Volume XCVIV • Number 2
October 2009 • Indianapolis, Indiana

Indianapolis Medical Society 1848

Bulletin

Indianapolis Medical Society
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Vol. XCVIV • Number 2
October 2009 • Indianapolis

Bulletin

Official monthly publication of the
Indianapolis Medical Society
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John C. Ellis, MD

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

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

The Bulletin invites news from and about members of the Indianapolis Medical Society. Copy deadline: First of the month preceding month of publication.

Advertising: Rates available upon request. Advertisers should provide electronic files by the first of the month preceding publication. Placement of advertisements, except for premium spaces, will be throughout the publication at the discretion of the editor.

ATTENTION SOCIETY MEMBERS

We like to feature photographs or other artwork shared by IMS members on the cover of *The Bulletin*. Submit photographs, artwork, etc., to Beverly Hurt at the Society Office.

The Bulletin is your magazine. Share your views by submitting reprints of your published articles; articles written expressly for *The Bulletin*; quips; short stories; brief comments; ideas; cartoons, etc.

Remember the *Indianapolis Medical Society Foundation* when planning your will. *(Contribution form included in this issue.)* Unless otherwise specified, your contribution will be directed toward medical scholarships.

Bulletin Subscriptions: $36.00 per year
AMA Web Page: http://www.ama-assn.org
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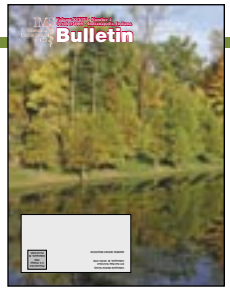
in this issue

Special Features

Departments

about our cover



It's Autumn

Dr. Bernard J. Emkes is the fantastic photographer for our October 2009 IMS Bulletin cover photograph.

Please join your colleagues at the Inaugural Reception to be held October 10, 2009 at the IMS Conference Center. The Society will honor John C. Ellis, IMS President, IMS outgoing President John P. McGoff, 50-Year Members and New Members! Call the Society at 639-3406 for last minute reservations.

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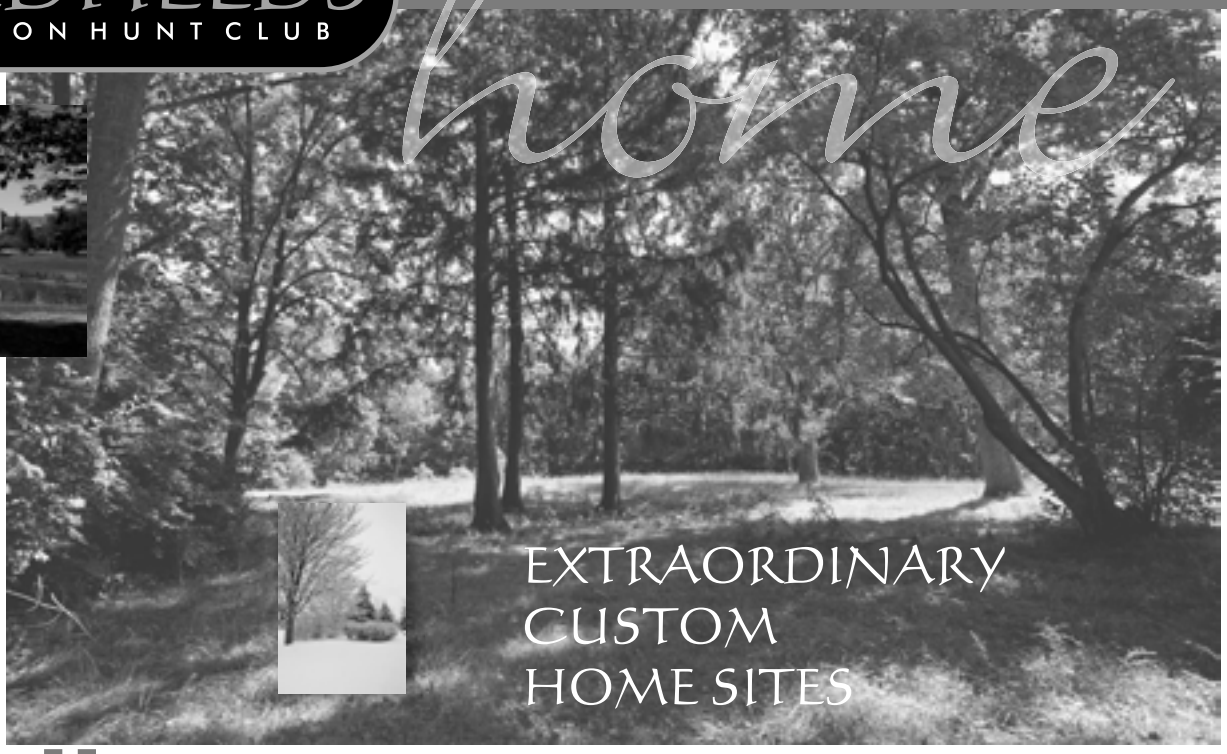

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TALK TO TUCKER

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President's Page

John C. Ellis, MD

"What Should I Do?"

After recently reviewing a complex case with a colleague I hold in highest regard, I was surprised by his asking me 'What should I do?" Clarifying, he wanted to know if I had insights as to what he should do professionally and with his practice to prepare for the uncertain future we physicians are all facing. Concerns abound as to whether planning is in the works that will result in radical changes in our lives without sufficient time for adjustment. To what extent will clinical decision-making be further removed from the physician-patient relationship? Will practice organizations be overhauled by laws and regulations designed by financial gurus lacking understanding of the complexity of providing clinical care in our already rule-bound environment? Will a new-and-improved plan for American healthcare finally bring clinical practice to a grinding halt? Will the baby be thrown out with the bath water?

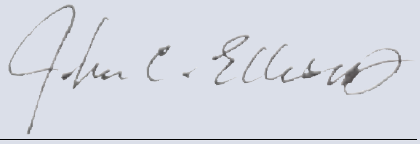
My from-the-hip response was, "Keep doing what you are doing." Here was highly trained professional, an acknowledged clinical leader, practicing in a small group, who has for many years provided thoughtful, compassionate care to all who came to his door and to some he sought out on missions to less fortunate regions of the world. His practice is not extravagant, but is efficient and responsive to patients and colleagues. His outcomes are superior in a complex patient population. **Practicing medicine at a high level of quality, compassion and responsiveness is his best course of action.**

Well, isn't that what every physician is trying to do every day? If it's that straightforward, why are we so threatened? Straightforward does not mean simple. Performing a challenging blend of science, clinical judgment and interpersonal interaction becomes increasingly difficult as science advances, clinical judgment evolves and interpersonal skills are tested by long hours and increasing expectations from patients and payers including the government. How do we know to what extent we are succeeding? What are the benchmarks? How will we be judged? How will our reimbursement be affected?

If we assume one of the outcomes of the current national discussion will be an increasing migration from pure fee-for-service to "quality outcomes" reimbursement, how do we modify our focus to keep-up with or stay ahead of the demands? Two national benchmarks likely to prevail are HEDIS (The Healthcare Effectiveness Data and Information Set at *www.ncqa.org/tabid/59/Default.aspx*) and CAHPS (Consumer Assessment of Healthcare Providers and Systems at *www.cahps.ahrq.gov/default.asp*). These are the measures against which health plans are evaluated by NCQA, the National Committee for Quality Assurance (at *www.ncqa.org/tabid/952/Default.aspx*) and by state and federal governments, hence, those by which physicians are appraised. These measures are considered valid, are well standardized across the country and encompass basic parameters of clinical and practice quality. Some health plans provide information based on HEDIS and CAHPS to their providers to help identify opportunities to improve care. A few highly organized communities have developed programs encompassing these measures in information-only or in pay-for-performance programs such as Quality Health First (QH1st) in Central Indiana. QH1st collates comprehensive data from well over 50% of the populace who have received healthcare services locally and includes clinical data not available in many, if any other community in the nation. QH1st has been developed with guidance from your peers and continues to evolve based on direct feedback from practicing physicians.

While physicians are familiar with evaluations and report cards and have generally navigated them successfully since childhood, we may have thought they were a thing of the past for us. However, evaluation of clinical and practice quality is here to stay and may be anticipated to be more robust and to affect reimbursement. The extent to which physicians understand the standards against which our care will be measured and incorporate specific quality initiatives in our practices will determine our success with any current or future reimbursement scheme. We can legitimately know the test questions before the exam.

Physicians also have an opportunity to join together and have an impact on the evolution of healthcare beyond what most of us can achieve as individuals. Your Indianapolis Medical Society is one venue for that activity. When you receive this, we will have just concluded the ISMA convention and provided thoughtful deliberation for more than 65 Resolutions that are important to the future of health care in Indiana. Additionally, IMS and ISMA are asked for consultation from time to time (or we give it without being asked). Results include our model malpractice environment and regular vigorous interaction with the government and payers. To the extent we have communication with our colleagues, we can better represent you. We're anxious to hear from you!



The Great Debate

Rationalizing Health Care

Bernard J. Emkes, MD

The health care reform debate is rapidly heating up and some rhetoric is approaching "scald," and since few physicians have been asked for formal input into these discussions, it's time to clarify some of the issues. In the short space allotted, this will only scratch the surface. But maybe this will stimulate more discussion.

First, we do not have a health care crisis in America. What we do have is a health care **cost** crisis. Affordable and uniformly available primary and preventive care has been undervalued forever, and we now have a cost crisis with many culprits sharing that blame. That cost crisis is from getting care late in the course of a disease, from the wrong places, and treating diseases and complications of diseases rather than focusing on disease prevention.

There is an old Chinese saying that loosely translated goes something like this:

Superior doctors prevent disease.
Mediocre doctors treat disease.
Only inferior doctors treat the complications of disease.

As a physician, please think about what you do every day and decide where you fit. By the way, that saying comes from the oldest known Chinese paper manuscript estimated at somewhere about 2600 B.C.

Problem number one – First let's all be honest. Does everyone reading this feel they are doing everything they possibly can to be as healthy as possible? Of course not, as that involves eating right 100% of the time, avoiding anything bad for your health such as risky behaviors, smoking, excessive drinking, and unhealthy foods, having an ideal body weight and getting optimal sleep and exercise. I think it is safe to say not one person can attest that they follow all these tenets all the time. So we are all guilty of being a part of the problem. Many estimate that 50% or more of all health care costs are iatrogenic – caused by what we do to ourselves.

Problem number two – Liability concerns. While those who sue for a living loathe even having this discussion, and many estimate the costs of "fear of being sued" at a relatively low number, those in the medical profession readily admit that many tests are ordered to "cover" themselves. We dare never miss any remotely obscure diagnosis because of the litigious society we live in. My own guesstimate of tort costs is at least 10 times whatever is estimated by the pundits. Evidence-based medicine guidelines, when followed, should be adequate to avoid any legal action, and when errors do occur, having a system of honesty and integrity, with proper compensation of injured – without attorney involvement, and a judicial system with specialized "medical courts" or panels would go a long way to reduce health care costs. President Obama has publicly taken this discussion "off the table."

And this also leads directly to the third issue.

Problem number three – Disconnecting the patient from the actual cost of care received. Expecting perfection while not having any real concept of the costs of all the excessive testing leads to ever-escalating health care costs, and is a good part of why costs in the USA are twice that of the next closest industrialized nation. Consumer directed health care places the patient closer to the actual costs of care, but also adds additional costs to the system as providers are now forced to "chase down" patient co-pays and higher deductibles. This disconnect from costs is nowhere more evident than in the ICU at the end-of –life. Families, more than patients, often insist that "everything be done," sometimes expressly against

Continued on page 20.

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Glenn J. Bingle, MD, was recognized by Community Health Network for his outstanding career after more than three decades at Community and for his commitment to his profession and ideals.

Jack Farr, MD, OrthoIndy surgeon, performed the first Indiana surgery utilizing the ReGen Biologics Menaflex collagen meniscus implant.

Steven F. Isenberg, MD, has been awarded the 2009 Arnold P. Gold Foundation grant for the new Humanism in Medicine award. The award presented at the Humanitarian Open Forum held October 4, 2009.

Additionally, Dr. Isenberg was honored at the Great Ormond Street Hospital for his M4M program and event held there.

Leo M. Bonaventura, MD, Bonventura Reproductive Medicine, was recently recognized for his 200th procedure using the *da Vinci® Surgical System*. He is one of only three physicians in the field of gynecology to reach this milestone. Dr. Bonventura uses this technique to perform gynecological surgeries including myomectomy and hysterectomy procedures among others.

Steven R. Counsell, MD, Mary Elizabeth Mitchell Professor of Geriatrics at the IU School of Medicine, IU Center for Aging Research center scientist was the study leader for "Aging with GRACE" which appeared in the August 2009 issue of the Journal of the American Geriatrics Society (JAGS). The study highlighted the delivery model to improve outcomes and save money for treating older adults. The model GRACE (Geriatric Resources for Assessment and Care of Elders) was developed by researchers from IU School of Medicine, the Regenstrief Institute and the IU Center for Aging Research.

Rick C. Sasso, MD, Indiana Spine Group, published an article, "Computer Assisted Spinal Navigation Using a Percutaneous Dynamic Reference Frame for Posterior Fusions of the Lumbar Spine, " in the August issue of *The American Journal of Orthopedics.*

Habib John Komari, MD, Indiana Cardiac & Vascular Consultants, was awarded a lifetime appointment granted with highest distinction as a "Certified Fellow and Master of the American Academy of Cardiology."

Doctors Spencer F. Trudgen, John R. Payne, Donald R. Wright, Madalyn K. Squires and **Brandy M. Garrett**, Indianapolis Physicians for Women and **Doctors H. Edwin Campbell, Mary E. Hinkle, John A. Leone, Richard W. Gates, Angela D. Stevens** and **Deborah A. Ronco,** Northwest OB/GYN have merged to form Lifetime OB/GYN. The office is located at 8240 Naab Road #400, phone 317-415-1000 and fax 317-415-1010.

Patricia E. Ladd, MD, and **Steven J. Willing, MD,** have joined Northwest Radiology Network.

Dr. Ladd is a board certified pediatric radiologist, educated at University of Michigan and University of Cincinnati. After graduating from UC, she completed a Diagnostic Radiology resident at the University of Kansas and a fellowship in Pediatric Radiology at Cincinnati Children's Hospital.

Dr. Willing is a board certified radiologist with a special interest in Neurointerventional Radiology. A graduate of Emory University with a degree in Music, he earned his doctorate from the Medical Collage of Georgia. Dr. Willing earned an MBA from the Business School at the University of Alabama. He completed his Diagnostic Radiology residency at the Medical College of Georgia as Chief Resident, followed by a Neuroradiolgy Fellowship at the University of Alabama.

News from St. Francis ...

Doctors Roger K. Core, John M. Lawlis, Max A. Runkle and **Philip D. Snyder, MD,** Gray Road Family Medicine has joined the St. Francis Medical Group. The practice is located at 6801 Gray Road, Suite A, 317-787-9471. Drs. Lawlis and Snyder are accepting new patients.


Glenn J. Bingle, MD


Leo M. Bonaventura, MD


H. Edwin Campbell, MD


Roger K. Core, MD


Steven R. Counsell, MD


Jack Farr, MD


Brandy M. Garrett, MD


Richard W. Gates, MD


Marc W. Gerdisch, MD


Mary E. Hinkle, MD


Steven F. Isenberg, MD


Habib John Komari, MD


Patricia E. Ladd, MD


John M. Lawlis, MD


John A. Leone, MD


John R. Payne, MD


Deborah A. Ronco, MD


Max A. Runkle, MD


Rick C. Sasso, MD


Philip D. Snyder, MD


Madalyn K. Squires, MD


Angela D. Stevens, MD


Spencer F. Trudgen, MD


Gerald C. Walthall, MD


Steven J. Willing, MD


Donald R. Wright, MD

Marc W. Gerdisch, MD, was a key presenter at the second annual St. Francis Cardiovascular Symposium held at the Crowne Plaza at Historic Union Station in downtown Indianapolis on September 18, 2009.

Gerald C. Walthall, MD, medical director with the St. Francis Hospital Palliative Medicine team, discussed the purpose of advance directives and why it's important for an individual to have one at a free seminar for cancer patients and their families held at the eduction center in September. IMS

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Dermatology
Chicago Medical School, 2002

Bearden, Christopher, MD
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46202-1259
Ofc – 923-7211
Fax – 962-2595
Email – cbearden@towersurgical.com
Web – www.towersurgical.com
Surgery, 2007
Other Specialty
Louisiana State University,
Shreveport, 2000

Cameron, Jennifer A., MD
Fellowship – I.U. School of Medicine
Pediatrics
Pediatric Cardiology
University of Colorado, 2006

Halliday, Melissa L., DO
Resident – I.U. School of Medicine
Emergency Medicine
University of Health Sciences,
Kansas City, MO, 2009

Holmes, Christina M., MD
Resident – St. Vincent Hospital
Pediatrics
Indiana University, 2009

Janssens, Charles M., DO
Resident – I.U. School of Medicine
Internal Medicine
Midwestern Univ. College of
Osteopathic Medicine, Arizona, 2007

Ladd, Patricia E., MD
Northwest Radiology Network
5901 Technology Center Dr.
46278-6013
Ofc – 328-5050
Fax – 328-5053
Diagnostic Radiology, 2008
Pediatric Radiology
University of Cincinnati, 2003

Lee, Tennyson W., MD
(Reactivation)
Ctr for Ortho Surg & Sports Med
8141 S. Emerson Ave., #A
46237-8561
Ofc – 888-1051*
Fax – 888-1591
8711 US Hwy. 31 S.
46227-6252
Ofc – 888-2560*
Physical Medicine &
Rehabilitation, 2002
Pain Management
Eastern Virginia Medical School, 1996

Myers, Tara M., MD
Respiratory & Critical Care Cons., PC
1800 N. Capitol Ave.
Noyes Pav., E 140
46202-1218
Ofc – 962-2894
Fax – 963-5285
Internal Medicine, 2008
Indiana University, 2005

Salvatore, Dawn M., MD
IN Vascular Inst. at St. Francis
5255 E. Stop 11 Rd., #200
46237-6341
Ofc – 851-2323
Fax – 851-2324
Surgery, 2003
Vascular Surgery, 2005
Georgetown University, 1989

Seiffert, Ellen A., MD
Resident – St. Vincent Hospital
Anesthesiology
Indiana University, 2009

Sendoya, Sofy Y., MD
Resident – I.U. School of Medicine
Family Medicine
Universidad del Valle,
Cali, Colombia, 2001

Sheinbein, Courtney A., MD
Cancer Care Group, PC
8111 S. Emerson Ave.
46237-8601
Ofc – 865-5171
Fax – 865-5172
6100 W. 96th St., #125
46278-6006
Ofc – 715-1800
Fax – 715-6200
Radiation Oncology, 2009
University of Texas,
Southwestern, 2003

Tate, Chemen M., MD
ClearVista Women's Care
7120 Clearvista Dr., #4000
46256-1774
Ofc – 577-7444*
Fax – 577-7433
Web – www.whp.com
Obstetrics & Gynecology
University of Chicago, 2004

Van Donselaar, Laurie M., DO
Resident – St. Vincent Hospital
Obstetrics & Gynecology
University of Osteopathic
Medicine, 2009

Williams, Sabrina L., MD
AHN – Group One Georgetown Plaza
4880 Century Plaza Rd., #200
46254-5474
Ofc – 216-2002
Fax – 347-2071
Family Medicine, 2000, 2008
Indiana University, 1994

Willing, Steven J., MD
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5901 Technology Center Dr.
46278-6013
Ofc – 328-5050
Fax – 328-5053
Diagnostic Radiology, 1984
Neuroradiology, 1995, 2005
Medical College of Georgia, 1980

Zarse, Chad A., MD
Resident – I.U. School of Medicine
Internal Medicine
Indiana University, 2009

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Meredith W. Cousin, MD


Craig E. Herrman, MD


Fred Z. Nour, MD


Ali O. Artar, MD


Cynthia McGarvey, MD


Adam J. Fisch, MD


Margaret L. Frazer, MD

In Summary

ISMA Medical Mission Scholarship

The Indiana State Medical Association is accepting applications for its Medical Mission Scholarship. The deadline for applying for the 2010 scholarship is November 10, 1009. If you are planning a medical mission between September 1, 2009 and anytime in 2010, please consider applying.

The ISMA Board of Trustees will select the winner for the $3,000 at the November 15, 2009 meeting through a random drawing.

To apply, write to the Indianapolis Medical Society and include your name, address, email and phone number(s). Provide the dates and location of the proposed trip. Information about others sponsors and/or mission coordinators and provide the appropriate documentation including expense details.

Information is available on the ISMA website at http://www.wsmanet.org/resources/medical_missions.htm or email the Indianapolis Medical Society at ims@imsonline.org.

Grants Made Available for Electronic Health Records

On August 20, 2009, Vice President Joseph Biden announced the availability of grants worth nearly $1.2 billion to help hospitals and health care providers implement and use electronic health records. The grants will be funded by the American Recovery and Reinvestment Act of 2009 (ARRA) and will help health care providers qualify for new incentives that will be made available in 2010 to doctors and hospitals that meaningfully use electronic health records.

The grants made available include:

• Grants totaling $598 million to establish approximately 70 Health Information Technology Regional Extension Centers, which will provide hospitals and clinicians with hands-on technical assistance in the selection, acquisition, implementation, and meaningful use of certified electronic health record systems; and

• Grants totaling $564 million to States and Qualified State Designated Entities (SDEs) to support the development of mechanisms for information sharing within an emerging nationwide system of networks.

To access the HITECH grant programs please go here: http://healthit.hhs.gov/portal/server.pt

Medical Challenges in Southern Ethiopia and the work of Soddo Christian Hospital

Thursday, October 15, 2009, 6:30 pm.
The Junior Achievement Center,
7435 N. Keystone Blvd. Indianapolis, 46240.

Speaker: Harold Adolph, M.D.
Founder of Soddo Christian Hospital

Dr. Harold Adolph, (www.soddo.org), career missionary surgeon is the speaker. Dinner provided. There is no charge to attend and donations will not be solicited.

Soddo Christian Hospital opened in January 2005, located in the most densely populated area of rural southern Ethiopia, Wolaitta Soddo. A 200 bed facility, Soddo Christian Hospital serves a population area of 2.5 million people, providing needed medical services to one of the poorest and most underserved parts of the World. Soddo Christian Hospital is also a teaching hospital, and part of the Pan African Academy of Christian Surgeons.

Dr. Harold Adolph grew up in China in a missionary family. He has had a prolific medical and surgical career in challenging circumstances including threats to his life.

Please RSVP to joebergeron@juno.com, or call 317 705-0909 or 812 238-3030, ext. 2.

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The Great Debate

(Continued from page 8).

the wishes of the patient as defined by an "advance directive." Since neither the family nor the patient has direct financial responsibility for costs incurred, other than small co-pays or deductibles, why not try everything and use massive resources? And due to the liability concerns, current payment methodologies, as well as a perceived need to do everything, there are few incentives to avoid high cost care at the end-of-life. And talk about the "third rail"- even the current option being discussed that allows for payments to physicians to have informed end-of-life discussions with patients has drawn fire from all sides with rhetoric such as "euthanasia." Most, including a local talk show host, do not realize that advance directives have to be discussed or offered to every Medicare patient admitted to a hospital already – and that rule has been in place for years. But it is just so much easier to avoid the discussions when alert and oriented, because as we all know, that won't happen to me, and it is something none of us really want to think about.

But now let's get to the real crux of the matter.

Problem number four – Greed. This takes many forms. Patients can be greedy for care they think they are owed, or have paid for through a payroll deduction or health care premium. And yes – doctors can be greedy too. Life

Continued on page 29.

Project Health

Carrie Jackson Logsdon, Director

Thank you, John H. Abrams, MD

John H. Abrams, MD, of Abrams EyeCare Associates is Project Health's Volunteer of the Month of November. Dr. Abrams was born and raised in Indianapolis. His father is an optometrist who has practiced here since 1950 and still works in Dr. Abrams office three days a week. Dr. Abrams knew in 7th grade that he wanted to be a physician. His career paper that year was on being a physician.

Dr. Abrams graduated from Indiana University with highest distinction and was the Herman B Wells Scholar among other awards. Dr. Abrams went on to complete an Ophthalmology residency at IU, and a Uveitis Fellowship. He said T.F. Schlaegel, MD, was one of his greatest mentors because he allowed him to do research while he was in medical school. He credits Michael Lashmet, MD, as his mentor once he had graduated.

In 2007 Dr. Abrams became Director of Ophthalmology at Methodist. "We had the only office on campus and there were problems getting people to cover the hospital, so I worked with them to get ophthalmology covered 24/7. Most of it is outpatient - we treat them and send them home." Bettye-Jo Rawls-Lloyd, MD, joined his practice 15 years ago. He said the majority of their practice is cataracts and refractive surgery. The Project Health patients he has removed cataracts for literally cry and send us letters they are so grateful to be able to see again, go back to work, and drive. "I am thankful that Alcon donates the implants and that the Beltway Surgery Center donates its services, too," he said.

In his spare time he volunteers for just about everything. He is the team ophthalmologist for the Indiana Pacers, The Fever, the Indianapolis Motor Speedway, University of Indianapolis and Butler University. He is the Vision Consultant for several IRL racing teams. He serves on the Pacers Foundation. He is also Tournament ophthalmologist for the NCAA Championships, Big 10 Championships and the RCA Tennis Championships. "It doesn't get me in free," he said "but I do get good seats." He is past president of the Jewish Community Center.

When he is not volunteering Dr. Abrams likes to travel, bike, golf, ski, and "I have a couple of old Chevys that I mess around with." His 24-year-old son just finished medical school and seems to be leaning toward ophthalmology. His 22-year-old son just graduated from the Kelly School of Business with a major in marketing. His daughter is a second-year medical student at IU, and his wife, Diane, teaches piano.

Dr. Abrams said volunteering is just part of his life and part of his philosophy. He is President of the Jewish Federation and said "our guiding philosophy is to repair the world." The way he is going he just might be able to do that all by himself. The Indianapolis Medical Society and Project Health share that same philosophy and we are grateful that Dr. Abrams has chosen Project Health as one of his projects.

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In Memoriam

William B. "Joe" Moores, MD
1938 - 2009

Dr. William Bradley "Joe" Moores 71, Carmel, passed away August 23, 2009. He was born August 5, 1938, in Indianapolis. Dr. Moores graduated from Indiana University School of Medicine in 1963. He interned at Methodist Hospital, Indianapolis and served his dermatology residency at Philadelphia Skin & Cancer Hopsital and the Marion County General Hospital.

Dr. Moores was the founding physician of Dermatology Inc. and MAPS, Mid-America Pathology Laboratory. He was also a professor of Clinical and Laboratory Medicine and the head of Dermatopathology at Indiana University School of Medicine. He was the recipient of many awards and honors, including the Most Distinguished Alumnus Award from Indiana University School of Medicine, the Spirit of Philanthropy Award, the Bowen Distinguished Leadership Award, the Maynard K. Hine Medal, the Hero of Medicine Award and most recently, the Indiana University Foundation First Keystone Award. Throughout his career he was dedicated to the teaching of Dermatology and Dermatopathology to medical students and residents and received Teacher of the Year Awards several times from both Methodist and St. Vincent Hospitals.

Dr. Moores was an Alternate Delegate to the State Convention 1988-1991 and served on the Professional Affairs Committee from 1987-1991.

Ryland Paul Roesch, MD
1921 - 2009

Ryland Paul Roesch, MD, 88, of Indianapolis, died September 6, 2009. Dr. Roesch was retired from Indiana University School of Medicine as Associate Professor Department of Anesthesiology. He was born July 4, 1921 in Indianapolis.

Dr. Roesch graduated from Indiana University in 1942. He attended Indiana University School of Medicine and completed his internship at St. Vincent Hospital, Indianapolisin 1948-1949.

Dr. Roesch was a veteran of the U.S. Army, serving in the Philippines during WWII. He returned to compete medical school and his residency at IUMC. He practiced family medicine in several Indiana communities, most notably Warsaw from 1951 through 1959. His association with I.U. School of Medicine began thereafter and continued until his retirement in 1991.

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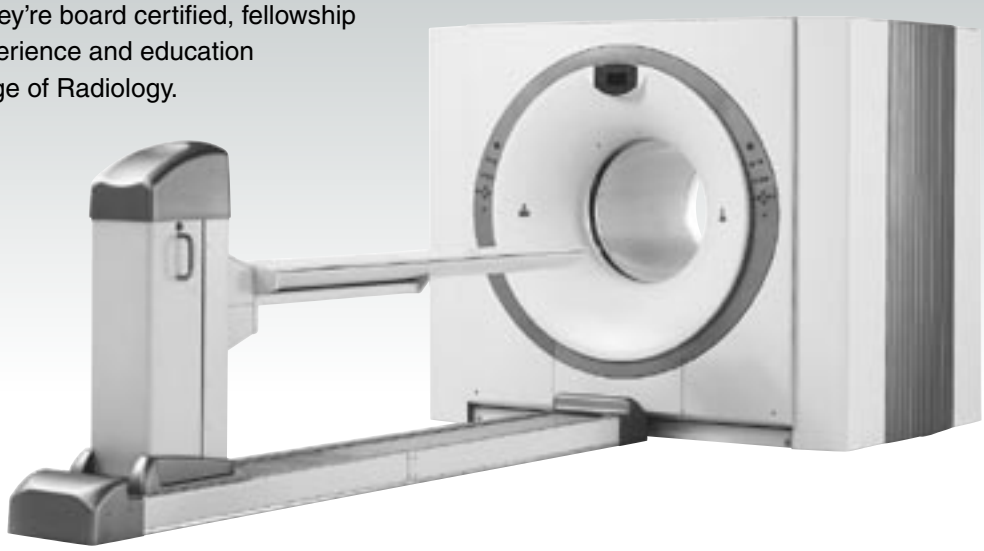

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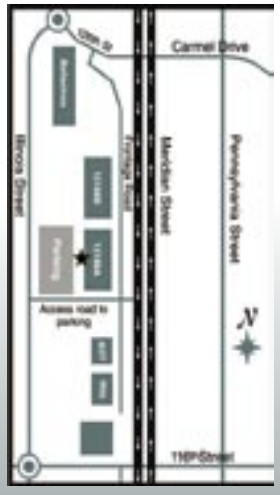

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First Wednesday — Critical Care Conference
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Second Wednesday — Medical Grand Rounds
Medical Staff Conf. Room, 12:00 - 1:00 p.m.

Community Hospital South

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

Third Wednesday — Tumor Board (Case Presentations)
Conference Room A, 7:00 - 8:00 a.m.

Community Hospital North

Second Wednesday — Tumor Board (Case Presentations)
Board Room, 12:00 - 1:00 p.m.

First Friday — North Forum
Board Room; 12:00 - 1:00 p.m.

North Cancer Pavilion

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Melanoma Conference, 7:00 - 8:00 a.m.

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

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Oct. 10 — Pediatric Ultrasound Conference
Riley Outpatient Center, Riley Hospital, Indianapolis

Oct. 16 — 6th Annual Symposium in Women's Health for Primary Care Physicians
Indianapolis Museum of Art, Indianapolis

Oct. 16 — John Donahue Tenth Annual Visiting Professor Series
University Place Conference Center, Indianapolis

Oct. 22 — Advancing End of Life Across Disciplines
Clarian West Medical Center, Avon

Nov. 2 — Grant Writing Workshop, Write Winning Grants
Fairbanks Hall, Indianapolis

Nov. 6 — Richard E. Lindseth Lectureship
University Place Conference Center, Indianapolis

Nov. 11-12 — Building a Comprehensive, Thriving Home Dialysis Program
Sheraton at the Keystone, Indianapolis

Nov. 13-14 — American College of Physicians Indiana Chapter Annual Scientific Meeting
Adam's Mark Hotel, 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

Dec. 4 — 7th Annual Christian Sarkin Autism Treatment
The Ritz-Charles, Carmel

2010
Jan. 30 — Review and Interpretation of the 2009 San Antonio Breast Cancer Symposium
IUPUI Campus Center, Indianapolis

Oct. 6-9 — 7th International Conference on Frontotemporal Dementias
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Please submit CME to mhadley@imsonline.org by the first of the month preceding publication.

Indianapolis Medical Society

October

6 IMS Board, Society, 6:00pm, Social; 6:30pm, Dnr/Mtg
10 IMS Inaugural honoring John C. Ellis, President
50-Year Members, New Members
6:30pm-10:00pm, IMS Conference Center
RSVP 639-3406
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
7-10 AMA Interim, Houston, Texas
17 Executive Committee, Society, 6:00pm, Sandwiches

December 2009

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

Academy of Medicine of Cincinnati

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Delegates to the State Convention, September 2010, 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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Tim E. Taber (2012)
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Jeffrey J. Kellams (2010)
Anthony W. Mimms (2010)
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Louis L. Winternheimer (2010)
Ronald L. Young, II (2010)

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Jennifer J. Bucki (2012)
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styles are important, but when is enough – enough? Health plans share a lot of this culpability, as most are publicly traded companies beholden to shareholders. The problems were not as great when most were mutual companies that were beholden to their policy owners. The CEO's of these companies are rewarded for the "care management" they oversee. One large insurance plan CEO, when salary and bonus are counted, was paid in a recent year $65,000 PER DAY for each of 365 days (plus perks and benefits). That number and accountability falls to the Board and stockholders of that company. But another example is a publicly traded Medicaid HMO company whose entire revenue is gleaned from taxpayers in a multitude of states. Maybe we should feel better, as he only got $24,000 per day from our tax dollars!

And number five – the complexity of the "system" in which we currently are forced to practice. Much of the complexity is dollar driven, as the only way health plans perceive to save money is to create barriers to access of certain high cost and high tech options. Prior authorizations for certain drugs, pre-certification for MRI's and CT scans, and notification of admissions to hospitals and OP services, while under the guise of "Quality" are often used ONLY to deny or delay payments for medically necessary care. Administrative denials do NOTHING to improve health care quality or patient outcomes. These barriers do nothing but avoid payment for services due to an administrative error or a complex process that is designed to not work. Making plan coverage consistent from plan to plan and reducing many of the variable rules today associated with health plans would allow for lower administrative costs and might actually improve quality of care.

Summary:

1. Let's all do what we can to stay healthy

2. Meaningful tort reform is essential. Indiana has one of the best, if not the best liability law in the country, but that does little to reduce excessive tests based on a perceived fear of missing something and the liability threat held over a doctor's head.

3. There simply has to be better definition of who gets what care near the end-of-life. This is a very complex issue that begins with an advance directive, but might also be better driven by an objective measure of outcomes. Doctor / patient or doctor / family discussions, while ideal, have many flaws. Hospitalists, while having many positive traits, have limited knowledge of the patient in front of them, and certainly rarely any long term relationship with the trust that comes with that. When in doubt, more rather than less is the only option. In other countries, society has determined what gets paid for by society given certain parameters. While most do not wish to advocate for that specifically, unless some more objective methods are used to determine who gets moved to ICU, under what conditions, and which costly resources are expended, health care costs will be very difficult to control. But once society speaks, there simply has to be an option to go outside the societal option and pay privately, should one choose to do so. In the current debate, that is not an option.

4. Greed is perhaps the most difficult to assess and control. One man's greed is another man's right within a capitalistic society. It is said that capitalistic forces do not apply to health care. Market forces of supply and demand do not work. Entrepreneurial activities, while lauded in the outside world, draw ire when applied inside health care. And by my estimates, the CEO's of 10 large insurance plans made $212,000 per day in a recent year. What would $77,380,000 do to provide health care coverage for the indigent?

5. Health care complexity is a given. My job, in part, depends on this not getting fixed. However, there are many simple things that can be done to reduce administrative health care costs. Both plans and providers could reduce costs if several simple tasks were addressed. As part of HB 1572 last year, the Medicaid program will move to ONE prior authorization form for all plans. How simple – and everyone agrees. The details are being worked out at this time. What about one form for all plans across the country? And what about ONE CREDENTIALING form used by ALL health plans. CAQH is a step in the right direction, and the on-line portion is used by many plans. Think of the savings this would create in physician offices. Even if a paper form was used, copying and sending ONE FORM over and over would allow offices to reallocate staff to more meaningful work. And so it goes..... IMS

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Health Literacy Month

OCTOBER IS HEALTH LITERACY MONTH. This a time for organizations and individuals worldwide to promote the importance of understandable health information. This is the 11th year of Health Literacy Month – an annual awareness-raising event started in 1999 by Helen Osborne along with a team of health literacy advocates. The theme for Health Literacy Month 2009 is "Why Health Literacy Matters: Sharing Our Stories in Words, Pictures, and Sound." Health literacy is personal with each person's experience being the heart of what matters. The intent of this year's project is to serve as a gathering place for sharing stories – sort of like being together around a campfire or conference table, but not. It also is a way to create a more lasting record of personal experiences told in essays, podcasts, songs, photos, and poems.

There will be one or more health literacy stories posted on http://www.healthliteracymonth.org/ each day in October. We hope you will visit daily to read, listen to, watch, and otherwise enjoy and learn from these stories. Please also share them with others. Together, let's let the whole world know why health literacy matters!

www.imsonline.blogspot.com/

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