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Bulletin



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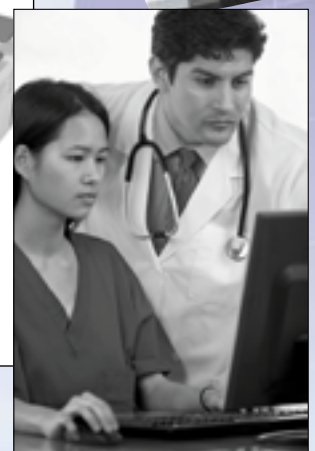
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Marcia K. Hadley

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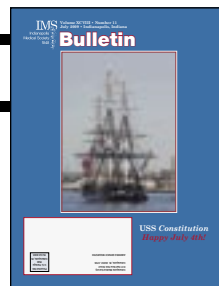
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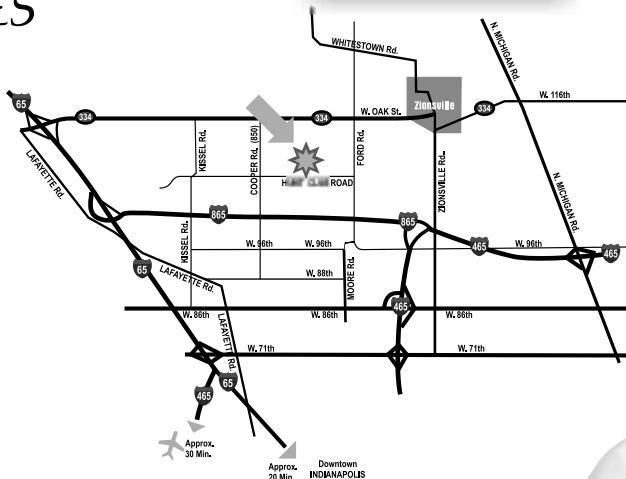
about our cover

USS Constitution Happy July 4th

*The USS Constitution sails past Castle
Island in Boston Harbor during a turn-
around cruise September 30, 2006 for
more than 70 Medal of Honor recipients. The Constitution
is the oldest commissioned warship afloat. While on board,
the Medal of Honor recipients were honored with a Medal of
Honor flag presentation. The Medal of Honor is the country's
highest military honor, awarded for acts of valor above and
beyond the call of duty. (U.S. Air Force photo/Janice Abate)*



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President's Page John P. McGoff, MD

Happy Summer! Wow, what a Spring we've had ... "Spring is not the best of seasons. Cold and flu are two good reasons; wind and rain and other sorrow, warm today and cold tomorrow. Whoever said Spring was romantic? The word that best applies is frantic!" – Author Unknown

The past few months have been hectic to say the least for healthcare providers. Emergency departments and private physician office practices have seen record volumes. The Swine Flu, or H1N1 as the Administration would like us to call it, has taken Indiana by storm. While the number of cases have been few and fatalities still fewer, the public was concerned and wanted answers. Most were walking wounded, who needed nothing more than reassurance.

Here are some recent quotes from local emergency departments. "I ate at a Mexican restaurant last night and I have a sore throat. Do I have the Swine Flu?" or how about this award winner, "With all this pig flu going around town, I'm going to quit eating pork...I think I'll just go home and have a hot dog!" You can't make these things up. How do you think the Health Department is doing at getting their message out?

It's not from lack of trying. Over the last month, the fine professionals at the Indiana State Department of Health and the Marion County Health Department have been putting in long hours investigating the pandemic and trying to keep physicians and the public aware of the potential crisis. As it turns out H1N1 met all the criteria of a pandemic, it just happened not to be a virulent virus. The CDC is considering adding that as part of the criteria for declaring a health emergency.

With the pace of news dissemination, it didn't take long for the fear to spread and the panic was worldwide. People are either blaming everything made from pork or anyone who has traveled to Mexico. In Egypt, the federal government slaughtered over 300,000 pigs, because of misplaced fears, (pork is only consumed by the minority Christian population). Please reassure your patients, it is not possible to get the Swine Flu from eating a cooked pork chop.

Studies have shown that the devastating influenza pandemic of 1918, which killed up to 50 million people, was caused by H1N1. Trying to trace the origins of this epidemic have been difficult. A novel strain of H1N1 was discovered in a Wisconsin teen in the fall of 2005, but not investigated. By mid-March of this year, a large spike of influenza cases were noted in Mexico and a few cases were noted in Southern California. It is believed that triple reassorted viruses created from exposure to viruses in birds, pigs and humans, resulting in a new strain may be the culprit. This new virus appears to be very contagious, but fortunately treatable with some of our current antivirals. Stockpiling was occurring throughout the city and some pharmacies were sold out a few weeks into the hysteria.

Your Indianapolis Medical Society has been involved since this crisis first began. We have been invited to early meetings with the Marion County Health Department (MCHD) as well as having a seat at the Emergency Management Agency's Emergency Support Function 8 (ESF 8) Group. Our membership of more than 2,100 physicians are ready to support the public health arm in any way asked. One of my goals this year for the Society was to become as digital as possible. It is imperative that we have access to information in a timely fashion, so that we can deliver the best possible care to our patients and therefore protect them and ourselves.

Dr. Virginia Caine, Medical Director of the MCHD, put it best when she said, "While this wasn't the catastrophic event it could have been, it was a good test of the system, better than any planned drill or tabletop exercise." It is important that we take these lessons learned and build on this experience and help better prepare for what will surely be an eventuality.



Photo from flickr: ALTO CONTRASTE . Edgar AVG.

Special Feature

Millicent Fleming-Moran, PhD

Active Surveillance of novel H1N1 influenza cases: IMS and Marion County Health

As of May 28, Marion County had 73 confirmed H1N1-2009 influenza cases, of the reported 132 Indiana cases. The Centers for Disease Control and Prevention (CDC) confirm that 48 states and the District of Columbia reported 5,764 cases with 9 deaths. The volume of patients seen by Marion County Emergency Departments for influenza-like illness (ILI) complaints in late April was at least triple that seen for the same period in 2008.

Active surveillance, i.e. case seeking, rather than passive surveillance via receipt of case or positive laboratory test results at local health departments initiated in Marion County in late April. At that time, The Indianapolis Medical Society (IMS) and the Marion County Health Department (MCHD) Epidemiology division collaborated to survey IMS members to learn what volume of patients were seeking ILI care, local practices' use of rapid flu tests, stocks of flu-testing materials and the percentages of ILI presenting patients for the previous work day who were tested, and results (if known). Dr. John McGoff, IMS President, following a situation meeting at MCHD and Beverly Hurt, IMS Executive Vice President used membership emails for two separate surveillance surveys.

The first, sent on May 7 to over 900 members, included an e-link to automated survey software, but gained only a handful of responses. The following week IMS-faxed a one page survey to 330 primary care members achieved a 13% response rate (n=43), for the period of May 13 to May 15. The results appear below.

Practice sites, patient volumes: Overall, practices usually reported seeing about 30 patients a day (1,123 total), ranging from 15-150/day. Their reporting-day volumes however were slightly lower than normal (24 per day), except for one general practice, which saw about a 15% increase. Influenza testing: Under 10% (<3 per site) of patients presented with flu concerns and under two patients/day on average (46 total) were flu-tested in these practices. One practice however, had over 50 patients present with flu complaints, many of whom were tested. Over half of the primary care practices used no rapid flu tests; with QuickVueA&B and BinaxNOW as favored types among the other practices. Most practices sent their swab samples to hospital labs. Of the total 894 patients seen, about 5% had rapid or other tests for influenza,

Continued on page 36.

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Bulletin Board

Glenn J. Bingle, MD, is retiring in August from Community Health Network after 32 years.

Dr. Bingle spearheaded formation of Indianapolis Patient Safety Coalition, a collaboration of hospitals aimed at ensuring the highest levels of safety for patients in the area. He will continue as coalition chairman.

Dr. Bingle has received numerous state awards and participated on local, state and national healthcare related boards.

Dipen C. Maun, MD, May 29 at St. Francis Hospital-Beech Grove used sophisticated robotic technology to perform a low anterior resection on a rectal cancer patient – a procedure that is the first of its kind in Indiana.

Dr. Maun, a surgeon with the St. Francis-affiliated Kendrick Regional Center for Colon and Rectal Care, performed a low anterior resection (LAR) to remove a cancerous tumor from the patient's lower rectum. Traditionally, such operations required large incisions and lengthy recovery periods. More recently, the surgeries have been performed laparoscopically to minimize pain and accelerate recovery.

What made Maun's approach unique is that he used the da Vinci™ Surgical System.

"The da Vinci robotic system offers many advantages for the patient," said Maun, who specializes in endoscopy and laparoscopic colorectal surgery. "These include decreased conversion rates from laparoscopic to open surgery, improved specimen completeness, fewer complications and possibly shorter hospital stays and faster recovery times."

The da Vinci system was developed more than a decade ago at the urging of the Department of Defense. Military surgeons were looking for ways they could perform procedures from remote locations, far from battlefields. While that ultimate goal has yet to be realized, the computerized robotic system has been welcomed by surgeons in public and private hospitals worldwide.

Frank A. Workman, MD, announced that his address is changed to VA Medical Center, 1481 West 20th St., Department of Medicine/Oncology, Indianapolis, Indiana 46202.

Rick C. Sasso, MD, Indiana Spine Group, was an invited speaker at the International Spine Arthroplasty Society Annual Meeting held April 28-May 1, 2009 in London, England. Dr. Sasso was asked to speak at the Cervical Disc Replacement Symposium, his lecture, "What Have the IDE Studies Shown Us." At the meeting, he also presented at basic science study regarding "Metal on Metal Lumbar Disc Replacements."

Dr. Sasso was an invited lecturer at the "Controversies in Contemporary Spine Surgery" course, which was held May 16, 2009 in Washington, DC. Additionally, he lectured on "Image Guided Spinal Surgery to Facilitate Minimally Invasive Surgery in the Lumbar Spine."

Robert K. Stoelting, MD, a member of the faculty of the IU Department of Anesthesia since 1970 was honored May 16th at the 62nd annual Medical Reunion Weekend at the IU School of Medicine. Dr. Stoelting retired in 2003 as professor and chair of the department. He now serves full time as president of the Anesthesia Patient Safety Foundation in Indianapolis.

Eric M. Horn, MD, PhD, Assistant Professor of Neurosurgery and Director of Spinal Neurosurgery at IU School of Medicine, authored two studies appearing in the peer-reviewed journal, Neurosurgical Focus entitled "Minimally invasive image-guided direct repair of bilateral L5 pars defects" and "The effects of intrathecal hypotension on tissue perfusion and pathophysiological outcome following acute spinal cord injury". He also received a research grant from Medtronic for the research study entitled "Biomechanical evaluation of a



Glenn J. Bingle, MD



Eric M. Horn, MD



Dipen C. Maun, MD



Jean-Pierre Mobasser, MD



Eric A. Potts, MD



Rick C. Sasso, MD



K. Donald Shelbourne, MD



Robert K. Stoelting, MD



Frank A. Workman, MD

minimally invasive spinal fixation device." On a personal note, he and his wife Karen welcomed the birth of their third son, Benjamin, in March, 2009.

K. Donald Shelbourne, MD, presented "Rehabilitation to Achieve Knee Symmetry: Effective Treatment for Many Knee Conditions" and "27 Years of ACL Practice in a Nutshell April 29th at the Kerlan Jobe Clinic in Los Angeles, California and at the Southern California Orthopedic Institute in Van Nuys. He presented the "Rehabilitation to Achieve" lecture at the Team Makena Dinner in Los Angeles. On May 7, Dr. Shelbourne presented "Treatment Algorithm for Patellofemoral Dislocation or Malalignment at the Isle of Palm, South Carolina.

Jean-Pierre Mobasser, MD, and **Eric A. Potts, MD**, neurosurgery-trained spine surgeons at Indianapolis Neurosurgical Group, were invited to be clinical faculty members at the Medtronic spinal navigation course in May 2009. This course is directed towards practicing spine surgeons who want to learn about navigation in spine surgery.

News from St. Francis Hospital & Health Centers ...

Four clinical departments are relocating to the new St. Francis Medical Office Building at 610 E. Southport Road at U.S. 31. The new tenants include St. Francis Behavioral Health, St. Francis Physical Therapy, St. Francis Psychiatric Associates and St. Francis Sports Medicine.

The St. Francis Wound Care Institute has opened in Mooresville and is now serving patients on Indianapolis' south side and the surrounding area. The Institute, the first of its kind on the south side, specializes in diabetic foot and ankle care and limb preservation.

An estimated five million Americans live with non-healing wounds. Specialized care of chronic wounds is an essential part of the overall care pathway for many patients. At the St. Francis Wound Care Institute, patients with non-healing wounds can get customized care and innovative treatments.

The Mooresville center offers a multidisciplinary team dedicated to individualized treatment and total patient care. Institute nurses and staff have 65 years of combined experience in wound care treatment. Adults who suffer from non-healing circulatory wounds, diabetic foot wounds, pressure ulcers, surgical wounds, traumatic wounds and burns can all find the treatment they need for successful wound healing.

The Wound Care Institute is located at 1203 Hadley Road in the Professional Building on the campus of St. Francis Hospital-Mooresville.

IMS

From the Alliance

Congratulations to the ten recipients of the 2009 Nursing and Allied Health Scholarships awarded by the **Indianapolis Medical Society Alliance!** These young men and women showed themselves to be above average in their dedication to the delivery of medical care. Not only were they outstanding in their fields of study, but also focused also on patient care and volunteerism. And definitely in the current economic climate, they were in need of financial assistance. **The Alliance** has been attentive to building an excellent group of medical assistant professionals for health providers here in Indianapolis and Central Indiana.

Through the efforts of a dedicated group of **Alliance** volunteers, funds for these scholarships were gained from the annual Sale of Spring Bouquets & Truffles, and by direct solicitation for donations. This year we were able to award \$7,500.

The awardees are chosen based on their completion of the application, including school transcripts, and recommendations from professors or work managers.

2009 Recipients are:

Kayla Berger
Nursing, Purdue University

Lynn C. Darstein
Physical Therapy, IUPUI

Lauren Doolittle
Physical Therapy, IUPUI

Allison Easterhaus
Occupational Therapy
University of Indianapolis

Derek A. Flores-Lefranc
Nuclear Medicine Technology, IUPUI

Loan Hoang
Radiography/MIT, IUPUI

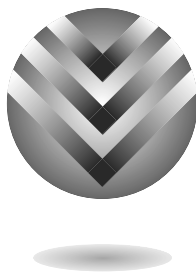
Erica A. Law
Nursing, Purdue University

Brittany L. Parsons
Clinical Lab Sciences, IUPUI

Amy Ponsler
Nursing, University of Indianapolis

Kelly A VanHulle
Nursing, IUPUI

Continued on page 36.



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AMA Outlines Initiatives to White House to Help Slow Increases in Health Spending

Contributes to Effort to Bend Spending Curve to Help Move Health Reform Forward

*Statement attributable to: Nancy H. Nielsen, MD
President, American Medical Association*

“The American Medical Association (AMA) joined with five other organizations in the health sector to outline initiatives to help achieve President Obama’s goal of decreasing the health-care cost growth rate by 1.5 percent, saving \$2 trillion or more over the next 10 years.

“The AMA is committed to action to help achieve greater value from our nation’s health-care spending. We want to help bend the spending curve and move forward on health reform. Our proposals focus on making sure people get the right care at the right time, addressing appropriateness of care, overutilization of some services and avoidable hospital readmissions.

“The AMA-convened Physician Consortium for Performance Improvement (PCPI), with the efforts of more than 100 state and national medical specialty societies, continues to develop measures to improve health-care quality and value.

“Efforts to reduce unnecessary utilization include the following PCPI-selected topics for development of overuse measures this year: surgical and non-surgical management of back pain, percutaneous coronary intervention (PCI) for chronic stable coronary artery disease, induction of labor/Caesarean section, antibiotics for sinusitis and various types of diagnostic imaging.

“Other specific efforts include a set of measures to improve care transitions from hospitals to other settings to avoid unnecessary hospital readmissions and a multi-pronged effort to reconcile multiple prescriptions for individual patients being treated by different physicians. This program of medication reconciliation is designed to avoid potential drug interactions and eliminate inappropriate or unnecessary prescriptions.

“Defensive medicine continues to be a major factor in rising costs. We need medical liability reforms that help physicians provide the best care without needing to order additional services to guard against possible lawsuits.

“All Americans can help in the effort to keep health-care costs down. The combination of large-scale national initiatives and efforts by individuals to engage in prevention and wellness efforts is key to reducing spiraling health costs, preventing chronic disease and keeping America healthy.”

Editor’s Note: Full letter to the White House available here: <http://www.ama-assn.org/ama1/pub/upload/mm/31/stakeholders-to-obama.pdf>

AMA, Specialties Issue Joint Medicare Payment Reform Principles

The AMA and 59 medical specialty organizations have endorsed a set of joint recommendations aimed at eliminating Medicare’s sustainable growth rate (SGR) formula and supporting efforts to promote health care quality and appropriateness. Developed with input from the Federation of Medicine, the AMA Council on Medical Service and the AMA Council on Legislation, the joint recommendations underscore that the SGR should be repealed this year and replaced with updates that reflect practice cost increases.

If Congress adopts a transitional approach to replacing the SGR, payment updates would be linked to the Medicare Economic Index for five years while innovative financing and delivery systems are further developed and tested. The recommendations oppose any mandatory physician participation in new models, support antitrust reforms to allow physicians to collaborate around health information technology and quality improvement initiatives, and call for testing programs that provide liability protection to physicians who participate in Medicare quality incentive programs.

To view the recommendations, which are being shared with key policymakers in Congress, the Obama administration and the Medicare Payment Advisory Commission visit <http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/medicare/payment-action-kit-medicare.shtml>.

Know Your Rights: Health Insurer Settlement Coding Provisions

The WellPoint/Anthem, Health Net, Humana and Blue Cross Blue Shield settlement provisions are in effect. Under the respective settlements, these health insurers are required to follow most CPT® rules unless otherwise posted on their Web sites, such as:

- Paying add-on codes without reducing for Multiple Procedure Logic
- Separately recognizing and paying evaluation and management, or E/M, codes appended with a 25 modifier when billed with a service procedure or surgical code
- Separately recognizing and paying for supervision, interpretation and radiologic guidance codes
- Separately recognizing and paying CPT® codes appended with a 59 modifier to the extent they follow CPT® rules regarding designation of separate procedures

If a settling health insurer fails to adhere to the terms of its settlement, consider filing a compliance dispute. Visit (<http://www.ama-assn.org/ama/no-index/legislation-advocacy/17555.shtml>) for more information about filing a compliance dispute and to access resources to help you make the most of the settlements’ benefits in your practice. And file a complaint (<http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/hipaahealth-insurance-portability-accountability-act/file-hipaa-related-complaint.shtml>) about a health insurer not currently under a settlement agreement.

AMA Partners with AAPPO on New Contracting Toolkit

To help physicians, preferred provider networks and payers develop a common understanding during contracting discussions, the American Association of Preferred Provider Organizations (AAPPO) and the AMA have partnered to develop a contracting toolkit for physicians. This educational guide is designed to create a common ground for discussions between physicians, preferred provider networks and payers by fostering a better understanding of contractual agreements and diminish the potential for problems or misunderstandings that arise after a contract is executed.

Visit <http://www.ama-assn.org/ama/pub/news-events/news-events/aappo-ama-contracting-toolkit.shtml> to learn more about this resource and to access it.

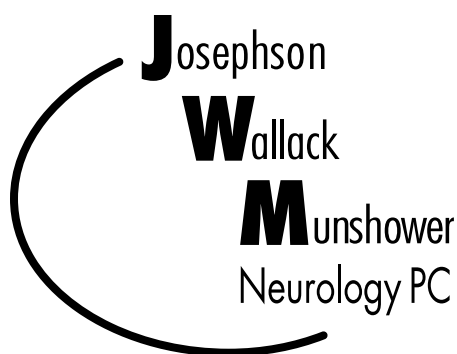
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- Cardiovascular illness (hypertension, coronary artery disease, arrhythmias, TIA, stroke, congestive heart failure)
- Headaches, seizure disorder, neuromuscular disorders, Parkinson's disease, memory and cognitive problems
- Endocrine disorders (diabetes, impotence, hypothyroidism)
- Weight gain
- Unexplained chronic fatigue
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Pediatrics, 2003
Pediatric Cardiology, 2008
University of Utah, 2000



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Neurological Surgery, 2006
Indiana University, 1996

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Internal Medicine, 1989
Cardiovascular Disease, 1991, 2001
Clinical Cardiac
Electrophysiology, 1994, 2004
University of Illinois, 1985

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Obstetrics & Gynecology
Southern Illinois University, 2004



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Urology, 2005
Wayne State University, 1991

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Colon & Rectal Surgery, 2008
Surgery, 2007
Northwestern University, 2001



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Indiana University, 1983

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Pediatrics, 1999, 2007
Neonatal-Perinatal Medicine, 2005
Dow Medical College, Pakistan, 1989

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Joseph Charles Butterworth, MD
1936 - 2009

Joseph Charles Butterworth MD, 72, urologist, passed away on May 29, 2009. He was born on August 26, 1936 in Clinton, Indiana. Dr. Butterworth was delivered by his grandfather Dr. Joseph R. Bloomer.

Dr. Butterworth was a graduate of John Strange School, Broad Ripple High School and Indiana University. Dr. Butterworth served as a First Lieutenant in the United States Air Force from 1958-1961 after graduating from Indiana School of Business in 1958. He earned his medical degree from Indiana University School of Medicine in 1967.

Dr. Butterworth started his medical career as an intern at Wishard Hospital, completing his residency in urology at Methodist Hospital before practicing full-time at Winona Memorial Hospital.

He helped form Associated Urologists, Inc., which later merged with Urology of Indiana, practicing at St. Vincent and St. Vincent Carmel, Witham Hospital and Methodist Hospital. Dr. Butterworth was board certified with the American Urological Association.



Frederic A. Rice, Jr., MD
1921 - 2009

Dr. Frederic A. Rice, Jr., 87, passed away on Tuesday, June 2, 2009 at home. Born on July 22, 1921, in Indianapolis. Dr. Rice graduated from Shortridge High School and started at Indiana University in 1940. In 1941, he enlisted in the U.S. Army where he served as an instructor and then as the commander of the B-29 bomber, "City of Indianapolis." He flew twenty-seven missions over Japan and was in the air as the atomic bomb was dropped on Hiroshima. On one of these missions his plane lost two engines and had to land at Iwo Jima. A book and a movie, *The Last Mission*, were based on his crew's heroic acts. He returned to I.U. in 1945 and graduated from the I.U. School of Medicine in 1951. Dr. Rice re-enlisted in the armed forces in June 1951. He interned at Percy Jones Army Hospital in Battle Creek, Michigan and was trained as a flight surgeon in San Antonio, Texas, becoming their Senior Medical Examiner. After his next assignment in Roswell, New Mexico, he returned home in 1953. In November Dr. Rice opened up his office in Lawrence, in family practice, where he practiced in the same building for 56 years.

Dr. Rice joined Community Hospital's staff as a charter member when Community East opened in 1955 and delivered the first babies (twins) when the obstetrics wing opened in 1956. He delivered the hospital's first triplets and the 500th and 1,000 baby! He served as Community East's Chief of Staff from 1976 to 1978. Dr. Rice also was an aviation medical examiner for the FAA for many years and served under several sheriffs as the physician for the deputies and prisoners at the Marion County jail. As a deputy coroner for a number of years, he was the first doctor on site at the Coliseum explosion in October 1963.

Dr. Rice was honored as a 50-Year Club Member in 2001. He also served several terms as an Alternate Delegate to the state convention. He was a Diplomate of the American Academy of Family Physicians.

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Thank you, Heidi M. Dunningway, MD



Heidi M. Dunningway, MD, IMS Immediate Past President, is Project Health's volunteer of the month of August. She was born and raised in Peoria, Illinois. She knew she wanted to be a doctor by first or second grade, inspired by *Marcus Welby, MD*. Originally, she had considered nursing

but somewhere along the line she figured out that women could be doctors, too. Both parents told her she could be whatever she wanted to be. She said her dad went out of his way to take her on field trips to the Northwestern Regional Laboratory. Then, in the fifth grade they got her a microscope and her quest began.

"I originally planned on going into bioengineering close to home, but my mother and I went to visit Iowa and I fell in love. The people were so nice, and they had a great opportunity for me to do research there," said Dr. Dunningway. She received her undergraduate degree

in Biochemistry from the University of Iowa, graduating with College Honors and Distinction. She credits Lauren Bakaletz, PhD, as her college mentor. "Dr. Bakaletz taught me a lot about being a woman in a business environment – but also being the complete package, balancing being a mom, wife and working." She received her medical degree from the University of Illinois in Urbana and did an internship in general surgery at Columbus, Ohio's Riverside Methodist Hospital. "I enjoyed the O.R., but general surgery and OB/GYN was not what I wanted." She searched for her specialty and chose otolaryngology, "Because I liked picking noses," she jokingly said. "But really it is the variety and all the different anatomy that I like." Dr. Dunningway completed her residencies at Ohio State University Medical Center before coming to Indianapolis. "My sister went to Butler and stayed here after college. I visited a lot and liked it too; so I decided to focus my search for a job here." Dr. Dunningway is certified by the American Board of Otolaryngology.

Dr. Dunningway said she actually refers more patients to Project Health than we refer to her, but it did illustrate to her how many patients simply fall through the cracks. She sees Medicaid patients too, but said she knows that Project Health patients "will show up, be on time, are very respectful and appreciative." Project Health patients are dependable. She noted that Medicaid patients have the highest no show rate.

Dr. Dunningway encourages other physicians to volunteer for Project Health. She knows that many are afraid they will be overwhelmed with patients, "but that is not so. Project Health Case Managers do a good job of spreading out the burden and closely watching to see that no pledges are exceeded."

Dr. Dunningway has a 14-year-old stepson who is attending Roncalli High School and is interested in going into medicine. She and her husband are "horse people." They have five acres in Fairland where they keep some of their horses. She likes saddle seat high trotting and has her show horse at home. She made a deal with her husband that she wouldn't do any jumping. They do some breeding with their Arabian stallion that is currently in Germany. They also have a one-year-old and a two-year-old saddle bred. "My husband is a really good sport. He works from home and does most of the work with the horses."

Project Health thinks you are a good sport too, Dr. Dunningway. Thank you for everything you have done for the Indianapolis Medical Society and Project Health.

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Red Flags Rule

The Red Flags Rule compliance deadline is scheduled for August 1, 2009. For those of you needing information, the AMA has prepared documentation on the requirements and a sample template available at no charge to AMA members at <http://www.ama-assn.org/ama/no-index/physician-resources/red-flags-rule.shtml>. The FTC also has a prepared guide at <http://www.ftc.gov/bcp/edu/pubs/business/idtheft/bus23.pdf>

Marching Band and Sports on Level Playing Field

Avon (Indiana) High School's award-winning marching band is at the center of research presented in May 2009 at the American College of Sports Medicine's 56th Annual Meeting in Seattle. Gary Granata, PhD, RD, of PerformWell, LLC, studied 172 members of the Avon High School marching band through an anonymous questionnaire, looking at the physical demands and injuries related to marching.

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As marching bands prepare for summer parades and head to band camp, this research provides evidence that the physical challenges and demands of participating in competitive high school marching band are similar to those experienced by athletes who compete in traditional, competitive sports.

More than 95 percent of surveyed band members reported muscle soreness or stiffness after practice, and nearly half said they were "frequently tired" after practice. In addition, more than 38 percent said they had suffered an injury as a direct result of participating in marching band.

St. Francis Hospital Earns National Recognition for Heart Failure Treatment

St. Francis Hospital & Health Centers was recognized for its achievement in implementing the American Heart Association's/American Stroke Association's programs to treat coronary artery disease, stroke and heart failure.

St. Francis received the Get With The Guidelines-Heart Failure Bronze Performance Achievement. The recognition also means that St. Francis attained an aggressive goal of treating patients for at least 90 days with 85 percent compliance to the core standard levels outlined by the AHA and American College of Cardiology secondary prevention guidelines for heart failure patients.

Previously St. Francis received both the bronze and silver awards for its achievements in the area of coronary artery disease (acute myocardial infarction) from the AHA.

According to the GWTG-Heart Failure treatment guidelines, patients are started on aggressive risk reduction therapies such as cholesterol-lowering drugs, beta-blockers, ACE inhibitors, aspirin, diuretics and anticoagulants upon their arrival at the hospital. They also receive tobacco cessation and thyroid management counseling as well as referrals for cardiac rehabilitation before their discharge.

According to the AHA, about 300,000 people annually suffer a recurrent heart attack, 5.2 million experience heart failure and 700,000 are stricken by stroke.

VEI Commits to Two-Year Support Partnership with the Crohn's & Colitis Foundation

Visionary Enterprises, Inc (VEI), a division of Community Health Network announced today a two year agreement to support the awareness and fundraising efforts of the Crohn's & Colitis Foundation of America through the Foundation's Indiana Chapter.

The program supported by this partnership will include the TAKE STEPS for Crohn's & Colitis walk, the Annual Winter Gala, research and as many as 10 patient and professional educational programs.

VEI, an affiliate within Community Health Network, implements health care ventures with physicians and hospitals that result in strong partnerships, outstanding quality of care, exceptional service and solid financial performance.

Throughout the Midwest, VEI has ownership in and manages numerous ambulatory surgery centers. In addition to its leadership in ambulatory center acquisition, development and

Continued on page 26.



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In Summary *(Continued from page 24)*

management, VEI also directs retail pharmacy operations and other retail services within the network, manages the surgical services departments at three Community Health Network hospitals, provides physician practice management services to approximately 150 physicians and owns and manages more than 20 medical office buildings in central Indiana.

The Crohn's & Colitis Foundation of America's mission is to cure Crohn's disease and ulcerative colitis, and to improve the quality of life of children and adults affected by these diseases. The Foundation ranks third among leading health non-profits in the percentage of expense devoted to research toward a cure, with more than 81 cents of every dollar the Foundation spends goes to mission-critical programs. The Foundation consistently meets the standards of organizations that monitor charities, including the Better Business Bureau's Wise Giving Alliance (give.org) and the American Institute of Philanthropy (charitywatch.org).

For more information, contact the Foundation at 317-259-8071 or visit www.cdfa.org/chapters/indiana

Riley Hospital Urges Community to Prevent Lawn Mower Injuries

Annually, more than 9,000 children injured nationwide ... it is never too late to remind patients and children

Lawn mowers are often associated with the scent of fresh cut grass and thoughts of a beautiful summer day, but few associate lawn mowers with facial injuries, amputations or even fatalities.

According to the American Academy of Pediatrics, each year approximately 9,000 children under the age of 18 are injured by

power lawn mowers nationwide; and every summer, Hoosiers are victims of these preventable injuries and deaths.

From 2003-2006, the most recent data available from the Indiana State Department of Health, 37 percent of all power lawn-mower related injuries in the state involved the hospitalization of children under the age of 15.

Riley Hospital for Children wants the public to be aware of the dangers of power lawn mowers and provide tips on lawn mower safety.

Types of lawn mower injuries

- Amputation of body parts (fingers, toes, arms or legs)
- Deep cuts, damaging skin, muscle and bone
- Fractures of hand, feet, arms or legs
- Head, facial and eye injuries
- Burns from hot mower parts

Lawn mower safety tips

- Never allow a child under the age of 12 to operate a push or riding lawn mower, or a tractor pulling a brush mower.
- Never allow a child to ride on the lap of driver, the seat, fender or housing of a riding mower or a tractor pulling a brush mower.
- Read the operator's manual.
- Never leave a power mower unattended while the engine is running.
- Protect against flying objects by keeping children more than 50 feet (15 meters) away from the operating mower.
- NEVER allow a child in the yard of a riding lawn mower, the unknown child in the yard becomes the back-over maimed child

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Tuesday Medical Staff Conf. Room, 12:00 - 1:00 p.m.

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

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

Community Hospital South

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

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.

North Cancer Pavilion

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

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

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Friday, September 25, 2009
Arrhythmia and Heart Failure Symposium
The Renaissance Hotel
Carmel, Indiana

Friday, December 4, 2009
Update in Cardiology
The Renaissance Hotel
Carmel, Indiana

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

Indiana Spine Group

BACK TALK: Comprehensive Concepts in the Diagnosis and Treatment of Spinal Disorders

September 11-12, 2009
University Place Conference Center & Hotel,
850 W. Michigan Street, Indianapolis, Indiana

A conference for primary care physicians that will provide comprehensive information for the diagnosis and treatment of spinal disorders, injuries and abnormalities. Sponsored by Indiana Spine Group.

This activity has been approved for AMA PRA Category 1 Credit. This activity has been reviewed and is acceptable for up to 11.75 credit(s) by the American Academy of Physicians.

For more information call (317) 228-7000 or visit www.indianaspinegroup.com

St. Francis Hospital & Health Centers

September 18, 2009

St. Francis Cardiovascular Symposium, 2009
Crown Plaza at Union Station, Indianapolis
For information, call 317-783-8136

Beech Grove Campus

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

Clarian Health Partners

IU – Methodist – Riley

July 6-15 94th Annual Anatomy and Histopathology of the Head, Neck and Temporal Bone
Medical Science Building, IUPUI Campus
Indianapolis

July 9 Cleft Lip and Palate in Children
Learning Center, Clarian North Medical Center
Carmel, Indiana

July 17 Review and Interpretation of the 2009 ASCO Meeting
University Place Conference Center, Indianapolis

Sept. 12 Practical Pearls:
General & Community Pediatrics 2009
Riley Outpatient Center, Indianapolis

Sept. 25 6th Annual Cancer Update for the Non-Oncologist
Arbor Conference Center, Goshen General Hospital
Goshen, Indiana

Sept. 26 Psychiatric Aspects of Women's Health Care
Hyatt Regency, Indianapolis

Nov. 13 Richard E. Lindseth Lectureship
University Place Conference Center, Indianapolis

Nov. 20-21 17th Annual Trauma/Surgical Critical Care
Symposium
University Place Conference Center, Indianapolis

Dec. 3-4 3rd International Urolithiasis Research Symposium
Conrad Hotel, Indianapolis

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

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

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July 14, 2009, 12:00 pm CT
Stimulus 103: Real World Perspectives

The three-part series helps physicians take advantage of the \$19 billion in funds allocated for the purchase and use of HIT.

- Stimulus 101: (archived program available)
- Stimulus 102: (archived program available)

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St. Vincent Hospital and Health Care Center Inc.

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July 21

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Contact: Angela Koszyk at 338-3460
The Cooling Auditorium

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Teleconference Room

Every Tuesday 7-8am **Internal Medicine Grand Rounds**
Cooling Auditorium

Every Wed., 8-9am **Gynecology Malignancy Conference**
Pathology Lab

Indiana Psychiatric Society

Indiana Psychiatric Society – Fall Symposium
Psychiatric Aspects of Women's Health Care
Saturday, September 26, 2009
Hyatt Regency, downtown Indianapolis

This conference will focus on women's health issues. Featured topics will include common psychiatric disorders in women with comorbid medical conditions, the impact of trauma on women's health, and a review of the rational use of hormonal and nutritional therapies in addressing women's health issues.

To register visit www.pdallc.com

For more information, leave a voice message for IPS at 888.477.9119.

Indianapolis Medical Society

July

10 **7th District Annual Meeting, Indiana Downs, Registration @ 6:15pm, Dinner & Racing Follow**
Executive Committee, Society, 6:00pm, Sandwiches

August

4 IMS Board, Society, 6:00pm, Social; 6:30pm, Dnr/Mtg
18 Executive Committee, Society, 6:00pm, Sandwiches

September

2 Senior/Inactive Luncheon Meeting, Noon, Society
22 Executive Committee, Society, 6:00pm, Sandwiches
25-27 ISMA Convention, Downtown Hyatt

October

6 IMS Board, Society, 6:00pm, Social; 6:30pm, Dnr/Mtg
20 Executive Committee, Society, 6:00pm, Sandwiches

November

5 IMS Advisory Breakfast, 7:30 am - prior to ISMA BOT
5 ISMA Board of Trustees, 9:00 am, state headquarters
14-17 AMA Interim TBA
17 Executive Committee, Society, 6:00pm, Sandwiches

December 2009

1 IMS Board, Society, 6:00pm, Social; 6:30pm, Dnr/Mtg
2 Senior/Inactive Luncheon Meeting, Noon, Society TBA
15 Executive Committee Dinner with Spouses/Guests

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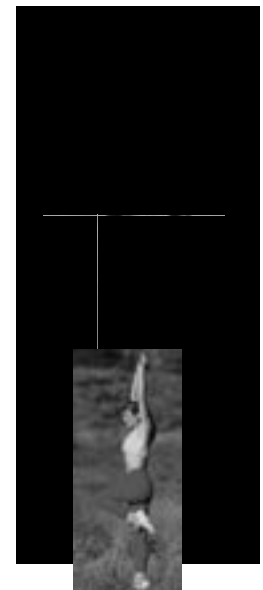
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Back pain continues to be one of the most common reasons patients seek medical care. According to the North American Spine Society, one out of three Americans suffers from back pain. To more effectively care for your patients, learn the latest at **Back Talk**. **Back Talk** will provide the latest information for the diagnosis and treatment of spinal disorders, injuries and abnormalities.

Date: September 11 & 12, 2009

Location: University Place Conference Center & Hotel
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**For a conference brochure or more information,
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Off the Wire

Scientists Discover New Genetic Immune Disorder in Children

Your immune system plays an important function in your health—it protects you against viruses, bacteria, and other toxins that can cause disease. In autoinflammatory diseases, however, the immune system goes awry, causing unprovoked and dangerous inflammation. Now, researchers from the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), part of the National Institutes of Health, and other institutions have discovered a new autoinflammatory syndrome, a rare genetic condition that affects children around the time of birth. The findings appear in the *New England Journal of Medicine*.

The scientists have termed the new autoinflammatory syndrome DIRA (deficiency of the interleukin-1 receptor antagonist). Children with the disorder display a constellation of serious and potentially fatal symptoms that include swelling of bone tissue; bone pain and deformity; inflammation of the periosteum (a layer of connective tissue around bone); and a rash that can span from small individual pustules to extensive pustulosis that covers most of the patient's body. Most of the children begin to have symptoms from birth to 2 weeks of age.

"The beauty of this discovery is that the symptoms of this devastating disease can now be treated," said NIAMS director and immunodermatologist, Stephen I. Katz, M.D., Ph.D. "The

abnormal inflammatory pathways seen in this disease may also help us understand other common diseases that share clinical features, such as psoriasis, as well as other autoinflammatory disorders."

"We knew when we saw these children that we were dealing with a previously unrecognized autoinflammatory syndrome. The clinical characteristics were distinct from other diseases we had seen before," said NIAMS researcher and lead author Raphaela Goldbach-Mansky, M.D., M.H.S. When her colleague, Dr. Ivona Aksentijevich, tested the first patient for genetic abnormalities, their suspicions were confirmed, and ultimately abnormalities were found in a number of other cases.

All the children had inherited mutations in IL1RN, a gene that encodes a protein known as interleukin-1 receptor antagonist (IL-1Ra). IL-1Ra binds to the same cell receptors as the inflammatory protein interleukin-1, and acts as a brake on this inflammatory protein. Without IL-1Ra, the children's bodies cannot control systemic inflammation that can be caused by interleukin-1.

The scientists identified nine patients from six families with DIRA in the Canadian province of Newfoundland, the Netherlands, Lebanon, and Puerto Rico. Those who were alive at the time of diagnosis—six in all—were treated with anakinra, a drug that is normally used for rheumatoid arthritis and is a synthetic form of human IL-1Ra. Although the patients were

Continued next page.

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Off the Wire *(Continued from previous page.)*

resistant to other medications such as steroids, most responded successfully and immediately to anakinra. “Our first patient had been unresponsive to several treatments, and his health care team had almost given up. But with anakinra, he was out of the hospital in 10 days and his symptoms resolved,” Dr. Goldbach-Mansky said.

Although the mutation that causes DIRA is rare, as many as 2.5 percent of the population of northwest Puerto Rico are carriers. Since DIRA is recessively inherited, these data suggest that it may be present in about 1 in 6,300 births in this population. Because the mutation was found in three independent Dutch families, newborn screening for DIRA in this population, as well as that of northwest Puerto Rico, may be warranted, Dr. Goldbach-Mansky said.

“The DIRA discovery can be attributed to an innovative and collaborative effort between clinicians and laboratory researchers at NIAMS and an international team of dedicated investigators,” said NIAMS Clinical Director and coauthor Daniel L. Kastner, M.D., Ph.D. “Moreover, the unveiling of this novel autoinflammatory syndrome provides us with a tool to further dissect the role of interleukin-1 in human biology and disease.”

In addition to the NIAMS, other support came from the National Cancer Institute; the National Institute of Allergy and Infectious Diseases; the NIH Clinical Center; the National Human Genome Research Institute; Memorial University of St. John’s, Newfoundland; the University of Iowa, Iowa City; the University of Utrecht, Netherlands; the University of Toronto, Canada; Lund University, Malmö, Sweden; Shafallah Medical Genetics Center, Qatar; Feinstein Institute, Manhasset; and Erasmus Medical School, Rotterdam, Netherlands.

For more information about the NIAMS Intramural Clinical Research Program, visit the NIAMS Web site at http://www.niams.nih.gov/research/Ongoing_Research/Branch_Lab/Clinical_Director. For more information about the NIAMS Genetics and Genomics Branch, visit the NIAMS Web site at http://www.niams.nih.gov/Research/Ongoing_Research/Branch_Lab/Genetics_and_Genomics/default.asp.

For more information about autoinflammatory diseases, visit the Medline Plus Web site, a service of the NIH’s National Library of Medicine, at <http://www.medlineplus.gov>.

The mission of the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), a part of the Department of Health and Human Services’ National Institutes of Health, is to support research into the causes, treatment, and prevention of arthritis and musculoskeletal and skin diseases; the training of basic and clinical scientists to carry out this research; and the dissemination of information on research progress in these diseases. For more information about NIAMS, call the information clearinghouse at 301-495-4484 or 877-22-NIAMS (toll-free call) or visit the NIAMS Web site at <http://www.niams.nih.gov>.

The National Institutes of Health — The Nation’s Medical Research Agency — includes 27 Institutes and Centers and is a component of the U.S. Department of Health and Human Services. It is the primary federal agency for conducting and supporting basic, clinical and translational research, and it investigates the causes, treatments and cures for both common and rare diseases. For more information about NIH and its programs, visit www.nih.gov.

– *Aksentijevich I, Masters SL, Ferguson PJ, et al. An autoinflammatory disease with deficiency of the interleukin-1 receptor antagonist. N Engl J Med 2009;360:2416-27.*

Continued on page 34.



Indianapolis Medical Society

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Delegates to the State Convention, September 2009, 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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Daniel E. Lehman (2011)
Mary Ian McAteer (2011)
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Maria C. Poor (2011)
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Alternate Delegates to the State Convention, September 2009, Indianapolis

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Robert J. Goulet (2009)
Charlene E. Graves (2009)
Paul K. Haynes (2009)
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David M. Ratzman (2009)
Jeffrey M. Rothenberg (2009)
Bridget M. Sanders (2009)
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Steven Richard Smith (2009)
H. Jeffery Whitaker (2009)

F. Keith Bean (2010)
Benjamin J. Copeland (2010)
Woodrow A. Corey (2010)
Sheila M. Gamache (2010)
Andrea L. Haller (2010)
Mark M. Hamilton (2010)
Timothy L. Hobbs (2010)
Andrew A. Johnstone (2010)
RoseMarie Jones (2010)
Martin Kaefer (2010)
Jeffrey J. Kellams (2010)
Anthony W. Mimms (2010)
Kimberly K. Short (2010)
Louis L. Winternheimer (2010)
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Off the Wire (Continued from page 31)

Wheelchair Tai Chi

Dr. Zibin Guo, a medical anthropologist in The University of Tennessee at Chattanooga Department of Sociology, Anthropology, and Geography has a fresh idea—wheelchair Tai Chi.

Tai Chi is one of the ancient Chinese martial arts, a noncompetitive self-paced system of gentle physical exercise that Dr. Guo has adapted for wheelchair-dependent individuals in the U.S. and China. For his efforts, The Tennessee Higher Education Commission recently named Dr. Guo a faculty recipient of the state Love Award, recognizing his commitment to community service.

Dr. Gao said wheelchair Tai Chi is one of the simplest ways for people who use wheelchairs to improve their physical and mental health. Dr. Guo’s technique is benefitting people in China and Chattanooga. Many of the participants in his study reported improved stamina and said they enjoyed the social nature of the classes. Though his professional reaction to the study is one of guarded optimism, Dr. Haban, neuropsychologist of the Siskin Hospital for Physical Rehabilitation said Siskin is committed to continuing the study. He remains hopeful that using Tai Chi as an intervention will positively impact patients’ functional strengths.

“The minimum that could be said in this study is that it points to the need for further research to be done,” Dr. Haban said.

– University of Tennessee at Chattanooga, 203 Founders Hall
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The Alliance *(Continued from page 12)*

Special thanks to all who made these awards possible. The team of Kay Enderle and Karen Shoemaker did a wonderful job of organizing the Spring Bouquet & Truffles Sale. And thanks to all the volunteers who helped deliver the orders. Special thanks also to Marcia Rice for her efforts on the special mail campaign for additional donations. Our interviewers did a great job in meeting each student individually in order to make the decisions on awards. They were: Mary Ann Campbell, Joan Daly, Marcia Rice and Evelyn Wellman. Kudos also to our newly-appointed IMS Alliance Liaison, Becky Collis, for her assistance with both of these projects, and all the other IMS Staff for their continued support. We are especially appreciative to those of you who purchased Spring Bouquets and/or Truffles, or made a direct donation.

You are encouraged to give to the Scholarship Fund anytime of the year by sending your donation to the IMS Foundation, specified for the **Alliance Scholarships**. See page 34 of this *Bulletin* for a form, or phone the IMS office for further assistance.

*Evelyn Wellman, Chairperson
Nursing & Allied Health Scholarships*

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If you wish to join the Alliance or participate in any of activities of the Alliance, please call 639-3406 and ask for Becky Collis or email ims@imsonline.org.

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Special Feature *(Continued from page 8)*

and of those tested, 3 patients had positive A or B strain results. Preparedness information: Of 39 practices, 10% reported getting no flu-alerts, but the majority (80%) received email and fax (over 50%) updates, followed by outbreak information from the Indiana Health Alert Network (IHAN 13%), internet (18%) and EMResources (3%). Of the 22 practices reporting preparedness capacity, over 85% had less than 2 weeks' flu-care reserve supplies. As under half used rapid flu tests, only 10 practices had rapid-flu test kits on hand, and even fewer had swab/media kits available.

Summary: Several innovations in public health communications occurred in this novel-H1N1 outbreak, including Docs4Docs first use in an emergency flu-alert, and this collaboration between MCHD and IMS to provide active case surveillance. While the public might assume electronic communications provides nearly real-time case identification, we learned that email requests and web-based surveys may not be the fastest way to receive real-time information from physicians. Most non-hospital practices are most attuned to fax requests for information, but local health departments usually have poor access to providers' fax numbers without the aid of a professional association or large-scale provider networks. IMS members' faxed survey response is also notable given they were surveyed on the very date that health officials announced that revised public health protocols allowed local schools to re-open, potentially diffusing concern about H1N1 cases. Working through IMS's reach to a wide set of practices allowed MCHD to quickly survey providers about patients being seen in their offices that week. For questions related to the active H1N1 flu fax-surveillance, contact:

*Millicent Fleming-Moran, PhD
Epidemiologist Researcher
Health & Hospital Corporation of Marion County
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