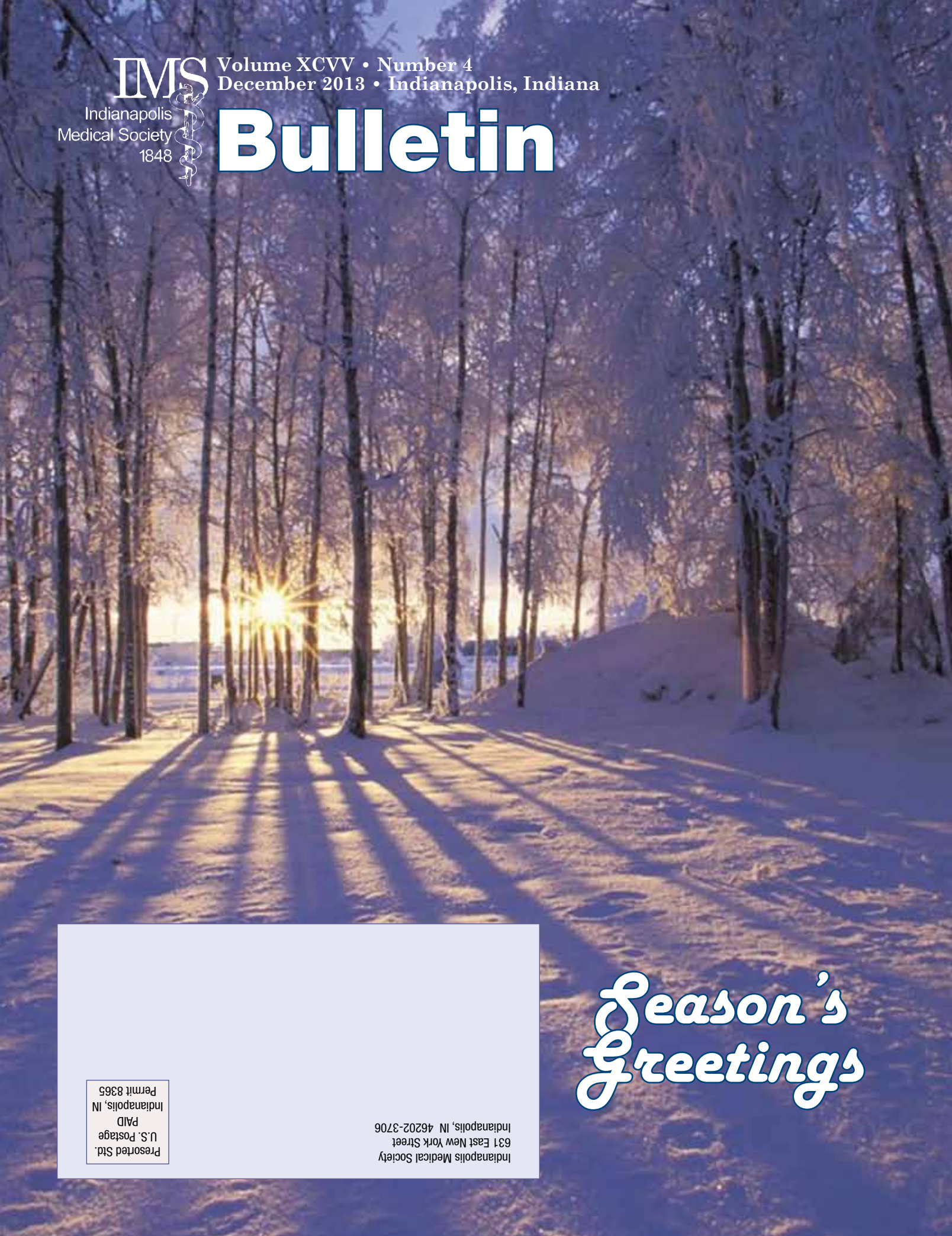




Indianapolis
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Bulletin



*Season's
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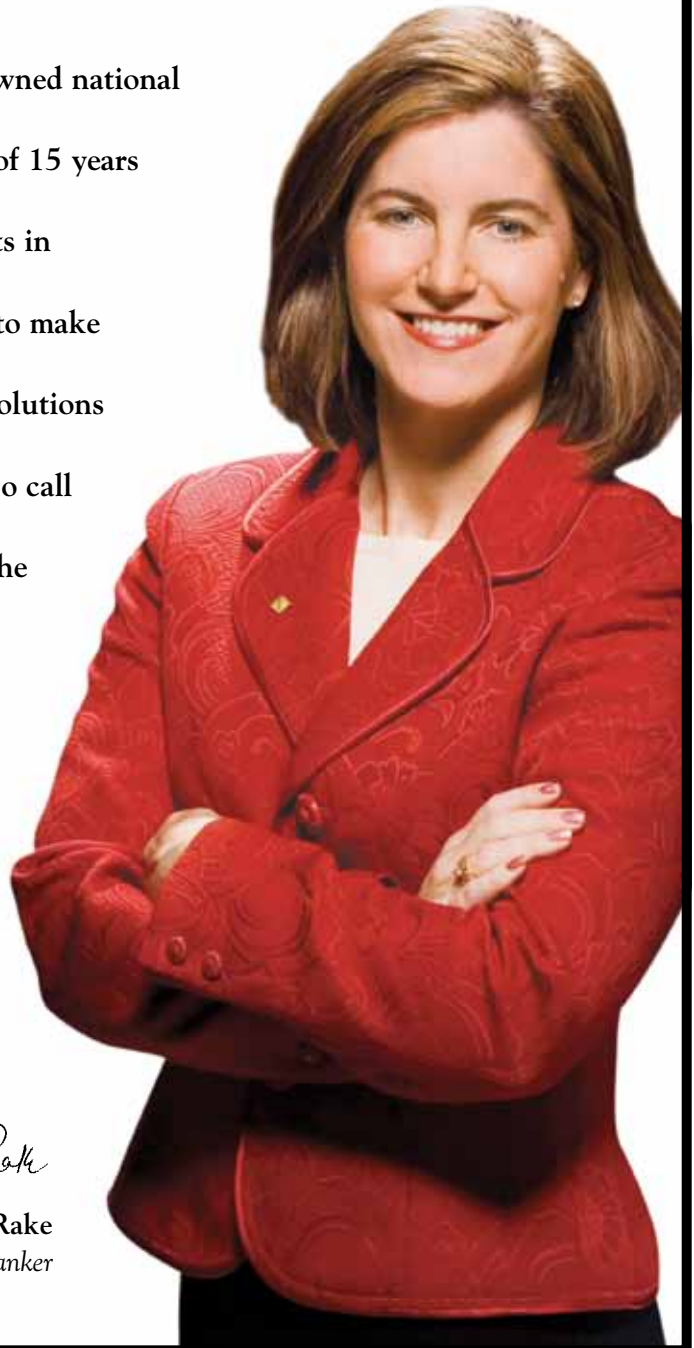
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 631 E. New York St.
 Indianapolis, Indiana 46202-3706
 Phone: (317) 639-3406
 Fax: (317) 262-5609
 Web Page: <http://www.imsonline.org>
 E-mail: ims@imsonline.org

Indianapolis Medical Society President
 Mark M. Hamilton, MD

President-Elect
 David R. Diaz, MD

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

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

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about our cover



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Is US healthcare as bad as they say?

There is no shortage of healthcare headlines in the news these days, with critics arguing that the U.S. healthcare system is inadequate when compared to other developed nations. Many of those outside the profession charge that insurance is too expensive in the United States and quality care is out of reach for millions of people.

As physicians and members of the Indianapolis Medical Society we're focused on treating patients and providing the best care possible, and that focus should never waiver, but sometimes it's easy to let the media set the narrative. Despite the external noise, let's not lose site of the real story. While there are problems to be solved with our healthcare system, including high cost and lack of universal coverage, complicated and often uneven reimbursement, and the high cost of a litigious system, there are distinct advantages. For the vast majority of those looking for high quality care, our system offers a broad spectrum of options.

We continually hear that our system is unhealthy and out of reach for many in this country, but that's not the complete story. While there are valid concerns about inefficiencies within the delivery system itself, I still maintain that as a whole, treatment delivered across the United States is second to none.

Critics often point to Canada and the United Kingdom as examples where coverage is much more universal. What they often fail to highlight are the limitations that come with that universal system. For instance, my wife, Jennifer, related a first-hand account of the British approach to health care that she encountered on a recent business trip.

She was traveling with a 37-year-old man from England who had been an active long distance runner. He began to have pain in one of his legs which prevented him from carrying on his daily workouts. He made an appointment with his primary care doctor and was given the probable diagnosis of femoracetabular impingement, a condition treatable with minor surgery. Instead of being told the next step would be further evaluation, an MRI or even a referral to an orthopedic specialist, he was told that the treatment for this condition was not approved by NHS rules and that he "needed to live a less active lifestyle."

As he told this story to my wife, he described his experience over the course of several months fighting to get the appropriate treatment, despite this "universal access." He is finally scheduled for an MRI – three months from now.

I cannot imagine any healthcare provider in this country telling a healthy, vibrant 37-year-old to live a less active lifestyle. It would surely cost the NHS much more money if he did take their advice and became sedentary.

Availability of quality secondary care is one of the primary strengths of the US healthcare system. According to data from Commonwealth Fund International Health Policy Surveys⁽¹⁾, between 2001 - 2010, an average of 49 percent of patients in the United Kingdom waited four weeks or more to see a specialist for treatment of a medical issue.

Those numbers are even higher in Canada over the same time period. Despite being well-known for universal coverage, an average of 59 percent of patients in Canada waited four weeks or more to see a specialist for treatment of a medical issue. Compare that to less than 25% in the United States.

Canada also has the longest ER wait times among developed countries. The 2010 Commonwealth Fund study of 11 wealthy nations found that 31 percent of ER patients in Canada wait four hours or more to be treated, compared to four percent in the U.K. and 13 percent in the United States.

The Canadian Institute for Health Information (CIHI) estimates that the median ER wait time in Canada is 2.5 hours, meaning half of all patients wait longer than that, and about one in 10 ER patients will wait more than eight hours.⁽²⁾

The U.S. system also does a good job at keeping down wait times for surgery. A study of five English-speaking countries found that in the U.S., only 5 percent of patients reported a wait longer than four months for surgery, compared to 23 percent in Australia, 26 percent in New Zealand, 27 percent in Canada, and 38 percent in the United Kingdom.

There is a reason patients come from other countries to get care in the United States. Doctors are better trained and provide a higher level of care. We have top notch facilities and equipment. As a nation we may spend more per patient for treatment, but to claim the entire healthcare system is broken is just not accurate.

Japan is another country with a highly touted health care system. Japan spends much less per capita on health care than the US and has much higher expected life spans. To compare the United States with Japan, however, is like comparing apples to oranges. Japanese have extremely healthy lifestyle habits; they eat on average 200 calories less a day and are much more active. Their obesity rates are a fraction of the US. In addition, violent crime and social challenges just don't exist to the extent they do here. Japan also has far fewer lawyers and almost none of the malpractice challenges that we face. All of these factors make the Japanese healthcare system appear more effective regardless of the care provided.

In China, reaction over poor healthcare services has hospitals ramping up security measures to combat recent deadly attacks against doctors and nurses by relatives of patients' who become violent in their anger over the cost and quality of care.

These attacks on medical staff killed seven people and injured 28 in 2012, according to the National Health and Family Planning Commission. The issue even prompted the Commission to issue new security guidelines with the Ministry of Public Security, China's police force.⁽³⁾ According to a recent Associated Press report; the measures form the latest salvo in China's "Safe Hospitals" campaign. Many urban hospitals are providing security guards with helmets, anti-stab vests and long sticks to keep attackers at bay.

Continued on page 8.

Fortunately as members of the Indianapolis Medical Society, our focus is on providing care much closer to home. We must not lose site of the number of both public and private options for low income Indiana families who otherwise wouldn't have access to quality care. Whether it's Medicare, HIP, Wishard Advantage, Hoosier Healthwise or Project Health, there is broad coverage for our patients here in Marion County.

In addition to Medicaid, low-income Indiana families and children under 19 can obtain coverage through Hoosier Healthwise. The program covers doctor visits, prescription medicine, mental health care, dental care, hospitalizations, surgeries, and family planning at little or no cost.⁽⁴⁾ With a standard plan, members pay no premiums and just a \$.50 to \$3.00 co-pay for pharmacy, transportation, and emergency services.

According to the Henry J. Kaiser Family Foundation⁽⁵⁾, as of January 2013, Medicaid coverage in half of states (26, including DC) cover children in families with incomes up to at least 250% of the Federal Poverty Line. Only four states limit eligibility to children in families with incomes less than 200% FPL.

Adults living below the poverty line are able to seek coverage through the Healthy Indiana Plan, or HIP. HIP offers uninsured adults with children care they pay for through sliding-scale monthly contributions. Payments are dependent on income level and family size, but generally range from between 2% and 5% of a participant's gross family income. Enrollees are able to select their primary care physician for wellness care. The HIP plan also covers diagnostic, medical, hospital, mental health, and prescription services.

Despite the availability of these programs some patients either aren't making the effort to find alternative means of care, or they simply aren't aware of them. That's why the efforts of the IMS Foundation are so important. The Foundation works to inform both the public and the media about programs like Project Health, while steering patients toward those programs.

Project Health is a program funded by the IMS Foundation, with area hospitals, the Marion Co. Health Department, local foundations, and you, our members offering treatment to Marion County residents with incomes between 200-300% of the federal poverty level. Thanks to the participation of countless

doctors and hospitals, Project Health is able to provide free life saving services. Outside of a \$100 administration fee, lab tests, office visits, hospital stays and surgery are all provided completely free of charge.

There are countless organizations across the state and the country with similar missions, helping to fill in the gaps when it comes to treatment of those without insurance. The work of these organizations should be heralded and highlighted for the public to see.

Changing the narrative starts with us. It's up to us as members of the local medical community to continue to highlight these types of stories and programs that are providing quality, and often free, medical care to thousands across our community.

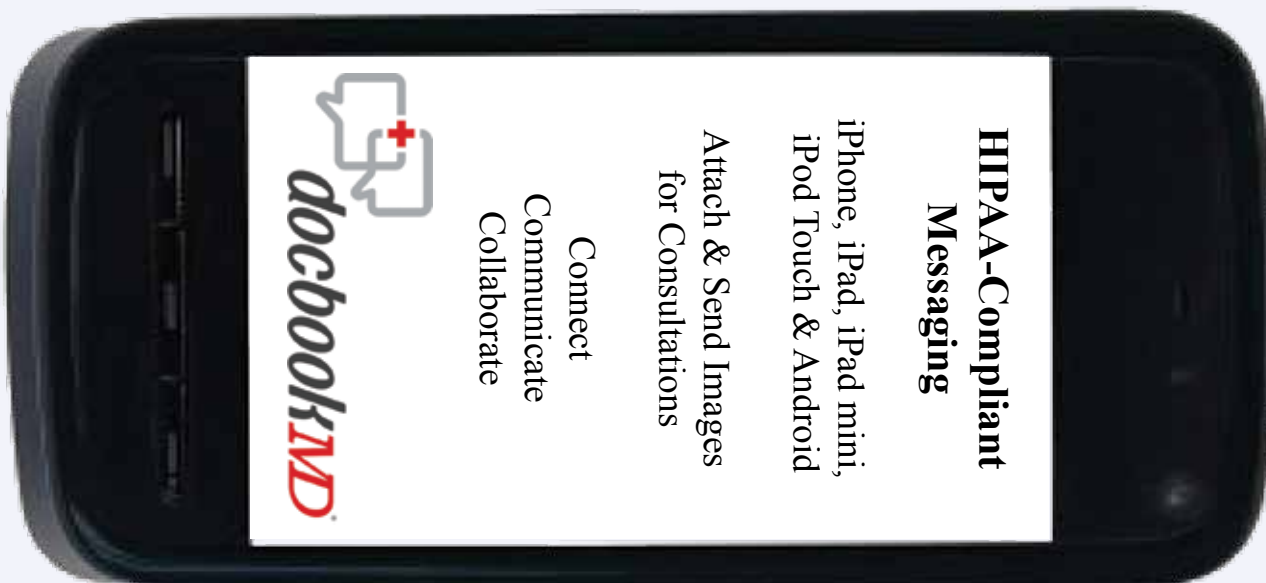
I urge you to educate patients about these programs. Expose them to the multitude of public and private options available. I would also encourage you to help share these stories with the public and other civic organizations you're involved with. Write letters to the editor of the local newspaper. Share your experiences with initiatives like Project Health and others like it. Educating patients and the public about the high level of care physicians provide across the state every day is one of the best ways to gather public support, change opinions and stop the governmental creep into the healthcare system.

Sources

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

Jeffrey W. Hilburn, MD, has joined JWM Neurology. Dr. Hilburn has been practicing neurology in Indianapolis for the last 30 years and has special interests in stroke, vascular neurology and general neurology. He sees patients with all types of neurological conditions. Dr. Hilburn is both Director of the Stroke Center and Chairman of Neurology at St. Vincent Hospital. He has also been a principal investigator for multiple stroke studies.

Suzanne E. Montgomery, MD, has written a book about her friend, Dr. Shadrach Gonqueh, who is a refugee from Liberia. Information about the free book can be seen on her new blog www.lettersoutofafrica.com.

Jeffrey A. Greenberg, MD, was the invited guest lecturer for The Inaugural Endowed Lecture in Honor of Robert Lockwood, MD, on October 15, 2013. His lecture was entitled: "Evolution and Our Contemporary Understanding of the Distal Radio-Ulnar Joint." The lecture was held in Syracuse, NY.

Dr. Greenberg also presented Grand Rounds at Upstate Medical University Department of Orthopaedics in Syracuse, New York on October 16, 2013. His lecture was "Contemporary Management of Peripheral Nerve Injuries."

Michael H. Fritsch, MD, Professor, specializing in Otolaryngology-Neurotology, presented his new technique of "Endoscopy assisted cochlear implantation in Mondini inner ear dysplasias" at the American Neurotology Society national meeting September, 2013.

Rick C. Sasso, MD, Indiana Spine Group, served as a faculty member at the annual hands-on spine course sponsored by the American Academy of Orthopaedic Surgeons in Rosemont, Illinois. This cadaver course taught spine surgeons from throughout the world the newest techniques in spinal surgery. Dr. Sasso taught this course and was asked to give lectures on the current treatment of cervical myelopathy, and lumbar Spondylolisthesis. He also gave a faculty surgical demonstration video on an operation that he's done a lot of research on Posterior C1-C2 instrumentation and fusion. Dr. Sasso also taught many techniques in the cadaver lab for the course "AAOS Spine Surgery: State-of-the-Art Techniques and Science." and lectured on "Low-Grade Isthmic Spondylolisthesis: Surgical Techniques: ASF/PSF vs. PSF with TLIF vs. ASF When? How? Pitfalls; Indications for surgery in cervical spondylotic myelopathy."

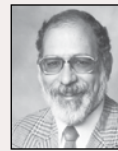
He was a co-author of a study on the surgical outcomes of patients with Cervical Myelopathy due to Cervical Stenosis published in *Spine* October 9, 2013.

News from Northwest Radiology Network, PC ...

Vincent P. Mathews, MD, President/CEO of Northwest Radiology Network, PC and board certified neuroradiologist, was the featured speaker for a group of healthcare attendees in Indianapolis on "Amyvid: The First FDA-Approved Diagnostic PET Tracer for Estimating B-Amyloid Neuritic Plaque Density in the Living Brain." Amyvid is indicated for Positron Emission Tomography (PET) imaging of the brain to estimate B-amyloid neuritic plaque densities in adult patients with cognitive impairment being evaluated for Alzheimer's Disease (AD) and other causes of cognitive decline. This program was sponsored by Lilly, USA, LLC.



Nicholas M. Barbaro, MD



Gerald L. Braveman, MD



Aaron A. Cohen-Gadol, MD



Kavita K. Erickson, MD



Daniel H. Fulkerson, MD



Michael H. Fritsch, MD



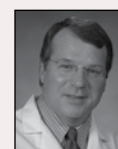
Jeffrey A. Greenberg, MD



Richard L. Hallett, MD



Jeffrey W. Hilburn, MD



Vincent P. Mathews, MD



John B. Meding, MD



Suzanne E. Montgomery, MD



Troy D. Payner, MD



Rick C. Sasso, MD

Richard L. Hallett, MD, board certified Northwest Radiology Network Diagnostic Radiologist with a Certificate of Advanced Proficiency, Cardiac CT, recently co-authored three presentations at the XXIV Congress of the International Society on Thrombosis and Hemostasis in Amsterdam, The Netherlands. Titles of the presentations were (1)'Splenic Infarction in a Teenager Associated with Oral Contraceptives, Elevated Lipoprotein A, and Median Arcuate Ligament Syndrome,' (2)'A Case of Extensive Recalcitrant IVC Thrombosis in a Teenager with Behcet Disease, Elevated Lipoprotein A, and Median Arcuate Ligament Syndrome,' and (3)'Successful Anticoagulation with Concomitant Factor VIII Replacement in a Severe Hemophilia A Patient Suffering from a Life Threatening Thrombotic Event.'

Kavita K. Erickson, MD, has joined the group as a board certified radiologist with a subspecialty board certification in Neuroradiology. She is Medical Director of Radiology at Terre Haute Regional Hospital, where she will be performing Diagnostic Radiology, and will also be interpreting imaging at St. Vincent Hospital in Indianapolis.

News from Goodman Campbell Brain and Spine ...

Nicholas M. Barbaro, MD, served as Faculty (21 Oct 2013, Special Course I: Neurosciences Center and the Neurosurgeon: An Evolving Practice Landscape. Dr. Barbaro's presentation): "Neurosciences Centers as a Destination for Care." This course examined the regional referral, sub-specialty and financial implications of Neuroscience Centers for the neurosurgical community.

Aaron A. Cohen-Gadol, MD, presented at the 2013 CNS Annual Meeting Committee (19-23 Oct 2013), Section

Continued on page 14

Recruitment Colleague Program

Ends December 15

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Email – bukiadebayo@pricevisiongroup.net
Ophthalmology
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Albert Einstein University, 2009

Fossum, Erik S., MD
Medical Associates
1500 N. Ritter Ave.
46219-3095
Emergency Medicine
University of Wisconsin, 2010



Foxlow, Leslie A., MD
Southside OBGYN
8051 S. Emerson Ave., #400
46237-8633
Ofc – 885-3850*
Fax – 865-3850

Email – lfoxlow@southsideobgyn.com
Web – www.southsideobgyn.com
Obstetrics & Gynecology
Indiana University, 2009

Lenet, Adam S., MD
Fellowship – IU School of Medicine
714 N. Senate Ave., #120
46202-3297
Ofc – 963-0555
Internal Medicine
Sleep Medicine (IM)
St. George's University, Grenada, 2010

Leon, Hadia M., MD
Resident – IU School of Medicine
Otolaryngology
University of South Florida, 2013

Schoenberg, Evan D., MD
Fellowship – Price Vision Group
9002 N. Meridian St., #100
46260-5354
Ofc – 844-5530
Fax – 844-5590
Email – evanschoenberg@pricevisiongroup.net
Ophthalmology
Other Specialty
Emory University, 2009

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Bulletin Board *(Continued from page 11)*

Representative for Operative Neurosurgery and was a presenter for the General Scientific Session II (21 Oct 2013), Operative Pearls: Tackling Challenges in Aneurysm and AVM Surgery.

Troy D. Payner, MD, was a member of the Course Faculty (19 Oct 2013), Practical Didactic course: Cerebrovascular PC07: Open Aneurysm Surgery: A 3-D Practical Course. The course discussed optimal approaches for management of intracranial aneurysms.

Daniel H. Fulkerson, MD, was a Presenter, Original Science Program, Oral Presentation (21 Oct 2013), Risk of Secondary Malignancy from Computerized Tomography (CT) Scanning in Very Young (<1 year old), Neurosurgical Patients: A Retrospective Cohort Study with a Minimum of 10-year Follow-up.

News from Franciscan St. Francis Health ...

Gerald L. Braverman, MD, critical care physician was presented with the Healing Hands Award. Dr. Braverman is a member of Indiana Internal Medicine Consultants and cares for patients at Franciscan St. Francis Health, where he directs the intensive care unit.

John B. Meding, MD, presented an arthritis, hip and knee replacement seminar for the public November 14 in Greenwood. He explained the latest in joint replacement and arthritis treatments

Michael D. Barron, MD, (no photo available) cardiologist, presented “Heart medications: What do they do?” November 7 at the Mooresville facility sharing what patients and their families should know about heart medications and how to monitor their conditions and when to seek help.

Ask a Colleague to Join You!

Please Ask Your Colleagues to join you in making the practice of medicine better for patients and physicians! The IMS needs your support & the support of your colleagues to continue to make a positive difference in the lives of your patients. Ask them to help “Carry the Load” for organized medicine in Indiana.

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Thomas Leipzig, MD
Shannon McCanna, MD
James Miller, MD
Jean-Pierre Mobasser, MD
Troy Payner, MD
Eric Potts, MD
Richard B. Rodgers, MD
Carl Sartorius, MD
Mitesh Shah, MD, FACS
Scott Shapiro, MD, FACS
Thomas Witt, MD
Ronald L. Young, II, MD

Pediatric Neurosurgeons

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

Interventional Neuroradiology

Andrew DeNardo, MD
Daniel Hsu, MD
John Scott, MD

Physical Medicine and Rehabilitation

Amy Leland, MD
Nancy Lipson, MD

Interventional Pain Management

Christopher Doran, MD
Jose Vitto, MD
Derron Wilson, MD

Neuropsychology

Donald Layton, PhD



Project Health



Carrie Jackson Logsdon, Director

Thank you, Dr. Chitwood



Project Health's Physician of the Month of December is Richard W. Chitwood, MD, of St. Vincent Medical Group's VeinSolutions™. He was born in Bloomington, but spent most of his life in Columbus where his father was a Vice President at Arvin Industries and his mother was an executive secretary at Cummins. They moved to West Lafayette for one year so his father could finish

college at Purdue, but then it was back to Columbus. He has an older brother and two step-sisters.

Dr. Chitwood says he knew he wanted to be a doctor when he was 10-years old. He had a ruptured appendix that resulted in peritonitis. During his nearly two week hospitalization he became pretty close to his general surgeon. "It really reinforced what I wanted to do. I took all the advanced science courses I could in high school and then went to Ball State University as a pre-med student." He was a center on the Ball State football team and was awarded First Team All Mid-American Conference Football; First Team Academic All American Football; NCAA Post-Graduate Scholarship; National Football Foundation and Hall of Fame Post-Graduate Scholarships. What he cherishes most was induction into the Ball State University Athletic Hall of Fame. He liked Ball State because the classes were smaller. He really got to know his professors because they liked this "big goofball athlete," so he received a lot of personal attention.

He went on to graduate from the Indiana University School of Medicine and did his internship and residency at St. Joseph Mercy Hospital in Ann Arbor, Michigan in general surgery. He says he lucked out in the national matching program which took him to Michigan rather than staying in Indiana which was his preference at the time. There he met his wife, Sandy, who was a nurse at St. Joseph's. His Fellowship was in vascular surgery at Henry Ford Hospital in Detroit. He is board certified in Vascular Surgery by the American Board of Surgery.

One of his mentors in his General Surgery Residency was William Fry, MD. Dr. Fry was a Professor in the University of Michigan Surgery Department in his early career. He left there and ran one of the largest general surgery programs in the country at Parkland Hospital, part of Texas Southwest University in Dallas. Dr. Fry chose to leave Texas to go back to Michigan in 1990 taking the reins of the Surgical Residency at St. Joseph Mercy hospital where Dr. Chitwood was training. "After he arrived a new culture of education resulted and many

opportunities for research came about." He helped Dr. Chitwood secure a one year Research Fellowship in Portland, Oregon. At Oregon Health Sciences University, Dr. Chitwood's mentor was John Porter, MD. "Dr. Porter had a knack for demanding validity of unproven new vascular surgical therapies. Everyone who worked with Dr. Porter learned a lot from that. Everything was based on science."

Towards the end of his Fellowship he got a note, "simply a note" from Robert McCready, MD, inviting him to interview for a vascular surgery position in Indianapolis. "I considered Indianapolis the best job around. I had met the guys at Methodist during a cardiovascular surgery rotation at IU Medical School. They were great." In 1996, he joined the Methodist Hospital vascular surgery program and by 2000 he was a member of the vascular surgery department at St. Vincent Hospital as well. Since 2008 his primary practice has been at St. Vincent Hospital and VeinSolutions.

His wife was a little reluctant to leave Michigan, since that was where she had lived all her life. Shortly after moving to Indiana they bought a lake house in Brooklyn, Michigan as part of his "peace offering." They love to spend time on the water and are certified by U.S. Sailing.

The Chitwoods have three children; their daughter, Alexandra is a junior at Miami of Ohio, studying diplomacy, global politics, Arabic and will probably go to law school. She is a cross-country and track athlete at MU. Their 18-year old son, Joseph is a hockey player currently playing for the Indiana Ice. His aspiration is to play NCAA Division I hockey and perhaps go to medical school when his hockey career is completed. Their youngest son, Cortland, is a freshman at Carmel High School. He plays soccer and hockey. Dr. and Mrs. Chitwood are most proud that all of their children are good citizens and academically accomplished as well.

"The most important thing to me is our family, the kids. At this point, most of our spare time is chasing the kids around due to their athletic obligations." They also love the Caribbean, hiking, sailing and snorkeling. Their daughter is going to New Zealand in March for a semester and he says they are going to visit. "It has always been a dream of mine to visit there."

Dr. Chitwood has made the dreams come true for six Project Health patients who had 15 different surgeries. Project Health is very grateful to him. Thank you to all of our volunteer physicians and hospital systems. You have now donated almost \$39 million in care! Happy Holidays, indeed!

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Delegates to the State Convention, September 2014

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

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 Randall A. Lee (2014)
 Mary Ian McAteer (2014)
 Clement J. McDonald III (2014)
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 Christopher D. Bojrab (2015)
 Charles W. Coats (2015)
 John C. Ellis (2015)
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 C. William Hanke (2015)
 Gerald T. Keener, Jr. (2015)
 David H. Moore (2015)
 Robert B. Pauszek, Jr. (2015)
 J. Scott Pittman (2015)
 John F. Schaefer, Jr. (2015)
 Caryn M. Vogel (2015)

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 Daniel J. Beckman (2016)
 Carolyn A. Cunningham (2016)
 Margaret M. Gaffney (2016)
 David C. Hall (2016)
 Ronda A. Hamaker (2016)
 Mark M. Hamilton (2016)
 Jeffrey J. Kellams (2016)
 Stephen R. Klapper (2016)
 Frank P. Lloyd, Jr. (2016)
 Susan K. Maisel (2016)
 David M. Mandelbaum (2016)
 John P. McGoff (2016)
 Dale A. Rouch (2016)
 Jason K. Sprunger (2016)

Alternate Delegates to the State Convention, September 2014

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

William C. Buffie (2014)
 Brian D. Clarke (2014)
 Robert E. Dicks (2014)
 Doris M. Hardacker (2014)
 Douglas J. Horton (2014)
 Daniel E. Lehman (2014)
 Ramana S. Moorthy (2014)
 Maria C. Poor (2014)
 Philip W. Pryor (2014)
 Jason E. Rieser (2014)
 Steven M. Samuels (2014)
 Kenneth N. Wiesert (2014)

James P. Bastnagel (2015)
 John H. Ditslear, III (2015)
 Robert S. Flint (2015)
 Tod C. Huntley (2015)
 Norman Mindrebo (2015)
 Robert Michael Pearce (2015)
 David M. Ratzman (2015)
 Michael A. Rothbaum (2015)
 Jeffrey M. Rothenberg (2015)
 Richard M. Storm (2015)
 Jeremy T. Sullivan (2015)
 H. Jeffery Whitaker (2015)
 Allison E. Williams (2015)
 Steven L. Wise (2015)

Robert J. Alonso (2016)
 Ann M. Collins (2016)
 Andrew J. Corsaro (2016)
 Stephen B. Freeman (2016)
 John Douglas Graham, III (2016)
 Andrew A. Johnstone (2016)
 Andrew L. Morrison (2016)
 Mercy O. Obeime (2016)
 Ingrida I. Ozols (2016)
 David L. Patterson (2016)
 Michael A. Rothbaum (2016)
 Kenny E. Stall (2016)
 Samuel T. Thompson (2016)
 Ronald L. Young, II (2016)

Indiana State Medical Association Past Presidents

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

Indiana State Medical Association President-Elect

John J. Wernert (2013-2014)

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Indianapolis Business Journal

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Know a Hero?

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This year's categories:

- Community Achievement in Health Care
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- Non-Physician
- Volunteer

Indianapolis Business Journal is now accepting nominations for the 2014 Health Care Heroes Awards.

Sponsored by Fifth Third Bank, Hall, Render, Killian, Heath and Lyman and Medxcel, the **Health Care Heroes Awards** will honor companies, individuals and organizations for their contributions to improving health care in the Indianapolis metropolitan area including Marion and surrounding counties, and Madison County. Entries will be judged on documented accomplishments.

Recipients of the **Health Care Heroes Awards** will be profiled in a special supplement of *Indianapolis Business Journal* in March 2014. They will receive their awards at a breakfast hosted by *Indianapolis Business Journal*, and sponsored by Fifth Third Bank, Hall, Render, Killian, Heath and Lyman and Medxcel in March 2014.

NOMINATION FORM

Online: IBJ.com/nominations

Questions: Contact Patty Johns
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Nominations must be postmarked by January 10, 2014.

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CME & Conferences

Community Health Network

Community Hospital East

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

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

Community Hospital North

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

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

Every Other Thursday begin 1/24/13 Psychiatry Grand rounds
7250 Clearvista Dr.
Multi-Service Rms. 1 & 2 7:30 - 8:30 a.m.

Community Heart & Vascular/ Indiana Heart Hospital

First Wednesday Imaging Conference:
rotates Cath & Echo Case Presentations
CHVH MCV Boardroom Videoconference to
HVC Anderson Office, HVC East Office BR (Ste. 420)
HVC South Office CR (Suite 2400)
7:00 - 8:00 a.m.

Third Wednesday Ken Stanley CV Conference
CHVH MCV Boardroom Videoconference to
HVC Anderson Office, HVC East Office BR (Ste. 420)
HVC South Office CR (Suite 2400)
7:00 - 8:00 a.m.

Fourth Wednesday Disease Management Conference:
rotates CHF & EP Case Presentations
CHVH MCV Boardroom Videoconference to
HVC Anderson Office, HVC East Office BR (Ste. 420)
HVC South Office CR (Suite 2400)
7:00 - 8:00 a.m.

Cancer Conferences

Community Hospital East:

Third Thursday East General Cancer Conference
Medical Staff Conf. Room
12:00 to 1:00 p.m.

Fourth Tuesday 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.

Every Other Friday begin 1/18/13 N. General Cancer 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
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

Dec. 7 Neurology Update III
IU Health Neuroscience Center, Indianapolis

Dec. 12-13 Getting Practical with Medical Staff Governance,
Credentialing and Peer Review
Swissotel, Chicago, Illinois

2014
Jan. 17-19 Musculoskeletal Ultrasound Beginner Level Course
IUSM, South Bend, Indiana

Jan. 25 Breast Cancer: Year in Review
Indiana History Center

March 7 Let's Talk Palliative Care: Improving Care for
Seriously Ill Patients and their Families
Ritz Charles Banquet Facility, Carmel

May 1 Advancing the Medical Role in Child Protection
Evansville, Indiana

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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CME & Conferences

Indianapolis Medical Society

December

- 11 Senior/Inactive Luncheon Meeting, 11:30 AM, Society.
Mr. Rob Green, "The Sex Life of Bees"
- 17 Executive Committee Holiday Dinner, with Spouses/Guests

2014

January

- 21 IMS Board, Society, 6:00 PM, Social; 6:30 PM, Dnr/Mtg.,

February

- 16-19 AMA Presidents' Forum, Sun., 4-6:30 PM; continues Mon.,
from 7:30 AM-1 PM, Grand Hyatt, Wash., D.C.
- 17-19 National Advocacy Conference (NAC), Monday afternoon
and Tuesday.
- 18 Executive Committee, Society, 6:00 PM, Sandwiches.
Nominating Committee appointed.

March

- 2 IMS Advisory Breakfast (Le Peep's), 7:30 AM ... prior to
ISMA BOT 9:00 AM, ISMA
- TBD 7th District Organizational Dinner, Dr. G. Mitchell Cornnett
chairs. 6:30 PM
- 12 Senior/Inactive Luncheon, Society, 11:30 AM. Speaker TBA
- 18 IMS Board, Society, 6:00 PM, Social; 6:30 PM, Dnr/Mtg.,
- 30 HAPPY DOCTOR'S DAY!
- TBD IMS Nominating Cmte., Hale Room, Society Headquarters,
6:30 PM, Light Dinner.

April

- 15 Executive Committee, Society, 6:00 PM, Sandwiches
- 24 Administrative Professionals' Day (aka Secretaries' Day)
- TBD IMS Women in Medicine, 7:00 – 10:00 pm.

May

- 20 IMS Board, Society, 6:00 PM, Social; 6:30 PM, Dnr/Mtg
- TBD MSE Board Meeting, Society, 6:15 PM, Sandwiches

June

- 7-11 AMA House of Delegates Annual Meeting, Chicago, IL
- 11 Senior/Inactive Luncheon Meeting, 11:30 AM, Society
- 17 Executive Committee, Society, 6:00 PM, Sandwiches
- 22 IMS Advisory Breakfast (Le Peep's), 7:30 AM ... prior to
ISMA BOT, 9:00 AM, ISMA
- TBD Project Health Board Meeting, Society, 6:00 PM, Light Meal

July

- 15 IMS Board, Society, 6:00 PM, Social; 6:30 PM, Dnr/Mtg

August

- 19 Executive Committee, Society, 6:00 PM, Sandwiches

September

- 5 ISMA BOT, Indianapolis Westin., Indpls., 46204. 1:00 PM
- 10 Senior/Inactive Luncheon Meeting, 11:30 AM, Society,
Speaker TBA
- 16 IMS Board, Society, 6:00 PM, Social; 6:30 PM, Dnr/Mtg.
Light dinner. Dr. David R. Diaz will be installed as
141st IMS President.
- 20-22 ISMA CONVENTION, JW Marriott Hotel, 10 S. West St.,
Indpls., 46204

October

- 30 ISMA's Fall Legislative Dinner, Downtown Marriott
- 15 Executive Committee, Society, 6:00 PM, Sandwiches

November

- 8-11 AMA House of Delegates, Dallas, TX
- 18 IMS Board, Society, 6:00 PM, Social; 6:30 PM, Dnr/Mtg
- 23 IMS Advisory Breakfast, 7:30 AM ...prior to ISMA BOT @
9:00 AM, ISMA Headquarters



Get the facts Know the signs

(Prescription drug abuse has reached epidemic levels.)

Every 25 minutes someone dies from a prescription drug overdose.

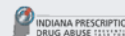
More people abuse prescription drugs than cocaine, heroin, hallucinogens, and inhalants combined.

One in 20 people have used prescription pain killers for non-medical reasons.

Middle-aged adults are the most likely to overdose from prescription painkillers.

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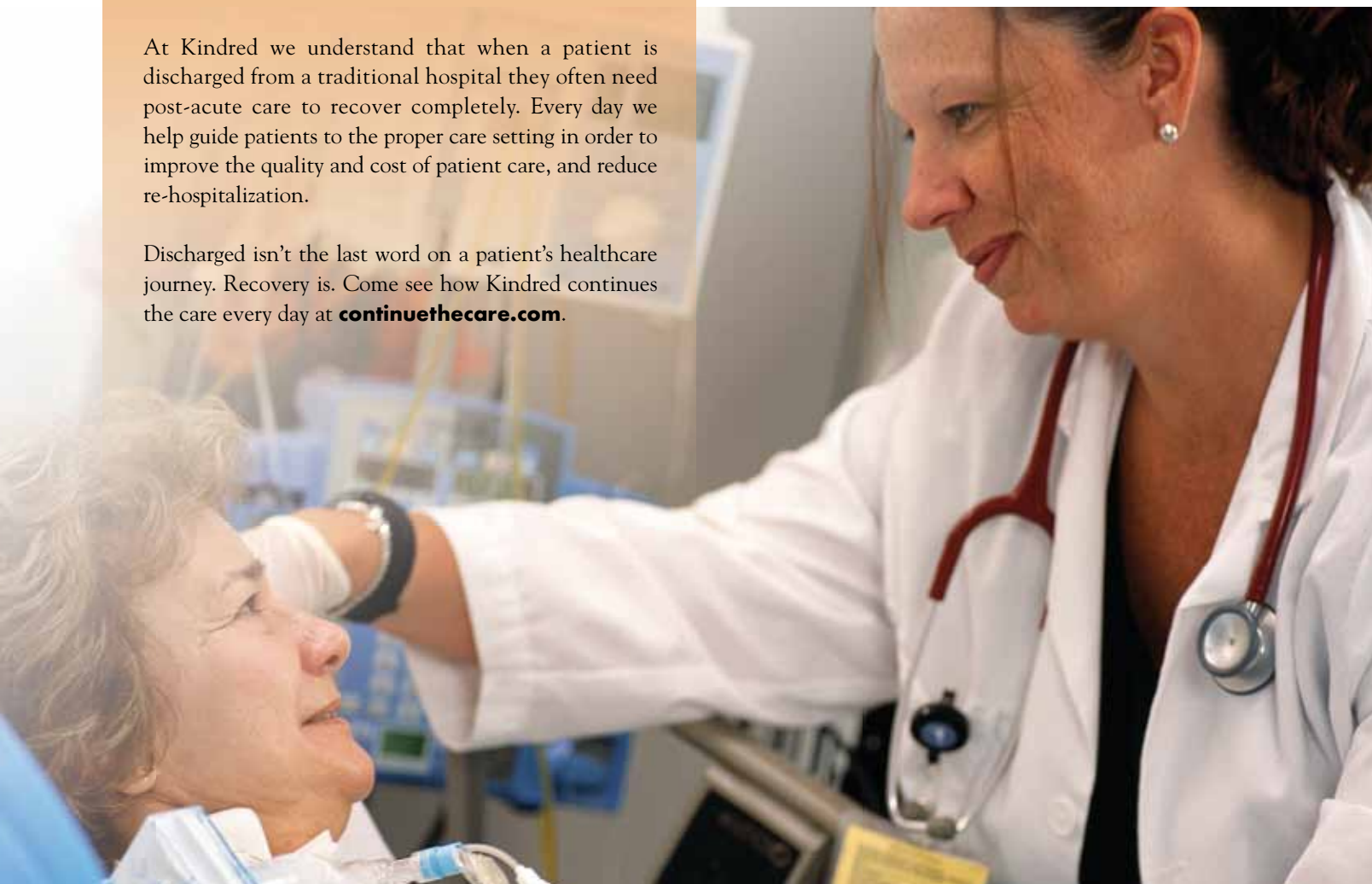
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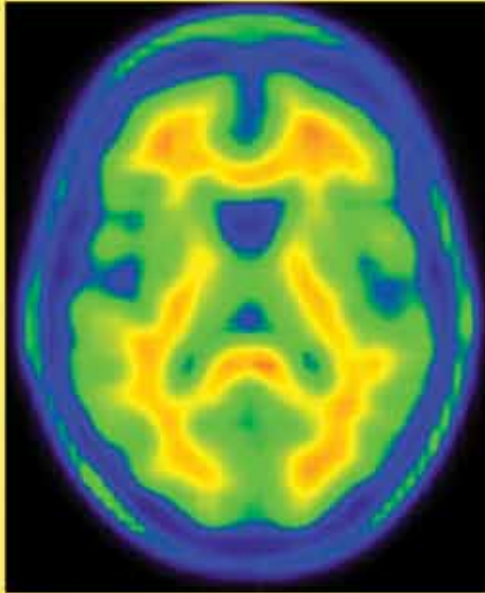
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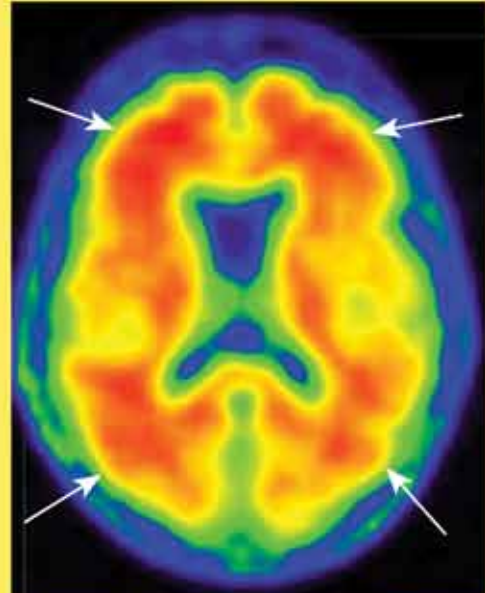
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