ACP
American College of Physicians
Internal Medicine | Doctors for Adults

Tennessee Chapter
Governor's Newsletter

July 2009 Kenneth E. Olive, MD, FACP, Governor

From Your Governor-Reducing Cost in Health Care

As I write this on July 4, 2009, the United States is experiencing a time of sweeping change. Much of this change has the probability of significantly impacting health care including both providers and consumers of health care. While the exact face of this change in uncertain, most agree that significant change will occur on the national policy level this year. When your Tennessee Chapter delegation was in Washington for Leadership Day on Capitol Hill in April we heard from national ACP leaders who have been working hard to develop evidence-based policy suggestions which should favor all internists (generalists, hospitalists, and subspecialists). We also spoke directly with our Congressmen and Senators representing both sides of the aisle who concurred that significant changes are coming.

Multiple issues have been driving this push for major reforms. One of these is the rapid rise in health care costs. For some time these increases have outpaced the growth in the overall U.S. economy. Clearly this scenario is not sustainable for the long term.

An ACP policy paper currently in draft form entitled "*Controlling Health Care Costs*"identifies ten major factors increasing health care costs: Advancing Technology, Demographics and Declining Health Status, Lack of Productivity Growth, Inappropriate Utilization, Payment System Distortions, Consumer Price Insensitivity, Medical Errors and Inefficiency, Medical Malpractice and Defensive Medicine, Higher Prices, and Administrative Costs. Several of these factors are larger population, economic, and government policy issues that are beyond the reach of individual physicians to impact. However, some of these factors are under the direct control of physicians and I would like to consider those.

Advancing technology will occur independent of the individual physician. However, our use of this can make a significant difference in costs. While many of my cardiologist colleagues will take exception to this example, cardiac CT angiography is such a technology. This exciting technology with potential to improve care and avoid more invasive procedures, in many cases has become another costly technology layered on top others. I have the experience of ordering this test in someone who probably did not need it in the first place only to have a finding of questionable significance requiring yet another expensive test to delineate the meaning of the questionable finding. As individual physicians we can do our best to use expensive advancing technology with prudence – ordering it only when we are convinced it is truly beneficial to the patient.

Consumer price insensitivity is a substantial issue we can help impact. With entities other than the patient being primarily responsible for payment, patients are often unaware of the costs of various health care related activities. Similarly, physicians are often poorly informed about costs. Recently, I was involved in the care of an immunocompromised patient infected with a resistant organism. She was discharged on an expensive oral antibiotic (appropriate for the clinical setting). The resident physicians estimated a cost of $500; the attending physician estimated $1200; the actual cost was $2000. As physicians we can become more aware of such costs and communicate them to our patients. This can contribute to more informed decision making which may decrease overall costs of care.

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Inappropriate utilization is something I have certainly practiced more often than I would care to admit. Continued use of branded and more expensive pharmaceutical agents when equivalent generic products are available is commonly practiced. Does the patient with hypertension really need the $100 per month antihypertensive with a novel mechanism of action when they have not been treated with a thiazide diuretic? The reality that it is quicker to order a lumbar spine MRI than it is to explain, based on my clinical evaluation, that the patient with back pain does not need this test at this time does not justify my ordering it. Non-pharmacologic lifestyle modifications may be as effective as pharmacologic therapies, but it is quicker and easier to write a prescription than to counsel about lifestyle modification. I certainly have opportunities to improve my utilization of medical services to deliver high quality care at lower costs.

Enhancing medical efficiency is a goal we all realize we need to attain. Most physician practices are actively working towards this goal. I have been gratified to find that some electronic records do make it easier to obtain information from other physicians and hospitals and physicians so I am not repeating tests someone else performed one month ago – but there is room to do more.

Defensive medicine may have prevented some successful malpractice lawsuits. Having experienced a medical malpractice lawsuit and trial, I understand the intense desire to avoid a similar experience ever again. I also understand why physicians might be tempted to err on the side of unnecessary testing to achieve this goal. However, defensive medicine is no substitute for practicing good medicine. When I have done the right thing, documented it well, and communicated with my patient, the additional test "just to keep the lawyers happy" is unlikely to be of benefit to either me or my patient.

While many issues pushing health care costs higher are beyond the control of individual physicians, there are those areas which we can control within our own practices. Working to achieve this cost control at the individual physician level is part of our fiduciary responsibility to the profession and our patients.

Ken Olive, MD FACP
Governor, Tennessee Chapter ACP

This issue of the Governor's Newsletter has several interesting items I encourage you to read. **Dr. Jim Lewis** outlines the plans for our annual Tennessee Chapter Scientific Meeting. **Dr. Minabe Wariboko**, and **Ms. Sarah Harris** report on their resident and medical student perspectives on Leadership Day. **Dr. Ryan Mire** discusses the Tennessee Council of Young Physicians activities. **Dr. Steve Miller** summarizes the Patient-Centered Medical Home project for which the Tennessee Chapter received an Evergreen Award at Internal Medicine 2009.

I hope to see you at the chapter annual meeting September 11-12, 2009 at the Hilton Downtown in Nashville! The program and registration information can be found online at: http://www.acponline.org/meetings/chapter/tn-2009.pdf.

2009 Tennessee Chapter Annual Scientific Meeting

The Tennessee ACP Annual Scientific Meeting is set for September 11-12 at the Downtown Hilton in Nashville. The theme is "*Practicing by the Guidelines*," and the meeting features outstanding lecturers, breakout sessions, resident clinical vignettes, **Dr. William Applegate** as the College representative, and two SEP modules. There is an evening tour of the Frist Center for the Visual Arts. Attendees may earn up to 9.5 CME Category 1 credits.

Topics and lecturers are as follows: Diabetes Mellitus – New Guidelines and Therapies, **Dale Childress, M.D**; Chronic Renal Disease – Update on Standards of Care, **James Tumlin, M.D.**; Gastroesophageal Reflux Disease – Diagnosis, Management, and Screening Guidelines, **Michael Buchholz, M.D.**, ACP member; Age-Associated Memory Impairment – **William Applegate, M.D., MACP**; Preventive Medicine – New Infectious Diseases Guidelines– **William Schaffner, M.D, MACP**; Perioperative Cardiac Assessment: When Guidelines Fail – **Catherine Payne, M.D.**, ACP member; and Abnormal Liver Function Tests with Guidelines on Diagnosing and Managing Non-Alcoholic Fatty Liver Disease– **David Raiford, M.D., FACP**.

The breakout sessions include Healing Skills with **Larry Churchill, PhD**, and **Roy Elam, M.D.**; Work and Family Balance with **Stephanie Hatcher, M.D.**, ACP member and **Roger Smalligan, M.D.**, FACP; and Physician Prescribing and Monitoring of Scheduled Drugs with **Todd Bess, PharmD**. This last session on drug prescribing practices results in a one hour credit toward state medical licensure renewal.

Saturday afternoon is devoted to maintenance of certification with two ABIM SEP modules – Office-Based Internal Medicine with **Steve Miller, M.D.**, FACP, and Hospital-Based Internal Medicine with **Jim Lewis, M.D., FACP**. Each of these sessions will count for 10 points toward maintenance of certification.

The TACP is honored to have **Dr. Bill Applegate** as its College representative. Dr. Applegate is immediate past chair of the ACP Board of Regents and is currently Dean of the Wake Forest University School of Medicine. He served for twenty years on the faculty of the University of Tennessee School of Medicine. Dr. Applegate will give a College update, participate in the town hall session, and provide a lecture in his field of expertise which is geriatrics.

Friday evening is devoted to a tour of the Frist Center for the Visual Arts along with hors d'oeuvres. The Frist Center opened in 2001 and features a variety of contemporary art exhibits among its 24,000 square feet of gallery space.

The planning committee for the meeting consisted of **Drs. Monique Bennerman, Tracey Doering, Jim Lewis (chair), Ryan Mire, Ken Olive, Mukta Panda, Roger Smalligan**, and **Laura Sprabery**.

The cost for attendees is as follows: ACP master/fellow/member - $150, non-member physician - $200; SEP modules – ACP member - $100, nonmember - $200; and reception and dinner at the Frist Center – Adults - $50, Associates and students - $20, and children under 16 – free. Register using the form found online at: http://www.acponline.org/meetings/chapter/tn-2009.pdf. A block of rooms is reserved at the Downtown Nashville Hilton through August 11. Mention that you will be attending the ACP Tennessee Chapter meeting to receive the room rate of $175/night. Please call 1-800-HILTONS or 1-615-620-1000 to reserve your room. Contact **Ms. Wilma Cooley** at 615-460-1650 for any questions.

Jim Lewis, MD FACP

Leadership Day On Capitol Hill – May 20, 2009

A Medical Student's Perspective

Participating in Leadership Day proved to be an eye-opening educational experience in numerous ways. Presentations by ACP leaders provided me with a much deeper understanding and awareness of the challenges physicians are personally facing and steps needed to ensure we can continue to provide proper care for all our patients. In-depth discussions on health care reform focused on the ACP's top priorities, including access to affordable coverage for all Americans, Medicare reform, and the crucial need for reversal of the growing shortage of primary care physicians. As a medical student, I could specifically speak about reforms for student debt and loan repayment, as well as the need to increase the number of Medicare-funded GME positions and incentives to enter into primary care. As we met with our Congressional Representatives and their Legislative Assistants to discuss health care policy and share personal anecdotes about real patients, I saw surprise on their faces many times, shocked by the true stories we recounted. In those moments I was inspired to continued advocacy and action, in a belief that having our voices heard truly makes a difference. Physicians are the experts regarding the health of our patients and know best what does and will impede patients from receiving the care they need; however, our Representatives cannot know what we do not tell them. This realization should motivate us all to speak out and stay connected, so that our voices play an active role in shaping the future of healthcare.

Sarah Harris MS3, ACP Student Member (Ms. Harris is a 4th year medical student at the Quillen College of Medicine)

A resident's perspective

Leadership Day is a unique experience in which all members should try to participate. It was an insightful event that allowed us as the American College of Physicians to come together and advocate for the changes that we would like to see implemented.

The overall process involved meeting with different congressmen and/or their representatives directly and discussing the topics at hand. This year we focused on achieving affordable health coverage for all Americans, while also addressing the shortage of primary care physicians. Overall, health reforms to expand coverage will fail without simultaneously reversing the growing shortage of primary care physicians.

Unfortunately, at this point primary care is not considered an attractive field for many young physicians/ medical students to pursue. However, addressing high levels of educational debt as well as the disparity in incomes between primary care physicians and specialists has the potential to reverse this trend. Without changes to encourage more students to consider primary care career choices, there will be no way to meet the demand for the number of primary care physician necessary to care for all Americans.

From participating in Leadership Day, I was able to gain insight to the process as well as the current issues that will ultimately have the greatest impact on doctors of my generation. As I move forward into my career I will remain abreast on these political issues and continue to be a voice/advocate for changes that we as the American College of Physicians would like to see implemented.

Minaba Wariboko, MD, Associate Member (Dr. Wariboko is a first year internal medicine resident at the Meharry Medical College)

Governor's Perspective

Our delegation to Leadership Day had a productive time in Washington. As described above by **Ms. Harris** and **Dr. Wariboko** this event is a combination of educational briefings by ACP staff and legislative staff members involved in formulating policy as well as direct advocacy with our legislators. The delegation consisted of Ms. Harris (ETSU medical student), **Ravi Parikh** (Vanderbilt medical student), Dr. Wariboko (resident), **Dr. Roger DeVersa** (hospitalist from Chattanooga and incoming chair of the Tennessee Council of Young Physicians), **Dr. Doris Hubbs** (hospitalist from Kingsport), **Dr.Fred Ralston** (internist from Fayetteville and President-elect of the ACP), **Dr. Jason Hayes** (primary care internist from Memphis), **Dr. Bob Vegors** (internist/geriatrician from Jackson), and me. We had the opportunity to meet with either Congressmen or their staff members from all nine Tennessee congressional districts as well as health staff member of **Senators Alexander** and **Corker** to advocate for ACPs major policy positions.

Alexander Leadership Day (left-right): Bob Vegors, Roger DeVersa, Ken Olive, Fred Ralston, Senator Alexander, Jason Hayes, Sarah Harris, Minabe Wariboko, Doris Hubbs

Tennessee Council of Young Physicians (TCYP)

The Tennessee Chapter Council of Young Physicians (TCYP) was officially organized as a council in September of 2008. The purpose of this council is to address the needs and issues that affect the young physicians across the state. The council has two representatives in each region of the state. Your may view your regional representative on the chapter website:
http://www.acponline.org/about_acp/chapters/tn/ypcouncil.htm

TCYP has worked to include topics that are of interest to our state membership. TCYP sponsored a topic at the 2008 scientific meeting on Coding 101 and will be sponsoring a panel discussion on Work & Life Balance at this year's state meeting in September.

In addition during this first year of an organized council, each region sponsored a dinner program on Personal Finances for the Young Physician. The goal was to provide general advice on financial management in a non-pressured and unbiased fashion. Moreover, the TCYP was inter-

ested in providing educational opportunities outside of the medical lecture format. The guest speaker for each program was a local certified financial planner chosen from each region. The first program was held in Nashville during the month of March, followed by Memphis during the month of May, and finally Chattanooga during the month of June. The feedback to date from those who attended has been quite positive and included a diverse group of young physician attendees.

The council will continue to develop programs and activities to help our young physician membership. The geographic barrier of Tennessee is just a speed bump (rather than a road block) in making sure we attempt to provide all of our constituents the opportunity to benefit from these programs. If there are educational topics, programs, or issues that you feel the TCYP need to address, please feel free to contact the council Chair or your regional representative, so we can make every effort to meet your needs. We look forward to serving you!

Ryan D. Mire, MD, FACP (Dr. Mire will stepping down as chair of the TCYP to become chair of the national Council of Young Physicians)

Leadership Enhancement and Development (LEAD)

The College introduced the Leadership Development and Enhancement (LEAD) program at Internal Medicine 2008 targeting physicians early in their careers to offer skills, knowledge, and experience necessary for effective leadership in medical settings and the community at large. A LEAD certificate can be awarded by completing courses and activities outlined by the College over a three year period. The criteria are clearly described on the ACP website:
http://www.acponline.org/education_recertification/resources/leadership_development/certificate/ Each year at the Internal Medicine national meeting, there are two pre-courses focusing on leadership development for the beginner (Essential Competencies of an Emerging Leader) and the advanced (Leadership Competencies: Beyond the Basics) leader. These courses are mentored by leaders within the College and count towards your criteria for certification. The pre-course sessions have received outstanding reviews and have been attended by several of your Tennessee chapter colleagues.

Each year, LEAD certificates will be awarded at the Internal Medicine annual meeting for those who complete the certification program. At Internal Medicine 2009 in Philadelphia, seventeen physicians across the country were awarded certificates during a recognition ceremony. A listing of those recipients and a highlight of their activity can be found on the ACP website:
http://www.acponline.org/education_recertification/resources/leadership_development/lead_slide.htm

The goal of the LEAD program is to foster personal and professional growth through active participation on the local and national level. The College is very committed in its efforts to develop young leaders that will strength the ACP at present and in the future.

I encourage our Tennessee physicians to enroll in the LEAD program and get involved on the local level by participating in Tennessee Chapter committees, the state scientific program, peer-to-peer recruitment, advocacy, and Leadership Day. Please feel free to contact our Governor, Dr. Ken Olive, with your interest or skill-set and get ready to LEAD.

Ryan D. Mire, MD, FACP (Dr. Mire received the first LEAD certificate awarded by the ACP at Internal Medicine 2009)

TN CHAPTER RECEIVES 2009 EVERGREEN AWARD FOR MEDICAL HOME COMMUNICATIONS

At Internal Medicine 2009 , our chapter was selected to receive the Evergreen Award. The Evergreen Award Program recognizes Chapters for outstanding efforts in designated categories. It was intended to provide visibility and recognition (nationally and locally) "to those chapters that have been successful in implementing programs that increase membership, improve communication, increase member involvement and diversity activities, and foster careers in internal medicine." Our award in 2009 was the 3rd Evergreen Award to the

Tennessee Chapter in the past 4 years.

By building alliances with multiple stake-holders in implementing a primary care patient-centered medical home in Memphis, TN, ACP attempted to move the patient-centered medical home into the mainstream of thought concerning the future of primary care in a community. It first began as a local initiative, but has now expanded across the state as an educational program targeted at multiple decision-makers.

The specific objectives of the program were to:

1) recruit allied entities inside and outside of physician organizations to support the patient centered medical home;

2) educate physicians and those other allied entities concerning the medical home and its benefits to patients, employers, insurers, and physicians;

3) continue to discuss with its alliances the advantages and requirements of a medical home in a community; and

4) respond to opportunities to educate others concerning the events transpiring in the target community.

This approach was necessary in developing a local patient centered medical home because there was an absence of external requirements or funding. The state government and insurance commissioner had not expressed any interest in the medical home and viewed it as "a physician contracting issue." There was no external funding to drive the project. Tennessee ACP had to identify alliances and partners to "build it from the ground up."

The project began in 2007 with discussions held between the Governor of the TN ACP (then **Steve Miller FACP**), the CEO of the Memphis Group on Health, and the Director of the Division of General Internal Medicine at the University of Tennessee College of Medicine (**Jim Bailey FACP**, a former Council member of TN ACP). Those discussions identified problems of mutual concern:

In Memphis, 21 % had no primary doctor (Healthy Memphis Data Center, 2005);

A survey of 42 primary care doctors within driving distance of the major downtown community hospital indicated that only 3 of them accepted new Medicare patients;

Emergency rooms, urgent care centers, and commercial "quick clinics" were seeing increased activity because of the paucity of primary care resources;

Most primary care practices were composed of 2-5 physicians who were trying to survive with a difficult economic model rather than expand into more responsiveness to consumer concerns; and

Primary care practices had a very low use of electronic medical records with difficulty integrating care.

These discussions quickly reached a consensus that the Patient Centered Medical Home was the best solution to the primary care shortage projected in Memphis and provided a model to build an enhanced educational program for primary care internal medicine at the local medical school. Each of the discussants was aware of the American College of Physicians' endorsement of the Patient Centered Medical Home, and used that endorsement in its development of a plan.

That consensus lead to the important 1st Step of a Local Medical Home Conference in May, 2007. This local Medical Home Conference articulated the advantages of the Patient Centered Medical Home in Memphis, but also identified some important barriers. Unlike demonstration projects in other areas, there were no regulatory or insurance requirements for a medical home in Tennessee. There was no large integrated adult primary care group in Memphis to take leadership in the initiative.

The convening group, including TN ACP, took this information and formed an important and noteworthy alliance with national ACP. The CEO of the Memphis Business Group on Health appeared on a national panel discussion with **John Tooker, FACP,** and contact was made with **Michael Barr, FACP**, in the ACP's Washington DC office. Discussions and planning occurred with significant input by national ACP.

This led to the Multi-Payer Memphis Demonstration Meeting for Patient Centered Medical Home in May 2008. Attending that all day meeting were representatives from:

Memphis Business Group on Health and FedEx Corp, the major employer in Memphis;
National and TN ACP;
National and TN American Academy Family Practice including the state and national MD presidents;
Insurance representatives from national headquarters for (Aetna, BC/BS, Cigna, Humana, United);
Local and TN Medical Association, including the state president;
The 3 major local hospital systems (90% of market);
The major Physician-Hospital Organization; and
Teleconferenced resources arranged by national ACP including a presentation by NCQA.

Discussions in this Demonstration Meeting futher elaborated the benefits of the Patient Centered Medical Home to various stakeholders They also confirmed that Multi-payer participation was essential and no practice could transform with limited support by one insurer. It was recognized that quality standards were needed by insurers and NCQA Standards were accepted as the model for transformation of a practice to a Patient Centered Medical Home. A tiered system of payments would be necessary for transformation, including payments to move from "Not Recognized" to NCQA Level 1. The representatives from the insurance companies reported that contracting would be difficult because of anti-trust regulations, but insurers were committed to moving this forward.

On August 2008, a presentation was made via the Center for Health Improvement (Sacramento, CA) in a Webinar format to 92 sites across the United States. This Aligning Forces for Quality Patient Centered Medical Home Webinar involved presentation and discussion about the Multi-payer Project in Memphis. Tennessee ACP, represented by its governor, was one of the 4 presenters.

The project was presented at the Board of Governor's meeting in Minneapolis in September 2008 as part of the Governor's session on the Patient Centered Medical Home. That presentation is included in the supplementary materials. The Patient Centered Medical Home was discussed at a panel discussion on Pay for Performance at the Annual Scientific Meeting of the Tennessee ACP in Nashville last September. The Memphis Multi-payer Medical Home Project was added to the Patient Centered Primary Care Collaborative list of Pilot Projects (www.pcpcc.net) in September 2008.

Additional presentations have been made to the Board of Directors of the Summit Medical Group in Knoxville last fall and to the Memphis Academy of Internal Medicine in January, and to interested primary care physicians in Knoxville this May. These communications and the national movement in developing the Medical Home have resulted in 2 practices (one in Memphis and one in Cookeville) being selected as potential demonstration sites for the Patient-Centered Medical Home.

Tennessee ACP's experience indicates that the development and implementation of a patient centered medical home in a multi-payer market without regulatory requirements by state government is a process which requires continued commitment by the chapter and long-term enthusiasm. The Tennessee Chapter of the ACP has made that commitment and continues its enthusiasm.

Steve Miller, MD, FACP (Dr. Miller is the immediate past Governor of the Tennessee Chapter)

Internal Medicine 2009

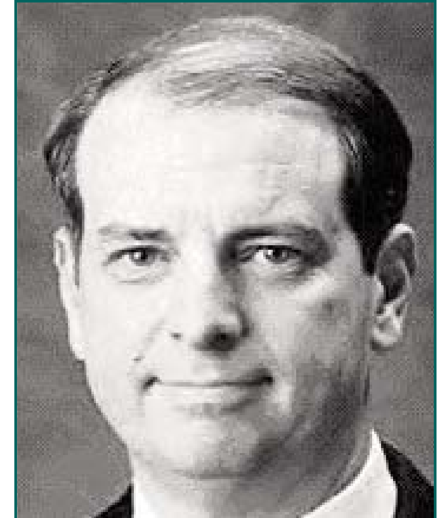
Many members of the Tennessee Chapter attended Internal Medicine 2009 in Philadelphia – the ACP's premier educational event. In addition to the excellent educational programs offered, several of our members participated as presenters in the meeting or received recognitions:

At the Thursday evening Convocation Ceremony, **William Schaffner II, MD, MACP** (Nashville) received the James D. Bruce Memorial Award for Distinguished Contributions in Preventive Medicine.

M. Douglas Leahy, MD, MACP (Knoxville) and **Wayne Joseph Riley, MD, MACP** (Nashville) were inducted as Masters of the College.

William Schaffner II, MD, MACP

Wayne Joseph Riley, MD, MACP



M. Douglas Leahy, MD, MACP

Drs. Adejoke Aino-Babalola (Brentwood), **Tom Cook** (Hixson), **Michael Floyd** (Nashville), **Paul Getaz** (Johnson City), **Larry Rigsby** (Signal Mountain), and **John Thompson** (Nashville) were inducted as Fellows.

(left-right): Paul Getaz, John Thompson, Michael Floyd, Tom Cook, Steve Miller, Larry Rigsby, Ken Olive, Tracey Doering.)

Ryan Mire, MD, FACP received the first LEAD certificate awarded by the College.

Several associate members participated in the Associates Clinical Vignette Poster competition: **Nishant Gupta, MBBS** (Chattanooga), **Sumit Kalra, MBBS** (Johnson City), **Aqueel Imran, MBBS** (Memphis), **Demetria L. Yarbrough, MD** (Knoxville), **Jujhar S. Bains, MD** (Knoxville), **Kristina M. Buchholz, MD** (Nashville), **Rahul Mehta, MD** (Johnson City), **Rashmi Thapa, MD** (Memphis) **Zain Sharif, MD** (Memphis).

Erik A. Wallace, MD, FACP; Ryan D. Mire, MD, FACP; Donald W. Hatton, MD, FACP

Dr. Fred Ralston began his term as president-elect of the American College of Physicians.

Friday evening an enjoyable time of socializing was experienced at the joint reception of the Tennessee, Kentucky, North Carolina, and South Carolina chapters on the 33rd floor of the Loews Hotel with excellent views of the Philadelphia skyline.

TENNESSEE COUNCIL ACP, 2009

Kenneth E. Olive MD, FACP (2013) Governor

East Region TN

Amy E. Bentley, MD (2009E) (Knoxville)

Randall T Curnow, Jr., MD, MBA, FACP (2013A) (Knoxville)

Mukta Panda MD, FACP (2011E) (Chattanooga)

Roger D. Smalligan, MD, MPH, FACP (2011E) (Johnson City)

Middle Region TN

Tracey E. Doering MD, FACP (2011E) (Nashville)

G. Waldon Garriss, III, MD, FACP (2011A) (Nashville)

Ayodeji A. Oso MD, FACP (2011E) (Nashville)

Paul Perryman MD, FACP (2009E) (Columbia)

Ryan D. Mire, MD, FACP (2009E) (Nashville)

West Region TN

John Fowler MD, FACP (2009E) (Memphis)

James B. Lewis, Jr. MD, FACP (2011E) (Memphis)

Laura Read Sprabery MD, FACP (2011E) (Memphis)

Robert A. Vegors MD, FACP (2009E) (Jackson)

Past Governors/Presidents (non-voting ex officio)

Stephen T. Miller, MD, FACP (2009) (Memphis)

J. Fred Ralston, Jr. MD, FACP (Fayetteville)

Mack A. Land MD, MACP (Memphis)

Phillip Bertram MD, MACP (Cookeville)

Clifton R. Cleaveland MD, MACP (Signal Mountain)

Arnold M. Drake MD, FACP (Memphis)

Gottlieb C. Friesinger II MD, MACP (Cardiology)

Richard G. Lane MD (Franklin)

Alexander S. Townes MD, MACP (Franklin)

PHOTO GALLERY

Chapter Governors at the reception (left-right) Tim Lane (NC), Mary Duke (KY), Steve Miller (TN), Dawn Clancy (SC)

Congressman Phil Roe with members of Tennessee delegation

Congressman Lincoln Davis with members of Tennessee delegation