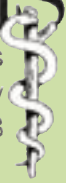


IMS
Indianapolis
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Volume XCVIII • Number 7
March 2009 • Indianapolis, Indiana

Bulletin



*Happy
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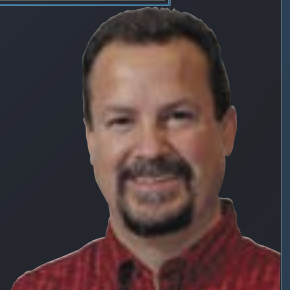
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Fax: (317) 262-5609
Web Page: <http://www.imsonline.org>
E-mail: ims@imsonline.org

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President-Elect
John C. Ellis, MD

Direct copy for publication and inquiries regarding advertising to:

Executive Vice President and
Editor, *The IMS Bulletin*
Beverly Hurt

Associate Editor, *The IMS Bulletin*
Marcia K. Hadley

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ATTENTION SOCIETY MEMBERS

We like to feature photographs or other artwork
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The Bulletin is your magazine. Share your
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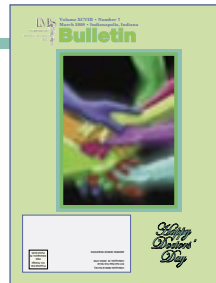
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about our cover



Our cover honors the healing hands of
medicine. From *AMA, eVoice, March 27,
2008*: "Did you know that the AMA Code was
the first ever national code of ethics for any
profession? In fact, it dates back 161 years
and the original manuscript, written in
1847 (the same year the AMA was founded),
began with these words: 'A physician should
not only be ever ready to obey the calls
of the sick, but his mind ought also to be

imbued with the greatness of his mission, and of the responsibility
he habitually incurs in its discharge.' Taking out the (unfortunately)
gender-specific nature of these words, it's remarkable how pertinent
the principles and values of the original code are to medicine today."

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

"Iraqi Air Force displays new aeromedical capabilities transporting injured patients"



Triage \ trē-'āzh, \ noun, French, sorting, sifting, from trier to sort, from Old French – 1. The sorting of and allocation of treatment to patients and especially battle and disaster victims according to a system of priorities designed to maximize the number of survivors – 2. The sorting of patients (as in an emergency room) according to the urgency of their need for care

Most doctors are familiar with the process of triage. As an emergency physician, it is something that occurs everyday in our waiting room. The triage nurse evaluates the patients who present and categorizes them based on their chief complaints, vitals and a mini-exam. Our department uses a numbering system from one to five based on some objective criteria and the sickest are brought back first.

This process is often not transparent, however, to those sitting in the waiting room. How is it that the man holding a blood-soaked rag around his hand has still not been seen when they took the old lady who looked perfectly fine straight back? But better yet to my consternation, all patients who arrive by ambulance must be placed in a OD room and may not be sent to the waiting room for triage. Now you're in on the little secret how to get to the head of the line. You think our patients haven't figured that out?

As the definitions note above, there are differences in peacetime, during mass disasters and for the military. Fortunately, we have been very blessed the last few years that there have been no significant disasters or terrorist attacks in the United States. In my civilian experience, we treat everyone, even those who will probably not make it.

The military uses a color-coded system with four categories: minimal (green), delayed (yellow), immediate (red) and expectant (black).

After an IED blast or suicide bomber attack, there may be ten, fifteen, twenty casualties. This rapid process of triage forces the triage officer to ration care and utilize the limited resources available to benefit the most people. The most injured may get no care at all. This goes completely against everything we learned in medical school and especially our gut instinct.

Having spent the last part of 2008 in Iraq as the medical director of the emergency department at Joint Base Balad, it is an event that occurred on more than a few occasions. The 332nd Expeditionary Medical Group is the largest medical facility in Iraq and is the transfer point for all patients being evacuated out of theater.

The good news is that casualties were down two-thirds from the previous year and that the majority of patients cared for were Iraqi soldiers, policemen and civilians. Yet it was still difficult to watch a young woman burned over 80% of her body receive no care other than a morphine drip and some propafol or a young soldier with a high velocity gun shot wound to the head be marked 'expectant' and die with no intervention.

In the back of your head you heard those thoughts echoing, "That's not how we do it in America."

I had the wonderful opportunity to work with some great Iraqi physicians. Regardless how you feel about the war and our presence there, the Iraqi healthcare system has unfortunately been dealt a triple blow over the last thirty years. In 1979, Iraq was recognized as one of the best places in the Arab world to obtain healthcare. Most of the physicians had been trained in Great Britain and they had all the latest technology. Shortly after Saddam Hussein came to power, he started the Iran-Iraq war. From 1980-88, over 1.5 million people were killed and the healthcare infrastructure began to crumble.

A few years later, Hussein decided to invade Kuwait and try to steal anything of value, including medical

Continued on page 24.

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The screenshot shows the homepage of the Indianapolis Medical Society (IMS). At the top, there is a navigation bar with links for Home, Membership, Physician Finder, Exchange, and Leadership. The main content area features a large headline: "It Is Time for Each of Us to Step Up and Honor One of Our Own! Honoring Bradford R. Hale, Sr., MD, IMS Past President". Below this, there is a detailed article about Dr. Hale's contributions to the society and a call to action for donations. To the right, there is a "Resources" section with links to various services like Bioterrorism Info, Committees, and Local Hospitals. At the bottom, there are sections for "January 31, 2009" and "February 3, 2009" with information about website updates and board meetings. A "President's Message" section features a portrait of Paula A. Hall, MD, IMS Foundation President.



Meet a recognized leader in back care.

Jason Sorg, M.D., physiatrist at Community Spine Center, has been recognized by the National Committee for Quality Assurance (NCQA) Back Pain Recognition Program for his commitment to achieving quality outcomes for back pain patients.

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Bulletin Board

Jeffrey M. Rothenberg, MD, Clinical Associate Professor, The Department of Obstetrics & Gynecology, Vice Chair for Faculty Development and Alumni Affairs, Section Chief: General OB/GYN, Indiana University School of Medicine, was recently elected Chair of the Indiana Section of the American College of Obstetrics & Gynecology (ACOG).

Louis B. Cantor, MD, (*no photograph available*) was named chair of the Indiana University School of Medicine Department of Ophthalmology. His appointment was effective January 15, 2009.

An internationally recognized educator, clinician and researcher in glaucoma, Dr. Cantor, the Jay C. and Lucile L. Kahn Professor of Glaucoma Research and Education and professor of ophthalmology, joined the IU Department of Ophthalmology as the director of the glaucoma service in 1985. From 1986 to 1989, he also served as chief of ophthalmology at Wishard Memorial Hospital. From 1996 until 2006, he directed the ophthalmology residency program for the department.

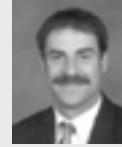
The department celebrated its centennial in 2008 and will begin construction of the Eugene and Marilyn Glick Eye Institute on the medical center campus this spring.

Rick C. Sasso, MD, Indiana Spine Group, published an article, "Comparison of Bryan Cervical Disc Arthroplasty with Anterior Cervical Decompression and Fusion: Clinical and Radiographic Results that are Randomized, Controlled, Clinical Trial," in the January issue of *Spine*. The article contains the results of the United States FDA Investigational Device Exemption Pivotal Trial of the Cervical Artificial Disc Replacement versus the Control Anterior Cervical Fusion.

Dr. Sasso also published two book chapters, "Reduction Techniques for Atlantoaxial Rotary Subluxation," and "Cervical Disc Replacement," in the textbook, *Spine Surgery: Tricks of the Trade – Second Edition*, released in January. In addition, he had a basic science cadaveric study regarding, "Comparison of Radiation Exposure in Lumbar Pedicle Screw Placement with Fluoroscopy versus Computer-Assisted Image Guidance with Intraoperative 3-Dimensional Imaging, in an issue of *Journal of Spinal Cord Medicine*.



Thomas J. Fischer, MD



Jeffrey A. Greenberg, MD



F. Thomas Kaplan, MD



Jeffrey M. Rothenberg, MD



Rick C. Sasso, MD

News from Indiana Hand Center ...

Jeffrey A. Greenberg, MD, presented "Treatment of Distal Biceps Ruptures – Symposium on Tendonopathy about the Elbow," and "Resection of the Distal Ulna – Darrah hemi-resection and Sauve Kapanje at the Symposium on Ulnar Wrist Pain, at the 39th Annual Meeting of the American Association of Hand Surgery in January 2009 in Maui, Hawaii.

Thomas J. Fischer, MD, presented "The Indiana Hand Center Travels in India: Experience with Polio Transfers," at the Philadelphia Tri-State Meeting in November 2008. He also presented "Fractures of the Proximal Ulna & Radial Head (Unstable Elbow)" and "Distal Radius Fractures: Are Locking Plates the Answer?" at the AO Southeast Regional Fracture Summit in December 2008.

F. Thomas Kaplan, MD, presented "Efficacy and Safety of Clostridial Collagenase for Injection in Patients with Dupuytren's Contracture: Results of Phase III Trial," and "Baseline Characteristics of Patients Enrolled in Two Phase III Studies of Injectable Clostridial Collagenase for Dupuytren's Contracture," at the American Association for Hand Surgery Annual Meeting in Maui, Hawaii in January 2009.

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Please visit our newly launched site and review your information in the Physician Finder ... If it is incorrect, please email tmccauley@imsonline.org or ims@imsonline.org with your updates. To access your complete online information, please login to the Physician Finder using the password you should have received in an email blast in February. If you did not receive an email, please call 639-3406.

Our password-protected Member Physicians screens offer more information for IMA members than is available to the public.

The Physician Finder features your profile from our member database. Remember, this is the information we use in our referral services for you. If your finder profile is incorrect on the website, it is incorrect in our database. Oh, and we would like to update your photograph, too!

Yes, the site is secure. Our database is not linked to the website. Questions and comments to ims@imsonline.org

The Paper Bailout

With the recent economic setbacks, layoffs and budget cuts, the need for office efficiency is at an all-time high. The conflicting questions regarding where and how to cut back are daunting for most practice managers. All these happenings begin to beg the question, "Who's going to bail your practice out during this tough time?"

A primary point of both physical and fiscal pain for almost any office is the massive amounts of paper and paper files that accumulate. Paper and the cost of paper-related processes cannot only slow efficiency but is extremely expensive. According to a 2001 study performed by RCC Consulting, 45% of paper purchased is used for photocopying, 35% for printing, 5% for faxing and 5% for mailing. They also found that 30% of this paper ends up in filing cabinets and 95% will be disposed at some point. A Nexus Strategy survey reported companies (\$500K-\$1M annual revenue), who implemented a digital document management system (DMS), saved an average \$40,000 annually. Larger or "enterprise" companies with annual revenue upwards of \$4M are estimated a savings of \$300,000 and greater.

But this paper is not just hiding in your patient charts; it's lurking in your medical billing, human

resources, EOBs, back office filing and other areas as well. Eliminating paper and implementing a document management system (DMS) cannot only cut the cost and hassle of paper, but allows for streamlined records operations, improved admissions efficiency and accelerated payment cycles. A DMS also allows medical practices to manage interactions with primary, secondary and tertiary payers more efficiently with instant search and electronic redaction of EOBs.

Medical professionals call on the latest and most advanced technology every day to save lives. But technology also has the ability to transform business processes so that practices are getting paid faster, staff is working smarter and costs are at an all-time low.

Jessica Mathes, Paper-Lite

Be sure to RSVP (found on page 20 of this issue) for the **IMS Sound Bites**, March 31st Paper-Lite presentation, "The Antidote to Inefficiency." The program was rescheduled due to inclement weather in January.

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Doctor Planner Commonality

Having specialized in working with medical professionals over the years, I have found there are several commonalities between the practice of medicine and the practice of financial planning. For some patients, their basic issue is how they treat themselves and care for their bodies. If they are overweight, have a poor diet, or a smoker, the first level of care is to stop the self abuse and start with activities and actions to correct the situation. For others, it's a matter of following the doctor's orders or taking the prescribed medication. Many of the repeat offenders are the ones that ignore the signs, aren't willing to break the cycle, or simply don't care enough to change. As you well know, the long term effects on their health are far reaching with the likes of cancer and disease that might otherwise have been avoided. Quality of life can become less desirable and the risk of mortality heightened.

When it comes to finances, many professionals fall prey to the same type of behavior. They consume more than their finances allow, never establish a personal cash flow record and thereby have a "poor financial diet" or they move from one market trend to the other without a well established financial goal in mind. Some even ignore the basic principles of the market (the doctor's order) such as "buy low/sell high" because our emotions get the best of us when the market takes a plunge and we do the exact

opposite. We sell off when we feel like we've reached our tipping point only to buy back in after the market is already well on its way to recovery, potentially missing some of the best returns.

I know, I know, we can't afford to lose another dollar of our hard earned money. This is the ONLY nest egg we have. It is important to know, there are other options to simply checking out of the game. Moving to cash and CDs could likely be a costly move itself with unintended consequences. With the close to 1 trillion dollars that could be printed and/or put in circulation to stimulate the U.S. economy there will be a major negative impact of such a move, inflation. Back in 2002, Fed Chairman Bernanke, who was then a Fed governor, gave a speech in which he outlined steps a central bank might take to stimulate an economy. He said, "The U.S. government has a technology, called a printing press (or today, its electronic equivalent,) that allows it to produce as many U.S. dollars as it wishes at essentially no cost. By increasing the number of dollars in circulation, or even credibly threatening to do so, the U.S. government can also reduce the value of a dollar in terms of goods and services, which is equivalent to raising the prices in the dollars of those goods and services." Translation is inflation. Does anyone remember the 80's?

Continued on page 20.

Mark Your Calendar!

BACK TALK

Comprehensive Concepts in the Diagnosis and Treatment of Spinal Disorders

According to the North American Spine Society, one out of three Americans suffers from back pain. Back pain continues to be one of the most common reasons patients seek medical care. To address this ongoing need, join us for the 3rd annual spine symposium. This spine symposium will provide the latest information for the diagnosis and treatment of spinal disorders, injuries and abnormalities.

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This activity has been approved for AMA PRA Category 1 Credit.
Application for CME credit has been filed with the American
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46260-2495
Ofc – 415-7921
Pediatrics, 1980
Neonatal-Perinatal
Medicine, 1993, 2008
Indiana University, 1975



Curry, Sarah D., MD
Community Health Network
10122 E. 10th St., #100
46229-2601
Ofc – 355-5717
Fax – 898-9760
Family Medicine
Indiana University, 2005

Dasgupta, Saumyadip, MD
Respiratory & Critical Care Cons., PC
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Noyes Pav., E 140
46202-1218
Ofc – 962-2894
Fax – 963-5285
Internal Medicine, 2001
Geriatric Medicine (IM), 2002
University of Calcutta, India, 1993

Gaddy, Jay A., MD, PhD
IN Hemophilia & Thrombosis Ctr.
8402 Harcourt Rd., #500
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Fax – 871-0010
Internal Medicine
Hematology/Oncology
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Hainline, Bryan C., MD
Community Eye Care of Indiana,
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Ophthalmology, 2008
Indiana University, 2003



Hern, Tricia L., MD
Community Health Network
10122 E. 10th St., #100
46229-2601
Ofc – 355-5717
Fax – 898-9760
Family Medicine, 2001
Northwestern University, 1998

Hsiao, Eugene C., MD
Plastic Surgeons of Indianapolis, PC
8040 Clearvista Pkwy., #210
46256-4673
Ofc – 621-2200*
Fax – 621-2204
Surgery, 2006
Surgery of the Hand
Indiana University, 2000



Kellams, Christy F., MD
Ctr for Ortho Surg & Sports Med
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46237-8561
Ofc – 888-1051*
Fax – 888-1591
Orthopaedic Surgery
Surgery of the Hand
Indiana University, 2001



Loomis, Glenn A., MD
St. Francis Medical Group
1600 Albany St.
Beech Grove, 46107-1541
Ofc – 782-7009
Email – glenn.loomis@ssfhs.org
Family Medicine, 1995, 2008
Ohio State University, 1992

Majidi, Shadie S., MD
IN Radiology Partners
714 N. Senate Ave., #100
46202-3297
1701 N. Senate Blvd., MH A1204A
46202-1299
Ofc – 472-4565
Fax – 472-4566
Email – smajidi@iupui.edu
Web – www.indianaradiology.org
Diagnostic Radiology, 2006
University of Missouri, 2001

Manzoor, Kashif, MD
Nephrology & Internal Medicine
1801 N. Senate Blvd., #355
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Web – www.indianakidney.net
Internal Medicine, 1997
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Ripperger, Amy K., MD
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Washington University, 2001

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Have Talent? Wanna' Rock?

Your IMS is planning a **Does RockFest**

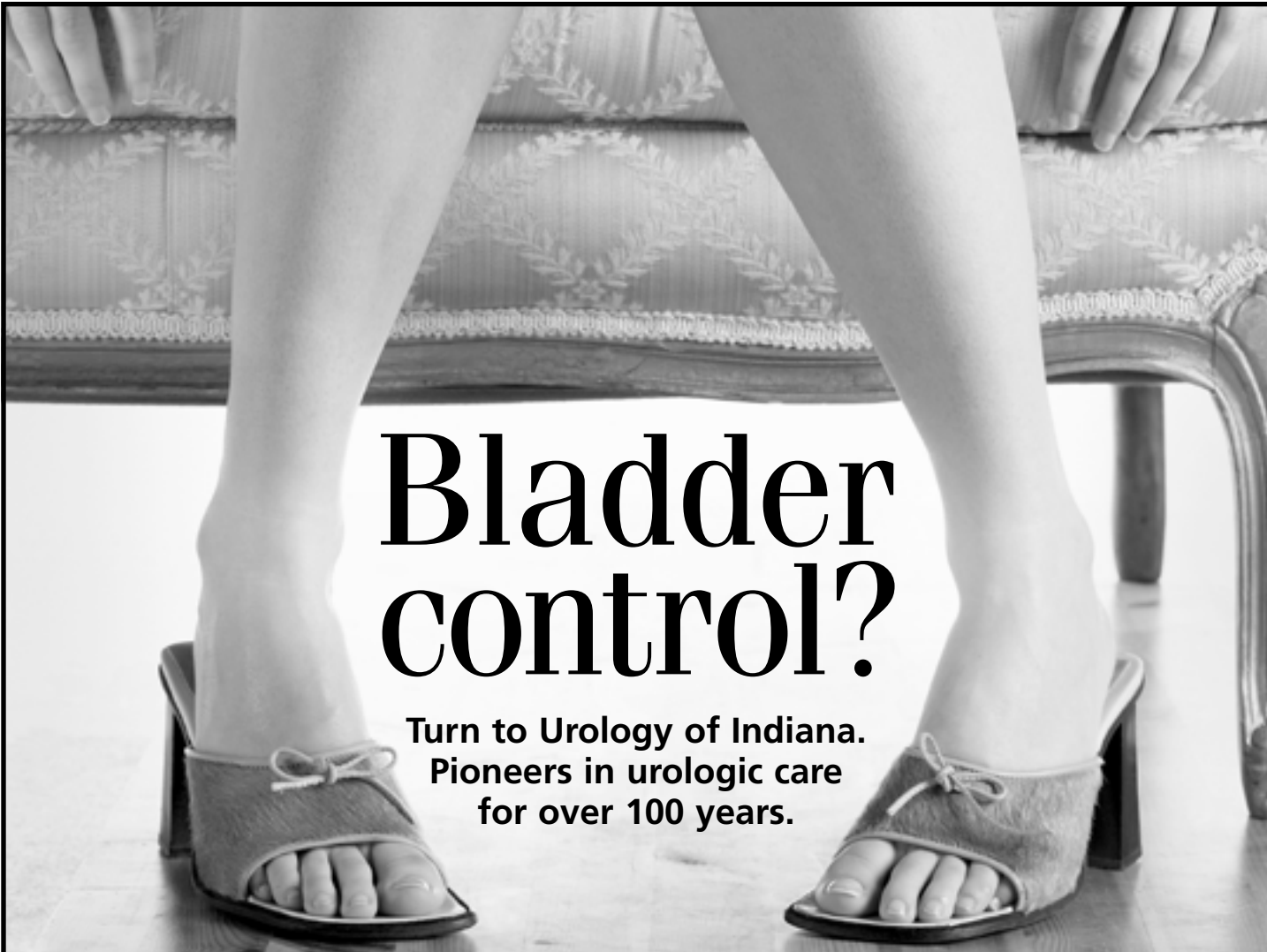
The event will honor Bradford Rawson Hale, Sr., MD.



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Gerald Mayson DeWester, MD
1929 - 2009

Gerald M. DeWester, MD, 79, died January 30, 2009. Dr. DeWester was born in Roxana, Illinois. He moved to Indianapolis after graduation from high school to pursue his education. He earned his undergraduate degree from Butler University and his medical degree from Indiana University School of Medicine in 1959. After completing his residency

at Methodist Hospital, Gary, Indiana, Dr. DeWester returned to Indianapolis for his long career in family practice.

Dr. DeWester was a veteran, serving 13 years in the Indiana National Guard, achieving the rank of Captain.

A leader in medicine and the community, Dr. DeWester, held many positions including president of the staffs of both St. Francis and University Heights, member of boards of both hospitals, treasurer of AMPAC, long-term member of the teaching faculty of the St. Francis Family Practice Residency Program and in the 1990's was CEO of the American Health Network.

Active in the Indianapolis Medical Society, Dr. DeWester served on the Board of Directors from 1983-1986. He was Delegate to the State Convention in 1984-1987 and as an Alternate Delegate from 1970-1984. Dr. DeWester served on the Executive Committee from 1971-1972, several committees and commissions including the Articles and By-Laws, Membership and Medical Health Affairs. He also served the Medical Society Exchange Board of Directors as President from 1975-1997.

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Doctor Planner Commonality *(Continued from page 14.)*

So before you go and lock up your money at say 3% (as of this writing the bankrate.com national average for a 5 year CD is 2.34%) for the next five years, you might want to consider alternatives to hiding. There are financial instruments that can provide "guard rails" that credit a fixed interest rate (most products promote rates of 5% to 7%) on your retirement income benefit while your money stays invested, allowing you to keep your foot on the pedal as you stay the course at a steady pace. Imagine for a minute that you are traveling through the mountains in your car. The speed limit is 65, but there are no guard rails in sight. There is only the thousand foot drop that would be sudden death for anyone veering off the road. How fast are you driving? I'm guessing you're creeping along just in case an unexpected turn catches you off guard or your hands slip off the wheel. Imagine now that the guard rails are in place. How fast are you traveling now? You might say the speed limit, but if we were really honest you might even say 5 to 10 miles over. What changed? The cliff is still there, but the perceived risk for going over the edge diminished greatly didn't it. It feels safe again.

Such a product may not be the solution for everyone, but for many it could be just what is needed to calm the nerves or, dare I say, just what the doctor ordered. For this article we don't have time to get into the details and the details are important. Talk to your advisors and seek out counsel regarding this concept.

If ever there were a time to go on a financial diet, this would be the time. Keeping our emotions in check and being proactive regarding our financial and physical health is good advice for anyone. I, for one, have had the past tendency to say "I'll be fine" as I muddle through an illness or injury instead of seeking professional help. This time around let's try not to be a repeat offender, let's try to break the cycle.

Brian Wheeler is a registered representative of and offers securities, investment advisory and financial planning services through MML Investors Services, Inc., member SIPC. West Point Financial Group - 900 East 96th Street, Suite 300, Indianapolis, IN 46240. Phone (317)-469-9999

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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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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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Keith W. Logie (2009)
David H. Moore (2009)
John F. Schaefer, Jr. (2009)
Donald C. Stogsdill (2009)
Tim E. Taber (2009)

Thomas A. Broadie (2010)
Marc E. Duerden (2010)
Ted W. Grisell (2010)
David C. Hall (2010)
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Susan K. Maisel (2010)
John P. McGoff (2010)
Thomas E. McSoley (2010)
John J. Wernert (2010)
Vacant

Mary D. Bush (2011)
G. Gregory Clark (2011)
Carolyn A. Cunningham (2011)
David R. Diaz (2011)
Jonathan A. Fisch (2011)
Richard K. Freeman (2011)
Bruce M. Goens (2011)
Hubner Hobbs (2011)
Robert M. Hurwitz (2011)
Paul D. Isenberg (2011)
Marc R. Kappelman (2011)
Alan P. Ladd (2011)
Daniel E. Lehman (2011)
Mary Ian McAteer (2011)
Clement J. McDonald III (2011)
James D. Miner (2011)
Maria C. Poor (2011)
Richard H. Rhodes (2011)

Alternate 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.

John H. Ditslear, III (2009)
Stephen R. Dunlop (2009)
Leanne M. Fortner (2009)
Robert J. Goulet (2009)
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)
Bridget M. Sanders (2009)
David J. Scruby (2009)
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)
Ronald L. Young, II (2010)

Keenan R. Berghoff, (2011)
Christopher B. Doehring (2011)
Thomas G. Ferry (2011)
Ann Marie Hake (2011)
Robert E. Holt (2011)
Douglas J. Horton (2011)
Allison E. Julian (2011)
E. Michael Keating (2011)
Ramana S. Moorthy (2011)
Michelle W. Murphy (2011)
Mercy O. Obeime (2011)
Rudolph Y. Rouhana (2011)
Lynda A. Smirz (2011)

Indiana State Medical Association Past Presidents

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Bernard J. Emkes, 2000-2001
Peter L. Winters, 1997-1998
William H. Beeson, 1992-1993
George H. Rawls, 1989-1990
John D. MacDougall, 1987-1988
George T. Lukemeyer, 1983-1984
Alvin J. Haley, 1980-1981

American Medical Association Alternate Delegate

Peter L. Winters (2009)

Indiana State Medical Association House of Delegate

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John J. Wernert (2008-2009)

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President's Page

(Continued from page 7.)

equipment. The Gulf War dealt a second devastating blow to the medical culture of Iraq. What upset the physicians I talked to the most and what they considered the final nail in the coffin wasn't our invasion of the country, but rather the United Nation sanctions and the 'Oil for Food' program. Precious resources from the limited sale of oil did not help children's health programs or medical facilities, but rather went straight into Hussein's pockets and kept him propped up. The recent sectarian violence made an already horrible situation desperate. I had the unfortunate opportunity to care for the Dean of one of the medical schools, who had been ambushed and shot seven times.

So what lessons, if any, can we learn from all of this? Our country is in dire financial straights. The big tsunami that no one is even talking about is the woeful underfunding of the Medicare program. It will make this crisis seem small in comparison. As long as we keep putting off the tough decisions, it will ultimately fall on someone else. In the medical world, we have long been accustomed to doing everything for everybody. Just this week in the emergency department I ordered CT scans on three different patients who had slipped and fallen on the ice. Why? They were all over the age of ninety and on Coumadin. Is that a standard of care we will continue to follow? Is it sustainable?

Perhaps, someday that triage system that has up until now only been reserved for civil disasters and military use may be required in our local emergency departments. Can you imagine your grandmother getting sent home with a black card (expectant) from the emergency department triage nurse after she slipped and fell on the ice striking her head suffering a brief loss of consciousness? "May be a head bleed ... may not. Call us if you don't get better."

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| Thomas L. Whittaker, M.D. | Madelaine M. Sgroi, D.O. |
| James K. Hwang, M.D. | Melody Sands, RN, CS, MSN |
| Elsayed Aly, M.D. | |

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- | | |
|--------------------------|-------------------------------|
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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, May 22, 2009
Emergency Medicine Symposium
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Friday, September 25, 2009
Arrhythmia and Heart Failure Symposium
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Friday, December 4, 2009
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Location TBA

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Mar. 13-14 Indiana Alzheimer Disease Center 2009
Spring Symposium
Indiana History Center, Indianapolis, Indiana

April 1-2 First International Cardiovascular Conference:
Focus on the Middle East
IUPUI Campus Center, Indianapolis

April 4 Colonoscopy and Endoscopy Technology Workshop
University Place Conference Center, Indianapolis

April 4 Practical Pearls:
General & Community Pediatrics 2009
Ruth Lilly Learning Center, Indianapolis, Indiana

April 14 Pediatric Neurology for the Primary Care Provider
Methodist Hospital Conference Center, Indianapolis

April 24 Diabetes Update
University Place Conference Center, Indianapolis

May 15 12th Annual Gastroenterology/Hepatology Update
University Place Conference Center, Indianapolis

May 20-21 The Second International Conference for
Individualized Pharmacotherapy in Pregnancy
IUPUI Campus Center, Indianapolis, Indiana

June 4-5 Garceau-Wray Lectureship
University Place Conference Center, Indianapolis

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

Aug. 21-22 Pleuroscopy Workshop for Pulmonary Physicians
University Place Conference Center, Indianapolis

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Indiana Medical History Museum

March 25, 2009, 4:00 PM
Free and open to the public.

Raising the Dead: When Our Ancestors Are Evicted. The Spring 2009 Forensic Lecture Series speaker will be renowned forensic anthropologist Stephen P. Nawrocki, Ph.D., of the University of Indianapolis.

In 2007, the University of Indianapolis assisted in the excavation of 33 burials from the 19th century Wright Cemetery, located at the intersection of I-69 and I-465 on the northeast side of Indianapolis. Impending roadwork necessitated a wholesale removal of the cemetery. The University of Indianapolis Archeology & Forensics Laboratory conducted a detailed analysis of the skeletons prior to their reburial. The lecture will detail the processes and issues involved with a project of this nature.

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5.0 Credits
- March 3, 10, 17, 24 & 31
Musculoskeletal Sarcoma Conference
Contact Mary Byrd at 338-2303
1.0 Credit
- March 5 & 6, 10 & 12
ACLS Initial
Contact Kim Viehe at 338-6786
10.0 Credits
- March 7 Coding Solutions for ENT
Contact Rhonda Hamaker at 338-6815
7.0 credits
- March 13 Conference on Aging: 20 Years of Change,
Or Has It?
Contact Kathy Frank at 630-8183
5.75 Credits
- March 21 Impact of Rheumatic Diseases on
Physician Practice
Contact Jenny Conder at 879-0321
4.0 credits
- March 23 & 24 PALS Initial
Contact Kim Viehe at 338-6786
9.5 Credits
- March 30 PALS Recertification
Contact Kim Viehe at 338-6786
4.5 Credits

The Indianapolis Medical Society

March

- 3 IMS Board, Society, 6:00 PM, Social; 6:30 PM, Dnr/Mtg.
- 4 **Senior/Inactive Luncheon Meeting, Noon, Society,
Guest Speaker, Abe Aamidor, "Chuck Taylor, All-Star"**
- 9 AMA President's Forum Grand Hyatt, Washington, DC
(Pres & Pres-Elect) precedes Advocacy Conf.
- 10-11 National Advocacy Conference, Washington, DC
- 17 Executive Committee, Society, 6:00 PM, Sandwiches.
Nominating Committee following EC.
- 30 **Happy Doctor's Day!**
- 31 **IMS Sound Bites, 5:30-7:30 PM,
IMS Conference Center, Nancy Mathes, Paper-Lite,™
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April

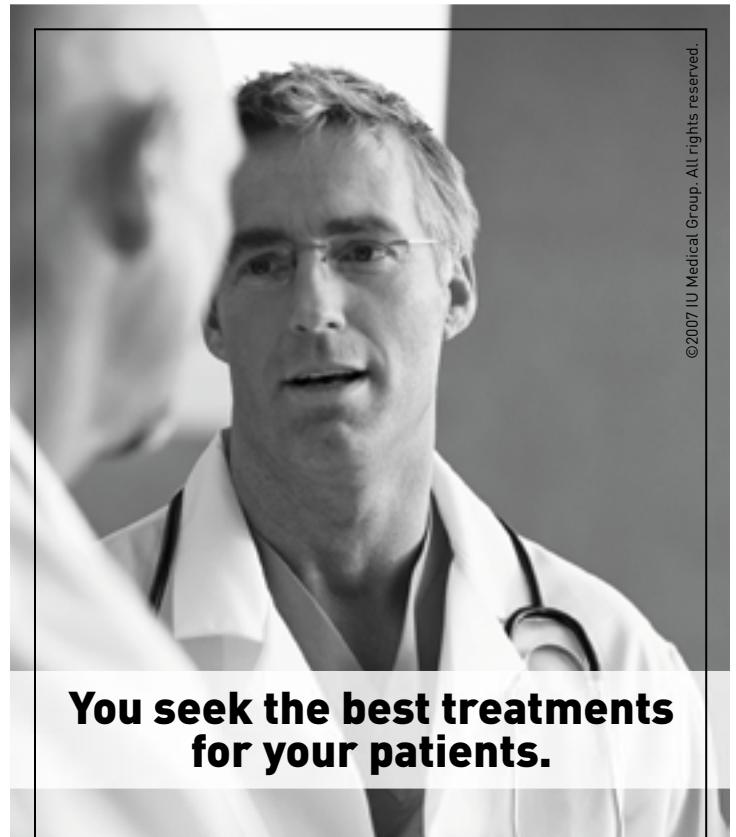
- 7 IMS Board, Society, 6:00 PM, Social; 6:30 PM, Dnr/Mtg.
- 20 **Alliance Delivery of Spring Bouquets & Truffles –
Staff Appreciation Week**
- 21 Executive Committee, Society, 6:00 PM, Sandwiches.
- 22 Administrative Professional's Day

May

- 1 Alliance Scholarship Deadline
- TBA MSE Board Meeting, Society, 6:15 PM, Sandwiches
- 18 IMS Advisory Breakfast, 7:30 am ... prior to BOT
- 18 ISMA BOT, 9:00 AM
- 19 Executive Committee, Society, 6:00 PM, Sandwiches

June

- 2 IMS Board, Society, 6:00 PM, Social; 6:30 PM, Dnr/Mtg.
- 3 Senior/Inactive Luncheon Meeting, Noon, Society
- 9? Executive Committee, Society, 6:00 PM, Sandwiches
(May Need to Reschedule)
- 13-17 AMA House of Delegates Annual Meeting,
Chicago Hyatt, Chicago, IL
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Project Health

Carrie Jackson Logsdon, Director

Thank you,

Frank B. Workman, MD



Project Health's physician volunteer of the month for March is Frank A. Workman, MD. We thought it was only fitting to feature him, because he was the very first physician to fax his volunteer form back to us in 2003. He is now retiring after caring for many Project Health patients.

Dr. Workman was born in New York City, attended Brooklyn College as a pre-med undergraduate and then went to the University of Louisville for medical school. For Dr. Workman, it was back to Brooklyn for his internship; to Montreal General Hospital for his residency, and he completed his fellowship at the University of Rochester in hematology/oncology. His mother was a biology technician at the New York City Health Department, so he thought looking at things under slides was "pretty cool." When asked about all the traveling around he said, "Easterners just like to do that. We like to see other places, gain new experience in every town we go to. It seems like Midwesterners like to just stay put."

It was his pediatrician who made the difference in his choice to become a doctor. "Back then, the doctor came to your house," he said. "I have a twin brother; when he would get something I would get it, and we kind of got two for one." His brother is a cardiologist in Cincinnati now. Once in medical school, he knew he wanted to specialize in internal medicine. "I didn't want to operate or anything like that." Dr. Workman says hematology was already a strong specialty, but then oncology came into its own. "There was this evolution and merging of specialties." He moved here to join Doctors Bill Dugan, Larry Baker and James Schroeder at Methodist. "We were a good team, and it was a lot of fun working in that atmosphere." So the "Easterner" stayed put.

In regard to his work with Project Health he said, "I think doctors need to give back. It should be part of being a doctor. Physicians usually recognize that we are one community. Sometimes that falls by the wayside. But I don't know why anybody would want to be a doctor and not want to give back to the community from where they came."

Dr. Workman and his wife have two grown daughters. One a teacher in Lawrence, and the other is a lawyer in Washington, D.C. During his retirement, he will be teaching hematology to residents at the V.A. Hospital. In his spare time he wants to sail, "little one and two person sailboats" on Geist Reservoir. All of us at Project Health and the IMS wish you a very wonderful retirement, and thank you for "giving back."

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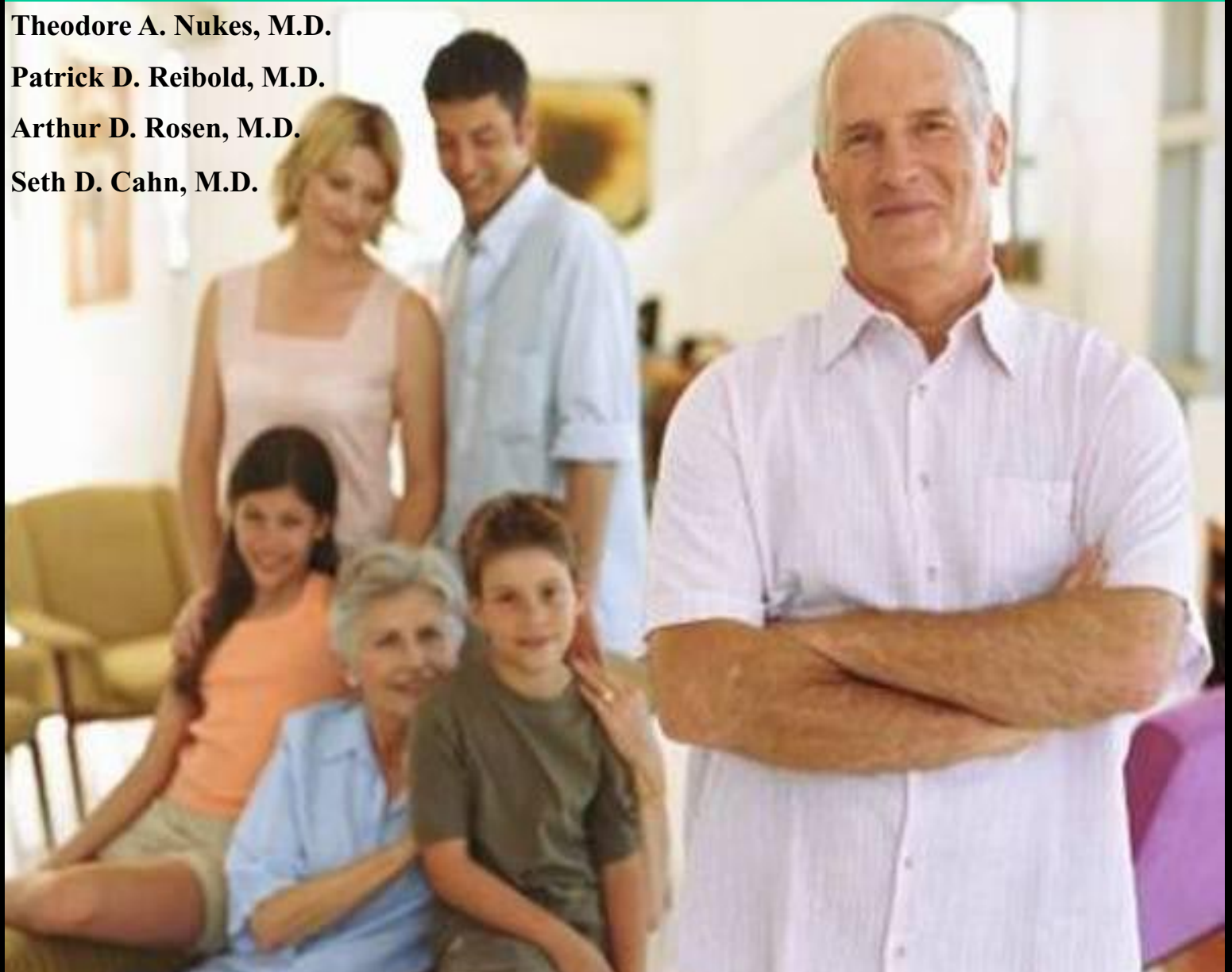
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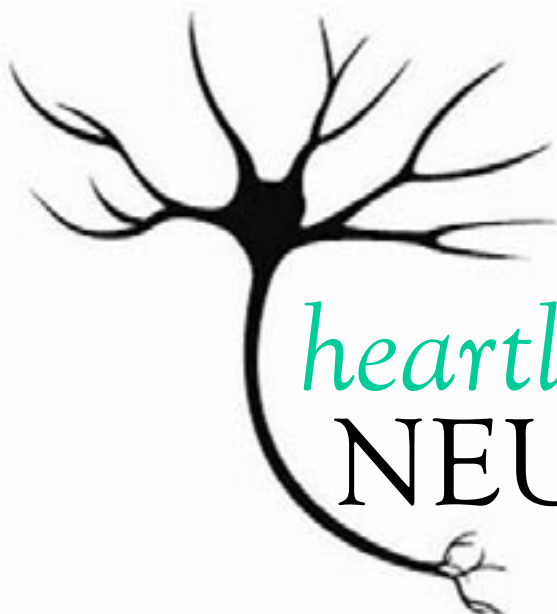


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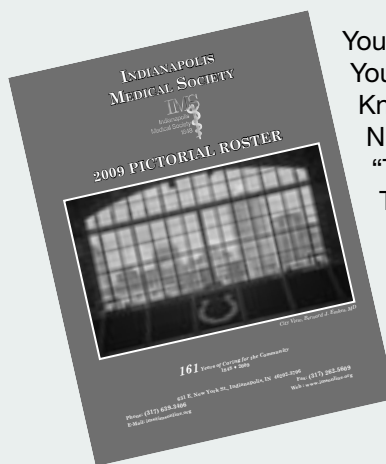
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Happy Doctors' Day

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