

Bulletin

David R. Diaz, MD
2014-2015
IMS President



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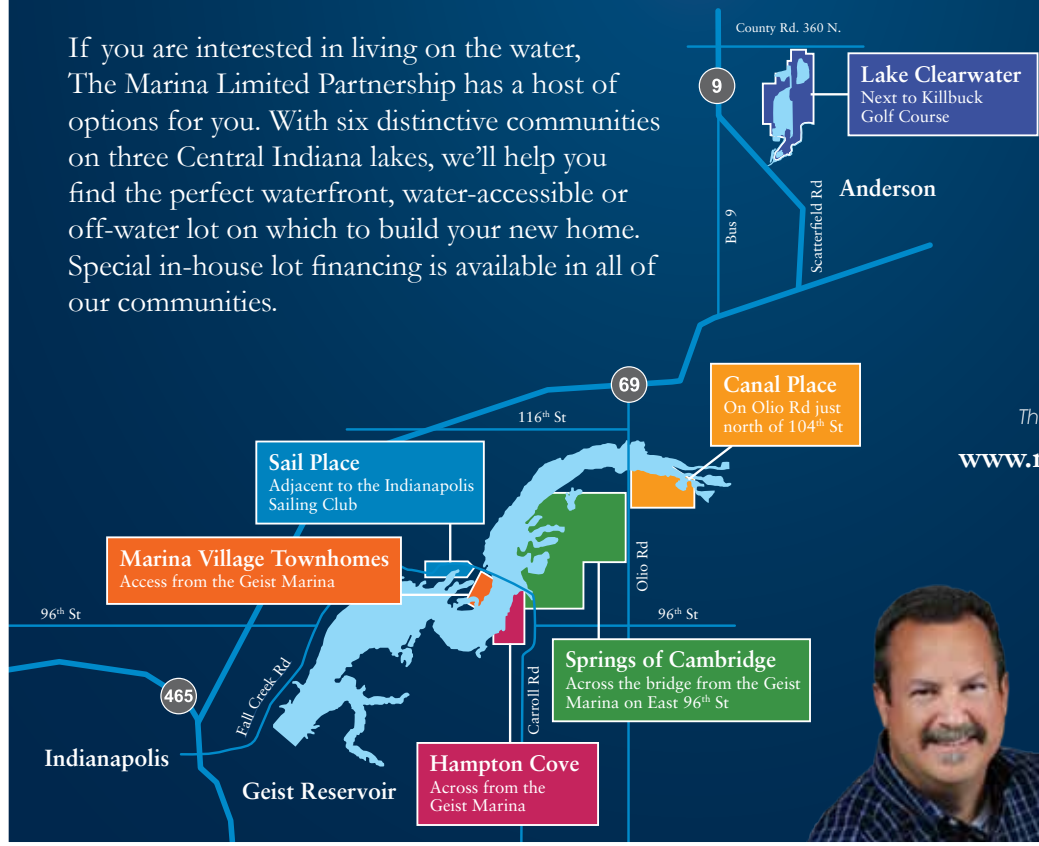
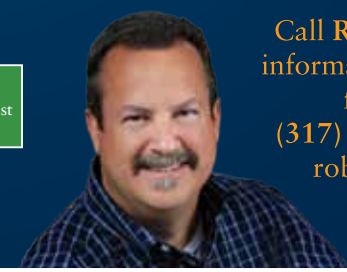
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about our cover



On our cover:

2014-2015 IMS President, David R. Diaz, MD. Dr. Diaz will formally be inaugurated at the September 16, 2014 IMS Board Meeting as the 141st President of the Indianapolis Medical Society.

The photograph was taken on the grounds of Larue Carter Hospital where Dr. Diaz is Medical Director of Unit 3C and treats severely and persistently

mentally ill patients referred from throughout the State of Indiana. One of his special interests is the treatment of deaf mentally ill patients. He has published multiple articles and given numerous presentations on the topic and is recognized nationally for his work in that area. He is a diplomate in General Psychiatry and also Psychosomatic Medicine through the American Board of Psychiatry and Neurology, Inc. He is Assistant Professor of Clinical Psychiatry at Indiana University School of Medicine and also is an attending at the Psychiatry Adult Outpatient Clinic at Goodman Hall on the IU campus. Additionally, he oversees consultation-liaison psychiatry at IU Health University Hospital.

Dr. Diaz is a member of the Alpha Omega Alpha Medical Honor Society, the Indiana Psychiatric Society (where he is a three time past President and is presently Legislative Representative), the American Psychiatric Association (Distinguished Fellow), the Academy of Psychosomatic Medicine and the American Deafness & Rehabilitation Association (ADARA). He has served the IMS as Chair, Board of Trustees; Chair, Commission on Professional Affairs; Chair, Commission on Articles and Bylaws, and as a Member of the Board of Trustees. He particularly enjoys teaching the psychiatrists of tomorrow. Dr. Diaz has been awarded the Residents' Award for Teaching Excellence in 2014 as voted on by the residents of the Indiana University Department of Psychiatry and the Irma Bland Award for Excellence in Teaching Residents by the American Psychiatric Association.

Photography by Debbie Winchester



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President's Page David R. Diaz, MD

The mission of Indianapolis Medical Society is to promote professional growth, advocacy for all physicians, and quality health care for the community.

I am humbled and honored to be your President for 2014-2015, IMS's 141st President, in fact. Thank you for your trust. I look forward to working more closely with the Executive Committee, Board, IMS leaders and members. My focus this year will be on the positives of patient care, medicine, peer support and collaborative work.

As we start this year together, I want to remind all of us why we became physicians, why medicine is vital to our being and why membership in the IMS can provide "priceless" support for each of us.

I read an article recently in the *Indianapolis Business Journal* Blog "The Dose" that Indianapolis physicians are loved by their patients.¹ Indianapolis ranked fifth highest among the nation's largest cities for the most positive reviews (Vanguard Communications Patient Happiness Index based on patient reviews of doctors posted on web sites). On a five-point scale created by Vanguard, the average review by patients scored Indianapolis physicians at a 4.05.² For the most part, we like our patients, too. Some more than others, but that just proves how human we are and how important peer support is to us. My mission when I decided to become a physician was to be a doctor who makes a positive difference in the lives of others. I know that I'm not unique; all of you shared that dream with me.

Not only are we liked, we are a central part of our patients' lives and we have a stronger influence in their lives than we might expect. According to a study by the Centers for Disease Control and Prevention (CDC), "Adults are not getting the vaccines they need. The latest data from the CDC shows that vaccination rates for adults are extremely low (National Health Interview Survey, 2012). For example, rates for Tdap and zoster vaccinations are 20 percent or less for adults who are recommended to get them. Even high risk groups are not getting the vaccines they need – only 20 percent of adults 64 years or younger who are high risk for complications from pneumococcal disease are vaccinated. This means that each year tens of thousands of adults needlessly suffer, are hospitalized, and even die as a result of diseases that could be prevented by vaccines.

Most adults don't realize that they need vaccines. A recent national survey revealed that most adults were not aware of recommended vaccines beyond influenza.

Your patients are likely to agree to get the vaccines you recommend to them. Clinicians are the most valued and trusted source of health information for adults. Your patients rely on you to let them know which vaccines are necessary and right for them."³

I often tell my medical students that even casual remarks can be and will be remembered and may become part of family lore. I remember hearing my dad talk about the day I was born he was in the waiting room as men were those days, and the doctor came out and said "you have a healthy baby." My dad asked him the sex of the child and he said "you will have

to take me to lunch to find that out. Let's go." And that is exactly how he found out he had a son. I have heard that story, conservatively, about 50 times, even as recently as this year.

We all know that the practice of medicine is an art. It's the what, why and the how of life. Remembering that "the who" is foremost – the patient and their needs for compassion, answers, quick and complete. We are a science-based profession which is applied with a stroke of panache. Most of all, patients want competent doctors and to have a trusting professional relationship with them. No substitutes will work.

We're all human and we instinctively understand patient/doctor needs. A colleague remarked recently about "how depressing the practice of medicine is right now. The problems are just so overwhelming." While I understand where that doctor is coming from, physicians have faced long odds before. I invite you to drop by IMS Headquarters and pull out a copy of the *Bulletin* from the early years. Doctors talked about the problems of healthcare, the burdens of regulations, the impossible work situations ... they also used the IMS as a forum to grow, to develop and to support each other.

I have experienced the need for and support of physicians in my own life, and I hope to elaborate in future articles. For now, I will just state what you all know: Indianapolis hospitals and physicians offer excellent and compassionate care. Beyond the actual care, other Indianapolis physician friends were there for me and my family.

I led this article with the IMS Mission ... *The mission of Indianapolis Medical Society is to promote professional growth, advocacy for all physicians, and quality health care for the community.* I might add to this peer support, collegiality and assistance for members at the ready. IMS provides opportunities for personal and professional growth, interaction, leadership, development and practice enhancements.

Despite what happens with medical care, patients still want to be treated by competent doctors and to have a trusting professional relationship with them. No substitutes work. Our organization exists to help doctors manage their practices and focus on taking care of those patients. And a central focus of my term is to encourage doctors to take care of each other, to be available to talk as we face changes, and to offer curbside consults if requested.

Let us focus this year ... on being trusted colleagues and friends.

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1. *IBJ*, The Dose, J.K.Wall, July 14, 2014
2. *ibid*
3. www.cdc.gov/vaccines/hcp/patient-ed/adults/downloads/matte-exampl-hcp-recommendation.pdf

Special Feature ... “Overseeing the ovaries”



Amalia
Lehmann, BS



Julia
Taylor, MD



Theresa
Rohr-Kirchgraber, MD



Erin
Vilano, MD

Amalia Lehmann¹, BS; Julia Taylor¹, MD; Theresa Rohr-Kirchgraber¹, MD; Erin Vilano¹, MD

¹Indiana University School of Medicine and Riley Hospital for Children, Indianapolis, Indiana

Summary:

Concurrent disease and fertility preservation management in adolescent girls/women.

Case:

She always knew that there may be complications when she decided to have a baby. Although her systemic lupus erythematosus (SLE) was now under control, she had heard that the hormone changes of pregnancy could cause flares and knew a pregnancy would be “high risk” someday. What she did not expect was never being able to have a child.

A year ago, at the age of 15 she first saw her physician for menorrhagia. Initially, she was relieved her bleeding had stopped, but then 10 long weeks of persistent bleeding ensued soon after her first Depo-provera injection. She knew that spotting was common, but was not expecting continuous bleeding. Then, there was the massive swelling, the vomiting, the rash on her face, and the dangerously high blood pressure. At that time, her constellation of symptoms plus her family history suggested SLE and lupus nephritis. Biopsies and other lab tests confirmed the diagnosis and the complications of her newly diagnosed lupus required immediate treatment. Her hypercoagulable state and malignant hypertension required careful management. But now, the SLE treatments that she had been so grateful for were the cause of hot flashes, lack of periods, and night sweats. The physicians told her she had premature ovarian failure and that the likelihood of ever conceiving was low. She thought, “How could that be? Why didn’t anyone talk to me about that?”

Systemic Lupus Erythematosus (SLE) is a devastating lifelong autoimmune disease with the potential to affect almost any organ. With advances in diagnosis and therapies, survival has improved significantly making quality of life and long term side effects of increasing concern. Difficulties arise because both the disease itself and therapies used may cause organ dysfunction and long term side effects. Although use of alkylating agents like cyclophosphamide is efficacious in the treatment of life threatening rheumatic conditions, such as lupus nephritis, it has a well-established and significant risk of premature ovarian failure (POF), with rates as high as 50%[1, 2]. Additionally, SLE carries with it estrogen restrictions and a risk for pregnancy complications. As SLE is most prevalent

in young women, with a reported female-male ratio of 9:1 during child-bearing years, long term reproductive health is of particular concern[1, 3].

There are many challenges in managing disease progression while preserving fertility in a post-pubertal adolescent female treated with a gonadotoxic agent. Often in newly diagnosed SLE, initiation of disease controlling therapy is urgent and the diagnosis itself is overwhelming. These factors and contraindications to hormonal treatments make many fertility sparing measures, such as cryopreservation, unavailable [4, 5].

However, the discussion need not end there. Although therapy initiation is urgent, fertility preservation must also be considered and discussed as early and urgently as possible before treatment starts so that maximal options remain available. According to ASCO 2013 guidelines GnRH agonists (GnRH-a), such as Lupron, although not ideal to protect ovarian function due to unresolved questions of effectiveness, can be considered in emergency situations and can additionally prevent menorrhagia and anemia that may be of present or future concern. It may also be recommended that some patients who are not able to use established methods of fertility preservation participate in experimental protocols, clinical studies, and registries where available [5]. Referrals should be made to appropriate resources, including reproduction specialists and psychosocial providers.

Many studies have shown that adults suffering from iatrogenic infertility wish that they had been better counseled about their fertility options. Often, patients may not bring up their concern regarding fertility despite it being very important to them. Lack of awareness of infertility as a possible side effect or feeling overwhelmed may account for silence on the part of the patient and family [5, 6]. It is therefore, the responsibility of providers to discuss fertility complications and explore all fertility sparing options with female patients during reproductive years if infertility is a potential complication.

What she did not expect was never being able to have a child. Her hypercoagulable state and malignant hypertension required careful management.

Difficulties arise because both the disease itself and therapies used may cause organ dysfunction and long term side effects.

Often in newly diagnosed SLE initiation of disease controlling therapy is urgent and the diagnosis itself is overwhelming.

However, the discussion need not end there.

1. Blumenfeld, Z., et al., *Gonadotropin Releasing 1. Hormone Agonists May Minimize Cyclophosphamide Associated Gonadotoxicity in SLE and Autoimmune Diseases*. Seminars in Arthritis and Rheumatism, 2011. 41(3): p. 346-352.

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3. *Systemic lupus erythematosus*. Vol. 335. 2007.

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5. Loren, A.W., et al., *Fertility Preservation for Patients With Cancer: American Society of Clinical Oncology Clinical Practice Guideline Update*. Journal of Clinical Oncology, 2013.

6. Schover, L.R., et al., *Oncologists’ Attitudes and Practices Regarding Banking Sperm Before Cancer Treatment*. Journal of Clinical Oncology, 2002. 20(7): p. 1890-1897.



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Bulletin Board

The Executive Board of the American College of Obstetricians and Gynecologists has voted unanimously to present the Arnold P. Gold Foundation Humanism in Medicine Award at The American College of Obstetricians and Gynecologists to **Jeffery M. Rothenberg, MD**, in recognition and appreciation of his outstanding contributions to the practice of obstetrics and gynecology through his integration of the arts and humanities in patient care. The College will present this award during the next Presidential Inauguration and Convocation, to be held during the 2015 Annual Clinical and Scientific Meeting in San Francisco, California in May 2015.

Thomas C. Wozniak, MD, Surgical Director of Heart and Lung Transplantation at IU Health has been appointed National Chair of the Lung Sub-Committee of the United Network for Organ Sharing (UNOS) Organization effective 7/1/2014. He also serves on the Medical Advisory Committee for the Indiana Organ Procurement Organization (IOPO) and on the Post-Graduate Program Committee of the Southern Thoracic Surgical Association. He will serve his role with UNOS for a period of two years.

Neurologist **Kiran Ivaturi, MD**, has joined JWM Neurology. He received his Medical Degree and completed a Neurology residency, both at Indiana University School of Medicine, Indianapolis. Dr. Ivaturi served as Chief Resident at the Roudebush VA Hospital during his final year of residency. His special interests include general adult Neurology (particularly Epilepsy), Multiple Sclerosis, Stroke and Headache.

Michael H. Fritsch, MD, Professor, gave lectures on "Salivary Endoscopy for Stones" and "Incisionless Otoplasty" and participated on a panel reviewing "Skin Cancer Treatments of the Head and Neck" in Phoenix at the AOCOO-HNS national meeting.

Rick C. Sasso, MD, served as a faculty member for the annual meeting of the Scoliosis Research Society – International Meeting on Advanced Spinal Techniques (IMAST) July 16-19, 2014 in Spain. This is the 21st annual international meeting sponsored by the Scoliosis Research Society (SRS). The society asked international experts in spinal surgery to serve as faculty members for their course.

The president of Indiana Spine Group was asked to give the following three lectures on different aspects of cervical spine disorders. Lecturer: Cervical Trauma: Most common major complication session-Strategies to Prevent/Manage; Debate: Multilevel cervical disc herniation-Anterior discectomy and fusion; Debate: Which Motion-Sparing procedure is best for lateral cervical disc herniation with radiculopathy?-Arthroplasty. Moderator: Emerging Technologies in Spine Surgery

News from Meridian Plastic Surgeons ...

Stephen W. Perkins, MD, was invited faculty at the recent Rhinoplasty Society Meeting in San Francisco. He presented on the following topic: "Immediate Post-Op Rhinoplasty Care and Techniques For Early and Later Intervention". He also presented "Grafting Techniques: Rim and Facet Grafts" and was a panel member for "Secondary Rhinoplasty Surgical Approach - Forewarned is Forearmed" at the American Society



Nicholas M. Barbaro, MD



Aaron A. Cohen-Gadol, MD



Martha J. Dwenger, MD



Michael H. Fritsch, MD



Kiran Ivaturi, MD



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Jeffery M. Rothenberg, MD



Scott Shadfar, MD



Rick C. Sasso, MD



Andrew J. Sundblad, MD



Stewart S. Worrell, MD



Thomas C. Wozniak, MD

of Aesthetic Plastic Surgeons' Rhinoplasty Symposium 2014 in San Francisco.

Facial Plastic Surgeon, **Scott Shadfar, MD**, has joined Meridian Plastic Surgeons. He received his medical degree at the University of Oklahoma Health Science Center and was inducted into the Alpha Omega Alpha honor medical society. Dr. Shadfar then joined the medical staff at the University of North Carolina for his surgical residency in Otolaryngology-Head and Neck surgery, where he was honored with the Harold C. Pillsbury leadership award for recognition as the most outstanding chief resident during his final year of training. He went on to spend an additional year training as a Fellow under the guidance of Facial Plastic Surgeon, Stephen W. Perkins, MD, at Meridian Plastic Surgeons. Dr. Shadfar performs facial plastic and reconstructive surgeries including facelift, rhinoplasty and blepharoplasty.

News From Goodman Campbell Brain and Spine ...

Nicholas M. Barbaro, MD, presented "DREZ Procedure" at the Neuroscience Grand Rounds Conference held at the IU Health Neuroscience Center on July 23, 2014. The dorsal root entry zone (DREZ) myelotomy is a procedure used for controlling medically refractory chronic severe pain syndromes.

Aaron A. Cohen-Gadol, MD, copresented "Endoscopic Surgery" at the IU Department of Neurological Surgery Grand

Continued on page 14.

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In Memoriam



Jay William Lang, MD
1929 - 2014

Jay William Lang, MD, 85, Carmel, Indiana, formerly West Lafayette, Indiana passed away July 8, 2014. Dr. Lang was born February 16th, 1929, in Indianapolis, Indiana, he moved to West Lafayette in 1931 and graduated from West Lafayette High School in 1947. He received a BS in business from Indiana University in 1951.

A veteran, he served with the US Coast Guard during the Korean War in the Pacific and was discharged in 1952 with a rank of Lieutenant Junior Grade. After his service, he moved to Indianapolis in 1954.

Dr. Lang graduated from IU Medical School in 1961. He completed his internship (1961-1962) and residency (1963-1965) at General Hospital in Indianapolis.

After practicing general medicine in Hamilton, Indiana, Dr. Lang completed an anesthesia residency at Marion County General Hospital and practiced anesthesia at Community Hospital East until his retirement in 1988.



Suzanne Buckner Knoebel MD
1926 - 2014

Dr. Suzanne Buckner Knoebel, a renowned Indianapolis cardiologist, who died July 2, 2014 at age 87. Born December 13, 1926, Dr. Knoebel grew up in Fort Wayne, Indiana.

Dr. Knoebel attended Goucher College in Baltimore, Maryland, majoring in international relations. After graduating in 1948, she worked several years for the Chamber of Commerce in Hawaii. But medicine was in her blood, as her father, uncle and brother were physicians, and her mother was a nurse; so she enrolled in the Indiana University School of Medicine, earning her medical degree in 1960. She remained at Indiana University for her internship, residency and fellowship in cardiology and served as a visiting fellow at the National Institutes of Health.

Dr. Knoebel joined the faculty of the IU School of Medicine in 1964 and was affiliated with the school's Krannert Institute of Cardiology. She eventually served as the institute's Associate Director from 1974-1990 and the medical school's assistant dean for research. She was a quiet but passionate leader who dedicated her career to Krannert, helping to build the infrastructure necessary for it to become a leader in cardiac research and education during its early years. She led the development of several major programs, including the use of telephone lines for the transmission of electrocardiograms from outlying areas to the medical center. She was fittingly named the Herman C. and Ellnora D. Krannert Professor of Medicine in 1977 in honor of the philanthropists whose gift allowed for the establishment of the Krannert Institute and retained the title until her retirement in 2000.

Dr. Knoebel's influence on the field of cardiology extended well beyond Indiana. She was well-regarded nationally and internationally and served as the first female president of the American College of Cardiology from 1982-83. In 1983 she was named one of the "100 Most Important Women in America" by Ladies' Home Journal. In 1973, she was one of eight US heart specialists selected to visit China at the invitation of the Chinese government.

Dr. Knoebel has received many awards and recognitions for her accomplishments during her career. Among them are the Women's American Medical Association in 1969, the Matrix Award (Indiana Woman of the Year) in 1983, the Indiana University School of Medicine Distinguished Alumnus in 1984, and the Distinguished Fellowship Award of the American College of Cardiology in 1986. She also received an Honorary Doctor of Science degree from Goucher College in 1988. In 2013, she was honored by the Indiana University School of Medicine for "over a half century of friendship, devotion and caring while exhibiting the highest ethical and moral standards."

As a physician and researcher, Dr. Knoebel published hundreds of scientific papers, but it was her other writings that satiated her creative itch. Dr. Knoebel published numerous children's books and fictional novels, usually revolving around one or both of her two passions: medicine and animals. Her love of her profession, respect for education and research, and her wish to honor her family led her to make several generous gifts to her medical alma mater, including creation of the Dr. Charles Fisch Research Enhancement Fund, support for Krannert Institute, and a planned gift to establish the "Buckner Family Scholarship."



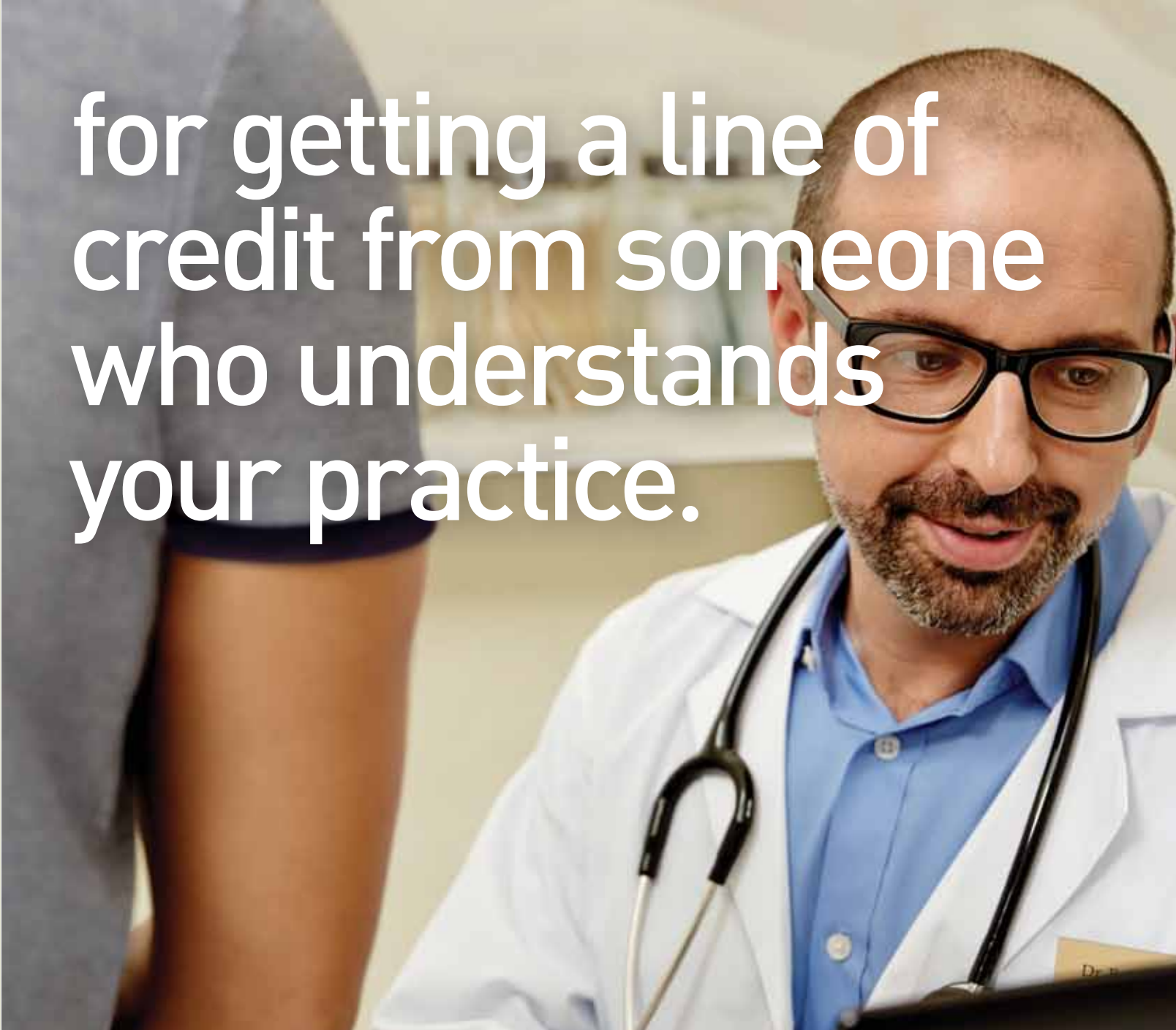
Phyllis Kathleen Catt Zerfas, MD
1922 - 2014

Phyllis Kathleen Catt Zerfas, MD, 91, Indianapolis, passed away July 19, 2014. Dr. Zerfas was born July 26, 1922 in Rensselaer, Indiana. Dr. Zerfas and her late husband, Charles P. A. Zerfas, MD, were family practice physicians for many years in the Garfield Park area.

A graduate of the Indiana University School of Medicine, she served her internship at the IU School of Medicine.

Dr. Zerfas was honored by the IMS in 1997 for her 50 years in medicine. She retired as plant physician from the Delco-Remy Division of General Motors Corporation in 1987.

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Bulletin Board

Continued from page 11

rounds conference on July 30, 2014.

Dr. Cohen-Gadol is the sole author of two articles published in Volume 61, August 2014, of *Clinical Neurosurgery*. One article discusses his strategies for and experiences with operating on tumors located in deep regions within the hemisphere and brainstem. A second article presents technical challenges associated with microsurgical clip ligation of complex aneurysms. Both articles include supplemental digital content.

Albert E. Lee, MD, performed a landmark procedure for the State of Indiana in May 2014. For the first time in the state's medical history, a Deep Brain Stimulator was implanted in a fully asleep patient with Parkinson's Disease. The outcome of this surgery performed in Indianapolis was excellent.

Thomas J. Leipzig, MD, presented "Craniectomy for Stroke" at the Neuroscience Grand Rounds Conference held at the IU Health Neuroscience Center, on July 2, 2014.

Troy D. Payner, MD, presented "Pterional Craniotomy" at the IU Department of Neurological Surgery Grand Rounds Conference on July 23, 2014.

Eric A. Potts, MD, presented "Spine Cases" at the IU Department of Neurological Surgery Grand Rounds Conference on July 9, 2014.

News from Northwest Radiology ...

Stewart S. Worrell, MD, MPH, has joined the group as a board certified radiologist in Diagnostic Radiology. He received

his Medical Doctorate from Duke University and a Master of Public Health, Epidemiology degree from the University of Washington. He attended the Massachusetts General Hospital, Harvard Medical School for his Radiology residency, as well as a fellow in both Abdominal Imaging and Intervention and Musculoskeletal Imaging and Intervention.

Brett C. Pieper, MD, has joined the group as a board certified radiologist in Diagnostic Radiology. He is a graduate of the Indiana University School of Medicine and also completed his Diagnostic Radiology residency program at Indiana University. After residency, he completed a Nuclear Radiology Fellowship at Duke University in Durham, North Carolina.

Andrew J. Sundblad, MD, has joined the group as a board certified radiologist in Diagnostic Radiology. He is a graduate of the University of Iowa Carver College of Medicine. He completed his Diagnostic Radiology Residency at Maine Medical Center, followed by a Neuroradiology Fellowship at the University of Wisconsin Hospital and Clinics.

Martha J. Dwenger, MD, has joined the group as a board certified Diagnostic Radiologist. She 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, followed by a Diagnostic Radiology residency at Methodist Hospital of Indianapolis. Dr. Dwenger has previously worked for Columbus Radiology, Columbus Diagnostic Imaging and as a locum tenens radiologist for NWR since 2006.

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- Radiofrequency Procedures
 - Facet Denervation
 - Rhizotomy
 - Sympathectomy
- Nucleoplasty
- Neuroplasty
- Discography
- IntraDiscal ElectroThermal Annuloplasty (IDET)
- Spinal Cord Stimulation



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In Summary

AMA Response to Court Ruling on Florida's Gun Gag Law

Statement attributable to: Robert M. Wah, MD, President, American Medical Association, July 28, 2014

"We are disappointed by the court's ruling to uphold a Florida law that seeks to bar physicians from freely discussing firearm safety with their patients. This law poses real harm to patients as it interferes with physicians' ability to deliver safe care, and hinders patients' access to the most relevant information available.

"Behind the closed doors of an exam room, physicians routinely ask patients many very personal questions and provide medical advice about their sexual behavior, alcohol and drug use, domestic violence, and other sensitive issues. The AMA strongly believes the patient-physician relationship must be protected, because physicians provide appropriate treatment options based on open, honest and confidential communications with their patients.

"Counseling the patients we care for helps prevent gun-related injuries and deaths, with studies showing that patients who received physician counseling on firearm safety were more likely to adopt one or more safe gun-storage practices. The political interests of state lawmakers do not justify infringing on the patient-physician relationship and stifling relevant medical discussions that are proven to save lives.

"In addition to putting patients in harm's way, the Florida Privacy of Firearm Owners Act infringes on a physician's right to free speech and puts physicians in the untenable position of risking disciplinary consequences or abandoning ethical obligations.

"The AMA will continue to oppose governmental intrusions into the clinical examination room and calls on lawmakers to leave determination of what constitutes medically necessary treatment where it belongs—in the hands of physicians and patients."

Coverage of and payment for telemedicine

Categories of telemedicine technologies

Store-and-forward telemedicine involves the transmittal of medical data (such as medical images and bio signals) to a physician

or medical specialist for assessment. It does not require the presence of both parties at the same time and has thus become popular with specialties such as dermatology, radiology and pathology, which can be conducive to asynchronous telemedicine.

Remote monitoring, or self-monitoring or testing, enables medical professionals to monitor a patient remotely using various technological devices. This method is typically used to manage chronic diseases or specific conditions (e.g., heart disease, diabetes mellitus or asthma) with devices that can be used by patients at home to capture such health indicators as blood pressure, glucose levels, ECG and weight.

Interactive telemedicine services provide real-time, face-to-face interaction between patient and provider (e.g., online portal communications). Telemedicine, where the patient and provider are connected through real-time audio and video technology (generally a requirement for payment), has been used as an alternative to traditional in-person care delivery, and in certain circumstances can be used to deliver such care as the diagnosis, consultation, treatment, education, care management and self-management of patients.

Current health plan coverage of and payment for telemedicine services

- The coverage of and payment for telemedicine services vary widely. While public and private payers have continued to develop formal mechanisms to pay for telemedicine services, inconsistencies remain that create barriers to the further adoption of telemedicine.

- Medicare provides payment to physicians and other health professionals for a relatively narrow list of Part B services that are provided via telemedicine. The originating sites where Medicare beneficiaries receiving services via telemedicine are located are limited to qualified centers in areas defined as rural Health Professional Shortage Areas (HPSAs), counties outside metropolitan statistical areas, and areas approved by the government for demonstration of telemedicine. The telemedicine services covered by Medicare are required to have both interactive audio and video with real-time communication. Coverage of store-and-forward telemedicine services is currently only allowed in Hawaii and Alaska as part of a demonstration program. Additional requirements for in-person visits exist for certain illnesses. Medicare Advantage plans can provide additional coverage of telemedicine services through the provision of supplemental benefits.

- Forty-six states and the District of Columbia (DC) offer some form of Medicaid payment for telemedicine services. While the Medicaid programs in all of these states and DC pay for some services administered via real-time audio and video technologies, the Medicaid programs in only nine states at some level pay for store-and-forward, and 14 states pay for remote patient monitoring.

- Some of the leading private health insurers provide coverage and payment for telemedicine, with varying approaches to doing so. Nineteen states and DC have adopted laws mandating that private payers cover what the states deem as telemedicine services, with definitions varying by state.

AMA principles for ensuring the appropriate coverage of and payment for telemedicine services

- A valid patient-physician relationship must be established before the provision of telemedicine services, through:

- A face-to-face examination, if a face-to-face encounter would be required in the provision of the same service in the real world;

- A consultation with another physician who has an ongoing patient-physician relationship with the patient; or

- Meeting evidence-based practice guidelines on telemedicine regarding establishing a patient-physician relationship developed by major medical specialty societies.

Exceptions to the foregoing include on-call, cross coverage situations; emergency medical treatment; and other exceptions that become recognized as meeting or improving the standard of care.

- Physicians and other health practitioners delivering telemedicine services must be licensed in the state where the patient receives services, or be providing these services as otherwise authorized by that state's medical board. They must also abide by state licensure laws and state medical practice laws and requirements in the state in which the

Continued on page 23.

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Jon D. Marhenke

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James A. Dugan (2016)
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Gary R. Fisch (2016)
Ronda A. Hamaker (2016)
Stephen R. Klapper (2016)
Mary Ian McAteer (2016)
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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)
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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)

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Daniel J. Beckman (2016)
Carolyn A. Cunningham (2016)
Margaret M. Gaffney (2016)
David C. Hall (2016)
Ronda A. Hamaker (2016)
Mark M. Hamilton (2016)
Jeffrey J. Kellams (2016)
Stephen R. Klapper (2016)
Susan K. Maisel (2016)
David M. Mandelbaum (2016)
John P. McGoff (2016)
Dale A. Rouch (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)
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)
Stephen B. Freeman (2016)
John Douglas Graham, III (2016)
Andrew A. Johnstone (2016)
Frank P. Lloyd, Jr. (2016)
Mercy O. Obeime (2016)
Ingrida I. Ozols (2016)
David L. Patterson (2016)
Jason K. Sprunger (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 Interim President-Elect

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Vicki M. Roe (2014)
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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.

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IU – Methodist – Riley

Sept. 10-
Nov. 26 Redefining Health Care Response to
Interpersonal Violence
Petticrew Auditorium
IU Health Methodist, Indianapolis

Sept. 17 Advancing the Medical Role in Child Protection
Landsbaum Center for Health Education
Terre Haute, Indiana

Sept. 19-21 Wilderness Trauma Life Support
Bradford Woods Outdoor Center
Martinsville, Indiana

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

Sept. 26 Pain Symposium III
Latitude 39, Indianapolis

Oct. 10 Acute Care in Neurotrauma Symposium
Goodman Hall Auditorium, Indianapolis

Oct. 11 GI Motility Pelvic Floor Multidisciplinary Course
Fairbanks Hall, Indianapolis

Oct. 23 Treatment Options for Adolescents and Young
Adults with Hip Pain
IU Health North Hospital, Carmel, Indiana

Oct. 23-24 Building a Comprehensive Home Dialysis Program -
"The Road Home"
Indianapolis Marriott Downtown, Indianapolis

Oct. 23-24 Fundamental Critical Care Support
Wile Hall and Methodist Hospital, Indianapolis

Oct. 24 Eskenazi Health Trauma Symposium
Eskenazi Hospital, Indianapolis

Oct. 31 Pediatric Gastroenterology for the
Primary Care Clinician
IU Health North, Learning Center
Conference Rooms
Carmel, Indiana

Nov. 18-20 Biostatistics for Health Care Researchers:
A Short Course
HITS Building, Indianapolis

Dec. 14 Treatment Options for Adolescents and Young
Adults with Hip Pain
IU Health North Hospital, Indianapolis

2015
Jan. 15-17 Musculoskeletal Ultrasound Beginner Level Course
IUSM Campus, South Bend, Indiana

Jan. 24 Breast Cancer: Year in Review
TBD

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CME & Conferences

Indianapolis Medical Society

September

- 5-7 ISMA Convention, Indianapolis Westin. Indpls., 46204.
- 10 Senior/Inactive Luncheon Meeting, 11:30 AM, Society, Speaker: Leo Doyle, "Collecting Small Cars"
- 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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Primary Care Psychiatry Foundation

- Sept. 13 Men are From Mars: Psychiatric Disorders in Men Across the Lifespan
Marian College, Indianapolis

You are invited to join the upcoming Primary Care Psychiatry Foundation CME conference: Men are From Mars: Psychiatric Disorders in Men Across the Lifespan which will be held at Marian College in Indianapolis, Indiana. The conference will be held September 13, 2014 from 7:30 to 3:15 p.m. Please contact the Foundation@primarycarepsychiatry.org or jlowinsky@primarycarepsychiatry.org.

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Neurology, 2013
Kirksville College of
Osteopathic Medicine, 2009



Benscoter, Brent J., MD
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46250-2027
2020 W. 86th St., #307
46260-1931

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Fax – 842-4393
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Otolaryngology, 2013
Neurotology (OTO)
Other Specialty
University of Missouri, 2007

Bishara, Joseph N., MD
Resident – IU School of Medicine
Psychiatry
Texas Tech University Health
Science Center, Lubbock, 2013



Mazda, Monica E., MD
JWM Neurology
1400 N. Ritter Ave., #120
46219-3045
Ofc – 715-5600
Fax – 715-5618

Email – medicalaffairs@jwmneuro.com
Web – www.jwmneuro.com
Neurology, 2013
Rush Medical College, 2009



Parshad, Shiroo, MD
Community Hosp. Oncology
Physicians
7229 Clearvista Dr.
46256-1698
Ofc – 621-4300*

Internal Medicine, 2008
Hematology (IM), 2012
Medical Oncology, 2012
All India Institute of Medical
Sciences, New Delhi, 2003

Reising, Casey L., MD
Magnificat Family Medicine, LLC
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46260-5315
Ofc – 846-4366*
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Email – casey.l.reising@gmail.com
Family Medicine, 2014
Tulane University, 2011

Siddiqui, Bilal K., MD
Community Hosp. Oncology Physicians
7229 Clearvista Dr.
46256-1698
Ofc – 621-4300*
Internal Medicine, 2009
Hematology (IM), 2013
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Aga Khan Medical College,
Pakistan, 2004



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Diagnostic Radiology, 2005
Indiana University, 1999

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mhadley@imsonline.org
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In Summary *(Continued from page 16)*

patient receives services. The delivery of telemedicine services must be consistent with state scope of practice laws.

- The standards and scope of telemedicine services should be consistent with related in-person services. The delivery of telemedicine services must follow evidence-based practice guidelines, to the degree they are available, to ensure patient safety, quality of care and positive health outcomes.

- Patients seeking care delivered via telemedicine must have a choice of provider, and have access to the licensure and board certification qualifications of the health care practitioners who are providing the care in advance of their visit. Patients must also be made aware of their cost-sharing responsibilities and any limitations in drugs that can be prescribed in advance of the provision of the telemedicine service.

- The patient's medical history must be collected as part of the provision of any telemedicine service. The provision of telemedicine services must be properly documented and should include providing a visit summary to the patient. Telemedicine services must abide by laws addressing the privacy and security of patients' medical information.

- The provision of telemedicine services must include care coordination with the patient's medical home and/or existing treating physicians. Protocols for referrals for emergency services must also be established.

Strategies to improve coverage of and payment for telemedicine services

At the state level:

- Support regulations created by your state's medical board that ensure the safe and appropriate practice of telemedicine.

- Support state legislation that authorizes or requires coverage of and payment for telemedicine services.

- Support state legislation that requires physicians and other health practitioners delivering telemedicine services to patients in your state to be licensed in your state or provide these services as otherwise authorized by your state's medical board.

- Consider state legislation that ensures the safe and appropriate practice of telemedicine, such as by ensuring that physicians and others practicing telemedicine abide by your state's licensure and medical practice laws and requirements, and ensuring that telemedicine services are provided consistent with state scope of practice laws.

At the federal level:

- Support additional research to develop a stronger evidence base for telemedicine by increasing funding for research under the Center for Medicare & Medicaid Innovation (CMMI) and the Patient Centered Outcomes Research Institute.

- Support the expansion of pilot programs under Medicare to enable coverage of telemedicine services, including, but not limited to, store-and-forward telemedicine.

- Support demonstration projects under the auspices of the CMMI to address how telemedicine can be integrated into new payment and delivery models.

- Allow telemedicine services not currently covered under Medicare to be covered services for alternative payment models (APM) and qualifying APM participants.

- Explore expanding access to telemedicine services under the Medicare program by removing current law geographic restrictions.

- Consider increasing the telemedicine coverage of dual-eligible beneficiaries to the level of their Medicaid-only counterparts.

- Encourage national medical specialty societies to take the lead in the development of telemedicine clinical practice guidelines, and develop appropriate and comprehensive practice parameters, standards, and guidelines to address the clinical and technological aspects of telemedicine.

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