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The mission of the Society is to unite the physicians of Memphis & Shelby County into an organization to promote the highest quality of medical practice and the health of our citizens.

on the cover:
L-R: Sonia Benn, M.D.; Matthew T. Ballo, M.D.; Paxton V. Dickson, M.D. and Ramesh Narayanan, Ph.D.

Cover photo by Greg Campbell

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An Epiphany on the Strip
Including a bonus on the nature of love

No doubt there is more and more interest in the cost of drugs. You hear it from your patients, you hear their collective ouch, you read it in the financial pages, and you know it's a problem. It's not just the new miracle drugs or the cancer drugs, or the pre 1962 drugs newly vetted. Once the salvation, generic drugs have joined the price rise melee.

And, you are probably tired of my saying anything about it. Write about the good things happening in Memphis, the fleeting nature of life, tell me about the metaphysical poets, explain space-time, quote the Delta novelist John Pritchard. Anything but drug costs, nothing can be done about it anyway. But I just can't let it go.

You do remember that your Memphis Medical Society for the past two years successfully petitioned the Tennessee Medical Association Board of Delegates to promote legislation seeking transparency to doctors on the cost of the drugs that they prescribe. Despite those resolutions, our state medical society legislative committee has refused to do so. That approach didn’t fly, and apparently won’t.

I must confess it's been a while since I've read the New England Journal so I am not up to date on their editorial stance on the subject. But, I do read some of our ophthalmology publications and, lo and behold, the last editorial called for, of all things, drug price transparency. In Las Vegas, at the annual American Academy of Ophthalmology meeting, the largest eye meeting in the world, I could find no papers on the problem of drug costs. There may have been some, but I didn't find them. This is despite the editorial stance of our publications. In fairness there was an exhibitor on compounding medicines, mixing several medicines into one, a partial solution we have already adopted to reduce costs.

So what is that epiphany? There in the Bourbon Room of the Venetian Hotel, I realized that drug companies are exhibitors, big ones, they donate to worthy causes, they support the meeting, our publications, all rightly so, but as an organization we may be compromised.

Transparency.
No it’s not the solution.
But it certainly is a start.
And it may have to develop from us, just one by one.

And for your bonus, via John Pritchard:
“l've been in love many times in my life, but not necessarily with anyone I actually knew.”
President’s Message

O. Lee Berkenstock, M.D.

In closing...

It is difficult to believe that my tenure as president is coming to an end. During the past year, your Memphis Medical Society (MMS), along with the American Medical Association (AMA) and Tennessee Medical Association (TMA), has worked hard to advocate on behalf of all physicians in Shelby County. Many of the day-to-day tasks and initiatives that are painstakingly planned and pursued are not always evident to our membership-at-large. However, that is not to say that they are not undertaken with your best interest in mind. And, it is our goal and objective to make certain that, as an old TMA slogan said, we are “your eyes, your ears and your voice”.

There were numerous issues that, I along with our Board and the assistance of MMS and TMA staff, have addressed in recent months. They ranged from practice management issues, that included advocacy efforts led by the AMA and TMA to assist practices in transitioning from ICD-9 to ICD-10, to professional development opportunities the TMA has been cultivating, such as their recently completed process to create original CME content that enables the MMS (and other county medical societies across the state) to offer our members free CME opportunities. Additionally, I and several physicians across the state were selected to serve on the technical advisory groups for the newest state health care payment reform initiative, episodes of care. We continue to work with state officials to advocate for specific improvements to the program’s implementation. Organized medicine must watch and monitor these and other types of developing topics as they occur.

As you know, advocacy with our elected officials in the state is an ongoing process. The TMA continually seeks to educate and inform Tennessee lawmakers about important issues that relate to physicians in our state and affect our ability to practice good medicine. The TMA’s 2016 legislative package will focus on several areas, including seeking to define patient-centered, physician-led, team-based care; TennCare audits that seek to recoup funds from doctors’ practices; payer accountability which limits how often insurance company fee schedules and payment policies/methodologies can be changed and would make such changes more transparent to healthcare providers; in-office physician dispensing that would set parameters for dispensing of medications in order to ensure that unscrupulous doctors are not able to abuse this ability; and finally a state constitutional amendment that would allow for a cap on noneconomic damages. Each of these agenda items is our immediate legislative priority that will require highly concentrated efforts in order to bring it to fruition.

I would like to express my sincere thanks to several people. First, to Mike Cates, who was recently recognized at this year’s AMA interim meeting in Atlanta for his 40 years of service and dedication to organized medicine and the physicians of Tennessee and North Carolina. This was an honor worthy of an honorable man. Words are insufficient to express the gratitude deserving for the consistent exemplary dedication on display. Also, to Dr. Phillip Langsdon, who chaired and was a driving force for the new CME committee. This was an excellent idea to bring fellowship and value from the MMS to its members. We will be well served by his future leadership. Additionally, thank you to Dr. George Woodbury, who has served as a virtual ten member legislative committee feverishly meeting with elected officials in Memphis and Washington. Dr. Woodbury has personally represented our members’ interests at over twenty meetings. Thank you to my Board, whose bright minds, brighter ideas and mentorship has guided me during the past year. Thank you for your trust and patience. I am the luckiest man in the world to have been associated with you. To the six physicians now representing the MMS at the John Ingram Leadership Institute, you are the future of our Society. Please accept our gift of sponsorship as a small thank you for dedicating your most precious resource – time. Also, to Janice Cooper and Victor Carrozza, each of you is the bricks and mortar upon which the MMS houses all its activities. No way would we exist without your continued efforts and direction. Lastly, to those unnamed, most deserving, but limited by space. Please understand that your acts of kindness large and small live in my brain and my heart. This past year has been truly an honor and a privilege.

In closing, the achievement of something that is desired is seldom accomplished alone. It often takes a concertize effort by numerous people working in tandem to produce the sought after results. Efforts at the national (AMA), state (TMA) and local (MMS) levels are required. I urge each of you to become involved to help us advance the practice of medicine. It has been said that every generation stands on the shoulders of the previous ones. Those who came before us laid the foundation upon which we are currently building. It is up to us to ensure that we continue to be good stewards of their past accomplishments, to afford those who come after us the same opportunities that we have enjoyed. I am grateful to have had the chance to serve as your president. Thank you for your membership.
**MEMPAC breakfast**

On Tuesday, November 10, the Memphis Medical Society hosted their annual legislative breakfast. The gathering was held at the Racquet Club of Memphis. Members of the Medical Society, along with TMA advocacy staff welcomed members of the Shelby County delegation. Legislators in attendance included state senators Lee Harris (D-29) and Brian Kelsey (R-31), as well as state representatives Karen D. Camper (D-87); Ron W. Lollar (R-99) and Larry J. Miller (D-88). The event was an opportunity to interact with the legislators and thank them for their support.
New methods in lung cancer care hold abundant promise for patients – Osarogiagbon and Robbins at Forefront of New Approaches

Dr. Raymond Osarogiagbon, medical oncologist at Baptist Medical Group and Baptist Cancer Center and Dr. Todd Robbins, cardiothoracic surgeon at BMG and BCC, are at the forefront of bringing better care to Mid-South lung cancer patients. The physician’s work recently garnered funding and international recognition for streamlining lung cancer care and working to improve outcomes.

In September of 2013, the Patient-Centered Outcomes Research Institute awarded the Baptist Cancer Center a national research award of $2.1 million. The three-year award is to study the effectiveness of a multidisciplinary model of care for lung cancer patients.

Lung cancer experts widely recommend the multidisciplinary model as one that ensures high-quality, objective, evidence-based care, but it is infrequently delivered in health care institutions. The research award enables a team of clinicians from the Baptist Cancer Center and researchers from the University of Memphis School of Public Health to study barriers to delivery of multidisciplinary care as they implement the Baptist Cancer Center’s Multidisciplinary Thoracic Oncology Program. To measure the model’s effectiveness, the Baptist Cancer Center has assembled a team of researchers who will get feedback from patients, family members, physicians, nurses, health care administrators and health insurance executives. Researchers will use the feedback to design a multidisciplinary care program that will be evaluated with major benchmarks developed from the feedback of key stakeholders.

The multidisciplinary team successfully competed for the opportunity to participate in the National Cancer Institute and the American Society of Clinical Oncology “Teams in Cancer Care Delivery” Project. Nearly 200 teams from major universities and health care institutions from the U.S., Canada and the United Kingdom applied to participate in the project. The Baptist Cancer Center team was one of 22 selected to participate. The project’s goal is to use team science principles to develop better models of health care delivery, and in this specific case to provide guidelines on how to improve the quality of lung cancer care in the U.S. Besides experts from the Baptist Cancer Center and at the University of Memphis School of Public Health, the team includes members from such prestigious institutions as Kaiser Permanente, Harvard Medical School, the Bonnie J. Addario Lung Cancer Foundation, and Meridian Healthcare System in New Jersey.

Dr. Robbins was honored with the Clifton Mountain Lectureship Award for the best lung cancer staging paper at the 2015 World Conference on Lung Cancer in Denver. The paper, titled “Evolution in the Surgical Care of Non-Small Cell Lung Cancer (NSCLC) Patients in the Mid-South Quality of Surgical Resection (MS-QSR) Cohort,” provided an interim report on progress with a National Institute of Health-funded tri-state (Mississippi, Arkansas, Tennessee) lung cancer surgical quality improvement project being conducted by the Thoracic Oncology Research Group. Dr. Osarogiagbon is the Principal Investigator on the grant.

Memphis Medical Society hosts “specialty speed dating” event at UTHSC

On Tuesday, November 10, the Memphis Medical Society held its annual “Specialty Speed Dating” event with first and second year medical students at UTHSC – Memphis. Aimed at helping them choose a specialty, the event paired area physicians with M1 and M2 students. Twelve 10-minute speed-dating rounds included the specialties of anesthesiology, cardiology, dermatology, family practice, general surgery, hospitalist, neurological surgery, obstetrics and gynecology, ophthalmology, orthopedic surgery and radiology. Physicians in each specialty answered questions pertaining to quality of life and provided helpful advice for the students’ future goals.
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The second year of the 109th General Assembly will begin on Jan. 12, 2016, and the Tennessee Medical Association (TMA) is already working on legislation to help create a better, safer healthcare environment for Tennessee doctors and patients. During the upcoming session, TMA will seek to pave the way for a healthcare future that is patient-centered and physician-led, make sure insurance companies are more accountable when changing fee schedules and payment policies, and protect medical malpractice caps, among other issues. TMA President John W. Hale Jr., MD, said that TMA's legislative priorities are about making improvements for Tennessee physicians and the patients they serve. “TMA is looking out for the future of Tennessee healthcare, working to make sure it evolves in ways that allow doctors to provide the best care possible to their patients. The issues on our 2016 agenda reflect our mission as an organization,” he said.

One of the key pieces of legislation on the TMA’s list of priorities is the Tennessee Healthcare Improvement Act. The bill would put in place a team-based healthcare delivery model with doctors as the team leader in patient care coordination. It calls for collaboration between physicians and advanced practice nurses to make sure patients receive care from the appropriate providers with coordinated collaboration. It is being offered as an alternative to the Nurse Independent Practice/Full Practice Authority Bill, which would give nurses the ability to diagnose and treat patients and even prescribe drugs without a physician supervisor to review charts or provide consultation. “Having the proper collaboration from a physician in diagnosing and treating a patient ensures the highest quality of care and patient safety,” Dr. Hale said. “We want to knock down silos among providers, increase care collaboration and create a model that supports the best possible patient outcomes. The Healthcare Improvement Act will allow advanced practice nurses to use the full extent of their training, but make sure that a physician is involved in the care of every patient. It’s in the best interest of all Tennesseans.”

TMA will also work to see the Healthcare Provider Stability Act passed during the upcoming legislative session. The act, sponsored by Sen. Bo Watson, R-Hixson, and Rep. Jon Lundberg, R-Bristol, would limit how often insurance companies can change fee schedules and payment policies and require adequate notice of those changes to make the process more transparent. “It’s impossible for a physician to make sure the business side of a practice runs smoothly when health plans can cut reimbursement mid-contract with no recourse for the physician,” Dr. Hale said.

A third major initiative for TMA in the upcoming session is working toward a constitutional amendment clarifying that the General Assembly can set caps on noneconomic damages in cases including medical liability actions. A 2011 cap on noneconomic damages is currently being threatened by lawsuits. The proposed amendment must pass two separate General Assemblies before it goes on the ballot for a vote in 2018. If the amendment doesn’t pass the 2016 General Assembly, the earliest the issue could be up for a statewide vote would be 2022. “The General Assembly needs to act now to prevent us from going backwards on the issue of a noneconomic damages cap,” Dr. Hale said. “The cap fosters growth in Tennessee’s healthcare industry by cutting back on frivolous lawsuits and the costs that come with them. I’m confident Tennessee voters will support it if given the chance to have their voices heard.” Visit www.tnmed.org to see a full list of 2016 legislative priorities and follow TMA’s progress during the session on twitter @tnmed.

TMA 2016 Legislative Priorities

The 2nd year of the 109th General Assembly will begin on Jan. 12, 2016. TMA will work to achieve several key legislative priorities during the session.

TMA Position: Support
**Background:** The Healthcare Provider Stability Act limits how often insurance company fee schedules and payment policies/methodologies can be changed and would make such changes more transparent to healthcare providers. If the bill is passed, Tennessee would become the first state in the country to limit how often payment policies can be changed. The goal of the bill is to achieve predictability in reimbursement for healthcare providers by limiting arbitrary reimbursement changes in the middle of a contract period. By requiring notice of changes to fee schedules and payment policies, the bill would make it easier for providers to see, understand and deal with contract changes as they are made.

**Status:** The bill is currently being held in the Senate Finance Committee and the House Finance Subcommittee. The administration added a $5 million fiscal note to the bill at the end of the previous session.

**Physician-Led, Patient-Centered, Team-Based Care**

**Bill:** SB0521/HB0861 by Sen. Joey Hensley, R-Hohenwald, and Rep. Mike Harrison, R-Rogersville

**TMA Position:** Support

**Background:** The Tennessee Healthcare Improvement Act creates a blueprint for the future delivery of healthcare by implementing a team-based care model with doctors as the team leader in patient care coordination. This is a very different approach than what is being pushed by the Tennessee Nurses Association as they prefer an independent practice model. The bill would change the relationship between physicians and advanced practice nurses from one of supervision to one of collaboration. The goal of the legislation is to ensure that patients receive care from appropriate providers with proper oversight.

**Status:** The bill was taken off notice in order for involved parties to discuss compromises during the summer.

**Tort Reform**

**Bill:** House Joint Resolution to propose an amendment to Article XI of the Constitution of Tennessee relative to damages in civil liability actions and other causes of action; not yet filed

**TMA Position:** Support

**Background:** In 2011, the Tennessee General Assembly approved a bill to cap noneconomic damages in medical liability actions, but that cap is now being threatened by lawsuits. This year, a judge in Chattanooga ruled the cap unconstitutional. The joint resolution would allow citizens to vote on amending the Constitution of Tennessee to clarify that the General Assembly has the constitutional authority to set caps on noneconomic damages.

**Status:** The joint resolution is expected to be introduced in the 2016 session of the General Assembly. It must pass in two separate General Assemblies before it is put on the ballot for a vote in 2018. If it does not pass in this upcoming General Assembly, the first opportunity to get this issue on the election ballot would be 2022.

**In-Office Physician Dispensing**

**Bill:** Not yet filed

**TMA Position:** Support

**Background:** TMA is proposing legislation that would set parameters for in-office dispensing of medications in order to ensure that unscrupulous doctors are not able to abuse this ability. In-office dispensing can be a valuable tool for doctors, increasing patient compliance with treatment plans and adding to patient convenience. However, regulations need to be in place to discourage abuse.

**Status:** A bill setting parameters for in-office dispensing will be introduced in the 2016 legislative session.

**Workers’ Comp Silent PPOs**

**Bill:** Not yet filed

**TMA Position:** Support

**Background:** TMA worked previously to pass legislation that brought transparency and accountability to silent PPOs operating within the workers’ comp arena. However, the legislation did not contain an enforcement mechanism when payers do not follow the rules. The bill would establish penalties when insurance companies don’t comply with regulations already in place for workers’ compensation silent PPOs.

**Status:** A silent PPO bill will be filed in the 2016 legislative session.
AMA honors Mike Cates

The American Medical Association (AMA) presented its 2015 Medical Executive Lifetime Achievement Award to Mike Cates, CAE, Executive Vice President of The Memphis Medical Society. Mr. Cates received the award on Saturday, November 14 in Atlanta during the AMA Interim Meeting. The honor was in recognition of his forty years of service to physicians and patients in Tennessee and North Carolina. Cates has led the Memphis Medical Society staff since 1985. Prior to that, he spent 13 years with the North Carolina Medical Society and Mecklenburg County Medical Society in Charlotte, N.C.

His leadership and community service distinctions include helping to establish the Mid-South chapter of the Medical Group Management Association, serving on the Dean’s Advisory Committee for the University of Memphis School of Public Health, serving on the board to help form the first regional health information exchange throughout Memphis hospitals, and serving on the board of the Common Table Health Alliance. “Mike embodies the true spirit of a medical society executive. During his illustrious career, he has played a pivotal role not only in the careers of hundreds of physician leaders, but also in the advancement of organized medicine at the county, state and national levels. Mike has been a reliable counselor, colleague, mentor a valued friend to me and so many other leaders in the field,” said Russ Miller, Chief Executive Officer of the Tennessee Medical Association.

The AMA Medical Executive Lifetime Achievement Award is presented to a medical executive of a county medical society, state medical association or national medical specialty society who has contributed substantially to the goals and ideals of the medical profession, and whose contributions are sustained over a significant term of service. Cates was nominated by the TMA and MMS.

Save the Date!

PITCH - 2016

Physicians Involved in Tennessee’s Capitol Hill

Tuesday, March 1, 2016

Bus will depart Society at 6:30 am

There is no cost to attend.

Lunch will be provided compliments of the TMA.

We are asking that each practice designate at least one physician to attend.

The return trip (leave Nashville) will be at approximately 4:00 pm.

If you are a physician, please wear your white coat.

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Your book will offer you a great way to tell your story - in a memorable way - to caregivers, too.
West Cancer Center opens new East Campus
New site for outpatient care unites comprehensive services under one roof
by: Katie Stephenson

A leader in oncology care and research since 1979, West Cancer Center embarks on its newest chapter of innovation with the opening of its new East Campus location at 7945 Wolf River Boulevard in Germantown. The 123,000 square foot facility will combine many of West Cancer Center’s leading physicians and researchers at a single site, elevating the quality of care for patients across Memphis and the Mid-South region.

For the first time, patients will have access to multispecialty services, including medical, surgical, diagnostic and radiation oncology, in addition to West’s clinical research program, all delivered at one location. The net result is a collaborative environment that will both foster West Cancer Center’s comprehensive approach to treatment and transform the delivery of oncology care in the Mid-South. “This marks another milestone in the transformation of how we care for and treat our patients,” said Erich Mounce, CEO of West Cancer Center. “By physically combining the forces of our multidisciplinary specialty teams into one facility, we are creating an environment that truly fosters collaboration and produces a unique understanding of what each specialty requires, allowing everyone to perform at their highest level.”

The new East Campus location is one of many tangible results of the innovative partnership between Methodist Healthcare, the University of Tennessee Health Science Center and West Clinic. These three leading health care organizations, which combined forces in 2012 to create West Cancer Center, unites the foremost leaders in education, research and patient care to advance the field of oncology. With more than 33,000 patients seen by West Cancer Center last year, this new location draws upon all three organizations to bring both comprehensive clinical and research services to an ever expanding patient population at a single point of outpatient care. By combining multiple specialties – such as medical, radiation and surgical oncology – at one geographic location, patients can expect an environment that encourages a team-based approach to their treatment – a format that, in the current landscape of oncology, is necessary to ensure patients are receiving the most customized and individualized treatment plan possible.

In addition to our Comprehensive Breast Center and individual clinics devoted to Medical Oncology, Gynecologic Oncology, Radiation Oncology, Surgical Oncology, Thoracic Oncology, and Radiology, the new West Cancer Center location will also house space devoted to a Multidisciplinary Clinic. This clinic area will provide space for true collaboration among our multiple specialty services – providing our patients the opportunity to meet with their entire treatment team, simultaneously, to create and customize their individual treatment plan. A one-of-its-kind in the Memphis area, the Multidisciplinary Clinic is reflective of West Cancer Center’s commitment to ensure that our patients are receiving the most innovative and advanced care during their cancer journey.

This spirit of collaboration is also reflected in West Cancer Center’s growing research program – a program that, through the new East Campus location, will combine clinical research in the patient-focused setting with translational methodology in the UTHSC laboratories. This not only allows basic and translational research to inform clinical decisions, but also clinical findings to impact laboratory research as well – creating a true bench to bedside model to deliver the most innovative and effective care for our patients. “We have an extraordinarily dedicated team of professors and researchers who are searching for and discovering medical breakthroughs,” said Steve Schwab, Chancellor, UTHSC. “By partnering with West Cancer Center and Methodist, we have the ability to advance healthcare and impact patients’ lives through personalized clinical trials and life-saving research.”

In addition to improving patient access to the latest breakthroughs in oncology care, the new location will also help to ease the burden on many of the patients whose socioeconomic status creates daunting barriers to their care. By bringing every aspect of cancer care under one roof, care is made much more accessible to the entire patient population, especially for those with tight financial budgets who find it a challenge to travel to multiple sites of care. With a Memphis population where 53% of individuals live off of a household income of less than $50,000, compared to 49% nationwide, the imperative for alleviating this burden is not only critical, but a responsibility for the organization. A leader in the field of eliminating disparities and drastically improving cancer outcomes among underserved populations, West Cancer Center’s new location is reflective of a mission to not only streamline the complex system of oncology care through innovative navigational programs, but also to improve both access to quality and timely diagnostics for the medically underserved in our community.

“Our mission at Methodist Healthcare is to provide high-quality health care for everyone who needs it, regardless of their ability to pay,” said Gary Shorb, CEO for Methodist Healthcare. “The multidisciplinary approach at West Cancer Center will provide accessible and unparalleled cancer care for the entire Mid-South and beyond.” This new location is but a tangible representation of the many exciting discoveries and breakthroughs that take place at West Cancer Center, every single day. The new East Campus location will not only accelerate the Cancer Center’s ability to provide patients with cutting-edge, innovative and comprehensive care, but will also help us to ensure that these developments reach each and every sector of our community.
METHODOIST HOSPITAL NAMED BEST BY U.S. NEWS

It’s national recognition for unsurpassed excellence that so many in Memphis recognized long ago. Acknowledged as high performing in nine specialties, including cancer and neurology, Methodist’s Memphis Hospitals received top ranking in U.S. News & World Report. This honor is the gold standard in rankings for healthcare and a testament to our talented physicians, nurses, partners and associates who truly believe that being the best starts with putting the patient first.
Saint Francis Medical Partners (SFMP), an innovative network of established physician practices, launched a new website featuring patient-centric tools including the ability to communicate with doctors, schedule appointments and order prescription refills, all online. “The goal of our network is to provide a streamlined, single-source solution for patients seeking all levels of medical care,” says Irina Ollar, practice development manager for SFMP and Tenet Physician Resources. “Advances in technology enable us to provide increasingly useful online tools that reflect that mission via our website.”

While SFMP was the first medical network in Shelby County to offer online appointments, the revamped site offers additional updated and new features including:

- Online communication with doctors and nurses
- Secure patient portal with anytime access to medical history, lab results and more
- Online prescription refill ordering
- Physician directory complete with photos and bios
- Geographic and specialty-specific dropdowns
- Access to recent news and career opportunities

In addition to the new tools offered on the website, the site is also auto-responsive, meaning that it will intuitively adjust itself to display optimally based on the type of device on which it is being viewed – whether that be a laptop, iPad or a mobile device. “We are continually seeking out ways to improve the patient experience,” says Ollar. “Creating a website that eliminates the need for the back-and-forth communication while also empowering patients to make informed decisions about their healthcare is an endeavor to which we are fully committed.” For more information, visit www.sfmp.com.
The Affordable Care Act (ACA) has transformed many aspects of the healthcare industry, including the way hospitals operate. One emerging trend is non-equity collaborative arrangements which help hospitals differentiate in increasingly competitive markets.

Indiana University Health, a nationally ranked healthcare system by U.S. News & World Report 18 years in a row, is seeing early success entering into these types of partnerships with hospitals in select areas throughout the country, starting with its leading-edge cardiovascular program. A strong cardiovascular surgery program is an important component of a full-service hospital so it’s a great program for this type of partnership.

Cardiovascular care solutions for today’s hospitals.

Effective service line models are essential for long-term success because of their impact on the future of healthcare quality, costs and overall financial health. IU Health Cardiovascular service line solutions helps facilitate program growth through added or enhanced capabilities, strategic planning, outcomes management and supply chain savings. These collaborations also give hospital leaders the benefits of a larger network while maintaining independence. No hospital is the same, by partnering with IU Health Cardiovascular service line solutions, hospitals can benefit from an expert approach in providing tailored solutions in a variety of areas. IU Health is currently operating this type of partnership for its cardiovascular program in Waukesha, Wisconsin and Columbus, Indiana with positive endorsements from hospital leaders.

“Working locally alongside ProHealth Care administration, physicians and staff with the full support and expertise of the Indiana University Health CV team creates a true collaboration that assures our patients at Waukesha Memorial Hospital receive preeminent heart care,” said John Kelemen, Cardiothoracic Surgeon at ProHealth Care based in Waukesha, Wisconsin.

The goal is to improve the health of patients and communities through innovation and excellence in care, education and service. IU Health is guided by five overarching pillars: Service, People, Education and Research, Finance and Growth, and Quality. These pillars create the infrastructure for its partners to forge strong working collaborations to achieve this goal.

Hospitals want to provide their communities with the highest levels of care and an affiliation with a major academic health center assures them access to the latest innovations and medical therapies. The focus IU Health brings to patient care extends to its partner hospitals in many ways with its full suite of services and specialists that are there for patient care needs 24 hours a day.

To learn more about a non-equity collaborative arrangement with IU Health Cardiovascular service line solutions, contact Mary at 317.962.3583 or MBaker2@IUHealth.org. For more than 30 years, the Indiana University Health Cardiovascular program has brought leading-edge care to patients throughout the nation. IU Health works in partnership with Indiana University School of Medicine, the nation’s largest medical school and a global leader in medical education and research. The multidisciplinary team of Cardiologists, Cardiac Surgeons and Vascular Specialists at IU Health are nationally and internationally recognized for implementing innovative procedures and providing preeminent patient care.
**Question:** I am planning to retire from my medical practice in the next five years. I have a buyout plan in place for my share of the practice, but I own 100% of the office building. My partners want to keep the current location for the practice, but do not want to own the building. Despite the rental income the property would provide, I have no interest in being a landlord after I retire. I’m worried that if I sell the building outright to a third party, the new owner will increase rent for my practice. I heard some colleagues talk about a Sale-Lease Back Agreement. Do you think this might work for my situation?

**Answer:** It sounds like you would be a perfect candidate for a Sale-Lease Back Agreement. A third party investor purchases the property from you. Before the sale is complete, you and your partners negotiate a lease with the new owner of the building to rent office space for the medical practice. Make sure the new owner is willing to agree upon favorable lease terms. This will help provide some long-term financial security for your practice. You should consider rental rates, renewable lease periods, building/property maintenance and space upgrades. Finding a potential buyer should not be too difficult. In general, medical office buildings are attractive investments because the demand for health care is high and medical practices rarely go out of business. A brick and mortar investment with a solid tenant (your medical practice) is a great alternative for an investor who wants to diversify away from traditional financial assets like stocks and bonds. Your ownership and participation in the practice is vital to the valuation process; therefore, you should try to complete the Sale/Lease Back transaction several years before you retire to help maximize the sale price of the property. I recommend you seek the counsel of an established financial and real estate advisor in your area. They should be able to assist you in finding a potential buyer and provide additional support with the Sale-Lease Back transaction.

---

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TAGs seek physician participation as part of payment reform effort

Technical Advisory Groups (TAGs) are one vital group involved in the stakeholder process in the new Tennessee Health Care Innovation Initiative (THCII). A TAG is a clinical workgroup comprised of both payer and provider representatives that offer clinical advice on the initiative’s design for retrospective episodes of care. The state of Tennessee is seeking to create these workgroups to include a comprehensive clinical representation from all areas of the state (i.e. rural, urban, small practice, specific specialties, etc.). Clinicians who participate in a TAG are asked to contribute clinical guidance on specific areas related to the episode design.

The clinician or hospital which is on the clinical workgroup is in the best position to influence the quality and cost of care in each episode. Additionally, TAG members are asked to help identify which services to include in total episode spending to best reflect what a patient may receive during an episode. A complex portion of the episode of care design is the risk-adjusting and excluding portion. This element of design ensures episodes are comparable and allow fair comparisons among providers. Lastly, clinical input is necessary to determine the quality metrics required for each episode to capture sources of value.

TAG meetings are not a forum for complaints or debating the decision of specifics to individual providers. The state has also said it will not discuss elements of pricing, contracting or negotiations during the meetings. The state will soon seek nominees for additional TAGs for 2016. The TMA is seeking physicians to participate in the next episode of care TAGs for Wave 5 which is scheduled tentatively to begin in March 2016. This is your opportunity to be a voice and offer solutions in the transformation process. Below is a state outline of the episodes with the provider specialty types needed for each of the Wave 5 TAGs (with tentative dates).

**Wave 5**


Continued on page 19
Recently, in \textit{Rye v. Women’s Care Center of Memphis, MPLLC.} the Tennessee Supreme Court held the analytical framework governing summary judgments in Tennessee state courts since 2008 was unworkable. That standard – first announced in the \textit{Hannan v. Alltel Publishing Co.} opinion – had been widely seen as particularly high and substantially more rigorous than the standards used by the federal courts.

Jettisoning the \textit{Hannan} summary judgment standard, the Supreme Court adopted that federal court standard in deciding summary judgment motions – motions by which a party seeks judgment in its favor without a trial because there are no material factual disputes left for trial. The texts of the Tennessee and federal summary judgment motion rule are substantially similar, after all.

If the texts of the two rules are substantially similar, what made the \textit{Hannan} standard substantially more rigorous? Tennessee state courts were required to assume the nonmoving party might obtain evidence to support the claim by the time of trial. So parties could defeat summary judgment even without any proof. But the new standard permits courts to grant summary judgment if the nonmoving party cannot present proof at the summary judgment stage showing genuine issues of material fact remain for trial.

Emphasizing the difference between the standard adopted in \textit{Rye} from the unworkable \textit{Hannan} standard, the Supreme Court succinctly stated “[t]he focus is on the evidence the nonmoving party comes forward with at the summary judgment stage, not on hypothetical evidence that theoretically could be adduced . . . at a future trial.”

The new standard applies to all pending cases. In \textit{Rye}, application of the standard resulted in summary judgment in favor of a healthcare provider because the plaintiff did not have proof of actual harm from the claims of negligence.
Because most medical related leases are for longer terms than many traditional office leases, there are several items in most commercial leases you will want to pay very close attention to as they can affect your occupancy costs over the time you are in a leased space. In addition to base rent, square footage and length of term be sure to understand fully the actual costs, not “allowances” for converting the space you are considering into the facility you will need. Construction costs are typically bid to multiple contractors or at least multiple subcontractors. Actual costs are preferred to avoid costly surprises when it is discovered allowances are not sufficient to pay for needed build-outs. In most cases, landlords will pay for some of the costs via tenant finish allowances. For terms longer than five to seven years, consider refurbishment costs for flooring and paint, as your space may need some updating over the course of your long term lease.

Operating expenses are typically the most irritating source of additional costs tenants will incur. It is very important that you understand and comprehend the type of lease you will be signing. NNN, Base Year, and Gross Leases all mean something different and vary from being landlord to tenant friendly. Unexpected and troubling are unbudgeted costs that you may be forced to pay. In too many cases, the tenant was not planning on the operating expense pass through and the additional bill from the landlord had not been considered when planning annual costs for the year.

These are a couple of items to consider when evaluating your next real estate move or lease renewal. It is highly recommended to have your real estate team engaged from the beginning to ensure you get the best deal available in your market. It is equally as important that you understand the terms of the deal you are about to sign.

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The Baptist Healing Trust awards Tennessee Charitable Care Network (TCCN) a three year advocacy grant

The Tennessee Charitable Care Network (TCCN) received a grant from the Baptist Healing Trust, which awarded funds totaling over $1.1 Million in its most recent grant cycle. “We are proud to help support 20 local non-profits working to create access to quality, compassionate health services for the community’s most vulnerable residents,” said President & CEO Dr. Cathy Self. The mission of the Baptist Healing Trust, a private grant making foundation, is the sacred work of fostering healing and wholeness for vulnerable populations through strategic investing, philanthropy, and advocacy.

TCCN’s grant was for $60,000 and will be used to advocate on the state level for system changes that increase access to health care services for vulnerable populations in Tennessee. TCCN provides support, education, and representation for non-profit organizations that provide charitable health care services to low-income, uninsured, and underserved Tennesseans.

Recipients of the contributions include non-profit organizations from forty counties in Middle Tennessee that focus on advocacy, physical health, mental health, recovery from alcohol and drug abuse or healing from abuse, neglect, and violence. This year’s grants bring the collective grant making of the Baptist Healing Trust to over $71 million since 2002. The Trust, while created out of the sale of Baptist Hospital to Ascension Health/St. Thomas Health Services, is a private, independent foundation and is not affiliated with the St. Thomas Health Services or the St. Thomas Health Services Fund.

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### CALENDAR

#### DECEMBER

1. Board of Directors Meeting
   Medical Society, 6 pm

24-25. Christmas Holiday
   Medical Society Closed

#### JANUARY

31-1. New Year’s Holiday
   Medical Society closed

5. Board of Directors Meeting
   Medical Society, 6 pm

13. OSHA Seminars, 8 am - 3:30 pm
   The Memphis Medical Society

20. Bluff City Medical Society
   Wilbert C. Jordan, M.D.
   HIV CORE: Case-based Learning
   Location TBA, 6:30 pm

21. CME Workshop
   Location TBA, 6 pm

30. 139th Annual Meeting
   Holiday Inn – Univ. of Memphis, 6 pm

#### FEBRUARY

2. Board of Directors Meeting
   Medical Society, 6 pm

17. Bluff City Medical Society
   Location & Speaker TBA, 6:30 pm

### MEMORIAM

<table>
<thead>
<tr>
<th>Name</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Louis G. Britt</td>
<td>May 30, 1931 – August 22, 2015</td>
</tr>
<tr>
<td>Fred E. King</td>
<td>December 4, 1951 - October 20, 2015</td>
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<tr>
<td>Santiago Pena Lavarias</td>
<td>December 30, 1933 - October 30, 2015</td>
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<tr>
<td>Charles M. Mansbach, II</td>
<td>August 21, 1937 - August 19, 2015</td>
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<tr>
<td>Charles Richard Patterson</td>
<td>January 6, 1948 – September 12, 2015</td>
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<tr>
<td>James Herman Smith</td>
<td>April 7, 1939 – October 20, 2015</td>
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</tbody>
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### 2016 OSHA Seminars

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- OR
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Neurology
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Memphis, TN 38114
901-758-7888
Univ. of Jordan School of Medicine, 2008
University of Wisconsin — Madison (R-N)
University of Cincinnati (F-NCC)

Chinelo Animalu, M.D.
Internal Medicine
UT Methodist Physicians
57 Germantown Court, Ste. 100
Cordova, TN 38018
901-758-7888
Univ. of Nigeria College of Medicine, 1998
St. Joseph Hospital – Chicago (R-GS)

Debashis Biswas, M.D.
Neurology
Semmes-Murphy Clinic
625 Humphreys Blvd.
Memphis, TN 38120
901-522-7700
R G Kar Medical College, 1986
University of Pennsylvania – Philadelphia (R-N)

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Internal Medicine
Resurrection Health
4095 American Way, Ste. 1
Memphis, TN 38118
901-260-8551
Univ. of Tennessee School of Medicine, 2005
Wright State University – Dayton, OH (R-IM)

Ian Trevor Gaillard, M.D.
Gastroenterology
Southwind Medical Specialists
3725 Champion Hills Drive, Ste. 2000
Memphis, TN 38125
901-367-9001
Howard University College of Medicine, 2002
Penn State — Milton S. Hershey Medical Ctr. (R-IM)
Howard University — Washington, D.C. (F-G)

Nitin Goyal, M.D.
Neurology
UT Methodist Physicians
1325 Eastmoreland Ave, Ste. 370
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RNT Medical College, 2010
University of Tennessee — Memphis (R-IM)
University of Tennessee — Memphis (F-N)

Ryan A. Helmick, M.D.
Surgical Critical Care
UT Methodist Physicians, LLC
1265 Union Avenue, Ste. 184
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Ohio State University, 2007
The Jewish Hospital — Cincinnati, OH (R-GS)
Mayo Clinic — Rochester, MN (F-CSS)

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Memphis Surgery Associates
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Univ. of South Alabama School of Medicine, 2009
University of Tennessee — Chattanooga (R-GS)
University of Tennessee — Chattanooga (F-CSS)

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Endocrinology
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901-753-3322
Chengde Medical College, 1994
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Child & Adolescent Psychiatry
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615-327-4751
Univ. of Tennessee School of Medicine, 1999
Indiana University — Indianapolis (R-IMP)
Vanderbilt University — Nashville (F – CAP)

Daniel Lee Magro, Jr., M.D.
Family Medicine
Southwind Medical Specialists
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Univ. of Tennessee School of Medicine, 2012
North MS Medical Center — Tupelo, MS (F-RM)

James K. Patterson, M.D.
Obstetrics and Gynecology
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Univ. of Tennessee School of Medicine, 1982
Hartford Hospital – Hartford, CT (R-OB/GYN)

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901-761-1220
Univ. of Tennessee School of Medicine, 1985
University of Tennessee — Knoxville (R-GS)
University of Tennessee — Memphis (F-OTO)

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Interventional Radiology
West Cancer Center
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Jefferson Medical College, 2009
Mt. Sinai Beth Israel — New York (R-RAD)
Columbia University — New York (F-RAD)

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Pediatrics
Segal, Parker, Kronenberg, Tsu and Eiseman
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Univ. of Tennessee School of Medicine, 1990
University of Tennessee — Memphis (R-PED)

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901-609-3525
McGill University – Faculty of Medicine, 1991
Harvard Medical School — Boston, MA (R-GS)
Sloan Kettering Cancer Ctr. — New York (F-SO)

Norfleet Buckner Thompson, M.D.
Hand Surgery
Campbell Clinic
1400 South Germantown Parkway
Germantown, TN 38138
901-759-3100
Univ. of Tennessee School of Medicine, 2009
University of Tennessee — Memphis (R-ORS)
University of New Mexico — Albuquerque (F-HS)

Jeshenna J. Watkins, M.D.
Obstetrics and Gynecology
Women’s Health & Wellness Center
1400 South Germantown Parkway
Germantown, TN 38138
901-395-2630
Univ. of Tennessee School of Medicine, 2011
University of Tennessee — Memphis (R-OB/GYN)

D. Paxton Jones, M.D.
Diagnostic Radiology
Mid-South Imaging & Therapeutics
7600 Wolf River Blvd, Ste. 200
Germantown, TN 38138
901-747-1000
Univ. of Mississippi, 2009
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Practicing medicine continues to be a carousel of changes, rules, regulations and acronyms like, ACA, ICD-10, EMR, CMS, SGR. With increasing government involvement, it seems reminiscent of the IRS with over 20,000 pages of rules and regulations. Like it or not, it is the world we live in today. The task of conforming to these rules and regulations is enormous and directly affects profitability or even survival of the practice. There are, however, some things you can do to insure a successful practice in spite of the new and changing environment. Patients still want the best care. They want to be respected and treated with courtesy and dignity. They want to have involvement and knowledge in the process of their care.

Unfortunately, involving patients in the process of their care also includes addressing their healthcare costs. This task usually falls on the “front desk” staff members who more often than not, do not receive high-level customer service training on how to approach this personal subject. “There needs to be internal training and education with staff about how to communicate upfront payments. Plus, there are plenty of payment plans possible that will work with patients with high-deductible plans,” says Nate Davis, MBA, product manager with ZirMed, a healthcare information technology and management company. Davis suggests the following tips for addressing healthcare costs with patients:

• **Start with their name** Money and health are personal subjects. Addressing patients by name, and letting them know they are valuable to the practice is the first step in showing patients that you are looking for solutions and not blame.

• **Ask for payments the right way** Don’t ask patients if they will pay – ask them how they are going to pay. Don’t make delaying payment an option right away, but be sure to mention payment plans if on-the-spot payment is an issue.

• **All staff members should be prepared** Every member of the staff should know about your practice’s payment options and procedure costs. Patients may be more comfortable talking about finances with a nurse or physician.

• **Reminders are important** When contacting patients for appointments, remind them that a copay will be due when they arrive, and have an estimate of costs available. Be sure to remind patients about payment plans, other options, and online portals if available.

Along with upfront payments, other strategies to increase revenue include expanding hours to increase productivity by providing greater convenience to patients, better use of non-physician providers, and leveraging technology to reduce inefficiencies and time waste. Your choices are many but you do have control of the issues concerning the patient experience, patient retention and attracting new referrals through superior patient service.

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**TMA President, John Hale, M.D. visits Memphis**

On Wednesday, October 28, John Hale, M.D., a family physician with Baptist Medical Group (BMG) in Union City and the 2015 President of the Tennessee Medical Association visited Memphis. Dr. Hale spent the day in Shelby County meeting with other physicians and practice administrators from Methodist Healthcare, Saint Francis Medical Partners (SFMP) and BMG. During his visit, Dr. Hale had lunch with a group of UTHSC – College of Medicine students at The Bar-B-Q Shop on Madison Avenue in midtown.
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Outpatient Medication Management Program Developed at UTHSC – Recognized as a National Award Winner

by: Shelia Champlin

A clinical practice improvement module developed at the University of Tennessee Health Science Center (UTHSC) was one of five national winners in the inaugural Practice Innovation Challenge sponsored by the American Medical Association (AMA) and the Medical Group Management Association (MGMA). The UTHSC “SafeMed” module, which is designed to encourage safe and effective medication use in an outpatient setting, may be used in clinics around the country in the future through the AMA’s STEPS Forward initiative, an online resource of educational modules to help physicians operate their practices more efficiently and economically while providing better care to patients.

Jim Bailey, MD, MPH, professor of Internal Medicine and Preventive Medicine in the College of Medicine, and director of the Center for Health System Improvement at UTHSC, and Bonnie Binkley, MA, research manager for the center, authored the practice improvement module officially called “SafeMed: Building a Medical Home-based Care Transition Team.” It offers a step-by-step tool kit to help physicians extend primary care from hospital to home, reduce drug therapy problems, and prevent hospital readmissions. Dr. Bailey said the module is based on “Project SafeMed,” a recently completed medication management project funded by a Centers for Medicare and Medicaid Services (CMS) Health Care Innovation Award, and tested locally by a team from UTHSC and Methodist Le Bonheur Healthcare.

In the CMS-funded project, a SafeMed team, consisting of a nurse practitioner, a pharmacist, a licensed practical nurse and a pharmacy technician, meet in the hospital with patients who are admitted multiple times over a period of a few months, Dr. Bailey said. The team gets to know the patient, and follows up in the home with visits and phone calls to ensure the patient makes it to clinic appointments, gets the medicines needed most on discharge, and understands how to take them properly. “What we found is that the majority of this group of patients, who go in and out of the hospital again and again, don’t take their medications correctly when they get home, and they don’t get the rapid primary care follow-up they need,” Dr. Bailey said. “The SafeMed team is charged with helping sort out medications and keeping the patient on track with the plan.” He said the CMS-funded project demonstrated that “high-touch, personalized care for the sickest people” not only reduces readmissions, it improves care for patients and reduces costs dramatically.

Dr. Bailey said the practice module recognized by the AMA and MGMA outlines how to implement the “Project SafeMed” practices in a clinic or in a network of clinics. “We adapted the program to implement in the outpatient setting,” he said. “And I think one of the things I’m most proud of with the module is we showed how any clinic serving a medically and socially complex patient population could implement this model at very low cost, but with potential for huge savings for both patients and the health care system.” The module was recognized at the recent 2015 MGMA annual meeting as one of five high value, easy-to-adopt solutions to address practice challenges in today’s health care environment. Sponsors of each of the five top medical solutions earned $10,000 and the opportunity to format their module to be offered nationwide through the AMA’s STEPS Forward platform. Along with Dr. Bailey, Ilana Graetz, PhD, of the Department of Preventive Medicine at UTHSC, attended the MGMA meeting to represent the SafeMed team in accepting the award.
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email: emcapadala@ftih.com

Chris Webb
Vice President
Medical Private Banking
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Margaret Yancey
Senior Vice President
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email: myancey@ftih.com

William Franklin
Private Banker
Medical Private Banking
ph: 901-681-2577
email: wafranklin@ftih.com

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