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about our cover



This extraordinary shot of the Navy's Blue Angels at the Mount Comfort Air Show in 2007 was taken by Christopher D. Bojrab, MD.

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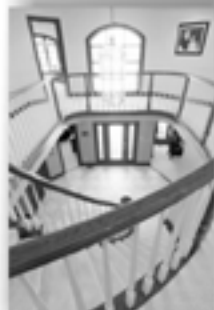
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Guest Past President's Page



Paula A. Hall, MD

Who would have “thunk it?”

Well who would have “thunk it?” Healthcare “reform” is a done deal. I guess if you look “March Madness” up in the dictionary, there are now two pictures, the Butler Dawgs playing college basketball and getting real degrees, and Nancy Pelosi whippin. Let’s be honest, nothing about the recent passage of the Healthcare Bill evoked a sense of pride.

Electing an African-American president, regardless of your politics, should be a source of pride. Caring about the truly unfortunate people, who cannot afford health insurance, is again, a good reason to be proud to be an American. Calling the healthcare legislation that passed, “Reform” is shameful! The legislation was less about reform and more about politics. It is politics, not just from the politicians, but also the medical community. It sickens me that the AMA, my academy and even the American Hospital Association has vocally supported this legislation as healthcare REFORM. Each of these groups got their small bit of “pork” and for that they signed on for the ride. This is irresponsible. We truly need healthcare reform not pork barrel healthcare.

Let’s talk frankly about healthcare reform. In my opinion, first and foremost, insurance companies should never be able to drop your policy because you get sick or not insure you because you have a pre-existing condition. If the patient pools are large enough, one person’s breast cancer will not break the bank. Insurance was designed to spread the risk. It is simple; you just do the math. Remember, you have insurance so you can spread the risk. You do *not* have insurance to make a new generation of executive millionaires. True healthcare reform would take the profit out of the insurance companies. Once the profit is removed, there would be no incentive to drop people from plans because they are sick.

Speaking of sick people, let’s take an honest look at the illnesses of America. If we are going to have healthcare reform, we need to make America healthier. There are two major diseases that are breaking the back of America; i.e., tobacco addiction and obesity. Think how many fewer doctor visits there would be if we eliminated those two diseases. If we taxed tobacco so high that nobody could afford to smoke, then when our present generation of COPDers are gone, we would have a surplus of pulmonologists, primary care, gastroenterologists, oncologists, and cardiologists. Now, taxing tobacco is easy; you just need to make the tax \$100 a pack of cigarettes. None of this \$1-2 nonsense, let’s tax it like we mean it!

Obesity is harder to tax, but is becoming a larger and larger problem. Let’s tax obesity. If we eliminated obesity, think of all the orthopedists, colonoscopists, cardiologists, sleep specialists and diabetologists who would have to cut back on their hours. In this scenario, unfortunately, I would be taxed. However, why shouldn’t I accept responsibility for my increased cost to the system?

If we are all going to share the risk, then those that purposely put the pool at increased risk should have to pay more. This is different from charging the person with prostate cancer more to be insured. You don’t have a choice about whether or not you get prostate cancer. You do, however, have choices about your diet and exercise. Yes, I know there is literature that suggests a genetic and or physiologic component to obesity. The researchers in this field can help us with the science. But let’s be truthful. The majority of obese Americans are that way because of a poor diet and lack of exercise. Obesity is not going to change until we hit Americans in their pocketbook.

Now, what do we do with this tax? Do we build roads with it? No! Do we fund teacher’s pensions? No! We put the money right back into the system to pay to decrease the cost of insuring the entire pool. We do not need to create another huge bureaucracy to sustain this plan. Figuring out the risks and the cost associated is done everyday by actuaries.

Does my plan address all of the problems in healthcare today? NO! But, my plan does give everybody insurance. It also lowers the cost of healthcare by making America healthier. Hmmm... healthcare reform in less than 2,400 pages that provides coverage to all and pushes us to become healthier. The added benefit of my plan is we would no longer have a doctor shortage. With fewer acute and chronic illnesses related to tobacco and obesity, doctors could concentrate on keeping us healthy.

There is an old Chinese proverb that suggests caring for a sick person is rather like waiting to dig a well until you are thirsty. America is waaaay past thirsty; we are parched. Unfortunately, we are choosing to dig our well with a broken plastic spoon!

A handwritten signature in black ink that reads "Paula A. Hall". The signature is written in a cursive, flowing style.



A. Wayne Schmalhausen, MD

The Physicians & Dentists American Legion Post

Did you know that Post #26 is the only American Legion Post in the United States that is made up solely of Physicians and Dentists? The Post is known as the Paul Coble Post #26. It was granted a charter on the petition of twenty Indianapolis physicians in August 1919. It permitted them to limit the membership in the post to Physicians and Dentists who had served in the armed forces of the United States.

Paul Coble, MD, was Assistant Professor at the Indiana University School of Medicine who enlisted in the Medical Corps May 11, 1917 in Indianapolis and was commissioned 1st Lieutenant June 5, 1917. At the time of his death in France on May 11, 1919 while serving at Base Hospital #80, he was promoted to Major.

The chartered members were: Doctors T. Victor Keene, Homer W. Cox, F.C. Walker, Joseph W. Ward, John W. Sluss, Roy B. Storms, John R. Newcomb, Fletcher Hodges, John B. Eberwine, Jewett V. Reed, Raymond E. Beeler, C.F. Cuttingham, J. Creston Christie, Bernard Erdman, A.F. Weyerbacher, Charles F. Bayer, Edwin N. Kime, Clarence K. Jones and James C. Carter.

The first commander of "The Physicians" Paul Coble Post #26 was John Ray Newcomb, MD.

At the time, the Paul Coble Post was chartered the American Legion was preparing for its first national convention. This very important meeting was to be held in November 1919 in Minneapolis. The site for the National Headquarters of the Legion was to be selected at the convention and a great many cities were interested. The Hoosier Legionnaires, a group made up of legion members from all parts of Indiana, were determined to bring that honor to Indianapolis.

Dr. T. Victor Keene, representing the Paul Coble Post, was a key figure in the Indiana contingent. Dr. Keene had a great sense of public relations and was full of ideas and gimmicks. He really knew how to win friends and influence people. He had something else going for him and I quote from the department history as written by Frank A. White. "Dr. T. Victor Keene carried in his pocket a check book which had a \$5,000.00 deposit to back it up. He was authorized to use it to make the Hoosiers presence known in Minneapolis." The Hoosiers had a leading Indianapolis advertising agency prepare materials to be used in the Minneapolis papers in a campaign setting forth the merits of Indianapolis. They rented an imposing suite for the Indiana Delegations Headquarters in the same hotel that housed the National Headquarters. They installed a battery of telephones and went to work making their presence felt by all in attendance. The district historian said of the Hoosier delegation, "They waged a classic battle, a conflict, although bloodless, as spirited as the battle of the Marne." Their efforts were successful and Indianapolis was selected as the home of the National Headquarters of the American Legion. The Hoosier Legionnaires returned to a hero's welcome, they were met by an enthusiastic crowd at Union Station who carried broom handles from which were suspended sides of bacon. They

were further feted with a public dinner in their honor. They also endeared themselves to the public when they returned a substantial sum left over from the \$5,000 kitty.

Dr. Keene brought honor to the Paul Coble Post, when as a result of his efforts at the national convention; he was named National Executive Committeeman from Indiana.

In Indianapolis, the Physicians' Post went about building its membership and in 1925 a citation from National Headquarters said in part, "the post has shown a constant increase in membership each year since 1920." At that time, the Post had 171 members. It took an active part in the 11th District affairs and in 1927-28; Dr. George Bowman was elected District Commander.

During the trouble decade of the 1930s, the post activities declined. Most records of that period were misplaced and lost. In the early 1940s, the country was again at war and many Paul Coble Post members were back in service. Those who remained at home carried a heavy professional load and many of them were doing some war connected work. There was not much time for the Legion but a small dedicated group held the post together and when peace returned the "Physicians" Post made a spectacular comeback. The interest in the post was renewed and many names of returning medics and dentists were added to the roster. In 1953, Paul Coble had a membership of 383 persons, an all-time high.

Following the Second World War, there were many questions concerning the quality of medical services available to returning veterans. Recognizing that a large part of the problem was due to poor communications and understanding by all the groups involved, Paul Coble Post proposed that an active, working liaison be established between the Legion, the Veterans Administration, the American Medical Association and any other groups that were providing healthcare for veterans. This effort was largely implemented by Dr. Norman R. Booher and it worked to the advantage of all concerned. In 1952, Paul Coble presented to the State Convention a resolution proposing that each state adopt such a practice. This resolution was later passed by the National convention. This was done in many states with great success. Dr. Booher's work as a member of the National Rehab Committee helped also. Dr. Booher was elected Commander of the 11th District in 1952-53.

Still pursuing better accord among the agencies and individuals providing health care for veterans Paul Coble Post hosted a meeting that was called the "Veterans Forum." This meeting was held in September 1955. It was sponsored by the joint Liaison Committee on Veterans Affairs of the State Medical, Dental and Hospital Association and the State Department of the Legion. Representatives of these groups from eleven Midwestern states attended as did a number of the nation's top brass in veteran's affairs. The day was given over to discussion and question and answer sessions. It was a long productive day and again it should be noted that much of

Continued on page 30.



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Bulletin Board

Rick C. Sasso, MD, Indiana Spine Group, had two clinical studies presented as podium presentations at the Annual Meeting of the American Academy of Orthopaedic Surgeons held in New Orleans in March. Both studies involved Anterior Cervical fusion and Arthroplasty Outcomes.

Dr. Sasso also served this past year as the President of the Federation of Spine Associates, which consists of the Scoliosis Research Society, the Cervical Spine Research Society, the North American Spine Society and the American Spinal Injury Association. The Federation of Spinal Associations holds a day-long specialty day at the American Academy of Orthopaedics Surgeons Annual Meeting, where Dr. Sasso presided over the educational symposium and gave two talks, one on the FDA IDE Outcomes of Cervical Disc Replacement and the second on the Timing of Decompression for Spinal Cord Injury after Cervical Spine Fractures.

Douglass S. Hale, MD, Urogynecology Associates, Director Female Pelvic Medicine and Reconstructive Surgery Fellowship, Associate Clinical Professor: Indiana University Methodist Hospital was invited to Beijing, China late last year to teach laparoscopic surgery skills to 120 of China's top gynecological surgeons. He was chosen for the trip by the Society of Gynecologic Surgeons, because he was the first surgeon in the U.S. to use robotic surgery for gynecologic prolapse and is the director of the first board-approved Female Pelvic Medicine and Reconstructive Surgery fellowship program in the nation. Despite the difficulties with translations, Dr. Hale lectured and performed two surgeries at the First Affiliated Hospital to the China PLA General Hospital – a military facility.

Dr. Hale also co-hosted the Surgical Film Festival during the 4th quarter of 2009. Videos and topics included Vaginal Morcellation, Laparoscopic Sacrocolpoperineopexy, and several others. He will co-host this event again in May 2010.

Tod C. Huntley, MD, and **Edward J. Krowiak, MD**, CENTA (the Center for Ear Nose Throat & Allergy), announce the initiation of the first da Vinci robotic head and neck surgery program in Indiana and one of the first dozen in the U.S. They are the first surgeons in the state to perform robotic transaxillary thyroidectomies with no neck incisions, as well as transoral robotic surgery (TORS) for oral cavity, oropharyngeal and laryngeal cancers.

Dr. Huntley was also an invited guest lecturer for an international instructional course in advanced sleep apnea surgical techniques at St. Louis University March 11-13. His lectures included "Palatal surgical techniques," "Lateral oropharyngeal wall hypotonicity" and "Minimally invasive endoscopic tongue base resection." He was also the director and prosector for the cadaver lab dissections.

John J. Wernert, MD, IMS Past President, and **Philip N. Eskew, Jr, MD**, were reappointed by Governor Mitch Daniels to the Medicaid Drug Utilization Review Board.

Jerry L. House, MD, House Otology, lectured recently on quality and safety in otolaryngology. The lectures were presented as a part of the Osler Institute ENT Board Review course held in Tampa, Florida.

Jeffrey A. Greenberg, MD, presented "The Effect of Screw Lengthening on Fracture Stability" at the 2010 Annual American Academy of Orthopaedic Surgeons meeting in New Orleans, Louisiana on March 10-11, 2010.

Dipen C. Maun, MD, a colorectal cancer surgeon/specialist with Kendrick Regional Center for Colon and Rectal Care at



Glenn J. Bingle, MD



Philip N. Eskew, Jr., MD



Marc W. Gerdisch, MD



Jeffrey A. Greenberg, MD



Douglass S. Hale, MD



Jerry L. House, MD



Tod C. Huntley, MD



Steven F. Isenberg, MD



Edward J. Krowiak, MD



Dipen C. Maun, MD



Jeffrey M. Rothenberg, MD



Rick C. Sasso, MD



Alan D. Schmetzer, MD



James A. Trippi, MD



John J. Wernert, MD



L. Daniel Wurtz, MD

St. Francis Hospital-Mooresville, discussed symptoms, risk factors, screening tests, diagnosis and treatment of colorectal cancer at a meeting held for the public in March 2010 at the North United Methodist Church in Indianapolis.

Jeffrey M. Rothenberg, MD, President of the Faculty of the Indiana University School of Medicine, Clinical Associate Professor, The Department of Obstetrics & Gynecology, was elected as the new president of The Society for Humanism in Medicine (SHIM) in February in Colorado.

Steven F. Isenberg, MD, prior to running the 2010 Paris Marathon, Medals4Mettle Founder and Director, donated over 40 Disney marathon medals from the USA to sick children in a medal ceremony at the Armand Trousseau Hospital in Paris, France, on Saturday, April 10.

This is the second European M4M ceremony following the organization's visit to Great Ormond Children's Hospital in London, England, prior to the 2009 London Marathon. M4M has distributed more than 18000 medals since its founding.

The *Indiana Business Journal* recognized their *Health Care Heroes* as a part of the Advancements in Health Care program in March. The finalists from the Indianapolis Medical Society were: **James A. Trippi, MD**, Founder & Board President of Gennesaret Free Clinic for provide care for the city's homeless; **Marc W. Gerdisch, MD**, Director of Cardiothoracic Surgery, St. Francis Heart Center for his pioneering product development; **L. Daniel Wurtz, MD**, Riley Hospital for Children, Professor of orthopedic Surgery at IU Medical School for his limb-saving device; **Alan D. Schmetzer, MD**, Professor of Psychiatry at IU Medical School for his work in destigmatizing psychiatric disorders and **Glenn J. Bingle, MD**, Retired Chief Medical Officer, Community Health Network for his pioneering efforts in patient safety.



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Neurological Surgery, 2006
Pediatric Surgery (N)
University of Iowa, 1997

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Pediatrics, 1979, 2003
Jefferson Medical College, 1975

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Otolaryngology
University of New Mexico,
Albuquerque, 2004

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Surgery, 2006
Thoracic Surgery, 2009
Vanderbilt University, 1998

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Neurological Surgery, 1989
University of Kentucky, 1980

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Anesthesiology, 2009
Pain Medicine
University of Illinois, 2004

Doyle, Courtney J., MD
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General Surgery
Indiana University, 2006

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1203 Hadley Rd., #204
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Surgery, 2008
Indiana University, 2001

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Neurological Surgery, 1993
Indiana University, 1981

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Resident – St. Vincent Hospital
Family Medicine
Ross University, Dominica, 2009

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Diagnostic Radiology, 2005
Vascular & Interventional Radiology
Neuroradiology
University of Osteopathic
Medicine, 2000

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Diagnostic Radiology
Other Specialty
Medical College of Ohio, 2004



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Surgical Oncology
Washington University, 1978

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Diagnostic Radiology, 2007
Other Specialty
Indiana University, 2002

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University of Colorado, 2001

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University of Texas, San Antonio, 1988


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Hematology/Oncology
Loma Linda University, 2001

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Diagnostic Radiology
Washington University, 2008

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Dermatology, 2003
Indiana University, 1996

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In Memoriam



Fred Reynolds Brooks, Jr., MD
1918 - 2010

Fred Reynolds Brooks, Jr., MD, Speedway, passed away March 3, 2010. Dr. Brooks was born November 16, 1918 in Cleveland, Ohio. He was raised in Loogootee, Indiana (Martin County) and graduated in 1936 from Loogootee High School, from Indiana University in 1940 and IU Medical School in 1959. He interned at Methodist Hospital.

For many years, he was a family practitioner at 34th and Georgetown Road, later at 3500 N. Lafayette Road, Indianapolis.

Dr. Brooks was a retired infantry officer, 20 years active and reserve duty and a veteran of World War II and the Korean War.

Dr. Brooks was honored as a member of the 50-Year Club in 2009. He served the Society as an Alternate Delegate to the State Convention from 1972-1975.



Robert J. Healey, MD
1925 - 2010

Robert J. Healey, MD, 85, passed away Friday, March 26, 2010 in Indianapolis. He was born January 6, 1925.

Enlisting in the U.S. Navy at age seventeen, he served four years, attaining the rank of Pharmacist Mate First Class. Dr. Healey graduated from Indiana University (1950) and St. Louis University School of Medicine (1952) with the assistance of the GI Bill. He served his internship and residency in internal medicine at St. Louis City Hospital.

For forty-four years, Dr. Healey practiced medicine in Indianapolis, specializing in Internal Medicine. During this time he served on the faculty of Indiana University School of Medicine and was a member of the medical staff at St. Vincent Hospital.

Dr. Healey was a Fellow of the American College of Physicians, and in 2001 he received St. Vincent Hospital's Distinguished Physician Award.



Warren Evert Coggeshall, MD
1924 - 2010

Warren E. Coggeshall, MD, 85, died on February 28, 2010. He was born May 18, 1924 in Saratoga, Indiana.

Dr. Coggeshall was a graduate of Indiana University and the Indiana University Medical School in 1947. He served his internship at the Indianapolis University Medical School and was admitted to the IMS in 1954.

A veteran, he served from 1944 to 1946 and as a Captain during the Korean War 1951-1953.

Dr. Coggeshall had a long and distinguished career as a Cardiologist at Methodist Hospital, where he was involved in the early use of cardiac pacemakers.

He served as a member of the IMS Board of Directors 1971-1974 and as a Delegate to the State 1975-1978 and as an Alternate 1958-1961 and 1963-1966.

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William H. Dick, MD

Speaker: William L. Selm – Soldiers & Sailors Monument

The Soldiers and Sailors Monument is the iconic image of Indianapolis. The person who knows more about the Monument than anyone in Indiana is Bill Selm, a part-time professor at IUPUI, and the Historian for ten years at the Indianapolis Historic Preservation Commission. Mr. Selm has a history degree from Indiana State University and a Historic Preservation Master's Degree from Boston University.

Bill Selm is most congenial man. He stood before us proudly wearing a large lapel pin denoting that he was the president of the Monument Centennial Commission and the featured speaker on the steps of the Monument in 2002. Bill used two projectors to show 180 slides of the Monument Circle story. Many of the photos showed old documents or maps relating to the Monument. It took 40 years to produce the monument after the original idea was conceived. While it is a monument commemorating the dead soldiers and sailors who served in a war, it is also a monument to peace.

There are many comparisons of Indianapolis to Washington, D.C. Along with Versailles near Paris and Washington, D.C., Indianapolis is one of the few cities built with the sole idea of making it the capitol of a State or a Country. Washington and Indianapolis began their existence thirty years apart in time but they had similar features: endless trees and many swamps, which brought mosquitoes and disease. The designers were alike: Pierre l'Enfant for Washington, D.C. and his pupil, Alexander Ralston for Indianapolis. The designs were similar also, though Indianapolis was smaller consisting of a center circle, a mile square, nine east/west streets, nine north/south streets and four radiating diagonal streets. One of the east-west streets later became part of the National Road, which began in 1811.

The year after its founding in 1821, Indianapolis was a community of 40 cabins, which grew to 100 cabins by 1825. Population tripled from 1840 to 1860, when it had 18,000 inhabitants. The Governor's Mansion was located in the middle of the circle. It was used for offices since no governor ever lived there; it was torn down in 1857. Christ Church Cathedral was founded in 1837 and was completed in limestone in 1857. It remains the oldest building on the Circle, which was officially named Circle Park in 1867.

In 1861, Indiana and its Governor Oliver Perry Morton, were big supporters of President Lincoln's call for men and money for the Civil War. Indiana would eventually have the second highest percentage of men, based on population, in



uniform during the war. In 1862, Gov. Morton formed the Arsenal, which is now the site of Arsenal Tech H.S. In late 1867, Gov. Morton proposed the idea of creating a monument to the Hoosier dead who served in the War. He suggested Crown Hill Cemetery for the site; others mentioned the Circle; still others suggested University Park or Military Park.

Discussion regarding the Monument continued for a long time and in 1875, Greencastle newspaper editor George J. Langsdale was named head of a monument commission. He lobbied for years, and ten years after the death of Gov. Morton in 1887, the State legislature approved \$200,000 for the Soldiers & Sailors Monument. Bids were received from all over the USA and from seven countries in Europe. The Monument eventually was completed at a cost of just under \$600,000 after twelve years of labor. Today, the Monument would cost \$500,000,000 to construct.

In January 1888, the unanimous choice for project architect was Bruno Schmitz, a 29-year old man from Dusseldorf, Germany. His design was entitled the "Symbol of Indiana." Many German designers and craftsmen participated in the formation of the Monument. The deputy architect was Frederick Baumann of Chicago. The Indianapolis monument is Schmitz's only structure in the U.S. The monument was formed in the manner of an Egyptian obelisk and it sits on a terrace base. The monument is made of Indiana Oolitic limestone and the sculptures are formed of bronze. George Brewster of Cleveland, OH was selected to design "Victory" a 30-foot bronze statue to be placed atop the monument.

Though it was seen by the Civil War veterans as a Civil War monument, it actually commemorates five wars: 1861-65 – War for the Union; 1846-48 – Mexican War;

1811-12 – Indian and British Wars; 1776-1783 – War of the Revolution; and 1779 – Capture of Vincennes. There are four statues: Oliver Perry Morton, faces SE, George Rogers Clark, faces NW, William Henry Harrison, faces Columbia Club, which began as a club supporting the presidency of Benjamin Harrison, William's grandson, and James Whitcomb, the Indiana governor during the Mexican War, faces SW.

There are four fountain pools with ornate candelabras at each corner and second-tier level candelabras, each 40 feet high. All of the candelabras and the twelve bison heads were carved by Bruno Schmitz and were cast in Berlin. The monument gave a

Continued on page 30.



Steven Levine, MD



William Hall, MD



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In Summary

Want to serve in a Leadership Role in the IMS?

Want **Your** Voice Heard?

Your IMS is accepting Nominations!!

The Indianapolis Medical Society wants you to join the IMS Leadership Team. Make a difference in the professional lives of your colleagues, friends, and family in medicine. Take an active role in the IMS!

Nominations for leadership positions should be submitted to Beverly Hurt, EVP, by calling 639-3406 or email bhurt@imsonline.org.

AMA helps you protect patients' personal health information with data encryption information

Several changes to the Health Insurance Portability and Accountability Act (HIPAA) Security Rule have raised a number of questions among physicians and other HIPAA-covered entities and their business associates about how to protect personal health information. The AMA physician resource "HIPAA Security Rule: Frequently asked questions regarding encryption of personal health information" (<http://www.ama-assn.org/ama1/pub/upload/mm/368/hipaa-phi-encryption.pdf>) can help answer the most common of these questions.

This resource explains: the importance of encrypting personal health information in the physician practice, helps you determine what information your practice should encrypt and provides points you should consider when selecting an encryption method for your practice.

Physicians and their practice staff can receive timely e-mail alerts about new practice management resources such as this, as well as updates about unfair payer practices and ways to address them, by signing up to receive the AMA's free practice management alerts (<http://capitolconnect.com/pmalerts/>).

Attention: IMS Physician Member or Practice Manager

From the IMS Membership Department

We have been made aware of recent changes in the **Clarian Health Partners** phone and fax numbers. (Prefixes 274 going 944 and 278 going 948)

Have you, or are you changing your contact information?

In an effort to maintain accurate communication with IMS Members, we are seeking your assistance to update your IMS Membership data.

Please call 639-3406, email: ims@imsonline.org or Fax: (317) 262-5609

Current Office Phone Number:

() _____

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Date these change/s did/will take effect:

____/____/____

Name & E-mail contact:

Thank you in advance for your time and response!

Health care 2.0: Reform and information technologies create need for a new kind of health care practitioner

New online graduate certificate program in clinical informatics a response to health information technology advancements, including electronic health records (EHRs). – Health care reform not only opens access to insurance coverage for millions, but also impacts the health IT reform already sweeping the nation's hospitals. More insured Americans means a windfall of new appointments, records and claims – all of which will soon require electronic management as part of the American Reinvestment and Recovery Act (ARRA). Signed into law by President Obama in 2009, ARRA designated \$19 billion in incentives to spur the adoption of new health information technologies, including an electronic health record (EHR) for every American by 2014. Health care reform may further accelerate EHR adoption, increasing existing demand for specially-qualified health care practitioners who can effectively apply and interpret these new information technologies. A new online graduate certificate program in clinical informatics from IUPUI offers Indiana's health care professionals the expertise needed to distinguish themselves in health care's changing landscape.

The clinical informatics graduate certificate program available at the Indiana University School of Informatics at IUPUI is the first of its kind in the state and one of few in the nation. It is designed for the busy working professional, consisting of six courses available in the evening and accessible through online distance education. Applicants must have clinical backgrounds, be licensed and hold a four-year degree from an accredited institution.

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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, May 21, 2010 Emergency Medicine Symposium
(Marriott North/Keystone Crossing)

Friday, October 8, 2010 Arrhythmia & Heart Failure Symposium
(Marriott North/Keystone Crossing)

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.

Clarian Health Partners

IU - Methodist - Riley

May 11 Pediatric Obesity:
Prevalence and Management Approaches
Clarian West Medical Center, Avon, Indiana

May 14 13th Annual IU Gastroenterology/Hepatology Update
Indiana History Center, Indianapolis, Indiana

May 14 Thirty-Sixth Annual Wishard Memorial Lecture
University Place Conference Center
Indianapolis, Indiana

May 19-20 45th Annual Riley Hospital for Children
Pediatric Conference
Crowne Plaza Hotel, Indianapolis, Indiana

June 3-4 34th Annual Garceau-Wray Lectureship
University Place Conference Center
Indianapolis, Indiana

June 7-8 Third International Conference for Individualized
Pharmacotherapy in Pregnancy
University Place Conference Center
Indianapolis, Indiana

July 12-17 95th Annual Anatomy and Histopathology of the
Head, Neck and Temporal Bone
Medical Science Building, IUPUI Campus
Indianapolis, Indiana

July 16 Review and Interpretation of the
2010 ASCO Meeting
University Place Conference Center, Indianapolis

Sept. 22 A Bridge to Quality: Engaging Continuing Education
and Quality Improvement Professionals
in Healthcare Quality
Fairbanks Hall, Indianapolis, Indiana

Oct. 29 18th Annual Trauma/Surgical
Critical Care Symposium
University Place Conference Center, Indianapolis

Nov. 3 Update on Pediatric Endocrinology
Riley Outpatient Center, Indianapolis, Indiana

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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- May 21-23 26th Annual Hand Surgery Conference
12.5 Credits
The Marten House
To register call 471-4328
- May 24 Finding Peace amidst Medicine's Perfect Storm
6.25 Credits
Seton Cove
To register call 338-CARE
- Sept. 10 & 11 Back Talk 2010 4th Annual Spine Symposium
Comprehensive Concepts in Spinal Disorders and Abnormalities
11.0 Credits
The Westin Indianapolis
For more information,
please visit www.indianaspinegroup.com
- October 19 A Multidisciplinary Approach to Obesity
6.75 Credits
Ritz Charles
More information to come

Primary Care Education

Controlling Hypertension!

Primary Care Education will be hosting a CME opportunity in Indianapolis entitled **Controlling Hypertension! From Mechanisms to Management**. This CME opportunity is for MDs, DOs, NPs, and PAs who diagnose and manage patients with hypertension. Primary Care Education (in partnership with PCME) will be conducting this meeting:

Hyatt Regency Indianapolis Saturday, May 8, 2010

- Agenda
- 7:30-8:00 am: Registration and Continental Breakfast
- 8:00-9:00 pm: Mechanisms of Blood Pressure Control; Importance of Managing Hypertension
- 9:00-9:20 am: Coffee with the Experts
- 9:20-10:15 am: Key Clinical Trials in Patients with Hypertension; Hypertension in the Elderly
- 10:15-10:35 am: Coffee with the Experts
- 10:35-12:00 pm: Racial/Ethnic and Gender Disparities; Hypertension and the Problem of Nonadherence

Accreditation

The Potomac Center for Medical Education designates this educational activity for a maximum of 4.0 AMA PRA Category 1 credit(s)[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity. This CE activity provides 4.0 contact hours. Provider approval expires July 31, 2010. Provider approved by the California Board of Registered Nursing, Provider #CEP 12299, for 4.0 contact hours.

More information is available at www.PrimaryCareEd.com/conferences.html.

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Deadline, July 26, 2010.

Indianapolis Medical Society

May

- 1 Alliance Scholarship Deadline
- 18 Executive Committee, Society, 6:00 p.m., Sandwiches
- 23 IMS Advisory Breakfast, 7:30 a.m. ... prior to BOT
- 23 ISMA BOT, 9:00 a.m., ISMA Headquarters
- TBA MSE Board Meeting, Society, 6:15 p.m., Sandwiches

June

- 1 IMS Board, Society, 6:00 p.m., Social; 6:30 p.m., Dnr/Mtg.
- 9 Senior/Inactive Luncheon Meeting, Noon, Society
- 12-16 AMA House of Delegates Annual Meeting, Chicago, IL
- 15 Executive Committee, Society, 6:00 p.m., Sandwiches
- TBD Alliance – Scholarship Interviews
- TBD Project Health Board Meeting, Society, 6:00 p.m., Light Meal

July

- 20 Executive Committee, Society, 6:00 p.m., Sandwiches

August

- 3 IMS Board, Society, 6:00 p.m., Social; 6:30 p.m., Dnr/Mtg.
- 17 Executive Committee, Society, 6:00 p.m., Sandwiches

September

- 8 Senior/Inactive Luncheon Meeting, Noon, Society
- 21 Executive Committee, Society, 6:00 p.m., Sandwiches
- 24 ISMA Board of Trustees, 12:30 p.m.,
Downtown Hyatt
- 24-26 **ISMA Convention, Downtown Hyatt**

October

- 5 IMS Board, Society, 6:00 P.m., Social; 6:30 p.m., Dnr/Mtg.
- 19 Executive Committee, Society, 6:00 p.m., Sandwiches

November

- 6-9 AMA Interim, San Diego, CA
- 14 IMS Advisory Breakfast, 7:30 a.m. ...prior to ISMA BOT
- 14 ISMA Board of Trustees, 9:00 a.m., state headquarters



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Project Health

Carrie Jackson Logsdon, Director

What a Pleasure, Thank You

It is a pleasure to relay to you that Project Health has received a limited amount of funding and will be able to continue this good work for several more months. In addition, we have taken some drastic measures to reduce overall costs. As an example, after careful consideration, we will be asking for an annual Membership Fee from Project Health Patients.

Please know everyone involved with Project Health and Project Diabetes is extremely grateful for everything all of the IMS physicians have accomplished in the past six years for PH patients. The medical expertise many of you have shared has literally saved lives; many others never say no when there is a PH patient in need (especially those patients with cancer).

Let us remind you about some of the amazing results that have been achieved because of the many partnerships that exist within Project Health. The 64% frivolous ER utilization rate that existed when Project Health began has seen a dramatic drop to less than 1% for the past four years ... and this percentage is holding! This was accomplished through: (1) one-to-one counseling with patients via the phone, (2) all PH patients sign a Patient Responsibility Form, (3) patients who use the ER frivolously more than once are dismissed from the PH Program, and (4) most patients are so sick when they find Project Health that they don't dare break the rules.

Thank you to our physicians, hospitals, and labs who combined have **donated \$14.6 million in services**. Included within this figure are 11 open heart procedures, 2 brain surgeries, 4 corneal transplants, 41 cataract and 92 gall-bladder removals, 55 hernia repairs, a couple of hip and knee replacements, and numerous cancers accompanied by chemotherapy and radiation.

Obesity and diabetes run rampant in the Project Health population, with 88% of these patients considered obese and 40% with diabetes, which is why Project Diabetes was developed. Please keep referring patients. Since PH/PD accepts patients who earn up to 300% of the Federal Poverty Level, most lower income working folks qualify. For example, a single person can have income of \$32,490 and still qualify. A married couple can be making \$43,720, and qualify. Even if they only need Project Health to get their labs or diagnostic testing done, PH/PD can save these patients thousands of dollars.

In addition to the thanks we owe our physicians, hospitals and labs, we would like to thank Beverly Hurt who could not be a better boss. She has put together a great team of hard workers who watch out for each other and have a good time working together.

We must also thank our biggest contributors, the Richard M. Fairbanks Foundation, Nina Mason Pulliam Charitable Trust, MDwise, Anthem, Clarian Health, Community Hospitals and St. Vincent Hospitals. Without their generosity, Project Health would never have lasted six years.

In case you were wondering, Project Health's initial online auction netted only \$2,750. However, the individual donor campaign has resulted in a whopping \$26,695. So, sincere thanks to all of you for pitching in – it is making all the difference in the world. If you haven't yet signed up to volunteer to see patients or made a cash donation, there's always time to do so!

Carrie Jackson-Logsdon, Director
Laura Gonzalez, Case Manager
Carol Stansifer, LPN, Project Diabetes
Patricia Orozco, Medical Interpreter



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*Appointed from the President's Advisory Council

Delegates to the State Convention, September 24-26 2010, Indianapolis Hyatt Regency

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

Thomas A. Broadie (2010)	Mary D. Bush (2011)	Linda Feiwell Abels (2012)
Marc E. Duerden (2010)	G. Gregory Clark (2011)	Christopher D. Bojrab (2012)
Ted W. Grisell (2010)	Carolyn A. Cunningham (2011)	Kathy S. Clark (2012)
David C. Hall (2010)	David R. Diaz (2011)	John C. Ellis (2012)
Ronda A. Hamaker (2010)	Jonathan A. Fisch (2011)	Alan R. Gillespie (2012)
James F. Leland (2010)	Richard K. Freeman (2011)	Robert J. Goulet, Jr. (2012)
Frank P. Lloyd (2010)	Bruce M. Goens (2011)	C. William Hanke (2012)
Susan K. Maisel (2010)	Hubner Hobbs (2011)	Gerald T. Keener, Jr. (2012)
John P. McGoff (2010)	Robert M. Hurwitz (2011)	David H. Moore (2012)
Thomas E. McSoley (2010)	Paul D. Isenberg (2011)	Robert Michael Pearce (2012)
John J. Wernert (2010)	Marc R. Kappelman (2011)	J. Scott Pittman (2012)
	Alan P. Ladd (2011)	Bridget M. Sanders (2012)
	Daniel E. Lehman (2011)	John F. Schaefer, Jr. (2012)
	Mary Ian McAteer (2011)	Tim E. Taber (2012)
	Clement J. McDonald III (2011)	H. Jeffery Whitaker (2012)
	James D. Miner (2011)	
	Maria C. Poor (2011)	
	Richard H. Rhodes (2011)	

Alternate Delegates to the State Convention, September 24-26 2010, Indianapolis Hyatt Regency

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

F. Keith Bean (2010)	Keenan R. Berghoff, (2011)	Nancy R. Baird (2012)
Benjamin J. Copeland (2010)	Christopher B. Doehring (2011)	Jennifer J. Bucki (2012)
Woodrow A. Corey (2010)	Thomas G. Ferry (2011)	Stephen R. Dunlop (2012)
Sheila M. Gamache (2010)	Ann Marie Hake (2011)	John Duplantier (2012)
Andrea L. Haller (2010)	Robert E. Holt (2011)	Robert S. Flint (2012)
Mark M. Hamilton (2010)	Douglas J. Horton (2011)	Norrisa N. Howard (2012)
Timothy L. Hobbs (2010)	E. Michael Keating (2011)	Mark U. Kyker (2012)
Andrew A. Johnstone (2010)	Ramana S. Moorthy (2011)	Terry L. Layman (2012)
RoseMarie Jones (2010)	Michelle W. Murphy (2011)	Patrick J. Lotti (2012)
Martin Kaefer (2010)	Mercy O. Obeime (2011)	Mark R. Ogle (2012)
Jeffrey J. Kellams (2010)	Rudolph Y. Rouhana (2011)	Terri A. Pellow (2012)
Anthony W. Mimms (2010)	Lynda A. Smirz (2011)	David M. Ratzman (2012)
Kimberly K. Short (2010)	Allison E. Williams (2011)	Jeffrey M. Rothenberg (2012)
Louis L. Winternheimer (2010)		Beata E. Samuel (2012)
Ronald L. Young, II (2010)		Steven Richard Smith (2012)
		Abideen Yekinni (2012)

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 Bernard J. Emkes, 2000-2001
 Peter L. Winters, 1997-1998
 William H. Beeson, 1992-1993
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Richard H. Rhodes, MD
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R. Bryan Ingersoll, MD
Kristin L. Wood, MD
D. Duane Houser, MD
Radhika V. Walling, MD

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Edward M. Cockerill, MD
Brent M. Toney, DO
Stephen R. Dunlop, MD
William J. Lynn, MD
S. Edwin Fineberg, MD

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Russell P. Valentine, MD
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Keith E. McEwen, MD
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Larry C Munch, MD
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Jason J. Gutt, MD

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Thomas F. Hagman, MD
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Matthew R. O'Malley, MD
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Robert H. Falender, MD
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Glenn A. Loomis, MD
Leilani S. Mullis, MD
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Harry C. Genovely, MD

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Timothy J. Williams, MD
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Regina M. Adair, MD

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May31st

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Reform ... What you need to know

From the AMA ...

How health system reform impacts your practice

On March 23, 2010, President Obama signed the Patient Protection and Affordable Care Act (H.R. 3590) into law. A number of key provisions in the new law may have an immediate impact on your practice and your patients, while others may not take effect for some time. Meanwhile, separate legislation—the Health Care Education Affordability Reconciliation Act, or H.R. 4872—is still pending (*at publication deadline – Ed*).

Given this new direction for the nation's health system, the AMA has developed Health System Reform Insight to help you understand the health system reform legislation and what it means to you and your patients. This is the first in a series that explains how the legislation will affect you, when certain provisions are scheduled to take effect, how you can be ready when the regulations go into effect and what your patients need to know. The first part of the series explains how health system reform will affect physician practices. (<http://www.ama-assn.org/ama/pub/health-system-reform/hsr-impacts-practice.shtml>)

How the passage of federal health system reform legislation impacts your practice

Here's a snapshot of key provisions in health system reform legislation that may immediately impact your practice and your patients, as well as provisions that will take effect in the coming years.

Medicare payment changes

Although Congress will address the flawed sustainable growth rate formula in separate legislation later this year, H.R. 3590 includes a number of payment improvements for physicians that, combined, will result in immediate and significant Medicare payment increases for many physicians.

- **10 percent incentive payments for primary care physicians.** All physicians in family medicine, general internal medicine, geriatrics and pediatrics whose Medicare charges for office, nursing facility and home visits comprise at least 60 percent of their total Medicare charges will be eligible for a 10 percent bonus payment for these services from 2011–16.

- **10 percent incentive payments for general surgeons performing major surgery in health professional shortage areas.** All general surgeons who perform major procedures (with a 10- or 90-day global service period) in a health professional shortage area will be eligible for a 10 percent bonus payment for these services from 2011–16.

- **5 percent incentive payment for mental health services.** For 2010, Medicare will increase payment for psychotherapy services by 5 percent.

- **Geographic payment differentials.** The national average “floor” on Medicare's geographic payment adjustment (commonly known as the GPCI) for physician work expired at the end of 2009. The law re-establishes that floor in 2010. In 2010 and 2011, Medicare make a separate adjustment for the practice expense portion of physician payments that will benefit physicians in rural and low cost areas.

There is a third adjustment beginning in 2011, that will increase the practice expense GPCI adjustment for physicians in North Dakota, Montana, South Dakota, Utah and Wyoming to the national average. Physicians in 51 localities in 42 states,

Puerto Rico and the Virgin Islands will benefit from the two practice expense adjustments.

Medicaid payment changes

Separate legislation, the Health Care Education Affordability Reconciliation Act (H.R. 4872), still pending at press time, would raise Medicaid payments to family medicine physicians, general internists and pediatricians for evaluation and management services and immunizations to at least Medicare rates in 2013 and 2014. The legislation also provides 100 percent federal funding for the incremental costs to states of meeting this requirement.

Administrative simplification

Beginning in 2010, national rules will be developed and implemented between 2013 and 2016 to standardize and streamline health insurance claims processing requirements. Physicians should benefit from the changes because it will be easier to track claims and, in many cases, should improve physician revenue cycles and lower overhead costs.

Employer requirement to offer coverage

Employers with more than 50 employees with at least one full-time employee who receives a premium tax credit are required to offer health insurance coverage to their employees or be assessed a range in fees, effective in 2014. Employers with 50 employees or less, who represent the vast majority of physician practices are exempt from this requirement. A range of small business tax credits for employers contributing at least 50 percent of the costs of coverage for their employees will also be established, with credits phasing out as firm size and average employee wages increase.

Medical liability protection and grants

The Secretary of Health and Human Services (HHS) is authorized to award five-year demonstration grants to states to develop, implement and evaluate alternative medical liability reform initiatives, such as health courts and early offer programs, beginning in 2011. Medical liability protections under the Federal Tort Claims Act will be extended to officers, governing board members, employees and contractors of free clinics.

Preventive and screening benefit expansions

Beginning in 2010, Medicaid will be required to cover tobacco cessation services for pregnant women. In 2011, cost-sharing for proven preventive services will be eliminated in Medicare and Medicaid. Medicare payments for certain preventive services will be increased to 100 percent of payment schedule rates (that is, co-payments will be eliminated), and incentives will be available to encourage Medicare and Medicaid beneficiaries to complete behavior modification programs.

In the private sector, beginning in 2010, health plans will be required to provide a minimum level of coverage without cost-sharing for preventive services such as immunizations, preventive care for infants, children and adolescents, and additional preventive care and screenings for women.

Medicare prescription drug coverage

Medicare patients whose prescription expenses reach the so-called Medicare Part D coverage “doughnut hole” (\$2,700 to \$6,150) in 2010 will receive a \$250 rebate. During the next 10 years, the beneficiary co-insurance rate for this coverage gap will be narrowed in phases from the current 100 percent to 25 percent in 2020.

IMS



Seated Left to Right
 Morgan E. Tharp II, M.D.
 Keith W. Logie, M.D.
 Andrew R. Greenspan, M.D.
 Magaral S. Mumli, M.D.

1st Row Standing
 Madelaine M. Sgroi, D.O.
 Danielle M. Doyle, M.D.
 G. Irene Mincee, M.D.
 Hillary H. Wu, M.D., Ph.D.
 Melody Sands, RN, CS, MSN
 Jennifer K. Morgan, M.D.

Back Row
 Bryce C. Lord, D.O.
 Paul M. DesRosiers M.S., M.D.
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Special Feature *(Continued from page 8)*

its success should be credited to the work of Dr. Booher. The meeting was closed by a social hour hosted by Governor Craig in his home.

On Wednesday, March 20, 1968, Paul Coble celebrated with an Anniversary Dinner at which the members were honored to have as its guest and speaker National Commander, William E. Galbraith. Recognition was given Dr. Edwin Kime and Dr. Raymond C. Beeler as the Post's two living Charter members. Also given special recognition were Drs. Homer G. Hamer, Edgar T. Haynes, George M. King, J.K. Leasure, Forest K. Paul and Roy Lee Smith as fifty year members of the American Legion. There were a number of distinguished guests including the Governor, who spoke briefly, the Mayor sent in his place the charming and gracious first lady, Mrs. Lugar.

National Commander Galbraith spoke on the state of the legion, its problems and hopes. It was an informative talk and was well received. At the conclusion of his talk, Commander Galbraith presented Albert L. Marshall, Jr. with a life membership award. Dr. Marshall had served as commander of Paul Coble Post; Commander of 111th District and Department of Indiana was a worthy recipient. The Governor then presented National Commander Galbraith with a scroll proclaiming him a "Sagamore of the Wabash," a distinction that appeared to confuse the Commander a bit.

For many years, Paul Coble Post has sponsored a program on anti-communism, now called Pro-American, that makes speakers available to the city and county high schools. The speakers provided have come from various walks of life and background. Hopefully, they have given their young listeners an inkling of what our country offers, a greater appreciation of the American Dream, their birthright and heritage. If this has come about, even in a small measure, Paul Coble Post #26, the Physicians & Dentists Post, Department of Indiana, has justified its existence.

Other activities of the Physicians & Dentists Post: are IU Football games, District 11 activities, Christmas part, Valentine day Party, Boys State Sponsor, Explorer Boy Scout Programs, Soldiers Home picnic and visits to hospitalized veterans.

Post Commander 2009-2010, A. Wayne Schmalhausen, MD

Senior/Inactives *(Continued from page 16)*



panoramic view of the city from 284.5 feet up in the air. It is 15 feet shorter than the Statue of Liberty. It was the last Civil War monument built in the U.S. There have been ordinances over the years governing the set back distance and the height of buildings constructed on the Circle. The Monument and the statue of "Miss Victory," still dominate the 342 foot diameter "Monument Circle."

The Monument was finished in 1901 and dedicated on 15 May 1902, with Gen. Lew Wallace delivering the keynote address.

James Whitcomb Riley read the poem, "The Soldier," which he had written for the occasion. George Langsdale, who worked so diligently to persuade the legislators to build the monument, was also in attendance. Many famous dignitaries have spoken on the Circle, including presidential candidate Wendell Willkie in 1940. The Monument was first decorated for Christmas in 1945 and the Monument became the "World's Largest Christmas Tree" with its lighting in 1962. The latest addition to the attractions on the Circle is the Col. Eli Lilly Civil War Museum, one of the nation's finest, located in the basement of the monument.

Indianapolis is fortunate to have developed as a planned city, with a circle as its center, highlighted by the splendid Soldiers and Sailors Monument!

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Row 3: Peter D. Arfken, M.D., J. Mark Michael, M.D., William F. McGraw, M.D., Richard L. Hallett, M.D., David J. Galliver, M.D., Benjamin B. Kazma, M.D., Brian J. Wiegert, M.D., Carlo R. Lazzaro, M.D., Kathy S. Clark, M.D., Eric F. Beltr, M.D., Michael S. Skalski, M.D.

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