



PULASKI COUNTY MEDICAL SOCIETY

# News

February 2024

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When you think professional, ethical, quality healthcare,  
think physicians of Pulaski County Medical Society.

## March

03 | 2024

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					01 PAY PCMS DUES!	02
03	04	05	06	07	08	09
10	11	12	13	14	15	16
17	18	Dues Reminder			22	23

The bylaws of the Pulaski County Medical Society state that the Annual Dues must be paid by March 1, 2024, or the member is dropped from the roles of the society.

This is very important if you, as a physician, use the Medical Exchange. You can pay your dues by clicking on the link below and entering your name, or the names of all the people you are paying for.

<https://pulaskicms.org/event-registration/>

The Pulaski County Medical Society (PCMS) was the first medical organization chartered by the State of Arkansas in 1866. For more than 150 years, PCMS physicians have been the voices for organized medicine at the community level. Strategic planning efforts are clearly defined through the organization's Vision and Mission statements.

## Our Mission

Promote medical care, professional growth and public health.

## Our Vision

The purpose of this Society shall be to promote the highest standards of medical care; protect the public health of the community; and to guard the professional interests of its members.

# Coding: Opportunities to Improve Your Bottom Line

ELIZABETH WOODCOCK, DRPH, MBA, FACMPE, CPC; REPRINTED FROM THE SVMIC SENTINEL

A recent article in the popular peer-reviewed journal, *Annals of Internal Medicine*, pointed out that primary care physicians were leaving more than \$200,000 on the table in unbilled services each year – to be exact, “\$124,435 (interquartile range [IQR], \$30,654 to \$226,813) for prevention services and \$86,082 (IQR, \$18,011 to \$154,152) for coordination services.” Most, if not all, physicians, would agree that this revenue boost would be a welcome addition to their practice’s bottom line. Coding opportunities are particularly appealing because there are rarely any costs associated with the revenue bump – the space, staff, computer systems, etc., have already been paid. Therefore, financial earnings because of improvements in coding fall directly to the bottom line as profits.

Before we unpack the opportunities, let’s determine the reason behind the problem. Medical practices typically rely on one or two people as subject matter experts. That person is normally overworked and underappreciated. Unless prompted, seeking information about coding opportunities is typically not a priority due to their workload, and they don’t make an incremental dime for correcting a past mistake or discovering a new coding opportunity. Coding conferences for billers ceased during the pandemic and are just now resuming. And, perhaps most importantly, coding is not easy. There are thousands of CPT® codes. Understanding how they are matched or paired with other codes is a massive undertaking, let alone the reimbursement rules that govern getting paid. Did I mention that the typical practice participates with dozens of health plans, if not hundreds? Each one has different rules for getting paid. Frankly, it’s a hot mess.

It’s not possible to escape the chaos of the reimbursement landscape in healthcare. However, there are opportunities to effectively navigate the challenges. Invest in good people – and have them attend formal training at least once a year. Ask them to prepare a presentation upon their return, with a minimum of three recommendations. Make sure they connect with at least one other practice of your specialty to exchange ideas once or twice a year. Engage with an online coding advice service to maintain currency; CodingIntel is a good resource. Consider adding an automated code scrubber package to your electronic health record system.

To determine the opportunities, take a multi-pronged approach. First, ask the person who codes and bills for you to shadow you for a half-day. Without showing the coder/biller what you do, the employee may never know the “real” opportunity. The employee can experience what you do firsthand, thereby identifying potential gaps

in documentation. Take, for example, the moderate “risk” column in the medical-decision making (MDM) table. It includes: “Diagnosis or treatment significantly limited by social determinants of health (SDOHs).” Moderate risk is one of two components (in addition to data and problems) needed to code an office or hospital encounter as a level 4, yet many physicians don’t realize that patients’ inadequate housing, unemployment, divorce, low income, or other SDOHs can lead to a higher level of code. Therefore, it is not documented. Shadowing the physician allows the employee to identify the opportunities firsthand – thereby encouraging documentation that can lead to improved coding opportunities.

Next, know the basics yourself. Physicians and practice executives should spend at least one hour per month perusing the coding section of their specialty society website. Whether you’re a pediatrician – or an interventional radiologist – there is a coding resource section for your association. Read it.

Finally, contemplate the situation. What services did you perform today – or last week? How did you code them? Perhaps you’re confident in the codes you submitted; however, are you sure the auxiliary services you ordered in your practice – or performed yourself – were coded and billed appropriately? Prior to computers, these were all captured on forms; since the visibility is gone, make sure your practice has replicated the workflow in your computer. One way to do this is to take a single clinic day from last summer and ask an employee to pull all the codes submitted and payments received. Are there any surprises? Without going overboard, gather evidence about the coding and billing protocols for your practice so that you can make changes for the better.

Coding opportunities take some effort, but the payoff is certainly worth your time.

## PREVENTIVE CARE PROVIDERS

For primary care physicians – as well as specialists engaged in preventive care – query the government’s “Medicare Preventive Services” reference chart to ensure you’re billing appropriately for services rendered. In addition to being a value-add to patients’ care, many services can be provided at no cost to Medicare beneficiaries, thus eliminating the administrative burden of collecting from the patient.

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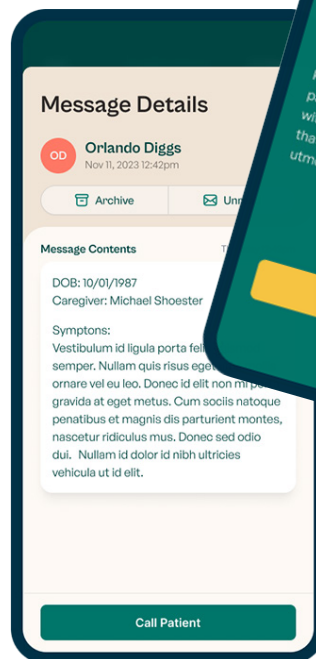
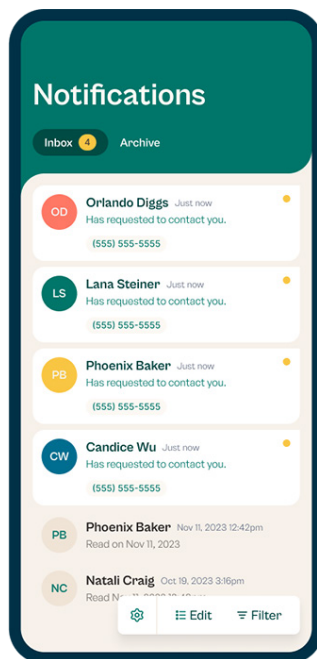


## New HIPAA Compliant App Coming to the Medical Exchange

For the past several years the Pulaski County Medical Exchange (PCME) has relied on PingMD for sending messages that involve patient personal health information to doctors and nurses. Over the past year PingMD has had its issues, to say the least. That prompted the PCME board and staff to begin looking into an alternative to replace PingMD that would be more reliable. Many apps were looked at but they all meant relying on a third-party vendor, and it meant increasing the price of its use by our customers.

With these factors in mind, the board of directors made the decision to build our own app so that no one could come in and change the rules on us, and we would control its content and updates.

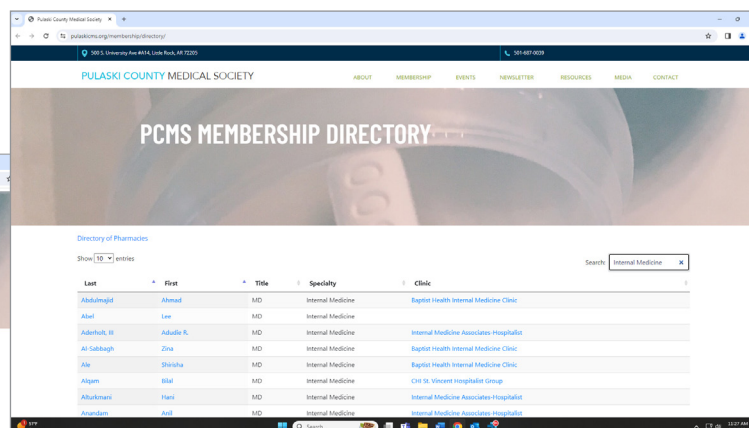
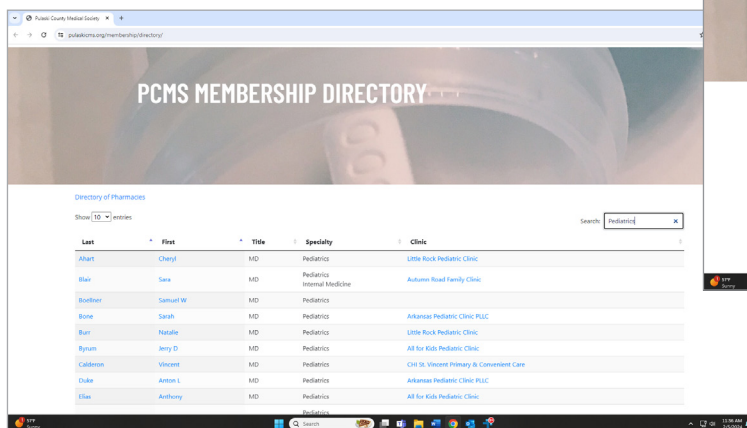
We have been working with FEW, to create this app and we should begin field testing it late in March 2024. Our goal is to begin switching doctors and nurses to the new app during the middle to late second quarter of 2024. The plan is to switch everyone one clinic at a time once the inevitable kinks are worked out.



## Use the Online Membership Directory for Referrals

Instead of using the outdated paper directory from 2016, or older, click on the link below and see the ONLINE version that is updated constantly.

<https://www.pulaskicms.org/membership/directory/>



## Baptist Health Neurosurgery Arkansas Awarded Advanced Certification in Spine Surgery From The Joint Commission

Baptist Health Neurosurgery Arkansas has earned The Joint Commission's Gold Seal of Approval® for Advanced Certification in Spine Surgery (ACSS) by demonstrating continuous compliance with its performance standards.

The Gold Seal is a symbol of quality that reflects a health care organization's commitment to providing safe and quality patient care.

"We are proud to be the first facility in the state to receive advanced spine certification from The Joint Commission," said Blake Phillips, MD, board-certified neurological surgeon. "This recognition clearly sets Baptist Health Neurosurgery Arkansas apart as a leader in Arkansas. It is also a testament to our long-standing commitment to providing quality, compassionate spine services for the patients who entrust us with their care."

Offered in collaboration with the American Academy of Orthopaedic Surgeons, the certification helps organizations provide consistent communication and collaboration among all health care providers involved in the care of the patient – from the pre-surgical consultation with the spine surgeon to the intraoperative, hospitalization or ambulatory surgery center admission, rehabilitation activities, and then the follow-up visit with the surgeon.

To be eligible for ACSS, organizations must implement evidence-based care and clinical practice guidelines and participate in the American Spine Registry, a national quality improvement registry for spine care. These requirements include at least 200 spine surgery procedures, data collection on standardized performance measures for a minimum of four months prior to

certification review, standardized order sets for spine surgery patients, utilization of clinical practice guidelines to provide evidence-based care and active participation with the American Spine Registry (ASR).

Additionally, organizations need to collect performance measurement data on surgical site infection rates, new neurological deficits, unplanned return visits to the operating room, and pre-operative and post-operative patient reported outcomes.

Baptist Health Neurosurgery Arkansas underwent a rigorous onsite review on Dec. 12 and 13, 2023. During the visit, a Joint Commission reviewer evaluated compliance with related certification standards including: clinical information management, program management, supporting self-management and delivering or facilitating clinical care. Additionally, performance measurements were reviewed including surgical site infection rates, new neurological deficit, unplanned return visit to the operating room and patient reported outcomes.

"Advanced Certification in Spine Surgery recognizes healthcare organizations committed to striving for excellence and fostering continuous improvement in patient safety and quality of care," says Ken Grubbs, DNP, MBA, RN, executive vice president of Accreditation and Certification Operations and chief nursing officer, The Joint Commission. "We commend Baptist Health Neurosurgery Arkansas for using The Joint Commission certification process to reduce variation in clinical processes and to strengthen its clinical program to drive safer, higher quality and more compassionate care for individuals served."

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## Baptist Health Medical Center-North Little Rock Introduces Nitrous Oxide Option For Mothers in Labor

Women who want to labor with minimal interventions and choose to deliver at Baptist Health Medical Center-North Little Rock now have the option of using nitrous oxide, more commonly known as "laughing gas," for pain management.

The effects of nitrous oxide are different for every woman, but it is said to allow you to relax and cope with labor. Nitrous oxide used for labor discomfort is a mixture of 50% nitrous gas and 50% oxygen. It is inhaled through a hand-held mask and self-administered, allowing mom

to use it as needed with each contraction. The gas slows the nervous system, which makes you feel less inhibited. It also can create a sense of well-being or euphoria.

Starting to inhale before a contraction allows the pain relief to occur when the contraction reaches its peak, providing the greatest relief. It may be beneficial for women who are prone to anxiety or want the ability to move more freely during labor.

*continued on page 5*



## UAMS Kidney, Liver Transplant Programs Again Rated Among Best in Nation

The University of Arkansas for Medical Sciences' (UAMS) kidney and liver transplant programs have again received some of the highest ratings in the country in a report comparing transplant programs nationwide.

A January report by the Scientific Registry of Transplant Recipients (SRTR) shows that both solid-organ programs scored five out of five bars — the highest score possible — for the speed at which patients obtained an organ from a deceased donor after getting on the waiting list.

This category has the largest impact on survival, according to the registry.

"We are thrilled that an unbiased national entity can see what we know firsthand: that our kidney and liver transplant programs are highly regarded, even among some of the largest medical centers in the country," said Cam Patterson, M.D., MBA, UAMS chancellor and CEO of UAMS Health.

At the behest of the U.S. Department of Health and Human Services, SRTR releases a report every January and July comparing the nation's 256 kidney transplant programs and 150 liver transplant programs. The latest report covers the last six months of 2023.

In addition to receiving five bars for the speed of obtaining deceased-donor kidneys, the UAMS kidney program scored five bars for survivability one year after transplant. This placed it first in the country in the survivability category and fourth in the country overall.

UAMS' liver transplant program also received five bars for the speed at which patients obtained a deceased-donor liver, ranking it second nationwide in that category, behind the University of Florida Health Shands Hospital in Gainesville and ahead of The Mayo Clinic Hospital in Jacksonville, Florida.

The UAMS liver transplant program, meanwhile, received four bars for patients' survivability one year after transplant for the third consecutive rankings period. And in a third category that applies only to liver transplant programs — survival while on the waiting list — UAMS ranked first in the country. The Mayo Clinic Hospital in Phoenix was second,

and Methodist University Hospital in Memphis was third.

The overall rankings, which also consider patient volumes at each facility, place UAMS' kidney transplant program fourth nationally, behind programs in New York, Florida and Cincinnati, respectively, even though all four places received five bars for both speed and survivability.

UAMS saw 163 kidney patients while New York University's Langone Health transplant center in New York City treated 278, Health Shands Hospital in Florida saw 210 and the University of Cincinnati treated 193.

"A key element of the success of our transplant programs is the effective team structure at UAMS, enabling the delivery of world-class care comparable to any top-tier hospital in the United States," said Lyle Burdine, M.D., Ph.D., director of solid organ transplants at UAMS. "Transplantation is a highly specialized field, inherently reliant on the seamless collaboration of various hospital departments".

"Patients requiring transplant services, or those who are potential candidates, often face complex health challenges that standard hospitals are not equipped to manage effectively," he added. "At UAMS, from the moment these patients engage with our emergency department, wards, operating rooms or intensive care units, they benefit from the expertise of highly skilled care teams. These professionals are adept at managing the multifaceted health issues transplant patients frequently encounter, ensuring comprehensive and superior care at every stage. Any accolades of the UAMS transplant department reflect an unbiased assessment of the quality-of-care patients can receive at the institution and are reflection of all departments."

UAMS has long provided the only adult liver and kidney transplant programs in Arkansas, and it recently became the first hospital in the state to perform kidney-pancreas transplants since the 1990s.

UAMS provides follow-up care for transplants on the Little Rock campus and at regional clinics in Fayetteville, Jonesboro, Texarkana, Pine Bluff, Fort Smith and Helena-West Helena, ensuring continuity of care statewide.

## Baptist Health Medical Center-North Little Rock Introduces Nitrous Oxide...

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It is also less invasive than an epidural and has fewer side effects for both mother and baby. With nitrous oxide, mothers can safely breastfeed after delivery without concern of passing IV medications to their baby.

With nitrous oxide, you can choose to stop before your infant's delivery and instead use another form of pain relief such as IV narcotics or an epidural. However, nitrous oxide cannot be used in conjunction with other forms of pain management.

## CHI St. Vincent North Recognized with Stroke Care Performance Diamond Award by the Arkansas Department of Health

[CHI St. Vincent North](#), the home of the [CHI St. Vincent Arkansas Neuroscience Institute](#), has been awarded the prestigious [Stroke Care Performance Diamond Award](#) by the [Arkansas Department of Health](#). The award honors CHI St. Vincent for excellence in stroke patient care in the category of stroke band documentation for medium-sized hospitals.

"When a stroke happens, every second counts, and our dedicated team of healthcare professionals is committed to delivering exceptional service while meeting the minute-by-minute needs of those patients," CHI St. Vincent Market CEO Chad Aduddell said. "We are proud to be acknowledged for this award as we continue to work to provide the highest quality of care, ensuring the best outcomes for our patients and their families."

Receiving the Diamond award signifies that CHI St. Vincent demonstrated more than 95% adherence to stroke band documentation. Stroke bands are wristbands

placed on potential and confirmed stroke patients, which include a unique number that is logged within the [Arkansas Stroke Registry](#).

The numbers logged help collect real-time data on stroke treatment from Arkansas hospitals. The data is then used to help optimize the quality of stroke care in Arkansas, decrease death and disability associated with stroke and reduce disparities in stroke patient care. Additional data shows that stroke bands are associated with an average reduction in the door-to-diagnosis time for both EMS and private vehicle patient arrivals.

CHI St. Vincent is a regional health network with a history of providing the highest quality of advanced and rapid stroke care. This year, CHI St. Vincent North received the American Heart Association's [Gold Plus Get With The Guidelines®](#) Stroke Quality Achievement and Target: StrokeSM Honor Roll Advanced Therapy Award.

## CHI St. Vincent Appoints Megan Bonney as President of CHI St. Vincent North

[CHI St. Vincent](#), a leading regional health network serving central and southwest Arkansas, announces Megan Bonney as President of CHI St. Vincent North, effective Jan. 7. Bonney has served as the CHI St. Vincent Director of Orthopedics and Cardiovascular Services since 2022. In her new role, Bonney will be responsible for the overall operations of CHI St. Vincent North, working in the greater mission of the CHI St. Vincent healthcare system to provide accessible and quality care for Arkansans.

"Megan Bonney is a dynamic leader with a track record of excellence in healthcare administration," CHI St. Vincent Market CEO Chad Aduddell said. "Her dedication toward improving efficiencies, building relationships and overseeing larger hospital operations will help us continue to provide top-notch care at CHI St. Vincent North. We are excited about her new role as we work together to provide quality and accessible care to people throughout the state."

Bonney brings more than 10 years of healthcare management and leadership to the role. She joined CHI St. Vincent in 2015 as an Administrative Fellow.

Following her fellowship, she worked as a Planning Analyst for Strategy and Business Development. In 2019, Bonney was promoted to Director of Orthopedic Services, where she directed and led the strategic growth and direction of CHI St. Vincent's orthopedic services. In 2022, her role was expanded to Director of Orthopedics and Cardiovascular Services, where she provided oversight and led the growth of orthopedic and cardiovascular services at CHI St. Vincent.

Bonney has a master's degree in health administration from the prestigious Cornell University Sloan Program in Health Administration. She also holds a bachelor's degree in health and society from the University of Rochester in Rochester, N.Y. Additionally, Bonney has completed the CommonSpirit Emerging Leaders Program, the CommonSpirit Operations Leadership Academy and the Walton College Leadership Circle for Healthcare. She is also a graduate of Leadership Greater Little Rock.



*Megan Bonney*

## UAMS Researchers Awarded \$2.23 Million for Myeloma Precursor Study

Researchers at the University of Arkansas for Medical Sciences (UAMS) recently received two awards totaling \$2.23 million for UAMS' continuing examination of therapies to treat multiple myeloma.

Myeloma Center research director Fenghuang (Frank) Zhan, M.D., Ph.D., and John D. Shaughnessy Jr., Ph.D., professor of medicine, will lead projects funded by a \$1.73 million National Institutes of Health (NIH) U54 grant and a \$500,000 Myeloma Solutions Fund award. The NIH U54 grant collaborates with the Baylor College of Medicine and Duke University. The Myeloma Solutions Fund award includes a collaboration between UAMS, the University of Texas MD Anderson Cancer Center and the Houston Methodist Neal Cancer Center.

Zhan is the principal investigator of the for a project entitled "Prevention of MGUS Progression to Multiple Myeloma by Modulating the Bone Marrow Microenvironment." MGUS refers to monoclonal gammopathy of undetermined significance, a premalignant condition of antibody-producing plasma cells that can frequently progress to multiple myeloma or Waldenstrom's macroglobulinemia.

"The long-term objective is to determine the functional role of the bone marrow microenvironment in the development of MGUS and its eventual progression to myeloma," Zhan said. "The prevalence of MGUS increases with age, suggesting that risk factors associated with aging are important in MGUS development."

Shaughnessy directs the Bioinformatics Core of the U54 project. "Our goal is to provide in-depth molecular analysis of malignant plasma cells and the cells of the bone microenvironment isolated from patients enrolled in clinical trials over the past 25 years at UAMS, with the aim of distinguishing targetable molecular events in MGUS that has progressed to multiple myeloma or Waldenstrom's macroglobulinemia from MGUS that has remained stable for many years," said Shaughnessy.

Shaughnessy added that the results will aid in the identification and "interception" of high-risk MGUS before it converts to overt malignancy requiring intensive therapy" to be carried out through the grant awarded by the NIH's Cancer Prevention-Interception Targeted Agent Discovery Program (CAP-IT) through the National Cancer Institute.

## Ortho Arkansas's Joint Replacement Team Expands with New Orthopedic Surgeon, Dr. Louis Jones

OrthoArkansas is proud to announce the addition of Louis B. Jones, M.D., a highly respected joint replacement surgeon, to its esteemed team of orthopedic specialists. Dr. Jones brings a wealth of expertise and experience in joint replacement procedures, further solidifying OrthoArkansas's commitment to providing the community with top-tier orthopedic care.

Jones is particularly interested in evolving technologies, including robotics and computer navigation. He utilizes both anterior and posterior-based approaches for total hip arthroplasty. He also incorporates various strategies to optimize success for total knee arthroplasty, including kinematic alignment, which strives to personalize the placement of the implant to recreate your native knee shape and balance. He has extensive experience utilizing mega prostheses and custom implants during salvage hip and knee operations.

He is a board-certified orthopedic surgeon who is fellowship-trained in hip and knee replacement surgery. A Mississippi native, he completed his medical degree

and orthopedic surgery residency training at the University of Mississippi Medical Center. Jones completed a hip and knee reconstructive surgery fellowship at Mississippi Sports Medicine and Orthopaedic Center.

His clinical focus is on all aspects of hip and knee replacements, including non-operative management, primary hip and knee replacements, revision surgery, management of prosthetic joint infections, and salvage operations for the hip and knee after multiple failed replacement operations.

"My goal is to meet you wherever you are on your journey to health," said Jones. "Together, we can learn exactly what is wrong, share information on how we can make improvements, and implement a plan to get you where you want to be," he said.



*Louis B. Jones, M.D.*

## WIC Use Decreased During and After COVID-19

Researchers at the University of Arkansas for Medical Sciences (UAMS) found significant declines in WIC participation during and after the COVID-19 pandemic, according to a study published in the American Journal of Public Health.

The researchers — led by student-researcher and UAMS College of Medicine student Savannah Busch — measured changes in participation in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) among more than 10 million Medicaid-covered births across the United States between 2016 and 2022. During this time period, researchers found that participation in WIC went from 66.6% to 57.9%.

In addition to significant declines in WIC participation during and after the pandemic, researchers discovered even greater reductions in the program's participation among individuals of minority race/ethnicity.

"WIC services have been consistently shown to improve infant outcomes at birth, as well as throughout infancy, while providing other maternal health benefits," said researcher Clare Brown, Ph.D., MPH, an assistant professor in the UAMS Fay W. Boozman College of Public Health. "Anything that suggests reduced utilization of WIC for those who may need WIC services is a bad thing, and we found that the COVID-19 pandemic reduced the use of WIC services overall, and there were even larger reductions for individuals of minority races or ethnicities."

According to the U.S. Department of Agriculture's Food and Nutrition Services, WIC provides "supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age 5 who are found to be at a nutritional risk."

To apply for WIC, women must visit a health professional to determine whether they are at a nutritional risk. The availability of such processes and other eligibility

screenings, Brown said, was greatly impacted during the pandemic, as many clinics and agencies had reduced or limited hours and many populations faced new transportation challenges, particularly in areas that more commonly use public transportation. Additionally, for individuals who speak limited or no English, or who work during daytime hours, applying for WIC can be even more challenging, she said.

"When we see that the use of WIC declines for a community who's already at increased risk of bad infant and maternal health outcomes, those bad health outcomes might get even worse," Brown said. "Many public health programs have strict eligibility requirements. Understanding what those requirements are and finding ways to create flexibilities in those requirements is really important, particularly for reducing health disparities."

For the WIC program, those flexibilities could include increased hours of clinics and agencies that facilitate the WIC application process, providing non-English applications and resources, allowing various proofs of residency, increasing the number of stores that participate in the WIC program, and increasing WIC-eligible food products.

Brown added that Native Hawaiian and other Pacific Islander groups saw one of the greatest relative declines in WIC participation over the study's six-year period. This is a critical finding for mothers in Arkansas — a state that was recently ranked worst in the nation for maternal mortality and given the state's large population of Marshallese mothers.

The study, Association of the COVID-19 Pandemic With Women, Infants and Children (WIC) Receipt Among Pregnant Individuals: United States, 2016-2022, can be viewed at <https://ajph.aphapublications.org/doi/10.2105/AJPH.2023.307525>.

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