Physicians, Advocates Rally for TMA’s Day on the Hill

Live Long and Prosper
– Dr. John W. Hale Jr.

Ask TMA: Must I Pay the Professional Privilege Tax After Retirement?
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Proposed mergers between Aetna and Humana and between Anthem and Cigna could have serious effects on insurance market concentrations in Tennessee, potentially resulting in higher insurance costs for patients and lower compensation for providers.

TMA has opposed the proposed mergers and has urged the U.S. Department of Justice’s Antitrust Division and the Tennessee Attorney General to reject them.

Insurance markets are already concentrated. 70% of 388 metropolitan areas studied in a recent American Medical Association report had highly concentrated markets.

In 89% of those areas, at least one insurer had a commercial market share of 30% or greater.

In 38% of the areas, a single insurer had a market share of at least 50%.

Many areas of Tennessee are also already considered highly concentrated markets.

BlueCross BlueShield of Tennessee has a 45% market share in the state while Cigna has a 28% market share.

The proposed Anthem-Cigna merger is expected to turn Kingsport-Bristol into a highly-concentrated market and is also expected to enhance the merged company’s market power in Chattanooga.

The proposed Aetna-Humana merger raises serious competitive concerns in Clarksville and Johnson City.

As 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.
I must admit my love for Star Trek. I realize that probably means I am a nerd. I can also identify with the guys on the TV show “The Big Bang Theory,” so maybe that confirms my nerd status.

Even though the acting in Star Trek was at times a bit over the top, it was beautifully written with some serious topics brought to light. One of the main storylines was the constant conflict between Spock, the emotionless, half-human/half-Vulcan science officer, and the southern country doctor McCoy. The dichotomy between their advice to Captain Kirk was integral to the show. Spock gave his advice based purely on logic and science, while McCoy gave his insight from his intelligence tempered with his emotions.

I have often identified with McCoy trying to make a decision based on sound medical judgment but without forgetting the passion of caring for human life. I believe that passion is essential to being a physician. The arguments I witnessed during my surgical clerkship between the staff surgeons on how to approach a problem are burned in my mind. Both had studies to prove their point and both approaches could have probably worked, but the other surgeons would let them argue just to see who would give up first. Patients will often come back to me after a referral to a surgeon stating, “He/she was certainly egotistical!” My response to them is, “You want someone who has conviction.”

To witness passion void of a true purpose, simply watch the coverage of our current election situation on the nightly news. The candidates undoubtedly believe some of what they say and their platforms, but their main goal is to become president of the United States of America. The lack of sincerity is evident in some of their speeches, especially when they talk to different groups on opposite sides of an issue. They posture and they worry about inflection on key terms because someone has coached them on what to say and how to give a speech. Analysis is done on the spot about people’s feelings toward different candidates and even how they stand and what they are wearing.

The most important part of practicing medicine can’t be taught. Sure, the knowledge can be taught, as well as the procedures, but the genuine passion comes from within.

This past year as your president I have traveled the state meeting with a large number of physicians and medical students. I have listened to their concerns and shared with them the TMA vision. The passion for better health for all Tennesseans is there!

I have had the opportunity to speak to different media outlets about current topics in the healthcare field.

One of the most enlightening speeches I gave was to a civic organization. During the speech, I outlined our primary legislative agenda. I explained to them that, to the average Tennessean, it might appear as if we were trying to pass laws that only benefited us as physicians. I explained that our payer accountability act provided stability for patients as well as doctors, that our team-based, physician-led bill ensured quality care, and that our bill to secure limits on noneconomic losses would ensure access to critical services. I also explained how our state’s payment reform efforts affect the average patient, including those seeking a physician.

As I neared the end of this particular speech, hands started going up to ask questions and get more information. Finally, the moderator called time, but I was able to close with the comment that I joined TMA because of problems like these.

I left the audience with an encouraging word for them to be informed and ask questions of their elected officials and their doctors. I told them to ask whether their doctors are TMA members and, to any doctor who is not, ask why.

TMA reflects the passion in all of us for the care and concern of our patients.

Thank you with all sincerity for giving me the honor and privilege to serve as your president.

May each of you and our Tennessee Medical Association “live long and prosper.”

Really, doctor, you must learn to govern your passion, or it will be your undoing.”

— Mr. Spock to Dr. McCoy
“Star Trek II: The Wrath of Khan”

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It’s everywhere. On every station and every newscast, we see a constant barrage of coverage and ads telling us who to support in the coming presidential election. Don’t worry; this editorial is not an ad for any of the candidates.

We hold elections so the masses can choose a person to represent their views and beliefs and to be their voice within various political institutions. Why? Because we can’t do it ourselves.

Ponder that for a moment. We elect people to office to represent us because we can’t (or won’t) do it ourselves. We vote for the candidate who espouses views and holds values similar to our own.

As a physician, your views are very much shaped by your nature as a healer. You care for your fellow men and women, your patients. You want to do what is best for those you serve.

Not everyone who runs for or holds office sees society as you do or can even begin to understand the complexity of the medical profession. So who do you vote for?

Healthcare is a critical topic to the citizenry, so it seems logical to have healthcare professionals as part of the decision-making process. Here in Tennessee, we are following that logic to some extent. We have elected six physicians to the state legislature and two physicians to Congress. That means 5.6 percent of Tennessee’s lawmakers are physicians. That’s a great start! With 20 percent of the GDP spent on healthcare in America, you would hope we could elect an even larger percentage of physicians to office.

But political office is not for everyone. I often hear from physicians that they aren’t interested in politics or don’t have time to be involved. Remembering that 20 percent of our economy is healthcare, you can bet there are plenty of others who take a BIG interest in the politics and finance of healthcare.

We elect candidates to represent our views and values because we cannot do it ourselves. This is also exactly why TMA exists. We are your representative voice. We share your values, morals and opinions.

TMA is here to represent you in those instances when you cannot adequately do it yourself. TMA is the largest physician organization in our state. We have the depth and breadth of experience and the credibility to take on the largest issues bearing down on physicians today.

When you think about why you are a member of your medical society and TMA, remember you “elect” to join because we are your voice and have your back, especially for those who claim that politics is just not their thing.

Government now funds healthcare for almost 50 percent of the population, and politicians control the very programs that half the country relies on for care (Medicare, Medicaid and veteran and government employee health programs). That’s a lot of voters.

So, when you think about elections – at the local, state or national level – do your homework and support the candidates who will ultimately represent you best when it comes to your livelihood as a physician, your medical practice and the interests of your patients.

When you cannot or will not do the work yourself, support the people who are doing the work for you. Being active in the TMA is the simplest way for you to have a say in the politics of medicine without getting your hands dirty.

We are very proud of our physician members who have answered the call to public service. It’s not for everybody, but each of you has a stake in the political system. Politicians have a vested interest in your business. It is high time physicians have a greater interest in politics.

It’s important that you stay vigilant through your membership, recruit your peers to participate, get active with your local politicians and contribute to IMPACT.

To be in politics, for the sake of your profession and your patients, you don’t have to run for office. You just have to support your medical society and TMA. Easy.

Share your thoughts with Mr. Miller at russ.miller@tnmed.org.
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With wrinkles that looked like long-dry arroyos, her face bore an eerie similarity to the lunar landscape – ashen, gray and lifeless. White hair stood out from her desiccated head as though it were trying to flee the scene, and a constant frown hid opalescent teeth ground down by years of gnashing. To paraphrase Homer, hers was the face that sank a thousand ships.

She was the quintessential schoolmarm of the day, ancient, intransigent and only tentatively identifiable as once having been female. Standing before us daily in her uniform attire of a white cotton blouse, brown wool skirt and squared-heeled granny boots, she always managed to look a little dowdy.

Sadly, the second grade curriculum was not engaging enough to hold my interest and, even sadder, my tenure in school long predated the diagnosis of and medication for Attention Deficit Disorder. I’m sure my incessant questions in class were a nuisance, but I never knew quite when she started to despise me. By midyear, she had decided that my inability to pay attention really connoted a low intellect, and I was accordingly demoted to the slow reading class. And although there was a type of rote sameness to every day that year, there was one day in particular that stands out even now. I was wearing a pair of hand-me-down, dun-colored corduroys that day. It was the day she accused me of something I did not do.

I pled my case before the old crone, all to no avail. The hanging judge was in town.

I was summarily hauled to the front of the room and beaten before all my peers. It was a low ebb in my career, and had my pants not been dark and absorbent it would have been significantly more embarrassing. At age seven, I simply did not have the doughty resolve to withstand this assault. I was a broken man and failure seemed imminent, but somehow I soldiered on to the end of that interminable year.

After that *annus horribilis*, I was delivered into the tutelage of a Mrs. Andrews. She was a young woman yet, and very big. Not fat, just big, with a big oval face. In the polite Southern parlance of the day, she was “big boned.” And I was scared to death because she could elevate an eight year old off the floor with every stroke of the paddle. Still got those corduroys?

But Mrs. Andrews was different and took a special interest in me. She knew the saga of my previous year and told me on day one that I would do better for her. And I did.

It was the hardest year yet, and one of the toughest of my academic life. We learned cursive writing, the multiplication tables, and then navigated the incomprehensible caverns of long division. But not only did I do the work, I did it well. She had said that I simply must. And from that year forward, I became the average above-average student. From nadir to zenith, from pain to paean, in one short year. And nary another beating, ever.

There was to be a raft of teachers in my future education which included college, medical school and beyond. Some were excellent, some good, others not so good. But I never learned more in less time, even studying for my boards, than I did in the third grade. As it turned out, she was just what this doctor ordered, and I am ever in her debt.

And so, quoting Dickens, “It was the best of times, it was the worst of times...” Very fortunately for me, however, not in that order.
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I retired and closed my practice last year. Do I still have to pay the Tennessee professional privilege tax by June 1 every year?

It depends on the status of your medical license, not on whether you are actively practicing medicine. If your license is still active, then you must pay the professional privilege tax. If you retired your license or have a specific type of volunteer license only, then the tax is not owed. The TMA Legal Department created an educational Spotlight Video that will help you understand the tax and who must pay it. The video, titled Tennessee Professional Privilege Tax, is 10 minutes long and available on our website at tnmed.org/spotlight.

There are also other Spotlight Videos in this same section of our website that physicians in every practice should take the time to watch. Two of the featured Spotlights are:

- Background Checks for TN Medical Practices – a detailed overview of the employee background and registry checks required by Tennessee law and TennCare.

- Credentialing Law Spotlight – a look at a law that streamlines the credentialing process and requires payment for services if a physician has a credentialing application pending with an insurance company/payer.

A colleague told me that the state was going to adopt treatment guidelines that need to be considered when treating a workers’ compensation patient. Is this true?

Yes. As of January 1, 2016, the Tennessee Bureau of Workers’ Compensation adopted the Work Loss Data Institute ODG® Guidelines for the criteria used to determine the recommended treatments for injured workers in the State of Tennessee. In addition, a special Tennessee Spine Group developed Tennessee-specific guidelines for the treatment of certain spine injuries. These sets of guidelines are not mandates but are designed to speed up the claims processing and payment process for clinicians in a majority of cases by establishing guidelines for medical necessity. If a physician needs to deviate from them, the reason should be documented. Additional information on the guidelines, the drug formulary and training sessions on both are available in an article on our website “Treatment Guidelines and Drug formulary for Workers’ Comp Adopted” in the News section.

I am thinking about retiring next year. Does TMA have any resources available that I could use as I prepare to close my practice?

Yes. In 2015, Jackson Butterworth Jr., MD, TMA and SVMIC worked together to create A Guide to Physician Retirement and Closing a Medical Practice. The guide was endorsed by the Tennessee Board of Medical Examiners and covers the following topics: retirement defined, liability concerns, CME opportunities, options for a retired physician and personal considerations. It also includes a checklist for closing a practice. This is a valuable resource that any physician considering retirement should review. It is available at tnmed.org/retiring.

TMA members can “Ask TMA” by email: becky.morrissey@tnmed.org or by phone: 800.659.1862. Questions and comments will be answered personally and may appear anonymously in reprint for the benefit of our members.
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DR. REESHA SANGHANI TAKES PART IN DOCTOR OF THE DAY PROGRAM


Reesha Sanghani, MD, of Nashville is one of numerous TMA members since January who have served as Legislative Doctor of the Day for the Tennessee General Assembly.

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.

The program gives TMA members an opportunity to take part in the political process while giving something back to the public servants who support physicians’ issues.

New doctors of the day visit the legislature each Wednesday during the session. Dr. Sanghani was Doctor of the Day on Feb. 3 along with Pius Powers, MD, of Johnson City.

Dr. Sanghani is an obstetrician-gynecologist in Nashville and an assistant professor at Vanderbilt University School of Medicine. She has a degree in public health and said serving as Doctor of the Day fit in well with her interests.

“I’ve always had an interest in health policy,” she said.

Dr. Sanghani met with legislators including Rep. John Ray Clemmons, D-Nashville, Sen. Richard Briggs, R-Knoxville, Sen. Mark Green, R-Clarksville, and Sen. Steve Dickerson, R-Nashville, during her time as Doctor of the Day. She said her conversations with legislators revolved around contraceptive issues and her support for increased access to healthcare services across the state.

“It’s important for doctors to be involved in healthcare policymaking because they are the ones who see either the benefits or consequences of laws, she said.

“I think as physicians, when it comes to healthcare, we’re the ones who are dealing with it every day and, therefore, should be more involved in important legislation regarding healthcare,” Dr. Sanghani said.

DR. NITA SHUMAKER TO BE SECOND FEMALE PRESIDENT IN TMA HISTORY

Nita Wall Shumaker, MD, of Chattanooga has been named president-elect for the Tennessee Medical Association, effective in April. Shumaker is a pediatrician at Galen North Pediatrics in Hixson.

When she takes office as the 2017-2018 TMA president, she will be the second female president in TMA history. Phyllis Miller, MD, of Hixson, served as TMA’s first female president in 1998.

TMA Leadership elections took place Feb. 1-29.

Dr. Shumaker is a current member of the TMA Board of Trustees and former president of the Chattanooga & Hamilton County Medical Society. She was one of only two female chiefs of staff at Erlanger Health System, the ninth-largest public hospital in the country.

(Continued on p. 16)
During the 2016 TMA leadership elections, physician members also elected peers to serve on the TMA Board of Trustees and the TMA Judicial Council.

James H. Batson, MD, of Cookeville was re-elected to represent Region 5 on the Board of Trustees. New members of the board are: Kirk Stone, MD, Union City, representing Region 2; Rodney Lewis, MD, Nashville, representing Region 4; and Elise Denneny, MD, Knoxville, representing Region 7.

Four new members were elected to the TMA Judicial Council: Justin Monroe, MD, Memphis, representing Region 1; Omar Hamada, MD, Brentwood, representing Region 3; James C. Gray, MD, Cookeville, representing Region 5; and Richard Briggs, MD, Knoxville, representing Region 7.

New officers will be installed at TMA’s Annual Convention, MedTenn16, April 28-May 1 in Murfreesboro.

To learn more, go to tnmed.org/medtenn.
MEMBERS IN THE NEWS

DR. PANDA HONORED BY ACP COMMITTEE

Mukta Panda, MD, FACP, is set to receive an award for Outstanding Educator of Residents and Fellows from the American College of Physicians, India West reported.

Dr. Panda and 21 other awardees will be honored at the ACP’s annual convocation ceremony on May 5. Dr. Panda also received a Laureate award from ACP in 2011.

She was named chair of the department of medicine at the University of Tennessee College of Medicine in 2009. She has been an internist for 29 years.

DRS. SARGENT, MCCRAVEY HONORED BY ERLANGER

Larry Sargent, MD, FACS, FFAP, and John McCravey, MD, were honored by the Erlanger Health System Foundations for their medical service during the foundations’ annual Dinner of Distinction, the Chattanooga Times Free Press reported.

Dr. Sargent is the senior partner at the Plastic Surgery Group, founder and director of the Tennessee Craniofacial Center at Children’s Hospital at Erlanger and founder of the Craniofacial Foundation of America.

Dr. McCravey practices with University Oncology and Hematology Associates. He is the former president of the Chattanooga & Hamilton County Medical Society and the American Cancer Society.

DR. ZIRKLE CHAIRS CHAMBER OF COMMERCE

John W. Zirkle, MD, FACP, was installed in February as chairman of the Jefferson County Chamber of Commerce, the Jefferson City Standard-Banner Reported.

Dr. Zirkle ran a private practice in Jefferson City for 28 years before retiring. He has served as chief of staff at Jefferson Memorial Hospital, president of the Tennessee Valley Medical Group and as a board member of St. Mary’s Health System/Mercy Health Partners. He is medical director emeritus of Jefferson County Nursing Home.

Do you know a TMA member who has made a great career move, received a big honor or gives to the community in a significant way? Please let us know!
Submit your story to katie.brandenburg@tnmed.org.

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Sen. Joey Hensley, R-Hohenwald, remembers being the only doctor in the Tennessee General Assembly when he served in the House of Representatives beginning in 2003.

“I think legislators looked toward me when it came to health issues,” he said about serving in the House. “I felt like I kind of took the lead in a lot of TennCare issues.”

Dr. Hensley, a primary care physician, served for a time as Chairman of the TennCare Oversight Committee and on the House Health Committee. During session he sees patients in his practice on Thursdays and Fridays after leaving the Capitol and Mondays before traveling to Nashville.

While physicians have a lot of influence with many legislators, his interaction with patients is valuable when weighing in on policy issues, he said.

“I really know what it’s like to practice and to come up here and pass laws that affect everybody,” Dr. Hensley said. “Doctors don’t realize how much effect laws we pass have on people practicing.”

Physician legislators are still relatively rare both in Tennessee and nationwide. There are currently six physicians serving in the Tennessee General Assembly, or about 4.5 percent of state legislative seats.

The National Conference of State Legislatures found that just 3.6 percent of state legislators in the country were employed in a medical career in 2007, up from 2.5 percent in 1995. A December 2015 study from the NCSL found that less than 5 percent of legislators were in the medical field nationwide, but didn’t single out that occupation field specifically.

In Tennessee, 16 percent of legislators are business owners and 24 percent are employed in the business sector in other ways, making business the largest occupational group. Another 14 percent are attorneys.

Nationwide, the same trend holds true with 30 percent of state legislators employed in the business sector and 14 percent as attorneys.

“TMA HAS A REMARKABLE AMOUNT OF INFLUENCE UP HERE.”

Dr. Hensley began his political career serving on his local school board. He was later also elected to the Lewis County Commission.

He decided to make a run for the State House of Representatives when his representative at the time voted for a statewide income tax. Dr. Hensley didn’t agree with the vote.

He had to run a write-in campaign to get on the ballot.

“I just felt like the people needed a choice,” he said. “I felt like I could do a good job and make a difference, so I ran and they elected me.”

Dr. Hensley said he’s proud of passing bills to take state funding away from Planned Parenthood, preventing nurse practitioners from doing spinal injections without having a doctor supervisor, and working against issues including nurse independent practice.

Dr. Hensley has been in the legislature for 14 years, serving 10 years in the House and four in the Senate, and says he has tried to stand up for quality medical care and for the best interest of patients.

It’s important for doctors to be involved in the political process even if they are busy, he said.

Doctors’ opinions are respected on subjects beyond medical issues, so they should know who their legislators are and stay active in specialty medical societies and TMA, Dr. Hensley said.

“TMA has a remarkable amount of influence up here,” he said.
“THIS IS TRULY A CITIZEN-REPRESENTED DEMOCRACY.”

Rep. Sabi Kumar, R-Springfield, said having physician lawmakers is important.

“Just as we need other fields represented, representatives from healthcare are very, very necessary and bring good insight into the needs of our citizens,” he said.

No one person can be an expert in all of the subjects that come before the General Assembly, so it’s important to have people from multiple fields bring their perspective, he said.

“This is truly a citizen-represented democracy,” Dr. Kumar said.

Dr. Kumar said he’s proud of sponsoring bills including one that would require any insurance plan to include the nearest provider to the enrollee or one within 10 miles of where that enrollee lives.

Dr. Kumar immigrated to the United States in 1970 from India and did his surgical training in Miami before moving to Springfield to start his surgery practice.

“The community has been very, very kind to me,” he said.

Coming into contact with numerous patients over a 39-year surgical career has helped him form special relationships in the Robertson County community, he said.

He believes the biggest issues facing the state are jobs and the economy, healthcare and education.

“Having known these issues and having known the community so well, I felt I really would play a very important role in legislation and solutions to the problems we have in these areas,” he said.

Dr. Kumar has gained healthcare experience and business experience from running a surgical practice and owning a surgical instrument company that sells instruments he has invented and patented.

Education is also a passion of Kumar’s because, he says, he wouldn’t be where he is today without his education.

Dr. Kumar is in his first term as a representative, and this is his first elected office. His daughter was initially approached to run for the seat he now holds, but was unable to find time to do so, he said. But Dr. Kumar became interested.

“As I participated in the conversation I realized that it would be very, very rewarding to be able to do this,” he said.

Dr. Kumar comes from a medical family. His father was a physician and his mother was a nurse. He said his family expected him to become a doctor, and the medical profession has served him well.

“I was brought up that, when I was good as a child I was told ‘This is great, you’re going to be a doctor,’” he said. “When I was not good I was told ‘How can you do that? You’re going to be a doctor.’”

This parental approach has served him well, he said.

“When a physician comes in who’s interested, they really pay attention.”

Sen. Richard Briggs, R-Knoxville, has long been involved in organized medicine. He is a past president of the Knoxville Academy of Medicine and served on the TMA Board of Trustees for seven years. He was recently elected to serve on the TMA Judicial Council.

“I was involved in organized medicine long before I got involved in any of this,” he said of his Senate career.

He was first elected to a political office in 2008, when he was elected to the Knox County Board of Commissioners.

The groundwork for his county commissioner run began with his being selected to participate in a Leadership Knoxville course. During that program, he said he began to meet and make connections with people within his local community beyond his usual sphere.

“It was a much broader spectrum of people I was coming into contact with,” he said.

Those connections, coupled with a community-wide feeling that fresh faces were needed on the county commission, helped in his election, Dr. Briggs said.

He was elected to the State Senate in 2014.

As a physician, Dr. Briggs said he’s able to help other legislators understand how the bills they pass will impact patients.

“When a physician comes in who’s interested, they really pay attention,” he said.

When he first entered the Senate, for example, Dr. Briggs said he was able to advise on legislation including Insure Tennessee.

This year, Briggs said he’s focused on addressing Tennessee’s opioid addiction problem, which has touched the lives of nearly everyone in the state.

He’s also proud of legislation including a bill passed last year to streamline the credentialing process for healthcare providers. The new law requires insurance companies to pay for medical services if a provider has a credentialing application pending with a payer.

Dr. Briggs said it’s important for doctors across the state to remain involved in the political process through events such as TMA’s Day on the Hill because that involvement lets lawmakers know what physicians think is important.

“It just makes a huge statement,” he said.
Sen. Steve Dickerson, R-Nashville, said serving on the TMA Board of Trustees beginning in 2008 helped him develop some of the skills he uses as a senator.

“I felt like I was sort of cutting my teeth doing that,” he said. “I’d never read a budget, I’d never gone to a board meeting, I’d never given a public speech, I’d never done anything like that,” he said.

Doctors serving in the legislature have a certain amount of credibility and “just a little deference” because of the training they have been through and the work they do, Dr. Dickerson said.

Physician legislators are invaluable because they can be advocates for patients and the medical community and have real-life experience with public health issues – such as obesity or smoking – and the payer system, Dr. Dickerson said.

“I would say tangible experience with the payer system cannot be overemphasized,” he said.

Dr. Dickerson said he has always been interested in the political process.

“I can remember campaigns from when I was six and eight years old,” he said.

He ran for a legislative seat in 2010 and lost, but won a seat when he ran again in 2012. He is currently serving in his first Senate term.

“There’s no internship for being a senator,” he said. “One day you go from being a candidate to having 200,000 people depend upon you for their representation in state government,” he said.

He has learned that there are areas of public policy that he is strongly committed to, and he wants to focus on those moving forward. One of those issues is domestic violence. In 2015 Dr. Dickerson sponsored a bill that became law making a 12-hour holding period for those charged with domestic violence or elder abuse mandatory unless an authorized official finds that they are not a threat to the alleged victim and releases them.

He’s also proud of sponsoring bills including one to require DNA evidence to be preserved in death penalty cases until the defendant is executed.

Physician legislators are a valuable and growing contingent in the Tennessee General Assembly. They speak for patients and doctors across Tennessee when schedules, responsibilities, distance or other factors prevent them from speaking for themselves.
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More than 300 people from across Tennessee gathered at the state capitol on March 1 to advocate for better healthcare policies. Doctors discussed bills that would clean up in-office dispensing regulations, add an enforcement mechanism to workers’ compensation silent PPO laws and require more stability in contracted reimbursements from insurance companies, among many others.

TMA President John W. Hale Jr., MD said bringing physicians and other healthcare advocates together for Day on the Hill sends a powerful message to state lawmakers.

“Seeing a wave of white coats in the halls of the state capitol sends a message to legislators that we are actively concerned with the decisions they make,” he said.

Policies from Nashville can directly impact how doctors are compensated as well as how they can provide care to patients, said TMA Legislative Chairman Ronald Kirkland, MD, MBA.

“It’s critical for our lawmakers to hear from Tennessee physicians,” he said. “They speak directly to how sometimes abstract policies created on Capitol Hill have a real-life impact on their patients and practices. Those voices are invaluable in the legislative process.”

Janet Pickstock, MD of Blountville said TMA’s Day on the Hill is important in ensuring quality healthcare in Tennessee.

“We’re concerned about the patients of Tennessee and healthcare delivery in the state of Tennessee, making sure it’s the best quality for our patients and it’s the best environment for our physicians and for our patients to heal,” she said.

For those reasons, Pickstock said, it’s important for doctors to be involved in discussions about healthcare in the General Assembly.

“We want to make sure our legislators hear the voices of both our patients and physicians,” she said.

Damon Dozier, MD of Clarksville has been participating in TMA’s Day on the Hill for five years.

“I think it’s important for physicians in Tennessee to remain important, and the only way we can continue to be visible is to be effective in legislators’ minds,” he said. “We can’t just let laws be passed without our opinions being known. There are many other people vying for their attention, and this affects our daily job, future medicine in Tennessee and safety for patients.”

Catherine Gooch, a fourth-year medical student at the University of Tennessee, said Day on the Hill is an opportunity for her to learn about how laws are made.

“I realized that I know nothing about healthcare legislation,” she said. “I’ll be in practice in July and I should at least start to
understand the process of how bills become laws, especially in regards to healthcare.”

Gooch said involvement in medical advocacy is a duty.

“Government ultimately says what we can and cannot do as physicians, and I need to be aware of that, and if there are things coming up that I feel would hinder my ability to care for patients or areas of medicine that I feel could really be helped by some government legislation I feel like it’s part of my duty to express that to people,” she said.

Laura Witherspoon, MD of Chattanooga said she came to Day on the Hill to represent her patients, many of whom don’t have a strong voice in healthcare advocacy because they are impoverished or don’t know how to navigate complicated medical systems.

“It’s important for the physicians to be here to advocate for our patients who sometimes have no voice,” she said.

Walter Fletcher, MD of Martin said he came to Day on the Hill to make sure that legislators get the right story about what is going on in medicine, especially in small towns. Physician involvement in the political process can help prevent lawmakers from passing laws that create more problems than they solve, he said.

“I think we’ve all seen a lot of well-intentioned laws hurt people,” Dr. Fletcher said.

Fred Mishkin, MD said physicians have valuable information that lawmakers need.

He said doctor input can have a real impact on laws in Tennessee.

“We know by coming here we can favorably discuss issues with legislators and improve the quality of medicine in Tennessee for patients and the ability for us to practice here in Tennessee,” Dr. Mishkin said.
The Tennessee Medical Foundation works with physicians who have chemical dependence, emotional or mental illness, and is often charged with educating the physician community on related issues including addiction, overprescribing, chronic pain and physician health. As medical director, I am also called on to consult with state and national regulatory agencies addressing these same issues.

Right now these agencies are focused on a crisis: We are in the middle of the worst drug epidemic in America, and it’s a prescription drug epidemic.

Although Tennessee is not alone with the problem of overuse of opiates, whether you’re looking at unintentional overdose deaths, babies born with Neonatal Abstinence Syndrome (NAS), or just the quantities of opiates prescribed, Tennessee ranks in the top three at almost any point in time. There have been a number of measures taken at the state and federal level to try to combat this epidemic.

CSMD a Tool Against NAS

Probably no tool has been more helpful in combating the overuse of prescription opiates than the Controlled Substance Monitoring Database (CSMD). There have been a number of problems with the CSMD since it was funded in 2007, but it continues to improve and there have been a number of recent enhancements. The morphine milligram equivalent calculator allows prescribers to determine exactly how much in the way of opiates a patient is receiving, whether it’s codeine, morphine, fentanyl or sufentanil. This is important because we know now through some work that Dr. Jane Baumblatt did through the CDC that once you get above 120 morphine milligram equivalents, you are 13 times more likely to die of an unintentional overdose. As nearly as we can tell, at the time the guidelines went into effect there were more than 65,000 Tennesseans on more than 120 morphine milligram equivalents per day.

One demographic that has been hit particularly hard in this epidemic is women of reproductive age. Currently, if you are caring for a reproductive-age female and you go on the Controlled Substance Monitoring Database, it will be highlighted in pink. If you look for the guidelines for the treatment of chronic non-cancer pain you will probably see more thou-shalt and thou-shalt-nots on treating this demographic than on any other.

One reason for the state’s focus on this group is our continued battle to reduce the incidence of Neonatal Abstinence Syndrome. NAS occurs when babies are born with withdrawal secondary to drugs their mothers were taking during pregnancy.

To put this into perspective, 10 years ago we had fewer than 50 babies with NAS born in Tennessee; last year there were around 1,000 cases, and we currently are on track to have another 1,000 babies in Tennessee born with Neonatal Abstinence Syndrome in 2016. These babies are going to be with us for a very long time.

We know from our TennCare data that if a baby is born on TennCare and does not have a diagnosis of NAS, it costs around $4,500 to deliver the baby and take it through the first year of life. If the baby falls into the cohort that has a diagnosis of NAS, the cost to the state of Tennessee is more than $65,000. Multiply $65,000 by 1,000 and get an idea of just one small part of the cost of this epidemic to our scarce healthcare dollars.

We also know if a baby is born into TennCare without a diagnosis of Neonatal Abstinence Syndrome, there is a 1.3 percent chance that he or she will wind up in state custody during the first year of life. If the baby leaves the hospital with a diagnosis of Neonatal Abstinence Syndrome, however, the incidence rises to almost 18.6 percent. Spend some time trying to console or comfort one of these babies and you will see it’s no mystery as to why they wind up in situations in which they are neglected and abused.

So How are We Doing?

We are prescribing fewer opiates in the state of Tennessee. It is important in addressing any epidemic that you reach the plateau stage. The good news is with the unintentional overdose deaths and with Neonatal Abstinence Syndrome, we seem to have hit a plateau phase; the bad news is that number seems to be around 1,000 a year. The work is ongoing to try to combat and turn around this crisis in the overuse, misuse and abuse of prescription opiates. Hopefully, in the years to come, we will continue to see improvement here in the state of Tennessee.

If you or a colleague need assistance the TMF or Physician’s Health Program can provide, please contact TMF Field Coordinator Jeanne Breard, RN, at 615.467.6411. To support the mission and the work of the TMF Physician Health Program, contact Brenda Williams at 615.467.6411 or brendaw@e-tmf.org, or give online at www.e-tmf.org/donations.php.
Most physicians enter the profession with a singular motivation: to help others.

Physicians must prove their commitment to that ideal by withstanding years of training and work demands that test their resolve at every turn. And while our medical system often reveals their personal strengths, it also can expose the fragile nature of their humanity.

I have learned ...

"I have learned it is all right for doctors to ask for help, for we are human beings also - sometimes faulty ones, but still humans."

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IN MEMORIAM

Roy M. Barber, MD, age 98. Died February 11, 2016. Graduate of the University of Tennessee Center for Health Science. Member of The Memphis Medical Society.

Frank S. Blanton Jr., MD, age 87. Died December 6, 2015. Graduate of the University of Virginia School of Medicine. Member of the Sullivan County Medical Society.

Ralph L. Brickell, MD, age 89. Died November 21, 2015. Graduate of the University of Tennessee Center for Health Science. Member of the Coffee County Medical Society.

Keith H. Byrd, MD, age 77. Died January 26, 2016. Graduate of the University of Louisville School of Medicine. Member of the Sullivan County Medical Society.

Ralph J. Cazort, MD, age 98. Died in 2014. Graduate of the Meharry Medical College School of Medicine. Member of the Nashville Academy of Medicine.

Roy A. Douglass Jr., MD, age 92. Died December 14, 2015. Graduate of Vanderbilt University School of Medicine. Member of the Consolidated Medical Assembly of West Tennessee.

Margaret A. Halle, MD, age 94. Died February 17, 2016. Graduate of the University of Cincinnati College of Medicine. Member of The Memphis Medical Society.

Samuel J. Lavoie, MD, age 95. Died May 27, 2011. Graduate of the University of Tennessee Center for Health Science. Member of the Nashville Academy of Medicine.

Melvin G. Lewis, MD, age 66. Died January 5, 2016. Graduate of the University of Tennessee Center for Health Science. TMA Direct Member.

Van F. Mills, MD, age 57. Died January 9, 2016. Graduate of St. George’s University Medical School. TMA Direct Member.

Gerald M. Moredock, MD, age 66. Died April 14, 2015. Graduate of Indiana University School of Medicine. Member of the Nashville Academy of Medicine.

Elvin B. Noxon, MD, age 93. Died September 9, 2015. Graduate of Tulane University School of Medicine. Member of the Knoxville Academy of Medicine.

Sai Oh, MD, age 72. Died December 23, 2015. Graduate of the College of Medicine Seoul National University. Member of the Chattanooga-Hamilton County Medical Society.

Millard F. Perrin, MD, Age 82. Died February 4, 2016. Graduate of the University of Tennessee Center for Health Science. Member of the Chattanooga-Hamilton County Medical Society.

George M. Stevens III, MD, age 81. Died February 20, 2016. Graduate of the University of Tennessee Center for Health Science. Member of the Roane-Anderson County medical Society.

Elsie V. Tomkinson, MD, age 78. Died April 24, 2001. Graduate of Long Island Medical College. Member of the Knoxville Academy of Medicine.

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.
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