

 **RESSURE**
UHMS Membership Newsletter

+ July-August 2015 ASM edition

ASM 2015 Keynote Speakers

Dr. Alfred Bove and Dr. Paul Sheffield
headline a rich and enjoyable program



Dr. Alfred Bove gave the **Lambertsen Lecture**
Lung Injury with Diving: Beyond Boyle's Law.



Dr. Paul Sheffield presented the **Kindwall Lecture**
Hyperbaric Safety: A Half-Century Commitment.

plus . . .

Dr. Neil Hampson, 2015 recipient of the
Albert R Behnke Award
gave one of the most entertaining award
speeches on record for UHMS events.

For a transcript, see Page 22

plus MORE on the ASM beginning on Page 21



CELEBRATE THE UHMS

• THE UNDERSEA AND HYPERBARIC MEDICAL SOCIETY
IS GROWING AND CHANGING TO BETTER MEET YOUR NEEDS •

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PRESSURE is a bimonthly electronic newsletter of the Undersea and Hyperbaric Medical Society posted on its members-only web site at www.uhms.org. The views expressed by contributors are not necessarily those advocated by the UHMS and are distinct from the peer-reviewed scientific papers that appear in the *Undersea and Hyperbaric Medicine* Journal. PRESSURE provides a forum for ideas

and information to the undersea and hyperbaric medical community and welcomes ideas, commentary and support from its readers. UHMS does not sell or trade its mailing lists. Business/Executive Director Offices of the UHMS: Attn: Mr. John Peters , 631 U.S. Highway 1, Suite 307, North Palm Beach, FL 33408
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From the PRESIDENT

JAMES R. HOLM
M.D., FACP, FACEP, FUHM

hbodoctor@yahoo.com

OPTIMISM: UHMS-Style

These are tough times, and things are changing. Most certainly, there are “problems” in our field, but after our most recent Annual Scientific Meeting (June 18-21), I am reassured that we are well equipped to deal with the challenges ahead. Problems can bring people together. I was filled with optimism after seeing our Society membership and leadership come together in Montreal.

After every ASM, I leave exhausted, but with a sense of hope and confidence. At the close of this meeting, I felt, and still feel, that optimism even more keenly. I want to share my thoughts about this year’s ASM and the direction of the Society.

2015 Annual Scientific Meeting Review

As we recently concluded our 2015 ASM in Montréal, Canada, this issue will have a lot of information about it. Overall, I believe it was a fantastic meeting. We saw the willingness of UHMS leadership and its members to move ahead and work together to improve the Society and the specialty.

Precourses

I attended a portion of both precourses: “**Hyperbaric Oxygen Safety: Clinical and Technical Issues**” and “**Patent Foramen Ovale and Fitness to Dive Consensus Workshop**.” The PFO program was co-sponsored with DAN and had world-renowned speakers. This workshop will produce a separate proceedings as well as consensus statement, to be published in the *UHM* Journal.

“Having no problems
is the biggest problem of all”

– Taiichi Ohno, industrialist

Main session

The main ASM session had more than 120 **abstracts** and **posters** and nearly 50 oral abstract presentations. The one-day **Associates Breakout Session** was on Thursday.

I want to thank both of our distinguished **keynote** speakers **Dr. Alfred Bove** and **Dr. Paul Sheffield**, for their excellent presentations.

We increased the number of **plenary** sessions this year, with talks by:

- ◆ **Dr. Neal Pollock**
- ◆ **Dr. William Li**
- ◆ **Dr. John Feldmeier**
- ◆ **Dr. Folke Lind** (and panel)
- ◆ **Dr. Neil Hampson**
- ◆ **Dr. Brett Hart**.

An optional plenary session discussed changes in hyperbaric medicine in the United States, with **Dr. Caroline Fife**, **Dr. Helen Gelly** and **Dr. Laurie Gesell** addressing how we can better prepare for the future.

One of the most impressive sessions was the plenary by two current UHM Fellows. **Dr. Gerald Godfrey** and **Dr. Charlotte Sadler** did a great job reviewing recent literature in our field. If these two talented young physicians are any indication of our future providers and leaders, we will be in good hands.

If you missed the ASM, keynote and plenary sessions will be available on our online continuing education portal for review and educational credits later in the year.

A positive outcome

The conference concluded with our **Reception and Awards Banquet** and the “**After-party**.” Many have told me how much they enjoyed these events.



At the banquet, awards were presented to **Mary Chin, Julio Garcia, Takuyo Oyaizu, Laurie Gesell, David Smart** and **Neil Hampson**. Prizes were awarded to other presenters for their excellent presentations given during the meeting. Our two new FUHM candidates received their diplomas as well. For details, see the special ASM section in this issue.

Upcoming UHMS Meetings/Courses

If you did not make it to the ASM, we have other exciting meetings and courses coming up.

- ♦ The **Gulf Coast Chapter** meeting will be in San Antonio, Texas, on August 27-29.
- ♦ The **Northeast Chapter** meeting will be in Stamford, Connecticut, on October 23-25.
- ♦ The **Canadian Chapter/Affiliate** will have its meeting in Toronto on October 23-25.
- ♦ The **Pacific Chapter** meeting will be in Ventura, California, on November 13-14.

Please check our website for specific dates and times.

Also on deck

- ♦ The **Medical Examiner of Divers Course** convenes in New Orleans September 17-20.
- ♦ The **NOAA/UHMS Physician Training in Diving Medicine** returns to Seattle October 5-17.
- ♦ The **UHMS Winter Symposium on Hyperbaric Medicine & Wound Care** comes to Snowbird Resort in Salt Lake City on February 20-23, 2016.

I look forward to seeing many of you at the Chapter Meetings as well as at our next two ASMs. Las Vegas is the site for our June 9-11, 2016, ASM, and our big 50th Anniversary ASM is set for beautiful Puerto Rico on June 22-24, 2017.

New Leadership and Projects

The Society's new board leadership was announced at the ASM. **Laurie Gesell** was elected Treasurer, succeeding **Enrico Camporesi**. **Tracy LeGros** was re-elected to her current position as Member-at-Large. **Matt Schweyer** is the incoming Associate Technologist Representative, succeeding **Kip Posey**. Many thanks to Kip and Enrico for their years of service to the Society.

Although it is early, be aware that the positions of Member-at-Large, Vice President and President-Elect will be open for nominations for the next election cycle beginning in early 2016. Please talk to me or a board member if you are interested in becoming more involved in committees or board activities.

Most of you have seen our updated UHMS website. If you have not had time to check it out, do it now. In addition to a fresh new look and easy navigation, you will see the rollout of a new membership benefit called "**MEDFAQs**." This new feature allows UHMS members to ask questions of our committees and get considered responses. These Q&As will be archived for review. This valuable process may take some time to build up a stock of questions and answers, but it is a valuable resource. Get a peek at this new feature on Page 14 of this issue.

Our many committees are working on projects and services to benefit our membership. Dr. Caroline Fife and Dr. Helen Gelly have worked very hard on reimbursement challenges. Some important results of their work include the establishment of the **National Hyperbaric Oxygen Therapy Registry** and recent acceptance of PQRS Quality Measures by CMS and AHRQ. See Page 15 for more information. Plus, we have a **regulatory affairs page** to help members with questions on coding and billing changes –Page 39 and: www.uhms.org/resources/regulatory-affairs.html

We just had our first **Clinical Practice Guideline – Hyperbaric Oxygen Therapy for Diabetic Foot Wounds** – published in the May-June 2015 *UHM* and accepted to the guidelines.gov website. Thanks to Enoch Huang and his committee for the detailed work on this project (and congratulations to the Huangs as they welcomed the new member of their family, born during the ASM).

A final thanks

I want to thank John Peters and the hard-working UHMS Staff for doing such a great job at the ASM and all year long. Thanks to the Society Members for being a great part of "Team UHMS." Help the Society by encouraging new members and supporting our projects and services. Together we can face any problems that come our way.

Jim ■



EXECUTIVE DIRECTOR'S REPORT

JOHN PETERS
MBA, FACHE

JPeters@uhms.org

We want to recognize the important
contributions of our stakeholders
who exhibited at the ASM
and who continue to support the Society.
For a listing, see the next page.

Greetings from the team at UHMS!

We have had almost a month to catch our breath after an exciting and well-attended Annual Scientific Meeting in Montréal, Québec, Canada.

Our 2015 ASM was a great success

Comparing this ASM to historical meetings, it was as successful as meetings held in peak years. Thank you all again for making the effort and taking the time and expense to travel and spend the week with us for what was a great scientific educational event.

Congratulations to all involved in the planning and execution of the event, including our UHMS team members Lisa Tidd, Stacy Rupert, Renée Duncan, Tom Workman, the ASM planning committee, UHMS board and committee members, operations staff, faculty and our volunteers Cinda Hart, Sherrill White-Wolfe and Dawn Salka.

We also want to recognize the important contributions of our stakeholders who exhibited at the meeting and who continue to support the Society ongoing – thank you!

In this special issue of *Pressure*, we are taking the opportunity to share with you the highlights and memorable moments we experienced during this year's ASM. My personal favorite was Dr. Neil Hampson's "legendary" speech that he gave during his acceptance of the Albert R. Behnke Award, the most prestigious award given by the UHMS. It was such a hit that, with Dr. Hampson's consent, we are sharing it with you all in this issue on Pages 24-25..

We also recognize and thank Tom Workman and UHMS member Dr. Fiona Sharp for their photographic contributions to the issue as well as to our Facebook page:

www.facebook.com/UnderseaAndHyperbaricMedicalSociety?fref=ts

What's on tap for this issue: UHMS news

In this edition we are also addressing many important news items relevant to our specialty, including the Physician Quality Reporting System measures adopted by Centers for Medicare and Medicaid Services; the UHMS's partnership in the National Hyperbaric Oxygen Therapy Registry, a qualified clinical data registry – QCDR; the UHMS's maintenance of our AMA seat in the AMA House of Delegates for another five years; the UHMS's launching of its new member-only MEDFAQs program, which is our version of an ask-the-expert FAQ system; and much more.

Fund-raising coming up!

We are excited to announce the launch of the UHMS Development and Fund-Raising program. Gifting and fund-raising are critical to any non-profit, and this vehicle will help ensure the UHMS will be able to fund critical programs long term that benefit its membership and the field of undersea and hyperbaric medicine. Look for more information to come this year.

UHM Journal news . . .

Another reminder: We have launched a new level of access for print subscribers of the *Undersea and Hyperbaric Medicine* Journal (UHM). We are now including the PDF copy of UHM with your print subscription.

Undersea and Hyperbaric Medicine Journal is available free to ALL members of the UHMS as an eBook. Please take advantage of this value-added offering. It's important to note, you can download the eBook on up to six devices, i.e., smart phone, tablet, PC, etc. With an eBook, an individual can search, link, take notes, bookmark and read content on six devices per downloaded issue. This makes the eBook extremely functional. The only thing that one cannot do with an eBook is print it, and according to copyright rules,

printing of any copyrighted material, the *UHM* journal or otherwise, is prohibited without permission of the publisher or owner of the copyright.

Additionally, please be aware that if you want a print copy of *UHM* and/or the PDF versions, the subscription prices are listed on the UHMS website:

www.uhms.org/publications/uhm-journal/purchase-uhm-journal-subscription.html

Remember our address change

Another reminder to everyone that we have wrapped up operations at the 21 West Colony Place office in North

Carolina, where we had been operating since 2007 and have officially transitioned to the office site at 631 U.S. Highway 1, Suite 307, North Palm Beach, FL 33408, where we have been operating the HQ since July 2014.

However, your favorite team members will still be providing the great services you are accustomed to but in a more virtual setting.

Until next time . . .

It is my pleasure to serve you, our membership and I continue to look forward to hearing from you.

See you soon. ■



UHMS THANKS THESE ASM EXHIBITORS:

American Board of Preventive Medicine	Chicago	IL	United States
Baromedical Nurses Association	Gotha	FL	United States
Baro-Serv	Caryville	TN	United States
Best Publishing	North Palm Beach	FL	United States
Divers Alert Network	Durham	NC	United States
Environmental Tectonics Corporation	Southampton	PA	United States
Fink Engineering Pty Ltd.	Warana	QLD	Australia
Groupe Medical Gaumond Inc.	Quebec	QC	Canada
Hydrospace	Rancho Cucamonga	CA	United States
Intellisure	The Woodland	TX	United States
International ATMO	San Antonio	TX	United States
King Faisal Specialist Hospital & Research Center	Riyadh		Saudi Arabia
Masimo	Irvine	CA	United States
Novadaq	Mississauga	ON	Canada
Oxyheal Health Group	National City	CA	United States
Perimed	Ardmore	PA	United States
Perry Baromedical	Riviera Beach	FL	United States
Reimers Systems Division of PCCI, Inc.	Alexandria	VA	United States
Sechrist Industries, Inc.	Anaheim	CA	United States
West Care Medical Ltd.	Coquitlam	BC	Canada
UHM Fellowship			

UHMS EDUCATIONAL ACTIVITIES ARE OPEN FOR ENROLLMENT • SIGN UP TODAY!

UHMS MEDICAL EXAMINER OF DIVERS COURSE 2015

SEPTEMBER 17-20

**Hyatt French Quarter Hotel
New Orleans, Louisiana**

- ♦ 31.5 AMA PRA Category 1 Credits™
- ♦ DMAC/EDTCmed approved – Level 1
Medical Examiner of Divers
 - ♦ MOC credits



**Register by Aug. 17
and get a 10% discount.
code: MED15_discount**

This is a specific training course preparing physicians to examine commercial, sport, research and other related public service divers, and to determine their fitness to dive. Renewal of and achieving initial recognized international standing as a Medical Examiner of Divers is available after attendance at the course and passage of the required examination.

Full course details and online registration are available at:

https://www.uhms.org/index.php?option=com_civicrm&task=civicrm/event/info&Itemid=238&id=46&reset=1

UHMS / NOAA PHYSICIANS TRAINING IN DIVING MEDICINE COURSE 2015

OCTOBER 5-17

**Marriott Courtyard Seattle
Downtown/Lake Union Seattle, Washington**

- ♦ 80 AMA PRA Category 1 Credits™
- ♦ DMAC/EDTCmed approved – Level 2D
Diving Medical Physician
 - ♦ MOC credits



**UHMS member Fellows/Residents
get a 25% discount
automatically when you log in!**

This course brings together the best of UHMS and NOAA in a setting that provides excellent lecture and practical facilities. The value of the information from this course is unparalleled and is based on the internationally accepted training objectives from the Diving Medical Advisory Committee (DMAC). The goal of the course is to train physicians in recognizing and treating diving medical emergencies. Passing a final examination is required to achieve certification. Full course details and online registration are available at:

https://www.uhms.org/index.php?option=com_civicrm&task=civicrm/event/info&id=47&reset=1

UHMS HYPERBARIC PHYSICIAN CAQ PROGRAM

Credentialing and privileging for hyperbaric physicians in the United States has been the focus of intense interest. Hyperbaric oxygen (HBO₂) therapy entails some medical risks, and UHMS consensus is that it should be provided only by physicians with specialized training in hyperbaric medicine and in facilities properly equipped and maintained to do so.

To this end the UHMS has identified “minimum physician training, experience and certification” for hyperbaric medicine physicians which includes:

- An unrestricted medical license as required for the location of their hyperbaric medicine practice;
- Board Certification in a primary discipline of medicine that reflects local medical staff standards;
- Current certification in Advanced Cardiac Life Support and,
- For each of the following specified categories of practice, advanced training and experience in hyperbaric medicine as evidenced by:
 - for supervised and proctored practice;
 - for independent practice;
 - “experienced provider exception.”

In each of these categories, the UHMS CAQ Hyperbaric Physician program can provide the necessary recognition of certification. This UHMS CAQ program in hyperbaric medicine carries an independent, university accreditation and is internationally validated.

Practicing physicians, especially those who are practicing HBO₂ therapy but are not Board-certified, and want further educational recognition in the specialty are the most frequent participants. The ease of working from a computer to complete this education is a great benefit because the physician can keep practicing while working on the modules. It is especially valid for mid-career physicians who are unable to complete a year of hyperbaric fellowship, which is the prerequisite for ABPM or ABEM Board examinations.

Full details of the course and online registration are available through the link below. Direct further questions can be directed to:

Cindi Easterling, UHMS Education Coordinator and Coordinator of the CAQ Hyperbaric Physician Program:

cindi@uhms.org

www.uhms.org/education/credentialing/caq-hyperbaric-physician-certification.html

**HYPERBARIC
PHYSICIAN
PROGRAM**
WEB-BASED
EDUCATION



TO SIGN UP:

Full details of the course and online registration are available through the following link:

<https://www.uhms.org/education/credentialing/caq-hyperbaric-physician-certification.html>

SPECIAL REPORT: Fellowships that offer diversity

The Specialty

Undersea and Hyperbaric Medicine (UHM) is defined by the Accreditation Council for Graduate Medical Education (ACGME) as:

‘a discipline that deals with the prevention of injury and illness due to exposure to environments in which the ambient pressure is increased’

and

the therapeutic use of high environmental pressure and the delivery of oxygen under high pressure to treat disease.’

However, there is much more to this specialty. A UHM specialist treats not only diving emergencies, but radiation injuries, deadly infections, compromised and devascularized tissues, ocular emergencies, gas toxicities, and other diseases. A UHM physician is a vital part of a cohesive plan of care for many interesting and complex groups of patients.

Why specialize in UHM?

Undersea and Hyperbaric Medicine is a diverse specialty that offers opportunities to practice clinical, academic, research and administrative aspects of hyperbaric and diving medicine. Medical patients are referred from critical care, surgery, plastics, medicine, oral and maxillofacial, orthopedics, ophthalmology, podiatry and emergency medicine.

Diving patients hail from recreational, commercial, research, scientific, military and technical diving backgrounds. Moreover, current research being conducted in the areas of medical resuscitation, traumatic brain injury, trauma, sepsis and vasculopathies will continue to open new opportunities for UHM physicians.

Who is eligible for training?

Candidates must have completed an ACGME-accredited training program. Previous fellows have come from a variety of residency trainings, including: surgery, anesthesiology, emergency medicine, internal medicine, preventative medicine, neurology, pediatrics and family practice. All fellowships require completed applications prior to interviews. Selected candidates must also obtain a medical license in the state of their chosen fellowship.

UHM FELLOWSHIPS Undersea & Hyperbaric Medicine




diversity in education and action

Length of training

UHM Fellowships last 12 months. Ten of the months are clinical, and the remaining weeks are inclusive of diving/hyperbaric conferences, vacations and research.

Didactic curriculum

The didactic curriculum is set by the ACGME and monitored by the RRC (Residency Review Committee). Core topics are required, and the fellowships expand greatly on these subjects. Additional education experiences are expected, and most fellowships sponsor attendance at one or more specialized conferences. All fellowships are required to provide five hours of weekly didactic instruction.

- **Core topics:** History of undersea and hyperbaric medicine; decompression theory/physiology; hyperbaric, normobaric and hypobaric physiology; arterial gas embolism; decompression illness; diving operations, human performance in the hypobaric/hyperbaric environment; toxic gas exposures; irradiated tissues and ischemic wounds; tissue oxygen measurement; multiplace/monoplace chamber operations; critically ill hyperbaric patients; indications, contraindications, complications, hazards and side effects of hyperbaric oxygen therapy; saturation diving and life support; systems management, billing, quality assurance and peer review; specific problem wounds; fitness to dive; and other related topics.
- **Additional educational experiences:** Morbidity and mortality conferences, journal reviews, grand rounds and invited seminars.
- **Specialized conferences:** National Oceanic and Atmospheric Administration (UHMS/NOAA) Physicians Training in Diving Medicine; Medical Assessment of Fitness for Diving (UHMS); Diving Medicine and Hyperbaric Therapy course (UHMS); 

Advanced Diving and Hyperbaric Medical Training Program (Hyperbarics International); Advanced Hyperbaric Symposium (National Baromedical Services); UHMS Annual Scientific Meeting; and others.

Clinical curriculum

As with the didactic curriculum, the clinical curriculum is set by the ACGME and monitored by the RRC. All fellowships include progressive responsibilities, with patient care, 24/7 emergency coverage, monoplace/multiplace chamber and critical care experiences, and training in fitness to dive, diving medicine and wound care.

ACGME-Accredited UHM Fellowships

Candidates should interview at all the fellowships that interest them. All fellowships abide by duty hour limitations, allow moonlighting (in your primary training) and have competitive salaries and benefits.

■ DUKE, DURHAM, NORTH CAROLINA

The Duke Center for Hyperbaric Medicine and Environmental Physiology is the largest civilian hyperbaric facility in the world. The chambers can be pressurized to over 70 atmospheres absolute, and its vacuum pumps can simulate altitudes of up to 100,000 feet.

The center's mission is that of academic research, service and education, with investigation into the human physiology of extreme environments, epidemiology and clinical trials in hyperbaric medicine and the molecular biology of metabolic gases. The Duke Center is an international presence in terms of publications, society leadership, and educational outreach.

The Duke Fellowship was established in the 1980s and was ACGME-accredited under Preventative Medicine in 2005.

Positions: Four

Program director: John Freiburger, M.D.
john.freiberger@duke.edu

Contact: Tonya Manning – tonya.manning@duke.edu

Phone: +919-684-6726; +919-684-6002

Home page: <http://dukedivemedicine.org>

■ HENNEPIN COUNTY MEDICAL CENTER, MINNEAPOLIS, MINNESOTA

Since opening our first hyperbaric chamber in 1964, HCMC has helped pioneer the field of undersea and hyperbaric medicine. Our fellowship is an ACGME-accredited one year program whose graduates fulfill the requirements to sit for the American Board of Medical Specialists' certification examination for Undersea and Hyperbaric Medicine. HCMC is a Level I Trauma Center and the only 24/7 referral center for all hyperbaric emergencies for western Wisconsin, the eastern Dakotas, Iowa and all of Minnesota. Fellows practice in our state-of-the-art multiplace chamber at the Center for Hyperbaric Medicine, which opened in 2012.

Position: One

Program director: Christopher Logue, M.D.
christopher.logue@hcmed.org

Contact person: Mary Hirschboeck –
mary.hirschboeck@hcmed.org

Phone: +612-873-7420 or +612-873-5645

Home page: www.hcmc.org/education/fellowships/hyperbaric-fellowship/HCMC_MAINCONTENT_368

■ KENT HOSPITAL, WARWICK, RHODE ISLAND

Approved by the American Osteopathic Association as the first and only osteopathic UHM fellowship, the Kent fellowship is centered at the Wound Recovery and Hyperbaric Medicine Center. With the area's largest hyperbaric chambers and 24/7 emergency service, the Kent fellow is well trained in clinical and emergency hyperbaric medicine. This program accepts osteopathic candidates only.

Positions: Two

Contact person: Becky Gaumitz – rgaumitz@kentri.org

Phone: +401-737-7010 ext. 5640

Home page: www.kentri.org/graduateeducation/hyperbaric/

Undersea and Hyperbaric Medicine treats patients referred from critical care, surgery, plastics, medicine, oral and maxillofacial, orthopedics, ophthalmology, podiatry and emergency medicine.

■ LOUISIANA STATE UNIVERSITY, NEW ORLEANS

The LSU fellowship was established in 1983, granted ACGME accreditation in 2008, and granted a five-year recertification in 2011. With one of the largest concentrations of civilian academic and clinical faculty (national and international leaders in emergency medicine, diving and hyperbaric medicine), the LSU fellowship has an incredible depth of expertise. Situated along the Gulf of Mexico, LSU fellows gain exposure to the immense commercial diving operations that abound. Moreover, the didactic curriculum is board-focused, expansive and comprehensive.

Positions: Five

Program director: Tracy Leigh LeGros, M.D., Ph.D., FACEP, FAAEM, FUHM – tlegros1@cox.net

Contact person: Sylvia Cusimano
scusimano@newsouth.net

Phone: +504-366-7638

Home page: www.medschool.lsuhscc.edu/emergency/medicine/fellowship_hyperbarics.aspx

■ MAYO CLINIC, ROCHESTER, MINNESOTA

Position: One

Program director: Martha Millman, M.D.
millman.martha@mayo.edu

Contact person: Amanda Lovett, Education Program
Coordinator – lovett.amanda@mayo.edu

Phone: +507-284-9966

■ SUNY UPSTATE MEDICAL UNIVERSITY, BUFFALO, NEW YORK

UMU is the only 24/7 hyperbaric medicine facility in upstate New York. The SUNY fellow gains wide exposure to all indications for hyperbaric oxygen therapy, with extensive experience in monoplace critical care. The fellowship is led by four UHM board-certified physicians.

SUNY UMU supports the New York State Police Recovery Dive Team in Upstate New York. In addition, the fellow spends three to four weeks at Phelps Memorial Medical Center at the facility's multiplace chamber. The fellowship offers an extensive didactic experience, with at

least five hours weekly of planned education experience that includes a combined fellow's research seminar within the Department of Emergency Medicine, collaboration with Toxicology as well as other experiences. The UHM fellow gains additional experience in the management of problem wounds in the University Hospital Wound Care Center.

Positions: One

Positions funded last five years: Five (one/year)

Positions filled last five years: Five (one/year)

Program director: Marvin Heyboer III, M.D., FUHM, FACEP, FACCWS – heyboerm@upstate.edu

Contact person: Mary Lewis – lewism@upstate.edu

Phone: +315-464-4363

Home page: www.upstate.edu/emergency/residency/fellowship/hyperbaric.php

■ UNITED STATES AIR FORCE SCHOOL OF AEROSPACE MEDICINE, LACKLAND AFB TEXAS

The USAF School of Aerospace Medicine has trained more than 50 hyperbaric medicine physicians over the past 30 years through the Department of Defense's only UHM fellowship. The intense training in clinical hyperbaric medicine, with an emphasis on military operations, prepares Air Force physicians to assume the role of UHM specialists. The fellowship received ACGME accreditation under Preventive Medicine in 2010.

Positions: Two

Program director: Devin P. Beckstrand M.D., MPH

Phone: +210-292-3483

Home page: www.tanktigers.net/fellowsh.htm

■ UNIVERSITY OF CALIFORNIA SAN DIEGO

Established in 1998, the UCSD fellowship was ACGME-accredited in 2008 and recently granted a five-year recertification, highlighting the strength of the UCSD didactic and clinical experiences. The fellowship is led by 13 physicians, and UCSD fellows rotate at three different multiplace facilities. Additionally, fellows spend two weeks at Long Beach Memorial Hyperbaric Center (for monoplace experience), and there are two months



UHM FELLOWSHIPS OVERVIEW – *continued*

of dedicated research time. The large number of regional commercial and recreational divers provides comprehensive exposure to diving emergencies, diving medicine and fitness-to-dive examinations.

Positions: Two

Program director: Pete Witucki, M.D.

Contact person: Rosa Longacre, Program Coordinator
UC San Diego Health System

Phone: +619-543-6213 • **Fax:** +619-543-3115

Home page: <http://emergencymed.ucsd.edu/education/fellowships/hyperbaric>

■ UNIVERSITY OF PENNSYLVANIA MEDICAL CENTER, PHILADELPHIA

Penn offers an ACGME-approved fellowship in Undersea and Hyperbaric Medicine. The faculty is world-renowned, and with participation in the Institute for Environmental Medicine a core focus, the program provides extensive research and clinical training as well as a refined and comprehensive didactic education.

Positions: Two

Program director: Kevin Hardy, M.D.

hardy@uphs.upenn.edu

Phone: +215-898-9095

■ UNIVERSITY OF TEXAS SOUTH- WESTERN MEDICAL CENTER, DALLAS

The Institute for Exercise and Environmental Medicine provides intensive UHM training, including all aspects of wound care and diving medicine and numerous elective opportunities. The UT fellow is also trained in clinical research, and a dedicated research project is considered an essential component of the program.

Positions: One

Program director: Jeffery Stone, D.O., MPH

Contact person: Julie Rogness

julierogness@texashealth.org

Phone: +214-345-7924

Home page: www.texashealth.org/dallas/Pages/Services/Wound-Care/Hyperbaric-Oxygen-Therapy.aspx

■

In addition to diving emergencies, the UHM specialist treats radiation injuries, deadly infections, compromised and devascularized tissues, ocular emergencies, gas toxicities, and other diseases, serving as a vital part of a cohesive plan of care for complex groups of patients.

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UNDERSEA & HYPERBARIC MEDICAL SOCIETY

WINTER SYMPOSIUM ON
HYPERBARIC MEDICINE
& WOUND CARE

https://www.uhms.org/index.php?option=com_civicrm&task=civicrm/event/info&reset=1&id=51

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QUALITY ASSURANCE CORNER

TOM WORKMAN
M.S., CAsP, CHT-A, FAsMA
QARA* Director
tom@uhms.org

Edition 2 arose from key elements identified from the UHMS Clinical Hyperbaric Facility Accreditation Program.

UHMS Guidelines for Hyperbaric Facility Operation, 2nd edition

At long last, the second edition of the *UHMS Guidelines for Hyperbaric Facility Operations* is nearing publication.

What began as the UHMS Operations Committee Report (January 2000) was retitled in 2007 when the document went through its first revision. This second edition is long overdue.

Edition 2 includes updated job descriptions, creden-

tialing criteria, proctorship information, treatment supervision guidelines in accordance with recent UHMS position statements, operator/chamber ratios, and more. Process improvement opportunities identified from the UHMS Clinical Hyperbaric Facility Accreditation Program were key elements behind the revision.

I would like to thank the Associates of the UHMS and the members of the Publications Committee, who provided major contributions to this project.

Stand by for information on when it will be available for purchase! ■

Quality Assurance and Regulatory Affairs ♦ UHMS Satellite Office ♦ 14607 San Pedro Avenue, Suite 270 San Antonio, TX 78232 ♦ Tel: 877-533-UHMS (8467) or +210-404-1553

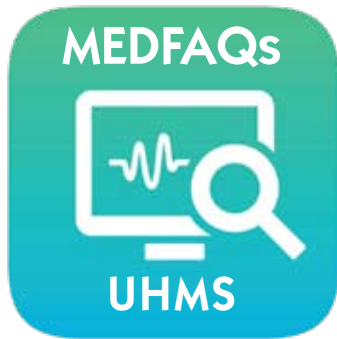


COMING SOON

UHMS Guidelines for Hyperbaric Facility Operation 2nd Edition

Editor: W.T. Workman, M.S., CAsP, CHT-A, FAsMA
Director, Quality Assurance & Regulatory Affairs
Undersea and Hyperbaric Medical Society

A must-have for chamber operation, this guide deals with what the UHMS recommends for training and staffing of a clinical hyperbaric facility, including suggested position descriptions; it extends into important subjects such as credentialing, safety and quality assurance.



Welcome to **MEDFAQs**

the UHMS Frequently Asked Questions (FAQ) system.

www.uhms.org/resources/medfaqs-frequently-asked-questions-faq.html

This system is a benefit of UHMS membership.

Members will be able to see all questions and answers and submit new queries by simply logging in.

Below we have provided an example of one of the questions on MEDFAQs section of the website.

Q: Can you provide a resource that outlines the inspection requirements for a monoplace chamber that has met the 10-year/10,000-dive design life necessary for ongoing use of the chamber?

A: Thank you for your question. We think you are asking about what the current ASME PVHO rules are for a monoplace chamber that has met the 10-year / 10,000-cycle point in time.

You should purchase the 2012 edition of ASME PVHO-2. If your department has a firewall we suggest purchasing the print copy instead of the pdf version; the pdf is actually a link to the "cloud," and we had trouble with using it with our hospital's IT security.

www.asme.org/products/codes-standards/pvho2-2012-safety-standard-pressure-vessels-human

As you know, the design life is 10 years. During that time, following PVHO-2 is optional.

There is a required 10-year 'seat and seal' inspection: In the past we had to pull off the end plates from the monoplace in order to inspect the seals and portion of the acrylic that cannot be seen under the seal. This normally meant returning the monoplace chambers to the manufacturer or having one of the chamber manufacturing/service companies travel to conduct this step on site. The current edition of

the code has an alternative method that can be used without disassembling the chamber.

The service life can be longer than the design life if you follow the rules of PVHO-2.

For medical systems in a protected environment, that means adding 10 years, but you need to follow the rules for operational, maintenance and seat and seal inspections years 11-20. By default, the service life of monoplace chambers is currently 20 years. A multi-place has more windows and there are destructive testing rules for those windows.

UHMS members can access safety review documents on the Society website. One you may find helpful for operational inspections (daily) is at:

www.uhms.org/images/Equipment-Articles/pvho-2-2012_viewport_inspect.pdf +

Written by ASME PVHO member William Davison, it provides detailed advice on viewports. The annual or 18-month maintenance inspections should be completed by someone who has had training in this area.

If you have not done so already, we strongly encourage you to send someone to an acrylic maintenance course. Remember, the owner of the vessel is responsible for training, record-keeping and maintenance.

— UHMS Safety Committee

+ To access this from the UHMS home page, toggle over to the header 'Publications.' Using the pull-down menu find 'Safety Documents/Equipment Articles.' There you will find this article and others that address equipment safety concerns.

COMMITTEE REPORT:

QUARC Co-Chair Dr. Caroline Fife announces the National Hyperbaric Oxygen Therapy Registry ...

... and a new option for quality reporting for hyperbaric practitioners.

We are in the midst of a fundamental restructuring of outpatient payment policy. This will change the way hyperbaric medicine is practiced.

It could be a disaster, or it could be an opportunity, depending on how we as a Society and as individual practitioners react.

The outpatient payment system is moving away from one based on volume to a system based on value.

The first step in the direction of value-based payment was the Physician Quality Reporting Initiative (PQRI), a voluntary program that began in 2008. It provided bonus payments to physicians for reporting quality measures. Now called the Physician Quality Reporting System (PQRS), this coming year, in 2016, bonus payments end and participation in PQRS becomes mandatory if eligible providers (EPs) wish to avoid “negative payment adjustments” (otherwise known as financial penalties) in their Medicare payments.

I spent seven frustrating years (2007-2014) trying unsuccessfully to get the Centers for Medicare & Medicaid Services (CMS) to accept hyperbaric quality measures into PQRS. Reasons for my lack of success are complex, but the short version is that CMS requires that new measures be endorsed by the National Quality Forum. The NQF expressed doubt that any hyperbaric quality measure (QM) could withstand its rigorous vetting process from a data integrity perspective.

By 2013 I was getting desperate. The reason that quality measures are so important to our field is that the Affordable Care Act (ACA) attaches a large percentage of physician payment to the successful reporting of quality measures. Last month, Health and Human Services Secretary Cynthia Burwell announced the plan to have 30% of physician payment linked to quality measures and/or alternative payment models by 2016, and 50% to 90% of payment linked to these new models by 2018. Without ANY quality measures to report, the entire field of hyperbaric medicine was in peril.

Section 601(b) of the American Taxpayer Relief Act, enacted in 2013, outlined a new process through which physicians would be able to satisfy federal quality reporting requirements under PQRS by participating in a qualified clinical data registry, starting in 2014.

What’s more, performance on quality measures is being used increasingly by private payers to set contracted payment rates for physicians as well as to determine where they will refer patients in the first place. QMs are also being used by healthcare systems to make decisions about hiring and to create physician incentive packages rather than crafting volume-based payment incentives.

Your quality performance data will be available to the public in 2016 on CMS’ Physician Compare website so patients can use it to select physicians. Although poor performance on QMs may eventually spell financial disaster for an individual practitioner, not having ANY measures to report would be the end of our entire field, since QMs are also being used to calculate outpatient bundled payment plans.

Facing so many obstacles, I had just about given up the fight for hyperbaric quality measures when Congress passed The American Taxpayer Relief Act, enacted in 2013. Press coverage focused on the fact that it averted the “fiscal cliff” and blocked a scheduled 26% cut to physician payments. However, buried deep in the bill was important language recognizing the value of clinical data registries. Section 601(b) of the legislation outlined a new process through which physicians would be able to satisfy federal quality reporting requirements under PQRS by participating in a qualified clinical data registry (QCDR), starting in 2014. Most important to hyperbaric practitioners, a QCDR would not be restricted solely to the quality measures endorsed by the National Quality Forum (NQF). This would allow the UHMS to circumvent this expensive and bureaucratic process.



The most important part of this initiative:

All data on patients receiving hyperbaric oxygen therapy is de-identified and sequestered into the National Hyperbaric Oxygen Therapy Registry (NHBOR), sponsored jointly by the USWR and the UHMS.

It is listed on ClinicalTrials.gov and the Registry of Patient Registries.

A QCDR had to possess benchmarking capacity, allowing it to measure the quality of care that an EP provides in comparison to other EPs, and it had to be able to stratify patients by severity or risk. Risk adjustment is a corrective tool used to level the playing field in the reporting of patient outcomes, adjusting for the differences in severity among specific patients and making it possible to compare performance fairly. This means, by the way, that it will no longer be possible for wound centers to continue to report healing rates of “98%,” which everyone knows is a ridiculous claim. We will have to report truthful healing rates by reporting the percentage of patients healed who were predicted to FAIL based on the severity of their illness. That is also how we will convey the value of advanced therapeutics like hyperbaric oxygen therapy — specifically, what percentage of patients predicted to FAIL were in fact healed because they received HBO₂?

I had been involved in PQRI/PQRS reporting since the inception of the program in 2008. At the time, many registries were run by big specialty societies, by healthcare systems, and by large electronic health record (EHR) companies (e.g., Cerner, McKesson). I became involved in PQRS reporting to clients using the EHR with which I was involved but discovered something interesting: Even when wound care and hyperbaric medicine physicians were provided with PQRS participating for FREE and they received MONEY from CMS for participation (“free money”), many would still not participate. Hyperbaric medicine practitioners did not get a lot of bonus money (on average about \$2,000 each), and our industry was not very well informed compared to oncologists or cardiologists who, because of their rela-

tively high salaries and their strong engagement in reimbursement policy, commonly received high five-figure bonus payments.

As time went by it was clear that the future of quality reporting for hyperbaric medicine physicians was not going to be accomplished through a particular vendor but by getting the entire industry to work together. So, the U.S. Wound Registry became a non-profit organization. When CMS surprised us all with the creation of the QCDR option in 2013, the USWR was ready to take on the role of measure development.

Thanks to the QCDR legislation, registries which had been in existence for at least a year (since January 1, 2013) could create their own quality measures. Because the USWR had been in existence since 2008, it more than met the CMS requirement. At last, the door to hyperbaric quality measures was open to us. I discovered the legislation by accident reading the Medicare Physician Fee schedule in late December of 2013. However, the deadline for submitting QCDR quality measures to CMS was January 30, 2014, so there were only a few days to design up to 20 measures. The first year the Alliance of Wound Care Stakeholders worked with the UHMS and member groups to get these 20 measures endorsed by CMS, one of which was a hyperbaric oxygen therapy measure.

This year, in 2015, a UHMS ad hoc Quality Measure committee led by Dr. Laurie Gesell crafted another seven hyperbaric quality measures. All of these measures have been developed as electronic clinical quality measures (eCQMs) which can be downloaded and inserted into any EHR. This is a VENDOR NEUTRAL program so it does not matter what EHR you or your hospital uses. Specifications for all measures developed can be viewed at: www.uswoundregistry.com/Specifications.aspx.

Here is perhaps the most important part of this initiative: All of the data on the patients receiving hyperbaric oxygen therapy is de-identified and sequestered into the National Hyperbaric Oxygen Therapy Registry (NHBOR), which is sponsored jointly by the USWR and the UHMS. It is listed on ClinicalTrials.gov and the Registry of Patient Registries.

These data will be available for clinical research in hyperbaric medicine. That means that the same data hyperbaric clinicians use to satisfy the require-

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COMMITTEE REPORT: NHOTR – *continued*

ments of PQRS and avoid Medicare penalties can also help the entire field of hyperbaric medicine.

Conclusion

Clinicians can satisfy the requirements of PQRS by selecting measures to report from among those available within the QCDR, in addition to any measures within regular PQRS for which they might have data (e.g., medication reconciliation or hemoglobin A1C). The QCDR process is a lifeline for the hyperbaric industry. The QCDR

process permits the field of hyperbaric medicine to develop its own measures and allows hyperbaric physicians to receive PQRS credit for submitting quality data, while at the same time providing data that can be used to support effectiveness research in the field of hyperbaric oxygen therapy. ■

Caroline E. Fife, M.D., serves with Helen Gelly, M.D., as co-chair of QUARC, the UHMS Quality, Utilization, Authorization and Reimbursement Committee.

SPECIAL REPORT:

CMS and AMA announce efforts to help providers prepare for the ICD-10

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

The American Medical Association (AMA) and Centers for Medicare and Medicaid Services (CMS) have jointly agreed on important elements involving implementation of the ICD-10 diagnosis code set.

On July 6, 2015, the agencies announced a grace period of October 1, 2015, for implementing the new ICD-10 coding.

See the AMA website (see link above) and contact your hospital coding team and/or management company for updates and support for your facility.

In the interim, to help with the transition, CMS has announced these guidelines:

- For a one-year period starting October 1, Medicare claims will not be denied solely on the specificity of the ICD-10 diagnosis codes provided, as long as the physician submitted an ICD-10 code from an appropriate family of codes.
In addition, Medicare claims will not be audited based on the specificity of the diagnosis codes as long as they are from the appropriate family of codes. This policy will be followed by Medicare Administrative Contractors and Recovery Audit Contractors.
- To avoid potential problems with mid-year coding changes in CMS quality programs (PQRS, VBM and MU) for the 2015 reporting year, physicians using the appropriate family of diagnosis codes will not be penalized if CMS experiences difficulties in accurately calculating quality scores (i.e., for PQRS, VBM or Meaningful Use). CMS will continue to monitor implementation and adjust the duration if needed.
- CMS will establish an ICD-10 ombudsman to help receive and triage physician and provider problems that need to be resolved during the transition.
- CMS will authorize advanced payments if Medicare contractors are unable to process claims within established time limits due to problems with ICD-10 implementation.

AMA website – ICD-10

To see a broad range of materials to help physician practices prepare, visit the AMA website:

<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>

AMA Wire

To learn more and stay apprised on developments, visit the AMA Wire:

<http://www.ama-assn.org/ama/ama-wire.page>

This announcement demonstrates CMS' responsiveness to physician concerns. The AMA will monitor and keep CMS apprised of any implementation issues that persist in 2016 and will urge the agency to make any needed adjustments to the grace period policy and timeline based on new information that surfaces during the implementation process.

AMA encourages providers to report problems to CMS through the AMA or via your hospital leadership during the transition so we can better inform our advocacy efforts.

The October 1 deadline for implementation of the ICD-10 code set is fast approaching: Physician practices should proceed with completing their preparations.

The AMA has a broad range of materials available to help prepare for the October 1 deadline. See the websites listed above. ■

SPECIAL REPORT:

UHMS reports a successful five-year AMA review

The Undersea and Hyperbaric Medical Society underwent an evaluation by the Specialty and Service Society of the American Medical Association this past spring.

One of the requirements for maintaining our voting seat in the AMA House of Delegates is to successfully pass the Five-Year Review. This is a process in which organizations are required to submit information to demonstrate continuing compliance with the guidelines established for representation in the House of Delegates, the principal policy-making body of the AMA. Also required is compliance with the five responsibilities of national medical specialty organizations (see sidebar).

The UHMS was deemed to be in full compliance, meeting all criteria to be able to maintain our representation in the AMA House of Delegates. This is a huge success for our organization!

It was determined that 23% of our active members were also members of the AMA. Thank you for the support! Membership in the AMA is vital. UHMS' participation in the AMA House of Delegates:

- increases our visibility and respect within the traditional medical community and Capitol Hill;
- develops political relationships and contacts to draw upon during reimbursement challenges;
- provides a national advocacy forum;
- provides a stronger voice and political strength to successfully address reimbursement and practice threats;
- provides a pathway to implement new law that may directly impact our initiatives and challenges.

AMA representation and a political voice support our future in medicine. Laurie B. Gesell, M.D., the UHMS delegate to the AMA House of Delegates and John J. Feldmeier, D.O., alternate delegate, attended the House of Delegates Meeting in Chicago in early June. Dr. Gesell has been very successful in caucusing with the Wisconsin Delegation. Dr. Feldmeier has now joined the Texas Delegation in caucus.

Responsibilities of National Medical Specialty Organizations

1. To cooperate with the AMA in increasing its AMA membership.
2. To keep its delegate to the House of Delegates fully informed on the policy positions of the organization so that the delegate can properly represent the organization in the House of Delegates.
3. To require its delegate to report to the organization on the actions taken by the House of Delegates at each meeting.
4. To disseminate to its membership information as to the actions taken by the House of Delegates at each meeting.
5. To provide information and data to the AMA when requested.

– <http://www.ama-assn.org/ama/pub/about-ama/our-people/house-delegates.page?>

With Dr. Gesell's and Dr. Feldmeier's participation as UHMS representatives in the workings of the AMA House of Delegates, we believe that we will be able to call upon the force of this most influential body in organized medicine if we face challenges in the survival of and just treatment for the discipline of hyperbaric medicine.

Important issues widely discussed and addressed by the House of Delegates included the smooth implementation of ICD-10 (*see the accompanying news brief on the facing page*), the development of reasonable and achievable standards for Maintenance of Certification (MOC) and increasing challenges to graduate medical education (GME) in light of the fact that several hundred United States medical students did not successfully match for resident slots this year. ■

– with reports from Dr. Laurie Gesell and Dr. John Feldmeier



TECHTALK

KEVIN I. 'KIP' POSEY, CHT
Past Technologist Representative

kposey@hyperbaricmedicine.com

Hello from sunny San Antonio.

In this issue of *Pressure* there are a number of articles referencing our June 18-21 Annual Scientific Meeting (ASM). I have heard many positive comments about this year's event. I have also heard some constructive criticism (and some not-so-positive comments).

During the meeting the Associate Council started documenting a list of things we need to improve in the Associates' Breakout Session. Planning has already begun for next year's ASM in Las Vegas. History shows the meetings in Las Vegas tend to draw large numbers of attendees. I guess it's the dry climate . . . but whatever the reason, I am asking for your help to improve the quality of our next Associates session.

First, you should have received a survey from the UHMS regarding this recent Breakout session. Please complete the survey and give suggestions on how we can better serve the Associates next year.

Next, consider making a presentation at the Breakout Session next year. If you are an Associate member of the UHMS and submit an abstract to the ASM, you will automatically be considered for possible oral presentation in the main session, poster presentation, and/or oral presentation in the Associate session. While I encourage you to submit an abstract, it is not mandatory if you prefer to speak at the Associate session only. Plus, in the Associate session you are not limited to the 10-minute time frame of the main session.

If you are interested, please contact me or anyone on the Associates Council. We will be happy to give you more information.

You should have received a survey regarding the 2015 Associate Breakout Session. Please complete the survey and give suggestions on how we can better serve the Associates next year.

I personally feel we would benefit from the following types of presentations:

- ♦ **case studies**, especially unique cases;
- ♦ **outcome data**;
- ♦ **non-standard cases**; by this I mean that we tend to focus on only the indications approved by Medicare, but you may have treated a patient who experienced an illness such as a brown recluse spider bite. Although this is not a Medicare-approved indication, a private insurer might agree to cover this type of treatment. Sharing your experience on how you approached the insurance company and the lessons learned could be very helpful to your peers.
- ♦ **a specific patient safety concern** you managed (preferably successfully, although negative or unexpected outcomes are also very educational);
- ♦ **testing or modifying equipment** for patient treatment;
- ♦ **treatment protocols** – new or modified;
- ♦ **patient safety issues** resulting from HBO₂ treatment such as vision changes, blood glucose and blood pressure issues;
- ♦ **any inspired idea** YOU have is worth considering.

I know we are all quite busy, and the next meeting is a long time from now. But we learn as we work: Please look for opportunities in your daily work that may be useful to the rest of us. Things that may seem routine to you may be of great value to others.

Please consider sharing. ■

ASSOCIATES BREAKOUT SESSION

See photos of just a few of the speakers on the next page 



1



2



5



3

- 1 **Matt Schweyer**, incoming BoD Tech Rep
- 2 **Gail Wilson** on Rates of myopia in patients receiving hyperbaric oxygen in monoplace or multiplace chambers.
- 3 **Jim Bell** on Performance of the Zyno Medical Z-800F, CME Body Guard 323 Color Vision™ and Baxter Flo-Gard® 6201 infusion pumps for hyperbaric conditions.
- 4 **Rebecca Cable** on A hospital network-wide analysis of emergency department referrals for carbon monoxide poisoning to hyperbaric medicine services.
- 5 **Sue Churchill** on Adverse events in a blinded randomized trial of hyperbaric oxygen for post-concussive symptoms.



4

ASM photos by Tom Workman

SPECIAL ASM REPORT:

Dr. Neil Hampson accepts the 2015 Albert R. Behnke award with style

One of the highlights of the annual Awards Banquet at the UHMS Annual Scientific Meeting each year is the presentation of the Albert R. Behnke award, the premier award of the Undersea and Hyperbaric Medical Society. Named for the U.S. Navy physician who was principally responsible for developing the U.S. Naval Medical Research Institute, it is the highest honor the UHMS can bestow on a member.

This year's recipient, Dr. Neil Hampson, widely known for his sharp wit as well as his keen intellect in our field, gave us much to think – and smile – about in one of the more interesting, warm and entertaining acceptance speeches a UHMS audience has enjoyed. Here's a transcript.

I learned of this award about a month ago. Having Parkinson's disease for 13 years has made me more sentimental, and my wife, Diane, can attest to the fact that I had tears in my eyes when I heard of the honor.

I thinking how to frame my thoughts regarding the award when a young woman came up to me at the grocery store last week and said, "Your T-shirt is so true. You are so lucky."

I looked down and saw that I was wearing my shirt that says, "I may be old but I got to see all the cool bands."

I immediately knew what to say.

For those of you who are unaware, my institution threw me into the medical directorship of a busy clinical multiplace program in the spring of 1989 because I had come from Duke, even though I knew nothing about hyperbaric medicine. To hold my hand, I had a clinical manager, nurse Diane Norkool, and a technical manager, physiologist Richard Dunford. They sat me down and said, "Diving and hyperbaric medicine is like rock and roll. And we're going to see that you learn how to play it."

Diane said that I needed to first see the 'Rolling Stones of San Antonio.' I went to Texas and had two weeks of

lectures from Paul Sheffield, Dean Heimbach and the Mick Jagger of hyperbaric medicine, Jeff Davis.

I did not know it at the time, but I would meet and learn from the fourth member of the San Antonio Stones, John Feldmeier, later in my career.

I came back from San Antonio and said, "OK, I know how to play rock and roll."

"No," Richard responded. "You don't. You only know how to play *Satisfaction*. You need to learn next from the Doobie Brothers."

So he sent me to the NOAA Physicians Course that summer. I had three weeks of lectures from Cliff Newell, Morgan Wells and Dick Rutkowski. More than once, I wondered what kind of doobies Morgan was smoking.

That fall, they told me, "You're ready to jam a little," and sent me to the UHMS Pacific Chapter meeting. It was held at the isthmus of Santa Catalina Island. My dormitory roommate, Mike "Willie Nelson" Lepowsky, bent my ear late into the night about the politics of hyperbaric medicine. Later during that visit, I was taught to play the keyboard of recreational diving, the dive computer, by Karl Huggins.

Richard and Diane sat me down in early 1990 and said, "You are learning a lot about hyperbaric rock. We think you are ready to attend the Woodstock of hyperbaric concerts, the UHMS Annual Meeting."

At my first UHMS meeting, I got to know several rockers from down south. Way south, that is. South of the equator. I met the Aussies and Kiwis, and would come to learn about randomized trials and crazy diving tricks from that ZZ Top duo of Mike Bennett and Simon Mitchell. Or "Zed Zed" Top as they say down under.

At an early UHMS meeting, I met that loner rock activist, Lin "Bob Dylan" Weaver, and he would teach me immensely about his music. I also got to meet



Neil Hampson (*right*), 2015 Behnke Award recipient (and latest inductee into the 'hyperbaric rock-and-roll hall of fame'), visits with colleague *Rocket Man* Richard Moon, 2013 Behnke Awardee. Another jam session in the making?

Folke “Abba” Lind early on and would eventually go on tour in Sweden with Abba Lind.

I was honing my rock skills by the mid-1990s but still had occasional questions about what was the best next note. I would call back to Duke, usually in the middle of the night, and talk to one of the famed hyperbaric Beatles, Guy Dear, Bret Stolp or Claude Piantadosi. Sometimes I would even be advised by Elton John’s *Rocket Man*, Richard Moon.

Next I found myself appointed to lead the Eagles of hyperbaric medicine as Chair of the Hyperbaric Oxygen Therapy Committee. I had the opportunity to learn new rock music technique from Jon Mader, Dirk Bakker, Steve Thom and the rest of the band.

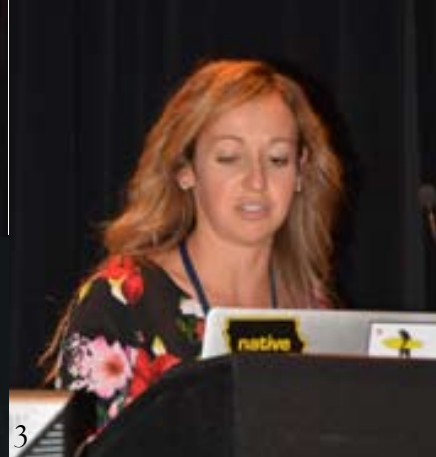
In 1999, my tenth year in hyperbaric medicine, I was asked to tour annually with Chicago – or actually to tour annually in Chicago – with the Hyperbaric Board Examination Committee. This afforded me the opportunity to spend literally hundreds of hours

They sat me down and said,
“Diving and hyperbaric medicine
is like rock and roll.
And we’re going to see that
you learn how to play it.”

learning intricate style from Tom Neuman, Fred Bove, Eric Kindwall, Enrico Camporesi and *Rocket Man* Moon.

When you give me this award, you are recognizing the superstars that taught me to play hyperbaric rock and roll. I am greatly honored by your recognition of the music I have played but want to emphasize that I am a product of all of you. As my T-shirt says, “I may be old but I got to see all the cool bands.”

Thank you. ■



PLENARY SPEAKERS and PANELS

- 1 Dr. Neal Pollock on Managing Decompression Stress: Beyond the Algorithm.
- 2 Dr. William Li on Angiogenesis and Hyperbaric Medicine.
- 3 Dr. Charlotte Sadler and
- 4 Dr. Gerald Godfrey, UHM Fellows on New Pearls of Wisdom in the Diving and Hyperbaric Medicine Literature.
- 5 Dr. Neil Hampson on My Secrets for Effective Practice-Based Clinical Research.
- 6 Dr. Brett Hart on Troubles with Bubbles: Lessons in Altitude Decompression Sickness.
- 7 Dr. John Feldmeier on Hyperbaric Oxygen and the Cancer Patient: Are You Concerned?



PLENARY SPEAKERS and PANELS

- 8 Dr. Helen Gelly joined with
- 9 Dr. Caroline Fife and
- 10 Dr. Laurie Gesell to present Hyperbaric Medicine in a Value-Based Payment System: What It Will Take To Survive And Thrive?
- 11 Dr. Folke Lind hosted a Panel on International Perspectives on Hyperbaric Oxygen Therapy with
- 12 Dr. Nicklas Oscarsson and
- 13 Dr. Ian Millar as panel members.



CONTINUING EDUCATION CREDITS

www.surveymonkey.com/s/Mont15

MAINTENANCE OF CERTIFICATION

www.surveymonkey.com/s/MOCASM15

FOR AN OVERVIEW OF THE ASM CONTENT

www.uhms.org/annual-scientific-meeting/schedule-overview.html

 UHMS ANNUAL AWARDS 2015



Marguerite St. Leger Dowse accepted first place for the Associates Award for Excellence in Presentation (*left*) and **Donna Hangan** received a second place by outgoing Associate Technologist Representative to the UHMS BoD **Kevin 'Kip' Posey**.



Mary Chin (*via smartphone*) accepted the award for Excellence in Critical Care Hyperbaric Medicine from Associate Nursing Representative **Valerie Short** (*left*) with the assistance of **Dr. Jeannie Le**.
The award is sponsored by the Oxyheal Health Group.

Julio Garcia (*middle*) accepted the Paul C. Baker Award for HBO₂ Safety Excellence from BoD member **Kip Posey** and **Dr. Helen Gelly**, QUARC Committee co-chair.

 **UHMS ANNUAL AWARDS 2015**



Dr. David Smart (*right*) received the award for **Excellence in Commercial Diving** from President **Dr. Jim Holm**.

The award is sponsored by the LSU UHM Fellowship in honor of Dr. Keith Van Meter.



Takuyo Oyaizu, M.D. (*right*) and his daughter accepted the **Young Scientist/Medical Doctor Award** from Vice President **Dr. Folke Lind**.

This award is sponsored by Mahito Kawashima, M.D. (left) in honor of Professor Mano, Japan,



Dr. Neal Pollock (*middle*) received the **Craig Hoffman Memorial / Charles W. Shilling Award** from **Dr. Jim Holm** and **Dr. Folke Lind**.



Dr. Rachel Weber was the recipient of the **President's Award: Best Overall Resident/Fellow Overall Oral Abstract Presentation** from **Dr. Jim Holm**.

 **UHMS ANNUAL AWARDS 2015**



Past President **Dr. Laurie Gesell** (left) received the **Carolyn Sue Ray Award** in the company of her husband, **Donald Kob** and children from **Dr. Folke Lind** and Past President **Dr. John Feldmeier**.



Dr. Lesley Blogg was given the **President's Award: Best Overall Oral Abstract Presentation** from **Dr. Jim Holm**.

For more information on the awards see Page 34.



Cindy Crawford was awarded the **President's Award: Best Overall Poster Abstract Presentation**. Past President **Dr. Lindell Weaver** accepted for her.



Dr. Jason Swaby was awarded the **President's Award: Best Overall Resident/Fellow Overall Poster Abstract Presentation**. **Dr. Owen O'Neill** accepted for him.



Past President **Dr. Neil Hampson** was awarded the **Albert R Behnke Award**, UHMS/ premier honor, from **Dr. Jim Holm** and **Dr. Folke Lind**.



Dr. Roberto Bamman (*middle*) joined the ranks of UHMS Fellows of Undersea and Hyperbaric Medicine. Presented by FUHM Chair **Dr. Bret Stolp** (*left*) and **Dr. Jim Holm**.



Dr. Robert van Hulst became a UHMS Fellow of Undersea and Hyperbaric Medicine. Accepted by **Dr. Albert van den Brink** and presented by **Dr. Bret Stolp**, Past President **Dr. Richard Moon** and **Dr. Jim Holm**.

ASM 2016







UHMS ANNUAL AWARDS 2015

Each year at its annual meeting the UHMS honors individuals who have been nominated by their peers, recognized as having made notable contributions in the field of diving and hyperbaric medicine. All members of the UHMS are invited to nominate any individual of their choice.

THE ALBERT R. BEHNKE AWARD

The premier award of the UHMS, this award is presented to an individual in recognition of outstanding scientific contributions to advances in the undersea or hyperbaric biomedical field.

2015 Awardee: NEIL HAMPSON, M.D., FUHM

EXCELLENCE IN COMMERCIAL DIVING

Sponsored by the LSU UHM Fellowship in Honor of Dr. Keith Van Meter

This award is presented to a member of the UHMS for outstanding contributions to the commercial diving industry in the area of increased productivity or performance of the working diver. Specific recognition is given to practical application of biomedical knowledge to the solution of problems encountered in diving operations.

2015 Awardee: DAVID SMART, MBBS

CRAIG HOFFMAN MEMORIAL / CHARLES W. SHILLING AWARD

This award is presented at the annual meeting for an outstanding contribution to teaching, education and/or diving safety, with particular reference to supporting the goals of the Undersea and Hyperbaric Medical Society in educating the diving community and the public about science and the practice of diving medicine.

2015 Awardee: NEAL W. POLLOCK, Ph.D.

THE CAROLYN SUE RAY MEMORIAL AWARD

This award is made for excellence in hyperbaric medicine and was initiated by Dr. Paul Cianci and staff of the Western Hyperbaric Services in San Pablo, California. Nominations are sought for those who have shown excellence in hyperbaric medicine, particularly in areas as it might impact patient care, or have done original work, which enhances or contributes to the field.

2015 Awardee: DR. LAURIE GESELL

YOUNG SCIENTIST/MEDICAL DOCTOR AWARD

Sponsored by Mahito Kawashima in honor of Professor Mano, Japan

This UHMS award is awarded annually and is sponsored by Mahito Kawashima in honor of Professor Mano, Japan. It is to recognize the work of a young medical doctor or scientist whose performance is consistently outstanding. The recipient can be either a clinician or researcher practicing in hyperbaric and/or diving medicine and must not be older than 40 years of age.

2015 Awardee: TAKUYO OYAIZU, M.D.

PAUL C. BAKER AWARD FOR HBO₂ SAFETY EXCELLENCE

This Associate Member award is for outstanding contributions to the advancement of safety in hyperbaric oxygen. Specific attention is given to those who have implemented outstanding hyperbaric safety programs, authored hyperbaric safety publications, developed or presented on hyperbaric safety related research. The award may be made for a single contribution of great importance or for many contributions over the years.

2015 Awardee: JULIO GARCIA, ACHRN, CHT

EXCELLENCE IN CRITICAL CARE HYPERBARIC MEDICINE AWARD

Sponsored by the OxyHeal Health Group

This Associate award is restricted to a nurse or technical staff from a 24/7 facility in recognition of all the hyperbaric nurses and technicians who currently spend countless hours on call as well as dealing with the tragedy and trauma of critical cases in life-and-death situations worldwide. Specific focus of this award is the provision of critical care delivery available 24/7 whether in the commercial / sport diving, undersea medicine or the clinical hyperbaric medicine arena.

2015 Awardee: MARY CHIN, ACHRN, BSN

THE ASSOCIATES AWARD FOR EXCELLENCE IN PRESENTATION

This award is presented to an Associate member for presentations judged to be of clinical, educational, and scientific benefit to the hyperbaric community.

2015 Awardees:

MARGUERITE ST. LEGER DOWSE, Ph.D., 1st place
DONNA HANGAN, 2nd place



MEMBER UPDATES

UHMS COMMUNITY NEWS • JULY-AUGUST 2015

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RESULTS: VOTING IN OFFICER ELECTIONS



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Tracy LeGros

Treasurer

Laurie Gesell

TECHNOLOGIST-ELECT POSITION ON THE ASSOCIATES COUNCIL

2017-2019 Technologist-Elect

Bradley Walker

CONGRATULATIONS
to your **new** representatives.

UHM JOURNAL: WHAT'S ON DECK.

The July-August 2015 issue of the *Undersea and Hyperbaric Medicine Journal* is published, and the September-October 2015 issue is under way.

Here's a preview of the table of contents for the September-October 2015 edition: In addition to having access to all the abstracts presented at this summer's Annual Scientific Meeting, get ready to experience some of the most interesting reading in our field.

Low forced expiratory flow rates and forceful exhalation as a cause for arterial gas embolism during submarine escape training: a case report

F.J. Hartge, T.L. Bennett

Spontaneous cerebral gas embolism and pulmonary arteriovenous malformation

N.P. Harlan, L.H. Davies, L.K. Weaver, T.V. Cloward, S. Churchill, K. Deru, L. Yanase

Postural stability in patients with decompression sickness evaluated by means of quantitative Romberg's testing

M. Hedetoft, O. Hyldegaard

Effect of hyperbaric oxygen on lipoprotein subfractions in diabetic patients

D. Balaz, A. Komornikova, P. Sabaka, M.j Bendzala, E. Leichenbergová, K. Leichenbergova, M. Novy, L. Gaspar, A. Dukat

An evaluation of the redox state in professional scuba divers

R.Radojevic-Popovic, V. Zivkovic, N. Jeremic, J. Sretenovic, N. Velicanin, J. Bradic, V.Jakovljevic

Continuous bladder irrigation in the monoplace hyperbaric chamber

J.S. Cooper, P. Allinson, D. Winn, L. Keim, J. Sippel, P. Shalberg, K. Fowler

A normobaric gas exposure animal chamber and its validation in hyperoxia exposure

W.W. Liu, L.F. Xian, G.M. Tang, Z.Y. Cai, J Zheng, W.G. Xu

ABSTRACTS from the 2015 ANNUAL SCIENTIFIC MEETING of the UNDERSEA and HYPERBARIC MEDICAL SOCIETY



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WEB-BASED PROGRAM

The UHMS offers this program to practicing physicians, especially those who are involved in HBO₂ therapy but are not Board-certified, and want further educational recognition in the specialty.

INTERESTED IN SIGNING UP?

Get full details of the course and online registration at:
www.uhms.org/education/credentialing/caq-hyperbaric-physician-certification.html

Questions: Cindi Easterling, Coordinator of the
CAQ Hyperbaric Physician Program:
cindi@uhms.org



AMERICAN OSTEOPATHIC
CONJOINT COMMITTEE OF
UNDERSEA & HYPERBARIC
MEDICINE

CAQ EXAMINATIONS

The American Osteopathic Conjoint Committee of Undersea and Hyperbaric Medicine is responsible for the evaluation and recommendation of the Certificate of Added Qualifications in Undersea and Hyperbaric Medicine.

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Certifying Board Services has developed an online process for submitting applications and supporting documents, and for making online payments.

Go to: <http://www.aocuhm.org/index.cfm> for info.

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as of 16 July 2015 ♦



CMS implements a prior authorization project for non-emergent HBO₂ therapy in Illinois, Michigan and New Jersey

www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Prior-Authorization-Initiatives/Prior-Authorization-of-Non-emergent-Hyperbaric-Oxygen.html

Centers for Medicare & Medicaid Services (CMS) has implemented a Prior Authorization (PA) project for non-emergent hyperbaric oxygen therapy in three states: Illinois, Michigan and New Jersey.

The initial proposal was posted in the Federal Register www.federalregister.gov/articles/2014/11/21/2014-27578/medicare-program-prior-authorization-of-non-emergent-hyperbaric-oxygen-hbo-therapy on November 21, 2014, and implementation was to begin on March 1, 2015, in all three states. These states were chosen because they had the HIGHEST average number of sessions per beneficiary in the country. This project affected only hospital outpatient departments (Place of Service 22).

However, if the outpatient department did not receive prior authorization (a non-affirmed authorization), then the physician 99183 code would be subject to medical review. Provisional PA may include up to 40 HBO₂ treatments for the first request, and provided there is sufficient evidence, a second PA may be requested. However, in other documents, a limit of 40 HBO₂ treatments per 12-month period has been cited.

According to CMS, the following clinical conditions are under review:

- Preparation and preservation of compromised skin grafts (not for primary management of wounds).
- Chronic refractory osteomyelitis, unresponsive to conventional medical and surgical management.
- Osteoradionecrosis as an adjunct to conventional treatment.
- Soft tissue radionecrosis as an adjunct to conventional treatment.
- Actinomycosis, only as an adjunct to conventional therapy when the disease process is refractory to antibiotics and surgical treatment.
- Diabetic wounds of the lower extremities in patients who meet the following three criteria:
 - Patient has Type I or Type II diabetes and a lower extremity wound that is due to diabetes.

- Patient has a wound classified as Wagner Grade III or higher.
- Patient has failed an adequate course of wound therapy as defined in the NCD.

Since that time there have been numerous open-forum conference calls with CMS and the local intermediaries that have jurisdiction in those states (NGS, WPS and Novitas). This resulted in a limited implementation in Michigan on April 13, 2015. However, the decision has been made to implement this project on the other two states effective August 1, 2015.

To seek guidance, practitioners in the affected jurisdictions should go to their intermediary websites.

The FAQ sections from the open forums address how the process will be implemented, and note what the criteria will be for approval. They vary from intermediary to intermediary.

Some of the issues that have come to light during the first implementation include:

- illegible physician signatures;
- inadequate documentation of vascular assessments;
- inadequate documentation of the lack of “measurable signs of healing” for the diabetic foot ulcer;
- lack of evidence of A1Cs; and
- lack of evidence of offloading the diabetic foot at each and every visit, among others.

This project is slated for three years. However, it is notable that other projects have been accelerated in their NATIONAL implementation once a reduction in cost and evidence of fraud has been demonstrated.

It is imperative that we remain aware and vigilant so that UHMS can understand the issues at hand and attempt to demonstrate evidence to support our observations of potential clinical implications to our hyperbaric patients during this process. ■

*Helen Gelly, M.D.,
Dr. Gelly serves with Caroline E. Fife, M.D.,
as co-chair of QUARC, the UHMS Quality, Utilization,
Authorization and Reimbursement Committee.*

UHMS Launches regulatory affairs web pages dedicated to hosting information from the Quality, Utilization, Authorization and Reimbursement Committee

<https://www.uhms.org/resources/regulatory-affairs.html>

FAQS ABOUT NEW CODING AND BILLING CHANGES FOR HYPERBARIC OXYGEN THERAPY

Removal of C1300/emergence of G0277

Main point: Payment methodology will be changing in hyperbaric medicine, and although the final interpretation and decision by CMS (Centers for Medicare & Medicaid Services) will not be published until March 2015, there are some things that can be shared with some certainty.

1) Will reimbursement for 99183 (“physician supervision of HBOT”) change?

Answer: Yes

Code 99183 has never been valued by the American Medical Association Relative Value Update Committee (AMA RUC). It was given a value by CMS in 1994, and has remained unchanged since that time, with a work value of 2.34 RVUs (relative value units). This year, due to increased utilization (many more hyperbaric treatments being billed), 99183 was selected for review. The process of valuing a code includes a physician survey, a defining of the practice expense, and then a presentation in front of the RUC defending the request for keeping the value unchanged. The typical code that comes up for review is decreased about 20%. After much debate, the RVUs were determined to be 2.11. This represents approximately a 9% decrease in the payment for hyperbaric chamber supervision.

The reimbursement for physicians includes three elements: work, indirect practice expense and malpractice.

When combined, the total RVUs for a facility-based provider will be 3.13 RVUs. Those RVUs, multiplied by the conversion factor (CF) and your Geographic Price Index will give you the final amount. Nationally it should be in the range of \$112.06. Currently the total RVUs for 99183 in a facility setting is 3.45 (CF \$35.8228) for a national payment of \$123.59.

2) How many units of 99183 does an advanced practitioner bill for supervising a hyperbaric treatment?

Answer: ONE

Physicians, or other qualified healthcare providers, will continue to bill for this professional service on a per-session/treatment basis. FOR THE SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PRACTITIONERS WILL CONTINUE TO BILL ONE (1) CODE 99183 FOR EACH HYPERBARIC OXYGEN THERAPY TREATMENT.

3) What will happen to C1300, the code previously used for billing the FACILITY (hospital) COMPONENT of hyperbaric oxygen therapy?

Answer: This code will be deleted.

C1300, Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval will be deleted.

4) What code will be used to bill the facility component of hyperbaric oxygen?

Answer: G0277. It will have the same description as C1300, but will not be limited to outpatient hospital sites of service (OPPS).

5) Why did CMS delete C1300?

Answer: As part of the AMA RUC process, the evaluation of 99183 resulted in a review of the DIRECT practice expense that is incurred by physicians providing hyperbaric oxygen therapy in a non-hospital based setting. The last time this was addressed was in 2004/2005 by CMS, and the inputs were not validated by the AMA RUC process. In that assessment, the value of oxygen for an ENTIRE monoplace hyperbaric oxygen treatment was \$0.54. Air utilization was valued at \$4.68 for air breaks. After rigorous debate at the AMA RUC meeting, revised direct practice expense inputs were recommended. Interested stakeholders had been meeting with CMS to discuss the issue of physician supervision and the inequality of “practice expense” when compared to hospital-based reimbursement. When CMS looked at the RUC recommendation and took stakeholders comments concerning the discrepancy into consideration, they chose to create a code, G0277, which can be billed across all places of service.

6) What is the payment for the OPPS APC code 0659 / G0277

Answer: Currently, the OPPS APC code 0659 / G0277 will be paid at about \$109.24 for a 30 minute segment. When billed at a place of service non-facility, the RVU value will be 1.32 x CF (\$35.8013)/ 30 minutes.

7) Where can I find this information?

Answer: The Final Rule for OPPS is at:

www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1613-FC.html

The Final Rule for physicians is at:

www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1612-FC.html

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Physicians: 20 AMA PRA Category 1 Credits™

Physician Maintenance of Certification (MOC): 20 hours

Nursing/RRT: 20 contact hours by Florida Board of Nursing

NBDHMT: 15 Category A and 5 Category B credit hours by National Board of Diving and Hyperbaric Medical Technology

HYPERBARIC PHYSICIAN CAQ PROGRAM

Web-based program

www.uhms.org/education/courses-meeting/directly-sponsored/caq-hyperbaric-physician-certification-registration.html

CONTINUING MEDICAL EDUCATION

UHMS MEDICAL EXAMINER OF DIVERS 2015

Dates: September 17 – 20, 2015

Where: Hyatt French Quarter Hotel, New Orleans, Louisiana

www.uhms.org/index.php?option=com_civicrm&task=civicrm/event/info&reset=1&id=46

UHMS/NOAA PHYSICIANS TRAINING IN DIVING MEDICINE 2015

Dates: Oct. 5 – 17, 2015

Where: Seattle, Washington

www.uhms.org/index.php?option=com_civicrm&task=civicrm/event/info&reset=1&id=47

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Contact: Cindi Easterling – cindi@uhms.org

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for the September/October 2015 issue.

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49TH ANNUAL SCIENTIFIC MEETING 2016

Date: June 9-11, 2016

Where: Las Vegas, Nevada

50TH ANNUAL SCIENTIFIC MEETING 2017

Date: June 22-24, 2017

Where: Wyndham Grand Rio Mar Beach Hotel/Spa, Puerto Rico

ALL ANNUAL SCIENTIFIC MEETINGS INFO

Contact: Lisa Tidd – lisa@uhms.org

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CHAPTER MEETINGS

CANADIAN CHAPTER 2015

Dates: October 23-25, 2015

Where: Holiday Inn Yorkshire • Toronto, ON Canada

www.uhms.org/about/chapters/canadian-chapter.html

MID-WEST CHAPTER 2015 & 2016

Dates: April 17-19, 2015

Where: Hilton at St. Louis Ballpark • St. Louis, Missouri

www.uhms.org/component/civicrm/?task=civicrm/event/info&reset=1&id=3

Dates: April 1-3, 2016

Where: Intercontinental Hotel • Milwaukee, Wisconsin

NORTHEAST CHAPTER 2015

Dates: October 23-25, 2015

Where: Stamford Marriott, Stamford, Connecticut

www.uhms.org/about/chapters/northeast-chapter.html

GULF COAST CHAPTER 2015

Dates: August 27-29, 2015

Where: Hilton Palacio Del Rio, San Antonio, Texas

www.uhms.org/about/chapters/gulf-coast-chapter.html

PACIFIC CHAPTER

Dates: November 13-14, 2015

Where: Crowne Plaza, Ventura Beach, California

www.uhms.org/about/chapters/pacific-chapter.html

BRAZILIAN CHAPTER – TBA

INTRODUCTORY COURSES

<https://www.uhms.org/education/courses-meeting/introductory-courses.html>

INTRODUCTORY COURSE IN HYPERBARIC MEDICINE

Wound Care Education Partners – Jaclyn M. Mackey, Director

Dates: July-30-Aug. 2 – Dallas Regional Medical Center, TX
Aug. 13-17 – Promedica Toledo Hospital, Toledo, OH
Aug. 21-24 – Shared Health Services, Sharon, PA
Sept. 19-22 – Ochsner Medical Center, New Orleans, LA

Credits: 40 *AMA PRA Category 1 Credits™* / physicians
40 contact hours by the Florida Board of Nursing
40 Category A credit hours credit hours by the NBDHMT

Contact: Jaclyn Mackey – jmackey@bestpub.com
www.woundeducationpartners.com / +561-776-6066

HYPERBARIC MEDICINE TEAM TRAINING

International ATMO – San Antonio, Texas

Paul Sheffield, Director

Dates: Sept. 14-18; Oct. 12-16; Nov. 2-6; Dec. 7-11

Credits: 42 hours *AMA PRA Category 1 Credits™* / physicians
40.5 contact hours – Texas Nurses Association

Contact: education@hyperbaricmedicine.com / +210-614-3688

PRIMARY TRAINING IN HYPERBARIC MEDICINE

National Baromedical Services, Inc. – Columbia, S.C.

Dick Clarke, Director

Dates: Oct. 19-23; Dec. 7-11

Credits: 40 hours *AMA PRA Category 1 Credits™* / physicians
40 hours Category A Credits / NBDHMT
40.8 contact hours – RNs • 40 CRCE hours – RTs

Contact: registration@baromedical.com / +803-434-7101

INTRODUCTION TO HYPERBARIC MEDICINE

Life Support Technologies – Glenn Butler, Director

Dates: October 16-20 – Nassau University Medical Ctr,
East Meadow, N.Y.

Credits: 42 *AMA PRA Category 1 Credits™* / physicians

Contact: info@lifesupport-usa.com / +914-333-8412

HYPERBARIC INTRODUCTORY COURSE

Hyperbaric Medicine Department LDS Hospital – Salt Lake City

Lindell Weaver, Director

Dates: Nov. 2-6

Credits: 41.5 hours *AMA PRA Category 1 Credits™* / physicians

Contact: jan.mcintosh@imail.org / +801-507-5370

INTRODUCTION TO HYPERBARIC MEDICINE FOR PHYSICIANS

DDRC Pro Services Training – DDRC

Credits: 40 hours *AMA PRA Category 1 Credits™* / physicians

Where: Diving Diseases Research Centre Derriford, Plymouth, UK

Contact: training@ddrc.org / www.ddrc.org

AN INTRODUCTION TO HYPERBARIC MEDICINE

Wound Care Advantage – Karen Redmond, Director

Where: Sierra Madre, Calif.

Credits: 40 *AMA PRA Category 1 Credits™* / physicians

Contact: karenredmond@thewca.com / 888-484-3922
www.woundcareadvantage.com

BASIC HYPERBARIC MEDICINE

Toronto General Hospital – Toronto, Ontario, Canada

Gavin Wort, Director

Credits: 40 *AMA PRA Category 1 Credits™* / physicians

Contact: gavin.wort@uhn.ca / +416-340-4132 (w)
www.uhn.ca

INTRODUCTION TO HYPERBARIC MEDICINE AND WOUND CARE CHALLENGES

Serena Group, Inc. – Jack Marnoni, Director

Credits: 41.5 hours *AMA PRA Category 1 Credits™* / physicians

Contact: jmarnoni@serenagroup.net / +814-688-2002

PRIMARY HYPERBARIC MEDICINE COURSE

International ATMO at King Faisal Hospital – Riyadh, Saudi Arabia

Paul Sheffield, Director

Credits: 40.5 *AMA PRA Category 1 Credits™*

Contact: education@hyperbaricmedicine.com / +210-614-3688
www.hyperbaricmedicine.com



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ADVANCED DIVING AND HYPERBARIC MEDICAL TEAM TRAINING PROGRAM WITH CHAMBER OPERATION

Hyperbarics International – Key Largo, Fla.

Dick Rutkowski, Director

Dates: Sept. 7-11; Oct. 5-9; Nov. 9-13; Dec. 14-18

Credits: 40 AMA PRA Category 1 Credits™ / physicians
This course is approved for CHMT and Hyperbaric Facility Safety Supervisor Directors.

This course is approved by the International Board of Undersea Medicine for DMTs.

This course is approved by American College of Hyperbaric Medicine (ACHM) for CHS.

Contact: www.hyperbaricsinternational.com / +305-451-2551

DAN-UHMS DIVING MEDICINE & HYPERBARIC MEDICINE CME PROGRAM 2015

Dates: October 10 – 17, 2015

Where: Divi Flamingo International, Bonaire, N.A.

Contact: cme@dan.org – 800-446-2671 x 1506

www.diversalernetnetwork.org/?a=events&eventno=1320

FUNDAMENTALS IN WOUND CARE

National Baromedical Services, Inc. – Columbia, South Carolina

Valerie Short, Director

2015: Oct. 23-24; Dec. 11-12

Credits: 13.25 hours AMA PRA Category 1 Credits™

Contact: Shannon.blanton@palmettohealth.org / +803-409-8151
www.baromedical.com

COLUMBIA WOUND CARE CONSORTIUM QUARTERLY SYMPOSIUM 2015

Columbia Wound Care Consortium- Portland, Oregon

Credits: 3 AMA PRA Category 1 Credits™

Contact: Geoff Cameron – gcameron@columbiawound.org
+503-505-1591 / www.columbiawound.org

WOUND CARE COURSE

International ATMO – San Antonio, Texas

Paul Sheffield, Director

Credits: 12 hours AMA PRA Category 1 Credits™ / physicians
10.08 contact hours/ Texas Nurses Association

Contact: education@hyperbaricmedicine.com / +210-614-3688

BASIC WOUND CARE

Columbia Wound Care Consortium – Portland, Oregon

Enoch Huang, Director

Credits: 6 AMA PRA Category 1 Credits™

Contact: Geoff Cameron – gcameron@columbiawound.org
+503-505-1591 / www.columbiawound.org

WOUND HEALING SYMPOSIUM

Wound Care Advantage

Credits: 7 AMA PRA Category 1 Credits™

Contact: Trisha Markowitz – trisha@thewca.com / +626-344-3603

DIVE AWAY

Long Beach Memorial Medical Center – Long Beach, Calif.

Credits: 24 hours AMA PRA Category 1 Credits™ / physicians

Contact: Jeff Bozanic JBozanic@HQonline.net
www.longbeachhyperbaricmedicine.com/dive_away_diving_medicine_course.html

HYPERBARIC SAFETY DIRECTOR TRAINING COURSE

International ATMO – San Antonio, Texas

Robert Sheffield, Director

Credits: 24 hours AMA PRA Category 1 Credits™ / physicians
22.75 contact hours – Texas Nurses Association

24 Category A credit hours credit hours / NBDHMT

Contact: education@hyperbaricmedicine.com / +210-614-3688

BIOFILM-BASED WOUND CARE

Southwest Regional Wound Care Center – Lubbock, Texas

Credits: 8 hours AMA PRA Category 1 Credit™ / physicians

Contact: Lisa Morrow lisa@randallwolcott.com / +806-793-8869

MEDICINE OF DIVING

International ATMO – Bonaire, Dutch Caribbean

Paul Sheffield, Director

Credits: 23 hours AMA PRA Category 1 Credits™ / physicians

Contact: education@hyperbaricmedicine.com / +210-690-1005

GREATER ALLEGHENY VALLEY WOUND CARE AND HBOT CONFERENCE

Jack Marnoni, Director

Serena Group, Inc. – Freeport, Pa.

Credits: 5 AMA PRA Category 1 Credits™ / physicians

Contact: jmarnoni@serenagroups.com / +814-688-2002



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TEMPLE UNDERWATER MEDICINE PROGRAM

Underwater Medicine Associates/Temple University School of Medicine – Bryn Mawr, Pennsylvania

Credits: 25 AMA PRA Category 1 Credits™ / physicians
(Not approved by UHMS)

Contact: Sandy Bove / sandybove@earthlink.net
+610-896-8806 / www.scubamed.com

HYPERBARIC MEDICINE 2015

Mayo Clinic – Rochester, Minnesota

Credits: 25 AMA PRA Category 1 Credits™ / physicians
UP TO:16 AAFP-; 16 ABPM-; 16 NBDHMT Cat A credits
(Not approved by UHMS)

Contact: cme@mayo.edu; 1-800-323-2688
www.mayo.edu/cme/hbo2015

CO-SPONSORED INTRODUCTORY COURSES*

<https://www.uhms.org/education/courses-meeting/jointly-co-sponsored.html>

HYPERBARIC TRAINING FOR HEALTHCARE PROVIDERS

Oxyheal University – *Michael Powers, Director*

Where: Hartford Hospital, Hartford, Connecticut

Credits: 40 AMA PRA Category 1 Credits™ / physicians

Contact: mpowers@oxyheal.com / +860-798-8155 / Michael Powers

FUNDAMENTALS OF HYPERBARIC OXYGEN THERAPY IN THE SURGICAL AND WOUND CARE CLINIC

Washington University School of Medicine – St. Louis University

Credits: 40 AMA PRA Category 1 Credits™ / physicians

Contact: Morgan Neal at nealm@wudosis.wustl.edu
+314-747-4185

INTRODUCTION TO HYPERBARIC MEDICINE & PROBLEM WOUND MANAGEMENT

Healogics – Jacksonville, Fla.

Credits: 47 hours AMA PRA Category 1 Credits™ / physicians

Where: Jacksonville, Fla.

Contact: donna.munn@healogics.com / +904-446-3589
www.healogics.com

* These courses are co-sponsored, meaning UHMS does not provide CME credits but rather approves it as meeting the standards of an approved UHMS Introductory Training Course.

INTRODUCTORY HYPERBARIC TRAINING*

Poseidon International

Credits: 41 hours AMA PRA Category 1 Credits™ / physicians

Where: St. Luke's Medical Center, Milwaukee, Wis.

Contact: kevan.corson@gmail.com / +512-924-4266



JOINTLY SPONSORED ENDURING MATERIALS

<https://www.uhms.org/education/courses-meeting/jointly-co-sponsored.html>

REVIEW COURSE FOR UNDERSEA AND HYPERBARIC MEDICINE BOARD CERTIFICATION

International ATMO

Contact: education@hyperbaricmedicine.com / +210-614-3688

THE SCIENCE OF WOUND CARE, DIVING AND HYPERBARIC MEDICINE (ONLINE)

Wound Care Education Partners

Contact: www.woundeducationpartners.com / +561-271-3276

HYPERBARIC MEDICINE 2012 (DVD)

National Baromedical Services

Contact: registration@baromedical.com / +803-434-7101



OTHER EVENTS / MEETINGS

EUBS 2015

Dates: Aug. 19-22, 2015

Where: Amsterdam, The Netherlands

Contact: <http://www.amc.nl/web/AMC-website/EUBS/EUBS.htm>

EUBS will be at the Academic Medical Center in close cooperation with the Diving Medical Center, Royal Netherlands Navy.

INTERNATIONAL MEETING ON ULTRASOUND FOR DIVING RESEARCH – ULTRASOUND 2015

Dates: August 25-26, 2015

Venue: The Swedish Armed Forces Diving and Naval Medical Centre (DNC), Karlskrona, Sweden.

Inaugural meeting brings together experts in diving and decompression physiology to discuss the use of ultrasound in assessing the stress caused by decompression and associated risk of DCS. Includes methodology consensus discussion and hands-on workshops. Speakers include: Ron Nishi, Alf Brubakk, Neal Pollock, Jay Buckey and Mikael Gennser. Organized by Lesley Blogg (SLB Consulting) and Andreas Mollerlokken (NTNU Norway).

See: ultrasound2015.wix.com/ultrasound2015

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E: ultrasound2015@yahoo.co.uk

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FIRST COURSE ACCORDING TO EDTC TRAINING STANDARDS

Institut National de la Plongée Professionnelle (INPP)

Dates: Oct. 3-10, 2015

Where: Marseille, France

Credits: Attest pending for CME and ETCS
(50 contact hours + 50 hours web-based study)

Contact: www.edtcmcd.ch



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www.hyperbaricsinternational.com

1-305-451-2551

dick@hyperbaricsinternational.com

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An annual stipend is provided: \$18,000 plus travel expenses to the Undersea & Hyperbaric Medical Society Annual Scientific Meeting.

Details of Editor-in-Chief responsibilities are available from Mr. John Peters, Executive Director of the UHMS:
631 US Highway 1, Suite 307, North Palm Beach, FL 33408.
Phone: 919-490-5140. E-mail: jpeters@uhms.org.

A letter of application with CV can be submitted to Mr. John Peters.
Applications are being accepted immediately.



About the UHMS

The Undersea and Hyperbaric Medical Society (UHMS) was initiated in 1967. It is an international 501 (C) (3) (non-profit) association serving some 2,000-plus physicians, scientists, associates and nurses from over 50 countries in the fields of hyperbaric and diving medicine. The UHMS is an important source of scientific and medical information pertaining to hyperbaric medicine involving hyperbaric oxygen therapy and diving through its bimonthly peer-reviewed journal Undersea and Hyperbaric Medicine, symposia, workshops, books and other publications. The UHMS organizes an annual scientific meeting at different U.S. and international locations to permit review of the latest in research and treatment, and promote the highest standards of practice.

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- ◆ <https://www.uhms.org/about/accreditation/accredited-facilities.html> ◆

The UHMS clinical hyperbaric medicine facility accreditation program recognizes clinical hyperbaric facilities that demonstrate their commitment to patient care and facility safety.



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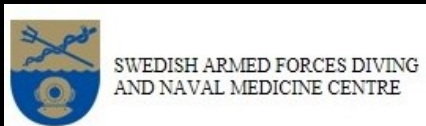
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Alf Brubakk, Jay Buckey, Mikael Gennser, Ron Nishi
& Neal Pollock



Organised by Lesley Blogg, SLB Consulting, UK, & Andreas Mollerlokken, NTNU, Norway, with facilities provided by the Swedish Armed Forces Diving and Naval Medicine Centre.

Website: <http://ultrasound2015.wix.com/ultrasound2015>

Email: ultrasound2015@yahoo.co.uk Facebook: www.facebook.com/Ultrasound2015



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King Faisal Specialist Hospital & Research Centre

Riyadh, SAUDI ARABIA

<http://bportal.kfshrc.edu.sa/wps/portal/bportal>

Mayo Clinic Hyperbaric & Altitude Med. Program

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www.mayoclinic.org

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www.fcmcpa.org/wound-care-services

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www.flhosp.org/

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www.etcBioMedical.com

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<http://www.evanhospital.com>

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www.peninsula.org

Republic of Singapore Navy/RSN

Republic of Singapore

www.mindef.gov.sg/imindef/mindef_websites/atozlistings/navy/home.html

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www.anacapa-tech.net/

Aurora Health Care

Milwaukee, Wisconsin

www.aurorahealthcare.org/

Christus St. Vincent Regional Wound & Hyperbaric Center

Santa Fe, New Mexico

www.stvin.org/

Comprehensive Healthcare Solutions, Inc.

Tacoma, Washington

www.comprehensive-healthcare.com

Costamed Hyperbaric Centers

Cozumel Quintana Roo, MEXICO

<http://costamed.com.mx/welcome/special-view/hyperbaric-medicine/>

Diving Diseases Research Centre

Plymouth, Devon, UK

www.ddrc.org

Divers Alert Network

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www.diversalertnetwork.org

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www.healogics.com

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Youngstown, Ohio
www.hmpartners.org

Hyperbaric Medical Services
Republic of Singapore
www.hyperbaric-singapore.com

Innovative Healing Systems
Tampa, Florida
www.innovativehealingsystems.com

**LDS Hospital, Critical Care
Medicine / Intermountain
Hyperbaric Medicine**
Salt Lake City, Utah
<http://intermountainhealthcare.org>

Life Support Technologies Group
Tarrytown, New York
www.lifesupport-usa.com

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<http://www.nui.no>

The Ottawa Hospital
Ottawa, Ontario, CANADA
www.ottawahospital.on.ca

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La Jolla, California
www.oxyheal.com

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Riviera Beach, Florida
www.perrybaromedical.com

Precision Health Care, Inc.
Boca Raton, Florida
www.precisionhealthcare.com

Shared Health Services Inc.
Johnson City, Tennessee
www.sharedhealthservices.com

**Singapore General Hospital
National Medical Research Council**
Singapore, SOUTHEAST ASIA
www.sgh.com.sg

**Wound & Hyperbaric Medicine
Center of Beverly Hospital**
Beverly, Massachusetts
www.beverlyhospital.org/locations--services/health-services/wound-and-hyperbaric-medicine/hyperbaric-oxygen-therapy

Wound Care Education Partners
North Palm Beach, Florida
www.woundeducationpartners.com

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www.monhealthsys.org

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