIRST WEEK OR TWO, THE REST OF THE SESSION WILL PROCEED AT BREAKNECK SPEED. IN ADDITION TO STARTING ITS 150<sup>TH</sup> ANNIVERSARY YEAR, AMS WILL BE IN THE MIDDLE OF THE ACTION AT THE STATE CAPITOL, ADVOCATING ON YOUR BEHALF UNTIL THE SESSION WRAPS UP IN THE SPRING.

**You have the power to make a difference** for you and your patients during the session. Please be on the lookout for AMS legislative alerts and calls to action. When legislators receive a phone call or text from their physicians back home, they listen. It's a big deal, and legislators want to hear from you, especially if there's a previously established relationship. So, please watch for Society communications and be ready to help make an impact.

Also, please take any opportunity to sign up for the "Doctor of the Day" program. This is a wonderful way to serve by taking care of legislators and others at the Capitol. While the infirmary is staffed by nurses each day, having a couple of physicians available to help is truly appreciated and usually receives recognition from both chambers during the day's session.

Historically, AMS has monitored and worked on 10-15% of all bills filed each session, with 237 bills out of 1675 bills in 2023 (14%) and 240 bills out of 1,439 bills in 2021 (16%). With so many bills to track, we will only send out a call to action

**ANY NEWLY FILED BILL HAS THE POTENTIAL TO DRAMATICALLY CHANGE THE PRACTICE ENVIRONMENT FOR ARKANSAS PHYSICIANS. PLEASE BE READY TO HELP.**

when we absolutely need your voice to be heard. Please be ready to respond.

Certainly, any given newly filed bill has the potential to dramatically change the practice environment for Arkansas physicians, and that change can be positive or negative. Know that AMS will fight against those believed to have negative ramifications and for those with positive changes.

Being the 150th anniversary year, an online search found reference to a few laws passed in 1875 by the 20th Arkansas General Assembly. Here are a few of the titles of those acts: "to prohibit the carrying of side-arms, and other deadly weapons;" "to protect the culture of fish;" "to prevent lotteries in this State;" "to tax all non-resident trappers for trapping in this State;" and "to regulate the sale of ardent spirits near the Arkansas Industrial University." (Arkansas Industrial University is now known as the University of Arkansas, Fayetteville).

Interestingly, the regulation of "ardent spirits" law had a physician exception. Section 2 of Act 118 stated:

"...no person shall sell or give away any vinous or ardent spirits within three miles of said University, unless he be a regular practicing physician,

and not until he has signed and sworn to an affidavit before the County Clerk of Washington county, and shall have had the same duly recorded, which affidavit shall be in the following form: I, \_\_\_\_\_, do solemnly swear that I am a regular practicing physician, that I will not sell or give away any vinous or ardent spirits to any one unless it be for medicinal purposes, and believe the kind and quantity will be beneficial in the treatment of the disease under which the patient is suffering."

1875 was also the year University of Arkansas at Pine Bluff opened as the Branch Normal College, University Hall (now Old Main) opened in Fayetteville, and Judge Isaac C. Parker was appointed U.S. District Court Judge.

Even as AMS enters this year of celebration, there will be challenges in the legislative days ahead. With your help, we hope this session will produce only positive bills passed into law for the betterment of the health and safety of all Arkansans. 🇺🇸



# MINUTES OF THE ARKANSAS MEDICAL SOCIETY BOARD OF TRUSTEES MEETING

OCTOBER 25, 2024, AT CHENAL COUNTRY CLUB, LITTLE ROCK, AR

**GEORGE CONNER III, MD**  
AMS PRESIDENT

# MINUTES OF MEETING



**T**HE ARKANSAS MEDICAL SOCIETY BOARD OF TRUSTEES MET ON FRIDAY, OCTOBER 25, 2024, AT THE CHENAL COUNTRY CLUB IN LITTLE ROCK. AMS BOARD MEMBERS AND PAST PRESIDENTS ATTENDING WERE DRS. SAMUEL BLEDSOE, WILLARD BURKS, GEORGE CONNER, SHANNON COOPER, JACOB DICKINSON, SHALETHA JONES, SUJIT KOTAPATI, RILEY LIPSCHITZ, RANDY MADDOX, ISSAM MAKHOUL, NIRVANA MANNING, AMANDA NOVACK, TIM PADEN, NAVEEN PATIL, MARCUS RENNO, COURTNEY SICK, BALA SIMON, JERAKAYCIA SMITH, RANDY WALKER, STACY ZIMMERMAN, OMAR ATIQ, SCOTT COOPER, STEPHEN MAGIE, DANNY WILKERSON, SCOTT FERGUSON AND RICHARD WIRGES.

**Guests included:** Dr. Donald Gauldin, Marvin Parks, Amy Pritchard, Maret Wicks, Ron Witherspoon, Mary Beth Rogers, Joshua Neal, and Anna Strong.

**AMS staff included:** Mike Mitchell, David Wroten, Scott Smith, Mary Ann Mansfield, Alanna Scheffer, Courtney Sick, Laura Hawkins, Casey Penn, and Nicole Richards

In place of Chairman Dr. Johnson, AMS President George Conner III, MD, presided over the meeting. Dr. Conner called the meeting to order and the following business was received and transacted:

1. Dr. Conner welcomed members to the meeting. He called for any necessary disclosures to be made.
2. Dr. Conner asked for a motion to approve the board minutes from August 21, 2024. There was a motion and a second. The motion passed.
3. Dr. Conner called on Dr. Patil to introduce representatives from the 150th Anniversary Diamond Sponsor, Arvest Bank.

4. Dr. Conner asked for a motion to approve Dr. Richard Wirges as the District 8 trustee to fill the position vacated by Dr. Patil when he was elected vice-president. There was a motion, it was seconded and approved.
5. Dr. Conner called on Dr. Patil to give an update on the 150th Anniversary Celebration.
6. Dr. Conner called upon Executive Vice-President David Wroten to present his reports and share information about a potential lawsuit related to EMTALA.
7. Dr. Conner called to everyone's attention the upcoming meetings as shown on the agenda.
8. Dr. Conner turned the meeting over to David Wroten for a group exercise. This pre-planning exercise will begin a discussion leading to the identification of opportunities/issues where AMS and its members can have a positive influence on the health of the people of Arkansas.
9. Dr. Conner thanked everyone and adjourned the meeting to head into the Membership Meeting on Legislative Issues. ■



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## *Antimicrobial Stewardship Takes All of Us*

MARSHA F. CRADER, PHARMD, FASHP | ASSOCIATE PROFESSOR OF PHARMACY PRACTICE | UAMS COLLEGE OF PHARMACY

**E**ach year, the Centers for Disease Control and Prevention (CDC) promotes U.S. Antibiotic Awareness Week, with the most recent theme being "Fighting Antimicrobial Resistance Takes All of Us."<sup>1</sup> Effective antimicrobial stewardship requires healthcare professionals in all settings—those who prescribe, dispense, and administer antimicrobials—to use these medications responsibly. This approach helps limit the development of resistance. Patients and healthcare workers should also employ infection prevention practices to prevent the spread of infections and their associated resistance.

### ANTIBIOTIC RESISTANCE AND UTILIZATION

In 2023, the number of hospitals meeting all of the CDC's Antimicrobial Stewardship Core Elements continued to increase nationally and in Arkansas (96% vs. 95%).<sup>2</sup> Even with expanded efforts, the U.S. demonstrated a rise in hospital-onset-resistant organisms in 2022 compared with 2019. Increases in resistant organisms included carbapenem-resistant and extended-spectrum beta-lactamase (ESBL) producing organisms and resistant *Staphylococcus aureus*, *Enterococcus*, and *Pseudomonas* organisms.<sup>3</sup>

The Centers for Medicare and Medicaid's Promoting Interoperability Program reporting requirements have been updated to require submission of antibiotic usage and culture results to the CDC's National Healthcare Safety Network's (NHSN) Antimicrobial Use and Resistance (AUR) Module.<sup>2</sup> Hospitals without qualified exclusions will be required to report this data by 2026. Reporting to the NHSN AUR Module enables states and hospitals to determine how they compare to

national benchmark data through the Standardized Antimicrobial Administration Ratio (SAAR) and standardized hospital-onset pathogen and resistant infection ratios.<sup>2</sup>

A SAAR equal to 1 demonstrates that antimicrobial usage is equal to predicted usage. SAAR values greater than 1 demonstrate antimicrobial usage is greater than predicted, and SAAR values less than 1 demonstrate antimicrobial usage is less than predicted. In 2023, Arkansas' SAAR was 1.082 for adult antibiotic usage, but these results represented incomplete data, with 50.6% of eligible facilities reporting.<sup>2</sup> Since comprehensive state data is currently unavailable, hospitals should be working toward data submission or evaluating their own local SAAR data for improvements.

In U.S. clinics and emergency departments, 28% of antibiotic prescriptions have been determined unnecessary.<sup>4</sup> A 2017 study discovered that patients less than 65 years old were more likely to receive inappropriate antibiotic prescriptions for acute respiratory infections if they were from the southern U.S. compared with other regions of the country.<sup>5</sup> Arkansas has the 6th highest number of outpatient antibiotic prescriptions in the country. In 2022, 1,020 prescriptions were dispensed per 1,000 population.<sup>2</sup>

## OPPORTUNITIES FOR IMPROVEMENT

1. **Assess allergies.** Penicillin allergies are reported by 10% of patients, but less than 1% have a true IgE-mediated allergy.<sup>6</sup> Clinical decision tools can determine the risk of a positive penicillin allergy test (e.g., 5% if PEN-FAST\* score  $\leq 2$ ).<sup>7</sup> When penicillins cannot be safely used, pharmacists can help evaluate when other beta-lactam antibiotics are options based on the patient's allergy history and cross-reactivity between specific antibiotics.<sup>6</sup>

\*PEN – Penicillin allergy

F – five years or less since reaction (2 points)

A – anaphylaxis or angioedema (2 points)

S – severe cutaneous adverse reaction (2 points)

T – treatment required for reaction (1 point)<sup>7</sup>

2. **Choose evidence-based treatment.**

**Urinary tract infection (UTI):** Empiric UTI treatment varies based on diagnosis of cystitis or pyelonephritis, local antibiogram susceptibilities, and previous patient-specific urinary cultures.<sup>8</sup>

- Urinary specimens should be correctly collected and stored until laboratory processing to ensure usable results, and they should typically only be collected from patients with signs and symptoms of UTI to avoid unnecessary treatment of asymptomatic pyuria or bacteriuria.<sup>8-9</sup>
- Elderly patients who have fallen or have delirium without genitourinary symptoms or signs of systemic infection should be further assessed for causes other than UTI.<sup>9</sup>
- Pyuria is associated with inflammation and should be evaluated for infectious and non-infectious etiology.
- All patients with chronic urinary catheters and up to 50% of long-term care patients will grow organism(s) from urine cultures even when a UTI is not present.<sup>9</sup> Asymptomatic bacteriuria is colonization that should only be treated in patients who are pregnant or undergoing invasive urologic procedures.<sup>8-9</sup>

**Acute rhinosinusitis:** Antibiotics are only warranted in 3 scenarios since 90–98% of sinusitis cases are due to viruses. The 1st-line antibiotic is amoxicillin-clavulanate.<sup>10-11</sup>

- Severe:  $\geq 3-4$  days of  $\geq 39^\circ\text{C}$  fever + purulent nasal discharge or facial pain
- Persistent:  $\geq 10$  days without improvement
- Double sickening:  $\geq 3-4$  days of worsening after initial improvement following upper respiratory infection that lasted 5-6 days<sup>10-11</sup>

**Acute bronchitis:** Antibiotic treatment is not recommended for acute uncomplicated bronchitis, regardless of cough duration.<sup>10</sup>

### **Community-acquired pneumonia (CAP):**

Outpatient CAP treatment for patients without guideline-specified co-morbidities includes amoxicillin or doxycycline; azithromycin is not an option if local antibiogram resistance with *Streptococcus pneumoniae* is 25% or higher. When specified co-morbidities are present, *Streptococcus pneumoniae* and atypical organisms are often treated with amoxicillin-clavulanate, cefuroxime, cefpodoxime plus azithromycin or doxycycline.<sup>12</sup>

Standard inpatient CAP is frequently treated with either ceftriaxone or ampicillin-sulbactam plus azithromycin or doxycycline. Empiric treatment only includes *Pseudomonas* or methicillin-resistant *Staphylococcus aureus* (MRSA) in specific scenarios, such as patients with previous respiratory specimen(s) growing one of the aforementioned organisms within the last year (refer to guidelines for more information).<sup>12</sup>

Respiratory fluoroquinolones are now typically reserved for CAP treatment when severe beta-lactam allergies are present due to their adverse event profile. Cefdinir is not recommended for CAP.<sup>12</sup>

**Skin and soft tissue infection (SSTI):** For non-severe, non-purulent SSTIs (e.g., cellulitis), beta-hemolytic *Streptococcus* will be the usual pathogen requiring a penicillin or cephalosporin antibiotic for treatment. *Staphylococcus aureus* will be the likely pathogen in purulent SSTIs (e.g., abscess), requiring empiric MRSA coverage until culture susceptibility results are known (e.g., doxycycline, TMP/SMX, vancomycin).<sup>13</sup>

3. **Utilize the shortest effective duration of therapy** to lessen the potential for resistance development and adverse effects (e.g., *C. difficile*, acute kidney injury).
  - Cystitis: ≤ 5 days<sup>8</sup>
  - (based on antibiotic)
  - Sinusitis or CAP: 5 days<sup>10-12</sup>
  - Cellulitis or cutaneous abscess: 5 days<sup>13</sup>

#### TEAM EFFORT

All healthcare professionals must work together to fight antimicrobial resistance in each of their practice settings.

- Avoid unnecessary antibiotics for viruses or bacterial colonization
- Avoid excessively broad-spectrum antibiotics that are not indicated
- Utilize appropriate antibiotic de-escalation and length of therapy

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*Marsha Crader, PharmD, FASHP is an Associate Professor of Pharmacy Practice for the University of Arkansas for Medical Sciences. She is also one of the co-leaders of the Antimicrobial Stewardship Program at St. Bernards Medical Center. Dr. Crader currently serves as the pharmacist co-chair of the Arkansas Department of Health's Antimicrobial Stewardship Sub-committee of the Healthcare Associated Infections Advisory Committee.*



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# HEALTHCARE CYBERSECURITY – WHAT IS IT, AND HOW COULD YOUR PRACTICE BE AFFECTED?

COURTNEY SALMON, MHSA  
AMS DIRECTOR OF PRACTICE SUPPORT



**I**N TODAY'S DIGITAL AGE, HEALTHCARE ORGANIZATIONS ARE INCREASINGLY VULNERABLE TO CYBERATTACKS, AND THE CONSEQUENCES CAN BE SEVERE. HEALTHCARE CYBERSECURITY REFERS TO THE STRATEGIES, TECHNOLOGIES, AND PRACTICES THAT PROTECT SENSITIVE PATIENT DATA, HEALTHCARE SYSTEMS, AND BUSINESS OPERATIONS FROM CYBER THREATS SUCH AS HACKING, DATA BREACHES, RANSOMWARE, AND OTHER MALICIOUS ACTIVITIES. AS HEALTHCARE PROVIDERS MANAGE VAST AMOUNTS OF HIGHLY SENSITIVE INFORMATION, CYBERSECURITY HAS BECOME AN ESSENTIAL ASPECT OF MAINTAINING PATIENT SAFETY, PRIVACY, AND CONTINUITY OF CARE.

## WHY IS HEALTHCARE CYBERSECURITY IMPORTANT?

Healthcare organizations store a wealth of valuable and sensitive data, including:

1. **Protected Health Information (PHI):** Personal health data that is legally protected under regulations like HIPAA.
2. **Financial Information:** Payment details, insurance claims, and billing records.
3. **Personally Identifying Information (PII):** Data that can identify an individual, such as social security numbers and addresses.
4. **Intellectual Property:** Proprietary research, medical data, and healthcare technologies.

The need for robust cybersecurity measures in healthcare is more urgent than ever. A single cyberattack could compromise the privacy of patient

records, disrupt critical healthcare services, and even endanger patient lives.

## How Can Healthcare Cybersecurity Protect Your Practice?

Healthcare cybersecurity is designed to prevent, detect, and respond to cyber threats. Here are some key cybersecurity practices that can protect your practice:

1. **Staff Training:** Annual cybersecurity training is no longer sufficient. Healthcare organizations should implement **regular phishing exercises** to test employees' ability to recognize and avoid malicious messages. This proactive approach ensures that your team is always prepared for emerging threats.
2. **Regular Software Updates:** Keeping software and systems up to date is a fundamental practice in preventing cyber threats. Updates patch vulnerabilities that hackers might exploit, ensuring that your practice remains secure.
3. **Connected Device Security Tools:** With the increasing use of medical devices in healthcare, securing these devices is critical. Security tools can identify vulnerabilities and monitor device traffic for malware.
4. **Risk Assessments:** Regular systematic evaluations of your organization's cybersecurity posture help identify potential vulnerabilities and emerging threats, enabling you to take proactive steps to mitigate risks.

**5. Secure Cloud Solutions:** Many healthcare practices have transitioned to cloud-based Electronic Health Records (EHRs). Ensuring that cloud applications are secure and that workloads are protected from the data center to the cloud is crucial for safeguarding patient information.

**6. Multi-Factor Authentication:** Implementing multi-factor authentication (MFA) ensures that only authorized personnel can access sensitive data, adding an additional layer of protection beyond just usernames and passwords.

**7. Data Backup and Encryption:** Regularly backing up and encrypting data ensures that even in the event of a cyberattack, you can quickly recover critical information without compromising patient confidentiality.

**8. Emergency Drills:** Having a cybersecurity incident response plan in place and conducting regular emergency drills ensures that your practice is prepared to respond quickly and effectively in the event of a breach.

## THE RISING THREAT OF CYBERATTACKS: RANSOMWARE AND PHISHING

Two types of cyberattacks – ransomware and email phishing attacks – are on the rise in healthcare:

- **Ransomware:** This form of malicious software (malware) encrypts your files and renders them inaccessible. Cybercriminals demand a ransom in exchange for decrypting the files



and restoring access. In healthcare, ransomware attacks often target EHRs (electronic health records) due to the high value of patient health data. Attackers may also threaten to leak sensitive data if their demands are not met.

- **Phishing Attacks:** Phishing emails are fraudulent messages designed to trick employees into clicking on malicious links or downloading infected attachments. These attacks can lead to compromised login credentials, which can then be used to infiltrate healthcare systems.

In both cases, cybercriminals exploit the sensitive nature of healthcare data to extort money or disrupt business operations.

### WHY INDEPENDENT PHYSICIANS AREN'T IMMUNE

While large healthcare organizations are frequently targeted by cybercriminals,

independent physicians and smaller healthcare practices are also vulnerable to cyberattacks. In fact, small practices are often seen as easier targets due to their lack of robust cybersecurity resources. Cyberattacks on independent physicians can result in significant financial loss, reputational damage, and even legal consequences if patient data is compromised.

### THE ROLE OF CYBER INSURANCE

With the rising frequency and sophistication of cyberattacks, cyber insurance has become an important consideration for healthcare organizations of all sizes. Cyber insurance can help mitigate the financial impact of a breach by covering expenses such as:

- Costs related to data recovery and breach notification
- Legal fees and fines for non-compliance with regulations like HIPAA

- Expenses associated with reputational damage and loss of business

It's essential to carefully review cyber insurance policies to ensure they provide adequate coverage for the specific needs of your practice.

### CONCLUSION

Whether you are part of a large hospital system or a small independent practice, the importance of healthcare cybersecurity for your practice cannot be overstated. As cyber threats continue to evolve, providers must be proactive in safeguarding patient data, protecting their systems, and ensuring business continuity.

To prevent potentially significant consequences tomorrow, act today to protect your practice. By implementing comprehensive cybersecurity measures and preparing for potential cyberattacks, you can reduce the risk of a successful breach and maintain the trust of your patients. ■

The image is a collage of various hotel and management brand logos. At the top left is the Fairfield by Marriott logo. Next to it is the Comfort Suites logo. To the right is the Wingate by Wyndham logo. In the center is the Conway Management logo, which includes a stylized 'C' and the text 'Conway Management' and 'hospitality development | management | consulting'. At the bottom left is the Hampton by Hilton logo. In the bottom center is the Guest Inn & Suites logo, which includes a house icon and the text 'GUEST INN & SUITES' and 'MIDTOWN MEDICAL CENTER'. At the bottom right is the Holiday Inn Express & Suites logo, which includes a stylized 'H' and the text 'Holiday Inn Express & Suites' and 'AN IHG® HOTEL'. The background of the collage shows various hotel interiors, including a bedroom with a bed, a conference room with tables and chairs, and a swimming pool area.



# SAM MAKHOUL, MD

**SPECIALTY:**

Hematology/Oncology; Internal Medicine

**CITY:**

Little Rock

**AMS MEMBER SINCE:**

2010

**WHY ARE YOU AN AMS MEMBER?**

AMS is our state representative and the forum through which we can make a difference at the cultural, social, professional, and legislative levels to serve our patients and medical community.

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

The opportunity to make a difference in my patients' lives while participating in advancing research to cure cancer.

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

Medicine is a profound blend of science and art, grounded in a love for humanity. If your heart is filled with a deep commitment to serving others before yourself, and if you have

both a passion for scientific discovery and a creative spirit, then medicine may be the ideal path for you.

**WHAT IS THE MOST CRITICAL HEALTHCARE ISSUE FACING ARKANSAS TODAY?**

Coverage and access to health care services.

**DO YOU HAVE A PERSONAL MOTTO OR FAVORITE QUOTE?**

I have a list of 10 rules that have developed over the years. I wrote them first for myself, and then I started sharing them with my staff and students.

**WHAT DO YOU LIKE TO DO IN YOUR FREE TIME?**

Outdoor biking, reading, and spending time with family and friends.

**THEME SONG (DEDICATED TO MY BEAUTIFUL WIFE):**

"If You Say My Eyes are Beautiful"

**SONGWRITER:**

Elliott Willensky

**RECORDING ARTIST:**

Whitney

“ MEDICINE IS A PROFOUND BLEND OF SCIENCE AND ART, GROUNDED IN A LOVE FOR HUMANITY. ”



## MAKHOUL'S RULES

1. **EVERY PATIENT IS UNIQUE.**  
"To touch the soul of another human being is to walk on holy ground." – Steven Covey
2. **CONSIDER EVERY ENCOUNTER WITH A PATIENT AS YOUR LAST ONE BEFORE MEETING YOUR CREATOR.**
3. **LISTEN TO YOUR PATIENTS' STORIES.**  
"For people are nothing but stories written in invisible ink." – Kahlil Gibran
4. **EXPECT YOUR REWARD AT THE END OF EACH ENCOUNTER WITH A PATIENT, NOT AT THE END OF THE MONTH.**
5. **PARTNER WITH YOUR PATIENTS AND THEIR FAMILIES TO ALLEVIATE SUFFERING, RESTORE HEALTH, OR FIND A "NEW NORM."**
6. **BREAK BAD NEWS WITH EMPATHY, TELL THE TRUTH, AND NURTURE HOPE BUT NEVER LIE.**
7. **DO NOT BELIEVE EVERYTHING YOU ARE TOLD; CHECK IT YOURSELF.**
8. **ACKNOWLEDGE YOUR MISTAKES TO YOUR PATIENTS AND LEARN FROM YOUR FAILURES; HUMILITY GOES A LONG WAY.**
9. **DELEGATE TO OTHER TEAM MEMBERS AND HOLD THEM ACCOUNTABLE.**
10. **TREAT YOUR TEAM MEMBERS WITH KINDNESS.**  
"Build them up; Put their insecurities to sleep; Remind them they're worthy; Tell them they're magical; Be a light in a too often dim world." – Steve Maraboli



**Dr. Makhoul directs the CARTI Clinical Research Department**

CELEBRATING 150 YEARS



ARKANSAS MEDICAL SOCIETY

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# 150 YEARS OF EXCELLENCE:

## CELEBRATING ARKANSAS MEDICAL SOCIETY'S LEGACY OF CARE AND INNOVATION

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## NYITCOM STUDENT PROFILE: HARLEY DUNCAN



The moment she saw her grandfather's mangled black Dodge pickup truck, Harley Duncan knew life would never be the same for her or her beloved Papaw.

For her grandfather, the repercussions of his collision with an 18-wheeler that caused a seven-car pileup on a West Memphis highway were immediate as he suffered permanent paralysis from the neck down. For Duncan, now a second-year medical student at NYIT College of Osteopathic Medicine at Arkansas State University, the impact took a little longer to manifest.

"A lot of physicians have an experience that inspires them to pursue medicine," said Duncan, who was 14 at the time of the accident. "For me, it started with his accident but really unfolded over the next couple years as I watched my grandmother care for him."

Duncan experienced both the physical and emotional toll the situation had on her grandmother, who tended to her grandfather's bedside, fed him, helped with daily activities, and shuttled

**“ I STARTED THINKING THAT I SHOULD CONSIDER MEDICAL SCHOOL SO I COULD BE PART OF A SOLUTION TO SOME OF THE CHALLENGES MY GRANDPARENTS FACED. ”**

him all over the country to address his significant healthcare needs.

"They had to travel constantly to see specialists and get care," Duncan said. "I hated the fact that we didn't have easy access to a lot of types of physicians in our area. I started thinking that I should consider medical school so I could be part of a solution to some of the challenges my grandparents faced."

Following graduation from Marion High School, Duncan attended the University of Tennessee. Like many aspiring medical students, she questioned whether she had what it took to become a physician. Her experiences as an undergrad convinced her she did.

"During my junior year, I shadowed an orthopedic surgeon, and that convinced me," Duncan said. "It showed me I could do it and gave me a passion to pursue medicine."

After attending undergrad hours from home, Duncan, a first-generation college graduate, had a strong desire to return to Northeast Arkansas. Fortunately for her, a new medical school had recently opened just miles up the road in Jonesboro. "I had friends who were students at A-State, and I came one weekend to visit them," Duncan said. "I saw the NYITCOM campus, and sometimes you just have a gut feeling. It was the only place I applied."

Duncan completed NYITCOM's Master of Biomedical Sciences program in 2023 and was admitted to the DO program in 2024. She is drawn to neurology, due in part to the fact that her grandfather leaned so heavily on his neurologist following his accident. She also enjoys the long-term-relationship building aspect that comes with the specialty. Ultimately, Duncan is committed to practicing in or near the community where she was raised in Crittenden County.

"This is where I was born and raised," Duncan said. "These are my people. I know the environment. I know the culture. This is where I want to be."

Just over a year after his accident, Duncan's grandfather succumbed to a complication related to his injuries suffered in it. While he won't get to see her don a long white coat, she knows he'd be extremely proud of her.

"All of our lives changed so much that day, and I'm driven by the fact that I'm going to make something really good come out of it," Duncan said. "I know it would bring a huge smile to his face, and that's all the motivation I need." ■



# ARCOM STUDENTS TAKE PART IN CELEBRATING NEW RESOURCE CENTERS



Students at Arkansas College of Osteopathic Medicine recently took part in a ribbon-cutting ceremony at the ACHE Research Institute Health and Wellness Center. The ribbon cutting was in celebration of the newly opened Biomedical Resource Center and the Center for Rehabilitation Research. The RIHWC is located just minutes from ACHE's main Fort Smith Campus and serves as a dedicated hub for advanced science research and innovation.

Alongside the Biomedical Resource Center and the Center for Rehabilitation Research, the RIHWC also hosts community health and wellness programs at its Health & Wellness Center. The Health & Wellness Center teaches

healthy lifestyle choices supported by the RIHWC Center for Clinical Research and the Biomedical Resource Center.

### BIOMEDICAL RESOURCE CENTER:

The state-of-the-art Biomedical Resource Center supports essential research across five specialties including Oncology; Hypertension and Cardiovascular Disease; Diabetes and Obesity; Genetics and Personalized Medicine; and Neuroscience, Aviation & Aerospace Medicine. The Center enables researchers, working closely with Mercy Hospital, to conduct critical studies that will provide novel and innovative therapies for numerous diseases. This clinical and research collaboration is essential for advancing new treatments and improving health outcomes.

### CENTER FOR REHABILITATION RESEARCH:

The Center for Rehabilitation Research is the nation's third-largest designated research space for physical and occupational therapy. This 5,000-square-foot center features two open gym spaces and four observation and therapy rooms equipped with advanced video and sound recording technology.

The Biomedical Resource Center and the Center for Rehabilitation Research will provide students with unmatched research and clinical experiences, helping them become skilled and compassionate healthcare providers. These facilities will strengthen the healthcare landscape in our community and set a new standard for patient-centered research and education in Arkansas and beyond. ■



# STUDENT VOLUNTEERS KEY TO SUCCESS OF GIRLOLOGY® PROGRAM AT UAMS

A workshop hosted by UAMS to help girls face puberty with greater confidence has been a smash hit with the help of enthusiastic and dedicated medical student volunteers.

“I’ve known for as long as I can remember that I wanted to pursue a career in OB/GYN, and my passion for women’s health has been rooted in educating and empowering women with knowledge about their own bodies,” said third-year medical student Ashton Jones, who has helped to recruit and lead student volunteers for more than a year. “I believe it is especially important for young girls to have the knowledge they need to give them confidence, clarity, and control during a time when they are navigating so many changes.”

The UAMS Department of Obstetrics and Gynecology has hosted the Girlology® workshops for girls ages 8-14, along with a parent or caregiver, on the Little Rock campus about twice a year since 2022. One session has been held in

Northwest Arkansas, and another is planned for early 2025. The workshops build on the resources of Girlology®, an online puberty education program.

Like previous sessions, the workshop in Little Rock in September 2024 drew a sell-out crowd of more than 175 girls plus their caregivers. With a waiting list of 400, Obstetrics and Gynecology Chair Nirvana Manning, MD, and faculty members Kate Stambough, MD, and Laura Hollenbach, MD are hoping to find a larger venue and eventually expand the program across the state.

“We couldn’t do it without our student volunteers,” Dr. Manning said. “They register attendees, help with props, assist during question-and-answer sessions, and more. They provide great energy and help so much in making the families feel more comfortable.”

Dr. Stambough, who directs the Division of Pediatric and Adolescent Gynecology, called education around puberty and

reproductive health a “huge area of opportunity” for the state. While such education is conducted in many school districts, it often occurs in seventh or eighth grade, after many of the changes around puberty may have occurred.

“We often hear parents, particularly mothers, share that they want to have conversations they never had with their own parents growing up,” Dr. Stambough said. “Our goal is to start discussions around changing bodies, puberty, and reproductive health to mitigate the fear, challenge misconceptions, and arm girls and their families with the best information to keep them safe and healthy as they navigate adolescence and beyond.”

Sally Clark, MD, a 2024 graduate now in her first year of residency in obstetrics and gynecology, has been involved with the program since it started at UAMS.

“One of my favorite aspects is seeing the girls open up throughout the afternoon,” said Dr. Clark. “When they first arrive, most are timid and nervous. By the end of the session, the girls are asking questions in front of the whole auditorium, eager to learn.”

“ BY THE END OF THE SESSION, THE GIRLS ARE ASKING QUESTIONS IN FRONT OF THE WHOLE AUDITORIUM, EAGER TO LEARN. ”



**Student organizer Ashton Jones (far left) and fellow medical student volunteers pose with fun signs and props at a Girlology® workshop at UAMS in September 2024.**

# DR. C. E. NASH – HELENA AND LITTLE ROCK

SAM TAGGART, MD

Dr. C. E. Nash was a truly erudite gentleman whose life encompasses his era. Born in St. Louis, Missouri, in 1824, his early years were spent with his brother-in-law, Dr. Robert A. Watkins of Little Rock. In addition to being a physician, Dr. Watkins was Arkansas's first secretary of the state. Early on, Dr. Nash expressed a desire to become a physician. He apprenticed in the drug store of R. L. Dodge and ultimately entered the University of St. Louis Medical School, graduating in 1849 as a regularly qualified physician. After finishing medical school, he moved to Helena, where he practiced for the next 35 years. While practicing in Helena, he managed a plantation across the river in Mississippi. During the Civil War, Dr. Nash served in the Confederate Army and oversaw the Confederate marine hospital in Salem, Alabama. After the war, he returned and re-built his plantation and resumed his practice. In 1884, he moved to Little Rock where he lived until his death in 1903.

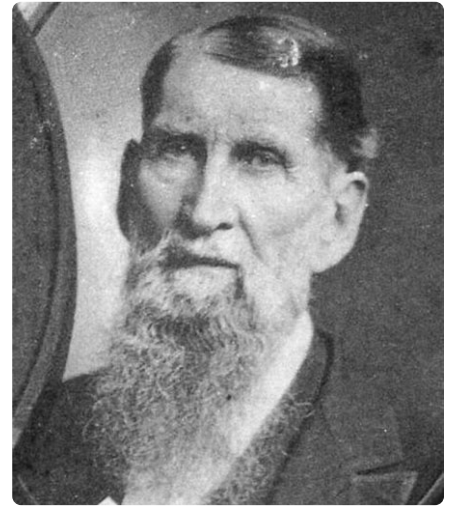
Dr. Nash was a prolific writer, and several pieces of his work are of importance. In 1855, the town of Helena had 1500 inhabitants. With the advent of the steamboat in the early 19th century, towns on the Mississippi had begun to experience epidemics of yellow fever. Probably because of its limited population, Arkansas was spared until 1855. In that year, yellow fever struck in Helena and Napoleon. Dr. Nash wrote eloquently of the outbreak in his biographical



sketches of two confederate generals, Pat Cleburne and Gen. T. C. Hindman.

William Barnett, a young newspaper boy, boarded a docked steamer that had just arrived in Helena from downriver to sell his newspapers. Unknown to the city fathers of the town, the steamer carried passengers who were ill with yellow fever; several had already died. Since there had never been a case of yellow fever in Helena, there was no board of health or any other precautions. In a short time, the boy was ill as were his two brothers and two sisters. Eventually, one of his sisters died. Most of those who boarded the steamer became ill. As word spread, the citizens of Helena voted with their feet and abandoned the town, and soon the town of 1500 was reduced to a ghost town. Only a few people were left, and it fell to them to minister to the sick and dying. Dr. Nash and two other physicians made their rounds daily; soon, one of them became ill. Dr. Nash speaks in glowing terms of the three men who helped him as nurses: Cleburne, Hindman (both went on to become generals in the Confederate Army), and a young minister named Rice. These three men agreed to cook, clean, and perform nursing duties for the ill. The siege lasted for two months, and when it was over many had died. There were no exact numbers. The young newsboy survived and went on to be one of the leading journalists in the state. This was the first documented outbreak of yellow fever in the state of Arkansas.

In 1900, Dr. Nash stood before the Arkansas Medical Society and read a poem he had composed called: On The Anniversary of my Seventy-Sixth Birthday. Much of the poem is used to discuss the work he performed over the years including cataract surgery, difficult deliveries, and wrong diagnosis. In the middle of the poem, he pauses to reflect on the changing nature of medicine.



## ON THE ANNIVERSARY OF MY SEVENTY-SIXTH BIRTHDAY

“When the old man must bemoan his fate,  
To call all he knows out of date.  
‘Tis sad to think of one’s out date  
When he recalls the things of late,  
Which are so much out of time  
They would not make a decent rhyme.  
Of theories many we have in state,  
**To tell of the wonderful things of late;**  
**To tell; you must a pessimist be,**  
**For they look after things much less than a flea.**  
**A germ is found for everything,**  
**And you must believe it or take the sting**  
**Of the scientific scourge that comes with the ring.**  
These theories are of ancient date,  
But have come in these years of late  
To pose as something new, you see;  
But they cannot deceive you and me,  
For we traveled that path in days of yore---”

It seems that this gentleman was speaking for his generation, having watched one era pass away and another take its place. ■

(Baird, David, Medical Education in Arkansas, 1879-1978, Memphis State University Press, 1979), (Anthology of Arkansas Medicine, 1975), (Nash, C.E. Southern Stories: Anniversary of My Seventy-Sixth Birthday (Read before the Little Rock Medical Society, pp 26-32, Biographical Sketches of Pat Celburne and Gen. T. C. Hindman, pp 52-57)



# RISK MATTERS: MAXIMIZING THE BENEFITS AND RECOGNIZING THE RISKS OF AI IN HEALTHCARE

ATTORNEY, LEWIS THOMASON, PC  
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**V**ARIOUS FORMS OF ARTIFICIAL INTELLIGENCE HAVE BEEN IN PLACE IN HEALTHCARE FOR DECADES. THE UTILIZATION OF AI HAS INCREASED DRAMATICALLY AS TECHNOLOGY IMPROVES. A 2019 HARVARD BUSINESS REVIEW STUDY ESTIMATED THAT AI APPLICATIONS FOR BACK-OFFICE ACTIVITY SAVE THE INDUSTRY \$18 BILLION ANNUALLY, NOTING THAT “ACTIVITIES THAT HAVE NOTHING TO DO WITH PATIENT CARE CONSUME OVER HALF (51%) OF A NURSE’S WORKLOAD AND NEARLY A FIFTH (16%) OF PHYSICIAN ACTIVITIES.”

Recent improvements in and increased adoption of generative artificial intelligence (“Gen AI”) have reinvigorated imaginations on leveraging AI to improve healthcare. For example, prior to Gen AI, voice-to-text technology could automatically and instantly transcribe notes dictated by a provider. With the introduction of Gen AI, voice recordings from a patient visit can be adapted from unstructured text into a structured office visit note with conversational language.

Clinicians utilizing AI applications must understand the risks no matter how the technology is used. The risks of employing AI in clinical applications, such as assisting with diagnoses, should be evident on the surface. The

challenge is to mitigate that risk in a meaningful way while not significantly diminishing the benefits of utilizing the technology for clinical purposes.

While not as obvious, risks for administrative tasks should not be underestimated. Particularly with the increasing use of Gen AI, the benefit of the technology in quickly providing customized material unique to each patient, such as after-visit summaries specifically addressing points discussed during the visit, must be weighed against the possibility of error in that output upon which a patient may rely. Privacy and security must also be a concern. For example, ambient clinical intelligence is a technology that “listens to” a conversation between a provider and patient and then automatically creates a clinical note based on the encounter. Those using the technology must understand if and whether any audio recording is maintained, and the security of the information collected.

Risk management resources continue to develop with the continued commercial proliferation and adoption of AI systems and applications. The National Institute of

Standards and Technology (NIST) released the first version of the AI Risk Management Framework in January 2023 with the goal “to improve the ability to incorporate trustworthiness considerations into the design, development, use, and evaluation of AI products, services, and systems.” For organizations seeking adoption of a management system standard to structure how they address “the unique challenges AI poses, such as ethical considerations, transparency, and continuous learning,” the International Organization for Standardization released ISO/IEC 42001:2023 in December 2023 to provide “a structured way to manage risks and opportunities associated with AI, [while] balancing innovation with governance.” While comprehensive and innovative, recognized organizational standards and frameworks consider the entire AI development lifecycle. A more straightforward and focused approach can be followed for a medical practice seeking to find a starting place to address its AI risk.

Medical practices must first understand and identify where AI is used within the organization, including software or systems provided by outside vendors.

Next, groups should identify any output created by AI or, relatedly, any data derived from AI processing. Given that AI may be embedded into applications and not always apparent on the surface, IT staff or others familiar with the practice's software and systems should be involved in this identification process. Once AI applications and systems have been identified, the risk posed by the output or AI data should be assessed, with any application assisting in rendering medical diagnosis or judgments weighted as a potentially higher risk than AI processes geared toward administrative tasks. **The assessment process should challenge how AI outputs are validated and how automation bias is mitigated. In other words, just because the process seems correct nine times in a row, that alone does not justify a presumption, without some check or control, that it will be correct the tenth time.** Similarly, quality checks comparable to human-generated output should be utilized for administrative tasks. For example, just like human-transcribed dictation should be proofread for errors, text



generated by an AI application should be subject to the same review process.

**While AI in healthcare offers tremendous potential for improving patient care and operational efficiency, healthcare organizations**

**must recognize and proactively manage the associated risks.**

Adapted with permission. Full article with sources at: <https://www.svmic.com/resources/newsletters/420/risk-matters-maximizing-the-benefits-and-recognizing-the-risks-of-ai-in-healthcare>

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