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# FAMILY PHYSICIAN

An Official Publication of the Tennessee Academy of Family Physicians

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*Yolandria Holt maintains that her positive attitude is as important to leading a healthy life as are her regular trips to the gym. And that attitude, along with a drive that keeps her busy with step aerobics, spinning classes and weight training, led her to*

**ask**

*how she might make a difference within her community. She found the answer in Katie Crumbo at Vanderbilt, who got Yolandria involved in a preventive HIV vaccine study — one of the many programs where Vanderbilt is leading the way in looking for answers through asking. And where healthy volunteers like Yolandria are helping to give hope to others in the community.*



**Vanderbilt Medical Center**

*Hearts and Minds*



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Cathy J. Dyer

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## President's Corner

These are interesting times we live in. I think we each feel the times we face are the most chaotic, frustrating or we deal with a crisis never before seen. While that may be true, it is no truer than faced by any other generation or time. In addition to these broad challenges, many of my friends and family are facing personal, emotional and spiritual crises. I'm often sought out for my opinion in these circumstances. We feel pressured to fix things, or don our champion capes daily. And, the pressures keep building! In my own setting of deadlines, multi-tasking and frustrations, I was pondering what I should address in my last President's Corner.

So many choices! We have dramatic TennCare changes. We have decreasing funding for graduate medical education. We have the crisis faced by Family Medicine as a specialty. And so on.

While these are pressing issues, something else came to mind as I began this column. The lesson was brought to the fore by a dear companion of mine of the past eleven years. One of my cats died today. His death brought me a great gift. In the middle of rushing to check off boxes on a list, and handle all the "whelming" things facing me on all of my days, he allowed me to take a moment – actually several hours I didn't think I had – to help him transition peacefully. I took him outside to be next to a favorite fountain, and we sat in the yard quietly together. I felt the sun and the wind. I appreciated the trees, the flowers, the birds playing, and all the life that goes on around us all the time. With all our responsibilities and daily challenges, I recognize how much we fall into the trap of trying to fix things, of cramming too much into too little time, and to constantly prioritizing this special time called life. But we easily forget to actually "live."

We have all been called to a service profession. It is not a "sensible" career choice. Instead, it is something that felt right, and that we went into with a great desire to help people. Somehow, even though we have created this reality and we are able to help people on a daily basis, we all find ourselves frustrated, angry, and questioning our decisions. During these times of great stress, frantic schedules and never enough time to do anything regardless of how much we multitask, I think it is important we step back and recognize a few truths. The world, despite all its difficulties and horrible events, is still full of beauty. All we have to do is stop and appreciate it, if even for a few moments. In addition, even with TennCare changing, the escalating expense of medications, the inaccessibility of care for so many people and all the other things we're frustrated by on a daily basis, we still make a difference. It may be as simple as giving someone a smile during a difficult time; the few extra minutes we provide despite a tight schedule because it is "the right thing to do"; or, recognizing someone is having a difficult time for whom you wish you could do more. We are each doing what we have wanted. We're truly helping people. Each one of you deserves to recognize that reality. Please give yourself permission today to sit outside with a loved one for a few minutes and appreciate the magic and beauty that we often overlook in our frantic days.

And give thanks. Thank you, Paws Dudley (my cat).

Cheers,

**Reid Blackwelder, M.D., Kingsport  
President**



# Slate of Nominees for 2006 Officers & Board of Directors

President-Elect . . . . . Charles Ball, M.D., Columbia  
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 Murfreesboro  
 Delegate to A.A.F.P. . . . . Reid Blackwelder, M.D.,  
 Kingsport  
 Alternate Delegate to A.A.F.P. . . . . Timothy Linder,  
 M.D., Selmer  
 District 1 - Director . . . . . Jim Wilson, M.D.,  
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 Alternate Director . . . . . Beth Anne Fox, M.D.,  
 Kingsport  
 District 3 - Director . . . . . John Standridge, M.D.,  
 Signal Mountain  
 Alternate Director . . . . . Mary Bean, M.D.,  
 Signal Mountain

District 5 - Director . . . . . T. Scott Holder, M.D.,  
 Winchester  
 Alternate Director . . . . . Stephanie Gafford, M.D.,  
 Fayetteville  
 District 7 - Director . . . Lang Smith, M.D., Columbia  
 Alternate Director . . . . . Joey Hensley, M.D.,  
 Hohenwald  
 District 9 - Director . . . . Susan Lowry, M.D., Martin  
 Alternate Director . . . . Kirk Nienaber, M.D., Henry  
 District 11 (Residents) . . . . . Ryan Bartz, D.O.  
 (UT Jackson FP Residency)  
 Patricia Conner, M.D.  
 (ETSU Bristol FP Residency)  
*The Resident receiving the highest number of votes will serve  
 as elected Director; the Resident receiving the second highest  
 number of votes will serve as elected Alternate Director*  
 Students - Board Representative . . . Zanetta Stewart,  
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 Alternate Board Representative . . . . Emily Tarvin,  
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## 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 2005 legislative session.  
If you are interested in participating as a TAFP Doctor of the Day  
on a Tuesday in 2006, please contact Cathy Dyer at the TAFP office.

Charles Ball, M.D. (Columbia)	Parvathi Perumareddi, D.O. (Cordova)
Reid Blackwelder, M.D. (Kingsport)	Donald H. Polk, D.O. (Waynesboro)
Lee Carter, M.D. (Huntingdon)	Gabe Polk, D.O. (Waynesboro)
Doreen Feldhouse, M.D. (Dyersburg)	T. Allen Polk, M.D. (Murfreesboro)
Beth Anne Fox, M.D. (Kingsport)	Douglas Rose, M.D. (Kingsport)
J. Chris Graves, M.D. (Chattanooga)	B. Alan Wallstedt, M.D. (Nashville)
William Hammons, M.D. (Nashville)	Ty Webb, M.D. (Sparta)
Scott Holder, M.D. (Winchester)	Ray Walker, M.D. (Memphis)
Gregg Mitchell, M.D. (Jackson)	Donald Zeigler, M.D. (Hixson)

Thanks also to the following Residents and Medical Students  
who participated in the Doctor of the Day program in 2005:

Adam English, D.O. (Resident, UT Jackson)  
 Joellen Bennett (Vanderbilt Medical Student, Nashville)  
 Sarah Greene (Vanderbilt Medical Student, Nashville)  
 Dana Guyer (Vanderbilt Medical Student, Nashville)  
 Sabina Leung (Vanderbilt Medical Student, Nashville)

# Members of the 2005 TAFP Congress of Delegates

Speaker: Lee Carter, M.D., Huntingdon

Vice Speaker: T. Allen Polk, M.D., Murfreesboro

## DELEGATES:

## ALTERNATE DELEGATES:

### District 1 (John Sevier Chapter)

Amylyn Lane Crawford, M.D., Kingsport  
Beth Anne Fox, M.D., Kingsport  
James D. Holt, M.D., Johnson City

Bruce Boggs, M.D., Jonesborough  
Gregory Clarity, M.D., Bristol  
Steven Clayton, M.D., Johnson City

### District 2 (Tennessee Valley Chapter)

Charles E. Leonard, M.D., Talbott  
F. Matt Mihelic, M.D., Knoxville  
Jim M. Reynolds, M.D., Knoxville

Jack C. Clark Jr., M.D., Knoxville  
Jeffrey W. Drinnen, M.D., Knoxville  
Amy Rosine, M.D., Knoxville

### District 3 (Choo Choo Chapter)

Mary Huff, M.D., Sweetwater  
Allen Sherwood, M.D., Ooltewah  
John Standridge, M.D., Signal Mountain

J. Chris Graves, M.D., Chattanooga  
J. Mack Worthington, M.D., Chattanooga  
Donald Zeigler, M.D., Hixson

### District 4 (Tom Moore Chapter)

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

Kenneth D. Beaty, M.D., Celina  
Steven G. Flatt, M.D., Cookeville  
Thomas A. Jenkins, M.D., Cookeville

### District 5 (Nathan Bedford Forrest Chapter)

Donald Deaton, D.O., Manchester  
T. Scott Holder, M.D., Winchester  
Thomas A. Smith, M.D., Winchester

William Mike Milam, M.D., Tullahoma  
Diane Petrilla, M.D., Sewanee  
Thomas Phelps, M.D., Tullahoma

### District 6 (Andrew Jackson Chapter)

T. Michael Helton, M.D., Smyrna  
Rodger Wallace, M.D., Nashville  
B. Alan Wallstedt, M.D., Brentwood

George Lanny Holmes, M.D., Nashville  
Michael Miller, D.O., Brentwood  
T. Allen Polk, M.D., Murfreesboro

### District 7 (Nathan Bedford Forrest Chapter)

Joe Hall, M.D., Waynesboro  
Joey Hensley, M.D., Hohenwald  
Lang Smith, M.D., Columbia

James R. Hayes, II, M.D., Spring Hill  
Donald H. Polk, D.O., Waynesboro  
D. Gabe Polk, D.O., Waynesboro

### District 8 (Forked Deer River Chapter)

Gregg Mitchell, M.D., Jackson  
Michael Revelle, M.D., Jackson  
Kevin J. Wheatley, M.D., Huntingdon

Walter F. Fletcher, M.D., Lexington  
Kim Howerton, M.D., Savannah  
J. Lou Manning, M.D., Jackson

### District 9 (No Organized Chapter)

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

Lesa Edwards-Davidson, M.D., Greenfield  
James Naifeh, M.D., Jr., Dyersburg  
William H. Tucker, M.D., Ripley

### District 10 (Memphis Chapter)

Loren Crown, M.D., Covington  
Robert Kirkpatrick, M.D., Germantown  
-Open-

Jay D. Smith, M.D., Memphis  
Raymond Walker, M.D., Memphis  
-Open-

### District 11 (Resident Chapter)

Alexis Ann Eckard, M.D., Knoxville  
Adam English, D.O., Jackson  
Bobby Proctor, M.D., Cordova

Cleo Carter, M.D., Brentwood  
Evann Max Herrell, D.O., Kodak  
Suzanne Gnaegy, D.O., Bristol

## 2005 Tennessee AFP Outstanding Student in Family Medicine 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 where there are qualified nominees. (Each recipient is awarded a check in the amount of \$500 and an engraved plaque.)

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. (There were no eligible graduating students at Vanderbilt and Meharry this year, so no award was presented at either of these medical schools in 2005.)

### CONGRATULATIONS TO THE TAFP'S 2005 RECIPIENTS:

**Patricia Conner, M.D.** - Graduate of East Tennessee State University James H. Quillen College of Medicine, Johnson City (ETSU Bristol Family Medicine Residency)



**Catherine Scarbrough, M.D.** - Graduate of University of Tennessee College of

Medicine, Memphis (In His Image Family Medicine Residency, Hillcrest, OK)

# **Proposed Amendment to the TAFP Constitution & Bylaws for Consideration by the 2005 TAFP Congress of Delegates**

**BYLAWS AMENDMENT 1-2005:** To Amend the Bylaws of the Tennessee Academy of Family Physicians in Chapter VII, Section 1 (E) by deleting the current wording entirely and replacing it with new wording.

## **Reads At Present**

Chapter VII, Section 1 (E). Public Health and Scientific Affairs Committee. This committee shall consist of at least five (5) members. It shall be the function of this committee to maintain close contact with the staff activities of the hospitals in order that representation of family and/or general practitioners be maintained on each hospital staff; to recommend to the Board of Directors such changes in facilities, conduct or functions of the hospitals as may seem indicated for the welfare of the public or the profession; to formulate plans and programs wherein the Academy and its members may cooperate with other groups in expanding, maintaining and raising hospitals' services and standards; and to work for staff privileges for family and/or general practitioners according to their qualifications.

## **As Proposed**

Chapter VII, Section 1(E). Committee on Public Health. It shall be the function of this committee to formulate plans and programs wherein the Academy and its membership supports, expands or initiates activities pertaining to public health promotion, disease prevention and education in Tennessee communities; cooperate with other organizations and agencies to address important public health issues; coordinate communication among and education of Academy members regarding public health priorities in which family physician participation is a priority.

Additionally, the members of this committee shall assist the Executive Director in representing the Academy at meetings and activities pertaining to public health and disease prevention.

**CONSTITUTION & BYLAWS AMENDMENT 2-2005:** To Amend the Constitution & Bylaws of the Tennessee Academy of Family Physicians in each appropriate Section which references Family Practice by replacing 'Practice' with the term Family 'Medicine' to be in compliance with changes made by the AAFP:

Constitution: Article III, Section 1. (1)

Article III, Section 1. (3)

Bylaws: Chapter 1, Section 2. (A), first paragraph, line 7, at the end of the sentence.

Chapter 1, Section 2. (A), second paragraph, line 2, line 4, line 7, line 9, line 10.

Chapter 1, Section 2. (A), third paragraph, line 1, line 3, line 4, line 5.

Chapter 1, Section 2. (A), fourth paragraph, line 1.

Chapter 1, Section 2. (B), line 1, line 2, line 3, line 6, line 10.

Chapter 1, Section 2. (E), first paragraph, line 4, line 5, line 6.

Chapter 1, Section 2. (E), second paragraph, line 1, line 5, line 6.

Chapter 1, Section 2. (E), third paragraph, line 2, written twice.

Chapter 1, Section 2. (A), first sentence, by deleting the words 'the' and 'practice of':

## **Reads At Present**

To be eligible for Active membership in the Tennessee Academy of Family Physicians, applicant must be a physician engaged in the family practice of medicine. ...

Chapter VII, Section 1. (F), first paragraph, line 7.

## **As Proposed**

To be eligible for Active membership in the Tennessee Academy of Family Physicians, the applicant must be a physician engaged in family medicine. ...

**BYLAWS AMENDMENT 3-2005:** To Amend the Bylaws of the Tennessee Academy of Family Physicians in each appropriate Section which references CME 'hours' by replacing 'hours' with the term 'credits' to be in compliance with changes made by the AAFP:

Bylaws: Chapter I, Section 2. (A), fourth paragraph, line 4, line 8.

Chapter I, Section 2. (A), sixth paragraph, line 4.

Chapter I, Section 2. (E), third paragraph, line 4, line 6.

Chapter I, Section 5. Line 6, line 8, line 9.

Chapter VIII, Section 6. First paragraph, line 16.

*continued on page 5*

**BYLAWS AMENDMENT 4-2005:** To Amend the Bylaws of the Tennessee Academy of Family Physicians in Chapter VII by deleting the current wording entirely and replacing it with new wording to be in compliance with the AAFP Bylaws.

***Reads At Present***

Chapter II. Fellowship. Any Active, Inactive or Life member in good standing may, upon application to the American Academy of Family Physicians through the Tennessee Chapter, be elected to receive the degree of Fellow upon fulfilling one of the following qualification procedures:

- (1) Completion of six hundred (600) hours of approved continuing medical education study while an Active member; or
- (2) Attainment of Diplomate status in the American Board of Family Practice; or
- (3) Fulfilling such other criteria for fellowship as may be established by the Board of Directors of the AAFP.

Between January 1, 1986, and December 31, 1998 no member may be elected to receive the degree of fellow unless such member has fulfilled one of the qualification procedures listed above and has held Active membership for six (6) years or has held a combination of Resident and Active membership for a total of six (6) years.

Effective January 1, 1999, no member may be elected to receive the degree of Fellow unless such member has met the criteria established by the Board of Directors of the AAFP pursuant to Subsection 3, Chapter IV, of the AAFP Bylaws and has held active membership for six years or has held a combination of resident and active membership for a total of six years.

**BYLAWS AMENDMENT 5-2005:** To Amend the Bylaws of the Tennessee Academy of Family Physicians in Chapter VII, Section 1 (C) by adding two new sections.

***Reads At Present***

Chapter VII, Section 1 (C). Education Committee. This committee shall consist of at least five (5) members and shall conduct, develop and assist in programs, lectures, courses and other means of postgraduate medical education and shall encourage and assist medical schools and hospitals to maintain and develop courses and facilities for the education and training of family and/or general practitioners. It may recommend changes in the qualifications and evaluate the various types of postgraduate continuing medical education for fulfilling the requirements for membership and continued membership, being guided in this by the decisions of the American Academy of Family Physicians. It shall encourage the acceptance of family and/or general practitioners on the active staffs of hospitals where they are qualified.

***As Proposed***

Chapter II. Fellowship. Any active, inactive, or life member in good standing may, upon application to the American Academy of Family Physicians, be elected to receive the degree of Fellow upon fulfilling the following requirements:

- (1) Held active membership for six years or a combination of resident and active membership for a total of six years; and
  - (2) Fulfilling such other criteria for Fellowship as may be established by the AAFP Board of Directors.
- Fellowship shall not be considered a separate membership classification but shall be an earned degree. Fellows shall continue to hold membership in this organization based upon one of the memberships provided in Chapter I of these Bylaws.

The degree of Fellow shall be conferred only at a convocation of the Academy. Under unusual circumstances satisfactory to the AAFP Board of Directors, exceptions may be made on an individual basis to the foregoing fellowship requirements by a two-thirds (2/3) vote of the AAFP Board of Directors.

***As Proposed***

Chapter VII, Section 1(C) Education Committee. This committee shall consist of at least five (5) members and shall conduct, develop and assist in programs, lectures, courses and other means of postgraduate medical education and shall encourage and assist medical schools and hospitals to maintain and develop courses and facilities for the education and training of family and/or general practitioners. It may recommend changes in the qualifications and evaluate the various types of postgraduate continuing medical education for fulfilling the requirements for membership and continued membership, being guided in this by the decisions of the American Academy of Family Physicians. It shall encourage the acceptance of family and/or general practitioners on the active staffs of hospitals where they are qualified. Beginning in 2006, this Committee will be tasked with soliciting and presenting nominees for the AAFP Exemplary Teaching Awards to the TAFP Board for the Board to select nominees to be submitted to the AAFP.

The Committee on Education will periodically Review the TAFP's funding of student activities, particularly the TAFP's current participation and presence at the AAFP's National Conference of Family Medicine Residents and Medical Students inasmuch as the Student Board Members originally requested the TAFP's participation at such.

*continued on page 7*



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**BYLAWS AMENDMENT 6-2005:** To Amend the Bylaws of the Tennessee Academy of Family Physicians in Chapter VII, Section 1 (D) by adding two new sections.

**Reads At Present**

Chapter VII, Section 1 (D). Nominating Committee. This committee shall consist of the four (4) most Immediate Past Presidents and the President-elect who shall serve as Chairman of this committee. This committee shall meet thirty (30) or more days before the date of the Annual Meeting of this Academy to select the names of members as Nominees for such offices as shall be vacant, consent of the nominees having been obtained, and to notify all Academy members of the names of these nominees by mail, or by notice in an official publication of this Academy, at least fourteen (14) days before said Annual Meeting.

**As Proposed**

Chapter VII, Section 1 (D). Nominating Committee. This committee shall consist of the four (4) most Immediate Past Presidents and the President-elect who shall serve as Chairman of this committee. This committee shall meet thirty (30) or more days before the date of the Annual Meeting of this Academy to select the names of members as Nominees for such offices as shall be vacant, consent of the nominees having been obtained, and to notify all Academy members of the names of these nominees by mail, or by notice in an official publication of this Academy, at least fourteen (14) days before said Annual Meeting.

It shall be the responsibility of this committee to look at nominees for the AAFP's Thomas W. Johnson Award, the AAFP's Robert Graham Physician Executive Award and additional award nominee requests received from the AAFP, not to include nominees for the AAFP Exemplary Teaching Awards which are designated to the Education Committee.

It shall be the responsibility of this committee to look at long-range plans for national AAFP positions, with inclusion of anyone currently serving in an AAFP position (committee, commission, board, etc.) serving as ex-officio members of the Nominating Committee for this issue only. National positions would include not just the AAFP Board or AAFP Officer positions, but also AAFP Commissions and Committees and other entities such as Society of Teachers of Family Medicine (STFM).

## ***Resolutions Received for Introduction to the 2005 TAFP Congress of Delegates***

**Resolution 1-2005:**

**RESOLUTION ON PARITY OF INCOME**

*Introduced By: Matthew Mihelic, M.D., President, TAFP Tennessee Valley Chapter (District 2)*

RESOLVED, That the Tennessee Academy of Family Physicians resolves that family and primary care physicians should have parity of income with all other medical specialties, and to work to bring about this goal. And Be It Further

RESOLVED, That the Tennessee Academy of Family Physicians further resolves to encourage the American Academy of Family Physicians to adopt the same resolution.

**Resolution 2-2005:**

**RESOLUTION ON PHYSICIAN RETAINER SYSTEM**

*Introduced By: Matthew Mihelic, M.D., President, TAFP Tennessee Valley Chapter (District 2)*

RESOLVED, That the Tennessee Academy of Family Physicians resolves that government and all other third party healthcare insurance payors should be persuaded to promote the use of retainer payments by patients to family and primary care physicians, while allowing physicians on retainer to bill patients' health care insurance for services.

RESOLVED, That the Tennessee Academy of Family Physicians further resolves to encourage the American Academy of Family Physicians to adopt the same resolution.

**Resolution 3-2005:**

**RESOLUTION FOR MALPRACTICE AMENDMENT**

*Introduced By: Matthew Mihelic, M.D., President, TAFP Tennessee Valley Chapter (District 2)*

RESOLVED, That the Tennessee Academy of Family Physicians resolves that there should be an amendment to the Constitution of the State of Tennessee that would allow all citizens of the state to choose to waive their right to sue for medical malpractice in advance of medical care, and would allow them to selectively obtain health care insurance that reflects the financial benefits of such a waiver.

**Resolution 4-2005:**

**RESOLUTION FOR INCREASING FAMILY MEDICINE POSTGRADUATE ACADEMIC OPPORTUNITY**

*Introduced By: Matthew Mihelic, M.D., President, TAFP Tennessee Valley Chapter (District 2)*

RESOLVED, That the Tennessee Academy of Family Physicians resolves that graduates of family medicine residency programs should have the same opportunities for acceptance into post-graduate subspecialty medical fellowships as do graduates of internal medicine residency programs, and resolves to work to bring about this goal. And Be It Further

RESOLVED, That the Tennessee Academy of Family Physicians further resolves to encourage the American Academy of Family Physicians to adopt the same resolution.

# Leaders on the Move & Information for Members

• **Congratulations to ETSU James H. Quillen College of Medicine** for again earning a Bronze Achievement Award from the AAFP. This award recognizes a school's outstanding efforts to foster student interest in family medicine and produce graduates who enter the specialty. Based on a three-year average for the period ending October of 2004, 21.1% of ETSU's medical school graduates have entered an ACGME accredited family medicine residency upon graduation.

• **Congratulations to ETSU's Family Medicine Interest Group** for being named one of ten recipients of the 2005 FMIG Network Program of Excellence (PoE) Awards. Additionally, the ETSU FMIG received special recognition as a

recipient of the Categorical Award for Excellence in Infrastructure.

• **Ray Walker, M.D., President-elect; Charles Ball, M.D., Vice President; Chris Graves, M.D., Secretary-Treasurer; Lee Carter, M.D., Speaker; and Cathy Dyer, Executive Director** represented the TAFP at the AAFP's Annual Leadership Forum in Kansas City in May. Additionally **Doreen Feldhouse, M.D., TAFP Women's Board Member, and Donald Zeigler, M.D., TAFP New Physicians' Board Member**, represented the TAFP at the AAFP's National Conference of Special Constituencies held at the same time. During ALF, the TAFP received an award for '2004 Highest Rate of Membership Retention' among the AAFP large state chapters.

• **Jim King, M.D., Selmer, AAFP Board Director**, has been appointed to serve as a Board member on FamMedPAC, the AAFP's newly formed political action committee. FamMedPAC will make direct contributions to candidates for U.S. House and Senate.

• **Tim Linder, M.D., Selmer**, has been appointed to the AAFP Commission on Government Advocacy for a term of December 2005 to November 2008.

• **Reid Blackwelder, M.D., Kingsport**, has been appointed to the AAFP Commission on Continuing Professional Development for a term of December 2005 to November 2007.

• **The American Board of Family Medicine has announced the launch of the Performance in Practice Modules (PPMs)**, an integral part of the Maintenance of Certification for Family Physicians Program (MC-FP). The MC-FP

program is in accordance with the American Board of Medical Specialties (ABMS) continuing certification program aimed at ensuring that physicians meet the highest standards of patient care and accountability. The PPMs are the ABFM's web-based, individual quality improvement modules in specific health areas. Contact the ABFM at 1-888-995-5700 for additional information.

• **You can access your Academy CME records** by going to [www.aafp.org/myacademy](http://www.aafp.org/myacademy), log in and go to 'My CME Record'.

• **Reminders:** The TAFP website is located at: [www.tnafp.org](http://www.tnafp.org). The TAFP website offers links for your convenience in contacting many useful websites such as: Tennessee Department of Health, Governor's TennCare Website, AAFP, National Tar Wars, Tennessee General Assembly and many others. The TAFP email address is: [tnafp@bellsouth.net](mailto:tnafp@bellsouth.net).

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## Tennessee Academy of Family Physicians 57th Annual Scientific Assembly

October 25-28, 2005;  
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 at the TAFP website at: [www.tnafp.org](http://www.tnafp.org).

# 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](mailto: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 2006) is October 15, 2005.

- **Board Certified Family Physician** available for short or long term outpatient/inpatient assignments. Willing to see all age groups and have flexible schedule. Call: 865-397-9957.

- **Knoxville** – Well established outpatient occupational and primary care practice is seeking BC/BE FP or IM associate physician. Desirable call

schedule with no weekend or extended office hours. Well-organized office with productive staff, accepting selective insurance. Excellent benefit package. Please respond by fax to (865) 673-4971 Attn: Recruitment; or by e-mail to [blsharp@knoxvillemedicalcenter.com](mailto:blsharp@knoxvillemedicalcenter.com).

- **Winchester** – Well-established call group of four have full practices in growing area and are looking for another physician to join their call group. The applicant must be willing to have a solo practice including inpatient coverage, weekend and ICU call. Prefer an AAFP/TAFP member with ABFM certification. No OB. Beautiful vacation and retirement area with excellent payer mix. Please contact: [tsmithmd@bellsouth.net](mailto:tsmithmd@bellsouth.net) or 931-967-9680.

- **Nashville** – 25 year old established and well furnished practice for sale. Located in suburban area near the airport and several hospitals. For more information please page (615) 736-0963.

## Improve the Care You Provide for Children and Get Tips on Administrative Efficiencies and Coding

The Tennessee Chapter of the American Academy of Pediatrics (TNAAP) can help you improve the quality of services you deliver to children and young adults. Let us be a resource to you and help you:

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Contact us about our pediatric training programs and resource materials (made available at no charge to you) on topics such as:

- EPSDT (TENnderCare)
- Pediatric Coding
- Developmental and Behavioral Health Screening

Come by our booth at the TAFP 57th Annual Scientific Assembly in Gatlinburg, or visit our web site at [www.tnaap.org](http://www.tnaap.org), email us at [tnaap@aol.com](mailto:tnaap@aol.com) or call us at 865-927-3030.



Tennessee Chapter of the  
American Academy of Pediatrics  
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DEDICATED TO THE HEALTH OF ALL CHILDREN™



# Legislative Report

The first year of the 104th General Assembly adjourned amidst a growing ethics scandal and the arrests of five legislators. Based on a two-year sting operation, the FBI arrested five sitting legislators three days before the legislature unceremoniously adjourned for accepting bribes to push a piece of legislation purportedly for the financial gain of a non-existent shell company. Overshadowing the disenrollment of 300,000 TennCare recipients was the surreal news that FBI agents had offered bribes to ensure passage of a bill for a phony company to allegedly recycle used computer equipment. The arrests cast a pall over the end of the legislative session.

This session was a mix of renewed attempts for expansions of scope of practice issues from prior years, and new issues presented for the first time. The psychology prescribing bill was reintroduced again. The TAFP and other provider organizations were again successful in defeating the legislation. The bill passed out of subcommittee this year, unlike the previous years due to a series of amendments by the proponents aimed at answering the issues offered in opposition. In the end however, a majority of the House Health and Human Resources Committee did not support the bill and it was deferred to next year.

Chelation therapy and alternative therapy advocates introduced a bill dealing with alternative therapies. After a summer of study committee meetings, the subcommittee was split on the issue. While several subcommittee members wanted to support a modified bill authorizing certain practitioners to continue to do chelation therapy, the majority felt that they were uncomfortable supporting anything until the national study is finished. This bill also was deferred until next year.

One of the most highly debated bills was a bill intended to affect TennCare but written intentionally

to affect all insurance coverages. This bill would have changed the laws on how pharmacists could substitute generic and brand name drugs. As originally drafted, it would have allowed pharmacists to substitute generically and therapeutically without the physicians' authorization. The thought was that they would circumvent the restrictions in Grier since the law would apply to the entire population instead of only TennCare recipients. TAFP was instrumental along with many other provider groups in opposing the therapeutic substitution language. After a very intense fight, the bill was passed with generic substitution language, which authorizes generic substitution unless the physician specifically states "dispense as written". The therapeutic substitution provisions were removed.

Health care providers across the spectrum had hoped for movement on malpractice reform legislation. Senator Mark Norris and Representative Doug Overby sponsored a broad based professional liability bill which among many other provisions would cap noneconomic damages at \$250,000, like California and similar to caps in other states surrounding Tennessee. The bill ran into difficulty in House Judiciary Civil Practice Subcommittee and was deferred until 2006. Once the House bill was deferred, the Senate

took similar action thereby putting off consideration in both Houses until next year. The only bill that passed this year was a bill which created immunity for physicians who treat patients for free at free health care clinics.

The early session was dominated by Governor Bredesen's efforts to disenroll over 300,000 patients from TennCare. At this writing he has been able to receive approval from CMS and the Federal Courts for his disenrollment plans. He is currently in another Federal Court attempting to change the consent agreements reached by the administration under the Grier decision a few years ago. If the administration can renegotiate the Grier agreements to limit pharmacy and other benefits, they state that they can reenroll 97,000 patients who currently qualify for TennCare as "medically needy" but who are scheduled to be disenrolled.

The Tuesday Doctor of the Day program at the Legislature is an important part of the TAFP's legislative effort. Thanks to all who volunteered to serve in this invaluable capacity throughout the year. The individual legislators truly appreciate the service and it serves to raise the visibility of the TAFP in the legislature.

**Jack Fosbinder, Nashville**  
**TAFP Legislative Counsel**

## *Partnership for Prescription Assistance of Tennessee*

The TAFP is a partner in and supporter of the 'Partnership for Prescription Assistance' (PPARx) which is a nationwide initiative to help qualifying patients who lack prescription coverage get the medicines they need. Through a toll-free number (1-888-477-2669) and web site ([www.pparxtn.org](http://www.pparxtn.org)) the Partnership for Prescription Assistance offers a single point of access to more than 350 public and private patient assistance programs, including more than 150 programs offered by pharmaceutical companies. Brochures are available by contacting the TAFP office in Nashville.

# Editorial

I've dusted off the temporal lobe files for breakfast discussions early in my career. We gathered at 6:30 each morning at the back table in Laughlin Hospital's cafeteria. I suspected the attraction was Bruffy Conner's home made jelly which when applied to freshly toasted salt rising bread would addle most until fully consumed. Bruffy was our spiritual representative as part time and retired Presbyterian minister. He joined a mixed crowd – stalwarts Nathan Horner, M.D. and the late Dale Brown, M.D. (both general practice), usually Ben Keebler, M.D. also GP, orthopedist Walter Chapman, M.D. and an assortment of interested citizens who found coffee and conversation at that hour delightful. The tales went from ridiculous to sublime, usually instigated by Doctor Horner or Keebler to entice Doctor Brown to reminisce about a particular incident or event. Doctor Brown held his own and is the only person I've ever known who has traveled to every continent on the planet and personally set foot on the Falkland Islands! (And to think I once thought that he wasn't very bright!)

Occasionally the talk would focus on serious matters when parishioners of Conner's would cross our paths in the hospital. Discussions as such today would bring wrath of the HIPPA police; then, we shared common interests of faith, pain, suffering, family and community. I challenged Bruffy one morning to help me understand the difference between patients who merely experience pain while others with the same pain experience suffering. While I do not remember the details of his response nor my counter reply, I do recall that his initial silence lasted far longer than his usual answer. He had to struggle to pull together the components of personal character that influence the assault to mind, body and spirit brought by illness. I distinctly remember that we all had deficient knowledge to converse in detail on this issue. Which brings me to Thomas Egnew's, EdD, LICSW, piece in *Annals of Family Medicine* "The Meaning of Healing: Transcending Suffering" vol 3, no. 3, May/June 2005. This is a dissertation by qualitative inquiry in interviews with seven qualified individuals who should know about these issues. The one that caught my eye was my mentor afar, G. Gayle Stephens, M.D., from Alabama. The fact that part of this study was presented at the Society of Teachers of Family Medicine in January of 1996 means that this is a life's work for Egnew.

For those of you that thirst for the particulars of grounded theory content analysis, read the body of this article for the bloody details. As for me, I was pleasantly satisfied to read the Results that developed the themes of Wholeness, Narrative and Spirituality. The Narrative section is important for us as listeners and participants in the journey of illness. "Narratives of healing are created in close physician-patient relationships that are personal in nature and supported by continuity of care." But to the issue of suffering, I found in the Wholeness

part this concept: "Ill patients experience a transformation in their sense of wholeness characterized by loss and isolation. Not being the persons they have known themselves to be, they suffer." The operative definition of healing is found in Spirituality: "Healing is the personal experience of the transcendence of suffering." "Nothing is a faster teacher than suffering. The more we suffer, the earlier the spiritual quadrant opens and matures."

When was the last time you healed a patient? I've asked myself this question in preparing this editorial. Honestly, I'm sure I've done it but it's not my perspective to realize when it has happened. What I do know is that we share journeys with our patients who come to us in stages of health and illness. We are privy to the stories they tell about how it feels to be sick. If we follow them long enough, through many occasions, then we companion them step by step. The dialogue is mutual and important; the process is powerful and we have opportunity to heal. As Egnew notes this is a two edged sword: "Not knowing how to engage suffering risks iatrogenically inducing it." After two decades of practice in one community, I see how connexual relationships form around bonds of trust. We have the privilege of caring with each other to treat the person not the disease. The challenge in today's environment of industrial medicine is developing relationships that open us to surpass a curative role to become a healer.

One final note for you. One morning Bruffy whined that he needed money for the "jelly fund" since blackberries were in and his preserves were the best to be had. Doctor Dale piped up that he would pitch in as did most of the rest of us. The plot turned suddenly when Doctor Chapman said that he'd pitch in whatever Doctor Dale did. Now lest you miss a fine point – Doctor Dale Brown taught me early on "always have change for the hundred dollar bill." And secondly, Doctor Chapman kept tight reign on his dollars. Upon hearing that the orthopedist would match his contribution, Doctor Dale pulled a wad of neatly rolled bills from his coat pocket approaching 3 inches in diameter. He snapped a thick rubber band off onto his wrist and unrolled into the middle. Doctor Chapman nearly aspirated his oatmeal when Ben Franklin appeared. Doctor Chapman never offered to match funds with Doctor Dale again. Orthopedics are not immune to suffering.



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

Webster's defines a client as someone who pays for goods or services. A growing trend in healthcare is to call the people who walk through the office door clients. These people are healthcare customers. More often than not, they are well informed about the type of care they want and the services for which they are willing to pay. They carefully review a physician's references and search the internet for possible tests and medications. Also, commercials lead them to possible medication choices. By calling these people clients, healthcare providers acknowledge their active role in healthcare decisions. "Client" defines the relationship as one between equals and gives the relationship distinct boundaries.

However, have those supporters of the use of "client" ever been called "my doctor?" Recently a resume came across my desk that indicated the reason for seeking new employment was "my doctor left." This employee claimed the doctor as hers, just as a family member would claim his or her sister, dad or mom. I never truly understood how wonderful it is until "my nurse" called me "her doctor." Suddenly I recognized and appreciated the significance of the title. People in the community introduce me as their doctor. Occasionally they introduce me just as "my doctor." To define it as a business relationship as "client" implies would not fully define the relationship. We have a family relationship. Our appointments are more than a

request for medication or testing. Often we discuss medical needs and then share family updates and stories.

The use of "my patient" has been criticized also. The argument is that clients do not belong to anyone. That is true. Patients are not possessions or accounts. They are human beings who have entrusted their

family physician with their well-being. A deeper level of responsibility is implied when a patient claims a physician and a physician claims them. The involvement extends beyond that ten-fifteen minute visit. It involves a long-term relationship that includes multiple generations.

Yes, people are healthcare consumers or "clients" who are active in the decision-making process. However people, both patients and doctors, generally have a desire to belong. We often need to know that someone cares enough about us to claim us as theirs.

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



## 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 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 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 1-800-897-5949; Nashville calling area at 615-833-5522; Email at [tnafp@bellsouth.net](mailto:tnafp@bellsouth.net). Or, you can access information on Tar Wars via the Tennessee AFP website at: [www.tnafp.org](http://www.tnafp.org).



## Letter Received

Dear Cathy and TAFP Members:  
Thank you so much for selecting me as the Outstanding Student in Family Medicine Award recipient at UT. It was quite a surprise, but I am honored to receive the beautiful plaque and stipend. Thank you for your continued dedication to the TAFP medical students like me. I hope we can stay in touch as I begin my Family Medicine Residency in Oklahoma. Thank you once again!

Sincerely,  
Cathie Scarbrough, Memphis

# The Skinny on Milk, Cheese and Yogurt

## 3-A-Day of Dairy Increases Weight Loss When Part of a Reduced-Calorie Diet

Research continues to support the relationship between dairy foods and weight management. In a clinical trial, people on a reduced-calorie diet who consumed 3 servings of milk, cheese or yogurt each day lost significantly more weight and body fat than those who just cut calories while consuming little or no dairy.

### How It Works

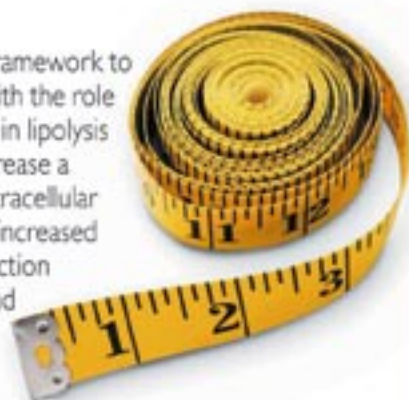
Cell culture and animal studies provide a strong potential framework to explain dairy's weight loss effect, part of which has to do with the role that dietary calcium, and potentially dairy protein, may play in lipolysis and lipogenesis. Low-calcium diets have been shown to increase a key calcium-regulating hormone, which in turn increases intracellular calcium concentrations in human adipocytes and results in increased fat storage. Conversely, a high-calcium intake inhibits production of the hormone, thereby decreasing intracellular calcium and ultimately the fat content of fat cells. Moreover, studies in animals and humans show that dairy foods promote substantially greater loss of body weight and fat than calcium supplements.

### A Motivating Benefit: Losing Inches in the Waist

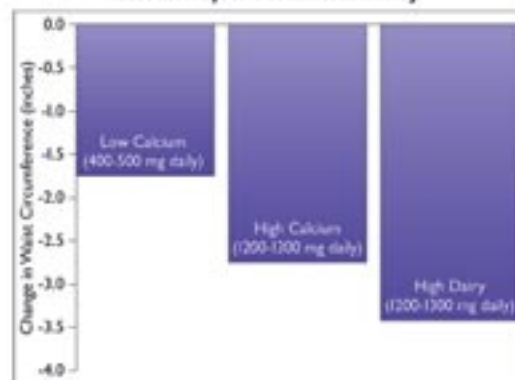
Research also indicates that including 3 daily servings of dairy in a reduced-calorie diet may help patients lose more inches and burn more fat in the abdominal region.<sup>1</sup> Visual results can help motivate patients to decrease a high waist circumference, a trait that indicates abdominal obesity and an increased risk for the metabolic syndrome, hypertension and cardiovascular disease.

### Benefits Beyond Weight Loss

The newly released Dietary Guidelines for Americans also acknowledges the important role of dairy products' unique nutrient package. The guidelines recommend people consume 3 servings of fat-free or low-fat dairy foods every day as part of a healthy diet. It also recommends dairy products like lactose-free milk or yogurt first for individuals who are lactose intolerant.



**Dairy Foods Accelerate Loss of Abdominal Fat<sup>1</sup>**  
Results after six-month study



Motivate patients with what they find important. Adults may lose more inches in the waist when including 3 servings of milk, cheese or yogurt each day as part of a reduced-calorie diet.



NATIONAL DAIRY COUNCIL

To learn more about the body of research supporting dairy's role in weight loss and to download a free Healthy Weight Education Kit with patient education materials, visit [nationaldairyCouncil.org](http://nationaldairyCouncil.org). Also encourage your patients to assess their diet at [assessyourdiet.webmd.com](http://assessyourdiet.webmd.com).

<sup>1</sup>Zemel MB, et al. Dietary calcium and dairy products accelerate weight and fat loss during restriction in obese adults. *Obesity Research*. 2004; 12(4): 592-599.

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3 servings of dairy a day in a reduced-calorie diet supports weight loss.  
[3aday.org](http://3aday.org)



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