TENNESSEE Spring 2004

FAMILY PHYSICIAN

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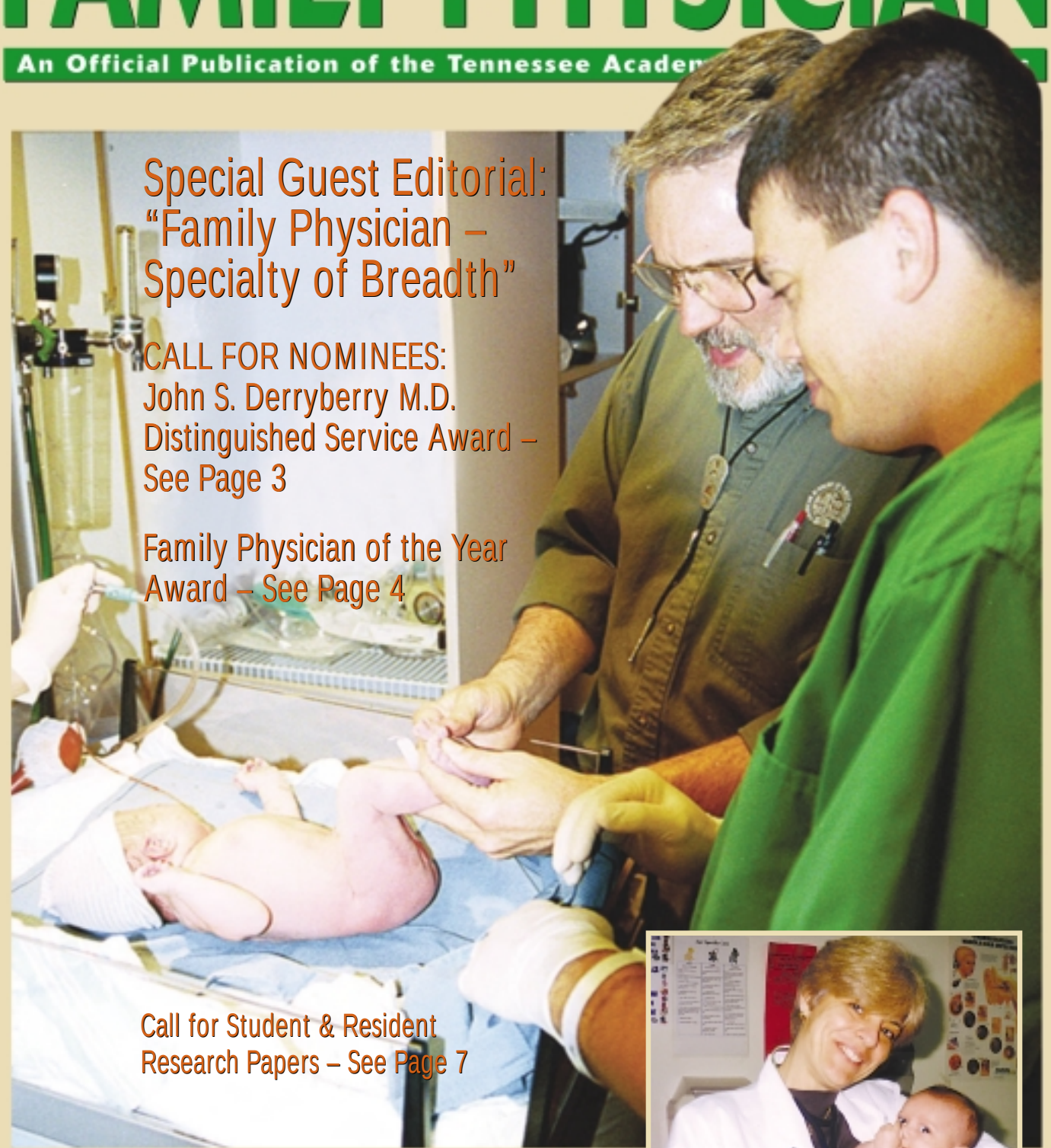

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Volume 15, Number 2

TENNESSEE FAMILY PHYSICIAN is published by Journal Communications, Inc., 361 Mallory Station Road, Suite 102, Franklin, TN 37067,for the Tennessee Academy of Family Physicians and its members. For information or advertising rates call (615) 771-0080 in Nashville or (800) 333-8842.

PLEASE SEND ADDRESS CHANGES TO:
Tennessee Academy of Family Physicians
4721 Trousdale Drive, Suite 202
Nashville, Tennessee 37220

President's Corner

I'm almost 47 years old and for the first time in my life, I have no grandparents.

I was three years old when I lost my first grandfather; almost twenty six and in medical school when my second grandfather died, and then almost twenty seven when my paternal grandmother died. I was felt to be too young to attend a funeral when I was three, and out of the country for the two that died in my twenties.

I have just participated in my maternal grandmother's funeral. She lived a full life and died at 96 and a half—the last years in a nursing home when the Alzheimers disease took away most of the "Nana" that I had known. We celebrated her life in a lovely ceremony and were able to listen to the "Sermon that I want to have at my funeral". My grandmother had actually written down a wonderful, comforting love letter to us in 1977 that my uncle read at the service. We laughed and cried and laughed again.

I didn't think I would make the 700 mile trek to Florida, but in the end I decided to be there to comfort my mother. I'm so glad I was able to get away with the help of good friends and colleagues. Funerals are for the living to say goodbye. We remembered the old stories and repeated them lovingly to each other in the aftermath of the service. We were able to reconnect to relatives that we see too rarely.

I know that I'll have many more losses in the years to come. I must remember to live each day to the fullest and cherish my family. We cannot put off living our lives. This is not the dress rehearsal--this is the real thing.

J. Lynn Williams, M.D., Decherd
President

Note: As I write this, the Legislature is gearing up for another session. Please volunteer for the TAFP's Tuesday Doctor of the Day at the Tennessee Legislature. There are still a few dates available. Call Cathy now to reserve your Tuesday. It is a lot of fun and appreciated by our legislators and their staffs.

On the Cover:

Doctor Mike Hartsell, Greeneville, and Todd Aiken, ETSU medical student, view the Aiken's new addition. Jules Aiken was delivered by Todd under Doctor Hartsell's watchful eye.

INSET: Doctor Griselle Figueredo holds one of her younger patients, Jose Pino, during his 2 month checkup at the American Way Clinic, The Health Loop, Memphis.

Call For Nominees:

Board Seats for Special Constituencies

**Minorities *Women *New Physicians (in practice less than 7-years)*

Deadline of May 3

The Tennessee Academy of Family Physicians announces the official call for nominations for the TAFP Board Director and Alternate Director representing each of the following special constituency groups for a two-year term: *Minorities; Women; and, *New Physicians (in practice less than 7-years) for consideration by the 2004 TAFP Nominating Committee. Deadline for receipt of nominations is May 3, 2004. Election of the Director and Alternate Director from the nominees selected by the TAFP Nominating Committee for the Minorities, Women and New Physicians will take place during the TAFP Congress of Delegates on Tuesday, October 26, 2004, during the TAFP's Annual Scientific Assembly in Gatlinburg. The two-year term of office will begin October 2004 and end October 2006.

All nominees must be ACTIVE members in good standing (dues paid to date and CME reported to date) of the Tennessee Academy of Family Physicians. Any TAFP Active member can nominate a qualified nominee for each of these positions. Self-nominations are also welcome. Each nominee is required to submit a 1 to 3 page biographical sketch and two (2) letters of recommendations from TAFP Active members in good standing.

The Board Members listed below currently hold the Special Constituency Board seats with all being eligible for re-appointment for an additional two year term of service beginning October 2004 and ending October 2006.

Minorities: *Director* - Griselle Figueredo, M.D., Germantown; *Alternate* - Rosilin Wright, M.D., Selmer

New Physicians: *Director* - Kim Howerton, M.D., Savannah; *Alternate* - Donald K. Zeigler, M.D., Hixson

Women: *Director* - Doreen Feldhouse, M.D., Dyersburg; *Alternate* - Janelle Simpson, M.D., Chattanooga

The deadline for receipt of nominees and their required support nomination materials by the Tennessee AFP office in Nashville is May 3, 2004. Nominations received after this date cannot be considered by the TAFP Nominating Committee.

Reid Blackwelder, M.D., Chair
TAFP Nominating Committee

Call for Constitution & Bylaws Amendments

Pursuant to Article X, Section 2, of the TAFP Constitution & Bylaws, "An amendment to the onstitution & Bylaws may be proposed by any regularly appointed committee of this Academy or by any five (5) or more members. The proposed amendment(s) must be submitted to the Executive Director of the Academy no less than 100 days prior to the meeting in which the proposed amendment(s) is to be considered… Notice of such proposed amendments to be made to member of the Academy by the Executive Director at least 30 days before the meeting at which such proposed amendments are to be acted upon. Publication of proposed amendments in the official publication of the Academy shall be sufficient to constitute notice thereof to the members".

Proposed amendments to the TAFP Constitution & Bylaws must be received by the TAFP office by July 15, 2004, and will be published in the Fall 2004 issue of 'Tennessee Family Physician'.

Call For Nominees:

2004 'John S. Derryberry M.D. Distinguished Service Award'

Nominations are being sought for the TAFP's 2004 'John S. Derryberry M.D. Distinguished Service Award' by June 1, 2004. Nominations received should be for persons who deserve recognition of their outstanding service or contribution to the advancement of Family Medicine, to the Tennessee Academy of Family Physicians, or to the public welfare on Family Medicine's behalf, whether of a civic, scientific, or special service nature. **Nominees are NOT required to be members of the Tennessee AFP, but nominations must be made by a member in good standing of the Tennessee AFP.**

The Tennessee Academy of Family Physicians' 'Distinguished Service Award' was established to recognize outstanding and distinguished service by a physician or by a non-physician demonstrating exemplary leadership, character, and/or dedication to community involvement. In 1998 the 'Distinguished Service Award' was renamed the 'John S. Derryberry M.D. Distinguished Service Award' in honor of the late John S. Derryberry, M.D., Shelbyville, who served the TAFP and AAFP with honor and distinction from 1964 until his passing in 1998. Doctor Derryberry served as President of the AAFP in 1979.

The following support data is required for each nominee:

(1) A detailed statement of the scientific, cultural, or special service justification for the nomination.

(2) Biographical information on the nominee including a recent black and white photograph.

(3) Education and training of nominee.

(4) Professional history, contributions to Family Medicine, special appointments.

(5) Substantial evidence of merit including printed material, publications, articles, or other citations or relevant supporting documents.

The recipient will be selected by the TAFP Board of Directors at their summer meeting with the actual award to be presented during the TAFP's 56th Annual Scientific Assembly in Gatlinburg the week of October 26-29,2004.

To obtain a nomination packet, please contact the TAFP office at 1-800-897-5949 or in Nashville 615-833-5522. Complete nomination packets must be received by the TAFP prior to June 1, 2004.

DEADLINES FOR 2004 ISSUES OF TAFP QUARTERLY JOURNAL:

Summer 2004 – Deadline of April 26 (publication date of June 14)

Fall 2004 – Deadline of July 19 (publication date of September 13)

Winter 2004 – Deadline of November 2 (publication date of December 15)

Submissions should be provided to the TAFP single spaced on a disk or as an email attachment in MSWord format if at all possible. If you have articles, information, letters to the editors or submissions for the TAFP quarterly journal, please forward to: Cathy Dyer, TAFP --- By Mail: 4721 Trousdale Drive, Suite 202, Nashville, TN 37220. Or, by email: tnafp@bellsouth.net.

Call For Nominees:

2004 'Family Physician of the Year Award'

The Tennessee Academy of Family Physicians is soliciting nominations for the 2004 TAFP 'Family Physician of the Year Award' with a deadline of June 1, 2004. The 2004 Family Physician of the Year will be selected by members of the TAFP Congress of Delegates voting through their Director on the TAFP Board of Directors at the Summer TAFP Quarterly Board Meeting.

The TAFP's 'Family Physician of the Year Award' honors a member of the TAFP who has made an outstanding contribution to Family Medicine, to the advancement of health and/or medical training and medical education is eligible for nomination for this Award. All nominations must be submitted on an official nomination form available from the TAFP office. In addition to the completed nomination form, all nominations must be submitted with an updated curriculum-vitae, a current photograph of the nominee and you may include up to five (5) pages of additional support documentation such as personal letters or testimonials. All nominees MUST be a current member in good standing of the Tennessee Academy of Family Physicians.

This is an opportune time to honor one of your colleagues! Consider submitting a nominee this year, or see that your TAFP chapter/district submits one. To receive a nomination packet, please contact the TAFP office at 1-800-897-5949, or in Nashville 615-833-5522.

Remember, the deadline for nominations for the 2004 TAFP 'Family Physician of the Year' is JUNE 1. Only nominations with complete nomination packets will be accepted, and no nomination materials will be accepted after June 1.

Letters to the Editor

To: TAFP Journal

Two weeks ago I had the privilege of participating in my county high school's Career Day. Out of a school of over 2000 students there were approximately 10 who were serious about becoming a physician.

What I found curious was the specialty each one wanted to enter. I remember one tall boy talking about how he would love to be an orthopedic surgeon, and one girl who was sure that she wanted to deliver babies for a living. The final tally was as follows:

1. Orthopedics
2. OB-Gyn
3. Pediatrics
4. Emergency Room
5. Cardiology
6. Surgery
7. Plastic Surgery
8. Sports Medicine
9. Psychiatry

What about Family Practice? I wonder if the role models on TV have anything to do with this? TV docudrama Extreme Makeovers shows what Plastic Surgeons are able to accomplish. The show ER makes its specialty look exciting. Whatever happened to Marcus Welby?

I think it also means that we should become role models to the students in our communities just as the two family physicians in my hometown were to me. They took me on rounds at the hospital and let me see patients with them. Naturally, I wanted to follow in their footsteps.

If we expect to have the next generation replace us in Family Practice, we must win the battle--not in medical school, but in high school or before.

Charles E. Leonard, M.D.
Talbott

Classified

Leaders on the Move — Information For Members

• *Congratulations to Patricia Conner of ETSU, TAFP Student Board Member,* on her appointment to the AAFP Commission on Membership and Member Services. (TAFP Immediate Past President, Timothy Linder, M.D. of Selmer, serves as Chair of the AAFP Commission on Membership and Member Services.)

• *Congratulations are also extended to Amanda Crabtree of ETSU, TAFP Student Member,* on her appointment to the AAFP Committee on Rural Health. (TAFP Past President, Donald H. Polk, D.O. of Waynesboro, serves as a member of the AAFP Committee on Rural Health.)

• *Congratulations also to TAFP President-elect, Reid Blackwelder, M.D.* of Kingsport, who was appointed to the AAFP Commission on Continuing Medical Education.

• *Congratulations to Chet Gentry, M.D.*, Sparta, who was re-elected to the Board of Directors of the Rural Health Association of Tennessee (RHAT).

• *April is National Minority Health Month (NMHM)* with the goals being to build partnerships, foster cultural competency among health care providers, encourage health education and training, and expand the use of state-of-the-art technology. For additional information contact Zori Rodriguez at rodrigu@aafp.org, or by calling 1-800-274-2237.

• *The TAFP is again providing the Doctor of the Day* each Tuesday in 2004 to the Tennessee General Assembly. If you are interested in serving please contact Cathy at the TAFP office in Nashville.

• Mark your calendar for the *TAFP's Summer Weekend Seminar on August 6-7-8* at Fall Creek Falls State Park in Pikeville, Tennessee.

• Mark your calendar for the *TAFP's 56th Annual Scientific Assembly October 26–29* in Gatlinburg .

Practice Opportunities

If you are looking for a partner or a practice location, send information by mail to: TAFP, 4721 Trousdale Drive, Suite 202, Nashville, TN 37220; or by fax to: 615-833-2677; or by email: tnafp@bellsouth.net. Information for practice opportunities will be accepted only from TAFP members and will be placed in the Tennessee Family Physician at no charge. Please include your name, address and/or telephone number and/or fax number since contact concerning opportunities will be made directly between interested parties and not through the TAFP. Information will be placed in four (4) editions unless the TAFP is notified otherwise. Deadline for the next issue (Summer 2004) is April 26, 2004.

• **Board-Certified Family Physician.** Available for office practice coverage during vacations, illness or leaves of absence. No OB. Willing to do hospital rounds if necessary. Respond to 615-831-1810; or, cell phone 615-972-7601. References available upon request.

• **Seymour** – Moving back to Louisiana and am looking for someone to take over my very busy solo practice. Less than 10% TennCare. X-ray on premises (whoever takes the practice gets ownership). Exam room equipment available. Staff willing to stay as well. Computer network and billing software available. No problems with the practice. I just have an excellent opportunity to move back to the small town where I grew up and my father was one of four physicians and practiced for 50 years. Opportunity for someone to step into a busy, profitable, established practice for a fraction of what it's worth. Contact: 1-877-522-5557; email: jamesbellmd@earthlink.net

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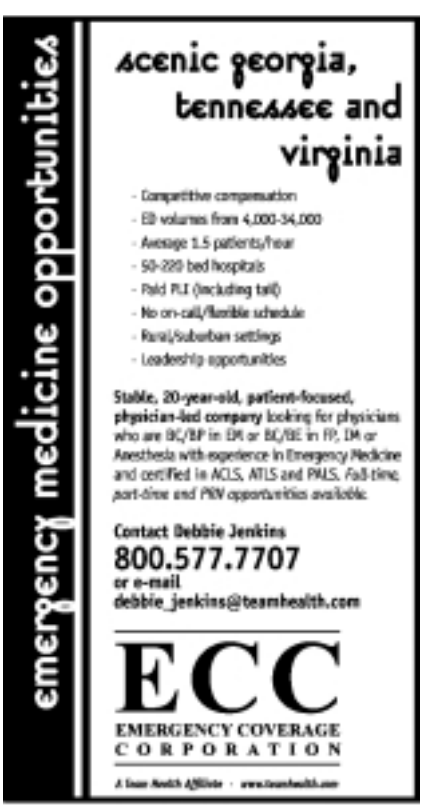

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CALL FOR RESEARCH PAPERS –

Deadline of July 1st

The Research Committee of the Tennessee Academy of Family Physicians (TAFP) is pleased to announce the Call for Research Papers for the 56th Annual Scientific Assembly to be held at the Gatlinburg Convention Center the week of October 26-29, 2004. Three abstracts will be selected by the TAFP Research Committee from those abstracts received for presentation at the TAFP's 2004 Annual Scientific Assembly. Those selected will have the opportunity to present their research paper to approximately 350 physicians from the mid-south who attend the TAFP's Annual Scientific Assembly. Those selected will have up to two (2) night's lodging and car mileage paid, and will receive a $300.00 honorarium.

Only TAFP Resident and Student members in good standing are eligible to participate in the TAFP Research Paper Competition.

If you are involved in research or other scholarly activities, the TAFP Research Committee would very much like to have you participate in this Research Paper Competition. If you have questions or wish to receive the required 'Competition Application' packet, please contact Cathy Dyer at the TAFP headquarters office at 1-800-897-5949 (Nashville: 833-5522). **The (firm) deadline for receipt of Research Abstracts is July 1.**

Recap of October 20, 2003 TAFP Board of Directors' Meeting

- Noted nominations being solicited by the AMA for the Resident Review Committee for Family Practice with a deadline of January 15, 2004.
- Noted thank you letter received from the National Stroke Association for the TAFP's donation made on behalf of Doctor Jim King's Campaign in 2003 for the AAFP Board (donation made in lieu of gifts given to Delegates at the AAFP Congress).
- Noted thank you letter received from the AAFP Foundation acknowledging the TAFP's donation made to the National Tar Wars program on behalf of Doctor Jim King's Campaign in 2003 for the AAFP Board (donation made in lieu of gifts given to Delegates at the AAFP Congress).
- Reviewed request from Doctor Conrad Shackleford, Associate Medical Director with the Bureau of TennCare, for the appointment of representatives of the TAFP to serve on the TennCare EPSDT Screening Guidelines Committee. Doctor Scott Holder of Winchester and Doctor Alan Wallstedt of Nashville agreed to represent the TAFP.
- Received verbal report from Doctor John Midtling, Chair of the UT Memphis Department of Family Medicine.
- Voted to continue support of the TAFP Student and Resident Research Paper Presentations at the TAFP Annual Assembly.
- Voted for the TAFP to sign and return as an organization, CHART's 'Resolution to Reduce Tobacco Use in Tennessee'. Individual members of the TAFP are also urged to sign this Resolution as an individual. (Copies available from Cathy at the TAFP office in Nashville.)
- Reaffirmed TAFP Board policy that the TAFP does not participate in joint sponsorship of CME programs with any other entity.
- Agreed, if appropriate by AAFP policy, to again submit the nomination of G. Scott Morris, M.D., Memphis, for the AAFP Family Physician of the Year Award in 2004. Doctor Morris was in the five finalists in 2003.

(For additional information on any of these items, please contact the TAFP office in Nashville.)

Cancer Screening Guidelines From the American Cancer Saociety

A diagnosis of cancer can be a frightening and lonely experience. Many times the best weapon in the fight against cancer is cancer prevention and early detection. As the leading cancer fighting organization in the world, the American Cancer Society is committed to working in Tennessee to educate people on what they can do to help protect themselves.

The American Cancer Society recommends the following guidelines for the early detection of cancer:

Breast:

- Yearly mammograms are recommended starting at age 40 and continuing for as long as a woman is in good health.
- CBE should be part of a periodic health exam, about every three years for women in their 20s and 30s, and every year for women 40 and older.
- Women should know how their breasts normally feel and report any breast change promptly to their health care provider. BSE is an option for women starting in their 20s.
- Women at increased risk (e.g., family history, genetic tendency, past breast cancer) should talk with their doctors about the benefits and limitations of starting mammography screening earlier, having additional tests (i.e., breast ultrasound and MRI), or having more frequent exams.

Prostate:

- Beginning at age 50, the prostate-specific antigen (PSA) test and the digital rectal exam should be offered annually to men who have a life expectancy of at least 10 years.
- Men at high risk (African-American men and men who have a first-degree relative who was diagnosed with prostate cancer at a younger age) should begin testing at age 45.
- Men should be given information about the benefits and limitations of tests so they can make an informed decision.

Colon & Rectum:

Men and women who are at average risk and who are age 50 or older should follow one of the five examination schedules below:

- Fecal occult blood test (FOBT) every year, or
- Flexible sigmoidoscopy every five years, or
- FOBT every year and flexible sigmoidoscopy every five years (the American Cancer Society's preferred option)
- Double-contrast barium enema every five years, or
- Colonoscopy every 10 years

People with a person history of polyps, colorectal cancer, or inflammatory bowel disease, or a family history of colon cancer or polyps are at higher risk for colon cancer and may need to start being tested before age 50, and have tests done more often.

To help people in their fight against cancer, the American Cancer Society's informational programs include cancer awareness months, newsletters and publications, and local resources available through 1-800-ACS-2345 and www.cancer.org.

The American Cancer Society has a vast array of patient support programs in place to provide assistance to cancer patients, including Reach to Recovery (a visitation program for newly diagnosed breast cancer patients), cancer support groups, transportation assistance and financial assistance. The first step is calling the American Cancer Society's 1-800-ACS-2345 number. The bottom line is no matter who you are, where you are, or what time of day, the American Cancer Society will be there to help.

Carol Minor, Health Systems Director-Tennessee
American Cancer Society

TAFP Supports Attendance of Student Members at 2003 AAFP National Conference of Family Practice Residents & Medical Students (NCFPRMS)

Attending the NCFPRMS gave me as a student an opportunity to meet other students and residents from other medical schools and residency programs across many states. Some of the workshops I attended were "Obesity and Weight Loss Program", "How to Write a Resolution" and "Common Orthopedic Problems for Family Physicians". Each one provided valuable information that I am able to use in my training. The Exhibition Hall I believe was, and is, the most important part of this conference. It gives students an opportunity to visit and accumulate information on family practice residency programs that are of interest to them. It also allows the student a chance to learn about other residency programs he/she might not have known about. Overall the 2003 NCFPRMS was very enjoyable and beneficial to me. I would strongly recommend other students interested in Family Medicine to consider attending this event in the future. I would also like to thank the TAFP for making it possible for me to attend this Conference in 2003.

Christopher Fort, Nashville
Medical Student, Meharry

I am a fourth year medical student at ETSU and before 2003 I had never been to the NCFPRMS. Since the time I entered medical school I had an inkling that my future might be in the field of Family Medicine. The time is drawing near that I must make a selection about residencies and with this in mind I decided to try to be one of the NCFPRMS attendees in 2003. Thanks to a scholarship from the TAFP I was able to attend.

Many of my friends had attended the NCFPRMS over the last three years and I had always heard good reports so I had high hopes I would have the same impression. Upon arriving, the conference was even better than I had hoped. Not only did I get to make new friends and contacts for the future, I had the opportunity to attend some very interesting workshops. From "Acupuncture" to "Getting Involved With Your Academy', I learned much. The speakers were inspiring. At the end of every day I returned to my hotel room more excited that I would soon enter the ranks of these courageous men and women who are Family Physicians. After searching through booths and vendors and after many conversations, I obtained a good feel for which residency programs at which I would like to interview. This conference I can confidently say was well worth the time, money and energy, and I will hope to attend again as a resident. From the national to the local level, I foresee that I will become more and more involved in the Academy in the future.

Matthew Standridge, Johnson City
Medical Student, ETSU

The 2003 AAFP NCFPRMS in Kansas City exposed me to the continuity of care in Family Medicine with Ob/Gyn. I also learned about the variety of patients and communities that need family physicians. I look forward to becoming a family physician and I enjoy knowing that I will be equipped with the skills to provide a vast number of services such as prenatal care, deliver a baby, well-baby visits and manage adult care. I attended several informative workshops including "Dermatology in African Americans", "Maternal and Infant Care", "Medical Spanish" and "Family Medicine in the Urban Setting".

The exhibits gave me the opportunity to ask questions about different programs across the country and I was able to gather information about residency programs, and also 3rd and 4th year clerkships. I would like to tell the TAFP how much I appreciate you funding my travel to this conference.

Angela Horton, Memphis
Medical Student, UT

Legislative Report

The 103rd Tennessee General Assembly convened its 2004 legislative session on Tuesday, January 13. Its first act of the new year was to adopt a smoking ban in the House chambers, a significant milestone for anti-smoking activists, including the TAFP. Momentum is building to finally make the entire Legislative Plaza smoke-free.

As this is an election year, the General Assembly likely will focus primarily on passing a balanced budget with an eye to adjournment by early May or perhaps sooner. Over 1,000 new pieces of legislation will be introduced and considered, in addition to the bills which carry over from the 2003 session. We will follow each measure and report to you as events develop.

Psychologists are mounting a serious effort to gain prescribing privileges. The TAFP is working closely with the TMA and the psychiatrists to blunt this attempt. The perennial scope of practice battle with nurse practitioners is being fought yet again.

Budget. Tennessee once again faces a difficult budget year. This is in spite of a $900+ million tax increase in 2002, significant budget cuts in 2003, higher-than-projected revenues for fiscal year 2002-2003, and an improving economy. Governor Bredesen is calling for cuts to the bottom line of most departments in state government, K-12 education and TennCare being the notable exceptions. The Governor held public budget hearings with cabinet members and agency heads in the fall to discuss individual budgets. He has repeated his intention to enact a balanced budget for fiscal year 2004-2005 without new taxes or tax increases. We predict the legislature will adopt the Governor's proposed budget with minimal changes.

TennCare. Governor Bredesen is expected to present a plan for a complete overhaul of the TennCare program by February. A report from the privately funded McKinsey study of the program concluded that TennCare is not financially viable in its current form. In response to this finding, a number of groups around the state have suggested remedies for the ailing health care program. An earmarked tax on all health care services to be spent on TennCare or its successor, a limit of four prescriptions per enrollee per month and a drastic limit of eligibility are all suggestions that have been put forward. If all else fails, there is a possibility of a reversion to Medicaid.

Potential redesigns include: a separate plan for urban and rural areas where cities operate under an at-risk MCO program, and rural areas will provide care in a no-risk administrative service organization ("ASO") model. Bredesen has also mentioned a plan that would include cutting benefits for all enrollees but keeping as many people on the TennCare rolls as possible. To allow the Governor to come up with a redesign proposal, the TennCare Bureau has extended the ASO contract for all MCOs currently in the program until June 30, 2004. On July 1, 2004, if a new plan has not been adopted, all insurers under TennCare will have to revert to a risk based situation.

Tort Reform. Medical providers, supported by the business community, continue to call for major reforms, especially concerning damage awards for health-related claims. Premiums for medical malpractice are skyrocketing, doctors are leaving the state, and there is movement around limiting damage awards as well as other potential reforms. A joint legislative study committee, chaired by Senator David Fowler, R-Signal Mountain, and Representative Rob Briley, D-Nashville, heard testimony throughout the summer and fall. While the drumbeat will continue, we do not expect to see major reforms enacted in 2004.

Worker's Compensation. The business community continues to beat the drum for further system reforms, building on those enacted in 1992 and 1996. Insurance premiums on Tennessee employers have increased dramatically in the last three years. Some jobs have left the state, and there is a real fear that economic development has been retarded because of the cost of insuring employees against on-the-job injuries. Complaints are that the system is too generous in terms of benefits paid, that medical costs are skyrocketing and that lawyers also are causing system costs to rise.

Items often discussed include the adoption of a grid for measuring permanent partial disability ("PPD") awards and making changes to control rising medical costs. Last fall the Worker's Compensation Research Institute ("WCRI") released a multistate survey analyzing trends and factors present in worker's compensation. In November the Tennessee Chamber of Commerce & Industry submitted a white paper with recommendations for Governor Bredesen's consideration.

The Tennessee Chamber of Commerce and Industry also released in November, 2003, a study of the workers' comp system in Tennessee that included recommendations for change in the state going beyond just PPD and multiplier issues. The Chamber recommended that Tennessee do away with the current jury system used to settle cases, enact a medical fee schedule and cap attorney's fees. The Chamber will bring a comprehensive bill suggesting an overhaul of the entire workers' comp system.

Key legislators, including House Speaker Jimmy Naifeh, have expressed their readiness to consider further changes to the system. The plaintiffs' bar and organized labor may push to protect the existing system, especially concerning injury awards, the court system and attorney involvement. At this juncture it appears that Governor Bredesen is ready to take on issues related to PPD and multipliers. If the Governor backs a package of reforms, it is very likely they will be adopted.

We appreciate all you do as TAFP members to support our activities at the State Capitol.

Gif Thornton, Nashville
TAFP Legislative Counsel

Guest Editorial:

What is Special About the Specialty of Breadth?

It occurs to me that family physicians can attract a greater percentage of medical students into our very special specialty, particularly if we are better able to articulate those unique qualities that define for us the tremendous rewards of our profession. Family practice was well-defined for me when I started practice 25 years ago in rural east Tennessee. G. Gayle Stevens, M.D., among others, articulated clear understandings of the specialty of breadth.1 He said, "The sine qua non of family practice is the knowledge and skill which allow the family physician to confront relatively large numbers of unselected patients with unselected conditions and to carry on therapeutic relationships with patients over time." Plainly spoken, family practice is the one specialty that provides continuous, comprehensive care in an empowering patient-centered environment to virtually any person presenting with any problem at any age. Because we comprise the physicians of first contact, we are most likely to see the conditions that are more common, such as viral illnesses, depression, hypertension, arthritis, and the like. What makes family medicine more challenging (and more interesting) are the less common conditions that present in an uncommon way – subacute bacterial endocarditis, toxic shock syndrome, autoimmune diseases, tularemia, and such. There is no sameness of routine to produce boredom.

The art of practicing family medicine is not so much the clinical expertise of managing a failing heart, hypertension, diabetes, child birth, or even a degenerative brain condition. Rather it is the sense of balance and perspective needed to manage all of these and more, simultaneously, while avoiding harmful polypharmacy. Attending to prevention, nutrition, function, mood, cognition, family concerns, finances, pain, end-of-life and spirituality issues rounds out the personal attention-to-detail that defines comprehensive care. The majority of patients in the real world do have co-morbidities and it is this fact that makes family medicine indispensable now and for the foreseeable future. As the specialists of breadth, family physicians have the expertise to manage the interactions of diseases and to function as "captain of the ship." Furthermore, our patients trust us to protect them from a scary and sometimes dangerous medical system. Patients want and need a personal physician and a medical 'home', and we family physicians thrive on our patients' appreciation of us. This is likely to be as true in the foreseeable future as it is today.

Some aspects of managed care have a tendency to redefine who we are. The profit motive inherent in Health Maintenance Organizations (HMOs) rewards physicians for doing less in the way of medical care and procedures. Managed care organizations position us to deny our patients access to the larger healthcare system. Instead we innovate and advocate for our patients when the system seeks to deny them needed care. Staying true to the ideals of family practice, especially patient advocacy, is more important now than ever.

Academia, too, is an adventurous place for family medicine. Historically, family physicians were the counter-culture reformers advocating for change within the system.[2] Idealism, egalitarianism, a willingness to fight, and a powerful sense of service sustained the momentum of the movement.[3] Family medicine needs to attract the best and the brightest of tomorrow's physicians to live up to its ideals and fulfill its destiny. Medical students can be intimidated by the breadth of our specialty. The challenge to family physicians who precept students in their office is to communicate that the variety is what keeps family practice fresh, exciting, and interesting.

There is a method associated with having such a broad approach to patient populations. We are beginning to understand how we do what we do. Shapiro and Talbot[4] have indicated that what makes family practice unique as a medical specialty is not so much its content (e.g., continuity of care, broad range of patient population) as it is the process of clinical practice (i.e., how the specialty is actually practiced in ongoing patient encounters). They present a model of automaticity, known as reflection-in-action, as a way of first apprehending and subsequently teaching the "professional artistry" which constitutes a critical component of family practice.

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While the process can be defined scientifically, family medicine itself cannot be contained within a narrow definition. One of the most wonderful things about the specialty of breadth is the freedom to practice in the style that is most rewarding (and fun), and within the scope of medicine that is most comfortable. Freedom of choice within the framework of family medicine causes an understandable hardship on those who would attempt to define our roles. Unlike the Army's mantra of "be all that you can be," family physicians are frequently inclined to meet personal and family needs that preclude their being all things to all people.

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Though the definition of family medicine may be indelible, the roles of individual family physicians within that greater context vary considerably. There is the traditional family physician with his/her comprehensive continuity-of-care office and hospital practice, with or without obstetrics. There is also the emergency room physician, the missionary physician, the hospice physician, the office-only physician, the ambulatory clinic physician, the hospitalist, the addictionologist, the geriatrician, the insurance company physician reviewer, the sports medicine physician, the medical review officer, and the academic who each trained in family medicine. While not following the traditional track, each physician brings to his/her avocation the values and philosophy inherent in our specialty. The broader perspective, the egalitarian humanism, and the caring patient-centered perspective that led the physician to initially select family medicine residency training serves each physician well as he/she pursues a focused practice interest. These real world career choices narrow or broaden the definition of what family medicine is today, depending on whether they are accomplished in lieu of or in addition to the traditional family physician role. Regardless, the profession remains defined and those who would weaken our identity with limited definitions simply lack insight. Those who are pretenders to the throne through legal or regulatory means lack the training and substance. The fact remains that the need for well-trained family physicians is here and now, and shall remain so for the foreseeable future.

Family medicine is vital for all as the specialty of breadth. Family physicians must communicate better concerning our identity, our cost-effectiveness, the breadth of our abilities, and our mission. Misunderstandings about the knowledge base requirements for family practice, denial of access to certain technologies, and a tendency to equate income with competence and prestige has in the past limited the respect given to family medicine. These limitations can be overcome through communication, broader representation of the specialty, and advocacy for our patients in the political arenas.

Family medicine competes with the higher income specialties in an attempt to attract debt-ridden medical students[5] into primary care. A more equitable business model will enhance the ability to attract adequate numbers of medical students to the specialty. One proposed innovation combines fee-for-service reimbursement as it now stands with an additional capitated reimbursement in recognition of the role family physicians play in managing comprehensive patient care, providing prevention services, and guiding patient care within the context of a complex medical system.[6] These equities will occur precisely because the need for excellent primary care is real and tangible, family medicine is demonstrably cost-effective, and a relative scarcity of family physicians will justify such a premium. Patients want a personal physician whom they can trust to care for them, care about them, and guide them safely through the health care system.

Another period of adaptation by family medicine is under way such that for the first time in history the ambitious aspirations of family medicine may be actually achievable. Drs. Green and Fryer of the Robert Graham Center have expressed belief that there are promising opportunities to improve health and health care through strengthening family practice. These depend in part on redesigning the practice setting, defining critical interactions with other elements of the health care system, and further differentiating family medicine as a scientific and caring field.7 It is our time, our opportunity, and our imperative to redefine our values, reinvigorate our mission, and continue to reinvent our profession. We can reassert our role as change agents.

Since 1998 the percentage of students choosing family medicine has fallen from 16 percent to 10.4 percent. The American Medical Student Association, along with government agencies for health care policy, have indicated that 50 percent of the nation's medical school graduates should be choosing primary care.8 By improving the real world practice of family medicine, we can correct the perceptual distortions and attract adequate numbers of our best and brightest students. Young people with an eye toward a career in medicine need to appreciate family medicine as being among the most rewarding, interesting, appreciated, and trusted of all callings. Family physicians in private practice can provide a great service by precepting medical students, modeling our profession, and letting them see what it is like to be a real doctor. Let's show them that we put the "special" in "specialty."

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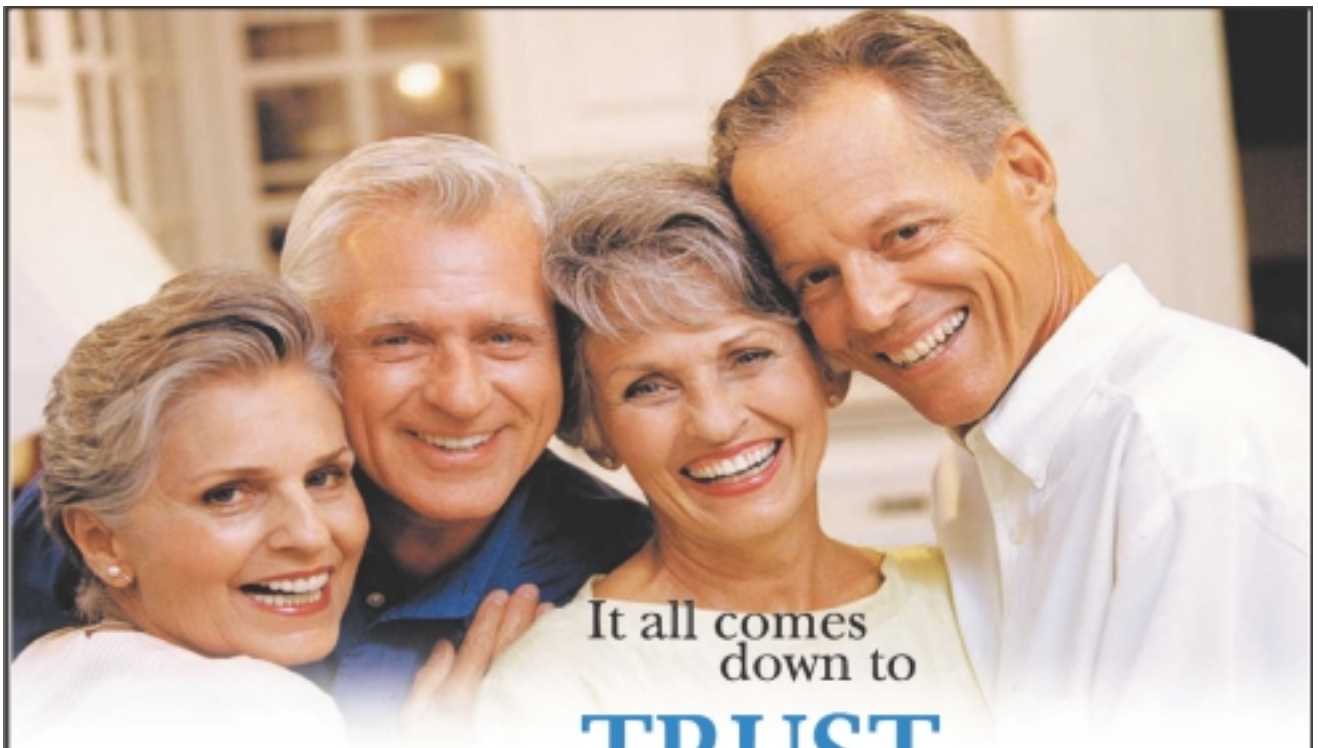

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