It has truly been an honor to serve the Tennessee Medical Association as Chair of the Board of Trustees. I am indebted to all of the current board members who have been actively engaged throughout this entire year and am grateful for their dedication and energy.

The first issue the board considered this year was regionalization of our governance. We approached this issue in a very thoughtful and deliberate manner. After much consideration and with input from many stakeholders, we decided not to change our governance structure. Instead, we are focusing our energy and resources on several markets that have the greatest potential to engage new physician members.

Payment reform through the Tennessee Health Care Innovation Initiative remained a focus of the Board this year. The TMA’s health care innovation consultant, funded through a grant, updates the board about the status of the various moving parts of this initiative. The Board continues to nominate member physicians to serve on Technical Advisory Groups (TAGs) for upcoming episodes of care. We also know, through feedback of members that have participated in these groups, that there is work to be done in the area of increasing physician input. We continue to give feedback to the TennCare Bureau regarding the TAGs for new episodes of care. We are also giving feedback regarding issues during the implementation process of the episodes of care that have already been initiated.

We are interacting with the TennCare Bureau on several issues. The Board heard staff report on its efforts to help primary care physicians object to TennCare rate bump recoupments and voted to continue with advocacy efforts at the state and federal levels.

Our legislative agenda saw us introduce a Team Based Care bill as well as continuing to work on Payor Accountability. Ensuring patient-centered, physician-led team based care remains a priority for the board. Also, we have continued to work on compromises with our Payor Accountability bill with the hope that it will pass this session. We are working to ensure transparency and fair contract adherence among payors and providers.

The Board took action to create two annual membership events by splitting the TMA Annual Meeting and House of Delegates from MedTenn beginning in 2017. The TMA House of Delegates business and policy forum will be held in April, and the TMA will host a larger educational convention later in the year. This arrangement offers greater flexibility...
collaboration with specialty societies. It is the board’s goal to increase engagement of members and specialty societies with this change.

I greatly appreciate the support and leadership of our CEO, Russ Miller, and the hard work and dedication of the entire TMA staff over this past year. Our organization and the Board could not function without the time and effort put in by committee chairs and committee members. I thank them and all the members of the House of Delegates for all of their engagement in the process of directing the future of this organization.

Respectfully submitted,

Michel McDonald, MD, Chair

2015-2016 Board Members
John W. Hale, Jr., MD, President
Keith Anderson, MD, President-Elect
Douglas Springer, MD, Immediate Past President
Michel McDonald, MD, Chair
James H. Batson, MD, Vice Chair
Tedford S. Taylor, MD, Secretary/Treasurer
Jane Siegel, MD, Speaker, House of Delegates
Richard Briggs, MD
Mr. Raj Budhati
Frederick Clayton, III, MD
Brian R. Dulin, MD
James Ensor, MD
Nita W. Shumaker, MD
Peter Swarr, MD
Bob Vegors, MD
Resolution No. 1-15 and 2-15 were reaffirmations and placed on consent calendar, no further action was required.

**Emergency Resolution No. 1-15**

**Title:** Protection of the Doctor Patient Relationship  
**Action:** The resolution was reviewed by staff with the TMA Legislative Committee during its June 2015 meeting. The Committee determined that the resolution did not call for the pursuit of specific legislative activity but the Committee did keep the resolution in mind as association policy while it determined the legislative package for 2016. No other action was recommended.

**Resolution No. 3-15**

**Title:** Supervisory Relationship Notation in Controlled Substance Monitoring Database (CSMD)  
**Action:** The Practice Management and Quality Committee sent a formal letter on behalf of the TMA to the Board of Pharmacy Executive Director, Reggie Dillard requesting that the prescriber be identified to not only track prescriptions of controlled substances but to assure those midlevel providers assigned to a physician within the database actually are under their current supervision. This was requested to be included in their next software enhancement.

**Resolution No. 5-15 (Referred to the Board of Trustees)**

**Title:** A Plan to Govern Tennessee Medical Association by Regions  
**Action:** Following several meetings of stakeholders and a weekend leadership meeting in Alabama, the Board of Trustees decided to table regionalization efforts. Instead, beginning in 2016, TMA will target low-performing medical societies for possible assistance and will concentrate membership efforts in other markets with high potential. Region 5 and 7 Councilors reported that they were already engaged in discussions to bolster workable regional models in their own regions.

**Resolution No. 7-15 (Referred to the Board for Decision)**

**Title:** Insure Tennessee  
**Action:** Referred to the Board for Decision. The Board agreed to continue to support Governor Haslam’s efforts to pass Insure Tennessee in the General Assembly.

**Resolution No. 8-15**

**Title:** Tennessee Drug Shortages  
**Action:** The Professional Relations Committee continues to explore ways to collaborate with other organizations to develop a mechanism that would alert physicians to current and impending shortages so doctors could help with changing prescribing patterns, etc. Initial outreach to the Tennessee Pharmacists Association (TPA) was
well received. Dr. Bobo Tanner has agreed to lead the efforts and help coordinate a workgroup with TMA, TPA, the Tennessee Hospital Association and Tennessee Department of Health.

As a first step, a link has been added to the homepage of the TMA website for physicians to access current drug shortage information from the American Society of Health-System Pharmacists.

**Resolution No. 9-15**

Title: Tennessee Health Care Innovation Initiative
Action: TMA identified TAG representatives to testify before the Senate TennCare Subcommittee on July 29 to talk about issues of concerns. TMA also has a caption bill ready for use if needed for the 2016 legislative session.

**Resolution No. 10-15**

Title: Health Disparities
Action: The committee feels that because the resolution states that TMA will promote an increased awareness and education on the health disparity issue, the ultimate deliverable should be CME in some form. The committee also believes the program should focus on specific action items physicians and medical practices can take to counter health disparities in Tennessee and additional resources available to help them, as opposed to general education or data about the problem itself, which already exists.

A recommendation was made to TMA education staff for a live program on health disparities at MedTenn16 but did not make it into the agenda. A formal recommendation was sent to the TMA Education Committee in March requesting an online CME program.

TMA staff was approached in February by a research team from Meharry Medical College and Vanderbilt University in Nashville regarding a project to improve HPV vaccine rates among African-American adolescents. Staff responded in February with general support of the concept relative to addressing health disparities, and as being consistent with our general mission of improving the overall health of Tennesseans. The researchers are currently pursuing grant funding for the project and, if awarded, have asked TMA to participate by helping to distribute surveys and arrange interviews with member physicians. The committee approved this request during its March meeting and will await further information from the researchers.
Resolution No. 11-15 (Referred to the Board)
Title: Associate Membership for Nurse Practitioners
Action: The 2015 House of Delegates referred this resolution to the Board of Trustees. The Board referred it to the Membership Committee and Constitution and Bylaws Committee (if needed) for recommendation. The Membership Committee met by conference call on July 9 and agreed to recommend that Nurse Practitioners not become associate members of the Association. The Board of Trustees accepted the recommendation on July 9, 2015.

Resolution No. 12-15 (Referred to the Board)
Title: Associate Membership for Physician Assistants
Action: The 2015 House of Delegates referred this resolution to the Board of Trustees. The Board referred it to the Membership Committee and Constitution and Bylaws Committee (if needed) for recommendation. The Membership Committee met by conference call on July 9 and agreed to recommend that Physician Assistants not become associate members of the Association. The Board of Trustees accepted the recommendation on July 9, 2015.

Resolution No. 13-15
Title: Expansion of Access for Office-Based Surgery
Action: 1) In April, responsible staff received from Bill Bond several state rules and regulations from other states as to how ASAIII patients are handled in office based surgery in other states. Some states specifically disallow OBS procedures on ASAIII patients.

2) Assigned staff followed up 3 times with ASA requesting peer reviewed studies to show that OBS on ASAIII patients is safe. Third contact got a Jason Hanson looking into it in September.

3) Assigned staff had ex parte discussions with 2 BME members. One had some doubts about safety and suggested discussing with surgeon member. Surgeon member did not consider OBS on ASAIII patients to be safe. Advised not putting TMA’s brand on a petition asking for a rule change with questionable safety issues.

4) Resolution sponsor had discussion with BME member in September who advised the votes were not there to proceed. Sponsor and staff decided not to proceed at this time and may bring it back in the future when studies/data is available.

Resolution No. 14-15 (Referred to the Board)
Title: Prevention of Misleading Health Care Representation
Resolution author, Phillip Langsdon, MD, Memphis, participated in a conference call with members of the Public Health Committee, after much discussion Dr. Langsdon agreed to submit a resolution in 2016 to specify misleading health care representation in the spa industry specifically.

**Resolution No. 15-15**

**Title:** Maintenance of Certification Advocacy  
**Action:** The Education Committee was very much engaged and concerned with the burdensome and costly process of maintenance of certification. The certification board is a national board with no state specific accountability or representation. Given that advocacy for improved MOC processes, standardized and reduced fees, and applicability of testing is a priority of the AMA, and that the AMA was actively pursuing negotiations with the oversight organization providing maintenance of certification, the committee formally recommended that we monitor the AMA advocacy work being done and provide feedback and support to the AMA efforts.

**Resolution No. 16-15 (Referred to the Board)**

**Title:** Availability of Drug Prices by Pharmacies, Insurers and On-Line Prescribing Sites  
**Action:** The Board referred to the Legislative Committee. The Legislative Committee reviewed the resolution and did not feel that this issue rose to the level of filing legislation compared to other issues that may need addressed. The committee identified two websites Lowestmed.com and goodrx.com that would help providers steer their patients to pharmacies that could provide the patients with the lowest cost meds. This information was sent to Dr. Gettlelfinger, author of the resolution.

**Resolution No. 18-15**

**Title:** Patient-Centered, Physician-Led, Team-Based Care as Policy of the Association  
**Action:** TMA Government Affairs staff has been proactively working with lawmakers in support of the Team Based Care legislation.