What a Year!
Keith Anderson, MD

Revitalization in the Upper Cumberland
James C. Gray, MD

Doctors Day on the Hill Draws Old and New Healthcare Advocates
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WHAT’S NEXT ON FEDERAL HEALTHCARE REFORM?

In May, the House of Representatives approved legislation to repeal and replace parts of the Affordable Care Act. It remains to be seen what will happen when the Senate takes up the legislation. Repeal of the ACA is popular in Tennessee. A majority of registered voters in Tennessee support a repeal of the act, according to a February poll from Middle Tennessee State University.

SUPPORT IN TENNESSEE FOR REPEALING THE ACA

- **Repeal**: 60%
- **No Repeal**: 32%
- **Don’t Know**: 8%

The percentage of Tennesseans who want to see the law repealed is significantly higher than the nation as a whole. A Pew Research Center Survey conducted in February shows that 54 percent of adults nationwide approve of the healthcare law while 43 percent disapprove. That is the highest level of support on record.

Of those who disapprove, 25 percent want modifications made to the law and 17 percent want to repeal the law in its entirety.

As Congress considers an alternative approach to American healthcare, TMA has come out with six recommendations to improve the healthcare system.

1. **Reduce Barriers to Patients Receiving Care**, including prohibiting healthcare insurance companies from denying coverage for preexisting conditions, reinstituting lifetime benefit limits on coverage for some patients, and allowing families to keep children on their plans up to age 26.

2. **Make Wellness a Major Focus** by eliminating out-of-pocket charges for preventive care, training more primary care physicians, reining in the cost of drugs and creating more physician-led medical homes and health homes.

3. **Pay for Quality** while reducing unnecessary regulatory and administrative requirements for healthcare providers, and stimulating the use of information technology.

4. **Level the Playing Field Between Physicians/Patients, Government and Health Plans** by forcing health insurance plans to maintain adequate provider networks, scrutinizing monopolistic health plan mergers, improving processes for reducing fraud and abuse, and incentivizing employers and employees to pursue health coverage and HSAs.

5. **Use Block Grants to Allow States to Expand Health Insurance Coverage and Design Programs that Best Fit Patients’ Needs** to allow more flexibility and creativity in the process.

6. **Advance End of Life Care as an Option to Preserve Patient Dignity** by reimbursing doctors who have conversations about advance directives and increasing grant funding for physician education and training.

*Read more about TMA’s healthcare recommendations at tnmed.org/acareform.*

TELL US WHAT YOU THINK

TMA wants to know what you think should happen to the ACA. Take our online poll at tnmed.org/acapoll, and let your voice be heard.
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THE TMA ASSOCIATION INSURANCE AGENCY, INC.
I remember meeting with TMA CEO Russ Miller and then-President John Hale around March 2016, just before my presidential term was to begin at the 2016 annual meeting. I went into that meeting thinking it would be brief, that we would cover the basic responsibilities of what I thought would be a fairly routine, straightforward job. It is a volunteer position, after all. But by the time the meeting ended, I had a much deeper understanding of the scope of the title I would assume in April.

Fast forward a year, and it’s hard to believe how quickly the time passed, and how much TMA has accomplished.

We focused on recruiting and retaining large groups and employed physicians by meeting with executive and administrative staff, rather than focusing on physician members alone. We are constantly improving our value proposition to better align advocacy with TMA members and institutions, and give them the programs and services they demand, like physician leadership training.

At the same time, we have renewed our commitment to independent and small group physicians. TMA is dedicated to serving all physicians regardless of practice setting, location or specialty. These members continue to find value in our legal, educational and business resources.

We organized two well-received meetings between TMA physician leaders and lobbyists and our counterparts in medical subspecialty organizations. These and other efforts continue to help us identify priorities and areas of potential conflict within our legislative agendas, and present unity to the Tennessee General Assembly.

After four years of lobbying, TMA passed the Provider Stability Act through the legislature and it was signed into law by Governor Haslam. We also passed a bill to prevent Maintenance of Certification as a condition for licensure, and successfully required all MOC hours to qualify for CME credit through the Board of Medical Examiners. And we introduced and passed legislation that would ensure that osteopathic physicians have the same protections as other healthcare providers for peer reviews.

So much time and energy has been devoted during the past several years to scope of practice issues, particularly stopping APRNs from gaining independent practice in Tennessee. My term was no different. I am proud of the work we did to successfully negotiate a three-year moratorium on the filing of any bill for APRN independent practice.

I am also proud that we defeated a third consecutive attempt by Patients for Fair Compensation to overhaul our state’s medical liability system.

Of course, we have to be prepared for curveballs in every legislative session. This year, the Doctor of Medical Science bill sponsored and supported by some of our members would have allowed conditional independence for physician assistants who earn an advanced DMS degree and undergo additional training. The bill was deferred for a year to allow proponents to educate the TMA membership about the complexity of this legislation.

These and other issues sparked a notable increase in member engagement, including the more than 300 who came to Doctors’ Day on the Hill.

One of my personal goals during my term was to be visible throughout the state and fulfill my role as the public face of TMA. I was proud to represent our organization by speaking to civic organizations, publishing op-ed pieces on important healthcare issues, issuing statements about changes to federal healthcare policies, and attending advocacy meetings around the state and in Washington D.C.

I had the rare honor this year of presiding over the organization during the sale of the TMA headquarters building. Staff is preparing to relocate this summer to a nearby site more commensurate with our current and future business needs.

The icing on the cake was getting to meet with Russ and Dr. Nita Shumaker earlier this year and tell her all the things that John told me before I took the reins. I know she will do well and wish her the very best experience, as I can say I have had this past year.

I am honored and privileged to have served as the 2016-17 President of the Tennessee Medical Association. I am grateful for a strong and engaging staff, a dedicated Board of Trust, an active delegation and for all members of the TMA.

Thank you for the opportunity.

Share your thoughts with Dr. Anderson at president@tnmed.org.
And be sure to ask us about TMA’s new group health program that can help you take control of your practice’s health insurance spend.

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Contact Michael Hurst at 615.460.1646 or michael.hurst@tnmed.org to learn more.

With great partners like these you can find great business solutions AND support TMA in the process. It’s a win-win.
When we started planning for this issue about the importance of training new and younger physicians to grow, engage and lead within medicine, this saying on the right came to mind. The things in life that are critically important take time and are worth investment.

TMA saw this need more than a decade ago when it laid the foundation for the Physician Leadership College (now the John Ingram Institute for Physician Leadership). Leaders recognized that to have wise stewardship for TMA and for medicine overall, we needed to begin teaching skills not obtained in medical school or residencies.

Having learned leadership skills is not enough. However, you have to put into practice what you have learned. Opportunities are plentiful for physician leaders and volunteers. Look around your practice, your hospital, health systems, medical societies, local and state government. Society is hungry for leaders, and those skills are not innate for most.

Over the years, TMA has been asked to create “pathways” for medical students, residents and young physicians to become more involved in medical society leadership. This led to the creation of the Medical Student Section, the Resident and Fellow Section and the Young Physicians Section more than 20 years ago. While the “association within an association” design has met the need in the past, times are changing and the availability of time to maneuver such pathways is very limited.

The Ingram Institute allows for rapid immersion into various skill sets and cognitive teachings for physicians. But as the saying goes, there is no substitute for experience. To provide more opportunity to exercise leadership skills, TMA created the LEAD program for medical residents and students this year. LEAD stands for Learn, Engage, Advocate and Develop. The point-based certificate program is designed to encourage participants to engage with their local medical societies and community and state-level advocacy programs.

TMA must continue to innovate to engage its younger members. Engaged members are satisfied members, and satisfied members stay members and influence their peers. This is TMA’s future as we see more longtime members approaching retirement age — or worse, simply leaving the profession.

Involved and engaged members are key to any association, and there is a place for those who want to step into those positions. TMA and its component societies are voluntary membership associations. Physicians choose to belong. Likewise, our leaders serve voluntarily in their positions.

If you have ever found yourself lamenting “someone should do something about …,” then look in the mirror. There is no time for medicine to wait for someone else to solve its problems. You are the answer.

Associations are vehicles to carry out the work of members but rely on volunteer leaders to determine the route and navigate. The membership is the fuel. With a lot of fuel, you can get where you want to go. But we are always in need of new leaders to drive.

Share your thoughts with Mr. Miller at rus.miller@tnmed.org.
May 2017 marks the 60th anniversary of my medical school graduation. Yes, I am very old! I entered medical practice when it was very different. In my opinion, these 60 years have introduced not only miraculous advances in technology and pharmaceuticals but also brought on vastly important changes in the basic concept of what it means to be a physician. In my opinion this transformation often is not recognized by those who have not experienced both the old and the new.

Back in the ‘70s and ‘80s, politicians, bureaucrats, big insurance and hospital corporations convinced the public that medical care was costly because it was a “cottage industry.” They said American medicine could be saved by reorganizing the practice of medicine to fit into a business format. Throughout the years I have watched as American medicine has largely been reorganized into a variety of corporate structures. (In the past the corporate practice of medicine was considered to be both unethical and illegal in most states, while today well over 60 percent of all physicians work in a corporate structure.)

I believe this restructuring has destroyed much of the good in our cottage industry and replaced it with a vastly more costly, unwieldy, impersonal, and often patient-unfriendly monster. Allow me to attempt to illustrate what has been lost by introducing you to my first real role model, Carlton E. Smith, MD (1909 – 1982) (not my relative). For four months during 1956-1957, I had the priceless privilege of being immersed in his general practice as his preceptee in a small town of about 6,500.

Dr. Smith was an Army doctor from 1941-1946. Though trained as an internist at Barnes Hospital, he (of course!) was assigned by the Army as a battlefield surgeon through the North African and European campaigns. He returned to our town in 1946. By the time I arrived, he owned the local hospital.

He typically started his day with hospital rounds at 7 a.m. (Incidentally, the daily room charge at his hospital was $12. The daily room charge for a routine medical/surgical bed in the U.S. is now between $1,400 and $3,000.) One day during morning rounds we happened upon a nurse being exceedingly rude to a patient. Dr. Smith quietly called her into the hall and asked her to pick up her check because he would not tolerate that behavior to his patients. Today, that incident would be handled by the Human Resources Department of a corporation-owned hospital.

To deal with the same infraction today, Dr. Smith would be required to fill out an incident report, be called to a hearing, be required to fill out an incident report, be called to a hearing, and women dressed in a wide variety of casual clothing, but no white coat). Unfortunately, the patient often sees only her/his “assistant” obtains all the preliminary readings. Eventually a “physician extender” enters dressed in a long white coat with a stethoscope carefully staged around the neck for effect, takes a history and sometimes listens to the chest with that stage prop stethoscope (always through the patient’s clothing). All of these findings, the medication list, and the abbreviated and a stylized report of the history and physical findings are laboriously entered into the boxes on the patient computer record.

Finally, after additional waiting, the physician sweeps in (men dressed in khakis with a tieless shirt, without a white coat and women dressed in a wide variety of casual clothing, but no white coat). Unfortunately, the patient often sees only her/his back because the physician must talk over her/his shoulder while typing into the required computerized, stylized patient record, mostly by cut and paste from standardized entry choices. After about six minutes (a common patient encounter time limit dictated by medical corporations), the physician must rush on. Final instructions and prescriptions are entered into the computer by one of the assistants and are almost never checked or signed by the prescribing physician.

Dr. Smith personally wrote all the prescriptions 60 years ago based on his judgment of what was best for his patient. (Yes, his writing was terrible!) But today, corporations and big insurance have arrogated to themselves the creation of approved lists of position, and Dr. Smith would be ordered to apologize to her/him. Many physicians would just “look the other way” in a situation like this for fear of being labelled “disruptive,” which often leads to dire career consequences.

After rounds, Dr. Smith usually performed one (major) surgery. Today his life would be simpler because, regardless of his extensive wartime surgical experience, corporate hospitals rarely allow a surgeon without boards to perform surgery. Carlton’s patients would have been forced to seek a surgeon many miles away in a big city.

After surgery, lunch was served family style for the entire staff at one large, convivial table. Staff morale was excellent! Between the end of lunch and 6 p.m., Carlton (dressed in a tie, suit pants, and a long white coat) saw patients in his clinic. His patients expected Carlton to examine them himself, look right at them, talk to them and chat about their families. They loved him because he did it with the greatest of unhurried, genuinely-concerned friendship.

In the 21st century corporate practice of medicine, an “assistant” obtains all the preliminary readings. Eventually a “physician extender” enters dressed in a long white coat with a stethoscope carefully staged around the neck for effect, takes a history and sometimes listens to the chest with that stage prop stethoscope (always through the patient’s clothing). All of these findings, the medication list, and the abbreviated and a stylized report of the history and physical findings are laboriously entered into the boxes on the patient computer record.

By Bradley Smith, MD
medications from which the physician employee must choose. The physician frequently must forego prescribing a medication she/he believes is the best for her/his patient else she/he spends precious time arguing by phone with a non-physician clerk that the doctor knows better than the clerk what drug is correct for the patient.

It has been estimated that around 20 percent of physicians’ work output in the 21st century is consumed by mandated government and certifying agency reports, records and other paperwork. Fortunately for Carlton, almost none of his time was consumed by this drudgery. More time free for real medical tasks. Incidentally, I only know of one malpractice case ever lodged against Dr. Smith’s cottage industry. This was years later when a visitor, not a patient, fell on a wet spot on the floor.

Carlton usually took a break for supper from 6 to 7:30 p.m. Then, three nights a week, he got in his car and called on patients who were unable to travel, in their homes. That house call wasn’t free of course. At a time when I made $1.65 an hour in my summer construction job, he charged these (mostly retired) patients $2 per home visit, which usually included a shot or some oral medications without additional charge. Who knows of a house call in the 21st century?

Around 9:30 p.m., after these duties were completed, Carlton often authored book reviews and editorial commentaries for general practice journals or spent time on organizational duties for the county and state medical societies, or paperwork required by his voluntary teaching status at my medical school. Today, professional organizations of all types find markedly decreased participation of this type from practicing physicians. The physicians claim they are too busy.

Dr. Smith delivered about 50 babies a year, so some nights were disturbed by a hurry-up visit back to the hospital. Today, Dr. Smith probably wouldn’t be able to obtain obstetric practice privileges at a hospital either – no boards. Again, less liability and expense and cost for the corporation, but more inconvenience for the parturient and her family who would need to travel to the distant big city.

About sleep: he was “on call” every night. Answering machines had not yet been invented, so the sleepy voice at Dr. Smith’s number (which was listed everywhere – physicians actually always had a listed home telephone number in those days!) was either he in person, or Mrs. Smith, saying he was out on a call and where he could be reached. Today’s ubiquitous telephone answering phrase, “If this is an emergency, call 911,” had not yet been invented, nor had the concept of 911 itself.

About me? Although I admired Dr. Smith greatly, I easily recognized I didn’t have the stamina or brains to emulate him, so I chose a specialty instead.

Carlton Smith’s “cottage industry” delivered medical care at an unbelievably low cost and great convenience to our little community. But his cottage industry and those like it have been replaced by the corporate practice of medicine, big insurance, federal and state bureaucrats and endless regulations and reports.

Despite the promise that medical care would cost less after the elimination of the medical cottage industry, medical care per capita now costs the patient and this nation more than anywhere else on earth (some say 1/6 of all U.S. gross national product). On the other hand, most hospital corporations and big insurance seem able to generate profit even after their huge overhead for management and executive bonuses is added.

Dr. Carlton Smith’s cottage industry left him little financial gain, but he was rich in the admiration and appreciation of nearly every citizen of our little town. How many corporate executives or politicians can submit that claim on the bottom line of their last report to the Great Auditor?

How many physicians in practice today have personally witnessed a functioning example of a cottage industry which so well exemplified the grand historic traditions of medical practice, including relentless self-sacrifice and rigid devotion to professionalism? How many corporations, companies or bureaus have any managers who care or even know why those principles were so important?

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Q Now that the State has decided to defer mandatory participation in the episodes of care program for the state employee health plan network, how can I cancel my contract amendments with BCBST and Cigna that I have already signed?

A BlueCross BlueShield of Tennessee (BCBST) and Cigna already sent letters out to physicians who participate in their state employee health plan networks, allowing the physicians to rescind participation in the Tennessee Health Care Innovation Initiative for 2017. In December 2016, BCBST and Cigna sent contract amendments to network physicians that required the physicians to accept value-based payment for their commercial health plans unless the physicians actively rejected the amendments. Due to TMA’s advocacy efforts, in early February the state decided to delay mandatory participation in the episodes of care program in the commercial market until 2018. As a result, physician participation in 2017 is voluntary.

In communications to providers, BCBST and Cigna notified those who had accepted the contract amendments that they could defer participation in the gain/risk sharing part of the Initiative until Jan. 1, 2018. In order to do so, physicians are required to sign another contract amendment and send it back to BCBST and Cigna.

Cigna sent communications to physicians at the end of February notifying them of the option to defer participation until 2018. Physicians were required to sign an amendment and send it back for Cigna by March 15. BCBST’s communications went out at the end of March, and require physicians to send back a signed contract amendment within 60 days.

For more information about the Tennessee Health Care Innovation Initiative, please visit our website at tnmed.org/paymentreform or contact Jackie Woeppel, Healthcare Innovations Consultant, at jackie.woeppel@tnmed.org.
PHYSICIAN SPOTLIGHT

DR. SAMUDRALA SERVES AS TMA DOCTOR OF THE DAY

S. Steve Samudrala, MD of Brentwood is one of a number of TMA members who have served this session as legislative Doctor of the Day. He served as Doctor of the Day March 1, and was joined by his father, Rojan Samudrala, MD.

TMA works with the General Assembly each legislative session to provide volunteer physicians who serve the medical needs of lawmakers and their staff. Volunteers spend a day in Nashville getting a first-hand look at the legislative process and interacting with legislators.

Dr. Samudrala said he wanted to speak with lawmakers about TMA’s Healthcare Provider Stability Act, which passed both chambers of the legislature and was signed into law by Gov. Haslam on April 5. The law limits how often insurance companies can change fee schedules and payment policies/methodologies and requires standard notice of those changes.

He said there have been situations in his practice where payers made changes to reimbursement but did not inform the practice, and the payer later sought reimbursements for overpayments.

“Without Provider Stability, it makes it more difficult for physicians to stay in a healthy private practice and care for our patients,” Dr. Samudrala said.

Dr. Samudrala said he enjoyed meeting with lawmakers as Doctor of the Day.

“Everyone was extremely positive and helpful about the needs of physicians to help our patients in our community,” he said. “I look forward to great progress in our state of Tennessee.”

Dr. Samudrala is board certified in family medicine. He has been caring for patients of all ages for more than 15 years. He completed his residency at the University of Mississippi Medical Center, and is the Founder and Medical Director of America’s Family Doctors. As a multi-lingual medical practice, AFD is able to serve English, Spanish, Telegu, and Hindi speaking patients.

TMA HONORED BY PHARMACISTS GROUP

The Tennessee Pharmacists Association presented its 2016 Partner in Excellence Award to TMA during the 2017 TPA Winter Meeting.

TMA Senior Vice President Yarnell Beatty accepted the award on behalf of TMA.

The award honors TMA’s work on improving patient outcomes, promoting patient safety, increasing the quality of care within the healthcare system and elevating the standards of pharmacist-provided patient care.
MEMBERS IN THE NEWS

TMA MEMBERS HONORED AT ERLANGER DINNER OF DISTINCTION

TMA 2017-2018 President Nita Shumaker, MD and Manoo Bhakta, MD were honored at the Erlanger Health System 14th Annual Dinner of Distinction.

Dr. Shumaker is a pediatrician for Galen Medical Group. She is board certified in pediatrics and has served as clinical faculty member for University of Tennessee College of Medicine-Chattanooga for the past 22 years, after serving four years in the United States Air Force as captain/pediatrician. She has also held numerous leadership positions with the Erlanger Health System and is a board member of Southside and Dodson Avenue Community Health Centers, and volunteers with Project Access.

Dr. Bhakta is chief of pediatrics, medical director and director of pediatric hematology/oncology at Children’s Hospital at Erlanger. He is the founder of Erlanger’s Childhood Cancer and Blood Disorders Center. Dr. Bhakta is board certified in pediatric hematology/oncology. He has been an instructor or associate professor of pediatric hematology/oncology at the University of Tennessee College of Medicine – Chattanooga for 30 years.

SAINT THOMAS HONORS DRS. LAROCHE, KLUMPE

Elizabeth R. LaRoche, MD has been named Physician of the Year for 2016 by Saint Thomas Rutherford Hospital and Marynelle J. Klumpe, MD received the hospital’s Clinical Excellence Award.

Dr. LaRoche is a doctor of obstetrics and gynecology. She joined the hospital and the Murfreesboro Medical Clinic in 1984, becoming the first female obstetrician and gynecologist in Rutherford County.

Dr. Klumpe is a graduate of Wheaton College and the University of Tennessee Health Science Center in Memphis.

DR. KAPLAN AWARDED UT PRESIDENTIAL MEDAL

Robert Kaplan, MD of Memphis has been awarded the Jim and Natalie Haslam Presidential Medal. The award is given to individuals with a record of exemplary giving, volunteer leadership and service to the University of Tennessee and who encourage others to give their support.

DR. WILSON RECEIVES CARDIOVASCULAR AWARD

Lewis Wilson, MD has been awarded the 2017 Martin Coffey Cardiovascular Service Award from Cookeville Regional Medical Center.

The award is given to individuals who have made a positive impact and exemplify the same dedication and loyalty in broadening the scope and delivery of quality cardiovascular care to the patients of CRMC and the Upper Cumberland region.

Dr. Wilson was instrumental in the development of the Heart and Vascular Center at CRMC.

DR. THOMAS NAMED TNAFP FAMILY PHYSICIAN OF THE YEAR

Geogy Thomas, MD was named 2016 Family Physician of the Year by the Tennessee Academy of Family Physicians at the academy’s 68th Annual Scientific Assembly. Dr. Thomas practices with Dayspring Family Health Center in Jellico.

DR. MCCALLIE JOINS BCBST BOARD

Jack McCallie, MD, has been elected to the board of directors for BlueCross BlueShield of Tennessee.

Dr. McCallie is an internal medicine specialist who has practiced medicine in Chattanooga for 30 years. He joined his father’s medical practice in 1987. The practice is now part of Beacon Health Alliance – Ridgeside Internal Medicine.

He also serves as staff physician at the McCallie School, which his grandfather founded. He is a graduate of Vanderbilt University School of Medicine.

UTHSC HOSTS MATCH DAY

The University of Tennessee Health Science Center – College of Medicine hosted its annual match day on March 17. Participants joined with peers from across the country in simultaneously opening envelopes releasing their matched residency locations.

Of the 156 students participating in the match, 44 percent went into primary care, 37 percent are staying in Tennessee and 28 percent matched for residencies in the UT Memphis/Jackson program.
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YOUNG PHYSICIANS TAKE THE LEAD

TMA Fosters Leadership Opportunities Among Student and Resident Physicians
Though Bright was a TMA member at the time, before the association sponsored his trip to the AMA annual meeting, he didn’t know much about what TMA did or had to offer. “Having that exposure was definitely a stepping stone,” Bright said.

Bright, the outgoing president of TMA’s Medical Student Section, will graduate from the University of Tennessee College of Medicine in Memphis this year and go on to do a general surgery residency in Memphis. One of his goals during his tenure as president has been to make TMA’s Medical Student Section more active in TMA and more visible among students and the general membership. “Going forward, I just hope that it is a medium through which medical students can impact advocacy and policy,” he said.

One step toward achieving that goal was introducing the LEAD Student and Resident Program in late 2016, Bright said. LEAD – which stands for Learn, Engage, Advocate and Develop – is a program that aims to engage medical students and residents in organized medicine while giving them a chance to enhance their resumes and better equip themselves to make the transition to medical practice. Participants who complete at least five activities on a list of approved activities earn a LEAD certificate of achievement. Participation in organized medicine on both a local and statewide level is encouraged.

Approved activities include visiting the Tennessee State Capitol during the legislative session, attending a local medical society meeting, contacting a lawmaker about a policy issue, submitting to Tennessee Medicine or Tennessee Medicine’s e-Journal, attending the TMA House of Delegates meeting, recruiting a new member, joining IMPACT, volunteering for a political campaign, submitting a membership recruitment proposal, attending Day on the Hill or volunteering for a local public service project.

Bright plans on pursuing a LEAD certificate, and said the program provides outlets for students to impact organized medicine. Engaging residents and students is critical to the continued health of the association. The LEAD program includes elements such as participating in TMA’s House of Delegates where students can influence state medical policy. TMA has nearly 1,500 student members and nearly 1,800 resident members who together make up about 35 percent of all members.

Medical students are often short on time, however, and are looking for activities that they consider “high-yield,” where they get demonstrative value on the time they invest in an activity, Bright said. “If we can bring those ideas forward and TMA takes those seriously, then as a medical student that’s real value,” he said. Learn more about the LEAD program at tnmed.org/LEAD.

Anderson Webb, a third-year medical student at University of Tennessee College of Medicine in Memphis, also plans on earning his LEAD certificate. Webb is the current vice chair as well as the incoming chair of the TMA Medical Student Section. Though he said he didn’t initially know what to do, Webb sat in on meetings between lawmakers and physicians and said he liked seeking doctors fighting for their patients and practices. “I really liked seeing all the physicians there with so much passion,” he said.
The experience reminded him of something his father used to say to him: “If you don’t have a seat at the table, you’re what’s for dinner.”

Webb said he knows that there will be times after he enters practice that he will need to take the example of the physicians he observed during his first Day on the Hill and fight for a cause important to him.

But overcoming big obstacles to good patient care, such as lack of access to a physician or poor infrastructure, requires organized effort, Webb said.

“You have to get a large group of physicians speaking loudly about the same thing to have change made at the macro level,” he said.

The skills to help make those sort of changes, however, aren’t taught in medical school. Webb has been actively trying to make sure his fellow students get those skills. Early on in medical school, he started an organization called the Healthcare Business Student Interest Group to explore the business and policy side of healthcare. Involvement in TMA as a medical student is also helping him acquire those skills.

Webb said that he could see himself staying in Tennessee to practice medicine and his experience with TMA and the Medical Student Section make him want to remain active in organized medicine.

“I’ll stay involved throughout my career,” he said.

As the incoming chair of the Medical Student Section, Webb said he wants to work on improving communication between the different medical schools in the state. He also wants to see better promotion of TMA at medical schools throughout the year instead of just at the beginning of the year.

First year medical student Molly Wiggins, who is studying at East Tennessee State University, said that involvement in TMA at ETSU and with the Medical Student Section is helpful in making connections with fellow students who have similar interests and having a voice in organized medicine.

“I want to be able to have a voice in what’s going on in our state and nationally, and I think the TMA is a great way to do that,” she said.

Wiggins is currently serving as secretary of the medical student section and will be the vice chair for 2017-2018.

She believes TMA is an avenue to help medical students who are interested get involved in community outreach and would like to see her section engage in more community outreach projects.

For example, this year the TMA members at ETSU set out with a goal of raising awareness about opioid addiction and naloxone training. Opioid addiction is a statewide epidemic, and training on naloxone can help raise awareness of the issue and help people know what to do if someone close to them overdoses, Wiggins said.

“I think that it will save lives,” she said.

Lesley Jackson, MD, is a second year internal medicine resident at UT Medical Center in Knoxville who is the incoming chair for the TMA Residents and Fellows Section.

Dr. Jackson went to medical school at Indiana University School of Medicine. It was there that she first got involved in organized medicine as part of the Indiana Medical Society and the AMA.

As a medical student, she participated in an AMA advocacy day in Washington, meeting with then-Sen. Dan Coats of Indiana.

When she moved to Tennessee for her residency, though her schedule was busy, she was able to take part in some local Knoxville Academy of Medicine activities and attend TMA’s Day on the Hill.

“It reinforced everything that I’ve been working for,” she said.

At the event, Dr. Jackson said she was inspired by how passionate and focused TMA’s leaders were on their goals.

“I just met so many great leaders in the TMA,” she said.

Dr. Jackson works hard to provide good care for her patients, but said she realizes that to provide the best care, the work sometimes extends beyond providing medical care.

“Some of the best inspiration I had was just seeing physicians try to go the extra mile and recognize the bigger picture, that we have this role in patient advocacy,” she said.

One thing she wants to do as chair of the TMA Residents and Fellows Section is to promote resident involvement in the TMA.

“I do think it’s important to get involved early,” she said. “If you get involved early, you’re more likely to stay involved.”

Dr. Jackson said she would like to see TMA recommend to resident institutions that participation in organized medicine be an option as part of resident milestones, which are used to gauge how residents are progressing in their training. Involvement with organized medicine would fit in well with the existing professionalism milestone, she said.

Dr. Jackson also wants to use the chairmanship of the Residents and Fellows Section to spread the word about the underfunding of graduate medical education funding.

She said she thinks it’s important to educate people about the medical students who graduate and aren’t able to find a residency slot because of a lack of funding as well as those who attend medical school in Tennessee and then have to seek residencies outside of the state because of a lack of resident slots.

“I don’t think people realize there’s an issue there,” she said.
The inaugural TriMED Healthcare Education Summit is set up to be the largest medical education weekend of the year in Tennessee - a three-day event bringing together medical professionals from across the state for more than 50 hours of sessions at a state-of-the-art convention facility.
When TMA delivered the official Upper Cumberland Medical Society (UCMS) charter to UCMS President James W. Cates, MD in February, it was a milestone moment for the past, present and future of organized medicine in the region. Although it was the first TMA charter presented to UCMS, the regional society’s first constitution and bylaws were adopted in 1895, when travel between most counties on the plateau was by riverboat, horse-drawn buggy or horseback. The weeklong journey to Nashville made it difficult for many Upper Cumberland physicians to travel to Nashville for TMA’s annual education meeting, so it was important for physicians to have a closer resource for professional development and collegiality.

The UCMS was highly successful throughout the 1900s, with as many as 271 physicians attending the annual summer retreat and educational convention in 1931. But only 11 members attended in 2005 when the UCMS convened for the 111th time, and no plans were made for future meetings. Interest in county medical society activities rapidly declined, organization collapsed, and by 2013 the Putnam County Medical Society (PCMS) was the only TMA component society still meeting or electing delegates to the TMA House of Delegates.

The next year, a handful of passionate and determined physicians banded together in a refusal to allow organized medicine to completely erode in the Upper Cumberland. We began by reorganizing and revitalizing the PCMS, offering CME to incentivize attendance for busy physicians. Then, in January 2016, the PCMS changed its name to the UCMS, adopted an updated constitution and bylaws, petitioned TMA to accept the new name and to expand its potential members to any of the 14 counties in Upper Cumberland. The TMA House of Delegates approved the name change and the new charter on May 1, 2016.

Once again, doctors in communities throughout the 14-county Upper Cumberland region (Cannon, Clay, Cumberland, DeKalb, Fentress, Jackson, Macon, Overton, Pickett, Putnam, Smith, Van Buren, Warren and White counties) have a nearby resource for professional collegiality, growth and development, and a conduit to ensure Upper Cumberland physicians have a statewide voice in public health and legislative issues.

We have grown from just a few members on record with PCMS in 2013 to 125 members in UCMS-TMA in 2017. And while there are nuances to every geographic area of Tennessee, the UCMS model may serve as a success story for other regions with similar challenges and opportunities.

Educating peers on the many benefits of membership can be challenging but is the most effective way to recruit new members. Once new physicians join, it is up to the society to deliver value and give them ways to get involved. UCMS-TMA has generated interest and increased participation by focusing on a few key areas that give doctors in the Upper Cumberland greater voice, representation and influence.

- **Continuing Medical Education and Physician Networking**
  UCMS-TMA holds monthly meetings at Cookeville Regional Medical Center featuring a clinical CME topic presented by a member physician who lives and works in a UCMS county. This forum gives members an opportunity to teach, learn and network with each other. The CME presentation, accredited by TMA, is a service to the healthcare community and there is no charge for the certificate of participation. Interested healthcare professionals are welcome to attend regardless of membership status.

- **Advocacy**
  Seven state representatives and four state senators represent the 14 counties of Upper Cumberland. They encourage UCMS-TMA members to guide them on government and regulatory issues affecting healthcare delivery in rural counties of Tennessee. For example, UCMS-TMA was a strong and important supporter of Rep. Ryan Williams’ (Putnam) House bill prohibiting requiring Maintenance of Certification for licensure, maintenance of hospital staff privileges and full reimbursement for specialty level services. Rep. Cameron Sexton (Cumberland, Van Buren, Putnam) was the House sponsor of the Provider Stability Act. This new law was an important victory for all physicians, particularly the UCMS-TMA. Representatives Williams and Sexton have been very influential on the House Health Committee and House Health Subcommittee, and they depend on input from Upper Cumberland physicians who are willing to get engaged and share their expertise.

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TMA’s Day on the Hill in March drew more than 300 physicians, medical support staff, and other advocates to lobby for better healthcare policies on Capitol Hill in Nashville. The attendance marked a record for TMA, far surpassing the number of participants in previous years for the event.

TMA 2016-2017 President Keith G. Anderson, MD, said physician engagement in state policy is good for doctors and patients.

“Physicians get involved in TMA to help improve healthcare for all Tennesseans,” he said. “This year, we are promoting policies to make reimbursement more predictable for providers and remove unnecessary hassles in order to protect access to care across the state. Physicians have unique insight into the healthcare system, and our goal is to share that insight with lawmakers to improve care for everyone.”

TMA Legislative Chairman Ronald H. Kirkland, MD, MBA said legislators are interested in physician input on legislation.

“If our legislators don’t hear from us, they don’t know where we stand on the issues,” he said. “They seem to be very excited about seeing us and interested in everything we say.”

Physicians discussed legislation with lawmakers including the Healthcare Provider Stability Act, which was signed into law in April. The bill will provide more transparency and predictability for physician reimbursement. Learn more about TMA’s legislative priorities and the status of specific bills at tnmed.org/legislative.

Coming together at legislative plaza can help doctors make more of an impact on their issues, said Richard Lane, MD, FACP of Franklin.

“The beauty of the TMA Day on the Hill is they see numbers, and numbers seem to make the difference in the legislature,” he said. Day on the Hill is a good opportunity for doctors to make time to speak directly with their legislators. Though he’s come to Day on the Hill for years, Dr. Lane said he still sometimes gets nervous talking to lawmakers.

“I think it’s important to see how legislature works, but also it’s an opportunity to work one-on-one with your legislator, which you really don’t have time to do unless you make time for it,” he said.

Kristina Storck, MD of Nashville came to Day on the Hill for the first time this year. The event, she said, is about letting lawmakers get to know physician voices.

“I think we’re so busy working and taking care of patients, sometime that gets lost,” Dr. Storck said. Rodney Lewis, MD of Nashville, was also new to Day on the Hill in 2017.

“For me, it’s a great way for physicians’ voices all across the state to be heard, and this is the best way to do that, through TMA,” he said.

Preventive medicine residents Nefeteria Coffee, MD, and Jasmine John, MD came to learn more about physician issues and observe the Day on the Hill process.

“It always good for us as physicians to give our input and our opinions on things rather than people who are not in the medical field giving their input,” John said.

Shauna Lorenzo-Rivero, MD, president of the Chattanooga-Hamilton County Medical Society, said physician input is important in the legislative process.

“There are many issues that affect me as a physician and also my patients,
issues that if we don’t intervene, if we don’t state our opinion, will change right before our very eyes,” she said.

The Healthcare Provider Stability Act and legislation to make sure that cancer patients pay the same amount of insurance coverage for oral medications as for IV treatments were two of Dr. Lorenzo-Rivero’s top priorities to discuss with legislators at Day on the Hill.

“I would say, in general, I feel like I have friends here on the hill,” she said. “I know that they try very hard to take care of their constituents. They are very open-minded. They are always willing to listen.”

Jesse Woodall Jr., MD of Memphis, joined TMA in 1970 and has been attending TMA’s Day on the Hill for 35-40 years, he said.

While the cast of characters has changed, the procedures for the legislature – as well as a few of the issues – remain the same from his first Day on the Hill, he said.

“We still have people who want to practice medicine without the benefit of medical school,” Dr. Woodall said.

Over the years, Dr. Woodall has made friends and connections with both the lawmakers and lobbyists who walk the halls of Capitol Hill, he said.

Dr. Woodall said he continues to come to Day on the Hill to try to create a better healthcare environment in the state.

“It’s important for the protection of our patients and the people of Tennessee to help create an environment where people can continue to receive good healthcare in a safe surrounding at a reasonable price,” he said.

SPECIAL FEATURE: REVITALIZATION IN THE UPPER CUMBERLAND

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• Leadership

> UCMS has committed the $50 dues we collect to support physician leadership development in our region. We encourage our members to seek nomination to attend the Ingram Institute’s Leadership Lab or Immersion Weekend and will sponsor $500 toward the cost of tuition for those who are accepted and attend.
> UCMS physicians have been selected to serve as Technical Advisory Group members for 17 episodes of care as part of the TennCare payment reform initiative. It is important for physicians to have a seat at the table as the state makes decisions about how we are paid. If we do not engage and have a voice in the process, then we completely defer important issues to others who are less qualified to interpret how their decisions affect our patients. This is one way we establish UCMS-TMA as a hub of physician leadership on issues affecting healthcare delivery in rural Tennessee.
> The UCMS-TMA member roster entitles us to three seats on the TMA House of Delegates. We are currently working to convince the 76 TMA direct members in the Upper Cumberland to join the UCMS-TMA. If we are successful, it would increase our representation to five delegates and would significantly increase our participation in TMA governance and policy. We continually encourage physicians from any of the 14 counties to seek nomination to the TMA HOD.

We are excited about the future of organized medicine in the Upper Cumberland. We also hope other societies around the state may be able to replicate our model or find their path to resurgence so that, together, we can become a bigger and better TMA.

Find more information about UCMS programs and activities at UCMS-TMA.org. Learn more about the history of the Upper Cumberland Medical Society at tnmed.org/UCMS

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IN MEMORIAM

Louis J. Bernard, MD, age 91. Died December 23, 2016. Graduate of Meharry Medical College. Member of the Nashville Academy of Medicine.

John B. Bond, MD, Age 85. Died March 30, 2017. Graduate of Vanderbilt University School of Medicine. Member of the Nashville Academy of Medicine.

M. Gene Caldwell, MD, age 85. Died March 4, 2017. Graduate of the University of Tennessee Center for Health Science. Member of the Roane-Anderson County Medical Society.

Robert T. Cochran Jr., MD, age 82. Died December 29, 2016. Graduate of Vanderbilt University School of Medicine. Member of the Nashville Academy of Medicine.


Robert C. Donaldson, MD, age 79. Died November 28, 2016. Graduate of the University of Illinois College of Medicine. Member of the Sullivan County Medical Society.

Julius Fernandez, MD, age 44. Died February 22, 2017. Graduate of Tufts University School of Medicine. Member of The Memphis Medical Society.

Coy Freeman, MD, age 74. Died March 6, 2017. Graduate of University of Oklahoma College of Medicine. Member of the Knoxville Academy of Medicine.

Bruce E. Galbraith, MD, age 94. Died December 18, 2016. Graduate of the University of Tennessee Center for Health Science. Member of the Coffee County Medical Society.

Janice L. Garrison, MD, age 63. Died December 20, 2016. Graduate of the University of Tennessee Center for Health Science. Member of The Memphis Medical Society.

H. Lynn Magill, MD, age 70. Died April 5, 2017. Graduate of Northwestern University Galter Health School. Member of The Memphis Medical Society.

Howard W. Marker, MD, FACP, age 84. Died January 19, 2017. Graduate of UT Medical Branch. Member of The Memphis Medical Society.

Howard C. Pomeroy, MD, age 89. Died November 24, 2016. Graduate of the University of Tennessee Center for Health Science. Member of the Nashville Academy of Medicine.

Robert W. Ripley, MD, age 88. Died February 12, 2017. Graduate of University of Chicago Pritzker School of Medicine. Member of the Coffee County Medical Society.

Harold E. Ross, MD, age 83. Died December 4, 2016. Graduate of University of Tennessee Center for Health Science. Member of The Memphis Medical Society.

Joseph M. Scott, MD, age 91. Died November 29, 2016. Graduate of the University of Tennessee Center for Health Science. Member of The Memphis Medical Society.
Most physicians enter the profession with a singular motivation: to help others.

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- R.B., M.D.

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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.

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