

2023 BOARD OF DIRECTORS

Pulaski County Medical Society

Nicholas Brucker, MD – *President*

Kelly Burks, MD – *Vice President*

Krishnappa Prasad – *Immediate*

Past President

Leticia Jones, MD

Bobby Kakati, MD

Yara Robertson, MD

Ken Singleton, MD

Diane Wilder, MD

Richard Wirges, MD

Jordan Marsh – *UAMS*

Student Representative

2023 COMMITTEES

Pulaski County Medical Society

Krishnappa Prasad, MD

Nominating & Credentialing Chair

Anna-Clair Pilkington

Social Media Committee

2023 BOARD OF DIRECTORS

Pulaski County Medical Exchange

Angela Lovett, MD – *President*

Marvin Ashford, MD

Jeffery Hartsell, MHSA

Misti Harvey

Will Henson

Renee Ross, MD

Priyantha Wijewardane, MD

Pulaski County Medical Society

500 S. University Ave., Suite A14

Little Rock, AR 72205

Phone: 501.687.0039

Email: derek@pulaskicms.org

Website: www.pulaskicms.org

Articles represent the opinions of the authors and do not necessarily reflect the official policy of the PCMS or the institution with which the author is affiliated. Advertisements do not imply sponsorship by or endorsement of PCMS.



PULASKI COUNTY MEDICAL SOCIETY

News

December 2023

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

*Happy Holidays to our
Members and their Families!*



From The Pulaski County Medical Society

When a Vendor's Cybersecurity Problem Becomes Your Cybersecurity Problem

JUSTIN JOY, JD, CIPP, ATTORNEY, LEWIS, THOMASON, KING, KRIEG & WALDROP, PC

Several months ago, a medical practice was unable to access its cloud based EHR system early on a Friday afternoon. A support ticket was submitted to the EHR vendor requesting assistance for the problem. In the meantime, the practice activated its emergency procedures protocol and records of the patient visits for the rest of the day were kept on paper. When the office opened the following Monday morning, although the system was seemingly slow when staff initially logged on, by noon, the system appeared to be operating normally. Information from the paper records generated during the system outage was entered into the EHR system and, from all indications things seemed to be back to usual. The office manager who submitted the support ticket was curious however because, unlike support requests submitted in the past, the group had not received any response from the EHR company to the ticket that was submitted on Friday.

At the end of the week, the group received an email from its account representative attaching a letter from the CEO of the EHR company. Contained in the letter was a statement that the EHR vendor was investigating a security incident it experienced the prior week. The letter indicated that additional details would be provided after the company had concluded its investigation. A couple of weeks went by with no further mention from the EHR vendor about the incident. Approximately three weeks after the practice noticed the system problem, it received a letter from the EHR company stating that a data breach had occurred as a result of the incident and the practice's PHI was involved. The question then became who is going to provide notification of the breach to the practice's

patients, the U.S. Department of Health and Human Services, and presuming the breach was a large one, the media?

With the growing reliance on an array of vendors, particularly for providing information technology services, the story above is becoming increasingly prevalent for medical practices of all sizes. According to a recent survey, organizations within the healthcare industry were the most common victim of attacks against third parties, i.e., their business associates, accounting for one third of these types of incidents last year.¹ Ransomware, and its particularly disruptive consequences, was the most common type of attack. These events can be catastrophic to the targeted vendor, with the disruptive effect significantly impacting the vendor's customers. In the increasingly common claims scenario above, the reason why the vendor did not respond to the support ticket was because, as is often the case, it was completely overwhelmed in responding to the incident. In many cases, because the immediate incident response has consumed all the vendors' capacity, the impacted vendor is, at least temporarily, unable to assist or even provide timely information to its medical practice customer. That can be a lonely and unsettling position for a healthcare organization who is completely dependent upon the vendor for the normal operation of the practice. It can also result in confusion for the medical practice in terms of what to do next.

Covered entities should be mindful of their obligations under HIPAA for notification in the event of a data breach. This includes a data breach occurring at or because of a medical practice's third-party business associate vendor.² Obligations for covering

the cost of the data breach are increasingly common provisions in services agreements between covered entities and business associates. Regardless of the existence or nature of any such provision in a services agreement or business associate agreement, under the HIPAA Breach Notification Rule, the covered entity is ultimately responsible for ensuring that proper notification is made whether that notification is made (and paid for) by the business associate, or whether the covered entity must do that themselves. There may be additional breach notification obligations pursuant to state law.

In the scenario above, the medical provider was prudent in contacting SVMIC about the incident, who in turn notified Tokio Marine HCC, who writes and administers cybersecurity coverage for SVMIC policyholders.³ Tokio Marine can begin to assist policyholders navigating these challenging scenarios by resourcing the necessary legal and technical assistance. While the availability of coverage is subject to the terms, conditions, and limitations of the insurance policy based on the unique circumstances of each occurrence, it is prudent for insureds who receive notification about a security incident or data breach from a business associate vendor to promptly notify SVMIC about the incident. In the event the security incident is a data breach, significant costs and even liability may be involved. Even if the incident is determined, as a legal matter, not to be a data breach, the HIPAA covered entity medical provider is likely still required to take certain actions.⁴ For a variety of legal and practical reasons, the earlier that notice is provided to SVMIC of these incidents, the better. In some cases, if notice of a potential claim is provided too late, coverage may be denied.



www.svmic.com/arkansas

For more information about SVMIC, contact our Arkansas representative, Sharon Theriot.

Sharon.Theriot@svmic.com | 870.540.9161

¹ "33% of Third-Party Data Breaches in 2021 Targeted Healthcare Orgs," [securitymagazine.com](https://www.securitymagazine.com/articles/96965-33-of-third-party-data-breaches-in-2021-targeted-healthcare-orgs), <https://www.securitymagazine.com/articles/96965-33-of-third-party-data-breaches-in-2021-targeted-healthcare-orgs>.

² Obligations of HIPAA covered entity providers and organizations relating to their business associate vendors was the subject of a January 2022 Sentinel article.

³ For more information, including general information pertaining to limitations and notification obligations, about the privacy and cybersecurity aspects of coverage provided through SVMIC, please see the September 2021 Sentinel article, "Know Your Policy: Your Coverage and Responsibilities under the Cybersecurity Policy."

⁴ Obligations of HIPAA covered entity providers and organizations pertaining to security incidents was the subject of a November 2021 Sentinel article.

UAMS Receives \$17.6 Million Grant Renewal to Support Efforts to Recruit, Train Students in Primary Care

The University of Arkansas for Medical Sciences (UAMS) has received a \$17.6 million federal grant renewal to further its goal of increasing the number of practicing primary care physicians in the state, particularly in rural and medically underserved communities.

Administered by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services, the four-year Medical Student Education

program award will allow UAMS to continue and enhance efforts undertaken through a HRSA grant that spanned from 2019-23.

"I'm excited about the opportunities that this grant will help us create for the aspiring physicians who receive their medical education through UAMS," said Cam Patterson, M.D., MBA, chancellor of UAMS and CEO of UAMS Health.

The objective of the renewed grant is to recruit and retain medical students who are from rural or underserved communities and who are interested in practicing in those areas after their residencies. The funding will support a variety of UAMS Regional Campuses initiatives throughout the state, including:

- Recruitment and outreach programs for prospective students
- Scholarships for medical students interested in primary care specialties (family medicine, internal medicine, obstetrics/gynecology or pediatrics)
- A faculty mentorship program to connect students with primary care physicians
- Community immersion rotations for students in rural and medically underserved areas
- Faculty development for community physician preceptors



"These efforts allow us to highlight the significant value that primary care physicians bring to their communities, specifically communities in rural Arkansas," said Marcia Byers, Ph.D., RN, senior director of UAMS Regional Campuses.

The Association of American Medical Colleges in 2020 ranked Arkansas at No. 13 among states with the greatest need for primary care physicians. The organization found that Arkansas had

83 active primary care physicians per 100,000 people, compared with a nationwide rate of 94.7 physicians per 100,000 people.

Lack of primary care has a significant effect on health outcomes, according to a 2023 report by the Arkansas Center for Health Improvement. The center's "Profile of the Primary Care Physician Workforce in Arkansas" noted that physician shortages have been associated with higher rates of preventable emergency department visits. Conversely, a larger primary care physician workforce has been associated with fewer avoidable hospitalizations, earlier diagnosis of disease, lower mortality and reduced costs.

"It's important that we train more physicians in primary care, knowing that we'll also see an increase in access for patients in their communities," said Richard Turnage, M.D., vice chancellor for UAMS Regional Campuses.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$17,600,000 with 10% financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. government.

UAMS, Community Health Centers of Arkansas Awarded \$17.5 Million to Study, Reduce Prenatal Inequities

A study at the University of Arkansas for Medical Sciences (UAMS) and Community Health Centers of Arkansas, Inc. (CHCA) has been approved for a \$17.5 million funding award by the Patient-Centered Outcomes Research Institute (PCORI) to study and reduce prenatal inequities.

Arkansas is ranked worst for both maternal health outcomes and food insecurity among U.S. states and has the third highest infant mortality rate. Arkansas also has the second highest prevalence of overweight or obesity among women in the U.S., with about 65% of women in Arkansas being overweight or obese when they become pregnant. These women are at greater risk of excessive gestational weight gain and its associated complications.

A healthy diet during pregnancy promotes healthy weight gain; however, many pregnant women do not have access to such healthy foods as fruits and vegetables, lean proteins and whole grains. This is especially true for low-income, rural and food-insecure women who face financial and transportation barriers.

The goal of the proposed study, "Delivering HOPE (Helping Women Optimize Prenatal Equity)," is to compare the effectiveness of two intervention methods, Delivering HOPE and Enhanced Standard of Care (ESoC), on these maternal health outcomes.

ESoC includes implementing a standard clinical practice of nutritional and gestational weight gain counseling for pregnant women, helping them sign up for WIC and SNAP benefits and providing referrals to additional safety net food organizations in their community. Delivering HOPE includes the same practices as ESoC, but also

includes grocery delivery of healthy foods to participants' homes. Grocery delivery is well-established and increasingly covered by insurance companies.

Pregnant women living in rural and low-income areas have worse maternal outcomes, due in part to

more challenging social determinants of health, such as higher food insecurity and transportation barriers that constrain access to healthy food.

For this reason, UAMS is partnering with CHCA for the study. CHCA is Arkansas' primary care association and community-based organization that includes 11 Federally Qualified Health Centers (federally funded nonprofit health centers or clinics that serve medically underserved areas and populations) with more than 150 clinical locations across Arkansas, 121 of which provide maternity care.

"Addressing the health and well-being of Arkansans

is vitally important to our community health centers," said Lanita S. White, Pharm.D., chief executive officer of CHCA. "We are focused on ensuring families are healthy. A key factor in making that a reality is ensuring mothers are healthy during and after pregnancy."

"In order to address the disparities in maternal morbidity and mortality, we must address social determinants of health such as food insecurity," said Pearl McElfish, Ph.D., division director of the UAMS Office of Community Health & Research and co-principal investigator of the study. "Results from this study have great potential to improve maternal health outcomes in Arkansas and throughout the U.S."



Continued on page 5

UAMS, Community Health Centers of Arkansas Awarded \$17.5 Million to Study, Reduce Prenatal Inequities

Continued from page 1

The study was selected through a PCORI funding initiative to improve maternal health outcomes through comparative clinical effectiveness research on community-informed, multicomponent interventions that simultaneously address health conditions and social determinants of health.

"Community-based organizations bring deep knowledge of residents' lived experience, as well as the factors that affect their health and access to care," noted PCORI executive director Nakela L. Cook, M.D., MPH. "UAMS and CHCA will design and conduct research with a

greater chance of success to improve maternal health and help move us toward a health system in which all have equitable care and outcomes."

The award has been approved pending completion of a business and programmatic review by PCORI staff and issuance of a formal award contract. The study, which was selected through a highly competitive review process in which patients, caregivers and other stakeholders joined scientists to evaluate the proposals, will involve an initial feasibility phase to maximize the likelihood of full trial success.

UAMS Names Steven Webber, M.D., as Dean of the College of Medicine, Executive Vice Chancellor

Steven Webber, M.D., has been named executive vice chancellor and dean of the College of Medicine at the University of Arkansas for Medical Sciences (UAMS), effective March 1.

He is succeeding G. Richard Smith, M.D., who has served in an interim capacity since January, following the death of Susan Smyth, M.D., Ph.D.

"Dr. Webber is a remarkable physician, researcher and administrator who has accomplished wonderful things at Vanderbilt," said Cam Patterson, M.D., MBA, UAMS chancellor and CEO of UAMS Health. "I look forward to working with him as we accomplish great things at UAMS."

"I'm also very grateful to Dr. Smith for stepping in during a difficult time and leading the College of Medicine for the past year. Rick is always willing to pitch in to help UAMS, and we thank him for it."

Webber joins UAMS from the Vanderbilt University School of Medicine, where he is the James C. Overall professor and chair of the Department of Pediatrics. He also serves as pediatrician-in-chief of the Monroe Carell Jr. Children's Hospital at Vanderbilt.

"I am deeply honored to have been chosen to join UAMS as the next executive vice chancellor and dean

of the College of Medicine," said Webber. "I look forward to working with the UAMS community to advance the clinical, educational and discovery missions of the university, and to share in the common goal of improving the health and well-being of all those living in Arkansas and the surrounding region."



Steven Webber, M.D.

Prior to joining Vanderbilt in 2012, Webber served as chief of the Division of Pediatric Cardiology, co-director of the Heart Institute, and medical director of the Thoracic Transplantation Program at the University of Pittsburgh and Children's Hospital of Pittsburgh.

An internationally renowned expert on solid organ transplantation in children, Webber has received continuous funding for his research for more than 25 years, has published over 230 peer-reviewed publications, and is the co-author of three textbooks in the field of organ transplantation. He has served as president of both the Pediatric Heart Transplant Study (an international

Continued on page 6

UAMS Names Steven Webber, M.D., as Dean of the College of Medicine, Executive Vice Chancellor

Continued from page 6

research consortium) and the International Pediatric Transplant Association. He has also served as chair of the Thoracic Committee of the United Network for Organ Sharing and has served on the board of directors of the American Society of Transplantation and the International Society for Heart and Lung Transplantation.

"We conducted a nationwide search and consider ourselves fortunate to have found Dr. Webber. He is the perfect fit for UAMS," said Stephanie Gardner, Pharm.D., Ed.D., senior vice chancellor for Academic Affairs and provost. "I know he will accomplish great things here."

Born in London, Webber graduated first in his class from the University of Bristol Medical School in Bristol, England. He completed his internal medicine residency at University Hospitals of Leicester in England; his pediatric residency at University Hospital Nottingham and John Radcliffe Hospital, Oxford; and pediatric cardiology fellowships at the University of British Columbia and B.C. Children's Hospital and at Children's Hospital of Pittsburgh, University of Pittsburgh.

Webber is married to Jennifer Hill, a nonprofit education leader in Nashville, Tennessee. The couple collectively raised four children: Hannah, Katie, Lev and Eliana.

Favorite is the *Exclusive Staffing and Placement Provider* for the **Pulaski County Medical Society!**

For over 40 years, Favorite Healthcare Staffing has partnered with healthcare facilities across the country to provide a wide range of **cost-effective** staffing solutions and services. With an unwavering commitment to trust and quality, our goal is to provide your organization with the experienced **nursing, allied, and non-clinical** personnel you need.

Medical Staffing

Specialties

- Advanced Practice
- RNs, LPNs/LVNs, & CNAs
- Physician Office Staff
- Practice Managers
- Front & Back Office Staff
- Non-Clinical Personnel
- Medical Assistants
- Medical Coders & Billers

Our Placement

Solutions

- Permanent Placement
- Temp-to-Perm
- Local and Travel Contracts
- Per Diem
- Emergency Response

Contact Favorite today!

☎ 501-588-3713
✉ medicalstaffing@favoritestaffing.com



Baptist Health Women's Clinic-North Little Rock Adds Kevin Barber, MD

Kevin Barber, MD, recently began seeing patients at Baptist Health Women's Clinic-North Little Rock.

Dr. Barber received his medical education from the University of Arkansas for Medical Sciences, where he also completed residency training.



Kevin Barber, MD

"I want to provide the best medical care possible while making the patient feel comfortable in the decision making process," Dr. Barber says.

In his spare time, Dr. Barber enjoys attending Heights, Hillcrest and downtown festivities; going to plays at Robinson Center, walking his dog on the Twin River Bridge and Big Dam Bridge; working out; and traveling abroad.

NIH Awards UAMS \$1.54 Million To Tackle Brittle Bone Disease

A UAMS research team is using a \$1.54 million grant from the National Institutes of Health (NIH) to support its goal of finding better treatments for osteogenesis imperfecta (OI), also known as brittle bone disease.

The four-year award from the NIH National Heart, Lung, and Blood Institute will allow Roy Morello, Ph.D., and his interdisciplinary team to test whether lung abnormalities in OI patients can be treated separately from OI's bone-related defects.

An estimated 25,000 to 50,000 people in the United States live with OI, a rare genetic disorder of connective tissues that has no cure. It is mainly caused by mutations in the genes responsible for producing Type I collagen, a protein that normally holds bones together and makes them strong. With inadequate collagen, bones become brittle and prone to fractures.

"Collagen is a primary building block for bones, and OI is like the perfect storm for the skeleton," said Morello, associate professor in the College of Medicine departments Physiology & Cell Biology, Orthopaedic Surgery, and the Division of Genetics.

OI also plagues other organs and tissues, including the lungs, skin, teeth and heart, and it affects hearing. In severe cases, the disease can be lethal in infants.

"Collagen really covers a broad spectrum of issues that these patients unfortunately are subjected to," Morello said. "There is obviously a desperate need for new therapies."

The impact of OI on respiration has long been thought to result from the OI-caused bone issues, such as chest wall deformities and abnormal spine curvature, but recent studies by Morello's team challenge that view. The findings have led to their hypothesis that respiratory defects in OI patients could be treated separately from their skeletal fragility.

"We were among the first to show that there were primary changes in the lung caused by mutations in Type I collagen," Morello said.



He is excited to have developed a novel method for testing the genetic mutations on specific tissues such as the lungs.

"This is a completely new model to study the disease, and it should lead us to a much better understanding of OI," he said. "Our long-term goal is to identify new treatments for the respiratory disease and prevent disability and death from OI."

Collaborators on the research project include John L. Carroll, M.D., a professor and section chief for the Pediatric Pulmonary and Sleep Medicine Division in the College of Medicine Department of Pediatrics.

"We are fortunate to have Dr. Carroll, with his great pulmonary expertise, join our team," Morello said.

Other collaborators are:

- Intawat Nookaew, Ph.D., associate professor, College of Medicine Department of Biomedical Informatics
- Milena Dimori, Ph.D., DVM, research associate and lab manager
- Anne-Karina Perl, Ph.D., Cincinnati Children's Hospital Division of Pulmonary Biology
- Sergey Leikin, Ph.D., senior investigator, NIH Section on Physical Biochemistry

The research is supported under NIH award number 1R01HL166748-01A1. The content here is solely the responsibility of the authors and does not necessarily represent the official views of the NIH.

Morello's work leading to the NIH award has been supported by a previous NIH award, an American Lung Association Innovation Award, the Osteogenesis Imperfecta Foundation and the UAMS Center for Musculoskeletal Disease Research, which is funded by the NIH Center of Biomedical Research Excellence.

Sean Taverna, Ph.D., Joins UAMS as Graduate School Dean



Sean Taverna, Ph.D.

Sean Taverna, Ph.D., is the new dean of the University of Arkansas for Medical Sciences (UAMS) Graduate School.

He succeeds Robert E. McGehee, Jr., Ph.D., who retired after serving as dean since 2004.

A cancer researcher and molecular scientist with a

successful track record as a graduate student mentor, leader and recruiter, Taverna joins UAMS from the Johns Hopkins University School of Medicine in Baltimore, where he was an associate professor in the Department of Pharmacology and Molecular Sciences with joint appointments in the departments of Oncology and Medicine. He also served as the director of graduate recruiting in the Pharmacology and Molecular Sciences program and as associate director for the Institute for Basic Biomedical Sciences Epigenetics Center.

"I know I have some big shoes to fill," said Taverna. "I'm excited about joining the dynamic team at UAMS, and I'm fortunate to inherit a great team of administrators and

staff. My goal is to advance recruitment and retention across the Ph.D. program."

"When I announced this search early this year, I expressed confidence we would find a new dean to continue the Graduate School's growth and success," said Stephanie Gardner, Pharm.D., Ed.D., UAMS provost, chief academic officer and chief strategy officer. "I believe we have accomplished that, as well as continuing to bolster our research mission with the addition of a talented scientist.

"I also want to again express my gratitude to Dr. McGehee, who was to retire at the end of May," Gardner added. "I was grateful when he agreed to continue in the role until Dr. Taverna arrived."

Taverna earned his doctoral degree in biochemistry and molecular genetics in 2004 from the University of Virginia, followed by completion of a post doctorate in chromatin biology and epigenetics at The Rockefeller University in New York.

At UAMS, his work will be split between serving as Graduate School dean and as a professor of biochemistry and molecular biology for his research program based in the Winthrop P. Rockefeller Cancer Institute.

Baptist Health Names New Vice President of Hospital Operations in North Little Rock

Jessica Rivera, MSN, RN, FACHE, has been named the vice president of hospital operations for Baptist Health Medical Center-North Little Rock.

Rivera received her Bachelor of Science in Nursing and Master of Science in Nursing from George Mason University in Fairfax, Virginia, and Lean Six Sigma certification from the University of Michigan.

Joining Baptist Health with more than 20 years of operational experience, Rivera was most recently the CEO of Meridian Health in Houston, Texas. Prior to her service at Meridian Health, Rivera was COO/CNO at Memorial Hermann-Cypress in Cypress, Texas, where

she oversaw the opening of the new hospital and subsequent expansion.

Rivera has been a part of other leading health care systems such as HCA Healthcare, Honor Health and Providence Health prior to her time with Memorial Hermann.

At Baptist Health, Rivera will lead the North Little Rock hospital's procedural-based departments, clinical support departments and ancillary services.



Jessica Rivera, MSN, RN, FACHE