Nurses want to practice without physician oversight. Insurance companies want to keep changing reimbursement at any time, for any reason.

Lawyers want to remove caps on medical malpractice lawsuits.

IF YOU WANT TO STOP THESE THINGS FROM HAPPENING IN TENNESSEE, THEN YOU NEED TO STAND WITH US ON MARCH 1.

TUESDAY, MARCH 1, 2016
LEGISLATIVE PLAZA - NASHVILLE

Register now at tnmed.org/dayonthehill

This is a FREE event open to all physicians, medical office staff and healthcare administrators.
## CONTENTS

### Cover Story
19  Collaborative Care: Teamwork Between Providers Leads to Better Patient Care

### STAT
5  ICD-10

### President’s Comments
7  What Will be Our Legacy—John W. Hale Jr., MD

### Editorials
9  CEO’s Note: Resolutions for a New Year—Russ Miller
11  Editorial: The Growing Culture of Hostile Dependency Towards Doctors—David G. Gerkin, MD

### Ask TMA
13  Why Would I Receive a Second Contract from an Insurer?

### Member News
15  Physician Spotlight: Dr. Jackson Butterworth Gives Retirement Guidance
16  IMPACT Donors

### Voter Guide
22  Instructions
23  President-Elect Candidates
24  Trustee Candidates
25  Judicial Council Candidates

### Special Feature
27  Physicians May See Increased Liability in Hospital EHR Contracts – Katie Dageforde, JD

### For The Record
31  New Members
32  In Memoriam
34  Advertisers in This Issue; Instructions for Authors
We offer a full line of insurance solutions for you, your family, and your practice. We represent a diverse group of carriers, each with an emphasis on longevity, credibility and value. And, we’ve been serving TMA Members since 1985. To discuss your insurance needs, please contact us.
ICD-10

Beginning Oct. 1, 2015, the Centers for Medicare & Medicaid Services required ICD-10 codes for all healthcare transactions. TMA for the past several years has provided education and resources to help members prepare for the transition.

The United States has been using ICD-9-CM since 1979.

In 2015, TMA hosted five ICD-training coding camps across the state. 949 people registered to take part in the workshops last year.

A total of 10.1% of total claims processed were denied during the first month of using new codes (Oct. 1-Oct. 27). The historic baseline for denials is 10%, according to CMS.

2% of claims were rejected because of incomplete or invalid information Oct. 1-27, on par with the historic baseline.

NEW CODES USHERED IN WITH ICD-10 INCLUDE:

- **W55.21**: Bitten by a Cow
- **Z63.1**: Problems in Relationship with In-Laws
- **Y92.253**: Injury at the Opera
- **W56.22**: Struck by Orca
- **V91.07**: Burn Due to Water Skis on Fire
- **V97.33**: Sucked into Jet Engine
- **V95.40**: Unspecified Spacecraft Accident Injuring Occupant

FOR ICD-10 RESOURCES FROM TMA, GO TO WWW.TNMED.ORG/ICD-10

DIFFERENCES BETWEEN ICD-9 AND ICD-10 CODES

<table>
<thead>
<tr>
<th></th>
<th>ICD-9-CM</th>
<th>ICD-10 CODE SETS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Procedure Codes</td>
<td>Diagnosis Codes</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>10,000</td>
</tr>
<tr>
<td>10,000</td>
<td>10,000</td>
<td>20,000</td>
</tr>
<tr>
<td>20,000</td>
<td>20,000</td>
<td>30,000</td>
</tr>
<tr>
<td>30,000</td>
<td>30,000</td>
<td>40,000</td>
</tr>
<tr>
<td>40,000</td>
<td>40,000</td>
<td>50,000</td>
</tr>
<tr>
<td>50,000</td>
<td>50,000</td>
<td>60,000</td>
</tr>
<tr>
<td>60,000</td>
<td>60,000</td>
<td>70,000</td>
</tr>
<tr>
<td>70,000</td>
<td>70,000</td>
<td>80,000</td>
</tr>
</tbody>
</table>
Healthcare professionals need technology professionals. Jackson Thornton Technologies is on call 24/7, keeping your IT networks up and running. Helping ensure HIPAA compliance with secure systems. Converting paper to Electronic Medical Records. Now you can concentrate on patient care—while JTT takes care of IT.

6:30 A.M. already behind schedule

LUNCH SKIPPED.
Your patients are priority.

AND A LATE-NIGHT URGENT CALL
about the
one thing your practice cannot heal –
A DOWNED COMPUTER SERVER.

It’s time for professional IT help.

Healthcare professionals need technology professionals. Jackson Thornton Technologies is on call 24/7, keeping your IT networks up and running. Helping ensure HIPAA compliance with secure systems. Converting paper to Electronic Medical Records. Now you can concentrate on patient care—while JTT takes care of IT.

877.226.9091    |    jttconnect.com
Most people have heard of the Nobel Prize. I would surmise that most readers of this poor editorial have also heard of Alfred Nobel, the benefactor of the prize. Nobel and his name are now famous for the propagation of peace, but that was not always the case. Nobel was an inventor who was concerned about the use of nitroglycerin at construction sites. It was useful in blasting rock and thus relieving men of the burdensome and time-consuming method of breaking rocks by hand, but it was extremely dangerous and led to many deaths. His invention of the process of stabilizing this chemical created dynamite, which is still used today and is the standard by which all explosives are measured. This discovery made him wealthy and famous.

Nobel probably thought at that time that he could live his life in comfort, until an erroneous report of his death. A newspaper, upon hearing of his brother’s death, thought it was Nobel and published his obituary. Instead of praising his achievements, it accused him of being the deliverer of a horrible weapon and the creator of destruction and sorrow. He was so shocked and concerned about what his legacy would become that he bequeathed his entire fortune to the Nobel prizes.

Physician extenders were created to increase access to care for patients and allow the physician to devote his or her time to more complex cases. The classification of the complexity of the case was determined by the physician and was understood by all those involved. If there was a question about what work was to be assigned to the physician extender, the physician made the final determination. Since the doctor was the employer, his or her authority was unquestioned.

This situation worked well initially, and in some areas the relationship between physicians and extenders continues to function in much the same way as originally designed. But the practice of medicine has changed dramatically in the past several years, and in some practice settings these interprofessional relationships have been distorted. Greed and apathy have laid waste to the structure that was originally intended. Both parties – physician and extender – are to blame.

While the majority of situations are proper and benefit patients, there is an effort to completely change the landscape by giving advanced practice nurses “full practice authority,” a euphemism for independent practice, free of physician supervision. It appears to me, based on editorials in Tennessee’s major news outlets, that the state’s nursing schools are advocating for a faster, easier, and less expensive track for individuals to be able to legally practice medicine.

If you think that hypothetical scenario sounds bad, it will get worse if it becomes reality. And once something is done it is nearly impossible to undo.

We need to push Tennessee’s healthcare providers toward more collaboration, not less, by updating the structure that was originally intended when valuable extender roles were first created to support an efficient, integrated model of care. TMA’s physician-led, team-based approach to healthcare bill will do this and much more.

It will not be easy. We will be in for a fight with those who wish to practice medicine without the supervision and education that is warranted. It is important to note that not all APNs want this, and I have talked to physician assistants and CRNAs who support what we are doing. But there is a very vocal group that is advocating change. They are well financed (another reason to contribute to IMPACT, TMA’s political action committee) and they will make an argument about access to care.

I invite and encourage everyone to read our white paper on this issue on the TMA website. It explains it much better and with more detail than a single editorial allows.

We have all complained about the changes we have seen in this arena, but now is the opportunity to act. Get active in the political process. Contact the TMA office to give them your name and office address in order to establish which legislators represent you and how to contact them. Record anecdotes of problems you have encountered with APRNs, physician extenders and others in your practice setting. Poor patient outcomes cost the state money and the legislature does not want that. Even if you don’t want to get directly involved in the political process, contribute what you can to IMPACT. Contributions help open many doors.

A philosopher once said bad things happen when good people see wrong and do nothing.

What will be our legacy? +

Share your thoughts with Dr. Hale at president@tnmed.org.

By John W. Hale Jr., MD | President
We’ve got a mortgage that fits you.

Ask us about our low mortgage rates.

TMA Members and their employees are eligible to receive a $500.00 discount off closing costs on a home mortgage.

Keith Collison, Managing Director
Finworth Mortgage
keith.collison@finworth.com • 615.345.9905
NMLS #174913

Subject to credit & other restrictions
With every New Year comes a new set of challenges both for our physicians and for TMA. The single, most critical factor to TMA’s ability to achieve its priorities for the physicians and patients of Tennessee is our ability to rally all physicians together in a shared vision and purpose.

Our ability to remain a leader in healthcare policy development and shape the future of patient care in our state is directly proportional to the percentage of physicians we unify in a single voice. What makes this increasingly difficult is the changing work environment of our members. Not many years ago, the vast majority of physicians were in private practice. Current statistics show that we are rapidly approaching the 50 percent threshold for employed physicians in Tennessee.

This also presents another challenge. Often the person or organization paying member dues may not perceive the direct benefits. While TMA is the physicians’ organization, more frequently the decision about paying dues is falling to a practice CEO or a hospital CFO.

As we have toured the state in the past year to meet with various medical groups and to speak to medical students and residents, it was abundantly clear that physician employment is not just a passing trend, but the way physicians will approach the business aspects of medicine for the foreseeable future. When questioned about their plans for the future, students and residents almost universally said, “I want to finish my training and find a job.”

TMA always strives to meet the needs of its members, and it is becoming increasingly challenging when physicians in private practice and employed physicians have different wants and needs. A survey conducted by another state similar in size to Tennessee asking about the top five issues facing physicians today found that the No. 1 issue for independent physicians was decreasing reimbursement (employed physicians ranked this fourth), while employed physicians say their top issue is time spent on electronic medical records (independents ranked this fifth). However, all agreed state and federal regulatory hassles are a firm No. 2.

Another challenge to aligning physicians – be they employed or in private practice, small practice or large multispecialty, academic or corporate medicine – is regular communications. In our meetings across the state, it was universally acknowledged that communicating with physicians is more difficult today than at any point in the past. That seems ironic as we all have more means by which to communicate regularly than we have ever had. To improve communications with members, TMA is initiating a campaign in 2016 to collect more accurate contact information from our members. In recent years, TMA has also redesigned its website and ramped up efforts to communicate with members through email and social media, which many of our members use daily.

TMA strives to remain relevant and top of mind to physicians in the state by focusing our time, energy and resources on issues and projects that are universally desirable for physicians regardless of practice modality, locale, gender or employment status. One of the areas of concern that is emerging rapidly and causing much anxiety is the use of clinical data reporting for reimbursement. This year, TMA is working on plans to aggregate and analyze clinical information on physicians and patients throughout Tennessee. This is no easy task, but we believe it necessary to better position physicians as the informational authority on how care is delivered in our state and how to improve the overall health of Tennessee.

Another project we plan to introduce is a value-added service for members to help them better control annual expenditures on health insurance for physicians, their dependents and employees. These are just two examples of universally shared challenges facing Tennessee physicians and medical practices.

I’m often asked, “What is it that TMA does and why should I join?” I usually answer that TMA is the only organization with the size, clout, reputation, experience and know-how to take on issues that are too big for any single physician, practice or specialty to handle alone. Our work in 2016 will prove this once again, just as we have proven with numerous other issues in years past.

But let me reiterate that our future ability to bring resolutions to the challenges facing Tennessee physicians every day hinges on your ability to get your peers to join for the betterment of the profession and for the patients you all serve.

Share your thoughts with Mr. Miller at russ.miller@tnmed.org.
GET YOUR PRACTICE READY FOR ICD-10 TODAY

Many Experts Recommend Access to up to 6 Months of Operating Capital; Are You Prepared?

ICD-10 Line of Credit Special
Get Ready for ICD-10 today!
- Up to $250,000
- 24 month term
- Prime - 1/4%, 3.50% floor
- Quick Turnaround

For more information:
Blake Wilson | bwilson@tmamedicalbanking.com
Patrick Wright | pwright@tmamedicalbanking.com
2106 Crestmoor Road | Nashville, TN 37215
Direct: 615.515.4272 | www.tmamedicalbanking.com

Limited time offer. Prime Rate is The Wall Street Journal Prime Rate, which was 3.25% Annual Percentage Rate (APR) as of July 1, 2015. The APR is variable, indexed to The Wall Street Journal Prime Rate, and is subject to increase or decrease as the index increases or decreases. Full principal amount as well as any unpaid, accrued interest is due at maturity date stated in credit agreement. All loans are subject to underwriting standards and credit approval. Member FDIC.
Several years ago I came across the term hostile dependency. I thought it was an unusual type of dependency adjective, but when I heard it recently to refer to a type of a detrimental relationship between patients and doctors, my attention was heightened. Somehow, with what training I had in psychiatry as a medical student and with having read the basic psychiatric articles for primary doctors, I assumed that phrase must have been fairly new. I was certainly wrong about that. Using my usual source for information, Wikipedia, I found the following definition or characteristics: “Hostile-dependent relationships are characterized by either one sided, or a mutual atmosphere of hostility and aggression between the partners, which are endured due to the dependence of the partners involved (Aldrich, 1966). Since the members of the relationship are dependent on one another, these characteristics can express themselves in complementary ways. For example, between spouses where one is a sadist and the other a masochist, however, many other forms are possible, for instance, as abusive spousal relationships or in parental relationships with their dependent children (both young, teen and adult children) and other circumstances of dependency. Many members of hostile-dependent relationships remain together, despite the conflict between one another.”

How did this relationship between patients and doctors gradually change to today’s perception of a negative relationship? As expected, for many years doctors were held in high esteem as a profession. Gradually that esteem began to fade, but most patients still proclaimed “I still like my doctor.” The “I still like my doctor” element of the relationship is the thing that is deteriorating in the current arena of culture change. The obligatory or needed relationship for both the patient and his or her physician forces this “hostile dependency relationship.”

Why is this happening? For the doctor, it is a struggle between the reason most choose the profession and the increasing impact of things that affect that motivation in a disturbing way. Many people believe many doctors went into medicine for economic gain. Of course, that is an attribute of credit for a long education time and believe many doctors went into medicine for economic gain. Of things that affect that motivation in a disturbing way. Many people believe many doctors went into medicine for economic gain. Of course, that is an attribute of credit for a long education time and reason to provide the care in which they trained. Also, a current dichotomy exists. If you ask doctors whether they would recommend the profession to others, most would be unwilling to do so. However, applications for medical school in the last two years have exceeded expectations. It certainly demonstrates that, even with all the problems, the profession is admired and valued.

What is the solution? First, many feel that some of the impersonal things creating these issues could be changed by a change in political party or leadership. Perhaps some elements could be affected, but they are not likely to be significant. Some even feel a change in the type of practice would be a solution, and that has given rise to the practice modality of concierge medicine. As attractive as it might appear, most patients are not ready for that type of practice or cannot afford it. Rick Lippin, MD in his essay, “My New Adult Relationships with My Patients” says, “My approach with my patients has evolved over 35 years of medical practice. The excesses of paternalism in my practice of medicine have been replaced by a much more rewarding adult-to-adult relationship with my patients. Not shaking my finger at them or scolding them as ‘children’ has helped them and me more than you can imagine.” I have often heard the statement “He is an excellent doctor but does not like to be questioned.” I am not sure how most doctors would feel about this, but this is Lippin’s opinion.

As you can see, I have little to offer regarding the solution, and most of my reading on the subject also fails in that aspect. I suppose that I, like most physicians today, will continue to contrast the past “Golden Years” – the ones marked with dedication, commitment
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!

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association
WHY WOULD I RECEIVE A SECOND CONTRACT FROM AN INSURER?

Q I recently received a new single provider agreement from Cigna, but I’m already contracted with Cigna through my group. Do you know why I received this contract?

A Based on contacts from member physicians, these new commercial provider agreements contain language tying the individual contract to the insurance plan’s workers’ compensation network. If a physician signs the contract, he or she agrees to participate in the plan’s workers’ compensation network and accept its reimbursement, which is typically less than the state medical fee schedule. At least one plan (Cigna) would not take this language out of its agreement, and another (Trinity) agreed to take it out of its amended fee schedule but not its state base agreement.

Recently, a few practices submitted redacted Cigna and Multiplan contracts to the TMA legal department for review. To determine whether or not your practice is impacted, look at the following sections in your Cigna and Multiplan participation agreements:

1. Cigna: Section 2.1 of the Base Agreement, section I of Exhibit C and page 2 section IV-1
2. Multiplan: Page 3, section IV 4.1

Robert Snyder, MD, Medical Director of the Bureau of Workers’ Compensation for Tennessee, has indicated that the bureau does not have jurisdiction to address whether or not the plan can include an “all products clause” in its agreement. These all products clauses require participation in both the plan’s commercial and workers’ compensation products.

If you discover that you have a signed contract with an all products clause and are now participating in the insurer’s workers’ compensation network, then you need a full understanding of Tennessee’s law regulating workers’ compensation silent PPOs.

Silent PPOs are a scheme by insurance companies to keep the full and fair reimbursement from a physician practice. Tennessee Code Annotated § 50-6-215 addresses workers’ compensation silent PPOs. To see a full discussion of the Tennessee Workers’ Compensation Silent PPO law, review the workers’ comp and silent PPOs section of TMA’s online Law Guide at tnmed.org. The Law Guide Directory can be found in the Legal section under Member Resources. The online Law Guide includes several topics addressing workers’ compensation issues and laws in Tennessee.

If you have any questions, please contact the TMA Legal Department at legal@tnmed.org.

DISCLAIMER: The discussion of this issue should not be construed as legal advice or representation by the TMA. It does not constitute an attorney-client relationship between you or any TMA employee. This unwarranted material is provided only for informational purposes. Should you require legal advice or representation, you should contact your personal attorney.

THE GROWING CULTURE OF HOSTILE DEPENDENCY TOWARDS DOCTORS (Continued from p. 11)

and fulfillment – against challenges the profession faces today. I think even with all the bitter things physicians are facing, we still have the best profession in the world in caring for patients, and I continue to believe using that enforcement and value helps us face the onslaught of today’s hostile environment.

If you have any suggestions or thoughts, please write a letter to the editor. They can be sent to katie.brandenburg@tnmed.org. It is my reason for writing this to stimulate that response.
PUT THE POWER OF YOUR LITTLE BOOK INTO YOUR PATIENTS’ POCKETS!

As a medical professional, you have a compelling story to tell to your patients and their spheres of influence, as well as to the medical professionals outside of your field who refer their patients to you.

When you hold a sample of an IN MY POCKET™ book, you will immediately understand the power of giving one - authored by you - to those you want to reach. Basic information they need to know about you and your areas of expertise is included. So are pointers to help them remember instructions and advice you offer in this pocket or purse sized book.

Your book will feature photos obtained from your suppliers - or those we take at your offices. Graphics that illustrate your narrative can also be obtained from appropriate sources. If you need help with editing your narrative, that is included as well. 100 to 200 pages of text and graphics are recommended.

You can order your 4” wide by 6” tall full color books that are professionally produced and printed on high quality gloss paper in any quantity of 10 or more. You can then reorder only as many as you need because we offer quick turnaround.

Costs for producing your books are very reasonable as compared to the higher prices for producing other literature. The major difference is that patients and professionals who get your book will most likely use it as an on-going guide, and pass it along to others because of the useful information, and the liberal use of photos and colorful imagery throughout, as well as the handy size.

Your book will offer you a great way to tell your story - in a memorable way - to caregivers, too.

FREE SAMPLES OF THIS BOOK, AUTHORED BY DR. BRIAN J. MCKINNON, ARE AVAILABLE IN QUANTITIES REQUIRED TO DISTRIBUTE TO YOUR COLLEAGUES FOR THEIR OPINIONS.

Get started on your book by contacting Bob Carroll.
Robert Carroll | Advertising | Marketing | Business Development
901.626.2487 | bob.carroll@rcadmark.com | www.rcadmark.com
The American Medical Association presented its 2015 Medical Executive Lifetime Achievement Award to Michael Cates, CAE, executive vice president of the Memphis Medical Society, during the AMA Interim Meeting in Atlanta in November.

Cates has led the Memphis Medical Society staff since 1985.

Before that, he spent ten years with the North Carolina Medical Society and the Mecklenburg County Medical Society in Charlotte, N.C.

The TMA Board of Trustees recognized Region 8 Manager Pam Slemp for ten years of service during its November meeting in Nashville.

TMA Region 8 Manager Pam Slemp, left, is congratulated by Dr. Michel McDonald, chair of the TMA Board of Trustees.

Jackson Butterworth Jr., MD, of Bristol said hearing concerns from doctors nearing retirement age when he served as vice president of medical affairs at Bristol Regional Medical Center alerted him to a need for more retirement guidance among his colleagues.

The experience inspired him to work with TMA to create a new resource for retiring TMA members.

“It came from talking with different doctors and hearing some of their concerns,” he said.

“A Guide to Physician Retirement and Closing a Medical Practice,” launched in September. It is available at tnmed.org under the law guide section or at tnmed.org/retiring.

The retirement guide includes guidance on the types of licenses a retired physician can choose to maintain, a checklist for closing a practice and rules for disposing of controlled substances.

It is a joint resource from TMA and the State Volunteer Mutual Insurance Company. Dr. Butterworth wrote the first draft of the guide. In September, it was endorsed by the Tennessee Board of Medical Examiners.

Dr. Butterworth came to the vice president of medical affairs position after retiring in 2004 from his urology practice. He said he received questions from many of his colleagues about the retirement process.

“Some were very unhappy with what they knew about it and how to proceed,” Dr. Butterworth said.

To help other doctors understand the distinction between retiring a practice and a medical license, the retirement guide discusses various licenses – separate from a full medical license – that allow a physician to do things such as work at a clinic or participate in medical mission trips.

Dr. Butterworth said that, for physicians, a medical career becomes an integral part of their lives, influencing their place in the community.

“Surrendering that is an emotional decision,” he said.

Retired physicians can still be a resource for the medical community, Dr. Butterworth said.

During his time at Bristol Regional Medical Center, the hospital hosted a luncheon twice a year for retired doctors.

“I viewed them as ambassadors for our hospital in the community,” he said.
CROWN RETIRES FROM BOARD

Loren Crown, MD, FACEP, recently retired from the Tennessee Medicine Editorial Board after serving on the board for 14 years.

“I have learned much from my co-editors and even more from my corresponding colleagues concerning practice, policies, and politics,” Crown said. “This publication allows rural-based practitioners like me, far from the halls of academia and the seats of legislation, to remain in touch and to achieve input.”

THANK YOU TO OUR IMPACT DONORS

2015 CORPORATE DONORS
Advanced Diagnostic Imaging PC
Anesthesiology Consultants Exchange PC
Chattanooga Neurosurgery and Spine
FHG Core Physicians
The Jackson Clinic
Maury County Medical Society
Mid Tennessee Bone and Joint Clinic PC
Nephrology Associates PC
Southern Oncology Inc.
Tennessee Interventional and Imaging Associates
University Surgical Associates

2015 CAPITOL HILL CLUB MEMBERS
Yasmine Subhi Ali, MD
Maysnoon Shocair Ali, MD, FACP
Subhi Dawud Suboh Ali, MD
Newton Perkins Allen Jr., MD
Keith Gregory Anderson, MD
Rebekah Crump Austin, MD
Samuel Ray Bastian, MD, FACP, FAAP
James Howard Batson, MD
Leonard Allison Brabson Sr., MD
Richard M. Briggs, MD
Tommy J. Campbell, MD
Cathy Marie Chapman, MD
Barton A. Chase III, MD
Dewayne P. Darby, MD
Richard J. DePersio, MD, FACS
Robert Marshall Dimick, MD
Scott C. Dulebohn, MD
James K. Ensor Jr., MD, FACP
Tamara P. Folz, MD
Eric G. Fox, MD
Timothy Lee Gardner, MD
David George Gerkin, MD
Paul W. Gorman, MD
Mark E. Green, MD
John W. Hale Jr., MD
James E. Jolley II, MD
Robert Ashley Kerlan, MD, FACP
James D. King, MD
Ronald H. Kirkland, MD, MBA
Kenya Kozawa, MD
Jeffrey P. Lawrence, MD
George R. Lee III, MD, MS
Adele Maurer Lewis, MD

Robert M. Maughon, MD
Michael A. McAdoo, MD
Scott W. McCall, MD
Robert Wallace McClure, MD
Michel Alice McDonald, MD
Fredric Ronald Mishkin, MD
Brent Robert Moody, MD, FACP, FAAD
Kofi W. Nuako, MD
Edmund T. Palmer Jr., MD, FACP
Rodney A. Poling, MD
James E. Powell, MD
F. Bronn Rayne, MD
Wiley Thomas Robinson, MD, FHM
Perry Clyde Rothrock III, MD
Wayne T. Scott, MD
Nita W. Shumaker, MD
Jane Meredith Siegel, MD
Douglas John Springer, MD, FACP, FACG
William Kirk Stone, MD
George Milum Testerman, MD
Bob Vegors, MD, FACP
John J. Warner, MD
Carolee E. White Jr., MD
William Turney Williams, MD
George R. Woodbury Jr., MD
Christopher E. Young, MD

2015 SUSTAINING MEMBERS
Vijaya L. Appareddy, MD
Joseph R. Armstrong, MD
Michael E. Bearb, MD
Eric W. Berg III, MD
Berta M. Bergia, MD
Stanley L. Bise, MD
John E. Blake III, MD
Mark William Bookout, MD
Glenn H. Booth Jr., MD, FACP
Sandra J. Boxell, MD
Gail M. Brabson
M. Bart Bradley, MD
Michael Wayne Brueggeman, MD
Gary A. Brunvoll, DO
Jeffrey William Bunning, MD
Patrick H. Burkhart, MD
John Boustany Buttross, MD
John Bright Cage, MD
Paul B. Cardali, MD
T. Mark Carter, MD
Marian L. Chamberlin, MD

Don’t give up the fight. We need your support to continue making a difference and ensuring friends of medicine are in the Tennessee General Assembly.
MEMBER NEWS

Elijah Grady Cline Jr., MD
Donald Alexander Cole, MD
Sabrina Lee Collins, MD
Jeffrey Wade Cook, MD
Daniel F. Coonce, MD
Scott A. Copeland, MD
John D. Crabtree Jr., MD
John W. Culclasure, MD
Natalie Marie Curcio, MD, MPH
Patrick Matthew Curlee, MD
Carolee Marie Cutler Peck, MD
Brian J. Daley, MD
Charlotte A. DeFlumere, MD
Dennis H. Duck, MD, FACP
Ms. Heidi Dulebohn
Steven G. Flatt, MD
Tony A. Freeman, MD
Charles S. Fulk, MD
Paige Clifton Furrow, MD
Thomas L. Gautsch, MD
Mary Katherine Gingrass, MD
Mark S. Goldfarb, MD
Richard S. Greene, MD
Erich Bryan Groo Jr., MD
David Nelson Gwaltney, MD
Curtis James Hagenau, MD
Eric Harman, MD
Joe Mark Harris, MD
Randal G. Hartline, MD
Danielle Hinton Hassel, MD
Melinda J. Haws, MD
James William Haynes, MD
George J. Heard Jr., MD
George Alan Hill, MD
David Harvey Horowitz, MD
John R. Hovious III, MD
Stephen P. Humphrey, MD
William Dean Jameson, MD
Kenneth O. Jobson, MD
Clifford Quentin Johnson Jr., MD
John C. Johnson, MD
Ronald Jackson Johnson, MD
Austin Jones III, MD
Somewara Reddy Karri, MD
Albert A. Kattine, MD
Scott H. Keith, MD
Haresh H. Khatri, MD
Anthony D. Khim, MD
Gary W. Kimzey, MD
James Duval Koonce, MD
Joseph G. Krick, MD
Sylvia Lynne Krueger, MD
Sarbjeeet Singh Kumar, MD
Richard Geoffrey Lane, MD, FACP
Brandon D. Lee, MD
Charles Edwin Leonard, MD
James Peter Little, MD
Penny B. Lynch, MD
Ben B. Mahan, MD
Richard O. Manning, MD
Christopher D. Marshall, MD
H. Lynn Massingale, MD, FACEP
Byron C. May, MD
Mary Katherine McDonald, MD
Edward Melton McIntire, MD
David Earl McKee, MD
Alvin Henry Meyer Jr., MD
Keith A. Micetich, MD
Jami L. Miller, MD, FACP
Thomas P. Miller, MD
F. Michael Minch, MD
Donald A. Moore Jr., MD
Penny B. Lynch, MD
A. J. Nader, MD
Robert H. Nader, MD
R. Michael Nollner, MD
Patrick O’Brien, MD
Thomas James O’Donnell, MD
Grant Douglas Ordiway, DO
Jaykrishna S. Patel, MD
Steve Leroy Peterson, MD
Edward Andrew Peterson, MD
Janet G. Pickstock, MD
David A. Rankine, MD
Susan P. Raschal, DO
Charles W. Reynolds, MD
James W. Richardson Jr., MD
James P. Richmond Jr., MD
Grant Thomas Rohman, MD
Jack M. Rowland, MD
Chester Allan Ruleman Jr., MD
Richard T. Rutherford, MD
Sunil Sarvaria, MD
Benjamin Samuel Scharfstein Jr., MD
Grover F. Schleifer III, MD
Jennifer Bess Schuberth, MD
Richard L. Schultz, MD
John Douglas Scott, MD
David G. Sexton, MD
Corydon W. Siffring, MD
Eric K. Smith, MD
Stanley L. Smith, MD
Christopher S. St. Charles, MD
John R. Staley Jr., MD
Janet F. Stastny, DO
Rebecca J. Taylor, MD
Tedford Steve Taylor, MD
Gregory Bryan Terry, MD
Christopher Charles Thacker, MD
Pitchar Theerathorn, MD
Steven Michael Thomas, MD
Leslie Mooney Treece, MD
Sue Vegors
K. Dawn Vincent, MD
Andy Walker, MD
Meeca Walker, MD
Jeffery Steven Warren, MD
W. Bedford Waters, MD
Ralph E. Wesley, MD
Jerald Wayne White, MD
Sean Patrick White, MD
Lane Edward Williams, MD
Mark Anthony Williams, MD, PhD
Phillip A. Wines, MD
George B. Winton, MD

2016 CORPORATE DONORS
The Jackson Clinic
Heritage Medical Associates PC

2016 CAPITOL HILL CLUB MEMBERS
Newton Perkins Allen Jr., MD
Tommy J. Campbell, MD
Barton A. Chase III, MD
Dewayne P. Darby, MD
Steven Reid Dickerson, MD
Tamara P. Folz, MD
Eric G. Fox, MD
Charles Russell Handorf, MD
William Joseph Harb, MD
Ronald H. Kirkland, MD, MBA
Kenya Kozawa, MD
James C. Loden, MD
Shauna Lorenzo-Rivero, MD
Michael A. McDaid, MD
John David McCarley, MD
William J. L. Newton, DO
Kofi W. Nuako, MD
Jeffrey Patton, MD
Julie Maria Pena, MD
F. Bronn Rayne, MD
Perry Clyde Rothrock III, MD
Douglas John Springer, MD, FACP, FACP
John J. Warner, MD
Charles W. White Jr., MD
William Turney Williams, MD
Michael D. Zanolli, MD

$1,000 Capitol Hill Club Member / $300 Sustaining Member / $250 Non-Physician Capitol Hill Club Member
$100 Spouse or Practice Manager Member / $50 Retired Physician

To join IMPACT or to make a corporate donation contact Kelley Mathis at 615.460.1672, or kelley.mathis@tnmed.org. Please make your check out to IMPACT and send to 2301 21st Avenue S. Nashville, TN 37212. ✪
MEETING IN THE MIDDLE
April 28-May 1, 2016
Murfreesboro

MedTenn16 is the premiere annual convention for physicians and medical professionals in Tennessee.

- Three days of proprietary medical education
- Social and networking events
- Engaging speakers on timely healthcare issues
- Exhibits from dozens of healthcare vendors

Learn more and register at tnmed.org/medtenn

Hosted by TMA
Tennessee Medical Association
Ronald Kirkland, MD, MBA knows firsthand that team-based healthcare works.

In his practice at The Jackson Clinic, Kirkland worked in a team of three physicians and one nurse practitioner. He recently retired. That nurse practitioner essentially always had a physician accessible to call on for assistance, but she performed a wide range of tasks and procedures for which her training and about 35 years of healthcare experience prepared her, he said.

“This is absolutely the best circumstance for patients because she is typically more accessible than the physicians,” Dr. Kirkland said.

This year, the Tennessee Medical Association will continue its efforts to see a team-based healthcare model put into action across the state as it pushes for passage of the Tennessee Healthcare Improvement Act. The legislation creates a blueprint for a physician-led, patient-centered, team-based healthcare delivery model. The bill would change the relationship between physicians and advanced practice nurses from supervisory to collaborative.

The bill is one of TMA’s top legislative priorities in the second year of the 109th General Assembly.

It is being offered as an alternative to a nurse independent practice bill that would allow nurses to diagnose, treat and prescribe drugs without a physician to consult or review charts.

“In order to have a more workable, practical and patient-centered solution to the problem, TMA came up with the Tennessee Healthcare Improvement Act,” Dr. Kirkland said.

Dr. Kirkland said the Tennessee Healthcare Improvement Act is an important one as the healthcare field changes rapidly.

“First and foremost, it’s important for patients,” he said. “The vast majority of patients want to be taken care of by a physician when they are sick. That’s practically universal, and this bill helps to make that happen.”

A 2013 survey by TMA showed that 92 percent of Tennesseans believe physicians should have the primary responsibility for leading and coordinating care and 97 percent of respondents feel that doctors and nurses need to work together in a coordinated manner to provide care.

A system of coordination between doctors and mid-level providers could lead to better care.

“In effect, we’ve been operating under a system for 12 or 13 years that has become distorted,” Kirkland said.

Having a nurse practitioner on staff helps provide both same-day access to care and high-quality medical care to patients in his practice, he said.

Dr. Kirkland said he values nurse practitioners and realizes the necessity of having them to provide care.

“They are absolutely necessary,” he said. “They are very well trained. They are essential.”

Patients should realistically expect them, however, to be able to collaborate with well-trained physicians.

**BENEFITS OF COLLABORATION**

Evidence suggests that collaborative care models lead to lower costs and better healthcare outcomes. In a 2012 look at the Patient-Centered Medical Home model of care, the American Academy of Family Physicians found promising results from PCMH models.

In a Patient-Centered Medical Home, each patient has a trained personal physician to handle complex diagnoses and comprehensive care. That physician leads a team of healthcare professionals who are responsible for ongoing patient care.

First-year results from a BlueCross BlueShield test of the PCMH model found that nearly 60 percent of eligible PCMH groups recorded lower than expected healthcare costs.

BCBS Michigan’s PCMH project helped save $310 million during its first five years and resulted in fewer admissions, readmissions and emergency department visits.

A similar pattern has taken shape internationally. A study of 11 industrialized countries showed that adults with complex care needs reported better coordinated care, fewer medical errors and test duplications, better relationships with their doctors and greater satisfaction with care under the medical home model, according to a 2012 report from the Patient-Centered Primary Care Collaborative.

In Tennessee, MissionPoint Health Partners (Saint Thomas Health’s Accountable Care Organization) reported that it saved $9 million in its first year of operation and earned half of that back through the Medicare Shared Savings Program. ACOs are another method of creating a coordinated network of payers and providers.

**HEALTHCARE COSTS**

One argument sometimes made in favor of independent practice for nurse practitioners is that it would help curb rising
healthcare costs. But a drop in the cost of some office visits, for instance, doesn’t tell the whole story.

A 2015 report from the RAND Corporation entitled “The Impact of Full Practice Authority for Nurse Practitioners and Other Advanced Practice Registered Nurses in Ohio” notes that, while the cost of well-child visits could drop by 6 percent if Ohio approved independent practice for advance practice nurses, total spending on office visits increased by 4.3 percent in states where nurses have such authority.

A study published in the journal Effective Clinical Practice in 1999 showed that resource utilization for patients assigned to nurse practitioners was higher for a number of measures than for those assigned to resident or attending physicians. In that study, patients assigned to nurse practitioners saw more specialty visits and hospital admissions and had more expensive ultrasonography, computed tomography and magnetic resonance imaging studies than patients assigned to attending physicians.

Nurse practitioners account for more than 20 percent of all prescribed pain medications in Tennessee and a majority of the Top 50 controlled substance providers in Tennessee’s Controlled Substance Monitoring Database. Though in recent years Tennessee has made great strides in battling against prescription drug abuse, it’s important to continue that momentum.

REACH OF CARE

Access to safe, affordable and quality healthcare, especially in rural areas, is one reason that collaboration among providers is increasingly important.

Some argue that nurse independent practice would mean that midlevel providers would provide care in those underserved rural areas, but the impact for rural areas is not yet clear.

A 2012 study funded by the American Nurses Association found that only three states in the U.S. had the same or more rural nurse practitioners than urban nurse practitioners. In Tennessee, the county with the best ratio of population to provider for nurse practitioners is also one of the most populous. Davidson County has a nurse practitioner ratio of 486:1 and a population of more than 600,000. In contrast, Moore County, with a population of 6,362, has just one nurse practitioner, according to the American Medical Association Health Workforce Mapper.

A report from the Primary Care Coalition looked at the distribution of nurse practitioners in states with nurse independent practice and those requiring collaboration between physicians and nurse practitioners and found similar distribution patterns for both types of states.

EDUCATIONAL ADVANTAGE

When Tennessee’s current system of oversight for advance practice nurses was set up, the idea was that physicians would be in close contact with them, and they would work under established protocols. But that model has become distorted, Dr. Kirkland said.

“That model, over the years, ceased to work and nurse practitioners were seeing more and more complex patients,” he said.

The requirements for doctors to sign off on the work of midlevel providers also became onerous, Dr. Kirkland said, adding that many in the medical community are concerned that advanced practice nurses are ill-equipped to care for patients in very complex medical cases.

Physicians are simply more prepared for and more qualified to handle complex diagnoses and treatment in part because of the intense academic training they endure. While a family physician will spend 11 years on undergraduate, post-graduate and residency training, a nurse practitioner spends from five and a half to seven years getting the required degrees to practice, according to a report from the Primary Care Coalition. A family physician will spend 20,700 hours to 21,700 hours to complete training while a doctorate of nursing practice will spend 2,800 to 5,350 hours to complete training.

Physicians also receive more clinical training than nurse practitioners, according to the Primary Care Coalition. At the point of certification, a new nurse practitioner will have acquired between 500 and 1,500 hours of clinical training while a new family physician has acquired more than 15,000 hours of clinical training.

OTHER PRIORITIES

Though a critical part of TMA’s 2016 legislative goals, the Tennessee Healthcare Improvement Act is one among a slate of bills TMA will work to see passed during the session.

Another top priority is the Healthcare Provider Stability Act, which would limit how often insurance companies can change fee schedules and payment policies/methodologies. The legislation would become the first of its kind in the nation, if approved.

Currently, insurance companies can make essentially whatever changes they want to fee schedules and payment policies, leaving physicians with the no-win choice of accepting diminished payment or leaving the network, Dr. Kirkland said.

“It’s very unfair, not just to providers and hospitals, but also to patients,” he said.

TMA will also support a bill this year to put a constitutional amendment on the ballot clarifying that the General Assembly has authority to set caps on noneconomic damages for doctors and other businesses.

Caps have been in place for several years, but have been challenged by several recent court cases. Dr. Kirkland said that tort reform has been a positive for the state.

“It makes Tennessee a more attractive state for business, and it is a great economic boost to have the current law on the books,” he said.

It will be an even greater advantage to have the constitutional amendment in place, Dr. Kirkland said.

Other legislative priorities for TMA in the legislative session include:

• **In-Office Physician Dispensing**  
  This legislation would establish rules for in-office dispensing of medicine to make sure the ability isn’t abused.

• **Workers’ Compensation Silent PPOs**  
  This legislation would allow insurance companies that don’t comply with regulations for workers’ compensation silent PPOs.

Follow Grassroots Manager Rebecca Lofty on Twitter @tnmedonthehill or see tnmed.org/legislative for updates on the TMA’s legislative efforts during the session.
The constant pressure to perform at high levels can lead physicians to problems with chemical dependencies or other addictions and behavioral changes. The consequences of their intensely personal conflicts can extend outward, affecting their patients and communities in ways they never intended.

As I reflect on this...

“As I reflect on this, my 10th year of sobriety, I attribute the successes I have had in practicing medicine the last ten years wholly to changes in my lifestyle since going through treatment. Without those changes, I don’t think I would be alive today, and if I were alive, I don’t think I would be practicing medicine or enjoying my life.”

– J.S., M.D.

Tennessee Medical Foundation

Roland W. Gray, M.D., Medical Director

216 Centerview Drive, Suite 304 • Brentwood, Tennessee 37027 • (615) 467-6411
It’s election season! Use this voter guide to review nominees before casting your ballot. All voting materials are available online at tnmed.org/elections.

- Voting will be open Feb. 1-Feb. 29, 2016.
- All active and veteran members as of Dec. 31, 2015 will be eligible to vote in the election.
- All votes must be cast online.
- Every member with an email address in the TMA system will receive an electronic notice with his or her TMA member number, verification of voting region and a link to the election ballot.
- Members without active email addresses on file with TMA can access the ballot at tnmed.org/elections.
- No login will be required to vote, but a TMA member number and region number will be required.
- All ballots will include space for write-in votes.
- All ballots must be cast by 5:00 pm CST on Monday, Feb. 29, 2016 in order to be counted.
- If a runoff election is needed, it will take place March 21-28.

All ballots must be cast online by 5:00 pm CST on Monday, February 29, or they will not be counted.

For more information, contact Audrey Smith at audrey.smith@tnmed.org or 615.460.1665.

TMA Election Center – tnmed.org/elections

Voting Closes: 5pm, CST on Monday Feb. 29, 2016
All ballots must be cast by the deadline to be counted.
2016 TMA ELECTION NOMINEES

PRESEIDENT-ELECT:  
Matthew Mancini, MD, Knoxville  
Nita Wall Shumaker, MD, Chattanooga

BOARD OF TRUSTEES:  
Region 2: Kirk Stone, MD, Union City  
Region 4: Rodney Lewis, MD, Nashville  
Region 5: James H. Batson, MD, Cookeville  
Region 7: Elise C. Denny, MD, Knoxville

JUDICIAL COUNCIL:  
Region 1: Paul Klimo Jr., MD, MPH, Germantown  
Region 3: Omar Hamada, MD, Brentwood  
Region 5: James C. Gray, MD, Cookeville  
Region 7: Richard Briggs, MD, Knoxville

MEET THE CANDIDATES

PRESEIDENT-ELECT: Serves as head of the Tennessee Medical Association for the year following the election. Responsibilities include serving as official spokesperson with media, government officials and other entities. The president-elect will serve one year as president-elect, one year as president and one year as immediate past president.

Nominee: Matthew Mancini, MD  
City: Knoxville  
CMS: Knoxville Academy of Medicine  
Specialty: General Surgery  
Medical School: Mercer University School of Medicine  
Email: mmancini@mc.utmck.edu

I am proud to be a member of the Tennessee Medical Association because I believe in its mission and what the organization achieves for physicians and their patients. Practicing general surgery for 20 years and seeing the progress on tort reform, Tennessee has become a great place to practice medicine. We must always continue to work on areas that need improvement to ensure that Tennessee remains a great state in which to practice! To that end, I have had the privilege to serve on the TMA Board in the capacity of both board chair and trustee. I currently am a member of the TMA Membership Committee, lending my support to membership growth in addition to participating on the CME Advisory Committee, a group dedicated to developing quality educational programs for the membership.

Nominee: Nita Wall Shumaker, MD  
City: Hixson  
CMS: Chattanooga-Hamilton County Medical Society  
Specialty: Pediatrics  
Medical School: East Carolina University School of Medicine  
Email: nitawallshumaker@gmail.com

As TMA trustee, medical society past-president and former tertiary hospital chief of staff and trustee, I know that physician unity is vital to protect the practice of medicine and provide the best patient care. If elected, I will address the rules and regulations that govern our work. I will oppose efforts to hold physicians responsible for patient behavior – pitting us against our sickest and weakest patients – and work to pilot a path to less expensive and more integrated patient care. I will use my strong communication skills, including use of social media, to help us relate to and communicate with many of our patients and younger physicians who primarily use social media in our rapidly changing world. I truly believe that together we are stronger.
ELECTIONS

TENNESSEE MEDICINE | Quarter 1, 2016 | tnmed.org

REGION 2
Nominee: Kirk Stone, MD
City: Union City
CMS: The Northwest Tennessee Academy of Medicine
Specialty: Family Medicine
Medical School: University of Mississippi
Email: William.Stone@bmg.md

I have been a member of the TMA for more than 20 years and have served as a delegate to the House of Delegates for almost 20 years. In my years in TMA I have served on the Judicial Council, as a chairman of the young physicians section, on the Public Health Committee (on which I still serve) and on the IMPACT Board, as well as serving a previous term on the Board of Trustees. I also served as president of my local TMA chapter (Northwest Tennessee Academy of Medicine) for approximately three years. I realize how important our efforts as a group are to our practice of medicine and to our patients and I am therefore eager to serve as a member of the board again.

REGION 4
Nominee: Rodney Lewis, MD
City: Nashville
CMS: Nashville Academy of Medicine
Specialty: Internal Medicine
Medical School: University of Virginia School of Medicine
Email: RLewis@heritagemedical.com

A native of Kingsport, I have practiced as a primary care internist at Heritage Medical Associates in Nashville since 2008. I am honored to receive this nomination from the Nashville Academy of Medicine and look forward to helping the Tennessee Medical Association serve the interests of all patients and physicians in Tennessee. Currently, I divide my time between my busy practice and my even busier wife, Adele, and our three children, Callie, Quin and Preston.

REGION 5
Nominee: James H. Batson, MD, FAAP
City: Cookeville
CMS: Putnam County Medical Society
Specialty: Pediatrics
Medical School: East Tennessee State University, James H. Quillen College of Medicine
Email: jhbatson@yahoo.com

I am a General Pediatrician in Cookeville and I am seeking re-election to represent the Upper Cumberland Region 5 at the TMA Board of Trustees. I have two tours of trustee experience within the last decade and have been an active TMA member since starting practice in 1999. Presently, I am vice-chairman of the board and hope to continue next year as chairman. My local medical society (Putnam County) has had some success in the fight against neonatal abstinence syndrome by aggressively lobbying the Tennessee legislature to repeal the Intractable Pain Act that was partly to blame for the severe increase over the last 15 years. We also are excited about our efforts to consolidate medical society activities within our region to support ongoing growth and engagement among our colleagues. I appreciate your vote.

REGION 7
Nominee: Elise Denneny, MD
City: Knoxville
CMS: Knoxville Academy of Medicine
Specialty: Otolaryngology and Surgery, Facial Plastic
Medical School: Rush Medical College
Email: ejjd9@hotmail.com

Born and trained in Chicago, I have practiced otolaryngology - head and neck surgery - in Knoxville for most of my career, both at private and teaching hospitals. With a belief in giving back to the medical profession, I have chaired numerous hospital committees including serving as the Chief of Surgery at East Tennessee Baptist Hospital. I have been a member of TMA and the Knoxville Academy of Medicine (KAM) since 1989. I am a Past President of KAM and presently serve on the KAM Foundation Board. Additionally, I am the Chair of the KAM Legislative Committee as well as the Physician Chair of the Knox County Drug Task Force. For TMA, I currently Chair the TMA Professional Relations Committee and have served for several years on the TMA Legislative Committee. These activities have prepared me to understand many issues that TMA will face in the next few years. I hope to wisely represent Region 7 as trustee to the Tennessee Medical Association Board.

REGION 3
Nominee: G. Michael Hase, MD
City: Chattanooga
CMS: Chattanooga Academy of Medicine
Specialty: Internal Medicine
Medical School: University of Tennessee College of Medicine
Email: gmhase@comcast.net

I have been a member of the TMA for over 20 years and have served as a delegate to the House of Delegates for about 20 years. In my years in the house I have served on the Judicial Council, as a chairman of the young physicians section, on the Public Health Committee (on which I still serve) and on the IMPACT Board, as well as serving a previous term on the board of trustees. I also served as president of my local TMA chapter (Northwest Tennessee Academy of Medicine) for approximately three years. I realize how important our efforts as a group are to our practice of medicine and to our patients and I am therefore eager to serve as a member of the board again.

REGION 6
Nominee: John R. Bearden, MD
City: Knoxville
CMS: Knoxville Academy of Medicine
Specialty: Emergency Medicine
Medical School: University of Tennessee
Email: JohnR.Bearden@bmc.com

I am a native of Knoxville and have been a member of the TMA since 1979. I served as president of the Knoxville Academy of Medicine from 2011-2012 and have been a member of the TMA Board of Trustees since 2012. I have served on the Judicial Council and the IMPACT Board. I am currently chairman of the KAM Legislative Committee. I have served on the KAM Foundation Board and have been the Physician Chair of the Knox County Drug Task Force. I was the Chair of the TMA Professional Relations Committee from 2012-2016. I have been involved in numerous governmental affairs projects designed to protect the rights of physicians and patients in Tennessee. I promise to continue TMA’s work on those issues for the benefit of all TMA members.

TMA BOARD OF TRUSTEES: The TMA Board of Trustees determines the policy and details of management of the association between meetings of the TMA House of Delegates. Trustees carry out the directives given by the House. They serve two-year terms.

REGION 2
Nominee: Kirk Stone, MD
City: Union City
CMS: The Northwest Tennessee Academy of Medicine
Specialty: Family Medicine
Medical School: University of Mississippi
Email: William.Stone@bmg.md

REGION 4
Nominee: Rodney Lewis, MD
City: Nashville
CMS: Nashville Academy of Medicine
Specialty: Internal Medicine
Medical School: University of Virginia School of Medicine
Email: RLewis@heritagemedical.com

REGION 5
Nominee: James H. Batson, MD, FAAP
City: Cookeville
CMS: Putnam County Medical Society
Specialty: Pediatrics
Medical School: East Tennessee State University, James H. Quillen College of Medicine
Email: jhbatson@yahoo.com

REGION 7
Nominee: Elise Denneny, MD
City: Knoxville
CMS: Knoxville Academy of Medicine
Specialty: Otolaryngology and Surgery, Facial Plastic
Medical School: Rush Medical College
Email: ejjd9@hotmail.com
**ELECTIONS**

**TMA JUDICIAL COUNCIL:** The Judicial Council meets annually, or more often if necessary, to investigate alleged improper conduct and oversee formal disciplinary action against members or component medical societies. Councilors also assist component medical societies in maintaining viability in the region. Each region has one councilor serving on the Judicial Council. Councilors serve two-year terms.

**REGION 1**

**Nominee:** Paul Klimo Jr., MD, MPH

City: Germantown  
CMS: The Memphis Medical Society  
Specialty: Surgery, Neurological  
Medical School: Medical College of Wisconsin  
Email: pklimo@semmes-murphey.com

**REGION 5**

**Nominee:** James C. Gray, MD

City: Cookeville  
CMS: Putnam County Medical Society  
Specialty: Obstetrics and Gynecology  
Medical School: Medical College of Georgia  
Email: Jcg4jim@hotmail.com

I practiced Obstetrics and Gynecology in a private practice setting in Cookeville for 24 years. My practice associates and I recognized the value of TMA component medical society membership. We sponsored first year membership for all physicians we recruited. Today, employers are increasingly non-physicians and, although medical society membership is offered as a potential benefit of employment, it has not been encouraged. I would like to explore a regional component medical society model. I believe this would offer members in counties with struggling medical societies an opportunity to engage with other physicians in their region to promote Quality, Safe and Effective medical care. Physician employers and the community will benefit when the employed physician takes a leadership role in their local component medical society. I look forward to working with the Judicial Council to give every physician in every county an opportunity to belong to a viable component medical society.

**REGION 3**

**Nominee:** Omar Hamada, MD, MBA

City: Brentwood  
CMS: Williamson County Medical Society  
Specialty: Obstetrics and Gynecology  
Medical School: University of Tennessee Center for Health Science  
Email: olhamada@gmail.com

I am happy to have been nominated to serve as Judicial Representative representing Region 3. We are in a difficult period with healthcare in flux and instability. I will enthusiastically represent our region to advance the interests of all physicians and the patients we serve. I have extensive leadership, policy, business and executive experience in military, academic, private practice and corporate venues. I have an MD from UT, an MBA from Vanderbilt and am Board Certified in OB/GYN and in Family Medicine. I am a 14-year combat veteran of the US Army Special Forces, (ABN). I look forward to serving you in this capacity.

**REGION 7**

**Nominee:** Richard Briggs, MD

City: Knoxville  
CMS: Knoxville Academy of Medicine  
Specialty: Cardiovascular Surgery, Thoracic Surgery  
Medical School: University of Kentucky College of Medicine  
Email: rmbriggs52@hotmail.com

Dr. Richard Briggs attended high school in Chamonix, France before receiving his B.S. degree from Transylvania University in Lexington, KY. He graduated from the University of Kentucky College of Medicine in 1978 with Highest Honors and immediately entered active military service with the U.S. Army. He served in combat with the 1st Armored Division in Operation Desert Storm, where he was awarded the Bronze Star. With more than 30 years of active and reserve military service, Colonel Briggs also served in Korea, Central and South America, and in Egypt during the Somalia crisis. Following the attacks on September 11, 2001, Colonel Briggs volunteered to return to active duty for service in Afghanistan. In 2005-2006, he deployed to the Green Zone in Baghdad as the Senior Trauma Surgeon at the main U.S. Army Combat Support Hospital in Iraq, commonly known as “Baghdad ER.” Colonel Briggs has commanded U.S. Army Reserve units in Nashville, Chattanooga and Johnson City.

Dr. Briggs practices cardiothoracic surgery at Tennova Physicians Regional Medical Center in Knoxville and has held academic appointments at the University of Texas-San Antonio, the University of Louisville and the University of Tennessee-Knoxville. He has served seven years on the Board of Trustees of the Tennessee Medical Association and is a past president of the Knoxville Academy of Medicine.

Dr. Briggs was elected to the Tennessee State Senate from Knox County in 2014 after sitting on the Knox County Board of Commissioners for seven years. He is the Vice Chairman of the Senate State and Local Government Committee and the Senate Health Committee.
W-2 & 1099 REPORTING

THE RIGHT OPTIONS FOR EASY WAGE AND INFORMATION REPORTING.

RJ Young has the tax forms you need. Each form is government-approved and works with popular tax preparation software packages and most printers.

- Software compatible forms
- Blank or preprinted forms
- Compatible envelopes
- Kits with everything you need
- Pressure seal forms

TWO POINT ADVANTAGE

LOCAL: 615-259-3340    TOLL FREE: 800-800-5876
EMAIL: twopointinc@rjyoung.com
Most physicians understand the importance of thoroughly reading any contract that they may be asked to sign, especially as it relates to their practice of medicine. But do they do it?

Failing to read and understand contract provisions can have a detrimental impact on a physician down the road.

Recently, the TMA Legal Department reviewed a troubling provision in an EHR Access and Confidentiality Agreement that a member was required to sign as part of the re-credentialing process with a Tennessee hospital. The provision states that the EHR user may not divulge his or her user identification or password in any way. It also places liability on the user for damages, including monetary damages, for the inappropriate disclosure of an EHR, regardless of whether the disclosure is made by someone else using his or her password or ID. This one provision in a hospital’s EHR contract could potentially place a higher liability on the physician than one would typically expect to assume.

While it is standard for these types of agreements to prohibit the user from divulging his or her password or ID to any other person or entity, this specific provision does not distinguish between potential scenarios that may be out of the user’s control. There are endless ways in which IDs and passwords could be discovered by someone else. They can be divulged accidentally through the negligence of the user.

More troubling, an ID or password could be divulged through no fault of the user, such as if the information is hacked or another staff person looks over the user’s shoulder as the information is keyed. There may also be legitimate reasons that a user may choose to disclose purposefully his or her ID or password, such as if the user allows his or her nurse to enter information with the user’s ID.

This particular provision does not allow for any of these scenarios. It should include the term “knowingly” so that the user acknowledges he or she should not knowingly divulge the ID information. Otherwise, the user is liable even if he or she has no control over how the password or ID was obtained by another party.

The second part of the provision is especially concerning. It states that any inappropriate disclosure of EHR will make the user responsible to the hospital for damages, including monetary damages, but it does not define what an “inappropriate disclosure” might be. It does not limit liability if a person other than the user accesses the EHR without user permission. It appears to be a no-fault penalty against the user for a breach no matter what or who else may have caused the information to be disclosed.

At this time, the TMA Legal Department is not aware of any other hospitals that have incorporated similar language in their EHR agreements. However, that does not mean they are not out there. TMA urges all physicians to review carefully any EHR confidentiality or access agreements they may be required to sign to ensure they are fully aware of their liability exposure.

Ms. Dageforde is assistant general counsel for TMA. Contact her at katie.dageforde@tnmed.org or 615.460.1647.
Drowning in paperwork?

Manage ICD-10, don’t let it manage you.

You don’t have to put your practice’s technology through an extreme makeover. XMC offers an affordable electronic health records solution that integrates any patient billing and scheduling software you may be utilizing.

Special pricing available for all TN Medical Association members. Contact your local XMC office for details.

XMC
Excellence in Office Solutions

888.814.3114
xmcinc.com
EmCare is seeking Physicians throughout Tennessee and nationwide!

**Dunlap.** Sequatchie Valley. EM Physician Opportunities Contact: David Guffey at: 423.322.9574 or david.guffey@emcare.com

**Pikeville.** Erlanger Bledsoe Hospital. EM Physician Opportunities Contact: David Guffey at: 423.322.9574 or david.guffey@emcare.com

**Knoxville.** Physicians Regional Medical Center. EM Physician Opportunities Contact: Amy Curmi at: 727.409.0423 or amy.curmi@emcare.com

**Knoxville.** Turkey Creek Medical Center. Nocturnist and Leadership Opportunities. Contact: Victoria Wrede at: 727.507.3638 or victoria.wrede@emcare.com

**Lebanon.** University Medical Center. EM Physician Opportunities Contact: Amy Curmi at: 727.409.0423 or amy.curmi@emcare.com

EmCare leads the way in Making Health Care Work Better - especially for physicians. We provide the resources & support you need so you can focus on what’s truly important - patient care.

We have full time, part time and per diem opportunities with competitive compensation packages and A-rated professional liability insurance with tail. Travel opportunities also available. Ask about our provider referral bonus program!

Quality people. Quality care. Quality of LIFE.

---

**TENNESSEE OCULOPLASTICS**

B O A R D  C E R T I F I E D  E Y E L I D  &  A E S T H E T I C  S U R G E R Y

Ralph E. Wesley, MD

Kimberly A. Klippenstein, MD

Kelly R. Everman, MD

615.329.3624 | Schedule a consultation for a natural refreshed appearance.

OPHTHALMIC PLASTIC AND ORBITAL SURGERY

WESLEY OPHTHALMIC PLASTIC SURGERY CENTER • 1800 Church Street, Ste. 100 • Nashville, TN 37203 • www.tnocularplastics.com
Hello
TMA Members.
nice to meet you.

We’re Sheakley, the human human resources company.

What does that mean? It means we’re not just another payroll processor. We’re a team of people, armed with the best HR management, payroll and benefits management technology, ready to serve the unique HR needs of your office. Whether you just need payroll processing, or a complete HR solution, our team can help with everything from hiring and retaining employees to managing post-employment issues and everything in between. We’ve been doing this since 1963, for employers large and small — and most recently, even TMA. At the heart of it, we’re people helping people, and that’s the best job in the world.

With Sheakley, it’s done.
And for TMA members, it’s done with special pricing.
Contact David Massey at david.massey@sheakley.com to learn more.
NEW MEMBERS

CHATTANOOGA-HAMILTON COUNTY MEDICAL SOCIETY
Marie L. Beasley, DO, Chattanooga
Stephan M. Becker, MD, Chattanooga
Stephen L. E. Bresson, MD, Chattanooga
Steven C. Cogswell, MD, Chattanooga
George R. Dixon, MD, Chattanooga
Elizabeth D. Ferluga, MD, Chattanooga
Jason Kilmer, DO, Chattanooga
Elizabeth D. Mabry, MD, Chattanooga
Harish Manyam, MD, Chattanooga
Eric N. McCarrt, MD, Chattanooga
Stephen C. Miller, DO, Ooltewah
Peter R. Sabatini, MD, Chattanooga
Andrew W. Smith, MD, Pikeville
Jason R. Spangler, DO, Chattanooga

CONSOLIDATED MEDICAL ASSEMBLY OF WEST TENNESSEE
Davidson C. Curwen, MD, Jackson
William S. Ragon Jr., MD, Jackson

KNOXVILLE ACADEMY OF MEDICINE
Jose A. Cardenas, MD, Powell
Jane R. Conley, MD, Knoxville
Katherine K. Dabbs, MD, Athens
Nicole A. Kissane-Lee, MD, Knoxville
Karthik R. Krishnan, MD, Knoxville
Ellen R. Liuzza, MD, Knoxville
Jeffrey L. Schlactus, MD, Knoxville
Jaideep Sood, MD, Knoxville

MCMINN COUNTY MEDICAL SOCIETY
Katherine R. Hall, MD, Athens

THE MEMPHIS MEDICAL SOCIETY
Khalid Abdel-Latif Al Sherbini, MD, Memphis
Chinelo N. Animalu, MD, Germantown
Debashis Biwas, MD, Memphis
James R. Bradley, MD, Memphis
Reshma R. Brahimbhatt, MD, Memphis
Claiborne A. Christian, MD, Memphis
Donald S. Euler Jr., MD, Memphis
Ian T. Gaillard, MD, Memphis
Timothy A. Head, DO, Germantown
Ryan A. Helmick, MD, Memphis
David P. Jones, MD, Memphis
Kelly Kempe, MD, Memphis
Judith R. Lee-Sigler, MD, Memphis
Nicholas R. Leonardi, DO, Memphis
Yehoshua C. Levine, MD, Memphis
John T. Morris, MD, Memphis
Daniel L. Magro Jr., MD, Collierville
James K. Patterson, MD, Memphis
Jan H. Petri, MD, Memphis
Daniel K. Powell, MD, Memphis
Kenneth R. Robertson, MD, Memphis
David Shibata, MD, Memphis
James C. Varner, MD, Memphis

NASHVILLE ACADEMY OF MEDICINE
Tyler W. Barrett, MD, FACEP, Nashville
David E. Bentley, MD, Nashville
Roger R. Dmochowski, MD, Nashville
Matthew A. Leavitt, MD, Nashville

PUTNAM COUNTY MEDICAL SOCIETY
Pierce C. Alexander, MD, Knoxville
Phillip Bertram, MD, MACP, Cookeville
Zaid A. Brifkani, MD, Cookeville
Gerald T. Chapman, MD, Cookeville
James W. Davis, MD, Cookeville
Chiranjeevi Gadiparthi, MD, Cookeville
Randy A. Gaw, MD, Cookeville
Sidney L. Gilbert, DO, Cookeville
Apryl M. Hall, MD, Cookeville
Bernadette S. Hee, MD, Cookeville
David J. Henson, MD, Cookeville
Ronak B. Jani, MD, Cookeville
Ron L. Johnson, MD, Cookeville
Hemamalini Karpurapu, MD, Cookeville
Rohini Kasturi, MD, Cookeville
Hima B. Kona, MD, Cookeville
Venumadhav Konla, MD, Cookeville
Guillermo A. Mantilla, MD, Knoxville
Crystal D. Martin, MD, Cookeville
Dalia G. Miller, MD, Cookeville
Ashim Mushfaq, MD, Cookeville
Jason S. Nolan, MD, Cookeville
Cedric M. Palmer Jr., MD, Cookeville
Mark A. Pierce, MD, Cookeville
Vijay A. R. Rupanagudi, MD, Cookeville
Algis P. Sidrys, MD, Cookeville
Rebekah L. Sprouse, MD, Cookeville
Hunter A. Stenzel, DO, Cookeville
Suneel K. Tammana, MD, Cookeville
Beverly B. Thomas, MD, Cookeville
Lori A. Thomas, DO, Cookeville
Lanny J. Turkewitz, MD, FAAN, Cookeville
Michael P. Zelig, MD, Cookeville

SEVIER COUNTY MEDICAL SOCIETY
Laura M. Schnegg, MD, Sevierville

TMA DIRECT MEMBERS
Stephanie C. L. Slocum, MD, Gallatin
Kyle R. Stephens, DO, Paris

WASHINGTON-UNICOI-JOHNSON COUNTY MEDICAL ASSOCIATION
Howard E. Herrell, MD, Johnson City

WILLIAMSON COUNTY MEDICAL SOCIETY
Sheron J. Langston, MD, Franklin

*Does not include student or resident members.
IN MEMORIAM

Edmond L. Alley, MD, age 86. Died November 2, 2015. Graduate of the University of Tennessee Center for Health Science. Member of the Sullivan County Medical Society.

Ernest L. Cashion, MD, age 91. Died November 28, 2015. Graduate of the University of Arkansas School of Medicine. Member of The Memphis Medical Society.


Hugh Francis Jr., MD, age 85. Died September 29, 2015. Graduate of the University of Tennessee Center for Health Science. Member of The Memphis Medical Society.


Robert L. Harrington, MD, age 80. Died October 23, 2015. Graduate of the University of Tennessee Center for Health Science. Member of the Northwest Tennessee Academy of Medicine.

Basil T. Harter, MD, age 90. Died September 15, 2015. Graduate of Johns Hopkins University School of Medicine. Member of the Sullivan County Medical Society.

Charles B. Harvey, MD, age 87. Died August 22, 2015. Graduate of the University of Tennessee Center for Health Science. Member of Coffee County Medical Society.

Daniel R. Hightower, MD, age 76. Died November 23, 2015. Graduate of Vanderbilt University School of Medicine. Member of the Nashville Academy of Medicine.

Charles H. Householder, MD, age 98. Died September 25, 2015. Graduate of the University of Tennessee Center for Health Science. Member of The Memphis Medical Society.

Nat E. Hyder Jr., MD, age 86. Died October 15, 2015. Graduate of the University of Tennessee Center for Health Science. Member of the Washington-Unicoi-Johnson County Medical Association.

Kenneth M. Kressenberg, MD, age 93. Died September 30, 2015. Graduate of the University of Tennessee Center for Health Science. Member of the Nashville Academy of Medicine.

William R. Lee, MD, age 89. Died August 29, 2015. Graduate of Baylor College of Medicine. Member of the Bradley County Medical Society.

Allen D. Lewis, MD, FAAD, age 76. Died November 15, 2015. Graduate of Emory University School of Medicine. Member of the Chattanooga-Hamilton County Medical Society.

Herbert T. McCall, MD, age 85. Died October 22, 2015. Graduate of the University of Tennessee Center for Health Science. Member of the Nashville Academy of Medicine.

Bruce P’Pool Jr., MD, age 82. Died October 5, 2015. Graduate of the University of Tennessee Center for Health Science. Member of the Nashville Academy of Medicine.

Lenor De Sa Ribeiro, MD, age 96. Died November 27, 2015. Graduate of Universidade Federal Fluminense. Member of the Nashville Academy of Medicine.

Nathaniel D. Robinson Jr., MD, age 74. Died August 30, 2015. Graduate of Facolta Medical e Chirurgia dell Universit Bologna. Member of the Nashville Academy of Medicine.

Jeno I. Sebes, MD, age 80. Died December 14, 2015. Graduate of University of Tennessee Center for Health Science. Member of The Memphis Medical Society.

John R. Sellars, MD, age 72. Died September 16, 2015. Graduate of the University of Tennessee Center for Health Science. Member of The Memphis Medical Society.

Thomas J. White III, MD, age 75. Died November 27, 2015. Graduate of the University of Tennessee Center for Health Science. Member of The Memphis Medical Society.

William J. Whitehead, MD, age 80. Died December 14, 2015. Graduate of the University of Tennessee Center for Health Science. Member of The Memphis Medical Society.
more and more baby boomers hit the retirement age of 65, many things need to be evaluated. One of the major decisions a person should make when entering his or her senior years is selecting medical coverage options. For those approaching age 65, taking the time to review the types of coverage available and weighing the overall financial impact of those options will help you and your spouse plan as you move into the next stage of your life. Many costs that arise during retirement are due to unexpected medical procedures and high-price prescriptions. Some in or approaching their Medicare years are under the misconception that Medicare is going to cover all medical expenses, but unfortunately that is not true. Medicare does not cover all medical costs, and the out-of-pocket expenses for medical care can still have a sticker shock effect. According to the Employee Benefit Research Institute’s October 2014 Executive Summary, “In 2011 Medicare covered 62% of the cost of healthcare services for Medicare beneficiaries 65 and older, while out-of-pocket spending accounted for 13%, and private insurance covered 15%. Medicare was never designed to cover expenses in full.”

One part of Medicare that is often responsible for large out-of-pocket costs is prescriptions, especially when people fall in the donut hole. The Patient Protection and Affordable Care Act of 2010 (PPACA) includes provisions to minimize the size of this donut hole but it did not eliminate it all together. According to EBRI’s report, by 2020 those enrolled in Medicare will pay 25% of both name brand and generic prescription drugs when they are in the donut hole. In the future you could end up paying a greater percentage due to the financial restraints of Medicare and penny pinching efforts of employment-based retiree health programs.

When planning for retirement, out-of-pocket medical expenses should be put into a budget. Prescription costs alone can set some people back quite a bit. According to EBRI’s findings based on median drug prices, if a man retired at age 65 in 2014 he “would need $64,000 in savings and a woman would need $83,000 if each had a goal of having a 50% chance of having enough money saved to cover health expenses in retirement.” The savings total for women is higher due to their longer life expectancy.

The Tennessee Medical Association would like to remind members about the Tennessee Drug Card, a free prescription assistance program available to all residents with no age or income requirements. Although many routine medications may be covered by Medicare, it is always worth shopping around to see if there is a better rate through a program like this. When an individual falls in the donut hole, he or she can use this program to help offset the cost of high-price prescriptions.

Go to TennesseeDrugCard.com to print a free card or check the price of your medication using the Tennessee Drug Card. For questions call 1.888.987.0688 or email natalie@tennesseedrugcard.com.
For a quarter-century, Gideon, Cooper & Essary, PLC has represented Tennessee health care providers and clinics in virtually all types of matters.

Featured in U.S. News & World Report Best Law Firms, Best Lawyers in America, Super Lawyers, Chambers USA and Martindale Hubbell AV-Rated

315 Deaderick St #1100 • Nashville, TN 37238
(615) 254-0400 • www.gideoncooper.com

INSTRUCTIONS FOR AUTHORS

Manuscript Preparation – Electronic manuscripts should be submitted to the Editor, David G. Gerkin, MD, via email at katie.brandenburg@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. Pages should be numbered. The transmittal 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, Boise 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.
Is your nest egg secure?
NOT WITHOUT DISABILITY INSURANCE!

What if you suddenly became the patient and couldn’t work? Would you have to spend your hard-earned savings in order to make ends meet? Are you saving for a new home, a child’s education, retirement...or are you saving for a disability? You’ve invested heavily into your earning ability – don’t let a disability destroy your hard work and dreams.

Disability Insurance can provide for you and your family if you become too sick or hurt to work. For more information and a proposal on this valuable coverage, contact us.

TMA Insurance

800-347-1109 • TMA@assoc-admin.com • TMAinsurance.com
Chattanooga • Nashville • Memphis • Jackson
Protection Is Power

SVMIC Protects the Most Tennessee Doctors

97.7%
Satisfaction rating with their defense counsel from our policyholders who have faced claims or litigation since we were founded in 1976. An expert staff of claims attorneys with the relationships, knowledge, and resources to aggressively defend your reputation sets us apart.

57,000
Hours of free consulting services provided by SVMIC to our policyholders and their practices in 2014 alone. Our services cover everything from risk evaluation and education to practice management, governance, billing, strategy, and other business issues.

300,000+
Hours of continuing education SVMIC has provided to policyholders and their staff over the last decade. High quality, relevant risk management education is the best way to keep patients safe and prevent malpractice litigation.

100%
Of SVMIC is owned by our physician policyholders. Our structure as a mutual company ensures that your interests are our interests.

SVMIC is the exclusively endorsed professional liability carrier of TMA

We have representatives to serve your needs. Contact us at mkt@svmic.com or call 800.342.2239.