

# *The* ARKANSAS FAMILY PHYSICIAN

The Official Publication of the Arkansas Academy of Family Physicians

Volume 28 • Number 2 • Fall 2024



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***INSTALLED AS 77TH PRESIDENT OF***  
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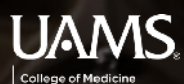
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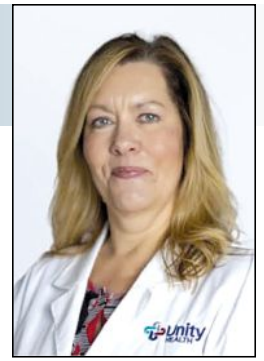


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# Relationships Matter

As I embark on this new role as your President, I find myself reflecting on one central theme that has shaped every aspect of my journey: relationships. Whether in our personal lives, our practices, or our collective efforts within the Academy, it is the relationships we nurture that make the greatest difference. Relationships give meaning to what we do and strengthen the impact we have—on our patients, on our profession, and on the future of healthcare.

My relationship with the Academy began when I was a student representative on the board. From that early experience, I saw firsthand how the Academy is more than just a professional organization—it's a community. It has been like an extended family, providing guidance, support, and opportunities for growth. Over the years, I have watched many of you build similar connections, and I hope the Academy becomes that same source of inspiration for all of you as it has been for me.

In the same way that relationships within the Academy have shaped my career, relationships with our patients drive the work we do every day. Trust, empathy, and communication are the foundations of quality care. Our ability to connect with patients allows us to make a lasting impact on their health and well-being. It's these relationships that set us apart as healthcare professionals and fuel our passion to advocate for better care and better outcomes.

Yet, relationships are also critical beyond the walls of our clinics. Our work with legislators and policymakers plays a vital role in shaping the future of healthcare, not just for our patients today but for generations to come. As we face the evolving challenges of our profession—whether it be reducing administrative burdens, streamlining prior authorizations, or ensuring investment in primary care—it is our relationships with decision-makers that give us the power to create lasting change. Yes, we employ a very strong lobbyist, but they just open the door, it's up to us to walk through it. Together, we can address issues like improving maternal care, reducing burnout caused by administrative hurdles, and strengthening the primary care system for all. Many of you will be key contacts as we face the 2025 legislative session and work to increase primary care investment.

The path ahead will not be easy, but I am confident that through strong relationships—both old and new—we will continue to make a difference. I am deeply honored to serve as your President and look forward to working alongside each of you as we navigate these important issues. Let us embrace the power of connection, knowing that our collective efforts, rooted in strong relationships, will shape the future of our profession and the care we provide.

Thank you for your trust and commitment. Let's continue to build, grow, and support one another.

*The path ahead will not be easy, but I am confident that through strong relationships—both old and new—we will continue to make a difference. I am deeply honored to serve as your President and look forward to working alongside each of you as we navigate these important issues.*



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# 2024 Installation of Officers & Directors

Bringing Family Medicine Together



Doctor Nicole Lawson-Rounds, M.D. of Searcy was installed as the 77th President of the Arkansas Academy of Family Physicians on Friday, August 23rd, 2024. She earned her medical degree from UAMS and completed residency at the University of South Alabama in Mobile, Alabama. She practices family medicine and is a faculty member at Unity Health in Searcy.

American Academy of Family Physicians President Dr. Steven Furr installed Dr. Lawson and the new Board of Directors.

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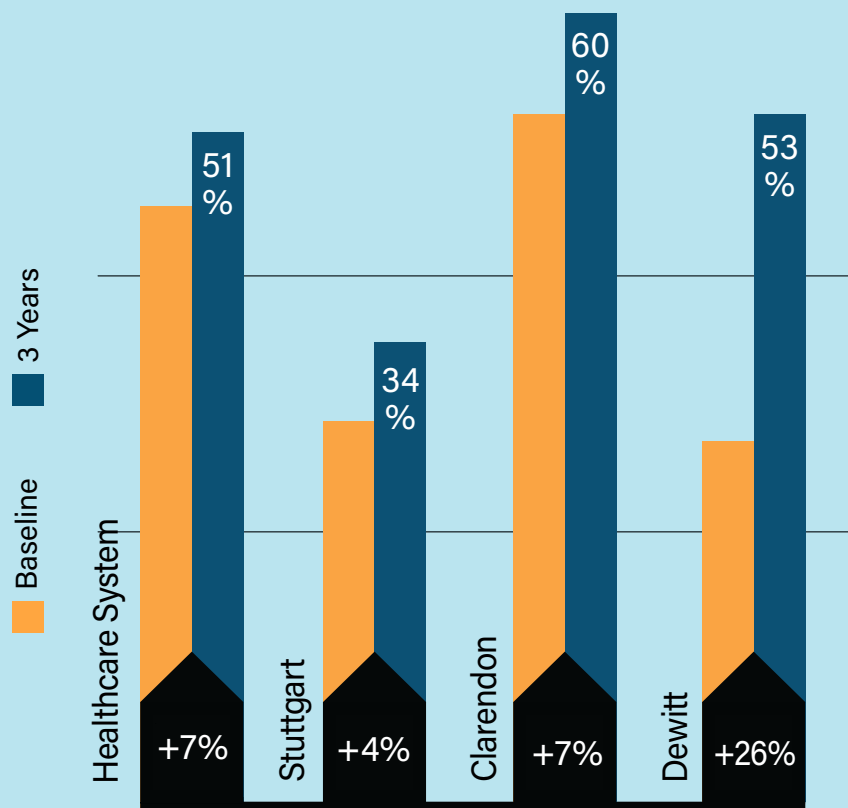
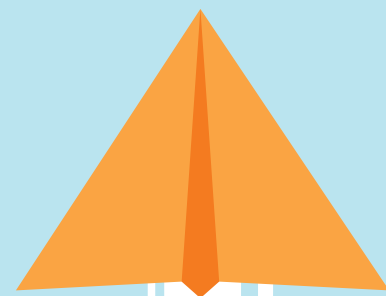
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 Katherine McTigrit, Student Representative  
 Avianne Robinson, Student Representative



Pictured left to right: Student Representatives Katherine McTigrit - UAMS, Avianne Robinson - NYIT, Doctors Justin Voris, Jason Lofton, Lonnie Robinson, Daniel Knight, Jordan Weaver, Stephen Foster, Brian Bowlin, Marcus Poemoceah and Resident Representatives John Mitchell and Olivia Loiacano.

A special thank you to outgoing Board of Directors Sherri Diamond, M.D. for your years of service to our chapter as well as Resident Representative Dr. Sawyer Sparks and Student Representative Corbin Stinnett.

# We've raised the bar with PiCS-AR!



In 3 years, Mid-Delta Health Systems has raised its colorectal cancer screening rate to 51% with PiCS-AR!, a CDC grant that helps clinics increase colorectal cancer screening. **Successful strategies:** a patient navigator dedicated to colorectal cancer screenings, and encouraging patients to complete a FIT test at the clinic since return rates drop significantly once they leave. Email [mcurtis@uams.edu](mailto:mcurtis@uams.edu).



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# FELLOWSHIP CONVOCATION

Seven Arkansas Chapter Members  
Receive the Honorary AAFP Degree



Drs. Grace Chiu, Timothy Baty, Dane Flippin, Christopher Fortson, Sheldon Riklon, Kuna Okong, Jerakaycia Smith

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Dr. Stephen Furr, President, American Academy of Family Physicians presented the Fellowship Degree on Friday, August 23, 2024 at the Annual Scientific Assembly.

The American Academy of Family Physicians Degree of Fellow was established in 1971 as a special honor bestowed upon AAFP members who have distinguished themselves among their colleagues by their service to Family Medicine and their commitment to their professional development through medical education and research. The Criteria for receiving the AAFP Degree of Fellow consist of a minimum of six years of membership in the organization, extensive continuing medical education, participation in public service programs outside medical practice, conducting original research and serving as a teacher in family medicine.





# RSV Immunization Update

2024 - 2025 Respiratory Vaccine Season



## RSV Vaccines to Protect Older Adults

**Abrysvo™**  
(Pfizer)

**Arexvy™**  
(GSK)

**mRESVIA™**  
(Moderna)

### Recommendations

- Everyone ages 75 years and older may receive one dose of an RSV vaccine.
- Some people ages 60 to 74 years may be eligible to receive one dose of an RSV vaccine.

There is no official recommended preference for one vaccine over the other.

Only one dose per lifetime is currently recommended.

### Older adults at highest risk include those who:

- Have a chronic medical condition, such as lung, heart, kidney, or liver disease
- Have a weakened immune system
- Live in a nursing home or other long-term care facility

## RSV Immunizations to Protect Infants and Young Children

**Abrysvo™**  
(Pfizer)

Abrysvo may be administered to pregnant patients who are 32 to 36 weeks pregnant, during the months of September through January.

**Beyfortus™**  
**(nirsevimab)**  
(Sanofi)

Beyfortus may be administered to infants during their first 8 months of life, when an infant is born or entering RSV season. Some children are eligible for a second immunization during their second RSV season.

In most cases, only one of these immunizations is needed to protect the infant from severe RSV disease.

*Either the mother should receive Abrysvo (during pregnancy) or the infant should receive Beyfortus (after birth).*

Please see CDC guidance for official recommendations regarding RSV immunizations.

<https://www.cdc.gov/rsv/vaccines/index.html>

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# PLAY IT FORWARD



## *A Night of Music & Giving*

The recent "Play It Forward" concert hosted by the Arkansas AFP Foundation was a tremendous success. We wish to extend a heartfelt thank you to our generous sponsors, enthusiastic attendees, raffle winners, and the talented performers Erin Enderlin and Cliff & Susan. We are thrilled to announce that just over \$13,000.00 was raised for the endowment fund.

The concert, held in conjunction with the Scientific Assembly, was a fantastic evening of music, dancing, raffles, and a photo booth. Dr. & Mrs. Michael Young of Prescott won two incredible raffle prizes—a cookbook basket signed by Trisha Yearwood and an Alan Jackson bourbon basket with handwritten lyrics of "Monday Morning Church" by Erin Enderlin. Dr. & Mrs. Dwight Johnson were also lucky winners of the night, receiving a basket of products made by women survivors of trafficking from the Nashville non-profit Thistle Farms and the extraordinary opportunity for a songwriting session with Erin Enderlin to craft a personal song about their lives.

As a result of the event's great success, we are well on our way to achieving our initial goal of raising the minimum deposit of \$100,000.00 by the end of the year to kickstart the endowment fund. This progress will enable the fund to flourish and ultimately reach our goal of \$250,000.00. to provide scholarships for residents matched in Family Medicine in Arkansas.

Thank you for being a part of this incredible journey!







# INTRODUCING CERTIFICATION 2025

## Flexible. Convenient. Certification Your Way. Beginning in 2025.

The American Board of Family Medicine is excited to introduce Certification 2025: the new Continuous Certification 5-Year Cycle. Built on the same foundational components as the current certification process, the new 5-Year Cycle offers increased flexibility and convenience to customize your certification.

To meet the American Board of Medical Specialties (ABMS) Assessment Standards for Continuing Certification, the American Board of Family Medicine (ABFM) will transition to Certification 2025, a new Continuous Certification 5-Year Cycle, effective January 1, 2025.



Visit the ABFM's site to watch a brief video overview of the new 5-Year Cycle:



The ABMS standard for continuing certification states that “member boards must determine an interval no longer than five years of whether a Diplomate is meeting continuing certification requirements to retain each certificate.” This change will help Diplomates maintain awareness of increasingly rapid medical advancements and changes in practice guidelines.

Every ABFM-certified physician will be enrolled in the new 5-Year Cycle when their next exam requirement is due.

*“We will honor the current 10-year exam requirement. Diplomates will not be required to transition to the new 5-Year Cycle any earlier than 10 years from when they last met their exam requirement. We intend to make the transition as seamless as possible for every Diplomate.”*

*-Warren Newton, MD, MPH | ABFM President and CEO*

### Physician Benefits of the New 5-Year Cycle

- The option to answer quarterly exam questions or take the traditional one-day exam to meet the exam requirement.

- More time to complete certification activity requirements. Five years versus every three years.
- The flexibility to choose how and when to complete certification activities.
- Fifth year off for Diplomates who complete all their requirements in four years.
- No changes to annual fees in 2025.
- Requirements (Every Five Years)

The new 5-Year Cycle includes continuous compliance with ABFM Guidelines for Professionalism, Licensure, and Personal Conduct, completion of certification activities and CME, and ongoing participation in cognitive assessment.

1. Certification Exam: Answer 25 quarterly exam questions (longitudinal assessment) or opt to take the one-day exam.
2. Certification Activities: Earn 60 certification points through Self-Assessment and Performance Improvement activities.
3. Continuing Medical Education: Earn 200 AAFP or AMA approved CME credits.
4. Professionalism and Licensure: Continuously comply with ABFM's Guidelines for Professionalism, Licensure, and Personal Conduct, which includes maintaining active, valid, and full license(s) to practice medicine in the United States or Canada.
5. Annual Fee: Submit annual certification fee.

All Diplomates can expect an email notification that will provide details for the timing of their transition to the new 5-Year Cycle. To learn more, log in to your MyABFM Portfolio if you are an ABFM Diplomate.

ABFM is committed to the ongoing improvement of the continuous certification process so that it's both valuable and meaningful to Diplomates. We are committed to upholding the highest standard of knowledge, skills, and ethics possible to support the delivery of high-quality health care for all patients.

Find out more at [www.theabfm.org](http://www.theabfm.org).



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of Family Medicine**

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2024

# SCIENTIFIC ASSEMBLY

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# Bringing Family Medicine Together





## The Role of Doulas: A Perspective for Medical Healthcare Professionals



In the intricate world of childbirth, the roles of various professionals and support persons converge to create a holistic experience for the birthing mothers. As a doula, I focus on providing continuous physical, emotional, and informational support to mothers before, during, and shortly after childbirth. While doulas are not medical professionals, our work complements the health care that doctors, midwives, and nurses provide to comprehensively meet the birthing mother's needs. Understanding the unique role of doulas can enhance collaboration and improve outcomes in maternity care.

### Supporting Emotional and Physical Needs

One of the fundamental aspects of a doula's role is to offer unwavering emotional support. Childbirth can be an intense and overwhelming experience. A consistent non-family familiar presence can significantly reduce anxiety and fear. Doulas provide comfort through various techniques, such as breathing exercises, relaxation methods, movement, and continuous reassurance. This consistent support helps create a calm environment, which can positively affect the progression of labor.

Additionally, doulas offer physical support through comfort measures such as massage, positioning suggestions, and the use of tools like birthing and peanut balls. These non-pharmacological pain relief methods complement the medical pain management options available, potentially reducing the need for interventions and facilitating smoother labor. Even if a woman opts for a medicated birth

or requires a cesarean, the doula is still able to offer emotional support through that changing experience.

### Informational Support and Advocacy

Another critical aspect of our role is to provide evidence-based information to the birthing women and their families. We help them understand their options and the potential implications of different choices, empowering them to make informed decisions about their care. This is particularly important in a medical environment where time constraints might limit detailed discussions between healthcare providers and patients.

Doulas also advocate for the birthing person's preferences and concerns, aiming to facilitate open communication between the birthing person and their providers. Through their support, doulas can help build trust and create a more patient-centered approach to maternity care. This is particularly important in addressing historical bias and racism within the Black community and among communities of color.

### Enhancing the Birth Experience

From a doula's perspective, one of our key objectives is to enhance the overall birth experience. Studies have shown that continuous support from a doula can lead to shorter labor, decreased use of pain relief medications, lower rates of cesarean sections, and higher satisfaction with the childbirth experience. By providing continuous, personalized care, doulas contribute to positive emotional and physical outcomes for the birthing person and baby.

### Collaborating with Medical Professionals

Collaboration between doulas and medical professionals is essential for optimal care. Understanding and respecting each other's roles is crucial. Doulas recognize when medical intervention is necessary and support the birthing person in these situations. By maintaining clear and respectful communication with healthcare providers, doulas can help ensure that medical care and emotional support work hand in hand.

Healthcare professionals can facilitate this collaboration by welcoming doulas as part of the care team. Encouraging open dialogue and mutual respect helps create a cohesive and supportive environment for the birthing woman and her family. It is also beneficial for healthcare providers to be aware of the evidence supporting doula care and acknowledge the positive impact that doulas can have on birth outcomes.

### Improving Maternal Health in Arkansas

The role of doulas is becoming increasingly important in the context of Arkansas's maternal health landscape. Arkansas currently faces significant challenges in maternal health, with a maternal mortality rate that is about twice the national average. More than half of Arkansas's counties are considered maternal health deserts, where not a single person is licensed to deliver a baby. In this challenging environment, doulas can play a crucial role in bridging gaps in the healthcare system and improving outcomes for mothers and babies.

Recognizing the potential impact of doulas, several initiatives are underway in Arkansas to expand



access to doula services and improve overall maternal health. The recently formed Doula Alliance of Arkansas is advocating for legislation to have doula services covered by the state's Medicaid program. This effort aligns with a broader national trend, as twelve states have already implemented Medicaid reimbursement for doula services.

Furthermore, the University of Arkansas for Medical Sciences (UAMS) has partnered with the Ujima Maternity Network to launch a doula training program, which trained six doulas who served 130 clients in its pilot phase. UAMS plans to train at least 80 doulas over the next two years, significantly expanding the doula workforce in the state.

**Aligning with National Initiatives**

These local efforts in Arkansas align with broader national initiatives to transform maternal health. The Centers for Medicare & Medicaid Services (CMS) has launched the Transforming Maternal Health (TMaH) Model, a 10-year initiative aimed at improving maternal health outcomes. One of the key goals of this model is to increase access to midwifery and doula services, recognizing the vital role these professionals play in improving maternal health outcomes.

The TMaH Model supports state Medicaid agencies in developing a whole-person approach to pregnancy, childbirth, and postpartum care. It emphasizes the importance of expanding access to a range of maternal health providers, including midwives and doulas, and improving data infrastructure to support better care delivery.

**Conclusion: A Unified Approach to Maternity Care**

The role of doulas is an invaluable complement to the medical care provided during childbirth. By offering continuous emotional, physical, and informational support, doulas help create a positive and empowering birth experience. Effective collaboration or UJIMA (ooJEHma, collective work and responsibility) between doulas and healthcare professionals can enhance patient-centered care, improve

outcomes, and comprehensively meet the birthing individual's needs.

As Arkansas and other states work to address maternal health challenges, integrating doulas into the care team represents a promising strategy. By embracing the contributions of doulas within the medical framework and supporting initiatives to expand access to doula services, we can take

significant steps towards more holistic, compassionate, and effective maternity care. This approach aligns with both state-level efforts and national initiatives like the TMaH Model, creating a unified front in the fight to improve maternal health outcomes for all women.



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*Kelly Conroy, Senior Director of Mobile Health Partners, UAMS*

## UAMS Introduces Mobile Reproductive Health Units

The University of Arkansas for Medical Sciences (UAMS) will provide contraceptive services and reproductive health education to women living in rural Arkansas counties in an effort to prevent unintended pregnancies and to improve access to women's health care in Arkansas.

Through a private philanthropic grant awarded to the UAMS Institute for Community Health Innovation, UAMS will deploy mobile health units — vehicles equipped to provide services such as health screenings, prenatal care services and vaccinations — to provide contraceptives and education to women living in 14 counties.

By providing contraceptive services in those counties — Ashley, Carroll, Little River, Lee, Madison, Miller, Ouachita, Phillips, Newton, Sebastian, Sevier, St. Francis, Union and Washington — UAMS aims to eliminate barriers women may currently experience when trying to

receive contraception, such as transportation, costs and language and cultural barriers.

“Women living in rural communities face a lot of challenges when trying to receive the contraceptive method of their choice,” said Kelly Conroy, senior director of Community Programs at the UAMS Institute for Community Health Innovation. “Their local clinics may not offer a full range of contraception methods, or they may not be available on-site. By bringing our mobile health units to those communities and working alongside their clinics and their local organizations, we want to help women navigate their reproductive health safely and effectively.”

The institute will work with organizations and clinics in the 14 counties to help schedule appointments for women ahead of the mobile unit's visit. Patients will be preregistered to allow staff to prepare their contraceptive

method of choice. Those methods might include the insertion of long-acting reversible contraception (LARC), a prescription for birth control pills or other options.

“Partnering with community-based organizations is critical to this project’s success,” Conroy said. “Those partners who have established trust in their communities will help drive this project and will help move Arkansas toward a better and healthier state for all women.”

The mobile health units will also be equipped to provide complementary services such as reproductive health education and testing for sexually transmitted infections. Clients also will be connected with trained community health workers who can help them access more resources and connect to other health care services.

As part of the project, UAMS also will train nearly 50 UAMS family medicine residents on LARC insertion, as well as discuss how to initiate conversations with their patients regarding their reproductive health goals. The project joins another UAMS-led initiative to prevent unintended pregnancies by providing training and support for administrators, clinical providers and billing personnel at delivering hospitals across the state so they can offer LARC to patients who have just given birth.

Immediate and early postpartum is an ideal time to begin contraception because women are accessing the health care system and are known not to be pregnant, said Nirvana

Manning, M.D., professor and chair of the UAMS Department of Obstetrics and Gynecology. While percentages vary, upwards of 60% of women in Arkansas don’t return to their provider for their six-week postpartum visit.

For several years Arkansas has ranked as one of the worst states in America for maternal mortality. The U.S. Centers for Disease Control and Prevention (CDC) reported last year that in 2019, about 35% of all pregnancies in the United States were unintended. In 2022, the Arkansas Department of Health said that 54% of women in Arkansas reported that they were not trying to get pregnant when they did.

The financial burden on states and the federal government from unintended pregnancies is more than \$21 billion, according to a 2022 report from the U.S. Congressional Joint Economic Committee.

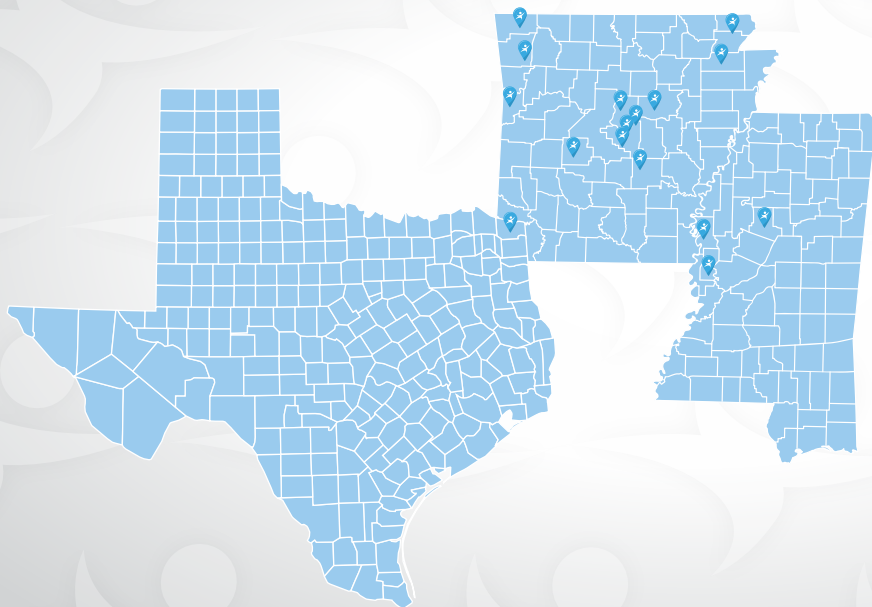
The LARC initiative has been endorsed by the American Congress of Obstetricians and Gynecologists (ACOG), the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP) and the CDC as among the most effective family planning methods. Clinical practice guidelines from the CDC and ACOG support immediate postpartum insertions for both IUDs and implants, with few contraindications.

For more information about the UAMS Institute for Community Health Innovation, visit [communityhealth.uams.edu](http://communityhealth.uams.edu).



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# Examining Maternal Behavioral Health During the Birthing Journey

Addressing perinatal behavioral health is crucial for ensuring the well-being of new mothers. Mental health conditions are the most common complication of pregnancy and childbirth, with 1 in 5 women experiencing a mental health condition during the perinatal period (pregnancy through the first year after birth).<sup>1</sup> Perinatal substance use disorders are also common, with nearly 5% of pregnant women using one or more addictive substances during pregnancy.<sup>2</sup>

The Arkansas Center for Health Improvement (ACHI), a nonpartisan, independent health policy center that serves as a catalyst for improving the health of all Arkansans through evidence-based research, examined behavioral health events in the prenatal and postpartum periods among 80,704 mothers who gave birth in Arkansas between Jan. 1, 2019, and June 30, 2022. ACHI also looked at the timing of postpartum mothers' follow-up visits within 120 days of either an emergency room visit or inpatient stay for a behavioral health event and compared

that to the timing of follow-up visits among all women ages 18-44 in Arkansas.

This infographic, part of ACHI's continuing effort to examine each step of the birthing journey in Arkansas, looks at behavioral health events — including outpatient visits, emergency room visits, and inpatient stays — among new Arkansas moms.

*See charts on next page.*

### References

1. Fawcett EJ, Fairbrother N, Cox ML, White IR, Fawcett JM. The prevalence of anxiety disorders during pregnancy and the postpartum period: A multivariate Bayesian meta-analysis. *J Clin Psychiatry*. 2019;80(4). doi:10.4088/jep.l8r12527
2. Wendell AD. Overview and epidemiology of substance abuse in pregnancy. *Clin Obstet Gynecol*. 2013;56(1):91-96. doi:10.1097/grf.0b013e31827feeb9

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# MATERNAL BEHAVIORAL HEALTH EVENTS DURING THE BIRTHING JOURNEY IN ARKANSAS: JAN. 1, 2019-JUNE 30, 2022



## Key Takeaways:

- Behavioral health events<sup>a</sup> were more likely to occur in the postpartum period compared to the prenatal period.
- Postpartum mothers consistently had lower follow-up visit rates after an emergency room visit or an inpatient stay compared to all women ages 18-44 in Arkansas.
- 59% of postpartum mothers had no follow-up behavioral health visit within 120 days of an emergency room visit.
- 56% of postpartum mothers had no follow-up behavioral health visit within 120 days of an inpatient stay.

## Mothers With Outpatient Behavioral Health Visits

	PRENATAL	POSTPARTUM
OVERALL	<b>18.5%</b> n = 14,932	<b>29.5%</b> n = 23,770
MENTAL HEALTH	<b>17%</b> n = 13,720	<b>28.8%</b> n = 23,269
SUBSTANCE ABUSE <sup>b</sup>	<b>3.6%</b> n = 2,879	<b>2.8%</b> n = 2,260

<sup>c</sup>"n" = Number of Mothers

## Perinatal Emergency Room and Inpatient Behavioral Health Visits

### Emergency Room Visits

#### Mothers Seen in Emergency Room by Perinatal Period

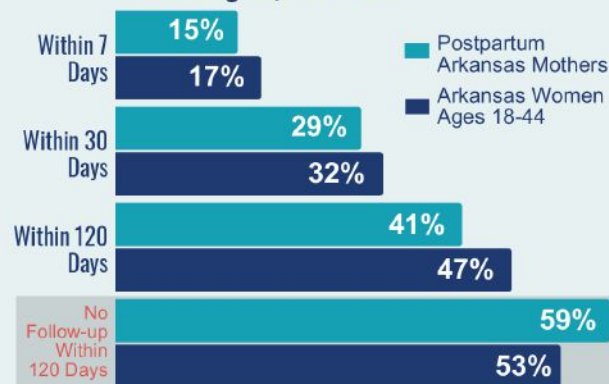


	PRENATAL	POSTPARTUM
	<b>1.3%</b> n = 1,078	<b>2.4%</b> n = 1,951

#### Mothers Seen in Emergency Room by Diagnosis Type

	PRENATAL	POSTPARTUM
MENTAL HEALTH	<b>1.1%</b> n = 849	<b>2.0%</b> n = 1,609
SUBSTANCE ABUSE	<b>0.3%</b> n = 271	<b>0.6%</b> n = 455

#### Timing of Follow-up Behavioral Health Visit<sup>c</sup> After Emergency Room Visit



### Inpatient Stays

#### Mothers With Inpatient Stays by Perinatal Period

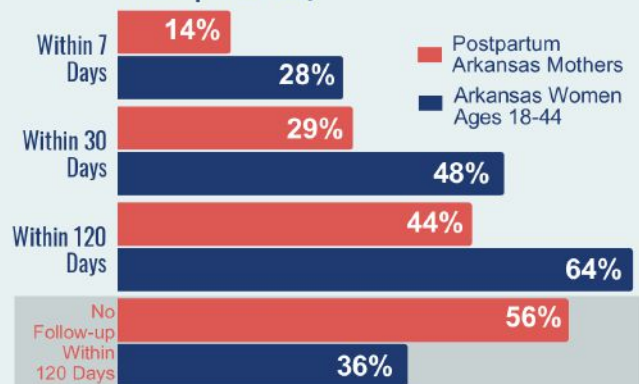


	PRENATAL	POSTPARTUM
	<b>0.7%</b> n = 558	<b>2.6%</b> n = 2,073

#### Mothers With Inpatient Stays by Diagnosis Type

	PRENATAL	POSTPARTUM
MENTAL HEALTH	<b>0.6%</b> n = 453	<b>2.0%</b> n = 1,621
SUBSTANCE ABUSE	<b>0.1%</b> n = 118	<b>0.6%</b> n = 500

#### Timing of Follow-up Behavioral Health Visit After Inpatient Stay



<sup>a</sup> Only primary behavioral health diagnoses were considered for emergency room visits and inpatient stays, while primary and secondary diagnoses were considered for outpatient visits.

<sup>b</sup> Excludes tobacco use.

<sup>c</sup> A follow-up behavioral health visit is defined here as an outpatient visit following an emergency room visit or inpatient stay with a primary behavioral health diagnosis. Secondary diagnoses were not considered.

Data source: Arkansas Healthcare Transparency Initiative's All-Payer Claims Database.

# Arkansas Family Medicine Students & Residents Shine at National Conference

The 2024 AAFP National Conference was held in Kansas City, Missouri, from August 1st to August 3rd. This event offered an amazing opportunity to connect with medical students, residents, and residency programs, engage in hands-on workshops, and attend lectures on a wide range of topics relevant to family medicine.

In addition to participating in these various sessions, I also had the honor of representing Arkansas as the Arkansas student delegate in the Student Congress that takes place during the National Conference. Alongside our resident delegate, Dr. Olivia Loiacano, I represented Arkansas and my student peers in discussions about resolutions to be potentially implemented in the upcoming year. This role allowed me to take part in debates and contribute an Arkansas students' perspective to discussions. On the final day of Conference, I was involved in elections for AAFP student leadership positions and the passage of resolutions.

Overall, this was a wonderful opportunity to meet and interact with a diverse group of students dedicated to advancing family medicine, and I am grateful and honored for the opportunity to represent the state of Arkansas. I would like to thank the Arkansas AAFP for their generous scholarship award to assist with my attendance of the AAFP National Conference, and for their encouragement and support in taking on the role of 2024 Arkansas Student Delegate.

Katherine McTigrit  
MD Candidate  
University of Arkansas for Medical Science, Class of 2025  
FMIG President, 2024-2025

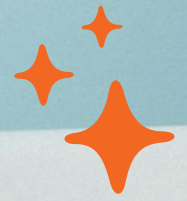


**Olivia Loiacano, DO - Resident Delegate and Katherine McTigrit - Student Delegate to National Conference**

**AAFP**  
*National Conference*  
Family Medicine Residents & Medical Students







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### 📍 Where are ArchWell Health centers located?

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At the end of 2025, ArchWell Health will have **67 centers across the country.**

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### ✔ What is different about how ArchWell Health provides primary care?

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### ✔ Why join the ArchWell Health team?

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In order to maintain your membership with the Academy, members must have a total of 150 credits for each three-year re-election cycle to include 75 Prescribed credits and 25 credits from live, elective, enrichment, or other categories.



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You may report your hours the following ways:

- Online at [www.aafp.org/mycme](http://www.aafp.org/mycme)
- Call the AAFP Contact Center at 1-800-274-2237
- Fax CME reporting form or certificate of participation to 1-913-906-6075
- Mail CME reporting form or certificate of participation to:  
AAFP Contact Center  
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Leawood, KS 66211
- Contact the Arkansas AFP and we will be happy to assist you!  
[michelle@arkansasafp.org](mailto:michelle@arkansasafp.org) or 501-316-4011

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If you are lacking the necessary credits, some of the courses that may not have been reported for you are ACLS, ATLS, BLS and PALS as well as hospital meetings, medical staff meetings and other enrichment type activities which will count towards your elective credits. You may claim up to 25 credits each three-year period for such activities. In addition, you may claim up to 20 credits each year for prescribed teaching credits.

**Questions or need assistance reporting credits, please contact Michelle at [michelle@arkansasafp.org](mailto:michelle@arkansasafp.org) or 501-316-4011**

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### Risk Factors

Depression, Anxiety, Substance problems

### Warning Signs

Aggression, Fatigue, Isolation, Agitation

The Arkansas Medical Foundation has partnered with The American Foundation for Suicide Prevention to provide Arkansas licensed physicians an anonymous, confidential questionnaire. The no cost, voluntary questionnaire is designed the help you assess your current state of mental health and well-being. Once completed, a licensed mental health professional will review your questionnaire and leave a personal response for you on this secure website. The response will include information, recommendations and vetted services that are available throughout Arkansas.

*\*Each year roughly 300-400 physicians die by suicide. Depression is a major risk factor in physician suicide, other factors include bipolar disorder, alcohol and substance use disorder.*





Most of my essays are historical in nature, but I want to take a break and brag about the Arkansas Academy of Family Physicians Foundation. We began a project one year ago called For Every Family, A Family Doctor. As many of you are aware, that line came from the masthead of the State Academy newsletter that was started in 1948. Dr. Fount Richardson of Fayetteville coined the phrase. In the early 1950s, when his Arkansas working companion, Dr. R.B. Robins, of Camden became head of the National Academy, the national newsletter picked up the line and it was used as a promotional tool nationally for several years. Here we are seventy-five years later, and the most important goal of our organization is still the same: For Every Family, A Family Doctor.

One year ago the foundation proposed an ambitious project to raise awareness of who family doctors are and what they contribute to the community. The first element of that proposed campaign was to raise \$250,000 to endow two \$5000 scholarships to be awarded yearly to young physicians who had finished medical school, exhibited a desire to go into family medicine/rural health and matched with a family medicine residency in the state. We are happy to announce that with the successful concert, Play It Forward, at the summer meeting, we are now nearly half-way to our goal. This would not have been possible without the generous support of our members and others in our state who share our vision.

The fund raising and scholarships are a major element of the project, For Every Family, A Family Doctor but it is not the whole project. To ensure that we have young family doctors to replace those of us who are growing older, we have to start early. It is clear, if you live in a small town and you want new, young family doctors, YOU HAVE TO RAISE THEM.

You might ask yourself, what can I do? First, contribute money to the scholarship fund and then, more importantly, be involved with foundation activities. **BE ON OUR FOUNDATION BOARD.** We understand your time is valuable, but we invite you to join us in addressing the challenges facing our future workforce, especially in rural Arkansas.

In the last two years, we have been establishing connections with the Future Health Professionals of Arkansas. (formerly known as HOSA.) These young people are composed primarily of middle and high school students from around the state who are interested in the health care professions. Each spring the state organization holds a yearly convention in Hot Springs. These students are some of the brightest and most serious-minded students in our state. We would love volunteers to help us connect with as many students as we can. The convention is February 24-25, 2025, call Michelle at the Academy office if you can participate.

We are looking for new and fresh approaches, please join us.

Sam

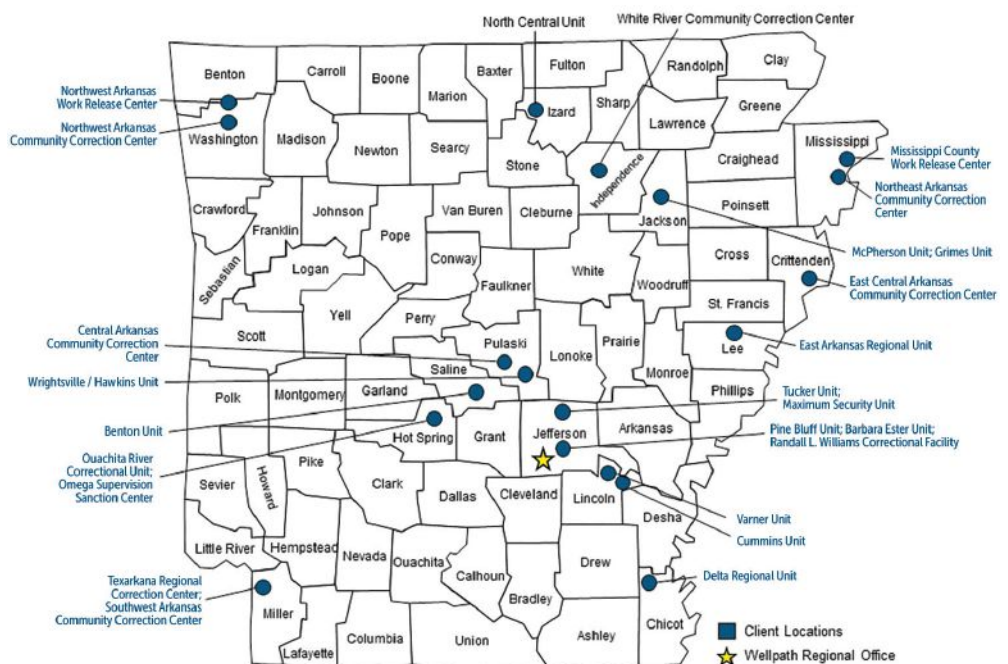
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