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Kerry Ritzler
Vice President, Private Banker
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On our cover:
Happy Valentine’s Day!
May the Joys of the Day be with you always.

Countdown to ICD-10. Be Ready!

CMS Seeking Information on Problems with Exchange Plans
Health insurance selected on the state and federal health insurance exchanges, also known as the Marketplace, became effective on January 1, 2014. If state medical societies, specialty societies, or medical practices experience or learn about problems or issues with specific health plans that are being sold on the exchanges, the Centers for Medicare & Medicaid Services (CMS) is anxious to hear about them so that they can work to fix them. Please provide the specific implementation problem that arises with the plan, the name of the plan, the state in which it is located, and as many other details as possible, such as the group number. To inform the AMA about problems that are identified, email all of this information to them at exchangeplans@ama-assn.org and the AMA will advocate with CMS to get the problems resolved.
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On December 15th, 2013, the Indiana Medical Licensing Board adopted a set of emergency rules to try and slow down the current rise in prescription drug abuse across the state. The goal is to try to prevent physicians from over prescribing painkillers, and there are changes many Indiana physicians need to be aware of to ensure compliance.

In order to understand why the Licensing Board adopted these stricter rules, it’s important to look at the numbers behind the recent rise in prescription drug abuse.

Between 1991 and 2010, nationwide prescriptions for stimulants increased from 5 million to nearly 45 million and for opioid analogies from about 75.5 million to 209.5 million.(1)

The National Institute on Drug Abuse claims more people abuse prescription drugs in the U.S. than cocaine, heroin, hallucinogens and inhalants combined.(2)

The Centers for Disease Control have deemed prescription painkiller abuse an “epidemic.”

In 2010, Indiana doctors wrote more than 11 million prescriptions for controlled drugs, more than five-and-a-half million for pain killers alone. That’s nearly two prescriptions for every man, woman and child in the state of Indiana.(3)

From 1999-2011, deaths from opioid painkillers nearly quadrupled across the U.S., totaling more overdose deaths than cocaine and heroin combined in that time.

According to the Indiana State Department of Health (ISDH), 718 Hoosiers died from accidental drug overdoses in 2011, compared to 654 deaths the year before. According to a study by Trust for America’s Health, Indiana ranks 17th overall for fatal drug overdoses.

Most shocking is the effect on our youth. One out of every 5 Indiana teenagers has admitted to abusing prescription drugs.

Over the past few years the FDA has been calling for tougher restrictions on the most widely abused painkillers like Vicodin, Lortab and others containing hydrocodone. These new emergency rules are a direct response to those federal recommendations. They are also an effort to eliminate so called pill-mills, or doctors who freely write prescriptions without asking questions.

What do the new emergency rules do?

- Call for drug testing of patients receiving pain medications
- Reduces the number of refills patients could get before being required to go back to a doctor.
- Requires patients to take prescriptions to a pharmacy, rather than having a doctor call in the order.

How will the new rules affect doctors?

Primary care physicians will be the ones most affected by the new rules, as pain specialists already follow professional guidelines for prescribing opioids. The primary targets are patients who are prescribed more than 60 opioid-containing pills a month, or a morphine equivalent dose of more than 15 milligrams per day for more than three consecutive months. The guidelines would not affect physicians who prescribe a short course of narcotics after surgery.

The new rules call for more screening and monitoring from physicians in an effort to look for addiction or signs of prescription drug abuse. That means imposing a “treatment agreement” with patients, focused on improving overall health instead of simply relieving pain.

Doctors will be required to use the state’s online database that tracks prescriptions of controlled substances. This is an effort to stop patients from “doctor shopping” or visiting several different physicians to obtain multiple prescriptions.(4)

Physicians will be required to:

- Perform a detailed history and physical; have the patient fill out mental health, opiate-addiction risk and pain-assessment questionnaires.
- Discuss with the patient the benefits and risks of opioid use, alternative treatments and medications, and counsel women between the ages of 14 and 55 about the risks of opioid use during pregnancy.
- Develop an individualized treatment plan with meaningful goals. This should be reviewed at each visit.
- Require the patient to sign a Controlled Substance Agreement that includes prescribing policies, consent to drug screening, permission to conduct random pill counts, requirements to take the medications only as prescribed, and the consequences of violating the contract conditions.
- Perform urine drug screening initially and at least yearly.
- Review initially and at least yearly the patient’s INSPECT report that documents narcotic prescriptions dispensed from pharmacies.
- Require office visits at least four times per year and every two months if there are dosage changes.

How will it be enforced?

Enforcement and inquiries will come from the Office of the State Attorney General. Failure to provide proof of compliance, or a failure to cooperate in the investigation can lead to a review from the Indiana Medical Licensing Board as a violation of IC25-1-9-4(a)(3). Practitioners found to be in violation of the guidelines could face licensure actions or even criminal prosecution.

A full explanation of the new rules can be found on a new state-run website at BitterPill.in.gov. The site also features a Physician Toolkit which can be used as a resource. Right now, you can access information on the ISMA website at http://www.ismanet.org/legal/ControlledSubstances.html This page has links to past, present and future webinars presented by

Continued on page 19.
When Bill Stanley and I interviewed Scientech Club (a local science, technical, engineering and medical club now in its 95th year) member Harold Wesselman a few years ago, he surprised us with the statement that Elwood Haynes was the most important member of Scientech. Elwood Haynes was one of the 107 charter members in 1918, as was Eli Lilly. This comment is from a former Eli Lilly Co. chemist who met with Mr. Lilly frequently in the lab at the company. Mr. Wesselman had been a Scientech Club member since 1959, president in 1969 and was also secretary for 15 years.

After some research, we found why Harold felt that way. Mr. Haynes was a dynamo—a gas company executive, research chemist, automaker, and philanthropist. Indiana held the largest natural gas field in the U.S. Mr. Haynes was known as the “Father of the Gas Boom” in Indiana.

Natural gas was found in NY State in 1921. Haynes visited the gas wells in northwest Ohio. He analyzed wells and the types of stone. Moreover, he gave lectures to the public on natural gas and helped communities organize their gas delivery. He also invented a forerunner of a home thermostat. He urged people not to waste the natural gas. The Gas Boom brought many factories to the State, especially glass companies, which needed high heat to make their product. The Ball brothers are a good example.

Elwood Haynes was born in Portland, Indiana in 1857. His father was an attorney who valued education for his children. Haynes became interested in metal alloys when he read a chapter in his sister’s college textbook. He attended the Worchester Institute of Industrial Science. His graduate thesis was “The Effect of Tungsten on Iron and Steel.”

Natural gas was found near Portland, Indiana in 1886. With a group of investors, Haynes founded Portland Natural Gas & Oil Co. In 1890, working for another company, he built a gas pipeline to Chicago. Mr. Haynes married Bertha Lanterman in 1887 and two children survived to adulthood. In 1890, they moved to Kokomo and Haynes began working on an automobile. In 1891, he worked with Elmer and Edgar Apperson in order to build automobiles. On 4 July 1894, Haynes drove a car on the Pumpkinville Pike at a speed of 12-14 miles per hour. It was the first automobile driven by an American; it was not a converted horseless carriage.

He invented pneumatic tires, used aluminum in autos, pioneered the first muffler and used a successful carburetor. Haynes and the Appersons built cars as a team until 1902, when they separated. Sales peaked in 1916, the year that Haynes built the home that is today the Haynes Museum. Haynes was a big booster for automobile clubs and endurance races. Then he returned to his first love—metallurgical research.

In 1912, he invented stellite, a cobalt-chromium alloy. His next invention was stainless steel. It was used in medical and dental instruments and a new stainless steel cutlery set built for his wife. His materials were used in WW I and of course, in the space industry later in the 20th century. Haynes continued making luxury autos and a few can be seen at the Haynes Museum in Kokomo. The company ended business in 1925. Haynes was very kind to his workers: he brought in fruit and vegetables for sale on Friday, which was payday.

Haynes became a very wealthy man, but some of that wealth was lost in multiple patent lawsuits, etc. Mr. Haynes and the Duryea brothers fought it out for years in claiming construction of the first car. Elwood Haynes was a philanthropist for Kokomo and other places: The Presbyterian Church, Worchester Institute, founded the YMCA in Kokomo, and the Indiana State Board of Education.

In the presentation today, many documents dating back to the founding of Scientech Club were shown on the screen. Mr. Haynes was proud to be a charter member and he preserved these documents for posterity. He surely was one of the most important members of Scientech Club and was an important inventor who made products that enabled the Space Age.

The Haynes Museum in Kokomo is open for tours. It is an amazing place with exhibits spread over three floors. Call the curator, Tim Rivers, at 765-271-6554 for further information.
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Henry Feuer, MD
Daniel Fulkerson, MD
Randy Gehring, MD
Peter Gianaris, MD
Eric Horn, MD, PhD
Steven James, MD
Saad Khairi, MD
Albert Lee, MD
Thomas Leipzig, MD
Shannon McCanna, MD
James Miller, MD
Jean-Pierre Mobasser, MD
Troy Payner, MD
Eric Potts, MD
Richard B. Rodgers, MD
Carl Sartorius, MD
Mitesh Shah, MD, FACS
Scott Shapiro, MD, FACS
Thomas Witt, MD
Ronald L. Young, II, MD

Pediatric Neurosurgeons
Laurie Ackerman, MD
Joel Boaz, MD
Daniel Fulkerson, MD
Jodi Smith, PhD, MD
Ronald L. Young, II, MD

Interventional Neuroradiology
Andrew DeNardo, MD
Daniel Hsu, MD
John Scott, MD

Physical Medicine and Rehabilitation
Amy Leland, MD
Nancy Lipson, MD

Interventional Pain Management
Christopher Doran, MD
Jose Vitto, MD
Derron Wilson, MD

Neuropsychology
Donald Layton, PhD
From the Department of Radiology & Imaging Sciences, Indiana University School of Medicine ...

Valerie P. Jackson, MD, Eugene C. Klatte Professor of Radiology and Imaging Sciences and Chairperson of the Department, has been appointed the new executive director of the American Board of Radiology (ABR). Her new position is effective July 1, 2014.

Kumaresan Sandrasegaran, MD, ChB, Associate Professor, has been named chief of Abdominal Imaging. His position was effective January 1, 2014.

Rick C. Sasso, MD, Indiana Spine Group, visited Beijing China where he served as a visiting professor at the National Chinese Orthopaedic Association annual meeting. Dr. Sasso was an invited faculty member of the Cervical Spine Research Society, which was asked to produce a one-day symposium at the Chinese Orthopaedic Association meeting on the current treatment of cervical disorders. The faculty members were from around the world and are international experts in cervical disorders.

Dr. Sasso was published in the peer-reviewed journal, *Journal of Spinal Disorders & Techniques*, “Comparison of Axial and Anterior Interbody Fusions of the L5-S1 Segment: A Retrospective Cohort Analysis.”

In December 2013, he had his 100th research manuscript published in the peer-reviewed, *Global Spine Journal*, “Single-Level Degenerative Cervical Disc Disease and Driving Disability: Results for a Prospective, Randomized Trial.”

News from Goodman Campbell Brain and Spine ...

James C. Miller, MD, achieved his Board Certification in Neurological Surgery in November 2013.

IMS Members and Goodman Campbell Brain and Spine physicians published:


New Members

Large, Michael C., MD
Urology of Indiana, LLC
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46256-4673
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Fax – 813-1667
8240 Naab Rd., #200
46260-1986
Ofc – 876-2330
Fax – 876-2320
Web – www.urologyin.com
Urology
Indiana University, 2005

Suozzi, Brent A., MD
Urology of Indiana, LLC
679 E. County Line Rd.
Greenwood, 46143-1049
Ofc – 859-7222
Fax – 859-7220
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- Commissions & Committees . . . Commission on Professional Affairs, investigates charges made against individual members by patients or fellow members; efforts by this Commission generally result in resolution to the mutual satisfaction of everyone.
Commission on Medical & Health Affairs, considers public health matters as well as legislative issues.
Commission on Membership Services, implements programs and services beneficial to all members.
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- Patient Inquiries
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Imagine your grandmother is hospitalized after suffering a heart attack. To everybody’s relief, she receives state-of-the-art medical care in a top-notch hospital a mere 10 miles from home. On discharge day, she is sent home with a long list of instructions, new medications, and a recommendation she follow up with her primary care doctor within the week.

A few days pass and she notices her feet begin to swell, even a little shortness of breath. She calls her doctor and books an appointment in three days – the soonest her doctor can see her. Not two days later, however, her breathing becomes more labored. Not knowing what to do, she calls 911 for an ambulance trip back to the ER, where she is diagnosed with congestive heart failure, a complicated illness to treat.

What’s the moral of the story? It’s that this situation, while fictitious, has happened and continues to happen to thousands of Americans. And the root cause is much less about a failure of one person’s heart as opposed to the failure of a very procedure-oriented and highly disconnected medical system.

Enter the Accountable Care Organization, or ACO, which is considered by some to be the medical system of choice in the (near) future. In an ACO, the same grandmother is given the same level of hospital care, but this time her primary care doctor is notified upon her release and given a brief synopsis of her hospital course and new medications. Courtesy of a secure communication platform used by physicians and support staff, the hospitalist even receives a “read” notification to ensure the message gets through to the primary care doctor.

The next day the primary care doctor’s office schedules a follow-up for 48 hours later. At the appointment, her doctor notices a slight swelling of the feet, something the untrained eye might miss. Her medication is immediately altered, and a home nursing visit is scheduled for the next day, and three times per week for the next two weeks.

Using the same mobile communication platform as the hospital and family care doctor, the home health nurse sends timely updates about your grandmother’s new vital signs, weight and other changes to her condition. Your grandmother is now able to start an in-home rehabilitation program. Even better, she has avoided a costly return to the hospital and prolonged illness.

With just one mobile message and a single face-to-face visit, the primary care doctor was kept at the center of her care. What’s more, previously unreimbursed costs like the hospitalist and primary care physician providing transitional care from the hospital to home are now billable thanks to new CPT codes, making non-face-to-face patient care financially sustainable for a family practice physician.

The bottom line is that an ACO network must be able to communicate timely to coordinate care across loosely affiliated healthcare organizations if it hopes to ensure optimal patient outcomes and lower healthcare costs for patients and providers alike.

This win-win-win scenario is actually already happening – the hospitals and payers save money by avoiding a readmission, the primary care doctor gets rewarded for good care, and most importantly, the patient is kept healthy. Ironically, the key to this success is deceptively simple: communication.

In my experience, doctors are always motivated to do the right thing for their patients – but without good communication, they are simply not armed with all of the information needed to help their patients.

Solving the problem of poor communication between health care professionals is a huge task, but with solutions like DocbookMD, intuitive, simple steps like bringing hospitalists and primary care doctors together through a trusted, secure communication community can be done today with a few taps on your mobile device.

If communication is the “glue” that can help ACOs operate successfully, then DocbookMD is helping connect disparate healthcare companies like the good old Elmer’s glue we all grew up with in grade school.

For more information about DocbookMD and its recent launch of Docbook Enterprise for hospitals and groups, please visit: http://docbookmd.com.

Tracey Haas, DO, MPH is Chief Medical Officer and Co-Founder of DocbookMD, a HIPAA-secure communication solution for physicians, hospitals and groups. Dr. Haas is Board Certified in Family Medicine and is passionate about helping physicians and their medical staff use technology to help them save time, money and lives. Learn more at docbookmd.com.
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Marten House Hotel and Lilly Conference Center
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- Diagnosing Alzheimer’s Disease and Advances In Imaging
- Neuropathy Diagnosis & Treatment and the Role of EMG
- The Latest Multiple Sclerosis Therapeutics
- All That Shakes Is Not Parkinson’s Disease
- Diagnosing Seizures and the Role of Video EEG
- Diagnosing and Treating Sleep Apnea and Excessive Daytime Drowsiness
- All That Hurts in the Head: Headache, Facial Pain, Shingles
- Concussion and Other Pediatric Neurology Issues

5 New Things Will Be Presented Relative To Each Topic.

For more information contact JWM Neurology at 317-806-6905.

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### CME & Conferences

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<td><strong>First</strong></td>
<td>Critical Care Conference</td>
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<tr>
<td><strong>Wednesday</strong></td>
<td>Bradley Board Room, 12:00 - 1:00 p.m.</td>
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<tr>
<td><strong>Second</strong></td>
<td>Medical Grand Rounds</td>
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<tr>
<td><strong>Tuesday</strong></td>
<td>Bradley Board Room, 12:00 - 1:00 p.m.</td>
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<th>Community Hospital North</th>
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<tr>
<td><strong>First</strong></td>
<td>Pediatric Grand Rounds</td>
</tr>
<tr>
<td><strong>Wednesday</strong></td>
<td>Multi Services Rooms 1 &amp; 2, 7250 Clearvista Dr. 7:30 – 8:30 a.m.</td>
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<tr>
<td><strong>First</strong></td>
<td>North Forum</td>
</tr>
<tr>
<td><strong>Friday</strong></td>
<td>Reilly Board Room; 12:00 - 1:00 p.m.</td>
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<tr>
<td><strong>Every Other Month</strong></td>
<td>Psychiatry Grand Rounds</td>
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<tr>
<td><strong>4th Thursday</strong></td>
<td>7250 Clearvista Dr.</td>
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<th>Community Heart &amp; Vascular Hospital</th>
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<tr>
<td><strong>First</strong></td>
<td>Imaging Conference: rotates Cath &amp; Echo Case Presentations</td>
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<tr>
<td><strong>Wednesday</strong></td>
<td>CHV 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.</td>
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<tr>
<td><strong>Third</strong></td>
<td>Ken Stanley CV Conference</td>
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<tr>
<td><strong>Wednesday</strong></td>
<td>CHV 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.</td>
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<tr>
<td><strong>Fourth</strong></td>
<td>Disease Management Conference: rotates CHF &amp; EP Case Presentations</td>
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<tr>
<td><strong>Wednesday</strong></td>
<td>CHV 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.</td>
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### 2014 Cancer Conferences

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<th>Community Hospital East</th>
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<tr>
<td><strong>Third</strong></td>
<td>East General Cancer Conference - CHE</td>
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<tr>
<td><strong>Thursday</strong></td>
<td>Medical Staff Conference Room 12:00 noon to 1:00, lunch provided</td>
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<tr>
<td><strong>Fourth</strong></td>
<td>East Multidisciplinary Breast Cancer Conference - CHE</td>
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<tr>
<td><strong>Tuesday</strong></td>
<td>Medical Staff Conference Room 7:00 to 8:00 am</td>
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<th>Community Hospital North</th>
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<tr>
<td><strong>First &amp; Third</strong></td>
<td>North Multidisciplinary Breast Cancer Conference - CHN 8040 Clearvista Parkway, Suite 550 7:00 to 8:00 am</td>
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<tr>
<td><strong>Tuesday</strong></td>
<td>North Multidisciplinary GI Oncology Conference - CHN 8040 Clearvista Parkway, Suite 550 7:00 to 8:00 am</td>
</tr>
<tr>
<td><strong>Second &amp; Fourth</strong></td>
<td>North Multidisciplinary Gynecologic Surgical Oncology Conference - CHN 8040 Clearvista Parkway, Suite 550 7:30 to 8:30 am</td>
</tr>
<tr>
<td><strong>Friday</strong></td>
<td>North Chest Cancer Conference - CHN 8040 Clearvista Parkway, Suite 550 7:00 to 8:00 am</td>
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<tr>
<td><strong>Third</strong></td>
<td>Melanoma Cancer Conference - CHN 8040 Clearvista Parkway, Suite 550 7:30 to 8:30 am</td>
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<th>Community Hospital South</th>
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<tr>
<td><strong>Second</strong></td>
<td>South Multidisciplinary Breast Cancer Conference - CHS Community Breast Care Center South 533 E. County Line Rd., Suite 101 8:00 to 9:00 am</td>
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### Indiana University School of Medicine/Indiana University Health

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<td><strong>Feb. 28</strong></td>
<td>Diagnosis and Treatment of DSM-5 Autism Spectrum Disorders Ritz-Charles Banquet Facility, Carmel, Indiana</td>
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<td><strong>March 5</strong></td>
<td>Advancing the Medical Role in Child Protection West Lafayette, Indiana</td>
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<td><strong>March 7</strong></td>
<td>Let’s Talk Palliative Care: Improving Care for Seriously Ill Patients and their Families Ritz Charles Banquet Facility, Carmel</td>
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<td><strong>March 10-12</strong></td>
<td>Second Annual Children’s Health Services Research Symposium HITS Building, Indianapolis</td>
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<tr>
<th>American Medical Women’s Association:</th>
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<td><strong>99th Anniversary Meeting</strong></td>
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<td><strong>Women in Medicine: Successfully Facing Future Challenges and Advances</strong></td>
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<td><strong>March 14 - 16, 2014</strong></td>
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<td><strong>Washington, DC</strong></td>
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### JWM Neurology

| **Saturday, March 8, 2014** |  |
| **“Neurology Connection 2014: Useful Advances and Important Updates” Seminar for Physicians** |  |
| **This half-day course covers 9 topics relative to neurologic conditions and sleep disorders. For more information contact JWM Neurology at 317-806-6905.** |  |

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**JWM Neurology**

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**American Medical Women’s Association:**

**American Medical Women’s Association**

**99th Anniversary Meeting**

Women in Medicine: Successfully Facing Future Challenges and Advances

**March 14 - 16, 2014 Washington, DC**

The upcoming 99th Anniversary Meeting of AMWA will be held in Washington, DC from March 14 - 16, 2014. This exciting conference will focus on issues vital to the success of women in medicine through discussions on such varied topics as the Affordable Care Act, the use of technology in medicine, developments in women’s health, strengthening mentorships, and nurturing career advancement.

http://www.amwa-doc.org/meetings-and-events/upcoming-meetings

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

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
12 Senior/Inactive Luncheon, Society, 11:30 AM, Speaker TBA
18 IMS Board, Society, 6:00 PM, Social; 6:30 PM, Dnr/Mtg.
30 HAPPY DOCTOR’S DAY!
TBD IMS Nominating Cmte., Hale Room, Society Headquarters, 6:30 PM, Light Dinner

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

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

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

September
5-7 ISMA Convention/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.

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

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

December
10 Senior/Inactive Luncheon Meeting, 11:30 AM, Society TBD
16 Executive Committee Holiday Dinner, with Spouses/Guests, Dr. Diaz selects location.

CME & Conferences

Indianapolis Medical Society

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Bruce M. Goens ............................................. Immediate Past President
David R. Diaz ......................................................President-Elect
David H. Moore .................................................Secretary/Treasurer

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Terms End with Year in Parentheses

Stephanie W. Perkins, Chair (2015); Mary D. Bush, Vice Chair (2015)

John E. Krol (2014) .................................................................*Appointed from the President’s Advisory Council
Gregory N. Larkin (2014) .................................................................Carolyn A. Cunningham
Susan K. Maisel (2014) .................................................................Heidi M. Duniway
John F. Schaefer, Jr. (2014) .................................................................Jon D. Marhenke

Delegates to the State Convention, September 5-7, 2014, Westin Hotel, Indianapolis

The year shown in parentheses indicates year in which the term expires following the conclusion of the ISMA Annual Convention.

Clement J. McDonald III (2014) .................................................................
Richard H. Rhodes (2014) .................................................................
Jodi L. Smith (2014) .................................................................

Alternate Delegates to the State Convention, September 5-7, 2014, Westin Hotel, Indianapolis

The year shown in parentheses indicates year in which the term expires following the conclusion of the ISMA Annual Convention.


Indianapolis 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

Indianapolis Medical Society
**President’s Page**
(Continued from page 7)

ISMA. There will you also find information from other respected sources.
Also if you have specific needs, please contact ISMA legal. If you would like to have a webinar on a specific topic, please let the IMS know (ims@imsonline.org) – we are pleased to develop events on topics of interest to our Members.

**Resources**
2. http://www.journalgazette.net/article/20130816/BLOGS01/130819627

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**How to advertise in the IMS Bulletin or online at imsonline.org, email Marcia Hadley at mhadley@imsonline.org or phone 639-3406**

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**The ISMA Insurance Agency**

offers the following insurance programs exclusively for ISMA members:

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<th>Health - PPO &amp; Traditional plans from $250 to $5,000 deductibles</th>
<th>Voluntary Employee Benefit Plan Dental, short term disability, term life, universal life, cancer plan, Section 125 Premium Only Plan (P.O.P.)</th>
<th>Term Life Disability Umbrella Liability Business Owners Policy Worker’s Compensation Malpractice Liability*</th>
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<tr>
<td>Health Savings Account Plan Medicare Carve-out Dental Long Term Care</td>
<td>Auto Homeowners</td>
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These insurance plans have been specifically designed for ISMA members and their employees to provide the highest quality coverage at the lowest possible cost.

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- Goodman Campbell Brain & Spine .....................................10
- Franciscan Alliance St. Francis Hospice ...............................6
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- ISMA Insurance Agency .......................................................19
- JWM Neurology ....................................................................15
- The Marina Limited Partnership ..........................................3
- Midwest Pain & Spine ..........................................................13
- The National Bank of Indianapolis .......................................4
- Northwest Radiology Network ...........................................20
- PNC Bank ..............................................................................9
- Superior Linen Service .......................................................17
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