7th District Annual Meeting

May 14, 2015

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6-8 p.m.
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The Bulletin is your magazine. Share your views by submitting reprints of your published articles; articles written expressly for The Bulletin; quips; short stories; brief comments; ideas; cartoons, etc.

ATTENTION SOCIETY MEMBERS

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IMS Web Page: http://www.imsonline.org

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Human Interest & Hobby Stories
Wanted for IMS Bulletin

Do you have an interesting story or a special hobby that you want to share with your colleagues? If you are willing to share, please submit to mhadley@imsonline.org

On our cover:
The bounty of wine grapes ready for harvest celebrating the 7th District Annual Meeting to be held at Mallow Run Winery May 14, 2015. Join your colleagues for a fun evening. To RSVP see page 10 and for additional information about Mallow Run visit: http://mallowrun.com
Attention, Acute or Chronic Back or Spine Pain Sufferers!

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• Degenerative Disc Disease
• Work & Sports Related Injuries

Steven E. Levine, MD
Dr. Steven E. Levine is board certified in Pain Management and Anesthesiology by the American Board of Anesthesiology since 1994, and also is a diplomate of the American Board of Pain Medicine since 1996. He is a fellow, charter member, and on the Board of Directors for the American Board of Minimally Invasive Spinal Medicine and Surgery. Dr. Levine is a leader in developing and teaching new techniques in interventional pain management both nationally and internationally.

William L. Hall, MD
Dr. William L. Hall is Board Certified by the American Board of Physical Medicine and Rehabilitation, and the American Board of Pain Medicine. Dr. Hall joined Midwest Pain Institute after completing his residency at the University of Cincinnati in August 2002. Dr. Hall served as chief resident in the department of Physical Medicine and Rehabilitation, with duties both academic and administrative in nature. He has focused his skills and talents on the diagnosis and treatment of back and spinal pain.

Kent B. Remley, MD
Dr. Kent B. Remley, a graduate of IU School of Medicine, is an Interventional Neuroradiologist specializing in minimally invasive spine surgery as well as diagnostic and therapeutic injection procedures of the head, neck and spine. Prior to practicing in Atlanta and Indianapolis he served as an assistant professor of Radiology and Otolaryngology and director of ENT/ Head and Neck Imaging at the University Of Minnesota and was a clinical instructor in Neuroradiology at the University of California, San Francisco.

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2302 S. Dixon Rd.
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President’s Page  David R. Diaz, MD

May is Mental Health Awareness Month

Anxiety Disorders, Major Depressive Disorder, Bipolar Disorder ... We know all of these clinically. We know the what and the how of diagnosis and the information we need to share with our patients (sometimes our patients diagnose themselves incorrectly which creates its own set of problems). But what do we do when “the patient” is us? Physicians; we who have “all the answers.” You. Me. How do we deal with our own issues?

Work-life balance? Is that the answer? Or is there really such a thing? To many physicians, they are “what they do.” Really, I don’t know when “work” became a bad thing and “life” was the good thing, to the exclusion of work. That concept is too simple for me. When you love or loved your work, then that can’t be bad. Can it?

As Alain de Botton wrote, “There is no such thing as work-life balance. Everything worth fighting for unbalances your life.” A sentiment with which many physicians, when pressed, may agree.

Consult a colleague? Do we refer ourselves to psychiatrists? Do we have the time and can we really commit our care to another? A friend always said you should hire the plumber “who has leaky faucets at home ... that means he is busy and overworked, but is also very good at what he does.” Remember we may well know the answers — we may just not be seeing them correctly at the moment. Or will the referral impact our license? Can we afford not to consult?

Self-Medication? This practice is unwise for any illness or injury and especially so for neuro-psychiatric issues. The “medication” we may have chosen may not be obvious even to us ... alcohol; withdrawal from family, friends and colleagues; food; too little or even too much exercise.

Burnout? Are you exhausted, cynical, withdrawn? These are some of the signs of burnout. According to Dr. Mark Linzer of Hennepin County Medical Center in Minneapolis (he has studied physician burnout since 1996), there are seven signs that physicians should not ignore in order to beat burnout:

1. You have a high tolerance to stress;
2. Your practice is exceptionally chaotic;
3. You don’t agree with your boss’ values or leadership;
4. You’re the emotional buffer;
5. Your job constantly interferes with family events;
6. You lack control over your work schedule and free time;
7. You don’t take care of yourself.\(^{[1]}\)

Depression? Anxiety? If you believe you have one of these disorders or other significant mental health disorders, please seek help now. If you are just “depressed” or “anxious,” in the everyday nonclinical sense, then it is time for you to take a good look at what is causing your reaction right now. A family issue? A work issue? A professional issue? Each of these areas of our lives can impact us but we must evaluate our problems just as we would for a patient. The old saying “all I can control is my attitude” is frequently true. We need to refocus on the issues and start resolving the problems.

For many physicians, however, depression and anxiety relate directly to the impact of regulations, new systems and rules that affect our practices and become our greatest concern. We want to be physicians. We want to care for patients. We want to embrace the reasons we became physicians in the first place. For many that means less interference in our clinical lives. How do we accomplish this? It is overwhelming when trying to “fight the good fight” individually.

Stigma? Even though we tell our patients that there isn’t a stigma associated with seeking mental health treatment, for us there seems to be a stigma, and we all know it. We want our colleagues, our patients and our families to know that we are quite “strong enough or smart enough or prepared enough” to fix the problem ourselves. Perhaps, it is time we accepted the legal view that “a lawyer who represents him/herself in court has a fool for a client.” Perhaps it is time we recognized when it is wise for us to seek care. Yes, there is a stigma and yes, there may be an impact on a physician’s license; but there is also a life worth caring about hanging in the balance.

Perhaps, too, there is a solution through building comradery within groups like the IMS. Perhaps, too, the IMS can provide a vehicle to help without impacting licenses. A mental health wellness program? We’ve talked about one for many years, maybe now is the time? Let me know at ims@imsonline.org.

As we work through the month of May, let us be aware of the needs of patients, family, friends, colleagues and each other. Mental health issues are a daily struggle for many and often unrecognized.

1. AMA Wire, 3/18/2015
Why choose a brain surgeon for your back and neck pain?

...Because... your spine is more than just bones. The bones support your back and neck, and protect the nervous tissue called the spinal cord. The spinal cord connects to all your nerves and it connects to your brain.

When you have back and neck pain, you need someone with advanced medical training who understands how the brain functions together with your spine and nerves—you need a neurosurgeon.

Neurosurgeons work closely with pain management physicians to bring you the most options for pain relief.

To treat your back and neck pain, choose someone who will understand your brain and your spine. Ask your doctor if a neurosurgeon at Goodman Campbell Brain and Spine is right for you. Find out more at: www.goodmancampbell.com
Why choose a brain surgeon…Because…your spine is more than just bones. The bones support your back and neck, and protect the nervous tissue called the spinal cord. The spinal cord connects to all your nerves and it connects to your brain. When you have back and neck pain, you need someone with advanced medical training who understands how the brain functions together with your spine and nerves—you need a neurosurgeon. Neurosurgeons work closely with pain management physicians to bring you the most options for pain relief. To treat your back and neck pain, choose someone who will understand your brain and your spine. Ask your doctor if a neurosurgeon at Goodman Campbell Brain and Spine is right for you. Find out more at: www.goodmancampbell.com

IMS Past President, Heidi M. Dunniway, MD, discussed leadership and negotiation skills for women in medicine or science. The “Learn Wage Negotiation” discussion was held April 14, 2015 in Fairbanks Hall.

Theresa Rohr-Kirchgraber, MD, has been selected as an Outstanding IUPUI Woman Leaders in the veteran faculty category for the 2015 Women’s History Month Leadership Awards.

Dr. Rohr-Kirchgraber was presented the award along with five of her colleagues at the Women’s History Month Leadership Reception on Thursday, March 26, 2015.

Dr. Rohr-Kirchgraber was elected as the 100th President of the American Medical Women’s Association. She was installed at the Centennial meeting April 23-26 in Chicago, Illinois.

She also recently presented at the American College of Physicians Women in Medicine Indiana chapter spring meeting on “Eating Disorders: From Anorexia to Bulimia and Everything in Between.” She recently represented the IU Center of Excellence in Women’s Health at the NGO Commission on the Status of Women at the United Nations.

Stephen W. Perkins, MD, Meridian Plastic Surgeons, was the featured Guest of Honor Faculty Instructor at the recent Munich Facial Plastic Surgery 2015 Nose, Face and Ear Symposium in Germany. He presented 8 lectures on Rhinoplasty and a 4-hour session/workshop teaching Rejuvenation Surgery for the Aging Face. As a part of his teaching, he performed an upper/lower blepharoplasty and endoscopic forehead lift “live” surgery.

He also operated in Amsterdam for two full days with a long-time colleague, a Facial Plastic Surgeon.

William J. Berg, MD, was honored with Franciscan St. Francis Health’s Healing Hands Award at a ceremonial luncheon March 11, 2015.

A member of Indiana Heart Physicians, a Franciscan Physician Network practice, Dr. Berg has been affiliated with the hospital since 1990. In addition to his role as an interventional cardiologist, he also serves as medical director of the hospital’s Heart Center and Catheterization Lab.

Medals4Mettle (www.medals4mettle.org), founded by Dr. Steven F. Isenberg, MD, was featured on the cover and in an article that appeared in over 800,000 magazines sent nationally by Angie’s List to their customers.

Medals4Mettle (M4M) will celebrate its tenth anniversary in May, 2015 when it will award its 50,000th medal. M4M has over 75 chapters worldwide including medical schools. The Indiana University School of Medicine chapter is active with Medals4Mettle events at Riley Children’s Hospital.
7th District Annual Meeting
Mallow Run Winery
6964 West Whiteland Road, Bargersville, IN 46106
May 14, 2015, 6:30 p.m. - 9:30 p.m.

Plan now to bring your family and enjoy a night out at the Mallow Run Winery. 15 minutes of meeting - 3 hours of fun! Visit the Tasting Room, Production, Vineyards and Grounds at Mallow Run!
http://mallowrun.com

The following elections will occur:
Trustee: John C. Ellis, MD, Marion County
Alternate Trustee: Richard H. Rhodes, MD, Marion County
Alternate Trustee: David R. Diaz, MD, Marion County
Treasurer: Carolyn A. Cunningham, MD, Marion County
2015-16 President-Elect: Bruce C. Inman, MD, Hendricks County

RSVP by May 6, 2015!

Physician Name: ____________________________________________________________ MD/DO
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Children/Ages: ____________________________

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Questions? Phone Beverly Hurt @ 639-3406.
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Not pictured:
Charles B. Carter, Jr., MD
In Memoriam

Veronica (Willis) Mackenzie, MD, 1925 - 2015

Veronica (Willis) Mackenzie, MD, 89, passed away on March 15, 2015. Veronica Willis was born November 8, 1925, in the historic shipping port city of Liverpool, in Lancashire, England. The second daughter to merchant sea captain Mark Willis and Josephine, Vicki grew up in and around Liverpool. From this area, she and her sister Josephine each would forever carry the title of a “Scouse,” one who speaks the dialect of that same name.

Enduring the scarcities of the Great Depression and multiple aerial bombings of World War II, Dr. Mackenzie managed to attend at the University of Liverpool, and graduated from the School of Medicine in 1951. During her medical studies, she met her future husband, James “Ross” Mackenzie, MD, (IMS Member, deceased 2009) who was a Holt Fellow of the medical college. She interned in surgery at Victoria Hospital, Blackpool, England. Marriage followed university, and their first child, Anne, arrived in 1953.

Seeking better fortune, the three emigrated from England to Ontario, Canada, in 1956. There, second and third daughters Judith and Veronica were born, prior to the family’s further travels which took them to the south of Texas, in 1962. Always keen to provide closely for the children, Dr. Mackenzie was active within the church and school activities, and also crafting both things and clothes for the children. After their last child, James, she completed her internship in General Practice at the Memorial Hospital in Corpus Christi, Texas. She was Board Certified by the American Board of Radiology and was a member of the Radiological Society of North America. Coming to Indianapolis in 1968, Dr. Mackenzie completed her residency in radiology at Methodist Hospital. She worked in and around Indianapolis as a radiologist until 1988.

Dolores F. Cikrit, MD, FACS, 1954 - 2015

Dolores F. Cikrit, MD, FACS, died unexpectedly on March 23, 2015 while on vacation with her family in Marathon Key, Florida.

Dr. Cikrit was born on March 7, 1954 in Havre, Montana, grew up in Big Sandy, Montana, and was a graduate of Carroll College, Helena, Montana. She then attended medical school at the University of Colorado, Denver.

After medical school she completed a surgery internship and residency with the IU School of Medicine and a vascular fellowship at the University of Missouri Medical Center in Columbia, Missouri.

At the time of her death, Dr. Cikrit was a Professor of Surgery with the IU School of Medicine, and the Chief of Surgical Services at the Roudebush VA Medical Center. She was also a partner of the Division of University Vascular Surgery, Indiana School of Medicine.

New Members

Archer, Kaete A., MD
Fellowship – Meridian Plastic Surgeons
Meridian Plastic Surgery Ctr.
170 W. 106th St.
46290-1089
Ofc – 575-0330
Email – kaete.archer@gmail.com
Otolaryngology
Facial Plastic Surgery
University of Arkansas, 2010

Kellams, Michael A., DO
Northside Anesthesia Services, LLC
450 E. 96th St., #200
46240-3752
Ofc – 566-1000
13225 N. Meridian St., #100
Carmel, 46032-5480
Email – 6kellams@gmail.com
Web – www.nasllc.org
Anesthesiology, 1997
Michigan State University, College of Osteopathic Medicine, 1992

McGee, Robert C., MD
Southeast Anesthesiologists
P.O. Box 6069 – Dept. #107
46206-6069
Ofc – 870-6736
Fax – 228-0940
Anesthesiology, 2013
Indiana University, 2007

Smith, Claudet C., MD
Beech Grove Internal Medicine
2030 Churchman Ave.
Beech Grove, 46107-1044
Ofc – 781-2100
Internal Medicine
Ohio State University, 1997

Walthall, Adam R., MD
Southeast Anesthesiologists
450 E. 96th St., #200
46240-3797
Ofc – 566-1000
Anesthesiology, 2004, 2015
Indiana University, 1999

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A donation to IMSF is a wonderful way to memorialize a colleague or to leave a lasting memory.

Exclusive Reception with IMS & Tesla
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Tesla Indianapolis
The Fashion Mall at Keystone
8702 Keystone Crossing, Indianapolis

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Call ProAssurance at 800.282.6242 for more information on Certitude.
Finding Your Ancestors in the Revolutionary War

For those people who say that “History is just a bunch of dates,” they should have heard Sue Dillon’s talk. Sue is a wife, mother, former teacher and an accomplished genealogist. She teaches several local classes and attends state and national genealogy meetings. Sue Dillon is the wife of Dr. Jim Dillon, my medical school lab partner in freshman and sophomore year. I did not know anyone in Indiana when I took the bus from Toledo, Ohio to Indianapolis. The Dillons were one of my first acquaintances. Sue took us on a whirlwind tour of American history, from Jamestown in 1607 and New Amsterdam in 1626 to the Revolutionary War which ended in Virginia, but was fought in the later stages in the Carolinas. That is where the genealogy comes in. But first, more history (with a few dates).

The colonies were founded from 1627-1681 (Massachusetts, Maryland, North Carolina, South Carolina and Pennsylvania). They were put into place by an individual with permission from the king. Pennsylvania needed settlers. William Penn advertised along the Rhine River in Germany and signed up some people in 1690. The Germans (it wasn’t Germany as a country until 1870) were good farmers, tended to stay in one place and they were of the Lutheran or German Reformed faith.

The second group that went to Pennsylvania was the Lowland Scots, a testy group of people. The Lowland Scots settled in Ulster after King James evicted the local Irish clans. Many Ulster Scots (don’t call them Scots-Irish) relocated to Pennsylvania, beginning in 1717. Most were of the Presbyterian faith. As a rule, they did not like the British. Many went to York County, Pennsylvania and some went to South Carolina. As a reference to that migration, Sue Dillon cited the land records of South Carolina from 1765.

There existed in each colony a militia, to be called in case of emergency – like an Indian attack. Each colony existed as if they were self-governing. They had an assembly that made decisions. The British dragged the colonies into their wars, primarily the French and Indian War (1754-63), but there were others prior to that. England was nearly bankrupt after the wars, so they tried to tax the colonies, in a series of acts from 1767 to 1774.

The First Continental Congress met in 1774 and the Second in 1775. After Lexington, Concord and Bunker Hill in the spring of 1775, the colonies were at war with Britain. With the Declaration of Independence on July 4, 1776, the colonies made a statement. They wanted freedom! Both the militia and the Continental Army signed up to fight. Many served only three-month terms. Of those, many came back for another term. The Patriots had rifles, which were more accurate than muskets, which the British used. However, you could attach a bayonet to a musket. The Americans also knew the territory well and they also knew how to fire from behind trees and fence rows, rather than fire from open formations.

Many of us are familiar with the battles in the Revolutionary War: Boston, New York, Saratoga, Trenton, Princeton, Brandywine, Charleston and then, Yorktown. More battles were fought in North Carolina and South Carolina than anywhere else, but they are little known. In South Carolina, after Gen. Gage was relieved, Gen. Nathaniel Greene took command. He kept Cornwallis’ army on the run through the Carolinas, especially in western South Carolina.

Daniel Morgan routed the British on January 17, 1781, at the Battle of Cowpens (It is named for an area in the hills where the farmers herded their cows to graze on the rich grass). Nine months later Gen. Cornwallis entered Virginia, where he was trapped by the Americans and the French, ending the War. Some of Sue Dillon’s ancestors live near Cowpens, South Carolina. One of them was Joseph Smith. Proof of this fact was found on a pay voucher for 146 days of militia duty. The signature on that document matched the one on his will, thus proving that it was the same man. Another ancestor, Job Smith received land as a payment for his Revolutionary War pension. There was no money to reimburse him. Sue Dillon told us about her genealogy information: ancestry.com (census, birth, marriage and death records), deeds, cemetery records, wills, land records and books on family history. It was a great tour de force through American history and some of your ancestors were there, whether you knew it or not.
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**CME & Conferences**

**Community Hospital East**
- **First** Critical Care Conference
  - **Wednesday** Bradley Board Room, 12:00-1:00 p.m.
- **Second** Medical Grand Rounds
  - **Tuesday** Bradley Board Room, 12:30-1:30 p.m.

**Community Hospital North**
- **First** Pediatric Grand Rounds
  - **Wednesday** Reilly Board Room
    - 7250 Clearvista Dr., 7:30-8:30 a.m.
- **First** North Forum
  - **Friday** Reilly Board Room; 12:00-1:00 p.m.
- **Every Other** Psychiatry Grand Rounds
  - **Month**
    - **4th Thursday** Multi-Service Rms. 1 & 2, 7:30-8:30 a.m.

**Community Heart & Vascular Hospital**
- **First** Imaging Conference: rotates Cath & Echo Case Presentations
  - **Wednesday**
    - CHV MCV Boardroom Videoconference to
      - HVC Anderson Office, HVC East Office BR (Ste. 420)
      - HVC South Office CR (Suite 2400)
      - HVC Kokomo
    - 7:00-8:00 a.m.
- **Third** Ken Stanley CV Conference
  - **Wednesday**
    - CHV MCV Boardroom Videoconference to
      - HVC Anderson Office, HVC East Office BR (Ste. 420)
      - HVC South Office CR (Suite 2400)
      - HVC Kokomo
    - 7:00-8:00 a.m.
- **Fourth** Disease Management Conference: rotates CHF & EP Case Presentations
  - **Wednesday**
    - CHV MCV Boardroom Videoconference to
      - HVC Anderson Office, HVC East Office BR (Ste. 420)
      - HVC South Office CR (Suite 2400)
      - HVC Kokomo
    - 7:00-8:00 a.m.

**2014 Cancer Conferences**

**Community Hospital East**
- **Third** East General Cancer Conference - CHE
  - **Thursday** Medical Staff Conference Room
    - 12:00 noon to 1:00, lunch provided
- **Fourth** East Multidisciplinary Breast Cancer Conference - CHE
  - **Tuesday** Medical Staff Conference Room
    - 7:00 to 8:00 a.m.

**Community Hospital North**
- **First & Third** Multidisciplinary Breast Cancer Conference - CHN
  - **Tuesdays**
    - 8040 Clearvista Parkway, Suite 550
      - 7:00 to 8:00 a.m.
- **Second & Fourth** Multidisciplinary GI/Colorectal Oncology Conference - CHN
  - **Wednesdays**
    - 8040 Clearvista Parkway, Suite 550
      - 7:00 to 8:00 a.m.
- **First** North Multidisciplinary Gynecologic Surgical Oncology Conference - CHN
  - **Friday**
    - 8040 Clearvista Parkway, Suite 550
      - 7:30 to 8:30 a.m.
- **First** North Chest Cancer Conference - CHN
  - **Wednesday**
    - 8040 Clearvista Parkway, Suite 550
      - 7:00 to 8:00 a.m.
- **Third** Melanoma Cancer Conference - CHN
  - **Wednesday**
    - 8040 Clearvista Parkway, Suite 550
      - 7:30 to 8:30 a.m.

**Community Hospital South**
- **Second** Multidisciplinary Breast Cancer Conference - CHS
  - **Wednesdays**
    - Community Breast Care Center South
      - 533 E. County Line Rd., Suite 101
      - 8:00 to 9:00 a.m.
- **First** Multidisciplinary GI/Colorectal Oncology Conference
  - **Tuesday**
    - 1440 E. County Line Rd.
      - Community Cancer Care, Community Room
      - 12:00 to 1:00 p.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**
- **May 1** 18th Annual IU Gastroenterology/Hepatology Update
  - Indiana History Center
- **May 12-14** Biostatistics for Health Care Researchers: A Short Course Health Information and Translational Science Building (HITS)
- **May 15-16** 50th Annual Riley Hospital for Children’s Pediatric Conference
  - Sheraton Indianapolis Hotel at Keystone Crossing
- **May 21-22** Fundamental Critical Care Support
  - IU Health Methodist Hospital, Wile Hall
- **June 12** Manion-Lingeman Lecture and Research Seminar
  - Riley Outpatient Center (ROC) Auditorium
- **June 19** Glick Ophthalmology Residents and Alumni Day
  - Glick Eye Institute
- **June 26** Eosinophils and GI Tract: Esophagus and Beyond
  - Indianapolis Marriott Downtown
- **July 10** Review and Interpretation of the 2014 ASCO Conf.
  - University Tower, IUPUI Campus, Indianapolis
- **July 12-17** 100th Annual Anatomy and Histopathology of the Head, Neck and Temporal Bone
  - Glick Eye Institute, Room 103
- **Oct. 16** Acute Care in Neurotrauma Symposium
  - Goodman Hall
- **Oct. 22-23** Fundamental Critical Care Support
  - IU Health Methodist Hospital, Wile Hall
- **Oct. 30** 3rd Annual Pediatric Gastroenterology Update for the Primary Care Clinician
  - Ritz Charles Banquet Facility
- **Nov. 6** 14th Annual Lingeman Lectureship
  - Goodman Hall, 1st Floor Auditorium

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.

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**Events**

**Indianapolis Medical Society**

**May**
- **11** Tesla Reception, 8702 Keystone Crossing
- **14** Mallow Run Winery, Bargersville, Indiana
- **19** IMS Board, Society, 6:00 PM, Social; 6:30 PM, Dnr/Mtg
- **22** MSE Board Meeting, Society, 6:15 PM, Sandwiches

**June**
- **6-10** AMA Annual House of Delegates’ Meeting, Hyatt Regency, Chicago, IL
- **11** Senior/Inactive Luncheon Meeting, 11:30 AM, Society
- **14** IMS Advisory Breakfast (Le Peep’s), 7:30 AM; ISMA BOT, 9:00 AM @ Headquarters
- **16** Executive Committee, Society, 6:00 PM, Sandwiches

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

IMS President-Elect, Stephen W. Perkins, MD, Meridian Plastic Surgeons, recently completed the Napa Valley Marathon.

Human Interest & Hobby Stories
Wanted for IMS Bulletin

Do you have an interesting story or a special hobby that you want to share with your colleagues? If you are willing to share, please submit to mhadley@imsonline.org

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Tobacco use is the leading preventable cause of death in the United States.1

Five decades after the first Surgeon General’s Report announced that smoking cigarettes causes lung cancer, 43 million American adults continue to smoke, and cigarette smoking kills an estimated 440,000 Americans each year. Almost 70 percent of all smokers say they want to quit, according to the National Health Interview Survey. “Taking just a few minutes to talk to your patients about smoking can double the odds of them successfully quitting,” said Former Surgeon General Regina Benjamin, MD. “As a physician, I know that clinicians and their staff can play an incredibly important role in helping smokers move from thinking about quitting to taking real steps toward successful quitting.”

In order to help their patients, clinicians should Ask, Advise, and Refer – the brief intervention recommended by the Centers for Disease Control and Prevention. Ask each patient, at every visit, about tobacco use and document the response in a prominent area of the chart or electronic health record. Advise patients about the importance of quitting based on the patient’s current medical conditions and medications. Refer the patient for treatment of tobacco use; think of tobacco use as a chronic disease. Referring is easy – fax refer patients to the Indiana Tobacco QuitLine (1-800-QUITNOW).

The Indiana Tobacco QuitLine (ITQL) fax referral program is designed to assist clinicians as they help their patients quit using tobacco. The ITQL is an evidence-based cessation resource that is free and available 24 hours a day/7 days a week to all Hoosiers ages 13 and up. It is staffed by professionally trained Quit Coaches who provide phone-based counseling support throughout an individual’s quit attempt. The Quit Coaches help the patient develop a Quit Plan which includes behavior modification, skill-building, and stress relief techniques. A workbook is sent by mail to help with the individual’s Quit Plan and to track success. Additionally, the ITQL offers web-based and text-based programming support to complement the phone-based counseling programs, too.

When a clinician fax refers a patient to the ITQL, a Quit Coach makes a proactive, outbound call to the patient within 24 hours during the “best 3-hour time frame” indicated on the referral form. During this initial call, the Quit Coach begins working with the patient to develop an individualized Quit Plan and to determine the follow-up call schedule. The numbers of proactive, outbound coaching calls are: 4 for adults; 5 for teens; and 10 for pregnant women. It is recommended that clinicians only fax refer patients who want to quit within the next 30-60 days. If patients are not ready to quit within 30-60 days, they can call 1-800-QUITNOW or access quitnowindiana.com to learn about steps they can take to prepare for a quit attempt.

Medication support combined with phone-based counseling has proven to be an effective approach to helping individual’s quit tobacco; clinicians should discuss the seven FDA-approved medications for tobacco use treatment with their patients and prescribe as needed. Patients enrolled in Medicaid, Medicare or who are uninsured qualify to receive a free 2-week supply of Nicotine Replacement Therapy (patches or gum) from the ITQL. The ITQL always recommends a patient continue to engage in meaningful discussion with their healthcare provider throughout their quit continuum.

Clinicians can receive updates and additional information to help their patients by enrolling in the ITQL Preferred Provider Network.* Preferred Providers will receive a Provider Toolkit which includes: ITQL fax referral forms; ITQL brochures; a tobacco resource guide with pharmacotherapy chart and insurance reimbursement codes; and tobacco cessation counseling materials. They will also have access to professional evidence-based resources and the latest tobacco research; tobacco news in Indiana; and, direct access to ITPC’s cessation specialists for additional advice and consultation. Once enrolled as a Preferred Provider, clinicians can receive a faxed outcomes report from the ITQL documenting their patients’ activity including: contact date, enrollment in services, scheduled quit date and medication support requested. Efforts are currently underway to create an electronic ITQL referral process to enhance continuity of care and simplify the referral process for clinicians.

Patients who receive tobacco cessation advice from a physician are 2 times more likely to make a quit attempt and have a greater chance of success. For patients who are ready to quit using tobacco, fax referring them to the Indiana Tobacco Quitline is the right first step.

*The ITQL Preferred Provider Enrollment form is printed on the next page in this publication.
The QUIT NOW Referral Network was developed by Tobacco Prevention and Cessation (TPC) to assist healthcare providers with providing proven, professional resources to help patients kick their addiction to tobacco. As a Preferred Provider with the QUIT NOW Referral Network, you will receive exclusive tobacco cessation services and materials.

**QUIT NOW Referral Network Privileges**

The program includes ongoing QUIT NOW communications to keep you up-to-date with the latest tobacco issues and research data available. **Direct Access to a Cessation Specialist** for one-on-one advice and consultation. **QUIT NOW Fax Referral Forms** to directly refer patients to the Indiana Tobacco Quitline, which offers specially trained Quit Coaches® to develop individualized quit plans for people who are ready to quit.

**The QUIT NOW Referral Toolkit includes:**

- QUIT NOW Fax Referral Forms
- Indiana Tobacco Quitline Brochures
- Pharmacotherapy Chart
- Insurance Code Guide for Reimbursement
- Tobacco Cessation Counseling Materials
- Tobacco Cessation Posters

Please enroll me in the QUIT NOW Referral Network. There is no charge for this service.

Individual Provider’s Name ______________________________________________________

Practice or Organization Name ___________________________________________________

Type of Practice or Organization _______________________________________________

Address __________________________________________________________________________

City_____________________________________________ State _______ ZIP________________

County __________________________________________________________________________

E-Mail Address ____________________________________________________________________

Phone (____) _______ - _______   Fax (____) _______ - _______

Please return this form by e-mail to: TPCQuitLineReferral@isdh.in.gov or fax the form to 317.234.1786.

For more information, contact Lynne Arrowsmith at the Marion County Public Health Department – 317-221-2084, larrowsmith@marionhealth.org

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