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March 30, 2012

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ATTENTION SOCIETY MEMBERS

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.

The Bulletin is your magazine. Share your views by submitting reprints of your published articles; articles written expressly for The Bulletin; quips; short stories; brief comments; ideas; cartoons, etc.

Remember the Indianapolis Medical Society Foundation when planning your will. (Contribution form included in this issue.) Unless otherwise specified, your contribution will be directed toward medical scholarships.

Bulletin Subscriptions: $36.00 per year
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On our cover:

On March 30, 1958, a Resolution commemorating Doctors’ Day was adopted by the United States House of Representatives. In 1990, legislation was introduced in the House and Senate to establish a National Doctors’ Day. Following overwhelming approval by the United States Congress, on October 30, 1990, President George Bush signed Public Law 101-473 designating March 30th as “National Doctors’ Day.” Today the red carnation is commonly used as the symbolic flower.

Happy Doctors’ Day!
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Just what the doctor ordered.
Bullying

“Everyone has the right to be respected and the responsibility to respect others.” Anon

Bullying, a common theme for all ages in literature, TV, and movies appears in Lord of the Flies, Glee, Mean Girls, Toy Story 3, The Karate Kid, Matilda, and Back to the Future, to name a few. Bullying is an issue that confronts school staffs and is a health concern that must be considered by physicians and health care workers when treating their patients. Bullying is a major public health issue with devastating consequences which appears all too frequently in the news. Kids will say and do hurtful things to one another which may be partially explained by immaturity and by not having learned how to control their thoughts and actions. When those situations occur they become teaching moments. However, for some, those behaviors cross the line to purposeful bullying.

A pattern of repeated physical and/or relational aggression, a deliberate intent to harm a victim despite the victim’s distress, and a real or perceived imbalance of power constitutes bullying. Common forms include physical acts such as hitting, kicking, shoving, sexual grabbing, or destruction/theft of personal property. Verbal bullying includes taunting, teasing, name calling, and/or sexual/racial harassment. While nonverbal, nonphysical bullying utilizes threatening or obscene hand gestures. Cyberbullying incorporates technology such as Facebook, cell phones, or email – anything digital or electronic where the content is harassing or the message is hurtful with the intent to cause harm.

Bullying occurs in schools, in after-school programs, in the neighborhood, at homes between siblings, in dating relationships, and in organized athletic activities. It is a global issue prevalent across the life span and in all social classes. Once viewed as part of growing up, today’s bully behavior is significantly harsher due to the high prevalence of violence on television, in movies, and in the news. The U.S. Department of Justice claims that 77% of students are bullied mentally, physically, or verbally. Although Nansel and colleagues found a lower prevalence of bullying, they did find violent behaviors such as weapon-carrying and physical fights. They concluded that bullying should not be considered a normative part of youth development, but rather a marker for more serious violent behaviors. Olweus’ study demonstrated an increase in criminal behavior among young adults with a history of bullying.

Fekker and colleagues were able to identify and derive odds ratios for common psychosomatic problems in victims. Although bullies were not found to have a higher chance for most of the health symptoms, they are at increased risk for school failure and dropping out, for substance abuse, for unacceptably and criminal behavior in adulthood, and for being more likely to permit their own children to bully. Surprisingly, bullies and victims feel unsafe at school with both perpetrators and victims having poor psychological adjustment. Victims are more likely to have lower academic achievement, and feel a lack of belonging at school. Olweus has demonstrated that victims have higher rates of depression and poorer self-esteem as adults. Additionally, since victims with chronic physical and health problems are more prone to poorer control of illnesses such as diabetes, clinicians should consider illness-related bullying when caring for those with chronic illnesses.

One half of victims do not report bullying probably because of embarrassment, fear of appearing weak, fear of retaliation, desire to belong, sense of hopelessness, and lack of a trusted, understanding adult. Dr. Melissa Martinez of Community Hospital School-Based Services and Dr. Nerissa Bauer of IU Health work to develop bullying prevention programs in schools and for primary care physicians. Physicians can provide victims and their parents with documentation, resources, and communication strategies for working with school staff. Olweus found that a formal school-based bullying prevention program led to 50% reduction in bullying activities and improved peer relationships. Referrals to family therapy have been shown to improve anger management, interpersonal relationships, and health-related quality of life for bullies. It is assumed that they will have fewer criminal behaviors as young adults, and there is leadership potential in many bullies who can benefit from learning empathy and ways to direct their behaviors appropriately. Recognition of bullies and victims can have life-changing consequences, but we must also remember the bystander who often is silent due to fear, anxiety, guilt, pressure to participate in activities, vulnerability, or lack of time. Martin Luther King said, “In the end, we will remember not the words of our enemies, but the silence of our friends.”


Selected References:
JM Lynzicki, et al., Childhood Bullying: Implications for Physicians, AAFP Policy Statement: Prevention of Bullying Related Morbidity and Mortality, American Academy of Child & Adolescent Psychiatry
J VanCleave & MM Davis, Bullying and Peer Victimization Among Children With Special Health Care Needs, Pediatrics 2006;118:e1212-e1219
NS Bauer, et al., Childhood Bullying Involvement and Exposure to Intimate Partner Violence, ediatrics 2006;118:235-242
NS Bauer, Partnering with the Medical Community to Promote School Safety: the Development of a Bullying Prevention Program, a powerpoint presentation, IU Department of Pediatrics, April, 2009
Satisfaction Survey Expectations – Susan Keane Baker

Expectations are created by satisfaction survey questions, so it is important to regularly review the surveys issued to your patients by your health system, insurance companies and/or government agencies.

When was the last time you reviewed the questions? When was the last time your staff reviewed the questions?

At your next team meeting, distribute copies of the patient satisfaction survey and ask each person to complete the survey as he or she believes most patients would. For any item(s) not receiving the highest rating, discuss what improvements would be needed in order to attain it.

When you receive your actual survey results, compare those results with your team’s predicted results to identify expectation gaps. “We predicted that patients would give us the highest rating on whether we always listen to them. These results tell us they don’t feel that way. Let’s brainstorm ten behaviors that show we are listening.”

Let patients know what those behaviors are. You can do this by posting information in patient areas and on your website:

We are engaged in a patient satisfaction initiative to enhance our listening skills. These are the actions we are taking to listen more effectively:
1. We will sit down for part of the visit with you.
2. We will not ask you questions while looking at the computer screen.
3. We will not interrupt you.
4. We will ask: “Is there anything else you would like to tell me?” once during your visit.

You are defining for patients what listening means to you. Barring any outlier behavior, if you sit down, don’t interrupt, look at your patient when asking a question and ask the “anything else” question, your patient should be satisfied.

Expectation gap data (the difference between your predicted score and how patients actually rated you) can be persuasive in changing practitioner behavior. The physician who dismissed scripting language as nonsense may begin to realize the value of simply letting patients know what he is doing. For example, after asking “Have there been any changes in your medical condition since we spoke last?” the physician may now say: “Okay, that’s important information for me to note in your medical history.” Or, “I’ve been reviewing your medical history. You had knee surgery four years ago. How is your knee now?”

As you strategize about how to manage survey question expectations, be mindful of the program requirements about what you must not do when communicating with patients about HCAHPS. You will find the requirements on pages 17-19 of the March 2011 HCAHPS Quality Assurance Guidelines 6.0.

Consider creating a true/false quiz based on the guidelines to be certain your colleagues understand these requirements.

Reprinted with permission from Exceptional Patient Care Update, Volume 2, Number 2, January 27, 2012


A good time to make sure you’re communicating

The new year is a good time to make sure you’re communicating appropriately with hearing impaired, limited English proficiency patients

If you receive federal assistance like Medicare and Medicaid, you must under the federal Civil Rights Act provide foreign language interpreters for patients with limited English proficiency. State civil rights laws also prohibit discrimination.

Several language interpreter services are available, and you are required to absorb the cost for them. Do not charge the patient or the patient’s insurance company. Some patients’ insurance companies as well as malpractice insurers offer free or discounted interpreter services.

Find more details at www.hhs.gov/ocr/index.html or contact the ISMA’s Legal Department.

And also the hearing impaired

Hearing impaired patients fall under the Americans with Disabilities Act (ADA), and physician offices are required to ensure no one with a disability “…is excluded, denied services, segregated or otherwise treated differently than other individuals because of the absence of auxiliary aids and services, unless the public accommodation can demonstrate that taking such steps would fundamentally alter the nature of the goods, services, facilities, privileges, advantages or accommodations being offered or would result in an undue burden, i.e. significant difficulty or expense.”

Federal representatives have indicated that receiving less reimbursement from an insurer than you pay for an interpreter is not an “undue burden.”

Auxiliary aids include qualified interpreters and note takers as well as other methods of communicating patients having hearing impairments. Ultimately, remember that failure to provide a reasonable aid, either literally or in the patient’s eyes, could result in a discrimination lawsuit. Find additional information on the Americans with Disabilities Act at:

• ADA Questions and Answers online at www.ada.gov/q&ajn02.htm.
• A U.S. Department of Justice document at www.ada.gov/hospcmbrp1.pdf
• The ISMA’s Legal Department web page at www.ismanet.org/legal/FAQ/.

Limited English Proficiency patients are unable to speak, read, write or understand the English language at a level that permits effective interaction with health caregivers and social services agencies.

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Bulletin Board

Michael H. Fritsch, MD, was Guest Professor at New York University giving Otology-Neurotology lectures and grand rounds to the NYU Department of Otolaryngology - Head and Neck Surgery.

Douglas S. Hale, MD, Urogynecology Associates, Director Female Pelvic Medicine and Reconstructive Surgery Fellowship, Associate Clinical Professor: Indiana University/Methodist Hospital recently spoke at The University of Kansas on surgeries for pelvic organ prolapse including native tissue repairs as well as mesh indications. He also gave a talk on the new FDA safety statement regarding mesh and spent time with the residents discussing research and case presentations.

At the recent meeting of the American Association for Hand Surgery, Jeffrey A. Greenberg, MD, chaired and moderated a symposium on “Distal Radio-ulnar Joint Instability.” He also participated in a panel discussion on Dupuytren’s Contracture presenting his experience and results using needle aponeurotomy. He presented a paper entitled “Biomechanical Evaluation of the Distal Metaphyseal Ulna Shortening Osteotomy.” At this meeting, Dr. Greenberg was also elected Director-at-Large of the Board of the American Association for Hand Surgery, starting a three year term.


Dr. Shelbourne gave a talk at the Steadman Clinic in Vail, Colorado, “Symmetric Motion: The Key to the Knee,” on December 5, 2011. He was also included on a list of outstanding knee surgeons in Becker’s Orthopedic, Spine, and Pain Management Review, 1/20/2012 issue.


Andrew J. DeNardo, MD, and Aaron Cohen-Gadol, MD, published the article, “Intercavernous connection between the internal carotid arteries” in the December issue of Journal of Neurosurgery: Pediatrics.

Daniel H. Fulkerson, MD, and Joel C. Boaz, MD, (photo unavailable) published, “Progression of cerebrospinal fluid cell count and differential over a treatment course of shunt infection” in December’s Journal of Neurosurgery: Pediatrics.


Laurie L. Ackerman, MD, published, “A foramen of Monro tumor” in the journal, Neuropathology, in December.

Thomas J. Leipzig, MD, served as invited faculty for the American Association of Neurological Surgeons Goodman Oral Board Review Course in Houston, Texas on November 6-8, 2011. He spoke on the surgical management of cerebral and spinal vascular problems.

Jodi L. Smith, MD, served as invited faculty for the American Association of Neurological Surgeons Goodman Oral Board Review Course in Houston, Texas on November 6-8, 2011.

News from CENTA (Center for Ear Nose Throat & Allergy) ... Tod C. Huntley, MD, was the invited guest lecturer on Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea at the University of Ghent, Belgium. In addition to presenting his study data, he performed a cadaver dissection for the attendees. Dr. Huntley was also featured in USA Today on 1/16/12 and in an article in The Indianapolis Star on 1/15/12 on research being done to discover causes of the rising incidence of thyroid cancer. He also was invited to provide grand rounds and proctor cases of TransOral Robotic Surgery (TORS) for oropharyngeal cancer and sleep apnea at the University of Wisconsin.

Stephen B. Freeman, MD, was featured in an article in ENT Today discussing innovation in instrumentation for endoscopic sinus surgery. The article showcased his Freeman Frontal Sinus Stent as the preeminent such device in its field, joining the large number of other medical patents granted to CENTA’s physicians over the years.

Dr. Huntley and Edward J. Krowiak, MD, were interviewed on WTHR13’s morning news show on National Thyroid Awareness Month, and discussed benign and malignant thyroid masses and the various da Vinci-assisted approaches that allow for their removal without neck incisions -- via a transaxillary approach or by a facelift approach. They were among the first surgeons in the US to offer these techniques and are in demand as instructors in robotic H&N surgery around the US.

Dr. Krowiak and a speech pathologist gave a vocal health workshop for area performers at The Palladium on January 20. They demonstrated proper vocal hygiene and performance techniques for professional vocalists and performed video stroboscopy.”
New Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Office</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hull, Meredith T., MD</td>
<td>Pathology &amp; Lab Service</td>
<td>1481 W. 10th St., (113) 46202-2803 Ofc – 274-0782 Fax – 278-3909 Email – <a href="mailto:mhull@iupui.edu">mhull@iupui.edu</a> Anatomic Pathology, 1979 Indiana University, 1974</td>
</tr>
<tr>
<td>Knox, Kevin R., MD</td>
<td>Indiana Hand to Shoulder Center</td>
<td>8501 Harcourt Rd. – P.O. Box 80434 46280-0434 Ofc – 875-9105 Fax – 875-8638 Web – <a href="http://www.indianahandcenter.com">www.indianahandcenter.com</a> Plastic Surgery Surgery of the Hand (PS) University of Medicine &amp; Dentistry of New Jersey, 2004</td>
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- Indianapolis Medical Alliance – a pro-active physician spouse organization.
- IMS Foundation . . . operated exclusively for charitable and educational purposes.
- Project Health, a program developed and sponsored by the IMSF providing healthcare for uninsured patients.
- Commissions & Committees . . . Commission on Professional Affairs, investigates charges made against individual members by patients or fellow members; efforts by this Commission generally result in resolution to the mutual satisfaction of everyone.
- Commission on Medical & Health Affairs, considers public health matters as well as legislative issues. Commission on Membership Services, implements programs and services beneficial to all members.
- Annual 7th District Meeting . . . provides physicians and their families in Hendricks, Johnson, Marion and Morgan Counties the opportunity to meet and elect representatives.
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- Networking with more than 2,200 member physicians.
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- Exclusive discounts for IMS members through Staples®.
- ADVANTAGE Health Solutions offers members an 8% Discount on group health insurance.

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Christopher M. Doran, MD, Goodman Campbell Brain & Spine, is Project Health’s feature doctor for the month of March. He was born in Morehead, Minnesota, but moved around a lot because his father was a hospital administrator and “as he would advance we would move.” The family spent a lot of time in Tucson, but Dr. Doran says most of his grade school, junior high and high school were spent in Danville, Illinois. He has two younger brothers who work in finance and now live in Minneapolis.

Dr. Doran graduated from the University of Evansville with a degree in Psychobiology. He went on to complete a master’s degree in biosciences from IUPUI. Then, he entered the University of Illinois, College of Medicine, where he credits Mike Carroll, MD, as his mentor getting him interested in anesthesiology. Dr. Doran did his residency at Washington University in St. Louis in anesthesia, where he was voted “Top Medical Student Going into Anesthesia.” He did a fellowship at Northwestern University in interventional pain management. His mentor there was Robert Swarm, MD, who was the Director of the Interventional Pain Program. Dr. Doran is Board Certified in anesthesiology and pain medicine from the American Board of Anesthesiology. He joined Goodman Campbell Brain and Spine in 2009.

It was a personal injury that attracted him to join the medical field. “In senior high school I played football and broke my femur. I was really impressed with the doctors and nurses and the extreme coordination and skill it took to help me. That’s when I decided I wanted to go into medicine,” Dr. Doran says. “In medical school, I loved physical medicine, anatomy and pharmacology. I liked working with my hands and new technology which offered me more of an opportunity to develop.”

He also likes the fact that he develops relationships with the patients both before and after procedures. Aaron A. Cohen-Gadol, MD, one of his colleagues at Goodman Campbell introduced him to Project Health. “Project Health patients are a joy to take care of. They are never late, the interpreters are very knowledgeable and very organized, and the patients are all very good, hard-working people who just need a break. I consider myself very blessed to have this opportunity to give back. It is important to me, and Project Health facilitates everything. Hopefully by treating these patients, we can keep them out of ER’s which ties up other health care dollars.”

He specializes in interventional pain management of the spine but says that 90% of spine problems can lead to extremity pain as well. We have to treat both. He says most therapeutic blocks, epidural steroid injections, radiofrequency nerve ablation and peripheral nerve blocks last 3-6 months while the patient is urged to do physical therapy to help strengthen the surrounding muscles. “If it is an acute episode, we can calm it down and perform treatments that may last forever.” He advises anyone who is considering back surgery to get a second opinion. His practice likes to exhaust all other options before surgery.

Dr. Doran and his wife, Courtney, have three children ages 7, 5 and 3. In his leisure time he runs. He usually does a couple of half-marathons a year, the Mini and one at Ft. Harrison. “It’s a great stress reliever and the health benefits are so great.” Dr. Doran urges other physicians to volunteer for Project Health. “There’s no purer way to give back than by this. The patients are great and it is a population they probably won’t see any other place.”

There are not enough words for Project Health staff to express our profound gratitude!

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In Memoriam

Douglas Hunter White, Jr., MD
1925 - 2012

Dr. Douglas H. White, Jr., 86, Indianapolis, passed away on January 11, 2012. He was born October 5, 1925 in Indianapolis, Indiana. Dr. White attended Shortridge High School (1943), and Indiana University (1947), where he was a member of Phi Gamma Delta Fraternity. He then went on to Indiana University Medical School where he was a member of Nu Sigma Nu medical fraternity.

Dr. White served his country as a Lt. Commander in the Navy while serving as the Senior Medical Officer on the U.S.S. Anderson. Dr. White interned, completed his residency and a fellowship in Cardiology at the University of Wisconsin Hospitals.

Dr. White and three other physicians formed the Meridian Medical Group where he practiced internal medicine/cardiology until retiring in 1990.

Dr. White served the IMS on the Board of Directors from 1967-1976 and on the Executive Committee from 1967-1971 and 1974, serving as Secretary/Treasurer in 1973. He was also a Delegate to the ISMA State Convention, 1976-1985 and again 1988-1991. Dr. White was active in the American Medical Association, the IMSA, where he was Treasurer in 1980-1981, and Indiana Heart Association, where he served as President. He was an avid race fan and was a Track Physician at the Indianapolis Motor Speedway. After retiring from medicine, Dr. White worked in the medical underwriting department of American United Life, and later as a staff doctor at the Saturn Biomedical Blood Center.

Evart M. Beck, MD
1918 - 2011

Dr. Evart M. Beck, 93, died November 23, 2011. He was born October 2, 1918 in Anderson, Indiana.

Dr. Beck graduated from Anderson High School and attended Ball State University for his undergraduate degree. He graduated from the Indiana University School of Medicine in 1942.

Dr. Beck interned and completed his residency at the Indiana University Medical Center.

A veteran, he served in the US Navy as a Lt. (jg) from 1945-1946.

Dr. Beck was in private practice in internal medicine until 1996. He was on the medical staffs of St. Vincent, Methodist, Winona and Community North Hospitals. For a short time, he was an Associate Professor of Medicine at the IUMC. Dr. Beck served many years on the admissions committee to the medical school.

Dr. Beck served the IMS as Vice President in 1976, on the Board of Directors 1973-1976 and on the Executive Committee from 1975-1977 as well as serving on the Physician Assistance Peer Review from 1977-1980.

Please send submissions for the Bulletin Board, CME and the preceding publication. Inclusion is on a space available basis and limited to members in good standing of the IMS.

Merrill Grayson, MD
1919 - 2012

Dr. Merrill Grayson, 92, Martinsville, Virginia, died Tuesday, Jan. 31, 2012, at Memorial Hospital in Martinsville. He was born April 19, 1919, in New York City.

Dr. Grayson was trained at New York Medical College and was an intern in ophthalmology in 1945 and worked up to the position of chief resident in 1948 at City Hospital, New York. He completed his residency at Bellevue Hospital Medical Center, New York City.

Dr. Grayson was called to serve in the Air Force during the Korean War. He served from 1953 to 1955 and was ophthalmologist to the Third Air Force in Great Britain at the 7505th USAF Hospital.

He was appointed assistant professor of ophthalmology at the Indiana University School of Medicine in 1957.

Dr. Grayson was appointed professor of ophthalmology in 1980, and in 1981, he was awarded the rank of Distinguished Professor. He served as chairman of the department in 1979, 1981 and 1984 to 1987.

Dr. Grayson held positions at the Roudebush Veterans Hospital, Wishard Hospital and Indiana University Hospital. He was a diplomate of the American Board of Ophthalmology, a fellow of the American College of Surgeons, and a member of the Castroviejo Cornea Society and several Indiana ophthalmology societies.

In May 2008, Grayson received the Distinguished Professor Emeritus, Department of Ophthalmology from the Indiana University School of Medicine, where the endowed “Grayson Chair” was established in his honor.

Susan R. Fisher Schneider, 1955-2012
Indianapolis Medical Society Alliance

Mrs. Susan Schneider, 56, Indianapolis, died February 07, 2012 surrounded by her loving family. Susan was born on June 20, 1955 in Indianapolis.

Susan lived a life of servitude to others. She began as a neo-natal ICU nurse where she met her husband Dr. John Kimball Schneider. Sue continued her service as a nurse in the Army National Guard and she was honorably discharged as a Captain. She followed her passion for new born babies and became a part of the Indiana March of Dimes. She was the President of the Indianapolis (Marion County) Medical Society Alliance.

She explored her interests in the restaurant business along with her husband. Their restaurant, Something Different, was the first Indiana restaurant to be inducted into the Fine Dining Hall of Fame. She continued her charity by volunteering with Gennesaret Free Clinic and other organizations in Indianapolis. Her last charitable efforts were given to the U.S.O. of Indiana.
Are increased health insurance premiums strangling your practice’s budget?

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Delegates to the State Convention, September 14-16, 2012, Indianapolis JW Marriott
The year shown in parentheses indicates year in which the term expires following the conclusion of the ISMA Annual Convention.

Alternate Delegates to the State Convention, September 14-16, 2012, Indianapolis JW Marriott
The year shown in parentheses indicates year in which the term expires following the conclusion of the ISMA Annual Convention.
Documenting a Preventive Visit – Part 1

Annual preventive exams have been a standard of care in the medical industry for many years. CPT describes these services as a periodic comprehensive preventive medicine evaluation (or reevaluation) and management of an individual. CPT codes 99381-99387 are the codes used to represent these services and their selection is based on whether the patient is new or established as well as the patient’s age. CPT goes on to describe the services to include an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures.

Unlike other evaluation and management services in the CPT book, annual preventive exams do not have specific documentation guidelines required to support the service that is being provided. A preventive medicine service is considered to be of a comprehensive nature however the “comprehensive” nature of these services is not synonymous with the comprehensive examination required in other evaluation and management codes. So the age old question, what constitutes a comprehensive history and exam in relation to a preventive medicine service?

Here at Indianapolis Medical Management (IMM) this topic has brought much debate. Some of the many services that we offer include chart reviews and provider education. When these functions are performed around preventive services, the question of how these services should be documented comes up. What types of information should we expect to see to constitute a comprehensive history? What equates to an age and gender appropriate examination? What types of counseling, anticipatory guidance and risk factor reductions should be addressed? What laboratory and diagnostic procedures would be relevant to a preventive service? What should we be educating physicians and non-physician practitioners (NPPs) to document in a patient’s medical record to support the billing of a preventive medicine evaluation and management service?

Again, there are no official, specific documentation guidelines, so in an effort to help streamline this process for both our team of billing and coding consultants and our clients, we have done extensive research and come up with best practice guidelines based on recommendations from the American Medical Association (AMA), the American Academy of Family Physicians (AAFP), the U.S. Preventive Services Task Force (USPSTF), the American College of Physicians (ACP) Internal Medicine and the American College of Obstetrics and Gynecology (ACOG). These guidelines will be used to evaluate these services. The following breaks down the information that we would expect to see documented in the review of a preventive medicine service based on the patient’s age and gender.

Well Baby Visits – Birth to 2 Years

**History:** Past illnesses, surgeries, medications, allergies, pregnancy/birth history, family history and social history

**Exam:** Hearing for newborns, weight, length, head circumference, head, chest, abdomen, genitalia, neck, extremities, eyes, ENT, cardiovascular, respiratory, skin, neurological

**Counseling/Anticipatory Guidance:** Safety, health, nutrition, development, immunizations

**Risk Factors:** Age appropriate developmental and behavioral assessments

**Lab/Diagnostic Services:** Hemoglobin or hematocrit

Well Child Visits – 3 to 10 Years

**History:** Past illnesses, surgeries, medications, allergies, family history and social history

**Exam:** Blood pressure, vision screen, hearing screen, height, weight, BMI, w/percentiles for age, eyes, ENT, cardiovascular, respiratory, GI, GU, musculoskeletal, skin, neurological, psychological

**Counseling/Anticipatory Guidance:** Safety, injury prevention, health, nutrition, development, immunization, screenings

**Risk Factors:** Age appropriate developmental and behavioral assessments

**Lab/Diagnostic Services:** Any warranted based on risk factors

Well Child Visits – 11 to 18 Years

**History:** Past illnesses, surgeries, medications, allergies, family history and social history, status of chronic conditions

**Exam:** Blood pressure, vision screen, hearing screen, height, weight, BMI, eyes, ENT, cardiovascular, respiratory, GI, GU, musculoskeletal, skin, neurological, psychological, hematological

**Counseling/Anticipatory Guidance:** Nutrition, physical activity, healthy weight, injury prevention, avoidance of tobacco, alcohol and drugs, sexual behavior and STDs, dental health, mental health, immunization, screenings

**Risk Factors:** Hypertension, hyperlipidemia, coronary heart disease, depression, eating disorders, emotional, physical, or sexual abuse, problems with learning and school

**Lab/Diagnostic Services:** Chlamydia screening for sexually active females

At VEI Consulting, it is our hope to provide information and education that will help our clients improve on documentation and thus help ensure that the services performed are supported by that documentation. Hopefully this article will help you in your documentation of Preventive visits. For additional information or an evaluation of your documentation, please visit our website at www.VEIcorp.com/imm or call us at (317) 621-7197.

Stay tuned for the next installment in an upcoming issue of your IMS Bulletin to find out what to document in a preventive medicine visit for adults!
CME & Conferences

Indiana University School of Medicine/Indiana University Health

IU – Methodist – Riley
Mar. 30-31 Pediatric Medical Weekend
Chapman’s & IU Health Bloomington Hospital
Bloomington, Indiana

May 4 15th Annual IU Gastroenterology/Hepatology Update
Indiana History Center, Indianapolis

May 21 10th Annual Conference on Health, Disability, and the Law: Obesity and Stigma
Wynne Courtroom, Inlow Hall, Indianapolis

July 20 Review and Interpretation of the 2012 ASCO Meeting
University Place Conference 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.

The Indiana University School of Medicine is accredited by the ACCME to provide continuing medical education for physicians. We have more than 100 recurring meetings available. For a listing or more information, please visit http://cme.medicine.iu.edu or call 317-274-0104.

JWM Neurology

Saturday, March 10, 2012
“Neurology Connection 2012” Seminar for Physicians
This half-day course covers 9 topics relative to neurologic conditions and sleep disorders. For more information contact JWM Neurology at 317-308-2828 ext., 1604.

Indiana Psychiatric Society

2012 3rd Annual Tri-State Integrative Mental Health Conference
April 20-22, 2012
West Baden Springs Hotel, West Baden Springs, Indiana

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This conference will offer interactive session on EHRs, as well as discussions on social media and technology, addiction, dual diagnosis, DSM 5, community health center update and more. Includes national speakers.
Visit www.pdallc.com for more information or to register.
Regular rate in effect until March 31, 2012. Late fee applies for registration after March 31.

Community Health Network

Community Hospital East
First Wednesday Critical Care Conference
Medical Staff Conf. Room, 12:00 - 1:00 p.m.
Second Wednesday Medical Grand Rounds
Medical Staff Conf. Room, 12:00 - 1:00 p.m.
Third Wednesday Medical Grand Rounds
Medical Staff Conf. Room, 12:00 - 1:00 p.m.

Community Hospital North
First Wednesday Pediatric Grand Rounds
Multi Services Rooms 1, 2 and 3
7250 Clearvista Dr. 7:30 – 8:30 a.m.
First Friday North Forum
Reilly Board Room; 12:00 - 1:00 p.m.

Community Heart & Vascular/Indiana Heart Hospital
First Wednesday Disease Management Conference:
rotates CHF & EP Case Presentations
TIHH MCV Boardroom Videoconference to
CHVp South Conf. Rm. 7:00 - 8:00 a.m.
Third Wednesday Ken Stanley CV Conference
TIHH MCV Boardroom Videoconference to
CHVp South Conf. Rm. 7:00 - 8:00 a.m.
Fourth Wednesday Imaging Conference:
rotates Cath & Echo Case Presentations
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
Medical Staff Conf. Room, 12:00 to 1:00 p.m.
Second Wednesday East Chest Cancer Conference
Cancer Registry Conf. Room, LL 22,
7:00 to 8:00 a.m.
Community Hospital North:
First & Third Tuesday North Multidisciplinary Breast Conference
8940 Clearvista Parkway, Suite 500, 7:00 - 8:00 a.m.
Third Wednesday North General Cancer Conference
Reilly Board Room, 12:00 to 1:00 p.m.
Fourth Wednesday North Chest Cancer Conference
Reilly Board Room, 7:00 to 8:00 a.m.
Community Hospital South:
Second Monday South Chest Conference (site specific-lung)
Education Center Rooms 5&6, 7:00 - 8:00 a.m.
First Wednesday South Multidisciplinary
Breast Cancer Conference
Community Breast Care Center South,
533 E. County Line Rd., Ste. 101, 8:00 - 9:00 a.m.
Third Wednesday South General Cancer Conference
President's Board Room, 12:00 to 1:00 p.m.
North Cancer Pavilion:
Third Wednesday Melanoma Cancer Conference
CHN Cancer Pavilion Conf. Rm., 7:30 to 8:30 a.m.

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

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## CME & Events

### Indianapolis Medical Society

#### March
- **14** Senior/Inactive Luncheon, Society, 11:30.
  “Germans in Indiana,” Speaker, Giles R. Hoyt, PhD
- **18** IMS Advisory Breakfast, 7:30 am ... prior to BOT
- **18** ISMA BOT, 9:00 am, ISMA Headquarters
- **20** IMS Board, Society, 6:00 pm, Social; 6:30 pm, Dnr/Mtg.
- **30** HAPPY DOCTOR’S DAY!

#### April
- **17** Executive Committee, Society, 6:00 pm, Sandwiches
- **25** Administrative Professional’s Day (aka Secretaries’ Day)

#### May
- **15** IMS Board, Society, 6:00 pm, Social; 6:30 pm, Dnr/Mtg
- **TBA** MSE Board Meeting, Society, 6:15 pm, Sandwiches

#### June
- **6** ISMA BOT, 1:00 pm, ISMA Headquarters
- **13** Senior/Inactive Luncheon Meeting, 11:30 am, Society
- **16-20** AMA House of Delegates Annual Meeting, Chicago, IL
- **19** Executive Committee, Society, 6:00 pm, Sandwiches
- **TBA** Project Health Board Meeting, Society, 6:00 pm, Light Meal

#### July
- **17** IMS Board, Society, 6:00 PM, Social; 6:30 pm, Dnr/Mtg

#### August
- **21** Executive Committee, Society, 6:00 pm, Sandwiches

#### September
- **12** Senior/Inactive Luncheon Meeting, Noon, Society, Speaker TBA
- **14** ISMA BOT, 12:30 pm, Indianapolis JW Marriott
- **14-16** ISMA CONVENTION, NEW MARRIOTT HOTEL
- **18** IMS Board, Society, 6:00 pm, Social; 6:30 pm, Dnr/Mtg

#### October
- **16** Executive Committee, Society, 6:00 pm, Sandwiches

#### November
- **4** IMS Advisory Breakfast, 7:30 am ... prior to ISMA BOT
- **4** ISMA BOT, 9:00 am, ISMA Headquarters
- **10-13** AMA House of Delegates, Honolulu, Hawaii
- **20** ISMA Board of Trustees, 9:00 am, state headquarters

#### December
- **12** Senior/Inactive Luncheon Meeting, Noon, Society TBD
- **18** Executive Committee Holiday Dinner, with Spouses/Guests

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### The Indianapolis Medical Society
Needs Your Correct Information for Referrals and Breaking News!

Send your updates for our referral database to tmccauley@imsonline.org or phone 639-3406 or use the update module at http://imsonline.org/membership.php

Updates are made to the referral database daily and are updated to our website & DocBook™ weekly.

The information is used for the Society’s Referral Network utilizing our various referral options.

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Healthy Food Resource – Doctor’s Information to Share with Your Patients

Garden on the Go™ is bringing fresh, affordable fruits and vegetables to neighborhoods in Marion County.

Indiana University Health’s Garden on the Go™ is an effort to improve access to affordable fruits and vegetables in “food deserts” throughout Marion County. A “food desert” is defined as “an area that lacks access to affordable, healthy foods.” Learn more about why fruits and vegetables are so important to your health.

The goal is simple: To get more produce into the hands of those without access to convenient and affordable fruits and vegetables. Studies have shown that people with greater access to supermarkets or a greater abundance of healthy foods in neighborhood food stores, consume more fresh produce and other healthy items. The healthier eating habits people have now, the less likely chronic diseases will develop over time.

Garden on the Go™ is part of IU Health’s large-scale initiative to fight the obesity epidemic by improving access to healthy foods and safe places for physical activity in high-poverty neighborhoods. According to the Indiana State Department of Health, 29 percent of adolescents and 65 percent of adults in Indiana are obese or overweight.

How It Works

Garden on the Go™ operates Wednesday – Saturday, year-round, stopping at the same locations and times each week. Green B.E.A.N. Delivery has been contracted to manage the truck operations.

Produce comes from local and regional sources and features a variety of fruits and vegetables. Cash, credit cards and food stamps (EBT) are accepted. Anyone is welcome to shop on the truck.

For routes and more information, visit: iuhealth.org/gardenonthego

In Summary

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Healthy Food Resource – Doctor’s Information to Share with Your Patients

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