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in this issue

Special Features

President’s Page
Alcohol, Patient Health and Well Being: New Perspectives and Tools for Physicians
Richard H. Rhodes, MD ........................................ 7

Special Feature
DocBookMD — a revolutionary communication tool for physicians
Laura Hale Brockway, ELS ................................... 8

Special Feature
Uhhhhhh… What happened to Gout?
Pat Schmitter, CPC CPC-1, ICD Expert .............. 12

New Member Services ........................................ 14, 28

Election Results ................................................ 18

Project Health
Grateful Patient Thanks Volunteer Doctors
Carrie Jackson Logsdon, Director ....................... 22

In Summary ...................................................... 28

Departments
About Our Cover ................................................ 5
Advertisers’ Index .............................................. 30
Bulletin Board .................................................... 11
Classified Advertising .............. www.imsonline.org
CME & Conferences ........................................... 20
IMS Foundation Form ........................................ 30
IMS Leadership .................................................. 24
In Memoriam ..................................................... 14
New Members .................................................... 14

about our cover

On our cover: The 9/11/2001 chilling photograph is an aerial view of New York taken by an unknown photographer on that horrific day. The “Flying Free” Eagle inset is from a painting by Danny O. Driscoll, Wildlife Artist, 361 Palomino Rd., Batesburg-Leesville, SC 29006-8926. Phone: 803-657-5062, E-mail: danny@dannyodriscoll.com

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We like to feature photographs or other artwork shared by IMS members on the cover of The Bulletin. Submit photographs, artwork, etc., to Beverly Hurt at the Society Office, bhurt@imsonline.org.

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Alcohol, Patient Health and Well Being: New Perspectives and Tools for Physicians

Recent President Page columns have addressed community needs regarding behavioral health. So many of the chronic diseases we treat are the product of unhealthy behavior and lifestyles. As you do, I spend most of my time treating the medical manifestations of behavioral disorders which includes the challenging problem of addiction to alcohol, nicotine, and other substances. Of the top six lifestyle related causes of premature death, three are addictions: Smoking, Obesity, Alcohol, Vehicle Accidents, Guns and Street Drugs.

Physicians often fail to diagnose these disorders, have a pessimistic view of the benefits of intervention and treatment, or lack the time or training to effectively deal with these issues. Also, in part due to lack of adequate screening, physicians and other healthcare providers are unknowingly contributing to the epidemic of prescription drug addiction, which has increased dramatically in the last decade. Psychologists sometimes characterize addiction as the “elephant in the room,” where family members, fellow employees or health care providers tiptoe around the problem to avoid the unpredictable response or disruption in the status quo.

Alcohol plays a role in the lives of well over half of American adults. The adult use of alcohol is so far-reaching that it is simply a part of the American social fabric. Fortunately, most Americans use alcohol in a responsible manner. Yet, alcohol is a problem for up to a quarter of the adult population where its use causes a wide range of problems and threatens both health and well being.

My colleague and friend, Dr. Tim Kelly, medical director at Fairbanks, has worked with those who suffer from the disease of substance dependence for over thirty years. It is his observation that by the time many patients present for treatment, they are often in the mid to late stage of addiction with complicating cardiovascular, hepatic, neurologic and psychiatric comorbidities. We are well aware of the benefit of early intervention with any chronic condition and addiction is no different. How can we more aggressively identify patients with these problems at earlier stages and communicate better, motivate them for change, and support them in the process of treatment and recovery?

The continuum of the normal use of alcohol, to problematic use, to dependency/addiction has received a considerable amount of scientific attention in the past two decades. The welcome news from this research is that stereotypes and stigmas associated with alcoholism are being challenged. We have learned that alcohol problems are heterogeneous, have various faces and progress along different pathways. This should allow physicians to avoid focusing exclusively on the medical needs of those with advanced or severe alcohol dependence and to also intervene with other groups of drinkers whose alcohol consumption is at less severe levels, yet is negatively impacting their health status and potentially contributing to a wide range of medical and quality of life issues.

A recent publication by Join Together, of Boston University’s School of Public Health, pointed out that a population of “risky drinkers,” cause more accidental harm than do alcoholics, and face a plethora of heightened health risks including exacerbation of borderline medical conditions. This population is four times the size of the alcoholic population, and even without manifesting the full signs and symptoms of alcohol dependence pose significant costs through heightened utilization of services that clinicians rarely tie to their drinking. It is also this group of “risky drinkers” who are likely to become alcohol dependent in the future. Consider the epidemic of college age binge drinking.

It’s well known to physicians that patients who are addicted to drugs or alcohol are genetically predisposed to this chronic condition. Dr. Nora Volkow, director of the National Institute of Drug Abuse, and others have demonstrated with brain-imaging studies, that people with addiction have an altered dopaminergic brain reward pathway. It is also known that substance abuse changes the brain such that even individuals without genetic susceptibility can become alcoholics or addicts with long term use. Dr. Kelly points out that it is also well known that when substance use begins in early adolescents when the brain is still in development, the risk of developing addiction is increased significantly. Thus, many of the adolescents seen at Fairbanks or who attend Hope Academy, the charter recovery high school at Fairbanks, may have engineered their brains to be dependent due to their very early use of alcohol and other substances. Substance dependence is understood to be a chronic relapsing disease with rates of compliance similar to diseases such as diabetes, hypertension and asthma. There are now medications with proven efficacy for several types of substance dependence including alcohol, nicotine and opioid dependence.

Several standardized screening questionnaires, such as the Alcohol Use Disorders Identification Test (AUDIT), the CAGE and the Michigan Alcoholism Screening Test (MAST) and its derivatives (e.g., the Brief MAST) can identify alcohol problems among current drinkers. Laboratory tests, such as the test for the liver enzyme gamma-glutamyl transferase (GGT), may also reveal the presence of unsuspected alcohol problems. These questionnaires coupled with questions about current and past alcohol use, quantity and frequency of drinking, accidents and injuries can also help identify clues to a potential alcohol problem.

Research conducted by Drs. W.R. Miller and Craig Sanchez confirms that a brief intervention is more effective than no intervention. They identify the key ingredients of brief intervention with six elements, summarized by the acronym FRAMES: feedback, responsibility, advice, menu of strategies, empathy, and self-efficacy. FRAMES is further enhanced by adding goal setting and follow-up.

National Institute on Alcohol Abuse and Alcoholism (NIAAA) reports for non-alcohol dependent patients the assessment of drinking behavior and related health problems has led motivated patients to alter their drinking behavior. And in a study of alcoholics identified in an emergency setting, 65 percent of those receiving brief counseling kept their appointment for specialized treatment compared to only five percent who did not receive any counseling about their alcohol use. By performing a brief intervention and providing patients with feedback on their risks for the medical consequences of alcohol problems you will begin a process that may result in immediate reduction of use or for those who need treatment, the understanding of the importance of seeking help. Fairbanks and other programs are available to support physicians in this effort to treat alcohol and other substance dependencies.

WE CAN DO THIS.
DocBookMD — a revolutionary communication tool for physicians

A family physician is covering her practice’s urgent care clinic. Her first patient is a 45-year-old woman whose chief complaint is difficulty urinating. The patient is found to have a high fever, rapid heartbeat, and an elevated white blood cell count. The patient explains that she underwent a urological procedure three days ago, but woke this morning and could not urinate.

The family physician asks the patient for details about the surgery and asks for the name of the urologist. The patient — who has been taking hydrocodone for pain — cannot recall the name of her urologist. The family physician has her nurse access a local medical directory to find the name of the patient’s urologist. After several phone calls and two hours spent in the office waiting, the patient is sent to the emergency department to see the urologist on call.

Scenarios like this occur in physician practices every day. Communication between physicians can be inefficient and patient care can be delayed, resulting in frustration for everyone.

These frustrations, however, may be short-lived. Two Austin physicians have created a tool to help solve these communication delays — DocBookMD.

DocBookMD

“We wanted to change the way physicians communicate. We wanted to make it easier, more efficient, and more secure,” says orthopedic surgeon and DocBookMD co-founder Tim Gueramy, MD. “We created a program that will allow physicians to talk to one another with new technology.” Dr. Gueramy created DocBookMD with his wife, family physician Tracey Haas.

DocBookMD is a physicians-only iPhone app and Android app that allows physicians to:

• send HIPAA-compliant text messages and photos;
• assign an urgency setting to outgoing text messages;
• search a local pharmacy directory; and
• search a local county medical society directory (including email addresses and photos).

“DocBookMD allows you to look up another doctor at the point of care. You can then either call the physician or send a text message with room numbers, medical record numbers, even pictures of wounds and x-rays. And all of this is sent securely and in a way that meets HIPAA requirements,” says Dr. Gueramy.

The DocBookMD app is now available to Indianapolis Medical Society Members and in the following county medical societies in Texas: Travis, Dallas, Bexar, Tarrant, Lubbock, Nueces, Denton, Bell, and Collin-Fannin. More county medical societies are joining weekly on a statewide and national basis. Capson Physician Insurance is the IMS sponsor for DocBookMD and makes it possible for IMS member physicians to use the app at no charge. Only physicians who are members of these county medical societies can access DocBookMD, and the app is currently only available Apple’s iPhone and the Android platform.

How it works

On-Demand messaging and multi-media collaboration

DocBookMD allows physicians to send patient information securely via text messages to other physicians. Message content can include patient information, such as diagnosis, test results, or medical history. Physicians can also add a high-resolution image of an EKG, an x-ray, lab report, or anything that can be photographed with an iPhone/Android to the message.

Messages can then be sent using the app’s messaging priority system. Physicians can assign each message a 5-minute, 15-minute, or normal response time. “If the recipient does not answer the message within 5 minutes or if the message does not get to the doctor, you will then get a message back stating that it did not make it,” says Dr. Gueramy. “You can see and hear that the message you receive is different from any other text.”

Messages sent and received are all available in the app’s messaging center for quick reference. DocBookMD currently stores messages for one year, but will soon begin storing messages for three years to meet HIT legislation compliance requirements.

All messages sent using DocBookMD meet HIPAA’s requirements for encryption and the security of protected health information. This is accomplished through technology that keeps everything encrypted on the iPhone/Android and the DocBookMD server. Messages are not downloaded to the phone, but are viewed from the phone. Additionally, DocBookMD is a closed network and only physicians have access to the app. Physicians are also required to sign a HIPAA agreement before using DocBookMD.

As physicians begin using DocBook, they should be aware that any evaluations, diagnoses, treatments, prescriptions, consultations, or referrals made as a result of using the app should be separately documented in the patient’s medical record. Separate documentation will ensure compliance.

Directories

Using the DocBookMD directory, physicians can look up other physicians in their county by first or last name or by specialty. Physicians can then contact other physicians by messaging, office phone, cell phone, or email. The pharmacy directory allows physicians to search for a local
NO SMALL ACHIEVEMENT: LEARNING THE BUSINESS OF MEDICINE

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ACHIEVEMENT: DNA Advanced Pain Treatment Center now has four private practices and a growing list of patients. And Dr. Navalgund has a place to turn for all his banking needs, allowing him to focus on what he does best.

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Tobi J. Reidy, MD, a colon and rectal surgeon, has established a practice with Kendrick Colon and Rectal Center,
Stefan D. Monev, MD, is extending his services to residents to three locations now including 1300 W. Jefferson Street, Franklin. Dr. Monev is a specialist with Rheumatology & Osteoporosis Specialists.
Ana Priscu, MD, Diabetes & Endocrinology Center with St. Francis Medical Group, has added offices at 1300 W. Jefferson,
Continued on page 28.
Transitionalng from ICD-9-CM to ICD-10-CM

In approximately 24 months the most significant change to the diagnosis coding system will happen. The Department of Health and Human Services released the final regulation in 2009 to move from the current diagnosis ICD-9-CM coding system to the ICD-10-CM coding system beginning October 1, 2013. If your professional options do not include imminent retirement or a drastic career change, surviving the transition from ICD-9-CM to ICD-10-CM will require a stiff drink, I mean, a strong foundation.

ICD-10 is not just a routine annual diagnosis update. This is a much bigger transition that requires attention devoted to physician and staff education, workflow alterations, clinical, practice management and claims management processes and systems which must be reconfigured for ICD-10. Failure to transition to ICD-10 on October 1, 2013 will result in delayed or denied reimbursement. Reconfiguring your systems to be ready for implementation is required January 1, 2012 with the conversion to 5010. While 5010 is a technical conversion or reconfiguring your systems which must be reconfigured for ICD-10. Failure to ready for implementation is required January 1, 2012 with the conversion to 5010. While 5010 is a technical conversion where vendors will do most of the heavy lifting, the same is true for ICD-10. The ICD-10 code set will require action from you and your practice.

Studies conducted by The Advisory Board (www.advisory.com) estimate the incremental impact on net revenue for a 250 bed hospital one year following implementation to be $1.0-2.5M with a three year impact of $2.5-7.1M. The reasons for such significant loss include:

- lack of clear mapping to the new code set
- claim denials as a result of unfamiliarity with newly revised policies regarding medical necessity from payers
- under-coding due to documentation specificity that was insufficient for accurate coding
- over-coding driven by coder inexperience
- payment errors due to IT issues

Of serious concern is the loss in productivity as coders query physicians for more information. Successful use of ICD-10-CM begins with the physician or provider who is documenting the service. Staff cannot pick a code if they do not have enough detail in the documentation. It is critical that physicians engage now in education to improve current documentation habits in preparation for greater specificity requirements in ICD-10. If you don’t start by making changes in your documentation now, you will be overwhelmed when it is time to implement the new codes.

Comparing ICD-9-CM and ICD-10-CM

ICD-10-CM is similar to ICD-9-CM in that some terminology, conventions, classifications, and other features are the same. See chart below.

Some of the category changes will include additional chapters in ICD-10-CM and the moving of some diseases to a different category.

Which brings us to “What happened to Gout?”

Currently in ICD-9-CM, Chapter 3 Endocrine, Nutritional and Metabolic Diseases and Immunity (240-279) physicians would choose category 274 Gout and select one of 15 different codes to describe the encounter. In ICD-10-CM, this chapter has been renamed to Chapter 4, Endocrine, Nutritional and Metabolic Diseases (E00-E89). Gout has been removed from this category and placed in Chapter 13 Diseases of Musculoskeletal System and Connective Tissue. In ICD-10-CM, physicians will choose from the category M10 Gout, and select a code from 162 choices. In order to select the appropriate choice, your documentation will need to describe all of the following elements that most accurately describe the encounter:

- anatomical area affected
- laterality
- idiopathic
- lead-induced (also identify the toxic effects of lead and its compounds)
- drug induced (also identify the drug)
- renal impairment (also code the associated renal disease)
- other secondary ?? (coding first the associated condition)
- an additional code to identify certain diseases and/or disorders classified elsewhere

Are you ready for ICD-10? The time to begin preparation for clinical documentation improvement is now. Do not waste the opportunity to improve on current diagnosis documentation in ICD-9-CM. Learning how to improve your documentation now will make the transition into ICD-10-CM much easier.

Certified ICD-10 instructors with ICDExpert.net are here to help with your transition to ICD-10! For additional information on ICD-10 implementation or an evaluation of your ICD-10 readiness as well as training for you and your staff, please visit our website at www.icdexpert.net or call us at 877-413-ICD-10.

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consists of three to five digits</td>
<td>Consists of three to seven characters</td>
</tr>
<tr>
<td>First digit is numeric or alpha</td>
<td>First character is always alpha</td>
</tr>
<tr>
<td>Second, third, fourth, and fifth digits are numeric</td>
<td>All letters used except U</td>
</tr>
<tr>
<td>Always has at least three digits</td>
<td>Second character is always numeric</td>
</tr>
<tr>
<td>Decimal placed after the first three digits</td>
<td>Characters three through seven can be alpha or numeric</td>
</tr>
<tr>
<td>Alpha characters are not case-sensitive</td>
<td>Approximate 14,000 codes</td>
</tr>
<tr>
<td>Seventeen chapters of diseases and injuries plus two supplemental</td>
<td>Twenty-one chapters of diseases and injuries plus two supplemental</td>
</tr>
<tr>
<td>classifications for V codes and E codes</td>
<td>classifications for V codes and E codes</td>
</tr>
</tbody>
</table>

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1916 - 2011

Carl Brosius Sputh, MD, was born June 28, 1916 in Lacrosse, Wisconsin. He died July 6, 2011 in Community North Hospital, Indianapolis, Indiana. The Sputh family moved to Indianapolis in January 1917. Dr. Sputh graduated from Shortridge High School, Indianapolis, Indiana, in 1933 and entered Indiana University. He received a Bachelor of Science and then entered medical school in 1941 where he received his MD. He was a member of the Sigma Chi fraternity and the Phi Chi Medical fraternity. He interned at Indianapolis City Hospital (Wishard) in 1941 and 1942 and completed his Residency in Ear, Nose, and Throat. He was Board Certified in Otorhinolaryngology in 1946 and served as Assistant Professor of Otorhinolaryngology at the Indiana University School of Medicine.

Dr. Sputh helped teach surgery courses at many Schools of Medicine including Yale, Tulane, and USC at John Hopkins. He also taught Rhinologic Surgery at the University of Mexico, University of Odense in Denmark, University of Leyden in Holland, and the University of Bologna in Italy.

Dr. Sputh served on the staffs of all of the Indianapolis Hospitals. He limited himself to Community Hospital in 1964 where he received the Distinguished Physician Award. Medical memberships, boards and honors received by Dr. Sputh include; being a member of the American Medical Societies, American Academy of Otolaryngology, and Head and Neck Surgery, President of the Indianapolis Eye, Ear, Nose, and Throat Society, President of the Indiana Academy of Ophthalmology and Otolaryngology, President of the American and International Rhinologic Society, and a member of the American College of Surgeons and the International College of Surgeons. Dr. Sputh served as a member of the Board of the IMS from 1962-1965 and was a delegate to the state convention 1964-1967. He was a founding member of the American Rhinologic Society and was awarded the “Golden Head Mirror” award.

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Dr. Sputh retired from active practice in 1987. He volunteered for the American Red Cross for over 50 years and served as a Physician with the Gennesaret Clinics. In 2009, Dr. Sputh received the Spirit of Philanthropy Award from the School of Physical Education, Indiana University.
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2011-2012 Election Results

Thank you to all IMS Members who chose to run for elected office to represent all IMS Members through Board participation or as a Delegate or Alternate Delegate to the ISMA Convention. Their efforts are greatly appreciated.

This year, elections were held electronically using the IMS website. We hope to “tweak” the process as we continue to find ways to communicate more effectively and cost efficiently.

We also encourage those interested in serving on committees or to join the IMS Leadership, please contact Beverly Hurt, EVP, bhurt@imsonline.org or 639-3406.

Thank you for voting and supporting the IMS with your membership and dedication.

President Elect:
Bruce M. Goens, MD
Methodist Medical Group

Secretary/Treasurer:
Bridget M. Sanders, MD
Kendrick Colon & Rectal Center

Board of Directors:
Christopher D. Bojrab, MD
David R. Diaz, MD
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ISMA Delegates/Alternate Delegates:
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William C. Buffie, MD
Mary D. Bush, MD
Brian D. Clarke, MD
Carolyn A. Cunningham, MD
David R. Diaz, MD
Robert E. Dicks, MD
Jonathan A. Fisch, MD
Gary R. Fisch, MD
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Marc A. Kappelman, MD
E. Michael Keating, MD
Randall A. Lee, MD
Daniel E. Lehman, MD
Mary Ian McAteer, MD
Clement J. McDonald, III, MD
Ramana S. Moorthy, MD
Robert M. Pascuzzi, MD
Maria C. Poor, MD
Philip W. Pryor, MD
Richard H. Rhodes, MD
Jason E. Rieser, MD
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Kenneth N. Wiesert, MD

Thank you for your leadership!
SLEEP CONSULTATIONS AT ALL JWM NEUROLOGY OFFICES

JWM Neurology’s Sleep Medicine Physicians see patients with all types of sleep disorders — including Sleep Apnea and unexplained Daytime Sleepiness — at all JWM offices.

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Raymond Loffer, MD
Meredith Cousin, MD
Ali Artar, MD
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Keith Cushing, MD

To refer a sleep disorders patient, call JWM Neurology at 317.308.2800, and Dial Zero.

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317.580.0420

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317.859.1020

NORTHEAST
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317.527.6088

FRANKLIN
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317.738.4430

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317.715.5600

KOKOMO
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765.455.8822

jwmneuro.com  jwmneuro.blogspot.com
CME & Conferences

Community Health Network

Community Hospital East
First Wednesday Critical Care Conference
Second Wednesday Medical Grand Rounds
Third Wednesday Medical Staff Conf. Room, 12:00 - 1:00 p.m.
Fourth Thursday Conf. Rooms A & B, 7:30 - 8:30 a.m.

Community Hospital North
First Wednesday Pediatric Grand Rounds
Second Wednesday Multi Services Rooms 1, 2 and 3
Third Wednesday North Forum
Fourth Wednesday Conf. Rooms 1, 2 and 3

Community Hospital South
First Wednesday Medical Grand Rounds
Second Wednesday Conf. Room, 7:30 to 8:30 a.m.
Third Wednesday Medical Staff Conf. Room, 12:00 - 1:00 p.m.
Fourth Wednesday Medical Staff Conf. Room, 12:00 - 1:00 p.m.

Community Heart & Vascular/Indian Heart Hospital
First Wednesday Disease Management Conference:
Second Tuesday Medical Staff Conf. Room, 12:00 - 1:00 p.m.
Third Wednesday TIHH MCV Boardroom Videoconference to CHVp South Conf. Rm. 7:00 - 8:00 a.m.
Fourth Wednesday Imaging Conference:
First Thursday TIHH MCV Boardroom Videoconference to CHVp South Conf. Rm. 7:00 - 8:00 a.m.
Second Thursday TIHH MCV Boardroom Videoconference to CHVp South Conf. Rm. 7:00 - 8:00 a.m.

Cancer Conferences 2011
Community Hospital East:
First Tuesday East General Cancer Conference
Second Tuesday Cancer Registry Conf. Room, LL 22, 7:00 to 8:00 a.m.
First Tuesday North Multidisciplinary Breast Conference 8040 Clearvilla Parkway, Suite 500, 7:00 - 8:00 a.m.
First Tuesday North General Cancer Conference
Second Tuesday North General Cancer Conference
Third Wednesday Breast Cancer Conference
Third Wednesday North General Cancer Conference
Third Wednesday South General Cancer Conference
Third Wednesday President’s Board Room, 12:00 to 1:00 p.m.

Community Hospital North
First Tuesday East General Cancer Conference
Second Tuesday Cancer Registry Conf. Room, LL 22, 7:00 to 8:00 a.m.
First Tuesday East Chest Cancer Conference
First Tuesday Cancer Registry Conf. Room, LL 22, 7:00 to 8:00 a.m.
Second Tuesday North Multidisciplinary Breast Conference 8040 Clearvilla Parkway, Suite 500, 7:00 - 8:00 a.m.
Second Tuesday North General Cancer Conference
Third Wednesday Breast Cancer Conference
Third Wednesday North General Cancer Conference
Fourth Wednesday North Chest Cancer Conference
First Wednesday Medical Staff Conf. Room, 12:00 - 1:00 p.m.
Second Wednesday Medical Staff Conf. Room, 12:00 - 1:00 p.m.
Third Wednesday Medical Staff Conf. Room, 12:00 - 1:00 p.m.

Community Hospital South
First Tuesday Medical Grand Rounds
First Tuesday Medical Staff Conf. Room, 12:00 - 1:00 p.m.
Second Tuesday Medical Grand Rounds
Second Tuesday Medical Staff Conf. Room, 12:00 - 1:00 p.m.
Third Tuesday Medical Staff Conf. Room, 12:00 - 1:00 p.m.
Fourth Tuesday Medical Staff Conf. Room, 12:00 - 1:00 p.m.

North Cancer Pavilion
Third Wednesday Melanoma Cancer Conference
Wednesday CHN Cancer Pavilion Conf. Rm., 7:30 to 8:30 a.m.

For more information, contact Valerie Brown, (317) 355-5381.

Indiana University Health

IU – Methodist – Riley
Sept. 23 2011 Orthopedic Symposium for Physicians and Medical Professionals
JW Marriott Indianapolis

Sept. 23 John P. Donohue Twelfth Annual Visiting Professor Series
University Place Conference Center Indianapolis

Oct. 7 Successful Team Approach to Bariatric Surgery
IU Health Bariatric Center, Indianapolis

Course dates and locations are subject to change. For more information, please visit http://cme.medicine.iu.edu or call 317-274-0104.

St. Vincent Hospital and Health Care Center Inc.

Nov. 11 & 12 Back Talk: A Comprehensive Review and Practical Approach to Spinal Diagnosis and Treatment, 11.75 Credits
Renaissance Hotel, Carmel
Call (317) 228-7000 for more information

Academy of Medicine of Cincinnati

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Iberostar Grand Hotel Bavaro
January 29 – February 5, 2012

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Physicians of all specialties and other medical professionals
Seminar objective: After completing this educational activity, participants should be able to discuss the latest advancements and developments regarding a wide range of current medical and medical practice issues concerning many specialties. This activity has been planned and implemented in accordance with the Essential Areas, Elements & Policies of the Ohio State Medical Association through joint sponsorship of The Christ Hospital and the Academy of Medicine of Cincinnati. The Christ Hospital is accredited by the OSMA to provide continuing medical education for physicians. The Christ Hospital designates this educational activity for a maximum of 18 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

To make arrangements to pay by VISA, MasterCard, or American Express, call Traveller at Prestige Travel at 513-793-6586 or 9895 Montgomery Road, Cincinnati, OH 45242 / Fax 513-793-2819 / 800-793-9859. Questions? Contact: Traveller@prestige-travel.com
Indiana Spine Group
Back Talk: A Comprehensive Review and Practical Approach to Spinal Diagnosis and Treatment

November 11 – 12, 2011
Renaissance Hotel, Medical Academic Center, Carmel, Indiana

Indiana Spine Group is hosting their fifth annual spine symposium. This symposium is for primary care physicians and health care practitioners, and will provide the latest information for the diagnosis and treatment of your patients with spinal problems and abnormalities. New this year are clinical workshops on Saturday. Visit http://indianaspinegroup.com/backtalk/2011/backtalk.html

To receive conference announcements and a brochure, please send your email and mailing address to info@indianaspinegroup.com or call (317) 228-7000.

This activity has been approved for AMA PRA Category 1 Credit. Application for CME credit has been filed with the American Academy of Family Physicians. Determination of credit is pending.

Indianapolis Medical Society

September
14 Senior/Inactive Luncheon Meeting, Noon, Society
   Jeff Rasley, JD, IU School of Law, “Philanthro-Trekking the Nepal Himalayas”
16-18 ISMA CONVENTION, Marriott Downtown Hotel
20 Executive Committee, Society, 6:00 PM, Sandwiches

October
4 IMS Board, Society, 6:00 PM, Social; 6:30 PM, Dnr/Mtg.
   Presidential Inaugural, Dr. Richard H. Rhodes

November
6 ISMA Board of Trustees, 9:00 AM, state headquarters
6 IMS Advisory Breakfast, 7:30 AM ...prior to ISMA BOT
12-15 AMA Interim, New Orleans, LA
15 Executive Committee, Society, 6:00 PM, Sandwiches

December
6 IMS Board, Society, 6:00 PM, Social; 6:30 PM, Dnr/Mtg
14 Senior/Inactive Luncheon Meeting, Noon, Society TBD
TBA Executive Committee Dinner, with Spouses/Guests

Indiana Psychiatric Society
Drugs, Psychosis and Ethical Dilemmas in the Treatment of Children, Adolescents and Young Adults

Hosted by the Indiana Psychiatric Society and the Indiana Council of Child and Adolescent Psychiatrists
September 17, 2011, 8:30 am - 1:00 pm
Downtown Indianapolis Marriott Hotel
Held in conjunction with the 162nd Annual Indiana State Medical Association Convention
Accredited for 4.0 AMA PRA Category 1 Credits, 4.0 CEU
Registration/conference information at www.pdallc.com

Addictions disorders in children and young adults are highly concerning for patients, families, and communities. They cause significant functional issues and exacerbate other psychiatric morbidities. As adolescents grow and transfer to general outpatient psychiatric clinics, they enter a critical period, a known time of risk for emergence of psychotic disorders. Ethical questions can arise as adolescents become more autonomous and various systems interact.

This symposium will focus on diagnosis and treatment of addictions in children and adolescents, including how addictions can contribute to the emergence of early psychosis. Information on identification and treatment of early psychosis will be included, and ethical considerations addressed. Speakers will present a balanced program of lectures and case scenarios.

Target audiences: Psychiatrists, Primary Care Physicians, Nurse Practitioners, Mental Health Providers, Physician Assistants, Hospitalists, Physicians of Other Specialties.

Questions? Contact Sara Stramel at 888.477.9119 or lizgroupllc@yahoo.com

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- Congenital disorders
- Spinal cord stimulation
- Workers’ compensation

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Dear Project Health,

My name is Kevin Ruble, and I am writing to say thank you for your organization and the gift you give to those in need. At the age of 14 I was a three sport athlete, playing baseball, football, and running cross country as well as track. Then I was diagnosed with Ewing’s Sarcoma. The cancer was wrapped around my spinal cord. I was the 6th child in the U.S. documented with Ewing’s and the first at Riley Children’s Hospital to receive an internal portacath. It was 1984. I spent the next two and a half years receiving chemotherapy at Riley. Unfortunately for me, cancer ended my baseball career and dreams of playing in the majors. The medical staff at Riley worked their magic and soon I was in remission. I would never play competitive sports again, but as it turns out, that would be the least on my concerns.

After graduating high school in Marion, Indiana, I found work as a car salesman. Health insurance was provided to all employees except me. I was flat denied any coverage because of my previous medical condition, cancer. I was 18 years old. This is a pattern that would continue for many years with many employers and their insurance providers. Time and time again I was told “we cannot cover you because of your previous medical condition.” I was out of remission at the age of 21 and given a clean bill of health. I repeatedly explained to the insurance companies that I was 14 years old and a three-sport athlete when I got cancer. I was not a person who had spent their entire life abusing drugs and alcohol or even in a career that would contribute to having cancer. I wasn’t even able to have a job legally. That did not help in my search for insurance. Insurance companies turned their backs on me.

Once insurance was made available to me, it was at a cost that was impossible to afford, once again leaving me with no coverage. In the past three years, I have had my gallbladder removed, battled salmonella that had become septic, and double bypass surgery. With no insurance and no means to pay all the medical bills, the only option I had was to file bankruptcy. Sadly, I knew if I got sick again that my only option again would be the emergency room followed by another bankruptcy. I got sick again, but this time a nice lady approached me in the emergency room after I was admitted for pneumonia. She suggested a program called Project Health. I was skeptical. No one or any organization in the past 24 years offered any type of assistance. After recovery I filled out the required paper work, and with the help of a very wonderful woman named Carol, learned of Project Health’s mission.

I was accepted into Project Health and have been seeing a family doctor, Valerie Pai, MD. It turns out the timing could not have been any better. During a series of tests ordered by Dr. Pai, I learned that I need surgery to remove a very large kidney stone that if not removed will result in the loss of that kidney. Without Project Health and Dr. Pai my kidney would have gone unchecked. This could have been deadly. We have discovered a number of issues with my health that are now being treated and, finally, I am getting some peace of mind.

I am the father of a two-year old son named Henry, and we are expecting our second son in October. My only fear in life is not being around to watch my kids grow up and give them the guidance they will need to be good people and good members of society. I want nothing more than to be there for my wife and my family.

Without Project Health my family and I were living with fear of my unknown health issues, as well as the burden it causes financially. Now we can rest knowing that the unknown is now known and being treated. Project Health is doing their best to make sure that I receive proper medical attention and coverage. Your organization is a blessing and is doing wonderful things. I can’t even begin to say how caring, understanding and helpful Carol has been. She defines the meaning of kindness. Project Health has truly given me a second chance at life. My family and I can’t thank you enough.

The Ruble clan: Kevin, Mireya, Henry and soon Cohen.
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Taking into account the specific nature of the document, it appears to be a portion of a newsletter or a report. It contains information about various organizations and entities, including the Indianapolis Medical Society and its officers and delegates. The text is formatted in a typical newsletter style, with sections titled "Board of Directors," "Delegates to the State Convention," and "Alternate Delegates to the State Convention." It also includes names and positions of individuals, along with brief descriptions of their roles. The document seems to serve as a means to inform members and stakeholders about the current leadership and activities within these organizations.
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pharmacy alphabetically or find a pharmacy by zip code. Users can also create a “favorites” list of physicians or pharmacies that they contact most frequently.

How it helps

By allowing physicians to exchange information through texting, DocBookMD prevents delays at the point of care. Austin ophthalmologist Ted Shepler, MD recently used DocBookMD to help a patient who needed her prescription urgently. The patient had no idea which pharmacy had her prescription on file. “Thanks to DocBook MD, I was able to find the pharmacy quickly for the patient,” says Dr. Shepler.

DocBookMD can also enhance patient care by facilitating more efficient communication. Austin anesthesiologist and DocBookMD partner Aaron Ali, MD, once used the app’s directory to find a patient’s nephrologist to discuss the patient’s pre-operative lab values. The surgery was rescheduled when it was confirmed that the patient was in acute renal failure. “The fact that I could get a hold of that physician or his office that quickly and accurately was awesome,” says Dr. Ali. “It helped out and I know 100 percent that it helped that patient that day.”

How to access

Capson Physician Insurance is the exclusive sponsor of DocBookMD for the IMS. Physicians members of the IMS can use the app for free (normally a $50 annual subscription cost). IMS believes DocBookMD can enhance communication and help physicians practice safe medicine.

TMLT Vice Chairman Dr. Stuart McDonald uses DocBookMD daily. He is “particularly excited about the ability to contact physicians through a secure network to request consults or provide follow-up information. This saves a significant amount of time that would previously be spent on hold or waiting for a return call,” Dr. McDonald says. “The ability to know whether or not my message has been read in a timely manner helps prevent delays in patient care.”

For Dr. Ali, DocBookMD has changed the way he communicates. “We have to be able to communicate with physicians, we have to be able to find them timely and in an efficient manner,” he says. “With DocBook, it takes seconds to find someone and seconds to call.”

IMS members need your membership system number, phone the IMS at 639-3406, then download the application from your phone. For more information on DocBookMD, please visit www.docbookmd.com.

Indianapolis physicians who would like to use DocBookMD, but are not IMS members are urged to contact the Indianapolis Medical Society for membership information by email at ims@imsonline.org.

If you have questions, email ims@imsonline.org.

Laura Brockway, Texas Medial Liability Trust Manager, Communications and Advertising
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Larry R. Lett, MD
In Summary

2011-2012 Inaugural

The Inaugural for Dr. Rhodes will be held in conjunction with the October 4, 2011 IMS Board Meeting scheduled for the IMS Conference Center. The inaugural will honor New Members, 50-Year Members and the incoming Leadership of the Indianapolis Medical Society. The monies saved will be kept in the IMS budget for Members Benefits and the Indianapolis Medical Society Foundation.

Insurance Complaint?

Are you having a problem with poor-quality MRIs or other tests as a result of an insurance company phoning patients with a lower cost option? The Insurance Commissioner has a great response regarding this type of complaint. Always contact the Insurance Commissioner with similar insurance company complaints. The complaint form is located at in.gov/idoi/2547.htm. A link is available on the IMS website imsonline.org for your convenience.

More Members Benefits Added!

Your Indianapolis Medical Society is pleased to announce that ICDExpert.net and Indianapolis Medical Management have become a part of the IMS Vendors and Friends Program. A program designed to add Member Benefits exclusively for the IMS.

ICDExpert.net is a medical coding training organization and offers exclusively to IMS Members a 5% discount ICD-10 Readiness Assessment.

Indianapolis Medical Management is offering IMS Members 5% off any educational course offered by IMM.

For more information visit:
http://www.ICDExpert.net
http://www.veicorp.com/imm

or Call the IMS at 639-3406. Information on the Vendors & Friends Program is available at http://imsonline.org/advertisingSponsorships.php

New Offerings for Members continue to be developed, please let us hear from you with your ideas to enhance your IMS Membership.

Bulletin Board ...

(continued from page 11)

Franklin. She will treat patients with diabetes or endocrine disorders at the new location as well as her existing offices.

Physicians of Joint Replacement Surgeons, a practice group affiliated with the Center for Hip & Knee Surgery at St Francis Health presented talks throughout the area:

Philip M. Faris, MD, presented the latest procedures in joint replacement and arthritis treatments at the Indianapolis Marriott East in August.

Jeffery L. Pierson, MD, will present the latest procedures in joint replacement and arthritis treatments at the at a knee replacement seminar September 21 at Cambria Suites,Noblesville.

E. Michael Keating, MD, presented at a seminar at the Holiday Inn Express-Lebanon on arthritis and hip and knee replacements.

Support your IMS Foundation!
Are you ready for ICD-10?
Our experts can help you get there!

Visit our website at ICDExpert.net, or call us at 877-413-ICD10 (4231)

Seated Left to Right
Morgan Tharp II, M.D.
Keith Logie, M.D.
Andrew Greenspan, M.D.
M.S. Murali, M.D.

1st Row Standing
Hillary Wu, M.D., Ph.D.
Madelaine Sgroi, D.O.
Melody Sands, APRN-BC
Danielle Doyle, M.D.
G. Irene Minor, M.D.
Tracy Price, M.D.
Elsayed Aly, M.D.

Back Row
Paul DesRosiers, M.D.
Sead Beganovic, M.D., Ph.D.
Harold Longe, M.D.
Thomas Whittaker, M.D.
Bryce Lord, D.O.
Jennifer Morgan, M.D.

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Are increased benefit costs strangling your budget?

Indianapolis Medical Society is pleased to continue to offer its members a discount on group health insurance through ADVANTAGE HEALTH SOLUTIONS, a local health plan owned by local providers.

IMS physician practices are benefiting from this discount and the move to ADVANTAGE. The IMS employee group composed of the combined 19 employees of IMS, the Medical Society Exchange and the IMS Foundation, will save over $200,000 over two years compared to its old Anthem BCBS premiums. Although every situation is different and there is no guarantee of savings, we hope that these actual results to date are compelling enough for you to consider taking advantage of this unique opportunity.

To find out more about the program, or to see if it is a good fit for your practice, please contact the exclusive agents for this product:

Call (317) 564-4003, or visit Acumen’s website: acumenbenefitsolutions.com/IndplsMedSociety.html

The Indianapolis Medical Society Foundation Needs You!

The Indianapolis Medical Society Foundation was established by your Society for a variety of reasons – all of which are designed to provide ways for our members to support programs which will increase the accessibility of medical and health services to the general public, and to further develop previously established scholarship programs (nursing/allied health, medical students).

Please accept my gift of $ __________________________

☐ Project Health (Serving low-income & underinsured residents)
☐ Alliance Scholarship Fund (Medical & Allied Health Students)
☐ Medical Student Scholarships
☐ Operating Fund
☐ This is a Memorial Contribution to honor the memory of __________________________

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If you prefer to give your donation through the United Way, we encourage you to designate a portion or all of your gift for the IMS Foundation.

The IMS Foundation is a 501(c)(3) organization for federal income tax purposes.

631 E. New York St., Indianapolis, IN 46202-3706 • (317) 639-3406 • Fax: (317) 262-5609 • E-Mail: ims@imsonline.org

If you have any questions about tax deductible contributions, please contact your tax advisor.

Please Give Today!
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The IMS sitting will be $9.99 + tax. You may also purchase portraits of your family at 50% off.

### HOW DO I SCHEDULE AN APPOINTMENT?
- Call JCPenney Portraits at 1-800-598-2568 to schedule your appointment.
- Call your local studio
- Schedule online at jcpportraits.com
When you schedule your appointment, mention you are an IMS Member.

### WHEN WILL MY APPOINTMENT BE?
For the most convenient experience we recommend scheduling your appointment Monday through Thursday 12-5. It will take approximately 20 minutes. Evening and weekend appointments are also available.

### WHAT SHOULD I BRING TO THE APPOINTMENT?
1. This instructional email/coupon
2. Dress in your business apparel, dark colors without patterns work best.

### HOW WILL I BE POSED?
We will take a variety of 3 to 5 professionally posed images on a brown background.

### HOW WILL MY PORTRAITS BE SUBMITTED?
At the studio, select your favorite pose for the Pictorial Roster image. You may also select overall retouching for an additional fee for your Pictorial Roster pose only.

### PICTORIAL ROSTER AUTHORIZATION
By sitting for your portrait you are directing JCPenney Portraits to provide your selected business portrait to IMS for use in the IMS Pictorial Roster and other business purposes determined by IMS.

For the IMS Pictorial Roster you must be photographed by August 31, 2012. Schedule your sitting between June 1–August 31, 2012.

### WHICH JCPENNEY STUDIO LOCATIONS ARE AVAILABLE?

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td>Castleton Square Mall</td>
<td>6020 East 82nd St</td>
<td>Lawrence Township</td>
</tr>
<tr>
<td>Greenwood Park Center</td>
<td>1251 US Highway 31 N</td>
<td>Pleasant Township</td>
</tr>
<tr>
<td>Northwest Pavilion</td>
<td>8752 Michigan Road</td>
<td>Indianapolis</td>
</tr>
<tr>
<td>Hamilton Town Center</td>
<td>13900 Hoard Drive</td>
<td>Noblesville</td>
</tr>
<tr>
<td>Metropolis Mall</td>
<td>2490 Futura Parkway</td>
<td>Plainfield</td>
</tr>
</tbody>
</table>

### STUDIO MEMBER USE:
1. IMS will call 1-800-598-2568, call your studio or visit online to schedule an appointment.

### POSING:
1. Use only the brown background
2. Photograph 3 to 5 head and shoulder poses (see sample)
3. Turn the subject slightly to their left.

### POST SITTING:
1. Select the guest’s favorite image for the Pictorial Roster as the “free 6x10”. Note: a paper portrait will not be printed. If the member wants to order portraits from their professional sitting identify it as an add on sitting.
2. Submit to plant using code 1819041. If retouching is selected, use code 1819042.
3. POS instructions (refer to studio communication piece).
4. Start a new sitting for family session.

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$9.99
one pictorial roster pose

**Offer expires 8/31/12. Present at time of sitting. Valid for one professional sitting. Not valid on reorders, studio events, merchandise, media, with other offers, services, portrait memberships or online orders. Valid only at Indianapolis area JCPenney Portrait Studios. PC1819041 without Retouching, PC1819042 with Retouching (additional $49.99 charge).**

50% off
family portrait purchase

**Offer expires 12/31/2012. Sitting fee $9.99 per person. 50% for Portrait Members. Present at time of sitting. Valid for 50% off portrait purchase including enhanced portraits and fees. Products may vary. Not valid on reorders, studio events, merchandise, media, with other offers, services, portrait memberships or online orders. PC1819043**
“For ALL your imaging needs...”

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