Reformation

Every new dawn of significant transformation is marked by unmistakable signs, a heightened sense of urgency, and the feeling that things will never be the same.

2008-2009
Tennessee Medical Association
Annual Report & Resource Guide
Practice Management Tools

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Endorsed by the Tennessee Medical Association

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Mission Statement

The Tennessee Medical Association is a professional organization for doctors created to enhance the effectiveness of physicians throughout the state to protect the health interests of patients. Its primary purposes are to define and promote:

• Quality, safe and effective medical care;

• Public policy to protect the sanctity of the physician-patient relationship, improve access to and the affordability of quality medical services;

• Ethics and competence in medical education and practice;

• Open communications between the medical profession and the public, fostering a better understanding of the capacities of medical practice.
Every company, every industry, can sense when it’s on the brink of fundamental change. Every new dawn of significant transformation is marked by unmistakable signs, a heightened sense of urgency, and the feeling that things will never be the same.

For health care, for physicians, for organized medicine, that time is now. The signs are all around us. From Washington to Wall Street to Main Street, change is happening … but will it be change for the better?

Reform is all the rage nationally for politicians, economists and employers. Health reform advocates debate how to care for all Americans without breaking the bank or penalizing doctors and other providers.

Reform is sweeping through our medical practices at a rapid pace: new regulations, new quality measures, new economic challenges, new technology and new challenges for delivering patient care. Reform is a reality for the TMA, its leaders, and its mission. We have seen the signs and have been preparing for dramatic change for nearly a decade. The TMA seeks to become a new kind of professional association for Tennessee doctors. Far beyond a new logo or website, it is the renewed sense of purpose, the sharpened focus, driven by the realization that things are never going to be the same and cannot remain the same.

For TMA members, our reformation will be an exciting, challenging time marked by a new drive for unity, cooperation and confidence. Our reformation will bring forth a new way of doing business, a new way of addressing our priorities and a new way to bring all doctors together … to truly be Physicians Caring for Tennesseans.
POWERING YOUR world exactly where our money is taking us

The power to connect daily checking control with convenient brokerage access. It's what you get with the new Managed Asset Portfolio (MAP) account. And it's just one of the many ways First Tennessee helps power the dreams you have for your financial future. No matter where you want to go, the MAP account offers you clear direction from today's needs to tomorrow's goals. Talk to your Private Client Relationship Manager today or visit us at a financial center near you.

FIRST TENNESSEE IS PROUD TO BE THE PREFERRED PROVIDER OF FINANCIAL SERVICES FOR TMA

First Tennessee, powering your dreams.
Over the past year, the TMA has eschewed the notion of being all things to all physicians and has sharpened its focus to the issues all physicians rally around and share common passion for:

1) **Future of TMA** - Keep the Association healthy, flexible and relevant in today’s changing medical and healthcare environment.

2) **Insurance Industry** - Foster strong relationships and maintain a strong advocacy role for physicians with all insurers.

3) **Membership** - Build and strengthen the association so we can continue to effect positive change for the good of Tennessee patients and their physicians.

4) **Communication** - Regularly and effectively communicate the priorities, goals and concerns of Tennessee physicians to policymakers, patients and the public, and provide ways for physicians to connect with each other.

5) **Specialty Society Relations** - Unify the House of Medicine by cultivating collegial, mutual interest and advocacy partnerships with medical specialty groups.

6) **Cultivate Leadership** - Raise up new generations of physician leaders to point the way to good medicine in the future. The TMA is dedicated to investing in and developing a culture of leadership to identify, train and equip doctors who will inspire their colleagues and take the profession where it must go.

7) **Medical Liability Reform** - Continue the fight for a more equitable and less hostile medical liability climate in the State of Tennessee.

A top-down evaluation has led the TMA to redefine and restructure its top priorities and processes, as well as embrace new ideas for collaboration and communication, driven by a new generation of physicians.

Meanwhile, its work to represent physicians in the most important arenas continued, with ongoing efforts to prevent harmful or burdensome legislation from impacting your practice or your patient care, to level the playing field with insurance companies, to obtain fair reimbursement from government and private payers, to give you a voice among the policymakers, to make the business of medicine more hassle-free and less intrusive and, consequently, to make your medical career more enjoyable.
Nearly a decade after the initial TMA Futures Task Force recommended important changes, the Futures II Task Force wrapped up and delivered a strategic plan and value proposition for the Association. The four-year plan calls for realignment of resources and a more effective internal structure, as well as implementing new technologies such as a new interactive Web site, and the unveiling of a new corporate identity and positioning statement. The final plan was adopted by the TMA Board of Trustees in January 2009 and in May, the TMA’s new look and branding was introduced, followed quickly by its new online presence.

To meet the Association’s communications priority, Medwire.org changed to TNMed.org, featuring a more robust offering of resources and new connectivity features, including social media, blogs, discussion forums and private messaging. The TMA’s new look found its way into Tennessee Medicine, too, with phased-in cover and layout changes beginning in January and continuing throughout 2009.

Still to come are changes within leadership structure and staff with a reorganization that will focus on the Association’s top priorities and possible new hires to beef up the resources needed to accomplish TMA goals. Tying it all together will be additional outreach efforts to enhance the TMA’s image and raise awareness of its value among physicians and the general public.

A unified and strong Association is one of the TMA’s top priorities, and the work began in 2008-2009 to begin attaining aggressive membership recruitment goals. New membership marketing activities included “reminder” calls, direct mail and advertisements, creative postcards and a “Join the TMA” letter from the TMA president, targeted respectively to current, past, direct and non-members, as well as “Welcome” mailings for new physicians or those changing practices. TMA membership staff also stepped up its visibility with TMA exhibits at specialty societies and academic and medical school events. The TMA also initiated a Group Practice Outreach campaign, targeting 10 group practices across the state and ultimately signing membership agreements with three large group practices, resulting in the addition of 71 new members.

One of the TMA’s top internal priorities is to encourage and cultivate leadership among member physicians, both in organized medicine and in the practice setting. To that end, the TMA Physician Leadership College has been successful in bringing new talent to the forefront. Recently announcing its third class of scholars for 2010, the PLC has collectively trained and inspired 24 new physician leaders from the ranks of local medical and specialty societies, academic institutions and teaching hospitals. The scholars’ individual projects have already benefited organized medicine and patient care, ranging from developing women’s health resources to encouraging political advocacy to establishing leadership courses for doctors-in-
training. The program has been called one of the bright spots of the TMA and is already proving to be an indispensable resource for leading organized medicine into the future.

Amid the reformation, the TMA goes forward into 2009 with new leadership at the helm. President Dr. Robert Kirkpatrick of Memphis passed the gavel to incoming President Dr. Richard DePersio of Knoxville at the TMA’s 174th annual meeting on April 4. Dr. DePersio addressed the House of Delegates calling for a new emphasis on doctor-to-doctor member recruitment, and outlining his plans to address women’s health issues and bolster the ranks of female members. Also installed were President-elect B Winfred Ruffner of Chattanooga; Dr. Robert Kerlan of Memphis as BOT chairman; and seven new board members, Drs. Channappa Chandra of Chattanooga, Charles Womack of Cookeville, Roy King and Matthew Mancini of Knoxville, Edmund Palmer of Jackson, Michael Zanolli of Nashville and Charles Leonard of Talbott.

TMA leadership elections were again driven by TMA’s web-based electronic voting system; refinements made the process even easier in 2009, and for the first time, online ballots outnumbered paper ballots. With the changeover to TNMed.org, officials expect the election process to continue to improve.

REFORMING THE SYSTEM

The TMA continued its work in 2008-2009 to make changes for the better for its members and their patients. The Association represented doctors on a host of issues impacting the overall healthcare environment, the practice setting and the delivery of care.

Insurance issues were designated as the year’s top priority – the TMA spends the majority of its time and resources monitoring, advocating and communicating in this area. In the fall of 2008, the TMA strengthened its efforts with the appointment of a new dedicated staff member. Insurance Affairs Director Phyllis Franklin directs the Association’s programs and information resources dealing with health insurance and helps make sense of today’s market for members. The TMA also launched its new Insurance Resource Center, an online index of information and tools for dealing with commercial and government insurance plans.

The TMA Insurance Issues Committee, working with TMA legal and legislative staff, also advocated fiercely for an even playing field for physicians in the areas of rating and tiering, regulation, transparency, credentialing, recovery audits, reimbursements and red tape or “hassle” issues. The TMA reached out to improve relations with major insurers, as well as give the physician viewpoint on how programs and changes would impact patient care.

Rating and tiering specifically drew enormous attention from the Association in Spring 2008, as BlueCross/BlueShield of Tennessee finally rolled out its delayed Transparency Initiative and physicians immediately reported
problems with their profiles. The TMA accepted BCBST’s invitation to offer input on the program and the rollout; consequently, BCBST made some suggested changes and the collaboration continues. The TMA also weighed in on changes United Healthcare made to its rating program, declaring some improvements and others more burdensome. TMA monitoring of physician rating programs and other quality improvement initiatives is ongoing.

The Legal Division continued its behind-the-scenes work on insurance lawsuit settlements, monitoring compliance and advising members of benefits, deadlines and expected relief. Separately, the TMA assembled a Blues Settlement Packet to alert members to the permanent improvements resulting from the lawsuit against Tennessee’s biggest private insurer. Members also benefited from continued TMA advocacy and alerts on Medicare and private insurer audits.

The TMA sought relief on insurance issues with legislation to address contract reform issues, recoupment and denials after an insurance plan provides eligibility verification and often pre-certification or prior authorization, and the selling of access and discounts to physician providers, known as silent PPOs. The General Assembly will likely pass legislation on all of these issues in 2009, with the possible exception of silent PPOs.

TennCare changes over the past year were monitored by the TMA, which voiced concerns to state officials over the transition to new managed care organizations as well as the prospect of state budget woes leading to cuts in provider reimbursement. Results of a TMA TennCare Survey were presented to state lawmakers in January, showing nearly 80 percent of responding physicians would be inclined to end or reduce their participation in TennCare if cuts are enacted. In January 2009 and again in March 2009, State Finance & Administration Commissioner Dave Goetz assured the TMA that provider cuts remained a “worst-case scenario.”

On the national scene, the TMA remained active on the Medicare/SGR issue, working with the AMA to block additional spending cuts and find a permanent fix for the flawed reimbursement formula. Prompted by the TMA, members flooded Congress with calls and e-mails, and leaders visited representatives in Washington, DC. The effort was successful in July 2008 with the override of a presidential veto and passage of HR 6331 (MIPPA) to halt further cuts from taking place in January 2009. Advocacy continues under the Obama Administration to ensure a permanent solution is included in budget plans for 2010.

Medical Liability Reform, also a top priority for the TMA, saw renewed activity in 2008-2009 when state legislative elections raised hopes for the possibility of a favorable environment to win additional reforms. An upset in House Speaker elections dampened the prospect but the TMA, spurred by results of a statewide MLR survey in December and January, went forth with a measure that was passed by the Legislature to extend peer review confidentiality and immunity to group medical practices.

An ongoing effort to reform the healthcare environment began in early 2009 with word that the Federal Trade Commission was including healthcare providers in its Red Flag Rules for identity theft protection. The TMA joined AMA efforts to protest the inclusion while simultaneously drafting sample
practice policies and resources for its members to use to meet the May 1 deadline. The TMA and AMA won a delay in the Red Flag deadline until August 1; advocacy on this issue continues at both the state and national level.

The Association continued to present members with opportunities to make their own voices heard. Doctors, support staff and spouses convened in Nashville for PITCH 2009 (Physicians Involved in Tennessee’s Capitol Hill) – three regional dates were held in March and April allowing physicians from East, Middle and West Tennessee to show a presence at state legislative hearings and meet with their elected officials to talk about issues of concern. The TMA also continued its long tradition of supplying medical care to the General Assembly through its Doctor of the Day program.

IMPACT (Independent Medicine’s Political Action committee – Tennessee), the TMA’s political arm, underwent its own reformation in 2008. The organization launched a five-year strategic plan to strengthen its donation coffers and nearly triple its membership – with the goal of making IMPACT the preeminent PAC in the state of Tennessee.

A strong supporter of Tennessee’s Smoke-Free Workplace laws, the TMA donned its public health hat again in 2009. This time, the Association proposed a bill to further strengthen smoking restrictions by prohibiting smoking in vehicles when younger children are present.

REFORMING YOUR PRACTICE

Beyond internal reforms and advocacy efforts, the TMA engaged in a multitude of activities to help members comply with changing regulations, adapt to new technologies and keep up with new trends in practice management and patient care.

The emerging push for the adoption of electronic health technology led the TMA to engage on a stronger level. In early 2008, the Association created a new eHealth page on Medwire.org, offering strategic links and news alerts to help members connect with organizations, certified vendors and other resources on eHealth technology. The July 2008 and May 2009 issues of Tennessee Medicine focused on the challenges and opportunities with eHealth technology, and a rundown of activities and funding available at the state and national level. The TMA also kept members posted on the state’s new eHealth Network and its e-prescribing initiative. In December 2008, the TMA announced its partnership with other leading medical societies in the “Get Connected” ePrescribing Readiness Assessment Tool and in February became a partner in the pilot testing of the Health Information Security & Privacy Collaboration Provider Education Toolkit to encourage physicians to participate in eHealth information exchange. During the Association’s annual meeting in April 2009, the House of Delegates also recognized the importance of emerging eHealth trends, passing a resolution to strengthen TMA resources for adopting electronic health technology.

The emphasis on solving Tennessee’s drug problem continued. The Prescription Safety Program, overseen by the Tennessee Foundation for Quality Patient Health Care, held another successful round of live and online continuing medical education (CME) classes on proper prescribing. The PSP also hosted Law Enforcement and Prescriber Summit (LEAPS) meetings regionally across the state, giving both communities a...
chance to discuss their common concerns and possible cooperation to stop “doctor shopping” patients from obtaining fraudulent prescriptions.

Doctor shopping was also the focus of TMA legislation in 2009; the Association won passage of its bill requiring mandatory reporting of all drug-seeking patients (currently only required for TennCare patients) while providing immunity for good-faith reporting. In addition, the TMA teamed up with the Tennessee Pharmacists’ Association to offer a bill to ensure that all dispensers of controlled substances have access to the Controlled Substance Monitoring Database (CSMD); at press time the bill was headed to the Governor for his signature.

While acknowledging the growth of the retail clinic industry, the TMA maintained its position that these clinics meet the same standards for quality of care as other healthcare facilities, and that its members be advised of their legal responsibilities when supervising personnel in retail or satellite clinics. To that end, the TMA adopted Physician Supervision Guidelines that echo those adopted by the AMA and specialty groups. The guidelines, along with regulation summaries, Law Guide advisories, reporting forms and office compliance checklists, were posted online in a members-only access area.

The TMA engaged itself on several issues of national concern manifesting in Tennessee. The Association joined the AMA’s conversation on health reform and the impact of economic stimulus funding on patient care and eHealth technology. The TMA Board of Trustees also focused on healthcare man-

power shortages, hearing from Tennessee’s medical school officials about declining enrollments and vanishing funding. In early 2008, the BOT adopted a policy to expand graduate medical education (GME) programs and lift Medicare caps on GME. Meanwhile, the TMA urged members in mid-2008 to take part in a national primary care survey conducted by the Physicians’ Foundation; results released in November showed increased doctor dissatisfaction and frustration and predicted escalating shortages in the years ahead as frustrated doctors leave medicine or see fewer patients.

A looming crisis of “epic proportions” – the planned implementation of ICD-10 in 2011 – led the TMA to team up with BlueCross/BlueShield of Tennessee in October 2008. The TMA Practice Management and Quality Committee had monitored ICD-10 developments since the implementation was announced; at its urging, the Association and BCBST issued a joint appeal to Congress seeking delay of the new billing and diagnostic codes to 2014, to give medical professionals and the healthcare system more time to prepare for the more complex and ballooning requirements. Victory was declared in February 2009 when implementation was rescheduled for October 2013.

A useful tool for helping physicians plan their budgets and manage staff, the TMGMA/TMA Salary Survey was again provided free to members in 2008. The survey, which compiled office staff compensation data from practices across Tennessee, was promoted through the TMA and results made available via a members-only portal on the TMA and TMGMA websites.

For physicians and office managers, the TMA offered its annual series of education workshops on insurance billing and coding. The TMA Annual Insurance Workshops were held statewide starting in August 2008, offering help on expediting reimbursements and claims submission; the 2009 Coding Seminars were offered in December 2008-January 2009, outlining CPT changes, ICD-10 overview, areas of concern for audit and regulation and ideas for new streams of revenue.
A balanced budget had been projected for 2008 with revenues and expenditures projected at $3,141,488.00. Actual revenue was $3,156,740.00 and actual expenses were $3,131,641.00, resulting in $25,099.00 excess revenues over budgeted expenses. This excess amount was budgeted to be added to TMA reserves.

The TMA experienced revenue in excess of expenses for 2008, and this was in excess of the projected budget by $3,560.00. Several different factors contributed to this overage. Please understand that the TMA replaced three (3) rooftop HVAC units. In addition, the TMA replaced all of the computers in the office for the first time in 10 years. These costs have been placed on the books as an asset and will be depreciated with the other assets. These re-allocations helped the TMA show a profit.

The TMA is using the consulting and managing services of Mr. Don Raber, president, Alderbaran Financial Inc., for both the reserve and the general operation funds. Through the efforts of our Investment Committee, chaired by Subhi D. Ali, MD, we experienced a 31.14 percent decrease in the value of our Reserve Investments in 2008. The Reserve Investments balance as of December 31, 2008, was $1,693,597.08. The benchmark set forth by the TMA Investment Policy is that the fund exceed the S&P 500 by two percent. For 2008, the S&P 500 decreased at a rate of 38.49 percent. Therefore, the TMA’s Reserve Investments exceeded their benchmark by 7.35 percent for 2008. All investments were made within the parameters of the TMA’s Investment Policy (Revised July 22, 2007). Of note is the fact that the TMA has contributed in excess of $1 million over the past eight-year period for revenues exceeding expenses.
# TENNESSEE MEDICAL ASSOCIATION

## SCHEDULE OF REVENUE AND BUDGETED EXPENDITURE COMPARISON

**FOR THE YEAR ENDED DECEMBER 31, 2008**

<table>
<thead>
<tr>
<th>REVENUES</th>
<th>Actual</th>
<th>Budget</th>
<th>Over (Under) Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership Dues</td>
<td>$1,988,062</td>
<td>$2,075,000</td>
<td>$(86,938)</td>
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<tr>
<td>Annual meeting</td>
<td>86,113</td>
<td>65,000</td>
<td>21,113</td>
</tr>
<tr>
<td>Journal</td>
<td>117,139</td>
<td>124,000</td>
<td>(6,861)</td>
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<tr>
<td>Investment Income</td>
<td>73,179</td>
<td>35,000</td>
<td>38,179</td>
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<tr>
<td>Information System User Fees</td>
<td>43,192</td>
<td>40,000</td>
<td>3,192</td>
</tr>
<tr>
<td>Subsidiary Administration</td>
<td>105,233</td>
<td>92,000</td>
<td>13,233</td>
</tr>
<tr>
<td>Specialty Society Administration</td>
<td>75,107</td>
<td>76,000</td>
<td>(893)</td>
</tr>
<tr>
<td>TMA Physician Service, Inc. Dividends</td>
<td>40,000</td>
<td>40,000</td>
<td>0</td>
</tr>
<tr>
<td>TMA Leadership Academy</td>
<td>10,264</td>
<td>10,000</td>
<td>264</td>
</tr>
<tr>
<td>Rental Income</td>
<td>143,938</td>
<td>143,938</td>
<td>0</td>
</tr>
<tr>
<td>Licensing Fee Income</td>
<td>375,014</td>
<td>380,000</td>
<td>(4,986)</td>
</tr>
<tr>
<td>Education</td>
<td>21,268</td>
<td>54,500</td>
<td>(33,232)</td>
</tr>
<tr>
<td>Other</td>
<td>78,231</td>
<td>5,250</td>
<td>72,981</td>
</tr>
<tr>
<td><strong>TOTAL REVENUES</strong></td>
<td>$3,156,740</td>
<td>$3,141,488</td>
<td>$15,252</td>
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</table>

<table>
<thead>
<tr>
<th>EXPENSES</th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>General Administrative</td>
<td>1,530,376</td>
<td>1,501,462</td>
<td>$28,914</td>
</tr>
<tr>
<td>Administrative Support and Services</td>
<td>51,750</td>
<td>55,800</td>
<td>(4,050)</td>
</tr>
<tr>
<td>Travel</td>
<td>35,484</td>
<td>38,100</td>
<td>(2,616)</td>
</tr>
<tr>
<td>Officers and Members</td>
<td>206,113</td>
<td>157,711</td>
<td>48,402</td>
</tr>
<tr>
<td>Committees</td>
<td>90,408</td>
<td>89,000</td>
<td>1,408</td>
</tr>
<tr>
<td>Legislative Committee</td>
<td>72,243</td>
<td>70,500</td>
<td>1,743</td>
</tr>
<tr>
<td>Practice Management Education</td>
<td>10,945</td>
<td>42,390</td>
<td>(31,455)</td>
</tr>
<tr>
<td>Annual Meeting</td>
<td>67,780</td>
<td>71,600</td>
<td>(3,820)</td>
</tr>
<tr>
<td>Taxes</td>
<td>147,804</td>
<td>146,164</td>
<td>1,636</td>
</tr>
<tr>
<td>Headquarters</td>
<td>139,715</td>
<td>210,187</td>
<td>(70,472)</td>
</tr>
<tr>
<td>Journal</td>
<td>202,434</td>
<td>196,700</td>
<td>5,734</td>
</tr>
<tr>
<td>Capital Expenditures</td>
<td>8,232</td>
<td>9,500</td>
<td>(1,268)</td>
</tr>
<tr>
<td>Specialty Society Administration</td>
<td>58,661</td>
<td>94,079</td>
<td>(35,418)</td>
</tr>
<tr>
<td>Other Organizations</td>
<td>216,887</td>
<td>229,751</td>
<td>(12,864)</td>
</tr>
<tr>
<td>Care Program</td>
<td>105,036</td>
<td>142,000</td>
<td>(36,964)</td>
</tr>
<tr>
<td>Information Systems</td>
<td>102,246</td>
<td>145,495</td>
<td>(43,249)</td>
</tr>
<tr>
<td>TMA Leadership Academy</td>
<td>56,167</td>
<td>60,000</td>
<td>(3,833)</td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURES</strong></td>
<td>3,131,641</td>
<td>3,259,949</td>
<td>(128,308)</td>
</tr>
</tbody>
</table>

**EXCESS OF REVENUES OVER BUDGETED EXPENDITURES**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
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<tbody>
<tr>
<td>$25,099</td>
<td>$(118,461)</td>
<td>$143,560</td>
<td></td>
</tr>
</tbody>
</table>
We know... Medical Practices!

While the primary focus of every physician practice is meeting the needs of its patients, its leaders must also keep a careful eye on the organization’s own financial health and well-being. LBMC’s Physician Practice Consulting group provides you with the thorough financial check up and ongoing follow up needed to safeguard your organization’s economic health. As a single, comprehensive resource for multiple business and financial solutions, LBMC works closely with physician practices of all sizes to reach and maintain their financial visions and goals.

**Accounting and Assurance Services**
- Accounting Assistance
- Financial Statement (audit, review, compilation)
- Agreed Upon Procedures

**Individual Tax and Financial Planning Services**
- Wealth-Building Strategies
- Investment Advisory and Portfolio Management
- Development of Gifting Strategies
- Educational Planning
- Trusts and Family Limited Partnerships

**Financial Consulting Services**
- Financial Due Diligence
- Financial Modeling
- Mergers & Acquisitions
- Valuation Services
- Strategic and Business Plans
- Market Share Analysis
- Market Forecasting
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# 2009 House of Delegates Resolution Actions

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## SUNSET RESOLUTIONS

| R 7-02 | Resolution No. 15-00, Tennessee Birth-Related Neurological Injury Compensation Program | Adopted by Unanimous Consent |
| R 11-02 | Cardiovascular Risk Screening | Adopted by Unanimous Consent |
| R 13-02 | Declaration of Professional Responsibility; Medicine’s Social Contract with Humanity | Adopted by Unanimous Consent |
| R 22-02 | Resolution No. 25-01, Legislation Limiting Damages Awarded Pursuant to Birth Related Injuries | Adopted by Unanimous Consent |
| R 27-02 | Tort Reform | Adopted by Unanimous Consent |

## SUNSET/PERMANENT POLICY RESOLUTIONS

| R 1-02 | Reaffirmation of Res. No. 1-95 (Reaffirmation of Res. No. 3-88 and No. 7-88 in Combination), Basic Principles and Standards Regarding the Delivery of High Quality Medical Care | Adopted by Unanimous Consent |
| R 4-02 | Reaffirmation of Res. No. 13-95, Tennessee Medical Association Membership | Adopted by Unanimous Consent |
| R 5-02 | Dues Increase | Adopted by Unanimous Consent |
| R 6-02 | Charter Name Change | Adopted by Unanimous Consent |
| R 9-02 | Resident Physicians | Adopted by Unanimous Consent |
| R 10-02 | Raising Legal Age to Purchase Cigarettes | Adopted by Unanimous Consent |
| R 12-02 | Tobacco Abuse in Tennessee | Adopted by Unanimous Consent |
| R 15-02 | Fiscal Note Requirement on Resolutions | Adopted by Unanimous Consent |
Final Actions of the Tennessee Medical Association House of Delegates

April 3-4, 2009

The 174th Annual Meeting of the Tennessee Medical Association (MedTenn 2009) was conducted in Nashville, TN, April 3-5, at the Nashville Airport Marriott Hotel. The House of Delegates held a two-day session on Friday, April 3, and Saturday, April 4. Wiley T. Robinson, MD, Memphis, presided as speaker of the House, with John W. Hale, MD, Union City, serving as vice-speaker. Edward W. Capparelli, MD, Oak Ridge, chairman of the Credentials Committee, announced there were 121 delegates in attendance for the opening session of the House on Friday, which officially represented a quorum; there were 156 delegates in attendance for the Saturday session. The abstracted minutes of the last regular session of the House of Delegates, published in the June 2008 issue of Tennessee Medicine, were accepted by unanimous vote of the House.

Delegates to the TMA 174th Annual Meeting are creden-tialed before taking their place on the House floor.

RESOLUTIONS

The following resolutions were acted on by the 2009 House of Delegates.

RESOLUTION NO. 1-09

PEER REVIEW ACTIVITIES

Sean P. White, MD, Delegate
Sullivan County Medical Society

RESOLVED, That the Tennessee Medical Association (TMA) establish a mechanism by which local medical societies chartered by the TMA be allowed to refer physician complaints to the TMA for action when the local society does not have adequate specialty representation to provide local peer review.

ADOPTED

RESOLUTION NO. 2-09

DEFINITION OF YOUNG PHYSICIAN

Scott M. Sadler, MD, Delegate
Young Physician Section

RESOLVED, That Chapter III, Sec. 15 be amended by deletion and insertion as follows:

There shall be a Young Physician Section to provide representation of the interests of young physicians within the Association. Young Physicians are defined as practicing physicians under age 40 or in their first eight years of practice. Each Component society shall be entitled to representation in the section. All representatives shall be members of the Association. The Young Physician Section shall be organized under a governing body and shall elect one delegate from each region to represent it in the House of Delegates of the Association. The Young Physician Section may elect its own governing body.

ADOPTED AS AMENDED

RESOLUTION NO. 3-09

EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT (EMTALA) MANDATED MEDICAL CARE PROTECTION FROM MEDICAL MALPRACTICE LITIGATION.

L. Andrew “Andy” Walker, MD, Delegate
Nashville Academy of Medicine

RESOLVED, That the Tennessee Medical Association call upon the State of Tennessee to change the legal definition of medical malpractice for the Emergency Medical Treatment and Active Labor Act (EMTALA)-mandated medical care, from “negligence” to “gross negligence” (meaning “wanton or willful misconduct”); and be it further

RESOLVED, That the Tennessee Medical Association call upon the State of Tennessee to change the law so that any expert witness testifying in a medical malpractice suit involving Emergency Medical Treatment and Active Labor Act (EMTALA)-mandated care must be a board-certified specialist in the specialty of the defendant and licensed to practice medicine in Tennessee; and be it further

RESOLVED, That the Tennessee Medical Association
call upon the State of Tennessee to change the law so that, for medical malpractice suits involving Emergency Medical Treatment and Active Labor Act (EMTALA)-mandated care, the “English Rule” (loser pays) rather than the “American Rule” is applied at the outcome of the suit, without exception.

RESOLUTION NO. 4-09
CONTINUED FUNDING FOR THE TENNESSEE MEDICAL ASSOCIATION LEADERSHIP COLLEGE (PLC)

John J. Ingram, III, MD, Ex-Officio Delegate

RESOLVED, That the Tennessee Medical Association continue to operate the TMA Physician Leadership College; and be it further

RESOLVED, That the Tennessee Medical Association account for the TMA Physician Leadership College in its annual budget; and be it further

RESOLVED, That organizations nominating members to participate in the Tennessee Medical Association Physician Leadership College (PLC) be asked to continue to contribute toward the funding of their respective representative(s) in an amount set forth by the PLC Steering Committee.

ADOPTED

RESOLUTION NO. 5-09
COLON CANCER SCREENING MANDATE

Clarence B. Watridge, MD, Delegate
The Memphis Medical Society

RESOLVED, That the Tennessee Medical Association House of Delegates recommend passage of legislation (SB508; HB396) which would mandate coverage for colon cancer screening using the guidelines of the American Cancer Society.

ADOPTED

RESOLUTION NO. 10-09
ELECTION OF TMA DELEGATION TO THE AMA HOUSE OF DELEGATES

J. Chris Fleming, MD, Ex-Officio Delegate
TMA AMA Delegation

RESOLVED, That Bylaw Chapter III, Sec. 7 be amended by insertion and deletions as follows:

Sec. 7. The membership at large shall elect representatives to the House of Delegates of the American Medical Association from a slate of nom-
The president-elect and AMA delegation shall be elected by the membership at large before the annual meeting of the House of Delegates convenes.

RESOLVED, That Bylaw Chapter IV, Sec. B.4 be amended by insertion and deletions as follows:

Sec. 4. In the membership-at-large balloting for president-elect, if no one receives a majority of the votes cast, the top two vote recipients shall be in a runoff to decide the election. There will be no runoff balloting for the AMA Delegation, Councilors, or Board of Trustees unless there is a tie for the most votes received. All ballots for president-elect, AMA Delegation, and Councilors, except for runoff ballots, shall be designed to allow members to indicate “write in” votes set forth by the PLC Steering Committee.

ADOPTED

RESOLUTION NO. 11-09

STATEWIDE STANDARD FOR IDENTIFICATION OF HEALTH CARE PROVIDERS

Michael D. Zanolli, MD, Delegate
Nashville Academy of Medicine

RESOLVED, That the Tennessee Medical Association call upon the Legislative Committee to consider legislation requiring all medical personnel within the state of Tennessee wearing an identification badge or other visible identification in settings where health care is delivered, excluding sterile settings such as operating rooms or when other protective clothing or covering is required, to:

1. include an image and written designation of the medical personnel’s name and professional licensure or training status.

ADOPTED AS AMENDED
RESOLUTION NO. 16-09

TENNESSEE MEDICAL EDUCATION FUND CONTRIBUTION
Reaffirmation of Resolution No. 16-02

Donald T. Ellenburg, MD, Chairman
TMA Board of Trustees

RESOLVED, That the Tennessee Medical Association (TMA) add ten dollars to the TMA annual dues of active members which will be contributed to the Tennessee Medical Education Fund, Inc (TMEF) for tuition assistance for medical students in Tennessee.

ADOPTED BY UNAMINOUS CONSENT

RESOLUTION NO. 17-09

TRUTH IN ADVERTISING
Reaffirmation of Resolution No. 26-02

Donald T. Ellenburg, MD, Chairman
TMA Board of Trustees

RESOLVED, That the physicians who utilize publications as part of their advertising should insure that the publication(s) openly and honestly explain how the physicians were chosen, especially if the only criteria was to pay for the advertising space; and be it further

RESOLVED, That the Tennessee Medical Association House of Delegates instruct the delegation to the American Medical Association to introduce this resolution.

ADOPTED BY UNAMINOUS CONSENT

RESOLUTION NO. 15-09

TEAM PHYSICIAN SUPPORT FOR LOCAL HIGH SCHOOLS
Reaffirmation of Resolution No. 3-02
Reaffirmation of Resolution No. 11-95

Donald T. Ellenburg, MD, Chairman
TMA Board of Trustees

RESOLVED, That all Tennessee Medical Association component medical societies contact high schools in their county or region to determine the need for medical support as it pertains to athletic programs; and be it further

RESOLVED, That all Tennessee Medical Association local medical societies attempt to fulfill the medical needs of local high schools by making member physicians aware of schools lacking proper medical support and encouraging them to volunteer to serve as a team physician.

ADOPTED BY UNAMINOUS CONSENT

REFERRERED TO BOARD OF TRUSTEES FOR ACTION

RESOLUTION NO. 14-09

PHYSICIAN [“DOCTORS”] SERVICES COSTS AS REPORTED BY CMS AND MEDICARE
Reaffirmation of Resolution No. 2-02
Reaffirmation with Modification of Resolution No. 2-95

Donald T. Ellenburg, MD, Chairman
TMA Board of Trustees

Resolved, That the Tennessee Medical Association, in conjunction with the American Medical Association, continue to urge and demand that the Department of Health and Human Services and the Centers for Medicare and Medicaid Services (CMS) should at all times distinguish between physicians (MD or DO) and non-physicians and discontinue the use of the all-inclusive term “provider” when reporting or referring to costs of physician (MD or DO) services.

ADOPTED BY UNAMINOUS CONSENT
RESOLUTION OF COMMENDATION

SPECIAL RECOGNITION OF REPRESENTATIVE PLAINTIFFS IN THE HEALTH INSURANCE CLASS ACTION LAWSUITS

Donald T. Ellenburg, MD, Chairman
TMA Board of Trustees

Whereas, Prior to TMA’s filing of its class action lawsuits against the major health insurance payers in Tennessee, the business practices of those companies toward physicians were out of alignment and tilted advantageously toward the health plans as manifested by business practices which included black box edits of physicians’ claims; excessive bundling and down coding of claims; unfair contracting with physicians; confusing remittance advices; limited appeals processes; and “take it or leave it” contract provisions; and

Whereas, It being TMA’s position in 2002 that litigation was the last option left as a tool to level the playing field between health plans and physicians, TMA, through representative plaintiffs, filed lawsuits in Tennessee State court and later joined cases filed by 18 other state and county medical societies in Federal Court in cases known as the “Provider Track MDL Insurance Lawsuits”; and

Whereas, Most defendants settled their cases by paying large amounts to the nationwide class of physicians; by expending millions of dollars into improved claims processing systems; reversing unfair contract and business practices; and improving relations with medical associations such as TMA; and

Whereas, The physicians serving as representative plaintiffs on behalf of TMA subjected themselves and their medical practices to the scrutiny of opposing lawyers and dedicated themselves and their staffs to the noble cause of insurance reform through litigation. Now therefore be it

RESOLVED, That the Tennessee Medical Association’s House of Delegates hereby formally thank and recognize the courage and selfless dedication to medicine of Zachary Rosenberg, MD; Dewayne P. Darby, MD; and Raymond Wesley, MD for serving their fellow physicians as representative plaintiffs in the “Provider Track MDL Insurance Lawsuits” in 2002; and be it further

RESOLVED, That copies of this resolution, appropriately engrossed, be presented to Zachary Rosenberg, MD, Dewayne P. Darby, MD, and Raymond Wesley, MD as an expression of appreciation from this House of Delegates.

ADOPTED
When we speak as one, patients win.

Doctors from all specialties need to unite more than ever before. Why? Because when we do, America’s patients benefit. Our role is to give you and those you treat a voice that will not be ignored. From stopping Medicare physician payment cuts to increasing access to care, we work together on behalf of patients. To renew or join the American Medical Association, call the Tennessee Medical Association at (615) 385-2100.
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Outgoing BOT Chair Dr. Don Ellenburg (left) accepts a plaque of appreciation from incoming Chair Dr. Robert Kerlan.

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Barbara Kimbrough, MD, Johnson City
Jeff Suppinger, MD, Franklin
Philip Pollock, MD, Chattanooga
Russ Miller, CAE, TMA Staff Liaison

**COMMUNITY & PROFESSIONAL RELATIONS COMMITTEE ACTIVITIES OVER THE PAST YEAR:**
- Aided in the proper positioning of TMA views on issues related to patient care in retail clinics, and assisted in the creation of the official position paper and letter to the editor.
- Recommended enhancements and upgrades to the TMA Web site, including the adoption of Web 2.0 or “social media” features; worked with consultant on web redesign and implementation.
- Recommended and oversaw the development of a new logo and graphic identity for the TMA.
- Directed a number of editorials on issues related to retail clinics, Medicare reimbursement, medical liability reform, insurance rating and tiering, prescription abuse, electronic health technology, the uninsured, health system reform, and the presidential election.
- Directed staff in developing a formal communications plan to help the TMA better communicate its activities and information to members.

Interested in joining this committee? E-mail Russ Miller at russ.miller@tnmed.org.

**CONSTITUTION & BYLAWS**
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Albert Grobmyer, III, MD, Memphis
Vincent Viscomi, MD, Chattanooga
Charles White, Sr., MD, Lexington
Yarnell Beatty, JD, TMA Staff Liaison

**CONSTITUTION & BYLAWS COMMITTEE ACTIVITY FOR 2008-2009:**
- Appointed a member to serve on a BOT ad hoc committee considering a bylaw request to make TMA committee members voting ex-officio members of the House of Delegates (HOD).
- Recommended a bylaw amendment requiring standing committees to have a vice-chair and secretary for a chain of command, in case the chair is unavailable.
- Reviewed and rejected a bylaws amendment request to require all committees to meet at least quarterly via e-mail, conference call or otherwise at least one week before a scheduled BOT meeting.
- Reviewed and rejected a bylaws amendment request to close a “loophole” allowing medical student representation on both the HOD and the BOT.
- Saw HOD approval of a 2008 bylaws amendment to delete the one-day lie-over provision for bylaws amendments.

Interested in joining this committee? E-mail Yarnell Beatty at yarnell.beatty@tnmed.org.

**INSURANCE ISSUES**
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Gabi Brockelsby, Murfreesboro
Edward Capparelli, MD, Oak Ridge
Eric Fox, MD, Cookeville
William Legier, Dickson, Special Advisor
B W. Ruffner, Jr., MD, Signal Mountain
Phyllis Franklin, TMA Staff Liaison

**2008-2009 INSURANCE ISSUES COMMITTEE ACTIVITIES:**
- As instructed by the HOD, worked with the P4P ad hoc committee on a rating and tiering educational plan and legislative directive; gathered data from primary care providers on benchmarks and staff time required for quality measures reporting.
- Explored the ideas of a federal single-payer system versus the universal health care law adopted by the state of Massachusetts.
- Researched Tennessee practice experiences with Medicare Recovery Audit Contractors (RACs) and explored a possible partnership with other states impacted by RACs.
- A representative participated in a September 2008 webinar by the State Finance & Administration Commissioner and all interested healthcare industry stakeholders on the subject of insurance rating and tiering: attendees concluded that claims data alone is an inadequate measure of quality of care.

Interested in joining this committee? E-mail Phyllis Franklin at phyllis.franklin@tnmed.org.
TMA RESOURCE GUIDE

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James Powell, MD, Franklin
Colleen Schmitt, MD, Chattanooga
Yarnell Beatty, JD, TMA Staff Liaison

ACTIVITIES FOR THE PRACTICE MANAGEMENT & QUALITY COMMITTEE OVER THE PAST YEAR:
• Drafted legislation brought by the TMA to require managed health insurance issuers to validate data used to measure the quality of a provider’s care.
• Worked with a BOT ad hoc task force on insurance rating and tiering to educate physicians on their rights regarding quality rating programs.
• Developed methodology and collected statistical data to show rating and tiering data is consistently incorrect and invalid.
• Educated employer groups and coalitions, such as Healthcare 21 and the Tennessee Business Roundtable, that their provider quality reports contain flawed data, and that chart review is the “gold standard” for accurate rating.
• Oversaw development of a rating and tiering “toolkit” and other resources and talking points for members, accessible via the new online TMA Insurance Resource Center.

PUBLIC HEALTH
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Michael Revelle, MD, Jackson
Kirk Stone, MD, Union City
Charles White, Jr., MD, Lexington
Julie Griffin, TMA Staff Liaison

TMA’S LEGISLATIVE COMMITTEE ACTIVITIES OVER THE PAST YEAR INCLUDED:
• Drafting four insurance-related bills for TMA proposal, to fit with the new TMA priority of insurance reform, including bills to mandate insurer transparency and requiring insurers to validate the data used to rate providers on quality of care.
• Supporting a number of other insurance bills that would have a noticeable effect on the payer-provider relationship.
• Bringing legislation to extend the TennCare “doctor shopping” reporting requirement to all prescribers, and to extend secondhand smoke protection to children traveling in vehicles.
• Documenting a noticeable reduction in medical malpractice claims filed after the October 1 effective date of a significant medical liability reform measure, a big victory for TMA in early 2008.
• Supporting additional MLR changes, including expansion of volunteer provider immunity.
• Opposing scope of practice challenges that include authorizing some psychologists to prescribe, allowing APNs and PAs to sign death certificates, and permitting licensure of Naturopaths.
• Opposing a number of public health bills to legalize medical marijuana, repeal Tennessee’s mandatory motorcycle helmet law, require the release of medical test results on minors to parents on request, allow the sale of raw milk by prescription, and remove exemptions that regulate abortion providers.

OVER THE PAST YEAR, MEMBERSHIP COMMITTEE ACTIVITIES INCLUDED:
• Initiating a new marketing strategy utilizing reminder calls to members who had not yet renewed; efforts added 192 new dues paying members but the committee remained gravely concerned about the annual losses to membership.
• Oversaw additional marketing efforts that included advertising, along with direct mailings and a TMA president’s editorial letter to non-members.
• Development of a TMA Board Challenge, asking BOT members to each contact group members and partners about joining the TMA.
• Mailing news clippings and “Welcome” letters to Tennessee transplants, newly licensed physicians and those changing practices.
• Increased visibility at specialty society, academic and medical school events with TMA exhibits and literature.
• Launch of a new Group Practice Outreach campaign, targeting 10 large practice groups across Tennessee; membership agreements were signed with four large groups: Dickson Medical Associates, Summit Medical Group, Premier Surgical Associates and Tennessee Orthopaedic Alliance.

Interested in joining this committee? E-mail Yarnell Beatty at yarnell.beatty@tnmed.org.
Delegates
Chris Fleming, MD, Germantown, Chair
David Gerkin, MD, Knoxville, Vice-Chair
Donald Franklin, MD, Chattanooga
Lee Morisy, MD, Memphis
Charles White, Sr., MD, Lexington

Alternates
Subhi Ali, MD, Waverly
Landon Combs, MD, Blountville
Richard DePersio, MD, FACS, Knoxville
John Ingram, III, MD, Alcoa
Robert Kirkpatrick, MD, Germantown
Barrett Rosen, MD, Nashville
B W. Ruffner, MD, Signal Mountain

The TMA AMA Delegation briefs potential new members at MedTenn 2009.

TMA SECTIONS

TMA YOUNG PHYSICIAN SECTION
Governing Council
Landon Combs, MD, Blountville, Chair
James Batson, MD, Cookeville, Vice-Chair
Jeffrey Suppinger, MD, Franklin, Secretary-Treasurer

TMA HOD Delegates
Staci Van Winkle, MD, Memphis (1)
Leah Patton, MD, Nashville (4)
James Batson, MD, Cookeville (5)
Elizabeth Culler, MD, Chattanooga (6)
Landon Combs, MD, Blountville (8)

AMA YPS Delegate
Landon Combs, MD, Blountville

TMA RESIDENT & FELLOW SECTION
Governing Council
Regan Williams, MD, Memphis, Chair
Dawn Linn, DO, Jackson, Vice-Chair
Charles Cesare, MD, Jonesborough, Secretary-Treasurer

TMA HOD Delegate
Omar Mohamed, MD, Memphis

AMA RFS Delegates
Regan Williams, MD
Dana Block-Abraham, DO
Muhammad Usman Khan, MD (Alternate)

TMA MEDICAL STUDENT SECTION
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Takita Brown, Nashville (MMC) Vice-Chair
Ada Egbuji, Nashville (MMC)
Katie Greene, Memphis (UTHSC)
Mariah Pate, Johnson City (QCOM)
Kaartiga Sivanesan, Nashville (VUMC)

TMA HOD Delegates
Ariel Alexandroni, Mountain Home (QCOM)
Cassandra Bradby, Nashville (MMC)

AMA MSS Delegates
Adam Wright, Memphis (UTHSC)
Ariel Alexandroni, Mountain Home (QCOM)

Medical Student Section members converse between HOD sessions at the TMA annual meeting.

TMA YPS Chair Dr. Scott Sadler introduces a resolution to change the definition of young physician to match that used by the AMA.
TMA RESOURCE GUIDE

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Christopher Young, MD, Signal Mountain
Michael Zanolli, MD, Nashville

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Michael Cates, CAE, Memphis
Starling Evins, MD, Franklin
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Phyllis Miller, MD, Hiisson
Lee Morisy, MD, Memphis

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Kirk Stone, MD, Union City (Dist. 8)
Jeffery Warren, MD, Memphis (Dist. 9)
James Batson, MD, Cookeville, Young Physician Section
John Vickery, IV, MD, Bartlett, Resident & Fellow Section
Georganna Rosel, Johnson City, Medical Student Section
Barbara B. Trautman, Germantown, TMA Alliance
Gary Zelizer, Executive Director, Assistant/Secretary-Treasurer

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# Component Medical Society Presidents

<table>
<thead>
<tr>
<th>Medical Society</th>
<th>President</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bedford County Medical Society</td>
<td>Lawrence Schull, Jr., MD</td>
<td>2839 Highway 251 N, Ste 105, Shelbyville</td>
<td>(931) 685-8020</td>
</tr>
<tr>
<td>Benton-Humphreys County Medical Society</td>
<td>Robert Bourne, Jr., MD</td>
<td>101 Hospital Dr, Camden 38320-1617</td>
<td>(731) 584-2020</td>
</tr>
<tr>
<td>Lawrence Schull, Jr., MD</td>
<td>101 Hospital Dr, Camden 38320-1617</td>
<td>(731) 584-2020</td>
<td></td>
</tr>
<tr>
<td>Blount County Medical Society</td>
<td>Clinton Wight, MD</td>
<td>1310 S Heritage Dr, Maryville 37805-6454</td>
<td>(865) 380-5333</td>
</tr>
<tr>
<td>Benton-Humphreys County Medical Society</td>
<td>Robert Bourne, Jr., MD</td>
<td>101 Hospital Dr, Camden 38320-1617</td>
<td>(731) 584-2020</td>
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<tr>
<td>Lawrence Schull, Jr., MD</td>
<td>101 Hospital Dr, Camden 38320-1617</td>
<td>(731) 584-2020</td>
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<tr>
<td>Bradley County Medical Society</td>
<td>Brian Mitchell, MD</td>
<td>400 Berwood Trl NW, Ste A, Cleveland 37312-5288</td>
<td>(423) 697-2000</td>
</tr>
<tr>
<td>Carter County Medical Society</td>
<td>Robert Walter, MD</td>
<td>1505 W Elk Ave, Ste 2, Elizabethhton 37643-2848</td>
<td>(423) 543-1261</td>
</tr>
<tr>
<td>Chattanooga-Hamilton County Medical Society</td>
<td>Kenneth Hayman, MD</td>
<td>636 Valley Bridge Rd, Chattanooga 37415-3917</td>
<td>(423) 870-3142</td>
</tr>
<tr>
<td>Cocke County Medical Society</td>
<td>None reported</td>
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<tr>
<td>Coffee County Medical Society</td>
<td>Raymond Capps, MD</td>
<td>1530 Cedar Ln, Ste 700, Tullahoma 37768-3276</td>
<td>(931) 455-1219</td>
</tr>
<tr>
<td>Consolidated Medical Assembly of West Tennessee</td>
<td>Robert Voges, MD</td>
<td>616 W Forest Ave, Jackson 38301-3966</td>
<td>(731) 422-0344</td>
</tr>
<tr>
<td>Cumberland County Medical Society</td>
<td>None reported</td>
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<tr>
<td>DeKalb County Medical Society</td>
<td>Melvin Blevins, MD</td>
<td>PO Box 667, Smithville 37166-0607</td>
<td>(615) 597-4049</td>
</tr>
<tr>
<td>Franklin County Medical Society</td>
<td>Mark Wert, MD</td>
<td>761 Gipson Ln, Decherd 37324-4055</td>
<td>(931) 968-1257</td>
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<tr>
<td>Giles County Medical Society</td>
<td>None reported</td>
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<tr>
<td>Greene County Medical Society</td>
<td>John Boys, MD</td>
<td>1520 Crestwood Dr, Greeneville 37745-6106</td>
<td>(423) 639-1508</td>
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<tr>
<td>Hawkins County Medical Society</td>
<td>None reported</td>
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<td>Henry County Medical Society</td>
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<tr>
<td>Knox County Academy of Medicine</td>
<td>Richard Briggs, MD</td>
<td>101 E Blount Ave, Ste 800, Knoxville 37920-1669</td>
<td>(865) 632-5900</td>
</tr>
<tr>
<td>Loudoun County Medical Society</td>
<td>Calvin Scharer, MD</td>
<td>616 Ward Ave, Loudon 37774-1323</td>
<td>(865) 458-5660</td>
</tr>
<tr>
<td>Maury County Medical Society</td>
<td>Anthony Cryar, MD</td>
<td>854 W James Campbell Blvd, Ste 205, Columbia 38401-4672</td>
<td>(931) 548-0905</td>
</tr>
<tr>
<td>McNinch County Medical Society</td>
<td>Richard Sharpe, MD</td>
<td>PO Box 70, Athens 37371-0070</td>
<td>(423) 745-6575</td>
</tr>
<tr>
<td>The Memphis Medical Society</td>
<td>Clarence Warride, MD</td>
<td>6325 Humphreys Blvd, Memphis 38120-2300</td>
<td>(901) 522-7700</td>
</tr>
<tr>
<td>Monroe County Medical Society</td>
<td>None reported</td>
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<tr>
<td>Montgomery County Medical Society</td>
<td>Charles Finch, MD</td>
<td>701 Vaughan Rd, Clarksville 37043-5351</td>
<td>(931) 358-5650</td>
</tr>
<tr>
<td>Nashville Academy of Medicine</td>
<td>George Lee, III, MD</td>
<td>2506 Sunset Pl, Nashville 37212-4814</td>
<td>(615) 294-3963</td>
</tr>
<tr>
<td>Northwest Tennessee Academy of Medicine</td>
<td>James Shore, MD</td>
<td>117 Kennedy Dr, Martin 38237-3309</td>
<td>(931) 587-9511</td>
</tr>
<tr>
<td>Overton County Medical Society</td>
<td>None reported</td>
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<tr>
<td>Putnam County Medical Society</td>
<td>Harry Stuber, MD</td>
<td>192 Askin Ln, Baxter 38544-6800</td>
<td>(931) 858-2832</td>
</tr>
<tr>
<td>Roane-Anderson County Medical Society</td>
<td>George Smith, MD</td>
<td>800 Oak Ridge Tpk, Ste A200, Oak Ridge 37830-6927</td>
<td>(865) 483-2299</td>
</tr>
<tr>
<td>Robertson County Medical Society</td>
<td>Jonathan Kroser, MD</td>
<td>320 Norcrest Dr, Springfield 37172-3963</td>
<td>(615) 384-8211</td>
</tr>
<tr>
<td>Scott County Medical Society</td>
<td>Trent Cross, MD</td>
<td>460 Industrial Ln, Oneida 37841-0294</td>
<td>(423) 569-8064</td>
</tr>
<tr>
<td>Sevier County Medical Society</td>
<td>Ammar Razzak, MD</td>
<td>1225 E Weisgarber Rd, Ste N200, Knoxville 37909-2675</td>
<td>(865) 584-4747</td>
</tr>
<tr>
<td>Smith County Medical Society</td>
<td>Richard West, MD</td>
<td>133 Hospital Dr, Ste 600, Carthage 37030-4006</td>
<td>(615) 735-2200</td>
</tr>
<tr>
<td>Stones River Academy of Medicine</td>
<td>David Beaird, MD</td>
<td>1272 Garrison Dr, Murfreesboro 37120-2570</td>
<td>(615) 893-4800</td>
</tr>
<tr>
<td>Sullivan County Medical Society</td>
<td>Benjamin Scharstein, Jr., MD</td>
<td>835 Deerlick Rd, Piney Flats 37865-3826</td>
<td>(423) 538-7000</td>
</tr>
<tr>
<td>Tipton County Medical Society</td>
<td>None reported</td>
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<tr>
<td>Williamson County Medical Society</td>
<td>Samuel Bastian, MD</td>
<td>2390 Hillsboro Rd, Franklin 37069-6242</td>
<td>(615) 791-9300</td>
</tr>
<tr>
<td>Wilson County Medical Society</td>
<td>No current president</td>
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The Tennessee Medical Association is an organization for physicians licensed to practice medicine in Tennessee who care about the quality, enjoyment and profitability of their practices. Membership entitles you to resources to help you maximize the value of your practice, be a better advocate for patients and connect with members statewide to strengthen the community of medicine.

This application is for membership in the Tennessee Medical Association and the

Local Medical Society: ____________________________________________ County Where Your Primary Practice is Located

PERSONAL DATA

First: ___________________________ Middle: _________________________ Last: ___________________________ ☐ MD ☐ DO

☐ Male ☐ Female Birth Date: ___________________________ SS#: ___________________________

TN Medical License #: ___________________________ Date of Issue: ___________________________

Marital Status: ☐ Single ☐ Married Maiden Name: ___________________________

Spouse’s Name: ___________________________

ADDRESS/COMMUNICATIONS INFORMATION (Please check the preferred address for TMA correspondence)

☐ Primary Office Street/PO Box __________________________________________

City/State/Zip __________________________________________

☐ Home Street/PO Box __________________________________________

City/State/Zip __________________________________________

Practice/Group Name: __________________________________________

Email: ___________________________ ☐ Check here if you prefer e-mail communication

Office Phone: ___________________________

Office Fax: ___________________________

Home Phone: ___________________________

Consent to Fax: ☐ YES ☐ NO

I understand that by providing my fax number and/or e-mail address and checking “yes” above, I consent to receive faxes and/or e-mails sent by the Tennessee Medical Association or on behalf of its chartered component medical societies.

MEDICAL TRAINING

Specialty: ___________________________ Subspecialty: ___________________________

Board Certification(s): ___________________________

☐ Residency Boards and Dates

☐ Fellowship

☐ Residency Name of Institution, Location, Specialty, Degree

☐ Fellowship

Medical School ___________________________

Name of Institution, Location, Graduation Date, Degree
MISCELLANEOUS

Please provide complete information on a separate sheet to explain 'yes' answers below:

Has your license to practice medicine in any jurisdiction been limited, suspended or revoked?  □ Yes  □ No

Have you ever been the subject of any disciplinary action by any medical society or hospital staff?  □ Yes  □ No

Have you ever been convicted of a felony?  □ Yes  □ No

AGREEMENT

In signing this application, I agree that all statements are true and complete to the best of my knowledge and belief. If accepted as a member, I agree to conduct myself professionally according to the principles of medical ethics and to be governed by the Constitution and Bylaws of the component medical society, the Tennessee Medical Association and the American Medical Association. I hereby release and hold harmless from any liability or loss the component medical society to which I am applying, the Tennessee Medical Association, its officers, agents, employees, and members, for acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications and hereby release from any liability any and all individuals who, in good faith and without malice, provide information to the above named organizations, or to their authorized representatives, concerning my professional competence, ethical conduct, character, and other qualifications for membership.

Signature of Applicant ___________________________ Date ___________________________

Physician who asked you to join: ___________________________

Annual Dues Submission

Please remit your completed application along with a check or credit card information to:

Tennessee Medical Association Membership
P O Box 120909
Nashville TN 37212-0909

Payment Information

Please check one:  □ Visa  □ MasterCard  □ American Express

Total $___________ Expiration Date _______ / _______  3 Digit Security Code _______

CC# __________________________

□ Personal Name as it appears on credit card __________________________

□ Corporate* Name of corporation

*If corporate, name of corporation

Please Fax to 615-312-1960

FOR TMA USE ONLY - MEDICAL SOCIETY APPROVAL

□ Active, Full-time Practice  □ Resident

□ First Year of Practice Following Training  □ Student

□ Second Year Of Practice Following Training

Signature for CMS Approval ___________________________ Date ___________________________
Thank you for your membership in the Tennessee Medical Association

The Tennessee Medical Association is our state’s largest physician organization, comprised of medical doctors and doctors of osteopathy dedicated to protecting the health care interests of patients and enhancing the effectiveness of physicians.

Members of the TMA have an opportunity to shape TMA policy, keep up-to-date on health care issues, and have an impact on state laws and regulations that affect their day-to-day practice.

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ANNUAL AWARD PRESENTATIONS

2009 TMA Annual Awards

Outstanding Physicians: Drs. Bronstein, Burns, Pennington

The Outstanding Physician Award is presented annually by the TMA House of Delegates to member physicians who have made their own personal mark on the profession of medicine in Tennessee and on those whom they have worked with and known during their illustrious medical careers.

DR. BRONSTEIN HONORED FOR CORONARY CARE ACHIEVEMENTS

Maury W. Bronstein, MD, was nominated by The Memphis Medical Society for his humanitarian work and his years of medical leadership in Memphis and Shelby County. A Memphis native and graduate of the University of Tennessee College of Medicine, Dr. Bronstein has served as an internist and cardiologist at Baptist Memorial Hospital for 51 years. His commitment to leading-edge heart services helped advance the hospital’s cardiac unit. He also established Memphis’ first coronary care unit at Baptist and has held many leadership posts there including president of the medical staff, chief of staff and chairman of the Department of Medicine.

He joined the TMA when it was still the Tennessee State Medical Society in 1955, along with the AMA and the Memphis and Shelby County Medical Society. He has served as president of the Memphis Academy of Internal Medicine and the Memphis Heart Association and was on the board of directors for the Memphis Jewish Home, the Church Health Center, Baptist Memorial Health Care Foundation and Temple Israel.

Dr. Bronstein is the University of Tennessee-College of Medicine Endowed Professorships Chair of Excellence in Cardiovascular Physiology and is the namesake of the Baptist Hospital Health Sciences Library in Memphis. In 2006, Dr. Bronstein was honored with the Pillar Award from Baptist Hospital, presented to the outstanding emeritus physician.

DR. BURNS RECOGNIZED FOR INNOVATION AND DEDICATED SERVICE

R. Phillip Burns, MD, was nominated by the Chattanooga-Hamilton County Medical Society for his steadfast commitment to medical education and innovation and unprecedented longevity in serving as the surgical chairman at the University of Tennessee College of Medicine, Chattanooga.

Under Dr. Burns’ leadership, the surgery residency program grew from eight to 30-plus residents in general surgery and in a critical care and vascular surgery fellowship directed by 31 multi-specialty full time faculty. In 2001, the R. Phillip Burns, MD, Award for Academic Excellence was created at the University of Tennessee to recognize his first 25 years of exemplary service.

Dr. Burns has served as the past secretary-director and president of the Southeastern Surgical Congress and past-president of the Tennessee Chapter of the American College of Surgeons. He also currently serves as a governor of the American College of Surgeons, president of the Southern Surgical Association and was named the Outstanding Physician of the Year in 2007 by The Baroness Foundation at Erlanger Medical Center.
Since beginning his practice in 1957, Thomas Guv Pennington, MD, has been a leader in Nashville's medical community; that according to the Nashville Academy of Medicine, which nominated him for Outstanding Physician.

As a member of the Nashville Academy, Dr. Pennington served as president, chairman and member of numerous committees. He also represented the Academy as a delegate to the TMA House of Delegates. Dr. Pennington held leadership roles as president of the Middle Tennessee Medical Association in 1969 and as president of the Nashville Society of Internal Medicine from 1983 to 1984.

A graduate of the Vanderbilt University School of Medicine, Dr. Pennington served as a chief of medicine and assistant chief of medicine at U.S. Air Force hospitals in North Africa and Florida before returning to Nashville to begin private practice in Allergy Immunology and Internal Medicine. In 1993 he became a founding partner of Heritage Medical Associates, a medical group that now includes 80 physicians. He continues to practice there and plays a strong role in maintaining the culture of professionalism. His medical leadership also includes years as chief of medicine and chief of staff at Baptist Hospital and chairman of the Board of Directors of Healthmaster.

In his free time, Dr. Pennington has been involved with international medical mission trips with First Presbyterian Church of Oak Hill and is a frequent volunteer at the Siloam Clinic, which serves indigent patients mostly of international descent and is a leading physician in NAM's Bridges to Care Plus project serving the uninsured.

Dr. Pennington Chosen for Medical Leadership

The Distinguished Service Award has been presented annually since 1963 by the TMA Board of Trustees to exemplary members of the Association for their notable achievements during the last calendar year. Recipients are physician members who deserve recognition of outstanding service or contribution to the advancement of medical science, or to this Association, or to the public welfare, whether of a civic or scientific nature.

Dr. Briggs Honored for Character, Service Amid Turmoil

Nominated by the Knoxville Academy of Medicine where he currently serves as president, Richard M. Briggs, MD, is being honored for his leadership in a time of need, both in his local community and in the U.S. military.

Recent years has seen a spate of negative feeling and news coverage regarding questionable actions by local elected officials, and a resulting lack of trust on the part of Knoxville citizens. Amid the turmoil, Dr. Briggs stepped up to the plate in 2008 to offer his time, energy, expertise and service to the people of his district as a Knox County Commissioner. His devotion to good government and ethical practices distinguishes him as a community leader.

Dr. Briggs is also a high-ranking Army veteran who has served in forward areas, including Iraq, Saudi Arabia, Somalia, Ecuador, Colombia and Afghanistan. His experiences have granted him grace under fire and composure in adverse circumstances.

Currently practicing with East Tennessee Cardiovascular Surgery Group, Dr. Briggs is board certified in Thoracic Surgery. He has also served as an assistant clinical professor of surgery at various universities over the past 20 years.

Dr. Briggs accepts the Distinguished Service Award from TMA Board of Trustees Chairman Dr. Don Ellenburg.

Dr. Collins Awarded for Volunteer Spirit, Inspiration

David Newton Collins, MD, PC, FACP, FACG, was nominated for the Distinguished Service Award by the Chattanooga-Hamilton County Medical Society (CHCMS) for his inspiring leadership and involvement with Project Access, a program to provide healthcare services to low-income uninsured residents of Hamilton County.

Dr. Collins was one of the first physicians to join the Hamilton County Project Access Community Health Initiative and he has faithfully served since the program’s inception in April 2004. His contributions include the recruitment...
of fellow gastroenterologists and a tireless volunteer spirit throughout the program’s history. In fact, Dr. Collins has provided health care for more individual patients than any other physician in the program. Given that Dr. Collins is in solo practice and Hamilton County faces a significant shortage of physicians in his specialty, this accomplishment is distinguishing.

Dr. Collins is board certified in Gastroenterology and Internal Medicine. He is a distinguished member of numerous medical professional organizations and hospital committees, and a tireless lecturer to interns, family practitioners and at conferences. He served as a board member and scientific advisor to the National Foundation for Ileitis and Colitis, even authoring a column in the local NFIC newsletter. Dr. Collins also serves as a clinical assistant professor in the Department of Medicine at East Tennessee State University.

Dr. Collins is presented his award by Dr. Ellenburg.

DR. GIBSON A CHAMPION FOR THE NEEDY

Nominated by the Nashville Academy of Medicine (NAM) for his leadership in the Academy and the community, John R. Gibson, MD, has been an active Academy member since 1983. He has been on the NAM Board of Directors for six years, serving as president in 2007 and chairman in 2008. He has also served as a long-time delegate from the Academy to the TMA.

Dr. Gibson is cited as a physician champion for the needy due to his involvement with Bridges to Care Plus. The program is a coordinated system of volunteer physicians, hospitals, laboratories, and pharmacies to help Davidson County’s uninsured get access to specialty care. Dr. Gibson not only played an important role in establishing the program in April 2005, but has worked tirelessly to maintain relationships with hospital networks and volunteer physicians to make sure treatment is received by those in need.

A Nashville native, Dr. Gibson received his doctor of medicine from Washington University and is board certified in Internal Medicine. He serves as board director for Guardian and Trust Corp., and is also a member of Southeastern Clinical Club.

Dr. Gibson receives his award from Dr. Ellenburg.

MEDICAL HUMANITARIAN WORK DISTINGUISHES DR. TAYLOR

William Z. Taylor, MD, was nominated by The Memphis Medical Society for his work with medical humanitarian efforts and physician training in war-torn Afghanistan. He is an Alpha Omega Alpha Distinguished Graduate award recipient from the University of Tennessee Health Science Center in Memphis. He and his wife Cindy, a former neonatal ICU nurse at Methodist University Hospital in Memphis, have served for numerous years as volunteers and founders first of the Memphis-Afghan Friendship Summit and more recently of Silk Road Development, a non-profit organization dedicated to improving medical care, humanitarian efforts and leadership training in Afghanistan.

Through Silk Road Development, the Taylors are teaching and mentoring Afghan government leaders; according to Dr. Taylor, their most significant accomplishment is the beginning of a new Afghan hospice care program in a country where there are no existing oncology services. Silk Road is also involved in the distribution of food and medical supplies, and the training and mentoring of physicians and other healthcare workers. In 2008 the organization participated in the first International Gastroenterology-Hepatology conference – more than 600 Afghan physicians attended with faculty from the United States, Afghanistan, Iran, and Germany. The Taylors have spent countless hours providing basic medical education, and have taken many medical teams to Kabul, Bamyan and Jogheri.

Dr. Taylor is board certified in Internal Medicine and Gastroenterology and currently practices with Gastroenterology Center of the MidSouth, PC.
Community Service Award: United Way of Greater Knoxville, Volunteers in Medicine

The Tennessee Medical Association (TMA) annually recognizes persons or organizations outside the medical profession who contribute significantly to the advancement of public health in their respective communities.

UNITED WAY OF GREATER KNOXVILLE

The Knoxville Academy of Medicine nominated United Way of Greater Knoxville for its diligent efforts to address the challenge of the uninsured through the Medical Home Initiative.

The goal of the program is to create medical homes for more than 7,250 low-income individuals. United Way joined forces with the Knoxville Academy of Medicine Foundation, Cherokee Health Systems and the Interfaith Health Clinic to jump-start the initiative; the program celebrated its half-way milestone in December 2008 with over 5,300 patients receiving a full continuum of health care. Over 850 physicians in Knox County and all area hospitals are participating in the Medical Home Initiative through Project Access, and almost $4 million dollars in donated care has been received by these patients.

The United Way of Greater Knoxville also supported the Initiative with the single-largest donor investment in the program, a $3.3 million dollar grant, which allowed medical partners to hire physicians and more staff to take care of increased patient capacity. United Way also provided funding for transportation services to patients in need and regularly creates opportunities to highlight the generosity of the physician community and encourage community support of the Medical Home Initiative. The program is now serving as a model for other communities across the country to address the healthcare needs of the uninsured.

VOLUNTEERS IN MEDICINE, INC.

Volunteers in Medicine, Chattanooga, Inc. (VIM), was nominated by The Chattanooga-Hamilton County Medical Society (CHCMS) for providing care to financially-eligible individuals who otherwise have no access to health care — exemplifying the spirit of community service and making a profound difference in the lives of thousands of Hamilton County residents.

The faith-based clinic, which opened its doors in May 2005, has a small paid staff that coordinates the efforts of volunteers who provide both primary and specialty care to the tune of $4.18 million dollars to date. Volunteers in Medicine offers primary and specialty care, along with physical therapy, nutrition counseling, life issues counseling, a chaplaincy program, emergency dental care and a children’s reading room — at no cost to the patients. Former TMA President Dr. Robert Bowers serves as the volunteer medical director for VIM and sees patients several days a week.

Since its inception, Volunteers in Medicine has been a key primary care partner with the CHCMS/Medical Foundation’s Project Access Community Health Initiative.
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* Proper Prescribing: Physician-Specific Strategies for Treatment of Drug Abuse. This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of Southern Medical Association and the Tennessee Medical Association. Southern Medical Association is accredited by the ACCME to provide continuing medical education for physicians. Southern Medical Association designates this educational activity for a maximum of 14.0 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.
TMA Wins New Laws on Peer Review, MLR, Doc Shopping

As the General Assembly session continues in Nashville, the TMA celebrates legislative successes in several areas so far this year. Governor Phil Bredesen recently signed into law the following TMA bills:

- **Doctor Shopping Expansion** – SB 408 by Sen. Doug Henry (D–Nashville)/HB 462 by Rep. Gary Odom (D–Nashville). Extends Doctor Shopping law beyond TennCare to any patient regardless of payment source. Provides good faith immunity to the prescriber who reports the suspected act to law enforcement.

The Governor is also expected to sign the following TMA legislation:


Meanwhile, the TMA was successful in defeating a bill that would have allowed both Advance Practice Nurses (APNs) and Physician Assistants (PAs) to complete and sign death certificates. The measure was voted down in the House Professional Occupations Committee with the help of TMA member and subcommittee member Dr. Hensley. In addition, psychologists, after starting out the session with a heavy and effective push for independent prescribing, were unable to place their bill back on the calendar after the three-week January recess because of an apparent lack of votes to get the bill passed out of a House subcommittee.

And although still being debated at press time, the Administration and sponsors have backed off a bill to require all healthcare professionals to conduct criminal background checks on all new employees after realizing that healthcare professionals were uniformly opposed to the unfunded mandate.

Watch your inbox for a post-session wrap-up report as we tally our advocacy wins for members and patients!

TMA Efforts Lead to Suspension of HRI Overpayment Demands

The TMA’s proactive efforts for its members have led Averitt Express, Inc. and Metro Nashville Public Schools (MNPS) to suspend further recoupment efforts using Health Research Insights (HRI). This suspension includes stoppage of a second wave of letters to physicians that were to go out on behalf of Averitt Express. It is unclear whether this is a temporary or permanent halt and whether HRI will send out advisories regarding its decision.

Members received alerts from the TMA in May regarding HRI’s aggressive recoupment efforts to collect funds for alleged physician overpayments and improper billing on behalf of those two entities. The letters demanded that physicians take action within 15 days either by paying the demanded amount to HRI or submitting copies of medical records or other documentation to HRI “sufficient to justify your billing.” Some TMA members reported receiving intimidating follow-up phone calls.

The TMA’s efforts have been equally aggressive – the TMA filed a complaint against HRI with the U.S. Department of Labor and other entities; filed preventive legislation in the Tennessee General Assembly; and is

(Continued on page 48)
State House Democratic Caucus Chair Representative Mike Turner addresses the audience at the IMPACT (Independent Medicine’s Political Action Committee – Tennessee) breakfast during MedTenn 2009. Seated at left are House Republican Caucus Chair Rep. Glen Casada and IMPACT Chairman Dr. Ken Moore.

TMA Corporate Partners First Tennessee (pictured), DoctorsManagement, TMA Physician Services and SVMIC exhibited their services for MedTenn attenders.

Dr. Modele Ogunniyi, a fellow at Vanderbilt University Medical Center, explains her award-winning entry in the inaugural TMA Residents & Fellows Section Poster Competition. Other winners were Dr. Usman Khan and Dr. Siva Iyer, both residents at University Tennessee Health Science Center in Memphis.

TMA incoming President Dr. Richard DePersio (left) poses with President-elect B W. Ruffner (center) and immediate Past-President Dr. Robert Kirkpatrick at the MedTenn Medicine Ball reception.
Members of the Physician Leadership Class of 2010 gather for a breakout session.

The new TMA Media Theater was a popular event at MedTenn, presenting film clips and open discussion of how physicians have been portrayed in popular media.

Dr. Kimberly Rosdeutscher of Hermitage, a new PLC candidate, talks with Dr. Kerri Woodberry of Murfreesboro at the Medicine Ball reception.

“The TMA Medicine Ball: Laughter is the Best Medicine” kept the crowd roaring with the humor of comedians Rik Roberts, Gary Jenkins and Jim Gossett.
Beginning July 1, 2009, all written or printed prescriptions from Tennessee prescribers must be on tamper resistant prescription paper.

In 2008 the federal government required that all Medicaid prescriptions be written on tamper resistant paper beginning April 1; the Tennessee General Assembly passed a law in the 2008 session to extend this requirement to all prescriptions (T.C.A. §53-10-401). This law states that the prescription paper must meet the same requirements as required by the federal government for Medicaid prescriptions. A physician does not have to order new pads, however, he or she must remember to write all prescriptions on this paper now.

Physicians have used the compliance dispute process in other settlements to collect or save millions of dollars:

- Physicians collected over $12,000,000 for previously denied CAD mammography and myocardial perfusion add-on codes.
- One Florida practice saved $1.9 million when the insurer agreed to accept $33,000 after originally seeking to recover over $2,000,000.
- An Oklahoma practice received payment of over $9,000 for previously denied modifier 59 claims.
- A New Jersey practice saved over $13,000 when the insurer agreed to cease all overpayment recovery efforts.

If you believe a Blue Cross Blue Shield company (or any of the other settling insurers) has violated a provision of the settlement agreement, you should file a compliance dispute by completing the simple two-page form available on www.hmosettlements.com. There is absolutely no cost to physicians to file disputes.

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MEMBER NEWS

NEW TO THE TMA IRC: H1N1 INSURANCE BILLING INFO
The TMA has assembled and posted updates from Tennessee’s insurance plans on how they will reimburse for treatment of H1N1 testing and treatment.

The updates include information on each insurer’s coverage policies and additional educational resources, pandemic planning or emergency measures undertaken. To access the information, log on to the TMA Insurance Resource Center (member login required) from the Member home page and locate the updates in the “Commercial Insurance,” “Medicare” and “TennCare” sections.

CIGNA’S NEW DOCUMENTATION POLICY FOR MODIFIERS 25 OR 59
Cigna has reduced the requirement for supporting documentation for procedures and services appended with CPT modifier 25 and 59, from 17,000 NCCI code pairs to fewer than 500, thanks to the involvement of organized medicine. The list of codes requiring supporting documentation is available at www.cignaforthcp.com under “Resources” and “Claim Editing Procedures.” Physicians who are not currently registered should do so by selecting “Register Now” from the left side bar.

For more information on these or other insurance-related issues, please contact TMA Insurance Affairs Director Phyllis Franklin at 800-659-1862 or phyllis.franklin@tnmed.org.

TMA INSURANCE BRIEFS

CHCMS ANNOUNCES $42.9 MILLION MILESTONE FOR PROJECT ACCESS
Project Access in Chattanooga-Hamilton County has provided more than $42.9 million in free health care to the uninsured since the program began in April 2004, including $12.87 million of care in 2008.

That announcement in May from Project Access leaders, including the Chattanooga-Hamilton County Medical Society (CHCMS), which developed the program with the Medical Foundation of Chattanooga.

Project Access Chair Joe Cofer, MD, said the program began as a physician-led effort to better coordinate charity care physicians have always provided. “The hospital systems immediately joined in to create what is now a nationally recognized model to coordinate health care services for the uninsured,” he said.

Since Project Access began, individual physicians have provided more than $6.48 million in donated care, while hospitals and other partners have contributed $36.4 million in health care services. So far more than 6,823 individuals have been evaluated for eligibility. In April, 423 patients were

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The TMA Legal Department has launched a page on the social networking site Twitter. “Tweets” from the Legal Department will provide timely news alerts. One of our first “tweets” involved an identity theft warning, “Bogus request to re-enroll in Medicare from Cahaba.” If you want to follow the TMA Legal Department on Twitter, go to https://twitter.com/TMALegal.

**Govt. Employee Benefits Now Include Tobacco Cessation Treatments**

Health plans for some state, public education and local government employees recently expanded coverage of tobacco quit aids; new tobacco use surcharges are also poised to go into effect for these beneficiaries, beginning January 1, 2010.

Effective May 1, these plan members can use their insurance cards to get tobacco quit aids for $5 copays but they must have a prescription, even for over-the-counter products. Covered products include Chantix (varenicline), bupropion, nicotine inhaler, nicotine nasal spray, lozenges, gum, and patches.

The plans will cover up to two (2) courses of treatment, for a maximum of 12 weeks during each calendar year for each type of treatment. No benefit limits will apply to bupropion, because of its other uses/indications. The plans are also giving patients the opportunity to participate in ongoing tobacco quit classes at work and/or telephone coaching from 1-800-QUIT NOW (800-784-8669), a free service available to all Tennesseans.

Please note plan members also have financial incentives to quit. Along with the new federal tobacco tax, members who quit on or before July 1, 2009, will not have to pay the new tobacco use surcharge in 2010. Those who do not will have to pay the $50 monthly surcharge; if they quit after July 1, they can receive a refund/incentive.

For more information, visit the State’s Benefits Administration Website at www.state.tn.us/finance/ins/ins.html.

**TMA Efforts Lead to Suspension of HRI Overpayment Demands**

(Continued from page 43)

considering legal options. The TMA’s stated concerns included HRI’s accusation that physicians upcoded based on claims data with no clinical record review, HRI’s authority to make recoupment attempts beyond the 18 month “look-back window” of the State recoupment law, and physicians being asked to release patient medical records without in-hand proof of documentation establishing that the disclosure of medical records is authorized under the HIPAA laws.

**WHAT MEMBERS SHOULD DO**

• Any TMA member who receives written or telephone communications from HRI should advise the TMA Legal Department.

• Any TMA member who has paid any money to HRI due to HRI’s collection efforts should contact the TMA Legal Department.

The information received will be used by the TMA in its continued advocacy efforts on behalf of its members in this matter. Contact the TMA Legal Department at 800-659-1862 or becky.morrissey@tnmed.org. Please do not submit confidential patient information in any communications with the TMA.

This information should not be construed as legal advice or representation by the TMA. It does not constitute an attorney-client relationship between you or any TMA employee. Should you require legal advice or representation, you should contact your personal attorney.
TMA members of the University of Tennessee College of Medicine – Chattanooga (UTCOMC) Class of 2010 are among those recently honored as the first inductees of the Gold Humanism Honor Society. The Society works within and beyond medical education to inspire, nurture, and sustain lifelong advocates and activists for compassionate patient care. TMA inductees nominated by peers and faculty are Alkesh Amin, Barry Pelz, Robin Atkinson, Harry Baddour, Joanna Blankner, Jay Mark Smith, Brian Bogdanowicz, Matthew Steadmon, Chonna Larry, Byron Stephens, Andy Parnell, Bryan Payne, and Allyson Warren.

Steven J. Baumrucker, MD, of Kingsport, recently earned a certificate of added qualification for completion of the 2008 Hospice and Palliative Medicine Certification examination. Dr. Baumrucker currently serves as medical director of palliative care at Holston Valley Medical Center and at Adventa Hospice in Kingsport, and has served as an assistant clinical professor at East Tennessee State University’s Quillen College of Medicine. He is a Fellow of the American Academy of Hospice and Palliative Medicine and is the recipient of several awards, including the 2003 Tennessee Hospital Association’s meritorious service award, and serves as associate editor-in-chief of the American Journal of Hospice & Palliative Medicine.

Donald A. Lakatosh, MD, of Seymour, has achieved board certification in electrodiagnostic medicine from the American Board of Electrodiagnostic Medicine (ABEM) and is now an ABEM Diplomate. The designation of ABEM Diplomate demonstrates that Dr. Lakatosh has obtained specific training and passed a comprehensive written and oral examination to demonstrate competency in electrodiagnostic evaluation of disorders of the neuromuscular system. Dr. Lakatosh is also board certified in Physical Medicine and Rehabilitation with an emphasis on muscle, bone and nerve rehabilitation. Dr. Lakatosh has been providing patient care in Seymour since 2004 and East Tennessee since 1999. He is also a member of the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) and as a Diplomate of the ABEM is granted Fellow status with AANEM.

David W. Lawhorn, MD, of Gallatin, has received the James Keane Award for his accomplishments within the Tennessee chapter of the American Academy of Emergency Medicine (AAEM), where he currently serves as president; he is a founding member of the national AAEM. An emergency physician with Sumner Regional Medical Center, Dr. Lawhorn is also an associate clinical professor of Emergency Medicine at Vanderbilt University Medical Center.

Walter Morgan, III, MD, of Nashville, was a leading surgeon in Tennessee’s first successful surgical separation of conjoined twins at Vanderbilt’s Monroe Carell Jr. Children’s Hospital on April 7. The surgeons operated for eight hours to separate Zoey Marie and Keylee Ann Miller, conjoined twins born on January 4 in Johnson City. The twins spent three months in the Children’s Hospital’s Neonatal Intensive Care Unit until they were strong enough to undergo separation surgery. Dr. Morgan is assistant professor of Surgery and Pediatrics in the Vanderbilt Department of Pediatric Surgery, and was recently named one of Nashville’s “Top Doctors” in Pediatric Surgery.

Kenneth E. Olive, MD, FACP, has been named a governor of the Tennessee Chapter of the American College of Physicians (TNACP). A board-certified internist, Dr. Olive currently serves as a professor of Internal Medicine and executive associate dean for Academic and Faculty Affairs at East Tennessee State University’s James H. Quillen College of Medicine. He is an attending physician at Johnson City Medical Center.

Karen A. Rhea, MD, has been named chief medical officer at Centerstone Community Mental Health Centers of Nashville; she formerly served as vice president for medical services. Board-certified in child and adolescent psychiatry, general psychiatry and pediatrics, Dr. Rhea...
is a clinical assistant professor of psychiatry at the Vanderbilt School of Medicine. She is a member of numerous professional organizations, including Alpha Omega Alpha, the American Psychiatric Association, the American Academy of Child and Adolescent Psychiatry, the American Academy of Pediatrics and the Tennessee Psychiatric Association. She is also a founding member of the International Collegium of Composite Diagnostic Evaluation in Psychiatry.

Bashar Shala, MD, FACC, FSCAI, FASE, FASNC, has been granted board certification for Cardiovascular Computed Tomography (CT) by the Board of Cardiovascular Computed Tomography (CBCCT). CBCCT recognizes physicians who have demonstrated knowledge and skill in the field of Cardiovascular CT by passing an extensive written examination. Currently, there are 731 physicians worldwide certified by the CBCCT. Dr. Shala is the first and only physician that holds this board certification in West Tennessee. Dr. Shala practices with Memphis Heart Clinic; he is board certified in cardiovascular disease, interventional cardiology, internal medicine, echocardiography and nuclear cardiology. He has received numerous awards and honors, including the James Givens Award for Excellence from the University of Tennessee.

Richard G. Soper, MD, is among the first physicians in the United States certified by the American Board of Addiction Medicine, a new independent medical specialty board. The American Board of Addiction Medicine (ABAM) has begun to certify addiction medicine physicians from several specialties. There was previously only addiction-related board certification for psychiatrists. ABAM sets standards for physician education, assesses physicians’ knowledge, and requires and tracks life-long continuing education. Dr. Soper serves on the Board of Directors for the American Society of Addiction Medicine and is an advisor to several other professional organizations. He has an addiction medicine private practice in Nashville.

Virginia M. Weaver, MD, of Memphis, has been named medical director for Saint Francis Center for Surgical Weight Loss. Currently the only surgeon performing gastric bypass surgery in the Memphis area, she will continue as the Center’s primary surgeon. She has been associated with the Center since its inception; the Saint Francis facility is the only ASBS designated “Center of Excellence” in Memphis and only one of four in the state of Tennessee.

CHCMS Announces $42.9 Million Milestone for Project Access

(Continued from page 47)

actively receiving care or finalizing enrollment, and 2,913 other patients had completed their care. Those who did not qualify for the program (3,012) were directed to other services. In addition to 632 volunteer physicians who provide services to patients, the Project Access partnership includes Erlanger Health System, Memorial Health Care System, and Parkridge Medical Center Inc., Siskin Hospital, Hamilton County Health Department, Memorial Primary Care Centers, Southside and Dodson Avenue Health Centers, Volunteers in Medicine, Rehab South, and a variety of other partners.

Officials said the growing number of uninsured and current economic pressures underscore the need for such programs.

“We want to continue to call attention to the problems faced by the uninsured. When people do not have health insurance, it hurts individuals, families, and our entire community,” said Dr. Cofer. “Project Access is a great community service, but we can never lose sight of the larger problem.”

To learn more about Project Access, call 423-826-0269 or log on to www.chattmedsoc.org and click on “Project Access.”
Most physicians enter the profession with a singular motivation: to help others.

Physicians must prove their commitment to that ideal by withstanding years of training and work demands that test their resolve at every turn. And while our medical system often reveals their personal strengths, it also can expose the fragile nature of their humanity.

I have learned...

"I have learned it is all right for doctors to ask for help, for we are human beings also - sometimes faulty ones, but still humans."

— R.B., M.D.

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Tennessee Medicine takes this opportunity to welcome these new members to the Tennessee Medical Association

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Tony N. Phillips, MD, Jackson
Steven G. Weaver, MD, Jackson
Robert E. Sylvester, DO, Jackson
Archie W. Wright, DO, Jackson

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Mr. Mark A. Fritz, Nashville
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Janet G. Pickstock, MD, Johnson City

SUMNER COUNTY MEDICAL SOCIETY  
Geoffrey Lifferth, MD, Brentwood

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Anumeet Priyadarshi, MD, Dickson

WASHINGTON-UNICOI-JOHNSON COUNTY MEDICAL ASSOCIATION  
Rebecca J. Copeland, MD, Johnson City

WILLIAMSON COUNTY MEDICAL SOCIETY  
Joel M. Phares, MD, Franklin

IN MEMORIAM

David Howard Knott, MD, age 72. Died April 19, 2009. Graduate of University of Tennessee Center for Health Science. Member of The Memphis Medical Society.

John Henry Bell, MD, age 75. Died April 24, 2009. Graduate of Duke University School of Medicine. Member of Knoxville Academy of Medicine.


Cleland C. Blake, MD, age 78. Died May 9, 2009. Graduate of University of Tennessee Center for Health Science. Member of Lakeway Medical Society.


AMA PRA

Physicians who earn the American Medical Association (AMA) Physician’s Recognition Award (PRA) have been recognized by the AMA for their commitment to patient care and lifelong learning through continuing medical education (CME). The Tennessee Medical Association would like to commend our members who have earned the AMA PRA recently by demonstrating that they earned an average of at least 50 CME credits per year. Congratulations to the following:

Charlotte Keene, MD, Kingsport  
Samuel Smith, MD, Brentwood
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References – References should be limited to 10 for all papers. All references must be cited in the text in numerically consecutive order, not alphabetically. Personal communications and unpublished data should be included only within the text. The following data should be typed on a separate sheet at the end of the paper: names of first three authors followed by et al, complete title of article cited, name of journal abbreviated according to Index Medicus, volume number, first and last pages, and year of publication. Example: Olsen JH, Boice JE, Seersholm N, et al: Cancer in parents of children with cancer. N Engl J Med 333:1594-1599, 1995.

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