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ATTENTION SOCIETY MEMBERS

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

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

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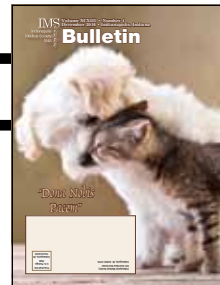
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about our cover

On our cover:

"Dona Nobis Pacem" (Grant Us Peace).

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President's Page *Susan K. Maisel, MD*

“...a Voice to be reckoned with in 2017!”

With the New Year around the corner and 2016 drawing to an end, I find myself in introspection regarding the trials and tribulations, the triumphs and defeats, and the times of isolation and of connectivity of the last year. As for every physician, the reflections center on the struggles to be 100% present for family, patients, community, friends and self (I think that adds up to 500%). It is the time that I start searching for resolutions for the next year that enables me to build on last year's successes and avoid last year's mistakes. The general nature of the resolutions this year are the same as last year – spending more time with my family and making them a priority (unfortunately, we all know that medical urgencies take precedence over priorities – fortunately I have a family that understands); working on my ears having a direct line to my heart as well as my head when listening to my patients; being a good steward in my medical and greater communities; spending time with and cherishing my friends; and, for myself, remembering to eat, sleep, exercise and occasionally read a non-medical book! With this particular New Year, I also find myself pondering over the new political landscape and what it means for the medical future, and how we, as physicians can weigh in and play a role.

One resolution I am determined to keep is the resolution to make the Indianapolis Medical Society a voice to be reckoned with in 2017! The IMS has recently forged a partnership with the Indianapolis Bar Association to examine issues common to both. The goal is to identify topics of interest and develop programs that educate and foster dialogue. To take this a step further, it is then intended to bring about significant and meaningful changes, perhaps through legislative initiatives, that advance our fields and provide a safer, more effective medical and legal environment for those that we serve. The programs are meant to be all-inclusive for members and non-members alike. It is hoped that these programs will bring value to both organizations and increase membership and participation. Increased numbers mean an increased voice, more important than ever in this changing political landscape.

Several topics and venues have been proposed and are in the planning stages. The first program will be held at the Meridian



Hills Country Club in early February. The topic is non-compete contracts. The platform will be presented as a point-counterpoint debate, with a lawyer and a physician on each of two teams, to then be open to discussion. Appetizers and beverages will be provided. The background for the discussion is that five states have now outlawed non-competes for physicians, and 22 states have greatly diminished the reaches of the non-competes. Non-competes for lawyers were previously outlawed by the Supreme Court, ruled as unethical in preventing legal clients from having access to and following their lawyers.

The second program will be in May, and will be an informative and motivational discussion delivered by a national figure, to be presented at the Ritz Charles as a dinner program to include physicians, lawyers and spouses. The topic will be selected by the speaker – a nationally renowned individual.

The third program will be held in June at the Indianapolis Bar Association Headquarters in downtown Indianapolis, in their renovated historic building composed of four combined homes. The topic will be the looming threats of cyber security to both our professions. The fourth and fifth venues are to be determined, but the proposed topics include addressing and proposing recommendations to reduce the third party payor “middle management” of denial experts who are responsible for denying or requiring prior authorization for the tools of our practice, and examining EHR regulations as they relate to current technology, and their impact on physician-patient relationships and work load. It is hoped we can also merge these interests and concerns into a relationship with the state hospital association in a mutually beneficial and constructive way that benefits patients and influences state and national policies.

When I moved to the Midwest from New Mexico, I was warned that Mark Twain once said that he wanted to be in Indiana when the world comes to an end, because everything comes here 20 years later. Let's hope that we give Mark Twain a reason to roll over in his grave in 2017!!!



Common Challenges in Revenue Cycle Management

As the end of the year draws near and health care organizations are beginning to examine and evaluate the past year's financial reports, there's very little doubt that uncollected payments from patients and aging accounts will represent some of the highest costs to healthcare providers.

From high deductibles, increased premiums and cost sharing, patients are consistently shouldering a greater burden when trying to pay on what they owe. Recent reports have shown that health care costs rose more in the month of August than any other month since 1984. And with a new report released by Kaiser/HRET Employer Health Benefits that forecasts the average American family's health care plan will increase 3.4 percent from 2015, health care costs are rising faster than many Americans' wages.

So how can hospitals and medical facilities contain costs while accelerating performance and bettering the patient experience? It starts with doubling down on understanding the challenges that are present within revenue cycle management and how focusing on the patient experience can help practitioners avoid financial trouble.

Billing and Collections

The task of revenue cycle management has become increasingly difficult to maintain, and major hospitals and private practices alike have been guilty of leaving uncollected revenue on the table due to errors in billing and collections. Bills containing incomplete or incorrect information can cost facilities, thousands, if not millions of dollars each year. Something as simple as clerical mistake, such as misspelling a patient's name, to a more complex error, such as miscoding a procedure, can trigger an onset of issues when the bill is sent to insurance or onto the next phase of the revenue cycle.

What's more is that when patients receive incorrect bills that they simply cannot afford, this can send patients in a frenzy—and when they lack an understanding of what the bill was for, there's a good chance it will go unpaid. And with the majority of health care organizations facing difficulty collecting payment from patients once they've left the facility, mastering the art of conversing with patients before or at the time of service can pay off significantly. Helping patients understand the scope of their procedures, as well as the pay that comes with them, can help providers reduce the amount bad debt they may face down the road.

Untrained or Undertrained Staff

For health care organizations of all shapes and sizes, untrained or undertrained staff can pose a significant challenge



when it comes to the revenue cycle process. If a staff member struggles to obtain the correct patient demographic information, this can result in an inability to create and successfully collect an insurance claim. In addition to aforementioned billing and coding issues, an unexperienced staff member can lead to an inefficient project management process, contribute to errors in clinical documentation and other issues involving operations that can cause a loss in revenue. More specifically, when it comes to collecting delinquent accounts, providers need to act on accounts while they're still fresh in order to have the best chance of reconciling debt. Once a delinquent account hits 60-90 days, the likelihood of collecting on past-due accounts significantly decreases. With a

well-trained staff who can manage placement and communicate effectively, facilities can increase their chances to get back the money they're owed.

Technology

While technology can be one of the greatest assets of a facility's revenue cycle, it also can be to blame for surmounting piles of bad debt. Though the revenue life cycle begins when a patient walks through a facility's doors, many places don't have the ability to invest in new technologies to accurately track the revenue process from beginning to end. With an increasing emphasis on ease-of-use systems for patients, including online payment portals and access to information, organizations are becoming more interested in building upon their technological capabilities, but struggle to meet their needs due to the amount of income lost each year from delinquent accounts.

Specifically, when it comes to small, private practices, many physicians or financial officers input patient information by-hand to send to insurance. This lack of automated systems can cause a substantial amount of income to be lost. While outsourcing collections to a debt collection agency can provide to be helpful, it's important that organizations select an agency that works with their staff and their current technological practices in order to truly maximize collections.

While many challenges exist in many areas of revenue cycle management, it truly comes down to the fundamentals in order to maintain a smooth and successful process. Going back to the basics of understanding the entire process and focusing on the patient-provider relationship can prove to be incredibly beneficial, especially in today's ever-changing landscape of health care.

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Bulletin Board

Mark M. Hamilton, MD, was elected to a six year term as a member of the board of directors of the American Board of Facial Plastic and Reconstructive Surgery during its fall meeting in Nashville, Tennessee. Dr. Hamilton is a regular contributor of questions and has served as an oral examiner. He presently is serving as chairman of the oral exam development committee.

Rick C. Sasso, MD, served as a faculty member for the 4th International Symposium for Cervical and Lumbar Arthroplasty. October 7-8, 2016, in Berlin, Germany.

Dr. Sasso gave two talks on cervical disc replacement, "Cervical TDR-Indications vs Fusion; Cervical Arthroplasty-What have we learned over the years?"

Jeffrey A. Greenberg, MD, is on the Board of Directors for the American Foundation for Surgery of the Hand. He is currently serving as the Practice Division Director on the Council and in that role, he was one of the speakers at the Fellowship Directors Retreat. Dr. Greenberg presented Treatment of Phalangeal Malunions at the Malunion and Nonunion Pre-course, Treatment of Complications of Internal Fixation at the Distal Radius Instructional Course Lecture and DRUJ Instability Associated with Distal Radius Fractures at the DRUJ Instability Instructional Course that he chaired. He co-chaired of the Ulnar Sided Wrist Pain Post-course and presented cadaver demonstrations of DRUJ salvage procedures including total joint replacement. Dr. Greenberg hosted and chaired "Advances and Best Practices in Upper Extremity Nerve Repair" held on October 13-14, 2016, in Indianapolis, Indiana.

Dr. Greenberg was the senior author of "TFCC Repair - Open and Arthroscopic Techniques" and "Ulnar Shortening - DRUJ Reconstruction," in *Hand Surgery Update VI*.

Douglass S. Hale, MD, FACOG, FACS, Medical Director Female Pelvic Medicine and Reconstructive Surgery, Clinical Professor, Indiana University/Methodist Hospital ended his year as President of the American Urogynecologic Society (AUGS) at the annual scientific meeting in Denver in September. Dedicated to taking care of women with pelvic floor disorders, AUGS is the largest and oldest medical organization in the country dealing in this area. The annual scientific meeting consisted of over 300 original research presentations as well as numerous panel and expert presentations. Dr. Hale and his partner **Michael H. Heit, MD, PhD**, ran the first board accredited fellowship training program in Female Pelvic Medicine and Reconstructive surgery and now have trained 29 fellows.

Tod C. Huntley, MD, the Center for Ear Nose Throat and Allergy has authored the chapter "History-Taking and Clinical Examination" in the textbook, *TransOral Robotic Surgery for Obstructive Sleep Apnea*, recently published by Springer. He is also actively treating subjects in an FDA clinical study of THN Sleep Therapy, utilizing a new hypoglossal nerve stimulator implant for OSA. Potential subjects should go to imtheramedical.com for more details.

Stephen W. Perkins, MD, Meridian Plastic Surgeons, was honored with the Board of Directors Award at the Indianapolis Bar Association and Foundation Recognition Breakfast November 15, 2016 for reviving the Medical-Legal Dinner tradition.

Richard D. Feldman, MD, Program Director of the Franciscan Health Indianapolis Family Medicine Residency, was elected as an Indiana University School of Medicine Alumnus to Alpha Omega Alpha Honor Medical Society. Dr. Feldman was nominated and elected by the Indiana Alpha Chapter at its annual meeting held in August, 2016 for long-term contributions to the education of medical students, residents, physicians, and the public.

News from Goodman Campbell Brain and Spine ...

Goodman Campbell Brain and Spine hosted its Second Annual Brain Bolt 5K race on October 8 in Carmel. More than 360 runners/walkers participated and helped raise almost \$60,000 to support the efforts of the Neurosurgery Foundation at Goodman Campbell to fund pilot research projects in traumatic brain injury. As one of GCBS' signature annual events, this year's Brain Bolt was expanded to feature regional experts who educated participants on how to prevent head and spine injuries, as well as festival-like activities, including music, food trucks, and face painting.

Peter G. Gianaris, MD, was one of 246 individuals inducted into Indiana University's most prestigious donor recognition society, the Presidents Circle, during a special ceremony presided over by IU President Michael McRobbie on September 30 in Bloomington.

Jean-Pierre Mobasser, MD, has been elected to join the Board of Directors of the Society for Minimally Invasive Spine Surgery for a two-year term beginning in 2017.



Aaron A. Cohen-Gadol, MD



Richard D. Feldman, MD



Peter G. Gianaris, MD



Jeffrey A. Greenberg, MD



Douglass S. Hale, MD



Mark M. Hamilton, MD



Michael H. Heit, MD



Tod C. Huntley, MD



Andrew W. Jea, MD



Jean-Pierre Mobasser, MD



Stephen W. Perkins, MD



Richard B. Rodgers, MD



Rick C. Sasso, MD



Mitesh V. Shah, MD



Scott A. Shapiro, MD



Jodi L. Smith, MD

Jodi L. Smith, MD, collaborated with Eli Lilly and Company to remove epileptic brain tissue from patients with intractable epilepsy. The data generated from the collaboration was instrumental for Lilly to develop a compound (now designated as CERC-611) for the treatment of epilepsy, a neurological disorder affecting over 50 million people worldwide. Cerecor Inc., a clinical-stage biopharmaceutical company, has announced that it has acquired exclusive, worldwide rights from Lilly to further develop and commercialize CERC-611.

Several GCBS surgeons had a significant role in the recent 2016 Congress of Neurological Surgeons Annual Meeting in San Diego. **Andrew H. Jea, MD**, was a member of the Annual Meeting Committee for the Section on Pediatric Neurological Surgery. **Aaron A. Cohen-Gadol, MD**, served as faculty for the Practical Course, "Complex Skull Base and Brain Tumor Surgery: 3D Surgical Anatomy and Technical Nuances."

Richard B. Rodgers, MD, delivered an oral presentation titled "Routine Outpatient Imaging Follow-up for Subdural Hematomas Provides Limited Clinical Benefit." And **Scott A. Shapiro, MD**, participated in the Rapid-Exchange Oral Presentations, "Temporary Inferior Vena Cava Filter to Prevent Pulmonary Embolism in Thrombophilic Neurosurgery Patients."

Goodman Campbell Brain and Spine is among the elite ranks of neurosurgery groups using the BrightMatter™ technology developed by Synaptive Medical, of Toronto, Canada. The Goodman Campbell neurosurgeons use BrightMatter in complex brain and spine procedures at Methodist Hospital, part of the Indiana University (IU) Health hospital system. IU Health is dedicated to improving outcomes for patients and is the first hospital system in the state to acquire this new technology. With BrightMatter, surgeons view a 3D image of a patient's complete brain pathways with a level of detail that the naked eye cannot see, allowing them to plan the safest route for surgery. Using a hands-free robotic arm equipped with a camera, the surgeon and the entire operating room staff can "visualize the surgical field with unparalleled field and depth of view," according to Dr. Mitesh Shah, President of Goodman Campbell Brain and Spine, and Associate Professor of Neurological Surgery at IU. With BrightMatter, surgeons operate in a more efficient and comfortable environment, surgeries are shorter, and patient outcomes are better. To date, Goodman Campbell neurosurgeons have performed nearly 20 successful complex surgeries using BrightMatter.

IMS

In Memoriam



Jay L. Grosfeld, MD
1935 - 2016

Jay L. Grosfeld, MD, Lafayette F. Page Professor and Chairman Emeritus; Department of Surgery, Indiana University School of Medicine; Indianapolis, Indiana died October 19, 2016. Born in New York City on May 30, 1935, Dr. Jay L. Grosfeld attended undergraduate school at New York University (NYU) where he received a B.S. in Biology and a B.A. in History. He attended medical school at the New York University School of Medicine from 1957-1961. He trained in General Surgery at NYU and Bellevue Hospitals from 1961-1966.

After serving two years as a Captain in the U.S. Army Medical Corps (1966-1968), he trained in Pediatric Surgery at the Nationwide Children's Hospital at Ohio State University from 1968 to 1970. He returned to NYU as Assistant Professor of Surgery in 1970. In 1972, Dr. Grosfeld was appointed Professor and Director of Pediatric Surgery at Indiana University and the first Surgeon-in-Chief of the Riley Children's Hospital in Indianapolis, Indiana.

In 1985, he was appointed Chairman of the Department of Surgery at Indiana University School of Medicine. He served there for more than 40 years.

Dr. Grosfeld was recognized as an outstanding clinician, master surgeon, inspiring teacher, talented administrator, innovative scientific investigator, surgical leader and a staunch advocate for children. He has won numerous teaching awards at I.U. including the prestigious President's Award. He was extremely productive and published 491 scientific articles in peer-reviewed journals, 135 book chapters and nine textbooks.

He served as Secretary and Chairman of the Surgical Section of the American Academy of Pediatrics, President of the American Pediatric Surgical Association, President of the Halsted Society and Chairman of the American Board of Surgery. He served as President of both the Central Surgical Association and the Western Surgical Association, President of the World Federation of Associations of Pediatric Surgeons (WOFAPS), President of the American Surgical Association, as a Governor and member of the Advisory Councils for both General Surgery and Pediatric Surgery and other committees of the American College of Surgeons, later becoming First Vice-President, and also served as Council Member of the British Association of Pediatric Surgeons.

He was awarded the Denis Browne Gold Medal by the British Association of Pediatric Surgeons in 1998 and was named Pediatric Surgeon of the Year at the University of Graz, Austria in 2000. In 2002, he received the William E. Ladd Medal from the American Academy of Pediatrics, the highest honor bestowed on a pediatric surgeon in America. In 2002, he also received the Sagamore of the Wabash Award from the late Governor Frank O' Bannon for his outstanding service to Indiana. Dr. Grosfeld was awarded the Fritz Rehbein Medal from the European Pediatric Surgical Association in 2011. He was awarded the prestigious Solomon A. Berson Medical Alumni Achievement Award in Clinical Science from New York University. Dr. Grosfeld served as Director of Pediatric Surgery and Surgeon-in-Chief of Riley Children's Hospital in Indianapolis for 33 years. He was Editor-in-Chief of the *Journal of Pediatric Surgery*, *Seminars in Pediatric Surgery*, and the two-volume textbook *Pediatric Surgery*. He was Co-editor of *Surgery of Childhood Tumors*. He was Chairman of the Board of Directors of the APSA Foundation, Secretary-Treasurer of the International Society of Surgery Foundation and Vice-President of the American Surgical Association Foundation.



Laverne "Vern" Benjamin Tubergen, MD
1941 - 2016

Laverne "Vern" Benjamin Tubergen MD, 1941-2016, was born on December 18, 1941 in Fremont, Michigan.

Dr. Tubergen received his undergraduate degree from Calvin College and his medical degree from the University of Michigan. He completed his internship at Baylor University and

his Surgical and ENT Residency at the University of Rochester. While doing his Neuro-Otology fellowship at the House Ear Institute in Los Angeles, he earned a Master of Neuro-Otology degree from the University of Southern California. Ever the scholar, he earned a Master of Business Administration degree from the Indiana University Kelley School of Business.

Captain Tubergen was stationed in Vietnam with the 1st Air Cavalry as an Army Flight Surgeon. After his tour in Vietnam, he served with NASA in Houston, Texas, as the personal physician to the astronauts' families during the Apollo 13 mission. He earned the Bronze Star and the Air Campaign medal.

Dr. Tubergen was a practicing ear surgeon for over three decades while maintaining various hospital appointments as staff physician, medical director, and chairman of the department of Otology. He was the founder and president of the Hearing Center, Inc., which owned retail outlets in Central Indiana specializing in hearing testing and the sale and repair of hearing aids.

He served the Indianapolis Medical Society as a member of the Professional Affairs Committee from 1990 until 1997.



Robert Louis Rudesill, MD
1924-2016

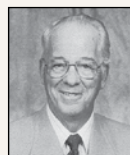
Robert Louis Rudesill, MD, died on November 7th in Indianapolis, Indiana. Dr. Rudesill was born in Indianapolis, Indiana on March 30, 1924.

He graduated from Shortridge High School in 1942 and completed his Bachelor of Science Degree at Indiana University in 1944. Following graduation in 1947 from Indiana University School of Medicine, he completed his internship residency at Methodist Hospital, Indianapolis and a fellowship in Internal Medicine at the Mayo Clinic, Rochester, Minnesota.

During his Mayo Clinic fellowship he was called into active duty. He served in the U.S. Army during the Korean War for two years as Captain in the Medical Corps stationed at Pusan and Taegu, South Korea.

In 1954, he started in private practice of internal medicine in Indianapolis with his father. Dr. Rudesill served as President of the Indiana Society of Internal Medicine and as an officer on the medical staffs at Methodist and Winona Hospitals. He was Diplomate of the American Board of Internal Medicine in 1955. He was a member of Alpha Omega Alpha Honor Medical Society and Nu Sigma Nu professional fraternity. In 1964 he became a Fellow of the American College of Physicians. He received the Joseph E. Walther Distinguished Physician's Award for service to Winona Hospital. After closing his office in 1999, Dr. Rudesill volunteered at the Good Samaritan Health Clinic in Indianapolis. Later in retirement, he volunteered at Day Spring Center, an emergency shelter for families and children.

Dr. Rudesill served the Indianapolis Medical Society as an Alternate Delegate to the Indiana Medical Association from 1980-1982 and again from 1985-1988. He also was on the Membership Committee from 1996-1997.



Paul A. Schneider, MD
1928-2016

Dr. Paul A. Schneider, 88, Indianapolis, passed away Wednesday, November 9, 2016.

Dr. Schneider was born April 1, 1928 in Evansville, Indiana. He graduated from The Indiana University School of Medicine. He completed his internship at Methodist Hospital, Gary, Indiana (1956-1957) and his residency at the Veterans Affairs Hospital in Hines, Illinois (1957-1961). Dr. Schneider was an Orthopedic Surgeon in Indianapolis and Greenfield, pioneering in hip replacement surgery. He was a member of the American Medical Association, American College of Surgeons, Fellowship of Distinguished Physicians, Academy of Orthopedic Surgeons and a recipient of the Sofield Fellowship.

Dr. Schneider retired in 1998. He was an international fisherman and traveler having visited all seven continents and fished in many of them. His commitment to his profession and community was evident by his love of medicine and involvement in many community causes including volunteering as a guide at the Eiteljorg Museum. Dr. Schneider was described by colleagues and patients as a kind and caring human being.

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