Advocacy, Leadership, Quality and Professional Identity

2008-2009



SMA Southern Medical Association
Advocacy, Leadership, Quality and Professional Identity

LEADERSHIP GUIDE

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Name			
Address			
City	State	Zip	
Telephone		(2)	



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SMA Southern Medical Association Adversey, Leadership, Quality and Professional Identity

Advocacy for physicians and for patients by their physicians in order to protect the physician-patient relationship, as it is eroded by third party interests.

Leadership - SMA develops leaders through a culture of leadership experience. This culture assists physicians in developing tools, traits and methods, without which synergistic advocacy is reduced in effectiveness and misinterpreted as self-serving.

Quality of Care - SMA is assiduously working with physicians to exceed expectations of patients and colleagues in process, as well as outcomes.

Quality of Care through Medallion Level Continuing Medical Education is customized for groups and individual physician interests, as well as credentialing need.

Professional Identity - SMA enhances Professional Identity by encompassing Advocacy, Leadership and Quality of Care through physician communities built through, and for, its members.

Communities of Practice by specialty and Communities of Interest by disease utilize advanced technical aspects of multimedia, while the ubiquitous nature of web technology is brought to bear on the issue of marketing and communicating the vast amount of medical knowledge physicians need at their fingertips, along with the comfort of the virtual 24/7 hallway consult with colleagues.

SMA remains the answer to:

What don't you know? What must you know? & Where can you find out?

> To members, SMA is a "professional home" from which they influence the societal, clinical and value-based economics of medicine.

Learn more at www.sma.org



Mission

The Southern Medical Association promotes the health of patients through advocacy, leadership, education, and service.

What We Value

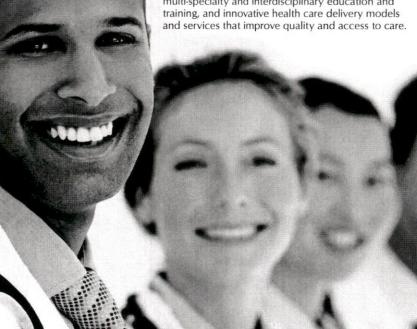
Advocacy Leadership Collegiality Innovation

What We Believe

- That physicians must be advocates for their patients and provide the leadership necessary to promote better health care in their communities;
- That education and scholarly interactions must be conducted in a collegial, supportive environment;
- That collaboration and innovation in health care delivery will best serve our patients as we work together to attain optimal health.

Our Vision

The Southern Medical Association will be the preferred association for physicians and health professionals, and will be recognized for advocacy on key practice issues including leadership development for physicians, multi-specialty and interdisciplinary education and training, and innovative health care delivery models and services that improve quality and access to care.



SMA: Southern Medical Association



CONTENTS

2008-2009 Officers	
President	8
President-Elect	10
Immediate Past President	
Editor - Southern Medical Journal	14
Executive Vice-President	16
State Leadership	
Alabama	18
Arkansas	20
District of Columbia	
Florida	24
Georgia	26
Kentucky	28
Louisiana	30
Maryland	32
Mississippi	34
Missouri	36
North Carolina	38
Oklahoma	40
South Carolina	42
Tennessee	44
Texas	46
Virginia	48
West Virginia	50
1906 Society Member	
Southern Medical Journal Editorial Board Committee Structure	
Section Officers SMA Alliance Officers	
SMA Headquarters Staff	



Officers

President President-Elect Executive Vice-President Immediate Past President Jan N. Basile, Charleston, SC R. Bruce Shack, Nashville, TN Edward J. Waldron, Birmingham, AL Paula Oliver Pell, St. Petersburg, FL

Council Members

	Te	rm Expires
Michael Gosney	Muscle Shoals, Alabama	2012
Andrew W. Lawton	Little Rock, Arkansas	2009
Stuart Goodman	DC, Maryland	2013
Saulius Jankauskas	Longwood, Florida	2012
Ali R. Rahimi	Savannah, Georgia	2011
Thomas Bunnell	Edgemont, Kentucky	2009
Erin Boh	New Orleans, Louisiana	2012
Eric E. Lindstrom	Laurel, Mississippi	2009
Richard Heimburger	Columbia, Missouri	2010
Peter J. Kragel	Greenville, North Carolina	2010
Mark G. Martens	Tulsa, Oklahoma	2009
Gary Delaney	Orangeburg, South Carolina	2012
Wesley Eastridge	Kingsport, Tennessee	2013
James Bernick	Baytown, Texas	2011
Alonzo H. Myers	Roanoke, Virginia	2012
Lawrence Wyner	Charleston, West Virginia	2012

Executive Committee of the Council

President
President-Elect
Immediate Past-President

Jan N. Basile R. Bruce Shack Paula Oliver Pell

President

JAN BASILE, M.D., F. A. C. E. P



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BIRTHDATE: November 27, 1952

BIRTHPLACE: Bronx, New York

SPOUSE: Jo Ellen

EDUCATION:

B.A. degree, Johns Hopkins University, Baltimore, Maryland, 1974M.D. degree, Medical College of Virginia-Richmond, 1978

SPECIALTY: Internal Medicine/Geriatrics

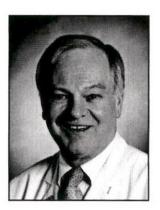
JOINED SOUTHERN MEDICAL ASSOCIATION: 1974

Member, Society of 1906

Vice Chairman, Section on Medicine, 1990-1991 Chairman, Section on Medicine, 1991-1992 Secretary, Section on Medicine, 1992-2003 Coordinating Committee on Education, 1992-2003 Vice-Chair, Coordinating Committee on Education, 2003-2004 Chairman, Coordinating Committee on Education, 2004-2006 Coordinating Committee on Membership, 2002-2006 Advisory Committee on Scientific Activities, 1992-2004 Coordinating Committee on Physicians Retirement, 1992-1998 Chairman, Advisory Committee on Young Physicians, 1997-1999 Associate Councilor from South Carolina, 1990-2002 Councilor from South Carolina, 2002-2007 President Elect, 2007-2008 Advisory Committee on Management Compensation, 2007-2008 Presidential Committee on Endowment, 2007-2008 Chair, Presidential Committee on Selections, 2007-2008 Chair, Ad Hoc Committee on Leadership Development, 2007-2008 Coordinating Committee on Budget and Administration, 2007-2009 President, 2008-2009 Chair, Advisory Committee on Management Compensation, 2008-2009

President - Elect

R. BRUCE SHACK, M.D.



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Vanderbilt University Medical School D-4207 Medical Center N, 230

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Birthdate: October 7, 1947

Birthplace: Vernon, Texas

Spouse: Wanda

Education:

B.S. degree, Midwestern University, Texas, 1969 M.D. degree, University of Texas Medical Branch at Galveston, 1973 General Surgery Residency, Vanderbilt University, 1973-1978 Plastic Surgery Residency, Vanderbilt University, 1978-1980

Specialty: Plastic and Reconstructive Surgery

Joined Southern Medical Association: 1982

Member, Society of 1906

Section Secretary, Plastic & Reconstructive Surgery, 1986-1988 Chairman, Plastic & Reconstructive Surgery, 1988-1989 Associate Councilor, 1990-2003 Councilor, 2003-2008 Coordinating Committee on Budget and Administration, 2006-2009 Advisory Committee on Management Compensation, 2006-2009 Chair, Advisory Committee on Special Projects and Services, 2006-2007 Coordinating Committee on Education, 2006-2007 Chair, Advisory Committee on Scientific Activities, 2006-2007 Presidential Committee on Endowments, 2006-2007 Chair, Coordinating Committee on Education, 2007-2009 Coordinating Committee on Long Range Planning, 2007-2009 Advisory Committee on Constutution and Bylaws, 2007-2009 President Elect, 2008-2009 Chair, Presidential Committee on Endowments, 2008-2009 Chair, Presidential Committee on Selections, 2008-2009

Immediate Past President

PAULA OLIVER PELL, M.D., F.A.C.E.P., F.A.A.P



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Birthdate: September 12, 1953

Birthplace: Fort Wayne, Indiana

Spouse: Donald M. Pell, M.D.

Education:

B.S. Degree, Purdue University, 1974M.D. Degree, Indiana University, 1978

Specialty: Emergency Medicine

Joined Southern Medical Association: 1988

Member, Society of 1906

Coordinating Committee on Education, 1991-1993

Chairman, Ad Hoc Committee on the Female Physician 1992-1994

Associate Councilor, State of Florida, 1995-02

Advisory Committee on Young Physicians, 1995-2003

Secretary, Section on Medical Management & Administration 1996-99

Chair, Section on Medical Management & Administration 1999-2002

Advisory Committee on Multi-Media Programs, 1999-2001

Advisory Committee on Scientific Activities 2001-2007

Coordinating Committee on Long Range Planning 2001-2003

Councilor, State of Florida 2002-2007

Presidential Committee on Selections 2002-2005

Secretary, Section on Pediatrics & Adolescent Medicine 2002-2006

Coordinating Committee on Administration/Budget 2002-2008

Chairman, Coordinating Committee on Membership 2004-2005

President-Elect Designate 2005-2006

President-Elect 2006-2007

Co-Chair, Coordinating Committee on Membership 2006-2007

Advisory Committee on Management Compensation 2006-2009

Chairman, Advisory Committee on Constitution & Bylaws 2006-2007

Chairman, Presidential Committee on Selections 2006-2008

President, 2007-2008

Chair, Coordinating Committee on Budgent and Administration, 2008-2009

Editor-Southern Medical Journal

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Birthdate: July 31, 1946

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Education:

University of Alexandria, Egypt, M.D., 1968 University of London, England, M.R.S.C., L.R.C.P., 1973 Royal College of Physicians, London, 1974

Specialty: Internal Medicine/Geriatric Medicine

Joined Southern Medical Association: 1987

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Dial Access Editorial Board, 1989-1997 Coordinating Editor, Dial Access Editorial Board, 1997-2000 Coordinating Committee on Budget and Administration, 1996-2000 Advisory Committee on Scientific Activities, 1991-1992 Chair, Advisory Committee on Scientific Activities, 1992-1996 Ad Hoc Committee on Affiliated Services, 1991-1992 Presidential Committee on Endowments, 1998-1999 President, Southern Association on Geriatric Medicine, 1989-1992 Associate Councilor, 1987-1992 Councilor, 1992-1999 Member of the Executive Committee of the Council, 1994-1996 Vice-Chairman of the Council, 1995-1996 Chairman of the Council, 1996-1998 President-Elect, 1998-1999 President, 1999-2000 SMJ Editorial Board Assistant Editor, 1995-1998 SMJ Editorial Board Associate Editor, 1998-2000

Editor, Southern Medical Journal, 2000-

Coordinating Committee in Education, 2006-2009

Executive Vice-President

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Birthplace: Philadelphia, Pennsylvania

Spouse: Sallie

Education:

B.A. degree, Bob Jones University, Greenville, South Carolina

Joined Southern Medical Association: 1996

Offices Held in SMA:

Vice President Marketing/Director Practice Performance Product and Services 1996 -2002 Interim Executive Vice-President 2002 Managing Editor, Southern Medical Journal, 2002

COUNCILORS AND ASSOCIATE COUNCILORS

Councilor: Alabama

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Birthdate: April 3, 1950

Birthplace: Fort Worth, Texas

Spouse: Donna

Education:

B.S. Degree, Texas A & M, 1972 D.V.M. Degree, Texas A & M, 1973 M.D. Degree, Chihuahua, Mexico, 1981 J.D. Degree, Birmingham School of Law, 1998 M.B.A. Degree, Auburn, 2004

Specialty: Anesthesiology

Joined Southern Medical Association: 1989

Member, Society of 1906

Secretary-Elect, Section on Anesthesiology, 1996-1999 Secretary, Section on Anesthesiology, 1999-2001

Associate Councilor, 2004-2007

Advisory Committee on Special Projects and Services, 2007-2008

Coordinating Committee on Membership, 2007-2008

Chair, Coordinating Committee on Long Range Planning, 2007-2009

Chair, Advisory Committee on Constitution and Bylaws, 2007-2009

Coordinating Committee on Budget and Administration, 2007-2009

Councilor, 2007-2012

Chair, Coordinating Committee on Membership, 2008-2009

Advisory Committee on Management and Compensation, 2008-2009

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Councilor: Arkansas

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Birthdate: October 24, 1951

Birthplace: New York City, NY

Spouse: Jo

Education:

B.A. Degree, The John Hopkins University, 1972M.D. Degree, The Albert Einstein College of Medicine, 1976M.B.A. Degree, Tulane University, 1998

Specialty: Ophthalmology

Joined Southern Medical Association: 1988

Member, Society of 1906

Secretary-Elect, Section on Ophthalmology, 1995-1996 Secretary, Section on Ophthalmology, 1996-1999 Vice-Chairman, Section on Ophthalmology, 1992-1993 Chairman, Section on Ophthalmology, 1993-1994 Coordinating Committee on Membership, 2003-2006 Coordinating Committee on Insurance and Physicians' Retirement, 2003-2004

Advisory Committee on Multi-Media Programs, 2003-2007 Advisory Committee on New Physicians, 2003-2004 Co-Chair, Advisory Committee on New Physicians, 2004-2007 Advisory Committee on Grants and Scholarships, 2003-2004 Chair, Advisory Committee on Practice Management Services, 2003-2004, 2006-2007

Advisory Committee on Scientific Activities, 2005-2009 Associate Councilor, 1999-2003

Councilor, 2003-2009

Co-Chair, Coordinating Committee on Membership, 2006-2007 Coordinating Committee on Budget and Administration, 2006-2007 Advisory Committee on Management Compensation, 2006-2007 Coordinating Committee on Education, 2006-2007 Co-Chair, Coordinating Committee on Long Range Planning, 2006-2007 Chair, Advisory Committee on Special Projects and Services, 2007-2008 Presidential Committee on Selections, 2007-2008

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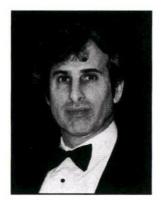
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Councilor: District of Columbia

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Birthdate: June 20, 1949

Birthplace: Paterson, New Jersey

Spouse: Myrna

Education:

M.B.A. Degree, Auburn University, 2004 M.D. Degree, University of the East Medical School, 1977

Specialty: Neurology & Psychiatry

Joined Southern Medical Association: 1992

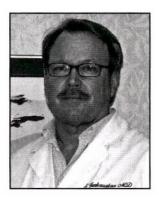
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Associate Councilor, 2006-2008 Coordinating Committee on Membership, 2008-2009 Presidential Committee on Selections, 2008-2009 Councilor 2008-2013

ASSOCIATE COUNCILORS

Councilor: Florida

SAULIUS JANKAUSKAS, M.D.



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Birthdate: February 13, 1956

Birthplace: Detroit, Michigan

Education:

Wayne State University School of Medicine Medical College of Virginia - Plastic Surgery Fellowship Ellenbogen Plastic Surgery Institute - Aesthetic Surgery Fellowship Specialty: Plastic/Reconstructive Surgery

Joined Southern Medical Association: 1990

Councilor, 2008-2012 Associate Councilor: Florida 2004-2008 Section Secretary 2000-2008 Section Officer 1997-2000 Advisory Committee on Scientific Activities, 2008-2009 Presidential Committee on Selections, 2008-2009

ASSOCIATE COUNCILORS

Durell Peaden, Jr., M.D.

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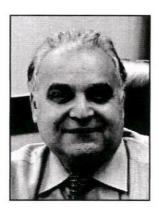
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Councilor: Georgia

ALI R. RAHIMI, M.D., F.A.C.P., A.G.S.F



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Education:

M.D. Degree, Ferdowsi University School of Medicine, Iran

Specialty: Internal / Geriatric Medicine

Joined Southern Medical Association: 1997

Member, Society of 1906

Associate Councilor, 2000-2005 Chairman, Section on Medicine 2000-2003 Secretary, Section on Medicine 2003-2007 Councilor, 2006-2011

Coordinating Committee on Insurance and Physicians Retirement Program 2006-2007

Coordinating Committee on Long Range Planning, 2007-2009

Advisory Committee on Scientific Activities, 2007-2009 Ad Hoc Committee on Ethics, 2007-2008

Secretary, Section on Cardiology, 2006-2007

Chairman, Section on Cardiology, 2007-2009

Coordinating Committee on Budget and Administration, 2007-2008

Advisory Committee on Grants and Scholarships, 2008-2009

ASSOCIATE COUNCILORS

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Councilor: Kentucky

THOMAS BUNNELL, M.D.



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Birthdate: July 3, 1940

Birthplace: Beaver Dam, Wisconsin

Spouse: Nancy

Education:

B.S. degree, University of Cincinnati, 1962M.D. degree, University of Cincinnati, 1965

Specialty: Pulmonary Medicine

Joined Southern Medical Association: 1988

Coordinating Committee on Membership, 2004-2006, 2007-2008
Coordinating Committee on Insurance and
Physicians' Retirement, 2004-2008

Advisory Committee on Special Projects and Services, 2004-2007 Presidential Committee on Selections, 2004-2005, 2007-2008 Associate Councilor, 1998-2004

Councilor, 2004-2009

Coordinating Committee on Budget and Administration, 2006-2007 Advisory Committee on Constitution and Bylaws, 2007-2008 Advisory Committee on New Physicians, 2007-2009 Coordinating Committee on Long Range Planning, 2008-2009

ASSOCIATE COUNCILORS

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Birthdate: March 24, 1953

Birthplace: New Orleans LA

Education:

Auburn University

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`**.........**

New Orleans, LA

Chairman, Department of Dermatology, Tulane University Health Sciences Center, New Orleans, LA

Specialty: Dermatology

Joined Southern Medical Association:

Councilor, Louisiana 2008 -2012 Section Secretary 1999 -2007

ASSOCIATE COUNCILORS

William A. McBride, Jr., M.D.

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Councilor: Maryland

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Birthdate: June 20, 1949

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Spouse: Myrna

Education:

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Specialty: Neurology & Psychiatry

Joined Southern Medical Association: 1992

Associate Councilor, 2006-2008 Coordinating Committee on Membership, 2008-2009 Presidential Committee on Selections, 2008-2009 Councilor 2008-2013

ASSOCIATE COUNCILORS

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Councilor: Mississippi

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Birthplace: Helena, Montana

Spouse: Nancy

Education:

B.S. Degree, Wheaton College, 1958 M.D. Degree, University of Maryland, 1963 Master of Public Health, Harvard School of Public Health, 1966 Aerospace Medicine Residency, U.S. Army, 1968 Ophthalmology Residency, U.S. Army, 1975

Specialty: Ophthalmology

Joined Southern Medical Association: 1987

Member, Society of 1906

Coordinating Committee on Insurance and Physicians' Retirement, 2004-2007 Coordinating Committee on Budget and Administration, 2005-2009 Advisory Committee on Management Compensation, 2005-2009 Chair, Advisory Committee on Constitution and Bylaws, 2004-2005 Associate Councilor, 1991-1999

Councilor, 2004-2009

Advisory Committee on Constitution and Bylaws, 2006-2009 Advisory Committee on Special Projects and Services, 2007-2008

Presidential Committee on Endowments, 2007-2009

Presidential Committee on Selections, 2007-2008

Chair, Coordinating Committee on Physicians Insurance and Retirement, 2007-2008

Chair, Advisory Committee on Grants and Scholarships, 2007-2009

ASSOCIATE COUNCILORS

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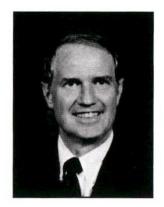
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Councilor: Missouri

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Joined Southern Medical Association: 1978

Chairman-Elect, Plastic & Reconstructive Surgery, 1981-82 Chairman, Plastic & Reconstructive Surgery, 1982-1983 Associate Councilor, 2004-2005 Councilor, 2005-2010 Coordinating Committee on Education, 2007-2009 Ad Hoc Committee on Ethics, 2007-2008

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Joined Southern Medical Association: 1991

Offices Held in SMA:

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Advisory Committee on Practice Management Services, 2005-2007
Coordinating Committee on Education, 2005-2006
Councilor, 2005-2010
Coordinating Committee on Budget and Administration, 2006-2009
Chair, Advisory Committee on Grants and Scholarships, 2006-2007
Coordinating Committee on Long Range Planning, 2006-2009
Advisory Committee on Special Projects and Services, 2007-2008
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Chair, Coordinating Committee on Scientific Activities, 2007-2009
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Chair, Coordinating Committee on Membership, 2007-2008 Advisory Committee on Management Compensation, 2008-2009 Vice-Chair, Coordinating Committee on Education, 2008-2009

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Member, Society of 1906

Offices Held in SMA:

Secretary, Section on GYN-OB, 2003-2008
Advisory Committee on Scientific Activities, 2004-2009
Advisory Committee on Special Projects and Services, 2004-2008
Coordinating Committee on Education, 2004-2007
Coordinating Committee on Long Range Planning, 2004-2006
Presidential Task Force on Affiliate and Membership Expansion, 2004-2006
Councilor, 2004-2009
Presidential Committee on Endowments, 2007-2008
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Advisory Committee on Grants and Scholarships, 2007-2008

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Chair, Advisory Committee on Multi-Media, 2007-2008

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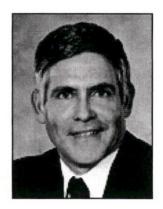
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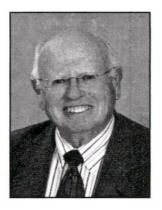
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57

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•••••••••••

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A	
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C	
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D	
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N	
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19

37

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CONSTITUTION AND BYLAWS



CONTENTS

Constitution

Article I:	Name	5
Article II:	Purpose	5
Article III:	Powers	5
Article IV:	Term of Existence	5
Article V:	Membership	5
	Section 1.Active Members	5
	Section 2. Other Members	5
Article VI:	Officers	5
	Section 1. Officers of the Association	5
	Section 2. Elected Officers	6
Article VII:	Association Business	6
	Section 1.Annual Meetings	6
	Section 2. Scientific Activities	6
	Section 3. Publications	6
Article VIII:	Seal	6
Article IX:	Registered Agent and Registered Office	6
Article X:	Amendments	6
Article XI:	Requirements of the Alabama Nonprofit Business	
	Corporation Act	7

CONTENTS

Bylaws

Article	I:	Membership	8
		Section 1. Classification	8
		(a) Active Members	8
		(b) Associate Members	8
		(c) Interim Members	8
		(d) Honorary Members	8
		(e) Ex Officio Members	9
		(f) Emeritus Members	9
		(g) Medical Practice Services Members	9
		(h) Corporate Members	9
		(i) Institutional Members	9
		Section 2.Application for Membership	9
		Section 3. Termination of Membership	9
		Section 4. Reinstatement	9
Article	II:	Dues	9
		Section 1.Annual Membership Due	9
		Section 2. Non-Payment of Dues	9
Article	III:	Officers	10
		Section 1. Elected Officers	10
		Section 2.Appointed Officers	10
		Section 3. Qualifications	10
		Section 4.Term of Office	10
		Section 5. Election Process for President-Elect	10
		Section 6. Election Process for Councilor	10
		Section 7. Vacancy in Office	10
		Section 8. Duties of Officers	10
Article	IV:	Associate Councilor	13
Article	V:	Executive Committee	13
		Section 1. Composition	13
		Section 2. Chairman and Vice-Chairman of	
		Executive Committee	13
		Section 3. Duties of Executive Committee	13

CONTENTS: Bylaws

(continued from previous page)

Article	VI:	Council Appointments	14
		Section 1. Executive Vice-President (CEO)	14
		Section 2. Editor	14
Article	VII:	Committees	14
		Section 1. Coordinating Committees	14
		Section 2. Advisory Committees	15
		Section 3. Presidential Committees	15
		Section 4.Ad Hoc Committees	16
		Section 5. Duties and Responsibilities of	
		Coordinating, Advisory, and	
		Presidential Committees	16
Article	VIII:	Annual Meeting	18
		Section 1.Annual Meeting	18
		Section 2. Composition of Annual Meeting	18
		Section 3. Scientific Sections of the Annual Meeting	18
		Section 4. Creation of New Sections and Abolition	
		of Existing Sections	18
		Section 5. Section Officers	18
		Section 6. Section Officer Requirements & Terms	19
		Section 7. Scientific Section Steering Committees	19
Article	IX:	Special Awards	20
		Section 1. Distinguished Service Award	20
		Section 2. Seale Harris Award	20
		Section 3. Original Research Award	20
Article	X:	Southern Medical Association Alliance	20
Article	XI:	Rules of Order	20
Article	XII:	Indemnification of Officers and Agents of the	
		Southern Medical Association	20
Article	XIII:	Amendments	21
D	. al a	- Manual	22
LIOCE	euure:	s Manual	23

Constitution - Articles of Incorporation

ARTICLE I: NAME

The name of the corporation shall be the Southern Medical Association.

ARTICLE II: PURPOSE

The purposes of the Southern
Medical Association (the
"Association" or the "Corporation")
shall be to develop and foster the art
and science of medicine by:
A) developing and promoting
initiatives in medical education;
B) providing practice-related
services to enhance the ability of the
members of the Association to serve
their patients;

 C) providing activities which encourage membership and collegial interaction among the members of the Association.

The Corporation may be used for legal purposes or activities allowed Nonprofit Corporations by the laws of the State of Alabama.

ARTICLE III: POWERS

The Corporation shall possess and may exercise all of the powers and privileges granted by the laws of the State of Alabama to nonprofit corporations, together with all powers necessary or convenient to the conduct, promotion or attainment of the activities or purposes of the Corporation, limited only by the restrictions set forth in these Articles of Incorporation provided, however, that the Corporation shall not engage in activities that are not in furtherance of its charitable purposes other than as an insubstantial part of its activities.

ARTICLE IV TERM OF EXISTENCE

The term for which the Corporation is to exist shall be perpetual. In the event of dissolution, the residual assets of the corporation will be turned over to one or more organizations which themselves are exempt as organizations described in Sections 501(c)(3) and 170(c)(2) of the Internal Revenue Code or corresponding sections of any prior or future law, or the Federal, State or local government for exclusive public purposes.

ARTICLE V: MEMBERSHIP

section 1. Active Members. The membership of this Association shall be by invitation or application to physicians who are eligible to be members of the state medical societies of any state in the United States, District of Columbia, Canada, Mexico and Puerto Rico; to medical officers of the uniformed services and the Veterans Administration.

1. SECTION 2. Other Members. This Association may have such classes of members as deemed appropriate by the Council.

ARTICLE VI: OFFICERS

SECTION 1. Officers of the Association. The officers of the Association shall be a President, President-Elect, Immediate Past-President, President-elect Designee, Councilors, and an Executive Vice-President (or Chief Executive Officer).

SECTION 2. Councilors. The Councilors shall be elected as provided in the Bylaws. One Councilor will be elected from each of the following states or district: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia, and the District of Columbia. Councilors shall serve five year terms. The Councilor terms expire with the close of the annual business meetings. The Council shall be the governing body of the Association.

ARTICLE VII: ASSOCIATION BUSINESS AND ACTIVITIES

SECTION 1. Annual Meetings. The Association shall hold at least one business meeting each year which may be devoted to the business of the Association and restricted exclusively to the membership when so determined by the Council or by the Executive Committee of the Council or upon a petition filed by not less than twenty-five members of the Association; there may be meetings of the Executive Committee of the Council and the Council, scientific sessions, technical and scientific exhibits, and such general programs as may be arranged by the Association. The time and place for holding each business meeting shall be fixed by the Council.

SECTION 2. Scientific Activities.

The Association may from time to time constitute and designate scientific activities which shall be organized and shall perform such duties and responsibilities as may be from time to time designated by the Council.

SECTION 3. Publications. The Association may own and publish the Southern Medical Journal, which shall be the official organ of the Association, and other such publications which may be provided for by the Association. The Association may designate such ownerships of publications as deemed advisable.

ARTICLE VIII: SEAL

The Association shall have a common seal, with power to break, change, or renew the same at pleasure.

ARTICLE IX: REGISTERED AGENT AND REGISTERED OFFICE

The address of the registered office of the Association is 35 W. Lakeshore Drive, Birmingham, Alabama 35209.

ARTICLE X: AMENDMENTS

The Association may, at any business meeting, amend the Articles of Incorporation by a two-third's affirmative vote of the members present and voting during a business meeting, provided the amendment has been presented to the membership at least 30 days prior to the meeting. The membership notice shall include the proposed amendment and the date, time and place of the business meeting where said amendment will be on the agenda.

ARTICLE XI: REQUIREMENTS OF THE ALABAMA NONPROFIT BUSINESS CORPORATION ACT AND SECTION 501(c)(3) OF THE INTERNAL REVENUE CODE

The foregoing clauses of these Articles of Incorporation shall be exercised subject to and consistently with the following affirmative duties:

(i) The corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Internal Revenue Code ("Code") or the corresponding section of any future federal tax code; (ii) The corporation shall not engage in any act of self-dealing in such a manner as to subject it to tax under Section 4941(d) of the Code or the corresponding section of any future federal tax code; (iii) The corporation shall not retain any excess business holdings so as to subject it to tax or the corresponding section of

holdings so as to subject it to tax under Section 4943(c) of the Code or the corresponding section of any future federal tax code; (iv) The corporation shall not make any investments in such manner as to subject it to tax under Section 4944 of the Code or the corresponding section of any future federal tax code; and (v) The corporation shall not make any taxable expenditure so as to subject it to tax under Section 4945(d) of the Code or the corresponding section of any future federal tax code.

Amended August 7, 2008

Bylaws

ARTICLE I. MEMBERSHIP

Section 1. Classification

There shall be the following classes of members.

A. Active Members

- 1. The active membership of this Asociation shall be by invitation to physicians who are eligible to be members of the state medical societies of any state medical society in the United States, District of Columbia, Canada, Mexico and Puerto Rico; to medical officers of the uniformed services on active duty and Veterans Administration. The Association may include International Members composed of physicians who are eligible for membership in medical associations in the country where they reside and practice medicine.
- 2. Active Members shall have full privileges of Association membership, including the right to hold office, vote, and receive the publications of the Association.
- 3. Active Members shall pay full dues to the Association, either annually or by payment of a life membership fee. Active Members who retire from practice may become active retired members at a rate of 50% of the current dues structure.

B. Associate Members

The Association may have the following classes of Associate Members:

Class 1. A licensed allied health professional who is a member of his/her professional association; or a physician assistant or nurse

practitioner;

Class 2. An intern, resident, or fellow, not yet a member of a state medical society and medical students of accredited medical schools as well as interns, residents and fellows at accredited osteopathic training programs in the United States, District of Columbia, Canada, Mexico and Puerto Rico.

- 1. Associate Members shall neither hold office nor be entitled to vote.
- 2. Associate Members under Class 2 shall not pay dues, and may receive the publications of the Association by personal subscription at a reduced rate.

C. Interim Members

An Interim Member shall be a physician who is otherwise eligible for membership in the Association or an Associate Member in Class 1 or 2, and who has been invited by the Association to become an Interim Member. The term of membership of Interim Members shall be determined by the Council. Interim Members shall not be eligible to vote or hold office.

D. Honorary Members

The Association may designate Honorary Members who shall be composed of those physicians whose contribution to the promotion of medical science is recognized by the Association in conferring such membership. Honorary Members shall have all privileges of other members of the Association. They shall not be eligible to vote, hold office, or pay dues.

E. Ex Officio Members

The Association may designate Ex Officio Members who shall be composed of those persons who by virtue of their positions as active Deans of Medical Schools or other institutions of learning are conferred membership by the Council of the Association. Ex Officio Members shall have all privileges of other members of the Association except that they shall not be eligible to vote or hold office. Ex Officio Members shall not be dues paying members.

F. Emeritus Members

An Active Member in good standing who is over 70 years of age, and who has been a member for a period of twenty-five (25) years is eligible for Emeritus Membership. Emeritus Members shall not pay dues but shall enjoy all privileges of the Association, except they may not hold office.

G. Medical Practice Services Members

Membership is available to any medical practice where at least one physician of the practice is an Active Member of the Association.

H. Corporate Members

Corporate membership may be available to any medical practice where all physicians are individual members of the Association and non-physician staff are eligible to participate in the programs and services offered through the medical practice membership. Corporate members pay dues as established by the Council.

I. Institutional Members

The Association may have Institutional Members composed of Physicians who are members of medical associations, which have entered into affiliation agreements with the Association for educational programs, and other programs of the Association.

Section 2. Application for Membership

The Association reserves the right to accept or reject any applicant for membership.

Section 3. Termination of Membership

Any member who is subject to a license revocation or suspension by a state board of medical examiners or comparable licensing agency shall automatically forfeit his/her membership in the Association. The Association may at any Annual Meeting, on recommendation of the Council, suspend or expel any member of the Association by a majority vote of those present and voting.

Section 4. Reinstatement

A former member who membership in the Association has been terminated may, after a period of one year, reapply for membership in the Association if that member's license has been reinstated. Such application shall be referred to and acted on by the Council.

ARTICLE II. DUES

Section 1. Annual Membership Dues

The dues of this Association shall be established by the Council.

Section 2. Non-Payment of Dues

Any member whose dues are unpaid on the member's anniversary date shall thereafter be deemed a member not in good standing and shall be ineligible after such date for any benefits of membership. On a full payment of the member's arrearage, the member shall be automatically reinstated as a member in good standing from the date of suspension.

ARTICLE III. OFFICERS

Section 1. Elected Officers

Elected officers of this Association shall be a President, a President-Elect, an Immediate Past-President, a President-Elect Designate, and Councilors

Section 2. Appointed Officers

The appointed officers of the Association shall consist of the Executive Vice-President

Section 3. Qualifications
President-Elect - to be eligible for
the office of President-Elect of the
Association such person shall be
a member in good standing of the
Association and a current Councilor
with at least two years experience in
his/her present term as Councilor.

Councilor - To be eligible for the office of Councilor, such person shall be a member in good standing of the Association and either currently be a Section Officer, or an Associate Councilor, or have been an Associate Councilor, or Past Councilor, or have served in a leadership role in the Association within the last five years.

Section 4. Term of Office

The term of the elected officers shall be five years for Councilor and one year for other officers commencing at the conclusion of the Annual Meeting at which such officers' election results are announced.

Each elected or appointed officer shall serve the term designated or until his/her successor is elected or appointed.

Section 5. Election Process for President-Elect

Eligible Councilors will declare their intent to run for the office of President-Elect by the last regular business day of the calendar year prior to the election.

Section 6. Election Process for Councilor

Councilors will be elected by mail ballot by all eligible active members within the state. The process will begin with the outgoing Councilor nominating four individuals who have agreed to serve as Councilor. Nominees for Councilor must meet the qualifications outlined in Section 3. of this Article.

Section 7. Vacancy in Office

A vacancy in any elected office other than that of President or Immediate Past President shall be filled by going through the respective election process again.

A vacancy in the office of President shall be filled by the President-Elect for the remainder of that term of office.

Section 8. Duties of Officers A. President

- 1. The President shall preside at all general sessions of an Annual Meeting and all functions at which the Association is host.
- 2. The President may deliver an annual address at the general session to be held at a time and place decided upon by the Executive Committee of the Council.
- 3. The President shall be the Chairman of the Council and of the Executive Committee of the Council, but shall not be eligible

to vote for the election of a President-Elect except to cast a vote in the event of a tie. He/She shall preside all meetings of the Council and of the Executive Committee.

- 4. The President shall provide advising consent to the Committee on Scientific Activities in the formulation of the program for the Annual Scientific Assembly.
- 5. The President shall appoint, on nomination by the respective Councilor, up to five Associate Councilors from each state or district.
- 6. The President shall report to the membership of the Association at its Annual Meetings on the activities of the Council during the interval between Annual Meetings and shall recommend to the membership such actions as are appropriate under these Bylaws.
- 7. The President or any two members of the Executive Committee may convene a meeting of the Executive Committee.
- **8.** The President shall appoint the members of the Presidential Committee on Special Awards.
- 9. The President shall appoint members of committees and chairmen of such committees in accordance with these Bylaws except as otherwise provided.
- **10.** The President shall carry out the planning of the Annual Meeting of the membership.

- 11. The President shall serve as an ex officio member of all committees of the Association, except the Committee on Selections.
- 12. The President shall fulfill such other duties as may pertain to the office of President.

B. President-Elect

- 1. The President-Elect shall assist the President in the discharge of his/her duties and in the absence of the President shall assume such duties.
- The President-Elect shall serve as Vice-Chairman of the Council and the Executive Committee.
- 3. The President-Elect shall serve as Chairman of the Presidential Committee on Special Awards and shall have such other duties and responsibilities as may be required of the office.
- 4. The President-Elect shall serve as Chairman of the Presidential Committee on Endowments, of the Presidential Committee on Affiliated Societies and of the Presidential Committee on Selections.
- **5.** The President-Elect shall, in the absence of the President, preside at the meetings of the Council and of the Executive Committee.
- **6.** The President-Elect shall act as Parliamentarian at all meetings of the Council, the Executive Committee and the membership.
- 7. The President-Elect shall serve as a liaison to the Association's Alliance.

C. President-Elect Designate

The President-Elect Designate shall remain as Councilor until he/she takes office as President-Elect. He/She will serve as a member of the Executive Committee.

D. Executive Vice-President

The duties and responsibilities of the Executive Vice-President shall be as stated in Article VI, Section 1.

E. Councilors

- 1. Composition of Council The Council shall consist of twenty members, three of whom shall be the President, the President-Elect, and the Immediate Past-President. The other seventeen shall be the Councilors, elected by the states and the District of Columbia, as provided in these Bylaws.
- 2. Annual Meeting of Council
 The Annual Meeting of the
 Council shall be held at such time
 and place as may be set by the
 President, during or immediately
 preceding the general Annual
 Meeting of the Association.
- **3.** Quorum for Meetings of Council

The quorum for any meeting of the Council shall be a majority of the members of Council.

- 4. Council Authority
- a. The Council shall be the governing body of the Association.
- b. The Council shall govern the Association as stated in the Constitution, Bylaws, and Policy

and Procedure Manual.

- c. The Council shall have and exercise between meetings of the Association the following power and authority over the affairs of the Association.
- i. It shall cause to be established Committees and Sections in accordance with these bylaws and shall designate the President to appoint the members of such Committees and Sections.
- ii. It shall be charged with the responsibility to cause to be conducted annually an audit of the financial affairs of the Association.
- iii. It shall, subject to these bylaws, establish policies and procedures for the conduct of the affairs of the Association.
- iv. It shall appoint the Executive Vice-President of the Association and the Editor of the Southern Medical Journal.

- v. It shall establish the fiscal year of the Association.
- vi. Any Councilor shall be subject to removal from such office by the President upon the concurrence in that action of two-thirds of the members of the Council.
- 5. Duties of Councilors
- Councilors shall represent the State or the District in which the Councilor resides or practices.
- b. Each Councilor will represent the Association to the members in his/her State or District and seek to encourage membership in and participation in the activities of

the Association.

- c. Each Councilor shall attend the meetings of the Council, including conference call meetings.
- d. Each Councilor shall responsibly provide a primary and secondary means for all communications, and shall respond in a timely manner.
- e. Each Councilor shall develop an active relationship with the Deans of their respective Medical Schools.
- f. Each Councilor shall perform such other duties as may be designated by his/her position.
- g. Councilors shall be responsible for developing leadership qualities in their state's leadership group resulting in a continuum of councilor succession in the state.

ARTICLE IV. ASSOCIATE COUNCILOR

Each Councilor who represents a state or the District of Columbia shall nominate for appointment by the President, up to five physician members from such Councilor's territory who shall be designated as Associate Councilors. Each Councilor, who represents a state or the District of Columbia, may nominate for appointment by the President, an Associate Councilor Intern, based on the procedural criteria. A past Councilor may be considered for appointment as an Associate Councilor without having to serve any waiting period following the completion of a term as Councilor.

A. Duties

Associate Councilors shall be charged with the duty and responsibility to stimulate interest in all activities of the Association with particular emphasis on membership, and to assist their respective Councilor in any way. In the temporary absence of the Councilor, the Councilor, with the permission of the President, may appoint one of the Associate Councilors to act in his/her stead as a member of the Council, but voting will be done by absentee ballot by the Councilor.

B. Term of Office

The term of office of the Associate Councilors shall be at the pleasure of the current Councilor and concurrent with the term of the Councilor who represents the State or District in which the Associate Councilor resides or practices.

ARTICLE V. EXECUTIVE COMMITTEE

Section 1. Composition

The Executive Committee of the Council shall consist of the Immediate Past President, President, President-Elect, and President-Elect Designate of the Association.

Section 2. Chairman and Vice-Chairman of Executive Committee

The President and President-Elect shall serve as Chairman and Vice-Chairman respectively of both the Council and the Executive Committee of the Council.

Section 3. Duties of Executive Committee

The Executive Committee of the Council shall act for the Council between meetings of the Council to consider special matters and

report its findings and conclusions to the Council. Any matters of such urgency that they feel should not be held over to the Council meeting shall be acted upon by the Executive Committee.

ARTICLE VI. COUNCIL APPOINTMENTS

Section 1. Executive Vice-President

There shall be an Executive Vice-President who shall be responsible for implementing the policies and direction of the Council; execute and administer Association programs; and manage the day-to-day operation of the Association. The Executive Vice-President shall employ and direct all staff personnel, full and part-time, including the assignment of duties of such employees. In this capacity, he/she shall be generally charged with engaging, promoting, and assigning duties and tasks to all staff personnel, shall seek to expand the membership and participation of the Association and its activities, shall be generally charged to receive and administer funds of the Association. shall represent the Association to the public and to other Associations, and shall perform such other tasks and duties as may be delegated or assigned to him/her by the Council. He/She shall act as the Managing Editor of the Southern Medical Journal and other publications of the Association.

Section 2. Editor

The Editor shall have the following areas of responsibilities:

1. Shall be responsible for the non-advertising portion of the Southern Medical Journal, and other publications of the Association, including the

preparation of editorials, the selection and editing of scientific articles, and the general format with approval of the Executive Vice-President.

- 2. May appoint or recommend the employment of assistant or associate editors and/or an Editorial Board with the consent of the Council.
- 3. Shall review, or cause to be reviewed, any books which in his/her discretion merit the publication of a review in the Southern Medical Journal.
- 4. Shall establish practical mechanics for handling manuscripts and other materials for publication with the consent of the Executive Vice-President.
- 5. May employ necessary secretarial assistance with the consent of the Executive Vice-President.

6. May perform such other duties as may be assigned.

ARTICLE VII. COMMITTEES

Section 1. Coordinating Committees

There shall be five Coordinating Committees to be known as:

- **1.** Coordinating Committee on Education.
- **2.** Coordinating Committee on Membership.
- **3.** Coordinating Committee on Insurance and Physicians' Retirement Program.
- **4.** Coordinating Committee on Budget/Administration.

Coordinating Committee on Long-Range Planning.

A. Chairman

The Chairman of each Coordinating Committee shall be appointed by the President annually, but cannot serve more than five consecutive years.

B. Composition of Coordinating Committees

- 1. Each of the Coordinating Committees shall have from three to nine members appointed annually by the President.
- 2. The Chairman of each Advisory and Ad Hoc Committee shall be made a member of the appropriate Coordinating Committee. No person shall serve more than eight years as combined member and chairman.
- 3. The President shall be an ex officio member of all Coordinating Committees.

Section 2. Advisory Committees

There may be eight Advisory Committees known as:

- Advisory Committee on Scientific Activities.
- **2.** Advisory Committee on Grants and Scholarships.
- **3.** Advisory Committee on Multi-Media Programs.
- **4.** Advisory Committee on Constitution and Bylaws.
- **5.** Advisory Committee on New Physicians.
- **6.** Advisory Committee on Practice Management Services.

- 7. Advisory Committee on Special Projects and Services.
- **8.** Advisory Committee on Management Compensation.

A. Chairman of Advisory Committee

- The Chairman shall be appointed annually by the President.
- 2. No person shall serve more than eight years as combined member and chairman.

B. Composition of Advisory Committees

- 1. Each Advisory Committee shall have from three to nine members who may be Councilors, Associate Councilors, or members of the Association.
- 2. Each Advisory Committee member shall be appointed annually by the President.
- 3. The President shall be an ex officio member of each Advisory Committee.
- 4. No person shall be eligible to serve for more than six consecutive years as a committee member, except the Chairman.

Section 3. Presidential Committees

There <u>shall</u> be two Presidential Committees known as:

- **1.** Presidential Committee on Special Awards.
- 2. Presidential Committee on Selection.

There <u>may</u> be two Presidential Committees known as:

1. Presidential Committee on Endowments.

2. Presidential Committee on Affiliated Societies.

Section 4. Ad Hoc Committees Ad Hoc Committees may be appointed by the President as may be deemed necessary.

Section 5. Duties and Responsibilities of Coordinating, Advisory, and Presidential Committees

A. Coordinating Committee on Education:

Shall coordinate the activities of the Committee on Scientific Activities, the Committee on Multi-Media Programs and such Ad Hoc Committees as shall be annually assigned to it. The Coordinating Committee on Education shall be responsible for supervising all publications and educational conferences related to education of the Association acting in both a regulatory and advisory capacity. Suggested changes to any publication must be reviewed and approved by the Editor(s) and Executive Vice-President.

A-1. Advisory Committee on Scientific Activities

The Committee on Scientific Activities shall be vested with the responsibility for the formulation and content of the scientific activities of the Annual Meeting.

A-2. Advisory Committee on Multi Media Programs

It shall be the duty of this committee to review education programs developed for dissemination through electronic mediums and audio/video mediums.

B. Coordinating Committee on Membership

The activities of the Coordinating Committee on Membership shall have as a goal the recruitment and retention of members. This committee, along with staff, will monitor and analyze recruitment and retention programs in order to communicate the message of the value of membership in the Association to physicians at large. This committee shall coordinate the activities of the Advisory Committee on New Physicians and such Ad Hoc Committees as shall be annually assigned to it.

B-1. Advisory Committee on New Physicians

It shall be duty of this committee to review specific program areas and services that would be of interest to new physicians. The Committee will also generate an annual list of both Educational Programs and Membership Services that would meet the perceived needs of physicians in the under forty-age category.

C. Coordinating Committee on Insurance and Physicians' Retirement Program

This Committee shall periodically review the insurance and physicians' retirement program of the Association to insure that the interest of participants is adequately protected.

D. Coordinating Committee on Budget/Administration

This Committee shall coordinate the activities of the Advisory Committee on Constitution and Bylaws, the Advisory Committee on Grants and Scholarships, the Advisory Committee on Practice Management Services, the Advisory Committee

on Special Projects and Services, the Advisory Committee on Management Compensation and such Ad Hoc Committees as shall be annually assigned to it. This committee shall consist of the President, President-Elect, and Immediate Past-President, who shall chair the committee, and six (6) members at large from the Council appointed by the President. The members at large should serve rotating terms in a manner that maximizes continuity.

D-1. Advisory Committee on Constitution and Bylaws

It shall be the duty of this
Committee to periodically review
the Constitution and Bylaws, Policy
and Procedure Manual, and to
receive suggestions from members
of the Association relative to
any changes, which should be
made and to bring the suggested
changes before the Coordinating
Committee on Budget/
Administration for approval and
recommendations to the Council.

D-2. Advisory Committee on Grants and Scholarships

It shall be the duty of this Committee to formulate and recommend policies and criteria for awarding grants and scholarships available through the Association.

D-3. Advisory Committee on Special Projects and Services

This Committee shall review such potential projects and services proposed to be conducted by the Association as may from time to time be submitted to the Committee for its study and recommendations or which the Committee may independently select for study.

D-4. Advisory Committee on Practice Management Services

This Committee shall periodically review the practice management services products offered by SMA's wholly owned subsidiary SMA Services, Inc. and shall make recommendations to enhance participation in these programs.

D-5. Advisory Committee on Management Compensation

This Committee shall be responsible for the development and implementation of an equitable and competitive compensation program for the Association's senior management staff. It shall be responsible for the annual performance evaluation of the Executive Vice-President. The Committee shall consist of six members including the President, who shall chair the Committee, President-Elect, Immediate Past-President and three members at large appointed by the President each year with rotating terms.

E. Coordinating Committee on Long Range Planning

This Committee shall select the time, location, and agenda of periodic study sessions for the Council. These sessions are to be spent considering past, present, and future opportunities of the Association. Recommendations are to be given to the Executive Committee for approval and presentation to the Council.

F. Presidential Committee on Special Awards

A confidential Committee on Special Awards consisting of five members with the President-Elect as Chairman shall be appointed by the President to evaluate the contributions of the various candidates for special awards.

G. Presidential Committee on Selections

This Committee shall seek, receive, and consider names for all elected officers with the exception of the Section Officers. The members of this Committee shall consist of four Councilors and two members at large who may be, but are not necessarily, Councilors as appointed by the President-Elect, who shall chair this Committee. The appointment of this Committee will be on an annual basis, but no person shall be eligible to serve more than two consecutive annual terms.

H. Presidential Committee on Endowments

This Committee shall provide direction for the development, visibility and viability of the Research and Education Foundation, a permanent endowment established to ultimately fund the Association's Grants and Scholarships programs.

I. Presidential Committee on Affiliated Societies

This Committee shall discuss common goals, objectives, and programs among the various affiliated societies and identify ways of effecting stronger working relationships between the Association and the Affiliated Societies. This Committee shall consist of the President of each of the Affiliated Societies and shall be chaired by the President-Elect of the Association.

ARTICLE VIII. ANNUAL MEETING

Section 1. Annual Meeting

There shall be an Annual Meeting of the Association, which shall be at such time and place as shall be determined by the Council, and reasonable prior notice of the time

and place of holding such Annual Meeting shall be given to all members of the Association. At all business sessions the attendance of not fewer than twenty members shall constitute a quorum to conduct business.

Section 2. Composition of Annual Meeting

The Annual Meeting shall consist of such sessions to include Business, Scientific, Educational, and such other endeavors as may be designated for consideration.

Section 3. Scientific Sections of the Annual Meeting

The Scientific Sections of the Association may hold such sessions as may be arranged by the Section Secretaries with the approval of the Committee on Scientific Activities.

Section 4. Creation of New Sections and Abolition of Existing Sections

New Sections may be created by vote of the Council. Recommendations to abolish a Scientific Section may be made to the Council when that Section's participation, interest, and attendance warrant review over a period of two years.

Section 5. Section Officers

The following Section Officers may be elected by the Section under such procedures and rules as may from time to time be adopted by each Section:

A. Chairman

1. The Chairman shall perform such duties as may be provided by the rules of the Section.
2. The Chairman shall be responsible for assisting the

responsible for assisting the Secretary in selecting Section abstracts and posters when appropriate, for the Annual Meeting, and coordinating the Section business meeting at the Annual Meeting.

3. The Chairman, in cooperation with the Secretary, shall be responsible for enhancing participation in Section activities through Section promotion, membership recruitment activities, and improved quality and content of the program.

B. Vice-Chairman

The Vice-Chairman shall assist the Chairman in his/her duties and preside over the Section meetings in the absence of the Chairman.

C. Secretary

- 1. The Secretary shall be responsible for selecting Section abstracts and posters, when appropriate, for the Annual Meeting.
- **2.** The Secretary shall be the official correspondent with the headquarters office.
- **3.** The Secretary shall maintain or cause to be maintained the records of the Scientific Section.
- 4. The Secretary shall consult with the Association Membership Services
 Department to determine if the prospective nominees for Section Officers are eligible to hold office prior to their nomination.
- 5. The Secretary shall be responsible for collecting papers, when appropriate, presented at an Annual Meeting and forwarding them to the Association offices along with the list of newly elected Section Officers.

6. The Secretary shall attend the annual Section Secretaries' Conference, when scheduled, after the Annual Meeting for the purpose of formulating the general schedule of scientific sessions for the Annual Meeting in cooperation with the Advisory Committee on Scientific Activities.

D. Secretary-Elect

- 1. The Secretary-Elect shall make himself/herself acquainted with the duties of the Secretary and attend the Section Secretaries' Conference, when scheduled.
- 2. The Secretary-Elect shall perform such other duties as may be appointed.

Section 6. Section Officer Requirements and Terms

A. All Sections are required to have a Secretary, Chairman and Secretary-Elect. Sections may elect to have additional officers such as a Vice-Chairman and Chairman-Elect. Section Secretaries may also have a Secretary Intern position, based on the procedural criteria. The Secretary and Chairman shall be elected for a term of up to three (3) years. The term for Secretary-Elect shall be one year. Sections may elect to vary terms of office with the approval of the Chairman of the Committee on Scientific Activities. B. The Secretary-Elect shall serve during the final year of the incumbent Secretary's term.

Section 7. Scientific Section Steering Committees.

The Scientific Section Committees may have a formal Steering Committee at the election of such Committee. If constituted, the Steering Committee shall be made up of the current Chairman, Vice-Chairman, Secretary, the Chairman-Elect, if this office is utilized by the Section, and the three immediate past Chairmen. The duties of the Section Steering Committee shall include:

- **1.** Aid in planning the work of the Section:
- **2.** Evaluation of papers read before the Section for possible publication;
- **3.** Serve as a Section nominating committee:
- **4.** Fill vacancies that occur among Section Officers;
- **5.** Perform such other duties, as they appear necessary.

ARTICLE IX. SPECIAL AWARDS

Section 1. Distinguished Service Award

There shall be a Distinguished Service Award of the Association, which may be awarded annually to any member of the Association.

Section 2. Seale Harris Award

There shall be a Seale Harris Award, which may be awarded annually to any member of the Association as recognition for important research accomplishment in the broad field of metabolism, endocrinology, nutrition, or for research, which contributes to a better understanding of the chemical, changes occurring in disease.

Section 3. Original Research Award

There shall be an Original Research Award of the Association, consisting of a medal and a cash prize, which may be awarded annually in recognition of original research in clinical medicine or the basic science as applied to medicine.

ARTICLE X. SOUTHERN MEDICAL ASSOCIATION ALLIANCE

There shall be an Alliance of the Southern Medical Association that will function under the jurisdiction of the Council. The Executive Committee of the Council will be the Advisory Committee to the Alliance. Financial support to the Alliance may be granted at the discretion of the Council. The fiscal year will coincide with that of the Association.

ARTICLE XI. RULES OF ORDER

The rules contained in the current edition of Roberts' Rules of Order, Newly Revised shall govern the proceedings of the Association in all cases in which they are applicable and in which they are not inconsistent with these Bylaws or special Rules of Order which the Association may adopt.

ARTICLE XII. INDEMNIFICATION OF OFFICERS AND AGENTS OF THE SOUTHERN MEDICAL ASSOCIATION

Every person who is, or has been, a Councilor, Officer, Employee or Agent of the Association, or of a subsidiary or of an affiliate owned or controlled by the Association, shall be indemnified by the Association in a manner and to the extent authorized and permitted by the Alabama Nonprofit Corporation Act.

The foregoing rights of indemnifications shall be without prejudice to any other rights to which any such Councilor, Officer, Employee or Agent may be entitled as a matter of law.

ARTICLE XIII. AMENDMENTS

These Bylaws may be amended at any Annual Meeting by a two-thirds affirmative vote of the members present and voting at a General Session of that Meeting after the Amendment has been presented in writing to the Council prior to the meeting and copies of the changes are disseminated to the membership attending the meeting.



PROCEDURES MANUAL

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Procedures Manual

ARTICLE I. MEMBERSHIP

Section 1. Classification

There shall be the following classes of members:

- A Active
- B. Associate Members
- C. Interim Members
- D. Honorary Members
- E. Ex Officio Members
- F. Emeritus Members
- G. Medical Practice Services Members
- H. Corporate Members
- I. Institutional Members

A. Active Members

Active Members excused from the payment of Association dues shall have the right to vote and hold office, but still not receive publications of the Association except by personal subscription. Nothing in this or following sections shall be construed to be retroactive to affect previously classified Honorary Members

1. International Members
If they receive the *Southern Medical Journal*, there will be a surcharge to their dues

B. Associate Members

Associate Members under Class 1 shall pay regular annual dues at a rate determined by Council and shall receive publications of the Association by personal subscription at a reduced rate.

- C. Interim Members
- D. Honorary Members
- E. Ex Officio Members
- F. Emeritus Members

G. Medical Practice Service Members

Non-physician staff employed by the medical practice services member are eligible to participate in the programs and services offered through the medical practice membership.

Non-physician staff are eligible by virtue of the fact that the medical practice pays the dues established for this membership category by the Council

H. Corporate Members

Physician and non-physician members in the Corporate
Program are eligible for special rates on products as defined by the Association.

I. Institutional Members

The privileges and dues of such members shall be as specified in the affiliation agreements but they shall not be greater than the privileges or dues of dues paying Associate Members.

Section 2. Application for Membership

Application for membership in this Association shall be made in writing or electronically via the Internet.

Section 3. Termination of Membership

Section 4. Reinstatement

ARTICLE II. DUES

Section 1. Annual Membership Dues

- **1.** Payable in advance annually on the member's anniversary date.
- **2.** Membership shall begin on the date of application, provided the

application for membership is approved.

3. The Council shall also be authorized to establish Life Membership fees.

Section 2. Non-Payment of Dues

- 1. If such member's dues remain unpaid for three months after the member's anniversary date, the member shall be automatically suspended at the end of such period.
- 2. If such member's dues remain unpaid for three months after the member's anniversary date, the member shall be automatically suspended at the end of such period.

ARTICLE III. OFFICERS

Section 1. Elected Officers

Section 2. Appointed Officers

Section 3. Qualifications

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Section 4. Term of Office

Section 5. Election Process for President-Elect

- 1. Eligible Councilors will be notified regarding election process six weeks prior to the Annual Assembly.
- 2. Eligible Councilors will be provided the opportunity to address the Council during the meeting held at the Annual Assembly not to exceed a two minute presentation.
- 3. Eligible Councilors are required to submit standardized information relating to their accomplishments and involvement in the Association along with a letter stating his or her motivation to become President of the Association to the Association's office in writing by the time

designated in Article III, Section 5, of the Bylaws or before.

- 4. This information will be sent to the Council along with the ballot by January 15.
- **5.** The ballot must be returned to an independent auditor identified by the Association no later than February 1.
- 6. The ballots will be counted within five (5) working days after due date in the presence of the independent auditor, either the President, President-Elect, Immediate Past-President, or Councilor representative appointed by the President and the Association's representative(s).
- 7. The Council will vote in rank order for two candidates from among those listed on the ballot. Two points will be awarded for the "first choice" candidate and one point for the "second choice" candidate.
- **8.** The two candidates receiving the most points will be selected as the candidates to be placed on the final ballot.
- 9. In case of a tie, the President will have the responsibility of selecting from among those candidates tied with the most points the two that will be presented to the Council.
- 10. A final ballot will be mailed to the Council by February 15 on which the names of the two candidates will be listed along with the standardized information provided to the Council.
- The Council will select which of the two candidates will become President-Elect.

- **12.** Ballots must be returned to the independent auditor by March 1 in order to be counted.
- **13.** The President will be responsible for breaking any tie.
- 14. The ballots will be counted within five (5) working days after due date in the presence of the independent auditor, either the President, President-Elect, Immediate Past President, or Councilor representative appointed by the President and the Association's representative(s).

Section 6. Election Process for Councilor

- 1. Should a Councilor feel he/ she does not have four eligible candidates, a letter of explanation for a lesser number will be accepted.
- 2. The Selections Committee will choose two names from those sought, received or considered by the Committee to be placed upon a ballot to be distributed to all eligible voting members in the state along with a brief written synopsis of each candidate's accomplishments, personal data and statement of why voting members in the state along with a brief written synopsis of each candidate's accomplishments, personal data and statement of why that individual would like to serve as Councilor.
- 3. Election will be managed through the Association headquarters which will maintain election results and supporting ballots for a period of six months.
- 4. The winner will be the candidate who receives the simple majority of ballots cast and received by the election deadline.

- 5. The President shall cast a vote only in the unlikely event of a tie vote between the candidates.
- 6. The election winners will be announced approximately 60 days prior to the Annual Meeting in order that the Councilors-Elect can make travel plans to be present for the meeting at which they will assume office.

Section 7. Vacancy in Office The Selections Committee will contact the Associate Councilors and other state leadership, in the event of a Councilor vacancy, to arrive at a

new list of candidates for the ballot.

Section 8. Duties of Officers A. President

The President shall appoint members of the Association to carry out duties of local arrangements in conjunction with the Annual Scientific Assembly.

- **B. President-Elect**
- C. President-Elect Designate
- D. Executive Vice-President
- E. Councilors
 - 1. Composition of Council
 - 2. Annual Meeting of Council
 - 3. Quorum for Meetings of Council
 - 4. Council Authority
 - 5. Duties of Councilors
 a. Each Councilor shall develop,
 monitor and adjust a State Action
 Plan detailing the promotional
 and communication activities
 conducted by the Councilor and
 Associate Councilor.
 b. Councilors shall monitor

- implementation of their respective states action plans, as well as progress by the Associate Councilors.
- c. Each Councilor will prepare and submit a quarterly report to the President.
- d. Each Councilor shall prepare and present an in-depth report on their activities at the Summer Meeting of the Council.
- e. Each Councilor shall nominate Associate Councilors as outlined in the SMA Bylaws and submit their nominations in timely fashion to the President for review and appointment. Each Councilor shall also maintain regular communication with each Associate Councilor to direct and monitor their efforts and progress.
- f. Councilors shall assist in the review and promotion of Medical Student Scholarship and Residency Training Loans Program.

- g. Each Councilor shall work in conjunction with appropriate staff to develop personalized letters to assist in membership recruitment and retention efforts on a state level.

 h. The Association's reimbursement policies are closely scrutinized by the IRS. We urge you to closely review these policies as they pertain to programs for which you will be
- 6. Notice of Meeting of Council a. At least ten days prior to a meeting written notice shall be given to members of the Council of the date, time and place for holding of the Annual Meeting of Council.

reimbursed.

b. The Council may hold such additional meetings as deemed

necessary.

7. Special Meetings of Council A special meeting of the Council shall be called by the President to accomplish any business of the Council or shall be called at the written request of any three Councilors. Notice of special meetings shall be the same as for the Annual Meeting.

ARTICLE IV. ASSOCIATE COUNCILOR

Section 1. Election Process for Associate Councilor Intern

- 1. A resident in their next to last year of residency will be selected and appointed through the normal appointment process by the Councilor of each state to serve as an Associate Councilor Intern.
- 2. One Intern will be selected per state to represent that state in addition to the five Associate Councilor positions.
- **3.** The Associate Councilor Intern will serve a one-year term with the opportunity to be reviewed and re-appointed as decided by the Councilor.
- **4.** Nominations for the Associate Councilor Intern will need submitted by March 1st of each year.
- **5.** The Associate Councilor Intern will serve a yearly term from July 1 through June 30.
- **6.** An Associate Councilor Intern will no longer be eligible to serve in this position once his/her residency and/ or fellowship is complete.

A. Duties

Each intern will be responsible for assisting with promotion of the Southern Medical Association. Intern(s), residing in the state that will be hosting an SMA Annual Meeting, will be asked to assist and lead a local group in marketing SMA and the Annual Meeting.

ARTICLE V. EXECUTIVE COMMITTEE ARTICLE VI. COUNCIL APPOINTMENTS

Section 1. Executive Vice-President

Section 2. Editor

Report on a quarterly basis to the Chairperson of the Coordinating Committee on Education, the status of the SMJ and its projects.

ARTICLE VII. COMMITTEES

Section 1. Coordinating Committees

No person shall serve more than eight years as combined member and Chairperson.

Section 2. Advisory Committees

Section 3. Presidential Committees

Section 4. Ad Hoc Committees

Ad Hoc Committees may be appointed annually by the President to undertake such activities as shall be designated for such committee and shall have constitution and duration and shall make reports as shall be designated.

Section 5. Duties and Responsibilities of Coordinating, Advisory, and Presidential Committees

A. Coordinating Committee on Education:

A-1. Advisory Committee on Scientific Activities

The Committee shall include in its scope of activities the following;

- a. The format and content of the scientific sessions of the Annual Meeting;
- b. The development and assignment of a scientific theme or themes for the Annual Meeting in cooperation with the Section Secretaries:
- c. The design and nature of postgraduate courses, workshops, specialty and multi-disciplinary programs for the Annual Meeting;
- d. Shall maintain a liaison with:
 - Medical School faculties and students in the site of the Annual Meeting;
 - ii. Specialty and sub-specialty organizations;
 - iii. Allied health science organizations, and cooperate with them, in developing and designing of scientific programs and continuing education activities;

Shall be responsible for the selection an judging of scientific exhibits shown at the Annual Meeting;

- f. Shall be responsible for monitoring and evaluating scientific activities of the Annual Meeting;
- g. May serve as an advisory group to the Section Secretaries in developing their Section specialty programs, when appropriate, and coordinating and assisting the Secretaries in arranging combined Section meetings.

A-2. Advisory Committee on Multi Media Program

B. Coordinating Committee on Membership

B-1. Advisory Committee on New Physicians

This committee will oversee activities of the Association with respect to resident physicians and provide insight and suggestions regarding programs and/or services that pertain to resident physicians.

C. Coordinating Committee on Insurance and Physicians' Retirement Program

that pertain to resident physicians.

1. Work in liaison with the administrator and/or underwriters to ensure the success of the program, and to see that the interests of participants are adequately protected.

2. Periodically review the Physicians' Retirement Program of the Association and work in liaison with the staff of the Association.

D. Coordinating Committee on Budget/Administration

It shall also be the duty of this Committee to meet at least annually to review the staff pension plan(s) and recommend changes that might improve the employee benefits package and to review any personnel problems that may arise during the year relative to the staff. This Committee shall review budgetary information including revenues and expenses, financial projections, major capital expenditures, and key financial indicators. The Committee will also review variances in the Budget and other major program developments from a financial perspective. This Committee

shall be responsible for the annual independent audit and reporting audit results to the Council at the appropriate Annual Meeting of the Council.

D-1. Advisory Committee on Constitution and Bylaws

D-2. Advisory Committee on Grants and Scholarships. At a meeting to be held annually after the deadline for receiving applications. The Committee may be composed of members who are representative of the specialties of medicine at the discretion of the President.

D-3. Advisory Committee on Special Projects and Services

D-4. Advisory Committee on Practice Management Services

D-5. Advisory Committee on Management Compensation

E. Coordinating Committee on Long Range Planning

F. Presidential Committee on Special Awards

 If suitable candidates are selected by the Committee, it shall submit the names of not more than three such members to the Council for each award.

2. The Council may elect one for each respective award and presentation of the awards will take place at the discretion of the President during the Annual Meeting.

G. Presidential Committee on Selections

H. Presidential Committee on Endowments

- 1. Recommend and approve programs, policies and marketing efforts required to generate contributions to the Research and Education Foundation, and recommend and approve methods of giving to the Foundation and ways in which contributors can be recognized for various levels of giving.
- 2. Volunteer personal time and effort in securing major gifts to the Foundation and set an example, by personal contributions, for the general membership of the Association.
- 3. Support The Society of 1906 and recommend and approve programs to enhance the visibility and growth of the Society.

I. Presidential Committee Affiliated Societies

ARTICLE VIII. ANNUAL MEETING

Section 1. Annual Meeting

Section 2. Composition of Annual Meeting

- 1. The schedule of activities for the Annual Meeting shall be established by the Council annually and such activities shall be furnished to the membership in advance of the Annual Meeting.
- 2. The President of the Association shall preside at all general sessions of the Annual Meeting, or in his/her absence the President-Elect.
- **3.** Such business shall be conducted at the General Session as shall be designated by the Presiding Officer.

Section 3. Scientific Sections of the Annual Meeting

Section 4. Creation of New Sections and Abolition of Existing Sections

After receiving petition from thirty active members of the Association representing that specialty or subspecialty and representing twelve of the states or the District of Columbia in the Association territory a new section may be created.

Section 5. Section Officers

- A. Chairperson
- B. Vice-Chairperson
- C. Secretary
- D. Secretary-Elect

Section 6. Section Officer Requirements and Terms – Section Secretary Intern

- 1. A resident or fellow will be selected and appointed through the normal appointment process by the Section Secretary to serve as a Section Secretary Intern.
- 2. The appointed Intern will serve a one-year term with the opportunity to be reviewed and re-appointed on a yearly basis as decided by the Section Secretary.
- 3. The Section Secretary Intern will serve a yearly term that begins with the appointment at an Annual Meeting and completes his/her term on the last day of the following Annual Meeting.
- 4. Leadership nominating a resident or fellow for this position will need to verify that the nominee will be eligible to serve the full year term.

- 5. A Section Secretary Intern will no longer be eligible to serve in this position once his/her residency or fellowship is complete.
- 6. Each intern will be responsible for assisting with promotion of the Southern Medical Association. Intern(s), residing in the state that will be hosting an SMA Annual Meeting, will be asked to assist and lead a local group in marketing SMA and the Annual Meeting.

Section 7. Section Officer Requirements and Terms

ARTICLE IX. SPECIAL AWARDS

Section 1. Distinguished Service Award

- 1. The award shall be for recognition of outstanding contribution to the advancement of medical science and/or the Association.
- 2. Any member, who is not in a leadership position of the SMA or SMAS shall be eligible to receive the award and nominations may be made by any member of the Association.

Section 2. Seale Harris Award Any member of the Association shall be eligible to receive the award and nominations may be made by any member of the Association.

Section 3. Original Research Award

Any member of the Association shall be eligible to receive the award and nominations may be made by any member of the Association.

Section 4. Determination of Awards

- 1. These awards will be determined by a confidential Committee appointed by the President to evaluate the contributions of the various candidates for special awards.
- 2. The Committee shall submit the names of not more than three persons to the Council for each award.
- 3. The Council may elect one for each respective award and presentation of awards will take place at the Second General Session of the Annual Meeting.

ARTICLE X. SOUTHERN MEDICAL ASSOCIATION ALLIANCE

ARTICLE XI. RULES OF ORDER

ARTICLE XII. INDEMNIFICATION OF OFFICERS AND AGENTS OF THE SOUTHERN MEDICAL ASSOCIATION

ARTICLE XIII. AMENDMENTS



MINUTES FROM MEETINGS



CONTENTS

Proceedings of the Council

October 2, 2007	3
November 14, 2007	13
November 20, 2007	29
December 3, 2007	31
January 7, 2008	34
February 4, 2008	41
March 3, 2008	45
April 7, 2008	48
April 25, 2008	51
April 26, 2008	59
June 2, 2008	63
July 7, 2008	65

PROCEEDINGS OF THE COUNCIL October 2, 2007

PROCEEDINGS OF THE COUNCIL October 2, 2007

The Council of the Southern Medical Association met via conference call on Tuesday, October 2, 2007. The meeting was called to order at 7:05 p.m. CT by the President, George S. Ellis, Jr., MD.

Roll Call

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Members of the Council present: George S. Ellis, Jr., MD, President, New Orleans, LA; Paula Oliver Pell, MD, President-Elect, St. Petersburg, FL; Braxter P. Irby, Jr., MD, Immediate Past President, Brookhaven, MS; Jan N. Basile, MD, President-Elect Designate, Charleston, SC; Andrew W. Lawton, MD, Little Rock, AR; Paul A. DeVore, MD, District of Columbia; James V. Talano, MD, Naples, FL; Richard A. Heimburger, MD, Columbia, MO; Peter Kragel, MD, Greenville, NC; Mark Martens, MD, Tulsa, OK; and James J. Bernick, MD, Baytown, TX.

Members of the Council absent:

Judy King, MD, Mobile, AL; Ali Rahimi, MD, Savannah, GA; Thomas Bunnell, MD, Crestview Hills, KY; Robert Ellis, MD, Metairie, LA; John Umhau, Chevy Chase, MD; Eric Lindstrom, MD, Laurel, MS; R. Bruce Shack, MD, Nashville, TN; Robert W. Klink, Gloucester, VA; and Terry L. Elliott, MD, Wheeling, WVA.

Others present: Kenneth Slaw, PhD, Director, Strategic Planning Initiatives, American Academy of Pediatrics, and President, American Association for Medical Society Executives, Chicago, IL; Gail Delaney, President, SMA Alliance, Orangeburg, SC; Michael Gosney, MD, Councilor-Elect, Muscle Shoals, AL; Gary Delaney, MD, Councilor-Elect, Orangeburg, SC; and Alonzo Myers, MD, Councilor-Elect, Roanoke, VA.

SMA staff present: Edward J.

Waldron, Executive Vice President; Luke Hartsfield, Chief Operations Officer; Don Casey, Chief Financial Officer; Pamela McDonald; Kendra Blackmon; and Kathy McLendon.

Approval of Minutes

Prior to the conference call, Minutes from the Summer Meeting held August 10-11, 2007, Renaissance Ross Bridge Golf Resort & Spa, Birmingham, AL, and the Council conference call held Tuesday, September 4, 2007, were distributed to members of the Council for review.

ACTION: Motion was made, seconded and carried unanimously that the Minutes, as previously distributed, be approved.

Annual Meeting Reimbursement Policy

The revised Annual Meeting Reimbursement Policy was distributed to members of the Council prior to the conference call, and Survey Monkey was sent or mailed to members for approval of the revised policy. The revised Annual Meeting Reimbursement Policy was approved by a vote of 13:1.

Mission Statement

Dr. Ellis called upon Jan Basile, MD, chair of the Mission Statement Task Force to discuss the revised SMA Mission Statement. One of the goals of the task force was to make the statement as succinct as possible. The suggested Mission Statement, Core Values and Vision are as follows: Mission Statement: "The Southern Medical Association promotes the health of patients through advocacy, leadership education and service."

Core Values: (1) Advocacy; (2) Leadership; (3) Collegiality; and (4) Innovation

Vision: Physicians and the health professionals with whom they interact will view the Southern Medical Association as their preferred association for:
Advocacy that positively impacts their ability to provide quality, compassionate care

Leadership development that impacts their communities as well as patient healthcare Multi-specialty, interdisciplinary medicine through a collaborative approach

The highest quality continuing medical education delivered in a supportive, collegial setting Innovative healthcare delivery models that improve quality and access to careComments were that the way it's divided up, it works nicely.

Dr. Ellis called upon Dr. Ken Slaw to give his opinion of the work that had been done on the Mission Statement, Core Values and Vision. Dr. Slaw stated that he thought first and foremost you have to believe in this mission and you have to be

excited by it. If this does it for you. then I think that really says the most. My comments relate to more format than it does content. I think keeping your mission statement to this top sentence is very concise and very succinct. I think it's important for the SMA to publish a set of core values either as part of a mission, vision, values statement - three separate statements. I think that the concept of including core values is very important and very good and then the vision, in my opinion, still seems to be a little bit of a mix of what the end result is that you're looking for with some of the ways that you're planning to do it and traditionally, you separate the end from the means. In terms of your vision statement, I think the important thing is that if you like this and it hangs together well for you and it energizes you to move, then I think you need to go with it. There will always be modifications along the way. It needs to be looked at as a working document.

Dr. Heimburger suggested that it be a little more exciting. The opinion of the Group was that the Mission Statement was concise, but the Vision was rather verbose and rambled. The consensus was that the Mission Statement was succinct and stated the direction SMA was going.

ACTION: It was moved that the Mission Statement be approved. The motion was seconded and carried unanimously.

ACTION: Motion was made, seconded and carried unanimously that the Core Values be approved.

At this time, Dr. Ellis indicated he thought the Vision Statement needed additional work and asked Drs. Basile,

Kragel and Irby, along with Ken Slaw to look at the Vision component and try to make it more concise or change it. Dr. Heimburger volunteered to work with the group on this task. Dr. Basile was instructed to take the lead. It was suggested that the Mission Statement be circulated at the Annual Scientific Assembly in New Orleans.

Leadership Development Program Update

Dr. Ellis called upon Dr. Paul DeVore to update the members of the Council on the Leadership Development Program.

Well, as Ed Waldron knows, we hit a point where we're not making a whole lot of progress. Ed sent me some material which SMA already has referable to a business and administration program. We were waiting for a little more information from Ken before we had our first conference call. We had a conference call proposed last week but not enough people could participate. So, we're at this point, where I think Ken and I need to communicate and then either with Ed, or through him. and get some more material that I can have the members of the task force review before a conference call. The information sent me by Ed contains some of the material that is used in a slide presentation which with very little modification would be something very positive for us to use. This particular leadership module of the Auburn SMA Certificate of **Business Administration and Practice** Management, is suited for practice managers at a certain level, not the lowest level in a small practice, but for physicians. It's not a program that's put together for them to be the president of an HMO or anything like that.

Ed Waldron stated that it is a very comprehensive on the basics and then there are modules behind that where people can choose to go further. It has received good reviews from everyone that's seen it. We have faculty that delivers it. For all intents and purposes, for all the leadership programs that I've seen and some of them, especially North Carolina's. they have a leadership calendar - they do a great job with it. The Medical Society of Virginia has a club - more leadership initiative and that's great. This is every bit as good as those and it's modeled on a program that came out of Harvard and that was cut down to a shorter program that was applicable to physician practice. I think, you need to take a look at that and seriously consider it. We already have a program and a faculty that has delivered it on several occasions and does an expert job. I guess you all know that Rich and lean Holt have been the ones involved in the program. I've listened to Rich when he does part of the leadership program. I think we've got an excellent staff and an excellent program. So we might need to take a long look at that before we decide to throw the baby out with the bathwater.

The real, the thing is that somebody has to have a global viewpoint on this – both private practice and also the medical director of a large managed care HMO. If you have a global viewpoint on this, you are going to be able to match our needs as an organization.

Dr. Ellis stated that what he was hearing was maybe we have a program that can be transferred into membership leadership development program. Ken and I realize it needs some tweaking in order to be more

generalized. Perhaps Paul could talk to Jean and Rich Holt and see if they would have any suggestions about how to generalize it to make it more applicable to your nurse practitioners and other groups like that.

We are anxious to be able to roll this out at the Leadership Forum on Wednesday afternoon at the annual meeting.

We recently received from Kendra the whole business certificate program. Is it going to be embedded in here somewhere? Modules 1 & 2 and modules 15 and 16 will be in the program.

The committee should concentrate on what to leave in and take out of that program.

Kendra stated that in regard to the Certificate in Business Program and which these modules come out of the program - that program is completely distance learning. Dr. Ellis indicated that he thought the distance portion could be a means of convenience for the younger physician. However, since we are trying to build camaraderie and a sense of belonging, it may be worth getting everyone together in one place. Ed suggested that this could be done as an adjunct to one of the resort-based meetings. It could be tailored to many venues.

Ken Slaw was asked about the AAP program. He stated that this kind of learning is continuous now and so you need to offer it as live programming. Because a whole lot of leadership development is experiential, there is a lot you cannot get from a distance learning modality in terms of sharing expertise, going through group activities, having

an opportunity to work with tools and work different skill sets with facilitators present. On the other hand, if there's one thing that's true about leadership, it's that the learning never ends. And so, I've been through probably 40 leadership development programs now, in terms of being on the faculty and going through them, and I still learn a bit every single time I go through it. So this is something that I would strongly encourage SMA to perhaps offer in one or two live events annually to draw people in. There really needs to be a community that continues its learning after these courses and the material should be in some type of online format. You need to do both.

Update on Advocacy Program

In Dr. Shack's absence from the call Ed Waldron commented upon the Advocacy Program. He indicated that he had talked with Bruce this evening. He had something happen personally on August 21st. He hasn't mentioned this on the calls where we talked or even on the conference calls, but Wanda was in a serious automobile accident.

She is, as of today, still in Vanderbilt Hospital and has been there since Aug. 21st. He has had a very busy schedule. We talked about ways that we could get the advocacy scenario moving. That was to get through the Commonwealth of Virginia Fund Report because there are so many instances where we could pull advocacy issues out of there for our utilization. The next step will be for Bruce and I to go through that report and come up with those things and get with his group and discuss them,. so we'll have a concrete plan to present in New Orleans.

As we've discussed on a couple of

occasions, the priorities as related to the four issues of advocacy, quality, leadership and professional identity, the two that we can jump on in a fairly quick manner are advocacy and leadership. We need to be committed to make those things happen in November and to be able to introduce those to everyone.

Strategic Planning Update Ken Slaw was called upon to give an update of the Strategic Planning initiative.

The last time we got together, I talked about the difficulties and the struggles that organizations have to implement their strategic priorities. I think what you've all been experiencing the last couple of months is not unusual. I would encourage you to not lose focus, not to lose hope and to keep driving forward on you key initiatives. I think there are a couple of important strategies that you've already developed through the call. One of them is: it's too much to take on all four of these and do a full court press. Focus on one or two and really get them moving. It sounds to me like advocacy and leadership are two that are just ready to launch first. I think that's a very good strategy. I also think that it's very important that in moving these things forward being very mindful of not allowing your own internal process to be a barrier and to slow things down too much. Try to keep momentum in terms of moving these things forward. There are a couple of ways I think you can do that. Number one, build small teams around these issues that you want to move forward and really empower those groups to make decisions and really move on things. Have the Council and the Executive Committee be there for top line

governance level issues. If every single decision and every little thing needs to come back for full Council deliberation to get these projects and get these priorities moving, then you're getting in your own way a little bit. The axiom with these kinds of things is that it's better to move and make a few minor corrections along the way than to sit back and wait until everything is perfect, in order to, move ahead. Now is the time to implement and execute against these priorities and really try to position SMA as an organization to do that, do it effectively, have fun along the way and not be too critical of yourselves. You must realize that the territory that you are moving through is a little bit unchartered and it is a little bit uncomfortable. Change and new things always are. I think that, specifically with the leadership program, it is something that you've got a good group to work on. I would suggest trying to focus and take the perspective of the people going through this program, what their needs are, but not only focus on the content that you need to deliver, but also think about situational leadership challenges that your members get themselves into and really make sure people come out of the program with very practical tools, tips and experience that they can take back with them the very next day and start to apply.

Advocacy is probably the one that may be the most energizing but also the newest territory for you. You are trying to make change and to make the world better. It's not easy to do that all the time. I think you have really have done an excellent job outlining the priorities and outlining your strategic direction. I want to encourage everybody at the staff level and at the leadership/membership

level to make sure your process for moving forward is an efficient one and you don't get in your own way, in terms of moving forward with due speed.

The Communities of Interest were discussed next. The issue of the interdisciplinary, multi-specialty collaborative approach that you want to move to has been brought up several times. Of all the cultural changes that you are working with, this is the one that will probably take the most amount of work - to move the culture of SMA from its current regional representation to one that works across multi-specialties and across disciplines. One of the real challenges of making that kind of culture change is having a consistent model to try to run everything through so that everything comes out in a collaborative, grass roots, energizing way. The graphics that Ed and the staff have put together to look at disease entities, as related to the top five health concerns in the South, are very powerful. Looking at the major communities of interest that need to come together across SMA to a make a positive dent in these diseases is definitely the way to go. Part of the struggle and part of the challenge that you're going to have is how do you engage these communities and how do energize them? It means creating some cultural change in the organization. I think that's what you're going to be faced with somewhat in November. The strategy of how section leadership and interdisciplinary, multi-specialty leadership will be engaged in this model will be very important. You may want to start at the grass roots level and pull this up through membership and then specialty sections. Let them work through those things with tools like

discussion bulletin boards, email announcements, list serve, live and virtual section meetings, etc. Then move into the decision of what those major scenarios will be, and it seems that will be the way to build, based on that community of interest data. All of our activities whether the journal, educational programs, the annual meeting, our live resort based meetings, all of those will go into the major emphasis that is a major network for clinical imperatives to improve healthcare in the South. The interesting thing about this is, all of our major goals, advocacy, quality, position leadership and professional identity, are voiced. All of those will wash out in these particular scenarios as we develop them. Obviously, advocacy and leadership are first, but as we go through, the others will wash out through the planning and implementation of these programs. One of the interesting things about this is it starts with the communities of practice.

Please note the chart on Network of Clinical Imperatives (first, overview). We will decide what these five large entities will be based on a great deal of input, data, epidemiology and guidance both from the sections and from the Coordinating Committee on Education.. As we decide what those will be, they lay the groundwork for everything we do. We've never been very good at pulling the journal together with our education programs and all the things that we do. This will help us complete the circle. There is one major thing that it also does. A while back, Jan introduced the program of data collection and analysis from the Georgia Ash Group, where they attacked hypertension in a comprehensive way. Please note the first of those charts where it

says community of interest data analysis, processes and physician directed reporting out. The second page looks at a process where we take members and non-members and other clinicians - licensed nurse practitioners, etc. and build into a data network much as was discussed in the paper from Ash. You will see that the ability for us to build that data in and have it wash out in our programs will also be of great interest. It is obviously a marketing scenario to entice people to put data into those things, but the wash out on the back end of that will be non-members who come to our meetings based on that information, all be presented in a formalized way in our programs. I think it is a nice way to get through and get major emphasis for ourselves and meet them and the marketing needs of improving healthcare in the South. That obviously is something that we can pick up and discuss with our sections. How do they want to do that? What is the best way to approach that? If we can introduce this program in November, this global approach, we will giving them the tools they need when the sections get together in January – not just to plan an annual meeting, but to go through this and put them back into the picture of everything we do. Peter Kragel suggested that this information be placed in the SMA booth at the annual meeting, where it could be introduced to membership and have them sign up for communities of interest around the disease process. Ed said this was a great idea. Whenever we have the opportunity to wrap someone into the fold, it makes a great deal of sense.

If we do that at the annual meeting, it will help with what the sections

will bring to a meeting in January to put together and come out with our major communities - whether it's diseases or whether it's procedural issues, or other areas around which we can produce a community of interest. The leadership community was also mentioned. How does that fit in? Maybe there's one there, but I do think in all of our programs that each of those aspects will have a built in. For instance, if you have disease specific advocacy programs that attack both the patients' issues and the physicians' issues, this will be a way to allow, based on our dollar resources, leverage all of our activities to the total program. Starting out with the members and with the sections moving through our coordinating committees, the council will still have the great governing responsibility of making sure the quality is produced.

Dr. Pell expressed concern that while these are great ideas, she can see a very good use being made by the leaders. However, this is a leadership down thought process and unless we engage the members and the section officers and field support from it at that level, it's not going to succeed. When only 170 people have signed up to come to the meeting, polling those people, when we have over 6,000 members, is not going to give the kind of data on which a decision should be made. We need to find a way of getting data from the 5,000+ members who will not attend the meeting in New Orleans.

Ed stated that was why we start with the communities of practice which are the specialty sections; that's the basis of it all.

The suggestion was made that communities of excellence be used

instead of communities of practice. It can be called whatever we want as long as it has impetus and it says that this is where we are going and this is the exact thing we are tackling in this community. When we start looking at our educational programs, we probably need to push the interdisciplinary scenario but still get a higher level of specialty education into those things, too. If we count our pennies properly and spend our money wisely, maybe there will be the opportunity to have a specialty track along with the so called interdisciplinary track. I say interdisciplinary rather than multi-specialty because that is what it is. I think it is essential to have the specialty tracks if we are hoping to keep the specialists involved. That is especially true for the annual meeting. It is a good stepping off point as to how we produce the new annual meeting and it will all flow from the membership on up. Dr. Ellis noted that one of the things he noticed when he looked at the clinical imperative was that there was an annual meeting #1 and an annual meeting #2. He requested Ed Waldron to address those issues. We have to start looking realistically at where we are. I love the annual meeting and I love all that we have in it. If you'll look back over the last 15 years, as a matter of fact, since the annual meeting's inception, it has always been a tremendous drain on our finances. This year, we've done an excellent job of producing money for this program and yet, I understand Katrina is an issue in New Orleans. I think it's also that we haven't hit our stride. We're going to start to hit our stride with a meeting in Nashville. We need to consider that if the Nashville Meeting is not what it should be, we need to take a look at some other scenarios. We

may need to look at an exquisite resort-based program. If you'll think about it, we spend approximately one tenth or one fifteenth of the money on the annual meeting. Yet in our resort-based programs, we don't lose money. We make money. We put twice as many paying people in seats, so there's something wrong there. We need to take a look at that and if we were to pull this program through and continue with our resort-based programs, then we'd have two mega resort-based type scenarios in exquisite resort environments. I think that the amount of money we spend and what would happen there is that you would take the sections that are involved in the diseases that are talked about to that meeting, or in the specialty during a three-day meeting with the vast amount of rooms needed, and split that half and half and cover as many of those as possible. It just doesn't work - the model won't work. But, two separate meetings in that scenario would. One of the things that you would also facilitate is the issue of a Council meeting at one of these excellent resort based scenarios. The Council meeting could take place and maybe even the summer meeting. could also take place also. So, you would be taking the synergy of our people, the excellence of the people we have putting these program together with a smarter way to spend our money. The other thing is some people like the beach, or some like the mountains. There are many things that we could do to vary that scenario and take a lot of the risk out of what we have now, in what we're generally calling the annual meeting. The answer is we will please more people and we'll take more risk out of what we do. We will follow through and build on this program from the grass roots up.

Dr. Ellis stated that for the New Orleans Meeting, you could look at New Orleans and Katrina in several different ways. This week 17,000 of the American College of Surgeons will be coming to New Orleans. The week before the Southern Medical Association, 20,000 ophthalmologists will be in New Orleans. I am not sure that New Orleans is as big an issue if we only have 170 SMA members signed up. I suspect it may be more of what we're offering, rather than the location.

Ed confirmed there is no doubt about it, because the issue is those other meetings are specialty meetings, and they are tighter and more cohesive. We can approach that with two smaller meetings, having a primary care and specialist track. I don't think that the New Orleans meeting really conceived with the idea of having a specialty tract. The Nashville Meeting is the first specialty track meeting we have tried. That will be a harbinger of how we move forward. It will probably take two years of doing this to really evaluate it.

The total attendance for the Charlotte Meeting was approximately 1,000. Of those, about 225 were paying members.

We currently have 276 attendees registered for the New Orleans Meeting. Of those registered, 96 are paying members.

It gets down to the value proposition and the share of wallet. In the years when we had a large attendance, we did not charge for the meeting. We did not charge for activities or we heavily subsidized those. So, when you got to the value equation and quite frankly, I think there have been comments on our Council

calls that have been - "I don't think I can be there because it doesn't meet my needs as a specialist and I have to take it out of my education budget to do that. Is it sensible for me to be there?" So, I think we really need to face that and say, we talked about that last January and I think we tried to make some changes but we're not there yet. Nashville will get us further. I think we'll see what unfolds in Nashville and look at the issue of what that cost is and what we could do with two smaller meetings in an exquisite venue to provide both specialty and primary care education in a much cheaper way. I think we just need to stop and really consider that now because we can't afford to have the losses in this annual meeting any longer. We really were very austere in the budget this year. Granted, we do have some of the tragedy and issues of catastrophe of New Orleans, but as George said, I think there are other things at work here. The competition for our primary care education may be one of those things. Our programs are excellent. They get good reviews from the people who come. The problem is not enough people come. If you consider that to be a marketing issue, yes, it's a marketing issue, relative to competition and what else is out there.

As Dr. Pell suggested, this needs to be more membership driven, that it is a top down concept. It has some very attractive parts to it, but I think that we need to think on it and get more membership involvement to see if this is an acceptable way of where people want to go.

Ed stated that the committees of practice are our sections, not our section leaders. There are entire sections. The section leaders may be

representative, but they in turn, along with us can produce the data from the entire membership, so that this is not a top down. This is a bottom up, from the very, very grass roots - members through their specialties. That goes to the meeting and what it would be like. We cannot have every member, but we can retrieve a great deal of data from every member whose section people bring forth this data, so that it can be presented at the meeting to come up with the plan to go farther. Ed stated that he was very much in tune with this being a grass roots up scenario.

How to integrate sections into the organization was discussed. Ed stated that he and Randy had designed those facilities. We will need to fine tune those and once again will want to give the people who are involved the ability to be engaged in the fine tuning of how we do that. This is how we go from a community of practice to a community of interest. I think it is stated very well that they are small groups. Those small interest groups are the kernels of what will grow larger. That is why the resort-based meetings would be a good way to generate those groups because they are already together because they came for a topic.

The faculties have been well designed. We will need to fine tune those and once again will want to give the people that are involved the ability to be engaged in the fine tuning of how we do that. That's how we go from a community of practice to a community of interest. I think it stated it very well that they are small groups. Those small interest groups are the kinds that will grow larger. That is why the resort based meetings might be a good way to generate those groups because they are

already together because they came for a topic.

The AAP model that was used with their forum for developing sections was discussed. Ken Slaw stated this has led to phenomenal membership retentions of the AAP in the last 20 years. It has been the formation and the sustaining and support of those sections. They add member value and they create second and third homes for people, so it makes it very difficult for them to leave membership. It was suggested that SMA look at teh AAP model and see if it might be used in some way to help develop sections and make them a viable part of the organization.

Dr. Kragel ask if the sections get below a certain level in the pediatric model, do you then sunset them or do they continue on? Dr. Slaw replied that if they get to a critical level where they're not functional then a procedure is in place to sunset them, trying to move members to other sections. SMA has some sections presently that aren't functional and don't have really active members. Should consideration be given to a policy on how to establish and how to sunset sections, including the ones that we presently have that really aren't going anywhere? We don't want to exclude people, so we might want to think about having an undesignated section at least temporarily.

This goes back to the issue of the governance procedure of the leadership and how it is handled. Whether it is handled in a formal or informal way, we know there is leadership of both types that happen. So there is going to be a responsibility to be taken on there.

Dr. Slaw stated that in his organization, it's the governance that creates or dissolves a section, but it's the professional staff that does any interventions to make sure that the groups have the support that they need to move forward. With the SMA groups that have been hanging by a thread is to reach out to them. Give them a little support and see if they want to make another go at it. Give them some very clear criteria and some goals and really encourage them to try to meet the criteria to sustain themselves. If they can't, they'll self-declare there just isn't enough energy to do it.

New Business

Dr. Ellis advised the Council members that the Executive Committee discussed the fact that SMA was falling very short in their pick-up of rooms at the Hilton New Orleans Riverside. The risk of a high attrition was eminent. A plan to reduce registration fees with the commitment to stay in the Hilton for a couple of days was designed. The reduced or waived registration fees were aimed at states affected by Katrina and Rita, especially the panhandle of Florida, as well as specific areas in Alabama, Mississippi, Louisiana and Houston. The announcements will be or have already gone out.

Adjournment

Motion was made, seconded and carried that the Council conference call adjourn. The call was adjourned at 8:35 p.m.

Submitted by Pamela McDonald October 23, 2007

PROCEEDINGS OF THE COUNCIL November 14, 2007 Hilton New Orleans Riverside New Orleans, Louisiana

The Council of the Southern Medical Association met during the Annual Scientific Assembly held at the Hilton New Orleans Riverside, New Orleans, Louisiana, on Wednesday, November 14, 2007. The meeting was called to order at 8:10 a.m. CT by the President, George S. Ellis, Jr., MD.

Members of the Council present:

George S. Ellis, Jr., MD, President, New Orleans, LA; Braxter P. Irby, Jr., MD, Immediate Past President, Brookhaven, MS; Paula Oliver Pell, MD, President-Elect, St. Petersburg, FL; Jan N. Basile, MD, President-Elect Designate, Charleston, SC; Andrew W. Lawton, MD, Little Rock, AR; Paul A. Devore, MD, District of Columbia; Ali Rahimi, MD, Savannah, GA; Thomas Bunnell, MD, Crestview Hills, KY; John Umhau, Chevy Chase, MD; Eric Lindstrom, MD, Laurel, MS; Richard A. Heimburger, MD, Columbia, MO; Peter Kragel, MD, Greenville, NC; Mark Martens, MD, Tulsa, OK; James J. Bernick, MD, Baytown, TX; and Robert W. Klink, MD, Gloucester, VA.

Members of the Council absent: Judy King, MD, Mobile, AL; James V. Talano, Naples, FL; Robert Ellis, MD, Metairie, LA; R. Bruce Shack, MD, Nashville, TN; and Terry L. Elliott, MD, Wheeling, WVA.

Others present: Michael Gosney, MD, Councilor-Elect, Alabama, Muscle Shoals, AL; Gary Delaney, MD, Councilor-Elect, South Carolina, Orangeburg, SC; Alonzo Myers, MD, Councilor-Elect, Virginia, Roanoke, VA; Ronald Hamdy, MD, Editor, Southern Medical Journal, Johnson City, TN; Mrs. Gail Delaney, President, SMA Alliance, Orangeburg, SC; Mrs. Kathy Carmichael, President-Elect, SMA Alliance, Hattiesburg, MS; T. Rudolph Howell, MD, Chairman, SMA Services, Inc. Board, Chester, VA; and Kenneth Slaw, PhD, Director of Strategic Planning Initiatives and Director of Membership, American Academy of Pediatrics, Chicago, IL.

SMA staff present: Mr. Edward J. Waldron, Executive Vice-President; Mr. Luke Hartsfield, Chief Operations Officer; Mr. Don Casey, Chief Financial Officer; Mr. Randy Glick, Chief Information Officer; Ms. Pamela McDonald, Senior Assistant to the EVP for Administration; Mrs. Kendra Blackmon, Senior Assistant to the EVP for Marketing; Mrs. Kathy McLendon, Senior Assistant to the EVP for Professional Development; and Ms. Vonette Scott, Assistant to the EVP for Member Communications.

Approval of Minutes

Minutes from the Council conference call held Tuesday, October 2, 2007, were distributed to members of the Council prior to the meeting.

ACTION: Motion was made, seconded and carried unanimously that the Minutes from the Council conference call held October 2, 2007, be approved as printed.

President's Message

George S. Ellis, Jr., MD
Dr. Ellis opened his remarks by
commenting that the past year had
been a busy one. SMA has begun a
journey in a new direction, and the
progress has been slow. Dr. Ellis
congratulated the members of the
Council on all of the time and effort
they had devoted to the strategic
planning session, conference calls,
e-mails, etc. He stated that he thought

the President-Elect and President-Elect Designate should come up with projects they wished to see happen well enough in advance of their year as President that they will have time to accomplish their goals and projects.

Dr. Ellis stated that he felt the Executive Committee should be viewed two ways – as written in the Bylaws as a substitute for the Council when it could not get together. However, the Council has been meeting monthly via conference calls. The Executive Committee serves a very valuable purpose as an advisory body for the Presidents. That is not written anywhere, but it is valuable

One of the ways to become more responsive to the membership was to try to hear what they had to say and act on it. Through good hard effort, we developed a new Mission Statement. This was an outcome of the strategic planning session in Chicago, to which several people made the effort to go. To continue with this new direction will probably require a revamping or reorganization of the association maybe even being more responsive in our governance to the membership. Maybe something will happen where the section or community of practice/interest will be the proving ground for the people who will eventually become Councilor. Perhaps at some point the President will be elected from the membership instead of from the Council.

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Whatever changes occur, the process will be difficult. It will require perseverance. It will require strong leadership that is willing to take risks to make those changes. The people around this table are the strong

leaders that will make this happen. One of my goals this year was to foster open communication and to shorten the learning curve for new Councilors. It seems like we are on our way with this. I believe the monthly conference calls have really helped the new Councilors to learn what is going on at a faster rate so they can be more participatory. The Council List Serve: We will eventually have to use this well enough to keep up with what is going on. Never the less, I have noticed a much freer and open participation in our faceto-face meetings, and I encourage everyone to speak their minds. Everyone should feel that this is a safe environment for that to happen. Another one of our goals was to revitalize the sections, which are really the communities of practice/interest. Part of this will be accomplished with the 2008 Annual Meeting program in Nashville which will be much more specialty directed. There is still much more of this to be accomplished and this Council must be involved to increase membership involvement, and membership ownership in the organization. One of the other places we need to take a hard look is with the Associate Councilor program. It has not worked very well in years and we need to take a look at how to revamp it that in a way that will make it more productive.

The bottom line is we have accomplished a lot, but we have a lot more to go. Hopefully, some of that will take place at this meeting at the Leadership Forum and at the Opening Ceremony.

Report of the Executive Vice President

Mr. Edward J. Waldron For the past twenty years, SMA has been offering more for the member's dollar in the way of tangible products and services than what is available from like associations.

Members enjoyed the lowest dues and the highest quality of tangible product and many free perks and benefits.

We continually and carefully research member tangible needs and have met those needs and continue to do so while exceeding expectations for service.

Our accreditation by the ACCME as a C.M.E. provider ranks us in the top 10% of accredited providers. That being said, during those 20 years, members have been leaving us twice as fast as we can recruit them. Please be aware that the key word in the foregoing comments on products, is "tangible".

Obviously, tangible products have value, but by their very nature, they are temporal. Something of value today may be of little value tomorrow. Tangible product value today breeds competition for share of wallet as those products become commodities and directly challenge the proposition to create value in membership as a consumer.

Member loyalty is what we are looking for. Member loyalty is an intangible value proposition which cannot be sustained by the tangible offering of quid pro quo.

You do not grow intangible, lasting values based relationships with tangible products.

You do not create that emotional tie which produces loyalty.

Today, more than ever, physicians

need a platform and support from a partner which provides a professional home and outlet for professional identity.

That is why our evolution to what our new mission statement describes is our best hope to deliver and sustain the future.

You can purchase products anywhere, but finding a partner in championing what means most to you for: advocacy for physicians & patients, leadership and development, quality, professional identity; is operating in another realm and at a much higher level. Association is no longer enough. Association is rubbing elbows. What we are after here is community. In the high stakes areas which I have just mentioned...advocacy, leadership, quality and professional identity, which will effect change in the lives of physicians and patients, being known as the well spring for these intangibles will attract like minds and grow community. What you will hear today relative to these intangibles and how we will go about making them meaningful to members and prospective members on their terms is our operational mandate to further the new SMA mission for and assure our future.

Coordinating Committees New Directions Coordinating Committee on Budget and Administration

Dr. Irby commented that the last meeting of the Coordinating Committee on Budget and Administration was held via conference call on October 30, 2007, and the document was distributed during the Council Meeting this morning. There is an internal Audit Committee, chaired by Lee Dockery,

MD. The audit, conducted by the CPA firm of Sellers, Richardson, et al. was reviewed by the Audit Committee and they were very pleased with the way the staff was conducting business. Sellers, Richardson has a very good reputation, and has conducted the audit for the last five years. It is appropriate that in about five year intervals, proposals be taken from audit companies to review the cost of the audit, quality of the audit, etc. Proposals have been received from six of the eight companies that received a Request for Proposal. The Audit Committee will meet on November 28 to discuss the proposals and it is their charge to make a recommendation /appointment of either retaining the Sellers, Richard or another firm to conduct the audit. Dr. Irby stated that he and Don Casey both thought Sellers, Richardson was a good firm and were familiar with the structure of SMA. There will be some new regulations this year, and therefore, it makes sense to retain them. However, the final decision will be up to the Audit Committee.

The budget and financial standing of SMA through September 30, 2007, was discussed by the Coordinating Committee on Budget and Administration. At this point, Dr. Irby turned the discussion over to Don Casey. The financials were in the Council notebooks under Tab 5. The first item for review under Tab 5 is the Audit Report, immediately followed by the Minutes of the October 3rd Audit Committee, Mr. Casey pointed out that the pre-audit Comparative Financial Statements were presented in detail at the Summer Meeting in August. For Southern Medical Association there was no change at all. The only change was an insignificant change to the

income tax liability on SMA Services, Inc. which showed the final audited combined loss to be \$4,000 less than the pre-audit.

The bottom line is a loss of \$153,000. Presented at the Summer Meeting was a pre-audit combined net loss of \$158,000, which was \$245,000 ahead of budget for the year. Mr. Casey called members of the Council's attention to page 58 of the Independent Auditor's Report which stated "In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Southern Medical Association and Subsidiary as of June 30, 2007, and 2006, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America."

As stated in the Minutes of the Audit Committee, Mr. Rick Galloway "stated that, same as last year, the SMA received an unqualified opinion, which is the best opinion we can get. The auditors stated there are no issues of concern and the staff prepared and presented all of the information in preparation for the audit properly, which is fantastic and something the SMA and the Audit Committee should be pleased with." Also included in the Audit Committee minutes was a statement from the senior audit manager on the account, which stated "We feel the entity (SMA) is progressing in the right direction, they (SMA) have an actual plan in place and their budget for the upcoming years seems to be improving, and the auditors feel like this year that comment was not warranted, therefore we (auditors) didn't issue a formal letter. We do not

feel the entity is going into a hole, as in past years. There were no other items noted during the audit where we (the auditors) felt a comment needed to be made and we had no disagreements as to how entries should be reported. The past couple of years the audit has run very well and we have had no adjustments, other than small reclassifications." The Comparative Financial Statement, as included in the Council notebooks, was reviewed by Mr. Casey. Under Year To Date, the net income is \$175,000, which is \$159,000 over the budget for that period, and \$110,000 over the prior year. You will notice on the Balance Sheet the cash position is much better than it was as of 9/30/06. The dues paying members as of 9/30/07 was 5,821, which continues to decrease each month. October was an excellent month with a small decline in membership. The main reason we have a profit figure over budget combined as of 9/30/07 is that we did levelized budgeting, especially in the marketing area, in the financial services division particularly, and we have not incurred those expenses as budgeted. Of course those expenses will be incurred during the remaining portion of the year.

As far as Southern Medical Association, the Journal is performing ahead of its budget by approximately \$20,000. Educational programs are performing ahead of their budget by \$35,000. In large part, this is due to an increased level of support that we have been able to garner from pharma in a tough market. It is important to build revenue from other sources than dues. It was reported that as of 9/30/07, the dues revenue is \$5,500 over what was budgeted for that same period.

A hard line was taken on the budget for the annual meeting in order that a combined deficit budget would not be presented. We will not have a deficit budget for the association from here on in.

The education product is still a heavy revenue producer for the association. The major drain on the budget is the annual meeting. This year, a loss no greater than \$126,150 was budgeted for the annual meeting. The "wild card" will be attrition at the Hilton New Orleans Riverside. Ed Waldron stated that SMA has been able to work with the hotel to erase a lot of the attrition. Of course, we will not know the final figure until after the annual meeting, probably the end of January or February.

Kathy McLendon stated that another revenue source was the Southern Medical Journal through commissions, reprints, supplements, etc.

At this time, the discussion shifted to the annual meeting and its future. The annual meeting continues to be the "500 pound gorilla," and every year it makes the financials look as they do. SMA Services, Inc. has financed it to the point where it should not. It is not a bad meeting, the content is good, but the market is different. The competition for this type of meeting is different. What do we do? We need to involve the specialists members in a more substantive way. Some of those ways will be discussed in the leadership session this afternoon. If we are making money with the resortbased CME programs and can get 200 people to attend with a \$35,000 or \$40,000 marketing budget, what are we doing trying to get the same amount of people to attend who will pay, spending \$150,000 to market?

Then we get into situations where we have food and beverage and rooms attrition.

The thought is to expand the resortbased concept into two exquisite meetings a year in a resort - perhaps one in the winter in the mountains and one in the summer at the beach. They should be upscale, selfcontained scenarios. This just makes a lot of sense. We could satisfy more of our sections' needs as we have done in the past, we could combine governance scenarios, meeting somewhere in the summer where we could have the Summer Meeting of the Council with it. The meeting that we are having currently could be part of another larger resort-based scenario, without spending another \$150,000 to market. What the market is saying about meetings of this size with this topic is basically, in many instances, is a lot of primary care, and yet the primary care competition is huge. The specialty meetings are doing well. We need to have a more focus environment and we can produce these CME programs. It also provides choices. The total meeting package needs to be reviewed. Social events can be upgraded if we have them in a resort venue. Larger cities require a different marketing strategy that has to be involved, compared to what could be done in a resort-based venue

We can take a look at Nashville where we have excellent specialty tracts, as well as other disciplines and see what happens. The Nashville Meeting will be the harbinger, and if the Nashville Meeting doesn't do it, we will need to make a move.

The comment was made by Dr. Ellis "that the impetus that will drive the meeting is not what the Education

Committee wants, but what the membership wants. If we develop a culture of the communities of interest, it will dictate where we will go and will drive participation based upon what people want to hear. It should be pulled up from the grass roots like we used to do. Unfortunately, while the Nashville meeting is more specialty oriented, it is not membership driven in its topics but driven by the Education Committee."

The resort-based meetings could be one of the best recruiting tools we could have. These are more focused meetings, and to some extent more specialty oriented. Resort-based CME meetings are sensible and manageable. Support from pharma is more difficult to obtain than in previous years and comes for speakers rather than the entire program.

Tangible products do not ensure that membership will happen. Intangible products will hold people in for the long-term basis. It is a value based scenario. You do not get long term value out of quid pro quos. As we move forward, we will look at creating two different annual meetings with different bases so people will have a choice. We will still have our annual meeting, we will still have our governance/council awards. Our sections are totally disenfranchised. They no longer have business meetings. We need to get back to where we still have a platform and a reasonable expense base for the annual meeting. Our sections in and of themselves are the perfect communities of interest models. Our sections are great communities of interest from a clinical standpoint, but there are other communities such as advocacy, leadership, quality, and

professional home.

Ken Slaw advised the Council members that this discussion was right on target, but they did not want to be in a position where you are competing on price. You need to compete on value.

In regard to exhibits for the New Orleans Meeting, Ed Waldron commented that support for the educational offerings are up. however, the response for large companies for exhibit space is down. This is in direct reflection of what is happening relative to the heat that is being put on them about how they handle products on the floor, regulatory agencies, etc. It is a tough market right now, but we have been able to increase our dollars on sponsorships, but it has been more difficult to get exhibits. That is a direct reflection on the number of people that go through the exhibit hall. When you have a local or a smaller regional meeting, their reps have already seen those people, so they are not going to double their efforts for dollars in that area. That is another reason to look at a smaller venue relative to exhibits.

Coordinating Committee on Education

Jan N. Basile, MD
Dr. Basile reported that the
Coordinating Committee on
Education has meetings scheduled
the second Tuesday of every
other month. The committee
is the decision making body for
professional development. The
committee make up now includes
a nurse practitioner, Karen Winn,
and an AAFP (American Association
of Family Practice) representative,
Nancy Swikert, MD. The CME
Mission Statement revision has

occurred in which it is stated that we are improving physician competency and performance to meet ACCME recent revision guidelines. During 2007, the committee reviewed and approved two out of three specialty focused proposals. We are taking on new challenges. Two of the proposals were submitted by past Councilor Dr. Bashir Chaudhary and Dr. Burki for meetings they had chaired in the past on Sleep Disorders and Pulmonary Disease. Dr. Lawton, Councilor from Arkansas, will be doing a meeting on Ophthalmology. The Sleep Disorder will occur at Hilton Head. Dr. Lawton's program will be in June at Pine Hurst, North Carolina.

The committee has kept up-to-date with the actions of the U.S. Senate Finance Committee focus on the pharmaceutical industry and its influence on industry grants on CME. The ACCME is asking what their job is. A key element by the Senate Finance Committee to police the CME meetings is to look for bias or industry influence. Many Councilors will act as CME monitors during the New Orleans Meeting. This is a very important program. We need to be critical, and we need to make sure our meeting is fair and balanced. We appreciate those that are participating as monitors.

The Coordinating Committee on Education activity oversight was reviewed next by Dr. Basile. The committee works hand-in-hand with the Journal, scientific assembly, clinical conferences, on-line CME, practice management, and resident workshops.

In terms of the Southern Medical Journal there are up to three CME articles per issue; the SMJ podcast monthly; eTOC (electronic table of contents) distributed monthly; patient's page; medical webwatch; rapid response; and promotion in eNewsletter and SMA Tips.

A recap of the 2007 Scientific Assembly was given. There will be 25 total clinical sessions; breakfast, lunch sessions supported by industry; breakout sessions; up to 25.75 CME/CE credits available from over 59 hours of programming; and handouts on CD and website – this is a new process, and some members may be resistant. However, it is a way to help SMA go "green" and save forests for the meeting.

The Scientific Assembly for 2008 was reviewed. The Advisory Committee on Scientific Activities is on the job, and working hard on the meeting. There will be five specialty tracks over two days of specialty education – surgery/plastics/oncology, orthopaedics and trauma surgery, women's health, dermatology, and medicine. The deadline for poster abstracts is January 11, 2008. The 2008 annual meeting will be early – August 7-9, 2008, Gaylord Opryland Hotel, Nashville, Tennessee.

There will be a full schedule this year of clinical conferences, including the a repeat of the core courses, plus two new specialty conferences that were mentioned earlier. There will be a total of nine conferences planned for 2008. We continue to work with Auburn on the Certificate of Business distance learning; the International Society for Clinical Densitometry which continues to be done at Ron Handy's Osteoporosis conference, but also at Dr. Piziak and Dr. Marten's Female Patient conference; and we are reshaping the Hypertension Conference that has

been led over the years by Dr. Basile. Time at that meeting will be devoted to both diabetes and hyperlipidemia, trying to make it a horizontal risk factor reduction clinic instead of a silo clinic. We are reaching out to the Southeast Lipid Association and to the South Carolina Diabetes Association trying to get some joint sponsorship.

We continue to apply the mandate for all CME conferences that they must make money or break even to continue the conference for the next year. For that premise, the Midwestern Burn Conference was deleted from this year's schedule since it did not meet the mandate for financial success. It was a difficult decision, but one that needed to be made.

In terms of on-line CME there is MedEd on-Demand. A hundred lectures are currently free to SMA members. Physician and nursing credits are available. Group subscriptions will be coming in 2008. In terms of practice management the Coker Group out of Atlanta is partnering with us to offer consulting resources for practice management issues. Coker held scheduled coding seminars in several hospital systems. SMA provided the CME credit. Their resources and expertise help provide content for coding Frequently Asked Questions in articles in eNews and SMA Tips and sma.org.

Finally, we continue to have rave reviews and return invitations from medical schools and universities for Your Place in Today's Medicine Seminars. Paula has been instrumental in bringing a Chief Resident Conference Workshop to Tampa in 2007. We will sponsor a Chief Resident Conference in

Charleston, again in June. SMA will continue its relationship with the annual GME program being held in Nashville this year, providing support and speakers when possible. This concludes the report of the Coordinating Committee on Education. On behalf of the committee that works very, very hard and Kathy's guidance, I want to thank everyone for their help.

Dr. Kragel brought up the topic of rural health network development. He stated that this represented a market to look at for direct contracting for on-line CME. Dr. Kragel stated that from his involvement there is a particular interest in using these same networks for continuing education. This would be an opportunity for SMA as the government builds up networks. Dr. Kragel volunteered to help with this project.

At this time, Dr. Heimburger expressed disappointment that the Midwestern Burn Conference was deleted from the CME programs. It was explained to Dr. Heimburger that this was not an SMA program. It was a program managed by SMA. SMA had no input on topics, CME, etc. The Midwestern Burn Conference is more of a local program than a regional one. SMA cannot make money on the management contract. For SMA to produce this meeting, it costs \$45,000. The program is not even a Midwestern Program, it is an ABA (American Burn Association) program.

A discussion ensued regarding the number of posters being down from years past. There are several reasons for the decrease. When there were a large number of posters, it was when the Sections were active and the posters grew out of that. A fee was not required and people did not show up. Now a fee is required and people show up. There were also concerns that some of the posters were not of good quality. So the committee wanted to tighten the quality, with the understanding that some of the quantity would be lost, as well. In 2008 the posters will be up the entire time that the exhibit hall is open. A designated time for the presenters to be with their posters has not been established for the Nashville Meeting. Dr. Basile suggested that was something that should be considered. It is very helpful when the presenter stands with his poster at a particular time and meets the attendees to share information contained in the poster.

Coordinating Committee on Membership

Paula Oliver Pell. MD Dr. Pell called members of the Council's attention to slides that were being presented. Dr. Pell stated that the Coordinating Committee on Membership was very active this year, the most active its been since she had been a member. The committee met every other month, with some months having better attendance than others. Total membership is approximately 13,000, with 5,016 dues paying members. However, membership continues to decline. The dues increase which went into effect in January 2007 did not cause membership to decline any more than it had in the past. Recruitment of new members continues, but the key is not just recruitment of members. but the retention of members. The staff worked very hard with a concierge type concept. The main concept was when SMA got a new member, a staff member was

assigned to them. That new member could call the staff person assigned to them for answers to any questions on concerns they had.

The next slide depicted the monthly net results of dues paying members for the past 10 years. Losses for the month of October were 45. Although the loss of members is slowing somewhat, membership is still on the decline.

The committee members were charged to develop a procedure for assigning medical students and residents to committees. The following procedure was developed: Prioritize committee selection to include third-year medical students and second-year residents. Student and resident nominees should display leadership characteristics and potential. Initial nominee recommendations should come from the deans of medical schools, residency directors and current SMA leadership, especially from section secretaries. An additional source for committee selection would be chief residents with special attention to chief residents who have received an SMA scholarship to attend the SMA Chief Residents' Conference. If not enough nominees are obtained from these sources, a general announcement for volunteers would be sent to current medical student and resident members who meet the above-mentioned criteria. Once the nominees are selected, each nominee would have the opportunity to express specific committee interest. The Coordinating Committee on Membership would then send all nominee information, along with any committee interest, to the current SMA President for consideration and assignment.

ACTION: Motion was made. seconded and carried unanimously that the above procedure be adopted for the selection of medical students and residents for committee appointments and placed in the Policy and Procedure Manual. The question arose regarding whether or not some of the nondues paying members should be moved into the dues paying category. Particular reference was made to the Residency Directors. There little accountability for the free memberships. Some of the non-dues paying categories should be reevaluated during the next year. Dr. Ellis commented that "the attendance at some of the calls was so bad that a quorum was not present and really that is not acceptable. Commitment to be on the committee includes making the committee meetings."

Southern Medical Journal

Ronald Hamdy, MD, Editor Dr. Hamdy reported that the Journal is doing quite well and he is really proud of the product. He acknowledged it was not just him, but a team. There are two very competent teams – one in Johnson City, Tennessee, where he is located, and the other at SMA. The two teams are working hand-in-hand.

Dr. Hamdy stated that he did not have a written report, nor a slide presentation. That was done during the Summer Meeting which he plans to continue each year. The pipeline is extensive. There have been 54 original articles and 30 editorials. Dr. Hamdy explained that he tried to have one editorial for each original article to try and put things in focus. There are too many case histories (57) in the pipeline that have been accepted. He is exploring the

possibility of publishing them on line and referring to them in the printed journal. Those would still get full credit, but would use less space.

The base has widened tremendously, as you may have noticed on the slide put up during Dr. Pell's membership report. There are 286 reviewers. Most are from the US, but there are quite a few internationals. Papers are coming from all over the world, not just the United States.

The next item discussed was the Commonwealth Report. It is a "damning" report. We are doing very badly. We are consistently in the bottom quarter as far as quality of care is concerned. By we, Dr. Hamdy was referring to the SMA territory. Ways of improving quality were highlighted within the report. Whether it is diabetes, heart failure, asthma, and numerous other conditions we are failing. The report states that quality of care can be improved without increasing expenses. By improving quality, expenses are reduced because unnecessary hospitalizations and unnecessary medical care is avoided. After reviewing the report, there are five areas that we would like to concentrate on: diabetes, heart failure, asthma, depression and prevention. What we plan to do is to develop a series of score sheets, algorithms and memory aids that we will develop that can function with the national organizations, and our reviewers and advisors. I hope that we will have enough funding to send these CME articles, as well as the memory aids, algorithms, not only to our members but to our nonmembers. That would be method to use for recruitment.

Dr. Hamdy informed the members

of the Council that he has plans to expand the patient information sheet in the SMI, concentrating on the five issues above - diabetes heart failure. asthma, depression and prevention. Dr. Hamdy further stated that he would like to work very closely with the SMA Alliance He believes that the Alliance could have a great impact as far as spreading the message. He hopes to get funding not only from pharma, but especially from philanthropic organizations. Dr. Hamdy indicated that he was tempted to approach the Commonwealth Fund and ask them for funding for improving the care. The weak areas, as well as the states which are doing the worst, have been identified. Most of the states are within the SMA territory. Dr. Hamdy wants to develop a plan to try and improve quality of care where they have identified as the worst states for these diseases. The funds would be used to develop this program to make the CME articles, to make the memory aids, and working with the Alliance to develop the patient information materials. It would be sent to members and non-members. The funds would also be utilized to develop a series of round table discussions, again to promote quality of care.

One of the big deficiencies that the Commonwealth Report has identified is that diabetes patients are not monitored as closely as they should be. As a result of this they develop infection and have to be admitted to the hospital, and this can be avoided, same thing with heart failure. It was also suggested that Dr. Hamdy/SMA contact the CDC in Atlanta regarding the possibility of securing funding.

Dr. Hamdy indicated that on the

whole he was really excited, and things are moving well. There is still a lot of hard work to do. Dr. Hamdy expressed appreciation at the privilege of being Editor of the Southern Medical Journal, and thanked members of the Council for their confidence in him.

SMA Alliance Year-End Report Gail Delaney

Mrs. Delaney reported that since her last report in August during the Summer Meeting of the Council, she had attended 12 medical school orientations. As of September, 277 applications have been completed. The Alliance has given \$25,000 to the Research & Endowment Fund this

Mrs. Delaney complimented Lisa O'Daniel and stated that she was a tremendous asset to the Alliance. Mrs. Delaney thanked the association for the opportunity and privilege to serve as President of the Alliance. It has been a wonderful experience. Kathy Carmichael will be installed as the Alliance President, 2007-2008, on Friday, November 16 during the Installation Luncheon held at Windsor Court Hotel.

Dr. Ellis stated that he spoke for the entire Council when he thanked Gail and the Alliance for everything they have done for SMA.

Advocacy Update

vear.

Dr. Ellis explained that Dr. Bruce Shack, who was the chair for the Advocacy Task Force, was unable to attend the annual meeting. Dr. Shack's wife, Wanda, had been involved in a very serious automobile accident in August, and Dr. Shack was not comfortable leaving her alone while she was recovering. In Dr. Shack's absence Ed Waldron

provided an update on the Advocacy Program. Mr. Waldron explained that Dr. Shack had spent a good deal of time defining what advocacy could be for an organization the size of SMA and where we might have the most influence. Fortuitously, the keynote speaker for the Opening Ceremony, Dr. George Beauchamp, has written a text. The advocacy program should be built around something which the Mission Statement speaks to. What does the public thinks about physicians per se and healthcare per se. Basically, in the main it is considered a cost, which is unfair. Physicians are really revenue enhancers rather than cost centers. That, combined with a thesis of values based medicine. not value-based medicine, and the physician patient relationship which may very well be the last bastions of support and force among the physician community. Those three things together will be combined to make an Advocacy Program that SMA can support over the next couple of years.

Advocacy issues change, so this is our first foray into that environment. This seems to have value and resonance for SMA. Mr. Waldron recommended that everyone get a copy of Dr. Beauchamp's book and read through it. It will be a great platform for SMA to espouse, because you rarely hear people talking about the fact that physicians enhance the productivity of the nation. It needs to be noted and can be proven by data which is irrefutable. That is the basis for SMA's initial foray into advocacy in our new Mission Statement.

Leadership Development Program Update

Paul A. DeVore, MD Dr. DeVore opened his comments by reviewing the conference call of the Leadership Development Program Task Force which was held October 3, 2007. It was decided that a basic program will be the first step before a more in-depth, expanded program will be offered.

The Leadership Development Program is definitely an intangible product. This is a very timely program to offer. Almost every organization in the United States recognizes that leadership programs are important.

Dr. DeVore reviewed the slides, of which copies were distributed in the Council notebooks, and are included as part of the minutes.

Dr. Ellis stated that Advocacy and Leadership Development were two of the four items that were identified during the Strategic Planning Session in Chicago in August that SMA would focus on. We are trying to formalize a program so we can put our "stamp" on it.

These are the two things that we are initially starting with the hope that we can engender some attachment to the organization which will build our membership. Along with communities of interest/communities of practice, we hope this will attract more people who will want to be part of SMA.

This endeavor will probably not take place until the new budget year, but it will take place in 2009.

Mission Statement/Core Values/ Vision Update

Jan N. Basile, MD Dr. Basile stated that many in the room have been involved in redefining the SMA Mission Statement. It was a labor of love and has taken a great deal of work. A slide of the Mission Statement was shown to the Council members. The new Mission Statement is as follows: The Southern Medical Association promotes the health of patients through advocacy, leadership, education and service.

The four core values were defined as:

Advocacy Leadership Collegiality Innovation

We believe:

Physicians must be advocates for their patients and provide the leadership necessary to promote better health care in their communities;

Education and scholarly interactions must be conducted in a collegial, supportive environment;

Collaboration and innovation in health care delivery will best serve our patients as we work together to attain optimal health

SMA Vision

The Southern Medical Association will be the preferred association for physicians and health professionals, and will be recognized for advocacy on key practice issues including leadership development for physicians, multi-specialty and interdisciplinary education and training, and innovative health care delivery models and services that improve quality and access to care. A poll was conducted with the people who participated in the Membership Intervention and Strategic Planning Session in Chicago in August. The results were distributed in the Council notebooks. ACTION: Motion was made, seconded and passed unanimously that the Mission Statement, Core Values and Vision, as presented be accepted and approved.

Gift Presentation

George S. Ellis, Ir, MD Dr. Ellis explained that the box which had been distributed during the break contained a clock which had a story behind it. It has the SMA logo and the New Orleans fleur de lis on it, and it says "New Directions." The clock represents a kind of blend of the new and the old. The cut glass surrounding the clock is non-traditional and rosewood base is very traditional. Also on the clock is SMA 2007 101st Annual Scientific Assembly. Dr. Ellis expressed the hope that Councilors would enjoy the clock and it would serve as a nice reminder of the meeting in New Orleans.

Report from SMA Services, Inc. Chair

T. Rudolph Howell, MD
The SMA Services Board met on
Tuesday, November 13. It was
reported that SMA Services, Inc. is
well within the projected budget.
The Board continues to monitor the
Services products, and continue
to improve the capabilities that
are being sent forth to all members
of SMA. A dental program which
includes orthodontics will be
endorsed, and possibly implemented
by the first quarter of 2008.

As membership continues to decrease, during the last year, SMA adopted moving from a membership base to a market service based organization. With this in mind, SMA Services has implemented these concepts. For sometime, the Services

Board has thought about having an Alliance advisor. This has now been implemented. This person will be the liaison between the Alliance and the Services Board. The new ambassador from the Alliance is Nancy Lindstrom.

Successful Board Governance Seven Measures of a Successful Association

Kenneth Slaw, PhD
Dr. Ellis introduced Kenneth Slaw,
PhD, who is Director of Strategic
Planning Initiatives and Director of
Membership, American Academy
of Pediatrics and President,
American Association of Medical
Society Executives (AAMSE). Dr.
Slaw has worked with SMA on the
Membership Intervention and
Strategic Planning Session in Chicago,
and attended the Summer Meeting
of the Council held in Birmingham in
August.

Ed Waldron stated that as the Council members go through the presentation they will recognize how the Board, the Council, and the staff can work together to improve the relationships, the amount of work that gets done, and the communications procedures that we have for attaining all of our goals. At this time, Dr. Slaw gave a PowerPoint presentation on the above topics. A copy of the presentation slides are included as part of these minutes.

A discussion ensued regarding the Leadership Program. Dr. Slaw suggested that the Leadership Program is deliverable, it's a product. It is a tool that will hopefully achieve something bigger. The Board should be focused on the "bigger."

Creating the tool is easier; what's harder is as a body what do you want

to get out of this effort.

A detailed chart of steps involved in the Leadership Program, including a timeline, objectives and outcomes, was requested. This will be a staff responsibility to bring before the Council for approval. This should also be reviewed from a financial standpoint, as well. It should at least be a break-even proposition. Dr. Lawton was added to the Leadership Task Force.

Dr. Basile commented that the members of the Council should be interacting with attendees at the annual meeting and finding out their wants and needs. There was not really a good time to the Council to regroup prior to leaving the meeting. It was suggested that members of the Council talk to attendees and reconvene via a conference call on Tuesday, November 20, 7:00 p.m., to discuss what they learned from the participants.

New Business

Dr. Pell advised the Council members that she needs to get the committees organized quickly due to the short length of her term. She requested that the leaders in the meeting submit to her any committee which they have an interest in serving on. The letters will go out next week, and she will meet with Ed and the staff in Birmingham at the end of November. Dr. Pell announced that the 2008 Spring Meeting of the Council would be held at the beautiful West Baden Resort and Casino in French Lick, Indiana, April 24-26, 2008.

Old Business

Dr. Ellis indicated that there were two items that were not followed through with completely. Both items were relative to the Bylaws. One item dealt with the timing of the election for President-Elect Designate and the issue of when the President-Elect Designate qualified to run for office. The Council cannot act on a Bylaws change that has not been circulated to the membership 30 days prior to the annual meeting. The Bylaws changes will be referred to the Coordinating Committee on Constitution and Bylaws for action next year, with any changes brought before the Spring Meeting of the Council for approval to go before the membership.

Announcement from Candidates for President-Elect Designate

At this time, members of the Council eligible to run for the Office of President-Elect Designate were encouraged to make their candidacy known.

Although unable to attend the meeting, Dr. Bruce Shack submitted a letter to members of the Council, via fax, which was read during the meeting, announcing his intention to run for the office of President-Elect Designate.

Anyone wishing to run for the office who did not declare during the meeting will have the opportunity to submit the appropriate information by the last business day of December, as stated in the SMA Bylaws. During lunch the Council members discussed how various information was presented and acted upon, and how information was distributed. Committees are charged with submitting action items to the Council for approval. This can be done either by regularly scheduled conference calls or face-to-face meetings. The Council approves the budget and Council and committee items are tied to the budget.

Information delivery methods were also discussed, and it was determined that not everyone on the Council was e-mail efficient.

Dr. Ken Slaw advised those present that the Council, as the SMA governing body, should be involved with potential broad policy/governance implications. However, if requests seem to be day-to-day business issues or initiatives, there should be enough trust to just let the committee or staff "run with it." The work of the Board (Council) is the "big" work.

An orientation session for new Councilors is very important. The SMA staff will work with the incoming Councilors to determine the best method and timeline for accomplishing this task.

It was suggested that ways of creating excitement and generating interest in SMA for Associate Councilors be developed. Ed Waldron stated that an initial program could be developed around the website, which would give them an unbelievable amount of knowledge.

After a lengthy discussion on specialty tracks and programs for the 2009 annual meeting, it was stated that a timeline had been developed and the plan will be to have information and data gathered regarding communities of interest/practice relative to the 2009 annual meeting be available by the Spring Meeting of the Council. The information will be requested from the membership of SMA through the marketing department.

Closing Comments

George S. Ellis, Jr., MD Dr. Ellis stated that it had been a real

treat for him to serve this past year. It has been especially gratifying that the annual meeting took place in New Orleans. It said a lot about Ed Waldron and the staff that they felt it was the right thing to do, even though there might have been a risk of a financial loss. That decision is very much appreciated by me, as well as the City of New Orleans. We as a Council have accomplished a lot and there is a lot more to do. Drs. Pell and Basile and members of the Council will carry on what has been started. Perhaps the two best things I will have done this year are to bring Ken Slaw in contact with SMA. I hope you will be able to say the same thing about Dr. George Beauchamp after you hear him on Thursday. One thing I learned from Ken is that one person really can make a difference. Dr. Ellis told a story about Dr. Slaw's son who was suffering from a potentially fatal disease. A researcher in the hospital where Dr. Slaw's son was being treated wanted to do something to help him. He found out that a similar gene deficiency that causes Fancony's Syndrome existed in the Japanese population without presentation, without being manifest, and existed in the Russian population where it is manifest. The researcher called the publisher of the article in Japan and found out that all the people ate organic brown rice and drank green tea. He decided that he would distill them down into a concentration and applied to the cell line. The cell line started making protein. He convinced Ken to convince the hospital to let him give Andrew this concoction through his G-tube. Within 24 hours, Andrew was out of crisis, and within 48 hours he was home. Ken has established a foundation, of which he is the President, to treat Familial Disautonomia. With screening, he

has told me that there has been only one case reported within the last year. If they treat these children before the age of six they will start to re-grow the parasympathetic nervous system that they are unable to have. So, this is one person making a huge difference. Each one of us can do that through advocacy, or leadership, or this Council, or SMA or somewhere in our lives. I'm asking you to step up, be on a committee, be on the conference calls, get a passion and pursue it.

Adjournment

There being no further agenda items or business to come before the Council at this time, the meeting was adjourned at 1:40 p.m. At this time, the staff was excused and the Council went into an Executive Session.

Submitted by Pamela McDonald December 13, 2007

PROCEEDINGS OF THE COUNCIL November 20, 2007

The Council of the Southern Medical Association met via conference call on Tuesday, November 20, 2007. The meeting was called to order at 7:03 p.m. CT by the President, Paula Oliver Pell, MD.

Roll Call

Members of the Council present:
Paula Oliver Pell, MD, President, St.
Petersburg, FL; Jan N. Basile, MD,
President-Elect, Charleston, SC;
George S. Ellis, Jr., MD, Immediate
Past President, New Orleans, LA;
Michael Gosney, MD, Muscle Shoals,
AL; Andrew W. Lawton, MD, Little
Rock, AR; Paul A. DeVore, MD,
District of Columbia; Ali Rahimi, MD,
Savannah, GA; Eric Lindstrom, MD,
Laurel, MS; Richard A. Heimburger,
MD, Columbia, MO; Peter Kragel,

MD, Greenville, NC; Mark G. Martens, MD, Tulsa, OK; Gary Delaney, MD, Orangeburg, SC; James J. Bernick, MD, Baytown, TX; and Alonzo Myers, MD, Roanoke, VA.

Members of the Council absent:

James V. Talano, MD, Naples, FL; Thomas Bunnell, MD, Crestview Hills, KY; Robert Ellis, MD, Metairie, LA; John Umhau, MD, Chevy Chase, MD; R. Bruce Shack, MD, Nashville, TN; and Terry Elliott, MD, Wheeling, WVA.

Others present: Braxter P. Irby, Jr., MD, Brookhaven, MS.

SMA staff present: Mr. Ed Waldron, Executive Vice President; and Ms. Pamela McDonald, Senior AEVP for Administration.

Report from Councilors Concerning SMA Scientific Assembly Attendee Poll

Dr. Pell asked those on the call to provide information on whether or not they monitored any educational session and if they were able to poll random attendees regarding their thoughts on the Annual Scientific Assembly held in New Orleans. Dr. Bernick stated that he felt the meeting housed in one location was good. He monitored the Hot Topics session and thought the content was good. He also stated that he did not think having a nationally-known speaker was important. He also monitored several other sessions. Dr. Myers was impressed with the Advocacy Program presented at the Leadership Session. He felt the overall annual meeting program had good variety. He monitored the sessions on osteoporosis, arthritis and Hot Topics.

Dr. DeVore stated that he liked the idea of having two meetings per

year. He also liked everything being held in a hotel. He thought that went over very well. He would like to see the Hot Topics program interject information about nursing homes. He did not monitor any sessions. Dr. Delaney thought everything in one central location was good. He monitored some of the CME breakfast symposia, as well as sessions on cardio health, dementia, and GI disorders. He also stated that the women's health session was packed and could have been held in a larger room. The GI session ran over by a considerable amount of time, and Dr. McCallum's interaction with the resident presenter was not in accord with our procedures for residents presenting at the meeting.

It was suggested that impartial moderators be used for sessions. A letter to speakers/moderators should include exactly what is expected of them with regard to program management.

ACTION TO PROFESSIONAL DEVELOPMENT/Kathy McLendon Dr. Gosney agreed about the logistics of the meeting. He moderated the CME lunch symposium on Thursday and Saturday, and sessions on dementia and the perioperative patient.

Dr. Kragel indicated that he thought perhaps the Hot Topics session was too focused. He also stated that Zola Cooper will not be able to participate in the 2008 Annual Scientific Assembly due to an overlap with the American Academy of Dermatology meeting.

ACTION: For documentation of Hot Topics being too focused – Poll attendees on how to make it better – Kathy McLendon Dr. Lindstrom said he did not hear anything negative about the meeting and thought the leadership session was good. He did state that he heard some complaints about not enough hand-outs. The Alliance meetings were excellent.

Dr. Lawton noticed that there were some time management issues in some of the sessions. The content was good and the most of the meeting rooms were filled to capacity. The theater set up worked well. He suggested that breaks be scheduled at the end of the sessions.

Dr. Basile indicated that he thought the General Session should also include a general business meeting. He also thought there should be a chair at every poster to allow attendees to interact with the presenters. He suggested that the wine and cheese reception should be brought back for the 2008 Annual Meeting.

He suggested some type of family activity, as well. He further suggested that a hospitalist/nursing home session be included with Hot Topics. Pomp and circumstance needs to be put back into the meeting, as well. Dr. Ellis noted that the format of the meeting was based upon the budget. He heard comments that the meeting was successful and fun.

Dr. Irby indicated that collegiality was still present at the meeting.

Final Request for Committee Nominees

Dr. Pell advised that she was still working on the committee selection process, and hoped to finalize appointments during her trip to Birmingham on Friday, November 30. Monthly Council Conference Calls Dr. Pell brought up for discussion the frequency of the Council conference calls. The group felt that monthly meetings were good. It was suggested that Dr. Pell look at her calendar and determine a day on which the calls should be held. This information will be communicated to the Council after Thanksgiving.

Dr. Pell advised the Councilors that Dr. Basile will be liaison and will be a mentor to Councilors, especially the new ones.

Councilors need to be thinking about who they wish to serve as Associate Councilors and submit those names to Pamela who will send them to Dr. Pell for approval.

Adjournment

At this time, there was no additional business to come before the Council.

ACTION: Motion was made, seconded and carried unanimously that the meeting be adjourned.

Submitted by Pamela McDonald November 29, 2007

PROCEEDINGS OF THE COUNCIL December 3, 2007

The Council of the Southern Medical Association met via conference call on Tuesday, December 3, 2007. The meeting was called to order at 7:08 p.m. CT by the President, Paula Oliver Pell, MD.

Roll Call

Members of the Council present: Paula Oliver Pell, MD, President, St. Petersburg, FL; Jan N. Basile, MD, President-Elect, Charleston, SC; George S. Ellis, Jr., MD, Immediate Past President, New Orleans, LA; Michael Gosney, MD, Muscle Shoals, AL; Andrew W. Lawton, MD, Little Rock, AR; Paul A. DeVore, MD, District of Columbia; Ali Rahimi, MD, Savannah, GA; Thomas Bunnell, Crestview Hills, KY; Eric Lindstrom, MD, Laurel, MS; Richard A. Heimburger, MD, Columbia, MO; Peter Kragel, MD, Greenville, NC; Mark G. Martens, MD, Tulsa, OK; Gary Delaney, MD, Orangeburg, SC; R. Bruce Shack, MD, Nashville, TN; James J. Bernick, Baytown, TX; and Alonzo Myers, MD, Roanoke, VA.

Members of the Council absent: James V. Talano, MD, Naples, FL; Robert Ellis, MD, Metairie, LA; and John Umhau, MD, Chevy Chase, MD.

Others present: Kathy Carmichael, SMA Alliance President; and Ronald Hamdy, Editor, Southern Medical Journal.

SMA staff present: Mr. Edward J. Waldron, Executive Vice President; Mr. Luke Hartsfield, Chief Operations Officer; Mr. Don Casey, Chief Financial Officer; Ms. Pamela McDonald, Senior Assistant to the Executive Vice President for Administration; and Mrs. Kendra Blackmon, Senior Assistant to the Executive Vice President for Marketing.

Council Elections

Dr. Pell advised the Council that Terry Elliott, MD, Councilor from West Virginia, had resigned due to his relocation to South Carolina. Suggested candidates to fill the West Virginia vacancy will be forwarded to the Selections Committee shortly. Dr. Elliott expressed an interest in serving as an Associate Councilor from South Carolina. Dr. Delaney was asked if this could be accomplished,

and he responded favorably.

Dr. Pell then asked the status of the condition of Dr. Robert Ellis, the current Councilor from Louisiana. Dr. George Ellis indicated that his brother Robert was doing better and anticipated he would be able to participate in Council activities within the next several months. Dr. Pell and the entire Council expressed their good wishes to Dr. Robert Ellis for his continued improvement.

Call for President-Elect Candidates

Dr. Pell announced that anyone interested in running for the office of President-Elect should make a declaration at this time.

Dr. R. Bruce Shack indicated that he would be running for that office, and had previously announced his running via a fax at the SMA Council Meeting held in New Orleans on November 13, 2007. He welcomed any competition and stated that he knew there were several excellent candidates on the Council.

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Letters to each of the eligible candidates were mailed from the SMA office the previous week, and if eligible Councilors had not yet received the letter they should do so within the next few days.

President's Comments

Dr. Pell indicated that on Friday, November 30, she visited the SMA office in Birmingham and met with the staff. During the visit committee appointments were made. An e-mail to each chair was sent on Friday, and everyone has accepted the appointment. Committees will be listed in the SMA Yearbook. Next year the committees will need to meet aggressively. Committee meetings

should be scheduled through Pamela McDonald. For each meeting an agenda should be prepared and sent to committee members at least one week in advance of the conference call. The Bylaws committee will need to be active fairly quickly.

On December 4-5, Dr. Pell will be in Johnson City, Tennessee meeting with Dr. Hamdy, and the Editorial staff, as well as Ed Waldron, Kendra Blackmon, Kathy McLendon and Randy Glick from the SMA staff. The President's video about the 2008 Annual Scientific Assembly will be going out around December 15. Council members were charged with sending in their suggestions for Associate Councilors. These suggestions need to be sent to Pamela McDonald at the headquarters office no later than December 20th, so they can be reviewed and approved by Dr. Pell. This information is needed for the SMA Yearbook, which has a deadline of January 3, 2008.

Dr. Pell also encouraged Councilors to submit their business plans to Kendra in the Marketing Department. The plans should incorporate the Alliance into their state meetings.

Administration Report

Mr. Edward J. Waldron
Mr. Waldron stated that the final tally
for the annual meeting has not been
completed; however, information
should be available soon. Many of the
bills have not been received.

Negotiations with the Hilton New Orleans Riverside went well and it is anticipated that the attrition figure should be sent within the next week. Mr. Waldron advised the members of the Council that non-profit organizations need a Conflict of Interest and Confidentiality Statement on file. A conflict of interest, real, potential or perceived, exists when a board member or employee has a personal interest that may influence he or she when making decisions for the organization. Every organization has information and issues which must remain confidential and board and staff should understand their responsibilities in this area.

Confidentiality policies are important to an organization's credibility, reputation and its capacity to make business decisions.

All SMA employees sign Conflict of Interest and Confidentiality statements. Rusty Irby is in the process of drawing up such statements for members of the Council.

New Business

Although not actually new business, Dr. Shack reported that the 2008 program is shaping up really well. Dr. Kragel indicated that membership e-mail addresses were not very accurate. He stated that this is especially true about members who he is contacting regarding lapsed membership dues.

Dr. Martens reported that he is still having e-mail problems.

Dr. Kragel asked if it would be possible for SMA to set up separate e-mail addresses for the Council (such as pkragel@sma.org) where information pertaining to SMA business could be kept separate from regular business or university affiliated e-mail addresses.

ACTION TO RANDY GLICK

Dr. Ellis suggested that such an email address default to their business address

Kendra will send members of the Council an e-mail requesting who would like an SMA e-mail address set up for them.

Dr. Kragel further stated that during an Ad Hoc International conference call, it was suggested that an international (Puerto Rico, Bahamas, etc) stand alone resort meeting, similar to the other resort-based meetings, be developed. He asked the procedure for creating such a program. Ed Waldron stated that the Professional Development department had guidelines available and they would be forwarded to him.

ACTION TO PROFESSIONAL DEVELOPMENT/Kathy McLendon Dr. Basile informed the Council that 178 people had signed up for the Medical Dilemmas meeting in New York City which will be held later in December, and that an additional \$20,000 industry grant had been

Mrs. Kathy Carmichael asked about the schedule for Saturday evening during the 2008 Annual Meeting. Dr. Pell stated that the 1906 Society reception would be held that evening. Mrs. Carmichael commented that the format for the Saturday evening event held in New Orleans was not good.

Dr. Pell indicated that the Presidents' Symposium will be moved to Friday afternoon and will include installation of the President, Dr. Basile. The Symposium will be followed immediately by a reception.

Adjournment

received.

There being no further business to come before the Council at this time,

Dr. Pell called for a motion to adjourn at 7:55 p.m.

ACTION: Motion was made, seconded and carried unanimously that the Council meeting be adjourned.

Submitted by Pamela K. McDonald December 5, 2007

MINUTES SMA Council Conference Call January 7, 2008

The Council of the Southern Medical Association met via conference call on Monday, January 7, 2008. The meeting was called to order at 7:05 p.m. CT by the President, Paula Oliver Pell, MD.

Members of the Council present:

Paula Oliver Pell, MD, President, St. Petersburg, FL; Jan N. Basile, MD, President-Elect, Charleston, SC; Michael Gosney, MD, Muscle Shoals, AL; Andrew W. Lawton, MD, Little Rock, AR; Paul A. DeVore, MD, District of Columbia; Ali Rahimi, MD, Savannah, GA; Eric Lindstrom, MD, Laurel, MS; Richard A. Heimburger, MD, Columbia, MO; Peter Kragel, MD, Greenville, NC; R. Bruce Shack, MD, Nashville, TN; Alonzo Myers, MD, Roanoke, VA; and Lawrence Wyner, MD, Charleston, WVA.

Members of the Council absent:

George S. Ellis, Jr., MD, Immediate Past President, New Orleans, LA; James V. Talano, MD, Naples, FL; Thomas Bunnell, MD, Crestview Hills, KY; Robert Ellis, MD, Metairie, LA; John Umhau, MD, Chevy Chase, MD; Mark Martens, Tulsa, OK; and Gary Delaney, MD, Orangeburg, SC.

Others present: Kathy Carmichael,

SMA Alliance President, Hattiesburg, MS; and Ron Hamdy, MD, Editor, Southern Medical Journal, Johnson City, TN.

SMA staff present: Mr. Ed Waldron, Executive Vice President; Mr. Luke Hartsfield, Chief Operations Officer; Mr. Don Casey, Chief Financial Officer; Mr. Randy Glick, Chief Information Officer; Ms. Pamela McDonald, Sr. AEVP for Administration; Mrs. Kendra Blackmon, Sr. AEVP for Marketing; Mrs. Kathy McLendon, Sr. AEVP for Professional Development; and Mrs. Lisa O'Daniel, AEVP for Leadership Administration.

Approval of Minutes

Minutes of the Council conference calls held November 20 and December 3, 2007, were distributed to Council members prior to the conference call.

ACTION: Motion was made and seconded that the Minutes from the Council conference call held November 20, 2007, be approved as distributed. Motion passed unanimously.

ACTION: Motion was made, seconded and carried unanimously that the Minutes from the Council conference call held December 3, 2007, be approved as distributed. A request was made that a different font be used for future minutes, as the minutes distributed were difficult to read. (Noted and will be handled by SMA staff)

SMA President's Report

Paula Oliver Pell, MD

Dr. Pell informed the members of the Council that she had visited the Birmingham office the preceding week and had very productive

meetings with Team Leaders of the staff. The committee assignments were reviewed and a few additions were made. By and large they are in place. The only person who has not been heard from is Dr. Klink, and Lisa will follow up with him on Tuesday. This will enable the Committee Chairs to begin setting meeting dates for conference calls.

Dr. Pell mentioned that there was an upcoming election for President-Elect Designate and Council members should have received the material and ballot. Dr. Pell encouraged everyone to read the material carefully and return the ballot as quickly as possible.

Although the selection of nominees was somewhat abbreviated this year, your vote indicates your support of the candidate who has contributed a great deal of time and effort on behalf of the association.

Report of the Executive Vice President

Ed Waldron

Mr. Waldron stated that he wanted to put things in perspective and give form to what we are accomplishing relative to advocacy, leadership, quality and professional identity or communities of interest. Everyone has seen the charts and the model for what we are developing for communities of interest, but the other three will be answered and the methodology to be used will be the communities of interest. Whether they develop into actual communities or actual communities that develop as the leadership program or advocacy program, that is our formulation - to look for champions. The way we are going to do this is first through the advocacy program. Because it is so broad and general and means so many

different things to different people - clinical advocacy, business and administrative advocacy, legislative advocacy - things of that nature. To avoid some of the things that we have done in the past which have given us false starts, fits and starts and re-dos, the staff is gathering a vast amount of information. We start with advocacy for the reason I just mentioned because it means so many things to different people. Through that advocacy program, the answers that we get back as we poll the membership they may say that they want to be an advocate for quality in a disease. Those are the people that we look at first to see if they are possible champions to put together communities of interest to carry that out. That's the tack and methodology that we will use. In this go around this is extremely important. This is our future and we want to know exactly what our membership wants and needs in the best fashion. We all have some great opinions and ideas. but I think it behooves us to really get into the minds of our constituents as we build these programs. Advocacy is the way we are going to go after that to see what people's ideas are because it accomplishes so many things.

With regard to communities of interest themselves, we have the bases and the technology to handle most of the things we want to do for a basic community of interest program. We also have a plan on the board to develop a fairly esoteric communities' platform. That will be something that will cost a little money. We will probably stay with the basic communities technology for the next three or four months. Our goal is to have four or five communities by the Spring Meeting of the Council. That does not mean

they will be up and functioning. That means we will have chosen a mentor for those communities, and have started along the path that the charts handed out at the annual meeting prescribe.

Dr. Pell brought up the fact that the surveys had not gone out. She thought Kendra had done an excellent of explaining why the decision had been made to wait until January to send the surveys to the membership. Ed explained that we have a great deal of experience with direct mail in the office, and we know what will happen to the things that get delivered in the month of December. Generally, what happens is things that get delivered in the month of December they do not get acted on until February if they are acted upon at all. When people see that it is that late, they usually disregard and throw away, which is why it is very unproductive to direct mail anything in the month of December. In the next week we will have a solid advocacy survey to go out. One other thing relative to both direct mail and e-mail - those are the two methodologies and we want to make sure that we get the "most bang for our dollar" out of this endeavor and get as much credible information back as possible. From here on in there will be some "hot and heavy" polling of our membership so that we can be sure we are on the right footing in what we want to produce relative especially to advocacy. We may still make a mistake, but we will have some pretty good information to go back and perhaps change or tailor. We have a habit within our association of doing things based upon our opinions and not really what the entire membership thinks. That may be because we have not done enough polling, so we are going

to correct that.

Dr. DeVore suggested that one of the communities of interest should be geriatrics. Dr. Pell stated that the communities suggested by Dr. Hamdy last fall did in some way touch that subject. Ed mentioned that this should be proved by the polling that is to be done. Dr. Rahimi stated that he and Dr. Bernick were going to a proposal/business plan for a resort-based meeting on this topic. Kendra, Kathy and Randy have been identified as staff members who will work with physicians to establish communities of interest.

Advocacy is overarching. We will get a lot of information on advocacy because advocacy is not just something we speak to relative to lobbying and things of that nature. What do you want to advocate? Do you want to advocate for physicians, patients, disease entities, quality in predicting disease entities? We want to gather as much of that information to do the things that are important to the greatest number of our members as quickly as possible.

Dr. Lawton indicated that he talked with Ed and Randy about setting up the system for a Blog and Bulletin Board, and stated that he was willing to run that. Ed advised that would be part of the polling process. When we tell them that we have the ability to do the polling process on the internet, we also tell them we have the subject of the information they want to give relative to the object of the answer to the question. The subject of the information will be part of the Blog.

Report of the Senior Assistant to the Executive Vice President for Marketing

Kendra Blackmon

Dr. Pell told the members of the Council that she had asked each one of the Team Leaders to give a brief overview, on a quarterly basis, of what they are working on within their team. Kendra Blackmon volunteered to give the first report. This will help the Council understand what is going on in Birmingham on their behalf.

Kendra provided an update on marketing for the annual meeting. Copy for the annual meeting brochure is currently being proofread in order to have the first printing sent out the first of February. An ad is running in Southern Medical Journal this month, and the webpage is up. You will have the ability to register on line, as well as make housing reservations. Dr. Pell worked with the SMA staff at the annual meeting held in New Orleans last November to produce her video e-mail regarding the 2008 Annual Scientific Assembly. That e-mail will be going out to the membership on Tuesday, January 8, 2008.

The Exhibitor Prospectus has been produced, and was actually distributed during the meeting in New Orleans, and was also mailed. The second mailing will be going out within the next two weeks. Marketing for the annual meeting is well underway.

The marketing department is also working on several other projects. Two of the new conferences, Sleep & Pulmonary Medicine in April, and Ophthalmology in June, are currently being prepared and those mailings will be sent very soon.

At this time, the biggest marketing

push is working on the surveys for advocacy, which will be sent to the membership shortly. Also, a letter will be sent to the membership explaining SMA's new direction, along with the new Mission Statement and Vision Statement. The new information can also be found in an ad in SMJ, as well as on the website

On the Leadership website - ams. sma.org, there is a calendar. Kendra stated that hopefully by the end of the week a printed version could be sent to each member of the Council. The calendar contains important dates like the monthly Council conference calls, educational conferences. Your Place in Today's Medicine, and Dr. Pell's visits to Birmingham. We will populate the calendar with as much information as possible. When the committee chairs begin setting up their conference calls, that information will be listed. Councilors can submit information regarding the local and state medical society meetings and that information will also be placed on the calendar. The calendar will be sent to members of the Council at the first of each month with the request that any changes, additions, etc. be made so the information contained on the calendar will be as up-to-date as possible and to avoid any potential conflicts.

At this time, Dr. Pell informed the Council that the schedule for the annual meeting had been slightly modified so that a golf outing could be arranged Dr. Pell asked Dr. Basile if he would be interested in heading a tennis outing. We are also looking at the possibility of including a fun run/walk for Thursday morning before the Opening Ceremony.

It was mentioned that Friday, January 11, 2008, was the deadline for poster abstracts. This information is also on the calendar

Dr. Bernick mentioned that his wife had requested that a profitable, scaled down dinner dance be reinstated in the future. Dr. Pell informed the group that what she was able to work out for 2008 was the 1906 Society Reception will be more along the lines of a special occasion gathering with music, dance floor, food, etc. The event will be on Saturday evening, and it is hoped that it will be more of a motivation to attract new members.

Report of the SMA Alliance President

Kathy Carmichael Kathy Carmichael expressed her pleasure with the SMA calendar and stated that she would do her part to keep it updated relative to the Alliance activities and state visits that either she or Nancy Bryant, President-Elect, will be attending. The Alliance Resource booklet will go out at the end of January. Lisa O'Daniel has sent a letter to all state presidents inquiring about SMA Alliance visits to their annual meetings. Mrs. Carmichael extended an invitation to any of the Councilors who would be able to attend those meetings with the Alliance representative. Dr. Pell affirmed the value of the state meetings in recruiting SMA members. Mrs. Carmichael advised that she and Nancy Bryant would be going to Huntsville, Alabama, at the end of January to attend a Southern Regional Meeting, which will be members of the Southern states.

The Alliance is also working on a CD to show at state meetings on SMA and SMAA activities. The CD will be

mailed to SMA Councilors, as well.

Old Business

Ed brought up the Leadership Development Program, which Jan Basile will now be involved with. Peter Kragel sent a great e-mail to Jan relative to some ideas for the Leadership Program. Ed requested that Peter forward that e-mail to the rest of the Council. Peter described the applications of leadership program and touched upon the marketing segments and where it would be useful. Ed stated that he thought it was a great e-mail from that perspective. If we could expand it a little more to non-members, it would be great. Ed requested that he and Dr. Kragel discuss the topic, and perhaps make a few additions, and then send it to the Council.

Ed stated that the first venue where the Leadership Program will be presented as the one that touches the Council and what will be ideal for that, since that will possibly be a little different for the one presented to outside people as Peter's e-mail described.

Dr. Pell stated that her goal for the end of the week was to get in touch with each of the committee chairs to delineate their responsibilities and begin identifying dates for meetings. Dr. Pell advised Dr. Lindstrom that the Committee on Constitution and Bylaws would be a very active committee.

New Business

Dr. Pell stated that she wanted all the committees to have meetings prior to the spring meeting in order that a great deal of work can be accomplished during that meeting. The Bylaws Committee will need to review most of the Bylaws because of some of the changes that have occurred due to meeting dates and some of the other changes that have taken place. She requested that all Councilors look at the Bylaws in the next couple of weeks so when the conference call is held in February any changes that need to be reviewed could be discussed at that time.

Nashville Site Visit

A site visit to Nashville, to include Dr. Pell, Ed Waldron, and Pamela McDonald, will be conducted January 21-23.

Dr. Shack explained that he was trying to get people to commit to work on the Host Committee. He has talked to several people at Meharry, including the chief of surgery, and the dean of graduate medical education. They have not committed, but he is hoping that he can convince them to do so. Dr. Shack stated Don Brady, the graduate medical education person from Vanderbilt, had agreed to participate. J. B. Lynch, who is a past president of SMA, will be on the Host Committee, Dr. Shack mentioned that he would like to invite all the other leadership from Tennessee, Louis Cancellaro, and Ron Hamdy to be on the committee. Dr. Shack advised Dr. Pell that when she came to Nashville later in the month, he would have all the people lined up to talk to her about the annual meeting. He will also have leaders of some of the various scientific sessions in place, as well. Dr. Shack and Ed agreed that the individuals being asked to participate on the Host Committee needed to know this was an important event and would be of great exposure to residents and medical students. The meeting in Nashville will be SMA's 100th Annual Scientific Assembly, so it is a very important event, especially

since the first meeting was held in Tennessee (Chattanooga). Dr. Shack stated that the entire program was really shaping up nicely, and almost all sessions are working toward completion.

Other

The next item of business to come before the Council was the issue of two Councilors who were inactive in their participation in conference calls, meetings, committee assignments, etc., because of very different circumstances The first Councilor discussed was James Talano, MD, Naples, Florida. Dr. Pell stated that on Thursday. January 3, she sent an e-mail to Dr. Talano expressing concern about his absences from SMA activities as related to his duties as Councilor. In the e-mail. Dr. Pell offered to extend a leave of absence from the position of Councilor. A deadline of noon Thursday, January 4th was given for a reply. If a leave of absence was not his choice, then an election could be held

When Dr. Pell did not hear from Dr. Talano, she contacted Dr. Basile and asked that he intervene on behalf of SMA. Dr. Basile stated that he called Dr. Talano's office and advised that he was a friend, and wanted to talk to him. He was informed he was in. at which time he was transferred. After a wait of over 10 minutes Dr. Talano never picked up the call, which was considered inappropriate behavior. This has been after multiple attempts to get in touch with him to see what was going on in Florida and what he was interested in doing. The concern became more evident when Dr. Talano declined all committee assignments.

The Bylaws state "Any Councilor

shall be subject to removal from such office by the President upon concurrence in that action of two-thirds of the members of the Council."

It was suggested that a Certified Letter be sent to Dr. Talano outlining his lack of participation in his duties of Councilor (non-attendance at annual meeting and summer meeting. non-participation in monthly conference calls, and declined to accept 2007-2008 committee appointments) and unless we heard back from him within a specified time, action would be taken at the next meeting to remove him from office. Because of Dr. Pell's professional relationship with the Councilor from Florida, it was suggested that the letter be written over the signature of the Executive Vice President. The letter should give Dr. Talano two weeks to reply. at which time, he will be removed from the office in accordance with the SMA Bylaws. This action will be brought before the Council at the next conference call.

It was also brought up that Dr. Talano had agreed to participate in a program during the annual meeting in New Orleans. Even though he was a chairman for one of the sessions, he never showed up, nor did he have any input in the program or participate in any way.

The situation of Robert Ellis, MD, Councilor for Louisiana was discussed next. Due to the circumstances of Dr. Ellis' medical situation, this is a very sensitive issue. Numerous attempts have been made by Dr. Pell to reach out to Dr. Ellis. Dr. Basile wanted to discuss the possibility of offering Dr. Ellis a medical leave of absence from his

position of Councilor to be resumed at a time that it is appropriate for him to resume the responsibilities of the position. In the mean time, perhaps the President could appoint someone to act in his stead because we do not have any leadership in Louisiana. Dr. Pell told members of the Council that she had also sent an e-mail to Dr. Ellis offering him a medical leave of absence; however, she did not hear back from him.

Members of the Council agreed that a Certified Letter should be sent to Dr. Ellis offering him a medical leave of absence, and giving him a deadline of two weeks to respond. If a response is not received, this will be brought back to the Council at the next conference call for further action. Prior to adjourning, Kendra told members of the Council that Southern Medical Journal was celebrating its 100th anniversary this year. The first issue had with a new cover and the website has been changed to coincide with the new cover. It was suggested that something be done at the annual meeting to celebrate the anniversary of the Journal. The idea of giving a tee shirt for the fun run/walk on Thursday morning during the Nashville Meeting was mentioned. Dr. Pell mentioned that the Osteoporosis meeting registration was ahead of the prior year. She and her husband have both made a commitment to be there with Dr. Hamdy.

Next Meeting

The next Council conference call will be held Monday, February 4, 2008.

Adjournment

There being no further agenda items or business to come before the Council at this time, Dr. Pell called for a motion to adjourn.

ACTION: Motion was made, seconded and carried that the meeting be adjourned.

Submitted January 11, 2008 By Pamela McDonald

MINUTES SMA Council Conference Call February 4, 2008

The Council of the Southern Medical Association met via conference call on Monday, February 4, 2008. The meeting was called to order at 7:05 p.m. CT by the President, Paula Oliver Pell, MD.

Members of the Council present:

Paula Oliver Pell, MD, President, St. Petersburg, FL; Jan N. Basile, MD, President-Elect, Charleston, SC; George S. Ellis, Jr., Immediate Past President, New Orleans, LA; Michael Gosney, MD, Muscle Shoals, AL; Andrew W. Lawton, MD, Little Rock, AR; Paul A. DeVore, MD, District of Columbia; John Umhau, MD, Chevy Chase, Maryland; Eric Lindstrom, MD, Laurel, MS; Richard A. Heimburger, MD, Columbia, MO; Peter Kragel, MD, Greenville, NC; Mark Martens, MD, Oklahoma City, OK; Gary Delany, MD, Orangeburg, SC; R. Bruce Shack, MD, Nashville, TN; James Bernick, Baytown, Texas; Alonzo Myers, MD, Roanoke, VA.

Members of the Council absent:

James V. Talano, MD, Naples, FL; Ali Rahimi, MD, Augusta, GA; Thomas Bunnell, MD, Crestview Hills, KY; Robert Ellis, MD, Metairie, LA; MD; and Lawrence Wyner, MD, Charleston, WV.

Others present: Kathy Carmichael, SMA Alliance President, Hattiesburg, MS; and Ronald C. Hamdy, MD, Editor, Southern Medical Journal, Johnson City, TN.

SMA staff present: Mr. Ed Waldron, Executive Vice President; Mr. Luke Hartsfield, Chief Operations Officer; Mr. Don Casey, Chief Financial Officer; Mr. Randy Glick, Chief Information Officer; Ms. Pamela McDonald, Sr. AEVP for Administration; Mrs. Kendra Blackmon, Sr. AEVP for Marketing; Mrs. Kathy McLendon, Sr. AEVP for Professional Development; and Mrs. Lisa O'Daniel, AEVP for Leadership Administration.

Approval of Minutes

Minutes of the Council conference calls held November 14, 2007 and January 7, 2008, were distributed to Council members prior to the conference call.

ACTION: Motion was made and seconded that the Minutes from the Council Conference call held November 14, 2007, be approved as distributed. Motion carried unanimously.

ACTION: Motion was made and seconded that the Minutes from the Council Conference call held on January 8, 2008, be approved as distributed. Motion carried unanimously.

SMA President's Report

Paula O. Pell, MD
Dr. Pell reported that she, Ed
Waldron & Pamela McDonald
met with 12 different Deans,
Directors and Department Heads
at Vanderbilt University and also
received an invitation to visit Meharry
Medical School which she plans to
accomplish during her April trip to
the SGEA meeting.

The meetings were seen and they are very supportive of the upcoming Annual Scientific Assembly.

Dr. Pell also announced that Dr. John Umhau has recently retired from practice and wishes to spend more time at home and has resigned his position as Councilor from the State of Maryland. Dr. Umhau's proposal was to allow Dr. Paul DeVore, Councilor from the District of Columbia to cover both areas until a replacement can be found. Dr. DeVore accepted this proposal.

ACTION: Motion was made, seconded and carried unanimously that the position of Councilor for the State of Maryland be encompassed into the District of Columbia's territory.

Dr. Pell also announced the election of President-Elect Designate and congratulated Dr. R. Bruce Shack. Dr. Shack thanked the Council for their support and is honored to represent SMA.

Dr. Pell then addressed the vacancies in the office of Councilor from Florida and Louisiana. After receiving requests from each Councilor for a leave of absence, Dr. Pell asked that Michael Gosney, MD, Chair of the Advisory Committee on Constitution and Bylaws review and report to the Council during this call.

At this time Dr. Pell opened the floor for discussion on this issue.

Dr. Gosney stated that there were no provisions in the SMA Bylaws and/or Procedures Manual to accommodate a leave of absence. He also questioned how long these leave of absences would be so that we could

ensure the continued business of the Association.

Dr. Gosney also stated that there were a number of items that needed to be addressed by his committee and he plans to have these recommendations by the Spring Meeting of the Council in April. It was also discussed that it might be possible to use the Policy & Procedures manual to institute some of the expected procedural changes and would not require changes to our Bylaws. This would allow procedural and policy changes to be approved by the Council whereas Bylaws changes require a vote of the membership. After much discussion the decision was made to allow Drs. Talano and Ellis to receive a leave of absence until August, 2008. At which time they will have to either participate in a full fledged manner or resign. Dr. Pell was then given the prerogative to ask for an interim Councilor from each state which she will report back to the Council during the next conference call.

Report of the Executive Vice President

Edward J. Waldron
Mr. Waldron stated that he and Dr.
Pell had agreed to allow a Team
Leader to provide a report at each of
the conference calls. This month's
presenter will be: Kathy McLendon,
Senior Assistant to the Executive
Vice President of Professional
Development.

Kathy provided a review of the CME Marketplace. She reviewed two ongoing issues that are influencing the way SMA will have to perform as a CME Provider: 1) U.S. Finance Committee Investigation and Reports and 2) Macy Foundation Report. Both reports comment on the need

to provide bias free education and expressed concern over the influence that may take place when pharmaceutical funding is involved. Kathy also commented on the new ACCME accreditation criteria and the extra efforts necessary to comply and meet the timeline for implementation beginning in November 2008 through 2012.

Dr. Pell announced that once a month a different committee chair that has had meetings with their committee would report.

Report of the Chairman of the Ad Hoc Committee on Leadership Development

Jan N. Basile, MD Dr. Jan Basile reported that the committee had a conference call on Monday, January 28th and the decision was made to put a Leadership Development Program together with Vanderbilt University who has a tried and true program already developed that can be "branded" as an SMA program. The committee agreed to have Ed Waldron and Dr. Paula Pell to meet with the key players at Vanderbilt University to begin the negotiations. The members of this committee will be asked to participate in the first session.

Report of the SMA Alliance President

Mrs. Kathy Carmichael
Mrs. Carmichael stated that each
of the SMA Councilors should have
received the Alliance promotional CD
and hoped that they had reviewed
and would use at their state meetings.
She also indicated that all of the
Alliance State Meetings that she and
Nancy Brant would attend is on the
Leadership calendar and requests
that the Councilors join her at these

meeting.

She and Nancy Brant attended an AMAA Regional Seminar in Huntsville during January and felt that they made a lot of good contacts for future meetings.

Mrs. Carmichael also requested that all SMA Councilors have their spouses become active members of the Alliance.

Old Business

Communities of Interest Ed Waldron is working with Dr. Ron Hamdy and Rutgers University to provide 5 different events with grant funding.

Leadership Development Program

Ed Waldron referred back to the report of Chairman, Jan N. Basile as to our progress on these programs. He also has a conference call on Tuesday, February 5th with Vanderbilt University to make final arrangements for them to handle our program and for it to be available to the committee prior to the April meeting.

Membership Survey, Advocacy

Kendra Blackmon stated that the emails and faxes have gone out and we have approximately 70 responses at this time. All results will be available after March 15th to the Council.

Selection of Auditing Firm

Don Casey, Chief Financial Officer stated that Request for Proposals were sent to 6 firms in October and that on November 28th the Audit committee narrowed that down to 3 firms and after a conference call on December 19 the auditing firm of Sellers, Richardson, Watson, Haley &

Dunn, LLP was asked to continue.

Selection of Residents for Committees

Dr. Pell stated that she had appointed Drs. Robert Oldham and Arden Aylor to two committees, therefore completing this task.

New Business

Chairs' Assignments of Meeting Dates Dr. Pell has spoken to each chair and has requested that they meet with their committees as soon as possible.

Bylaws Committee Changes

Mike Gosney, MD stated that he would be meeting with his committee in the very near future and would have the appropriate work done prior to the Spring Meeting in April.

Host Committee Recommendations

Dr. Shack stated that he was meeting with his committee and felt that he would have a report by the end of this week.

Scientific Advisory Committee Update

Dr. Kragel stated that he had emailed his committee and planned to have a conference call in the next few weeks.

New Councilor Orientation

This meeting is scheduled for March 14 & 15, 2008 in Birmingham. Agenda's should go out to the Councilors next week.

Dr. Pell reminded the Council of the next conference call date of March 3, 2008 and thanked everyone for their participation.

The meeting was adjourned at 8:20 pm Central Time

Submitted by: Lisa O'Daniel

MINUTES SMA Council Conference Call March 3, 2008

The Council of the Southern Medical Association met via conference call on Monday March 3, 2008. The meeting was called to order at 7:05 p.m. CT by the President, Paula Oliver Pell, MD.

Members of the Council present:

Paula Oliver Pell, MD, President, St. Petersburg, FL; Jan N. Basile, MD, President-Elect, Charleston, SC; George S. Ellis, Jr., Immediate Past President, New Orleans, LA: Michael Gosney, MD, Muscle Shoals, AL; Andrew W. Lawton, MD, Little Rock, AR: Thomas Bunnell, MD. Crestview Hills, KY; John Umhau, MD, Maryland; Eric Lindstrom, MD, Laurel, MS; Richard A. Heimburger, MD, Columbia, MO; Peter Kragel. MD, Greenville, NC; Mark Martens, MD, Oklahoma; Gary Delany, MD, Orangeburg, SC; R. Bruce Shack, MD. Nashville, TN; James Bernick, Texas; Alonzo Myers, MD, Roanoke, VA; and Lawrence Wyner, MD, Charleston, WV.

Members of the Council absent:

Paul A. DeVore, MD, District of Columbia; Ali Rahimi, MD, Augusta, GA and Ronald C. Hamdy, Editor, Southern Medical Journal, Johnson City, TN.

Others present: Kathy Carmichael, SMA Alliance President, Hattiesburg, MS.

SMA staff present: Mr. Ed Waldron, Executive Vice President; Mr. Luke Hartsfield, Chief Operations Officer; Mr. Don Casey, Chief Financial Officer; Ms. Pamela McDonald, Sr. AEVP for Administration; Mrs. Kendra Blackmon, Sr. AEVP for Marketing; Mrs. Kathy McLendon, Sr. AEVP for Professional Development; Debbie Cleghorn, Sr. AEVP for Accounting and Mrs. Lisa O'Daniel, AEVP for Leadership Administration.

Approval of Minutes

Minutes of the Council conference calls held February 4, 2008 were distributed to Council members prior to the conference call.

ACTION: Motion was made and seconded that the Minutes from the Council conference call held February 4, 2008 have the following changes:

*Change the wording on pg. 2 & 3 regarding approval of minutes to read:

Motion was made and seconded that the Minutes from the Council Conference call held November 14. 2007, be approved as distributed. Motion carried unanimously Motion was made and seconded that the Minutes from the Council Conference call held on January 8. 2008, be approved as distributed. Motion carried unanimously. *It was requested that the staff review the tape of the conference call of February 4, 2008 to confirm wording regarding the Councilors who have requested a leave of absence. After review of the recording, it was determined that the minutes reflected the correct statement. "At which time they will have to either participate in a full fledged manner or resign."

SMA President's Report

Paula O. Pell, MD Dr. Pell reported she had received confirmation that Dr. Erin Boh, of Louisiana will take over the Louisiana Councillorship until August, 2008. She stated that she is still working on the Councilor for Florida. Dr. Pell attended the Osteoporosis meeting held in February and was very pleased with the attendance. There were 200 attendees to the meeting, with only 15 being SMA members. She and the staff distributed membership applications to those non-members.

It was reported that there has been quite a bit of committee activity and we are looking forward to hearing new plans from these committees soon. Dr. Pell also stated that the Spring meeting of the Council was shaping up to be a great meeting and looks forward to seeing everyone there.

Report of the Executive Vice President

Edward J. Waldron
Mr. Waldron discussed the upcoming
"Discovery Day" meeting with
Vanderbilt University and the Ad
Hoc Committee on Leadership
Development in April and plans to
have a comprehensive report and
strategic plan to present at the Spring
meeting.

Dr. Pell and Mr. Waldron were pleased to announce the confirmation of Dr. Donald Palmisano as key-note speaker to the Opening Ceremony of the Annual Scientific Assembly.

Report of the SMA Alliance President

Mrs. Kathy Carmichael
Mrs. Carmichael stated that she and
Nancy Brant, President-Elect of the
SMA Alliance will be attending 8 state
meetings over the next few months
and will of course be promoting
not only the Alliance but SMA

membership as well. Mrs. Carmichael asked that each Councilor in the state in which they are visiting should also attend these meetings as well.

Mrs. Carmichael has worked with the Financial Services division and scheduled a meeting with them and the Hattiesburg Clinic to discuss SMA Services, Inc. products and services.

Report of the Chair, Advisory Committee on Constitution & Bylaws

Dr. Michael C. Gosnev Dr. Gosney stated that the Advisory Committee on Constitution & Bylaws met to discuss the many changes/updates that are needed. There will be a significant amount of changes needed in order to bring the bylaws/constitution in line with the new direction of the SMA and we are hoping that most of these changes can be handled through the Procedural Manual and not have to be a membership vote. There will of course, be some that will require a membership vote at the upcoming Annual Scientific Assembly.

Dr. Gosney and his committee are prepared to present to the Council at the upcoming Spring meeting the changes that need to be approved by the Council.

Dr. Gosney has also requested that all minutes be posted to the leadership portal so that they can be reviewed as needed. Randy Glick will be working on this so that it will be up and running by spring meeting.

Report of the Chair, Presidential Committee on Selection

Dr. Jan N. Basile Dr. Basile reported that his committee had met to review the slate of members who have been nominated for the Councilor election.

After review and discussion of the upcoming election in Arkansas and that there had only been 1 (one) candidate nominated by Dr. Lawton, the committee asked Dr. Lawton to continue his Councillorship for an additional year in order to prepare/mentor physicians in the state. Dr. Lawton agreed to this 1 (one) year addition to his duties.

ACTION: Dr. Basile requests the approval of the Council to allow Dr. Andrew Lawton of Arkansas to continue his Councillorship for an additional year. A vote was requested and the Council agreed unanimously to extend Dr. Lawton's term. ACTION: Dr. Basile requested the Council's approval to allow the Maryland Councilor to also take over the duties of the Councilor from the District of Columbia, with the recommendation that an Associate Councilor be groomed to take over this area in the near future. The slate for Maryland includes: Dr. Michael Bolognese and Dr. Stuart Goodman. A vote was requested and the council agreed unanimously to the above mentioned motion.

ACTION: Dr. Basile stated that there were 5 nominations from Tennessee and the committee approved the following for the ballot:
Dr. Wesley Eastridge
Dr. Christopher Morris

A vote was requested and the council agreed unanimously to the slate.

Report of the Assistant to the EVP for Accounting Policies

Debbie Cleghorn Ms. Cleghorn began with an overview of where we stand on the budget process. She stated that each assistant to the EVP has been instructed to prepare budgets for profit centers in their areas with the goal of incorporating advocacy, leadership, quality and professional identity. During the next month we will be meeting to determine the best way to incorporate these areas into the budget. At this time marketing is meeting with each Assistant to the EVP to develop marketing plans, so cost can be assigned to these areas and each profit center is being reviewed to project expected revenue. During this process we will be reviewing how to most efficiently allocate the human resources of the association, on completion of this review all employee time is totaled and overhead and administrative expenses will be allocated based on a percentage of employee time. Over the next couple of months we will be reviewing budget proposals and making adjustments to meet the goals of the Association while staying mindful of the fiduciary responsibility to our membership.

Old Business

Communities of Interest

The SMA Staff has had numerous conference calls with physicians to determine the communities and development of communities on the website.

Leadership Development Program

Dr. Basile's committee along with Ed Waldron and Dr. Paula Pell will be attending a "Discovery Day" at Vanderbilt University on April 4, 2008 to develop this program. Membership Survey, Advocacy Results will be available at our next conference call on April 7, 2008.

New Business

Host Committee Recommendations Dr. Shack stated that he was meeting with his committee and felt that he needed more clarification from Dr. Pell as to the duties of this committee.

Scientific Advisory Committee Update

Dr. Kragel reported that his committee has met and that the 2009 meeting planning was well underway. Dr. Kragel mentioned that we will have 5 tracks at that meeting which will be:

Asthma Preventive Care Depression Diabetes Heart Disease

Dr. Pell reminded the Council of the next conference call date of April 7, 2008 and thanked everyone for their participation.

The meeting was adjourned at 8:34 pm Central Time.

Submitted by: Lisa O'Daniel

MINUTES SMA Council Conference Call April 7, 2008

The Council of the Southern Medical Association met via conference call on Monday April 7, 2008. The meeting was called to order at 7:05 p.m. CT by the President, Paula Oliver Pell, MD.

Members of the Council present:

Paula Oliver Pell, MD, President, St. Petersburg, FL; George S. Ellis, Jr., Immediate Past President, New Orleans, LA; Michael Gosney, MD, Muscle Shoals, AL; Andrew W. Lawton, MD, Little Rock, AR; Paul A. DeVore, MD, District of Columbia; Saulis Jankauskas, MD, Longwood, FL; Ali Rahimi, MD, Augusta, GA; Erin Boh, MD, New Orleans, LA; Eric Lindstrom, MD, Laurel, MS; Richard A. Heimburger, MD, Columbia, MO; Peter Kragel, MD, Greenville, NC; Mark Martens, MD, Oklahoma; Gary Delaney, MD, Orangeburg, SC; James Bernick, Texas; and Lawrence Wyner, MD, Charleston, WV.

Members of the Council absent:

Jan N. Basile, MD, President-Elect, Charleston, SC; Thomas Bunnell, MD, Crestview Hills, KY; John Umhau, MD, Maryland; R. Bruce Shack, MD, Nashville, TN; Alonzo Myers, MD, Roanoke, VA; and Ronald C. Hamdy, Editor, Southern Medical Journal, Johnson City, TN.

Others present: Kathy Carmichael, SMA Alliance President, Hattiesburg, MS.

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SMA staff present: Mr. Ed Waldron, Executive Vice President; Mr. Luke Hartsfield, Chief Operations Officer; Mr. Don Casey, Chief Financial Officer; Mr. Randy Glick, Chief Information Office; Ms. Pamela McDonald, Sr. AEVP for Human Resources & Meeting Planning; Mrs. Kendra Blackmon, Sr. AEVP for Marketing; Mrs. Kathy McLendon, Sr. AEVP for Professional Development; Mrs. Lisa O'Daniel, AEVP for Leadership Administration.

Approval of Minutes

Minutes of the Council conference calls held February 4 and March 3, 2008 were distributed to Council members prior to the conference call.

ACTION: Motion was made and seconded that the Minutes from the Council Conference call held on January 8, 2008, be approved as distributed. Motion carried

unanimously.

SMA President's Report

Paula O. Pell, MD

Dr. Pell reported that all plans were being finalized for the upcoming Spring meeting and that she was looking forward to hosting everyone for a few days of work and fun. Dr. Pell had just returned from the SGEA meeting where she was the luncheon speaker to approximately 60 attendees and felt that her presentation was well received. The Discovery Day was successful and Ed Waldron would present our findings during his report.

Report of the Executive Vice President

Edward J. Waldron
Mr. Waldron reported that The
Discovery Day at the Vanderbilt
Center for Better Health was a very
successful venture with Dr. Jan
Basile, Dr. Arden Aylor, Dr. Robert
Oldham, Dr. Peter Kragel, Dr. Paula
Pell, Kathy McLendon and Pamela
McDonald involved.

A recording and power point presentation has been forwarded to SMA and will be distributed to the Leadership Development Committee prior to their conference call on Wednesday where they will discuss and map out our next steps.

Mr. Waldron also stated that he and Pamela McDonald had been in negotiations with Gaylord and feels that we will be able to move our meeting back to November for the 2009 & 2010 meetings and at the same time reducing our attrition issues significantly.

A request had been made that the SMA staff review and possibly reinstate the President's Club, which would reward members of SMA leadership for recruiting new members. Mr. Waldron read a letter written by the SMA attorney, Russell Irby that stated due to IRS regulations in relation to compensating leadership of associations that we would not be able to reinstate this program. Further ideas on member recruiting award programs will be investigated by staff for feasibility.

Report of the SMA Alliance President

Mrs. Kathy Carmichael
Mrs. Carmichael stated that she and
President-Elect would be beginning
their round of state meetings this
month and certainly hoped to see
SMA Councilors in attendance
as well. Mrs. Carmichael then
announced the schedule:
April 9-10: Louisiana State Alliance
Meeting

April 10-11: Oklahoma State Alliance

April 17: Kentucky State Alliance Meeting

April 18: Alabama State Alliance Meeting

April 18-19: Missouri State Alliance Meeting

April 25-27: SMA Spring Meeting May 1-2: South Carolina State Meeting May 29-June 1: Mississippi State Meeting

Mrs. Carmichael also reminded the council about the SMA Alliance CD and weblink.

Report of SMA Committee Chairs Chair, Coordinating Committee on Physicians Insurance & Retirement

Eric Lindstrom, MD
Dr. Lindstrom reported that the
committee met on Monday, March 10
to review the process and procedures
of this committee along with SMA
Services, Inc. staff Luke Hartsfield
and Kim Thompson.

After a discussion of the history of the committee and its lack of presence with the Financial Services Division since the inception of the SMA Services, Inc Board of Directors and that SMA must keep an "arms-length" from the Services division to protect our non-profit status, the committee voted to disband this committee and has submitted this request to Mike Gosney, MD, Chairman of the Constitution and Bylaws committee. After some discussion, Ed Waldron agreed to contact our attorney to have a position letter written to present to the Council during the upcoming Spring meeting.

Chair, Advisory Committee on Special Projects & Services

Andrew Lawton, MD
Dr. Lawton reported that the
committee met on Monday, March 24
to review the issue of how we would
look at advocacy and goals of SMA to
increase membership.

The reports that have been sent to the Council - The Milkin Report and the Commonwealth Report were very important tools of this committee. The committee reviewed the avenues of advocacy that the Association and the Alliance could participate in. The committee determined that a Task Force should be activitated which includes the SMA Alliance to help with the implementation of our first item of Advocacy which will be "Access." The committee asked for approval of the Council to fulfill this first step.

ACTION: Motion was made and seconded that the first issue of SMA's advocacy will be "Access." The motion carried unanimously.

Report of the Chief Financial Officer

Mr. Don Casey

The budgets were due in Accounting on Friday April 4, but because of business travel the deadline has been extended. Budgets are being prepared by projects and by the four major areas.

The cash flow report reflects an increase in cash of 7000. 38000 was provided from monthly income, 21000 was provided from operations and 52000 was used to pay on the loan from Services.

The February Comparative Financial Statement shows a combined net income for the month of 87,000, 45,000 better than budget and a YTD combined net income of 355,000, which is 463,000 over budget. Performance this year has improved by 750,000 over the same period last year and for SMA that amount is 450,000, which is membership of 150,000 and Annual Meeting of 300,000. Equity position continues to improve and available cash as of February was 443,000 to satisfy 122,000 in payables.

Report of the Chief Information Officer

Mr. Randy Glick
Mr. Glick reported that the SMA
staff had been working to develop
the websites for the new SMA
Communities, Leadership and
Alliance and that this will be ready
for preview at the upcoming Spring
Meeting of the Council.

The communities will include online chats, bulletin boards and private rooms. We will be working with the Council and SMA Services, Inc. Board of Directors on Saturday to preview and train for these communities.

There be no further business the conference call was adjourned at 8:09 pm CST.

Submitted by: Lisa O'Daniel 4/10/08

PROCEEDINGS OF THE SOUTHERN MEDICAL ASSOCIATION COUNCIL April 25, 2008 West Baden Springs Resort, Indiana West Baden Room

The Council of the Southern Medical Association held their annual Spring Meeting on April 25 and 26, 2008 at West Baden Springs Resort, French Lick, Indiana. The meeting was called to order at 7:45 ET by the President, Paula Oliver Pell, MD.

Members of the Council present:

Paula Oliver Pell, MD, President, St. Petersburg, FL; Jan N. Basile, MD, President-Elect, Charleston, SC; George S. Ellis, Jr., Immediate Past President, New Orleans, LA; Michael C. Gosney, MD, Muscle Shoals, AL; Andrew W. Lawton, MD, Little Rock, AR; Saulius Jankauskas, MD, Longwood, FL; Thomas Bunnell, MD, Edgemont, KY; Eric E. Lindstrom, MD, Laurel, MS; Richard A. Heimburger, MD, Columbia, MO; Peter J. Kragel, MD, Greenville, NC; Mark G. Martens, MD, Tulsa, OK; Gary A. Delaney, MD, Orangeburg, SC; R. Bruce Shack, MD, Nashville, TN; James J. Bernick, MD, Baytown, TX; Alonzo Myers, MD, Roanoke, VA.

Members of the Council absent:

Paul A. DeVore, MD, District of Columbia; Ali R. Rahimi, MD, Savannah, GA; Erin Boh, MD, New Orleans, LA; Lawrence M. Wyner, MD, Charleston, WV. Others Present: Kathy Carmichael, SMA Alliance President, Hattiesburg, MS; Nancy Brant, SMA Alliance President Elect, Kingston, GA; Nancy Swikert, MD, Chairman, Presidential Committee on Endowments, Union, KY.

SMA staff present: Mr. Ed Waldron, Executive Vice President; Mr. Don Casey, Chief Financial Officer; Mr. Randy Glick, Chief Information Officer; Mrs. Kathy McLendon, Senior AEVP for Professional Development; Mrs. Kendra Blackmon, Senior AEVP for Marketing; Mrs. Lisa O'Daniel, AEVP for Leadership Administration.

Approval of Minutes

Minutes of the Council conference call held on April 7, 2008 were distributed to the Council members prior to the meeting.

ACTION: Motion was made and seconded that the Minutes from the Council conference call held on April 7, 2008, be approved as distributed. Motion carried unanimously.

Presidents' Message

Paula Oliver Pell, MD Dr. Pell welcomed everyone to the 2008 Spring Meeting of the Council. Dr. Pell then asked that we have a moment of silence for two of our beloved members who had recently passed away, Dr. Terrell Tanner, Past President of the SMA and Dr. John Umhau, Councilor from Maryland. Dr. Pell then offered a prayer. Dr. Pell began with her personal motto "Live, Love, Learn & Leave a Legacy." With this in mind Dr. Pell related that one of the main reasons for joining SMA many years ago was to access real practice experts from many fields so as to not lose the experience of those many physicians who have the knowledge, but after

their retire, the ideas begin to die. With physicians busy schedules trying to keep up with each and every new idea that comes along as well as keeping up with CME requirements it sometimes seems like "taking a sip of water from a fire hose." Trying to address all of these challenges has led us to the Communities of Practice (COP) and Communities of Interest (COI). We have enlisted several champions who are already working with our education and information systems departments to establish these sites. These communities will provide information for blogs and instant dialogs and in some instances may be available for answering practical question or perhaps develop a FAQ field.

You will be hearing more about these communities today and we will have a "hands on workshop" on Saturday to explain all of the nuances of these programs. This would be a legacy worthy of this Council.

Message of the Executive Vice President

Edward J. Waldron The SMA relationship to SMAS Neither can exist w/o the other. Ideally, the relationship should be on e which is not only symbiotic, but synergistic. Historically, SMA has not been viable w/o SMAS. That continues to be the case, although much less now than in the past. We must continue that trend to produce a balance between SMAS need to grow and the contribution which it makes to SMA in the form of dividend and cash flow contribution through loans...which many times impedes the marketing operation of SMAS. Our goal remains to have SMA operate on its own, even as its core education product faces new and

daunting challenges of regulation on funding by pharma and excess in operating expenses generated by new guidelines and regulation as an accrediting body. SMAS remains the goose that lays the golden after the eggs. The answer to our dependence on SMAS is in new forms of outside pharma funding, but that is a wild card! Especially and presently, most important is increased membership revenue. Cutting expenses and operating in a fiscally sound manner is a duty of a 501c3 organization. But it is not the answer in and of itself. No organization secures a future by cutting expenses, depleting its product line and operating in a state of contraction. That is why we call the membership issue our "burning platform." In the face of challenges we intend to operate under a balance consolidated budget for 2008/2009. Without revenue enhancements from dues, that burden will remain unacceptable to the SMA/SMAS business model and for the "goose" to remain healthy and grow.

We firmly believe that our new mission statement must become a reality if the burning platform of member loss is to be extinguished and membership becomes a self sustaining network of active communities w/o SMAS support above the reasonable pre-tax contribution allowable by IRS standards and dividends which allow for the vitality of SMAS.

The formula for member community revenue enhancement is one particularly of advocacy when accomplished by individuals who are developed in and by a culture of leadership which must become our brand. ""Leadership is us" and leaders leave a legacy. – Advocacy shouts our values but leadership proves

that we are the real deal and can make a difference. The methodology for accomplishing objectives for leadership, advocacy, quality and professional home or identity is based upon communities of practice/ interest - which we utilize to develop client centered, grass roots, strategies and tactics.

Organization - we have an excellent over all set of objectives and plans. but now realignment of effort and optimum utilization of human capital and other resources and assets must take place. Our present structure tends to produce silos which compete for finite resources which may not be available for individual or even committee desires no matter how well intentioned. This causes frustration and a perception of "they are not listening to me or acting quickly enough" by committees, individuals, and sections. The key to prioritization is focus of the organization. It may be possible to accomplish our major objectives with our present structure, but only with great difficulty, duplication of effort, time and cost on the part of staff and leadership...and our present structure does not allow for enough grass root interaction and that will be the difference in success or failure. The staff proposes, for your consideration, a reorganization model in order to align resources, strategies, tactics, and human capital, with a clear set of priorities to put out the fire on the burning platform of membership loss...and defines an organization which is easily recognizable as one which creates value for itself by first advancing the values of medicine as a whole, SMA participants in particular and with a direct outcome and effect upon society...an organization which starts at its grass roots level, and responds

in a manner which is perceived by our stakeholders and prospective stakeholders as effective. Please note that the terms which I have used to describe our constituency are stakeholders, clients and community participants. That culture should replace one of passive membership as it more accurately proscribes the value proposition of "what's in it for them" and their individual efforts to produce a legacy.

Good To Great and the Social Sectors

Why Business Thinking is no the Answer

By: Jim Collins

"We must reject the idea - wellintentioned, but dead wrong - that the primary path to greatness in the social sector is to become "more like a business." Most businesses - like most of anything else in life - fall somewhere between mediocre and good. Few are great. When you compare great companies with good ones, many widely practiced business norms turn out to correlate with mediocrity, not greatness. So, then, why would we want to import the practices of mediocrity into the social sectors?" "That's when it dawned on me: we need a new language. The critical distinction is not between business and social, but between great and good. We need to reject the naïve imposition of the "language of business" on the social sectors, and instead jointly embrace a language of greatness."

"The confusion between inputs and outputs stems from one of the primary differences between business and the social sectors. In business, money is both an input (a resource for achieving greatness) and an output (a measure of greatness). In the social sectors, money is only

an input, and not a measure of greatness."

Collins now states that getting to greatness is not a function of our circumstances. Greatness, it turns out, is a matter of conscious choice and discipline. It starts with getting the right bus, going in the right direction, with the right people in the right seats and evidenced by their understanding of expectations as a willingness and ability to make the journey to a worthwhile destination. A great organization is one that delivers superior performance and makes a distinct impact over time. For business, financial returns area perfectly legitimate measure of success. For social sector 501c3's however, performance must be assessed relative to out mission, not financial returns. The social sector question is not how much money is made per dollar of invested capital, but how effectively do we make an impact relative to our resources. It starts with measuring what impact upon our constituency a given activity makes as we pursue our mission.

So then, greatness for SMA will be measured by how we influence society by physicians involved in advocacy, quality, and leadership through enhanced professional identity in communities of practice. I submit that the bottom line for us is not based upon ROI but upon the very discrete concrete number of how many physician join with us in our endeavors. Human capital makeup is the asset which translates into a vanguard. **Which by the way produces membership dues.

Report of the Editor Southern Medical Journal Ronald C. Hamdy, MD Dr. Pell explained that Dr. Hamdy had an unexpected meeting and would be here later this afternoon, and would present on Saturday morning.

Report of the Chairman Coordinating Committee on Budget & Administration

George S. Ellis, MD
Dr. Ellis reported that in the first
draft of the budget for 2008-2009
that \$331,000 in expenses are being
allocated to the four major areas and
this expense represents 31% of the
Membership Revenue budget and
10% of the total expense budget.
As the budget allows and programs
are developed, more expenses will
be allocated to these four major
areas. The budgeted expenses are
in membership, annual meeting and
professional development.

Membership sustainability numbers continue to decrease as the company operates at a net profit for the fiscal year. The membership sustainability number as of March 31, 2008 is 1,626 dues paying members.

Report of the Chairman Presidential Committee on Selections

Jan N. Basile, MD Dr. Basile announced the winners of the Maryland and Tennessee Councilor Elections:

Maryland: Dr. Stuart Goodman Tennessee: Dr. Wesley Eastridge

Dr. Basile has spoken with each of these individuals and they are looking forward to a wonderful working relationship with the SMA Council. Dr. Basile also spoke with Dr. Chris Morris from Tennessee, who assured him that he would continue working with SMA and Dr. Eastridge for the betterment of the SMA. A message

was left for Dr. Michael Bolognese.

Report of the Chairman Ad Hoc Committee on Leadership Development

Jan N. Basile, MD
Dr. Basile stated that SMA has
approved the development of a
Leadership Program in conjunction
with the Vanderbilt Center for Better
Health after a day of discovery on
Friday, April 4th. The details of this
meeting are behind Tab 12 in your
Council notebooks.

A discussion ensued regarding pricing, marketing and Council participation in the upcoming programs. These issues are being reviewed by Ed Waldron, Dr. Pell and the SMA marketing staff and will be announced in the near future.

2008 Annual Meeting Update

Report of the Chairman Coordinating Committee on Education

R. Bruce Shack, MD

2008 Session Development Development planning for the 2008 Scientific Assembly began with a Conference Call on June 8, 2007, with Drs. R. Bruce Shack, Chair of SMA's Advisory Committee on Scientific Activities and Dr. Paula Oliver Pell, SMA President-elect, followed by conference calls of the Advisory Committee on Scientific Activities on July 10 and August 1, 2007. The result of the planning included four specialty tracks and one primary care track to be presented during the 2008 Assembly, following the approved budget by SMA's Council from the 2007 Assembly. The five tracks include: Women's Health; Orthopaedics, Trauma, and Critical Care; Internal

Medicine; Surgery, Plastic Surgery, and Oncology; and Dermatology. Thursday of the meeting will continue popular plenary sessions, "Hot Topics in the Medical Field," and "New Drugs Update."

Call for Abstracts

Oral abstracts were solicited for the 5 tracks, and the deadline for submissions was September 24, 2007, fourteen (14) abstracts were received. Poster submissions were also solicited for each track and for SMA's specialty sections. The deadline for poster submissions was February 8 and 34 submissions were received.

Opening Ceremony

The Opening Ceremony keynote speaker will be Donald J. Palmisano, MD, JD, His keynote address entitled, "Leadership—The Essential Elements and Why Failure Is Not An Option," will feature a method to control medical liability insurance costs, a way to maintain the patient-physician trusted relationship without third party control, the definition of true leadership and how to become a leader, and identifying true quality and patient safety and ways to attain these goals.

SMA/SMAA Presidents' Symposium The title for this year's Presidents' Symposium is, "Urgency in Expanding a Culture of Leadership for All Physicians," and will feature a presentation entitled, "Can 600,000 Lemmings Be Wrong? How Doctors Are Giving Away Their Pay Power and Profession and What Can Be Done About It?" by Mr. Charles Bond, of Physician's Advocates, will address policy, strategy, and pragmatic problems facing doctors today. We are in the process of confirming another speaker for this session.

2009 Annual Meeting Update

Report of the Chairman Advisory Committee on Scientific Activities

Peter J. Kragel, MD A conference call meeting of the Advisory Committee on Scientific Activities (ACSA) took place on Wednesday, February 27, to begin the planning process for the 2009 Assembly taking place in Grapevine.

2009 Session Development

The Committee approved a motion to adopt the "Commonwealth Fund Report," that features a scorecard to help states identify opportunities to improve health care as its needs assessment to develop 2009 educational sessions. The clinical areas identified in this report include Preventative Care; Diabetes; Heart Failure; Asthma; and Depression, and will be the 5 educational tracks. Although special consideration will be given to sessions that target closing the practice gaps identified by the Commonwealth Fund Report, the committee specifically encourages submission of programs that are interdisciplinary and seek to develop a meeting content that appeals to both specialty and primary care audiences.

A Call for Session Proposals has been sent to key people at the University of Texas in Dallas, as well as to all SMA Section Officers. The deadline for proposals is May 21, and after the deadline, the Committee will have another conference call to review the proposals.

Thursday of the meeting will continue the popular plenary sessions, "Hot Topics" and "New Drugs Update."

2009 Call for Abstracts

The 2009 Call for abstracts will reflect these areas for oral abstract submissions – poster submissions will remain open to all of SMA's specialties.

Report of the Chairman Presidential Committee on Endowments

Nancy Swikert, MD
Dr. Swikert reported that the
Presidential Committee on
Endowments met on Monday, April
14 to discuss proposed ideas to be
presented to the SMA Council at this
meeting.

The mission of the committee is: To grow the Endowment fund scholarships and grants from yearly interest to as many or all of the medical schools and residency programs a possible within the boundaries of the SMA.

Dr. Swikert then presented the proposed ideas to the council for review

`**........**

ACTION: To allow the SMA Alliance the opportunity to develop and implement the Society of 1924. This society would allow Alliance members to participate in the Research and Education Endowment Fund. An Alliance member can pledge \$500 over a 2 year period and receive a pin and with each additional \$500 pledge you would receive a charm to be placed on the pin.

MOTION: Motion was made and seconded that the Society of 1924 be reviewed by the SMA Alliance. Motion carried unanimously.

ACTION: Dr. Swikert proposed to the Council the request to develop and implement a more aggressive

marketing for use with the dues statements and to increase the size of the font on the billing statement check off area.

MOTION: Motion was made and seconded to increase the marketing of the SMA Research & Education fund with a minimal amount of cost. Motion carried unanimously.

ACTION: Dr. Swikert had requested that Luke Hartsfield, Chief Operations Officer look into the possibility of selling to SMA members a \$20,000 life insurance policy with SMA as the irrevocable beneficiary. After much discussion on whether or not the premiums would be tax deductible, the Council agreed to approve this marketing opportunity.

MOTION: Motion was made and seconded to allow SMA to market a life insurance policy to members with the R&E being the beneficiary. Motion carried unanimously.

Report of the SMA Alliance President

Kathy Carmichael Kathy began her comments by introducing Nancy Brant, SMA Alliance President-Elect from Kingston, Georgia. Kathy stated that she and Nancy Brant have been invited to the following state meetings and urged the Council to participate in their State meetings along with the Alliance to help promote SMA and its services. April 9-10: Louisiana State Medical Association Alliance April 10-11: Oklahoma State Medical Association Alliance April 17: Kentucky State Medical Association Alliance April 18: Alabama State Medical Association Alliance April 18-19: Missouri State Medical

Association Alliance
April 30-May 2: Texas State Medical
Association Alliance
May 1-2: South Carolina State Medical
Association Alliance
May 29-June 1: Mississippi State
Medical Association Alliance

The SMA Alliance is working hard to "Commit to our Future" which is the theme Kathy has chosen for this year. We are committing to our future through our health education projects, our promoting Doctors' Day which benefits our Research & Education Endowment Fund. The money is given as scholarships to medical students and residents to assist with their medical education. We are thereby "Committing to the Future" of medicine. Membership is working by soliciting new members, personally contacting new members and contacting some of our leadership who has become inactive. They also work with our Young Physicians Committee, assisting when needed.

We are so pleased to have Shirley Meiere, our Vice-President of Membership, on the SMA Membership committee. When the SMA Advocacy Committee is formed, a member of the Alliance will become a member of that committee at the request of Dr. Pell. Working together we can all become advocates for improving the health in our southern region where improvement is so badly needed.

Kathy stated that she is enjoying her year, (or should I say my 3/4 year), as President of the SMA Alliance. I only wish it were not so rushed due to moving the annual meeting up, but I do cherish the travels I've taken this past year and will take in the next few months around our southern region.

The memories and friendships I have made will last a lifetime. I appreciate the support form the SMA and the SMA staff - it makes my journey this year so very special and I am so proud to represent such a dedicated organization. I am "Committed to our Future."

Report of the Chairman Advisory Committee on Constitution & Bylaws

Michael C. Gosney, MD Dr. Gosney reported that the Advisory Committee on Constitution and Bylaws met via conference call on Monday, February 18, 2008. Brief opening comments by the Chair indicated that our task was to look at the Bylaws of the SMA and revise/ refine this document to reflect the actual practices of the association and address several issues that have surfaced concerning governance and to reflect the changes that are occurring in the SMA. Consideration should be given to using the Policy and Procedures Manual to reflect the day to day operations and to expand on the Bylaws. Generally, we should look at the governance structure to see how we could concentrate and align our organization towards our new Mission Statement and the goals of "Leadership, Quality, Professional Development, and Advocacy". These proposed changes were reviewed by the Council via a power point presentation from Dr. Gosney along with an emailed copy of the changes. The Council agreed that the details in the Constitution and Bylaws be minimized and that the details would be outlined within the Policy and Procedures manual. With this proposal it would allow the Council to make changes without a vote of the general SMA membership. The committee also worked to remove actual dates within these

documents (i.e. instead of the President-Elect ballot being mailed by December 1, the change was made to be 30 days after the annual meeting, etc.) and replaced with timelines. The details of these elections would be placed into the Policy and Procedures Manual.

Dr. Gosney requested that each Councilor review the proposed changes and send comments back to him so that the complete documents would be ready to be distributed and voted on by the Council during the June 2, 2008 conference call. These proposed changes would then have to be submitted to the general membership by July 1, 2008 in order for a vote to take place during the First General Session of the Annual Scientific Assembly, which this year will be the Opening Ceremony.

Report of the Chairman Advisory Committee on Special Projects & Services

Andrew W. Lawton, MD Dr. Lawton addressed the charges to the committee including the determination of an advocacy stance. There was discussion about member survey results. It was agreed that overall the responses were too focused on location and individuals. Instead the group decided to look to recent studies that provided identified needs that were more in line with the overall SMA footprint and member makeup. Two studies were cited - the Milken Institute Report from October 2007 and the Commonwealth Fund Commission on a High Performance Health System from June 2007.

Motion from the Committee to the Council: Use the Commonwealth Fund and Milken Reports as a guideline for developing

the SMA Advocacy Position for "Healthcare Access for the Working Poor." The motion was approved unanimously.

There was further discussion about the needs of members to express their frustrations and concerns as were uncovered in the survey responses. The group decided to offer an opportunity for members to "sound off" about the issues affecting their practices.

Motion from the Committee to the Council: Establish an open forum bulletin board for SMA physician concerns on www. sma.org reviewed/monitored by members. The motion was approved unanimously.

Report of the Chief Financial Officer

Donald L. Casey Reported YTD as of March 31, 2008 that SMA has a Net Profit of \$35,000, which is \$407,000 better than budget and compares to an YTD Net Loss last year of \$519,000.

Combined with Services YTD as of March 31, 2008 is a Combined Net Profit of \$487,000 which is \$597,000 better than budget and compares to an YTD Combined Net Loss last year of \$334,000. Detailed reasons for the variances were provided.

Cash position as of March 31, 2008 is available cash of \$446,000 with accounts payable of \$300,000. Last year accounts payable exceeded the available cash.

The summary of cash flow reflects an increase in available cash of \$104,000 for the month of March 2008.

With no further business at hand, Dr.

Pell adjourned the meeting at 12:00 noon.

Submitted by:

Lisa O'Daniel May 12, 2008

PROCEEDINGS OF THE SOUTHERN MEDICAL ASSOCIATION COUNCIL & SMA SERVICES, INC. BOARD OF DIRECTORS April 26, 2008 West Baden Springs Resort, Indiana West Baden Room

The Council of the Southern Medical Association and the SMA Services, Inc. Board held their annual Spring Meeting on April 25 and 26, 2008 at West Baden Springs Resort, French Lick, Indiana. The meeting was called to order at 7:45 ET by the President, Paula Oliver Pell, MD.

Members of the Council present:

Paula Oliver Pell, MD, President, St. Petersburg, FL; Jan N. Basile, MD, President-Elect, Charleston, SC; Michael C. Gosney, MD, Muscle Shoals, AL; Andrew W. Lawton, MD, Little Rock, AR; Saulius Jankauskas, MD, Longwood, FL; Thomas Bunnell, MD, Edgemont, KY; Eric E. Lindstrom, MD, Laurel, MS; Richard A. Heimburger, MD, Columbia, MO; Peter J. Kragel, MD, Greenville, NC; Mark G. Martens, MD, Tulsa, OK; Gary A. Delaney, MD, Orangeburg,

Members of the Council absent: George S. Ellis, Jr., Immediate Past President, New Orleans, LA; Paul A. DeVore, MD, District of Columbia; Ali R. Rahimi, MD, Savannah, GA;

SC; R. Bruce Shack, MD, Nashville,

TN; James J. Bernick, MD, Baytown,

TX; Alonzo Myers, MD, Roanoke, VA.

Erin Boh, MD, New Orleans, LA; Lawrence M. Wyner, MD, Charleston,

Members of the SMA Services. Inc. Board present: T. Rudolph Howell, MD, Chair; Todd C. Beasley, DO; Richard P. DeRosa, MD; Charles A. Farmer, MD; Jean E. Holt, MD, MHA; Mrs. Nancy Lindstrom; and Angus McBryde, Jr., MD.

SMA Services, Inc. Board of Directors absent: Andy Martin, CLU, ChFC; Michael G. Mackey, MD; and Pamela M. Otto, MD.

Others Present: Kathy Carmichael, SMA Alliance President, Hattiesburg, MS; Nancy Brant, SMA Alliance President Elect, Kingston, GA; Nancy Swikert, MD, Chairman, Presidential Committee on Endowments, Union, KY.

SMA staff present: Mr. Ed Waldron, Mr. Don Casey, Mr. Randy Glick, Mr. Luke Hartsfield, Mrs. Kathy McLendon, Mrs. Kendra Blackmon, Ms. Kim Thompson, Ms. Pamela McDonald, Ms. Debbie Cleghorn and Mrs. Lisa O'Daniel.

Report of the Chair, SMA Services, Inc. Board of Directors

T. Rudolph Howell, MD Dr. Howell reported to the SMA Council that the SMA Services, Inc. Board had met on Friday and the following items were discussed: In summary, SMA Services had a total net profit, after provision for income taxes, for the year of \$451,786, which is \$189,381 more than budgeted.

SMA Tours is expanding to offer its services to other organizations, corporations, groups and individuals in the area. SMA Tours has travel

consultants who have expertise in Europe, Asia, South America and the Middle East, SMA also has the benefit of a staff with expertise in meeting planning and execution, hotel contract negotiation, registration and superb customer service.

Report of the Editor, Southern Medical Journal

Ronald C. Hamdy, MD Dr. Hamdy noted that this is a very special year for the SMJ as they celebrate their Centennial year in publication. Total submission of articles has gone up from 2006 to 2007 by 220 manuscripts and 2008 is shaping up to have even more articles submitted.

The journal staff prepared a reviewers survey and of the 2,186 survey's mailed we had 760 returned with interest to participate in SMJ activities.

The SMJ has several new features which include: Patients Page and Medical Medwatch which have proven to be new favorites of our readers.

Dr. Hamdy is working on an Osteoporosis Community that should be ready to roll out in the next week or so.

At this time Dr. Pell explained how important the new SMA Communities of Interest/Practice were for the association and that staff would now begin our workshop.

Communities Workshop

Presented by Randy Glick, Kendra Blackmon & Kathy McLendon The workshop at the Spring meeting gave everyone a better understanding as to what SMA Communities are and what purpose they can serve.

It provided a hands on experience for the attendees so that they are better prepared to participate in them as well as providing insight into how communication and collaboration occur on the internet. This workshop also provided real world interaction with web concepts that were not really understood prior to this session. Attendees were given explanation and actually got to interact with online tools like discussion boards and blogs.

There being no further business, Dr. Pell adjourned the general meeting and called an Executive Session of the SMA Council.

Submitted by: Lisa O'Daniel 5/15/08

MINUTES SMA Council Conference Call May 5, 2008

The Council of the Southern Medical Association met via conference call on Monday May 5, 2008. The meeting was called to order at 7:05 p.m. CT by the President, Paula Oliver Pell, MD.

Members of the Council present:

Paula Oliver Pell, MD, President, St. Petersburg, FL; George S. Ellis, Jr., Immediate Past President, New Orleans, LA; Jan N. Basile, MD, President-Elect, Charleston, SC; Ronald C. Hamdy, Editor, Southern Medical Journal, Johnson City, TN; Michael Gosney, MD, Muscle Shoals, AL; Andrew W. Lawton, MD, Little Rock, AR; Paul A. DeVore, MD, District of Columbia; Saulis Jankauskas, MD, Longwood, FL; Eric Lindstrom, MD, Laurel, MS; Richard A. Heimburger, MD, Columbia, MO; Peter Kragel, MD, Greenville, NC; Mark Martens, MD, Oklahoma; Gary

Delaney, MD, Orangeburg, SC; R. Bruce Shack, MD, Nashville, TN; James Bernick, Texas; Alonzo Myers, MD, Roanoke, VA; and Lawrence Wyner, MD, Charleston, WV.

Members of the Council absent:

Ali Rahimi, MD, Augusta, GA; Thomas Bunnell, MD, Crestview Hills, KY; Erin Boh, MD, New Orleans, LA and Kathy Carmichael, SMA Alliance President, Hattiesburg, MS.

SMA staff present: Mr. Luke Hartsfield, Chief Operations Officer; Mr. Don Casey, Chief Financial Officer; Mrs. Kendra Blackmon, Sr. AEVP for Marketing; Mrs. Kathy McLendon, Sr. AEVP for Professional Development; Mrs. Lisa O'Daniel, AEVP for Leadership Administration.

SMA staff absent: Mr. Ed Waldron, Executive Vice President and Mr. Randy Glick, Chief Information Officer.

Approval of Minutes

Minutes of the Spring Meeting of the Council are not currently available. The minutes will be submitted to the Council prior to the next conference call.

SMA President's Report

Paula O. Pell, MD

Dr. Pell reported that she felt that the Spring meeting of the Council went very well and that we currently have momentum that we need to keep up. Dr. Pell had just returned from the South Carolina Medical Association meeting and wished to thank Dr. & Mrs. Delaney for their wonderful hospitality. Dr. Pell also reported that she had attended the South Carolina Medical Association Installation ceremony where she came away with some wonderful ideas for our meeting.

61

Dr. Pell also requested that any Councilor who could not attend the Spring meeting schedule a training conference call with Randy Glick to review the Communities website.

Report of the Executive Vice President

Edward J. Waldron Mr. Waldron and Mr. Glick are currently en route to Charleston, South Carolina where they will meet with Dr. Basile and Dr. Eagin to discuss a Hypertension community.

Report of the SMA Alliance President

Mrs. Kathy Carmichael Mrs. Carmichael was traveling back to Hattiesburg from South Carolina

Report of SMA Committee Chairs

Chair, Advisory Committee on Constitution & Bylaws

Michael C. Gosney, MD Dr. Gosney reported that he and his committee are working to get all proposed changes ready to present to the Council during the June 2008 conference call. Once changes have been approved by the Council, they will be mailed to the SMA membership and will be voted upon during SMA's First General Session of the Annual Scientific Assembly. Dr. Gosney also reported that we had received a letter from the SMA attorney, Rusty Irby with approval to disband the Coordinating Committee on Physicians Insurance and Retirement.

Report of the Chief Financial Officer

Mr. Don Casey Mr. Casey reported that all budgets have been submitted to the accounting department and that he, Ed Waldron, Luke Hartsfield, Debbie Cleghorn and the appropriate team leaders would have meetings throughout the next week to go over budgets and refine prior to the budgets being submitted to the Coordinating Committee on Budget and Administration.

Mr. Casey also reported that budgets would be submitted later than normal to the Coordinating Committee on Budget & Administration, but will definitely be ready by July 1, 2008. There will be a special meeting of the Council to review budget in June, 2008.

Report of the Senior Assistant to the EVP for Marketing

Mrs. Kendra Blackmon Mrs. Blackmon reported that we currently have 135 attendees registered for the Annual meeting which is up from the 122 from this time last year. The second waive of the brochures where mailed this week. The specialty flyers that were mailed should be received this week by SMA members. A number of marketing pieces have been completed and should be showing results in the next few weeks. Dr. Ellis requested that we send a listing of attendees by state to the list serve. Mrs. Blackmon also stated that we are happy to send brochures to any councilor who would pass out to colleagues.

There be no further business the conference call was adjourned at 7:35 pm CST.

Submitted by: Lisa O'Daniel 5/9/08

MINUTES SMA Council Conference Call June 2, 2008

The Council of the Southern Medical Association met via conference call on Monday June 2, 2008. The meeting was called to order at 7:00 p.m. CST by the President, Paula Oliver Pell, MD.

Members of the Council present: Paula Oliver Pell, MD, President, St. Petersburg, FL; George S. Ellis, Jr., Immediate Past President, New Orleans, LA; Jan N. Basile, MD, President-Elect, Charleston, SC; Ronald C. Hamdy, Editor, Southern Medical Journal, Johnson City, TN; Michael Gosney, MD, Muscle Shoals, AL; Andrew W. Lawton, MD, Little Rock, AR; Paul A. DeVore, MD, District of Columbia; Ali Rahimi, MD, Augusta, GA; Thomas Bunnell, MD, Crestview Hills, KY; Eric Lindstrom, MD, Laurel, MS; Richard A. Heimburger, MD, Columbia, MO; Peter Kragel, MD, Greenville, NC; Gary Delaney, MD, Orangeburg, SC; R. Bruce Shack, MD, Nashville, TN; Alonzo Myers, MD, Roanoke, VA; and Lawrence Wyner, MD, Charleston, WV and Kathy Carmichael, SMA Alliance President, Hattiesburg, MS.

Members of the Council absent: Saulis Jankauskas, MD, Longwood, FL; Erin Boh, MD, New Orleans, LA; Mark Martens, MD, Oklahoma; James Bernick, MD, Baytown, Texas.

SMA staff present: Mr. Ed Waldron, Executive Vice President; Mr. Luke Hartsfield, Chief Operations Officer; Mr. Don Casey, Chief Financial Officer; Mrs. Kathy McLendon, Sr. AEVP for Professional Development; Ms. Pamela McDonald, Sr. AEVP for Meeting Planning and Mrs. Lisa O'Daniel, AEVP for Leadership

Administration.

Point Of Order

Dr. Pell requested that Dr. Michael Gosney be allowed to move to the top of the agenda as he was in route to Oregon and needed to be able to review the SMA Constitution with the Council.

ACTION: Council approved the change of agenda.

Report of the Chairman, Advisory Committee on Constitution & Bylaws

Michael Gosney, MD Dr. Gosney began his report by asking if all Council members had reviewed the proposed bylaws changes that were suggested at the Spring Meeting of the Council in April, 2008. All agreed they had reviewed and conversation began.

ACTION: The council requested the following changes:

Article III – Powers. Reinstate the last sentence of the paragraph to read: "Provided, however, that the Corporation shall not engage in activities that are not in furtherance of its charitable purposes other than as an insubstantial part of its activities."

Article V – Membership. Active Members. The membership of this Association shall be by invitation or application to physicians.

Article VII – Association Business & Activities. Section 1. Annual Meetings. The Association shall hold at least one business meeting each year (remove the word "annual"). Deleted Scientific Officers in cooperation with the Committee on Scientific Activities – will move to

procedural manual.

Article X – Amendments. Change the term "annual" to "business." And stated that the notification of a constitution change would include the time and place of the vote. Dr. Gosney stated that the above mentioned changes would be incorporated into the Constitution and would be submitted to the Council for final approval. Dr. Pell requested that once the changes were submitted to the Council that they would vote via email to Lisa O'Daniel within 7 days.

Approval of Minutes

Minutes of the April 25 & 26, 2008 Spring Meeting of the Council and the May 5, 2008 Conference call was distributed prior to this call.

ACTION: Motion was made and seconded that the Minutes from the April 25 & 26, 2008 Spring Meeting of the Council and the May 5, 2008 Conference call, be approved as distributed. Motion carried unanimously.

SMA President's Report

Paula O. Pell, MD Dr. Pell reported that she has just returned from the Mississippi State Medical Association meeting in Biloxi. Dr. Pell spoke at the MSMA House of Delegates and that she and Dr. Basile served ice cream to around 300 at the SMA sponsored Ice Cream Social, Dr. Pell noted that each Councilor should request this type of social activity at their state meeting. Dr. Pell attended the Chief Resident Conference in Charleston and was pleased with the meeting but disappointed in the attendance. Dr. Pell reminded the Council members to register for the Annual Meeting as soon as possible to help

the staff with planning.

A reception was held during Dr. Pell's College reunion where SMA donated \$1000 in her name to their scholarship fund.

At this time, Dr. Pell reported to the Council that SMA had an opportunity to move the 2009 Annual Meeting in Grapevine, Texas to December 3-5. This change would allow SMA to save some additional attrition costs.

ACTION: The Council approved the discussions between SMA & The Gaylord Hotel to discuss our options. Pamela McDonald will continue negotiations and notify the Council as soon as a decision has been reached.

Report of the Executive Vice President

Edward J. Waldron
Mr. Waldron stated that he, Don
Casey, Luke Hartsfield, Debbie
Cleghorn and Dr. Ellis met at the
Birmingham airport to discuss the
preparations of the SMA budget. The
2008-2009 budgets are being based
on the "communities" aspects as
were discussed at the Spring Meeting
of the Council. This process has taken
a little longer than in the past, but will
meet our deadlines.

SMA Services, Inc. budgets must be approved before the SMA can meet to discuss their budgets. A conference call will be scheduled with the SMA Services, Inc. Board of Directors in the next two weeks.

Dr. Ellis stated that once the SMAS budget has been approved the SMA Budget & Administration committee will be receiving a large packet of materials and has asked that the committee review each and every page prior to the conference call to

review the budget.

Report of the SMA Alliance President

Mrs. Kathy Carmichael
Mrs. Carmichael was reiterated what
a wonderful time the MSMA meeting
was and how much they appreciated
Drs. Pell and Basile's participation.
Mrs. Carmichael and Mrs. Brant
will be attended the AMA Alliance
meeting in June.

The SMA Alliance is also working on their bylaws and will be having a conference call of the Executive Committee on Wednesday, June 4, 2008.

Report of the Chief Financial Officer

Mr. Don Casey Mr. Casey reported he and his staff were busy working on the SMA & SMA Services, Inc. budgets so that a final decision could be made prior to June 30, 2008.

Mr. Casey also reported that the Council should receive April financials statements by the middle of next week.

Old Business

Dr. Pell and Ed Waldron announced the details of SMA's first Leadership Development Program. This program will be October 24-26, 2008 at the Emory Conference Center. Please watch for the upcoming marketing of this meet and plan to attend.

New Business

Dr. Pell asked Kathy McLendon for an update on the Ophthalmology meeting. Kathy stated that the attendee count had gone up but was still under 25.

Dr. Lawton stated that he had a conference call with the Advisory

Committee on Special projects to discuss a Leadership Program for non-physicians. It was determined by the committee that this was a program that would have to be developed and budgeted for in the 2009-2010 fiscal year.

Dr. Pell asked Pamela McDonald for a budget update on the 2008 Spring Meeting of the Council. Pamela stated that not all expenses had been received but it appears that we will be from \$12,000-\$15,000 under the budgeted amount. The final numbers should be available by next month's Council call.

There be no further business the conference call was adjourned at 8:35 pm CST.

Submitted by: Lisa O'Daniel 6/10/08

MINUTES SMA Council Conference Call July 7, 2008

The Council of the Southern Medical Association met via conference call on Monday July 7, 2008. The meeting was called to order at 7:00 p.m. CST by the President, Paula Oliver Pell, MD.

Members of the Council present:

Paula Oliver Pell, MD, President, St. Petersburg, FL; George S. Ellis, Jr., Immediate Past President, New Orleans, LA; Jan N. Basile, MD, President-Elect, Charleston, SC; Ronald C. Hamdy, Editor, Southern Medical Journal, Johnson City, TN; Michael Gosney, MD, Muscle Shoals, AL; Andrew W. Lawton, MD, Little Rock, AR; Paul A. DeVore, MD, District of Columbia; Saulis Jankauskas, MD, Longwood, FL; Ali Rahimi, MD, Augusta, GA; Erin Boh. MD. New Orleans, LA: Eric Lindstrom, MD, Laurel, MS; Richard A. Heimburger, MD, Columbia, MO; Peter Kragel, MD, Greenville, NC; Mark Martens, MD, Oklahoma; Gary Delaney, MD, Orangeburg, SC; James Bernick, MD, Baytown, Texas; Alonzo Myers, MD, Roanoke, VA; and Lawrence Wyner, MD, Charleston, WV and Kathy Carmichael, SMA Alliance President, Hattiesburg, MS.

Members of the Council absent:

Thomas Bunnell, MD, Crestview Hills, KY; R. Bruce Shack, MD. Nashville, TN.

SMA staff present: Mr. Ed Waldron, Executive Vice President: Mr. Luke Hartsfield, Chief Operations Officer; Mr. Don Casey, Chief Financial Officer; Mr. Randy Glick, Chief Information Officer; Mrs. Kathy McLendon, Sr. AEVP for Professional Development; Ms. Pamela McDonald. Sr. AEVP for Meeting Planning and Mrs. Lisa O'Daniel, AEVP for Leadership Administration; Mrs. Kendra Blackman, Sr. AEVP for Marketing.

Approval of Minutes Minutes of the June 2, 2008 Meeting of the Council Conference call was distributed prior to this call.

ACTION: Motion was made and seconded that the Minutes from the June 2, 2008 conference call of the Council be approved as distributed. Motion carried unanimously.

SMA President's Report

Paula O. Pell, MD

Dr. Pell reported that she has just returned attending the Auburn MBA program in Amsterdam where the quality program and attendance was excellent. Dr. Pell made stated that she and Ed Waldron would be

traveling to MD Anderson next week to meet with Doris Quinn about an upcoming quality program.

Dr. Pell reminded the Council members to register for the Annual Meeting as soon as possible to help the staff with planning and that so far we were ahead of last years numbers for attendees.

Report of the Executive Vice President

Edward I Waldron Mr. Waldron stated that the staff along with the Coordinating Committee on Budget and Administration had been working closely together to provide a budget that would allow the SMA to follow the direction of the council by having our priorities be centered on the new focus of "Advocacy, Leadership, Quality and Professional Identity."

Report of the SMA Alliance President

Mrs. Kathy Carmichael Mrs. Carmichael stated that she and Nancy Brant, SMAA President-Elect had attended the AMA conference in June where they participated in several meetings and made contacts with some new prospective SMAA members.

Mrs. Carmichael also mentioned that she would be attending the FMA meeting with Drs. Pell and Basile the week prior to annual meeting. Lisa O'Daniel was asked to report on the SMAA Alliance 2008-2009 Board Retreat that had been held the week before in Birmingham. The new board met and made plans for the upcoming year, which included a project that the Alliance and Dr. Basile are working on regarding "Hypertension." The Alliance plans to attend as many local sporting events

this fall as possible and offer blood pressure screening to the sporting event attendees.

Lisa also thanked Dr. & Mrs. Gary Delany for offering their summer home for the SMAA raffle and reminded all Councilors to participate in any way possible.

Report of the Chief Financial Officer

Mr. Don Casey Mr. Casey reported that the Month of May Combined Net Income of \$49,000 and budget of \$1000 with \$48,000 over budget.

May 31 08 Year to Date Combined Net Income of \$568,000 and budget of (\$48,000) for a YTD over budget of \$616,000.

Year to Date May 31, 2007 Combined Net Loss of \$142,000 so this year's improvement over last year is \$710,000.

The improvement this year is due to the dues increase and changes in Annual Meeting and increased royalty from LWW.

As of May 31 there was available cash of \$443,000 to satisfy \$278,000 in Accounts Payable.

Cash increased \$78,839 for the month of May with financial operations providing \$3,108 and operations providing \$127,225 and reducing the liability to Services by \$51,494.

Mr. Casey began the discussion of the proposed Budget for 2008-2009 as Dr. Ellis had been delayed at the airport. Mr. Casey reported that the SMA has a budgeted net loss of \$309,000 compared to a 2007-2008 budgeted net loss of \$349,000.

SMA Services has a budgeted net income of \$226,000 compared to last year budget of \$397,000.

The combined SMA/SMA Services budget for 2008-2009 is a combined net loss, after income taxes, of \$83,000 down from last year's budget of \$47,000 net income, after income taxes. This budged loss is due to implementing operations in "Advocacy, Leadership, Quality & Professional Identity."

Management will fulfill its fiscal responsibility of managing revenues and expenses attempting to perform better than budget with emphasis on revenue production.

Report of the Chairman Coordinating Committee on Budget & Administration

George S. Ellis, Jr., MD
Dr. Ellis reported that he and the SMA
Staff along with the B&A Committee
had reviewed each line item of the
budget and had received appropriate
answers to all their questions.
Dr. Ellis asked for a motion to
approve the 2008-2009 Budget for
the Southern Medical Association.

ACTION: Motion was made and seconded that the Budget for the calendar year July 1, 2008 – June 30, 2009 of the Southern Medical Association be approved as distributed. Motion carried unanimously.

Old Business

Dr. Gosney stated that he and his committee, Advisory Committee on Constitution and Bylaws had been kept together for the upcoming year and their plan is to review the current bylaws, make the appropriate changes and move several items from bylaws to the procedural manual. This is quite an undertaking and Dr. Gosney and his committee felt it should not be rushed and would be ready for Council review prior to the Spring 2009 meeting.

New Business

Dr. Pell and Ed Waldron brought forth the recommendation that had been submitted by Dr. Michael Gosney to "advocate" for our members by contacting our local Senate members in regards to the Medicare cuts that would be voted on the following week.

Much discussion ensued from this idea and was finally approved to send out an email to all SMA members requesting them to contact their Senators regarding their wishes on the upcoming bill.

SMA staff was requested to develop an email that explained our stance and would be sent out on Tuesday morning.

There be no further business the conference call was adjourned at 8:55 pm CST.

Submitted by: Lisa O'Daniel 7/29/08



FACTS

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CONTENTS

Facts

Southern Med	ical Association	4
Mission Staten	nent	4
Vision Statement		
What We Believe		
Commitment		4
Birth of a Med	ical Association	5
Vital Statistics		5
Purpose of the	e Southern Medical Association	6
Organization a	and Early History of the Southern Medical Association	6
Officers and G	Governing Bodies of the Southern Medical Association	8
Gran	ts of Power	8
Offic	ers	8
The C	Governing Bodies:	8
The C	Council	8
The I	Executive Committee of the Council	9
Gene	eral Administration	9
Membership i	n the Southern Medical Association	10
Who	Can Belong	10
Dues		10
Activities of th	ne Southern Medical Association	11
I.	The Annual Meeting	11
	General Information	11
	Scientific Sections	11
	Scientific and Technical Exhibits	14
	The Social Side	15

CONTENTS: Facts

(continued from previous page)

	II.	Continuing Medical Education/CE Activities	15
	III.	Publications	16
		Southern Medical Journal	16
		Southern Medical Bulletin (Discontinued)	18
		Southern Medicine	18
		Chart Notes	18
		e-Newsletter	18
	IV.	Research Project Fund	19
	V.	Medical Student Scholarship Fund	21
	VI.	Southern Medical Research and Education	
		Endowment Fund	22
	VII.	Awards	23
		The Research Medal (Discontinued)	23
		The Dr. Robert D. and Alma Moreton	
		Original Research Award	24
		The Distinguished Service Award	25
		The Seale Harris Award	27
		Scientific Exhibit and Poster Award	28
		Technical Exhibit Award	29
	VIII.	Southern Medical Association Alliance	30
		Headquarters Office and Staff of the	
		Southern Medical Association	31
Places o	f Meetin	ngs and Presidents	33
Future A	Annual S	cientific Assemblies	35
Annual	Meeting	Activity	37
Organiz	ational (Chart	43

Southern Medical Association

Mission Statement

The Southern Medical Association promotes the health of patients through advocacy, leadership, education, and service.

What We Value

Advocacy Leadership Collegiality Innovation

What We Believe

- · That physicians must be advocates for their patients and provide the leadership necessary to promote better health care in their communities;
- That education and scholarly interactions must be conducted in a collegial, supportive environment;
- That collaboration and innovation in health care delivery will best serve our patients as we work together to attain optimal health.

Our Vision

The Southern Medical Association will be the preferred association for physicians and health professionals, and will be recognized for advocacy on key practice issues including leadership development for physicians, multispecialty and interdisciplinary education and training, and innovative health care delivery models and services that improve quality and access to care.

Commitment:

- We are committed to the needs of the whole physician, and strive to provide a mix of education, service and camaraderie that empowers members to achieve both personal and professional goals.
- 2. We are committed to developing physician leaders.
- We are committed to providing an interdisciplinary forum to enhance the sharing of information, knowledge and experience to advance the practice of medicine.
- 4. We are committed to the value of all generations of physicians having the opportunity to interact and learn from each other.
- We are committed to working diligently to help our members sustain the spirit of compassion in the practice of medicine and the sense of satisfaction in contributing fundamentally to the health and well-being of society.
- 6. We are committed to supporting the belief that physicians should be in control of decisions regarding practice management and patient care.

- 7. We are committed to unity of purpose and the contribution of each individual as fundamental to the achievement of our success in meeting the needs of our members and maintaining financial stability.
- 8. We are committed to integrity and accountability in our relationships with members, leaders, vendors, clients, employees and the community at large.
- We are committed to support employees in achieving their fullest potential by providing encouragement, professional development and a work environment that promotes respect and open communication.

Birth of a Medical Association

NAME: Southern Medical Association

DATE OF BIRTH: October 3, 1906

PLACE OF BIRTH: The Read House, Chattanooga, Tennessee

FOUNDING FATHERS: Approximately 150 "attending physicians" were on hand for the organizational meeting.

Vital Statistics

1906	2008
Membership—Approximately 200 members from a six-state territory— Alabama, Florida, Georgia, Louisiana, Mississippi, Tennessee	Approximately 13,800 members from a territory comprised of Alabama, Arkansas, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia and all across the continental U.S.
Annual Dues-\$2	\$265
Scientific Assembly—3 Sections	27 Sections
Publications—None	Southern Medical Journal (monthly), e-Newsletter, SMAtips
Assets—Just some dedicated physicians	A growing roster of dedicated physicians, an Annual Meeting unparalleled for its scientific sessions, its publications, a headquarters building valued at \$2,100,000.00 and SMA Services, Inc., a wholly owned for profit subsidiary providing services to SMA and members, are but a few of the Association's assets today.

Purpose of the Southern Medical Association

The exclusive purpose of this unique organization is to develop and foster scientific medicine. Conceived as an organization which could, on a regular basis, promote the progress of scientific medicine generally and in particular, attack problems peculiar to the South; established as a voluntary, non-profit organization, and chartered under the laws of the State of Alabama, the Association is independent of other medical societies, but works closely with them.

Dedicated exclusively to serving the professional needs of physicians of the South, SMA strives to bring its members into closer touch and in more perfect harmony with each other through advocacy, leadership, quality and professional identity, creating a society unique in its opportunity for fraternal relationships and in its personal significance.

Although the Association has grown from a membership of approximately 200 in 1906 to a membership of over 13, 800 today, its purpose remains the same and is so stated in its **CONSTITUTION** and **BYLAWS**, **ARTICLE II—PURPOSE**.

Organization and Early History of the Southern Medical Association

The Southern Medical Association, like the sturdy oak, from a little acorn grew; but this was no ordinary acorn. Its embryo contained the elements of need, vision, and opportunity embodied in a previously existing organization known as the Tri-State Medical Association of Alabama, Georgia, and Tennessee, which was composed of some two hundred physicians.

Representatives of the Tri-State group, along with representatives from Florida, Louisiana, and Mississippi, met in Chattanooga, Tenn., on October 2, 1906, in response to an invitation from the President of the Tennessee State Medical Association. The invitational letter stated that the members of the Nashville Academy of Medicine felt that "there was a growing feeling among doctors of the southern group of states that a Southern Medical Association should be organized."

These representatives, most of whom were presidents of their state medical associations, adopted a resolution for presentation to the Tri-State Medical Association, stating among other reasons, that "a greater opportunity for self-improvement and achievement in the realm of scientific research is required by the progressive and cultured physicians of the district (the South) than is afforded by the state societies, and which, on account of its large membership, is denied them in the American Medical Association." The resolution, presented the next day (October 3, 1906), called for the merging of the Tri-State Medical Association into this larger body, thereby becoming the nucleus of the proposed Southern Medical Association.

Anticipating favorable action on the resolution, a Committee on Constitution and Bylaws was appointed on October 2, 1906, with instructions to have a tentative draft of the CONSTITUTION and BYLAWS for the proposed Southern Medical Association ready to present to the Tri-State group the next day. Working all night, the Committee drafted a proposed CONSTITUTION calling for the formation of a voluntary, independent organization of physicians which would eventually embrace all of the sixteen Southern states and the District of Columbia. It further called for the Tri-State Medical Association to "thaw and resolve themselves into a dew; to die in order that the baby Southern Medical Association could be born."

In an atmosphere charged with emotion, the resolution and the tentative draft of the first CONSTITUTION were debated as the first order of business of the Tri-State group. There were impassioned pleas "on behalf of the young physicians of the Southern states for a wider field to engage our talents," as well as for "a stimulus, an incentive to spur us on to worthy deeds to more intensive study, to greater accomplishments in the field of medicine and surgery." Jere L. Crook, M.D., Chairman, Committee on Constitution and Bylaws, tried to make the group visualize a great Southern Medical Association whose programs would deal with diseases peculiar to the Southern states and would present to the world the results of the research, the clinical experience, at the bedside and in the operating room, of the splendid body of men composing the ranks of the medical profession of the South.

Naturally, the fine record of the Tri-State group was ardently defended, citing loyalty and accomplishments of its members but the arguments for greater opportunities for scientific improvement and for a wider fellowship among physicians triumphed. The founder of the Tri-State group, J. B. Cowan, M.D., Tullahoma, Tenn., who was Chief Surgeon on the staff of Lieutenant General Nathan Bedford Forrest 1861-1865, understandably loathe to see his own brainchild die, and having pledged to fight any move to that effect, was so impressed with the "pleas of these ambitious young doctors for a chance to try their wings over all Dixie Land" that he moved the adoption of the resolution and the tentative CONSTITUTION and BYLAWS "without changing one jot or one tittle." The motion carried unanimously and thus the Southern Medical Association was born.

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The work of organizing moved rapidly—a Nominating Committee was appointed, met promptly, and upon making its report, the first officers of the Southern Medical Association were elected and installed on October 3, 1906, at The Read House in Chattanooga, Tenn.

The first annual meeting was held in Birmingham, Ala. September 24-25,1907, with a Scientific Assembly composed of three sections: Medicine, Surgery, and Ophthalmology. At this meeting H.H. Martin M.D., Savannah, Ga., first President of the Association, summarized the general feeling of the members of the Southern Medical Association in regard to their new organization when, in closing his President's Address, he said:

"I wish to express my entire satisfaction with the unqualified success of this, our first annual meeting, and to publicly thank the various Section Officers for the most excellent program furnished for this meeting. I have never seen a better one in any medical association in this country. The Southern Medical Association is tonight an accomplished fact. Its future is in your hands to make of it what you will."

Thus began the growth and development of the Southern Medical Association.

Officers and Governing Bodies of the Southern Medical Association

Just as the individual shares the responsibility of democratic government so the individual member of the Southern Medical Association shares the responsibility of managing its affairs. But a pure democracy is an inefficient and cumbersome form of organization and each of the members does not wish to study and vote on every single detail of the business of the Association. Therefore, provisions have been made whereby grants of power are distributed among officers and governing bodies.

GRANTS OF POWER ...

The membership has adopted a CONSTITUTION and BYLAWS (which it may abolish, change, or amend) which invests power in, and describes the duties of certain bodies and officers of the Association. In addition, the CONSTITUTION and BYLAWS (1) states the purpose of the Association; (2) establishes requirements for and classes of membership; (3) provides for the scope and mechanics of meetings; (4) describes the manner of election, power, and duties of officers; (5) provides for the election or appointment of committees; (6) establishes and defines the administrative machinery; (7) prescribes dues and fiscal procedures and (8) provides for amendments.

OFFICERS...

The officers of the Association fall into two categories-the elected and the appointed officers. A complete outline of the duties of all officers, elected and appointed, is included in the BYLAWS.

THE GOVERNING BODIES ...

THE COUNCIL

Through provisions in the CONSTITUTION and BYLAWS, the membership established the Council as the governing body of the Association, and defined its composition, duties, and powers.

The Council consists of twenty members; three officers and one member representing each of the sixteen states and the District of Columbia which constitute the territory of the Association. Elected by their respective states, Councilors serve for five years and can be eligible for re-election for a second term following a five-year hiatus from ending their first term. The President shall be that person who was elected by the Council as President-Elect the previous year and the Immediate Past President will be that person who served as President during the previous year.

Much of the detail work of the Council is accomplished by efficient use of committees created for specific purposes. Through the Association's President, the Council makes a report of its findings, recommendations, and actions to the membership at the first general session of each annual meeting.

EXECUTIVE COMMITTEE OF THE COUNCIL

The Executive Committee of the Council acts for the Council and the membership between Annual Meetings. This smaller body is composed of the President, President-Elect, Immediate Past President, and President-Elect Designate.

The primary function of the Executive Committee of the Council is to consider all matters of business and report its findings and conclusions to the Council for action. Any matters of such urgency that they should not wait over until the Annual Meeting may be acted upon by the Executive Committee of the Council, however.

GENERAL ADMINISTRATION

By and large, the official governing bodies of the Association are policy-making groups. Decisions, programs, and policies established by the governing bodies are put into effect through (1) the administrative machinery of the Executive Vice-President and his staff at the headquarters office in Birmingham, Alabama, and (2) the Editor, Associate Editors, and the Editorial Board of the *Southern Medical Journal*.

Membership in the Southern Medical Association

Who Can Belong...

The membership of this Association shall be by invitation to physicians who are eligible to be members of the following state medical societies: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia, and the District of Columbia who are sponsored by the respective state Councilor, to invited medical officers of the United States Army, Navy, Air Force, Public Health Service and Veterans Administration on active duty, and to invited members of the Puerto Rico Medical Association who are citizens of the United States of America.

The CONSTITUTION and BYLAWS of the Association provides for active membership as well as for various classes of associate and emeritus membership.

Dues...

The modest dues of the Association, which includes the member's subscription to the SOUTHERN MEDICAL JOURNAL, keeps membership in this scientific organization well within the financial reach of all physicians. Effective January 1, 2006, the annual dues were set at \$265, payable in advance, with membership effective on the date of the application. Life membership is available to members in good standing upon application and the payment of the appropriate fee.

Activities of the Southern Medical Association I. The Annual Meeting

General Information...

The Association's annual meeting is traditionally held each year in one of the cities located within the Association's territory. Dates and sites are subject to review and approval by the Council. All scientific activities, meetings, and exhibits at SMA annual meetings are open to physicians who are eligible for membership in their local and state medical societies whether or not they are members of the Southern Medical Association. Medical and nursing students, interns, residents, and paramedical personnel may also attend.

Generally, the format of an annual meeting consists of two parts—the scientific program and the exhibits both scientific and technical. Specifically, the scientific activities of the annual meeting are divided into scientific sessions and abstract presentations. Specialty sections cooperate to present programs of special interest, special symposia on timely subjects, meetings of conjoint societies, scientific posters, and technical exhibits, all designed for one purpose—to enhance the practice of medicine.

Scientific Sections...

The modern concept of Section work was instituted by the Association at its first annual meeting in Birmingham, Ala., in 1907 when scientific programs were presented in three Sections: Medicine, Surgery, and Ophthalmology. Thus the basic reason for the founding of the Association in 1906 – "to provide a greater opportunity for self-improvement and achievement..."

As specialization developed, the need for a forum for the discussion of problems and progress in these new fields developed also. The Southern Medical Association has been quick to sense these needs related to special interests and has created Sections for their benefit. The Association has often led the way in the recognition of certain specialties by being the first general medical organization to create Sections for these specialties. When interest in, and the need for more than a single session are demonstrated, and the specific needs cannot be incorporated into existing Section programs, a new Section is created for that special need. At the same time, when need for a Section no longer exists or when its work has been absorbed by other Sections, then such Sections are discontinued. This practice of being constantly alert to the needs and wishes of the physicians in the South has produced an ever-changing list of the Association's Sections.

The following list summarizes the Sections created by the Association in chronological order, with any changes from the original listed under the appropriate Section.

ection.	
Year Approved By Council	
1906	Medicine
1906	Surgery
1906	Ophthalmology
1912	changed to Ophthalmology, Rhinology, Otology and Laryngology
1923	changed to Eye, Ear, Nose and Throat
1929	changed to Ophthalmology and Otolaryngology
1963	changed to Ophthalmology
1911	Hygiene and Preventive Medicine
1913	changed to Public Health
1961	changed to Preventive Medicine
1968	discontinued
1912	Ophthalmology, Rhinology, Otology and Laryngology
1923	changed to Eye, Ear, Nose and Throat
1929	changed to Ophthalmology and Otolaryngology
1963	changed to Otolaryngology
1983	changed to Otolaryngology- Head and Neck Surgery
1916	Pediatrics
1983	changed to Pediatrics and Adolescent Medicine
1919	Urology
1919	Orthopedic Surgery
1923	changed to Bone and Joint Surgery
1942	changed to Orthopaedic and Traumatic Surgery
1994	changed to Orthopaedic and Trauma Surgery
1919	Roentgenology
1920	changed to Radiology
1920	Obstetrics
1920	Neurology and Psychiatry
1974	changed to Neurology, Neurosurgery, and Psychiatry
1986	changed to Neurology and Psychiatry; new Section on Neurosurgery formed
1999	changed to Psychiatry and Neurology
1922	Dermatology and Syphilology
1961	changed to Dermatology
1922	Medical Directors of Southern Life Insurance Companies
1923	discontinued
1923	Pathology
1924	Gastro-Enterology
1931	changed to Gastroenterology
1731	changed to distrochterology

ar Approved By Council	
1926	Medical Education
1938	changed to Medical Education and Hospital Training
1954	discontinued
1927	Railway Surgery
1944	discontinued
1927	Gynecology
1937	Anesthesia
1945	changed to Anesthesiology
1938	Allergy
1983	changed to Allergy & Immunology
1938	Proctology
1970	changed to Colon and Rectal Surgery
1941	Physical Therapy
1944	changed to Physical Medicine
1949	changed to Physical Medicine and Rehabilitation
1980	discontinued
1941	General Practice
1973	changed to Family Practice
1944	Industrial Medicine and Surgery
1980	discontinued
1960	Plastic and Reconstructive Surgery
1973	Chest Diseases
1978	Emergency Medicine
1986	Neurosurgery
1987	Oncology
1989	Rheumatology
1992	Occupational Medicin
1998	changed to Occupational & Environmental Medicine
1993	Cardiology
1994	Geriatric Medicine
1995	Medical Management and Administration
1999	Military Medicine

Current Scientific Sections Include:

Section On	
· Allergy & Immunology	·Obstetrics
· Anesthesiology	· Occupational &
· Cardiology	Environmental Medicine
· Chest Diseases	·Oncology
· Colon and Rectal Surgery	·Ophthalmology
·Dermatology	· Orthopaedic and Trauma Surgery
· Emergency Medicine	· Otolaryngology-Head and
· Family Practice	Neck Surgery
·Gastroenterology	· Pathology
· Geriatric Medicine	· Pediatrics and Adolescent Medicine
·Gynecology	· Plastic and Reconstructive Surgery
· Medical Management	· Psychiatry and Neurology
and Administration	· Radiology
· Medicine	·Rheumatology
· Military Medicine	·Surgery
·Neurosurgery	· Urology

Each Section elects its own officers a Chairman, Secretary, and Secretary-Elect, with primary responsibility for program planning resting with the Secretary. Other officers may be elected depending on the needs of the Section. Duties of all officers are outlined in the CONSTITUTION and BYLAWS. The program for the Annual Scientific Assembly is coordinated by the Advisory Committee on Scientific Activities in addition to the Section Secretaries. Every effort is made to see that a well-rounded scientific program is planned. A physician attending a Southern Medical Association meeting may participate in any session where, in his opinion, it will be most beneficial to him. This freedom to choose provides great program flexibility, variety and personal appeal. At the same time this plan enables the Southern Medical Association to reach one of its continuing goals-helping doctors practice better medicine.

EXHIBIT HALL...SCIENTIFIC POSTERS

In addition to the scientific sessions, there is an opportunity for physicians to submit and present scientific posters for display in the Exhibit Hall. Scientific posters were first introduced in 1988, and since then, submissions have continuously increased. Scientific exhibits were discontinued effective as of the 1996 Assembly.

TECHNICAL EXHIBITS

Technical Exhibits offer the busy physician the opportunity to view the latest drugs, medical equipment, and services on the market. These exhibits are carefully screened by Committees and represent the highest standards in quality, originality, and value.

The Social Side...

The annual meeting, while geared primarily for education, also has its moments of relaxation. Thriving on an informal atmosphere—where physicians from every type of practice can meet to exchange ideas—SMA has a widely known reputation for its "Southern Hospitality." Social highlights of the annual meeting include: alumni reunions, President's Reception, activities for the spouses planned by the Southern Medical Association Alliance, and, of course, fellowship with members of the medical profession from all parts of the United States and many foreign countries.

II. Continuing Medical Education/CE Activities

The Southern Medical Association has been serving physicians' needs since its inception as a physician member association in 1906. SMA is committed to enhancing life-long learning for physicians. The SMA Continuing Medical Education (CME) unit is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. At its most recent re-accreditation review, the ACCME awarded SMA the rating of "accreditation with commendation" − the highest rating available to accredited providers. As an accredited provider, SMA's accredited activities allow physicians to participate and obtain AMA Physicians' Recognition Award (PRA) Category 1 Credits™, a requirement of most state's licensure procedures. In 2006, SMA was approved as a provider of continuing education in nursing by the Alabama State Nurses Association (ASNA), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation (ANCC). This additional accredited as expanded the reach of SMA's programming.

CME activities are developed based on needs assessment and are evaluated to determine quality, educational value, and performance improvement with the goal of improved patient health outcomes. Activities are varied in design, format, and distribution methods to meet the interests and needs of physicians and other healthcare professionals. Current formats include the *Southern Medical Journal* (monthly CME articles), live conferences (i.e. annual scientific assemblies, regional conferences, and resident education), distance learning (resident education and physician business administration certificate course) and Internet education (MedEd On-Demand library). MedEd On-Demand offers a large collection of lectures captured from live conferences and repackaged with slides and audio for Internet education. Internet content includes clinical and practice management topics approved for physician and nursing credits.

The Southern Medical Journal... Brief History

During the first years of its history, the Association did not actually own a journal. Various publications were named "official organ of publication" from time to time.

At the annual meeting held in Atlanta, Ga., November 10-12. 1908, arrangements were made for the Medical Report of Shreveport. Shreveport La., to serve as the official organ of publication, with the name to be changed to Journal of the Medical Southern Association. effective January 1909 (Vol. 2. No. 1). Oscar Dowling, M.D., Shreveport, Secretary-Treasurer of the Southern Medical Association, was was discontinued as Editor It Journal of the Southern Medical Association as of December 1909.

The Gulf States Journal of Medicine and Surgery, Mobile, Ala., formerly the Mobile Medical and Surgical Journal, became the Association's official organ of publication in January 1910 (Vol. 16, No. 1). Owners Seale Harris, M.D., and H. A. Moody, M.D., both of Mobile, AL., served as Editors.

The Southern Medical Journal, a publication privately owned by a group of Nashville, TN, physicians began in Nashville, TN, in July 1908 (Vol. 1, No. 1). It was purchased in October or November 1910 by Seale Harris, M.D., as principal owner, with some other physicians having minor financial interest. Thus, the owners of the Gulf States Journal of Medicine and Surgery merged this publication (Vol.17, No.5) with their newly acquired publication, the Southern Medical Journal with the December 1910 issue (Vol. 3, No. 11). Also, beginning with the December 1910 issue, the new *Southern Medical Journal* carried the additional designation of Journal of the Southern Medical Association. Seale Harris, M.D., served as Editor until November 1921, and H. A. Moody, M.D., served as Managing Editor until April 1916.

From December 1910 to May 1916, J. A. Witherspoon, M.D., W. D. Haggard, M.D., William Litterer, M.D., W. A. Bryan, M.D., and M. M. Cullon, M.D., all of Nashville, Tenn., and Oscar Dowling, M.D., were Associate Editors.

From June 1916 to October 1917, M. Y. Dabney, M.D., became Managing Editor and James R. Garber, M.D., Birmingham, Ala., became Associate Editor. From December 1917 to December 1919, Dr. Dabney served as Acting Editor while Dr. Harris was on active military duty. From January 1920 to November 1921, both Dr. Dabney and Dr. Garber were designated Associate Editors.

In November 1921 the Southern Medical Association. with membership of 6,328, purchased the Southern Medical Journal from Dr. Harris and his co-owners and Dr. Dabney was elected Editor. Dr. Harris resigned as Editor at that meeting. Dr. Dabnev served as Editor from December 1921 to December 1954 and his wife, Eugenia B. Dabney, served as Assistant Editor, 1930-1935, and Associate Editor from 1935 until December 1954.

Curtice Rosser, M.D., Dallas, Tex., and Tinsley R. Harrison, M.D., Birmingham, Ala., were Associate Editors from January 1951 to December 1954. Curtice J. Lund, M.D., New Orleans, La., served as an Associate Editor from January 1951 to December 1952. Howard L. Holley, M.D., Birmingham, Ala., served as an Associate Editor from January 1954 to December 1954.

Others who have served as

Assistant Editor are Harris D. Riley Jr., M.D. (1967-1970), Sam E. Stephenson Jr., M.D. (1968-1990), Addison B. Scoville, Jr., M.D. (1976-1989), and J. Leonard Goldner, M.D. (1971-1974).

R. H. Kampmeier, M.D., Nashville, Tenn., became Editor and V. O. Foster, Birmingham, Ala., Managing Editor, effective December 1, 1954. Robert F. Butts, Birmingham, Ala., became Managing Editor, December 1, 1960. Harris D. Riley, Jr., M.D., Oklahoma City, Okla., became Associate Editor of the Journal in January 1971, and assumed the role of Editor in January 1973, upon Dr. Kampmeier's retirement. Dr. Kampmeier retained as Advisory Editor. September 1977, John B. Thomison, Tenn., of Nashville, appointed Editor succeeding Dr. Riley.

Beginning in 1980 William J. Ranieri became Managing Editor of the *Journal*. In July 1992, the Council voted to name Dr. Thomison Editor Emeritus upon his retirement at the end of that year. In January 1993 J. Graham Smith, Jr., M.D., became Editor. In 2000, James H. Leverett became Managing Editor, and Ronald C. Hamdy, M.D., was appointed Editor. In 2002, Ed J. Waldron became Managing Editor, and he appointed CathyGallowaytoserveinthatcapacity.

With sound business and editorial management, the *Journal* has not only grown in size and financial stability, but it has also grown in scientific stature and influence. Its cumulative contribution to the medical literature parallels and mirrors the growth and scientific development of medicine in the South.

The Journal Today

Throughout its entire life, the SouthernMedicalJournalhasadhered to its main objective announced in the first issue: to help doctors practice better medicine by bringing

to them high quality, original articles by leading medical researchers and specialists and general information of concern to the medical profession.

The Southern Medical Journal articles span the spectrum of medical topics, providing timely, up-to-theminute information for primary care physicians and specialists alike. Contributors include leaders in the health care field from across the country and around the world. Subscribers are found around the world - throughout North America, in Australia, and in numerous European, South American, Asian, and African nations - because doctors everywhere need practical medical information. The SMJ enables physicians to provide the best possible care to patients in this age of rapidly changing modern medicine.

The Editor-in-Chief Ronald C. Hamdy, MD, is Professor of Internal Medicine and holder of the Cecile Cox Quillen Chair of Excellence in Geriatric Medicine and Gerontology and is Director of the Osteoporosis Center at East Tennessee State University in Johnson City, Tennessee. Dr. Hamdy is also a past president of the Southern Medical Association. An editorial production staff in Johnson City assists the editor and publishing is handled by Lippincott Williams & Wilkins with business offices in Philadelphia, Pa. The office of the Managing Editor of the SMI is in the headquarters of the SMA in Birmingham, Ala. Assisting the Editor-in-Chief with editorial review are Associate Editors, Editorial Board, Scientific Advisory Committee, and the CME Advisory Board.

Each monthly issue of the *SMJ* includes original and review articles, CME articles, case reports, special sections, and editorials. Additional features include the Patient's Page, Medical Webwatch, and Rapid Response. New technology has

provided opportunities to distribute the Table of Contents (eTOC) via email and offer quick summaries of the articles through monthly podcasts.

The Southern Medical Bulletin...

When the Association was only three years old-at the New Orleans Meeting. November 9-11, 1909the Council recommended the publication of a quarterly bulletin. On November 1, 1912, the Southern Medical Bulletin, Volume 1, Number 1. was issued. It included the program for the forthcoming Annual Meeting and other information about the Association The Council approved this bulletin, authorized its continuance. and the Southern Medical Rulletin has been published quarterly since 1912.

At the Miami Beach Meeting in 1957 a proposal to expand the quarterly Southern Medical Bulletin to a monthly publication was reviewed and approved by the Council. The first step of the proposed expansion was taken when the new format of the Southern Medical Bulletin was introduced with the March 1961 issue with R. H. Kampmeier. M.D., Editor. The Bulletin was overwhelmingly accepted by the Southern physicians.

The purpose of the *Bulletin* was to provide interesting and upto-date scientific and non-scientific information for virtually all of the practicing physicians in the Association's membership territory and to stimulate interest in the Association and its various activities.

Each issue was designed to be of reference value, covering various subjects of interest such as current VD problems, cancer, rehabilitation, alcoholism and habituating drugs, family planning, roadside injuries, and the impact of the federal government upon medical care. From 1912 through 1968 the September issue of the

Bulletin contained the preliminary program for the Annual Meeting. The second step in expanding the Bulletin came in 1969 when all four of the quarterly issues followed the basic format, but with increased size, and the preliminary program for the Annual Meeting was published separately. During 1970 the Bulletin increased to six issues, one every other month.

Southern Medicine

In January 1972, the name of the Southern Medical Bulletin was changed to Southern Medicine.

Southern Medicine provided important information concerning SMA's educational programs and services for its members, as well as up-to-date information on the benefits and other services offered through the Association.

After a great deal of thought and intensive costs analysis, it was decided on February 11, 1978 to terminate publication of *Southern Medicine* in its existing form.

Chart Notes

Winter 2000. Southern Medicine and Southern Medical Bulletin was replaced with SMA Chart Notes. SMA Chart Notes consists of updates regarding the Association, Leadership. and Membership, Practice Management news and additional timely information. SMA Chart Notes is considered a member benefit for all dues paying members of Southern Medical Association and is published quarterly.

e-Newsletter

In 2005, the SMA Chart Notes was replaced with a monthly e-newsletter SMAtips.

IV. Research Project Fund

Members of the Committee on Grants and Loans observed that funds for initiating small research projects were not readily available in most medical centers or training areas. Therefore, at the Annual Meeting, November 1969, the Council established the SMA Research Project Fund. This Fund originally consisted of \$6,000 annually, from which grants could be made to those participating in investigative projects. Due to the large number of applications received for grants from this Fund during the first year of operation, the Committee on Grants and Loans recommended to the Council at the Dallas Meeting, November 1970, that the amount of grants be increased to \$20,000 annually (July 1-June 30). This Fund is under the direction of the Committee on Grants and Loans.

At the New Orleans Meeting in November 1976, the Committee on Grants and Loans recommended that the amount for grants be increased to \$40,000 annually. In 1982 the Committee on Grants and Loans approved a grant increase in the amount of \$20,000, making the total amount available \$60,000.

In November, 1988 the Council of the SMA voted to increase the combined amount available for Research Grants and Residency Training Loans to \$150,000 from the previous amount of \$100,000. This would become effective July 1, 1989.

Dr. Browder reported that at the April 29, 2000, Council meeting, it was voted to spend the estimated earnings from the Endowment Fund for the coming year. The estimated earnings were established at \$40,000 of which \$35,000 will be allocated for scholarship for the coming (2000-2001) school year and \$5,000 will be allocated to Grants. The Resident Training Loan program was placed on hold in June, 2000.

RULES FOR GOVERNING THE RESEARCH FUND...

(1) Amount Available...

- (a) the headquarters office shall be responsible for notifying the Deans at the medical schools and their affiliated hospitals located in SMA's territory that limited funds are available for those participating in investigative projects.
- (b) Money in the Research Project Fund will be available primarily to physicians in house staff training (Graduate Medical Education) and Medical Students located at medical schools, medical centers, osteopathic schools and their affiliated hospitals rather than to established faculty investigators.
- (c) The maximum grant available from this Fund, per school year, shall be \$2,500. A maximum of two grants may be awarded per medical school or medical center depending upon availability of funds.
- (2) Purpose...
 - (a) A grant from this Fund shall be primarily for the purpose of starting a new project, or for the continuation of a relatively new project.

SMA: Southern Medical Association

(b) A grant from this Fund shall be used primarily for the purchase of expendable items (which includes the purchase and maintenance of animals) and may not be used for the purchase of computers or computer training. NO TRAVEL EXPENSES WILL BE FUNDED. Funds must be used as applied for or they revert back to SMA. Under no circumstances will funds be transferred outside of SMA's territorial boundaries.

(3) Application...

(a) Official application forms may be secured by writing the Chief Financial Officer, Southern Medical Association, 35 W. Lakeshore Drive, P. O. Box 190088, Birmingham, Alabama 35219-0088 or by going to the website www.sma.org. Deadline for receiving completed applications is April 1.

(4) If Approved...

When a grant is awarded, the Southern Medical Association shall issue a check jointly to the applicant and the institution with which the applicant is associated. The check shall be mailed to the applicant.

(5) Requirements...

Faculty/Clinical Adviser is required to: Submit a letter outlining potential clinical applications of the project. Recipients of grants from this Fund shall be requested to:

- (a) Apply for membership in Southern Medical Association (Free to medical students and residents).
- (b) Recipient and Faculty/Clinical Adviser are required to send Southern Medical Association a summary of the results of the research project upon its completion. Failure to do so will jeopardize future research funding.

(c) Should this Research Project Grant result in publication SMA requires a reprint.

V. Medical Student Scholarship Fund

Recognizing the need for providing assistance to third-year medical students, particularly those of superior abilities, the Council established the Southern Medical Association Medical Student Scholarship Fund at the Atlanta Meeting, November 1969. This fund now provides \$1,000 of scholarship per medical school located within the territory of the Southern Medical Association and is under the direction of the Advisory Committee on Grants, Loans and Scholarships.

Rules Governing the Medical Student Scholarship Fund...

- (1) Amount Available. . .
 - (a) The headquarters office shall be responsible for notifying the Deans of medical and osteopathic schools located in SMA's territory that limited funds are available for scholarships for third-year medical students.
 - (b) The maximum scholarship available from this Fund, per school year, shall be \$1,000. The \$1,000 may be allocated among one or more deserving students at the discretion of the Dean and has historically been distributed to either one or two students.
- (2) Purpose...

A scholarship from this Fund shall be for the purpose of giving aid in providing tuition to third-year students of superior ability who are in need of scholarship funds.

(3) Application...

- (a) Application for a scholarship from this Fund must be made by the Dean on behalf of his students, by writing to the Chairman, Advisory Committee on Grants, Loans and Scholarships, c/o Director, Operations, Southern Medical Association, 35 W. Lakeshore Drive, P.O. Box 190088, Birmingham, Alabama 35219-0088.
- (b) The letter should give:
- (1) full name and mailing address of the student;
- (2) explanation of student's need;
- (3) deserving qualities of the student for a scholarship.
- (4) If Approved...

When a scholarship is awarded the headquarters office shall notify the Dean, and shall issue a check jointly to the applicant and the school. The check will be mailed directly to the councilor in the state who will sign the cover letter and forward to the Dean of the Medical School.

VI. Southern Medical Research and Education Endowment Fund

In 1986 SMA established an Educational Endowment Fund to provide funding for scholarships, research projects and other programs supporting the educational purposes of the Association. In December 1987, SMA launched a Planned Giving Program incorporating the existing Endowment Fund with several other options for charitable giving. Donors may target gifts for scholarships, lectureships or special educational programs through gifts from various means including bequests, insurance, real estate, or securities. With any gift, donors may establish memorials for deceased loved ones recognition for a colleague.

Purposes of the Fund are to provide an investment in the future of medical and health care delivery; to stimulate interest in conducting research; to provide financial aid to deserving medical students: initiate a professional career development relationship with SMA; and to recognize or memorialize donors and their designees.

A formal recognition program for contributors to the Research and Education Endowment Fund is as follows:

President's Circle- \$1,000

Contribution

- Name in Southern Medical Journal
- Annual Meeting Ribbon

Benefactor- \$250-\$999

Contribution

- Name in Southern Medical Journal
- Annual Meeting Ribbon

Patron- \$50 - \$249 Contribution

- Name in Southern Medical Journal
- Annual Meeting Ribbon

The Society of 1906

The establishment of "The Society of 1906" was approved in 1990 in Nashville. The Society recognizes major contributors to the Fund. SMA physicians may become members of "The Society of 1906" by contributing \$5000 to the fund over a five year period or by making a \$20,000 bequest. Recognition and benefits of "The Society of 1906" include:

- "Society of 1906" medallion
- "Society of 1906" tie and Annual Meeting Ribbon
- name on the "Hall of Fame" at Annual Meeting

Annual Black-Tie Reception

The twenty-seven Charter Members of The Society of 1906 were honored at the SMA's 85th Annual Scientific Assembly in Atlanta in November of 1991. Charter Members attended the first annual black-tie reception and were given a beautiful medallion representing their commitment to the goals of SMA's Research and Education Endowment Fund.

Donations to the Southern Medical Research and Education Endowment Fund may be sent or inquiries directed to Southern Medical Association Research and Education Endowment Fund. From time to time the Southern Medical Association has created awards so that the Association may honor worthy members. Presently there are three official awards of the Association; the Distinguished Service Award; the Seale Harris Award; and the Original Research Award. Nomination and application forms, which may be obtained from the headquarters office, must be received at the headquarters office by April.

All nominations and applications are considered by the Committee on Special Awards. This confidential Committee, consisting of five members with the President-Elect as Chairman, is appointed by the Presidentto evaluate the contributions of the various candidates for special awards. The presentation of awards takes place at the first general session of the Annual Meeting.

The Research Medal...

During the 1912 Annual Meeting in Jacksonville, Fla., the Association established the Research Medal which could be awarded from time to time to a member of the Association for meritorious and original research work provided the member had made contributions to medical science of sufficient importance to merit this distinction.

In 1961 both the Research Medal and the Original Research Award existed. Then in 1962 the Research Medal as established in 1912 was discontinued in favor of the Dr. Robert D. and Alma Moreton Original Research Award. Recipients of the Research Medal 1912– Jacksonville Meeting—C. C. Bass,

M.D., New Orleans, La., "for his epoch-making achievement in the study of malaria, namely: the cultivation of the malaria

- parasites in artificial media."

 1916– Atlanta Meeting– J. Shelton
 Horsley, M.D., Richmond, Va.,
 "in recognition of his original
 contributions and studies in the
 domain of vascular surgery."
- 1921- Hot Springs Meeting- Kenneth M. Lynch M.D., Dallas, Tex., "for his original and meritorious investigations in the parasitology of tropical diseases."
- 1932-Birmingham Meeting- Evarts
 A. Graham M.D., St. Louis,
 Mo., "for his outstanding
 research work, especially on
 the diagnosis and pathology of
 inflammatory diseases of the
 gallbladder and liver."
- 1933-Richmond Meeting- William de B. MacNider M.D., Chapel Hill, N.C., "for original and meritoriousresearch, especially in the field of experimental nephritis."
- 1937-NewOrleansMeeting-ErnestW. Goodpasture, M.D., Nashville, Tenn., "for his outstanding achievements through his research on the cultivation and the nature of viruses."
- 1940-Louisville Meeting- Alfred Blalock, M.D. Nashville, Tenn., "in recognition of his distinguished contributions to knowledge of the circulation, especially in relation to shock."
- 1942-Richmond Meeting- Perrin H. Long, M.D., Baltimore, Md., "in recognition of his outstanding contributions to the knowledge of bacteriology and chemotherapy."
- 1943-Cincinnati Meeting- Tom Douglas Spies, M.D., Birmingham, Ala., "in re-cognition of his outstanding contributions

to our know-ledge of the science of human nutrition, especially in his elucidation of the earlier and better methods of diagnosis and treatment of disease."

1945-Cincinnati Meeting-Tinsley R. Harrison, M.D. Dallas, Tex., "In recognition of his outstanding contributions toward the elucidation of structural and functional aspects cardiovascular disease particularly of practical problems arising from failure of the circulation."

1946-Miami Meeting- William H. Sebrell, Jr., M.D. Bethesda, Md., "in recognition of his important contributions to the understanding of nutrition and its relation to public health."

1947–Baltimore Meeting– George E. Burch, M.D. New Orleans, La., "in recognition of his important investigations in the clinical physiology of the circulation and of his valuable contributions of the understanding of cardiovascular disorders."

1949– Cincinnati Meeting– Seale Harris, M.D., Birmingham, Ala., "in recognition for his original and pioneer description of hyperinsulinism, for continued and meritorious achievements in the fields of nutrition and metabolism and especially his investigations of diabetes mellitus and his contributions to its treatment."

1950–St. Louis Meeting– Guy L. Hunner, M.D., Baltimore, Md., "for clarifying the relationship of focal infections as disease producers in the genitourinary tract, and especially for his constructive work on the diagnosis and treatment of the medical and surgical diseases

of the urinary tract."

1954–St. Louis Meeting– Robert E. Stone, M.D., Birmingham, Ala., "in appreciation of his outstanding professional attainments and original research of benefit to mankind in the recognition and treatment of nutritional disorders and diseases of metabolism."

1957–Miami Beach Meeting– Joseph H. Hill, M.D., Dallas, Tex., "in recognition of his many contributions in the field of hematology, particularly in his original mass production method of desiccating human plasma and application in the therapy of shock, in his additions to the knowledge concerning the Rh factor, and in his current studies on leukemia."

1960–St. Louis Meeting– Leslie V. Rush, M.D., Meridian, Miss., "for research resulting in the development of the Rush pin, an intramedullary steel pin for internal fixation of fractures."

`**..........**

1961- Dallas Meeting- May Owen, M.D., Fort Worth, Tex., "for research in determining that glove powder was the cause of foreign-body granuloma on the serosal surface of the intestines in abdominal surgery."

The Dr. Robert D. and Alma Moreton Original Research Award...

At the Dallas Meeting in 1961, the Association established the Original Research Award consisting of a medal and cash prize, which may be awarded annually in recognition of original research in clinical medicine or the basic sciences as applied to medicine. Nominations for this award may be made by submitting an essay, curriculum vitae, and a

photograph to the headquarters office by April 1.

Any member of the Association is eligible to receive this award and nominations may be made by any member of the Association. The Committee on Special Awards evaluates all essays submitted, and the recipient is notified and receives the Award at the first general session of an Annual Meeting.

Recipients of the Dr. Robert D. & Alma W. Moreton Original Research Award

- 1968-New Orleans Meeting- Donald E. McCollum, M.D., Durham, N.C., Robert S. Matthews, M.D., Greenville, S.C., and Michael T. O'Neill, M.D., Durham, N.C., for their essay "Aseptic Necrosis of the Femoral Head: Associated Diseases and Evaluation of Treatment."
- 1973-San Antonio Meeting- Gilbert H. Fletcher M.D., Houston, Tex., for his work in building the first practical head for the housing of cobalt in the giving of external radiation.

- 1974- Atlanta Meeting- John W. Kirklin, M.D., Birmingham, Ala.
- 1975-Miami Beach Meeting-Cornelia P. Channing, Ph.D., Baltimore, Md.
- 1978-Atlanta Meeting-Bruce Schoenberg, M.D., Bethesda, Md.
- 1980-San Antonio Meeting- George W. Molnar, Ph.D., Little Rock, Ark.
- 1981-New Orleans Meeting- John Barry McCraw, M.D., Norfolk, Va.
- 1983-Baltimore Meeting-Howard W. Jones, M.D. and Georgeanna Seegar Jones, M.D., Norfolk, Va.
- 1986-Atlanta Meeting- Franz H. Messerli, M.D. New Orleans, La.
- 1989–Washington, D.C. Meeting– David W. Bilheimer, M.D.,

- Dallas, Tx.
- 1990- Nashville Meeting- James A. Roberts, M.D., Covington, La.
- 1992-San Antonio Meeting- Joseph G. Sinkovics M.D., Tampa, Fl.
- 1993- New Orleans Meeting- John J. Costanzi, M.D., Austin, Tx.
- 1994-Orlando Meeting- Paul C. Gillette, M.D., Charleston, SC
- 1995-Kansas City Meeting- R. Neal Garrison, M.D., Louisville, KY
- 1996-Baltimore Meeting-Richard W. McCallum, M.D., Kansas City, KS
- 1997- Charlotte Meeting Eugene A. Woltering, M.D., New Orleans, LA
- 1998- New Orleans Meeting -Steven D. Wexner, M.D., Ft. Lauderdale, FL
- 1999- No award given
- 2000-Orlando Meeting Mark Abel, M.D., Charlottesville, VA
- 2001- No award given
- 2002- No award given
- 2003-No award given
- 2004- New Orleans Meeting -Richard DeShazo, M.D., Jackson, MS
- 2005-San Antonio Meeting-Dr. Razelle Kurzrock of Belleaire, Texas

The Distinguished Service Award...

At the Houston Meeting in 1955 the Association created the Distinguished Award, which may be awarded annually to any member of the Association in recognition of outstanding contributions to the advancement of medical science and/ or the Association. Any member of the Association is eligible to receive this award and nominations may be made by any member of the Association. Deadline for receiving nominations is April 1. The Committee on Special Awards evaluates all nominations and the recipient is notified and receives the Award at the first general session of an Annual Meeting.

Recipients of the Distinguished Service Award

- 1956-Washington Meeting- Curtice Rosser, M.D., Dallas, Tex.
- 1957 Miami Beach Meeting Kenneth M. Lynch, M.D., Charleston, S.C.
- 1958-New Orleans Meeting- T. W. Moore, M.D., Huntington, W.Va.
- 1959– Atlanta Meeting– R. L. Sanders, M.D., Memphis, TN
- 1960–St. Louis Meeting– Everett S. Lain, M.D., Oklahoma City, OK
- 1961- Dallas Meeting- George E. Burch, M.D., New Orleans, LA
- 1962-Miami Beach Meeting- Wilburt C. Davison M.D., Durham, N.C.
- I 963-New Orleans Meeting- Fount Richardson M.D., Fayetteville, Ark. (posthumously)
- 1964-Memphis Meeting- Hollis E. Johnson, M.D., Nashville, Tenn.
- 1965-Houston Meeting- Milford 0. Rouse, M.D., Dallas, Tex.
- 1967- Miami Beach Meeting-Robert D. Moreton, M.D., Houston, Tex.
- 1968-New Orleans Meeting- M.
 Pinson Neal, Sr., M.D.,
 Columbia, Mo.
- 1969-Atlanta Meeting- R. H. Kampmeier, M.D., Nashville, TN
- 1970-Dallas Meeting- Joe T. Nelson, M.D. Weatherford, Tex.
- 1971 Miami Beach Meeting– Seymour F. Ochsner, M.D., New Orleans, La.
- 1972- New Orleans Meeting-Charles M. Caravati, M.D., Richmond, VA
- 1973-San Antonio Meeting- Edgar Hull M.D., Pascagoula, Miss.
- 1974- Atlanta Meeting-Woodard D. Beacham M.D., New Orleans, LA
- 1975 Miami Beach Meeting George H. Yeager M.D., Baltimore, Md.
- 1976- New Orleans Meeting-J. Garber Galbraith, M.D., Birmingham,

- Ala.
- 1977 Dallas Meeting Harris D. Riley, Jr., M.D., Oklahoma City, Okla.
- 1978– Atlanta Meeting– N. C. Hightower, Jr., M.D., Temple, TX
- 1979-Las Vegas Meeting- Margaret S. Klapper, M.D., Birmingham, AL
- 1980-SanAntonioMeeting-HowardL. Holley, M.D., Birmingham, Ala.
- 1981- New Orleans Meeting- Walter C. Jones, M.D., Coral Gables, FL
- 1982-Atlanta Meeting- George M. Haik, M.D., New Orleans, La.
- 1983- Baltimore Meeting- Phillip W. Voltz, Jr., M.D., San Antonio, Tex.
- 1984- New Orleans Meeting- H. William Scott, Jr., M.D., Nashville, Tenn.
- 1985- Orlando Meeting- James C. (J.C.) Tanner, Jr., M.D., Atlanta, GA.
- 1986- Atlanta Meeting- John Adriani, M.D., New Orleans, La.

- 1987- San Antonio Meeting- John B. Thomison, M.D., Nashville, Tenn.
- 1988- New Orleans Meeting- Albert C. Esposito, M.D., Huntington, W.V.
- 1989- Washington, D.C. Meeting-Hiram C. Polk, Jr, M.D., Louisville, Ky.
- 1990- Nashville Meeting- Lenox D. Baker, M.D., Durham, N.C.
- 1991- Atlanta Meeting- G. Thomas Jansen, M.D., Little Rock, Ark.
- 1992 San Antonio Meeting Charles E. Horton, M.D., Norfolk, Va.
- 1993- New Orleans Meeting- Edward T. Krementz, M.D., New Orleans, La.
- 1994-Orlando Meeting- M. Pinson Neal, Jr., M.D., Richmond, VA
- 1995 Kansas City Meeting J. Leonard Goldner, M.D., Durham, NC
- 1996-Baltimore Meeting-Thomas B.

Dameron, Jr., M.D., Raleigh, NC 1997-Charlotte Meeting - James E. Davis, M.D., Durham, NC

1998-New Orleans Meeting - C. Thorpe Ray, M.D., New Orleans, LA

1999-Dallas Meeting- H. Mac Vandiviere, M.D., Lancaster, KY

2000-Orlando Meeting- Robert E. Pickard, M.D., South Miami, FL

2001-Nashville Meeting- Jack C. Hughston, M.D., Columbus, GA

2002 - Washington Meeting - George S. Ellis, Sr., M.D., New Orleans, LA

2003- Atlanta Meeting -J. Patrick O'Leary, M.D., New Orleans, LA

2004- New Orleans Meeting - J. Lee Dockery, M.D., Gainesville, FL

2005- San Antonio Meeting -J. Graham Smith, M.D.,

J. Graham Smith, M.D., Mobile, AL

2006- Charlotte, NC Meeting-John B. Lynch, M.D., Nashville, TN

2007- New Orleans, LA Meeting-James C. Water, M.D. , Laurel, MS

Seale Harris Award...

Established at the New Orleans Meeting in 1958, this award is presented annually to any member of the Association in recognition for important research accomplishment in the broad field of metabolism, endocrinology, nutrition, or research which contributes to better understanding of the chemical changes occurring in disease. Any member of the Association is eligible to receive this award and nominations may be made by any member of the Association. Deadline for receiving nominations is April 1. After nominations are evaluated by the Committee Special on Awards, the recipient is notified and receives the award at the first general session of an Annual Meeting.

Recipients of the Seale Harris Award

1959– Atlanta Meeting– Tom Douglas Spies, M.D., Birmingham, Ala., "for his contributions and accomplishments in the field of nutrition."

1960-St. Louis Meeting- Nicholas C. Hightower, Jr. M.D., Temple, Tex., "for his investigations and achievements in the field of metabolic diseases and gastroenterology."

1961 - Dallas Meeting-Henry Turner, M.D., Oklahoma City, Okla. "for his distinguished meritorious work and glandular disorders in the which he has human, to contributed internationally, and for which he is so widely accepted as an authority."

1962-Miami Beach Meeting-L. Howard Holley M.D., Birmingham, Ala., "for his investigations on the synovial fluid in normal subjects and in patients with rheumatoid arthritis and for more recent studies on the chemical nature of hyaluronic acid."

1963-New Orleans Meeting- Joe M. Blumberg, M.D., Washington, D.C., "for his investigations and achievements in pathology and research and for his contributions to medicine which have been recognized and accepted allover the world."

1967-Miami Beach Meeting- Julian M. Ruflin, M.D., Durham, N.C., "for his original investigative work centering about the malabsorption state. elucidation of the etiology of Whipple's disease and its management, and the nature of duodenal ulcer pain." (Note: actual presentation of this award was at the 1968 Meeting

- in New Orleans).
- 1970-Dallas Meeting-Grace Goldsmith, M.D., New Orleans. La "for her investigations and research in the fields of metabolism and nutrition '
- 1972-New Orleans Meeting- John T. Galambos, M.D., Atlanta, Ga., "for his research and contributions to the field of gastroenterology."
- 1973-San Antonio Meeting-Stanley I. Dudrick, M.D., Houston, Tex., "for his work in intravenous alimentation '
- 1974- Atlanta Meeting- H. Harlan Stone, M.D., Atlanta Ga.; Robert S. Nelson, M.D., Houston, Tex.
- 1975- Miami Beach Meeting- W. Dean Warren, M.D., Atlanta, Ga.
- 1976- New Orleans Meeting- John S. Fordtran, M.D., Dallas, Tex.
- 1980-San Antonio Meeting- Elliot Weser, M.D., San Antonio, Tex.
- 1981- New Orleans Meeting-Constance Pittman. M.D. Birmingham, Ala
- 1982- Atlanta Meeting-Hiram C. Polk, M.D., Louisville, Kv.
- 1983-Baltimore Meeting- Addison B. Scoville, Jr., M.D., Nashville, Tenn.
- 1984- New Orleans Meeting- Edward Copeland, III. M.D., Gainesville, Fla.
- 1986-Atlanta Meeting- James M. Moss, M.D., Alexandria, Va.
- 1987 San Antonio Meeting I. Claude Bennett, M.D., Birmingham, Ala.
- 1988- New Orleans Meeting-Albert L. Hyman, M.D., New Orleans, La.
- 1990-Nashville Meeting- Paul G. McDonough M.D., Augusta, Ga.
- 1991- Atlanta Meeting- Vardaman M. Buckalew, Jr., M.D., Winston-Salem, N.C.
- 1992-San Antonio Meeting- Basil Hirschowitz. M.D., Birmingham, AL
- 1993-New Orleans Meeting-Buris R.

- Boshell, M.D., Birmingham, AL 1994-Orlando Meeting- James A. Pittman, Ir., M.D., Birmingham, AI
- 1995-Kansas City Meeting-Antonio M. Gotto, Ir., M.D., Houston, TX
- 1996-Baltimore Meeting-David A. Clark, M.D., New Orleans, LA
- 1997-Charlotte Meeting Samuel M.D., Mobile, AL Eichold.
- 1998-New Orleans Meeting Alan L. Buchman, M.D., M.S.P.H., Houston TX
- 1999- No award given this year
- 2000- No award given this year
- 2001- No award given this year
- 2002-Washington. DC Meeting-David S. H. Bell. M.D. Birmingham, AL
- 2003- Atlanta Meeting Aaron I. Vinik. MD, PhD Norfolk, VA
- 2004- New Orleans Meeting James W. Anderson, MD Lexington, KY

The Scientific Exhibit and Poster Awards...

Scientific exhibits became an official part of the annual meeting at the Louisville Meeting in 1920. The Council established a Committee on Scientific Exhibit Awards, and Certificates were given for: Best Exhibit by an Individual Physician; Best Exhibit by a Medical School; Best General Exhibit. In 1924, the Council voted to change the award designation to: First Award; Second Award; Third Award; and, Honorable Mention Award(s) at the discretion of the Committee. In 1984, six place awards were offered and the Honorable Mention was changed to Certificate of Merit. In 1988, poster presentations were included as part of the scientific portion of the annual meeting. The Committee on Scientific

Exhibits, Posters and Awards is a subcommittee of the Advisory Committee on Scientific Activities.

The following standards are used

by the Committee in making the scientific exhibit awards: originality, practicability, applicability to practice of medicine, quality, teaching, value, quantity and personal demonstration.

A plaque, certificate and ribbon are awarded for first place, and certificates and ribbons are awarded for second through sixth places. Certificates of Merit are awarded for those exhibits warranting such recognition. Recognition certificates are given to all participating scientific exhibitors and poster presenters. Scientific Exhibits were discontinued as ot the 1996 Annual Assembly.

The Technical Exhibit Award...

At a meeting of the Executive Committee of the Council held in Atlanta, Ga., March 31, 1973, the C. P. Loranz Award for the outstanding Technical Exhibit was established. Recipients of this award are: 1973–San Antonio Meeting– Roche Laboratories, "Heart Sounds."

1974- Atlanta Meeting- Roche Laboratories

- 1975-Miami Beach Meeting- Eli Lilly & Company
- 1976-New Orleans Meeting- Merck, Sharp & Dohme
- 1977-Dallas Meeting- Roche Laboratories
- 1978-Atlanta Meeting- Schering Laboratories
- 1979-Las Vegas Meeting- Wyeth Laboratories
- 1981- New Orleans Meeting- Wyeth Laboratories
- 1982-Atlanta Meeting- Pfizer Laboratories
- 1983-Baltimore Meeting-Roche Laboratories
- 1984-New Orleans Meeting- Schering Laboratories
- 1985-Orlando Meeting- Roche Laboratories
- 1986-Atlanta Meeting- The Upjohn Company

- 1987– San Antonio Meeting– Mead Johnson Pharmaceuticals
- 1988-New Orleans Meeting- Parke-Davis
 - 1989- Washington, D.C. Meeting-Roerig Division, Pfizer Pharmaceuticals
 - 1990- Nashville Meeting- Mead Johnson Pharmaceuticals
 - 1991- Atlanta Meeting- Sandoz Pharmaceuticals Corporation
 - 1992-San Antonio Meeting- Wyeth-Ayerst Laboratories
 - 1993-New Orleans Meeting- U.S. Pharmaceuticals Group: Pfizer Labs, Pratt Pharmaceuticals, and Roerig.
 - 1994- Orlando Meeting- Wyeth-Ayerst Laboratories
 - 1995-Kansas City Meeting- Hoechst Roussel Pharmaceuticals, Inc.
 - 1996–Baltimore Meeting–Wyeth-Ayerst Laboratories
 - 1997- Novartis Pharmaceuticals
 - 1998- Eli Lilly and Company
- 1999- Pfizer Pharmaceuticals 2000- Aventis Pharmaceuticals

Technical Exhibits awards were discontinued after 2000.

29

VIII. Southern Medical Association Alliance

During the Southern Medical Association Annual Meeting in Washington, D.C., November, 1923, Mrs. Seale Harris of Birmingham, Alabama, was chosen to organize an Auxiliary for this group. The proposed Auxiliary was organized the following year during the SMA Annual Meeting in New Orleans, Louisiana. There were 88 charter members from 16 states and the District of Columbia.

In 2004 at the Annual Meeting in New Orleans, Louisiana the decision was made to change the name from Auxiliary to Alliance.

Spouses of members of the Southern Medical Association are automatically members of the SMA Alliance and there are no membership dues. Membership is limited to spouses of physicians who are members of SMA and widows/widowers of deceased members who were in good standing at the time of death.

Through the year, the SMA Alliance participates in several interesting projects, including the promotion of Doctors' Day, the encouragement of participation in Medical Heritage (Research and Romance) projects, Health Education Awareness, and Membership. In addition, the Alliance assists in fund raising for the SMA Research & Education Endowment Fund.

The Alliance also maintains a close relationship the state medical alliances in each of its member states aids promotion of membership in the

The Southern Medical Association Alliance has made an organized effort to develop meaningful programs for the spouses of SMA members and to support SMA in pursuit of its mission and goals.

To improve communications, the SMA Alliance publishes a newsletter entitled SOUTHERN CONNECTION. This newsletter serves as a vehicle for presenting information, programs, and services available to Alliance members from the Southern Medical Association. It also helps to inform Alliance members around the region of activities of interest underway for various Alliance members.

The Southern Medical Association Alliance continues to grow in strength and in dedication, always striving to build a stronger and more effective organization

Headquarters Office and Staff of the Southern Medical Association

Prior to 1910, physicians elected to the office of Secretary, Treasurer, or Secretary and Treasurer maintained Association records. In that year, Seale Harris, M.D., of Mobile, Alabama, was elected Secretary and Treasurer. He maintained the Association offices in Mobile until July 1915, when he relocated to Birmingham, Alabama, and moved the Association's offices to the Empire Building. Dr. Harris served as Secretary and Treasurer, as well as Editor, until his retirement in 1921. While Dr. Harris was on active military duty from November 1917 until November 1919, James R. Garber, M.D., was Acting Secretary.

Upon Dr. Harris' retirement, Mr. C. P. Loranz of Birmingham was named Secretary-Treasurer Business Manager, a position he held until November 1928. He had worked for Dr. Harris as Business Manager of Southern Medical Journal, which was then privately owned by Dr. Harris. Mr. Loranz was designated Assistant Treasurer of the Association in November 1914 and Business Manager in November 1916. His title was changed to Secretary, Treasurer, and General Manager in November 1928, and, under the all-inclusive title of Secretary-Manager, he served until December 1, 1954.

On that date, Mr. V.O. Foster of Birmingham took over the executive duties of the Association with the new title of Executive Secretary and Treasurer, with a five-year contract. However, the Council, wishing to continue using the vast experiences of Mr. Loranz after his retirement, voted to retain Mr. Loranz as Advisor and Professional Relations Counselor

for a period of three years. This arrangement was renewed for a second three-year period ending December 1, 1957. Mr. Butts, who had served as Assistant to the Secretary-Manager, 1948-1950, and Assistant Secretary-Manager, 1950-1954, was elected Business Manager with a five-year contract beginning December 1, 1954.

In September 1959 Mr. Foster became ill before fulfilling his contract. Mr. Butts was asked to serve as Acting Executive Secretary and Treasurer until further notice in addition to continuing as Business Manager.

At the Dallas Meeting, November 1961, Mr. Butts was given the title of Executive Director, which would include his present titles of Executive Secretary and Treasurer, Business Manager, and Managing Editor.

Following a Constitutional change in November 1977, Mr. Butts assumed the title of Executive Vice-President. The Bylaws were changed during the New Orleans Meeting in November 1976 to reflect this change.

Mr. Butts retired from his position as Executive Vice-President on July 1, 1980, but remained as a Consultant until December 1981.

Mr. William J. Ranieri was appointed the New Executive Officer in August 1980.

In March 2000 Mr. James H. Leverett was appointed the new Executive Officer.

In July 2002 Mr. Edward J. Waldron was appointed as Interim Executive Vice President and in May, 2003 as Executive Vice-President.

In 1984 SMA Services, Inc. was organized as a wholly owned subsidiary, and Mr. Ranieri was appointed as its President and Chief Executive Officer.

Mr. James H. Leverett was appointed as its President and Chief Executive Officer in March 2000.

Mr. Edward J. Waldron was appointed as its President in May, 2003.

THE HEADQUARTERS OFFICE

The Association's offices were in the Van Antwerp Building, Mobile Ala., from November 1910 until July 1915 and in the Empire Building in Birmingham from July 15, 1915 until 1958.

Ground-breaking ceremonies for one of the country's most modern association buildings were held on August 4, 1957. The split-level structure of masonry and glass, located at 2601 Highland Avenue, Birmingham, completed at a cost of \$250,000 was dedicated September 7, 1958.

The headquarters office contained 6,854 square feet of space and was situated on a lot of nearly one and one-half acres. It provided a meeting place and business center, executive offices, offices for the Association's publications, Auxiliary room, mailing room, conference room, and storage space.

In July 1984, the headquarters office was moved to a new building at 35 Lakeshore Drive. Tastefully furnished, the building contains 22,000 square feet of space and is situated on 2 acres with beautiful landscaping, convenient to the interstate system. The office building has easy access to all areas of Birmingham and is only 15 minutes from the airport.

Places of Meetings and Presidents

1906	Chattanooga, TN, organization meeting
1907	Birmingham, AL, *H. H. Martin, Savannah, GA
1908	Atlanta, GA, *B. L. Wyman, Birmingham, AL
1909	New Orleans, LA, *G. C. Savage, Nashville, TN
1910	Nashville, TN, *W. W. Crawford, Hattiesburg, MS
1911	Hattiesburg, MS, *Isadore Dyer, New Orleans, LA
1912	Jacksonville, FL, *James M. Jackson, Miami, FL
1913	Lexington, KY, *Frank A. Jones, Memphis, TN
1914	Richmond, VA, *Stuart McGuire, Richmond, VA
1915	Dallas, TX, *Oscar Dowling, New Orleans, LA
1916	Atlanta, GA, *Robert Wilson, Charleston, SC
1917	Memphis, TN, *Duncan Eve, Sr., Nashville, TN
1918	Influenza pandemic; no meeting that year
1919	Asheville, NC, *Lewellys F. Barker, Baltimore, MD
1920	Louisville, KY, *E. H. Cary, Dallas, TX
1921	Hot Springs National Park, AR, *Jere L. Crook, Jackson, TN
1922	Chattanooga, TN, *Seale Harris, Birmingham, AL
1923	Washington, DC, *W. S. Leathers, Jackson, MS
1924	New Orleans, LA, *Charles L. Minor, Asheville, NC
1925	Dallas, TX, *Stewart R. Roberts, Atlanta, GA
1926	Atlanta, GA, *C. C. Bass, New Orleans, LA
1927	Memphis, TN, *J. Shelton Horsley, Richmond, VA
1928	Asheville, NC, *William R. Bathurst, Little Rock, AR
1929	Miami, FL, *T. W. Moore, Huntington, WV
1930	Louisville, KY, *Hugh S. Cumming, Washington, DC
1931	New Orleans, LA, *Felix J. Underwood, Jackson, MS
1932	Birmingham, AL, *Lewis J. Moorman, Oklahoma City, OK
1933	Richmond, VA, *Irvin Abell, Louisville, KY
1934	San Antonio, TX, *Hugh Leslie Moore, Dallas, TX
1935	St. Louis, MO, * H. Marshall Taylor, Jacksonville, FL
1936	Baltimore, MD, *Fred M. Hodges, Richmond, VA
1937	New Orleans, LA, * Frank K. Boland, Atlanta, GA
1938	Oklahoma City, OK, *J. W. Jervey, Greenville, SC
1939	Memphis, TN, *Walter E. Vest, Huntington, WV
1940	Louisville, KY, *Arthur T. McCormack, Louisville, KY
1941	St. Louis, MO, * Paul H. Ringer, Asheville, NC
1942	Richmond, VA, *M. Pinson Neal, Sr., Columbia, MO
1943	Cincinnati, OH, * Harvey F. Garrison, Jackson, MS
1944	St. Louis, MO,*James A. Ryan, Covington, KY
1945	Cincinnati, OH, * Edgar G. Ballenger, Atlanta, GA (Deceased in Office)
	*E. Vernon Mastin, St. Louis, MO (President at Annual Meeting)
1946	Miami, FL, *M. Y. Dabney, Birmingham, AL
1947	Baltimore, MD, *Elmer L. Henderson, Louisville, KY
1948	Miami, FL, * Lucien A. LeDoux, New Orleans, LA
1949	Cincinnati, OH, *Oscar B. Hunter, Sr., Washington, DC
1950	St. Louis, MO, *Hamilton W. McKay, Charlotte, NC
1951	Dallas, TX, *Curtice Rosser, Dallas, TX

- Miami, FL, *R. J. Wilkinson, Huntington, WV 1952
- Atlanta, GA, *Walter C. Jones, Miami, FL 1953
- St. Louis, MO, *Alphonse McMahon, St. Louis, MO 1954
- Houston, TX, *R. L. Sanders, Memphis, TN 1955
- 1956 Washington, DC, *W. Raymond McKenzie, Baltimore, MD
- Miami Beach, FL, *J. P. Culpepper, Jr., Hattiesburg, MS 1957
- 1958 New Orleans, LA, *W. Kelly West, Oklahoma City, OK
- 1959 Atlanta, GA, *Milford O. Rouse, Dallas, TX
- 1960 St. Louis, MO, *Edwin Hugh Lawson, New Orleans, LA
- 1961 Dallas, TX, *Lee F. Turlington, Birmingham, AL
- 1962 Miami Beach, FL, *A. Clayton McCarty, Louisville, KY
- New Orleans, LA, *Daniel L. Sexton, St. Louis, MO 1963
- 1964 Memphis, TN, *Robert D. Moreton, Houston, TX
- 1965 Houston, TX, *R. H. Kampmeier, Nashville, TN
- 1966 Washington, DC, *J. Garber Galbraith, Birmingham, AL 1967 Miami Beach, FL, Guy Thompson Vise, Sr., Meridian, MS
- 1968 New Orleans, LA, *Oscar R. Hunter, Jr., Washington, DC 1969 Atlanta, GA, *Donald F. Marion, Miami, FL
- 1970 Dallas, TX, J. Leonard Goldner, Durham, NC
- Miami Beach, FL, *Albert C. Esposito, Huntington, WV 1971
- 1972 New Orleans, LA, *J. Hoyle Carlock, Ardmore, OK
- 1973 San Antonio, TX, *Joe T. Nelson, Weatherford, TX
- 1974 Atlanta, GA, George J. Carroll, Suffolk, VA
- Miami Beach, FL, *Andrew M. Moore, Lexington, KY 1975
- 1976 New Orleans, LA, *G. Gordon McHardy, New Orleans, LA
- 1977 Dallas, TX, G. Thomas Jansen, Little Rock, AR
- 1978 Atlanta, GA, Andrew F. Geisen, Jr., Fort Walton Beach, FL

- 1979 Las Vegas, NV, Thomas B. Dameron, Jr., Raleigh, NC
- 1980 San Antonio, TX, G. Baker Hubbard, Sr., Jackson, TN
- 1981 New Orleans, LA, J. Ralph Meier, New Orleans, LA
- 1982 Atlanta, GA, *Edwin C. Evans, Atlanta, GA
- 1983 Baltimore, MD, M. Pinson Neal, Jr., Richmond, VA
- 1984 New Orleans, LA, Richard D. Richards, Baltimore, MD
- 1985 Orlando, FL, John B. Lynch, Nashville, TN
- 1986 Atlanta, GA, Guy T. Vise, Jr., Jackson, MS
- San Antonio, TX, William W. Moore, Jr., Atlanta, GA 1987
- New Orleans, LA, J. Lee Dockery, Gainesville, FL 1988
- 1989 Washington, DC, Roger L. Mell, Chesterfield, MO
- 1990 Nashville, TN, Larry C. Smith, Huntington, WV
- Atlanta, GA, Jim C. Barnett, Brookhaven, MS 1991
- 1992 San Antonio, TX, John F. Redman, Little Rock, AR
- New Orleans, LA, Thomas C. Rowland, Jr., Columbia, SC 1993
- Orlando, FL, Angus M. McBryde, Jr., Mobile, AL 1994
- 1995 Kansas City, MO, Louis A. Cancellaro, Johnson City, TN
- 1996 Baltimore, MD, J. Edward Hill, Tupelo, MS
- Charlotte, NC, Terrell B. Tanner, East Elijay, GA 1997
- 1998 New Orleans, LA, J. Lorin Mason, Jr., Pawley's Island, SC
- 1999 Dallas, TX, Hugh E. Stephenson, Jr., Columbia, MO
- 2000 Orlando, FL, Ronald C. Hamdy, Johnson City, TN
- 2001 Nashville, TN, James C. Waites, Laurel, MS

2002	Washington, DC, Jean Edwards Holt, San Antonio, TX
2003	Atlanta, GA, Michael G. Mackey, Jonesboro, AR
2004	New Orleans, LA, T. Rudolph Howell, Chester, VA
2005	San Antonio, TX, Charles A. Farmer, Tulsa, OK
2006	Charlotte, North Carolina, Braxter P. Irby, Jr, Brookhaven, MS
2007	New Orleans, LA, George S. Ellis, Jr., New Orleans, LA

Future Annual Scientific Assemblies of the Southern Medical Association

August	7-9, 2008
August	13-15, 2009
August	12-14, 2010

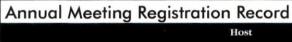
Nashville, Tennessee Grapevine, Texas Orlando, Florida

Annual Meeting Activity

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Annual Meeting Registration Record

		Host	Other	Total		Paramedical	Technical		
Date	Location	Physicians	Physicians	Physicians	Students	Personnel	Exhibitors	Guests	Total
1906-1915	No Record of Attendance								
1916- Nov. 13-16	Atlanta	299	1,247	1,476	55	-	103	233	1,867
1917- Nov. 12-15	Memphis	143	1,025	1,168	46	1-	78	184	1,476
1918-	No Meeting- Influenza Pandemi	c							
1919- Nov. 10-13	Asheville	71	912	983	=	54	85	148	1,270
1920- Nov. 15-18	Louisville	230	872	1,102	114	40	149	171	1,576
1921-Nov. 14-17	Hot Springs	81	993	1,074	-	39	90	241	1,444
1922- Nov. 13-16	Chattanooga	107	1,230	1,337	-	26	129	289	1,781
1923- Nov. 12-15	Washington	333	1,363	1,696	214	26	143	495	2,574
1924- Nov 24-27	New Orleans	352	1,559	1,911	169	15	120	510	2,725
1925- Nov. 9-12	Dallas	310	1,732	2,042	144	19	151	513	2,869
1926- Nov. 15-18	Atlanta	327	1,557	1,884	139	27	174	445	2,669
1927- Nov. 14-17	Memphis	275	1,728	2,003	251	24	212	438	2,928
1928- Nov. 12-15	Asheville	70	1,221	1,291	7	20	154	379	1,844
1929-Nov. 19-22	Miami	163	1,180	1,343	-	19	84	572	2,018
1930- Nov. 11-15	Louisville	258	1,232	1,490	224	21	144	356	2,235
1931- Nov. 18-20	New Orleans	423	1,266	1,689	231	33	154	462	2,569
1932- Nov. 15-18	Birmingham	276	971	1,247	-	32	104	239	1,622
1933- Nov. 14-17	Richmond	264	1,319	1,583	279	61	141	407	2,471
1934 Nov. 13-16	San Antonio	304	1,641	1,945	2	27	141	739	2,852
1935-Nov. 19-22	St. Louis	695	1,999	2,694	690	18	279	614	4,295



		Host	Other	Total		Paramedical	Technical		
Date	Location	Physicians	Physicians	Physicians	Students	Personnel	Exhibitors	Guests	Total
1936-Nov. 17-20	Baltimore	847	2,365	3,212	660	51	375	581	4,879
1937-Nov. 30-Dec. 3	New Orleans	573	2,238	2,811	736	177	370	1,328	5,422
1938-Nov. 15-18	Oklahoma City	353	1,914	2,267	262	389	342	778	4,038
1939- Nov. 21-24	Memphis	385	1,837	2,222	412	595	300	734	4,263
1940- Nov. 12-15	Louisville	436	1,639	2,075	412	667	361	629	4,144
1941-Nov. 10-13	St. Louis	762	1,944	2,706	683	378	498	774	5,039
1942-Nov. 10-12	Richmond	353	1,130	1,383	337	136	187	392	2,435
1943-Nov. 16-18	Cincinnati	305	1,410	1,715	94	176	255	520	2,760
1944-Nov. 13-16	St. Louis	559	1,557	2,116	441	461	431	762	4,211
1945- Nov. 12-15	Cincinnati	207	1,270	1,477	88	52	269	545	2,431
1946-Nov. 4-7	Miami	443	1,648	2,091	-	135	241	1,074	3,541
1947- Nov. 24-26	Baltimore	949	1,718	2,667	332	407	445	674	4,525
1948- Nov. 25-28	Miami	508	1,087	1,595	27	115	308	629	2,674
1949- Nov. 14-17	Cincinnati	248	1,235	1,483	32	143	264	490	2,412
1950- Nov. 13-17	St. Louis	726	1,391	2,117	472	92	323	644	3,648
1951-Nov. 5-8	Dallas	478	1,575	2,053	160	-	190	850	3,253
1952-Nov. 10-13	Miami	582	1,591	2,173	34	177	246	1,107	3,737
1953- Oct. 26-29	Atlanta	566	1,781	2,347	266	195	325	900	4,033
1954-Nov. 8-11	St. Louis	687	1,614	2,201	614	336	391	772	4,314
1955- Nov. 14-17	Houston	807	1,579	2,386	•		676	951	4,013

Annual Meeting Registration Record

		Host	Other	Total		Paramedical	Technical		
Date	Location	Physicians	Physicians	Physicians	Students	Personnel	Exhibitors	Guests	Total
1956- Nov. 12-15	Washington	1,083	2,090	3,173	314		982	969	5,438
1957- Nov. 11-14	Miami Beach	1,061	2,174	3,235	177		721	1,870	6,003
1958- Nov. 3-6	New Orleans	1,256	2,331	3,587	454		753	1,327	6,121
1959- Nov. 16-19	Atlanta	685	1,972	2,657	205	•	554	799	4,215
1960- Oct. 31-Nov. 3	St. Louis	628	1,400	2,028	305	•	636	735	3,964
1961- Nov. 6-9	Dallas	854	1,868	2,722	121		603	939	4,385
1962- Nov. 12-15	Miami Beach	768	2,255	3,023	99	115	620	1,231	5,088
1963- Nov. 18-21	New Orleans	793	2,712	3,505	545	112	593	1,875	6,630
1964-Nov. 16-19	Memphis	612	1,564	2,176	204	83	418	816	3,697
1965- Nov. 1-4	Houston	564	1,649	2,213	47	68	626	825	3,779
1966-Nov. 14-17	Washington	855	1,570	2,425	65	96	666	669	3,921
1967- Nov. 13-16	Miami Beach			2,487	55	78	555	607	3,782
1968- Nov. 18-21	New Orleans	672	2,390	3,062	440	177	726	1,314	5,719
1969- Nov. 10-13	Atlanta	452	2,339	2,791	187	78	753	1,224	5,033
1970- Nov. 16-19	Dallas	474	1,819	2,293	82	82	622	1,066	4,145
1971- Nov. 1-4	Miami Beach	526	1,606	2,132	57	119	658	1,256	4,222
1972- Nov. 13-16	New Orleans	785	2,514	3,299	448	178	667	1,387	5,979
1973-Nov. 11-14	San Antonio	**	**	2,347	97	183	628	1,842	4,097
1974- Nov. 17-20	Atlanta	388	2,372	2,760	78	140	451	690	4,119
1975- Nov. 16-19	Miami Beach	••	••	1,979	55	116	466	709	3,325
1976- Nov. 7-10	New Orleans			2,364	468	154	293	910	4,189
(continued on next page)									



		Host	Other	Total		Paramedical	Technical		
Date	Location	Physicians	Physicians	Physicians	Students	Personnel	Exhibitors	Guests	Total
1977- Nov. 6-9	Dallas	-		1,332	46	50	410	447	2,285
1978- Nov. 11-14	Atlanta	**	**	2,504	65	98	411	1,177	4,255
1979- Nov. 4-7	Las Vegas	-	**	2,142	7	116	334	1,229	3,828
1980- Nov. 16-19	San Antonio			2,367	25	90	363	832	3,677
1981-Nov. 15-18	New Orleans		**	2,376	74	92	419	1,264	4,225
1982-Oct. 30-Nov. 2	Atlanta	-		2,614	17	112	473	1,405	4,621
1983- Nov. 6-9	Baltimore	-		2,697	31	105	498	1,480	4,811
1984-Nov. 4-7	New Orleans			2,627	35	81	470	1,619	4,832
1985- Nov. 17-20	Orlando	•	**	2,618	41	82	522	1,585	4,848
1986- Nov. 8-11	Atlanta	•		3,141	5	45	493	1,880	5,564
1987-Nov. 1-4	San Antonio	**	**	2,913	61	48	559	1,540	5,121
1988- Nov. 6-9	New Orleans	-	•	4,093	157	117	692	2,360	7,419
1989- Nov. 5-8	Washington	**	**	2,678	49	62	545	1,802	5,136
1990-Oct. 14-17	Nashville		-	2,759	42	44	515	1,533	4,893
1991-Nov 16-19	Atlanta	•	**	2,305	11	15	712	1,333	4,376
1992- Nov. 12-15	San Antonio	389	2,030	2,419	9	47	432	1,202	4,109
1993- Oct. 28-31	New Orleans	648	1,777	2,425	63 .	45	455	1,207	4,195
1994- Nov. 2-6	Orlando	-		2,053	26	27	437	1,165	3,708
1995- Nov. 15-19	Kansas City	390	1,761	2,151	55	23	279	1,463	3,971
1996- Nov. 20-24	Baltimore	325	1,589	1,914	40	20	471	584	3,029
1997-Nov. 6-9	Charlotte	457	1,994	2,451	19	54	412	783	3,719

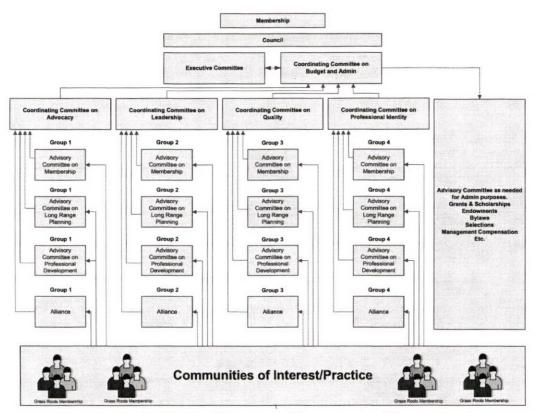
Annual Meeting Registration Record

		Host	Other	Total		Paramedical	Technical		
Date	Location	Physicians	Physicians	Physicians	Students	Personnel	Exhibitors	Guests	Total
1998- Nov. 18-22	New Orleans	384	1,574	1,958	45	90	400	700	3,193
1999- Nov. 10-14	Dallas	421	1,133	1,554	24	57	600	525	2,760
2000- Nov. 1-5	Orlando	241	962	1,203	11	129	230	485	2,058
2001- Nov. 8-10 ***	Nashville	206	900	1,106	18	41	267	419	1,851
2002- Nov. 14-16 ***	Washington	29	643	672	15	13	148	266	1,114
2003- Nov. 6-8 ***	Atlanta	41	683	724	15	141	255	323	1458
2004-Nov.11-13 ***	New Orleans	59	614	673	14	13	148	266	1114
2005- Nov. 10-13 ***	San Antonio	41	617	491	10	47	124	271	1100
2006 - Oct. 12-15	Charlotte	97	489	586	9	31	176	260	1062
2007 - Nov. 15-18	New Orleans	121	330	451	6	44	78	153	732

^{*} Breakdown not available; included in figure under "Technical Exhibitors."

^{**} Breakdown not available see "Total Physicians."

^{***}Excludes "No Shows" - prior years do not.



Organization by Mission Alignment of Resources and Communication



SMA SERVICES, INC.

SMA Services, Inc.

Established in 1984, SMA Services, Inc. is a wholly-owned, for-profit subsidiary of Southern Medical Association consisting of profit entities offering products and services ranging from Insurance to Travel. SMA Services, Inc. provides Personal and Professional Financial Security to members of SMA as part of Total Practice Performance.

Insurance and Financial Services – SMA Services' insurance products range from medical and dental coverage to liability and disability coverage with retirement products ranging from Profit Sharing Plans to 401(k) plans.

SMA Tours – Available to members, their families and employees, SMA Tours professional, experienced agents and certified meeting planners are available to customize a trip or tour to your specifications.

Physician's Purchasing Program - A group purchasing network exclusively for physicians, their families, and employees. This program offers an almost endless variety of quality, name-brand products, consumer merchandise, and other purchasing opportunities – all at reduced prices!

Multi-Media Services – Providing services ranging from graphic design and printing to broadcast e-mails and website development–everything you need to ensure your presence to the ever-increasing technology advanced patient is not only professional, but also first and foremost.

The SMA Services, Inc. Board currently consists of ten members including the current Chairman of the Board.

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Total Practice Performance Resource Guide

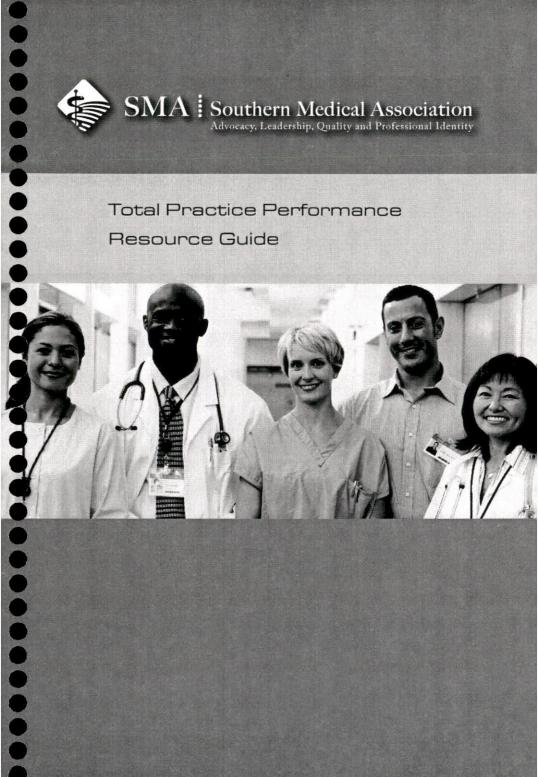


Table of Contents

Mission/Vision Statements	1
Medallion Level Professional Development	2
Southern Medical Journal	2
Rapid Response	
Ask the Experts	2
Live Clinical Conferences	3
Annual Scientific Assembly	3
Physicians-in-Training	3
SMAtips	
E-Newsletter	5
Research and Education Endowment Fund	5
Practice Management	6
Healthcare Strategic Planning	
Group Mergers and Formations	0
Practice Operational Assessments.	0
Payanua Cyala Analysia	0
Revenue Cycle Analysis Coding and Compliance	/
Start-Up Assistance	/
Fee Schedule Analysis	/
Financial Analysis	/
Employee and Physician Compensation Planning	ο
Contracting/Reimbursement Analyses	ο
Interim Management	Q
Interim Management Training, Publishing, and Education	8
maining, robisining, and Edocation	0
Personal and Professional Financial Security	Q
	0
Insurance Program Products	_
Open Access Plus	
Basic Medical Plan	9
The Physicians' Courtesy Plan	. 10
Hospital Indemnity Plan	10
Vision Service Plan	
Dental Coverage	10
HealthSavings Account	11
Medicare Supplement	11
Group Long Term Disability	11
Group Short Term Disability	12
Individual Long Term Disability Products	12
Overhead Expense Insurance	12
Group Lite Insurance	12
Accidental Death & Dismemberment	12
Individual Life Insurance	13
Liberty Mutual	13
Long Term Care	13
MedjetAssist	13
Medical Professional Lightlity Insurance	11

Retirement Program Options	1	14
Defined Contribution Plan		4
Profit Sharina Plan.]	14
Money Purchase Pension Plan	1	4
401(k) Plan	1	14
Keogh Plan		15
Defined Benefit Plan	1	15
Hybrid Plan		
New Comparability Plan		
Target Benefit Plan	1	15
Cash Balance Plan		
Plan Document Design		16
Plan Administration		
Plan Investments		
Registered Representatives		17
Financial Services for the Young Physician		17
Term Life Insurance		17
Long Term Disability		17
HCA Physician Recruitment		17
US Education Finance Group		17
		10
Physicians Group Purchasing.	• • • • •	18
Phillips HeartStart OnSite Defibrillator		18
Coding Books and Software		18
Consumer Products		
Prescriber's Letter	• • • • •	18
Paychex	• • • • .	18
Autoflex Leasing		19
Schwab Fireproof Filing Cabinets and Safes	• • • •	19
Reception Room Magazine Subscriptions		19
Dell Computers	• • • •	19
Patient Prompt		19
Epocrates/® Handheld Software		19
ĠlV		19
Bank of America Card		
.md Domains		20
WebSafe/MyMedSafe®		20
Career Center	4	20
Physicians Website Development	-	21
Thysicians treesine percophicin		-
SMA Tours	1	21
V		- '
ALLIANCE	-	22
Doctors' Day Products		
Dociolo Day Flodocio		
Membership Application		24

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A Golden Opportunity

Southern Medical Association



ission

The Southern Medical Association promotes the health of patients through advocacy, leadership, education, and service.

What We Value

Advocacy Leadership Collegiality Innovation

What We believe:

- · That physicians must be advocates for their patients and provide the leadership necessary to promote better health care in their communities;
- · That education and scholarly interactions must be conducted in a collegial, supportive environment;
- · That collaboration and innovation in health care delivery will best serve our patients as we work together to attain optimal health.

Our Vision

The Southern Medical Association will be the preferred association for physicians and health professionals, and will be recognized for advocacy on key practice issues including leadership development for physicians, multi-specialty and interdisciplinary education and training, and innovative health care delivery models and services that improve quality and access to care

MEDALLION LEVEL PROFESSIONAL DEVELOPMENT



Information regarding any of the professional development features can be obtained by calling 1-800-423-4992 ext. 620.

SMA Professional Development embodies our mission to promote the health of patients through advocacy, leadership, education and service by providing Medallion Level quality education in a multifaceted interdisciplinary curriculum across the continuum of care.

Southern Medical Association is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Southern Medical Association is an approved provider of continuing nursing education by the Alabama State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. Southern Medical Association provider #5-125.

Southern Medical Journal - www.sma.org/smj

Primary Contacts: Kathy McLendon ext. 144 or Wendy Erhart ext. 150
The official journal of the Southern Medical Association is one of the most respected

scholarly publications and few remaining peer-reviewed journals in the medical field.

- Subscription is included with annual membership dues.
- · Available in print and on-line
- CME Featured Articles Monthly Up to three articles available per month with CME and Nursing CE credits
- Free Podcasts Audio of selected abstracts for a snapshot of each issue.
- SMJ Table of Contents (TOC) Alert Sign-up to receive a monthly e-mail alert with the TOC for each issue.
- Patient's Page Patient education/information page offered on timely topics in each issue.
- Medical Webwatch The Medical Webwatch aims to educate and entertain the primary healthcare practitioner by providing a monthly listing of interesting, informative and often innovative websites.



In an attempt to keep our readers informed of current medical events, especially those that may have a significant impact on their clinical practice, we developed a section entitled "Rapid Response." Our desire is to provide information to help readers interpret the published data and integrate these findings in their day to day practice.

Ask The Experts - www.sma.org/ate

Primary Contact: Kathy McLendon, ext. 144

The format for this educational activity is developed around the simple concept of



questions and answers. A physician moderator invites one or two key physicians to discuss a topic through questions and answers from a practical, practice-based viewpoint. In turn, this provides information physicians may immediately apply in their practices with the goal to achieve improved patient health outcomes.

Live Clinical Conferences - www.sma.org/cmecalendar

Primary Contacts: Kristen Norris ext. 134

SMA presents Medallion Level CME throughout the year by offering CME conferences based on topics selected from needs assessment results. These conferences offer nationally-known speakers teaching practical application of new and updated medical information and procedures. When possible SMA partners with other groups to offer certification and training courses to enhance the learning experience.

- Obtain required CME and Nursing CE Credits
- Low-Key, Non-Threatening Learning Environment
- Opportunities for Faculty/Audience Interaction

Annual Scientific Assembly

Primary Contacts: Mandy Stone ext. 132 or Kristen Norris ext. 134

The Annual Scientific Assembly is the Association's premier educational event. You can enhance your clinical skills, present your own research through oral and poster presentations, benefit from new and emerging technologies, and interact with nationally renowned experts.

2009-Grapevine, Texas and 2010-Orlando, Florida



MedEd On-Demand Library www.sma.org/meded

Primary Contact: Kristen Norris ext. 134 or Kathy McLendon ext. 144

Visit the SMA MedEd On-Demand Internet Library to view lectures captured from many of our live conferences with synchronized audio and powerpoint slides to produce a multimedia module for viewing on-demand. If you cannot attend a live conference this is an excellent alternative. SMA provides medallion level CME both live and online.

- SMA's Medallion Level CME "On-Demand" 24/7 at your convenience.
- No Out of Office Time or Expense
- Unlimited, Free CME and Nursing CE for SMA members.

Physicians-in-Training - www.sma.org/pit

Primary Contacts: Tina Kehoe ext. 118, Kathy McLendon ext. 144 or Vonette Scott ext. 142

SMA Medical Student Representative Program
 Medical schools are invited to select a qualified second year medical student
 to represent SMA as our official student representative at their institution. This

position offers the student representative a means for developing leadership skills while sharing the benefits of membership with their student colleagues.

- SMA's "Your Place in Today's Medicine" Seminar for Resident Physicians
 This seminar for resident physicians is offered in conjunction with medical
 teaching institutions across the country with many hosting the seminar
 annually to aid their senior residents in making career decisions. This
 seminar may help toward satisfying ACGME core curriculum requirements.
 In support of this effort, SMA administers pre- and post-testing to measure
 learning and provides the results to the GME office. Residents are introduced
 to the basics of practice management as well as legislative issues,
 employment contract reviews, professionalism and communication skills. This
 seminar is offered in both live and web-based formats.
- "Handling the Job of Chief Resident" Training Conference
 This seminar addresses the duties and responsibilities of the chief resident and offers techniques and tools for effectively managing this leadership position. Chief residents from all across the United States are invited to attend.
- Abstract and Poster Presentation Opportunity
 The Annual Scientific Assembly offers the opportunity for both oral and
 poster abstract presentations in a non-threatening environment. This provides
 the opportunity satisfy the Interpersonal and Communication Skills area
 of the ACGME Core Competencies. Preliminary research results may be
 submitted as abstracts. Presentations made have no restrictions; therefore,
 they may be presented elsewhere. Participation certificates are provided for
 all presentations accepted and presented. And, accepted abstracts will be
 peer reviewed for possible publication in the Southern Medical Journal. Full
 manuscripts properly prepared for publication may be submitted at the time
 of presentation.
- E-Knowledge Management for Residents
 Online access to multiple training tools & resources for the new physician.

SMAtips - www.sma.org/smatips

Primary Contacts: Kathy McLendon ext. 144 or Kendra Blackmon ext. 164Tips is the keyword-from coding nuggets to money management to patient education-SMAtips provides an array of information in one strategic location.

- Coding Nuggets Answers to questions regarding various coding situations experienced in physician practices.
- Medical Webwatch Designed to educate and entertain the healthcare practitioner by providing a monthly listing of interesting, informative and often innovative websites.

www.sma.org

 CMS Resources – Important information from National Provider Identifier to Physicians' Quality Reporting Initiative and more, from the Centers for Medicare and Medicaid Services.

- Patient's Page Important and complex medical topics condensed into everyday language, which can be easily understood by patients.
- Online Resources A directory of links to various healthcare resources as well as forms and checklists which can be used by you, your staff and patients.
- Practice Management A featured article of interest each month on various topics which may affect your practice.

E-Newsletter

A monthly electronic newsletter providing SMA members with a first glance at the monthly updates featured in SMAtips in addition to upcoming conferences, product updates and other items of interest.

- SMAtips highlighting
 - Coding Nuggets
 - Practice Management
 - Malpractice Consult
 - Money Management
 - CMS Updates
 - Patient's Page
 - Medical Webwatch
 - Online Resources

- CokerConnection Article
- Southern Medical Journal CME Topic

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- Rapid Response
- Upcoming Educational Events
- Product & Service Updates
- And more...

Research and Education Endowment Fund

Primary Contact: Lisa O'Daniel ext 181



Southern Medical Association (SMA) established the Research & Education Endowment Fund as a permanent endowment in 1986 to provide grants and scholarships for physicians-in-training. It provides financial assistance through the Medical Student Scholarship Program and the Research Project Grant Program. From its inception, the fund has grown to provide support in the following areas:

- · Supports future physicians in educational endeavors
- Stimulates interest in conducting research
- Provides financial aid to deserving medical students
- Initiates a professional career development relationship with SMA
- · Recognizes or memorializes donors and their designee



The Society of 1906 was established to recognize SMA Members who made generous contributions of \$5,000 or more to the Research & Education Endowment Fund. There are several ways to become a member of the Society of 1906:

An outright gift of at least \$5,000;

- A pledge of \$5,000 over a five year period;
- Cumulative contributions of at least \$5,000; or
- A beguest of \$20,000

Recognition of the Society of 1906 members includes:

- Annual Reception held during the SMA Annual Assembly
- Recognition on the SMA Website
- Name on the "Wall of Fame" prominently displayed at the Annual Assembly
- The Society of 1906 Silk Tie and Medallion
- The Society of 1906 Ribbon to be worn during the Annual Assembly
- One complimentary "In Memoriam" booklet (valued at \$250) to be used at the discretion of the member

Practice Management - www.sma.org/pm

Primary Contacts: Kathy McLendon ext. 144 or Kendra Blackmon ext. 164

SMA has partnered with The Coker Group to offer its members the most comprehensive array of practice management resources available. The Coker Group is a leading management consulting firm specializing in strategic solutions for businesses within the healthcare industry. Their expertise in strategy, financial advisory, and technology problem-solving is unparalleled. For over 20 years, they have brought their clients the best in service, support, and results.

Healthcare Strategic Planning

In today's changing environment, short- and long-term planning is needed for any business to grow and remain successful. An objective approach to incorporating changes for growth and prosperity through business and strategic plans, Coker's strategic planning services include feasibility studies, educational programs, and financial analysis. We have worked with many hospitals and physician groups in such analysis, providing step-by-step guidance in both formulating a strategic plan and the implementation of necessary changes and plans.

Group Mergers and Formations

Group mergers are becoming more and more common in the healthcare industry. The desires to reach economy of scale, leverage with payers, and achieve call coverage are often the motivators behind physicians joining forces in practice. Coker provides our clients with a wide array of services in this area, beginning with determining whether a merger is feasible, and if it will ultimately be successful. During a merger, Coker consultants assist with compensation analysis, building the infrastructure of the newly formed group, and providing interim management assistance, if needed.

Practice Operational Assessments

In this critical process, our consultants use every available resource, from staff interviews to comprehensive data collection, to assess your practice's operational and financial status, establishing areas in need of improvement and restructuring. Many

6

of our consultants have strong backgrounds in practice management and are wellequipped to assess a practice from front desk operations to financial management.

Revenue Cycle Analysis

Coker consultants are here to help you perform a complete assessment of your revenue cycle, reviewing all functions of your billing office and accounts receivable department and scanning for areas needing improvement and restructuring.

Coding and Compliance

One of the most crucial areas of medical practice management is coding and compliance. Accurate coding and regulatory compliance begins at the front desk and continues throughout the patient encounter. The front desk staff members are responsible for entering patient information into the practice management system, and the physician is ultimately responsible for documenting the services performed and using the correct codes to attain proper reimbursement. A weakness in the system can expose the practice to risks of non-compliance that can be troublesome and consequential. Coker offers a comprehensive list of services designed to help practices remain compliant with myriad regulatory guidelines. Among Coker's coding and compliance services are:

 Chart auditing services to compare physicians' documentation with guideline requirements

- Revenue analysis to review coding patterns
- ICD9 and CPT coding workshops for physicians' office staff
- HIPAA assistance
- Compliance plan development
- Compliance plan training sessions

Start-Up Assistance

For many physicians, starting a practice can be a seemingly insurmountable task. Medical school and clinical training does not always prepare physicians to be business owners or for the operational and financial challenges that lie ahead.

Coker's consulting staff offers skill and experience in a wide variety of service areas to assist physicians and practice managers in the early stages of starting a medical practice, including:

- Feasibility and Demographic Analysis
- Providing pro forma income and cash flow statements
- Banking negotiations for start-up financing
- Forming plans and timelines
- Policy and procedure compilation and implementation
- Insurance contracting and negotiation
- · Staff hiring and training

Fee Schedule Analysis

When it comes time to look at the viability of your fee schedules, The Coker Group has the knowledge and experience to assess and improve the current structure, helping you discover opportunities for enhancing revenue recognition.

Financial Analysis

Don't ignore this important detail! All to often, physicians and practice managers rely on accountants to manage the finances of the practice. While these professionals can be a huge asset to any practice, Coker's healthcare-specific knowledge of finance and accounting is a crucial tool for helping you understand, manage, and correctly present comprehensive and accurate financial statements.

Employee and Physician Compensation Planning

In an environment where reimbursement is decreasing and practice expenses are increasing, increases to employee salaries can be difficult to maintain. Coker can assist in the review of employee and physician salaries and assist with alternative programs such as incentive plans.

Contracting/Reimbursement Analyses

The number of contracts involved in maintaining a successful practice can be overwhelming. Our experienced consultants comprise the perfect team to review your payer agreements and negotiate on your behalf where possible.

Interim Management

Most of our consultants come from highly successful careers in practice management. Each one has the knowledge and on-the-job experience to guide any practice through a transitional period.



SMA Services, Inc. is a wholly owned subsidiary of the Southern Medical Association and provides the Personal and Professional Financial Security suite of products and services for SMA members.

Personal and Professional Financial Security

Membership in the Southern Medical Association is actually an investment in your practice...and yourself. The SMA has licensed professionals with over 25 years of experience in the Financial Services Division specializing in the needs of physicians, their families and their employees. Information regarding any of the Financial Services Products can be obtained by calling 1-800-423-4992. Insurance Products call ext. 670; Retirement Products call ext. 680; or you may also visit www.smaservicesinc.com.

Insurance Program Options www.smaservicesinc.com/ins

Medical Coverage

SMA Services, Inc. has developed several medical plans to fit your needs. One plan does not fit all. You and your employees may each choose a different type of coverage that best fits the individual's needs.

Open Access Plus

Open Access Plus offers you in-network and out-of-network benefits. Deductible options are \$1,000, \$1,500, \$3000, and \$5000. Other benefits include:

The convenience of referral-free access to physicians.

 A Primary Care Physician (PCP) who you are encouraged to use as a personal physician, who can be a valuable resource and a personal health advocate.

 The CIGNA HealthCare 24-Hour Health Information LineSM connects you to registered nurses and a library of hundreds of recorded programs on important health topics anytime seven days a week from anywhere in the United States.

 CIGNA HealthCare "Healthy Rewards" includes special offers for discounts on health-related products and services. Just call

1.800.870.3470 or visit www.cigna.com.

Prescription drug coverage is a part of your plan. More than 50,000 pharmacies participate nationwide, so you can have your prescription filled wherever you go. Mail-order service means quick, convenient delivery of your medications to your home.

The maximum lifetime benefit for this plan is \$2,000,000.

Basic Medical Plan

Basic Medical Plan offers you in-network and out-of-network benefits

- \$1500 deductible
- Inpatient Services
- Outpatient diagnostic x-rays and laboratory services
- Doctor's office visits
- Eligible expenses paid at 60% in-network and 50% out-of-network
- No prescription coverage

The maximum lifetime benefit for this plan is \$2,000,000.

The Physicians' Courtesy Plan

The Physicians' Courtesy Plan is designed for physicians who are extended professional medical courtesies by colleagues and only require a hospital expense plan.

- \$1500 deductible
- The plan pays 80% of all eligible expenses after the individual or family deductible is reached. Eligible expenses are defined in the CIGNA plan documents.
- The plan's maximum out-of-pocket expense is \$5,000 individual and \$10,000 family. The out-of-pocket expense does not include the plan deductible.
- The plan pays 100% of eligible expenses once the deductible and out-ofpocket expenses have been reached.

The maximum lifetime benefit for this plan is \$2,000,000.

Hospital Indemnity Plan

- This plan does not coordinate benefits with other insurance plans
- Daily hospital benefits: \$100, \$200, \$300 and \$500 per day per person up to 30 days maximum per calendar year.
- Pays double benefits for ICU (30 days per year)
- Pays up to \$500 for certain surgical procedures.

Vision Service Plan

You simply pay your co-payment once per year and VSP handles the rest (VSP doctor). You may choose between glasses or contact lenses.

Dental Coverage

With a MetLife Dental Benefits Plan, you can get competitive dental coverage for you and your family that can reduce your out-of-pocket dental care expenses. The annual deductible is \$50 per individual and \$100 per family with a calendar maximum of \$1,000 in benefits per person. Plus, MetLife provides flexible benefits with savings that include:

- Preventive & diagnostic care has no deductible and benefits are paid at 100%.¹
- Basic restorative care benefits are paid at 80% after the annual deductible is met.¹
- Major restorative care benefits are paid at 50% after the annual deductible is met.¹
- Dependent orthodontia benefits are paid at 50% after the deductible is met and has a lifetime maximum benefit of \$1,000 per child.
- Freedom of choice to visit any dentist with access to a seamless national network of over 100,000 participating MetLife PDP dentist locations including over 22,000 specialist locations. Plus, you're never locked in to a specific dentist and you don't need a referral to see a specialist. You simply choose a dentist and make an appointment.

Reduced out-of-pocket expenses for dental services because
participating PDP dentists agree to accept MetLife's negotiated fees
as payment in full that typically range 10% to 35% lower than the
average charges of dentists in the same area.

Negotiated fees extend to non-covered services, such as adult orthodontia and cosmetics when performed by a PDP dentist — even

when the annual maximum is exceeded.

1 Benefits may vary depending on plan selected.

2 Dependent children are covered for orthodontia until the end of the quarter following their 26th birthday if unmarried or the end of the quarter following their 30th birthday if unmarried, full-time students. If an individual did not have coverage for orthodontic services at the time the initial placement was made, benefits will not be payable for orthodontic services under this Dental Insurance.

HealthSavings Account

A Health Savings Account (HSA) is a tax-exempt trust or custodial account established exclusively for the purpose of paying qualified medical expenses of the account beneficiary. An HSA is designed to assist individuals that have High Deductible Health Plans (HDHP). You are only eligible to establish an HSA if you have an HDHP. The Southern Medical Association (SMA) offers two HDHP's that meet all criteria for an HSA. You do not have to be in an SMA sponsored plan to participate in our HSA.

For complete information regarding an HSA, you should go to the U.S. Treasury Department website at www.ustreas.gov or the Internal Revenue Service website at www.irs.gov and review publication 553.

Medicare Supplement

SMA Services, Inc. now offers a Medicare Supplement policy with several benefit levels to choose from. This supplemental policy covers:

Hospitalizations

Skilled nursing facility care

Hospice care

Certain medical expenses not covered by Medicare

Disability

Group Long Term Disability

Attention new SMA members under age 65 and working full time: Don't delay! You have 30 days from your joining date to take advantage of \$1,000/month of Long Term Disability coverage without evidence of insurability.

Benefits include:

- Monthly benefit up to \$20,000 (80% of your pre-disability income)
- Two year specialty benefit
- Benefits available to age 65
- Premium waiver for LTD if approved for benefits
- Employee coverage available up to \$5000 per month

Group Short Term Disability

Benefits include:

- Benefits in \$500 increments from \$1,000 to \$2,500 per week (based on 70% of your pre-disability income)
- Waiting periods available for 15 or 30 days
- Benefit periods are set from 60 to 165 days
- Employee coverage available up to \$500 per week

Individual Long Term Disability Products

SMA Services, Inc. has developed relationships with several carriers to offer its members individual disability products. These products offer monthly benefits to a maximum of \$15,000. They are non-cancelable and are guaranteed renewable.

Overhead Expense Insurance

This policy helps protect your source of income: the practice you've worked so hard to establish and grow. If you become disabled this policy will:

- Help meet the expenses of running your office
- Reimburse for expenses such as rent, utilities, and lease payments
- Help pay salaries for employees (except those who are members of your profession)
- Help pay for your temporary replacement

Group Life Insurance

Term Life is available for physicians in amounts up to \$2,000,000. Coverage is also available to their spouses and employees in amounts up to \$500,000.

Attention new members under age 65 and working full time: Don't delay! You have 30 days from your joining date to take advantage of up to \$150,000 of Term Life coverage without evidence of insurability.

Special benefits:

The accelerated benefit provision allows you to receive up to 75% of your life insurance benefit if you become terminally ill, and have a life expectancy of less than 12 months. This payment allows you to use benefits as you desire: to cover medical expenses or to maintain your quality of life. The repatriation benefit is an additional benefit that will return your remains if you die more than 200 miles from home.

Accidental Death & Dismemberment

Accidental Death & Dismemberment offers benefits for physicians up to \$2,000,000. Coverage for spouses and employees is available in amounts up to \$500,000.

Special benefits:

- The seat belt benefit will pay up to \$10,000 in additional benefits in the event you die as the result of an automobile accident and you were properly wearing and using the seat belt system.
- The family benefits package provides your eligible family members with additional financial help for childcare, college or career training.

Individual Life Insurance

Economical Term Life

- 10, 15, 20, 25, or 30 years guaranteed term
- One page application
- Quick response

Universal Life Product

- Permanent life insurance
- Guaranteed to age 120
- Issue age to 90
- Cash accumulation

Return of Premium Term

- 15, 20, and 30 years
- Minimum face value of \$100,000
- Issue age 18 to 65

Impaired Risk Insurance

- 10, 15, 20, and 30 years
- Immediate death benefit
- Guaranteed to age 100

Liberty Mutual

As a member of the SMA, you qualify for a special group discount on your auto, home, and renter's insurance through Liberty Mutual's Group Savings Plus®. With Group Savings Plus, you can enjoy the ease and convenience of paying your premiums through checking account deductions with no down payment or finance charges. You'll also enjoy fast, easy, round-the-clock claims service, and a variety of discounts including multi-car, multi-policy, safe-driver, passive restraints, and anti-theft device discounts.

For a free, no obligation quote, call 800-524-9400 or call 1-800-225-8281 for the Liberty Mutual office nearest you.

Long Term Care

We now offer Long Term Care Insurance that allows you to choose the benefit options that best meet your needs.

- Issue ages 40 to 85
- Up to 60% discount on joint applications
- Preferred, select and sub-standard rates are available
- Single, 10- and 20-year and lifetime pay options

MedjetAssist

You can't predict when accidents or medical emergencies will happen. But you can be prepared. No matter where you or your family travels, the United States or abroad, you and they need protection if hospitalized in an unfamiliar location.

Your MedjetAssist membership allows you to be flown to the medical center of your choice. The decision is yours!

As a member, you are protected domestically and internationally 24-hours a day, 7-days a week. By becoming a MedjetAssist member, you get a very special SMA annual rate.

Medical Professional Liability Insurance

- Coverage to help you protect your reputation and deliver an unparalleled level of advocacy, security and service
- · There are a variety of limits available for your practice
- · Coverage may be tailored to fit your exact needs

Retirement Program Options www.smaservicesinc.com/ret

Qualified Plans

Defined Contribution Plan

A defined contribution plan is a retirement plan that "provides an individual account for each participant and for benefits based solely upon the amount contributed to the participant's account, and any income, expenses, gains and losses, and any forfeiture of accounts of other participants which may be allocated to such participant's account." [ERISA § 3(34); IRC § 414(i)]

Profit Sharing Plan

A profit sharing plan is a defined contribution plan to which the company agrees to make "substantial and recurring," although generally discretionary, contributions. Amounts contributed to the plan are invested and accumulate (tax free) for eventual distribution to participants or their beneficiaries either at retirement, after a fixed number of years, or upon the occurrence of some specified event (e.g., disability, death, or termination of employment).

Money Purchase Pension Plan

A money purchase pension plan is a defined contribution plan in which the company's contributions are mandatory and are usually based solely on each participant's compensation.

401(k) Plan

A 401(k) plan is a qualified profit sharing or stock bonus plan that offers participants an election to receive company contributions in cash or to have these amounts contributed to the plan. A participant in a 401(k) plan does not have to include in income any company contributions to the plan merely because an election could have been made to receive cash instead. [IRC $\S\S401(k)$ [2], 402(a)[8]]

Keogh Plan

A Keogh, or H.R. 10, plan is a qualified retirement plan maintained by a self-employed individual, either a sole proprietor or a partner. The self-employed individual may take a tax deduction for annual contributions to the plan made on behalf of the individual and on behalf of any eligible employees. A Keogh plan may be either a defined contribution plan or a defined benefit plan.

Defined Benefit Plan

A defined benefit plan is a retirement plan "other than an individual account plan." A plan that is not a defined contribution plan is classified as a defined benefit plan. Under a defined benefit plan, retirement benefits must be definitely determinable. For example, a plan that entitles a participant to a monthly pension for life equal to 30 percent of monthly compensation is a defined benefit plan. [ERISA § 3(35); IRC § 414(j)] The most common types of defined benefit plans are flat benefit plans and unit benefit plans.

Hybrid Plan

A hybrid plan uses features of a defined benefit and defined contribution to achieve a specific result.

New Comparability Plan

A new comparability plan is generally a profit sharing plan or a money purchase pension plan in which the contribution percentage formula for one category of participants is greater than the contribution percentage formula for other categories of participants. As with an age based profit sharing plan, to satisfy the nondiscrimination requirements, a new comparability plan is tested under the cross-testing rules. A new comparability plan must contain a definite predetermined formula for allocating contributions made to the plan among the participants. [Tres Reg §§ 1.401-1(b) (1) (i), 1.401-1(b)(1)(ii)]

Target Benefit Plan

A target benefit plan is a hybrid or cross between a defined benefit plan and a money purchase pension plan. It is like a defined benefit plan in that the annual contribution is determined by the amount needed each year to accumulate (at an assumed rate of interest) a fund sufficient to pay a projected retirement benefit (the target benefit) to each participant on reaching retirement age. Thus, if a target benefit plan contains a target formula, such as 40 percent of compensation, that is identical to the benefit formula in a defined benefit plan and is based on identical actuarial assumptions (e.g., interest rates, mortality, employee turnover), the employer's initial contribution for the same group of employees will be the same.

Cash Balance Plan

A cash balance plan is a hybrid of a traditional defined benefit pension plan and a 401(k) plan, enabling high net worth business owners and partners to maximize retirement benefits. With a cash balance plan, each participant has a hypothetical account. This account is not allocated within the trust; instead, recordkeeping is done separately by the plan actuary as an accounting function.

Plan Document Design

SMA Services, Inc. (SMAS) is the sponsor of an approved prototype document for defined contribution plans. We have access to hybrid plan documents on an "as needed basis." SMAS has partnered with a nationally known provider for the defined benefit documents as well as all the administrative functions for a defined benefit plan.

Plan Administration

SMAS can serve as the third-party administrator for your defined contribution retirement plan. By allowing SMAS to serve in this capacity, you will free up more of your time to devote to your family and practice.

SMAS prides itself as a low cost provider of plan administration to SMA's physician members. Our annual fees start as low as \$650.00 and include the following:

- · Contribution calculations
- · Eligibility calculations
- Vesting calculations
- Distribution calculations
- Plan testing
- Annual 5500 return and related schedules preparation
- Annual employee statements
- Annual employer statements
- Dedicated plan administrators

Due to the constant changing rules and regulations governing qualified retirement plans, SMAS can also provide the aforementioned services on a per service basis. Please contact SMAS for a price quote on a particular service.

Plan Investments

SMAS has many options for the investment of your retirement plan. SMAS has made a commitment to provide all the services needed for your retirement plan, including the investments. We can provide bundled investments services* and individual brokerage accounts. SMAS has a group annuity product designed for defined contribution plans underwritten by Ameritas Life.

The SMA-IRA

The SMA-IRA is an individual retirement account (IRA). SMAS offers:

- Traditional IRA
- Spousal IRA
- Simplified Employee Pension (SEP-IRA)

The low administrative fee of \$25.00 per year covers:

- Required annual reporting (5498s and/or 1099s)
- Quarterly reporting

- Minimum distribution calculations
- Dedicated IRA administrator

Registered Representatives

As part of SMAS' commitment to add value to the SMA membership, SMAS has contracted with seasoned registered representatives in the investment arena to assist the SMA membership with financial matters both personally and professionally.

The representatives are screened prior to being allowed to carry an SMAS business card and conduct business on behalf of the association. The representatives are monitored by their broker-dealer as well as the management staff in SMAS' Financial Services Division.

The regional representatives are available to assist you in the following areas:

- Estate planning
- Personal financial planning
- Professional financial planning
- Wealth preservation
- On-site consultations
- Financial seminars
- Various specialized products

Financial Services for the Young Physician

Term Life Insurance

Up to \$100,000 of Term Life coverage and \$3,000/month of Long Term Disability without evidence of insurability is available to new members (membership is FREE to medical residents) under age 65 and working full time. You have 30 days from your joining date to take advantage of this fantastic opportunity.

Long Term Disability

\$3,000/month of Long Term Disability without evidence of insurability is available to new members (membership is FREE to medical residents) under age 65 and working full time. You have 30 days from your joining date to take advantage of this fantastic opportunity.

HCA Physician Recruitment

HCA operates some of the finest facilities in America today. As an employer, it is in their best interest to match you with the best position possible, with nearly 200 hospitals, over 80 surgery centers, a growing number of outpatient facilities, and numerous physician practices. HCA hospitals are located in 16 of the 20 fastest growing communities.

Website: www.practicewithus.com or call Caroline Kirkman at (843) 216-5083 or caroline.kirkman@hcahealthcare.com.

^{*}Securities offered through SOMED Financial, LLC. A registered broker/dealer, member of FINRA and SIPC. 35 W. Lakeshore Drive, Birmingham, AL 35209. 800-423-4992.

US Education Finance Group

USEFG has become the nation's preeminent company specializing in Education Loans and physicians needs, whether your need is federal consolidation, private or alternative loan consolidation, loan origination or Stafford and Grad Plus programs. They have endorsements from over 40 Graduate Professional Associations. For more information contact Joseph Cox at 888-741-6584, ext. 119 or jcox@aslcc.com.

Physicians Group Purchasing - www.sma.org/ppp Primary Contact: Vicki Johnson ext. 124

The Physicians' Purchasing Program area of Financial Services is designed to bring you a variety of quality name-brand products and services, both professionally and personally, with many offering substantial discounts to SMA members, their families and employees.

Philips HeartStart OnSite Defibrillator

The first defibrillator available for commercial and institutional users without a prescription. Discounted for SMA Members!

Coding Books and Software

Coding Books and Software offered to you at deeply discounted prices. We offer products to you from AMA, Ingenix, PMIC, Mag Mutual and The Coding Institute.

Consumer Products

Bose Electronics, Hartmann Luggage, Oreck Products, and Swarovski Silver Crystal are just a few of the brands that are available.

Prescriber's Letter

SMA Members can get a discounted subscription to Prescriber's Letter – unbiased, trustworthy advice about the latest in drug therapy. You can even earn free CME credits from reading the Letter (at least 12 credits in your first year)!

Paychex

Paychex is a national payroll processing and payroll tax preparation company for small- and medium-sized businesses. It can prepare your payroll checks, administer your taxes, provide direct deposit and track employees' time and attendance. SMA members receive a special pricing discount of 15% off payroll processing charges. For more information, call 1-800 PAYCHEX (1-800-729-2439) and mention code 5625.

Autoflex Leasing

Autoflex Leasing specializes in providing automobile leasing services to medical professionals.

Schwab Fireproof Filing Cabinets and Safes

A complete line of fireproof filing cabinets and safes from Schwab Corp. — the leader in vital record protection for over 130 years.

Reception Room Magazine Subscriptions

Over 200 of the leading magazine publications are available at discounted rates up to 50%. Order all your magazines from one source - once a year.

Discounts on Dell Computers

SMA Members can save big on your next Dell! SMA has a special membership code that will allow you to receive discounts on your next purchase.

Patient Prompt

The world's first Two-Way Appointment Confirmation Solution. SMA Members receive a discount on this fully automated appointment reminder system.

Epocrates/Epocrates® Handheld Software

Find everything you need in one place with the Epocrates Essentials premium all-inone mobile guide to drugs, diseases, and diagnostics.

Benefits: You'll have instant access to continually updated information in three essential, integrated references Epocrates Rx Pro, Epocrates SxDx, and Epocrates Lab.

Everything you need in one place

 Epocrates Essentials premium all-in-one mobile guide to drugs, diseases and diagnostics.

- Epocrates Product Chart
- Epocrates Home
- Epocrates Bundles

GIV - www.smaservicesinc.com/ppp

Over 65,000 products including vaccines, injectables, over the counter meds, exam room supplies (gloves, gowns, syringes, etc.), diagnostics, furniture and a full line of equipment are available to you at discounted rates through the SMA Program. Just let us know what you need and GIV will be happy to custom design a list for you.

Bank of America

WorldPointsSM

The Most Rewarding Card of Allsm

Earn points and **get the rewards you want** - cash, travel, merchandise, and gift certificates.

- Consumer Lines of Credit
 Get fast cash at competitive rates, with Bank of America® lines
 of credit. No annual fee and easy repayment terms.
 Call 866-227-1553 to speak with a representative. Be sure
 to mention you're an SMA Member!
- Online Account Access
 Great online resource! Review recent charges, statements, and payments. Schedule payments for your monthly SMA credit card bills. Download credit card information into Quicken® or Microsoft Money.®

.MD - www.sma.org/maxmd

Today's technologically sawy patient, as well as colleagues and potential employers are utilizing online research more and more each day to find the physician who meets their need. With MaxMD, you manage the information they find about you. SMA has partnered with MaxMD to offer physicians a complete Internet and communications package that provides credibility and legitimacy in an unstable online world. The package includes a domain name, a single page website, and a secure email account. For only \$150.00 a year security and piece of mind can be yours.

WebSafe/MyMedSafe® - www.sma.org/websafe

WebSafe - MyMedsafe® Secure Online Medical Record and Document Management System is a Patient centered Medical record management system by which physicians can upload pertinent records into the patients online "Safely". This system is a HIPAA compliant, universally compatible, and portable. It is a patient owned and physician accessible system necessary for both physicians and patients for the 21st century.

- · Safely retain all medical records with peace of mind.
- Secure Online Medical Record & Document Management System
- Patient Centered
- HIPAA Compliant
- Universally Compatible
- Portable

Career Center

SMA has partnered with Careerbuilders to offer significant discounts to SMA members. Careerbuilders is the Nations leading recruitment resource through more than 130 local newspapers with Sunday print circulation of 15 million readers, and 26 million unique visitors to its newspaper websites online each month.

Physicians Website Development www.sma.org/webdev

SMA Websites are built specifically with Physicians in mind and include special features geared towards improving patient client relationships as well as providing practice management tools for running a more efficient practice. Sites include email addresses and hosting costs. No Hidden fees!

 A practice website can significantly reduce the amount of calls your office receives by utilizing email.

 A Website from SMA enables your staff to manage their time more effectively by responding to questions that come in over email at set times during the day.

Simple turn key solution to getting your self on the web.

An SMA web site is designed with the needs of physicians in mind.

 Websites have the built in ability for the physician/practice manager to make changes to the site. There is no maintenance cost after development unless the practice wants SMA to make changes for them.

SMA Tours - www.smatours.com



SMA Tours operates as a Full-Service travel agency, utilizing travel agents with years of experience internationally as well as nationally in addition to experienced Certified Meeting Planners. The heritage of SMA Tours is from years of providing high-level, educated, travelers-people who demand the best-with quality, professional travel, tours and meetings in an atmosphere which allows them to enjoy the

experience. SMA Tours is available to assist you, your employees, and family with your personal or professional travel needs. For information call 1-800-239-7444.

- CME Cruises
- Custom Designed Group or Individual Travel
- Vacation Packages
- Honeymoons
- and More!

ALLIANCE

SMAA Southern Medical Association Alliance

The members of SMA Alliance focus on health education, preservation of medical history, and observance of Doctors' Day through community service activities. Membership in the Alliance is not only a forum for personal and professional development but more importantly, it's an opportunity to establish ties among medical families, in order to support and encourage one another. The members of SMAA focus on health education, preservation of medical history, and observance of Doctors' Day through community service activities.

Doctors' Day Products - www.sma.org/drsday Primary Contact Lisa O'Daniel ext. 181



March 30th is National Doctors' Day, a special observance to recognize the tireless efforts of physicians around the nation. In 1935 the SMA Alliance began an active campaign to promote this observance which culminated in the 1990 proclamation by President George Bush of March 30 as National Doctors' Day. SMAA continues to encourage its members to promote the observance through community projects. These projects pay tribute to physicians, remind the public of doctors' dedica-

tion to the health and welfare of patients, and increase awareness of the positive role of physicians in the community. In addition, SMAA offers a variety of supplies to use in recognizing physicians on this special day with a portion of the proceeds benefiting the Research and Education Endowment Fund. To order supplies visit www.sma. org/drsday or phone Lisa O'Daniel, 800-423-4992 ext. 181.

Doctors' Day Supplies:

- Greeting Cards
- Hospital Tray Cards
- Invitations
- Lapel Pin

- Posters
- Mylar Balloons
- Stickers
- Travel Mugs



Southern Medical Association

Advocacy, Leadership, Quality and Professional Identity

Advocacy for physicians and for patients by their physicians in order to protect the physician-patient relationship, as it is eroded by third party interests.

Leadership – SMA develops leaders through a culture of leadership experience. This culture assists physicians in developing tools, traits and methods, without which synergistic advocacy is reduced in effectiveness and misinterpreted as self-serving.

Quality of Care - SMA is assiduously working with physicians to exceed expectations of patients and colleagues in process, as well as outcomes.

Quality of Care through Medallion Level Continuing Medical Education is customized for groups and individual physician interests, as well as credentialing need.

Professional Identity - SMA enhances Professional Identity by encompassing Advocacy, Leadership and Quality of Care through physician communities built through, and for, its members.

Communities of Practice by specialty and Communities of Interest by disease utilize advanced technical aspects of multimedia, while the ubiquitous nature of web technology is brought to bear on the issue of marketing and communicating the vast amount of medical knowledge physicians need at their fingertips, along with the comfort of the virtual 24/7 hallway consult with colleagues.



SMA remains the answer to:

What don't you know?
What must you know?
& Where can you find out?

To members, SMA is a "professional home" from which they influence the societal, clinical and value-based economics of medicine.

Learn more at www.sma.org

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Application for Membership



Southern Medical Association 35 W. Lakeshore Drive Birmingham, AL 35209 Phone: 800-423-4992 Fax: 205-945-1830 www.sma.org

Name			Degree		
Office Address		City		State	Zip
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JOINING MEMBERS

Please Note! You have 31 days from your joining date to take advantage of \$150,000 of Term Life and \$1,000 Long Term Disability benefits without evidence of insurability as long as you are under the age of 65 and working full time.

__ Check here if you would like to apply.

Call 800-423-4992 for more information or e-mail: benefits@smaservicesinc.com

The Value of your SMA Membership For more information on Total Practice Performance components, simply check the appropriate box below and fax to 205-945-1830. An SMA Professional will contact you regarding any questions you may have or you may call 800-423-4992 so an SMA Professional can assist you over the phone. You can also visit our website at www.sma.org. Phone (___ Name Medallion Level CME Southern Medical Association is accredited by the ☐ Southern Medical Journal ☐ SMA Annual Scientific Assembly Accreditation Council for Continuing Medical Educa ☐ SM/Table of Contents Alert ☐ Live Clinical Conferences to provide continuing medical education for physician ☐ Research and Education ☐ SM/ Summary Pod Cast All CME activities are planned and produced in accordance with ACCME Essentials, Standards Endowment Fund ☐ SMI CME Articles and Policies ☐ E-Newsletter ☐ Rapid Response ☐ SMAtips ☐ Member e-Newsletter ☐ MedEd On-Demand Library Resident Programs ☐ Chief Residents Conference Practice Management ☐ Healthcare Strategic Planning ☐ Start-Up Assistance ☐ Contracting/Reimbursement Analyses ☐ Group Mergers and Formations ☐ Fee Schedule Analysis ☐ Interim Management ☐ Practice Operational ☐ Financial Analysis Assessments ☐ Training, Publishing, and Education ☐ Employee and Physician ☐ Revenue Cycle Analysis Compensation Planning ☐ Coding and Compliance Resident Programs ☐ Your Place in Today's Medicine Personal And Professional Financial Security Insurance Program Products Retirement Program Products Physicians' Purchasing Program Open Access Plus ☐ Defined Contribution Plan ☐ Phillips HeartStart OnSite ☐ Basic Medical Plan ☐ Defined Benefit Plan Defibrillator ☐ Coding Books and Software ☐ The Physicians' Courtesy Plan ☐ Hybrid Plan ☐ Consumer Products ☐ Hospital Indemnity Plan ☐ Plan Document Design ☐ Plan Administration ☐ Prescriber's Letter ☐ Vision Service Plan ☐ Paychex ☐ Dental Coverage ☐ Plan Investments ☐ Autoflex Leasing ☐ HealthSavings Account ☐ The SMA-IRA ☐ Schwab Fireproof Filing Cabinets ☐ Medicare Supplement ☐ Registered Representatives and Safes ☐ Group Long Term Disability ☐ Financial Services for Young ☐ Reception Room Magazine ☐ Group Short Term Disability Physicians Subscriptions ☐ Individual Long Term Disability **SMA Marketing Services** ■ Dell Computers Products ☐ Patient Prompt ☐ Website Development ☐ Overhead Expense Insurance ☐ Epocrates/® Handheld Software ☐ Printing and Graphic Design ☐ Group Life Insurance ☐ SMA Sponsored Bank of ■ Audio and Video Production ☐ Accidental Death & America Card Dismemberment .md Domains ☐ Individual Life Insurance SMA Tours ■ WebSafe/MyMedSafe® ☐ Liberty Mutual Offerings ☐ Information ☐ Career Center ☐ Long Term Care Resident Offerings ☐ Mediet Assist ☐ Medical Professional Liability ☐ Insurance Products Insurance ☐ Retirement Products

SMA online at www.sma.org

SMAS online at www.smaservicesinc.com

