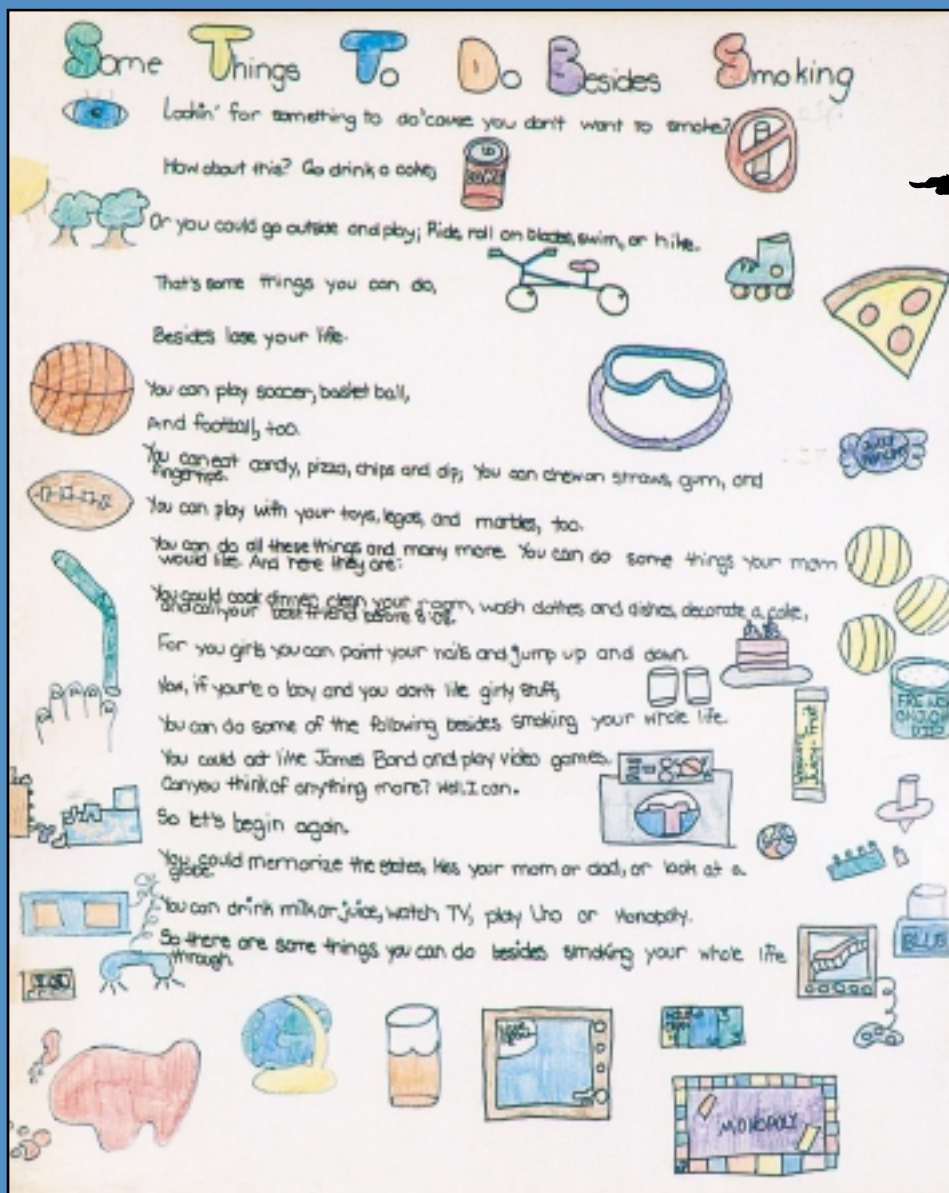


# FAMILY PHYSICIAN

An Official Publication of the Tennessee Academy of Family Physicians



**Tar Wars**

1st Place  
Winning  
Poster

of the 2002  
Tennessee State Tar  
Wars Poster Contest  
— Jessica Steele of  
Henderson. See  
page 4 for coverage  
of the Tennessee  
Tar Wars Program  
and 2002 Poster  
Contest.

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Mark your calendar to attend the TAFP's 54th Annual Scientific Assembly in Gatlinburg on October 29-November 1. See page 9.

See page 11 for new MCO-BHO Cooperative Report.



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# President's Corner

## Airtime



**A**irtime is that special place in a seat on Delta or US Airlines out of East Tennessee or Atlanta or Charlotte where I have the luxury of two uninterrupted hours to compose my thoughts. So I'm imprisoned for the TAFP somewhere over the midwestern United States – here is what I've got this quarter...

TAR WARS – you had to be there watching on March 3 at the 2002 Tennessee Tar Wars State Poster Contest: 100 parents and kids milling around the conference center anticipating good things. They were snacking on hors d'oeuvres, chatting with other participants, watching a slide show of an actual TAR WARS classroom experience, and, in general, having fun for a positive pro-health issue. Every child was formally introduced and recognized beside his/her poster. Winners were picked by a distinguished panel of judges (more on that later). Think about the impact of what our Academy is doing with this issue – we are touching lives, making our presence known, and delivering interventional primary care “organization style”. This tobacco issue is the showcase for our commitment to reduce and eliminate childhood, teenage, and young adult exposure and addiction to tobacco.

Events like TAR WARS get the TAFP recognized. (Cathy Dyer is beginning to regret how successful these connections are becoming.) Tar Wars has brought representatives of CHART (Campaign for a Healthy and Responsible Tennessee), Smoke Free Nashville, Tennessee School Health Coalition, Kick Butts Day, Asthma Coalition, Tennessee Department of Health's Appropriate Antibiotic Use Coalition, Childhood Obesity Project, and the School Nurses Association to the TAFP's door. We are looking to involve the TAFP with groups and individuals who share primary care ideas and issues. Your leadership is finding “White Hat” issues to seize the agenda in Nashville from disparate groups who would work to erode the role of Family Medicine in our communities.

The TAFP expresses its appreciation for participation in the Tar Wars contest and our recent Legislative Seminar to Senator Marsha Blackburn of Brentwood, Senator Rosalind Kurita of Clarksville, Senator Larry Trail of Murfreesboro, and Representative Steve McDaniel of Lexington. Thanks to Representative Gene Caldwell, M.D. of Clinton for an outstanding presentation on how to impact the legislative process. Representative Ken Givens, and his wife, Connie Givens, of Rogersville, deserve mention again for receiving the Distinguished Service Award from the TAFP last October, and for continuing insistence that tobacco settlement funds need to be used for just that! We will miss Ken and Gene next year due to their retirement from the Tennessee Legislature. Keep in mind that substantial bailout from the legislature will alter the face of next year's class. The burnout factor is taking a toll.

A new partnership between the National Tar Wars Program and Schering/Key has afforded the TAFP and Tennessee Tar Wars program opportunities in expanding the Tar Wars program in Tennessee. Tennessee

*Continued on page 2*

was the 'test state' for the Schering/Key School Allergy and Asthma Training Conferences, which included time on each program for a Tennessee Tar Wars presentation. I sincerely thank the following TAFP members for representing the TAFP and Tennessee Tar Wars at the Schering/Key School Allergy and Asthma Training Conferences: Nashville-Charles Ball, M.D.; Knoxville-Jack Clark, Jr., M.D.; Memphis-Michael Cockrell, M.D.; Jackson-Lee Carter, M.D. I attended the Conference in Kingsport.

The Annual Leadership Forum (ALF) just concluded in Kansas City. Chris Graves, M.D. got his introduction to Academy style leadership. He was joined by Tim Linder, M.D. (TAFP President-elect), Jim King, M.D. (TAFP Delegate to AAFP), and me, in addition to Cathy Dyer and Ramona Dabbs of our TAFP staff. ALF provides the chance to hone skills on presentations, persuasion, politics, medical economic forces, and collegial interaction. Each year the TAFP invests in our leadership by sending representatives to listen, learn and connect with fellow FP officers and staff.

Speaking of editors doing a bang up job; get a look at the Oklahoma State Medical Journal. J. Michael Pontious, M.D., has grabbed the OK bull by the horns and is forging a FP agenda. How many family doctors are editors of state medical association journals? Check out his editorial for the March 2002 issue at: [http://www.okmed.org/dynamic\\_pages/dynamic\\_pageview.asp?ident=362602881](http://www.okmed.org/dynamic_pages/dynamic_pageview.asp?ident=362602881). The entire March 2002 issue of the Oklahoma State Medical Association Journal is on tobacco. I've only seen one other issue of a state medical journal dedicated to tobacco. (If you know of others let me know by e-mail: [xtn.net.\) The December 1983 issue of the New York State Medical Journal was Editor Alan Blum, M.D.'s wake up call to doctors that we were in the big leagues of Madison Avenue politics. "The World Cigarette Pandemic" was the theme of that issue. Alan is now professor at University of Alabama in Tuscaloosa – he's also a family doctor. Do you remember the last JAMA issue devoted to tobacco? <sup>1</sup>](mailto:hartsell@</a></p></div><div data-bbox=)

The nominations for the "Ugly Step-Child Award" for Tennessee remain open. In the running is the entire state legislature for squandering the tobacco settlement dollars on the "black hole" of general fund. Close behind is the Tennessee Medical Association lobbyist who became so befuddled in his explanation of differential diagnosis in a Committee meeting of the Tennessee Legislature that

the Chair took the advice of the polished Chiropractic presenters and voted the bill out of Committee to allow Chiropractors to order laboratory work. TMA members of our group would do well to consider what our dues are bringing us in this organization. For a long time, I have felt that we're all better to present a unified front and stand with all specialties in the practice of medicine. Politics is just a dirty business and we're getting a whipping right now because we're seen as uncooperative and coalition insensitive. Nominations for the award will remain open for the remainder of the summer and fall. Stay tuned – as of press time we still don't have a state budget. Hope springs eternal; after all I'm a VOL. Michael Hartsell, M.D.,  
Greeneville  
President

<sup>1</sup> JAMA, December 11, 1991

## Call for Resolutions for 2002 TAFP Congress of Delegates

Please note the following deadlines for submission of Resolutions to be presented to the 2002 TAFP Congress of Delegates:

Deadline for receipt of Resolutions for publication in the Fall (assembly) issue of the TAFP quarterly journal-July 15.

Deadline for receipt of Resolutions for reproduction and inclusion in the Delegates' kits-September 15.

If a Resolution is not received in writing by the TAFP office in Nashville prior to September 15, any member of the TAFP may present IN WRITING at the opening of the TAFP Congress of Delegates' meeting on October 29, any Resolution pertinent to the objectives of the TAFP. Resolutions presented from the floor of the Congress should be in triplicate form, with one copy to the TAFP Speaker, one copy to the TAFP Executive Director and one copy retained by the presenter.

### Important Resolution Writing Tips:

**"Whereas" clauses explain the problem and/or situation.**

**"Resolved" clauses must be written to stand alone.**

**Only "Resolved" clauses are subject to adoption, meaning that whatever action is called for in the Resolution must be clearly stated in the "Resolved" portion of the Resolution.**

# *The Match: What did it really mean for Family Practice?*

One of the most highly debated issues of early 2002 thus far in Family Practice has been "The Match." By the time this article is published, the fervor surrounding this issue may have died down somewhat; however, let me revisit it one more time.

On the surface, several positives and negatives can be made from the numbers. One positive is that the percentage of students matching into Family Practice rose approximately three percent to 79.0%. However, a negative is that only 47.4% of these positions were filled by U.S. Seniors, a decrease of approximately two percent from 2001. While there is optimism that the downward trend in the overall Match numbers for Family Practice has ended, there is still much concern being made of the declining number of U.S. Seniors, and of the fact that, overall, Family Practice matched less students this year than last (2,357 in 2002, as compared to 2,363 in 2001 - the percentage increase comes from the overall decrease in FP positions offered). A little closer look at the numbers may allay some of these fears. (For your own use, see the complete list of 2002 Match results at <http://www.aafp.org/match/>).

Family Practice as a whole is thriving. The American Academy of Family Physicians remains the largest primary care organization in the country. Overall, Family Physicians make up approximately 25% of the total MDs in the country and account for one out of every two office visits made. More people see Family Physicians to manage hypertension, coronary artery disease, and cerebrovascular disease than any other specialty. And, more importantly, Family Physicians are

where the people are. If we were to remove all Internal Medicine, OB/GYN, and Pediatrics physicians from across the country, 7.7% of the country would become Primary Care Health Professional Shortage Areas (PCHPSAs); if we were to remove only the Family Physicians, 58% of the country would meet the requirements for PCHPSA qualification.<sup>1</sup>

While Family Practice residency positions may have filled in the Match at an overall rate of 79%, 2,357 students entered Family Practice residencies. In comparison, only 2,218 students entered Pediatrics, while 1,067 students entered into OB/GYN residencies. Overall, Internal Medicine matched approximately 6,600 students; however, many of these students fragment off into specialty and subspecialty categories. If you remove the students entering categorical Internal Medicine residencies, leaving those beginning Preliminary, IM/Peds, or Primary Care residencies, 2,224 students remain. More students are entering and remaining in Family Practice than in any other specialty. As a matter of fact, 96.3% of all FP positions available for 2001 were filled by July 2001; look for this trend to continue this year as well.

Family Practice in Tennessee is doing quite well. The East South Central Region (Kentucky, Alabama, Tennessee, and Mississippi) reported an FP match rate of 71.5% for the 2002 year, a decrease from 2001's 71.6% in 2001. However, Tennessee's percentage rose from 71.2% in 2001 to 75.5% in 2002. This 2002 percentage was the second highest in the region; with Tennessee filling 37 seats overall. Also, our percentage was higher than many other

neighboring states, including Arkansas, South Carolina, Virginia, and West Virginia. East Tennessee State University filled 21 of 23 FP positions offered in the Match, with the other two spots filling shortly after.

Overall, the future of Family Medicine is secure. Let me assure you, these issues are being studied by both the American Academy of Family Physicians and Family Practice Resident and Medical Student Organizations. As a regional coordinator for the AAFP, I've heard inspiring discussions on improving our specialty. For those of you coming to Kansas City this fall for the National Conference for Medical Students and Residents, don't miss the Town Hall meeting being held on Thursday, August 1, 2002 at 1:00 p.m. We will discuss the Future of Family Medicine project, a campaign of the AAFP launching in August 2003. Feel free to contact your student leaders in the AAFP. Christie Laming of North Carolina is currently serving as the FMIG Network Regional Coordinator for the Mid-Southern region (TN, KY, NC, SC); she can be reached at [medfencer@aol.com](mailto:medfencer@aol.com). And, although I'm serving the Mid-Atlantic Region (VA, WV, MD, Washington, D.C., and Uniformed Services), please feel free to contact me at [bookworm@preferred.com](mailto:bookworm@preferred.com). We both would love to hear from you!

Danny Lewis, M2  
Quillen College of Medicine,  
East Tennessee State University  
*2002 AAFP FMIG Network Mid-Atlantic Regional Coordinator*

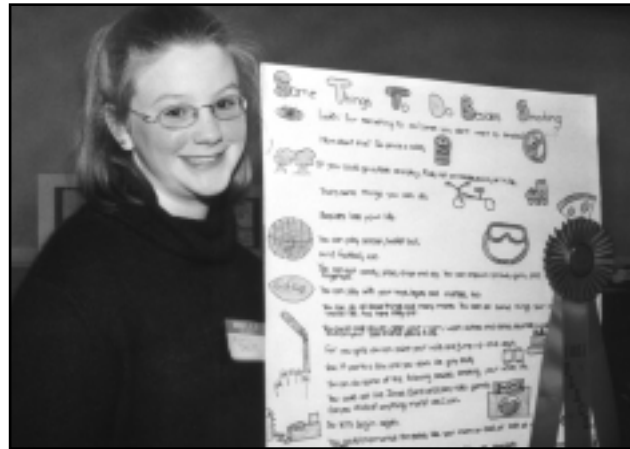
<sup>1</sup> Erika Bliss, "The Future of Family Medicine and American Healthcare," presented at the American Academy of Family Physicians Winter Cluster, January 19, 2002, Savannah, GA

# 2002 Tennessee Tar Wars Poster Contest

**T**ar Wars is a national pro-health tobacco-free education program and poster contest for fifth graders to discourage tobacco use among youth. The program uses a community based approach and provides an opportunity for health care professionals, school personnel and community members to work toward a common goal of discouraging youth tobacco usage.

The Tar Wars program was launched in 1988 by Jeffrey Cain, M.D., a Family Practice Resident in Denver at the time and a member of Doctors Ought to Care (DOC), and Glenna Pember, a health educator at the Hall of Life, a division of the Denver Museum of Natural History, as a project to prevent adolescent tobacco addiction and to help fifth graders understand the methods being employed to persuade them to use tobacco products. In 1993 the American Academy of Family Physicians endorsed Tar Wars as a national program, and in 1995 to expand the Tar Wars program a national board was formed with formal non-profit status being granted. In 1997 the AAFP signed a license agreement with the National Tar Wars program to operate the program for the next four years, with the program continuing to grow and succeed. In June 2000 the AAFP purchased the Tar Wars program and the Academy will continue to own and operate the program.

In 1999 the Tennessee AAFP Board of Directors, under the leadership of President, J. Mack Worthington, M.D., voted to take on Tar Wars as a TAFP project. As Executive Director of the TAFP, and through Doctor Worthington's recommendation to the National Tar Wars program, I became the



*At left: 1st place – Jessica Steele, Henderson*

*Below: 2nd place – Robby Brown of McMinnville*

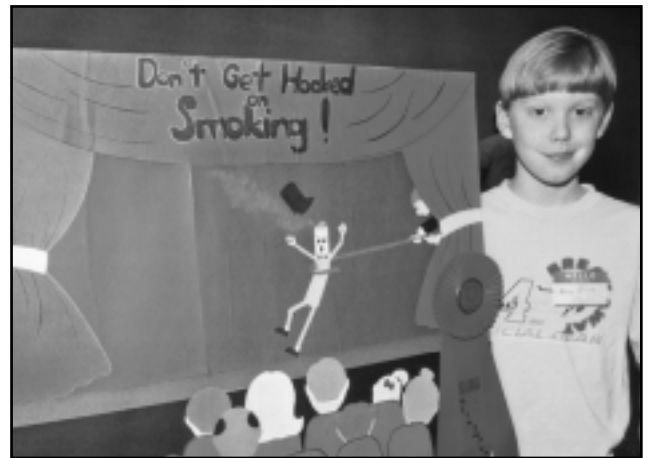
*Top Right: 3rd place – Rebecca Bearden of Adamsville*

State Coordinator for the Tar Wars Program in Tennessee.

Tennessee's 4th Annual Tar Wars Poster Contest was held in Nashville on Sunday, March 3, the day following the TAFP's Annual Legislative Seminar. The Tar Wars posters were displayed on Saturday during the Legislative Seminar for viewing by legislators and governmental officials participating at the Seminar.

*We sincerely thank our Judges for the 2002 Poster Contest: Snowbird, weather animal from WSMV-TV here in Nashville; Robert Catlin, Smoke Free Nashville; Senator Marsha Blackburn, Brentwood; Dawn Stultz, BlueCross BlueShield of Tennessee; Connie Givens, Director of Tennessee Coordinated School Health; and, Anne Hollingsworth, Vanderbilt University Medical Center.*

*We also thank the following who were kind enough to provide support for the 2002 Poster Contest: Geo. E. Fern Co.; BlueCross BlueShield of Tennessee Community Trust; Lang Smith; M.D.; and, Vanderbilt*



*University Medical Center.*

**Winners of the 2002 Tennessee Tar Wars Posters Contest are: 1st place-Jessica Steele, Henderson; 2nd place-Robby Brown, McMinnville; 3rd place-Rebecca Bearden, Adamsville; 4th place-Amber McClary, New Johnsonville; 5th place-Lauren Colbert, Henderson; and, Honorable Mentions were: Loren Lester, Lascassas; Gina Milliken, Waverly; Lauren Rutherford, Estill Springs; Patrick Wells, Greeneville; and, Macy Whitaker, Ramer.**

Jessica Steele's poster on the front cover of this issue of the Tennessee Family Physicians has been entered into the National Tar Wars Poster Contest in

*Continued on page 5*

Washington D.C. on July 21-23. As first place poster winner, Jessica and one of her parents receive an expense paid trip to the National



Contest courtesy of the Tennessee Academy of Family Physicians and Tennessee AFP Foundation. We wish Jessica the best of luck!

We're looking for Tennessee Volunteers to teach the Tar Wars curriculum in their local 4th and 5th grade classrooms during the 2002-2003 academic year. If you're interested, please contact me. It only takes a hour of your time to teach one Tar Wars class! The curriculum is outlined and ready for you to step-in and guide a class through exercises and illustrations that make the point. Please consider becoming involved in this anti-tobacco education effort targeting Tennessee's 4th and 5th graders.

Cathy Dyer, Coordinator  
*Tennessee Tar Wars*

## *Recap of March 3, 2002 Board of Directors' Meeting*

- ❖ Approved TAFP President co-signing with TMA Board Chair, letter concerning the Board of Licensing health Care Facilities proposed changes in the definition of "Physicians Office" and "Ambulatory Surgical Treatment" (*Copies of letter available from TAFP office.*)
- ❖ Approved 2002 Operating Budget.
- ❖ Approved grant in support of the 2002 Youth Tobacco Summit in April at MTSU in Murfreesboro.
- ❖ Reconfirmed Board policy on TAFP mailing TAFP component chapter meeting notices.
- ❖ Approved TAFP membership in the Tennessee School Health Coalition.
- ❖ Approved Board policy that TAFP members must register for a CME program and pay the appropriate registration fee(s) to be eligible to participate in social functions or any portion of a TAFP CME activity.
- ❖ Approved Board policy on speaker handouts for CME programs.
- ❖ Received report from Don Polk, D.O., on the TennCare Center of Excellence.
- ❖ Approved recommendations from the Speaker and Vice Speaker of the TAFP Congress for enforcement of the Bylaw Amendments #1-#2-#3-#5 as adopted by the 2001 TAFP Congress of Delegates (amendments reviewed in previous issues of this journal).

## *Historical Note – Tar Wars*

Tar Wars went national in 1993 with the support and encouragement of the American Academy of Family Physicians. This program started in the apartment of a third year family practice resident over twenty-five years ago. He developed a program with Resident housestaff of an inner city Miami hospital. Doctor Alan Blum brought the idea of Doctors Ought to Care (DOC) to the NCFPR in 1978. He spoke and motivated many of us to respond to the tobacco industry's pervasive advertising message. Organizing and maintaining the interest of busy clinicians in training is no small feat. Alan Blum, M.D. went on to rally hundreds of FP residents and medical students in the next decade under the DOC banner. How he was able to muster such a following among medical professionals is testament to his personal style of direct and aggressive confrontation. Public enemy #1 was tobacco but it would be another decade before those words would

leave a politician's lips in Washington (Senator Edward Kennedy, 1989). Student activists of the 60's who finished medical schools in the 70's knew how to deal with a giant like tobacco. After all, they had dealt with Vietnam, Nixon, and the military. Big tobacco was just another bully on the block begging to be undressed in the public light of day. Alan made it fun and invigorating to learn these new skills.

The premise of DOC was to expose youth and children to a pro health message. The means of delivery were Family Doctors in schools, churches, public arenas, print media, and radio. Family physicians were encouraged to set the health agenda and counter that of advertising for alcohol and tobacco (<http://www.bcm.tmc.edu/doc/>). Soon school programs expanded into pro health messages on sex education, drug use prevention, and healthy life styles. Family Physicians were encouraged to

*Continued on page 6*

“Butt In Where it Counts”<sup>1</sup> and take patient education to a new level of active confrontation with the irony of advertising deadly products in our daily lives. But the movement was always distinguished by an irreverent counter culture attitude of humor, confrontation with the truth, and intolerance of deception. In essence DOC took on the advertising industry and Madison Avenue. The ridicule started with parody of advertisements; DOC used the same methods to deliver a tobacco free message that kids liked. Humor was contagious and hooked many a future organizer and leader to the message that tobacco kills and was killing thousands. But, Alan went further because he was driven to do so.

Alan’s father was a Chesterfield smoking general practitioner in Long Island, New York. Leon Blum, MD realized the insane connection of cigarettes to sport and inspired his son to begin a collection of print and radio ads of sports heroes hawking every brand of smokes<sup>2</sup>. From his childhood to maturity, Alan has remained focused on the single most deadly influence on the health of Americans, tobacco. He has been relentless in the pursuit of the money trail beginning at the dissolution of the American Tobacco Co. monopoly in 1911 into R.J. Reynolds, Lorillard, Liggett and Myers, and American Tobacco. He profiled the industry into market share, brands, advertising themes, sponsorships and promotions. He’s the only physician I’ve ever known that reads Advertising Age. He kept a frightful speaking schedule in those early days often presenting three times a week an different parts of the country on a postage stamp budget that never exceeded \$17,000 in 1980<sup>3</sup>. He travel to New Zealand, Australia, Germany, Canada, Brazil, and had countless

contacts on every continent.

DOC ruffled many a feather including many in the Academy. This came at the same time pressure was mounting on the AMA to divest itself of tobacco related stock<sup>4</sup>. Sentiment for the AAFP to do the same was an undercurrent. The power of the message, however, garnered the attention of then Surgeon General C. Everett Koop and founder and medical statesman Alton Ochsner, MD, the Centers for Disease Control, health departments at local and state levels, AMSA and AAMC. Chapters were formed in 30 states. Leaders of DOC made many trips to Family Medicine Interest Groups and residency program grand rounds to present the novel educational approach to young people. When the tobacco free message emerged as a Tar Wars Program with standard validated curriculum, the AAFP quickly adopted it in recognition of the past heritage with DOC (<http://www.tarwars.org/x811.xml>). The rest of the history on Tar Wars is public on the AAFP web site (<http://www.tarwars.org/curriculum.xml>) or from the published materials in our Academy office in Nashville.

DOC’s agenda remained more than tobacco. Patient education on teenage sexuality, sexually transmitted disease, alcohol and drug use, and other behaviors were part of a comprehensive program to motivate healthy lifestyles through humor and interaction. DOC is a family practice legacy. Resident and student pressure on our AAFP played a pivotal role in the foundation of this national program. The roots are entwined in the AAFP’s National Conference of Family Practice Residents and Medical Students (known as NCFPRMS) held each August in Kansas City. DOC has since cooled in the face of monumental changes in the practice of

medicine and the maturation of its leaders. A family practice resident (Jeffery Cain, MD) developed the Tar Wars Program in Colorado that gained strong support of the education establishment and underwent validation crucial for uniform application. The tradition of resident leadership continues.

Alan doesn’t get the credit he’s due. I know his personality and have watched him at a distance over two decades; Doctor Blum is on a mission to take out the tobacco industry that robbed him of his father at too early an age from vascular heart disease. Alan’s dogged determination lead him through the Morris Fishbein Fellowship at the AMA and editorships with the Australian Medical Journal and the New York State Medical Journal. He has taken on Uncle Sam, Santa Claus, Congress, The New York Times, Madison Avenue, and the brewing industry. Mind you, he often did this all in the same week! His association with Alton Ochsner, M.D. convinced this icon of medicine to deliver a major address to the 1980 AAFP Scientific Assembly in New Orleans one year before his death. As Professor of Family Medicine at the University of Alabama at Tuscaloosa, he is an accomplished artist and sketches patients during interviews while they tell him the stories of their lives. He made a difference in my life by example and dedication to purpose. I hope that my memory serves me adequately.

Mike Hartsell, M.D., Co-Editor  
*Greeneville*

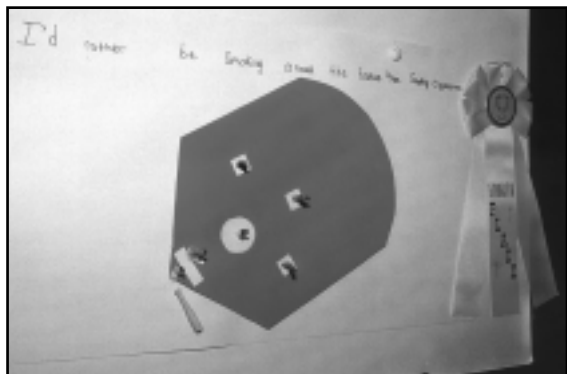
<sup>1</sup> “Butting In Where it Counts,” Alan Blum, MD, *Hospital Physician*, vol.16 (4), April 1980, p.22-35.

<sup>2</sup> “Dr. Alan Blum Uses Confrontational Tactics in Battle Against Tobacco,” *Physician Financial News*, October 15, 1992, p 24-25.

<sup>3</sup> Personal notes from DOC minutes, Friday August 28, 1981, Kansas City, Missouri.

<sup>4</sup> “AMA Cuts Budget...and Throws Up a Tobacco Smoke Screen,” *The New Physician*, July/August 1981, P. 16-17

# Congratulations to our additional Tar Wars Poster Winners



**Above, left:** 4th place  
– Amber McClary of  
New Johnsonville



**Above, right:** 5th place –  
Lauren Colbert of Henderson

**At right:** Honorable  
Mention – Loren  
Lester of Lascassas



**Below:** Honorable  
Mention – Gina  
Milliken of Waverly



**At right:**  
Honorable Mention  
– Macy Whitaker  
of Ramer



**Above:** Honorable Mention – Lauren  
Rutherford of Estill Springs

**At left:** Honorable Mention – Patrick Wells  
of Greenville





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# Tennessee Academy of Family Physicians 54th Annual Scientific Assembly Program

October 29-November 1, 2002 • Convention Center, Gatlinburg, Tennessee

Watch your mail the first of July for a registration program brochure. We hope to have you with us in Gatlinburg October 29-November 1 for the 54th Annual Assembly of the TAFP!

'Thank-you' to Jack Clark, Jr., M.D., Knoxville, for his untiring work as 2002 TAFP Assembly Program Chair.

## TUESDAY, OCTOBER 29

- "Cigna Medicare Team: Medicare Issues for Physicians; An Interactive Discussion" - Eugene J. Winter, M.D.,
- "Compliance for the Physician Practice" - Jeffrey H. Tuck, R.N., J.D.
- "Experiences With E-Prescribing and Electronic Medical Record Selection" - Jeffrey W. Drinnen, M.D.
- "Advanced Cardiac Life Support-Part I & II" - Wesley Dean, M.D.

## WEDNESDAY, OCTOBER 30

- "Athletes and Nutritional Supplements" - Val Gene Iven, M.D.
- "Five More Things I Wish I Knew Last Year" - Louis Kuritzky, M.D.
- "Primary Care Issues In Management of Attention Deficit Hyperactivity Disorder" - Louis Kuritzky, M.D.
- "Acute Coronary Syndrome" - G. S. Scoville, Jr., M.D.
- "Bipolar Disorders in Family Practice: Sources of Frustration-Opportunities for Success" - Sloan Manning, M.D.
- "Interstitial Cystitis" - Eric R. Nicely, M.D.
- "Overactive Bladder" - Eric R. Nicely, M.D.
- "Lessons From Obesity Genetics: Role of Dietary Calcium in Modulating Obesity Risk in Children" - Michael B. Zemel, PH.D.

## THURSDAY, OCTOBER 31

- "Hypertension Treatment" - Elizabeth Ofili, M.D., M.P.H., F.A.C.C.
- "Pap Smear Guidelines: Controversy and Debate" - Barbara S. Apgar, M.D., MS
- "Congestive Heart Failure Treatment" - Elizabeth Ofili, M.D., M.P.H., F.A.C.C.
- "Dysfunctional Uterine Bleeding" - Barbara S. Apgar, M.D., MS
- "Syndrome X: Stages and Treatment" - Karen M. Gilson, M.D.
- "Adolescent Health Issues" - Denzil Dean Patton, M.D.
- "Advanced Cardiac Life Support-Part III" - Wesley Dean, M.D.

## FRIDAY, NOVEMBER 1

- "Colon Cancer" - Thomas Zuber, M.D.
- "Hepatitis C Update" - Mark D. Anderson, M.D.
- "Lung Cancer" - Thomas Zuber, M.D.
- "When Alzheimer's Type Dementia Strikes: Primary Care Options" - H. James Brownlee, Jr., M.D.
- "New Techniques in the Treatment of Gerd" - Charles M. O'Conner, M.D.
- "The Diagnosis and Treatment of Parkinson's Disease: a Family Practice Approach" - H. James Brownlee, Jr., M.D.

## Call For Constitution & Bylaws Amendments

Pursuant to Article X, Section 2, of the TAFP Constitution & Bylaws, "An amendment to the Constitution & Bylaws may be proposed by any regularly appointed committee of this Academy or by any five (5) or more members. The proposal must be submitted to the Executive Director of the Academy no less than 100 days prior to the meeting in which the proposal is to be considered. Notice of such proposed amendments to be made available to members of the Academy by the Executive

Director at least 30 days before the meeting at which such proposed amendments are to be acted upon. Publication of proposed amendments in the official publication of the Academy shall be sufficient to constitute notice thereof to the members."

Deadline for receipt of proposed amendments by the TAFP office is July 15, 2002. Proposed amendments received will be published in the Fall 2002 (assembly issue) journal.

## RHAT'S 8th Annual Conference

The Rural Health Association of Tennessee (RHAT) Annual Conference will be held at the Park Vista Hotel, Gatlinburg, November 20-22, 2002. Medical Topics will be offered for Family Physicians on Wednesday, November 20, from 8:00 am to 12:00 noon. During the conference there will be a wide variety of sessions dealing with topics as Menopause, Domestic Violence, Men's Health, Bioterrorism, Dealing with Death, Loss of Independence in Later Life, Tars Wars, Hispanic Population's Health Needs, Anger in Children, Stress Relief and others that will be geared for both physicians and lay people. Contact the RHAT office at 615-227-7070 or rhat@rhat.org for further information.

## FROM THE TAFP LEGISLATIVE CHAIR ...

This was a stormy legislative session for the Tennessee Academy of Family Physicians. Family Practice emerged in a reasonably good position. Thanks go, in no small part, to our skillful and accomplished legislative counsel, Gif Thornton. The chiropractors were able to slip a small bill through, but this was more due to inaction by the Tennessee Medical Association as opposed to something we over-looked.

The Doctor of the Day program is one of our resounding successes. Many thanks to all who provided support this year. Next year I would like to get residents and students more involved and active in the program as well.

Several challenges lie ahead. This summer will require more effort on behalf of the TAFP leadership AND membership to get our grassroots

political action initiated. Many of you will be contacted to help and I hope many more will volunteer. The reality of politics dictates that we either get involved in elections or suffer the inability to have any say in future legislative action. Financial support of candidates is always appreciated, but helping with campaigns in any way is also useful. Definitely be sure to vote as well, if you wish to voice your opinion.

As this session winds to a close, I wish to thank Cathy for her usual superior performance, Gif for his guidance and skillful handling, Mike Hartsell for his leadership and presence, Charles Ball for his assistance and all of you who have given your valuable time to this extremely important aspect of medicine.

Tim Linder, M.D., Selmer  
*Legislative Chair*

## 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. Sorry, no Visa sponsorships available.

## 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 (Fall 'assembly issue' 2002) is July 26.

• **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).

# MCO and BHO Cooperative

In a remarkable cooperative event, the MCO's and BHO's came to the table with Representative Gene Caldwell, M.D., TennCare and Medicaid officials, two Family Physicians and one Pediatrician. The issue on the table is the behavioral elephant that has been standing beside us while we care for TennCare enrollees who are seen for behavioral problems and psychiatric illnesses/conditions. We knew we weren't getting paid for services carved out to BHO's. The MCO's denied those claims as not their responsibility. We have responded by hammering out an agreement that hopefully will become effected by force of regulation beginning July 1, 2002: "The MCO shall train and/or instruct its credentialed PCPs to submit all behavioral health procedures codes when performed while treating all behavioral health diagnosis to the MCO for payment. Because of this payment arrangement, this Coordination Agreement will not require the MCO credentialed PCPs to obtain prior authorization for the behavioral health visits for each enrollee. The MCO/BHO Coordination Agreement will be modified to show that claim payment responsibilities will be driven by PCP affiliation and not the service

type." This arrangement will "allow/encourage the MCO to train and/or instruct their PCPs to refer clients to the BHO at any time for treatment of behavioral health issues. It shall also assure active coordination between primary health care and mental health/substance abuse care, including case management and continuity of care services."

"The BHO shall support the MCO and all of its providers in their delivery of behavioral health services to all TennCare members by, but not limited to, providing advice, consultation, and assistance in coordinating the delivery of behavioral health services. Coordinating the delivery of behavioral health services to TennCare members is the primary responsibility of the BHO. To ensure such coordination, the BHO shall identify a staff member to serve as lead for coordination of services with each MCO and shall notify the respective MCOs of the name, title, telephone number and other means of communicating with that coordinator. Each MCO shall be responsible for communicating that information to all of its providers, including PCPs. With respect to specific member services, including transfer of responsibility

for services from the PCP to the BHO, resolution to problems shall be carried out between the PCP (or MCO representative) and the BHO coordinator. Should systemic issues arise, the MCO and the BHO agree to meet and resolve these issues. In the event that such issues cannot be resolved, the MCO and the BHO shall meet with TDMHDD and TennCare to reach final resolution of matters involved."

**This means beginning July 1, 2002 you will effectively become a credentialed provider for your BHO by virtue of your affiliation with any regional MCO. That means that you can now bill for those behavioral and psychiatric codes formerly rejected by the MCO's and expect payment according to standard terms of your contracts. While this looks like a finished product, I will assure you that work is in progress and your help in keeping us aware of issues will be of great help. Peter Sybinski, Ph.D. or I would be interested in problems or challenges to effecting this initiative. He can be reached at 615-532-3661, or contact me at: hartsell@xtn.net.**

Michael Hartsell, M.D.,  
President, Greeneville

## CLINICAL QUESTION OF THE QUARTER:

***If you have ever been the recipient of healthcare, how was your experience as a patient (i.e., medical, social, financial, family perspective)?***

Doctors Mike Hartsell and 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 July 26th to the TAFP office in Nashville: by mail – 4721 Trousdale Drive, Suite 202, Nashville, TN 37220; by fax – 615-833-2677; or by email – tenn\_afp@msn.com.

**NEW**

**NEW**

# UTA CAPSULES

**URINARY TRACT ANTISEPTIC**

HYOSCYAMINE 0.12 MG

METHENAMINE 120 MG

METHYLENE BLUE 10 MG

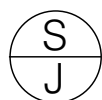
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SODIUM PHOSPHATE MONOBASIC 40.8 MG

1 CAPSULE Q I D

**NEW**

**NEW**



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Memphis, TN 38118

*Also available: Ridex, Bidex DM,  
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# Legislative Report

As this issue of the 'Tennessee Family Physician' goes to press, the state legislature is winding down its 2002 legislative session. Almost all issues unrelated to the budget were resolved before the end of April. Unfortunately, the budget crisis remains unresolved. It is likely that the 2002 legislative session, for the third straight year, will extend into June.

The TAFP has had a very successful year at the Tennessee General Assembly. We were deeply involved in numerous legislative battles concerning scope of practice. Serious efforts were undertaken this year by psychologists, nurses, chiropractors, physician's assistants, dentists, optometrists, podiatrists and surgical technologists.

Most intense was the battle with the nurses. The Tennessee Nurses Association, together with the nurse anesthetists, brought sweeping legislation calling for independent practice and broader prescriptive authority, among other things. The TAFP, together with the TMA and other medical specialty societies, fought against the elimination of physician supervision. With the leadership of President Michael Hartsell, M.D. and Legislative Chair Timothy Linder, M.D., many TAFP members made personal calls to their legislators, as well as the members of the Senate and House Health Committees. Doctors Hartsell and Linder, as well as Charles Ball, M.D., provided testimony before legislative committees. TAFP members serving as the "Doctor of the Day" on Tuesdays made office visits to articulate our positions.

In the end, the TAFP agreed to a severely watered-down version of the legislation. As amended, the only thing the bill does is to provide title protection for various categories of advance practice nurses. This is an issue the TAFP had agreed to in 2001. As amended, the bill also includes a provision, which specifically prevents the Board of Nursing from promulgating rules to expand scope of practice under this legislation. Thanks to all who were instrumental in this excellent outcome.

The chiropractors brought two bills, one seeking authority to order lab tests, the other dramatically expanding their scope of practice beyond the spinal column to the "human frame." The chiropractors are a very effective group at the legislature. Their members know their legislators; they get involved early in campaigns; they give time and money; they employ several top-flight lobbyists; and, they make

themselves available as a resource to the legislators on relevant issues.

The TAFP worked with committees of the Tennessee Legislature to arrive at an agreement permitting chiropractors to order lab work.

The chiropractors are not permitted to perform the work themselves, and the work may not be done in their offices. In exchange for the physicians' agreement not to oppose this bill, the chiropractors withdrew their scope of practice bill.

Efforts by other allied health groups to expand their scope of practice were wholly unsuccessful.

The TAFP has made tremendous strides in the last three years in terms of establishing a presence before Tennessee state government in general and the legislature in particular. We fully expect the chiropractors and nurses, among others, to be back in 2003 seeking expanded practice from the 103rd General Assembly. Therefore, it is critical that the TAFP put itself in the best possible position to prevail in any future legislative battles.

The TAFP Legislative Committee is undertaking a comprehensive approach to increase our legislative effectiveness. It begins with the 2002 election season, which is already underway. Family Physicians must educate themselves as to the candidates in their areas and get involved in campaigns with their time and with their resources. We need to have relationships with all 132 elected legislators. Each legislator needs to know a Family Physician to whom he or she can turn for counsel when legislative issues arise.

The TAFP Legislative Committee will continue to work diligently to develop our network of communications to mobilize when legislative issues arise. We need to be in a position where calls can be generated from constituents to members of the Senate and House Health committees on a moment's notice. We need to lay the groundwork now in preparation of the 2003 legislative session.

Thanks again to all who served as "Doctor of the Day" on Tuesdays this year and to TAFP Executive Director Cathy Dyer and her staff for all their excellent work on your behalf.

Gif Thornton, Nashville  
*TAFP Legislative Counsel*



## *HIPAA: Health Insurance Portability and Accountability Act of 1996*

**H**IPAA presents three distinct segments in coverage. Each is separate but related. The act itself is very broad and far-reaching in its scope. The first part of the act establishes national standards for electronic health care transactions. This is primarily between health care providers and insurance companies. The second section of the act provides for a national identifier for providers, plans, and employers. The third portion of the act covers security and privacy of health data. It also establishes rights of the patient in regards to access and control of their health care information. The act applies to all patients and all plans.

Information regarding HIPAA is available from the Center for Medicare and Medicaid Services (CMS) web sight at: [www.cms.gov/hipaa](http://www.cms.gov/hipaa). This sight provides links to many useful sights with information about each portion of HIPAA. From these links, you can download copies of various subsections of the act. Be forewarned, these are lengthy documents and could take some time to download over slow connections. Some of the documents are available as "zipped" files while others are in "PDF" format and require Adobe Acrobat to open. Higher speed access will lessen your frustration.

The act applies to "any covered entity". This is defined as "a health plan, a health care clearinghouse or a health care provider who transmits health information in electronic form in connection with one or more transactions for which the Secretary has adopted standards at 45 C.F.R. Part 162."<sup>1</sup> Health care provider is further defined to include "physicians, physicians in group practices, dentists, other health care practitioners, hospitals, nursing facilities, and so on."<sup>2</sup> The deadline for compliance with the standards for electronic transmission is currently October 16, 2002.

If you will be compliant for all transactions by this date, there is no need to file a compliance plan with CMS. However, a compliance plan must be filed with CMS if you will not be compliant by this date. Filing a compliance plan (application for extension of the deadline) does not create a problem if you become compliant prior to October 16, 2002. This plan may be filed electronically (on line) or by paper (through the mail). Electronic submission must be completed by October 15, 2002. Paper transmission (by snail mail) must be post-marked by October 15, 2002. Submission of a plan gives you an automatic extension of this deadline to reach full compliance to

October 16, 2003.

Electronic submission is the easiest if you have internet access. It is online and only requires filling in the blanks on the form. When you have completed the form, simply click on the button labeled "submit" at the end to submit a plan. You will then receive a confirmation number to acknowledge your extension. If you file electronically, there is no need to send a paper copy. If you chose to submit a plan by paper (mail), CMS will not acknowledge receipt of your plan. They recommend using Certified Mail to verify receipt of your plan.

Paper transmission could be as simple as printing out the electronic form and filling in the blanks. If you or your group prefers to come up with a more elaborate plan than the outline available online, this would require paper submission. However, it seems as if CMS is trying to encourage electronic submission.

The extension will apply to all members of a group practice. There is no need to file separate plans for each provider in a group. However, if anyone is submitting claims outside the usual group submission process, they must file individual plans. This could affect providers who moonlight or have side businesses.

You may begin the electronic submission process from [www.cms.gov/hipaa/hipaa2/ascaform.asp](http://www.cms.gov/hipaa/hipaa2/ascaform.asp). This site will also provide a link to a PDF formatted file for downloading a printable version of the form. This could be used for filing a paper plan for compliance.

If you are not sure about being compliant with this portion of the act by October 16, 2002, it would be best to file for the extension. There is no penalty for filing for the extension if you are compliant on October 16, 2002. However, if you do not file for the extension, and you are not compliant on October 16, 2002, you will be in violation of Federal Law. This could make you subject to heavy fines and Federal prosecution.

The privacy rules of the act became effective on April 14, 2002. Final compliance must be in place by April, 2003 for all but very small health plans who have until April, 2004. This portion of the act creates "national standards to protect individual's medical records and other personal health information. It gives patients more control over their health information. It sets boundaries on the use and release of health records. It establishes appropriate safeguards that health care providers and others must achieve to protect the privacy of health information. It holds violators accountable, with civil and criminal penalties that can be imposed if they violate patients' privacy rights. And it strikes a balance when public responsibility requires disclosure of some forms of data – for

example, to protect public health."<sup>3</sup>

Each covered entity must designate "an individual to be responsible for seeing that the privacy procedures are adopted and followed."<sup>4</sup> Records must be secured to limit access to those individuals requiring it and excluding those who do not. This individual need not have duties exclusively as a compliance officer. The complexity of the plan is related to the size of the group practice. The HHS (Health and Human Services) Office for Civil Rights (OCR) is charged with providing assistance and guidance in becoming compliant.

The privacy act involves both consent and authorization in regard to patient records. Consent must be written and obtained prior to using or disclosing patient health information. The ruling establishes uniform standards for consent. Written consent only needs to be obtained once. "The consent document may be brief and may be written in general terms. It must be written in plain language, inform the individual that information may be used and disclosed for TPO (treatment, payment, or health care operations), state the patient's rights to review the provider's privacy notice, to request restrictions and to revoke consent, and be dated and signed by the individual (or his or her representative)."<sup>5</sup> Authorization "is more detailed and specific than a consent. It covers only the uses and disclosures and only the PHI (Patient Health care

Information) stipulated in the authorization; it has an expiration date; and, in some cases, it also states the purpose for which the information may be used or disclosed."<sup>6</sup> Authorization is required for use of patient health care information not specifically covered by or allowed by the privacy rule.

Final compliance with consent and authorization requirements is enforced by the "compliance officer." The complexity of the plan will depend on the group size with larger groups required to have more extensive plans. The standards are defined under document 45 CFR Part 142. This may be downloaded in PDF format from the above web site.

Raymond R. Walker, M.D., M.B.A.  
*Interim Chair, UT Department of Family Practice – Memphis*

<sup>1</sup> "Electronic Health Care Transactions and Code Sets Standards Model Compliance Plan" [www.cms.gov/hipaa/hipaa2/ascaform.asp](http://www.cms.gov/hipaa/hipaa2/ascaform.asp). P. 2 of 2. April 17, 2002.

<sup>2</sup> "Electronic Health Care Transactions and Code Sets Standards Model Compliance Plan" [www.cms.gov/hipaa/hipaa2/ascaform.asp](http://www.cms.gov/hipaa/hipaa2/ascaform.asp). P. 2 of 2. April 17, 2002.

<sup>3</sup> "Standards for Privacy of Individually Identifiable Health Information" [45 CFR Parts 160 and 164]. <http://aspe.os.dhhs.gov/admnsimp/final/pvcgui de1.htm> P. 1 of 23. April 17, 2002.

<sup>4</sup> "Standards for Privacy of Individually Identifiable Health Information" [45 CFR Parts 160 and 164]. <http://aspe.os.dhhs.gov/admnsimp/final/pvcgui de1.htm> P. 2 of 23. April 17, 2002.

<sup>5</sup> "Standards for Privacy of Individually Identifiable Health Information" [45 CFR Parts 160 and 164]. <http://aspe.os.dhhs.gov/admnsimp/final/pvcgui de1.htm> P. 4 of 23. April 17, 2002.

<sup>6</sup> "Standards for Privacy of Individually Identifiable Health Information" [45 CFR Parts 160 and 164]. <http://aspe.os.dhhs.gov/admnsimp/final/pvcgui de1.htm> P. 5 of 23. April 17, 2002.

## *We Haven't Won the War... Yet*

The Tar Wars poster contestants are shining examples of how Family Physicians can influence the health of our communities. These 5th graders are receptive to the information we have to share and they demonstrate the information that they have learned. We can make a lifelong impact on their well-being.

During residency, the other residents and I taught Tar Wars to Memphis City School 5th graders. Each year, the students became more aware of the negative side effects of tobacco use and they even became critical of second hand smoke. Also, I was impressed that each year, it became increasingly difficult to find tobacco advertisements. Furthermore during this time period, Tennessee was awarded the tobacco settlement money. I was certain that we were winning the war against tobacco use and addiction.

WRONG! I could not have been more mistaken. Soon after residency, I moved to rural Tennessee and watched as the settlement money was used to balance the State budget. Suddenly the enemy, Tobacco, surrounded me. In rural Tennessee, the war on tobacco has not even been declared. Smoking is considered the "norm." Restaurants are smoked filled and I am the odd one in the non-smoking section (all two tables). Parents not only accept the fact that their children use tobacco, they purchase it for them. But I do not want to mislead anyone. This problem is not confined to rural Tennessee. Recently while on vacation in Cancun, I witnessed similar situations. Tobacco still holds our world captive.

Now, at times, I am greatly discouraged. How can I effect such drastic changes in my community when the majority does not recognize the problem? However, I must remember that change starts with each patient that I see in my office. Tar Wars was not a success the first time it was taught and we cannot change decades of addiction overnight. Most importantly, the battle starts with us, the Family Physicians.

Each and every adult patient encounter is a perfect opportunity to ask about tobacco use and addiction. Studies have shown that by just asking, we encourage people to stop and that percentage grows drastically if we ask every time we see that patient. It only takes a few seconds to ask the question. Also, I begin to

talk to my pediatric patients when they are 4 years old. We talk about how "nasty" cigarettes are and I even encourage them to help their parents stop smoking.

As Family Physicians, we can take the education from our exam rooms to our local classrooms. Tar Wars is an excellent way to influence a large number of people. Remember these 5th graders talk with their parents. Hopefully we can plant the seed for a healthier lifestyle for both the children and their families. Tar Wars doesn't require a large time commitment and it is just plain fun! If you don't want to teach alone, enlist the help of another physician and pick a particular day each year to teach Tar Wars. I like to present the program in conjunction with the Great American Smoke-Out. I believe it has a broader impact.

Family Physicians also need to focus our educational efforts toward our legislators. They need to know that tobacco is a health cost that Tennessee cannot afford. We can't assume that they know all of the negative side effects of tobacco use when most of our patients don't. We need to provide the legislators with the same information as we provide our patients. Furthermore, TennCare and private insurance companies need to recognize the link between ASHD, stroke, diabetes mellitus, asthma and tobacco use. We have the scientific evidence to illustrate the increased morbidity and mortality associated with tobacco and these diseases. Let's share that information!

In preparing for this issue, I received a copy of the December 1983 New York State Journal of Medicine and the March 2002 Journal of the Oklahoma State Medical Association. Amazingly, both journals were dedicated to the harm of tobacco and ways that physicians could improve their patients' health. Proof to this new physician that the war against tobacco is not won overnight and we must not become discouraged. We may not have won the war yet, but we have at least won some of the battles.

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



# Leaders on the Move – Information For Members

• A *sincere 'thank you'* to the following TAFP members who represented the TAFP and Tennessee Tar Wars at the Schering/Key School Allergy and Asthma Training Conferences held across the state: *Nashville-Charles Ball, M.D.; Knoxville-Jack Clark, Jr., M.D.; Memphis-Michael Cockrell, M.D.; Jackson-Lee Carter, M.D.; Kingsport-Mike Hartsell, M.D.* Schering/Key has recently become a partner with the National Tar Wars program with Tennessee being the test state for these training conferences. The TAFP also wishes to express our appreciation to Schering/Key for

these opportunities in expanding the Tar Wars program in Tennessee.

• ***Congratulations to TAFP Resident member, Christopher Neglia, D.O.,*** of the ETSU Kingsport Family Practice Residency, on being selected as a recipient of the AAFP Foundation's 2002 Resident Repayment Program.

• ***The National Institute on Aging and Alzheimer's Disease Education & Referral Center*** is proud to present a free publication offering practical tips for daily coping. To order a free copy of the 'Caregiver Guide', call 1-800-438-4380. You can preview the Guides at: [www.alzheimers.org/pubs/careguide.htm](http://www.alzheimers.org/pubs/careguide.htm).

[alzheimers.org/pubs/careguide.htm](http://www.alzheimers.org/pubs/careguide.htm).

• ***The TAFP*** received a membership award at the AAFP's 2002 ALF for 100% Resident membership in Tennessee.

• ***IMPORTANT NOTE:*** *The TAFP needs your help! We can use the assistance of each and every TAFP member in the legislative process. If you have a personal or professional relationship with your state Senator or Representative, please let the TAFP office in Nashville know. Family Physicians must become more active in Legislative issues and the political process in the State of Tennessee! The future of Family Medicine in Tennessee is depending on all Family Physicians.*

## A Change for the Better.

We've changed our name to better reflect our new focus. We'll now foster healthcare quality improvement that involves the whole community. So don't look for the Mid-South Foundation for Medical Care, Inc., anymore. Because we've made a big change to better serve Tennessee's healthcare providers and its citizens with Medicare. We'll unveil the details in Nashville on August 15, 2002 — Save the date!

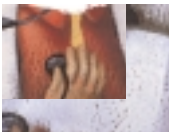
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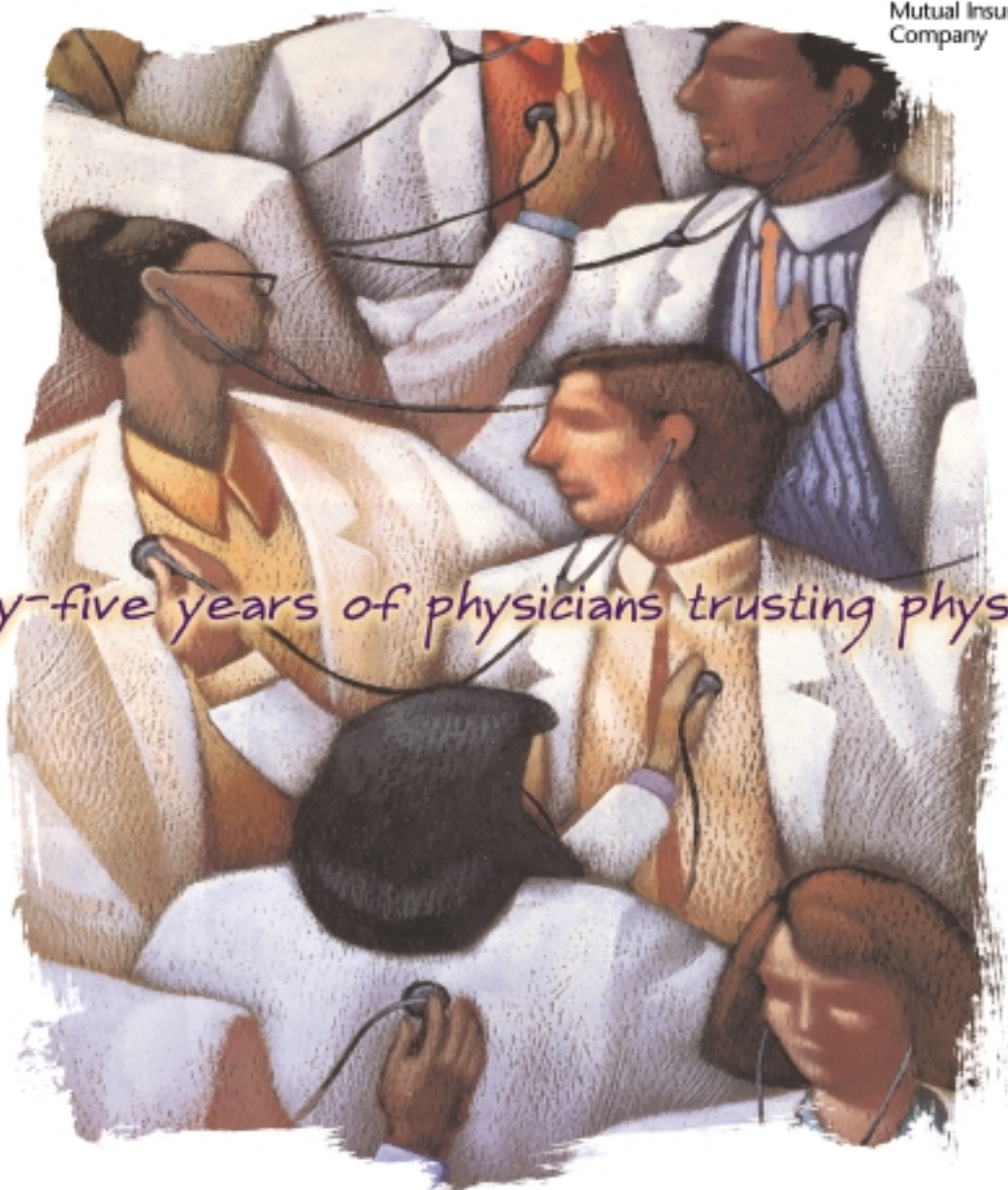
*Improving Healthcare Quality*



*Just how prepared are you in the event of medical malpractice litigation? What exactly are you doing to avoid trouble in the first place? And perhaps most importantly, who are you looking to for help in the event it proves to be unavoidable? Lots of companies are only too happy to sell you a medical malpractice policy. They can also sell you a policy on your boat, your car, and even your home. But for twenty-five years, the physicians at SVMIC have been dedicated exclusively to providing the best malpractice insurance and risk management programs available. SVMIC, just what the doctor ordered.*



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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 51 component societies.