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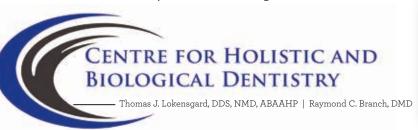
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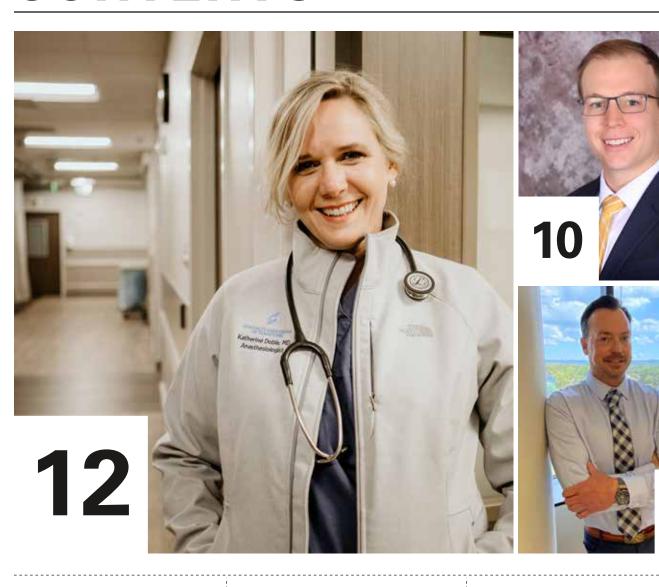
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CONTENTS



PROFESSIONALS

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CREATIVE TEAM

N2 Design Team

Featured

10

MEDICAL NEWS
Tristar Southern Hills
Medical Center Welcomes
New COO

12

FEATURED DOCTOR *Katherine H. Dobie, MD*

22

SPECIALIST SPOTLIGHT Brandon Tolman. DO

INSIDETHIS ISSUE

- **6** FROM THE PUBLISHER
- 11 TECHNOLOGIES
- 21 INNOVATIONS

Are you interested in submitting an article or being featured in an upcoming issue? Contact us at mark.casey@medprosmag.com.

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MEDICAL PROFESSIONALS

NASHVILLE | 5

from the PUBLISHER



PUBLISHER Mark Casey **NASHVILLE**

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show your personality.

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It's hard to know what someone looks like these days since we are all sporting masks everywhere we go. As a medical professional, you have to find ways to express yourself and connect with your patients and your staff when they can't see your entire face. It has always been the case, but it is even more true now that you have to smile with your eyes. Please share your photos of how you are expressing your personality through your mask ... like Dr. Tolman is above.

This month we have the opportunity to introduce several fabulous medical professionals to you. Katherine Dobie, MD, is the President and CEO of Specialty Anesthesia of Tennessee. Her drive and determination not only as a business leader in the medical world, but also as a single mom at home, is beyond inspiring. She is a beacon of leadership at The Bone and Joint Institute and is making her mark in Nashville.

this month and reading their stories!

our community or contribute any content, please reach out to me at mark.casev@medprosmag.com.

Blessings,

Publisher, Medical Professionals Nashville 615.669.1239 mark.casey@medprospag.com

Another physician that we want to introduce you to this month is Brandon Tolman, DO. His decision to pursue medicine came from his own personal injuries that left him in a great deal of pain personally. His purpose is to help his patients the way he was helped by doctors. You will love meeting these local heroes

If you would like to get involved in

Mark Casey





September is **Prostate Cancer Awareness Month**

About 1 in 9 men will be diagnosed with prostate cancer during his lifetime making it the most common cancer in men in the United States.



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Pazona MD

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Centennial/St. Thomas Midtown

Skyline StoneCrest

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Vascular Procedure Centers

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VEINS

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8 SEPTEMBER 2020 MEDICAL PROFESSIONALS MEDICAL PROFESSIONALS NASHVILLE 9





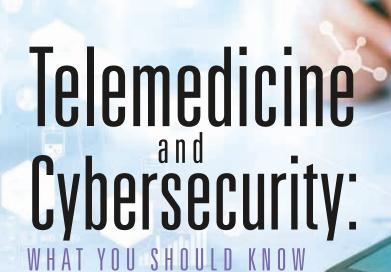


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Sublime

This year has brought many challenges and changes. Every aspect of life has shifted online - work, school, shopping, even healthcare. Services that were once restricted to in-person visits are now available to any individual with an internet connection.

Telemedicine visits have increased by 50% since March 2020 with some projections that virtual healthcare interactions could top 1 billion visits this year (Forrester Research, Inc). In the past, these visits were used in a limited capacity. However, COVID-19 has led to a paradigm shift that has increased accessibility and flexibility and has helped medical practices remain operational during this time. Telehealth solutions are now seen as a vital piece of delivering care to all patients.

It is important to remember that the same technologies that create expanded patient care also create cybersecurity risks. It only takes one account hacked or device breached to endanger patient and provider data. There were 41 million patient records breached in 2019 and a 49% increase in ransomware attempts (HealthcareIT.gov). Twenty-twenty seems to be on pace to surpass those numbers, largely due to phishing attacks related to COVID-19 - who wouldn't be

tempted to click on an email saying "your Covid test results," right?

An increase in people working remotely coupled with a greater number of connected devices has essentially broadened the attack surface for cybercriminals. Potential attacks involve issues with confidentiality (transmitting PHI to unauthorized persons), data integrity (tampering of results or hijacking of IoT devices), data loss (accidental or incidental), availability (disruption or blockage of connection), and loss or theft of equipment.

Even with the risks, it does not seem that telehealth will fade after the pandemic slows. After all, today's demands are tomorrow's preferences. To ensure safe telehealth experiences for both patient and provider, follow these cybersecurity best practices:

Use A Reputable Telecommunication Platform - This must be a "non-public facing" remote platform which is one that allows only the intended parties to participate.

Update Software And Hardware - Patches and updates on your EHR, operating system, and antivirus are important to ensure that the system is protected from new viruses or vulnerabilities.

Virtual Private Network (VPN) -When information is transmitted, it

must be encrypted. A secure message portal is essential.

Utilize Multifactor Authentication - This is a security measure that requires two credentials (e.g. password, PIN, fingerprint) when logging in to an account.

Mobile/Remote Device Management-As more people work remotely, there needs to be a distinction between work devices and personal use devices.

Policies and Procedures - These need to be updated to define telehealth, remote work expectations, mobile device usage (BYOD), proper disposal of information, etc.

Employee Education - Now, more than ever, it is important for all employees to stay up to date on best practices, the latest scams or viruses, and also HIPAA requirements and policy changes.

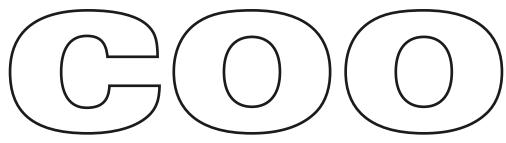
Invest in cyber insurance – Consult your malpractice insurance company to ensure digital services are covered. You may also want Cyber Protection, which helps cover potential costs from a data breach (forensic investigation, legal fees, etc.).

10 | SEPTEMBER 2020 MEDICAL PROFESSIONALS MEDICAL PROFESSIONALS NASHVILLE 11



TRISTAR SOUTHERN HILLS MEDICAL CENTER

WELCOMES NEW



TriStar Southern Hills Medical Center has named Joe White as the hospital's new Chief Operating Officer (COO).

"Joe is an excellent addition to our leadership team," said Joanna Conley, TriStar Southern Hills Medical Center Chief Executive Officer. "His insight and experience will be an asset as we work to create a healthier tomorrow for the communities we serve."

Prior to joining the team at TriStar Southern Hills, White served as the Vice President of Operations and Interim COO at Riverside Community Hospital, the 373-bed facility in Riverside, CA. He served in that role since 2018, following his role as Associate COO and Administrative Resident at MountainView Hospital in Las Vegas, NV. During his tenure at Riverside Community Hospital, White served as the administrative oversight for 15 operational departments, including Cardiovascular Services, Interventional Radiology, Diagnostic Imaging, and Laboratory, among others. He has a strong record of developing service lines through the advancement of new procedures and technology, improving operational throughput, and enhancing employee engagement.

White earned his Bachelor of Science degree in Healthcare Administration from the University of Nevada Las Vegas and his Master of Health Administration from the University of Minnesota. He is a 2019 graduate of the HCA Chief Operating Officer Development Program and a member of the American College of Healthcare Executives. White's community involvement includes work with the American Cancer Society



He replaces Cory Mead, who was recently appointed Chief Operating Officer at Overland Park Regional Medical Center.





Here's what the doctor ordered.

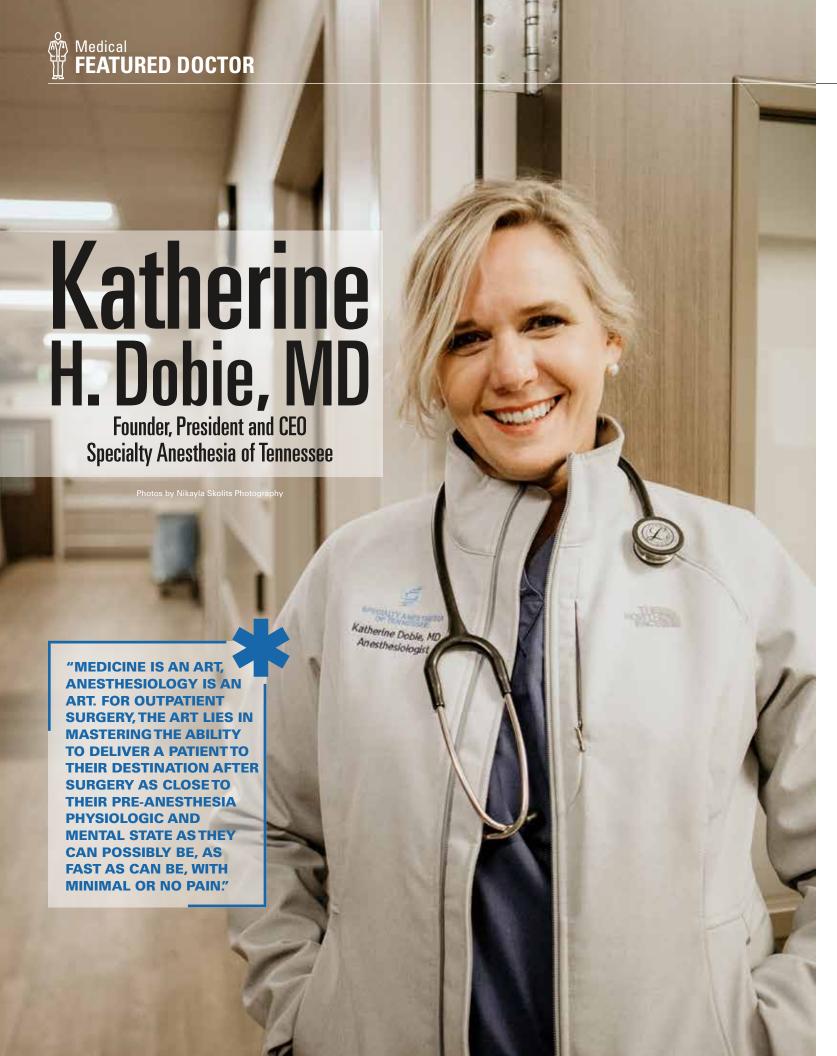
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12 | SEPTEMBER 2020 MEDICAL PROFESSIONALS MEDICAL PROFESSIONALS NASHVILLE | 13





FUN FACTS:

Hometown: Greenville, SC
College: University of South Carolina
Medical School: East Tennessee State
University, Quillen College of Medicine
Residency, General Surgery: University of
North Carolina, Chapel Hill, 2003-2005
Residency, Anesthesiology: Vanderbilt
University Medical Center, 2006-2009
Faculty at Vanderbilt for over 10 years
Lived in Nashville for 14 years

How did you start in medicine?

My father was a neurosurgeon. As soon as I was old enough to follow him around the hospital, I was with him every chance I could get, wearing his white coat dragging the ground, with the sleeves rolled up to its armpits. Often, he had to deliver very difficult news to patients and their families. He would tell me to go stand somewhere in the hallway and wait while he sat down with them. I would hide around the corner so that I could listen,

even though it probably was too much for a young child to hear. In those moments, I knew I wanted to be in his seat one day. I saw him as a healer, but not just a healer of the body, he was a healer in how he talked to people, how he carried them through their most fearful and difficult times. His sense about what anyone, from all walks of life, needed to see, feel, hear in any number of circumstances, was such a gift. I admired him so much. Not only did he take out brain tumors, he instilled courage and hope in, and ultimately gave his heart to, his patients.

I started out following in his footsteps, as a surgery resident. As time went on in that training, I felt my ability to give time to being a mother, which was also a dream, would be challenged by being a surgeon. I chose to change specialties to anesthesiology, originally thinking I would be an intensivist and care for patients in the ICU. I grew to really love being an anesthesiologist, and in particular was surprised at how there was still great opportunity to practice medicine in the way that I wanted – to have the ability to connect with people, even in relatively short bursts of time, during what most people find very scary. I also enjoyed being the one responsible when things were really on the line, in a specialty when the time currency is minutes and seconds. I enjoyed taking

what I learned in surgery and applying it to the bedside in anesthesia, both from a technical standpoint, a clinical standpoint, and also the relationship-building required in the operating room with surgeons and staff. It takes a healthy environment, a team that everyone trusts, and I enjoy helping create that. Early in my career, Vanderbilt gave me an incredible opportunity in a leadership role where I was able to explore these interests further.

What would you consider your greatest achievement in your career prior to founding SAT?

Being named Division Chief of Ambulatory Anesthesiology at Vanderbilt and serving in that role for seven years under Dr. Warren Sandberg. Prior to this appointment, I had served as Medical Director of a very busy orthopedic surgery center, where my team was able to make key advancements in care and efficiency. In my role as Division Chief, I was able to develop as a leader and was able to dis-

MEDICAL PROFESSIONALS NASHVILLE | 15

cover what ultimately became my career's passion – to further the understanding of what drives a high-performing surgery center, where the innovation necessary to safely care for sicker patients and more complex cases outside of a hospital setting merges with efficiency, safety and clinical excellence. We were able to develop the care pathways to achieve this, and the screening, quality and efficiency metrics that point to anesthesiology's vital role as a driver for a center's performance in its entirety, not just within the clinical anesthesia arena. I am very proud of that, and continue to be eager to innovate our care to achieve even more.

What makes your business/practice unique in our community?

Specialty Anesthesia of Tennessee is a concept and a culture. It is a culture of excellence, compassion, innovation, and commitment – to delivering the safest and most outstanding care that every patient deserves. Our concept – we wanted to answer the call for a single surgical specialty anesthesia practice for the Bone and Joint Institute of Tennessee. Over the last decade, my primary clinical focus has been on outpatient orthopedic anesthesia care. I was either directly involved in or the medical director oversight for more than 20,000 orthopedic cases and 8,000 regional anesthetics. It has become my passion. My surgical background fueled my love for "regional anesthesia" - this is the practice of surrounding nerves with medicine, under ultrasound guidance, in order to optimize a patient's anesthetic, and also their pain control during and after the surgical procedure. These procedures, and the proficiency with which we do them, is paramount to excellence in anesthesia care for orthopedic surgery. I love performing these procedures, and have enjoyed fine-tuning our delivery and techniques for them over the years. Our team brings a clinical expertise based on specialty experience that really is unique to most anesthesia groups. We provide a path of care, tailored to the individual patient, for every case in every circumstance, for one specialty.







What are your goals for your practice?

This is an easy question. To deliver the safest anesthesia care, for every patient, every time. To offer the most advanced procedural techniques and care pathways, utilizing the most advanced technology, in the hands of highly experienced anesthesiologists and CRNA's, who are innovative and whose clinical focus and domain is only orthopedic anesthesia. To enhance the operational flow and patient experience of the Bone and Joint Institute Surgery Center. And finally, we will hope to have every patient leave the BJITSC and say, "That was the best anesthesia care I have ever had; everyone cared about me; what an experience."

What has been the SAT's greatest clinical accomplishment thus far?

I have long believed that proficiency's fruit is artistry. Medicine is an art, anesthesiology is an art. For outpatient surgery, the art lies in mastering the ability to deliver a patient to their destination after surgery as close to their pre-anesthesia physiologic and mental state as they can possibly be, as fast as can be, with minimal or no pain – even for somewhat sicker patients, and/or for more complex cases. This summer, we are proud to have launched our outpatient total joint program and have cared for a dozen of these patients to date. All 12 of our patients were happy, awake, able to walk, and able to go home in less than 90 minutes from leaving the operating room. Most importantly, all of them have done extremely well and are extremely happy with their experience.







How do you try and maintain a balanced life outside of work?

I love raising my two girls, Claudia (9) and Evelyn (6.) My husband passed away unexpectedly in the summer of 2017, so it is just the girls and me. I am very busy! We live in a house that is also a passion – it was built in 1830 and is located on five acres on the battlefield of Franklin, where we have a golden retriever named Teddy. It is special to live here, and more recently we have a friend who is helping us dig up and amass an impressive collection of Civil War relics – including cannon balls, buttons, mess plates, gun hammers, to name a few of many. When we bought the house, we renovated the new parts and restored the

old parts to make it historically accurate. From the nails in the floor to the plaster on the walls and everything in between, we did everything like they would have done it in 1830, including décor! I also enjoy entertaining at my home – sometimes big parties. This satisfies my love for music, food, and merriment in general. I am also a tennis player and golfer, I love to hold and cast a fly rod on a pretty river, and the girls and I love to travel.

Who are some of your medical "heroes?"

My father, for all the reasons I described above – one of my favorite quotes of his was, "I have been fortunate to learn from some of the legends in my field, to stand on the shoulders of my heroes in medicine – but my greatest mentor of all was my patients." I believe we are taught the 'art' of medicine from our patients. When I think of how I do things now, both clinically and otherwise, it occurs to me that I have learned most of it by paying close attention to my patients. So I would also say that my heroes are the patients that trust me to carry them through their journey, whatever it may be. It is such an honor and privilege.

What motivates you?

Doing the right thing, and how I can continue to strive to do just that, better and better. In residency, a great surgeon used to answer detailed questions presented to him by residents with, "Just do the right thing." I loved it. What a powerful teaching point. I also think about "do or do not; there is no try." It sounds a little harsh, but I believe in it's guiding message – that to believe in oneself is the basis for being who God made one to be. I like to think that I am on that path.

How has COVID-19 impacted your work?

Not a ton in our world. Apart from following all the standard recommendations for distancing, masking and screening, patients still need orthopedic surgery, and we are here to get them through it, safely.

16 SEPTEMBER 2020 MEDICAL PROFESSIONALS MEDICAL PROFESSIONALS NASHVILLE 17

Medical FEATURED DOCTOR

GETTING TO KNOW THE DOC:

What is the best part about living in Franklin?

I love Franklin's history and how it has been preserved very thoughtfully. Living in a house that can contribute in a small way to this spirit of preservation is rewarding. I love little downtown; I can be there in five minutes, and the girls and I walk around on any random night enjoying whatever is happening. The festivals that the town puts on are all fabulous. Franklin has a rich, historically significant past and sense of community that you can feel when you live here. It's a special place, and Williamson County is absolutely beautiful.

What are some movies you really enjoyed?

I think *Sliding Doors* is powerful in its concept and seems to be something I reference throughout life. And I, like most people, enjoy all the feel-good movies where people with good intentions end up winning or lovers end up together, like *Hoosiers* and *Urban Cowboy*.

What amazing adventures have you been on?

I have been fortunate to live in some cool places. My husband was English, so for a small period I was able to live in England during residency. There we travelled much of Europe, but more of an adventure was learning about and living in the British culture. What a bunch of plonkers! (Haha.) We also lived in Bozeman, MT, for almost two years. Too many adventures to tell. I also lived in New York City (Tribeca) for one year before starting medical school. All of these places were full of amazing adventures, and I am so thankful for the experiences in each.

Favorite restaurants in Nashville?

I think City House still has the best food. I have been going there since 2007. It's good without trying too hard and without being like everyone else. "Everyone else" (and there are lots of them) is fun to have in Nashville – a new restaurant shooting up every time you turn around, but I think we lack in excellent food in a comfortable place where things don't feel forced or trying to be "too cool." There's an art in pulling that off, and Nashville is still young in its culinary explosion.

Favorite vacation destination?

For beaches, I love the South Carolina coast and Boca Grande/Gaspirilla on the Florida gulf. For mountains, I enjoy Montana and the great Appalachia – those old hills are special and spiritual, and I feel "at home" in them. I love New York City. I also enjoy taking the children to England to visit family.

Among your friends, what are you best known for?

Maybe that I just want everybody to feel good and have a good time, that I love sports and music, and that I am passionate about things. That I love to make a big breakfast on a fun weekend, especially homemade biscuits and gravy from scratch. And that I'm a "can-do" type rather than a "can't-do."



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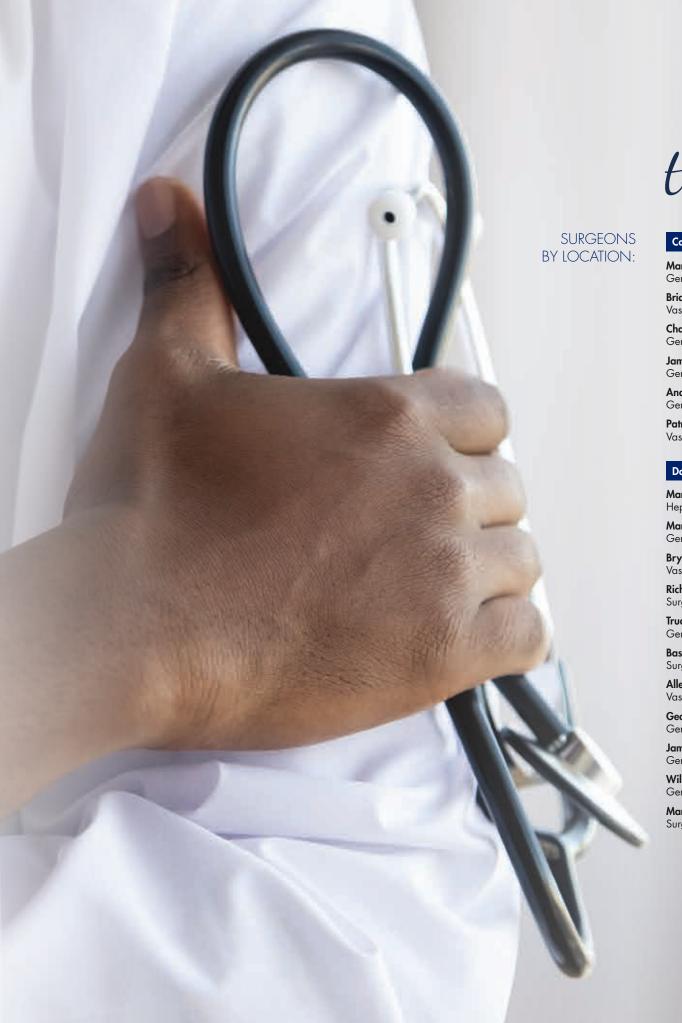
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John A. Boskind, MD, FACS General Surgery

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John E. Keyser, III, MD, FACS Vascular Surgery

Billy J. Kim, MD, FACS Vascular Surgery

Allen P. Lee, MD Vascular Surgery

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FUN FACTS

Born in: Portland, OR
Grew up in: San Francisco Bay area
University: Colorado State University,
Virginia Tech (Post Graduate)
Medical school: West Virginia School of
Osteopathic Medicine
Practicing medicine: Four years
Lived in Nashville area: Four years
Board Certified in: Physical Medicine and
Rehabilitation, and Interventional Pain
Accolade: Only physician in the world
performing The Discseel procedure of the
Lumbar, Thoracic and Cervical Spine

How did you start in medicine?

I was very active in sports when I was younger, and after high school I got involved in more extreme sports, such as mountain biking, wake boarding and snowboarding. This led to some injuries, and it really hit home when I blew my back out. I had ruptured my L4/5 disk and severe sciatic symptoms, so I went to see a physiatrist, and she really changed everything for me and helped me get my life back. Multiple epidural steroid injections were what really allowed my nerve to calm down and help me recover. I was 26 years old at the time, and the success

that I had with these procedures changed my life and started me down the path of pursuing medicine. No one in my family is a doctor, and it still feels strange to me when people call me "doctor"... but my life was so changed through my personal experience with pain that I wanted to help others in the same way that I was helped. There is now the growing field of regenerative medicine offering procedures that I didn't have when I was going through my pain, but I am able to help my patients in ways that are more cutting edge, such as stem cells, PRP (Platelet Rich Plasma) and the Discseel procedure.

The Discseel Procedure is a revolutionary,

What is Discseel?

minimally invasive procedure to treat chronic back pain resulting from damaged or torn spinal discs. An FDA-approved, 100% natural biologic called Fibrin is injected into the disc, which seals the tears and allows the body to begin healing. The Discseel Procedure is a true alternative to a spinal fusion. The Discseel Procedure repairs damaged/torn spinal discs through the use of an FDA-approved biologie, Fibrin. Fibrin, which is a 100% natural biologic, is used to repair and seal off tears in your compromised discs. Spine surgeries, including spinal fusions and discectomies, can't repair tears in the disc. First approved by the FDA to assist in facial reconstruction, for splenic repair following blunt trauma, and to control cardiac bleeding, Fibrin has proven to be an effective solution for tissue that cannot be sutured or ligatured together. The Discseel Procedure uses the FDA-approved biologic Fibrin in an off-label manner to repair the tears in damaged or degenerated spinal discs. Using a product in an off-label manner is commonplace in the practice of medicine, and frequent examples include prescription medications being used to treat conditions beyond their original intent. Surgeons have attempted to suture damaged or torn discs in the spine without success. The disc tears prevent regenerative medicine therapies, such as stem cells and PRP to

MEDICAL PROFESSIONALS NASHVILLE 23

effectively repair the disc, as the biologic would seep out of the still-torn spinal disc. Over time, as your torn disc continues to leak, it can lose hydration and begin to degenerate. By using Fibrin, the Discseel Procedure not only repairs the damaged and torn disc, but it also allows an individual's body to replenish the lost cells with new cells, helping to restore the degenerated disc to a healthy state. Essentially, the goal of the Discseel Procedure is to seal the tears and instigate healthy growth of new disc tissue to replace the damaged or lost tissue in an effort to stop the disc from leaking and inflaming the nerves. Dr. Tolman was carefully chosen by Dr. Kevin Pauza himself and trained to perfect the Discseel Procedure.

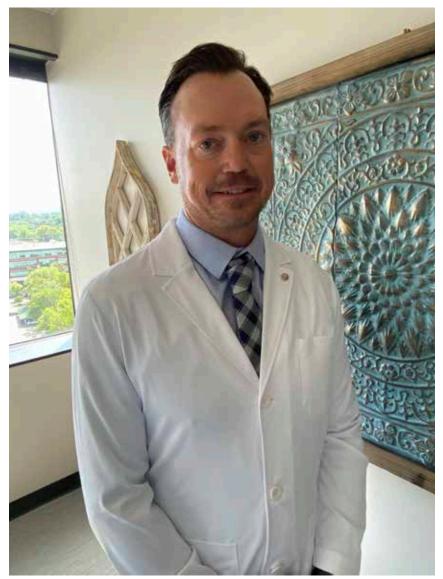
There are only 15 physicians that can perform the Discseel procedure, and I am the only physician in the world that is currently performing Lumbar, Cervical and Throacic Discseel cases. I have patients that come across the country to have this procedure performed.

How do your life experiences make you a better physician?

My pursuit of medicine came out of my own experience as a patient, so I have an empathy for my patients who are experiencing pain. My family has also been a very important part of my experience. My parents instilled values in me teaching me to always be very respectful of others, caring and a good listener. These characteristics are extremely important in dealing with patients, especially as they are dealing with a great deal of pain. Because I started on my medical journey a little later in life, I have worked in various jobs, and that has allowed me to relate to people in ways that go beyond the doctor/ patient connection.

What makes your business/practice unique in our community?

Being able to offer unique cutting-edge procedures like Discseel really does set our practice apart. Since I am the only physician in the Southeast who performs this procedure, it draws patients from other states who travel far to have the procedures performed. We also perform Platelet Rich Plasma (PRP) and Stem Cell Therapy along with the more traditional epidural steroid injections, joint injections, nerve





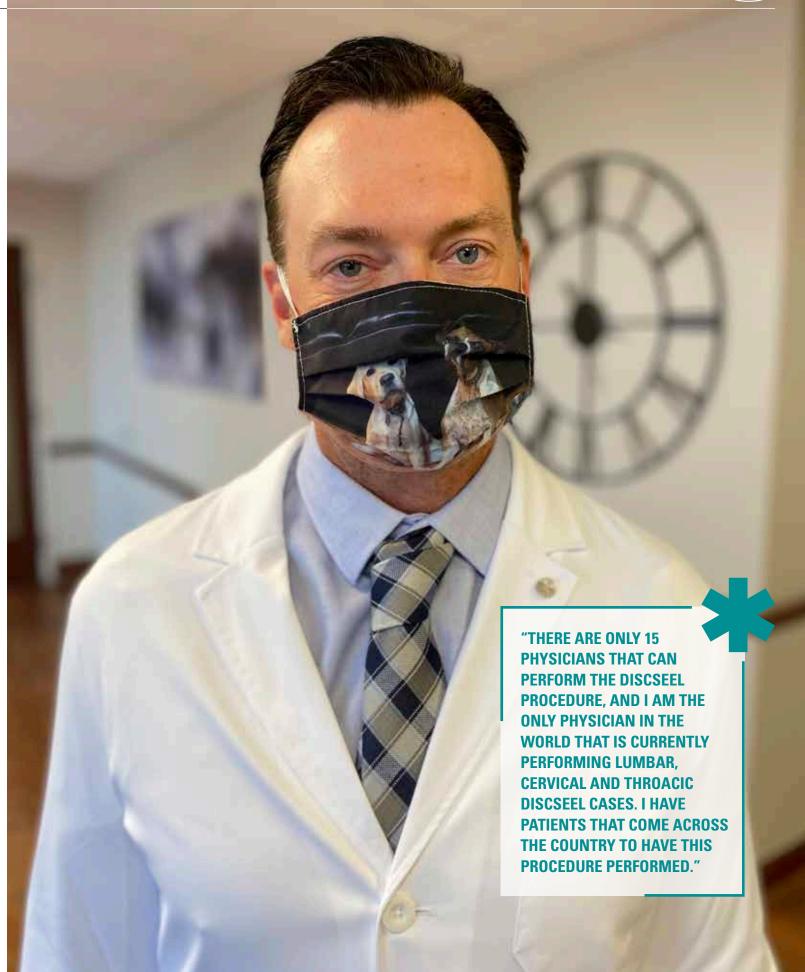
blocks for patients who prefer to not pay for procedures that are unfortunately not currently covered by insurance.

What is your approach to dealing with pain?

I see it as a comprehensive and conservative approach. Unfortunately, sometimes patients get tossed around from one office to another. We take a comprehensive full body approach and use the patients' history, physical examination, imaging, diet, exercise and social habits to formulate a plan that can improve the patient's quality of life.

What procedures have you seen the most success with?

We have seen excellent results with Discseel and even better results when combined with PRP and/or stem cells depending on the needs of the patient. When there is a ruptured/torn disc, we are able to seal it with Discseel and then use PRP or stem cells to increase the regenerative process of the disk as they



24 SEPTEMBER 2020 MEDICAL PROFESSIONALS

contain growth factors and cytokines as "fix it" molecules.

What are the benefits to stem cell therapy?

Stem cell therapy is very exciting, as we can utilize the cells that enhance the body's ability to heal. When the body is not able to heal certain conditions on its own, we are able to help the heal the body, as sometimes this can be an alternative to surgery.

How do you try and maintain a balanced life outside of work?

I believe it is very important to have balance between work and personal life. I enjoy traveling, spending time with friends and almost anything outside (mountain biking, wake surfing, snowboarding, golf, etc.). My motto has always been, "Work hard, play hard." I go all-in at work, and then I love to have down time on the weekends.

What motivates you?

Getting patients better! The fact that I personally was able to get my life back really motivates me to pay that forward to others who are suffering. I can relate to what patients are going through. After treating them, they come back weeks or months later and thank me for getting their life back.

What methods do you employ to keep improving your knowledge and experience?

I read journals, talk to colleagues and attend various conferences in Regenerative Medicine and The American Osteopathic Physical Medicine and Rehabilitation.

Who are some of your medical "heroes"?

My Fellowship Director,
Dr. Brian Kahan out of
Annapolis, MD, my hero. I was already
interested in regenerative medicine, and
we performed a lot of procedures with
PRP with excellent results. His motto was,
"I will put a needle in anything if I can

fix it." He really taught me how to assess each patient and if one procedure didn't work then try something else. He never gave up on any patients, and he would always figure out a way to help them. He is definitely my hero!

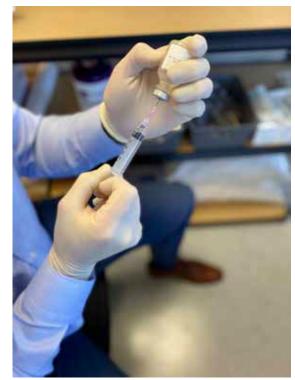
GETTING TO KNOW THE DOC

Tell us about your family.

My mom and dad are still together and living in Houston, Texas. I have two brothers and two sisters spread throughout the country, and we all get along really well. My family provided a great foundation for me.

What are some of your hobbies/interests outside of work?

I love spending time with my dogs. I have a 5-year-old Lab named Duke, a 2-year-old Boxer named Rhea, and a French Bulldog puppy named Maui. I





have been to 50-plus countries. It's tough to pick a favorite, but I would say Fiji or the Maldives. I also spent two months hiking the Colorado Trail... just me and my Lab hiking 600 miles together over a few months.

Favorite restaurants in Nashville?

Sushi and BBQ are my favorite types of food. Pegleg Porker and Edly's are my favorite BBQ places. O-Ku for Sushi in Germantown and Sunda in the Gulch. Steak at The Southern is also a favorite.

What is one thing about you that surprises people? I'm an Eagle Scout.

Among your friends, what are you best known for?



love being outside and on the water, especially when it is nice out.

What amazing adventures have you been on?

After college, I went to New Zealand, Australia and Fiji for a four-month expedition. I



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26 SEPTEMBER 2020 MEDICAL PROFESSIONALS MEDICAL PROFESSIONALS NASHVILLE 27



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OUR SUCCESS BY THE NUMBERS



Brandon Knox, Managing Partner,

CONTEXTUAL OVERLAYS

Most investors are familiar with the basics of zoning. Land is designated residential, commercial, and Industrial and so forth in what are called Bulk Standards. Bulk standards are outlined in the Zoning Code and tell you what you can do and how you can do it. They tell you building types and uses, floor plans, total square footage, height limits, setbacks from adjoining properties, landscape buffers (not only how wide they must be but often what you have to plant), and on and on.

But a new tool for the city's planners – and often neighborhoods which seek to affect what is built – is the Overlay. One used with increased frequency today is the Contextual Design Overlay.

The Overlay focus is often design – the Urban Design Overlay and the Corridor Design Overlay.

The long-standing Neighborhood Conservation Overlay (NCO), meant to preserve the look of neighborhoods, stresses large areas and design specifics. Much of East Nashville is in an NCO and homeowners must get approval to build additions and alter home designs and details. The standards are Overlay-wide and the same exact standards are applied evenly to all.

The Corridor Design Overlay (CDO), newer but becoming increasingly familiar in the lexicons of ownership and activism, are generally applied to a smaller neighborhood and perhaps a few streets or even a targeted group of properties. The stated purpose is to establish design standards so as to maintain and protect neighborhood form or character. But unlike the NCO, the standards, while applied evenly to all, are reviewed on the basis of just a few houses in proximity.

While specific properties may be the focus, you can't do a CDO for just a few houses in the middle of a block. A CDO must apply throughout the residential portion of a complete block face (the entire block, side street to side street). Also, a CDO cannot be created where a Historic Overlay District already exists. An individual property owner cannot request a CDO. It must come from the Metro Council member or from the neighborhood and all the owners must participate.

Metro Ordinance BL2014-771 outlines the specifics of CDOs. But the main focus is design and the main design foci are:

- 1. Street setback— The average of the setbacks of the two abutting developed lots. If one is vacant, go to the next developed lot over.
- 2. Height The maximum height is 35 feet or 125% of the average of the two neighbors, whichever is less. But you can always go up at least 27 feet.
- 3. Maximum building coverage Excluding detached garages and other accessory buildings, your maximum coverage is 150% of the average of the two neighbors. This is not 150% total square footage. You can do 150% on the first floor, 150% on the second floor, and so forth until you hit your height maximum.
- 4. Access and driveways and garages and parking areas Access from alleys and rear-loaded detached garages are the intent, where feasible.

A site plan must be submitted to Zoning during the permitting process.

#16

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Listing Team in Nashville 2018, Greater Nashville Realtors

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