The ARKANSAS BAULT PHONE 2 - Number 1

7200 ANNUAL SCIENTIFIC ASSEMBLY August 1-3, 2019

> Pre Assembly Program July 31, 2019 Embassy Suites

EMBASSY SUITES



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

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EDITION 88



Created by Publishing Concepts, Inc. David Brown, President • dbrown@pcipublishing.com For Advertising info contact Michelle Gilbert • 1-800-561-4686 mgilbert@pcipublishing.com Dear Academy Member,

It is with mixed emotions that I inform each of you of my retirement from the ARAFP as of December 31, 2019. I plan to spend time with my husband, my mother and family and continue volunteering with church mission programs and may even end up working a little part time somewhere just to keep busy. I'm not one to stay still long. I will be available to assist with the transition for as long as I am needed.



I love the picture shown here 37 years ago when Dr. Charles Rodgers and I had a ribbon cutting ceremony at our very first Academy office in Little Rock on the second



floor of the Tanglewood Building in Little Rock. We had 300 square feet of space, 230 members total and less than \$10,000.with office furnishings given by doctors across the state all mismatched; it wasn't pretty but it worked. Computers were not even available and I used

a selectric type writer and typed labels for mailouts. CME records were kept on 3 x 5 cards. Times changed!

Within a year, we moved to West Little Rock to Arcade Plaza and 1988 we bought our first computer. Those were the days of the pharma grants and CME programs with meals. We could easily accommodate a crowd of up to 60 classroom and it also provided a meeting for the board along with a library and a kitchen. That was our home for 27 years. Our membership grew; we added Michelle making us an office of two which we still are but the pharma guidelines were instituted and programs with grants went away. Problems with the building and maintenance of it prompted our move in 2013 to a beautiful complex of five buildings on Pleasant Valley Drive - sharing one with another company where we were happy for five years until financial times hit us as it did everyone related to medicine. So to be fiscally responsible, we relocated in February of 2018 with a three year lease to our present location at The Village of Rahling Road, Suite 27 C, saving us over \$16,000 a year in rent. We now have nearly 1500 total members, a budget of over \$323,000. and a reserve fund that would finance us at the current budget for two years if we lost members or if we incur a loss from the Annual Assembly, our two only sources of income.

Having now been with you over half of my life; without hesitation I can say to each of you that this has been the best career I could have ever had and. I have served 36 faithful dedicated Presidents who volunteered more than a year to lead us. I have worked for Family Physicians that I highly respect and have been in an organization that I truly believe in. The work looks staggering if you just list the different duties but it has fit me perfectly. I love the Annual Meeting and all of the planning it takes for almost 12 months: meeting new members, seeing those of you I met when you were in medical school, writing this Journal and best of all watching you become great Family Doctors go into private practice, academics, emergency medicine and all of the careers a Family Doctor can go into. You each have made me proud to have been a part of such a prestigious organization and I feel very blessed that I was chosen way back in 1983 to be a part of the ARAFP.

This Scientific Assembly July 31-August 3 will be my last! Although you should have received the official program, it is included in this Journal - another great meeting with topics you requested! Our AAFP President Elect, Dr. Gary LeRoy of Ohio, will provide the keynote address on August 1 and Dr. Warren Newton, CEO of the American Board of Family Medicine will speak the same day. Please plan to be with us this year at the Embassy Suites. I would love to be able to personally say to each of you that have supported the ARAFP and me all of these years **THANK YOU** for bringing a smile to my face almost every day the past 36 plus years! I will certainly miss each of you and the ARAFP.

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Carla

On the cover:

Annual Scientific Assembly Thursday – Saturday, August 1-3 Pre Assembly, Wednesday, July 31 Embassy Suites, Little Rock, Arkansas



Doctor Matthew Nix, our incoming 73rd Arkansas AFP President, is a Texarkana native who graduated from Arkansas High and the University of Central Arkansas before receiving his Medical Degree from the University of Arkansas for Medical Sciences in

Dr. Matthew Nix to be Installed AR AFP President!

2003. He completed a Family Medicine Residency at UAMS Southwest and served as Chief Resident. He practiced in Ashdown, Arkansas before joining the faculty at UAMS Southwest in 2010. He has served as the Clinic's Medical Director since 2014 and was promoted to Associate Professor in 2017.

He is a Fellow of the American Academy of Family Physicians and a Diplomate of the American Board of Family Medicine.

A recipient of the "Excellence in Teaching Award" from UAMS Regional Programs in 2017 his academic interests include population health, medical education, practice management. He has published and presented research at the state and national level and has served in numerous leadership and advocacy positions in the state including serving as Director and Officer of the AR Academy of Family Physicians, the Arkansas Early Childhood Commission and the Arkansas Child Health Advisory Committee.

Dr. Nix and his wife Amy have three children: Morgan, 20, Nathan, 18 and Norah, 12. His hobbies include traveling, gardening and playing the piano!

He will be installed Friday at Noon, August 2 by AAFP President Elect Gary LeRoy of Dayton, Ohio.

New Officer and Director Nominees for the 2019-20 ARAFP Board of Directors

In addition to the installation of Dr. Matthew Nix as President on August 1, the following nominees for officer and director will be presented to the Business Meeting Thursday, August 1 for confirmation and installed on August 1.

President Elect..... Appathurai Balamurugan, M.D., DrPH, MPH, FAAFP, Little Rock Vice President..... Marion E. Hord, M.D., Stuttgart Secretary/Treasurer Leslye McGrath, M.D., Paragould Delegate..... Dennis Yelvington, M.D., Stuttgart Alternate Delegate Jeffrey Mayfield, M.D., Bryant **Directors:** Brian Bowlin, M.D., Vilonia Nickole Lawson Rounds, M.D., Newport JP Wornock, M.D., Searcy Student Representative to the Board -Chesley Murphy, UAMS, Little Rock The Resident Representative to the Board has not yet been

In Memory
John Roland Anderson, M.D. of Little Rock passed away March 7, 2019.
He graduated from the University of Arkansas for Medical Sciences and completed his residency in Little Rock. Dr Anderson was a Life member of the AAFP.
Dr. Anderson is survived by his wife of 42 years, Judy, and his daughter Ashley and a grandchild, Roman.
Our condolences are extended to Dr. Anderson's family and friends.

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UAMS SPAN Grant

The Department of Family and Preventive Medicine at the University of Arkansas for Medical Sciences (UAMS) has received \$3.29 million from the Centers for Disease Control and Prevention (CDC) for a five-year project to reduce obesity, increase physical activity and improve nutrition (including breastfeeding) in Arkansas.

The State Physical Activity and Nutrition (SPAN) project funding began Oct. 1 and was awarded to the Department of Family and Preventive Medicine's Community Health and Education Division. Alysia Dubriske, director of Community Health and Education at UAMS, is leading the grant.

UAMS will develop interventions to support breastfeeding through continuity of care and community support by recruiting and partnering with family practice clinics.

UAMS will help clinicians in assisting with breastfeeding care. This will create partnerships and integrated breastfeeding care after hospital discharge. Rural family physicians typically provide support for breastfeeding during both the prenatal and postpartum periods, but it is particularly critical in the first few weeks after delivery, when lactation is being established.

UAMS will increase opportunities for breastfeeding and lactation management by offering 11 hours of continuing nursing education and eight hours of continuing medical education online at no cost. The family medicine clinicians who want to be part of the project can also earn 20-plus hours free in person at CME events statewide and receive free materials and tools for patient education. These courses will cover topics such as breastfeeding science, basics, initiation, evaluation and troubleshooting. Statewide family medicine conferences will also offer topics on educating postpartum mothers and helping them continue to breastfeed.

UAMS staff will also be working in partnership with local leadership and stakeholders across the state, but especially in counties where life expectancy is lower than national and state averages. Many rural counties in the eastern Arkansas Delta fall into this category. Obesity, diabetes, high blood pressure, low physical activity, poverty and lack of access to health care are factors. The SPAN project aims to:

- Develop and implement food service guidelines for food pantries, early childhood education centers, developmental disability day centers and Arkansas parks.
- Increase and support breastfeeding by partnering with family practice clinics, early childhood education centers and developmental disability day centers to become breastfeeding friendly and breastfeeding education hot spots.
- Offer breastfeeding continuing medical education hours at no cost to family practice physicians and to early childhood centers.
- Partner with communities to create activityfriendly routes to connect everyday destinations by implementing local policies to include bike routes, sidewalks and trails that increase safety and access for all. This will make routes more accommodating for walkers, bicyclists, strollers or wheelchair users.
- Begin a study to create a U.S. Bicycle Route through the natural state.
- Implement enhanced nutrition standards and physical activity standards into early childhood education centers across the state by changing the Quality and Improvement Rating System in Arkansas to increase physical activity, increase nutrition and physical activity education to staff, and decrease screen time.

For more information about the breastfeeding project and other projects on this grant, email dfpmcme@uams.edu. or https://familymedicine.uams.edu/cme

UAMS is the state's only health sciences university, with colleges of Medicine, Nursing, Pharmacy, Health Professions and Public Health; a graduate school; hospital; a main campus in Little Rock; a Northwest Arkansas regional campus in Fayetteville; a statewide network of regional campuses; and seven institutes: the Winthrop P. Rockefeller Cancer Institute, Jackson T. Stephens Spine & Neurosciences Institute, Harvey & Bernice Jones Eye Institute, Psychiatric Research Institute, Donald W. Reynolds Institute on Aging, Translational Research Institute and Institute for Digital Health and Healthcare Innovation. It is the only adult Level 1 trauma center in the state. UAMS has 2,727 students, 870 medical residents and five dental residents. It is the state's largest public employer with more than 10,000 employees, including 1,200 physicians who provide care to patients at UAMS, its regional campuses, Arkansas Children's Hospital, the VA Medical Center and Baptist Health. Visit www.uams.edu or www.uamshealth.com. Find us on Facebook, Twitter, YouTube or Instagram.

Apply today for the 2018 – 2019 Physician **Practice Quality Improvement Award**

The Physician Practice Quality **Improvement Award Program** online application is live! 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 Medical Society, Arkansas Academy of Family Physicians, Arkansas Osteopathic Medical Association, and TMF® Health Ouality Institute have partnered to offer the Physician Practice Quality Improvement Award program to physician practices in Arkansas.

Apply today. 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 August 16, 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 Medical Society, Arkansas



Academy of Family Physicians and the Arkansas Osteopathic Medical Association. Learn more and view the list of previous award recipients.

FREE CME & MOC Credit Opportunity - Smile Connect®

A free 6-month quality improvement activity focused on improving oral health of Arkansas Children by integrating preventative oral health services into well child visits.

Eligible providers will receive a 30-50 CME and/or 20-25 MOC PART IV credits for their Meaningful participation. Sponsored by Delta Dental, you may enroll now at www.SmileConnect.org/CME or contact CME@ smileconnect.org or 877-697-2263.



IT'S TIME TO FIGHT BACK

Collectively, we can all work together to help combat the opioid epidemic that is destroying families and communities across the nation. We are excited to introduce our new educational training portal for medical professionals like you. These online professional education courses are available at no cost to you 24/7 so you can access them on your schedule.

There are three ways to learn:

visit artakeback.org/opioid-education/sign-up-for-opioid-education

watch a weekly interactive video conference at arimpact.uams.edu

learn on-demand with our new UAMS CME/CE portal at learnondemand.org.







Triumph Call Center

The TRIUMPH Call Center which can be reached 24/7 at 866-767-6983 is a free resource designed to address questions and problems for trauma rehabilitation patients (including Traumatic Brain Injury. Spinal Cord Injury and Traumatic Amputation), family/friend care providers, and medical professionals including physicians. The call center is staffed by Registered Nurses who are trained to follow a medical algorithm based on the best practices for trauma rehabilitation care. If the RN operator cannot address the problem. the call will be forwarded to a resident physician in the Department of Physical Medicine and Rehabilitation (PM & R) at UAMS. If the resident cannot arrive at a solution, a board certified physician in Physical Medicine and Rehabilitation can answer the call as well.

Typical problem calls include headache, spasticity, prescriptions, neuropathic pain, transportation issues and appointment follow ups. Healthcare professionals can get free consultation from a PM and R Physician through this call center. The personnel at the Arkansas **Trauma Rehabilitation Program** (ATRP) which supports the TRIUMPH Call Center work to help coordinate care to the estimated 32,000 spinal cord and Traumatic Brain Injury (TBI) survivors in Arkansas. In addition. ATRP houses the Traumatic Brain Injury Registry and actively seeks to follow up with survivors of moderated to severe TBIs within 30 days of discharge from a critical care facility. All hospitals are required to report moderate to severe TBI admissions to the TBI

By: Daniel Bercher, PhD, NRP Assistant Director, Arkansas Trauma Rehabilitation Program UAMS Institute for Digital Health & Rennovation Arkansas Department of Health

Registry within 5 days of admission and 5 days after discharge by Arkansas code. ATRP is very involved in telemedicine linking trauma rehabilitation patients for follow up clinic visits to a PM & R specialist at many outlying community clinics, UAMS Regional Family Clinics and some are even at the patient's home.

ATRP is a program that operates through a cooperative effort through UAMS and the Arkansas Department of Health supported by funding by the Arkansas Trauma System.

For questions about TRIUMPH, feel free to talk to one of the RN operators at 855-767-6983 or visit ATRP.AR.GOV.

Training The Physicians of Tomorrow



NYIT College of Osteopathic Medicine at Arkansas State is committed to alleviating the shortage of primary care physicians here in Arkansas and the greater Delta region. Our campus in Jonesboro - in proximity to substantial health care needs - is uniquely situated to improve access to health care and health education in the state and region. Our students and faculty are eager and ready to address these needs with research, outreach, wellness initiatives, and superior patient care.

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at Arkansas State University

Arkansas Department of Human Services and PASSEs Respond to Feedback, Adjust Open Enrollment and Transition Period

Open enrollment now scheduled for October 2019

(LITTLE ROCK, Ark.) – The Department of Human Services (DHS) is rescheduling open enrollment for the Provider-led Arkansas Shared Savings Entity (PASSE) program from May to October to give PASSEs more time to stabilize and grow their networks of providers. This also will give families more information before they need to decide which entities will best meet their needs. The open enrollment period for November has been canceled.

This change, along with decisions by DHS and the three PASSEs to extend the transition period for client care plans and provider network rates, has been made in response to feedback from providers, families, and legislators.

Open enrollment for the PASSE program will now run from Oct. 1-31, 2019, with an effective date of Dec. 1st. Between now and the open enrollment period, clients can ask to change PASSEs "for cause" by calling the PASSE Beneficiary Support line at 1-833-402-0672. Each for cause request will be reviewed by the office of the PASSE ombudsman. For cause reasons could include a desire to move all siblings or household members into the same PASSE or lack of access to providers experienced in dealing with clients' care needs.

All three PASSEs will extend the transition period for clients through Sept. 1, 2019. This means PASSEs will continue to pay for clients' current plans of care as they are now, including current authorizations for services, through that date. During the coming months, PASSE care coordinators will meet with clients to create a personcentered service plans (PCSP). PASSEs must meet with clients before any changes can be made to a client's PCSP.

"We want PASSE clients and providers to know that we have heard their concerns, and we think these changes will help as we work through the launch of this new program. Allowing the PASSE networks to expand before open enrollment will help clients make the best choice for themselves and their families," said Paula Stone, DHS Deputy Director of the Division of Medical Services. On March 1, 2019, the three PASSEs – Arkansas Total Care, Empower Healthcare Solutions, and Summit Community Care – began receiving monthly payments from DHS to manage the complete healthcare of their clients. In this new organized care model, Arkansas Medicaid providers such as primary care physicians, pharmacists, hospitals, and specialty providers can join PASSE networks, and the providers are reimbursed by the PASSEs for services provided to PASSE clients.

The PASSEs also will pay all Arkansas Medicaid providers at an "in-network rate" through September 1, 2019, even if a provider is not in a PASSE's network. With the additional time for this transition period, DHS encourages providers to join PASSE networks to ensure consistent care for clients.

The PASSE is a model of organized care created by Act 775 of 2017 to

manage the services of individuals with significant developmental disabilities and behavioral health needs. To form each PASSE, local Arkansas providers entered into partnerships and chose an experienced organization to perform administrative functions, such as claims processing. These three groups function similar to insurance companies to serve nearly 45,000 Medicaideligible individuals.

PASSEs are a Medicaid provider type approved by the Centers for Medicare & Medicaid Services (CMS). They are regulated by the Arkansas Insurance Department (AID) and held accountable to the Department of Human Services (DHS) under federal managed care rules.

For more information about the PASSE program, visit passe.arkansas.gov.

It is possible to have a few more minor changes to the ByLaws that will be voted upon.



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Q&A: Hierarchical Condition Categories

Understanding Hierarchical Condition Categories (HCC) and their applicability to the Merit-based Incentive Payment System (MIPS) is important as clinicians work to receive recognition for the care they deliver to patients with complex conditions. Beneficiaries with complex health conditions may take additional time and resources to achieve positive health outcomes, and HCC helps recognize the complexity of that care.

Question: What are Hierarchical Condition Categories and why use them?

Answer: Hierarchical Condition Categories look at a beneficiary's demographics and co-existing conditions to calculate a risk score. HCCs use ICD-10 coding to assign a beneficiary risk score or Risk Adjustment Factor (RAF). These numbers factor into the riskadjustment methodology that the Centers for Medicare & Medicaid Services (CMS) uses to score the Cost category measures and award the Complex Patient Bonus for MIPS.

Using HCC coding for risk adjustment ensures that providers are not unfairly penalized for their care of patients who have complexities that impact outcomes and costs beyond the clinician's control.

Q: How does the HCC system work?

A: The HCC system's goal is to secure reimbursement adjustments for clinicians who are serving at-risk populations. For example, an HCC risk score of one indicates risk associated with expenditures that are similar to the average beneficiary nationwide, whereas a beneficiary risk score greater than one indicates above-average risk. A score below one indicates less than average risk. These risk scores are then applied to various measures in the MIPS program.

Q: Which MIPS measures are affected by appropriate HCC coding?

A: HCC coding affects the following measures in MIPS:

- Complex Patient Bonus Up to a 5-point bonus is added to the MIPS final score for clinicians who treat medically complex
 patients.
 - For 2019, the second 12-month segment of the MIPS determination period (Oct. 1, 2018 Sept. 30, 2019) would be used when calculating average HCC risk scores and the proportion of full-benefit or partial-benefit dual-eligible beneficiaries for MIPS-eligible clinicians.
 - MIPS-eligible clinicians or groups must submit data on at least one performance category in an applicable performance period to earn the bonus.
- Cost measures:
 - Medicare Spending Per Beneficiary (MSPB) HCCs mapped from the ICD-10 codes are used to calculate expected costs. Accurate coding of claims, including all co-morbidities, is thus crucial to represent the patient's condition accurately when calculating the measure.
 - Total Per Capita Costs (TPCC) The HCC/RAF is used in the expected cost calculation of this measure.

Q: How can documentation affect HCC coding?

A: Coding has a direct impact on the calculation of the risk adjustment factor (RAF). Proper provider documentation is required to support diagnoses that map to HCC codes. Including applicable ICD-10 (for all co-morbid conditions as well as the primary diagnosis), correct patient demographic information and CPT/HCPCS codes in your claim submissions directly impacts reimbursement and risk scoring. The Medicare Risk Adjustment Eligible CPT/HCPCS Codes published on the CMS.gov website will guide your documentation of these codes.

Q: What is an example of how inaccurate or incomplete documentation and coding could affect the RAF?

A: In this example, a patient is a 76-year-old female who is Medicaid-eligible. She has diabetes with complications, is morbidly obese, and has congestive heart failure and severe chronic kidney disease. The table below shows how incomplete or inaccurate HCC coding can affect the RAF. Note the final RAF based on the lack of coding or inaccurate coding in the following chart. Complete, accurate coding is crucial to receiving an accurate RAF.

No Condition Coded	RAF	Some Conditions Coded (one error)	RAF	All Conditions Coded	RAF
76-year-old female	0.468	76-year-old female	0.468	76-year-old female	0.468
Medicaid eligible	0.177	Medicaid eligible	0.177	Medicaid eligible	0.177
Diabetes with complications	None	Diabetes without complications	0.118	Diabetes with complications	0.368
Morbidly obese	None	Morbidly obese	None	Morbidly obese	0.365
Congestive heart failure	None	Congestive heart failure	None	Congestive heart failure	0.368
Disease interaction (DM+CHF)	None	Disease interaction (DM+CHF)	None	Disease interaction (DM+CHF)	0.182
Severe chronic kidney disease	None	Severe chronic kidney disease	None	Severe chronic kidney disease	0.224
Total RAF Score	0.645	Total RAF Score	0.763	Total RAF Score	2.152

Q: What is meant by documentation to support coding?

A: All coding of co-existing conditions must be validated by complete and accurate documentation of the condition and must be addressed clearly in the plan of care for the patient. It is not sufficient to have them listed on the problem list. Documentation must exist demonstrating that the condition is present and is being addressed in the plan of care.

Q: What should we do to be certain we are documenting and coding in such a way that our RAF is an accurate reflection of our patient population?

A: The following actions will help you ensure your practice is providing an accurate reflection of your patient population:

- Ensure correct documentation of patient demographics and verify whether there is dual eligibility (Medicare and Medicaid).
- Review documentation related to co-morbid conditions that may affect your HCC codes.
 - Is more documentation needed, or should a care plan be established, so that conditions can be coded appropriately?
 - Has the code most specific to the patient's condition been assigned?
- Provide education to all clinicians and support staff regarding required documentation.





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

Dr. John William Morris, McCrory

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



Born in 1875, Dr. Morris was born and raised in White County, Arkansas in the foothills of the

Ozarks. His father was a cattle farmer and William learned the trade from his father. At age sixteen he fell prey to a case of typhoid fever. "About half the people died from typhoid in those days, I was unconscious for two to three weeks. When I got well enough to know what was going on, I'd watch for the doctor to come to the house. I thought the doctor was the whole thing, then. I figured if he could do that much good just by dropping in to see folks, then that would be a good thing for me to do."

The young man graduated from the Searcy Male Academy, a precursor to the public-school system. Working on his father's farm, he saved enough money to attend the University of Louisville in Kentucky and then the University of Nashville Medical school. The medical school training was three years and after two years he was out of money. *"I borrowed enough from my father to finish the last year, and I arrived in Woodruff County \$600.00 in debt. I paid that back after I began practicing."*

When he returned to Arkansas in the Spring of 1900, he received word that a Dr. Lumpkin, in the DeView community in Woodruff county, was wanting to leave the community and turn his practice over to someone. *"I took over his practice and I hadn't been there thirty minutes before I had my first case. Riley Barnett, a twelve or* fourteen years old girl, who had measles and pneumonia. Fortunately, she recovered."

DeView was a small

community in the Cache River bottomland, three miles south of the present-day town of McCrory. When the railroad was established it crossed the county to the north of the small village and soon the town of DeView was no more.

The good doctor married and built a home in 1901. He was responsible for a number of firsts in the community. The house he built for he and his wife was wired for electricity and had a pressurized water system. He was adamant about the use of screens on the windows and doors of the house. Curious neighbors came to be sure that suffocation didn't happen behind these new devices.

"When I first came here, it was a horse-and-buggy proposition. There weren't any automobiles. For a while, there was no communication system. I put in a telephone system to save people the trouble of riding in to see me." In 1915, he purchased a two-seater Hupmobile, one of the first automobiles in that part of the county.

With the changes in the population he moved to McCrory, three miles up the road, in 1924.

Malaria and Typhoid were common. He remembered that appendicitis was common. Even though there were hospitals in cities like Little Rock and Memphis they were almost impossible to reach. "Whenever I had a patient with appendicitis, I would put them on a cot in the baggage car of the train to Memphis. I would ride in the baggage car with them and when we'd reach Memphis, I'd get an ambulance and take them to the hospital. I'd stay with them until after the operation and then come back home the next day."

Some of his fondest memories of the practice of medicine was the delivery of babies. "*Altogether*





I have delivered 7000 babies, six sets of triplets and a whole bunch of twins. Back then everybody raised big families."

In 1936, he built Morris Clinic in downtown McCrory and practiced out of that little native-stone building for the next fifty years. Yes, you read that correctly, he practiced until he was 101 years old. A large celebration was attended by 400 people on the event of his 100th birthday and the next day he saw twenty-five patients in his clinic.

He had a philosophical bent about life. "If people could pay they did. If they couldn't we'd go see them anyway. All of the people were of good quality."

"When I began, the family physician saw himself more as an attendant of man rather than an authority on disease."

"The old folks especially, are taking a lot of hospital punishment that they didn't use to take. Their lives are being prolonged by artificial feeding and all that sort of stuff. We didn't use to keep people in that kind of misery. I think, people were much better off when they died in their own homes around people who loved them."

"Too many people retire with nothing to do. A man has got to have something to do, something to think about, something to keep him busy and interested. If all people do is sit around and worry about how they feel, then pretty soon they are going to feel bad. People need obligations and responsibilities, no matter how old they are.

A newspaper writer wrote about him near the end of life. *"His medicine was a morning's work and an afternoon* of fishing. He takes it in generous doses and he has lasted a long time."

(Davis, Charles M., A Tribute to John William Morris, M.D., *Rivers and Roads and Points In Between*, ?) (Thomas, William, Seven Decades of Doctoring, The Commerical Appeal Mid-South Magazine, December 19, 1971)



Explanation of Proposed Bylaw Changes to be Voted upon August 1 by the Membership

- 1. Delete Chapter VI (pg. 3) and any reference to "component" chapters. There have not been component chapters (i.e., county chapters) for many years.
- 2. Chapter VII, Section 7 (pg. 4). Currently, our inactive and lifetime members do not pay any dues. National charges \$45/year for inactive members and \$450 for lifetime (one-time fee). We propose changing our fees to \$20/year for inactive and \$150 for lifetime which is still on the low-end of most states.
- Chapter IX, Section 1 (pg. 5). Since there are three medical schools in the state now, we changed the student member of the Board to be from the state's medical schools – not just UAMS. We also moved the "new physician" and "minority" board member to another bylaws section – to Chapter X, Section 4. This is to avoid confusion that the "new physician" and "minority" board member position was in addition to the 9 board members, officers, etc. (See #5 below).
- 4. Chapter X, Section 1 (pg. 7). Several years ago, the secretary and treasury positions were combined. This change formalizes this position as an option in the bylaws. The positions can still be separate if needed.
- 5. Chapter X, Section 4 (pg. 7). These changes were made to

encourage a Board that is representative of the members of the Academy. In addition to regional considerations, we've added practice disciplines such as member that practices academic medicine, emergency medicine, etc. This was suggested at the ACLF. We also moved the "new physician" and "minority" position to this section (see #3 above).

- 6. Chapter X, Section 6 (pg. 7). We propose deleting this section as these items of business have been carried out by the finance committee for several years.
- 7. Chapter X, Section 8 (pg. 8). We propose deleting this section as the Associate Vice President was an honorary position not used in many years.
- 8. Chapter XIV (pg. 11) was overhauled with elimination of all standing committees except for the Executive, Nominating, Finance, and Scientific Assembly. The formation of the Executive Committee is found in Chapter IX, Section 10 and the Nominating Committee is found in Chapter X, Section 2. At the ACLF, work groups/task force groups were encouraged over committees to increase member involvement.

Any other changes to the Bylaws will be sent by email to all Active members.

Summer is Key Time to Vaccinate and Atlantic Health Partners an Help!!

Many toddlers through college age patients have their physician visits during the summer to prepare for the start of a new school year! Atlantic Health Partners is a strong resource for our members by offering most favorable vaccine prices, purchasing support and program management assistance.

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MORE AT THE AR AFP ASSEMBLY



Resident-Student Fair Embassy Suites Hotel, Little Rock, AR July 31, 2019 5-7pm

Meet the AAFP Board of Directors, Residency Programs from around the state and other exhibitors at this casual event!

Food and Beverages provided!

Also make plans to attend the Scientific Assembly August 1-3. No charge for Residents and Students. Registration Required!

SVMIC TO OFFER 10% PREMIUM CREDIT ON PROGRAMS

State Volunteer Mutual Insurance Company will offer 10% premium credit to SVMIC physician policy holders who attend the following two programs during the ARAFP's Scientific Assembly:

- 12 Noon Thursday, August 1 : Patient Satisfaction Stephen Dickens
- 1:30 p.m. Thursday, August 1: Osteoarthritis and Low Back Pain Lee Radosh, M.D.

An attendance attestation must be completed after the two programs and returned to SVMIC staff to receive this credit.

Clinical Advances in Optimal Approaches for the Management of Osteoarthritis and Low Back Pain

Join us for this lecture at the upcoming 72nd Annual Scientific Assembly Thursday, August 1, 2019 @ 1:30 p.m.

Lee Radosh, M.D., FAAFP, Faculty Associate, Family Medicine Residency, Reading Hospital of Tower Health System, Reading, Pennsylvania

Learning Objectives:

- Pathophysiologic mechanisms of chronic pain
- Clinical presentation of pain
- Diagnosing & managing chronic pain
- Creating individualized care plans
- Emerging pharmacotherapeutics and novel analgesic targets

This activity is intended to be fully compliant with the ER/LA Opioid Analgesics Risk Evaluation Mitigation Strategy (REMS) education requirements.

Arkansas Academy of Family Physicians 73rd Annual Scientific Assembly August 1-3, 2019 Embassy Suites, Little Rock, Arkansas

Pre Assembly – "OFFICE EMERGENCIES" Wednesday, July 31 1:00 - 4:45 p.m. – Ballroom IV

"Office Emergencies"

1:00 p.m.	Pediatric Eme	rgencies – Rebecca Liggin	, M.D. Professor, Emergency Medicine and Pediatric Emergency
	Medicine, UAMS	S, Little Rock, AR	

- 1:45 p.m. Heart Stopping Experiences in the Clinic Michael David Huber, M.D., FACC, Board Certified in Internal Medicine, Cardiovascular Disease and Nuclear Cardiology General Cardiology, Arkansas Heart Hospital, Little Rock, AR
- 2:30 p.m. Stroke and Stroke Mimics and Chameleons Sanjeeva Onteddu, M.D., Vascular Neurology; Assistant Professor of Neurology, UAMS; Stroke Director, UAMS, Medical Director, Arkansas SAVES; Little Rock, AR
 3:15 p.m. Break
- **3:30 p.m.** Analphylaxis Eddie W. Shields, M.D. Diplomate, American Board of Allergy and Immunology Arkansas Allergy and Asthma Clinic, Little Rock, AR

4:15 p.m. Adjourn

5 – 7:00 p.m. Resident Student Fair – Consulate Rooms I and II

ANNUAL ASSEMBLY PROGRAM Thursday, August 1

7:15 a.m.	Breakfast for Registrants in Lecture Hall – Thank you AR Foundation for Medical Care
8:15 a.m.	Opening Ceremony
8:30 a.m.	We Are Here – Imagine Family Medicine in the 21st Century and Beyond – Gary L. LeRoy, M.D., FAAFP,
	President Elect, AAFP Family Physician & Diplomate, American Board of Family Medicine Associate Dean for
	Student Affairs and Admission Wright State University Boonshoft School of Medicine, Dayton, Ohio
9:30 a.m.	Family Medicine Certification - What's New, What's True, What's Ahead - Warren P. Newton, M.D., MPH,
	President & Chief Executive Officer American Board of Family Medicine, Lexington, Kentucky
10:20 a.m.	BREAK – VISIT EXHIBITS
10:45 a.m.	2019 Asthma Update – A. Larry Simmons, M.D., Professor of Pediatrics, Department of Pediatrics, UAMS:
	Clinical Faculty & Founding Member, Ar Children's Asthma Center AR. Children's Hospital, Little Rock, AR
11:30 a.m.	ANNUAL BUSINESS MEETING
11:45 a.m.	FELLOWSHIP CONVOCATION
12:05 p.m.	LUNCH MEETING
•	Thank You State Volunteer Mutual Ins. For Funding this Meal
	Delivering Exceptional Patient Experience – Stephen A. Dickens, J.D., FACMPE, Vice President, Medical
	Practice Services State Volunteer Mutual Insurance, Brentwood, TN
1:30 p.m.	Clinical Advances in Optimal Approaches for the Management
•	of Osteoarthritis and Low Back Pain – Lee Radosh, M.D., FAAFP Family Physician, Diplomate, American
	Board of Family Medicine Caron Treatment Centers/Reading Hospital Addiction Medicine; Reading PA
2:30 p.m.	BREAK – VISIT EXHIBITS
3:00 p.m.	When To Think Beyond Azithromycin For Pneumonia – Mary J. Burgess, M.D.
-	Assistant Professor, Department of Internal Medicine, UAMS, Little Rock, AR
3:45 p.m.	Having Those Difficult End of Life Conversations – Russell Mayo, M.D.
-	Family Physician and Diplomate, American Board of Family Medicine;
	Residency Director, UAMS AHEC Southwest, Texarkana, AR

FRIDAY, AUGUST 2

7:15 a.m. **Registrant Breakfast in Lecture Hall** Thank you AR Foundation for Medical Care 7:45 a.m. to 8:20 a.m. **VISIT EXHIBITS** 8:20 a.m. Why your Patients are So Sick and Why They Struggle to Get Better – Chad Rodgers, M.D., Vice President & Chief Medical Officer Arkansas Foundation for Medical Care: Pediatrician, Little Rock Pediatric Clinic Little Rock. AR ATOPIC DERMATITIS - Practical Guidance for the Family Physician – Anthony J. Mancini M.D., 9:00 a.m. FAAP, FAAD Head, Division of Pediatric Dermatology, Ann & Robert H. Lurie Children's Hospital of Chicago Professor of Pediatrics and Dermatology Northwestern University Feinberg School of Medicine. Chicago. IL **BREAK – VISIT EXHIBITS** 10:00 a.m. 10:30 a.m. Physician Burnout – Jordan Weaver, M.D. Diplomate, American Board of Family Medicine; Medical Director and Residency Director, North Central Family Medicine Residency, Batesville, AR 11:00 a.m. POLST - Physician Orders For Life Sustaining Treatment - Masil George, M.D. Associate Professor, UAMS Department of Geriatrics, Associate Professor, UAMS Division of Medical Humanities; Director, Geriatric Palliative Care Program, UAMS ; Medical Director, Baptist Hospice; Family Physician and Diplomate, American Board of Family Medicine, Little Rock, AR INSTALLATION OF OFFICERS WITH LUNCH FOLLOWING 11:45 a.m. Thank you Baptist Health & Ar. Blue Cross Blue Shield for funding for this meal 1:00 p.m. FINAL BREAK WITH EXHIBITORS 1:30 p.m. - 3:40 p.m. Addressing Women's Sexual Wellbeing in Family Practice "Let's Start a Conversation" Genitourinary Syndrome of Menopause – Lisa Larkin, M.D., FACP, NMCP Internal Medicine 1;30 p.m. Physician; Fellow ACP: Owner and President, Lisa Larkin, M.D. and Associates Founder & CEO, Ms. Medicine. Cincinnati. Ohio 2:30 p.m. Stretch Break 2:40 p.m. **Hypoactive Sexual Desire** – Lisa Larkin, M.D., FACP, NMCP (See Bio above) 3:45 p.m. 2019 Physician's Legal Update – Jennifer L. Smith, J.D. Attorney, Wright, Lindsey & Jennings LLP, Rogers, AR

SATURDAY, AUGUST 3

7:30 a.m. Registrant Breakfast in Lecture Hall Thank you AR Foundation for Medical Care I can see you from here: Telemedicine for Family Physicians – Lonnie Robinson M.D., Family 8:10 a.m. Physician, FAAFP, Diplomate, American Board of Family Medicine; Mountain Home, AR 8:50 a.m. **Medicare Wellness Exam** – Shawn Purifoy, M.D. Diplomate, American Board of Family Medicine; Medical Director, Aledade, Malvern, AR "STI'S: What's New" - Sarah Holcomb, M.D. Family Physician; Diplomate, American Board of 9: 30 a.m. Family Medicine; Associate Professor, Department of Family and Preventative Medicine, UAMS; Core Faculty Member, Baptist Health/UAMS Family Medicine Residency Program, North Little Rock, AR 10:10 a.m. GLP-1 Receptor Agonist – Jeffrey S. Mayfield, M.D. Family Physician, Diplomate, American Board of Family Medicine: Bryant. AR 11:00 a.m. **ADJOURN**

Two additional hours per lecture are available from attending the following. Which qualify for Translation to Practice by the AAFP. A form must be completed and returned to the AAFP Registration to receive these hours Thursday: 10:45 a.m. - 2019 Asthma Update

Friday: 11:00 a.m. – POLST

GENERAL INFORMATION

PROGRAM OBJECTIVES

Physicians attending this program will receive current information on a diversity of medical topics pertinent to patient care in a Family Practice setting. Subject material was chosen based on assessed needs, future trends and relevance to quality patient care. At program conclusion, registrants will have a working and applicable understanding of the topics presented and will be provided with written materials for future reference provided by each speaker. This meeting will also allow for residents, medical students, Family Physicians, educators and faculty to interact academically, professionally and socially.

COMMERCIAL SUPPORT/DISCLOSURE

It is the policy of the Arkansas Academy of Family Physicians to ensure balance, independence, objectivity and scientific rigor in this educational program. All faculty participating in this program are expected to disclose any associated or apparent conflicts of interest that may affect or be related to his/her presentation. These written disclosures are available at registration.

ROOM RESERVATION

Embassy Suites special rate for our group is \$124.00 for Double or King Rooms. For reservations, please call Embassy Suites at 501-312-9000 and specify you are with the Arkansas Academy of Family Physicians 2019 group block.

GROUP CODE: AFP or you may go to our personalized website at

https://embassysuites.hilton.com/en/es/groups/personalized/L/LITCPES-AFP-20190730/index.jhtml?WT.mc_id=POG The deadline for making reservations for our block is July 1 or until the group block is sold out, whichever is first.

PARKING

Complimentary outdoor surface parking is available for all meeting attendees and overnight guests or for a charge of \$10.00/day to park in the parking garage.

CME ACCREDITATION

The Scientific Program has been reviewed and is acceptable for up to 18.25, (including the Pre-Assembly) Prescribed credits by the American Academy of Family Physicians. AAFP Prescribed Credit is accepted by the AMA as equivalent to AMA PRA Category I for the AMA Physicians Recognition Award. AAFP Prescribed Credit is also accepted by the AOA, the American Academy of Physician Assistants and the American Academy of Nurse Practitioners. Portions of the program will also include a Translation 2 Practice opportunity for up to 4 additional hours for a total of 22.25 hours possible.

2019 GRANT PROVIDERS

The Arkansas Academy of Family Physicians' 72nd Annual Scientific Assembly is made possible with the help of generous grants from the following companies. Please make a point of thanking your representative for these contributions to our program. These companies will also receive special recognition through signs and ribbons in our exhibit hall.

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Registration Fee includes admittance to all functions and social events. Please wear your name tag at all times for admittance.

Cancellations prior to July 19, 2019 will be refunded less \$50.00 by written request.

IRS Tax Information - Registration fees for this meeting may count as a business donation, not as a charitable contribution.

Arkansas Academy of Family Physicians Post Office Box 242404 Little Rock, Arkansas 72223 (501) 223-2272 FAX (501) 223-2280 www.arkansasafp.org — E-Mail address: arafp@sbcglobal.net

REGISTRATION FORM

AR AFP – 72nd ANNUAL SCIENTIFIC ASSEMBLY

July 31–August 3, 2019

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Dr. Dennis Yelvington Installed as President of AMS!!!



Congratulations to Dr. Dennis Yelvington of Stuttgart who was installed President of the Arkansas Medical Society at their recent Annual Conference on April 26 in Little Rock. The Arkansas Medical Society has a membership of over 4,400 physicians representing all specialties of medicine as members.

A past President of the Arkansas Chapter, Dr. Yelvington currently serves the ARAFP as Delegate to the AAFP Congress of Delegates and is actively involved in our organization.

We also congratulate the following AR AFP members serving on the Arkansas Medical Society's Board of Trustees:

Doctor Appathurai Balamurugan, Little Rock Doctor Brad Bibb, Ash Flat Doctor George Conner, Forrest City Doctor William Dedman, Camden Doctor Darrell Over, Pine Bluff Doctor Tim Paden, Mountain Home Doctor Randy Walker, Jacksonville Doctor Donya Watson, El Dorado Doctor Ngozidelidenna Wilkins, Nashville

Dues and CME Membership Cancellations-Reinstate NOW!

Academy memberships for non-payment of 2019 dues and not meeting re-election for 2018 were dropped on May 2, 2019. The Arkansas chapter has about 100 members that have yet to pay their 2019 dues and 3 members dropped for 2018 CME and non-payment of 2019 dues.

If you were in this group you have until early August to pay your dues online (www.aafp.org) through Quick Pay or by calling the American AFP Member Resource Center at 1-800-274-2237. If you owe dues and need to update your CME you must call the Member Resource Center to reinstate. Dropped members can also sign up for installment plans from now until the payment date taken around August 10th.

We value your membership and hope that if you were a member that was dropped, that you pay your dues to reinstate soon! If you have any questions or concerns, please contact the AR Chapter office at 501-223-2272 or by email, arafp@sbcglobal.net and we will be happy to assist you!

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Submitted by: Arkansas Foundation for Medical Care



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- Counseling and resources for quitting tobacco and nicotine products
- Wellness counseling to help manage diabetes
- Wellness counseling to help manage high blood pressure

What Does Be Well Provide?

- Telephone counseling for interested callers
- In-person counseling at select locations for Arkansans without private insurance
- Referrals to and assistance navigating resources available through private insurance, employee assistance programs and more
- Nicotine Replacement Therapy (NRT) for Arkansans with Medicare or no insurance, a prescription for NRT for those with Medicaid, or assistance with accessing NRT through private insurance
- Online resources available to help all Arkansans, including a new website, texting programs and mobile apps

How Can I Refer Patients to Be Well?

- Use the Be Well fax form, which can be downloaded at **bewellarkansas.org** (the fax number hasn't changed: 1-800-827-7057)
- Call 833-283-WELL to connect patients to the Be Well Call Center. If counselors are not available, leave the patient's contact information and they will receive a callback within one business day. The number 1-800-QUIT-NOW still works and will route callers to the Be Well Call Center.





833-283-WELL bewellarkansas.org





Prescription Drug Monitoring: Part of the Solution

Submitted by the AR Foundation for Medical Care

The nation's opioid epidemic has been especially costly in Arkansas, both in lives lost, and the social and psychological costs of substance abuse. More than 400 deaths in Arkansas in 2017 alone were due to drug overdose. The most common prescription opioids linked to overdose deaths include oxycodone, hydrocodone and methadone. Although some overdoses are due to a single drug, most involve multiple drugs, often including a benzodiazepine.

According to the Centers for Disease Control and Prevention (CDC), from 1999 to 2017 there have been more than 400,000 deaths due to an overdose involving an opioid in the United States. The number of overdose fatalities involving an opioid was six times higher in 2017 than in 1999. In 2017, 68 percent of drug overdose fatalities were linked to an opioid.

Prescription drug monitoring programs (PDMPs) are statecontrolled databases that track prescriptions for controlled substances dispensed, and identify the misuse and abuse of controlled prescriptions. This tool helps providers identify patients who may be seeking prescriptions from multiple providers and multiple pharmacies ("doctor shopping"), a behavior that has been linked to the misuse and abuse of controlled medications.

The Arkansas PDMP, authorized by the Arkansas Legislature, was implemented in 2013. Its purpose is to enhance patient care, help curtail the misuse and abuse of controlled prescriptions and assist in combating diversion of controlled substances. By law, all pharmacies and other licensed dispensers are required to electronically submit information to the Arkansas PDMP regarding each controlled-substance prescription dispensed. The dispenser must report the information required by Arkansas law to the PDMP the next business day with the exception of veterinarians, who must report every 30 days. Operation of Arkansas' PDMP is overseen by the Arkansas Department of Health (ADH).

Access to the PDMP portal occurs through a secure website, which requires authorized users to log in with a password. User accounts are granted to physicians, pharmacists, dentists, medical residents, physician assistants, veterinarians, nurse practitioners, law enforcement, regulatory boards, the state medical examiner and delegates. Prescribers and pharmacists may delegate access of the PDMP portal to designated staff members whom they supervise. There is no limit to the number of delegates a prescriber can have. All users must be approved for access according to statutory requirements.

The benefits of PDMP include the ability to:

- Collect data on Schedule II through V controlled substances
- Access controlled-substance data 24/7

- Access prescription data from other applicable states
- Help providers work together to improve patient care

In 2017, major legislative changes affected the PDMP. Act 820 of 2017 requires mandatory use of the PDMP each time a provider prescribes a Schedule II or III opioid (i.e. hydrocodone, oxycodone, morphine, etc.) and the first-time a patient is prescribed a benzodiazepine (i.e. alprazolam, diazepam, etc.).

Act 820 also requires ADH to provide quarterly reports to prescribers. In spring 2018, the first set of prescriber comparison reports were distributed They were sent to each prescriber who has an account with the PDMP and who wrote an opioid prescription within the specified time period. The reports compare the prescribing habits of a health care practitioner to similar prescribers within their specialty, comparing metrics such as day supply, morphine milligram equivalent, number of opioid prescriptions, number of opioid patients and number of patient queries in the PDMP.

An additional benefit of having a PDMP account is the unsolicited reporting tool. This is a proactive dissemination of PDMP information to prescribers and pharmacists alerting them to questionable patient activity. The PDMP distributes unsolicited reports when one of two thresholds are reached.

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continued from page 24

One threshold is when a patient fills prescriptions from five prescribers and five pharmacies in a 90-day period. The second is when a patient has overlapping prescriptions of a benzodiazepine and an opioid. Each prescriber and pharmacy associated with a patient's controlled-prescription history will receive an alert pertaining to questionable patient activity within the PDMP portal. They will also receive an email notification that a patient report is awaiting review. It is extremely important that contact information be kept current to receive these email notifications.

We advise waiting at least 6 months before hitting the bottle.

(Formula bottle, that is.)

Breastfeeding babies for 6 months or more goes well beyond immediate benefits. In fact, research shows it can help reduce obesity and diseases associated with it such as hypertension, diabetes and cardiovascular disease. Talk to your expectant and new moms about the benefits of breastfeeding over formula. **Breastfeeding is best.**

Visit uams.health/breastfeeding to learn more about breastfeeding, tips on making your office BreastFeeding Friendly (BFF) and information on lactation consultants.



These tools have helped the Arkansas PDMP to greatly reduce the number of instances of "doctor shopping." The number of individuals visiting five or more prescribers and five or more pharmacies in a 90-day period (5/5/90) has decreased 77 percent since the first quarter of 2017.

By visiting the ADH PDMP website at www.healthy.arkansas.gov, you will find quarterly reports that provide statistical data detailing registered users, queries and interstate datasharing information. You will also find color-coded state opioid maps. The data on these maps show existing variations in the number of opioid recipients and the number of doses dispensed by county.

The Arkansas PDMP is a valuable tool for you and your practice to utilize in combating opioid misuse, abuse, overdose and death, but only if you use it. Both registering for PDMP access and patient look-up requests are at https://arkansas.pmpaware.net.

A User Support Manual is available at http://www.arkansaspmp.com// files/2017/AR_PMP_AWARxE_ Requestor_User_Support_Manual.pdf PDMP technical assistance is available by calling the Help Desk at 855-729-8917, weekdays 8 a.m.-5 p.m.

References

- 1. https://www.healthy.arkansas. gov/images/uploads/pdf/ Mortality_Report_-_2017_v3.pdf Overdose Deaths in Arkansas: 2000-2016. 04/09/2019
- 2. https://www.cdc.gov/ drugoverdose/epidemic/ index.html Opioid Overdose: Understanding the Epidemic 04/09/2019

Article provided by the Arkansas Department of Health's Prescription Drug Monitoring Program.

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A 5-STAR RATING

CMS rates more than 4,500 hospitals throughout the United States. As the only two hospitals in Arkansas - and two of only 293 in the nation - to earn this distinction, we are proud to be recognized for our commitment to outstanding patient care.

CMS provides the rankings for hospitals across the country. The public information is provided to empower patients, families and stakeholders with important information they need to compare hospitals and make informed healthcare decisions. The Star Ratings drive systematic improvements in care and safety as hospitals strive to achieve and maintain high ratings.

This distinction is not possible without the dedication, commitment and hard work of our staff and physicians. Every department, every employee is essential to our organizations. The mission of both Arkansas Heart Hospital and Arkansas Surgical Hospital is to provide extraordinary service, and this honor reaffirms that commitment.

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PATIENT-FOCUSED CARE

You can trust Arkansas Heart Hospital and Arkansas Surgical Hospital with your patients' care. We always strive to make a hospital experience as positive as possible. Our number one priority is getting the patient back home, doing what they love to do.

At Arkansas Heart Hospital, this includes allowing a family member to stay in the patient's room 24 hours a day. This gives them the opportunity to actively participate in the recovery process and preparation for discharge and to assist the patient by hearing various instructions and information provided by doctors and nurses.

Likewise, at Arkansas Surgical Hospital, all of our rooms include a separate area for family, as many patients desire a family member to stay with them at the hospital. Patients can also expect to have a member of our nursing team check on them hourly, so we can make sure all pain levels and personal needs are monitored and adjusted as required.

PHYSICIAN-LED

Both Arkansas Heart Hospital and Arkansas Surgical Hospital are physician-led, meaning our physicians have control over every aspect of patient care. From the design of the facility to the equipment used during each procedure, our physician owners focus on each decision that affects our patients - every single day.

As fully locally owned institutions, our matched visions of patient-centered culture will remain, protected from unacquainted outside influences. Innovation will continue to thrive, ensuring the continuation of delivering state-of-the-art care to Arkansas and the region.

Physician-led hospitals offer both patients AND doctors choices beyond those offered at large hospitals, and they also provide a higher quality of personalized care. For patients, these differences are of the utmost importance. As reported in Consumer Reports Magazine, hospitals that are run by physicians have been shown to run more efficiently and have higher quality patient outcomes than those run by nonphysicians or boards appointed by politicians and public entities.

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The Measles Vaccine in Arkansas: What, Who, Where, When and How

What is measles and the measles vaccine?

Measles is a highly contagious disease. It can be serious for young children. The best way to prevent measles is the MMR vaccine which protects against measles, mumps and rubella. Although the Centers for Disease Control and Prevention (CDC) declared measles eliminated in the United States in 2000, there have been cases and outbreaks in the US since then. This shows us the importance of continued vaccination in the US, since diseases may continue to occur in other parts of the world.

Who gets the vaccine and when do they get it?

Two doses of the MMR vaccine are usually recommended for all children. The first dose is at 12 months of age and second dose at 4-6 years of age. When there is an outbreak in the community, the second dose may be given earlier, as long as the second dose is given at least 4 weeks after the first dose. During an outbreak, infants as young as 6 months of age may also receive an early dose of the MMR vaccine. However, those infants will still need to complete the routine two-dose series starting at age 12 months.

Adults born in 1957 or after are also recommended to get a dose of the MMR vaccine, if they haven't already received one. If they are in certain high-risk groups, they should get two doses at least 4 weeks apart. The high-risk groups include people more likely to be exposed to measles, such as people who

- are college students,
- work in health care,
- live with someone who has a weakened immune system who is not immune to measles,
- travel internationally, or
- are part of a measles outbreak.

Adults born before 1957 are thought to be immune, so the MMR vaccine is not recommended for them, unless they are health care personnel who should get the 2-dose MMR vaccine series. Each dose of MMR vaccine is given as a subcutaneous shot in the upper arm. Subcutaneous means under the skin.

Vaccine information for people aged 6 months through 18 years, who are uninsured or on Medicaid, or who are American Indian or native Alaskan:

MMR vaccination is available at any medical clinic that participates in the Vaccines for Children (VFC) program and at no cost to the patient from all Arkansas Department of Health (ADH) local health units. Some pharmacies also participate in the VFC program and can vaccinate children 7-18 years of age. Call ahead for an appointment and bring your Medicaid card, if you have one. Visit <u>https://www.healthy.arkansas.gov/health-units</u> to find an ADH local health unit near you.





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