



Volume XCVV • Number 6
February 2014 • Indianapolis, Indiana

Bulletin



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

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Bulletin Subscriptions: \$36.00 per year
AMA Web Page: <http://www.ama-assn.org>
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in this issue

Special Features

President's Page
Preventing Opioid Abuse: How New Statewide Rules Will Affect Physicians
Mark M. Hamilton, MD..... 7

Senior/Inactives
Speaker: William H. Dick
William H. Dick, MD..... 8

Medical Society Exchange
Kudos to the Medical Society Exchange Operators! 11

In Summary 14

Departments

About Our Cover 5
Advertisers' Index..... 19
Bulletin Board..... 11
Classified Advertising..... www.imsonline.org
CME & Conferences..... 16
IMS Leadership 18
New Members 12

about our cover



On our cover:
Happy Valentine's Day!
May the Joys of the Day be with you always.

Countdown to ICD-10. Be Ready!

CMS Seeking Information on Problems with Exchange Plans

Health insurance selected on the state and federal health insurance exchanges, also known as the Marketplace, became effective on January 1, 2014. If state medical societies, specialty societies, or medical practices experience or learn about problems or issues with specific health plans that are being sold on the exchanges, the Centers for Medicare & Medicaid Services (CMS) is anxious to hear about them so that they can work to fix them. Please provide the specific implementation problem that arises with the plan, the name of the plan, the state in which it is located, and as many other details as possible, such as the group number. To inform the AMA about problems that are identified, email all of this information to them at exchangeplans@ama-assn.org and the AMA will advocate with CMS to get the problems resolved.



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Preventing Opioid Abuse: How New Statewide Rules Will Affect Physicians

On December 15th 2013, the Indiana Medical Licensing Board adopted a set of emergency rules to try and slow down the current rise in prescription drug abuse across the state. The goal is to try to prevent physicians from over prescribing painkillers, and there are changes many Indiana physicians need to be aware of to ensure compliance.

In order to understand why the Licensing Board adopted these stricter rules, it's important to look at the numbers behind the recent rise in prescription drug abuse.

Between 1991 and 2010, nationwide prescriptions for stimulants increased from 5 million to nearly 45 million and for opioid analgesics from about 75.5 million to 209.5 million.⁽¹⁾

The National Institute on Drug Abuse claims more people abuse prescription drugs in the U.S. than cocaine, heroin, hallucinogens and inhalants combined.⁽²⁾

The Centers for Disease Control have deemed prescription painkiller abuse an "epidemic."

In 2010, Indiana doctors wrote more than 11 million prescriptions for controlled drugs, more than five-and-a-half million for pain killers alone. That's nearly two prescriptions for every man, woman and child in the state of Indiana.⁽³⁾

From 1999-2011, deaths from opioid painkillers nearly quadrupled across the U.S., totaling more overdose deaths than cocaine and heroin combined in that time.

According to the Indiana State Department of Health (ISDH), 718 Hoosiers died from accidental drug overdoses in 2011, compared to 654 deaths the year before. According to a study by Trust for America's Health, Indiana ranks 17th overall for fatal drug overdoses.

Most shocking is the effect on our youth. One out of every 5 Indiana teenagers has admitted to abusing prescription drugs.

Over the past few years the FDA has been calling for tougher restrictions on the most widely abused painkillers like Vicodin, Lortab and others containing hydrocodone. These new emergency rules are a direct response to those federal recommendations. They are also an effort to eliminate so called pill-mills, or doctors who freely write prescriptions without asking questions.

What do the new emergency rules do?

- Call for drug testing of patients receiving pain medications
- Reduces the number of refills patients could get before being required to go back to a doctor.
- Requires patients to take prescriptions to a pharmacy, rather than having a doctor call in the order.

How will the new rules affect doctors?

Primary care physicians will be the ones most affected by the new rules, as pain specialists already follow professional guidelines for prescribing opioids. The primary targets are patients who are prescribed more than 60 opioid-containing

pills a month, or a morphine equivalent dose of more than 15 milligrams per day for more than three consecutive months. The guidelines would not affect physicians who prescribe a short course of narcotics after surgery.

The new rules call for more screening and monitoring from physicians in an effort to look for addiction or signs of prescription drug abuse. That means imposing a "treatment agreement" with patients, focused on improving overall health instead of simply relieving pain.

Doctors will be required to use the state's online database that tracks prescriptions of controlled substances. This is an effort to stop patients from "doctor shopping" or visiting several different physicians to obtain multiple prescriptions.⁽⁴⁾

Physicians will be required to:⁽⁶⁾

- Perform a detailed history and physical; have the patient fill out mental health, opiate-addiction risk and pain-assessment questionnaires.
- Discuss with the patient the benefits and risks of opioid use, alternative treatments and medications, and counsel women between the ages of 14 and 55 about the risks of opioid use during pregnancy.
- Develop an individualized treatment plan with meaningful goals. This should be reviewed at each visit.
- Require the patient to sign a Controlled Substance Agreement that includes prescribing policies, consent to drug screening, permission to conduct random pill counts, requirements to take the medications only as prescribed, and the consequences of violating the contract conditions.
- Perform urine drug screening initially and at least yearly.
- Review initially and at least yearly the patient's INSPECT report that documents narcotic prescriptions dispensed from pharmacies.
- Require office visits at least four times per year and every two months if there are dosage changes.

How will it be enforced?

Enforcement and Inquires will come from the Office of the State Attorney General. Failure to provide proof of compliance, or a failure to cooperate in the investigation can lead to a review from the Indiana Medical Licensing Board as a violation of IC25-1-9-4(a)(3). Practitioners found to be in violation of the guidelines could face licensure actions or even criminal prosecution.

A full explanation of the new rules can be found on a new state-run website at BitterPill.in.gov. The site also features a Physician Toolkit⁽⁶⁾ which can be used as a resource. Right now, you can access information on the ISMA website at <http://www.ismanet.org/legal/ControlledSubstances.html> This page has links to past, present and future webinars presented by

Continued on page 19.



William H. Dick, MD

Speaker: William H. Dick, MD – Elwood Haynes

When Bill Stanley and I interviewed Scientech Club (a local science, technical, engineering and medical club now in its 95th year) member Harold Wesselman a few years ago, he surprised us with the statement that Elwood Haynes was the most important member of Scientech. Elwood Haynes was one of the 107 charter members in 1918, as was Eli Lilly. This comment is from a former Eli Lilly Co. chemist who met with Mr. Lilly frequently in the lab at the company. Mr. Wesselman had been a Scientech Club member since 1959, president in 1969 and was also secretary for 15 years.

After some research, we found why Harold felt that way. Mr. Haynes was a dynamo – a gas company executive, research chemist, automaker, and philanthropist. Indiana held the largest natural gas field in the U.S. Mr. Haynes was known as the “Father of the Gas Boom” in Indiana.

Natural gas was found in NY State in 1921. Haynes visited the gas wells in northwest Ohio. He analyzed wells and the types of stone. Moreover, he gave lectures to the public on natural gas and helped communities organize their gas delivery. He also invented a forerunner of a home thermostat. He urged people not to waste the natural gas. The Gas Boom brought many factories to the State, especially glass companies, which needed high heat to make their product. The Ball brothers are a good example.

Elwood Haynes was born in Portland, Indiana in 1857. His father was an attorney who valued education for his children. Haynes became interested in metal alloys when he read a chapter in his sister’s college textbook. He attended the Worcester Institute of Industrial Science. His graduate thesis was “The Effect of Tungsten on Iron and Steel.”

Natural gas was found near Portland, Indiana in 1886. With a group of investors, Haynes founded Portland Natural Gas & Oil Co. In 1890, working for another company, he built a gas pipeline to Chicago. Mr. Haynes married Bertha Lanterman in 1887 and two children survived to adulthood. In 1890, they moved to Kokomo and Haynes began working on an automobile. In 1891, he worked with Elmer and Edgar Apperson in order to build automobiles. On 4 July 1894, Haynes drove a car on the Pumpkinville Pike at a speed of 12-14 miles per hour. It was the first automobile driven by an American; it was not a converted horseless carriage.

He invented pneumatic tires, used aluminum in autos, pioneered the first muffler and used a successful carburetor. Haynes and the Appersons built cars as a team until 1902, when they separated. Sales peaked in 1916, the year that Haynes built the home that is today the Haynes Museum. Haynes was a big booster for automobile clubs and endurance races. Then he returned to his first love – metallurgical research.

In 1912, he invented stellite, a cobalt-chromium alloy. His next invention was stainless steel. It was used in medical and dental instruments and a new stainless steel cutlery set built



Elwood Haynes



Haynes Auto 1910



Elwood Haynes Museum

for his wife. His materials were used in WW I and of course, in the space industry later in the 20th century. Haynes continued making luxury autos and a few can be seen at the Haynes Museum in Kokomo. The company ended business in 1925. Haynes was very kind to his workers: he brought in fruit and vegetables for sale on Friday, which was payday.

Haynes became a very wealthy man, but some of that wealth was lost in multiple patent lawsuits, etc. Mr. Haynes and the Duryea brothers fought it out for years in claiming construction of the first car. Elwood Haynes was a philanthropist for Kokomo and other places: The Presbyterian Church, Worcester Institute, founded the YMCA in Kokomo, and the Indiana State Board of Education.

In the presentation today, many documents dating back to the founding of Scientech Club were shown on the screen. Mr. Haynes was proud to be a charter member and he preserved these documents for posterity. He surely was one of the most important members of Scientech Club and was an important inventor who made products that enabled the Space Age.

The Haynes Museum in Kokomo is open for tours. It is an amazing place with exhibits spread over three floors. Call the curator, Tim Rivers, at 765-271-6554 for further information.

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Bulletin Board

Michael H. Fritsch, MD, Professor, Otolaryngology-Neurotology, has published a book chapter "Incisionless Otoplasty" in the comprehensive volume: "Advanced Cosmetic Otoplasty" (M. Shiffman, Editor; Springer Publishers).

From the Department of Radiology & Imaging Sciences, Indiana University School of Medicine ...

Valerie P. Jackson, MD, Eugene C. Klatte Professor of Radiology and Imaging Sciences and Chairperson of the Department, has been appointed the new executive director of the American Board of Radiology (ABR). Her new position is effective July 1, 2014.

Kumaresan Sandrasegaran, MD, ChB, Associate Professor, has been named chief of Abdominal Imaging. His position was effective January 1, 2014.

Rick C. Sasso, MD, Indiana Spine Group, visited Beijing China where he served as a visiting professor at the National Chinese Orthopaedic Association annual meeting. Dr. Sasso was an invited faculty member of the Cervical Spine Research Society, which was asked to produce a one-day symposium at the Chinese Orthopaedic Association meeting on the current treatment of cervical disorders. The faculty members were from around the world and are international experts in cervical disorders.

Dr. Sasso was published in the peer-reviewed journal, *Journal of Spinal Disorders & Techniques*, "Comparison of Axial and Anterior Interbody Fusions of the L5-S1 Segment: A Retrospective Cohort Analysis."

In December 2013, he had his 100th research manuscript published in the peer-reviewed, *Global Spine Journal*, "Single-Level Degenerative Cervical Disc Disease and Driving Disability: Results for a Prospective, Randomized Trial."

News from Goodman Campbell Brain and Spine ...

James C. Miller, MD, achieved his Board Certification in Neurological Surgery in November 2013.

IMS Members and Goodman Campbell Brain and Spine physicians published:

Nicholas M. Barbaro, MD. In response to comments on visual field defects after radiosurgery. *Epilepsia*. 2013 Nov;54(11):2019-20. doi: 10.1111/epi.12409. [PMID: 24199827]

Joel C. Boaz, MD, and **Daniel H. Fulkerson, MD**. Ventriculogallbladder shunt fracture; bile peritonitis. *J Neurosurg Pediatr*. 2013 Nov 22. Epub ahead of print. [PMID:24266681]

Aaron A. Cohen-Gadol, MD. Relationship between the pituitary stalk angle in prefixed, normal, and postfixed optic chiasmata: an anatomic study with microsurgical application. *Acta Neurochir (Wien)*. 2013 Nov 28. Epub ahead of print. [PMID: 24287682]

Daniel H. Fulkerson, MD. Iliac screw placement in neuromuscular scoliosis using anatomical landmarks and uniplanar anteroposterior fluoroscopic imaging with postoperative CT confirmation. *J Neurosurg Pediatr*. 2013 Nov 22. Epub ahead of print. [PMID:24266682]

Eric M. Horn, MD. Percutaneous pedicle screw placement with computer-navigated mapping in place of k-wires. *J Neurosurgery Spine* 2013 Nov;19(5):608-13. [PMID:24010897]

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Michael H. Fritsch, MD



Daniel H. Fulkerson, MD



Eric M. Horn, MD



Valerie P. Jackson, MD



James C. Miller, MD



Kumaresan Sandrasegaran, MD



Rick C. Sasso, MD

Medical Society Exchange

Kudos to the Medical Society Exchange Operators!

The crippling snowstorm and -30 wind chill temperatures closed hundreds of businesses and brought the City of Indianapolis to a standstill ... but NOT the Medical Society Exchange!

During the "day shift" which is from 8:00 am until 4:00 pm, Monday, January 6th, 2014, calls to "The Exchange" totaled 2,160, and Tuesday, January 7th, Operators fielded more than 1,370 calls during this same time period! Obviously, these are Call Records.

We know that MSE Subscribers and their patients were equally pleased that these Operators were hard at work in the midst of many closed physicians' offices and/or patients' medical emergencies. Oddly enough, no Subscribers phoned to report that their offices were closed.

Congratulations, Operators, for a job well done!

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 - Commission on Medical & Health Affairs, considers public health matters as well as legislative issues.
 - Commission on Membership Services, implements programs and services beneficial to all members.
- Annual 7th District Meeting . . . provides physicians and their families in Hendricks, Johnson, Marion and Morgan Counties the opportunity to meet and elect representatives.
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In Summary

Communication: The Glue for a Functional Accountable Care Organization

Imagine your grandmother is hospitalized after suffering a heart attack. To everybody's relief, she receives state-of-the-art medical care in a top-notch hospital a mere 10 miles from home. On discharge day, she is sent home with a long list of instructions, new medications, and a recommendation she follow up with her primary care doctor within the week.

A few days pass and she notices her feet begin to swell, even a little shortness of breath. She calls her doctor and books an appointment in three days – the soonest her doctor can see her. Not two days later, however, her breathing becomes more labored. Not knowing what to do, she calls 911 for an ambulance trip back to the ER, where she is diagnosed with congestive heart failure, a complicated illness to treat.

What's the moral of the story? It's that this situation, while fictitious, has happened and continues to happen to thousands of Americans. And the root cause is much less about a failure of one person's heart as opposed to the failure of a very procedure-oriented and highly disconnected medical system.

Enter the Accountable Care Organization, or ACO, which is considered by some to be the medical system of choice in the (near) future. In an ACO, the same grandmother is given the same level of hospital care, but this time her primary care doctor is notified upon her release and given a brief synopsis of her hospital course and new medications. Courtesy of a secure communication platform used by physicians and support staff, the hospitalist even receives a "read" notification to ensure the message gets through to the primary care doctor.

The next day the primary care doctor's office schedules a follow-up for 48 hours later. At the appointment, her doctor notices a slight swelling of the feet, something the untrained eye might miss. Her medication is immediately altered, and a home nursing visit is scheduled for the next day, and three times per week for the next two weeks.

Using the same mobile communication platform as the hospital and family care doctor, the home health nurse sends timely updates about your grandmother's new vital signs, weight and other changes to her condition. Your grandmother is now able to start an in-home rehabilitation program. Even better, she has avoided a costly return to the hospital and prolonged illness.

With just one mobile message and a single face-to-face visit, the primary care doctor was kept at the center of her care. What's more, previously unreimbursed costs like the hospitalist and primary care physician providing transitional care from the hospital to home are now billable thanks to new CPT codes, making non-face-to-face patient care financially sustainable for a family practice physician.

The bottom line is that an ACO network must be able to communicate timely to coordinate care across loosely affiliated healthcare organizations if it hopes to ensure optimal patient outcomes and lower healthcare costs for patients and providers alike.

This win-win-win scenario is actually already happening – the hospitals and payers save money by avoiding a readmission, the primary care doctor gets rewarded for good care, and most importantly, the patient is kept healthy. Ironically, the key to this success is deceptively simple: **communication**.

In my experience, doctors are always motivated to do the right thing for their patients – but without good communication, they are simply not armed with all of the information needed to help their patients.

Solving the problem of poor communication between health care professionals is a huge task, but with solutions like

DocbookMD, intuitive, simple steps like bringing hospitalists and primary care doctors together through a trusted, secure communication community can be done today with a few taps on your mobile device.

If communication is the "glue" that can help ACOs operate successfully, then DocbookMD is helping connect disparate healthcare companies like the good old Elmer's glue we all grew up with in grade school.

For more information about DocbookMD and its recent launch of Docbook Enterprise for hospitals and groups, please visit: <http://docbookmd.com>.

Tracey Haas, DO, MPH is Chief Medical Officer and Co-Founder of DocbookMD, a HIPAA-secure communication solution for physicians, hospitals and groups. Dr. Haas is Board Certified in Family Medicine and is passionate about helping physicians and their medical staff use technology to help them save time, money and lives. Learn more at docbookmd.com.

50 years of anti-smoking efforts save 8 million lives

From the American Medical Association

January 2014 marks the 50th anniversary of the seminal 1964 U.S. Surgeon General's Report on Smoking and Health, a new study in the Journal of the American Medical Association (JAMA) has found that public health efforts have cut smoking rates in half since then, saving 8 million lives.

"For the last five decades, the AMA has been a proud supporter of anti-tobacco efforts ranging from urging the federal government to support anti-tobacco legislation prohibiting smoking on public transportation to calling on tobacco companies to stop targeting children in their advertising campaigns," AMA President Ardis Dee Hoven, MD, said in a statement.

The AMA's work to improve public health around smoking goes back to an official acknowledgement of the harms of smoking made the same year as the surgeon general's first report, continuing with a "war on smoking" launched in 1972 and numerous other efforts across the decades.

In the last five years, efforts have included sponsoring mass transit ads encouraging commuters to quit smoking, advocating for an increase in federal excise tax on cigarettes and issuing a report on e-cigarettes that calls for analysis and regulation by the U.S. Food and Drug Administration (FDA).

Most recently, the AMA was among the signatories of a letter to President Barack Obama in honor of the smoking report's 50th anniversary. The letter calls for federal actions that could "ultimately eliminate the death and disease caused by tobacco," including robust smoking prevention campaigns, enforcement of health plan requirements to cover tobacco cessation treatment and FDA authority to regulate manufacturing, marketing and sales of tobacco products.

Since 1964, adult smoking rates in the United States have gone from 42.4 percent down to 20.6 percent as of 2009, according to data from the U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention.

Tobacco use is a major risk factor for two of the nation's most prevalent and troubling conditions - type 2 diabetes and heart disease.

The AMA continues its efforts to improve the health of the nation by focusing on those conditions. With prediabetes and high blood pressure both affecting about one-third of the U.S. population, now is the time to work toward preventing the onset of diabetes and heart disease and improving outcomes for those who already suffer from these conditions.

IMS

JWM NEUROLOGY CONNECTION 2014 SEMINAR: "USEFUL ADVANCES AND IMPORTANT UPDATES"



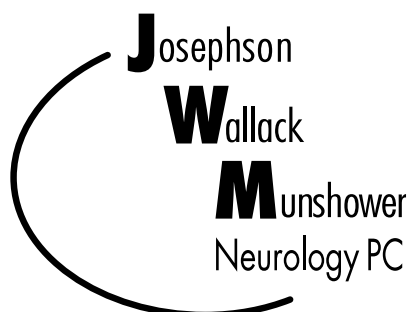
You're invited to attend the JWM Neurology
CME Physician Seminar.

SATURDAY, MARCH 8TH
Marten House Hotel and Lilly Conference Center
7:30 am – 1:45 pm

JWM Neurologists will present lectures on:

- Stroke Medicine Update 2014
- Diagnosing Alzheimer's Disease and Advances In Imaging
- Neuropathy Diagnosis & Treatment and the Role of EMG
- The Latest Multiple Sclerosis Therapeutics
- All That Shakes Is Not Parkinson's Disease
- Diagnosing Seizures and the Role of Video EEG
- Diagnosing and Treating Sleep Apnea and Excessive Daytime Drowsiness
- All That Hurts in the Head: Headache, Facial Pain, Shingles
- Concussion and Other Pediatric Neurology Issues

5 New Things Will Be Presented Relative To Each Topic.



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**For more information
contact JWM Neurology
at 317-806-6905.**

.....
jwmneuro.com
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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. begin 1/23/14

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.

Indiana University School of Medicine/ Indiana University Health

IU – Methodist – Riley

Feb. 28 Diagnosis and Treatment of DSM-5 Autism
Spectrum Disorders
Ritz-Charles Banquet Facility, Carmel, Indiana

March 5 Advancing the Medical Role in Child Protection
West Lafayette, Indiana

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

March 10-12 Second Annual Children's Health Services
Research Symposium
HITS Building, Indianapolis

Mar. 14-16 99th Annual Meeting Women in Medicine:
Successfully Facing Future Challenges
and Advances
Ritz-Carlton, Washington, DC

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

May 14-15 49th Annual Riley Child Care Conference
Marriott Indianapolis North, Indianapolis

May 31 Mobile Computing in Medical Education
Fairbanks Hall, IUPUI Campus, Indianapolis

Course dates and locations are subject to change. For more information, please visit <http://cme.medicine.iu.edu> or call 317-274-0104.

The Indiana University School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

We have more than 100 recurring meetings available. For a listing or more information, please visit <http://cme.medicine.iu.edu> or call 317-274-0104.

JWM Neurology

Saturday, March 8, 2014

"Neurology Connection 2014: Useful Advances and Important Updates" Seminar for Physicians

This half-day course covers 9 topics relative to neurologic conditions and sleep disorders. For more information contact JWM Neurology at 317-806-6905.

American Medical Women's Association:

American Medical Women's Association 99th Anniversary Meeting

Women in Medicine: Successfully Facing Future Challenges and Advances

March 14 - 16, 2014 Washington, DC

The upcoming 99th Anniversary Meeting of AMWA will be held in Washington, DC from March 14 - 16, 2014. This exciting conference will focus on issues vital to the success of women in medicine through discussions on such varied topics as the Affordable Care Act, the use of technology in medicine, developments in women's health, strengthening mentorships, and nurturing career advancement.

<http://www.amwa-doc.org/meetings-and-events/upcoming-meetings>

CME & Conferences

Indianapolis Medical Society

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
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 Professional's 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

July

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

August

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

September

- 5-7 ISMA Convention/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.

October

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

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

December

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

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Bruce M. Goens Immediate Past President

David R. Diaz..... President-Elect
David H. Moore..... Secretary/Treasurer

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Terms End with Year in Parentheses

Stephen W. Perkins, Chair (2015); Mary D. Bush, Vice Chair (2015)

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Marc E. Duerden (2014)
John C. Ellis (2014)
Bernard J. Emkes (2014)
Paula A. Hall (2014)
Gerald T. Keener, Jr. (2014)
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David C. Hall (2015)
Marc R. Kappelman (2015)
Jeffrey J. Kellams (2015)
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Caryn M. Vogel (2015)

*Appointed from the President's Advisory Council
Carolyn A. Cunningham
Heidi M. Dunniway
Jon D. Marhenke

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James A. Dugan (2016)
Richard D. Feldman (2016)
Gary R. Fisch (2016)
Ronda A. Hamaker (2016)
Stephen R. Klapper (2016)
Mary Ian McAteer (2016)
John P. McGoff (2016)
Maria C. Poor (2016)
Richard H. Rhodes (2016)
Barbara K. Siwy (2016)
Michael T. Stack (2016)
John J. Wernert (2016)

Delegates to the State Convention, September 5-7, 2014, Westin Hotel, Indianapolis

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

Mary D. Bush (2014)
David R. Diaz (2014)
Gary R. Fisch (2014)
Jonathan A. Fisch (2014)
Bruce M. Goens (2014)
Ann Marie Hake (2014)
Robert M. Hurwitz (2014)
Paul D. Isenberg (2014)
David A. Josephson (2014)
Marc R. Kappelman (2014)
Randall A. Lee (2014)
Mary Ian McAteer (2014)
Clement J. McDonald III (2014)
Richard H. Rhodes (2014)
Jodi L. Smith (2014)

Linda Feiwell Abels (2015)
Christopher D. Bojrab (2015)
Charles W. Coats (2015)
John C. Ellis (2015)
Robert J. Goulet, Jr. (2015)
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)

David S. Batt (2016)
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 5-7, 2014, Westin Hotel, Indianapolis

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)

House of Delegate Speaker, ISMA

Heidi M. Dunniway (2013-2014)

Seventh District Medical Society Trustees

Vicki M. Roe (2014)
John P. McGoff (2015)
Marc E. Duerden (2016)

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John C. Ellis (2015)
G. Mitch Cornett (2016)

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Medicare Carve-out		Umbrella Liability
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		Malpractice Liability*

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Advertisers' Index

Center for Pain Management	2
Diamond Capital Management.....	12
Goodman Campbell Brain & Spine	10
Franciscan Alliance St. Francis Hospice.....	6
I.C. System.....	17
ISMA Insurance Agency.....	19
JWM Neurology	15
The Marina Limited Partnership	3
Midwest Pain & Spine.....	13
The National Bank of Indianapolis	4
Northwest Radiology Network	20
PNC Bank.....	9
Superior Linen Service	17

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President's Page

(Continued from page 7)

ISMA. There will you also find information from other respected sources.

Also if you have specific needs, please contact ISMA legal. If you would like to have a webinar on a specific topic, please let the IMS know (ims@imsonline.org) – we are pleased to develop events on topics of interest to our Members.

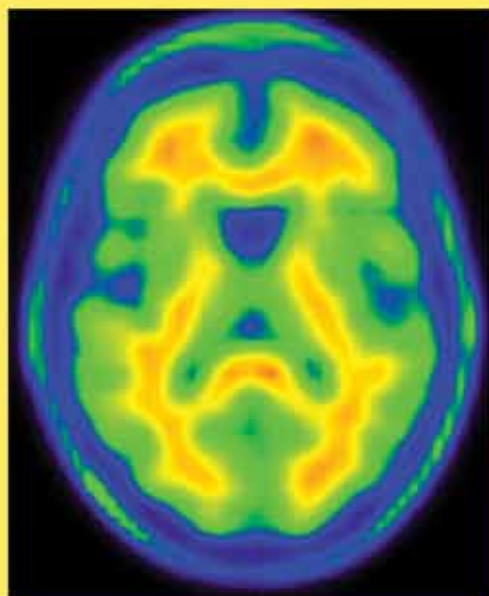
Resources

1. <http://www.drugabuse.gov/publications/topics-in-brief/prescription-drug-abuse>
2. <http://www.journalgazette.net/article/20130816/BLOGS01/130819627>
3. <http://www.wthr.com/story/19478155/prescription-drug-abuse-rising-in-indiana>
4. <http://www.heraldbulletin.com/business/x1442595669/Doctors-to-see-new-restrictions-on-painkiller-prescriptions>
5. <http://www.indystar.com/article/20131118/OPINION13/311180019/>
6. <http://www.in.gov/bitterpill/toolkit.html>



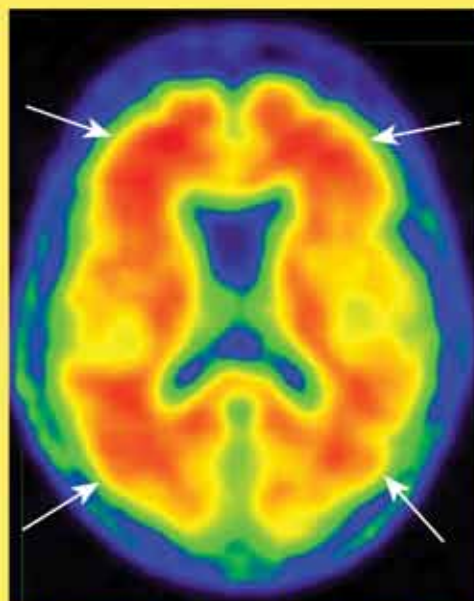
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