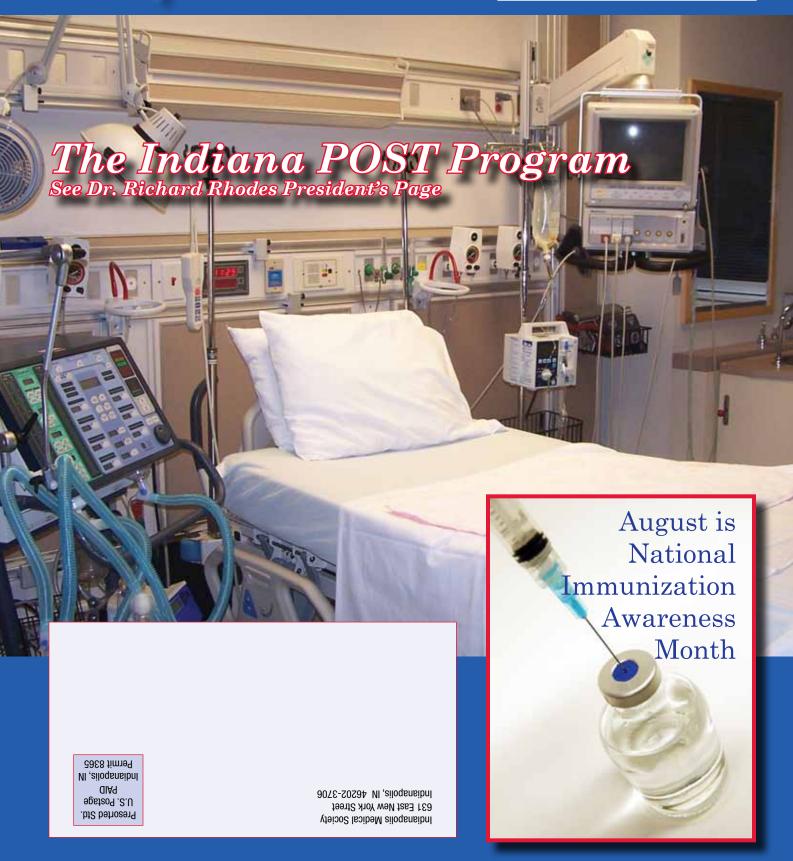


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Bulletin

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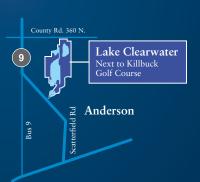
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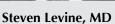




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The Indiana POST Program

Please see The POST (Physician Orders for Scope of Treatment) Program, on

Dr. Richard Rhodes' President's Page in this issue of the *Bulletin*.

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President's Page Richard H. Rhodes, MD

The Indiana POST Program A New Approach to Honoring Patient Treatment Preferences

Susan Hickman, PhD, Associate Professor, School of Nursing, IU

I admitted yet another terminally ill patient who had definite no code orders written during previous admissions which were to have been continued at the nursing home. Somehow those orders were changed to full code and the patient was intubated and delivered to the emergency room for more "life saving heroics." I was able to discuss this recurring problem with Dr. Dale Theobald (Medical Director of Palliative Care at Community Hospital) and Stacey Sharp (Director, Life's Journey Integration Services at Community Hospital) who referred me to Susan Hickman.PhD, Associate Professor, School of Nursing, IU. As it turns out there is a program developed to ensure that patients' end of life wishes are carried out. Dr. Hickman is nationally recognized for her work with the POLST (Physician Orders for Life-Sustaining Treatment) paradigm. Please enjoy the following information about the Indiana POST Program.

What is POST?

Living wills are largely ineffective at ensuring patient treatment preferences are honored at the end of life for a variety of reasons.¹ The POST (Physician Orders for Scope of Treatment) Program is designed to overcome the limitations of living wills to help ensure that patient preferences for life-sustaining treatments are communicated and honored. The centerpiece of the POST Program is a form that contains immediately actionable medical orders addressing resuscitation, medical interventions (e.g., hospitalization), antibiotics, and artificial nutrition. These orders are based on patient preferences to have or decline interventions and direct care provided by nursing and emergency medical personnel. POST forms transfer with patients across care settings to ensure preferences are honored throughout the healthcare system.

The POST form is specifically intended for seriously ill patients with advanced chronic progressive illness, advanced frailty, or terminal illness. It is frequently used in the skilled nursing facility and hospice setting. The voluntary form is completed based on a conversation between the patient and/ or his designated surrogate and a health care provider, which could be either the patient's physician or a physician designee. The form requires a physician signature and a patient or surrogate signature in order to be activated.

In a large, federally-funded multi-state study of POST form use in nursing facilities, residents with POST form orders were significantly more likely to have treatment preferences documented as orders in their medical records than residents without the form.² The orders on POST also successfully directed treatment decisions. Treatments provided were highly consistent with POST form orders for resuscitation (98%), medical interventions (92%), and antibiotic use (93%).³

POST in Indiana

Since it was created in the early 1990s, the POST Program has spread to 14 states. An additional 20 states are in the

process of developing programs (www.POLST.org). The Indiana Patient Preferences Coalition (IPPC), co-chaired by Gerald Walthall, MD, FACS (Franciscan Alliance) and Susan Hickman, PhD (IU School of Nursing) formed in 2010 with the goal of developing an Indiana version of the POST Program. It has quickly grown to include over 45 members representing key stakeholder groups including the Indiana State Medical Association (ISMA), the Indiana Academy of Family Physicians (IAFP), the Indiana Medical Directors Association, and the Indiana Hospital Association. Both the ISMA and the IAFP passed resolutions in 2011 in support of POST implementation. POST legislation was introduced in the 2012 legislative session by Representative Tim Brown, MD, but the bill did not make it out of committee due to a lack of quorum.

Barriers to POST Legislation in Indiana

A primary barrier to POST legislation is the existence of the current DNR statute (IC 16-36-5), which contains statutorily specified language that is incompatible with POST and limits its usefulness. The current DNR statute requires that patients either be unable to survive CPR or be "terminal," a label that excludes a large population of patients with advanced chronic progressive disease or advanced frailty. These patients may wish to limit treatments when the burdens of medical interventions begin to outweigh the benefits, but are unlikely to be identified as "terminal." Additionally, the existing out-of-hospital DNR order form requires two unrelated witnesses. This requirement creates barriers to patients receiving care in the community setting such as those enrolled in hospice care and represents a challenge in nursing facilities, as many prohibit employees from witnessing.

Another key barrier to Indiana POST legislation is determining who is authorized to execute a POST form on behalf of an incapacitated patient. Indiana statutes recognize the need for default surrogate decision-makers in the event that a person loses decisional capacity without formally appointing a health care representative. In these situations, decisions can be made by a spouse, a parent, an adult child, or an adult sibling. However, Indiana's statutes are unique in that they do not specify a hierarchy. Instead, each family member has an equal right to make decisions on behalf of the incapacitated patient, which could be problematic if there are disagreements about what is best for the patient in the process of completing a POST form. Additional issues requiring further study include how the POST program is used within the hospital and whether nurse practitioners should be permitted to sign, as is the practice in several other states.

Benefits to POST Legislation

If POST legislation were passed in Indiana, eligible patients would be able to document their preferences in a format that is easily understandable to clinicians. Hoosiers would be able to benefit from an evidence-based intervention that successfully Continued on page 22.

Senior/Inactive - June 13, 2012



William H. Dick, MD

Speaker: Dr. Gonzalo "Gonz" Chua China – A Journey of a Lifetime

Dr. Gonzalo "Gonz" Chua is a radiologist who practiced at St. Francis and Methodist Hospitals. He was Director of Radiology Education at Methodist for 20 years. Born and raised in the Philippines, he also attended Medical School there; Gonz is of Chinese descent. After getting married, he traveled to Canada for Medical/Surgical training. He had planned to go into Family Practice, but a colleague encouraged him to consider radiology. This led him to the Indiana University Medical Center for a residency and he has lived here ever since. Dr. Chua has hobbies of Tai Chi and Chinese painting. He also founded a free Asian Medical Clinic.

China has a 5,000 year history. It is about the same size as the U.S., with the western one-half mostly desert and the eastern half contains the population and the ports. Most Chinese are descendants of the Han people. The word Han comes from the Han Dynasty (220-206 BC). That time is considered to be a classical period in Chinese civilization. The Han are the largest ethnic group in the world. The old capitol had been in Nanking but the Communists moved it back to Beijing. A prose description of all the beautiful photos that were shown by Gonz is not possible. The slides depicted a new China, but one with all the same beautiful mountains, gardens and landscapes.

Dr. Chua had previously traveled to China in 1987. What he saw in his 2011 trip amazed him. Such prosperity and such energy! First it was mostly bicycles and old trucks on the road. Now it is mostly automobiles – from all over the world. The 30-day trip took him to 13

cities, sent him on one overnight train ride, a three-day Yangtze River cruise and a day on a Li river cruise.

The box-like Soviet architecture of Beijing in 1987 has become a completely modern city. While he was there, he visited Beihai, the 14th century gardens and Wanfuching Avenue, the main commercial street, with so many luxury shops. The Summer Palace was on the list of sites, as was the Forbidden City with its 9,999 rooms. They also toured the Temple of Heaven and Tianamen Square, the world's largest. 2,800







buildings were removed to allow for construction of the Square. Beijing, with a population of 20 million people, has nine ring roads around it.

Gonz learned about the Silk Road, the ancient trade route between China, central Asia, Europe and Africa. It split into two branches, with one going to Rome and the other to India. A must visit was to the Great Wall, which travels 4,000 miles from south to northeast. It took 10 years to build and many casualties were sustained during the construction. The Wall was built in many stages; the first one was constructed in 220-206 BC. The concept was revived again during the Ming dynasty in the 14th century. It was meant to keep out the nomadic tribes. Can the Great Wall be seen from outer space? It can perhaps be seen from 100-200 miles away from the earth. Other astronauts say that binoculars would be needed even at that range.

Next up on the trip was Xian — the ancient Capitol from 200 BC to the 14th century. It is also the place where the terra cotta warriors were fashioned. An emperor had planned for all of the statues to be buried with him. There were 8,000 warriors, chariots and horses constructed over a

with him. There were 8,000 warriors, chariots and horses constructed over a 38 year period. It was thought that they could be built in 10 years. Each face of a warrior is distinct.

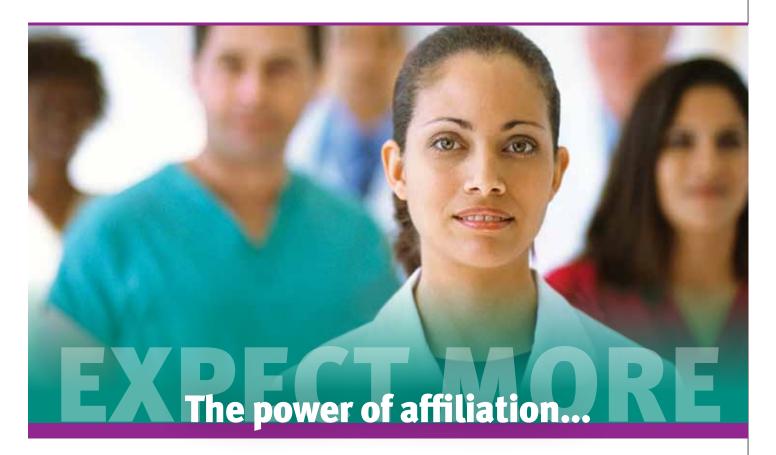
Gonz did visit the Great Wall, of course. He found out that it is a strenuous walk. At the western end of the Wall is the Jiayuquan Fort with the first Beacon Tower. Even today, it is difficult to imagine the tremendous effort involved in building this colossal

wonder.

China is the home to the world's largest wind farm. We also learned that the Chinese language has 1,800 characters. There are three different languages in the country but they all write the same. China has been the source of so many inventions: the calendar year, compass, crossbow (dated to mid-5th century BC), fireworks, gunpowder, paper and printing.



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From left to right: Sandra Dolny, PA-C; Jocelyn Bush, MD; John Fitzgerald, MD; Edward Kowlowitz, MD; Alina M. Clavijo-Passik, PhD Board-Certified Pain Management Specialists

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Bulletin Board

Rick C. Sasso, MD, Indiana Spine Group, had his 11th United States patent assigned by the United States Patent and Trademark Office on May 15, 2012. Dr. Sasso's patent #8,180,429 involves instrumentation used for intraoperative surgical navigation procedures. This technology is similar to a Global Positioning System (GPS) utilized in the operating room.

Mark M. Hamilton, MD, Hamilton Facial Plastic Surgery, presented on Fractional Laser Facial Resurfacing at the Multispecialty Foundation's Annual Facial Cosmetic Meeting in Las Vegas, Nevada, July 6-10, 2012.

Dr. Hamilton also served as an oral examiner for the American Board of Facial Plastic Surgery's annual examination in Washington, DC, July 15-16, 2012.

Stephen W. Perkins, MD, Meridian Plastic Surgeons, recently delivered the M. Eugene Tardy, MD, 2012 Lecture at the University of Chicago in Illinois. He was this year's featured Guest Tardy Lecturer, giving the main Grand Rounds presentation to the University of Illinois Otolaryngology/Head and Neck Surgery Residency research paper presentation day. His talk was titled "The Evolution of Facial Plastic Surgery."

Dr. Perkins was also the graduation ceremony key speaker for the finishing Chief Otolaryngology residents.

Two Northwest Radiology Neuroradiologists, Vincent P. Mathews, MD, and Eric E. Beltz, MD, have successfully completed an advanced training program in interpreting Neuro PET-CT imaging for Alzheimer's disease. Memory Neuro Imaging Center, located in the Meridian North Imaging Center in Carmel, is one of the nation's premier facilities that has been selected to introduce this procedure to the medical community. JWM Neurology and NWR (Northwest Radiology Network) have joined forces to promote a new test to help accurately diagnose Alzheimer's disease (AD) using the radiopharmaceutical Amyvid. The FDA has recently approved Amyvid, which is produced by Eli Lilly and its subsidiary Avid RadioPharmaceuticals and is a radioactive diagnostic agent indicated for brain imaging of beta-amyloid plaques in patients with cognitive impairment who are to be evaluated for Alzheimer's disease and other cognitive disorders.

 $\label{lem:continuous} \textbf{Tim E. Taber, MD,} \ was a \ member of the team that gave a patient a chance. Caleb Johnson was given a new lease on life on June 13, 2012, when his friend, Colin Newton, made a life-saving organ donation. Both donor and recipient shared their journey with the world as their surgeries were broadcast live via Twitter. Caleb and Colin participated in this ground-breaking endeavor to raise awareness for living organ donation. By donating one of his kidneys, Colin helped two people — Caleb and the next person on the waiting list.$

If you missed the Twittercast of this living organ donation, watch the videos about Caleb and Colin and then read more at #calebskidney.



Eric E. Beltz, MD



George H. Rawls, MD



Mark M. Hamilton, MD



Theresa M. Rohr-Kirchgraber, MD



Vincent P. Mathews, MD



Rick C. Sasso, MD



Stephen W. Perkins, MD



Tim E. Taber, MD

Theresa M. Rohr-Kirchgraber, MD, presented "Picky Eating: Pediatric Conditions with Adult Consequences" at the Indiana Rural Health Association Annual meeting in Indianapolis.

Dr. Rohr-Kirchgraber was recently voted in as Vice Chair of the AMA Women's Physicians Caucus at the AMA annual meeting in Chicago.

George H. Rawls, MD, distinguished senior member of the Indianapolis Medical Society has released his latest book, *How to Solve the Healthcare Crisis in America*. The book is available through Amazon.com.

How to Solve the Healthcare Crisis in America examines the current state of our health care system and gives advice on how real reform should happen. Not one entity is responsible for the crisis and not one entity can be responsible for the cure. No one is exempt: doctors, hospitals, government agencies, and even patients themselves. The author examines health care coverage in other countries, as well as, in America – what's good and what's bad. This book delves into the current problems with America's health care system and gives practical advice on how to reform the system. This book is timed perfectly. As the government continues to grapple with health care reform, author George Rawls, MD, gives a clear roadmap.

George H. Rawls, MD, a native of Gainesville, Florida, graduated co-valedictorian of Lincoln High School, Summa Cum Laude at Florida A & M University and with honors from Howard University School of Medicine where he utilized a full Pepsi Cola Scholarship. After two years in the army, he completed a surgical residency under Ohio State University. He practiced surgery in Indianapolis for 34 years. He then became Assistant Dean and Clinical Professor of Surgery at Indiana University School of Medicine for five years before retiring and retaining these titles with emeritus status.

Dr. Rawls has served the IMS and ISMA for decades, serving on the IMS Board, Past President of both organizations, and as a Delegate to the American Medical Association.

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In Memoriam



William Elmer McGraw, MD 1943 - 2012

Dr. William Elmer McGraw, 68, of Indianapolis, passed away June 15, 2012. He was born November 5, 1943, in St. James, Missouri.

Dr. McGraw received his Bachelor's Degree from the University of Notre Dame. He earned his Doctor of Medicine at Ohio State University. Dr. McGraw interned at Mt. Carmel Hospital, Columbus, Ohio and completed his residency at the Mayo Clinic, Minnesota.

For two years, he served as a Major in the U.S. Army during the Vietnam War.

Dr. McGraw retired in 2011 from Northwest Radiology as a Diagnostic Radiologist.

He loved travel, music, and reading. He was an avid football fan, and was fiercely loyal to Notre Dame and the Colts.



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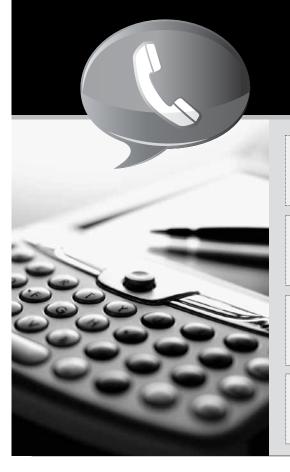
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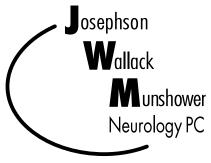
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Neuroradiology, 1995, 2005
Jefferson Medical College, 1985

Nguyen, Phuong H., MD

Resident – IU Colon & Rectal 1215 Hadley Rd., #201 Mooresville, 46158-2905 Ofc – 834-2020 Fax – 831-9292 General Surgery Colon & Rectal Surgery Florida State University College of Medicine, 2006

O'Connell, Elise M., MD

Resident – IU School of Medicine Internal Medicine Loyola University, 2009



Spahr, Roger G., MD (Reactivation)

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Laurie Ackerman, MD Joel Boaz, MD Daniel Fulkerson, MD Jodi Smith, PhD, MD Michael Turner, MD Ronald L. Young, II, MD

Interventional Neuroradiology

Andrew DeNardo, MD John Scott, MD

Physical Medicine and Rehabilitation

Amy Leland, MD Nancy Lipson, MD

Interventional Pain Management

Christopher Doran, MD Anthony Sabatino, MD, FIPP Jose Vitto, MD Derron Wilson, MD

Neuropsychology

Donald Layton, PhD



Project Health



Carrie Jackson Logsdon, Director

Thank you, Maximillian "Max" S. Newell, MD



Maximillian "Max" S. Newell, MD, is Project Health's Physician for the Month of August. Although born in Paducah, Kentucky, Dr. Newel grew up in Ft. Wayne. He was the fifth of six children. His father was what he calls an agricultural businessman, on the business side of the huge grain mills near Shipshewana, and his mom was a stay-at-home mom. Unfortunately, his

father died when he was 13. He liked biology and the sciences in high school, but didn't think about becoming a physician until his senior year when he shadowed a family friend and otolaryngologist Charles Giffin, MD. "Dr. Giffin told me that if I liked biology so much I should just go into pre-med in college. He was my male role model and gave me a career path. He was kind of a scholarly community doctor who wrote articles, did a lot of indigent care and was a great outdoorsman."

Dr. Newell graduated from Indiana University with a BA in biology and was then accepted to the I.U. School of Medicine. Dr. Newell did a two-year internship in general surgery at Butterworth Hospital in Grand Rapids followed by a three-year residency in otolaryngology-head and neck surgery at Indiana University Hospital. He is now with Otolaryngology Associates, practicing at Franciscan St. Francis Hospital and at Major Hospital in Shelbyville. He said he chose to be a broad based ENT, but in general otolaryngology half of one's patients are pediatric by default.

Dr. Newell and wife, Dana, met in medical school. Her brother was a good friend of Dr. Newell's and the rest is history. They have two daughters. The youngest just graduated from Park Tudor and will be going to the Savannah School of Art and Design in the fall. His oldest daughter attends Indiana University majoring in international studies and is interested in global health initiatives. She became involved in I.U.'s Timmy Foundation for Global Health and in 2011 invited Dr. Newell to go on a mission trip to Guatemala to do primary care.

He said it was a full ten days of clinic work in the highlands. "It is pure medicine with a tongue blade and a flashlight set up in the offices of schools where we saw 150 people a day." What struck him was the wonderful culture. "They are grateful, kind, and incredibly poor, but very noble and humble and make very little go such a long way. Most have parasites, so we hand out medicine, vitamins, and Ibuprofen. They carry huge bundles of sticks to market and get very sore. Many have pulmonary infections, a result of living in smoke-filled little houses with open fires. They were so appreciative to get antibiotics because it really turned their lives around." Dr. Newell believes that plastic surgeons are really needed there because a number of children have fallen into open fires in their homes, until safe stoves were provided to protect the children and also funnel the smoke out of the houses. He also indicated that the villagers have a lot of diabetes and the children have stunting because of poor nutrition, which is why they are incredibly short, so they give them a lot of protein bars and snacks. Dr, Newell explained they have two interpreters - one to interpret Mayan to Spanish, and another to interpret Spanish to English. He said they don't just go in for two weeks and leave. They are replaced by brigades from universities, so care is continual and sustained. In fact, his daughter is the brigade leader for IU next year, and he's going with her again.

In his spare time, Dr. Newell is pursuing a Master's Degree in Fine Arts at Butler University in creative writing. "It's just a good artistic outlet and being a science major I didn't have time to take writing as an undergrad." He is also into fly fishing, mountain biking and is a runner.

As a Project Health volunteer, he said it is just part of being a compassionate doctor – to provide care regardless of means. "We don't look at an insurance card when they come in – it's just the mission of medicine. It is almost implied. The reward is satisfaction that you are helping someone. Keeping people healthy benefits all of society." Nobody can argue with that. We're just glad that you and your partners are there to help our patients who typically wait too long to seek help. Thank You!

<u>IMS</u>

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property has 2 deep working wells for flower beds, lawn and grape arbor maintenance.

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CME & Conferences

Community Health Network

Community Hospital East

Critical Care Conference

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

Second Medical Grand Rounds

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

Third Neuro Grand Rounds

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

Community Hospital South

Medical Grand Rounds Fourth

Thursday Conf. Rooms A & B, 7:30 - 8:30 a.m.

Community Hospital North

Pediatric Grand Rounds Wednesday Multi Services Rooms 1 & 2

7250 Clearvista Dr. 7:30 – 8:30 a.m.

First North Forum

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

Psychiatry Grand rounds Fourth Thursday 7250 Clearvista Dr.

Multi-Service Rms. 1 & 2 7:30 - 8:30 a.m.

Community Heart & Vascular/

Indiana Heart Hospital

Imaging Conference: First

rotates Cath & Echo Case Presentations Wednesday TIHH MCV Boardroom Videoconference to

CHE Bradley Boardroom &

CHS Education Center Rm. 2-1910

7:00.- 8:00 a.m.

Third

Ken Stanley CV Conference TIHH MCV Boardroom Videoconference to Wednesday

CHE Bradley Boardroom & CHS Education Center Rm. 2-1910

7:00 - 8:00 a.m.

Fourth Disease Management Conference: Wednesday

TIHH MCV Boardroom Videoconference to CHS Education Ctr. Rm. 2-1910, 7:00 - 8:00 a.m.

Cancer Conferences Community Hospital East:

First & Third East General Cancer Conference

Wednesdays Medical Staff Conf. Room, 12:00 to 1:00 p.m.

East Multidisciplinary Breast Cancer Conference Fourth

Medical Staff Conference Room Wednesday

7:00 to 8:00 a.m.

Community Hospital North

North Multidisciplinary Breast Conference First & Third 8040 Clearvista Parkway, Suite 550, 7:00 - 8:00 a.m. Tuesdays

North Chest Cancer Conference First

Wednesday 8040 Clearvista Parkway, Suite 550, 7:00 - 8:00 a.m.

Third Melanoma Cancer Conference

Wednesday 8040 Clearvista Parkway, Suite 550, 7:30 - 8:30 a.m.

Community Hospital South

South Multidisciplinary Third Wednesday Breast Cancer Conference

Community Breast Care Center South,

533 E. County Line Rd., Ste. 101, 8:00 - 9:00 a.m.

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

Indiana University School of Medicine/ Indiana University Health

IU - Methodist - Riley

Oct. 19-20 Primary Care of Adolescents:

Pearls, Perils and Pitfalls

Indianapolis Marriott East, Indianapolis

Nov. 2-3

The Third Annual Eugene & Marilyn Glick Eye Institute Vision Symposium Eugene & Marilyn Glick Eye Institute, Indianapolis

Nov. 2-3 20th Annual Trauma/Surgical

Critical Care Symposium

University Place Conference Center, Indianapolis

Nov. 7 Pediatric Endocrinology

Riley Outpatient Center, Indianapolis

2013

Jan. 19 Review and Interpretation of the 2012 San Antonio

Breast Cancer Symposium

Indiana History 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.

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2012 Indiana Psychiatric Society **Fall Symposium**

Prescribing Controlled Medications for Risky Populations - When to Say YES!

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Saturday, September 15, 2012 JW Marriott - Indianapolis

While college campuses have long faced challenges of alcohol abuse and binge drinking, a new phenomenon is taking hold. The proliferation of prescription drug abuse among college-aged students is a frightening trend spreading across campuses nationwide. Statistics reported by SAMHSA estimate nearly one in four college students has illegally used prescription drugs for non-medical purposes. As these young adults grow and transition into "the real world" these "harmless" tendencies can develop into full blown addictions causing significant functional issues and exacerbating other psychiatric morbidities.

This symposium will explore college mental health, the increasing abuse of prescription drugs, and opiate use disorder. We will also explore adolescent versus adult ADHD, understanding when medications are appropriate. Our day will wrap up with a look at those drugs most likely to be diverted.

Speakers will present a balanced program of lectures and case scenarios to improve your understanding of these issues. Join us!

To learn more or register, visit www.pdallc.com or email Sara at lizgroupllc@yahoo.com.

Please submit articles, comments for publication, photographs, Bulletin Board items, CME and other information to mhadley@imsonline.org

by the first of the month preceding publication.

IMS Events

Indianapolis Medical Society

August 21

Executive Committee, Society, 6:00 pm, Sandwiches

September

Senior/Inactive Luncheon Meeting, Noon, Society, Speaker TBA 12 14-16 ISMA CONVENTION, JW MARRIOTT HOTEL 25 IMS Board, Society, 6:00 pm, Social; 6:30 pm, Dnr/Mtg

October

Executive Committee, Society, 6:00 pm, Sandwiches 16

November

IMS Advisory Breakfast, 7:30 am

10-13 AMA House of Delegates, Honolulu, Hawaii

20 ISMA Board of Trustees, 9:00 am, ISMA Headquarters

December

12 Senior/Inactive Luncheon Meeting, Noon, Society TBD 18 Executive Committee Holiday Dinner, with Spouses/Guests

Free Cessation Help for Your Patients

Two free tobacco cessation programs in Indiana work hand-in-hand to help patients stop using tobacco. The Indiana Tobacco Quitline (1-800-QuitNow) is a free, telephone-based, tobacco cessation program for all residents of Indiana, 18 years old and over. Specially trained Quit Coaches work with the user to develop an individualized quit plan. Patients can call 1-800-QuitNow directly or they may be referred via FAX by a health care provider who is a Preferred Provider within the Quit Now Network. A Preferred Provider receives:

• Fax Referral Privileges plus FAX forms; the initial call is made by a Quit Coach™ to the tobacco user.

· Status reports on fax referred patients: did the patient answer the Quitline call, enroll in the program and/or plan a quit date.

• Free Quitline literature for patient and provider use.

There is no charge for these services. To enroll as a Preferred Provider go to: http://www.in.gov/quitline/2358.htm. For more information, contact Lynne Arrowsmith, RRT, Tobacco Cessation Specialist, Marion County Public Health Dept. at 317-221-2084; larrowsmith@hhcorp.org.

Funding to the Tobacco Prevention and Cessation Commission at the Indiana State Department of Health comes from Indiana's portion of the 1998 Master Tobacco Settlement Agreement. In 1998, 46 states settled with several tobacco companies for misleading marketing claims and loss of life and medical expenses through Medicaid.

The Quitline provides an intensive counseling option not feasible in busy clinic environments. Counseling in combination with a FDA approved cessation medication creates the strongest chance of cessation success. TPC's cessation specialists provide additional advice and consultation.

The Indiana Immunization Coalition

In partnership with the Indiana Immunization Coalition and supported by the National Office of Women's Health, the Indiana University Center of Excellence in Women's Health developed a series of webinars about cervical cancer directed at both providers and patients.

This webinar series has free CME and is open to all. Human Papillomavirus (HPV) Vaccines http://connect.iu.edu/

Why Do I Need a Pap Smear?http://connect.iu.edu/

p9pialfcge1/

10 Reasons to Vaccinate Children against HPV Infection http://connect.iu.edu/p9rzmcn4e8y/ Cervical Cancer Screening for the Rural, Underserved and Underinsured Patients http://

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President's Page ...

(continued from page 7)

alters the kinds of treatments patients receive near the end of life. Moreover, the POST could be used as a tool in the advance care planning process to facilitate conversations about a wider range of treatment decisions likely to arise in the final months of life, rather than narrowly focusing on resuscitation preferences at the time of death.

Next Steps

The IPPC is working to find legislative solutions to these barriers and others and will provide suggestions for revised legislation with the goal of seeing a new POST bill successfully introduced in the 2013 legislative session. In anticipation of achieving this goal, the IPPC is busy creating educational materials and developing a coordinated implementation plan to help ensure a smooth and successful roll-out of the Indiana POST program.

For more information, contact Susan Hickman at hickman@iupui.edu or Jerry Walthall at gerald.walthall@franciscanalliance.org.

References

¹Hickman SE, Hammes BJ, Moss AH, Tolle SW. Hope for the future: Achieving the original intent of advance directives. Hastings Center Rep 2005;35(6):S26-S30.

²Hickman SE, Nelson CA, Moss A, et al. Use of the Physician Orders for Life-Sustaining Treatment (POLST) Paradigm Program in the Hospice Setting. J Pall Med 2009;12: 133-141.

³ Hickman SE, Nelson CA, Perrin A, et al. A comparison of methods to communicate treatment preferences in nursing facilities: traditional practices versus the Physician Orders for Life-Sustaining Treatment (POLST) Program. J Amer Geri Soc 2010; 58: 1241-1248.

⁴ Hickman SE, Nelson CA, Moss A, et al. The consistency between treatments provided to nursing facility residents and orders on the Physician Orders for Life-Sustaining Treatment (POLST) Form. J Amer Geri Soc 2011;59: 2091-2099.

On a Personal Note:

I want to thank the members and leadership of the Indianapolis Medical Society for the honor of serving as your President. I have enjoyed the experience immensely and have tried to bring honesty, integrity and energy to this great organization.

I want to acknowledge, too, the many perspectives I have been able to share with you on the pages of the *Bulletin* from medical leaders throughout our community. The diversity, I hope, has proven to be thought-provoking.

Thanks to Beverly Hurt, EVP, and the staff of the IMS for keeping our organization moving forward.

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http://www.favoritestaffing.com/ public/MedicalSocieties/Indianapolis/ Indianapolis_index.aspx

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IMS Bulletin, August 2012

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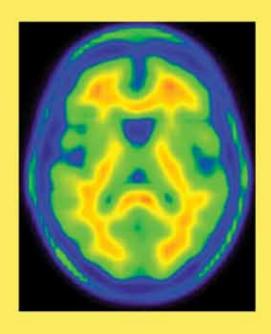






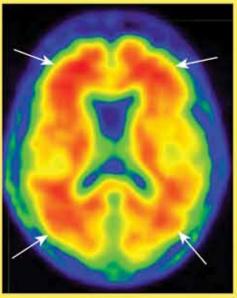
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Arrows Indicate Amyloid Neuritic Plagues

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To schedule a scan or for more information, call 317-XRAY NOW (972-9669), or toll-free 800-400-9729.



