

# FAMILY PHYSICIAN

An Official Publication of the Tennessee Academy of Family Physicians



## COME JOIN THE FUN!

ATTEND THE TNAFP'S 54TH ANNUAL  
SCIENTIFIC ASSEMBLY OCTOBER 29-  
NOVEMBER 1 IN GATLINBURG!

See page 4 & 5.



Permit No. 222

Lebanon Junction,  
KY 40150

**PAID**

U.S. POSTAGE  
PRSRV STD

Report on new PhRMA Code on Interactions with  
Healthcare Professionals – See Page 10

TennCare Policy on DEA Number Identification  
of Prescribers – See Page 3



**Department of  
Family Medicine  
University of Tennessee  
College of Medicine  
Erlanger Health System  
Chattanooga**



*Providing excellence in:*

**MEDICAL STUDENT EDUCATION**

**RESIDENCY TRAINING**

**STUDENT PROGRAMS:**

- Third- and fourth-year rotations available
- Furnished local apartment with cable and phone provided by the hospital
- Free food and covered parking while at the hospital

**SCHOLARLY ACTIVITY**

**CONTINUING MEDICAL EDUCATION:**

- Family Practice Update 2002, June 12-15 in Chattanooga during Riverbend Music Festival

**LOCATION:**

- Small city atmosphere with excellent dining, shopping and entertainment year round
- Nestled in the foothills of the Smoky Mountains on the Tennessee River offering a large variety of outdoor activities
- Only two hours from Knoxville, Atlanta, Birmingham and Nashville

For more information call Sharron Pinter at (800) 947-7823 Ext. 2957  
or visit [www.utcomchatt.org](http://www.utcomchatt.org)



### CO-EDITORS:

Michael Hartsell, M.D.  
*Greeneville*

Kim Howerton, M.D.  
*Savannah*

### OFFICERS:

#### PRESIDENT:

Michael Hartsell, M.D.

#### PRESIDENT-ELECT:

Timothy Linder, M.D.

#### VICE PRESIDENT:

J. Lynn Williams, M.D.

#### SECRETARY-TREASURER:

J. Chris Graves, M.D.

#### IMMEDIATE PAST PRESIDENT:

Donald H. Polk, D.O.

#### SPEAKER OF THE CONGRESS:

Charles Ball, M.D.

#### VICE SPEAKER OF THE CONGRESS:

William Mike Milam, M.D.

#### DELEGATES TO THE AAFP:

James D. King, M.D.  
J. Mack Worthington, M.D.

#### ALTERNATE DELEGATES TO THE AAFP:

Reid Blackwelder, M.D.  
Donald H. Polk, D.O.

EXECUTIVE DIRECTOR/  
MANAGING EDITOR:  
Cathy J. Dyer

Volume 13, Number 4  
© Copyright 2002

TENNESSEE FAMILY PHYSICIAN is published by Journal Communications, Inc., 361 Mallory Station Road, Suite 102, Franklin, TN 37067, for the Tennessee Academy of Family Physicians and its members. For information or advertising rates call (615) 771-0080 in Nashville or (800) 333-8842.

PLEASE SEND ADDRESS CHANGES TO:  
Tennessee Academy of Family Physicians  
4721 Trousdale Drive, Suite 202  
Nashville, Tennessee 37220

# President's Corner

## PULLING THE LOAD



Since last reflecting on the politics of our fair state, the legislature has handed down the holy grail of tax solutions- NOMI (never on my income). The elections have given us a number of apprentices to wedge among the surviving veterans of government process. Let's hope they have the gumption to resist learning the traits of obstructionists. We are glad to settle in for an autumn of school, UT football, and a normalcy from a year ago. We can focus on good news; the TAFP Board received the National Tar Wars Star Award in Washington DC this July. The Tar Wars Star Award recognizes individuals or organizations that have significantly contributed to the Tar Wars effort and recognizes their long-term efforts and unique accomplishments.

But remember that when things change in Nashville, things get interesting. Our license to practice medicine rides on 51 votes in the House and 17 in the Senate. "Everybody wants to practice medicine," was Representative (Doctor) Gene Caldwell's observation of the Health Sub-committee last spring. While our ability to be Family Physicians is not often on the line, others are pushing the boundaries of patient care. I am convinced that there is good reason to remain as vigilant and engaged as ever. The future for TAFP holds more involvement and is clearly focused on leadership for a primary care agenda. The TAFP has an active Legislative Committee, Legislative Counsel and Ad Hoc Working Groups that address the gamut of problems we face each year in Nashville. Your time is needed in legislative committee meetings, Doctor of the Day, lobbying your representative for the TAFP position, hosting and attending receptions for key candidates. TAFP is working with multiple groups that influence policy: Medicaid, TennCare, Board of Medical Examiners, Rural Health Association, Tennessee School Health Coalition and more. We share observers with the Tennessee Pediatric Society and the Tennessee Medical Association. The investment is more than dollars. We must invest the time of interested members who share the vision of Family Doctors serving in public life. We need to step up to the next level.

The time has come to measure up. We do not wish to be found wanting when compared to others in the house of medicine. We have the clear opportunity to shoulder a load along with that of other specialties. While our agenda will be decidedly primary care, there will be few if any major differences with our colleagues. What about the "Ugly Step Child Award" of the last issue? While it is patently obvious the defacto victor of the award reflects the most exorbitant injury, the near-sighted legislature gave away every last cent of tobacco settlement to the general fund and wins hands down.

The TAFP is deeply committed to family medical care for Tennesseans. Involvement in legislation and government will be necessary to develop the best in an evolving health care system in our state. TAFP will continue to work with our companion specialty societies and in concert with the Tennessee Medical Association. Family Doctors are brothers in the Family

*Continued on page 2*

continued from page 1

of Medicine who work for the good of the whole. Every doctor in the state pays when legislators do not appreciate fundamental distinctions between nurses, nurse practitioners, doctors, physician assistants, chiropractors, psychologists, acupuncturists, homeopaths, naturopaths and optometrists.

Our representatives are worn down by the grist of stronger political will from our competitors. Educational backgrounds, training, skills and long-term track records lose clarity in committee debate unless we are there willing to testify and reason with individuals one on one.

Lobbyists can do part of this but not all. We need to realize the necessity of direct physician participation in the legislative process. This is a critical time for the profession. Family Physicians who are committed to the specialty of Family Medicine must be there!

Michael Hartsell, M.D.,  
Greeneville  
*President*

## Volunteer Your Opinion

*What is your chosen  
specialty society and  
judge it's performance?*

*Doctors Mike Hartsell & Kim Howerton, co-editors of the 'Tennessee Family Physician', would appreciate your opinion on this question for publication in the next issue of the TAFP quarterly journal. Please send your responses no later than October 11th to the TAFP office in Nashville: by mail – 4721 Trousdale Drive, Suite 202, Nashville, TN 37220; by fax – 615-833-2677; by e-mail – Tenn\_afp@msn.com.*

# Members of the 2002 TAFP Congress of Delegates

*Speaker: Charles Ball, M.D., Mt. Pleasant*

*Vice Speaker: William Mike Milam, M.D., Tullahoma*

## DELEGATES:

## ALTERNATE DELEGATES:

### DISTRICT 1 (John Sevier Chapter)

Reid Blackwelder, M.D., Kingsport  
Janice Schweitzer, M.D., Johnson City  
-slot open-

Rebekah Cote, D.O., Gray  
Robert C. Diez d'Aux, M.D., Greeneville  
Jim Wilson, M.D., Johnson City

### DISTRICT 2 (Tennessee Valley Chapter)

Robert R. Casey, M.D., Oak Ridge  
R. Wesley Dean, M.D., Powell  
Charles E. Leonard, M.D.,

Jack C. Clark Jr., M.D., Knoxville  
Steven B. Masters, M.D., Knoxville  
TalbotHal Moncier, M.D., Knoxville

### DISTRICT 3 (Choo Choo Chapter)

Mary L. Bean, M.D., Chattanooga  
J. Chris Graves, M.D., Chattanooga  
John B. Standridge, M.D.,  
Signal Mountain

Deanna Duncan, M.D., Chattanooga  
Karl Miller, M.D., Chattanooga  
James J. O'Connell, III, M.D.,  
Chattanooga

### DISTRICT 4 (Tom Moore Chapter)

John R. Clough, M.D., Livingston  
Chet M. Gentry, M.D., Sparta  
Ty Webb, M.D., Sparta

Steven G. Flatt, M.D., Cookeville  
Tanya R. Grun, M.D., Livingston  
Thomas A. Jenkins, M.D., Cookeville

### DISTRICT 5 (Nathan Bedford Forrest Chapter)

Terry Scott Holder, M.D., Winchester  
Stephanie Gafford, M.D., Fayetteville  
J. Lynn Williams, M.D., Decherd

Walter Boyanton, M.D., Estill Springs  
William Mike Milam, M.D., Tullahoma  
—

### DISTRICT 6 (Andrew Jackson Chapter)

Michael R. Miller, D.O., Brentwood  
Rodger Wallace, M.D., Nashville  
B. Alan Wallstedt, M.D., Nashville

Kelley Avery, M.D., Nashville  
T. Michael Helton, M.D., Smyrna  
George Lanny Holmes, M.D., Nashville

### DISTRICT 7 (Nathan Bedford Forrest Chapter)

James C. Couch, M.D., Mt. Pleasant  
Shawn N. Gentry, M.D., Columbia  
Lang G. Smith, M.D., Columbia

Robert A. Bain, M.D., Mt. Pleasant  
Joe R. Fite, M.D., Pulaski  
Joseph S. Hensley, M.D., Hohenwald

### DISTRICT 8 (Forked Deer River Chapter)

Lee Carter, M.D., Huntingdon  
Gregg Mitchell, M.D., Jackson  
Kevin J. Wheatley, M.D., Jackson

Walter F. Fletcher, M.D., Lexington  
Micke Smith, M.D., Savannah  
Rosilin Wright, M.D., Selmer

### DISTRICT 9

James T. Batey, M.D., Union City  
Doreen Feldhouse, M.D., Dyersburg  
Susan S. Lowry, M.D., Martin

John B. Clendenin, M.D., Union City  
Lesa Edwards-Davidson, M.D., Greenfield  
John Hale, M.D., Union City

### DISTRICT 10 (Memphis Chapter)

Loren Crown, M.D., Covington  
Robert Kirkpatrick, M.D., Germantown  
Raymond Walker, M.D., Memphis

Janis Caruso, M.D., Germantown  
—

### DISTRICT 11 (Resident Chapter)

Brian McCarver, Memphis  
Gary Plant, M.D., Johnson City  
John D. Wilson, M.D., Chattanooga

Amylyn Lane Crawford, M.D., Kingsport  
Henry Lau, M.D., Powell  
Zachary Maxwell, M.D., Covington

# 2002 TNAFP Outstanding Student In Family Practice Awards

The Tennessee Academy each year presents an 'Outstanding Student in Family Practice' award to one recipient at each of the four medical schools in Tennessee. These medical students are nominated by their respective schools based on criteria developed by the TAFP Awards Committee. Students are evaluated on their demonstrated abilities and leadership, participation in school and community activities, academic standing, participation in TAFP and family practice activities. Each recipient must be a TAFP member in good standing and must be enrolled in a Family Practice Residency upon completion of medical school.

The TAFP extends sincere congratulations and best wishes to each of the following 2002 recipients:

**Gary Plant** - Graduate of East Tennessee State University James H. Quillen College of Medicine, Johnson City (Accelerated Resident at ETSU Bristol FP Residency)



J. Logan

**Teresa Ferguson** - Graduate of Meharry Medical College, Nashville (Meharry FP Residency, Nashville)

**Jason Logan** - Graduate of University of Tennessee College of Medicine, Memphis (In His Image FP Residency, Tulsa, OK)



R. Neblett

**Robert Sandy Neblett** - Graduate of Vanderbilt University School of Medicine, Nashville (FP Residency in Kansas)

## TAFP Tuesday Doctor of the Day

Thank you to the following TAFP members who served as the *TAFP Tuesday Doctor of the Day* at the Tennessee Legislature during 2002:

**Charles Ball, M.D.**, Mt. Pleasant

**Mary Bean, M.D.**, Chattanooga

**Jack Clark, Jr., M.D.**, Knoxville

**Amylyn Lane Crawford, M.D.**,  
Kingsport

**Robert Diez d'Aux, M.D.**,  
Greenville

**J. Chris Graves, M.D.**, Chattanooga

**Chad Griffin, M.D.**, Sparta

**Michael Hartsell, M.D.**,  
Greenville

**Scott Holder, M.D.**, Winchester

**Lane Johnson, M.D.**, Johnson City

**James D. King, M.D.**, Selmer

**Timothy Linder, M.D.**, Selmer

**Karl Miller, M.D.**, Chattanooga

**T. Allen Polk, M.D.**, Murfreesboro

**Thomas A. Smith, M.D.**,  
Winchester

**Alan Wallstedt, M.D.**, Nashville

**Ty Webb, M.D.**, Sparta

**J. Mack Worthington, M.D.**,  
Chattanooga

STATE OF TENNESSEE  
BUREAU OF TENNCARE  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
729 CHURCH STREET  
NASHVILLE, TENNESSEE 37247-6501

### Memorandum

DATE: July 5, 2002  
TO: All TennCare MCO Executives and Pharmacy Directors  
FROM: H. Leo Sullivan, TennCare  
RE: DEA Number Identification of Prescribers

As you know, as of July 1, 2002 all pharmacy claims in the TennCare program are required to include accurate DEA Prescriber Identification numbers. This includes all MCO pharmacy claims, all behavioral health pharmacy claims and all pharmacy claims for dual enrollees. There has been confusion among MCOs and the providers regarding the TennCare policy associated with this requirement. DEA numbers have always been required on the face of **controlled** drug prescriptions and there is no change to that policy. Prescribers are **not** required to place their DEA numbers on the face of all prescriptions, only those prescriptions for controlled drugs. The only change to TennCare policy is that all pharmacy providers must submit the prescriber's DEA number on all pharmacy claims.

In order to accurately identify prescribers on pharmacy claims, this uniform system has been implemented TennCare-wide. Accurate prescriber identification is essential to case management activities, disease management, outcomes research and even efforts to eliminate fraud and waste.

Currently, most commercial pharmacy benefit plans require the DEA number of prescribers on pharmacy claims to identify the prescriber and process the pharmacy claim. It is anticipated that the implementation of the Health Insurance Portability and Accountability Act (HIPAA) in the next two years will mandate uniform national prescriber identification numbers. Until that time, TennCare will require DEA numbers on all pharmacy claims and encounter records.

# Tennessee Academy of Family Physicians 54th Annual Scientific Assembly

OCTOBER 29-NOVEMBER 1, 2002- CONVENTION CENTER, GATLINBURG, TENNESSEE

Register for the TAFP's 2002 Annual Assembly now! We hope to see you in Gatlinburg the end of October!

If you have not received your assembly registration/program, please contact the TNAFP office.

## TUESDAY, OCTOBER 29:

- 8 a.m.-6 p.m. . . . . TAFP Physician and Exhibitor Registration Desks Open  
8:50 a.m.-10:05 a.m. . . . . TAFP Optional Workshop: Topic: The CIGNA Medicare Team: Medicare Issues for Physicians; An Interactive Discussion," Speaker: Eugene J. Winter, M.D., Nashville  
10:10 a.m.-11:25 a.m. . . . . TAFP Optional Workshop: Topic: "Compliance for the Physician Practice", Speaker: Jeffrey H. Tuck, R.N., J.D., Knoxville  
11:30 a.m.-12:45 p.m. . . . . TAFP Optional Workshop: Topic: "Experiences with E-Prescribing and Electronic Medical Record Selection", Speaker: Jeffrey W. Drinnen, M.D., Knoxville  
10 a.m.-12 noon . . . . . "LOSS PREVENTION SEMINAR" by State Volunteer Mutual Insurance  
12 noon-1 p.m. . . . . SVMIC Break  
1 p.m.-3 p.m. . . . . "LOSS PREVENTION SEMINAR" by State Volunteer Mutual Insurance  
3:30 p.m.-6:30 p.m. . . . . TAFP Congress of Delegates' Meeting  
6:30 p.m.-7:30 p.m. . . . . Casual Welcome Reception

## WEDNESDAY, OCTOBER 30:

- 7 a.m.-5 p.m. . . . . TAFP Physician and Exhibitor Registration Desks Open  
7 a.m.-7:45 a.m. . . . . Continental Breakfast  
7:45 a.m.-7:50 a.m. . . . . 'Welcome' – Michael Hartsell, M.D., TAFP President  
7:50 a.m.-8 a.m. . . . . 'Greetings from AAFP' – Warren Jones, M.D., 2002 AAFP President  
8 a.m.-8:45 a.m. . . . . Topic: "Athletes and Nutritional Supplements," Speaker: Val Gene Iven, M.D., Knoxville  
8:45 a.m.-9:30 a.m. . . . . Topic: "Five More Things I Wish I Knew Last Year", Speaker: Louis Kuritzky, M.D., Gainesville, FL  
9:30 a.m.-10:00 a.m. . . . . Break - Visit Exhibits  
10 a.m.-10:45 a.m. . . . . Topic: "Primary Care Issues in Management of Attention Deficit Hyperactivity Disorder", Speaker: Louis Kuritzky, M.D., Gainesville, FL  
10:45 a.m.-11 a.m. . . . . #1 Research Paper Presentation (From TN AFP Research Paper Competition)  
11 a.m.-11:45 a.m. . . . . Topic: "Acute Coronary Syndrome", Speaker: G. S. Scoville, Jr., M.D., Nashville  
11:45 a.m.-1 p.m. . . . . Lunch - Visit Exhibits  
1 p.m.-1:45 p.m. . . . . Topic: "Bipolar Disorders in Family Practice: Sources of Frustration-Opportunities for Success", Speaker: Sloan Manning, M.D., Memphis  
1:45 p.m.-2:30 p.m. . . . . Topic: "Interstitial Cystitis", Speaker: Eric R. Nicely, M.D., Knoxville  
2:30 p.m.-3:00 p.m. . . . . Break - Visit Exhibits  
3 p.m. to 3:45 p.m. . . . . Topic: "Overactive Bladder", Speaker: Eric R. Nicely, M.D., Knoxville  
3:45 p.m.-4:30 p.m. . . . . Topic: "Lessons from Obesity Genetics: Role of Dietary Calcium in Modulating Obesity Risk in Children", Speaker: Michael B. Zemel, Ph.D., Knoxville  
4:30 p.m.-4:45 p.m. . . . . #2 Research Paper Presentation (From TN AFP Research Paper Competition)  
4:45 p.m.-5 p.m. . . . . Announcements & Adjournment of Scientific Sessions for the Day  
6:30 p.m.-7:30 p.m. . . . . Wine & Cheese Reception  
7:30 p.m.-9:30 p.m. . . . . Annual President's Banquet

**THURSDAY, OCTOBER 31:**

- 7 a.m.-5 p.m. . . . . TAFP Physician and Exhibitor Registration Desks Open  
7 a.m.-8 a.m. . . . . Complimentary Breakfast  
7:30 a.m.-8:30 a.m. . . Annual Past Presidents' Breakfast  
8 a.m.-8:45 a.m. . . . . Topic: "Hypertension Treatment", Speaker:  
Elizabeth Ofili, M.D., M.P.H., F.A.C.C., Atlanta, GA  
8:45 a.m.-9:30 a.m. . . Topic: "Pap Smear Guidelines: Controversy and Debate",  
Speaker: Barbara S. Apgar, M.D., MS, Ann Arbor, MI  
9:30 a.m.-10 a.m. . . . Food/Beverage Break - Visit Exhibits  
10 a.m.-10:45 a.m. . . . Topic: "Congestive Heart Failure Treatment", Speaker:  
Elizabeth Ofili, M.D., M.P.H., F.A.C.C., Atlanta, GA  
10:45 a.m.-11 a.m. . . . #3 Research Paper Presentation (From TN AFP  
Research Paper Competition)  
11 a.m.-11:45 a.m. . . . Topic: "Dysfunctional Uterine Bleeding", Speaker:  
Barbara S. Apgar, M.D., MS, Ann Arbor, MI  
11:45 a.m.-1 p.m. . . . Lunch - Visit Exhibits  
1 p.m.-1:45 p.m. . . . . Topic: "Syndrome X: Stages and Treatment",  
Speaker: Karen M. Gilson, M.D., Cleveland  
1:45 p.m.-2:30 p.m. . . Topic: "Adolescent Health Issues", Speaker:  
Denzil Dean Patton, M.D., Greeneville, NC  
2:30 p.m.-2:45 p.m. . . Announcements & Adjournment of Scientific  
Sessions for the Day  
3 p.m. . . . . . . . . . Exhibit Hall Closed - Reopens at 5:30 p.m. for  
Halloween Trick-or-Treating  
3 p.m.-6 p.m. . . . . . Board of Directors' Meeting  
5:30 p.m.-8:30 p.m. . . Halloween Party/Dinner  
Booth Visitation for Goodies - 5:30 p.m. to 6:30 p.m.  
Dinner/Paid Registrant & Family Costume Contest -  
6:30 p.m. to 8:30 p.m.

**FRIDAY, NOVEMBER 1:**

- 7 a.m.-1:15 p.m. . . . . TAFP Physician and Exhibitor  
Registration Desks Open  
7 a.m.-8 a.m. . . . . . Complimentary Breakfast  
8 a.m.-8:45 a.m. . . . . Topic: "Colon Cancer", Speaker: Thomas Zuber,  
M.D., Atlanta, GA  
8:45 a.m.-9:30 a.m. . . Topic: "Hepatitis C Update", Speaker: Mark D.  
Anderson, M.D., Knoxville  
9:30 a.m.-10:15 a.m. . . Topic: "Lung Cancer", Speaker: Thomas Zuber, M.D.,  
Atlanta, GA  
10:15 a.m.-10:45 a.m. . . Food/Beverage Break - Visit Exhibits  
10:45 a.m.-11:30 a.m. . . Topic: "When Alzheimer's Type Dementia Strikes:  
Primary Care Options", Speaker: H. James  
Brownlee, Jr., M.D., Tampa, FL  
11:30 a.m.-12:15 p.m. . . Topic: "New Techniques in the Treatment of GERD",  
Speaker: Charles M. O'Conner, M.D., Knoxville  
12:15 p.m.-1 p.m. . . . Topic: "The Diagnosis and Treatment of Parkinson's  
Disease: A Family Practice Approach", Speaker:  
H. James Brownlee, Jr., M.D., Tampa, FL  
1:00 p.m. to 1:15 p.m. . . Final Adjournment of 2002 TNAFP Annual Assembly

**Slate of Nominees  
for 2003 Officers &  
Board of Directors**

- President-Elect* -  
J. LYNN WILLIAMS, M.D., Decherd  
*Vice President* -  
REID BLACKWELDER, M.D.,  
Kingsport  
*Secretary-Treasurer* -  
J. CHRIS GRAVES, M.D.,  
Chattanooga  
*Speaker of the Congress* -  
CHARLES BALL, M.D., Mt. Pleasant  
*Vice Speaker of the Congress* -  
WILLIAM MIKE MILAM, M.D.,  
Tullahoma  
*Delegate to A.A.F.P.* -  
JAMES D. KING, M.D., Selmer  
*Alternate Delegate to A.A.F.P.* -  
DONALD H. POLK, D.O.,  
Waynesboro  
*Director, District 2* -  
JACK CLARK, JR., M.D., Knoxville  
*Alternate Director, District 2* -  
WESLEY DEAN, M.D., Powell  
*Director, District 4* -  
TY WEBB, M.D., Sparta  
*Alternate Director, District 4* -  
STEVEN FLATT, M.D., Cookeville  
*Director, District 6* -  
B. ALAN WALLSTEDT, M.D.,  
Nashville  
*Alternate Director, District 6* -  
GEORGE 'LANNY' HOLMES, M.D.,  
Nashville  
*Director, District 8* -  
LEE CARTER, M.D., Huntingdon  
*Alternate Director, District 8* -  
GREGG MITCHELL, M.D., Jackson  
*Director, District 10* -  
ROBERT KIRKPATRICK, M.D.,  
Germantown  
*Alternate Director, District 10* -  
RAYMOND WALKER, M.D.,  
Memphis  
*\*Director & Alternate Director,  
District 11 (Resident)* -  
SHAWN-PAUL SOUTHWICK, D.O.,  
ETSU Johnson City  
JOHN D. WILSON, M.D., UT  
Chattanooga  
*\*Resident receiving majority of votes will serve  
as Director; Resident receiving 2nd majority of  
votes will serve as Alternate Director.*

Continued on page 7

## **BIDEX TABS**

GUAIFENESIN 1000 MG

## **BIDEX DM TABS**

GUAIFENESIN 800 MG  
DEXTROMETHORPHAN 30 MG

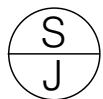
## **MEDENT LD TABS**

PSEUDOEPHEDRINE 60 MG  
GUAIFENESIN 800 MG

## **MEDENT DM TABS**

PSEUDOEPHEDRINE 60 MG  
GUAIFENESIN 800 MG  
DEXTROMETHORPHAN 30 MG

**B I D DOSAGE CONVENIENCE**  
**SCORED TABLET FOR TITRATION**  
**ECONOMICAL**



**Stewart-Jackson** Pharmacal Inc.  
Memphis, TN 38118

*Also available: Cardiotek, Difil G Tabs/Forte, Ezol, Notuss*

**NEW**

**NEW**

# **UTA CAPSULES**

## **URINARY TRACT ANTISEPTIC**

HYOSCYAMINE 0.12 MG  
METHENAMINE 120 MG  
METHYLENE BLUE 10 MG  
PHENYL SALICYLATE 36 MG  
SODIUM PHOSPHATE MONOBASIC 40.8 MG

**NEW**

**1 CAPSULE Q I D**

**NEW**

# Practice Opportunities

If you are looking for a partner or a practice location, send information by mail to: TAFP, 4721 Trousdale Drive, Suite 202, Nashville, TN 37220; or by fax to: 615-833-2677; or by email: [Tenn\\_afp@msn.com](mailto:Tenn_afp@msn.com). Information for practice opportunities will be accepted only from TAFP members and will be placed in the Tennessee Family Physician at no charge. Please include your name, address and/or telephone number and/or fax number since contact concerning opportunities will be made directly between interested parties and not through the TAFP. Information will be placed in four (4) editions unless the TAFP is notified otherwise. Deadline for the next issue (Winter 2002) is November 4.

• **Newport** – Beautiful East Tennessee. Immediate opening for FP/OB to join well-respected busy Christian FP/OB office. Comprehensive salary and benefit package available. Partnership track. Call is 1:4. Located at the foot of the Great Smoky Mountains National Park. Abundance of healthy recreational opportunities. Contact Thomas Conway, M.D.; 434 Fourth Street, Suite 310, Newport, TN 37821; or, email [tconway@bhset.org](mailto:tconway@bhset.org); or, Practice Manager, Karen at 423-623-0640.

• **Columbia** – Primary Care Practice is looking to

recruit a BE/BC Family Practice Physician to join a solo physician. The practice has a high percentage of private insurance, with a high percentage reimbursement rate. It is located 45 minutes south of Nashville off I-65 and within easy reach of an international airport. Columbia sits in beautiful country but is close to all amenities. The practice is within 2 minutes of a regional hospital with all the expected diagnostic equipment. Contact Bryn Jones at 931-490-0006; fax: 931-490-0042; email: [recruitment@pcpractice.com](mailto:recruitment@pcpractice.com).

• **Covington** – A dynamic Primary Care Practice is seeking to recruit a BC/BE Family Physician to join an established group. We offer comprehensive primary care services within our offices as well as inpatient services. We emphasize prevention and patient education by offering various educational programs for the community. The main clinic is located adjacent to a 100-bed hospital with a 24 hour staffed ER. A competitive compensation package including loan repayment is available. Covington is located approximately 1 hour north of Memphis, TN and 1 hour west of Jackson, TN. Contact: Teresa Newman at 901-475-9478; fax: 901-476-4783; email: [omcpcare@bellsouth.net](mailto:omcpcare@bellsouth.net).

## Recap of May 18, 2002 TAFP Board of Directors' Meeting

- Received report on recipients of the 2002 TAFP 'Outstanding Student in Family Practice Award' at each medical school.
- Approved the TAFP again providing the Tuesday Doctor of the Day to the State Legislature in 2003.
- Approved no change in 2003 Tennessee AFP Resident dues (\$12.50) and Student dues (-0-).
- Approved for submission to the 2002 AAFP Congress of Delegates a Resolution on "Unordered Unsupported Screening and Diagnostic Testing and Appropriate Referral for Screening by Physicians".
- Approved for submission to the 2002 AAFP Congress of Delegates a Resolution on "Use of Tobacco Settlement Funds".
- Received request from Doctor Chet Gentry, who serves on the Board for the Rural Health Association of Tennessee, that TAFP members consider becoming members of RHAT. Applications are available from the TAFP office in Nashville.
- Discussed a possible ACLS Course being held during the 2002 TAFP Annual Assembly, with the matter being referred to the TAFP Executive Committee.
- Reviewed a request from the TAFP Legislative Counsel for additional funds for 2002 for additional legislative work on behalf of the TAFP, with the request being referred to the TAFP Executive Committee.

If you would like additional information on any of the above items, please contact the TAFP office in Nashville.

## Slate - continued from page 5

Alternate Student Board Representative –  
Student Board Representative –  
EDDIE TURNER, UT-Memphis  
PATRICIA CONNER, ETSU-  
Jonesborough

NEW SLOTTED SEATS FOR  
WOMEN, MINORITIES AND  
NEW PHYSICIANS  
(in practice less than 7-years) –  
(Approved by 2001 TN AFP  
Congress of Delegates)

Director, Women –  
DOREEN FELDHOUSE, M.D.,  
Dyersburg

Alternate Director, Women –  
JANELLE SIMPSON, M.D.,  
Chattanooga

Director, Minorities –  
GRISSELLE FIGUEREDO-CARDE-  
NAS, M.D., Germantown

Alternate Director, Minorities –  
ROSILIN WRIGHT, M.D., Selmer

Director, New Physicians –  
KIM HOWERTON, M.D.,  
Savannah

Alternate Director, New Physicians –  
DONALD ZIEGLER, M.D., Hixson

# Tennessee's Appropriate Antibiotic Use Campaign

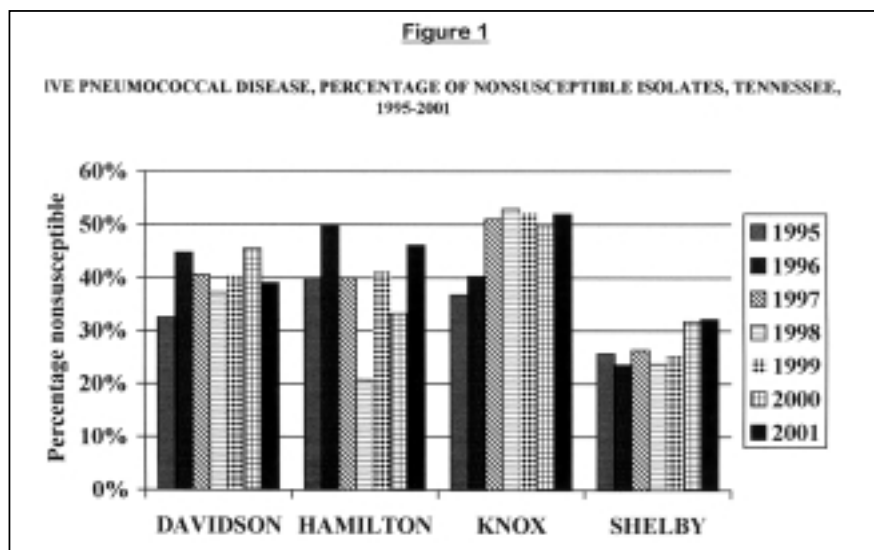
We are well into the 21st century and the reality of a "post antimicrobial" era looms in the future.<sup>1</sup> Will the treatments that were once coined "wonder drugs" lose their effect before their time?

The National Foundation for Infectious Diseases has identified antibiotic resistance and emerging infections to be the most critical problems in infectious disease control.<sup>2</sup> Increased use of antibiotics has been linked to an increase in drug resistant organisms, and has led to the use of more toxic and expensive drugs.<sup>3</sup> In the past decade, the prevalence of antibiotic-resistant pneumococci has increased considerably. In the 1980's

almost all *Streptococcus pneumoniae* infections were treated effectively with penicillin. However, today in some areas of the United States, one-quarter to one-third of invasive *Streptococcus pneumoniae* are nonsusceptible (resistant and intermediate) to penicillin.<sup>4</sup> Many studies have demonstrated a link between infection with resistant *Streptococcus pneumoniae* and recent antibiotic use.<sup>5</sup> Individuals whose infections are caused by a resistant bacterium are at risk for antibiotic treatment failures, particularly for serious infections.<sup>3</sup>

The relationship between antibiotic use and resistance is a particularly important issue in Tennessee. In 2000, Tennessee's utilization rates for penicillin, cephalosporins and trimethoprim-sulfamethoxazole were over 20% higher than the national average.<sup>6</sup> Strains of *S. pneumoniae* isolated from invasive infections have demonstrated a high rate (39%) of penicillin nonsusceptibility in Tennessee compared to other states in the Centers for Disease Control and Prevention's (CDC) Active Bacterial Core Surveillance. In 2001, Knox County and Davidson County reported particularly high rates of penicillin nonsusceptibility, 52% and 47% respectively (Brenda Barnes, Tennessee's ABC's program manager, personal communication). Figure 1 shows the percentage of nonsusceptible invasive *S. pneumoniae* isolates by county in the four major metropolitan areas of Tennessee.

What are the factors that lead to inappropriate antibiotic use? The main issues discussed throughout the literature are parents' lack of knowledge of appropriate antibiotic use, parental demand for antibiotics and the physicians' concerns regarding time and patient satisfaction.<sup>7</sup> Many parents do not fully understand that antibiotics are only effective against bacterial infections. A study conducted by



Trepka and colleagues reported that approximately 50% of parents felt that an antibiotic was needed when their child was diagnosed with influenza or a common cold.<sup>8</sup> Interviews with physicians suggest that they often feel pressured by their patients (or parents of their patients) to provide antibiotics.<sup>9</sup> However, two recent studies suggest that patient satisfaction is not predicted by receipt of antibiotics.<sup>10,11</sup> Since many parents do not understand appropriate antibiotic use or the risks of antibiotic resistance, and physicians have a high perception of parents expecting antibiotics, it is important that community-based interventions seek to educate both parents and physicians about the importance of appropriate antibiotic use.<sup>5</sup>

In the spring of 2002 the Tennessee Department of Health created Tennessee's Appropriate Antibiotic Use Campaign. The campaign's mission is to reduce inappropriate antibiotic use and the spread of antibiotic-resistant bacteria that cause many upper respiratory illnesses through state and local partnerships. To help facilitate the campaign, two appropriate antibiotic use coalitions have been established in Davidson and Knox Counties. It is the goal of each coalition to further educate parents of young children (< 5 years) and physicians about the importance of appropriate antibiotic use through educational materials, presentations and mass media.

Another component of Tennessee's Appropriate Antibiotic Use Campaign is to encourage the use of the pneumococcal conjugate vaccine (PCV-7/ Prevnar) in young children. This vaccine is recommended for all children under two years of age and for children age 2-5 with high-risk medical conditions. Unfortunately supplies of PCV-7 are extremely limited. Until the supply of PCV-7 improves, priority should be given to children under age

1 year and to children age 1-5 years with chronic medical conditions. Since pneumococcal vaccines prevent invasive disease caused by both susceptible and nonsusceptible strains, it is critical that their utilization be increased.

It is imperative that the public, especially parents, and clinicians are fully educated about the risks of inappropriate antibiotic use. Increasing antimicrobial resistance rates threaten commonly used treatment regimens. Since antibiotic use drives resistance, it is critical that antibiotics be used only when necessary. Physicians need to provide leadership in their local communities if this effort is to be a success. Likewise, it is important that the public understands the risks of taking antibiotics inappropriately and communicates with their healthcare providers about this issue. It is hoped that antibiotic resistance rates will decrease in Tennessee as we work together to decrease antibiotic use.

If you are interested in learning more about the Tennessee Appropriate Antibiotic Use Campaign, please contact Katie Garman at 615-741-7247 or [katie.garman@state.tn.us](mailto:katie.garman@state.tn.us).

Katie N. Garman, M.P.H., C.H.E.S. and  
Allen S. Craig, M.D.  
*Tennessee Department of Health*

Portions of this article are reprinted with permission from Tennessee Medicine, vol 95, no 5, 2002. Copyright 2002, Tennessee Medical Association

<sup>1</sup>Cohen, ML. *Epidemiology of drug resistance: Implications for a post-antimicrobial era.* Science 1992;257:1050-1055.

<sup>2</sup>The National Foundation for Infectious Diseases. *Biological terrorist attacks, antimicrobial resistance are growing global threats.* Double Helix 1998;23:4.

<sup>3</sup>McCraig LF, Hughes JM. *Trends in antimicrobial drug prescribing among office-based physicians in the United States.* JAMA 1995;273:214-219.

<sup>4</sup>Whitney CG, Farley MM, Hadler J, et al. *Increasing prevalence of multidrug-resistant Streptococcus Pneumoniae in the United States.* N Engl J Med 2000;343:1917-1924.

<sup>5</sup>Belongia EA, Sullivan BJ, Chyou PH, Madagame E, Reed KD, Schwartz B. *A community intervention trial to promote judicious antibiotic use and reduce penicillin-resistant Streptococcus pneumoniae carriage in children.* Pediatrics 2001;108:575-583.

<sup>6</sup>Novartis Pharmacy Benefit Report: 2001 Facts and Figures. Emigh RC, editor. East Hanover, NJ; Novartis Pharmaceuticals Corp., 2001.

<sup>7</sup>Bauchner H, Osganian S, Smith K, Triant R. *Improving parent knowledge about antibiotics: A video intervention.* Pediatrics 2001;108:845-850.

<sup>8</sup>Trepka MJ, Belongia EA, Chyou PH, Davis JP, Schwartz B. *The effect of a community intervention trial on parental knowledge and awareness of antibiotic resistance and appropriate antibiotic use in children.* Pediatrics 2001;107:1-7.

<sup>9</sup>Dowell SF, Marcy SM, Phillips WR, Gerber MA, Schwartz B. *Principles of judicious use of antibiotics for pediatric upper respiratory tract infections.* Pediatrics 1998;101:163-165.

<sup>10</sup>Mangione-Smith R, McGlynn EA, Elliott MN, Krogstad P, Brook RH. *The relationship between perceived parental expectations and pediatrician antimicrobial prescribing behaviors.* Pediatrics 1999;103:711-718.

<sup>11</sup>Hamm RM, Hicks RJ, Bemben DA. *Antibiotics and respiratory infections: are patients more satisfied when expectations are met?* J Fam Pract 1996; 43:56-62.

## The Department of Emergency Medicine at the Brody School of Medicine

The Department of Emergency Medicine at the Brody School of Medicine at East Carolina University has several opportunities for emergency, primary care and urgent care physicians. We are recruiting physicians for an urgent care-like facility, called MedDirect in Greenville, NC; and physicians to staff the emergency department at Roanoke-Chowan Hospital in Ahoskie, NC. We encourage you to visit our Web site at [www.ecu.edu/emed](http://www.ecu.edu/emed) to learn more about our department.

### *MedDirect*

We have an immediate opening for an urgent care physician at the rank of clinical assistant professor or above, depending upon the candidate's qualifications. This individual will work full time staffing an urgent care-like facility, called MedDirect, operating as an extension of the Emergency Department on the medical center campus. This facility sees over 15,000 patients per year. The job entails rotating shifts and working closely with other EM faculty and resident physicians. Pitt County Memorial Hospital is a 740-bed Level I trauma center, with 55,000 ED visits per year. Compensation is competitive and commensurate with qualifications; an excellent fringe benefits program is provided. Screening begins immediately and will remain open until filled. This is an excellent opportunity to join a rapidly growing emergency department in the coastal plains of eastern North Carolina.

### *Roanoke-Chowan Hospital in Ahoskie*

The newly constructed ED at Roanoke-Chowan Hospital opened in September 2001 and sees about 17,000 patients per year, with a 30% admission rate. There will be single physician coverage, complemented by a physician extender on the weekends. There is a diverse medical staff covering most major specialties and providing excellent back up for this 124-bed hospital, providing care to 39,000 people in the region. We are recruiting for a Medical Director, an EMS physician, and two-to-three staff physicians. Preference will be given to physicians with emergency medicine residency training or ABEM/AOBEM certification, but primary care board certification also acceptable. The physicians will have faculty appointments with the Department of Emergency Medicine at the Brody School of Medicine in Greenville.

The group staffing the ED at Roanoke-Chowan Hospital will function as an independent unit within the department. Ahoskie is in the northeast quadrant of NC, near the border with Virginia and the beautiful Albemarle Sound. It is a relaxed and very family oriented community, located two hours from the coast and four hours from Washington, DC.

Whichever location you are interested in, both offer compensation that is competitive and commensurate with qualifications; an excellent fringe benefits program is provided. Screening begins immediately and will remain open until filled.

*Please submit letter of interest and curriculum vitae to:*

Nicholas Benson, MD, MBA

Professor and Chair

Department of Emergency Medicine • The Brody School of Medicine at East Carolina University

600 Moye Boulevard • Greenville, NC 27858-4354

Phone: 252-816-4757 • Fax: 252-816-5014

ECU is an EEO/AA employer and accommodates individuals with disabilities. Applicants must comply with the Immigration Reform and Control Act. Proper documentation of identity and employability required at the time of employment. Current references must be provided upon request.

# New PhRMA Code on Interactions with Healthcare Professionals

*These remarks are included to inform our members of changes in the relationship between the pharmaceutical industry and the practicing physician.*

The new PhRMA code appears to have implications for individual physicians, for chapters, and for the national organization. AAFP will be involved in following and communicating around ethical relationships between physicians and industry.

The PhRMA code went into effect July 1, 2002. It may take a while for companies to “settle out” into policy and procedures of internal enforcement. To avoid the appearance of collusion, each company will need to enforce its own policies and procedures. It will also take a while for physicians to learn about the PhRMA code, as well as the AMA national campaign directed to physicians. Therefore

there is likely to be some confusion in the marketplace in the short run.

We applaud industry for taking their part in the partnership for ethical relationships. AAFP is part of the AMA convened national campaign to educate physicians about the ethical issues involved in gifts to physicians.

Gone are “dine and dash”, “tree and flee”, gifts of golf, etc., all of which have been highlighted by the media and tarnished the professionalism of physicians. Gone also, however, are corporate donations to charitable golf events where the physician pays not only expenses, but often contributes a charitable contribution as well.

The PhRMA Code is a very important issue, as it affects gifts to physicians from the company perspective. It has at least one very controversial inclusion: #5 Speaker Training Meetings, wherein it

identifies trained physician members of speakers bureaus as paid agents of the company, hence no longer fully independent. This could have major national implications for planning CME programs, and will be discussed by the Accreditation Council on Continuing Medical Education (ACCME) this summer and fall, by the AMA this fall and winter, and by the AAFP COCME in January.

The remainder of the PhRMA code is complementary to the AMA CEJA Ethical Opinion on Gifts to Physicians from Industry, sometimes even more stringent.

Norman Kahn, M.D.  
*Vice President, Science and Education, American Academy of Family Physicians*

*(Copies of the new PhRMA Code are available from the TN AFP office in Nashville.)*

## Leaders on the Move – Information For Members

- Congratulations to Michael (Mickey) McAdoo, M.D. of Milan, upon his installation as the 148th President of the Tennessee Medical Association. Doctor McAdoo was TAFP President in 1994.
- Congratulations to the Family Medicine Student Interest Group at ETSU James H. Quillen College of Medicine and TAFP Student Member Danny Lewis, for being named as one of the ten recipients of the AAFP's 2002 Program of Excellence Awards.
- Congratulations to Jennifer McCord, TAFP Student Member at ETSU, for receiving one of the AAFP's Family Medicine Interest Group Leadership Awards for 2002.
- Visit the AAFP's HIPPA home page at [www.aafp.org/hippa/](http://www.aafp.org/hippa/) for HIPPA materials which include an implementation section, a list of expert resources and answers to frequently asked questions about HIPPA regulations.
- Congratulations to TAFP student member, Danny Lewis (ETSU) upon being elected the National Family Medicine Interest Group Coordinator at the AAFP's 2002 National Conference of Family Practice Residents & Student Members in July.
- The Tennessee Department of Children's Services (DCS) has updated its internet magazine, 'Kidbits'. The magazine is available at: [www.state.tn.us/youth/dcsinfo/news.htm](http://www.state.tn.us/youth/dcsinfo/news.htm). 'Kidbits' informs the public about ongoing efforts toward reform and provides uplifting information about people whose lives have been changed by the field staff at DCS.
- The AAFP Foundation has announced it's new enhanced Health Education Program at [www.aafpfoundation.org](http://www.aafpfoundation.org). The website can be easily searched by text, topic, format, grade level and available translations. The database is a free service available to any interested health care professional in print, on disk or online.

# Legislative Report

July 4, 2002. As America celebrated Independence Day, the Tennessee General Assembly finally brought its 2002 legislative session to an end. After four years of wrestling with the state budget and the adequacy of its funding mechanism, the legislature returned to an old friend – the sales tax – to raise the necessary funds to balance the 2002/2003 fiscal year budget. An effort to enact an income tax, led by Speaker Jimmy Naifeh, D-Covington, fell short of the 50 votes necessary for passage in the House of Representatives.

Solutions to the budget problem have not come easily. As we have reported in the past, the legislature, early on, divided itself into three camps, each representing roughly 1/3 of the membership. Camp #1 advocated for an income tax to replace the sales tax as the primary means of funding the state budget; Camp #2 preferred an increase in the sales tax to fund increasing needs; Camp #3 resisted any new taxes and called for deep spending cuts. In the end, Senator Jerry Cooper, D-Smartt Station, together with Senator Bill Clabough, R-Maryville, and Representative Charles Curtiss, D-Sparta, cobbled together a plan which includes an array of business tax increases anchored by a one-cent increase in the sales tax.

The Cooper plan emerged as the legislature entered the first week of July, the beginning of the new fiscal year. The plan was endorsed – quietly – by most lobbying groups as the best means possible to break the gridlock, balance the budget and bring the session to an end. Once Speaker Naifeh declared before the House that he lacked the votes necessary to enact the income tax, a majority quickly coalesced around the Cooper plan. Both chambers adopted it on Wednesday, July 3.

The revenue bill includes an increase in the privilege tax paid by professionals, including physicians. This annual tax, which applies to physicians, attorneys, accountants, lobbyists and others, increases from \$200 to \$400. Although this impacts TAFP members negatively, it is preferable to the more draconian alternatives, principally the extension of the sales tax to professional services.

Following the adjournment of the 102nd General Assembly, legislators quickly turned their attention to primary elections on August 1. While many incumbents did not face opposition within their own political parties, an unusual number of primary battles were waged. Long time Senator Curtis Person, R-Memphis, faces opposition in the November general election for the first time in many years. In the House, several Republicans faced primary battles, including Ralph Cole, R-Elizabethton, Zane Whitson, R-Unicoi, Joe Kent, R-Memphis, and Bobby Wood and Chris Clem

from Chattanooga. Prominent Democrats who faced primary opposition included Joe Armstrong, D-Knoxville, Chair of the House Health Committee, Brenda Turner, D-Chattanooga, John White, D-Lawrenceburg and Paul Phelan, D-Trenton.



The TAFP encourages all of its members to participate actively in legislative races. Our personal participation in the campaigns of legislators makes all the difference when the TAFP seeks legislative action on issues of concern. We hope you will make yourself known in the campaign of your favorite candidates. There is no substitute for a legislator having a relationship with a family physician in his or her district when legislative battles arise during the General Assembly.

Finally, the TAFP Legislative Committee this summer and fall is undertaking an effort to initiate a dialogue with allied health groups seeking expanded scope of practice. Initially, we are reaching out to the chiropractors and the nurses. It is our hope that a proactive dialogue may head off potentially expensive and protracted legislative battles in the future. At the very least we will have a greater understanding of positions taken by these allied professionals. Similarly, they will understand family physicians better and the positions we take on issues of mutual concern.

Thank you for your continued support.

Gif Thornton, Nashville  
TAFP Legislative Counsel

## *Proposed Admendment to the TAFP Constitution & Bylaws Consideration By the 2002 TAFP Congress of Delegates*

*TO AMEND THE BYLAWS of the Tennessee Academy of Family Physicians in Chapter VI, Section 1 (B) by adding a new section as follows and renumbering the current Sections 1 (B) through Section 1 (F) to Sections 1 (C) through Sections 1 (G):*

Section 1 (B). Officers and Board Members, other than the Resident and Student Board Members, must be Active members. All Officers and Board Members must be members in good standing at the time of their election and at all times during their term(s) of office.

## Insurance ... One of Our Biggest Headaches

**"N**ot medically necessary" or "service not covered under the plan"... How many times have we heard these statements? Probably we hear some variation several times per week. Furthermore, they usually mean that we must complete even more paperwork or that we will not be paid for the care that we have provided. Insurance companies have become one of our biggest headaches and one of the primary reasons that physician morale continues to decline.

Recently several of us were recounting examples of the hoops that we must jump through to provide good patient care. One physician stated that an insurance company would not pay for a

colonoscopy for a patient with a history of rectal bleeding until he had a flexible sigmoidoscopy. Another physician stated that a carrier would not pay for an annual visit coded as V70.0 but would pay for one coded as V72.3. One doctor voiced a feeling that all of us have probably felt before it was the patient's responsibility to know her "covered services." However, how could a patient know the difference between a V70.0 and V72.3 annual exam?

Now, I can empathize with that patient. Prior to my delivery, I called my insurance carrier to verify participating physicians and to confirm that newborn care was covered under my plan. The patient representative assured

me that my physician was in the PPO and newborn care was included.

However now that the EOB's are arriving, I am sure that the representative and I were talking about two different plans. Nursery care is included in my global and only ONE newborn exam is covered. Another representative told me that the discharge exam was not necessary despite the fact that Grace had hyperbilirubinemia. Furthermore, my doctor is in the PPO for some services but not for others and my epidural is covered at "multi" percent. I wish a patient representative could explain that to me! Do insurance companies even understand their contracts or have they intentionally created these self-serving obstacles?

Despite being a physician, I am utterly confused and frustrated. Our patients must be even more confused. How do they maneuver through the maze? I bet that they do not question the EOB's or they become so confused that they just pay the bill. Either way, as family physicians we must help our patients get the services that they pay for each month.

We must encourage them to scrutinize their EOB's and hound the insurance companies until they get a clear explanation. After all, we are not veterinarians, our patients are not mice, and health insurance should not be a maze!

Kim Howerton, M.D., Savannah  
Co-Editor



## Classified

**Emergency Coverage Corporation,** a Team Health affiliate, has full- and part-time Emergency Department opportunities in **Dayton, Fayetteville, LaFollette, Morristown, Onieda, Rogersville, Tazewell, and Union City, Tennessee.** Seeking physicians who are BC/BE in FP or IM or BC/BP in EM and who will reside in the community they serve. ED experience with ATLS and ACLS certifications required. We provide paid professional liability insurance, flexible scheduling and competitive compensation. To learn how you can have more quality family or personal time, call Ann Lane at (800) 577-7707 or e-mail [ann\\_lane@teamhealth.com](mailto:ann_lane@teamhealth.com). Sorry, no Visa sponsorships available.

## Clinical Question of the Quarter

*What role does clinical research play in the survival and/or growth of Family Medicine as a specialty?*

Doctors Mike Hartsell & Kim Howerton, co-editors of the 'Tennessee Family Physician', would appreciate your opinion on this question for publication in the next issue of the TAFP quarterly journal. Please send your responses no later than October 11th to the TAFP office in Nashville: by mail – 4721 Trousdale Drive, Suite 202, Nashville, TN 37220; by fax – 615-833-2677; by email – [Tenn\\_afp@msn.com](mailto:Tenn_afp@msn.com).

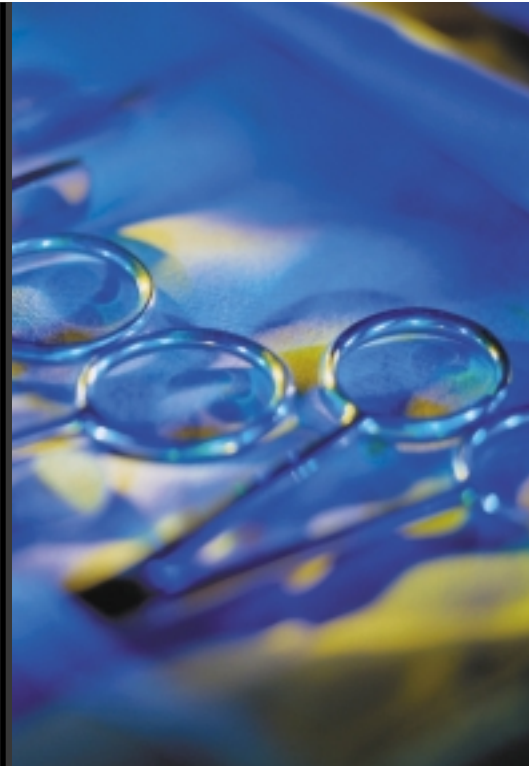
*If your patient has lung cancer,  
turn to the region's  
leading thoracic surgery center.*

*Lung cancer treated by surgery in the early stages has a 70% survival rate. If you have a patient who's been diagnosed with lung cancer, it's important that they get a timely evaluation by the most experienced surgeons.*

*At the Vanderbilt Center for Lung and Thoracic Disease, our thoracic surgeons have committed themselves to the practice of diseases of the chest – and perform a higher percentage of thoracic surgeries than any other Middle Tennessee hospital. Maybe that's why in the last five years Vanderbilt has become one of the fastest growing thoracic programs – not just in Nashville, but in the Southeast.*

*Treating lung cancer isn't easy. Turn to the hospital that beat the national survival average, the Vanderbilt Center for Lung and Thoracic Disease. We're working to improve the lung cancer survival rate in Middle Tennessee.*

**Vanderbilt Ingram Cancer**




VANDERBILT CENTER  
FOR LUNG AND  
THORACIC DISEASE

615-322-0064  
TOLL FREE:  
1-886-372-4378

[www.mc.vanderbilt.edu/cltd](http://www.mc.vanderbilt.edu/cltd)





*You never know when your fitness will be challenged.*

**S**adly, no physician can ever afford to truly relax. Vigilance and readiness are as much a part of a physician's lot in life as med school or the Hippocratic oath. With 25 years of experience in medical malpractice insurance, no one can help you to hone your reflexes, or prepare for the rigors of medical malpractice litigation, like SVMIC. Our unrivaled risk management programs can provide you with the tools and instincts to help you avoid situations that could end up in court. And in the event someone should decide to test your fitness level, you won't find a better friend in court than us.

After a quarter century of preparedness, we're not about to go soft now.

For more information, contact Randy Meador or Susan Decareaux • P.O. Box 1065 Brentwood, TN 37024-1065  
e-mail: [svmic@svmic.com](mailto:svmic@svmic.com) • Web Site: [www.svmic.com](http://www.svmic.com) • 1-800-342-2239 • (615) 377-1999 • SVMIC is exclusively endorsed by the Tennessee Medical Association and its 50 component societies.



State Volunteer  
Mutual Insurance  
Company

