

Bulletin



A Season of Kindness & Caring!

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is to care for someone else.”***

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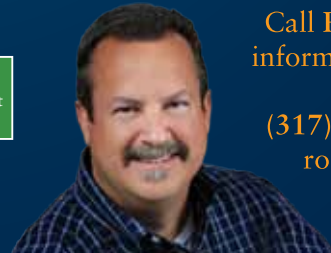
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ATTENTION SOCIETY MEMBERS

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

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

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

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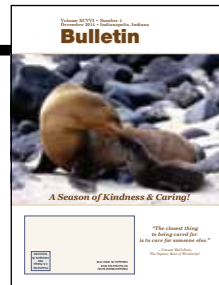
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about our cover



On our cover:
Celebrate this Season of Kindness and Caring. Photography courtesy of Wendy Kaveney. Photo was taken on the Galapagos.

World AIDS Day - December 1

World AIDS Day is a global initiative to raise awareness, fight prejudice, and improve education about HIV, the virus that causes AIDS. World AIDS Day is December 1.

Around the world, about 34 million people are living with HIV. In the United States, about 50,000 people get infected with HIV every year.

Every 9½ minutes, someone in the United States is infected with the HIV virus. Get the facts on how to prevent HIV, delay the onset of AIDS, and be part of the solution.

<http://www.cdc.gov/actagainstaids/>

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Steven E. Levine, MD

Dr. Steven E. Levine is board certified in Pain Management and Anesthesiology by the American Board of Anesthesiology since 1994, and also is a diplomat of the American Board of Pain Medicine since 1996. He is a fellow, charter member, and on the Board of Directors for the American Board of Minimally Invasive Spinal Medicine and Surgery. Dr. Levine is a leader in developing and teaching new techniques in interventional pain management both nationally and internationally.



William L. Hall, MD

Dr. William L. Hall is Board Certified by the American Board of Physical Medicine and Rehabilitation, and the American Board of Pain Medicine. Dr. Hall joined Midwest Pain Institute after completing his residency at the University of Cincinnati in August 2002. Dr. Hall served as chief resident in the department of Physical Medicine and Rehabilitation, with duties both academic and administrative in nature. He has focused his skills and talents on the diagnosis and treatment of back and spinal pain.



Kent B. Remley, MD

Dr. Kent B. Remley, a graduate of IU School of Medicine, is an Interventional Neuroradiologist specializing in minimally invasive spine surgery as well as diagnostic and therapeutic injection procedures of the head, neck and spine. Prior to practicing in Atlanta and Indianapolis he served as an assistant professor of Radiology and Otolaryngology and director of ENT/ Head and Neck Imaging at the University Of Minnesota and was a clinical instructor in Neuroradiology at the University of California, San Francisco.



Locations

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Avon

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Avon, IN 46123
317-272-3880
Fax: 317-272-9068

Kokomo

2302 S. Dixon Rd.
Suite 150
Kokomo, IN 46902
765-453-0506
Fax: 765-453-0793



A Season of Celebration...

A Season of Kindness and Caring

Nearly every culture and country around the world celebrates during this season. Many focus on faith or ethnic or national rites, but each has an element of kindness

“Kindness is the language which the deaf can hear and the blind can see.”
– Mark Twain

and caring for our fellow humans built within the celebrations. I like to believe this is a time to focus our energies on “doing good works.”

Many of us became physicians simply out of a deep personal desire ... a need to help others. It is our daily choice to care ... to do good works ... to provide the art of medicine within our practices of medicine.

As we go about our celebrations during this season, let us make sure we do take a few moments each day to reflect on “doing good works.” In our hustle to enjoy the celebrations we may forget the real challenge of the season.

Personally, this season is defined from a line about Ebenezer Scrooge in Charles Dickens’ *A Christmas Carol*, “*And it was always said of him, that he knew how to keep Christmas well, if any man alive possessed the knowledge. May that be truly said of us, and all of us.*”

I am reminded of a friend who during this season practiced “random acts of kindness.” He would regularly do “nice things” for strangers ... the kind of acts that might have otherwise made the news except he would not allow that. We were at a restaurant one evening when we observed a family with young children obviously celebrating a special occasion. The children wanted dessert and the father said “no, not tonight, we just can’t.” My friend caught our waiter’s eye and asked him to package a cake for them for carry-out. The cake was given to the family when they were trying to pay for their dinner. You guessed it. My friend paid their entire bill anonymously. I still recall those smiles... So much pleasure in a simple thoughtful act.

This same friend did another act of kindness. I was in the grocery with him one evening and he noted an older gentleman was admiring the chickens roasting on a spit in the deli section. The people person and extrovert he was, my friend stopped and asked the gentlemen for his critique of “which one is the best.” They had

quite the conversation. As it ended and the gentleman walked away, my friend picked out two roasted chickens. Perhaps not coincidentally, we were immediately behind the older gentleman in the checkout line and, of course, one chicken and his other purchases were paid for by my friend. As it so happened, the older gentleman and my friend became fast friends and shared a seasonal celebration each subsequent year to honor acts of kindness that yet occur in this darkened world.

My friend is gone now but his spirit lives on in the lives he touched with his good deeds. I try each year to do a caring gesture to honor my friend that I know would make him smile.

We don’t need to do random acts of kindness like my friend did. We can honor our traditions and celebrations and be kind and caring to others by taking on the deeper meaning of this season. So whatever your faith, your tradition, celebrate by doing something caring to honor a friend, a mentor or a family member this year.

For some of us this is the time to take out our checkbooks and credit cards and give to worthy causes. A cynic might call that planning for tax deductions, but I prefer to think of it as a way to “say thank you” for kindnesses and caring. Every act of kindness defeats the darkness.

The world today, as portrayed in the nightly news, provides unknown terrors and fears streaming and screaming at us daily. These often overwhelm our

You can’t live a perfect day without doing something for someone who will never be able to repay you.

– John Wooden

patients, families and friends with imagined and also very real threats... Ebola, EV-D68, conflict in the Middle East and elsewhere and emerging maliciousness, homicide and other violent crime here in Indianapolis and the rest

of the Hoosier State. One way to fight back ... to hold our own... is to practice the art of medicine and the goodness in the helping of others.

Let us see this Season of Celebration as an opportunity to be a Season of Light; of Hope; of Kindness and Caring.

Calling All IMS Members

To maintain and grow your Indianapolis Medical Society, Membership needs to be job ONE!

Do you have a Son, Daughter, Nephew, Niece or Grandchild who has chosen to follow in your footsteps and practice medicine? Or, are you currently mentoring a resident or fellow? If you answered “Yes” to either of these questions, please speak with them about joining the Society!

Maybe you would prefer to “gift” them with a membership instead. Applications can be found on our website, www.imsonline.org. Upon entering our website, click on the membership tab, and there you will have two options for membership: either print an application, complete and send in with check, or fill in the online application and submit payment separately. We also accept payment over the phone using your MC, AE or Visa credit card. OR, if all of this is a bit much for you, give us a call to have a pre-populated Membership Application sent to you or them.

We are offering a \$100 discount off of the IMS dues investment for both YOU and the NEW MEMBER you recruit! Please call Tyna McCauley at 639-3406 to confirm an amount before payment is submitted. The amounts vary depending on the new member’s status; i.e., Resident, 1st Year Practice, Active. You may also contact her via email at tmccauley@imsonline.org

White Paper – ICD-10

ICD-10, A Rare, Postitive Viewpoint

Announced at the end of July by the Centers for Medicare & Medicaid Services, the firm transition date for the ICD-10 transition has been set for October 15, 2015.

ICD-10 is the single most impactful mandate to the medical industry in over 30 years. Most see the transition as a looming, tedious task that is necessary for compliance. The truth is that will be the case for those who do not evaluate and prepare for a smooth transition. In countries that have already implemented ICD-10 the number one piece of advice was start early, plan well, and be prepared. The other truth is that the ICD-10 transition can be an enlightening discovery process for your organization and if conducted in a timely manner and properly, it can have a significant and positive impact on your revenues and revenue cycle management process improvement. The ICD-10 transition will impact every aspect of your claims processing, reimbursement, clinical documentation, and associated compliance policies and procedures. If you are armed with the right attitude and information it can be a tremendous opportunity.

Many people are familiar with the positive outcomes that will arise from the ICD-10 transition with regards to improved data for evaluating and improving quality of patient care and information sharing. That is a wonderful thing but what most providers don’t know is how your organization’s revenue can be increased due to ICD-10. Greater documentation detail may lead to better justification of medical necessity and more accurate payments. You should experience a lower coding error rate because the new code set is less ambiguous and more organized. Refinements to current reimbursement systems, decreased amounts of rejected claims, and shorter claim cycles are a few more advantages. Additionally, sequencing errors will be virtually eliminated because the greater specificity required will combine multiple documentation elements into one code. Lastly, how are requests for additional documentation information currently handled? If ICD-10 preparations are done

in advance and the most specific ICD-10 codes are utilized, requests for additional information should decrease.

Many are discovering that they are not aware enough of their current claims statuses, denials, and collections to even know that they have the opportunity for drastic improvement. By conducting a thorough ICD-10 transition you can easily identify numerous processes that can be improved upon through enhanced clinical documentation and careful evaluation of code selection. By performing chart reviews to assess current documentation pitfalls you can establish a baseline in which you can measure against future documentation that occurs post-CDI education. If you can’t measure it, you can’t manage it!

Ensuring that your A/R is up to date prior to the ICD-10 implementation can have a significant effect on your organization’s revenue. If your organization currently does not have a claims denial or appeal process in place then this is the perfect time to implement one within your organization.

An important element of your revenue cycle is the need to conduct an evaluation of all your payer and health plan relationships and contracts. Since most contracts automatically renew annually it may have been some time since you reviewed your contracts. A carefully conducted impact assessment will bring these sometimes overlooked areas to the forefront.

To complete a successful transition including educating your staff, conducting thorough impact assessments, and understanding the reimbursement consequences of this complex new coding language you must have the right mindset and the right tools. Contact the experts at CPR today to learn more about the significant opportunity that ICD-10 presents.

Natasha Allen, Sales & Business Relations Associate
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Physical Medicine and Rehabilitation

Amy Leland, MD

Interventional Pain Management

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

Neuropsychology

Donald Layton, PhD

Bulletin Board

Richard D. Feldman, MD, has been reappointed to the Indiana Medical Education Board by Governor Mike Pence. The appointment is for a three-year term. Dr. Feldman has served on the board since 1992, originally appointed by Governor Evan Bayh.

Jeffrey M. Rothenberg, MD, was a visiting professor at Mt. Sinai in New York, New York and gave a talk entitled, "Human Sexuality and Female Sexual Dysfunction." He also spoke at the St. Vincent's Medical Staff Retreat held at the Indianapolis Museum of Art on October 15, 2014, entitled, "The Art of Medicine." Dr. Rothenberg served as the Scientific Chair for the American College of OB/GYN Combined Districts 5 & 7 Annual meeting held in Indianapolis. The Districts meeting hosted 300 OB/GYNs from 12 states, Ontario and Mexico here in Indianapolis in early October, 2014.

Theodore A. Nukes, MD, of the Heartland Neurology Group has joined the St. Vincent Medical Group. Dr. Nukes earned his bachelor's degree from Washington University and his medical degree from Jefferson Medical College in Philadelphia.

Tod C. Huntley, MD, of the Center for Ear Nose Throat & Allergy was on the planning committee and chaired the poster session for the Surgery Sleep and Breathing Symposium, the sixth international meeting of the International Surgical Sleep Society in October. He presented on Drug Induced Sleep Endoscopy for Obstructive Sleep Apnea and was selected for a task force which will design parameters for future multi-center clinical trials for OSA surgery.

Mary Jean Vorwald, MD, has joined Activate Healthcare at their Major Tool & Machine Clinic. The facility is in downtown Indianapolis.

The book, *Treatment of Complex Cervical Spine Disorders* has featured a chapter written by **Rick C. Sasso, MD**. All of the invited authors are world-renowned experts in cervical spine disorders from North America. Dr. Sasso's work was the lead-off chapter, entitled "Occipitocervical Fusion."

News from Goodman Campbell Brain and Spine ...

Nicholas M. Barbaro, MD, and coauthors published a retrospective analysis to characterize and compare diffusivities of peripheral nerve lesions in patients with peripheral nerve disorders requiring vastly different therapeutic approaches. By measuring densities of overlapping features on MR images (diffusivity), the authors concluded that diffusion-weighted imaging (DWI) might be highly effective for differentiating benign from malignant peripheral nerve lesions that are masslike or infiltrative. This article appeared in the October 9, 2014, issue of the *American Journal of Neuroradiology*.

Aaron A. Cohen-Gadol, MD, and coauthor, published a historical case report of one of Harvey Cushing's patients with cholesteatoma in the October 2014 issue of the *Journal of Neurological Surgery, Part B, Skull Base*. This case demonstrated how the meticulous documentation of Cushing's surgical treatment helped to advance the management of complex skull base tumors and to develop modern surgical techniques.

In a paper published in the September 12, 2014 issue of *Surgical Neurology International*, Dr. Cohen and coauthors



Nicholas M. Barbaro, MD



Aaron A. Cohen-Gadol, MD



Richard D. Feldman, MD



Daniel H. Fulkerson, MD



Amanda M. Houchens, MD



Tod C. Huntley, MD



Theodore A. Nukes, MD



Richard B. Rodgers, MD



Jeffrey M. Rothenberg, MD



Rick C. Sasso, MD



Mary Jean Vorwald, MD

discussed technical nuances that improve the safety of a surgical technique for treating drug-resistant medial temporal lobe epilepsy.

In another technique paper, Dr. Cohen and a coauthor presented a case of using awake brain mapping during surgery to treat medial posterior frontal and parietal gliomas, which are difficult to reach. Look for this article in the *Journal of Clinical Neuroscience*, October 7, 2014.

Daniel H. Fulkerson, MD, **Richard B. Rodgers, MD**, and a resident have published a case report describing the presentation, treatment, and outcomes of 2 patients with rare congenital bony deformities at the lumbosacral junction. The report appeared online in the October, 24, 2014, issue of the *Journal of Neurosurgery, Spine*.

News from Franciscan St. Francis Health ...

Eric Hartman, MD, (no photo available), has been recognized with Franciscan St. Francis Health's Healing Hands Award. The award is given quarterly by the Physician Satisfaction Committee at Franciscan St. Francis.

Dr. Hartman has been a part of the Franciscan St. Francis family since he joined the residency program in 2009. He is currently affiliated with Indiana Internal Medicine Consultants. He is a graduate of the University of Arkansas for Medical Services and is board-certified in family medicine.

Amanda M. Houchens, MD, has joined Franciscan Physician Network Carmel Family Medicine. Her office is located at 12188-B N. Meridian St., Suite 280.

Board-certified in family medicine, Dr. Houchens recently completed a family medicine residency at St. Vincent Health. She earned her medical degree from the Indiana University School of Medicine and received her undergraduate degrees in biology and Spanish at IU. A member of the American Academy of Family Physicians, she also is active in the Catholic Medical Association.

Babu S. Doddapaneni, MD, (no photo available), presented "HeartScan: Identifying Cardiac Risk" on November 11 at Franciscan St. Francis Health in Mooresville as a part of the *myheartcare* program.

New Members

Brewster, Benjamin D., MD
Resident – IU School of Medicine
General Surgery
University of Kentucky, 2008

Hansen, Lauren A., MD
Otolaryngology Associates
9002 N. Meridian St., #222
46260-5350
Ofc – 844-7059
5255 E. Stop 11 Rd., #400
46237-6339
Ofc – 882-4288
Otolaryngology
Indiana University, 2009

Jones, Kia R., MD
Resident – IU School of Medicine
Otolaryngology
Wayne State University, 2010



Kuhrt, Maureen P., MD
Colon & Rectal Care, Inc.
7430 N. Shadeland Ave., #200
46250-2036
8936 Southpointe Dr., #B4
46227-7506

Ofc – 841-8090*
Fax – 577-7538
Web – www.crcindy.com
Colon & Rectal Surgery
Surgery
University of Connecticut, 2007

Mohrman, Brittany J., MD
Resident – IU School of Medicine
Internal Medicine/Pediatrics
Indiana University, 2011



Raybourn, James H., III, MD
Urology of Indiana, LLC
679 E. County Line Rd.
Greenwood, 46143-1049
Ofc – 859-7222
Fax – 859-7220

1215 Hadley Rd., #203
Mooresville, 46158-2905
Ofc – 831-3043
Fax – 831-3089
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Indiana University, 2009

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In Memoriam



Richard Warren Dyke, MD, 1922 - 2014

Dr. Richard Warren “Dick” Dyke 91, passed on June 7, 2014. He was born in Chicago, Illinois on October 22, 1922.

In 1933 he moved with his family to Ft. Wayne, Indiana before attending Indiana University where he received his AB Degree in 1944 and MD in 1946.

As a member of the US Army Medical Corps he spent two years in post-war Germany before being honorably discharged with the rank of Captain.

Dr. Dyke returned to Indianapolis, where he served his internship and residency in Internal Medicine at Indianapolis General Hospital, later to become Wishard Memorial Hospital. While there he served as the Director of the Poison Control Center from 1955-1969. He became Director of Medical Education at Wishard, while also beginning an association with IU School of Medicine (IUSM). He became a Professor of Medicine there and after a long and distinguished teaching career was awarded title of Professor Emeritus. In 1969 he began working as a physician at Eli Lilly and Co. and later Senior Physician in 1972. He was a member of numerous medical boards and societies: American Academy of Clinical Toxicology; Medical Advisory Board of Marion County Hemophilia Society; Advisory Board of the Indianapolis Sickle Cell Center; Diplomat, American Board of Internal Medicine; Fellow, American College of Physicians; Member of The American Medical Association and American Society of Hematology; Member of Sigma Xi; and re-certified by examination in October 1974, by the American Board of Internal Medicine.

Dr. Dyke authored or co-authored nearly fifty published research articles throughout his career. As a clinical pharmacologist at Eli Lilly, he participated in the development of an early anti-cancer agent, Vindesine, which proved to be successful in treating some forms of cancer without the debilitating side effects of other, similar agents Lilly used at the time.

He was a philanthropist for historical organizations, IU Medical School, and various civic organizations.



Thomas Charles Wisler, Sr., MD, 1938 - 2014

Thomas Charles Wisler, Sr., MD, 76, Indianapolis, died peacefully on October 28, 2014. He was born on May 27, 1938 in Cincinnati, Ohio.

Dr. Wisler was a graduate of Cathedral High School, class of 1956. In 1963, he graduated with a BS in Pharmacy from the University of Florida.

A veteran, he served in the United States Navy from 1964 to 1966 and retired as Lieutenant Commander in 1983 from the US Naval Reserves.

Dr. Wisler attended Florida State University Program in Medical Sciences and graduated from Creighton University School of Medicine in 1975 with a Doctorate in Medicine. In 1979, he completed his residency at the University of Cincinnati/ Cincinnati General Hospital.

He practiced obstetrics and gynecology as physician and partner of Beech Grove Obstetrics and Gynecology/Women’s Health Partnership from 1979 to 2008 and in solo practice from 2008 to the present.

Dr. Wisler served the Indianapolis Medical Society for many years as an Alternate Delegate to the ISMA State Convention. (1998-2007)

Dr. Wisler was on the medical staff of St. Francis Hospital for 35 years. 

**Recruit-a Colleague to Join the IMS!
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The physician-patient relationship is created by mutual agreement between the physician and the patient. As such, the physician may terminate the relationship for any non-discriminatory reason. Valid reasons may include (but are not limited to) non-compliance with medical advice, combative or threatening behavior, or outstanding medical bills.

Patient non-compliance is one of the most common reasons for terminating the physician-patient relationship. Patients who routinely miss or cancel appointments or refuse to heed medical advice may be considered non-compliant.

Non-compliant patients might be your practice's biggest liability risk. Patients are less likely to get better when they don't comply with medical advice, placing them at higher risk for adverse outcomes. By properly terminating non-compliant patients, you may help reduce your risk of malpractice claims. It also is appropriate for practices to terminate hostile, aggressive, or verbally abusive patients.

Proper termination is important to help avoid a claim of patient abandonment. While the legal definition of abandonment varies from state to state, the following elements typically exist in a patient abandonment claim:

- termination of a professional relationship between the physician and patient without good reason or at an unreasonable time;
- termination occurred when the patient was in need of continuing medical care;
- the patient was not given reasonable notice sufficient to secure an alternate physician; and
- the patient was harmed as a result.¹

The American Medical Association (AMA) summarizes your responsibility this way: once a physician-patient relationship exists, physicians are ethically obligated to place the patient's welfare above all other considerations, including the physician's own self-interest.²

Once you've determined it's prudent to terminate a patient from your practice, lower the risk of a patient's claim of abandonment or malpractice by:

Evaluating the patient's condition and rendering stabilizing care, if needed. Avoid discharging a patient during treatment for an acute condition until the treatment is finished or the condition is resolved.

When possible, discuss the termination and your reason(s) for termination with the patient. You may conduct the conversation via telephone or in person. We encourage the physician to have this conversation with the patient. Be sure

to document this discussion in the patient's medical record.

Send a written letter to the patient confirming his or her termination from the practice. We suggest sending the letter by both regular mail and certified mail with return-receipt requested. If you choose to include the reason for termination in the letter, be sure you are objective and tactful in your choice of words. We suggest you include the following:

A specified period of time during which you will continue to provide care. The AMA suggests at least 30 days' notice; however, there is at least one state that requires at least 60 days' notice. Review your state's laws before you terminate a physician-patient relationship.

A statement encouraging the patient to find another physician as quickly as possible.

Referral services to aid the patient in finding another physician. These services may include the local medical society or the state board of medicine.

Information on how the patient can get a copy of his or her medical record. You may want to consider including a release-of-records form to make this process easier.

A signature. We encourage the terminating physician to personally sign the letter and retain a copy of the letter in the patient's medical record.

We also encourage you to contact any third-party payer or managed care provider that may be involved in the patient's care. Some third-party payers and managed care providers have specific contractual obligations you must follow prior to terminating one of their covered patients.

Footnotes:

1 American Medical Association. Ending the patient-physician relationship. 2013. Accessed August 25, 2014.

2 American Medical Association, Code of Medical Ethics Opinion 10.015.

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This article is not intended to provide legal advice, and no attempt is made to suggest more or less appropriate medical conduct.

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* Access is available through Medical Assurance of Indiana - ISMA's endorsed professional liability carrier.

CME & Conferences

Community Hospital East

First
Wednesday Critical Care Conference
Bradley Board Room, 12:00 - 1:00 p.m.

Second
Tuesday Medical Grand Rounds
Bradley Board 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
Month Psychiatry Grand Rounds
7250 Clearvista Dr.
4th Thursday Multi-Service Rms. 1 & 2, 7:30 - 8:30 a.m.

Community Heart & Vascular 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.

2014 Cancer Conferences

Community Hospital East

Third
Thursday East General Cancer Conference - CHE
Medical Staff Conference Room
12:00 noon to 1:00, lunch provided

Fourth
Tuesday East Multidisciplinary Breast Cancer Conference - CHE
Medical Staff Conference Room
7:00 to 8:00 am

Community Hospital North

First & Third
Tuesdays North Multidisciplinary Breast Cancer Conference - CHN
8040 Clearvista Parkway, Suite 550
7:00 to 8:00 am

Second & Fourth
Wednesdays North Multidisciplinary GI Oncology Conference - CHN
8040 Clearvista parkway, Suite 550
7:00 to 8:00 am

Second & Fourth
Fridays North Multidisciplinary Gynecologic Surgical
Oncology Conference - CHN
8040 Clearvista Parkway, Suite 550
7:30 to 8:30 am

First
Wednesday North Chest Cancer Conference - CHN
8040 Clearvista Parkway, Suite 550
7:00 to 8:00 am

Third
Wednesday Melanoma Cancer Conference - CHN
8040 Clearvista Parkway, Suite 550
7:30 to 8:30 am

Community Hospital South

Second
Wednesdays South Multidisciplinary Breast Cancer
Conference - CHS
Community Breast Care Center South
533 E. County Line Rd., Suite 101
8:00 to 9:00 am

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

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IU – Methodist – Riley

2015

Jan. 23-25 Musculoskeletal Ultrasound Beginner Level Course
IUSM Campus, South Bend, Indiana

Jan. 24 Breast Cancer: Year in Review
Indiana History Center, Indianapolis

March 9-11 Third Annual Children's Health Services
Research Symposium
Health Information & Translational Science
Building (HITS), Indianapolis

April 24-26 American Medical Women's Association (AMWA)
Annual Meeting
The Palmer House, Chicago, Illinois

May 14-16 50th Annual Riley Hospital for Children's
Pediatric Conference
Sheraton North, Indianapolis

July 10 Review and Interpretation of the 2014
ASCO Conference
The Towers, IUPUI Campus, Indianapolis

July 13-19 100th Annual Anatomy and Histopathology of the
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Events

Indianapolis Medical Society

December

10 Senior/Inactive Luncheon Meeting, 11:30 AM, Society,
Kevin Carlsen, Eagle Creek Park Staff;
Assistant Park Manager, Ornithology Center
16 Executive Committee, Society, 6:00 PM,
Sandwiches

2015

January

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

February

17 Executive Committee, Nominating Committee appointed.
23 AMA Presidents' Forum, Grand Hyatt, Wash., D.C.
23-25 AMA's National Advocacy Conference (NAC), Wash., D.C.

March

8 IMS Advisory Breakfast (Le Peep's), 7:30 AM ...
prior to ISMA BOT 9:00 AM, ISMA
11 Senior/Inactive Luncheon, Society, 11:30 AM. Speaker TBA
24 IMS Board, Society, 6:00 PM, Social; 6:30 PM,
Dnr/Mtg., Speaker
30 HAPPY DOCTOR'S DAY!
TBD IMS Nominating Cmte., Hale Room,
Society Headquarters, 6:30 PM, Light Dinner.

April

21 Executive Committee, Society, 6:00 PM, Sandwiches
22 Administrative Professional's Day (aka Secretaries' Day)

Indianapolis Business Journal
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- **Advancements in Health Care**
- **Non-Physician**
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NOMINATION FORM

Online: IBJ.com/nominations

Questions: Contact Patty Johns
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pjohns@IBJ.com

Nominations must be postmarked by January 9, 2015.

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Delegates to the State Convention, September 11-13, 2015, Indianapolis

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

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Robert S. Flint (2015)
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Ingrida I. Ozols (2016)
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Douglas J. Horton (2017)
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