

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



*IMS Honored 50-Year Physicians
September 16, 2010 at a Luncheon
at the Five Seasons Family Sports
Club – Indianapolis. The 50-Year
Honorees photograph was taken by
Debbie Winchester, Debbie Winchester
Photography.*

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A New Approach for an Old Dilemma: The Psychiatric Medical Home

Mary is 34 years old and has never married. She does, however, have three children by three different men the names of whom she does not remember. Nor does she recall the names or ages of her three offspring as they were removed from her by child protective services. Yes, Mary is chronically ill and has suffered from a chronic schizophrenic illness since age 23, when she had her first psychotic break and required hospitalization. There have been five more hospitalizations since then, one of which was to a state hospital for two years. Her family has not only abandoned her but has totally forgotten her. Her illness exhausted her parents and siblings years ago. Her only friends now are certain hospital personnel and a few police officers who know to "watch out" for her. In spite of this she has been molested and beaten several times. The Mary we know now is not the Mary we knew at high school graduation when she was a vivacious, attractive, and verbal senior who ranked in the upper twenty percent of her class. Little did she know that she, however, was one of those to be afflicted with a chronic mental illness. Not only is Mary psychiatrically ill, she is medically neglected much by her own choosing and as a result is suffering from untreated hypertension. She won't consent to a PAP smear and a mammogram is out of the question. And, yes, dentally she is already missing four teeth.

If you think this scenario is purely fabricated, please think again! There are hundreds of Mary's in Indianapolis at this very moment. They are forgotten and neglected. They are not capable of advocating for themselves, so they are ignored. They are indeed one of the constants of the world: lonely, isolated, and disenfranchised noncitizens, who are chronically mentally ill.

So as members of a caring and compassionate society, where do we begin? The centuries have taught us that there have been many attempts all of which have been only partially successful at best. The newest, most socially appropriate and the one most capable of providing the client the greatest semblance of a normal life is the psychiatric medical home. The medical home concept itself traces roots back to the 1960's with another vulnerable population: the pediatric world. In psychiatry, however, access to behavioral, social and medical services is critical not only for treatment but also to engage the patient in a cultural environment that will encourage the patient to remain involved and connected. This, in turn, reduces the incidence of hospitalization, incarceration and homelessness. The client is involved in all stages of life and is encouraged to be active in personal decision making including considering the risks that their choices may bring about. The mental health home concept provides a patient-centered environment that reduces the risk that the patient will fall between the cracks and fall into harm's way and even premature death. Typically, a primary health clinician would be delegated to coordinate services across several treatment programs. This person would then communicate with all others providing care and produce

a single treatment plan. All involved would be kept advised of any care plan changes. If different levels of care would be needed including hospitalization, then the primary clinician would guarantee continuity of services. And when a client stops participation, then there would be concentrated outreach to renew patient involvement again.

Midtown Mental Health Center, in conjunction with Wishard Health Care, is embarking on such a venture at the Midtown clinic at 1700 North Illinois. Over the next year, we will evolve a facility providing traditional outpatient psychiatric treatment coupled with psychotropic medication management, individual as well as group therapies, a number of primary care clinics, a dental clinic, vocational counseling with a job coach, financial advisors so clients can procure entitlements, an on-site pharmacy, and a drop-in center where clients can socialize, see their therapist, avoid the weather elements, and the like. The psychiatric medical home will also provide a venue where clients can be treated with respect and recognition rather than avoidance and disgust because of behaviorisms, dress, etc.

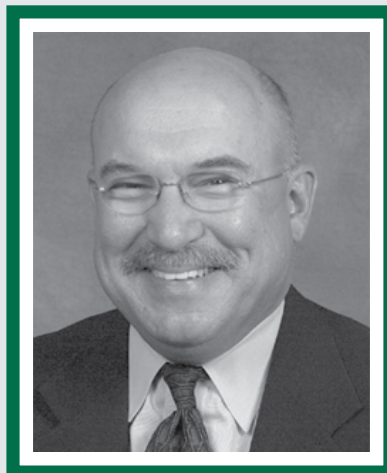
These individuals on the average die 25 years sooner than their peers without chronic mental illness. They are malnourished, predisposed to infections and at high risk for cardiovascular disease. They are more apt to contract venereal disease and to be undertreated if treated at all for all of these. In addition, these individuals live in an environment rich in drug abuse. Chemical addiction treatment services can also be made readily available to this population within the psychiatric medical home. Eighty percent of the chronically mentally ill are addicted to something and nearly all of them are addicted to tobacco in its various forms.

In a compassionate and civilized society it is incumbent upon us to care for the less fortunate and to make their life as meaningful as possible. When I have a new admission come into the hospital and have a group of medical students with me, I ask them to pause and look from a distance at the client. We note that he is homeless, emaciated, unkempt, odiferous, unshaven, abandoned by his family and lost in the world. I then ask the students to personalize the encounter: he is no longer John Doe....he is instead the one member of their family to have a chronic mental illness....he is their brother, their uncle, their grandfather. And then we pause and acknowledge how fragile life is for all of us and I remind them how fortunate they are to have "good brains" that are functional and allow them to think clearly and use reasonable judgment.

The psychiatric medical home provides another tool for mental health professionals to ply their skills, impact society and surround psychiatrically impaired individuals with wrap-around services in a caring and full service treatment concept that these individuals will find supportive and beneficial to their needs and still allow them to experience the freedoms of independent living.

Profile of an IMS Director – Robert J. Goulet, Jr., MD

I am a native New Yorker; born in the Bronx, childhood on Long Island, undergraduate at St. John's University in Queens, medical school at the State University of New York Downstate Medical Center in Brooklyn, a surgical internship, residency and fellowship also at Downstate in Brooklyn. In 1986 I was invited to consider a faculty position at Indiana University by Dr. Jay Grosfeld and fell in love with Indianapolis and the Medical Center before I finished breakfast on day one of my interview. Of the many issues that I considered in accepting the position quality of life for my family, the ability to practice medicine in an environment conducive to patient-centric care, and a challenging yet nurturing academic institution were paramount. I have progressed



to the rank of Professor of Surgery and currently serve as the Director of Breast Surgical Oncology and Clinical Co-Leader of the IU Simon Breast Cancer Program. My practice is dedicated to the care of women with breast cancer. I continue to thrive on teaching students and residents and collaborate in clinical and basic science research. My decision to become a breast cancer specialist was easy. The patient population is extraordinary. None of my patients did anything to cause their disease. Nearly all of my patients are concerned primarily about the impact of their disease on their loved ones and their wellbeing secondarily. There is no stronger or inspiring group of patients. The progress in clinical and basic science research is moving at a dizzying pace and remains intellectually satisfying. There are limitless opportunities to teach and learn.

I am married to Dr. Barbara Wolf, PhD, Associate Vice President of the Indianapolis Children's Museum. She fills my life with her love and the richness of her creativity. I have four beautiful children and four remarkable grandchildren. Each of them bring joy to my life in their own unique way and collectively they are the greatest source of pride in my life.

My leisure interests are varied. I am a recovering golfer who finally accepted that I just stink! I am a committed cyclist and enjoy kayaking and small boat sailing. I am an avid reader and I am learning to love gardening (my wife's passion). I enjoy most genres of music. I love spending quiet time with my wife and "hanging out" with the family.

My decision to become a surgeon came very early for me. I produced a career project in the sixth grade on surgeons

and I was hooked. It became the focus of my life subsequently. I have been blessed with a succession of mentors throughout my life, each contributing to the foundation that has lead to where I am today. I credit my parents with my work ethic and strong will. Dr. Bernard Jaffe shepherded me through my surgical training and showed me the joy of an academic career. Dr. Monica Morrow, then only a junior attending, exemplified the epitome of intellectual curiosity and integrity. Dr. Jay Grosfeld provided the model of academic leadership and patience necessary to nurture a developing academician. Drs. Larry Einhorn and George Sledge have shown me that there is humility in greatness. Last, but certainly not least, I will forever be indebted to the patients

I have had the honor and privilege to care for. I have received far more than I can ever give.

I have held a variety of jobs in my lifetime from construction laborer, cabana boy at a beach club, hospital orderly, private duty nurse, and dialysis technician, but the most memorable endeavor was driving a taxi in Brooklyn during medical school. It never ceased to amaze me how willing most people were to discuss their ailments and I quickly mastered my interviewing skills while on duty. Some might find that surprising!

American Medicine is at a crossroads. The crisis in medical care has been a long time in the making, but the pressures that are being heaped on physicians are mounting at an unprecedented rate. Many of the changes threaten quality patient care and the traditional physician-patient relationship. National physician organizations are struggling to represent these interests, but I believe that the IMS is in a unique position to appreciate the immediate impact of health care reform and therefore represent our interests at the state and local level. The days of passive spectatorship are over. Physicians must be a part of the process and the IMS is an excellent place to initiate that involvement. Our strength as advocates for patient care and health care reform is in our numbers. As a member of the IMS Board of Directors I would hope that we could increase Indiana physician awareness of the organization and the role it plays in making this state a model for patient care and physician satisfaction.

Robert J. Goulet, Jr., MD

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Bulletin Board

Jeffrey A. Greenberg, MD, has three recent publications: "Complications in Hand Surgery," *Hand Clinics*, Vol. 26, May 2010; "Volar Carpal Ganglion Cysts," *The Elbow and Wrist: Advanced Arthroscopy*, June 2010; and "Resection Arthroplasty of the Distal Radioulnar Joint," *Operative Techniques in Orthopaedic Surgery*, June 2010.

Paul E. Kraemer, MD, and **Rick C. Sasso, MD**, both of Indiana Spine Group, published a chapter, "Rigid versus Dynamic Cervical Plates, Indications and Efficacy," in the textbook, *Controversies in Spine Surgery: Best Evidence Recommendations*.

Dr. Sasso also authored five chapters in the textbook, *Instructional Course Lectures: Spine, Volume II*. The chapters were on thoracolumbar trauma, posterior occipital cervical instrumentation and cervical artificial disc replacement.

Stephen R. Klapper, MD, an ophthalmic plastic and reconstructive surgeon with Klapper Eyelid & Facial Plastic Surgery, was an invited speaker at the Indiana Academy of Ophthalmology 2010 Annual Scientific Meeting held in Indianapolis on September 24, 2010. Dr. Klapper's spoke on "Complications of Orbital Fracture Repair," "Lumps/Bumps and Eyelid Reconstruction," and "Botox and Dermal Filler Injections: An Update."

John D. Baldea, MD, St. Francis Medical Group, has received special training in the non-surgical treatment option of platelet-rich plasma (PRP) therapy, which uses a patient's own plasma to stimulate healing. The procedure works best for chronic ligament and tendon sprains and strains when conventional treatment has not helped.

Michael H. Fritsch, MD, was a guest professor in July 2010 at the University of the Sacred Heart in Rome, Italy (Policlinico Gemelli – Hospital to the Pope). Dr. Fritsch gave grand round presentations on "Salivary Endoscopy" and "Incisionless Otoplasty," made hospital rounds and signed his endoscopy book in the Gemelli Hospital Library.

Richard D. Feldman, MD, director of the Family Medicine Residency Program at St. Francis Hospital & Health Centers, has been elected to leadership positions with the American Lung Association in Indiana and American Heart Association of Indianapolis.

He begins his second term as president of AHA's board of directors. He also recently was elected to the ALA's board of directors.

Dr. Feldman, who directs the medical education program at St. Francis, holds several elected appointments with the Indiana Academy of Family Physicians, the Indianapolis Medical Society and Indiana State Medical Association. He serves as president of the Indiana Academy of Family Physicians Foundation and is the immediate past president of the Indiana Medical History Museum.

James W. Hardacker, MD, The Spine Institute, presented the multicenter randomized controlled trial of AMPLIFY recombinant human bone morphogenetic protein-2 matrix as a bone graft replacement for posterolateral lumbar fusion to the FDA Orthopaedic Devices Panel in Washington, D.C. July, 2010. The FDA Advisory Panel voted in favor of approval of



John D. Baldea, MD



Richard D. Feldman, MD



Michael H. Fritsch, MD



Jeffrey A. Greenberg, MD



James W. Hardacker, MD



Tod C. Huntley, MD



Stephen R. Klapper, MD



Paul E. Kraemer, MD



Edward J. Krowiak, MD



Rick C. Sasso, MD

the Medtronic Sofamor Danek device which obviates the need for bone graft harvest for posterolateral spinal reconstructions.

From the Center for ear Nose Throat & Allergy, PC ...

Doctors **Edward J. Krowiak, MD**, and **Tod C. Huntley, MD**, were featured on news reports in September on channels 6, 8, 13, and 59, as well as WIBC and the *Indianapolis Star* for their work with transoral robotic surgery (TORS) for oropharyngeal cancer, and Dr. Huntley was interviewed for a downloadable webcast on Healthradio.net on the subject.

Dr. Huntley also gave an invited lecture on the establishment of a robotic surgical practice at the annual meeting of the American Academy of Otolaryngology-Head and Neck Surgery Foundation in Boston AAO-HNSF. In addition to this lecture, Dr. Huntley's other activities at the AAO-HNSF meeting included the presentation of a scientific paper titled "Intraoperative Radiation Therapy for advanced or recurrent cervical node metastases in head and neck cancer," moderation of a miniseminar on selection criteria for surgical procedures for obstructive sleep apnea, and the teaching of an instructional course on oral appliance therapy for OSA.

Dr. Huntley was an invited guest speaker at the Second World Congress of the Clinical Robotic Surgical Association in Chicago, October 1-2. He spoke on "The Role of Transoral Robotic Surgery (TORS) in the Multidisciplinary Treatment of the Head and Neck Cancer Patient" and "The Future Role of Robotics in Sleep Apnea Surgical Treatment." He also moderated a panel discussion on TORS techniques for oropharyngeal cancer."

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.

IMS

Thank You, Veterans

New Members

Brosch, Jared R., MD
Resident – St. Vincent Hospital
Neurology
Indiana University, 2010

Cox, Erik D., MD
Resident – St. Vincent Hospital
Pediatrics
Indiana University, 2010

Do, Ha K., MD
Resident – I.U. School of Medicine
Dermatology
Chicago Medical School, 2009



Mintz, Edward P., MD
Respiratory & Critical Care Cons., PC
8424 Naab Rd., #1E
46260-1954
Ofc – 872-5591
Fax – 876-9273

Internal Medicine, 2008
Pulmonary Disease, 2009
Technion-Israel Institute,
Hafia, Israel, 2004

Young, Priya K., MD
Dawes Fretzin Dermatology Group
8103 Clearvista Pkwy., #220
46256-1662
1601 Medical Arts Blvd., #202
Anderson, 46011-3459
Ofc – 621-7790
Fax – 621-7791
Web: www.dawesfretzin.com
Dermatology, 2005
Indiana University, 2001



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Below: Balloon View, Photography by Wendy Kaveney



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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



Chester A. Stayton, Jr., MD
1919 - 2010

Chester A. Stayton, Jr., MD, 91, Indianapolis, passed away peacefully at home on September 9, 2010.

Dr. Stayton was a lifelong resident of Indianapolis and a practicing radiologist for almost 50 years. Chester – or Chet as he was known to his friends – was born on August 30, 1919, in Washington, D.C. His family moved to Indianapolis, where he graduated from Shortridge High School. He attended Indiana University in Bloomington and graduated Phi Beta Kappa. While at IU, he was a member of Phi Kappa Psi Fraternity. From there he matriculated to the IU School of Medicine, graduating in 1943 after being named to Alpha Omega Alpha, the highest academic award at the School. Dr. Stayton interned at Indianapolis General Hospital.

He forever remained a staunch IU supporter, particularly of the Medical School and the athletic programs. He was a member of the Varsity Club. In 2001, Dr. and Mrs. Stayton were inducted into IU's prestigious Presidents Circle.

Dr. Stayton joined the Army after medical school and was promoted to Captain in the U.S. Army Medical Corps. He served honorably in World War II in Germany and France, including at Camp Lucky Strike in Le Havre, France, with the 83rd Medical Battalion. Following his discharge, he served his residency in radiology at the Mayo Clinic in Rochester, Minnesota.

Dr. Stayton returned to Indianapolis and joined the radiology practice started by his father, Chester A. Stayton, Sr., MD. His brother-in-law, James Katterjohn, MD, also was a member of the practice. They continued the radiology services started by Dr. Stayton Sr. at St. Francis Hospital in Beech Grove.

During his medical career, he served as President of the Indiana State Medical Society.

Growing up, he was a devoted Boy Scout, achieving its highest rank of Eagle Scout. As an adult, he volunteered to be the medical director for both the Boy Scouts and the Girl Scouts. He was a generous patron of a large number of charities and nonprofit organizations.



Thomas Edwin Woerner, MD
1928 - 2010

Thomas E. Woerner, MD, 82, Noblesville, died September 21, 2010. Dr. Woerner was born in Indianapolis on May 23, 1928.

Dr. Woerner was an Eagle Scout with Troop 91, and a graduate of Howe High School, class of 1946. While in the Army Air Corps, he served in Okinawa, retiring from active service as a Staff Sergeant in 1949. He also served in the U.S. Army Reserves, retiring as a Captain.

Dr. Woerner was a graduate of Wabash College and IU School of Medicine. He completed his internship and residency at St. Vincent Hospital and his fellowship in Cardiology in 1962 at Boston's Harvard University Brigham Hospital.

Dr. Woerner returned to Indianapolis in 1962 to begin his private practice with Arthur B. Richter, MD, and J. Hal Doran, MD. He was with Harcourt Road Internal Medicine from 1971 until his retirement.

In 2007, Dr. Woerner was honored as a member of the Fifty Year Club. He served the IMS on the Membership Committee 1978-1979, as a member of the Physician Assistance Peer Review 1985-1987 and as a Delegate to the State Convention 1989-1992. Dr. Woerner was President of the Marion County Chapter of the American Heart Association and became President of the Indiana Heart Association. He was President of St. Vincent Medical Staff and received St. Vincent's Distinguished Physician Award.

Honor a Colleague

Make a contribution to Indianapolis Medical Society Foundation and help the IMSF continue the goodworks in our community.

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William H. Dick, MD

Speaker: William H. Dick, MD – 50th Anniversary of Chronic Dialysis

Dr. William Dick was a substitute speaker at this meeting because the person scheduled was ill. Bill had wanted to give this talk sometime in 2010 anyway, because of the significant anniversary: The field of chronic dialysis is 50 years old. Think of it; a person maintained on a machine – for years! At the time, in early 1960, many scientists and clinicians (probably most) doubted that it could be done.

In the thirty years prior to the dialysis era, many fields in medicine had made significant advances. Blood banks were founded, intravenous therapy became a reality, sulfa and penicillin antibiotics were discovered, and cortisol was administered to humans. Open heart surgery and vascular surgery had been performed, many times.

Dr. Richard Bright is the Father of Nephrology. He conducted research on kidney disease at Guys Hospital in London (Thomas Addison and Thomas Hodgkin were there at the same time). He was Physician Extraordinary to Queen Victoria. Dr. Bright described the symptoms of acute glomerulonephritis: edema, hematuria and albuminuria. If the patient did not improve he or she was known to have severe kidney disease and thus, for many years, End Stage Renal Disease (ESRD) was known as “Bright’s Disease.” Many students and even medical residents today are unfamiliar with the term and are unaware of Richard Bright’s pioneering work.

Thomas Graham is the Father of Modern Dialysis. He described osmosis in 1854 and introduced the concept of a semi-permeable membrane in 1861. It remains the basis for all dialysis. He coined the term “dialysis” which is Greek in origin, which means “to separate.” His first dialysis membrane was collodion which allowed for the diffusion of small molecules. Dialysis consists of diffusion (movement of solutes) and convection (ultrafiltration of water).

John Jacob Abel, along with Leonard Rowntree and B.B. Turner (a biology graduate of Indiana University), worked at Johns Hopkins, performed dialysis on nephrectomized dogs, using Hirudin (leech extract) as an anticoagulant. They presented their findings at the Association of American Physicians in 1913. They used flat celloidin tubes, 32 at first, and later with 112 tubes. They called the apparatus “The Artificial Kidney.”

Dr. Georg Haas of Giesen, Germany was the first physician to perform dialysis on humans. He first did this in 1924; it lasted only fifteen minutes. In 1925 he dialysed a uremic boy for 35 minutes, with no untoward effects. In 1926, four additional patients underwent dialysis for periods of 30-60 minutes. Low blood flow rates and small dialysate volumes prevented any significant therapeutic effect. He abandoned his work because of lack of



Figure 9. Patient prepared for dialysis at Mount Sinai Hospital
Mt. Sinai Patient 1948

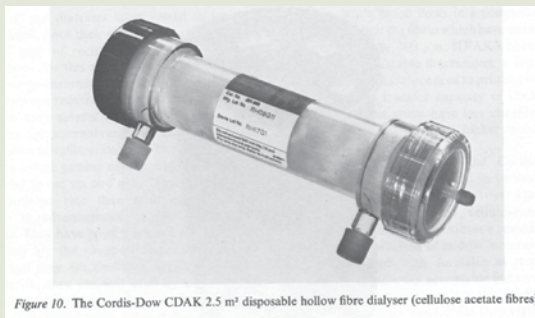


Figure 10. The Cordis-Dow CDAK 2.5 m² disposable hollow fibre dialyser (cellulose acetate fibres)
Hollow Fiber Kidney

support from the medical community and because of lack of funds. He was alive in 1960 when the first chronic patient was placed on a machine.

Willem Kolff of the Netherlands was the first person to perform dialysis on a patient who survived after the treatment. He was the first physician to build practical dialysis machines and they were sent all over the world, amazingly during WW II. Kolff treated fifteen patients who had dialysis from 1943-45; all died. Jenny Schrijver, age 29, was the second of those patients. She had twelve treatments but died because of the eventual lack of vascular access sites. Dr. Kolff then decided to limit dialysis to patients with acute renal failure (ARF). Perhaps someday the problem of vascular access would be solved. The seventeenth patient with ARF survived after eleven hours of dialysis over a two-day period. She was Sophia Schafstadt, a 67 year-old woman jailed as a Nazi collaborator. Held in a U.S. prison camp, she developed ARF from sulfonamide toxicity.

The big breakthrough for ESRD patients occurred in 1960, in Seattle, when Dr. Belding Scribner, a nephrologist

and Wayne Quinton, an engineer, developed the arterio-venous shunt. Clyde Shields, a machinist, was first dialysed on 9 March 1960; he lived for eleven years on the kidney machine. The first dialysis centers were in-hospital units. Stanley Shaldon in London, England pioneered self dialysis. The University of Washington followed up with their home dialysis unit in 1964. George Applegate of Methodist Hospital in Indianapolis was awarded a Public Health Service grant in 1967 to set up a home dialysis unit; it was one of ten sites chosen. One patient at Methodist lived for 30 years on a machine.

Kidney transplants followed in 1970 at Methodist Hospital, a few years after those performed at Indiana University. The State of Indiana has had a great reputation in the dialysis and transplant fields. Dr. Ted Hegeman was the first to do peritoneal dialysis in Indiana in 1978, at Methodist Hospital.

Dr. Dick showed a series of slides picturing the early days of dialysis at Methodist Hospital – patients, nurses, technicians and machines. (Bill was a Fellow in Nephrology at Methodist from 1971-73.) The large Travenol dialyser, shown in one slide, gave way to the hollow fiber kidney, still in use today. These types of slides were used to educate the public and fellow physicians. Dr. Stuart Kleit, chairman of Nephrology at IU, was particularly adept at raising public awareness to help fund kidney disease.

Today over 400,000 patients are on chronic dialysis, with 12,000 kidney transplants performed each year. And they said it couldn't be done!

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In Summary

Recollections of a Mayo Clinic Fellowship At Mid-Twentieth Century 1948 – 1952

In *Recollections of a Mayo Clinic Fellowship at Mid-Twentieth Century, 1948-1952*, author Kenneth R. Woolling, M.D. (top left) 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. This rare book of memories should be of interest to physicians, medical students, history enthusiasts, and general readers alike.

Within its pages are fascinating vignettes of some of Mayo's medical giants: Dr. Philip S. Hench, originally deemed "the Clinic fellow least likely to succeed," who ultimately stunned the world with his Nobel Prize-winning discovery of the miracle drug, cortisone; Dr. Edgar V. Allen, who, in learning of the cause of a bleeding disorder in cattle, recognized a curative agent for clotting disorders in humans, opening the door to life-saving anticoagulant therapy; and Drs. H. Corwin Hinshaw and William H. Feldman, who, with Nobel scientist Dr. Selman A. Waksman, initiated the treatment of tuberculosis with streptomycin, leading to the cure of the centuries-long dreaded "white plague."

You'll read stories of other outstanding members of the Mayo Clinic teaching staff of that time. Through their exceptional knowledge, skill, and dedication, these physicians provided their students with invaluable lessons for medical practice as well as for life itself.

Also featured is an insider's view of the city of Rochester and its environs. Located in the southeast corner of Minnesota, nestled among pleasant farmlands and peaceful lakes, with snowy winters and balmy springs, remarkable Rochester has its own, distinctive – indeed magical – charm and appeal.

Here is an inspiring tale of an extraordinary place, a true medical miracle, rising from the ashes of a devastating tornado to become an internationally-recognized center of health and hope.

The leatherette hardcover edition with 272 pages is available via email at KWoolingMD36@aol.com, or usps.

Indiana seniors face imminent Medicare physician access crisis: Congress must act now

• Indiana seniors can face significant challenges obtaining access to physicians. These challenges will get much worse unless Congress acts very soon to prevent steep cuts in Medicare payment rates. At just 14 practicing physicians per 1,000 Medicare beneficiaries, Indiana is well below the national average. Twenty-nine percent of the state's Medicare beneficiaries are living below 150 percent of the federal poverty level. Indiana is also one of 29 states and the District of Columbia that have imposed cuts in services for the low-income elderly, such as home care and rehabilitation.

• Combining cuts that will occur on Dec. 1, 2010 and Jan. 1, 2011, Indiana Medicare physician services face an across-the-board pay cut of nearly 30 percent, due to a flawed payment formula, the Sustainable Growth Rate (SGR), created by Congress.

• By taking quick action during its lame duck session in November, Congress can avert these cuts. During the 13 months from Dec. 1, 2010 through Dec. 31, 2011, SGR

legislation would prevent a loss of \$490 million for the care of elderly and disabled patients in Indiana.

• 65,977 employees of medical practices, 996,966 Medicare patients and 90,200 Tricare patients in Indiana will be helped by the legislation that averts these cuts.

• Compared to the rest of the country, Indiana, at 16 percent, has an above-average proportion of Medicare patients.

• 43 percent of Indiana's practicing physicians are over 50, an age at which surveys have shown many physicians consider reducing their patient care activities.

For further information on this subject, visit: <http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/medicare/payment-action-kit-medicare.shtml>

Testing for version 5010 to begin January 1

As of January 1, 2011, physician practices need to be prepared to begin testing the version 5010 Health Insurance Portability and Accountability Act transactions with their trading partners, including payers and clearinghouses. External testing with your trading partners is critical for ensuring that you are ready for the Jan. 1, 2012, compliance date for sending and receiving only the version 5010 transactions.

To begin external testing with trading partners, practices need to have:

- Finished conducting an impact analysis.
- Contacted their vendors and trading partners.
- Installed the systems upgrades.
- Conducted internal testing of their system.

The Centers for Medicare & Medicaid Services' (CMS) Medicare Fee-for-Service program will be ready to test the version 5010 transactions in January 2011. CMS has made it clear that the Jan. 1, 2012, deadline for implementing the version 5010 transactions will not be extended. Missing this deadline puts you at risk for rejected transactions, denied claims and delayed reimbursement.

The AMA offers various resources (*visit: <http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/hipaahealth-insurance-portability-accountability-act/transaction-code-set-standards/version-5010-electronic.shtml>*) to help you prepare your practice to implement version 5010 by the Jan. 1, 2012, deadline.

AMA offers payment model resources for physicians

The Affordable Care Act—the new health system reform law—provides for a range of new pilot programs, including accountable care organizations, medical homes and bundled payments. The lessons learned from these pilot programs will form a roadmap for major payment and delivery reforms in Medicare and private sector health programs.

The AMA is developing resources for physicians to help turn new payment models into opportunities for physician-led, patient-centric care as well as improved practice efficiencies, better coordination between specialists and primary care, and better margins. AMA resources include webinars, PowerPoint presentations, in-person seminars, practice toolkits and papers developed by experts in the new payment models. *Visit: <http://www.ama-assn.org/ama/pub/about-ama/2010-strategic-issues/payment-model-resources.shtml>*

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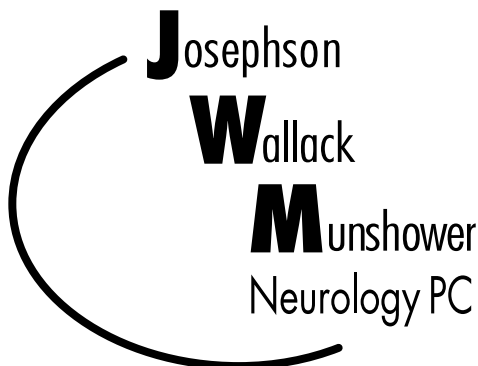
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CME & Conferences

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 7-8 a.m., TIHH MCV Boardroom
month

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

Nov. 3 2010 Pediatric Pulmonary Update
Ritz Charles Banquet Facility, Carmel, Indiana

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

Nov. 5 9th Annual Lingeman Lectureship
University Place Conference Center
Indianapolis, Indiana

Nov. 5 3rd Annual Lindseth Lectureship
University Place Conference Center
Indianapolis, Indiana

Nov. 12 Indiana Neurological Society Annual Fall Meeting
University Place Conference Center
Indianapolis, Indiana

Nov. 16-18 Biostatistics for Health Care Researchers:
A Short Course
Health Informational and Translational Science
Building (HITS), Indianapolis, Indiana

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. 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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Diabetes Performance Improvement Program

The Diabetes Performance Improvement Program is a challenging online CME activity for physicians who want to improve patient outcomes by learning about the latest advances in diabetes care. This activity offers new insights into pathophysiology and implications for treatment, and a thorough discussion of new approaches to care. It also addresses today's controversies and challenges in diabetes management, and includes the personal perspectives of the world's top experts and their recommendation for overcoming common barriers to good outcomes. The course uses the latest in interactive, online technology to make learning effective and engaging. 6 hours free CME credit. Go to: <http://iusm-diabetescme.com/2009/>.

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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Meetings & Events

Indianapolis Medical Society

November

- 6-9 AMA Interim, San Diego, CA
- 7 DocBook Launch, 6:30 p.m., Apple Store
- 14 IMS Advisory Breakfast, 7:30 a.m. ...prior to ISMA BOT
- 14 ISMA Board of Trustees, 9:00 a.m., state headquarters
- 16 Executive Committee, Society, 6:00 p.m., Sandwiches

December

- 1 Senior/Inactive Luncheon Meeting, Noon, Society TBD
- 7 IMS Board, Society, 6:00 P.m., Social; 6:30 p.m., Dnr/Mtg
- 14 Executive Committee Dinner, with Spouses/Guests

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Project Health



Carrie Jackson Logsdon, Director

Thank You, Patrick Y. Park, MD



Project Health's doctor of the month for November is Patrick Y. Park, MD, Midwest Colon and Rectal Surgery. Dr. Park was born in Seoul, Korea, and when he was nine his family moved to Monterrey, California. He began his undergraduate work at Johns Hopkins

University in engineering, but after a summer volunteer internship in the Shock Trauma Unit at the University of Maryland, he switched his major to biology. During that internship, he decided he wanted to become a doctor. "It was never predestined. I just enjoyed what we did in some of the very serious trauma cases. It was very gratifying," he said.

Dr. Park went on to the New York University School of Medicine where he had a Gross Anatomy Teaching Fellowship. Dr. Park did one residency in general surgery there as well. He completed a second residency in colon and rectal surgery at the University of Medicine and Dentistry of New Jersey, Robert Wood Johnson Medical School. Dr. Park then did a research fellowship at the Sloan Kettering Cancer Center in New York. "I chose colon and rectal surgery because I liked colorectal pathology, and the specialty means one does a variety of interesting things like abdominal surgery, colonoscopies, and anal-rectal surgery. It is a good combination and balance." Dr. Park is board certified by the American Board of Surgery and the American Board of Colon and Rectal Surgery.

He said his early life in South Korea was just like anywhere else, except at that time, South Korea was categorized as a "developing country." With the advent of modern technology, South Korea jumped ahead to become one of the world's leading technology centers. "I would say it is probably even more advanced than the United States. Seoul is a lot like New York City, but even more cosmopolitan. My in-laws still live there, and whenever they visit, they are critical of our technology saying that South Korea is two generations ahead of the US, like the TV's and phones. They are all built in South Korea by companies like Samsung and LG appliances."

Dr. Park has one older brother who is a banker in Los Angeles. His Dad also lives there. He has lived on both coasts, but says Indiana is a great state, very doctor friendly, and a great place to raise a family. His wife, Taeran, went to college in Korea. They met through a "fix up" by a mutual friend in Los Angeles where she was taking additional classes in the arts and fashion design. They have a three year old daughter Kaitlyn, whom he says "talks a LOT!"

When he is not playing golf, Dr. Park enjoys reading and going to see movies. He is very proud that earlier in life he was a Boy Scout and later a Troop Leader. He obviously learned their lessons about service before self. Thank you, Dr. Park, for helping so many Project Health patients.

IMS

Project Health has received a \$40,000 Grant for General Operations from The Indianapolis Foundation, a Central Indiana Community Foundation affiliate! That is great news, for certain, however, now is not the time to rest on the laurels of Project Health.

Project Health needs sustainable funding for the future. Last year, individual IMS doctors donated \$26,000 to help keep Project Health alive. This coming year, your donations are even more important to continuing the good works of Project Health. You will soon receive a letter from Project Health seeking your continued support.

During this season of thankfulness, Project Health has many things for which we are thankful. At least 1,000 IMS Members who volunteer for Project Health are among our most cherished blessings.

Please help Project Health stay operational. Your donation is a tax-deductible and will be life changing!

*Unless someone like you cares a whole awful lot,
Nothing is going to get better. It's not.*

- Dr. Seuss

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*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)
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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)
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Robert Michael Pearce (2012)
J. Scott Pittman (2012)
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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)
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Have you visited your IMS website recently? Or ever?

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That the website receives an average 36,000 hits each month? On average that's more than 1200 hits a day. Not bad for a membership organization.

That the most popular page is the Physician Finder?

That the Physician Finder is *the* 24/7/365 IMS referral network for your practice? And it's available to patients, physicians, nurses – anyone with access to the internet!

That the IMS updates the IMS Physician Finder each week ... with changes you provide to us for your addresses, phone numbers, certifications and photos?

That the website provides a portal for you to advise us of your updates for our database (and posting for the website and DocBook) ... easily, no need to wait for the Society's office to open ... You tell us about your changes when you have the time ... the information goes directly to the IMS Membership Department for verification and entry into the database. You can even volunteer to become more active in the IMS.

That in addition to the Physician Finder, you will find information about the Society, events, leadership, membership benefits and contact information. All this information is updated regularly and contains the latest news we have for you about events, changes and opportunities.

Did You Know...

That potential New Members can begin the membership process right from the site. We do encourage you to ask your colleagues to join you in supporting the voice for local medicine.

That the site contains information about the Indianapolis Medical Society Foundation and opportunities to support the foundation? By the way – Project Health still needs funding.

That the most recent copy of your IMS Bulletin is available for your review online, when you have the time ... the magazines are password protected, but just email the IMS for access (mhadley@imsonline.org). The site also holds archives back to 2008 of your monthly Bulletins.

That next year elections will be “held” online at imsonline.org.

That this year we offered profiles on leadership candidates only and these profiles were visited more than 2,000 times?

Did you know that the website was developed and is maintained to help you with your practice, your membership and medicine in the community?

Did you know that the website often features the creative talents of IMS members in the Talent Gallery or that you can see event photos in the online Photo Gallery?

Did you know that if there is something you would like to see on the website or have suggestions that would make the site more useful to you, that all you have to do is email ims@imsonline.org and we will do our best for you?

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