

JCMS Board Adopts Resolutions to Improve Health

Earlier this year, the JCMS Board of Directors adopted two 3. resolutions and has submitted parallel resolutions to MASA for consideration at its Annual Meeting in May. The resolutions are designed to improve the health of Jefferson County residents as well as people across the State. The resolutions address Exercise is Medicine and the adoption of smoke free ordinances and legislation and were originally presented to the Board by the Jefferson County Department of Health and representatives of the Jefferson County Health Action Partnership. The Health Action Partnership is a collaboration of more than 100 organizations that share the common goal of improving the health of its citizens. These agencies have joined forces to make our community healthier by promoting tobacco cessation and reducing the incidence of obesity. Below is additional information about both topics.

Exercise is Medicine *

The national Exercise is Medicine initiative, which directly addresses adult obesity and the health issues that surround obesity, was established in 2007 by the American College of Sports Medicine (ACSM) and is supported by the American Medical Association (AMA). The vision of Exercise is Medicine ("EIM") is to make physical activity and exercise a standard part of disease prevention and medical treatment in the United States.

Patients have reported that they would be more interested in exercising if advised by their doctor to do so and were given additional resources. The goal of EIM is for the patient's level of daily physical activity to be considered by all health care providers as an important vital sign during every patient visit, and for patients to be effectively counseled as to their level of physical activity and health needs. The steps for incorporating EIM into a physician's practice are as follows:

- 1. Ask Initiate a vital sign related conversation with each patient and ask about his/her current physical activity level, utilizing the last 24 to 48 hours as a sample.
- 2. Write If physical activity is low, write an EIM prescription, detailing the type of exercise recom mended to the patient; whether cardiovascular, strength training, flexibility or any combination thereof.

Refer - Refer the patient to one of the three area non-profit wellness facilities currently partnering through EIM as resources for physical activity; the YMCA of Birmingham, Lakeshore Foundation or the Levite Jewish Community Center (LJCC).

Although the EIM implementation process may add an additional two to three minutes of discussion and counseling to each patient visit, there are numerous benefits that will be observed by both physicians and their patients. These discussions and the written prescriptions for exercise will provide the patient with a tangible way to take control of their own health and may increase their sense of the quality of care given by their physician.

Patients who join a wellness facility in response to a physician referral will receive several benefits. If they join the YMCA, they receive a reduced enrollment fee and free, individualized fitness and goal setting counseling through the YMCA's Pathways program. Pathways is designed to decrease the anxiety associated with beginning a new physical activity plan and helps members become acclimated to a new environment by providing goal setting and group support. The Levite Jewish Community Center will also have programs available to EIM members that include guidance from a personal trainer and nutritional coaching. In addition, patients with an EIM prescription may be able to use pre-tax dollars set aside in a Flexible Spending Account to minimize the financial burden associated with out-of-pocket wellness expenses, depending upon their individual situation.

When a patient takes an EIM prescription to the YMCA, LJCC, or Lakeshore Foundation, patient membership enrollment will be tracked and aggregate data will be collected to show patient participation levels. Data will be made available to physicians to monitor their patient's participation in the prescribed exercise regime, as well as improvements made in the patient's baseline physical condition. For more information about Exercise is Medicine in the Jefferson County area, please contact: Felecia Young Fish at the YMCA of Birmingham, 2101 Fourth Avenue North, Birmingham, AL 35203, (205) 801-7223 or ffish@ymcabham.org.



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UPCOMING EVENTS

March 26	Doctors' Day Dinner - Call Anne Lamkin for reservations or information at 871-3479	
Apr. 12	Sixth District Caucus in the Jefferson County Medical Society Board Room Social Hour – 5:30 pm Meeting – 6:00 pm	
Apr. 14	MASA's Resident Fellow Section will meet at the Jefferson County Medical Society Board Room to hear speaker Attorney Will Axon. The meeting begins at 6:00 p.m. and includes dinner. **Partnered with Jefferson County Medical Society	
Apr. 18	Executive Committee Meeting – 5:30 p.m.	
Apr. 19	The Wayne Finley 811 Breakfast Club Meeting – Henry Laws, M.D., will speak on "Alabama Surgeons' Astounding Impact on the Development of Heart Surgery" at 8:30 a.m. in the JCMS Board Room	
Apr. 28	Meaningful Use Step 2: Medicare & Medicaid Attestations & Incentive Payments Training Class Session 1 - 9:00 a.m. to 12:00 p.m. Session 2 - 1:00 p.m. to 4:00 p.m.	
May 15	The JCMS Annual Baron's Baseball Event	
May 16	Executive Committee Meeting – 5:30 p.m.	
	Board of Directors Meeting – 6:30 p.m.	
May 17	The Wayne Finley 811 Breakfast Club Meeting – Bruce Korf, M.D. will be speaking on "The Dawning of the Era of Genomic Medicine" at 8:30 a.m. in the JCMS Board Room	
June 20	Foundation Trust Meeting – 5:30 p.m.	
	Executive Committee Meeting - 6:00 p.m.	
	Contact Juanita Pruitt at 933-8601 or jpruitt@jcmsalabama.org for more information regarding any of the above events.	

In Memoríam

The JCMS wants to acknowledge the recent passing of the following JCMS member:

H. Brooks Cotten, M.D. February 15, 2011

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Indoor Clean Air**

The JCMS is supporting the enactment of local ordinances which require all workplaces to be smoke free and is encouraging MASA to support similar legislation at the State level. Secondhand smoke is a serious public health problem. In 2006, U.S. Surgeon General Admiral Richard H. Carmona asserted that "the debate is over, the science is clear: there is no safe level of exposure to secondhand smoke" (Report of the Surgeon General, 2006). Even the briefest exposure to secondhand smoke is harmful. The most recent statistics suggest that 78% of Alabama residents, as well as a majority (82%) of other Americans, do not smoke (CDC, 2010). Although the vast majority of Alabamians and Americans are nonsmokers, thousands are killed every year as a result of exposure to someone else's smoke. More than 800 adult nonsmokers in Alabama die each year from exposure to secondhand smoke. In addition, according to the 2010 Surgeon General's Report, every year thousands of nonsmokers die from heart disease and lung cancer and hundreds of thousands of children suffer from respiratory infections because of exposure to secondhand smoke. It is also estimated that more than 3,000 adults who do not smoke and are exposed to secondhand die from lung cancer; approximately 46,000 die from coronary heart disease; and an estimated 430 newborns become victims of sudden infant death syndrome. The U.S. Surgeon General estimates that 90% of lung cancer deaths in men and 80% in women are

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caused by smoking. It is clear that the economic burden of diseases caused by smoking and secondhand smoke is enormous. Nationally, smoking-related illness results in almost \$100 billion in health care costs each and every year; in Alabama health care costs are roughly \$1.5 billion. The Medicaid program alone spends \$264 million per year on tobacco-related illnesses. In 2004, an estimated \$2.6 billion was spent on the medical care of nonsmokers suffering from lung cancer or heart disease caused by exposure to secondhand smoke and economic losses were estimated to total \$3.2 billion for disability and premature deaths due to lung cancer and heart disease caused by exposure to secondhand smoke.

Everyone has the right to breathe clean air. There is no constitutional right to smoke. It is a right for every person to be employed in an environment with clean, smoke free air. In the United States, 1.3 million workers, including nonsmokers, are exposed to secondhand smoke due to the lack of protection from a clean indoor air or smoke free ordinance that protects their right to breathe clean air. There is also strong evidence that 100% smoke free city policies are the only effective way to eliminate secondhand smoke exposure for the public's health and safety. Support for smoke free workplaces is nationwidecurrently, 23 states, one territory, and hundreds of cities and towns across America, including more than a dozen here in Alabama, have passed strong smoke free laws that include worksites, restaurants and bars. More than 6,800 municipalities now have smoke free workplaces, restaurants, or bars thanks to either local or statewide smoke free air laws.

Everyone benefits from smoke free air. If an ordinance is in place, some smokers will cut back or even quit. The health of workers improves and absenteeism is reduced. Employers will also see an increase in production and a reduction in health care costs. Many studies have found that comprehensive smoke free ordinances prevent initiation among youth and help smokers guit before they develop a lifelong habit. Even more dramatically, in 2009 the Institute of Medicine, after rigorous review of evidence, concluded that there is a relationship between the passage of smoke free laws and reductions in heart attacks. This has been demonstrated now in studies across the country and around the world. Despite loud claims to the contrary, smoke free laws are not bad for business. No credible economic study has concluded otherwise. Comprehensive smoke free laws that cover ALL workplaces and public places-without loopholes and exceptions- are the only way to protect everyone from the harms of secondhand smoke.

When smoke free laws are enacted, more smokers will attempt to kick the habit. It is estimated that 70% of all tobacco users visit a physician each year. Therefore, physicians have a unique opportunity to help motivate patients to quit using tobacco. The truth is that patients listen to their physicians. Even brief interventions of three minutes or less can make a difference in patients' lives. Recent studies show that brief advice from a clinician about smoking cessation yielded a 66% increase in successful quit rates. Even with unmotivated patients, clinician-de-



2011 Governmental Affairs Conference

By: T. Michael Harrington, M.D., JCMS President

The Jefferson County Medical Society leadership recently attended the 2011 Governmental Affairs conference held in Washington, D.C. This three-day meeting was very informative and beneficial for all attendees. JCMS members attending were President Dr. T. Michael

Harrington, President-Elect Dr. Darlene Traffanstedt and Executive Director Martha Wise. JCMS was represented by a strong and diverse group of medical leaders, including:

Ron Braswell, M.D. Alabama Academy of Ophthalmology

Charles Carnel, M.D. Alabama Society of Physical Medicine & Rehabilitation

Britton Carter, M.D., President Alabama Academy of Ophthalmology

Dexanne B. Clohan, M.D. HealthSouth

Jim Davis, M.D. MASA Board of Censors Alabama Orthopaedic Society

Jenny Dollar, M.D. Alabama State Society of Anesthesiologists

Eva Dubovsky, M.D. UAB

John Gould, M.D., President Alabama Orthopaedic Society

Juan Johnson, M.D. MASA Board of Censors

Nova Law, M.D. Nova Law M.D., P.C.

Scott Magnuson, M.D. Alabama Society of Otolaryngology-Head and Neck Surgery

Demetrius K. Morros, M.D. Alabama Chapter, American College of Radiology

Paul Nagrodzki, M.D. MASA Board of Censors

Blair Smith, M.D. Alabama State Society of Anesthesiologists

Jimmy Sparks, M.D., President Alabama Section, ACOG



Dr. Darlene Traffanstedt and Dr. Carol Johnson.

On Sunday afternoon, MASA officials met with county and specialty medical societies and heard a presentation by Mr. Billy Bates about the current status of tort reform in Alabama. Mr. Bates carefully outlined the current status of tort reform in Alabama and represented that Alabama has very strong laws that are beneficial to physicians and physician groups. Mr. Bates was careful to mention that while caps on damages would be beneficial, we must not lose the beneficial aspects of the law that we now enjoy in Alabama.

During the meeting, MASA officials announced the formation of the Interspecialty Council to be composed of representatives of medical specialties, appointed by their constituents, who will work with the MASA Governmental Affairs staff as advocacy partners to better represent a unified message from organized medicine. The goals of the Interspecialty Council will include:

- Increasing physician advocacy and participation in the political process;
- Increasing grassroots lobbying on specific issues that are important to each specialty;
- Improving information sharing on legislative and regulatory issues between affected specialties and the MASA Governmental Affairs staff;
- Determining specialty-by-specialty legislative/regula tory goals and establishing realistic plans for proac tive advancements of those goals where possible; and
- Helping elect more pro-medicine candidates into of fice by increasing each specialty's participation in ALAPAC.

On Monday, JCMS representatives attended several plenary sessions that began with an update from Richard A. Deem, AMA Vice President for Governmental Affairs, on issues such as health care reform, the SGR "fix" and issues of deficit reduction where health-care costs are at the top of that agenda. Dr. Humayun Chaudhry, President and CEO of the Federation of State Medical Boards of the United States, gave an update on licensure and health care quality and emphasized that all of their programs were created to support physicians and not be obstacles

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livered interventions enhance motivation and increase the likelihood of future quit attempts. There is growing evidence that smokers who receive advice and assistance with quitting from their medical providers report greater levels of satisfaction with their health care than those who do not. As a physician, you have a unique opportunity to tell your patients that quitting smoking is one of the most important steps they can take to improve their health.

According to the 2008 Clinical Practice Guideline, here are a few practical steps to help patients quit using tobacco:

Assist the tobacco user to:

- Set a quit date, ideally within 2 weeks.
- Remove tobacco products from the environment.
- Get support from family, friends, and coworkers.
- Review past quit attempts—what helped, what led to relapse.
- Anticipate challenges, particularly during the critical first few weeks, including nicotine withdrawal.
- Identify reasons for quitting and benefits of quitting.

Give advice on successful quitting:

- Total abstinence is essential—not even a single puff.
- Drinking alcohol is strongly associated with relapse.
- Allowing others to smoke in the household hinders successful quitting.

Encourage use of medication:

- Recommend use of over-the-counter nicotine patch, gum, or lozenge
- Or consider prescribing varenicline, bupropion SR, nicotine inhaler or nasal spray, unless contraindicated.

Provide resources:

• Recommend 1-800-QUIT NOW (784-8669), a free

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tobacco cessation program that includes an individualized quit plan, free counseling and a free 4 week supply of nicotine replacement patches.

• www.alabamaquitnow.com, provides the same services as the telephone service but all activities are completed via the internet.

Please contact Angela Baumann at 930-1468 or angela.baumann@jcdh.org if you have more questions about 1-800-QUIT NOW or www.alabamaquitnow.com.

- * Information for this section was furnished by Caroline Bundy
- ** Information for this section was furnished by Angela Baumann and Regina Waller

Doctors for the ASO and the Jefferson County Medical Association

Doctors for the ASO is the Alabama Symphony Orchestra's largest professional giving society. Membership is open to any doctor who believes in preserving the orchestra for future generations, and in building the artistic and economic viability of our communities. In partnering with the ASO, Doctors for the ASO is instrumental in helping the orchestra continue its main purpose: changing lives through music.

We would like to encourage members of the Jefferson County Medical Society, to consider joining Doctors for the ASO. JCMS members will get exclusive benefits upon joining, including 2 complementary tickets to any ASO concert and a 10% discount on single ticket purchases for the rest of the 2010-11 season.

Become a member today and join other distinguished colleagues in supporting this vital part of the community.

Please contact Amanda Dickerson, Annual Fund Manager at 205-314-6977 or email at adickerson@alabamasymphony.com for more information.

ASO ALABAMA Symphony orchestra

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In The News

Four of our Jefferson County Medical Society members were appointed by Governor Robert Bentley to serve on boards that oversee healthcare in Alabama, the Certificate of Need Review Board (CON) and the State Health Coordinating Council (SHCC). The Certificate of Need Review Board decides whether or not health care facilities can move location, add on existing one or make a change in services provided. **Dr. Swaid N. Swaid** and **Dr. Chris Harmon** were appointed to this board. The State Health Coordinating Council develops the state health plan. **Dr. Vera Soong** and **Dr. Theodis Buggs** were appointed to serve on this council.

New Members

J. Mark Bailey, D.O., Ph.D.	Neurology
Margaret Brandwein-Gensler, M.D.	Pathology
Ronald Alvin Braswell, M.D.	Ophthalmology
Omer Lee Burnett, III, M.D.	Radiation Oncology
Yi-Chun (Michelle) Chou, M.D.	Resident
Anne-Laura Rhodes Cook, M.D.	Internal Medicine
David R. Ellington, M.D.	Resident
Thomas E. J. Gayeski, M.D.	Anesthesiology
Frederick A. Hensley, Jr., M.D.	Anesthesiology
Benjamin Scott Jones, M.D.	Resident
Lauree K. Jones, M.D.	Pediatrics
Trista J. Marshall, M.D.	Resident
Kathy Wingo Monroe, M.D.	Pediatrics
Paul Albert Roberts, M.D.	Emergency Medicine
William Dean Sides, M.D.	Family Practice
Jennifer E. Sohn, M.D.	Resident
Erin Wakefield, D.O.	Resident
Thomas Harold Watson, M.D.	Nephrology
Kirk P. Withrow, M.D.	Otolaryngology
Lawrence W. Ver Hoef, M.D.	Neurology



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Attention Residents

MASA's Resident Fellow Section (RFS) has partnered with the Jefferson County Medical Society to provide a speaker to present on litigation issues that every resident needs to know about. Attorney Will Axon will be the guest speaker. The meeting will be held at the Jefferson County Medical Society on **Thursday, April 14th, 2011**

The meeting begins at 6 p.m. and includes dinner. RSVP to MASA's Director of Membership Jennifer Hancock at (800) 239-6272.

If unable to attend, call in to the meeting at (888) 721-8686 - ID Number: 4923343.

Ask Robin Long for your Member Discount !

The Jefferson County Medical Society has arranged for its members to receive special discounts for collection and billing services. By special agreement with Healthcare Financial Services, LLC (HFS), members will get outstanding collections results and services while paying low contingency fee rates...no results, no fees for JCMS members. Take advantage of your JCMS affiliation and call Robin Long at 601-420-1242 or 1-877-747-7072 (Client Services). Your benefits will be worth the call as HFS designs a special campaign for your specific needs. Be sure to mention your membership with JCMS to receive the discounted rate.

See ad on page 6



Sponsored by Healthcare Financial Services, LLC

Make your plans now to attend the Annual JCMS Day at the Ballpark on Sunday, May 15th when the Birmingham Barons will take on the Montgomery Biscuits in a 2:00 p.m. game. We have reserved the Robin Ventura Patio so you can watch the game either outside or inside in air-conditioned comfort. This year's event will feature a bar-b-que lunch and is open to JCMS members and their immediate families. This event is sponsored by our friends at Healthcare Financial Services, LLC. Space is limited and will be filled on a first-come basis, so make your reservations today by emailing mwise@icmsalabama.org or calling us at 933-8601.

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to licensure or accreditation.

Dr. Dan Roach, III, Assistant Dean for Medical Informatics Education, College of Medicine at USA, provided an update on the development and deployment of medical-centered clinical information systems and resources for supporting the adoption of electronic medical records around the State of Alabama. Dr. Roach and his office are available to help physicians adopt electronic medical record systems.

Mr. Stuart Rothenberg, Editor and Publisher of the *Rothenberg Political Report*, updated the assembly on the political parties, their recent mid-term elections, confidence in the current administration, and predictions for healthcare reform in the next two years. Later that day and the following day, all MASA members met with congressional representatives and staff personnel from each Congressional District. The JCMS representatives met with District 6 staff in Congressman Spencer Baccus' office and spoke with his Chief of Staff, Michael Staley, and his Legislative Director, Phillip Swartzfager. Many issues were discussed, especially a permanent "fix" to the SGR which has been languishing for years.

All in all, this was a very beneficial and informative conference. It is often said that Alabama has the most organized and influential governmental affairs conference in the country. Legislators become better informed and physicians have a greater voice in medicine through these important interactions. I would encourage each of you to stay abreast of the political developments which will affect each of us and to contact our elected officials on matters which affect our profession.



Vance Traffanstedt, Dr. Darlene Traffanstedt, U.S. Surgeon Regina Benjamin, and Dr. T. Michael Harrington

"As physicians, we have so many unknowns coming our way...

One thing I am certain about is my malpractice protection."

Medicine is feeling the effects of regulatory and legislative changes, increasing risk, and profitability demands—all contributing to uncertainty and lack of control.

What we do control as physicians: our choice of a liability partner.

I selected ProAssurance because they stand behind my good medicine. In spite of the maelstrom, I am protected, respected, and heard.

I believe in fair treatment—and I get it.



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