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about our cover

On our cover:
Season’s Greetings!
This inspiring winter photograph reminds us that with the new day, new season ... all things are possible.

Have a Wonderful Holiday Season!

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.

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The power of affiliation...
President’s Page

Mark M. Hamilton, MD

Is US healthcare as bad as they say?

There is no shortage of healthcare headlines in the news these days, with critics arguing that the U.S. healthcare system is inadequate when compared to other developed nations. Many of those outside the profession charge that insurance is too expensive in the United States and quality care is out of reach for millions of people.

As physicians and members of the Indianapolis Medical Society we’re focused on treating patients and providing the best care possible, and that focus should never waiver, but sometimes it’s easy to let the media set the narrative. Despite the external noise, let’s not lose site of the real story. While there are problems to be solved with our healthcare system, including high cost and lack of universal coverage, complicated and often uneven reimbursement, and the high cost of a litigious system, there are distinct advantages. For the vast majority of those looking for high quality care, our system offers a broad spectrum of options.

We continually hear that our system is unhealthy and out of reach for many in this country, but that’s not the complete story. While there are valid concerns about inefficiencies within the delivery system itself, I still maintain that as a whole, treatment delivered across the United States is second to none.

Critics often point to Canada and the United Kingdom as examples where coverage is much more universal. What they often fail to highlight are the limitations that come with that universal system. For instance, my wife, Jennifer, related a first-hand account of the British approach to health care that she encountered on a recent business trip.

She was traveling with a 37-year-old man from England who had been an active long distance runner. He began to have pain in one of his legs which prevented him from carrying on his daily workouts. He made an appointment with his primary care doctor and was given the probable diagnosis of femoracetabular impingement, a condition treatable with minor surgery. Instead of being told the next step would be further evaluation, an MRI or even a referral to an orthopedic specialist, he was told that the treatment for this condition was not approved by NHS rules and that he “needed to live a less active lifestyle.”

As he told this story to my wife, he described his experience over the course of several months fighting to get the appropriate treatment, despite this “universal access.” He is finally scheduled for an MRI – three months from now.

I cannot imagine any healthcare provider in this country telling a healthy, vibrant 37-year-old to live a less active lifestyle. It would surely cost the NHS much more money if he did take their advice and became sedentary.

Availability of quality secondary care is one of the primary strengths of the US healthcare system. According to data from Commonwealth Fund International Health Policy Surveys(1), between 2001 - 2010, an average of 49 percent of patients in the United Kingdom waited four weeks or more to see a specialist for treatment of a medical issue. Those numbers are even higher in Canada over the same time period. Despite being well-known for universal coverage, an average of 59 percent of patients in Canada waited four weeks or more to see a specialist for treatment of a medical issue. Compare that to less than 25% in the United States.

Canada also has the longest ER wait times among developed countries. The 2010 Commonwealth Fund study of 11 wealthy nations found that 31 percent of ER patients in Canada wait four hours or more to be treated, compared to four percent in the U.K. and 13 percent in the United States.

The Canadian Institute for Health Information (CIHI) estimates that the median ER wait time in Canada is 2.5 hours, meaning half of all patients wait longer than that, and about one in 10 ER patients will wait more than eight hours.(2)

The U.S. system also does a good job at keeping down wait times for surgery. A study of five English-speaking countries found that in the U.S., only 5 percent of patients reported a wait longer than four months for surgery, compared to 23 percent in Australia, 26 percent in New Zealand, 27 percent in Canada, and 38 percent in the United Kingdom.

There is a reason patients come from other countries to get care in the United States. Doctors are better trained and provide a higher level of care. We have top notch facilities and equipment. As a nation we may spend more per patient for treatment, but to claim the entire healthcare system is broken is just not accurate.

Japan is another country with a highly touted health care system. Japan spends much less per capita on health care than the US and has much higher expected life spans. To compare the United States with Japan, however, is like comparing apples to oranges. Japanese have extremely healthy lifestyle habits; they eat on average 200 calories less a day and are much more active. Their obesity rates are a fraction of the US. In addition, violent crime and social challenges just don’t exist to the extent they do here. Japan also has far fewer lawyers and almost none of the malpractice challenges that we face. All of these factors make the Japanese healthcare system appear more effective regardless of the care provided.

In China, reaction over poor healthcare services has hospitals ramping up security measures to combat recent deadly attacks against doctors and nurses by relatives of patients’ who become violent in their anger over the cost and quality of care.

These attacks on medical staff killed seven people and injured 28 in 2012, according to the National Health and Family Planning Commission. The issue even prompted the Commission to issue new security guidelines with the Ministry of Public Security, China’s police force. According to a recent Associated Press report; the measures form the latest salvo in China’s “Safe Hospitals” campaign. Many urban hospitals are providing security guards with helmets, anti-stab vests and long sticks to keep attackers at bay.

Continued on page 8.
Fortunately as members of the Indianapolis Medical Society, our focus is on providing care much closer to home. We must not lose sight of the number of both public and private options for low income Indiana families who otherwise wouldn’t have access to quality care. Whether it’s Medicare, HIP, Wishard Advantage, Hoosier Healthwise or Project Health, there is broad coverage for our patients here in Marion County.

In addition to Medicaid, low-income Indiana families and children under 18 can obtain coverage through Hoosier Healthwise. The program covers doctor visits, prescription medicine, mental health care, dental care, hospitalizations, surgeries, and family planning at little or no cost. With a standard plan, members pay no premiums and just a $.50 to $3.00 co-pay for pharmacy, transportation, and emergency services.

According to the Henry J. Kaiser Family Foundation, as of January 2013, Medicaid coverage in half of states (26, including DC) cover children in families with incomes up to at least 250% of the Federal Poverty Line. Only four states limit eligibility to children in families with incomes less than 200% FPL.

Adults living below the poverty line are able to seek coverage through the Healthy Indiana Plan, or HIP. HIP offers uninsured adults with children care they pay for through sliding-scale monthly contributions. Payments are dependent on income level and family size, but generally range from between 2% and 5% of a participant's gross family income. Enrollees are able to select their primary care physician for wellness care. The HIP plan also covers diagnostic, medical, hospital, mental health, and prescription services.

Despite the availability of these programs some patients either aren’t making the effort to find alternative means of care, or they simply aren’t aware of them. That’s why the efforts of the IMS Foundation are so important. The Foundation works to inform both the public and the media about programs like Project Health, while steering patients toward those programs.

Project Health is a program funded by the IMS Foundation, with area hospitals, the Marion Co. Health Department, local foundations, and you, our members offering treatment to Marion County residents with incomes between 200-300% of the federal poverty level. Thanks to the participation of countless doctors and hospitals, Project Health is able to provide free life saving services. Outside of a $100 administration fee, lab tests, office visits, hospitals stays and surgery are all provided completely free of charge.

There are countless organizations across the state and the country with similar missions, helping to fill in the gaps when it comes to treatment of those without insurance. The work of these organizations should be heralded and highlighted for the public to see.

Changing the narrative starts with us. It’s up to us as members of the local medical community to continue to highlight these types of stories and programs that are providing quality, and often free, medical care to thousands across our community.

I urge you to educate patients about these programs. Expose them to the multitude of public and private options available. I would also encourage you to help share these stories with the public and other civic organizations you’re involved with. Write letters to the editor of the local newspaper. Share your experiences with initiatives like Project Health and others like it. Educating patients and the public about the high level of care physicians provide across the state every day is one of the best ways to gather public support, change opinions and stop the governmental creep into the healthcare system.

Sources

1. http://www.oecd-ilibrary.org/sites/health_glance-2011-en/06/08/index.html;jsessionid=as008die826bn.delta?contentType=&itemId=/content/chapter/health_glance-2011-59-en&containerItemId=/content/serial/19991312&accessItemIds=/content/book/health_glance-2011-en&mimeType=text/html
5. Kaiser Commission on Key Facts, Medicaid and the Uninsured - March 2013
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Jeffrey W. Hilburn, MD, has joined JWM Neurology. Dr. Hilburn has been practicing neurology in Indianapolis for the last 30 years and has special interests in stroke, vascular neurology and general neurology. He sees patients with all types of neurological conditions. Dr. Hilburn is both Director of the Stroke Center and Chairman of Neurology at St. Vincent Hospital. He has also been a principal investigator for multiple stroke studies.

Suzanne E. Montgomery, MD, has written a book about her friend, Dr. Shadrach Gonqueh, who is a refugee from Liberia. Information about the free book can be seen on her new blog www.lettersoutofafrica.com.

Jeffrey A. Greenberg, MD, was the invited guest lecturer for The Inaugural Endowed Lecture in Honor of Robert Lockwood, MD, on October 15, 2013. His lecture was entitled: “Evolution and Our Contemporary Understanding of the Distal Radio-Ulnar Joint.” The lecture was held in Syracuse, NY.

Dr. Greenberg also presented Grand Rounds at Upstate Medical University Department of Orthopaedics in Syracuse, New York on October 16, 2013. His lecture was “Contemporary Management of Peripheral Nerve Injuries.”

Michael H. Fritsch, MD, Professor, specializing in Otology-Neurotology, presented his new technique of “Endoscopy assisted cochlear implantation in Mondini inner ear dysplasias” at the American Neurotology Society national meeting September, 2013.

Rick C. Sasso, MD, Indiana Spine Group, served as a faculty member at the annual hands-on spine course sponsored by the American Academy of Orthopaedic Surgeons in Rosemont, Illinois. This cadaver course taught spine surgeons from throughout the world the newest techniques in spinal surgery. Dr. Sasso taught this course and was asked to give lectures on the current treatment of cervical myelopathy, and lumbar Spondylolisthesis. He also gave a faculty surgical demonstration video on an operation that he’s done a lot of research on Posterior C1-C2 instrumentation and fusion. Dr. Sasso also taught many techniques in the cadaver lab for the course “AAOS Spine Surgery: State-of-the-Art Techniques and Science,” and lectured on “Low-Grade Isthmic Spondylolisthesis: Surgical Techniques: ASF/PSF vs. PSF with TLIF vs. ASF When? How? Pitfalls; Indications for surgery in cervical spondylotic myelopathy.”

He was a co-author of a study on the surgical outcomes of patients with Cervical Myelopathy due to Cervical Stenosis published in Spine October 9, 2013.

News from Northwest Radiology Network, PC ...

Vincent P. Mathews, MD, President/CEO of Northwest Radiology Network, PC and board certified neuroradiologist, was the featured speaker for a group of healthcare attendees in Indianapolis on “Amyvid: The First FDA-Approved Diagnostic PET Tracer for Estimating B-Amyloid Neuritic Plaque Density in the Living Brain,” Amyvid is indicated for Positron Emission Tomography (PET) imaging of the brain to estimate B-amyloid neuritic plaque densities in adult patients with cognitive impairment being evaluated for Alzheimer’s Disease (AD) and other causes of cognitive decline. This program was sponsored by Lilly, USA, LLC.

News from Goodman Campbell Brain and Spine ...

Nicholas M. Barbaro, MD, served as Faculty (21 Oct 2013, Special Course I: Neurosciences Center and the Neurosurgeon: An Evolving Practice Landscape. Dr. Barbaro’s presentation): “Neurosciences Centers as a Destination for Care.” This course examined the regional referral, sub-specialty and financial implications of Neuroscience Centers for the neurosurgical community.

Aaron A. Cohen-Gadol, MD, presented at the 2013 CNS Annual Meeting Committee (19-23 Oct 2013), Section Continued on page 14
Help strengthen the voice of medicine in Central Indiana -- recommend Indianapolis Medical Society Membership to your colleagues! Visit IMSONLINE.ORG for Recruiting and Membership applications.

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Ophthalmology
Other Specialty
Albert Einstein University, 2009

Fossum, Erik S., MD
Medical Associates
1500 N. Ritter Ave.
46219-3095
Emergency Medicine
University of Wisconsin, 2010

Lenet, Adam S., MD
Fellowship – IU School of Medicine
714 N. Senate Ave., #120
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Ofc – 963-0555
Internal Medicine
Sleep Medicine (IM)
St. George's University, Grenada, 2010

Leon, Hadia M., MD
Resident – IU School of Medicine
Otolaryngology
University of South Florida, 2013

Schoenberg, Evan D., MD
Fellowship – Price Vision Group
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Ophthalmology
Other Specialty
Emory University, 2009

Membership Information with photos online on the Physician Finder page @http://imsonline.org/finder.php

Bulletin Board (Continued from page 11)

Representative for Operative Neurosurgery and was a presenter for the General Scientific Session II (21 Oct 2013), Operative Pearls: Tackling Challenges in Aneurysm and AVM Surgery.

Troy D. Payner, MD, was a member of the Course Faculty (19 Oct 2013), Practical Didactic course: Cerebrovascular PC07: Open Aneurysm Surgery: A 3-D Practical Course. The course discussed optimal approaches for management of intracranial aneurysms.

Daniel H. Fulkerson, MD, was a Presenter, Original Science Program, Oral Presentation (21 Oct 2013), Risk of Secondary Malignancy from Computerized Tomography (CT) Scanning in Very Young (<1 year old), Neurosurgical Patients: A Retrospective Cohort Study with a Minimum of 10-year Follow-up.

News from Franciscan St. Francis Health ...

Gerald L. Braverman, MD, critical care physician was presented with the Healing Hands Award. Dr. Braverman is a member of Indiana Internal Medicine Consultants and cares for patients at Franciscan St. Francis Health, where he directs the intensive care unit.

John B. Meding, MD, presented an arthritis, hip and knee replacement seminar for the public November 14 in Greenwood. He explained the latest in joint replacement and arthritis treatments.

Michael D. Barron, MD, (no photo available) cardiologist, presented “Heart medications: What do they do?” November 7 at the Mooresville facility sharing what patients and their families should know about heart medications and how to monitor their conditions and when to seek help.

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Please Ask Your Colleagues to join you in making the practice of medicine better for patients and physicians! The IMS needs your support & the support of your colleagues to continue to make a positive difference in the lives of your patients. Ask them to help “Carry the Load” for organized medicine in Indiana.
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After he arrived a new culture of education resulted and many at St. Joseph Mercy hospital where Dr. Chitwood was training. to Michigan in 1990 taking the reins of the Surgical Residency University in Dallas. Dr. Fry chose to leave Texas to go back the country at Parkland Hospital, part of Texas Southwest there and ran one of the largest general surgery programs in of Michigan Surgery Department in his early career. He left Vascular Surgery by the American Board of Surgery. surgery at Henry Ford Hospital in Detroit. He is board certified was a nurse at St. Joseph’s. His Fellowship was in vascular what he cherishes most was induction into the Ball State University Athletic Hall of Fame. He liked Ball State because the classes were smaller. He really got to know his professors because they liked this “big goofball athlete,” so he received a lot of personal attention.

He went on to graduate from the Indiana University School of Medicine and did his internship and residency at St. Joseph Mercy Hospital in Ann Arbor, Michigan in general surgery. He says he lucked out in the national matching program which took him to Michigan rather than staying in Indiana which was his preference at the time. There he met his wife, Sandy, who was a nurse at St. Joseph’s. His Fellowship was in vascular surgery at Henry Ford Hospital in Detroit. He is board certified in Vascular Surgery by the American Board of Surgery.

One of his mentors in his General Surgery Residency was William Fry, MD. Dr. Fry was a Professor in the University of Michigan Surgery Department in his early career. He left there and ran one of the largest general surgery programs in the country at Parkland Hospital, part of Texas Southwest University in Dallas. Dr. Fry chose to leave Texas to go back to Michigan in 1990 taking the reins of the Surgical Residency at St. Joseph Mercy hospital where Dr. Chitwood was training. “After he arrived a new culture of education resulted and many opportunities for research came about.” He helped Dr. Chitwood secure a one year Research Fellowship in Portland, Oregon. At Oregon Health Sciences University, Dr. Chitwood’s mentor was John Porter, MD. “Dr. Porter had a knack for demanding validity of unproven new vascular surgical therapies. Everyone who worked with Dr. Porter learned a lot from that. Everything was based on science.”

Towards the end of his Fellowship he got a note, “simply a note” from Robert McCready, MD, inviting him to interview for a vascular surgery position in Indianapolis. “I considered Indianapolis the best job around. I had met the guys at Methodist during a cardiovascular surgery rotation at IU Medical School. They were great.” In 1996, he joined the Methodist Hospital vascular surgery program and by 2000 he was a member of the vascular surgery department at St. Vincent Hospital as well. Since 2008 his primary practice has been at St. Vincent Hospital and VeinSolutions.

His wife was a little reluctant to leave Michigan, since that was where she had lived all her life. Shortly after moving to Indiana they bought a lake house in Brooklyn, Michigan as part of his “peace offering.” They love to spend time on the water and are certified by U.S. Sailing.

The Chitwoods have three children, their daughter, Alexandra is a junior at Miami of Ohio, studying diplomacy, global politics, Arabic and will probably go to law school. She is a cross-country and track athlete at MU. Their 18-year old son, Joseph is a hockey player currently playing for the Indiana Ice. His aspiration is to play NCAA Division I hockey and perhaps go to medical school when his hockey career is completed. Their youngest son, Cortland, is a freshman at Carmel High School. He plays soccer and hockey. Dr. and Mrs. Chitwood are most proud that all of their children are good citizens and academically accomplished as well.

“The most important thing to me is our family, the kids. At this point, most of our spare time is chasing the kids around due to their athletic obligations.” They also love the Caribbean, hiking, sailing and snorkeling. Their daughter is going to New Zealand in March for a semester and they says they are going to visit. “It has always been a dream of mine to visit there.”

Dr. Chitwood has made the dreams come true for six Project Health patients who had 15 different surgeries. Project Health is very grateful to him. Thank you to all of our volunteer physicians and hospital systems. You have now donated almost $39 million in care! Happy Holidays, indeed!
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Mary Ian McAteer (2016)  
John P. McGoff (2016)  
Maria C. Poor (2016)  
Richard R. Rhodes (2016)  
Barbara K. Stwy (2016)  
Michael T. Stack (2016)  
John J. Wernert (2016)  

Alternate Delegates to the State Convention, September 2014
The year shown in parentheses indicates year in which the term expires following the conclusion of the ISMA Annual Convention.

William C. Buffie (2014)  
Brian D. Clarke (2014)  
Robert E. Dicks (2014)  
Doris M. Hardacker (2014)  
Douglas J. Horton (2014)  
Daniel E. Lehman (2014)  
Ramana S. Moorthy (2014)  
Maria C. Poor (2014)  
Philip W. Pyvor (2014)  
Jason E. Rieser (2014)  
Steven M. Samuels (2014)  
Kenneth N. Wiesert (2014)  
James P. Bastnagel (2015)  
John H. Ditslear, III (2015)  
Robert S. Flint (2015)  
Tod C. Huntley (2015)  
Norman Mindrebo (2015)  
Robert Michael Pearce (2015)  
David M. Ratzman (2015)  
Jeffrey M. Rothenberg (2015)  
Richard M. Storm (2015)  
H. Jeffery Whitaker (2015)  
Allison E. Williams (2015)  
Steven L. Wise (2015)  
Robert J. Alonso (2016)  
Ann M. Collins (2016)  
Andrew J. Corsaro (2016)  
Stephan B. Freeman (2016)  
John Douglas Graham, III (2016)  
Andrew A. Johnstone (2016)  
Ingrida I. Ozols (2016)  
David L. Patterson (2016)  
Michael A. Rothbaum (2016)  
Kenny E. Stall (2016)  
Samuel T. Thompson (2016)  
Ronald L. Young, II (2016)  

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

Indiana State Medical Association
President-Elect
John J. Wernert (2013-2014)

House of Delegate
Speaker, ISMA
Heidi M. Dumiway (2013-2014)

Vice-Speaker, ISMA
Heidi M. Dumiway (2012-2013)

Seventh District Medical Society Trustees
Vicki M. Roe (2014)  
Marc E. Duerden (2016)

Alternate Trustees
Robert A. Malinzak (2014)  
John C. Ellis (2015)  
G. Mitch Cornett (2016)
Know a Hero?

Here’s your chance to have them recognized. Nominate them for Indianapolis’ fourteenth annual HEALTH CARE HEROES AWARDS.

This year’s categories:

- Community Achievement in Health Care
- Physician
- Advancements in Health Care
- Non-Physician
- Volunteer

Indianapolis Business Journal is now accepting nominations for the 2014 Health Care Heroes Awards.

Sponsored by Fifth Third Bank, Hall, Render, Killian, Heath and Lyman and Medxcel, the Health Care Heroes Awards will honor companies, individuals and organizations for their contributions to improving health care in the Indianapolis metropolitan area including Marion and surrounding counties, and Madison County. Entries will be judged on documented accomplishments.

Recipients of the Health Care Heroes Awards will be profiled in a special supplement of Indianapolis Business Journal in March 2014. They will receive their awards at a breakfast hosted by Indianapolis Business Journal, and sponsored by Fifth Third Bank, Hall, Render, Killian, Heath and Lyman and Medxcel in March 2014.

For information about advertising in the Health Care Heroes supplement of IBJ, call 317-472-5319 or advertise@IBJ.com.
CME & Conferences

Community Health Network

Community Hospital East

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 North

First
Wednesday
Pediatric Grand Rounds
Multi Services Rooms 1 & 2
7250 Clearvista Dr. 7:30 - 8:30 a.m.

First
Friday
North Forum
Reilly Board Room; 12:00 - 1:00 p.m.

Every Other
Thursday
Psychiatry Grand rounds
begin 1/24/13
7250 Clearvista Dr.

Community Heart & Vascular/ Indiana Heart Hospital

First
Wednesday
Imaging Conference:
rotates Cath & Echo Case Presentations
CHVH MCV Boardroom Videoconference to
HVC Anderson Office, HVC East Office BR (Ste. 420)
HVC South Office CR (Suite 2400)
7:00 - 8:00 a.m.

Third
Wednesday
Ken Stanley CV Conference
CHVH MCV Boardroom Videoconference to
HVC Anderson Office, HVC East Office BR (Ste. 420)
HVC South Office CR (Suite 2400)
7:00 - 8:00 a.m.

Fourth
Wednesday
Disease Management Conference:
rotates CHP & EP Case Presentations
CHVH MCV Boardroom Videoconference to
HVC Anderson Office, HVC East Office BR (Ste. 420)
HVC South Office CR (Suite 2400)
7:00 - 8:00 a.m.

Cancer Conferences

Community Hospital East:

Third
Thursday
East General Cancer Conference
Medical Staff Conf. Room
12:00 to 1:00 p.m.

Fourth
Tuesday
East Multidisciplinary Breast Cancer Conference
Medical Staff Conference Room
7:00 to 8:00 a.m.

Community Hospital North

First & Third
Tuesdays
North Multidisciplinary Breast Conference
8040 Clearvista Parkway, Suite 550
7:00 - 8:00 a.m.

Every Other
Friday
begin 1/18/13
North General Cancer Conference
8040 Clearvista Parkway, Suite 550
7:00 - 8:00 a.m.

First
Wednesday
North Chest Cancer Conference
8040 Clearvista Parkway, Suite 550
7:00 - 8:00 a.m.

Third
Wednesday
Melanoma Cancer Conference
8040 Clearvista Parkway, Suite 550
7:30 - 8:30 a.m.

Community Hospital South

Third
Wednesday
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.

Indiana University School of Medicine/ Indiana University Health

IU – Methodist – Riley

Dec. 7
Neurology Update III
IU Health Neuroscience Center, Indianapolis

Dec. 12-13
Getting Practical with Medical Staff Governance,
Credentialing and Peer Review
Swissotel, Chicago, Illinois

2014
Jan. 17-19
Musculoskeletal Ultrasound Beginner Level Course
IUSM, South Bend, Indiana

Jan. 25
Breast Cancer: Year in Review
Indiana History Center

March 7
Let’s Talk Palliative Care: Improving Care for
Seriously Ill Patients and their Families
Ritz Charles Banquet Facility, Carmel

May 1
Advancing the Medical Role in Child Protection
Evansville, Indiana

Course dates and locations are subject to change. For more information, please visit 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 or call 317-274-0104.
Indianapolis Medical Society

December
11 Senior/Inactive Luncheon Meeting, 11:30 AM, Society.
Mr. Rob Green, “The Sex Life of Bees”
17 Executive Committee Holiday Dinner, with Spouses/Guests

2014
January
21 IMS Board, Society, 6:00 PM, Social; 6:30 PM, Dnr/Mtg.,

February
16-19 AMA Presidents’ Forum, Sun., 4-6:30 PM; continues Mon.,
from 7:30 AM-1 PM, Grand Hyatt, Wash., D.C.
17-19 National Advocacy Conference (NAC), Monday afternoon
and Tuesday.
18 Executive Committee, Society, 6:00 PM, Sandwiches.
Nominating Committee appointed.

March
2 IMS Advisory Breakfast (Le Peep’s), 7:30 AM … prior to
ISMA BOT 9:00 AM, ISMA
TBD 7th District Organizational Dinner, Dr. G. Mitchell Cormett
chairs. 6:30 PM
12 Senior/Inactive Luncheon, Society, 11:30 AM, Speaker TBA
18 IMS Board, Society, 6:00 PM, Social; 6:30 PM, Dnr/Mtg.,

April
15 Executive Committee, Society, 6:00 PM, Sandwiches
24 Administrative Professional’s Day (aka Secretaries’ Day)
TBD IMS Women in Medicine, 7:00 – 10:00 pm.

May
20 IMS Board, Society, 6:00 PM, Social; 6:30 PM, Dnr/Mtg
TBD MSE Board Meeting, Society, 6:15 PM, Sandwiches

June
7-11 AMA House of Delegates Annual Meeting, Chicago, IL
11 Senior/Inactive Luncheon Meeting, 11:30 AM, Society
17 Executive Committee, Society, 6:00 PM, Sandwiches
22 IMS Advisory Breakfast (Le Peep’s), 7:30 AM … prior to
ISMA BOT, 9:00 AM, ISMA
TBD Project Health Board Meeting, Society, 6:00 PM, Light Meal

July
15 IMS Board, Society, 6:00 PM, Social; 6:30 PM, Dnr/Mtg

August
19 Executive Committee, Society, 6:00 PM, Sandwiches

September
5 ISMA BOT, Indianapolis Westin., Indpls., 46204. 1:00 PM
10 Senior/Inactive Luncheon Meeting, 11:30 AM, Society,
Speaker TBA
16 IMS Board, Society, 6:00 PM, Social; 6:30 PM, Dnr/Mtg.
Light dinner. Dr. David R. Diaz will be installed as
141st IMS President.
20-22 ISMA CONVENTION, JW Marriott Hotel, 10 S. West St.,
Indpls., 46204

October
30 ISMA’s Fall Legislative Dinner, Downtown Marriott
15 Executive Committee, Society, 6:00 PM, Sandwiches

November
8-11 AMA House of Delegates, Dallas, TX
18 IMS Board, Society, 6:00 PM, Social; 6:30 PM, Dnr/Mtg
23 IMS Advisory Breakfast, 7:30 AM … prior to ISMA BOT @
9:00 AM, ISMA Headquarters

Get the facts
Know the signs
(Prescription drug abuse has reached epidemic levels.)

Every 25 minutes someone dies from a prescription drug overdose.
More people abuse prescription drugs than cocaine, heroin, hallucinogens, and inhalants combined.
One in 20 people have used prescription pain killers for non-medical reasons.
Middle-aged adults are the most likely to overdose from prescription painkillers.
One in five Indiana teens have admitted to abusing prescription drugs.

The Indiana Prescription Drug Abuse Task Force wants Hoosiers to learn more about the dangers of prescription drug abuse and misuse, how to prevent it and how to talk to others about it at BitterPill.IN.gov. Because this is one bitter pill we don’t have to swallow.

Paid for by the Indiana Attorney General Consumer Protection settlement fund.
The ISMA Insurance Agency

offers the following insurance programs exclusively for ISMA members:

| Health - PPO & Traditional plans from $250 to $5,000 deductibles | Voluntary Employee Benefit Plan Dental, short term disability, term life, universal life, cancer plan, Section 125 Premium Only Plan (P.O.P.) | Term Life
| Health Savings Account Plan | Dental | Disability |
| Medicare Carve-out | Long Term Care | Umbrella Liability |
| Dental | | Business Owners Policy |
| | | Worker’s Compensation |
| | | Malpractice Liability* |

These insurance plans have been specifically designed for ISMA members and their employees to provide the highest quality coverage at the lowest possible cost.

Call the ISMA Insurance Agency at (317) 471-4229 or (877) 647-2242.

* Access is available through Medical Assurance of Indiana - ISMA’s endorsed professional liability carrier.

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At Kindred we understand that when a patient is discharged from a traditional hospital they often need post-acute care to recover completely. Every day we help guide patients to the proper care setting in order to improve the quality and cost of patient care, and reduce re-hospitalization.

Discharged isn’t the last word on a patient’s healthcare journey. Recovery is. Come see how Kindred continues the care every day at continuethecare.com.
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...and Memory Disturbances

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A positive scan indicates moderate to frequent amyloid plaques – consistent with a pathological diagnosis of AD. However, this amount of plaque can also present in other neurological conditions as well as in older adults with normal mental functioning.

The first and only FDA-approved PET-CT tracer, Amyvid, is now available for use in testing patients being evaluated for Alzheimer’s Disease and other causes of cognitive decline.

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