

*Happy Holidays!*

# The ARKANSAS FAMILY PHYSICIAN

Volume 22 • Number 3



## Arkansas Legislative Session

BEGINS JANUARY 14, 2019

See Page 22



ARKANSAS ACADEMY OF  
FAMILY PHYSICIANS



**Dr. James Adametz**  
Neurological Surgeon

**Dr. Reza Shahim**  
Neurological Surgeon

**Dr. Zachary Mason**  
Neurological Surgeon

**Dr. Brad Thomas**  
Neurological Surgeon

**Dr. Phillip Porcelli**  
Neurological Surgeon

**Dr. Michael Calhoun**  
Neurological Surgeon

## **We're experts at spine surgery and more at *our hospital.***

Our spine surgeons' expertise doesn't stop at treating neck and back issues. Over the years, they have proven their skills by providing award-winning individualized care to hundreds of patients. Because making a positive, lasting, impact on patients' lives involves far more than surgery.

Make Arkansas Surgical Hospital your hospital by calling 877-918-7020 to schedule an appointment with one of our specialists.

**Physician Owned. Patient Focused.**

877-918-7020 | [www.arksurgicalhospital.com](http://www.arksurgicalhospital.com)



**ARKANSAS**  
SURGICAL HOSPITAL  
— PHYSICIAN OWNED —

The Arkansas Family Physician is the official magazine of the Arkansas Academy of Family Physicians

## Managing Editor

Carla Coleman

## OFFICERS

SCOTT DICKSON, M.D.

JONESBORO — PRESIDENT

MATTHEW NIX, M.D.

TEXARKANA — PRESIDENT ELECT

APPATHURAI BALAMURUGAN, M.D., DPH, MPH

LITTLE ROCK — VICE PRESIDENT

LESLIE McGRATH, M.D.

PARAGOULD — TREASURER

LEN KEMP, M.D.

PARAGOULD — IMMEDIATE PAST PRESIDENT

## DELEGATES

Julea Garner, M.D., Hardy

Dennis Yelvington, M.D., Stuttgart

## ALTERNATE DELEGATES

Jeff Mayfield, M.D., Bryant

Lonnie Robinson, M.D., Mountain Home

## DIRECTORS

William Brent Bennett, M.D., Hope

Hunter Carrington, M.D., Hot Springs

Amy Daniel, M.D., Searcy

Ross Halsted, M.D., Harrison

Eddy Hord, M.D., Stuttgart

Joseph Shotts, M.D., Cabot

Charles Smith, M.D., Little Rock

Tasha Starks, M.D., Jonesboro

Garry Stewart, M.D., Conway

John P. Wornock, M.D., Searcy

## RESIDENT BOARD MEMBER

Gregory Sketas, M.D., Little Rock

## STUDENT BOARD MEMBER

Chesley Murphy, Little Rock

## ACADEMY STAFF

Carla Mayfield Coleman

EXECUTIVE VICE PRESIDENT

Michelle Hegwood

ADMINISTRATIVE ASSISTANT

CORRESPONDENCE, ARTICLES OR INQUIRIES SHOULD BE DIRECTED TO:

ARAFP, P. O. Box 242404, LITTLE ROCK, AR 72223-9998

PHONE: 501 223 2272

FAX: 501-223-2280

EMAIL: ARAFP@SBCGLOBAL.NET

EDITION 86

Dear Academy Member,

Another year has passed and as hard as it is to believe plans are now being made for our 2019 year not only for our budget but for the AR AFP's Annual Assembly!

The AR AFP Board of Directors adopted our 2019 budget in the amount of \$332,400, approximately \$20,000 less than the 2018 budget and plans have started for the 2019 Annual Scientific Assembly at the Embassy Suites for August 1-3 with a Pre-Assembly on July 31. We are pleased to announce that the newly-elected President Elect, Dr. Gary LeRoy of the AAFP, will be our guest at this year's meeting to install our officers and also to address our attendees. A separate article is included about Dr. LeRoy. The following topics have been booked: "The ABFM – What's True, What's New": "Non Opioid Treatment of Osteoarthritis and Low Back Pain": "Addressing Women's Sexual Wellbeing in Family Practice – Let's Start a Conversation". This program includes a presentation on the topic of genitourinary syndrome of menopause and the other on hypoactive sexual desire disorder and a talk on "Telemedicine". Topics we will be adding are: "Wilderness or Travel Medicine" and "Annual Medicare Wellness", and we have much more to do. We plan on starting our lectures later than in previous meetings without breakfast meetings on Friday or Saturday. The hotel has a great breakfast buffet we will encourage members to participate in since it is complimentary for hotel guests and for non hotel guests we will make arrangements for payment.

In addition, we will have our very first "Resident/Student Fair" late afternoon probably on July 31. We will be inviting all of our Family Medicine Residency Programs to attend, our medical students at UAMS as well as our osteopathic medical students at Jonesboro and Fort Smith to attend and visit with our programs and practicing doctors. A welcome reception will also be held during this time for not only those attending the Fair but our members arriving for the Scientific Program on Wednesday night, July 31.

Dr. Tasha Starks of Jonesboro will be establishing a Resident Board made up of a resident from each program in Arkansas. This should be beneficial to the growth of the AAFP and for our Residents and Students to get to know the AAFP.

Our Board discussed the Arkansas AFP Foundation, our non-profit 501 c 3 organization established in 1991 to fund student and resident functions and scholarships. The Foundation has not been active in many years in soliciting funds and our account is just a little over \$30,000. The only income we receive is annually through the optional contribution on the registration form for our Assembly. Our foundation is separate from the American AFP Foundation so we will be promoting it very soon to all of you so that we can promote the benefits of membership in the ARAFP/AAFP to our medical students and residents.

As the year ends, several of you will have continuing medical education due for re-election. If you are due hours and need our help in reporting them for re-election at year end please call us at 501-223-2272 or email us at arAFP@sbcglobal.net.

It's been a fast year and we thank each of you for your membership and support of your professional medical organization. Our goal is to have 925 members by June of 2019! Retain your membership, talk to your FP colleagues that are not members about rejoining or reinstating. And, remember, the Legislative Session will begin in January and we will need your help!

Happy Holidays to each of you and your families!

Carla Coleman  
Executive Vice President



pcipublishing.com

Created by Publishing Concepts, Inc.

David Brown, President • dbrown@pcipublishing.com

For Advertising info contact

Michelle Gilbert • 1-800-561-4686

mgilbert@pcipublishing.com

On the cover:

Arkansas State Capitol  
Stairway leading to the  
House Chamber



# What you Need to Know about the 2018 Tax Reform Legislation

The ARAFP office has had some calls from members regarding how the new 2018 tax laws may affect physicians. After attending a very informative session at the Chapter Exec Leadership Conference in Chicago recently and after a review of the IRS regulations, the following information is provided to assist you.



1. Are my professional dues deductible?? You may deduct dues paid to professional organizations if your membership helps you carry out the duties of your job. Dues paid to boards of trade, business leagues, civic or public service organizations, medical associations or other trade organizations qualify for a deduction.
2. Are registration fees and travel and lodging deductible? It appears that most of the tax code is written to benefit doctors who own their own practices. Self employed physicians receive a virtually unlimited tax deduction for business driven expenses like travel, lodging, airfare, computers, cell phones, equipment, supplies, board exam fees, licensing fees, continuing medical education programs, and dues. Physicians who are not self employed can still deduct these expenses but are only allowed to deduct the portion that exceeds 2 percent of their adjusted gross income. Physicians who are not self employed can form a small business (sole proprietorship or LLC) to receive income locum tenens work as well as payments received from companies in exchange for research, teaching and other services rendered to health care organizations such as contractors.
3. Charitable Giving - many changes have been made that make it nearly impossible to obtain a deduction for every charitable gift you make in 2018 as was in past years. Since the standard deduction has increased to \$24,000. for married physicians, you may not be able to benefit from making smaller charitable donations. Consider making one larger donation every other year and donating appreciated securities to a donor advised fund to get a larger tax break this year, then sprinkle smaller gifts to charity from the fund in coming years.

• This information was obtained from <https://physicianfamily.com/tax-strategies-for-doctors>

## Prepare now to apply for the 2018 – 2019 Physician Practice Quality Improvement Award

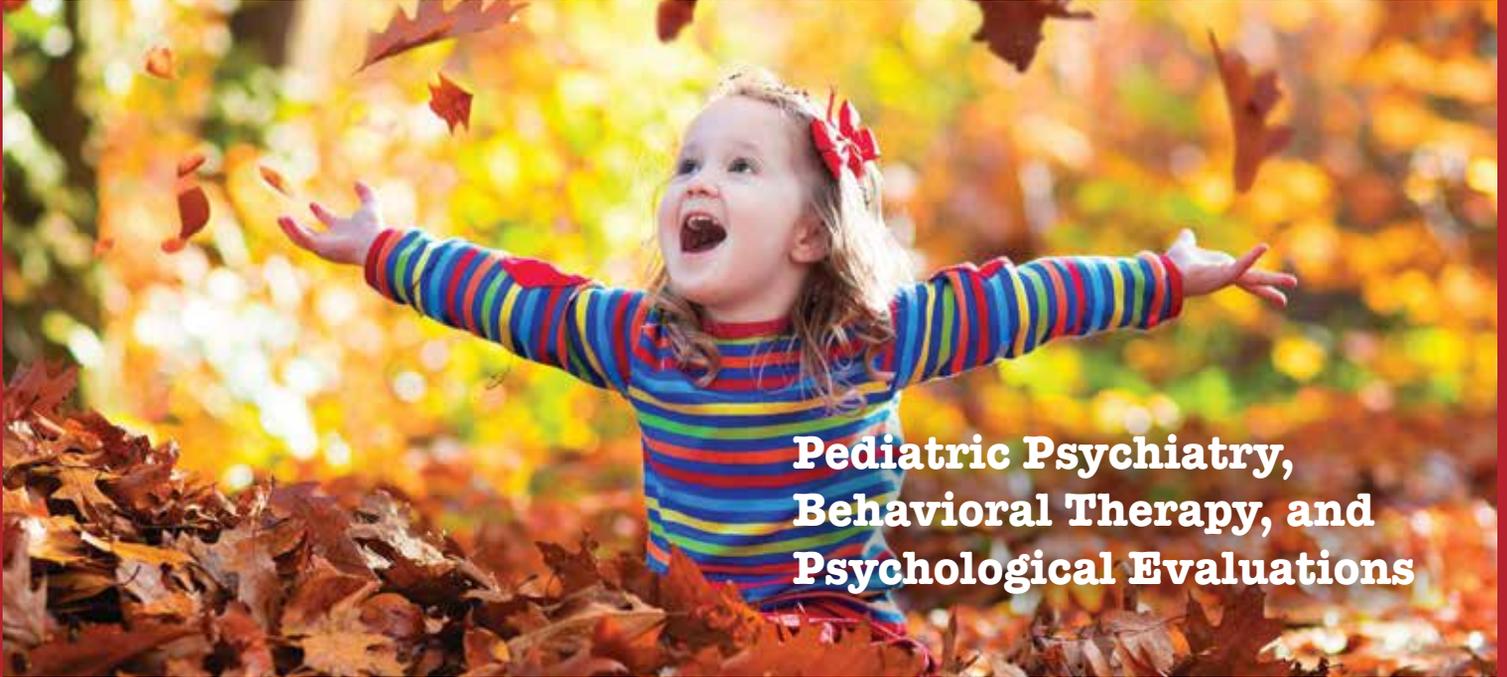
Physician practices continue to make great strides in providing reliable preventive services and implementing effective care management methods. **We think these practices should be recognized for their hard work.** The Arkansas Academy of Family Physicians, Arkansas Osteopathic Medical Association and TMF® Health Quality Institute have partnered to offer the Physician Practice Quality Improvement Award program to physician practices in Arkansas.

**Prepare to apply. It's easy.**



Download the **program overview (PDF)** and **criteria (PDF)** to learn what your practice needs to do to prepare to complete an online application by May 31, 2019. Award-winning practices will receive commemorative items to display and will be recognized through a media campaign. Announcements will also be made at meetings and in journals by the Arkansas Academy of Family Physicians and the Arkansas Osteopathic Medical

Association. **Learn more** and **view the list of previous award recipients.**



**Pediatric Psychiatry,  
Behavioral Therapy, and  
Psychological Evaluations**

Arkansas Families First offers evidence-based treatment and evaluation for children, teens and families. We strive to empower parents and utilize the most effective treatments to unlock the full potential of each child and family we serve.



CALL TODAY  
FOR  
SCHEDULING



GETTHERAPY.COM

**1-888-THERAPY**

Arkansas' Network of Private Practice Mental Health Providers  
We'll make sure your patients get the care they need.

# Two New Family Medicine Residency Programs Accredited for Arkansas

**Baptist Health/UAMS Medical Education Program** has been accredited for two residency programs set to launch next summer in Family Medicine.

The three-year programs will train up to 12 residents per year in each as part of a partnership between Baptist Health and UAMS after being granted approval in October by the Accreditation Council for Graduate Medical Education.

Each residency option considering the shortage of primary care physicians allows students to be educated by experienced distinguished academic faculty on the Baptist Health Medical Center ,North Little Rock Campus. These first programs will begin resident training in July, 2019.

**Doctor Julea Garner** who has served for many years in every elective capacity of the Arkansas AFP has been named the Program Director for the Family Medicine Residency. She was in private family practice for many years in Hardy after serving with the American Academy of Family Physicians in the Education Division. **Doctor Elton Cleveland** will serve as the Assistant Program Director. Dr. Cleveland has served at UAMS for 31 years in the areas of sports medicine, adolescent medicine and family medicine.

**White River Medical Center/UAMS** also received accreditation in October from the ACGME to launch a

Family Medicine Program which will also begin in July, 2019 with six residents in July 2019 and will admit six residents per year until reaching a total of 18 residents in 2021. A grand opening of the new Family Medical Center was held recently at 1993 Harrison Street in Batesville.

**Doctor Jordan Weaver**, a Family Practice Physician and Active member of the Arkansas Chapter, American Academy of Family Physicians, has been named the Medical and Residency Program Director. Dr. Weaver graduated from UAMS and completed a family medicine residency at AHEC NE in Jonesboro and has practiced in Batesville for 11 years. **Dr. Julia Roulier** serves as Assistant Professor and faculty physician at the North Central Family Medicine Center. Dr. Roulier has been in Family Medicine for over 30 years. She along with Dr. Weaver have moved their practices into the new clinic and will continue to provide patient care there as well as training the residents.

The other seven regional campuses are UAMS NE in Jonesboro, UAMS NW in Fayetteville/Springdale, UAMS South in Magnolia, UAMS South Central in Pine Bluff, UAMS SW in Texarkana , UAMS West in Fort Smith and UAMS East in Helena-West Helena.

---

## The New Yorker: Why Doctors Hate Their Computers

I've come to feel that a system that promised to increase my mastery over my work has, instead, increased my work's mastery over me. I'm not the only one. A 2016 study found that physicians spent about two hours doing computer work for every hour spent face to face with a patient—whatever the brand of medical software. In the examination room, physicians devoted half of their patient time facing the screen to do electronic tasks. And these tasks were spilling over after hours. The University of Wisconsin found that the average workday for its family physicians had grown to eleven and a half hours. The result has been epidemic levels of burnout among clinicians. (Atul Gawande, 11/5)

---

## IN MEMORY

Dr. Robert Prosser, M.D., of McGehee, AR, passed away October 19. A long time Active member of the AR Chapter, American Academy of Family Physicians, he practiced at McGehee Family Clinic. He served his local community in several positions and was recognized with a Lifetime Achievement Award at the McGehee Chamber of Commerce earlier this year.

He completed his medical degree from UAMS and completed a family medicine residency at John Peter Smith Hospital in Texas.

He was preceded in death by his wife, Claudette and two sons. He is survived by two sons and one daughter.

**Community-owned. Locally governed. Uniquely qualified.**



As the region's only not-for-profit, community-owned and locally governed medical system, Washington Regional is uniquely qualified to care for Northwest Arkansas' families. We are proud to be leading healthcare system in Northwest Arkansas – the best place to receive care and the best place to give care.



**Washington Regional currently has Family Medicine opportunities available in Eureka Springs and Harrison. For more information, contact Joni Farmer at [jfarmer@wregional.com](mailto:jfarmer@wregional.com) or 479.463.1066.**

[wregional.com](http://wregional.com)



## Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

Governor Asa Hutchinson

Nathaniel Smith, MD, MPH, Director and State Health Officer

November 5, 2018

Dear Colleague:

The Arkansas Department of Health is offering a new service called Be Well Arkansas. In addition to tobacco and nicotine quit services Be Well Arkansas offers wellness counseling to help people lead healthier and more active lifestyles. We are providing you with a brief overview and have also included a reproducible flyer with information that may be helpful for you and your staff.

### What is staying the same:

- Arkansans can receive tobacco and nicotine cessation services to help them quit;

### What has been improved:

- Be Well Arkansas links people to wellness counselling for diabetes and hypertension;
- Be Well Arkansas offers in-person tobacco cessation counseling at select locations;
- Be Well Arkansas helps people with health insurance, the Veterans Administration, and/or employee assistance programs access the cessation services which they are eligible to receive;
- Nicotine Replacement Therapy (NRT) is only provided to those patients without insurance or on Medicare. People with Medicaid may receive a prescription for NRT;
- There is a new website, [www.BeWellArkansas.org](http://www.BeWellArkansas.org) with updated resources for patients and providers, including 24/7 support through online chat, cessation mobile phone apps, and cessation and healthy living texting programs.

As you may know, all insurance providers will reimburse you for providing tobacco cessation services if you follow the DHHS guidelines for treating tobacco use and dependence posted at: [https://www.healthquality.va.gov/tuc/phs\\_2008\\_quickguide.pdf](https://www.healthquality.va.gov/tuc/phs_2008_quickguide.pdf).

Thank you for the work you do to help your patients get and stay healthy. Be Well Arkansas is available to support your efforts so together we can protect and improve the health and well-being of all Arkansans.

Sincerely,

Nathaniel Smith, MD, MPH  
Director/State Health Officer  
Arkansas Department of Health

Appathurai Balamurugan, MD, DrPH  
State Chronic Disease Director/Medical Director  
Arkansas Department of Health



## ***The Arkansas Department of Health is transforming the SOS Quitline to a new service: Be Well Arkansas***

### **What Does Be Well Do?**

- Be Well Arkansas helps Arkansans:
  - Quit tobacco and nicotine products;
  - Receive wellness counseling to help manage diabetes;
  - Receive wellness counseling to help manage high blood pressure.

### **What Does Be Well Provide?**

- Telephone counseling for Arkansans without private insurance;
- In-Person counseling at select locations for Arkansans without private insurance;
- Nicotine replacement therapy for Arkansans with Medicare or no insurance;
- Referrals to resources available through health insurance, job, and more.
- Online resources available to all Arkansans, including a new website, texting programs and mobile apps.

### **How Can I Contact Be Well?**

- Refer patients to Be Well:
  - Use the Be Well Fax Form which can be downloaded at [www.bewellarkansas.org](http://www.bewellarkansas.org) – the number hasn't changed: 1-800-827-7057;
- Call 1-833-283-WELL to reach the Be Well Call Center during normal business hours, Monday-Friday from 8:00-4:00.

**NOTE:** Both 1-833-283-WELL and 1-800-QUIT-NOW will connect patients to the Be Well Call Center. If counselors are not available, callers can leave their contact information and receive a call back within one business day.

# Four screening codes you should be using

Changes to CPT codes for structured screenings and brief assessments have led some payers to expand coverage for these services. Quality initiatives that include incentives for performing and reporting recommended screenings and assessments are an additional reason to familiarize yourself with these four codes:

- 96110, "Developmental screening (e.g., developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument,"
- 96127, "Brief emotional/behavioral assessment (e.g., depression inventory, attention-deficit/hyperactivity disorder scale), with scoring and documentation, per standardized instrument,"
- 96160, "Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument,"
- 96161, "Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument."

Codes 96110, 96160, and 96161 are typically limited to developmental screening and the health risk assessment (HRA). However, code 96127 should be reported for both screening and follow-up of emotional and behavioral health conditions.

Documentation of a structured screening or assessment should include the date, patient's name, name and relationship of the informant (when information is provided by someone other than the patient), name of the instrument, score, and name and credentials of the individual administering the instrument. In addition, the physician must document that he or she reviewed the score in the context of the patient presentation and discussed the results with the patient/family as part of the related E/M service. A few payers do indicate that a report (separate from the E/M service documentation) is also required, so verify your payers' documentation requirements prior to providing these services.

## New Adult Hepatitis B Vaccine Added to Atlantic Health Partners Vaccine Program!

Our Vaccine Buying Group partner, Atlantic Health Partners, announced the addition of Dynavax's Heplisav-B vaccine to their comprehensive portfolio of immunizations. Heplisav-B is the only 2 dose series adult Hepatitis B vaccine approved for patients 18 and older, and provides higher levels of immunity than other adult Hepatitis B vaccines.

**Additional benefits of Atlantic's program include:**

- **Most favorable pricing for Merck, Sanofi, and Pfizer (Trumenba) vaccines**
- **Excellent service and support for all your immunization needs**
- **Outstanding flu program that includes Sanofi and Seqirus products**
- **Easy "one-stop shop" ordering for most vaccines**

Join your colleagues and our many Arkansas Academy of Family Physician members already benefiting from Atlantic's program.

Contact Cindy Berenson or Jeff Winokur with Atlantic Health Partners to see how they can help lower your vaccines costs and improve your immunization efforts.

The contact info is 800-741-2044 or [info@atlanticealthpartners.com](mailto:info@atlanticealthpartners.com)

[www.atlanticealthpartners.com](http://www.atlanticealthpartners.com)

## Meet

# Gary L. LeRoy, MD, FAAFP, AAFP President Elect

Gary L. LeRoy, MD, FAAFP, a family physician in Dayton, Ohio, is president-elect of the American Academy of Family Physicians. The AAFP represents 131,400 physicians and medical students nationwide. As AAFP president-elect, LeRoy advocates on behalf of family physicians and patients to inspire positive change in the U.S. health care system. Dr. LeRoy was elected to this office at the recent AAFP Congress of Delegates in New Orleans, Louisiana.

The Arkansas Chapter is pleased to announce that Dr. LeRoy will be our keynote speaker at our Annual Scientific Assembly August 1-4 in Little Rock where he will also preside over the Installation of Officers.

LeRoy is the associate dean for student affairs and admission at Wright State University Boonshoft School of Medicine in Dayton, where he also is an associate professor of family medicine.

A lifelong Daytonian and public servant, LeRoy cares for the underserved as a staff physician at the East Dayton Health Clinic. He was the clinic's medical director from 1994 to 2008, and helped secure funding to remodel and expand the center and its services. LeRoy serves the Dayton community through Reach Out of Montgomery County, Dayton Public Schools, the American Red Cross and Saint Vincent's Homeless Shelter.

A member of the AAFP since 1991, LeRoy has served in leadership roles at both the state and national level. From 2010 to his election to the Board in 2015,



LeRoy served as an Ohio delegate to the AAFP Congress of Delegates. He served as chair of the AAFP Commission on Education and has also chaired the AAFP Commission on Membership and Member Services. At the state level, LeRoy served as president of the Ohio Academy of Family Physicians from 2004 to 2005 and currently serves as a board member. In 2014, he was honored with the Ohio AAFP Family Medicine Educator of the

Year award. In 2004, he received the Family Physician of the Year award from the Miami Valley Academy of Family Physicians.

LeRoy earned a Bachelor of Science degree in medical technology from Wright State University. He earned his medical degree from Wright State University School of Medicine, and completed residency training at the Miami Valley Hospital Family Practice Residency. LeRoy also completed a Michigan State University Primary Care Faculty Development Fellowship.

He is board certified by the American Board of Family Medicine and has the AAFP Degree of Fellow, an earned degree awarded to family physicians for distinguished service and continuing medical education.



*Dr. Scott Dickson, Dr. Lonnie Robinson, Dr. Dennis Yelvington, Dr. Jeff Mayfield, Carla Coleman, Dr. Julea Garner*

# Is 2018 Your Re-Election Year?

**2018 Re-Election cycle is January 1, 2016-December 31, 2018**

The deadline for earning your continuing education credits for the 2018 re-election cycle is fast approaching. You have until December 31, 2018 to obtain your hours!

In order to maintain your membership with the Academy, members must have a total of 150 hours for each three-year re-election cycle to include 75 Prescribed hours and 25 Live/Group hours.

If you are lacking the necessary hours please remember some of the courses that you may have failed to report would be ACLS, ATLS, and PALS as well as hospital meetings, medical staff meetings and other "enrichment" type activities which can count towards your elective "live" credit hours. You may claim up to 25 hours each three-year period for such activities. In addition, you may claim up to 20 hours each year for teaching medical students, residents, or nurses.

These hours are "Prescribed" or formal course credits.

You may report your hours the following ways:

1. Contact the Arkansas AFP and we will be happy to assist you! Phone: 501-223-2272, Fax: 501-223-2280, or Email: [arafp@sbcglobal.net](mailto:arafp@sbcglobal.net)
2. Online at [www.aafp.org/mycme](http://www.aafp.org/mycme)
3. Call the AAFP Contact Center at 1-800-274-2237
4. Fax CME reporting form or certificate of participation to 1-913-906-6075

Your membership is important to us!



*Work where you vacation!*

Physician opportunities await in Mountain Home, Arkansas  
(870) 508-1010 | [physicianrecruitment@baxterregional.org](mailto:physicianrecruitment@baxterregional.org) | [www.baxterregional.org](http://www.baxterregional.org)



**Baxter Regional  
Medical Center**

# Degree of Fellow Convocations

The American Academy of Family Physicians Degree of Fellow was established in 1971 is a special honor bestowed upon AAFP members who have distinguished themselves among their colleagues by their service to Family Medicine and their commitment to their professional development through medical education and research.

You may be eligible for this honor if you are an Active, Life or Inactive member of the AAFP and have been for at least six years or have held a combination of Resident and Active membership for at least six years.

The Arkansas Chapter will recognize Arkansas Family Physicians

who have earned the Degree of Fellow by the American Academy of Family Physicians at the Annual Scientific Assembly August 1, 2019 at Embassy Suites. You must have completed the application and earned your Degree of Fellow by May 15, 2019 in order to be conferred at the August Assembly.

The requirements and application can be found at: <https://nf.aafp.org/DegreeOfFellow>

Please let us know if you wish to be conferred in August or need assistance in applying for the Degree of Fellow by calling 800-592-1093 or 501-223-2272 or email us at [araafp@sbcglobal.net](mailto:araafp@sbcglobal.net).

## FAMILY MEDICINE PRACTICE

HENDERSONVILLE, TN



**Tired of "Extended Hours,"  
"Saturday Appointments," and the  
all intrusive "Walk-ins Welcome"?**

Be your own boss—not some MBA's gopher.  
Enjoy your office, your family, your time AWAY!

**ASSUME MY PRACTICE  
in HENDERSONVILLE, TN**

See ad herein, pg. 30, and website pictures at  
<https://photos.app.goo.gl/6w5eU7d0rGjk5RWx5>.

**Call Anytime!**

**STEVE BOLLIG, MD • 615-308-3381**

this is  
your  
journey.

*begin healing with us.*

**Conway**  
BEHAVIORAL HEALTH

**Begin to heal in our adult  
treatment programs.**

- Adult inpatient psychiatric program
- Adult inpatient substance use program
- Transcranial magnetic stimulation (TMS) program

Additional services include:

- Adolescent inpatient program opened in July 2018

Call Today: (501) 238-8074 | [conwaybh.com](http://conwaybh.com) | 2255 Sturgis Rd Conway, AR 72034

# The Votes Were Cast. *What Does It Mean for Family Medicine?*

Shawn Martin, VP for Advocacy Practice Advancement & Policy, AAFP



The 2018 midterm elections have, for the most part, concluded. There are still key House and Senate races outstanding, most notably the Mississippi seat in the Senate that will go to a runoff election next week, but the overall composition of the 116th Congress has been determined.

Here's the bottom line: Republicans held onto their majority in the Senate and Democrats secured control of the House of Representatives. When Congress convenes on Jan. 3, 2019, we will have a divided government. The following shows party division of the U.S. Congress and state governorships next year, as of this writing:

- **House of Representatives:** 198 Republicans, 232 Democrats (+38), no independents, five races undecided
- **Senate:** 52 Republicans (+1), 45 Democrats, two

independents, one race undecided

- **Governors:** 26 Republicans, 24 Democrats (+8), no independents, all races decided

FamMedPAC played an important role in the election of more than 100 members of Congress from both parties with its contribution of \$509,500 to 114 candidates. To those who supported FamMedPAC during the past two years, thank you! You enabled us to engage in meaningful ways that will have long-term positive impacts on our advocacy efforts for you -- our members -- and the health care system.

## Wall Street Takes on Primary Care

As an active observer of health care trends, I have become interested in what I see as the rapidly increasing level of investment by private equity and venture capital firms in physician

practices, specifically primary care practices.

According to an April 2018 report([www.bain.com](http://www.bain.com)) from Bain & Co., the value of private equity agreements in health care increased 17 percent from \$36.4 billion in 2016 to \$42.6 billion in 2017. Additionally, the number of deals between private equity firms and health care firms increased about 29 percent from 206 in 2016 to 265 in 2017. The Bain & Co. report sheds light on the overall activity among private equity and venture capital firms, but it was an Aug. 23, 2018, article([www.bloomberg.com](http://www.bloomberg.com)) from Bloomberg that really brought to the forefront just how active investors have become in the primary care "space."

Although the article notes that primary care physicians aren't compensated fairly, the value proposition of primary care it espouses is real. It is true that primary care is uniquely positioned to improve quality and reduce the

overall spend on health care -- if it is appropriately supported and financed. It appears that this value proposition is now attracting the attention of investors. Here are a few examples from the Bloomberg article:

- “A group of investors is putting up \$165 million to fuel an expansion of Paladina Health.”
- “The private equity firm Carlyle Group LP is investing up to \$350 million in One Medical.”
- “Iora Health, which operates primary care sites for elderly patients in the U.S. Medicare program, raised \$100 million earlier this year.”

This is just a small sample of recent activity. Investment in physician services has been growing for much of the past decade, but it has largely been associated with so-called staffing models such as emergency medicine, anesthesiology and physical therapy. However, with health care cost continuing to increase, it appears that Wall Street is ready to take on the system more aggressively and is betting that primary care is the key to achieving improved quality and lower cost. A smart bet on their part, but very, very concerning, in my opinion.

The passage of the Patient Protection and Affordable Care Act and the creation of accountable care organizations (ACOs) spurred new thinking among investors, and several venture capital-backed ACO models like Aledade (primary care-based) and Evolent Health (health system-based) hit the market quickly and have grown significantly in recent years. There also is a fair amount of investment in direct contracting models such as direct primary care and worksite clinics and, although they are not primary care, urgent care and retail-based clinics have seen an inflow of investment in recent years. Despite these investment activities, there really hasn't been a lot of interest in ambulatory, community-based primary care -- until recently.

So, what does this all mean? It is hard to say at this point, but I think there are three key questions we should be debating:

- Will the infusion of capital reduce the financial strains on primary care practices, enabling a more comprehensive practice model for family physicians and a better experience for patients?
- Who is in charge of patient care, the physician or the ownership group?
- What is the ultimate mission of investor-backed primary care? Will these models be focused on increasing access to high-quality patient care and reducing the cost of care for individuals and families, or will they focus on maximizing returns on a per-patient basis for investors?

Much, much more to come on this issue. I think 2019 will bring more investment in primary care as individuals and families start to revolt against high-deductible health plans.

On Nov. 1, CMS published the final rule for the 2019 Medicare physician fee schedule. The AAFP has written a summary(4 page PDF) of the final rule and its impact on family medicine, and *AAFP News* has a great overview. You also can learn more via an *FPM Getting Paid* blog post.

The final rule reflects numerous recommendations that the AAFP provided to CMS, including suggestions for reducing the documentation burden associated with office visits. The Academy summarized its view of the final rule in a public statement that calls it “a step forward in easing administrative burden and improving patient access to care.”



**NORTH ARKANSAS  
REGIONAL  
MEDICAL CENTER**

NARMC has immediate openings for Family Practice/Family Practice OB at our hospital and clinics in Harrison, Arkansas.



NARMC offers a competitive compensation plan with an excellent benefits package that includes:

<ul style="list-style-type: none"> <li>• Medical, Dental, Vision Plan</li> <li>• CME, Holiday and PTO</li> </ul>	<ul style="list-style-type: none"> <li>• 401K Retirement Plan/Employer Match</li> <li>• Malpractice Insurance</li> </ul>
--	--

Physician opportunities await in Harrison, Arkansas.  
 870-414-4686      [bill.warren@narmc.com](mailto:bill.warren@narmc.com)      [www.narmc.com](http://www.narmc.com)

# ABFM's New Self-Directed Performance Improvement Project Pathway

Continued improvement in clinical practice is a critical hallmark of the commitment family physicians make to ensure they are providing the highest quality and most effective care to patients. Demonstration of performance of QI activities in practice has been part of the continuous certification process (previously MOC) since it was devised in 2004. The science behind, and support for, practice improvement activities has changed considerably since the American Board of Family Medicine (ABFM) Board first developed the Performance in Practice Module 14 years ago, at a time when limited resources existed for conducting and demonstrating clinical quality improvement activities. For this reason, ABFM introduced six disease-focused modules PPMs (diabetes, hypertension, asthma, depression, coronary artery disease, and heart failure), as well as a comprehensive module that includes 29 measures reflecting the Ambulatory Quality Alliance (AQA) "starter set," in order to help Diplomates meet this requirement.

ABFM recognizes that, in 2018, many family physicians already have ongoing quality improvement initiatives and regular reporting of related measures that meet the criteria for PI activity within family medicine certification. A new Self-Directed Performance Improvement (PI) Project pathway (2 page PDF) is now available through their Physician Portfolio that allows physicians to report customized improvement projects specific to their practice environment, regardless of the scope of care delivered. Some key things to know about this pathway:

- An individual QI activity or participation in a group activity involving a single practice group, an ACO or equivalent, a group of practices within a health, may be reported.
- The individual pathway works best for reporting of activities for 1-10 physicians. AAFP members can use this whether they see patients in a continuity setting, or if they are providing non-continuity episodic care (e.g., hospitalist, telemedicine, locums, urgent care, emergency department, etc.). If they are currently doing QI in practice, the process requires simply completing a short, online form describing the activity.

ABFM recognizes that, in 2018, many family physicians already have ongoing quality improvement initiatives and regular reporting of related measures that meet the criteria for PI activity within family medicine certification.

There is no additional cost to do this beyond the ongoing certification fees. Planning to do a QI activity? The submission information will explain what steps are needed to ensure it is eligible for approval by ABFM.

- Organizations, or groups of more than 10 family physicians, may also apply for approval for an organizational quality improvement project that will provide certification credit for anyone who is meaningfully participating in the effort. These projects may be ongoing and project teams may participate at different times. A designated contact for the organization is responsible for tracking and reporting participation to the ABFM. The organizational pathway only costs \$100 per approved QI initiative, regardless of the number of physicians receiving credit.

How to get started:

- For the Self-Directed pathway for 1-10 physicians, members can simply login to their ABFM Physician Portfolio at <https://www.theabfm.org> (www.theabfm.org), select Access Performance Improvement Activities from the main screen, and choose the ABFM Self-Directed Performance Improvement Project: Clinical.
- For the Organizational option, go to [https://theabfm.mymocam.com/organizations/\(theabfm.mymocam.com\)](https://theabfm.mymocam.com/organizations/(theabfm.mymocam.com)) for more information.

There are many additional PI options that Diplomates can complete, including AAFP-sponsored Performance Navigator activities and METRIC modules, NCQA recognition in several relevant areas, CPC+ participation, Bridges to Excellence recognition, PI activities from other member boards, and a host of approved options from local, state, regional and national entities (e.g AMA, state AFP chapters, etc.). Information about all of these activities can be found in the Physician Portfolio under Performance Improvement Activities.

AAFP members with any questions about how to meet the PI activity or use the new platform, may contact Ann Williamson at (859) 687-2503 or [AWilliamson@theabfm.org](mailto:AWilliamson@theabfm.org).

# Is Minimally Invasive Spine Surgery Right for Your Patient?

—Dr. Reza Shahim  
Neurosurgeon, Arkansas Surgical Hospital

**T**here has been much discussion about Minimally Invasive Spine Surgery, so to give clarification on this topic, Dr. Reza Shahim provides his insights after years of performing these procedures.

Minimally Invasive Spine Surgery or MIS involves the use of smaller incisions allowing tiny surgical instruments and a camera to reach the spine. In order to stabilize the spinal joints and relieve nerve pressure, we use tubular retractors to hold tissue in place and provide open access to the spine.

Using a guide wire, we insert specialized instruments through the center of the retractor. Depending on the procedure, we may use other devices such as screws or rods. In order to visualize the placement of the incision and to insert the retractor and other tools, we use a fluoroscope. These devices provide a real-time image of the spine throughout the surgery.

Patients with certain conditions such as spinal tumors or severe scoliosis typically require an open surgery instead of MIS. Conditions that

respond well to MIS include spinal stenosis, herniated discs and sciatica. When severe pain no longer responds to medication, physical therapy or other nonsurgical forms of treatment, it may be time for your patient to consider MIS.

## How Does Your Patient Benefit from MIS?

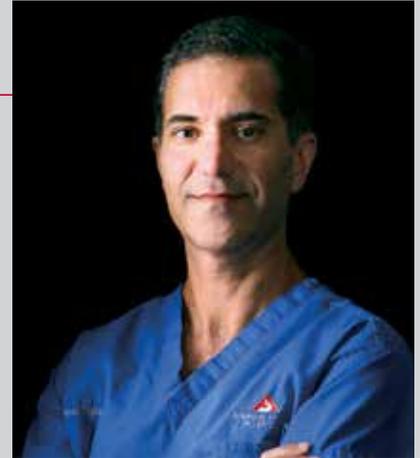
There are physical, cosmetic and recovery advantages when your patients elect to have MIS.

- **Lower risk of complications.** MIS only uses a few tiny incisions, which lead to a lower risk of excessive bleeding, infections at the surgical site, and other complications.

Traditional spinal surgery involves making a long incision in order to access the affected area of the spine, which results in a higher risk of complications.

- **Lower risk of muscle damage.** MIS does not require muscles to be pulled aside to the same degree as open surgery. This leads to a lower risk of damage to the soft tissue around the surgical site. Open surgery involves pulling muscles in the affected area aside while the procedure is done. This can result in muscle and soft tissue damage and a greater amount of pain after surgery.

- **Less pain.** MIS typically results in less pain and discomfort after surgery. Traditional spinal surgery can cause a considerable amount



of discomfort afterwards due to the larger incision.

- **Faster recovery time.** MIS often has shorter recovery time because muscles and soft tissue are not impacted as much, due to the tiny incision. Open surgery usually results in longer recovery times, especially if muscles in the surrounding area were damaged during the procedure.

If you have patients that are living with debilitating pain and want to know if MIS would be right for them, contact Arkansas Surgical Hospital at 877-918-7020 for more information.

You can also call Dr. Shahim's office at 501-225-0880.





by: Sam Taggart, M.D.,  
Family Physician and Author



# Flying-Machine Charley

## Dr. Charles McDermott

Dr. Charles McDermott died on October 13, 1884, a poor man who had pursued a dream most of his seventy-four years; the dream of manned flight was an ever-present preoccupation of this county doctor from Bayou Bartholomew in Southeast Arkansas.

He was born in 1808 in Feliciana Parish in South Louisiana to a wealthy cotton planter. His father died when he was an adolescent and for the next few years he was sent to boarding schools in Louisiana and eventually in the Northeast. He graduated from Yale University in 1828; most of his academic work was in the field of mechanics. After returning to Louisiana he had difficulty settling on an occupation. As a devotedly religious Presbyterian, he considered the ministry but felt he did not have the intellectual capacity. He gave a try at law but became disgusted with the legal profession. It happened that his sister's husband, Dr. Thomas Baines, was a university-trained

physician who had spent time in London. For four years Charles read to medicine under his brother-in-law and practiced his trade on those of his immediate family and the slaves of the plantation. With his preceptorship complete he hung out his shingle. After the death of his mother, conflict arose between Charles, his brother and their sister, the wife of Dr. Baines. Having heard of the availability of good land in southeast Arkansas he embarked on an exploratory mission to see for himself. Dr. McDermott landed at Gaines landing on the Mississippi River and made his way fifteen miles west to a large bend on Bayou Bartholomew. Using some of the proceeds left by his family he purchased land along the Bayou and a few years later built a home that he christened Bois D'arc. Built in the style of Louisiana mansions of the day this would be his primary domicile for most of the rest of his life. The initial name of the community was

simply Bend but in 1877, in McDermott's honor, it was renamed Dermott.

Well before he moved to Arkansas he had begun to toy with the idea of manned flight, conceiving theories and ideas based on his observations of birds in flight. There are stories of him constructing models while he still lived in Louisiana and using a large oak tree in the front yard of his mother's house to launch his gliders. Reports of his attempts at flight suggest that he was plagued with failed attempts but this did not dampen his enthusiasm.

As to his practice of medicine he seems, at least before the Civil War, to have his feet planted solidly in the theories of *epidemic constitution*; the essence of the theory was that each location had a set of variables that had to be present for a disease process to take a foothold. This was the competing idea that *germ theory* would contend with

for thirty years after the Civil War. It is reasonably clear that Dr. McDermott was an intelligent man who read and quoted from the Scientific American and the Smithsonian Journal. An article he composed in the early 1870s for the Arkansas Gazette, just a few years after the *germ theory* was beginning to be accepted, uses words like animalcule (germ) as he purposed a sure cure for Cholera. However his treatment regimen is clearly old school and offered nothing new to the discussion.

The Civil War was a disaster for Dr. McDermott. He was a true Southern Democrat and was vehement in his denunciation of the Yankee Federal Government. At one point during the war he was rushed from his home to a place of hiding so he would not be taken by the Federal troops. After the war he and a fellow true believer from Louisiana decided they could not live under the Yankee yolk. They left the states and set up business in Honduras. This lasted less than two years based on dysentery and political turmoil triggered in part by Dr. McDermott's political and religious intolerance.

When that fiasco was passed he swallowed his pride, returned to Chicot County and went to work on his inventions. In the next ten years he obtained patents on an iron wedge for splitting wood, a cotton picking machine and his piece-de-resistance, Patent #133,046, "*Improvement in Apparatus for Navigating the Air.*" There had been a number of patents granted earlier for flying machines but his fixed-wing model seemed to offer a number of advantages.



To say that Dr. McDermott was obsessed with this flying machine is an understatement. On several occasions he spent himself into penury building various models of his machine. In 1874 he exhibited his models at the Southeast Arkansas Fair in Monticello and the Arkansas State Fair in Little Rock. In 1876 he traveled to Philadelphia as part of the Arkansas exhibit for National Centennial Exhibit to display his wares. Despite his repeated efforts his machine never flew.

He died in 1884 but is fondly remembered by the town of Dermott, Arkansas. In the downtown of Dermott is a small city park with a two-story mural painted on the side of one of the old buildings depicting his life and contribution to the community. Just down the street from the park is a small museum with a life-sized model of Charley's Flying Machine.

There's an easier way to code.



And it fits in your pocket.

Quickly and easily confirm that the code you've selected is supported by the documentation in the progress note with the **FPM Pocket Guide**. Order today.



Licensure and Disciplinary Proceedings



**DRAKE MANN**  
501.801.3859  
[www.gill-law.com/drake-mann](http://www.gill-law.com/drake-mann)

**GILL RAGON OWEN**  
ATTORNEYS



Gill Ragon Owen, P.A. | 425 W. Capitol Ave., Ste. 3800 | Little Rock, AR

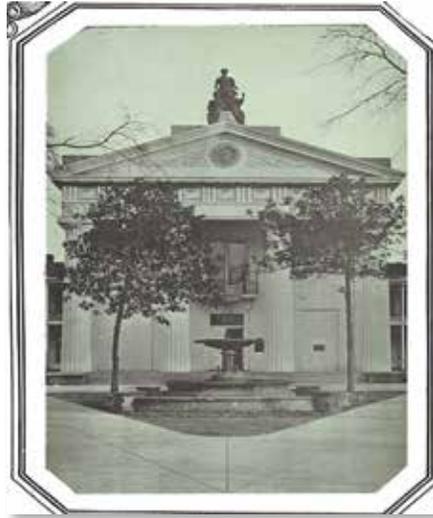
# Arkansas

## Medical History

By Ray Hanley, President & CEO  
Ar. Foundation for Medical Care

### The Medical Landscape of Little Rock in 1925

A look through the *Caduceus*, the yearbook of the University of Arkansas Medical School of Medicine, offered a look at the health care facilities in Little Rock in 1925. The opening missive from John C. Futrall, then President of the University of Arkansas, offered a message that seems timely today. "The question of medical education is one that is occupying a very prominent place in all parts of the United States ... a considerable shortage of doctors ... especially to the small towns and rural districts. It is therefore necessary for the welfare of the people of Arkansas that the medical department of the University of Arkansas be properly supported and maintained. The financial condition of the state government makes it exceedingly difficult to secure necessary appropriations for any of the state educational and charitable institutions." President Futrall was in office when he was killed in a car wreck at West Fork in 1939 at the age of 66.



Built in 1836, the U of A Medical School, located in what is today the Old State House.



The Little Rock General Hospital, 1111 McAlmont, near MacArthur Park.



Baptist Hospital, opened 1920



St Vincent Infirmary, 10th & High Streets



State Hospital for Nervous Diseases (formerly the Arkansas Insane Asylum)



St Vincent Infirmary, 10th & High Streets

Interesting stats I want to share with you all ...

## SMOKING-ATTRIBUTABLE COSTS TO MEDICAID

In January 2017, Governor Asa Hutchinson announced the formation of the Arkansas Tax Reform and Relief Task Force ("Task Force"). The Task Force was commissioned to examine potential areas of tax reform in order to recommend legislation to the General Assembly for consideration in the 2019 regular session. The Task Force met regularly throughout 2018, and, in response to calls for income tax reductions, examined tax policy changes to offset reductions in revenue if income tax reductions were adopted. Among the policy changes considered were increases in the tobacco tax, now set at \$1.15 per pack with estimated revenue at \$165 million a year.

On Dec. 22, 2017, the Task Force provided a preliminary report that estimated smoking-related costs to Medicaid at \$293.1 million annually. That estimate has several notable shortcomings:

- The estimate was determined using survey data for income to determine the likelihood of Medicaid eligibility;
- The estimate uses 1998 Medicaid expenditures inflated to 2009 dollars; and
- The estimate does not account for the 2014 expansion of Medicaid coverage to more than 250,000 adult Arkansans.

Using the Arkansas All-Payer Claims Database, the Arkansas Center for Health Improvement developed a new estimate by applying the following methods:

- Individuals ages 30-65 with a smoking-attributable condition were identified;
- Costs for these individuals in the traditional and expansion Medicaid populations were added together to derive smoking-attributable costs to Medicaid in fiscal year 2015.

These analyses resulted in a total of \$795 million in smoking-attributable spending in Medicaid. This spending far exceeds the anticipated revenue at either the current or proposed tobacco tax rates.

### Smoking-attributable spending in Medicaid \$795 Million

Top 10 conditions	Number of Medicaid enrollees with condition*
Chronic obstructive pulmonary disease	47,268
Other chronic respiratory diseases	39,348
Diabetes mellitus	38,813
Lower respiratory infections	16,792
Ischemic heart disease	14,294
Other cardiovascular and circulatory diseases	11,288
Asthma	6,688
Tuberculosis	4,307
Colon and rectum cancer	3,328
Stroke	3,305

\*Enrollees may have more than one condition but were only attributed to the condition with the highest smoking-attributable risk.

### Smoking by insurance status (adults)

Uninsured	27.9%
Medicaid	29.1%
Private	12.9%
Medicare	12.5%

Source: Xu, X., et al., Annual healthcare spending attributable to cigarette smoking: an update. Am J Prev Med, 2015, 48(3): p. 326-33.

ACHI is a nonpartisan, independent, health policy center that serves as a catalyst to improve the health of Arkansans.  
 1401 W Capitol Avenue, Suite 300 • Little Rock, Arkansas 72201 • (501) 526-2244 • www.achi.net

Your health  
BEFORE  
all else.

— INTRODUCING —  
PHYSICIAN  
HEALTH FIRST

AAFP Physician Health First is the first-ever comprehensive initiative devoted to improving the well-being and professional satisfaction of family physicians, and reversing the trend toward physician burnout.

Discover a wealth of well-being at  
[aafp.org/mywellbeing](http://aafp.org/mywellbeing).

Supported in part by a grant from the American Academy of Family Physicians Foundation.



The STRUGGLE is REAL.  
and RECOVERY is POSSIBLE.

In Arkansas, mental health issues are affecting people of all ages and the suicide rate across all ages is at an all-time high. But there is hope. The BridgeWay provides a continuum of care that is safe, secure and serene. Just as each patient is different, so too are our programs. The BridgeWay is the only psychiatric hospital in Arkansas with distinct programs for seniors 55 and older, adults 18 and older, adolescents, ages 13-17, and children, ages 4-12. Whether it is for mood, thought or substance abuse disorders, we provide separate units for each population.

The BridgeWay

Children • Adolescents • Adults • Seniors

21 BridgeWay Road, North Little Rock, AR 72113  
1-800-BRIDGWAY | thebridgeway.com

# ALERT: The Arkansas 92nd General Assembly Begins January 14!

The 2019 year appears to bring us similar legislation that we have seen in the past several sessions . These issues will affect Family Medicine and we must be on alert and ready to act when we have knowledge a bill has been introduced that affects medicine.

We expect to see again this session Scope of Practice Issues by not only APN's but others as well . As bills are filed we will send out blast emails to each of you asking that you make contact with your elected Senators and Representatives. Please know that our elected officials must hear from you – their constituents or they may assume it does not matter.

**Please make it a point to find out (if you don't already know) who your Senator and Representative is and**

**how to reach them. In many cases we don't have a lot of time and an email, phone call from you makes a difference! If you want to be a Key Contact Physician and have not yet informed us, please email [arafp@sbcglobal.net](mailto:arafp@sbcglobal.net) with your information. We will need as many of you as possible ready to attend the Public Health Meetings when issues arise . Testimony from physicians , resident members and student members will also be critical in the Scope of Practice issues.**

At the time of this Journal writing, we do not yet know who will be on the Public Health Committee of the House or the Senate but we will let you know as soon as it is made public.

Bill filing begins November 15, 2018

so we will have a pretty good idea of the bills that will affect medicine after that date.

As most of you know, we work side by side with the Arkansas Medical Society on all issues that affect medicine and we are represented by their governmental affairs employees on issues that does not involve one medical specialty against another .

We encourage you to call the AMS to volunteer for the Doctor of the Day Program at 501-224-8967 and ask for Laura Hawkins. This is a great way to see the legislature at work.

## Family Medicine Faculty Position

UAMS Northeast seeks a full time board certified Family Physician (MD/DO) for full time faculty position. UAMS Northeast is a community based ACGME accredited 8-8-8 program. Faculty responsibilities include resident supervision for in-patient and outpatient settings, didactic teaching, scholarly and administrative duties and direct patient care.

UAMS Northeast is a modern and progressive family medicine training center with a long history of electronic medical record utilization and leading edge practice modalities. The UAMS N.E. Family Medicine Center is a PCMH that utilizes the latest technologies for its patients, faculty and residents.

Successful applicants must be board certified in Family Medicine. This position is a University appointed position with competitive salary and excellent fringe benefits. The University of Arkansas for Medical Sciences is an EOE . Send application, CV and three references to:

**Ron Cole, Center Director  
311 East Matthews  
Jonesboro, Arkansas 72401**



**Remember what it was like to make a difference?**

With over 35 Family Practice locations with  
Comprehensive Medical Services throughout Arkansas

Become part of the ARcare family. And make a difference again

[www.arcare.net](http://www.arcare.net)



**Pinnacle Pointe**  
BEHAVIORAL HEALTHCARE SYSTEM

## Specializing in mental health treatment for children & adolescents

Pinnacle Pointe Behavioral Healthcare System is located in Little Rock and is one of Arkansas' largest behavioral health facilities. We offer acute inpatient and residential services for children and adolescents ages 5-17 who are struggling with emotional or behavioral health issues.

## We Provide a Full Continuum of Behavioral Healthcare Services



- Residential inpatient care
- School-based services
- Partial hospitalization
- Acute inpatient care
- Outpatient services



TRICARE® is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

**PinnaclePointe**  
**Hospital.com**

11501 Financial Centre Pkwy.  
Little Rock, AR  
501.223.3322 • 800.880.3322

# Reducing Arkansas' Maternal Mortality and Morbidity Rates

By Chad Rodgers, MD, FAAP and Michelle Murtha, RN

More than 700 women die each year in the United States due to childbirth-related complications. That ranks us 46th for maternal mortality, behind all other developed nations, according to the Centers for Disease Control and Prevention (CDC). The CDC's National Vital Statistics System ranks Arkansas with the third-highest maternal mortality rate in the nation. Arkansas has 35 maternal deaths per 100,000 live births, compared to the national average of 20 deaths per 100,000 live births.

Maternal mortality is increasing, but serious morbidity is increasing even faster. The CDC reports more than 50,000 new mothers annually experience serious or life-threatening complications. The risk of pregnancy-related deaths for African-American women is four times higher than for white or Hispanic women. While every pregnancy has probable risk related to age, weight and chronic conditions, even healthy mothers are at risk for complications.

From 1993 to 2014, the maternal serious-complication rate more than doubled, due to a combination of factors, including:

- Heart failure requiring resuscitation increased by 175 percent
- Endotracheal tube placement increased by 75 percent
- Sepsis treatment increased by 75 percent
- Cesarean births (C-sections) have increased to 33 percent in 2016, from less than 5 percent in the 1960s; about

twice the rate in European countries

- Increased number of C-sections has increased the risk in subsequent pregnancies for hemorrhages, blood clots, infections and uterine ruptures
- Induced labor has more than doubled in the last 20 years, increasing the potential for more prolonged labor, which can increase the risk of hemorrhage
- Higher rates of pre-existing chronic conditions like obesity, hypertension, diabetes and cardiovascular disease
- Older age of mothers
- Higher rates of maternal drug addiction
- Increased use of tobacco products and alcohol
- Less access to pre-natal care

The leading causes of maternal death are hemorrhage, cardiovascular, cardiomyopathy, pulmonary embolism, amniotic fluid embolism, infection, mental health conditions, preeclampsia, eclampsia and pre-existing chronic conditions listed above.

The most common preventable errors that lead to maternal mortality and morbidity include:

- Failure to control blood pressure in hypertensive women

- Failure to diagnose and treat pulmonary edema in women with preeclampsia
- Insufficient attention to vital signs
- Hemorrhage following C-section birth

Caring for severe maternal morbidity costs billions of dollars a year. Treating just one complication – preeclampsia – exceeds \$1 billion annually, according to a 2017 report from the *American Journal of Obstetrics and Gynecology*.

## Arkansas' safety bundles strategy

Arkansas' strategy to reduce maternal mortality and morbidity started in hospitals with maternal safety bundles, developed and endorsed by national multidisciplinary organizations.

Maternal safety bundles include action measures for:

- Obstetrical hemorrhage
- Severe hypertension/preeclampsia
- Prevention of venous thromboembolism
- Reduction of low-risk primary C-section births/support for intended vaginal births
- Reduction of peripartum racial disparities
- Postpartum care access and standards

continued on page 26

Your job is keeping  
your patients healthy.

# So who's watching their health information?

AFMC Security Risk Analysis can help your practice:

- Comply with HIPAA directives
- Protect your patients' health information
- Identify and mitigate security risks/vulnerabilities
- Develop privacy and security policies/procedures
- Provide expertise and guidance for best practices
- Relieve staff burden

*Contact us to learn more.*

Visit [afmc.org/SRA](http://afmc.org/SRA), call 501-212-8733  
or email [SRA@afmc.org](mailto:SRA@afmc.org).



Improving health care. Improving lives.



continued from page 24

The University of Arkansas for Medical Sciences' Antenatal and Neonatal Guidelines, Education and Learning System (ANGELS) and Center for Distance Health have hosted training and networking events for every Arkansas facility that provides obstetric services. The training focused on implementing patient safety bundles for two leading causes of maternal mortality: postpartum hemorrhage and hypertensive emergencies in pregnancy. Each facility received components of both safety bundles, including web addresses of national groups working to implement safety bundles, supporting literature and links to other resources. The goal is for every facility to successfully implement both safety bundles and assign a staff mentor to facilitate the process. Regular virtual meetings assess progress and identify areas needing support.

Under the direction of Arkansas Medicaid, AFMC's Medicaid Quality Improvement team is educating new mothers about post-birth warning signs specific to maternal mortality. The focus groups include hospital emergency and obstetric departments, hospital prenatal classes, OB/GYN providers, nurses and clinic staff, home visitors and community health units.

#### Educate mothers to reduce problems

The postpartum period is a critical time to ensure that mothers, fathers and family members know the warning signs that can potentially lead to maternal death.

Moms need to be aware of the many changes their body goes through during pregnancy and delivery. While some discomfort, soreness and fatigue can be expected, the following warning signs need medical attention. New mothers should be encouraged to trust their instincts about their bodies and

pay attention to these serious warning signs:

- Bleeding that's heavier than normal menstrual periods or worsens
- Discharge, pain or redness that does not go away or gets worse
- Feelings of sadness that last longer than 10 days after birth
- Fever over 100.4 F
- Pain or burning when urinating
- Pain, swelling and tenderness in legs, especially the calves
- Red streaks on breasts or painful breast lumps
- Headache that does not get better after taking medicine or causes vision changes

## When the practice of medicine becomes the business of medicine.

You spent years studying medicine. But what about the business side of your practice?  
Get a physician-specific MBA from Auburn.

## It's easy to get started.

Take the next step toward a Physicians Executive MBA and contact us:

[AuburnPEMBA.org](http://AuburnPEMBA.org) • 877.AUB.EMBA



AUBURN

HARBERT COLLEGE  
OF BUSINESS

*Auburn MBA*



Auburn University is an equal opportunity  
educational institution/employer.

- Severe pain in lower stomach, feeling nauseous or vomiting
- Foul-smelling vaginal discharge

New mothers and family members should understand that these critical warning signs need immediate medical attention:

- Bleeding that can't be controlled
- Chest pain
- Trouble breathing
- Shortness of breath
- Seizures
- Signs of shock such as chills, clammy skin, dizziness, fainting or a racing heart
- Mother has thoughts of hurting herself and/or the baby

Teaching all women to recognize potentially life-threatening signs of post-birth complications can save lives.

*Dr. Rodgers is AFMC's chief medical officer and Mrs. Murtha is manager of outreach services at AFMC.*

### References

Centers for Disease Control and Prevention. Meeting the Challenges of Measuring and Preventing Maternal Mortality in the United States. Retrieved from <https://www.cdc.gov/cdcgrandrounds/archives/2017/november2017.html>

Centers for Disease Control and Prevention. Building U.S. Capacity to Review and Prevent Maternal Deaths. (2017). Report from maternal mortality review committees: a view into their critical role. Retrieved from <https://www.cdcfoundation.org/sites/default/files/upload/pdf/MMRIReport.pdf>

Centers for Disease Control and Prevention. At A Glance 2016:

Maternal Health: Advancing the Health of Mothers in the 21<sup>st</sup> Century. 2016. <https://www.cdc.gov/chronicdisease/resources/publications/aag/pdf/2016/aag-maternal-health.pdf>

Kilpatrick SK, Ecker JL. American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine. Severe maternal morbidity: screening and review. *Am J Obstet Gynecol.* 2016;215(3): B17-B22.

American College of Obstetricians and Gynecologists, Association of Women's Health, Obstetric and Neonatal Nurses, The Joint Commission, Society for Maternal-Fetal Medicine. Severe maternal morbidity: clarification of the new Joint Commission sentinel event policy. 2015.

Membership Dues for 2019 are now due! If you have not already done so, please renew your AAFP membership now. You can pay in one of three ways:

- Return your invoice and payment in the envelope provided
- Call the AAFP and set up monthly installment payments, 1-800-274-2237
- Online at <http://www.aafp.org/checkmydues>

**It's Easy to Pay  
Your 2019 Dues  
ONLINE**

Thank you for maintaining your membership in the AAFP!



## The journey to complete wellness begins with a healthy mind.

### Outpatient Mental Health Counseling Services

Individual, Couple & Family Counseling • Psychiatric Evaluations • Play Therapy  
Mental Health Paraprofessional Intervention • Psychological Evaluations  
Medication Management • In-home Services • School-based Mental Health

**LIFE IS MEANT TO BE ENJOYED!**  
Toll-free: 877.595.8869 • [familiesinc.net](http://familiesinc.net)

**FAMILIES, INC.**  
counseling services



# THANK YOU!

...to those who we worked alongside in communities throughout the state to pack more than **1.1 million meals** in the Fearless Food Fight to support local food shelters helping our neighbors in need. You helped us exceed a goal of 700,000 meals in celebration of our 70th anniversary.

And to the thousands of doctors, nurses, therapists, pharmacists, counselors, hospitals, medical suppliers and many other healthcare providers who have cared for our members and their families for seven decades, thank you! You play a critical role in ensuring our members receive quality, compassionate care during some of their most vulnerable moments in life. As a not-for-profit, mutual insurance company, our commitment to investing in Arkansas, its people and its healthcare delivery system began in December 1948 and will continue.

Our work is not done, but by facing the future together, we can keep our great state strong.

## LIVE FEARLESS



Arkansas  
**BlueCross BlueShield**  
An Independent Licensee of the Blue Cross and Blue Shield Association

MPI 7886 11/18

### FOR SOME OF OUR MOST ELITE SOLDIERS, THE EXAMINATION ROOM IS THE FRONT LINE.

Becoming a family medicine physician and officer on the U.S. Army health care team is an opportunity like no other. You will provide the highest quality health care to Soldiers, family members, retirees and others, as well as conduct military medical research. With this elite team, you will be a leader - not just of Soldiers, but in family health care.

See the benefits of being an Army medical professional at [healthcare.goarmy.com/oa10](http://healthcare.goarmy.com/oa10)

©2017. Paid for by the United States Army. All rights reserved.

# Arkansas' **FIRST & ONLY** Certified Comprehensive Stroke Center

As a certified\* stroke center, UAMS Medical Center ranks among the top stroke centers in the country. This means UAMS has a dedicated team of stroke specialists to handle the most complex stroke cases, including resources such as:

- 24/7 care for patients with stroke and any cerebrovascular disorder
- an emergency department with a dedicated stroke program and an available stroke team
- on-site coverage by a neurospecialist
- endovascular procedures and post-procedural care 24/7
- dedicated neurointensive care unit beds for complex stroke patients 24/7
- neurosurgical services available 24/7
- on-site coverage for NICU by neurospecialist

UAMS offers your patients quick, comprehensive care – providing a greater chance of not only surviving, but leaving here in the best health possible.



[UAMHealth.com/stroke](http://UAMHealth.com/stroke)

**UAMS**  
For a Better State of Health

\*The Joint Commission is an independent, not-for-profit organization that evaluates and accredits more than 20,000 health care organizations and programs in the U.S.

# ABFM Announces Longitudinal Assessment Alternative to 10-year Exam

***(History of Interest!) The Arkansas Chapter Delegation at the 2011 AAFP Congress of Delegates presented a resolution that addressed this alternative . The resolution was referred to the AAFP Board of Directors and was adopted! Thank you Arkansas Delegation for putting this in motion seven long years ago!***

The American Board of Family Medicine (ABFM) is pleased to announce a pilot program to begin in January 2019 that will assess the value and feasibility of a longitudinal assessment option to the 10-year secure examination. Jerry Kruse, MD, Chair of the ABFM Board of Directors, announced this news to family physicians attending the 2018 AAFP Congress of Delegates in New Orleans. Physicians who are current with continuous certification and are due to take the examination in 2019 would be eligible to participate in the pilot. Dr. Kruse stated, “based on the popular Continuous Knowledge Self-Assessment (CKSA) platform, the longitudinal assessment pathway will deliver 25 questions online each quarter to those Diplomates who choose this new

option. This approach is more aligned with the ongoing changes in medicine and draws upon adult learning principles, combined with modern technology, to promote learning, retention and transfer of information. Over time, we will be able to assess the core clinical knowledge of board-certified family physicians and recognize the vast majority who work to keep up to date to take care of their patients.”

This summer, the ABFM contracted with the University of Florida to conduct an independent, randomized survey of Diplomates who recently took the 10-year examination, to inquire about their interest in a variety of options to the exam. The most popular choice voiced by respondents was for a longitudinal assessment model.

A combination of physician experience with the CKSA platform, feedback from Diplomates over time, the independent survey, and information gleaned from the experience of other ABMS boards, all contributed to ABFM’s design of the new online, longitudinal assessment process that will serve as the exam option for this pilot.

The ABFM has two years of Diplomate experience with the CKSA platform. Feedback from the more than 24,000 family physicians who have participated in CKSA has consistently shown that this model provides continuous, systematic learning and identification of knowledge gaps, and is highly rated as a useful and convenient platform.

“We believe that longitudinal assessment can meet many of the needs and desires we have heard voiced by family physicians,” said Dr. Warren Newton, incoming President and CEO of ABFM. “It will provide questions on a regular, longitudinal basis, in a format that is much more convenient—a few questions at a time, in the place and time of your choice. You may use clinical references during the assessment, much like you do in practice. You will not need to travel to a test center, nor spend additional time and money on preparatory courses. And, we believe that longitudinal assessment will support your desire for continued learning and practice improvement.”

The pilot program was approved by the ABFM Board of Directors earlier this month. In November, it will be presented for approval to the American Board of Medical Specialties’ (ABMS) Committee on Continuing Certification. More details will be forthcoming after this final approval step from ABMS. Throughout the pilot, regular feedback will be sought from participants, which will be used to inform program modifications for the future.

Chapters may contact Elizabeth Baxley, MD, by email or by phone at (859) 687-2472 with questions.

## FAMILY MEDICINE PRACTICE

HENDERSONVILLE, TN





Additional Office Photos Can Be Found Here:  
<https://photos.app.goo.gl/6w5eU7d0rGjK5RWx5>

**FOR YOUR CONSIDERATION:** 24-year, stable, family medicine practice. Solo physician desires to slow down or retire completely next year. Will stay to help provider(s) assimilate to practice.

**About the location:** On main street, parking at front door, handicap accessible. Rear parking for staff and rear entrance. Landlord local and responsive. 3 LARGE exam rooms, waiting room, business/private office, nurse and provider work zone, break room, and 2 restrooms.

**About the practice:** 90+% insurance, most medicare is Health Spring. AR lower than average, computerized appts and billing (capable of more-Doctor's Access software-272.03/mo), COMCAST. Call group quite reasonable, 1:5, no inpt or ER coverage.

**About the patients:** I like to say most of my elderly patients are playing golf, not chronically ill on mega meds and oxygen. Many have become friends of my family.

**About the staff:** Nurse for 20+ years, office manager 18 years, office help 3 mornings a week. All will need replaced.

Obviously, type of practice, kind of patients, EMR, and staffing all flexible as desired by provider(s) — DRs, NPs, OR PAs. Practice is on the edge of town where there has been and will continue to be large scale housing built. Several full and/or part time providers could easily thrive. Office comes FULLY furnished. Terms would be quite negotiable. Please call anytime.

**Stephen Bollig, MD • 625 E Main St., Ste 4 • (c) 615-308-3381 • sbollig@aol.com**

REMEMBER: Tennessee has no state income tax, Hall investment tax fully repealed by Jan 2021 (2% in 2019 and 1% in 2020), and hardly EVER snows appreciably in central Tennessee!

# Arkansas Surgical Hospital Orthopedic Clinic

**Dr. Lawrence is bringing  
our hospital to Conway.**

Arkansas Surgical Hospital Orthopedic Clinic,  
managed by Bowen Hefley Orthopedics, will  
open in Conway on November 26.

Orthopedic Surgeon Dr. Brent Lawrence will be  
bringing his expertise—and his family—to the  
City of Colleges. Join Arkansas Surgical Hospital  
in welcoming them.

Accepting new patients now.

Phone: (501) 504-6994

Fax: (501) 504-6985

800 Exchange Ave, 102B, Conway, AR 72032

**Physician Owned. Patient Focused.**

877-918-7020 | [www.arksurgicalhospital.com](http://www.arksurgicalhospital.com)

**Dr. Brent Lawrence**  
Orthopedic Surgeon



**ARKANSAS**  
SURGICAL HOSPITAL  
— PHYSICIAN OWNED —  
**ORTHOPEDIC CLINIC**  
MANAGED BY BOWEN HEFLEY ORTHOPEDICS

Arkansas Academy of Family Physicians  
P. O. Box 242404  
Little Rock, Arkansas 72223-9998

Presorted Standard  
U.S. POSTAGE PAID  
LITTLE ROCK, AR  
PERMIT NO. 2437



In our world,

# STAYING SHARP

has nothing to do  
with your instruments.

We strive to bring the latest theories  
and practices right to our physicians through  
online and in-person education and consultation.



[svmic.com](http://svmic.com) | 870.540.9161