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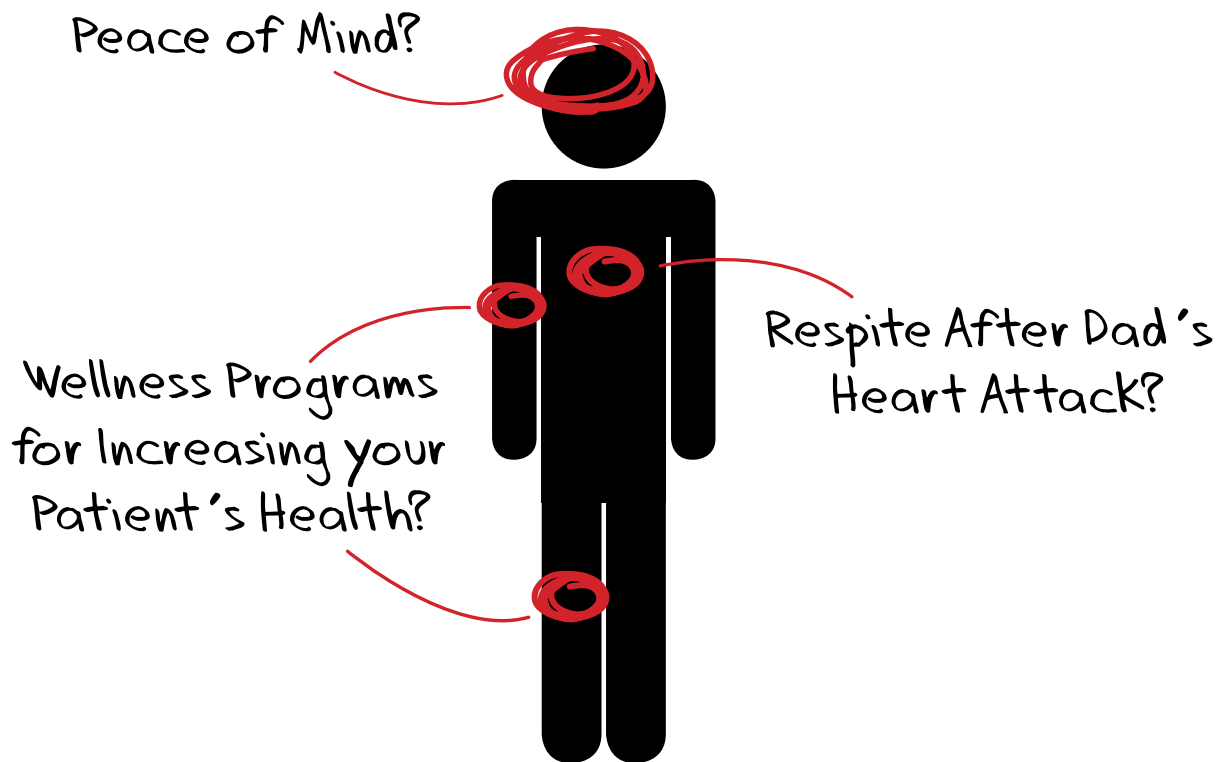
# Bulletin



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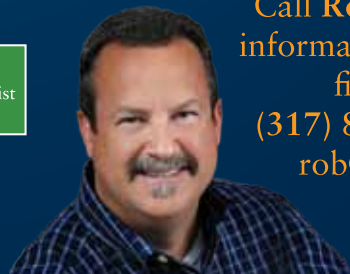
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Fax: (317) 262-5609  
Web Page: <http://www.imsonline.org>  
E-mail: [ims@imsonline.org](mailto:ims@imsonline.org)

Indianapolis Medical Society President  
Richard H. Rhodes, MD

President-Elect  
Bruce M. Goens, MD

Direct copy for publication and inquiries regarding advertising to:

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

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

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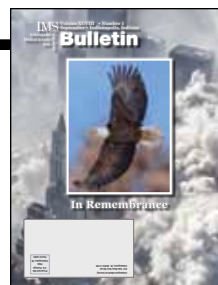
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## about our cover



On our cover: *The 9/11/2001* chilling photograph is an aerial view of New York taken by an unknown photographer on that horrific day. The "Flying Free" Eagle inset is from a painting by Danny O. Driscoll, Wildlife Artist, 361 Palomino Rd., Batesburg-Leesville, SC 29006-8926,

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## *Alcohol, Patient Health and Well Being: New Perspectives and Tools for Physicians*

Recent President Page columns have addressed community needs regarding behavioral health. So many of the chronic diseases we treat are the product of unhealthy behavior and lifestyles. As you do, I spend most of my time treating the medical manifestations of behavioral disorders which includes the challenging problem of addiction to alcohol, nicotine, and other substances. Of the top six lifestyle related causes of premature death, three are addictions: Smoking, Obesity, Alcohol, Vehicle Accidents, Guns and Street Drugs.

Physicians often fail to diagnose these disorders, have a pessimistic view of the benefits of intervention and treatment, or lack the time or training to effectively deal with these issues. Also, in part due to lack of adequate screening, physicians and other healthcare providers are unknowingly contributing to the epidemic of prescription drug addiction, which has increased dramatically in the last decade. Psychologists sometimes characterize addiction as the "elephant in the room," where family members, fellow employees or health care providers tiptoe around the problem to avoid the unpredictable response or disruption in the status quo.

Alcohol plays a role in the lives of well over half of American adults. The adult use of alcohol is so far-reaching that it is simply a part of the American social fabric. Fortunately, most Americans use alcohol in a responsible manner. Yet, alcohol is a problem for up to a quarter of the adult population where its use causes a wide range of problems and threatens both health and well being.

My colleague and friend, Dr. Tim Kelly, medical director at Fairbanks, has worked with those who suffer from the disease of substance dependence for over thirty years. It is his observation that by the time many patients present for treatment, they are often in the mid to late stage of addiction with complicating cardiovascular, hepatic, neurologic and psychiatric comorbidities. We are well aware of the benefit of early intervention with any chronic condition and addiction is no different. How can we more aggressively identify patients with these problems at earlier stages and communicate better, motivate them for change, and support them in the process of treatment and recovery?

The continuum of the normal use of alcohol, to problematic use, to dependency/addiction has received a considerable amount of scientific attention in the past two decades. The welcome news from this research is that stereotypes and stigmas associated with alcoholism are being challenged. We have learned that alcohol problems are heterogeneous, have various faces and progress along different pathways. This should allow physicians to avoid focusing exclusively on the medical needs of those with advanced or severe alcohol dependence and to also intervene with other groups of drinkers whose alcohol consumption is at less severe levels, yet is negatively impacting their health status and potentially contributing to a wide range of medical and quality of life issues.

A recent publication by Join Together, of Boston University's School of Public Health, pointed out that a population of "risky drinkers," cause more accidental harm than do alcoholics, and face a plethora of heightened health risks including exacerbation of borderline medical conditions. This population is four times the size of the alcoholic population, and even without manifesting the full signs and symptoms of alcohol dependence pose significant costs through heightened

utilization of services that clinicians rarely tie to their drinking. It is also this group of "risky drinkers" who are likely to become alcohol dependent in the future. Consider the epidemic of college age binge drinking.

It's well known to physicians that patients who are addicted to drugs or alcohol are genetically predisposed to this chronic condition. Dr. Nora Volkow, director of the National Institute of Drug Abuse, and others have demonstrated with brain-imaging studies, that people with addiction have an altered dopaminergic brain reward pathway. It is also known that substance abuse changes the brain such that even individuals without genetic susceptibility can become alcoholics or addicts with long term use. Dr. Kelly points out that it is also well known that when substance use begins in early adolescents when the brain is still in development, the risk of developing addiction is increased significantly. Thus, many of the adolescents seen at Fairbanks or who attend Hope Academy, the charter recovery high school at Fairbanks, may have engineered their brains to be dependent due to their very early use of alcohol and other substances. Substance dependence is understood to be a chronic relapsing disease with rates of compliance similar to diseases such as diabetes, hypertension and asthma. There are now medications with proven efficacy for several types of substance dependence including alcohol, nicotine and opioid dependence.

Several standardized screening questionnaires, such as the Alcohol Use Disorders Identification Test (AUDIT), the CAGE and the Michigan Alcoholism Screening Test (MAST) and its derivatives (e.g., the Brief MAST) can identify alcohol problems among current drinkers. Laboratory tests, such as the test for the liver enzyme gamma-glutamyl transferase (GGT), may also reveal the presence of unsuspected alcohol problems. These questionnaires coupled with questions about current and past alcohol use, quantity and frequency of drinking, accidents and injuries can also help identify clues to a potential alcohol problem.

Research conducted by Drs. W.R. Miller and Craig Sanchez confirms that a brief intervention is more effective than no intervention. They identify the key ingredients of brief intervention with six elements, summarized by the acronym FRAMES: feedback, responsibility, advice, menu of strategies, empathy, and self-efficacy. FRAMES is further enhanced by adding goal setting and follow-up.

National Institute on Alcohol Abuse and Alcoholism (NIAAA) reports for non-alcohol dependent patients the assessment of drinking behavior and related health problems has led motivated patients to alter their drinking behavior. And in a study of alcoholics identified in an emergency setting, 65 percent of those receiving brief counseling kept their appointment for specialized treatment compared to only five percent who did not receive any counseling about their alcohol use. By performing a brief intervention and providing patients with feedback on their risks for the medical consequences of alcohol problems you will begin a process that may result in immediate reduction of use or for those who need treatment, the understanding of the importance of seeking help. Fairbanks and other programs are available to support physicians in this effort to treat alcohol and other substance dependencies.

**WE CAN DO THIS.**

## DocBookMD — a revolutionary communication tool for physicians

A family physician is covering her practice's urgent care clinic. Her first patient is a 45-year-old woman whose chief complaint is difficulty urinating. The patient is found to have a high fever, rapid heartbeat, and an elevated white blood cell count. The patient explains that she underwent a urological procedure three days ago, but woke this morning and could not urinate.

The family physician asks the patient for details about the surgery and asks for the name of the urologist. The patient — who has been taking hydrocodone for pain — cannot recall the name of her urologist. The family physician has her nurse access a local medical directory to find the name of the patient's urologist. After several phone calls and two hours spent in the office waiting, the patient is sent to the emergency department to see the urologist on call.

Scenarios like this occur in physician practices every day. Communication between physicians can be inefficient and patient care can be delayed, resulting in frustration for everyone.

These frustrations, however, may be short-lived. Two Austin physicians have created a tool to help solve these communication delays — DocBookMD.

### DocBookMD

"We wanted to change the way physicians communicate. We wanted to make it easier, more efficient, and more secure," says orthopedic surgeon and DocBookMD co-founder Tim Gueramy, MD. "We created a program that will allow physicians to talk to one another with new technology." Dr. Gueramy created DocBookMD with his wife, family physician Tracey Haas.

DocBookMD is a physicians-only iPhone app and Android app that allows physicians to:

- send HIPAA-compliant text messages and photos;
- assign an urgency setting to outgoing text messages;
- search a local pharmacy directory; and
- search a local county medical society directory (including email addresses and photos).

"DocBookMD allows you to look up another doctor at the point of care. You can then either call the physician or send a text message with room numbers, medical record numbers, even pictures of wounds and x-rays. And all of this is sent securely and in a way that meets HIPAA requirements," says Dr. Gueramy.

The DocBookMD app is now available to Indianapolis Medical Society Members and in the following county medical societies in Texas: Travis, Dallas, Bexar, Tarrant, Lubbock, Nueces, Denton, Bell, and Collin-Fannin. More county medical societies are joining weekly on a statewide and national basis. Capson Physician Insurance is the IMS sponsor for DocBookMD and makes it possible for IMS member physicians to use the app at no charge. Only

physicians who are members of these county medical societies can access DocBookMD, and the app is currently only available Apple's iPhone and the Android platform.

### How it works

#### On-Demand messaging and multi-media collaboration

DocBookMD allows physicians to send patient information securely via text messages to other physicians. Message content can include patient information, such as diagnosis, test results, or medical history. Physicians can also add a high-resolution image of an EKG, an x-ray, lab report, or anything that can be photographed with an iPhone/Android to the message.

Messages can then be sent using the app's messaging priority system. Physicians can assign each message a 5-minute, 15-minute, or normal response time. "If the recipient does not answer the message within 5 minutes or if the message does not get to the doctor, you will then get a message back stating that it did not make it," says Dr. Gueramy. "You can see and hear that the message you receive is different from any other text."

Messages sent and received are all available in the app's messaging center for quick reference. DocBookMD currently stores messages for one year, but will soon begin storing messages for three years to meet HIT legislation compliance requirements.

All messages sent using DocBookMD meet HIPAA's requirements for encryption and the security of protected health information. This is accomplished through technology that keeps everything encrypted on the iPhone/Android and the DocBookMD server. Messages are not downloaded to the phone, but are viewed from the phone. Additionally, DocBookMD is a closed network and only physicians have access to the app. Physicians are also required to sign a HIPAA agreement before using DocBookMD.

As physicians begin using DocBook, they should be aware that any evaluations, diagnoses, treatments, prescriptions, consultations, or referrals made as a result of using the app should be separately documented in the patient's medical record. Separate documentation will ensure compliance.

### Directories

Using the DocBookMD directory, physicians can look up other physicians in their county by first or last name or by specialty. Physicians can then contact other physicians by messaging, office phone, cell phone, or email. The pharmacy directory allows physicians to search for a local

*Continued on page 26.*



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# Bulletin Board

**Rick C. Sasso, MD**, Indiana Spine Group, was the senior author for the article “Adjacent level cervical ossification after Bryan cervical disc arthroplasty, compared with anterior cervical discectomy and fusion,” in the July issue of *Journal of Bone and Joint Surgery*. Dr. Sasso was also the senior author on a basic science study, “A comparison of the shock absorbing properties of cervical disc prosthesis bearing materials,” in the July issue of *Journal of Spine Arthroplasty Society*.

**Marc R. Kappleman, MD**, announced that he has now done over 5,000 deliveries in his career and he still delivers over 95% of his own patients. He has received a number of awards this past year. They include: The President’s Award at St. Vincent’s Hospital for his work on patient safety, The Patients’ Choice Award for 2010 and he was selected as a top obstetrician/gynecologist in Indianapolis by the International Association of Obstetricians and Gynecologists.

**Saju Abraham, MD**, has joined JWM Neurology. Dr. Abraham is a neurologist, and received his medical degree from St. James School of Medicine in Bonaire, Netherland Antilles. He completed his Neurology Residency at the University of Illinois in Chicago and his Epilepsy Fellowship at the University of Michigan in Ann Arbor. Dr. Abraham sees patients with general neurology conditions and has special interests in Epilepsy and EEG.

**Aaron A. Cohen-Gadol, MD**, Goodman Campbell Brain and Spine, was faculty at the American Association of Neurological Surgery’s April scientific meeting in Denver for “Minimally Invasive Treatment of Trigeminal Neuralgia” and “Minimally Invasive Treatment of Anterior Cranial Base Lesions.” He was co-director of the course, “Operative Nuances for Cranial and Skull Base Procedures: A Cadaveric and Case Based Microsurgical 3-D Video Presentation.” He served as a panelist for “History of Neurosurgery for Neuro-endocrinology.” Dr. Cohen was the featured speaker on “3-D Microsurgery, Live Surgery and Web-Based Conferencing: The Tools for the Next Generation of Neurosurgical Education.”

**Teresa M. Rohr-Kirchgraber, MD**, associate professor of clinical medicine and pediatrics, has been appointed the new executive director of the IU National Center of Excellence in Women’s Health.

In this position, Dr. Rohr-Kirchgraber will lead the center’s efforts to achieve its central mission, “To Improve the Health of Indiana Women.” Progress toward this goal is supported by a wide range of center activities and roles. In addition to providing patient-centered, evidence-based, high quality care, the center develops and disseminates best practices in women’s health, convenes organizational collaborations, and works to inform policymakers about the implications of policy decision on women’s health. It also organizes and administers programs to raise statewide performance in areas of specific concern, such as cervical cancer screening, in which Indiana ranked 46th out of 50 states and screening rates declined from 2007-2010.

*News from Shelbourne Knee Center ...*

**K. Donald Shelbourne, MD**, presented talks at the Vanderbilt University, Orthopaedic Residency/Fellowship Program in June 2011, and “Treatment of Meniscus Tears with ACL



Saju Abraham, MD



Aaron A. Cohen-Gadol, MD



Philip M. Faris, MD



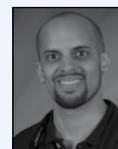
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Tobi J. Reidy, MD



Theresa M. Rohr-Kirchgraber, MD



Rick C. Sasso, MD



K. Donald Shelbourne, MD



Scott E. Urch, MD

Reconstruction,” “Rehabilitation to achieve knee symmetry.” He also gave a talk “Loss of Knee Motion after ACL Reconstruction is Associated with Arthritic Changes after Surgery,” at the Herodicus Meeting, June 19, 0211 and at the AOSSM Annual Meeting July. Another talk, “Knee Asymmetry as a Sign of Knee Pathology: A Guide to Treatment of any Knee Problem,” Andrews University, June 2011.

He also wrote “Long-Term Evaluation of Posterior Lateral Meniscus Root Tears Left in Situ at the Time of Anterior Cruciate Ligament Reconstruction, American Journal of Sports Medicine, 2011;39:1439-1443.

**Scott E. Urch, MD**, gave a talk, “Results of Tibial Tubercle Distalization in Patients with Patella Alta, at the AOSSM Annual Meeting.

Drs. Shelbourne and Urch had an article, “Outcomes after Arthroscopic Excision of the Boy Prominence in the Treat of Tibial Spine Avulsion Fractures” in *Arthroscopy*, 2011.27(6):784-791.

*News from Franciscan St. Francis Health ...*

**Adam M. Paarlberg, MD**, has joined Beech Grove Family Medicine of St. Francis Medical Group.

**Tobi J. Reidy, MD**, a colon and rectal surgeon, has established a practice with Kendrick Colon and Rectal Center,

**Stefan D. Monev, MD**, is extending his services to residents to three locations now including 1300 W. Jefferson Street, Franklin. Dr. Monev is a specialist with Rheumatology & Osteoporosis Specialists.

**Ana Priscu, MD**, Diabetes & Endocrinology Center with St. Francis Medical Group, has added offices at 1300 W. Jefferson,

*Continued on page 28.*

## Uhhhhhh... What happened to Gout?



### Transitioning from ICD-9-CM to ICD-10-CM

In approximately 24 months the most significant change to the diagnosis coding system will happen. The Department of Health and Human Services released the final regulation in 2009 to move from the current diagnosis ICD-9-CM coding system to the ICD-10-CM coding system beginning October 1, 2013. If your professional options do not include imminent retirement or a drastic career change, surviving the transition from ICD-9-CM to ICD-10-CM will require a stiff drink, I mean, a strong foundation.

ICD-10 is not just a routine annual diagnosis update. This is a much bigger transition that requires attention devoted to physician and staff education, workflow alterations, clinical, practice management and claims management processes and systems which must be reconfigured for ICD-10. Failure to transition to ICD-10 on October 1, 2013 will result in delayed or denied reimbursement. Reconfiguring your systems to be ready for implementation is required January 1, 2012 with the conversion to 5010. While 5010 is a technical conversion where vendors will do most of the heavy lifting, the same is not true for ICD-10. The ICD-10 code set will require action from you and your practice.

Studies conducted by The Advisory Board ([www.advisory.com](http://www.advisory.com)) estimate the incremental impact on net revenue for a 250 bed hospital one year following implementation to be \$1.0-2.5M with a three year impact of \$2.5-7.1M. The reasons for such significant loss include:

- lack of clean mapping to the new code set
- claim denials as a result of unfamiliarity with newly revised policies regarding medical necessity from payers
- under-coding due to documentation specificity that was insufficient for accurate coding
- over-coding driven by coder inexperience
- payment errors due to IT issues

Of serious concern is the loss in productivity as coders query physicians for more information. Successful use of ICD-10-CM begins with the physician or provider who is documenting the service. Staff cannot pick a code if they do not have enough detail in the documentation. It is critical that physicians engage now in education to improve current documentation habits in preparation for greater specificity requirements in ICD-10. If you don't start by making changes in your documentation now, you will be overwhelmed when it is time to implement the new codes.

### Comparing ICD-9-CM and ICD-10-CM

ICD-10-CM is similar to ICD-9-CM in that some terminology, conventions, classifications, and other features are the same.

*See chart below.*

Some of the category changes will include additional chapters in ICD-10-CM and the moving of some diseases to a different category.

### Which brings us to "What happened to Gout?"

Currently in ICD-9-CM, Chapter 3 Endocrine, Nutritional and Metabolic Diseases and Immunity (240-279) physicians would choose category 274 Gout and select one of 15 different codes to describe the encounter. In ICD-10-CM, this chapter has been renamed to Chapter 4, Endocrine, Nutritional and Metabolic Diseases (E00-E89). Gout has been removed from this category and placed in Chapter 13 Diseases of Musculoskeletal System and Connective Tissue. In ICD-10-CM, physicians will choose from the category M10 Gout, and select a code from 162 choices. In order to select the appropriate choice, your documentation will need to describe all of the following elements that most accurately describe the encounter:

- anatomical area affected
- laterality
- idiopathic
- lead-induced (also identify the toxic effects of lead and its compounds)
- drug induced (also identify the drug)
- renal impairment (also code the associated renal disease)
- other secondary ?? (coding first the associated condition)
- an additional code to identify certain diseases and/or disorders classified elsewhere

Are you ready for ICD-10? The time to begin preparation for clinical documentation improvement is now. Do not waste the opportunity to improve on current diagnosis documentation in ICD-9-CM. Learning how to improve your documentation now will make the transition into ICD-10-CM much easier.

Certified ICD-10 instructors with [ICDExpert.net](http://ICDExpert.net) are here to help with your transition to ICD-10! For additional information on ICD-10 implementation or an evaluation of your ICD-10 readiness as well as training for you and your staff, please visit our website at [www.icdexpert.net](http://www.icdexpert.net) or call us at 877-413-ICD-10.

ICD-9-CM	ICD-10-CM
<ul style="list-style-type: none"><li>• Consists of three to five digits</li><li>• First digit is numeric or alpha</li><li>• Second, third, fourth, and fifth digits are numeric</li><li>• Always has at least three digits</li><li>• Decimal placed after the first three digits</li><li>• Alpha characters are not case-sensitive</li><li>• Approximately 14,000 codes</li><li>• Seventeen chapters of diseases and injuries plus two supplemental classifications for V codes and E codes</li></ul>	<ul style="list-style-type: none"><li>• Consists of three to seven characters</li><li>• First character is always alpha</li><li>• All letters used except U</li><li>• Second character is always numeric</li><li>• Characters three through seven can be alpha or numeric</li><li>• Decimal placed after the first three characters</li><li>• Alpha characters are not case-sensitive</li><li>• Approximately 68,000 codes</li><li>• Twenty-one chapters of diseases and injuries</li></ul>

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# New Members

**Almeida-Hunt, Olivia C., MD**  
Resident – St. Vincent Hospital  
Unspecified  
Indiana University, 2011

**Brauchla, Elizabeth N., MD**  
Resident – St. Vincent Hospital  
Family Medicine  
Indiana University, 2011

**Houchens, Amanda M., MD**  
Resident – St. Vincent Hospital  
Family Medicine  
Indiana University, 2011

**Jones, Elizabeth R., MD**  
Resident – St. Vincent Hospital  
Unspecified  
Indiana University, 2011

**Kurshuk, Shafer Z., MD**  
Resident – St. Vincent Hospital  
Unspecified  
Indiana University, 2011

**Meador, Tiffany M., MD**  
Resident – St. Vincent Hospital  
Family Medicine  
Indiana University, 2011

## For IMS Members

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**317-439-6215**

## Another IMS Members Benefit!

Your Indianapolis Medical Society is pleased to announce another Members Benefit for you. We have made arrangement with **Transworld Systems for IMS Physician Members to receive cost effective, diplomatic and systematic service that resolves past due accounts.** Transworld charges a fixed rate per account with special pricing for IMS Members only. The unit cost set for a practice is determined by the average number of accounts placed per month and is paid for on a monthly basis. **100% Profit Guarantee:** If Transworld does not recover minimally two times what is paid to them for the cost of accounts, Transworld will either make up the difference between what was recovered and two times what was paid -or- refund the entire purchase amount, whichever is less.

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# In Memoriam



**Carl Brosius Sputh MD**  
1916 - 2011

Carl Brosius Sputh, MD, was born June 28, 1916 in Lacrosse, Wisconsin. He died July 6, 2011 in Community North Hospital, Indianapolis, Indiana. The Sputh family moved to Indianapolis in January 1917. Dr. Sputh graduated from Shortridge High School, Indianapolis, Indiana, in 1933 and entered Indiana University. He received a Bachelor of Science and then entered medical school in 1941 where he received his MD. He was a member of the Sigma Chi fraternity and the Phi Chi Medical fraternity. He interned at Indianapolis City Hospital (Wishard) in 1941 and 1942 and completed his Residency in Ear, Nose, and Throat. He was Board Certified in Otorhinolaryngology in 1946 and served as Assistant Professor of Otorhinolaryngology at the Indiana University School of Medicine.

Dr. Sputh helped teach surgery courses at many Schools of Medicine including Yale, Tulane, and USC at John Hopkins. He also taught Rhinologic Surgery at the University of Mexico, University of Odense in Denmark, University of Leyden in Holland, and the University of Bologna in Italy.

Dr. Sputh served on the staffs of all of the Indianapolis Hospitals. He limited himself to Community Hospital in 1964 where he received the Distinguished Physician Award. Medical memberships, boards and honors received by Dr. Sputh include; being a member of the American Medical Societies, American Academy of Otolaryngology, and Head and Neck Surgery, President of the Indianapolis Eye, Ear, Nose, and Throat Society, President of the Indiana Academy of Ophthalmology and Otolaryngology, President of the American and International Rhinologic Society, and a member of the American College of Surgeons and the International College of Surgeons. Dr. Sputh served as a member of the Board of the IMS from 1962-1965 and was a delegate to the state convention 1964-1967. He was a founding member of the American Rhinologic Society and was awarded the "Golden Head Mirror" award.

Dr. Sputh retired from active practice in 1987. He volunteered for the American Red Cross for over 50 years and served as a Physician with the Gennesaret Clinics. In 2009, Dr. Sputh received the Spirit of Philanthropy Award from the School of Physical Education, Indiana University.

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*Gene Moneymaker*

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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



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# 2011-2012 Election Results

Thank you to all IMS Members who chose to run for elected office to represent all IMS Members through Board participation or as a Delegate or Alternate Delegate to the ISMA Convention. Their efforts are greatly appreciated.

This year, elections were held electronically using the IMS website. We hope to “tweak” the process as we continue to find ways to communicate more effectively and cost efficiently.

We also encourage those interested in serving on committees or to join the IMS Leadership, please contact Beverly Hurt, EVP, [bhurt@imsonline.org](mailto:bhurt@imsonline.org) or 639-3406.

Thank you for voting and supporting the IMS with your membership and dedication.

## **President Elect:**

Bruce M. Goens, MD  
Methodist Medical Group

## **Secretary/Treasurer:**

Bridget M. Sanders, MD  
Kendrick Colon & Rectal Center

## **Board of Directors:**

Christopher D. Bojrab, MD  
David R. Diaz, MD  
Marc E. Duerden, MD  
John C. Ellis, MD  
Bernard J. Emkes, MD  
Paula A. Hall, MD  
Gerald T. Keener, Jr., MD  
John C. Kincaid, MD  
John E. Krol, MD  
Gregory N. Larkin, MD  
Susan K. Maisel, MD  
John F. Schaefer, Jr., MD

## **ISMA Delegates/Alternate Delegates:**

Joseph S. Buckley, MD  
William C. Buffie, MD  
Mary D. Bush, MD  
Brian D. Clarke, MD  
Carolyn A. Cunningham, MD  
David R. Diaz, MD  
Robert E. Dicks, MD  
Jonathan A. Fisch, MD  
Gary R. Fisch, MD  
Bruce M. Goens, MD  
Ann Marie Hake, MD  
Doris M. Hardacker, MD  
Douglas J. Horton, MD  
Robert M. Hurwitz, MD  
Paul D. Isenberg, MD  
David A. Josephson, MD  
Marc A. Kappelman, MD  
E. Michael Keating, MD  
Randall A. Lee, MD  
Daniel E. Lehman, MD  
Mary Ian McAteer, MD  
Clement J. McDonald, III, MD  
Ramana S. Moorthy, MD  
Robert M. Pascuzzi, MD  
Maria C. Poor, MD  
Philip W. Pryor, MD  
Richard H. Rhodes, MD  
Jason E. Rieser, MD  
Steven M. Samuels, MD  
Jodi L. Smith, MD  
Kenneth N. Wiesert, MD

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Keith Cushing, MD

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317.806.6991

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317.580.0420

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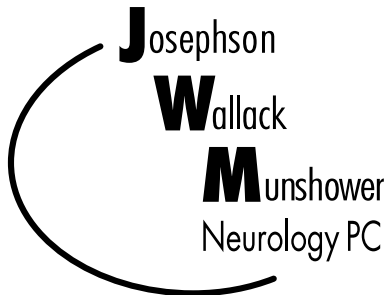
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# CME & Conferences

## 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 a.m.

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

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

## 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 a.m.

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

Sept. 23 2011 Orthopedic Symposium for Physicians and  
Medical Professionals  
JW Marriott  
Indianapolis

Sept. 23 John P. Donohue Twelfth Annual Visiting  
Professor Series  
University Place Conference Center  
Indianapolis

Oct. 7 Successful Team Approach to Bariatric Surgery  
IU Health Bariatric Center, Indianapolis

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

The Indiana University School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

We have more than 100 recurring meetings available. For a listing or more information, please visit <http://cme.medicine.iu.edu> or call 317-274-0104.

## St. Vincent Hospital and Health Care Center Inc.

Nov. 11 & 12 Back Talk: A Comprehensive Review and  
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Physicians of all specialties and other medical professionals  
Seminar objective: After completing this educational activity, participants should be able to discuss the latest advancements and developments regarding a wide range of current medical and medical practice issues concerning many specialties. This activity has been planned and implemented in accordance with the Essential Areas, Elements & Policies of the Ohio State Medical Association through joint sponsorship of The Christ Hospital and the Academy of Medicine of Cincinnati. The Christ Hospital is accredited by the OSMA to provide continuing medical education for physicians. The Christ Hospital designates this educational activity for a maximum of 18 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

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## CME & Events

### Indiana Spine Group

**Back Talk: A Comprehensive Review and Practical Approach to Spinal Diagnosis and Treatment**

**November 11 – 12, 2011**

Renaissance Hotel, Medical Academic Center, Carmel, Indiana

Indiana Spine Group is hosting their fifth annual spine symposium. This symposium is for primary care physicians and health care practitioners, and will provide the latest information for the diagnosis and treatment of your patients with spinal problems and abnormalities. New this year are clinical workshops on Saturday. Visit <http://indianaspinegroup.com/backtalk/2011/backtalk.html>

To receive conference announcements and a brochure, please send your email and mailing address to [info@indianaspinegroup.com](mailto:info@indianaspinegroup.com) or call (317) 228-7000.

This activity has been approved for AMA PRA Category 1 Credit. Application for CME credit has been filed with the American Academy of Family Physicians. Determination of credit is pending.

### Indianapolis Medical Society

#### September

- 14 Senior/Inactive Luncheon Meeting, Noon, Society  
Jeff Rasley, JD, IU School of Law,  
“Philanthro-Trekking the Nepal Himalayas”
- 16-18 ISMA CONVENTION, Marriott Downtown Hotel
- 20 Executive Committee, Society, 6:00 PM, Sandwiches

#### October

- 4 IMS Board, Society, 6:00 PM, Social; 6:30 PM, Dnr/Mtg.  
Presidential Inaugural, Dr. Richard H. Rhodes

#### November

- 6 ISMA Board of Trustees, 9:00 AM, state headquarters
- 6 IMS Advisory Breakfast, 7:30 AM ...prior to ISMA BOT
- 12-15 AMA Interim, New Orleans, LA
- 15 Executive Committee, Society, 6:00 PM, Sandwiches

#### December

- 6 IMS Board, Society, 6:00 PM, Social; 6:30 PM, Dnr/Mtg
- 14 Senior/Inactive Luncheon Meeting, Noon, Society TBD
- TBA Executive Committee Dinner, with Spouses/Guests

### Indiana Psychiatric Society

**Drugs, Psychosis and Ethical Dilemmas in the Treatment of Children, Adolescents and Young Adults**

Hosted by the Indiana Psychiatric Society and the Indiana Council of Child and Adolescent Psychiatrists

September 17, 2011, 8:30 am - 1:00 pm

Downtown Indianapolis Marriott Hotel

Held in conjunction with the 162nd Annual Indiana State Medical Association Convention

Accredited for 4.0 AMA PRA Category 1 Credits, 4.0 CEU

Registration/conference information at [www.pdallc.com](http://www.pdallc.com)

Addictions disorders in children and young adults are highly concerning for patients, families, and communities. They cause significant functional issues and exacerbate other psychiatric morbidities. As adolescents grow and transfer to general outpatient psychiatric clinics, they enter a critical period, a known time of risk for emergence of psychotic disorders. Ethical questions can arise as adolescents become more autonomous and various systems interact.

This symposium will focus on diagnosis and treatment of addictions in children and adolescents, including how addictions can contribute to the emergence of early psychosis. Information on identification and treatment of early psychosis will be included, and ethical considerations addressed. Speakers will present a balanced program of lectures and case scenarios.

Target audiences: Psychiatrists, Primary Care Physicians, Nurse Practitioners, Mental Health Providers, Physician Assistants, Hospitalists, Physicians of Other Specialties.

Questions? Contact Sara Stramel at 888.477.9119 or [lizgroupllc@yahoo.com](mailto:lizgroupllc@yahoo.com)

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  - Spine tumors
- Degenerative neck and back disorders
  - Revision surgery
  - Congenital disorders
  - Spinal cord stimulation
  - Workers' compensation

### Physician Referral:

When acute disorders require more aggressive approaches, or when recovery is extended and threatens to become chronic, The Spine Institute stands as a partner to physicians in providing specialized spine evaluations, surgical opinions and rehabilitation. Continuity of care is the goal of our practice and patients are returned to referring physicians with timely reports and full documentation.

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# Project Health



*Carrie Jackson Logsdon, Director*

## *Grateful Patient Thanks Volunteer Doctors*

*Project Health seems to be getting sicker and sicker patients. So, when we received this letter, we wanted to share it with those of you who deliver the miracles.*

Dear Project Health,

My name is Kevin Ruble, and I am writing to say thank you for your organization and the gift you give to those in need. At the age of 14 I was a three sport athlete, playing baseball, football, and running cross country as well as track. Then I was diagnosed with Ewing's Sarcoma. The cancer was wrapped around my spinal cord. I was the 6<sup>th</sup> child in the U.S. documented with Ewing's and the first at Riley Children's Hospital to receive an internal portacath. It was 1984. I spent the next two and a half years receiving chemotherapy at Riley. Unfortunately for me, cancer ended my baseball career and dreams of playing in the majors. The medical staff at Riley worked their magic and soon I was in remission. I would never play competitive sports again, but as it turns out, that would be the least on my concerns.

After graduating high school in Marion, Indiana, I found work as a car salesman. Health insurance was provided to all employees except me. I was flat denied any coverage because of my previous medical condition, cancer. I was 18 years old. This is a pattern that would continue for many years with many employers and their insurance providers. Time and time again I was told "we cannot cover you because of your previous medical condition." I was out of remission at the age of 21 and given a clean bill of health. I repeatedly explained to the insurance companies that I was 14 years old and a three-sport athlete when I got cancer. I was not a person who had spent their entire life abusing drugs and alcohol or even in a career that would contribute to having cancer. I wasn't even able to have a job legally. That did not help in my search for insurance. Insurance companies turned their backs on me.

Once insurance was made available to me, it was at a cost that was impossible to afford, once again leaving me with no coverage. In the past three years, I have had my gallbladder removed, battled salmonella that had become septic, and double bypass surgery. With no insurance and



no means to pay all the medical bills, the only option I had was to file bankruptcy. Sadly, I knew if I got sick again that my only option again would be the emergency room followed by another bankruptcy. I got sick again, but this time a nice lady approached me in the emergency room after I was admitted for pneumonia. She suggested a program called Project Health. I was skeptical. No one or any organization in the past 24 years offered any type of assistance. After recovery I filled out the required paper work, and with the help of a very wonderful woman named Carol, learned of Project Health's mission.

I was accepted into Project Health and have been seeing a family doctor, Valerie Pai, MD. It turns out the timing could not have been any better. During a series of tests ordered by Dr. Pai, I learned that I need surgery to remove a very large kidney stone that if not removed will result in the loss of that kidney. Without Project Health and Dr. Pai my kidney would have gone unchecked. This could have been deadly. We have discovered a number of issues with my health that are now being treated and, finally, I am getting some peace of mind.

I am the father of a two-year old son named Henry, and we are expecting our second son in October. My only fear in life is not being around to watch my kids grow up and give them the guidance they will need to be good people and good members of society. I want nothing more than to be there for my wife and my family.

Without Project Health my family and I were living with fear of my unknown health issues, as well as the burden it causes financially. Now we can rest knowing that the unknown is now known and being treated. Project Health is doing their best to make sure that I receive proper medical attention and coverage. Your organization is a blessing and is doing wonderful things. I can't even begin to say how caring, understanding and helpful Carol has been. She defines the meaning of kindness. Project Health has truly given me a second chance at life. My family and I can't thank you enough.

*The Ruble clan: Kevin, Mireya, Henry and soon Cohen.*



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# Indianapolis Medical Society

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## Officers 2011-2012

Richard H. Rhodes .....President  
Jeffrey J. Kellams .... Immediate Past President

Bruce M. Goens..... President-Elect  
Bridget M. Sanders ..... 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

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Marc E. Duerden (2011)  
Bernard J. Emkes (2011)  
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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 16-18, 2011, Marriott Downtown Hotel

*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)  
Bruce M. Goens (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)  
H. Jeffery Whitaker (2012)

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

## Alternate Delegates to the State Convention, September 16-18, 2011, Marriott Downtown Hotel

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

Christopher B. Doehring (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)  
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

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# Special Feature (Continued from page 8)

pharmacy alphabetically or find a pharmacy by zip code. Users can also create a “favorites” list of physicians or pharmacies that they contact most frequently.

## How it helps

By allowing physicians to exchange information through texting, DocBookMD prevents delays at the point of care. Austin ophthalmologist Ted Shepler, MD recently used DocBookMD to help a patient who needed her prescription urgently. The patient had no idea which pharmacy had her prescription on file. “Thanks to DocBook MD, I was able to find the pharmacy quickly for the patient,” says Dr. Shepler.

DocBookMD can also enhance patient care by facilitating more efficient communication. Austin anesthesiologist and DocBookMD partner Aaron Ali, MD, once used the app’s directory to find a patient’s nephrologist to discuss the patient’s pre-operative lab values. The surgery was rescheduled when it was confirmed that the patient was in acute renal failure. “The fact that I could get a hold of that physician or his office that quickly and accurately was awesome,” says Dr. Ali. “It helped out and I know 100 percent that it helped that patient that day.”

## How to access

Capson Physician Insurance is the exclusive sponsor of DocBookMD for the IMS. Physicians members of the IMS can use the app for free (normally a \$50 annual subscription cost). IMS believes DocBookMD can

enhance communication and help physicians practice safe medicine.

TMLT Vice Chairman Dr. Stuart McDonald uses DocBookMD daily. He is “particularly excited about the ability to contact physicians through a secure network to request consults or provide follow-up information. This saves a significant amount of time that would previously be spent on hold or waiting for a return call,” Dr. McDonald says. “The ability to know whether or not my message has been read in a timely manner helps prevent delays in patient care.”

For Dr. Ali, DocBookMD has changed the way he communicates. “We have to be able to communicate with physicians, we have to be able to find them timely and in an efficient manner,” he says. “With DocBook, it takes seconds to find someone and seconds to call.”

IMS members need your membership system number, phone the IMS at 639-3406, then download the application from your phone. For more information on DocBookMD, please visit [www.docbookmd.com](http://www.docbookmd.com).

Indianapolis physicians who would like to use DocBookMD, but are not IMS members are urged to contact the Indianapolis Medical Society for membership information by email at [ims@imsonline.org](mailto:ims@imsonline.org).

If you have questions, email [ims@imsonline.org](mailto:ims@imsonline.org).

*Laura Brockway, Texas Medical Liability Trust  
Manager, Communications and Advertising*

IMS



The advertisement banner features a red header with the 'db' logo and the text 'FOR IPHONE, IPAD, IPOD TOUCH AND ANDROID'. Below this, a white background contains the text 'A smartphone platform designed by physicians for physicians, that provides an exclusive HIPAA-compliant professional network to connect, communicate and collaborate'. To the right, there are icons for 'Available in Android Market' and 'Available on the App Store'. The central focus is a Samsung smartphone displaying the DocBookMD app interface with icons for Messages, Favorites, Specialty, Physicians, Pharmacies, Options, and Help. To the right of the phone is an iPad and a smaller smartphone, both displaying the app. Below the phone is the 'db' logo and the text 'DocBookMD'. At the bottom left, the IMS Indianapolis Medical Society 1948 logo is shown, along with the text 'DocBookMD is supplied at no charge to IMS members thanks to the generous sponsorship of Capson Physicians Insurance'. The Capson Physicians Insurance logo is also present. At the bottom right, the text 'For more details, go to' is followed by the 'db' logo and the website 'DocBookMD.com'. A red footer bar at the bottom contains the text 'connect communicate collaborate' and 'DocBookMD.com'.



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# In Summary

## 2011-2012 Inaugural

The Inaugural for Dr. Rhodes will be held in conjunction with the October 4, 2011 IMS Board Meeting scheduled for the IMS Conference Center. The inaugural will honor New Members, 50-Year Members and the incoming Leadership of the Indianapolis Medical Society. The monies saved will be kept in the IMS budget for Members Benefits and the Indianapolis Medical Society Foundation.

## Insurance Complaint?

Are you having a problem with poor-quality MRIs or other tests as a result of an insurance company phoning patients with a lower cost option? The Insurance Commissioner has a great response regarding this type of complaint. Always contact the Insurance Commissioner with similar insurance company complaints. The complaint form is located at [in.gov/idoi/2547.htm](http://in.gov/idoi/2547.htm). A link is available on the IMS website [imsonline.org](http://imsonline.org) for your convenience.

## More Members Benefits Added!

Your Indianapolis Medical Society is pleased to announce that ICDExpert.net and Indianapolis Medical Management have become a part of the IMS Vendors and Friends Program. A program designed to add Member Benefits exclusively for the IMS.

**ICDExpert.net** is a medical coding training organization and offers exclusively to IMS Members a 5% discount ICD-10 Readiness Assessment.

**Indianapolis Medical Management** is offering IMS Members 5% off any educational course offered by IMM.

For more information visit:  
<http://www.ICDExpert.net>  
<http://www.veicorp.com/imm>

or Call the IMS at 639-3406. Information on the Vendors & Friends Program is available at <http://imsonline.org/advertisingSponsorships.php>

New Offerings for Members continue to be developed, please let us hear from you with your ideas to enhance your IMS Membership.

# Bulletin Board ...

(continued from page 11)

Franklin. She will treat patients with diabetes or endocrine disorders at the new location as well as her existing offices.

Physicians of Joint Replacement Surgeons, a practice group affiliated with the Center for Hip & Knee Surgery at St Francis Health presented talks throughout the area:

**Philip M. Faris, MD**, presented the latest procedures in joint replacement and arthritis treatments at the Indianapolis Marriott East in August.

**Jeffery L. Pierson, MD**, will present the latest procedures in joint replacement and arthritis treatments at the at a knee replacement seminar September 21 at Cambria Suites, Noblesville.

**E. Michael Keating, MD**, presented at a seminar at the Holiday Inn Express-Lebanon on arthritis and hip and knee replacements.

# ASK

## Ask a Colleague to Join the IMS Today!

Our Members need help in “carrying the load” for healthcare in Indiana. Your Society and ISMA are the leading voices for healthcare for your patients and your profession!

The Indianapolis Medical Society wants you to ask your colleagues to join you in being a member of the IMS. As you know, membership organizations are only as good as their members ... Make a difference in the professional lives of your colleagues, friends, and family in medicine.

Ask a Colleague to help “carry the load.”

Applications are available online at [imsonline.org](http://imsonline.org) or by calling 639-3406, ask for the Membership Department.

# ASK

## Support your IMS Foundation!



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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.  
Madeline 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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Indianapolis Medical Society is pleased to continue to offer its members a discount on group health insurance through ADVANTAGE HEALTH SOLUTIONS, a local health plan owned by local providers.

IMS physician practices are benefiting from this discount and the move to ADVANTAGE. The IMS employee group composed of the combined 19 employees of IMS, the Medical Society Exchange and the IMS Foundation, will save over \$200,000 over two years compared to its old Anthem BCBS premiums. Although every situation is different and there is no guarantee of savings, we hope that these actual results to date are compelling enough for you to consider taking advantage of this unique opportunity.

To find out more about the program, or to see if it is a good fit for your practice, please contact the exclusive agents for this product:



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**The Indianapolis Medical Society Foundation *Needs You!***

The Indianapolis Medical Society Foundation was established by your Society for a variety of reasons – all of which are designed to provide ways for our members to support programs which will increase the accessibility of medical and health services to the general public, and to further develop previously established scholarship programs (nursing/allied health, medical students).

Please accept my gift of \$ \_\_\_\_\_

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- Alliance Scholarship Fund** (*Medical & Allied Health Students*)
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- Operating Fund**
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If you prefer to give your donation through the United Way,

we encourage you to designate a portion or all of your gift for the IMS Foundation.

The IMS Foundation is a 501(c)(3) organization for federal income tax purposes.

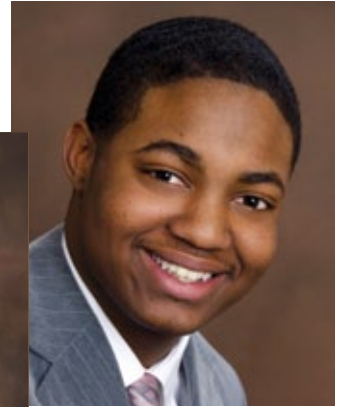
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If you have any questions about tax deductible contributions, please contact your tax advisor.

# IMS Members Benefit - Update Your Roster Photograph Now!

JCPenney Portraits has been chosen as the business portrait provider for the IMS Pictorial Roster. Make an appointment at your local JCPenney Portraits using the guidelines below.

The IMS sitting will be \$9.99 + tax.  
You may also purchase portraits of your family at 50% off.



## HOW DO I SCHEDULE AN APPOINTMENT?

- Call JCPenney Portraits at 1-800-598-2568 to schedule your appointment.
- Call your local studio
- Schedule online at [jcpportraits.com](http://jcpportraits.com)

When you schedule your appointment, mention you are an IMS Member.

## WHEN WILL MY APPOINTMENT BE?

For the most convenient experience we recommend scheduling your appointment Monday through Thursday 12-5. It will take approximately 20 minutes. Evening and weekend appointments are also available.

## WHAT SHOULD I BRING TO THE APPOINTMENT?

1. This instructional email/coupon
2. Dress in your business apparel, dark colors without patterns work best.

## HOW WILL I BE POSED?

We will take a variety of 3 to 5 professionally posed images on a brown background.

## HOW WILL MY PORTRAITS BE SUBMITTED?

At the studio, select your favorite pose for the Pictorial Roster image. You may also select overall retouching for an additional fee for your Pictorial Roster pose only.

## PICTORIAL ROSTER AUTHORIZATION

By sitting for your portrait you are directing JCPenney Portraits to provide your selected business portrait to IMS for use in the IMS Pictorial Roster and other business purposes determined by IMS.

**For the IMS Pictorial Roster you must be photographed by August 31, 2012. Schedule your sitting between June 1–August 31, 2012.**

## STUDIO MEMBER USE:

1. IMS will call 1-800-598-2568, call your studio or visit online to schedule an appointment.

## POSING:

1. Use only the brown background
2. Photograph 3 to 5 head and shoulder poses (see sample)
3. Turn the subject slightly to their left.

## POST SITTING:

1. Select the guest's favorite image for the Pictorial Roster as the "free 8x10". Note: a paper portrait will not be printed. If the member wants to order portraits from their professional sitting identify it as an add on sitting.
2. Submit to plant using code 1819041. If retouching is selected, use code 1819042.
3. POS instructions (refer to studio communication piece).
4. Start a new sitting for family session.

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