



JOURNAL

OF THE ARKANSAS MEDICAL SOCIETY

SUMMER 2026 VOLUME 123 NUMBER 1

NAVEEN PATIL, MD, MHSA, MA, FACP, FIDSA
AMS PRESIDENT 2026-27





ARVEST®

Private Banking

Maximize Your Wealth

**Financial management to
simplify your life.**

Our Private Banking team is here to simplify your life by offering personalized services that address your current and future financial needs. With unlimited access to a team of experienced professionals, we offer advice in all areas of financial management, helping to protect, nurture, and maximize your overall wealth.

Set up a consultation to explore the benefits of becoming an exclusive Private Banking client today.

arvest.com/privatebanking

Member FDIC

Qualifications required, see a dedicated Private Banker for more details.



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.

Arkansas Medical Society

10 Corporate Hill Dr., Ste. 300, Little Rock, AR 72205

501-224-8967

ams@arkmed.org

ARKMED.org/thejournal

2026-2027 EXECUTIVE COMMITTEE

Naveen Patil, MD, Little Rock – President

Samuel Bledsoe, MD, Little Rock – President-Elect

Prasad Padala, MD, Little Rock – Vice President, Activities

Jerakaycia Smith, MD, Camden – Vice President, Membership

Kathryn Stambough, MD, Little Rock – Vice President, Gov't Affairs

Jacob Dickinson, MD, Mountain Home – Chair of the Board

James Hunt Jr., MD, Little Rock – Secretary

Jennifer Doyle, MD, Little Rock – Treasurer

Bradley Bibb, MD, Jonesboro – Immediate Past President

JOURNAL STAFF

Casey L. Penn, Managing Editor

cpenn@arkmed.org

Laura Hawkins, Advertising Representative

hawkins@arkmed.org

Graphic design

by Scribner Creative

EXECUTIVE STAFF

David Wroten – Executive Vice President

Carl Vogelpohl – Executive Director

Mary Ann Mansfield – Director of Operations

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

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

Postmaster: Send address changes to:

The Journal of the Arkansas Medical Society,
P.O. Box 55088, Little Rock, AR 72215-5088.

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

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

TABLE OF CONTENTS

FEATURES

NAVEEN PATIL, MD

2026-2027 AMS PRESIDENT

10



BUILDING ON OUR LEGACY

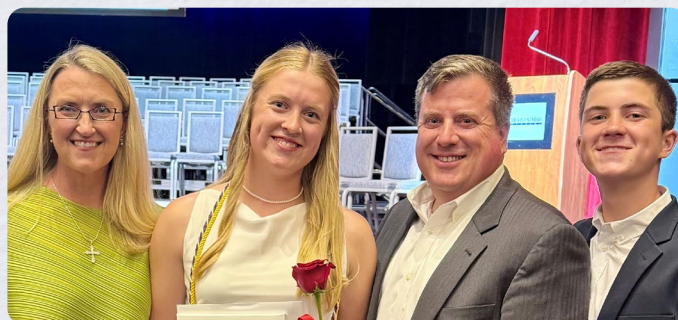
A RECAP OF A SUCCESSFUL 2026 AMS ANNUAL MEETING

12



GET TO KNOW INCOMING EXECUTIVE DIRECTOR CARL VOGELPOHL

18



FROM THE PRESIDENT

4

WHAT HAVE WE DONE FOR YOU LATELY

6

DOCTORS OF THE DAY

8

ADVOCACY IN ACTION

16

AFMC: A CLOSER LOOK

20

AMS EXCLUSIVE MEDICAL MALPRACTICE PARTNER: SVMIC

22

BOARD MINUTES

23

DISTRICT TRUSTEE PROFILE: EZINNE CHARITY NWUDE

24

STUDENT TRUSTEE PROFILE: EMILY BUNCH

25

MEDICAL SCHOOL UPDATES

26

AMS CORPORATE SPONSOR: PANACEA FINANCIAL

29

PRESERVING HISTORY

30

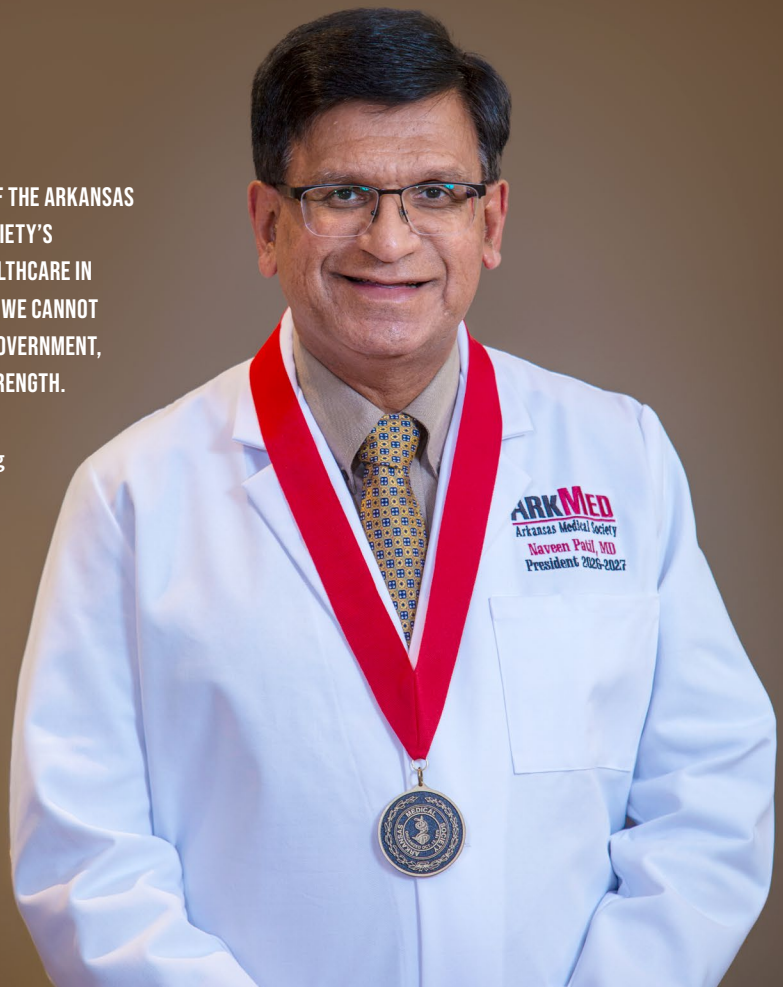
GREETINGS!

GREETINGS! I'M HONORED TO REPRESENT YOU AS THE 2026-2027 PRESIDENT OF THE ARKANSAS MEDICAL SOCIETY. IN THIS ROLE, I WILL WORK WITH YOU TO BUILD ON THE SOCIETY'S LEGACY AND GUIDE US BOLDLY INTO THE FUTURE. TOGETHER, WE WILL SHAPE HEALTHCARE IN ARKANSAS AND ENSURE PHYSICIANS' VOICES ARE SEEN, HEARD, AND RESPECTED. WE CANNOT ACHIEVE THIS ALONE, BUT IN PARTNERSHIP WITH THE ARKANSAS LEGISLATURE, GOVERNMENT, AND THE HEALTHCARE ORGANIZATIONS OF OUR STATE. COLLABORATION IS OUR STRENGTH.

I invite you to join me as I focus on strengthening AMS, advancing healthcare in Arkansas, and creating a future that our patients, colleagues, and communities deserve. I implore you to share with your non-member colleagues what the Society means to you and invite them to join us in our work! Finally, I appreciate you for your trust in me.

This issue of the Journal includes more about my goals as your president (page 10), a wrap-up of our recent annual event, an introduction to the Society's executive director, Carl Vogelpohl, and much more. I hope you'll read on and enjoy the Summer Journal! 📖

NAVEEN PATIL, MD, MHSA, MA, FACP, FIDSA
2026-2027 AMS PRESIDENT



**SHARE helps
providers stay
informed in real time.**

REPORTS

SHARE's Daily Hospitalization Reports are delivered directly to SHARE-connected providers and care teams, supporting timely care coordination and patient follow-up.

Key benefits include:

- **Real-time notifications** of hospital visits, including admissions, discharges, and ED transfers, for your practice's active patients
- **Proactive care coordination**, enabling providers to schedule follow-up visits and necessary treatments sooner
- **Support for value-based care**, helping organizations meet contract and quality requirements

SHAREarkansas.com | SHAREhealth@arkansas.gov | 501.410.1999

CONGRATULATIONS

Dr. Jill M. Mhyre

The AFMC Board and Staff proudly congratulate board member Dr. Jill M. Mhyre on her formal investiture as the Carmelita S. Pablo, M.D., Endowed Chair in Anesthesiology at the University of Arkansas for Medical Sciences.

We celebrate Dr. Mhyre's exceptional leadership, dedication, and contributions to the field of anesthesiology—both in Arkansas and beyond.



LOOKING BACK: REMINISCING ON THE SOCIETY'S WORK DURING A PANDEMIC

DAVID WROTEN

AMS EXECUTIVE VICE PRESIDENT

As some of you know, I'm nearing retirement. While there has not been an official announcement, I'll be transitioning to that next phase of life over the next 12 months.

Working for Arkansas's physicians has been more rewarding than I could have imagined. I'll have more to say over the next few months about our accomplishments and the people who helped make those possible, but I want to start by looking back on something that happened during the pandemic — a time that should still be fresh in our minds. The article excerpts that follow chronicle one of our most shining moments from over my 43 years here: the time, during the dark days of COVID, when your Society's staff members embarked on a remarkable effort to come to the aid of physicians. I hope you'll take time to reminisce with me about that effort and what it meant.

THE FOLLOWING IS A DIRECT EXCERPT FROM THE JULY 2020 AMS JOURNAL TITLED, "BEHIND THE SCENES: THE SOCIETY AT WORK DURING A PANDEMIC."

"From the first executive order that Arkansas's Governor, Asa Hutchinson, issued in March, the Arkansas Medical Society has been instrumental in supporting physicians and their patients. From assembling and distributing a COVID-19 update on an almost daily basis to running a full-scale side effort distributing personal protective equipment (PPE) to clinics across the state, AMS staff and leadership have been working in uncommon ways to provide for the needs of members and non-members alike. Let me offer you a rare, behind-the-scenes picture of what it has been like at the Society since mid-March ...

Our meetings with interested stakeholders and legislators have led to several initiatives. For instance, we requested that our state's insurance department issue directives suspending insurance practices such as prior authorizations, audits, and similar

things that take up a clinic's valuable resources during a time when we need everyone focused on caring for patients.

PROTECTING TELEMEDICINE LEGISLATIVE EFFORTS

The first order by Gov. Hutchinson relaxed the telemedicine law requirement that you had to have either an in-person or a face-to-face audio-visual visit with a patient to establish a doctor-patient relationship. That opened the door for people to establish that relationship through nothing but a telephone. After reviewing a draft of the executive order, the AMS was successful in getting the governor to change the order to include a requirement to have access to a patient's medical records from a physician. In other words, you could not just have the patient fill out an online health questionnaire and then use that to establish the doctor-patient relationship. That is not good medicine.

REIMBURSEMENT PROVISIONS, RELAXING LIABILITY FEARS

Once the first Arkansas case was diagnosed, it was like someone turned off the lights. Patients stopped going to their doctor and began putting off care that they needed. The governor's office was encouraging people to stay home, and they did. On the other hand, clinics did not have testing capabilities and did not want patients coming in. So, AMS staff immediately reached out to all the state's carriers, and within 10 days, all of them agreed to pay for telephone-only visits at the same rate as in-person visits. We did this so that — particularly during the early days of the pandemic — established patients would not have to come to the office. This helped patients to continue receiving needed care and it helped physicians to keep their doors open. At the same time, we understood the concern and uncertainty of treating patients under these circumstances. AMS and other healthcare organizations requested help from the governor, and he issued an executive order providing liability protections for the state's healthcare professionals.





**455
CLINICS WITH
REQUESTS**

member and
non-member



**600,000+
PIECES OF
PPE DISTRIBUTED**

Distributed to
medical clinics



**10 DAYS
TO SECURE PHONE-
VISIT PAYMENT**

All major carriers
agreed to pay for
telephone-only visits.



**SCAN TO READ
THE FULL JULY
2020 ARTICLE**

JOURNAL
OF THE ARKANSAS MEDICAL SOCIETY

**FROM THE FIRST EXECUTIVE ORDER THAT ARKANSAS'S GOVERNOR, ASA HUTCHINSON, ISSUED IN MARCH,
THE ARKANSAS MEDICAL SOCIETY HAS BEEN INSTRUMENTAL IN SUPPORTING PHYSICIANS AND THEIR PATIENTS.**

PPE MACHINE

The biggest thing we have been involved in during the pandemic has been addressing the need for PPE. Calls started coming in stating that physicians could no longer order the protective equipment needed. The supply lines were overwhelmed with worldwide requests. On top of that, Arkansas was not getting all it expected from the national stockpile of PPE, and what it was getting was going to first responders, hospitals, nursing homes and other hot spots. Again, AMS reached out to Gov. Hutchinson asking for assistance. The governor had announced that he would buy \$30 million worth of PPE, and then that number went up to \$70 million. During a Saturday morning phone call, he agreed to allot a percentage of those purchases to our state's medical practices. During a conversation with the governor, I stuck my neck out just a little bit and said, "If you'll just help us out, we'll get it to them."

From that point forward, we became PPE distributors ... one of the promises we made was that we would not limit this to members only. ... Since supplies are limited, AMS efforts have been focused only on medical clinics. So, if the clinic is staffed by member or non-member physicians or nurse practitioners, they have been provided PPE. There are currently 455 clinics with requests.

To date, there have been four major shipments of PPE totaling more than 600,000 pieces. The Arkansas Department of Emergency Management has been our primary partner in this effort. They agreed to mail out the first shipment

for AMS. When round two came in, we took to the road. After renting three 16' Penske trucks, we drove to Warren, Arkadelphia, Alma, Springdale, Jonesboro and Mountain Home – basically areas around the state where clinic staff could drive 1.5 hours or less to get to us. Clinics were alerted by email and all they had to do was show up. Over a week's time, we dispersed it all. By the third round, which was smaller at 50-60,000 pieces, we were emailing clinics and giving them the option to either pick it up or pay for

postage and have us mail it to them. For many clinics, paying for the postage was well worth it to avoid spending 1.5 hours each way to pick up the supplies."

... and there's more. **Follow the QR code above** to read the full article, which wraps up with my thanks to staff members, the AMS Board of Trustees, and the healthcare workers across Arkansas who stepped up for the sake of the public health during this challenging time. ■



**CALL
PHARMACIST/ATTORNEY
DARREN O'QUINN**

THE LAW OFFICES OF
Darren O'Quinn
PLLC

**HEALTHCARE PROFESSIONAL
LICENSE DEFENSE AND
RELATED MATTERS
(DEA, OIG, FDA,
NETWORK TERMINATION,
WHITE COLLAR CRIME)**

**REPRESENTING:
DOCTORS
PHARMACISTS
NURSES
HEALTHCARE PROVIDERS**

**800-455-0581
WWW.DARRENOQUINN.COM**

The Law Offices of Darren O'Quinn
25 Rahling Circle, Suite C
Little Rock, AR 72223

THEY TREATED PATIENTS, SPOKE TO THEIR LEGISLATORS, AND SERVED SELFLESSLY...

CASEY L. PENN

The Arkansas Medical Society wishes to thank the physicians who took time out of their busy schedules to serve as Doctors of the Day during the 2026 fiscal and special sessions.

The Society's DOD program provides an invaluable public service to legislators and others at the state Capitol while also offering physicians a meaningful opportunity to participate in the legislative process. The program is coordinated by AMS Legislative Support Specialist Laura Hawkins and continues to make a positive impact during each legislative session.

The next opportunity to serve will be the 2027 legislative session beginning Jan 11. Volunteers are needed Monday-Thursday during the session. Volunteer signups will begin mid- October 2026.

For more information, reach out to **Laura at hawkins@arkmed.org**.

THANK YOU TO THE AMS 2026 DOCTORS OF THE DAY:

Katherine Baltz, MD
C. Lowry Barnes, MD
Lee Coon, DO
James Hunt Jr., MD
Sumant Inamdar, MD
Rachel Kilpatrick, MD
Jason Lofton, MD
Beth Milligan, MD
Eddie Ochoa, MD
Prasad Padala, MD
Kristen Shealy, MD
Bala Simon, MD

PHYSICIANS GIVE THEIR TIME
AT THE CAPITOL TO SUPPORT
MEDICINE IN ARKANSAS.





COMPREHENSIVE INSURANCE ... CUSTOM MADE FOR YOU!

AMS Benefits was created by the Arkansas Medical Society to deliver quality insurance coverage to Arkansas physicians, their families, and their staff.

We understand your busy schedule and will work to give you the protection you need to be able to focus on your patients.

COVERAGE OPTIONS

Group Health
Individual Health
Group Disability
Individual Disability
Health Savings Account Plans
Business Overhead
Life Insurance
Dental Insurance
Vision Insurance

Alanna Scheffer, AMS Plan Administrator

amsbenf@arkmed.org

ARKMED.org/resources/AMSBenefits

501-224-8967

Agency NPN# 1650351

NPN# 1653222

AR License #100112594



NAVEEN PATIL, MD

2026-2027 AMS PRESIDENT

CASEY L. PENN

ONE EXAMPLE CAN HAVE WIDE-REACHING EFFECTS.

Throughout his life, Naveen Patil, MD, has been inspired by others and embodies this spirit as he continues to serve the public. Growing up in India, he watched with great interest as his father, through his work as a judge, made a positive impact on the community, while his mother raised four boys and was the backbone that held the family together. Through these experiences, young Patil saw humility, integrity, and hard work in both his parents. “As a result,” he said, “I’ve always wanted to serve those in need.”

Inspired by his father’s public service, his mother’s dedication, and his own growing fascination with public health and medicine, Patil began his journey toward a medical career. In medical school at JSS Medical College in Mysore, India, many of the patients had infectious diseases: cholera, typhoid, polio, tuberculosis, and the like. “I was always fascinated with infectious diseases and how these could humble the human body and its defenses,” said Dr. Patil, now 30 years into his career.

The first physician in his immediate family, Dr. Patil practiced in India for three years before moving to the U.S. – specifically, Arkansas – to continue his education and his academic and professional careers. Today, he is Naveen Patil, MD, MHSA, MA, FACP, FIDSA, and he serves the Arkansas Department of Health as the deputy state health officer and medical director for Infectious Diseases. He also holds a voluntary faculty position as associate professor in the Division of Infectious Diseases at UAMS.

Dr. Patil completed his residency in internal medicine and his fellowship in Infectious Diseases at UAMS and is

board-certified in both. He also has master’s degrees in health services administration and gerontology and a fellowship in healthcare administration. Highly awarded and widely published, Dr. Patil is a sought-after speaker at regional, national, and international meetings.

Since coming to Arkansas in 1999, Dr. Patil has become committed to serving the citizens of this state. “Despite opportunities to work in other states, I will continue to serve Arkansans,” he said. “I’m devoted to public health and feel there is a lot we can achieve to improve the health status and outcomes of our citizens.”

SERVING THE ARKANSAS MEDICAL SOCIETY

Dr. Patil is dedicated to the Society’s mission to empower physicians and improve medicine. He first joined AMS as a resident and has been an active member of the AMS for 12 years. Since 2019, he has served on the AMS Board of Trustees. In 2024, he was elected vice president, and in 2025, president-elect and chair of the Society’s 150th anniversary event. In past years, Dr. Patil also served on the AMS Journal Editorial Board.

At the 2026 AMS Annual Meeting, Dr. Patil was sworn in as the 2026 AMS President. Expressing his gratitude to those in the room, he said, “It is an honor to stand before you as the new president of the Arkansas Medical Society, representing students, trainee physicians, and practicing physicians across the state, close to 5,000 of whom are proud members of this remarkable organization.

“Some have asked me what it means to hold this position as the first Indian American. Being president of the AMS is

far more than any milestone or first. It’s about serving a 150-year-old legacy while guiding it boldly to the future. It’s about shaping the way healthcare is delivered in our state and ensuring that physician voices are seen, heard, and respected.”

INITIATING CHANGE

True to his upbringing, Dr. Patil has made a life of inspiring, motivating, and influencing others. His time on the AMS Executive Committee has been no different and has been marked by changes in which he has been instrumental. “Over the years with the Society, I realized that to remain relevant and influential, we needed to evolve. We’ve accomplished much within a brief period,” said the new president, referring to changes related to membership benefits as well as to the internal structure of the organization.

AMS Past President Omar Atiq, MD, noted, “Dr. Patil is driven. He pursues goals with notable determination. Those who work alongside him should be prepared to match his pace because he moves fast and keeps on moving.”

Changes Dr. Patil introduced include additional AMS awards recognizing excellence in healthcare, the installation of poster presentations during the annual meeting, and the expansion of student chapters across all medical schools. “To be recognized as the best in your field by the highest medical body in the state is a prestigious honor,” said Dr. Patil of today’s growing number of AMS awards. “The inspiration comes from the need to recognize young people, whether they’re medical students or physicians in training who are committed to excelling and advancing the cause of medicine.



IT'S ABOUT SERVING A 150-YEAR-OLD LEGACY

WHILE GUIDING IT BOLDLY TO THE FUTURE.

They are the future of healthcare and of AMS, so we need to give them platforms to highlight their achievements. We are also committed to honoring the faculty who train these brilliant minds."

Dr. Patil is grateful to colleagues, mentors, and friends for their help along his journey. Many have returned that gratefulness including ADH Secretary of Health Renee Mallory, RN, BSN, who commented on her friend's enthusiasm for just about everything. "Anyone who knows Dr. Patil knows he isn't afraid to give his opinion," she said. "He is passionate about his friends, his family, and his calling to help others. He answers the phone for anybody and always finds a way to help – because he knows who to call. For ADH, Dr. Patil is an expert in infectious diseases with an emphasis on tuberculosis, HIV/STD, and hepatitis. He constantly advocates for patients affected by these and other diseases, as well as for Arkansans at risk. And as always with Dr. Patil, there is more that needs to be done and can be done for public health

in Arkansas. There is no more loyal or better friend than Dr. Naveen Patil."

Srini Ramaswamy, MD, a fellow Indian American physician in Arkansas, has known Dr. Patil since Dr. Ramaswamy moved here in 2003 and has collaborated with him professionally and socially in the development of organizations like the Arkansas Chapter of the American Association of Physicians of Indian Origin. "I'm grateful every day to call Naveen my close friend," said Dr. Ramaswamy, noting Dr. Patil's strength and genuine care. "He gives freely, sharing his knowledge, offering his time, or stepping in to solve a problem and leading by example. People gravitate toward him because he combines vision with humility.

He inspires others and celebrates their wins as if they were his own."

Reflecting on the Society's future and his goals as president, Dr. Patil emphasized membership growth, financial stability, and broader collaboration with the medical community in Arkansas. "I would like members to be involved in AMS activities and contribute to its growth and success," he stressed. "AMS stands for physicians committed to quality healthcare and equitable access for all. We achieve this not alone, but in partnership with the Arkansas Legislature and with Arkansas healthcare organizations. Together, we will strengthen AMS, advance healthcare in Arkansas, and create a future that our patients, colleagues, and communities deserve." ■



SPOTLIGHT ON NAVEEN PATIL

Naveen Patil, MD, credits his family as his foundation. "My beautiful wife, Sowmya, inspires me to be a better person and leader. We will be married for 25 years, and I am grateful for her support throughout my journey. Our two children – Khushi, my daughter, a rising junior at the University of Pennsylvania, and Ayaan, my son, a rising junior at Little Rock Central High – make us proud every day with their achievements. I thank them for their unwavering support."

Areas of Practice: Public Health, Infectious Diseases, Internal Medicine

AWARD HIGHLIGHTS

- Lisa Academy Public Charter Schools Distinguished Service Award (2024)
- UAMS College of Public Health Distinguished Alumni Award (2021)
- American College of Physicians Roberts Shields Abernathy Award (2021)

- Fellow, American College of Physicians (2019)
- Fellow, Infectious Diseases Society of America (2015)
- Distinguished Young Physician Award (2014) by AAPI USA
- National Tuberculosis Controller of the Year (2013)

PROFESSIONAL BOARD AND COMMITTEE POSITIONS

- National Tuberculosis Controllers Association
- Advisory Board of Heartland National TB Center
- Southeastern National TB Center
- Southeast HIV/STD Prevention Training Center
- Lisa Academy Schools Advisory Board
- AMS Executive Committee
- Association of State and Territorial Health Officers
- Association of Physicians of Indian Origin

PAST & CURRENT AFFILIATIONS

- Arkansas Medical Society
- Infectious Diseases Society of America
- HIV Medical Association
- American College of Physicians
- International AIDS Society
- Association of Professionals in Infection Control
- Society for Healthcare Epidemiology in America
- International Society of Infectious Diseases
- American Association of Physicians of Indian Origin

Hobby: Helping organizations like AMS grow and succeed

Favorite (self) quote: It is not what you have but what you give that defines you.

BUILDING ON OUR LEGACY

A RECAP OF A SUCCESSFUL
2026 AMS ANNUAL MEETING

CASEY L. PENN



MORE PHOTOS AT [ARKMED.ORG](https://arkmed.org)

THE 2026 ARKANSAS MEDICAL SOCIETY ANNUAL MEETING TOOK PLACE SATURDAY, APRIL 11, IN DOWNTOWN LITTLE ROCK.

Building on 2025's 150th Anniversary Event, the 2026 meeting continued the Society's tradition of bringing together physicians, residents, healthcare leaders, and medical students from across the state for networking, learning, and accolades. The pinnacle of the one-day event was the 2026 AMS Presidential Gala honoring Naveen Patil, MD, MHSA, MA, FACP, FIDSA, of Little Rock, the 2026–2027 AMS president.

Learn more about Dr. Patil in our feature profile in this issue.

The meeting included educational sessions, poster presentations, time with sponsors in the exhibit hall, entertainment, and awards recognizing academic excellence and lifetime contributions to Arkansas medicine.



TED-TALK-INSPIRED EDUCATIONAL SESSIONS

This year's educational speakers delivered high-energy, highly efficient presentations to attendees. In short order, listeners came away with the latest updates on best practices and current innovations related to topics like obesity, artificial intelligence, gynecology / obstetrics, and more. AMS Past President Chad Rodgers, MD, said of the sessions, "It's truly impressive the expertise we have here in state."

Session speakers included:

Artificial Intelligence:

Ian Moore, PhD

Cervical Cancer Screening:

Lisa Bazzett Matabele, MD

Hematology/Oncology:

Jim Chen, MD; Sam Makhoul, MD

Hypertensive Disease:

David Dobies, MD

Obesity:

Dinesh Edem, MD

Pain Management:

Scott Lucchese, MD

Following these presentations, AMS District Trustee Amanda Novack, MD, presented the latest in a series of

presentations on antibiotic stewardship. The Society is partnering with the Arkansas Department of Health, with support from Diamond Sponsor Arvest Bank, on an ongoing initiative to promote safer, more effective antimicrobial practices in our state. In keeping with that, Dr. Novack shared current best practices for prescribing and practical insights to support providers in their day-to-day patient care decisions.

In addition to the educational sessions, the Society was honored to welcome UAMS Chancellor C. Lowry Barnes, MD, as an evening keynote speaker and award presenter. During his remarks, Dr. Barnes reminded attendees of the strong partnership between AMS and UAMS, built over years of collaboration on advocacy efforts that have supported physicians and improved patient care across Arkansas.

An Arkansas native, practicing surgeon, and career AMS member, Dr. Barnes stepped into the role of chancellor after serving as interim chancellor since July 2025. A founding director of the Orthopaedic and Spine Hospital at UAMS, he is widely recognized as a leader in joint replacement and holds the Carl L. Nelson, MD, Distinguished Chair in Orthopaedic Surgery.

POSTERS! POSTERS! POSTERS!

Posters were a FUN and EDUCATIONAL part of the meeting, as presenters came and taught attendees through their posters that were the result of much study and research.

Thanks to all 2026 poster submitters.

While all poster abstracts can be found online at arkmed.org, this year's annual meeting poster presenters were chosen from a highly competitive pool of candidates. A small number of presenters were also honored with a 2026 Best Poster Award.

Congratulations to this year's Best Poster winners:

Best Poster – Faculty:

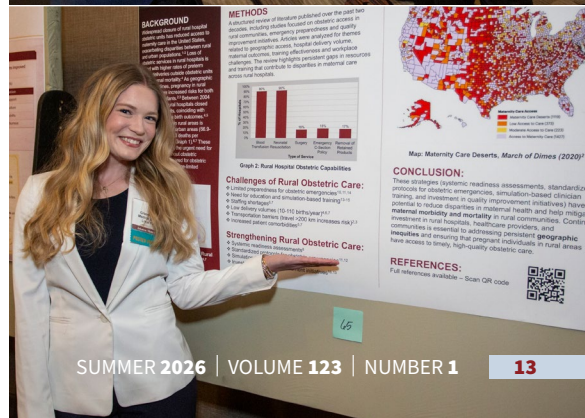
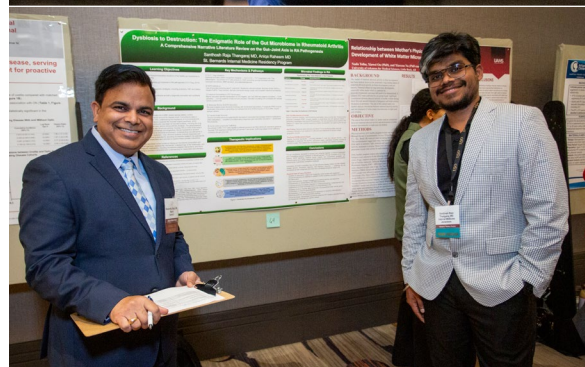
Savanna Ledford, DrPH; Ahad Nadeem, MD; and Brittany Carmack, MD

Best Poster – Residents:

Shiva Singh, MD; Nadia Makkoudji, MD; and Varenja Nallur, MD

Best Poster – Students:

Clayton Frazier, Reagan Dodd, Samuel Lane, Sarah Khot, Matthew Mangan, Grace Tubyfill, Larissa Whale, Bianca Rochelle, Nathania Nischal, and Shadan Roumany





AN HONORING OF PEERS

During the Inaugural Gala, the Society recognized outstanding achievements, academic excellence, and lifelong contributions to medicine. Honors included “Best of” awards across four categories—medical students, residents, fellows, and faculty—along with Lifetime Achievement Awards, the AMS Asklepan Award, and the AMS Shuffield Award.

Robert Arrington, MD, was the 2026 recipient of the Society’s **Asklepan Award**, which recognizes an AMS member who promotes the art and science of medicine and the betterment of public health, embodies the values of the medical profession, and serves the community through dedicated medical practice.

Dr. Arrington is an Arkansas native celebrated for his pediatric and neonatal medicine work, as well as his dedication to teaching and mentorship. Dr. Arrington earned his medical degree, residency, and fellowship in Neonatal-Perinatal Medicine from UAMS. He served in the U.S. Air Force before building his academic career at UAMS in roles such as director of Neonatology, medical director of the NICU and Newborn Transport Service, chief of staff at Arkansas Children’s, and president of the Arkansas Perinatal Society.

The **Shuffield Award** has been presented by the AMS to select lay people in Arkansas who have made outstanding contributions to the healthcare community. The award is named for Drs. Joe and Elvin Shuffield, a father-son team from Little Rock devoted to Arkansas healthcare. Dr. Elvin Shuffield, an AMS honorary past president, served

as AMS secretary and as Legislative Committee chair for more than 20 years.

This year’s Shuffield Award was presented posthumously to Nancy Jo Smith, a beloved Arkansan whose compassionate nature and decades of service touched countless lives in the healthcare community. As the former director of Special Services at the University of Arkansas for Medical Sciences, Smith helped UAMS patients navigate complex medical systems and access essential care. Her reputation for service led to the installation of the Nancy Jo Smith Endowed Scholarship in the College of Nursing, and she was awarded the Pat and Willard Walker Tribute Award at the UAMS Winthrop P. Rockefeller Cancer Institute’s Gala for Life just weeks after her death. Best known for compassion and commitment, Smith’s work has positively impacted healthcare in Arkansas.

Lifetime Achievement Awards honored the long-term dedication, mentorship, and lasting impact on healthcare in Arkansas made by the following individuals:

Healthcare Leadership:

Marcy Doderer, FACHE
(Arkansas Children’s)

Physician:

Teresita Angtuaco, MD (UAMS)
Hemendra Shah, MD (UAMS)

Volunteer:

Carol Bridges



"BEST OF" AWARDS BY CATEGORY

BEST EARLY-CAREER FACULTY

Holly Agud, MD
Lauren Gibson-Oliver, MD
Robert Saadi, MD
Kumar Shashi, MD

BEST MID-CAREER FACULTY

Mary Katherine Kimbrough, MD
Shashank Kraleti, MD
Sara Shalin, MD
Sisira Yadala, MD

BEST LATE-CAREER FACULTY

Katherine Irish-Clardy, MD
T. Glenn Pait, MD

BEST FACULTY NON-PHYSICIAN

Lorraine McKelvey, PhD
Rajendram Rajnarayanan, PhD

BEST MEDICAL STUDENTS

FIRST YEAR

Raven "Rylie" Poling - AWSOM
Taylor Gipson - NYIT

SECOND YEAR

Allie Dew - ARCOM
Lily DeSpain - UAMS

THIRD YEAR

Joshua Gullace - NYIT
Alaina Baggett - UAMS

FOURTH YEAR

Jasmine Stewart - NYIT
Lindsey Herberger - UAMS

BEST RESIDENT (BY SPECIALTY)

DERMATOLOGY

Madison Stokes, MD

DIAGNOSTIC RADIOLOGY

Muhammed Fatih Atac, MD

EMERGENCY MEDICINE

Yusuke Kishimoto, MD

FAMILY MEDICINE

Audra Favano, MD
Komal Gangar, MD
Tatiana Lino, MD

GENERAL SURGERY

Melissa Eckes, MD

INTERNAL MEDICINE

Baylee King, DO
Jasjit Multani, MD
Meghan Stevenson, DO

INTERVENTIONAL RADIOLOGY

Nicole Sullivan, MD

NEUROLOGY

Divya Nayar, MD

NEUROSURGERY

Brooke Elbersen, MD, PhD

NUCLEAR RADIOLOGY

Natalie Phelan, MD

OBSTETRICS & GYNECOLOGY

Savannah Holland, MD

ORTHOPEDIC SURGERY

Audrey Wright, MD

PATHOLOGY

Carli Cox, MD

PEDIATRICS

Abubaker Koko, MBBS

PHYSICAL MEDICINE/REHABILITATION

Emory Reyes, DO

PSYCHIATRY

Vijaya Padma Kotapati, MD

RADIATION ONCOLOGY

Romy Megahed, MD

BEST FELLOWS

CARDIOLOGY

Sai Nikhila Ghanta, MD

EMERGENCY MEDICINE ULTRASOUND

Megan Scarbrough, MD

HEMATOLOGY/ONCOLOGY

Nishanth Thalambedu, MD

PEDIATRIC CRITICAL CARE

Claire Foster, MD

PEDIATRIC HEMATOLOGY/ONCOLOGY

David Wilson, DO

RHEUMATOLOGY

Carolyn Reeves, DO



Additional Thanks

The Society appreciates all who attended, the continuing award donors, and the member physicians and AMS staff who worked behind the scenes on planning and implementation, and the many sponsors, whose generous support made the event possible! We'll see you in 2027! 🇺🇸



TURN...TURN...TURN...

H. SCOTT SMITH, JD

AMS DIRECTOR OF GOVERNMENTAL AFFAIRS



THE BYRDS RECORDING OF PETE SEEGER'S CLASSIC SONG "TURN! TURN! TURN!" IS ONE OF MY FAVORITE SONGS AND LATELY, HAS BEEN ON MY MIND FOR SEVERAL REASONS. AT ITS ESSENCE, THE SONG CARRIES A TIMELESS TRUTH: THINGS CHANGE, TIMES CHANGE AND, INEVITABLY, SEASONS SHIFT. ONE LINE STANDS OUT WITH TIMELESS URGENCY: A TIME TO PLANT, A TIME TO REAP.

With three to four months remaining before November's general election, now is the time to act to best help AMS legislative advocacy efforts. Start by planting seeds for safer medical practice tomorrow: volunteer for local campaigns, display yard signs, make direct campaign contributions, and offer your support in any way you can. Candidates who win with your help are far more likely to be receptive to your opinion and advice when healthcare-related bills come before the 2027 legislative session.

It's a thrilling time to witness the rapid evolution of modern medicine. Breakthroughs that once sounded like science fiction are already here or right around the corner: AI-assisted diagnostics, CRISPR gene therapy, mRNA vaccines, next-generation weight loss medications, regenerative medicine, 3D bioprinting, and advanced immunotherapies. While it is impossible to predict exactly how these innovations may be affected by future legislation, one thing is certain: lawmakers will eventually deal with legislation that hits on some of these issues. Whether

A TIME TO PLANT, A TIME TO REAP

in the next session or 10 years down the road, new developments will become the subject of policy debates, regulatory discussions, and legislative proposals.

Medicine is changing fast, but what will not change is the effectiveness of physician advocacy that is built on direct, face-to-face relationships between physician-members and their legislators. This is why, again, AMS needs members who are willing to contact their legislators personally, contribute to ArkMed-PAC, give directly to campaigns, and be available as trusted resources when legislators face complex healthcare questions.

Consider, too, our ongoing battles over scope of practice. Every session, AMS is bombarded with bills aimed at expanding the scope of non-physician groups. So much so that it seems easier for these groups to lobby for legislative shortcuts than for their members to go to medical school. Consequently, AMS must repeatedly return to the same legislators on the same public health committees to oppose bills that compromise patient safety.

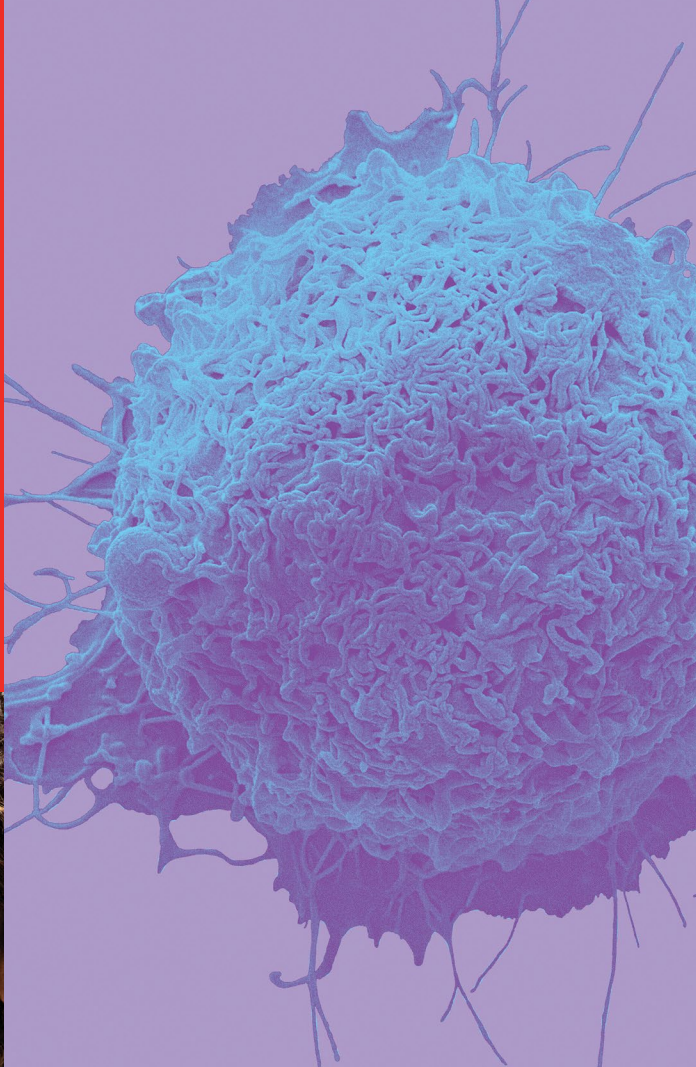
Relying solely on AMS lobbyists to carry this heavy burden year after year is unwise. While AMS seeks safe compromises where possible, certain issues are non-negotiable. When such moments arise, hometown lawmakers need to know exactly what their doctor "back home" is worried about. No one can explain the vital importance of medical school and residency training better than the physicians who have lived it. By sharing your personal expertise, you protect your patients, defend your practice, and ensure that lawmakers understand the real-world value of medical education.

There is much at stake, and your actions matter. Step up and plant seeds today for stronger advocacy efforts tomorrow. Here are concrete steps you can take: reach out to your local legislative candidates, contribute to ArkMed-PAC, and let AMS know if you're willing to serve as a resource on a legislative issue.

As many of you know, I'm stepping away from my role at AMS effective June 30, 2026. As I finish this last article and come upon my own turn into a different season of life, I remain so very appreciative of the 22 wonderful years I have had representing you all in our legislative advocacy efforts. It has been the greatest honor and a gift that keeps on giving when I think of our many legislative successes together. You all are simply the best. Thank you. ■



We believe health is everything



By reimagining how we discover and develop transformational treatments, accelerating the path from lab to life and advocating for patients every step of the way – we're leading where medicine is going.

Learn more at [JNJ.com](https://www.jnj.com).

Johnson & Johnson

© Johnson & Johnson and its affiliates 2026 02/26 cp-444097v1

GET TO KNOW INCOMING EXECUTIVE DIRECTOR CARL VOGELPOHL

CASEY L. PENN

The Arkansas Medical Society welcomes Carl Vogelpohl as executive director. Vogelpohl joined July 1, 2026, after selection by the AMS Executive Committee and Board of Trustees. An Arkansas native, Vogelpohl brings more than 30 years of leadership experience in both the public and private sectors. He will lead the AMS staff and will work closely with retiring AMS Executive Vice President David Wroten as Wroten wraps up his AMS career over the next 12 months.

Journal Editor Casey Penn sat down with Vogelpohl to discuss his experience, his vision for AMS, his leadership philosophy, and even his goats.

Q: As introduction, could you walk us through your career journey and what led you to the Society?

A: For 150 years, the Arkansas Medical Society has been physician-formed and led and built on a simple idea: physicians, working together, can do more for their patients and their profession than any one of them can do alone. The importance of that mission is what drew me here.

My career started in healthcare. In graduate school, I helped run the administration of a university health center serving students across multiple primary care and specialty practices. I went on to spend more than 15 years in the private sector working closely with hospitals, surgery centers, and physicians in the technology, pharmaceutical, and medical device fields. My professional career only added to what I had learned growing up as a nurse's son. My mother helped re-establish and taught at the Baptist Health School of Nursing before moving into research at UAMS.

Private sector work led me into public service, where I learned how policy is crafted and how an organization earns



a credible voice in the rooms where decisions are made. I most recently served as senior advisor to the Arkansas attorney general, after prior leadership roles as a chief of staff in Congress, in the Arkansas attorney general's office, and in the Arkansas lieutenant governor's office. For the last three years, I've been on the leadership faculty for the National Association of Attorneys General, training leadership teams and evaluating organizational challenges for attorney general offices across the country.

After 30 years building and leading organizations in the private sector and at the highest levels of government, I chose to join AMS because the work Arkansas physicians do to improve healthcare for patients is some of the most important work in the state.

Q: How has your leadership experience prepared you for your new role at AMS?

A: The private sector gave me a perspective grounded in delivering high-value, timely results. Members should feel the value of their AMS membership in concrete, practical ways. Ensuring they do is among my highest priorities. Public service taught me how policy gets made in Arkansas: specifically, how decisions move through the Legislature and state agencies, and how much more effective an organization is when credible voices are engaged early on.

My work training leadership teams has reinforced something I've believed in for a long time: the variable that determines outcomes isn't process or structure. It's people. Get the people part right, and most everything else follows.

Q: What do you appreciate about AMS and its physician membership?

A: I appreciate that this is genuinely a physician-led organization and that the

physicians leading it are the same people that are in exam rooms, operating suites, clinics, and research labs across the state.

Physicians aren't observers of patient care and the healthcare system. They see firsthand where it works and where it fails, which gives them a perspective lawmakers, regulators, insurers, and hospitals cannot easily ignore. That credibility is AMS's greatest asset – and it's earned, not granted.

The more physicians join and engage, the stronger and more impactful the Society's voice, and the better the outcomes for patients across Arkansas. Growing and activating membership isn't just an association goal. It's how physicians protect their ability to direct care for their patients.

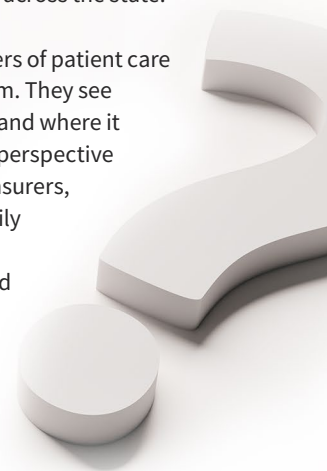
Q: Describe your leadership style.

A: Active, present, and in service of the members. Physician members will see me around the state, at events, and in the communities where they practice. I will listen and ask questions, because what physicians experience on the ground shapes everything AMS does. Inside the organization, I will focus on building a team where every individual is valued and set up to succeed, because a strong team is how we deliver value back to physician members.

Q: How will you engage with and represent AMS physician members?

A: By working with our members to turn insights into actions that benefit the profession and patients.

Physicians across Arkansas practice in different settings, specialties, geographies, and patient populations. AMS can only



represent them well by understanding their realities. That includes physicians at every stage of their careers. Medical students and residents are the future of medicine in Arkansas, and AMS should be a professional home for them from the start. Engaging them and ensuring they have a meaningful voice is one of the most important investments this organization can make in its future.

I intend to be visible and accessible: at events, at the Capitol, and in conversations across the state. I'm also energized by new ways members can connect with AMS and one another. The more opportunities physicians have to engage, the stronger and more valuable this organization becomes. What I hear will shape our priorities, guide our advocacy, and inform the member services that make AMS membership a significant benefit to physicians.

On the issues that matter to medicine in Arkansas, physicians should lead the conversation. Physicians, through the Board, the Executive Committee, and the membership, decide where the Society stands on key issues. I want more physicians visible at the Capitol and at the table with legislators, and I intend to build strong working relationships with hospitals, health systems, and other stakeholders where our interests align. We will be most successful when members are involved and engaged, and my goal is to make that as easy and productive as possible.

Q: How can physicians best engage with you and the organization?

A: I want to hear what physicians see in their practices, research, and communities. If something is affecting patient care, physician autonomy, access, or the future of medicine in Arkansas, AMS needs to know – and the earlier we know, the better.

I'd encourage every physician and aspiring physician to not only become a member, but also to be active in the organization: serve on a committee, attend events, engage in advocacy work, and bring issues forward rather than waiting for trouble to surface. When a physician speaks to a legislator about what they've seen firsthand and how it affects patient

care, it carries a weight no one else can replicate. The more physicians engage through AMS, the stronger we all are.

I mean this literally: I want members to feel free to reach out to me directly. My cell is 501-680-8683 (call or text). My email is carl@arkmed.org. My door is open, and I'm ready to listen.

Q: What should members expect from you during this transition period?

A: Stability with momentum. Since starting on July 1, I've been working alongside the retiring executive vice president, David Wroten, drawing on his decades of experience and relationships while we move the organization forward. David has given extraordinary service to AMS and Arkansas physicians; having his counsel during this period is an advantage I intend to put to good use to benefit AMS.

Members should expect an executive director who is present and listening: building on what's strong, addressing what isn't, growing the membership, and making sure the physician voice in Arkansas healthcare is as strong as it can be. The Board and Executive Committee set the vision. Executing it with excellence and accountability is my goal for our team.

Q: Please share a bit of your life away from work: family, hobbies, and your reputation as a goat whisperer.

A: My wife, Sharon, is the CEO of mhp.si, a nationally recognized marketing and public relations firm headquartered in Arkansas. She's exceptional at what she does and has been an extraordinary partner throughout my career. We've built our family around education and effort. Our daughter Carson, a National Merit Scholar, is beginning at the University of Alabama, where she'll study neuroscience and is a member of the selective Blount Scholars Program. Our son Jonathan starts this August at my alma mater, Little Rock Catholic High School, in its centennial class.

Awwh yes, the goats. I've raised a herd since 2004, at one point more than 160 of them, using them for rotational grazing and pasture management on our farm along the Maumelle River in central Arkansas.

Farming keeps me grounded. Animals don't care what your title is, and chores don't wait just because you've had a long day. When I'm not working or herding goats, you'll find me fishing, hiking, or cycling somewhere in Arkansas.

Q: Are there additional strengths that make you suited here?

A: I have a deep respect for institutions and a genuine comfort with change. That unusual combination is important as AMS charts its next 150 years. I've led large, complex organizations, worked at senior levels of government, and built teams that perform under pressure.

I'm deeply engaged in one of the most consequential shifts facing medicine and other fields: artificial intelligence. I hold advanced AI certifications from the University of Oxford's Saïd Business School, the Wharton School at the University of Pennsylvania, and Vanderbilt University. AI is already reshaping healthcare: how it's delivered and regulated, and how physicians practice. It's part of who I am and how I think, and I intend to put that expertise to work for AMS, using AI to deliver greater value to members.

The strength that matters most isn't on my résumé. I believe in the importance of physician leadership in healthcare and the impact of physicians' work in communities across Arkansas. My focus is working alongside the Board and Executive Committee to grow and engage membership, expand the ways physicians connect with AMS, continue to earn the Society a seat at every table where Arkansas healthcare is decided, and ensure that physicians are heard by the people making policy.

My mandate is not to keep a 150-year-old institution comfortable. I came to help it lead. Arkansas physicians — and the patients who depend on them — deserve nothing less. ■

Arkansas Medicaid to Reduce Use of Butalbital

WILLIAM E. GOLDEN, M.D., CINDI PEARSON, PHARM.D.

Migraine headaches can be debilitating and distressing to patients. Assessment should focus on prevention by avoiding triggers and using appropriate prophylactic medications. Supportive medications can alleviate the morbidity of acute events and associated side effects like nausea and vomiting. Practice guidelines and summary articles now clearly outline strategies to assist in patient management of migraines. Substantial progress in the prevention and treatment of migraine headaches has been a welcome advance in clinical practice with high efficacy medications that cause minimal side effects.

Tension headaches are also common. Tension headache symptoms vary, but most people report constant mild to moderate pressure and pain, sensitivity to light and sound, and neck pain. Tension headaches are often triggered by anxiety, stress, and lack of sleep. Aspirin, acetaminophen, or nonsteroidal anti-inflammatory agents may be considered for tension headache treatment. However, rebound headaches are still a concern with overuse of these products. Non-pharmacological options, such as stress management and lifestyle changes, may also be considered.

In the past, patients often received butalbital or narcotics to address their acute migraine and tension headache symptoms. Butalbital-containing products are only indicated for the treatment of tension (or muscle contraction) headaches and not for migraines. Over the last decade, evidence reviews have failed to confirm the effectiveness of butalbital in the treatment of acute headaches. Practice guidelines do not recommend butalbital-containing products as first line treatment. The consensus recommendation is to reserve the use of combination analgesic products containing

butalbital for patients that are refractory to other options as there is concern of episodic headaches becoming chronic headaches.

Despite these concerns, recent analysis of Arkansas claims data through retrospective drug utilization review demonstrated continued widespread use of butalbital in some primary care and specialty practices. Last year, over 1,300 Medicaid beneficiaries received prescriptions for this medication from over 750 prescribing clinicians, which included specialists and nurse practitioners. Paid claims indicate some patients receive large quantities of butalbital on a regular basis.

Butalbital Paid Claims*
769 prescribers
• 2% prescribed over 60 pills
1,343 patients
• 12.5% had over 6 paid prescriptions
3,456 prescriptions
• 30% over 50 pills
• 7% over 90 pills

*Medicaid FFS claims warehouse (1/1/25–12/31/25)

Some patients filled butalbital prescriptions monthly. FDA approved dosing is no more than six capsules or tablets a day with guidelines recommending no more than three days per month. Regular use of butalbital products can foster dependence, dose escalation, rebound headaches, and withdrawal symptoms when discontinued. Dependency and rebound headaches can start with use as low as three days a month. European health systems have eliminated its use for most patients.

Alternative treatment options for acute migraines include selective 5-HT_{1B/1D} receptor agonists (triptans) and calcitonin gene-related peptide (CGRP)

receptor antagonists. These newer classes of drugs do not have the side effects associated with opioids and butalbital. Triptans help relieve migraines by causing cranial vessel constriction and inhibition of pro-inflammatory neuropeptide release. Examples of triptans include sumatriptan and rizatriptan. CGRP inhibitors block CGRP from binding to its receptors which impacts trigeminal nerve pain and inflammation. Examples of CGRP antagonists include but are not limited to galcanezumab and rimegepant.

Long-term prophylaxis with beta blockers (e.g., propranolol), calcium channel blockers (e.g., verapamil) or anticonvulsants (e.g., topiramate) can help reduce the frequency and intensity of attacks. Both oral and injectable CGRP receptor antagonists are available for long term preventive use.

Arkansas Medicaid has established a butalbital initiative as part of the Retrospective Drug Utilization Review (RDUR) program. Prior to April 2026, Arkansas Medicaid had daily limits of six capsules or tablets per day and monthly limits of 124 capsules or tablets per month for butalbital-containing products excluding products with codeine. Codeine-containing butalbital products follow limitations set by the Drug Utilization Review (DUR) Board for opioids. Arkansas Medicaid, in conjunction with its DUR Board, will implement a reduction in allowable quantities of butalbital over the next 12-18 months. Starting April 2026, prescriptions will be limited to a maximum of 100 capsules or tablets for 31 days, and the DUR board will consider additional reductions in the future. Much like its limitation on morphine equivalent prescribing several years ago, the pharmacy program will reduce allowable dosing of butalbital on a quarterly basis. This initiative is in keeping with similar limitations in place in other states.

Patients using butalbital on a regular basis need a gradual taper as abrupt cessation can generate withdrawal symptoms, such as restlessness, anxiety, muscle discomfort, mood swings, and seizures. For safe gradual tapering, it is recommended to taper over a period of two to three weeks to prevent these withdrawal symptoms.

In summary, there are abundant resources to guide the prevention and treatment of migraine

and tension headaches. Mild migraine events often respond to nonsteroidal anti-inflammatory agents or acetaminophen with and without caffeine. More severe migraine episodes benefit from triptan medications and CGRP receptor antagonists. Butalbital-containing products should only be used in migraines as a last resort. Tension headaches respond well to over-the-counter pain medications and relaxation/stress management strategies. Butalbital-containing products should be used sparingly in tension headaches due to the risk of dependency and rebound headaches. The RDUR program will continue to monitor progress with decreasing prescribed quantities of butalbital products over the next few years.

References

- Wiley AT, Watson JC, Lehmann DN. Acute Migraine Headache: Treatment Strategies. *American Family Physician* 111 (4) 317-324.
- National Institute for Health and Care Excellence (2025). Overview | Headaches in over 12s: diagnosis and management | Guidance | NICE
- American Geriatrics Society 2023 updated AGS Beers Criteria® for potentially inappropriate medication use in older adults



William E. Golden, M.D. is Professor of Medicine and Public Health at the University of Arkansas for Medical Sciences and former longtime director of general internal medicine. He currently serves as the Medical Director for Arkansas Medicaid and the Arkansas Office of Health Information Technology. A life member of the Arkansas Medical Society, he has held numerous national leadership positions with the American College of Physicians, the American Medical Association, and the National Quality Forum.



Cindi Pearson, Pharm.D. graduated with honors from the University of Arkansas for Medical Sciences, College of Pharmacy. She is a clinical pharmacist with the DHS, Division of Medical Services, serving as the drug utilization review coordinator. She chairs the Drug Utilization Review Board and the Physician Administered Drug Subcommittee and is a topics subcommittee member for the American Drug Utilization Review Society.

RISK MATTERS: WHEN TO CALL SVMIC

JOHN MIZE, FCAS, MAAA
PRESIDENT AND CEO, SVMIC
REPRINTED FROM THE SVMIC SENTINEL

To better protect you in the event of a potential claim or lawsuit, it is of the utmost importance that you notify the SVMIC Claims Department as soon as you are aware of the possibility. A claim is a demand for payment that can be verbal or written. It can be from a patient or representative such as a family member or attorney. It is often the first indication that a malpractice lawsuit may be coming, but it is not the only indicator.

While not an inclusive list, to the right are some other situations/incidents that should be considered a “red flag” and reported immediately to our Claims Department.

For further information or assistance call **800-242-2239** or reach out to **ContactSVMIC@svmic.com**.



REPORT THESE RED FLAGS IMMEDIATELY

1. INCIDENTS OR POTENTIAL CLAIMS

- Adverse patient outcomes, significant injuries, or deaths
- Patient or family threats to sue or get a lawyer
- Errors in judgement
- Systems errors
- Subpoenas
- Depositions
- Records

2. MEDICAL BOARD INVESTIGATIONS

3. GOVERNMENT INVESTIGATIONS (HIPAA AND PRESCRIPTIONS)

You may be reluctant to call your professional liability carrier to report a “potential claim” that has not yet been asserted out of fear that it will affect your premium rate or have an adverse impact on your insurability. Rest assured, **THERE WILL BE NO ADVERSE CONSEQUENCES AGAINST YOU FOR REPORTING A POTENTIAL CLAIM.** We encourage you to report potential claims early as it allows us to better evaluate the situation and provide guidance. Our in-house legal team is just a phone call away and is dedicated to protecting, supporting, and advocating for our policyholders. 🇺🇸

MedOptimSurgery Planner

When can my patient have surgery?

One lookup. Every payer.

Pick the procedure. Pick the payer. Get every requirement and deadline your team needs.

Free. No login required.



Scan to try it now
app.medoptim.com
Works on desktop or mobile



- Surgery Planner
- My Cases
- Packet Templates
- Settings

app.medoptim.com/planner

SURGERY PLANNER

Plan your next surgery

Pick a payer, procedure, and surgeon. We surface the requirements and earliest realistic date of surgery.

Find Earliest Date

Check My Date

STATE

Arkansas

Procedure

ACDF

Payer

Aetna

Calculate

Achievable

RECALCULATED EARLIEST DATE

Tuesday, July 7, 2026

22 business days saved

Requirements Checklist

Mark items as complete to recalculate your earliest date.

PRE-AUTHORIZATION REQUIREMENTS

- ☒ **Conservative treatment documentation** 52% denial risk
For fusion procedures: lab report showing blood or urine nicotine levels drawn within 6 weeks prior to surgery
- ☐ **Imaging studies** 90% denial risk
Advanced imaging (CT or MRI) within the past year showing moderate or greater stenosis
- ☐ **Prior authorization**

Surgery Planner

Achievable

RECALCULATED EARLIEST DATE

Jul 7, 2026

22 business days saved

REQUIREMENTS

- ☒ Conservative treatment
- ☒ Imaging studies
- ☒ Prior authorization
- ☒ Failed injection therapy

BOARD OF TRUSTEES MINUTES

APRIL 11, 2026

The Arkansas Medical Society Board of Trustees met on April 11, 2026. AMS Board members and past presidents attending were Drs. Ahmed Abuabdou, Ahmed Ali, Jason Arthur, Samuel Bledsoe, Emily Bunch, Willard Burks, Ira Chatman, Sujit Chatterjee, Bryan Clardy, Shannon Cooper, Anthony Davis, Allie Dew, Jacob Dickinson, Sarenthia Epps, Candace Franks, James Hunt, Matthew Kincade, Issam Makhoul, Matthew Nix, Amanda Novack, Ezinne Nwude, Naveen Patil, Erika Petersen, Prasad Padala, Mark Ramiro, Daniel Roubein, Alan Schumacher, Shailendra Singh, Jerakaycia Smith, Kathryn Stambough, Ahmad Yousaf, George Conner, Scott Cooper, Scott Ferguson, Stephen Magie, Chad Rodgers, Gene Shelby, Danny Wilkerson, and Alan Wilson. Guests attending were Derek Rudkin, Scott Pace, Jenny Teeter, Jon Gilmore, Jamie Barker, JR Davis, Kyndall Rogers, Isaac Foley, and Richard Bearden. Staff present: David Wroten, Scott Smith, Mary Ann Mansfield, Laura Hawkins, and Nicole Richards.

BOARD ACTIONS

Approved minutes from the January 21, February 4 and March 18, 2026 meetings

- ✓ **Approved Life and Emeritus Dues Exemptions**
- ✓ **Approved proposed by-laws changes as presented**
- ✓ **Elected vice presidents for Governmental Affairs, Membership, and Activities**
- ✓ **Re-elected Dr. Jacob Dickinson as Board of Trustees chair**
- ✓ **Elected Dr. James Hunt as secretary of the Board**

AMS BOARD CHAIRMAN, DR. JACOB DICKINSON, OPENED THE MEETING.

- 1.** Dr. Dickinson welcomed board members, staff, and guests to the meeting. He acknowledged the new incoming executive director, Carl Vogelpohl, who briefly addressed the Board. Also introduced were members of three lobbying firms that will be representing and working with the Society.
- 2.** Dr. Dickinson presented three sets of minutes for approval: January 21, 2026; February 4, 2026; and March 18, 2026. There was a motion to approve all three, there was a second, and the motion was passed.
- 3.** Dr. Dickinson recognized newly elected members of the Board.
- 4.** Dr. Dickinson recognized outgoing members of the Board.
- 5.** Dr. Dickinson presented a request for Life and Emeritus Dues Exemptions, calling attention to Attachment 4. There was a motion to approve, there was a second, and the motion was passed.
- 6.** Dr. Dickinson called on the executive vice president, David Wroten, to give his report. Mr. Wroten called attention to Attachments 5 and 6.
- 7.** Dr. Dickinson called for discussion and a vote to adopt proposed by-laws changes. There was a motion to approve the by-laws changes as presented, there was a second, and the motion was passed.
- 8.** Dr. Dickinson called for the nomination and election of three new vice-presidents as outlined in the newly passed by-laws. Following discussion and brief introductions of the nominees, the Board was presented with Dr. Kate Stambough for vice president of Governmental Affairs, Dr. Jerakaycia Smith as vice president for Membership, and Dr. Prasad Padala as vice president of Activities. Following motions to approve the election of the new vice-presidents, there were seconds, and the motions were passed.
- 9.** Dr. Dickinson called for the election of a Board of Trustees chair. Dr. Dickinson was re-nominated as chair. There was a motion to approve Dickinson's nomination, there was a second, and the motion was passed.
- 10.** Following Dr. Dickinson's re-election as board chair, he submitted his resignation as secretary of the Board. There was a motion to elect Dr. James Hunt to fill the position. There was a second, and the motion was passed.
- 11.** Dr. Naveen Patil spoke briefly about MEFFA – Medical Education Foundation for Arkansas.
- 12.** Dr. Sam Bledsoe came to the podium and discussed the AMS lobbying plans ahead of the 2027 Legislative Session. He named the three firms that have been contracted. He introduced some of the representatives, some of whom said a few words. ■

EZINNE CHARITY NWUDE MD, MPH, MBA, FAAFP



SPECIALTY:
Family Medicine

CITY:
El Dorado

AMS MEMBER SINCE:
2014



WHY ARE YOU AN AMS MEMBER?

I believe physicians have a responsibility not only to care for patients but also to advocate for the future of medicine. The Arkansas Medical Society provides a strong voice for physicians across our state and creates opportunities for collaboration, leadership, and advocacy that ultimately benefit our patients and communities.

WHAT DO YOU LIKE MOST ABOUT YOUR SPECIALTY?

What I love most about family medicine is the privilege of caring for people across generations. In my practice, I have the honor of caring for grandparents, parents, children, and sometimes even great-grandchildren within the same family. Those relationships allow me to truly know my patients beyond their diagnoses and medications. Being trusted to care for families through life's joys, challenges, and milestones is humbling and deeply rewarding.

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

Medicine is a challenging but incredibly rewarding profession if you genuinely enjoy serving others, stay curious, work hard, and don't get discouraged by obstacles along the way. The journey is long, but the opportunity to positively impact someone's life every day makes it worthwhile.

WHAT IS THE MOST CRITICAL HEALTHCARE ISSUE FACING ARKANSAS TODAY?

One of the most critical healthcare issues facing Arkansas is access to quality healthcare, particularly in rural communities. We must continue working to address physician shortages, improve access to preventive care, and help patients manage chronic diseases before they lead to serious complications.

DO YOU HAVE A PERSONAL MOTTO OR FAVORITE QUOTE?

"Your beginning does not determine your ending."

Growing up, I learned that circumstances may shape us, but they do not have to define us. That belief continues to guide both my personal and professional life.

WHAT DO YOU LIKE TO DO IN YOUR FREE TIME?

I enjoy time with my husband and our four children, traveling, reading, mentoring young physicians and students, and being involved in community service. I also enjoy speaking and writing about health, resilience, and personal growth.

FAVORITE RESTAURANT

I love exploring different cultures through food. My favorites are ethnic restaurants, especially African, Indian, and Thai cuisine.

NIGERA

Where it began



ARKANSAS

Where She Serves

surprising facts

I spent the first decade of my childhood in a small village in Nigeria without electricity or running water. I studied by kerosene lantern and dreamed of becoming a physician. I came to the U.S. at the age of 17 and today, I practice family medicine in Arkansas and have the privilege of caring for thousands of patients in the community I serve. 🇺🇸



EMILY BUNCH

AMS STUDENT TRUSTEE



CITY:

Bentonville



SCHOOL:

AWSOM



WHY ARE YOU AN AMS MEMBER?

I heard about AMS from physicians I respect who are actively involved and encouraged me to get connected. As part of the AWSOM inaugural cohort, I've wanted to be intentional about building relationships. AMS has been a great way to meet practicing physicians around the state.

There's excitement surrounding our recently established AMS chapter at AWSOM! I'm looking forward to gaining a deeper understanding of health policy and the role physicians play in shaping it to help Arkansans. We've also had several AMS physicians offer to serve as guest speakers and mentors, which is something we appreciate as a new school.

WHAT DO YOU LOOK FORWARD TO ABOUT BEING A DOCTOR?

I'm looking forward to getting to know my patients aside from their medical concerns. Medicine gives you the chance to connect with so many different people, and I love that every day brings a new challenge.

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

Remember that medicine is something you do, not all of who you are. It's important to work hard and do well academically but also to make space for your relationships and interests.

WHAT IS A COMPELLING CAUSE TO YOU?

Arkansas continues to rank among the lowest in maternal health outcomes. This is one reason I was drawn to medicine in the first place. My mom had me when she was 16, so maternal health is personal for me. I'm involved in maternal health research projects, and I hope to spend my career giving back to moms and babies in our state.

WHAT MOST SURPRISED YOU ABOUT MEDICAL SCHOOL?

How quickly it has gone by! The days are long, but the years are short. I'd like to give a shout-out to our faculty and staff. I don't think any of us knew what to expect during AWSOM's first year, but they've shown a commitment to our well-being and are pushing us to grow into the best physicians we can be.

I hope to spend my career giving back to moms and babies in our state.

Life Outside Medicine



WEEKENDS ON WHITE RIVER

One of my favorite ways to spend a day off is fishing, especially on the White River. It's something I grew up doing with my grandpa, and we still go whenever I can make it home. We're lucky to live in a beautiful state!



FAVORITE SONG:

"You're So Vain," by Carly Simon



FAVORITE QUOTE:

"You can't build a reputation on what you're going to do." – Henry Ford



UAMS BUILDS PIPELINE FOR STUDENT SUCCESS IN COMPETITIVE ENT SPECIALTY

Eight students in the UAMS College of Medicine Class of 2026 matched into the field of otolaryngology - head and neck surgery, an extraordinary accomplishment in one of medicine's most competitive specialties.

The specialty offered only 370 residency positions nationwide for more than 550 applicants in 2026. The national match rate in the specialty fell to 67% during one of the toughest cycles on record. UAMS students matched at 100%.

The eight students represent nearly 4% of the UAMS College of Medicine graduating class — almost double the percentage typically seen at many top-tier medical schools nationwide.



UAMS medical school graduates celebrate during commencement ceremonies after matching into highly competitive ENT residency programs. Back (l to r): Lindsey Herberger; John Odom; ENT Department Chair Gresham Richter, MD; Michael Hahn; Alexa Pearce; Roger Roe. Front (l to r): Ravi Sun, Peyton Pinkus, Anna Benafield.

UAMS faculty credit the success to years of intentional collaboration between the UAMS College of Medicine and the UAMS Department of Otolaryngology – Head and Neck Surgery to create a structured support system that sets students up for success. This includes early exposure to the specialty through meaningful research, mentorship, and extensive clinical exposure at UAMS,

Arkansas Children's, and the Central Arkansas Veteran's Healthcare System.

"We are incredibly proud of these students and the work they put in to reach this milestone," said Gresham Richter, MD, chair of the UAMS Department of Otolaryngology. "Matching eight students in a year this competitive speaks not only to their talent but also to the strength of the training environment and collaborative culture we've created at UAMS." ■

NYITCOM AT A-STATE GRADUATES SEVENTH CLASS, MARKS 10TH ANNIVERSARY

New York Institute of Technology College of Osteopathic Medicine at Arkansas State University capped off an eventful spring by celebrating the commencement and hooding of its Class of 2026, at which it welcomed another cohort of physicians to the workforce.

NYITCOM at A-State's hooding ceremony came one day after its special event marking the 10th anniversary of the Arkansas campus. In 2016, NYITCOM at A-State became the first medical school in over 130 years to open in Arkansas. Among the event speakers was Barbara Ross-Lee, DO, the founding dean of NYITCOM at A-State.

During Thursday's celebration, NYITCOM reported that of its graduates who have

finished their residency training, more than half are practicing in Arkansas or a targeted Delta state, with more than 80 in Arkansas alone. Additionally, approximately 60% of its graduates have pursued one of the primary care specialties the school vowed to emphasize. "We are doing what we committed to do, and a healthier Arkansas is the beneficiary," Dr. Ross-Lee said.

Dr. Landon Jackson, a member of NYITCOM at A-State's inaugural class, also spoke at the event. "Our faculty, staff, and leadership at NYITCOM are exceptional," said Jackson, who will return to Jonesboro to begin his general surgery practice. "The education and training I received here was exceptional, and I was given the opportunity to build a foundation on which to grow throughout residency and now as I begin to practice. I'm grateful."

As the school enters its second decade, NYITCOM has announced plans to open



Photo courtesy of NYITCOM Staff Photographer Madeleine Poush

new residency programs in the Delta and extend health education outreach efforts to grow its impact. "We know our work is just getting started, but it has been rewarding to celebrate the significance of what we have collectively accomplished over the last decade," said NYITCOM at A-State Dean Shane Speights, DO. "We look forward to big things to come." ■

AWSOM STUDENTS LEARN THROUGH ACTIVE LEARNING METHODS

Alice L. Walton School of Medicine in Bentonville, Arkansas, welcomed its inaugural class of 48 students in July 2025. The class represents 19 total states and 38 undergraduate institutions, with one-third of the students coming from Arkansas, 20% from bordering states, and 15% from rural areas.

These students concluded their first academic year at the end of May 2026. Throughout the year, they learned fundamentals of medicine through a flipped classroom approach, an instructional strategy that promotes self-directed, active learning.

In this model, students acquire knowledge independently through curated learning materials. Classroom time is dedicated to application, analysis, and problem-solving in an interactive environment. This structure shifts the learning dynamic, positioning students as active participants who apply and refine their understanding rather than passively receiving information.

AWSOM students engaged in a variety of active learning activities inside and outside the classroom, including:

- Using virtual reality headsets, computer models, and 3D-printed models to visualize human anatomy
- Completing basic life support and “Stop the Bleed” training by interacting with realistic manikins in AWSOM’s Simulation Center
- Harvesting produce from AWSOM’s Teaching Garden to learn about nutrition
- Using group activities, like case-based learning, to analyze and solve real-world patient cases
- Practicing clinical skills with standardized patients and early clinical experiences through



An AWSOM student uses a stethoscope on a manikin. Photo courtesy of Tara Ferkel.

clinical partners, including Mercy (primary education partner)

- Interpreting artwork in galleries across the Crystal Bridges Campus to strengthen observation and communication skills

Guided by faculty research mentors, students had the opportunity to

complete research projects and present at conferences like the Arkansas Medical Society’s Annual Meeting, the Society of General Internal Medicine Conference, and more.

AWSOM looks forward to welcoming its second class of students on July 12 and continuing to train physicians in a new model of medical education enhanced with whole health principles. 🇺🇸

Thousands of doctors have simplified their finances with Panacea.

You can too.

Panacea Financial is a division of Primis Bank. Member FDIC.*By completing qualifying activities within the first 60 days



Get up to

\$300

by opening a checking account.



panacea
FINANCIAL

ARCOM TO HOST FREE MEDICAL CLINIC

Students at the Arkansas College of Osteopathic Medicine are preparing for this fall's Remote Area Medical clinic, an annual outreach initiative that reflects the institution's mission to improve healthcare access in rural and underserved communities throughout Arkansas and the River Valley. Through the clinic, ARCOM students work alongside faculty and healthcare professionals to provide compassionate, patient-centered care while gaining hands-on experience serving populations that often face significant barriers to healthcare access.

"Providing care to patients who may otherwise go without treatment is at the heart of what this clinic is all about," said Dr. Monica Rojas, medical director of international medicine and cultural education at ARCOM. "It also gives our students and volunteers the opportunity to make a meaningful impact



ARCOM Students at the 2025 RAM Clinic.

while experiencing the importance of community-focused medicine."

The clinic will be held Oct. 24-25 at Kay Rodgers Park in Fort Smith. Services will be offered on a first-come, first-served basis, with no identification, insurance, or proof of income requirements for patients to receive care. The clinic will offer a range of medical, dental, and vision services, including physical examinations, women's health services, prescription consultations, dental cleanings, fillings, extractions, dental X-rays, comprehensive eye exams, and prescription eyeglasses produced on-site for eligible patients.

For ARCOM, the annual RAM Clinic provides an opportunity for osteopathic medical students, faculty, and volunteers to work collaboratively in a patient-centered environment focused on service and compassionate care. "The RAM Clinic is an opportunity for students to gain firsthand clinical experience while providing essential care to our community members free of charge," said student Katherine Sims. "It is inspiring."

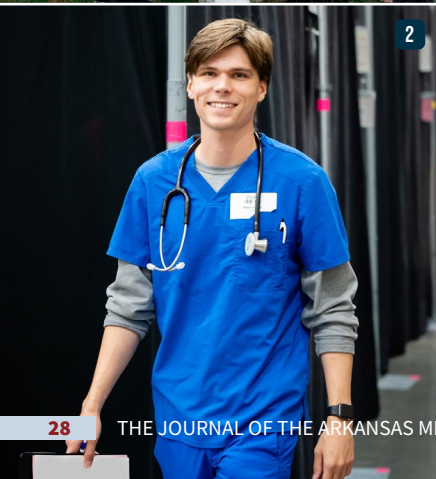
"As someone from the Arkansas River Valley, I'm grateful for the way this clinic brings people together to make a meaningful impact by helping ensure a healthier community," said student Ciera Sanders.

1. 2026 ARCOM RAM Board | 2-3. ARCOM Students at the 2025 RAM Clinic | 4. Dr. Donna Shipley at the 2025 RAM Clinic.



1

4



2



3



FINANCIAL PITFALLS FOR DOCTORS & HOW TO AVOID THEM

MICHAEL JERKINS, MD, M.ED

PRESIDENT AND CO-FOUNDER OF PANACEA FINANCIAL

Medical school, residency, and the transition into practice come with major financial decisions. Between student loans, relocation costs, licensing fees, and everyday expenses, it can be easy to develop money habits that create stress later.

The good news is that a few intentional steps can help you build a stronger foundation. Here are five common financial pitfalls doctors face and practical ways to avoid them.

1 LOSING TRACK OF MONTHLY SPENDING

Busy schedules often make it difficult to monitor where your money is going each month. Everyday purchases can add up quickly before you realize it. Common expenses that quietly increase spending include:

- Food delivery
- Subscriptions
- Travel
- Scrubs and equipment
- Parking and transportation

A simple monthly review of your spending helps you spot patterns before they become larger issues. Separating fixed expenses from variable spending and setting account alerts also makes it easier to stay organized during demanding rotations. Even reviewing your transactions for a few minutes each week helps you stay more aware of spending habits before they become harder to control.

2 RELYING TOO HEAVILY ON CREDIT CARDS

Credit cards can be useful financial tools, especially for building credit and managing short-term expenses. However, carrying high balances for extended periods can become increasingly expensive due to rising interest costs.

Many doctors-in-training rely on credit cards while moving for residency, covering licensing fees, or handling unexpected expenses. But without a repayment plan, those balances can become harder to pay down.

When possible, avoid relying on credit cards for long-term financial needs. Paying balances in full each month, monitoring spending closely, and creating a repayment strategy reduces financial pressure later.

3 WAITING TOO LONG TO UNDERSTAND STUDENT LOANS

Many doctors graduate with multiple student loans, different repayment terms, and varying interest rates. Waiting until repayment begins to understand those details can create unnecessary stress.

During training, take time to review:

- Your loan balances and interest rates
- Repayment plan options
- Loan servicers and payment timelines
- Potential forgiveness programs

Taking time to understand your loans early can make repayment feel far less overwhelming once your training ends. Reviewing your options early also gives you time to ask questions and avoid rushed financial decisions later.

4 INCREASING SPENDING TOO QUICKLY

After years of living on a student or resident budget, it can be tempting to increase spending rapidly once income grows. However, this type of lifestyle creep can make it harder to prioritize savings, debt repayment, and long-term financial goals. Larger apartments, new vehicles, vacations, and recurring monthly expenses can significantly increase your monthly obligations.

Before taking on major expenses, consider whether they fit comfortably into your long-term financial goals. Creating a plan for saving, debt repayment, and future expenses before dramatically increasing spending creates more flexibility. Being intentional about recurring expenses also helps you maintain stability as your career and goals evolve.

5 SKIPPING EMERGENCY SAVINGS

Unexpected expenses are common throughout training and practice. Licensing fees, moving costs, medical bills, and car repairs often appear at inconvenient times.

Building even a modest emergency fund helps reduce unnecessary stress. Setting up automatic transfers into a separate savings account helps create consistency without adding another task to your schedule. Even small, recurring contributions to savings can make a meaningful difference over time.

BUILD BETTER FINANCIAL HABITS EARLY

Strong financial habits are not built overnight. Most doctors develop them through small, practical decisions throughout their careers. Automatic transfers, account alerts, and regular spending reviews help reduce financial stress and simplify day-to-day money management.



If you are looking for checking and savings accounts designed around the realities of medical training and practice, Panacea Financial is here to help. Visit PanaceaFinancial.com/AMS to learn more.

*Panacea Financial is a division of
Primis Bank. Member FDIC*

THE EVOLUTION OF THE COMMUNITY HOSPITAL IN ARKANSAS

SAM TAGGART, MD

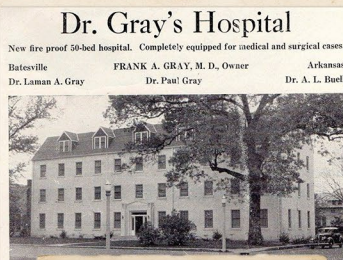
During the 17th and 18th centuries, there were isolated mentions of small hospital facilities near Arkansas Post on the Mississippi River. These facilities were used primarily to separate the sickest patients from the rest of the population.

The earliest mention of a named hospital was established at Belle Point (Fort Smith) in 1819. Known simply as Fort Smith Post Hospital, it provided care for soldiers recovering from malaria. Meanwhile, Nathan Smith, MD, relocated from south Louisiana to southwest Arkansas near Fulton/Old Washington, where he set up a series of cabins in his side yard to serve as a hospital, with his daughters functioning as his nurses. In the 1850s, a naval hospital was established at Napoleon on the Mississippi River to care for ill sailors working along the river. By the 1880s, hospitals began to appear in locations around the state: the Army/Navy Hospital in Hot Springs (January 1887), St. John's in Fort Smith (1887), and St. Vincent in Little Rock (1888). Despite these developments in major towns, more than 90% of Arkansans still lived in rural environments and received most healthcare at home from physicians who traveled by horseback or buggy.

By the late 19th century, advancing technology had an impact on where medical encounters occurred. The microscope, essential to day-to-day medicine thanks to the germ theory, was an instrument too delicate to transport by horseback. Sterilization equipment was also not easily transported. By the early 20th century, X-ray equipment began to make its way into even the most remote areas.

In rural Arkansas during the 19th century, if a physician had an office, it was an afterthought – often a spare room in his home used as a library or for storing supplies. However, in reaction to the changes in technology, country doctors began to build extra rooms onto their homes and then separate outbuildings. From these facilities, the modern community hospital evolved.

Excellent examples of these developing institutions were the Smith Hospital in Paris,



Gray's Hospital, Batesville

Gray's Hospital in Batesville, E.P. McGhee Infirmary in Lake Village, and the Wakenight Sanitarium in Searcy. In addition to changing technology was the need for a controlled environment for necessary surgical procedures, orthopedics, and complicated obstetrics.

As the first half of the 20th century progressed, there was a dramatic exodus from rural Arkansas. The mechanization of farming in the 1930s and 40s caused further departures. As a result, the social structure changed and vital services, including healthcare, were lost. By the mid-20th century, the effects became quite apparent.

Amid these demographic shifts, a 1947 study by Jerry Coddington from the University of Arkansas in Fayetteville examined the state of healthcare in Arkansas, with a special emphasis on hospital care. Outside of the larger communities such as Little Rock and Fort Smith, most care was provided in smaller proprietary facilities; most of these were physician-owned and featured five to 25 beds. Almost all nursing care was provided by staff who were trained on-site. The study suggested that the quality of care was modest at best and, in many situations, well below any established standards. There were only four established nursing homes in the state.

On the heels of the Coddington study came the federal program called Hill-Burton, which attempted to address the issue of hospital facilities in rural settings in the U.S. The Hill-Burton Act required that the state, county, or community provide one to two dollars for every dollar of federal aid to build local hospitals and nursing homes. In states like Arkansas, Hill-Burton funds helped to establish the healthcare infrastructure for the last half of the 20th century. The study also pointed out that there were few hospital beds open to African Americans in the state of Arkansas. Facilities receiving federal funds were required to provide hospital care regardless of race. Initially, the care was provided in segregated wards, but as the 1950s proceeded, those wards were eliminated.



McGhee Infirmary

17TH–18TH CENTURIES

Early hospital facilities near Arkansas Post

1819

Fort Smith Post Hospital established

1850s

Naval hospital established at Napoleon

1887–1888

Hospitals open in Hot Springs, Fort Smith, and Little Rock

EARLY 20TH CENTURY

Physician offices and outbuildings evolve toward modern community hospitals

1930S–1940S

Rural exodus increases pressure on community healthcare

1947

Coddington study reviews Arkansas hospital care

LATE 1940S–1950S

Hill-Burton helps build rural hospital infrastructure

1950S

Federally funded hospitals begin moving away from segregated wards

Watch for Part 2 in the Fall AMS Journal.



From left to right: Ashley Castlee, APRN, Robert Archer, M.D., Shitiz Sriwastava, M.D., Rucha Bahekar, M.D., Teryn Lane, APRN

we advancing multiple sclerosis care through innovation and expertise

At UAMS Health, our neurologists are leading multiple sclerosis research and delivering care that translates discovery into more accurate diagnoses and effective, individualized treatment plans.

Our team uses advanced imaging and comprehensive neurological evaluations to deliver timely, confident diagnoses.

Once confirmed, patients receive personalized care plans that include disease-modifying therapies, relapse management, and coordinated rehabilitation services. Our Specialty Pharmacy team supports medication education, access, and ongoing treatment support.

With integrated physical, occupational, and speech therapy and a commitment to clinical innovation, UAMS Health provides comprehensive multiple sclerosis care for patients and referring providers.



Partner with a team advancing the future of multiple sclerosis treatment.
To refer a patient call 501-686-5838 or scan the QR code for more information.

UAMS
Health



These hands carry
more than instruments,
they carry hope.

Through long hours, difficult choices,
and endless questions,
you bring care to the world.

We make sure you can keep doing it, with confidence.

