

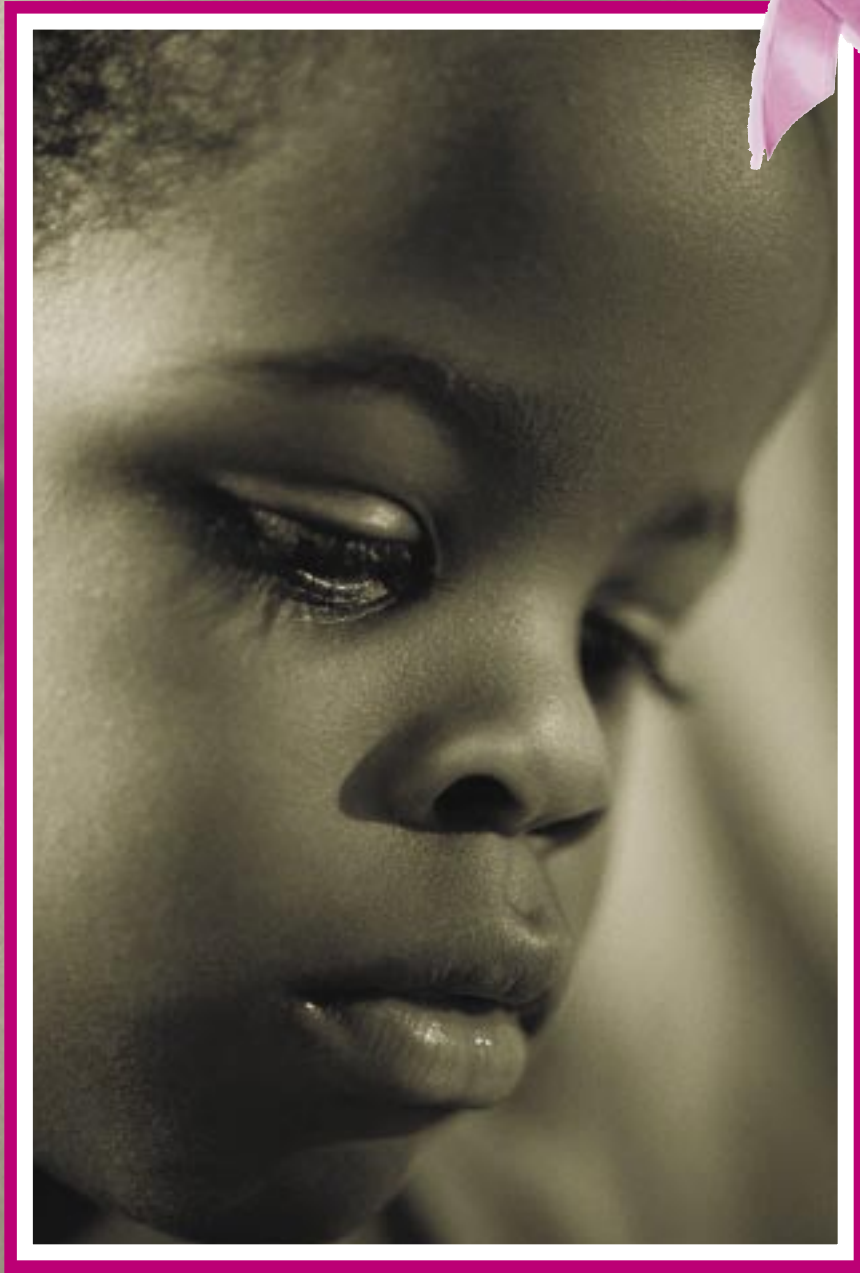
IMS
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Bulletin



**National
Breast
Cancer
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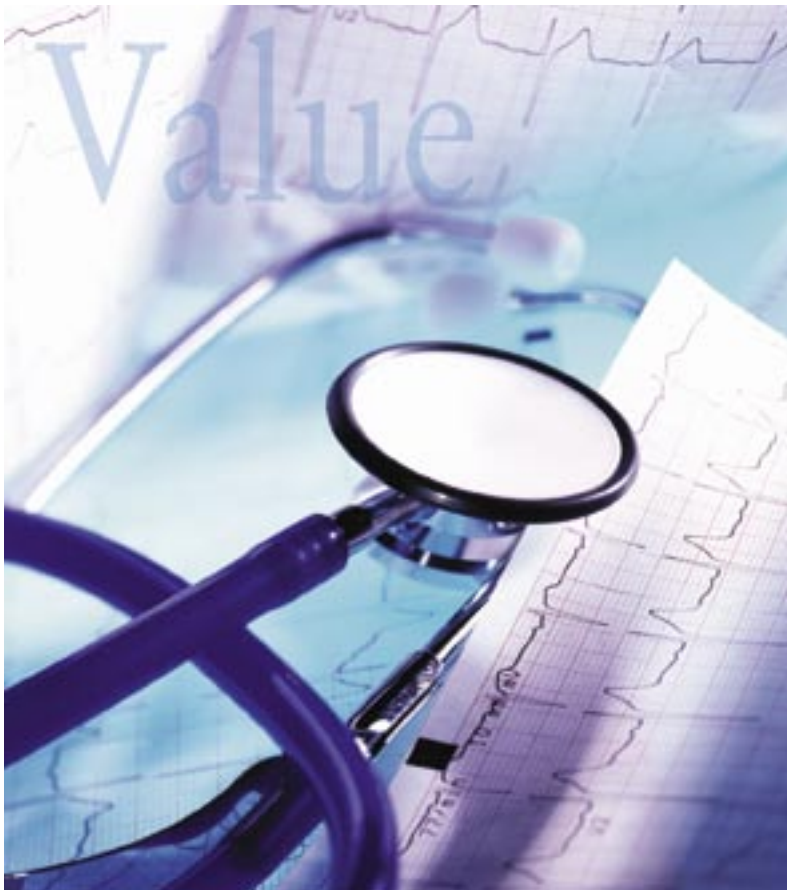
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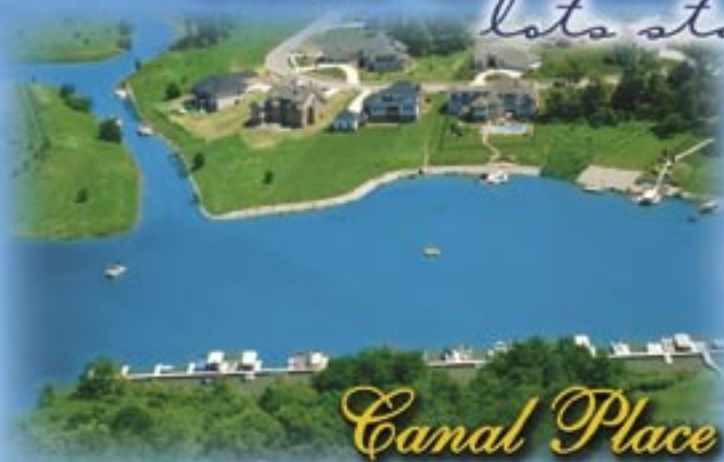
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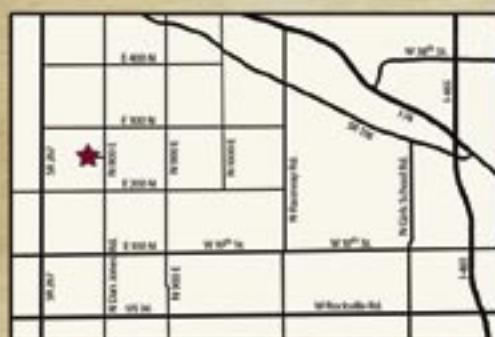
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ATTENTION SOCIETY MEMBERS

We like to feature photographs or other artwork shared by IMS members on the cover of *The Bulletin*. Submit photographs, artwork, etc., to Beverly Hurt at the Society Office.

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.

Remember the *Indianapolis Medical Society Foundation* when planning your will. (Contribution form included in this issue.) Unless otherwise specified, your contribution will be directed toward medical scholarships.

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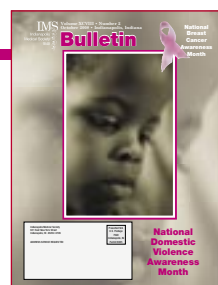
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about our cover



National Domestic Violence Awareness Month

October is National Domestic Violence Awareness Month and National Breast Cancer Awareness Month. Our cover photograph is from the Domestic Violence Center, www.domesticviolencecenter.org



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President's Page *John P. McGoff, MD*

"We should not expect a single set of reforms to address rising healthcare costs; rather an eclectic approach will probably be needed." - *Ben Bernake, Chairman of the Federal Reserve*

What exactly does that mean? Have you heard all the buzz generated by our Presidential candidates about their great ideas to solve the health care crisis? Nothing, not a word. Sadly, it does not even make the top three issues that concern most Americans. As physicians, we know it is truly the 800-pound gorilla in the room and any proposed solution will make resolving the crisis of Social Security reform look like a cakewalk.

So let us review some of the issues and background. The growth in the Medicare program was already a dilemma prior to the passage of the Medicare Prescription Drug Plan. There are serious questions of insolvency with long-term financing and over the coming decades, we will have to raise taxes or cut spending to the tune of 36% just to fund the gap. If you are not interested in seeing your taxes go up, try telling your elderly parents, that you are going to cut their benefits. See if you are invited to Thanksgiving this November.

It is a problem we have created ourselves. Physicians are to blame. What? We have become so good at treating disease, that we have transformed terminal illnesses into chronic diseases. A single patient on dialysis costs \$65-70,000 year. We now have 133 million people in this country with a chronic disease. That is why you see all the energy insurance companies are expending on chronic disease management. Hospitalizations related to congestive heart failure have tripled over the last 25 years and spending has risen accordingly. Everyone hears about how much we spend on healthcare in America relative to our peers, yet we have worse outcomes and lower life expectancy.

Why do we spend more and have worse outcomes? This is where we can place the blame squarely on our patients. Seventy percent of chronic disease is the result of lifestyle influences, e.g. smoking and obesity to name a few, with Indiana at the top of the pack in both of those categories. Medicare patients have an 18% readmission rate within 30 days of discharge costing the system over \$15 billion annually.

The average physician is receiving \$1.00 back for every \$1.30 care they provide to a Medicare patient and Medicaid is even worse. Is it any wonder that docs are limiting their practices to fewer and fewer government-sponsored patients? We, as providers, are the safety net of society. We are asked to somehow absorb the cost of catastrophic care to the uninsured and underinsured, all the while attempting to comply with a set of Byzantine, incomprehensible and ever-changing regulations.

So if this is not enough doom and gloom for you, just wait there is more. This past June, the Congressional MedPac Medicare Payment Advisory Commission issued a report that said, "the fee-for-service (FFS) payment system fails to encourage providers to cooperate with one another to improve coordination of beneficiaries care and appropriately control the volume and cost of services delivered." We have known this for years. The more we do, the better we

are reimbursed. You will not hear anything about this between now and January, when our new President takes office, but this will become priority number one for the new administration. There is an even odds chance that we will not be paid by the feds under a FFS model in the very near future.

The new pay-for-performance initiatives coming are actually just another way for increased scrutiny and decreased payments. It is another hoop we will all jump through to collect what we are already owed. If you remember your high school history class about medieval torture chambers, there was a horrible device called the "rack." Well the fed's have a new "RAC" or Recovery Audit Contractors, who have been hired to look for fraud and waste in healthcare. The initial pilot study in five states was so successful, that they will roll it out nationwide over the next few years. They collected a quick \$357 million and it only cost them \$77 million to pay the contractors. It was mostly a hospital venture, but they did look at physicians and recovered \$12.3 million. Guess what the sins of the physicians were: incorrect coding, insufficient documentation and only \$200,000 of the total deemed medically unnecessary care.

So what is the real healthcare crisis that no one is addressing? The projected physician shortage of 100-200,000 doctors over the next decade. Did you know that the Indiana School of Medicine is adding 15 new students a year for each of the next five years? While that is good news, do the math. The first graduate will not be available to see patients until 2015. It should be worrisome to every physician and patient, just because everyone in America has an insurance card, will not guarantee healthcare. One needs look no further than the disaster in Massachusetts. First, it is \$630 million over-budget and as far as access is concerned, over half of the internal medicine practices are not taking new patients.

While the shortage of primary care physicians is staggering, some 44,000 by 2020, the progressive increase in specialization has continued to grow. Fewer and fewer medical students are choosing family practice, general internal medicine and pediatrics.

However, it is a problem for specialists as well, and the numbers are huge: 24,000 general surgeons, 10,000 orthopedists and 9,000 cardiologists short by 2020.

I hope that this will serve as a clarion call for physicians to stay involved. The future of medicine as we know it today will not exist five years from now. It is unsustainable. It is incumbent upon us to be at the table when the negotiations are taking place. Organized medicine is fractured and each subspecialty wants their piece of the pie, but we will fail if we splint off into our respective groups and do not stand together as physicians. We are the most recognized voice our patients have and we cannot afford to be shouted down or ignored by the coming clamor of catastrophe.



Past President's Perspective

Bernard J. Emkes, MD

Why HEDIS Needs Revision!

There is no question about whether there is room for improvement in the care that physicians provide to their patients – there is. There is also no question that improvement cannot occur without first measuring the status quo. HEDIS – Health Employer Data Information Set – purports to grade physicians on their care provided to patients, and thus allow patients to choose the “good” doctors for their care. The theory is that good doctors provide a higher level of care, as well as preventive services, and thus reduce long term costs of care.

This is a great theory! However, problems occur in the definitions within HEDIS scoring, and particularly as they apply to certain very specific measures. Those measures that have timed requirements basically measure nothing, provide no evidence of “better” physicians and quite honestly madden good doctors who do not receive the scores they expect, and quite honestly deserve.

For certain measures HEDIS actually measures something of value. Such a measure as *Beta-blocker after MI* is an easy Yes / No question that does equate to “good medical care.” There is good evidence to support the measure. The same for ACE inhibitors, or A1C levels in diabetics. Both are quite easily measured and are either Yes / No, or a specific date and lab value. All are supported in literature.

HEDIS falls flat on its face with measures like immunizations, childhood examinations and OB post partum follow up visits. Because of the “time limits” of these measures, they do not in any way reflect the quality of care provided by a physician. Does it really

make a difference whether a child gets their scheduled immunizations on February 26 or March 5? Of course not! Children get sick and parents are reluctant to have an immunization if the child has a fever; parents are forced to move appointments due to personal schedules; and supplies of vaccines can be challenging at times. But here is the catch – Depending on the child’s birth date, if the shots are given on February 26, the physician gets 100% credit for the shots; and if the shots are given on March 5, the physician gets 0% credit for the shots. **The outcome is exactly the same – the child got the recommended vaccines.** Something about good enough for horseshoes and hand grenades! But in the eyes of HEDIS, this is a BAD score for this physician – **zero credit for giving the child the necessary immunizations.**

Because the desired result is the same in both instances, the measure of the quality of the physician is incorrect, invalid and possibly even misleading. This aberration affects not only the reputation or perception of the physician by the public, but also can lead to the impression that the entire medical system is “under-performing”. This, in effect, could lead to public policy decisions based on flawed information and further expenditure of health care resources chasing problems that do not exist.

One would think that it might be easy to insert some common sense into this health care measuring system. So far, that is not the case. That will segue to my next editorial – *Common Sense – No Longer Allowed.*

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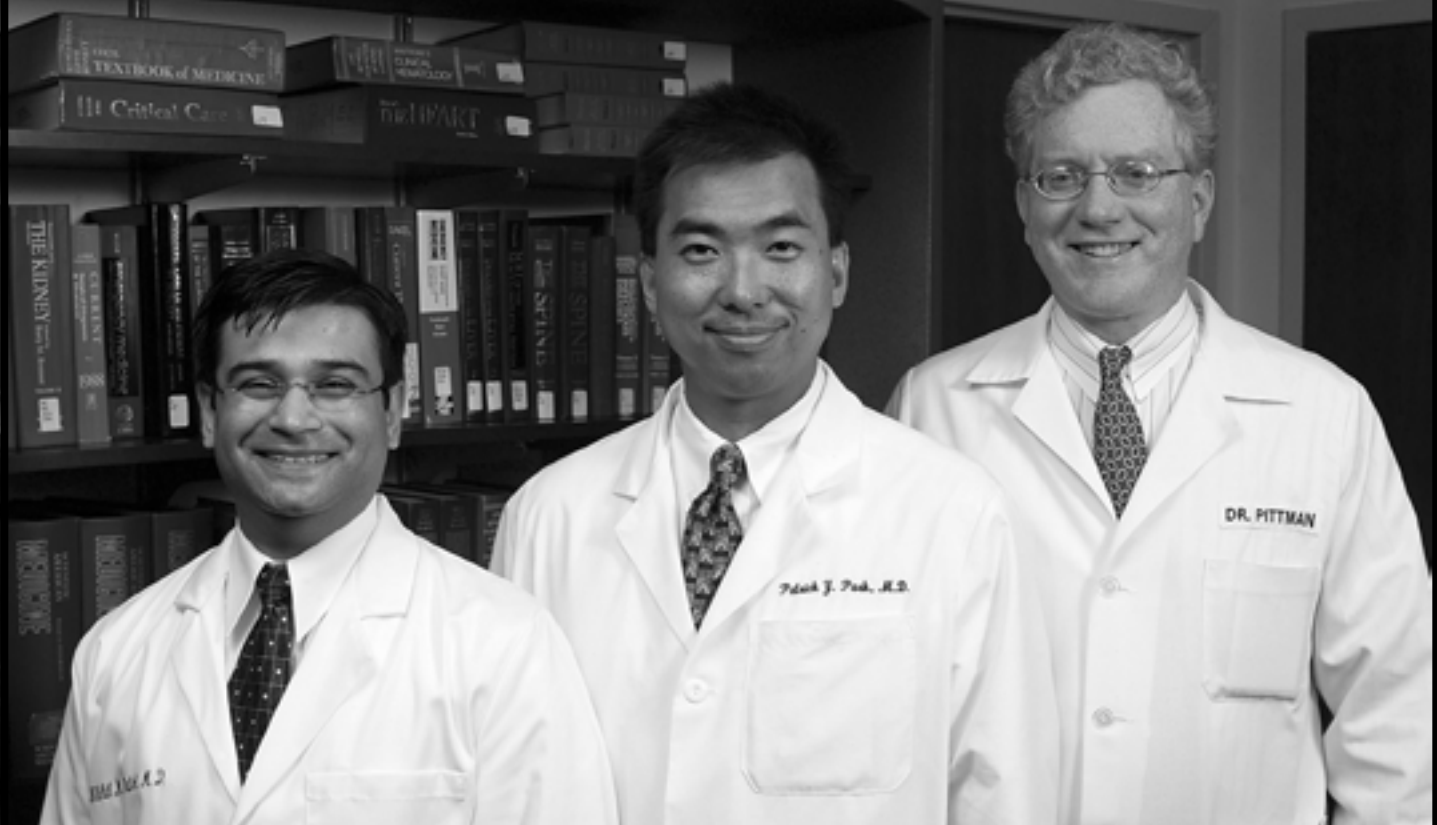
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Case # 11

Patient: Male, age 31

Symptoms: Perianal mass associated with severe constant pain x 2 days.
No BPR.

Dx: Symptomatic 2 1/2 cm thrombosed left lateral external hemorrhoid.

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Bulletin Board

Donald L. Cline, MD, Reproductive Endocrinology Associates, led a Fertility and Cancer Seminar on August 27, 2008 in Indianapolis. The Young Survival Coalition of Central Indiana in partnership with the Wellness Community of Central Indiana and Fertile Hope sponsored the event.

Stephen R. Klapper, MD, an ophthalmic plastic and reconstructive surgeon with Klapper Eyelid & Facial Plastic Surgery proudly announces the opening of their new office at 119th and Pennsylvania Street in Carmel. Dr. Klapper was a featured speaker on *Preseptal and Orbital Cellulitis: Current Management and Future Horizons* and *Sinusitis Following Orbital Decompression Surgery: Etiology and Prevention* at the 51st Annual Meeting of the American Eye Study Club held in Ojai, California from July 29 to August 2, 2008.

Rick C. Sasso, MD, Indiana Spine Group, presented three podium clinical studies at the 15th International Meeting on Advance Spine Techniques (IMAST), which was held in July 2008 in Hong Kong. Dr. Sasso's clinical studies all related to "the clinical outcomes of cervical artificial disc replacement."

News from Indiana University School of Medicine ...

Richard C. Rink, MD, Professor and Chief, Pediatric Urology, was the Visiting Professor at the University of the Philippines, Manila on November 27, 2007. He was also the Invited Speaker at the annual Urologic Association of the Philippines November 28, 2007. Dr. Rink then went on to Hong Kong, where he was the Visiting Professor at the University of China on November 30, 2007. He was also the Invited Speaker for the annual meeting of the International Children's Continence Society held in Hong Kong December 1st and 2nd.

Steven R. Counsell, MD, Director of Geriatrics, has led the GRACE study and program at Wishard Hospital in Indianapolis. GRACE is the Geriatric Resources for Assessment and Care of Elders and aims to improve care for low-income seniors by coordinating physician care with in-home visits by nurses and social workers.

Eric M. Horn, MD, Assistant Professor of Neurosurgery and Director of Spinal Neurosurgery, was the lead author of a study appearing in the June issue of *Journal of Neurosurgery: Spine* entitled "Surgical treatment for intramedullary spinal cord melanocytomas." Dr. Horn participated as an invited faculty member at the meeting "Controversies in Spine Trauma" in Baltimore, Maryland in April 2008. Dr. Horn gave two oral presentations concerning the treatment of odontoid fractures and the biomechanics of thoracolumbar spinal fixation techniques. Dr. Horn presented the results from a research study, "The effects of intrathecal hypotension on tissue perfusion and pathophysiological outcome following acute spinal cord injury" at the annual American Association of Neurological Surgeons meeting in Chicago, Illinois in April 2008. Dr. Horn was presented the Jose Biller Staff Teaching Award for 2008 from the residents in Neurological Surgery at IU School of Medicine in June 2008.

Teresa M. Rohr-Kirchgraber, MD, Associate Professor of Medicine, was selected by the American Medical Association Minority Affairs Consortium (MAC), to participate in the Hispanic Physicians Political Leadership Seminar to be held October 3 - 5, 2008, in Washington, DC. Participation in this seminar will provide an opportunity to develop strategies



Eric E. Beltz, MD



David S. Brokaw, MD



Donald L. Cline, MD



Steven R. Counsell, MD



Thomas H. Fairchild, MD



David A. Fisher, MD



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Joseph Riina, MD



Richard C. Rink, MD



Teresa M. Rohr-Kirchgraber, MD



Rick C. Sasso, MD



Timothy G. Weber, MD

and practical tools for effective political involvement and leadership.

News from Northwest Radiology Network ...

Eric E. Beltz, MD, and **Charles C. Mulry, MD**, have joined Northwest Radiology Network.

Dr. Beltz is a board certified radiologist with a special interest in Neuroradiology. He was Phi Beta Kappa with a bachelor's degree from Emory University. He received his doctorate at IU School of Medicine. Dr. Beltz completed his internship at Hennepin County Medical Center in Minneapolis, followed by his residency at the University of Medicine and Dentistry New Jersey-Robert Wood Johnson Medical School at Camden. While at UMDNJ-RWJ, he served as Chief Resident. He completed a Neuroradiology Fellowship at Emory University.

Dr. Mulry is a board certified radiologist with a special interest in Interventional Radiology. He graduated from the University of Nebraska Medical Center in Omaha and completed his residency at the IU School of Medicine. He completed a fellowship in Angiography/Interventional Radiology at Hospital of the University of Pennsylvania in Philadelphia.

News from St. Francis ...

Thomas H. Fairchild, MD, received a three-year appointment as Cancer Liaison Physician at St. Francis Hospital & Health Centers. Dr. Fairchild, Otolaryngology Associates, specializes in

Continued on page 38.

Technology Bites Man

We have all heard that dog is man's best friend, so it is no surprise that "Dog Goes Bad" will make the newspaper headlines because it is so unexpected. However, when the dust settles, we always find that the dog didn't "go bad" but rather was "treated bad." Seldom is a bad dog born; most often, a bad dog is made.

So what does this have to do with technology?

Our world is now built on the solid ground of technology. But if something goes wrong, like with a mistreated dog, we find that it isn't the problem—we are. Technology isn't at fault, but rather it was used incorrectly—or it wasn't used at all.

Thanks in part to Enron and a host of other companies that misused technology to hide their bad practices, on January 1, 2006 several amendments to the Federal Rules of Civil Procedure regarding the preservation of and ability to produce electronically stored information (ESI) in the face of litigation took effect. Indiana implemented the rules on January 1, 2008. Unquestionably, these amendments will change health information management (HIM) practices regarding the management, retention and disclosure of health information.

Several of the new rules—including rules 16, 26, 33, 34 and 37—are directly relevant to HIM professionals, so it's important to implement a policy to address them. Establishing policies and procedures prior to a lawsuit allows your organization to respond to e-discovery issues in an appropriate and cost-effective manner.

To be prepared, your organization should:

1. Formalize document preservation and retention policies and procedures in a consistent, compliant records management program.
2. Inventory systems and sources of data and identify their content, location and preferred form of production.
3. Identify system custodians (administrators) and make sure they understand their roles.
4. Apply retention policies to the systems and data sources.
5. Develop, document and institute litigation hold and data preservation procedures.

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To be prepared, your organization must develop consistent processes for managing, storing and deleting data, and must be able to determine the cost of accessing relevant information. Any solution you develop should help your organization sift through large collections of unstructured data, such as e-mail and Microsoft® Office® documents, and quickly identify the most relevant information.

A digital document management solution with a records management component can play a key part in your overall e-discovery planning, because they protect and preserve both electronic and physical documents. Physical documents are scanned into the system and maintained in electronic form—preferably as either TIFF or ASCII files, both of which are non-proprietary file formats. Electronic documents, including e-mail messages, can either be maintained in their native file formats, which preserves existing metadata and hidden information, or converted into archival-quality TIFF images. Implementing a solution with audit trail capability (which tracks actions taken within the system) can guarantee that documents kept in native file formats are not deleted or modified, maintaining their value in the e-discovery process.

Technology is here to stay, but you don't have to let it take a bite out of you. Just like proper training for the new puppy can lead to a great long-term relationship, with the proper preparation, you'll have an e-discovery program that will help you manage all your information, whether it's paper or electronically stored, in a more compliant manner.

But you need to start your records management program today, because if you delay, "Technology Bites Man" might just have your name in the headline.

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Excerpts taken from the Laserfiche white paper "Using Digital Document Management to Better Meet e-Discovery Requirements," available at <http://www.laserfiche.com/ediscovery>.

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License Litigation

The professional licensing boards, commissions, and committees within the Indiana Professional Licensing Agency are charged with the responsibility of disciplining licensees who have violated practice standards, acted dishonestly, or acted unethically. The standards of practice are located in IC 25-1-9 (health professions) and IC 25-1-11 (non-health professions). Additional standards of conduct may be contained in the individual board, commission, or committee statutes and rules.

Information regarding disciplinary actions taken against individual licensees is now available at <http://www.in.gov/ai/appfiles/pla-litigation/> for the following boards, commissions and committees:

Health Related

Athletic Trainer Board, Chiropractic Board, Dentistry Board, Dietitians Board, Environmental Health Board, Health Facility Administrators Board, Hearing Aid Dealer Committee, Hypnotist Committee, Medical Licensing Board, Nursing Board, Optometry Board, Pharmacy Board, Physical Therapy Committee, Physician Assistant Committee, Podiatric Medicine Board, Psychology Board, Respiratory Care Committee, Social Work/MFT/Mental Health Board, Speech Lang Pathology/Audiology Board, Veterinary Board,

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Accountancy Board, Appraiser Board, Architects Board, Auctioneer Commission, Barber Board, Boxing Commission, Cosmetology Board, Engineer Board, Funeral Board, Home Inspector Board, Land Surveyor Board, Manufactured Home Installer Board, Plumbing Commission, Private Detectives Board, Real Estate Commission.

IPLA is in the process of transferring archived information to an electronic format. If the information you are seeking is not available on-line, please contact the board via email. Disciplinary action information is refreshed weekly.

Disciplinary action information is provided as a public service. Although reasonable efforts have been made to ensure that electronic information on the Indiana Professional Licensing Agency (IPLA) web site is complete and accurate, IPLA does not guarantee that the information is such in all instances. IPLA assumes no responsibility for damages incurred as a consequence, directly or indirectly, for the use and application of any of the information provided herein.

In most cases a final action taken by the board in a disciplinary proceeding does not go into effect until a written order is issued by the Board, which does not occur until the order has been signed and file marked. The respondent cannot be required to comply with the order until the respondent has been served with the order or has actual knowledge of the order, except in the case of certain summary suspensions, settlements, or agreed orders (Indiana Code 4-21.5-3-3). Actual knowledge cannot be implied by the Respondent's presence at the hearing. State law provides that the board may take up to ninety days to issue an order (with an extension of time available in certain cases). This means that a disciplinary action taken by a board in a public meeting likely will not be effective immediately. Orders are posted on the agency's license litigation site. If you have a

question regarding a board action, please feel free to contact the Medical Licensing Board of Indiana at (317) 234-2060 or via email at pla3@pla.IN.gov

LicenseWatch

LicenseWatch is an online occupational license notification service which allows entities to track license updates and notice of proceedings for physicians licensed in Indiana. You can create a profile of licensees to track by following these steps:

1. Go to <http://www.in.gov/ai/appfiles/licensewatch/>
2. Select Notification Criteria: Professional Occupation, Individual Licensees.
3. Select the event(s) about which to be notified: Expired License, License Renewal, License expiration and/or a Change in License Status, i.e. discipline
4. Enter email notification details.

Each day, we will check the status of the licensee(s) you are tracking by searching the IPLA MyLicense database for changes to the licensee' records related to licensing or disciplinary proceedings. If a change occurs to an individual's record, an email notification will be sent to the specified email address(es) contained within your tracking profile. If there are no changes, no notification will be sent. The email notification and report can be sent in HTML or as a text file in CSV format. You can log on to *LicenseWatch* to view or manage current and previous notifications at any time.

Fees for this service are based on the number of licensees a profile contains. Monthly fees are adjusted based on the number of licensees actively tracked during a month. Should the number of licensees you are tracking increase/decrease, the fee will also increase/decrease. Please note: If you are tracking an entire licensee category, volumes may fluctuate. These rates are outlined below:

Number of Licenses Tracking	Monthly Price
Less than 25 licenses	\$15
25 - 100 licenses	\$30
101 - 400 licenses	\$50
401 - 1200 licenses	\$75
1201 - 2000 licenses	\$100
More than 2000 licenses	\$150

You may log on to <http://www.in.gov/ai/appfiles/licensewatch/> to try a demo of this service.

Upcoming meeting dates:

October 23, 2008
December 4, 2008

No meeting in November

For assistance with questions or comments please contact: Medical Licensing Board of Indiana, Kristen Kelley, Director, 402 West Washington Street, Indiana Government Center South, W072, Indianapolis, IN 46204, 317.234.2060/Fax: 317.233.4236 or email: pla3@pla.in.gov.



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5850 WINDING WAY LANE • \$549,000

Gorgeous home nestled in the trees of a desirable Washington Twp. Location! Dramatic entry, spacious kitchen w/door to sunroom, main lvl master w/fplc, finished walk-out lwr lvl w/fam rm, ex rm, wet bar & more! (2825429)



4110 HEYWARD LANE • \$1,349,000

Magnificent Pate home in a lush setting w/veranda overlooking the pond in gated Sycamore Springs! Elaborate woodwork, custom ceilings, warm hdwds, exquisite kitchen & mstr bath, dynamite lwr lvl. (2835341)



12921 QUEENS TROOP CLOSE • \$674,900

Absolutely gorgeous Dale Woodall home nestled in a quiet cul-de-sac in Village of West Clay! Stunning 2-story entry, 10ft ceilings, elegant archways, gleaming hdwds, attractive molding, dynamite kit & fam rm, lwr lvl theatre. (2840129)



6321 OXBOW WAY • \$674,999

One-of-a-kind lakefront living in desirable gated community in Wash Twp! Gorgeous views, soaring ceilings, beautiful hdwds & newly remodeled gourmet kit w/granite & stainless open to fam rm. (2837604)



10666 WINTERWOOD DRIVE • \$1,044,900

Magnificent Winterwood estate nestled on a lush 1.5-ac setting w/pool, spa & greenhouse! Bright & open flr plan w/generous rm sizes, dynamite sunroom overlooking private oasis, remodeled kit, fin lwr lvl & more! (2821807)



10572 CHATHAM COURT • \$939,900

Impressive home in a breathtaking, lush setting on nearly an acre featuring \$400,000 renovation & \$80,000 kit remodel by Kitchens by Design! Exquisite hearth room, luxurious mstr retreat, dynamite w/o lwr lvl. (2823328)



530 WILLOW SPRING ROAD • \$2,299,000

Stunning new construction in Williams Creek w/gleaming hdwds, expansive moldings, dynamite kit/ hearth rm, unbelievable mstr ste w/private study, L/L theatre & bar, awesome screened porch w/fplc & grill, 5-car gar. (2818501)



1106 LAURELWOOD • \$1,799,900

Magnificent estate home in a lush, 1.34-ac setting in gated Laurelwood! Grand 2-story entry, generous room sizes, custom ceilings, elaborate moldings, numerous blt-ins, entertainer's kit, mega closets & storage! (2845106)



15479 HIDDEN OAKS • \$1,524,900

Stunning, newly constructed home in exclusive, gated Bridgewater! Expansive moldings, elegant archways, gourmet kit leading to covered veranda, main lvl master, dynamite w/o lwr lvl. (2814867)



8835 WORTHINGTON CIRCLE • \$499,900

Gorgeous, park-like setting w/meandering creek, bridge & 52' deck overlooking the woods in West 86th! Soaring entry, 2-story den w/wet bar, gourmet kit open to fam rm, spacious mstr w/fplc, walkout lwr lvl, priced to sell! (2833377)



8230 DEAN ROAD • \$949,900

Vacation paradise on Lake Clearwater w/new Trek deck, private courtyard w/pergola, boat dock & spectacular views! Renovated kit, new stacked stone fplc, remodeled bathrooms, new custom theatre & bar, too many updates to list! (2842407)

Baker, Mary S., MD
Resident – I.U. School of Medicine
Internal Medicine
University of Kentucky, 2008



Beltz, Eric E., MD
Northwest Radiology Network
5901 Technology Center Dr.
46278-6013
Ofc – 328-5050
Fax – 328-5053

Diagnostic Radiology, 2007
Neuroradiology
Indiana University, 2002

Bertram, Michael J., MD
IN Pain & Spine Care, PC
1100 Southfield Dr., #1330
Plainfield, 46168-4499
Ofc – 837-1999
Fax – 837-0233
Physical Medicine &
Rehabilitation, 2004
Other Specialty
Ohio State University, 1999

Burckhartzmeyer, Lisa Jean, MD
Resident – St. Vincent Hospital
Pediatrics
Indiana University, 2008

Crank, Jeremiah J., MD
Resident – St. Vincent Hospital
Internal Medicine
Oregon Health Science
University, 2007

Djenge, Eric, MD
Resident – St. Vincent Hospital
Internal Medicine
Ross University, Dominica, 2008

Durham, Tammy, DO
Barbara Internal Medicine, PC
3660 Guion Rd., #310
46222-1691
Ofc – 920-7453
Fax – 920-7460
Internal Medicine, 2000
University of Osteopathic
Medicine, 1996

Eickholt, Jacinta C., MD
Resident – St. Vincent Hospital
Family Medicine
Medical College of Ohio, 2008



Escobar, Miguel R., MD
Nephrology & Internal Medicine
5255 E. Stop 11 Rd., #440
46237-6341
Ofc – 882-2857
Fax – 882-2873

1801 N. Senate Blvd., #355
46202-1252
Ofc – 924-8425
Fax – 924-8424
Internal Medicine, 2003
Nephrology, 2004
University of Toronto, Canada, 1999

Fiege, Angela B., MD
Respiratory & Critical Care Cons., PC
1801 N. Senate Blvd., #230
46202-1206
Ofc – 962-5820
6920 Parkdale Pl., #215
46254-5604
Ofc – 328-6635
Emergency Medicine
Critical Care Medicine
Indiana University, 2005

Fisk, Jeremy G., MD
Resident – St. Francis Hospital
Family Medicine
Indiana University, 2008

Gagovic, Veronika, MD
Respiratory & Critical Care Cons., PC
11725 N. Illinois St., #465
Carmel, 46032-3010
Ofc – 817-0010
Fax – 817-0012
Internal Medicine
Hospitalist
Loyola University, 2005

Gahimer, James L., MD
T. L. Care Corporation
P.O. Box 100
Beech Grove, 46107-0100
Ofc – 859-1090
Internal Medicine, 1988
Indiana University, 1985

Goodrich, Sarah Kay, MD
Resident – St. Vincent Hospital
Obstetrics & Gynecology
Indiana University, 2008

Hesse, Brett M., MD
Resident – St. Vincent Hospital
Family Medicine
Internal Medicine
Eastern Virginia Medical School, 2008

Hornbecker, Michael J., MD
Resident – St. Vincent Hospital
Internal Medicine
University of Maryland, 2008

Kidwell, Christopher, MD
Resident – St. Francis Hospital
Family Medicine
East Tennessee State University, 2007

Koehler, Jessica B., DO
Resident – St. Vincent Hospital
Internal Medicine
University of Health Sciences, 2008

Kurowski, Catherine A., MD
Irvington Radiologists, PC
7340 Shadeland Station, #200
46256-3980
Ofc – 579-2150
Fax – 579-2135
Diagnostic Radiology, 2007
Indiana University, 2002

Lemmon, Gary W., MD
University Vascular Surgery, PC
1801 N. Senate Blvd.
MPC-2, #3500
46202-1228
Ofc – 962-0288
Fax – 962-0289
Surgery, 1986, 2005
Surgical Critical Care, 1992, 2002
Vascular Surgery
Indiana University, 1980

McGarvey, Cynthia K., MD
JWM Neurology
8402 Harcourt Rd., #615
46260-2055
Ofc – 338-9191
Fax – 338-9190

Email – medicalaffairs@jwmneuro.com
Neurology
Clinical Neurophysiology
Indiana University, 2003

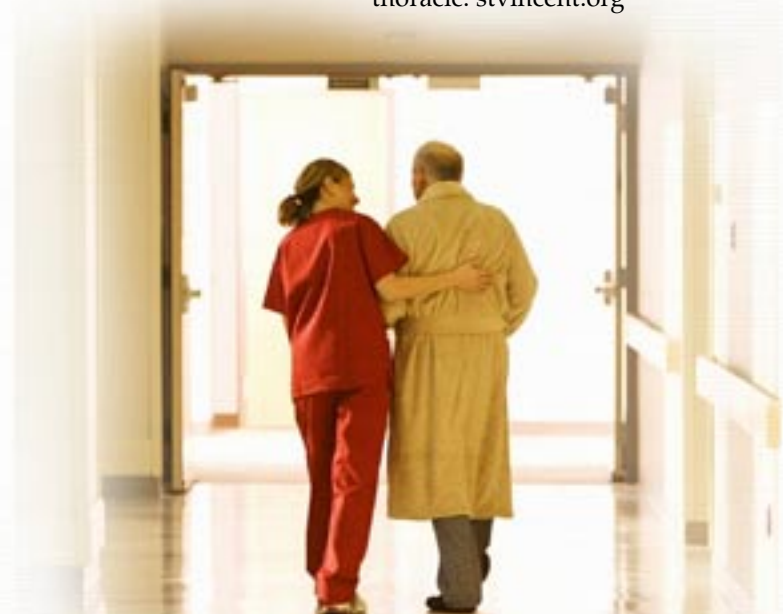
Continued on page 18

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(Continued from page 16)



Mulry, Charles C., MD
Northwest Radiology Network
5901 Technology Center Dr.
46278-6013
Ofc – 328-5050
Fax – 328-5053

Diagnostic Radiology, 1991
University of Nebraska, 1984

Mumford, Melinda S., MD
Resident – St. Vincent Hospital
Obstetrics & Gynecology
Indiana University, 2008

Musick, Daniel J., MD
Resident – St. Vincent Hospital
Other Specialty
Indiana University, 2008

O'Donnell, Timothy B., MD
Resident – St. Francis Hospital
Family Medicine
Indiana University, 2008

Overley, Matthew R., MD
Resident – St. Vincent Hospital
Family Medicine
Indiana University, 2008

Paarlberg, Adam M., MD
Resident – St. Francis Hospital
Family Medicine
Indiana University, 2008

Patel, Ankur, MD
Resident – St. Vincent Hospital
Internal Medicine
American University of the
Caribbean, Montserrat, 2008

Pugh-Taylor, Erica E., MD
Resident – St. Francis Hospital
Family Medicine
Indiana University, 2008



Reddy, Parishurama S., MD
Nephrology & Internal Medicine
1801 N. Senate Blvd., #355
46202-1252
Ofc – 924-8425
Fax – 924-8424

5255 E. Stop 11 Rd., #440
46237-6341
Ofc – 882-2857
Fax – 882-2873
Internal Medicine, 2004
Sri Devaraj Urs Medical College,
Karnataka, India, 2000

Rose, Anthony S., MD
Respiratory & Critical Care Cons., PC
1115 Ronald Reagan Pkwy., #206
Avon, 46123-6911
Ofc – 272-8050
Email – arose@clarian.org
Internal Medicine, 2005
Pulmonary Critical Care Medicine
Indiana University, 2001



Smith, Raymond P., MD
Resident – St. Vincent Hospital
Family Medicine
Michigan State University,
2008

Spomar, Daniel G., MD
Neurosurgical Assoc. @ St. Francis
8051 S. Emerson Ave., #300
46237-8630
Ofc – 851-2663
Fax – 851-2664
Email – dspomar@hotmail.com
Neurological Surgery
Indiana University, 2002

Stark, David M., MD
Anesthesia Consultants of Indpls.
4725 Statesmen Dr., #C
46250-5645
Ofc – 577-4200
Fax – 577-9503
Email – dstark@aci-llc.net
Anesthesiology
Indiana University, 2003



Stevens, Angela D., MD
Northwest OB/GYN Associates
8240 Naab Rd., #450
46260-1999
Ofc – 872-9680*
Fax – 879-2287

Web – www.whp.com
Obstetrics & Gynecology, 2002
Indiana University, 1996

Toney, Brent M., DO
Fellowship – Pike Medical Consultants
6040 W. 84th St.
46278-1360
Ofc – 956-6288
Fax – 956-6289
Internal Medicine
Nova Southeastern University,
Florida, 2005

Vitalpur, Girish V., MD
702 Barnhill Dr.
ROC #4270
46202-5128
Ofc – 274-7208
Fax – 274-5791
11725 N. Illinois St., #450
Carmel, 46032-3010
Ofc – 688-5700
Fax – 688-5709
Allergy & Immunology, 2003
Pediatrics, 1998, 2006
Indiana University, 1995

Webb, James C., MD
Resident – St. Francis Hospital
Family Medicine
University of Illinois, 1986

Worley, Zachary L., DO
Resident – I.U. School of Medicine
Emergency Medicine
Midwestern Univ. College of
Osteopathic Medicine, Arizona, 2008

Yalamanchili, Kishan, MD
Resident – St. Vincent Hospital
Internal Medicine
University of the Americas, Nevis, 2007

Zaidi, Syed-Adeel, MD
Respiratory & Critical Care Cons., PC
1800 N. Capitol Ave.
Noyes Pav., E 140
46202-1218
Ofc – 962-2894
Fax – 963-5285
Email – szaidi@clarian.org
Internal Medicine, 2003
Medical Genetics, 2005
Aga Khan Medical College,
Pakistan, 1998

Zulkowski, Nicole R., MD
Resident – St. Vincent Hospital
Other Specialty
Indiana University, 2008

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—from Warren Buffett, April 26, 2006

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—from Warren Buffett, May 30, 2006

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Paula A Hall, MD

Leisure Lit



Okay, if Oprah can do it why can't we? Yes, indeed, our Indianapolis Medical Society is starting a book club ... of sorts. Well not exactly, a book club as such ... more like a book review. Well, maybe, not a book review as such, more like if you have read any good books lately that you would recommend, then please tell us about them. Soooo, yes, I have read a couple of good books lately and as luck would have it, I have recommended them to people. In fact, one book was so good I have forced both of my children to read it and another book sounded so interesting, when I was talking about it, one of my children ASKED to read it. The best thing about each of these books ... friends have given them to me, and I, in turn, have passed them on. You will see that I have eclectic taste (in friends, as well as books).

Blue Ocean Strategy, How to Create Uncontested Market Space and Make the Competition Irrelevant
by W. Chan Kim and Renee Mauborgne
ISBN 1-59139-619-0 (hc)

If you guessed from the title that this book is nonfiction, then you would be right. The book shows the common denominator among Southwest Airlines, Cirque du Soleil, Curves, and many other familiar businesses. It describes how established and new companies identify a new business niche (Blue Ocean) and create financial success. The authors describe Red Oceans as business markets that are already in place. In contrast, the Blue Oceans are untapped markets. Basically, this book proposes a new mind set in viewing your customer base regardless of your business. It gives many intriguing examples of successful companies. I am sure that there are many Blue Oceans out there in the healthcare arena; I only wish I were smart enough to identify just one of them. The second half of the book drags a little but the first part is fun and well worth the read.

Water for Elephants by Sara Gruen
ISBN -13: 978-1-56512-560-5(pb)

This book as you might have guessed is a novel. My guess is an English major or a real book reviewer would call this book a historical novel. That is how I would categorize it, because you learn all kinds of interesting historical facts about circuses, circus trains and the depression while being entertained with a fast paced story. Regardless, if you have ever been to a circus or if your grandparents have ever told you about the depression then, I think you would find this book intriguing. For most of the book, the setting is a traveling circus in the 1930s. The author tricks you

by switching the setting in the beginning but that is what makes the ending better. This book gives good insight into the hardship of the depression of the 1930s and it makes you appreciate today's circuses. It sort of hits you over the head with the message of how really good we have it today. An added plus is the inclusion of old circus pictures.

The Friday Night Knitting Club by Kate Jacobs
ISBN: 9780399154096

Okay, sorry boys, but if this book were a movie, then it would be called a "Chick Flick." It would be a good Chick Flick; none-the-less, a book that most males would probably rather skip. It is fiction. The setting is modern-day and the theme is the importance of females having female friends. You do not have to know anything about knitting to enjoy the book. It is a quick read and my only complaint is that there is a sad part. I have never understood why authors feel like they need to rip our hearts out so we can enjoy a book. (This probably explains why I still think Mary Poppins is one of the greatest movies ever produced.) Regardless, The Knitting Club reminds us we need to nurture our network of female friends.

The Last Lecture by Randy Pausch
ISBN: 9781401323257

A few of you may have seen some of this on the internet. This is a nonfiction book written by a dying man, who succumbed July 25, 2008. I know, it sounds terrible! But it really is uplifting and at times humorous. I have made it a must read at my house. The premise is a young, well-known college professor, who excels in teaching, develops pancreatic cancer. Ironically, he is asked to give "The Last Lecture." This is an annual lecture given, at Carnegie-Mellon, by invited speakers, about a topic of their choice. The only caveat is the topic has to be what they would want to impart to people if in fact it was to be their last lecture. Randy decides to encourage people to have, cultivate, and pursue childhood dreams. I cannot recommend this book enough! It is short and to the point. The point being life, family, and friends are uncertain, and we should enjoy each of them with gusto. Consider this book when looking for birthday, graduation or holiday gifts.

Well there you have it, the whole of my summer reading. We would love other readers to send in their recommendations. If you have read something good, please let us know. You can email your reviews to bhurt@imsonline.org, or fax them to 262-5609 (no cover sheet needed).





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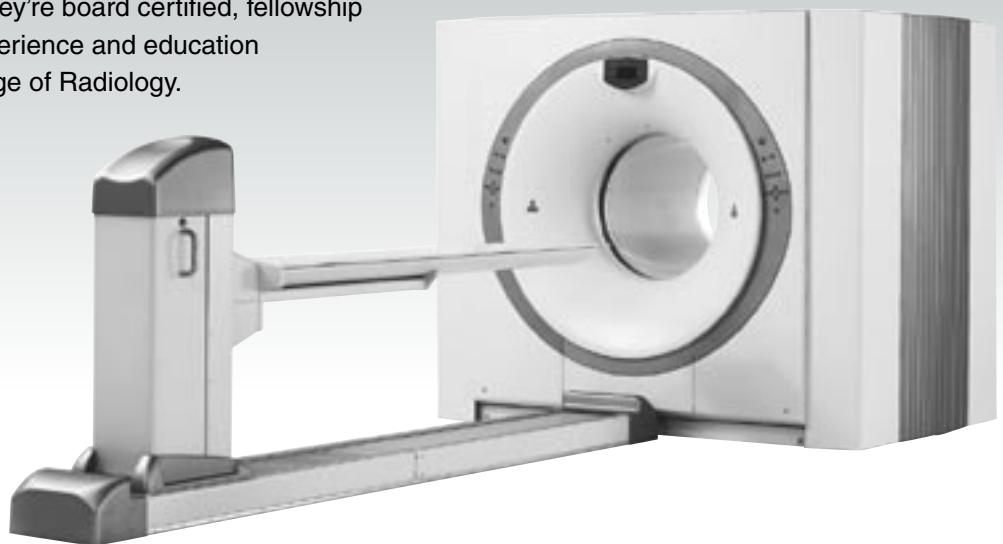
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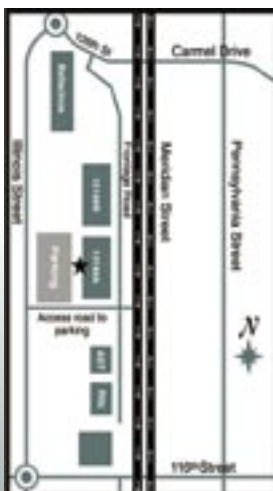
— Darcy

"I arrived ahead of schedule, exam done ahead of schedule, out ahead of schedule! Very nice."

— Anonymous

"I appreciated the gentle, considerate treatment I received from everyone."

— Caroline



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Project Health/Project Diabetes

Carrie Jackson Logsdon, Director

Thank you, Christopher T. Salerno, MD



Christopher T. Salerno, MD, CorVasc MD's, PC, is Project Health's Physician of the Month for October. Dr. Salerno is currently deployed with the Army Reserves at Ft. Lewis in Tacoma, Washington. He left in early June for what he called, "90-days of boots and ground time at the Madigan Army Hospital."

Dr. Salerno was born in Queens, New York, and then moved out to Massapequa, Long Island. His father, who worked for Equitable Insurance at the time, was transferred to Chicago when Dr. Salerno was about 10. "I love Chicago. It is probably my favorite city – especially being a sports nut with the White Sox, the Cubs, and the Bears all in one town." He said his loyalties now are split between the Bears and the Colts.

What inspired him to become involved in medicine was the fact that his Mother had a kidney transplant and was on dialysis much of his young life, so he spent a lot of time in hospitals.

He entered college wanting to build the first artificial kidney – consequently, he studied biochemical engineering. "But I liked hanging out with the doctors much more than the engineers," as a result he completed a General Surgery Internship, Surgical Infectious Disease Fellowship and a General Surgery Residency at the University of Minnesota; followed by a Cardiothoracic Surgery and Cardiopulmonary Transplantation Residency at Stanford University. Dr. Salerno is Board Certified by the American Board of Surgery and the American Board of Thoracic Surgery.

Dr. Salerno also served as the Surgical Director of the Heart Transplant and Mechanical Assist Device Program and was an Assistant Professor of Cardiothoracic Surgery at the University of Washington Medical Center in Seattle until 2003. He then worked for the Naval Sea Systems Command and also helped to design hospitals on naval ships.

He remembered one Project Health patient vividly. "She had already had cardiac bypass surgery, but this time needed an aortic valve replacement." He said there was no other option than surgery or she would have died. "What a lot of people don't realize is that we have world class heart surgery facilities and doctors right here in our own backyard. In many cases, especially for this woman, time was of the essence." She is much better now and undergoing cardiac rehabilitation and therapy.

Dr. Salerno was not surprised that there are so many cardiology and cardiovascular surgeons volunteer

immediately for Project Health. "We know how critical time is with these patients and part of our mission as physicians is to help people in need, period. We may not get monetary rewards, but giving back and helping save peoples' lives fills one's heart with joy. It really makes you feel so good, and the Project Health patients are so very appreciative." Project Health greatly appreciates the time and assistance of Dr. Salerno and all of the other CorVasc volunteers have given us.

Project Diabetes

Announcing some great news for all of our doctors with **Diabetic Patients**. Project Health was awarded a grant from the Nina Mason Pulliam Charitable Trust. With 88% of the Project Health obese and 38% of those being diabetic, it was clear that something needed to be done ... and soon. It was learned that NONE of these patients had ever received adequate diabetes and nutrition education. This became the impetus for beginning **Project Diabetes**. **Please refer your patients to Project Diabetes**. There are FREE diabetes education classes in English and Spanish during the day and evening all around town, as well as free nutrition counseling one-on-one or with the entire family at home. Patients' pure medical needs are taken care of, from helping them get low-cost medications to free insulin and test strips, podiatry appointments, dilated eye exams, cardiology appointments and much more. With more funding these patients will be able to get free YMCA memberships. In the meantime, there is a new brochure on simple stretches and exercises that can easily be done at home. There really is no excuse for patients not to start moving.

Project Health doesn't just want diabetic patients. Patients up to 300% of the federal poverty are eligible for help through PH, meaning just about any adult without insurance living in Marion County would qualify. If you have patients who have just been laid off, are between jobs, have applied for public programs but haven't heard back yet – Project Health can be that way-station and get them signed up. Also, if something were to happen to these patients before they have their insurance back – Project Health could help save them from bankruptcy. There will soon be a Referral Form on the IMS website that is under construction ... imsonline.org. Until that is workable, DO phone Carol Stansifer, Project Diabetes Manager at 262-5627, and she will fax you a form.

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Dream Dinners® Bridget M. Sanders, MD, Chair, IMS Women in Medicine Women in Medicine

A fun-filled evening was had by all the lady docs attending the Dream Dinners® outing on August 28th. Some of these physicians showed incredible talent in culinary creation, notably Doctors Stump and Collings from Step-by-Step Pediatrics and Dr. Dindy (Dorinda) Rouch (Hematology-Oncology) as well as Dr. Mary Soper, our Ob-Gyn representative. Others, specifically myself, Dr. Heidi Dunniway, Dr. Paula Hall, and Dr. Kim Short followed at a more leisurely pace, with me being the worst, in the development of our special entrees. (The food was delicious, even to my picky husband! And now, I left with a couple of weeks' worth of food!) We also enjoyed

the tasty appetizers and soft drinks compliments of Dream Dinners®. I am officially supporting a return visit next year! Many thanks to the best of all organizers, Mrs. Bev Hurt, for her wonderfulness in everything she does.

Photographs courtesy of

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Don't Forget about the Simplest Planned Gift

Note: The following discussion is provided for informational purposes only and is not intended to serve as financial or tax advice. For specific information about charitable donations of stocks and securities, consult your accountant, financial adviser, or tax adviser.

A few years ago, the CEO of a large medical center foundation was meeting with a grateful patient who wanted to help fund a significant medical research project at the center. During the meeting, the donor told the CEO that she was planning to sell some stock and write a check. "If the stock is appreciated, there's a better way," the CEO said. The CEO then explained that by donating appreciated stock instead of selling it, the donor would avoid capital gains tax. "Is that legal?" the donor asked. "Absolutely!" the CEO replied. "In fact, you can take the cash you were going to donate and purchase new securities with a brand new cost basis!"

Over the next week, the donor worked with her investment advisor and foundation to identify and transfer 33 different stocks from her portfolio with a total value of \$2.7 million. In addition to receiving a \$2.7 million income tax charitable deduction, the donor avoided an additional \$250,000 in potential capital gains taxes. Everyone won. In fact, the donor has since made a larger contribution.

What is most interesting about this story is that as professional fundraisers, we often presume our major

donors understand the basic tax rules of charitable giving and run prospective gifts by their professional advisers in advance. That, however, is not always the case.

Why It's Important to Ask for Securities

Although this gift involved several million dollars, the average gift of stock or mutual fund is a more modest \$3,000. This means more donors are getting the message that giving appreciated securities makes "cents" at tax time. In fact, many are learning they can give more. Consider the following example:

John would like to make a \$10,000 gift. Assuming he is in the 35 percent ordinary income tax bracket, the after-tax cost of his cash gift would be \$6,500 (\$10,000 - \$3,500). As an alternative, if John gives \$10,000 worth of stock in which he has a \$2,000 cost basis, the net cost of his gift (including the capital gains he will avoid) will be only \$4,900—a further savings of \$1,600.

Now, here's a question John probably hasn't heard. "Would you like to know how much more stock you can give for the same after-tax cost as giving cash?" The answer is significant. If John donates \$13,256 of appreciated stock, the net cost of his gift (including the capital gains tax he will avoid) will be the same \$6,500 as giving cash. That's nearly 33 percent more!

Continued on page 28.



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Centurion Clinical Research, 8220 Naab Road, Suite 300, Indianapolis, IN, 46236

Don't Forget about the Simplest Planned Gift *(Continued from page 26)*

Aside from the added tax benefits and being able to give more, there is another important dynamic at work when donors consider noncash gifts such as securities. Most donors consider cash gifts as being made from their discretionary income. Conversely, donors who are asked to give securities are making gifts of *principal* or *capital*. Put another way, instead of giving the fruit of the tree, they are giving the tree. Furthermore, they can use the fruit they would have given to buy a new and better tree.

Since a *planned gift* is defined as any gift, current or outright, that considers the tax economics of the transfer, donors who make gifts of securities may be making their first planned gifts. In so doing, they are now thinking about their philanthropy and the charities they support in the context of their financial and estate planning.

Donors who become comfortable with making strategic gifts of securities are ideal candidates to learn about more sophisticated and larger contributions via split-interest gift planning vehicles such as charitable gift annuities, charitable remainder trusts, and charitable lead trusts.

In summary, where gifts of securities can help donors give more and give more efficiently, they also offer an important stepping-stone in helping them explore and fulfill their philanthropic potential.

More Information

- Articles and case studies posted by the Planned Giving Design Center, www.pgdc.com
- AssetStream, LLC on-line stock gift calculator, <https://sample.giftprocessingcenter.org/calculator/calculator>
- How useful did you find this article? Click here to let us know: [feedback](#)

*Used by permission: Marc Hoffman, September 2008
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Marc Hoffman is a co-founder and editor-in-chief of the Planned Giving Design Center and a principal in AssetStream, LLC. He has been a platform speaker at National Committee on Planned Giving (NCPG) and Association of Fundraising Professionals (AFP) national conferences; is a founding board member and past president of the Orange County and Inland Empire Planned Giving Roundtables; and is a founding and current faculty member of the American Institute for Philanthropic Studies' Certified Specialist in Planned Giving program at California State University Long Beach.

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- ADD/behavioral problems
- Endocrine disorders (diabetes, impotence, hypothyroidism)
- Obesity
- Chronic fatigue
- Chronic severe GERD

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- Are tired/sleepy all the time
- Experience multiple awakenings at night
- Snore frequently

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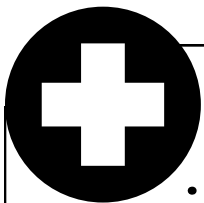
John Patrick Donohue, MD
1930 - 2008

John Patrick Donohue, MD, age 77, Melbourne Beach, Florida, passed away on September 4, 2008, in Sault Ste. Marie, Michigan.

Dr. Donohue was born Christmas Day, 1930, in Pelham, New York. Dr. Donohue received an A.B. in Greek Honors cum laude from the College of the Holy Cross in 1954 and his medical degree from Cornell University Medical College in 1958. He completed initial surgical training at the New York Hospital from 1960 to 1961. From 1960 until 1962, Dr. Donohue was Ship's Surgeon, US Navy, Aircraft Carrier USS Wasp. He received urologic training as a resident at Massachusetts General Hospital, Harvard University, under Dr. Wyland Ledbetter. Following residency, Dr. Donohue joined the faculty of Indiana University School of Medicine in 1965.

Dr. Donohue became a full professor in 1970 and Chairman of the Department of Urology in 1971, a position he held with distinction until his retirement in 1998. In 1989, Indiana University named him Distinguished Professor. The Donohue Lectureship, an annual program at the IU School of Medicine, was created after his retirement, followed by the Donohue Visiting Professorship in 2000. Colleagues, students and grateful patients created a philanthropically funded endowment in 2004 to establish the John P. Donohue Chair in Urology honoring Dr. Donohue's commitment to scholarship and patient care. As chair of the Department of Urology, Dr. Donohue was an inspiration for countless medical students, residents, and fellows. His love of teaching, intellectual clarity, honesty and capabilities as a busy surgeon were infectious. Dr. Donohue's leadership in education and clinical care was recognized throughout his career at the national and international levels. He is best known for the contributions he has made to the treatment of testicular carcinoma, notably his surgical technique for retroperitoneal lymph node dissection. With modifications pioneered at Indiana University, his technique continues to be the standard. Under Dr. Donohue's leadership, the clinical research expertise he developed in the treatment of testicular, bladder, kidney and prostate cancers became the cornerstone for the creation of the Indiana University Cancer Center in 1992. Dr. Donohue's accomplishments as a clinician, academician, and educator in urology earned him many awards. Among his most honored were multiple outstanding teaching awards voted upon by medical students. Other awards included the Barringer medal of the American Association of Genitourinary Surgeons, the Hugh Hampton Young award, the Ramon Guiteras award of the American Urologic Association and the Keyes Medal of the American Association of Genitourinary Surgeons. He was also honored to receive the Sanctae Crucis Award from the College of the Holy Cross for a lifetime of service.

His many professional leadership roles include The Society of Urologic Oncology (President), Société Internationale d'Urologie (President, U.S. Section) and the American Board of Urology (Chairman, Credentials Committee). Dr. Donohue was also a member of the American Society of Nephrology and the Transplantation Society. He authored and co-authored 230 scientific journal articles, 130 academic chapters and published two books during his career at Indiana University.



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CME & Conferences

Continued next page.

Community Hospitals Indianapolis

Community Hospital East

2nd & 4th Chest Conference (Case Presentations)
Wednesdays Room 3436, 7:00 - 8:00 a.m.

Every Tumor Board (Case Presentations)
Tuesday Medical Staff Conf. Room, 12:00 - 1:00 p.m.

First Critical Care Conference
Wednesday Medical Staff Conf. Room, 12:00 - 1:00 p.m.

Second Medical Grand Rounds
Wednesday Medical Staff Conf. Room, 12:00 - 1:00 p.m.

Community Hospital South

Fourth Medical Grand Rounds
Thursday Conf. Rooms A & B, 7:30 - 8:30 a.m.

3rd Tumor Board (Case Presentations)
Wednesday Conference Room A, 7:00 - 8:00 a.m.

Community Hospital North

Second Tumor Board (Case Presentations)
Wednesday Board Room, 12:00 - 1:00 p.m.

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

North Cancer Pavilion

3rd Case Presentations
Wednesday Melanoma Conference, 7:00 - 8:00 a.m.

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

Midwest Ear Institute & CENTA

ENT Update 2008

A seminar on developments in the diagnosis and treatment of otolaryngologic disorders

Saturday, October 25, 2008
7:30 a.m. to 1:30 p.m.
The Marten House Hotel & Lilly Conference Center
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Presented by Midwest Ear Institute, P.C. and the Center for Ears, Nose, Throat and Allergy, P.C. Sponsored by St. Vincent Hospital and Health Services. 5.0 CME Credit. Contact: Jan Babcock, Midwest Ear Institute 317-842-4901 or jbabcock@midwestear.com.

The Care Group, LLC

Visit www.cardiofoundation.org for program details and to register online. For more information, contact Suzanne Brown, (317) 338-6089.

Friday, October 3, 2008
Arrhythmia and Heart Failure Symposium
The Renaissance, Carmel, Indiana

Friday, December 5, 2008
Update in Cardiology and Richter Lecture
The Renaissance, Carmel, Indiana

Josephson-Wallack-Munshower Neurology

Saturday, October 4, 2008
"Neurology Connection 2008" Seminar for Physicians

This half-day course covers 9 topics relative to neurologic conditions and interventional pain management. For more information contact Josephson-Wallack-Munshower Neurology, 317-308-2828 ext. 1604.

Please submit CME & Conferences information to ims@imsonline.org by the first of the month preceding publication.

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Oct. 1 Bloomington, Indiana
Oct. 9 Richmond, Indiana
Oct. 15 Terre Haute, Indiana
Oct. 23 Evansville, Indiana

Oct. 8 Advances in Nursing Home Dementia Care
Valle Vista Conference Center, Greenwood, Indiana

Oct. 10 7th Annual Meeting of the Indiana Neurological Society
Indianapolis Marriott Downtown, Indianapolis

Oct. 18 Radiation Oncology Academy of Indiana Meeting
University Place Conference Center, Indianapolis

Oct. 22-23 Introduction to Practical Medical Informatics
Health Information & Translational Services Building
Indianapolis, Indiana

Oct. 29 2008 Pediatric Pulmonary Update Conference
Ritz Charles Banquet Facility, Carmel, Indiana

Nov. 1 Implementing an Effective Dementia Screening,
Diagnosis and Management
Crystal at the Riverwalk Banquet Center
Indianapolis, Indiana

Nov. 5 Update on Pediatric Endocrinology
Ruth Lilly Learning Center, Indianapolis, Indiana

Nov. 7-8 16th Annual Trauma/Surgical Critical Care Symposium
University Place Conference Center, Indianapolis

Nov. 14-15 5th Annual Symposium in Women's Health for
Primary Care Providers
University Place Conference Center, Indianapolis

Nov. 14-15 American College of Physicians Indiana Chapter
Annual Scientific Meeting
Adam's Mark Hotel, Indianapolis, Indiana

Nov. 15 Colonoscopy and Endoscopy Symposium
University Place Conference Center, Indianapolis

Course dates and locations are subject to change. For more information, please visit <http://cme.medicine.iu.edu> or call 317-274-8353.

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Monona Terrace Community and Convention Center
Madison, Wisconsin

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St. Vincent Hospital & Health Services

- Oct. 3 Arrhythmia & Heart Failure Symposium
Credit: 5.0 Contact: Suzanne Brown, 338-6089
Renaissance Hotel
Carmel, Indiana
- Oct. 4 Neurology Connection
Credit: 4.75 Contact: Debbie Lewis, 308-2828 Ext. 1604
The Marten House, Indianapolis, Indiana
- Oct. 7 Pediatric Grand Rounds
Credit: 1.0 Contact: Patty Thatcher, 338-8861
Schaefer Rooms A&B
St. Vincent Hospital, Indianapolis, Indiana
- Oct. 10 Pediatric Surgery Grand Rounds
Credit: 1.0 Contact: Dr. Bensard, 338-8875
Pediatric Surgery Conference Room
St. Vincent Children's Hospital, Indianapolis, Indiana
- Oct. 14 Neonatology Grand Rounds
Credit: 1.0 Contact: Dr. Menon, 415-7921
Classrooms A&B
St. Vincent Women's Hospital, Indianapolis, Indiana
- Oct. 14&15 DSEK Advanced Cornea Course
Credit: 14.0 Contact: Wendy Mickler, 814-2823
Price Vision Group
9002 N. Meridian #100, Indianapolis, Indiana
- Oct. 21 General Surgery CME Meeting
Credit: 1.0 Contact: Donna Carl, 338-6711
Schaefer Rooms C&D
St. Vincent Hospital, Indianapolis, Indiana
- Oct. 22 Perinatology Grand Rounds
Credit: 1.0 Contact: Dr. Menon, 338-3550
Classroom B
St. Vincent Women's Hospital, Indianapolis, Indiana
- Oct. 25 ENT Update
Credit: 5.0 Contact: Jan Babcock, 842-4901
The Marten House, Indianapolis, Indiana
- Oct. 26-28 Physician Leadership Series
Credit: 18.0 Contact: Linda Shambaugh, 583-3247
Westin Hotel
Cincinnati, Ohio

Josephson-Wallack-Munshower Neurology

Saturday, October 4, 2008
"Neurology Connection 2008" Seminar for Physicians

This half-day course covers 9 topics relative to neurologic conditions and interventional pain management. For more information contact Josephson-Wallack-Munshower Neurology, 317-308-2828 ext. 1604.

The Indianapolis Medical Society

October

- 3** Inaugural Dr. John P. McGoff,
Columbia Club, 6:30 PM
- 7 IMS Board, Society, 6:00 PM,
Social; 6:30 PM, Dnr/Mtg.
- 21 Executive Committee, Society, 6:00 PM,
- 22** SoundBites, 7:30 AM, Society, NBI presenting

November

- 4 IMS Advisory Breakfast, 7:30 am
ISMA BOT, 9:00 AM, state headquarters
- 8-11 AMA Interim, Marriott Orlando World Center, Florida
- 18 Executive Committee, Society, 6:00 PM

December

- 2 IMS Board, Society, 6:00 PM; 6:30 PM, Dnr/Mtg.
- 3** Senior/Inactive Luncheon Meeting, Noon,
Society, Speaker TBD

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Guidelines for physicians for counseling patients about prescription medications in the ambulatory setting

Preamble

Prescription medications are among the most useful and cost-effective treatment options available in the health care system. Care often may be improved when physicians provide useful counseling and information about prescription medications to their patients.

The following guidelines were prepared to help physicians provide useful oral counseling and, when appropriate, written information about prescription medications that are prescribed for their patients in the ambulatory setting. These guidelines are intended to provide suggestions to physicians on the content of information that will likely be most useful to patients who are using prescription medications.

These guidelines are not substitutes for the best professional judgment of physicians in providing high quality care to their patients, and they should not be construed as standards of medical practice. Physicians are encouraged to customize prescription medication counseling and information to best meet the needs of individual patients.

Guidelines for physicians for counseling patients¹ about prescription medications in the ambulatory setting²

1. Medication record. As part of the medical record, the physician should attempt to maintain and update, as necessary, a record (chart) of all medications (prescription and nonprescription) that the patient is taking currently. *The IMS encourages you to order and use the IMS Medi-File Cards (a free members' benefit) for your patients. Please call the Society at 639-3406 to order.*

2. Treatment plan. Decisions regarding the use of prescription medications are best accomplished out of a collaboration between the physician and the patient. This requires that the patient be

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City/State_____	Emergency Contact_____	Phone ()_____	
Insurance_____	Your Medication #_____	Your Primary/Fam.Phys._____	
Physician Address/Phone_____			
Rx Medication	Dosage	Prescribing Doctor	Date

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benefits and appropriate alternatives of all medications that may be prescribed, prior to deciding on a treatment plan.

¹ The term patient, i.e., the person for whom the medication was prescribed and dispensed, is used throughout these guidelines. However, for some patients, other individuals (e.g., parents, guardians, caregivers) may also receive the counseling and information.

² These guidelines are not substitutes for the best professional judgment of physicians in providing high quality care to their patients, and they should not be construed as standards of medical practice.

3. Oral counseling. Physicians should counsel patients on their medications, emphasizing what is medically significant. Such information may include:

- The name of the medication and what it is supposed to do.
- How and when to take the medication and for how long.
- Appropriate foods, drinks, other prescription or nonprescription medications, dietary supplements, or activities that the patient should avoid while taking this medication.
- The relevant side effects that should be reported to the physician if they occur.
- If applicable, whether anything is unusual about the use of the medication being prescribed (e.g., for an off-label indication;

Continued on page 44.

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Bulletin Board *(Continued from page 11.)*

head and neck cancers and is a member of the multidisciplinary team at St. Francis.

Michael E. Landis, MD, vascular surgeon, is among the first physicians in Indiana to use the ClosureFAST device, providing a fast and virtually painless alternative to vein stripping and laser catheters. The treatment uses radio frequency energy to heat and close diseased leg veins.

Jonathan A. Mandelbaum, MD, surgical co-director of the weight loss center, announced surgeons at St. Francis are using a new incisionless procedure, StomaphyX™. The procedure uses a tube passed through the mouth and no surgical incisions. During the procedure, approximately 12-20 H-shaped, staple-like fasteners are placed strategically in the stomach to create pleats in the tissue and to reduce the size of the stomach's pouch. This is currently the only endoscopic or non-surgical way to reduce the size of the stomach after gastric bypass surgery.

Marc W. Gerdisch, MD, cardiothoracic surgeon, presented an "Ask the Doc" program in September. His program explained why it is important to understand how heart valves cause murmurs and when it is time to seek treatment. Dr. Gerdisch is the director of Cardiothoracic Surgery.

News from OrthoIndy ...

Joseph I. Riina, MD, presented, "International Cervical Spine Trauma: Descriptive Epidemiology" at the American Association of Neurological Surgeons in Chicago, April 26 to May 1, 2008.

David A. Fisher, MD, presented, "Metal on Metal Total Hip Arthroplasty" at the IOS Annual meeting in Indianapolis on April 18, 2008; "OrthoIndy-Indianapolis (60+) single group model" at the COA Annual meeting-Strategies for Dealing

with the Changing Health Care Market in Newport Beach, California on May 17, 2008; "Optimized Sub-Vastus Surgical Tech. Demonstration-Moderator" at the Instrumentation and Surgical Technique Considerations in Contemporary Total Knee Arthroplasty in Baltimore on June 13, 2008.

Timothy G. Weber, MD, published, "Quantitative assessment of growth factors in reaming aspirate, iliac crest, and platelet preparation" in *BONE* and "An Alternative source of Autograft Bone for Spinal Fusion: The Femur: Technical Case Report" in *SPINE*. Dr. Weber also presented, "Management of Diaphyseal Defects Using Induced Membranes" at the AO North America Course "Advanced Symposium: Solutions Course for Fracture Fixation Problems" in San Francisco, California on April 11, 2008 and "Femoral Neck Fractures – Acute Management" at the AO North America Course "Advanced Symposium: Solutions Course for Fracture Fixation Problems" in San Francisco, California on April 12, 2008.

David S. Brokaw, MD, presented, "Orthopaedic Trauma Telemedicine: Fixing More Than Broken Bones" at the 11th Annual Indiana Rural Health Conference, Members of the Indiana Rural Health Association at the French Lick Resort Casino in French Lick, Indiana in June 2008.

Please submit items for the Bulletin Board by the first of the month preceding publication. Email ims@imsonline.org or mhadley@imsonline.org. Information is published on a space available basis.

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Guidelines for physicians

(Continued from page 36)

prescribing larger than the usual dose).

- Whether the prescription can be refilled and how often.
- What written information the patient can take with them (if available) or instructions to obtain written information from their pharmacist.

After counseling the patient, the physician should encourage the patient to ask questions and should ask the patient whether he or she has any concerns about obtaining the medication or about using it in the way it was prescribed.

4. Written information. It may be helpful for physicians to provide patients with written information about their medications. This information should include the elements outlined.

5. Follow-up. During subsequent office visits, the physician should question the patient about compliance and any beneficial or adverse effects of the medication.

Elements of written information

- Name of the medication
- Use of the medication
- Patient instructions before using the medication
- Instructions for proper use of the medication
- Precautions while using the medication
- Side effects of the medication that are serious or occur frequently

It is important that written information be scientifically accurate and nonpromotional for a particular product. It should provide sufficient information so the patient can use the medication properly, be legible, and written in understandable language.

¹ The term *patient*, i.e., the person for whom the medication was prescribed and dispensed, is used throughout these guidelines. However, for some patients, other individuals (e.g., parents, guardians, caregivers) may also receive the counseling and information.

² These guidelines are not substitutes for the best professional judgment of physicians in providing high quality care to their patients, and they should not be construed as standards of medical practice.

These guidelines appear on the website of the National Council on Patient Information and Education (NCPPIE), www.talkaboutrx.org, 4915 Saint Elmo Ave., Suite 505, Bethesda, MD 20814-6082. 301-656-8565. The guidelines were developed and approved by the American Medical Association Board of Trustees. To receive a free download of the brochure visit http://www.talkaboutrx.org/educational_resources.jsp?sOffset=5&rtype=resources%.

October is "Talk About Prescriptions" Month, National Council on Patient Information and Education.

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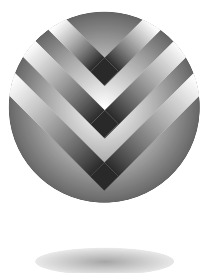
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