

## *New Year's Reflections*

*Looking back on the months gone by,  
As a new year starts and an old one ends,  
We contemplate what brought us joy,  
And we think of our loved ones and our friends.*

*Recalling all the happy times,  
Remembering how they enriched our lives,  
We reflect upon who really counts,  
As the fresh and bright new year arrives.*

*And when we ponder those who do,  
We immediately think of you.  
Thanks for being one of the reasons  
We'll have a Happy New Year!*

*By Joanna Fuchs*

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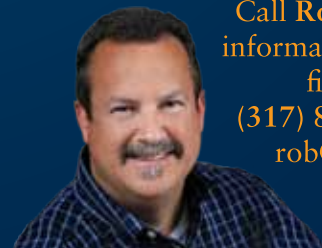
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Recipients of the **Health Care Heroes Awards** will be profiled in a special supplement of *Indianapolis Business Journal* on March 5, 2012. They will receive their awards at a breakfast hosted by *Indianapolis Business Journal*, Comcast Spotlight, Crowe Horwath, Fifth Third Bank and Hall, Render, Killian, Heath & Lyman in March 2012.

To receive a nomination form, visit [www.ibj.com](http://www.ibj.com); mail your name, company name, address, phone and fax number to *Indianapolis Business Journal*, 41 East Washington Street, Suite 200, Indianapolis, IN 46204; or call Patty Johns at 317-472-5319.

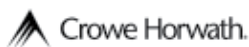
## THIS YEAR'S CATEGORIES ARE:

- Community Achievement in Health Care
  - Physician
  - Advancements in Health Care
  - Non-Physician
  - Volunteer
- Nominations must be postmarked by January 13, 2012.
- For information about advertising in the Health Care Heroes supplement of *IBJ*, call 317-634-6200.

**INDIANAPOLIS BUSINESS JOURNAL**  
**Health Care HEROES**



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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

*The Bulletin* invites news from and about members of the Indianapolis Medical Society. Copy deadline: First of the month preceding month of publication.

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**ATTENTION SOCIETY MEMBERS**

We like to feature photographs or other artwork shared by IMS members on the cover of *The Bulletin*. Submit photographs, artwork, etc., to Beverly Hurt at the Society Office, [bhurt@imsonline.org](mailto:bhurt@imsonline.org).

*The Bulletin* is your magazine. Share your views by submitting reprints of your published articles; articles written expressly for *The Bulletin*; quips; short stories; brief comments; ideas; cartoons, etc.

Remember the *Indianapolis Medical Society Foundation* when planning your will. (*Contribution form included in this issue.*) Unless otherwise specified, your contribution will be directed toward medical scholarships.

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**about our cover**



On our cover:  
*We wish you Joy, Peace and Good Health in the New Year!*



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## *the Role of the Physician, the Role of the Chaplain*

*Addressing spiritual distress in one's patients – the role of the physician and the role of the chaplain ...*

Recently I was talking with one of our Staff Chaplains about how spiritual concerns impact patient decisions about medical care and treatment. As we talked, she told me about a number of articles about spirituality in medicine, especially as it pertains to the physician-patient relationship. One article she was reading recently came to mind. It is from *Archives of Internal Medicine* (Volume 166, Jan, 9, 2006, pp 101-105) entitled "Are You at Peace?—One Item to Probe Spiritual Concerns at the End of Life." Although this study was focused upon patients with limited life expectancy (from CHF, COPD, and ESRD) one of the conclusions is that the simple question, "Are you at peace?" may evoke openness upon the part of patients to discuss their emotional and spiritual concerns in a nonthreatening, nonsectarian manner with their physicians.

Physicians sometimes question what their role is in probing their patients' spiritual distress and how to address it. This article identifies a "practical, evidence based approach to discussing spiritual concerns in a scope suitable to a physician-patient relationship." Doing so may improve the quality of the clinical encounter and lead to an enhanced relationship with one's patients.

The article cites literature from the *Journal of Family Practice* which shows that 77% of in-patients think their physicians should consider their spiritual needs, 37% wanted their physicians to discuss religious beliefs with them, 48% wanted their physicians to pray with them, and 68% said their physician had never discussed religious beliefs with them. The numbers are less in the outpatient setting; however, the importance of utilizing this question is similar to asking "Are you depressed?" when screening for a more in-depth psychological assessment and referral. The question about being at peace may well be a gateway to larger discussion, framed according to a patient's values, preferences, and life experiences.



The specific language patients choose to use in response to the question "reveals their frame of reference, dimensions of distress, and acceptable terminology for discourse. If a patient's response connotes a spiritual frame, physicians may continue with a more in-depth spiritual assessment in which he or she asks more specifically about what role faith or spirituality plays in the life of the patient and in the role of health and decision making. Furthermore, the physician may inquire about the role of the faith community as support and about how the patient would like his or her spiritual needs to be addressed in the health care context."

Sometimes physicians may fear that theological discussions rest outside their role or expertise. However, the simple question, "Are you at peace?" may be the trigger for a referral to the chaplain for more in depth discussion about spiritual matters, or perhaps to a financial patient representative if the patient's focus is upon financial worries, and, yet again, one may refer to a psychologist to discuss emotional/mental distress. At any rate, the relationship with one's patients is enhanced by merely asking the question and taking into account the values that undergird one's patients' lives. The patients perceive that their doctor cares for them as an entire person and not simply the "body presenting for treatment."

I have found that chaplains are an important part of the treatment team. In working with patients to provide care for the total person, I appreciate being able to refer patients to them when striving to alleviate spiritual distress while also striving to help patients "get well." Utilizing chaplains as a resource in understanding what a patient values and how those values may impact the care and treatment I provide can only improve the outcomes for patients.

I expect I will write more about the services that chaplains offer in future newsletters. They are adept in helping people utilize their faith and values in coming to terms with illness and treatment decisions, and are a valuable resource for us as we treat our patients.

# 50-Year Class 2011



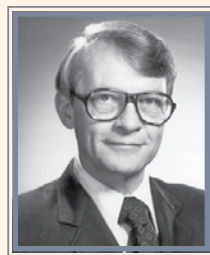
Girdhar Lal  
Ahuja, MD



Barbara  
Bedwell All, MD



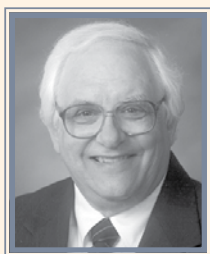
William S.  
Bennett, MD



Daniel L.  
Boyd, MD



Edward M.  
Cockerill, MD



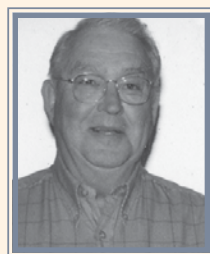
Lawrence U.  
Cookson, MD



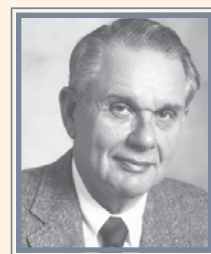
Daniel R.  
Elliott, MD



Jay L.  
Grosfeld, MD



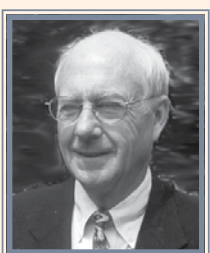
Jon P.  
Jontz, MD



Stuart A.  
Kleit, MD



Jay W.  
Lang, MD



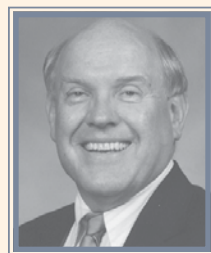
James M.  
Lawrence, MD



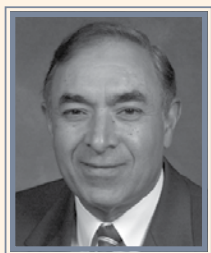
Thomas J.  
Lord, MD



Richard L.  
Nachman, MD



David J.  
Need, MD



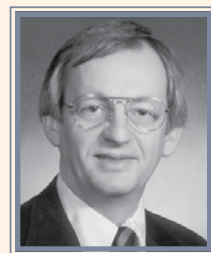
Haroon M.  
Qazi, MD



Richard R.  
Schumacher, MD



Fayez S.  
Tushan, MD



James M.  
Vandivier, MD

*IMS President, Richard H. Rhodes, MD, presided over a celebration of our newest 50-Year Club Members at a luncheon held in November at the Seasons 52. Congratulations to these remarkable physicians!*



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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; Sheila Abebe, FNP, PhD  
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# Bulletin Board

**Michael H. Fritsch, MD**, Otolaryngology, taught two courses at the American Academy Otolaryngology - Head and Neck Surgery National Meeting in San Francisco.

**Jeffrey A. Greenberg, MD**, Indiana Hand to Shoulder Center, was Chairman, "Precourse 9: A Practical Approach to Ulnar Sided Wrist Pain" and "Subcondylar Osteotomy for Ulnar Impaction" presentation at the American Society for Surgery of the Hand, 66th Annual Meeting, September 8, 2011. At the 66th Annual Meeting, Dr. Greenberg also presented "Treatment of Distal Radius Fractures" at the Stryker Orthopedics Presentation on September 7, 2011. He also presented the paper "Distal Metaphyseal Ulnar Shortening Osteotomy" on September 10, 2011 at the meeting.

In November 2011, Dr. Greenberg was the Moderator for Wrist Section, Arthroplasties of the Hand, Wrist and Elbow at the American Society for Surgery of the Hand Course in Rosemont, Illinois.

**Jeffrey M. Rothenberg, MD**, Clinical Associate Professor, The Department of Obstetrics & Gynecology, Vice Chair for Faculty Development and Alumni Affairs, Vice President of the Medical Staff: Indiana University Health, Indiana University School of Medicine, was elected President of the Medical Staff for IU Health for the 2012 calendar year.

**Rick C. Sasso, MD**, Indiana Spine Group, had two chapters published in the recently released spine textbook, *Handbook of Spine Surgery*. Dr. Sasso's chapters were "Spinal Navigation" and "Facet Screw Fixation/Fusion."

Dr. Sasso served as a faculty member at two instructional courses, which were held at the North American Spine Society (NASS) annual meeting held in November in Chicago, Illinois. He was asked to give a lecture on posterior cervical instrumentation techniques from C2 to T1 in the "cervical spine stabilization instructional course." Dr. Sasso was also asked to discuss the current status of cervical artificial disc replacements in the instructional course, "Motion Preservation Technology: Clinical Scientific and Economic Challenges." He had five of



Michael H. Fritsch, MD



Jeffrey A. Greenberg, MD



Jeffrey M. Rothenberg, MD



Rick C. Sasso, MD

his clinical studies presented as a podium presentation at the NASS meeting, most of the studies presented involved cervical myelopathy, a prospective cervical fracture, and a prospective trial on cervical disc replacements.

IMS

## Take Your Best Shot The 2012 IMS Bulletin Cover Contest

The IMS wants your photographs for use on the covers of the IMS Bulletin, on the web and in other publications.

Take Your Best Shot contest will be judged by professional photographers from the Indianapolis area.

Prizes and a gallery show will be given at the end of 2012!

To enter send your digital photos (300 dpi, color, 8 x 10") to [ims@imsonline.org](mailto:ims@imsonline.org)

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**Directories** – Using the DocBook IMS directory, physicians can look up other physicians in the IMS 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 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.

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

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## New Members

**Dolar, Mariatheva V., MD**  
IN Radiology Partners  
714 N. Senate Ave., #100  
46202-3297  
Ofc – 962-6001  
Diagnostic Radiology, 2001  
Neuroradiology, 2005  
University of the Philippines,  
Manila, 1994

**Leland, Amy D., MD**  
Goodman Campbell Brain and Spine  
8333 Naab Rd., #250  
46260-1983  
Ofc – 396-1300  
Fax – 396-1346  
4141 Shore Dr.  
46254-2607  
Ofc – 329-2000  
Web – [www.goodmancampbell.com](http://www.goodmancampbell.com)  
Physical Medicine & Rehabilitation  
Indiana University, 2007

**Maertz, Nathan A., MD**  
IN Radiology Partners  
714 N. Senate Ave., #100  
46202-3297  
Ofc – 715-6401  
Diagnostic Radiology, 2010  
University of Wisconsin, 2005



**Martin, Benjamin G., MD**  
Urology of Indiana, LLC  
8040 Clearvista Pkwy., #370  
46256-4673  
Ofc – 813-1660  
Fax – 813-1667

13914 State Rd. 238 E., #301  
Fishers, 46037-5508  
Ofc – 415-9095  
Fax – 415-9096  
Urology  
University of Cincinnati, 2006



**Sanders, Anthony L. D., MD**  
Community Women's Health  
1400 N. Ritter Ave., #431  
46219-3052  
Ofc – 355-3090\*  
Fax – 355-3091

Obstetrics & Gynecology  
Meharry Medical College, 2005

**Tinder, Jennifer N., MD**  
Resident – St. Vincent Hospital  
Obstetrics & Gynecology  
St. George's University, Grenada, 2011

**Weinberger, Jeffrey B., MD**  
Community Heart & Vascular Physicians  
1315 N. Arlington Ave., #100  
46219-3267  
8075 N. Shadeland Ave., #120  
46250-2697  
Ofc – 353-9338  
Fax – 355-9672  
Surgery, 2009  
Vascular Surgery, 2011  
Wayne State University, 2002

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Jeffrey Creelius, MD  
Henry Feuer, MD  
Daniel Fulkerson, MD  
Randy Gehring, MD  
Peter Gianaris, MD  
Eric Horn, MD, PhD  
Steven James, MD  
Saad Khairi, MD  
Thomas Leipzig, MD  
Shannon McCanna, MD  
James Miller, MD  
Jean-Pierre Mobasser, MD  
Paul Nelson, MD  
Troy Payner, MD  
Eric Potts, MD  
Michael Pritz, MD, PhD  
Richard B. Rodgers, MD  
Carl Sartorius, MD  
Mitesh Shah, MD, FACS  
Scott Shapiro, MD, FACS  
Michael Turner, MD  
Thomas Witt, MD  
Robert Worth MD, PhD  
Ronald L. Young, II, MD

## Pediatric Neurosurgeons

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  
Derran Wilson, MD

## Neuropsychology

Donald Layton, PhD



# Project Health



Carrie Jackson Logsdon, Director

## Thank You, Rod E. Robinson, MD!



Rod E. Robinson, MD, is Project Health's Physician of the Month for January. He was born in Danville, Indiana, and grew up in Greenwood where he attended Whiteland Community Schools, playing basketball and tennis. He attended Wheaton College in Wheaton, Illinois, where he majored in chemistry. He graduated in 1997 from the Indiana University School of Medicine.

Dr. Robinson completed his residency at Florida Hospital in Orlando in 2000. Returning to Indiana, he has been a family physician on the south side, and is in an independent practice with his father, Robert J. Robinson, MD. They are on staff at St. Francis, Community South, and are part of the Indiana University outpatient teaching faculty.

"I enjoy practicing family medicine because of the long term relationships developed with families, the variety of medical issues that I encounter, the focus on preventive care, as well as, the ability to focus on areas of interest," said Dr. Robinson.

Dr. Robinson has also worked for three years for Emergency Physicians of Indianapolis in Mooresville, has been on the Professional Services Committee at St. Francis Hospital for the past five years, and played in the Docs-vs-Jocks-vs-Drugs annual charity basketball game for the past 11 years. Dr. Robinson has been active in ongoing research/clinical trials. Both he and his father enjoy teaching medical students and residents as part of their family medicine rotations.

"We have seen Project Health patients since the very beginning. Some have been with us for several years while others have obtained health insurance through their employment and relied on Project Health to get them through a challenging phase of their life. Project Health patients are grateful, reliable, and compliant. We have had great help from the Project Health team in getting patients needed labs, x-rays, specialty consultation, as well as, help with medications. We enjoy providing services to Project Health patients and feel that


if primary care physicians would each care for a few, a larger number could be helped."

"Another large need on the south side of Indianapolis is caring for the Burmese refugee population. These families from Burma have very limited resources and their kids require full immunization catch-ups, preventative care, and dental care. Several have significant chronic health problems that have been undiagnosed and/or untreated for years. Thankfully, through the Medicaid Program, we have been able to provide services to these families. Sometimes a translator is required."

Dr. Robinson said he spent a month practicing medicine in rural Appalachia in the second poorest county in the United States. "There is a doctor shortage in that part of the country and preventive care, as well as, basic necessities such as clean water, shoe wear, dental care, and nutrition needs make a big difference in people's health."

He has been married for 18 years and they have three boys ages 14, 12, 8. They attend Whiteland Community Schools. They are active in football, basketball, tennis and music.

Dr. Robinson still enjoys sports. He recently became active in running and has completed several mini marathons. Last year he ran the Indianapolis Monumental Marathon - his first full marathon. He coaches youth sports and helps with the Whiteland School Tennis Program. The family enjoys taking trips to different areas of the country. "Over the past several years we have visited many places including Maine, New York City, the Florida Everglades, Yellowstone and the Grand Tetons, the Grand Canyon, and the Colorado Rockies."

"For unto whomsoever much is given, of him shall be much required." (Luke 12:48) "We feel we have been blessed and want to give back to our community. We strive to provide excellent medical care, be active in our local hospital, teach the next generation of doctors, and be charitable to those in need of medical care that they may not be able to afford. Project Health is one way we feel like we can give back and are thankful for the opportunity." Project Health is a much stronger program because of Dr. Robinson's commitment. Thank you! 

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# In Memoriam



**Charles Edward Test, MD**  
1916 - 2011

Charles Edward Test, MD, 95, Indianapolis, died on November 15, 2011. He was born in Indianapolis on January 10, 1916. He grew up in Indianapolis and was educated at Park School from 1928 to 1933, receiving the Park Tudor Distinguished Alumni Award in 2003. He graduated from Princeton University in 1937 with a degree in biology and then went to medical school at the University of Chicago, receiving his MD degree in 1941.

Dr. Test returned to Indianapolis for his postgraduate medical training at Indiana University Medical Center, completing his internship in 1942. In 1942, he joined the Army as a first lieutenant in the Medical Corps. He spent the next three years in Australia, New Guinea, and the Philippine Islands. After his military service, he was a resident in medicine at IU for a year and subsequently returned to the University of Chicago as chief resident and instructor in internal medicine from 1949 to 1951. In 1951, he returned to Indianapolis, where he lived for the rest of his life, and established a solo private practice in internal medicine, with offices first in the Hume Manseur Building and later in the Consolidated Building. He retired from private practice in 1985. He served as a faculty member at Indiana University School of Medicine from 1951 to 1965. He also served on the admissions committee of the medical school from 1975 to 1996. While in practice, he served as the president of the medical staffs of both Marion County General (now Wishard) Hospital and St. Vincent's Hospital. He served as Chief of Medicine at Marion County General Hospital

for ten years. Dr. Test served the IMS as Vice Chairman 1965-1966 and Chairman 1971-1972. IU School of Medicine honored him with the J. O. Ritchey Award in 2004.



**Bobby Lee Moss, MD**  
1924 - 2011

Bobby Lee Moss, MD, 87, Indianapolis, passed away November 30, 2011.

Dr. Moss was born August 26, 1924, in Center Point, (Clay County) Indiana. Dr. Moss graduated from Ashboro High School as Valedictorian with the class of 1941. Following high school he attended Purdue University for a semester and then graduated from Indiana University with a bachelor's degree in Medicine in 1944. He then received his medical degree from Indiana University School of Medicine graduating in 1946 and completed his internship at the U.S. Naval Hospital, Long Beach, California.

Dr. Moss served in the United States Naval Reserve from 1943 to 1958. During his Naval tenure he served as port surgeon in Guam from 1947 - 1949. Dr. Moss worked at St. Joseph Hospital in South Bend, Indiana from 1949 to 1950. He also worked at the V.A. Hospital in Providence, R.I., in internal medicine, for two years, before starting private practice in Indianapolis in 1951 retiring in 2003.

Dr. Moss held membership with the American Medical Association. He served the IMS as an Alternate Delegate to the State Convention 1963-1966.

Dr. Moss was honored in March 1996 as a member of the ISMA Fifty Year Club.

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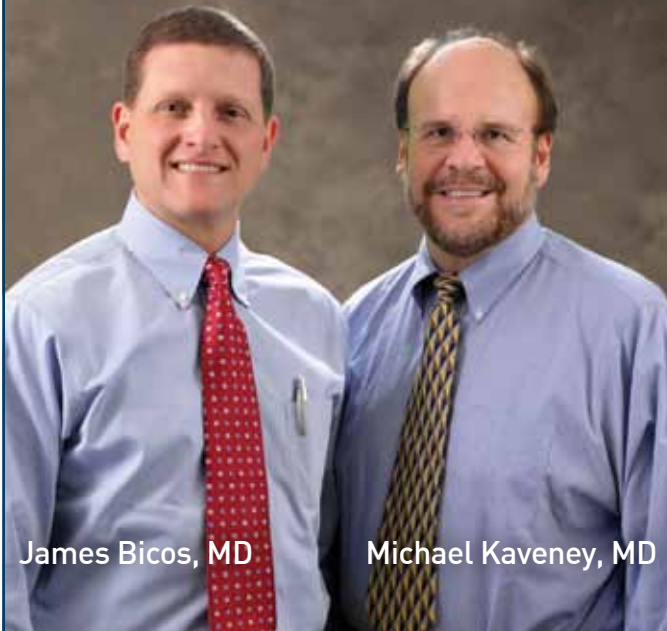


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## ICD-10CM and Chapter 15 Pregnancy, Childbirth and the Puerperium (O00-O9a)

This article will present an overview of the changes to specific disorders classified to Chapter 15 of ICD-10CM. Not all revisions will be identified here but certain conditions are highlighted to point out certain concepts that represent terminology, organizational and classification modifications. ICD-10CM allows coding for increased specificity in the reporting of diseases and recently recognized conditions.

The first hurdle is to recognize that ICD-10CM codes in Chapter 15 PREGNANCY, CHILDBIRTH AND THE PUERPERIUM (O00-O9A) begin with the alpha character "O" – not to be confused with the numerical character "0". Remember that the first character in ICD-10CM is always an alpha character. Chapter 15 PREGNANCY, CHILDBIRTH AND THE PUERPERIUM (O00-O9A) includes the categories arranged in the following blocks:

O00-O08	Pregnancy with abortive outcome
O09	Supervision of high risk pregnancy
O10-O16	Edema, proteinuria and hypertensive disorders in pregnancy, childbirth and the puerperium
O20-O29	Other maternal disorders, predominantly related to pregnancy
O30-O48	Maternal care related to the fetus and amniotic cavity and possible delivery problems
O60-O77	Complications of labor and delivery
O80,O82	Encounter for delivery
O85-O92	Complications predominantly related to the puerperium
O94-O9A	Other obstetric conditions, not elsewhere classified

ICD-10CM codes from Chapter 15 PREGNANCY, CHILDBIRTH AND THE PUERPERIUM (O00-O9A) are for use only on maternal records, never on newborn records. Codes from this chapter are for use of conditions related to or aggravated by the pregnancy, childbirth, or by the puerperium (maternal causes or obstetric causes).

### Identifying Trimesters

For most conditions classified in Chapter 15 PREGNANCY, CHILDBIRTH AND THE PUERPERIUM (O00-O9A) episode of care is no longer a secondary axis of classification as in ICD-9CM. The ICD-10CM codes will identify the trimester in which the condition occurred at the fifth and sixth character level. Trimesters in ICD-10CM will be identified as follows:

1st trimester	Less than 14 weeks 0 days
2 <sup>nd</sup> trimester	14 weeks 0 days to less than 28 weeks 0 days
3 <sup>rd</sup> trimester	28 weeks 0 days until delivery

Identifying the trimester will not always be a component of a code because the trimester is not applicable or because the condition may always occur in a specific trimester. An example of when a trimester would not be applicable is found in ICD-10CM code O32 Maternal care for malpresentation of

fetus. This condition is associated with a delivery so would not apply to the first and second trimester.

### Multiple Gestations

In ICD-10CM Chapter 15 PREGNANCY, CHILDBIRTH AND THE PUERPERIUM (O00-O9A) a seventh character extension will be applied to identify multiple gestations in certain categories that designate maternal care for problems such as damage or fetal anomaly. ICD-10CM will require the identification of the affected fetus. In the seventh character designation character 1 through 9 is used to identify the fetus in which the code applies. Category O31 Complications specific to multiple gestation is an example of the seventh character designation. One of the following seventh characters is assigned to each code under this category. The seventh character 0 is for single gestations and multiple gestations where the fetus is unspecified.

0	not applicable or unspecified
1	Fetus 1
2	Fetus 2
3	Fetus 3
4	Fetus 4
5	Fetus 5
9	Other fetus

The appropriate code from category O30 Multiple gestation must also be assigned when assigning a code from category O31 that has a seventh character of 1 through 9.

### Revised Code Titles

Some code titles have been revised in different locations in ICD-10CM Chapter 15 PREGNANCY, CHILDBIRTH AND THE PUERPERIUM (O00-O9A) that reflects a change in terminology. For example, in ICD-9CM category 654 Abnormality of organs and soft tissues of pelvis will appear in ICD-10CM as category O34 Maternal care for abnormality of pelvic organs. A different example in ICD-9CM category 664 Trauma to perineum and vulva during delivery will appear in ICD-10CM as category O70 Perineal laceration during delivery.

A final example in modifications to the organization, terminology, and classification of pregnancy, childbirth, and the puerperium conditions in ICD-10CM are in the coding of eclampsia. In ICD-9CM eclampsia is coded in category 642. In ICD-10CM eclampsia is coded to category O15 and will require documentation by the physician to include the identification of the trimester, and whether the eclampsia is in labor or puerperium. Other categories will be available to include pre-eclampsia.

It is time to start becoming familiar with changes coming with ICD-10CM. Review and compare the ICD-10CM Tabular List to the current ICD-9CM Tabular List in your specialty and begin to identify their differences. **IMS**

*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.*

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# CME & Conferences

## Community Health Network

### Community Hospital East

First  
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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.

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May 4 15th Annual IU Gastroenterology/Hepatology Update  
University Place Conference Center, Indianapolis

May 20 Christian Sarkine Autism Treatment Center  
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July 20 Review and Interpretation of the 2012 ASCO Meeting  
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Please send submissions for the Bulletin Board, CME and the Bulletin to [mhadley@imsonline.org](mailto:mhadley@imsonline.org) by the first of the month preceding publication. Inclusion is on a space available basis and limited to members in good standing of the IMS.

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# In Summary

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For the 2011 AMA dues year, the portion of deductible dues is 35 percent and the portion of dues that are attributable to lobbying and not tax-deductible is 65 percent.

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