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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, bhurt@imsonline.org.

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.

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IMS Bulletin, January 2011
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I was driving home from the office several weeks ago and paused at a downtown intersection waiting for the light to change when I noticed one of my Midtown Mental Health Center patients rummaging vigorously through a sidewalk trash container. Within only seconds his frenzied efforts produced a white Styrofoam clam box container which he opened unashamedly and proceeded to scoop out what appeared to be someone’s left over spaghetti dinner. He used his hands as a spoon and continued with dinner. I reflected on what I had seen as I finished my drive home. How tragic, how unfair, how unequal life can be. This reflection seems especially pertinent at this time of year as we foolishly spend money and overly indulge in the spirit of the holidays … and, yes, nostalgically talk about being “home for the holidays” but only because we do indeed have a home to go to for the holidays. Not everyone is so fortunate.

Every year the city of Indianapolis performs a “homeless count” and volunteers take out a day and count the homeless. The figure is usually around 1,500 but we know that number should be at least double that. Yes, most of us are so naïve that we see a few homeless folks downtown and likely think “Oh, maybe we have 50-100 homeless in Indy.” Our naivety shields us from dealing with reality: there are hundreds of men, women, children, and even complete families in Indy that are homeless! The causes are many. It is not unique to Indy. It is a tragedy that has been repeating itself for centuries. Chronic mental illness and addiction are only two causes. Unemployment, domestic violence, war, prison release with difficult re-entry into society, eviction and mortgage foreclosures, relationship breakdowns amongst family members, and inadequate health care are just some of the factors.

As society has advanced and taken on more social concern, various approaches to solving the problem of homelessness have evolved. One of these approaches was to “contain” the poor and transients within a certain area of any major city, but sometimes this became a city within a city. More recently, homelessness as we now know it, is a result of economic stresses, reduction in affordable housing, diminished availability of single room occupancies, and the deinstitutionalization of state psychiatric hospitals. This population was left living in the streets with little sustainable support. The homeless population grew larger and began to overwhelm the churches, the libraries, and the public areas that had allowed these individuals to congregate. As a result, the doors of many of these sites of refuge were shut. The result was that these people became “invisible” as they sought refuge in the alleys, abandoned garages, and subway tunnels. Hence, the inaccuracy of the annual “homeless count.”

The dilemma continues to intensify. These peoples few belongings are cherished gold. They will fight to keep them and the grocery cart that contains them. They have no access to storage and are truly “bag people” or “shopping cart people.” In fact, several downtown Indy merchants who provide shopping carts for their customers are now installing electronically locking wheels that “freeze” once the cart is so many feet from the store exit.

Public health becomes an issue. This lifestyle predisposes to tuberculosis and other infections, including venereal diseases. Have you ever attempted to take a bath if you are homeless? The local river or park fountain becomes a necessity. I walked into one of the Midtown outpatient clinic restrooms a month ago and found a patient stark naked washing his body with wet paper towels. He apologized and stated had no other place to bathe. I had one of the clinic secretaries guard the door until he was finished so he did not have to apologize again. What about daily bodily function? When nature calls for one of these folks, can we not simply turn our head and go about our business and avoid the public indecency route unless it is too outrageous?

More recently, over the last two decades there has been a marked increase in family homelessness. By the year 2000, statistics revealed that children and families were the largest growing segment of the homeless population in America. In addition, homelessness has begun migrating into rural and suburban areas. It is a sociological problem that continues to survive and grow in spite of efforts to curtail it. In the United States, the government has asked major cities to come up with a ten-year plan to minimize the problem. Concepts such as “rapid re-housing” for those who have no housing or living situation have been tried but multiple complications surround this including finances, housing maintenance, and the like. Supportive housing involving housing and supportive services has also been proposed. Transitional housing has also been suggested. This provides a temporary residence of one to two years with supportive services to assist the person involved to become more self-sufficient.

The problems encountered by the society trying to solve the homeless problem are equally as large as the problems being encountered by the homeless population itself. Every human being has a need for shelter, security, and warmth. Quiet and privacy are essential for sleep. Safety and security are critical. Hygiene and sanitary facilities are paramount. Being able to obtain and prepare food is essential. These problems aside, the homeless person faces multiple other issues: limited education, risk of violence and abuse, rejection by other people, lack of health and dental care, loss of human relationships, and the list goes on.

I always implore junior medical students when a new homeless patient is admitted to the Wishard inpatient psych service, usually due to depression or psychosis, to look at them from a distance and recognize the aging and weathering that homelessness has created for that individual and then to imagine that particular patient is no longer simply another lost homeless soul but is instead their grandfather or uncle who for whatever reason has become homeless and lost to the world. How sad it would be for him to pull up to the family holiday dinner table and look around at the other family members donned in their Christmas finery and then look at himself and see the tragedy, the difference, and the unfairness of it all. Yes, he is finally “home for the holidays,” but for all these years he has suffered the journey of the homeless.
Tell us about your practice?

It is a physical medicine rehabilitation practice. We treat new patients, try and return them to functional independence. Our practice includes sports medicine, movement disorder, joint pains, electromyography, back pain, rotator cuff syndrome and tears, radiculopathy, traumatic brain injury, spinal cord injury, stroke, debility, and more pain.

Are you originally from Indianapolis?

Yes.

How did you decide on Indianapolis to setup your practice?

My wife’s family and my family are both based out of Indianapolis and we both decided that we wanted to stay in Indianapolis to be close to our family. We like the fact that it is not too big and not too small and it is a clean city.

Tell us about your family?

I have a wife and two daughters, who are nine and five years old. We as a family love to be active and love to get involved in performing arts. We like creating and going to plays. My wife is especially good at acting. My daughters love making up songs and singing. They also love dancing and being involved in extracurricular activities like gymnastics. Our family is musically inclined. All of us sing, and I play the piano and drums. My daughters are learning how to play the piano. We enjoy occasionally going to the symphony, especially Symphony on the Prairie.

What are your leisure interests?

My leisure interests involves playing PlayStation, playing the piano, singing, playing drums, fishing, and reading. I also enjoy watching movies with my wife and my children. I recently picked-up golfing, which I immensely enjoy.

How did you decide to go into medicine and why your specialty?

I decided to go into medicine after attending a career day at my school at Eastwood Middle School when I was in the 8th grade. One of my friend’s fathers was a physician and his career peaked my interest.

It was at that time when I thought that I wanted to at least look into the career more. It was not until my junior year at Wabash College that I actually believed that I could get into medical school and become a physician. The reason being is that I was the first in my family to go to college, let alone go to medical school. So even though I was sure of my academics, I just was not sure that I could actually become a physician. The reason I decided to go into physical medicine rehabilitation is that it fits me. I initially thought that I was going to specialize in orthopedics, but when I went into the operating room, I just did not enjoy it as much as I thought I was going to. Therefore, I began to look for a different path. It was then that I came upon physical medicine and rehabilitation through an ambulatory month in medical school. I then went through a physical medicine rehabilitation rotation in my fourth year of medical school and it was like a sigh of relief as if it just suited me. It just seemed to hit me in the face that this would be my career path. It did involve anatomy, which I loved about orthopedics. It also involved sports medicine, neurology, a little bit of rheumatology, and little bit of internal medicine.

Who have been your mentors?

My mentors have been my parents, especially my father. He would say, “son, you have to go to college because when get out here in the world, they will ask you for one or two things: experience or a college degree.” He said they would not think twice about closing the door in your face even though it may be 2 below zero. He said, “You have to make sure that you make them want to hire you.” As a kid, I was always hanging around my father and going to places with him. Wherever he went, I went. I admired my father, as he was able to do anything and everything! He would quite often go to Central Hardware or Furrows, another hardware store, and we would go in and pick out whatever materials that we needed, take the materials home and fix whatever we needed to do in the house. I even helped my father turn a shed that was connected to our house into a bathroom. I watched my father perform on his job initially as a journeyman machinist. He would then continue to progress and upgrade his knowledge through classes paid for by the company that eventually allowed him to become a mechanical engineer technician. Therefore, I always admired my father’s work ethic.

Another one of my mentors was one of my professors at Wabash College, Dr. L. David Polley. He would always tell me, “remember Anthony you came to Wabash, which only the top 20% out of the class could go to, so everybody here is smart and intelligent so if you still happen to get a B or C in a course remember that does not mean that you are incapable or not intelligent, but it only means that you have stiffer competition.” He would always push me into performing my best, to continue on, even though sometimes I may get B’s in the class. He would encourage me to continue on being a biology major and premed minor.

What gives you the most pride in your life?

The most pride that I feel when I review my life is when I look at my children. I see the work that my wife and I have put into our children. They are excelling in their endeavors. I always believe that the way to success in raising our children would be if my children were able to do better than I have, either in a particular task or in school. I firmly believe that my children will surpass my accomplishments in their lifetime. Whenever I come home and my daughter tells me “hey dad do you know that I know what 5+5+5 is” (she is only five years old) and she can tell me that it is 15, I feel proud. My oldest daughter, who is in the gifted and talented program, is reading at a level and a half or two beyond her grade.

Why is advocacy through the IMS in medicine important to you?

I believe that the IMS gives us a unified and, therefore, a stronger voice. It is the IMS along with ISMA and the AMA that represents all physicians. It is important that we all come together on one accord to voice our opinions and to set forth certain agendas that are important to us as physicians. I believe that we, physicians, need to set examples for the upcoming residents and medical students by being involved in organizations such as the IMS.

Who or how did you get started as an IMS physician?

I got started in IMS through Dr. Marc Duierden. He began Continued on page 15.
We get your patients back to life.

The Center for Pain Management is one of Central Indiana’s most experienced medical practices focusing exclusively on treating patients who suffer from back, head, neck, joint or cancer-related pain.

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- Spinal cord stimulation
- Psychological counseling

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Michael H. Fritsch, MD, was chosen by a peer-review panel to teach at the annual meeting of the American Academy of Otolaryngology-Head and Neck Surgery in Boston. Dr. Fritsch taught courses on “Incisionless Otoplasty” and “Salivary Endoscopy.” In addition to these lectures, Dr. Fritsch presented an Otology/Neuro-Otology scientific paper on NIH research performed regarding “Stem Cell Transplantation to the Inner Ear for Hearing Loss” at the annual meeting. Also, Dr. Fritsch received an achievement award from the Department of Otolaryngology-Head and Neck Surgery, Indiana University School of Medicine.

Henry Feuer, MD, Methodist Sports Medicine/The Orthopedic Specialists and Goodman Campbell Brain and Spine, received the 2010 Team Physician Award from the ISMA Commission on Sports Medicine, presented during the Indiana Athletic Trainers Association Banquet. He spoke on “The Young Athlete’s Spine at Risk” at the IATA Fall Symposium. He was the featured speaker at the McHenry County Illinois ThinkFirst and Centegra Health Systems Conference, presenting an “Update on Concussions: The Ongoing Evolution and Maintaining the Momentum.” He co-authored a recent article in the Journal of Neurotrauma, “Functionally Detected Cognitive Impairment in High School Football Players Without Clinically Diagnosed Concussion.” He was also an invited participant of the NFL Head, Neck, and Spine Committee Meeting.

Jonathan P. Gentile, Jr., MD, Indiana Spine Group, was elected president of the Indiana Society of Interventional Pain Practitioners.

Rick C. Sasso, MD, Indiana Spine Group, served as a faculty member at the American Academy of Orthopedic Surgeons hands on spine course, “Contemporary Techniques in Spinal Surgery.” The event was held October 21-23, 2010 at the Orthopedic Learning Center in Rosemont, Illinois. Dr. Sasso lectured on cervical radiculopathy and surgical treatment options, as well as posterior cervical surgical techniques, specifically C1-C2 stabilization techniques using lateral mass screws in C1 and laminar screws in C2.

Dr. Sasso published an invited article in a recent edition of Seminars and Spine Surgery. The article is “Complications of Occipitocervical Fixation.”

Three patients received free total joint replacement surgery at the Center for Hip and Knee Surgery during an Operation Walk-sponsored program November 20, 2010. These patients from Merom, Martinsville and Clay City, Indiana met the hospital’s criteria for financial assistance and joint replacement surgery. Implant manufacturer Biomet of Warsaw, Ind., donated the implants. The center surgeons donated the surgery, and the Mooresville hospital and staff contributed the rest of the services.

E. Michael Keating, MD, performed one single and one bilateral (double) hip surgery. Robert A. Malinzak, MD, performed a single hip replacement.

Operation Walk is a private, not-for-profit, volunteer medical services organization which provides free surgical treatment for patients in developing countries and occasionally in the United States.

Edward J. Krowiak, MD, and Tod C. Huntley, MD, Center for ear Nose Throat & Allergy PC, co-hosted a multidisciplinary meeting on the role of transoral robotic surgery (TORS) for oropharyngeal cancer. The event drew over 40 otolaryngologists, medical oncologists, and radiation oncologists from the entire state on November 10 and involved presentation of a number of treatment paradigms and a thorough review of the latest TORS research.

Please send submissions for the Bulletin Board to mhadley@imsonline.org by the first of the month preceding publication. Inclusion is on a space available basis and it is limited to members in good standing of the IMS.
Health Care Reform and the Patient Protection and Affordable Care Act (PPACA) may be considered either a very positive or very negative event by those with various vested interests. Love reform, or hate reform, one fact is certain – Health care needs to evolve to a more efficient and more effective / accountable model, and that needs to happen with or without intervention or mandates from Washington.

American industries are stifled as they compete on an international stage by the staggering costs of health care for employees here in the USA as compared to those in foreign countries. And, for the price, Americans get relatively less value than those abroad. Outcomes are poorer, costs are higher; and therefore value is lower. American health care provides too many services that are of low value, not enough services that have proven value, and offers some services at times that are not appropriate based upon known medical evidence. Plus, all of this is done in a disconnected non-system that breeds over-utilization of services; and the current model of fee-for-service and payment rates per unit of care cause ever-increasing cost inflation.

The PPACA, passed in March of 2010, addresses many of the today’s health care system flaws. By mandating all Americans to have basic health care coverage, by removing barriers to insurance coverage (pre-existing conditions) and by therefore allowing easier access to services by many not now seeking those services due to the inability to pay, health reform can be considered a positive.

Yet there are certainly some negatives! What will be required to pay for all these services to the additional insured? Payment rates per unit that can be supported by current models of payment and funding may not be acceptable to many providers because the rates do not cover the costs of care with a reasonable profit. Will new taxes be required to pay for this care? And will there be enough primary care resources to handle all these newly insured? Massachusetts health care providers were over-run when a large newly insured population attempted to schedule services. Waits were stretched out for months to see a primary care doctor.

Many Indianapolis area medical organizations are making bold plans to move forward with the necessary system changes to effect health care reform simply because it is the right thing to do and despite the uncertainty of Washington. Ascension and St. Vincent were pleased to have Dick Clarke, President and CEO of Healthcare Financial Managers Association (HFMA) as a guest speaker on November 3, 2010. He is among the top 50 most influential people in health care. He spoke about the goal – To increase health care value by reducing costs and improving quality, and the prerequisite – an integrated Electronic Health Record (EHR) needed to achieve this goal. These components will assist in reducing unnecessary admissions, reducing hospital acquired infections, and moving organizations toward bundled pricing and Accountable Care Organizations (ACO’s). Necessarily, this will likely reduce provider payments per unit of service, and thus bend the cost curve of ever-increasing health care costs. Over the next four years, the biggest concerns nationally are:

1. The availability of primary care providers to service those with “new” insurance
2. States’ ability to implement health reform for various system and financial reasons.

There are also many unresolved questions such as managing huge Medicaid enrollment increases due to antiquated systems in many states, mandating and enforcing the requirement of insurance for all and setting up state insurance exchanges. The election results will probably slow some of these processes, but health reform is alive and well. The Republican wins November 2 may work to “defuse some of the tsunami” and “defund” some of the options, but pundits opine that the PPACA will not be repealed.

Medicare has been and continues to develop demonstration projects to explore a number of options to reduce the growth of health care expenditures. Ascension and St. Vincent Health are exploring many local and national options related to ACO’s, network configurations and many other components of future health care. Task forces are in place and beginning to work on defining current capabilities as well as developing strategies for direct contracting, bundled payments and ACO participation.

Stay tuned and hold on to your hats – the next few months and years are going to be a wild ride.

Bernie Emkes M.D.
Medical Director Managed Care Services
St. Vincent Health

Reprinted with permission of the author from the St. Vincent Health President’s Newsletter, December 2010, Volume 11, Issue 12
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It is hard to imagine that Project Health is entering its eighth year of operations. Volunteer doctors, hospitals, and labs have donated $16-million in services to 1760 patients.

We want to share some of their stories with you:

Henry is a 52 year old man with a history of heart troubles and no health insurance. Someone at a health fair suggested he contact Project Health. He is glad he did, because a few weeks later he experienced horrible chest pain and went to a Med-Check. When they did an EKG, they called an ambulance and rushed him to the Indiana Heart Hospital where a cardiac cath was done by Michael Robertson, MD, of Community Heart and Vascular. He underwent a quintuple by-pass thanks to John Storey, MD. However, his kidneys also shut down, so he ended up on dialysis for eight weeks. Unfortunately, he continues to have poor circulation in his lower extremities. Russell Dilley, MD, has told him that to do more invasive testing would damage his kidneys even more. So they are very watchful. He has gone back to work. He says that you have no idea how grateful he is for your help.

Brent is a charter bus driver who came to us with chronic nosebleeds and was referred to otolaryngologist Steven Isenberg, MD. Dr. Isenberg had blood tests run and they came back very abnormal. He then underwent a bone marrow biopsy which revealed that he had multiple myeloma. Radhika Walling, MD, of the Community Regional Cancer Center had taken over the case by then. She recommended chemotherapy but because Brent is the sole breadwinner in his family, he initially refused. His wife stays home to take care of a daughter and two severely autistic sons. Dr. Walling finally convinced him to accept the chemotherapy. She told him the cancer was caught very early thanks to Project Health and, hopefully, he will have a much better chance for survival.

Josie came to Project Health in August for what looked like a fibroma on her big toe. She had had it for about 8 years, but it was growing and bothersome. Richard Stanley, DPM, removed the lesion. When the pathology came back, what he thought was a fibroma was actually a spindle cell melanoma that usually appears on the head or neck. Dr. Stanley could hardly believe it, so he consulted with 4 other pathologists to confirm these rare findings. Pablo Bedano, MD, of Community Hospital Oncology Physicians worked Josie into the schedule immediately and referred her to an orthopaedic surgeon fearing they needed to amputate her entire leg. After seeing Victor Egeu, MD, of Orthopaedic Surgeons of Central Indiana, he decided that he only needed to take off her toe and ordered labs that showed that the melanoma had not metastasized. She has fully recovered and is now walking around without her boot and is elated that she did not lose her leg.

Pedro was referred to Project Health because of abdominal and kidney masses, headaches and hypertension. It was determined that he had pheochromocytoma. Ernest Asamoah, MD, of Diabetes and Endocrinology Consultants and Jason Sprunger, MD, of Urology Associates worked together to get Pedro to the point where his body could handle the surgery. Dr. Sprunger removed the tumors from Pedro's adrenal glands and kidneys in two separate surgeries. Pedro says he is very grateful to Project Health for helping him when he had nowhere else to turn.

Brenda was referred to Project Health with deteriorating vision and congenital glaucoma. She stated that she suffered from this since she was 15 years old. Clark Springs, MD, of I.U. Eye Care recommended both a cornea and a lens transplant. The special lens was made by only one doctor from the Massachusetts Eye and Ear Infirmary. Dr. Springs worked to get this donated and the Lion’s Club Eye Bank obtained the cornea. Dr. Springs performed both transplants and has seen the patient every month since. Brenda reports that she has regained her vision to the extent she never believed possible and says her new eyesight has “changed my world.” She is able to read and write, can leave the house on her own, hopes to take some classes soon and begin working. “There are no words to describe how truly grateful I am,” she says.

These vignettes say it all. To the leadership who dreamed of Project Health and all of you who volunteer – HAPPY NEW YEAR! And thanks for making many dreams come true.
Profile of an IMS Director
(continued from page 8)

telling me about a day in January called Medicine Day where various physicians show up at the State House and show their presence in the courtrooms where legislators are discussing bills that are important to us. In fact, I had a chance to actually speak on a particular bill that was important to me as a physiatrist. I was then contacted by the IMS to join the organization, which I gladly accepted.

What other challenges do you see in helping physicians become involved in the IMS?
The main challenge I see is that physicians do not know what the IMS does or can do for them. Therefore, we need first to be more visible and show examples of how IMS can help and be an advocate for physicians.

As a member of the board of directors what goals do you have for the IMS?
My goal for the IMS is to become more visible and to show physicians what services we can provide.

Tell us something about yourself that most people might find surprising?
Something that I think most people would find surprising about me is that I sing; I am a soloist. I have sung in weddings, funerals, and graduations. I have also spoken as a speaker at such events as well. I enjoy singing quite a bit and creating songs to sing. I do hope to actually own my own record company and label in the future and produce music. I also would like to sing more at events as aforementioned, because I do enjoy singing.

Profile of an IMS Director
(continued from page 8)

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Agarwala, Anuj K., MD
Community Hosp. Oncology Physicians
1701 N. Senate Ave., #C-6
46202-5306
Ofc – 962-9000*
Fax – 962-9090
1400 N. Ritter Ave., #340
46219-3049
Ofc – 355-5870*
Internal Medicine
Medical Oncology
Hematology (IM)
Wright State University, 2004

Bartley, Charles P., Jr., MD
St. Francis Medical Group
5230 E. Stop 11 Rd., #250
46237-6339
Ofc – 887-2034*
Fax – 887-2024
Orthopaedic Surgery, 1981
University of Louisville, 1975

Coffelt, Thomas A., MD
Fellowship – Riley Hospital for Children
Pediatrics
Internal Medicine
Wright State University, 2006

Cosby, Christopher A., MD
Dynamic Medical Practice Services
650 N. Girls School Rd.
46214-3762
Ofc – 271-5080
Fax – 271-0698
Urgent Care Medicine
Indiana University, 1995

Haddad, Hany, MD
(Reactivation)
Community Sleep Specialists
7250 Clearview Dr., #330
46256-5601
1400 N. Ritter Ave., #410
46219-3052
Ofc – 621-5700
Fax – 621-3701
Web – www.communitysleepmds.com
Internal Medicine
Pulmonary Disease
Sleep Medicine (IM)
Damascus University, Syria, 1973

Hayford, Daniel R., MD
(Reactivation)
Indpls. Independent Pediatricians, PC
3850 Shore Dr., #315
46254-4693
Ofc – 293-7177*
Fax – 293-3991
Web – www.indypeds.com
Pediatrics, 2006
University of Pennsylvania, 2003

Leazenby, Erica D., MD
(Reactivation)
St. Vincent Physician Network
Hazel Dell Immediate Care
13250 Hazel Dell Pkwy., #104
Carmel, 46033-8527
Ofc – 415-6900
Fax – 415-6909
Family Medicine, 2003
Indiana University, 2000

Schnecker, Robert J., Jr., MD
St. Francis Family Practice Ctr.
1500 Albany St., #807
Beech Grove, 46107-1560
Ofc – 783-8921
Fax – 782-6916
Family Medicine, 2004
University of Cincinnati, 2001

Transue, Darren L., MD
Internship – St. Vincent Hospital
Unspecified
Diagnostic Radiology
Indiana University, 2010

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Linda Feiwell Abels (2012)
Anne C. Clark (2013)

Christopher D. Bojrab (2012)
Kathys S. Clark (2012)
Steve R. Batt (2013)

Heidi M. Dunnaway (2012)
John C. Ellis (2012)
Daniel J. Beckman (2013)

Richard J. Goulet, Jr. (2012)
Alan R. Gillespie (2012)
Craig S. Ciciuera (2013)

David C. Hall (2012)
Robert J. Goulet, Jr. (2012)
Marc E. Duerden (2013)

Marc R. Kappelman (2012)
C. William Hanke (2012)
Marc E. Duerden (2013)

Jon D. Marhenke (2012)
Gerald T. Keener, Jr. (2012)
Andrew A. Johnstone (2013)

Anthony W. Mims (2012)
David H. Moore (2012)
Frank P. Lloyd, Jr. (2013)

Stephen W. Perkins (2012)
Robert Michael Pearce (2012)
Andrew L. Morrison (2013)

Bridget M. Sanders (2012)
Robert M. Hurwitz (2012)
David L. Patterson (2013)

John F. Schaefer, Jr. (2012)
J. Scott Pittman (2012)
Kenny E. Stall (2013)

Tim E. Taber (2012)
H. Jeffery Whitaker (2012)
Ronald L. Young, II (2013)

Alternate Delegates to the State Convention, September 2011

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Keenan R. Berghoff, (2011)
Robert J. Alonso (2013)

Christopher B. Doehring (2011)
David S. Batt (2013)

Thomas G. Ferry (2011)
Daniel J. Beckman (2013)

Ann Marie Hake (2011)
Craig S. Ciciuera (2013)

Robert E. Holt (2011)
Marcus E. Duerden (2013)

Douglas J. Horton (2011)
Marc E. Duerden (2013)

E. Michael Keating (2011)
Andrew A. Johnstone (2013)

Ramana S. Moorthy (2011)
Jeffrey J. Kellams (2013)

Michelle W. Murphy (2011)
Frank P. Lloyd, Jr. (2013)

Mercy O. Obeime (2011)
Andrew L. Morrison (2013)

Rudolph Y. Rouhana (2011)
David L. Patterson (2013)

Lynda A. Smirz (2011)
Kenny E. Stall (2013)

Allison E. Williams (2011)
Ronald L. Young, II (2013)

Indiana State Medical Association
Past Presidents
Jon D. Marhenke 2007-2008
Bernard J. Emkes, 2000-2001
Peter L. Winters, 1997-1998
William H. Beeson, 1992-1993
George H. Rawls, 1989-1990
George T. Lukemeyer, 1983-1984
Alvin J. Haley, 1980-1981
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### Community Health Network

#### Community Hospital East
- **First**
  - Critical Care Conference
  - Medical Staff Conf. Room, 12:00 - 1:00 p.m.
- **Second**
  - Medical Grand Rounds
  - Medical Staff Conf. Room, 12:00 - 1:00 p.m.
- **Third**
  - Neuro Grand Rounds
  - Medical Staff Conf. Room, 12:00 - 1:00 p.m.
  - Months of January, March, May, July, September, November

#### Community Hospital South
- **Fourth**
  - Medical Grand Rounds
  - Conf. Rooms A & B, 7:30 - 8:30 a.m.

#### Community Hospital North
- **First**
  - Pediatric Grand Rounds
  - Pediatric Rooms 1, 2 and 3
  - 7250 Clearvista Dr. 7:30 - 8:00 a.m.
- **First & Third**
  - Pediatric Grand Rounds
  - CHVp South Conf. Rm.
  - 7:00 - 8:00 a.m.

#### Community Heart & Vascular/Indiana Heart Hospital
- **First**
  - Disease Management Conference
  - rotate CHF & EP Case Presentations
  - CHVp South Conf. Rm.
  - 7:00 - 8:00 a.m.
- **Third**
  - Ken Stanley CV Conference
  - CHVp South Conf. Rm.
  - 7:00 - 8:00 a.m.
- **Fourth**
  - Imaging Conference
  - rotate Cath & Echo Case Presentations
  - CHVp South Conf. Rm.
  - 7:00 - 8:00 a.m.

### Cancer Conferences 2011

#### Community Hospital East:
- **First**
  - East General Cancer Conference
  - Medical Staff Conf. Room, 12:00 to 1:00 p.m.
- **Second**
  - East Chest Cancer Conference
  - Cancer Registry Conf. Room, LL 22
  - 7:00 to 8:00 a.m.

#### Community Hospital North
- **First & Third**
  - North Multidisciplinary Breast Conference
  - 804 Clearvista Parkway, Suite 500, 7:00 - 8:00 am.
- **Third**
  - North General Cancer Conference
  - Reilly Board Room, 12:00 to 1:00 p.m.
- **Fourth**
  - North Chest Cancer Conference
  - Reilly Board Room, 7:00 to 8:00 a.m.

#### Community Hospital South
- **Second**
  - South Chest Conference (site specific-lung)
  - Education Center Rooms 5&6, 7:00 - 8:00 a.m.
- **First**
  - South Multidisciplinary Breast Cancer Conference
  - Community Breast Care Center South
  - 533 E. County Line Rd., Ste. 101, 8:00 - 9:00 a.m.
- **Third**
  - South General Cancer Conference
  - President’s Board Room, 12:00 to 1:00 p.m.

### North Cancer Pavilion
- **Third**
  - Melanoma Cancer Conference
  - CHN Cancer Pavilion Conf. Rm., 7:30 to 8:30 a.m.

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Advertising or Sponsorships
Welcome, Dr. Schwab!


Dr. Schwab is originally from Haverford, Pennsylvania. He graduated from Cornell University, Ithaca, New York, with a B.A. in Biology. He earned his medical degree from the University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania, where he also completed his internship and residency in Urology. Following this he completed a fellowship in Endourology, Laparoscopy and Robotic Surgery at the Eastern Virginia Medical School, Norfolk, Virginia. From 2006-2010 he was an Assistant Professor of Surgery in the Division of Urology at the University of Pennsylvania Health System, where he established the Robotic Renal Surgery program at Penn Presbyterian Hospital.

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