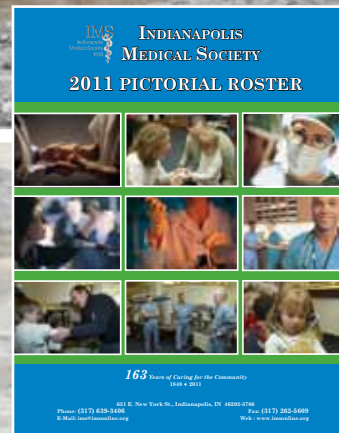


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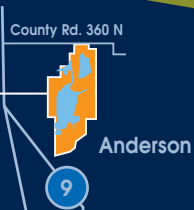


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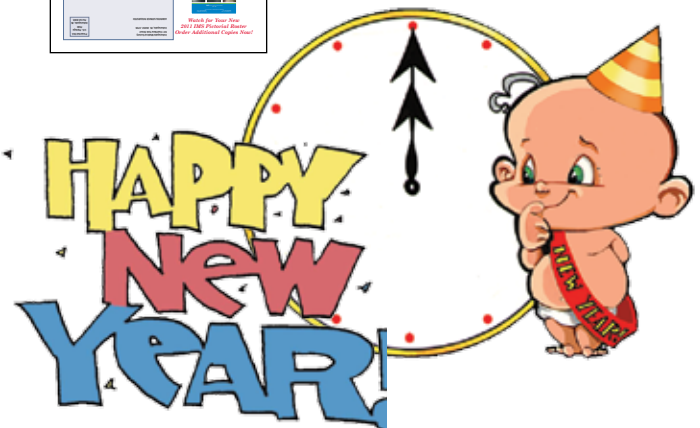
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Our cover photograph, "Grotto Geyser," is courtesy of IMS Past President, Bernard J. Emkes, MD.





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## *Home for the Holidays?*

I was driving home from the office several weeks ago and paused at a downtown intersection waiting for the light to change when I noticed one of my Midtown Mental Health Center patients rummaging vigorously through a sidewalk trash container. Within only seconds his frenzied efforts produced a white Styrofoam clam box container which he opened unashamedly and proceeded to scoop out what appeared to be someone's left over spaghetti dinner. He used his hands as a spoon and continued with dinner. I reflected on what I had seen as I finished my drive home. How tragic, how unfair, how unequal life can be. This reflection seems especially pertinent at this time of year as we foolishly spend money and overly indulge in the spirit of the holidays ... and, yes, nostalgically talk about being "home for the holidays" but only because we do indeed have a home to go to for the holidays. Not everyone is so fortunate.

Every year the city of Indianapolis performs a "homeless count" and volunteers take out a day and count the homeless. The figure is usually around 1,500 but we know that number should be at least double that. Yes, most of us are so naïve that we see a few homeless folks downtown and likely think "Oh, maybe we have 50-100 homeless in Indy." Our naivety shields us from dealing with reality: there are hundreds of men, women, children, and even complete families in Indy that are homeless! The causes are many. It is not unique to Indy. It is a tragedy that has been repeating itself for centuries. Chronic mental illness and addiction are only two causes. Unemployment, domestic violence, war, prison release with difficult re-entry into society, eviction and mortgage foreclosures, relationship breakdowns amongst family members, and inadequate health care are just some of the factors.

As society has advanced and taken on more social concern, various approaches to solving the problem of homelessness have evolved. One of these approaches was to "contain" the poor and transients within a certain area of any major city, but sometimes this became a city within a city. More recently, homelessness as we now know it, is a result of economic stresses, reduction in affordable housing, diminished availability of single room occupancies, and the deinstitutionalization of state psychiatric hospitals. This population was left living in the streets with little sustainable support. The homeless population grew larger and began to overwhelm the churches, the libraries, and the public areas that had allowed these individuals to congregate. As a result, the doors of many of these sites of refuge were shut. The result was that these people became "invisible" as they sought refuge in the alleys, abandoned garages, and subway tunnels. Hence, the inaccuracy of the annual "homeless count."

The dilemma continues to intensify. These peoples few belongings are cherished gold. They will fight to keep them and the grocery cart that contains them. They have no access to storage and are truly "bag people" or "shopping cart people." In fact, several downtown Indy merchants who provide shopping carts for their customers are now installing electronically locking wheels that "freeze" once the cart is so many feet from the store exit.

Public health becomes an issue. This lifestyle predisposes to tuberculosis and other infections, including venereal diseases. Have you ever attempted to take a bath if you are homeless? The local river or park fountain becomes a necessity. I walked into one of the Midtown outpatient clinic restrooms a month ago and found a patient stark naked washing his body with wet paper towels. He apologized and stated had no other place to bathe. I had one of the clinic secretaries guard the door until he was finished so he did not have to apologize again. What about daily bodily function? When nature calls for one of these folks, can we not simply turn our head and go about our business and avoid the public indecency route unless it is too outrageous?

More recently, over the last two decades there has been a marked increase in family homelessness. By the year 2000, statistics revealed that children and families were the largest growing segment of the homeless population in America. In addition, homelessness has begun migrating into rural and suburban areas. It is a sociological problem that continues to survive and grow in spite of efforts to curtail it. In the United States, the government has asked major cities to come up with a ten-year plan to minimize the problem. Concepts such as "rapid re-housing" for those who have no housing or living situation have been tried but multiple complications surround this including finances, housing maintenance, and the like. Supportive housing involving housing and supportive services has also been proposed. Transitional housing has also been suggested. This provides a temporary residence of one to two years with supportive services to assist the person involved to become more self-sufficient.

The problems encountered by the society trying to solve the homeless problem are equally as large as the problems being encountered by the homeless population itself. Every human being has a need for shelter, security, and warmth. Quiet and privacy are essential for sleep. Safety and security are critical. Hygiene and sanitary facilities are paramount. Being able to obtain and prepare food is essential. These problems aside, the homeless person faces multiple other issues: limited education, risk of violence and abuse, rejection by other people, lack of health and dental care, loss of human relationships, and the list goes on.

I always implore junior medical students when a new homeless patient is admitted to the Wishard inpatient psych service, usually due to depression or psychosis, to look at them from a distance and recognize the aging and weathering that homelessness has created for that individual and then to imagine that particular patient is no longer simply another lost homeless soul but is instead their grandfather or uncle who for whatever reason has become homeless and lost to the world. How sad it would be for him to pull up to the family holiday dinner table and look around at the other family members donned in their Christmas finery and then look at himself and see the tragedy, the difference, and the unfairness of it all. Yes, he is finally "home for the holidays," but for all these years he has suffered the journey of the homeless.

# Profile of an IMS Director – Anthony W. Mimms, MD

Tell us about your practice?

*It is a physical medicine rehabilitation practice. We treat new patients, try and return them to functional independence. Our practice includes sports medicine, movement disorder, joint pains, electromyography, back pain, rotator cuff syndrome and tears, radiculopathy, traumatic brain injury, spinal cord injury, stroke, debility, and more pain.*

Are you originally from Indianapolis?

*Yes.*

How did you decide on Indianapolis to setup your practice?

*My wife's family and my family are both based out of Indianapolis and we both decided that we wanted to stay in Indianapolis to be close to our family. We like the fact that it is not too big and not too small and it is a clean city.*

Tell us about your family?

*I have a wife and two daughters, who are nine and five years old. We as a family love to be active and love to get involved in performing arts. We like creating and going to plays. My wife is especially good at acting. My daughters love making up songs and singing. They also love dancing and being involved in extracurricular activities like gymnastics. Our family is musically inclined. All of us sing, and I play the piano and drums. My daughters are learning how to play the piano. We enjoy occasionally going to the symphony, especially Symphony on the Prairie.*

What are your leisure interests?

*My leisure interests involves playing PlayStation, playing the piano, singing, playing drums, fishing, and reading. I also enjoy watching movies with my wife and my children. I recently picked-up golfing, which I immensely enjoy.*

How did you decide to go into medicine and why your specialty?

*I decided to go into medicine after attending a career day at my school at Eastwood Middle School when I was in the 8<sup>th</sup> grade. One of my friend's fathers was a physician and his career peaked my interest.*

*It was at that time when I thought that I wanted to at least look into the career more. It was not until my junior year at Wabash College that I actually believed that I could get into medical school and become a physician. The reason being is that I was the first in my family to go to college, let alone go to medical school. So even though I was sure of my academics, I just was not sure that I could actually become a physician. The reason I decided to go into physical medicine rehabilitation is that it fits me. I initially thought that I was going to specialize in orthopedics, but when I went into the operating room, I just did not enjoy it as much as I thought I was going to. Therefore, I began to look for a different path. It was then that I came upon physical medicine and rehabilitation through an ambulatory month in medical school. I then went through a physical medicine rehabilitation rotation in my fourth year of medical school and it was like a sigh of relief as if it just suited me. It just seemed to hit me in the face that this would be my career path. It did involve anatomy, which I loved about orthopedics. It also involved sports medicine, neurology, a little bit of rheumatology, and little bit of internal medicine.*



Who have been your mentors?

*My mentors have been my parents, especially my father. He would say, "son, you have to go to college because when get out here in the world, they will ask you for one or two things: experience or a college degree." He said they would not think twice about closing the door in your face even though it may be 2 below zero. He said, "You have to make sure that you make them want to hire you." As a kid, I was always hanging around my father and going to places with him. Wherever he went, I went. I admired my father, as he was able to do anything and everything! He would quite often go to Central Hardware or Furrows, another hardware store, and we would go in and pick out whatever materials that we needed, take the materials home and fix whatever we needed to do in the house. I even helped my father turn a shed that was connected to our house into a bathroom. I watched my father perform on his job initially as a journeyman machinist. He would then continue to progress and upgrade his knowledge through classes paid for by the company that eventually allowed him to become a mechanical engineer technician. Therefore, I always admired my father's work ethic.*

*Another one of my mentors was one of my professors at Wabash College, Dr. L. David Polley. He would always tell me, "remember Anthony you came to Wabash, which only the top 20% out of the class could go to, so everybody here is smart and intelligent so if you still happen to get a B or C in a course remember that does not mean that you are incapable or not intelligent, but it only means that you have stiffer competition." He would always push me into performing my best, to continue on, even though sometimes I may get B's in the class. He would encourage me to continue on being a biology major and premed minor.*

What gives you the most pride in your life?

*The most pride that I feel when I review my life is when I look at my children. I see the work that my wife and I have put into our children. They are excelling in their endeavors. I always believe that the way to success in raising our children would be if my children were able to do better than I have, either in a particular task or in school. I firmly believe that my children will surpass my accomplishments in their lifetime. Whenever I come home and my daughter tells me "hey dad do you know that I know what 5+5+5 is" (she is only five years old) and she can tell me that it is 15, I feel proud. My oldest daughter, who is in the gifted and talented program, is reading at a level and a half or two beyond her grade.*

Why is advocacy through the IMS in medicine important to you?

*I believe that the IMS gives us a unified and, therefore, a stronger voice. It is the IMS along with ISMA and the AMA that represents all physicians. It is important that we all come together on one accord to voice our opinions and to set forth certain agendas that are important to us as physicians. I believe that we, physicians, need to set examples for the upcoming residents and medical students by being involved in organizations such as the IMS.*

Who or how did you get started as an IMS physician?

*I got started in IMS through Dr. Marc Duerden. He began*  
*Continued on page 15.*





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**Seated Left to Right**

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

**1<sup>st</sup> Row Standing**

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

**Back Row**


Paul DesRosiers, M.D.  
Sead Beganovic, M.D., Ph.D.  
Harold Longe, M.D.  
Thomas Whittaker, M.D.  
Bryce Lord, D.O.  
Jennifer Morgan, M.D.

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# Bulletin Board

**Aaron A. Cohen-Gadol, MD**, Goodman Campbell Brain and Spine, published the following articles during November and December 2010: "Three-Dimensional Morphometry of the A1 Segment of the Anterior Cerebral Artery With Neurosurgical Relevance," in *Neurosurgery*, December 2010; "Reaction to silk suture in children undergoing neurosurgery: case reports and review of the literature," in *Child's Nervous System*, November 2010; "The adductor minimus muscle revisited," in *Surgical and Radiologic Anatomy*, November 2010.

**Michael H. Fritsch, MD**, was chosen by a peer-review panel to teach at the annual meeting of the American Academy of Otolaryngology-Head and Neck Surgery in Boston. Dr. Fritsch taught courses on "Incisionless Otoplasty" and "Salivary Endoscopy." In addition to these lectures, Dr. Fritsch presented an Otolaryngology/Neuro-Otolaryngology scientific paper on NIH research performed regarding "Stem Cell Transplantation to the Inner Ear for Hearing Loss" at the annual meeting. Also, Dr. Fritsch received an achievement award from the Department of Otolaryngology-Head and Neck Surgery, Indiana University School of Medicine.

**Henry Feuer, MD**, Methodist Sports Medicine/The Orthopedic Specialists and Goodman Campbell Brain and Spine, received the 2010 Team Physician Award from the ISMA Commission on Sports Medicine, presented during the Indiana Athletic Trainers Association Banquet. He spoke on "The Young Athlete's Spine at Risk" at the IATA Fall Symposium. He was the featured speaker at the McHenry County Illinois Thinkfirst and Centegra Health Systems Conference, presenting an "Update on Concussions: The Ongoing Evolution and Maintaining the Momentum." He co-authored a recent article in the *Journal of Neurotrauma*, "Functionally Detected Cognitive Impairment in High School Football Players Without Clinically Diagnosed Concussion." He was also an invited participant of the NFL Head, Neck, and Spine Committee Meeting.

**Jonathan P. Gentile, Jr., MD**, Indiana Spine Group, was elected president of the Indiana Society of Interventional Pain Practitioners.

**Rick C. Sasso, MD**, Indiana Spine Group, served as a faculty member at the American Academy of Orthopedic Surgeons hands on spine course, "Contemporary Techniques in Spinal Surgery." The event was held October 21-23, 2010 at the Orthopedic Learning Center in Rosemont, Illinois. Dr. Sasso lectured on cervical radiculopathy and surgical treatment options, as well as posterior cervical surgical techniques, specifically C1-C2 stabilization techniques using lateral mass screws in C1 and laminar screws in C2.

Dr. Sasso published an invited article in a recent edition of *Seminars and Spine Surgery*. The article is "Complications of Occipitocervical Fixation."



Aaron A. Cohen-Gadol, MD



Henry Feuer, MD



Michael H. Fritsch, MD



Jonathan P. Gentile, MD



Tod C. Huntley, MD



E. Michael Keating, MD



Edward J. Krowiak, MD



Robert A. Malinzak, MD



Rick C. Sasso, MD

Three patients received free total joint replacement surgery at the Center for Hip and Knee Surgery during an Operation Walk-sponsored program November 20, 2010. These patients from Merom, Martinsville and Clay City, Indiana met the hospital's criteria for financial assistance and joint replacement surgery. Implant manufacturer Biomet of Warsaw, Ind., donated the implants. The center surgeons donated the surgery, and the Mooresville hospital and staff contributed the rest of the services.

**E. Michael Keating, MD**, performed one single and one bilateral (double) hip surgery. **Robert A. Malinzak, MD**, performed a single hip replacement.

Operation Walk is a private, not-for-profit, volunteer medical services organization which provides free surgical treatment for patients in developing countries and occasionally in the United States.

**Edward J. Krowiak, MD**, and **Tod C. Huntley, MD**, Center for ear Nose Throat & Allergy PC, co-hosted a multidisciplinary meeting on the role of transoral robotic surgery (TORS) for oropharyngeal cancer. The event drew over 40 otolaryngologists, medical oncologists, and radiation oncologists from the entire state on November 10 and involved presentation of a number of treatment paradigms and a thorough review of the latest TORS research.

Please send submissions for the Bulletin Board to [mhadley@imsonline.org](mailto: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



# Past President's Perspective



*Bernard J. Emkes M.D.  
Medical Director Managed Care Services  
St. Vincent Health*

## *Managed Care Update*

Health Care Reform and the Patient Protection and Affordable Care Act (PPACA) may be considered either a very positive or very negative event by those with various vested interests. Love reform, or hate reform, one fact is certain – Health care needs to evolve to a more efficient and more effective / accountable model, and that needs to happen with or without intervention or mandates from Washington.

American industries are stifled as they compete on an international stage by the staggering costs of health care for employees here in the USA as compared to those in foreign countries. And, for the price, Americans get relatively less value than those abroad. Outcomes are poorer, costs are higher; and therefore value is lower. American health care provides too many services that are of low value, not enough services that have proven value, and offers some services at times that are not appropriate based upon known medical evidence. Plus, all of this is done in a disconnected *non-system* that breeds over-utilization of services; and the current model of fee-for-service and payment rates per unit of care cause ever-increasing cost inflation.

The PPACA, passed in March of 2010, addresses many of the today's health care system flaws. By mandating all Americans to have basic health care coverage, by removing barriers to insurance coverage (pre-existing conditions) and by therefore allowing easier access to services by many not now seeking those services due to the inability to pay, health reform can be considered a positive.

Yet there are certainly some negatives! What will be required to pay for all these services to the additional insured? Payment rates per unit that can be supported by current models of payment and funding may not be acceptable to many providers because the rates do not cover the costs of care with a reasonable profit. Will new taxes be required to pay for this care? And will there be enough primary care resources to handle all these newly insured? Massachusetts health care providers were over-run when a large newly insured population attempted to schedule services. Waits were stretched out for months to see a primary care doctor.

Many Indianapolis area medical organizations are making bold plans to move forward with the necessary system changes to effect health care reform simply because it is the right thing to do and despite the uncertainty of Washington. Ascension and St. Vincent were pleased to have Dick Clarke, President and CEO of Healthcare Financial Managers Association (HFMA) as

a guest speaker on November 3, 2010. He is among the top 50 most influential people in health care. He spoke about the goal – To increase health care value by reducing costs and improving quality, and the prerequisite – an integrated Electronic Health Record (EHR) needed to achieve this goal. These components will assist in reducing unnecessary admissions, reducing hospital acquired infections, and moving organizations toward bundled pricing and Accountable Care Organizations (ACO's). Necessarily, this will likely reduce provider payments per unit of service, and thus bend the cost curve of ever-increasing health care costs. Over the next four years, the biggest concerns nationally are:

1. The availability of primary care providers to service those with “new” insurance
2. States' ability to implement health reform for various system and financial reasons.

There are also many unresolved questions such as managing huge Medicaid enrollment increases due to antiquated systems in many states, mandating and enforcing the requirement of insurance for all and setting up state insurance exchanges. The election results will probably slow some of these processes, but health reform is alive and well. The Republican wins November 2 may work to “defuse some of the tsunamis” and “defund” some of the options, but pundits opine that the PPACA will not be repealed.

Medicare has been and continues to develop demonstration projects to explore a number of options to reduce the growth of health care expenditures. Ascension and St. Vincent Health are exploring many local and national options related to ACO's, network configurations and many other components of future health care. Task forces are in place and beginning to work on defining current capabilities as well as developing strategies for direct contracting, bundled payments and ACO participation.

Stay tuned and hold on to your hats – the next few months and years are going to be a wild ride.

*Bernie Emkes M.D.  
Medical Director Managed Care Services  
St. Vincent Health*

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# Project Health



Carrie Jackson Logsdon, Director

## *Eight Years of Success, Thanks to You!*

It is hard to imagine that Project Health is entering its eighth year of operations. Volunteer doctors, hospitals, and labs have **donated \$16-million in services to 1760 patients.**

We want to share some of their stories with you:

*Henry is a 52 year old man with a history of heart troubles and no health insurance. Someone at a health fair suggested he contact Project Health. He is glad he did, because a few weeks later he experienced horrible chest pain and went to a Med-Check. When they did an EKG, they called an ambulance and rushed him to the Indiana Heart Hospital where a cardiac cath was done by Michael Robertson, MD, of Community Heart and Vascular. He underwent a quintuple by-pass thanks to John Storey, MD. However, his kidneys also shut down, so he ended up on dialysis for eight weeks. Unfortunately, he continues to have poor circulation in his lower extremities. Russell Dilley, MD, has told him that to do more invasive testing would damage his kidneys even more. So they are very watchful. He has gone back to work. He says that you have no idea how grateful he is for your help.*

*Brent is a charter bus driver who came to us with chronic nosebleeds and was referred to otolaryngologist Steven Isenberg, MD. Dr. Isenberg had blood tests run and they came back very abnormal. He then underwent a bone marrow biopsy which revealed that he had multiple myeloma. Radhika Walling, MD, of the Community Regional Cancer Center had taken over the case by then. She recommended chemotherapy but because Brent is the sole breadwinner in his family, he initially refused. His wife stays home to take care of a daughter and two severely autistic sons. Dr. Walling finally convinced him to accept the chemotherapy. She told him the cancer was caught very early thanks to Project Health and, hopefully, he will have a much better chance for survival.*

*Josie came to Project Health in August for what looked like a fibroma on her big toe. She had had it for about 8 years, but it was growing and bothersome. Richard Stanley, DPM, removed the lesion. When the pathology came back, what he thought was a fibroma was actually a spindle cell melanoma that usually*

*appears on the head or neck. Dr. Stanley could hardly believe it, so he consulted with 4 other pathologists to confirm these rare findings. Pablo Bedano, MD, of Community Hospital Oncology Physicians worked Josie into the schedule immediately and referred her to an orthopaedic surgeon fearing they needed to amputate her entire leg. After seeing Victor Egwu, MD, of Orthopaedic Surgeons of Central Indiana, he decided that he only needed to take off her toe and ordered labs that showed that the melanoma had not metastasized. She has fully recovered and is now walking around without her boot and is elated that she did not lose her leg.*

*Pedro was referred to Project Health because of abdominal and kidney masses, headaches and hypertension. It was determined that he had pheochromocytoma. Ernest Asamoah, MD, of Diabetes and Endocrinology Consultants and Jason Sprunger, MD, of Urology Associates worked together to get Pedro to the point where his body could handle the surgery. Dr. Sprunger removed the tumors from Pedro's adrenal glands and kidneys in two separate surgeries. Pedro says he is very grateful to Project Health for helping him when he had nowhere else to turn.*

*Brenda was referred to Project Health with deteriorating vision and congenital glaucoma. She stated that she suffered from this since she was 15 years old. Clark Springs, MD, of I.U. Eye Care recommended both a cornea and a lens transplant. The special lens was made by only one doctor from the Massachusetts Eye and Ear Infirmary. Dr. Springs worked to get this donated and the Lion's Club Eye Bank obtained the cornea. Dr. Springs performed both transplants and has seen the patient every month since. Brenda reports that she has regained her vision to the extent she never believed possible and says her new eyesight has "changed my world." She is able to read and write, can leave the house on her own, hopes to take some classes soon and begin working. "There are no words to describe how truly grateful I am," she says.*

These vignettes say it all. To the leadership who dreamed of Project Health and all of you who volunteer – HAPPY NEW YEAR! And thanks for making many dreams come true.

# Profile of an IMS Director

(continued from page 8)

telling me about a day in January called Medicine Day where various physicians show up at the State House and show their presence in the courtrooms where legislators are discussing bills that are important to us. In fact, I had a chance to actually speak on a particular bill that was important to me as a physiatrist. I was then contacted by the IMS to join the organization, which I gladly accepted.

What other challenges do you see in helping physicians become involved in the IMS?

The main challenge I see is that physicians do not know what the IMS does or can do for them. Therefore, we need first to be more visible and show examples of how IMS can help and be an advocate for physicians.

As a member of the board of directors what goals do you have for the IMS?

My goal for the IMS is to become more visible and to show physicians what services we can provide.

Tell us something about yourself that most people might find surprising?

Something that I think most people would find surprising about me is that I sing; I am a soloist. I have sung in weddings, funerals, and graduations. I have also spoken as a speaker at such events as well. I enjoy singing quite a bit and creating songs to sing. I do hope to actually own my own record company and label in the future and produce music. I also would like to sing more at events as aforementioned, because I do enjoy singing.

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# New Members

**Agarwala, Anuj K., MD**  
 Community Hosp. Oncology Physicians  
 1701 N. Senate Ave., #C-6  
 46202-5306  
 Ofc – 962-9000\*  
 Fax – 962-9090  
 1400 N. Ritter Ave., #340  
 46219-3049  
 Ofc – 355-5870\*  
 Internal Medicine  
 Medical Oncology  
 Hematology (IM)  
 Wright State University, 2004

**Bartley, Charles P., Jr., MD**  
 St. Francis Medical Group  
 Ortho. Specialists & Sports Med.  
 5230 E. Stop 11 Rd., #250  
 46237-6339  
 Ofc – 887-2034\*  
 Fax – 887-2024  
 Orthopaedic Surgery, 1981  
 University of Louisville, 1975

**Coffelt, Thomas A., MD**  
 Fellowship – Riley Hospital for Children  
 Pediatrics  
 Internal Medicine  
 Wright State University, 2006

**Cosby, Christopher A., MD**  
 Dynamic Medical Practice Services  
 650 N. Girls School Rd.  
 46214-3762  
 Ofc – 271-5080  
 Fax – 271-0698  
 Urgent Care Medicine  
 Indiana University, 1995



**Haddad, Hany, MD**  
**(Reactivation)**  
 Community Sleep Specialists  
 7250 Clearvista Dr., #330  
 46256-5601  
 1400 N. Ritter Ave., #410  
 46219-3052  
 Ofc – 621-3700  
 Fax – 621-3701  
 Web – www.communitysleepmds.com  
 Internal Medicine  
 Pulmonary Disease  
 Sleep Medicine (IM)  
 Damascus University, Syria, 1973



**Hayford, Daniel R., MD**  
**(Reactivation)**  
 Indpls. Independent  
 Pediatricians, PC  
 3850 Shore Dr., #315  
 46254-4693  
 Ofc – 293-7177\*  
 Fax – 293-3991  
 Web – www.indypeds.com  
 Pediatrics, 2006  
 University of Pennsylvania, 2003



**Leazenby, Erica D., MD**  
**(Reactivation)**  
 St. Vincent Physician Network  
 Hazel Dell Immediate Care  
 13250 Hazel Dell Pkwy., #104  
 Carmel, 46033-8527  
 Ofc – 415-6900  
 Fax – 415-6909  
 Family Medicine, 2003  
 Indiana University, 2000

**Schnecker, Robert J., Jr., MD**  
 St. Francis Family Practice Ctr.  
 1500 Albany St., #807  
 Beech Grove, 46107-1560  
 Ofc – 783-8921  
 Fax – 782-6916  
 Family Medicine, 2004  
 University of Cincinnati, 2001

**Transue, Darren L., MD**  
 Internship – St. Vincent Hospital  
 Unspecified  
 Diagnostic Radiology  
 Indiana University, 2010

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## The Indianapolis Medical Society Needs Your Correct Information for Referrals!

Remember to send your updates for our database to [tmccauley@imsonline.org](mailto:tmccauley@imsonline.org) or call 639-3406 or use the update module at <http://imsonline.org/membership.php>  
 Updates are made to our database daily and are updated to the web & DocBook weekly.  
 The information is used to update your Society's Referral Network.

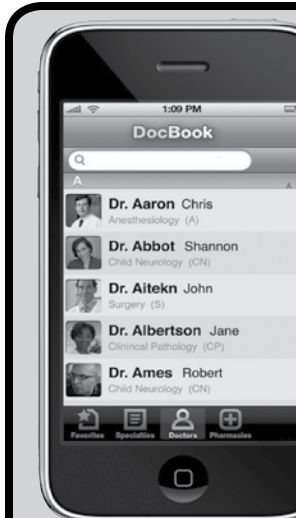
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Pediatric neurosurgery

**Joel Boaz, MD**  
Pediatric neurosurgery

**James Callahan, MD**  
Spine trauma; minimally invasive spine surgery

**Aaron Cohen-Gadol, MD**  
Complex brain aneurysm and brain tumor surgery

**Jeffrey Crecelius, MD**  
Disorders of the spine

**Andrew DeNardo, MD**  
Interventional neuroradiology

**Christopher Doran, MD**  
Interventional pain management

**Henry Feuer, MD**  
Sports neurosurgery

**Daniel Fulkerson, MD**  
Pediatric neurosurgery

**Randy Gehring, MD**  
Disorders of the spine

**Peter Gianaris, MD**  
Brain tumors (neurosurgical oncology)

**Eric Horn, MD**  
Complex spine surgery

**Steven James, MD**  
Brain and spine surgery

**Saad Khairi, MD**  
Artificial disc replacement; scoliosis

**Donald Layton, PhD**  
Neuropsychological testing, adults & children

**Thomas Leipzig, MD**  
Cerebrovascular and brain tumor surgery; spinal stenosis and disc disorders

**Nancy Lipson, MD**  
Physical Medicine and Rehabilitation

**Shannon McCanna, MD**  
Complex and minimally invasive spine surgery

**Itay Melamed, MD**  
Endovascular surgical neuroradiology

**James Miller, MD**  
Brain tumors

**Jean-Pierre Mobasser, MD**  
Minimally invasive spine surgery

**Paul Nelson, MD**  
Pituitary tumors and spinal disorders

**Troy Payner, MD**  
Brain aneurysms; trigeminal neuralgia; skull base tumors

**Eric Potts, MD**  
Complex spine surgery

**Michael Pritz, MD**  
Cerebrovascular and skull base surgery

**Richard B. Rodgers, MD**  
Minimally invasive spine surgery

**Anthony Sabatino, MD, FIPP**  
Interventional Pain Management

**Carl Sartorius, MD**  
Brain and spine microsurgery

**John Scott, MD**  
Interventional neuroradiology

**Mitesh Shah, MD**  
Brain tumors; skull base & cerebrovascular surgery; spinal disorders

**Scott Shapiro, MD**  
Brain tumors; aneurysms; AVMs; minimally invasive and complex spine surgery

**Jodi Smith, MD**  
Pediatric neurosurgery

**W. James Thoman, MD**  
Minimally invasive spine surgery

**Michael Turner, MD**  
Implantable therapies for neuromodulation and pediatric neurosurgery

**Jose Vitto, MD**  
Interventional pain management

**Derron Wilson, MD**  
Interventional pain management

**Thomas Witt, MD**  
Stereotactic radiosurgery; epilepsy and movement disorder surgery

**Robert Worth, MD**  
Epilepsy surgery

**Ronald Young, MD**  
Adult & pediatric brain and spine surgery



# Indianapolis Medical Society

631 East New York Street • Indianapolis, IN 46202-3706

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## Officers 2010-2011

Jeffrey J. Kellams .....President  
John C. Ellis ..... Immediate Past President

Richard H. Rhodes..... President-Elect  
Mark M. Hamilton..... Secretary/Treasurer

## Board of Directors 2010-2011

*Terms End with October Board Meeting of Year in Parentheses*  
Bruce M. Goens (2011) Chair, David R. Diaz (2011) Vice-Chair

Christopher D. Bojrab (2011)  
Marc E. Duerden (2011)  
Bernard J. Emkes (2011)  
Paula A. Hall (2011)  
Gerald T. Keener, Jr. (2011)  
John E. Krol (2011)  
Gregory N. Larkin (2011)  
Susan K. Maisel (2011)  
John F. Schaefer, Jr. (2011)

Mary D. Bush (2012)  
Heidi M. Dunniway (2012)  
Robert J. Goulet, Jr. (2012)  
David C. Hall (2012)  
Marc R. Kappelman (2012)  
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Stephen W. Perkins (2012)  
Bridget M. Sanders (2012)

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

\*Appointed from the President's Advisory Council

## Delegates to the State Convention, September 2011

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

Mary D. Bush (2011)  
G. Gregory Clark (2011)  
Carolyn A. Cunningham (2011)  
David R. Diaz (2011)  
Jonathan A. Fisch (2011)  
Richard K. Freeman (2011)  
Bruce M. Goens (2011)  
Hudner Hobbs (2011)  
Robert M. Hurwitz (2011)  
Paul D. Isenberg (2011)  
Marc R. Kappelman (2011)  
Alan P. Ladd (2011)  
Daniel E. Lehman (2011)  
Mary Ian McAteer (2011)  
Clement J. McDonald III (2011)  
James D. Miner (2011)  
Maria C. Poor (2011)  
Richard H. Rhodes (2011)

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

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

## Alternate Delegates to the State Convention, September 2011

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

Keenan R. Berghoff, (2011)  
Christopher B. Doehring (2011)  
Thomas G. Ferry (2011)  
Ann Marie Hake (2011)  
Robert E. Holt (2011)  
Douglas J. Horton (2011)  
E. Michael Keating (2011)  
Ramana S. Moorthy (2011)  
Michelle W. Murphy (2011)  
Mercy O. Obeime (2011)  
Rudolph Y. Rouhana (2011)  
Lynda A. Smirz (2011)  
Allison E. Williams (2011)

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

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

### Indiana State Medical Association Past Presidents

Jon D. Marhenke 2007-2008  
Bernard J. Emkes, 2000-2001  
Peter L. Winters, 1997-1998  
William H. Beeson, 1992-1993  
George H. Rawls, 1989-1990  
John D. MacDougall, 1987-1988  
George T. Lukemeyer, 1983-1984  
Alvin J. Haley, 1980-1981

### Indiana State Medical Association House of Delegate Speaker, ISMA

John J. Wernert (2010-2011)

### Vice-Speaker, ISMA

Heidi M. Dunniway (2010-2011)

### Seventh District Medical Society Trustees

Vicki M. Roe (2011)  
A. Michael Sadove (2012)  
Richard D. Feldman (2013)

### Alternate Trustees

Marc E. Duerden (2011)  
John C. Ellis (2012)  
John P. McGoff (2013)

# In Memoriam



**John Rickwood Dugan, MD**  
1941 - 2010

Dr. John Rickwood Dugan died peacefully on Thanksgiving following an extended illness. He was a reserved and thoughtful friend to countless family members, patients, and loved ones. He was born on

Halloween in 1941.

Dr. Dugan attended DePauw University, and received his undergraduate and medical degrees from Indiana University. Following family medicine training at Methodist Hospital, he established his private practice in Broad Ripple in 1969. Dr. Dugan participated in residency education throughout his career, and eventually served as the Director of the St. Vincent Family Medicine Program.

A veteran, he served in the National Guard.

Dr. Dugan lived for the service of others. In addition to his medical practice, he enjoyed sports (participating and coaching), his lake and farm real estate adventures, and writing collections of memorable quotes. He also followed in his father's tradition as a member of the Junto of Indianapolis for 40 years and received Emeritus status.

**Howard Louis Kahn, MD**  
1915 - 2010



Howard Louis Kahn 95, passed away December 2, 2010 in Hollywood, Florida. Dr. Kahn was born in Indianapolis on July 28, 1915. He graduated from Manuel High School, received a Rector Scholarship to DePauw University and graduated from Indiana

University Medical School.

Dr. Kahn completed his residency in Obstetrics and Gynecology at the University of Chicago. He and his brother Dr. Alexander Kahn practiced medicine together for many years in Indianapolis.

Dr. Kahn served in World War II in the Asian Pacific Theatre, retiring as a Major. He was an avid rosarian winning many trophies and competitions, an accomplished bridge player and a Life Master. He was a photographer specializing in Minox photography, loved to travel and was a supporter of the arts. Dr. Kahn was a member of the American Medical Association, a Fellow of the American College of Obstetrics and Gynecology, and a Fellow of the American College of Surgery.



**Jerry Lee Kight, MD**  
1938 - 2010

Former IMS Director, Jerry Lee Kight, MD, 72, died on December 3, 2010. Born in Attica, Indiana on July 23, 1938, Dr. Kight grew up in Crawfordsville, Indiana. He graduated from Crawfordsville High School in 1956 and from Wabash College in 1960, where he was a member of Delta Tau Delta fraternity. In 1966, Dr. Kight received his doctor of medicine degree from Indiana University.

A Major in the United States Army, Dr. Kight served in the Army Medical Corps from 1965 to 1970 at Ft. Lee, Virginia; the 106th General Hospital, Kishine Barracks, Yokohama, Japan; and Cu Chi and Vung Tau, Vietnam. He completed a rotating internship at Mercy Hospital in San Diego, California, and his radiology residency at Methodist Hospital in Indianapolis, where he worked in the Radiology and Nuclear Medicine Departments for over 30 years and served as the Chairman of the Nuclear Medicine Department.

Dr. Kight was Board Certified by the American Boards of Radiology, Nuclear Medicine, and Medical Management; held memberships in the Radiological Society of North America, the Indiana Radiological Society, the Society of Nuclear Medicine, and was a Fellow of the American College of Radiology. Later in life, he was active in the Service Club of Indiana.



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# CME & Conferences

## Community Health Network

### Community Hospital East

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

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

Third  
Wednesday Neuro Grand Rounds  
Medical Staff Conf. Room, 12:00 - 1:00 p.m.  
Months of January, March, May, July, September, November

### Community Hospital South

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

### Community Hospital North

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

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

### Community Heart & Vascular/ Indiana Heart Hospital

First  
Wednesday Disease Management Conference:  
rotates CHF & EP Case Presentations  
TIHH MCV Boardroom Videoconference to  
CHVp South Conf. Rm. 7:00 - 8:00 am.

Third  
Wednesday Ken Stanley CV Conference  
TIHH MCV Boardroom Videoconference to  
CHVp South Conf. Rm. 7:00 - 8:00 am.

Fourth  
Wednesday Imaging Conference:  
rotates Cath & Echo Case Presentations  
TIHH MCV Boardroom Videoconference to  
CHVp South Conf. Rm. 7:00 - 8:00 am.

## Cancer Conferences 2011

### Community Hospital East:

First  
Tuesday East General Cancer Conference  
Medical Staff Conf. Room, 12:00 to 1:00 p.m.

Second  
Wednesday East Chest Cancer Conference  
Cancer Registry Conf. Room, LL 22,  
7:00 to 8:00 a.m.

### Community Hospital North

First & Third  
Tuesday North Multidisciplinary Breast Conference  
8040 Clearvista Parkway, Suite 500, 7:00 - 8:00 am

Third  
Wednesday North General Cancer Conference  
Reilly Board Room, 12:00 to 1:00 p.m.

Fourth  
Wednesday North Chest Cancer Conference  
Reilly Board Room, 7:00 to 8:00 a.m.

### Community Hospital South

Second  
Monday South Chest Conference (site specific-lung)  
Education Center Rooms 5&6, 7:00 - 8:00 a.m.

First  
Wednesday South Multidisciplinary  
Breast Cancer Conference  
Community Breast Care Center South,  
533 E. County Line Rd., Ste. 101, 8:00 - 9:00  
a.m.

Third  
Wednesday South General Cancer Conference  
President's Board Room, 12:00 to 1:00 p.m.

### North Cancer Pavilion

Third  
Wednesday Melanoma Cancer Conference  
CHN Cancer Pavilion Conf. Rm., 7:30 to 8:30 a.m.

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

## Indiana University Health

### IU – Methodist – Riley

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

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

Feb. 26 Amelia Project Giving Wings to Research  
University Place Conference Center, Indianapolis

March 5 Neurology Update for Neurologist  
University Place Conference Center, Indianapolis

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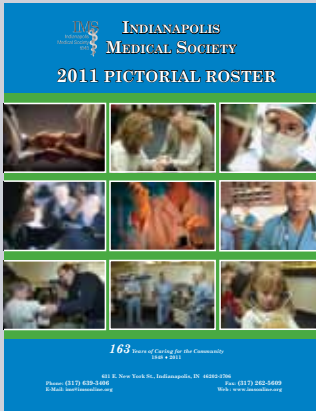
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# Welcome, Dr. Schwab!



On January 10, 2011, C. William Schwab, II, M.D. will join Urology of Indiana.

Dr. Schwab is originally from Haverford, Pennsylvania. He graduated from Cornell University, Ithaca, New York, with a B.A. in Biology. He earned his medical degree from the University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania, where he also completed his internship and residency in Urology. Following this he completed a fellowship in Endourology, Laparoscopy and Robotic Surgery at the Eastern Virginia Medical School, Norfolk, Virginia. From 2006-2010 he was an Assistant Professor of Surgery in the Division of Urology at the University of Pennsylvania Health System, where he established the Robotic Renal Surgery program at Penn Presbyterian Hospital.

Dr. Schwab will see patients in our Greenwood and Danville offices.  
**To schedule appointments with Dr. Schwab, please call toll free 1-877-362-2778.**

With the addition of Dr. Schwab, Urology of Indiana is comprised of 32 urologists and urogynecologists who see patients in 18 office locations in central Indiana. The practice traces its roots to 1887, and provides complete diagnosis and medical and surgical treatment of all conditions of the genitourinary system affecting men, women, and children.



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## RE: On Site Medical Center Opportunity

Nucor Steel Sheet Mill, located 6 miles Southeast of Crawfordsville, Indiana has constructed a new building which is to be dedicated as an onsite Medical Center. In conjunction with a Nucor Corporate initiative our facility is looking to staff the clinic with a full time Board Certified physician and support staff. Our intent is to provide dedicated medical service to our Nucor Crawfordsville team mates and their families. The physician will be responsible for operation of the clinic, including day to day scheduling, observation and treatment of patients, and will have available pre-packaged medications for on-site dispensing. Assisting with employee medical surveillance and administration of annual testing and evaluations in a supervisory role would involve a lesser amount of clinical time.

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

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

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