

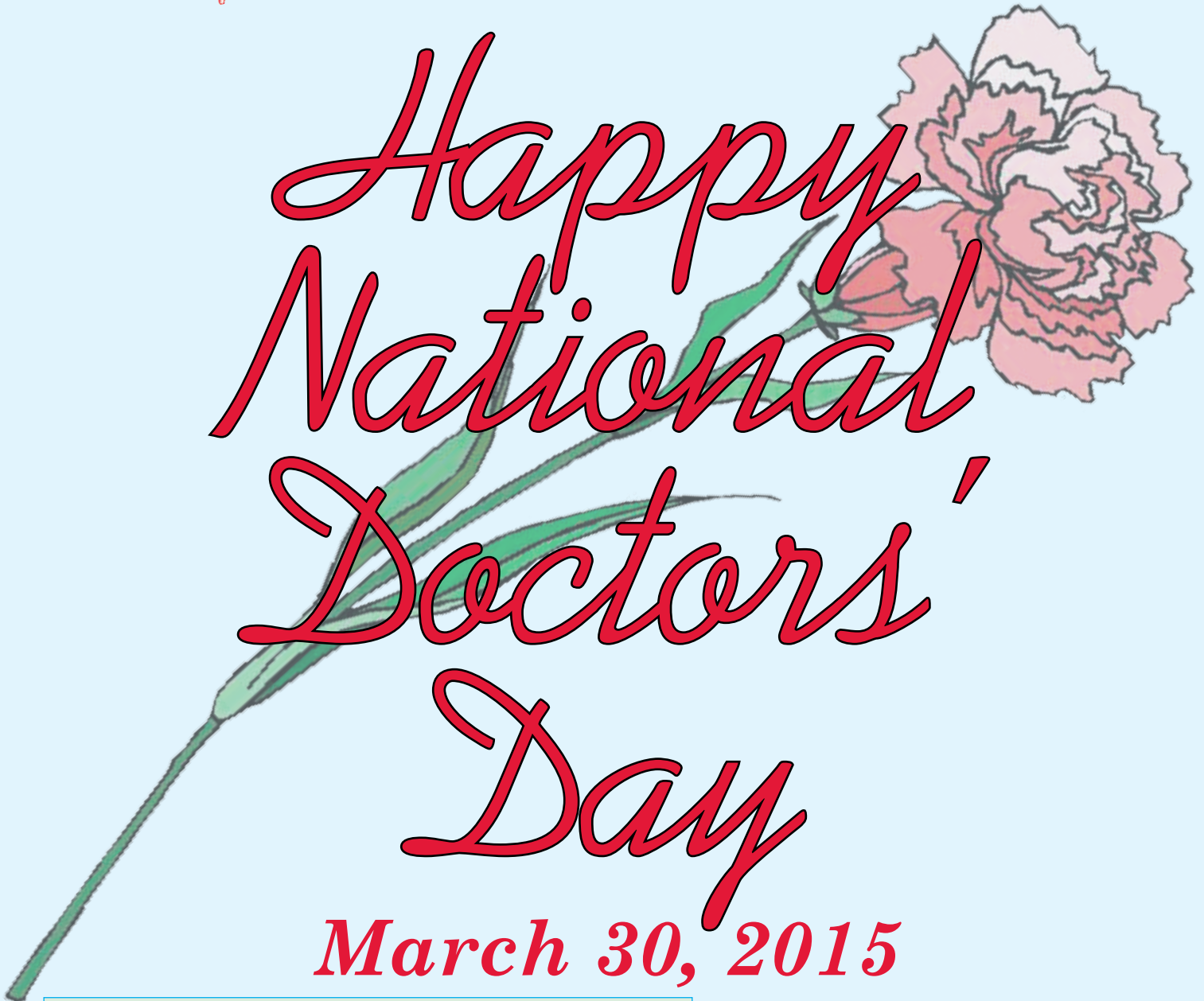


Volume XCVVI • Number 7
March 2015 • Indianapolis, Indiana

Bulletin

Happy National Doctors' Day

March 30, 2015



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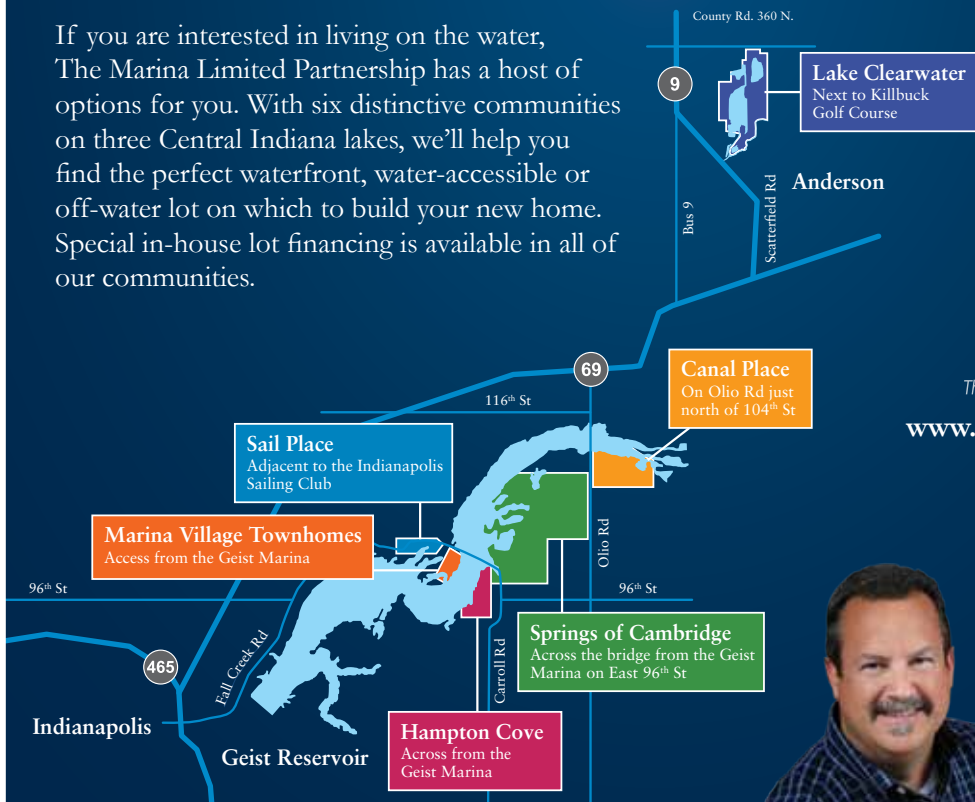
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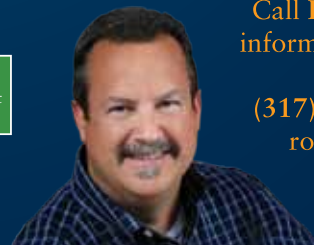
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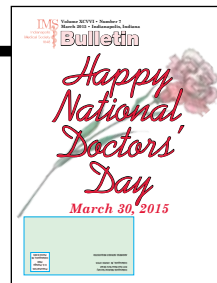
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Indianapolis Medical Society honors all physicians on National Doctors' Day and especially IMS Members!

National Health Observances for March 2015

- National Colorectal Cancer Awareness Month
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Steven E. Levine, MD

Dr. Steven E. Levine is board certified in Pain Management and Anesthesiology by the American Board of Anesthesiology since 1994, and also is a diplomat of the American Board of Pain Medicine since 1996. He is a fellow, charter member, and on the Board of Directors for the American Board of Minimally Invasive Spinal Medicine and Surgery. Dr. Levine is a leader in developing and teaching new techniques in interventional pain management both nationally and internationally.



William L. Hall, MD

Dr. William L. Hall is Board Certified by the American Board of Physical Medicine and Rehabilitation, and the American Board of Pain Medicine. Dr. Hall joined Midwest Pain Institute after completing his residency at the University of Cincinnati in August 2002. Dr. Hall served as chief resident in the department of Physical Medicine and Rehabilitation, with duties both academic and administrative in nature. He has focused his skills and talents on the diagnosis and treatment of back and spinal pain.



Kent B. Remley, MD

Dr. Kent B. Remley, a graduate of IU School of Medicine, is an Interventional Neuroradiologist specializing in minimally invasive spine surgery as well as diagnostic and therapeutic injection procedures of the head, neck and spine. Prior to practicing in Atlanta and Indianapolis he served as an assistant professor of Radiology and Otolaryngology and director of ENT/ Head and Neck Imaging at the University Of Minnesota and was a clinical instructor in Neuroradiology at the University of California, San Francisco.



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President's Page *David R. Diaz, MD*

March – It's Springtime! Or, is it?

March is often called the cruelest month because it should be spring. We want spring, and we need spring, but more often than not we go from shorts to winter coats all in the same day! Just a little tease of warmth and then the bluster of winter hangs on for another day in Indianapolis.

March is an exciting time for Indianapolis and the IMS (more on that later). Indianapolis will prepare to host the (April) NCAA Men's Division One Basketball Final Four with lots of pre-event happenings, Butler & Pacers basketball, Continuing Work of the Monuments Men at the IMA, the Zoo's Butterfly Kaleidoscope in the Hilbert Conservatory, the Eiteljorg opens its Gold! Riches and Ruin exhibition and the Children's Museum unwraps TRANSFORMERS: Robots in Disguise™.

It's time to clean the golf clubs and start making tee times or dust off the running shoes for the outside trails. Of course, everyone is just a little bit Irish for St. Patrick's Day, and we physicians celebrate National Doctor's Day March 30!

Cameras, clubs, fishing gear, spring break trips, house hunting or remodeling, summer holiday plans ... March is the month and this is the year to "get things going."

Your IMS is answering your call. You wanted the digital "Rosters" to reflect more offices ... you now can have four office locations and associated data listed. New or changed information is updated weekly and "pushed" to imsonline.org (<http://imsonline.org/finder.php>) and DocBookMD™. The IMS staff has also added board certifications and re-certifications dates to the data on the web. (DocBook is still working on the updates at the time of writing). For you to see the latest information on DocBook, remember to "refresh" the application on a regular basis – it is updated weekly (Thursday mornings). The staff has done more specialized requests for individual members whenever possible. Our communication options are better than ever before – we can more quickly and easily call or email each other. DocBook is a physician and care team only communication tool. The website allows for two levels of search – a general search for the public and others and a protected search for member physicians and their staffs. If you need the password, just phone the Society at 639-3406.

If you want to update information, you may use the web portal (http://www.formstack.com/forms/xsimple-ims__contact_information) found on the membership page for easy updating. You can even upload your photo and it added to the Physician Finder and DocBook. Changes can also be called into the



*Happy
Doctors'
Day*

IMS Membership Secretary, Tyna McCauley, 639-3406, or emailed to tmccauley@imsonline.org, or ims@imsonline.org.

Your IMS leadership is aggressively working with realtors to sell the IMS headquarters. The facility is too large for our purposes and too costly to operate. We are looking for more financially-responsible options and a smaller facility. If you know of someone seeking a downtown building with free parking, a conference center, and 12,000 square feet, let us know, please.

IMS and ISMA are working together to build memberships utilizing the staffs and volunteers of both organizations. The committee is in the planning stages, but we hope to start making calls to individual physicians who have dropped memberships over the years and to reach out to younger physicians in our area. So spread the word ... IMS wants you! Ask a colleague to Join IMS. If a protégé is not a member, why not? We are the only inclusive medical organization in the area – all specialties, all MDs/DOs in the greater Indianapolis area, all

hospital systems, all ages, ethnicities, backgrounds, all practice sizes. If you are shy about asking a non-member to join, give IMS staffers the name ... they are more than happy to make the call for you (but please consider making the call yourself as it is always more effective coming from a doctor they know).

Leadership and IMS staff members are working on more and better membership benefits – better return on your investment. Your investment in the IMS is an investment in your medical community ... for you, for us, for patients, and for all families. We are the voice of physicians in this area. IMS members are the best and the brightest physicians who are working for better healthcare options for all.

We've asked what you want from your Society. I've heard from a few of you, and we will gladly pursue all suggestions. We will do our very best to make them work for all of us.

We continue to seek additional revenue streams for the IMS ... more sponsorships, more funded events, more advertising, and more revenue-sharing options with other organizations. Nothing is off the table ... not when it comes to saving money or finding additional funding to keep the IMS viable. (By the way if you are interested in funding, please email ims@imsonline.org or phone Beverly Hurt, EVP or Marcia Hadley at 639-3406.)

Spring holds promises for sunshine and a bright future. The IMS looks for the coming months to be brighter and more rewarding for all!

David R. Diaz MD
IMS President

The key to medicine is to love our patients

I have issues with the customer satisfaction paradigm, but it's not generally hard to make patients happy. Sometimes, though, it can be nearly impossible. It all depends on our own inner life as physicians and human beings. The key to medicine, to being a beloved physician, is to love our patients.

This can be a tall order. Human beings are remarkably difficult to love. They are often angry, uncommunicative, cruel, manipulative, and dishonest. (And that's just the doctors!) Humans resist love almost as fiercely as they desire it. They push one another away with profanity. They anger each other with attitude. They pick until someone lashes out. They remind us of our own human frailty.

So how do we do it? How do we love these people, especially when they come to us in the chaos of our work in the ED? How do we love them when we are weary and they have strange complaints at 2 a.m.? How do we love them when, despite our suggestions on all of their previous visits, they continue to ignore our advice, not take their prescriptions, and not change their lifestyles? Can we love them at all?

It depends. Do you think that loving them means having warm emotions for them? Do you think it means feeling good about them? Or is it having a satisfying relationship with them? If so, loving will be difficult. Because we in the modern west have excised and biopsied, reconstructed and deconstructed the word love until it is nearly unrecognizable.

We want love to be a feeling we have, when in fact, love must be an action we show. When our children are loud and disobedient, when they scream and throw tantrums, it's often difficult to feel good about them. But we still feed them, bathe them, sing to them, and put them to bed with kisses in hope of a better day or after the terrible twos or threatening threes or whichever phase has passed. (Lately it's the sarcastic seventeens, but I digress.)

Whatever we feel about the angry drunk, the manipulative attorney, the entitled college student, the addicted gang-banger, when we behave with competence, when we do what is right, and seek their best, we show love for them. A love borne of action, not emotion. A love that is in some ways more steady and true.

I've learned that a cycle is born. When I act toward them with competence, I show them love. And when I do that, I learn in time to see them less as numbers (or annoyances) and more as people. A crazy thing then happens; they love me back. And then the magic happens.

I talk to them, and they talk to me. And we come together. I ask about their family, and they ask about mine. I inquire about why they are sad, and they tell me things that shake me to the core and remind me of how I have nothing to complain about when held up to their life story of abuse and addiction, neglect and loss. And because I listen (and sometimes hug them or pray for them), they know I'm human, too. And they come to love me.

In time, you'll find new, wonderful ways to love. Over the years, I've learned that everyone wants to hear how beautiful her baby is. I tell her. Because every baby is, if only to her own parents. And they say thank you, and I tell them how blessed they are. And we joke about children. The children then look at me, smile, and reach for me to hold them, and I am the recipient of the blessing.

I'm less and less bothered by little things. I like to get warm blankets, and I like to get cups of water. Yes, I still get annoyed when I'm busy, but I'm a work in progress, you see. If I can order a snack for them, I will. We have a wonderful time when it's slow and I can sit and hear a life story or tell a joke. And the love grows. By acting in love, love increases.

Love isn't taught in the classroom, and the boards certainly don't measure it. It is nigh impossible to apply evidence-based evaluations to love. But once you allow it to start and carry you forward, your heart will thaw like the Winter Warlock and grow like the Grinch.

And your satisfaction scores will probably go up, too.

*Edwin Leap is an emergency physician who blogs at edwinleap.com and is the author of *The Practice Test and Life in Emergistan*. This article originally appeared in *Emergency Medicine News*.*

To submit articles, opinions or information, email ims@imsoline.org. Deadline is the first of the month preceding publication.



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Bulletin Board

Stephen W. Perkins, MD, Meridian Plastic Surgeons, helped to direct the recent Annual Winter Symposium 2015, "Reaching New Peaks In Facial Plastic Surgery" in Beaver Creek, Colorado. This was offered by Facial Plastic Surgery International, an educational foundation he co-founded with Capi Wever, MD, a colleague and Facial Plastic Surgeon from the Netherlands. Dr. Perkins is the president of this organization and spoke on forehead lift and blepharoplasty. The symposium was endorsed by the American Academy of Facial Plastic and Reconstructive Surgery.

Michael D. Barron, MD, (no photo available) cardiologist of Franciscan Physician Network Indiana Heart Physicians, talked about prevention and recognizing the signs and symptoms of heart attack and stroke at the February 10, 2015 program at the Johnson County Public Library. Dr. Barron is board certified in cardiovascular disease and internal medicine.

Michael H. Fritsch, MD, Professor, an Otolingist-Neurotologist, gave two one-hour peer-reviewed lectures at the national annual meeting of the American Academy of Otolaryngology in Orlando, Florida on "Incisionless Otoplasty" and "Salivary Endoscopy for Salivary Ductal Stones." As well, he was an invited guest speaker for a seminar on Salivary Endoscopy Techniques.

William Gregory Chernoff, MD, was invited to lecture and present his clinical study results in cellular and regenerative medicine at the first American Asian Summit on Regenerative Medicine in Haikou, Hanain China, January 22-24, 2015.



William Gregory Chernoff, MD



Michael H. Fritsch, MD



Stephen W. Perkins, MD



Rick C. Sasso, MD

Rick C. Sasso, MD, Indiana Spine Group, has contributed to the *Textbook of Spinal Surgery, Edition 3*. In 2014 the spine surgeon co-authored Chapter 66, entitled: "High Grade Spondylolisthesis; Posterior Decompression and Spanning / Dowel Fibula." The textbook is recognized as one of the leading references on the spine. It brings experts from around the world to discuss the full scope of spinal surgery.

The United States Patent and Trademark office has issued Dr. Sasso with his 18th patent. Patent #8,608,779, entitled Replacement Facet Joint and Method.

The book, *Textbook of the Cervical Spine*, features the following two chapters written by Dr. Sasso, president of the Indiana Spine Group.

Sasso RC, Mitchell MD: Cervical Disk Arthroplasty. In: Textbook of the Cervical Spine pp 299-303. Edited by FH Shen, D Samartzis, and RG Fessler. Elsevier Saunders, Maryland Heights, MO. 2015.

Sasso RC, Mitchell MD: Nonunions and implant failure of the cervical spine. In: Textbook of the Cervical Spine pp 485-489. Edited by FH Shen, D Samartzis, and RG Fessler. Elsevier Saunders, Maryland Heights, MO. 2015.

The authors who contributed to this textbook are all internationally renowned cervical spine surgeons.

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For more information or to order Ready10, please visit:
ims.cptcdpros.com.

Complete Medical Solutions is providing a **free webinar** on Revenue Cycle Management. This is a must for CFO's, Directors, Practice Managers and those involved in the Revenue Cycle for your practice.

The first webinar for IMS Members and staff has been scheduled for **March 10, 2015, 12:30 pm EST**. Further details will be provided via email, website and your *eBulletins*.

The Chronicles of Codelandia

The First Step in Starting Your ICD-10 Transition?

It's NOT About 70,000 Codes.

Over the last year I have spoken with thousands of medical practices that have not even begun their ICD-10 transition. These conversations have been very revealing. It has become apparent that the two main reasons practices have not started are: (1) they are overwhelmed by the seeming magnitude of the transition to a 70,000 code set, and (2) they do not have any idea how to start. The good news is that the first step an organization should take is simple enough that every practice can complete it in a matter of hours. If you have not yet started on ICD-10 in earnest, performing this one simple step will quickly begin to reduce ICD-10 to a manageable project.

The overwhelm stems from the fact that the entire focus of discussion on ICD-10 has been about the negative impact it will bring, and the fact that it is comprised of nearly 70,000 codes. 70,000 codes have been the focus of most of the reporting and have led the charge as the primary reason it will overwhelm physicians, many of who struggle with the less than 14,000 codes of ICD-9. How can we possibly contend with such a huge code set?

The reality is you don't have to. Even Family Practice, Internal Medicine, Orthopedics, and OB/GYN who have some of the largest increases in codes are not even close to contending with 70,000 codes. In fact, the number of codes they do have to deal with is somewhat irrelevant. ICD-10 is really about the number of elements of documentation, using them, and making sure your software vendor provides you with the technology (it already exists) you need to get you to a specific ICD-10 code based upon the documentation in a providers note. ICD-10 is specific enough that good documentation can automatically generate the right code without ever having to look it up. Coders can review and check additional guideline requirements, but with the current advances we are already seeing in technology the age old problem of documentation not matching DX code selection will be gone.

The real starting point is finding out how many codes you need to deal with in your practice and how many elements of documentation your physicians need to learn. This is very powerful information to have for engaging your providers and staff in getting the transition started.

Here is how you get there quickly. This easy process will get you out of 70,000 Codelandia and into reality.

Run a simple report from your practice management system of your diagnosis code utilization by frequency for the last 12 months. This will take you a matter of minutes.

Take the top 20, 50, 100 codes (whatever you feel comfortable with to start) and convert those codes into possible ICD-10 equivalents. This can be done using software already built into some EMR's or that is available online for less than \$150, in a couple of hours at most. This will give you the real picture of the exact number of codes your practice will need to deal with for ICD-10. It may be only hundreds for some specialties and thousands for others, but it will be nowhere near 70,000.

Even if it is a few thousand do not be discouraged. Your goal here is to get to the reality of what ICD-10 is for your practice. The 2nd part of this first step will simplify it even further.

Have someone with a clinical or coding background review the code descriptions for your new ICD-10 codes and come up with a list of exactly what new elements of documentation will be required for your new codes.

OB/GYN has one of the most significant increases in codes of all the specialties. Why? Because all the new codes require documentation of 1st, 2nd, or 3rd trimester, during childbirth, or post puerperium. This one required element of documentation multiplies the number of OB/GYN codes 5X. In virtually every case, elements of documentation that the provider is already familiar with must now be written down, resulting in better information for analyzing disease patterns or conditions.

This is not rocket science. It is achievable. There is a lot to do but nothing you can't accomplish.

This one simple step of having the exact number of codes your practice will need and the exact number of documentation elements for your providers, will get you out of 70,000 Codelandia and solidly on your way to a successful ICD-10 Transition. Even if you are the only one in your practice willing to confront the ICD-10 boogie man, this information will open the door for your physicians and other staff members to start looking at what ICD-10 will mean to them. Nobody wants to look at 70,000 codes. Everybody wants to know what the 1302 codes and 61 new elements of documentation are that their practice will have to start using in the next few months.

Take this first step. It is easy. It is achievable. It is imperative!

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7250 Clearvista Dr. 7:30 - 8:30 a.m.

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

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7250 Clearvista Dr.
4th Thursday Multi-Service Rms. 1 & 2, 7:30 - 8:30 a.m.

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)
HVC Kokomo
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)
HVC Kokomo
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)
HVC Kokomo
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 a.m.

Community Hospital North

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

Second & Fourth
Wednesdays North Multidisciplinary GI/Colorectal Oncology Conference - CHN
8040 Clearvista parkway, Suite 550
7:00 to 8:00 a.m.

First
Friday North Multidisciplinary Gynecologic Surgical
Oncology Conference - CHN
8040 Clearvista Parkway, Suite 550
7:30 to 8:30 a.m.

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

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

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 a.m.

Fist
Tuesday South Multidisciplinary GI/Colorectal Oncology Conference
1440 E. County Line Rd.
Community Cancer Care, Community Room
12:00 to 1:00 p.m.

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

Indiana University School of Medicine/ Indiana University Health

IU – Methodist – Riley

March 9-11 Third Annual Children's Health Services
Research Symposium
Health Information & Translational Science
Building (HITS), Indianapolis

April 24-26 American Medical Women's Association (AMWA)
Annual Meeting
The Palmer House, Chicago, Illinois

May 14-16 50th Annual Riley Hospital for Children's
Pediatric Conference
Sheraton North, Indianapolis

July 10 Review and Interpretation of the 2014
ASCO Conference
The Towers, IUPUI Campus, Indianapolis

July 13-19 100th Annual Anatomy and Histopathology of the
Head, Neck and Temporal Bone
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.

Events

Indianapolis Medical Society

March
8 IMS Advisory Breakfast (Le Peep's), 7:30 AM ...
prior to ISMA BOT 9:00 AM, ISMA
11 Senior/Inactive Luncheon, Society, 11:30 AM.
Speaker Mrs. Sue Dillon, Genealogist, "Finding Your
Ancestors at the Time of the American Revolution"
24 IMS Board, Society, 6:00 PM, Social; 6:30 PM,
Dnr/Mtg., Speaker
30 HAPPY DOCTOR'S DAY!
TBD IMS Nominating Cmte., Hale Room,
Society Headquarters, 6:30 PM, Light Dinner.

April
21 Executive Committee, Society, 6:00 PM, Sandwiches
22 Administrative Professional's Day (aka Secretaries' Day)

May
19 IMS Board, Society, 6:00 PM, Social; 6:30 PM, Dnr/Mtg
TBA MSE Board Meeting, Society, 6:15 PM, Sandwiches

June
6-10 AMA Annual House of Delegates' Meeting, Hyatt
Regency, Chicago, IL
11 Senior/Inactive Luncheon Meeting, 11:30 AM, Society
16 Executive Committee, Society, 6:00 PM, Sandwiches
21 IMS Advisory Breakfast (Le Peep's), 7:30 AM; ISMA
BOT, 9:00 AM @ Headquarters

JULY
21 IMS Board, Society, 6:00 PM, Social; 6:30 PM, Dnr/Mtg

August
18 Executive Committee, Society, 6:00 PM, Sandwiches

September
11-13 ISMA CONVENTION; BOT (9/11), Indianapolis
Downtown Marriott, Indpls., 1:00 PM

Continuing Education

New certificate provides skills to implement innovative, lower cost health care solutions

Indiana University is recruiting participants for the nation's first graduate-level Certificate in Innovation and Implementation Science program. The nine- to 12-month experience, which blends part-time online instruction with one-weekend-per-month classroom instruction in Indianapolis, starts in September.

Sweeping reform and complex market forces are transforming the way health care is delivered and managed in the United States. Until now, the training needed to prepare physicians, nurses, administrators and others who work in health care to spearhead these changes has not existed.

The new IU School of Medicine certificate program will provide working clinicians and health care administrators with the skills needed to coordinate care and deliver population health management to improve health outcomes at a lower cost. The certificate will give program participants applied knowledge on how to successfully identify, implement, localize, evaluate and scale up evidence-based practices, as well as innovate and invent new models of care and processes, when evidence-based practices do not exist.

The program from the Center for Health Innovation and Implementation Science provides working physicians, physician assistants, nurses, nurse practitioners, pharmacists, social workers, physical therapists, occupational therapists, speech therapists and other practicing clinicians as well as health care administrators with vital tools not taught during their prior education. Course work and practicums build upon existing clinical and administrative skill sets, health care knowledge and experiences.

Those who earn this new graduate certificate will be equipped to spearhead the discovery and implementation of new cost-effective, patient-centric and value-based care delivery models, as well as implement evidence-based practices into routine patient care by applying innovation and implementation science concepts into their everyday work environments in physician offices, clinics, therapy centers, surgical practices, health care agencies, hospitals, insurance companies and other settings.

The Center for Health Innovation and Implementation Science – which houses expertise in health economics, operations management, project and team management, industrial engineering, biostatistics, implementation science and innovation – will provide certificate program participants with the theoretical knowledge and practical elements required to create effective health care catalysts capable of delivering, sustaining and constantly improving the health care systems and the care they deliver.

Students in the program are required to have at least two years of health care work experience and a bachelor's degree. Details on the program (<https://www.indianactsi.org/chiis-training/implementation-science/certificate-in-innovation-and-implementation-science>) and the online application can be found at the Center for Health Innovation and Implementation Science website (<https://www.indianactsi.org/chiis-home>).

The Center for Health Innovation and Implementation Science, funded by the IU School of Medicine and the Indiana Clinical and Translational Sciences Institute, uses the complex adaptive system framework and the tools of implementation science to rapidly translate and implement high-quality, cost-effective health care delivery solutions within local, national and international health care systems. The center nurtures a shared implementation science research agenda between the scientific community and health care delivery systems.

About Indiana University School of Medicine: Indiana University School of Medicine is one of the nation's premiere medical schools and is a leader and innovator in medical education, research and clinical care. The country's second largest medical school, IU School of Medicine educates more than 1,600 medical and graduate degree students on nine campuses in Indiana, and its faculty holds more than \$254 million in research grants and contracts, to advance the School's missions and promote life sciences. For more information please visit <http://medicine.iu.edu>.

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