

Bulletin

7th District

Annual Meeting Dallara IndyCar Factory May 29, 2014



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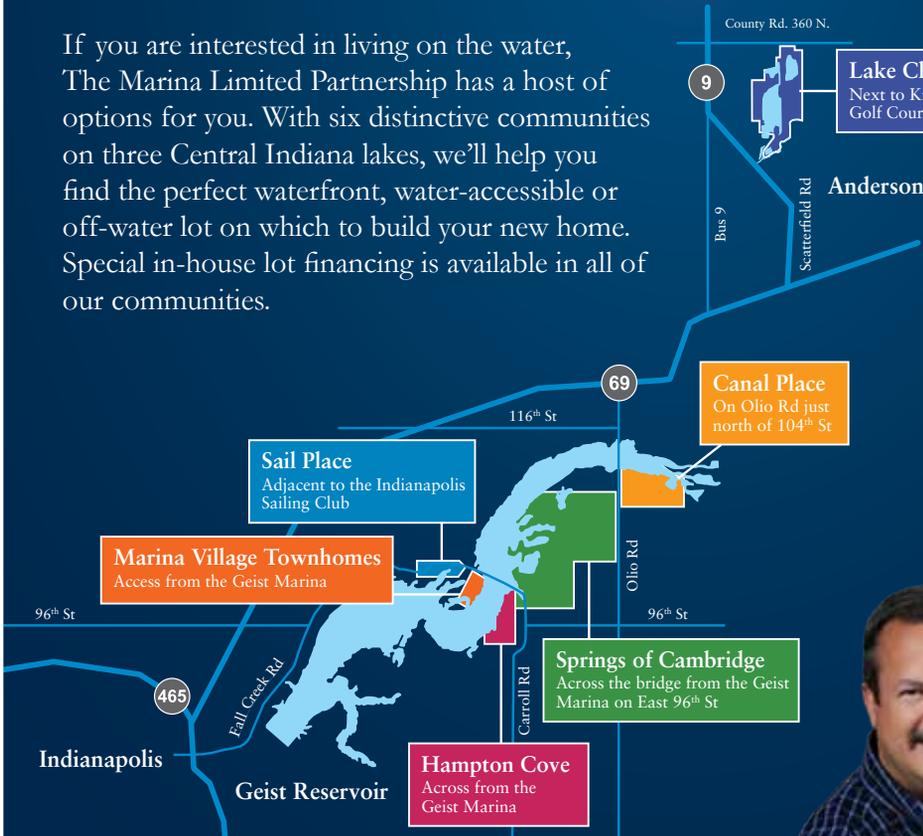
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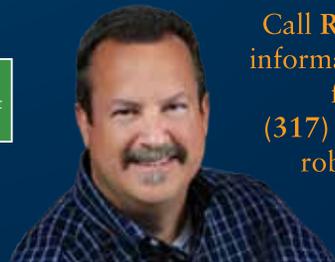
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We like to feature photographs or other artwork shared by IMS members on the cover of *The Bulletin*. Submit photographs, artwork, etc., to Beverly Hurt at the Society Office, bhurt@imsonline.org.

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

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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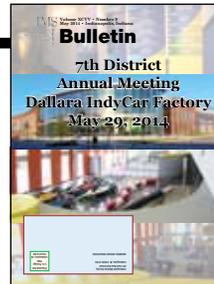
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On our cover:
*7th District Annual Meeting,
Dallara IndyCar Factory
May 29, 2014*

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family affair.*

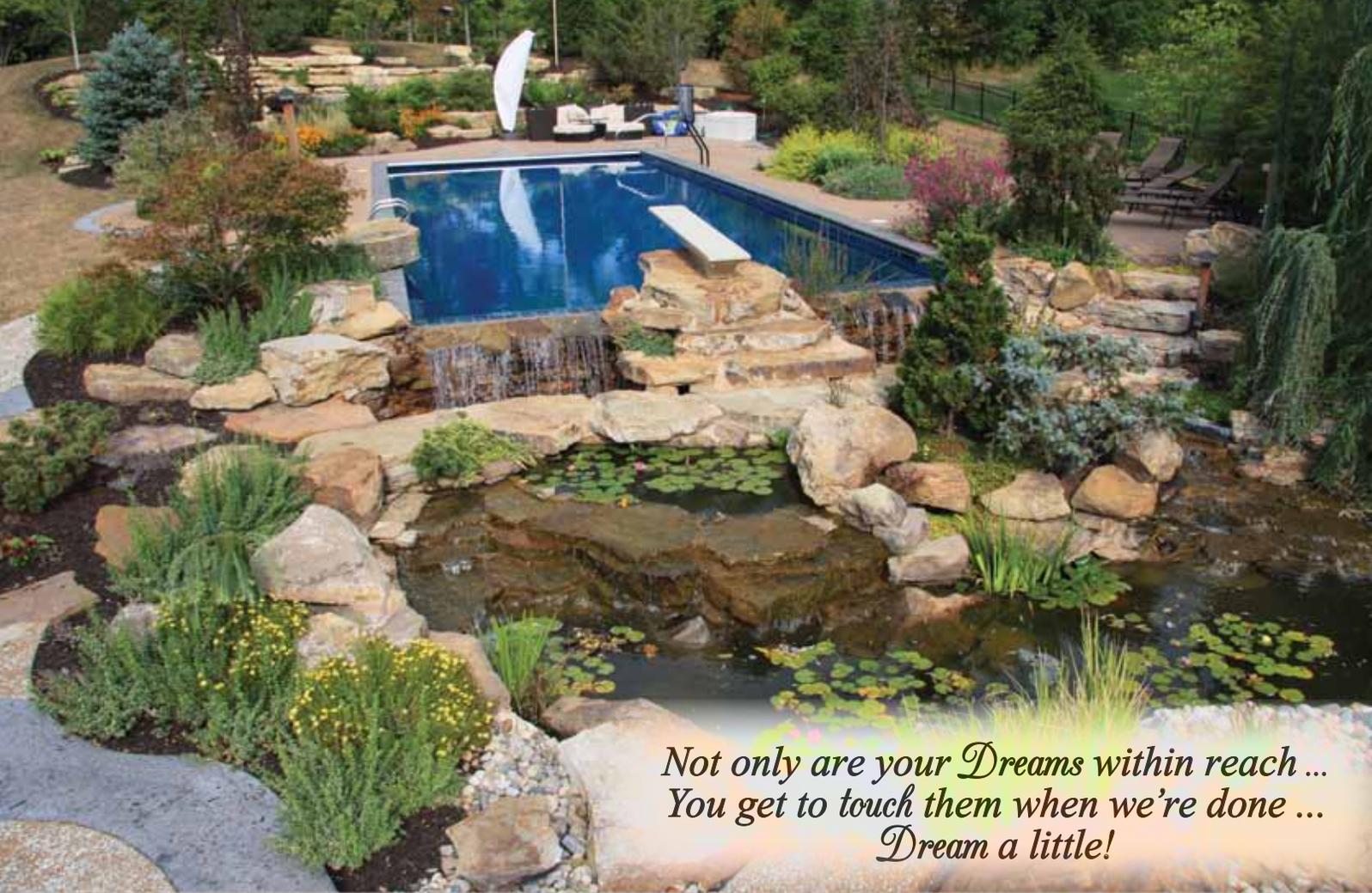
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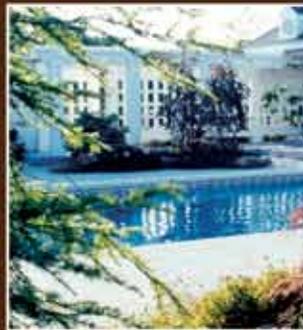
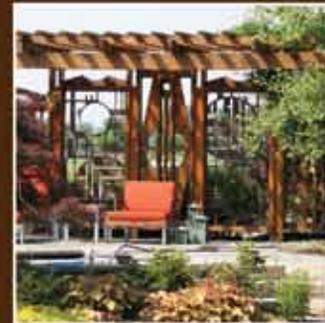
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Moving to a Maintenance of Certification (MOC) standard: Does it make sense for patients or doctors?

From the implementation of Obamacare to cuts in Medicare reimbursements, layers of bureaucracy continue to have a direct effect on doctors. But it's not just lawmakers trying to influence the practice of medicine. Even Medical Boards are trying to change the rules of the game, and often, it doesn't appear they have physicians' best interests at heart.

There's been a strong push in recent years to implement new "standards," while pushing for a never ending program of continuous certification. One of the biggest drivers of this initiative is the American Board of Medical Specialties, or ABMS. For more than a decade, the ABMS has been lobbying hospitals, healthcare networks, insurance companies and Congress, arguing that physicians should be held to a new standard; one that includes a Maintenance of Certification requirement.

Does moving to a Maintenance of Certification (MOC) standard make sense for patients or doctors? Let's take a look at recent history.

In the past, physicians were awarded board certificates for life. They did not have to be renewed. By 2006, 24 individual medical boards had adopted a new standard for periodic recertification. The consistent factor shared by all of these specialty boards is membership in the American Board of Medical Specialties, or ABMS.

A total of 147 physician specialties have adopted a MOC standard as of this writing. Of the 759,000 physicians who hold certificates from member boards, close to 26% (200,000) are engaged in MOC.

While certification isn't a requirement, the ABMS claims, "board certification is a recognized quality marker by patients, physicians, providers, quality organizations, insurers, credentialers and the federal government. Your commitment to MOC wins you more patients, better compensation and industry wide recognition."¹

Physicians aren't quite sold on those claims. Many feel that that recertification is simply another time consuming and costly layer of bureaucracy designed to give more control and money to licensing boards, hospital administrators and insurance companies.

A 2006 physician survey reported in *Annals of Internal Medicine* found that those who completed or enrolled in MOC did so more for "positive professional reasons" rather than for financial incentives or professional advancement. As for doctors who didn't enroll, they typically said the process takes too much time, costs too much, and is not required as part of their job.

In a *New England Journal of Medicine* poll taken in 2010, 64 percent said they would advise a 55-year-old colleague against enrolling in MOC.²

The American Medical Association is pushing back on the idea of recertification as well, criticizing the program as being too time consuming, too expensive and having little value.

At the 2011 AMA convention, the Oklahoma delegation introduced a resolution calling for the AMA to oppose "discrimination by hospitals or employers, state licensure boards, insurers, Medicare, Medicaid and other entities,

which might restrict a physician's right to practice medicine without interference (including economic discrimination by varying fee schedules) due to lack of certification or participation" in certification. And the Young Physicians Section called for the ABMS and the AOA (American Osteopathic Association) to streamline their requirements and to identify areas where the two organizations could use the data already reported to the CMS for Physician Quality Reporting System to fulfill requirements for MOC and OCC (Osteopathic Continuous Certification).³

While the boards are technically voluntary – by law physicians are not required to be board-certified to practice – board-certification is often a prerequisite for hospital privileges and payer credentialing. The ABMS is pushing hard for hospitals and insurance providers to make board recertification a requirement.

Insurance providers are already starting to offer what they call "rewards" for doctors who enroll to participate in MOC. (The descriptions are based on information from the American Board of Internal Medicine.)⁴

- Aetna: Physicians who complete an ABIM practice-improvement module (PIM) will receive recognition in the online provider directory with a flag that states "Improving Practice Performance." Primary care doctors in some areas can report MOC completion in the company's quality-improvement program.
- Blue Cross & Blue Shield Association plans: Some plans offer recognition or reward for active MOC participation. BCBSA will recognize any network physician in its national provider directory through the Blue National Transparency Initiative. Regional plans also permit physicians to submit PIMs for additional recognition.
- Cigna HealthCare: Completion of selected ABIM PIMs is one of the scoring criteria for Cigna's Physician Quality and Cost Efficiency Profile and Cigna Care Network designation programs.
- United Healthcare: Internists and subspecialists who are enrolled in MOC and who complete a PIM will be recognized in United Healthcare's physician directories. Physicians who complete certain PIMs may be eligible for quality designation credit in United Healthcare's premium designation program.

Are these token rewards really benefitting physicians or improving quality of care? The jury is still out. There are studies that seem to demonstrate a correlation between the board and quality care. Many, however, find a great deal to criticize with these studies and find any association is indicative of the physicians themselves who have completed the MOC process. They cite the lack of correlation between MOC content and what most physicians see on a daily basis in their practice. That, however, is not stopping the ABMS from making the push for Maintenance of Certification.

The ABMS has been actively lobbying Congress to pass legislation linking Board Certification to Medicare and

Continued on page 23.



7th District Annual Meeting

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1201 Main St., Speedway, IN 46224

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Saad Khairi, MD
Albert Lee, MD
Thomas Leipzig, MD
Shannon McCanna, MD
James Miller, MD
Jean-Pierre Mobasser, MD
Troy Payner, MD
Gautam Phookan, MD
Eric Potts, MD
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Jose Vitto, MD
Derron Wilson, MD

Neuropsychology

Donald Layton, PhD

Bulletin Board

Edward B. Aull, MD, a behavioral pediatrician, authored a book entitled, *The Parent's Guide to the Medical World of Autism*.

Gregory C. Farino, MD, (photo unavailable) has helped in establishing the "Southside Hand Team." Dr. Farino's practice will focus on the treatment of the hand, wrist, elbow and fracture care.

Board-certified radiologist, **Martha J. Dwenger, MD**, joined Northwest Radiology Network, P.C., effective April 1st. Dr. Dwenger is a graduate of Indiana State University and the Indiana University School of Medicine. She completed her internship in Internal Medicine at St. Vincent Hospital in Indianapolis, followed by a Diagnostic Radiology residency at Methodist Hospital of Indianapolis.

Medals4Mettle, founded by **Steven F. Isenberg, MD**, in 2005, has received a \$28,000 grant from the Lilly Endowment to provide funding for strategic and development planning for the Indianapolis-based 501(c)3 public charity. Medals4Mettle (www.medals4mettle.com) is an international effort to express compassion by unpaid grassroots volunteers, medal and financial donors and grateful recipients to children and adults who are fighting for their lives as they battle serious illness.

John B. Meding, MD, will present an arthritis and hip and knee replacement seminar May 7, 2014 in Plainfield, Indiana. Dr. Meding is board-certified specializing in adult reconstructive surgery and joint replacement.

Stephen W. Perkins, MD, Meridian Plastic Surgeons, was a faculty member at the AAFPRS Rejuvenation of the Aging Face meeting in San Diego. He presented on "Endoscopic Forehead Lifting," and "How to Achieve a Consistently Good Jawline." He participated as a panelist on the topics of brows and upper eyelids as well as facelift with other experts in the field of Facial Plastic Rejuvenation Surgery.

Dr. Perkins was also faculty at the 38th University of Illinois at Chicago Midwinter Symposium on Practical Surgical Challenges in Otolaryngology in Snowmass Village, Colorado. He presented "My Algorithm for Managing Tip Projection: A Graduated Approach to Decreasing and Increasing Tip Projection" and also "A Graduated Approach for Managing Tip Rotation: A Designed Set of Maneuvers."

Rick C. Sasso, MD, Indiana Spine Group, served as a faculty member for the Cervical Spine Research Society at the Federation of Spine Associations Specialty Day held at the annual meeting of the American Academy of Orthopaedic Surgeons in New Orleans in March. Dr. Sasso lectured on appropriate indications for anterior cervical discectomy and cervical artificial disc replacement. Dr. Sasso also led a symposium on neuromonitoring in degenerative cervical spine surgery. He also served as a faculty member at the 7th Cervical Spine Research Society's Annual Hands-On Cadaver course. He taught current techniques of cervical spine surgery to spine surgeons from around the world.

Dr. Sasso was a contributor to three chapters in the book, *Cervical Spine Surgery: Current Trends and Challenges*.



Edward B. Aull, MD



Aaron A. Cohen-Gadol, MD



Meredith W. Cousin, MD



Leo T. d'Ambrosio, MD



Martha J. Dwenger, MD



Adam J. Fisch, MD



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David A. Josephson, MD



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Jean-Pierre Mobasser, MD



Joshua S. Neucks, MD



Troy D. Payner, MD



Stephen W. Perkins, MD



Keith R. Ridel, MD



Richard B. Rodgers, MD



Jeffrey M. Rothenberg, MD



Rick C. Sasso, MD



Sara L.P. Schrader, MD



Michael A. Sermersheim, MD



Jodi L. Smith, MD

Jeffrey M. Rothenberg, MD, gave Grand Rounds, "Cervical Cancer Screening for Primary Care Providers," at the University of Maryland as a part of the Prevent Cancer Foundation's Annual Meeting.

Dr. Rothenberg also has his artwork featured in the The Kinsey Institute Gallery, "Creative Minds," April 11 through September 12, 2014.

News from JWM Neurology ...

Jeffrey W. Hilburn, MD, recently spoke at the St. Vincent Emergency Department Critical Access Director Conference on the topic of "Neurologic Emergencies." The following JWM physicians presented talks at the recent JWM Neurology Connection 2014 Conference: **David A. Josephson, MD**, **Michael A. Sermersheim, MD**, **Meredith W. Cousin, MD**, **Craig E. Herrman, MD**, **Adam J. Fisch, MD**, **Keith R. Ridel, MD**, **Sara L.P. Schrader, MD**, and **Joshua S. Neucks, MD**; **Leo T. d'Ambrosio, MD**, was program director.

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New Members

Ayon, Jaime J., MD
Oncology & Hematology Specialists
2455 Intelliplex Dr.
Shelbyville, 46176-8535
Ofc – 421-1812
Fax – 421-1898
Internal Medicine
Medical Oncology
Universidad de Guayaquil,
Ecuador, 1998

Dwenger, Martha J., MD
Northwest Radiology Network
5901 Technology Center Dr.
46278-6013
Ofc – 328-5050*
Fax – 328-5053
Diagnostic Radiology, 1993
Indiana University, 1987

Farino, Gregory C., MD
myOrthoTeam.com
8141 S. Emerson Ave., #A
46237-8561
Ofc – 888-1051
Fax – 888-1591
Web - www.myorthoteam.com
Orthopaedic Surgery, 2008
Surgery of the Hand (ORS)
Temple University, 1995



Lee, Albert E., MD
Goodman Campbell Brain and
Spine
355 W. 16th St., #5100
46202-2274
Ofc – 396-1300
Neurological Surgery
St. George's University,
Grenada, 2005

Pieper, Brett C., MD
Northwest Radiology Network
5901 Technology Center Dr.
46278-6013
Ofc – 328-5050
Fax – 328-5053
Diagnostic Radiology, 2013
Nuclear Radiology
Indiana University, 2008

Sultan, Babar, MD
Fellowship – Meridian Plastic Surgeons
Meridian Plastic Surgery Ctr.
170 W. 106th St.
46290-1089
Ofc – 575-0330
Fax – 571-8667
Web - www.perkinsvannatta.com
Otolaryngology
Head & Neck Surgery
Facial Plastic Surgery
Harvard Medical School, 2007

In Memoriam



John Edward Pless, MD
1938 - 2013

John Edward Pless, MD, 75, Indianapolis, died March 17, 2014. He was born August 26, 1938.

Dr. John E. Pless, was the Clyde G. Culbertson Professor Emeritus of Pathology and Laboratory Medicine at the Indiana University School of Medicine in Indianapolis. This was the first endowed Chair devoted to teaching pathology to medical students. He was the Associate Chairman of the Department of Pathology and as such had oversight for the educational programs including teaching of medical students, dental students and residents in pathology. His subspecialty in medicine was Forensic Pathology having to do with the documentation and analysis of medical/legal factors relating to death and injury. For many years he was the Director of the Division of Forensic Pathology at Indiana University and during most of that time he served as the Chief Forensic Pathologist for Indianapolis/Marion County. He also served as Director of the tissue bank of Indiana Organ Recovery Organization.

Dr. Pless was on the U.S. State Department team for the investigation of the Death of Chief Moshood Abiola, supported by Africa Fund and Physicians for Human Rights. He held positions on several specialty boards, and was a member of many professional societies including the Indiana Association of Pathologists.

His major interest was the evaluation of injuries and abuse of children and other persons in custody. His research included the study of the differences between accidental and intentionally inflicted wounds. He served as a consultant in forensic medicine. In later years, Dr. Pless was an avid author and speaker.

A native of Bedford and Bloomington, Indiana and a graduate of Indiana University and its School of Medicine, Dr. Pless was married and the father of three children. In his spare time he played in a traditional jazz band "The Residue" and found and helped shepherd a not-for-profit organization, The Villages Inc. of Indiana, which is responsible for the care of 1,000 abused, abandoned and neglected children in group homes and specialized foster care homes all over Indiana.

Dr. Pless trained as a Resident in Pathology at the South Bend Medical Foundation. He was a Fellow in Forensic Pathology, University of Oklahoma and a Diplomate of the American Board of Pathology in Anatomic and Clinical Pathology. His subspecialty certification was in Forensic Pathology.

Dr. Pless was a veteran having served in the U.S. Army and U.S. Army Reserves as a Captain.

Dr. Pless provided the Indianapolis Medical Society with leadership and enlightenment. He was a tireless leader over the years serving his fellow IMS Physician Members, in nearly every leadership capacity from 1987 until 2000. His committee participations included Professional Affairs, Articles & Bylaws, Medical Legal, Editorial, Membership, Lilly Task Force often chairing the committee. He was a member of the IMS Executive Committee, Secretary/Treasurer, Board Member, President Elect and IMS President. Dr. Pless represented the IMS as an Alternate Delegate and Delegate to the ISMA.

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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.

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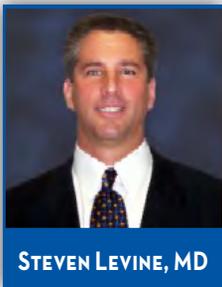
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In Summary

ICD-10 Delay – Take this opportunity to tackle the issue the right way!

Congress voted to delay the implementation of ICD-10 to as early as Oct. 1, 2015. This delay can be viewed as an advantage.

For those not prepared, the delay helps with time to make the switch easier. But don't view the announcement as permission for further postponement in planning. Use this time wisely. Your IMS has made available a special Members discount for ICD-10 software to help your practice with the ICD-10 transition. Visit: www.cptcdpros.com/ims

For those who were on track for ICD-10 transitions, the delay may afford an opportunity to work on your Stage 2 Meaningful Use planning.

Your IMS and ISMA will work to help you with both of these expensive processes.

Tax scam includes state returns (courtesy of ISMA eReports)

Here are the details and what you need to do:

Based on reports from physicians and accountants, the ISMA has previously issued several alerts about physician identity theft and tax fraud at the federal level. The ISMA has now learned the Indiana Department of Revenue (DOR) has been investigating identity theft and tax return scams at the state level as well. The DOR confirmed the scam impacts various health professionals, including physicians, nurses, dentists and oral surgeons, and noted a proliferation of such cases since March.

"The Department has been catching and stopping hundreds of the fraudulent claims and saving millions of dollars," said Bob Dittmer, DOR spokesman.

Dittmer said the department hired eight new tax investigators whose only job is to uncover fraudulent claims.

While some fraudulent claims have been successfully identified by DOR before they were actually filed, others have not been identified as fraudulent until after they were filed. "They are viewing this as a large problem and are very concerned. While their investigation has not yet identified the source of the presumed breach, they are tracking all the cases, looking for patterns, and actively investigating and pursuing leads," said Julie Reed, ISMA general counsel, who spoke with the DOR investigation unit.

Reed also confirmed through the DOR that physicians from outside of Indiana have been affected by this. More specifically, the DOR has identified cases in which the identities of physicians located outside Indiana have been used to file fraudulent Indiana tax returns.

Physicians who have been defrauded at the state level will need to file a paper return—and are advised to do so as quickly as possible. Also, physicians who have determined that they are victims of tax fraud should notify DOR by calling (317) 232-2240. There is no complaint form to fill out, but your call will be routed properly to the investigation unit. Your state tax refund may be delayed, but only by a few weeks, according to the DOR.

If you have been victimized by this, contact your accountant immediately. They may be able to execute an IRS and State Department of Revenue Power of Attorney form, which allows them to discuss your situation with the taxing authorities on your behalf.

"We are maintaining contact with state and federal authorities. We have received assurances from the Indiana

authorities that they are investigating this matter and intend to pursue it to its fullest." Reed said.

Chuck Taylor, of the Indiana Attorney General's Identify Theft Unit, said, "Our office is actively investigating the complaints we have received to identify a common source of compromise. We urge victims to monitor their credit reports to detect any additional fraudulent use of their personal information. Anyone who believes they have been affected should file an identity theft complaint."

You can learn more about identity theft or file a complaint by visiting <http://www.in.gov/attorneygeneral/2853.htm>.

The ISMA has offered to assist the DOR and the Office of the Indiana Attorney General in any way possible.

New FDA approval expected to reduce opioid overdose deaths (Courtesy AMA)

Approval granted Thursday, April 3, 2014, by the U.S. Food and Drug Administration (FDA) for a user-friendly opioid overdose antidote could help curb the growing public health crisis of U.S. overdose deaths.

The new handheld device Evzio delivers a single dose of naloxone, a receptor antagonist that can quickly reverse the effects of opioid overdose, via a small automatic injector. It's intended for use by friends and family members of patients or addicts as an emergency measure that can be stored at home.

Naloxone commonly is administered via syringe and is used mostly by trained medical personnel and first responders. By contrast, turning on Evzio provides verbal instruction to the user describing how to deliver the medication, similar to automated defibrillators. Intranasal forms of naloxone also are available.

The number of drug overdose deaths has steadily increased for more than a decade, according to the Centers for Disease Control and Prevention, and drug overdose deaths are now the leading cause of injury death in the United States.

The AMA has been a longtime supporter of increasing the availability of naloxone for patients, first responders and bystanders who can help save lives and has provided resources to bolster legislative efforts to increase access to this medication in several states," said AMA President Ardis Dee Hoven, MD, in a statement.

The AMA in March sent a letter of support for the Stop Overdose Stat Act of 2013, federal legislation that supports community-based efforts to prevent drug overdose, partly with the increased use of naloxone. Attorney General Eric Holder also last month issued recommendations that first responders carry this overdose antidote with them.

State legislation supporting naloxone also is picking up, with Ohio's Gov. John Kasich last month signing a bill into law that allows friends or family members of patients or addicts to administer naloxone without fear of prosecution. Ohio joins California, Colorado, New Jersey Oklahoma and Tennessee in the cadre of states making it easier for health professionals to prescribe, dispense and distribute naloxone, and at least 17 states allow naloxone to be distributed to the public. Two bills are heading to the governors' desks in Wisconsin and Maine as well.

More than 20 states are considering naloxone-related legislation this year, and the AMA is engaged in supporting these state efforts. The AMA also has worked with several national organizations to increase support for increased availability of and access to naloxone, including the National Governors Association, National Conference of Insurance Legislators and the National Safety Council.

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William H. Dick, MD

Speaker – Dr. Jim Dashiell – Hiking the Appalachian Trail (AT)

Jim Dashiell is just a mild-mannered physician like us (only tougher). He hiked over 2,000 miles in six and one-half months two years ago. This was no ordinary hike but was one on a trail that goes through woods, up over rocks, and on top of mountains.

Dr. Dashiell is a native of Noblesville and he now lives in Atlanta, Indiana. Jim earned a B.A. from Wabash College and is a 1972 graduate of the Indiana University School of Medicine. He practiced Orthopedic Surgery at Community Hospital and in the Noblesville area. He is now retired. He was in the U.S. Army Reserves from 1973-79. He lists his hobbies as fishing, hiking, camping and travel, all of which he did on the Appalachian Trail, except fishing.

Jim emphasized that the most difficult thing about the hike is the mental part. It is basically the same thing every day: hike on sore knees, etc.; obtaining food and especially, water; and finding a place to sleep. The great benefit of the Trail is the scenery, but even more than that it is the people that one meets on the Trail or adjacent to the Trail. At age 66, he was the oldest person that he met on the Trail. He hiked from 26 March to 6 October 2012.



The AT was conceived by Benton Mackey in 1921 and it was finished in 1937. The Trail is owned by the Federal Government. It is 1,000 feet wide and it is maintained by local volunteers, including 31 hiking clubs. They repair bridges, chop up downed trees, prune shrubs and remove debris. The Trail closes on 15 October in Maine or earlier depending on snowfall. Some hike from north to south (5-10 %) but most hike south to north. About 15 % of the 12,000-15,000 people who try to finish actually do that. A successful through hike must be concluded within a 12-month period.

The Appalachian Trail is 2,184 miles long and it traverses 14 states, 550 miles in Virginia, and only four miles in West Virginia. It begins in north central Georgia at Springer Mountain and ends in north central Maine at Mt. Katahdin. There are 150 shelters of all kinds and sizes on the Trail. Many people sleep in the shelter but some pitch a tent nearby to avoid the snoring and noise. Common injuries are



sore knees and ankles, blisters on the feet and a rare snakebite. The Trail winds through many historic places – Indian sites and Civil War battlefields. You must watch for the AT logo so that you stay on course.

Why did he do this? It was mostly a personal test. It was also for his 10 grandkids and additionally he raised money for a local charity. He really was a novice. He had not camped or hiked very much. He did do some conditioning before he left for the hike. Toward the end of the Trail he did take a 10-day break before finishing the hike. He lost 50 lbs. and needed to build up his strength.

The greatest thing about the Trail is all the people that you meet. Some are from foreign countries, especially Germany. Everyone has a Trail name. His was “funny bone.” Getting water, food and shelter (warmth) are the most important things. One must try not to carry too much weight – he carried 32 lbs. His backpack included water, sleeping bag, air mattress, water purification equipment, socks, pants, and shirts.



Bears are a concern but he only saw two. Rattlesnakes and copperheads are also a concern. Supplies are obtained by getting a ride to town from a “Trail Angel.”

The Trail Angels also bring food and supplies onto the Trail for hikers – free!

Trips off the Trail are necessary for getting a shower, some rest and some “town food.” Twice he got off the Trail to visit with grandkids. Some people rent out a room in their house, let the hiker clean up and feed them for \$20. Most of the Trail is through the woods but some of it is over a mountain top or “bald.” Usually he had nice weather (no snow). Rain is not good.

Jim was fascinated by all the signs, especially the one in Harpers Ferry, West Virginia. That said “half way.” In order to finish the hike in a one-year span, it is advisable to be half way by the 4th of July. Dr. Dashiell took many wonderful photos which he shared. Similar ones are seen in this article, especially the Smoky Mountains in Tennessee, North Carolina and Virginia. A common location photographed is McAfee knob, located in Roanoke, Virginia. Dr. Dashiell took the one at the top of this page.

Dr. Jim Dashiell’s family and grandkids must be so proud of him. Some day they will understand what an amazing achievement it was for a 66 year old gentleman to make the hike of a lifetime. I have heard Jim give this talk before and I am even more astounded now. Congratulations, Jim!

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

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Tod C. Huntley (2015)
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Robert Michael Pearce (2015)
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Michael A. Rothbaum (2015)
Jeffery M. Rothenberg (2015)
Richard M. Storm (2015)
Jeremy T. Sullivan (2015)
H. Jeffery Whitaker (2015)
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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
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For more information, contact Valerie Brown, (317) 355-5381.

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Indiana History Center, Indianapolis

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

May 16 Spine Care Symposium: What Primary Care
Needs to Know
IU Health Neuroscience Center, Indianapolis

May 30 Mobile Computing in Medical Education
Fairbanks Hall, IUPUI Campus, Indianapolis

June 6 1st Annual Neuroscience Summit
IU Health Neuroscience Center, Indianapolis

July 11 The Review and Interpretation of the
2014 ASCO Meeting
The Towers, Indianapolis

July 12-19 99th Annual Anatomy and Histopathology of the
Head, Neck and Temporal Bone Course
IUPUI Campus, Indianapolis

August 15 Pediatric Neuroscience Symposium
IU Health Neuroscience Center, Indianapolis

Sept. 20 Practical Pearls General and
Community Pediatrics 2014
Riley Hospital Outpatient Center, Indianapolis

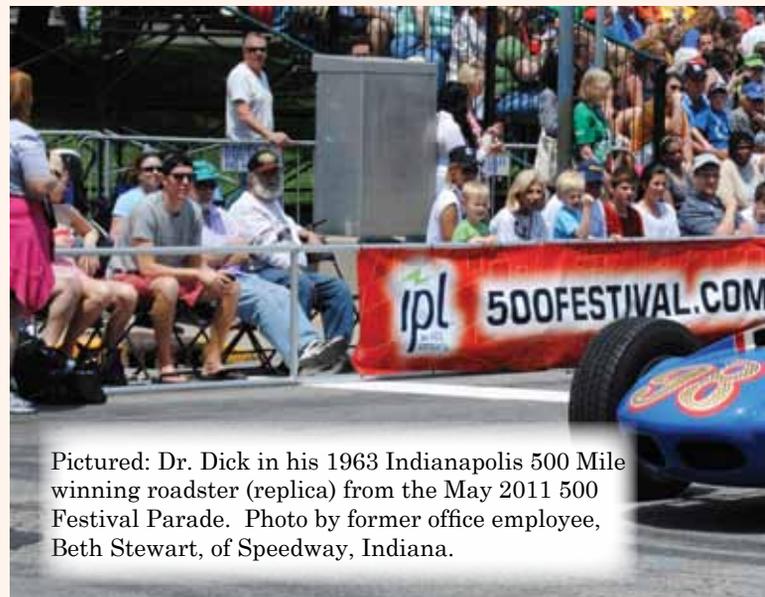
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Pictured: Dr. Dick in his 1963 Indianapolis 500 Mile winning roadster (replica) from the May 2011 500 Festival Parade. Photo by former office employee, Beth Stewart, of Speedway, Indiana.

CME & Conferences

Indianapolis Medical Society

May	
20	IMS Board, Society, 6:00 PM, Social: 6:30 PM, Dnr/Mtg
TBD	MSE Board Meeting, Society, 6:15 PM, Sandwiches
29	7th District Annual Meeting, Dallara IndyCar Factory
June	
7-11	AMA House of Delegates Annual Meeting, Chicago, IL
11	Senior/Inactive Luncheon Meeting, 11:30 AM, Society, Speaker TBA
17	Executive Committee, Society, 6:00 PM, Sandwiches
July	
15	IMS Board, Society, 6:00 PM, Social: 6:30 PM, Dnr/Mtg.
30	Juleps in July, 6:00-8:30, PM
August	
19	Executive Committee, Society, 6:00 PM, Sandwiches
September	
5-7	ISMA Convention, Indianapolis Westin. Indpls., 46204.
10	Senior/Inactive Luncheon Meeting, 11:30 AM, Society, Speaker TBA
16	IMS Board, Society, 6:00 PM, Social: 6:30 PM, Dnr/Mtg. Dr. David R. Diaz will be installed as 141st IMS President.
October	
15	Executive Committee, Society, 6:00 PM, Sandwiches
15	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
December	
10	Senior/Inactive Luncheon Meeting, 11:30 AM, Society TBD
16	Executive Committee Holiday Dinner, with Spouses

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Bulletin Board (Continued from page 11)

News from Goodman Campbell Brain and Spine...

Aaron A. Cohen-Gadol, MD, moderated an educational session on tackling complex cranial cases at the 2014 AANS Annual Scientific Meeting in San Francisco. He participated on a panel that reviewed technical nuances for avoiding complications during these cases. Dr. Cohen moderated an additional session on fluorescence technologies in neurosurgery. All sessions used 3-D, high-definition surgical videos to maximize the learning experiences for attendees.

Daniel H. Fulkerson, MD, and coauthors examined ten years of data from 104 children less than 6 years old to assess the risk of radiation-induced malignancies from CT scanning; this article appeared as an e-pub in the Mar 14, 2014 issue of the *Journal of Neurosurgery: Pediatrics*. In a future issue of this journal, another article will report on C2 translaminar screw fixation in 18 children who are 5 years old or younger. In an e-pub of *Child's Nervous System* issued March 11, 2014, Dr. Fulkerson and coauthors retrospectively reviewed 8 cases of children with unilateral facet fractures resulting from motor vehicle accidents and falls.

Eric M. Horn, MD, will publish a case report of subacute posttraumatic ascending myelopathy in a 15-year-old boy in a forthcoming issue of the *Journal of Neurosurgery: Spine*.

Jean-Pierre Mobasser, MD, taught a practical clinic on minimally invasive spine surgery procedures and presented a seminar on new and evolving technologies for treating pathologies of the lumbar disc at the 2014 AANS Annual Scientific Meeting in San Francisco.

Troy D. Payner, MD, and Aaron A. Cohen-Gadol, MD, reviewed the literature on pituitary macroadenoma causing symptomatic internal carotid artery compression in the April 2014 issue of the *Journal of Clinical Neuroscience*. Their review included a case report of a 48-year-old man who presented with transient ischemic attacks leading to a stroke.

Richard B. Rodgers, MD, was interviewed for "Twist of Fate," an episode of *NBC News' Dateline* that aired March 9, 2014. Dr. Rodgers was one of the neurosurgeons who performed surgery on Andrea Vellinga, a woman who suffered a severe traumatic brain injury (TBI) when the Indiana State Fair stage collapsed during violent winds in August 2011. Andrea has participated in a TBI clinical trial and has had a remarkable recovery.

Jodi L. Smith, MD, was elected as an IMS delegate to the ISMA State Convention, to be held in September 2014.

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President's Page

(Continued from page 7)

Medicaid reimbursement payments. The Physician Quality Reporting System (PQRS) led the American Board of Anesthesiology (ABA) to become a "provider" in 2013, even though in 2011 the ABA publicly stated, "the ABA does not believe that the additional requirements for the MOC bonus will have a sufficient impact on patient care, nor will the reimbursement bonus justify the additional time and resource burden."⁵

For many doctors, the push by the ABMS just doesn't pass the smell test. Especially when you consider the fact that ABMS is funded by dues paid annually by Member Boards and Associate Members and by licensing fees.

The Form 990 filed by the ABMS in 2011 lists \$13,065,364 in grant income and \$7,019,998 in dues income. Additionally, ABMS reported license fee income of \$3,174,831 and even International Certificate income of \$2,864,835. Its president and chief executive officer (CEO) at the time, Kevin B. Weiss, MD, enjoyed a compensation package of \$562,456.⁶

That's quite a bit of revenue for a group that enjoys non-profit status.

Increased certification requirements mean doctors will be forced to spend more time studying for exams, more money on travel and testing fees. For example, current fees for the MOC Examination for the American Board of Allergy and Immunology are \$2,800 (see www.abai.org).

All of this means doctors will have less time to focus on delivering quality care to patients, while being forced to raise fees in order to cover the burden of the testing requirements.

Meanwhile, the 24 specialty medical boards are flourishing under the protection and guidance of ABMS. Their combined revenue in 2011 was \$320 million.⁷

As doctors, our number one priority must be providing care for our patients, not paying board determined fees to jump through hoops and take tests which seem to have so little correlation with our daily practice. In many states, physicians have acted to resist the push for MOC. For example, resolutions against MOC have been enacted recently by the state medical societies of New Jersey, Michigan, Ohio, Oklahoma, New York, and North Carolina.

I encourage all members of the Indianapolis Medical Society to participate in the discussion. At present our local and state medical societies have not taken a position on MOC. Is it time for the Indianapolis Medical Society and our lobbyist at the ISMA to take a stand against MOC requirements? Email me your thoughts at mhamilton@hamiltonfps.com.

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