



March 1, 2021

Greetings!

I hope this finds you and your families well, your practices thriving, and that the severe winter weather has not caused undue stress or hardship. For students and resident members, I hope school and your program is proceeding smoothly. February has been a very busy month for TOMA and its leadership working on your behalf with emphasis upon protecting us all against new efforts by nonphysicians and legislators to encroach upon the independent practice rights of physicians in Tennessee as well as ongoing discrimination against DOs here and throughout our country. In addition to those issues, I will outline other information that should prove not only informative but also valuable.

Several quick items to note:

- a. The new monthly **TOMA Talks**, which are available at no cost to TOMA members, continue to be successful. [TOMA members may access the recordings here](#). The next TOMA talk speaker is Dr. Susan Raschal on [Preparing for Allergy Season](#).
- b. Using the AOA's new online CME tracking services, [CME self-reporting](#) of Category 1 and 2 activity, hosted by non-AOA accredited CME sponsors, is now available to AOA members. In addition, the AOA is now accredited by the Accreditation Council for Continuing Medical Education (ACCME) and is able to issue CME credit to physicians; so, the AOA, in addition to AOA Category 1-A,1-B,2-A, and 2-B credit, can also award AMA PRA Category 1 CME provided directly or via [joint providership](#) with its constituencies. Please check out the AOA website for additional information. You will soon be hearing about the plan to retire the AOA's three-year CME cycle and creating a more flexible, streamlined, and efficient CME process and service for members and others.
- c. AOA's Certifying Board Services, in cooperation with the Bureau of Osteopathic Specialists, continues its development and implementation of innovative **certification exam processes**, which include, but are not limited to, offering remote proctored written and oral examinations, an agreement with the National Board of Osteopathic Medical Examiners to use its Catalyst program for the Osteopathic Continuous Certification (OCC) program, multiple pathways to certification in all specialties and subspecialties, and inauguration of the Significant Contributor program which will allow those who qualify to avoid the OCC component 3 requirement. Multiple TOMA members are in leadership positions with NBOME, including Dr. Brian Kessler, the VP and Dean of LMU-DCOM, who serves on its Board of Directors.
- d. The AOA is holding **DO Day on the Hill/The Ambassador Program** in a virtual format this year. Education tracks will be available to practicing physicians, students, residents, and affiliate organizations; advocacy issues will also be addressed, which will include expansion of funding for GME and increasing emphasis

upon Osteopathic Recognition in GME programs. You can be pleased that TOMA membership is involved in this program as well.

- e. The AOA has a new [Career Center](#) link on its website that contains an often changing and updated listing of physician jobs around the country.
- f. The **AOA House of Delegates** will be held once again in July; this year, we will celebrate the presidency of our own Dr. Tom Ely, who is doing an amazing job on behalf of our profession (no surprise at all to TOMA members!).
- g. The NBOME has announced the indefinite **postponement of its COMLEX-USA Level 2-PE exam**. I have provided testimony to NBOME and AACOM leadership pertaining to the regulatory ramifications and other possible unintended consequences of this decision. A temporary alternative pathway of eligibility for the Level 3 exam for those graduating from COMs in 2021 is being developed and a Special Commission to work on future assessment processes is being formed now.
- h. Planning for [TOMA's 123rd Annual Convention](#) continues. Please register and plan to attend on April 8-11, 2021, at the Hilton Cool Springs, Franklin, TN. In person and virtual registration are available, but we hope as many as possible can attend in person. The program will include a variety of timely topics, many suggested by prior attendees. The program will also feature two hours of proper prescribing training required for licensure maintenance in Tennessee.
- i. The Tennessee Department of Health has provided a new [List of Reportable Diseases in Tennessee](#), effective January 1, 2021. This list includes the fact that Multisystem Inflammatory Syndrome in Children is reportable, that COVID-19 antibody results are no longer reportable, that labs do not have to report colistin-resistant gram-negative bacteria and that reporting antibiotic use in acute care hospitals via the National Healthcare Safety Network has been delayed until January 1, 2022, due to the burden on health care facilities caused by COVID-19.
- j. The [Rural Health Association of Tennessee](#) has information about the National Rural Health Resource Centers newly released tool kits of templates to educate patients, build trust, and confidence in rural hospitals and clinics. RHAT is partnering with Dynamic Leadership Academy to offer a 10-week certificate program in Rural Health Leadership, starting April 1, 2021. Any rural health leader is welcome to apply but seats are limited so RHAT members will have priority and special pricing. The deadline to apply is March 24, 2021, and the program begins April 7, 2021.
- k. CMS has contacted TOMA and other state/local partners and stakeholders in the southeastern USA to provide education about CMS initiatives, one of which is the [Medicare Diabetes Prevention Program \(MDPP\)](#); they've encouraged us to refer pre-diabetic patients to MDPP designated suppliers in Tennessee (see the list on the included link for those in Tennessee).
- l. Johnson and Johnson announced that its coronavirus vaccine protects against COVID-19 and requires only one dose and can be stored in a refrigerated state for three months. The Pfizer and Moderna companies have advised the US Congress that they project a large increase in vaccine delivery over the next 5 weeks as a result of solving prior manufacturing issues; this is estimated to result in 140 million more doses being available.
- m. A [study reported by the New York Times on Alzheimer and Dementia](#) indicates that people with dementia have significantly greater risk of contracting coronavirus and are more likely to be hospitalized and die from it, even if adjusting for advanced age, living in a nursing home, having diabetes, asthma, cardiovascular disease, and obesity and that Black patients with dementia have nearly 3 times the risk of COVID-19 infection as their White counterparts.

ALERT!! We are asking you to contact your elected officials NOW to address this high priority issue! Bills have been introduced into both chambers of the Tennessee legislature to grant independent practice rights to physician assistants (PAs) and nurse practitioners (NPs).

Claims have been made that expanded service during the COVID pandemic, during which Tennessee's medical system and its ability to provide needed patient care and staffing to hospitals has been stressed, justifies this independence. It is acknowledged that PAs and NPs are vital members of the health care provider community and have, along with other non-physician providers, played an important role in filling some gaps during this difficult time, which featured a short-lived executive order as a precaution against a worst-case scenario, which fortunately did not occur here in Tennessee. However, the facts remain that physicians and other health professional shortages in Tennessee, especially in rural and underserved areas, will remain. This shortage will not be solved by granting inadequately trained professionals independent practice.

There are many other complex issues involved, including maldistribution of professionals and a shortage and maldistribution of postgraduate training (residency) programs for physicians. Independent practice for PAs and NPs without physician collaboration, where support could be hours away, is not the answer. The expansion of telehealth, for example, allows for more effective, timely, and stronger collaboration between the physician and the rest of the health care community to optimize care. Consequences could include unsubstantiated claims of remedy for medical workforce shortages, possible separate licensure without physician involvement, issues related to changes in payment by third party payers that circumvent evidence-based rate-setting based on the time involved, technical skill and physical effort, cognitive ability and judgement and risk to the patient, among other things (which involved representatives of the PA profession), all of which are part of the basis of physicians' higher payment rates.

With other members of the Coalition for Collaborative Care (CCC) TOMA continues to oppose proposed legislation that independent practice will address the complex issue of physician shortage and maldistribution in Tennessee. The CCC has also written a rebuttal to an [editorial in the January 21, 2021, issue of *The Commercial Appeal*](#) submitted by the Tennessee PA Association. The CCC's response cites the vast differences in the training of physicians versus that of PAs and NPs, emphasizing a physician-led team model is best due to the physician's more lengthy and complex postgraduate training. The CCC also notes similar practice rights without similar education, training, and testing could evolve into an undesirable situation of a multi-tiered system with less collaboration and unequal access of patients to physicians. Also cited was a statement from the educational arm of the PA profession, the Physician Assistant Education Association, opposing the elimination of legal processes requiring collaboration.

The health and safety of Tennesseans (our patients) is best served by a collaborative, physician-led team-based model that maximizes the training and value of all its members. TOMA and the CCC believes the people of our state absolutely need more health professionals of all kinds, more widely distributed geographically. However, independent practice for professionals not prepared educationally or experientially, is not part of the answer to this issue. We urge you to contact your representatives and senators to inform them of this issue and educate them about this urgent threat to the health and safety of their constituents and others.

On another important front, despite record-breaking growth in our profession over the past ten years, DOs and osteopathic medical students (OMS) still run into professional barriers in training, credentialing, licensure, and payment. The AOA and its state societies, including TOMA, view each occurrence as a call for an assertive response and a chance to engage in legal advocacy (and action, if warranted) and support for all in the profession. We have all heard of the national level issues of discriminatory and uninformed comments made in media recently about DOs in such examples as comments made about the current and immediately previous White House physicians, who are outstanding DOs with impeccable credentials, the current lawsuit against the American Board of Internal Medicine necessitated by discrimination against DO faculty, program directors, and residency applicants, and the derogatory and insulting national ads by the medical apparel company. In every state, including Tennessee, we learn of discrimination in terms of payment, hiring, certification requirements, legislative wording, and other issues. Other recent examples include discrimination against DOs from participating in the San Francisco Plastic Surgery Match Program, the Washington University (St. Louis) discrimination against osteopathic medical students access to clinical rotations there, and the University of Utah charging higher fees to OMS than MD students. All these cases have been resolved satisfactorily. Some state licensing boards (not here in Tennessee!) have been found to be noncompliant with ADA rules regarding mental health questions on applications, specifically referable to DO initial and renewing applicants, that are punitive, use stigmatized language, or ask for data to which they are not entitled. All could lead to physicians not seeking the help or treatment they need. This also occurs, in the spirit of fairness, to MDs in their licensure process in some states. Several non-osteopathic organizations, including the American Medical Association and numerous state medical associations, have recently spoken out against discrimination toward DOs and OMSs.

We must all remain individually and collectively vigilant, as was the case with our predecessors upon whose shoulders we all stand, to respond to instances quickly and effectively when this happens to protect and defend our beloved profession. The AOA has been very helpful in this regard. I invite you to check out the [Professional Advocacy page on the AOA website](#) to track what they're doing in this area on your behalf. If you encounter or otherwise learn of discrimination against the osteopathic profession or any of its constituent members or organizations, please report this to the AOA at do-discrimination@osteopathic.org ; osteopathic medical students and residents/fellows who encounter discrimination in their educational program should contact their College of Osteopathic Medicine and the AOA.

We hope to see you at the upcoming annual convention; in addition, we would like to remind you that TOMA leadership and staff are working diligently on your behalf every day- please contact us if we can help you in any way. As always, we are receptive to your comments and feedback and welcome your involvement in TOMA and participation in our committees and other activities.

Fraternally,

A handwritten signature in black ink, appearing to read "Michael Wieting, DO". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Michael Wieting, DO
President

