



PULASKI COUNTY MEDICAL SOCIETY

News

April 2025

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When you think professional, ethical, quality healthcare,
think physicians of Pulaski County Medical Society.

UAMS Applauds 168 Seniors Heading to Residencies in 30 States and Washington, D.C.

By Linda Satter, Pictures by Bryan Clifton

The tension at the Statehouse Convention Center was palpable just before 11 a.m. March 21, as 160 senior medical students from the University of Arkansas for Medical Sciences (UAMS) sat waiting at large round tables to open the sealed envelopes they had just been handed.

As the countdown clock on a large screen at the front of the hall ticked down to zero, the students unanimously ripped open the envelopes and peeked inside. Some released shrieks and cheers, some thrust their fists above their heads and others jumped up to hug family and friends beside them.

Latch said 74 UAMS seniors matched to residency programs in Arkansas, while 94 matched to residencies in 29 other states and the District of Columbia.

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Taylor Umbarger, who will be headed to the University of Missouri at Kansas City for an emergency medicine residency, wins the cash jar after hers was the last name call

Continuing Growth, Value, and Challenges of Remote Healthcare

Justin Joy, JD, CIPP, Attorney, Lewis Thomason, PC

Adapted from the SVMIC Sentinel; Read the full article at svmic.com/sentinel

Remote Health Technology:

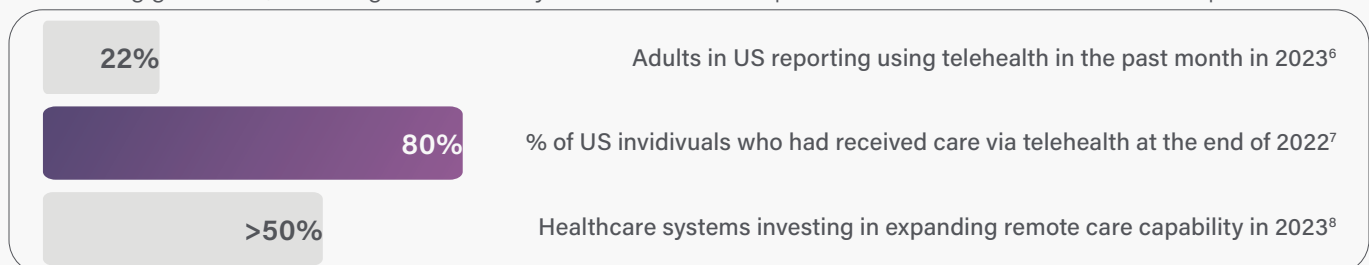
Remote healthcare technology continues to be an increasingly utilized and valuable tool, especially for delivering care to patients who have mobility or transportation challenges, or who live far away from their provider. As remote monitoring technology¹ continues to evolve and improve, an increasing amount of care can be delivered to patients remotely. Indicative of this trend, the American Medical Association introduced five new Current Procedural Technology (CPT) codes for remote therapeutic monitoring (RTM)², and the Centers for Medicare and Medicaid Services (CMS) recently issued clarifications for remote monitoring services coverage.³

Continued Challenges:

Despite the continued growth in utilization by both patients and providers, as well as continued investment in remote healthcare technology, points of friction remain. Licensure restrictions continue to be an area of risk for providers, as most state laws consider the 'originating site' the place of care, which is the location of the patient at the time of the visit. Providers should assume that a full medical license is required to treat a patient by telemedicine in another state at the time of the visit, even if the out-of-state location is temporary for an established patient. Additionally, many states have restrictions on prescribing practices and other aspects of delivering care, so physicians should always verify patient location and state law.⁴

Utilization:

Reimbursement for telemedicine and remotely delivered healthcare services continues to vary by plan and payor. While other variables (such as age and income levels) can influence utilization rates, the 2023 Department of Health and Human Services (HHS) report revealed that patients with Medicare or Medicaid were more likely to use telehealth than those with commercial coverage, while patients without any health insurance were the least likely to use telehealth.⁵ Providers should be familiar with telehealth billing guidelines, including the necessary information to be reported for reimbursement for services provided remotely.



As the research indicates, remote healthcare utilization is growing as is the development of technology to meet the need. Though telemedicine provides patients additional access to the care they need, it does not come without challenges. Physicians are recommended to stay abreast of patient location before telemedicine visits, state laws, and the new technology for aiding remote care.

¹ These devices should often be differentiated from consumer wearable devices, which were addressed in another SVMIC Sentinel article.

² American Medical Association, "As remote patient monitoring expands, so does CPT to describe it" (April 15, 2022), <https://www.ama-assn.org/practice-management/cpt/remote-patient-monitoring-expands-so-does-cpt-describe-it>

³ CMS CY 2024 Payment Policies under the Physician Fee Schedule (Nov. 16, 2023) (PDF pages 178-185), <https://public-inspection.federalregister.gov/2023-24184.pdf>

⁴ American Medical Association, "AMA issue brief: Telehealth licensure - Emerging state models of physician licensure flexibility for telehealth" (May 8, 2023)

⁵ 2023 HHS Report at 4.

⁶ U.S. Department of Health and Human Services Office of Health Policy, "Updated National Survey Trends in Telehealth Utilization and Modality (2021-2022)" at 3 (April 19, 2023), <https://aspe.hhs.gov>

⁷ Rock Health and Stanford Center of Digital Health, "Consumer adoption of digital health in 2022: Moving at the speed of trust," <https://rockhealth.com/insights>

⁸ PwC, "When the walls come tumbling down: the hospital of the future," <https://www.pwc.com/us/en/industries/health-industries/library/healthcare-delivery.html>

Great-Great-Great Granddaughter of Pulaski County Medical Society, and UAMS, Founder to Graduate this Year

Among the seniors at the March 14, 2025 Match Day was Kathleen "Katie" Kinder, a direct descendant of Pulaski County Medical Society, and UAMS founder, P.O. Hooper, M.D., who matched to an orthopaedic surgery residency at UAMS.

The Cape Girardeau, Missouri, resident didn't know when she applied to UAMS that she is Hooper's great-great-great granddaughter. She said she applied because of UAMS' proximity to her parents in Missouri and her maternal grandparents in Hot Springs.

It wasn't until she told relatives on her father's side of the family that she had applied at UAMS that she discovered her connection to Hooper. She also learned she is the great-great-great-great niece of another co-founder, James A. Dibrell Jr., M.D., also on her father's side, and that she is the great-great-great granddaughter of E.R. DuVal, M.D. DuVal served with Hooper on the original school's board of trustees.

Kinder described it this way: "Dr. Hooper and Dr. DuVal had children who married, and that couple had



Kathleen "Katie" Kinder

a granddaughter who is my grandmother."

Recently, Kinder said, "I did not come into medical school with a specific specialty in mind, but I started shadowing the orthopaedic surgeons here early on during my first year. After seeing the unique impact they had in helping their patients remain mobile and get back to their favorite hobbies and activities, I knew it was the career I wanted to go into."

She said her ancestral heritage didn't really have an impact on her time in medical school, "but it has provided a unique perspective in just how much has changed in only five generations.

"UAMS has grown an incredible amount since its founding and has done a lot to expand access to patient care across the state," she said. "It has also provided so many opportunities for students throughout Arkansas to obtain a medical education. I've been really grateful to attend here and look forward to using the knowledge I've gained to help care for patients."



Dr. George J. Arcos

ASAP Welcomes New Doctor

Arkansas Spine and Pain is proud to welcome Dr. George J. Arcos, a board-certified interventional pain physician with over 30 years of experience in anesthesiology and pain management. Recognized among the leading physician of the world, Dr. Arcos specialized in advance interventional techniques, including spinal cord stimulation, SI joint fusion, and minimally invasive lumbar stabilization.

UAMS Applauds 168 Seniors Heading to Residencies in 30 States and Washington, D.C.

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She said 48%, or 79 students, are headed to residencies in a primary care specialty: internal medicine, pediatrics, Med-Peds (half internal medicine and half pediatrics), family medicine and obstetrics/gynecology. This is the same percentage of primary care residencies as attained by the Class of 2024.

Another 38 seniors are entering surgical residencies, while 13 are heading toward emergency medicine residencies.

Eight seniors obtained residencies in anesthesiology, and 10 are headed to psychiatry residencies.



Kathleen "Katie" Kinder and her niece celebrate Kinder's match into an orthopaedic surgery residency at UAMS



Kellee Whitson places a pin in the map to celebrate her match into a psychiatry residency at UAMS.



Wyatt D'Spain, who matched in pediatrics at UT Southwestern in Dallas, pins his residency location on the map.

CHI St. Vincent Hospitals Receive Inpatient Quality Incentive Award

CHI St. Vincent, a leading regional health network serving Central and Southwest Arkansas, announces that CHI St. Vincent Infirmary, CHI St. Vincent North and CHI St. Vincent Hot Springs have been honored by Arkansas Medicaid and the Arkansas Foundation for Medical Care (AFMC) with the annual Inpatient Quality Incentive (IQI) program award.

This recognition celebrates over a decade of consistent participation in the IQI program and highlights the

hospitals' dedication to improving the health and well-being of Arkansans through high-quality, patient-centered care.

"This recognition reflects the unwavering commitment of our teams at CHI St. Vincent Infirmary, North and Hot Springs to deliver exceptional care for our patients and improve health outcomes across Arkansas," said Chad Aduddell, Market President for CHI St. Vincent. "We

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Baptist Health Community Outreach Launches Free Monthly Wellness Meetup in Little Rock

Join Baptist Health Community Outreach for a free Monthly Wellness Meetup starting in April.

The group will meet on the first Tuesday of each month from 5:30 to 7 p.m. at 10117 Kanis Road, Little Rock. Pre-registration is required. Refreshments will be provided.

This supportive group, led by a team of Baptist Health professionals (a nurse, a dietitian and a community health educator), focuses on achieving holistic wellness and sustainable weight management.



Each month, the meetup discusses key aspects of a healthy lifestyle, including

- Physical Activity: Finding enjoyable ways to move your body and increase your fitness level.
- Mindful Eating: Developing a healthy relationship with food, exploring nutritious options, and cultivating mindful eating habits.

- Stress Management: Learning effective techniques to reduce stress and improve overall well-being.

To sign up visit, bit.ly/BHwellnessmeetup or call (501) 202-1540.

UAMS and Walmart Work Together to Address Food Insecurity and Improve Wellness

The University of Arkansas for Medical Sciences (UAMS) and Walmart are collaborating to increase access to nutritious food across Arkansas.

Through the collaboration, participants in select research projects at the UAMS Institute for Community Health Innovation will receive Walmart Wellness Benefit cards to be specifically used at Walmart stores for various health-related items, including healthy foods and baby care items.

The statewide program begins in March. The number of cards and card amounts will be determined on a project-by-project basis. Various research projects within the institute will participate in the program, including [CenteringPregnancy](#) and Delivering HOPE, a new program that will include nutritional counseling, case management and grocery deliveries.

"Working with Walmart is a giant step forward toward improving nutrition and reducing barriers to health for Arkansans across the state," said Pearl McElfish, Ph.D., director of the Institute for Community Health Innovation. "While we can only offer this benefit to

eligible participants in some of our research projects, the information we gain through this program may help us address food insecurity and reduce health barriers for years to come."

Additionally, for each participant that opts-in, UAMS and Walmart will leverage Walmart's Everyday Health Signals program to generate nutrition-focused insights. These insights will assist UAMS in measuring the project's effectiveness and support the development of novel ways to combat nutrition insecurity.

"We're pleased to join UAMS in finding ways to reduce food insecurity and increase access to nutritious foods in our communities," said Ralph Clare, senior vice president of Health and Wellness Merchandising for Walmart.

Researchers at the institute are also analyzing the effect of healthy food delivery and education on diabetes management and gestational weight gain. In one recent study, the institute facilitated more than 2,000 food-as-medicine deliveries to research participants.

For more information about the institute, visit communityhealth.uams.edu.

CHI St. Vincent Hospitals Receive Inpatient Quality Incentive Award

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are honored by this award, as we remain dedicated to advancing the health and well-being of the communities we serve."

A partnership among Arkansas Medicaid, AFMC and the Arkansas Hospital Association developed the IQI program in 2006 to assess the quality of care through the ways hospitals provide medical care to their patients. Arkansas Medicaid awards financial incentives to participating hospitals that demonstrate significant improvements in health outcomes.

CHI St. Vincent's mission is to nurture the healing ministry of Jesus by bringing high-quality, compassionate care to all, with a focus on dignity, inclusion and respect. The values of reverence, integrity, compassion and excellence guide every interaction, ensuring the delivery of the best care while advancing the health and well-being of the communities we serve. With a history rooted in faith and service, CHI St. Vincent remains committed to fostering healthier lives across Arkansas.

To learn more about the IQI program, visit medicaid.afmc.org/programs. For more information on CHI St. Vincent, visit chistvincent.com.

CHI St. Vincent North Honored with Arkansas Department of Health Diamond Award for Stroke Care Performance

[CHI St. Vincent](#), a leading regional health network serving Central and Southwest Arkansas, announces that [CHI St. Vincent North](#) has been awarded the Arkansas Department of Health Stroke Care Performance Diamond Award. The Diamond Award is the highest hospital recognition for the Stroke Care Performance Award, which recognizes hospitals, ambulance services and teams for excellence in patient stroke care.

"This award is a true honor and reflects our team's dedication to providing the best possible care for stroke patients," CHI St. Vincent North President Megan Bonney said. "Every minute counts in stroke care, and we are dedicated to making sure our patients receive quick and compassionate care, which can make a dramatic difference in outcomes for patients and families."

The Arkansas Department of Health Award is based on data from the Arkansas Stroke Registry for patient discharges between July 2023 and June 2024. The award evaluates key measures such as defect-free stroke care, accurate documentation of stroke bands, and rapid door-to-CT times. These metrics are derived from the American Heart Association/American Stroke Association Coverdell criteria to ensure stroke patients receive the highest quality of care. Hospitals must also be designated through ADH or a national accreditation body to qualify for this honor.

CHI St. Vincent North's achievement underscores its unwavering commitment to excellence in stroke care. By consistently meeting rigorous performance standards, the hospital has demonstrated a proactive approach to quality improvement, ensuring timely evaluation and treatment that ultimately enhance patient outcomes.

This latest award is among many recognitions for CHI St. Vincent North for its quality, patient-centered care. In 2024, U.S. News and World Report ranked CHI St. Vincent North "High Performing" in three categories: diabetes, kidney failure and pneumonia.

The hospital was honored in 2024 with the American Heart Association's Gold Plus [Get With The Guidelines®-Stroke](#) Quality Achievement Award, recognizing its exceptional commitment to stroke care and diabetes management. In 2024, it also received the American College of Cardiology's NCDR Chest Pain – MI Registry Silver Performance Achievement Award and the 2024 [Stroke Care Performance Diamond Award](#) from the Arkansas Department of Health.

For more information about the Arkansas Department of Health's stroke care initiatives, visit www.healthy.arkansas.gov. For more information on CHI St. Vincent, visit chistvincent.com.

Baptist Health Again Named to America's Greatest Workplaces for Diversity List by *Newsweek*

Baptist Health announced that it is recognized for a second year by *Newsweek* and Plant-A Insights Group as one of America's Greatest Workplaces for Diversity 2025.

"At Baptist Health, we are committed to embracing diversity and cultivating an inclusive environment where every individual feels seen, heard and valued," said Cathy Dickinson, chief human resources officer at Baptist Health. "We believe that quality health care should be tailored to meet the unique needs of every person we serve."

Baptist Health has a number of ongoing initiatives that are dedicated to celebrating the health care organization's diverse workforce. We survey our employees annually for valuable feedback and proudly celebrate Diversity Awareness Week. Leadership is trained in unconscious bias, creating an inclusive work environment.



This ranking honors companies that respect and value diversity, as reflected in the feedback from their employees and our rigorous research methodology.

Newsweek and Plant-A Insights Group teamed up to assess publicly available data, information from specialized data partners, interviews with HR professionals, a large-scale survey, and a comprehensive pool of desk research data from the past two years. This included more than 1.5 million company reviews and data from over 250,000 employee interviews. This year, we expanded our reach to interview more than 151,000 employees and collect over 3.3 million company reviews.

To learn more about clinical and non-clinical career opportunities across Baptist Health, visit BaptistHealthCareers.com.

Business Transition Planning

By Dan Blair, Wealth Advisor Regions Private Wealth Management

When the time comes to exit a medical practice, there are many different options to consider.

Should the practice be merged with another practice, sold to a third party such as a hospital or private equity group?

Would it be better to pass it down to partners, associates, or children who have subsequently entered the profession?

What about closing the doors altogether? How do you value the business? Most of the revenue generated by a medical practice is from services provided by the doctor. If the doctor is no longer practicing, what is the value of the company?

In addition to these questions, business owners must also work to determine the best method for selling a practice. Options include an immediate sale, or a slow transition such as an installment sale over several years. As mentioned previously, having the foresight of putting

together a practice structure with an exit-strategy in mind from the onset can make for a more seamless transition.

Considerations for solo practitioners:

- Slow down gradually and close the practice when the financial rewards are no longer in-line with the effort and sell the equipment for its salvage value.
- Work full-time until the day of retirement and then sell the practice to an external buyer.
- Recruit a successor(s) early, build the practice until it can support two or more physicians, then over time sell the remaining interest to the new multi-physician practice.
- Merge with another practice, negotiating a timetable for slowing down and retirement, with an agreed-upon method to be bought out upon termination.

Considerations for multi-physician firms:

- Each partner might contemplate his or her individual expectations, including a time frame of when they

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Business Transition Planning

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may want to retire. Each partner should write these down and discuss as a group.

- Consider requesting an independent valuation of practice, including hard assets as well as accounts receivable, both from an intrinsic and extrinsic perspective.
- Plan to discuss various ways the retiring partner might be paid for his or her portion of the practice value, taking into consideration the financial viability of the practice going forward.
- Consider whether the firm would buy-out the retiring partner or pay a percentage of final salary over time (i.e. 3-5 years), sometimes declining over time. Accounts receivable that he or she earned should be a factor, as well as his or her portion of the remaining liabilities and share of practice hard assets.
- If there is the possibility of more than one partner retiring within a short time frame, discuss ways to handle this situation for the benefit of the retirees as well as the practice.

Estate Planning & Buy/Sell Agreements

Estate and legacy goals are also important in the planning process. In addition to traditional estate planning documents (wills, powers of attorney, advanced health care directives), partners in businesses can also benefit from putting together buy-sell agreements. Buy-sell agreements are made between partners, members, or shareholders to formalize plans for business transition in the event of death, disability, or retirement.

What is Covered in a Buy-Sell Agreement?

A Buy-Sell Agreement will dictate exactly what happens when a physician shareholder, partner, or member (LLC) wants to sell his or her share, becomes disabled, or dies. Establishing a buy-sell agreement can help with satisfying the needs of surviving owners, maintaining harmony between surviving family members and business partners, minimizing taxes, and preserving the value of the practice. They are particularly important for medical practices upon death of an owner as the practice may not be inherited by non-physician family members.

Most buy-sell agreements include specifications around the following: business valuation formula/method,

purchase options when a partner exits (death, disability, or retirement), first right of refusal, how the agreement is to be funded, among other clauses.

Buy-Sell Agreement Funding

It is important to consider how the buy-sell agreement will be funded. Often, an insurance policy can help provide the funds needed to purchase a deceased or disabled owner's share, while ensuring that the company remains solvent. Where life insurance is available to buy a deceased owner's interest, buy-sell disability insurance is an option for funding the buy-out of a disabled owner. Most companies and business owners don't have the funds available to purchase the interest of a disabled owner, and disability can be one of the most overlooked aspects of business succession planning. Alternative funding options include creating a company reserve and/or financing the arrangement.

Healthcare professionals face a myriad of risks and obstacles. Addressing each of the topics discussed above can help minimize those risks and establish a foundation for a successful medical practice.

It takes a team to create a succession plan and prepare a business for a smooth transition.

A Regions Wealth Advisor can help alongside a team of lawyers, accountants and others to ensure coordination and keep your financial goals — including retirement, estate and succession-planning — at the forefront.

If you need help planning for your business's future, Regions Private Wealth Management is a resource to evaluate potential strategies that can protect your financial security. To learn more, visit www.regions.com/wealth-management.

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