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Bulletin



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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, bhurt@imsonline.org.

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

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

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about our cover



Our cover reminds to find Joy and Delight in all things!

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What Could I Have Done Differently?

"The thought of suicide is a great consolation: by means of it one gets successfully through many a bad night." – Friedrich Wilhelm Nietzsche (1844-1900)

Regardless of our specialty we do not avoid psychiatry. It permeates all of our professional practice. It permeates our personal life. It permeates our families, our neighbors, and the people with whom we work. Fifty percent of the patients entering the family practitioner's office every day are seeking help for psychiatrically generated physical concerns and the major driver behind this is depression. There are multiple forms of depression: major recurrent depression, depression associated with bipolar illness, dysthymic disorder, depression due to acute situational stressors, and depression associated with other major psychiatric disorders such as schizophrenia, drug abuse, and borderline personality disorder. Inherent in all of these, however, is the risk of suicide.

As physicians, we have all experienced suicide with some of those we are trying to help, be it in the more traditional medical sense or psychiatrically itself. When this happens, we reflect and look backward and ask "what could I have done differently?" The loss leaves a void for both the survivors and the physician. It is a tragic loss, which leaves lives in anguish and sometimes even provides the stimulus for a medical negligence claim. But even with careful assessment, some patients may engage in self harm very unpredictably. Thus, our ability to anticipate suicide is generally poor with many false positives, as well as false negatives, where patients appear less likely to suicide, but nonetheless do so.

Suicide is among the ten leading causes of death among adults! It is the second leading cause of death among adolescents and young adults! As a result, it ranks right along with the other leading causes of death including cancer, HIV, cardiovascular disease, etc. More recently, it has become an issue of focus even in the military, where the frequency of suicide continues to rise. With many young adults and military recruits, risk factors can be identified: lack of social support, feeling unwanted and unloved, having had an exposure to domestic violence and sexual abuse in childhood, and having had a parent and, especially, a mother, who suffered from depression. This transition period from home to partial independence stimulates a peak occurrence of major psychiatric illnesses.

So what can we do? The first thing to address is **ASKING THE PATIENT IF THEY ARE HAVING THOUGHTS OF SUICIDE**, and reassuring them that it is OK for them to say YES, if they indeed are and that we will not think any less of them. As physicians, we will not give a patient the idea of suicide simply by asking, and we will certainly not know what their thoughts are, if we do not ask. Here is where we break down the stigma associated with having such thoughts. It is OK to acknowledge one is having psychiatric issues and needs help. Just as one seeks help for chest pain and shortness of breath, it is legitimate to seek help for emotional distress. Having addressed the concern of suicidal thinking then directly there are other factors to consider as well. If the patient is indeed suicidal after assessment, a referral to a psychiatrist or mental health center or emergency medical center needs to be made with a direct phone call to that person or agency

along with some guarantee that the patient will indeed get there...perhaps an accompanying friend or relative or in acute situations, perhaps, even a member of one's own office staff if the handoff has to be flawless.

Once there, at a place of help, the assessment continues with the expertise of professionals who deal with these issues on a daily basis. There, the lethality of the suicidal ideation will be evaluated. The number of previous attempts will be queried. The access to a means for suicide will be determined and the presence of a sense of hopelessness will be examined. Other factors will be addressed: the presence or absence of psychosocial supports, history of childhood sexual and physical trauma, recent exposure to a suicide of a relative or friend, presence of disabling or terminal medical illnesses, abuse of substances such as cocaine and alcohol particularly, and presence of a history of aggression, impulsivity, and violence. In addition, demographic features will be pursued such as age, marital status, sexual orientation, religion, and the like. Protective factors will be examined including the presence of children in the home, presence of pregnancy, cultural beliefs, responsibility to others, and the like.

The psychiatric clinician, however, operates on the premise that **ALL THAT IS SUICIDAL IS NOT ACUTELY SUICIDAL**. As medical director of a large mental health center, I can definitely state that many people come to the emergency room in acute life distress and talk of suicide as being a consideration, but are simply perplexed, stressed, drug intoxicated, and see no reasonable way out of the life dilemma of the moment. If everyone voicing some degree of suicidal ideation in Indianapolis were to be admitted psychiatrically, we would need a 300 bed entirely psychiatric facility. There are multiple types of psychiatric services offered to those needing help based upon the intensity and severity of the psychiatric angst being expressed by the patient. Yes, some need inpatient treatment, but even that these days is relatively brief and on the order of five to ten days of intensive care. Others will benefit and be treated appropriately and successfully with traditional individual supportive psychotherapy, group therapy of various types, medication management, and provision of various "wrap around" services that provide psychosocial support to those who feel abandoned, lonely, and hopeless. These services can include assistance in obtaining various entitlements, supportive housing, and the like.

We are all increasingly aware that we are fragile human beings on the face of mother earth and susceptible to medical disease in the classic sense as well as psychiatric impairment. Ten percent of patients with schizophrenia eventually commit suicide. An even larger percentage of patients with bipolar disorder and major depression commit suicide. And then there are those who impulsively, due to a sudden life stressor or social situation, tragically take their life. We are all susceptible, but as professionals, we know there is help for both ourselves and our patients...it is OK to admit and to ask about our moments of human frailty.

Profile of an IMS Director – Bridget M. Sanders, MD

Dr. Bridget M. Sanders' extraordinary medical career began in 1985 when she earned her first of many training and medical degrees. Her undergraduate studies began with a Technical Certificate, Vocational/Practical Nursing, Indiana Vocational and Technical College; then an Associate Degree, Nursing, Marian College, 1986 - 1989, and finally a Bachelor of Arts, Biology, Purdue University at Indianapolis in 1993. But this was only the beginning, she earned graduate degrees: Master of Science, Physiology, Indiana University 1993 - 1994, and her Doctor of Medicine, Indiana University School of Medicine, 1998. Her post-graduate work included General Surgery Internship, Indiana University School of Medicine, Department of General Surgery, July 1998 - June 1999; General Surgery Residency, Indiana University School of Medicine, Department of General Surgery, July 1999 - July 2003; General Surgery Chief Resident, Indiana University School of Medicine, Department of General Surgery, July 2003 - June 30, 2004; and Colon and Rectal Surgery Residency, Cleveland Clinic Florida, Department of Colon and Rectal Surgery, June 30, 2004 - June 30, 2005.

Dr. Sanders, Fellow of the American Society of Colon and Rectal Surgery and American College of Surgeons and Board certified by the American Board of Colon and Rectal Surgery and American Board of Surgery, as well as, earlier in her career Registered Nursing; Certified Specialist in Poison Information; Advanced Cardiac Life Support; Basic Life Support; and, Advanced Trauma Life Support Instructor. In addition, she is active in many professional groups including the Society of American Gastrointestinal Endoscopic Surgeons; American Medical Association; Crohns and Colitis Foundation; Association of Women Surgeons; Ohio Valley Colon and Rectal Society; and the Dayton Clinical Oncology.

Active and involved, Dr. Sanders is noted in the medical community for her dedication to academics, patients and medicine. Her appointments and accomplishments are many; including: Program Director, Indiana University School of Medicine Colon and Rectal Residency Program; Assistant Clinical Professor, Department of Surgery, Indiana University School of Medicine; Assistant Course Director, Indiana University School of Medicine, Colon and Rectal Surgery elective- 4th year medical students; Course Director, Indiana University School of Medicine, Department of Surgery, PGY-3 Endoscopy rotation; Course Director, Indiana University School of Medicine, Department of Surgery, Chief resident endoscopy rotation; and Adjunct Surgery Clinical Instructor, Department of Family Medicine, St. Francis Hospital. She is a past Board Member of the Mooresville St. Francis Medical Executive Committee; Delegate, Indiana State Medical Association; Board Member, St. Francis Research Foundation; and Board Member, St. Francis Colon and Rectal Care Center. Dr. Sanders serves on the staff of St. Francis Health & Hospital Centers; The Franciscan Surgery Center; The Mooresville Ambulatory Surgery Center; The Mooresville Endoscopy Center; Clarian West Medical Center; Community Hospital South; and is on the courtesy staff at Indiana University Hospital; Veterans Administration Hospital of Indianapolis; and Methodist Hospital.

Successfully published, Dr. Sanders is an avid speaker, researcher and lecturer. Her enthusiasm for the medical



professional, education and the treatment of her patients is extraordinary and has garnered many awards throughout her career as well as the respect of her colleagues.

The IMS is very pleased that the remarkable Dr. Bridget Sanders takes an active role in the IMS.

She took a few minutes to answer some questions for IMS:

Tell us about your practice. Colorectal surgery, private practice, Kendrick Regional Center for Colon and Rectal Care, six person group with one fellow.

Are you originally from Indianapolis? Yes, I was born in the old St. V's at Illinois & Fall Creek.

How did you decide upon Indianapolis as where you wanted to set up practice? Best place to practice medicine in the country and my family is here.

Tell us about your family. All in Indianapolis, Avon: Mother nurse at Clarian, Dad musician. Son, 3-year old in preschool at St. Susanna in Plainfield.

What are your leisure interests? Tennis, reading, walking my dogs, and hiking.

How did you decide to go into medicine? Why your specialty? Always been medically interested...EMT...Nurse (LPN & RN)...medical school...surgical residency. As a fourth year surgery resident, I did a rotation with Olaf Johansen and that's when I decided on colon rectal surgery.

Who have been your mentors? James Madura, Dolores Cikrit, Eric Wiebke, Robert Goulet, IUSM; Olaf Johansen, Fred Lane, Kendrick Regional Center and Steve Wexner, Cleveland Clinic Florida.

What gives you the most pride in your life? My son. The colorectal "fellow."

Why is advocacy through the IMS for medicine important to you? Instills confidence and support in our medical community.

What/who or how did you get started in joining the IMS and taking a leadership position? Heidi Dunniway encouraged me to participate as an alternate delegate in 2005.

Why is IMS important to physicians? Keep us on cutting edge of medicine, politics and medical economics.

What are the challenges you see in helping physicians become involved in the IMS? Time, money, interest.

As a member of the Board of Directors, what goals do you have for IMS? Develop the women's section for mentoring and education of new physicians.

Tell us something about yourself that most people might find surprising. I used to be a firefighter – not a very good one! That's why I'm a doctor now!

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Bulletin Board

In *Recollections of a Mayo Clinic Fellowship at Mid-Twentieth Century, 1948-1952*, by **Kenneth R. Woolling, MD**, the recently released book presents the world-famous Mayo Clinic in Rochester, Minnesota, as it existed during his four-year fellowship there. Here is a remarkable, behind-the-scenes view of advanced medical training at this unique institution during the Mid-Twentieth Century. The hardcover edition may be ordered via email at KWoolingMD36@aol.com.

David M. Ratzman, MD, Anesthesia Pain Consultants of Indiana, has been elected President of the Indiana Society of Anesthesiologists. He currently serves on the Executive Committee of the Indiana Society of Anesthesiologists Board of Directors.

Tod C. Huntley, MD, the Center for Ear Nose Throat & Allergy, was an invited guest speaker on October 31, 2010 at the 58th annual meeting of the American Academy of Maxillofacial Prosthodontics in Orlando. His topic was "The Microvascular Free Flap Foundation for Maxillofacial Prosthodontic Rehabilitation of the Head and Neck Cancer Patient."

Additionally, Dr. Huntley was an author in an original research article in sleep medicine in the October issue of *Otolaryngology-Head and Neck Surgery*, titled "Multicenter study of a novel adjustable tongue-advancement device for obstructive sleep apnea."

John T. Cummings, Jr., MD, has been named medical director of neurosurgery for Community Health Network. Dr. Cummings has been a neurosurgeon at Community for more than 20 years.

Neuroradiologist, **Vincent P. Mathews, MD**, President & CEO of Northwest Radiology Network, recently spoke at the Indiana Society of Magnetic Resonance Technologists President's Meeting on September 11th in Columbus, Indiana. Dr. Mathews' presentation was "Clinical Neuro MRI."

C. Wallace (Wally) Zollman, MD, Zollman Plastic Surgery, is supporting the large increase in the number of cosmetic procedures with a unique approach to breast augmentation, in which he employs the submuscular technique to improve the overall success of the procedure.

News from St. Francis ...

Charles E. Hughes, III, MD, has joined the St. Francis Medical Group. His practice, the Indianapolis Institute for Plastic Surgery, is located at 8051 S. Emerson Ave.

Cardiologist, **John W. "Trey" Moore, III, MD**, discussed the symptoms, diagnosis and treatments of A-Fib at a workshop on November 13, 2010

Philip M. Faris, MD, discussed the latest procedures in joint replacement and arthritis treatments at a "St. Francis Road Show" in November.

From Goodman Campbell Brain & Spine ...

James D. Callahan, MD, and **Aaron A. Cohen-Gadol, MD**, co-authored the following journal articles published in September: "Life-saving decompressive craniectomy for diffuse cerebral edema during an episode of new-onset diabetic ketoacidosis: Case report and review of the literature" in *Child's Nervous System*; and "A novel approach



D. Craig Brater, MD



James D. Callahan, MD



Aaron A. Cohen-Gadol, MD



Steven R. Counsell, MD



John T. Cummings, Jr., MD



Philip M. Faris, MD



Eric M. Horn, MD



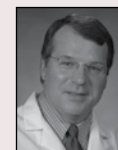
Charles E. Hughes, III, MD



Tod C. Huntley, MD



Stephen J. Jay, MD



Vincent P. Mathews, MD



Jean-Pierre Mobasser, MD



John W. (Trey) Moore, III, MD



Eric A. Potts, MD



David M. Ratzman, MD



Richard B. (Ben) Rodgers, MD



Kenneth R. Woolling, MD



C. Wallace (Wally) Zollman, MD

to the upper anterior thoracic spine: a cadaveric feasibility study" in *Journal of Neurosurgery: Spine*.

Aaron Cohen-Gadol, MD, published the following articles during September and October: "Groans less, seems more comfortable: Harvey Cushing's redefinition of success in the operative treatment of pediatric intracranial lesions" in *Child's Nervous System*; "Three-dimensional morphometrical analysis of the M1 segment of the middle cerebral artery: Potential clinical and neurosurgical implications," "Peripheral facial nerve communications and their clinical implications" and "Three-dimensional morphometry of the A2 segment of the anterior cerebral artery with neurosurgical relevance," all in *Clinical Anatomy*; "The intracranial denticulate ligament: anatomical study with neurosurgical significance" in *Journal of Neurosurgery*; and "Surgical treatment of trigeminal neuralgia: a history of early strides toward curing a 'cancerous acrimony'" and "A variation of the infraorbital nerve: its potential clinical consequence especially in the treatment of trigeminal neuralgia: case report" both in *Neurosurgery*.

Eric M. Horn, MD, and **Richard B. (Ben) Rodgers, MD**, published the article, "Multi-Level Corpectomies and Reconstruction via a Single Posterolateral Approach" in the November issue of *Journal of Clinical Neuroscience*.

Continued on page 18.

New Members

Baker, Lauren E., MD

Fellowship – I.U. School of Medicine
Internal Medicine
Endocrinology, Diabetes & Metabolism
Indiana University, 2007

Chang, David S., MD

Resident – I.U. School of Medicine
Radiation Oncology
University of Louisville, 2008



Cuttica, Daniel J., DO
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Orthopaedic Surgery
Orthopaedics, Foot & Ankle
Ohio University College of
Osteopathic Medicine, 2004

Fornalik, Hubert, MD

St. Vincent Gynecologic Oncology
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46260-2053

Ofc – 415-6740

Fax – 415-6749

Obstetrics & Gynecology
Gynecologic Oncology
Other Specialty

Medical University of
Warsaw, Poland, 2000

Gavin, Neha S., MD

Fellowship – I.U. School of Medicine
Internal Medicine
Endocrinology, Diabetes & Metabolism
Wright State University, 2007

Hackman, Daniel T., MD

Resident – I.U. School of Medicine
Psychiatry
University of Kentucky, 2009

Handa, Vandna, MD

Resident – I.U. School of Medicine
Internal Medicine/Pediatrics
Duke University, 2009

Meldrum, Kirstan K., MD

University Urologists
702 Barnhill Dr., #4230
46202-5128
Ofc – 278-8556
Fax – 274-7481
Email – kmeldrum@iupui.edu
Urology, 2004
Pediatric Urology, 2008
University of Colorado, 1994



Parni, Praveen C., MD
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Web – www.myorthoteam.com
Orthopaedic Surgery
Orthopaedic Surgery of the Spine
Northeastern Ohio University, 2004

Servetnyk, Zhanna V., MD

Resident – I.U. School of Medicine
Internal Medicine
Zaporozhye State Medical
University, Ukraine, 1997

Shepherd, David C., DO

Internal Medicine, 2008
Hospitalist
Midwestern Univ. College of
Osteopathic Medicine, Arizona, 2005

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Pediatric neurosurgeon

Joel Boaz, MD
Pediatric neurosurgeon

James Callahan, MD
Neurosurgeon

Aaron Cohen-Gadol, MD
Neurosurgeon

Jeffrey Crecelius, MD
Neurosurgeon

Andrew DeNardo, MD
Interventional neuroradiologist

Christopher Doran, MD
Interventional pain management physician

Henry Feuer, MD
Neurosurgeon

Daniel Fulkerson, MD
Adult & pediatric neurosurgeon

Randy Gehring, MD
Neurosurgeon

Peter Gianaris, MD
Neurosurgeon

Eric Horn, MD, PhD
Neurosurgeon

Steven James, MD
Neurosurgeon

Saad Khairi, MD
Neurosurgeon

Donald Layton, PhD
Neuropsychologist

Thomas Leipzig, MD
Neurosurgeon

Nancy Lipson, MD
Physiatrist (Physical Medicine and Rehabilitation)

Shannon McCanna, MD
Neurosurgeon

Itay Melamed, MD
Neurosurgeon

James Miller, MD
Neurosurgeon

Jean-Pierre Mobasser, MD
Neurosurgeon

Paul Nelson, MD
Neurosurgeon

Troy Payner, MD
Neurosurgeon

Eric Potts, MD
Neurosurgeon

Michael Pritz, MD, PhD
Neurosurgeon

Richard B. Rodgers, MD
Neurosurgeon

Carl Sartorius, MD
Neurosurgeon

John Scott, MD
Interventional neuroradiologist

Mitesh Shah, MD
Neurosurgeon

Scott Shapiro, MD
Neurosurgeon

Jodi Smith, PhD, MD
Pediatric neurosurgery

W. James Thoman, MD
Neurosurgeon

Michael Turner, MD
Adult & pediatric neurosurgeon

Jose Vitto, MD
Interventional pain management physician

Derron Wilson, MD
Interventional pain management physician

Thomas Witt, MD
Neurosurgeon

Robert Worth, MD, PhD
Neurosurgeon

Ronald Young, MD
Adult & pediatric neurosurgeon

In Memoriam



Frank Bell Throop, MD
1925 - 2010

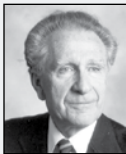
Frank Bell Throop, MD, 85, Indianapolis, passed away October 18, 2010. He was born April 16, 1925.

Dr. Throop was a graduate of Shortridge High School, Cornell University and Cornell University Medical School. While in college, Dr. Throop was called to service in the Medical Corps during WWII in the European Theater. He completed his internship at Indianapolis General Hospital and served residencies at St. Vincent's and the IU Medical Center.

Dr. Throop was a highly respected orthopaedic surgeon and member of the medical community in Indianapolis. In practice for over 40 years, he began as a solo practitioner and then became a partner in Winona Orthopaedics, Hoosier Orthopaedics and Sports Medicine, and Orthopaedics of Indianapolis.

He served as the volunteer director of the Cerebral Palsy Clinic at Indiana University Medical Center and was an associate professor of orthopaedic surgery at IU Medical School. Dr. Throop retired from medicine in 2003.

Dr. Throop received many honors from and served on the boards of many organizations, including the Indianapolis Medical Society, Indiana State Medical Association, American Medical Association, Indiana Orthopaedic Society (president), Clinical Orthopaedic Society (president), Mid-America Orthopaedic Association, Indianapolis Orthopaedic Club, and American Orthopaedic Foot and Ankle Society.



Jack Isadore Taube, MD
1923 - 2010

Jack Isadore Taube, MD, 87, died October 27, 2010. Dr. Taube was born in Toronto, Canada, May 24, 1923.

Dr. Taube earned his pre-medical degree at University College, University of Toronto in 1944 and graduated from the Faculty of Medicine, University of Toronto in 1948. He then came to Indianapolis in 1948 for his internship at St. Vincent's Hospital, a residency in Pathology at Indiana University Medical School, and a residency in Ophthalmology at Indiana University Medical School.

A veteran, Dr. Taube served in the U.S. Air Force as a Captain during the Korean Conflict. He was a member of the AMA, Indiana Academy of Ophthalmology, the Royal Academy of Physicians and Surgeons and a Fellow of the College of Physicians and Surgeons. He practiced ophthalmology in Indianapolis from 1956 until his retirement in 2005.



Stephen H. Kliman, MD
1949 - 2010

Stephen H. Kliman, MD, 60, Greenwood, passed away Tuesday, October 26, 2010 at St. Francis Hospital, Beech Grove, following complications from back surgery.

Dr. Kliman was born October 29, 1949 in Milwaukee, Wisconsin. A graduate of Washington High School, Milwaukee, Wisconsin in 1967, he headed south to the University of Chicago, graduating with honors in Physics in 1971. Returning to Wisconsin, to the University of Wisconsin in Madison, he obtained his medical degree in 1975.

A love of cardiology sparked his interest as he completed his internship in Internal Medicine at Detroit Medical Center, Michigan, 1975-1976, and residency at the University of Wisconsin Hospitals in Madison 1976-1978. Dr. Kliman completed his cardiology fellowship at the University of Washington Hospitals in Seattle 1978-1980. He then traveled to Ann Arbor, Michigan in 1980-1981, to serve as a Clinical Instructor in Cardiology. From 1981 to 1983, he was head of the Cardiology Division in Honolulu, Hawaii. He returned to the mainland in 1983 to Lafayette, Indiana working at St. Elizabeth Hospital.

Dr. Kliman moved to Indianapolis in 1987 and joined Indiana Heart Physicians in 1988. Dr. Kliman had a thirst for knowledge and continually extending his education throughout his life. He actively pursued scouting and obtained his Eagle Scout in 1964.

His professional affiliations included: Fellow of the American College of Cardiology, American Society of Nuclear Cardiology, Society of Cardiac CT, Society for Cardiac Angiography and Intervention, and the American Heart Association.



Edgar A. Hawk, MD
1919- 2010

Edgar A. Hawk, MD, 92, Indianapolis, died August 3, 2010. He was born October 4, 1917 in New Palestine. Dr. Hawk was a graduate of New Palestine High School and Indiana University. He graduated from Indiana University School of Medicine in 1942.

Dr. Hawk completed his internship at Indiana University Hospital, his residency at Ball Memorial Hospital and his anesthesiology residency at University of Minnesota Hospital.

During World War II, Dr. Hawk was a Lieutenant in the U.S. Navy, serving in the Pacific as Medical Officer aboard the U.S.S. Melvin, a destroyer. He retired from the practice of anesthesiology at Methodist Hospital in 1987. Dr. Hawk's interests included marksmanship, hunting, woodturning, and the history of the U.S.S. Melvin. He greatly enjoyed supporting his family and friends.

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Will We All Be Hospital or Government Employees?

I am hopeful the answer to the question above is “no!” I challenge physicians to remain independent, entrepreneurial and strive to work with hospitals and within governmental regulations, but not owned by either.

The independent physician today is overwhelmed by the 3 big “R’s:” reimbursement, regulation and recession. With that in mind, physicians are now being overtaken by the strategy of “buy cheap” by hospitals to control health care through “ownership” of the physician. Hospitals know that with the prevalence of governmental regulations and control, the opportunity is now to secure physicians cheaply.

How do you deal with the 3 “R’s” syndrome?

Reimbursement—with forecasts stating (at least with Medicare/Medicaid) that a 20-22% lowering of reimbursement will occur through 2012, physicians and their planners have to strategically plan for that. Knowing also that the commercial insurance carriers will follow suit, physicians are, therefore, staring at a loss across the board of 20% or one-fifth of revenue. How do you deal with that loss? You must think differently. You must think business survival!

- Unbundle legally all non-covered services and start charging patients for items such as post-op kits, non-covered office calls, etc.
- Collect all account receivables upfront by cash, check or credit cards before the patient leaves the office.
- Maximize the professional fees to all carriers other than Medicare/Medicaid/Champus/Champ VA.
- Challenge every carrier fee and negotiate your fees with the carriers. This does work!
- Make absolutely sure your offices are billing and coding everything you do. Have an audit. Don’t assume.
- Diversify care. Do more electives that pay better. Do other specialty work and don’t farm anything out. For example, ophthalmologists do Botox injections—so do plastic surgeons.

Regulations—and how to deal with them? For example, all physicians generally have to adopt EHR/EMR by 2015, which is terribly costly, time consuming and inefficient. What can you do?

- If you are staying in the governmental programs, you have no choice but comply. Or you can opt out of Medicare/Medicaid/Champus, but you know commercial carriers will follow the government’s programs.
- Go to a total concierge practice. Only work on a cash basis; offer patients an array of services per annum. This approach works better in primary care practices, but all physicians can develop a total concierge practice.
- Have your attorney check and ensure that you are within regulations, but not needlessly going beyond regulation, costing additional funds and incurring efficiencies.
- Avoid the regulations. Have all patients sign the “ABN” (Advanced Beneficiary Notice) and bill the patient

unless, of course, the patient has been determined “covered” and paid by the third party. Collect charges upfront.

- Train and educate your patients on all regulations and urge them to become involved politically.
- Do as little of regulatory compliance as needed. Buy the least costly, most efficient EHR/EMR system.

Recession—our economy hasn’t turned around and now is forecasted that recovery won’t happen until the third quarter of 2011. We are in the recession, the hardest economic times since the Great Depression. What to do now?

- Spend money on practice promotion: Marketing... marketing...marketing.
- Structure best deal scenarios to bring in “new” patients.
- Diversify your services. Offer an array of services. Make yourself recession proof.
- Cut un-needed staff or expenses now. Do not delay in making your practice, a lean, mean fighting machine.
- Change with the times. Go concierge and unbundle fees. Negotiate fees. Try new things.
- Think smarter, not harder. Look first at the way you do things, and find different approaches. For example, start office hours three days a week at 7:00 a.m. to capture early patients. Think smarter.

Summary—no one can win in today’s health care environment without dealing with the 3 R’s: Reimbursement, Regulation and Recession. Do it now. Physicians who don’t deal with the 3 R’s, may lose their independence. They become sitting ducks or will be overwhelmed by governmental regulations. Let the choice be yours.

I predict that over the next five years 50% of our independent physician practices will be sold to hospitals or will be out of practice through over-regulation ... December 2015. Too bold? Follow the above suggestions to survive ... and thrive. Either way ... take action. Control your destiny. Don’t become an employee of anyone. Develop strategies that will increase revenue, cut expense and increase profit. Remember it takes money to make money. Don’t be scared to spend money. You will win in the end.

If you must consider a sale to a hospital or if you cannot comply with all of the regulations, then obtain a consultant who is certified and understands value, buy-in, buy-out and know that this negotiation is for the rest of your life. Be prudent ... not uneducated. Keep in mind that one-half of independent physicians will sell or give-up or give-in. One-half will stay independent, survive and thrive. Which half will you choose?

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Recipients of the **Health Care Heroes Awards** will be profiled in a special supplement of *Indianapolis Business Journal* on March 7, 2011. They will receive their awards at a breakfast hosted by *Indianapolis Business Journal*, Comcast Spotlight, Eli Lilly and Company, Fifth Third Bank and Hall, Render, Killian, Heath and Lyman in March 2011.

To receive a nomination form, visit www.ibj.com; mail your name, company name, address, phone and fax number to *Indianapolis Business Journal*, 41 East Washington Street, Suite 200, Indianapolis, IN 46204; or call Patty Johns at 317-472-5319.

THIS YEAR'S CATEGORIES ARE:

- Community Achievement in Health Care
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 - Advancements in Health Care
 - Non-Physician
 - Volunteer
- Nominations must be postmarked by January 7, 2011.
 - For information about advertising in the Health Care Heroes supplement of *IBJ*, call 317-634-6200.

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In Summary

Bulletin Board (Continued from page 11)

	IMS	ISMA	AMA
PERCENT OF DEDUCTIBLE DUES	100%	74%	35%
PERCENT OF NON-DEDUCTIBLE DUES	0%	26%	65%

Save This Information for Tax Filing

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

For the 2011 ISMA dues year, the portion of deductible dues is 74 percent and the portion of dues attributable to lobbying efforts and not tax-deductible is 26 percent.

For the 2011 AMA dues year, the portion of deductible dues is 35 percent and the portion of dues that are attributable to lobbying and not tax-deductible is 65 percent.

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

Jean-Pierre Mobasser, MD, was named "Team Neurosurgeon" for the Indiana Pacers.

Eric A. Potts, MD, and Aaron A. Cohen-Gadol, MD, co-authored the following journal article in September: "Anatomy and landmarks for the superior and middle cluneal nerves: application to posterior iliac crest harvest and entrapment syndromes" in *Journal of Neurosurgery: Spine*.

Richard (Ben) Rodgers, MD, was nominated by Sgt. Dennis Fishburn for the Indianapolis Business Journal's "Forty Under 40" program.

News from IU School of Medicine ...

Indiana University appointed D. Craig Brater, MD, dean of the IU School of Medicine, to the additional position of vice president of university clinical affairs. The extra role will have Dr. Brater chair a committee of deans of IU's schools for medicine, dentistry, optometry and health sciences, as well as coordinate any clinical interactions IU has with its hospital partners: Clarian Health, Wishard Health Services and the Roudebush Veterans Affairs Medical Center.

Stephen J. Jay, MD, professor of medicine and public health and former chairman of the Department of Public Health at the Indiana University School of Medicine, provided insight on our nation's history of food adulteration and his own work to spread awareness on Capitol Hill during the November 12 Spirit & Place Festival presentation "A Progressive Affair: The Threat of Unsafe Food in the Early 20th Century." His topic: antibiotic restraint bacteria caused by feeding antibiotics to healthy livestock in industrial confinement to prevent the threat of disease.

A paper published in the November 3 issue of the *Journal of the American Medical Association* praised a team approach developed by Steven R. Counsell, MD, and researchers from Indiana University and the Regenstrief Institute as one of three models with the greatest potential to improve the effectiveness and efficiency of the complex primary health care of older adults.

Please send submissions for the Bulletin Board to mhadley@imsonline.org by the first of the month preceding publication. Inclusion is on a space available basis and it is limited to members in good standing of the IMS.

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CME & Conferences

Community Hospitals Indianapolis

Community Hospital East

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.

Community Hospital North

First Pediatric Grand Rounds
Wednesday Multi Services Rooms 1, 2 and 3
7250 Clearvista Dr. 7:30 - 8:30 a.m.

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

The Indiana Heart Hospital

Third Ken Stanley CV Conference
Wednesday 7-8 a.m., rotate between TIHH and CHE
Every month

Day varies Cath. Conference
Every other month 7-8 a.m., TIHH MCV Boardroom

Cancer Conferences 2010

Community Hospital East:

First Cancer Conference East (case presentations)
Tuesday Medical Staff Conf. Room, 12:00 to 1:00 p.m.

Second Chest Conference (site specific-lung)
Wednesday Cancer Registry Conf. Room, 7:00 to 8:00 a.m.

Community Hospital North

Third Cancer Conference North (case presentations)
Wednesday Reilly Board Room, 12:00 - 1:00 p.m.

Third Breast Conference North (site specific-breast)
Friday Reilly Board Room, 12:00 to 1:00 p.m.

Fourth Chest Conference North (site specific-lung)
Wednesday Reilly Board Room, 7:00 to 8:00 a.m.

Community Hospital South

First Breast Conference South (site specific-breast)
Wednesday Center for Women's Health, 8:00 to 9:00 a.m.

Third Cancer Conference South, (case presentations)
Wednesday President's Board Room, 12:00 to 1:00 p.m.

North Cancer Pavilion

Third Melanoma & Cutaneous Skin Cancer Tumor Conf.
Wednesday Pavilion Conf. Room, 7:30 to 8:30 a.m.

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

Cardiovascular Research and Education Foundation of Indiana, Inc.

2010 CME Symposiums

Friday, December 3, 2010 Update in Cardiology
(Marriott North, Keystone Crossing)

Please contact Suzanne Brown at 317-338-6211 or visit
CardioFoundation.org or TheCareGroup.com for details.

*Please submit CME to mhadley@imsonline.org
by the first of the month preceding publication.*

Clarian Health Partners

IU - Methodist - Riley

Dec. 3 8th Annual Christian Sarkine Autism Treatment
Center Conference
Riley Outpatient Center, Indianapolis, Indiana

Jan. 29 Review and Interpretation of the 2010 San Antonio
Breast Cancer Symposium
University Place Conference Center
Indianapolis, Indiana

Feb. 11 IU Esophageal course: GERD, Barrett's Esophagus
and Beyond!
Riley Outpatient Center, Indianapolis, Indiana

Feb. 26 Amelia Project
University Place Conference Center
Indianapolis, Indiana

July 15 Review and Interpretation of the 2011
ASCO Meeting
University Place Conference Center
Indianapolis, Indiana

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Course dates and locations are subject to change. For more information, please visit <http://cme.medicine.iu.edu> or call 317-274-0104.

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December 3 Update in Cardiology Symposium
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Meetings & Events

Indianapolis Medical Society

December

- 7 IMS Board, Society, 6:00 P.m., Social; 6:30 p.m., Dnr/Mtg
- 8 Senior/Inactive Luncheon Meeting, Noon, Society, "How Does One Manage a City?" Mayor of Indianapolis, Greg Ballard
- 14 Executive Committee Dinner, with Spouses/Guests

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CME & Conferences

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Project Health



Carrie Jackson Logsdon, Director

Thank You, John H. Ditsler, III, MD



John Howard Ditsler, III, MD, Tower Surgical is Project Health's volunteer doctor for December. Dr. Ditsler is from Noblesville, where he grew up playing soccer and competing on the swim team. He has one sister who was a lawyer in Cleveland until she had children and decided to be a stay-at-home mom. He and his wife, Janet, have four children aged 15, 14, 11, and 9. According to Dr. Ditsler, his older two children have displayed some interest in medicine. Dr. Ditsler's father is the Mayor of Noblesville; "Dad" is the subject of more questions than any other topic for him.

Dr. Ditsler said his interest in medicine started early in his life as he watched a lot of the medical shows on TV. Then, a tragic event heightened his interest. "I remember in 7th grade one of the girls in my class had a heart defect, had surgery, and died of complications. That inspired me." The decision was a shock to his parents. He said he had an opportunity in his freshman year of college to shadow a cardiologist and watch heart catheterizations, "but when I saw a little blood, I passed out!"

He received his undergrad degree in chemistry (Cum Laude) at Miami University in Oxford, Ohio. "It was just the right size university for me, and both my parents went there." Dr. Ditsler attended Indiana University School of Medicine and did a general surgery internship as well as a general surgery residency at Methodist Hospital. He is also an Advanced Trauma Life Support Instructor. "My mentor throughout medical school was Dr. Fred Rescorla, a pediatric surgeon. He was a great role model, a great surgeon and really cared for his patients." Although Dr. Ditsler did some gallbladder removals for Project Health patients, he says that bariatric surgery is 85% of his surgery now. "You can't believe how it changes a person's life – it is very gratifying."

He completed one mission trip with the Christian Medical and Dental Association to Nicaragua for

a week. "We did surgery in a mobile unit that had an OR, and we were able to remove skin lesions, lipomas, fix hernias, mostly minor surgeries. You can imagine what it was like working out of a van with minimal supplies and making the most of what was available to you. We had interpreters, which was good, but we sent patients home with a few ibuprofen and that was about it. The resources were very limited but the patients were very appreciative."

Dr. Ditsler said he is glad to do whatever he can for someone in need. "I think it's important to do what we can. A few years ago, there were missionaries here visiting from Liberia and one man's daughter had an umbilical hernia. We fixed it, and that was very rewarding as well."

Dr. Ditsler said he would encourage everyone to participate in Project Health. "There is extreme gratification you get from helping someone else. It is probably the best benefit you can get." It is also the greatest gift you can give Project Health patients. **Thank you, Dr. John Ditsler!**

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The position(s) will be contracted directly with Nucor Steel Indiana in Crawfordsville. The facility Safety and Medical Director will be the liaison between the Leadership Team and the physician and assistant(s). The physician will have the autonomy to hire the assistant(s) pursuant to contract. The procurement of equipment will be at the recommendation of the physician and will be designed to aid in the care of the patients with the physician's needs in mind. Board Certification and experience in a primary care field is required. Nucor Crawfordsville will support continued education and medical development for the physician based upon the contract guidelines. The medical facility hours of operation will be determined in conjunction with the physician.

Nucor Sheet Mill in Crawfordsville is providing reference contact information for those interested. Please feel free to contact Joseph D. Thomas, Jr., MD at Nucor Steel South Carolina by calling 843-395-8613 or via email at drjoe.thomas@nucor.com. This is a great career opportunity to practice medicine in a bureaucratic free setting!



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Stephen W. Perkins (2012)
Bridget M. Sanders (2012)

Linda Feiwell Abels (2013)
Richard D. Feldman (2013)
Ronda A. Hamaker (2013)
Stephen R. Klapper (2013)
John P. McGoff (2013)
J. Mark Michael (2013)
David H. Moore (2013)
Barbara K. Siwy (2013)
Michael T. Stack (2013)
Tim E. Taber (2013)
John J. Wernert (2013)

*Appointed from the President's Advisory Council

Delegates to the State Convention, September 2011

The year shown in parentheses indicates year in which the term expires following the conclusion of the ISMA Annual Convention.

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)
Hudner 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)

Linda Feiwell Abels (2012)
Christopher D. Bojrab (2012)
Kathy S. Clark (2012)
John C. Ellis (2012)
Alan R. Gillespie (2012)
Robert J. Goulet, Jr. (2012)
C. William Hanke (2012)
Gerald T. Keener, Jr. (2012)
David H. Moore (2012)
Robert Michael Pearce (2012)
J. Scott Pittman (2012)
Bridget M. Sanders (2012)
John F. Schaefer, Jr. (2012)
Tim E. Taber (2012)
H. Jeffery Whitaker (2012)

Anne C. Clark (2013)
Steven A. Clark (2013)
David C. Hall (2013)
Ronda A. Hamaker (2013)
Peter M. Knapp, Jr. (2013)
Stephen R. Klapper (2013)
David M. Mandelbaum (2013)
John P. McGoff (2013)
Tim E. Taber (2013)
John J. Wernert (2013)

Alternate Delegates to the State Convention, September 2011

The year shown in parentheses indicates year in which the term expires following the conclusion of the ISMA Annual Convention.

Keenan R. Berghoff, (2011)
Christopher B. Doehring (2011)
Thomas G. Ferry (2011)
Ann Marie Hake (2011)
Robert E. Holt (2011)
Douglas J. Horton (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)
Allison E. Williams (2011)

Nancy R. Baird (2012)
Jennifer J. Bucki (2012)
Stephen R. Dunlop (2012)
John Duplantier (2012)
Robert S. Flint (2012)
Norrissa N. Howard (2012)
Mark U. Kyker (2012)
Terry L. Layman (2012)
Patrick J. Lotti (2012)
Mark R. Ogle (2012)
Terri A. Pellow (2012)
David M. Ratzman (2012)
Jeffrey M. Rothenberg (2012)
Beata E. Samuel (2012)
Steven Richard Smith (2012)
Abideen Yekinni (2012)

Robert J. Alonso (2013)
David S. Batt (2013)
Daniel J. Beckman (2013)
Craig S. Cieciora (2013)
Marc E. Duerden (2013)
Brian W. Haag (2013)
Mark M. Hamilton (2013)
Andrew A. Johnstone (2013)
Jeffrey J. Kellams (2013)
Frank P. Lloyd, Jr. (2013)
Andrew L. Morrison (2013)
David L. Patterson (2013)
Kenny E. Stall (2013)
Ronald L. Young, II (2013)

Indiana State Medical Association Past Presidents

Jon D. Marhenke 2007-2008
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

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John J. Wernert (2010-2011)

Vice-Speaker, ISMA

Heidi M. Dunniway (2010-2011)

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A. Michael Sadove (2012)
Richard D. Feldman (2013)

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Seated Left to Right

Morgan Tharp II, M.D.
Keith Logie, M.D.
Andrew Greenspan, M.D.
M.S. Murali, M.D.

1st Row Standing

Hillary Wu, M.D., Ph.D.
Madelaine Sgroi, D.O.
Melody Sands, APRN-BC
Danielle Doyle, M.D.
G. Irene Minor, M.D.
Tracy Price, M.D.
Elsayed Aly, M.D.

Back Row

Paul DesRosiers, M.D.
Sead Beganovic, M.D., Ph.D.
Harold Longe, M.D.
Thomas Whittaker, M.D.
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The 50-Year Club

“Fifty Year Members” were honored by the Indianapolis Medical Society on September 16, 2010, with a luncheon at The Five Seasons Family Sports Club. Doctors were welcomed and congratulated by Dr. John C. Ellis, IMS President who commented about how truly commendable it is to have been a part of organized medicine for Fifty Years! Those physicians honored were: Richard W. Campbell, James C. Harris, Bruce J. Hopkins, William O. Irvine (not pictured), E. Henry (Ned) Lamkin, Elizabeth R. Ruben, Richard L. Schultheis, Spencer F. Trudgen, and Henry N. Wellman.

Several IMS physician leaders were there to help honor the Fifty Year Members: John C. Ellis, President; Ted W. Grisell, Director; Jeffery J. Kellams, President-Elect; Gerald T. Keener, Director; John P. McGoff, Immediate Past President; Beverly Hurt, IMS EVP; and IMS staffer, Becky Collis.

After receiving their awards, all Honorees were given a few moments to comment about their journeys through medical school, their practice years and their activities during retirement. It was indeed a “golden moment.”

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Talent Gallery ... Christopher D. Bojrab, MD

Whale watching in Juneau. Hump Back Whales bubble net feeding.



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