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about our cover

Happy Doctors’ Day!
The National Doctors’ Day symbol presented on our cover was created by the Design Department at Southern Medical Association in Birmingham, Alabama and was used with their permission.

ATTENTION SOCIETY MEMBERS
We like to feature photographs or other artwork shared by IMS members on the cover of The Bulletin. Submit photographs, artwork, etc., to Beverly Hurt at the Society Office.

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

Remember the Indianapolis Medical Society Foundation when planning your will. (Contribution form included in this issue.) Unless otherwise specified, your contribution will be directed toward medical scholarships.

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President’s Page

Heidi M. Dunnaway, MD

“The mission of the Indianapolis Medical Society is to promote professional growth, advocacy for all physicians, and quality health care for the community!”

Neverland

A recent article in American Medical News (“No Pay for ‘Never Event’ Errors Becoming Standard,” January 7, 2008) caused me to take pause and dig a little deeper. The article focuses on “never events,” serious, reportable in-hospital events that, according to the author, should never happen.

Most of us are familiar with the CMS rule published in August 2007 and scheduled to take effect in October 2008 which will deny payment for eight hospital-acquired conditions. These include such things as pressure sores and ventilator-associated pneumonia. Unless you sit on your hospital’s patient safety or QA committee, though, you may have never seen the list first published in 2002 and then updated in 2006 by the National Quality Forum, a voluntary consensus standard-setting organization. This list includes 28 events that are “of concern to both the public and healthcare professional and providers; clearly identifiable and measurable...; and of a nature such that the risk of occurrence is significantly influenced by the policies and procedures of the healthcare organization” (The National Quality Forum, press release October 16, 2006). Infant discharged to the wrong person, intraoperative or immediate postoperative death in an ASA Class I patient, and patient death or serious injury associated with the use of restraints are only a few of the adverse events. I would encourage you to view the full list at www.qualityforum.org. The CMS and the National Quality Forum lists overlap in five events: pressure ulcers, air embolus, blood incompatibility, object left in patient after surgery, and patient falls. Reporting of many of the events are required in twelve states, including Indiana, and the data is generally available to the public.

Awareness of these largely preventable and serious events is a critical first step in establishing a culture of safety. In order to achieve success in minimizing these events, we must work as part of the larger healthcare team – physicians, nurses, ancillary staff, and administrators. We can be proud that progress has been made as a community to address many of the events. One prime example of this is the collaborative effort of our Indianapolis hospitals to establish a policy for correct site surgery that is standardized throughout the city, regardless of the hospital system. The policy delineates, among other things, how the site should be marked, who should do the marking, and the methods to confirm the patient identity, procedure and site.

In addition to CMS denying Medicare payment for its list of never events, some insurers are traveling down a similar path. Blue Cross Blue Shield has announced plans to develop a similar system. Payers seem to share the sentiment that denying payment will “dis-incentivize” hospitals and providers who are currently being reimbursed for their charges related to a never event. Personally, I find appalling any suggestion that there is financial incentive tied to any of these events. I suspect the flat denial of payment is an oversimplified approach that may have unintended consequences, such as discouraging facilities from admitting higher risk patients and the possibility of underreporting, but I also agree that there must be greater accountability within the system.

On the flip side, many hospitals are doing their part from a financial perspective, as well. In a September 2007 survey by the Leapfrog Group, nearly 1300 hospitals throughout the country (overall 52%) have pledged to waive costs related to a “never event.” These hospitals also pledge to apologize to the patient and family, appropriately report the event and perform a root-cause analysis. Interestingly, smaller hospitals were more likely to adopt this policy: 59% of hospitals 1-100 beds, 53% 101-250 beds and 48% 251 beds or more (American Medical News, January 7, 2008).

We, as physicians, must do our part. Appropriately following surgical time-out policies, screening patients for pressure ulcers, and helping to provide a non-threatening environment for hospital staff are just a few of the actions we can take with little added effort. Keeping current on our hospital’s policies to prevent these events and taking part in the related committees when possible are key. The concept of never events and patient safety is not just isolated to the hospital or in-patient setting, though. The concept of minimizing medical error should also be applied in the out-patient setting. I challenge you to look at your own practice and examine your policies for dealing with such issues as updating patient medications and allergies, office nursing and phone encounter documentation, and tracking changes in health status outside of your area of expertise. While it is true that “To err is human,” many healthcare errors and adverse events can and should be largely preventable, and the public needs to be assured that we are doing our part to avoid Neverland.

Heidi M. Dunnaway, MD
Past President’s Perspective

Bernard J. Emkes, MD

We’re Off to See the Wizard

I get it. Awakening at 5:05 this morning, long before I was due to get up, I opened my eyes. I do not know if it was a dream or the adrenal surge that occurs early each day that doctors know increase risks for strokes and heart attacks, or maybe just a flashback to the old classic song “I Can see Clearly Now...The Rain is Gone (It’s Indiana – the rain over night had turned to snow.) Nevertheless – I get it.

There is a wonderful old, classic movie, recently colorized and modernized, but still a classic – The Wizard of Oz. One of the most memorable scenes in that movie is when Dorothy and Toto and their new-found friends “follow the yellow brick road” to the Emerald City in order to have wishes granted by the Wizard of Oz.

Now this is a very intimidating process, as the wizard is a bigger than life, all-powerful, all-knowing granter of wishes. The darkened, smoke-filled room and the bigger than life, deep baritone-voiced wizard are intimidating to all who come before him. That is until Toto reveals the button-pushing, lever-pulling, microphone wielding old man behind the curtain. Then the real truth is known.

Do you see that this analogy perfectly describes the Medicaid Managed Care processes, or even to some degree commercial payers? Patients, physicians and hospitals supplicate themselves before these wizards hoping to have a wish granted. The wish is for a better life, better health and the ability to be productive citizens. The wish is to get what has been promised to all Americans – “life, liberty and the pursuit of happiness.” Indeed the wizard is all-powerful to grant or deny those wishes. It happens every day. The State has to, one degree or another, grant this power to the Managed Care Organizations as part of the “deal” to shift Medicaid risk to private entities. But, there is a wild card in this particular deal.

Three of the four plans contracted by the state are “for profit” companies, or in part managed by a for-profit company. This creates a conflict of interest. Publicly-traded companies are beholden to shareholders. There are profit expectations to meet. Share prices must be maintained. And with the meager payments allowed under the Medicaid program, something has to give. Some wishes simply have to be denied. Some recipients, or hospitals or physicians will not get their wishes.

So by implementing Medicaid Managed Care, has the state reincarnated the Wizard of Oz, with mostly good intentions, or is this process more akin to dealing with the Wicked Witch of the West?

In the next episode of this epic, I will discuss some specific cases denied by Medicaid Managed Care Plans and the hassles required to get clinically necessary care approved.
### Case #7

**Patient:** Male, age 46 with low rectal cancer  
**Dx:** Colonoscopy and biopsy, transrectal ultrasound showed no LN, CT  
**Tumor:** 4cm width, 3 cm above the anal ring. Clinical and ultrasound stage T3No  
**Tx:** 1. Preop Adjuvant Radiation-Chemotherapy 6 weeks  
2. Rest for 6 weeks  
3. Procedure options:  
   A. Local Excision  
   B. Abdominoperineal Resection & Colostomy  
   C. Low Anterior resection & Coloanal anastomosis diverting temporary loop ileostomy  

**Procedure Chosen:** Lesion too large & deep for local excision. With a transanal & transabdominal approach and a 2cm margin on tumor we were able to accomplish a sphincter sparing proctectomy & coloanal anastomosis 1cm above dentate line and temporary loop ileostomy, which was subsequently closed in 3 months.  

**Result:** 5 yr cure. Continence. More frequent than normal but satisfactory bowel habits.
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• Radiculopathy/pinched nerves
• Sciatica
• Pain after surgery or trauma
• Post Laminectomy Syndrome
• Spinal stenosis
• Neck pain
• Headache
• Diabetic neuropathy
• Shingles
• Reflex Sympathetic Dystrophy
• Complex Regional Pain Syndrome
• Post amputation pain
• Neuralgia
• Foot pain
• Osteo & rheumatoid arthritis
• Pelvic and abdominal pain
• Chronic pain syndromes associated with depression and anxiety
• Cancer related pain

Interventional Procedures:
• Fluoroscopic selective nerve blocks
• Epidural steroid injections
• Facet joint injections
• Spinal cord stimulation
• Rhizotomy
• Neuroablative procedures
• Discography
• Nucleoplasty/coblation
• Spinal delivery systems
• Sympathetic nerve blocks
• Trigger point injections

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• Neuromodulation for intractable pain when surgical correction is not indicated
• Independent medical evaluations
• Intraspinal delivery systems

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Community Health Network named E. Diana Burtea, MD, director of its Family Medicine Residency Program. Dr. Burtea has served as interim program director since August 1 and previously was associate program director.

William R. Finkelmeier, MD, VeinSolutions/CorVasc MD’s, recently presented a talk, “Operative Vascular Surgery in the Endovascular Era,” to over 200 vascular and cardiovascular surgeons at the 32nd Annual Northwestern University Vascular Symposium at the Feinberg School of Medicine, Division of Vascular Surgery.

Theodore A. Nukes, MD, Heartland Neurology, presented a talk at the Health and Healing session on Stroke at Primelife Enrichment through St. Vincent Carmel Hospital.

Bridget M. Sanders, MD, has been named a Fellow of the American College of Surgeons (ACS) during the ACS’s 93rd annual Clinical Congress, held recently in New Orleans.

Sanders practices with the Kendrick Regional Center for Colon and Rectal Care on the campuses of the St. Francis Mooresville and Indianapolis hospitals. She specializes in the treatment of pelvic floor disorders, as well as laparoscopic colon and rectal surgery.

St. Francis Hospital & Health Centers appointed, Timothy J. Williams, MD, (photograph unavailable), its medical director for orthopedics and joint center services. Dr. Williams practices at the Center for Orthopedic Surgery and Sports Medicine and specializes in hip and knee replacement surgery, as well as the treatment of arthritis.

Caryn M. Vogel, MD, Indiana Neuroscience Associates, has been certified in the subspecialty of sleep medicine. She became certified in November 2007.

Rick C. Sasso, MD, Indiana Spine Group, authored an article published in the most recent issue of Seminars in Spine Surgery, Current Concepts in Posterior C1-C2 Fixation.

Jonathan A. Mandelbaum, MD, surgical co-director at the St. Francis Weight Loss Center, announced another weight loss option now offered at the center. The sleeve gastrectomy, an operation that removes part of the stomach and resizes it roughly to the shape and size of a banana. Sleeve gastrectomies are recognized as a first and second stage procedures for weight loss because it can achieve more than 50 percent excess weight loss in as little as 18 months. For patients with a body mass index greater than 60, the sleeve gastrectomy may be the first part of a two-stage operation. Patients may safely lose up to 100 to 150 pounds in a six to 12-month period, at which point the weight loss may plateau and other procedures become less risky. Both stages of the surgery can be performed laparoscopically. Within one to two years after a sleeve gastrectomy, patients in studies have shown resolution for conditions such as diabetes, hypertension, high cholesterol and sleep apnea.

News for The Indiana Hand Center...

William B. Kleinman, MD, was visiting professor for the recent North Carolina Society for Surgery of the Hand meeting in Cleveland, Ohio. His talks were “I Need a Doctor’s Note” and “The Failed Darrach, and Salvage Procedures for the Distal End of the Ulna: There is No Magic.”

Dr. Kleinman also attended the recent American Society for Surgery of the Hand meeting in Seattle and presented the following: “Update on Anatomy and Biomechanics of the Triangular Fibrocartilage of the Wrist”; “Time-tested procedures in Hand Surgery: The Darrach Resection of the Distal Ulna”. He was the Moderator for the symposium panel on “Difficult Problems in Hand Surgery: Ulnar-sided Wrist Pain”. He also presented a session on “Interactive Case Review: Triangular Fibrocartilage Injury/Ulnar/ Carpalm Impaction Syndrome/Distal Radio-Ulna Instability and was Faculty for “Technical Pearls: The Masters.”

Richard S. Idler, MD, participated in the recent AO North America Musculoskeletal Trauma Faculty development Forum in Scottsdale, Arizona. Dr. Fischer was also Honorary Guest Speaker at the Synthes: Advanced Technology Symposium in Cleveland, Ohio. He presented the following: Lecture: “Fragment Specific Fracture Pattern Identification and Stabilization;” Practical Session: “Fragment Specific Fixation in the Distal Radius.”

Dr. Fischer also attended the recent American Society for Surgery of the Hand meeting in Seattle, and was the lab moderator for Synthes, “Technological Advances for Volar Plating and for Treatment of Scaphoid Fractures.” He also presented “How to Diagnose and Treat Complications of Hand Surgery: CTR and Basilar-Joint Arthroplasty” and “Outcomes-Results of Treatment.”

Jeffrey A. Greenberg, MD, attended the recent American Society for Surgery of the Hand meeting in Seattle. He Co-chaired the symposium on “Ulnar Sided Wrist Pain: A Functional Approach.” His lectures during this course were entitled: “Mechanism and Factors in Radio-Ulnar Impingement and Management of the Patient with Post-Traumatic Stiffness of the DRUJ.” Dr. Greenberg was the moderator for The PIP Joint/Anatomy to Arthroplasty.” Dr. Greenberg also participated in the AO North America Musculoskeletal Trauma Faculty Forum held in Scottsdale, Arizona.
Well, there we were again – at the quarterly IMS Retired Physicians Luncheon. It is always great to visit with your friends with whom you matured as a Physician: Anatomy Lab; Neuroanatomy class (Yikes, was that difficult); night call at General (now Wishard) Hospital, where you struggled to restart IV’s at 3 a.m.; OB at General, where you witnessed the delivery of a human being. Physical diagnosis...

The year is 1911...There was a revolution in China – Sun Yat-sen was named president; Roald Amundsen was the first man to the South Pole; Hiram Bingham discovered the Incan city of Machu Picchu; Triangle Shirtwaist Company fire in NYC killed 145 people; IBM began business; Supreme Court found Standard Oil in violation of the Sherman Antitrust Act; NYC Public Library opened; William Howard Taft was U.S. President and the first Indianapolis “500” race was held, with Ray Harroun declared the winner in the Marmon Wasp. We know that Harroun was the winner because of timing and scoring, as our speaker Jon Koskey told us. There was even an attempt at electronic scoring, with a cable laid across the finish line.

But more on that later. Mr. Koskey is a big teddy-bear of a guy who is enthusiastic and obviously loves his job. He explained that he is a techie; he certainly looks like one. He doesn’t have a hint of self importance but he is a very key guy at IRL. Jon grew up near 30th Street and Lafayette Road, not far from the Speedway. He never dreamed that he would have an important job at the “500” Track someday. He attended Purdue University, and then transferred to ITT, where he earned a B.S. in Electrical Engineering and Computer Technology. He joined the Timing & Scoring section at IRL in 1998 and became its director in 2003. He took us back to the beginning of the “500” Race, reviewing the scoring method used in 1911 and the different types...
Mr. Koskey detailed the stages of progress in the scoring methods (nine in all) over the years. In the beginning a serial scoring system and a car scoring system were used. The first attempt at automated scoring in 1911 was not very successful. The 1926-1977 era saw punch card systems tried; 1978-81, the first electronic system; 1982-89, a push button system; 1990-96, a data one multi-loop type with transponders on each car, assuring accuracy to .01 seconds; 1997-99 realized car scorers with Newtons – early PDA’s; 2000 the AMB Chronix single-loop system, accurate to .001 seconds; 2001-04 witnessed two new advances which allowed scoring to .0001 second; and in 2005 there was a new high speed camera, which could take 10,000 photos per second (!!) and DVR recorders. In the 2005 race there were no car scorers – the first time in 90 years.

Jon is in attendance at the races - 16 in all, across the U.S., with one in Japan. He and his crew arrive two days before a race to set up equipment. (Take down only requires three hours.) Timing and scoring is so important now because as many as 10 drivers can finish the race on the same lap. He showed video clips of the top 10 photo finish races in IRL history. The closest race was won by .0005 seconds. IRL is the only racing league that scores to four decimal places. Before 2000, timing was done to two decimal places so that in a few races it could have been a guess as to who finished first, if photos were insufficient to prove the winner.

Methodist Hospital, where I spent most of my waking hours for 31 years, was the official “500” Track Hospital. Mr. Koskey mentioned a few Physicians who played a prominent role in providing health care for the drivers. Methodist had several emergency stations at the track and we practiced “disaster drills” for the “500” Race. Stephen E. Olvey, MD, and later to an even larger extent, Henry C. Bock, MD, led the team that delivered medical care to the drivers. Many safety features were pioneered by those gentlemen, including fire-resistant clothing.

Continued on page 34.
During the Board’s January meeting, Dr. Hanke co-presented with Lisle Poulsen of the American Society for Dermatologic Surgery regarding information concerning the increasing number of procedures involving non-physicians, performing laser hair removal and other dermatologic procedures performed in facilities calling themselves “Medical Spas.”

In 2006, it was reported in the Wall Street Journal that the number of medical spas have tripled to 1,500 from just three years before. Over 11 million cosmetic medical procedures were performed in 2006, of those, 9.1 million procedures were considered “minimally invasive.”

Top 5:
- Botox®
- Chemical peels
- Laser Hair Removal
- Microdermabrasion
- Hyaluronic acid fillers


The top three complications include:
- Burns and scarring from laser hair removal
- Misdiagnosis of skin cancer
- Burns and scarring from chemical peels

Source: ADS Patient Safety Survey

There are several provisions under which legal issues relating to laser medical procedures can fall. These include but are not limited to:
- Definition of the practice of medicine
- Definition of physician supervision
- False and deceptive advertising
- Corporate practice of medicine
- Maintenance of medical records
- Patient assessment requirements
- Facility license requirements for medspas
- Limit to number of remote facilities
- Sale of medical devices

Other states have recently adopted regulation regarding this area:

Louisiana:
- Lasers “whether used or applied for surgical, therapeutic or cosmetic purposes on human beings” constitutes the practice of medicine
- All treatments and procedures must be performed under the licensed physician’s direction and immediate personal supervision—i.e., where the physician is physically present on the premises and immediately available at all times that the non-physician is on duty and retains full responsibility

Mississippi:
- The use of laser, pulsed light or similar devices, either for invasive or cosmetic procedures, is considered to be the practice of medicine in the state of Mississippi and
- Therefore, such use shall be limited to physicians and those directly supervised by physicians, such that a physician is on the premises and would be directly involved in the treatment, if required.

There are currently 15 other states, including Indiana, that are considering some type of change to address these issues.

Indiana currently includes the use of a laser in the definition of the practice of medicine as stated in IC 25-22.5-1.1-1(C), which states: “the performing of any kind of surgical operation upon a human being, including tattooing, except for tattooing (as defined in IC 35-42.2-7), in which human tissue is cut, burned, or vaporized by the use of any mechanical means, laser, or ionizing radiation, or the penetration of the skin or body orifice by any means, for the intended palliation, relief, or cure; or (D) the prevention of any physical, mental, or functional ailment or defect of any person.”

The Board’s sub-committee will continue to collect information regarding this practice and work with all interested parties in the upcoming year to ensure the public health and safety of all Hoosiers.

Twelve New Medical Schools in Accreditation Pipeline

In 2007, seven allopathic medical schools were in various stages of the accreditation process with the Liaison Committee on Medical Education and five osteopathic schools won provisional accreditation from the Commission on Osteopathic College Accreditation, according to the American Medical Association. The flurry of new schools has been spurred by a projected future shortage of physicians. The spike in accreditation activity is particularly unusual for the allopathic medical school community, which has had only one new school open in the past 20 years, according to American Medical News. The osteopathic community has added 10 schools since 1981. For more information, go to http://www.americanmedialnews.org/amednews/2008/01/21/prsd0121.html.

DEA’s Schedule II Controlled Substance law:

Mr. Rinebold informed the Board of the recent DEA publication of the law concerning practice of prescribing schedule II controlled substances. The new rule, published in the November 19, 2007 Federal Register (Docket No. DEA-287) became effective December 19, 2007. An individual practitioner may issue multiple prescriptions authorizing the patient to receive a total of up to a ninety (90) day supply of a Schedule II controlled substance. They can write multiple separate prescriptions for appropriate dosages. On each separate prescription it should indicate: do not fill until “xx/xx/xxxx” and they must sign and date all the scripts with today’s date.

2008 Officers Elected
Stephen Huddleston, JD – President
Nevin Barot, MD – Vice President
Thomas Akre, DO – Secretary

Upcoming meeting dates:
March 27, 2008
April 24, 2008

For assistance with questions or comments please contact: Medical Licensing Board of Indiana, Michael Rinebold, Director, 402 West Washington Street, Indiana Government Center South, W072, Indianapolis, IN 46204, 317.254.2000/Fax: 317.254.4236 or email: group3@pla.in.gov.
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Internal Medicine, 1993
Cardiovascular Disease, 1997
Interventional Cardiology, 2000
Institute of Medical Sciences, India, 1986

Jones, Scott W., MD
Indiana Heart Associates
1402 E. County Line Rd., #2200
46227-0963
Ofc – 887-7880
Fax – 887-7886
Web – www.indianaheart.com
Internal Medicine, 2003
Cardiovascular Disease, 2006
Chicago Medical School, 1998

Kiani, Houman, MD
Beech Grove Urgent Care, Inc.
4902 E. Thompson Rd.
46237-1905
Ofc – 786-1888
Fax – 786-1889
Urgent Care Medicine
Nuclear Medicine
Universidad de Monterrey, Mexico, 1989

Kovacs, Richard J., MD
Krannert Institute of Cardiology
1800 N. Capitol Ave., MPC-2, #E 300 A
46202-1218
Ofc – 962-0500
Fax – 962-0500
Internal Medicine, 1986
Cardiovascular Disease, 1987
University of Cincinnati, 1980

Rohr-Kirchgraber, Theresa M., MD
I.U. Medical Group-Eagle Highlands
6620 Parkdale Pl., #D
46254-4697
Ofc – 297-7773
Fax – 297-3619
Charis Ctr. for Eating Disorders
6640 Intech Blvd., #190
46278-2014
Ofc – 295-0608
Internal Medicine, 1994, 2004
Adolescent Medicine, 1997
Cornell University, 1988

Solito, Leo, MD
Advanced Healthcare Assoc., LLP
5150 Shelbyville Rd.
46237-2601
Ofc – 782-1577*
Fax – 780-5539
Internal Medicine, 1995, 2005
Geriatric Medicine, 2005
De La Salle University, Philippines, 1989

Wooden, William A., MD
545 Barnhill Dr., #EH260
46202-5112
Ofc – 274-0770
Fax – 278-8746
Surgery, 1990
Plastic Surgery, 1994
University of Florida, 1984

Zeh, William G., MD
(Reactivation)
Focus Eye Care
14540 Prairie Lakes Blvd. N., #100
Noblesville, 46060-4326
Ofc – 770-8555
Fax – 770-8558
Web – www.focuseyes.com
Ophthalmology, 2000
St. Louis University, 1994

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• Indianapolis Medical Alliance – a pro-active physician spouse organization.
• IMS Foundation . . . operated exclusively for charitable and educational purposes.
• Project Health, a program developed and sponsored by the IMSF providing healthcare and medications for uninsured patients.
• Commissions & Committees . . .
  Commission on Professional Affairs, investigates charges made against individual members by patients or fellow members; efforts by this Commission generally result in resolution to the mutual satisfaction of everyone.
  Commission on Medical & Health Affairs, considers public health matters as well as legislative issues. Commission on Membership Services, implements programs and services beneficial to all members.
• Annual 7th District Meeting . . . provides physicians and their families in Hendricks, Johnson, Marion and Morgan Counties the opportunity to meet and elect representatives.
• Member Inquiries
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• Indianapolis Medical Society Bulletin
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$59 Million Sold in 2007!
$865+ Million in Career Sales!

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1146 LAKE STONEBRIDGE LN. • $499,900
Low-maint resort style living on beautiful Lake Stonebridge w/boat dock, relaxing screen porch & scenic water views from almost every room! Bright, open flr plan w/tons of windows, gorgeous hdwds, custom bli-ins, w/o lw r bl. (2805706)

713 SUFFOLK LANE • $769,900
Stately brick home in a private, tree-lined setting w/gunite pool & brick paver patio. 2-story great rm w/Flr to ceiling windows, updated kit w/custom cabinets, granite counters & prof gas range; fabulous mstr bath, spacious walkout lw r bl. (2766118)

10756 CLUB CHASE • $824,900
Magnificent home w/tiered brick paver patio overlooking the golf course at the Hawthorns. State-of-the-art kitchen, handsome study, elegant mstr retreat, outstanding lw r bl w/media center, ex rm, bonus rm & more! (2800818)

10737 JACOBS COURT • $549,900
Stunning Ranch home in a quiet cul-de-sac setting w/dedicated boat dock in Canal Place! Gorgeous hardwoods, expansive moldings, spacious kitchen, main bl mstr suite, bonus rm up, finished daylight lw r bl has family rm & more! (2806836)

9150 TIMBERWOLF LANE • $2,295,000
Breathtaking 3/99-acre wooded estate w/pool, fire pit & walking path to Wolf Run Golf Course! Grand 2-story foyer w/limestone Flr, gorgeous lv rm w/ornate limestone fplc; fam rm w/ custom bli-ins, amazing kitchen, awesome fin lw r bl. (2732368)

573 BOLDERWOOD LANE • $999,500
Exquisite home w/treed backyard & expansive deck in Woods at William Creek! Stunning entry, elaborate moldings, custom bli-ins, hdwds, kitchen open to fam & sunrm, awesome walkout lower level loaded w/amenities! (2803491)

8090 SARGENT ROAD $1,599,900
Impressive newly constructed estate home tucked away on 3.5 wooded acres w/breathtaking views! Gorgeous hdwds, handsome study w/fplc, huge mstr w/private porch, entertainer’s kitchen, w/o lw r bl leads to outdoor fplc! (2774185)

445 PINE DRIVE • $1,574,900
Gorgeous colonial-style home in a 1.07-acre park-like setting! Beautifully remodeled throughout, fabulous kitchen open to family room, awesome sunroom, elegant master suite, finished lower level w/media center & more! (2802317)

13639 FRENCHMANS CREEK • $650,000
Beautiful home on quiet cul-de-sac w/pool & gazebo in Cheswick Place. Grand 2-story entry, hdwds, soaring ceilings, dramatic great rm, newly remodeled kitchen w/granite open to fam rm, huge bdrms, finished L/L & more! (2801341)

6745 BARRINGTON PLACE • $699,900
Brick home nestled in a 1.76-acre wooded, cul-de-sac setting! Bright, spacious & open floor plan, inviting entry, gorgeous kitchen open to hearth rm, delightful sunroom, lovely walk-out lower level & much more! (280392)

9468 SULLIVAN PLACE • $2,250,000
Former Indpls Monthly Dream Home in a wooded, quiet cul-de-sac setting! Dramatic entry, state-of-the-art kitchen/hearth, soaring great rm, sumptuous master suite, dynamite walkout lower level w/theatre rm, wet bar & much more! (2803367)

7066 WARWICK ROAD • $474,900
Revitalized & updated Spanish inspired home in Arden w/gorgeous stone exterior, tile roof, arched doors, stucco walls, awesome new kitchen w/custom cabinets, granite counters & stainless appliances, 5 levels of living space! (2802799)
In Memoriam

Eldon Carl Hann, MD
1922 - 2008

Eldon Carl Hann, MD, 85, Zionsville, died Saturday, January 19, 2008 at Indianapolis.
Dr. Hann was born April 2, 1922 in Mexico, Indiana. He was a 1940 graduate of Decatur (Indiana) High School. He received his pre-medical degree from Indiana University in 1949, before his graduation from the Indiana University School of Medicine in 1952.

A veteran, Dr. Hann, earned the Purple Heart for his service during World War II. He was in the United States Army from 1943 and served until 1946.

Dr. Hann interned at Indianapolis' Methodist Hospital and completed his residency at Indiana University Medical Center. He was board certified in Neurosurgery. During his medical career from 1952 until his retirement in 1987, he practiced neurosurgery at Methodist, St. Vincent’s and Community hospitals in Indianapolis. After his retirement, Dr. Hann was the Medical Director for the Military Enlistment Processing Center in Indianapolis.

Richard Agar Brickley, MD
1925 - 2008

Richard Agar Brickley, 82, general surgeon, died on Wednesday, January 30, 2008 at Methodist Hospital in Indianapolis. Dr. Brickley was born (August 15, 1925) and raised in Bluffton, Indiana.

Dr. Brickley attended Indiana University and earned his undergraduate and medical degree from Northwestern University in 1947. He had a preceptorship with Drs. W.D. Gatch and J.E. Owen of Indianapolis from 1950-1 and again in 1954. He interned and did his General Surgery Residency at Cook County Hospital in Chicago in 1955-1956.

An Air Force Flight Surgeon and Captain from 1951 until 1953, Dr. Brickley served at Ben Guerir Air Force base in Morocco during the Korean War.

Dr. Brickley practiced general surgery with Drs. Gatch, Owen and Schmidt. Harry Brickley, MD, Richard's brother, later joined them.

During his career, he was Chief of Surgery at Methodist and Winona hospitals. He also served as Chief of Staff at Winona Hospital.

Dr. Brickley was a Fellow of the American College of Surgeons.

Dr. Brickley was a member of the Board of Directors of IMS from 1969-1977, serving as Vice Chairman (1969-70, 1974-76) and Chairman 1976-77. He was a Delegate to the State Convention 1975-1978 and served as an Alternate Delegate from 1960-1963, 1966-1975. Dr. Brickley also served on the Executive Committee from 1976-1978 and on the Membership Committee 1963-1964. He served on the Articles & By-Laws in 1974-1975 with ISMA.

Honor your colleagues by making a generous contribution to the Indianapolis Medical Society Foundation in their honor. Call the Society at 639-3406.

Thomas Harmon Fisher, MD
1934 - 2008

Thomas Harmon Fisher, MD, 73, passed away Thursday, January 31, 2008.

Dr. Fisher was born November 22, 1934 in Marion, Indiana. He earned his undergraduate degree from Ball State University in 1960 and his medical degree from Indiana University School of Medicine in 1964. Fisher served his internship at St. Vincent Hospital, Indianapolis.

Dr. Fisher served in the United States Navy as a Lieutenant from 1965-1968.

A member of the Indiana Academy of Family Physicians, American Academy of Family Practice and the American Academy of Emergency Physicians, Dr. Fisher was in solo practice as a Family Practitioner. He also served as Chief of Staff at Community Hospital East.

Julius Morton Goodman, MD
1935 - 2008

Julius Morton Goodman, MD, 72, passed away Sunday, January 27, 2008. Dr. Goodman was born November 28, 1935 in Washington, DC.

Dr. Goodman earned his undergraduate and graduate degrees from George Washington University. Goodman interned at the UCLA Medical Center in Los Angeles, California. He served his general surgery residency at Vanderbilt University Hospital and his neurosurgery residency at Indiana University Medical Center.

Dr. Goodman was a Captain in the United States Air Force from 1962 until 1964, doing general surgery.

Dr. Goodman was co-founder of the Indianapolis Neurosurgical Group and a national leader in neurosurgical education. He developed a three-day board review course to help new neurosurgeons sit for their boards. The course was so successful and popular that the American College of Neurological Surgeons named the course for him, the first time for such an honor.

In 2000, the Indianapolis Medical Society with the Otis R. Bowen Physician Group Community Service Award honored Dr. Goodman and the Indianapolis Neurosurgical Group.

As a neurosurgeon, Dr. Goodman specialized in procedures on the pituitary gland. He was the first surgeon in the city to perform that operation through the nose.

IMS Foundation's Project Health was honored to have this preeminent neurosurgeon as one of its volunteers. Dr. Goodman was instrumental in saving the lives of three Project Health patients. He agreed to see each patient the same day Project Health called, then arranging for his team to operate the next day — his or her conditions were that critical.

Dr. Goodman was a member of the American College of Surgeons and Alpha Omega Alpha.

The Indianapolis Neurosurgical Group invites you to gather with friends, colleagues, family and patients of Julius M. Goodman, MD, to honor and remember an extraordinary physician and man, Sunday, March 2, 2008, Scottish Rite Cathedral, 650 North Meridian Street, 1:00 p.m. tribute with a reception to follow.

**Honor your colleagues by making a generous contribution to the Indianapolis Medical Society Foundation in their honor. Call the Society at 639-3406.**

**The Indianapolis Neurosurgical Group invites you to gather with friends, colleagues, family and patients of Julius M. Goodman, MD, to honor and remember an extraordinary physician and man, Sunday, March 2, 2008, Scottish Rite Cathedral, 650 North Meridian Street, 1:00 p.m. tribute with a reception to follow.**
Patients experiencing dizziness or balance problems can be the most puzzling of cases. With so many causes and complicating factors, these patients can be difficult to treat.

Dr. Benjamin Copeland, one of the state’s few neurotologists, as well as our highly trained physical therapists and audiologists, specialize in determining the multiple causes and best solutions for balance problems and dizziness. Their services to your patients include evaluation, testing and solutions that may include vestibular rehabilitation, lifestyle modification, or even medication or surgical procedures.

At Balance Point, our team can help you point your patients in the right direction, allowing them to achieve a real sense of balance in their lives.

**Because life requires balance.**

For more information or to make a referral, call 317-803-3084 or 877-218-9721.

A Division of Otolaryngology Associates

What does hearing loss look like?

Hearing loss can happen every day, a little at a time.

A healthy young adult may not appear to need a hearing screening. Yet that vibrant 30-year-old has exposed himself to years of damaging, everyday noise. Lawnmowers. Concerts. MP3 players. And a host of workplace noises droning on day after day. In fact, 65 percent of hearing loss occurs in people under the age of 65. Most medical exams don’t include hearing tests—yet people count on their doctors to pick up such health issues.

Now is a perfect time to begin testing patients’ hearing, no matter what their age. If you detect a potential problem, the Whisper Hearing Centers can help. Whisper Hearing Centers is a division of Otolaryngology Associates and specializes in hearing solutions for people of all ages. Please call us today at 866-831-5967 or visit our website at www.whisperhearingcenters.com.

**Lawnmower: 90 Decibels  | Motorcycle: 95 Decibels  | MP3 player: 105 Decibels  | Rock concert: 110 Decibels**

Shawn, 31yrs.: Just downloaded his favorite album.

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A Division of Otolaryngology Associates

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**You don’t know what you don’t hear.**
In Summary

Indiana Medical History Museum

Wednesday April 2 at 3:00, Spring Forensic Lecture Series
Unearthing Belle: Exposing the World’s Most Prolific Female Serial Killer.
Andrea Simmons, MS, JD -- In 1908, LaPorte County resident Belle Gunness was found dead in her burned out house, along with the remains of her three children. Questions have always surrounded the identification of Belle’s body, which lacked a head. Simmons will describe her scrutiny of the historical documents and her exhumation and re-analysis of Belle’s presumed body in 2007, attempting to answer the question: Did she fake her death?

Doctors to unite at April 2 rally on Capitol Hill

Physicians nationwide are urged to join their colleagues on April 2 on Capitol Hill and hold their lawmakers accountable for promises regarding payments in the Medicare program. This “house call” on Congress will be part of the AMA National Advocacy Conference (NAC), to be held April 1-2 in Washington, D.C.

Prior to the rally, conference participants will hear from insiders about the upcoming presidential election and how candidates will address key AMA issues in health care and the role the AMA plays on the national stage. Conference

Continued on page 30.

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discerning home buyers and medical professionals

3752 SLIPPERY ROCK COURT • $849,900
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walkout Lower Level. This award winning former
Model features superb quality & fine craftsmanship.
Handsome Den, versatile main level Bedroom,
outstanding Kitchen & Morning Room plus luxurious
Master Retreat. Oversized lot, private backyard,
terraced gardens & stamped patios! (2800407)
Bridgewater Club Incentive - Call for more details!

13369 WINTER KING COURT • $949,900
Exceptional NEW custom home with award winning
floor plan & fantastic lookout Lower Level.
Showcasing timeless character & tremendous
amenities. Inviting Entry, stately Den, versatile main
level Bedroom, gourmet Kitchen & cheerful Morning
Room plus sumptuous Master Retreat with huge walk-
in closet. Wooded lot, great backyard, firepit & 3-car
garage! (2800405) Exclusive Carmel Community!

13333 WEST LETTS LANE • $969,900
Magnificent NEW custom home with exciting floor plan &
lookout Lower Level. Showcasing distinctive
yet timeless ‘tudor’ flare will surpass your
expectations offering Meridian Kessler charm with a
West Carmel location! Striking Den, dynamite
Kitchen with warm Hearth Room plus main level
Master Retreat. Wooded lot, screened porch & terrific
backyard which backs up to common area! (2800406)

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Scott B. Farnham, MD, Urology of Indiana, is Project Health’s volunteer doctor of the month for March. His relationship with Project Health started when he referred patients to us, instead of the other way around. Those were patients with very serious conditions, one with extensive bladder cancer that had spread to lymph nodes, another with kidney cancer that ended up being an emergency, and still another with prostate cancer. “It’s lucky for them that Project Health is around,” said Dr. Farnham, “because first they are hit with the diagnosis of cancer and as devastating as that is – the prospect of medical bankruptcy really takes its toll. It stresses the families to the max. These patients need a lot of support and once we team them up with Project Health, they don’t feel so alone in the process.” Project Health was able to get those patient’s hospitalization, anesthesia, labs and other diagnostic testing taken care of.

Dr. Farnham is originally from Omaha, Nebraska. He graduated Cum Laude from DePauw University, attended the University of Nebraska’s College of Medicine, and completed his internship and residency in urologic surgery at Vanderbilt University Medical Center in Nashville, Tennessee. He said a couple of friends from high school went to DePauw, and once he visited the campus he knew it was also right for him. He said the Division 3 School allowed him to concentrate on the academic side of biology while still playing football. “When you play football for a Division I or II school – the athletic department owns you. While I loved football, becoming a doctor was my priority, so DePauw was perfect.” He was an academic and consensus All-American in football.

He said he knew he wanted to be a doctor about the time he hit junior high because being a doctor would allow him to not only pursue his interest in biology and anatomy, it would allow him to “fix things.” “Once you get into medical school, you have a definite pathway set for you – all you have to do is choose your specialty. I chose urology because it gives you the chance to do clinical work, some smaller procedures, and also some big operations.” He specializes in urologic oncology and minimally invasive urology with the daVinci surgical system.

While at Vanderbilt, Dr. Farnham became friends with Jason Sprunger, MD. It was Dr. Sprunger who introduced him to Indianapolis and Urology of Indiana. Dr. Sprunger is also one of our volunteers. “I liked the group. With a 32-person practice, they really stay on top of things. They are practicing cutting edge medicine, using the latest technology and are way ahead of the curve – which benefits the patients enormously.” Dr. Farnham said they are seeing a lot more cancers these days. “I think this is due to the fact that family physicians are screening for prostate cancer much more aggressively than in the past. Also, patients may have complained about pain or abnormality in the abdomen and gotten a scan, which revealed a problem.” Dr. Farnham said for the most part they are catching more early stage cancers because of the screenings and there are more treatment options than ever before – not just surgery. However, with Project Health patients, often their cancers are more advanced because they haven’t had insurance and didn’t seek help until they had pretty severe symptoms. “The advanced technology saves lives though because in one patient’s case we used chemotherapy to shrink the bladder cancer and get rid of the cancer in his lymph nodes, and then removed the bladder and all of the cancer. He has to use urostomy bags, but he is cancer free today and back to work as a courier delivering medical supplies.” Thank you, Dr. Farnham and all the physicians with Urology of Indiana.

Reminder to IMS Members: Always phone Project Health if you have an uninsured patient from Marion County who needs additional medical services ... 262-5625.
Patients who have the following health conditions are at risk for a sleep disorder:

- Cardiovascular illness (hypertension, coronary artery disease, arrhythmias, TIA, stroke, congestive heart failure)

- Headaches, seizure disorder, neuromuscular disorders, stroke, Parkinson’s disease, memory and cognitive problems

- Renal disorders

- ADD/behavioral problems

- Endocrine disorders (diabetes, impotence, hypothyroidism)

- Obesity

- Chronic fatigue

- Chronic severe GERD

Patients with these problems often have underlying sleep disorders:

- Are tired/sleepy all the time

- Experience multiple awakenings at night

- Snore frequently

Our Sleep Disorders Specialists

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Anna Marie C. Sander, DO
Raymond J. Loffer, MD
Meredith W. Cousin, MD
Ali O. Artar, MD

American Board of Sleep Medicine

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Eliot M. Wallack, MD
John T. Munshower, MD
Leo T. d’Ambrosio, MD
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Kristi K. George, MD
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For a patient referral, call us at 317-308-2800, Press 0
Indiana Stroke Guidelines

Stroke has a major impact on life and economy in the United States, and more specifically, in Indiana. It is the third leading cause of death, and the leading cause of disability in our country. Indiana had the seventh highest stroke rate in the country in 2000, and ranked 18th in mortality from stroke in 2002. Ten people die from stroke everyday in Indiana. Currently, more than 2% of the population of Indiana is living with the sequelae of stroke. The costs for the medical care of patients suffering a stroke in Indiana were $300 million in 2001. The indirect costs related to lost productivity of these patients in the Indiana economy was much more.

IC 16-41-41 created the Indiana Stroke Prevention Task Force, in an attempt to stem the tide of the trends described above. One of the charges to the Task Force is to develop guidelines for the management of stroke. There are many facets to this topic. Management of stroke does not include only the treatment of those individuals who have suffered such an event; management also involves an effort to prevent the event from occurring in the first place. In addition, patients may experience a near stroke (transient ischemic attack) which is a warning that a stroke could soon occur if intervention is not undertaken. Because of this very complicated and involved nature of managing stroke, the task force decided to develop more categorized guidelines. What evolved, then, were guidelines separated into three topics: risk factors for stroke, transient ischemic attack, and ischemic stroke.

These guidelines were developed from currently available published information and experience as well as from guidelines and recommendations developed by other organizations, including The Brain Attack Coalition, American Stroke Association, American Heart Association, and Mayo Clinic, among others. The published recommendations that were used, were themselves developed with standard

Continued on page 26.
Bladder control?

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LOCATIONS
Indianapolis (4)
Anderson
Avon
Carmel
Connersville
Crawfordsville
Danville
Franklin
Greenfield
Greenwood
Lebanon
Mooresville
Noblesville
Shelbyville
Tipton

UROLOGISTS
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Teresa D. Beam, M.D.
Richard M. Bennett, III, M.D.
Glen A. Brunk, M.D.
Joseph C. Butterworth, M.D.
Scott B. Farnham, M.D.
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Indiana Stroke Guidelines
(Continued from page 24.)

evidence-based medicine assessment criteria. In these guidelines, information derived from the aforementioned sources is provided as a background for the subsequent recommendations related to the various aspects of management.

The purpose of these guidelines is to provide a basis from which the management of stroke may proceed. These guidelines are intended to be a minimum standard for such management and a benchmark for all health care providers in Indiana who care for patients with stroke. Some diagnostic and therapeutic procedures are more substantially proven than others. Some of these procedures are more effective when utilized by more experienced or specifically trained operators. An attempt to address these issues in these guidelines has been made in consideration of the recommendations or regulations of other organizations or authorities. In addition, advances in the practice of medicine, which occur continuously, could render portions of the guidelines obsolete or inappropriate.

The Task Force makes every effort to update these guidelines should such situations arise.

A resolution presented at the 2007 Indiana State Medical Association meeting was passed that indicated the support of the ISMA for the use of these Guidelines

Continued on page 36.
“They gave me a second chance...”

“A second chance at life where every day is appreciated and nothing is taken for granted.” Robert

[Robert survived a ruptured abdominal aortic aneurysm after a CorVasc vascular specialist performed an open repair. CorVasc has a 35% mortality rate compared to 50% national average for ruptured AAA repairs.]

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## CME & Conferences

### Community Hospitals Indianapolis

**Community Hospital East**
- **2nd & 4th Chest Conference (Case Presentations)**
- **Wednesdays**
  - Room 3436, 7:00 - 8:00 a.m.
- **Every Tuesday**
  - Tumor Board (Case Presentations)
- **Medical Staff Conf. Room, 12:00 - 1:00 p.m.**
- **First Wednesday**
  - Critical Care Conference
- **Medical Staff Conf. Room, 12:00 - 1:00 p.m.**
- **Second Wednesday**
  - Medical Grand Rounds
  - **Medical Staff Conf. Room, 12:00 - 1:00 p.m.**

**Community Hospital South**
- **Fourth Medical Grand Rounds**
- **Thursday**
  - Conf. Rooms A & B, 7:30 - 8:30 a.m.
- **3rd Tumor Board (Case Presentations)**
- **Wednesday**
  - Conference Room A, 7:00 - 8:00 a.m.

**Community Hospital North**
- **Second Tumor Board (Case Presentations)**
- **Wednesday**
  - Board Room, 12:00 - 1:00 p.m.
- **First Friday**
  - North Forum
- **Board Room; 12:00 - 1:00 p.m.**

**North Cancer Pavilion**
- **3rd Case Presentations**
- **Wednesday**
  - Melanoma Conference, 7:00 - 8:00 a.m.

For more information, contact Valerie Brown, (317) 355-5381.

### St. Vincent Hospital & Health Services

- **March 4**
  - Musculoskeletal/Sarcoma Conference
  - **Credit:** 1.0
  - **Contact:** Peggy Cook, 317-338-2301
  - **Medical Imaging Radiologists’ Workroom**
  - **St. Vincent Hospital, Indianapolis**

- **March 6**
  - Frankfort Tumor Board
  - **Credit:** 1.0
  - **Contact:** Diedre Smith, 765-659-3364
  - **3rd Floor Board Room**
  - **St. Vincent Hospital Frankfort, Indiana**

- **March 11**
  - Intra-Operative Chemotherapy
  - **Credit:** 1.0
  - **Contact:** Donna Carl, 317-338-6711
  - **Surgery Conference Room**
  - **St. Vincent Hospital, Indianapolis**

- **March 12**
  - OB/GYN Grand Rounds
  - **Credit:** 1.0
  - **Contact:** Robin Nance, 317-415-7528
  - **Classroom B**
  - **St. Vincent Women’s Hospital, Indianapolis**

- **March 13**
  - Witham Tumor Board
  - **Credit:** 1.0
  - **Contact:** Sandra Baldwin, 765-485-8355
  - **VIP Dining Room**
  - **Witham Hospital Lebanon, Indiana**

- **March 14**
  - Institute on Aging
  - **Credit:** 6.0
  - **Contact:** Rilyn Gipson, 317-338-7822
  - **The Fountains Banquet and Conference Center**
  - **Carmel, Indiana**

- **March 14**
  - Pediatric Surgery Grand Rounds
  - **Credit:** 1.0
  - **Contact:** Dr. Bensard, 317-338-8875
  - **Pediatric Surgery Conference Room**
  - **St. Vincent Children’s Hospital, Indianapolis**

- **March 25**
  - Thoracic Malignancy Conference
  - **Credit:** 1.0
  - **Contact:** Amy Vyverberg, 317-338-2460
  - **Teleconference Room**
  - **Oncology Center, Indianapolis**

- **March 26**
  - Perinatology Grand Rounds
  - **Credit:** 1.0
  - **Contact:** Dr. Vijay Menon, 317-338-3550
  - **Classroom B**
  - **St. Vincent Women’s Hospital, Indianapolis**

### Clarian Health Partners

**IU – Methodist – Riley**

- **March 12-16**
  - Hernia Update 2008
  - JW Marriott Camelback Inn Resort & Spa
  - Scottsdale, Arizona

- **March 19-20**
  - Controversies and Innovations in Perinatal Health
  - Sheraton Indianapolis City Centre Hotel

- **March 22**
  - Evolution of Re-integrated Psychiatric Care: A Critical Issue for Health Care Reform
  - Indiana War Memorial, Indianapolis

- **April 4-5**
  - Midwest Anesthesiology Residents Conference
  - Indianapolis Marriott Downtown

- **April 17-18**
  - 2nd International Urolithiasis Research Symposium
  - Westin Hotel, Downtown, Indianapolis

- **April 17**
  - Pediatric Neurology for the Primary Care Physician
  - Methodist Hospital Conference Center, Indianapolis

- **April 18-19**
  - Symposia on Mild Cognitive Impairment
  - Indiana History Center, Indianapolis

- **April 25**
  - 2008 Krannert Cardiovascular Update for Primary Care Physicians
  - Krannert Institute for Cardiology, Indianapolis

- **May 2**
  - 11th Annual Gastroenterology/Hepatology Update Back to Basics
  - University Place Conference Center, Indianapolis

- **May 31**
  - Medical and Surgical Management of Epilepsy
  - Riley Outpatient Center, Ruth Learning Center Auditorium
  - Indianapolis

- **June 8-14, June 15-21, June 21-28**
  - Mini-Fellowship in the Management of Diabetes
  - The Diabetes Youth Foundation Camp
  - Noblesville, Indiana

- **June 12-13**
  - 32nd Annual Garceau-Wray Orthopaedic Lectures
  - Union Station, Indianapolis

- **June 20**
  - 28th Annual J.K. Berman Essay Program and Bruce White Lecture
  - Methodist Petticrew Auditorium, Indianapolis

- **June 27**
  - 2nd Annual Critical Care - 2008 Update
  - Riley Outpatient Center, Ruth Learning Center Auditorium
  - Indianapolis

Course dates and locations are subject to change. For more information, please visit http://cme.medicine.iu.edu or call 317-274-8353.

The Indiana University School of Medicine is accredited by the AC-CME to provide continuing medical education for physicians.

We have more than 100 recurring meetings available. For a listing or more information, please visit http://cme.medicine.iu.edu or call 317-274-4220.

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For more information, contact Suzanne Brown, (317) 338-6089.
The simplest advice is often the best advice – that’s why it’s still the best advice for your patients two years and older to eat more fruits, vegetables, whole grains, and low-fat and fat-free milk and milk products to get the nutrients that are often lacking in their diets.

So forget the here-today, gone-tomorrow trends that only seem to complicate and confuse matters – give your patients time-tested advice. Follow the steps outlined in the 2005 Dietary Guidelines for Americans and emphasize increased consumption of the four “Food Groups to Encourage.” You’ll help your patients get the key nutrients they need for a lifetime of good health.

Together with suggesting regular physical activity, that’s a prescription for success.

For more information on the USDA 2005 Dietary Guidelines and the health benefits of dairy foods, visit www.nationaldairycouncil.org.

sessions will cover issues such as health information technology mandates, physician profiling and relief from undue regulatory burdens.

Visit [http://www.ama-assn.org/ama/pub/category/14350.html](http://www.ama-assn.org/ama/pub/category/14350.html) for more information about the NAC, including registration details.

**Physicians sought for Medicare payment campaign**

With the constant threat of steep payment cuts in the Medicare program, the AMA seeks to interview practicing physicians who are willing to share their personal experiences with this issue. One example may be a doctor who has been forced to change his or her practice in some way, e.g., limiting the number of new Medicare beneficiaries they accept, laying off staff or having to stop seeing patients at a satellite office serving a rural community.

The experiences of such physicians will be shared with lawmakers and the media as real-life examples to convey the urgency of stopping payment cuts to doctors and reforming the Medicare payment system. As such, we seek doctors who have familiarity with the issue and who can articulate the impact of Medicare cuts on their community. We may ask that they be available, on relatively short notice, to be interviewed and/or photographed.

If you know of a physician with a particularly compelling story to tell, please send a note to conan.kisor@ama-assn.org with his or her contact information.
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The year shown in parentheses indicates year in which the term expires following the conclusion of the ISMA Annual Convention.


Alternate Delegates to the State Convention, September 19-20, 2008, Hyatt Regency Indianapolis

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(Continued from page 13)
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Indiana Stroke Guidelines
(Continued from page 26.)

by all medical providers in the treatment of patients experiencing the risks or symptoms of a possible stroke. The ISMA is also participating in the dissemination of these Guidelines. These Guidelines are intended to facilitate the decision-making of physicians and other health care providers during the management of patients with the symptoms of stroke. Although there are specific recommendations, the content of the Guidelines is very broad to accommodate the variability of situations and patients that can be involved.

The Guidelines may be reviewed in their entirety at www.ismanet.org/resources/stroke_guidelines.htm or www.in.gov/isdh/publications/pdfs/IndianaStroke/guidelines.pdf. Please take a few moments to look at the guidelines or at least save the web addresses so that you may refer to them as needed. Remember, this is about the patients that we are privileged to serve and who provide us with our livelihood. Our personal and financial success is dependent on our clinical acumen. More importantly, we need to uphold those principals to which we took an oath when we graduated from medical school.
Celebrating Doctors’ Day 2008, the Indianapolis Medical Society honors the commitment and compassion of its member physicians. As our neighbors, community leaders, health advocates and skilled professionals, these physicians improve and enrich our lives. Their vital contributions to the well-being of our citizens are appreciated and especially acknowledged today — on Doctors’ Day 2008.

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