

Arkansas

FAMILY PHYSICIAN

SAVE THE DATE
2025 SCIENTIFIC ASSEMBLY
AUGUST 13-16

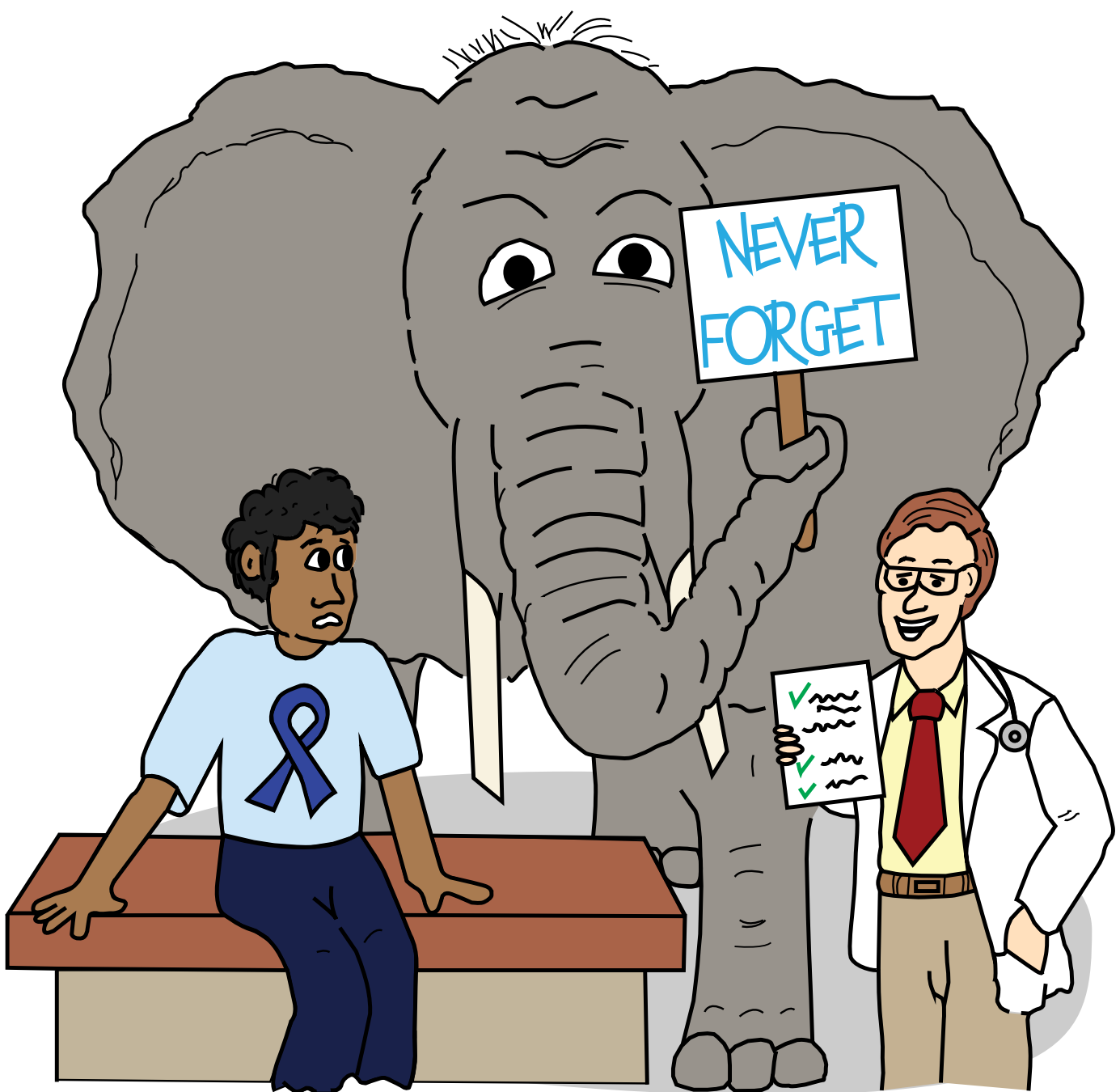
**ADVOCACY SPURS ACTION
AT THE STATE CAPITOL**



**ARKANSAS ACADEMY
of FAMILY PHYSICIANS**

VOLUME 28 • NUMBER 4 • SPRING 2025

The Official Publication of the Arkansas Academy of Family Physicians



“Everything looks good, Mr. Smith!”

Don't let colorectal cancer screening be the elephant in the room.

Provider recommendation is the #1 evidence-based intervention to improve colorectal cancer screening rates. Discuss stool-based testing or a colonoscopy with your patients today. It just might save a life.



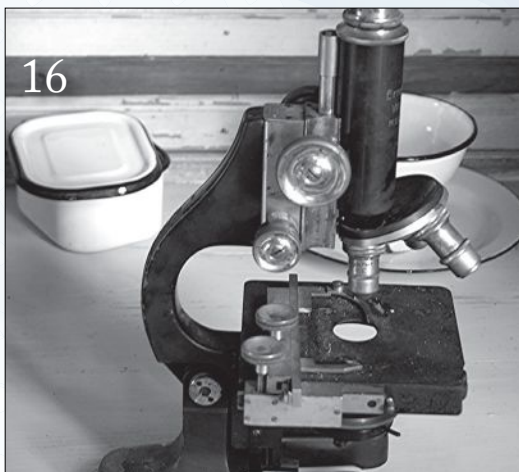
Scan for more information
on CRC screening

UAMS
College of Medicine



CONTENTS

VOLUME 28 NUMBER 4 • SPRING 2025



- 4 President's Message
- 6 Arkansas AFP Board of Directors 2024-2025
- 8 UAMS Study Shows Success in Diabetes Management for Marshallese Families
- 10 Advocacy Spurs Action at the State Capitol
- 12 ARAFP Scientific Assembly
- 14 The Arkansas Center for Health Improvement Examines Travel Time to Delivery Facilities for Arkansas Mothers
- 16 Politics and Health Care: Part I
- 20 Foundation News
- 22 Collective Responsibility of Antimicrobial Stewardship
- 26 Adult Behavioral Health in Primary Care
- 28 Family Medicine State Fact Sheet in Arkansas
- 30 Upcoming Events

MANAGING EDITOR

Mary Beth Rogers

OFFICERS

Nicole Lawson, M.D.

President, Searcy

Justin Voris, M.D.

President-Elect, Fort Smith

Amanda Deel, D.O.

Vice President, Jonesboro

Jason Lofton, M.D.

Secretary/Treasurer, DeQueen

Leslye McGrath, M.D.

Immediate Past President, Paragould

DELEGATES

Lonnie Robinson, M.D. – Mountain Home

Jeff Mayfield, M.D. – Benton

ALTERNATE DELEGATES

Daniel Knight, M.D. – Little Rock

Tasha Starks, M.D. – Jonesboro

DIRECTORS

Brian Bowlin, M.D. – Vilonia

Nicole Caton, D.O. – Harrison

Joshua Clark, M.D. – Fort Smith

Stephen Foster, M.D. – Jonesboro

Dichelle George, M.D. – Warren

Dwight Johnson, M.D. – North Little Rock

Shashank Kraleti, M.D. – Little Rock

Marcus Poemoceah, M.D. – Gravette

Jordan Weaver, M.D. – Batesville

RESIDENT BOARD MEMBERS

Olivia Loiacano, D.O. – Jonesboro

John Mitchell, M.D. – North Little Rock

STUDENT BOARD MEMBERS

Katherine McTigrit – Little Rock

Avianne Robinson – Jonesboro

ACADEMY STAFF

Mary Beth Rogers

Executive Director

Michelle Hegwood

EDITION 111

The *Arkansas Family Physician* is the official publication of the Arkansas Academy of Family Physicians

Correspondence, articles or inquiries should be directed to:

ARAFP

2101 Congo Road, Suite 500

Benton, AR 72015

Phone: 501-316-4011

Email: info@arkansasafp.org



ARKANSAS ACADEMY OF
FAMILY PHYSICIANS



Nicole Lawson, M.D.
President 2024-2025

LOOKING AHEAD: OUR VISION & PLANS FOR 2025

I hope this message finds you well and excited about the opportunities that lie ahead. This year, the Arkansas Academy of Family Physicians (ARAFP) has a packed and exciting calendar, and I look forward to engaging with many of you throughout our events and initiatives.

One of our first major events of the year is the annual **HOSA** convention in Hot Springs on February 24th. HOSA, a student-led organization in high schools, actively promotes career opportunities in healthcare. The ARAFP is always thrilled to participate, as it allows us to connect with students and teachers, share our passion for family medicine, and build mentoring relationships that help shape the next generation of healthcare professionals.

We will host the second annual **Transition-to-Practice Residency Retreat** in Hot Springs. This retreat, held on the first weekend of May, is an invaluable opportunity for residents to connect with their peers, practicing physicians, and experts on essential non-clinical topics such as malpractice, financial planning, and contract negotiations. In addition to these informative workshops, we will enjoy the best of Hot Springs, including Oaklawn Racing, a local food truck dining experience, and a boat ride with Dr. Taggart.

Looking ahead to August, we are eagerly anticipating this year's **Scientific Assembly program**. The 2025 Scientific Assembly will be held August 13-16 at the Wyndham Hotel in North Little Rock. This event has always felt like a "homecoming" or "family reunion" for family medicine physicians, and we look forward to reconnecting and learning together.

This past fall, ARAFP was well-represented at the **Congress of Delegates (COD)** annual meeting in Phoenix, Arizona. The COD serves as the policy-making body of the AAFP, bringing together delegates from each constituent chapter. Drs. Tasha Starks and Daniel Knight represented us as delegates, while I had the privilege of attending as an alternate delegate. Additionally, Dr. John Mitchell served as our resident representative, ensuring our voices were heard on critical policy matters.

Recently, Mary Beth and I had the pleasure of meeting with representatives from the **Alice Walton School of Medicine** to discuss the formation of a Family Medicine

Interest Group (FMIG). Our conversation centered on opportunities for mentorship, community engagement, and educational events, including a potential program later this fall. We are excited about the possibilities this collaboration could bring to aspiring family physicians.

Advocacy and Legislative Priorities

As we prepare for the **2025 Legislative Assembly**, I want to emphasize the importance of advocacy—a key theme from my acceptance speech. Building strong relationships with legislators and policymakers is crucial to shaping the future of healthcare. I encourage each of you to engage with your representatives. Whether it's a phone call, an email, serving as "Doctor for the Day" at the Capitol, or a face-to-face visit, your voice makes a difference. While we have an excellent lobbyist team, personal connections with decision-makers give us the power to enact meaningful change.

The ARAFP is committed to ensuring that critical issues impacting our patients and our profession are addressed during this legislative session.

We are excited to collaborate with **Senator Irvin** on a bill to strengthen primary care investment. This effort will further highlight the vital role of family medicine in improving patient outcomes, and we look forward to your support in these efforts. We are especially appreciative of our partners Aledade and Mullenix and Associates for their efforts in organizing this initiative and writing the bill. Watch for updates in your Membership Matters emails for critical updates and ways you can support this effort.

Looking Ahead

Michelle and Dr. Taggart continue their dedicated work on the **endowment** and the upcoming **Casino Night** at the Scientific Assembly. Be sure to watch for emails with details on these exciting initiatives and other Academy updates.

Let's make this year a pivotal one for our profession! I look forward to working together to advance family medicine and improve healthcare for our patients and future generations.

LITTLE ROCK | JONESBORO | SPRINGDALE



HEARTfelt CARE for Your PATIENTS

Arkansas Children's Heart Institute provides specialized care to patients in pediatric cardiology and the adult congenital heart disease program. Our cardiology team was recognized again as one of seven specialties ranked in the 2024-2025 U.S. News and World Report Best Children's Hospitals list.

Eight pediatric cardiac intensivists in our 24/7 state-of-the-art facility diagnose and treat congenital heart diseases and conditions in infants, children, adolescents and adults.

We continuously push boundaries to the edge of medicine:

- 500 pediatric heart transplant patients over the past 25 years
- Superior VAD and ECMO care
- Remote cardiac MRI and CT scans
- Full-time pediatric cardiologists for fetal echocardiograms

Visit archildrens.org/cardio to learn more about how we can provide the best care for your patients.

Call **501-441-3366** to refer a patient.

Michael Angtuaco, M.D.



Arkansas
Children's

HOSPITALS • RESEARCH • FOUNDATION

Heart Institute

**BEST
CHILDREN'S
HOSPITALS**

U.S. News

CARDIOLOGY &
HEART SURGERY
2024-2025

ARKANSAS AFP BOARD OF DIRECTORS 2024-2025

OFFICERS



Nicole Lawson-Rounds, M.D.
President
Searcy



Justin Voris, M.D.
President Elect
Fort Smith



Amanda Deel, D.O.
Vice President
Jonesboro



Jason Lofton, M.D.
Secretary/Treasurer
DeQueen



Leslye McGrath, M.D.
Immediate Past President
Paragould



Lonnie Robinson, M.D.
Delegate
Mountain Home



Jeff Mayfield, M.D.
Delegate
Benton



Daniel Knight, M.D.
Alternate Delegate
Little Rock



Tasha Starks, M.D.
Alternate Delegate
Jonesboro

DIRECTORS



Brian Bowlin, M.D.
Vilonia



Nicole Caton, D.O.
Harrison



Joshua Clark, M.D.
Fort Smith



Stephen Foster, M.D.
Little Rock



Dichelle George, M.D.
Warren



Dwight Johnson, M.D.
North Little Rock



Shashank Kraleti, M.D.
Little Rock



Marcus Poemoceah, M.D.
Gravette



Jordan Weaver, M.D.
Batesville

RESIDENT BOARD MEMBERS



Olivia Loiacano, D.O.
Jonesboro



John Mitchell, M.D.
North Little Rock

STUDENT BOARD MEMBERS



Katherine McTigrit
Little Rock



Avianne Robinson
Jonesboro



Physician burnout remains a serious problem in the United States, and right here in the great state of Arkansas. The Arkansas Medical Foundation is here to assist and advocate for all healthcare professionals in the 75 counties of Arkansas. The AMF is designed to address the unique health concerns faced by healthcare professionals, ensuring they receive the confidential support they need while also safeguarding the health and safety of the patients they serve in Arkansas.

SAVING LIVES SAVING CAREERS

**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.

The Arkansas Medical Foundation has partnered with The American Foundation for Suicide Prevention to provide Arkansas physicians an anonymous, confidential questionnaire. The no cost, voluntary, confidential questionnaire is designed to help you assess your current state of mental health and well-being.



<https://arkansas.providerwellness.org>



www.arkmedfoundation.org

Phone: 501.224.9911

Fax: 501.224.9966

rgaston@arkmedfoundation.org



UAMS STUDY SHOWS SUCCESS IN DIABETES MANAGEMENT FOR MARSHALLESE FAMILIES

Participants in a University of Arkansas for Medical Sciences (UAMS) study to determine the effectiveness of culturally-adapted, family-based diabetes education and management programs for Marshallese families saw significant reductions in HbA1c and BMI (Body Mass Index) levels, according to researchers at the UAMS Institute for Community Health Innovation.

The study examined 185 individuals, including 99 diabetics and 86 family members. Building on research conducted with Marshallese community members in Arkansas, the study was implemented in church settings in Hawaii and Washington state, using trained, bilingual community health workers (CHWs) to administer the family-based Diabetes Self-Management Education and Support (DSMES) program. The program was implemented in partnership with Washington State University and the Hawaii Island Community Health Center.

According to previous studies, more than 90% of Marshallese adults reported regular church attendance.

“Our communities gather regularly at church, and we enjoy surrounding ourselves with other community members,” said Sheldon Riklon, M.D., one of two

U.S.-trained Marshallese doctors in the country and an associate professor at the institute. “We feel comfortable in that setting and are willing to participate as a group or a family there.”

Participants received 10 hours of family-based DSMES education conducted in eight sessions over an eight-to-10-week period. The curriculum covered topics such as healthy eating, physical activity, glucose monitoring, medications, problem-solving, reducing risks, healthy coping and goal setting. The curriculum was also adapted to incorporate cultural norms for Marshallese families, such as adapted recipes and the use of “talk story” — the sharing of stories and experiences — as a way of sharing knowledge and engaging participants.

“Our culture is unique and valuable,” Riklon said. “It’s our identity. If we want to make a significant health impact among Marshallese communities, then cultural norms that are familiar to us are vital and should be incorporated.”

Estimates show that between 20-40% of Marshallese individuals have Type 2 diabetes, compared with 11.6% in the United States and 10.5% worldwide. The institute has also provided outreach and diabetes management programs to Marshallese communities in Arkansas and will work with pharmacies over the next several years to implement DSMES in rural communities across the state.

By the end of the study, diabetic participants saw a 0.69% decrease in their HbA1c levels. According to the study, a reduction of HbA1c greater than 0.5% is considered “clinically significant.”

“This study really shows us the value of CHW-delivered health education,” said Pearl McElfish, Ph.D., division director at the institute. “It also shows us the importance of meeting communities where they are, such as church settings, with medical interventions that connect to their cultures.”



RSV Immunization Update

2024 - 2025 Respiratory Vaccine Season



RSV Vaccines to Protect Older Adults

Available Vaccines:



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.

It is best to vaccinate in late summer or early fall. However, an RSV vaccine *may* be administered to eligible older adult patients at any time of year.

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



Maternal Immunization

Abrysvo™

(Pfizer)



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

As of February 1st, 2025, Abrysvo is no longer recommended to be administered to pregnant patients for this season.

Infant Immunization

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. **Beyfortus should typically only be administered to infants and young children during the months of October through March.**

IMPORTANT:

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>

RESPIRATORY VACCINES UPDATE

LIVE CE WEBINAR SERIES

with pharmacist

Dr. Allie Staton



No cost for attendees!

Registration and more information



www.immunizear.org

ADVOCACY SPURS ACTION AT THE STATE CAPITOL

ESTABLISHING THE PRIMARY CARE PAYMENT REFORM WORKING GROUP



Austin Grinder



Just as the well-being of our communities depends on family physicians, the Arkansas Academy of Family Physicians (ARAFP) recognizes that the sustainability of our medical field depends on policies enacted at the State Capitol. That's why the ARAFP is dedicated to highlighting family physicians' vital role in improving patient outcomes

and decreasing healthcare costs in Arkansas, including through common-sense legislation.

A case in point is a new bill sponsored by Senator Missy Irvin to establish the Primary Care Payment Reform Working Group. Chaired by an ARAFP designee, the group would help evaluate the state's current

healthcare spending on primary care and other healthcare services to inform an investment target and needed improvements in the Arkansas Medicaid program and commercial market. If signed into law, the group would submit a report of its findings and recommendations to the Arkansas Legislative Council by April 1, 2026.

Want to help advance the Primary Care Investment Bill? You can support ARAFP's advocacy efforts and spur action at the State Capitol in two easy ways. First, reach out to your legislators. If you have a relationship with a representative or senator, please connect with them directly to discuss the bill's benefits—smarter, strategic, and more cost-effective spending for better patient outcomes. You can also visit the Arkansas House and Senate websites for members' contact information. Second, stay alert for calls to action. The ARAFP will include details on how to stay involved in its Membership Matters emails.

Mullenix & Associates is proud to represent the ARAFP. If you have questions about the Primary Care Payment Reform Working Group or other legislative matters, please don't hesitate to contact me at austin.grinder@lobbyarkansas.com.

LIVE OUT YOUR PASSION

Family Medicine Opportunities

Seeking BE/BC physicians

Details

- Outpatient, hospitalist, or urgent care settings
- Choice of metro, suburban, or rural locations
- Teaching, leadership, and career growth opportunities

Benefits

- Competitive salary and comprehensive benefits
- Sign-on bonus and relocation allowance
- Loan repayment
- Low cost of living, highly rated schools, and abundant outdoor activities



LEARN
MORE



417-619-3139
michelle.freeman1@coxhealth.com





Attention
**FAMILY MED
RESIDENTS!**



Register Today!



MAY 2-4

It's time to register for the
**Transition-to-Practice
Retreat!**

Enjoy a free weekend to connect with fellow residents and get the tools you need for the next step in your career. Topics include contract negotiations, investing, and risk-proofing your records. Join us at Oaklawn for live racing, take a boat tour of Lake Hamilton, or strike out on your own to enjoy Hot Springs. The event is designed for second-year Family Med Residents. It is free but registration is required.

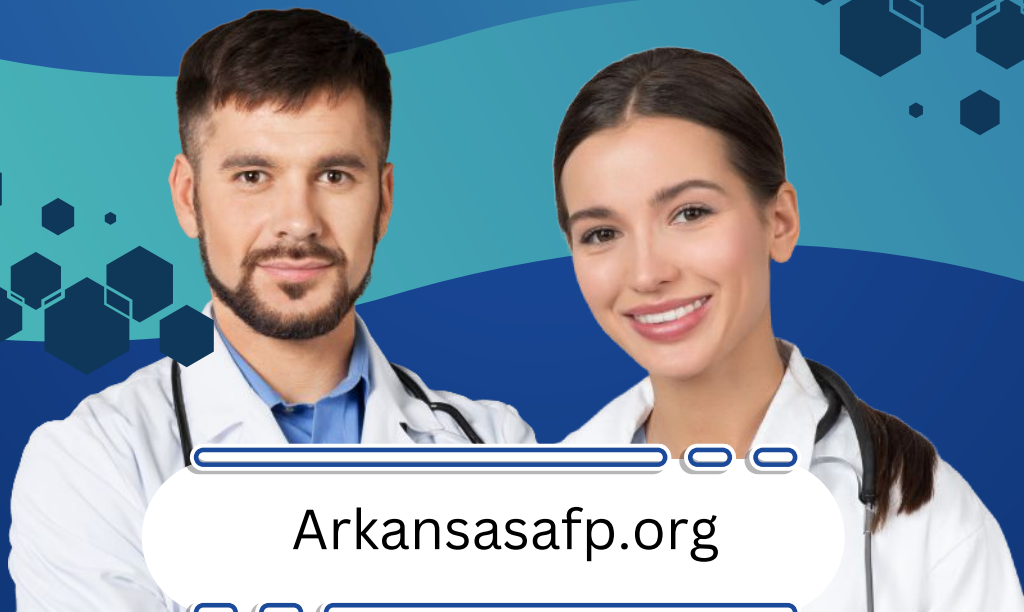




SCIENTIFIC ASSEMBLY

August 13-16, 2025

Wyndham Hotel, North LR



[Arkansasafp.org](https://arkansasafp.org)

**MARK YOUR CALENDAR AND PLAN TO ATTEND THE
FAMILY MEDICINE EVENT OF THE YEAR!**

In addition to innovative and relevant CME, you can also update your BLS/ACLS certification and earn an hour of opioid training. Hospitalist sessions, trauma hours and a joint injection workshop are just a few highlights. Be sure to join us Saturday for our first Maternal Care Refresher!

Claim your exclusive discounts, priority service and personalized financial solutions today.



At First Horizon Bank, the mission of our Medical Private Banking team is to help you build greater financial confidence and a strong sense of accomplishment. Everything starts with an experienced, dedicated banker – your single point of contact for:

- Traditional, everyday banking service
- Connection to experienced professionals in Wealth Management
- Access to technology that makes financial management easier

firsthorizon.com/medical

Exclusive, Value-Based Services for:

| LENDING | | PLANNING AND MANAGEMENT | |
|---------------------------------------|--|----------------------------------|--|
| Home Equity Line of Credit* | <ul style="list-style-type: none"> • Line amounts up to \$3,000,000 • Terms up to 30 years (interest-only payments up to 10 years) | Complimentary Financial Planning | <ul style="list-style-type: none"> • Clarify goals and set direction with a CERTIFIED FINANCIAL PLANNER® professional |
| Unsecured Line of Credit* | <ul style="list-style-type: none"> • Line amounts up to \$100,000 • Fixed- and variable-rate options • Terms up to 6 years | Personal Financial Website | <ul style="list-style-type: none"> • Aggregate all of your financial accounts |
| MD Mortgage* | <ul style="list-style-type: none"> • Loans up to \$2,500,000 • Variety of term lengths • Fixed-rate and adjustable-rate options available | SAVING AND SPENDING | |
| Marketable Securities Line of Credit* | <ul style="list-style-type: none"> • Lines up to \$5,000,000 • Competitive advance rates and variable pricing terms up to 5 years | Money Market Savings | <ul style="list-style-type: none"> • Enjoy special exception pricing |
| | | Visa Signature® Credit Card | <ul style="list-style-type: none"> • Get points with every purchase |

CONTACT US TODAY TO START THE CONVERSATION
Arkansas Private Client Relationship Managers:

Stacy Matlock
Northwest Arkansas
(479) 878-6346
Stacy.Matlock@firsthorizon.com



Bethany Noto
Northeast Arkansas
(870) 934-4058
Bnoto@firsthorizon.com



Leslie Rosales
Central Arkansas
501-661-7723
Leslie.Rosales@firsthorizon.com

*Subject to credit and collateral approval. Some restrictions apply.

Insurance Products, Investments & Annuities: Not A Deposit | Not Guaranteed By The Bank Or Its Affiliates | Not FDIC Insured | Not Insured By Any Federal Government Agency | May Go Down In Value
 Insurance Products and Annuities: May be purchased from any agent or company, and the customer's choice will not affect current or future credit decisions.

First Horizon Advisors is the trade name for wealth management products and services provided by First Horizon Bank and its affiliates. Trust services and financial planning provided by First Horizon Bank. Investment management services, investments, annuities and financial planning available through First Horizon Advisors, Inc., member FINRA, SIPC, and a subsidiary of First Horizon Bank. Arkansas License # 416584. Insurance products available through First Horizon Insurance Services, Inc. ("FHIS"), a subsidiary of First Horizon Bank. Arkansas License # 100102095. First Horizon Advisors, Inc., FHIS, and their agents may transact insurance business or offer annuities only in states where they are licensed or where they are exempted or excluded from state insurance licensing requirements. First Horizon Advisors does not offer tax or legal advice. You should consult your personal tax and/or legal advisor concerning your individual situation.



Banking products and services provided by First Horizon Bank. Member FDIC.
 ©2024 First Horizon Bank.

THE ARKANSAS CENTER FOR HEALTH IMPROVEMENT EXAMINES TRAVEL TIME TO DELIVERY FACILITIES FOR ARKANSAS MOTHERS

The median travel time for an Arkansas mother to reach a delivery facility in 2022 ranged from as little as two minutes to as much as 73 minutes, according to an analysis by the Arkansas Center for Health Improvement. ACHI also found that the portion of mothers experiencing extended travel times has grown since 2016, due in part to closures of labor and delivery services at some Arkansas hospitals.

Longer travel times to delivery facilities for mothers have been associated with higher risks of adverse maternal and neonatal outcomes.¹ Long-distance travel for maternity care services also increases the

likelihood that mothers will delay or forego essential prenatal or postpartum care.²

For its analysis, ACHI reviewed Arkansas Department of Health birth records and data from the Arkansas Healthcare Transparency Initiative's All-Payer Claims Database for birth events occurring from 2016 to 2022. Travel times were estimated using mothers' home ZIP codes and the addresses of delivery facilities. Key findings from this analysis include:

- The statewide median minutes traveled to delivery facilities in 2022 was 16 minutes.

- The percentages of mothers facing extended travel times for delivery services have increased, with 28% of mothers traveling 30 minutes or more in 2022, up from 26% in 2016, and 8% of mothers traveling 60 minutes or more in 2022, up from 7% in 2016.
- Following the closure of Helena Regional Medical Center's labor and delivery unit in 2020, the median minutes traveled to delivery facilities by Phillips County mothers increased eightfold, from six to 51 minutes.
- In Columbia County, following the closure of Magnolia Regional Medical Center's labor and delivery unit in 2021, the median travel time to delivery facilities for the county's mothers increased from 11 to 45 minutes.

Accessing safe delivery options is an important step along a healthy birthing journey for Arkansas mothers. More of ACHI's analyses regarding maternal and infant health in Arkansas are available online at achi.net/maternal-infant-health.

References

- ¹ Minion SC, Krans EE, Brooks MM, Mendez DD, Haggerty CL. Association of driving distance to maternity hospitals and maternal and perinatal outcomes. *Obstet Gynecol.* 2022;140(5):812-819. doi:10.1097/AOG.0000000000004960
- ² American Medical Association. Maternal health: *Expanding on the AMA's recommendations to reduce deaths and improve outcomes.* 2024. <https://www.ama-assn.org/system/files/ama-maternal-health-recommendations.pdf>

The Core Content Review of Family Medicine

Why Choose Core Content Review?

- Online and Print Editions Available
- Cost Effective CME with No Travel
- Stay Medically Relevant - Make sure you are ready for the new FMCLA (Family Medicine Certification Longitudinal Assessment) Exam alternative
- 98% Board Exam Pass Rate - Pass or get your Money Back
- For Family Physicians by Family Physicians
- Core is produced by the CT Academy of Family Physicians



The Core
Content Review
of Family Medicine

North America's most widely
recognized program for:

- Family Medicine CME
- ABFM Board Preparation

Ordering is Easy

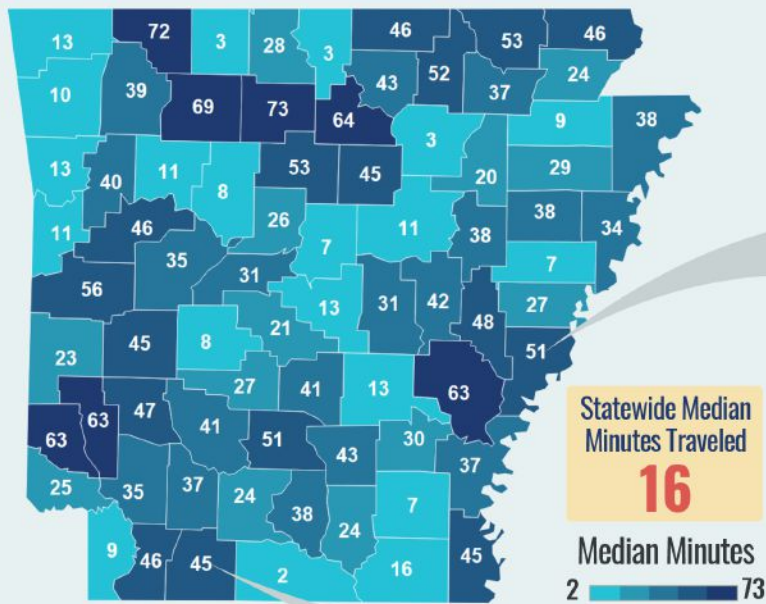
- Visit www.CoreContent.com
- Call 888-343-CORE (2673)



Follow us on Facebook:
Core Content Review of Family Medicine

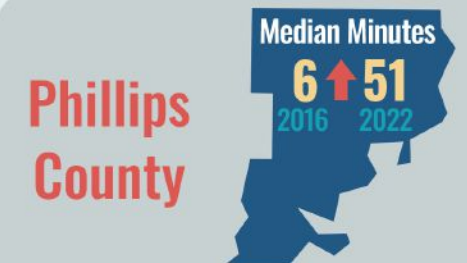
MEDIAN MINUTES TRAVELED BY ARKANSAS MOTHERS TO DELIVERY FACILITIES IN 2022, BY COUNTY OF RESIDENCE

Closures of labor and delivery services at Arkansas hospitals have led to longer travel times for mothers in some areas of the state. As of April 2024, 59% of rural hospitals did not provide labor and delivery services.¹ Increased travel times to delivery facilities have been associated with higher risks of adverse maternal and neonatal outcomes.²⁻⁴ ACHI reviewed data on birth events from 2016 to 2022 to estimate travel times to delivery facilities.^a



Percentages of Arkansas Mothers Traveling 30+ or 60+ Minutes to Delivery Facilities

| | 2016 | 2022 |
|---------------------------|-----------------------------|-----------------------------|
| 30 MINUTES OR MORE | 26% 9,500 mothers | 28% 9,401 mothers |
| 60 MINUTES OR MORE | 7% 2,690 mothers | 8% 2,808 mothers |



- The median minutes traveled by Phillips County residents increased eightfold from 2016 to 2022, the highest increase in any county.
- In 2016, Helena Regional Medical Center delivered around 65% of births in the county. The hospital's labor and delivery unit closed in 2020. The next closest birthing hospital for the majority of mothers is 47 minutes away.



- The median minutes traveled by Columbia County residents increased fourfold from 2016 to 2022, the third-highest increase in any county.
- In 2016, Magnolia Regional Medical Center delivered around 68% of births in the county. The hospital's labor and delivery unit closed in 2021. The next closest birthing hospital for the majority of mothers is 52 minutes away.

Publication date: June 2024

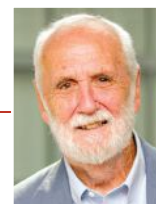
¹⁻⁴ For references: achi.net/library/travel-time-to-delivery | ^a Mothers' home ZIP codes and delivery facilities' addresses were used to estimate travel times to delivery facilities, including some out-of-state facilities.

Data sources: Arkansas Department of Health birth records, Arkansas Healthcare Transparency Initiative's All-Payer Claims Database.



POLITICS AND HEALTH CARE

PART I



Sam Taggart, M.D.
Family Physician and
Author

In this next series of articles, I will offer an overview on the history of healthcare and politics as it relates to the state of Arkansas.

We in healthcare are prone to think that we are the first to be beset by those who really don't understand the problems or what we do in healthcare. It is easy to get lost in the in-fighting that occurs on a regular basis over licensing, public health mandates, health care financing, regulations and begin thinking that we are the first to ever be confronted with these kinds of problems.



For over twenty-five hundred years, forms of democracy have flirted around the edges with the rights and responsibilities of citizens and how to define those relationships. After the fall of Rome, most attempts at Democracy went dormmate. Historians tell us that beginning with the Italian Renaissance in the 14th century, what we know as Modern Western Democracy began to emerge. With the work of Lock, Hobbes and Rosseau, the concept of a social contract emerged in the 17th-18th century. The social contract is an agreement for mutual benefit between the individual or group and the government or community as a whole. This idea of a social contract argues typically that the individual surrenders some of their freedoms and submits to the authority of the governing body in exchange for protection of their remaining rights and maintenance of the social order. Politics, in its highest form in a western democracy, is the process of balancing the rights and responsibilities of all the members of a community.

In 1637, Rene Descartes, with his form of rationalism, formulated the scientific method which slowly triggered a scientific revolution. Health and disease were two areas that began to be slowly transformed. Resistance to change was strong and the information float-time (the amount of time it takes something to be discovered, validated, disseminated and incorporated) was in terms of centuries.

At the beginning of the 19th century when the place we call Arkansas became a part of the United States, there were very few people or physicians. For the first half of the 19th century,

the population grew rapidly from 4000 souls in 1804 to over 500,000 at the beginning of the Civil War. As the population grew, so did the population of individuals who called themselves doctors. A few of these doctors were university trained but most "read to" medicine and apprenticed to an older physician. As the century progressed, regional medical schools would give two-to-six months courses to help fill in the gaps for these young physicians.

The germ theory was formulated and generally accepted in academic circles during the second half of the 19th century, but it would be the early part of the 20th century before the germ theory was fully accepted in the everyday practice of medicine. In the process, this new philosophical approach to medicine replaced "heroic" medicine which primarily treated symptoms and created a seismic shift in the way health and disease was viewed and treated.

During the 19th and early 20th century, the medical profession was not highly respected except for THEIR doctor who was there in time of need. This physician was almost always a generalist, a family doctor.

The first attempt to regulate the practice of medicine in Arkansas was in 1832. Apparently prompted by the University-trained physicians in Little Rock, the territorial legislature passed a bill creating a board of eight physicians, appointed by the governor, to examine and license all persons practicing medicine and calling themselves medical doctors in the state of Arkansas. Governor John Pope, a populist and a devotee of Andrew Jackson, vetoed the bill, saying, "At this time, this law is premature and impolitic, unwise and against the spirit of freedom. Wiser and more congenial for the citizens, with the spirit of freedom to tolerate quack doctors, while the learned and qualified of the profession, are at liberty to combat them."

Several of the early Arkansas physicians were active in state and local politics. Among them were: Dr. Matthew Cunningham who served as Little Rock's first mayor. Dr. Lorenzo Gibson who represented Pulaski County in the State Legislature and Dr. Solon Borland of Crawford County who served as Senator from Arkansas in the early 1850s to the national legislature.

The American Medical Association was created in 1847 and in that same timeframe the first County Medical Society

continued on page 18



HOSPITALIZATION NOTIFICATION SERVICES



SHARE's Daily Hospitalization Reports are given directly to SHARE-connected providers and care teams, to assist with care coordination and patient follow-up.

- ✓ Real-time notification of hospital visits (admissions, discharges, or ED transfers) for practices' active patients
- ✓ Allows providers to proactively coordinate their patients' care and schedule any necessary follow-up treatments or visits
- ✓ Assists in meeting value-based contract arrangements



SHARE
State Health Alliance FOR Records Exchange



Contact Us | 501.410.1999 | SHAREhealth@arkansas.gov | www.sharearkansas.com | @SHAREarkansas on Facebook and X



Your New Hometown Is Waiting

Enjoy every season of life with your loved ones as you bring health and healing to family-friendly cities in Arkansas, Kansas, Missouri, and Oklahoma.

We invite you to explore Family Medicine opportunities with our physician-led, integrated health care system, offering both quality patient care and a focus on physician well-being.

Fee for Service, Hybrid, and Senior-Focused practice models.

There's a place for you at Mercy.

For more information, please contact:

Steve Liebetrau | Service Line Talent Partner, Primary Care
Stephen.Liebetrau@mercy.net | 314.364.4049



Scan this code or visit



Your life is our life's work.

careers.mercy.net/providers

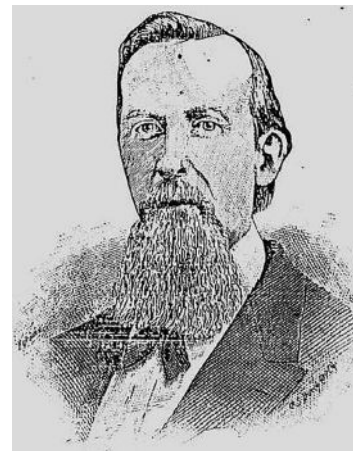
was formed in Arkansas. Dr. James A. Dibrell Sr. of Van Buren in Crawford County helped to create a short-lived medical society that faded within a couple of years. In the 1850s, another short-lived medical society was created in South Arkansas centered around Hempstead County and Old Washington. Like the organization in Crawford County, it was short-lived. In 1866, in the wake of the Civil War, the Little Rock/Pulaski County Medical Society was formed, and this group began to push for a statewide organization. In 1870, the Arkansas Medical Association was created. In 1875, after several years of in-fighting, it gave way to the Arkansas Medical Society. Slowly, local city/county medical societies became more common and began to play a role in the health and welfare of their communities.

As with most human endeavors, crisis is the mother of invention. The year 1873 saw the Great Financial Panic followed by a 20 year-long economic depression. In addition, the 1870s saw a series of Yellow Fever epidemics, the worst in Arkansas were in 1878 and 1879. With no knowledge as to the cause or any potential treatment, the only obvious remedy was quarantine. Local quarantines created and implemented by local physicians/local boards of health could only have a limited effectiveness because of steamboats that moved up and down the rivers and a rapidly developing train system. The newly formed State Medical Society lobbied the state legislature to create a state board of Health, and the request was ignored. Not to be denied, the Society created an Unofficial State Board of Health and lobbied the Governor to make it official. Eventually, the Governor joined forces with the Medical Society and made its Board of Health the official state board and in the next legislative session the organization was funded to the tune of \$3000 dollars for two years. In two years, the Yellow Fever crisis had passed, and the State Board of Health was allowed to die.

In the early 1880s, bolstered by their success with the temporary state board of health, the leaders of the State Society lobbied for and were successful in establishing a medical school associated with the University in Fayetteville and a State Insane Asylum.



Dr. E. R. Duvall of Fort Smith was a vocal member of the state medical society and lobbied for a number of issues such as a state-wide board of health, a state medical school and an insane asylum. In addition, he lobbied for laws that would govern abortion, make smallpox vaccination mandatory and other issues that would become part of the mandate for the Arkansas Department of Health when it was formed in 1913. The medical school and the asylum quickly became a reality in the early 1880s, but he was unsuccessful in his lobbying efforts for public health measures. His lobbying helped raise awareness and set the stage for further changes.



Carrying on the tradition established in the first half of the century of Arkansas physicians engaged in politics, Dr. H.C. Dunavant of Osceola represented Mississippi County for several terms in the state legislature. In 1881, he authored a law that created the County Licensing Boards and the State Examining and Licensing Board. The county boards did the actual examining and licensing, and the State Board acted in an appellate capacity. As it happened, the law was quite flawed, and a second bill was passed during the next session of the legislature correcting those flaws, superseding the first statute.

The Progressive Era made its way to Arkansas at the beginning of the 20th century. Despite its weaknesses the licensing law from the 1880's held sway until 1903. At that point, forces within the medical society and the legislature helped to enact a number of acts pertaining to state certification, professional ethics and the beginnings of state-wide public health efforts.

The new laws of 1903 were the most exhaustive to that date. Several state boards were established to license—homeopathic physicians, osteopathic physicians, eclectic physicians and a board for physicians who were qualified to be members of the Arkansas Medical Society (university trained medical doctors).

In addition, the new laws undertook to outlaw traveling medicine shows and prevent doctor advertising.

The title of the licensing statutes would be changed in 1915 to expand the scope of the law. It originally included only Physicians and Surgeons and was changed to read THE HEALING ARTS which expanded its scope to include disciplines as far ranging as chiropractic medicine, optometry and dentistry.

MORE THAN A MEDICAL SCHOOL

NEW YORK INSTITUTE
OF TECHNOLOGY

College of Osteopathic
Medicine
at Arkansas State University

PHYSICIAN LEADERS.

PATIENT ADVOCATES.

POLICY INFLUENCERS.

Contact us to learn more about the three degree programs and two certificates offered on our Jonesboro Campus:

Doctor of Osteopathic Medicine (D.O.)
Master of Science, Biomedical Sciences (B.M.S.)
Master of Public Health (M.P.H.)
Emergency Medical Technician & Paramedic Certificate

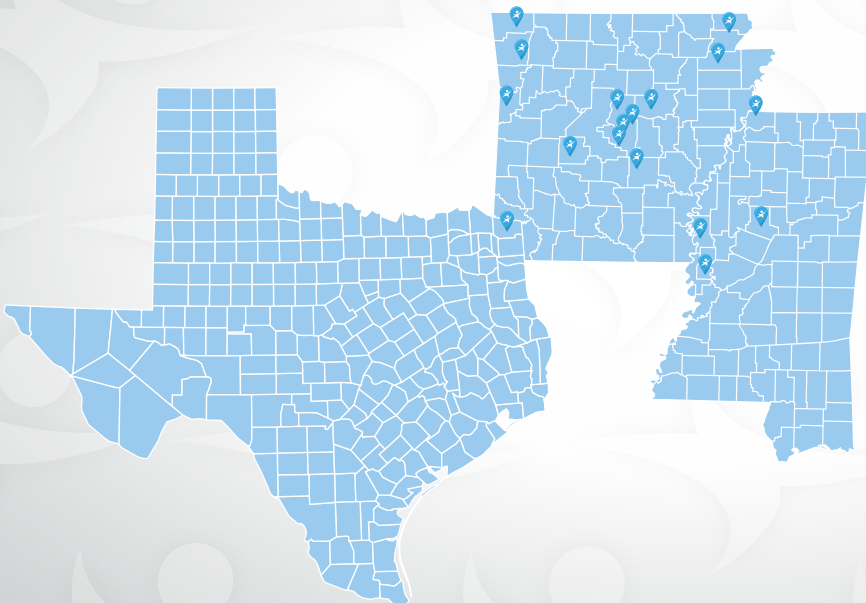


nyit.edu/arkansas | 870.680.8816 | ComjbAdmissions@nyit.edu



PAIN TREATMENT CENTERS OF AMERICA

Less pain. More life.



**17 Locations Across
Arkansas, Mississippi
and Texas to Treat
Your Pain Patients**

**(844) 215-0731
www.PTCOA.com**

Bentonville • Conway • Fayetteville • Little Rock • Little Rock - Freeway Dr. • North Little Rock • Fort Smith • Blytheville
Hot Springs • White Hall • Searcy • Jonesboro • Texarkana, TX • Greenwood, MS • Greenville, MS • Rolling Fork, MS • Southaven, MS

FOUNDATION NEWS

FOUNDATION BOARD SEEKS TWO TRUSTEES

The Arkansas AFP Foundation is committed to supporting activities that encourage medical students to pursue family medicine, enhance educational preparation and training, and maintain the educational excellence of family physicians throughout their careers.

To help further these vital goals, the Foundation is seeking passionate family physicians to serve on its Board of Trustees. There are currently two open positions. Trustees are elected annually through a nomination process. Each trustee will serve a term of three (3) years, beginning at the annual scientific assembly and expiring at the conclusion of

the board meeting of the third annual scientific assembly. The Board meets in person for two meetings annually, one being during the scientific assembly with other business done virtually.

Serving on the Foundation Board offers an exciting opportunity to:

- **Shape the future of family medicine education** by helping the Foundation provide scholarships, educational programs, and resources that support aspiring and practicing family physicians.
- **Contribute to the growth of the family medicine community**

through the development of initiatives that advance the profession and provide critical support to family medicine residents and students.

- **Enhance your professional network** by collaborating with a diverse group of passionate professionals who are committed to improving family medicine.

Physicians interested in serving as a Trustee and contributing to the Foundation's mission, please contact Michelle Hegwood at michelle@arkansasafp.org or 501-316-4011 for more information or to submit your nomination.



Take good care.

 Arkansas
BlueCross BlueShield
An Independent Licensee of the Blue Cross and Blue Shield Association

What does it mean to be taken care of? At Arkansas Blue Cross and Blue Shield, it means providing peace of mind. We've been taking care of Arkansans for over 75 years, providing affordable, reliable health insurance ... to keep Arkansans healthy and help them heal. We're investing in communities to keep this diverse and wonderful state strong. We're committed to a whole person approach to health, including physical and behavioral wellbeing. And we recognize that total health is influenced by many factors, including medical history, genetics, lifestyle, environment, nutrition, safety and physical activity. We also realize that it will take all healthcare providers working together to ensure future generations of Arkansans can live their best life their whole life long. Let's take good care, Arkansas.

takegoodcare.com



00803.08.02-1123

WHO MENTORED? YOU

The Arkansas Academy of Family Physicians Foundation is excited to highlight the invaluable contributions of Family Medicine mentors. These dedicated individuals shape the future of healthcare and deserve our recognition. The following individuals were honored with a donation to the Endowment project:

Dr. Jerry Muse, mentor and friend honored by Dr. Matthew Jackson

Dr. Sam Taggart honored by Dr. & Mrs. Mark Attwood

Dr. Jim Weber honored by Dr. Richard Hayes

Join us in celebrating remarkable mentors who inspire and shape the future of family medicine by donating in their honor to the endowment project online at arkansasafp.org/foundation.



TARGETED ADVERTISING
FOR THE **MEDICAL PROFESSIONAL**

Advertise HERE
Contact Michelle Gilbert
at 501-725-3561
mgilbert@pcipublishing.com

**SMARTER SOLUTIONS.
STRONGER PRACTICES.
BETTER OUTCOMES.**

- 30 Years
- 72 Clinics
- 500+ Providers

**PRACTICE OPERATIONS
REVENUE CYCLE
NETWORK SERVICES
RECRUITING & STAFFING
STRATEGY & DEVELOPMENT
FINANCE**

“We recruited EngageMED because we needed to reduce overhead and streamline processes. EngageMED was receptive, responsive, and implemented their services in a timely fashion. This resulted in a significant reduction in overhead and expenses.”

Dr. Lance Lincoln
Lincoln Paden
Medical Group

www.engagemed.com • 5125 Northshore Drive North Little Rock, AR 72118 • (501) 224 - 1690

COLLECTIVE RESPONSIBILITY OF ANTIMICROBIAL STEWARDSHIP

Each year, the Centers for Disease Control and Prevention (CDC) promotes U.S. Antibiotic Awareness Week, with the most recent theme being “Fighting Antimicrobial Resistance Takes All of Us.”¹ Effective antimicrobial stewardship requires healthcare professionals in all settings—those who prescribe, dispense, and administer antimicrobials—to use these medications responsibly. This approach helps limit the development of resistance. Patients and healthcare workers should also employ infection prevention practices to prevent the spread of infections and their associated resistance.

ANTIBIOTIC RESISTANCE AND UTILIZATION

In 2023, the number of hospitals meeting all of the CDC’s Antimicrobial Stewardship Core Elements continued to increase nationally and in Arkansas (96% vs. 95%).² Even with expanded efforts, the U.S. demonstrated a rise in hospital-onset-resistant organisms in 2022 compared with 2019. Increases in resistant organisms included carbapenem-resistant and extended-spectrum *beta*-lactamase (ESBL) producing organisms and resistant *Staphylococcus aureus*, *Enterococcus*, and *Pseudomonas* organisms.³

The Centers for Medicare and Medicaid’s Promoting Interoperability Program reporting requirements have been updated to require submission of antibiotic usage and culture results to the CDC’s National Healthcare Safety Network’s (NHSN) Antimicrobial Use and Resistance (AUR) Module.² Hospitals without qualified exclusions will be required to report this data by 2026. Reporting to the NHSN AUR Module enables states and hospitals

to determine how they compare to national benchmark data through the Standardized Antimicrobial Administration Ratio (SAAR) and standardized hospital-onset pathogen and resistant infection ratios.²

A SAAR equal to 1 demonstrates that antimicrobial usage is equal to predicted usage. SAAR values greater than 1 demonstrate antimicrobial usage is greater than predicted, and SAAR values less than 1 demonstrate antimicrobial usage is less than predicted. In 2023, Arkansas’ SAAR was 1.082 for adult antibiotic usage, but these results represented incomplete data, with 50.6% of eligible facilities reporting.² Since comprehensive state data is currently unavailable, hospitals should be working toward data submission or evaluating their own local SAAR data for improvements.

In U.S. clinics and emergency departments, 28% of antibiotic prescriptions have been determined unnecessary.⁴ A 2017 study discovered that patients less than 65 years old were more likely to receive inappropriate antibiotic prescriptions for acute respiratory infections if they were from the southern U.S. compared with other regions of the country.⁵ Arkansas has the 6th highest number of outpatient antibiotic prescriptions in the country. In 2022, 1,020 prescriptions were dispensed per 1,000 population.²

OPPORTUNITIES FOR IMPROVEMENT

1. Assess allergies. Penicillin allergies are reported by 10% of patients, but less than 1% have a true IgE-mediated allergy.⁶ Clinical decision tools can determine the risk of a positive penicillin allergy test (e.g.,

5% if PEN-FAST* score ≤ 2).⁷

When penicillins cannot be safely used, pharmacists can help evaluate when other *beta*-lactam antibiotics are options based on the patient’s allergy history and cross-reactivity between specific antibiotics.⁶

PEN – Penicillin allergy

F – five years or less since reaction (2 points)

A – anaphylaxis or angioedema (2 points)

S – severe cutaneous adverse reaction (2 points)

T – treatment required for reaction (1 point)⁷

2. Choose evidence-based treatment.

Urinary tract infection (UTI):

- Empiric UTI treatment varies based on diagnosis of cystitis or pyelonephritis, local antibiogram susceptibilities, and previous patient-specific urinary cultures.⁸
- Urinary specimens should be correctly collected and stored until laboratory processing to ensure usable results, and they should typically only be collected from patients with signs and symptoms of UTI to avoid unnecessary treatment of asymptomatic pyuria or bacteriuria.⁸⁻⁹
- Elderly patients who have fallen or have delirium without genitourinary symptoms or signs of systemic infection should be further assessed for causes other than UTI.⁹
- Pyuria is associated with inflammation and should be evaluated for infectious and non-infectious etiology.
- All patients with chronic urinary catheters and up to 50% of long-term care patients will grow organism(s) from urine cultures even when a UTI is not present.⁹ Asymptomatic bacteriuria is

colonization that should only be treated in patients who are pregnant or undergoing invasive urologic procedures.⁸⁻⁹

Acute rhinosinusitis: Antibiotics are only warranted in 3 scenarios since 90-98% of sinusitis cases are due to viruses. The 1st-line antibiotic is amoxicillin-clavulanate.¹⁰⁻¹¹

- Severe: $\geq 3-4$ days of $\geq 39^{\circ}\text{C}$ fever + purulent nasal discharge or facial pain
- Persistent: ≥ 10 days without improvement
- Double sickening: $\geq 3-4$ days of worsening after initial improvement following upper respiratory infection that lasted 5-6 days¹⁰⁻¹¹

Acute bronchitis: Antibiotic treatment is not recommended for acute uncomplicated bronchitis, regardless of cough duration.¹⁰

Community-acquired pneumonia (CAP): Outpatient CAP treatment for patients without guideline-specified co-morbidities includes amoxicillin or doxycycline; azithromycin is not an option if local antibiogram resistance with *Streptococcus pneumoniae* is 25% or higher. When specified co-morbidities are present, *Streptococcus pneumoniae* and atypical organisms are often treated with amoxicillin-clavulanate, cefuroxime, cefpodoxime plus azithromycin or doxycycline.¹²

Standard inpatient CAP is frequently treated with either ceftriaxone or ampicillin-sulbactam plus azithromycin or doxycycline. Empiric treatment only includes *Pseudomonas* or methicillin-resistant *Staphylococcus aureus* (MRSA) in specific scenarios, such as patients with previous respiratory specimen(s) growing one of the aforementioned organisms within the last year (refer to guidelines for more information).¹²

Respiratory fluoroquinolones are now typically reserved for CAP treatment when severe *beta*-lactam allergies are present due to their adverse event profile. Cefdinir is not recommended for CAP.¹²

Skin and soft tissue infection (SSTI): For non-severe, non-purulent SSTIs (e.g., cellulitis), *beta*-hemolytic *Streptococcus* will be the usual pathogen requiring a penicillin or cephalosporin antibiotic for treatment. *Staphylococcus*

continued on page 24

Supplemental Retirement Plan for Medicaid Providers!

Medicaid providers can defer Medicaid income on a pre-tax basis into the State of Arkansas Deferred Compensation Plan, commonly referred to as the Arkansas Diamond Plan. Providers practicing in group settings, as well as individual private practice, are eligible to participate.

Medicaid deferrals may be made in addition to any contributions you are making to your current retirement plan established by your professional group or individual practice.

Medicaid providers enrolled in the Plan can defer up to \$23,500 of Medicaid income for calendar year 2025. Medicaid providers that are age 50 or older in 2025 can defer up to \$31,000 of Medicaid income for calendar year 2025.

Over the past few years, hundreds of Medicaid providers have enrolled in the Arkansas Diamond Plan to take advantage of the opportunity to defer a portion of their Medicaid income. The Plan has been available for more than 40 years.

For additional information regarding participation in the Arkansas Diamond Plan contact **Robert Jones of Stephens Inc.** at **501-377-8112**.



Stephens Inc.

Investment Bankers
Broker of Record
Member NYSE, SIPC
stephens.com

aureus will be the likely pathogen in purulent SSTIs (e.g., abscess), requiring empiric MRSA coverage until culture susceptibility results are known (e.g., doxycycline, TMP/SMX, vancomycin).¹³

3. Utilize the shortest effective

duration of therapy to lessen the potential for resistance development and adverse effects (e.g., *C. difficile*, acute kidney injury).

- Cystitis: ≤ 5 days⁸
- (based on antibiotic)
- Sinusitis or CAP: 5 days¹⁰⁻¹²
- Cellulitis or cutaneous abscess: 5 days¹³

TEAM EFFORT

All healthcare professionals must work together to fight antimicrobial resistance in each of their practice settings.

- Avoid unnecessary antibiotics for viruses or bacterial colonization
- Avoid excessively broad-spectrum antibiotics that are not indicated

- Utilize appropriate antibiotic de-escalation and length of therapy

REFERENCES

1. CDC. U.S. Antibiotic Awareness Week (ASAAW). <https://www.cdc.gov/antimicrobial-resistance/communication-resources/usaaw.html>.
2. CDC. Antibiotic Use and Stewardship in the United States, 2024 Update: Progress and Opportunities. <https://www.cdc.gov/antibiotic-use/hcp/data-research/stewardship-report.html>.
3. CDC. Antimicrobial Resistance Threats in the United States, 2021-2022. <https://www.cdc.gov/antimicrobial-resistance/media/pdfs/antimicrobial-resistance-threats-update-2022-508.pdf>.
4. CDC. Outpatient Antibiotic Prescribing in the United States. <https://www.cdc.gov/antibiotic-use/hcp/data-research/antibiotic-prescribing.html>.
5. OFID. 2023;10(2):ofac584. DOI:10.1093/ofid/ofac584.
6. CDC. Clinical Features of Penicillin Allergy. <https://www.cdc.gov/antibiotic-use/hcp/clinical-signs/index.html>.
7. JAMA Intern Med. 2023;183(9):944-952. DOI:10.1001/jamainternmed.2023.2986.
8. JAMA Network Open. 2024;7(11):e2444495. DOI:10.1001/jamanetworkopen.2024.44495.
9. CID. 2019;68(10):e83-75. DOI:10.1093/cid/ciy1121.
10. CDC. Outpatient Clinical Care for Adults. <https://www.cdc.gov/antibiotic-use/hcp/clinical-care/adult-outpatient.html>.
11. CID. 2012;54(8):e72-112. DOI:10.1093/cid/cir1043.
12. Am J Respir Crit Care Med. 2019;200(7):e45-67. DOI:10.1164/rccm.201908-1581ST.
13. CID. 2014;59(2):e10-52. DOI:10.1093/cid/ciu296.



Healthy Skin for Every Arkansan

When your patients need to see a specialist for complex skin conditions, it's important to have a partner who delivers world class care, so you both have peace of mind.

We treat all types of skin conditions, including skin cancer, eczema, and psoriasis. Along with providing advanced treatments, we've developed an in-house **biologics clinic** to help our patients receive life-altering treatment as quickly as possible.

With a focus on expert care, your patients will receive the personalized treatments they need and the compassionate care they deserve from our team at Franks Dermatology.



4220 NORTH RODNEY PARHAM RD • SUITE 320
LITTLE ROCK, AR 72212
(501) 246-1042



Hayden Franks, MD

Fellow, American Academy of Dermatology Diplomate,
American Board of Dermatology
Honorary Member, Arkansas Academy of Family Physicians

Bailey Pollock PA-C

Certified, NCCPA
Diplomate Fellow, SDPA

Elizabeth Turbeville, PA-C

Certified, NCCPA
Diplomate Fellow, SDPA

AFMC – A Trusted Resource for Arkansas Providers.

With 50+ years of experience and expertise, our dedicated team has a successful history of delivering exceptional value to Arkansas providers.

- **Contact Center Services:** Assisting Clients with Access to Care
- **Data Sciences:** Better Data for Better Health Care
- **Outreach Services:** A Lifeline to the Provider Community
- **Practice Transformation:** Your Guide to Value Based Care Success
- **Security Risk Analysis:** Because Patient Trust Starts with Secure Data
- **Event Planning Services:** Memorable Events, Minus The Stress



Healthy People. Healthy Businesses.
Healthy Communities.

Check out



Visit afmc.org to find out more.

Host Your Next Event in Style at the Capitol District Event Center

Conveniently located in downtown Little Rock, our newly renovated event space offers free parking, seating for up to 100 attendees, a state-of-the-art A/V system, virtual conferencing options, and a fully equipped catering kitchen.

Let us help you plan your next conference, meeting, or community event – contact us to reserve your spot!

Visit afmc.org/events for more information.





Adult Behavioral Health in Primary Care

May 2-4, 2025

Full Scholarships for Arkansas Providers

Transform your practice: Learn to assess, diagnose, and treat common mental health concerns in adult patients.

A \$1900 value, this program is **fully funded** for a limited number of **qualified, Arkansas-based providers**.

Learn to identify and differentiate among behavioral health problems such as **anxiety** and **somatic symptoms, depression, chronic pain, substance abuse, adult ADHD, psychosis, and bipolar disorder**.

Program includes:

- A 3-day live, virtual course taught by REACH's world-class faculty of experts in the field.
- 4 months of case-based consultation calls to discuss real patient cases and solidify learning.
- Custom toolkits featuring assessments, medication charts and comparison tables, and patient handouts



Scan the QR code with your mobile device or visit bit.ly/abhscholarships to learn more and apply today!

Nicely done, beef.

**You raise the steaks
on nutrition and taste.**



For nutritious
beef recipes, visit
beefitswhatsfordinner.com





Family Medicine State Fact Sheet in Arkansas



Family medicine is the only medical specialty in which physicians are trained to provide continuing, comprehensive health care for people of all ages and genders, treating each organ system and every disease entity. No other medical specialty covers the broad range of primary care services that family medicine does.

Family medicine is based on a philosophy of caring for the whole person and a continual emphasis on family, community and environmental context, making it the ideal specialty to care for America's most vulnerable and underserved communities.

Family Physicians in the U.S. Health Care System

More Americans depend on family physicians than on any other medical specialty. AAFP members are the main source of primary health care for the Medicare population and see a large proportion of new Medicaid beneficiaries.¹



Accepts new Medicare patients

86%



Accepts new Medicaid patients

70%

In a week, the average family physician has 82 total patient encounters.²



Office Visits per week

61



E-visits per week

13



Hospital visits per week

8



Nursing Home Visits per week

1



House calls per week

1

51 days of life are added with every 10 additional primary care providers added per 100k residents.³

Family Physicians Training in Arkansas

There were **130** family medicine residents in **Arkansas** between 2018 and 2020 and **63.1%** remained in the state.⁴

of Family Medicine Residency Programs⁵

14

of Teaching Health Centers⁶

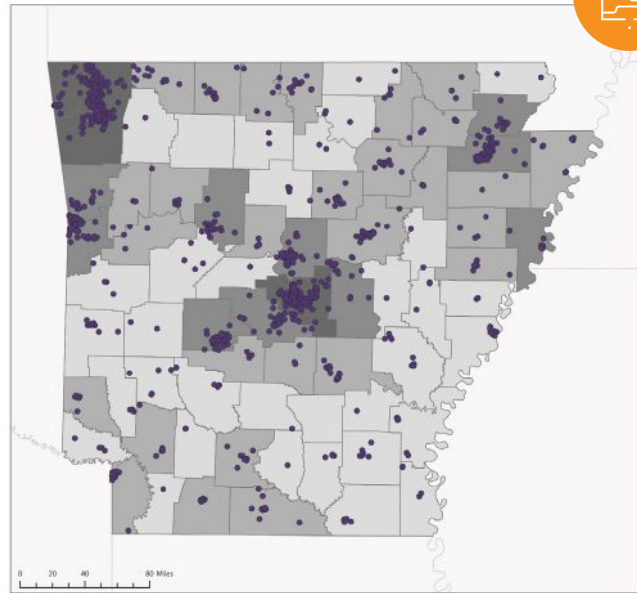
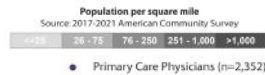
0



Geo map of Arkansas



Arkansas has 72.9 primary care physicians per 100,000 state residents.⁷



Family Physicians in Arkansas

Arkansas currently has **1,390** Family Physicians.⁸

Arkansas has **70** designated Health Professional Shortage Areas.⁹

1,714,556 residents in Arkansas live in a medically underserved area.⁹

Family Medicine's Contribution to Arkansas' Economy¹⁰

\$1.7 billion
in direct and indirect economic output

11,869
direct and indirect jobs

\$827 million
in direct and indirect wages and benefits

1. AAFP. Family Medicine Facts.
2. AAFP 2024 Practice Profile Survey
3. Basu S, Phillips RS, Berkowitz SA, Landon BE, Bitton A, Phillips RL. Estimated Effect on Life Expectancy of Alleviating Primary Care Shortages in the United States. *Ann Intern Med.* 2021 Jul;174(7):920-926. doi: 10.7326/M20-7381. Epub 2021 Mar 23. PMID: 33750188.
4. AMA Physician Masterfile as of November 2024.
5. ACGME. Advanced Program Search. Retrieved from <https://apps.acgme.org/ads/Public/Programs/Search>
6. HRSA. Teaching Health Center Graduate Medical Education Awardees
7. 2021 AMA Masterfile and the U.S. Census Bureau estimates of State Population Totals for 2021 <https://www.census.gov/data/tables/time-series/demo/popest/2020s-state-total.html>.
8. HRSA. [Health Workforce Projections](#)
9. HealthLandscape. Underserved Population
10. AMA. [Economic Impact Study](#).

UPCOMING EVENTS

AAFP Leadership Conference (NCCL/ACLF)

April 24-26, 2025 – Kansas City, MO

Arkansas AAFP Resident Retreat

May 2-4, 2025 – Hot Springs, AR

AAFP Family Medicine Advocacy Summit

June 22-25, 2025 – Washington, DC

AAFP FUTURE 2025

July 31-August 2, 2025 – Kansas City, MO

Arkansas AAFP Scientific Assembly 2025

August 13-16, 2025 – Wyndham Hotel,
North Little Rock, AR

AAFP Congress of Delegates

October 4-6, 2025 – Anaheim, CA

AAFP Family Medicine Experience (FMX)

October 5-9, 2025 – Anaheim, CA

For more information, visit arkansasafp.org



**ARKANSAS
FAMILIES FIRST**

**ARKANSAS
FAMILIES FIRST**

**SPECIALIZED PEDIATRIC
EVALUATIONS COUNSELING, &
PSYCHIATRY**

**North Little Rock & Conway
501-812-4268 ARFamiliesFirst.com**



How long does it take to achieve peace of mind about your heart health?

We think it takes about 30 minutes.

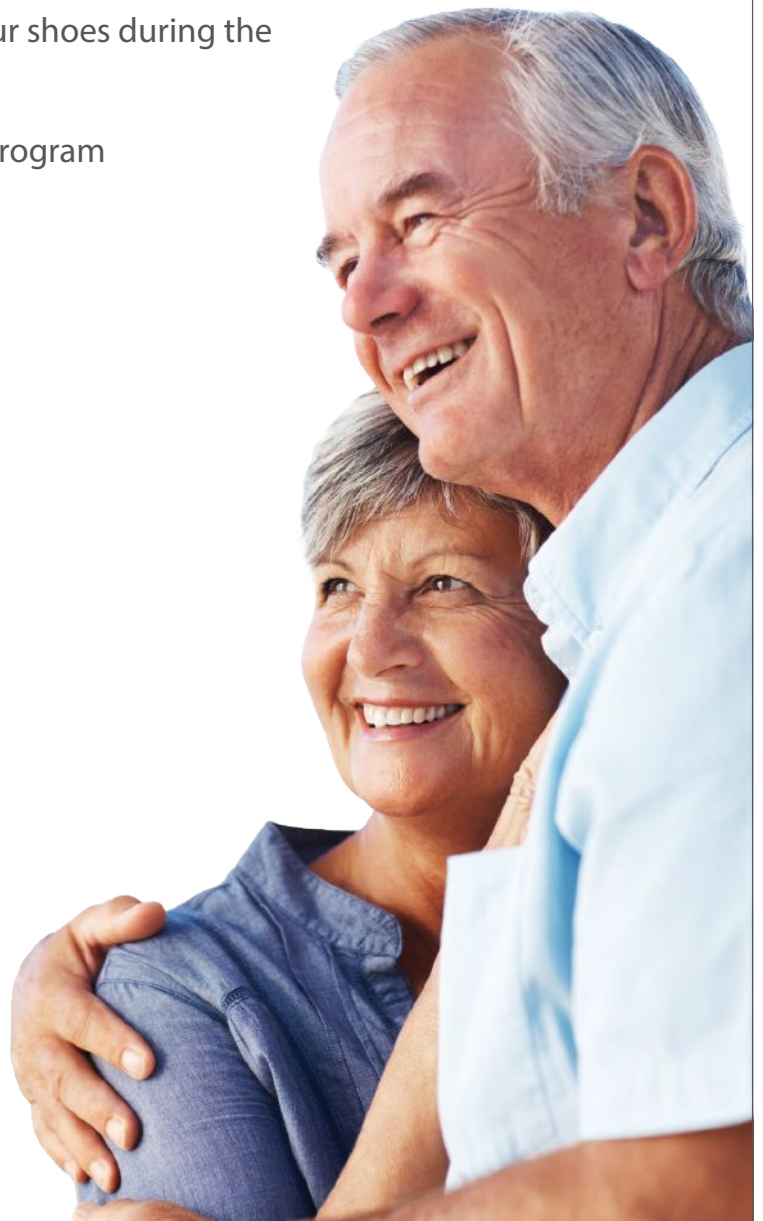
The new Heartsmart program at the CHI St. Vincent Heart Institute offers a comprehensive series of heart screenings to ensure your heart health is where it needs to be – and it only takes about 30 minutes to complete.

The best thing is, you only have to remove your shoes during the screening process.

Learn more about the Heartsmart screening program at chistvincent.com/heartsmart.

HEARTSMART 
PROVIDED BY CHI ST. VINCENT

 **CHI St. Vincent.**
Heart Institute



Arkansas Academy of Family Physicians
2101 Congo Road
Building D2, Suite 500
Benton, AR 72015

PRESORTED
STANDARD
U.S. POSTAGE
PAID
LITTLE ROCK, AR
PERMIT NO. 563



Jefferson Regional Urology Associates



Nathan Green, MD

Nick Scherzer, MD

Jordan Hanberry, MD

1601 W. 40th Ave., Ste. 301C, Pine Bluff, AR 71603

Appointments: 870-541-6060

Acute Kidney Stone Hotline: 870-541-6062

Arkansas

FAMILY PHYSICIAN

ADVERTISE HERE!

contact Michelle Gilbert
mgilbert@pcipublishing.com
501-725-3561

Family Physician Publications available in the following states:

| | | | |
|------------|-----------|--------------|--------------------|
| Arizona | Indiana | New Jersey | South Carolina |
| Arkansas | Kentucky | Ohio | Tennessee |
| California | Louisiana | Oklahoma | Texas DO |
| Delaware | Michigan | Oregon | Uniformed Services |
| Florida | Montana | Pennsylvania | Virginia |
| Idaho | Nebraska | Rhode Island | Washington |
| Illinois | Nevada | | |

 **Publishing**
PCI Concepts, Inc.