

#### From the Doctor's Desk..... Dr. Stacy Bacon

As a kid I had two goals: to become the best orthopaedic surgeon I could be and to become the best athlete I could. Over the years I've strived to continue to accomplish these two goals.

I grew up in San Antonio and ran my way thru high school (Texas Military Institute) and college (Rice University). In high school I was one of the leading state and national miler and two milers. This gave me many opportunities that others didn't have. I got to travel and see parts of the country only others could see on TV. I participated on several national teams. Despite this success I always wanted to be an orthopaedic surgeon. Not for any injuries I had sustained, as I remained essentially injury free till my senior year. I just knew this was my calling.

Running allowed me to attend one of the nation's most precious institutions, Rice University, were I continued to prosper both on and off the track. I obtained All-American honors in the 3000m and graduated with 3 yrs of Academic All-American Honors and magna cum laude honors in the classroom. Despite many trying to steer me away from orthopaedics and into other, more women appropriate, fields, I continued my journey to medical school.

I started medical school in 1996 at UT Houston. In order to dedicate my time to my school my running took a little hiatus. I graduated from med school in 2000 and took a little detour. I did not find myself in an orthopaedic residency as I didn't "match" into a program. I did a year of general surgery at Cedar Sinai in Los Angeles. This was one of the best things I could have done. I learned a lot about surgery in that year by being in the operating room nonstop as an intern.

From there I landed an orthopaedic residency in Denver, Colorado. While in CO I picked up a new hobby – roller hockey. For 3 years I played co-ed roller hockey. What a great experience. This I think has helped me become more diverse in my foot and ankle experience to treat athletes.

After my residency I did a foot and ankle fellowship in Dallas and quickly made my way back to Houston. I have been in Cypress with Advanced Orthopaedics for 5 yrs. I specialize in all facets of foot and ankle care from trauma to sports to degenerative. No challenge is too great.

I started running again 2.5 yrs ago. Since that time I have many great accomplishments. I have finished 4 marathons, two 50 milers, one 100 miler, and an ironman. I qualified for and ran the Boston marathon this year. At this time the options and future plans are endless. Only time will tell where my running and practice will take me. Overall this has been a great ride.





# Introducing.... THE AOSM VERIFICATIONS DEPT

We in the verification department feel we play an important role here at AOSM.

We spend most of our day on the phone or online with insurance companies striving to get complete and accurate eligibility and benefit information for our patients and to work with check-in and check-out to make the flow of patients run smoothly. I (Sheryl) do the credentialing for the doctors, physician assistants and Physical Therapists among other various duties.



( Pictured left to right) Cynthia Joubert verifies for doctors Elbaz, Fogarty and McChesney

Sarah Demarco verifies for doctors Mack, Brooks, and Bacon

Sheryl verifies for Dr. Cubbage and supervises the department

Diana Roberts (seated) verifies for doctors Mohr, Fehsenfeld and Viegas

\*\*She is a new addition to our department and we welcome her years of insurance experience

Practice Updates

\* NEW EMR—Due to issues with integration with Centricity the scheduled implementation of Chart Logic (Electronic Medical Records-EMR) was halted. We have signed on with Allscripts as the new EMR for the practice. We are in the initial phases of implementation with possible "Go Live" date of Sep 15, 2011. This will involve e-learning for each staff. Supervisors will work to provide time during the day for e-learning.

\* INTERNET—We have updated our Internet speeds to 20 Meg from 1.5 Meg. Hopefully this will translate to increased speed of Centricity and Penchart.

\* AETNA—We have been OON with Aetna since May 2011. If anyone has questions or concerns about handling patients with Aetna Insurance please don't hesitate to contact your supervisor or Joseph Mathews for clarification.

\* STAFF TRANSITIONS—Christy Owens has moved to serve as Revenue Cycle Supervisor/IT Liason and Monica Shirley is now the Financial Counselor

## HEALTH AND FITNESS Marisol Monasterio, OTR, CHI

#### Joint Protection for Patient with Rheumatoid Arthritis

Arthritis is a disease that affects the joints of your body. Deformity will occur if stress is placed on these joints, especially over a prolonged period of time. Therefore, it is very important to understand that damage can be done to your joints when the disease is in its active and inactive phase. You can prevent unnecessary joint damage and minimize pain due to unnecessary stress by assessing your daily activities and modifying your habits, as well as following a number of exercises that will help you increase joint motion and flexibility.

**PROTECT YOUR JOINTS**: joints tend to deform in a flexed of bend position. Arthritic joints are vulnerable to pressure that decreases space and circulation.

- Knees: Do not sleep with a pillow under your knees at night
- Hips: try to keep your hips straight. Lay over your stomach up to ½ an hour every day
- Elbows: do not lean over your elbows while seating. Relax your elbows over a pillow, resting them at 30 degrees flexed.
- Hands: Avoid pushing yourself up from a sitting position, avoid resting your head over your knuckles (try over the palm of your hand), avoid excessive use of the thumbs for lateral pinch and to pick up heavy objects( use your bigger body areas such as your forearms).

For more details, please visit <u>http://www.houstonrehabilitation.com/patient-</u> education.html .

### MORE ABOUT HIPAA

**Reasonable Safeguards** — Questions about Reasonable Safeguards occur frequently. As a result we would like to clarify what these Safeguards are.

The HIPAA Privacy Rule requires that covered entities have in place "appropriate administrative, technical, and physical safeguards" for protected health information (PHI). The Rule, which also extends to non-electronic information, does not define reasonableness or appropriateness.

HHS commentary on the Privacy Rule offers this guidance:

"It is not expected that a covered entity's safeguards guarantee the privacy of [PHI] from any and all potential risks. Reasonable safeguards will vary from covered entity to covered entity depending on factors, such as the size of the covered entity and the nature of its business. In implementing reasonable safeguards, covered entities should analyze their own needs and circumstances, such as the nature of the [PHI] it holds, and assess the potential risks to patients' privacy. Covered entities should also take into account the potential effects on patient care and may consider other issues, such as the financial and administrative burden of implementing particular safeguards."

There is a tendency to focus on technical measures to promote privacy. Behavioral, administrative (policy), and simple physical measures are just as critical. Consider these, only one of which is "technical" (All of these are privacypromoting practices of long standing):

• speaking quietly when discussing a patient's condition with family members in a waiting room or other public area;

• avoiding using patients' names in public hallways and elevators, and posting signs to remind employees to protect patient confidentiality;

• isolating or locking file cabinets or records rooms; or

• providing additional security, such as passwords, on computers maintaining personal information.

AOSM would like to thank Christy Owens for her suggestion of modification of our sign in sheets. It is not required by HIPAA standards but is an improvement made at AOSM as a direct result of employee constructive feedback.

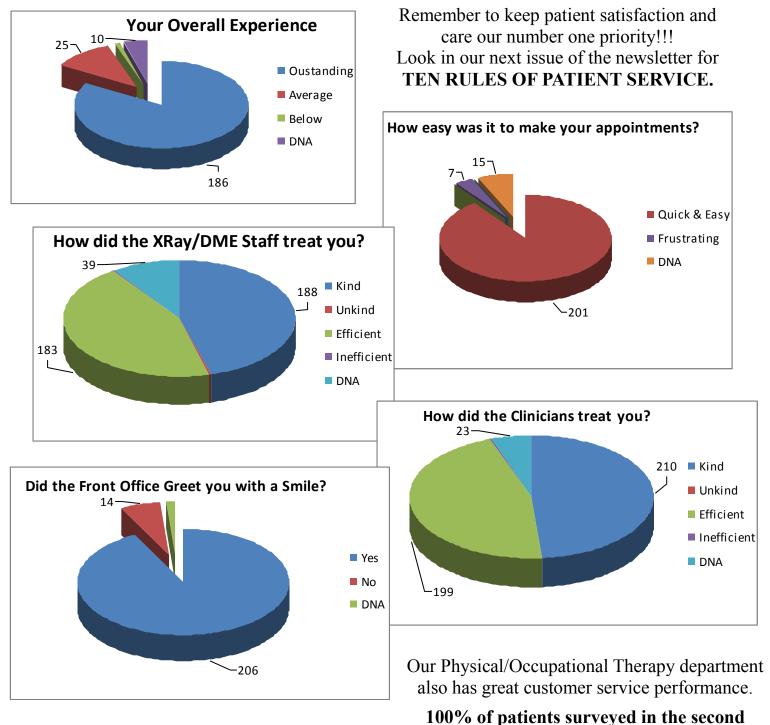


Wishing them well in their future endeavors.....

Liz Bickham—Revenue Cycle Supervisor/IT Liason Nicole Cole & Stephanie Pena—NCO Front Office Juliana Penfield—PT-DME Verifications/Floater



Take a look—see what our patients are saying about us!!!



Survey data collected March—June 2011

quarter of 2011 showed we were "exceeding expectations."