

# 2017 ANNUAL REPORT



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## YEAR IN REVIEW

### Change is hard.

**But change can be good. The path to progress is impassable without it.**

We experience change in healthcare every day as new payment models affect reimbursement, new technologies affect clinical and business practices, and new laws and regulations affect how we deliver care to patients.

In the midst of these and many other changes happening around us, TMA is a uniquely effective change agent, driving good healthcare policies and fiercely protecting our profession.

We are also continually changing within the organization to enhance our member programs and services and deliver a stronger value proposition to doctors who live and work in Tennessee.

With changing practice environments and limited discretionary dollars in their pockets for membership dues, doctors are selective in supporting the organization(s) that best meets their needs and wants.

As you read through what TMA accomplished in 2017, we hope you will agree that our state medical society does more for doctors than any other professional organization in Tennessee.

From our advocacy work on Capitol Hill to our physician leadership training to our efforts on important public health issues, TMA is the single voice representing all doctors, in all medical specialties, in all types of practice settings, in all areas of the state.

We are faster and more dynamic than we were a year ago, and the growth areas of our organization affirm that we are continually changing for the better.

Thank you for your support, and for the opportunity to serve you in 2017.

Keith G. Anderson, MD

Nita W. Shumaker, MD



**Keith G. Anderson, MD**  
TMA President  
2016–2017



**Nita W. Shumaker, MD**  
TMA President  
2017–2018

## 2017–2018 TMA BOARD OF TRUSTEES

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## STEADY MEMBERSHIP GROWTH FUNDS PROGRAMS AND SERVICES

Despite implementing its first dues increase in 13 years, TMA recorded 9,236 members in 2017, a 3.7% increase over 2016 while nearly matching recent record gains in dues-paying members. A sharp rise in physician employment has changed the medical landscape in Tennessee. These trends have allowed TMA to continue

TMA is uniquely positioned to represent all physicians — from solo practitioners to large numbers of doctors practicing in multispecialty healthcare organizations—in the legislative and regulatory arenas because TMA carries more weight and influence than any other professional organization for doctors in Tennessee.

▶▶▶ TMA added 1,418 new members in total, including medical students and residents.

serving independent physicians and develop new partnerships across the state with important decision makers in hospitals and large groups by demonstrating a legitimate return on investment for their physicians, and their organizations.

This strong value proposition has been the catalyst to membership growth in recent years and will help TMA build on momentum in 2018 and beyond.

[tnmed.org/membership](http://tnmed.org/membership)

### Total Number of Members



## TMA HEADLINES

# 2017

### JANUARY 2:

TMA Opposes Proposed Hospital Admitting Rule

### JANUARY 17:

TMA Training New Class of Physician Leaders

### JANUARY 31:

Court Blocks Aetna-Humana Merger

### FEBRUARY 1:

Tennessee Doctors Weigh in on Federal Healthcare Reform

### FEBRUARY 14:

TMA Hires New Lobbyist, Promotes Two on Leadership Team

# ALL-IN GROUPS

as of December 31, 2017

Abercrombie Radiological Consultants	Dermatology Associates of Kingsport	Infectious Disease Physicians of Chattanooga	OB/GYN Center of Excellence	<b>Shell Cosmetic Surgery Center</b>	The ID Group
Adams Patterson Gynecology & Obstetrics	Dermatology Associates of Knoxville	Inpatient Physicians of the Mid-South	<b>OBGYN Associates of the Mid-South PLLC</b>	Siskin Spine and Rehab Specialists	The Plastic Surgery Group
<b>Allergy and Asthma Affiliates</b>	Dermatopathology Partners	Jackson Pathology Group	OrthoKnox	Southeastern Retina Associates	The Skin Wellness Center
Allergy Asthma and Sinus Center	Diagnostic Cardiology Group	Jackson Surgical Associates	Pain Consultants of East Tennessee	Southeastern Retina Associates PC—Knoxville	The Surgical Clinic
American Anesthesiology	Diagnostic Pathology Services	Jefferson Family Physicians	Pain Medicine Associates	Southern Oncology Inc.	The Urology Group, PC
<b>Anderson Rahman Dermatology</b>	Drs. Davenport and Davenport, Elizabethton	<b>John Lawson Surgical Group</b>	Pediatric Anesthesiologists, P.A.	Southern Surgical Arts	Tranquility Sleep Specialists PLC
Anesthesia Medical Group (PhyMed Management LLC)	Ear Nose & Throat Consultants of East Tennessee	Johnson City OB/GYN Associates	<b>Pediatric Associates of Davidson County</b>	Specialists in Pain Management	Tri-Cities Skin and Cancer
Anesthesiology Consultant Exchange	Ear, Nose and Throat Group, Inc.	Knox County Regional Forensic Center	Phillips Healthcare Group, Talbott	Specialty Surgeons PC	University Cardiology
Appalachian Neurological Clinic	<b>East Memphis Orthopedic Group</b>	Knoxville Dermatology	Plastic Surgery Center of Nashville PLLC	State of Franklin Healthcare Associates PLLC	University General Surgeons
Arthritis Associates	East Ridge Eye Center	Knoxville Pediatric Associates PC	Plastic Surgery Group of Memphis	Summit Medical Group Healthcare Services	University Gynecologic Oncology
Associated Orthopedics of Kingsport	East Tennessee Spine and Ortho of Morristown	Knoxville Radiology Group	Plaza Urology	Surgical Associates of Kingsport	University Heart Surgeons
Associates in Diagnostic Radiology	East Tennessee Vascular Center, Morristown	Lakeway Dermatology Associates	Premier Surgical Associates, PLLC	Susong Dermatology	University Oncology & Hematology Associates
Associates in Oncology & Hematology	Erlanger Health System Physician Groups	Lakeway Anesthesia	Primary Care Associates, Talbott	Sycamore Shoals Primary Care	University Surgical Associates
Associates in Plastic Surgery	<b>Eye Specialty Group</b>	Lakeway Ear, Nose and Throat	<b>Provision Center for Proton Therapy</b>	<b>Tabor Orthopedics</b>	Urology Associates, PC
Baptist Medical Group	Fenyves and Fry	McDonald Murrmann Women's Clinic	Psychiatric Associates of Kingsport	<b>Tennessee Cancer Specialists</b>	Vigilance Anesthesia, Elizabethton
Baptist Memorial Healthcare	Fertility Center of Chattanooga	Medical Anesthesia Group	<b>Rheumatology and Dermatology Associates PC</b>	Tennessee Interventional & Imaging Associates	<b>VIP MidSouth</b>
Beacon Health Alliance	Galen Medical Group	Memphis Dermatology Clinic	Rheumatology Consultants PLLC	Tennessee Oncology	Vista Radiology
Blount Memorial Physicians Group	<b>Gastroenterology Associates of Kingsport</b>	<b>Memphis Orthopaedic Group</b>	Saint Thomas Medical Partners—Breast Surgery	Tennessee Orthopaedic Alliance	VRF Eye Specialty Group
Bristol Anesthesia Services	<b>Germantown Wellness and Preventative Medicine</b>	Memphis Pathology Group	Seal & Lawrence	Tennessee Urology (Oak Ridge)	Wellmont CVA
Campbell Clinic Orthopaedics	Goodlettsville Pediatrics PC	Memphis Surgery Associates	Semmes-Murphey Clinic	The Colorectal Center	Wesley and Klippenstein PC
Center for Sports Medicine & Orthopaedics	Greeneville Orthopaedic Clinic	Methodist Healthcare	Shea Clinic		Wesley Neurology Clinic
Chattanooga Allergy Clinic	Greeneville Pediatric Clinic	Michael W. Goodman & Associates			Women's Center of Greenville
Chattanooga Center for Women	Greeneville Surgical Associates	Mid-South Ear, Nose & Throat			Women's Health Specialists
Chattanooga Ear Nose & Throat Associates	Hamblen Anesthesia	Mid-South Imaging & Therapeutics			
Chattanooga Emergency Medicine	Hamilton Eye Institute	<b>Mid-South Retina Associates LLC</b>			
Chattanooga Eye Institute	Hanna Cancer Associates	Mid-South Surgical Associates			
Chattanooga Heart Institute	Hayes Hand Center	Morristown Heart Consultants			
Chattanooga Neurology Associates	Head and Neck Specialties	Morristown Regional Eye Center			
Chattanooga Skin & Cancer Clinic	Heritage Medical Associates	Mountain Empire Eye Physicians			
Chattanooga Women's Specialists	<b>Hughston Clinic Orthopaedics</b>	Mountain Empire Neurological Associates			
CHI Memorial Health Partners		Nashville Fertility Center			
Clinica Medicos		Nashville Gastrointestinal Specialists Inc.			
<b>Cookeville Pediatric Associates</b>		Nashville Oncology Associates			
Consolidated Medical Practices of Memphis, PLLC		Nashville Surgical Associates			
Consultants in Pain Management		Nephrology Associates (Nashville)			
		Nephrology Associates (Chattanooga)			
		New Life Center for Bariatric Surgery			

\*New all-in group





## BANNER YEAR FOR DOCTORS ON CAPITOL HILL

During the first session of the 110th Tennessee General Assembly, the state's largest and most influential professional organization for doctors passed numerous bills into law, amended 42 bills and defeated bills that would have harmed physicians and patients.

- The legislature passed the **Healthcare Provider Stability Act** after four years of lobbying by TMA. When the first-of-its-kind law takes effect in 2019, it will increase transparency in the insurance payment process by limiting how often payers can change fee schedules and payment policies and methodologies.
- TMA once again successfully fought against bills that would have allowed for **APRN independent practice** in Tennessee, and in 2017 negotiated a three-year moratorium with nursing organizations on all scope of practice legislation unless all parties agree to a bill.
- TMA also opposed a measure that would have allowed physician assistants to obtain a doctorate-level degree from Lincoln Memorial University's **Doctor of Medical Science program**. PAs who completed the program would be allowed to practice in primary care but would be required to be affiliated with a group practice or hospital. TMA persuaded the sponsors to delay consideration of the bill until 2018 and worked during the summer and fall to try to persuade proponents to make important modifications, including changing the name.
- TMA took a major step toward removing the burden of **maintenance of certification** for Tennessee physicians with a new law that prevents MOC from being required for state medical licensure. The same law created a task force of six lawmakers who studied MOC during the summer and fall and will make recommendations to the legislature in 2018 as MOC relates to hospital hiring practices and admitting privileges and insurance network participation and reimbursement.

- The final 2017 state budget included **\$1 million to cover the cost of oncology drugs** administered to dual-Medicare/TennCare eligible patients, thanks to four years of TMA advocacy. The new funding means that Medicare and TennCare will now cover 100 percent of cancer medications that can cost thousands of dollars per patient.
- A revision of a 2011 law inadvertently removed peer review from the DO chapter of Tennessee law, but TMA successfully put forward a bill to make sure that the error was corrected and that **DOs have the same peer review protections as medical doctors**.
- A **corporate practice of medicine bill** would have allowed hospitals to employ radiologists, pathologists, anesthesiologists and emergency room physicians, but TMA helped prevent it from moving forward.
- For the second year in a row, TMA, in collaboration with SVMIC, was also able to stop a bill brought forward by Atlanta-based Patients for Fair Compensation to replace Tennessee's existing **medical malpractice system** with a government-run administrative patient compensation system. TMA claimed a win in November when it announced that Patients for Fair Compensation would not bring a bill again in 2018.

Read more about TMA's successes in the 2017 Legislative Report Card.

[tnmed.org/2017reportcard](http://tnmed.org/2017reportcard)



## TMA HEADLINES

### FEBRUARY 17:

TMA Persuades State to Delay Payment Reform Expansion

### MARCH 3:

Announcement of 2017 Leadership Elections  
*Including Dr. Matthew L. Mancini as President-elect*



### MARCH 9:

Doctors' Day on the Hill Draws Record Crowd  
*More than 300 attendees*

### MARCH 30:

Tennessee Ranked Among Best States to Practice Medicine

### APRIL 6:

TMA Calls for Healthcare Regulatory Improvements at Federal Agencies



## GRASSROOTS ACTIVITY ON THE RISE

Participation at TMA's annual **Day on the Hill** event in March surpassed the all-time record set in 2016. More than 300 doctors and other healthcare professionals came to Legislative Plaza to meet with lawmakers about TMA's legislative priorities and share their expertise on issues affecting healthcare in Tennessee.

[tnmed.org/dayonthehill](http://tnmed.org/dayonthehill)

More than 20 physician members also volunteered their time to come to Capitol Hill throughout the session to serve as TMA Doctor of the Day, where they tended to the medical needs of lawmakers and legislative staff, and got a first-hand look at the legislative process. The one-on-one time with lawmakers is invaluable in building key relationships and influencing priority issues.

[tnmed.org/doctoroftheday](http://tnmed.org/doctoroftheday)

## LOOKING AHEAD TO 2018

Immediately after the legislative session adjourned in May, the TMA Legislative Committee began working to develop TMA's agenda for 2018. The committee called for member input and met throughout the summer to deliberate on TMA priorities and other potential issues affecting physicians and patients. The TMA Board of

Trust ratified the Legislative Committee's recommendations during its quarterly meeting in October.

Read more about TMA's 2018 legislative priorities at [tnmed.org/legislative](http://tnmed.org/legislative).

## BRINGING TOGETHER THE HOUSE OF MEDICINE

Collaboration with other, like-minded organizations is paramount to TMA's ability to effectively represent its members in the legislative arena. To that end, TMA physician leaders and staff convened a meeting in October of the officers and government affairs representatives from Tennessee's major medical specialty societies and other healthcare organizations. The group shared legislative agendas to uncover opportunities for stronger alliance, and potential areas of conflict where compromise may lead to common ground.



facebook page

TMA staff also created and launched a House of Medicine Facebook page. The online forum will serve as a continuous discussion thread where stakeholders can update each other on legislative developments affecting more than one medical specialty.



## TMA HEADLINES

### APRIL 10:

TMA Breaks New Healthcare Ground with Legislative Win  
*Provider Stability Act is the first of its kind in the U.S.*

### APRIL 17:

TMA Supports Launch of  
AdvanceDirectivesTN Initiative

### APRIL 29:

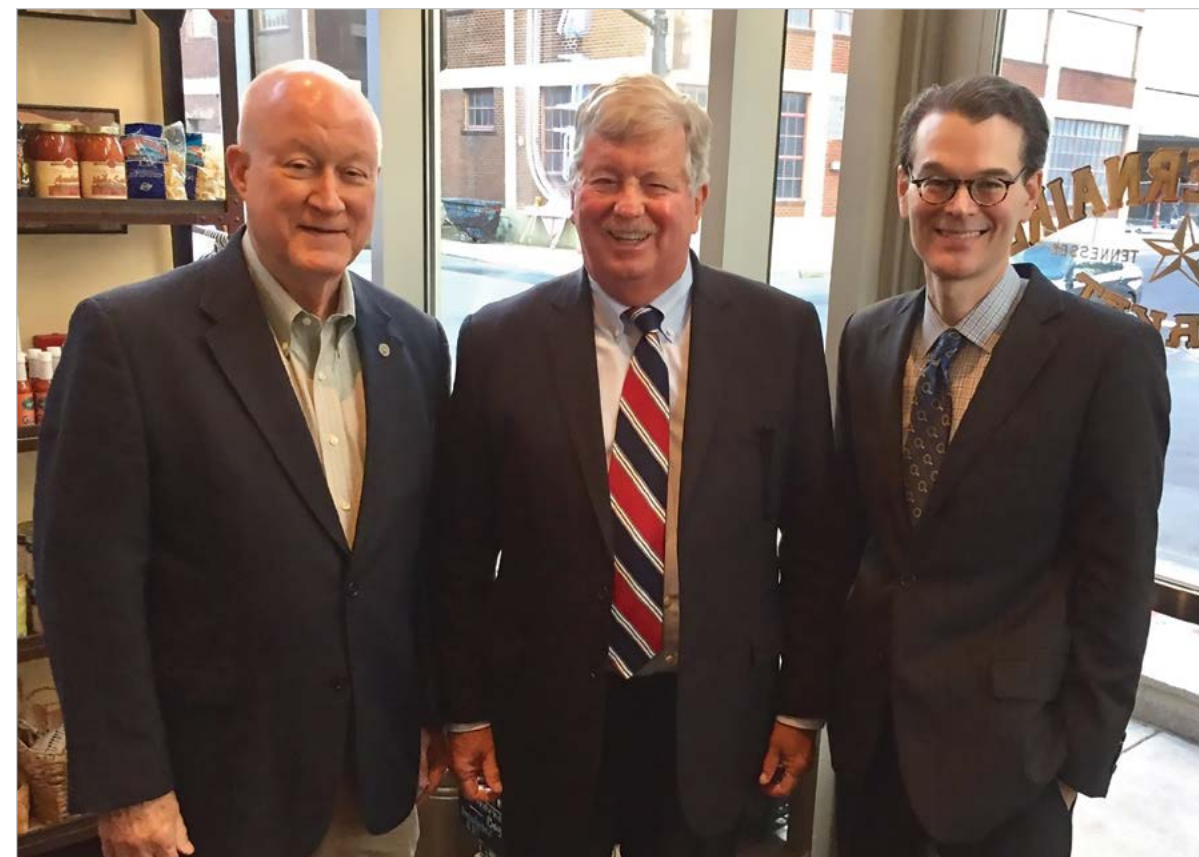
Physicians, Community  
Leaders Honored for Service  
at TMA Annual Meeting



### MAY 1:

Dr. Nita Shumaker Named TMA President  
*Chattanooga Pediatrician is second female to lead Tennessee's largest physicians organization*





## IMPACT

Independent Medicine's Political Action Committee — Tennessee, the non-partisan political action committee established by TMA, contributed \$246,000 in 2016 and 2017 to friends of medicine running for state offices, including six physicians running for election or re-election. IMPACT spent another \$20,000 on independent expenditures for pro-medicine candidates, and hosted fundraisers for a number of candidates.

Corporate donors — organizations contributing at the highest levels — were invited to a special IMPACT dinner in September where they heard from keynote speakers Lt. Governor Randy McNally and Deputy Governor Jim Henry and were able to interact directly with a number of state legislators.

[tnimpact.com](http://tnimpact.com)

### 2017 CORPORATE DONORS:

Advanced Diagnostic Imaging PC | Association of University Radiologists  
Cleveland Medical Group Managers | Heritage Medical Associates PC  
Nephrology Associates PC | PhyMed Management LLC | Premier Radiology  
The Jackson Clinic PAC | University Surgical Associates



2017 IMPACT CAPITOL HILL CLUB — \$1,000+

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## REDOUBLING ADVOCACY EFFORTS ON EPISODES OF CARE

TMA in 2017 strengthened its five-year push for fundamental improvements to the TennCare episodes of care program.

While TMA initially supported the state's efforts to create an alternative payment mechanism that would help control costs and promote quality care, the design and practical implementation of the program is flawed and has not improved to an acceptable level.

TMA has been at the table since 2012 in the spirit of cooperation, nominating physician members for the state's Technical Advisory Groups, participating in wave feedback sessions, facilitating dialogue between medical practice administrators and the TennCare Bureau and MCOs, giving testimony

### TMA Ends Role in Episodes Education to Focus on Advocacy

In 2015, TMA hired a payment reform consultant to visit practices upon request, give presentations, and help practices understand reports and analyze data. The position was funded through a federal innovations grant administered by the State of Tennessee to offer educational and consultative resources to medical practices and was consistent with TMA's mission to help physicians successfully navigate the transition from fee-for-service to value-based reimbursement.

Jackie Woeppel resigned from her role at TMA in late 2017 to accept a position with the TennCare Bureau. TMA notified the State that it would not seek a replacement or continue participating in the grant. TMA will continue to help members where possible by answering questions and logging issues related to episodes of care, but no longer employs a staff consultant who can deliver customized support at the practice level.

TMA is physicians' strongest voice on this important issue and is committed to amplifying members' ongoing frustrations and concerns about data collection, data reporting and accuracy, and overall transparency of the episodes of care program.

to the General Assembly, and meeting regularly with state officials to share physicians' experiences and relay concerns about the program.

Physicians were relieved when TMA worked alongside other provider stakeholders in early 2017 to persuade the state to delay the planned expansion of episodes of care into commercial markets.

But doctors were also increasingly frustrated by the state's inability or unwillingness to implement TMA's repeated calls for improvements, including ignoring important recommendations from physicians who voluntarily served on TAGs.

By October, TMA was laying out its concerns to lawmakers during a Senate Health Committee hearing on the state's episodes of care model. Dr. Matt Mancini of Knoxville, TMA President-elect, testified before the committee to reiterate the frustrations of physicians, the lack of fairness and transparency in the process and the accuracy of data reports. Dr. Mancini concluded his remarks—and repeated them in a subsequent letter to Sen. Rusty Crowe, chair of the committee—with specific requests of the state to halt the roll out of future episodes, correct the financial risk assigned to physicians for costs beyond their control, and heed the input of providers by making the recommended changes to the program design.

TMA leaders continued meeting with state policymakers during the fall to advocate for action on these specific requests. TMA is prepared to seek legislative action in 2018 if physicians' fundamental concerns continue to go unanswered.

[tnmed.org/episodes](http://tnmed.org/episodes)

### Provider Feedback Echoes Common Issues

Feedback submitted to TMA by member physicians, along with anecdotal reports from the Tennessee Hospital Association, Tennessee Medical Group Management Association and Tennessee Association of Mental Health Organizations, showed that the fundamental issues TMA repeatedly asked the state to correct were common problems for all providers in 2017:

- Episodes are being aggregated to the wrong provider;
- Quality data submitted to providers differs greatly from the data given to payers; and
- Quarterbacks are being held accountable for things beyond their control, such as negotiating drug costs.

Get involved in TMA's advocacy efforts to make sure lawmakers and state officials know how the episodes of care program affects your practice.

## TMA HEADLINES

**MAY 2:**

TMA Holds Annual Policymaking Meeting in Nashville

**MAY 9:**

TMA Hosts Statewide CME Series on Payment Reform

**MAY 23:**

TMA Announces Partnership with UT Haslam College Physician Executive MBA Program

**JUNE 15:**

TMA Trains New Group of Physician Leaders through the John Ingram Institute for Physician Leadership's Immersion Program



**JUNE 26:**

TMA Staff Moves to New Headquarters Office in Nashville

## TENNESSEE'S STRONGEST ADVOCATE FOR DOCTORS, PATIENTS

Advocating for the medical profession and protecting Tennesseans' health interests extends beyond the Tennessee General Assembly. TMA is an influential and consistent voice with regulatory agencies and judicial bodies, at the state and federal level.

### Relieving Credentialing Hassles for Physicians

TMA continues to pursue a practical, affordable solution to ease the burden of physician credentials applications and data management. TMA helped pass a 2016 law that allows doctors to be reimbursed for services performed after a credentialing application is completed but before it is approved by a health insurer. Surgeons found in 2017, however, that the law did not always work because much of their services require prior authorizations that were denied while pending applications prevented the surgeons from being considered in network. TMA worked behind the scenes to implement steps to fix the loophole. Surgeons with completed credentialing applications with health plans can obtain prior authorization for surgical procedures and get reimbursed after the application is approved.

### Reducing Administrative Hassles in the Federal Regulatory Scheme

With a new presidential administration in 2017 came a promise to repeal and replace the Affordable Care Act, and a possibility to remove or modify federal regulations that create undue administrative burden. TMA took the opportunity to advocate

for the repeal of provisions of laws and regulations that have little value but cost time and money for physicians in order to comply, submitting a comprehensive list to the Secretary of U.S. Department of Health and Human Services, which oversees the Centers for Medicare and Medicaid Services. To date, CMS has addressed three of TMA's 35 recommendations for administrative simplification.

### Standing Up Against Unwarranted CMS Revocation

When an internal medicine physician in West Tennessee was wrongfully kicked out of Medicare in 2017, TMA joined a chorus of outcry to persuade CMS to reverse its decision. Dr. Byran Merrick, a respected physician who for 30 years has treated Medicare patients in a medically underserved community, lost his Medicare privileges after CMS identified clerical errors made by hospital and nursing home staff totaling less than \$700. The TMA Board of Trustees submitted a letter to CMS strongly urging it to cease deciding Medicare revocation cases in a cookie-cutter fashion and advocating that it exercise its regulatory discretion. CMS in November restored Dr. Merrick's Medicare billing privileges.



### Protecting Physicians' Reimbursement

In response to advocacy efforts by TMA, the American Medical Association and dozens of other state and specialty medical societies, UnitedHealthcare announced plans to delay a policy change in which UHC proposed to no longer pay for consultation codes. Had UHC implemented the policy, it would have required physicians to bill using E&M codes that many specialists had never negotiated.

TMA also collaborated with the Tennessee Society of Pathologists and other medical specialties on a complaint about BlueCross BlueShield's implementation of a statement regarding payment bundling of anatomic pathology services into facility fees. TMA legal staff met with representatives of pathologists and surgery centers and the Tennessee Department of Commerce and Insurance to support

pathologists' advocacy against BCBS-TN recoupments and non-payment. BCBS-TN backed off of its policy to force pathologists to collect anatomic pathology fees from ambulatory surgical treatment centers, a move that benefits both pathologists and physicians who conduct procedures in ASTCs.

### Leading the Ongoing Push for More GME Funding

TMA in 2017 supported passage once again of the hospital assessment that annually funds \$50 million toward graduate medical education in Tennessee, matched by \$100 million in federal funds. In order to recruit and retain more physicians in Tennessee, TMA continues to advocate for the \$50 million cap to be increased to \$75 million.

[tnmed.org/advocacy](http://tnmed.org/advocacy)

## TMA HEADLINES

### JUNE 30:

TMA Issues Statement on Federal Healthcare Reform

### AUGUST 4:

TMA Wins National Award for Redesigned Website

### AUGUST 22:

Tennessee Quietly Leading in Healthcare Innovation



### SEPTEMBER 12:

Inaugural TriMED Conference Draws Diverse Specialties and Providers

### OCTOBER 5:

TMA Redoubles Advocacy Efforts Surrounding Episodes of Care

## CONTINUING THE FIGHT AGAINST OPIOID ABUSE

TMA has worked for many years to turn back the dial on what the medical community was initially told were safe drugs. The state's largest professional organization for doctors continued working with like-minded provider groups, government agencies and other stakeholders in 2017 to curb the initial supply of prescription pain medications and prevent misuse and abuse.

### Public Policy

TMA was the catalyst to changing the prescribing educational requirements for Tennessee physicians and has led the way on important public policies and other initiatives. TMA members served on the physician committee to develop opioid prescribing guidelines approved by the state licensing boards, and have been instrumental in the development, implementation and improvement of Tennessee's Controlled Substance Monitoring Database. TMA was the first state medical society in the U.S. to support mandated controlled substance database lookups by prescribers, and the CSMD has reduced doctor shopping by 50 percent.

In 2017, TMA successfully defeated two bills that would have negatively impacted pain clinics and pain management physicians. The bills—a product of House Speaker Beth Harwell's opioid task force—would have raised existing tort reform cap limits when a provider is required to be licensed as a pain management clinic, and required referrals to pain management clinics to come only from emergency physicians or primary care physicians. TMA watched for legislation based on those

recommendations and worked quickly to make sure the damaging legislation did not go forward.

A necessary byproduct of scope of practice negotiations between TMA and nurses in 2017 was strengthening physician oversight. TMA took a lead role in finding ways to eliminate “in name only” relationships between APRNs and supervising physicians in favor of more collaborative, integrated team-based healthcare delivery that can help cut down on overprescribing across the state. TMA will make specific recommendations for the Board of Medical Examiners and Board of Nursing to consider implementing in 2018.

### Prescriber Education

TMA has trained more than 5,500 prescribers in Tennessee during the past five years through live and online prescription safety education courses. As the opioid epidemic continues, TMA is committed to providing continuing education for physicians on diagnosis-based screening and treatment protocols, and educating patients about the dangers of opioids including proper storage and disposal.

In November, TMA provided CME credit for the Department of Health's “Turning the Tide: Collaborating to Prevent Opioid Abuse” conference in Nashville. Several TMA physician members participated in the summit, collaborating with other healthcare professionals to identify interventions, improve quality of care and patient safety for pain treatment.

## ENHANCING MEMBER BENEFITS

TMA Physician Services drives much-needed revenue to the Association by offering physician members best-of-breed products and services at preferred pricing. In 2017, TMA responded to physicians' requests by establishing or strengthening corporate partnerships and developing new, valuable programs in key areas, including medical banking, health insurance and disability protection, among others.

### Group Health Program

TMA launched a program in late 2016 to help members curb annual health insurance costs. The group health program is an alternative to traditional employee health insurance and was designed for medical practices and healthcare organizations with 100 or more full-time employees. Participants can capitalize on the stability and strength of a large number of covered individuals in a captive plan compared to a fully-insured alternative. Early adopters realized immediate

savings, and participants expect even more benefit as additional groups enroll.

### Professional Employer Organization (PEO)

TMA worked with Century II to create a health insurance option for organizations with fewer than 100 full-time employees. TMA's PEO program allows small to mid-sized medical practices to offer better employee benefits, recruit better employees, lower administrative costs, add dollars to their bottom line, and create safer work environments.

### Physician Disability Insurance Program

Strategic Financial Partners, a TMA corporate partner, worked with TMA in 2017 to offer members two options for disability protection: an insurance plan to protect against the loss of future income, and a professional loan payoff plan. The guaranteed issue and true “own occupation” plans are available exclusively to TMA members and a direct result of members' requests.



“The TMA Group Health Plan experience has exceeded all of our expectations. Though we understand our performance won't be this good every year, we are almost **\$300,000** ahead of a fully insured premium equivalent. TMA's team has done a great job helping us understand the self-funding environment and add cost control measures that will benefit us for years to come.”

Kevin Burris, CEO, Premier Surgical Associates, Knoxville

## TMA HEADLINES

### OCTOBER 17:

TMA Hosts 37th Annual Insurance Workshops in Six Tennessee Cities

### OCTOBER 26:

TMA Asks General Assembly to Pause Episodes of Care, Fix Problems

### NOVEMBER 2:

Physician Lobby Claims Win for Tennessee Medical Liability System »

» TMA Keeps Current System in Tact by Defeating Push for Unnecessary Reforms

### NOVEMBER 6:

TMA Goes to Bat for West TN Doctor Wrongfully Kicked out of Medicine

### NOVEMBER 21:

CMS Reverses Action Blasted by TMA Board

# THANK YOU

TO OUR 2017 CORPORATE PARTNERS



[tnmed.org/marketplace](http://tnmed.org/marketplace)



## NEW BEGINNINGS

In summer 2017, TMA left its home of 25 years and moved headquarters to a new location just off 8th Avenue South in Nashville. Staff needs and work styles have changed with technological advances, reducing TMA's need for physical office space and creating an opportunity for the association to liquidate its valuable real estate assets and downsize to a more appropriate building.

The new location was originally built as a data center for ADT Security in 1978, and was purchased by Tennessee Voices for Children in 1996. TMA purchased the 10,000-square-foot building in 2017 for \$2.4 million and spent \$550,000 on renovations. The staff moved in on June 23, 2017.

The building features 29 individual offices with three rental/expansion offices. The board room can be configured to host 45 people for a board meeting, 60 people in a classroom setting or 80 people in auditorium-style seating and is wired for full A/V needs. There are multiple flex spaces for staff to meet and collaborate on projects including video conference and webinar capabilities, white boards and ample seating. The lobby serves as a pre-function space for the board room and receptions. The building is secure with ample parking for staff and guests, and has been retrofitted with modern, efficient LED lighting.

Plans for 2018 and beyond include updating exterior signage and landscaping, resurfacing the parking lot and creating an entry plaza.



### THANK YOU, DR. BOB VEGORS

TMA recognizes Robert A. Vegors, MD, geriatric and internal medicine specialist in Jackson, for his vision and stewardship during his tenure on the TMA Board of Trust. Dr. Vegors first suggested in 2015 that the Board explore selling the TMA building on 21st Avenue and relocating to a smaller, more suitable location. The move proved to be prudent for financial and operational reasons, and has better positioned TMA for decades to come.

## EDUCATING PHYSICIANS AND MEDICAL STAFF

TMA's proprietary, accredited medical education programs help Tennessee doctors maintain professional licensure and certifications, and improve their competence and knowledge. In 2017, TMA became a fully accredited provider of ACCME courses.

### Proper Prescribing and Pain Management

TMA continued its longstanding efforts to educate prescribers on safe and proper prescribing, training more than 450 healthcare professionals through live and online courses in 2017. TMA's course meets the Board of Medical Examiners' requirement of two CME hours of prescribing training and is one of the many ways TMA is working to combat the state's opioid abuse epidemic.

Content for 2017 included updates to Tennessee's Chronic Pain Guidelines, a new section on medical marijuana, new definitions, laws and regulatory changes affecting chronic pain management and new statistics on Tennessee's prescription drug abuse problem.

TMA has provided training on proper prescribing of controlled substances to more than 5,500 Tennessee prescribers since 2012.

[tnmed.org/prescribing](http://tnmed.org/prescribing)

### Payment Reform

The 2017 CME Summer Roadshow series, "Riding the Payment Reform Wave," was part of TMA's ongoing efforts to support doctors in the transition from fee-for-service to new, value-based reimbursement models at state and federal levels.

TMA delivered training sessions to 160 people in five cities across the state in July and August, covering topics including MIPS, episodes of care, patient-centered medical homes and telehealth. Participants earned 5.5 hours of CEU during the program.

[tnmed.org/paymentreform](http://tnmed.org/paymentreform)

### Insurance Workshops

Nearly 500 people attended TMA's 37th annual Insurance Workshops in six locations across the state. Attendees had an opportunity to interact directly with representatives from the state's government payers and largest health insurance companies including Amerigroup, BlueCross/BlueShield Tennessee, the Bureau of TennCare, Cahaba GBA, Cigna/CignaHealthspring, Humana and UnitedHealthcare. Participants earned 6 CEUs learning about updates on claim filing, prior authorizations, policy changes and more.

### TriMED Healthcare Education Summit

TMA joined several other healthcare organizations to host the Inaugural TriMED Healthcare Education Summit in Nashville Sept. 8-9, 2017. The event marked Tennessee's largest, most comprehensive medical education event for healthcare professionals and offered more than 60 CME hours to participants. TMA collaborated with the Tennessee Department of Health and several of the state's largest medical specialty societies to offer a robust medical education agenda for physicians, physician assistants, nurses, healthcare executives and administrators, medical students and other healthcare professionals. The summit format allowed healthcare professionals to network with others outside their disciplines.

[trimedtn.com](http://trimedtn.com)





## TRAINING PHYSICIAN LEADERS FOR TOMORROW, AND TODAY

In 2017, TMA celebrated the 10th anniversary of its leadership program. Throughout the past decade, TMA graduated eight classes from the Physician Leadership College, and three classes of physicians under the new, expanded courses in the John Ingram Institute for Physician Leadership.

**“I highly recommend this program to my colleagues and consider my involvement in the Physician Leadership Lab a worthy investment in my future clinical practice.”**

*Dr. Joe Russo*

The 2017 Physician Leadership Immersion Program graduated 13 physicians from across the state. The class met in July for a weekend in Monteagle and concluded the Immersion with a September meeting in Nashville. Participants gained foundational leadership skills including collaboration, influence, conflict resolution,

negotiation, medical advocacy and communication, and earned up to 30 hours of CME. The Physician Leadership Lab ran from January through July with live meetings and webinars about improving healthcare quality and efficiency in a team-based delivery setting. The Lab graduated 15 physicians and participants earned up to 27 hours of CME.

### Forging New Partnerships

TMA partnered with Cookeville Regional Medical Center to pilot an on-site physician leadership program at the hospital. Ten physicians graduated from the program, collectively investing more than 400 hours into the training and each earning up to 60 hours of continuing medical education credits. Participants also earned Certification in Physician Leadership and Healthcare Change Management.

The CRMC participants made up the 11th class that TMA has put through leadership training in the last decade.

[tnmed.org/leadership](http://tnmed.org/leadership)

## 2017 IMMERSION GRADUATES

<b>Dr. Faith Aimua</b> Psychiatry Johnson City	<b>Dr. Natalie Dickson</b> Oncology Nashville	<b>Dr. Eileen Lorenz</b> Radiology Chattanooga	<b>Dr. Rhonda Sivley</b> Internal Medicine Knoxville
<b>Dr. Kelly Rodney Arnold</b> Family Medicine/OB/GYN Chattanooga	<b>Dr. Jacob Dowden</b> Hepatobiliary Surgery Chattanooga	<b>Dr. Karie McLevain-Wells</b> Pediatrics Mount Juliet	<b>Dr. Betsy Triggs</b> Pediatrics Nashville
<b>Dr. Ranjan Chanda</b> Nephrology and Transplant Nashville	<b>Dr. Elizabeth Ferluga</b> Neurology Chattanooga	<b>Dr. Seenu Reddy</b> CTS Surgery, Cardiothoracic Nashville	<b>Dr. Laura Zeigler</b> Pediatric Anesthesiology Nashville
	<b>Dr. Leslie Griffin</b> Family Medicine Chattanooga		

## 2017 LAB GRADUATES

<b>Dr. Olukayode Akinlaja</b> OB/GYN Chattanooga	<b>Dr. Davey Daniel</b> Hematology/Oncology Chattanooga	<b>Dr. Jeffrey Jump</b> Family Medicine Chattanooga	<b>Dr. Jessica Ruff</b> Preventative Medicine Nashville
<b>Dr. Lanetta Anderson</b> OB/GYN Germantown	<b>Dr. Jack Erter</b> Hematology/Oncology Nashville	<b>Dr. Alim Khandekar</b> Thoracic and Cardiovascular Surgery Memphis	<b>Dr. Joe Russo</b> Internal Medicine/Pediatrics Memphis
<b>Dr. Johnetta Blakely</b> Oncology Hermitage	<b>Dr. Howard Herrell</b> OB/GYN Greenville	<b>Dr. Veronica Murphy</b> Child and Adolescent Psychiatry Memphis	<b>Dr. Diana Shipley</b> Hematology/Oncology Gallatin
<b>Dr. Stephen Clark</b> Internal Medicine Sparta	<b>Dr. Robert Jean</b> Surgery Memphis		<b>Dr. Rhonda Sivley</b> Internal Medicine Knoxville, Powell

## COOKEVILLE REGIONAL MEDICAL CENTER

<b>LAB GRADUATE</b>	<b>DUAL GRADUATES</b>	<b>Dr. Kelly McAlvany</b> Urology	<b>Dr. Sullivan Smith</b> Emergency Medicine
<b>Dr. Jim Batson</b> Pediatrics	<b>Dr. Stacy Brewington</b> Cardiology	<b>Dr. Lee Moore</b> Urology	<b>Dr. Richard Terry</b> Surgery
<b>IMMERSION GRADUATE</b>	<b>Dr. Susan Carter</b> Family Practice—Hospitalist	<b>Dr. Jason Nolan</b> Pathology	<b>Dr. Mark Wathen</b> Cardiology
<b>Dr. Sullivan Smith</b> Emergency Medicine	<b>Dr. Apryl Hall</b> Pediatrics	<b>Dr. Timothy Powell</b> Cardiac Surgery	

**“I think the greatest value from the course was the interaction with other physicians across the state to help wade through the course. It really helped me think about things in a different way and get multiple perspectives on the course material. While my specific project has had mixed results, it is fascinating to see the process of improvement going on right before my eyes. We as physicians have no idea what goes on with process improvement projects and the complexity involved.”**

*Dr. Robert Jean*

# FINANCIAL OVERVIEW

## 2017 INCOME

\*Unaudited as of December 31, 2017

### TOTAL INCOME | 102%



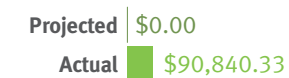
### TMA Membership Dues | 99%



### SVMIC Royalty | 100%



### Grant Income



### Headquarters Rent & Lease Income | 77%



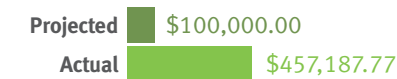
### Annual Meeting | 197%



### Corporate Sponsorships | 76%



### Investment Income | 457%



### Other/Misc. Income



### Education & CME Activities | 50%



### Physician Services | 57%



### Specialty Society Management | 104%



### Print & Digital Advertising Income | 50%



### Subsidiary Administration | 117%



### Information Systems User Fees | 120%



# FINANCIAL OVERVIEW

## 2017 EXPENSES

\*Unaudited as of December 31, 2017

### TOTAL EXPENSES | 97%



### Personnel | 100%



### Headquarters Expenses | 108%



### Association Communications | 85%



### Information Systems | 77%



### Specialty Society Staffing | 96%



### Annual Meeting | 105%



### Member Services & Marketing | 72%



### Financial Management Fees | 100%



### Governance and Leadership | 97%



### Education & CME Activities | 76%



### Contributions to Tennessee Medical Education Fund | 99%



### General Operations | 100%



### Advocacy | 114%



### Contributions to Tennessee Medical Foundation | 100%



### Executive Office | 74%



# LOOKING AHEAD

**As we complete a dynamic 2017 and lay the foundation for more success in 2018, we are mindful of the long-term benefits of planning.**

TMA leaders embarked on a bold mission 25 years ago to sell TMA's old headquarters building, buy property and build a new headquarters to host the operations of the association. That decision was not entered into lightly as it posed a substantial financial commitment and risk, but the vision and leadership was exactly what the organization needed at that time.

In 2017, an equally visionary and bold decision was made to sell that property, reap the gains made, and right size the headquarters facilities. This move immediately helped improve TMA's financial position and will allow for new investment in efforts to directly benefit members.

As we embark on planning for the upcoming year and a longer-range strategic planning session this summer, we have a number of large issues confronting our membership; issues that will take vision, strategy, courage, and dedication of resources.

Rapid changes in the practice environment are front and center as the shift from independent practice to employment models or system alignment continues to encompass more of the physicians in Tennessee. Is TMA positioned to be the professional association for employed physicians?

The government's experiment with new ways to pay physicians for rendering care to patients has reached a boiling point as waves build and practices are ill-equipped to take on the financial risks of quarterbacking in the present game's rules. TMA

has committed to a more aggressive position to force administrative changes before further episodes go live and is prepared to seek relief from the legislature in 2018, if necessary.

Many doctors are fed up with a diminishing voice in their own profession and are looking to TMA to amplify their frustrations on things that affect their day-to-day practice, from fundamentally flawed payment models to the burdensome and costly requirements of maintaining specialty board certification.

At the same time, lawmakers and the very patients our members serve expect doctors to lead on important healthcare issues like the opioid abuse epidemic. Despite our best efforts with public policies, years of education on safe and proper prescribing and other initiatives, we are not turning the tide. Physicians have to find more effective ways to protect patients, and TMA has a role as physicians' largest, loudest voice.

There is a serious generational bubble forcing other experiments to be considered standard procedure in many states. A debate has raged on for a decade in Tennessee about the qualifications of advanced practice nurses to fill a perceived primary care void. The nurses' answer is simply to allow them to practice independent of physician oversight or supervision. TMA's answer is to improve antiquated rules to allow more latitude and application of skills while maintaining a supervisory relationship to ensure safety and uphold the quality of care.

Physician assistants, meanwhile, seek a doctoral-level addition to their training and greater latitude to practice with diminished direct supervision.

Tennessee continues to educate more physicians in our medical schools than we can train in residency slots. When students leave the state to train, we usually don't get them back. We need the state to realize that unless we finally match our investment in medical schools and education with an investment in residency slots we are simply exporting doctors.

As an organization, we have to get back to basics and focus on our core strengths, what Tennessee physicians expect from TMA and why they pay membership dues.

We must appreciate and learn from the successes of yesterday, take care of business today, and make investments for tomorrow.

The courage in our strategic vision will be understanding what the physicians of tomorrow want and need and investing in those changes now. We need them to support TMA so we can continue supporting them.

Times are changing, no doubt. We must continually change as an organization, to keep pace and find new and better ways to serve our members so we can lead them into the future they want and expect for the profession and the association.



Russ Miller



**Russ Miller, CAE**  
Chief Executive Officer





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