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Attention Society Members

On our cover:
Spring into Fitness
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We are all aware of how complex the Healthcare environment is becoming, as we must balance our services in the midst of opposing pressures from our patients, the economy, and the regulatory changes. Just as those aspects of Healthcare have changed in the recent years, so has the technology we rely on for managing the day to day functions within our profession.

Look at all of the devices in physician offices, with even more in the outpatient testing areas, and especially of interest are those within the acute care environments. EKG results that used to take days to get back are now available in minutes, right in the office. The basic Chest X-ray film has been replaced with an image on the screen of a tablet PC, and the image quality is better. The phrase ‘exploratory surgery’ is rarely used, thanks to the evolution of technologies like CT, MRI, and Ultrasound. Clogged arteries are no longer viewed by the general public as a fatal disease, due to the continued development of Interventional Cardiology and Vascular procedures and devices. Patients recover from surgeries more quickly, with less pain and scarring, and with better outcomes through the use of Lasers, Laparoscopic systems, and Robotics in the operating room. Even things like the automatic doors to enter the hospital are more complex, now often linked to fire alarm systems or infant abduction systems for added safety in the environment of care.

It is easy to accept the fact that new technology shows up routinely in the Healthcare environment, without ever thinking about what happened to get it there. Before the technology is ever used on a patient, it may spend years in the various stages of design and development. Someone had to create the concept first, and sell the idea of enough potential benefit to gain support to move it toward production. Following a rigorous design and development process, if the outlook is promising, it moves on to a testing phase to prepare for clinical trials or the other stages necessary for receiving FDA approval. Only then is the new technology available for sale in the United States.

Once a new device is available on the market, it is usually presented at any number of large professional gatherings or annual meetings, targeting the end user of the equipment, the large Healthcare buying groups, facility planners, consultants, and the individuals responsible for integrating new technology into the organizations.

Although the Bureau of Labor is still using the term Medical Equipment Repairers, there is a recent initiative to promote the acceptance of “Healthcare Technology Management” as the new name for the profession that is responsible for taking care of all of these medical devices or systems, once the facility or organization seriously considers buying them. The knowledge and skills of these individuals has contributed significantly to improvements in the quality of patient care in recent years. They have been responsible for providing much of the feedback regarding medical device failures, use related errors, and suggestions for improved functionality. For example, in the early days of pacemakers and similar procedures involving complex electronic equipment, the Clinical Engineers worked side by side with the other members of the Cardiology team during the procedures. Such information was instrumental in the development of the federal safety regulations that are now referred to as Good Manufacturing Practices, which all medical device manufacturers must follow.

Currently, there are approximately 40,000 engineers, technicians, mechanics, electricians, and individuals with related skill sets who support the medical equipment once it arrives in the direct patient care environment. To prepare for that role, they will generally have earned an AS or BS degree in Engineering or Technology, or completed the comparable military training programs. Some elect to pursue certification through the International Certification Committee for the credentials of Certified Biomedical Equipment Technician (CBET), Certified Clinical Engineer (CCE), or Certified Laboratory or Radiology Equipment Specialist (CLES or CRE). Others may seek registration as a Professional Engineer (PE). Within each of these categories, many also have business or management degrees. These obscure specialists may work for equipment manufacturers, hospitals, or independent service organizations. The departments may be referred to as Maintenance, Facilities, Clinical Engineering, Biomedical Services, Technology Management, Support Services or numerous similar names.

The person who works on the patient monitor may or may not be the same person that responds when the CT goes down, when the line isolation monitor is alarming in the operating room, when the computer at the nurses’ station is locked up, or when the automatic doors in the ED are stuck open. That will vary for each organization, based in part on the volume of equipment and the number of patients served. For example, Community Hospitals of Indianapolis employs a team of 20 Healthcare Technology Management professionals to support about 14,000 pieces of medical equipment across their various facilities. To help assure the ongoing competency of this team as the technology evolves, the organization invests more than $75,000 annually in continuing education, sending the employees to many of the same equipment-specific training courses that the equipment manufacturers require their field service professionals to complete. By doing this, the organization is able to recognize about a $500,000 annual reduction from what the service expense for the medical equipment would otherwise be.

Their work routine (although rarely it is actually routine) is designed to keep the technology management team on a completely opposite path from that of the physician. They strive to keep all of that equipment functioning without being noticed, to allow the patient care to proceed without any interruption or delay. Although they frequently perform the scheduled service activities during the hours when the equipment is not routinely used, there is always someone available to respond if required during a patient care situation, no matter what time, or day of the week they are needed. Outside of their normal Monday through Friday day shifts, you may receive a response from an on-call service specialist, a help-desk, or a night-shift maintenance mechanic. Whoever responds, it is almost guaranteed in every instance, that person will be doing what they do for one reason. They care about taking care of the people, equipment and facilities that are needed to care for the patient. That is Healthcare Technology Management.
Think, Care, Act

The Keys to Anticipating Needs by Susan Keane Baker

My husband George surprised me with a beautiful candle and it was a double surprise to open it and discover a container of matches glued to the inside of the lid. Linnea’s Lights took time to think about what customers might need in using their product. Then, they cared enough to figure out a way to fulfill that need.

It’s what you do when you give a snack or cafeteria voucher to a patient who’s just completed fasting blood work.

Aim for moments of “How did they ever think to do this?” by considering:

1. What do patients need next after they receive care or service from you?
2. When do patients say “I wish.....”
3. What questions do they ask?

A hospital parking garage attendant watched for “anticipating needs” clues and realized that many people driving out of the garage asked for directions. Although he gave the directions competently, some people asked for the directions to be repeated several times. They needed reinforcement that they could find their way.

With some care, he and his colleagues created 5 x 7 cards with pre-printed directions to the most frequently requested destinations. The cards are index stock (easier to hold) and customized in that they provide only what the driver will need.

“You’re taking 128 South? It’s a left out of the garage onto Main, then take the second left onto Temple. The entrance to 128 is about half a mile on the right. Here’s a card to guide you to 128 South. Thank you for visiting us today.”

What unexpected good surprises do your patients receive?

I may have gone a bit overboard in praising the thoughtfulness of the candle maker. George says now that he knows how happy they make me, my next surprise will be matches.


Reprinted with permission, Exceptional Patient Care Update, Volume 2, Number 4, February 24, 2012

Publications ... Members’ Survey 2011

Results

Thank you for your participation and input ... The survey and responses are below:

Dear IMS Members:

Because of the skyrocketing costs involved in producing and mailing the IMS publications, we really need your input to determine not only your readership but also your opinions about other options that are available. Below are some alternatives your IMS Leadership is considering. Please respond and let your voice be heard!

Total Number of Responses: 210

1. Do you want to continue to receive a copy of the IMS Bulletin as a benefit of your IMS membership?
   Yes 105  No 99

2. We are considering digital copies of the Bulletin online only. Do you approve?
   Yes 163  No 39

3. Would you prefer to receive an eBulletin email weekly or bi-weekly in lieu of your printed IMS Bulletin?
   Yes 122  No 72

4. Do you want to continue to receive a copy of the Pictorial Roster as a benefit of membership?
   Yes 125  No 78

5. Would you prefer the Pictorial Roster in digital format (CD/DVD)?
   Yes 87  No 113

6. The Society currently offers the Roster information online at www.imsonline.org on the Physician Finder page, and in digital format (DocBookMD). Do you use these services?
   Yes 63  No 139

Why or Why Not:
Wide-ranging responses, many “did not know” and “old school.”

7. What parts of either publication are vital to you and why?
   Many responses indicated a preference for special features and information about colleagues.

If you did not complete the survey or want to provide more information and comments, please email ims@imsoline.org.
If there is one thing to learn from the recent financial turmoil, knowing who to trust is paramount.

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Our team of clinicians and board-certified physicians specializes in comprehensive evidence-based diagnostic and multi-disciplinary treatment modalities that include:

- Interventional procedures
- Physical therapy
- Medication management
- Spinal cord stimulation
- Psychological counseling

Physician referrals and patient self-referrals are accepted.
Clement J. McDonald, III, MD, was elected chief of surgery at IU Health West Hospital.

Patrick J. Woodman, DO, Urogynecology Associates, returned from an invited lecture, two roundtables and a moderated session at the Pan-Arab Continence Society Annual Scientific Meeting in Dubai, United Arab Emirates. Dr. Woodman, Associate Clinical Professor of OB/GYN at Indiana University Health Methodist Hospital, spoke on “conventional Incontinence Surgery,” the “Optimal Approach for Pelvic Reconstructive Surgery” and “Botox Injections for Pelvic Floor Dysfunction: as a representative from the International Continence Society.

Douglas S. Hale, MD, Urogynecology Associates, Director Female Pelvic Medicine and Reconstructive Surgery Fellowship, Associate Clinical Professor: Indiana University/Methodist Hospital is serving as the 2012 Senior Program Chair for the Society of Gynecologic Surgeons. This follows his term as Program Chair for the same in 2011, in San Antonio, Texas, which set a record attendance. He was also named to the Society of Gynecologic Surgeons Strategic Planning Committee for 2012.

Paul E. Kraemer, MD, and Rick C. Sasso, MD, Indiana Spine Group, recently presented an instructional course lecture at the American Academy of Orthopedic Surgeons in San Francisco. The talk concerned differentiating shoulder pain emanating primarily from the shoulder versus coming from the cervical spine. The talk was directed at an audience of general orthopedists, shoulder specialists and spine specialists seeking to learn more about this common clinical problem.


Michael H. Fritsch, MD, Otologist-Neurotologist, published a peer-reviewed journal article on “Endoscopic Placement of Cochlear Implants.”

Marc P. Underhill, MD, Northwest Radiology Network Interventional Radiologist, presented “Interventional Treatment of Portal Hypertension” at the Indiana Society of Radiologic Technologist (ISRT) meeting on February 18, 2012, hosted by Franciscan St. Francis Hospital.

Theodore P. Labus, MD, board certified radiologist with Northwest Radiology Network, discussed “Current Issues in Breast Imaging,” at Riverview Hospital’s Women’s Health and Wellness Event on January 28th at the Riverview Rehab & Fitness Center in Carmel. Dr. Labus’ imaging sub-specialities are Mammography, Molecular Imaging and Diagnostic Radiology.

Robert M. Kinn, MD, (photo unavailable) an electrophysiologist with St. Francis Group Indiana Heart Physicians, discussed the symptoms, diagnosis and the latest treatments of Afib at a workshop February 23, 2012. The free event was at the Franciscan St. Francis Heart Center at the St. Francis Hospital-Indianapolis.
New Members

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Ophthalmology, 1990
University of Puerto Rico,
San Juan, 1980

Do You Know a Deserving Doc?

It’s time to recognize your colleagues for the good works they do ... Since 1976, the Indianapolis Medical Society has been acknowledging one individual member for his/her outstanding contributions to our community through volunteer service. In 1982, the Community Service Award was renamed to honor Dr. Otis R. Bowen in recognition of his outstanding contributions to our profession, community and country. In keeping with the ideals exemplified by Dr. Bowen, our Otis R. Bowen Award recipients have distinguished themselves beyond the practice of medicine through volunteerism. In 1999 the Bowen Award was expanded to give recognition to physician groups for their outstanding service to the community. It really is time to tell your colleagues ... Thank you.

Otis R. Bowen Community Service Award Nomination Form

My Nomination for Individual Physician for The Otis R. Bowen Physician Community Service Award is:

Name of Individual Physician (please print)
Address or phone number of physician

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Gregory R. Wahle, MD, Urology of Indiana, is Project Health’s honored doctor for the month of April. He was born in Denver, Colorado where his father was an Air Force Pathologist. Medicine played a great role in his young life as well as that of his two brothers who also became physicians, one practices Urology in Iowa and the other is an Otolaryngologist in Evansville. Dr. Wahle’s son was just admitted to the I.U. School of Medicine, and his daughter is a junior at I.U. studying journalism.

Being in the military usually entails moving. Dr. Wahle’s family was no exception. They moved from Denver to Anchorage to San Antonio’s Wilford Hall Hospital and then, his Dad retired in Indianapolis.

Dr. Wahle received his undergraduate degree in economics from Northwestern University in Evanston. “That was a lot of fun and I met my wife Peggy there. We had a lot in common as her Dad was also in the Army Air Corps stationed at Scott Air Force Base in Belleville, Illinois,” Dr. Wahle said.

Dr. Wahle was accepted to the I.U. School of Medicine, did his internship in general surgery here as well as residencies in general surgery and urology. He went to the University of California – Los Angeles to complete a fellowship in female Urology, Neuourology and Reconstructive Urology. He credits the late John Donahue, MD, at I.U. with being his mentor. “He was the chairman of the department for many years and was a great example to follow for residency and attending. He was an excellent surgeon and treated everybody with respect. Dr. Donahue was a consummate gentleman and trained a couple of generations of Urologists.”

Dr. Wahle was offered a position at Indiana University Medical Center after his residencies; however, he wanted to do his fellowship in California first. So he stayed on the faculty at I.U. and they kept the job open. He returned, taught and practiced at the I.U. Medical Center. In 2001, he joined Urology of Indiana. He is Board Certified in Urology by the National Board of Medical Examiners.

During his college years, Dr. Wahle received the F.S. Deibler Memorial Award for Distinguished Work in Economics from Northwestern in 1981, graduated Phi Beta Kappa from Northwestern in 1981, and Alpha Omega Alpha in 1984 from the I.U. School of Medicine.

“Urology is kind of nice because it has balance between office and surgery, like surgery on kidney stones or cancer. One sees the patient a lot, gets to really know them – not like in a lot of other practices where the patient pops in for a minor problem and you never see them again.”

“I volunteered for Project Health because I just want to help people and leave the paperwork to someone else. Our front and back office staffs are great at taking care of us. I see who they put on the schedule and honestly have no idea whether that patient has insurance or not. Most of us do that. Project Health is designed to allow us to practice medicine and they take care of the rest, even sending Hispanic interpreters.” These days, Urology of Indiana physicians are treating a number of immigrants from Burma and Vietnam, too, but usually people from the sponsoring church handles their interpreting.

Dr. Wahle has never gone on mission trips, but his wife and daughter have gone to Eldoret, Kenya and Myanmar, Burma twice with AMPATH. He said AIDS is the biggest medical problem in Africa. His daughter, a journalist, wrote about the trip as an assignment. It seems like everyone in his family has made a difference in medicine. “In the challenging health care environment, we lost sight for a while that we really need to take care of patients. Giving back is so personally rewarding. My Dad, two brothers, my son and I didn’t go into this to make money – we really wanted to help people. I think all physicians feel the same way. Project Health is one of the easiest ways to give back.”

Again, we thank Dr. Wahle, all the other volunteer physicians, and the hospitals for donating over $20 million in care. Project Health could not have done this without your help. THANK YOU!

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Dr. Harlan Boyd Moss, MD 1924 - 2012

Dr. Harlan Boyd Moss, 90, Indianapolis, died Sunday, February 26, 2012. Dr. Moss was born August 4, 1921 in Terre Haute, Indiana. Dr. Moss graduated from Indiana University and then from the IU School of Medicine. He completed a rotating internship at St. Mary’s Mercy Hospital, Gary, Indiana; a general residency at Memorial Hospital, Springfield, Illinois; a diagnostic roentgenology tour; and a pathology residency at the VA Hospital in Indianapolis. He served in the U.S. Army as a physician from 1945-46. He began practicing family medicine in Indianapolis and later became a Board Certified Surgeon and practiced surgery in Indianapolis from 1961 until 1994. Dr. Moss was a Fellow of the American College of Surgeons (FACS) and Phi Rho Sigma medical fraternity. In his free time he enjoyed gardening and his orchard in Ashboro, Indiana. Dr. Moss was recognized as a member of the 50-Year Club in 1994 at the Presidential Reception September 18th at the Pan Am Plaza.

Dr. Richard A. Silver died March 4, 2012, at Marquette Manor in Indianapolis. Dr. Silver was born July 23, 1922, in Thermopolis, Wyoming. His family settled in Knightstown when Dr. Silver was still in grade school. In 1939, he graduated from Knightstown High School and enrolled at Indiana University to study medicine. After receiving his undergraduate Bachelor of Science in Medicine in 1942, Dr. Silver entered the Indiana University School of Medicine and served as class secretary until his graduation in 1944. After receiving his physician’s license from the State of Indiana in early 1945, he joined the U.S. Army and went overseas to serve as a medical officer in Japan and Korea. After returning to the United States, Dr. Silver completed his medical residency at Rochester General Hospital in New York and received certification in the specialty of radiology from the American Board of Radiology. After finishing his residency, Dr. Silver and his wife returned to Indiana and settled in Indianapolis, where he entered in private practice with his medical school classmate, John Beeler. Over the years, Beeler & Silver Radiology grew into one of the most admired radiology practices in Indiana. Dr. Silver helped expand the medical practice to area hospitals, where Beeler & Silver was contracted to provide radiological services. He was a medical director in Winona Hospital in Indianapolis and also led the radiology department at the Hancock Regional Hospital in Greenfield for a number of years. He was active in the Indiana Division of the American Cancer Society and served a term as its president. In 1969, he received an award from the organization recognizing his outstanding contributions to the control of cancer. Dr. Silver continued to give back to his alma mater throughout his medical career by serving as a guest professor and lecturer for radiology students at IU’s medical school in Indianapolis. In recent years, he was extremely proud to be able to endow a scholarship, The Richard A. and Elizabeth W. Silver Scholars, to benefit radiology students at the Indiana University School of Medicine.
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Documenting a Preventive Visit – Part 2

As discussed in last month’s issue of IMS Bulletin, documentation of preventive visits is a very gray area for providers and coders alike. In an effort to assist our clients with this process, we here at Indianapolis Medical Management (IMM) have attempted to streamline this process for our clients. Last month the elements expected to be seen in the documentation of well child visits was discussed. Continue on to see what should be documented in preventive visits for adults.

Adult Visits – 19 to 39 Years

History: Past illnesses, surgeries, medications, allergies, family history and social history, status of chronic conditions

Exam: Blood pressure, height, weight, BMI, breast exam for women, depression screen, eyes, ENT, cardiovascular, respiratory, GI, GU, musculoskeletal, skin, neurological, psychological, hematological

Counseling/Anticipatory Guidance: Nutrition, family planning/conception, physical activity, healthy weight, injury prevention, misuse of tobacco, alcohol and drugs, sexual behavior and STDs, dental health, mental health, immunizations, screenings

Lab/Diagnostic Services: Cholesterol every 5 years beginning at 20 years, Chlamydia for sexually active women under 25, cervical cancer

For Women: Breast cancer and self breast exams

Adult Visits – 40 to 64 Years

History: Past illnesses, surgeries, medications, allergies, family history and social history, status of chronic conditions

Exam: Blood pressure, height, weight, BMI, depression screen, eyes, ENT, cardiovascular, respiratory, GI, GU, musculoskeletal, skin, neurological, psychological, hematological

Counseling/Anticipatory Guidance: Nutrition, physical activity, healthy weight, injury prevention, misuse of tobacco, alcohol and drugs, sexual behavior and STDs, contraception, dental health, mental health, immunizations, screenings

Lab/Diagnostic Services: Cholesterol, diabetes, colorectal cancer beginning at 50 years

For Women: Breast cancer, cervical cancer

For Men: Abnormal Aortic Aneurysm one time for men 65-75 years with history of smoking, prostate cancer

At VEI Consulting, it is our hope to provide information and education that will help our clients improve on documentation and thus help ensure that the services performed are supported by that documentation. Hopefully this article will help you in your documentation of Preventive visits. For additional information or an evaluation of your documentation, please visit our website at www.VEIcorp.com/imm or call us at (317) 621-7197.
## CME & Conferences

### 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.

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

**Community Hospital North**
- **First** Pediatric Grand Rounds, Multi Services Rooms 1 & 2, 7250 Clearvista Dr. 7:30 – 8:30 a.m.
- **First** North Forum, Reilly Board Room; 12:00 - 1:00 p.m.
- **Fourth** Psychiatry Grand rounds, 7250 Clearvista Dr., Multi-Service Rms. 1 & 2 7:30 - 8:30 a.m.

### Community Heart & Vascular/Indiana Heart Hospital

**First** Imaging Conference: 
- rotates Cath & Echo Case Presentations: TIHH MCV Boardroom Videoconference to 
  CHE Bradley Boardroom & 
  CHS Education Center Rm. 2-1910 
  7:00.- 8:00 a.m.

**Third** Ken Stanley CV Conference
- TIHH MCV Boardroom Videoconference to 
  CHE Bradley Boardroom & 
  CHS Education Center Rm. 2-1910 
  7:00 - 8:00 a.m.

**Fourth** Disease Management Conference: 
- rotates CHF & EP Case Presentations: TIHH MCV Boardroom Videoconference to 
  CHS Education Ctr. Rm. 2-1910, 7:00 - 8:00 a.m.

### Cancer Conferences

**Community Hospital East:**
- **First & Third** East General Cancer Conference, Medical Staff Conf. Room, 12:00 to 1:00 p.m.
- **Fourth** East Multidisciplinary Breast Cancer Conference, Medical Staff Conference Room, 7:00 to 8:00 a.m.

**Community Hospital North**
- **First & Third** North Multidisciplinary Breast Conference, 8040 Clearvista Parkway, Suite 550, 7:00 - 8:00 a.m.
- **First** North Chest Cancer Conference, 8040 Clearvista Parkway, Suite 550, 7:00 - 8:00 a.m.
- **Third** Melanoma Cancer Conference, 8040 Clearvista Parkway, Suite 550, 7:30 - 8:30 a.m.

**Community Hospital South**
- **Third** South Multidisciplinary 
  Breast Cancer Conference, Community Breast Care Center South, 533 E. County Line Rd., Ste. 101, 8:00 - 9:00 a.m.

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

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### Indiana University School of Medicine/Indiana University Health

#### IU – Methodist – Riley

- **April 20** Lean Six Sigma for Healthcare Improvement Workshop 
  Landsbaum Center for Health Education 
  Terre Haute, Indiana

- **April 20** Christian Sarkine Autism Treat Center 
  Annual Conference 
  IUPUI Campus Center, Indianapolis

- **May 1** Lean Six Sigma for Healthcare Improvement Workshop 
  IU Health North Hospital, Carmel

- **May 4** 15th Annual IU Gastroenterology/Hepatology Update 
  Indiana History Center, Indianapolis

- **May 21** 10th Annual Conference on Health, Disability, and the Law: Obesity and Stigma 
  Wynne Courtroom, Inlow Hall, Indianapolis

- **May 25** Thirty-Eighth Annual Wishard Memorial Lecture 
  University Place Conference Center, Indianapolis

- **July 14-21** 97th Annual Anatomy and Histopathology of the Head, Neck and Temporal Bone 
  IUPUI Campus Medical Science Building, Indianapolis

- **July 20** Review and Interpretation of the 2012 ASCO Meeting 
  University Place Conference Center, Indianapolis

- **Nov. 2-3** 20th Annual Trauma/Surgical Critical Care Symposium 
  University Place Conference Center, Indianapolis

Course dates and locations are subject to change. For more information, please visit [http://cme.medicine.iu.edu](http://cme.medicine.iu.edu) or call 317-274-0104.

The Indiana University School of Medicine is accredited by the ACCME 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](http://cme.medicine.iu.edu) or call 317-274-0104.

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### Indiana Psychiatric Society

- **2012 3rd Annual Tri-State Integrative Mental Health Conference** 
  April 20-22, 2012 
  West Baden Springs Hotel, West Baden Springs, Indiana

Accredited for 12.0 AMA PRA Category 1 Credits

This conference will offer interactive sessions on EHRs, as well as discussions on social media and technology, addiction, dual diagnosis, DSM 5, community health center update and more. Includes national speakers.

Visit [www.pdallc.com](http://www.pdallc.com) for more information or to register.

Regular rate in effect until March 31, 2012. Late fee applies for registration after March 31.

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**Please submit articles, comments for publication, photographs, Bulletin Board items, CME and other information to mhadley@imsonline.org by the first of the month preceding publication.**
CME & Events

Indianapolis Medical Society

April
17  Executive Committee, Society, 6:00 pm, Sandwiches
25  Administrative Professional's Day (aka Secretaries' Day)

May
15  IMS Board, Society, 6:00 pm, Social; 6:30 pm, Dnr/Mtg
   TBA  MSE Board Meeting, Society, 6:15 pm, Sandwiches

June
  6   ISMA BOT, 1:00 pm, ISMA Headquarters
 13  Senior/Inactive Luncheon Meeting, 11:30 am, Society
16-20  AMA House of Delegates Annual Meeting, Chicago, IL
 19  Executive Committee, Society, 6:00 pm, Sandwiches
   TBA  Project Health Board Meeting, Society, 6:00 pm, Light Meal

July
 17  IMS Board, Society, 6:00 PM, Social; 6:30 pm, Dnr/Mtg
 26  7th District Meeting, location to be announced later

August
 21  Executive Committee, Society, 6:00 pm, Sandwiches

September
 12  Senior/Inactive Luncheon Meeting, Noon, Society, Speaker TBA
 14  ISMA BOT, 12:30 pm, Indianapolis JW Marriott
14-16  ISMA CONVENTION, NEW MARRIOTT HOTEL
 18  IMS Board, Society, 6:00 pm, Social; 6:30 pm, Dnr/Mtg

October
 16  Executive Committee, Society, 6:00 pm, Sandwiches

November
  4  IMS Advisory Breakfast, 7:30 am, prior to ISMA BOT
  4  ISMA BOT, 9:00 am, ISMA Headquarters
10-13  AMA House of Delegates, Honolulu, Hawaii

The Indianapolis Medical Society Foundation Needs You!

The Indianapolis Medical Society Foundation was established by your Society
for a variety of reasons – all of which are designed to provide ways for our members to support programs
which will increase the accessibility of medical and health services to the general public, and to further
develop previously established scholarship programs (nursing/allied health, medical students).

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If you prefer to give your donation through the United Way,
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Stuffing the Mattresses?

“The idea of stuffing mattresses or burying cash in your back yard is not as crazy as it would have been only three to five years ago. Remember when your monthly investment summaries arrived online or via snail mail and you were actually curious to know how much ROI you had achieved? Today, it’s merely an expectation of avoidance.

What does this have to do with medical society management other than the work it takes to manage reserve funds? The answer is simple: everything!

Your AAMSE Board, volunteer leaders and staff work tirelessly to convert your dues and non-dues dollars into meaningful programs and services that benefit all aspects of the medical society profession. Trends reports, industry-specific education, benchmarking studies and compensation surveys are just a few examples of the return received from AAMSE membership.

However, the greatest return isn’t received through a passive information exchange; True value is achieved from the effort dedicated to your personal involvement. Attending a conference (NMEI, Annual Conference, Leadership Academy), posting information to the listserv, participating in webinars are all ways members can maximize their AAMSE membership experience.

Ever considered serving on the AAMSE Board? Now is the time to let the Nominating Committee know by contacting committee chair Don Wall to state that you are willing to take your support of AAMSE to the next level. Or, simply indicate that you are willing to serve on a committee or task force in the future.

For those who have not paid their 2012 AAMSE membership dues, seriously consider the reason for not renewing. While financial hardships are a significant consideration, have you ever stopped to think about how you cannot afford not to renew? Remember, you’ll only get out of it what you put into it!

from the AAMSE March Newsletter, President Jay Millson
(American Association of Medical Society Executives)

This works for IMS membership too! Personal Engagement is key in the IMS. Want to be a leader? Want to serve?

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We are the answering service established in 1911 by physicians for physicians.

Indianapolis Medical Society Members Receive Special Discounts

*A wholly owned for-profit subsidiary of The Indianapolis Medical Society
Are increased health insurance premiums strangling your practice’s budget?

Are reductions in health insurance benefits putting more stress on your employees?

Is your current health insurance coverage anniversary date in the near future?

If you answered yes to any of the above questions, consider the Indianapolis Medical Society members program for a discount on group health insurance through ADVANTAGE HEALTH SOLUTIONS, a local health plan owned by local providers. IMS physician practices and the IMS are benefiting from this discount and the move to ADVANTAGE.

The IMS alone will save more than $200,000 over two years!

To find out more about the program, or to see if it is a good fit for your practice, please contact the exclusive agents for this product’s IMS discount:

Call (317) 564-4003, or visit Acumen’s website: acumenbenefitsolutions.com/IndplsMedSociety.html
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