It has been my great honor to serve as the 160th President of the Tennessee Medical Association during 2014-2015. The experience over the last year will be cherished as one of the best over my entire medical career. This position provided me the opportunity to meet physicians across our State, leaders of healthcare organizations, legislators who affect healthcare policy, and interact with the TMA staff in all departments. We are here to deliver on our mission to provide the best healthcare to Tennesseans, to provide an environment that nurtures and makes it attractive for doctors to practice in our State, and act as a consultant to the government on healthcare policy.

I told you at the beginning of my term that I believed in “distributive management in leadership”. There is no one person or group that makes TMA work—the committees, the House of Delegates, the Board of Trustees, the medical societies, and the staff all represent important “cogs in the wheel” and missing any piece would diminish the effect of the organization. My year as president would have been impossible without all of these components.

I have Russ and his exceptional staff to thank for providing guidance through this difficult year politically. He has a motivated, engaged, devoted, and hard-working staff, and Russ has positioned our organization to take every advantage of opportunities that are presented to the organization. It is no small wonder why TMA has been so successful at assisting our members and promoting the practice of medicine in our great State.

During one’s tenure as President, there are duties that are “business as usual” for the position. This includes attending: quarterly Board of Trustees meetings, the Board of Trustees executive committee meetings, Legislative Day on the Hill, and as much as possible all of the TMA committee meetings; also participating with Russ to develop a plan for strategy for the year, attending and filing a report to the Board for the CEO review, and writing articles for Tennessee Medicine, the Journal of the Tennessee Medical Association. I met by telephone conference with Russ on a weekly basis to fine-tune the strategy over the year. We continued implementing the strategic plan and made modifications as necessary, revised the governance of the TMA committees and their relationships to the Board, formulated policy for the year ahead, and improved alignment of the TMA Alliance, TMGMA, subspecialty organizations, SVMIC, TNA, and THA. I also attended a conference at Duke
University for leaders across the country. I served as alternate delegate at the AMA annual meeting in Chicago. I was invited and was able to attend the annual meeting of the Kentucky Medical Association, whose hosting of the event and their warmth toward me was outstanding. This is the usual and minimal amount of work that is expected of the President of the TMA. Then there were the “other things” that will be discussed below.

I moderated a panel discussion in Knoxville of hospital leaders across the eastern part of the state to discuss the implications of the uninsured and underinsured. A full discussion of the hospital responses and local community responses to this population was discussed as well as the new definition of bad debt in health systems.

I participated and assisted in the application for CME accreditation. After 18 months of hard work by Angie Madden and her committee, the Accreditation Council for Continuing Medical Education awarded TMA provisional accreditation. This gives the TMA the ability to offer credit hours for coursework and represents another financial pillar to bolster the organization.

I conceived and then went to work to organize a meeting between the large Metro societies and the executive committee of the Board of Trustees. This was conceived in June and became reality in September. The presidents, presidents-elect, and metro CEOs all came to the “summit” in a Board-to-Board meeting. We created a menu of Big Issues, Big Solutions, and Actionable Items in areas of membership, governance, communication and programs. Items for immediate attention and implementation surfaced and will be acted upon.

I was asked to deliver a keynote address to the faculty, students, and residents of ETSU on the subject of Professionalism. I defined the problem, explained the roles of doctors in advancing professionalism, and went through the history and evolution of the movement, identifying lapses and strategy to respond to the lapses in professionalism.

I met with and had in-depth discussions with the Tennessee Association of Physician Assistants (TAPA) before our joint statement was published concerning the team approach to care and the unique roles that each of the members of TMA and TAPA play in the team based model, emphasizing the strengths of each of our organizations and how the interplay results in better and more inclusive care for patients served under this concept. I was interviewed and an article was generated in the *Journal-Health Leaders*, which is distributed to CEOs across the country.

Our executive committee met with the executive committee of Tennessee Hospital Association and discussed issues common to both organizations. This included Medicaid expansion, GME, payment reform, the CON process, APN issues, and payer accountability. This was the second meeting of this type I had attended and I must say that our boards are now more familiar with each other, and the meeting has produced closer ties and building trust over common ground, even including the difficult issues where we do not necessarily completely agree.
I participated in reviewing and TMA sent a delegation to testify in front of CMS for the state application of the SIM Grant (State Innovation Model). In mid December 2014 the State was awarded $65 Million to implement 75 episodes of care and create a PCMH Model in which all payers must participate in the next five years. We also lobbied and received permission for the position of Ombudsman to act as a “rainmaker” and “interpreter of reports” between members of TMSA and the State. This is a position that will be funded out of the SIM grant for four years.

I participated in nominating physicians to TAGS from all across the State to serve on five committees from July –December 2014 and six more from January-June 2015. These doctors provided advice on the patient journey through an episode of care, care pathways, components of the episode, definition of an accountable provider, and appropriate quality measures. I want to acknowledge B W. Ruffner, Jr., MD for his tireless (some might say thankless) amount of energy and time that he puts in on this aspect of TMA business.

Our legislative package was refined in January for 2015 and includes payer accountability, addiction treatment legislation, and a bill designed to foster physician team lead care.

I participated in the redesign and renaming of our physician leadership college that was conceived by Dr. John Ingram. After the year I have had, I have no idea how John found the energy or time to develop an entire new program for TMA. The Leadership College was completely revamped and renamed appropriately the John Ingram Institute. This program now has an expanded menu of options for the development of the next generation of medical leaders AND named after the person who single handedly made this a reality for TMA, and one of the signature offerings of our organization. The Institute will be under a 501(c)3 status whereby donations are tax deductible and grants can be received."

I made a specific trip to Jackson to recruit the community of doctors to the TMA in the form of a group deal. While not successful at the time, significant conversations are ongoing and I am hopeful that the community will rally around the TMA.

Importantly the Board of Trustees dealt with the difficult task of separating Insure Tennessee from Payment Reform. We had several executive meetings before the final Board meeting that culminated in the TMA Statement about supporting Insure Tennessee. We invited government representatives to our board meeting to clearly outline our concerns about payment reform and also outlined specific suggestions for improvement. The Board, including myself, met with the Governor and presented our menu of suggestions that was also the subject of a letter I delivered to him specifically. A number of newspaper articles were written by me addressing these issues and hopefully clarified our position to our membership.
I want to issue a special “thank you” to Drs. John Hale, Chris Young and Keith Anderson for their friendship and counsel throughout the year. I could not have done the job that was required without the expert advice that these gentlemen provided.

Respectfully submitted,

Douglas J. Springer, MD, FACP, FACG