



2015 ANNUAL REPORT



Douglas J. Springer, MD, FACP, FACG
Kingsport gastroenterologist
TMA President 2014-2015



John W. Hale, Jr., MD
Union City family physician
TMA President 2015-2016

YEAR IN REVIEW

Leading and representing a volunteer organization comprising 8,500 of your peers is a tremendous responsibility.

It also instills an entirely new sense of pride for all the progress we are making toward our mission of establishing a better environment for the practice of medicine in Tennessee.

In 2015 we galvanized physicians toward this purpose and realized one of the largest membership increases in the past decade.

We rallied doctors behind physician-led, team-based care, payer accountability and other big issues. We identified threats and opportunities for our patients and profession, and we did something about them by giving doctors a clear rallying point in their state medical society.

We expanded our education offerings, leveraging our accreditation to produce more original CME.

We created training programs to help young physicians develop the leadership skills they need to champion emerging healthcare delivery models.

We invested time, energy and resources in outreach to local areas, touring the state to make sure physicians know that the TMA is here, why it is here and what the organization is doing for them on a daily basis.

We developed new, stronger and more meaningful partnerships with the business side of medicine, working with CEOs, practice administrators and other decision makers to identify ways we can achieve common goals in changing practice environments.

We strengthened every major operational area in 2015 to improve the overall health of the organization, and position TMA for even bigger and better things ahead.

None of this is possible, however, without engaged members who actively contribute their time, money and talents.

Thank you for your support.

It is an honor and privilege to serve you.



MEMBERSHIP REVIVAL

TMA achieved a 6% year-over-year membership increase in 2015, exceeding membership budget, surpassing 8,500 total members and reaching its highest dues-paying membership total in nearly a decade.

While the ebbs and flows of membership can be driven by hot-button issues, gains realized in 2015 were the direct result of a strategic, aggressive marketing campaign to increase general awareness, communicate the TMA value proposition and proactively seek out group deals. The campaign targeted every type of physician in some fashion, from newly licensed physicians moving into the state, to those practicing in employed environments to those practicing in areas without a functioning county medical society.

A once sparse and disjointed library of marketing materials was replaced with a full arsenal of new tools to support member recruitment, engagement and retention, including tools to empower physician leaders to engage in effective peer-to-peer communication, recruit more members and build on the momentum created in 2015.

The TMA website was completely redesigned to make it easier for physicians to join and renew their memberships online, and more web-based payments were collected than in any previous year.

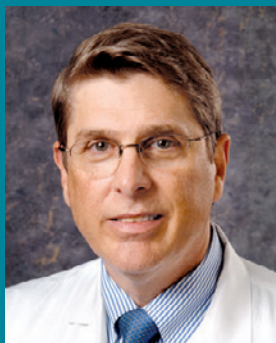
The TMA Membership Committee also developed a new model for discounts on member dues. The simplified approach to dues pricing gives individuals and small groups a chance to earn discounts, and assigns fair and consistent rewards for larger groups with 100% membership.

tnmed.org/membership



ALL-IN GROUPS

Abercrombie Radiological Consultants
Adams Patterson Gynecology & Obstetrics
Allergy and ENT Associates of Middle Tennessee
Alliance of Cardiac, Thoracic & Vascular Surgeons
American Anesthesiology
Anderson Rahman Dermatology
Anesthesia Medical Group, a PhyMed Company
Anesthesiology Consultants Exchange
Appalachian Neurological Clinic
Arthritis Associates
Associated Orthopedics of Kingsport
Associates in Diagnostic Radiology
Associates in Oncology & Hematology
Associates in Plastic & Reconstructive Surgery
Baptist Medical Group
Baptist Memorial Healthcare
Beacon Health Alliance
Blount Memorial Physicians Group
Blue Ridge Neuroscience Center
Bristol Anesthesia Services
Campbell Clinic Orthopaedics
Center for Sports Medicine & Orthopaedics
Chattanooga Allergy Clinic
Chattanooga Bone & Joint Surgeons
Chattanooga Center for Women
Chattanooga Ear Nose & Throat Associates
Chattanooga Emergency Medicine
Chattanooga Eye Institute
Chattanooga Heart Institute
Chattanooga Neurology Associates
Chattanooga Women's Specialists
Cherokee Health Systems (Chattanooga)
CHI Memorial Health Partners
Cleveland Eye Clinic
Consultants in Pain Management
Cookeville Pediatric Associates
Core Physicians
Dermatology Associates of Kingsport
Dermatology Associates of Knoxville
Diagnostic Cardiology Group
Diagnostic Pathology Services
DiStefano Regional Eye Center
Drs. Davenport and Davenport, Elizabethton
Ear Nose and Throat Consultants of East Tennessee
East Memphis Orthopedic Group
East Ridge Eye Center
East Tennessee Brain and Spine
East Tennessee Spine and Ortho of Morristown
East Tennessee Vascular Center, Morristown
Erlanger Health System Physician Groups
Fenyves and Fry
Fertility Center of Chattanooga
Galen Medical Group
Gastroenterology Associates of Chattanooga
Goodlettsville Pediatrics PC
Greeneville Orthopaedic Clinic
Greeneville Pediatric Clinic
Greeneville Surgical Associates
Hamblen Anesthesia
Hamblen Pediatric
Hamilton Eye Institute
Hayes Hand Center
Head and Neck Specialties
Heritage Medical Associates
Infectious Disease Physicians of Chattanooga
Inpatient Physicians of the Mid-South
Jackson Pathology Group
Jackson Surgical Associates
Jefferson Family Physicians
Johnson City OB/GYN Associates
Knoxville Pediatric Associates PC
Knoxville Radiology Group
Lakeway Dermatology Associates
Lakeway Anesthesia
Lakeway Ear, Nose and Throat
McDonald Murrmann Women's Clinic
Medical Anesthesia Group
Memphis Dermatology Clinic
Memphis Pathology Group
Memphis Surgery Associates
Methodist Healthcare
Michael W. Goodman & Associates
Mid-South Ear, Nose & Throat
Mid-South Imaging & Therapeutics
Mid-South Surgical Associates
Morristown Heart Consultants
Morristown Regional Eye Center
Mountain Empire Eye Physicians
Mountain Empire Neurological Associates
MSK Group
• Memphis Orthopaedic Group
• OrthoMemphis
• Tabor Orthopedics
Nashville Fertility Center
Nashville Gastrointestinal Specialists Inc.
Nashville Oncology Associates
Nashville Surgical Associates
Nephrology Associates (Nashville)
Nephrology Associates (Chattanooga)
New Life Center for Bariatric Surgery
Northeast Tennessee Emergency Physicians PC
OB/GYN Center of Excellence
OrthoKnox
Pain Consultants of East Tennessee
Pain Medicine Associates
Pediatric Anesthesiologists, P.A.
Phillips Healthcare Group, Talbott
Plastic Surgery Center of Nashville PLLC
Plastic Surgery Group of Memphis
Plaza Urology
Pomerance Eye Center
Premier Surgical Associates PLLC
Primary Care Associates, Talbott
Psychiatric Associates of Kingsport
Seal & Lawrence
Semmes-Murphey Clinic
Shea Clinic
Siskin Spine and Rehab Specialists
Southeastern Retina Associates
Southeastern Retina Associates PC - Knoxville
Southern Oncology Inc.
Southern Surgical Arts
Specialists in Pain Management
Specialty Surgeons PC
Spine Surgery Associates
State of Franklin Healthcare Associates PLLC
Summit Medical Group Healthcare Services
Surgical Associates of Kingsport
Susong Dermatology
Sycamore Shoals Primary Care
Takama Medical Associates
Tennessee Interventional & Imaging Associates
Tennessee Oncology
Tennessee Orthopaedic Alliance
Tennessee Reproductive Medicine
The Colorectal Center
The ID Group
The Jackson Clinic
The Plastic Surgery Group
The Skin Wellness Center
The Surgical Clinic
Tranquility Sleep Specialists PLC
Tri-Cities Skin and Cancer
University Oncology & Hematology Associates
University Surgical Associates
Urology Group
Vigilance Anesthesia, Elizabethton
Vista Radiology
Wellmont CVA
Wesley and Klippenstein PC
Wesley Neurology Clinic
Women's Center of Greeneville



“The vision of TMA leadership is for a larger member base that enables us to accomplish more legislatively and provide more services and benefits for physicians in Tennessee. The recent growth is just the beginning of greater impact in our state.”

Jerome W. Thompson, MD, Memphis
TMA Membership Committee Chair

TACKLING BIG ISSUES ON CAPITOL HILL

TMA's legislative advocacy in 2015 focused on important public policies to address the state's growing drug abuse problem and ease physician credentialing and patient steerage issues, among others.

And advocacy is most effective when physicians are involved. A rejuvenated grassroots effort engaged more TMA members in direct contact with lawmakers through events like the Annual Day on the Hill and Dialogues in the District.

Legislative Successes

Passage of three important bills marked TMA's success during the 2015 legislative session.

- The **Addiction Treatment Act of 2015** provides Good Samaritan protections for individuals who experience a drug overdose or seek medical assistance for someone else who is experiencing a drug overdose, limits the prescribing of buprenorphine/naloxone and repeals law allowing an insurer to refuse payment to a healthcare provider for treating a patient who is under the influence of alcohol or illegal drugs.
- TMA worked with the Group Practice Coalition and the Neuro-Spine Committee to pass a **new law to streamline the credentialing process for healthcare providers**, improve beneficiary access to services and protect patient cost-sharing limits. The law requires insurance companies to pay for services at in-network rates if a physician has a credentialing application pending.

- TMA, along with the Tennessee Radiological Society, passed a **patient steerage bill** that protects a physician's right to designate a preferred provider for medical service referrals, including imaging. The law also requires patients to be notified if their insurer or subcontractor steers them toward a provider other than their physician's preferred referral.

Two groundbreaking bills saw activity during the 2015 legislative session and will again be priorities in 2016.

- A **payer accountability** bill to limit how often insurance companies can alter fee schedules and payment policies during a contract term stalled in the Senate Finance Committee and the House Finance Committee. If TMA is successful in passing the bill in 2016, it will be the first law of its kind anywhere in the U.S.
- The **Tennessee Healthcare Improvement Act** was also paused in 2015 in an effort for involved parties to discuss compromises. The bill would put in place a team-based healthcare delivery model with doctors as the team leader in patient care coordination.

tnmed.org/advocacy

PITCH (Physicians Involved in Tennessee's Capitol Hill) Grassroots Network

More than 200 physicians descended on Nashville in March for TMA's Annual Day on the Hill, meeting with 93 legislators to discuss major issues affecting the medical profession in Tennessee and advocate for their patients.

TMA also provided 14 members to serve as volunteer Doctors of the Day. Participants serve the medical needs of lawmakers and their staff members for one day, and get the opportunity to interact with legislators and get a first-hand look at the legislative process.

Grassroots activity continued throughout the year, after the conclusion of the legislative session, with 20 legislators participating in TMA's Dialogues in the District program. Small group meetings between legislators and TMA member constituents in their home towns help physicians and legislators develop meaningful relationships.

TMA gave members ample opportunities to get involved in a variety of grassroots efforts, with six legislative dinners, four continuing medical education classes and a number of legislative updates across the state.

tnmed.org/grassroots



“TMA’s government affairs team had another successful session passing some important bills, defeating some others and continuing to move forward with legislation that we intend to see through in 2016. All in all, we accomplished a lot for our patients and our physicians.”

Ronald H. Kirkland, MD, MBA, Jackson
TMA Legislative Committee Chair



IMPACT SEES RESULTS IN 2015

During the break between election years, TMA's political action committee continued supporting the election and retention of physician advocates in the Tennessee General Assembly, hosting and attending fundraisers for friends of medicine and delivering PAC checks throughout the state in preparation for the 2016 elections.

EVENTS

In October, IMPACT hosted a 2016 re-election fundraiser for Senators Steve Dickerson, MD (R-Nashville), Mark Green, MD (R-Clarksville) and Joey Hensley, MD (R-Hohenwald), as well as Representatives Sabi Kumar, MD (R-Springfield) and Bryan Terry, MD (R-Murfreesboro). Contributions totaled more than \$18,000.

During TMA's annual convention IMPACT also hosted an appreciation dinner with U.S. Rep. Diane Black (R-TN) and Sen. Green for five corporate donors: Core Physicians of Columbia, University Surgical Associates of Chattanooga, Southern Oncology of Nashville, Nephrology Associates of Nashville and Middle Tennessee Bone and Joint Clinic of Columbia.

CAMPAIGNS

IMPACT supported 12 Senate candidates up for re-election in the general election in 2014 and all 12 won their races and went on to serve in the 2015 session of the General Assembly. In the House, 41 of the 44 candidates IMPACT supported were elected.

Sen. Richard Briggs, MD (R-Knoxville) and Reps. Kumar and Terry all served in their first sessions in the General Assembly in 2015 after running successful campaigns supported by IMPACT.

tnimpact.com



PROTECTING THE HEALTH OF TENNESSEANS

Many Tennessee physicians will say that becoming a doctor is more of a calling than a profession. Physicians are healers who assume an enormous amount of privilege and responsibility the moment they take the Hippocratic Oath.

In that spirit, TMA members stay actively involved in the most important issues facing patients and impacting the state's consistently poor public health status.

TMA representatives met in 2015 with the Tennessee Department of Health to lay the groundwork for a formal maternal mortality review process in Tennessee, and participated in ongoing efforts to curb the state's prescription drug abuse epidemic. TMA also continues to support childhood vaccination efforts that have led to a less than 1% opt out rate on immunizations.

Patients, lawmakers and others naturally turn to doctors for expertise on sensitive and sometimes controversial healthcare issues like physician-assisted suicide and medical marijuana. TMA leaders studied these and other issues in 2015 to develop position statements that represent the will of the membership.

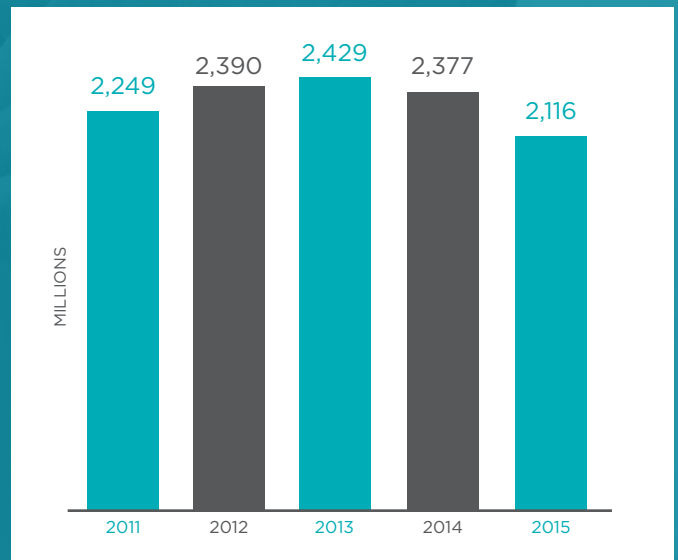
tnmed.org/publichealth

Prescriptions Reported to Controlled Substance Monitoring Database

Year	Opioids	Change	Benzodiazepines	Change
2010	8,150,946	-	3,951,144	-
2011	9,018,139	10.6%	4,152,587	5.2%
2012	9,265,450	2.7%	4,061,418	-2.2%
2013	9,227,456	-0.4%	3,913,356	-3.6%

Data shows the number of prescriptions for Opioids, Benzodiazepines going down in recent years.

1st Quarter Cumulative Morphine Milligram Equivalent Reported to CSMD



Morphine usage also saw a decline in 2014 and 2015.

ADVOCATING FOR DOCTORS IN THE LEGAL AND REGULATORY ARENAS

LAWSUITS AGAINST SUPERVISING PHYSICIANS

When the Tennessee Attorney General filed a false claims act lawsuit against a physician seeking funds for alleged illegal billings by his contract physician assistant (PA), TMA jumped in on behalf of physicians across the state. TMA submitted a joint amicus curiae brief in the case to argue whether state law requires a PA's supervising physician to supervise the billing aspect of the PA's practice rather than just the clinical aspect. In this particular case, The PA submitted TennCare billings through a third party billing company and the physician had no control over what bills were submitted. In September 2015, the trial judge ruled with TMA and the Tennessee Academy of Physician Assistants as a matter of law that a supervising physician is not responsible for the billing and coding practices of a physician assistant that he/she supervises. The time for an appeal is pending.

PHYSICIAN EMPLOYMENT CONTRACTING

The TMA legal team developed a presentation on the pitfalls of employment contracting, along with a checklist for negotiations, to make sure that member employees understand what they are getting into. The checklist resource is free to TMA members and TMA legal staff produced a CME video as well.

tnmed.org/issues



TELEMEDICINE ADVOCACY

Responding to member concerns about some potentially troubling provisions in proposed medical board rules for telemedicine, the TMA legal team provided a voice to make sure the rules will not be overly restrictive for some safe patient telemedicine encounters. A final draft of the rules was released in July 2015 and will become final in 2016.

WORKERS' COMPENSATION ADVOCACY

The Tennessee Division of Workers' Compensation Medical Advisory Committee adopted TMA's request to have a special Tennessee work group convened to develop treatment guidelines for shoulder, lumbar spine and cervical spine injuries.

FEDERAL REGULATORY ADVOCACY

TMA protested the Administration's decision to move ahead with Meaningful Use Stage 3 implementation when Stage 2 implementation has been an abject failure, and requested that Congress implement a transition period for ICD-10 to allow physicians and contractors to identify common errors, provide feedback and resolve system problems without resorting to claim denials.

OTHER NOTABLE LEGAL AND REGULATORY ACHIEVEMENTS IN 2015

- Stopping recoupment demands related to the primary care rate increase issued in error to dozens of Tennessee physicians who were board certified and did not need to file attestations.
- Advocating to allow maintenance of certification (MOC) courses to count toward state CME requirement for all specialties.
- Drafting legislation to make physician income information protected in Workers' Compensation litigation.
- Launching new online "spotlight" videos on topics such as the professional privilege tax, continuing medical education requirements, and the new credentialing law.
- Developing proprietary member resources on retiring from practice, treating minors, credentialing law and physician employment contracting.
- Helping a member practice avoid having to cut its BlueCare patient panel due to a "non-discrimination" clause in its UHC contract. UHC has changed its interpretation of the contract's non-discrimination clause.

AN INTERMEDIARY FOR DOCTORS AND PAYERS

TENNCARE PAYMENT REFORM

A primary focus of TMA's insurance advocacy in 2015 was the Tennessee Health Care Innovation Initiative, the state's transition from fee-for-service to a value-based payment model. TMA testified during General Assembly hearings as to how the program could be improved, and advocated for physicians as TennCare managed care organizations started to reward or penalize providers based on quality and cost metrics

in the first wave of episodes of care. Several of TMA's priorities have been adopted by the state as it continues to implement additional episodes of care. Moving forward, TMA's advocacy remains focused on transparency and consistency in the data and reporting process, and making sure TMA member physicians have an influential voice on Technical Advisory Groups for each episode of care.

tnmed.org/paymentreform

In June 2015, TMA welcomed Ms. Jackie R. Woeppel, ScD, MBA to its staff in the newly created position of Tennessee Health Care Innovations Consultant. She will help practices understand and use their provider episode reports, evaluate problems with report data and advocate with the State and health plans for improvements to the payment reform initiative. Learn more at tnmed.org/paymentreform.

Episode-based payment, part of the Tennessee Health Care Innovation Initiative, has the goal of aligning incentives with achieving a patient's desired outcome during an episode of care.

2014

Three episodes of care launched:

1. Acute Asthma Exacerbation
2. Perinatal
3. Total Joint Replacement (Hip and Knee)

2015

- Performance period for Wave 1 episodes
- Wave 2 episodes preview reports released
- Technical Advisory Groups convened for Wave 3 and Wave 4 episodes

2016

- Payments or penalties for Wave 1 episodes based on 2015 performance
- Performance period for Wave 2 episodes
 - Acute COPD exacerbation
 - Screening and Surveillance Colonoscopy
 - Outpatient and Non-Acute Cholecystectomy
 - Acute PCI
 - Non-Acute PCI
- Preview period for Wave 3 and Wave 4 episodes

Wave 4 episodes are in development. The state has a goal of implementing 75 episodes by the end of 2019.

MEDICAID PCP RATE BUMP AUDITS

Hundreds of primary care physicians, mainly in rural areas, received recoupment letters in 2015 saying they owed tens and even hundreds of thousands of dollars because they did not meet a certain threshold based on a calculation formula provided by CMS. TMA protested the audits and the manner in which they were conducted, advocating directly with TennCare, CMS and the Tennessee congressional delegation, and launching an unprecedented grassroots advocacy effort to pressure CMS into re-auditing using fairer methodology. TMA helped dozens of PCPs avoid the recoupments. As of publication time, approximately 140 physicians and 40 mid-level providers remained subject to recoupments totaling more than \$7.5 million.

RAC AUDIT FAIRNESS

TMA worked with the Physician Advocacy Institute, Inc. to draft proposed federal legislation that would ensure fairness and transparency in the federal government's efforts to identify overpayments and prevent fraudulent claims. Rep. George Holding (N.C.) filed the Fair Medical Audit Act in May based on PAI's draft bill.

HEALTH PLAN NETWORK ADEQUACY

tnmed.org/insurance

In 2015 TMA advocacy staff met with state agency officials to ensure that physician networks are adequate, reached out to the major health plans to learn about their perspectives in narrowing networks and began working with the National Association of Insurance Commissioners to draft model state standards for network adequacy.

OTHER NOTABLE INSURANCE WINS IN 2015:

- Partnered with UnitedHealthcare through its newly established Physician Advisory Council to improve its relationships with practices and physicians.
- Fought for increased graduate medical education funding in Tennessee.
- Convinced Governor Haslam to not include a 4% across-the-board provider cut in TennCare reimbursement.
- Demanded that Congress repeal the Independent Payment Advisory Board created by the ACA, advocated that Congress implement a transition period for ICD-10, and protested the Administration's decision to move ahead with Meaningful Use Stage 3 implementation.
- Discovered errors in a primary care rate bump audit saving a handful of TMA members thousands of dollars in recoupments.
- Resolved several issues with incorrect fee schedules, enabling practices to obtain retroactive payments.

“Modern physicians are ill suited and trained to decipher many of the contractual issues we face with insurers. As we continue to transition to value-based care, TMA is taking an active role in protecting and representing the physicians in Tennessee.”

David K. Helton, MD, Chattanooga
TMA Insurance Issues Committee Chair



EXPANDING MEDICAL EDUCATION OFFERINGS

TMA in 2015 took advantage of its first full year of ACCME accreditation by increasing its in-person and online medical education content for Tennessee physicians and their staff.

ICD-10

Nearly 1,000 people took part in TMA's coding camps held in six major markets across the state. The statewide events were the culmination of TMA's ICD-10 education efforts during the past four years to help practices fully prepare for the Oct. 1, 2015 transition. Additional resources, including online training by specialty, customized chart audits and an ICD-10 line of credit, remain available online at special pricing for TMA members.

The low volume of calls to TMA following the Oct. 1 transition date indicates that ICD-10 education efforts were largely successful.



MedTenn15

Approximately 300 physicians and other healthcare professionals attended TMA's annual convention at the Opryland Resort & Convention Center in Nashville in April. Participants had access to 21.5 hours of continuing medical education on topics like updates on workers' compensation treatment guidelines, vaccines and cancer prevention, medication safety for older patients, Alzheimer's and dementia and the pitfalls in physician employment contracting.

Tennessee Department of Health Commissioner John Dreyzehner, MD, MPH, FACOEM, spoke to attendees about Tennessee's biggest public health challenges, a panel of physician experts held a discussion on end-of-life care, TMA's in-house experts delivered two presentations on the Tennessee Healthcare Innovation Initiative and Roland Gray, MD of the Tennessee Medical Foundation delivered a session on Tennessee's growing prescription drug abuse epidemic.



April 28 - May 1, 2016
Murfreesboro
tnmed.org/medtenn

NEW ONLINE CME

TMA's in-house healthcare attorneys produced new online CME courses tackling two issues which are shaping the way healthcare is provided in Tennessee - the increasing number of employed physicians and the move from fee-for-service to value-based reimbursement.

"Tennessee Health Care Innovation Initiative 101" gives an overview of the state's retrospective episodes of care and value-based payment models, an introduction to patient-centered medical homes and a look at how the primary care landscape will be shaped by the state's emphasis on population health.



"Pitfalls in Physician Employment Contracting" is a guide for physicians to use when considering entering into an employment relationship, including the risks and benefits of traditional employment relationships and newly-invented relationships with institutional employers.



"This has been a very exciting year of growth and program development in the education division at TMA with great things planned for 2016. Physicians now have a wonderful resource for quality, accredited CME through their state medical association."

James "Pete" Powell, MD, MMHC, Franklin TMA Education Committee Chair

tnmed.org/education

LEADERSHIP TRAINING BEGINS NEW CHAPTER

There is an immediate and pressing demand for more physician leaders in the emerging team-based healthcare environment. This year, the TMA - in partnership with the Tennessee Medical Education Fund, Inc. - responded to the changing healthcare landscape by enhancing its offerings to members who want to grow their leadership skills, and for healthcare organizations looking to groom physician leaders.

The former TMA Physician Leadership College was expanded and repackaged with new programs, including an intensive leadership retreat and a multi-month course called the Physician Leadership Lab. Those offerings were rebranded under the John Ingram Institute for Physician Leadership and officially launched in May 2015 with a gala to honor Dr. John J. Ingram III of Maryville, who helped create the PLC nearly a decade ago.

TMA operates the Ingram Institute in partnership with the TMEF and underwrites 90 percent of the costs for physicians to participate.



John J. Ingram III, MD, Maryville
Founder of TMA Physician Leadership College (now the John Ingram Institute for Physician Leadership)



Final graduating class of TMA Physician Leadership College, 2015

LEADERSHIP IMMERSION WEEKEND RETREAT

The inaugural class of the Leadership Immersion Weekend participated in a retreat in Nashville on July 23-26. Six physicians graduated from the program, and TMA awarded 19.5 hours of continuing medical education on topics like teamwork, collaboration, conflict resolution and media communications.

The 2016 Leadership Immersion Weekend Retreat will take place June 10-12 in Monteagle and July 15 in Nashville.

PHYSICIAN LEADERSHIP LAB

The Physician Leadership Lab includes a quality improvement project to help participants improve their leadership skills in team care environments. The first Lab began on Dec. 10, 2015 and runs through July 15, 2016. The full class of 30 physicians enrolled in the 2015-2016 course will earn 27 CME hours through a mix of webinars, live workshops, and a final meeting and project presentation to the TMA Board of Trustees.

TMA intends to further expand its Leadership training in the future with a third program focusing on business practices, finance analytics and related skills.

tnmed.org/leadership

Graduates of the inaugural Leadership Immersion Weekend, 2015



MAKING THE MOST OF MEMBER BENEFITS

One of the lesser known and underutilized perks of TMA membership is access to a variety of professional products and services at preferred pricing.

TMA Physician Services is a subsidiary created to identify, vet and maintain relationships with companies to offer members exclusive deals on the business resources they want or need to practice medicine.

Revenue generated by Physician Services programs, along with TMA's generous corporate partners, helps offset TMA's operating expenses and fund other important programs like advocacy, legal resources and education.

TMA Insurance and TMA Medical Banking continued in 2015 as the top two corporate partners in terms of member activity. A new third party relationship also laid the groundwork for a product that has the potential to save member practices tens of thousands of dollars in annual health insurance costs. That product will continue to develop and be market ready in 2016.

Two new corporate partners joined the fold in 2015 - Tennessee Drug Card and Jackson Thornton Technologies - to round out a total of eight corporate partners covering the areas of insurance and financial services, professional and business services, human resources and personnel services, and technology.

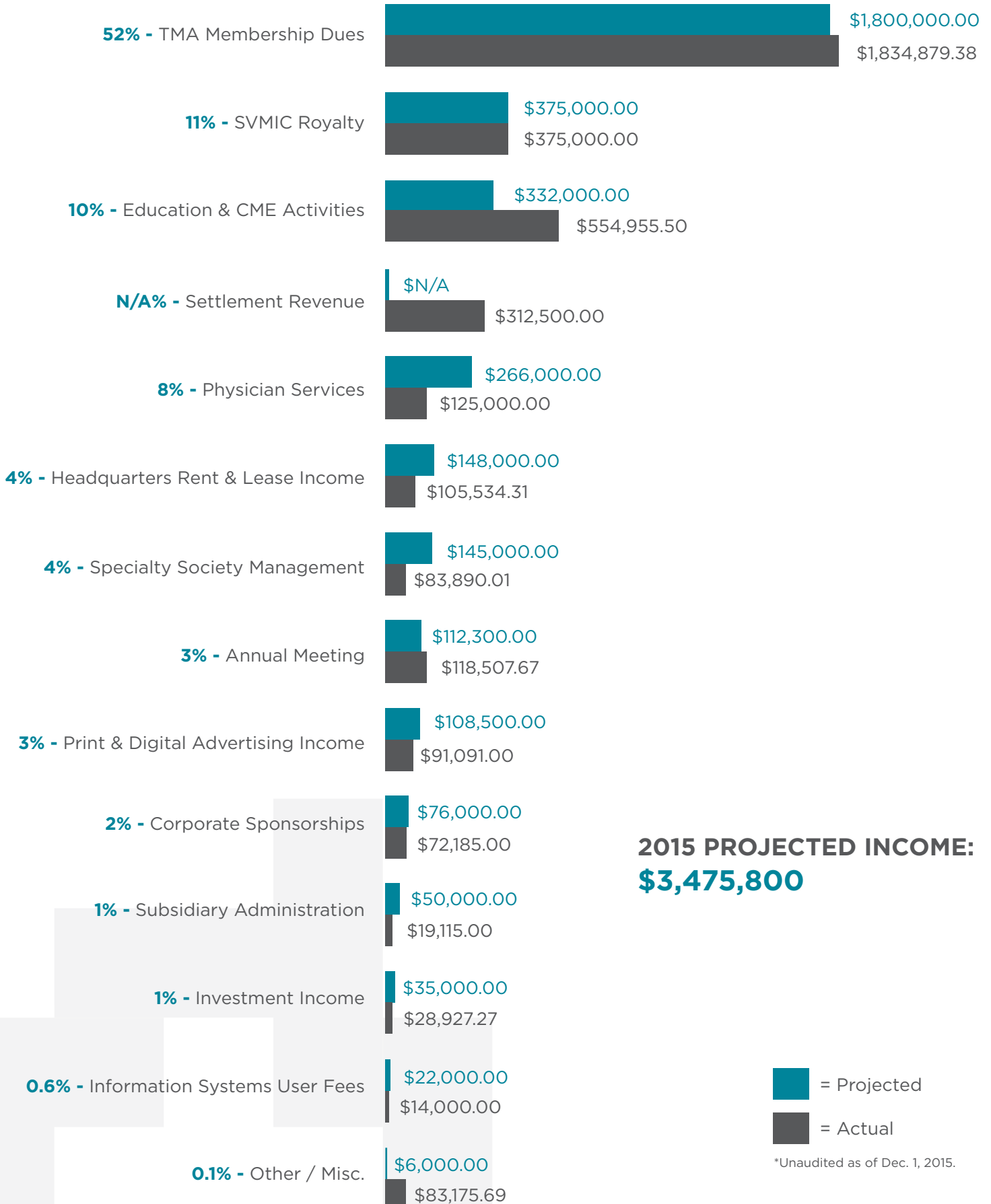
Physician members and their office staff can support TMA and save time and money by taking advantage of the programs available through TMA partner companies.

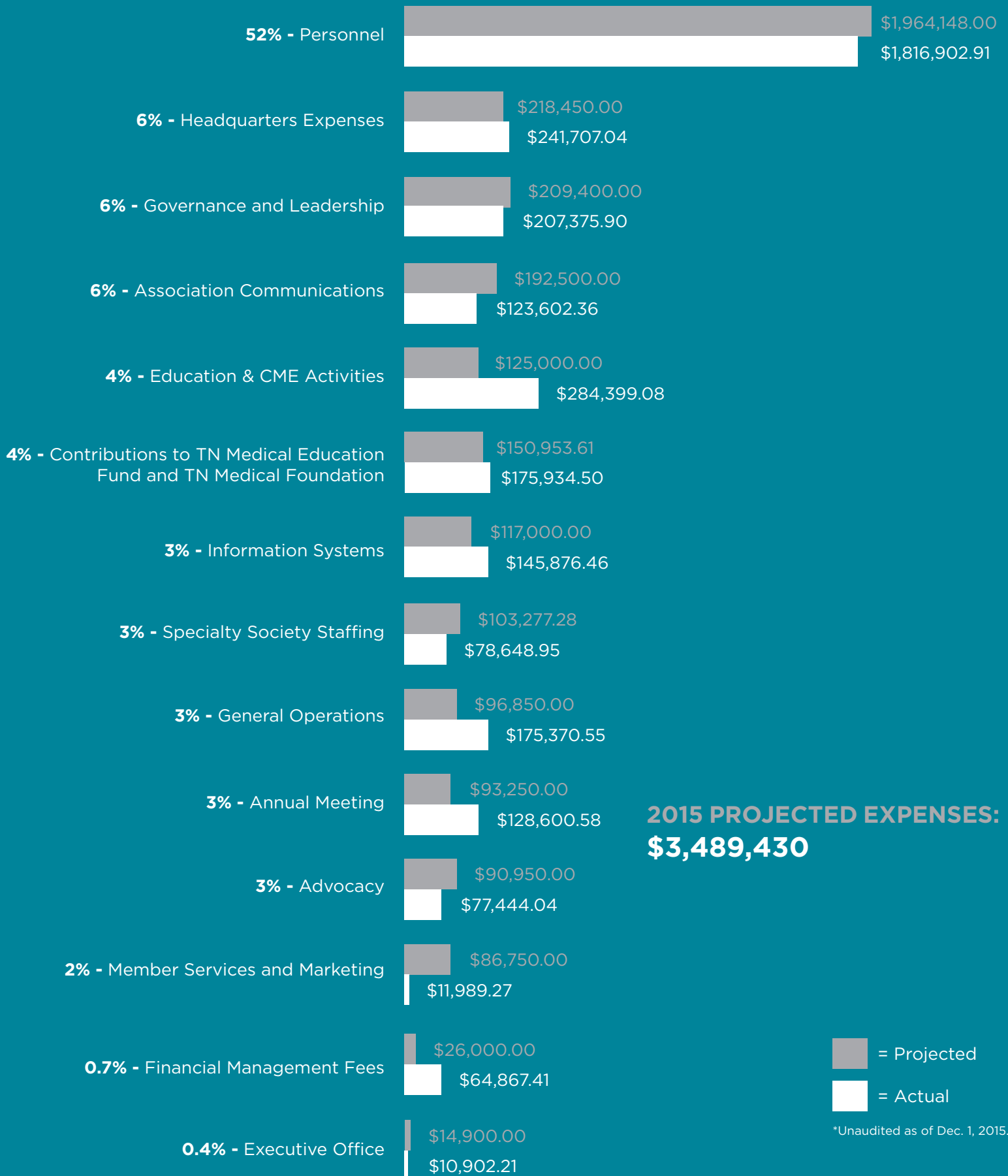
tnmed.org/marketplace

THANK YOU TO OUR 2015 CORPORATE PARTNERS



2015 FINANCIAL OVERVIEW





LOOKING AHEAD

A wide-ranging list of healthcare topics displayed on a screen during the July 2015 TMA Board of Trustees meeting prompted a vigorous discussion about the biggest issues facing physicians, and TMA's role in each. From that exercise the Board identified several areas of focus.

Tennessee faces a two-way challenge in terms of diminishing physician supply, and expansion of scope for other providers to meet increasing demand, especially in primary care. TMA must be the voice to make sure physicians remain the team leaders as these changing market dynamics impact the delivery of care. We will continue working to increase GME funding, define roles and responsibilities of caregivers to avoid redundancies, improve efficiency and generate the best possible patient outcomes.

Alternative payment models will keep us all busy, as the state expands on the Health Care Innovation Initiative, and government and commercial payers move full bore into value-based reimbursement. Like most anything new, we will experience some good and bad, but TMA is an advocate and resource for doctors wrestling with changing and often shrinking reimbursement.

When we examine Tennessee's public health, we point to population health management as the key to advancing quality of care and achieving better patient outcomes. But its success is totally contingent on sharing information, and we still have a long way to go toward interoperability. We need functioning health information exchanges that make patient data transportable across entities and not just within a group or siloed healthcare system. TMA has a role to play in bringing more actionable information to physicians who provide care.

End of life care is becoming a monumental issue as baby boomers reach senior status and people live longer. We have to participate in discussions around medical ethics and reconcile governmental regulations with the practical challenges of caring for patients in their final phase of life. Physicians are in the best position to do that.

Although we've been dealing for years with controlled substance abuse at the state level and are making some headway, it's not enough. The prescription drug abuse epidemic is accelerating rapidly on a national level and, sadly, Tennessee's problem is still among the worst of any state.

Medicaid expansion is not going away, either. We are going to have to put politics aside and come to grips with how to address the uninsured and underinsured populations. We have to keep people healthy and working to improve our public health, control healthcare costs and stimulate our economy.



Russ Miller, CAE
TMA Chief Executive Officer

Looking inward, we must acknowledge that for the past two decades the various factions of organized medicine have drifted apart, clutching different perspectives to justify fighting issues in a vacuum. The issues, meanwhile, are getting bigger and more universal. We have to come together as physicians to handle them with decorum and professionalism if we are to arrive at any resolution.

If ever there was a time for physicians to engage in their state medical society, it is now.



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