

Colon cancer does not need to be a killer

With the proper screenings and early detection, most people can beat colon cancer.

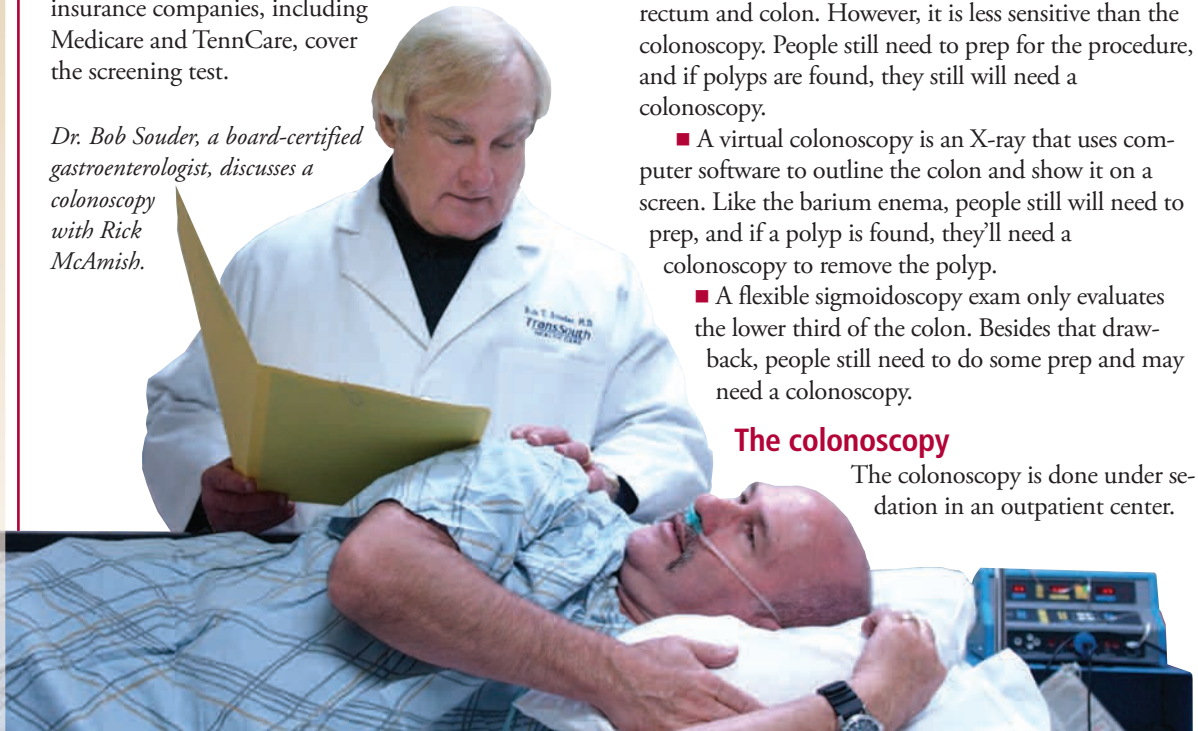
Colorectal cancer is a killer – the second leading cause of cancer deaths in the United States. But it's also curable if detected in time. In fact, if it hasn't metastasized and spread to the rest of the body, 90 percent of patients with the disease are able to beat it.

"It's important for people to know about colorectal cancer," said Dr. Bob Souder, a board-certified gastroenterologist who founded TransSouth Health Care. "Colon cancer is treatable. Colon cancer can be beat with the proper screenings."

Unfortunately, only 41 percent of eligible patients get screened. People at normal risk should have their first screening test at age 50. Some health providers are suggesting age 45 for African Americans who have a higher incidence of colorectal cancer and higher mortality rate.

People don't get the screening for several reasons, Dr. Souder says. They may be uninformed, embarrassed about the procedure or worried about the cost. "We've also seen some patients who haven't been told by their primary care physician to get a screening colonoscopy." As for the cost, most insurance companies, including Medicare and TennCare, cover the screening test.

Dr. Bob Souder, a board-certified gastroenterologist, discusses a colonoscopy with Rick McAmish.



Several screening tests available

■ Colonoscopy is the "gold standard" screening test for colon cancer. With a tiny camera at the end of a flexible tube, the physician can evaluate the entire colon. Besides being a diagnostic tool, the colonoscopy is also therapeutic. The majority of pre-cancerous colon polyps can be removed during the procedure and sent to a pathologist for evaluation.

■ Another test is a fecal occult blood test. Because polyps and cancers can bleed, this test checks for blood in the stool. It is the easiest and least expensive screening test, said Dr. Souder. "We use a fecal immunochemical test here because it has fewer false positives, is more sensitive and more accurate."

■ The double contrast barium enema evaluates the rectum and colon. However, it is less sensitive than the colonoscopy. People still need to prep for the procedure, and if polyps are found, they still will need a colonoscopy.

■ A virtual colonoscopy is an X-ray that uses computer software to outline the colon and show it on a screen. Like the barium enema, people still will need to prep, and if a polyp is found, they'll need a colonoscopy to remove the polyp.

■ A flexible sigmoidoscopy exam only evaluates the lower third of the colon. Besides that drawback, people still need to do some prep and may need a colonoscopy.

The colonoscopy

The colonoscopy is done under sedation in an outpatient center.

Colorectal cancer symptoms ...

- Persistent change in bowel habits
- Unexplained abdominal pain
- Unexplained weight loss
- Rectal bleeding or blood in the stool
- Fatigue and anemia

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Electronic records have many benefits

Physicians practicing at the Woman's Clinic are Dr. Michael Epps, Dr. Paul Gray, Dr. Brad Adkins, Dr. Madhav Boyapati, Dr. Molly Rheney, Dr. David Soll, Dr. Ryan Roy and Dr. Andrea Harper.

The clinic is at 244 Coatsland Drive. For an appointment call 731.422.4642.

For one West Tennessee Physicians' Alliance clinic, taking the steps and making the effort to achieve meaningful use with its Electronic Medical Records (EMR) has paid off.

Besides receiving \$126,000 for its efforts and being one of the first in the state to receive an incentive payment from the Centers for Medicare & Medicaid Services (CMS), the Woman's Clinic also has a more seamless care process for patients.

"The road to achieving meaningful use was not a short one or an easy one, but one that was well worth the effort," said Jon Ewing, Executive Administrator of the Woman's Clinic in Jackson. "It was a collaborative effort that began more than four years ago with a vision to implement electronic health records (EHRs) to improve patient care and lower health care costs. It took teamwork and tenacity from every person in our clinic."

A provider must prove that it has met a set of proposed objectives with its EHR product to be considered a "meaningful user." Clinical quality measures are determined by a core set of measures, as well as a specialty-specific subgroup. To be eligible for an incentive payment, the practice must use a certified EMR and must meet meaningful use criteria for at least 90 continuous days, and then for the entire year each subsequent year to continue to qualify.

"A wide range of information must be captured on each patient, such as demographic information and a drug allergy checklist, and each patient gets a written summary of the visit," said Ewing. "We chose to go through the meaningful use process on the Medicare side, which is harder to do. This year to qualify, we have to meet the criteria for the entire year for 50 percent of the total patient population. The payoff is essentially \$144,000 over three years for each physician in our clinic."

A huge adjustment

The process was not a simple one. "Just switching from paper charting to electronic charting was a huge adjustment for all of us, especially for some of

our physicians who were used to writing rather than hunting and clicking through a template," said Ewing.

Then, information had to be captured on each patient and in a consistent manner that could be tracked, he said. "It all took quite a bit of getting used to and a great deal of coordination and input from all our staff.



Dr. Madhav Boyapati enters patient information into the clinic's electronic medical records.

As with any change, there was some resistance and a learning curve, but in the end, we all took the attitude that we were going to do whatever it took."

"If you're not that great at typing, then it takes longer, and initially it can slow down patient flow through your clinic as doctors adjust to the new way of charting," said Dr. Madhav Boyapati, a board-certified obstetrician/gynecologist with the clinic.

"However, what is lost in speed is gained in "legibility, accuracy, reproducibility and simultaneous access."

Patient care coordination increases

The clinic's EHR helped it improve patient care coordination. When a mother-to-be arrives for one of several prenatal visits at The Woman's Clinic, for example, she often sees a different physician, depending on who is on call. Because physicians now type the details of patient visits rather than hand-write them, each physician can easily read what the last one noted, allowing for better continuity of care.

The benefits of the electronic record reach beyond the clinic's walls. Patients, for example, can access their personal medical information through clinic website patient portals into the system.

"We knew that EMRs were going to be an inevitable part of our practice several years ago," said Ewing. "So taking the steps to attest meaningful use and getting some of the incentive payment associated with it made sense. We can use these monies to offset the costs we incurred to install and implement the EMR system. Following the steps to become a meaningful user also means we are better serving our patients."

When a mother-to-be arrives for one of several prenatal visits at The Woman's Clinic, she often sees a different physician, depending on who is on call. Because physicians now type the details of patient visits into the electronic medical records system rather than hand-write them, each physician can easily read what the last one noted, allowing for better continuity of care.



Jenny Nieuwboer, wearing a white shirt in the center of the mirror, above, leads a Zumba class in the new multi-purpose room at Boomers, a fitness center that is part of Physicians Quality Care.

Expansion = better patient service

As summer begins, Physicians Quality Care is finishing up an expansion that means more room for patients and services.

“Our ultimate purpose is to cut waiting times,” said Dr. Jimmy Hoppers, who founded the urgent care clinic with his wife, Dr. Melanie Hoppers.

“Everything we do is geared to our guests to make their visit to our clinic as seamless and painless as possible.”

The 1,100-square-foot expansion includes three more examination rooms; a “women’s suite” for annual exams, cosmetic procedures and other needs; an expanded treatment room for such procedures as sutures and putting casts on broken bones; a dedicated area for non-invasive cardiology; more administrative space; and a multi-purpose room that will be used for everything from diabetic education classes to Zumba. Outside there are 19 more parking spaces.

“We really needed more space,” said Dr. Hoppers. Since the clinic opened four years ago, patient volume has increased each month. “We have grown so fast that the extra office space we created is already tight.”

With the help of the extra space, he said, “we have gotten more efficient with how doctors, nurses, receptionists, and lab and other employees interact to provide patient care. With over 150 patients seen on an average day, if we save even one minute per patient visit, we are saving 2.5 hours of time in one day. The staff has done an excellent job.”

Cutting waiting times before a patient is seen also has been successful, Dr. Hoppers said.

“We’re trying to make it easier on the patient who comes here. Excellent medical care is a given. If you are not providing that, you shouldn’t open your doors. That said, our goal is to treat people the way we would want to be treated.

The value we place on your choosing us for care is shown in our making the wait time as minimal as possible. We know your time is valuable.”

Non-emergency patients can check in and register with the receptionist and leave if other people are waiting ahead of them. The clinic will email or text them when it is their turn to be seen. Dr. Hoppers compares it to “the Fast Pass” at Disney World. “Come back as you can, and you’ll be next.”

Patients also can schedule an appointment during a

Physicians Quality Care, at 2075 Pleasant Plains Extended in Jackson, is open from 7 a.m. to 11 p.m. seven days a week.

The clinic specializes in urgent care, treating any acute, non-life-threatening illness. It also provides school and sports physicals, women’s health exams, laser treatments, Dysport and Restylane cosmetic injections, and other routine examinations.

Visit physiciansqualitycare.com for more information or call 731.984.8400.

non-peak time on the clinic’s website.

“Emergencies aside,” Dr. Hoppers continued, “in a walk-in clinic like ours, your wait time is dependent on the number of people who decided to come for care when you did. I can’t control if you are the 20th person with a sinus infection to show up at the clinic. But we can control how we value your time and do the best to streamline the process.”



Dr. Peter Gardner, below, treats Candice Puraty in one of the new exam rooms added in the clinic’s expansion.

EMG Clinics: 'Things worth doing

Patients at EMG Clinics of Tennessee can rest assured knowing that they're receiving top-notch care from board-certified physicians and nationally certified technicians in an accredited facility.

Both Dr. Ron Bingham and Dr. Miles Johnson are dual board-certified physicians by the American Board of Physical Medicine and Rehabilitation and the American Board of Electrodiagnostic Medicine.

The two doctors and their four technicians also are certified through the American Association of Neuro-muscular and Electrodiagnostic Medicine (AANEM).

This new credential for the technicians is tailored to capture the specialized knowledge, skills and abilities of professional electroneurodiagnostic technologists trained and educated in nerve conduction studies. The four Certified Nerve Conduction Technologists at EMG Clinics of Tennessee are Suzanne Bingham, Beth Giles, Melonie Brasher and Amanda Casey.

To be certified to do a nerve conduction study, the technicians took written and practical exams, were supervised by a physiatrist or a neurologist experienced in electrodiagnostic medicine for a year, and worked with at least 250 patients.

There are only 213 AANEM-certified technicians in the United States; four of them are at the EMG Clinics of Tennessee.

"We think it's important that the doc-



Dr. Ron Bingham does an electromyography test to check how well a muscle functions.

tors and technicians be board-certified to increase the accuracy of the diagnosis," Dr. Bingham said. "Things

Interesting cases at EMG Clinics

Dr. Ron Bingham, Dr. Miles Johnson and the certified technicians at EMG Clinics of Tennessee do much more than evaluate neuropathy, carpal tunnel syndrome and other common nerve and muscle problems.

"We find ourselves seeing more and more complex cases and serving a wider geographic area," said Dr. Bingham.

Here's a sampling of some of their interesting recent cases ...

■ A man has a water skiing accident and dislocates his shoulder. His shoulder muscle becomes weak. "We test and determine that the nerve to the deltoid muscle has been injured, but not severed," said Dr. Bingham. "The outlook is good; no surgery is needed."

■ A patient is unable to shrug or raise his right shoulder. He gets a lump in his throat when trying to swallow. During the physical exam, Dr. Bingham notices that the trapezius (shoulder) muscle is smaller on the right side of the patient's body. "Based on the pa-

tient's history and the exam, we find that the man has a pinched nerve in the base of his skull. We recommend special X-ray studies; a cancerous tumor is found and surgically removed." The man is doing well today.

■ An elderly man comes in with weakness; he can't raise his leg to get into the car. "Our testing determines he has a muscle disease called inclusion body myositis, which is treatable with steroids. He had been suffering for two years, seeing numerous physicians before he was sent to us."

■ While grocery shopping, a woman can't let go of a can of soup. Instead of picking up items for her grocery cart, she slides them off the shelves and into the cart. A man can't let go of a handshake, creating social problems. Both have the disease myotonia congenital, or the inability to relax certain muscles.

■ A woman complains she can no longer push the hairspray button with her index finger. "We find she has a pinched nerve in her forearm," said Dr. Bingham. "Surgery released the nerve, and her problem was solved."

g are worth doing right'



worth doing are worth doing right.”

Diagnosing nerve and muscle conditions is complex, Dr. Bingham says. “If done incorrectly, the patient may not get the treatment he or she needs or they may get surgery that they don’t need. Hundreds of nerve and muscle diseases can cause weakness, pain or a sensory disturbance. It is very difficult to differentiate one from another.”

A need for experience

For example, a common pitfall for the untrained, less-experienced EMG provider is failure to record the temperature of a limb. A patient with a cold hand who just came to the clinic on a cold winter day might appear to have abnormal nerve conduction. “A nerve conduction study measures how fast electricity goes from point A to point B,” Dr. Bingham explained.

“A cold temperature slows it down. The tester may inaccurately diagnosis the disease or a pinched nerve.”

Testing nerves and muscles has been around since the 1950s, Dr. Bingham said. “Now many of us have chosen to focus on it; we’re specialists.”

Most people know that nerve and muscle testing is commonly done to detect carpal tunnel syndrome in the wrist or evaluate neuropathy, but the specialty encounters many different types of problems. “We see patients who can’t bend their fingers, raise their eyebrows or who have abnormal movements of the arms and legs,” said Dr. Bingham. (See story at left.)

For patients, the process is easy. They are referred to EMG Clinics of Tennessee by another provider who wants to know why a patient has pain, weakness or numbness in a particular part of the body, typically in the arm or leg.

First a physical exam and patient history

Dr. Bingham starts the visit with a physical exam of the patient and the patient’s medical history. A physical exam tests the strength, range of motion and reflexes. He looks for atrophy and signs that a muscle might be

Nerves are like wires in the arms and the legs. A nerve conduction study measures how fast electricity goes from point A to point B.

Another Achievement for EMG Clinics

EMG Clinics of Tennessee was recently notified that it received the Electrodiagnostic (EDX) Laboratory Accreditation with Exemplary Status from AANEM. This accreditation is a voluntary, peer-review process that identifies and acknowledges EDX laboratories for achieving and maintaining the highest level of quality, performance and integrity based on professional standards developed by AANEM.

“This prestigious accreditation shows how serious we are about this important element of patient care,” said Dr. Ron Bingham, who also is board certified in physical medicine and rehabilitation and electrodiagnostic medicine. “Our ten facilities are the first accredited laboratories in West Tennessee and the Memphis metropolitan area.”

Accreditation provides laboratories specializing in EDX medicine with a structured mechanism to assess, evaluate and improve the quality of care provided to their patients. Exemplary Status is the highest level of accreditation an EDX laboratory can achieve under the AANEM Accreditation Program.

weak. He also looks for abnormal twitching.

Dr. Bingham then tells one of his certified technicians what nerves to test based on his evaluation and the patient’s symptoms.

“The nerves are like wires in the arms and the legs,” Dr. Bingham said.

He then reviews the nerve conduction test and follows up with an electromyography test, which involves placing an electrode under the skin into the muscle. This test measures how well the muscle works.

A report is then sent to the referring physician. Patients go back to the referring provider for treatment.

The technicians and physicians also have iPads, which they can use to research difficult, unusual cases, said Dr. Bingham.

“We really foster a learning environment where we work as a team and do the best we can for the patient. The few cases that stump us have us spending a lot of time doing research; we’ll even ask the patient to come back so we can do more assessments.”

Dr. Ron Bingham and Dr. Miles Johnson work at EMG Clinics of Tennessee. The administrative office is at 3035 N. Highland Avenue.

For more information, visit emgclinics.com.

Jackson has some really great doctors.

We are proud to call them members.

Allergy

Allergy & Asthma Care: 660-0138

- Alan DeJarnatt, M.D.

Anesthesiology

Professional Anesthesia: 424-1408

- Ben Anderson, M.D.
- Charles Freeman, D.O.
- Lauri Anne Gorbet, M.D.
- Timothy Hutchison, M.D.
- Michael Lam, M.D.
- Michael Martindale, M.D.
- Charles Poole, M.D.
- Todd Seabrook, M.D.

Cardiology

Adv Cardiovascular: 215-1281

- Alexander Alperovich, M.D.

Apex Cardiology: 423-8200

- Henry Lui, M.D.
- Mallory McClure, M.D.

Cardiovascular Clinic: 256-1819

- Adey Agbetoyin, M.D.

Mid-South Heart Center: 423-8383

- Louis Cunningham, M.D.
- Tommy Miller III, M.D.

Skyline Cardiovascular: 410-6777

- Thomas Salvucci, D.O.
- Ronald Weiner, D.O.

Dermatology

Dermatology Clinic: 422-7999

- Mac Jones, M.D.
- Patrick Teer, M.D.

Family Practice

Northside Medical Clinic: 668-2800

- Jeremy Draper, M.D.
- Timothy Hayden, M.D.
- Elizabeth Londino, M.D.

Patient Centered Care: 215-2888

- Kim Howerton, M.D.

Kenneth Warren, M.D.: 664-0103

Gastroenterology

Medical Specialty Clinic: 424-1001

- Robert Hollis, M.D.
- Daniel Kayal, D.O.
- Ami Naik, M.D.

TransSouth Health Care: 661-0086

- Allan Menachem, M.D.
- Bob Souder, M.D.

General Surgery

Jackson Surgical: 664-7395

- Daniel Day, M.D.
- Dean Currie, M.D.
- David Laird, M.D.
- David Villarreal, M.D.

Madison Surgical Clinic: 660-6101

- Thomas Edwards, M.D.

Gynecology/Obstetrics

Jackson Reg. Women: 668-4455

- Sandra Boxell, M.D.
- Keith Micetich, M.D.
- Lane Williams, M.D.

Woman's Clinic: 422-4642

- Brad Adkins, M.D.
- Madhav Boyapati, M.D.
- Michael Epps, M.D. (GYN ONLY)
- Paul Gray, M.D.
- Andrea Harper, M.D.
- Molly Rheney, M.D.
- Ryan Roy, M.D.
- David Soll, M.D.

Hematology/Oncology

Cancer Care Center: 668-1668

- Brian Walker, D.O.
- Archie Wright, D.O.

Oncology/Hematology: 541-9561

- Clyde Smith, M.D.

Internal Medicine

Eze Clinic: 661-0067

- Gift Eze, M.D.

Goodwin & Associates: 668-9791

- Stephen Goodwin, M.D.

Ultimate Health: 265-1997

- Samuel Bada, M.D.

John Woods, M.D.: 664-7949

Nephrology

West TN Kidney Clinics: 668-4337

- Susan Alex, M.D.
- Ram Chary, M.D.
- Shirish "Joe" Joglekar, M.D.
- R. Mulay, M.D.
- Murty Narapareddy, M.D.

Neurology

Greystone Medical: 661-0131

- Marcus DeSio, M.D.

Ophthalmology

Eye Clinic: 424-2414

- Mark Bateman, M.D.
- Hilary Grissom, M.D.
- Bruce Herron, M.D.
- Sean Neel, M.D.
- Jason Sullivan, M.D.
- Art Woods, M.D.

Hughes Eye Center: 664-1994

- David Underwood, M.D.

Orthopedic Surgery

Sports/Orthopedics: 427-7888

- Scott Johnson, M.D.
- John Masterson, M.D.
- Keith Nord, M.D.
- Timothy Sweo, M.D.
- Bradford Wright, M.D.
- David Yakin, M.D.

West TN Bone & Joint: 661-9825

- Harold Antwine III, M.D.
- Michael Cobb, M.D.
- John Everett, M.D.
- Doug Haltom, M.D.
- Jason Hutchison, M.D.
- David Johnson, M.D.
- David Pearce, M.D.
- Kelly Pucek, M.D.
- Adam Smith, M.D.
- Lowell Stonecipher, M.D.

Otolaryngology

West TN ENT Clinic: 424-3682

- Karl Studtmann, M.D.
- Keith Wainscott, M.D.

Pain Medicine

Pain Consultants: 660-5116

- Frank Jordan, M.D.

Pediatrics

Child Care Clinic: 664-8080

- Kay Joglekar, M.D.

Children's Clinic: 423-1500

- Todd Blake, M.D.
- Bruce Maley, M.D.
- Amelia Self, M.D.
- David Self, M.D.
- Theresa Smith, M.D.

Physical Medicine/Rehab

EMG Clinics of TN: 664-0899

- Ron Bingham, M.D.
- Miles Johnson, M.D.

EMG Specialty Clinics: 668-9899

- Remy Valdivia, M.D.

West TN Rehab Group: 664-7744

- Davidson Curwen, M.D.

Plastic Surgery

Plastic Surgery Clinic: 668-2490

- Marshall Yellen, M.D.

Podiatry

East Wood Clinic, Paris: 642-2025

- David Long, D.P.M.

Podiatry Clinic: 427-5581

- Terry Holt, D.P.M.

Pulmonology/Critical Care

Mid-South Lung Center: 422-4241

- Ravis Curry, M.D.

Rheumatology

Arthritis Clinic: 664-0002

- Jacob Aelion, M.D.
- Nimesh Dayal, M.D.
- Satish Odhav, M.D.

Spine Surgery

Adv. Spine Institute: 506-4607

- Robert Talac, M.D.

Urgent Care

Physicians Quality Care: 984-8400

- Jimmy Hoppers, M.D.
- Melanie Hoppers, M.D.

Urology

Jackson Urological: 427-9971

- David Burleson, M.D.
- John Carraher, M.D.
- Raymond Howard, M.D.
- Peter Lawrence, M.D.
- Donald McKnight, M.D.
- Scott Yarbro, M.D.

Colon cancer does not need to be a killer

... Continued from Page 1 of the Alliance newsletter

The patient feels no pain and doesn't even remember the procedure afterwards. Dr. Souder uses Diprivan sedation, which leaves the patient's system quickly. Depending on whether the physician needs to remove any polyps, the procedure usually takes 10-20 minutes.

Many people don't worry about the colonoscopy itself. It's the prep during the day and night before the procedure that they would prefer to avoid. The prep usually involves drinking a lot of solution that causes the bowels to empty. In the 24 hours or more before the test, the patient ingests only clear liquids.

Multiple colonoscopy preps ...

The most common colonoscopy prep is the "go lightly" prep, which involves drinking a gallon of solution that is only ingested in the gastrointestinal tract. This prep, Dr. Souder says, was first developed for renal dialysis and congestive heart failure patients who have to worry about fluid overload.

He also recommends colon hydrotherapy – a safe, FDA-approved method for bowel cleansing that prevents patients from having to drink the traditional bowel prep. Instead, the patient drinks one bottle of

magnesium citrate and laxative tablets. The hydro prep, done in Jackson at Hydro Rejuvenation MediSpa, is performed an hour or two before the colonoscopy.

Occasionally, Dr. Souder says he will rec-



Dr. Bob Souder performs a colonoscopy, which is considered the 'gold screening' for colon cancer.

ommend a pill preparation if the patient is healthy. A release form is required because, in some patients, the pill preparation can lead to kidney damage.

When seeking a physician to get a colon screening, he added, "it is important that a person find a gastroenterologist who has experience in doing a large volume of colonoscopies on a regular basis. The experience of the colonoscopist is important in decreasing the risk of complications and making the correct diagnosis."

When Dr. Souder opened his first practice in Jackson in 1979, he was the only board-certified gastroenterologist in town. At the time, other physicians were screening for colorectal cancer usually with barium enemas. It took a few years and the voice of the second board-certified gastroenterologist in town to convince providers that a colonoscopy was the preferred screening test, he said.

"It became obvious that the colonoscopy was better at finding polyps and that it could be used to take biopsies and remove polyps."

Colorectal cancer should not be the second leading cause of cancer deaths in this country, Dr. Souder said. It's preventable, treatable and beatable — three great reasons to be screened for colorectal cancer.

Decreasing your risk

Besides screenings, you can take other steps to lower your risk of getting colon cancer, including:

- Stop smoking
- Lose weight
- Exercise
- Take hormonal therapy in post-menopausal women
- Eat a high fiber diet and decrease red meat consumption
- Take a multi-vitamin with folic acid

Who should get a colon screening and when?

A patient is considered average risk if he or she has no family or personal history of pre-cancerous colon polyps or cancer and no personal history of inflammatory bowel disease, such as ulcerative colitis and Crohn's disease.

The average-risk person should have the first colon screening at age 50, and if nothing is found, screening every 10 years.

The risk for average-risk patients only changes if a colon polyp is found during the colonoscopy or if an immediate family member gets colon polyps or can-

cer, placing the patient in the high-risk category.

The high-risk patient – one with a family history of colon polyps or cancer, or a history of inflammatory bowel disease, usually gets a colon screening every three to five years, depending on the physician's recommendation.

Dr. Souder also suggests that high-risk patients get a fecal occult blood test every year.

Some people with a family history of hereditary colorectal cancer get their first colonoscopy in their teens. These patients may require genetic testing.

Dr. Bob Souder, practices with Dr. Allen Menachem at TransSouth Health Care, 9 Physicians Drive. Both are board-certified gastroenterologists who specialize in diagnosing and treating conditions of the gastrointestinal tract and the liver. For an appointment, call 731.661.0086.

Physician offers patient-centered care

Dr. Kimberly Howerton, a board-certified family physician with Patient Centered Physician's Care, P.C., has joined the West Tennessee Physicians' Alliance.

Dr. Howerton established Patient Centered Physician's Care in September 2010 with the intent "to transform the health care experience." After being a patient herself, she said, she realized that medical care needed to be more personalized, accessible and patient-centered.

Dr. Howerton, a West Tennessee native, is a graduate of Christian Brothers University in Memphis. She received her medical degree from the University of Tennessee-Health Sciences Center School of Medicine. She remained in Memphis as a part of the University of Tennessee-St. Francis Family Medicine Residency Program. Dr. Howerton also completed a fellowship in Advanced Women's Health at UT-St. Francis.

Dr. Howerton is a clinical assistant professor with the UT-Jackson Family Medicine Residency program and is an active member of the Ten-

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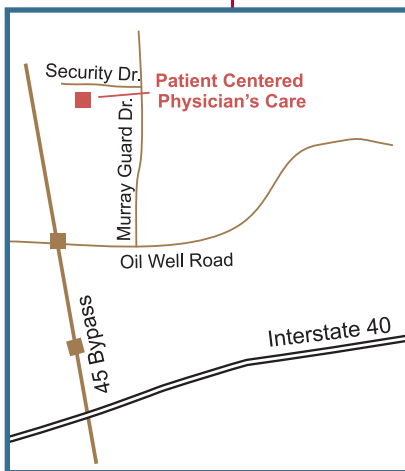
As a physician and mother, Dr. Howerton is committed to providing personalized care for patients of all ages. Same day appointments are available for acute care (sick) visits, management of chronic medical problems, and even for well-child visits (immunizations) or annual physicals.

She also performs minor surgery, laceration repair, pulmonary function testing, Mirena, Implanon, colposcopy, and LEEP in the office. Her in-house lab also provides routine tests, such as cholesterol, hemoglobin A1c, CBC, rapid strep, mononucleosis, urinalysis and pregnancy testing.

Patient Centered Physician's Care is at 25 Security Drive, Suite A. Office hours are 8 a.m. to 5 p.m. Monday through Friday. To schedule an appointment, call the office at 731.215.2888.



Kim Howerton, M.D.



Our doctors treat your whole family ...



The West Tennessee Physicians' Alliance represents more than 100 Jackson physicians who practice 25 different specialties in independent clinics.

Check us out at www.wtpa.com. For an appointment call your doctor's clinic. Doctors and clinics are listed on Page 6 of this newsletter.

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*Alliance physicians
meet all of the
medical needs of
your family.*
www.wtpa.com

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nessee Academy of Family Physicians, serving as the secretary-treasurer. She is co-editor of the *Tennessee Family Physician* and serves as a patient advocate on several state committees.

As a physician and mother, Dr. Howerton is committed to providing personalized care for patients of all ages. Same day appointments are available for acute care (sick) visits, management of chronic medical problems, and even for well-child visits (immunizations) or annual physicals.

She also performs minor surgery, laceration repair, pulmonary function testing, Mirena, Implanon, colposcopy, and LEEP in the office. Her in-house lab also provides routine tests, such as cholesterol, hemoglobin A1c, CBC, rapid strep, mononucleosis, urinalysis and pregnancy testing.

Patient Centered Physician's Care is at 25 Security Drive, Suite A. Office hours are 8 a.m. to 5 p.m. Monday through Friday. To schedule an appointment, call the office at 731.215.2888.



Kim Howerton, M.D.

