Volume XCXII • Number 2
October 2015 • Indianapolis, Indiana

IMS Indianapolis Medical Society 1848

# Bulletin



Indianapolis Medical Society
631 East New York Street
Indianapolis, IN 46202-3706

CERTITUDE™
by ASCENSION HEALTH

**PROFESSIONAL LIABILITY INSURANCE PROGRAM**
For Physicians and Other Healthcare Providers
Affiliated With St.Vincent Health

# Coverage you want...

**Your record of practice is important for many reasons, including credentialing and protecting your important professional identity.**

**Coverage is about so much more than defending claims… choose the protection that is like no other in supporting the principles of high reliability and patient transparency.**

YOU treated fairly®

With Certitude, you get:

- Risk Resources to help you manage your practice, enhance patient safety, and save you money
- Enhanced cash flow through an interest free payment plan option
- St.Vincent Health physician peer input for difficult claims and underwriting issues
- Unified claims approach that helps you protect your important reputation
- Enhanced coverage for today's medical environment
- And much more...

Call ProAssurance at **800.282.6242** for more information on Certitude.

ASCENSION HEALTH

PROASSURANCE
Treated Fairly

**Healthcare Liability Insurance & Risk Resource Services**
ProAssurance Group is rated **A+ (Superior)** by A.M. Best. • **ProAssurance.com**

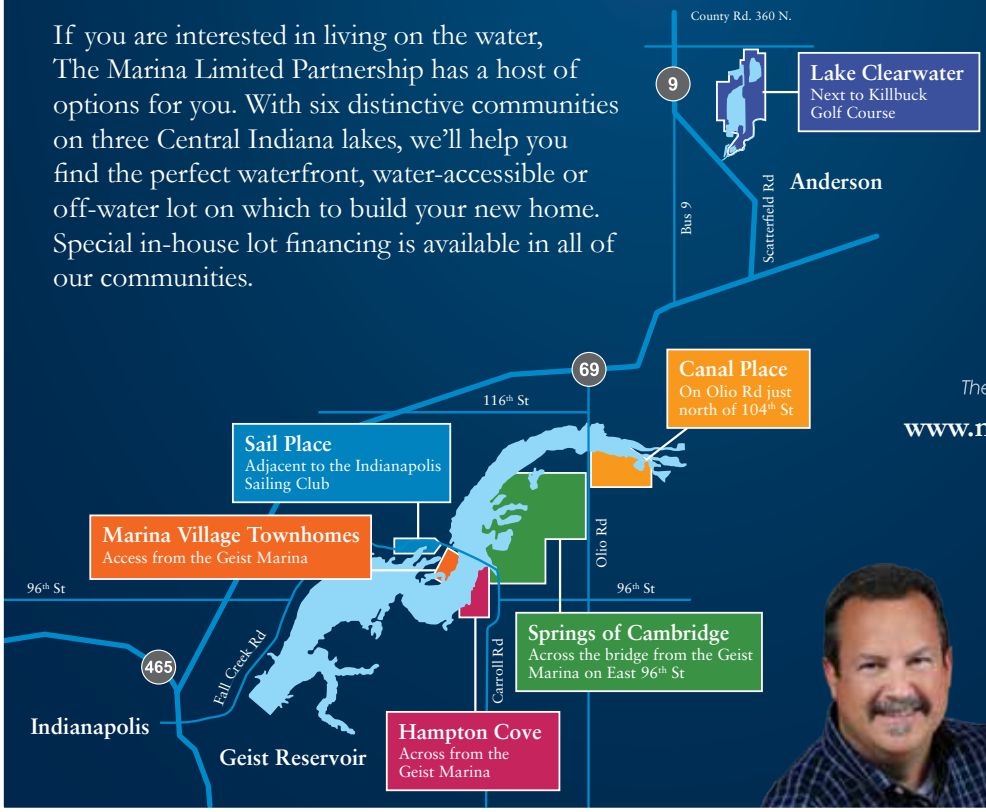
# LUXURY LIVING ON THE LAKE

*At Home on the Water*

*Creating a lake living lifestyle—be part of it!*

## Waterfront Communities

If you are interested in living on the water, The Marina Limited Partnership has a host of options for you. With six distinctive communities on three Central Indiana lakes, we'll help you find the perfect waterfront, water-accessible or off-water lot on which to build your new home. Special in-house lot financing is available in all of our communities.




**COMING SOON!**
**Indianapolis Monthly Dream Home in the Springs of Cambridge April 2015**

*The Marina Limited Partnership*

**www.marinalimitedland.com**



Call **Rob Bussell** for lot information, pricing and financing options.
(317) 845-0270 ext. 24
rob@robbussell.com

# Personalized Alerts
## meet
## personal service

We make it easy for you to set up email or text Alerts
for the accounts you choose.

- Debit Cards
- Checking Account
- Savings Account
- Credit Cards
- Bill Pay

ALL Customizable

THE NATIONAL
BANK of INDIANAPOLIS

261-9000

www.NBofI.com

Vol. XCXII • Number 2
October 2015 • Indianapolis

# Bulletin

Official monthly publication of the
Indianapolis Medical Society
631 E. New York St.
Indianapolis, Indiana 46202-3706
Phone: (317) 639-3406
Fax: (317) 262-5609
Web Page: http://www.imsonline.org
E-mail: ims@imsonline.org

President
Stephen W. Perkins, MD

President-Elect
Susan K. Maisel,MD

Direct copy for publication and inquiries regarding advertising to:

Executive Vice President and
Editor, *The IMS Bulletin*
Beverly Hurt

Associate Editor, *The IMS Bulletin*
Marcia K. Hadley

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

*Advertising:* Rates available upon request. Advertisers should provide electronic files by the first of the month preceding publication. Placement of advertisements, except for premium spaces, will be throughout the publication at the discretion of the editor. Board Certification Policy: IMS publishes board certifications approved by the American Board of Medical Specialties, American Osteopathic Association, and Royal College of Surgeons. Physician members wishing to designate an area of special interest in which their boards are not ABMS-, AOA-, or RCS-approved may use the following wording: "Specializing in."

Statements and conclusions of authors that are published in *The Bulletin* are solely those of the authors and do not necessarily reflect Indianapolis Medical Society policy or position. The Indianapolis Medical Society makes no representation or warranty as to their accuracy or reliability. Advertisements published in *The Bulletin* do not imply approval or endorsement by the Indianapolis Medical Society, but represent solely the viewpoint of the advertiser or their agent.

**ATTENTION SOCIETY MEMBERS**

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

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



*Bulletin* Subscriptions: $36.00 per year
AMA Web Page: http://www.ama-assn.org
IMS Web Page: http://www.imsonline.org

# in this issue

## Special Features



## Departments




## about our cover

*On our cover:*
*Crowe Falls, Hanover, Indiana from the website: rebshooter.wordpress.com*

## Congratulations, Julie Reed!

The ISMA Board of Trustees announced it has selected a new Executive Vice President (EVP). Julie Reed, current ISMA General Counsel. She will take over management of the association in January of 2016 upon the retirement of current Executive Vice President Jim McIntire who has served in that capacity since 2006.

Ms. Reed, who is also a registered lobbyist, has served as ISMA General Counsel for nearly 10 years. In addition to managing the organization's legal affairs, Reed provides legal information to ISMA physician members, supervises the Physician Assistance Program and assists with membership. *(Courtesy ISMA)*

CENTER FOR PAIN MANAGEMENT

# NOW TWO LOCATIONS

## Indianapolis & Greenwood

Accepting Referrals and Welcoming New Patients

Edward Kowlowitz, MD

John Fitzgerald, MD

Jocelyn Bush, MD

Robert Prince, MD
As of 10/19/2015

**Interventional Medical Procedures & Multidisciplinary Treatment Options for Acute and Chronic Pain Conditions**

- **Diagnostics + Imaging**
- **Physical Therapy**
- **Nerve Blocks + Injections**
- **Psychological Counseling**
- **Neuromodulation + Implants**
- **Medication Management + Compliance Monitoring**

## Refer Your Pain Management Cases

**CALL: 317.706.7246 FAX: 317.706.3417 VISIT: IndyPain.com**

# President's Page

*Stephen W. Perkins, MD*

## *ICD-10 Mandate Is Here – Are You Ready?*

Dear Colleagues,

There is never a "dull moment" in our daily practice lives, but there surely are many "frustrating moments." We physicians are constantly being asked to do more and more administrative and non-patient care duties just so we can actually continue to take care of patients. "Oh, and by the way, not getting paid for providing those necessary duties."

We are all in this together, whether we are in private solo or group practice or an employed physician. With the help of our collective organizations, starting with the IMS, ISMA, AMA, ACS, ACP and all our specialty societies working collectively on our behalf to prevent, modify or assist members in implementation of governmental directives, we must adapt and progress forward to continue to be able to practice what we know best, caring for our patients.

I would like to address the most current imposed mandate and deadline of October 1, 2015 that we have been "forced to meet" completing the transition in implementing ICD-10 diagnostic coding. Fortunately, as late as June of 2015, legislation was passed, called Protecting Patients and Physicians Against Coding Act, seeking a two year grace period. More on that to follow. The Centers for Medicare and Medicaid Services (CMS), led by President Obama have ardently pushed forward on revamping the entire ICD-9 older diagnostic codes to the new ICD-10 system with the idea that this will improve patient care in the long term.

I quote a statement from the Healthcare IT news, August 2015, when they say President Obama calls for proposals for a grace period or transition delays 'ridiculous' because, "It's like the kids in high school who refuse to do their homework. Congress' involvement is analogous to a school maintenance worker canceling final exams because someone might pull a fire alarm." He further states, "My first reaction upon taking this assignment was that industry seems to be running around chaotically like 'headless chickens.' Our effort has been very progressive and deliberate and our executives have been very supportive. We will all follow the requirements and build a plan with checkpoints along the way. Collaboratively, you can get there as an industry. It will result in better patient care when everyone is engaged. That needs to happen. When the deadline comes, we expect some outliers; but we do not anticipate any adverse effects."

While there are a lot of people who feel entirely different about this and what President Obama has stated, it is true that many developed countries have already instituted an ICD-10 diagnostic coding system, and we have been, in some sense, behind.

CMS stated rationale, "As we work toward modernizing our nation's healthcare infrastructure, the implementation of ICD-10 will set the stage for both identification of illnesses and earlier warnings of epidemics, such as "Ebola and flu pandemics."

The AMA, on our behalf, was firmly against the entire proposal and fought hard to get the legislative decision repealed in 2011. They were doing this because the implementation of ICD-10 switchover "will create significant burdens on the practice of medicine with no direct benefit to individual patient care" said then AMA President, Peter W. Carmel, MD. "At a time when we are working to get the best value possible for our healthcare dollar, this massive and expensive undertaking will add administrative expense and create unnecessary work flow disruptions. The timing could not be worse, as many physicians are working to implement electronic healthcare records into their practices at tremendous effort and expense, which, in itself, has not been smooth and has been extremely expensive." ICD-10 has approximately 68,000 new codes, making the total of diagnostic codes in the range of 170,000.

The AMA even sent a strong message to the CMS which states, "The burdens imposed by ICD-10 will force many physicians and small practices out of business. Many practicing physicians regard ICD-10 as a costly, unfunded mandate that will not improve patient care, and indeed the costs to fully implement ICD-10 is much larger than originally estimated ....." By the spring of 2015 the deadline for implementation became more of a certainty. AMA President, Steven J. Stack, MD, said, "ICD-10 is problematic. It requires a level of specificity and precision that clinicians say we do not think we are going to be able to provide." He also stated that members "remain steadfast in our belief that the ICD-10 coding system offers no real advantages to physicians and our patients, and certainly no advantages to justify the time and expense the entire healthcare system has invested in this transition. Its forced implementation will not be worth the extensive disruptions in patient care that will surely come without the grace period."

Working closely with the CMS, the AMA announced in June that there will be audit "flexibility," but no delay in the ICD-10. There will be no ICD-9 codes accepted and there will be no dual coding accepted. But according to the Healthcare IT news, the "treaty" with the AMA "wrinkled the sails of what exactly it will mean to meet the ICD-10 mandate." CMS did announce a *one year*, *not two year*, grace period. Medical review contractors **will not** deny physicians' and other practitioners' claims billed under Part B Physician Fee Schedule based solely on ICD-10 diagnosis codes, as long as the physician/practitioner uses a code from the "right family." You must "try" to submit a valid ICD-10 code as of October 1, 2015. Denials will be processed the same as current denial claims.

Medicare contractors unable to process claims as a result of problems with the ICD-10, CMS will *authorize advanced payments to physicians*, according to AMA President, Steven J. Stack, MD. "Medicare will not deny payment for these

*Continued on page 12.*

# Special Feature –

## *IUDs in Adolescents and Young Adults*

Contraceptive methods should be discussed from the most to the least effective, but when it comes to adolescents, many of us are uncomfortable talking about long acting reversible contraceptives (LARC's) such as IUD's and implants. Evidence for the effectiveness and acceptability of LARC's in adolescents comes from a large prospective cohort study performed by researchers at the University of Washington in St. Louis. This study, The Contraceptive CHOICE Project, enrolled 9256 women, including 1404 adolescents aged 14-19 years. Barriers to the use of LARC were removed, including education, cost, and affordability. Participants were provided with their chosen method of birth control at their enrollment session. Remarkably, 72% of adolescents chose a LARC method (37% chose an IUD and 35% chose an implant). Adolescents were then followed for up to three years and rates of pregnancy, birth, and induced abortion were calculated. When compared to other sexually experienced teens in the US, adolescents in the CHOICE cohort experienced 34 pregnancies per 1000 teens vs. 159, 19 births vs. 94, and 10 induced abortions vs. 42. At 24 months, 2/3 of teens in the CHOICE cohort were still using their LARC method compared to just 1/3 of teens who had chosen a non-LARC method. Thus, this study not only confirmed the dramatic efficacy of LARCs for contraception, but also the impressive acceptability of use among the teenage population when barriers to use are removed.

Often, it can be difficult to talk to teenagers and young adults about LARCs. When discussing contraception methods in the office it is helpful to first identify the patient's knowledge base, fears, and information source (ex. a friend of family member). Many teens are fearful of placement of these devices and believe it to be painful or are turned off by the idea of having a foreign object inside them. Also, teens worry about the IUD being painful for their partner. There are also many myths about LARCs that persist and patients may be worried about the IUD being dangerous or needing a PAP smear before an IUD is placed. Still more concerns surrounding the mechanism of the IUD that it increases the risk of ectopic pregnancies or causes infertility, may prevent teens and young adults from considering these methods. After exploring their knowledge of LARCs and birth control, the provider can correct misconceptions and provide information to their teenage patients to make an informed decision. At the end of the visit, if the patient is still undecided there are many online resources including bedsider.org that provide accurate information and patient testimonials about all forms of contraception.

Providers may not feel fully comfortable with their knowledge of the mechanism, contraindications, and indication of LARCs. The IUDs can be divided into two categories, copper devices and hormone releasing devices. Both stimulate a sterile inflammatory response to a foreign body within the uterus, which is thought to be spermicidal. There is only one copper IUD on the US market, ParaGuard®. It is thought that copper is spermicidal, limits sperm motility, or limits the fertilization capacity of sperm. There are now three levonorgestrel releasing IUDs on the market. The levonorgestrel IUDs thicken cervical mucous, preventing sperm from penetrating the uterus. Also, progestin partially inhibits ovarian follicular development and ovulation and inhibits endometrial proliferation.

Levonorgestrel IUDs are approved for use for prevention of pregnancy and menorrhagia. Off label use includes treatment for endometriosis, dysmenorrhea, menstrual suppression in patients with intellectual disability, and metrorrhagia. IUDs avoid the risk of thrombosis associated with estrogen contraceptives, which may be of benefit in non-ambulatory patients or patients at increased risk of thrombosis. They also do not have the effect on bone mineral density that injectable progestin has. Contraindications to use include pregnancy, uterine anatomic abnormalities that distort the uterine cavity and PID at the time or insertion or within 3 months of insertion of the IUD. Expulsion rates range from 3-10%. IUDs are a very effective form of birth control. Along with implantable rods, they constitute the LARCs and should be the first form of contraception discussed with sexually active adolescent patients.

*Theresa Rohr-Kirchgraber, MD, Executive Director, IU National Center of Excellence in Women's Health*
*Meghan Geraghty, MD, Resident, IUSM*
*Allison Burke, MD, Resident, IUSM*
*Kristine Van Winkle, MD, Resident, IUSM*

# Why choose a brain surgeon for your back and neck pain?

…Because… your spine is more than just bones. The bones support your back and neck, and protect the nervous tissue called the spinal cord. The spinal cord connects to all your nerves and it connects to your brain.

When you have back and neck pain, you need someone with advanced medical training who understands how the brain functions together with your spine and nerves—you need a neurosurgeon.

Neurosurgeons work closely with pain management physicians to bring you the most options for pain relief.

To treat your back and neck pain, choose someone who will understand your brain and your spine. Ask your doctor if a neurosurgeon at Goodman Campbell Brain and Spine is right for you.
Find out more at: www.goodmancampbell.com

GOODMAN CAMPBELL
BRAIN AND SPINE

Private practice & academic neurosurgeons
collaborating for the good of patients

# Bulletin Board

**John J. Wernert, III, MD, t**o be inducted in to the Bellarmine University Hall of Distinguished Alumni during the Bellarmine University Honors Distinguished Alumni Awards Dinner on Saturday, November 7, 2015 in the Amelia Brown Frazier Convocation Hall on Bellarmine University's campus.

Dr. John J. Wernert, III, '81 is a Geriatric Psychiatrist and health policy leader in Indiana who was appointed Secretary of the Indiana Family and Social Services Administration, a state agency overseeing healthcare and social benefits for over 1.4 million families.

**Stephen W. Perkins, MD**, Meridian Plastic Surgeons, was invited Faculty at the recent "Rhinoplasty 2015: Advances In Rhinoplasty" symposium in Uberlandia, Brazil. He lectured on various topics related to Rhinoplasty including, Endonasal Approach to Rhinoplasty, Controlling Nasal Tip Projection, the Importance of the Supratip, the Use of Cartilage Sparing Techniques and Secondary Rhinoplasty. Dr. Perkins also participated in a Rhinoplasty case discussion and performed a "live" primary Rhinoplasty surgery.

**Marilyn J. McKasson, MD,** has joined JWM Neurology. She received her medical degree from Indiana University School of Medicine, Indianapolis in 2011. She completed her Neurology Residency at University of Utah Hospitals and Clinics in 2015, where she was Chief Resident. Dr. McKasson sees patients with all neurologic conditions. Her special area of interest is the care and treatment of hospitalized neurology patients such as those with stroke and acute neurologic conditions.

**Donald C. Stogsdill, MD,** an anesthesiologist, has been named Chief Medical Officer at St. Vincent Heart Center. He has been the Director of Cardiac Anesthesia at The Heart Center since 1991 as well as a staff anesthesiologist at St. Vincent Indianapolis Hospital since 1983. Dr. Stogsdill succeeds Dr. William Storer, who retired on June 30. Dr. Stogsdill earned his bachelor's degree at Miami University in Ohio and received his medical degree from the Indiana University School of Medicine.

Northwest Radiology Network has hired **Matthew M. Jones, MD,** as a pediatric radiologist. Dr. Jones earned a bachelor's degree at DePauw University and earned his medical degree at the Indiana University School of Medicine.

The Journal of Neurosurgery Spine has published a paper co-authored by **Rick C. Sasso, MD**. It is a prospective multicenter study looking at the outcomes of surgical intervention for cervical radiculopathy. "Preoperative opioid strength may not affect outcomes of anterior cervical procedures: a post hoc analysis of 2 prospective, randomized trials."

*News from Goodman Campbell Brain and Spine ...*

**Aaron A. Cohen-Gadol, MD,** and his scientific collaborators have continued their research to understand the molecular mechanisms leading to glioma-associated seizures. They used immunohistochemistry to assess the levels of death-associated protein kinase-1 (DAPK-1) in an intracranial mouse model of human glioma and in primary patient peritumoral and glioma tissues. Their article appeared online ahead of print in the July 9, 2015 issue of the *Journal of Clinical Neuroscience.*

Aaron A. Cohen-Gadol, MD, also recently reported research with coauthors in *World Neurosurgery*. The paper investigated a series of 12 pineoblastomas in adults from two institutions over 24 years. Pineoblastomas are exceedingly rare in adults and the authors compared the clinical, radiologic, and pathologic features and clinical outcomes with previously reported cases in children and adults. Their findings appeared online ahead of print in the August 16 issue.

**Daniel H. Fulkerson, MD,** and coauthors evaluated their initial use of an image-guided navigation technique to aid screw placement during upper cervical spine surgery on pediatric patients. They published their experience with 8 children who were 10 years of age or younger in the July 2015 issue of the *Journal of Neurosurgery Pediatrics*.

**Eric M. Horn, MD,** and coauthors published a retrospective review of 6 adult patients with discitis and osteomyelitis who were nonambulatory, had intractable pain, showed signs of neurological deficit, and whose disease was progressing. The patients were treated surgically by a minimally invasive lateral transpsoas approach to the lumbar spine.


Aaron A. Cohen-Gadol, MD


Daniel H. Fulkerson, MD


Eric M. Horn, MD


Matthew M. Jones, MD


Albert E. Lee, MD


Marilyn J. McKasson, MD


Stephen W. Perkins, MD


Rick C. Sasso, MD


Mitesh V. Shah, MD


Donald C. Stogsdill, MD


John J. Wernert, III, MD


Ronald L. Young, II, MD

The authors' observations on the outcome of these patients appeared in the July 2015 issue of the *Journal of Clinical Neuroscience*.

**Albert E. Lee, MD,** was recently featured in numerous local news stories for his success with using Deep Brain Stimulation to improve the quality of life for patients suffering from Parkinson's disease and essential tremor. Dr. Lee is the first neurosurgeon in Indiana trained in a new version of the procedure that implants programmable electrodes in the brain while the patient is asleep.

**Mitesh V. Shah, MD,** was Visiting Professor and keynote speaker at the Midwest Neurosurgical Society Annual Meeting at the University of Kansas School of Medicine in Kansas City, Kansas on August 14th and 15th. The title of his talk was "Preliminary Experience with Evacuation of Intracerebral Hemorrhage via a Minimally Invasive Parafascicular Technique."

**Ronald L. Young, II, MD,** recently received news coverage when his patient, a junior at Brownsburg High, returned to the football field just 4 months after having surgery to remove a quarter-sized tumor and large cyst from his brain. The story was featured in the August 20, 2015 issue of the *Indianapolis Star*.

# Hobbies & Interests ...

**Dr. Steven F. Isenberg'**s Medals4Mettle Program continues to inspire. The photograph below is from the Special Olympics in Broward County, Florida. (*Sun Sentinel*)

 (Continued from page 7)

unintentional errors as practices become accustomed to ICD-10 coding. Medicare claims will not be audited based on specificity of the diagnosis codes, as long as they are from the appropriate family of codes."

**What physicians need to focus on is the codes that are most relevant to their practice**.

There are two negative impacts that physicians will feel from not being ready. "Non-compliant coding will prevent them from collecting revenues that are rightfully theirs and missing comorbidities associated with chronic diseases, such as diabetes and hypertension." "This will hurt because margins are already slim in primary care."

So, what can we, and are we, collectively doing about this? First, an exclusive Indianapolis Medical Society member benefit provides a project manager of software system called Ready 10. Ready 10 is what the CMS has recommended through their website. CMS is also offering provider training videos that offer ICD-10 implementation tips. CMS has free help for smaller practices, by going to www.roadto10.org. This system guides users step-by-step through the learning, planning, organizing, implementing and analyzing the ICD-10 transition. It works as a task-driven virtual consultant, and includes all the tools, such as budgets, code conversion software, organization, surveys, and impact assessments needed for a successful ICD-10 transition, and it is all online. For more information, visit: http://ims.cpticdpros.com

The Indiana State Medical Association, ISMA, staff is available for ICD-10-CM questions. Go to www.ismanet.org/education/icd10.



What you can and should do within your office: The American Health Information Management Association offers some tactics for maintaining productive coding from your existing staff.

1. Ongoing training to learn the conversion from ICD-9 to ICD-10.
2. Tap available technologies. As the Healthcare IT news says, "Today's providers have reasonable access to ICD-10 criteria tools, including clinical documentation, improvement, and computer assisted coding software, natural language processing, a burgeoning cadre of apps, and many online nuggets, like free code conversion sites." One site that is particularly helpful is ICD10Data.com.

I have been in private practice, first solo and now group, over the past 32 years. I am the Medical Director of an ASC (Ambulatory Surgical Center), and we have learned to adapt with numerous CPT coding changes to obtain maximum allowable reimbursements, as well as instituting a large EMR (Electronic Medical Records) system for electronic healthcare records. All of this takes a tremendous amount of time, planning and monetary resources at a time when reimbursements for physician services and provider facility services are declining. We are fortunate to have a very talented Practice Administrator who has recently completed our transition to ICD-10 coding! By arranging for employees to be educated and trained ahead of time, we met the October 1 deadline. We have maintained our loyal long-term employees and they have been willing to make this major transition. Some of the steps that she took; you may want to consider taking, if you have not already instituted this process or are in the beginning stages of full implantation.

1. Contact your software provider to confirm what type of hardware upgrade you need to support the new software. Certainly, you will need to inquire as to the cost of both.
2. You no longer are able to use an encounter form with just ICD-9 coding. The number of codes of ICD-10 is so great that we set up a plastic binder for each of our coders to utilize, and for staff to check out patients and enter codes in per patient visit.
3. For the staff, create cheat sheets for transitions from ICD-9 to an ICD-10 coding. One of our main coders was sent to a coding seminar by the American Society of Plastic Surgeons. Our specialty society, and many of your specialty societies, will provide the same. We have taken advantage of the ISMA staff, and the coding question hotline where you are allowed two calls per physician per month with your annual membership fee with the ISMA.

In summary, the bottom line is that you are not alone. As a member of the Indianapolis Medical Society, and therefore directly of the ISMA, you have a strong collective voice working for you ahead of time. We provide immediate resources, or connections to resources, for you to stay abreast, implement and make function the required changes in your practice or function as an employee of your Healthcare system. Your Board of Directors, the Executive Vice President, and the superb staff of the IMS works regularly and tirelessly to look for every opportunity to serve the members, as well as, all physicians in the Indianapolis medical community. As a member, please do not hesitate to ask for help, and stay involved so we can help each other with such important practice issues. More to come.

*Sincerely,*
*Stephen W. Perkins, MD*

# In Memoriam

**Kenny Eugene Stall, MD, 1953 - 2015**

Kenny Eugene Stall, MD, 62, of Greenwood, died August 15, 2015. Dr. Stall was born on February 28, 1953, in Dayton, Ohio.

As the 1971 Kiser High School valedictorian, he was selected by the Dayton Daily News as one of Miami Valley's top 10 seniors. He completed his collegiate studies in 1975 at the University of Miami (Coral Gables, FL) and his medical school education in 1980 at The Ohio State University School of Medicine, where he was named to the Alpha Omega Alpha Honor Society. Following a year of internal medicine training at Ohio State, he completed a residency program in obstetrics and gynecology at Indiana University Medical Center.

Dr. Stall practiced OB/GYN in Lewisville and Carrollton, Texas for four years before returning to central Indiana in 1988 when he established South Central OB/GYN. Over the past 27 years, he practiced and delivered thousands of babies at Johnson Memorial Hospital, Franciscan St. Francis Health - Indianapolis, and Community Health Network South.

The profession of medicine was Dr. Stall's life calling. He went above and beyond for patients and at the heart of his decisions were his patients. His dedication, compassion and patience were unparalleled. His big wide smile was infectious. And his quirky sense of humor resonated with colleagues, patients and friends. He was a passionate patient advocate, having served in numerous roles within the Indiana State Medical Association, 7th District Medical Society (including President and Trustee for many years as well as Board Chair) and the IMS. He even dedicated his time internationally, gathering supplies for abroad and making mission trips to Honduras and Nicaragua.

Although he spent countless hours in the office and operating room, Dr. Stall somehow found time to expand his extensive and elegant gardens. He indulged in an array of eclectic interests, including traveling, scuba diving, skiing, antiquity, politics, world history, and was even an extra in a zombie movie. He was always up for the next adventure and was never hesitant to try something at least once. If there was something he didn't know how to do, he simply taught himself. His thirst for knowledge was insatiable. Dr. Stall enriched and touched the lives of all those around him on this world, leaving a mark on many that will be cherished and remembered for years to come.

# New Members

**Ansari, Ibad U., MD**
(Reactivation)
Community Heart & Vascular Physicians
1402 E. County Line Rd., #2400
46227-0963
Ofc – 887-7880
Fax – 887-7886
1155 W. Jefferson St., #201
Franklin, 46131-2732
Ofc – 736-7651
Fax – 736-7337
Email – iansari@ecommunity.com
Internal Medicine, 1987
Cardiovascular Disease, 1989
American University of the Caribbean, Montserrat, 1983

**Benner, Rodney W., MD**
Community Westview Hospital
Shelbourne Knee Center
3630 Guion Rd., #2
46222-1616
Ofc – 924-8636
Fax – 921-0230
Orthopaedic Surgery, 2014
Indiana University, 2006

**Bhayani, Parin, MD**
Northwest Radiology Network
5901 Technology Center Dr.
46278-6013
Ofc – 328-5050
Fax – 328-5053
Diagnostic Radiology
Indiana University, 2009

**Blankenship, Carly E., MD**
Northside Anesthesia Services
450 E. 96th St., #200
46240-3752
Ofc – 407-2277
Anesthesiology
Indiana University, 2011

**Cummings, John T., Jr., MD**
Community Physician Network
Neurosurgical Care
1400 N. Ritter Ave., #479
46219-3050
Ofc – 355-1470*
Fax – 355-1475
Neurological Surgery, 1993
Indiana University, 1982

**Fox, Seth D., DO**
Fellowship – Price Vision Group
9002 N. Meridian St., #100
46260-5354
Ofc – 844-5530
Fax – 844-5590
Email – sethfox@pricevisiongroup.net
Web – www.pricevisiongroup.net
Ophthalmology
Other Specialty
Lake Eerie College of Osteopathic Medicine, 2011

**Giordano, Dennis E., MD**
Radiology of Indiana
7340 Shadeland Station, #200
46256-3980
Ofc – 579-2150
Fax – 579-2135
Diagnostic Radiology, 2006
Neuroradiology
SUNY, Brooklyn, 1999

**Hamidi, Ramin E., DO**
Radiology of Indiana
7340 Shadeland Station, #200
46256-3980
Ofc – 579-2150
Fax – 579-2135
Web – www.radiologyofindiana.com
Diagnostic Radiology, 2007
Neuroradiology, 2009
University of Health Sciences, Kansas City, MO, 2000

**Hoff, Stefan A., MD**
Radiology of Indiana
7340 Shadeland Station, #200
46256-3980
Ofc – 579-2150
Fax – 579-2135
Diagnostic Radiology
Other Specialty
Indiana University, 2009

**Jones, Matthew M., MD**
Northwest Radiology Network
5901 Technology Center Dr.
46278-6013
Ofc – 328-5050
Fax – 328-5053
Diagnostic Radiology
Pediatric Radiology
Indiana University, 2009

**Locker, Matthew J., MD**
(Reactivation)
Northwest Radiology Network
5901 Technology Center Dr.
46278-6013
Ofc – 328-5050
Fax – 328-5053
Diagnostic Radiology
Other Specialty
Indiana University, 2009

**Reddy-Ammakkanavar, Natraj, MD**
Community Hosp. Oncology Physicians
1629 Medical Arts Bldg.
Anderson, 46011-3454
Ofc - (765) 298-4220
Internal Medicine, 2012
Medical Oncology
Hematology (IM)
Mysore Medical College, India, 2007

**Roberts, Jason R., MD**
Indianapolis Gastroenterology
8051 S. Emerson Ave., #200
46237-8632
Ofc – 865-2955*
Fax – 865-2954
Internal Medicine, 2007
Gastroenterology, 2012
University of Kentucky, 2004

**Shelbourne, K. Donald, MD**
(Reactivation)
Community Westview Hospital
Shelbourne Knee Center
3630 Guion Rd., #2
46222-1616
Ofc – 924-8636
Fax – 921-0230
Orthopaedic Surgery, 1984
Sports Medicine (ORS)
Indiana University, 1976

**Stamps, Ian D., MD**
Resident – IU School of Medicine
Neurology
Indiana University, 2015

**Membership Information with photos online on the Physician Finder page @http://imsonline.org/finder.php or in DocBookMD!**

***The Indianapolis Medical Society Needs Your Email Address & Fax Number!***

Blast Emails & Blast Faxes are our cost-effective, timely answer for: Announcements, News, Meetings, Seminars, Requests, Updates and Viral News. Send your email address (Practice Managers or other contacts as well) for our database to tmccauley@imsonline.org or call 639-3406 or use the update module at http://imsonline.org/membership.php

# Looking for a better way to manage risk?

# Get on board.

At MMIC, we believe patients get the best care when their doctors feel confident and supported. So we put our energy into creating risk solutions that everyone in your organization can get into. Solutions such as medical liability insurance, clinician well-being, health IT support and patient safety consulting. It's our own quiet way of revolutionizing health care.

MMIC

To join the Peace of Mind Movement, give us a call at **1.800.328.5532** or visit **MMICgroup.com.**

# Keep your money in your hip pocket.

**It's healthcare the way it should be.**

Introducing

## Flat Rate Pricing.


## Low-cost X-Rays, MRIs, Ultrasounds, Mammograms and more ... guaranteed.

- Know exactly what you will pay BEFORE your procedure.
- You won't pay more than our published costs – guaranteed.
- Get the same high-quality care from our trusted physicians.

To view our published pricing visit **NorthwestRadiology.com**

10603 N. Meridian St. in Carmel • 8260 Naab Rd. in Indianapolis
(317) 972-9669 • (800) 400-XRAY (9729)

NWR
NorthwestRadiologyNetwork
*"Trusted Imaging Since 1967"*