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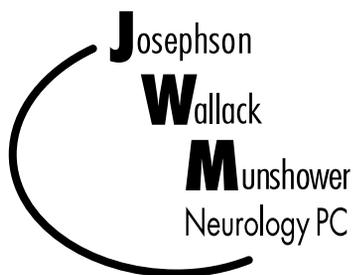
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We like to feature photographs or other artwork shared by IMS members on the cover of *The Bulletin*. Submit photographs, artwork, etc., to Beverly Hurt at the Society Office, bhurt@imsonline.org.

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.

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in this issue

Special Features

President's Page

Gratitude, Service and Celebration

Bruce M. Goens, MD 7

Senior/Inactives

Speaker: Krista Latham, PhD

William H. Dick, MD 8

Recruit-a-Colleague Program..... 12

Past Presidents Perspective

ACA Explained in One Slide

Bernard J. Emkes, MD 14

Project Health

Thank you, All!

Carrie Jackson Logsdon, Director 16

Special Feature

New HIPAA Rules:

An Overview for Physician Practices

Sue La Bonté, Favorite Healthcare Staffing 21

Departments

About Our Cover 5

Advertisers' Index..... 23

Bulletin Board..... 11

Classified Advertising..... www.imsonline.org

CME & Conferences..... 20

IMS Leadership 18

In Memoriam..... 22

New Members 14

about our cover



On our cover:

Watermelon Popsicles! Photograph courtesy of the National Watermelon Promotion Board. watermelon.org

**IMS Leadership Voting for 2013-2014
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President's Page *Bruce M. Goens, MD*

Gratitude, Service and Celebration

Since this is my last President's Page article, I want to thank everyone for the opportunity over this past year to express my views regarding the practice of medicine and health care today. I also want to thank all IMS members, my fellow IMS board members and IMS administration for giving me the honor to serve as president. I hope my prior articles have been informative, timely and beneficial in providing updated information about some of the health care delivery changes we are experiencing today. I have tried to limit my personal views to brief commentary at the end of most articles but did take the liberty of creating the David Letterman-style top 10 list in last month's *Bulletin*. I would like to acknowledge all IMS Board members and past presidents regarding their contributions during their years of service, and I know that our President-Elect, Dr. Mark Hamilton, will provide excellent leadership next year. My focus this year has been on how the changes in medicine affect not only our daily professional and personal lives, but also how they affect organized medicine in general. I suspect these changes are factors in the decline in IMS membership that we have seen in the last few years. I appreciate the support I have received from my IMS peers and administration in addressing these concerns.

I especially wish to thank our Executive Vice President, Beverly Hurt, and her administrative team for their exemplary support and direction. The more interaction I've had with Beverly, the more I realize how fortunate we are that she is in this position. At the physician leadership level we realize how invaluable her experience, guidance, abilities and talents are. Her dedication, present throughout her years of quality service to IMS, was especially apparent during her surgical absence earlier this year. Even though Beverly was recuperating from major surgery, the organization continued to function smoothly as Beverly worked remotely to assure continued uninterrupted service and operation. Over this last year I have enjoyed working with other capable and personable members of the administrative staff who have assisted me in so many ways. It has been my pleasure to know these fine people even better.

As we look to the future of medicine and health care delivery and realize all the changes currently taking place, I want

to use this last article to offer some thoughts about change, opportunity and celebration. Physicians over the years have continued to be the major advocates and deliverers of care for our patients. As other entities such as government, insurance companies, drug companies, and advance practice providers continue to be more involved in our moments of clinical and financial value with our patients, we need to collectively remain strong in our awareness that we must continue to remain in the position of being the strongest advocates for patients. At the June 50-year member luncheon, one of the physician members being honored mentioned that we need to learn how to be more proactive and not just reactive to change. This is one of the challenges organized medicine faces. Not only are health care delivery models changing, but so is our culture and we need to learn how to take advantage of all these changes to remain effective. During periods of change there are always opportunities; so let us take advantage of this current great opportunity to retain and enhance our important position in this rapidly changing health care delivery system. We need to continue to support organized medicine and encourage each other in continuing to serve our patients in the best possible way with support from these other entities while resisting any inappropriate interference. I wonder if we know how to appropriately celebrate the privilege we have and what we do as physicians. I hope we will learn to better appreciate our value, and I believe this will be an important function of organized medicine going forward.

In this period of great transition for medicine, I feel confident that IMS will continue to play an important role in our community providing services to both physicians and patients as well. The combination of the IMS staff, IMS members and physician leadership gives me confidence in this belief. And once again, I'm so very grateful for the opportunity to have served our members this year as president, and I look forward to continuing to support IMS and our future leadership in the coming years.

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William H. Dick, MD

Speaker: Krista Latham, PhD

How DNA Evidence is Currently Used in Medicine and Law



Dr. Latham is an Assistant Professor at the University of Indianapolis. She manages the Molecular Anthropology and the Archeology & Forensics Laboratories. Her Forensic Anthropology Laboratory is the only one in Indiana or Illinois. Dr. Latham earned her PhD at Temple University. Many articles have featured her work in the *Indianapolis Star* and she has been interviewed on the CBS Evening News. If there are human remains found in the State of Indiana, the bones often are sent to Dr. Latham. She has testified many times in Federal Courts.

Dr. Latham was quick to say that DNA does not have all the answers. “When people (jurors) hear DNA, they stop paying attention and thinking about the evidence, because they think that DNA will provide all the answers,” she explained. She reviewed the science of DNA and provided an introduction to Forensic DNA. Sometimes the Lab gets a specimen, but often they get transfer, or touch DNA, from objects that people come in contact with. A criminal will often leave some DNA at a crime scene, but it may be mixed with many other people’s DNA.

Then Dr. Latham listed some case examples, followed by current research at the University of Indianapolis. DNA is located in the chromosomes of all cells, except RBC’s. Some genes are important and some have no known function at this time. Recovery of DNA at a crime scene may lead to a positive identification or a circumstantial identification; and it can determine the sex of an individual.

Alleles are different variations of a gene. STR’s (Short Tandem Repeats) are pieces of DNA that repeat. Alleles are named after the total number of times that the repeat occurs. There are a great number of variations in alleles and that helps in the identification of people. There has been standardization of STR’s so that commercial kits are available for identifying a DNA sample. Dr. Latham taught us many examples of DNA identification. Once in a while, a suspect will be found who has a probability of duplication (some other person could have committed the crime) that is one in 14 trillion. Usually it is not that clear cut. DNA can degrade over time or it could be mixed with the DNA of others.

One circumstantial form of DNA identification is the y chromosome. It is passed from the father to all sons, and on down the male family tree. A second form of DNA is *mitochondrial* DNA; it is passed from the mother to all her offspring.

In crimes, a DNA sample is matched with a known sample of the victim. The DNA could be on a toothbrush, a hair brush or other personal item. One example cited by Dr. Latham involved only a small piece of a skeleton. At the crime scene, earrings were found that were known to belong to a certain woman. Her DNA was found on the earrings, even after being left out in the elements for some time. This indicated that the adjacent body parts were most likely part of a certain female who was missing.

Another case involved a basketball sneaker, which belonged to a suspect. She proved that his DNA was not the only DNA on the shoe, even though it was new and had been recently purchased. That DNA was from the wearer, from the shoe clerk, from anyone else who tried on that pair of shoes in the store and from someone in the factory, all will be found on that pair of shoes. It takes 12 hours of wear by the owner for their DNA to be the only sample found on the shoe.

The oldest DNA sample is 43,000 years old and is from a Neanderthal. Dr. Latham wrote a book with Michael Finnegan entitled “Age Estimation of the Human Skeleton.” DNA – the double helix discovery from 1953 by Watson and Crick, continues to fascinate us. There is so much more to learn.

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From left to right: Sandra Dolny, PA-C; Jocelyn Bush, MD; Edward Kowlowitz, MD; John Fitzgerald, MD; Alina M. Clavijo-Passik, PhD
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Bulletin Board

Philip D. Zaneteas, MD, announced that the American Association of Neuromuscular and Electrodiagnostic Medicine has designated his practice as an Accredited EMG Lab with Exemplary Status. Accreditation with Exemplary Status is the highest level of accreditation recognized by the AANEM. The AANEM EDX Laboratory Accreditation: • Demonstrates clinical excellence in EDX medicine. • Proves a laboratory's commitment to providing the highest quality health care and a safe environment for patients. • Provides patients, referral sources, and payers with a credible measure to differentiate the laboratory's quality of care.

Allan M. Arkush, DO, recently presented "Critical Clinical Thinking" as a guest lecturer to the medical students of the Michigan State University College of Osteopathic Medicine. Dr. Arkush was also recently named 2012-2013 Educator of the Year by the House Staff of Community Westview Hospital.

Bridget M. Sanders, MD, is the recipient of the Healing Hands Award for the second quarter of 2013. Dr. Sanders has practiced medicine with the Franciscan Physician Network Kendrick Colon & Rectal Center since 2005 and has been an active member of the Franciscan St. Francis Health medical staff. Reception of the award is bittersweet for Dr. Sanders as she prepares to leave the Indianapolis area. She will be relocating to San Antonio, Texas, later this summer to begin work at Cristus Santa Rosa Hospital. The award presentation and reception for Dr. Sanders was held Friday, July 12. The IMS also wishes to extend our thanks to Dr. Sanders for her years of leadership to the IMS.

Theresa Rohr-Kirchgraber, MD, was an invited speaker for the AMA Annual Meeting Organized Medical Staff Section (OMSS). With the topic of "Engaging patients to take charge of their health care through motivational interviewing," she taught physicians how to perform the motivational interviewing technique, explained how motivational interviewing can increase health literacy and encourage patient compliance, and identify the challenges and opportunities physicians may face when using motivational interviewing with their patients.

Dr. Rohr-Kirchgraber was a speaker for Innovations In Medicine at the AMA Annual Meeting in Chicago, Illinois. The conversation of how the 24-hour diet history highlighted how spending time asking patients a few questions about their diet can lead to simple solutions for health ailments and save health care dollars.

Mark M. Hamilton, MD, was selected and served as an examiner for the annual test by the American Board of Facial Plastic Surgery in Washington, DC, June 22nd and 23rd. Dr. Hamilton regularly authors and reviews questions for the exam.

In addition, Dr. Hamilton served as a guest lecturer for the Indiana University Department of Otolaryngology - Head and Neck Surgery morning conference June 26th discussing Hair Loss Treatments and Hair Transplantation. Dr. Hamilton is certified by the American Board of Hair Restoration.

Rick C. Sasso, MD, Indiana Spine Group, published a paper, "Functional and quality-of-life outcomes in geriatric patients with type-II dens fracture," in *Journal of Bone and Joint Surgery*.

He attended the Spine Technology and Educational Group Organization 10th Annual Symposium: State of Spine Surgery: A Think Tank from June 20-22, 2013 in Los Cabos, Mexico.

The symposium explored current and controversial issues in spinal care with extensive discussion and interaction between outstanding faculty and participants. The "Cabos Meeting" has gained a reputation as one of the most innovative, relevant and educational gatherings of spine surgeons and other stakeholders in spinal care.



Allan M. Arkush, DO



Mark M. Hamilton, MD



Tod C. Huntley, MD



Jeffrey L. Pierson, MD



Robert J. Robinson, MD



Rod Eric Robinson, MD



Theresa Rohr-Kirchgraber, MD



Bridget M. Sanders, MD



Kumar E. Sandrasegaran, MD



Rick C. Sasso, MD



Philip D. Zaneteas, MD

During the two day symposium, Dr. Sasso's requested lecture was "How Cervical TDR reduces the incidence of adjacent segment disease." He participated in a debate about "The Cervical Disc: Cervical TDR is the Evidence-based Treatment."

Dr. Sasso also served as the moderator for "Research Presentations: The Future."

Tod C. Huntley, MD, the Center for Ear Nose Throat & Allergy, (CENTA), was the keynote speaker at a statewide otolaryngology symposium sponsored by West Virginia University on June 22nd. Dr. Huntley gave four invited guest lectures on issues regarding obstructive sleep apnea treatment. Topics included advanced surgical techniques for sleep apnea, including hypoglossal nerve stimulation, robotic surgery, and palatal surgery, as well as nasal CPAP management and oral appliance therapy.

Manfred P. Mueller MD, (*photo unavailable*). DABSM, Diplomate ABIM (Sleep Medicine), FCCP and Medical Director of the Indiana Sleep Center, LLC is pleased to announce the successful reaccreditation of the Indiana Sleep Center, as a full service Sleep Disorders Center, as well as an Accredited Out of Center Sleep Testing Program by the American Academy of Sleep Medicine.

Robert J. Robinson, MD, and **Rod Eric Robinson, MD**, have joined Indy Southside Family Medicine, a new practice established by Franciscan Physician Network.

The father-and-son practice is located at 4018 E. Southport Road. Both are board-certified in family medicine.

Kumar E. Sandrasegaran, MD, associate professor of radiology, presented "Solid Pancreatic Tumors" at the American Roentgen Ray Society meeting categorical course in Washington DC in April. He also gave a workshop entitled "Now That You Have Completed the Research How Do You Write the Paper" at the Society of Abdominal Radiologists conference in March. In addition, he was recently appointed a committee member of the RSNA Research and Education Foundation.

Jeffrey L. Pierson, MD, explained the latest procedures in arthritic treatment and joint replacement at a Franciscan St. Francis "Road Show" on July 10, 2013. He is a board-certified orthopedic surgeon specializing in adult reconstructive surgery and joint replacement.

IMS

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ACA Explained in One Slide

Courtesy of Bernard J. Emkes, MD

The simplified essence of the new health care law taking effect January 1, 2014

The PPACA mandates HHS through CMS to develop SBE's, SPE's and FFE's to offer EHB's through QHP's for individuals as AHB's and small businesses as SHOP's, in part subsidized by the IRS.

Terms

- * PPACA – Patient Protection Affordable Care Act
- * HHS – Health and Humana Services
- * CMS – Centers for Medicare and Medicaid Services
- * SBE – State Based Exchange
- * SPE – State Partnered Exchange
- * FFE – Federally Facilitated Exchange
- * EHB – Essential Health Benefits
- * QHP – Qualified Health Plans
- * AHB – American Health Benefit (Exchanges)
- * SHOP – Small Business Health Options Program
- * IRS – Internal Revenue Service

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Jeffrey Crecelius, MD
Henry Feuer, MD
Daniel Fulkerson, MD
Randy Gehring, MD
Peter Gianaris, MD
Eric Horn, MD, PhD
Steven James, MD
Saad Khairi, MD
Thomas Leipzig, MD
Shannon McCanna, MD
James Miller, MD
Jean-Pierre Mobasser, MD
Troy Payner, MD
Eric Potts, MD
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Richard B. Rodgers, MD
Carl Sartorius, MD
Mitesh Shah, MD, FACS
Scott Shapiro, MD, FACS
Michael Turner, MD
Thomas Witt, MD
Robert Worth MD, PhD
Ronald L. Young, II, MD

Pediatric Neurosurgeons

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Joel Boaz, MD
Daniel Fulkerson, MD
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Michael Turner, MD
Ronald L. Young, II, MD

Interventional Neuroradiology

Andrew DeNardo, MD
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John Scott, MD

Physical Medicine and Rehabilitation

Amy Leland, MD
Nancy Lipson, MD

Interventional Pain Management

Christopher Doran, MD
Jose Vitto, MD
Derron Wilson, MD

Neuropsychology

Donald Layton, PhD



Project Health



Carrie Jackson Logsdon, Director

Thank you, All!

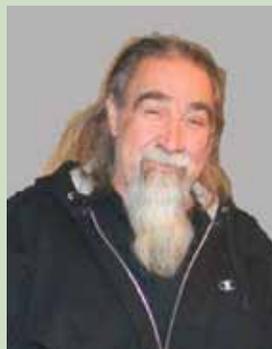
As Project Health celebrates its 10th anniversary this month we must shout out our thanks to the **hospitals, doctors, and labs who have now donated over \$38-million** to Project Health patients! You have saved the lives of many people who never would have gone to the doctor had they not joined Project Health. This includes 13 open heart surgeries, 5 corneal transplants, 3 brain surgeries, 88 cancer surgeries followed by chemotherapy and radiation, 3 hip replacements, 2 knee replacements, 57 shoulder repairs, 40 hand surgeries, 94 gall bladder and 141 cataract removals, not to mention all the laser procedures for diabetic retinopathy. Most Project Health patients work (68%), but either their employers don't offer health insurance, or the premiums are too high, and many others are self-employed. Those who do not have jobs have been unemployed for less than a year.



Tom and Chris Schrader are both self-employed. She had breast cancer surgery followed by chemotherapy and radiation. Two weeks after her last cancer treatment Tom had a heart attack and emergency surgery to replace a valve and insert three stents. Afterwards Chris says they looked around their living room and said, "We could have lost it all, our house, everything we worked decades to build, and most importantly

each other. We are so grateful to Project Health and the incredibly wonderful doctors and hospitals who participate."

The daughter of patient Ron Meulen, who has metastasized cancer, says, "I know my Dad won't live forever, but with



Project Health's help we have already had over two years that we wouldn't have had otherwise. We are trying to enjoy the time he has left. Sometimes, after his cancer treatment we go for rides in the car to the old neighborhood where he grew up. Seeing familiar surroundings makes him feel good. He likes to tell me stories as we ride around. Three years ago I would have thought this was corny. Now these moments are *priceless.*"

Some of our funders have asked what we would do if everyone in the United States had health insurance. Our answer has always been – we would love nothing more than to see that day come. While 2014 seems like it is just around the corner, that date doesn't mean everyone will be magically covered. According to the Federal Government, 105,000 citizens in Indianapolis will fall through the cracks. Project Health needs to continue helping those who do not qualify for State or Federal programs, and help all of our other patients transition into healthcare exchanges.

Project Health needs your support to finish the job we started 10 years ago. The Richard M. Fairbanks Foundation will be making their final donation to us in December. However our budget as it stands now is \$145,000 short. Can't you make one special donation to this noble cause?

Visit the website, www.imsonline.org and click on **Project Health**, then click on the **Donate Now** button. If you have any questions or suggestions please call me at 262-5625 or send an email to carrie@imsonline.org. Thank you for allowing me to do the most important work of my life!



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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.

Community Hospital North

First
Wednesday Pediatric Grand Rounds
Multi Services Rooms 1 & 2
7250 Clearvista Dr. 7:30 - 8:30 a.m.

First
Friday North Forum
Reilly Board Room; 12:00 - 1:00 p.m.

Every Other
Thursday Psychiatry Grand rounds
7250 Clearvista Dr.
begin 1/24/13 Multi-Service Rms. 1 & 2 7:30 - 8:30 a.m.

Community Heart & Vascular/ Indiana Heart Hospital

First
Wednesday Imaging Conference:
rotates Cath & Echo Case Presentations
CHVH MCV Boardroom Videoconference to
HVC Anderson Office, HVC East Office BR (Ste. 420)
HVC South Office CR (Suite 2400)
7:00 - 8:00 a.m.

Third
Wednesday Ken Stanley CV Conference
CHVH MCV Boardroom Videoconference to
HVC Anderson Office, HVC East Office BR (Ste. 420)
HVC South Office CR (Suite 2400)
7:00 - 8:00 a.m.

Fourth
Wednesday Disease Management Conference:
rotates CHF & EP Case Presentations
CHVH MCV Boardroom Videoconference to
HVC Anderson Office, HVC East Office BR (Ste. 420)
HVC South Office CR (Suite 2400)
7:00 - 8:00 a.m.

Cancer Conferences

Community Hospital East:

Third
Thursday East General Cancer Conference
Medical Staff Conf. Room
12:00 to 1:00 p.m.

Fourth
Tuesday East Multidisciplinary Breast Cancer Conference
Medical Staff Conference Room
7:00 to 8:00 a.m.

Community Hospital North

First & Third
Tuesdays North Multidisciplinary Breast Conference
8040 Clearvista Parkway, Suite 550
7:00 - 8:00 a.m.

Every Other
Friday N. General Cancer Conference
8040 Clearvista Parkway, Suite 550
begin 1/18/13 7:00 - 8:00 a.m.

First
Wednesday North Chest Cancer Conference
8040 Clearvista Parkway, Suite 550
7:00 - 8:00 a.m.

Third
Wednesday Melanoma Cancer Conference
8040 Clearvista Parkway, Suite 550
7:30 - 8:30 a.m.

Community Hospital South

Third
Wednesday South Multidisciplinary
Breast Cancer Conference
Community Breast Care Center South,
533 E. County Line Rd., Ste. 101, 8:00 - 9:00 a.m.

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

Indiana University School of Medicine/ Indiana University Health

IU – Methodist – Riley

Sept. 5 Pharmacogenomics in Clinical Practice -
What you need to know
IU Health Neuroscience Center, Indianapolis

Sept. 11 Advancing the Medical Role in Child Protection
The Lerner Theater Crystal Ballroom
Elkhart, Indiana

Sept. 13 Updates in Pediatric Gastroenterology for the
Primary Care Clinician
IU Health North Hospital, Carmel, Indiana

Sept. 19 1st Annual IUSM Brain Injury Symposium,
The Medical & Rehabilitation Care Continuum
IU Health Neuroscience Center,
Goodman Hall, Indianapolis

Oct. 3-4 Emergency Medicine and Trauma Conference
for Advanced Providers
Fairbanks Hall, Indianapolis

Oct. 4 Third Annual IU Neonatology Symposium
IUPUI Campus Center, Indianapolis

Oct. 10 Lung Transplantation: Navigating Future
Challenges with the Experience of the Past
IU Health Neuroscience Center, Indianapolis

Nov. 14 Radiology for the Advanced Provider
Riley Outpatient 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.

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CME & Conferences

Indianapolis Medical Society

August	
20	Executive Committee, Society, 6:00 PM, Sandwiches
September	
11	Senior/Inactive Luncheon Meeting, 11:30 AM, Society, Speaker TBA
17	IMS Board, Society, 6:00 PM, Social; 6:30 PM, Dnr/Mtg. Light dinner. Dr. Mark Hamilton will be installed as 140th IMS President. NO SPEAKER
20	ISMA BOT, Indianapolis JW Marriott, 10 S. West St., Indpls., 46204. 1:00 PM
20-22	ISMA CONVENTION, JW Marriott Hotel, 10 S. West St., Indpls., 46204
October	
15	Executive Committee, Society, 6:00 PM, Sandwiches
30	ISMA's Fall Legislative Dinner, Indy Marriott Downtown
November	
10	IMS Advisory Breakfast, 7:30 AM prior to ISMA BOT @ 9:00 AM, State Hdqtrs.
16-19	AMA House of Delegates
19	IMS Board, Society, 6:00 PM, Social; 6:30 PM, Dnr/Mtg
December	
11	Senior/Inactive Luncheon Meeting, 11:30 AM, Society TBD
17	Executive Committee Holiday Dinner, with Spouses/Guests

Submit articles, photographs and information for the IMS Bulletin (deadline first of the month preceding publication issue) by emailing ims@imsonline.org or mhadley@imsonline.org. We want to feature you.

PHA Academy

December 3-4, 2013
Indianapolis Indiana

The PHA Academy is hosted by Purdue Healthcare Advisors. The program will educate providers and practice managers as well as hospital administrators, nurses, quality and IT staff on today's most pressing healthcare themes. Participants have the option of attending the entire two-day training seminar or choosing up to four of the following eight workshop offerings: Stage 2 Meaningful Use for Physicians; Stage 2 Meaningful Use for Hospitals; Responsibly Mobile™: How to keep ePHI secure on the go (for the non-IT professional); The High-Performing Practice; PCMH Made Simple: The Factor Path™; The Engaged Patient is Here; High-Consequence Care; and Building Blocks for a Lean Quality Transformation. The cost of each half-day workshop plus lunch is \$295. Purdue Healthcare Advisors is a not-for-profit initiative from Purdue University that specializes in affordable assistance to healthcare organizations and providers. Questions contact: Sheila Kely, Purdue Healthcare Advisor, (574) 276-9942. Register at <http://pha.purdue.edu/events>

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Special Feature ...

New HIPAA Rules: An Overview for Physician Practices

The Department of Health and Human Services' Office of Civil Rights posted HIPAA's modified final rule in the Federal Register this past January. The rule covers a variety of changes to the HIPAA regulations based on the HITECH Act's modifications to the HIPAA Privacy and Security requirements, many of which have a direct and serious impact on Physician Practices. The effective date for the requirements was March 26, 2013 and the compliance date for the regulations is September 23, 2013. (Compliance date for revision of existing business associate agreements is September 23, 2014).

Key Highlights of the Rule:

- The Notice of Privacy Practice (NPP) must now include:
 - A statement indicating that most uses and disclosures of psychotherapy notes (where appropriate), uses and disclosures of PHI (protected health information) for marketing purposes, and disclosures that constitute a sale of PHI require an authorization.
 - A statement that other uses and disclosures not described in the NPP will be made only with an authorization from the individual.
 - A statement about fundraising communications and an individual's right to opt out. The mechanism does not have to be included on the NPP.
 - Healthcare provider's NPP must inform individuals of their new right to restrict certain disclosures of PHI to a health plan if they pay for a service in full and out of pocket. Other covered entities can retain current verbiage as required under the privacy rule.
 - The NPP must include a statement of an individual's right to be notified of a breach of unsecured PHI in the event they are affected.
- Patient access to electronic PHI is now required. Covered entities must provide an electronic copy of protected health information that is maintained electronically and located in one or more designated record sets. The covered entity must produce a copy of the electronic record in the form and format requested by the individual.
 - Business Associates are now subject to all criminal and civil penalties under HIPAA for HIPAA violations. (Examples of business associates include any company handling patient data, storing data, shredding data, etc.).
 - Business Associate Agreements need to be revised.
 - The Final Rule expanded the definition of a Business Associate to now include subcontractors of a business associate.
 - Fees for paper and electronic copies are defined. Providers can charge for the cost of labor and materials used to copy PHI (protected health information) whether in paper or electronic form.
 - The Final Rule expanded patient rights regarding restriction of PHI disclosures, transmission of information, limits to turn-around times on Practices providing access to patients, etc.
 - Privacy breach processes were further defined (any incidents involving patient records are assumed to be a breach).
 - HIPAA requires very specific steps to be taken in the event of a breach.
 - Breaches must be reported unless the practice conducts

Continued next page.



John Theodore "Ted" Luros, MD
1921 - 2013

Renowned physician and pioneer in neurological surgery John Theodore "Ted" Luros, MD, died at his home in Zionsville on June 26, 2013. He was 92. His death followed from injuries in a tragic automobile accident twelve days earlier. Dr. Luros was born in Detroit, Michigan, on March 21, 1921. He was active in Boy Scouts where he achieved the rank of Eagle Scout at age 12. He attended Albion College and graduated from Wayne State University.

Dr. Luros was a dedicated neurosurgeon who held clinical privileges at the major hospitals in central Indiana for over fifty years. He was an active neurosurgeon until his retirement in 2003 at age 82. He graduated from the University of Michigan School of Medicine in 1944. After medical school, he proudly served as a Lieutenant (junior grade) and Chief Medical Officer in the United States Navy. Dr. Luros was appointed to the U.S.S. Monrovia and was stationed in the South Pacific, Okinawa and the Philippines during World War II.

Dr. Luros received medical degrees in both Neurology and Neurosurgery. His residency in neurology and fellowship in neurosurgery were completed at University Hospital in Ann Arbor, Michigan. He came to Indianapolis in 1952 to complete his neurosurgical residency at Methodist Hospital.

Dr. Luros served as Associate Professor of Neurosurgery at the Indiana University School of Medicine. He published several articles on neurosurgical medicine. He had the greatest satisfaction during his career working in private practice and training many neurosurgeons now practicing in area hospitals. During his long and distinguished medical career, Dr. Luros had at one time served as Chief of Neurosurgery at both Methodist and St. Vincent hospitals in Indianapolis.

Dr. Luros was a sixty-one year member of The Indianapolis Medical Society, as well as, a member of The American Medical Society, the American Academy of Neurology, the American Association of Neurological Surgeons and the Congress of Neurological Surgeons, the American Board of Psychiatry & Neurology, and The Harvey Cushing Society.



Philip M. Morton, MD
1930 - 2013

Philip M. Morton, MD, 82, died June 30, 2013. Born in Sheffield, Pennsylvania, reared in Kinzua, Pennsylvania, and he was schooled in Rochester, New York.

Dr. Morton was a graduate of the University of Toledo and Syracuse Medical School at SUNY. He interned at Indianapolis General Hospital (Wishard) and trained in internal medicine and psychiatry at IU Medical Center.

Dr. Morton served with the US Public Health Service and the US Bureau of Prisons, being stationed at McNeil Island Penitentiary.

He had a private practice of psychiatry, was associated with Methodist and Wishard hospitals, and served 38 years on the medical staff at Larue Carter Hospital. He was Associate Professor of Psychiatry at IU Medical Center.

He was a diplomate of the American Board of Psychiatry and Neurology, a Distinguished Life Fellow of the American Psychiatric Association, a 50-year member of the Indianapolis Medical Society and a member of the Indiana Psychiatric Society, where he was President on two occasions.

a risk assessment to prove that there was a low risk of the protected health information had been compromised).

- The Final Rule retains HITECH's civil monetary penalties which apply to all Covered Entities as well as Business Associates and their subcontractors.

Suggested Action Plans to Prepare for the new HIPAA requirements:

- Risk Analysis is needed to be conducted not just for security but also for privacy requirements.
- Identify gaps in HIPAA compliance and mitigate all gaps.
- Develop and implement a comprehensive breach avoidance and notification process.
- Revise existing policies and procedures and develop new ones as needed.
- Implement or revise current HIPAA training to incorporate new requirements.
- Update technology as needed.
- Redesign workflow to handle the new requirements (example: a practice with an EHR (electronic health record) may need to provide copies to patients in electronic form).
- Revise the Notice of Privacy Practices as per requirements, provide to new patients and display prominently.
- Assure all vendors and affiliates have current Business Associate Agreements (examine existing contracts to assure they satisfy the requirements and protect the Practice).

Resources:

- Final rule: <https://www.federalregister.gov/articles/2013/01/25/2013-01073/modifications-to-the-hipaa-privacy-security-enforcement-and-breach-notification-rules-under-the>
- AHIMA (American Health Information Management Association) at www.ahima.org
- OCR Privacy List Serve <https://list.nih.gov/cgi-bin/wa.exe?A0=OCR-PRIVACY-LIST>
- <http://www.hhs.gov/ocr/privacy/hipaa/administrative/omnibus/index.html>

This article is authored by Sue La Bonté, Director of Human Resources and Quality Assurance at Favorite Healthcare Staffing. Indianapolis Medical Society's exclusive staffing partnership with Favorite Healthcare Staffing offers IMS members preferred pricing on a comprehensive range of staffing services to help physicians improve cost control increase efficiencies, and protect their revenue cycle. For more information, contact Favorite at 317-548-5322, MedicalStaffing@FavoriteStaffing.com, or through the IMS Website under "Member Benefits."

Disclaimer

Information for this article was collected from AHIMA (American Health Information Management Association), American Medical News and Healthcare Management and the Department of Health and Human Services. The information, resources and references noted in this article are for informational purposes only and are not intended as legal advice. Please contact your attorneys for specific advice. Favorite is not affiliated with nor benefits from any connection with these resources and references, nor does Favorite back one resource over another.

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ISMA Insurance Agency.....	23
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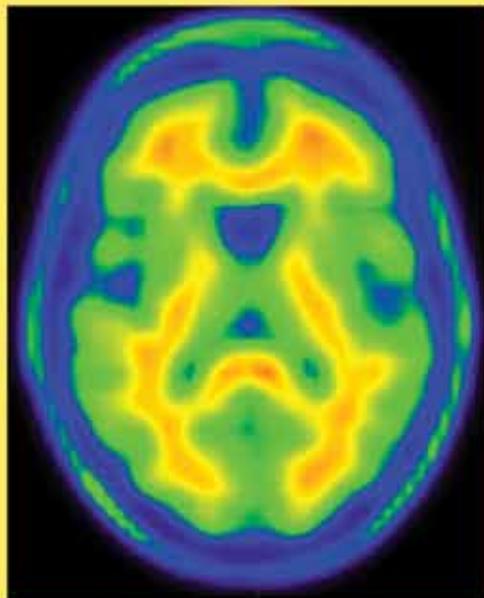
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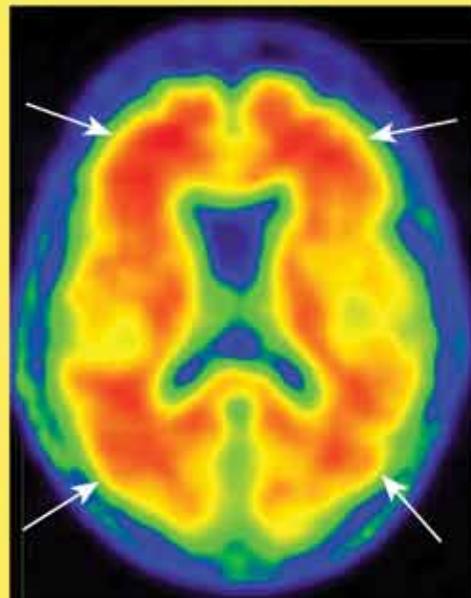
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Negative Scan

A negative Amyvid scan indicates that a person has few or no amyloid plaques – consistent with no presence of Alzheimer's Disease.



Arrows Indicate Amyloid Neuritic Plaques

Positive Scan

A positive scan indicates moderate to frequent amyloid plaques – consistent with a pathological diagnosis of AD. However, this amount of plaque can also present in other neurological conditions as well as in older adults with normal mental functioning.

The first and only FDA-approved PET-CT tracer, Amyvid, is now available for use in testing patients being evaluated for Alzheimer's Disease and other causes of cognitive decline.

To schedule a scan or for more information, call 317-XRAY NOW (972-9669), or toll-free 800-400-9729.