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about our cover

**Old Guard Sets 'Flags-In' for
61st Memorial Day**
Photo by Adam Skoczylas, May 23, 2008
*Old Guard Soldier Master Sgt. Steven
Colbert places a flag on a gravesite at
Arlington National Cemetery. In 2008, he
took along his son, Jordan, 8, to assist.*

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

"Even though quality cannot be defined, you know what quality is." -- Anonymous

Quality. Just like the old Supreme Court decision on pornography, we know what it is when we see it, but how do we define it? How do we recognize quality? Recently, I was in New York City and walked by the Plaza Hotel and Tiffany's. Both sure looked like "high quality" to me at least from the outside, but who decides, a simple passerby? We have seen all too many attempts to measure quality in healthcare: HEDIS, NCQA, Leapfrog Group, etc. A few months back, I tried to be a good consumer and find information about my hospital on the web; I noted we could score great on one ranking and not make the top ten in the other. How's that possible?

In trying to think about the healthcare dilemma, I like to visualize healthcare as a simple elastic triangle. At each of the three sides of this triangle are quality, cost and access or as President Obama calls them, "the pillars of healthcare"... Since this healthcare triangle is elastic, you cannot change one side without affecting the other two sides. In simple terms, if I want to stay at the Plaza, it's going to cost me more for that 'quality' experience. One need only to drive down any road with a bunch of automobile dealerships to see that depending on the size of your wallet, the types of cars available range from economy to ultra-luxury. If you want quality, you're going to have to pay for it.

So in all of these new CMS Pay-for-Performance schemes, why is it that we won't get paid extra for demonstrating quality, but rather we will see our reimbursement decreased if our documentation doesn't meet up to their arbitrary standards. Case in point, the current CMS quality indicators state that patients with pneumonia must have antibiotics started within four hours of presentation to the emergency department. Sounds reasonable, right? Well it turns out there is no scientific literature to support that claim. Worse yet, recent studies have shown that emergency physicians fearful of not meeting that four hour window have

been treating patients with antibiotics inappropriately, upwards of 50% of the time, just to meet a CMS guideline. Is that quality?

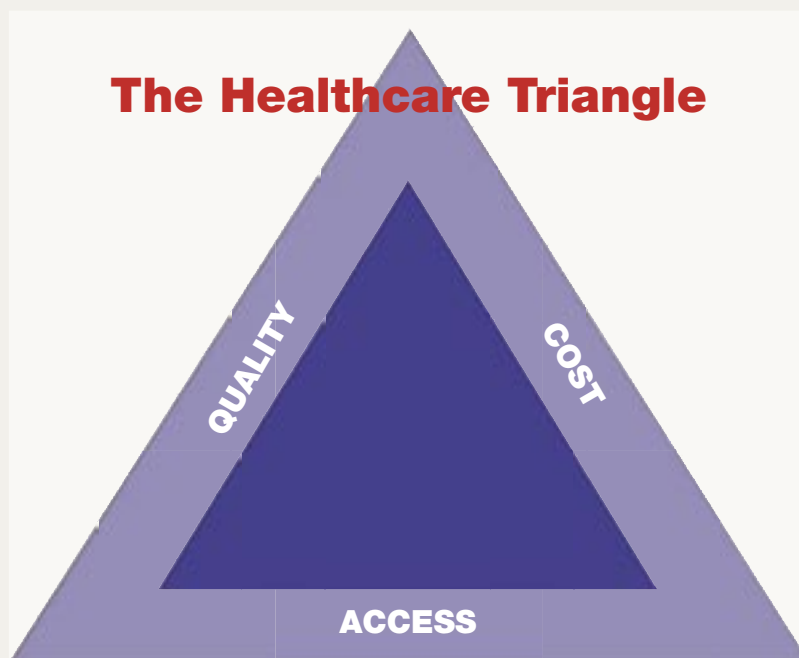
There has been longstanding debate over universal access and it seems with the new administration in the White House, that this will be front and center on the agenda. Again as I have stated numerous times, I don't know any physicians who are not in favor of this, but how

do we get there? If we are going to add some forty-five million Americans to the insurance rolls, what are the ramifications? Remember the healthcare triangle; if we increase access, then we have to either raise costs or decrease quality. I don't know anyone who would be willing to decrease quality, so it has to cost more. The experiment in Massachusetts has shown that just because everyone has an insurance card does not guarantee them healthcare. The program is grossly over-budget

and patients are having difficulty finding providers to care for them.

It is apparent that the only solution is to ration care. This is the dirty "R" word that no one in Washington is willing to utter publicly. Senator Chuck Grassley, R-IA, while attending the recent Healthcare Summit at the White House stated that the Senate will not stand for rationing.

If you want high quality care with universal access and you're unwilling or unable to pay more, you have to limit the care provided. It is a simple equation that you can easily demonstrate to your colleagues, friends, associates by using the healthcare triangle. We need to inform as many people as possible, because as physicians we will be saddled with making those tough decisions. While no one looks forward to the day where will have to ration healthcare, I do think we need those most informed, i.e. doctors, making rational decisions about the future well being of our patients and the healthcare system in America.





Past President's Perspective

Paula A. Hall, MD

Have there really been any important changes in Medicine in the last 20 years?

Our memory is a little like a carnival mirror when it comes to reflecting true facts. So, let me remind you of 1989 in the too bright, stark reflection of a dressing room mirror. A mere two decades ago gas was 97 cents a gallon and Morgan Freeman was "Driving Miss Daisy" on the big screen. Watched by jubilant crowds, the Berlin Wall and all of its inequities came thundering down. At the same time half way around the world, students watched in abject horror as tanks rumbled into Tiananmen Square.

While the world bustled about, most of us got up and put on our white coats and stethoscopes and went to work. Work was a little different then. Insurance companies were not aggressive predators, and hospitals were where you took your patients, not where you got your paycheck. We all took care of Medicare and Medicaid patients because it was "the right thing to do." Of course, it also helped that we cost-shifted to the commercially-insured patients by charging them a little more to make up the difference. The insurance companies did not complain, and life was good. Cutting-edge surgeons were cutting less and removing the gall bladder through small little holes using a new fangled laparoscope. The CT scanner was 15 years old and out of the research hospitals and into the county hospitals around the country. We were doing less, with more sophisticated equipment, and getting better results than ever before. There was a feeling of respect and collegiality that made the practice of medicine a source of pride and good standing in the community.

Flash-forward twenty years to today, and physicians are reading practice management journals looking for the little extra tip that will keep them financially solvent. Physicians are retiring early, and medical students are accumulating monumental debt. The cost of health care is now a staggering 17% of the GDP. The average annual insurance premium for a family of four is now \$12,700, and we currently have 45 million Americans who choose not to buy or simply cannot afford to buy health insurance. Makes you wonder about the image of physicians and why anybody would want to be a doctor in today's world.

No doubt, there are some weeks that we each ask that of ourselves. But, despite the changes, challenges and pressures, there has been one constant: the patient-doctor relationship. No, I am not saying the internet, the 1-800-We'll SUE 4 U lawyers, and the high deductibles have not taken a toll on our relationship. What I am saying



is that 20 years ago when I stepped into the exam room the patient wanted me to care for them. I mean "care" in the broadest sense. They expected that I was knowledgeable and that I would provide some manner of treatment. But more importantly, they expected that I would care "about" them. It is still the same today. Patients demand good treatment, but they really want someone to care about them. This of course is the fun part of being a doctor, and in the end, it may be the only thing that saves our profession. If each of us truly cares about our patients, then they will want us to stay in business. It is not sufficient to just do a good job; we must fundamentally care about the patient. If we do, they will want the insurance companies to bonus their executives less and pay their doctors enough to keep on the lights. They will respect us and defend our need to exist to the "bean counters."

So in the end, with all of the massive changes, intrusions, and advances, the one thing that will maintain our "Marcus Welby, M.D." image and keep our profession from becoming a service handed out by the lowest bidder, is the patient-doctor relationship. The next twenty years will bring electronic health records, cures for many old diseases along with new and unimaginable diagnostic advances. But, the one constant will be the human need to have someone care about them.

My little old lady who's husband drinks too much and who's daughter has a lifestyle of which she doesn't approve wants to be rid of her back pain, but she also desperately wants me to care for her. The first time I saw her, I was running 45 minutes late and she was angry, even though I apologized. The second time I saw her, she arrived 15 minutes late and was happy to tell me she wanted me to know how it felt to be kept waiting. When I saw her this week, she was on time, and she came to see me for a body system complaint that has nothing to do with my specialty. She told me she wanted my opinion because she knew I cared. She and thousands more like her will save our profession.

Years ago, we went into medicine so we could help people. It is the best thing about medicine! In fact with the decreasing reimbursements, the increasing overhead and the ever present hassle factors, some days it is the *only* thing good about medicine. But truly, whether it was 20 years ago or just yesterday, it is still a privilege to care for patients. No doubt as the future unfolds, we will need our patients as much as they need us.

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Bulletin Board

Patrick J. Loehrer, Sr., MD, the Kenneth Wiseman Professor of Medicine and director of the Division of Hematology-Oncology for the IU School of Medicine, has been named interim director of the Indiana University Melvin and Bren Simon Cancer Center. Dr. Loehrer, who was one of the original four medical oncologists at the Indiana University School of Medicine, will continue his role as medical director of the IU Simon Cancer Center.

Donald E. Duggan, MD, has moved to 701 East County Line Road, Suite 101, Greenwood. He can be reached by calling 883-4736.

C. William Hanke, MD, completed a one-year term as President of the American Academy of Dermatology at the 67th Annual Scientific Meeting held March 6-10, 2009 in San Francisco.

Jack Farr, MD, performed a Cartilage Autograft Implantation System surgery trial, March 19, 2009. The autograft system involved harvesting a sample of the patient's own cartilage onto a bioabsorbable scaffold and implanting it into the knee during the same surgical procedure.

Stephen W. Perkins, MD, Facial Plastic Surgeon, Meridian Plastic Surgeons, was a guest speaker at the Facial Plastic Surgery Update held in St. Maarten. Part of a renowned international faculty, Dr. Perkins spoke on Blepharoplasty and Facelifting techniques.

Dr. Perkins was also the Guest of Honor and Featured Speaker at the 26th Annual Dallas Rhinoplasty Symposium. Featuring the top plastic surgeons in the country, the symposium allows Otolaryngologists and Plastic Surgeons the opportunity to learn advanced techniques and refinements in Rhinoplasty through lectures, discussions, dissections, and videotaped surgery.

Michael D. Barron, MD, Indiana Heart Physicians, (photo unavailable) presented a program on heart attacks and other cardiovascular disease April 6, 2009, at the St. Francis Hospital-Mooresville,

David L. Steiman, MD, Neurosurgical Associates of Indiana PC, **Lance R. Rettig, MD**, Methodist Sports Medicine Center, and **Alan David Schmetzer, MD**, Psychiatrist, received AMA Physicians Recognition Awards this year.

Cynthia S. Williams, MD, **Gary S. Creed, MD** and **Sara C. Bruns, DO** (photo unavailable) of Wanamaker Family Medicine have moved to 8325 E. Southport Road, Suite 100, Indianapolis. They may be reached by calling 862-6609.

News from Indianapolis Neurosurgical Group ...

Aaron A. Cohen-Gadol, MD, was named the winner among three finalists in the Indianapolis Business Journal's 2009 Health Care Heroes contest in the category, "Advancements in Health Care." In addition, he and a patient were interviewed by Dick Wolfsie, WISH-TV, about the role that awake craniotomy played in Dr. Cohen's surgery to remove a larger, cancerous tumor from the patient's brain. Dr. Cohen was also featured on WTHR-TV explaining how a hemispherotomy he performed on a 20-month-old boy stopped the 30-40 seizures the boy suffered since shortly after his birth.

Troy D. Payner, MD, was an invited guest speaker for The Neurosurgery in the Rockies Program in February 2009,



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Cohen-Gadol, MD



Gary S.
Creed, MD



Donald E.
Duggan, MD



Jack
Farr, MD



Jeffrey A.
Greenberg



C. William
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Shelbourne, MD



David L.
Steiman, MD



Michael S.
Turner, MD



Scott E.
Urch, MD



Cynthia S.
Williams, MD



Ronald L.
Young, II, MD

in Colorado, where he spoke on, "Treatment of Ophthalmic Segment Aneurysms." Dr. Payner was also interviewed as an expert source on aneurysms and the use of Zeiss fluorescence dye technology to ensure that blood flow to the aneurysm is stopped, but blood flow to the blood vessels surrounding the aneurysm remains intact.

Michael S. Turner, MD, was course co-director for the Great Lakes Regional Spasticity Conference on February 20. He was also featured as an expert source on the Natasha Richardson case on WRTV-TV.

Ronald L. Young, II, MD, was a guest instructor at the Intracranial Neuroendoscopy Course at the Barrow Neurologic Institute in Phoenix. On January 23, 2009, he presented on "Neuroendoscopy: OR setup and Choice of Equipment, Endoscopic 3rd Ventriculostomy" and on January 24, 2009, he presented on "Neuroendoscopy: Complications and Avoidance."

News from The Indiana Hand Center ...

Jeffrey A. Greenberg, MD, participated in the Philadelphia Hand Symposium March 7-9, 2009. He presented: "Vascularized Bone Grafting for Kienbock's Disease." "What I do for a Subluxing ECU" and "Carpal Tunnel Syndrome Debate - Is an EMG necessary?" In addition to the above topics, he was the moderator for a panel on "Conditions about the Wrist" and participated in a Case Controversy Panel.

William B. Kleinman, MD, lectured "Reconstruction of the Thumb" at the Indiana University Monday Night Hand

Continued on page 30.

Protecting Assets in Uncertain Times

Few situations are more stressful than being sued. A lawsuit can be hard on a defendant and his or her family even if the claims involved are frivolous. In a study of 220 Illinois doctors who had been sued for medical malpractice, 90 percent reported that being sued had significantly affected their mental health.

Malpractice liability is an obvious risk facing most doctors, but with a malpractice liability cap which doctors in many other states would envy, Indiana doctors may believe that adequate malpractice insurance coverage will provide effective protection against a devastating lawsuit. Malpractice insurance is vitally important to be sure, but it is not sufficient for those doctors who are also business owners, employers and board members. Doctors also face relatively high rates of divorce and will quickly be identified as a “deep pocket” by a competent plaintiff’s attorney when the doctor has a connection to an accident or other situation which could give rise to liability.

The liability risks not mitigated by malpractice insurance include:

1. Divorce
2. Employment Matters (wrongful termination of an employee; sexual harassment, discrimination in hiring practices)
3. Automobile Liability (whether you or another person drives your car)
4. Liability from Real Estate (e.g., slip and fall, a person is attacked on your property)
5. Officer/Director Liability
6. Contracts (e.g., personal guaranties, leases)
7. Negligence

One may be successfully sued – even if not personally liable – if someone such as an employee, child, subcontractor, partner or joint-tenant caused the actual harm. Further, as the economic outlook becomes more dire, the comparatively high incomes and substantial assets of doctors could be targeted more aggressively by plaintiffs and their attorneys.


All things considered, it makes sense to review estate planning, business and financial arrangements with an eye toward reducing exposure to loss if a lawsuit arises. Such a review begins by answering the following questions:

1. What are my assets?
2. What are my potential liabilities?
3. How effectively do my current financial, estate planning and business arrangements affect my risk of loss if a lawsuit against me is successful?

This review may show that current arrangements are sufficient or, instead, that estate, financial and business arrangements need to be re-worked. An attorney with the expertise to assist with asset protection planning will be an important partner in undertaking this review and will be indispensable in addressing questions 2 and 3.

Insurance may be the most affordable and effective response to potential risks. Some risks, however, are impossible to insure against or the insurance is prohibitively expensive. In such cases, arrangements involving trusts, limited liability companies, and statutory exempt assets (such as retirement accounts) may be appropriate depending on the situation.

Planning for asset protection, while initially viewed with some skepticism has become widely accepted as important and necessary. Such planning involves the use of legitimate, legal methods customized to particular needs – at a point in time when no legal action is threatened or expected – to reduce both the likelihood of being sued and losing assets if sued. Asset protection planning does not involve hiding assets from creditors or the IRS or other acts which could constitute illegal behavior. The best time to engage in such planning is when no particular dangers are visible on the horizon. Once a lawsuit is filed or anticipated there are few options.

A good asset protection plan deters litigation, encourages settlement of a claim on favorable terms, improves one’s leverage in negotiation and in litigation and is user-friendly. All of which is to say that it can take some of the stress out of being sued, provide space for clear, calm thought and provide an opportunity to prevail on one’s own terms. 

Derek C. Hamilton will present Peace of Mind in Uncertain Times; Fundamentals of Asset Protection Planning for Indiana Doctors at the May 12, 2009 Sound Bites meeting of the Indianapolis Medical Society. Mr. Hamilton, an attorney with the law firm of Bingham McHale LLP in Indianapolis, advises clients with regard to asset protection and estate planning.

IMS Sound Bites

Tuesday, May 12th, 7:30 - 9:00 A.M.

IMS Headquarters Conference Center

Light Refreshments Provided

RSVP Required (see page 36)

Robert C. Scheele, Financial Advisor, Merrill Lynch
Brooke V. May, CFP, Financial Advisor, Merrill Lynch
Derek C. Hamilton, Attorney, Bingham •McHale, LLP



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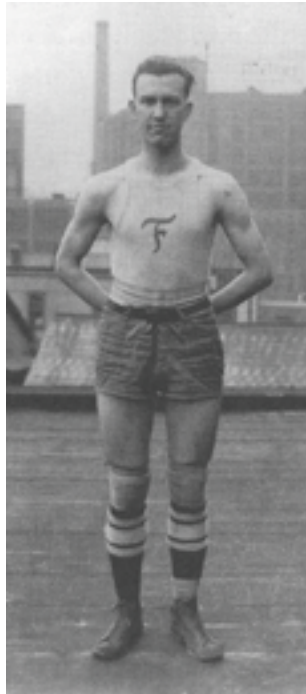


Senior/Inactives William H. Dick, MD

March 4, 2009

Speaker – Abe Aamidor – Chuck Taylor, All-Star

In case some curious readers may be wondering, there really was a guy named Chuck Taylor. But he wasn't an all-star in any sport. He worked for the Converse Rubber Shoe Co., promoting the Chuck Taylor, All-Star basketball shoe – the first name to be used on a sports product. The year was 1932. Others such as Ben Hogan in golf, Jack Kramer in tennis and Ted Williams in baseball followed suit. But Mr. Taylor was the first. Early on with royalties, then later on an expense account and salary, he made a very good living for the times – the 1930's through the 1950's.



Chuck Taylor

So says Abe Aamidor in his book, *Chuck Taylor, All-Star*, published by Indiana University Press in 2006. Mr. Aamidor grew up in Chicago and graduated from the University of Chicago with a B.A. in Philosophy. He went on to obtain a Journalism degree from Southern Illinois University-Carbondale. He taught journalism in colleges and has authored two textbooks. Abe was a reporter for several newspapers, including *The Indianapolis Star*. A new book about the British Motorcycle Industry is to be published this year. Currently, he teaches Journalism part-time at Indiana University.

Reporter Aamidor and some of his fellow news hounds used to wear "Chucks" to work on casual Fridays, after Converse released a new version of the rubber/canvas

shoe in 2001. "Was there really a Chuck Taylor," Abe wondered? Or was it a manufactured name like "Betty Crocker?" He had been asked by the *Star* to write a story about Converse and Chuck Taylor. Little did he know that the journey would take three years and several thousand miles, with trips to Boston, Los Angeles and Port Charlotte, Florida.

Chuck Taylor began his life as a Hoosier from Columbus, Indiana. He came to know coaches Frank McGuire from North Carolina (UNC), Phog Allen from Kansas, Larry Brown (many teams) – a member of the UNC team, Everett Case of North Carolina State, John McClendon of Tennessee State and later the great Johnny Wooden of UCLA. He met all these great coaches, other college coaches and high school coaches too numerous to count.

He was captain of the Columbus High School Bull Dogs. Taylor was very good, but not great. He went on to play semi-pro ball for the Akron Firestone Non-Skids and the Converse All-Stars of Chicago. Chuck coached many teams including the Wright Field Army Air Force "Air-Tecs." While in the service, he organized the game of basketball by standardizing the rule book and the size of the court.

Mr. Aamidor relates that Chuck Taylor "... put on thousands of 'Fundamentals of Basketball' clinics in high school and college gyms across the country." Mr. Taylor also created the yearly college basketball list and wrote the Converse Basketball Yearbook, which was produced from 1922 to 1983. He was a great promoter and he helped to arrange displays in sporting goods store windows. Taylor showed movie clips of the previous year's games. Along with teaching the fundamentals of basketball, Chuck demonstrated an amazing array of trick shots (see p. 63 in the book) and a variety of incredible passes, including the "invisible pass."

Continued on page 34.



Have Talent? Wanna' Rock?

Your IMS is planning a **Does RockFest**

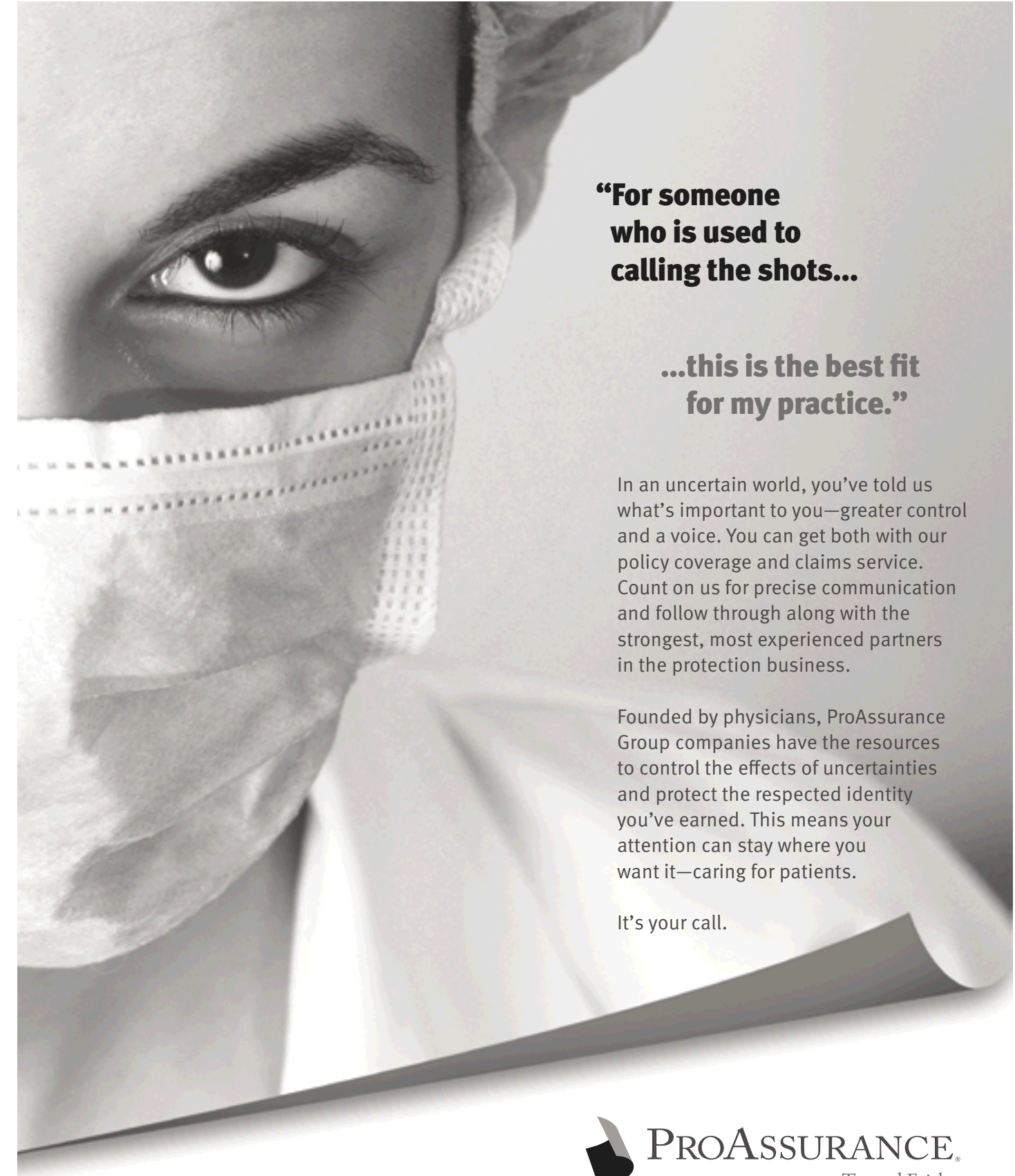
The event will honor Bradford Rawson Hale, Sr., MD.



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New Members

Lobo, Daniela A., MD
Resident – I.U. School of Medicine
Family Medicine
National University, Honduras, 2003

Lott, Sarah L., MD
Resident – Ball Memorial Hospital
Anatomic & Clinical Pathology
Rush Medical College, 1992

Moghadam, Kenneth K., MD
Jarrett Fertility Group
11725 N. Illinois St., #515
Carmel, 46032-3009
Ofc – 814-4110*
Fax – 814-4114
8040 Clearvista Pkwy., #450
46256-4673
Ofc – 621-2348*
Web – www.jarrettfertility.com
Obstetrics & Gynecology, 2008
Reproductive Endocrinology/Infertility
Tulane University, 1998



Saalwaechter, John J., MD
(Affiliate)
Clarian Health Plans
950 N. Meridian St., #300
46204-1091
Ofc – 963-5647

Fax – 962-1760
504 W. Camp St.
Lebanon, 46052-1647
Ofc – 482-7005
Fax – 483-3021
Family Medicine, 1972, 2008
Geriatric Medicine (FM), 1990
Indiana University, 1969



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Happy 25th Anniversary, Beverly Hurt, IMS EVP



On March 27, 2009, Beverly Hurt, IMS EVP, celebrated 25 outstanding years with the Indianapolis Medical Society.

IMS Leaders and Staff surprised Mrs. Hurt with an Open House Friday afternoon in the IMS Headquarters Conference Center.

Beverly started her career with the IMS as Administrative Assistant. She was named EVP in 1991.

We wish Beverly, at least, 25 more years with the Society!

Beverly's only regret is that she wasn't dressed more appropriately, but it was a true surprise!



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- IMS Foundation . . . operated exclusively for charitable and educational purposes.
- Project Health, a program developed and sponsored by the IMSF providing healthcare and medications for uninsured patients.
- Commissions & Committees . . .
Commission on Professional Affairs, investigates charges made against individual members by patients or fellow members; efforts by this Commission generally result in resolution to the mutual satisfaction of everyone.
- Commission on Medical & Health Affairs, considers public health matters as well as legislative issues.
- Commission on Membership Services, implements programs and services beneficial to all members.
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Edward Cline Lidikay, MD
1913 - 2009

Edward Cline Lidikay, MD, 85, Obstetrician, died March 22, 2009. He was born in Ladoga, Indiana on December 10, 1913.

Dr. Lidikay graduated from the Indiana University School of Medicine in 1938. He interned at Indianapolis General Hospital (City Hospital).

An army veteran, Dr. Lidikay served as a Captain from 1942 until 1946.

A general practitioner, Dr. Lidikay earned his specialty in Obstetrics in 1950. He practiced as an OB/GYN at Coleman and Community Hospitals until his retirement in 1982.

Dr. Lidikay was a member of the Indianapolis OB/GYN Association, Phi Kappa Psi Fraternity, Meridian Hills Country Club and Northminster Presbyterian Church.

He enjoyed traveling, golf and tennis.



H. Joseph Cronin, MD
1931 - 2009

Dr. H. Joseph "PopPop" Cronin 77, Indianapolis, died on March 5, 2009. He was born on April 18, 1931 in Hartford City, Indiana.

Dr. Cronin earned both his undergraduate and medical degrees from Indiana University. He interned at General Hospital, Indianapolis from July 1956 until July 1957.

Dr. Cronin was a veteran, having served from 1957 until 1959.

In his career he worked as a general practitioner initially in Portland, Indiana in 1959 until 1961. He continued his education and specialized in Radiology and Nuclear Medicine completing a residency in Radiology at the VA Hospital, Indianapolis in July 1964.

Dr. Cronin worked as a radiologist at Community Hospital before his retirement in 1987. After he retired, Dr. Cronin completed a 3,376 mile bicycle trip across America. He raised \$6,000 for the sponsor, American Lung Association, during the 47 day trip from Seattle, Washington to Atlantic City, New Jersey. 207 riders participated in the event.

Dr. Cronin had a wide variety of interests; photography, astrology, reading and learning. He also was a volunteer on the IMA grounds as a Master Gardener, and with Project Hope traveling to Granada.

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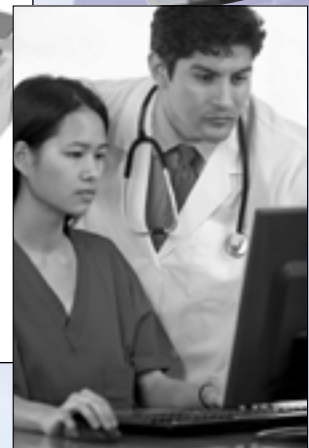
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In Summary

Mills Confirmed as Community Health CEO-elect

Effective May 1, 2009 Bryan Mills becomes the new president and CEO-elect of Community Health Network. Mr. Mills has been CEO of a for-profit Community subsidiary, Visionary Enterprises, Inc. since 1987. He will work closely with retiring CEO Bill Corley until Mr. Corley leaves later this year.

State updates prescription pad approved printer list

The Indiana Board of Pharmacy just removed about 290 prescription pad printers from the approved vendor list. As a result, some physicians may be using noncompliant prescription pads.

Indiana law requires controlled substance prescriptions to be printed on security paper. Additionally, federal laws effective April 1, 2008, require physicians to use tamper-

resistant prescription pads for Medicaid patients, though some exclusions apply. Indiana's security paper meets the Medicaid requirements.

Printers seeking to supply security prescription pads to prescribers must obtain prior approval from the Indiana Board of Pharmacy. Until recently, that printer list included nearly 300 printers. However, the pharmacy board has been raising concerns that physicians are not using compliant prescription pads.

As a result, the pharmacy board recently asked all approved printers to reapply and resubmit a sample proof. State law requires prescription pads to meet a list of 10 detailed criteria. Printers who submitted proofs that did not meet those criteria were not approved.

Of the 90 printers that responded, only six were initially approved. Printers not approved will not be reconsidered until Aug. 1, 2009.

Here is the current approved printer list as of March 2, 2009:

Brand Printing & Photo
Litho Co., Inc.,
Indianapolis – (317) 921-4095

Ewing Printing Co., Inc.,
Vincennes – (812) 882-2415

Fast Print, Inc.,
Fort Wayne – (260) 484-5487

Fine Print,
Bloomington – (812) 339-3987

Printing Place,
Angola – (260) 665-8444

Standard Register,
Carmel – (866) 346-8090

Consequences for violators

Because the rule has been in effect since 1996, the Indiana Board of Pharmacy will not "grandfather" any current supplies of noncompliant paper. "Consider checking your prescription pads for compliance and address any concerns to your printer," said Julie Reed, ISMA legal counsel.

About security paper

These security paper rules only apply to handwritten prescriptions. Centers for Medicare & Medicaid Services advised that offices using electronic medical records to send prescriptions by computer can print them on plain paper as long as they meet certain other security features.

Schedule II controlled substance prescriptions cannot be faxed. Schedule III, IV and V controlled substance prescriptions can be faxed to pharmacies as long as the prescription is a faxed version of the actual written signed prescription and not an electronic version sent via computer-generated fax with an electronic signature.

Federal law does not allow physicians to electronically prescribe controlled substances, although changes are currently being proposed.

Current printer list and a sample proof are posted on at (<http://www.in.gov/pla/2538.htm>). Any updates will be posted on the site as well. If you have further questions, call ISMA's Legal Department at (800) 257-4762. *Information courtesy of ISMA eReports, April 13, 2009.*

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Project Health

Carrie Jackson Logsdon, Director



Thank you, Peter A. Walts, MD



Peter A. Walts, MD, CorVasc MD's, is Project Health's volunteer of the month for May. Born in Boulder, Colorado where his father was in the Air Force, Dr. Walts moved to Connecticut around age three. He graduated from Wesleyan University in Middletown, Connecticut and earned

his Medical Degree from Finch University of Health Sciences in Chicago. He completed his internship and residency in General Surgery at Washington Hospital Medical Center in Washington, DC, and his fellowship at the Cleveland Clinic in Cardiothoracic Surgery. His interests are minimally invasive surgery, aortic/mitral valve repair, lung-heart transplant and thoracic vascular surgery.

Both of his parents were musicians and after his father retired from the Air Force, he taught music theory at Yale while pursuing his PhD. The family later moved to Penn State, when Dr. Walts was in his middle school years. That Air Force experience must have bit him, because he and a buddy wrote a letter to President Reagan telling him that they wanted to sign up for the Army. "We got a letter back from him along with all sorts of information about each of the armed forces and then never gave it a second thought."

Dr. Walts says there are just too many world-renowned cardiac and thoracic surgeons who inspired him to become one too, including Delos Cosgrove, who is now the CEO of the Cleveland Clinic. "They really had a tremendous influence on the path I took." His grandfather is credited with being his most influential mentor. He was a neurosurgeon in the Army in San Francisco at the Presidio. Dr. Walts said "there would be an emergency case brought in and he'd come and snatch me out of bed in the middle of the night to come observe and help during surgery." After that there was no question, he was going to be a surgeon of some sort.

"CorVasc was the reason I came to Indianapolis. I wanted a busy practice with a lot of interesting cases, where I could continue doing high risk heart surgery. "They are also really just a great bunch of people. No one is arrogant or difficult." He has a young family too, girls ages 4, 5 and 7 and thought Indianapolis was a great place to raise children. "They're a blast right now – but I don't know what they'll be like as teenagers – I'm bracing myself."

Dr. Walts says he receives personal gratification from helping Project Health patients. "It is a minor sacrifice doing something we do every day, and we all (especially the patients) get major benefits out of it, not to mention the city and the emergency rooms that the patients don't need to go to anymore – because they are fixed. To make that kind of difference in their lives is just wonderful. You have the opportunity to return to why you really went into medicine in the first place."

Project Health is so glad Dr. Walts and all of CorVasc MD's feel that way. THANK YOU!



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Red Flag Rules – Compliance Deadline May 1, 2009

New 'Red Flag' Requirements for Financial Institutions and Creditors Will Help Fight Identity Theft

Identity thieves use people's personally identifying information to open new accounts and misuse existing accounts, creating havoc for consumers and businesses. Financial institutions and creditors soon will be required to implement a program to detect, prevent, and mitigate instances of identity theft.

The Federal Trade Commission (FTC), the federal bank regulatory agencies, and the National Credit Union Administration (NCUA) have issued regulations (the Red Flags Rules) requiring financial institutions and creditors to develop and implement written identity theft prevention programs, as part of the Fair and Accurate Credit Transactions (FACT) Act of 2003. The programs must be in place by November 1, 2008, and must provide for the identification, detection, and response to patterns, practices, or specific activities – known as “red flags” – that could indicate identity theft.

Who must comply with the Red Flags Rules?

The Red Flags Rules apply to “financial institutions” and “creditors” with “covered accounts.”

Under the Rules, a **financial institution** is defined as a state or national bank, a state or federal savings and loan association, a mutual savings bank, a state or federal credit union, or any other entity that holds a “transaction account” belonging to a consumer. Most of these institutions are regulated by the Federal bank regulatory agencies and the NCUA. Financial

institutions under the FTC's jurisdiction include state-chartered credit unions and certain other entities that hold consumer transaction accounts.

A **transaction account** is a deposit or other account from which the owner makes payments or transfers. Transaction accounts include checking accounts, negotiable order of withdrawal accounts, savings deposits subject to automatic transfers, and share draft accounts.

A **creditor** is any entity that regularly extends, renews, or continues credit; any entity that regularly arranges for the extension, renewal, or continuation of credit; or any assignee of an original creditor who is involved in the decision to extend, renew, or continue credit. Accepting credit cards as a form of payment does not in and of itself make an entity a creditor. Creditors include finance companies, automobile dealers, mortgage brokers, utility companies, and telecommunications companies. Where non-profit and government entities defer payment for goods or services, they, too, are to be considered creditors. Most creditors, except for those regulated by the Federal bank regulatory agencies and the NCUA, come under the jurisdiction of the FTC.

A **covered account** is an account used mostly for personal, family, or household purposes, and that involves multiple payments or transactions. Covered accounts include credit card accounts, mortgage loans, automobile loans, margin accounts, cell phone accounts, utility accounts, checking accounts, and savings accounts. A covered account is also an account for which there is a foreseeable risk of identity theft – for example, small business or sole proprietorship accounts.

Continued on page 26.

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Red Flag Rules *(Continued from page 24)*

Complying with the Red Flags Rules

Under the Red Flags Rules, financial institutions and creditors must develop a written program that identifies and detects the relevant warning signs – or “red flags” – of identity theft. These may include, for example, unusual account activity, fraud alerts on a consumer report, or attempted use of suspicious account application documents. The program must also describe appropriate responses that would prevent and mitigate the crime and detail a plan to update the program. The program must be managed by the Board of Directors or senior employees of the financial institution or creditor, include appropriate staff training, and provide for oversight of any service providers.

How flexible are the Red Flags Rules?

The Red Flags Rules provide all financial institutions and creditors the opportunity to design and implement a program that is appropriate to their size and complexity, as well as the nature of their operations. Guidelines issued by the FTC, the federal banking agencies, and the NCUA (ftc.gov/opa/2007/10/redflag.shtm) should be helpful in assisting covered entities in designing their programs. A supplement to the Guidelines identifies 26 possible red flags. These red flags are not a checklist, but rather, are examples that financial institutions and creditors may want to use as a starting point. They fall into five categories:

- alerts, notifications, or warnings from a consumer reporting agency;
- suspicious documents;
- suspicious personally identifying information, such as a suspicious address;

- unusual use of – or suspicious activity relating to – a covered account; and
- notices from customers, victims of identity theft, law enforcement authorities, or other businesses about possible identity theft in connection with covered accounts. More detailed compliance guidance on the Red Flags Rules will be forthcoming. For questions about compliance with the Rules, you may contact RedFlags@ftc.gov.

For More Information

The FTC works for the consumer to prevent fraudulent, deceptive, and unfair practices in the marketplace and to provide information to businesses to help them comply with the law. To file a complaint or to get free information on consumer issues, visit ftc.gov or call toll-free, 1-877-FTC-HELP (1-877-382-4357); TTY: 1-866-653-4261. The FTC enters Internet, telemarketing, identity theft, and other fraud-related complaints into Consumer Sentinel, a secure online database available to hundreds of civil and criminal law enforcement agencies in the U.S. and abroad.

Your Opportunity to Comment

The National Small Business Ombudsman and 10 Regional Fairness Boards collect comments from small businesses about federal compliance and enforcement activities. Each year, the Ombudsman evaluates the conduct of these activities and rates each agency’s responsiveness to small businesses. Small businesses can comment to the Ombudsman without fear of reprisal. To comment, call toll-free 1-888-REGFAIR (1-888-734-3247) or go to www.sba.gov/ombudsman.

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

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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.

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Sept. 14-15 Riley Heart Center Symposium on
Cardiac Development
Riley Outpatient Center, Indianapolis

Nov. 6-7 17th Annual Trauma/Surgical
Critical Care Symposium
University Place Conference Center, Indianapolis

Nov. 13 Richard E. Lindseth Lectureship
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May 7,8	ACLS Initial 10.0 credits Contact: Kim Viehe, 338-6786
May 14, 21	PALS Recertification 4.5 credits Contact: Kim Viehe, 338-6786
May 22	Emergency Medicine Symposium 5.0 credits Contact: Suzanne Brown, 338-6089
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The Indianapolis Medical Society

May

1	Alliance Scholarship Deadline
12	IMS Sound Bites, 7:30 A.M., IMS Conference Center, “Peace of Mind in Uncertain Times: Fundamentals of Asset Protection for Physicians,” Light Refreshments, Robert C. Scheele & Brooke V. May, CFP, Merrill Lynch
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.
10	Senior/Inactive Luncheon Meeting, Noon, Society, Mr. Arthur Carter, “Tuskegee Airmen”
13-17	AMA House of Delegates Annual Meeting, Chicago Hyatt, Chicago, IL
TBA	Executive Committee, Society, 6:00 PM, Sandwiches
TBA	Alliance – Scholarship Interviews
TBA	Project Health Board Meeting, Society, 6:00 PM, Light Meal

July

10	7th District Annual Meeting
21	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

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Bulletin Board

(Continued from page 11)

Conference held at The Indiana Hand Center. Dr. Kleinman also presented "I Need A Doctors Note," at the American Academy of Orthopaedic Surgeons, Specialty Day in Las Vegas on February 28th.

News from Shelbourne Knee Center at Methodist Hospital ...

K. Donald Shelbourne, MD, presented at the Knee Update 2009 meeting in Gelsenkirchen, Germany in March 2009. His topics were: "What I've learned about the ACL reconstruction the past 20 years," "ACL Rehabilitation Program," "Results of nonoperative treatment of PCL Injuries," "Treatment Algorithm for Patellofemoral Dislocation or Malalignment" and "Treatment of the Deconditioned Knee." Dr. Shelbourne also presented at the Cowell Lecture at Purdue University in April.

Scott E. Urch, MD, spoke in April 2009 at the 7th Biennial ISAKOS Congress (International Society of Arthroscopy, Knee Surgery, and Orthopaedic Sports Medicine) in Osaka, Japan. Topics: "Return to Basketball and Soccer after ACL Reconstruction in Competitive School-Age Athletes and The Stiff Knee: Prevention and Treatment." Also in April Dr. Urch spoke to the Athletic Training students at the University of Evansville, his topic was "Treatment Algorithm for Patella Dislocation or Malalignment."

Drs. Shelbourne and Urch have recently published: Shelbourne KD, Gray T., "Minimum 10-year Results after Anterior Cruciate Ligament Reconstruction: How the Loss of Normal Knee Motion Compounds other Factors Related to the Development of Osteoarthritis after Surgery." *Am J Sports Med* 2009;37:471 – 480. Shelbourne KD, Gray T, Haro M., "Incidence of Subsequent Injury to Either Knee within 5 Years after ACL Reconstruction with Patellar Tendon Graft." *Am J Sports Med*. 2009;37:246 – 251. Biggs A, Jenkins WL, Urch SE, Shelbourne KD. "Rehabilitation for Patients following ACL Reconstruction: A Knee Symmetry Model. N," *Am J Sports Phys Ther*. 2009;4:2-12.

News from Indiana Spine Group ...

Paul E. Kraemer, MD, spine surgeon, spoke at the annual meeting of the American Academy of Orthopaedic Surgeons in February 2009 in Las Vegas. His talk was "Infectious Pin Complications in Halo's Utilizing Ceramic vs. Metallic Pins."

Rick C. Sasso, MD, served as an invited faculty member at the instructional course lectures held at the annual meeting of the American Academy of Orthopaedic Surgeons. Dr. Sasso lectures included, "The Degenerative Cervical Spine," "Radiculopathy, Anterior Cervical Discectomy and Fusion," and "Cervical Disc Replacement." He also had two clinical research studies presented during the meeting.

Dr. Sasso authored an article "Acute and Long-Term Stability of Atlantoaxial Fixation Methods: A Biomechanical Comparison of Pars Pedicle and Intralaminar Fixation in an Intact and Odontoid Fracture Model, in the peer review journal, *Spine*. He was also an invited faculty member at the American Association of Neurological Surgeons/Congress of Neurological Surgeons section on Disorders of the Spine, Annual Meeting, Instructional Course Lecture, "New Developments in Arthroplasty." He also lectured on "Outcomes of Currently Available Lumbar Artificial Disc Devices."

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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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Maria C. Poor (2011)
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The year shown in parentheses indicates year in which the term expires following the conclusion of the ISMA Annual Convention.

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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)
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E. Michael Keating (2011)
Ramana S. Moorthy (2011)
Michelle W. Murphy (2011)
Mercy O. Obeime (2011)
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Lynda A. Smirz (2011)

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George H. Rawls, 1989-1990
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George T. Lukemeyer, 1983-1984
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Senior-Inactives

(Continued from page 14)



Abe Aamidor

Mr. Taylor coached the Dayton, Ohio Acme Aviators in the "World Professional Basketball Tournament," held in Chicago from 1939 to 1948. Many different teams would compete, including integrated fives and all-black teams such as the Harlem Globetrotters. Some of the teams eventually landed in the NBA, formed in 1949. The Aviators lost in the finals in 1945 to the Ft. Wayne Zollner (later Detroit) Pistons.


Chuck Taylor was a typical salesman: friendly, big smile, fine clothes and big car. He eventually landed in Los Angeles where he married and later divorced a starlet. In 1957, Chuck ran off with the athletic director's wife, Lucy Kimbrell, of Fulton College in Missouri, a big scandal at the time. They remained a life-long devoted couple, eventually retiring to Florida.

In 1969, Chuck Taylor would receive innumerable telegrams, congratulatory letters and phone calls, when he was inducted into the Naismith Basketball Hall of Fame as a "contributor." Taylor was nominated by fellow Hoosier, Charles "Stretch" Murphy, a Hall of Fame member and former teammate of John Wooden at Purdue University. Also inducted with Chuck were Coaches Arnold "Red" Auerbach, Henry "Hank" Iba, and Adolph Rupp; and player Henry "Dutch" Dehnert.



Hall of Fame, (l-r) Auerbach, Dehnert, Iba, Rupp and Taylor.

Chuck liked to think of himself as a great player but his most important roles were as a promoter and writer, teacher and coach. He lived at a time when basketball became a national sport; it was already a Hoosier tradition dating back to the first scheduled game in 1894 and the first college game played in the U.S., in the same year, between Wabash and Purdue. (Nine of the ten largest high school basketball arenas in America are in Indiana.)

To enjoy the complete story of the detective work and research involved in discovering the life of Chuck Taylor, one may want to purchase the book at the Indiana Historical Society. In the book, you will find the origins of the game of basketball in Indiana, read about the great coaches spawned in the State and come to know one of its sons, who would help to improve and popularize the game. 

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