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When I became TMA president in May, I made physician wellness my top priority. In June, The Physicians Foundation surveyed 1,509 physicians, and more than 60 percent reported some signs of burnout. The stresses placed on us have become very difficult to bear. Physicians are leaving medicine, and some are even taking their own lives with the physician suicide rate ranking highest among all professional groups and rivaling that seen among our troops that have served in crisis areas like Afghanistan and Iraq. In addition, 80 percent of the physicians surveyed stated they were afraid to seek mental help because it could jeopardize their careers.

Although this sounds hopeless and a sad way to start a holiday letter, there is hope in sight. The Federation of State Medical Boards in 2018, the Joint Commission in 2020, and the U.S. Surgeon General in June of this year have all publicly stated that health workers should feel free to seek mental help without fear of reprisal. The deciding factor should be impairment rather than mental or physical illness. The Tennessee Board of Medical Examiners recently changed their application form to focus on impairment. Unfortunately, many hospitals, especially those in rural areas, and insurance applications are lagging behind. For that reason, TMA in conjunction with other groups has proposed changes in the state law to protect health workers, and especially physicians, who seek mental help from being penalized. The Dr. Lorna Breen Heroes’ Foundation puts it clearly, stating that intrusive mental health questions need to be removed from licensure and credentialing applications.

A major stressor for most physicians are the regulations imposed by insurance companies for getting referrals or approvals for advanced imaging and other procedures. In my strictly outpatient group of four physicians and 12 nurse practitioners and physician assistants, we employ seven full-time individuals just to conduct these tasks. We often still need to manage appeals or even peer-to-peer phone conversations, and we can still get denials. The American Medical Association and TMA are very aware of the stress these onerous burdens place on physicians, and legislation is being introduced to combat the practice.

Now is the time for physicians to come together and take a stand for our rights and our needs to decrease some of the many stressors that we face in our day-to-day medical practices. Our families and our patients deserve no less. Let us give them the gift of our involvement standing side-by-side with our fellow physicians in writing and talking with our legislators to get these bills passed. Also, consider seeking out CME or counseling related to mental wellness.

I wish you all a very joyous holiday season and look forward to working with you in the coming year.

Edward Capparelli, MD | 2022-2023 President

TMA’s annual policy briefing and lobby day will take place Tuesday, March 7 in Nashville. Physicians from across the state are invited to meet with lawmakers to advocate on behalf of their patients and the profession.

Attendees will meet with elected representatives and join committee meetings at the Cordell Hull Building while advocating for good healthcare policy. Appointments will be set in advance and talking points provided for member physicians. Information on TMA legislative priorities is available at tnmed.org/legislative.

“Doctors’ Day on the Hill provides a platform for members to engage directly with lawmakers on the healthcare and insurance issues impacting physicians and patients every day,” said TMA Advocacy Engagement Manager Erika Thomas.

“With prior authorization reform, balance billing, and abortion all on the legislative agenda this session, the stakes are higher than ever. TMA needs the strong, unified voice of organized medicine fighting for good healthcare policies in Tennessee.”

Ahead of the event, all registered attendees are encouraged to join the virtual Day on the Hill Primer meeting. During this time, TMA’s government affairs team will review the day’s schedule and where important issues currently stand.

The event is free for all TMA physician members, medical office staff and healthcare administrators. Register and learn more at tnmed.org/day-on-the-hill. The last day to register is March 3. Please contact Erika Thomas with questions at erika.thomas@tnmed.org.
The “Eat Your Young” Mentality is Alive and Well in Medicine: Part 2

This article was submitted by TMA member Michael J. Baron, MD, MPH, DFASAM

“Eat your young” in this article series refers to the fact that we as physicians tend to punish, rather than support, our peers who develop behavioral health disorders.

Alcohol use disorder, opioid use disorder, or any other addiction by definition is a chronic illness that responds to chronic disease management. The symptoms and DSM-5 criteria of addiction include antisocial behaviors. One cannot separate addiction from antisocial behavior; it is like trying to separate itching from urticaria.

Every physician who has opioid use disorder has obtained opioid medications using aberrant and usually illegal means. Every physician with alcohol use disorder has driven while impaired. The drugs – whether alcohol, oxycodone, or marijuana – hijack the brain and change morals, ethics, and inhibitions that normally govern such behavior. Addiction is not a moral issue; it is a deadly disease. Even with their years of education and knowledge, physicians are not immune to this or any other illness. As my TMF predecessor Dr. Roland Gray often said, “No one graduates from residency unscathed.” Meaning, the very training we get is traumatic enough to be a predictor and a seed for addiction. Mix the trauma with genetics and easy access and the end result is often addiction.

As in the cases mentioned in Part 1, when a physician with addiction gets terminated it drives the next physician underground or worse, to hopelessness, and can even become a factor in a suicide. There is huge stigma among physicians about getting help for a mental health problem. Even with current mandates from the AMA, FSMB, NAM and FSPHP to make license application, hospital privilege and insurance panel questions more ADA-compliant and less stigmatizing, it is still there, keeping physicians from getting the help they need. This causes addiction to fester and to progress; the illness then causes impairment and patient care greatly suffers.

We need to make it easier for physicians to get help, not harder. Regulatory agencies are the bodies charged with taking action when the medical practice act is violated; punitive actions should remain in their domain. We should be understanding and helpful to our peers who have illness, not judgmental, unfeeling, or malicious; advocating for them, not terminating them.

TMA President Dr. Ed Capparelli has made physician wellness a top priority for his term. Part of wellness is providing programs to both prevent illness and to help when someone is sick. Physicians are human and illness is a human condition. Behavioral illnesses are illnesses that can and do cause antisocial behavior. We should treat our physician colleagues at least as well as we treat our patients—and that includes with the same empathy. We don’t fire our patients when they have a behavioral illness; why are we doing this to our peers?

President Biden signed into law the Dr. Lorna Breen Health Care Provider Protection Act in early 2022. Dr. Breen died by suicide in April 2020 amid the Covid-19 crush—family and friends say she feared that her career was over because she received inpatient help for depression. The federal government and the House of Medicine recognize how stigma can literally end physician lives and negatively impact quality of care. Suicide is an occupational hazard for physicians—it is the only cause of death higher in the physician population than the general population.

The fact is physicians don’t and won’t get help for a behavioral disorder for fear of losing their jobs and their licenses. This concept is only reinforced every time a physician is terminated for having a behavioral health disorder. Shame on us. It is time that we support our physicians with behavioral health disorders and not fire them. Contact the TMF at e-tmf.org or 615-467-6411 if you need help.

TMA Collaborates with Cost Plus Drugs

TMA has joined forces with the Mark Cuban Cost Plus Drug Company (Cost Plus Drugs) to help bring lower prescription drug prices to patients across the state of Tennessee. Cost Plus Drugs aims to fundamentally change the way the pharmaceutical industry operates. As a public-benefit corporation, its social mission of improving public health is just as important as the bottom line. Cost Plus Drugs transparently charges a minimal standard markup on every drug it sells. Go to costplusdrugs.com/(medications) to learn more about the currently available prescription drugs through the Mark Cuban Cost Plus Drug Company. Visit costplusdrugs.com to see how easy it is to integrate the Mark Cuban Cost Plus Drug Company into your EMR system.
Leadership Graduate Applies Training to New Practice

In 2018, Steve Johnson, MD, found himself in a position of leadership. After practicing family medicine for several years at TriStar Southern Hills Medical Center in Nashville, he became medical director and began overseeing several providers while leading a staff. Shortly thereafter, he became familiar with the concepts behind TMA’s John Ingram Institute for Physician Leadership. Recognizing the importance of leadership and communication in his new role, he signed up to take both of the institute’s two offerings, the Leadership Immersion course followed by the Leadership Lab program, in 2019.

The Lab helps physicians acquire skills needed to become quality leaders in team care settings. Participants undertake a course project allowing them to directly apply skills acquired in the program to a real-world scenario within their practice. The Immersion program serves as a special getaway for physicians to gain leadership training in teamwork, collaboration, conflict resolution and media and communications.

“It was a phenomenal experience,” said Johnson. “The big takeaways for me were gaining a better understanding of how I am wired, understanding my personality type, understanding my leadership strengths and weaknesses, and learning how to build a team to compliment those characteristics.”

Dr. Johnson gained valuable experience from both programs, applying lessons learned from each offering into his practice.

“With the Lab, you are working on a project, which is a very different experience from the Immersion program,” he said. “You are working on intervention in your office and trying to measure that before presenting the results.

“It is getting into the weeds and learning how to implement what you are learning in the course. The Immersion program is focused on understanding yourself. It is a deeper dive into understanding your own leadership style and skill, so you learn information about yourself.”

Dr. Johnson’s Leadership Lab project focused on improving patients’ compliance after leaving the office. He worked with his staff to construct best methods to measure outcomes. They examined callbacks, and boiled the issue down to a failure to properly communicate health strategies during appointments.

“You can have the best plans and strategies, but if the patient doesn’t understand them, then there are barriers,” he said. “If there is miscommunication, or if all the details are not implemented, then you are going to miss.”

Dr. Johnson introduced a new method to improve communication tactics, relying upon techniques he honed in the Leadership Lab. As a result, he and his staff noted a decrease of between 70 and 80 percent of callbacks.

Since taking the courses, Dr. Johnson embarked upon a new career challenge: in October, he opened his own practice. Located in Brentwood, Engage Health is a concierge-style primary care practice where patients pay a membership fee. The business model consists of taking on fewer patients in order to provide more time, availability, and a more proactive approach to care. While employed by HCA Healthcare, he recognized time management as a hurdle, and decided to open a practice with a different approach to patient care.

“The current medical system is oriented in a certain way that makes creating more time and creating a greater focus on health, wellness, nutrition and mental health hard to incorporate,” he said. “This type of practice allows me more time to delve deeper into the goals of patients beyond their labs. I can place a greater emphasis on lifestyle change and incorporate strategies, such as health coaching, nutrition, fitness assessment, and also mental health assessment, screenings, and interventions.”

Dr. Johnson serves TMA as a member of the Education committee. He advocates for physician leadership training and other educational opportunities for his peers. Dr. Johnson recognizes the importance of offering support to physician colleagues — particularly the next generation - emphasizing a better understanding of the complexities of medicine on all sides — political, practice, insurance, business and corporate. He touts the value of networking and recommends becoming part of the solution. Visit tnmed.org for an expanded profile on Dr. Johnson’s leadership training experience.

TMA members have multiple paths toward involvement in organized medicine. Opportunities to participate are available through grassroots advocacy, networking offered by local events, or leadership training. Visit tnmed.org/getinvolved to view a video outlining TMA involvement opportunities, and email membership@tnmed.org for guidance and support.
TMA Announces Five 2023 Legislative Priorities

TMA’s Board of Trustees recently approved five legislative issues for the organization’s advocacy department to assign focus ahead of the 113th Tennessee General Assembly which convenes Jan. 10. Additional information is available at tnmed.org/legislative.

Scope of Practice
In coordination with the Coalition for Collaborative Care (CCC), TMA will again work to preserve Tennessee physicians’ ability to lead patient care and oppose unsafe scope of practice expansion by advanced practice registered nurses. Because of our influence, advanced practice nurses and physician assistants have not succeeded in changing state laws to do away with team-based health care in Tennessee. TMA will continue to collaborate with its multi-specialty partners and members of the General Assembly to identify and develop solutions that increase healthcare access without compromising patient care.

Physician Wellness
TMA will work to enact safe harbor-reporting systems for medical professionals to prevent physician burnout and mitigate the risk of suicide. Currently in Tennessee, some health plans and hospital credentialing committees require physicians to disclose personal mental health information to be able to practice at facilities or serve on panels. These requirements serve as barriers to physicians seeking mental health treatment, ultimately contributing to reduced professional performance, high turnover rates, and the adverse consequences of medical errors.

Prior Authorization
In May 2022, TMA’s House of Delegates voted to make prior authorization reform a priority of the association. The resolution aims to achieve four primary goals: reduce the number of medical and pharmacy services that require prior authorization; ensure patients gain quicker access to care through the reduction of denials; streamline the prior authorization process to reduce burdens and retroactively denied payments; and support federal efforts to reform prior authorization for Medicare advantage and other government-regulated plans. TMA will be leading the charge to convince insurance plans that comprehensive prior authorization reform is in patients’ best interest.

Trigger Law Correction
The U.S. Supreme Court overturned Roe v. Wade in August thereby invoking the abortion “trigger” law in Tennessee. The law makes most abortions illegal in the state and subjects physicians who must terminate pregnancies to protect the life and health of the pregnant women to up to 15 years in prison. There is an affirmative defense that allows doctors to address life and health issues, but it can only be raised once a doctor is charged. The affirmative defense needs to be an exception to the criminal offense, which was intended to stop elective abortions. Other changes are needed in the law so physicians can feel safe addressing fetal anomalies and other common pregnancy complications. TMA is part of a coalition of medical and hospital interests working to protect women’s health.

Balance Billing
In 2020, Congress passed the No Surprises Act (NSA) to protect patients from balance and surprise bills resulting from care received by out-of-network doctors. Unfortunately, federal implementation of the law has caused Tennesseans to have fewer in-network healthcare options and more out-of-pocket expenses. TMA will work to enact a fair state-level solution that ensures all health plans maintain adequate networks of facility-based physicians to assure the accessibility, transparency, and quality of healthcare services.

IN MEMORIAM
We offer our prayers and deep gratitude for all passing members. Their positive impact on their patients and profession will last forever.

Thomas C. Delvaux, Jr., MD, age 97, of the Nashville Academy of Medicine on Nov. 3, 2022.

Melvin Wayne DeWeese, MD, age 93, of the Memphis Medical Society on Sept. 27, 2022.

F. Hammond Cole, Jr., MD, age 78, of the Memphis Medical Society on Nov. 27, 2022.

Bobby Jerald Kelley, MD, age 88, of the Memphis Medical Society on Oct. 10, 2022.

W. T. Mathes, Jr., MD, age 102, of the Washington-Unicoi-Johnson County Medical Society on Sept. 18, 2022.

Howard Lee Salyer, MD, age 87, of the Nashville Academy of Medicine on Oct. 27, 2022.

Martin Coyle Shea, Jr., MD, age 92, of the Memphis Medical Society on Oct. 28, 2022.

James Franklin Stanford, MD, age 85, of the Memphis Medical Society on Sept. 11, 2022.

Dale Alexander Teague, MD, age 93, of the Knoxville Academy of Medicine on Oct. 1, 2022.

Donald Richard Walters, MD, age 81, of the Washington-Unicoi-Johnson County Medical Society on Sept. 17, 2022.

Phil Vernon Walters, MD, age 86, of the Washington-Unicoi-Johnson County Medical Society on Oct. 14, 2022.
TMA Board of Trustees October Meeting Summary

The TMA Board of Trustees convened in October in Nashville for its quarterly meeting. The following is a summary of discussions and actions taken. The next meeting of the Board is scheduled for Jan. 7.

- The Board voted to create a steering committee to direct the activities planned to cause change to the prior authorization practices by health insurance companies in Tennessee. Identified as significant issues impeding care to patients and increasing costs to practices, TMA hopes to reduce delays in care and the hassles of providing recurring services for patients.

- TMA will use a new voting software for its 2023 statewide and regional leadership elections. Information and credentials will be sent to the membership in January in preparation for the February elections.

- The Board approved a communications plan with information to educate members on proper procedures to confidentially report practices not adhering to the rules and regulations of collaboration agreements between physicians and allied health providers. This action is a result of TMA House of Delegates resolution No. 16-22.

- TMA’s legislative agenda for next session has been modified to add action to address the unintended consequences of the No Surprises Act regarding balance billing to patients by out-of-network providers. Many member groups have been targeted by large health insurance companies to amend current network contracts cutting reimbursement significantly or risk removal from networks. Other legislative priorities are efforts to preserve physicians’ ability to lead patient care and opposing unsafe scope of practice expansion by mid-level providers, prior authorization reform, physician wellness and making improvements to the state’s abortion “trigger” law.

- Approved a new strategic plan focused on expanding and improving Tennessee’s physician workforce, fortifying the association’s finances, and strengthening its advocacy program and results for the membership. Physician wellness and wellbeing will be a significant area of activity under the plan.

- The Board tentatively approved an operational budget for 2023.

- The Board continues to meet with various groups to learn more about programs and opportunities to decrease incidents of death and violence from improper firearms storage.

- November’s All Member Virtual meeting focused on the effect of the state’s abortion “trigger” law on patient care and addressed issues members have identified since the law’s implementation. Members may access a recording of the meeting at tnmmed.org/events. Resources including a law guide topic and FAQ are available at tnmmed.org/lawguide. Members may reach TMA’s legal department any time with questions at legal@tnmed.org or 615-385-2100.
Legal Briefs

Prior Authorization
When a physician communicates with an insurance plan or facility regarding additional information needed for a prior authorization, certain information must be communicated to the patient by the physician. Access our Law Guide topic, Prior Authorization: Communication to Patient Required, at tnmed.org/lawguide to understand the requirements.

CME Date Requirement for Licensure Renewal
Effective June 6, new rules change the time period licensees have to obtain CME before licensure renewal. Read our article for details at tinyurl.com/tmabmechange. The BME requirement includes a two-hour prescribing practices course with instruction in controlled substance prescribing and the treatment guidelines developed by the Department of Health on opioids, benzodiazepines, barbiturates and carisoprodol, and may include such other topics as medicine addiction, risk management tools and other topics.

TMA offers a proprietary, accredited proper prescribing two-hour course that meets all requirements for physicians and their prescribing staff. Learn more at tnmed.org/prescribing. Contact the TMA legal department at legal@tnmed.org with questions regarding CME compliance.

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Laws Effective Jan. 1
Several laws enacted by the 2022 General Assembly will become effective Jan. 1 and may be of special interest to physicians. Read our article summarizing these laws at tinyurl.com/tmanewlawsjanuary.

2015 Credentialing Law
For several years TMA advocated for passage of legislation to allow physicians going through the credentialing process to secure reimbursement for services provided during the process. Members should review TMA’s Credentialing Law (2015) guide and become aware of its nuances in order to take advantage of its benefits.

TMA’s Insurance Advocacy
TMA works on behalf of members to address insurance issues and assist physicians in navigating claims payment. TMA can help if you are experiencing a problem with coding, claim payment, denial, recoupment or other hassle with an insurer. Contact Tabitha Lara at tabitha.lara@tnmed.org or find resources at tnmed.org/insurance.

Healthy Workplace Act
The Healthy Workplace Act addresses immunity from liability for employers who adopt a workplace abusive conduct prevention policy. Access the Law Guide topic, Healthy Workplace Act, at tnmed.org/lawguide. This guide includes a link to a model policy created by the state of Tennessee.

Title Identification
Tennessee law requires a healthcare professional to display his or her license, post a sign at the building entrance, and communicate his or her license during every patient visit. Members may access the Law Guide topic, Title Identification – Communicating Credentials to Patients, at tnmed.org/lawguide to better understand the requirements.
Together, we go further. The practice of medicine is full of unforeseen challenges, and an experienced, proactive partner will help navigate them. As a premier provider of medical malpractice insurance, our in-house attorneys and unique array of tailored services are always at the ready to help you be prepared for what lies ahead.

Get a quote at www.svmic.com