

T E N N E S S E E

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FAMILY PHYSICIAN

An Official Publication of the Tennessee Academy of Family Physicians

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WE'VE GOT THREE GREAT WAYS TO SOLVE AMERICA'S CALCIUM PROBLEM.



According to the United States Department of Agriculture, most Americans just don't get the calcium they need every day.

That's why we're launching a new marketing and educational effort called 3-A-Day of Dairy.

This program will help spread the word that three servings a day of milk, cheese or yogurt are a delicious way to get the calcium you need for stronger bones and better bodies.

It's a very simple message. And it's receiving support from health professional organizations like the American Academy of Family Physicians, the American Academy of Pediatrics, the American Dietetic Association, and the National Medical Association.

All in all, tens of thousands of health professionals agree that 3-A-Day of Dairy is essential to a healthy diet.

They also know that emphasizing the benefits of 3-A-Day of Dairy cannot only help address the nation's calcium deficit, but also educate people on making smart choices consistent with the USDA's Food Guide Pyramid.

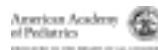
Just look for the 3-A-Day logo on milk, cheese and yogurt products that are an excellent source of calcium. The Dietary Guidelines for Americans recommend choosing a diet that's low in saturated fat and moderate in total fat. So be sure to enjoy the low-fat and fat free varieties of dairy often – all readily available.

For free patient education materials visit www.3aday.org or www.nationaldairycouncil.org.

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Non-dairy sources of calcium are available; however, inclusion of low-fat dairy products is the most desirable way to meet calcium goals. *Journal of the American Dietetic Association*, 1999; 99:738-751.

© 2003 3-A-Day of Dairy For Stronger Bones, American Dairy Association/National Dairy Council®



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Cathy J. Dyer

Volume 14, Number 4
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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

Welcome to my last President's Corner. This year has really flown by for me. Our Academy continues to be a vibrant, growing organization that I am proud to serve.

At this writing, tort reform remains a significant issue. The United States Senate recently defeated a bill that would have given physicians significant relief. For Tennessee, we are fortunate to have Senators Frist and Alexander who supported us, but overall they could not defeat a filibuster on this issue. If you have friends in other states that have Senators who voted against this bill, please encourage them to be vocal in their disappointment over the failure of this bill. On a state level, the Legislative Commission on Tort Reform is meeting this summer. The Tennessee Medical Association will be representing all of us when they make their presentation to this commission. It will be an uphill battle, but I encourage you to provide full support, particularly if you have stories about how the malpractice crisis has affected you.

This fall Doctor Lynn Williams will be assuming the role as our President. She has tremendous experience and has served our Academy well for a number of years. Our Board has grown and has added representation for minorities, new physicians and women. They have done an outstanding job this first year and I encourage more of our members to become active. As I tell the Board at each meeting, showing up for Board meetings does not make you active; you must be involved. Serve as our Doctor of the Day, teach Tar Wars to your local schools, volunteer to teach medical students and residents, be available to college students to see what we are about; this list could be endless - the bottom line is get involved.

I believe the Tennessee Academy is on the right track. Please help us to stay that way. I would be interested if any of our members have criticism that they would like to voice. I, as well as members of the present leadership, want to know what you think. We want you to remain members of the TAFP, and also encourage other Family Physicians who are not to join and discover that membership in the TAFP is rewarding. My email for any comments is drlinder@centurytel.net or feel free to call me (office: 731-645-7932; home: 731-645-3772). Also I encourage you to contact Cathy Dyer or any of the staff if this is easier for you. They can refer comments or questions to me. Thank you for allowing me to be your President.

Timothy Linder, M.D., Selmer
President



At the 2003 AAFP National Conference of Family Practice Residents and Medical Students the following TAFP members were elected to a national office:

Eddie Turner, TAFP Student Board Member from UT Memphis, was elected as the 2004 Student Member on the American Academy of Family Physicians' Board of Directors. He will be installed at the AAFP Annual Assembly in New Orleans this fall.

Danny Lewis, TAFP Student Member from ETSU, was elected as Alternate Student Delegate to the 2003 AAFP Congress of Delegates in New Orleans.

*Tennessee AFP
Dates to Remember*

2004 TAFP Seminars:

Legislative Seminar, Embassy Suites, Nashville, March 6
Summer Seminar, Fall Creek Falls State Park, August 6-7

**2004 Tennessee Tar Wars
Poster Contest:**

Embassy Suites, Nashville, March 7

**TAFP Annual Meeting
Dates, Gatlinburg
Convention Center:**

October 28-October 31, 2003
October 26-October 29, 2004
October 25-October 28, 2005

**TAFP Board of Directors'
Meetings:**

Thursday, October 30, 2003
Gatlinburg Convention Center
Sunday, March 7, 2004
Embassy Suites, Nashville
Saturday, May 15, 2004
Scarritt-Bennett Center, Nashville
Sunday, August 8, 2004
Fall Creek Falls State Park

Members of the 2003 TAFP Congress of Delegates

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

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

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ALTERNATE DELEGATES:

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Janice Schweitzer, M.D., Johnson City

Amylyn Lane Crawford, M.D., Kingsport
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Jim Wilson, M.D., Johnson City

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Olan Kemp, M.D., Tullahoma
Diane Petrilla, M.D., Sewanee

T. Scott Holder, M.D., Winchester
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Lang Smith, M.D., Columbia

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Doreen Feldhouse, M.D., Dyersburg
Susan Lowry, M.D., Martin

John Clendenin, M.D., Union City
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John Hale, M.D., Union City

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Raymond Walker, M.D., Memphis

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John Delzell, M.D., Memphis

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John Limburg, M.D., Memphis
Gary Plant, M.D., Bristol

Raymond Bishop, M.D., Bluff City
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Chattanooga

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Columbia

Vice Speaker of the Congress:

LEE CARTER, M.D.

Huntingdon

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Chattanooga

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Kingsport

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Johnson City

Director, District 3:

JOHN STANDRIDGE, M.D.

Signal Mountain

Director, District 5:

T. SCOTT HOLDER, M.D.

Winchester

Director, District 7:

LANG SMITH, M.D.

Columbia

Director, District 9:

JOHN HALE, M.D.

Union City

Director & Alternate Director, District 11 (Resident):

*BRUCE BOGGS, M.D., *ETSU Kingsport FP Residency*

*MELISSA YAWN, M.D., *UT Saint Francis FP Residency, Memphis*

*Resident receiving majority of votes will serve as Director; Resident receiving 2nd majority of votes will serve as Alternate Director.

Student Board Representative:

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Jonesborough (ETSU)

Alternate Director, District 1:

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Johnson City

Alternate Director, District 3:

MARY BEAN, M.D.

Chattanooga

Alternate Director, District 5:

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Fayetteville

Alternate Director, District 7:

JOEY HENSLEY, M.D.

Hohenwald

Alternate Director, District 9:

SUSAN LOWRY, M.D.

Martin

Alternate Student Board Representative:

JON ANDY SHULL

Memphis (UT)

Proposed Amendment to the TAFP Constitution & Bylaws for Consideration by the 2003 TAFP Congress of Delegates

BYLAWS, CHAPTER VII, SECTION 1 (B)

TO AMEND THE BYLAWS of the Tennessee Academy of Family Physicians in Chapter VII, Section 1 (B) Program Committee, by changing the paragraph in its entirety.

Reads At Present

Section 1 (B). Program Committee. This committee Shall consist of at least six (6) members appointed for three year terms on a staggered basis so that two (2) terms expire each year. It shall be the function of this committee to arrange and conduct professional and other appropriate programs for meetings of the Academy. Appointment of new members and designation of a chairman each year shall be by the President and approved by the Board of Directors. In the event of death, resignation or incapacity of any member of this committee, appointment to fill the unexpired term shall likewise be by the President and approved by the Board of Directors.

As Proposed

Section 1 (B). Assembly Program Committee. The Assembly Program Committee shall consist of the current year's assembly program chair, current year's president who appointed the current year's program chair, the immediate past assembly program chair, the immediate future assembly program chair, the immediate future president who appointed the immediate future assembly program chair and the secretary- treasurer. It shall be the function of the TAFP Assembly Program Committee to plan the scientific program for the Annual Assembly to include the selection of topics and speakers and to additionally obtain outside funding in support of the Assembly program.

BME Office Based Surgery Rules

The Tennessee Board of Medical Examiners (BME) has proposed rules to govern office based surgery (0800-2-19). The rule is designed to regulate what can be done in your office as opposed to what should be done in the hospital or a surgery center.

The limits and requirements for presence of anesthesia, monitoring, certifications, and transfer agreements are based on level of sedation of patient as well as length of procedure. Procedures on patients under two years of age should be limited to minor procedures which do not require general or

deep sedation. Expected blood loss or amount of supernatant fat removed by liposuction would also be limiting factors. For more advanced procedures or deeper sedation/anesthesia, there are requirements for certification in BLS or ACLS for physicians and/or staff. There are also requirements for patient monitoring. For more complicated procedures, the physician must have either hospital privileges for the procedure or a transfer agreement with a hospital within thirty minutes of the office.

There are also requirements for having an emergency power

supply for more complicated or lengthy procedures. Longer or more complicated procedures may require either a nurse anesthetist or an anesthesiologist. Deep sedation or general anesthesia will require specific recovery procedures.

The rule has been modified from its original form and appears to be more functional. The comment period has passed, but it appears that the board will look at anything new it receives. The current version of the rule has been reduced from twenty-three pages to eighteen pages.

Raymond R. Walker, M.D., M.B.A.
Memphis

2003 Tennessee AFP 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.



RAINA ALEXANDER - Graduate of Meharry Medical College, Nashville
(Columbus, Georgia Family Practice Residency)

APARNA K. MURTI - Graduate of University of Tennessee College of Medicine, Memphis
(UT St. Francis Family Practice Residency)



BRUCE D. BOGGS - Graduate of East Tennessee State University James H. Quillen College of Medicine, Johnson City
(ETSU Kingsport Family Practice Residency)



WILLIAM PIDWELL - Graduate of Vanderbilt University School of Medicine, Nashville
(University of Utah Affiliate Hospital Family Practice Residency)

Thank You Letters Received

Dear Ms. Dyer:

I feel so honored to have received the TAFP Outstanding Student award at the UT convocation! It was a wonderful surprise and I would like to thank the TAFP Board from the bottom of my heart. I have enclosed the photo you requested. I am holding one of the patient's babies I delivered. Please convey my gratitude to the TAFP Board!

Sincerely,

Aparna Murti, M.D.

Dear Cathy:

Thank you and the TAFP for the 2003 Outstanding Student in Family Practice award. Without your sponsorship to the 2003 AAFP National Conference of Family Practice Residents and Medical Students in Kansas City, my interviewing and residency selection would have been much more difficult. Thank you for your commitment to enlightening students at Meharry about the specialty of Family Medicine.

Sincerely,

Raina Alexander, M.D.

Dear Cathy:

Thank you very much for my Outstanding Student award from the Tennessee Academy as the recipient at Vanderbilt. Please pass on my thanks to the entire community.

Sincerely,

Bill Pidwell, M.D.

Dear Doctor Linder:

I would like to take this opportunity to thank you for selecting me for the Tennessee Academy of Family Physicians' Outstanding Student in Family Medicine Award at ETSU. This award has special meaning because it is recognition from peers and mentors in my chosen specialty. I hope that I can live up to this recognition and look forward to working with the Academy to further the specialty of Family Medicine and have a positive impact on the future of health care in the state of Tennessee. Once again, please accept my sincere appreciation for this award.

Sincerely,

Bruce Boggs, M.D.

TAFP Tuesday Doctor of the Day at Tennessee Legislature

A very big 'thank you' to the following TAFP members who took the time out of their practice to serve as the TAFP 'Tuesday Doctor of the Day' at the Tennessee Legislature during the 2003 legislative session. If you are interested in participating as a TAFP Doctor of the Day on a Tuesday in 2004, please contact Cathy Dyer at the TAFP office.

THOMAS SMITH, M.D.; Winchester

GRISELLE FIGUEREDO, M.D.; Germantown

J. CHRIS GRAVES, M.D.; Chattanooga

J. LYNN WILLIAMS, M.D. &

BEN PENDER, M.D. (Resident); Winchester

LEE CARTER, M.D., Huntingdon

J. MACK WORTHINGTON, M.D.; Chattanooga

ALAN WALLSTEDT, M.D.; Nashville

DOUG ROSE, M.D. &

TERI HUNTER, M.D. (Resident); Kingsport

TY WEBB, M.D., Sparta

CHARLES BALL, M.D., Columbia

T. SCOTT HOLDER, M.D.; Winchester

DOUG ROSE, M.D. &

DANA DJORDJEVIC, M.D. (Resident); Kingsport

NANCY BLEVINS, M.D.; Winchester

WESLEY DEAN, M.D.; Powell

T. ALLEN POLK, M.D.; Murfreesboro

GREGG MITCHELL, M.D.,

KEITH ELLIS, M.D. (Resident) &

PATRICK ANDRE, M.D. (Resident); Jackson

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Leaders on the Move/Information For Members

• *Congratulations* to the Family Practice Student Interest Group at ETSU Quillen College of Medicine, and TAFP Student Member Patricia Conner, for being named as one of the ten recipients of the AAFP's 2003 FMIG Network Program of Excellence Awards.

• *The Tennessee AFP's website* is available for your use. Links are provided so you can easily access other entities including the Tennessee Department of Health, AAFP, CDC and Tennessee State Legislature; and, past issues of the TAFP journal are also available on the website. Make use of your TAFP website: www.tnafp.org.

• *The Tennessee AFP* has been ranked the 9th largest statewide professional/trade association by the Nashville Business Journal for 2003. The TAFP was ranked 10th in 2002.

• *Please change your records* to reflect the TAFP's new email address: tnafp@bellsouth.net. The older msn email address (tenn_afp@msn.com) will



Several TAFP members participated in the AAFP's Annual Spring Legislative Visit to D.C. on May 19-20 to discuss federal legislative issues of interest to family physicians and their patients. LtoR: Jim King M.D.; Tim Linder, M.D.; Senator Lamar Alexander; J. Mack Worthington M.D.; Eddie Turner

no longer be available for use beginning in November 2003.

• *The American Red Cross* is struggling nationwide with an

inadequate blood supply. Summer is frequently 'dry' for numerous reasons. For information on donating, call 1-800-GIVE LIFE.

Join in and be a Tennessee Tar Wars Volunteer



It only takes one-hour of your time to teach one Tar Wars class in your local 4th or 5th grade classrooms. Tar Wars is the AAFP's National pro-health tobacco-free education program and poster contest for 4th and 5th 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.

Your help in teaching Tar Wars in your local 4th and 5th grade classrooms would be appreciated! If you are interested in being a Tennessee Tar Wars Volunteer, please contact Cathy Dyer, Tennessee Tar Wars Coordinator, at the TAFP office: Toll Free at (800) 897-5949; Nashville calling area at (615) 833-5522; Email at tnafp@bellsouth.net. Or, you can access information on Tar Wars via the Tennessee AFP website at: www.tnafp.org.

HIPAA October 16, 2003, Deadline is Quickly Approaching

The following article has been submitted by CIGNA HealthCare Medicare Administration, the Part B Medicare Carrier for Idaho, North Carolina, and Tennessee. The HIPAA legislation that goes into effect October 16, 2003, will have a major impact on the medical practices of our members if they are not in compliance with the HIPAA standards.

Many providers are only just beginning to think about what they have to do to become HIPAA compliant by the October 16, 2003, deadline for electronic transactions and code set standards. If you have not given serious thought to the deadline, now is the time to do so.

Medicare will not accept paper claims after October 16, 2003, and will only process claims received in an ANSI 4010a1 format. There has been plenty of talk about exemptions and waivers, but the Centers for Medicare & Medicaid Services (CMS) has not issued any guidance on that issue up to this point. Don't prepare for a waiver; there will be few. Prepare your practice now for HIPAA compliance on October 16.

All software vendors, and those providers who file their own claims, need to begin testing with CIGNA Medicare by August 8, 2003, or they risk not being ready on October 16. Please communicate with your software vendor to insure they will test no later than August 8, 2003. Those interested in testing should contact our EDI HIPAA Testing Coordinator at (866) 520-4023.

If you use a vendor or clearinghouse and you have not been in contact with them, or they are not answering your questions, then you might consider using another vendor that has already completed testing with CIGNA Medicare. These vendors can be found in the Part B Approved Trading Partner Directory at www.cignamedicare.com/HIPAA/partb_directory.html.

There are also plenty of free HIPAA resources available for you, from the most basic Webcast to highly technical "white papers." Use these free resources, talk to your vendors and clearinghouses, and talk to CIGNA Medicare if you need HIPAA assistance. visit these Web sites for more information:

www.cignamedicare.com/hipaa
www.cms.hhs.gov/hipaa/hipaa2
www.SHARPworkgroup.com
www.aspe.hhs.gov/admnsimp/
www.eventstreams.com/cms/tm_001/
(free HIPAA Web-based training modules)

Eugene Winter, M.D.
Carrier Medical Director, Tennessee
(615) 782-4565

Special Note from the TAFP

TAFP Past President, Donald H. Polk, D.O., has made the TAFP aware of the efforts of Senator Mark Norris to achieve medical malpractice reform in Tennessee. Senator Norris, a Memphis attorney, serves on the Special Joint Legislative Committee studying the issue of tort reform in Tennessee. As noted in the letter Doctor Polk received from Senator Norris, "This is the beginning of a long process, and we will have to work together to be successful in our efforts. I look forward to input from you and I appreciate and need your support in this endeavor." If you wish contact information for Senator Norris, please contact the TAFP office in Nashville.

Host a Wonca Attendee ... Make an International Friend!

The AAFP is excited to be hosting the 17th Wonca World Conference of Family Doctors in Orlando, Florida, October 13 - 17, 2004. This meeting, to be held in conjunction with the Academy's annual Scientific Assembly, will be the largest gathering of family doctors in the world — and AAFP members will have many opportunities to encourage and influence family physicians from around the world.

In order to enhance the meeting experience for all Wonca attendees, we are encouraging U.S. family physicians to consider hosting a Wonca member either before, during or after the meetings. Sample hosting opportunities include:

- Pre-meeting correspondence via e-mail
- Pre- or post-meeting invitation to visit practice (at any number of gateway cities — not limited to Florida physicians)
- Meet in the registration area to assist/answer questions
- Meet for coffee, or lunch, or dinner, or to tour the Exhibition Hall
- Meet for the Opening Ceremony, or another CME event
- Meet for a social event, such as the Assembly Celebration or Foundation Auction
- Provide housing at home in Orlando/surrounding areas



To host a Wonca attendee, let us know your interest by completing a brief questionnaire at <http://members.aafp.org/members/surv7/woncahost.htm>. We will contact you by e-mail with your "match."

For more information on the 17th Wonca World Conference, please go to www.wonca2004.org. For more information about Wonca in general, go to www.globalfamilydoctor.com.



American Academy
of Family Physicians

Legislative Report

Following the adjournment of the Tennessee General Assembly on May 29, leadership in state government turned its attention to implementing structural changes in the hopes of saving TennCare. Effective July 2003 and pursuant to legislation passed this year, the state moved to a preferred drug list which will enable all TennCare providers to work off a single list of available drugs for their patients. The formulary is being prepared by an outside contractor and final approval will rest with the state TennCare Bureau, in coordination with the new advisory pharmacy and therapeutic committee appointed by the Governor. This committee will include a family physician selected from a list of names nominated by the TAFP. The state hopes that the move to a PDL coupled with the supplemental rebates from pharmaceutical manufacturers will save TennCare approximately \$150 million on an annual basis.

On the legal front, administration officials are negotiating with Gordon Bonnyman of the Tennessee Justice Center in an effort to get relief from the Grier Consent Decree. This federal court order requires TennCare to provide non-preferred to drugs to recipients for up to 14 days while an appeal is pending. Governor Bredesen pledged to members of the General Assembly that he was prepared to implement a long range reform plan for TennCare

by January 2004.

On another legal front, a joint legislative study committee reviewing tort reform held its first meetings July 15 and 16 in Nashville. Carol Mutter, a professor at the University of Tennessee College of Law, gave a "Torts 101" overview of the current system in Tennessee and how it compares to other tort systems around the country. This first meeting served as a tutorial, primarily for the non-lawyers on the committee, in order to give them a basic understanding of tort law in Tennessee. The joint committee, co-chaired by Senator David Fowler, R-Signal Mountain and Representative Rob Briley, D-Nashville will meet next on August 15 and 16. At that meeting the committee will hear from representatives of the health care arena, including physicians, concerning the need for reform in medical malpractice in Tennessee.



Gif Thornton, Nashville
TAFP Legislative Counsel

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: tnafp@bellsouth.net. 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 2003) is October 20, 2003.

• **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 education 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 and 1 hour west of Jackson. Contact: Teresa Newman at (901) 475-9478; fax: (901) 476-4783; email: ompcare@bellsouth.net.

• **Board-Certified Family Physician.** Available for office practice coverage during vacations, illness or leaves of absence. No OB. Willing to do hospital rounds if necessary. Respond to (615) 831-1810; or, cell phone (615) 972-7601. References available upon request.

The Value of a Pen



Most of us make our living from cognitive piece work. We interact with few tools aside from the

stethoscope, otoscope, speculum, sphygmomanometer, and ophthalmoscope. There is one generic instrument universal to all – the pen. The lowly writing tool has a far ranging impact. I don't buy them at a store. I am bombarded with them from every corner as gifts from home health agencies, DME suppliers, and pharmaceutical companies. Each carries its own message and has distinct properties. Out of inane curiosity I counted the number of pens I used to complete hospital rounds and office one morning. Twelve was the number. Ten of those were clearly proprietary trade name instruments of the pharmaceutical industry; two were from long term care facilities. In a forty-hour week, this would expose me to the dire influence of nearly one hundred brand labeled pens. Now this plays into the public perception of our collusion with industry to direct patient care toward the pen's supplier. For the issue at hand, I decided to see just what it is that I do with a pen each day and whether influence flows from these subliminal sources.

I persist in hand writing all office notes despite the near universal move toward electronic

data recording. We eliminated office transcription two years ago which cut a major expense from our bottom line. Clinicians agreed to complete charts on time and to do so legibly. I'm just a Luddite that finds it more efficient and satisfying to leave the examination room not only finished with my note but also coded and processed without a lingering trail of dictation. Where will we be when the AAFP initiative for the open source record becomes a reality? I look forward with interest to see how routine office encounters will be entered. My bias would be for combination entry by any method - be that the keyboard, stylus with graffiti, pick list, or voice recognition. My only issue with the pen in the office encounter is that it not smudge, run dry, skip where fingers leave residual oils, or slow me down in anyway whatsoever. The ad on the barrel never enters my mind at a conscious level. The point is proven in that my favorite pen that has yet to garner a single prescription or change my prescribing habits.

One of my more satisfying moments is the well written H & P completed after-hours usually on a critical care unit. Dictating takes a little less time but is delayed in reaching the chart. Hand written notes deliver an immediate wealth of information to the record that actually saves the hospital the expense of transcription (has your administrator thought of that?) and improves safety when other attendings and consultants follow on the heels of my evalua-

tion. Legible handwriting has its burdens. As Chair of Medical Records Committee, I am referee in battles over whose handwriting meets criteria for intervention. Now that JCAHO has illegibility of progress notes on the fast track for Type I infractions, I look for medical staffs to stay ahead of this problem by adding handwriting to the annual staff reapplication form for three independent reviewers to judge. If your writing is not correctly identified, remedial action will be needed – “hand writing school.” The pen also allows the artistic documentation of injury, trauma, surgical incision, lesion, location, rash, ecchymoses, and tattoos. The brand of pen had no perceptible effect on the drugs, therapies, or home health agencies I order in the hospital.

The pen can save us immense misery. Those diligent in its use and application suffer less from legal entanglement and malpractice litigation. From its judicial use comes the relief of pain and suffering; an end to depression and anxiety; a treatment for infirmity and disease. The perception of bias in prescribing or referral based on whose pen is in the hand at any given moment is “tempest in a teapot” at best. “Idle consistencies are the hobgoblins of little minds.”

Fundamental rules of the pen:

1. Always write in black
2. Pen must fit the hand and fingers comfortably
3. No runs, no drips, no errors (and no white out)
4. Red is for the business office

and school teachers
5. Blue and green are for artwork; store them with the highlighters

Now for some fun. The pharmaceutical companies bestow pens on us like manna from heaven. All pens are not alike! Design change in barrels and inks has quickly eclipsed the plain plastic barrel with friction held tip. We have pens with PIP joint cushions (soft grips), nightlights, magnifiers, rulers, hypodermic look-alikes, and mimickers of aerosol devices and

inhalers. The incorporation of a stylus into the barrel tip meets my need to toggle between writing with ballpoint and graffiti scrolling on my Palm Pilot.

Specific theme pens:
Viagra ball point – doesn't stand up to daily use
Mucinex – runs all over you
Detrol LA – under stress becomes leaky
Strattera - difficult to keep on task
One of a kind pens:
Combivent canister look-alike
Ditropan coil spring soft grip

Upjohn's Xanax pen and pencil set (gray and black polished metal)

My preferred writing pens:
Pentel ink ball: Prozac and Atrovent

Combined ball point and stylus: Avandamet

Coreg's clear body soft grip (appeals to the engineer in me)

Gel ink cartridges with soft gel grip: Qvar (and lately Zetia and Evista)

Michael Hartsell, M.D.,
Greeneville
Co-Editor

Recap of May 17 TAFP Board of Directors' Meeting

- ❖ Received information that ETSU Quillen College of Medicine earned the Bronze Achievement Award from the AAFP recognizing the school's outstanding efforts to foster student interest in family practice and produce graduates who enter the specialty. Also received information that Quillen College of Medicine ranked 3rd in the nation's best schools for rural medical education in the 'Best Graduate Schools' issue of the U.S. News & World Report. ETSU was also ranked in the report as 17th out of 177 for primary care, and ETSU Department of Family Medicine tied for 16th ranking nationwide.
 - ❖ Approved no change in 2003-2004 Tennessee AAFP Resident dues (\$12.50) and Student dues (-0-).
 - ❖ Received report from Doctor Carter on the 2003 Tennessee Medical Association's House of Delegates meeting in May.
 - ❖ Received for information thank you letter from state Senator Jim Bryson who served as a judge at the 2003 Tar Wars Poster Contest.
 - ❖ Received notification from the AAFP that beginning with the 2003-2004 academic year, Aventis funding for support of Family Medicine Interest Groups would be removed. (Note: Received notification in June from the AAFP that such funding from Aventis has now been restored for the 2003-2004 academic year.)
 - ❖ Reviewed and approved for presentation to the 2003 TAFP Congress of Delegates a proposed change to the TAFP Constitution & Bylaws restructuring the TAFP Assembly Program Committee.
 - ❖ Approved the expenditure of funds in miscellaneous to support the attendance of Doctor Jim King and Doctor Mike Hartsell at the 2003 AAFP National Conference of Family Practice Residents and Medical Students.
 - ❖ Voted to not transfer the responsibility of CME approval in Tennessee from the TAFP to the AAFP office in Leawood, KS.
- If you would like additional information on any of the above items, please contact the TAFP office in Nashville.*

Letters to TAFP

Dear Editor:

Doctor James D. King's Guest Editorial in the Summer 2003 edition of 'Tennessee Family Physician' reveals his bias against nurse practitioners. His repeated use (four times) of the term "advanced practical nurses" rather than "Advanced Practice Nurses", is demeaning and implies that these generally highly trained and competent nurse practitioners are no more than glorified LPNs – Licensed Practice Nurses.

Yours truly,

Richard C. Braun, M.D., Pleasant Hill

Editor's Note: I must take responsibility for review of Doctor King's Editorial in the Summer 2003 TAFP journal. The term 'APN' is the accepted abbreviation for Advanced Practice Nurses and the unaccepted word "practical" escaped my review. Certainly no disrespect was intended.

As the NP community evolves, their healthcare role, terms and abbreviations to describe education and training are also changing and are not uniform.

Mike Hartsell, M.D.,

Co-Editor

Dear TAFP:

What a delight to read the double editorials by Doctors King and Howerton in the summer edition of the Tennessee Family Physician! As you know, physician supervision and oversight is a subject close to my heart, as I was one of two physicians (the other physician was employed by the state) on the original Tennessee State Oversight Committee for Nurse Practitioners and Rural Clinics. I believe I served on it for three years.

It became obvious after the first year that the

Board had no teeth and could only report infractions to the Board of Nursing or the Board of Medical Examiners (BME) and nothing further ever seemed to be done by either Board. It also became obvious that the main purpose of the Board was to promote more rural clinics run by nurse practitioners with physician oversight and the ultimate goal was independent practice by nurse practitioners without physician oversight! This is still the ultimate goal!

We, as family physicians, are not guiltless in all of this. A nurse practitioner in our office usually works out well, and has good and proper supervision. It is when we try to run satellite clinics with nurse practitioners or physician assistants that we get into trouble. The NP or PA in these satellite clinics cannot prevent acutely ill patients from coming to their office and like it or not, they are diagnosing and treating these patients. The physician supervision of these clinics is at best shoddy!

I applaud the spirit of the two editorials and urge the TAFP to campaign strongly for strict adherence to the regulations and guidelines for physician oversight of NP's and PA's. Also not 'look the other way' when we know of infractions being done "because they are seeing most of the Medicaid and other undesirables", but report infractions to the B.M.E. and follow-up on it afterward. I have found that in most instances, the fault lies with the physician and not the NP or PA. Even though I'm retired now, I am very jealous for the TAFP and its members, and want us to be looked on with respect and dignity.

Norman L. Henderson, M.D., Lawrenceburg
TAFP Past President

TENNESSEE ACADEMY OF FAMILY PHYSICIANS 55th ANNUAL SCIENTIFIC ASSEMBLY

OCTOBER 28-31, 2003 - CONVENTION CENTER, GATLINBURG, TENNESSEE

We hope to see you in Gatlinburg the end of October! If you have not received your assembly registration/program brochure, please contact the TAFP office or you can access the brochure on the TAFP website at: www.tnafp.org.

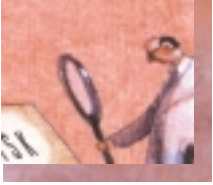


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