Volume XCVIV • Number 9 May 2013 • Indianapolis, Indiana



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7th District Annual Meeting

May 28, 2013, 5:30 p.m. Victory Field, 3rd Base Terrace & Party Deck

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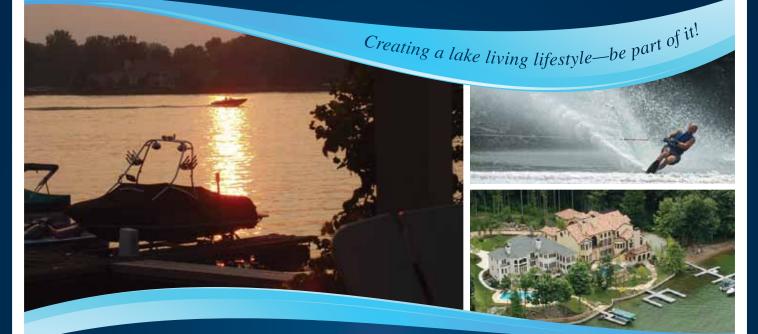
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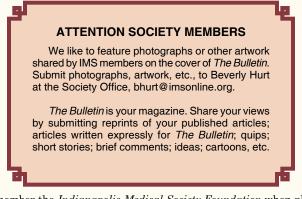
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in this issue

Special Features

President's Page <i>Perioperative Surgical Home</i> <i>Bruce M. Goens, MD</i>
IMS Member Benefits 20% Discount iSALUS Healthcare
Senior/Inactives Speaker: Jordan Hunt William H. Dick, MD 12
Project Health <i>Thank you, John T. Munshower, MD</i> <i>Carrie Jackson Logsdon, Director</i>
In Summary24
7th District Annual Meeting24

Departments

About Our Cover	$\dots 5$
Advertisers' Index	22
Bulletin Board	11
Classified Advertisingwww.imsonlin	e.org
CME & Conferences	20
IMS Leadership	18
In Memoriam	22



about our cover

On our cover: 7th District Annual Meeting will be held May 28, 2013. All Members of the IMS are Members of the 7th District. Join your colleagues and make a great catch at Victory Field.

7th District Annual Meeting

May 28, 2013, 5:30 p.m. Victory Field 3rd Base Terrace & Party Deck

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President's Page Bruce M. Goens, MD

Perioperative Surgical Home

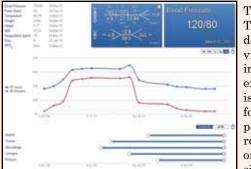
In the November issue of the Bulletin, I wrote about the patient-centered medical home (PCMH) which is a continuous care model utilizing a team approach that results in more effective and efficient care. To followup regarding my experience as promised then, I have observed benefit relating to the transition of care from inpatient back to the outpatient setting. In my office the transitional care activity centers around medicine reconciliation and arranging for seven-day follow-up outpatient visit appointments in an attempt to improve outcomes and reduce costs by reducing re-admissions. The post-hospitalization syndrome is interesting as twothirds of readmissions are due to problems unrelated to the primary hospital diagnosis that perhaps could have been picked up by the primary care physician.⁽¹⁾ The concepts of a medical home (patient-centered, comprehensive, teambased coordinated, accessible with a focus on quality and safety) can be extended to specialty disciplines. Surgical care is approximately 65% of all hospital expenses, and varied or fragmented care can expose surgical patients to lapses that can increase the chance for unnecessary care or complications with increased costs (estimated cost for postoperative pneumonia is \$27,000).⁽²⁾

The Perioperative Surgical Home (PSH) is a proposal by the American Society of Anesthesiologists which states that anesthesiologists have the training, skills, and perspective that position them to best coordinate and manage the perioperative care of the patient.⁽³⁾ This "perioperativist" anesthesiologist brings the gains made in anesthesia-related patient care and safety and is an expansion of their role to provide the continuity of care to include preoperative, operative and postoperative periods. Currently non-anesthesiologist physicians or advance practice providers typically provide the preoperative evaluations and "clearance" with variability in testing that may sometimes lead to last minute cancellations or surgical delays. Same day cancellations or case delays due to inadequate pre-operative evaluations are not only a waste of resources but are dissatisfiers for patients and families for obvious reasons. Earlier contact with patients by the anesthesiologist allows different anesthesia options and post-operative care to be discussed. Pre-surgical psychological reassurance regarding post-operative care to include pain management help to reduce patient anxiety which is important for recovery. Over the years I have been asked to provide surgical clearance for many of my patients by many different means including faxes with a simple request to check a box if the patient is "cleared" or not. Some patients have called the office to get verbal clearance or have made appointments with me to get clearance for surgery, but typically they have no idea as to the nature of the anesthesia to be provided. I have personally experienced the uncertainty of what pre-surgical testing is appropriate for my patients who have significant but varying degrees of disease burden, so I typically refer them to a pre-op clinic assuming the subsequent evaluation to be appropriate and complete. Since I do not provide inpatient care to my patients I also have been more comfortable if my patient sees a hospitalist for pre-op evaluation as the patient will have hospitalist coverage for post-operative medical care if significant chronic health conditions are present. The Institute of Medicine has acknowledged the reduction in anesthesia mortality in the United States from one death per 1,000 anesthetics in 1940 to current estimates of one death per 15,000 today.⁽⁴⁾ This improvement has occurred despite increased average age of our population today with increased chronic illnesses which typically increase surgical mortality. Today surgical death rates vary from 3.5% in very-low-mortality hospitals to 6.9% in veryhigh-mortality hospitals.⁽⁵⁾ The Perioperative Surgical Home provides a team approach with advanced practice providers such as CRNAs and RNs for coordination and oversight of postoperative pain management, antithrombotic measures and removal of invasive devices to try to reduce complications. Coordination of post-operative care helps to prevent miscommunication and hands-off by providers that are a common cause of complications. ⁽⁶⁾ The American College of Surgeons National Surgical Quality Improvement Program (NSQIP) showed from 2005 through 2007 both hospital groups with either very high mortality or very low mortality rates reported similar rates of overall complications and major complications. Reducing mortality rates is dependent on more timely recognition and management of complications once they occur. The term Failure-to-rescue (FTR) was coined by Silber and colleagues in 1992 and in 2001 was identified by the IOM as a focus of patient safety.⁽⁷⁾ Early recognition and treatment of physiologic decline is paramount in the FTR issue, and heightened awareness with expertise by anesthesia-perioperativists could provide a more timely and appropriate response. While intra-operative anesthesiologists are limited regarding their impact on healthcare metrics such as antibiotic administration and temperature control, in an expanded role as perioperativists they can play a broader role in wider process measures such as those of the Surgical Care Improvement Project (SCIP). ⁽⁸⁾ Some of the SCIP measures include beta-blockers in the perioperative period, prophylactic antibiotics, cardiac surgery glucose control, catheter management, and VTE prophylaxis. Continued on page 26.

IMS Member Benefit - 20% Discount

iSALUS Healthcare Announces Expanded Services and Partnerships with the Newly Released Version of OfficeEMR™

iSALUS Healthcare, a privately held Electronic Medical Records and Practice Management solutions provider, announced the launch of their newest version OfficeEMR[™] to include a comprehensive Patient Timeline. The Patient Timeline converts volumes of discrete patient data into useful information for clinicians by allowing a simple, yet concise examination of the patient's medical record. By delivering clinical information in an enhanced visual format, health providers can quickly evaluate and compare critical facts with drilldown capabilities in order to gather additional insight into changing patient trends.



The new Patient Timeline delivers a visually intuitive experience that is well suited for established patient relationships, or a clinician simply

reviewing the chart for the first time. Clinical information such as medication summaries, lab results, progress notes, immunizations, office communications and other vital events as well as newly scanned documents including obstetric data are easily reviewed in a compressed graphical format. A clinician can hover over any of the timeline markers for a synopsis, or click any icon type markers for more detailed information.

"The EMR industry is quickly transforming. No longer can an EMR vendor survive with a simple land grab mentality. The market place is maturing, and the EMR provider must present and deliver meaningful value to the medical community in order to remain competitive," said Michael Hall, founder and CEO. "iSALUS" new Patient Timeline tool provides the medical community with timely and intuitive health information to help manage care and deliver better outcomes. We are committed to preparing our users for a changing health market that is being driven by an evolving reimbursement and value-based payment models."

The next generation of OfficeEMRTM is also equipped with an enhanced Evaluation and Management (E/M) coding tool that assists providers in E/M code selection and education. Originally built to match a provider's level of documentation with the appropriate E/M codes, new enhancements grant providers an inside look at the underlying rules of E/M code selection, visible in the EMR throughout the documentation process. The E/M coder offers an additional layer of confidence to providers with code selection and appropriate reimbursement. Finally, in addition to new OfficeEMR[™] product developments, iSALUS Healthcare has also broadened their service capabilities through a local and strategic partnership with CIPROMS, Inc. an Indianapolis-based Revenue Cycle Management (RCM) firm to offer medical billing and revenue cycle management services.

Benefits of OfficeEMR[™] Revenue Cycle Management services include:

• Seamless Integration – Complete EMR and PM solution with an interactive, online dashboard;

• Affordability – Percentage based fees offer all-inclusive, cost effective solution;

• Accelerated Reimbursement – A 98% first submission claim rate for faster accounts receivable;

Industry Expertise – Combined 40 years of healthcare experience with dedicated account executives; and
"Cloud" Mobility & Accessibility – Securely review practice data through any internet connection.

In late 2012, iSALUS Healthcare announced a collaborative partnership with St. Vincent Health to assist independent physicians with their adoption and conversion to an electronic medical record system. Through this partnership, St. Vincent Health and iSALUS Healthcare offer the OfficeEMR[™] and collective services to independent physicians throughout Indiana. This effort is geared to assist medical practices with converting their patient medical and health records to an electronic format in a timely, compliant and cost effective process or to offer a more intuitive solution for practices seeking to replace their existing EMR platform.

For more about iSALUS, the newest version of OfficeEMR as well as strategic partnerships can be found at www. iSalusHealthcare.com or by calling 888.280.6678.

iSALUS offers a 20% discount to IMS Members.



About iSALUS Healthcare Founded in 2000, Indianapolis-based iSALUS Healthcare provides the web-based EMR program,

OfficeEMR[™], one of a few market solutions that is fully unified with a state-of-the-art Practice Management, online Patient Web Portal and secured Chart Sharing capabilities. Based on its functionality, interoperability and SAS 70 Type II security, OfficeEMR meets the Meaningful Use criteria to receive federal funding from the HITECH Act and is currently 2011-2012 Drummond Certified[™] ONC-ATCB as a complete EHR ambulatory provider.

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Bulletin Board

Jeffrey M. Rothenberg, MD, associate professor of clinical obstetrics and gynecology, has been appointed chief medical officer for IU Health University Hospital, effective March 11. A native of Gary, Indiana, Dr. Rothenberg has been a clinician at Indiana University School of Medicine and Indiana University Health since 1996. He has held numerous leadership positions in both organizations including president of the academic health center medical staff and president of the IU School of Medicine faculty. Dr. Rothenberg currently serves as co-chair of the School of Medicine Faculty Development Coordinating Committee. After a stint at Purdue University, he received his Bachelor of Science degree from Indiana University. He holds a Master of Science in biophysics from the Weizmann Institute of Science and obtained his MD from the Sackler School of Medicine at Tel Aviv University. Prior to joining the School of Medicine, he completed his internship and residency at Northwestern University in Chicago. He is the current vice chair for Professional Development, as well as the director of the department of OB/GYN's Fellowship in Minimally Invasive Gynecologic Surgery.

Dr. Rothenberg is a nationally recognized figure in the OB/ GYN specialty practice, serving in various leadership roles for the American College of Obstetrics and Gynecology (ACOG) on both clinical and educational matters. He also serves as an oral board examiner for the American Board of OB/GYN. He will work closely with the executive team at IU Health University Hospital.

Stephen W. Perkins, MD, Meridian Plastic Surgeons, was an invited speaker at the recent State of the Art in Facial Aesthetics 2013 meeting in Atlanta, Georgia. His topic was "Augmentation Alternatives to the Nasal Dorsum."

Laryn A. Peterson, MD, an ear, nose and throat specialist, has joined Community Physician Network in Indianapolis. She completed her medical degree at the IU Medical School.

News from Northwest Radiology ...

Vincent P. Mathews, MD, board certified neuroradiologist and President and CEO of Northwest Radiology Network, P.C., was one of the guest speakers at a recent presentation of "Amyvid: The First FDA-Approved Diagnostic PET Tracer for Estimating B(Beta)-Amyloid Neuritic-Plaque Density in the Living Brain." The program was sponsored by and the speakers were presenting on behalf of Lilly USA, LLC. It was presented consistent with FDA guidelines.

Benjamin B. Kuzma, MD, board certified neuroradiologist, presented "Spinal Imaging" at the Indiana Spine Group's 6th Annual Spine Symposium on March 8th at The Renaissance Hotel in Carmel.

Eric E. Beltz, MD, board certified neuroradiologist, presented "A New Test for Dementia: Amyvid" at the St. Vincent Center for Healthy Aging's 24th Annual Interdisciplinary Conference on Aging: Goal – Oriented Care on March 15th at the Ritz Charles in Carmel.

News from Franciscan St. Francis ...

Saeed R. Shaikh, MD, discussed peripheral vascular disease during the "Change of Heart" class held April 17, 2013.

Robert A. Malinzak, MD, discussed orthopedic, joint replacement therapies at an April 25, 2013 Franciscan St. Francis "Road Show."

The Franciscan St. Francis Cancer Center held its 3rd annual Oncology Symposium, Friday, April 26, 2013. Among the speakers and topics:

Ben Mon-Yen Tsai, MD, Kendrick Colon & Rectal Center, Advancements in colorectal surgery and research

Timothy B. O'Donnell, MD, Plainfield Sports and Family Medicine, Integrative/complementary medicine







Malinzak, MD



Timothy

O'Donnell, MD



Stephen W.

Perkins, MD

Eric E.

Beltz,MD







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Saeed R.

Shaikh, MD



Rothenberg, MD



Brian G. Sperl. MD

Ben Mon-Yen Tsai, MD

INP

Brian G. Sperl, MD, Indianapolis Gastroenterology and Hepatology, Advanced treatment of Barrett's Esophagus

Luke P. Akard, MD, Indiana Blood and Marrow Transplantation, Treatment regimens for blood-related cancers

Erika L. Rager, MD, Breast Specialists, and David H. Moore, MD, Gynecologic Oncology Specialists, Maintaining wellness and well-being after the diagnoses of female cancers

Michael E. Murphy, MD, Indiana Skin Cancer Center, The latest advances in the prevention, diagnosis and treatment of all types of skin cancer.

News from Indiana Spine Group ...

Rick C. Sasso, MD, and Paul E. Kraemer, MD, taught instructional course lectures at the American Academy of Orthopedic Surgeons annual meeting this year, "Differentiating Cervical Spine and Shoulder Pathology: common disorders and key points of evaluation and treatment, (March 21) and "Debate: Displaced Type II Hangman's Fracture." (March 23)

Dr. Sasso served as a faulty member at the sixth annual Cervical Spine Research Society hands-on cadaver course in February at St. Louis, Missouri.

He also served as a faculty member at the Cedars Sinai Medical Center Institute for spinal disorders 12th annual symposium on current concepts in spinal disorders in Las Vegas, Nevada earlier this year.

Rick C.

Sasso, MD



Senior/Inactive - March 2013-

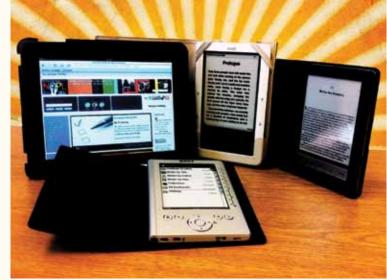


William H. Dick, MD Speaker: Jordan Hunt

A Lesson on Using Mobile Book Readers

It seems just like yesterday that Johannes Gutenburg invented the printing press, thus allowing books to be read by ordinary people (the ones who could read, anyway). The printing press was voted the most important event in the past millennium (the electric light was #2). But that is so yesterday!

With the advent of the first computer in the 1940's and then the personal computer in the early 1980's, society has leaped into the electronic age. Computers have been portable for many



years, but now we have tablets that have great computing power. We also have electronic readers or eReaders.

So, here is an earth shaking question: which one (tablet or eReader) to take to the beach? The answer is the eReader. Read on to find out the reason for that and many other important facts. These lessons and more were delivered to us by Jordan Hunt, a graduate of Wabash and from the IUPUI Master's Degree Program in Library Science. He is employed at the Central Indiana Library as a Technical Consultant.

This lesson was arranged so that the Retired Doc's would know what their kids and grandkids are doing with those electronic gadgets. Actually, a surprising number of the retired physicians are using the readers and tablets. One may check out an electronic book from the Central Library, which has 40,000 eBooks, one of the largest collections in the U.S. eBooks may be borrowed for 21 days. On the twenty-second day, the screen goes dark for that book title. Only one eBook may be checked out at a time. The library also has 10,000 audiobooks.

<u>eReaders</u>: Brands are Kindle and Kindle Fire (Amazon) and Nook (Barnes & Noble). They can hold over 1,000 books. Battery usage is modest. The screen is grey, like an etch-a-sketch screen. So it may be viewed in the sun's glare because there is no light on the screen. Also, the screen tint may be adjusted; and the font size can be easily changed. Audio books are available. In addition, eBooks may be viewed on a smartphone. A battery charge may last for a month or more. The weight of an a day. It is more expensive than an eReader. Magazines and newspapers may be read also.

The Library has an online catalogue of book titles. eBook usage is growing as 23% of people used an eReader last year vs. 16% the year before. eReader ownership has increased from 10% to 19% in the past year; tablet usage moved from 10% to 25% ownership. eBooks sales as a share of the total book market increased from 14% in 2011 to 22 % in 2012; and they continue to increase. eBook circulation as a total of books circulated in libraries is 3.1%.

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Welcome to the electronic age!

eReader is about the same as a paperback book and it weighs half as much as a tablet.

<u>eTablets</u>: It is like a computer, with a great deal of power, much more than an eReader. Text, audio and videos may be viewed on a tablet. Font size may be changed but the tablet is not easy to read with glare on the screen. The screen is like a computer and it may cause eye strain in some people. Far more battery power is used on a tablet. Depending on the type of usage, a battery charge may not last

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Carrie Jackson Logsdon, Director

Thank you, John T. Munshower, MD



John T. Munshower, MD, JWM Neurology is Project Health's Doctor for the Month of May. He was born at St. Vincent Hospital and raised in Indianapolis with his two brothers and two sisters. One brother, Bill, a priest, still lives in Indianapolis and is a fulltime Chaplin at Cathedral High School, which Dr. Munshower also attended

back when it was located at 14th and Meridian. His other brother, Frank, is a retired chemist and ecologist who taught range science at Montana University. Frank's subspecialty was finding the best ways to restore land which had been strip mined for coal, apparently, a big problem in Montana. Both sisters live in Scottsdale, where one is a retired preschool teacher and the other is an oncology nurse.

Dr. Munshower credits his family doctors with the inspiration to go into medicine. "I remember the late Dr. Carter's office. My first impression as a child was of his syringe sterilizer for shots. He looked sort of like a toad with a round, speckled face and was just the kindest man. There was also the late Dr. McGinnis on Washington St. who gave us our CYO physicals for five-dollars. They imparted such gentle warmth and concern. They were the medical gentry from the 40's and 50's."

Dr. Munshower graduated from Indiana University with a B.S. in zoology. Then he signed-up for a two-year assignment in the Peace Corps. He taught chemistry to high school students in Ethiopia. He also teamed up with others to start a leprosy treatment center in Gojjam Province. He said they set out on horses and mules to knock on politicians' doors to enlist their financial and logistical assistance. "Leprosy is a very big deal in Northern Africa. We suspect there is a genetic pre-disposition to it." When his tour in the Peace Corps was ending, he decided he wanted to go to medical school. "I didn't have an application so I wrote a three-page essay about Africa, and asked the I.U. School of Medicine to accept that. Dr. Mahoney responded that there were no slots open but advised me to call when I got home." He did and they accepted him.

He completed his internship at St. Joseph Hospital in Denver. "I had a good buddy from Peace Corps, who taught parasitology there. We thought we could go out there and ski and have fun in the mountains. We had a lovely year; however, as an intern all I did was work. There was no time for skiing. We didn't go even once." He said he concentrated on orthopaedics and neurosurgery during his internship. He was thinking about going into psychology, but he said one day the Chairman at I.U. called and convinced him that he should come home and practice neurology. "Some of my favorite doctors had been neurologists, really the founders of pediatric neurology." So he came home and did his residency at the Indiana University Medical Center in neurology. He specializes in Parkinson's Disease, Alzheimer's and stroke. He said he also sees quite a few patients with multiple sclerosis which he now enjoys because "it is no longer a death sentence. There are new interferons and even better drugs the last several years that allow a patient to live a very long, productive life."

He and his wife, Marcia, have four children. His oldest girl is married to a physical therapist in the Air Force Special Forces in Washington. His second girl is going for her second bachelor's degree in nursing from Marion College. His third daughter is a businesswoman in Connecticut and his son, who he said is the "Peter Pan" of the family lives in Oregon. In his spare time he likes to go bird-watching at Eagle Creek Park with Al Starling, who he said used to write about bird-watching for the *Indianapolis Star* and David Finch, who he says is in his 90's but shows up every Sunday. He and Marcia just returned from a six-day bird-watching trip to Brownsville, Texas.

Dr. Munshower and the entire practice of JWM Neurology joined Project Health at the very beginning in 2003. Dr. Munshower said he is very lucky to be in medicine; that every day is a positive day. He loves the camaraderie with all the doctors and hospital officials. "We're prosperous and living well. The city has done so much for us it was obvious that we should help out as much as we can. I hate the fact that many people don't have health care. It is a basic need and right. It is such a small fraction of your workload you don't even notice and it does tremendous good. The cost to provider is negligible and the patients are so very grateful for every minute you spend with them." All of us at Project Health also feel very lucky to have you and JWM Neurology giving so much back to our patients. Thank you.

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*Statistic from Alzheimer's Association

Indianapolis Medical Society 1848

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IMS Bulletin, May 2013

CME & Conferences

Community Health Network

Community	
Community Ho First Wednesday	spital East 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 Ho First Wednesday	spital North 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 He Indiana Heart H First Wednesday	
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 Confer Community Ho Third Thursday	
Fourth Tuesday	East Multidisciplinary Breast Cancer Conference Medical Staff Conference Room 7:00 to 8:00 a.m.
Community Ho First & Third Tuesdays	spital North 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 Ho Third Wednesday	spital South 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

inuiana	University Health
IU – Meth	odist – Riley
May 3	16th Annual IU Gastroenterology/Hepatology Updat Indiana History Center, Indianapolis
May 4	How to Help Your Patients Quit: Practical, In-Office Approaches for Tackling the Problem of Tobacco IU Health Goshen Hospital, Goshen, Indiana
May 9	Current Topics in Clinical Pediatric Proton Therapy Brown Hotel, Louisville, Kentucky
May 14-16	Biostatistics for Health Care Researchers: A Short Course Health and Information Technology Services Building (HITS), Indianapolis
May 18	Movement Disorders Symposium Goodman Hall, Indianapolis
May 24	Thirty-Ninth Annual Wishard Memorial Lecture Methodist Hospital Petticrew Auditorium Indianapolis
May 29-30	48th Annual Riley Hospital for Children Pediatric Conference Indianapolis Marriott Downtown, Indianapolis
May 31	Mobile Computing in Medical Education Fairbanks Hall, Indianapolis
June 6-9	Food as Medicine: A Feast of Science & Wisdom JW Marriott Indianapolis, Indianapolis
June 14	Eleventh Annual Conference on Health, Disability and the Law Wynne Courtroom, Inlow Hall, Indianapolis
July 13-20	98th Annual Anatomy and Histopathology of the Head, Neck and Temporal Bone Medical Sciences Building, Indianapolis
July 26	Review & Interpretation of the 2013 ASCO Meeting JW Marriott Indianapolis, Indianapolis
Sept. 5	Pharmacogenomics in Clinical Practice - What you need to know IU Health Neuroscience Center, Indianapolis
Sept. 13	Pediatric GI Conference IU Health North Hospital, Carmel, 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

	• •
May	
21	IMS Board, Society, 6:00 PM, Social; 6:30 PM, Dnr/Mtg
28	7th District Annual Meeting, May 28, 2013, 5:30 p.m.
	Victory Field, 3rd Base Terrace & Party Deck
lune	
2	IMS Advisory Breakfast (Le Peep's), 7:30 AM
	prior to ISMA BOT, 9:00 AM, State Hdqtrs.
12	Senior/Inactive Luncheon Meeting, 11:30 AM, Society
15-19	AMA House of Delegates Annual Meeting, Chicago, IL
25	Executive Committee, Society, 6:00 PM, Sandwiches rescheduled from 18th, conflict w/AMA
	resonctuated nonin roth, connect w/AntriA
ulv	
16	IMS Board, Society, 6:00 PM, Social; 6:30 PM, Dnr/Mtg
	, , , , , ,
August	
$\tilde{20}$	Executive Committee, Society, 6:00 PM, Sandwiches
Septembe	
11	Senior/Inactive Luncheon Meeting, 11:30 AM,
17	Society, Speaker TBA
17	IMS Board, Society, 6:00 PM, Social; 6:30 PM, Dnr/Mtg.
	Light dinner. Dr. Mark Hamilton will be installed as 140th IMS President. NO SPEAKER
20	ISMA BOT, Indianapolis JW Marriott, 10 S. West St.,
20	Indpls., 46204. 1:00 PM
20-22	ISMA CONVENTION, JW Marriott Hotel, 10 S. West St.,
	Indpls., 46204
	• /
October	
15	Executive Committee, Society, 6:00 PM, Sandwiches
30	ISMA's Fall Legislative Dinner, Indy Marriott Downtown
T 1	
Novembe	
10	IMS Advisory Breakfast, 7:30 AM
16-19	prior to ISMA BOT @ 9:00 AM, State Hdqtrs. AMA House of Delegates
16-19 19	IMS Board Society 6:00 PM Social: 6:30 PM Dnr/Mtg

December

 Senior/Inactive Luncheon Meeting, 11:30 AM, Society TBD
 Executive Committee Holiday Dinner, with Spouses/Guests, Dr. Hamilton selects location

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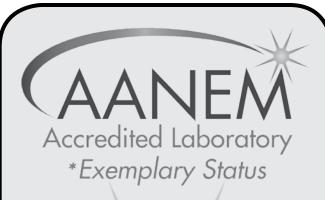
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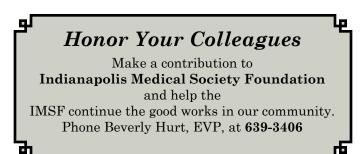
Bertram Stanley Roth, MD 1921 - 2013

Dr. Bertram Stanley Roth, 91, died on March 7, 2013, in Sarasota, Florida. Dr. Roth earned his pre-medical degree at Harvard

University and graduated from the Indiana University Medical School in 1945. He did his rotating internship and residency at Pediatrics of St. Louis City Hospital. He also completed a graduate course in pediatrics at the St. Louis Children's Hospital. Dr. Roth served an internship in pediatric pathology at Boston Children's Hospital.

A veteran, Dr. Roth serviced as a captain from July 1946 until April 1948.

Dr. Roth was a long-time resident of Indianapolis and a beloved pediatrician. He retired from active practice in 1999. Dr. Roth served the IMS as an Alternate Delegate to the State Convention from 1961-1964.



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In Summary ...

Medical License Renewal Dates and Information

Renewal deadline extended to October 31, 2013, https://mylicense.in.gov/egov

Medical licenses issued by the Indiana Medical Licensing Board are renewed every two years. The expiration date is October 31 of this year. Renewal notification information will be emailed out to all practitioners around August 20, 2013. Please complete the on-line SURVEY and RENEW your Medical license and all CSR's on-line by clicking on https:// mylicense.in.gov/egov

It is important to complete the Indiana State Department of Health's Survey as it will be used to determine areas of need in the future.

Renewal fee is \$200.00 if renewed on or before June 30th. If renewed after June 30th a late fee of \$50.00 will be due in addition to your renewal fee.

Pocket cards are no longer issued at renewal time. Once you renew your license you may elect to print a free pocket card or purchase one. Facilities may view the website http://www. in.gov/pla to verify your license.

All documentation submitted to MLB office should include your name and license number.

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In Summary ...

Medical Licence Renewal Dates and Information

Next renewal deadline June 30, 2013, https://mylicense.in.gov/egov

Medical licenses issued by the Indiana Medical Licensing Board are renewed every two years. The expiration date is June 30th of odd-numbered years. Renewal notification information will be emailed out to all practitioners at least by the first week of May.

Please complete the on-line SURVEY and RENEW your Medical license and all CSR's on-line by clicking on https:// mylicense.in.gov/egov

It is important to complete the Indiana State Department of Health's Survey as it will be used to determine areas of need in the future.

Renewal fee is \$200.00 if renewed on or before June 30th. If renewed after June 30th a late fee of \$50.00 will be due in addition to your renewal fee.

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President's Page (Continued from page 7)

Payers are looking for ways to reduce hospitalization complications and costs. The Patient Protection and Affordable Care Act of 2010 intends to reduce costs of care by linking payments to quality outcomes and incentives based on patient satisfaction. This coordinated care by a PSH may reduce such complications, reduce costs, allow for earlier discharges and improve patient satisfaction. The whole goal of the Perioperative Surgical Home is improvement of patient outcomes, but it also may benefit the hospitals and payers. In this new era of the medical home concept the transition of care would eventually be from the Perioperative Surgical Home to the Primary Care Medical Home in an attempt to reduce post-discharge ER visits or readmissions. As Dorothy said, "There's no place like Home."⁽⁹⁾

References

(1) Krumholtz, Harlan: **Post-Hospital Syndrome - An Acquired, Transient Condition of Generalized Risk**. N Engl J Med 2013; 368: 100-102 January10, 2013

(2) The Perioperative or Surgical Home, A draft proposal (My 2011), American Society of Anesthesiologists (ASA)(3) Ibid

(4) (5) (6) (7) (8) Vetter, Thomas et al: **The Perioperative Surgical Home**; BMC Anesthesiology. 2013 Mar14;13:6. doi:10-1186/1471-225313-6

(1) (9) Judy Garland in the *The Wizard of Oz*, Released August 25, 1939 by MGM Studios.

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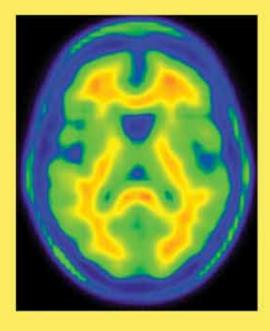


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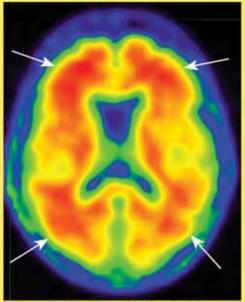
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Now Available In Indianapolis!

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.

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.

