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Bulletin



Bruce M. Goens, MD
IMS President 2012-2013

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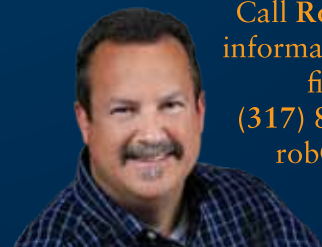
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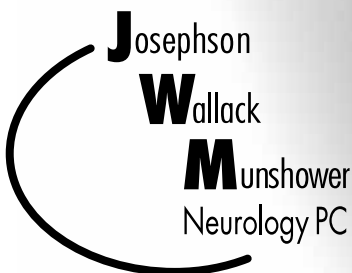
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We like to feature photographs or other artwork shared by IMS members on the cover of *The Bulletin*. Submit photographs, artwork, etc., to Beverly Hurt at the Society Office, bhurt@imsonline.org.

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

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about our cover



On our cover:

Introducing Bruce M. Goens, MD

Dr. Bruce M. Goens installation as the 139th President of the Indianapolis

Medical Society will occur during the October 2, 2012 Board of Directors Meeting.

In order to focus on his philosophy for the coming year, Dr. Goens has decided to forego a "formal" Inaugural and instead donate a portion of the money allocated for the Inaugural to the Indianapolis Medical Society Foundation Project Health.

Congratulations to our new leadership team for 2012-2013!

Thanks to all who ran for office and those who took the time to vote for the 2012-2013 IMS leadership.



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President's Page

Bruce M. Goens, MD

I appreciate the opportunity to serve as president of the Indianapolis Medical Society and look forward to this upcoming year. I will be the 139th president of IMS, and since its inception, 75% of our presidents have been Specialists and 25% have been Primary Care doctors. I mention this historical fact because in future President's Pages I plan to discuss issues that affect all physicians, but will also emphasize those that sometimes have a more unique effect on Primary Care.

I have been in the clinical practice of general Internal Medicine for the last thirty-three years here in the Indianapolis area, and I have also previously worked on the administrative side of our health care delivery system in various roles which included Medical Director for one of the largest HMOs in the state. As a prior Medical Director Consultant for self-funded insurance plans, commercial insurance plans, and third-party administrators, I understand the issues that payers face regarding appropriate utilization and quality of care concerns for their enrolled members.

The vast majority of the time, physicians initiate the delivery of health care services and then continue to provide or oversee the ongoing delivery of care by other types of health providers such as physician extenders (NPs and PAs), hospitals, therapists, and pharmacists. We need to continue to work hard to preserve this primary function without undue or inappropriate outside interference. However, all prescriptions, procedures, surgeries, therapies, office visits, hospitalizations and interactions provided to our patients will continue to be affected by various rules, regulations, policies and benefits imposed by payers. Physician organizations enhance our ability to participate effectively in the evolution of these activities.

One important agenda item for this coming year will be to provide more information to all physicians, IMS members and non-members alike, about the importance of being involved in the various forms of organized medicine (particularly IMS) and how this can help us remain the most important voice in the delivery of health care services. Strong organizations, such as IMS, can provide appropriate input into the changes that both insurance companies and the government impose on us and our patients. Locally, an increase in IMS membership would help achieve this goal. IMS membership has dropped significantly over the last five years (2007 to 2011) with a reduction of 8.5%.

It is my goal this upcoming year to work with the Board along with IMS administration to develop new strategies to increase our membership. I will use this page to engage our members to share ideas on how to accomplish this goal. I hope that we will all gain a better understanding of the many challenges and changes we will continue to face, and thus be better prepared to continue providing excellent quality care to our patients. This year as various topics are discussed, I will attempt to relate and compare general national medical issues to our local community and explore our unique differences in needs, outcomes and delivery of care. The topics I will cover this year will be clinical, administrative and political in nature.

The mission statement of IMS from the 1999 retreat is as follows: *"The mission of the Indianapolis Medical Society is to promote professional growth, advocacy for all physicians, and quality health care for the community."* In our current medical climate of rapid change it is becoming even more important

to work collaboratively to enable physicians to deal effectively with the onslaught of changes that we routinely face today that our predecessors did not anticipate even in 1999.

Both Specialists and Primary Care doctors must deal with basically the same new non-clinical issues and problems in addition to new technologies and treatments for our patients on the clinical side. Our profession inundates us with new mandates, programs, policies, guidelines, protocols, reimbursements, codes, documentation requirements, clinical technology, outcome measurements, and daily work-flow challenges that incorporate a quickly changing array of electronic information technology equipment and programs.

A few of the recent changes in the health care delivery system include the Affordable Care Act, Accountable Care Organizations, Shared Savings Plans, and The Medical Home concept with the corresponding vegetable soup of new acronyms (ACA, ACO, SSP, etc.). I think, however, we still have control over the most important event in all of the health care delivery system which is the "moment of clinical and financial value." This term is used to identify the clinical setting when we are actually engaged with our patients providing them various cognitive and procedural clinical services. This typically occurs without the direct presence of a third-party payer (insurance companies or the government), however I had this past year a workman's comp case where the Case Manager attended most physician office visits).

Of course, this moment of clinical value is greatly affected by the various factors mentioned above and the demand for challenging electronic documentation. The increase in information technology and electronic medical records are expensive and time-consuming. The progression to the electronic health record has its own set of new obstacles and concerns that include work-flow efficiency, documentation, and new privacy requirements (HITECH) that have different rules and regulations than HIPAA standards with which we have been familiar. HITECH rules concern the electronic transfer of privacy-protected medical information (HPI). But not all information is necessarily helpful clinical knowledge, and we should keep this in mind as we become more electronic-information based, and receive more and more data.

Two issues affecting all of us in the immediate future are the ACA and the Indiana Supreme Court ruling on the Plank vs. Community case. The ACA incorporates some sympathetic and compassionate features such as keeping children on their parents' insurance policies up to age 25 and no exclusions for pre-existing conditions. And regardless of the political uproar about whether the mandate is a tax or a penalty or debate about the overall cost of the program, the practical concern that I want to discuss is physician capacity, or manpower. The ACA is the most important piece of Federal Health Care Legislation since the Social Security Act created Medicare in 1965. It will give 32 million Americans access to health insurance for the first time.

Manpower studies show that an adequate ratio of local population size to the number of primary care physicians in a "local area" is <1,500 people/1 primary care physician. The potentially inadequate supply is defined as 1,500 people to 3500 people/1 PCP, and inadequate is defined as >3,500 people/1 PCP. There has been recent documentation about the shortage of primary care physicians nationally with long term concerns

Continued on page 22.

Dr. Samuel A. Elbert:

First Licensed African-American Physician in Indiana

Foreword

By George H. Rawls, MD

Mr. Rick France should be commended for discovering that there was an unmarked grave of the first licensed African-American physician to practice in Indiana. Moreover, he brought this to the attention of the Indianapolis Medical Society (IMS). Subsequently, IMS granted honorary IMS Membership to Dr. Elbert posthumously in March, 2012, and is publishing Mr. France's biography of Dr. Elbert in this *Bulletin*.

IMS should also be commended for granting this Honorary Membership to Dr. Elbert retrospectively. This can be symbolic for granting membership to others who actively sought it prior to their demise. Dr. Sumner Furniss, for example, who attended the Medical College of Indiana and was the first Black Intern at Indianapolis City Hospital, sought membership for many years and was denied. The importance of belonging to a local affiliate of the American Medical Association (AMA) is that this was a prerequisite to obtaining hospital privileges. Dr. Edwin Moten and others were denied membership and had to turn their patients who needed hospitalization over to Caucasian doctors who had membership in the AMA and, at that time, the Marion County Medical Society (MCMS). Fortunately, Dr. Harvey Middleton had become a member of the AMA, ISMA, and the local affiliate when he practiced six years in Anderson, Indiana, before moving to Indianapolis where he had previously been denied membership in the MCMS.

In the early 1950s, Black physicians began being accepted in the MCMS, and they became very active. This led to the appointment of Drs. Frank Lloyd, Sr., Harvey Middleton, and E. Paul Thomas to the staff of Methodist Hospital on March 25, 1954. Dr. Middleton had been appointed to the staffs of City Hospital in 1942 and St. Vincent in 1945. Subsequently, Dr. Lloyd became President of Methodist Hospital. With opportunities available, Black physicians became Board Members, Presidents, and Delegates of MCMS, ISMA, AMA, as well as state and county Commissioners of Health, Coroners, Indiana's Health Professions Bureau (Medical Licensing Board), and other prominent positions.

We extend our heartfelt congratulations to Mr. France and Indianapolis Medical Society.

The Indianapolis Medical Society and the Aesculapian

Medical Societies are partnering to purchase a grave marker for Dr. Samuel Elbert at Crown Hill Cemetery.

Dr. Samuel A. Elbert: First Licensed African-American Physician in Indiana

By Mr. Rick France

Dr. Samuel A. Elbert has been identified as the first African-American to be licensed as a physician in Indiana. He was born in Kent County, Maryland, on April 9, 1832 of free parents. He worked as field hand as a boy when his father died when he was 9 years old.

He moved to Cincinnati in 1857, where he entered schooling in Lee Township, Ohio. When the Civil War broke out, he became the personal servant to Lieutenant Col. Stanley Matthews and Maj. Rutherford B. Hayes of the Twenty-third Ohio Volunteer Infantry. When Lieutenant-Colonel Matthews was made colonel of the Fifty-first Ohio Regiment, Elbert accompanied him as his servant and remained with Matthews until the fall of 1862.

In 1863, he entered Oberlin College and studied there for three-and-a-half years. He moved to Indianapolis in 1866 where he taught for two years at the school operated by Allen Chapel African Methodist Episcopal Church. While teaching there, he was offered the use of Dr. W. C. Thompson's personal library. Elbert developed a keen interest in medicine and set out to enter formal medical studies. He found medical schools would not accept him because of his race and was not welcomed in the offices of most white doctors.

However, Dr. W. C. Thompson and Dr. J. A. Woodburn did let Elbert study with them in their practices. At Dr. Woodburn's insistence, Elbert was entered to the Medical College of Indiana when it opened in 1869. He was admitted "under sufferance" which meant he could attend lectures in return for performing work around the college. Later when he had to pay tuition, the college declined to recognize him as a regular medical student or award him a degree. Elbert challenged that decision in court. He won the decision and was admitted as a regular student. He received his license to practice in 1871 and opened an office at 61 Indiana Avenue.

He was appointed to the Indianapolis Board of Health in
Continued on page 16.

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Bulletin Board

Robert A. Malinzak, MD, an orthopedic surgeon with Franciscan St. Francis Health's Center for Hip and Knee Surgery, has been chosen to participate in this year's prestigious Insall Traveling Fellowship. Only four knee replacement surgeons in the world are chosen annually for this honor, sponsored by The Knee Society. The chosen surgeons visit internationally recognized joint replacement and knee surgery centers. Dr. Malinzak's month-long fellowship will begin September 30 in Boston and end October 31 in Denver, with stops in Charlotte, N.C.; Philadelphia; Ontario; New York City; Columbus, Ohio; Chicago and his own facility in Mooresville, Indiana, which annually is a featured location for the fellows.

Rick C. Sasso, MD, and **Paul E. Kraemer, MD**, authored a chapter, "Complete vertebral resection for primary spinal tumors," in the textbook, *Operative Techniques: Spine Surgery, second edition*.

Dr. Sasso also served as a faculty member at the instruction course, "Spine Technology and Educational Group Organization 9th Annual Symposium: State of Spine Surgery." The meeting was in June in Carlsbad, California. Additionally, he spoke on the current status artificial disc replacement in the cervical spine.

Jeffrey M. Rothenberg, MD, IU School of Medicine, presented Grand Rounds at Yale Medical School, Bridgeport Hospital, in July on "Gynecologic Care of the HIV Positive Woman" and "Using the Arts and Humanities to Enhance Interprofessional Medical Education."

Jared R. Brosch, MD, Indiana University Health Neurology and **Mark J. Janicki, MD**, Indiana Neuroscience Associates, published an article entitled: "Intra-Arterial Thrombolysis as an Ideal Treatment for Inflammatory Bowel Disease Related Thromboembolic Stroke: A Case Report and Review" in the *International Journal of Neuroscience*, April 2012.

E. Michael Keating, MD, Franciscan St. Francis Health presented an arthritis and hip and knee replacement seminar August 16, at the Indianapolis Marriott East. He explained the latest procedures in joint replacement and arthritis treatments.

Plastic Surgeon, **Bruce W. Van Natta, MD**, and Facial Plastic Surgeon, **Stephen W. Perkins, MD**, of Meridian Plastic Surgeons along with facial plastic surgery fellow, **Robert W. "Bo" Brobst, Jr., MD**, recently treated and performed plastic and reconstructive surgery on a local domestic violence patient through their participation in the "Victims of Domestic Violence" program. Victims of Domestic Violence is a humanitarian surgical exchange program conducted under the sponsorship of the American Academy of Facial Plastic and Reconstructive Surgery. Plastic surgeons provide pro bono care to patients who suffer from face, head and neck deformities/trauma injuries caused by circumstances beyond their control. The Meridian Plastic Surgery Center and the anesthesiologist waived their fees for the procedure as well.

Three new board certified radiologists have joined Northwest Radiology Network, P.C. – **Kelly K. Horst, MD**; **Ryan N. Sauer, MD**, and **Larry L. Stover, MD**.

Kelly K. Horst, MD, is a graduate of Dartmouth College and the Indiana University School of Medicine. She most recently completed her Radiology residency also at Indiana University School of Medicine, followed by a Pediatric Radiology Fellowship at the University of Michigan in Ann Arbor.

Ryan N. Sauer, MD, graduated from Indiana University – Bloomington, then attended and graduated from the Indiana University School of Medicine in Indianapolis, followed by a Transitional Residency at Methodist Hospital in Indianapolis. He completed his Radiology residency at Wake Forest University – Baptist Medical Center in Winston Salem, North Carolina, followed by a Neuroradiology Fellowship at that same institution.

Larry L. Stover, MD graduated from Indiana University – Kokomo, then attended and graduated from the Indiana University School of Medicine in Indianapolis, followed by a Transitional Residency at Ball Memorial Hospital in Muncie, Indiana. He completed his Radiology residency at Indiana University School of Medicine in Indianapolis, followed by a Breast Imaging Fellowship at that same institution.



Robert W. "Bo" Brobst, Jr, MD



Jared R. Brosch, MD



Kelly K. Horst, MD



Mark J. Janicki, MD



E. Michael Keating, MD



Paul E. Kraemer, MD



Robert A. Malinzak, MD



Stephen W. Perkins, MD



Jeffrey M. Rothenberg, MD



Rick C. Sasso, MD



Ryan N. Sauer, MD



Larry L. Stover, MD



Bruce W. Van Natta, MD

Election Results

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Secretary Treasurer, Bridget M. Sanders, MD

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Election results for the Board of Directors will be announced after the October 2, 2012 Board Meeting Election for Chair and Vice-Chair.

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 John C. Ellis, MD
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 C. William Hanke, MD
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 J. Scott Pittman, MD
 Bridget M. Sanders, MD
 John F. Schaefer, Jr., MD
 Lynda A. Smirz, MD
 Caryn M. Vogel, MD

ISMA Alternate Delegates

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 John H. Ditslear, III, MD
 Robert S. Flint, MD, PhD
 Tod C. Huntley, MD
 Norman Mindrebo, MD
 Robert Michael Pearce, MD
 David M. Ratzman, MD
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Gilroy, Grant H., DO
Resident – St. Vincent Hospital
Internal Medicine
Chicago College of
Osteopathic Medicine, 2010

Haynes, Ross R., MD
Anesthesiology, 2011
Indiana University, 2006



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Pediatric Radiology
Indiana University, 2006

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Family Medicine
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Psychiatry, 2000, 2009
Indiana University, 1994



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Neuroradiology
Indiana University, 2006



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Neurology, 2008
Clinical Neurophysiology, 2011
Indiana University, 2004

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Email – lls@northwestradiology.com
Diagnostic Radiology, 2011
Other Specialty
Indiana University, 2006

Wilson, Tyler J., MD
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Family Medicine
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Special Feature

(continued from page 8)

1874, serving one term as its president. In 1882, he was slated by the Republican Party for a seat in the Indiana House of Representatives, but the entire Republican ticket was defeated. President Harrison appointed Elbert to be one of the local pension surgeons, but he did not accept the appointment because of the opposition provoked among white members of the medical profession. He was active in civic affairs and a prominent member of the Bethel African Methodist Episcopal Church in Indianapolis.

While a medical student, Elbert married Caroline V. Stewart in July, 1869, the daughter of Axiom and Martha Stewart, of Indianapolis. Their first child, James was soon born. James later became a physician in 1890 and set up practice with his father. But James' career was cut short when he died in 1894. Samuel and Caroline had eight children. He was survived by his wife and six children; one died as a child in 1883, and James died in 1894.

Elbert maintained his practice until December 1901 when his increasing disabilities compelled him to give it up. He died at his home at 229 North Tennessee Avenue on July 9, 1902. His funeral service on July 11th at Bethel A. M. E. Church was well attended.

Dr. Elbert, Caroline, and many other family members are buried in unmarked graves in Section 20, Lot 7 at Crown Hill Cemetery in Indianapolis.

References:

Hafner, Arthur Wayne, ed. *Directory of Deceased American Physicians, 1804-1929: a genealogical guide to over 149,000 medical practitioners providing brief biographical sketches drawn from the American Medical Association's Deceased Physician Master file*. Chicago: American Medical Association, 1993.

Citation: Name: Samuel A. Elbert Birth Date: 1832 Death Date: 9 Jul 1902 Death Place: Indianapolis, IN Type Practice: Allopath Practice Specialities: Indianapolis, IN Practice Dates Places: Indianapolis, IN Medical School: Indiana Medical College, Indianapolis, 1871. (G) JAMA Citation: 39:212

Hicks, Luther C. *Great Black Hoosier Americans*. 1977. p. 27. Indianapolis Recorder, July 12, 1902, p. 4. Dr. Samuel A. Elbert obituary.

Indianapolis City Directory. Various years from 1870 to 1918.

Marion County, Index to Marriage Record 1866 - 1870 Inclusive. Original Source: County Clerk's Office, Marion County Indiana Book: 475.

Rawls, George H., M.D. "History of the Black Physician in Indianapolis." October 1984. Revised 2000: p. 3 (not numbered).

Various Indiana county death records indexed by the Indiana Works Projects Administration. Indiana: circa 1938-1941. Original Source: County Board of Health, Indianapolis, Book H-10, page 51.

United States Federal Population Census. Records of the Bureau of the Census, National Archives, Washington, D. C. United States Federal Census: 1860, 1870, 1880, 1900, 1910, 1920. (microfilm images on line).

Crown Hill Cemetery plot map for Section 20, Lot 7. Original Lot Owner: Heirs of Axiom Stewart. July 2, 1878.

1. Mrs. Emeline Overhall (buried May 2, 1878)
2. Axiom Stewart (buried May 3, 1881)
3. Child of Dr. Elbert (buried April 16, 1883)
4. Martha Stewart (buried April 16, 1883)
5. Lula Thompson (buried May 4, 1886)
6. Edward M. Jones (buried July 13, 1892)
7. James Elbert (buried May 14, 1894)
8. Edward T. Stewart (buried March 13, 1900)
9. Samuel A. Elbert (buried July 11, 1902)
10. William Elbert (buried November 5, 1906)
11. Anna Webb, formerly Stewart (buried July 10, 1908)
12. John M. Stewart (buried January 24, 1918)
13. Minnie E. Frazier (buried January 14, 1926)
14. William Warren Stewart (buried January 6, 1928)
15. Caroline V. Elbert (buried March 9, 1928)
16. Samuel Elbert (buried September 9, 1931)
17. Kenneth Lee (buried September 14, 1938)
18. Kate Stewart (buried December 20, 1946)
19. Martha Ann Elbert (buried August 23, 1948)
20. Stewart Elbert (buried October 30, 1953)
21. Harlan Stewart (buried July 22, 1957)

About the authors:

George H. Rawls, MD, is a distinguished senior member of the Indianapolis Medical Society. Dr. George H. Rawls, is 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.

Rick France is vice-president of the Genealogical Society of Marion County and editor of its quarterly journal, *Family Quest*. He became interested in Dr. Elbert during his research project to photograph the grave sites of prominent African-Americans buried at Crown Hill Cemetery in Indianapolis (based on a Crown Hill Cemetery history tour). France discovered that Dr. Elbert's grave was unmarked. He thought Elbert deserved recognition and contacted the Indianapolis Medical Society for assistance. France is a native Hoosier, an Indianapolis resident since 1968. Rick and his wife, Patricia, live in the Butler-Tarkington neighborhood.

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

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

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Fourth
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TIHH MCV Boardroom Videoconference to
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Cancer Conferences

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Fourth
Wednesday East Multidisciplinary Breast Cancer Conference
Medical Staff Conference Room
7:00 to 8:00 a.m.

Community Hospital North

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

First
Wednesday North Chest Cancer Conference
8040 Clearvista Parkway, Suite 550, 7:00 - 8:00 a.m.

Third
Wednesday Melanoma Cancer Conference
8040 Clearvista Parkway, Suite 550, 7:30 - 8:30 a.m.

Community Hospital South

Third
Wednesday South Multidisciplinary
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Community Breast Care Center South,
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For more information, contact Valerie Brown, (317) 355-5381.

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Nov. 7 Pediatric Endocrinology
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Jan. 19 Review and Interpretation of the 2012 San Antonio
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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.

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IMS Events

Indianapolis Medical Society

- September
- 12 Senior/Inactive Luncheon Meeting, Noon, Society, Speaker, Scott Phillips, MD
"The Space Program ... Medicine's Gain"
 - 14-16 ISMA CONVENTION, JW MARRIOTT HOTEL
- October
- 2 IMS Board, Society, 6:00 pm, Social; 6:30 pm, Dnr/Mtg/Inaugural
 - 16 Executive Committee, Society, 6:00 pm, Sandwiches
- November
- 4 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

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President's Page ...

(continued from page 7)

about the future adequacy of the supply of PCPs in the United States. Couple this with the increased demand, and obviously we can anticipate potential reduced access to the health care delivery system by means of primary care physicians.

On a recent President's Page, Dr. Rhodes did an excellent job discussing how the new osteopathic medical school will help alleviate the physician shortage locally and regionally. WebMD's website states, "923 General Practitioners are in the Indianapolis area, which consists of 10 counties and 139 zip codes. According to 2009 Census estimates, Indianapolis area has a population of 1,743,658 which gives it a specialist to resident ratio of one General Practitioner for every 1889 residents, compared to the national average of one for every 3,065 residents." However a 2009 Indiana physician survey published by the Bowen Research Center, Department of Family Medicine, Indiana University School of Medicine, showed difficulty in determining the actual number of primary care doctors in Marion and Hamilton counties who are actively practicing. The survey used a voluntary survey instrument attached to the electronic physician license renewal form in 2003, 2005 and 2007. This IU study showed variability in the survey response rate (not all completed the survey) and variability of full-time vs. part-time practice of the respondents who were renewing their licenses. Since the primary care capacity locally is hard to accurately determine, it is unknown what the impact will be on our practices and patients as the ACA continues to be implemented.

The upcoming Indiana Supreme Court decision on the Plank case may potentially change the favorable malpractice system implemented in 1975 which is viewed as a model system by many health care delivery experts around the country. If the challenge to the medical malpractice cap is successful, the cost of malpractice insurance for Indiana physicians will likely increase significantly. Membership enrollment and support in IMS is vital not only to remain informed about these issues, but also to have a collective voice to express our concerns and give doctors greater influence.

I hope every member will feel free to respond to me regarding what I write on the President's Page (or about any other topic) by sending an email to me at bgoens@iuhealth.org.

Next month's President's Page will take a closer look at what is happening locally regarding the Accountable Care Organizations. Again, I look forward to this upcoming year and the opportunities and challenges of serving as president of IMS.

Bruce M. Goens, MD

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In Memoriam



**Carroll Weber Hasewinkel, MD
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Carroll Weber Hasewinkel, MD, 97, of Carmel, died Monday afternoon, July 30, 2012. Dr. Hasewinkel was born on March 24, 1915 in West Salem, Illinois.

Education was the cornerstone of his very successful career in medicine which began when he graduated from Elberfeld High School in Elberfeld, Indiana in 1932. From there his educational journey continued at North Central College in Naperville, Illinois where he graduated in 1936. The culmination of his formal education was in 1941 with his graduation from the Indiana University School of Medicine. Dr. Hasewinkel interned at Indiana University Hospital (1941-1942) and Indianapolis General Hospital (1946-1947). He completed his residency in anesthesiology at Indianapolis General (1947-1949).

Following his graduation from IU, Dr. Hasewinkel became a medical officer in the 16th Medical Regiment of General Mark Clark's Fifth Army during the North African and Italian campaigns of World War II; he received a Purple Heart for burns sustained near Naples, Italy in 1943 which eventually led to an Honorable Discharge after his faithful service to his country during World War II.

Upon his return to Indianapolis, Dr. Hasewinkel continued his dedicated service to others by beginning his long and successful career as an anesthesiologist at Methodist Hospital. It was a career that spanned five decades from January of 1949 until his retirement in June of 1987.

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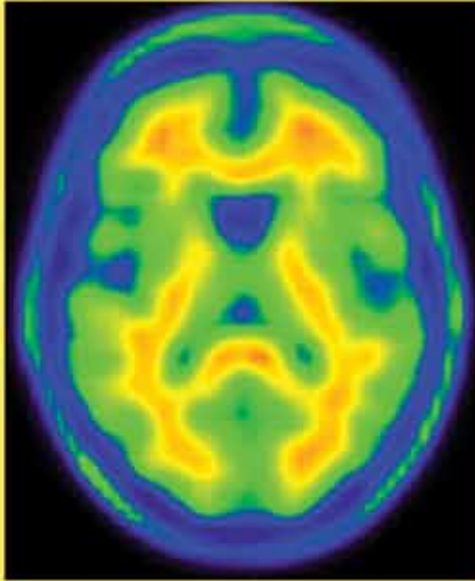
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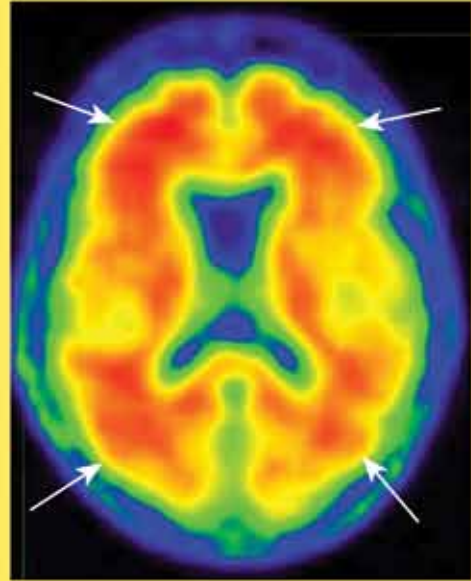
Now Available In Indianapolis!

PET-CT Tracer to Help Diagnose Alzheimer's Disease ...and Memory Disturbances



Negative Scan

A negative Amyvid scan indicates that a person has few or no amyloid plaques – consistent with no presence of Alzheimer's Disease.



Arrows Indicate Amyloid Neuritic Plaques

Positive Scan

A positive scan indicates moderate to frequent amyloid plaques – consistent with a pathological diagnosis of AD. However, this amount of plaque can also present in other neurological conditions as well as in older adults with normal mental functioning.

Through the joint efforts of Northwest Radiology and JWM Neurology, the first and only FDA-approved PET-CT tracer, Amyvid, is now available for use in testing patients being evaluated for Alzheimer's Disease and other causes of cognitive decline.

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



Comprehensive Neurological Expertise
Compassionate Patient Care

