

“Peace on Earth”



Lazy Days of Winter, Wendy Kaveney

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in this issue.*

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Bulletin

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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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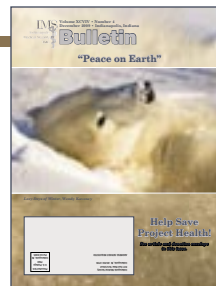
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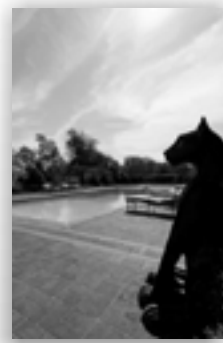
"Peace on Earth"

This stunning photograph, "Lazy Days of Winter," (Polar Bear) (*Ursus maritimus*) is by Wendy Kaveney (Mrs. Michael F.) from her Photo Gallery series *Nature, Polar Bear Portraits* taken in Churchill, Manitoba, Canada. We appreciate

Wendy's generosity in allowing the Indianapolis Medical Society to use her photograph. Visit the entire photographic series at www.wendykaveney.com.

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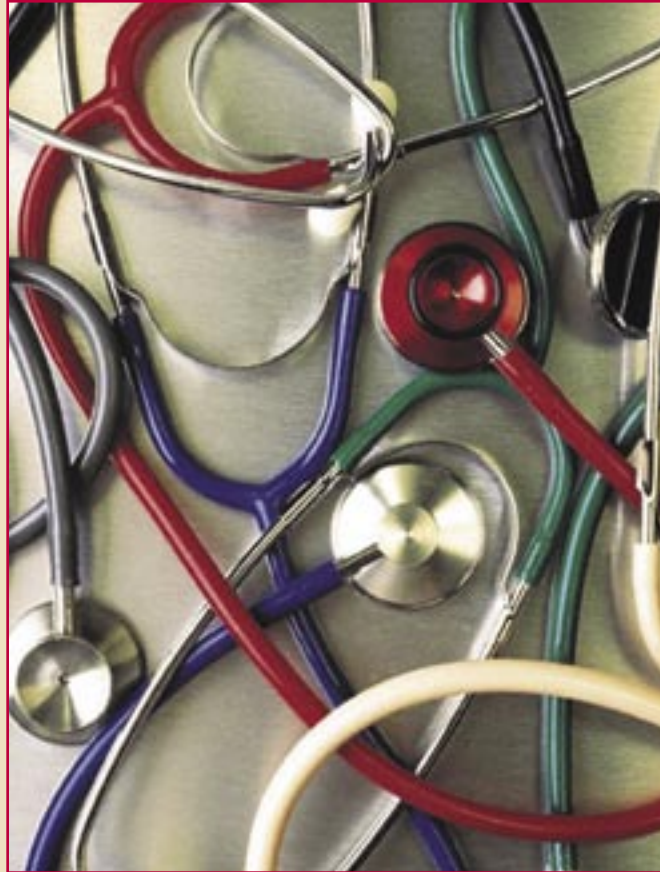
President's Page *John C. Ellis, MD*

A need was recognized; IMS responded.

Your Indianapolis Medical Society is breaking new ground.

Your Indianapolis Medical Society has secured a discount on group health insurance for IMS members through ADVANTAGE Health Solutions, a local health plan owned by local providers.

During an IMS Retreat, discussions led to a desire for a competitive group alternative to the state association's insurance carrier. Subsequently, your IMS authorized a study to compare rates and benefits of small group health insurance across a number of carriers in the local market. Real quotes were sought which incorporated insurance rates and underwriting practices to determine if any opportunity for savings might exist for IMS members. Although several carriers declined to offer a proposal, several were received and reviewed by your Executive Committee and Board of Directors. In the final analysis, only one carrier's overall proposal provided a combination of attractive rates



and benefits that differentiated it from the existing alternative. We expect many practices may find that the savings gained when compared to current costs will exceed annual IMS dues.

Recognizing at the outset that IMS did not need to provide a state-wide offering allowed some flexibility and potential savings. Delivering a package that many of our members might find attractive was our primary concern. Inclusion of ADVANTAGE Health Solutions, with a provider network that excluded Clarian Health Partners, resulted in substantial discussion. To address Board concerns, Clarian Health Plans was contacted to solicit participation, but was unable to do so directly at this time. However, each physician practice group will have the opportunity to add a point-of service rider through ADVANTAGE that will allow access to Clarian

services at lower benefits. We encourage evaluation of the merits of this ADVANTAGE offer based on your unique needs and situation.

ADVANTAGE enriched the benefits offered to IMS Members beyond their standard in several areas: a 5% discount from the standard premium rate, an enhanced family planning benefit, and an increase in the lifetime maximum.

One of the most attractive benefits of ADVANTAGE is that for plans with an office visit copayment, laboratory and x-ray services by an in-network provider are covered as part of that office visit and NOT subject to the deductible. This benefit alone may represent a significant savings for many employees.

Whether the driving issue for you is:

- a.) Rising group health insurance premiums, or
- b.) A desire to support a local, provider-owned health plan rather than a national company, or
- c.) A combination of these and other issues,

I urge you to contact the exclusive brokers for this IMS Members' group insurance offering, Acumen Benefit Solutions, to see if ADVANTAGE is a good fit for your practice. Visit the IMS website @ imsonline.org for e-mail contact information, or call Acumen Benefit Solutions at (317) 564-4003.

The Great Debate



Paula A. Hall, MD, IMSF President

Okay, I'm over it! In fact, I am waaaaaay over it! If my children were here right now, they would tell you to "Watch out! Mom is on a roll."

QUIT YOUR ... WHINING!

Healthcare change is coming. Healthcare needs to change! Now here is where it gets tricky; **WE** need to drive the change. Lest you get too excited about that possibility, please realize we need to change also.

I firmly believe if we had not taken our eye off the ball, then patients would want us rather than the government to drive the reform. However, lots and lots of patients see physicians as callous, BMW-driving technicians. Sorry to say some of them are right. I heard a sad story the other day. A nurse friend was telling me about a friend of hers who works in a Urologist's office here in Indianapolis. She took a middle-aged gentleman's vital signs and was shocked to see his blood pressure sky high. His systolic was over 200 and his diastolic was not far behind at 120. She asked, and no, he was not on any blood pressure medicine. She finished his intake, recorded the vitals, and put the chart in the door for the urologist. She kept an eye on the room and right before the doc went in to see the patient she told him about the vitals. He acknowledged her concern and saw the patient. When he came out of the room, the nurse inquired about the treatment. The urologist responded by talking about the prostate. The nurse interrupted and explained she wanted to know what he did about the critical vital signs. "Nothing," he said. "What? You have to do something!" she replied. "Take 'em again," he acquiesced. The second reading confirmed the initial. When the nurse reported this and asked what he wanted her to do. The doctor replied, "Quit taking the vitals!" Two things happened that day. The nurse went back in the room and told the patient that he had dangerously high blood pressure and if he could not get in to his primary care doctor today then he needed to go to the ED. Second thing that happened that day ... the nurse turned in her resignation.

What in world has happened to us? Are the wrong people being chosen to go into medicine? Are we becoming so "super-specialized" that we only take care of the left great toe? Are we

so caught up in the almighty dollar that we cannot be distracted by the patient while we are trying to care for the disease?

Now don't get me wrong. If I get a brain tumor, I want to see somebody who is "super-specialized" in brain tumors. And, I also want them to be a physician along with all that that entails. I want them to care for me like I am their family! I think we could solve a lot of the healthcare crisis if physicians cared for each patient like they were family. Now, think about your family. We all have "crazies" in our families. We each have our share of whiners, and chronically-late relatives mixed in with just regular people. So, when we are taking care of all of the different personalities that we see in a day, just think of them as family and be happy that they aren't coming to your house for Thanksgiving.

I hear you ask, "Can we do this? Do we have time to do this?" I am just hoping we still have time to do this and more.

What more do you ask? Well, why don't we get on the forefront of the needed reform? Instead of Monday morning quarterbacking all of the plans, why don't we have one of our own? It's only our livelihood we are talking about.

Lots of things need to be changed in healthcare. Just for starters, insurance should go back to being not-for-profit. In my opinion, the shareholders and executives are getting greedy and it is affecting your patients and your paycheck. When the insurers tell us that only 7% of their charge is profit, get angry. How much extra profit would there be if their executives weren't paid like professional baseball players? Also, they have nice, big offices, and I'll bet they travel first class like the auto industry once did. Let's really put a bright light on this industry and see if it is as interested in the health of its members as the health of its stock price.

As an example of how technology affects the cost of healthcare, let's look at things like MRI and CT Scans. The original price for a scan was to defray the cost of an exorbitantly expensive, complicated and rare machine. Now these machines are a dime a dozen; yet, the cost has not really decreased. What's with that? The cost should be to defray the cost of the machine, heat, electricity, etc. for the life of the machine, plus a little profit for good measure.

Continued on page 16.

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Bulletin Board

Dr. Douglass S. Hale, MD, Urogynecology Associates, Director Female Pelvic Medicine and Reconstructive Surgery Fellowship, Associate Clinical Professor: Indiana University/Methodist Hospital presented at ACOG's 57th Annual Clinical Meeting the following: "Clinical Evaluation of Incontinence; who needs urodynamics?" "Graft materials in Vaginal Prolapse Surgery" and "Robotic and Laparoscopic Surgery for Pelvic Floor Disorder Abdominal Sacral Colpopexy."

Dr. Hale also presented two talks in August at the 3rd Annual Women's Pelvic Health Fellows Program in San Francisco, California. "Patterns of Stress Incontinence Treatments" and "Robotic Surgery for Pelvic Organ Prolapse?" Dr. Hale was the moderator for a panel discussion on "Where do we go from here? Robotic, laparoscopic, single port surgery."

Gavin J. Roberts, MD, Midwest Eye Institute, was invited to give the Amini Memorial Lecture for the Fall Alumni Symposium at the Medical College of Wisconsin Eye Institute. He presented "Evaluation and Treatment of Sixth Nerve Palsy." He also presented "Pediatric Ptosis Overview" at the same meeting.

Rick C. Sasso, MD, Indiana Spine Group, was a faculty member at the Sixth Annual Innovative Techniques in Spine Surgery Course presented by the Spine Technology Education Group, which was held in October 2009 in Scottsdale, Arizona. Dr. Sasso lectured on "Lumbar Total Disc Replacement," as well as, "The Current State of the Cervical Artificial Disc FDA-IDE Trials."

Steven M. Samuels, MD, internal medicine physician, Indiana Internal Medicine Consultants, working with local media offered Indianapolis residents an inside look and helped them address some of the most current issues and concerns with H1N1 Pandemic in October 2009.

Robert A. Malinzak, MD, surgeon, Joint Replacement Surgeons of Indiana, presented the latest procedures in joint replacement and arthritis treatments as a part of the St. Francis "Road Show" on November 18, 2009 in Terre Haute, Indiana.

Mark M. Hamilton, MD, recently published "Ablative Laser Facial Skin Rejuvenation," a chapter in the textbook, *Facial Plastic Surgery*, 3rd edition, which is universally recognized as the standard reference for facial plastic surgery.

Richard K. Freeman, MD, Vice Chair for Cardiothoracic Surgery and Medical Director for Cancers Services at St. Vincent Hospital Indianapolis presented a paper entitled "The Effect of a Multi-Disciplinary Thoracic Malignancy Care Conference on the Treatment of Patients with Lung Cancer" at the Twenty-Second Annual Meeting of the European Association of Cardiothoracic Surgery held in Vienna, Austria. The paper outlined improvements in the quality and timeliness of care delivered with this approach.

Edward B. Aull, MD, a behavioral pediatrician spoke at the 21st Annual CHADD International Conference on Attention Deficit Hyperactivity Disorder in Cleveland, Ohio, on October 8-9, 2009. The presentation was titled, "Has the ADHD Medication Quit Working or Could It Be Anxiety?"

Jocelyn L. Bush, MD, has joined The Center for Pain Management. Dr. Bush, a board certified pain management specialist and anesthesiologist, joined the group in September and will help the practice meet the needs of area residents



Edward B. Aull, MD



Jocelyn L. Bush, MD



Aaron A. Cohen-Gadol, MD



Richard K. Freeman, MD



Douglass S. Hale, MD



Mark M. Hamilton, MD



Robert A. Malinzak, MD



Jean-Pierre Mobasser, MD



Gavin J. Roberts, MD



Steven M. Samuels, MD



Rick C. Sasso, MD



Michael S. Turner, MD



Ronald L. Young, II, MD

seeking relief for acute, chronic and difficult-to-treat pain. Dr. Bush, an Indianapolis native, is a graduate of Harvard University and the University of Chicago's medical school. She completed her residency and fellowship at the University of Chicago in Anesthesiology and Interventional Pain Management.

Saeed R. Shaikh, MD, (*photo unavailable*), cardiologist, discussed testing for heart attack risk factors at a special screening and free class at the St. Francis Heart Center on October 15, 2009.

Indianapolis Neurological Group ...

Jean-Pierre Mobasser, MD, was one of the teaching faculty and a presenter at the Society for Minimally Invasive Spine Surgery annual meeting in October 2009 in Las Vegas. He also was one of the faculty at the national meeting of the Congress of Neurological Surgeons in New Orleans in October 2009 with the Minimally Invasive Spine Course.

Michael S. Turner, MD, was the course director for the Western Regional Advanced Spasticity Management Course in Newport Beach, California on October 16-17, 2009.

Aaron A. Cohen-Gadol, MD, published the journal article, "A Unique Experiment in Neurological Surgery: Intracerebral Injection of Antitoxin for Tetanus," in the *Journal of Neurosurgery* in October.

James D. Callahan, MD, (*photo unavailable*) and **Aaron A. Cohen-Gadol, MD**, co-authored the article in the November issue of the journal, *Neurosurgery*, "Variant intraneural veni-trigeminal nerve relationships: an observation during microvascular decompression surgery for trigeminal neuralgia."

Aaron A. Cohen-Gadol, MD, and **Ronald L. Young, II, MD**, co-authored the journal article, "Distal revision of ventriculoperitoneal shunts using a peel-away sheath" in the *Journal of Pediatric Neurosurgery* in October.

IMS

New Members

Agostino, Michael A., MD
 Univ. Otolaryngology Assoc.
 Riley Hospital
 702 Barnhill Dr., #2240
 46202-5128
 Ofc – 274-8620
 Fax – 274-8080
 Otolaryngology, 1995
 Pediatric Otolaryngology
 Indiana University, 1989

Bell, Jessica L., DO
 Southside OB/GYN, PC
 8051 S. Emerson Ave., #400
 46237-8633
 Ofc – 865-3600*
 Fax – 885-3850
 Obstetrics & Gynecology, 2008
 Midwestern University College of
 Osteopathic Medicine, 2002



Bush, Jocelyn L., MD
 Center for Pain Management
 8805 N. Meridian St.
 46260-2332
 Ofc – 706-7246*
 Fax – 706-3417

Anesthesiology, 2006
 Pain Medicine (AN), 2006
 University of Chicago, 2001

Hardesty, Brandon M., MD
 Respiratory & Critical Care Cons., PC
 1115 Ronald Reagan Pkwy., #206
 Avon, 46123-6911
 Ofc – 272-8050
 Fax – 272-8051
 Email – bhardest@clarian.org
 Internal Medicine
 Hospitalist
 Ohio State University, 2006

Platt, Julie S., MD
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 8051 S. Emerson Ave., #400
 46237-8633
 Ofc – 865-3600*
 Fax – 885-3850
 Obstetrics & Gynecology, 2004
 Indiana University, 1995

Venkatesh, Rajalakshmi, MD
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 46237-8633
 Ofc – 865-3600*
 Fax – 885-3850
 Obstetrics & Gynecology
 JJM Medical College, India, 1998

Wells, Jeffrey M., MD
 Resident – I.U. School of Medicine
 Internal Medicine
 Indiana University, 2006



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**“Old school’s great for some things.
Kidney surgery isn’t on the list.”**

After ten years of being free of thyroid cancer, a routine scan detected a lesion on Scot’s kidney. It was time for Scot to be as stubborn as the cancer. Upon learning his usual hospital didn’t offer the expertise to do a less invasive procedure, he turned researcher and found the ideal team at Community Hospital North. A specially trained surgeon and a robot. A robot named daVinci to be precise. An amazing piece of technology in the hands of a highly skilled expert. “When you’re having part of your kidney removed”, explains Scot, “the first thing you want removed is any doubt about the surgery or where to have it done.” All went well. Scot’s primary physician and the Community surgeon were both on the same page and Scot was back on his field construction job much sooner than if he had elected to go with the standard laparoscopic technique. It was the perfect blend of man and machine. “I’m not very old-fashioned,” says Scot, “until it comes to happy endings.”



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In Memoriam



Harold F. Burdette, MD
1917 - 2009

Harold Franklin Burdette, MD, 92, passed away Monday, October 12, 2009 after a brief illness. He was born on a farm in Putnam County, Indiana and attended a one-room school. Being a good student, Dr. Burdette earned a scholarship to attend Indiana University. After graduation in 1939, he went on to I.U. School of Medicine and graduated in 1942.

A veteran in the US Navy, Dr. Burdette was stationed in Great Lakes, Illinois and was in charge of medical services relating to the chest and gastroenterology with an honorable discharge as a full commander. He also served Naval duty from 1955-1957.

Dr. Burdette completed his residency in Internal Medicine. During this time, he became Chief Resident and was the first Medical Director of Education at Methodist Hospital in Indianapolis. In 1948, he joined Dr. Joseph Walther in a medical practice in Indianapolis and later helped found the Walther Cancer Institute.

Dr. Burdette spent his life supporting the ideal that cancer prevention is a great need from which all benefit. He worked diligently with the Behavioral Research Program at the Indiana School of Nursing to further patient education and health. Dr. Burdette received a Resolution from the Indiana Legislature for his efforts in supporting Behavioral Research for Oncology patients and the I.U. School of Nursing.

Dr. Burdette was a member of the IMS Board of Directors from 1970-1976, served on the Membership Committee from 1978-1979 and the Physician Assistance Peer Review from 1979-1981. He was honored by the Indianapolis Medical Society in 1992 for his 50 years of dedication to organized medicine.



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Gene Moneymaker

The Great Debate

(continued from page 8.)

How about malpractice reform? Sure it is important, but be honest. Keeping the lawyers at bay is not really going to decrease the cost of healthcare for the individual. Even if tomorrow we eliminated the risk of all malpractice suits, we would have to retrain a generation of physicians who practice defensive medicine. The habit of getting an abdominal CT scan on every tender abdomen that presents to the ED will be hard to break. We will need to actually take histories and perform a good physical exam. This is going to require that we spend time with the patient. Patients will have to realize that their disease and treatment is a work in progress.

Hospitals need to quit getting bigger and bigger and bigger! Do we really need FOUR huge heart centers in Indianapolis? Do the county hospitals need to offer every bell and whistle? How much money could be saved if county hospitals took care of the bread and butter and sent the complicated patients to centers of excellence? Yes, it would be a little bit further drive for the families of the patients but think of the cost savings!

What's left after we do all of the above? Well, we need to make sure that there is portability in the insurances that are out there. We need everybody to have insurance. Not because we are socialist, but because we need to spread the risk. If young, healthy Americans are allowed to opt out, we will never be able to get the cost down and assure people that we will cover them even if they have a preexisting condition. Lastly, we need to tax (ohhh yes! I know what an ugly word that is) the people who have unhealthy lifestyles. If we could eliminate the cost of smoking and obesity in the healthcare system, we would have money leftover and I dare say an excess of physicians.

Are we too late? I don't know. I would like to see the Indianapolis Medical Society take a leadership role. Organize us! Challenge us to change! Call us to arms! Get out the word! Of course, if we do nothing, we will still have the initials after our name. Those initials, and \$4.00, will get us a cappuccino and 510 calories.

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To Sound Off! on The Great Debate or any concerns you have about your practice, medicine or ????

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In Summary

	IMS	ISMA	AMA
PERCENT OF DEDUCTIBLE DUES	100%	77%	50%
PERCENT OF NON-DEDUCTIBLE DUES	0%	23%	50%

Save This Information for Tax Filing

The portion of AMA and ISMA dues used to finance lobbying efforts is not tax-deductible. This is essential information for your tax filings.

For the 2010 ISMA dues year, the portion of deductible dues is 77 percent and the portion of dues attributable to lobbying efforts and not tax-deductible is 23 percent.

For the 2010 AMA dues year, the portion of deductible dues is 50 percent and the portion of dues that are attributable to lobbying and not tax-deductible is 50 percent.

As always, your Indianapolis Medical Society dues are 100% tax deductible.

Don't write off claim denials—new AMA tool helps you fight for accurate payment

If your practice submits claims electronically, there's now a free tool to help you secure accurate payment from health insurers for inappropriately denied claims. With the Claims Workflow Assistant, a free online tool from the AMA Practice Management Center, you can look up the reasons health insurers reported for denying claims on the electronic remittance advices (ERAs) you

receive. Then, you can determine the best steps for your practice to reverse the denial. The Claims Workflow Assistant even helps you get started with recommended workflows for the top 80 percent of denials from the 2008 and 2009 National Health Insurer Report Card and provides numerous template appeal letters that AMA members can easily modify to use in their practices. Check out the Claims Workflow Assistant on the AMA Practice Management Center Web site at www.ama-assn.org/go/pmc as you prepare to make a special effort to review and appeal claims. Additional recommended workflows will be added in 2010.

House Approves Exemption From FTC "Red Flag" Rules for Smaller Firms

On October 20, the House passed legislation that would exempt certain small businesses from the Federal Trade Commission's (FTC) identity theft regulations. The bill (H.R. 3763), which passed 400 to 0, would address the reach of regulations required under a 2003 law known as the Fair and Accurate Credit Transactions Act which directs FTC to require a broadly defined mix of "creditors" to implement identity theft prevention programs. H.R. 3763, introduced by Rep. John Adler (D-NJ), would exclude health care, accounting, and legal practices with 20 or fewer employees from the creditor category. It also would authorize FTC to create a process through which other businesses could apply for an exemption. The AMA was joined by many other medical specialties in opposing the regulation as it applies to physician practices.

AMA Launches Nation's First Comprehensive Web-based FREE Flu Health-Assessment Program for Patients and Physicians

To help patients and physicians better communicate and improve care coordination, the American Medical Association (AMA) has unveiled AMAfluhelp.org, the nation's first comprehensive Web-based patient flu health-assessment program. Patients walk through a series of questions to determine the severity of their flu symptoms based upon the latest Centers for Disease Control and Prevention guidelines. Patients can choose to share their information with their physician, as well as family members and loved ones. AMAfluhelp.org also provides a set of online tools to help physicians monitor their patients' symptoms, facilitate care and treatment decisions, and efficiently manage their practices' patient flow.

AMAfluhelp.org can help patients assess their own flu symptoms, or those of a child or loved one, and offer guidance on whether they should seek care. There is also a choice for pregnant women to evaluate their need for a flu vaccination and for all patients to monitor any post-vaccine related symptoms. AMAfluhelp.org can also generate a doctor's note when it is safe to return to work or school.

AMAfluhelp.org is the first application on a new AMA portal powered by HealthyCircles that supports quality of care initiatives designed to link patients, physicians and other caregivers together. As the AMA portal develops, the AMA will offer a number of applications in an environment that supports patient/physician communication, minimizes redundant testing and allows for continuous monitoring of patients with complex health conditions. The AMA is collaborating with HealthyCircles to offer these health sessions built upon its expertise in health care policy, quality, patient safety, science and public health. Personal information entered into the system is private and secured through Microsoft HealthVault®. No personal data can be accessed without consent from the user.

The AMA has collaborated with a broad-based coalition called under the Flu Information & Care System (FiCS) to promote the new Web site and subsequent others. Coalition members include: AllOne Health, BlueCross NEPA, CVS Caremark, EMSC, HealthyCircles, HERAE, Merck, MedImpact, Microsoft, Minute Clinic, Schumacher Group, Staywell/Krames, Team Health and WorldDoc.

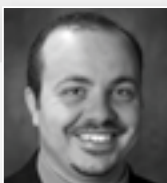
While AMAfluhelp.org is a useful tool for those who aren't sure whether they have a cold or the flu, it does not take the place of a visit to the doctor's office if symptoms are severe. AMAfluhelp.org is a free resource for patients and physicians, but physicians may charge their patients a fee to provide online health monitoring services.

Visit and sign up at www.AMAfluhelp.org today or visit www.AMAH1N1.org for more information.

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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.

Third 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.

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2010

Jan. 30 Review and Interpretation of the
2009 San Antonio Breast Cancer Symposium
IUPUI Campus Center, Indianapolis

Feb. 26 33rd Arthur B. Richter Conference: Stress Response
Syndromes in Children & Adolescents
The Ritz-Charles, Carmel

May 14 13th Annual IU Gastroenterology/Hepatology Update
Indiana History Center, Indianapolis

July 16 Review and Interpretations of the
2010 ASCO Meeting
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Carrie Jackson Logsdon, Director

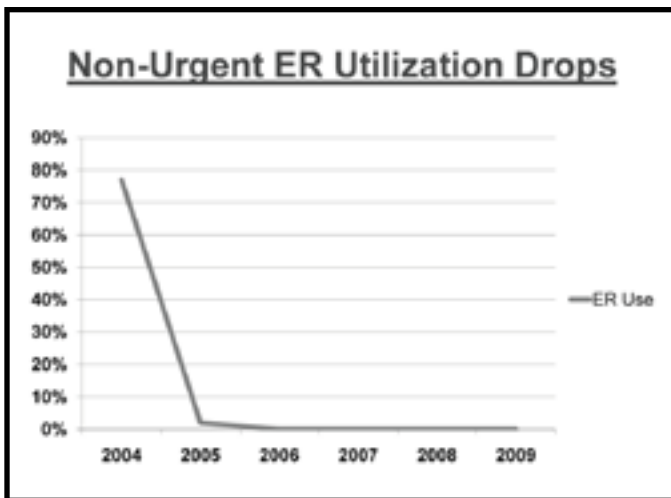


Help Save Project Health

Project Health is in jeopardy! There is only enough funding to last through June, 2010. Therefore, we are pleading with Indianapolis Medical Society Members to help save Project Health.

If each IMS Member would donate \$100 or \$200 to the Indianapolis Medical Society Foundation's Project Health, those donations would provide the program with funding for an additional year.

As most IMS Members know, Project Health is the largest and longest charitable project the Indianapolis Medical Society Foundation has ever undertaken. Because of the medical talent of Project Health Volunteers, true "miracles" have occurred. We are very grateful for being able to be witnesses to these life-changing treatments. So, to all volunteer physicians, our sincere Thank You! As of 10/28/09, the 1,000 volunteer doctors, hospitals, and labs have contributed **\$13.6 million** in care to Project Health patients. This has involved eleven open heart surgeries, four corneal transplants, two brain surgeries, two hip and knee replacements, scores of gallbladder and cataract removals, hernia repairs, numerous cancer surgeries followed by chemotherapy and radiation, and countless other procedures and treatments.



Perhaps one of the most stunning goals achieved is the reduction in frivolous emergency room care. Patient usage initially was 77%. That has been drastically reduced to less than 1% for the last three years and holding. This reduction occurred with just a little bit of patient education along with the fact that PH patients must sign a responsibility pact.

Most patients come to Project Health sicker-than-sick, so they don't dare break the rules. One patient phoned on a nurse's cell phone as he was being wheeled into St. Vincent Hospital

with a heart attack to be sure it was OK with Project Health that he was there! Another had her co-workers call us as she was being taken away in an ambulance to Community Hospital East, again with a heart attack. Patients are *that* diligent!

Obviously, doctors have been a humongous part of Project Health's success. When there is a serious case, Project Health's volunteer doctors have been able to treat patients either the very same day or the next. It is amazing!

One gentleman, who had been stumbling around and losing his manual dexterity, thought it was just a sign of his getting older. His doctor disagreed and did an MRI. Conclusion: the patient had a brain tumor. That day, Project Health was able to get him registered, and the late Julius Goodman, MD, saw the patient that afternoon at 2pm; the next day, this patient was in surgery with Aaron Cohen-Gadol, MD, Indianapolis Neurosurgical Group. Dr. Cohen-Gadol found two egg-sized tumors, and he was able to successfully remove both of them. This patient has now returned to work repairing cars.

Another outstanding case involved a single mother with three teenage boys. She worked two jobs trying to support them, but was having severe breathing problems that caused her to miss a lot of work and this absenteeism was threatening both of her jobs. Her doctors found that she had coarctation of the aorta. David Heimansohn, MD, at CorVasc MDs, insisted on seeing her at 7:00 a.m. the next day and had her in surgery that week. She no longer has blue hands or feet, and has said that for the first time in her life she can take deep breaths. She says she never felt better. She managed to keep both of those jobs.

Stories like this are abundant and give those of us connected with Project Health not only great job satisfaction, but a profound appreciation for the Project Health volunteer physicians.

The plain and ugly truth, however, is that Project Health and the small, dedicated staff may be dissolved in June ... unless serious funding is found.

Large, local, non-renewable grants are expiring; some funders have decided they will only fund statewide or nationwide programs. Others, hit by the recession, have closed their grant processes entirely until further notice. This is a genuine threat!

The good news is that the problem can be treated. If every IMS Member could find it in their hearts to donate \$100 or \$200 to Project Health, the program can be saved. For more information visit: <http://imsonline.org/projectHealth/overview.php?ph=y> All donations are 100% tax deductible. **A donation envelope is included in this *Bulletin*.**

During this joyous Holiday Season, please help these miracles continue for the people that no one else will help – except Project Health.

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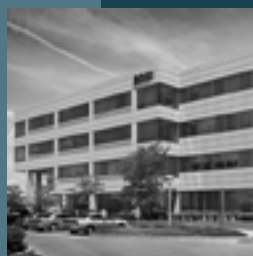
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Photo Gallery

October 10, 2009 • John C. Ellis, MD
IMS Presidential Inaugural Reception

Thank you to our sponsor, Managed Health Services, for their support of the IMS Presidential Inaugural Reception.

50-Year Members in attendance were Laurence H. Bates, MD; Fred R. Brooks, MD; Ted H. Gabrielsen, MD; Kenneth L. Gray, MD; Rex L. Thoman, MD and Normand T. Townley, MD.

Representing the new IMS members in 2008-2009, were Sofy Sendoya, MD, (Resident) and Paul E. Kraemer, MD.

The IMS honored Jeffrey J. Kellams, MD, and Jon D. Marhenke, MD, for their years of service on the IMS Board.

IMS Past Presidents John P. McGoff, MD; Heidi M. Dunning, MD; Bernard J. Emkes, MD; Marc E. Duerden, MD; Jon D. Marhenke, MD, and Paula A. Hall, MD, participated in the festivities.

The beautifully catered affair was highlighted by the musical accompaniment of Melissa Gallant, Harpist.

Photos by John Cote.



Incontinence

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More photographs on page 28.

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Photo Gallery *(Continued from page 27.)*





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