Save Time and Administrative Costs

Determine patient liability before or at time of care

You can enjoy the convenience of determining accurate BlueCross BlueShield of Tennessee patient liability at or before the time of care through the real-time claims adjudication tool available in the provider secure area of bcbst.com.

By using this tool, your billing staff will know the exact amount your patient is required to pay under his or her BlueCross health plan. It helps eliminate confusion at the point-of-service and helps avoid the administrative burden of balance billing or refunds.

For more information on how real-time claims adjudication works, log on to bcbst.com today!

bcbst.com
President’s Comments
5 Zen-Good Medicine
   — Douglas Springer, MD, FACP FACG

Editorials
5 Editorial—Politics as Usual?
   — Karl Misulis, MD, PhD; Christa M. Stoscheck, MD
9 CEO’s Note—Unity and Professionalism Wins Respect and Reverence—Russ Miller, CEO
11 A Healthily Functioning Democracy: Small Incremental Changes—Rebecca Lofty

Cover Story
21 Effective Strategic Alliances and Partnerships: Closing the Gaps in Medicine
   — Elise Denneny, MD; Crystal Hogg

Member News
13 A Collaborative Team Effort in Diabetes Prevention; Legislative Roadshow—George Woodbury, Jr., MD; TMA Public Health Champion: Dr. David Reagan; Physicians Primary Elections Winners; As a Tennessee Delegate, in the AMA House of Delegates—J. Chris Fleming, MD; Members in the News

Special Features
25 A Tale of Lost Innocents—Jim Batson, MD, FAAP
26 Education and the Professional Medical Biller
   — Phyllis Franklin

For The Record
28 New Members
29 In Memoriam
30 Advertisers in This Issue; Instructions for Authors
NO OTHER BANK OFFERS THIS LEVEL OF SERVICE

“Recently, Dr. Dunn and I financed the construction of several facilities with TMA Medical Banking, a division of INSBANK, and have been thrilled with the experience. They’re a local bank with access to decision-makers who understand our business. Rather than a cookie-cutter offering, they provided us customized terms that fit our needs, sound business advice, and vendor recommendations. They went far beyond the loan process by networking us with others that share similar business passions. No other bank offers this level of service in addition to financially supporting the Tennessee Medical Association. We recommend them without reservation.”

—Greg Rowbatham, M.D.

DEPOSIT AND LENDING SERVICES
TMA + INSBANK

www.tmamedicalbanking.com

Fore more information contact BLAKE WILSON at 615.515.4272 or by email at BWILSON@TMAMEDICALBANKING.COM
I am grateful to have been selected to represent our organization as President for 2014-2015. This year can be summed up as “change”. The Japanese have a word for this—Kaizen (Kai-change and Zen-good). Even though this originated in industry it has direct application to the healthcare setting. With Kaizen, a person can identify a problem, offer up a solution, and then work to implement the best approach to the problem. In healthcare this translates into continuous improvement.

We have so many issues in front of us that it is going to take an incredibly engaged membership to serve in all the roles we have been asked to participate in with our local societies and in the state organization. With fragile human and financial resources at stake by the decisions we make now, it is going to take a dedicated tight organizational structure to complete the tasks ahead. Poor quality from this viewpoint is the result of poor systems in place and not the fault of individuals. However, each defect that is noticed is potentially an opportunity. This is the reason that I believe in diffused management and not central dictatorial hub and spoke management. However, this is going to take a well-informed and engaged membership.

A culture of openness and transparency is being cultivated at TMA and will expand this year. We are working to improve our governance processes and I absolutely believe that if the proper structures are put in place that function will follow. So, one of your jobs as members is to know your environment, so that you can be an effective doctor in our state and your practice, a good member of your local medical society and a team member at the state level. Even though many of you have already done some “heavy lifting” for organized medicine, I am going to ask you to do even more. The only way to maintain our state organization to remain a significant and vibrant force in Tennessee and move the needle from “good to great” is to have a financially strong society and build upon our successes. Since membership is so vital to our organization (it represents 65% of our Association’s income) this has to be an area of concentration for everyone, not just the membership committee. I believe that this piece represents our 2014 “burning platform”.

John Kotter from Harvard Business School wrote a book about the sense of urgency. It is an attitude that leads people to embrace opportunities, while avoiding hazards and shedding low priorities in order to avoid complacency. It is easy to do nothing. In fact, there is a phenomenon called the “Bystander Effect” that is pervasive throughout medicine. This states that it is easier to let someone else do the job hoping that somehow it will get done. I think we can do better to recruit members and retain the current members. We currently have 4,000 dues-paying members out of potentially 12,000 (that is one in three physicians in Tennessee, and if you are in a meeting you can look left and right and ask both to become members). I believe that if we are aware of the issues in our environment, it will make us better practitioners and enable us to act as effective recruiters and disciples for the TMA. I would like to see a TMA membership committee of 4,000, and not ten. We need to take ownership of recruitment and sell the ideals of the organization. To do this effectively and when you are asked, “what have they done for me lately,” you will be prepared. To this end, we at the Board of Trustees and TMA management are going to give you the ammunition to present to nonmembers. The articles in the journal will help, and information will also be published in an e-mail format in the every two week notification. Use this information to recruit. In this disposition, this month is dedicated to strategic partnerships.

A strategic alliance is one that has the aim of improving your core business and is usually critical to the success of the core business. It can offer a competitive advantage and reward the partners financially and produce savings in overhead while reducing competitive threats. They sometimes can turn members into disciples for the organization while producing massive advantages that cannot be attained in small groups. These partnerships must produce bilateral measurable value and must be constantly managed so as not to become complacent or accept mediocrity. There needs to be executive sponsorship, visibility and accountability on both sides of the equation. Regular communication and trust is core to the success of these entities. Objectives can include financial improvement, education, selling products or services, promulgate standards, influence of policy to name only a few. They have relevance to the association’s membership penetration, revenue, fine-tuning of resources, and promotion of mission. The market for organized medicine is changing and our opportunities will change over time and flexibility will need to be part of our culture. Our members wants and needs are evolving. We are positioning ourselves for the future.

As always, I appreciate your comments and suggestions. Share your thoughts with Dr. Springer at president@tnmed.org.

By Douglas Springer, MD, FACP FACG | President
More Tennesseans Have Access To Prescription Savings

Statewide Prescription Assistance Program Offers a Prescription to High Healthcare Costs

The Centers for Disease Control reports that Americans spend more on prescription drugs than people in any other country: some $45 billion in out-of-pocket dollars in the last year alone. With that in mind, the Tennessee Drug Card is reminding physicians that their patients who aren’t insured or who take prescription drugs that aren’t covered by their health insurance plans, can use the Tennessee Drug Card to obtain discounts of up to 80 percent off the retail price for brand and generic FDA-approved medications.

Another unique component of the program is their preferred pharmacy option. Tennessee Drug Card has chosen CVS Pharmacy as their preferred pharmacy so that residents who don’t have access to a computer and can’t obtain a hard card, can visit any CVS Pharmacy to have their prescriptions processed through Tennessee Drug Card. Residents can simply reference “Tennessee Drug Card” to have their prescription processed through the program. Tennessee Drug Card is accepted at over 56,000 participating regional and national pharmacies.

Tennessee Drug Card has been working closely with Tennessee Medical Association, as well as numerous clinics and hospitals around the state to distribute free discount prescription cards to all Tennesseans so that all residents will have access to this free program. Tennessee Drug Card was launched to help the uninsured and underinsured residents afford their prescription medications. The program can also be used by people that have health insurance coverage with no prescription benefits, which is common in many health savings accounts (HSA) and high deductible health plans.

Tennessee Drug Card has helped residents save over $36 million since its inception in 2007. You can help by encouraging your patients to print a free Tennessee Drug Card at www.tennesseedrugcard.com. Tennessee Drug Card is also available as an app for iPhone and Android. You can search “Free Rx iCard” in the app store. Any physicians who are interested in ordering free cards for their clinic/hospital can email Natalie Meyer, Program Director, at Natalie@tennesseedrugcard.com.

Program Highlights:

✓ Free Card For Everyone
✓ No Restrictions on Eligibility
✓ Low Price Guarantee
✓ Discounts Most Medications
✓ Accepted at Over 56,000 Pharmacies
✓ HIPAA Compliant

For more information or to order free hard cards visit:
www.tennesseedrugcard.com
Natalie Meyer • Natalie@tennesseedrugcard.com
Phone: 1-888-987-06884

Tennessee Drug Card Preferred Pharmacy:
CVS/pharmacy

Free Rx iCard
Tennessee Drug Card
It’s no secret that our adversaries have long used a divide and conquer technique to silence and push physicians apart. Fifty years ago, you were physicians, a word used in a very singular and proud statement – now I hear you introduce yourselves as internists or orthopaedists or dermatologists. You work for the hospital...you are in a multispecialty group...you run a solo practice.

Yes, you are all still physicians, but the market has fragmented you and has even altered the way you view yourselves. In the 1970s, almost every physician was a member of the AMA and the TMA (85%+), and there were very few medical specialty organizations in the advocacy space they occupied. Today, we have a hundred national specialty organizations and health care special interest groups encircling Washington DC, who only focus on their own individual needs. The same happens here in Tennessee.

If we hope to improve the status of medicine and secure a brighter future for Tennessee physicians and their patients, we have to bring doctors back together. This is the only way we can tackle the big issues we all face, regardless of your specialty, like government regulations, health system reforms, and insurance hassles. We have to remove those things that divide us and work more toward strategies to improve physicians’ abilities to think and speak in sync again. Frankly, there are many adversaries outside of medicine spending enormous resources to weaken your brotherly bonds. Just think of how many organizations, business groups, and competitors benefit when medicine is embroiled in its own internal battles.

Organized medicine -- your state and local medical societies, and, yes, the AMA, are the very entities that can bring sides together and help mitigate the differences and conflicts. The very principles of medical societies are to bring physicians together to improve the care in the community, advocate for patients and the member physicians.

The retort I often receive when discussing membership with a physician is that they feel they get all that TMA offers from their specialty, or their employer or their group. This is just what your adversaries want. They don’t want physicians congregating in larger, more influential and vociferous organizations. They don’t want you ‘on the same page’ with shared vision, working for like-minded goals and purposes.

Use the TMA as the venue for working out professional differences and let’s strive to maintain unified front to those outside of medicine. Don’t battle others in the press, the legislature or the courts. Each time one physician wins over another, the profession loses collectively because this feeds the fragmentation. Unity and professionalism are your greatest strengths and will allow you to earn the respect and reverence of those you wish to influence most.

TMA is focusing on three strategies to help repair the damage done by years of fragmentation:

1. We are making concerted efforts to increase the opportunities and intensity of the collaborative work done with our state medical societies and allied health organizations to mitigate conflict, find common goals, and work together to improve health care in our state;

2. We are working to better orchestrate the work of medical political action committees in our state elections. Altogether, medical PACs are larger than all the other PACs and we need to work in sync to make the most of our efforts;

3. We are attempting to re-establish the largest convening of physicians in our state every year by inviting all specialty societies and medical organization to meet in conjunction with the TMA thereby creating the largest physicians convention. As we convene more and more physicians and organizations, we will see those very persons who seek to fragment you pay more attention to your perspectives and actions.

So the next time you are entrenched in a discussion or activities that are ultimately divisive to your physician colleagues in another practice, specialty, system or hospital, think about the ramifications of a win in the long-term. Consider how your medical society may be able to play a role in helping you accomplish what is ultimately in the best interest of medicine in Tennessee, physicians and the patients you serve.

The TMA was created to be the purveyor of good medicine in Tennessee...to protect the health of the citizens...and it is still our mission today, but like Thomas Paine said, “if we do not hang together, we shall surely hang separately.” Let’s work on working better together, because we can see what working separately is doing to the profession.

Share your thoughts with Mr. Miller at russ.miller@tnmed.org.

By Russ Miller | CEO
TAMPER RESISTANT PRESCRIPTION PADS/PAPER

1. SECURITY BACKGROUND ✔
2. ERASURE PROTECTION ✔
3. BACK PRINTING ✔
4. MICROPRINTING ✔
5. SECURITY WATERMARK ✔
6. COIN REACTIVE INK ✔
7. THERMOCHROMIC INK ✔

ALSO AVAILABLE
- HIPAA DOCUMENTS
- CUSTOM CHART FORMS
- SIGN IN SHEETS
- TAX FORMS
- CHECKS
- ENVELOPES
- LETTERHEAD
- BUSINESS CARDS
- APPOINTMENT CARDS
- BOOKLETS/MANUALS/BROCHURES
- FILING CHART INDEXES & LABELS

ARE YOU SECURE?

VISIT YOUR PERSONALIZED STORE TO ORDER
www.TheTMAstore.com

LOCAL: 615-259-3340  TOLL FREE: 800-800-5876
EMAIL: customerservice@twopointinc.com
Once upon a time, politicians were all selfless public servants who left their successful occupations for a time in service to their community and country. They represented the interests of the people of their district or state as well as the interests of the nation, and indeed, the world. Whatever personal agenda they might have had was eclipsed by their duty.

Who are we kidding? That was never the case. History is replete with examples of individuals who have used power and position for their own benefit. A selfless servant could drown in the sea of self-interest.

As physicians, we focus on the problems – when we diagnose a cancer, we do not emphasize all of the other organs performing flawlessly, and we concentrate our effort on eradicating disease. We recognize that a single diseased organ can end the life of our patient. So it is with politics. We do indeed have many dedicated public servants. But we also have too many who are more interested in their personal agenda and powerbase than in the people they represent.

Perhaps the problem is perspective. When you and I care for a patient who is critically ill or even terminal, we are by their hospital bed as they go through their ordeal. This is not true for most of our politicians and their supporters. They will not be there as we fill out the death certificate for the man who died because he could not afford aggressive outpatient treatment of his malignant hypertension. They will not be there to care for the critically ill newborn of an unemployed single mom with no prenatal care. It seems so theoretical from the mahogany seats.

This issue's essay is authored by two individuals – one is a republican, and one is a democrat; one is male, and one is female; one is a government employee, and one is a corporate contractor; one is a TMA member, and one is not. But both do share some common characteristics. Both are experienced medical school faculty. Both are politically active. Both care deeply about the health of our people; meaning people of our community, our state, our nation, and our world. We grieve when political decisions result in suffering and death.

So, it is election season again – a continuous drone of propaganda replete with spin and disinformation. The use of emotional manipulation is equally egregious, in our opinion, as the power brokers use vitriolic discourse to whip the electorate into a frenzy which often votes with emotions rather than logic.

So, as doctors, what can we do to remedy this situation?

First of all, we must vote. Investigate the candidates and the issues. Make sure you use trustworthy sources. Take the altruistic view – what is best for my people is more important than what is best for me. Once you have made a decision, make sure you vote. All of us are busy, but absentee and early voting opportunities are invaluable.

The second thing we can do is to get involved. Most of us are fairly high profile and at least somewhat active in our communities. Take that experience and passion to the politicians making the decisions and the candidates for office. Talk to them. Express your opinions in local media. Join a political party to help shape its direction. Join your local Medical Society to help advocate for fellow physicians and our patients. Become a future candidate, Howard Dean III, MD, and William Harrison, “Bill” Frist, Sr., MD, were effective politicians as well as physicians. And lend financial support to the candidates and causes you believe in.

Your vote and support can promote the issues we care about – healthcare, nutrition, education, environment, product safety, medical research. Political action can make the difference between life and death.

GUEST EDITORIAL

POLITICS AS USUAL?

By Karl Misulis, MD, PhD; Christa M. Stoscheck, MD
AN INFORMATIVE, INTERACTIVE LEARNING EXPERIENCE

Join representatives from: Cahaba GBA, the Bureau of TennCare, TennCare MCOs, Medicare Advantage Plans and commercial carriers for valuable tips on claims, reimbursements, and authorizations.

Oct 7: Memphis | Oct 8: Jackson | Oct 14: Kingsport

Register online at tnmed.org/insurance-workshops

Please note the materials will not be given as handouts, but will be available for download. Registrants will get additional instructions.
Too often we think of change, choice and important decisions as coming from the top down. We fail to recognize that the underserved and underheard voices have the potential to be a driving force of change. Our founding fathers recognized this within the Constitution: to protect and preserve the right of the citizens to petition our government. They saw citizen-involvement as paramount to the success of our democracy. Democracy works best when power is vested in citizens and communities. Grassroots advocacy is one of the most important features of a healthily functioning democracy.

In the modern era, grassroots advocacy has become an increasingly popular way to create change within the influence of public policy sphere. It is the voice of the people, guided by the will of the people. TMA’s function is to serve as a microphone to ensure that the united voice of physicians is heard in the halls of Capitol Hill.

Advocacy’s greatest challenge is getting a message to legislators, when they are already being inundated with so many issues. To be successful, key advocates must be strategically placed in precise political arenas. The ultimate objective is to create small incremental change and establish long-lasting necessary relationships.

TMA’s new Grassroots program, Physicians Involved in Tennessee’s Capitol Hill (PITCH), aims to achieve this objective through a variety of programs and initiatives that was recently discussed at the Legislative Roadshow, which hit cities across the state in July. Following the roadshow, Dialogues in the District, a program designed to initiate intimate conversations between physicians and legislators on their home turf, began. PITCH seeks to empower physicians through engagement and participation, ultimately helping physicians to help themselves.

Making donations to TMA’s Political Action Committee (IMPACT) is especially important during the campaign season. We were pleased to have raised a record-setting $45,980 at MedTenn in April, but we are eager to raise another $132,000 to hit our goal of $350,000+ to maintain IMPACT’s spot as one of the larger PACs in Tennessee. Over the past year, we had 398 individual donors; 85 physicians joined IMPACT’s Capitol Hill Club by donating $1,000, and two more who reached Platinum status by donating $5,000 or more! Thanks to these physician contributions, we are certainly making a difference.

Each donation helps to elect and keep medicine-friendly legislators in office, which is imperative in bringing about constructive, incremental change. This election cycle is particularly enriching and exciting: TMA has been working hard to support three member physicians who are running for seats in the state legislature. Dr. Richard Briggs (R, Knoxville), Dr. Sabi Kumar (R, Springfield), and Dr. Bryan Terry (R, Murfreesboro), won their primaries in August and need your donations and continued support to be successful at the polls in November. We hope the candidates join the three existing TMA Senate members currently serving, Dr. Joey Hensley, Dr. Mark Green, and Dr. Steven Dickerson. Pushing forward with an aggressive political agenda that protects patients and supports physicians will be much easier with four TMA physicians serving in the state senate and two serving in the house.

After elections are concluded for the 109th Session of the Tennessee General Assembly, emphasis will shift from fundraising to the development and fostering of healthy physician–legislator relationships. As these relationships strengthen and our grassroots begin to go viral, TMA will hone the physicians’ 2015 legislative agenda by proactively educating the state on important health issues affecting our communities, and seek solutions and compromises to enhance patient care. In retrospect, the small incremental changes, will be much larger and far reaching than expected. Grassroots advocacy will have monumental impact on the future of medicine.

Interested in getting involved with our grassroots advocacy program? Go to tnmed.org/grassroots.org.
Physicians are increasingly exposed to privacy-related claims such as hacking, lost laptops, dishonest employees, and virus attacks, which can result in an embarrassing and costly loss. We offer a Cyber Liability Insurance Plan that provides protection designed for the unique needs of healthcare providers. The plan offers a comprehensive suite of network security and privacy insurance solutions, including:

- Client Notification Expenses
- Credit Monitoring Expenses
- Cyber Extortion Coverage
- Cyber Terrorism Coverage
- HIPAA Violations
- Network Asset Protection
- Privacy Breach Response Costs
- Reputation Restoration Specialists
- Cyber Extortion Coverage
- Privacy Breach Response Costs
- Cyber Terrorism Coverage
- Reputation Restoration Specialists

Cyber Liability Insurance can make the difference between staying in business or shutting your doors after an attack. Contact us for a professional “Cyber Review” or for more information on this valuable coverage.
A COLLABORATIVE TEAM EFFORT IN DIABETES PREVENTION

According to the Tennessee State Department of Health, 33% of the state’s population of adults have Type II diabetes. The state of Tennessee also ranks as one of the top five states in the nation for obesity. It’s estimated that 50,000 Tennesseans struggle with pre-diabetes. As a public health initiative to reverse the bleak future of Tennessee, the American Medical Association, YMCA, Tennessee Medical Association and Tennessee Nurses Association have teamed up to launch the YMCA’s Diabetes Program in Tennessee.

Dan Dummermuth, the new President and CEO of the Mid-State Association of YMCAs believes “providers are one of the most important strategic partners we can have in our efforts to prevent diabetes.”

The vision is to run the YMCA’s Diabetes Program in as many YMCAs across Tennessee and to get as many physicians and nurses involved. Currently running in 128 YMCAs in 41 states nationwide, the program focuses on patients who are pre-diabetic. Physicians and nurses identify pre-diabetic patients and refer them to the program, where patients will take classes in smaller support groups facilitated by a certified lifestyle coach. Support group sessions and classroom sessions educate patients on leading healthier lifestyles. Research by the National Institute of Health has shown that programs such as this one can reduce the number new cases of diabetes by 58%.

“By working together with the AMA, TMA and TNA, we aim to improve referral networks and boost awareness about the availability of the program and its ability to help individuals achieve positive results,” Dummermuth says. The AMA has given a grant to pay for the first 100 physician registrants to attend the Middle Tennessee Diabetes Prevention Summit on September 10, a CME/CNE program promoted by the TMA and TNA in middle Tennessee. The Summit will teach physicians about the YMCA’s Diabetes Program, how to create medical referral models to the program from their practice. Physicians will also learn why local employers and insurers, such as Medicaid, are more than willing to pay for this program. “Diabetes is so prevalent in our community, state and nation that it will take all of us working together to stem the tide,” Dummermuth adds.

The Centers for Disease Control encourages collaborative campaigns to improve public health, opening the door for federal grants and funding. This program could be the first of many public health campaigns that focus on specific diseases under a treatment team, starting with physicians and continuing with programs such as the YMCA. But for now, Dummermuth concludes, “We are grateful to have the support of the TMA and AMA as we strive to stop diabetes before it starts. Providers are on the front lines with patients every day, and they represent a step in the risk assessment process that can be difficult for a YMCA to scale on its own. But if we can work together to complement each other’s work, in the end, patients and our communities win.”

Visit us online at tnmed.org to learn more about the Middle Tennessee Diabetes Prevention Summit and how you can get involved.
TMA PUBLIC HEALTH CHAMPION: DR. DAVID REAGAN

David R. Reagan, MD, PhD, of Nashville, has been named the Tennessee Medical Association’s Public Health Champion for 2014. Chosen by TMA’s Public Health Committee, Dr. Reagan was chosen for his charismatic advocacy in his beliefs, practices, programs, policies and his technological advancements within the Tennessee Department of Health.

As chief medical officer for the Tennessee Department of Health, Dr. Reagan has been instrumental in developing a cohesive long-range strategic plan for TDH, improving the department’s QI system and bringing the department up to date with being able to provide evidence-based statistics for decisions made by the state. He has been fluent in creating policies and statewide initiatives that help lead the department into the future with public health informatics to enhance electronic information exchange and modernizing the public health informatics system.

“My role with the Tennessee Department of Health has allowed me to spend a lot of time coming up with ways and programs to improve public health,” he says, “I oversee a number of areas within public health that have clinical application, such as community health services, family health and wellness, emergency preparedness and health regulations.” Dr. Reagan has played an integral role in the department’s public health informatics and enhancing electronic information exchanges, such as the Controlled Substances Monitoring. These enhancements has been integral in state epidemics, like Neonatal Abstinence Syndrome, by making them reportable and leading to evidence-based decisions by the Department of Health.

“Becoming TMA’s Public Health Hero is a great honor, it says that the Public Health Department is aligned with TMA. Issues such as Substance Abuse and Helmet Safety issues are sometimes too large to go it alone, it takes partnerships and communities and nonprofit organizations to make changes,” Dr. Reagan adds. He has made it a personal goal in his role as TMA’s Public Health Hero to become a key team player and partner with organizations like TMA in order to make changes in the overall health community. “The TMA has made multiple efforts to improve response to prescription safety in Tennessee and many of the things would not have happened without the TMA. For instance, the amount of opioids dispensed has declined for the first time in a decade, an early sign that instances of NAS will decline in the near future.”

Dr. Reagan is a graduate of Vanderbilt University School of Medicine and is certified by the American Board of Internal Medicine and specializes in Infectious Diseases. Before accepting his role of Chief Medical Officer for the Tennessee Department of Health in 2012, Dr. Reagan was appointed an Assistant Professor of Medicine in the Department of Internal Medicine at James H. Quillen College of Medicine and Chief of Staff of the VA Medical Center. He has also served on the board of the American College of Physicians and remains a prominent member of the Washington-Unicoi-Johnson County Medical Society. “Dr. Reagan is a proven leader and innovator. His experience, passion and commitment to bringing quality, evidence-based care to all Tennesseans has been evident throughout his career in medicine and in public service. We are proud, on behalf of more than 8,000 of his peers across the state, to give him this honor,” said Dr. Stuart M. Polly, Memphis internal medicine specialist and Chair of the TMA Public Health Committee.

Do you know a TMA public health hero who deserves to be in our quarterly spotlight? Submit their name with a brief statement explaining the reason for your nomination to Pam.slempp@tnmed.org.

LEGISLATIVE ROADSHOW

The Legislative Roadshow is a CME program developed by the Tennessee Medical Association as a way to offer their annual legislation report with face-to-face meetings across the state. TMA’s legal and advocacy experts stopped in Memphis, Jackson, Nashville, and Knoxville to apprise physicians of TMA’s efforts to address proposed health care-related legislation which will likely come before the 109th Tennessee Legislature and will convene in Nashville January 13th of 2015.

What is so great about this program is that it the TMA Advocacy team discusses in detail the issues that TMA may be in support of, in opposition to, or neutral to, as determined by the Legislative Committee, depending upon perceived implications.
Physicians Primary Elections Winners

Voters took to the polls in August and elected all three of the following physicians who are running for seats in the State House and Senate, giving TMA a three for three in the Primary Elections!

Richard Briggs, MD (R – Knoxville) won overwhelmingly over Stacey Campfield by 8,153 votes! Dr. Briggs has more than 30 years of military service in command and leadership positions, including serving as a combat trauma surgeon during Operation Desert Storm and completing recent tours in Afghanistan and Iraq, earning the rank of Colonel and a Bronze Star for his service. A graduate of the University of Kentucky College of Medicine, Dr. Briggs has practiced heart and lung surgery for 22 years. He is a past-president of the Knoxville Academy of Medicine and has been actively involved in the TMA for more than 20 years on the Board of Trustees. He has also served six terms on the Knox County Commission.

Sabi Kumar, MD (R – Springfield) won the Republican Primary by 1,199 votes and offers physician representation in the State House. As a graduate of Guru Nanak Medical College, Dr. Kumar has practiced general surgery for over 37 years. He prides himself for his community involvement, including being a founding member for Northcrest Medical Center, serving on their Board of Trustees for five years and as Chief of Staff for three terms. Dr. Kumar has served two terms on the Northcrest Medical Foundation Board of Trustees. He is a founding member of the YMCA and received the Citizenship Award from the Daughters of the American Revolution.

Bryan Terry, MD (R – Murfreesboro) won a highly contested three-way race by just 454 votes. Dr. Terry graduated from the University of Oklahoma College of Medicine in 1994, completed his residency at the Tennessee Medical Center in Knoxville and moved to Rutherford County in 1998 to practice as an Anesthesiologist with the Murfreesboro Anesthesia Group. Currently serving as the group’s HIPPA Compliance and Medicare Compliance Officer, Dr. Terry also serves on the Physician’s Excellence Committee for St. Thomas Rutherford Hospital. As a TMA member since 2004, Dr. Terry would fill physician representation in the State House for the medical community.

All three candidates will battle for their General Election in November.
AS A TENNESSEE DELEGATE, IN THE AMA HOUSE OF DELEGATES

By J. Chris Fleming, MD

I have had the opportunity to attend the AMA House of Delegates for a number of years. Recently, I have been asked to describe what I see being accomplished by attending. This is my experience:

Getting to be “a Voice for Medicine”
The AMA has the ability to review and to comment on the undergrowing changes as a united voice for medicine across the United States. This affords us physicians a strong voice, thus a strong advantage in reviewing and commenting on many of the proposed changes. The “House of Medicine” represents 800 thousand physicians in the United States; made of component organizations that span the spectrum of medical specialties, states societies, practice types (private practice with solo practitioners to very large multi-specialty group employed physicians), medical students, residents, young physicians and senior physicians. Over 500 delegates represent the spectrum of medicine in this democratic structure, the “House of Delegates”. The policies and positions of the AMA are created here through a three day reference committee review, and then an extended review by the full house with a majority setting the policy we will follow. Getting to an agreement on any issue requires building a case for your point of view, developing a coalition of members to vote for your proposed policy, and obtaining a majority vote by the House of Delegates.

Changing the Myriad of Regulations that Complicate our Practice
The opportunities to affect regulatory change on a national level are very evident at the AMA. Attending the House of Delegate meeting are representatives of the FDA, the Joint Commission, CMS the Public Health offices, the CDC, as well as doctors that serve on many of the national oversight boards and organizations. We work, by the nature of the practice of medicine, in an environment that has rules and regulations that often have significant unintended consequences. This is where the reference committees of the AMA come into play. They are there to react to the issues we bring forward as resolutions to the AMA. The Tennessee delegation, along with others, have affected a series of changes in JACHO regulations, CMS rules, and a significant number of others. This is the place where we, as a delegation, can get a national hearing on subjects that are brought to our attention from Tennessee. Every year regulations get changed after proven to be burdensome or cause unintended consequences.

Exploring new ways to Deliver Health Care
The ability to learn about what is going on nationally in health care from the individuals that are experiencing it is greatly beneficial for Physicians in Tennessee. This year the example is the new Medicaid proposed model in Tennessee for “episodes-of-care”. We met with Arkansas who has 12 of these models up and running and learned what we need to do to build this model in a way that would be more beneficial to physicians. Demonstrated payment models from the physicians that are practicing in them and not necessarily from a consultant that may have a hidden agenda is very beneficial. We, as a Delegation, talk with other states and entities about ACAs, and other practice models that are developing in the new landscape in medicine.

Meet with Leadership of other Societies to Form Coalitions
A classic example is how the TMA joined with eleven State organizations to sue and win major settlements from the insurance giants, Blue Cross, Atena, Cigna, and United 10 years ago for their past practice of underpayment and down coding. We were able to also change how they do business. This change has saved physicians millions of dollars going forward. Without this national forum it would have been almost impossible. Also, national societies can meet and work on conflicts that arise between specialties.

“Cost of Doing Business”
I have a friend in baking in Memphis that told me years ago, “we are a free-market democratic society and you need to understand what that means.” You are allowed to operate your business in our society through a set of rules and regulations that protect you and your customers. They must be set up to minimally intrude in your business with your customers (patients), but also protect you both from being wrongfully harmed by others. This is where government oversight gets into the opinions of others as to how much oversight and regulation is needed. He stated that if others, for whatever reasons are intruding into your business it is “partially your fault.” The cost of doing business in a free-market society is to be able to have a say. This takes political money to put people into positions of power that affect your business (PAC money and political activism) and it takes the willingness to participate in any rule making process. If you personally cannot do this, then join and support an organization that can. Being given the opportunity to attend the AMA house of Delegates twice a year and giving to PACs has allowed me to participate in this process. I know this activity is not for everyone, however, those that join and support those willing to do this participate in our “cost of doing business” as Physicians.

+
Howard A. Burris III, MD, FACP, of Nashville was named a “Giant of Cancer Care” by the Sarah Cannon and Tennessee Oncology in recognition of his remarkable contributions in advancing therapies for cancer patients. Dr. Burris is a graduate of the University of South Alabama School Of Medicine.

Richard W. Duncan, MD, of Gray, was recently presented with the 2014 Hope Award at the Spine Health Foundation. Dr. Duncan, an orthopedic surgeon, is a graduate of the University of Mississippi School of Medicine.

Cary M. Finn, MD, of Memphis, has been named Patient Satisfaction Physician Champion at Baptist Memphis. He is a graduate of Quillen College of Medicine.

Robert J. Gilroy, Jr., MD, of Jackson, received the 2014 Guest Excellence Doctor of the Year Award given by the employees of Jackson-Madison County General Hospital. Dr. Gilroy is a graduate of University of Medicine and Dentistry of New Jersey Medical School, and is board certified of Internal Medicine, Pulmonary Diseases, and Critical Care Medicine.

Woodrow Myers, MD, of Brentwood was noted as the “Who to Meet” by the Nashville Business Journal in early July for his celebrated position as CEO for Corizon. Dr. Myers has led the company through significant change and growth. He is a graduate of Harvard Medical School.

Colleen M. Schmitt, MD, MHS, FACP, FASG, of Chattanooga, has been appointed president of the American Society for Gastrointestinal Endoscopy. Dr. Schmitt is a graduate of University of South Alabama School Of Medicine.

Do you know a TMA member who has made a great career move, received a big honor or gives to the community in a significant way? Please let us know! Submit your story to crystal.hogg@tnmed.org.
upon the delivery of healthcare services. Many issues arise every year on Capitol Hill. One of the things the TMA does is track what new laws will affect the way we practice of medicine. During the last session, 132 members of Tennessee’s legislature – 33 senators and 99 representatives – regulated many of the activities and decisions that occurred without the input of our offices – from the scope of what services we provide, to details such as how long we retain medical records or whether we wear name badges. Notably, every citizen in Tennessee has one senator who stands for election every fourth year, and one representative, who stands for election every second year. The offices of 17 of our state’s 33 senators – those who serve in odd-numbered districts - are being voted upon on Tuesday, November 4th, 2014 – as well as all of our state’s 99 representatives. The Legislative Roadshow explains what issues are important to me as a physician.

Several topics of significance stood out in this year’s Legislative Roadshow:

• The TMA is supporting the proposed Health Care Provider Stability Act (Senate Bill 2427/House Bill 2303) – sometimes also called the “Payer Accountability Bill.” This legislation will require that insurance companies hold to the terms of their contracts with physicians during the contract term. This bill is being supported by TMA because certain insurance companies have changed payment schedules to physicians unilaterally and mid-contract, leading to financial instability in physicians’ offices. This legislation was referred to the Senate Calendar Committee, meaning that it will likely be taken up again when the legislature reconvenes in January.

• The 2014 legislative term included a variety of bills which aimed to curb Tennessee’s epidemic of prescription drug abuse. Controlled Substances Database Report (SB1630/HB 1426) – which passed with TMA support – now allows the admission of Controlled Substances Monitoring Database reports into patient charts. Limits on the purchase of ephedrine and pseudoephedrine (SB1751/HB1574) passed despite TMA opposition, requiring that minors now have a written prescription for such products, and limiting purchasing to less than 2.4 grams per 30 days by adults. And Drug Prescription Requirements (SB2000/HB1939) – with TMA support – now establishes rules regarding drug screening and compliance plans for registered pain clinics.

• Relating to the scope of practice of medicine, Optometrists Practicing in a Retail Store (SB220/HB555) - which was enacted despite opposition by the TMA - now requires that optometrists may only render services involving local injectable lidocaine under certain defined scenarios; drainage of hematomas, removals of foreign bodies and epidermal lesions, and repairs of small lacerations.

With changes in politics in Nashville, there has been a growing level of turnover in our legislature, with over 25% of our state’s legislators being “newbies” in the elections of November of 2012. As a TMA benefit, the TMA Advocacy department provides “weekly” electronic updates on active legislation during the January thru April session so that physicians can remain up-to-date on important legislation.
XMC is Proud to Partner With the Tennessee Medical Association

by providing electronic document management and cost effective office equipment. As independent business people and exclusive representatives, Xerox of XMC offers you the best of both worlds.

As a corporate partner with the Tennessee Medical Association, you receive the benefits of:

• Consistent negotiated contract pricing on Xerox technology
• Single order contact
• Free technology consultation
• Hardware, software, managed print services, and electronic document management available
• Total Satisfaction Guarantee

XMC
Excellence in Office Solutions
888.814.3114
xmcinc.com
Our Members Get It.

Make Sure You Don’t Lose It! Renew Now.

From reforming tort laws to recouping insurance claims, your TMA provides countless benefits – worth more than the cost of membership!

SAVINGS
• eHealth/Health Information Technologies
• Worker’s Comp Insurance
• Document Management Solutions
• Financial Services

ADVOCACY
• Practice Management Resources
• Expert Consulting & Practice Services
• Legislative & Regulatory Affairs
• Contract Review

EDUCATION
• Discounted Online CME
• Workshops & Seminars
• Leadership Training
• Patient Satisfaction Survey

Renew your membership online or call the TMA at 800-659-1862

www.tnmed.org/renew
EFFECTIVE & STRATEGIC ALLIANCES & PARTNERSHIPS
Closing the Gaps in Medicine
by Elise Denny, MD; Crystal Hogg
of change within the practice of medicine, the Tennessee Medical Association must work together with like-minded organizations to meet and overcome the obstacles and threats to the practice of medicine. Dr. Douglas Springer, the president of the TMA, reflects how important working with other organizations by stressing, “to help our patients and the overall health of Tennessee, we must become stronger, and the only way we are going to do that is to work together.”

This philosophy has become the driving guide behind TMA’s strategic plan to ensure that physicians are leading the medical community. It implies the building of new partnerships with other organizations is focused on patient care to address common goals to improve patient care and reduce conflicts within the medical community, but like Dr. Springer notes, “building new partnerships with other organizations takes a lot of work.”

For this reason, TMA’s board of trustees has placed more emphasis on the Professional Relations Committee to ensure that physicians are leading and forming alliances within the Association. Drs. Elise Denneny; Michel McDonald; Justin Monroe; Bobo Tanner and Christopher Young comprise the committee, which Dr. Denneny says “is a great combination of physicians representing different backgrounds and specialties that enable a variety of viewpoints at the table.” Their mission as charged is the promotion and maintenance of relationships between TMA and other professional associations, to promote TMA policy, initiatives, and image. The committee also oversees the internal and external communications processes between TMA and its constituencies.

Dr. Elise Denneny, chair of the Professional Relations Committee ensures that the committee’s goal is improving and building relationships to mend the fragmentation in organized medicine. “In the community of medicine, large medical groups, organizations, component societies and associations are all operating from, often times, independent and different silos,” she states. “Engaging and strengthening relationships and working on similar like-minded public health issues and legislation helps to close the gap.”

Dr. Springer adds, “Anything we do to improve relationships and reduce silos are extremely important to the association. All of these are important to TMA’s mission, which is looking after the health of Tennesseans.”

Some of the relationships and alliances that are being generated by working on different projects together, and collaborating on legislation include the Tennessee Nurses Association (TNA), Tennessee Hospital Association (THA), Tennessee Academy of Physician’s Assistants, Tennessee Medical Board of Medical Examiners and the Tennessee Board of Health, and physician subspecialty groups. This is exciting because “all of the sudden, you have not just one, but several organizations working together, creating one strong driving force to influence public policy and legislation,” says Dr. Denneny, who has recently agreed to serve as the TMA liaison to TNA.

What initially started with TMA’s immediate past-president, Dr. Young, who was seeing issues and disasters with Medicaid and the underserved in the hospital he worked at, has resulted in a long-term relationship when he reached out the president of TNA, Jill Kinch. The two together wrote a joint letter advocating for expansion of Medicaid. Earlier this year, the TMA and TNA had a summit to discuss projects and areas for mutual collaboration. Leadership from both organizations have worked together on legislation for the Payer Accountability Bill, working closely to get sponsors for the bill, and continue working together to have language for the bill by October. Sharon Adkins, the executive director of TNA comments, “It has been a refreshing change to work with TMA. We are frequently on different sides of the table in terms of legislation and it has been a great change with working together for a change.” TNA and TMA continue to strengthen their common interests with two projects that are currently underway. One involves crafting a joint brochure that will educate patients about end-of-life care, and the other is collaboration on co-sponsoring the YMCA’s Pre-Diabetes Program, along with the AMA and YMCA to help prevent the current diabetes crises in public health in the state. These “mutual efforts bond us together on common projects, reaching a broader audience and gaining a larger colleague-ship,” Sharon adds.

Another important relationship that TMA continues to straighten is with THA. Frequent meetings held between the
TMA board and executive directors of THA to continue to collaborate regularly on issues affecting both hospitals and physicians, and our patients. The senior vice-president of THA’s Government Affairs, Beth Berry, says, “it is important and critical to the health of Tennesseans to keep working together.” Some of the bills that the two groups have discussed is Medicaid expansion, medical liability reform, payer accountability and employment of physicians. THA remains a strategic alliance as more physicians become employed. “There may be some things in which we have a difference of opinion in, but we try to overcome those differences and align our interest to work together,” Berry further adds.

TMA’s continual relationship with the Tennessee Medical Board of Examiners have been monumental legislation for pain management and neonatal abstinence syndrome. Tennessee continues to struggle with prescription drug abuse and have worked with Dr. Dreyzehner and the BME on overprescribing education, NAS legislation and pain clinics. TMA’s Professional Relations Committee plan to draft a letter to mention specific concerns regarding pain clinics asking for a meeting or summit to work together.

TMA’s CEO, Russ Miller states, “the profession of medicine with of its different organizations and groups must work together to get through the coming years of radical change.” TMA’s efforts to strengthen its relationships doesn’t stop with the work of the Professional Relations Committee either, meetings are happening with sub-specialty groups and metro societies, an area that Dr. Denny says, “can create inefficiencies in dues utilization, practice resources, and legislative efforts. Invitations will be extended to our medical colleagues to consider consolidating meetings when possible.”

Such alliances are not relegated to the physicians, but run to the corporate side as well. Recently, the TMA met with SVMIC. Miller says, “TMA continues to work very closely with SVMIC with regard to educating Tennessee physicians. Most recently, our staffs met to discuss trends and market needs and how the two organizations can work more closely to bring the depth and breadth of offering to our physicians.”

Sharon Atkins concludes that, “healthcare is not provided in a vacuum, it is a team effort to provide healthcare. Resources are scarce and it makes sense to have everyone come together to provide healthcare rather than having different silos, particularly when considering legislation, public policy, and most important, the health of the patient.” Dr. Denny sums up the discussion with “the primary goal of our profession is to help patients, which makes medicine such a great profession. TMA promotes physician-led health care and delivery-of-care systems, aligning all providers into an efficient, quality driven health care model.”
SERVICE . . . QUALITY . . . COMMITMENT

SERVICE always comes first . . . you deserve it . . . and we will provide it.

QUALITY is important to us. We represent many excellent insurance carriers, all with an emphasis on financial strength, longevity, credibility and value.

Our COMMITMENT to TMA members remains undeniable. If there’s a better way — we want to tell you about it.

As the exclusive insurance plan administrator for the Tennessee Medical Association since 1985, we have a proven track record of our ability to serve, the quality of our products and our commitment to TMA members. We know things are tough out there and we’re here to help. Give us a chance to show you our commitment — give us a call today.

Chattanooga  800.347.1109  l  Nashville 866.625.0630  l  Jackson 888.981.6888  l  Memphis 800.544.1681
TMA@assoc-admin.com  l  TMAinsurance.com
In this country, no one experiences the dire consequences of Neonatal Abstinence Syndrome (NAS) more than those of us in the Upper Cumberland/East TN region. Since 2001, the number of cases has increased more than tenfold with no end in sight to this devastating trend. The causes are myriad and multifactorial. Short and long-term consequences affecting these innocent children are heart breaking.

Symptoms include high-pitched, inconsolable crying fits, violent shaking, vomiting, inability to feed, diarrhea, severe scratching, and an excoriated diaper rash. The treatment is oral morphine or methadone, depending what the mother was taking, although treatment trends are evolving. Sometimes they spend up to 3-4 weeks in the hospital on a weaning protocol. These babies can cost up to $45,000 compared to just $5,000 for a regular delivery. Long-term symptoms can include intermittent tremors for up to six months, developmental delay, sensory integration issues, mood disorders, emotional instability, and severe tantrums. In addition, NAS puts a tremendous burden on Department of Child Services (DCS) and the foster care system when opioid addiction invades the home environment.

Unfortunately, there is not an established playbook on how to address the epidemic. So far, there have been legislative restrictions on prescribing practices for opioids. NAS is now a reportable disease. The TMA helped lobby for passage of the Safe Harbor Act of 2013, which restricts the Department of Children Services involvement if the expecting mother is in a treatment program during the pregnancy. The most controversial tactic is the recent enactment of a state law that takes a more prosecutorial approach to women who have a baby diagnosed with NAS.

As of July 2014, women in Tennessee can be prosecuted for assault if they meet certain criteria in having a baby with NAS. Many state and national health organizations (including the TMA) oppose this approach. They speculate that fear of prosecution and DCS involvement will deter pregnant women from seeking prenatal care. Also, since it may take several days for a newborn baby to show withdrawal symptoms, an addicted mother may be discharged home and never seek follow-up medical care for her newborn.

However, as the old saying goes, “you can’t always get what you want.” During the legislative process it became very clear that some form of this bill was going to pass due to strong bipartisan support, regardless of the TMA’s opposition. Therefore, the TMA helped lobby aggressively and successfully for three modifications that make the law less punitive.

Initially, the law was intended as a felony offense. It eventually was reduced to a misdemeanor. Also, the prosecution process is handled through drug court, not extended jail time. This enables the offenders to enter court supervised rehabilitation programs. Finally, the law contains a two-year sunset provision, meaning it can be repealed if it is determined that the law causes more problems than it solves. I wish this were true for many more laws.

As of this writing, Tennessee has experienced the first prosecution under this law. A mother from Monroe County tested positive for methamphetamine and admitted taking it four days prior to her delivery. The baby had withdrawal symptoms and tested positive as well. The mother is scheduled for treatment at a Knoxville rehabilitation facility. Hopefully, this new law will have mostly intended consequences. Time will tell. Organizations such as the American Civil Liberties Union of Tennessee are already gearing up to challenge the law. Meanwhile, physicians and legislators need to diligently search for innovative ways to deal with this state and national travesty.

Long-term opioids are almost never indicated in the preconception population. Significantly, eighty-six percent of babies born to drug-addicted mothers are unintended pregnancies. As a pediatrician practicing in the heart of the epidemic, my short-term suggestion is this – aggressive promotion of long-term, reversible birth control for these women. Options include multi-year implants, IUDs and methylprogesterone injections every three months. Pain clinics could administer IM progesterone every three months as a condition of their services. This could be offered at methadone clinics as well. There are already severe restrictions on prescription of Accutane (isotretinoin) for acne in this population. Even though there are no known teratogenic consequences, there is a similar black box warning on long acting opioids concerning NAS. Obviously, it is a weak deterrent in this situation. Also needed is a repeal or at least a total rewording of the Intractable Pain Act of 2001 that was largely responsible for the proliferation of pain clinics throughout Tennessee. There are 2.5 pain clinics per 100,000 citizens in Shelby County. There are 8.5 per 100,000 in the Upper Cumberland.

Common sense dictates that we do not experience that much more pain here. The Tennessee legislature attempted a repeal of the act in the last legislative session. Although it passed the House 85-4, it was struck down in a Senate committee. Unfortunately, for the citizens of this great state, the pain management industry is well-funded and babies cannot vote.
Insurance is a complicated business. Staying on top of the ever changing health care and insurance landscape is a huge task even for the most seasoned billing professional. Health care reform, including expanding insurance coverage, improving quality and access to care, and controlling cost is a daunting challenge. New payment methodologies like Accountable Care Organizations (ACOs), value-based reimbursed, patient-centered medical homes, and episodes of care, require medical office personnel to familiarize themselves with new ways of billing – often times a new way of thinking.

Medical billing professionals are fundamental members of any physician’s office. They are responsible for filing claims and collecting payment for all services rendered. Their knowledge of industry-specific insurance procedures is essential to the day-to-day functioning of a medical office. The nature of medical billing requires extensive knowledge of various insurance programs including Medicare, TennCare (Medicaid), and private insurance plans.

According to HealthcareJobs.org, there is no actual educational requirements for becoming a medical biller; but without them, doctors and medical facilities might not get paid. Medical billers enable the smooth exchange of money between patients, health care providers and insurance companies. One of the main responsibilities of a medical biller is to submit claims to insurance companies, paying careful attention to detail so that the billing information is accurate and complete. In order to do this properly, medical billers must be familiar with multiple insurance company’s policy and procedures manuals, payment policies, utilization management programs, medical policies and other discretionary procedures that may impact reimbursement.

Additionally, medical billers should be familiar with and understand the different types of insurance plans, with local (LCD) and national (NCD) coverage determinations, with CPT, ICD-9, (ICD-10) and HCPCS coding systems, with NCCI and other processing edits. They need to be proficient in data entry which involves entering information about the services rendered to a patient into a computer software system (medical billers perform most of their work on computers, so it is necessary for them to be comfortable working with computer systems). They also should be familiar with the terms of negotiated insurance company contracts and fee schedules.

After a claim is submitted, the biller credits the patient’s account. If the claim is denied or partially paid, the biller makes a determination as to whether the payment or denial is appropriate and takes the necessary action as needed. Upon determination that the insurance company has satisfied its obligation, the biller will notify the patient what has been paid and the patient’s amount owed, if necessary. Billers may be contacted by the insurance company to provide additional information about a claim, likewise, patients may contact the biller with questions about their account statement.

WHAT CAN THE TMA DO TO HELP?
As the state’s only organization that represents all physicians in Tennessee, regardless of specialty, the TMA is concerned about what the upcoming changes will mean for medical billing. The need for knowledgeable billing professionals is increasing and sometimes overwhelming. There will be a great need for more training to learn all the new rules.

For the last thirty-four years, TMA has put together an in-depth insurance course for support staff and physicians alike to learn from faculty within the insurance companies. The course allows for discussions with representatives from the major carriers in Tennessee. This year, TMA’s 34th Annual Workshop will offer six hours of CEUs, and is packed with valuable tips and inside information. The series will stop through six cities across the state during the month of October. Physicians will have the chance to meet with representatives from the major carriers in Tennessee for valuable tips and inside information directly from the insurance companies.

This year’s agenda includes the State’s Health Care Innovation Plan, an expanded state-wide TennCare coverage initiation. You will also learn more and inside information about the Federally Mandated Health Insurance Exchange programs.

For additional information or to register, visit tnmed.org/insurance-workshops.
In this space in *Tennessee Medicine*, you often see us address the growing problem of substance abuse and addiction among physicians. For this September issue, in keeping with National Recovery Month, we want to focus on recovery – and the importance and future of our own Physician Health Program.

The Tennessee Medical Foundation (TMF) is marking this special month by announcing the launch of “Five Years … Five Reasons,” a new campaign to invite physicians in Tennessee to pledge $1,000 annually for five years to support our crucial work of Saving Lives. Saving Careers.

Pledging to the “Five Years … Five Reasons” campaign acknowledges that you recognize the five most important reasons to support Tennessee’s only program to identify, intervene, rehabilitate and support physicians in distress:

1. **We need to safeguard patients**
   Physicians uphold the Hippocratic Oath; protecting their patients is a priority for our physician community and our state.

2. **We need a program focused on physician support, not punishment**
   Tennessee has a mindset and a program focused on assisting doctors with addiction, mental health, emotional or behavioral issues. While other states are focusing more on punitive action, we need to preserve Tennessee’s program focused on giving these physicians a second chance.

3. **The PHP benefits your group or organization**
   Hospitals and medical groups know how costly and difficult it can be to replace a valued medical staff member. Supporting a program with a good track record of returning these highly-skilled clinicians to work just makes sense.

4. **The PHP benefits you**
   You may have personally benefited from the Physician Health Program, and chances are high that a colleague has definitely benefited from the PHP’s mission to restore doctors to health and practice.

5. **The PHP embodies your mission as a physician**
   To heal, and not to harm: again, the Oath is imbedded in the Tennessee Physician Health Program. We seek to save lives, to save careers, and to restore.

**The TMF is not a state agency—it is a 501(c)3 organization that relies on private donations and grants, many of which must be renewed annually. The TMF PHP has been fortunate to receive long-term financial commitments from several health-related entities over the years. This includes generous support from the Tennessee Medical Association (TMA), the organization that birthed the Impaired Physician Program (now the PHP) 35 years ago. We are deeply grateful for these faithful supporters, but these commitments do not cover the annual costs of our program.**

We strongly believe one of the most obvious groups we should rely on for financial support is physicians. We doctors experience the miracle of recovery and renewal as part of our profession. Who better to provide the financial support and donor leadership the TMF needs to continue fulfilling its lifesaving recovery mission among our colleagues?

Thank you for your support in the past. We hope you will consider the “Five Reasons” – and then commit to continue supporting your Physician Health Program for the next five years to put us on a more stable footing for the future. Contact me at 615-467-6411 for more information on this campaign, or visit [www.e-tmf.org](http://www.e-tmf.org) to make your tax-deductible contribution.

As always, if you or a colleague need assistance the TMF or Physicians Health Program can provide, please contact TMF Clinical Coordinator Jeanne Breard, RN, at 615-467-6411.

National Recovery Month is celebrating its 25th year in September 2014, sponsored by the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Center for Substance Abuse Treatment (CSAT). To learn more, visit [www.recoverymonth.gov](http://www.recoverymonth.gov).
NEW MEMBERS

CHATTANOOGA-HAMILTON COUNTY MEDICAL SOCIETY
Rohini R. Aay, MD, Chattanooga
Joshua P. Alpers, MD, Chattanooga
Nikesh I. Ardesheh, MD, Chattanooga
Gregory A. Bosh, MD, Chattanooga
Kaushal S. Chaudhari, MD, Chattanooga
C. Robert Clark, MD, Lookout Mountain
Stephen F. Cromer, Jr., DO, Chattanooga
Jayne L. Crow, MD, Chattanooga
Maya L. Eady, MD, Chattanooga
Alan L. Elliott, MD, Hixson
James E. Gilbert, II, DO, Chattanooga
Eric L. Krievsky, MD, Chattanooga
Eileen J. Lorenz, MD, Chattanooga
Vinay D. Madan, MD, Chattanooga
Nancy G. Michaelis, MD, Chattanooga
Hany A. Naggar, MD, PhD, Chattanooga
J. B. Sobel, MD, Chattanooga
Camille A. Sommer, MD, Chattanooga
Sarah E. Sterner, MD, Chattanooga
Nathan B. Wyatt, MD, Chattanooga

CONSOLIDATED MEDICAL ASSEMBLY OF WEST TENNESSEE
Henry M. Dollahite, MD, Jackson
Stephen C. Haney, MD, Lawrenceville
Deline Kirubanathan, MD, Jonesboro
Heather Leigh Ann Perry, MD, Jackson

KNOXVILLE ACADEMY OF MEDICINE
Michael P. Bramati, MD, Knoxville
Leonard W. Brown, MD, Knoxville
Michael R. Buckley, MD, Knoxville
John Busigin, MD, Knoxville
Alexander C. Cavalea, MD, Knoxville
Kyle R. Christopherson, MD, Knoxville
Marcum W. Collins, MD, Knoxville
Shelly M. Compton, MD, Knoxville
Roy A. Ferraiuolo, MD, Knoxville
Diane M. Gaydos, DO, Knoxville
Victor H. Gordon, MD, Knoxville
Keith D. Gray, MD, FACS, Knoxville
Tamer M. Hadi, MD, Knoxville
Kathleen Hamrick, MD, Knoxville
Reem A. Hussein, MD, Knoxville
Branson W. Hyatt, MD, Knoxville
Michael O. Jennings, MD, Knoxville
Miles Landry, MD, Knoxville
Jeffrey N. Mahony, MD, Knoxville

LAKEWAY MEDICAL SOCIETY
Stephen J. Brown, MD, Newport
Sharon N. Duke, DO, Greeneville

THE MEMPHIS MEDICAL SOCIETY
Zobia Abid, MD, Memphis
Loraine O. Achebe, MD, Memphis
Hina Akbar, MD, Memphis
Joan M. Allmon, MD, Memphis
Srikantan Aravapalli, MD, Memphis
Praneetha Arge, MD, Memphis
Katie V. Barnett, MD, Memphis
Fredricka R. Barr, MD, Memphis
Jaafar Basma, MD, Memphis
Terinell Beaver, MD, Memphis
Nicholas A. Beckmann, DO, Memphis
Rohini Bhote, MD, Memphis
Wafi Bibars, MD, Memphis
Cody C. Bogema, MD, Memphis
Grant A. Bond, MD, Memphis
Vandana Botta, MD, Memphis
Raul J. Cardenas, MD, Memphis
Daniel A. Carnegie, MD, Memphis
April D. Carter, MD, Memphis
Jorge L. Castaneda, MD, Memphis
Pamela Castr, MD, Memphis
Mariana I. Chavez, MD, Memphis

Michelle T. Chi, MD, Memphis
Belinda A. Collias, DO, Memphis
Cynthia R. Copley, MD, Memphis
Soham U. Dave, MD, Memphis
Steven M. Bello, MD, Memphis
James B. Depew, MD, Memphis
Rocio I. Diaz, MD, Memphis
Charles D. Dishin, MD, Memphis
Oleksandra Dryn, MD, Memphis
Sarah F. Duhr, MD, Memphis
Natalie E. Dunlap, DO, Memphis
Robert M. Eiseman, MD, Memphis
Anzhelika Engel, MD, Memphis
Umar Farooq, MD, Memphis
Tiffany A. Federalson, MD, Memphis
Amanda G. Gammel, DO Memphis
Jonathan D. Gardner, MD, Memphis
Robert W. Gilbert, MD, Memphis
Sameh F. Goughran, MD, Memphis
Andrew R. Glowdey, MD, Memphis
Courtney A. Cushue, DO, Memphis
David M. Hall, MD, Memphis
John S. Hamblin, MD, Memphis
Michael P. Hancock, MD, Memphis
Ashley R. Harris, MD, Memphis
Katherine M. Harris, MD, Memphis
Natalie K. Hawkins, DO, Memphis
Nicole R. Hawkins, DO, Memphis
Emily A. Hayes, MD, Memphis
Peter J. Hayes, MD, Memphis
Brittney Z. Heard, MD, Memphis
Deanna C. Henderson, MD, Memphis
Camille N. Immanuel, MD, Memphis
Syed S. Islam, MD, Memphis
Nidhi Jain, MD, Memphis
Madiha Jawad, MD, Memphis
Monica J. Jimenez, MD, Memphis
Sonia John, MD, Memphis
Derrick L. Johnston, MD, Memphis
Ollie D. Jones, Jr., MD, Memphis
Marissa Just, MD, Memphis
Siri Kadire, Memphis
Faisal Kalam, MD, Memphis
Nader Kasim, MD, Memphis
Ali Kerro, MD, Memphis
Mohammed A. Khan, MD, Memphis
Juliet P. Kim, MD, Memphis
Bela Kosztaclzy, MD, Memphis
Andrew A. Kulinski, MD, Memphis
Rajesh Kumar, MD, Memphis
Sachin Kumar, MD, Memphis
Erin J. MacDonald, MD, Memphis

David M. Marvin, MD, Knoxville
Patrick D. McFarland, MD, Knoxville
John M. McIn, MD, Knoxville
Jaime C. Morris, DO, Dandridge
Oladapo Oshikoya, MD, Knoxville
Mohamed Osman, MD, Knoxville
Amar Parikh, MD, Knoxville
Stephen Parker, MD, Knoxville
Emily A. Pospiech, MD, Knoxville
Roy F. Roberts, Jr., MD, Knoxville
Daniel T. Sandlin, MD, Knoxville
Kelly M. Schwartz, MD, Knoxville
Brady C. Seaton, MD, Knoxville
David E. Smith, MD, Knoxville
Daniel H. Snyder, DO, Knoxville
Cody G. Stoupe, MD, Knoxville
Loman C. Trover, MD, Knoxville
Aimee A. Webber, MD, Knoxville
Jonathan T. Williams, MD, Knoxville
Katoura R. Williams, DO, Knoxville
Timothy D. Williams, DO, Knoxville
Megan R. Wilson, MD, Knoxville
Rafael A. Yuen, MD, Knoxville
Xi Zhang, MD, Knoxville

TENNESSEE MEDICINE | Fall 2014 | tnmed.org
FOR THE RECORD

TMA DIRECT MEMBER
Ralph C. Saunders, MD, Sparta

WASHINGTON-UNICOI-JOHNSON COUNTY MEDICAL ASSOCIATION
Hasan B. Ahmad, DO, Johnson City
Andrea E. Andrade, MD, Johnson City
Suzanne S. Azzazy, DO, Johnson City
Ruchi P. Bhavsar, MD, Johnson City
Jacob Brazee, DO, Johnson City
Veronica C. Cabrera, MD, Johnson City
Jacqueline E. Conger, MD, Johnson City
Alison G. Cronin, DO, Johnson City
Tyler C. Dean, MD, Johnson City
Kalpit H. Devani, MD, Johnson City
Allen W. Elster, MD, Johnson City
Sukumar Gandra, MD, Johnson City
Jordan L. Godbey, MD, Johnson City
Calvin S. Green, DO, Johnson City
Priyanka R. Gudoor, MD, Johnson City
Jeffrey T. Hinton, MD, Johnson City
Manar H. Jbara, MD, Johnson City
Min Jung, MD, Johnson City
Kiran Kalra, MD, Johnson City
Sugantha Krishnan, MD, Johnson City
Kelvin S. Lin, MD, Johnson City
Mark D. Linville, Jr., MD, Johnson City
Banafehe L. Moghaddas, MD, Johnson City
Eris A. Majchrzyk, DO, Johnson City
Rosemary McCarthy, DO, Johnson City

IN MEMORIAM

Helen Burks, MD, age 80. Died December 6, 2012. Graduate of Loma Linda University School of Medicine. Member of Nashville Academy of Medicine.

George A. Coors, MD, age 92. Died May 21, 2014. Graduate of University of Tennessee Health Science Center. Member of The Memphis Medical Society.

Alys H. Lipscomb, MD, FACP, age 98. Died May 21, 2014. Graduate of University of Tennessee Health Science Center. Member of The Memphis Medical Society.

Mark F. Hartley, MD, age 89. Died May 22, 2014. University of Tennessee Health Science Center. Member of Benton-Humphreys County Medical Society.

Hobart H. Beale, MD, age 77. Died May 23, 2014. Graduate of University of Tennessee Health Science Center. Member of Northwest Tennessee Academy of Medicine.

John W. Lamb, MD, age 76. Died May 24, 2014. Graduate of Pritzker School of Medicine of University of Chicago. Member of Nashville Academy of Medicine.

Jerome H. Abramson, MD, age 85. Died May 26, 2014. Graduate of Vanderbilt University School of Medicine. Member of Chattanooga-Hamilton County Medical Society.

David G. Doane, MD, age 92. Died May 26, 2014. Graduate of Tufts University School of Medicine. Member of Washington-Unicoi-Johnson County Medical Society.

John H. Beveridge, MD, age 98. Died May 28, 2014. Graduate of University of Virginia School of Medicine. Member of Nashville Academy of Medicine.

William W. Wilder, MD, age 65. Died June 8, 2014. Graduate of University of Tennessee Health Science Center. Member of The Memphis Medical Society.

Max Foner, MD, age 82. Died June 14, 2014. Graduate of University of Tennessee Health Science Center. Member of The Memphis Medical Society.

Hal P. James, MD, age 93. Died June 28, 2014. University of Tennessee Health Science Center. Member of The Memphis Medical Society.

Walter L. Goforth, MD, age 92. Died July 1, 2014. University of Tennessee Health Science Center.

Lowell B. Robison, Jr., MD, age 73. Died July 19, 2014. Graduate of University of Tennessee Health Science Center. Member of The Memphis Medical Society.

Eric L. Raefsky, MD, age 59, died August 5, 2014. Graduate of Temple University School of Medicine. Member of the Nashville Academy of Medicine.
Are You HIPAA Compliant?

The TMA Can Help. Take our new online course:
Employee HIPAA Training: Maintaining Privacy and Security

An efficient, cost-effective program designed for healthcare employees and business associates who need HIPAA training in order to be compliant under federal law.

Top Reasons You (& Your Employees) Should Take This Course
• Meets Federal HIPAA Training Requirements
• Protect your patients & your practice
• Avoid fines, breaches and legal action
• Easy online access

Course Intended for: Physicians • Nurses • Office staff • Billing personnel
CFO’s & CEO’s • Administrators • Practice managers • Contractors

Learn more: www.tnmed.org/hipaa

INSTRUCTIONS FOR AUTHORS

Manuscript Preparation – Electronic manuscripts should be submitted to the Editor, David G. Gerkin, MD, via email at Crystal.bogg@tnmed.org. A cover letter should identify one author as correspondent and should include his/her complete address, phone, and e-mail. Manuscripts, as well as legends, tables, and references, must be typed, double-spaced on 8-1/2 x 11 in. white paper/Word document. Pages should be numbered. The transmission letter should identify the format used. If there are photos, e-mail them separately in TIF, JPG or PDF format along with the article; photos and illustrations must be high resolution files, at least 300 dpi.

Responsibility – The author is responsible for all statements made in his work. Accepted manuscripts become the permanent property of Tennessee Medicine.

Copyright – Authors submitting manuscripts or other material for publication, as a condition of acceptance, shall execute a conveyance transferring copyright ownership of such material to Tennessee Medicine. No contribution will be published unless such a conveyance is made.

References – References should be limited to 15 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 (last name first initial[s] with no commas or periods) 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.

Illustrated Material – Illustrations should accompany the emailed article in a JPG, TIF, JPG or PDF format; files must be high resolution, at least 300 dpi. Photos must be identified with the author’s name, the figure number, and the word “top,” and must be accompanied by descriptive legends typed at the end of the paper. Tables should be typed on separate sheets, be numbered, and have adequately descriptive titles. Each illustration and table must be cited in numerically consecutive order in the text. Materials taken from other sources must be accompanied by a written statement from both the author and publisher giving Tennessee Medicine permission to reproduce them. Photos of identifiable patients should be accompanied by a signed release.

Consideration – Please be aware that due to the volume of submissions, article consideration by the Editor and/or Editorial Board may take three months or more.

Publication – Publication of accepted submissions could take up to a year or more; TMA Members enjoy an expedited publication benefit that could reduce the wait time by up to several months. All articles and abstracts will be published in an online forum and open for peer review on our website, and online database for journals, articles, and resources available to TMA members only.
I don’t just have insurance.

I own the company.

Michael A. McAdoo, M.D.
Milan Medical Center
Milan, TN
Family Practice

“Like me, you’ve probably noticed some professional liability insurance carriers recently offering physicians what seem to be lower rates. But when I took a closer look at what they had to offer, I realized they simply couldn’t match SVMIC in terms of value and service. And SVMIC gives me the peace of mind that comes when you’re covered by a company with a stellar record of over thirty years of service and the financial stability of an “A” rating or better since 1984. At SVMIC, I know it’s not just one person I rely on...there are 165 professionals who work for me. And, since SVMIC is owned by you, me, and over 14,000 other physicians across the Southeast, we know our best interests will always come first.”