Call For Nominees: John S. Derryberry M.D.
Distinguished Service Award
see page 12
Family Physician of the Year Award
see page 12

Call for Student & Resident Research Papers
see page 14

IMPORTANT REMINDER – See page 19 for rules and regulations related to CME requirements for Tennessee State Medical Licensure and Osteopathic Medical Licensure.
“You have a brain tumor.” It is one of the most frightening phrases most patients can imagine. It sounds like a death sentence and brings to mind a treatment plan filled with painful, debilitating procedures with little hope for recovery. Thankfully, our understanding of the biology of brain tumors is rapidly advancing, and our diagnostic tools and surgical techniques now allow us to face even the most challenging tumors with new optimism. Research published throughout the past decade has shown that minimally invasive approaches to brain tumor resection are safe, effective and well tolerated. A paradigm shift is under way within the neurosurgical community that promises radically improved outcomes for patients with both benign and malignant brain tumors.

Functional imaging of the central nervous system has changed the face of neurosurgical planning. Magnetic resonance (MR) technology now allows us to isolate eloquent areas of the brain with precision, to map critical functional pathways even when they are deformed by tumors, and even to study brain anatomy during operations themselves. These planning technologies can be merged with intraoperative guidance systems to provide sub-millimeter navigational accuracy, allowing surgeons to minimize risk to normal structures while maximizing access to tumors.

Intraoperative capabilities have rapidly adapted to incorporate this new technology. While large tumors or those associated with the skull base once required large craniotomies or deforming transfacial exposures, modern neuroendoscopy allows surgeons to resect tumors through dime-sized burr holes in the cranium, or through the nose or the mouth. This technique can be adapted to treat gliomas, metastases, meningiomas, pituitary tumors, and other rare tumors in children and adults. These approaches cause less tissue destruction, less damage to adjacent brain, better cosmetic results, and less risk of many complications including infection. They often reduce operating and anaesthetic time, blood loss, and postoperative pain. Most notably, minimally invasive approaches to brain tumors dramatically shorten recovery time, with many patients discharged home within 24 hours of their surgery, and back to regular activities within one to two weeks.

These benefits are not just appreciated by patients; they also have measurable effects on the ongoing treatment of patients’ diseases. For example, patients with malignant brain tumors routinely receive chemotherapy and radiation shortly after healing from surgery. In these cases, early adjuvant treatment is optimal for preventing the progression of their disease. Patients treated with minimally invasive techniques recover more quickly and have fewer wound complications than those treated with traditional large surgical approaches. This allows them to proceed with adjuvant therapy within two to four weeks of surgical treatment, optimizing their chance for good long-term tumor control.

So, are there any caveats to remember when considering minimally invasive approaches to brain tumors? In fact, yes. Minimally invasive surgery has a steep learning curve for surgeons and their operative teams. Often the instruments required are dramatically different from those used in conventional approaches, and a surgeon and his or her team must be comfortable with the idiosyncrasies of the exposure and the tools needed to keep the operation safe. Surgery of this type is a craft that requires specialty training and frequent repetition. However, it is also incredibly gratifying as it allows us to give our patients fresh hope for the future.

Lola B. Chambless, M.D. is an Assistant Professor of Neurological Surgery at Vanderbilt University Medical Center.

REFERENCES:
5. Teo C and Broggi M. Surgical outcome of patients considered to have inoperable tumors by specialized pediatric neuro-oncological multidisciplinary teams. Childs Nerv Syst 2010 Sep;26(9):1219-25.
President’s Corner

EDITORIAL
The Ghosts of Canton

TEAM-A: “The Evolution of Anticoagulation Management Atrial Fibrillation”

RECAP OF NOVEMBER 1, 2012
Board of Director’s Meeting

TNAFP 65TH Annual Scientific Assembly Schedule

Call for Nominees

Call for Research Papers
Call for Resolutions & Bylaws Amendments

Leaders on the Move

TENNESSEE LICENSURE RENEWAL REQUIREMENTS
Spring is always a welcome time. The sense of anew is everywhere as the lethargy of the desire to hibernate wears off. I love the longer days and the chance to actually see some daylight at the end of my workday. I enjoy working in the yard and mowing the grass. It’s crazy, but I do my best thinking while on the zero turn mower. I hope you are energized by the season as well.

The national election is over. Obamacare is being implemented. ACO’s are rapidly taking form. The content of the March Practice Enhancement Seminar in Nashville highlights the issues we are facing. Just reflect on these topics: “Federal Health Care Updates”, “Strategic Guides to ACOs,” “Strategic Affiliations in the New Healthcare Era,” “EHR & Health Information Exchange,” “Work Flow and Productivity in the Patient-Centered Medical Home,” “Midlevel Providers Supervision,” and “Physician and Hospital Alliances in Clinical Integration.” As an industry and as individuals, our plates are full.

The Tennessee Academy remains busy and active in affairs that are important to our members. We continue to be active at the Tennessee Legislature, and to provide the Doctor of the Day each Tuesday. We are at the table with many initiatives and organizations across the state, including: a teen driving safety task force, supporting legislation for managing student athletes with head injuries, an Asthma Coalition, the Rural Health Association, and Committee on Pediatric Emergency Care to name a few. Our Academy is participating in a collaborative of Tennessee family practices with family practices from Georgia, Florida, North Carolina, and California to tackle the issues of appropriate treatment and standardization of anticoagulation in patients with atrial fibrillation.

I reflect on Doctor Wes Dean’s previous quote of Martina Navratilola. To paraphrase, he says the difference between involvement and commitment is like eggs and ham. The chicken is involved but the pig is committed. I can assure you that the Tennessee AFP is committed to serving its members. In that same vein, I encourage all to at least become involved. If you don’t participate as individuals in guiding the future direction of our Specialty, then you’re forced to deal with the consequences. Or, as one of my nurses says, if you are going to be stupid, then you better be tough.

Enjoy the season! Smell the flowers and mow the grass!

Your Servant,

Alan Wallstedt, M.D., Brentwood
President
By the time this editorial goes to print, we will be gathering for our TNAFP Annual Practice Enhancement Seminar in Franklin, TN. When the location was first moved to Franklin, I lamented the extra drive and being away from “Music City,” but Franklin has a charm that I am blessed to have discovered. One of my first attempts to explore the town led me to the Carnton Plantation. With family in tow, I signed up for the guided tour and spent the wait by rocking on the porch. I had learned from the brochure that this site had seen the bloodiest of the Civil War battles and that it had been converted into a field hospital, with the family who lived there tending to the wounded. I had time to reflect, alone, as my family wandered the grounds. Maybe it was my fertile imagination, but the breeze seemed to whisper that much had happened here that needed to be remembered. I knew that they offered ghost tours on the premises, so my eyes warily scanned every shadowy area, just in case, but no wispy manifestation met my gaze. Partially disappointed and wondering if I were wasting my time, I eventually took my place in line for the tour behind a very youthful guide, who looked too young to have even heard of the Civil War. To my surprise, she was very informative.

As we traveled through each room, we were told of the McGavock family who had lived at Carnton during the period. A couple with five children (only two of whom would survive to adulthood), John and Carrie McGavock had resided there, schooling their children during family dinners at the large dining table, entertaining various prominent families and politicians of the time in the parlor, and comforting and playing with their offspring in the children’s bedroom. We learned of Carrie’s insistence on breaking with tradition and wearing a black dress for her bridal portrait and of how John’s father, who had built the house, had named it for his Irish roots, with “cairn” meaning “a pile of stones,” as was often used to mark graves; both decisions hinting of the tragedy to come. As we moved along, the details shared helped us to envision the daily life of the family and to have some sense of what was important to them.

Beautiful murals, furnishings, and artwork mingled on our tour with bloodstains that refused to disappear; a lasting memorial to the tragedy. We learned that during the Battle of Franklin, thousands died, and this family watched from the house in the night as the fiery battle raged; ultimately, yielding their grounds...
and the house, itself, to the wounded. The children were sequestered away from the carnage, but we were told that they could not escape the screams and cries of the wounded and the smell of the blood that permeated the house. The nursery was quickly converted into an operating room and the military surgeon operated on one victim after the next, in rapid succession, often amputating a limb in hopes of saving what was left. Reportedly, the limbs were tossed out the window into the backyard, until the pile reached the window sill. I lingered in that nursery, looking at the surgical instruments and wondering if I had it in me to stand relentlessly, hour after hour, sawing and severing through the background of cries and screams, with blood falling all around me. We speak of the need to maintain our humanity in medicine, but to what place must a physician go in order to persevere, doing what must be done, in such a ghastly fashion? Then, eventually, how could one travel back to again pick up that humanity and move forward?

The family had those challenges, as well. I had first imagined that their slaves would be charged with tending to the wounded and cooking and cleaning duties, but the slaves had been sent deeper into the south as the war had made its way closer to Franklin. It was the family who tore fancy petticoats and bedding into bandages and Carrie McGavock’s skirts that mopped the blood-soaked floor. It was she who did the cooking and the nursing, reportedly ministering to all she could with grace and kindness. The house played its role as hospital for months, until the last patient left. Eventually, the family donated land to provide for re-interment for the hastily-buried Confederate soldiers beside the McGavock family plots. We were told that Carrie tended to the graves, herself, until her death. Her tireless devotion to the soldiers earned her the nickname, “The Widow of the South.”

We completed our tour and wandered the grounds. We discovered that weddings are now held where hundreds of wounded once lay upon the ground, and flowers bloom there in the spring in bright pinks and reds. Birds flittered around us and the only sign of danger was a hawk that landed on a branch overlooking the cemetery, eyeing the smaller birds. Even in the cemetery, I couldn’t make out an apparition; however, a few years after that tour, I know that I am haunted.

Although miniscule by comparison to that change wrought in the lives of those who lived the tragedy, I was changed by its story. Most of us, thankfully, will never find a battlefield at our doorstep, and yet, there are so many lessons worth remembering from these ghosts. Life sometimes takes us places that we’d much rather not go, and asks of us what we’d much rather not give. Those who come to us, suffering the consequences of battles they’ve lost, need us to muster what compassion we can find and minister to their wounds. Although not amputating for hours on end, many of us do attempt to dissect from the lives before us the diseased parts and fortify the healthy remainder. We may not be up to our windowsills in discarded limbs, but we are up to our ears in paperwork, regulations, and demands on our time. We try to garner practice guidelines from the evidence of modern medicine, but our humanity is tempered by learning from those who knew the art of medicine before we were born, and sometimes, in the day-to-day grind of practice, it is in danger of being lost. Sometimes, it’s that comforting word, that holding of the hand or that sharing of the experience in patient silence that best serves those in need. Although that surgeon is remembered by history, also, and certainly, he saved several lives, it is Carrie McGavock to whom History tips its hat as having healed the souls of the wounded and those of the loved ones that they left behind them. So, let’s stop to smell the roses and to hear the birds sing and know that however difficult our day may be, tomorrow will come, and there will be a spring. As a parting legacy from the ghosts of Carnton, let us keep in mind that while we continue to wield scalpels and pharmaceuticals, our ability to meet our patients on the common ground of humanity can be no less important a skill.

Sherry L. Robbins, M.D., Knoxville
Co-Editor

As a parting legacy from the ghosts of Carnton, let us keep in mind that while we continue to wield scalpels and pharmaceuticals, our ability to meet our patients on the common ground of humanity can be no less important a skill.
The Tennessee Academy of Family Physicians has been invited to participate in an exciting research and quality improvement project for physician practice. The California Academy of Family Physicians (CAFP) invited the Tennessee Academy, along with the Florida, Georgia and North Carolina Academies, to participate in a collaboratory which combines quality measures, the chronic care model, individual learning interventions, group educational offerings and outcomes measures. These state chapters were selected to participate based on national stroke data.

This collaboratory is a 12- to 15-month experience with 15 practice teams from 5 AAFP state chapters working on clinical performance improvement in anticoagulation management and stroke risk in patients with A. Fib. Michael Hartsell M.D. of Greeneville, Alan Wallstedt M.D. of Brentwood and Ty Webb M.D. of Sparta have agreed to be the three Tennessee AFP physician practices to participate.

In January the first face-to-face meeting was held in Atlanta with each practice team forming their AIM statement – What is it that each team and practice wish to accomplish? The answer to that question is the exercise that makes this collaborative project both unique to each location that participates and also the reason for the likely success of the overall goal.

Each practice team is responsible for its own performance improvement project and data collection. The CAFP has prior experience with quality initiatives in Diabetes and C4 Capacity-Building. Their guidance as an experienced team leader has already helped us focus on practical measures of outcome and realistic goals that will not overburden busy practices.

The first session confirms the importance of the identification, stratification, and treatment of individuals with atrial fibrillation. The 15 practices shared common frustrations with the diagnosis, monitoring, and management of this select patient population. Significant learning about atrial fibrillation in primary care populations took place. Options for management of A.Fib. was another didactic learning session encompassing CHADS, CHADS-VAS, and HASBLED scoring.

It will be an interesting year of challenges for the three Tennessee practices. Hopefully, these participants will share their results with other members of the Tennessee Academy at a future practice enhancement venue. Stay tuned for more details.

Thank you Doctor Hartsell, Doctor Wallstedt and Doctor Webb!
CONGRATULATIONS TO JOSEPH ‘JOEY’ HENSLEY, M.D. UPON HIS ELECTION TO THE TENNESSEE SENATE

Doctor Joey Hensley was elected to the Tennessee State Senate, representing District 28, which includes Giles, Lawrence, Lewis, Maury, Perry and Wayne Counties. Doctor Hensley serves as a Director on the Tennessee AFP Board of Directors, and received the Tennessee AFP’s ‘Family Physician of the Year Award’ in 2012. He served in the Tennessee House from 2003 to 2012.

Tennessee Rural Partnership (TRP) matches qualified clinicians with job opportunities in rural and underserved urban practices in TN. One of our clinicians could be right for your practice. Current job candidates include:

- primary care physicians [family practice, internal medicine, IM/PEDs, pediatricians, and OB/GYN]
- pediatric nurse practitioners, adult nurse practitioners, family nurse practitioners
- physician assistants
- physician specialists in anesthesiology, general surgery, and psychiatry

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Use the Submit An Opportunity form at http://www.tnrp.org

Questions? Call us at 615.242.7872

Paid advertisement
The Bureau of TennCare has selected Magellan Health Services as the new Pharmacy Benefits Manager (PBM) for the state Medicaid program. The three-year, $35 million contract was awarded in December 2012, signaling the start of six months of extensive preparation and readiness reviews. The transition from Catamaran, TennCare’s current PBM, to Magellan will take effect June 1, 2013.

The TennCare PBM administers the pharmacy claims system which is an online system that processes all pharmacy transactions, administers TennCare’s Preferred Drug List and negotiates rebates and discounts with drug manufacturers.

Magellan Health Services was selected through a competitive bid process in which bidders were evaluated on a combination of technical expertise and cost.

The contract with Magellan is a three-year contract with two one-year extension options. In addition to TennCare, Magellan serves 40 health plans, several pharmaceutical manufacturers and other state Medicaid programs in their pharmaceutical segment of business.
<table>
<thead>
<tr>
<th>Event</th>
<th>Details</th>
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<tbody>
<tr>
<td>Received an update on The Rural Partnership from Natalie Preptit, Retention and Recruitment Coordinator.</td>
<td>+Received for information Kenetra Hix, TNAFP student member at UT Memphis, was appointed as an AAFP Family Medicine Interest Group Regional Coordinator for 2013.</td>
</tr>
<tr>
<td>Received a presentation from Clay Phillips, Director of Provider Relations and Communications, and Jason Ross, Director of Physician Operations, with BlueCross BlueShield of Tennessee. Mr. Ross provided a summary of how BCBS is supporting the Patient Centered Medical Home initiative.</td>
<td>+Discussed the Executive Director’s concern that many members appear to be not aware of the requirement for one credit of Prescribing Practices every two years for medical licensure. Approved writing the Chair of both the Tennessee Board of Medical Examiners and Tennessee Board of Osteopathic Examiners requesting that they consider including the CME requirements for medical licenses in all correspondence with physicians licensed in Tennessee.</td>
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<tr>
<td>Approved Minutes of the June 23, 2012 Board of Directors’ Meeting.</td>
<td>+Approved support of the TMA new policy on “After-Hours Care for Non-Emergency Patients.”</td>
</tr>
<tr>
<td>Received ‘Call for Nominees’ for the Tennessee AFP’s 2013 Family Physician of the Year Award and John S. Derryberry M.D. Distinguished Service Award.</td>
<td>+Accepted the report along with the Mission Statement from the August 2012 Strategic Planning session, with a request that the report go back to the Strategic Planning Committee to develop a time line for each goal along with plans of action to be brought back to the Board in March 2013.</td>
</tr>
<tr>
<td>Received for information Theo Hensley, 2012 TNAFP Student Board Member and ETSU medical student, was elected at 2012 AAFP National Conference of Family Medicine Residents and Medical Students to serve as Alternate Student Delegates at the 2012 AAFP Congress of Delegates held in Philadelphia last October.</td>
<td>+Discussed the annual Resident and Student Research Paper Competition with a request that the matter be referred to the Research Committee to bring suggestions back to the Board in March 2013.</td>
</tr>
<tr>
<td>+Noted thank you letter received from Robert Gowan, former TNAFP lobbyist, for the Tennessee AFP donation made to the Amy Adams Gowan fund to assist in the payment of outstanding medical bills. Amy, Robert’s wife, passed away at age 45 after a three year illness from ALS.</td>
<td>+Discussed Resolution 3-2012 referred to the Board by the TNAFP Congress, with the Board referring to the TNAFP Delegation to the AAFP for development of a Resolution for presentation to the 2013 AAFP Congress.</td>
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<tr>
<td>+Discussed from the June Board Meeting, a response letter received from Doug Henley, M.D., AAFP EVP/CEO, concerning the AAFP scheduling their State Legislative Conference in Memphis the last day of the TNAFP Annual Assembly in Gatlinburg.</td>
<td>(For additional information on any of these items, please contact Cathy at the Tennessee AFP office.)</td>
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<tr>
<td>+Discussed the TNAFP Board policy on officers and board members serving as Tuesday Doctor of the Day representing the Tennessee AFP.</td>
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<tr>
<td>Received request for a TNAFP representative to serve on the Tennessee Safe Teen Driving Task Force.</td>
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### Wednesday, October 30:

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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| 7:50 a.m. - 8:00 a.m. | Welcome & Announcements  
 Alan Wallstedt M.D., 2013 TNAFP President                           |
| 8:00 a.m. – 8:30 a.m. | Greetings & Update from the AAFP  
 Reid Blackwelder M.D., 2013 AAFP President-elect                    |
| 8:30 a.m. – 9:15 a.m. | Patient Centered Medical Home  
 Reid Blackwelder M.D.                                                  |
| 9:15 a.m.-10:00 a.m. | Hypertension Update on JNC 8  
 Stephen Adams M.D.                                                     |
| 10:00 a.m.-10:45 a.m. | Food & Beverage Break                                                  |
| 10:45 a.m.-11:30 a.m. | Diagnosis & Treatment of ADHD  
 Kristin Rager M.D.                                                      |
| 11:30 a.m.-12:15 p.m. | Update in Immunizations  
 Kelly Moore M.D.                                                        |
| 12:15 p.m.-1:15 p.m. | Lunch                                                                 |
| 1:15 p.m.-2:15 p.m. | Type 2 Diabetes (AAFP Chapter Lecture Series-confirmed)  
 Speaker to be determined                                               |
| 2:15 p.m.-3:00 p.m. | Update on Cervical Cancer Screening  
 Gregg Mitchell M.D.                                                    |
| 3:00 p.m.-3:45 p.m. | Food & Beverage Break                                                  |
| 3:45 p.m.-4:00 p.m. | Resident/Student Research Paper Presentation #1                        |
| 4:00 p.m.-4:45 p.m. | Allergic Rhinitis  
 Gregory Blake M.D.                                                     |
| 4:45 p.m.-5:00 p.m. | Resident/Student Research Paper Presentation #2                        |
| 6:30 p.m.-8:30 p.m. | President's Banquet                                                    |

### Thursday, October 31:

<table>
<thead>
<tr>
<th>Time</th>
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| 8:00 a.m.-9:00 a.m. | Dementia  
 James Powers M.D.                                                  |
| 9:00 a.m.-9:45 a.m. | Seizure Disorders  
 Bassel Abou-Khalil, M.D.                                             |
| 9:45 a.m-10:30 a.m. | Food & Beverage Break                                                  |
| 10:30 a.m.-11:15 a.m. | Herbal Supplements  
 Reid Blackwelder M.D.                                               |
| 11:15 a.m.-12:00 noon | Movement Disorders: An Overview  
 Thomas L. Davis, M.D.                                                 |
| 12:00 noon-1:00 p.m. | Lunch                                                                 |
| 12:15 p.m.       | Lunch                                                                 |
| 1:00 p.m.-1:45 p.m. | Dysfunctional Uterine Bleeding  
 David Maness D.O.                                                      |
| 1:45 p.m.-2:30 p.m. | Concussion Recognition & Management  
 Alex Diamond D.O.                                                     |
| 2:30 p.m.-3:15 p.m. | Food & Beverage Break                                                  |
| 3:15 p.m.-3:30 p.m. | Resident/Student Research Paper Presentation #3                        |
| 3:30 p.m.-4:15 p.m. | SAM’s: Congestive Heart Failure  
 Gregg Mitchell M.D.                                                    |
| 4:30 p.m.-5:30 p.m. | Halloween Party  
 Trick-or-Treating in Exhibit Hall                                     |
| 5:45 p.m.-7:00 p.m. | Board of Directors' Meeting                                            |

### Friday, November 1:

<table>
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<tr>
<th>Time</th>
<th>Event</th>
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| 8:00 a.m.-8:45 a.m. | Approach and Workup of Fatigue  
 Vincent Morelli, M.D.                                         |
| 8:45 a.m.-9:30 a.m. | Pediatric Dermatology  
 James Turner, M.D.                                                  |
| 9:30 a.m.-10:15 a.m. | Thyroid Disease Workup & Primary Care Management  
 James N. Sullivan, M.D.                                           |
| 10:15 a.m-11:00 a.m. | Food & Beverage Break                                                 |
| 11:00 a.m.-11:45 a.m. | Wrist and Hand Injuries for the Family Physician  
 Vincent Morelli, M.D.                                               |
| 11:45 a.m.-12:30 p.m. | Undifferentiated Arthritis Evaluation for Primary Care  
 Michael Wieting, D.O.                                               |
| 12:30 p.m.-1:30 p.m. | Physician Prescribing and Monitoring of Scheduled Drugs  
 Lang Smith M.D.                                                     |

"Physician Prescribing and Monitoring of Scheduled Drugs" will satisfy the State of Tennessee’s Board of Medical Examiners and Board of Osteopathic Examiners continuing medical education requirement of one hour every two years of prescribing practices for Tennessee medical licensure."
CALL FOR AWARD NOMINEES
BY JUNE 1, 2013

2013 ‘JOHN S. DERRYBERRY M.D. DISTINGUISHED SERVICE AWARD’

Nominations are being sought for the Tennessee AFP’s ‘John S. Derryberry M.D. Distinguished Service Award’ by June 1, 2013. Nominations received should be for persons who deserve recognition of their outstanding service or contribution to the advancement of Family Medicine, to the Tennessee Academy of Family Physicians, or to the public welfare on Family Medicine’s behalf, whether of a civic, scientific, or special service nature. This Award was established to recognize outstanding and distinguished service by a physician or by a non-physician demonstrating exemplary leadership, character, and/or dedication to community involvement. The Award is named in honor of the late John S. Derryberry, M.D., Shelbyville, who served the TNAFP and AAFP with honor and distinction from 1964 until his passing in 1998, having served as AAFP President in 1979. Nominees are NOT required to be members of the Tennessee AFP, but nominations must be made by a Tennessee AFP member in good standing.

The following supporting data is required for each nominee:
1. A detailed statement of the scientific, cultural, or special service justification for the nomination.
2. Biographical information on the nominee including a recent black and white photograph.
3. Education and training of nominee.
4. Professional history, contributions to Family Medicine, special appointments.
5. Substantial evidence of merit including printed material, publications, articles, or other citations or relevant supporting documents.

The award will be presented during the Tennessee AFP’s 65th Annual Scientific Assembly in Gatlinburg the week of October 29-November 1, 2013. To obtain a nomination packet, please contact the TNAFP office at 1-800-897-5949 or by email at tnafp@bellsouth.net. Complete nomination packets must be received by the Tennessee AFP prior to June 1.

2013 ‘FAMILY PHYSICIAN OF THE YEAR AWARD’

The Tennessee Academy of Family Physicians is soliciting nominations for the Tennessee AFP ‘Family Physician of the Year Award’ with a deadline of June 1, 2013. The 2013 Family Physician of the Year is selected by members of the Tennessee AFP Congress of Delegates voting by mail ballot in June.

The Tennessee AFP’s ‘Family Physician of the Year Award’ honors a member of the TNAFP who has made an outstanding contribution to Family Medicine, to the advancement of health and/or medical training and medical education is eligible for nomination for this Award. Any physician who meets the criteria is eligible for nomination for this Award. All nominations must be submitted on an official nomination form available from the TNAFP office. In addition to the completed nomination form, all nominations must be submitted with an updated curriculum vitae, a current photograph of the nominee and you may include up to five (5) pages of additional supporting documentation such as personal letters or testimonials. All nominees MUST be a current member in good standing of the Tennessee Academy of Family Physicians. The award will be presented during the TAFP’s 65th Annual Scientific Assembly in Gatlinburg the week of October 29-November 1, 2013.

This is an opportune time to honor one of your colleagues! Consider submitting a nominee this year, or see that your Tennessee AFP component chapter/district submits one. To receive a nomination packet, please contact the TNAFP office at 1-800-897-5949, or by email: tnafp@bellsouth.net. Remember, the deadline for nominations for the 2013 ‘Family Physician of the Year’ is JUNE 1. Only nominations with complete nomination packets will be accepted, and no nomination materials will be accepted after June 1.
The Tennessee Prescription Safety Act of 2012, Tenn. Pub. Acts, ch. 880, represents a significant effort by the General Assembly to address the problem of prescription drug abuse, and was signed into law by Governor Bill Haslam on May 9.

In accordance with the Controlled Substance Monitoring Act of 2002, the Tennessee Department of Health established a database to monitor the dispensing of Schedule II, III, and IV & V controlled substances. Data collection began for all dispensers on December 1, 2006. The 2012 Act enhances the monitoring capabilities of the database.

All prescribers with DEA numbers who prescribe controlled substances and dispensers in practice providing direct care to patients in Tennessee for more than (15) calendar days per year shall be registered in the controlled substance monitoring database by January 1, 2013.

The law specifies some key dates:

Prescribers who are required by law to register with the database must do so by January 1, 2013 – and must check the database before prescribing any opioid or benzodiazepine after April 1, 2013. Prescribers required to register include those who have a DEA number and provide direct care to patients in Tennessee for more than 15 calendar days per year.

After January 1, 2013, new prescribers must register within 30 days of notification of licensure.

After January 1, 2013, dispensers must begin reporting prescriptions to the database every seven days for controlled substance(s) dispensed within the previous seven days.

Health care practitioners or persons under the supervision and control of the practitioners, pharmacists or pharmacies who dispense a schedule II, III, IV, or V controlled substance are required to submit certain data to the controlled substance monitoring database.

For additional information go to the Tennessee Department of Health’s website at: http://health.state.tn.us/boards/Controlledsubstance/faq.shtml

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CALL FOR 2013 CONSTITUTION and BYLAWS AMENDMENTS

Proposed amendments to the Tennessee AFP Constitution & Bylaws must be received by the TNAFP office by July 1.

Pursuant to Article X of the Tennessee AFP 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 proposed amendment(s) must be submitted to the Executive Director of the Academy no less than 100 days prior to the meeting in which the proposed amendment(s) is to be considered.”

“….notice of such proposed amendments to be made 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.”

CALL FOR RESOLUTIONS FOR 2013 TENNESSEE AFP CONGRESS OF DELEGATES

Deadline for receipt of Resolutions for publication to membership is July 1.
Deadline for receipt of Resolutions for reproduction and inclusion in the Delegates’ kits is September 15.

If a Resolution is not received in writing by the Tennessee AFP office in Brentwood prior to September 15, any member of the Tennessee AFP may present IN WRITING at the opening of the Congress of Delegates’ meeting on October 30, any Resolution pertinent to the objectives of the Academy.

Three copies are required of Resolutions to be presented from the floor of the Congress, with one copy to the TNAFP Speaker, one copy to the TNAFP 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 be voted on and adoption, meaning that whatever action is called for in the Resolution must be clearly stated in the “Resolved” portion of the Resolution. Keep the “Resolved” clauses focused on what is desired as the end result.)

Submit Proposed Bylaws Amendments and/or Resolutions to the Tennessee AFP:
Email: tnafp@bellsouth.net
Fax: 615-370-5199
Mail: 212 Overlook Circle Suite 201, Brentwood, TN 37027

CALL FOR RESEARCH PAPERS
Deadline of August 2, 2013 (firm)

The Research Committee of the Tennessee Academy of Family Physicians is pleased to announce the ‘Call for Resident and Student Research Papers’ for inclusion at the 65th Annual Scientific Assembly to be held at the Gatlinburg Convention Center the week of October 29-November 1, 2013. Only Tennessee AFP Resident and Student members in good standing are eligible to participate in the Tennessee AFP Research Paper Competition. Resident and Student members will receive a mailing the end of March with the Call for Research Papers. If you have questions, please contact Cathy Dyer at the TAFP headquarters office at 1-800-897-5949, or by email at tnafp@bellsouth.net. The (firm) deadline for receipt of Research Abstracts is August 2nd.
Faculty Position
The Department of Family and Community Medicine at Meharry Medical College is currently seeking a Board Certified Family physician to serve as a full-time faculty. The position includes faculty appointment as a clinical faculty at the level of Assistant or Associate Professor depending on experience and qualifications. Previous academic or clinical experience is preferred. Nashville is an excellent community and offers many amenities. The department has eighteen Family Medicine Residents and also administers Preventive and Occupational Medicine Residency Programs and a Sports Medicine Fellowship.

FOR FURTHER INFORMATION CONTACT
Roger Zoorob, MD, MPH, FAAFP
Professor and Chair
Department of Family Medicine
1005 Dr. D. B. Todd, Jr. Boulevard
Nashville, Tennessee 37208

rzoorob@mmc.edu • 615-327-6572
familymedicine.mmc.edu
Dear Health Care Professional:

Over the past two months, BlueCross BlueShield of Tennessee has shared with you our intent to transition toward greater use of electronic processing tools, beginning with electronic funds transfer (EFT). EFT is a free service that sends payments directly to your financial institution and increases the speed at which you receive payment. Our records indicate that you are not currently signed up for EFT.

Beginning April 1, 2013, all network providers will be required to receive payments electronically. In addition to this letter informing you of this transition, we have included this requirement in the BlueCross Provider Administration Manual, which is incorporated into your Provider Agreement with BlueCross.

This effort is consistent with the federal requirement that all Medicare payments be made electronically, and is in line with the health care industry’s movement toward more standardized and efficient electronic processes. BlueCross is glad to work with your organization to address specific needs or unique challenges that could make it difficult to meet this requirement.

To avoid the rush of the April 1 deadline, and to begin enjoying the benefits of EFT today, we strongly encourage you to complete the EFT enrollment form, which is enclosed with this letter and available at [www.bcbst.com/providers/forms/EFT_Enrollment.pdf](http://www.bcbst.com/providers/forms/EFT_Enrollment.pdf). Fax the completed form and a voided check to (423) 535-3066 or (423) 535-7523, or mail to:

BlueCross BlueShield of Tennessee  
ATTN: Provider Information Dept. 2.4CH  
1 Cameron Hill Circle  
Chattanooga, TN. 37402

Once the EFT enrollment form has been received, you will receive a letter in the mail confirming your enrollment.

More information on EFT is available at [http://www.bcbst.com/providers/ecomm/](http://www.bcbst.com/providers/ecomp/), or by contacting eBusiness Technical Support at (423) 535-5717 Mon. – Thur. 8 a.m. to 5:15 p.m. (ET) or Friday 9 a.m. to 5:15 p.m. (ET). The email address is eBusiness_Service@bcbst.com.

During 2013, BlueCross will also launch efforts to encourage the use of electronic claims submission. If you are interested in learning more about how to begin using this to streamline your administrative processes, contact eBusiness Technical Support at the phone number or web page listed above.

Thank you for your support of our efforts to operate more efficiently while meeting the needs of our provider community and our members.

Sincerely,

Christy C. Vitulli  
Vice President, Provider Networks

Enclosure
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-JESSE, AGE 5

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Proud to be educating the next generation of DOctors
Congratulations to R. Wes Dean, M.D., Powell, for his appointment to the AAFP’s Commission on Quality and Practice for a four-year term.

Congratulations to J. Mack Worthington, M.D., Chattanooga, on his reappointment to the AAFP Delegation to the AMA for a two-year term.

The Tennessee AFP is ranked 10th in the statewide professional/trade associations in 2013 in the Nashville Business Journal’s Book of Lists. Associations are ranked by the number of members. The TNAFP was ranked 10th in 2012, 9th in 2011 and 10th both in 2010 and 2009.

The Bureau of TennCare has selected Magellan Health Services as the new Pharmacy Benefits Manager (PBM) for the state Medicaid program. The transition from Catamaran (formerly SXC), TennCare’s current PBM, to Magellan will take effect June 1, 2013. Please see the following link to read the full News Release - https://news.tn.gov/node/10144. Or visit the TennCare website at http://www.tn.gov/tenncare/ to read “What’s New with TennCare”.


Mark your calendar for the Tennessee AFP’s 65th Annual Scientific Assembly October 29-November 1, 2013 at the Gatlinburg Convention Center. See page 11 for a program outline.

Remember to utilize the Tennessee AFP’s website at: www.tnafp.org

Leaders on the Move

INFORMATION FOR MEMBERS

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GENERAL RULES AND REGULATIONS
GOVERNING
CHAPTER 0880-2
THE PRACTICE OF MEDICINE
Rule 0880-2.19 CONTINUING MEDICAL EDUCATION.

(1) Hours Required, Waiver, and Exemptions
(a) All licensees must complete forty (40) hours of continuing medical education courses during the two (2) calendar years (January 1 - December 31) that precede the licensure renewal year.
(b) At least one (1) of the forty (40) required hours shall be a course designed specifically to address prescribing practices.
(c) The Board approves a course for only the number of hours contained in the course. The approved hours of any individual course will not be counted more than once in a calendar year toward the required hourly total regardless of the number of times the course is attended or completed by any individual.
(d) Waiver - The Board may waive the requirements of these rules in cases where illness, disability, or other undue hardship beyond the control of the licensee prevents a licensee from complying. Requests for waivers must be sent in writing to the Board prior to the expiration of the calendar year in which the continuing medical education is due.
(e) Exemptions:
   1. Anyone whose license is in the retired or inactive status pursuant to rule 0880-2.10 (1) and/or (2) is exempt from the requirements of these continuing medical education rules.
   2. Anyone who obtains licensure in the same calendar year as successful completion of the USMLE Step 3 is exempt from the provisions of these continuing medical education rules but only for the calendar year in which licensure is issued.
(2) Proof of Compliance - All licensees must retain independent documentation of completion of all continuing medical education hours and compliance with the provisions of these rules.
(a) This documentation must be retained for a period of four (4) years from the end of the calendar year in which the continuing medical education was acquired.
(b) This documentation must be produced for inspection and verification, if requested in writing by the Division during its verification process.
(c) Documentation verifying the licensee's completion of the continuing medical education hours may consist of any one (1) or more of the following:
   1. Original certificates or photocopies of original certificates from course providers verifying the licensee's attendance and/or completion of hours.
   2. Original letters or photocopies of original letters from course providers verifying the licensee's attendance and/or completion of hours.
   3. Documentation from the American Academy of Family Physicians (hereafter AAFP) indicating acquired continuing medical education hours.
(3) Acceptable Continuing Education - To be utilized for satisfaction of the continuing education requirements of this rule, the continuing education hours must comply with both of the following:
(a) They must be sponsored by an organization accredited as a sponsor of continuing medical education by either the Accrediting Council for Continuing Medical Education (ACCME) or by a state medical association recognized by the ACCME as an intrastate accreditor of sponsors of continuing medical education; and
(b) They must be designated or certified by the accrediting sponsor as meeting the criteria for Category 1 continuing medical education credit of the American Medical Association’s Physician’s Recognition Program; or be designated by the AAFP as meeting the criteria of the AAFP’s prescribed credit:
   (c) If a license provides disciplinary case review at the request of the Department, and submits a written report of his or her conclusions regarding such disciplinary case review, the reviewing licensee shall receive one (1) hour of continuing medical education credit for each hour spent reviewing the materials and preparing the report. A maximum of ten (10) hours credit shall be awarded for reviewing disciplinary case materials during the two (2) calendar years (January 1 – December 31) that precede the licensure renewal year.
(4) Violations and Disciplinary Orders
(a) Any licensee who fails to obtain the required continuing medical education hours or otherwise comply with the provisions of these rules will be subject to disciplinary action.
(b) Continuing medical education hours obtained as a result of compliance with the terms of Board Orders in any disciplinary action or obtained pursuant to licensure or renewal restriction/conditions mandated by the Board shall not be credited toward the continuing medical education hours required to be obtained in any calendar year.

TENNESSEE LICENSURE RENEWAL REQUIREMENTS

GENERAL RULES AND REGULATIONS
GOVERNING
CHAPTER 1050-02
THE PRACTICE OF OSTEOPATHY
Rule 1050-02-.12 CONTINUING EDUCATION REQUIREMENTS.

(1) Hours Required, Waiver, and Exemptions
(a) During the two (2) calendar years that precede licensure renewal, all licensees must complete forty (40) hours of courses approved by the Board in Category I-A, II-A and/or I-B continuing medical education as defined in the most current annual American Osteopathic Association Yearbook and Directory.
(b) At least one (1) of the forty (40) required hours shall be a course designed specifically to address prescribing practices. The course should include, but not be limited to, instruction on controlled substance prescribing practices.
(c) Osteopathic physicians serving as preceptors in any AOA approved osteopathic medical education program may be granted one (1) Category I-B credit for each hour of preceptor work actually performed, up to a maximum of fifty percent (50%) of the total biennially required continuing medical education.
(d) The Board approves a course for only the number of hours contained in the course. The approved hours of any individual course will not be counted more than once in a calendar year toward the required hourly total regardless of the number of times the course is attended or completed by any individual.
(e) Waiver - The Board may waive the requirements of these rules in cases where illness, disability, or other undue hardship beyond the control of the licensee prevents a licensee from complying. Requests for waivers must be sent in writing to the Board prior to the expiration of the calendar year in which the continuing medical education is due.
(f) Exemptions:
   1. Anyone whose license is in the retired status pursuant to rule 1050-02-.08 is exempt from the requirements of these
2. Anyone who obtains licensure in the same calendar year as successful completion of the NBOME, COMLEX, or the USMLE Step 3 is exempt from the provisions of these continuing medical education rules but only for the calendar year in which licensure is issued.

(2) Proof of Compliance - All licensees must retain independent documentation of completion of all continuing medical education hours and compliance with the provisions of these rules.
   (a) This documentation must be retained for a period of four (4) years from the end of the calendar year in which the continuing medical education was acquired.
   (b) This documentation must be produced for inspection and verification, if requested in writing by the Division during its verification process.
   (c) Documentation verifying the licensee’s completion of the continuing medical education hours may consist of any one (1) or more of the following:
      1. Original certificates verifying the individual’s attendance at the continuing education programs described above.
      2. Original letters on official institution stationary or photocopies of original letters on official institution stationary from the instructor of the graduate level course verifying that the course was completed and listing the number of credit hours of attendance completed by the individual; or
      3. Documentation from the American Academy of Family Physicians (hereafter AAFP) indicating acquired continuing medical education hours; or
      4. Official transcript verifying credit hours earned. One (1) semester academic credit hour is equivalent to fifteen (15) clock hours for the purpose of licensure renewal. Credit for auditing will be for the actual clock hours in attendance, not to exceed the academic credit.

(3) Acceptable Continuing Education - To be utilized for satisfaction of the continuing education requirements of this rule, the continuing education hours must comply with the following:
   (a) They must be approved in content, structure and/or format by the A.O.A., or by the Accreditation Council for Continuing Medical Education (A.C.C.M.E.) or by a state medical association recognized by the A.C.C.M.E. as an intrastate accreditor of sponsors of continuing medical education; or
   (b) They must be designated by the AAFP as meeting the criteria of the AAFP’s prescribed credit.

(4) Violations and Disciplinary Orders
   (a) Any licensee who fails to obtain the required continuing medical education hours or otherwise comply with the provisions of these rules will be subject to disciplinary action.
   (b) Continuing medical education hours obtained as a result of compliance with the terms of Board Orders in any disciplinary action or obtained pursuant to licensure or renewal restriction/conditions mandated by the Board shall not be credited toward the continuing medical education hours required to be obtained in any calendar year.


Note: Attendance at ‘Physician Prescribing Practices & Monitoring of Scheduled Drugs’ held during the TNAFP Annual Assembly in October fulfills the prescribing practices requirement. Additionally, CME credits offered at the Annual Practice Enhancement Seminar in March and the Annual Assembly in October provide the opportunity to obtain prescribed hours toward the CME requirement for Tennessee licensure.
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Email: jdailey@hmh.net
Phone: (270) 706-5728
PRACTICE OPPORTUNITIES

If you are looking for a partner or a practice location, send information preferably by email to: tnafp@bellsouth.net or by fax to: 615-370-5199, or by snail mail to: Tennessee AFP, 212 Overlook Circle, Suite 201, Brentwood, TN 37027... Information for practice opportunities will be accepted only from Tennessee AFP members and will be placed in the Tennessee Family Physician at no charge. You are required to include your name, address and telephone number and/or fax number and/or email address as contact concerning opportunities will be made directly between interested parties and not through the Tennessee AFP. Information will be placed in four (4) editions unless the Tennessee AFP is notified otherwise. Deadline for the next issue (Summer 2013) is April 26.

A well-established 6 physician, 2 nurse practitioner family practice in Smithville, Tennessee is seeking a full-time Board Certified Family Practice physician to join their growing practice. The physicians currently have full privileges at DeKalb Community Hospital, a 71-bed full-service local hospital. One-in-six call. Full benefits and competitive salary. Located near beautiful Center Hill Lake. For more information, please contact Michiko Martin, Office Manager at (615) 597-4395, Ext. 236, by email mmartin@dttc.com.net or by mail – 302 N. Congress Blvd, Smithville, TN 37166-2704; or, contact Hugh Don Cripps M.D., Doug Hooper M.D., Jack R. Rhody M.D., William H. Sherwood M.D., Steven Cooper M.D. or Kevin R. Rhody M.D at (615) 597-4395. For more information about the community, please visit www.smithvilletn.com and for more information about the local hospital, please visit www.dekalbcommunityhospital.com.

Unique Practice Opportunity for Family Physician - Innovative Family Care is a newly opening family practice, by a team that formerly operated a successful, cutting edge practice for 13 years. This unique opportunity will allow you to be involved in building a practice in its start-up years, but with the seasoned experience of a physician and practice team. We will practice full scope (all ages) family medicine. This practice is looking for bright, energetic, adaptive, innovators who are prepared to be leaders in the health care area. We are looking for physicians who engage well with patients, have a solid work ethic, and are well balanced. The physicians will each lead a team of one or two Mid Level providers, nurses, and case managers as they provide comprehensive care for their patient panel. Call schedules, degree of hospital practice, and scope of practice are to be determined, in part by what you desire.

This practice will serve as one of several lead and model practices for a primary care based network in rural Middle Tennessee. The network has applied for advanced payment as an Accountable Care Organization, and seeks to be a leader as we forge ways to integrate and shape quality and value in our rural health care arena.

Please contact Chet Gentry, MD if interested. 931-260-4770, or cegentry@blomand.net

Family Medicine Faculty Positions at UT-Jackson Family Medicine – The Department of Family Medicine at the University of Tennessee College of Medicine is seeking highly qualified family physicians to train the physicians of tomorrow at their unopposed (8-8-8) residency program in Jackson, Tennessee. The UT-Jackson Family Medicine Residency Program has openings for two full-service family physicians. We seek energetic, enthusiastic family physicians that love to teach and want to make a difference in the lives of students, residents and practicing physicians along with patients, families and the community. The successful candidates will have the wonderful opportunity to work with a dynamic faculty, practice the full-spectrum of family medicine in a very supportive academic and practice environment and help train a great group of medical students, residents and fellows. Qualified applicants should hold the MD/DO degree, be board certified, and have proven experience as a physician, leader and clinician educator. Duties include teaching students, residents, and fellows, patient care, administration, community service and research. An obstetrical practice is negotiable. Academic rank and salary are commensurate with qualifications and experience. Jackson Madison County General Hospital provides a sign-on bonus. Interested applicants should submit a cover letter and CV to: Dr. David L. Maness, Professor and Chair, UT Department of Family Medicine, 1301 Primacy Parkway, Memphis, TN 38119

The University of Tennessee is an EEO/AA/Title VI/Title IX/Section 504/ADEA institution in the provision of its education and employment programs and services.

Department of Family and Community Medicine – Faculty Position: The Department of Family and Community Medicine at Meharry Medical College is currently seeking a Board Certified Family physician to serve as a full-time faculty. The position includes faculty appointment at the level of Assistant or Associate Professor depending on experience and qualifications. Previous academic experience as a residency or clerkship faculty or fellowship training is preferred. Nashville is an excellent community and offers many amenities. The department has eighteen Family Medicine residents and also administers Preventive and Occupational Medicine Residency Programs and a Sports Medicine Fellowship.

For further information contact: Roger Zoorob, MD, MPH, FAAFP, Endowed Professor and Chair, Department of Family and Community Medicine, 1005 Dr. D. B. Todd, Jr. Boulevard, Nashville, Tennessee 37208; rzoorob@mmc.edu; 615-327-6572; familymedicine.mmc.edu

Meharry Medical College is an Equal Opportunity Employer.

Busy primary care health department clinic seeks family practice physician to care for mostly adult patients with an occasional pediatric visit. Clinic hours are 8:00-4:30, M-F. Patient's charges are based on income. After hours call is limited to telephone triage and is rotated among APNs with physician back-up. Competitive salary and great benefits including paid holidays, 401-K, state pension plan, health and dental insurance, life insurance, and paid sick and annual leave. CME opportunities available. Student loan repayment program available. Please contact Fred Vossel MD if interested at: fred.vossel@tn.gov.

An established Federally Qualified Health Center located in the foothills of the Great Smoky Mountains is currently seeking a Board Certified/Board Eligible Family Practice physician. We are looking for a motivated provider that is committed to providing comprehensive care to patients of all age groups. We offer competitive salary with full benefits, and paid malpractice insurance. We are also an approved site for the NHSC Loan Repayment program. For more information please contact Amy Keener, Human Resource Officer or Joel Burroughs, MD, Medical Director at (423) 442-2622. You may also submit your CV to akeener@chotahealth.org.
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Michael A. McAdoo, M.D.
Milan Medical Center
Milan, TN
Family Practice

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Mutual Interests. Mutually Insured.

Contact Susan Decareux, David Wilhelm, Amy Brown, or Deborah Hudson at mkt@svmic.com or 1-800-342-2239. www.svmic.com
SVMIC is exclusively endorsed by the Tennessee Medical Association and its component societies.