the NADE ADVOCATE

A Publication of the National Association of Disability Examiners | Volume 19, Number 6 | Sept./Oct., 2003

Missouri Chapter Hosts Annual Training Conference

Missouri Welcomes NADE President Klubertanz

by Tessa Guffey, Florissant MO DDS

IT WAS AN HONOR to be addressed by Teri Klubertanz, NADE president at the 2003 MADE conference. She

Teri Klubertanz is presented a gift from the Missouri Chapter by Barnest Patton.

traveled from Wisconsin to join the members of MADE who participated in this year's conference. Klubertanz spoke on Thursday, August 8th when she shared with her audience information regarding the past, present, and future of NADE.

A "fun facts" question and answer segment provided the listeners with information regarding NADE, a timeline of significant events in NADE's history, why NADE was formed, and NADE's mission, among many other interesting topics. Klubertanz reported that NADE is celebrating its silver anniversary of becoming an independent organization in 1978 when it separated from the National Rehabilitation Association. The first independent conference was held in 1979 and has continued every year after. The 2004 annual conference will be held in Kansas City, MO in October.

Unfortunately, it would be impossible to share the wealth of information that Klubertanz provided at the conference. However, following are topics that were presented: changes in the disability program and in NADE, proposals presented by NADE regarding the disability process and plans to improve the program (i.e. affordability, timeliness, etc.), what has been accomplished, NADE's current involvement in congress, and the vision of where the disability program will be in the future. Information regarding all of the above and much more can be found on the NADE website at www.NADE.org.

Klubertanz encouraged DDS employees to visit the NADE website and asked that individuals take the time to provide feedback regarding the disability program, NADE and the website. She also welcomed questions, which can be sent via email, by letter, or phone. In addition, anyone wishing to join NADE or renew their membership can also do so on the NADE website. Finally, Klubertanz stressed the importance of networking and encouraged DDS employees, MADE/NADE members and others in the community who work with the disabled population to share collective experiences, skills, tips, etc. so that we can continue to improve the services provided by employees of DDS.

In relation to NADE's current proposal Klubertanz stated, "NADE's vision is that the disability claims process would reinforce the medical decision made by the DDS and limit the OHA legal decision to addressing only point of law." To find out more about this and other exciting news regarding DDS and NADE visit www.NADE.org.

Once again, we were delighted to have Klubertanz join us for our 2003 state conference. Her knowledge and array of information was welcomed among the many individuals dedicated to their various roles as employees of DDS.

State Of The State

by Loretta Price, Florissant MO DDS

THE DDS ADMINISTRATOR EUNICE HARRIS opened the August 2003 MADE conference in St. Louis with a State of the State report and prospects for the future. In considering what

continued on page 5

IN THIS ISSUE:

President's Message

Fall has arrived and the NADE national training conference is fast approaching. As we have celebrated the changing of the seasons this year, we have also had the opportunity to celebrate NADE's history and its changes throughout the Association's years. The national conference will be the culmination of our celebratory activities honoring NADE's 40th year as a professional association and its 25th silver anniversary as an independent organization. The New York chapter has planned an excellent agenda for our national training conference as well as some exciting celebratory activities. I hope to see all of you there and look forward to meeting with and talking to you.

Fall would normally be NADE's time to "change colors" as the new President takes over at the national conference. Therefore, this would normally be my last President's column. However due to the unusual circumstances this year, I will be serving as President of NADE for another year. It has been an extremely challenging yet very rewarding year. I'm looking forward to working with all of you again for another year and thank you in advance for all of your support and assistance as we approach another equally exciting year!

Serving on the national NADE Board and seeing your representatives in action is a very satisfying and beneficial experience. I am gratified to see that for the first time in a number of years, we have some contested elections for national officers. This speaks to the dedication of NADE's members and their commitment to their professional organization to wish to serve at the national level and have a part in shaping the future of our organization. We have a great group of candidates and I encourage you to meet and talk to them during national conference week and get to know their views so you can select the one(s) you feel will best represent your interests on the national Board. Because that is NADE's strength – all officers of the Board are elected by you – you who serve on the front-lines of the disability program, you who work with and see the impact of the disability program on the lives of the American public every day, you who know the critical part we play in improving the lives of disabled citizens in our country. NADE is the only national voice that represents those of you who work on the "front lines" and it is critical that you take seriously your responsibility to vote and express your choice in who will represent that voice for you.

continued on next page

2002-2003 CALENDAR OF EVENTS:

Michigan State Conference	**Holiday Inn**	**Traverse City MI**	**September 12, 2003**
Illinois State Conference	**Northfield Inn**	**Springfield IL**	**September 24, 2003**
National Training Conference	**Holiday InnTurf Inn**	**Albany, NY**	**October 11-17, 2003**

Due to budget constraints and travel limitations for this fiscal year, other Regional conferences have been postponed. Plan to attend the National Training Conference in Albany, New York.

Letters to the Editor are welcomed and may be selected for inclusion in future issues. Please forward ideas for future ***Advocate*** topics to the editor or your Regional Publications Representative.

NADE is an incorporated, nonprofit organization.

ADVOCATE STAFF

Editor
Donna Hilton
1117 Sunshine Drive
Aurora, MO 65605
417.888.4152
Fax 417.888.4069

Regional Representatives:

Great Lakes
Lisa Elliott
4550 Carriage Hill Lane
Columbus, OH 43220
614.442.8707
Fax 614.442.1749

Great Plains
Shari Bratt
PO Box 82530
Lincoln, NE 68501
402.471.2961
Fax 402.471.3626

Mark Bernskoetter
2530-I S Campbell
Springfield, MO 65807
417.888.4070
Fax 417.888.4069

Mid-Atlantic
Betty James
211 Arms Chapel Road
Reisterstown, MD 21136
410.966.8097

Northeast
Debi Chowdhury
4 Derby Ct
Loudonville, NY 12211
518.473.9038
debichowdhury@yahoo.com

Southeast
Carolyn Dockery
PO Box 243
Raleigh, NC 27602
919.212.3222
Fax 919.212.3248

Southwest
Donna Sinks
PO Box 24400
Oklahoma City OK 73142
405.840.7100

Pacific
Dan Baker
PO Box 9303
Olympia, WA 98506-9303
360.664.7376
Fax 360.586.4159

The next issue will be published in **November, 2003**.

All correspondence should be directed through your Regional Representative or directly to the ***Advocate*** editor **no later than October 15, 2003.**

[redacted]ail articles in text fo[redacted]**ilton@sofnet.com** P[redacted]ward a hard copy.

In order for NADE to continue to be an effective voice, it is also critical that we increase our membership base. NADE's membership base has been diminished by the constant turnover of staff in the DDSs. It has become increasingly difficult to recruit and retain members who don't plan to stay at the DDSs but the need for a professional association to represent the interests of those of us who have chosen to make a commitment to public service has never been greater!

I ask you to seriously think about what you want NADE to be and whether you want to continue to have a voice at the national level. Then please review NADE's highlights published in the July/August 2003 *Advocate* this year, visit NADE's website and become knowledgeable about all of NADE's activities and correspondence this past year. I think you will agree with me that NADE has been involved in and provided feedback in many critical areas that impact on your day-to-day work. If you believe NADE can and should continue as a credible voice presenting pragmatic, affordable ideas for improving the disability program, then I ask each of you to recruit your co-workers to become members. If every member recruited just one new member, NADE's membership base would double and our ability to represent your professional interests would expand likewise. If NADE's membership base does not increase in the near future, then difficult decisions will lie ahead regarding increasing membership dues or curtailing some of the Association's activities. Personally, as NADE's President, I would have a hard time choosing which activity should be curtailed. However, those tough choices will need to be made if necessary. I hope we can avoid the necessity of that. That can only be accomplished with your help.

I believe in NADE and NADE's mission or I would not be NADE's President. NADE's long history as a professional organization with the majority of our members working on the front –lines of the disability program and our strong involvement in advocating for and offering suggestions for improvements in the disability program speak for themselves as to the credibility of our voice. Please work with me to ensure that that voice continues to be heard. Thank you for your cooperation.

Theresa B. Klubertanz

Terri Klubertanz
President

Ohio Members Recognized by Peers

by Susan Smith, Ohio DDS

FIVE MEMBERS OF **OADE,** employees of the Ohio Bureau of Disability Determination were honored during Public Service Recognition Week 2003. They were awarded the ***People's Choice Award,*** which is determined via voting by all agency employees.

Tammy Leonard was recognized as the Central Office Support Person of the Year. Rhonda Tanner was named Manager of the Year, a position she has held for less than one year. Included on the Adjudicator/Specialist Dream Team were **OADE** members Laura Dunipace, Christian Mateos, and Jaime Nordman.

OADE is proud of the honors accorded to our members. They all go above and beyond in their job duties including excellent service to our claimants, their co-workers, **OADE,** its charities, and their communities.

Kudos to Jaime, Rhonda, Christian, Tammy and Laura. (Shown here with Susan Smith, Chapter President on right).

NADE Correspondence

Theresa B. Klubertanz
Post Office Box 7886
Madison, WI 53707
Phone 608-266-7604
Fax 608-266-8297
E-mail theresa.klubertanz@ssa.gov

July 7, 2003

Commissioner of Social Security
P.O. Box 17703
Baltimore, MD 21235-7703

Dear Commissioner:

RE: Advance Notice of Proposed Rulemaking on Revised Medical Criteria for Evaluating Immune System Disorders

Overall, NADE finds the Immune System Disorder listings clear and easy to use. However, the organization of these particular listings could be improved. NADE submits the following items for consideration in developing revisions on evaluating immune system disorders.

There are multiple cross-references to various other Listings of Impairments in the Immune System Disorder listings. This makes using the Immune System Disorders listings extremely difficult due to the need to go back and forth to potential other applicable listings for specific criteria to evaluate. It would be helpful, more efficient and minimize confusion if all of the cross-referenced listings criteria were included in the text and language of the actual section of the Immune System listings.

In the preamble to the listing, paragraph #6 (page 133), there is a reference differentiating the term “severe” as used in sequential analysis step #2 vs. “medical severity”. However, the term medical severity is not described or referred to in any way in the listings. A definition of the term medical severity is needed.

The listings should be changed to reflect advances in medical treatment and current improved prognoses.

We appreciate your attention to our comments. Please feel free to contact me if you have questions.

Sincerely,

Theresa B. Klubertanz

Theresa B. Klubertanz
President

cc: Sue Roecker, Associate Commissioner for Disability Programs
Lenore Carlson, Associate Commissioner for Disability Determinations
NADE Board of Directors

Continued from page 1

message to share regarding "where we are," Mrs. Harris identified the one constant at DDS….CHANGE. Harris says the stats will be there and we will always have goals to achieve at the local levels, but she is optimistic that the goals will be met if we all focus on our mission of delivering quality service to claimants.

As a former educator, Mrs. Harris also stressed the need to look at "The Whole Child." She said, while we are facing increasing workload demands, decreasing staff and budget constraints, we must be flexible enough to avoid getting lost in the midst of change. Mrs. Harris reminded MADE members of recent changes saying, "We have mourned the loss of staff, celebrated additions to staff, and welcomed back staff members who served in the military. We've lost staff to retirement or simply moving on to other stages of their lives. Despite the constant changes, I'm proud of the teaming and camaraderie of the DDS family."

Ms. Harris was introduced by Barnest Patton, who emceed the conference.

As Missouri DDS undergoes staff changes, the stage is set for massive electronic changes as well. Mrs. Harris says the new MIDAS system is moving forward with recent validation in Jefferson City and plans to go "live" at this printing. The SMART Corporation copy service's "Quick View" system is also being rolled out this month. The electronic records retrieval system allows medical records to be downloaded from a website and printed "in-house." Some DDS offices have already set-up new high speed printers and are "testing" the system. Mrs. Harris anticipates significant savings in mailers and postage as well as improved clerical staff efficiency. Next up, AeDIB, set to arrive in Spring 2005. Mrs. Harris says, "Bring it on! I trust the staff to do the work…it's proven, together we're getting it done."

In a brief trip down memory lane, Mrs. Harris reminisced about the good ole days of strip books when everything was handwritten and support staff used word processors and carbon copies. Technology evolved to PCs and DDS staff always handled the work and adapted to changes as they came. And as we enter another phase of technological advancement, Mrs. Harris says she's confident that we will persevere. "Just remember who we work for and continue to make fast, accurate decisions for our claimants!"

Living with AIDS

by Donna Bradshaw, St. Louis - South, MO DDS

THE ST. LOUIS SPONSORED MADE training conference was a great success!!!!!! We had some wonderful speakers on a variety of topics. One of the most interesting and informative topics dealt with AIDS. Ms. Monica McDaniels-Collins works for the St. Louis Effort for AIDS as a treatment educator/advocate. She provided us with some very useful information and also shared with the group that she was HIV positive for 10 years and some of her first hand experiences in dealing with the disease.

Ms. McDaniels-Collins emphasized that knowledge is power in dealing with the disease. She provided a history of the disease and that HIV was a relatively new disease. In 1983 the CDC noticed an influx of gay white men with what they thought was a type of "cancer". They first treated these individuals with cancer drugs. One of the first drugs used was AZT (which was a cancer drug that was unsuccessful with treating other cancers). Since it was new disease, they often overdosed their patients with the AZT and failed to realize the seriousness of the side effects of the treatment.

She informed us that once an individual is diagnosed with AIDS it is always there. A diagnosis of AIDS is made whenever an individual is HIV positive

and

:

*they have a CD4+ count below 200 cells per microliter

OR

*their CD4+ cells account for fewer than 14% of all lymphocytes

OR

*they have been diagnosed with one or more of AIDS defining illnesses.

Continued on next page

Continued from previous page

There are four stages of the disease; Infection, asymptomatic, symptomatic and AIDS diagnosis. There are four body fluids that transmit the disease; Blood, Semen, Vaginal Secretions and Breast Milk.

She discussed the various other types of medications used to treat HIV over the years. There have been many improvements in drug therapy since the disease was first recognized and she provided the group with a very useful handout. Many patients are on several different medications at the same time. This is called combination therapy or often times referred to as a cocktail. The term "cocktail" is no longer in fashion. The new terminology is Highly Active Retroviral Therapy (HAART). There is a new ground breaking medication on the market called Reyataz. This is considered a miracle Protease inhibitor because the patient only needs to take one pill, one time a day. She reported that most HIV positive individuals do not need to pay for their own medications. There is assistance available to help them with the financial burden of the disease. The cost of medication can typically range from $500 into the $1000s per month. Some of the newest medication, which is an injection drug, costs approximately $20,000 per month and is not covered under the assistance plan. An individual will need to start on medication if their T-Cell count is lower than 350 and/or their viral load is higher than 55,000.

During her presentation, she discussed some of the side effects of these medications and of the dealing with the disease in general. Some of the most common side effects include fatigue, anemia, neuropathy, osteoporosis and digestive problems. She noted one of the most physically observable side effects was lipodystrophy, which causes fat loss in the arms, legs and face and the fat to be redistributed into the stomach area. Ms. McDaniel-Collins reported that depression is also one of the worst problems she encounters in dealing with HIV positive individuals. The side effects of medications and how individuals deal with their psycho-social issues vary greatly. She reported that for a lot of individuals it is a quality of life choice and that they choose not to take medications due to the limitations caused by the side effects.

The presentation was very informative and educational. Ms. McDaniel-Collins noted that the St. Louis Efforts for AIDS organization provides several services for HIV positive individuals. They assist with housing, transportation, work re-entry programs and support the PAWS (pets are wonderful support) program. If anyone has questions or needed additional information she provided her phone number——(314) 645-6451 ext 218. She provided wonderful handouts during the training.

Ms. McDaniels-Collins emphasized that knowledge is power in dealing with the disease.

A Lighthearted Look At The Medical History Of St. Louis

by Wendy Geels, Kansas City MO DDS

WHAT DOES THE INVENTION of the barometer, grave robbing and "thunder balls" all have in common? Well, if you couldn't guess, they all took place during the early years of medical practice in the city of St. Louis, Missouri.

During our recent MADE training conference, we were presented with a very lighthearted account of the medical history of St. Louis, Missouri, by Joan Huisinga. Dr. Huisinga is a professor and teaches this very subject at Webster University.

The first doctor to come west of the Mississippi was Andre August Condi. As his name suggests, he was from France. He eventually settled in the St. Louis area in 1764. The most famous doctor to practice in St. Louis, however, was Antoine F. Saugrain. He was only 4'6" tall and was called "the little giant". He accomplished many things while in the St. Louis area, including the invention of the barometer that Lewis and Clark took on their expedition. He was the first to vaccinate his patients for small pox and he was one of the first to study botanical medicines. Bleeding and purging patients using "thunder balls" was the most common way to treat various ailments at the time and herbs were rarely, if at all, used. However, because Indians would wander into Dr. Saugrain's house and office at all times of the day and night, he was also the man to invent the first burglar alarm!

Another famous doctor to settle in the St. Louis area was Bernard Ferrar. Dr. Ferrar founded the oldest medical society in the United States on Christmas Eve in 1836. He was also known as the one doctor that would treat men that were injured during duels. Bloody Island, a small island east of what was Missouri property at the time, was the place where most of the dueling took

place. After a duel, the injured were automatically taken to Dr. Ferrar's office where he would "patch 'em up". Dr. Ferrar died during the cholera epidemic of 1849.

The most interesting doctor, however, was William Beaumont. Dr. Beaumont founded the Beaumont Medical School in St. Louis and was eventually the president of the St. Louis Medical Society. He was the first doctor in the United States to carry out a scientific study of the digestive system. His subject was a patient whom he had treated for a hole in the stomach. Dr. Beaumont fed him and then, while it was being digested, pulled the food out of the hole in his stomach. He then proceeded to study the particles of food. This took place for over 20 years. Needless to say, he was the first doctor to be sued for malpractice!

The first, and oldest, hospital founded west of the Mississippi was the Sisters Hospital. It was founded by the wealthiest man in the United States (a cotton plantation owner) and was eventually managed by the Sisters of Charity at St. Vincent's.

"The great eccentric" of St. Louis was a Dr. McDowell, who came to St. Louis from Kentucky and founded St. Louis University, which eventually became Washington University. Dr. McDowell was the first doctor to study anatomy. However, the only way he knew to get the bodies to do this was to rob graves! Dr. McDowell also believed in reincarnation and he had his daughter pickled following her sudden death at 13 years of age. If these things weren't strange enough, he also never spoke to anyone on Fridays.

Prior to the 1900s, it was very easy to get medical school diplomas. However, in 1912, the licensure laws changed. At that time, only legitimate doctors became doctors.

These are just a few of the interesting tid-bits that Dr. Huisinga presented very early in the morning on the last day of our conference. Her very entertaining presentation was just the thing I needed at that time of the day! I'll never look at medical history the same way again…

Giving Life Through Organ Donation

by Linda Tobaben, Kansas City MO DDS

TEREASA PARKS-THOMAS OF Mid American Transplant Services held this attendee's careful attention. Ms. Parks-Thomas' topic, organ donation and transplant, is a "hot" one, due to the huge demand coupled with scarcity. About 86, 000 people wait on transplant lists, but only about one percent of the population will ever qualify as organ donors. Ms. Parks-Thomas, Public Education Program Manager for the small nonprofit organ and tissue procurement service, is one of a staff of about 50 people that includes doctors, nurses and chaplains. She reported, with feeling and a good deal of wry humor, some of her own experiences as one trained to approach family members upon the hospital death of potential organ and tissue donors.

Even when the deceased has signed an organ donor card, survivors must make the final decision about donation. No organs or tissue can be harvested without family consent. Because viable organs are available only from patients traumatically injured or ill, families are naturally distraught and often upset/angry with such a request coming on the heels of shock and disbelief about their loved one's plight. As Ms. Parks-Thomas put it, "You learn to duck!"

Possible donors, who are brain dead or in a vegetative state, that is, kept alive although critically injured or ill, are victims of such events as car accidents, gunshot wounds, drowning, blows to the head, aneurysms, strokes or heart attacks. They are kept breathing, and their hearts are kept beating to maintain blood and oxygen to organs and tissue. Even so, the body will eventually shut down, so the window of opportunity wherein organs may be obtained is small; and likewise, that in which they remain useable.

One person can potentially contribute eight organs for transplant — heart, lungs, pancreas, kidneys, liver and small intestine. Bone, skin, and eyes may also be donated for transplant. Even older people and those with significant health problems may be viable donors. Liver and bone may be taken from donors up to age 80, while the heart per se has an age cutoff of 50 - - although heart valves from older individuals may be useable. Bone harvested from one person may go to 30-50 recipients.

Clearly, Ms. Parks-Thomas and her associates perform a sensitive, vital service. Her dynamic presentation gave all of us at the conference pause to consider our potential roles in this ongoing human drama, and in the cycle of Life.

Emcee Barnest Patton offers a gift to Ms. Parks-Thomas, who demonstrates "learn to duck".

"Sometimes It Takes A Little Magic To Get The Job Done"

by Therese Roseburrough, Kansas City MO DDS

MOTIVATIONAL SPEAKER AND AUTHOR Jeannie S. Williams shared her insights about ways to keep a fresh perspective on our jobs and life in general. Ms. Williams began by discussing her longtime admiration of Walt Disney. She spoke of Disney as the man behind the magic. He believed that making dreams come true is in everyone's reach. In an interview shortly before his death, Disney spoke of the fact that it took him many years and much trial and error to achieve success. He had numerous failures in his early years. What made the difference, he believed, was his willingness to persist in his efforts. Disney made just as many mistakes as the rest of us. However, he never let himself be intimidated or give up. He believed while others doubted. As we all know, Disney's vision became a reality that is celebrated all over the world.

Disney offered magic not only as a quality, but as a formula for success. It works like this:

M – Motivation: Keep up your heart and energy for the journey.

A – Attitude: The point of view we have as we go about our lives often affect our outcomes.

G – Goals: We need goals to keep us focused. If we don't have ideas on where we want to go in life, life just happens to us.

I – Image: Keep your vision alive.

C – Creativity: Dream like a child.

Ms. Williams told us stories and performed magic tricks to illustrate her points. One of her stories is a true one that has been published in the *Chicken Soup for the Soul* series. It involved a very successful businessman who was out driving his expensive new car. This car was his pride and joy, a symbol of the man's success. A brick hit his car as he went by on the road. He immediately pulled over. The brick had left major damage on the vehicle. The man became enraged and started looking around for the person who had thrown the brick. He saw the guilty boy and started yelling at and shaking him. The boy finally was able to get the man to listen to the reason for his behavior. The child's brother was confined to a wheelchair. As the boy was pushing his brother outside, the wheelchair fell over. He had tried waving down a passing car for help, but no one would stop. Finally in desperation, the boy threw a brick to get someone's attention. The man was shocked and chastened that his assumption was so wrong. He helped the boy get his brother back in the wheelchair and pushed the brother himself to their destination. The man never had the damage to his car repaired. He decided he needed the imprint of the brick as a reminder of what's really important in life.

Ms. Williams also told us of the four magic tricks she has learned over the years which she believes make for a better life:

L – Laughter: Laughter is the greatest stress reducer and helps us to respond to life creatively.

O – Others: Give of ourselves to others. An important part of giving is to really listen to others because everyone has a story to tell.

V – Vision: Our vision is our life dreams put into action.

E – Example: It really is true that actions speak louder than words. Try to be a good example or role model for others.

Ms. Williams closed her talk with the wish for us to use "MAGIC" and "LOVE" to transform our lives.

Looking Ahead To Put Cancer Behind Us

by Wendy Geels, Kansas City, MO DDS

AT THE RECENT MADE TRAINING conference, we had the pleasure of meeting Shirley Johnson, RN, MS, MBA. Shirley is the Director of Oncology Services at the Alvin J. Siteman Cancer Center, which is located in the heart of St. Louis, Missouri.

The Siteman Cancer Center exists as a partnership between Barnes-Jewish Hospital and Washington University School of Medicine. Although it has provided services to St. Louis and its surrounding communities for only a few short years, it has already grown to be one of the largest cancer centers in the United States. The Siteman Center is also very proud of the fact that it has been designated a National Cancer Institute (NCI) cancer center, which is in recognition of the center's commitment to cancer research and community awareness.

Although The Siteman Cancer Center has selected breast cancer as an area of focus, the center provides access to clinical trials for all disease types and the latest investigational drug therapies. The new facility was designed with a multidisciplinary approach to cancer care in mind and enhances accessibility for both patients and clinicians. While providing this type of comprehensive care to cancer patients, the staff is committed to offering a very personal and compassionate approach to cancer care.

While continuing to strengthen and expand existing programs, the future goals of The Siteman Cancer Center lie in the areas of prevention and community awareness. The center works to increase public awareness of cancer, teach the warning signs and make early screening as widely available as possible. The goal is to ultimately encourage the public to practice cancer prevention and to seek early screening and treatment.

Violence in the Workplace/ Workplace Safety

Presentation by Dennis Pivin
Professional Training Concepts

by Michelle Scherer,
Cape Girardeau MO DDS

DENNIS PIVIN, PROFESSIONAL TRAINING CONCEPTS, provided an informative and interactive training session regarding personal safety issues that can be used both in and out of the workplace. The art of verbal self defense was discussed with advice given to always deal with threatening situations verbally first. We need to always be alert to and learn to watch body posture, body language and tone of voice in an effort to predict behavior. In addition, we were cautioned against invading personal space. Personal space is defined as an arm's length away from the other person.

Tips for approaching a vehicle alone were provided as follows:

Walk with confidence and a purpose (Definite Purpose).

Be Alert and look at surroundings.

Lock Doors

Have Keys out and ready—Do not fumble in purse/pockets.

Be Alert to your sixth sense (Innate ability to perceive danger and react).

Verbal Boundary Drills were also reviewed and included techniques for controlling your personal space without being physical. If your personal space is invaded, take a half a step backwards with the body sideways. In this position, the hands are at waist level, facing down. If the threat continues, bring arms up to about chest level, but do not make a fist. Verbalize with the individual and try to diffuse the situation. If the attack continues, the hands come up even further to face/head level and an authoritative tone of voice is used with the threatening individual.

An additional word of advice provided by Mr. Pivin was to insure that desk/table areas are clear when holding a potentially difficult conversation with another individual. You want to avoid the presence of anything that could be used as a tool. In addition, to this always sit in a position closest to the door in case assistance is needed or the need to exit is necessary.

MADE State Conference Business Meeting

by Lora Coffman, Kansas City MO DDS

THE MISSOURI ASSOCIATION OF DISABILITY EXAMINERS convened the annual business session during the State Conference in St. Louis, Missouri, August 7, 2003. President Ellvan Markley called the session to order and presented the Treasurer report.

Chapter reports were given from all subchapters and included an impressive array of activities that had occurred throughout the 2002-2003 year. Creative fundraising events included holiday related raffles, book sales, a "Fall Festival", numerous auctions, and, of course, numerous food related sales. Appreciation of the work all staff perform was given in the form of various Medical Consultant Appreciation events, Secretary Day packages, and week long celebrations highlighting all the work of DDS employees during National Disability Professionals Week.

MADE members have taken a great deal of pride in our level of community support over the years and involvement during the 02-03 year was no different. Several members participated in a "Race for the Cure" event in order to raise funds for, and awareness of, breast cancer research. Numerous care packages were collected and sent to troops in Iraq. Local chapters participated in the "Out for Blood" statewide blood drive challenge, and charitable activities during the holidays included "Toys for Tots" and donations collection for several local service organizations and families. Of note, the Cape Girardeau chapter won the "Out for Blood" blood drive challenge for the second year in a row.

In addition, chapters remain active in their recruitment efforts in a number of different ways including lunch meetings, member dues drawings, and NDPW activities. Numerous chapters included educational events during the year including "Lunch & Learn" & medical refresher sessions. Of course, both St. Louis offices put much of their effort in the past year toward the planning and implementation of an outstanding 2003 State Conference, and the Kansas City chapter is busy preparing for the 2004 National Conference.

Other business included a discussion regarding the 2004 Regional Conference. Gabe Barajas, Great Plains Region President, requested feedback regarding the region holding a conference or combining efforts with the Pacific Region to hold a Bi-Regional Conference. Opinions were shared that as MADE is hosting the 2004 National Conference, our assistance toward a potential Regional Conference would likely be minimal. Additional opinions were shared recognizing the importance of continuing support of all Conferences as able. Regarding a possible Bi-Regional Conference with the Pacific Region, the membership felt more information was needed regarding the Pacific Region's expectations, i.e., financial, program, etc., before MADE is able to make a decision on that. The discussion was tabled with the understanding that Lora Coffman would forward a request for additional information to Gabe Barajas.

Elections were also held and with the following results:

Barnest Patton II
President Elect (Florissant)

Tessa Guffey
Secretary (Florissant)

Tonja Higgins
Treasurer (Kansas City)

Continued on next page

Continued from previous page

Lora Coffman, current President Elect, will begin her term as MADE President at the start of the National Conference, consistent with the MADE bylaws. All chapters are encouraged to hold their respective elections soon, in order to prepare for the transition of leadership into the 2003-2004 year.

MADE State Conference—Wrap Up Address

(The following was adapted from the Conference closing remarks of Lora Coffman, MADE President 2003-2004, upon the presentation of "passing of the gavel" from Ellvan Markley, MADE President 2002-2003.)

As a part of the transition into the 2003-2004 year I want to share some thoughts regarding our past year and our upcoming challenges. First I want to say how much I appreciate the hard work that the St. Louis offices put in to this outstanding State Training Conference. I also want to commend Ms. Eunice Harris, Missouri DD Administrator, for her continuing support of the Association; thank you for your belief in the ideals of the Association and for your appreciation of the benefits of membership. I also thank Ellvan Markley, MADE President 2002-2003, for his leadership this past year.

This last year has been one in which numerous individuals have taken the opportunity to serve and represent Missouri at higher levels. Donna Hilton and Sharon Belt served the Region on the National Board this past year. In Sharon's absence, I served 7 months as the Great Plains Acting Director, and I appreciate having had that opportunity. Both Mark Bernskoetter and Myra Rackers very graciously accepted nominations to serve our Region in the offices of President-Elect and Secretary. I know MADE extends its thanks to both Mark & Myra for their willingness to serve (we congratulate you Mark, and we encourage you, Myra, to run for office again!). In addition to these individuals, numerous MADE members served on National Committees, and I thank those individuals who have represented Missouri and the Region so well.

In my work with MADE I have gotten to know so many additional individuals who could very ably represent Missouri at the Regional and National level. I encourage all NADE members to seek out opportunities to become involved and to share your leadership skill & talent, not just at the State level but beyond as well. The individuals you see in the back of the Advocate and the names you see attached to emails coming down "from above", are disability professionals just like you; they are your colleagues, and if they can do it, so can you. I urge you to consider becoming more involved in NADE, whether by running for a Regional office, serving on a National committee, writing for the Advocate, attending a National Conference (as I expect you all will next year), or even running for a National office. I know how much talent we have in Missouri, and in the broader membership, and I encourage everyone who is interested to help lead this Association.

As MADE moves into this next year, and toward the 2004 National Conference, I feel it's important that we regroup and come together focusing on this upcoming challenge. A crucial aspect of our profession, is that of training. Clearly, the success of the disability program in Missouri and across this country is related to the quality of training disability professionals receive.

Similarly, a cornerstone of NADE's mission is to provide ongoing training and professional development, whether through state, regional or national training conferences, or through numerous educational newsletter articles published across the country throughout the year. Based on the talent and experience of our professional staff, I believe that we in Missouri are very capable of providing critical training for the National Conference in 2004. In these years of tightening Federal and State budgets it is crucial that MADE, and other state chapters, *make* opportunities for membership development, and I know that Missouri will create an impressive National Conference program that will further the mission of NADE to educate and develop its membership.

At this point in time, we have 13 months in which we will coordinate, plan, prepare, invite, create, fundraise, contract, solicit, collect, finance, register, request, investigate, travel, and ultimately pull off an outstanding National Conference! We will do this while we continue to meet agency goals and follow federal policy. We will do this while we provide quality, timely service to the citizens of Missouri and this nation. We will do this while we stand as examples in our own offices of our commitment to the training and professional development of disability professionals.

This next year will be one of participation and preparation for MADE members. I encourage each of us to commit to being an involved member for the betterment of the larger Association. The work we perform this coming year will benefit not only the local membership, but members across the country, as well. I extend this call to participation to the larger membership, as well; MADE welcomes your involvement in preparing for the 2004 National Conference! Please find multiple ways to be involved in this coming year's preparations and encourage each other to participate in this important training opportunity. Take the opportunity to seek out committee members and share your ideas, your time and your energy.

There are so many ways for members to be involved, and we have so many talented individuals in this Association, that I am confident that 2004 will be a stellar year for National Association of Disability Examiners. I am confident that disability professionals around the nation will recognize our members' contributions, and commitment, to training and ongoing professional development.

Photo Highlights Of MADE Training Conference

Laura Higbee (right) displays the DDS Polo Shirt she won as a door prize.

Wayne Gillam (center) garnered a basket of food goodies as the door prize.

Lora Coffman (right) presents Elvan Markley with a plaque of appreciation for serving as MADE President 2002-03.

The Kansas City sub-chapter won the award for outstanding poster of 2003.

Lora Coffman of the Kansas City sub-chapter receives the John R. Gordon Award.

Pinkney Newell, Western Regional Manager, displays his Lewis Buckingham Award.

Gwen Bailey of the Kansas City sub-chapter is presented the "Rookie of the Year" Award.

The President's Award was presented to members of the Springfield sub-chapter.

From left: Paula Davis-Roberts, Becky McClure-Hawkins, Shannon Caldwell, Susan Solum, Barnest Patton (conference emcee), Kristy Griggs-Brunn, Jean Gruetzemacher, Linda McClure, and Eunice Harris (Missouri Administrator).

Members Recognized For Leadership And Contribution

by Joyce Carter, Florissant MO DDS

SEVERAL NADE AWARDS WERE distributed on August 7, 2003 at the MADE Training Conference held at the Hampton Inn, Union Station, St. Louis. Those members receiving such honors were as follows:

The NADE AWARD—This year's recipient was **Nancy Muser, Senior Counselor of Cape DDS**. This award recognizes the disability professional who has made an outstanding contribution not only to the service of claimants in accordance with his/her expertise but has also contributed their talents to promote harmonious and effective working relationships among their immediate professional community.

LEWIS BUCKINGHAM AWARD—This year's recipient was **Pinkney Newell, Regional Manager West**. This award honors outstanding initiatives to further advance the professionalism and goals of NADE.

EARL B. THOMAS AWARD—This year's recipient was **Michelle Scherer, District Supervisor of Cape DDS**. This award recognizes an agency administrator for the constant contributions to SSD that far exceed the responsibility of their position and who actively support the advancement of NADE.

DIRECTOR'S AWARD—This years recipient was **Rose Reed, Administrative Assistant, Jeff City DDS**. This award recognizes an outstanding member of the support staff who demonstrates work performance efficiency and characteristics which contribute to the efficient operation of the unit and the morale of coworkers.

CHARLES O. BLALOCK AWARD—This year's recipient was **Jean Gruetzemacher, Senior Counselor, Springfield DDS**. This service award recognizes an individual who has made extended efforts and major contributions towards the organizational advancement of NADE.

PRESIDENT'S AWARD—This year's recipient is the **Springfield DDS Chapter**. This award is presented to any NADE chapter that has demonstrated outstanding achievement by innovation of programs for improving medical and other professional community relationships through such activities as panel presentations, speeches, newsletters, etc., to improve the quality of medical reporting/reporting of vocational assessments/or the use of other professional information which can be utilized for the factual and effective documentation of disability determinations.

"**ROOKIE OF THE YEAR" AWARD**—This year's recipient was **Gwen Bailey, Counselor, Kansas City DDS**. This award honors a disability professional who has made a significant contribution on a local, regional, or national level to NADE.

JOHN R. GORDON AWARD—This year's recipient was **Lora Coffman, Assistant District Supervisor, Kansas City DDS**. This award recognizes superior performance of a supervisor who promotes cohesiveness, personal and professional growth among individuals he/she supervises and exceeds his/her role as a supervisor.

FRANK BARKLEY AWARD—This year's recipient was **Jan Reid, Assistant Director Training for West Region**. This award recognizes an individual who has shown exceptional ability to motivate and challenge others or who has developed and promoted programs which motivate and challenge others toward personal and professional growth/human resource development.

The organization and all of its members would like to thank all of our awardees for their continued dedication and support of NADE and their local chapters.

*The **Charles O. Blalock Award** was presented to **Jean Gruetzemacher,** Senior Counselor from Springfield DDS.*

*The **Earl B. Thomas Award** was presented to **Michelle Scherer** District Supervisor of Cape Girardeau DDS.*

*This year's NADE Award recipient was **Nancy Muser, Senior Counselor of Cape Girardeau MO DDS**.*

Missouri Leads The Way

by Myra Rackers, Jefferson City, MO DDS

THE MISSOURI DDS HAS the best Title XVI processing time in the nation! This is the message that Cheryl Ritter, Director of Program Operations, delivered at the 2003 State MADE Training Conference. She also noted Missouri's overall processing time of 85 days is 19 days below the national average of 104 days. Ms. Ritter stated that we are providing a very important service to our society and that our state has always been a leader in the disability process. She explained that Service is one of the four "S"s that comprise SSA Commissioner Joann Barnhart's Mission Statement.

SSA intends to improve service to customers through technology. They have set a goal for an electronic folder in 20 months. She stated that we are making great strides at achieving this goal. Eventually, the DDSs will receive all folders electronically, reducing mail time and costs, and eliminating the problem of lost folders.

The second "S" stands for Stewardship. This represents SSA's continuous effort to prevent and reduce fraudulent payments through the CDR process. Ms. Ritter stated that Missouri has always done more than their fair share of CDRs. We started this fiscal year with a goal to work 65% of the number of CDRs worked last year. Halfway into the fiscal year, that changed. The new target number is 19,000. Missouri is on target to reach this number before the end of the fiscal year, September 30, 2003.

Solvency is the third "S." SSA funds are at a critical level. Aging baby boomers and fewer tax payers in future generations threaten the solvency of SSA. Numerous research and development programs are in the works, to ensure SSA programs can meet the needs of current and future generations.

The final "S" is for staff. SSA currently supports 15,000 DDS employees. Thirty percent of these employees are approaching retirement age. We continue to work under a hiring freeze. The President's proposed SSA budget looks good, but it is has yet to be approved. Ms. Ritter said that she is hopeful that we will be able to fill vacancies during the next fiscal year.

When asked about the status of the reconsideration process, Ms. Ritter said, "I don't know." She said that the commissioner is looking at a lot of changes in the system. The commissioner would like to see OHA in better shape before making any decision on the front end process.

Ms. Ritter said that SSA is contemplating the establishment of a new high level quality office. This office would give early feedback to the DDS instead of end of the line correction.

Ms. Ritter complimented a program established by the Florissant DDS in which the DO refers homeless claimants to Forest Park Medical Clinic for an exam prior to sending the claim to the DDS. This initiative will be featured in an upcoming issue of the OASIS magazine. She applauded the efforts of Jane Boone in this project and stated that its objectives are consistent with President Bush's goal to end homelessness.

Ms. Ritter presented Regional Commissioner's awards to the following individuals:

REGIONAL COMMISSIONER'S CITATION

The Regional Commissioner's Citation is the Kansas City Region's highest honor award. It is designed to recognize employees and others who have made superior contributions to SSA.

Disability Determination Services
Martin Isenberg, PhD, Missouri Disability Determination Services, KC Office
Tamara Kastanas, Missouri Disability Determination Services, St. Louis Office
Mary Rose Oxley, Missouri Disability Determination Services, Cape Girardeau Office
Pamela Robertson, Missouri Disability Determination Services, KC Office

Continued on next page

Continued from previous page

REGIONAL COMMISSIONER'S TEAM AWARD

The Regional Commissioner's Team Award is granted to groups of employees to recognize the team approach to carrying out or supporting SSA's mission of providing world-class service.

MIDAS Team, Missouri DDS

Brad Bledsoe, Missouri Disability Determinations Services, JC Office

Lori Lane, Missouri Disability Determinations Services, JC Office

Debbie Moad, Missouri Disability Determinations Services, JC Office

REGIONAL COMMISSIONER'S QUALITY SERVICE AWARD

The Quality Service Award recognizes outstanding employee achievements in the areas of communications and service delivery. The Kansas City Region stresses customer service, public information and communication in all of our work.

Disability Determination Services
Kathleen T. Madsen, Missouri Disability Determination Services, KC Office

Coated Stents
The Future of Cardiology

Presented by Carol Moshier RN, MSA at the Great Lakes Regional NADE Training Conference, Battle Creek, Michigan, May 9, 2002

by Ellen Cook, Illinois DDS

To avoid major coronary artery bypass surgery, surgeons have been using Percutaneous Transluminal Coronary Angioplasty (PTCA) for several years since the early 1990's. A balloon was inflated inside the artery to break up and compress the plaque thus widening the artery. One of the problems has been in-stent restenosis caused by scar tissue formation. Currently the only remedy is radiation treatment termed brachytherapy. It is very expensive. The only other alternative is the more major, invasive coronary bypass surgery. So researchers have been looking for a less expensive more effective solution.

The current studies are being done on coated stents. The most tested is the Cypher Stent, which is coated with a drug called Sirolimus, which is an antibiotic, which retards cell growth and has been used to prevent rejection in kidney transplant recipients. This drug is combined with a polymer that helps the drug release slowly from the stent. This has proven very effective with no restenosis in patients up to a year after the stenting procedure. Another stent coated with taxol, a cancer-fighting drug. These studies are promising but not as far along as the Cypher Stent.

Another problem encountered with regular stents is 'stent thrombosis' or blood clotting at the site of the stent. Patients have regularly been taking an oral anti clotting agent. This has caused problems because patients forget to take it or other health concerns can cause them not to be able to take the drug. Researchers have been testing Heparin coated stents and Heparin/ Sirolimus coated stents. Some surgeons are also involved in Taxol/Sirolimus coated stent research and they hope these stents will be helpful in treating problems with diabetic patients and those with smaller arteries.

In the future there is no doubt that coated stents will be the preferred procedure within the next 5 years. They are more expensive than the $1400 for a regular stent, costing from $2500-$3000 for each stent.

Dopplers And Listing 4.12B

by Bill Dunn, Texas DDS

THE SSA DISABILITY PROGRAM uses Dopplers to evaluate only one of the Listing of Impairments—Listing 4.12B, Peripheral Arterial Disease (aka Peripheral Vascular Disease or PVD). Listing 4.12B1 uses a resting Doppler and 4.12B2 calls for an exercise Doppler. Yet, the Doppler is a test that is sometimes ordered when unnecessary or inappropriate to order. In an effort to increase everyone's awareness of how and when to use Dopplers, here is some information on what you get with a Doppler and how to interpret it, when to order one and when not to, and RFC implications of Dopplers.

WHAT YOU GET WHEN ORDERING A DOPPLER.

When we typically order a Doppler, we get a Doppler of both lower extremities at rest and with exercise. When a Doppler is done, the person is first tested at rest. If this results in an index below .50, the claimant meets the listing and no exercise is done. Exercise is also not done if the resting index is .80 or above. However, if the resting index is from .50 to .79 in the worst extremity, then the person is placed on a treadmill and expected to walk at 2 mph on a 12% grade for 5 minutes. Because exercise can be a part of a Doppler evaluation, the test is considered to pose a risk to the claimant so this test requires Medical Consultant (MC) approval and input by MCs.

Some people, primarily diabetics, can have misleading high indices despite having severe PVD. This is because severe diabetics may have calcification in the arteries and the rigid walls of the arteries may lead to pressure readings which are misleading high at rest and do not come down with exercise. So in cases of diabetics with indications of severe PVD but normal or near normal indices, it is necessary to get toe pressure readings because the arteries in the toes are less likely to calcify. Since there is no standard criteria for measuring exercise toe indices Dopplers, we get resting tests only. These Dopplers are ordered when we already have a normal Doppler in file despite severe symptoms. However, in the case of long term diabetics, the Medical Consultant may want to start with Toe Indices Resting Only Dopplers.

WHEN IS A DOPPLER NEEDED?

Before we order a Doppler, we should have intermittent claudication described. Since claudication is just another word for pain, just seeing the word "claudication" is not enough. We must be alert to not to order a Doppler in cases with neurogenic claudication or pseudoclaudication. According to 1.00K3 of the Listings, pseudoclaudication may result from lumbar spinal stenosis and is manifested by pain and weakness.

Symptoms are usually bilateral and in the low back, buttocks, and thighs (although some may experience leg pain and, in a few cases, the leg pain may be unilateral). The pain is often of a dull aching quality described as "discomfort" or an "unpleasant sensation" (or may be more severe) usually in the low back or buttocks. It is provoked by extension of the spine, as in walking or merely standing, and is reduced by bending forward. Walking distance before pain occurs may vary. Peripheral neuropathy, as found in diabetics, is often described as a "burning" or "tingling" or a "pins or needles" sensation in the lower portion of the legs and in the feet. It is often accompanied by a stocking distribution loss of sensation. Dopplers are essentially useless in evaluating either condition.

So what kind of pain are we looking for? According to 1.00K3 of the Listings, "leg pain resulting from peripheral vascular claudication involves the calves." It is usually described as a cramping pain relieved by rest. Listing 1.00K3 also states "leg pain in vascular claudication is ordinarily more severe than any back pain that may also be present. An individual with vascular claudication will experience pain after walking the same distance time after time, and the pain will be relieved quickly when walking stops." So when ordering a Doppler, look for a description of cramping pain in the calves provoked by walking and relieved by rest. There are a few conditions that can cause an atypical claudication (or claudication equivalent) but these are seen so rarely that they will not be covered here. Just be aware that the Medical Consultant may want a Doppler even when the person is alleging a pain atypical for PVD.

Sometimes the pain is poorly described or the person no longer walks far enough to be provoked. In such cases, you must rely on a diagnosis of PVD made by clinical exam. The clinical findings of PVD most frequently reported are absent or decreased pulses. Occasionally, you will find a clinical exam of the feet and ankles reporting "ischemic changes". These are trophic (pigmentation) changes, loss of hair (particularly on the toes), shiny skin, and loss of the fat pads under the toes. However, a Doppler is not warranted solely on the basis of clinical findings of PVD when an active person is not having pain as a result.

WHEN CAN WE AVOID ORDERING A DOPPLER?

Obviously, it is not necessary to order a Doppler when we can allow the claimant on the evidence we have. However, it is very difficult to allow a claim just on the basis of clinical evidence of PVD and alleged claudication without a Doppler to verify the PVD. One way to avoid needing a Doppler is if there is an arteriogram in the file that failed to visualize the common femoral or deep femoral artery in an extremity. This meets Listing 4.12A. These are very rare as they are considered medical emergencies and almost always result in restorative surgery before we see them.

Another way to allow someone for PVD without a current Doppler is found in #7 of PPM 02-04. It says "if the claimant's impairment met or equaled

the listing criteria (or was a medical/ vocational allowance) prior to surgery, and the claimant develops recurrent claudication post surgery, the case can be allowed without another Doppler", by equaling listing 4.12.

WHEN ARE DOPPLERS CONTRAINDICATED?

There really are no contraindications to a resting Doppler. It is the exercise Doppler which contains risk and the contraindicators for an exercise Doppler are much the same as for an Exercise Treadmill Test. You would not exercise someone with a severe musculoskeletal problem affecting their legs or an abdominal aortic aneurysm or uncontrolled atrial fibrillation just to cite a few examples. Also, we are not required to get an Attending Physician's release before ordering an exercise Doppler. However, if one is in file and the Attending Physician says an exercise test would pose a significant risk to the claimant, this would apply to an exercise Doppler the same as it does to an Exercise Treadmill Test.

HOW DO YOU INTERPRET A RESTING DOPPLER?

The basic thing we are looking for is the ankle/brachial index. There should be one for each leg. If either is below .50, then listing 4.12B1 is met. For toe indices an index of .40 or below equals 4.12B1. The ankle/brachial index is figured in the following manner. The tester takes blood pressure reading in both arms and uses the higher systolic measure to compute the indices for both ankles. The tester then measures pressures at both ankles, preferably both the posterior tibial (PT) and the dorsalis pedis (PD), and uses the higher one to evaluate each leg. If the higher of the PT and DP is less than half of the higher of the 2 brachial systolic measures, the case meets 4.12B1. For example:

L. arm BP 140/90, R. arm BP 150/95—use the higher 150

L. ankle pressures, DP 65 and PT 70 — use the higher 70,

R. ankle pressures, DP 100 and PT 90—use the higher 100.

In this case, the left ankle/brachial index would be 70/150, or .47 and the right ankle brachial index would be 100/150, or .67. Since the left index is below .50, this case would meet 4.12B1.

HOW DO YOU INTERPRET AN EXERCISE DOPPLER?

First, remember that an exercise Doppler is only going to be done if the resting index is from .50 to .79. Okay, so the exercise test has been done. What do you look for first? See if the DP or PT of either ankle taken immediately after exercise is less than half of the resting DP or PT (note: we no longer look at the arm pressures. We are comparing resting PTs to exercise PTs and resting DPs to exercise DPs). To meet listing 4.12B2, these pressures must go down to half or less of what they were at rest. Next, look at the readings at 5 minutes and 10 minutes. If these still have not come back to the level they were at rest, then you may meet 4.12B2. One oddity about listing 4.12B2 is it says "requiring 10 minutes or more to return to pre-exercise levels". So it is possible to meet 4.12B2 if the 10-minute pressure is exactly what it was before exercise.

How can you tell if the case meets 4.12B2 in such cases? Look at the 5-minute level. If it is significantly below the resting level and the pressure at 10 minutes is right at the resting level, you can conclude that it took the whole 10 minutes to return and meet 4.12B2. If the 5 minute level is close to or the same as the resting level, you can conclude that the pressures returned to normal before the 10 minutes and then you can not meet 4.12B2.

RFC IMPLICATIONS OF DOPPLERS.

What if the exercise reading is not half or less of the resting ankle pressures? What if the exercise pressures return to resting level within 10 minutes? You can not meet 4.12B2, but you might still have an allowance. *(Note: Please remember that when you looking at RFCs, there are no automatics. Whatever RFC is assigned, MUST be well reasoned and consistent with reports of ADLs in the file).*

The first thing you should look at is the exercise level. Listing 4.12B2 is predicated on an exercise level of 6 METs; i.e., 2 MPH on a 12% slope for 5 minutes. If the claimant was unable to exercise to this level and had to stop due to claudication, you may want to consider an equals or an RFC for less than 2 hours stand/walk (especially if the exercise pressures went down to half or less the resting pressures but return to pre-exercise level within 10 minutes or did not go down to half the resting pressure but had not returned to resting level within 10 minutes). You could easily argue for a sedentary RFC and you would ordinarily not give a light or medium RFC. Think about it. We have shown that the claimant becomes symptommatic at less than 6 METs so unless there is something screwy about the test, the claimant certainly could not tolerate being on their feet standing and or walking throughout a workday.

Even if the claimant does exercise 6 METs, if their readings met one test but not the other (i.e, went below 50% of the resting level or did not return to resting level by 10 minutes), you may still be able to give them a sedentary RFC (dependent on the claimant's reported functioning level, of course). If neither test was met, you will probably be looking at a light or medium RFC. Usually someone who requires the exercise portion of the test would not be considered nonsevere. If the claimant stopped exercising before 6 METs for reasons other than claudication and neither test was met (went below 50% if resting level or did not return to resting level within 10 minutes), discuss the case with a Medical Consultant. If they stopped before 6 METs for a valid reason, you should be able to support a sedentary RFC.

Doppler Desk Aid

When Do You Order A Doppler?

Claimant describes a cramping pain in the calves when walking which is relieved by rest OR Medical source gives a diagnosis of PVD based on clinical evidence of diminished or absent pulses or ischemic changes in the feet (trophic changes, hair loss, shiny skin) and ADLs are restricted.

AND

The claimant does not report recurrent claudication after having listing level PVD surgically corrected (this is an equals).

AND

The file has no MER Doppler showing a meets of 4.12B1 (resting index below .50) or an equals of 4.12B1 (diabetic with toe index .40 or lower) and no MER arteriogram showing a meets of 4.12A (by failing to visualize the common or deep femoral).

AND

There is no note from the Attending Physician in file saying an exercise test poses significant risk.

THEN

Order your Doppler.

How To Interpret A Resting Doppler

1) Look at the systolic pressure reading in both arms and use the higher one (example: R arm 150/90, L arm 140/85, use 150)

2) Look at both the PT and DP readings in each ankle and use the higher one (example: PT 70 and DP 80, use 80)

3) Divide the higher ankle reading by the higher arm reading for each ankle (example: 80 divide by 150 = .53)

4) If either ankle/brachial index is below .50, the case meets 4.12B1.

5) If neither ankle/brachial index is below .80, exercise testing is rarely warranted (however, in cases of severe diabetics, you may need to get a toe indices Doppler).

6) For severe diabetics, the toe reading is substituted for the ankle (DP and PT) readings. A toe index of .40 or below equals 4.12B1.

How To Interpret An Exercise Doppler

1) Compare resting pressures to post exercise pressures. (Do not compare with brachial pressures. Compare the same locations to each other; resting left PT to exercise left PT, resting right DP to exercise right DP, etc.) Listing level requires the post exercise pressure to be half or less of the resting pressure.

2) Compare the pressure at 5 minutes and 10 minutes to the same resting pressure. Listing level is when pressures do not return to resting levels within 10 minutes.

3) When both 1 and 2 are at listing level, the claimant meets 4.12B2.

4) If 4.12B2 is not met, check the exercise level reached. If claimant did not complete around 6 METs (2mph on 12 degree slope for 5 minutes) due to claudication symptoms AND either 1 or 2 (but not both) were at listing level, give at least a sedentary RFC and consider an equals or an RFC for less than 2 hours stand/walk.

5) If the claimant was unable to complete 6 METs for any valid reason, this may support a sedentary RFC.

6) If the claimant was able to complete 6 METs and either 1 or 2 was at the listing level but not both AND the claimant and/or his AP notes significant functional limitations in standing/walking, consider an RFC for 2 hours stand/walk.

7) If the claimant was able to complete 6 METs and neither 1 nor 2 was at listing level, consider an RFC for light or medium (depending on other findings)

8) A person with a resting index below .80 will rarely be nonsevere.

Career Opportunities

The Delaware DDS

is currently accepting applications for Adjudicators on an *open continuous* basis.

- **We offer competitive salaries**
- **A comprehensive benefit package**
- **Private offices for our adjudicative staff**
- ***A professional working environment, where independence is valued!***

The Delaware DDS is proximally located and is within driving distance to the New York, Philadelphia, Baltimore & D.C. metropolitan areas.

For additional information regarding employment opportunities,
Contact:

Andrew Marioni, DDS Director; @ 302.761.8293 or email: andrew.marioni@ssa.gov

NADE Thanks

Dr. Ward Jankus
and
L & S Associates Inc.

for their continued corporate support.

GOLD Corporate Member
FAMILY INDEPENDENCE AGENCY

235 South Grand Avenue
Suite 1414
Lansing MI 48909

Charles A. Jones
Office of Reengineering and Quality Management Director
517.335.4655 Fax 517.241.8390

Rick Swift **Silver Corporate Member**
Chief Operating Officer

Access Health Services, P.C.
Independent Consultative Examinations

Delran Professional Center
8008 Route 130 North, Suite 200
Delran, New Jersey 08075
Phone: 856.824.9310
Fax: 856.824.9315
E-mail:rswift@accesshealthservices.net
Internal Medicine, Pediatrics, Psychology, Speech & Language

SOURCECORP
30 Wall Street
Binghampton NY 13901
607.724.0845
Fax: 607.724.3141

Jim Coseo
jcoseo@ix.netcom.com

SOURCE CORP

A National Single-Source Provider Of Outsourced Document Management Services

SOURCECORP was founded in 1994 with an initial vision to create a national single-source provider of outsourced document management services. A relatively new concept in this industry in 1995, the document management business was highly fragmented with over 3,500 small private companies but no large players. The company felt strongly that there was a need in the market for a one-stop shop that could provide a broad array of document management services to customers nationally.

One of SOURCECORP's objectives was to provide significant value to customers in the area of Release of Information (ROI) services. SOURCECORP purchased several regional companies –APS in MN, Premier in WA, MCRS in CA, Recordex in PA, Acadian in LA, and Quality Copy Service in FL, among others –forming a core which would ultimately make it one of the nation's leading providers of ROI services, including fulfilling MER requests from virtually all disability agencies throughout the US.

SOURCECORP continues to perfect its ROI process, maintaining the security of the original record and guarding its confidentiality. Its state-of-the-art software includes:

- Web-enabled ROI computerized management system;
- Intranet usage secured by Verisign 128 bit encryption;
- Images of request and authorization of completed requests available online;
- Multiple facility search and reporting capabilities; and
- Solutions for HIPAA regulation requirements.

SOURCECORP's interaction with Disability Determinations has been most extensive in New York, where they have held the exclusive contract with the State's DD office for retrieval of MERs since 1995. Previous to entering into its MER contract with SOURCECORP in 1995, New York's Disability Determinations office relied on hospital staff and available ROI contractors to retrieve MER data from the over 300 hospitals located throughout the State. Turnaround time for fulfilling MER requests were so poor in some hospitals that New York DD was compelled to reassign Disability Analysts to MER requests in order to meet performance standards for case adjudication.

Under the current exclusive arrangement, New York DD transmits electronically to SOURCECORP all its MER requirements on a daily basis. SOURCECORP receives all requests, sorts them by hospital and distributes those consolidated requests electronically to the 50+ staff stationed in/assigned to the 300 hospitals. Once at the hospital, SOURCECORP staff retrieve the needed medical folder (or have it retrieved by hospital records management staff), review the record and abstract those components that are considered pertinent to the MER request, scan only those documents onto their laptop PCs and, at the end of the day, transmit those images to SOURCECORP's central office where the scanned records are merged and then transmitted back to the requesting DD office.

As a result of the use of a dedicated contractor performing its MER retrieval, New York was able to dramatically improve it case processing performance, establish improved relations with hospitals and re-deploy its previously assigned case examiners from lower level retrieval work to higher level case analysis work.

Because of its in-depth knowledge of the DD workflow and its longstanding relationship with New York, SOURCECORP was invited to participate in a unique pilot program wherein they imaged folders of adjudicated cases that would be needed in the future for Continuing Disability Review (CDR). During the pilot, SOURCECORP was charged with imaging, storing and making ready for retrieval of case folder documents approved for CDR. SOURCECORP was able to perform its functions in such a manner that case folders were actually returned to Federal custody with no additional time being added to the process.

Once the case folder document images were captured, they were available on SOURCECORP's secure, web-based repository, *Fastrieve* as well as on CD (for disaster recovery backup). New York's pilot involved over 18 months of approved cases, nearly 14 million document images, which are now secured for use in the upcoming years when the cases will again be reviewed during the CDR process.

Continued on next page

Continued from previous page

The pilot project was a clear success, demonstrating that a centralized image repository can be built without negatively impacting the current workflow and offering vastly improved storage and retrieval capabilities upon which future process improvements can be based.

David Avenius, Deputy Commissioner for NYS Division of Disability Determinations, was the driving force behind the pilot program. He has stated that "this imaging technology will allow us to perform our job more efficiently and effectively while saving time and taxpayer dollars, and at the same time, ensuring better service to our disabled population: a clear 'win-win' situation for all parties."

SOURCECORP expects to continue to be a significant player in the document management field and a major contributor to the initiatives being offered to improve the Disability Determination process.

NADE Board Members 2002-2003

OFFICERS

PRESIDENT
Terri Klubertanz
PO Box 7886
Madison, WI 53707
608.266.7604
Fax 608.266.8297
theresa.klubertanz@ssa.gov
QA and Special Projects Supervisor

PAST PRESIDENT
Jeff Price
PO Box 243
Raleigh, NC 27602
919.212.3222 ext. 4056
800.443.9359
Fax 919.212.3155
Jeff.Price@ssa.gov
QA Case Consultant

SECRETARY
Shari Bratt
PO Box 82530
Lincoln, NE 68501-2530
402.471.2663
Fax 402.471.2969
skb@www.nedds.state.ne.us
Hearings Officer

TREASURER
Lyle E. Larson
811 E 10th Street, Department 24
Sioux Falls, SD 57103-1650
605.367.5499 ext 127
Fax 605.367.5485
Lyle.Larson@ssa.gov
Hearings Officer

REGIONAL DIRECTORS

GREAT LAKES
Mimi Wirtanen
1512 Lamont St
Lansing, MI 48915
517.373.4205
Fax 517.373.4347
Mimi.Wirtanen@ssa.gov

GREAT PLAINS
Sharon Belt
3024 Dupont Circle
Jefferson City, MO 65109
573.526.7021
Fax 573.526.2950
Sharon.Belt@ssa.gov
Director of Program Development

MID-ATLANTIC
L. Kay Welch
170 W Ridgely Road
Suite 310
Timonium, MD 21093
410.308.4445
Fax 410.308.4303
Linda.K.Welch@ssa.gov
Vocational Technical Specialist

NORTHEAST
Brenda Crosby
268 Wiscasset Road
Whitefield, ME 04353
207.287.7961
Fax 207.287.7964
Brenda.Crosby@ssa.gov
Hearings Officer

PACIFIC
Micaela Jones
P O Box 45563
Boise ID 83711
208.327.7333 ext 321
Fax 208.327.7331
MJones@dds.state.id.us
QA Specialist

SOUTHEAST
Ruth Trent
P O Box 1000
Frankfort, KY 40602
502.564.8050 ext. 4176
Fax 502.252.7025
Ruth.Trent@ssa.gov
Professional Relations Officer

SOUTHWEST
Chuck Schimmels
P O Box 24400
Oklahoma City, OK 73124-0040
405.840.7138
Fax 405.840.7523
Charles.Schimmels@ssa.gov
Unit Case Consultant

CHAIRPERSON-COUNCIL OF CHAPTER PRESIDENTS
Jane Bradley
18 Roosevelt Road
Springfield, IL 62703
217.782.8321
Fax 800.291.0177
Jane.E.Bradley@ssa.gov
Disability Claims Adjudicator II

APPOINTED DIRECTORS

LEGISLATIVE
Martha Marshall
2704 Frank Street
Lansing, MI 48911
517.882.8073
MAMarshall2704@aol.com
Professional Relations Officer

MEMBERSHIP
Susan R. LaMorte
675 Joralemon Street
Belleville, NJ 07109
973.648.3572
Fax 973.648.2802
Susan.Lamorte@ssa.gov
Regional Manager

PUBLICATIONS
Donna Hilton
1117 Sunshine Drive
Aurora, MO 65605
417.888.4152
Fax 417.888.4069
Donna.Hilton@ssa.gov
drhilton@sofnet.com
Professional Relations Specialist

NADE Committee Chairpersons

AWARDS
Glenda Croom
P O Box 149198
Austin, TX 78714
512.437.8592
Fax 1.866.437.9919
Operations Unit Manager

CONSTITUTION & BYLAWS
Gayle Hull
P O Box 5030
Buffalo, NY 14205
716.847.3663
Fax 716.847.3666
gayle.hull@dfa.state.ny.us
Regional Training Coordinator

DDS ADMINISTRATORS/ SSA LIAISON
Debi Gardiner
521 Parish Boulevard
Mary Esther, FL 32569-3425
850.244.2763 ext 209
Debi.Gardiner@ssa.gov
Claims Representative

ELECTIONS & CREDENTIALS
Rebecca Calvert
897 El Morro Dr.
Rio Rancho, NM 87124
505.841.5608
Fax 505.841.5724
Rebecca.Calvert@ssa.gov

HEARING OFFICER
Cynthia K. Mejia
8007 Brookings Court
Elk Grove, CA 95758-6592
901.263.5012
Fax 800.900.6267
Cynthia.K.A.Mejia@ssa.gov
Case Adjudication Bureau

HISTORIAN
Jim Teramani
1416 Eagle Ridge Run
Belair, MD 21014
410.638.6034
Fax 410.308.4400
James.Teramani@ssa.gov
Vocational Rehabilitation Specialist

LITIGATION MONITORING
Gabe Barajas
821 W. Bershin Blvd.
Cheyenne, WY 82001
307.777.6582
Fax 307.637.0247
Gabriel.Barajas@ssa.gov
Hearing Officer

LONG RANGE PLANNING
Lisa Elliott
4550 Carriage Hill Lane
Columbus, OH 43220
614.442.8707
Fax 614.442.1749
c.elliott@worldnet.att.net

NADE/SSA SYSTEMS LIAISON
Dale Foot
2295 North Fairview Lane
Rochester Hills, MI 48306-3931
517.241.3688
Fax 517.373.2149
Dale.Foot@ssa.gov
District Manager

NATIONAL DISABILITY PROFESSIONALS WEEK
Paula Christofoletti
78 Regional Drive, Building 2
Concord, NH 03301
603.271.3341 ext 332
Fax 603.271.1114
Paula.Christofoletti@ssa.gov
Claims Examiner

NOMINATIONS
LaVonne Mercure
2530 South Parker Road, Suite 500
Aurora, CO 80014-1641
303.752.5562
Fax 303.752.5755
LaVonne.Mercure@ssa.gov
Disability Examiner

NON-DUES REVENUE
Susan Smith
5781 Coldcreek Dr
Hilliard OH 43026
614.438.1879
Fax 614.438.1305
Susan.X.Smith@ssa.gov
Disability Adjudicator II

ORGAN DONATION/ TRANSPLANT
Gail Gore
1505 McKinney
Boise, ID 83704
208.327.7333
Fax 208.327.7331
Gail.Gore@ssa.gov
Senior Adjudicator

PROFESSIONAL DEVELOPMENT COMMITTEE
Melissa Robertz
1427 Bright Court, NE
Keizer, OR 97303
503.566.6678
Fax 503.373.7202
Melissa.L.Robertz@ssa.gov
Disability Analyst

RESOLUTIONS
Christa Royer
PO Box 4446
Shreveport, LA 71134
318.869.6555
Fax 318.869.6406
Christa.Royer@ssa.gov
Disability Examiner II

NADE Membership Application

(Please print name, title & designation as desired on your Membership Certificate)

Check the appropriate box in each section.

- ❑ New Member
- ❑ Renewal

- ❑ Full $50.00
- ❑ Associate $50.00
- ❑ Full Support $25.00
- ❑ Retiree $25.00

- ❑ Corporate $200.00
- ❑ Silver Corp. $350.00
- ❑ Gold Corp. $500.00

Name _____
Prefix First Middle Last Suffix

Professional Designation_____

Address_____

City _____ State _____ Zip_____

Local Chap #_____ Wk Phone (_____) _____ Email _____ ❑ @ssa.gov

NADE's membership year runs from July 1st through June 30th each year. Your membership will expire on the June 30th following your join date.

Exception: All new memberships received between January through June will receive an expiration date of June 30th of the following year. NADE does not prorate dues.

Mail to: National Association of Disability Examiners State National Bank NADE Account P.O. Box 599 Frankfort KY 40602
(Make check payable to NADE)

Change Of Information Form For: (Name) _____

CHANGES: (ONLY ENTER CHANGED DATA)

Name _____

Address _____

*Local Chapter # _____ Daytime Phone (____) _____

Professional Designation _____

City _____ State _____ Zip _____

Email Address _____ ❑ @ssa.gov

Other: _____

Mail or Fax To: Susan R. LaMorte 675 Joralemon Street Belleville, NJ 07109 Susan.Lamorte@ssa.gov Fax 973.648.2802

STATEMENT
Of The
NATIONAL ASSOCIATION OF DISABILITY EXAMINERS

Theresa Klubertanz, President

Prepared for the
House Committee on Ways and Means
Subcommittee on Social Security

Hearing on

Social Security Administration Service Delivery Budget Plan

July 24, 2003

Chairman Shaw, Representative Matsui, and members of the Subcommittee, thank you for this opportunity to present the viewpoint of the National Association of Disability Examiners (NADE) on the Social Security Administration Service Delivery Budget Plan. We appreciate the Subcommittee's vigilant oversight of the Social Security program and your willingness to obtain input from our Association and others with expertise, experience, and understanding of the issues facing the Social Security and Supplemental Security Income (SSI) disability programs.

NADE is a professional association whose purpose is to promote the art and science of disability evaluation. Our members, whether they work in the state Disability Determination Service (DDS) agencies, the Social Security Field Offices, SSA Headquarters, OHA offices or in the private sector, are deeply concerned about the integrity and efficiency of the Social Security and SSI disability programs. Simply stated, we believe that those who are entitled to disability benefits under the law should receive them; those who are not, should not. We also believe decisions should be reached in a timely, efficient and equitable manner. The Commissioners' Strategic Plan, with its emphasis on service, stewardship, solvency and staff, provides an excellent blueprint for achieving those goals.

Please visit the Testimony section at nade.org for the complete transcription of this testimony

NATIONAL ASSOCIATION OF DISABILITY EXAMINERS
PO BOX 50006
SPRINGFIELD MO 65805-0006

Address Service Requested

PRSRT STD
U S POSTAGE
PAID
SPRINGFIELD MO
PERMIT # 616