The State of Cardiovascular Care in the State of Arkansas

The state of Arkansas is a state comprised of proud people with a rich heritage. It has been referred to as the natural state and the land of opportunity. Its citizens have been noted for creativity and innovation. It is home to fertile farmland and multi-million dollar corporations. However, the health of this great state is the focus of our concern. Heart disease is the largest killer of Arkansans. In 2011, approximately one-fourth of all Arkansans’ deaths were due to heart disease. Arkansas ranks first in the nation for stroke mortality and is in the top ten for mortality from coronary heart disease. The task is clear. We as a state must summon our varied resources to address the modifiable risk factors that are on the rise in our state. These risk factors include high blood pressure, diabetes, overweight/obesity, and inadequate consumption of fruits and vegetables. We must also address the known racial disparities that exist not only in our state, but throughout America. Black and Hispanic Arkansans report higher prevalence than Whites for several risk factors inclusive of high blood pressure, diabetes and obesity. Part of the focus of our endeavor will be to concentrate on the known social determinants of health such as access, transportation, Internet connectivity, and food both in our urban and rural communities. We have been a leader in the nation in tobacco cessation and in our efforts to bridge the gap in healthcare coverage. However, this is certainly one step in the right direction in order to make this not only a proud state, but a healthy state with the health of all Arkansans being the paramount goal that we all have a commitment to pursue.

Tony M. Fletcher, M.D., F.A.C.C.
More Minorities Physicians Needed in Clinical Trial Research

Despite continued advances in health care and technology, persistent gaps between the health status of minorities and non-minorities in the United States remain unchanged. While there is no agreement on the cause of these health disparities, it has been realized that increasing the number of minority participants in clinical research studies is an important way to address disparities in health care. In order for any efforts to increase minority participation to be successful, it is inherently important to understand why minority groups are underrepresented in some clinical research studies.

Minorities are traditionally underrepresented in late phase clinical research studies that test the safety and efficacy of investigational treatment regimens. Due to the ethical abuses in the Tuskegee Syphilis Study and other previous studies, many researchers have suggested that these events have driven minority distrust of clinical trials. This fear of being seen as just a “guinea pig” has been considered as the major recruitment barrier for minority participation into clinical research studies. However, when David Wendler, Ph.D., of the department of clinical bioethics at the National Institutes of Health Clinical Center and his research team analyzed the participation decisions of 70,000 individuals from 20 research studies, no statistical difference was found between minorities and non-minorities in their willingness to participate when asked to do so by their physician. Based on the data presented, it is evident that physicians are the gatekeepers. Physicians are greatly influential in a patient’s decision to enter a clinical research study.

A practical barrier to minority patient participation in clinical research studies is the lack of awareness that minority physicians have about clinical trials. These findings underscore the importance of raising the visibility of minority physician participation in clinical research as well. If minority physicians are not a part of the clinical trials process, they cannot make their patients aware of the research opportunities available.

~Kimberly Ribeiro—Paraexel

The Affordable Care Act and the Arkansas Impact

"People don't stop getting sick because they don't have insurance." This statement alone makes an overwhelming case for the Healthcare Independence Act in Arkansas. If more evidence is needed, you can quote that Arkansas has one of the lowest per capita incomes of any state in the Union, which means families cannot afford health insurance. You can state that because Arkansas hospitals provided more than $250 million in uncompensated care, our rural hospitals can no longer afford to provide charitable healthcare. You can even state that 1 out of every 5 Arkansans have no insurance at all. However, the Constitution makes the best case for why we need the Act and that is, “the only way a person can realize their inalienable rights is that their healthy.” How can Arkansans be healthy without affordable healthcare?

As Chairman of the Arkansas Legislative Black Caucus, it was imperative that we passed this piece of legislation not only for African Americans but for the state as a whole. Of the 250,000 additional Arkansans that will be afforded healthcare, only an estimated 53,000 of these persons are African American. But we as a caucus had to think beyond our predominantly African American districts and add to the argument the Christian element-Am I My Brother’s Keeper? The resounding answer is yes. So we talked with our colleagues across the aisle to provide the statistics and the human argument but kept out front the charge Christ left for us; when you do this to the least of thee; you do this unto me!

~Representative Frederick Love

Draper Hall
Pfizer

Draper Hall joined Pfizer in 2004 with the Pain/Neuroscience Division as a Professional Healthcare Representative in Memphis, Tennessee. In his very first year, it was clear that he would make his mark, as he was recognized as a Rookie of the Year Award Finalist. In 2005, he was promoted to Institutional Healthcare Representative, selling the Anti-Infective portfolio and calling on hospitals and DoD/VA accounts throughout the Gulf Coast. In this role, Draper won back-to-back Vice President’s Cabinet Awards and was ranked #1 in the Division in 2008. In addition, Draper won a number of other production and peer influence honors. With a strong desire to be close to family, in 2011, Draper relocated to Little Rock, Arkansas, where he was a Cardiovascular District Sales Representative. In 2013, Draper was promoted to a District Business Manager for the Cardiovascular Division in the Memphis District, which includes Arkansas, Tennessee, Mississippi, Kentucky and Missouri.
Dental Corner
Mandatory Training
Due to a revision of the Federal Occupational Safety and Health Administration’s (OSHA) Hazard Communication Standard (HCS) you must provide mandatory employee training by December 1, 2013. The basic goal with the changes this training covers is to improve your staff’s understanding of the chemical hazards in your office.

National Dental Association Celebrates it’s 100th Anniversary
The National Dental Association celebrated its 100th anniversary at its annual meeting, held July 26 to 30 at the Gaylord National Resort, National Harbor. The event marked 100 years since NDA organized in 1913 to address the needs and issues of African American dentists, who because of segregated practices and racial discrimination were not allowed to join the white organizations of the era.

Doxycycline, tetracycline shortage eases
According to DrBicuspid November newsletter dentistry has been grappling with shortages of the antibiotics doxycycline and tetracycline, but both have become available again. Tetracycline capsules went back on the market in October after generic drugs manufacturer Heritage Pharmaceuticals began production, and the firm is also selling two forms of doxycycline.

Pharmacy World
Sunshine Act
The new Physician Payments Sunshine Act requires public reporting of payments to physicians and teaching hospitals from pharmaceutical and medical device companies, as well as reporting of certain ownership interests. Sponsored by Senators Charles Grassley (R-IA) and Herb Kohl (D-WI) and supported by consumer advocates, the law covers meals, honoraria, travel expenses, and grants from manufacturers, as well as ownership or investment interests in group purchasing organizations (GPOs), by physicians or members of their immediate family. Information will be posted on a public website that will identify physicians who have received payments or hold ownership. Data collection begins in August 2013, with public reporting starting in 2014, under the National Physician Payment Transparency Program (NPPTP) of the Centers for Medicare and Medicaid Services (CMS).

Blood Pressure Control Improved With Home Telemonitoring By Pharmacists
Patients receiving telemonitoring along with high blood pressure management support from a pharmacist were more likely to lower their blood pressure than those not receiving extra support, according to research presented at the American Heart Association’s Quality of Care and Outcomes Research Scientific Sessions 2012. "Patients with high blood pressure visit physicians an average of four times each year, yet blood pressure is controlled in only about half of U.S. patients," said Karen Margolis, M.D., M.P.H., the study's lead author and director of clinical research of HealthPartners Research Foundation in Bloomington, Minn. "We looked at how the addition of a pharmacist-led, at-home telemonitoring program might improve patients' blood pressure control."

"These early results suggest that home blood pressure telemonitoring with extra telephone care by a pharmacist was very effective in improving blood pressure control," Margolis said. "If these early results can be sustained over the long run, it might decrease the number of patients who suffer heart attacks, strokes or other complication of high blood pressure."

AMDP A Striving to Revive Key Partnership with African-American Pharma & Device Reps.
In late September about twenty black pharmaceutical and device representatives met with key members of AMDPA leadership for an informal mixer. Dr. Fletcher, AMDPA’s Chief Operating Officer was pleased with the attendance of the mixer and states that he hopes that AMDPA will continue to foster a positive working relationship with the reps. Melanie Hillard of Eli Lilly along with Derek Lewis II spearheaded the event and plan to host such events throughout the year to continue the networking. Kim Dubbins–Broadway, one of the reps in attendance, was really excited about the group getting together, networking and thought it was good start to reviving key partnerships. Over twelve companies were represented at the mixer.

Member of the Month—Harold Betton, MD
Dr. Harold Betton, family practice physician is a long standing member of AMDPA. Dr. Betton has served on several on health and community boards. AMDPA flourished under Dr. Betton leadership as former president in the early 2000’s. Dr. Betton currently serves as the treasurer of the Arkansas Medical Board.

Dr. Harold Betton recently participated in this American Diabetes Association Annual Gala—"Kiss the Pig." The event raises awareness and dollars for a cure for Diabetes. The event has Contestants compete to raise the most money for critical diabetes research funding, and the person who raises the most money has to kiss the pig at the event. This year’s contestants are Alyson Courtney, Danny-Joe Crofford, Rusty Mathis, Antwan Phillips and Dr. Harold Betton.
Tune Into Ask the Doctor on Each Third Tuesday of the Month

AMDPA and Arkansas Minority Health Commission partner each third Tuesday of the month to share healthcare information on the Broadway Joe Show of Power 92. Tune in each month to hear your AMDPA colleagues speak on a variety of health related topics.

Kimberly Curseen, MD was the featured speaker in November and was informing about Hospice Care.

Dr. Derek Lewis will be on the show in December to continue to educate callers and listeners on the Affordable Care Act as well as the opportunities to enroll on the insurance marketplace. The Broadcast are live from 7:30 a.m. to 9:00 a.m.

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Dec. 12, Bikes for Kids Kickoff
January 25, General Body Meeting
February 1, Red Shoe Fashion Show Extravaganza
May 2, 21st Annual Golf Tournament
June 12-14, 121st Scientific Session

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April 25-27, 2014
National Medical Association Region V Conference
The Necessary Paradigm Shift in Healthcare: Innovation, Integration, and Collaboration
New Orleans, Louisiana

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