2005 Tennessee State Tar Wars Poster Contest
1st Place Winner: Haley Hart
of Statonville, Tennessee

See page 2 for coverage of the Tennessee Tar Wars Program and 2005 Poster Contest.

See page 6 for information on the Tennessee AFP’s 57th Annual Scientific Assembly.

Don’t USE YOUR Heart AS AN ASHTRAY!
With her nephew’s wedding quickly approaching, all Jean Ramsey could think about was her debilitating back pain. For years, no one could find the source of her pain, and it was threatening to take over her life. That’s when she made the decision to ask if there was anybody else that could help her. Enter Vanderbilt’s Dr. Andrew Shinar, who discovered Jean’s problem wasn’t even in her back. She actually needed a hip replacement. Thanks to his minimally invasive procedure — unique to Middle Tennessee — Jean not only went home the very next day, she was literally dancing for joy at her nephew’s wedding just six weeks later.
Here we are at yet another “President’s Corner.” Some of this will be a progress report, and some of the column this time will be a challenge to all of us.

Your Academy representatives continue to amaze and impress me. Thanks to the enthusiasm and energy of your officers and your board reps, we are accomplishing a great deal between our meetings. As we reviewed the report of the 2004 Long Range Planning Committee, we took to heart many of the challenges put to us by all of you. Accordingly, we are looking at our committee structure to ensure that the mission of each committee is reasonable and practical nowadays. We will be exploring possible Bylaws changes for a number of the committees for the 2005 Congress of Delegates, and hope to reinvigorate our Academy through some of them. In addition, your Board is discussing whether or not our current structure truly represents the constituents of Tennessee. I’m not sure what the results of these discussions will be; however, I’m convinced they will result in a clearer process for our future discussions for years to come.

The upcoming educational sessions are addressing the requests of our members. The Summer Seminar highlights ‘Electronic Health Records.’ The Annual Assembly has taken shape and will feature several new speakers and topics identified in the member survey.

We have worked hard to continue our newfound prominence in health issues addressed by our Tennessee Legislature. We have gained additional respect for our balanced perspectives, and our calm discussion for some bills, and against others. Your Legislative Committee has been active under the direction of Doctor Tim Linder, Chair. Providing the Doctor of the Day each Tuesday at the Legislature has continued to be a highly visible activity of the TAFP.

Finally, let me present the challenge. The reality of TennCare and the inevitable changes continue to press closer and closer to home. Although the final version is still being debated, there’s no question that huge and difficult changes are imminent.

A terrifying number of Tennesseans will have their healthcare insurance dropped. Many more will have drastic cuts in the services that are available. While these changes are most devastating to the individual, they have far-reaching impacts as each one of us is a part of caring for our TennCare and Medicaid population. While our ongoing discussions about such things as scope of practice and tort reform are important, and we’re making strides in these arenas, the more pressing issue is how all health providers in Tennessee can work together to accomplish the main goal of the TennCare program. We must find creative and unified ways to care for the neediest members of our society. Many people in our state do not have, or cannot afford the basics of healthcare, regardless of who provides that care. Your Academy has tried to be an active part of these discussions, but we have not been very successful. I challenge each one of you to personally contact your State Representative, your State Senator and the Governor to share your perspective. Such an effort would create the powerful grass roots process we have always wanted and needed. I look forward to your assistance.

Cheers,

Reid Blackwelder, M.D., Kingsport
President
Tar Wars is a national pro-health tobacco-free education program and poster contest for 4th and 5th graders to discourage tobacco use among children and 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.

Tennessee’s 6th Annual Tar Wars Poster Contest was held in Nashville on Sunday, March 6, the day following the TAFP’s Annual Legislative Seminar. Tar Wars posters were displayed on Saturday during the Legislative Seminar for viewing by legislators and governmental officials participating at the Seminar.

We sincerely thank our Judges for the 2005 Poster Contest:
• Snowbird, Weather Animal from WSMV-TV in Nashville;
• State Representative Joey Hensley, M.D. of Hohenwald;
• Jason Stamm, Tobacco Control Coordinator, Metro Nashville Public Health Department.

We also thank the following who were kind enough to provide support for the 2005 Poster Contest:
• BlueCross BlueShield of Tennessee Community Trust;
• Geo. E. Fern Co.;
• Lang Smith; M.D.;
• J. Mack Worthington, M.D.;
• Nashville Office Interiors.

Winners of the 2005 Tennessee Tar Wars Posters Contest are:
• 1st place-Haley Hart, Stantonville;
• 2nd place-Chelsey Olmstead, Summertown;
• 3rd place-Allie Boyd, Savannah;
• 4th place-McKenzi Smith, Selmer;
• 5th place-Violet Callianne Paulk, Crump;
• Honorable Mentions: Hannah Alison Everhart, Jonesborough; Kelsey Geary, Henderson; Logan Emily McEarl, Henderson; Hunter Staggs, Joelton; and, Devan Stover, Greeneville

Haley’s poster shown on the front cover advances to the National Tar Wars Poster Contest in Washington D.C. on July 17-19. As first place poster winner, Haley and one of her parents receives an expense paid trip to the National Contest courtesy of the Tennessee Academy of Family Physicians.

We’re looking for Tennessee Volunteers to teach the Tar Wars curriculum in their local 4th and 5th grade classrooms during the upcoming 2005-2006 academic year. If you’re interested, please contact me. The program is ready for you to step-in and guide a class through exercises and illustrations that make the point, and it only takes approximately one hour. Additionally, thank you so much to the many TAFP members who have taught Tar Wars in their local schools this school year, and previous school years. You make a difference!

Cathy Dyer, Coordinator
Tennessee Tar Wars
3rd place – Allie Boyd, Savannah

4th place – McKenzi Smith, Selmer

5th place – Violet Callianne Paulk, Crump

Honorable Mentions

Hunter Staggs, Joelton

Devan Stover, Greeneville

Logan Emily McEarl, Henderson

Kelsey Geary, Henderson

2005 Tar Wars Winners

2nd place – Chelsey Olmstead, Summertown

3rd place – Allie Boyd, Savannah

4th place – McKenzi Smith, Selmer

5th place – Violet Callianne Paulk, Crump

Recap of March 6 Board of Directors’ Meeting

❖ Approved 2005 Operating Budget.
❖ Approved food/beverage service cut-backs for the 2005 TAFP Annual Assembly in Gatlinburg in order to cut costs in response to the financial deficit of the 2004 Assembly.
❖ Received notification that Charles Ball, M.D., Columbia, has been appointed to QSource’s Office Quality Information Technology (DOQ-IT) Project Advisory Board.
❖ Received for information the appointment of Timothy Linder, M.D. to the AAFP Commission on Legislation & Governmental Affairs; and, Amanda Crabtree, Student Member, to the AAFP Committee on Scientific Program. Reid Blackwelder, M.D., continues service on the AAFP Commission on Continuing Medical Education.
❖ Referred to the TAFP Education Committee the feasibility of a TAFP Exemplary Teaching Award and with development of criteria.
❖ Received report from Doctor Blackwelder that he has requested several of the TAFP Standing Committees whose mission and purposes are laid out in the TAFP Bylaws with review of their current mission and purposes and provide to the TAFP Board any Bylaws Amendments to update their Committees’ mission and purposes.
❖ Voted for the Committee on Public Health, Scientific Affairs and Preventive Medicine to move forward with the Committee Chair’s suggested committee name and responsibility changes.
❖ Received report from Board Directors and Alternates in attendance on their local component chapter activities.
❖ Referred to an ad hoc Committee of the TAFP Membership Committee the review of the current counties in each TAFP District/Component Chapter for consideration of possible changes or realignment.
❖ Selected Timothy Linder, M.D. to be the official TAFP representative to the Mental Health Association of Tennessee.
Rules and Regulations Governing the Utilization and Supervision of a Nurse Practitioner/Prescription Writer

Clinical Supervision Requirements:
1. A supervising physician, certified nurse practitioner or a substitute supervising physician must possess a current, unencumbered license to practice in Tennessee.
2. The supervising physician must be available for consultation at all times or shall make arrangements for a substitute physician to be available.
3. A supervising physician and/or substitute must have experience and/or expertise in the same area of medicine at the certified nurse practitioner.
4. Nurse practitioners who hold a temporary certificate of fitness require the physical presence of either the supervising physician or certified nurse practitioner.
5. Protocols that are jointly developed, reviewed biennially, and include a formulary are required to remain at the site at all times.
6. The supervising physician is responsible for maintaining the standard of care and for developing clinical guidelines for consultation and referral.
7. The physician must personally review the history, physical, and therapy within ten working days for any patient when:
   (a). medically indicated
   (b). requested by the patient
   (c). prescriptions fall outside of the protocol formulary
   (d). the nurse practitioner has a temporary certificate of fitness
   (e). a controlled drug was prescribed
8. The physician must personally review at least 20% of the nurse practitioner's charts every 30 days.
9. The supervising physician must visit a remote site every 30 days.
10. Any prescription written by the nurse practitioner is deemed to be that of the nurse practitioner and the prescription must bear the supervising physician's name, address and phone number.
11. Nurse practitioners must use the number assigned to them by the DEA.

Filing a Complaint
1. Contact the Complaint Division of the Department of Health at (800) 852-2187 to obtain a form.
2. Complete the form in its entirety (including your name, address, and phone number) and return to:
   Office of Investigations
   Third Floor, Cordell Hull Building
   425 Fifth Avenue North
   Nashville, TN 37247
3. Upon receipt, the designated board consultant (a practitioner of that particular health profession) and an attorney will examine the details of the complaint, contact the physician, and review all relevant records. The attorney and consultant will determine if a full investigation is needed.
4. The physician and practitioner's due process are assured. The final decision reached by the Board will be based on the findings of the investigation and a possible hearing.
5. When a decision is reached, the person filing the complaint will receive a letter from the board consultant. Generally, it either states that no violation that would lead to disciplinary action was found and the practitioner was notified of your concerns or a violation that resulted in disciplinary action was found and it was reported to the national data bank.
The next hit television series to emerge from Hollywood could well be based on true events from the life of a Smoky Mountain solo family practitioner.

“The most powerful tools FP’s have for preserving autonomy in their practices and insuring that their work remains satisfying are the stories from their own lives that can be translated into mainstream media.”

An author and acclaimed documentary filmmaker, Carolyn Jourdan, is seeking stories from family practitioners who would like to have their most memorable medical moments preserved and possibly published or broadcast. Jourdan is the daughter of an East Tennessee solo family practitioner who grew up in her father’s office and then, thirty years later during a family emergency, returned to work there full-time for several years before his recent retirement. A former science advisor to two U.S. Senate Committees, Jourdan returned to East Tennessee fifteen years ago and founded an educational non-profit to archive significant personal histories. Her work to preserve the first-hand narratives of Manhattan Project participants was praised by the Smithsonian, National Science Foundation, and National Academy of Sciences.

Her unexpected four-year stint as an inept medical assistant resulted in a comic memoir, entitled Heart in the Right Place. The book chronicles Jourdan’s reluctant abandonment of her glamorous career in Washington, DC, in favor of helping her father in his small low-income practice. The book is due out in the Spring of 2006 from Algonquin Books. 

What she calls ‘The Country Doctor Project’ is her newest endeavor. “Media is unbelievably powerful nowadays. And their insatiable need for human interest stories coincides perfectly with the hopes FP’s have for preserving an honored place within the healthcare system. I’ve been amazed and gratified at the attention garnered by my father’s stories.”

Jourdan hopes to collect the stories of as many family physicians as possible. “I’m committed to doing what I can to preserve a humane and loving portrait of these community-based doctors before it’s lost, possibly forever. These stories deserve to be saved and told by someone who will treat them with respect.”

“My father effectively treated horrific wounds, with me as his only helper, when I was just eleven or twelve years old and couldn’t see unless I stood on his rolling stool. I’d chew on a giant Tootsie Roll while I trimmed suture thread after he tied each knot.”

“I tend to like the silly or goofy moments most of all, especially the stories involving the sort of nutty, non-fatal gunplay that goes on around where I live. I also love the stories from the already-retired generation who faced all sorts of problems with very little equipment or even medicine, and no back-up.” “Truth is so much better than fiction. It would be a tragedy to lose wonderful stories like these. And I know there are a lot of them out there with the FP’s.”

Although she is interested in all sorts of stories, in an effort to jog memories, Jourdan suggests the following scenarios:

1. Cases that should have gone to an ER, but didn’t, where the skills and nerve of the family doctor were taxed to the maximum.
2. Situations where effective low-tech treatments had to be improvised.
3. Times when the physician had to struggle to keep a straight face: such as during explanations for bizarre accidents or odd home remedies, hypotheses from hypochondriacs, or unusual house calls.
4. The heroism of ordinary people in the face of extreme poverty, adversity, or chronic ailments.

“The teller will give full credit alongside his story or his confidentiality will be preserved, which ever he prefers. So far, the favorite solution seems to be to credit the physician in a list of all the doctors who told me stories and not identify the particular physician with the specific stories he’s actually connected to. The patients’ identities are always totally protected as well.”

If you would like to participate, Jourdan will interview doctors or their family members by telephone, in person, through e-mail, or by way of written submissions. “You can jot your story down on a paper napkin in the Hardee’s drive-thru if you like. That’s the way most of mine start out.”

Contact:
Carolyn Jourdan
8505 Carter Mill Road
Knoxville, TN 37924
(865) 933-8233, CarolynJourdan@att.net
Crisp mountain air, hot apple cider, handcrafted wonders, and the splendor of fall foliage in the Smoky Mountains...I am definitely looking forward to being in Gatlinburg this October! As if those enticements were not enough to lure droves of family physicians to this area, we have intellectual stimulation as well! In spite of financial constraints, more rigid guidelines to follow, and major renovations of the convention center, we are going to have a tempting smorgasbord of lectures: 2005 AAFP President, Mary Frank, M.D. will bring greetings from the American Academy of Family Physicians, and will speak on quality improvement issues, telling us how to make good medicine even better. Joe Tollison, M.D. from the American Board of Family Medicine will update us on the Maintenance of Certification process. Susan Andrews, M.D., a TAFP member who has been lauded for her practice’s use of electronic health records, will share her technologic wisdom with us. Ken Davis, M.D. has promised to take us “from burned out to fired up.” These are just some of the offerings for Wednesday!

Numerous attendees last year asked for more information on methamphetamine labs, so we will have Sullivan Smith, M.D., who served on the State’s Meth Task Force, to educate us. Back by popular demand, Thomas Zuber, M.D. will provide two lectures, while his North Carolina neighbor, Chip Watkins, M.D. will help us “choose the right diet.” Sevierville native, Beth Fox, M.D. will journey home to teach us skills that should increase our ability to pick up on clues of child abuse. We will have several preventative medicine topics, including “preconception counseling,” cardiovascular risk reduction, and pediatric health screens (EPSDT). We will have a cardiology update, a diabetes lecture, an opportunity to learn more about managing chronic pain and an opportunity to become a community preceptor. On Friday, our terminal lecture (pun intended) will tell us how to relieve the dysphoric symptoms of our dying patients. Optional workshops on Tuesday will cover new information on Medicare, the forensic exam for suspected child abuse and the use of handheld computers in providing evidence-based medicine at the bedside.

Lest you or your guests get bored, we are in the process of developing an optional group outing to see the Louise Mandrell show and a presentation by a popular Smoky Mountain photographer. If you aren’t excited by our plans, then check your pulse! Otherwise, mark off October 25 through 28, 2005, pack up the family, and meet me in the mountains!

Sherry L. Robbins, M.D., Knoxville
TAFP 2005 Assembly Program Chair

Note: Watch your mail in July for the 2005 TAFP Annual Assembly Program/Registration Brochure. We hope to see you in Gatlinburg in October!!!

**Call For Constitution & Bylaws Amendments**

Pursuant to Article X, Section 2, of the TAFP Constitution & Bylaws, “An amendment to the Constitution & Bylaws may be proposed by any regularly appointed committee of this Academy or by any five (5) or more members. The 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 member 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”.

Proposed amendments to the TAFP Constitution & Bylaws must be received by the TAFP office by July 15, 2005, and will be published in the Fall issue of ‘Tennessee Family Physician’.
With declining reimbursements, long work hours, fewer Family Physicians in rural Tennessee and the impending medical liability crisis, one might think it would be very easy for a medical student to choose another specialty. However, I challenge all of us to make that decision one of the most difficult decisions a medical student could ever make. Most of our difficulties are shared with other specialties, but we rarely share our unique role in healthcare. We can encourage medical students to join us by remembering why we chose Family Medicine, recognizing the privileges that we have, and sharing our experiences with others.

As young medical students, most of us wanted “to help people.” We chose Family Medicine because it provided the perfect opportunity to “help” in many diverse ways. Family physicians were and still are trained to provide care from womb to tomb. Our practices are flexible and often mature as our patients age. Family doctors bridge the gap between the often confusing and complicated medical science and the practical application of recommendations for our patients. Patients depend on us to help them navigate the maze of healthcare.

We can renew our energy and excitement for Family Medicine by recognizing the unique privilege we have. We are often invited to become an extended family member of our patients. Each encounter involves so much more than a chief complaint, exam and diagnosis. Often we get an update on other family members (including the pets and distant relatives). They invite us to baptisms, graduations, and weddings. We respect and even revere the sub-specialists. Distance and time often preclude bonding with patients. We are privileged to share a family’s life and journey through time with them.

We need to share our stories and experiences with others, especially medical students. We have a wealth of medical knowledge and emotional rewards to relay. Volunteer to precept students and take them to a graduation, wedding or even a funeral. They will be amazed! Often medicine is cold and scientific. However in our offices, patients have a name, face and family. Fortunately, we are included in that family.

Kim Howerton, M.D., Savannah
Co-Editor
The 104th Tennessee General Assembly convened on Tuesday, January 12, 2005. Legislators this year introduced over 2,300 bills. As I write this article at the end of April, many of the bills affecting family physicians are still in committees awaiting final determination.

The legislature will act this year against the backdrop of Governor Bredesen’s announced intentions to disenroll over 300,000 TennCare recipients due to the effect of escalating health care costs on the state budget. The $8.7 billion program was expected to grow by $650 in state dollars next year. Compounding the problem was an expected loss of up to $300 million of Federal funds under President Bush’s plan to scale back federal funding of Medicaid programs. While Federal Court hearings initially delayed implementation of the cuts, the 6th Circuit Court of Appeals overruled the local Federal Court in April and gave the Governor the green light to implement the plan to disenroll. In addition to the disenrollment those recipients remaining on TennCare will be facing limits on prescription drugs, physician office visits, and hospital visits.

Still up in the air is whether or not Judge John Nixon will intervene based on the Grier Consent decrees and what effect that action could have on the proposed limits. As usual there were several scope of practice bills filed and the psychologists’ prescribing bill was reintroduced this year. This bill in one form or another has been filed for the last several years. The bill passed out of the House Subcommittee, but not the House Health Committee.

Alternative complementary therapy was the subject of a legislative study committee chaired by Representative Gary Odom during the summer and fall of 2004. A bill was introduced legitimating several practices in very broad terms. Although chelation therapy was the practice most often referred to, the bill authorized many other alternative therapies. This bill also made it out of subcommittee but as of now it has not passed out of either the Senate General Welfare or House Health Committee.

Physicians and hospitals continue to press for medical liability reform. Several bills were introduced on a wide array of liability issues. Senator Mark Norris and Representative Doug Overby introduced the primary comprehensive reform bill. Although prospects are not good for getting a comprehensive bill passed this session, especially in the House, the bills continue to gain momentum as physicians across the state become more active on the issue.

Finally, ethics dominated the legislative session. Fueled by revelations of consulting agreements between companies, who conduct business with state agencies and a legislator, the public clamor for ethics legislation became undeniable. Although harshly debated in both the House and the Senate ultimately the two houses agreed on a compromise bill drafted through a conference committee. The bill, among other things prohibits consulting agreements for legislators and requires reporting of lobbying activities of spouses and family members of legislators. Other ethics legislation is still pending. Whether these bills adequately address the problems inherent with a part time civilian legislature who all have inherent conflicts on many issues remains to be seen.

Jack Fosbinder, Nashville TAFP Legislative Counsel

Call for Resolutions for 2005 TAFP Congress of Delegates

Please note the following deadlines for submission of Resolutions to be presented to the 2005 TAFP Congress of Delegates:

Deadline for receipt of Resolutions for publication in the Fall (assembly) issue of the TAFP quarterly journal is July 11. 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 TAFP office in Nashville prior to September 15, any member of the TAFP may present IN WRITING at the opening of the TAFP Congress of Delegates’ meeting on October 25, any Resolution pertinent to the objectives of the TAFP. Resolutions presented from the floor of the Congress are to be provided in triplicate form, with one copy to the TAFP Speaker, one copy to the TAFP Executive Director and one copy retained by the presenter.

Important Resolution Writing Tips:
“Whereas” clauses explain the problem and/or situation. “Resolved” clauses must be written to stand alone. (Only “Resolved” clauses are subject to 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.)
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Ours is taking care of you.

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For more information, contact Randy Meador or Susan Decanvieux. E-mail: mid@svmic.com • Web Site: www.svmic.com • Phone toll free 1-800-342-2239 or (815) 377-1690.

SYMIC is exclusively endorsed by the Tennessee Medical Association and its component societies.