



PULASKI COUNTY MEDICAL SOCIETY News

May 2024

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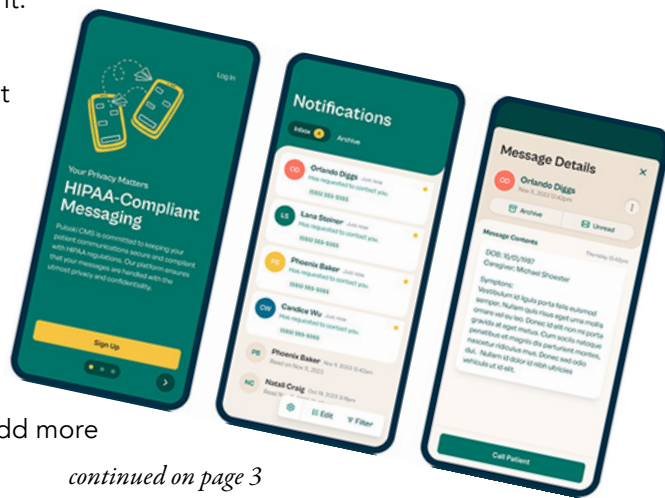
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When you think professional, ethical, quality healthcare,
think physicians of Pulaski County Medical Society.

The Medical Exchange to Offer a New Secure Messaging App

The Pulaski County Medical Exchange (PCME) has been working with FEW, a local digital products agency, to develop a secure messaging app to replace its current app, PingMD. This process has been going on since last fall. Now, the development phase is over and testing will begin in May 2024 to work out as many glitches that we can find before onboarding those customers who wish to use it.

PCME has high hopes for this new product because it offers the dual advantages of locally owned secure messaging, and no longer having to depend on a third-party vendor like PingMD. We have done our best to offer all the options that our former app did, and we hope to add more in the future.



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Medical Exchange Policy Change

The Pulaski County Medical Exchange (PCME) board of directors has passed a new policy for its customers that takes effect June 1, 2024. This policy was necessary after the week of bad weather central Arkansas had in late January. During that week we discovered several clinics are forwarding their phones to the medical exchange while they are closed. As you can imagine, the PCME operators spent a lot of time answering these calls, many that had nothing to do with paging a doctor, when they could have been answering calls from people who needed to get to the on-call doctor/nurse. Below is the policy. If your clinic is currently forwarding phones to PCME at any time, please discontinue this practice before June 1, 2024.

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Alarming Trend: Sharp Increase in Commercial Insurer Denials



ELIZABETH A. WOODCOCK, DRPH, MBA, FACMPE, CPC; REPRINTED FROM THE SVMIC SENTINEL

Anecdotal evidence about increasing claim denials has been on the medical practice airwaves for months. Whether purposeful or not, commercial health insurers are denying claims at alarmingly high rates. A newly published analysis of claims data revealed that commercial insurers denied a remarkable 15.1% of claims, compared to 3.9% by Medicare. There is limited industry data about the number of denials that are appealed - or, more importantly, the denials that are overturned for payment. The most important issue, however, is what happens at your practice. The key is to know about this trend - and to fight for every dollar.

Understand the Opportunity. The term, "silent killer," is often used in medical settings with reference to diseases that do not present with many symptoms. Medical practices can fall into a silent killer trap with denials, as the symptoms are difficult to see. When a claim is paid by an insurance company, it is rarely paid at the practice's billed charge due to contractual rates negotiated between the payer and the practice. Therefore, there is an accepted level of non-payment (or contractual write-off). It would be easy to let this expected write-off amount conceal a denial problem. To monitor this in your practice, routinely run an Unpaid Claims Report or a report for all charges that have \$0 payments associated with them. This analysis must be performed at the line-item level. The goal is to understand why the services were not paid. Alas, you've opened your denial treasure chest.

Dive Deep. The treasures are waiting, but they will require additional insight to get the gold. Run reports to illuminate the reasons for the denials. This requires an assessment of CARCs (claim adjustment reason codes) and RARCs (remittance advice remark codes) to uncover further detail. You can find a listing of the codes online. Sort your top 10, and then study the details in an organized fashion:

- by service (is there a particular CPT code that is being denied?)
- by provider (is there a particular provider whose services are being denied?)
- by insurer (is there a particular insurer who is denying payment for services?)

Add the date, as there may be denials that cannot be addressed due to timely filing or appeal deadlines. Finally, pull the high dollars to the top, as you'll want to prioritize those.

Attack the Problem. With an understanding of the magnitude of the opportunity, gather resources to address the root cause of the problem. Depending on the size of your practice, consider creating a committee or workgroup that documents a strategy and assigns responsibilities to a team - or it may involve one individual who dedicates a portion of their time to analysis and resolution. Regardless, the key is to establish an action plan with milestones; otherwise, denial management can be overwhelming. Use the top 10 reasons for denials as a guide. For example, if "subscriber not eligible..." is your top denial, decide who can work on the existing denials - and give them step-by-step instructions to work them. This may include, but not be limited to, looking in the guarantor's account for a copy of the insurance card; querying the hospital's database to see if the facility has alternate insurance on file; searching any known beneficiary databases [including Medicaid]; contacting the guarantor by phone; etc. Be sure to prioritize denials by dollars, as it's foolish to spend 30 minutes trying to chase down a \$5 denial. Billers are tenacious by

nature, so you may need to set guardrails to ensure resources are used wisely. **Recognize that Prevention is the Best Medicine.** Perhaps most importantly, it's crucial to embark on a prevention campaign at the same time as you're addressing the existing problem. Denials represent a problem that has already occurred. Take that same top 10 list and determine how to prevent the denial from happening in the first place. For example, eligibility-related denials can be improved with a better front-end registration process. This requires leaning into the training, performance expectations, workflow, and tools available to schedulers and receptionists. Furthermore, it requires special attention for out-of-office services, as practices are typically not in control of (or even present for!) the registration process.

Denial management and prevention is work that never stops for a medical practice. It's important to ensure that you do not give insurance companies a reason to deny or delay payment of your claim. Implementing some basic procedures can help ensure you do not leave precious revenue on the table. Practices can make use of electronic patient portals for notification of normal, non-sensitive test results for those patients who have signed a written consent or electronically agreed to receive information via the portal. However, it is not reasonable to assume all patients are able or choose to use the portal. Practices should verify that patients have accessed the portal before utilizing this as the sole vehicle of notification of normal non-sensitive results. Patients who do not use the portal should be notified of normal test results through another mechanism. It is not acceptable, from a risk or customer service perspective, to advise patients that the only method of normal test notification available will be through the portal.

Practices should be familiar with the general requirements of the U.S. Department of Health and Human Services Office of the National Coordinator for Health Information Technology's (ONC) Cures Act Final Rule, also known as the ONC Information Blocking rule, which became effective in 2021. Among other aspects of compliance with the regulation, practices should have documented procedures pertaining to how both in-house and outside lab results are made available to patients and when an exception to access may apply. While clinicians are not required to make in-house test results immediately available, they are required to promptly respond to a patient's request for access. Medical practices should be mindful that outside lab results may be immediately posted to a patient's EHR and implement a policy requiring prompt review of posted results as well as personal communication with any patient with an abnormal result, sensitive information or a result requiring immediate action.

The required follow-up for non-adherent patients or to communicate test results is not clearly defined. However, there is an expectation that the physician has superior medical knowledge and therefore owes a duty to the patient to thoroughly explain the results of the tests and any recommended treatment course. Follow-up should be appropriate for the individual patient's specific circumstances. The reasonableness of the effort to contact the patient will depend on the clinical importance of the test results, the severity of the patient's medical condition, and the risk associated with failing to notify the patient of the results.

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

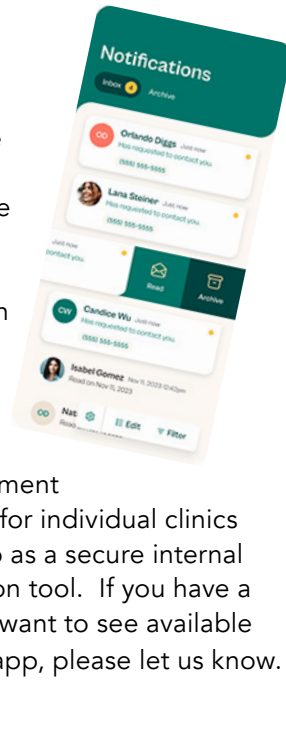
The Medical Exchange to Offer a New Secure Messaging App

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The first phase is the deployment of the app only as a means for the Medical Exchange to send secure messages to our customers. Once this phase has been operating

successfully for a period of time then we can consider expanding its capabilities.

One request during development was the ability for individual clinics to use the app as a secure internal communication tool. If you have a function you want to see available on the new app, please let us know.



Medical Exchange Policy Change

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PULASKI COUNTY MEDICAL EXCHANGE CALL FORWARDING POLICY

Purpose:

The purpose of the Call Forwarding Policy is to ensure that patient calls, or referring physician calls, are received in a timely manner, and they are delivered to the PCME customer in a timely manner as well. It is meant to eliminate actions that causes this process to be to be delayed.

Practice:

The board of directors of the Pulaski County Medical Exchange (PCME) has voted to make it a policy that no doctor, or clinic, that uses PCME services may forward their phones to PCME at any time. Doctors/Clinics should have an outgoing office message stating they are closed and directing the caller on how to contact PCME if they need to reach the doctor on call, and instructions on what to do if they have another purpose, such as prescription refills.

This policy will go into effect June 1, 2024.

UAMS Medical Center Only Hospital in Greater Little Rock Area to Receive 'A' Safety Grade from The Leapfrog Group

The University of Arkansas for Medical Sciences (UAMS) Medical Center earned an "A" Hospital Safety Grade from The Leapfrog Group, a national nonprofit that awards letter grades to general hospitals around the country based on more than 30 measures of errors, accidents, injuries and infections as well as the systems that hospitals have in place to prevent them.

UAMS was one of six hospitals in Arkansas to receive an "A" ranking, and it was the only one in the Greater Little Rock region.

"I am personally thrilled by this ranking because it represents the importance that we at UAMS put on safety, which is one of our core values," said Cam Patterson, M.D., MBA, UAMS chancellor and CEO of UAMS Health. "We are committed to improving the health of all Arkansans, and providing our patients with safe and effective health care is key to fulfilling our mission."

"Everyone who works at UAMS should be proud of this 'A' Hospital Safety Grade," said Leah Binder, president and CEO of The Leapfrog Group. "It takes complete dedication at every level, and an ironclad commitment

to putting patients first. I thank UAMS, its leadership, clinicians, staff and volunteers for caring so deeply for its patients and their safety."

The Leapfrog Hospital Safety Grade is the only hospital ratings program focused exclusively on preventable medical errors, infections and injuries that kill more than 500 patients a day nationally. The Leapfrog Hospital Safety Grade is peer-reviewed, fully transparent and free to the public. Grades are updated twice annually, in the fall and spring.

"This ranking is a testament to the hard work and dedication of our Medical Center employees," said Michelle Krause, M.D., senior vice chancellor of UAMS Health and CEO of the UAMS Medical Center. "There are five categories of scores that make up our 'A' grade, and I'm particularly proud of our score in the Doctors, Nurses and Hospital Staff category, where we are among those who achieved the highest score of all hospitals measured by Leapfrog."

The full Leapfrog hospital safety rankings can be found at hospitalsafetygrade.org/.

Baptist Health Medical Centers Honored for Organ Donation Efforts Across the State

Several Baptist Health Medical Centers were recently honored, during April, National Donate Life Month, for their continued efforts in educating both staff and community members about the importance of organ, eye and tissue donation. The honors were presented by the Department of Health and Human Services (HHS) through its DoNation campaign.

Baptist Health Medical Center-Little Rock and Baptist Health Medical Center-North Little Rock were both honored with platinum designation, while Baptist Health Medical Center-Conway and Baptist Health-Fort Smith

received gold. Baptist Health Medical Center-Drew County was honored with a silver award, while Baptist Health Medical Center-Stuttgart earned a bronze level.

One organ, eye and tissue donor can save and heal more than 75 lives. However, only 45% of Americans are registered organ donors, according to ARORA. Baptist Health facilities work throughout the year to educate staff and community members about organ donation and how to register to become an organ, eye and tissue donor.

To learn more about organ donations, visit donatelife.net.

ACHI Analysis Shows Who is Delivering Babies in Arkansas

A new analysis by the Arkansas Center for Health Improvement (ACHI) provides a comprehensive look at delivering providers in Arkansas, including physicians and non-physician healthcare professionals.

ACHI analyzed birth records and physician licensure records to obtain a profile of delivering providers in the state as part of a continuing focus on maternal health. The analysis includes privately insured, Medicaid-covered and self-paid deliveries, and it shows how delivering providers in Arkansas break down by provider type, age, sex, and race and ethnicity.

"As we work with various stakeholders across the state to address the maternal health crisis impacting our moms and their babies, it is important that we have clear information about who is delivering babies in Arkansas," said ACHI President and CEO Dr. Joe Thompson. "Understanding the current landscape will help us make informed decisions to improve maternal and infant health outcomes."

Among the findings:

1. Of the 32,439 deliveries that occurred in Arkansas in 2022, 98.7% were performed by physicians.
2. The remaining 1.3% of deliveries were performed by lay midwives, certified midwives, or other healthcare professionals. The analysis excludes the small number of deliveries performed by non-healthcare professionals.

3. Of the 358 delivering providers in Arkansas in 2022, 85.7% were physicians, 8.4% were lay midwives, 3.1% were certified midwives, and 2.8% were other healthcare professionals.
4. Of the 307 physicians who performed deliveries in Arkansas in 2022, 81.8% were OB-GYNs, 12.7% were family medicine physicians, and 5.5% were physicians with other or unknown specialties.

Of the delivering physicians for whom demographic information was available, 146 were male and 130 were female. However, among physicians under age 50, 102 were female and only 53 were male.

Of the delivering physicians for whom demographic information was available, 87.7% were White, 5.8% were Black, 4% were Asian, 1.8% were Hispanic, and 0.7% were American Indian/Alaskan Native.

"Our analysis produced a number of interesting findings," Thompson said. "For instance, we found that while OB-GYNs perform the vast majority of deliveries in the state, family physicians, certified midwives and lay midwives play an important role in expanding access to delivery services."

An infographic containing findings from the analysis is available on [ACHI's website](#).

Nine UAMS Physicians Named Healthcare Research All-Stars

Nine current and former physicians at the University of Arkansas for Medical Sciences (UAMS) have been named Healthcare Research All-Stars for 2024 by Avant-garde Health.

Additionally, it placed the UAMS Hip and Knee surgery team among the top 1% of hip and knee surgeons nationwide, the orthopedic surgery team among the top 3% nationwide, and both the gastrointestinal and general surgery teams at UAMS among the top 5% nationwide.

The technology and analytics company helps health systems, surgery centers and physicians improve their care. This was its inaugural annual evaluation of the quality and quantity of medical research published by 90,000 physicians at 4,000 hospitals across 10 specialties. It recognizes health care research published during 2021 and 2022.

The evaluation showed that patients under the care of top physician-researchers had a 5% lower rate of post-discharge complications and a 5% lower rate of mortality, within 30 days after discharge.

“The results clearly show that being a better researcher is associated with being a better clinician,” said Derek Haas, CEO. “It is impressive that excellence in one domain does not come at the expense of the other.”

The company evaluated physicians and hospitals that authored leading-edge research in 10 specialties: general surgery, surgical oncology, orthopedic surgery, spine surgery, neurosurgery, cardiac and cardiothoracic surgery, vascular surgery, gastroenterology, urology and otolaryngology.

To be included as an All-Star, physicians and hospitals had to be among the top 5% of those who publish leading-edge health care research. Avant-garde said top physician-researchers had an average publication rate of 11 articles a year.

The nine UAMS physicians named as All-Stars are:

- Hip and knee surgeons **C. Lowry Barnes, M.D.**; **Jeffrey Stambough, M.D.**; and **Benjamin Stronach, M.D.**; and former UAMS surgeon **Simon Mears, M.D.**
- Gastroenterologist **Sumant Inamdar, M.D.**; and former UAMS gastroenterologists **Shashank Garg, M.D.**, and **Benjamin Tharian, M.D.**;
- Cardiologist **Subhi Al’Aref, M.D.**
- **Emmanouil Giorgakis, M.D.**, a general and transplant surgeon

“UAMS’ strong commitment to combining clinical services, research and academics, as well as community engagement, is a main reason I decided to come to UAMS,” said Steven Webber, M.D., a highly regarded pediatrician and researcher who only last month became

the executive vice chancellor of UAMS and dean of its College of Medicine. “I am proud to be part of this health care team that recognizes the invaluable interconnection between research and clinical outcomes, and I offer my congratulations to all of the physician-researchers receiving this All-Star designation.”

Barnes, professor and chair of the UAMS Department of

Orthopaedic Surgery, said he is grateful for the national recognition of the surgeons in his department, because “I see their dedication to patients, from both a clinical and a research perspective, every day, and I am always proud of them. The research we conduct helps us immensely in understanding our patients’ orthopaedic needs and in developing best clinical practices. It also helps generate publications to inform the field of orthopaedics.”

In recent years, the UAMS Department of Surgery, and the Division of Transplantation in particular, has increased its research presence significantly on a national and global scale, leading to the publication of policy-changing advances in trauma, global surgery, pancreas and hepatobiliary surgery, and liver transplantation.



Top row (left to right): Barnes, Stambough, and Stronach.

Bottom row: Inamdar, Al’Aref, and Giorgakis.

Not pictured: Tharian, Mears, and Garg

Blue & You Foundation Awards UAMS \$175,000 for Mobile Vision Screening Unit

The University of Arkansas for Medical Sciences (UAMS) received a \$175,000 grant from the Blue & You Foundation for a Healthier Arkansas to support GoVision AR: Mobile Vision Screening for Underserved Children Across Arkansas.

GoVision AR, a project of the UAMS Department of Ophthalmology, aims to address the significant disparities in access to vision care and unmet vision care needs for underserved children in Arkansas through the implementation of a mobile vision clinic program.

"In light of the many health care gaps in Arkansas, the GoVision AR program is an essential tool in providing eye care services directly to underserved children at their schools," said Paul H. Phillips, M.D., professor and chair of the Department of Ophthalmology and the director of the UAMS Harvey & Bernice Jones Eye Institute. "By combining a mobile vision clinic with a parent-focused needs assessment, our project presents an innovative solution to the challenges faced by underserved children in Arkansas."

"As always, we would like to greatly thank the Blue & You Foundation for a Healthier Arkansas for its support of vision care in Arkansas," Phillips said. "This program will save vision and reduce blindness for many Arkansans."

Based on research conducted by the Department of Ophthalmology, there are significant nationwide disparities in access to vision care and eye health among children, particularly in low-income families and minority groups. Additionally, rates of childhood vision impairment were highest in Southern states, including Arkansas. Findings indicate that children in Arkansas who fail school vision screenings have significantly inadequate follow-up eye care. The study also found that follow-up rates were associated with key indicators of

socioeconomic status, such as race, poverty, insurance coverage and academic achievement.

"GoVision AR goes beyond traditional vision screening by incorporating a comprehensive program that includes instrument-based vision screening, health needs assessments and the provision of free glasses to children who demonstrate need," said Zain Chauhan, M.D., M.S., resident physician and lead grant writer for GoVision AR. "This comprehensive approach ensures that children in Arkansas receive follow-up care and appropriate interventions to address vision issues."

The mobile vision clinic will improve access to essential eye care services for underserved children in Arkansas, leading to better vision health outcomes and reduced disparities in vision care, including improved follow-up rates and better vision outcomes, identification of barriers to care and strategies to address them, reduction in preventable vision impairment in children, and enhanced understanding of the impact of social determinants of health.

To ensure successful implementation, the program will also collaborate with various community partners including school districts, community health centers, nonprofit vision care organizations, local optometrists and ophthalmologists, and parent-teacher associations.

"The GoVision AR program will help fill a vital gap in care for Arkansas' young people," said Blue & You Foundation President Rebecca Pittillo. "Various social determinants of health such as where you live or your family's income level can prevent children from receiving the care they need, and this program will remove that barrier, not only allowing children to better excel in the classroom but throughout their lives."

OrthoArkansas Expands Services with the Opening of New Rheumatology Center

OrthoArkansas announced in March it will be adding a new Rheumatology Center with a team of rheumatology specialists of more than 20 years combined experience at the Little Rock-Midtown, North Little Rock and Conway locations.

"Our new Rheumatology Center represents an exciting milestone for OrthoArkansas as we continue to broaden

our scope of services and enhance our ability to care for individuals with musculoskeletal conditions," said Dr. Tad Pruitt, Co-President at OrthoArkansas. "Rheumatology and orthopedics are inherently connected, and by integrating rheumatology services into our practice, we can offer patients a seamless continuum of care."

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CHI St. Vincent Cardiologist Dr. Anthony Fletcher Named President of the Association of Black Cardiologists

[CHI St. Vincent](#), a leading regional health network serving Central and Southwest Arkansas, announces that Interventional Cardiologist [Dr. Anthony Fletcher](#) has been named President of the [Association of Black Cardiologists](#) (ABC). The association formally installed Fletcher as President at its spring 2024 Membership Meeting earlier this month in Atlanta. In this role, Fletcher will oversee the organization’s mission by advocating for heart health and wellness in minority communities.

“Dr. Fletcher is not only a top cardiologist, but he recognizes that medicine is more than diagnosis and treatment — it is about prevention, education and people,” CHI St. Vincent Heart Institute President Marcia Atkinson said. “We are thrilled about his appointment and the work he will continue to do to advance equality in healthcare.”

As the ABC’s 20th President, Fletcher will drive the organization’s national agenda to reduce cardiovascular disease through awareness and education; advocate for more diverse workforces inclusive of African American cardiologists, researchers and providers; and establish an endowment to advance ABC’s programs.

“As we work to impact people and our communities, it is especially vital to reach those who are underserved,” Fletcher said. “I am honored to be chosen for this new role, which will allow me to make an even greater impact

by advocating for diversity and inclusion in our hospitals, heart health in minority populations and health equality for all people.”

Fletcher, who practices at the CHI St. Vincent Cardiology and Medicine Clinic in Little Rock, has served patients across Central Arkansas for more than three decades, specializing in all aspects of clinical cardiology, with an emphasis on patient education and prevention, especially in minority and underserved populations. Fletcher also serves as president of the Central Arkansas American Heart Association and is an active member of the Arkansas Medical, Dental and Pharmaceutical Association. Fletcher is a graduate of Xavier University and the University of Cincinnati College of Medicine in Ohio.

The Association of Black Cardiologists Inc. is a nonprofit with a global membership of more than 2,000 individuals, including healthcare professionals, community health advocates and corporate and institutional members. To learn more about the Association of Black Cardiologists or CHI St. Vincent, visit abccardio.org or chistvincent.com.



Dr. Anthony Fletcher

Baptist Health Orthopedic Clinic-Little Rock Welcomes Adam Kessler, DO



Adam Kessler, DO

Adam Kessler, DO, recently joined the team of providers at Baptist Health Orthopedic Clinic-Little Rock.

A native of Howell, Michigan, Kessler received his medical education from the West Virginia School of Osteopathic Medicine. He later completed residency training in orthopedic surgery at Ascension Genesys Hospital in Grand Blanc,

Michigan, and a fellowship in orthopedic trauma surgery at University of Louisville Hospital in Louisville, Kentucky.

Kessler’s approach to patient care is that it is a partnership.

“We both have a role in the outcome of the injury,” Kessler said. “My job is to give the patient’s the options that they have, which options I think are most likely to result in the best possible outcome. As a partnership though, the patient also has to uphold their end, for the best outcome to be possible.”

In his spare time, Kessler likes to stay active and can often be found hiking, swimming, target shooting, throwing tomahawks, playing and watching ice hockey.

Baptist Health Orthopedic Clinic-Little Rock is located at 9500 Baptist Health Drive, Suite 210. The clinic is open Monday through Friday from 8 a.m. to 5 p.m.

RAPA Welcomes New Doctors



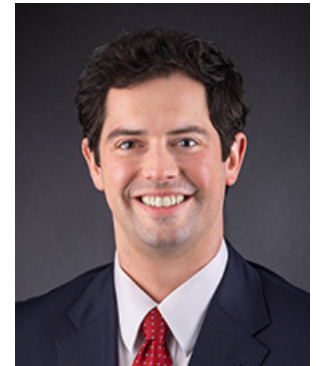
Dr. Saima Ghori

Radiology Associates, P.A. (RAPA) would like to welcome **Dr. Saima Ghori** who started with us this year on January 1, 2024. She earned her medical degree from Chicago Medical School in Chicago, IL and completed her residency in diagnostic radiology at Michigan State University in Grand Rapids, MI. She obtained her fellowship in diagnostic neuroradiology in 2014 from Washington University School of Medicine/ Barnes-Jewish Hospital in MO. She is Board certified and works remotely providing offsite coverage for our central axis.

We would also like to extend a congratulations on our two newest shareholders – **William J. Borrer, M.D.** and **Brandon M. Kelly, M.D.** They both serve as IR doctors in the central axis. We are proud of their hard work and dedication and wish them both continued success and growth within our group.



William J. Borrer, M.D.



Brandon M. Kelly, M.D.

Dr. Krishnappa Prasad Opens New West Little Rock Pain Clinic



Dr. Krishnappa Prasad

Dr. Prasad announces the opening of his Chenal Pain Management Clinic at 11219 Financial Centre Parkway, Suite 240 on May 20, 2024. Dr. Krishnappa Prasad is a board-certified physiatrist (Physical Medicine and Rehabilitation) specializing in Pain management for 16 years. He earned his medical degree from Bangalore Medical College, Bangalore University,

India. He also completed his three years of post-graduate training in internal medicine in India.

He moved to the United States in 1999 and completed his internal medicine/ physical medicine and rehabilitation residency training at New York Medical College. After a brief stint as an attending physician/Director at a rehabilitation Hospital, he went on to pursue interventional spine and Pain management.

He has been in Arkansas for over 13 years and has been associated with Arkansas Spine and Pain. He also served as the President of Pulaski County Medical Society in 2022.

OrthoArkansas Expands Services with the Opening of New Rheumatology Center

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Patients will have access to a comprehensive range of services within the Rheumatology Center, including treatment, infusions, labs, and imaging - all in one place. The center ensures that patients receive the highest quality care in a familiar and comfortable setting.

The [Rheumatology team](#) is dedicated to providing personalized, holistic care to improve the lives of patients.

"I truly enjoy getting to know my patients personally including every aspect of their life that affects their

health. I feel strongly that it is my mission to help diagnose, treat and educate patients in a manner that empowers them to take charge of their health and wellbeing. Learning to live with a chronic illness can feel daunting but with a great medical team we can provide the support they need to stay focused on their life and not their illness," said Debra Brent, APRN at OrthoArkansas.

For more information about our new Rheumatology Center, please visit orthoarkansas.com.