



Physician, Leader, Colonel, Public Advocate



John P. McGoff, MD

IMS President
2008 - 2009

Inaugural Reception
October 3, 2008
Columbia Club
RSVP Inside

Indianapolis Medical Society
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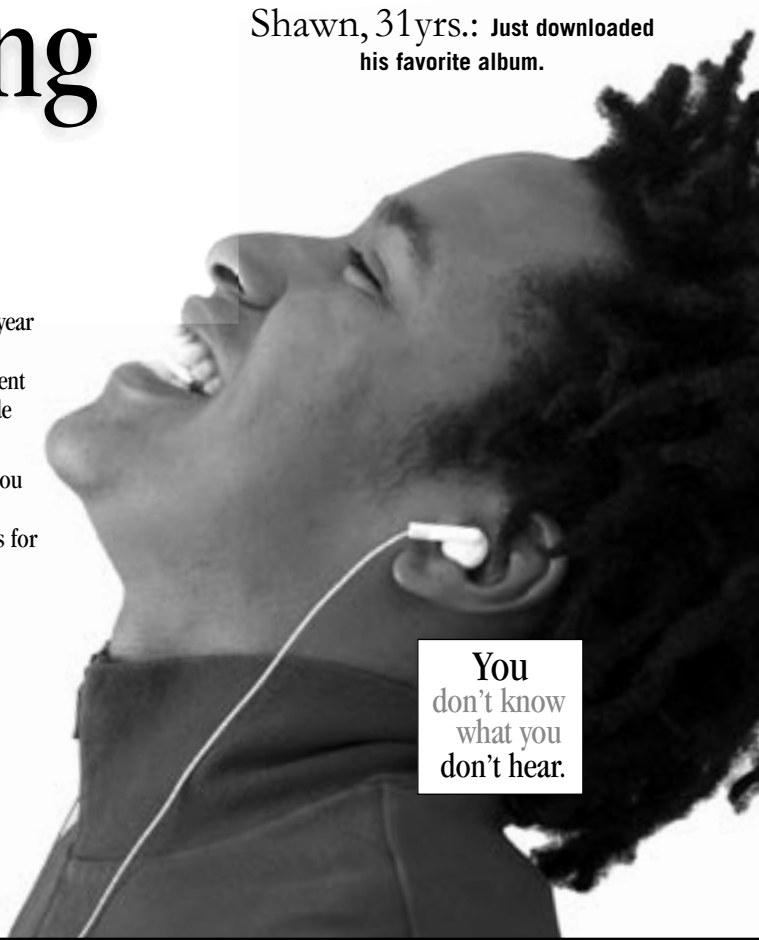


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ATTENTION SOCIETY MEMBERS

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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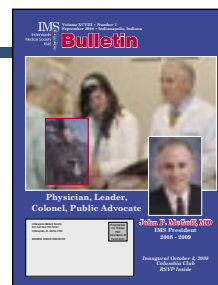
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about our cover



“John P. McGoff, MD”

IMS President 2008-2009

Physician, Leader, Colonel, Public Advocate

Please join Dr. McGoff and the IMS Leadership celebrating Dr. McGoff's Inaugural October 3, 2008. Dr. McGoff and patient photograph courtesy of John Sponsel.



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President's Page *Heidi M. Dunniway, MD*

"The mission of the Indianapolis Medical Society is to promote professional growth, advocacy for all physicians, and quality health care for the community!"

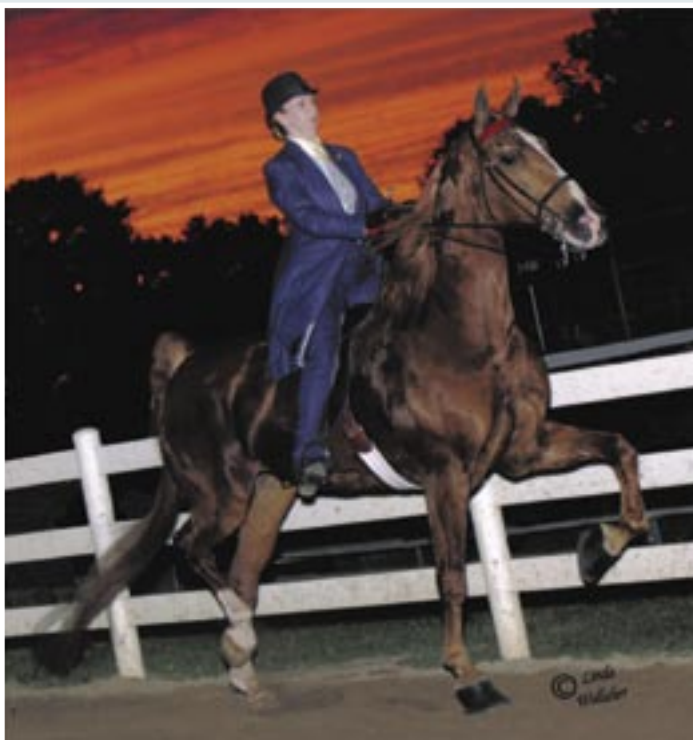
Just Horsing Around

As many of you know, next to medicine, horses are one of my great passions. As a young girl, I went to sleep dreaming of ponies, and although I did not begin riding until a few years ago, the bug bit me hard and I was soon addicted. Recently, I was reflecting on the similarities between practicing medicine and equestrian pursuits. As I write my final president's page, I thought I would share some of the parallels.

In both medicine and horseback riding, dedication and determination are paramount. I always tell young people considering a career in medicine that they must be fully committed to the profession and willing to make sacrifices to achieve that goal. Riding, particularly for showing or competition, is similar in that the rider must always be working to polish her skills and reach the next level in her performance. In addition, both medicine and riding require the mind to be fully engaged in order to achieve optimum results; without a level of concentration, either pursuit will be a failure.

Along with the hard work and determination comes a partnership. As riders, we try to partner, and we talk about "getting with" our horses. They all have personalities and their quirks, and not all horse-rider combinations work. Our relationships with patients, colleagues and staff are very similar. In order for the team to be successful, we must forge those relationships and work together for our common goals. As with riding, though, some partnerships are much more difficult to achieve, which again calls into play our dedication and persistence.

Willingness to continually learn and to adapt to change is critical to success both in medicine and in the show ring. We can never allow ourselves to stagnate or



Photograph by Linda Wollaber

stop seeking knowledge, and sometimes we learn from the most unexpected situations or individuals. Adaptability and versatility permit us to respond to the twists that are thrown our way, whether it is the difficult diagnosis or the tree stump our horse is convinced wants to eat him. These challenges also call us to be a calming influence. Whether it is the patient with the new cancer diagnosis or the scared foal, patience and calm are powerful tools.

Caring for our own bodies and minds is something that many physicians neglect but is crucial to our success. Most equestrians learn quickly that they cannot be successful, let alone have any longevity in their sport, without maintaining a certain level of fitness. Unfortunately, we as physicians do not seem to have figured this out, despite the fact that our profession has, on average, a shorter than average lifespan and a higher suicide rate than the general population. Excessive demands on our time seem to be the main culprits in our often less than healthy lifestyles, and we typically feel there is just not enough time to maintain our own fitness. I would ask, though, how can we care for our patients if we do not care for ourselves?

Finally, both medicine and riding have their challenges, and there will be days when we wonder if it is worth all the hassle. In the end, however, it comes down to the fact that in both medicine and horses, once you can get past the manure, the rewards are unimaginable. Thank you for the privilege of allowing me to spend the past year as your IMS President. Thank you also to the other IMS leaders and staff for all of your hard work on behalf of the Society. Our Indianapolis Medical Society is truly in good hands as I ride off (at least a little way) into the sunset.



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

"I don't know what your destiny will be, but one thing I know: the only ones among you who will be really happy are those who will have sought and found how to serve." - Albert Schweitzer, MD

If we take a moment to reflect on when we first decided to become a physician, I can guarantee that you envisioned yourself helping others, doing something kind and noble, perhaps even curing cancer. Now depending on where you are in your practice life, you may have forgotten those early yearnings and now have many different emotions. If you are in the waning days of your career those emotions may be frustration with payers and excess paperwork/bureaucracy. If you are just hitting the third year of medical school, it is the incredible excitement of delivering your first baby. Or, perhaps you find yourself somewhere in between: still enjoying the practice of medicine, but somewhat frustrated by all the extraneous obligations. This next year as your incoming IMS President, I would like to begin the dialogue as to how to make the Medical Society relevant and meet the needs of all of our members.

The Indianapolis Medical Society dates back to 1848. The Society was established to provide a platform for scientific discussion and collegial fellowship. Often in 2008, organized medicine has been marginalized, because of the increased importance of individual specialty societies. What do I, as an emergency physician, have in common with a general surgeon or a pediatrician? Are my needs the same as theirs? Certainly, I care as much as they do about quality, patient outcomes, research and compassion. It almost inevitably boils down to issues surrounding reimbursement that divides physicians. I know that my specialty society is making sure that I get my "piece of the health care pie." However, if I get more, doesn't one of my colleagues have to get less?

How is it that physicians have ended up in this predicament? Isn't it incredible that just last month, we were staring down the barrel at a 10.6% decrease in Medicare reimbursement and then we're overjoyed, when we get a minimal bump, instead of a cut? This has happened year after year, since the introduction of the flawed SGR formula and will continue until a permanent fix is enacted. No other profession is as regulated and controlled with so little recourse. A cardiac surgeon may be the master of the universe in the OR, but when it comes to his billings, he is at the complete mercy of someone else. It is this helplessness that all providers are finding increasingly disheartening.

This leads me to discuss 'advocacy.' Almost always when I read about medical society's advocacy programs, it is with regard to some legislative initiative. While this may be true, we need to remember Dr. Schweitzer's quote. We were called to serve and to heal. We must first and foremost ensure that our patients are not shortchanged. The once revered patient-doctor relationship is frayed. It will be my goal to ensure the IMS is a recognized voice first and most importantly for our patients and then for

physicians. We will work hand-in-hand with the ISMA to 'advocate' at the General Assembly.

One of the IMS initiatives I am most proud of is Project Health. This IMS Foundation program has expanded healthcare to low income, uninsured residents of Marion County. To date, IMS physicians have donated more than \$10 million in services. Emergency department visits have been reduced by a whopping 98%! This concept of a true medical home for the indigent has been realized and these patients are profoundly grateful. It is my objective during the next year to work closely with city leaders to ensure long-term stable funding for this program.

The Medical Society Exchange is another one of the long-standing benefits for our membership and has always been the "doctor's answering service," which is owned and operated by the IMS. It is exclusively for medical practices and allows your patients to hear a voice at the other end and not some computerized message: "if ... press one." Members receive an exclusive discount for this service.

We have recently completed the IMS Conference Center at our headquarters building and it has undergone extensive renovation. The Center was built with our members in mind to be utilized for professional meetings and other medium-sized group gatherings.

This month we will be unveiling our renovated website (www.imsonline.org). The goal is to have a virtual Society, which will ensure timely communication for all members. If we are to be effective in our efforts to be heard, we must be ready to react quickly to the many developing issues. Currently, less than half of our membership can be contacted electronically. It is my desire to have 100% of our physicians online by year's end. If my 80 year-old mother can use a computer and retrieve emails, then so should our members. Communication will be timely and limited to important issues for our Society.

This coming year will bring some fiscal challenges to the IMS. Members have asked the question, "What do I get for my dues?" We will need to pay close attention to the bottom line and look at some items that have been perpetual money losers. While everyone enjoys the Roster, it has lost thousands of dollars for years. Is it still a value-added item for our members?

Therefore, this is my request to you for this next year: help me re-energize the Indianapolis Medical Society, who now number 2,100 members strong. Being a physician is still the very best career one can have and every day we make a difference in tens of thousands of peoples' lives here in Central Indiana, whether you are resuscitating a major trauma case, immunizing a young infant, screening a depressed individual for mental health issues, whatever your day brings, you are making an important difference in someone's life. So, stay tuned for events that will return us to our original core principles of scientific excellence and collegial fellowship. I look forward to the year ahead.

IMS



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Bulletin Board

Robert J. Havlik, MD, Professor of Surgery at Indiana University and Chief of Plastic Surgery at Riley Hospital for Children, has been elected to President of the American Society of Craniofacial Surgery.

Edward J. Kowlowitz, MD, owner and medical director of the Center for Pain Management, was recently elected president of the Indiana Society of Interventional Pain Physicians (ISIPP). Dr. Kowlowitz will lead the state chapter of the American Society of Interventional Pain Physicians (ASIPP) in promoting the development and practice of safe, high quality and cost-effective interventional pain management techniques for the diagnosis and treatment of pain and related disorders.

Donald L. Cline, MD, spoke to the National Network of Adoption Advocacy Programs (NNAAP) in July 2008 at their national meeting in Richmond, Virginia. His topic was "Frozen Embryo Adoption."

Rick C. Sasso, MD, and **Thomas M. Reilly, MD**, both of the Indiana Spine Group, published a paper in the July issue of *Journal of Spinal Disorders and Techniques*, regarding "A Clinical Study Evaluating the Surgical Treatment of High-Grade Isthmic Spondylolisthesis at L5-S1."

William E. McGraw, MD, NWR Radiologist, recently became re-certified in B reading of chest x-rays. This certification will enable Dr. McGraw to participate in The Asbestos Medical Surveillance Program, which requires 'current' asbestos workers to have plain film chest x-rays, while 'past' asbestos workers may have chest x-rays for medical surveillance. This certification is granted by the National Institute for Occupational Safety and Health (NIOSH), which is part of the Center for Disease Control & Prevention (CDC) within the US Department of Health and Human Services. NIOSH is the United States federal agency responsible for conducting research and recommending prevention of work-related injury and illness.

Christopher J. Conrad, MD, a member of St. Francis Medical Group, has joined Southport Family Practice and Sports Medicine. He completed a residency (2005-2008) with the Family Medicine Residency Program at St. Francis, where he served as chairman of the recruiting committee for the 2006-07 intern class of residents. A graduate of the Indiana University School of Medicine, Conrad was inducted into the Alpha Omega Alpha Honor Medical Society and was the recipient of the Ione C. Davis Scholarship and the Woolf Medical Scholarship.

George W. Hicks, MD, presented a paper, "Intratympanic Corticosteroids in the Treatment of Sudden Sensorineural Hearing Loss," at a meeting at the Royal College of Surgeons in Dublin, Ireland. The meeting was co-sponsored by The Royal Society of Medicine and the American Academy of Otolaryngology Head & Neck Surgery Foundation ENT-UK.

Stephen B. Leapman, MD, presented "Thoughts about Our Professional Team," at the White Coat Ceremony welcoming the Indiana University School of Medicine students from the class of 2012 held August 9, 2008. Dr. Leapman, who has taught at the school for 31 years, also is a professor of surgery, the Delores and John Read Professor of Medical Education, and the Frank C. and Ruby L. Moore and George T. Lukemeyer Professor at the IU School of Medicine.



Donald L. Cline, MD



Christopher J. Conrad, MD



Robert J. Havlik, MD



George W. Hicks, MD



Edward J. Kowlowitz, MD



Stephen B. Leapman, MD



William E. McGraw, MD



Thomas M. Reilly, MD



Rick C. Sasso, MD

Medical Society Staffing Service ... A Response to IMS Members' Needs ...

A recent survey about IMS Members' hiring practices and personnel openings revealed that IMS Members are experiencing difficulty in finding qualified, experienced and motivated team members for their practices.

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- Employee oversight during the first six months of hire to ensure the employee is meeting performance expectations; and,
- Employee training in the areas of: Check-in/out, Billing, Collection, Customer Service, Medical Charting, Marketing, Microsoft Windows, Word, Excel, PowerPoint and Internet Explorer

To learn more about this latest IMS Member Benefit, please contact the IMS Executive Vice President, Beverly Hurt, at your convenience: 639-3406, bhurt@imsonline.org or cell phone 997-0842.



From the president

Nancy H. Nielsen, MD, PhD

Our human side

I spent this past weekend in West Virginia, helping my mother celebrate her 92nd birthday. About 10 hours after I returned home to Buffalo, N.Y., she was found dead in bed. She was a long-time smoker and had been diagnosed with lung cancer six months ago. It appears that the tumor eroded into a vessel, and it was over very quickly.

In the past two months she repeatedly asked me why someone “couldn’t do something.” Of course, I knew what she meant. We had conversations about why neither her doctor nor I could end things for her, but it was a difficult and painful discussion, and not very satisfying to either of us.

It’s not surprising that I’d be doing a lot of thinking under these circumstances, and I’d like to share some of those thoughts. Not about physician-assisted suicide, but about a few other things.

My mother’s doctor is a wonderful family physician who put up with a lot from her over the years, gained her trust and grew to understand just what she would and wouldn’t accept in terms of treatment and advice. She didn’t like pills, she didn’t like going to the doctor, she didn’t like blood tests, she didn’t like waiting ... you get the drift.

Through all of that, he was kind and patient, always trying to help and find the right words that would encourage her to quit smoking. And when the malignancy finally came, he was caring, thoughtful and cautious.

When she developed hemoptysis, he called me to discuss stopping her coumadin. He was invariably kind and collegial, and we talked extensively each time we met.

He knew all about my work with the AMA, even though he wasn’t an AMA member. He thanked me for what our organization was doing on Medicare payments and for our efforts on liability reform, and told me how he and his wife (also a physician) had been socked with a huge “tail” payment for liability coverage several years ago when their previous insurer left the business. He works very hard, has never been sued and just tries to get through each day doing the best he can for patients and keeping his head above water.

There are many docs like that across the country. They work hard, they care about their patients—and they don’t belong to the AMA. I used to think that they were freeloaders, benefiting from the hard work of advocacy that is made possible by members’ dues. But many are simply struggling to get along in an environment that is toxic. Maybe some are not “joiners,” but most, I suspect, are just terribly discouraged and not sure anything will ever change for the better.

I have stopped being angry about those who don’t join. It does matter, of course, and I am hopeful that some very tangible and visible “wins,” such as one we experienced last month regarding Medicare physicians payments, will persuade nonmembers of the AMA’s value.

We are proud to represent physicians in the halls of Congress, to fight against unfair insurance practices and regulatory red tape and to advocate for quality care for our patients. We do so many things that most physicians don’t know about, despite all the communication efforts. But it is a plain and simple fact that “together we are stronger.” Members do matter.

There’s another part of my mother’s story I want to share with you. She broke her hip a year before the lung cancer was diagnosed; a pre-op chest X-ray showed the tumor then but it was missed by the radiologist. Knowing the diagnosis 18 months ago wouldn’t have altered the outcome in her case because she would have refused

Continued on page 34.

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New Law

The following law went into effect July 1, 2008.

IC 25-22.5-5-2.7

Sec. 2.7. (a) The board may issue a provisional license to an applicant who:

- (1) has not practiced medicine or has not maintained continued competency for at least two (2) years immediately preceding the filing of an application for an initial license;
- (2) has applied for reinstatement of a license under IC 25-1-8-6 that has been lapsed for at least three (3) years; or
- (3) has submitted a request, petition, motion, or application to reactivate an inactive license previously issued by the board.

(b) For an applicant to qualify for a provisional license under subsection (a), the board must find the following:

- (1) The applicant's practice is deficient in one (1) or more areas.
- (2) The nature of the applicant's deficiency is such that it does not constitute a violation of the practice act, other than a de minimis violation, as determined by the board.
- (3) The nature of the applicant's identified practice deficiency is such that it may be monitored until resolved to the satisfaction of the board.
- (4) The applicant's practice deficiency did not result in death, serious harm, or other serious outcome for a patient or patients.
- (5) The applicant's practice deficiency did not represent an intentional or willful commission or omission of an act that constitutes a violation of IC 25-1-9-4, IC 25-22.5, or the rules of the board.
- (6) The applicant's practice deficiency did not involve sexual misconduct.

(c) As a condition for an applicant to hold a provisional license, the board may require full-scale assessments, engagement in formal training programs, supervised practice arrangements, formal testing, or other proof of competence.

(d) An applicant under this section shall develop an individualized practice reentry program subject to the approval of the board.

(e) The duration of a provisional license shall be determined by the board and reviewed at least annually by the board.

(f) When an applicant has demonstrated to the board that the applicant has satisfactorily met the terms of the individualized practice reentry program, the applicant shall be released from terms of the

provisional license and is entitled to hold an unlimited license under IC 25-22.5-3-1.

(g) A provisional license is a nonrestricted license, and the issuance of a provisional license issued under this section may not be construed as a disciplinary action taken by the board.

(h) The board may take disciplinary action against an applicant who holds a provisional license if, after a hearing, the board finds any of the following:

- (1) Failure to comply with any term of the provisional license.
- (2) Receipt of evidence from an appointed supervisor or workplace monitor that the holder of the provisional license has failed to make satisfactory progress or successfully complete the requirements of the provisional license.
- (3) Receipt of evidence from an appointed supervisor or workplace monitor that the holder of the provisional license has failed to incorporate learned knowledge and skills into the holder's practice or has continued to demonstrate the same practice deficiency that led to the issuance of the provisional license.
- (4) A violation of IC 25-1-9.

(i) The holder of a provisional license may petition the board for modification, withdrawal, or retirement of the provisional license.
As added by P.L. 105-2008, SEC.41.


Upcoming meeting dates:

September 25, 2008

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. 

The Indianapolis Medical Society was saddened by the passing on July 9, 2008 of Keshav Aggarwal, MD, member and past president of the Medical Licensing Board of Indiana.

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15479 HIDDEN OAKS • \$1,524,900

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10609 WALNUT CREEK • \$869,900

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5215 GREEN BRAES EAST DR. • \$999,900

Beautifully updated home on gorgeous, 2.3-acre waterfront setting on Eagle Creek. Loads of charm w/hdwd flrs, plantation shutters, glass French doors, remodeled kit w/granite & stainless, updated bathrooms, spectacular view! (2845231)

IMS Election Results 2008-2009

Results of 2008 BALLOT – July 15, 2008

IMS President-Elect

John C. Ellis, MD

IMS Secretary/Treasurer

Jeffrey J. Kellams, MD

Re-Elected IMS Directors:

1. Christopher D. Bojrab, MD
2. Marc E. Duerden, MD
3. Bernard J. Emkes, MD
4. Paula A. Hall, MD
5. Gerald T. Keener, Jr., MD
6. John E. Krol, MD
7. Gregory N. Larkin, MD
8. Susan K. Maisel, MD
9. John F. Schaefer, Jr., MD

NEW IMS Directors:

1. **David R. Diaz, MD**
2. **Bruce M. Goens, MD**

2008 Delegates

1. Mary D. Bush, MD
2. G. Gregory Clark, MD
3. Carolyn Cunningham, MD
4. **David R. Diaz, MD NEW**
5. Jonathan A. Fisch, MD
6. Richard K. Freeman, MD
7. **Bruce M. Goens, MD NEW**
8. **Hubner Hobbs, MD NEW**
9. Robert M. Hurwitz, MD
10. Paul D. Isenberg, MD
11. Marc R. Kappelman, MD
12. Alan P. Ladd, MD
13. Daniel E. Lehman, MD
14. Mary Ian McAteer, MD
15. **Clement J. McDonald III, MD NEW**
16. James D. Miner, MD
17. **Maria C. Poor, MD NEW**
18. Richard H. Rhodes, MD

2008 Alternate Delegates

1. Christopher B. Doehring, MD
2. Thomas G. Ferry, MD
3. Ann Marie Hake, MD
4. Robert E. Holt, MD
5. Douglas J. Horton, MD
6. **Allison E. Julian, MD NEW**
7. E. Michael Keating, MD
8. **Anthony W. Mimms, MD NEW**
9. Ramana S. Moorthy, MD
10. **Michelle W. Murphy, MD NEW**
11. Mercy O. Obeime, MD
12. Rudolph Y. Rouhana, MD
13. Lynda A. Smirz, MD

The IMS congratulates and thanks these members for their service.



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George Hurst Rodman, Jr., MD
1944 - 2008

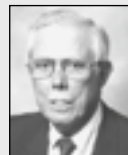
George Hurst Rodman, Jr., MD, 63, Indianapolis passed away on Sunday, July 13, 2008. Dr. Rodman was born in Greenville, Kentucky, August 11, 1944. Dr. Rodman graduated from the University of Kentucky Medical School, served his internship and residency at the University of Miami, and affiliated Hospitals in Miami, Florida.

Dr. Rodman served as Lieutenant Commander in the U.S. Naval Reserve Medical Corps at National Naval Medical Center, Bethesda, Maryland. He practiced in Miami, Florida and Phoenix, Arizona before he came to Methodist Hospital in 1983 taking on the role of Director of Trauma Services, while also serving as Clinical Assistant Professor of Surgery at Indiana University School of Medicine.

Dr. Rodman was widely published and made a myriad of presentations during his career, including "Emergency Medical Care at the Indianapolis 500 Mile Race" and at the Congress on Emergency Disaster Medicine, in Diestany, Czechoslovakia.

He twice received the William Sobat resident Teaching award from Indiana University School of Medicine.

Dr. Rodman was a member of the Society for Critical Care Medicine and the American Association for Surgery of Trauma. He served the IMS on the Communications and Technical Task Force. Rodman was a member of the Board of Directors for Methodist Health Foundation, and served on the Development and Grant Review committee. In 2007, the George H. Rodman Fund for Trauma was established by the Foundation with a one million dollar gift.



Robert Flanders, Jr., MD
1926 - 2008

Robert Flanders, Jr., MD, 82, of Englewood, Florida, died in his home surrounded by his family on Sunday, July 20, 2008.

Dr. Flanders served the Indianapolis community as a physician specializing in internal medicine for more than 50 years before retiring to Florida. Born in Manchester, New Hampshire, September 23, 1926, Dr. Flanders attended Fessenden School, West Newton, Massachusetts; St. Paul's School, Concord, New Hampshire; Dartmouth College, Hanover, New Hampshire and Harvard Medical School, Cambridge, Massachusetts. Amazingly, he completed medical school in 1949 at just 23 years of age. He then completed two years of residency at St. Luke's Hospital, New York City and served two years with the U.S. Navy as a Medical Officer.

Dr. Flanders received a Certificate of Distinction for 50 years in the practice of medicine from the Indiana State Medical Association on March 1, 1999. Dr. Flanders was a sports fan with a particular love of professional golf and tennis. He was an avid fan of Indiana University Basketball and the Boston Red Sox. He was an airplane pilot and secured his pilot's license at age 17. He is one of the few pilots who flew an aircraft under the Amoskeag Bridge in Manchester, New Hampshire!

IMS

*You are always encouraged to donate to the
IMS Foundation to honor a deceased member,
please call the Society at 639-3406.*

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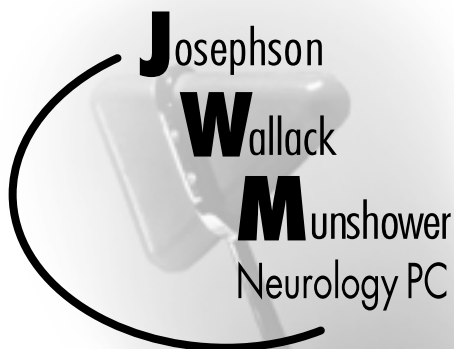
Theresa A. Arvesen, MD

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- Neck pain
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In Summary

GoodSearch Supports IMS Foundation

Want an easy and very inexpensive way to help the IMS Foundation? There is a solution! Use the new Yahoo-powered search engine called **GoodSearch.com**, and on-line shopping mall **GoodShop.com**, to generate donations just by searching the Internet or shopping online. What makes the system so compelling is that it doesn't cost IMS or other users a thing. It's philanthropy on a shoestring!

IMS Members and others are helping their favorite causes by shopping at GoodShop.com where they can choose from more than 700 top online retailers including Target, Apple, Macy's,

Best Buy, Barnes & Noble, and Orbitz among others. The shopping experience and the prices are exactly the same as going to the retailer directly, but by going through GoodShop, up to 30% of the purchase price is donated to your IMS Foundation.

Similarly, with every search conducted on GoodSearch.com, approximately one penny is donated to the IMS Foundation. It's used exactly like any other search engine and the pennies add up quickly – just 500 people searching four times a day will raise around \$7,300 in a year and it doesn't cost the members a thing!

GoodSearch and GoodShop have grown into a massive grass-roots movement online attracting the attention of leaders in the nonprofit industry, students, bloggers, writers, and even celebrities such as Jessica Biel, Montell Williams, and Rob Thomas of Matchbox 20 who have all created videos on behalf of their favorite charities and GoodSearch. Supporters of the ASPCA are shopping on GoodShop and searching on GoodSearch, to date raising more than \$16,000 to help animals in need! A single purchase placed at retailer Giaiam.com resulted in a \$284 donation to the Motion Mania Dance Theater in Maryland! The Cystic Fibrosis Foundation has earned more than \$8,500! An order placed at Adobe Software earned Capri Elementary School in California \$191!

Internet users, please use GoodSearch and GoodShop for all your holiday internet purchases this year. It's good all year 'round. And if www.imsonline.org isn't your home page (and we hope it is), please use GoodSearch and GoodShop for it.

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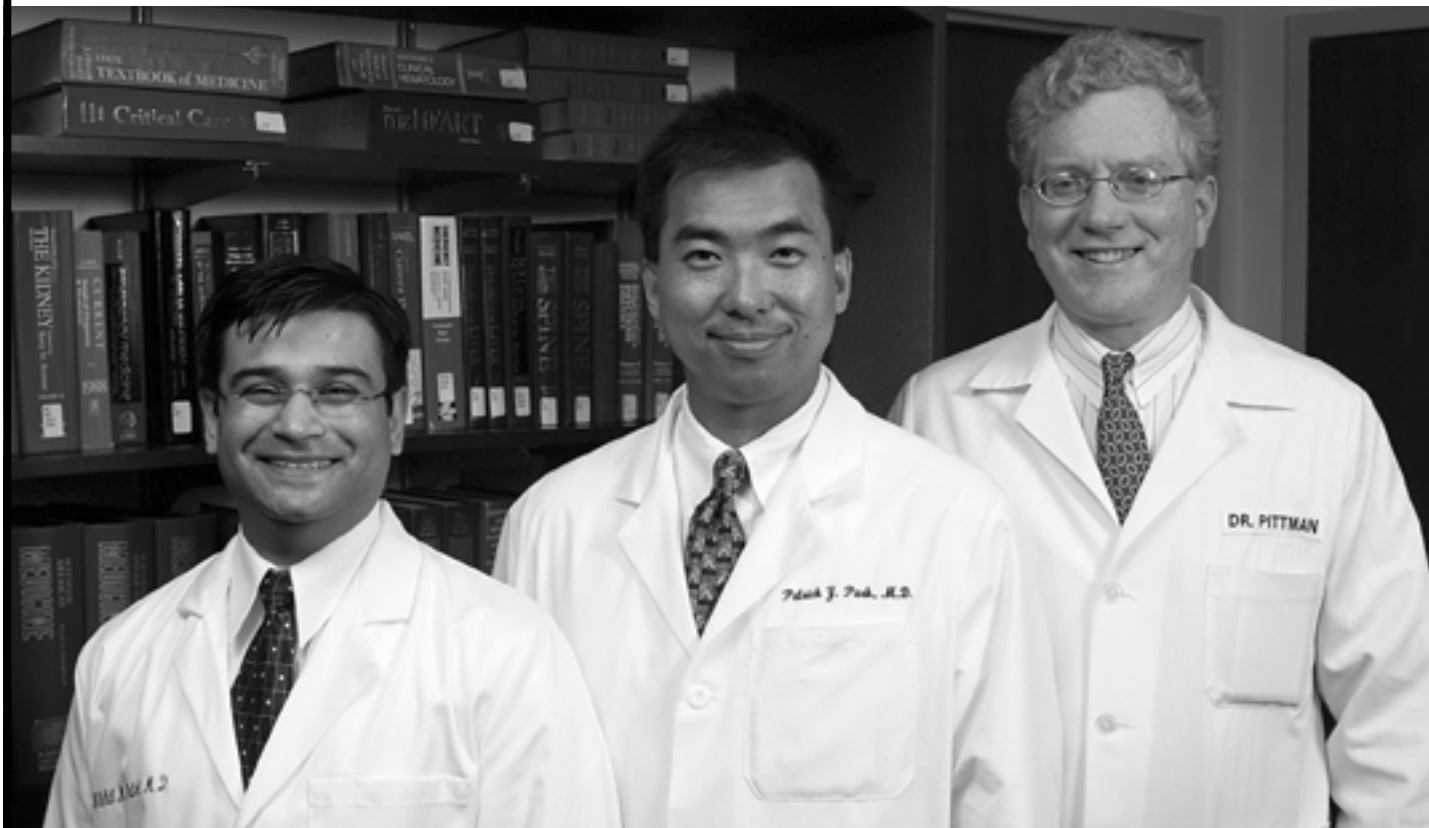
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Case #10

Patient: Male, age 23

Symptoms: Intermittent postsacral pain associated with swelling and drainage for 1 yr. No nausea, vomiting or fever.

Postsacral Exam: Hirsute. Midline sinus pit x 2 with superior granulation tissue. No fluctuation/erythema.

Dx: Pilonidal cyst

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Carrie Jackson Logsdon, Director

*Thank you,
Anthony W. Mimms, MD*



Anthony W. Mimms, MD, Rehabilitation Associates of Indiana, is Project Health's volunteer of the month. Originally from Indianapolis, Dr. Mimms was born at Wishard Hospital and graduated from North Central High School. Dr. Mimms knew he wanted to be a physician in 8th grade from his school's career day when he was able to follow a physician around for the day. Like many of our other volunteers, Dr. Mimms chose Wabash College. He wanted a small college, where he was a student athletic trainer in a whole host of sports, which was when he decided he wanted to be in Physical Medicine and Rehabilitation. Dr. Mimms and his wife married while he was earning his masters degree in medical sciences and his wife was finishing her masters in social work. Dr. Mimms graduated from the IU School of Medicine in 2000 and did his internship and residency at William Beaumont Hospital in Royal Oak, Michigan. Dr. Mimms loved working at Beaumont Hospital but did not like Detroit because, “It was too cold for too long in the year, so we were ready to come back home to Indy,” he said.

Dr. Mimms says he found Rehabilitation Associates and Dr. Duerden at an AAPMR conference through either a poster session or their career table and could not be happier about his choice.

“You know, Project Health patients are more compliant than any others and they always show up on time. They are also so appreciative.”

“I remember one Project Health patient who was referred to us because of severe pain, numbness and tingling in his tongue and face and occasionally arms. His primary care clinic thought there might be some spinal degeneration involved. That was not it. We ended up sending him to JWM Neurology, where more tests were done. Still there was no definitive diagnosis, but something was going on in his brain. He was referred to the Indianapolis Neurosurgical Group, which finally diagnosed him with leukoencephalopathy. You do not see that very much. Those patients really stick in your mind.”

Dr. Mimms said he volunteers because he came from humble beginnings. He remembers trying NOT to have to go to the doctor because it was too expensive. “Even after our house caught fire and the fire department wanted to call ambulances – my parents wouldn't let them because they couldn't afford it. I want to give back and have patients recognize that I have been in their shoes before. It is part of our duty to help people in need and show people that we doctors really do care.”

Dr. Mimms said that two of the best things about Project Health are our medical interpreters “who are so much better than a regular patient who drags along a family member who speaks little English and doesn't know anything about medicine.” And the doctor chooses how many patients he or she thinks they can accommodate in any given year. “Think of what we could do if every doctor in every practice volunteered to see one Project Health patient per year.”

That would make news! And would help Project Health help every patient referred to us, regardless of the problem. Great idea, Dr. Mimms. We sure are glad you came back to Indy!

Thank you for everything you do!

IMS

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me a
second
chance...”



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Why Your Practice Should Never Own Anything! What Mistakes Are You Making?

David B. Mandell, JD, MBA
Jason O'Dell, CWM

As advisors to over 1,000 physicians in 45 states (our main office is in Ohio), and a local attorney with many doctor clients, we see how a lot of doctor clients learn lessons the hard way. The goal of this article is to show you how to avoid one of the most common asset protection mistakes – only focusing on protecting personal assets and ignoring practice assets.

As the owner of a medical practice that may own real estate, equipment and significant accounts receivables, you should also have an important goal to make your practice invulnerable to creditor attacks as well. This makes sense, as you have probably invested countless hours and much of your personal wealth into your practice. Why would you then want to protect only your personal assets, while leaving your practice completely vulnerable? You wouldn't...yet this is what most physicians do.

Think of an incomplete asset protection plan as a medieval city that only has a wall halfway around it. It is basically useless. Just as a raiding group of marauders could walk around to the unwall side of the city, creditors can go after the unprotected assets. By having any unprotected assets, you certainly are not discouraging anyone from suing you.

While advanced protection might include tools like non-

qualified plans and captive insurance companies (beyond the scope of this short article), the first step in transforming your practice into a financial fortress is to remove the practice's most valuable asset from the practice's operating legal entity.

Why don't you want your practice to own its most valuable asset? Because if the operating entity owns the asset, the creditors of the practice can claim it. Your strategy: make your practice entity as poor as possible. Then, lawsuit plaintiffs have little to gain by attacking the practice beyond basic insurance coverage. Then, establish other legal entities to own valuable assets and lease or license these assets to the operating business entity. The following tactics illustrate this strategy.

A. Accounts Receivables Segregation

In this technique, a practice can effectively shield what is most-often the most valuable entity for a medical practice – its accounts receivable (AR). While thousands of practice's attempt to shield their AR through the AR Financing technique noted later, despite all of its inherent tax pitfalls and interest rate and investment risk, relatively few have implemented this tactic here – which has no tax benefit or financial risks whatsoever. It simply involves a "lease back" type tactic with the AR between a limited liability company

Continued on page 36.



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CME & Conferences

Continued next page.

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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
Indianapolis, Indiana

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

Indiana Medical History Museum

September 10, 2008, 4:00
IMHM, 3045 W. Vermont

The John Shaw Billings Medical History Society will meet at the Indiana Medical History Museum on September 10 at 4:00 PM. RJ Metz, MD, who received honorable mention in The Medical Humanities Student Essay Award contest at IUPUI will read his paper, *The Rise and Fall of a Surgical Procedure: The Rotationplasty for PFFD*.

Please call the museum at 317-635-7329 or email education@imhm.org for more information.

Clarian Health Partners

IU – Methodist – Riley

Sept. 18 5th Annual Cancer Update for the Non-Oncologist
Goshen General Hospital
Goshen, Indiana

Sept. 20 Pain Disorders: Why it is Really "All in Your Head"
Hyatt Regency Indianapolis, Indianapolis, Indiana

Sept. 26-27 Experiencing the Nature of Medicine:
An Integrative Care Retreat
Clarian West Medical Center, Avon, Indiana and
Jameson Camp, Indianapolis, Indiana

Oct. 10 7th Annual Meeting of the Indiana Neurological Society
Indianapolis Marriott Downtown, 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 American College of Physicians Indiana Chapter
Annual Scientific Meeting
Adam's Mark Hotel, Indianapolis, Indiana

Dec. 5 6th Annual Christian Sarkine Autism Treatment
Center Conference
Ritz Charles Banquet Facility, Carmel, Indiana

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

The Indiana University School of Medicine is accredited by the AC-CME 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 317-274-4220.

St. Francis Hospital & Health Centers

Beech Grove Campus

Every Thurs. Tumor Board – 7:00 a.m.
For more information, call 317-783-8136.

University of Wisconsin School of Medicine and Public Health

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November 7-8, 2008 Psychiatric Update/Fall 2008
Monona Terrace Community and Convention Center
Madison, Wisconsin

Jointly sponsored by the University of Wisconsin School of Medicine and Public Health and the Madison Institute of Medicine, Inc. For more information, please contact Lynn Tobias at (608) 827-2462 (ltobias@healthtechsys.com) or visit <http://www.miminc.org/cmeconferences.html>.

St. Vincent Hospital & Health Services

- Sept. 9 Intra-Operative Chemotherapy
Credit: 1.0 Contact: Donna Carl, 338-6711
Surgery Conference Room
St. Vincent Hospital, Indianapolis, Indiana
- Sept. 9&23 Thoracic Malignancy Conference
Credit: 1.0 Contact: Amy Vyverberg, 338-2460
Teleconference Room
Oncology Center, Indianapolis, Indiana
- Sept. 10 OB/GYN Grand Rounds
Credit: 1.0 Contact: Robin Nance, 415-7528
Classroom B
St. Vincent Women's Hospital
Indianapolis, Indiana
- Sept. 18 Hematology Conference
Schaefer Rooms A&B
St. Vincent Hospital, Indianapolis, Indiana
- Sept. 23 Obstetrics Morbidity & Mortality
Credit: 1.0 Contact: Robin Nance, 415-7528
Classroom B
St. Vincent Women's Hospital
Indianapolis, Indiana
- Sept. 24 Perinatology Grand Rounds
Credit: 1.0 Contact: Dr. Vijay Menon, 338-3550
Classroom B
St. Vincent Women's Hospital
Indianapolis, Indiana
- Sept. 24 Cardiothoracic Surgery M&M
Credit: 1.0 Contact: Jennifer Irlbeck, 583-7800
Cine Room
St. Vincent Hospital, Indianapolis, Indiana
- Sept. 24 Advances in Pediatrics
Credit: 7.0 Contact: Lorie Miller, 338-5093
Lilly Conference Center
The Marten House
Indianapolis, Indiana
- Sept. 25 A Multidisciplinary Approach to Severe Obesity
Credit: 5.0 Contact: David Creek, 582-8029
Lilly Conference Center
The Marten House
Indianapolis, 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.

Indiana Psychiatric Society

Pain Disorders: Why it is Really "All in Your Head"

Saturday, September 20, 2008, 8:00 a.m. - 1:00 p.m.
Hyatt Regency Downtown, Indianapolis
Register at www.pdallc.com (IPS Fall Symposium)
4.0 CME Category 1 Credits
Early bird registration ends 8/15, event registration ends 9/19

Speakers: Drs. Chris Bojrab (fibromyalgia), Marc Duerden (low back pain), Michael Elmore (irritable bowel syndrome) and Doug Strobel (headache). The conference focuses on current understandings of common psychosomatic illnesses, specifically Fibromyalgia, low back pain, headache and Irritable Bowel syndrome. The physicians will provide current assessment and treatment protocols and be available for Q & A sessions focused on your clinical cases. The conference is appropriate for primary medical providers, nurse practitioners, behavioral health experts, and others hoping to broaden their diagnostic and treatment options for these perplexing clinical conditions. Accredited by the IU School of Medicine.

27th Annual Winter Conference

The Academy of Medicine of Cincinnati
January 24-31, 2009
Paradisus Palma Real, Punta Cana

The Academy of Medicine of Cincinnati and Prestige Travel Inc. are proud to present the 2009 Winter Conference. This year we will be visiting the award winning all-inclusive Paradisus Palma Real located on legendary Bávaro Beach in Punta Cana, Dominican Republic. Paradisus Palma Real Resort combines all-inclusive amenities, world-class facilities and unsurpassed service with the finest in cuisine, all-suites accommodations and endless entertainment opportunities to truly create a new standard of luxury, extravagance, indulgence and fun. Only 20 minutes from the Punta Cana International Airport the Palma Real resort is surrounded by vibrant tropical gardens, lush mangroves and faces one of the most breathtaking white-powder beaches in all of the Caribbean.

From \$2,840 per person double occupancy, CME Seminar Presented by the Academy of Medicine of Cincinnati through joint sponsorship of The Christ Hospital.

Overall Seminar Objective: After completing this educational activity, participants should be able to discuss the latest advancements and developments on a wide range of current medical and medical practice issues concerning many specialties. This activity has been planned and implemented in accordance with the Essential Areas, Elements & Policies of the Ohio State Medical Association through the joint sponsorship of The Christ Hospital and the Academy of Medicine of Cincinnati. The Christ Hospital is accredited by the OSMA to provide continuing medical education for physicians. The Christ Hospital designates this educational activity for a maximum of 18 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Prestige Travel representatives familiar with the resort and the Academy of Medicine Trip are available now to answer all of your questions and take your reservations at 513.793.6586. Or contact Sally Franzen, Academy of Medicine of Cincinnati at 513.421.7010 x 323. For more information on the Paradisus Palma Real visit <http://www.paradisuspalmareal.travel/resort.php>

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Indiana Spine Group Welcomes New Spine Surgeon



Paul E. Kraemer, M.D.

Indiana Spine Group is excited to announce the addition of a new orthopaedic spine surgeon to their team, **Paul E. Kraemer, M.D.**

Dr. Kraemer completed his fellowship in orthopaedic spine surgery, and received advanced clinical experience at Harborview Medical Center / The University of Washington in Seattle. He received his medical degree from the University of Iowa College of Medicine and completed his orthopaedic residency at the University of Wisconsin. Dr. Kraemer specializes in all aspects of spine surgery, including cervical, thoracic and lumbar. His medical interests include adult spinal deformity and orthopaedic spinal trauma.

Dr. Kramer will be seeing patients at our office located at 8040 Clearvista Parkway, Suite 440.

For more information, or to schedule a patient consultation, please call (317) 228-7000.

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Kevin E. Macadaeg, M.D. | Jonathan P. Gentile, M.D. | John W. Arbuckle, M.D.

Spine Surgery

Rick C. Sasso, M.D. | Kenneth L. Renkens, M.D.

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IMS Sound Bites

IMS Sound Bites' first presentation on July 31, 2008 was well-received. David Cassis, cassis design, sponsor of the IMS Sound Bites series, presented "Maximizing Your Marketing Dollar" to the group of physicians and practice leaders gathered in the IMS Conference Center.

IMS Sound Bites ... This is a series of timely, informative meetings ... with food ... designed to provide IMS Members (non-Members will pay an increased fee) and their support staff with up-to-date information for use in their practice and professional lives. Watch for announcements of upcoming **IMS Sound Bites**.



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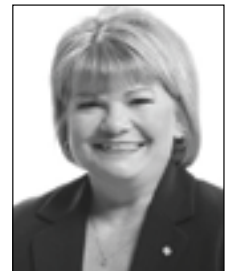
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Delegates to the State Convention, September 19-20, 2008, Hyatt Regency Indianapolis

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

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Charles E. James (2008)
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Valerie A. Ball (2009)
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John C. Ellis (2009)
Robert S. Flint (2009)
Kristi K. George (2009)
Douglass S. Hale (2009)
C. William Hanke (2009)
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Ted W. Grisell (2010)
Bradford R. Hale (2010)
David C. Hall (2010)
Ronda A. Hamaker (2010)
James F. Leland (2010)
Frank P. Lloyd (2010)
Susan K. Maisel (2010)
John P. McGoff (2010)
Thomas E. McSoley (2010)
John J. Wernert (2010)

Alternate Delegates to the State Convention, September 19-20, 2008, Hyatt Regency Indianapolis

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

Susan C. Dieterich (2008)
Christopher B. Doehring (2008)
Richard K. Freeman (2008)
Ann Marie Hake (2008)
Robert E. Holt (2008)
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James G. Leatherman (2008)
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Mercy O. Obeime (2008)
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John H. Ditslear, III (2009)
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Leanne M. Fortner (2009)
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Charlene E. Graves (2009)
Paul K. Haynes (2009)
Randy A. Hock (2009)
Terry L. Layman (2009)
Robert Michael Pearce (2009)
David M. Ratzman (2009)
Jeffrey M. Rothenberg (2009)
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Steven Richard Smith (2009)
H. Jeffery Whitaker (2009)

F. Keith Bean (2010)
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Woodrow A. Corey (2010)
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Mark M. Hamilton (2010)
Timothy L. Hobbs (2010)
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RoseMarie Jones (2010)
Martin Kaefer (2010)
Jeffrey J. Kellams (2010)
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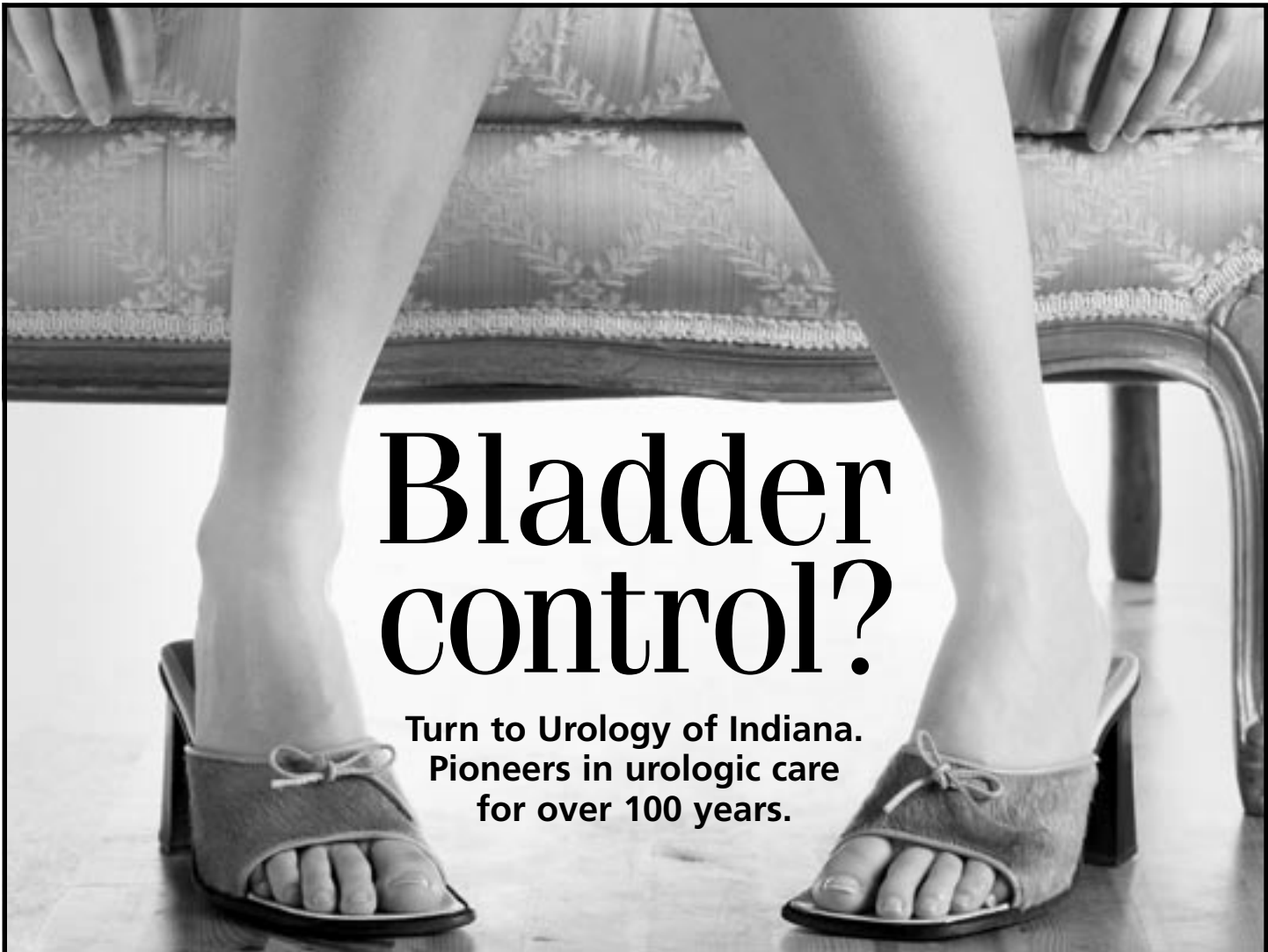
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From the AMA *(Continued from page 12)*

treatment. But when I saw that previous x-ray, I called her family physician and asked him to discuss it with the radiologist. The next carelessly read X-ray might make a difference in someone's outcome. And I didn't tell my mother about it. Would you have?

This past week I've experienced great comfort in expressions of love and sympathy from my colleagues and friends. My fourth-year medical students have written e-mails and called. All of it is warm, comforting and helpful, because physicians are human, too. It's important to remember that, and to reach out to a colleague who's experiencing a loss, a serious problem, a medical liability claim. Sometimes we try too hard to be strong and self-sufficient.

So the lessons, then, are these: Be caring, be careful and be human.

And my mother's final kindness was to let me leave before she died quickly, in her own bed, just as she wanted it.

AMA eVoice August 7, 2008

AMA program helps physicians talk to patients about healthy behavior

Four key health behaviors—poor diet, physical inactivity, use of tobacco and excess or risky use of alcohol—contribute significantly to morbidity and mortality from cardiovascular disease, diabetes, cancer

and other conditions. Physicians can help patients think, decide, plan and take positive action to improve their health behaviors and well-being with the AMA's Healthier Life Steps® program.

Healthier Life Steps® (<http://www.ama-assn.org/ama/pub/category/18471.html>) This **free** program provides background information and tools to help physicians support their patients' efforts to change four key health behaviors: diet, physical activity, alcohol consumption, and tobacco use. The Physicians' Guide describes the important role physicians play in fostering lifestyle change, and explains how physicians can implement strategies to assess patients' readiness to change and how to counsel patients on making these changes. The tool-kit provides a self-assessment questionnaire, action plans, progress tracking calendars, and a poster to help physicians help patients implement needed behavior changes.

Objectives

After completing this activity, participants should be able to: Utilize references about healthy lifestyles and behavior changes that impact patients' lives. Implement strategies to assess patients' readiness to change poor lifestyle behaviors. Counsel patients on lifestyle changes and provide action plans when appropriate

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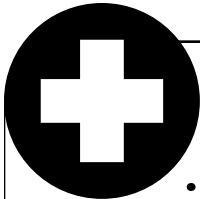
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Why Your Practice ...

(Continued from page 26.)

(LLC) for each physician and the medical practice, using a collection agreement and, often, a simple non-substantive modification of a physician's employment agreement.

Using this technique, if the practice is ever hit with a multi-million judgment beyond coverage limits, the collection agreement can be terminated, thereby shielding the AR completely. Rather than losing millions in AR to a plaintiff (which would occur if they were owned by the practice), the physician owners could ultimately settle the claim for pennies, or walk away completely, with the AR collected by a new operating entity in a matter of weeks.

B. Real Estate or Equipment Leaseback

In some medical practices, real estate or equipment may be as significant an asset as the AR, if not more. If so, you must make certain that you create a separate entity to own the real estate/equipment and lease it back to the operating practice entity. Typically, this entity will be a limited liability company. Done correctly, this lease-back technique can also create income tax savings as well. This is achieved by gifting passive LLC interests to children who are in lower income tax brackets (but over the age of 18). In so doing, you can enjoy beneficial tax treatment for some of the rent paid by the practice to the LLC. We have seen this create tax savings above \$10,000 annually for some clients – achieved while protecting the real estate/equipment from lawsuits against the practice as well.

C. Qualified & Non-Qualified Plans

Qualified plans are commonly known as pensions, profit-sharing plans and 401(k)s. Most doctors have some type of qualified plan in their practice. Non-qualified plans are relatively unknown to physicians, despite the fact that most Fortune 1000 companies make non-qualified plans available to their executives. These types of plans should be very attractive to physicians, as employees are not required to participate and allowable contributions can be much higher than with qualified plans, although often not 100% deductible.

Conclusion

Many physicians concerned about asset protection fail to adequately shield their practice assets. By only protecting personal assets, they are basically nullifying the benefits of any personal asset protection planning. The first step to take to protect the practice is to remove its most valuable assets from the practice itself. With the proper legal structure, this can be achieved with minimal headaches and, often, with subsequent tax benefits. The authors welcome readers' questions. They can be reached at (800) 554-7233.

IMS members receive a free audio program that further discusses this and other personal and practice strategies for doctors. It can be downloaded at www.ojmgroupp.com. **IMS members also receive \$25 off the authors' new book (\$49.95 instead of \$75); please call Beverly Hurt at 639-3406 or email ims@imsonline.org to order.** **IMS**

David Mandell is an attorney and co-author of nine titles for Doctors. Jason O'Dell is a financial consultant and co-author of *For Doctors Only: A Guide to Working Less and Building More*. Their main office is in Cincinnati and they can both be reached at (800) 554-7233.

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Heidi M. Dunniway, MD
IMS President

Questions? Phone Beverly @ 639-3406.

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