IMS
Indianapolis Medical Society
1848

Volume XCVV • Number 7
March 2014 • Indianapolis, Indiana

Bulletin

Happy Doctors' Day!

Congratulations, Project Health for a Job Well Done!

IMS Members,
Please join your leadership in
Celebrating Project Health,
Tuesday, March 18, 5:30-6:45 p.m.,
IMS Headquarters, RSVP 639-3406

Indianapolis Medical Society
631 East New York Street
Indianapolis, IN 46202-3706

Presorted Std.
U.S. Postage
PAID
Indianapolis, IN
Permit 8365

LUXURY LIVING ON THE LAKE

At Home on the Water

Creating a lake living lifestyle—be part of it!

Waterfront Communities

If you are interested in living on the water, The Marina Limited Partnership has a host of options for you. With six distinctive communities on three Central Indiana lakes, we'll help you find the perfect waterfront, water access or off-water lot for your home. Special in-house lot financing is available in all of our communities.

ASK ABOUT SPECIAL IN-HOUSE LOT FINANCING

The Marina Limited Partnership

www.marinalimited.com

Call **Rob Bussell** for lot information, pricing and financing options.
(317) 845-0270 ext. 24
rob@robbussell.com

THE LARGEST LOCAL BANK IN GREATER INDIANAPOLIS

THE NATIONAL
BANK of INDIANAPOLIS

261-9000

Vol. XCVV • Number 7
March 2014 • Indianapolis

Bulletin

Official monthly publication of the
Indianapolis Medical Society
631 E. New York St.
Indianapolis, Indiana 46202-3706
Phone: (317) 639-3406
Fax: (317) 262-5609
Web Page: http://www.imsonline.org
E-mail: ims@imsonline.org

Indianapolis Medical Society President
Mark M. Hamilton, MD

President-Elect
David R. Diaz, MD

Direct copy for publication and inquiries regarding advertising to:

Executive Vice President and
Editor, *The IMS Bulletin*
Beverly Hurt

Associate Editor, *The IMS Bulletin*
Marcia K. Hadley

The Bulletin invites news from and about members of the Indianapolis Medical Society. Copy deadline: First of the month preceding month of publication.

Advertising: Rates available upon request. Advertisers should provide electronic files by the first of the month preceding publication. Placement of advertisements, except for premium spaces, will be throughout the publication at the discretion of the editor. Board Certification Policy: IMS publishes board certifications approved by the American Board of Medical Specialties, American Osteopathic Association, and Royal College of Surgeons. Physician members wishing to designate an area of special interest in which their boards are not ABMS-, AOA-, or RCS-approved may use the following wording: "Specializing in."

Statements and conclusions of authors that are published in *The Bulletin* are solely those of the authors and do not necessarily reflect Indianapolis Medical Society policy or position. The Indianapolis Medical Society makes no representation or warranty as to their accuracy or reliability. Advertisements published in *The Bulletin* do not imply approval or endorsement by the Indianapolis Medical Society, but represent solely the viewpoint of the advertiser or their agent.

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
AMA Web Page: http://www.ama-assn.org
IMS Web Page: http://www.imsonline.org

in this issue

Special Features

Departments

about our cover

On our cover:
Happy Doctors' Day, March 30
The first Doctors' Day observance was March 30, 1933 in Winder, Georgia. The red carnation is commonly used as the symbolic flower for National Doctors' Day.

March IMS' Members Webinars

ICD-10
Wednesdays, March 5, 19, 26 (noon)
Free for IMS Members
Logon: http://www.cpticdpros.com/ims

Mobile Technology
March 11 & 20 (6:00 p.m.)
RSVP 639-3406
(see page 12 for details)

President's Page

Mark M. Hamilton, MD

Massive Expansion of ICD Codes Looming: What ICD-10 Means for Physicians, and What You Can Do To Prepare

It's been in the works for several years, but barring an unexpected delay, major changes are coming to the way physicians catalog and bill for medical procedures. A major expansion of the current ICD codes is coming later this year in the form of ICD-10, the first significant update to ICD codes in nearly four decades.

The update will expand the number of ICD codes to 68,000—a five-fold increase from the approximately 13,000 diagnosis codes currently in ICD-9. Many physician groups, including the AMA, feel this change will put tremendous strain on thousands of practices which are still adjusting to Obamacare, EMR and facing potentially huge cuts in reimbursement. All of this is causing alarm to physicians and the medical community as a whole.

There are some things you can do now to prepare for this massive expansion, but first let's look at a brief history of ICD codes, and how they came to be.

The first *International List of Causes of Death* dates back as far as 1893 and was based on classifications compiled by Jacques Bertillon (1851-1922), Chief of Statistical Services of the City of Paris.

Also known as the Bertillon Classification of Causes of Death, the original list included three classifications: the first, an abridged classification of 44 titles; the second, a classification of 99 titles; and the third, a classification of 161 titles.* (History of ICD pdf pg.2) The original list received general approval and was adopted by several countries, as well as by many cities.

The list saw five revisions over the next five decades, but it was the sixth revision which saw the addition of classifications for non-fatal diseases. The Commission of the World Health Organization was asked to combine both morbidity and mortality classifications, resulting in the *Manual of the International Classification of Diseases, Injuries, and Causes of Death* in 1948. At two volumes, the manual included an alphabetical index of diagnostic terms coded to appropriate categories.

This marked a new era for international medical record keeping and vital health statistics. It not only allowed governments to establish and analyze health statistics within their own borders but it helped to forge a link between countries, the medical community, and the World Health Organization.

Fast forward to 1975, when the ninth, and last, major update was adopted.

"ICD-10" is the abbreviated way to refer to the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS).

The conversion to ICD-10 is a HIPAA code set requirement. The deadline for compliance is October 1, 2014. Providers, including physicians, are HIPAA "covered entities," and must comply with the HIPAA requirements. Health care clearinghouses and payers are also HIPAA covered entities required to convert to ICD-10 as well.*

http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/hipaahealth-insurance-portability-accountability-act/transaction-code-set-standards/icd10-code-set.page

Advocates of ICD -10 say there are benefits of implementing a new code system to keep up with advances in today's treatment, reporting, and payment processes. Those advocates say the benefits include:

- Easier detection of fraud and abuse given the expanded number of classifications of ICD-10
- More detailed quality reporting
- Administrative data will contain more clinical detail enabling more refined reimbursement – physicians can bill for more complex treatments when dealing with high-risk, sicker patients
- Improve patient care. The increased level of detail within ICD-10 is designed to improve the ability to measure quality, safety and efficacy of care, which should ultimately lead to improved patient care
- Improve research. The code set more accurately classifies the nature of injuries and correlates them with cause, treatment, and outcome

Whether these benefits actually come to fruition remains to be seen. Large healthcare organizations have been working hard on ICD-10, so they have sunk costs and a fixed run rate for their project management office, http://thehealthcareblog.com/blog/2011/09/25/the-challenge-of-icd10-adoption/ but many small to midsized health care providers aren't ready. The don't have the money or the bandwidth to add things like clinician assistance tools, new documentation workflows, and more provider-facing decision support simply for matters of billing.

The main challenge with adopting ICD-10 in the U.S. is the simple fact that it's tied on to an overly complex reimbursement system. While other countries use the ICD for health statistics and reporting, having it tied to reimbursement means more codes and more complexity for U.S. based health care providers.

The American Medical Association is pushing for a delay in the implementation calling the differences between ICD-9 and ICD-10 "substantial."

The AMA is very vocal in calling for a delay in implementation or the elimination of the mandate altogether, arguing the switch will impact nearly every business process within a physician's practice. Impacts include verifying patient eligibility, obtaining pre-authorization for services, documentation of the patient's visit, research activities, public health reporting, and quality reporting. This means more education, software, coder training, and testing with payers. * (Letter to Senator Coburn http://www.ama-assn.org/resources/doc/washington/s972-icd10-letter-21may2013.pdf)

Continued on page 19.

Project Health

Carrie Jackson Logsdon, Director

IMS Members,
Please join your leadership in
Celebrating Project Health,
Tuesday, March 18, 5:30-6:45 p.m.,
IMS Headquarters, RSVP 639-3406

Our Heartfelt Thanks

Change is inevitable in life. It is with very heavy hearts that we must inform you that Project Health is closing as of March 31, 2014. The Project Health Advisory Board felt that we should not be rewarding patients for not signing up for the Affordable Care Act policies. All of our volunteer physicians, hospitals and labs, community clinics, and especially our funders, deserve all of the credit for making Project Health happen the past 10 ½ years. You have our undying gratitude and a special place in our hearts.

Our goals were to increase access to healthcare for Marion County's, uninsured working poor; to reduce frivolous emergency room care by our patients; and to more equitably distribute the burden of charity care among physicians, hospitals and other providers. The results speak for themselves. Over 2300 patients received a total of $38.5 million in services. iSalus Healthcare donated their electronic medical record system and has hosted it on the internet for 10 years.

Project Health was designed to give patients some responsibility, such as never being a "no-show" and not using the emergency rooms for frivolous care. Patients must have had a family physician to take care of non-urgent care. In the first year, 77% of the patients used the ER's for non-urgent care; one year later only 2% did; and in the 3rd year it dropped to less than 1% and holding. Most patients were so sick they didn't dare break the rules. (see imsonline.org for charts and further information.)

As a result, the three hospital systems began saving over $2 million a year just from Project Health patients in 2007 and $3 million each year from 2011-2013 (based on the American College of ER Physicians average charge in ERs).

There have been 40,600 patient encounters and 32,179 procedures to date. Most referrals come from the 13 community health centers in Indianapolis as well as IMS physicians. Physicians at the clinics reported being very happy that their patients did finally receive all the diagnostic tests and prescriptions they needed, not to mention surgery, including chemotherapy and radiation. Project Health tracked the diagnosis of the major diseases that the Centers for Disease Control also track. The chart can be viewed at imsonline.org illustrating the categories.

The Affordable Care Act has changed everything. For the last several months when existing patients' renewal dates came up our case managers insisted that they sign up for the Affordable Care Act (ACA) under the federal exchange. Both case managers are certified patient navigators and are able to give patients a good estimation of what their premiums would be as well as the tax incentives that would also be available under the silver plans (70-30%). By the time you read this all patients, hospitals, physicians and groups, clinics, labs and other service providers will have been notified that Project Health is closing effective March 31st. We hope that providers caring for cancer patients will continue their course of treatment pro-bono. We do not want to leave you in the lurch when these patients ask you what they can do.

Patients under 25% of the Federal Poverty Level (FPL) qualify for traditional Medicaid; so do blind, totally disabled patients, and some cancer patients who have exhausted all of their resources. Patients who qualify for Medicaid should call **1-800-403-0864** to find out where their nearest Medicaid office is located.

Those between 26-138% can apply for Advantage Health (formerly Wishard Advantage); however, first they must apply for ACA and receive a rejection letter. They must then take that rejection letter and all financial information, proof of residency, and photo ID to Eskenazi Hospital and sign in to meet with a financial counselor. For more information patients, can call 880-7635.

Hispanic patients who are not citizens can sign up for Advantage Health at Eskenazi Hospitals or clinics, or be prepared to pay cash for everything. Advantage Health is only available to Marion County residents. Patients need to call 880-5001 and make an appointment with a Patient Navigator at the clinics.

Anyone over 138% to 400% will qualify for ACA with tax credits, dependent on gross family income *IF* they sign up before March 31st. If they do not do this, they won't be allowed to sign up for ACA at all until the next open enrollment, which will probably be October, 2014. These patients can go online and apply at **www.healthcare.gov; or call 1-800-318-2596** and apply over the phone.

The Healthy Indiana Plan (HIP) has changed. Everyone already on HIP who has children living at home can stay on HIP. Those without children have been informed that they must make other arrangements. Admidittedly, the waiting list for HIP is huge.

Patient navigators in Marion County can also help patients. To locate the nearest patient navigator, patients can go online to **www.in.gov/idoi**, click on Indiana Navigators, then County to get the results or call **232-2385.**

Project Health could not have been sustained without our very generous and loyal funders – the Richard M. Fairbanks Foundation; the Nina Mason Pulliam Charitable Trust; Anthem; the Sycamore Foundation; Community Health; IU Health; St. Vincent Health; the Indianapolis Foundation; the Efromyson Family Fund, a Central Indiana Community Foundation affiliate; The Fairness Foundation; the Health Foundation of Greater Indianapolis; Pfizer; the Marion County Health Department; MD Wise; Medical Protective Insurance; the Hoover Family Foundation; United Way of Central Indiana's Ruth Lilly Philanthropic Foundation; the Rehabilitation Hospitals of Indiana; the Rotary Foundation of Indianapolis, the National Christian Foundation, and **YOU, our Indianapolis Medical Society Physicians.** You were the foundation of this very worthy and vital program.

On behalf of Project Health's Advisory Board, our Case Managers – Rose Booth and Brianna Lamoso, and I, it has been an honor and great privilege serving you. Aloha! IMS

Bulletin Board

Theresa M. Rohr-Kirchgraber, MD, was recently elected as the American Medical Women's Association (AMWA) President Elect for 2014-2015. AMWA is the oldest multispeciality organization of women physicians and was founded in 1915. She will serve her presidency during the organization's 100th year and will be inaugurated during the Centennial Meeting in Chicago in April, 2015.

W. Kent Hansen, MD, a board certified radiologist, serves as new President and Chief Executive Officer of Northwest Radiology Network, P.C., effective February 1, 2014. Dr. Hansen is also Chairman of Diagnostic Medicine for St. Vincent Hospital and Health Services 86th Street Campus, Indianapolis. He graduated from Indiana University School of Medicine in Indianapolis and completed a diagnostic radiology residency also at Indiana University School of Medicine, followed by a fellowship in Musculoskeletal Radiology. Originally from San Francisco, California, he lived in Evansville, Indiana, during junior and senior high school. He attended Brigham Young University in Provo, Utah for his undergraduate studies, then to Indiana University to do a combined MD/Ph.D. program. His Ph.D. was through the Department of Biochemistry and Molecular Biology. Dr. Hansen is also a member of the Northwest Radiology Emergency Services.

Shahid Athar, MD, has joined the St. Vincent Medical Group, 12400 N. Meridian, as an outpatient endocrinologist.

Rick C. Sasso, MD, Indiana Spine Group, recently served as a faculty member at the Cervical Spine Research Society 41st Annual Meeting. He lectured in a debate on the proper treatment for Cervical Degenerative Disc Disease. Dr. Sasso also co-authored a scientific presentation on a multi-center study regarding unusual complications of anterior cervical surgery. The meeting was held December 5-7, 2013 in Los Angeles, California.

Dr. Sasso contributed three chapters in the book, *Cervical Spine Surgery: current trends and challenges.* The chapers were: "Bryan Disc technique and outcomes." "Occipitocervical Fusion," and "Cervical Osteotomy for Kyphosis."

Anthony T. Sorkin, MD, *(photo unavailable)* an orthopedic trauma surgeon, has been named system medical director of Indiana University Health Orthopedics and Sports Medicine.

Abideen O. Yekinni, MD, assistant clinical professor of otolaryngology-head and neck surgery at the IU School of Medicine, presented "Medicine Grand Rounds: My Journey," at Emerson Hall.

News from Goodman Campbell Brain and Spine...

Julius A. Silvidi, MD, and **Gautam Phookan, MD,** from Central Indiana Neurosurgery have joined Goodman Campbell Brain and Spine effective 1/1/14. This expands their service area and adds an additional location for Goodman Campbell in Muncie, Indiana.

Nicholas M. Barbaro, MD, coauthored a book chapter on electocorticography/epilepsy monitoring in *Intraoperative Neuromonitoring,* published by McGraw Hill (C. Loftus, J. Biller, and E. Baron, editors; ©2014).


Shahid Athar, MD


Nicholas M. Barbaro, MD


Aaron A. Cohen-Gadol, MD


W. Kent Hansen, MD


Daniel P. Hsu, MD


Gautam Phookan, MD


Theresa M. Rohr-Kirchgraber, MD


Rick C. Sasso, MD


Julius A. Silvidi, MD


Jodi L. Smith, MD

Anthony T. Sorkin, MD


Abideen O. Yekinni, MD

Aaron A. Cohen-Gadol, MD, was the sole author of a study on resection of large epidermoid tumors using techniques to expand the operative corridor across the basilar artery. His article was published in *Neurosurgical Focus* January, 2014. Dr. Cohen has also coauthored a recent anatomic study on the pituitary stalk angle in prefixed, normal, and postfixed optic chiasmata, published in *Acta Neurochirurgica* (Wien) January, 2014.

Daniel P. Hsu, MD, coauthored a multicenter retrospective analysis of patients with anterior circulation large vessel occlusion strokes, published in *Neurointerventional Surgery* January 8, 2014.

Jodi L. Smith, MD, has recently published a multimedia, electronic resource on cervical encephaloceles in the *Guide to Pediatric Neurosurgery (http://guide.ispneurosurgery.org/).*

IMS

Project Health

Jennifer Wiggins of Medical Protective delivered a $10,000 check to Beverly Hurt and Carrie Jackson-Logsdon in support of Project Health. Tim Kenesey, their President and CEO commented "Over 2,000 physician volunteers is a true testament to the dedication of the Indianapolis physicians and the efforts of the Indianapolis Medical Society."

New Members

Athar, Shahid, MD
(Reactivation)
St. Vincent Medical Group
Endocrinology
12400 N. Meridian St., #100
Carmel, 46032-4601
Ofc – 582-8900
Fax – 582-8910
Email – sathar3624@aol.com
Internal Medicine
Endocrinology, Diabetes & Metabolism
Dow Medical College, Pakistan, 1967

Meyer, Juliana E., MD
Naab Road Surgical Group, PC
8240 Naab Rd., #100
46260-1985
Ofc – 338-7450
Fax – 338-7457
Surgery, 2011
Indiana University, 2005

Member Benefits

- FREE DocBookMD.
- 20% Discount OfficeEMR™ from iSALUS through the Preferred Physician Program first year
- FREE Referral Service
- Medical Society Exchange, a reliable, professional answering service provides reduced rates for IMS members.
- Hertz® Car Rental Discounts
- IMS Foundation . . . operated exclusively for charitable and educational purposes.
- 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.
- Member Inquiries
- Patient Inquiries
- FREE $100,000 air travel insurance for all members.
- Exclusive Private Banking Services
- FREE Medi-File Cards
- FREE Announcement Labels
- Exclusive discounts for IMS members through Staples®
- ADVANTAGE Health Solutions offers members an 8% Discount on group health insurance!

Recruit-a Colleague!
Energetic Voices Are Needed for Today's Medicine.

IMS Mobile Technology Webinars

#101 Tuesday, March 11, 2014, 6:00 p.m.
#201 Thursday, March 20, 2014 6:00 p.m.

IMS Member & family: $35/each
Non-Members $50/each

Register for one or both webinars at 639-3406. VISA, MasterCard, AMEX, and check accepted. Sign-on information will be provided at RSVP.
In Session option is available at Launch Fishers, 7 Launch Way, Fishers, IN 46038.
Must register by Monday, March 10, 2014 (noon) for #101 and Wednesday, March 19 (noon) for #201

The IMS Mobile Technology Webinars are demonstrative workshops featuring:

- Top apps for healthcare!
- Top apps for business/productivity!
- Top apps for education!
- Unique technology for golf, music and photography!

All attendees will receive a training packet that displays the apps and equipment used.

Eric Anderson recently presented a short seminar to the IMS Board of Directors and was enthusiastically endorsed for these presentations. Eric Anderson is the Executive Director of Communication Strategies for Scientifically Speaking. A nationally-recognized speaker, Eric has conducted workshops and seminars for professionals at Eli Lilly and Company, Merck and Company, Apple, Inc., Indiana University, Purdue University, Raymond James Financial, Oppenheimer Funds, Wells Fargo, Merrill Lynch and UBS Financial Services.

Recently, Eric worked for Apple, Inc. as the Business Manager for Central Indiana. He has also served as an adjunct professor for IUPUI, College of Engineering and Technology.

Eric earned a Bachelor of Science in chemical engineering from Prairie View A&M University and a Master of Science in the same discipline from Auburn University.

PATIENTS WITH EPILEPSY AND SEIZURES

Josephson Wallack Munshower Neurology PC

Comprehensive Neurological Expertise
Compassionate Patient Care

More than two million Americans of all ages suffer from **Epilepsy or Seizures**. Seizures can occur during sleep and wake hours and can include the following symptoms:

- **Unexplained loss of consciousness**
- **Abnormal sleep behavior**
- **Apnea**
- **Syncope**
- **Memory loss**
- **Staring spells**
- **Nighttime spells**

VIDEO EEG MONITORING

JWM Neurologists diagnose and treat adults and children who have Epilepsy and all types of seizures. They also have expertise in Video EEG Monitoring — a specialized form of EEG which constantly monitors the patient on a video screen. Video EEG testing allows for observation of brainwave activity when a seizure or "spell" is occurring. This aids in a more specific diagnosis and effective treatment recommendation.

For a patient referral, call us at 317-308-2800. Press Zero

Josephson Wallack Munshower Neurology PC

Comprehensive Neurological Expertise
Compassionate Patient Care

1400 N. RITTER AVE.	INDIANAPOLIS
7250 CLEARVISTA DR.	INDIANAPOLIS
8402 HARCOURT RD.	INDIANAPOLIS
8051 S. EMERSON AVE.	INDIANAPOLIS
12188 N. MERIDIAN ST.	CARMEL
1001 HADLEY RD.	MOORESVILLE
1159 W. JEFFERSON ST.	FRANKLIN
2330 S. DIXON RD.	KOKOMO
2101 JACKSON ST.	ANDERSON
1601 MEDICAL ARTS BLVD.	ANDERSON
1331 SOUTH A ST.	ELWOOD

jwmneuro.com jwmneuro.blogspot.com

Update on Midurethral Slings for Female Incontinence


In January 2014 the American Urogynecologic Society (AUGS) and the Society of Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction (SUFU) jointly released a Position Statement on Mesh Midurethral Slings for Stress Urinary Incontinence in order to define its use and clarify misunderstandings arising from the 2011 FDA Safety Communication regarding the use of transvaginal mesh.[1] The following is a summary and review of this Statement.

Stress urinary incontinence (SUI) is one of the most common pelvic floor disorders in women. Women with SUI experience involuntary leakage of urine with coughing, sneezing, and physical activity. Often these symptoms cause significant negative impact on quality of life. While non-surgical treatments such as pelvic muscle exercises and mechanical devices are helpful for some women, these treatments often do not result in long-term symptom relief.

For years, available surgical treatments for SUI were invasive, caused major morbidity, and had high rates of postoperative complications such as retention and recurrent incontinence. In the early 1990s, the midurethral sling (MUS) was developed. This procedure consisted of three strategic modifications to the earlier procedures: the absence of a large incision, the use of a small, self-fixating piece of polypropylene mesh, and tensionless placement. These modifications allowed for a minimally-invasive, outpatient approach with lower morbidity and a shortened convalescence. Clinical trials on the MUS demonstrated high cure and patient satisfaction rates with a low incidence of complications. Over the ensuing decades, the availability of the MUS caused a major transformation in the care of women with SUI.

In July 2011, the US Food and Drug Administration released a Safety Communication entitled *Urogynecologic Surgical Mesh: Update on the Safety and Effectiveness of Transvaginal Placement for Pelvic Organ Prolapse*.[2] Since then, lawyers have publicly advertised their services, casting a wide net to recruit women who have undergone any type of "mesh" procedure. There have also been extensive media reports on pelvic organ prolapse mesh litigation resulting from the FDA report. Unfortunately, these events have precipitated mass confusion, fear, and misunderstanding regarding the MUS as a treatment for SUI, and have done a great disservice to patients suffering from this treatable condition.

The 2014 AUGS/SUFU Position Statement highlights the following facts:

1. **Polypropylene mesh has long been recognized as a safe and effective surgical implant**. Various forms of polypropylene mesh have been used in general, cardiothoracic, transplant, ophthalmologic, otolaryngologic, gynecologic, urologic, and colorectal surgery since the mid-20th century.

2. **The MUS is the most extensively studied incontinence treatment in history.** There is a broad base of peer-reviewed, scientific evidence supporting the safety and efficacy of the MUS. Multiple trials with comparisons to other surgical and non-surgical SUI treatments have demonstrated the superiority of MUS with regard to both clinical and patient-centered outcomes. The long-term durability, safety and efficacy of the MUS has been seen in studies up to 17 years.[3]

3. **The MUS has significantly improved the care of women suffering from SUI.** In the past, the surgical treatment of SUI was associated with high morbidity, lengthy hospitalization, and increasing risk of symptom recurrence over time. In addition to high efficacy and durability, the MUS is associated with less pain, shorter convalescence, and reduced cost compared to other procedures historically performed to treat incontinence. The MUS is now considered to be the gold standard in the surgical treatment of SUI, and millions of procedures have been performed worldwide.

4. **The MUS was *not* the subject of the FDA Safety Communication.** The FDA report concerned the transvaginal placement of mesh to treat pelvic organ prolapse. The MUS is performed for SUI, not pelvic organ prolapse, and is a distinct and different treatment. It should be noted that the FDA website states clearly that the safety and effectiveness of multi-incision slings is well-established in clinical trials that followed patients for up to one year.[4]

The MUS plays an important role in the care of women suffering from pelvic floor disorders including urinary incontinence. The following excerpt is taken from the AUGS/SUFU Position Statement:

> The polypropylene midurethral sling has helped millions of women with SUI regain control of their lives by undergoing a simple outpatient procedure that allows them to return to daily life very quickly. With its acknowledged safety and efficacy it has created an environment for a much larger number of women to have access to treatment. In the past, concerns over failure and invasiveness of surgery caused a substantial percent of incontinent women to live without treatment. One of the unintended consequences of this polypropylene mesh controversy has been to keep women from receiving any treatment for SUI. (The MUS) is probably the most important advancement in the treatment of stress urinary incontinence in the last 50 years…"[1]

Patients suffering from SUI should be informed of the full range of available treatment options, both nonsurgical and surgical, including midurethral slings.

References

1. American Urogynecologic Association and Society of Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction. *Position Statement on Mesh Midurethral Slings for Stress Urinary Incontinence* (2013). www.augs.org

2. FDA. *Urogynecologic Surgical Mesh: Update on the Safety and Effectiveness of Vaginal Placement for Pelvic Organ Prolapse* (2011). www.fda.gov/downloads/medicaldevices/safety/alertsandnotices/ucm262760.pdf

3. Nilsson CG et al. Seventeen years' follow up of the tension-free vaginal tape procedure for female stress urinary incontinence. *Int Urogynecol J* 24(8):1265-9, 2013.

4. FDA. *Considerations about Surgical Mesh for SUI* (2013). www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/ImplantsandProsthetics/UroGynSurgicalMesh/ucm345219.htm

IMS

CME & Conferences

Community Hospital East

First Wednesday — Critical Care Conference
Bradley Board Room, 12:00 - 1:00 p.m.

Second Tuesday — Medical Grand Rounds
Bradley Board 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 Month 4th Thursday — Psychiatry Grand Rounds
7250 Clearvista Dr.
Multi-Service Rms. 1 & 2 7:30 - 8:30 a.m. begin 1/23/14

Community Heart & Vascular 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.

2014 Cancer Conferences

Community Hospital East

Third Thursday — East General Cancer Conference - CHE
Medical Staff Conference Room
12:00 noon to 1:00, lunch provided

Fourth Tuesday — East Multidisciplinary Breast Cancer Conference - CHE
Medical Staff Conference Room
7:00 to 8:00 am

Community Hospital North

First & Third Tuesdays — North Multidisciplinary Breast Cancer Conference - CHN
8040 Clearvista Parkway, Suite 550
7:00 to 8:00 am

Second & Fourth Wednesdays — North Multidisciplinary GI Oncology Conference - CHN
8040 Clearvista parkway, Suite 550
7:00 to 8:00 am

Second & Fourth Fridays — North Multidisciplinary Gynecologic Surgical Oncology Conference - CHN
8040 Clearvista Parkway, Suite 550
7:30 to 8:30 am

First Wednesday — North Chest Cancer Conference - CHN
8040 Clearvista Parkway, Suite 550
7:00 to 8:00 am

Third Wednesday — Melanoma Cancer Conference - CHN
8040 Clearvista Parkway, Suite 550
7:30 to 8:30 am

Community Hospital South

Second Wednesdays — South Multidisciplinary Breast Cancer Conference - CHS
Community Breast Care Center South
533 E. County Line Rd., Suite 101
8:00 to 9:00 am

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

Indiana University School of Medicine/ Indiana University Health

IU – Methodist – Riley

Mar. 14-16 — 99th Annual Meeting Women in Medicine: Successfully Facing Future Challenges and Advances
Ritz-Carlton, Washington, DC

March 29 — Advancing the Medical Role in Child Protection
IU Health Bloomington Hospital,
Wegmiller Auditorium, Bloomington, Indiana

May 1 — Advancing the Medical Role in Child Protection
Evansville, Indiana

May 9 — 17th Annual IU Gastroenterology/Hepatology Update
Indiana History Center, Indianapolis

May 14-15 — 49th Annual Riley Child Care Conference
Marriott Indianapolis North, Indianapolis

May 30 — Mobile Computing in Medical Education
Fairbanks Hall, IUPUI Campus, 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 8, 2014

"Neurology Connection 2014: Useful Advances and Important Updates" Seminar for Physicians

This half-day course covers 9 topics relative to neurologic conditions and sleep disorders. For more information contact JWM Neurology at 317-806-6905.

American Medical Women's Association:

American Medical Women's Association
99th Anniversary Meeting

Women in Medicine: Successfully Facing Future Challenges and Advances

March 14 - 16, 2014 Washington, DC

The upcoming 99th Anniversary Meeting of AMWA will be held in Washington, DC from March 14 - 16, 2014. This exciting conference will focus on issues vital to the success of women in medicine through discussions on such varied topics as the Affordable Care Act, the use of technology in medicine, developments in women's health, strengthening mentorships, and nurturing career advancement.

http://www.amwa-doc.org/meetings-and-events/upcoming-meetings

IMS Mobile Technology Webinars

March 12 & 20

RSVP to 639-3406 *(see page 12 for details)*

CME & Conferences

Indianapolis Medical Society

March
- 12 Senior/Inactive Luncheon, Society, 11:30 AM. Speaker, James R. Dashiell, MD, "Hiking the Appalachian Trail"
- 12 #101 Mobile Technology Webinar, RSVP 639-3406
- 18 Celebrating Project Health, 5:30-6:45 PM
  IMS Board, Society, 6:00 PM, Social; 6:30 PM, Dnr/Mtg.
- 20 #201 Mobile Technology Webinar, RSVP 639-3406
- 30 HAPPY DOCTOR'S DAY!
- TBD IMS Nominating Cmte., Hale Room, Society Headquarters, 6:30 PM, Light Dinner

April
- 15 Executive Committee, Society, 6:00 PM, Sandwiches
- 24 Administrative Professional's Day (aka Secretaries' Day)

May
- 20 IMS Board, Society, 6:00 PM, Social; 6:30 PM, Dnr/Mtg
- TBD MSE Board Meeting, Society, 6:15 PM, Sandwiches

June
- 7-11 AMA House of Delegates Annual Meeting, Chicago, IL
- 11 Senior/Inactive Luncheon Meeting, 11:30 AM, Society, Speaker TBA
- 17 Executive Committee, Society, 6:00 PM, Sandwiches

July
- 15 IMS Board, Society, 6:00 PM, Social; 6:30 PM, Dnr/Mtg.

August
- 19 Executive Committee, Society, 6:00 PM, Sandwiches

September
- 5-7 ISMA Convention/BOT, Indianapolis Westin. Indpls., 46204. 1:00 PM
- 10 Senior/Inactive Luncheon Meeting, 11:30 AM, Society, Speaker TBA
- 16 IMS Board, Society, 6:00 PM, Social; 6:30 PM, Dnr/Mtg. Light dinner. Dr. David R. Diaz will be installed as 141st IMS President.

October
- 15 Executive Committee, Society, 6:00 PM, Sandwiches
- 15 ISMA's Fall Legislative Dinner, Downtown Marriott

November
- 8-11 AMA House of Delegates, Dallas, TX
- 18 IMS Board, Society, 6:00 PM, Social; 6:30 PM, Dnr/Mtg

December
- 10 Senior/Inactive Luncheon Meeting, 11:30 AM, Society TBD
- 16 Executive Committee Holiday Dinner, with Spouses

ICD-10 Compliance Due October 1, 2014!

ICD-10 Webinars -- FREE to IMS Members
IMS HIGH FIVE LIVE Webinar Schedule:
Wednesday March 5th-noon EST
Wednesday March 19th-noon EST
Wednesday March 26th-noon EST
Wednesday April 9th-noon EST
Wednesday April 23-noon EST
Logon: http://www.cpticdpros.com/ims

Advertisers' Index

To advertise in the IMS Bulletin or online at imsonline.org, email Marcia Hadley at mhadley@imsonline.org or phone 639-3406

Advertising rates and contracts are available online at *http://imsonline.org/advertisingSponsorships.php*

Indianapolis Medical Society

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

Officers 2013-2014

Mark M. Hamilton .....President
Bruce M. Goens ..... Immediate Past President
David R. Diaz..... President-Elect
David H. Moore..... Secretary/Treasurer

Board of Directors 2013-2014

Terms End with Year in Parentheses
Stephen W. Perkins, Chair (2015); Mary D. Bush, Vice Chair (2015)

Christopher D. Bojrab (2014)
Marc E. Duerden (2014)
John C. Ellis (2014)
Bernard J. Emkes (2014)
Paula A. Hall (2014)
Gerald T. Keener, Jr. (2014)
John C. Kincaid (2014)
John E. Krol (2014)
Gregory N. Larkin (2014)
Susan K. Maisel (2014)
John F. Schaefer, Jr. (2014)

Robert J. Goulet, Jr. (2015)
David C. Hall (2015)
Marc R. Kappelman (2015)
Jeffrey J. Kellams (2015)
Anthony W. Mimms (2015)
Caryn M. Vogel (2015)

*Appointed from the President's Advisory Council
Carolyn A. Cunningham
Heidi M. Dunniway
Jon D. Marhenke

Linda Feiwell Abels (2016)
James A. Dugan (2016)
Richard D. Feldman (2016)
Gary R. Fisch (2016)
Ronda A. Hamaker (2016)
Stephen R. Klapper (2016)
Mary Ian McAteer (2016)
John P. McGoff (2016)
Maria C. Poor (2016)
Richard H. Rhodes (2016)
Barbara K. Siwy (2016)
Michael T. Stack (2016)
John J. Wernert (2016)

Delegates to the State Convention, September 5-7, 2014, Westin Hotel, Indianapolis

The year shown in parentheses indicates year in which the term expires following the conclusion of the ISMA Annual Convention.

Mary D. Bush (2014)
David R. Diaz (2014)
Gary R. Fisch (2014)
Jonathan A. Fisch (2014)
Bruce M. Goens (2014)
Ann Marie Hake (2014)
Robert M. Hurwitz (2014)
Paul D. Isenberg (2014)
David A. Josephson (2014)
Marc R. Kappelman (2014)
Randall A. Lee (2014)
Mary Ian McAteer (2014)
Clement J. McDonald III (2014)
Richard H. Rhodes (2014)
Jodi L. Smith (2014)

Linda Feiwell Abels (2015)
Christopher D. Bojrab (2015)
Charles W. Coats (2015)
John C. Ellis (2015)
Robert J. Goulet, Jr. (2015)
C. William Hanke (2015)
Gerald T. Keener, Jr. (2015)
David H. Moore (2015)
Robert B. Pauszek, Jr. (2015)
J. Scott Pittman (2015)
John F. Schaefer, Jr. (2015)
Caryn M. Vogel (2015)

David S. Batt (2016)
Daniel J. Beckman (2016)
Carolyn A. Cunningham (2016)
Margaret M. Gaffney (2016)
David C. Hall (2016)
Ronda A. Hamaker (2016)
Mark M. Hamilton (2016)
Jeffrey J. Kellams (2016)
Stephen R. Klapper (2016)
Susan K. Maisel (2016)
David M. Mandelbaum (2016)
John P. McGoff (2016)
Dale A. Rouch (2016)

Alternate Delegates to the State Convention, September 5-7, 2014, Westin Hotel, Indianapolis

The year shown in parentheses indicates year in which the term expires following the conclusion of the ISMA Annual Convention.

William C. Buffie (2014)
Brian D. Clarke (2014)
Robert E. Dicks (2014)
Doris M. Hardacker (2014)
Douglas J. Horton (2014)
Daniel E. Lehman (2014)
Ramana S. Moorthy (2014)
Maria C. Poor (2014)
Philip W. Pryor (2014)
Jason E. Rieser (2014)
Steven M. Samuels (2014)
Kenneth N. Wiesert (2014)

James P. Bastnagel (2015)
John H. Ditslear, III (2015)
Robert S. Flint (2015)
Tod C. Huntley (2015)
Norman Mindrebo (2015)
Robert Michael Pearce (2015)
David M. Ratzman (2015)
Michael A. Rothbaum (2015)
Jeffrey M. Rothenberg (2015)
Richard M. Storm (2015)
Jeremy T. Sullivan (2015)
H. Jeffery Whitaker (2015)
Allison E. Williams (2015)
Steven L. Wise (2015)

Robert J. Alonso (2016)
Ann M. Collins (2016)
Stephen B. Freeman (2016)
John Douglas Graham, III (2016)
Andrew A. Johnstone (2016)
Frank P. Lloyd, Jr. (2016)
Mercy O. Obeime (2016)
Ingrida I. Ozols (2016)
David L. Patterson (2016)
Michael A. Rothbaum (2016)
Jason K. Sprunger (2016)
Kenny E. Stall (2016)
Samuel T. Thompson (2016)
Ronald L. Young, II (2016)

Indiana State Medical Association Past Presidents
Jon D. Marhenke 2007-2008
Bernard J. Emkes, 2000-2001
Peter L. Winters, 1997-1998
William H. Beeson, 1992-1993
George H. Rawls, 1989-1990
John D. MacDougall, 1987-1988
George T. Lukemeyer, 1983-1984
Alvin J. Haley, 1980-1981

Indiana State Medical Association President-Elect
John J. Wernert (2013-2014)

House of Delegate Speaker, ISMA
Heidi M. Dunniway (2013-2014)

Seventh District Medical Society Trustees
Vicki M. Roe (2014)
John P. McGoff (2015)
Marc E. Duerden (2016)

Alternate Trustees
Robert A. Malinzak (2014)
John C. Ellis (2015)
G. Mitch Cornett (2016)

President's Page

(Continued from page 7)

While the AMA is fighting implementation, the group is realistic enough to understand that the deadline is looming. Any ICD-9 codes used in transactions for services or discharges on or after October 1, 2014 will be rejected as non-compliant and the transactions will not be processed. It's that simple. You'll see disruptions in transactions being processed and receipt of your payments. That's why the AMA recently released a suite of materials * http://info.commerce.ama-assn.org/free-educational-resources-published-by-the-american-medical-association to help physicians prepare for the change. The group is also urging that doctors establish a line of credit to mitigate any cash flow interruptions that may occur.

The following is a summary of some of the steps the AMA suggests you should take to prepare for this massive change.

- If you haven't done so yet, speak with your practice management or software vendor. Ask if the necessary software updates will be installed with your upgrades for the Version 005010 (5010) HIPAA transactions. If you do not use the HIPAA transactions, determine when they will have your software updates available and when they will be installed. Conversion to ICD-10 will be heavily dependent on when your vendor has the upgrades completed and when they can be installed in your system.
- Talk to your clearinghouses, billing service, and payers. Determine when they will have their ICD-10 upgrades completed and when you can begin testing with them.
- Identify the changes that you need to make in your practice to convert to the ICD-10 code set. For example, your diagnosis coding tools, "super-bills", public health reporting tools, etc.
- Identify staff training needs and complete the necessary training.
- Conduct internal testing to make sure you can generate transactions you send with the ICD-10 codes.
- Conduct external testing with your clearinghouses and payers to make sure you can send and receive transactions with the ICD-10 codes.

Stay tuned. The Indianapolis Medical Society will be working closely with the AMA in the coming months to keep you informed and updated on the implementation of ICD-10 as the October deadline looms. And as our Vice Chairman of the IMS board Dr. Mary Bush says "Everyone said the end was coming with ICD-9; well we got through ICD-9, we'll get through this."

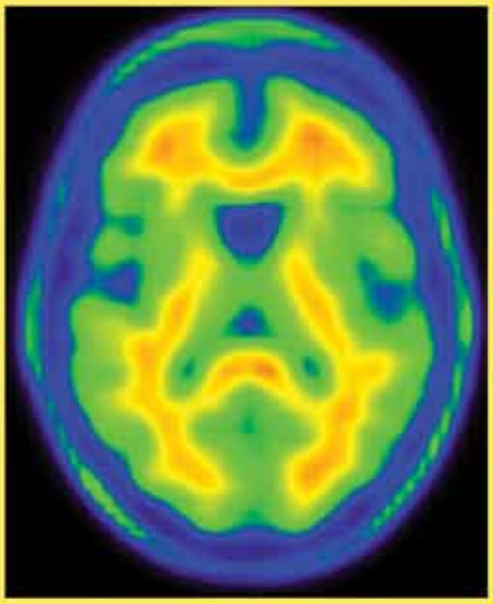
Join the **IMS Members' FREE Webinars** on ICD-10 from **Complete Practice Resources, offering software and implementation strategies for ICD-10.**

IMS HIGH FIVE LIVE Webinar Schedule:
Wednesday March 5th-noon EST
Wednesday March 19th-noon EST
Wednesday March 26th-noon EST
Wednesday April 9th-noon EST
Wednesday April 23-noon EST
Logon: http://www.cpticdpros.com/ims

IMS

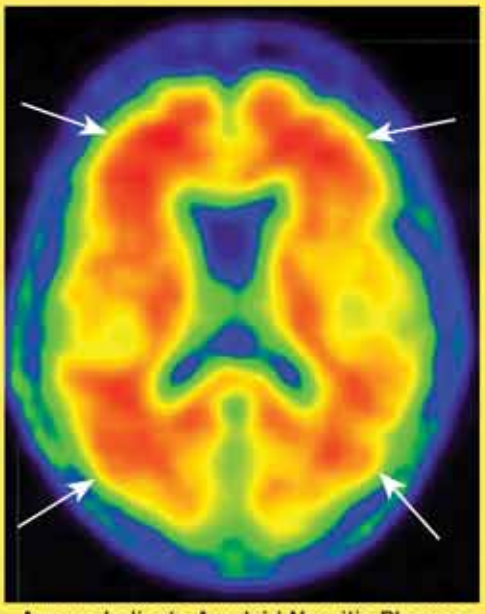
Now Available In Indianapolis!

PET-CT Tracer to Help Diagnose Alzheimer's Disease ...and Memory Disturbances



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.

NWR

NorthwestRadiologyNetwork

"Trusted Imaging Since 1967"