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CURRICULUM VITAE

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Profile

Currently I am an actively practicing, board certified, solo Pediatrician in McDonough, Georgia under the corporate name of Ron Smith, MD Pediatrics and Adolescent Medicine, P.C. On November 17, 2011, I was appointed as an Assistant Clinical Professor in the Department of Pediatrics at Mercer University School of Medicine. I have been solo since May of 2010, where prior to that I was in a partnership with another Pediatrician, with whom I co-owned my current location, and practice locations in nearby Hampton and Fayetteville. Our partnership began in when I moved to Georgia where I was licensed on 4/2/1998.

Our practice presence was first at Fayetteville, then expanded to an early location in McDonough. Later we opened the Hampton location. We employed one other Pediatrician, a Physician's Assistant, and three nurse practitioners at our peak when we were seeing about 33,000 patient visits a year for all locations.

At the end of 2000 and early in 2001, I developed our paperless medical record information system called PaperCutPro®. With it we tracked all patient medical information, vaccines, and examinations. It was a networked solution as well linking both offices so that patients could be seen at either location and all information accessible at all times. Currently this system is in its fourth version and has an expanded feature set including full GRITS integration, full EOB processing integration, realtime credit card processing, complete lab instrument integration and interaction, vaccine inventory control and scanning, and a great new patent pending technology called PediKey®.

A PediKey® is a memory device (currently a flash drive) that is encased in a small, sealed aluminum keychain dongle. A PediKey® integrates with my PaperCutPro® software specifically and automatically. One PediKey® holds all the medical record documents for all the children in a family in a simple password protected PDF format. Document types include vaccines, examinations, growth charts, etc.

Parents, and whomever they wish, can carry them on a keychain and the PDF documents can be read by practically any computer in the world by simply entering one password that is easily remembered. The medical records on a PediKey® can be updated at will, and without staff assistance, by simply inserting it into a kiosk in our foyer, which is designated solely for that purpose. Parents can thus have complete and updated medical records with them at all times without having to rely on the internet.

Besides computers and programming in medicine, there have been other highlights of my medical career. In the course of my Pediatric residency at the University of Oklahoma, Tulsa Medical College, there were two very strong influences that have had a profound effect on me as a physician.

The program at that time had only about 7 or 8 full time Pediatric faculty while it boasted about 70 or 80 clinical faculty supervising residents in the care of both their private and the program clinic patients. The breadth of our exposure to the varied Pediatric training of each of the clinical faculty seemed an extraordinary advantage to me.

St. Francis, the largest of the three hospitals there, had about 1000 beds, and was home to the Eastern Oklahoma Perinatal Center (EOPC), a 45 bed neonatal unit. Patients were referred from as far as the adjacent western corners of Arkansas and sometimes Missouri. At any one time there were three first

year residents and a second or third year resident staffing the unit and supervised by board certified neonatologists and neonatal fellows. Because this era was pre-surfactant, the mortality rate was over 30%. It was not an uncommon occurrence for residents to direct dual code teams resuscitating babies. The year after I certified and went on to private solo practice, the EOPC got their first corporeal membrane oxygenator.

Most of the residents, myself included, chose to moonlight there, since that was really the only source of extra income available to us. Besides tempting me several times toward neonatology, it had a tremendously profound effect on my primary clinical care delivery.

Tulsa had no Pediatric intensivists at that time. Besides supervising first year residents with floor patients, third year senior residents at St. Francis personally supervised PICU patients. I'll forever remember one of the sickest patients I cared for who was admitted for profound hypernatremia. A local rural physician had given the child's mother instructions on how to mix her own rehydration solution instead of just buying Pedialyte. This mother mixed it incorrectly and the child was admitted with a serum sodium of 175.

Carefully calculating fluids and electrolytes to supplement and prevent a sudden, fatal drop in sodium I reduced it to 169 over the first 24 hours. Despite a partial brain stem herniation that may have been impending regardless, careful electrolyte management and mechanical ventilation resulted in her full recovery.

All the residents did many, many lumbar punctures, suprapubic taps, and full septic workups, etc. I've done hundreds of umbilical artery catheters, chest tubes, and endotracheal intubations for ventilatory failure and meconium aspirations over the years. Our clinical disease spectrum was quite wide as well. While there in Tulsa, for example, I had our first Pediatrics AIDS patient at a time when that disease was brand new and unheard of there.

I went straight into solo Pediatric practice from residency in El Dorado, in my home state of Arkansas. It is a town of just 25,000 population and which was just a dozen miles from the Louisiana border and 2 or more hours away from any kind of Pediatric or neonatal referral center. There was an exceptional nursery already doing some neonatal intensive care and only 4 local Pediatricians. I continued to practice level III neonatology.

During my 6 1/2 years in Arkansas, I cared for some 69 sick premies ranging in gestation from 28 weeks to term and 1 pound 13 ounces and up. I routinely managed ventilators and total parenteral nutrition and performed chest tubes, partial and double volume exchanges, lumbar punctures, umbilical artery catheterizations, suprapubic taps. On the Pediatric floor, I routinely took care of meningitis, vomiting and dehydration, pneumonia, etc., and even had to do a couple of blind nasotracheal intubations.

It was in the middle of my practice in El Dorado, also, that we Pediatricians and our nursery participated in the first clinical trials of Exosurf, the first artificial lung surfactant to treat premies to prevent RDS. I was routinely using artificial surfactant routinely and the decrease in the premie mortality and morbidity was an important highlight in my medical career.

Toward the end of my practice in El Dorado, my wife and I decided to opt for a slower pace. We moved our family to Decatur, Texas, a little town in Wise County north of Fort Worth. The county population was about 25,000, and Decatur, its the largest town was little more than 4,000. I was the first and only Pediatrician there for some 5 years.

In the latter part of my stay there I was engaged as a corporate Pediatrician working for Cook Fort Worth Children's Hospital. This experience proved untenable. I was still working in my same clinic and seeing my same patient load, but they managed the practice very, very poorly. We decided to move to Georgia where there was a partnership opportunity with another, older Pediatrician.

He and I practiced together for some ten years, but one thing led to another and we dissolved the partnership. Now being back in solo practice again I know I'm where I belong. I've realized that though there is excitement to experience in subspecialties like Pediatrics, that being in the trenches and on the front lines, I get to see things that subspecialists would never see both clinically and historically. I remember when they improved the Pertussis vaccine and how that reduced the reaction rates in my practice. I remember when the Hib vaccine came along and how that my usual two cases a year of hemophilus meningitis dropped to zero where it has stayed ever since.

Since once again being solo since May of 2010, I have focused on providing the best patient and parent experience. I enjoy being on the cutting edge—often bleeding edge—of technology in primary care practice, yet creating a clinic environment that is conducive and satisfying to my patients, my parents, my nurse practitioners, and my office staff. I take all my own call and I feel like a modern-day 'Doc Hollywood' who treasures most of all the relationships with patients and parents. Of all the things that I've done and seen, they are the best experience of my career.

Practice Philosophy

I believe strongly in apprenticeship style teaching, and I enjoy it. I currently employ three Pediatric nurse practitioners in my practice, and we have student nurse practitioners rotate through our office. I want my staff and ancillary service people—from the cleaning crew to the answering service—to also be part of good patient care. Here after almost thirty years of practice, I would like to see new Pediatricians coming out of residency be able and willing to step out into solo practice, and do well when they replace me. I want student physicians to inculcate and enjoy both the practice and business of the Pediatrics, despite the current changing landscape of the profession.

Experience

May 2010 to Present

Private solo Pediatric practice at 543 Jonesboro Road, McDonough, Georgia.

April 1998 to May 2010

Private Pediatric practice in Fayetteville, Georgia, briefly as an employed physician before becoming a full partner with John Potts, MD. During this time we expanded first to previous location in McDonough, Georgia, and then to Hampton, Georgia. At its peak our practice with 7 providers was seeing 33,000 patient visits a year.

February 1993 to April 1998

Private solo practice in Decatur, Texas, Wise County. Toward the end I became an employed physician of Cook Fort Worth Children's Hospital but continued my practice in the same location with the same patients.

July 1986 to February 1993

Private solo Pediatric and heavy neonatology practice in El Dorado, Arkansas. I was board certified here a couple of years after starting my solo practice. I was a clinical faculty instructor for the El Dorado Family Practice Area Health Education Center, a Family Practice Residency training program with about a half dozen sites situated throughout the state of Arkansas, and which was affiliated with the University

Education

July 1983 to July 1986

Pediatrics Residency, University of Oklahoma, Tulsa Medical College, Tulsa, Oklahoma— Certified

August 1979 to May 14, 1983

University of Arkansas for Medical Sciences— MD Degree, FLEX (Federal Licensing Exam) qualified, state licensed

Fall 1975 to May 18, 1979

Henderson State University, Arkadelphia, Arkansas— Bachelor of Science Degree, Graduated Cum Laude, Majored in Chemistry, Minor in Biology

To summer 1975

Arkadelphia High School, Arkadelphia, Arkansas— Graduated after my Junior year upon obtaining my final English credits in summer school that same year

Skills

Besides medicine. I am skilled in computers, computer database programming, and implementation of computers in real practice solutions. I have programmed some 4 previous practice billing database solutions prior to PaperCutPro® which encompasses all aspects of practice currently. I understand and am successful at the business side of medicine. I take the greatest pleasure in developing strong relationships with the children I care for and their patients.

Having come from a humble background, I learned how to operate heavy machinery such as back-hoes, trenchers, tractors, etc. I was licensed to ride motorcycles as age 13, drive automobiles at 14, and commercial trucks at age 16 in Arkansas. I worked in the natural gas pipeline company my father ultimately built from nothing before going to college.

Personal

My wife Stacy and I have been married now since December, 1977, when I was a Junior in college at Henderson State University. We have two daughters. The youngest, Laura Michelle Smith, is severely handicapped and lives with us. The oldest, Andrea Nicole Marrero, is married and as of this writing, they are raising our two grandsons.

References

John Keller, MD
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Practice web sites with office video tour: <http://www.ronsmithmd.com>
<http://www.openpediatrics.com>