



**Benjamin Harrison Home
1230 North Delaware Street**

**Benjamin Harrison's
183rd Birthday Celebration
August 20, 2016**

10:00 a.m. – 3:30 p.m.

**Free walk-through tours of the
home's first floor and free birthday cake.**

Presorted Std.
U.S. Postage
PAID
Indianapolis, IN
Permit 8365

ADDRESS SERVICE REQUESTED

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

In a world of change,
our focus is steadfast.


DIAMOND[®]
CAPITAL MANAGEMENT

317-261-1900 ♦ www.dmdcap.com

Not FDIC Insured ♦ No Bank Guarantee ♦ May Lose Value ♦ © 2016 Diamond Capital Management

THE STRENGTH TO HEAL

and stand by those who stand up for me.

Learn the latest treatments and play an important role in the care of Soldiers and their families. As a physician on the U.S. Army Reserve health care team, you'll continue to practice in your community and serve when needed. You'll work with the most advanced technology and distinguish yourself while working with dedicated professionals. You'll make a difference.

To learn more about the U.S. Army health care team, visit healthcare.goarmy.com/em56 or call 317-841-4300.



©2013. Paid for by the United States Army. All rights reserved.

LIVE THE GOOD LIFE

Own the Lake Living Lifestyle for Yourself



The Marina Limited Partnership

Enjoy Family Fun on the Lake!

Build your dream home in the sought-after communities of Cambridge, Canal Place, Hampton Cove, Sail Place or Marina Village at **Geist Lake**; Morse Overlook at **Morse Lake**; or Lake Clearwater and Lake Killbuck in **Anderson**.

Live every day like you're on vacation...



Active Lifestyle

With great weather right around the corner, it's time to get back outdoors. Indulge your active lifestyle with easy access to lake activities, right in your own backyard.



Ideal Entertaining

Treat friends, family, and out of town guests to luxury life on the lake. Enjoy evening sunsets over the water, boat rides, and outdoor entertaining that will leave them talking for years.



Escape the Everyday

Isn't it about time your family escaped the drudgery of the everyday? Unwind, and experience the joy of lake life living. Welcome to the good life.

Visit www.MarinaLimitedLand.com for more information.

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





PERSONAL TRUSTS AND ESTATES

PROTECT, GROW AND MANAGE YOUR ASSETS

Our full-service Personal Trust Division includes:

- ◆ Revocable and Irrevocable Trusts
- ◆ Estate Settlement
- ◆ Life Insurance Trusts
- ◆ Charitable Trusts
- ◆ Guardianships

We are ready to respond with the highest level of personal service, privacy, confidentiality, and attention to detail.

In the ever-changing world of financial services, our Personal Trust Division is a constant.



THE NATIONAL
BANK *of* INDIANAPOLIS

261-9790

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.

The *IMS Bulletin* is for the personal use of IMS Members. Using this publication or any communication tool of the Indianapolis Medical Society for solicitations, commercial activities, marketing tools, list making or general mailings is prohibited.

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

President's Page

EHR, Telemedicine and Care Collaborators Can Our Practice of Medicine Actually Be Made Easier?

Stephen W. Perkins, MD..... 7

Past President's Page

Thoughts on Gun Violence after Orlando

John D. Slack, MD..... 8

Senior/Inactives

Speaker – Kären Haley, Indianapolis Cultural Trail

William H. Dick, MD.....13

Departments

About Our Cover.....5
Bulletin Board11
Classified Advertising www.imsonline.org
Events www.imsonline.org
Employment Advertising www.imsonline.org
In Memoriam14
New Members14



about our cover

On our cover:
The Benjamin Harrison Home, in the Old Northside Historic District of Indianapolis, Indiana, was the home of the Twenty-third President of the United States, Benjamin Harrison. (August 20, 1833 – March 13, 1901) of the United States (1889–93) Benjamin Harrison had the house built in the 1870s of red brick, and it had sixteen rooms.

Extraordinary Opportunity for IMS Members ...

Your IMS needs your input, your vitality and your knowledge!

Serve your IMS Colleagues by being an active leader.

Nominations are needed for:
Board of Directors, Including Officers
Delegates and Alternate Delegates to ISMA

Nominate yourself or a colleague by calling 639-3406 or email ims@imsonline.org with names and contact information.



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



EHR, Telemedicine and Care Collaborators Can Our Practice of Medicine Actually Be Made Easier?

Dear Colleagues,

The wave of the present and the future is greater access to better patient care and “relief” to the physicians. According to *Healthcare IT News*, August 2015, in an article, “Get Ready for Workforce Re-Imagined,” emphasizes that fact. “For those healthcare providers still resistant to technology, you have a problem on your hands: You are going to be left behind. This is where healthcare is going – with or without you.”

That sounds scary to many of us who have tried to incorporate electronic healthcare records into our private practices. Many have been forced to adapt and incorporate electronic medical records through the hospital systems and larger group practices that we work with and for. “While it is true that new platform revolutions” are giving us, and healthcare systems, an ability to look at patients in real time by knowing their entire patient health history; it is daunting if we are not connected. Interoperability is a key so that disparate systems interface and allow us, as caregivers, to give a holistic approach, real time view of patient’s health and care for them in a better fashion. EHR systems will include “a lifetime of data” about groups of patients and even predict who will end up in the emergency room, etc.

Healthcare is getting ready to enter a “third wave” called digitalization. In the 1990s, it was the advent of the internet. In the early 2000s, it was about mobility, mobile communications, and now we are beginning to use daily living service devices, the wearables, mobile health platforms, and technologies that feed us information on an ongoing basis about a patient’s health. Patients, themselves, are using some of these platforms to manage their own healthcare and provide us, as providers, real time data about their medical conditions.

The question is, “How satisfied are you with EHR?” Most of us are extremely frustrated and unsatisfied with the current status of the software. EHR should allow us to practice and maintain efficient healthcare delivery to our patients! It has been estimated that large hospital systems need to budget at least \$70,000.00 per provider for a suitable EHR system. Where does that leave us, the individual practitioners, in terms of the affordability of user-friendly electronic healthcare records systems? It is often even more costly for us. A variation of the phrase “too many clicks” appears more than any other in surveys related to how satisfied doctors are with EHR. We need interoperability for care coordination and interface with all providers and software systems. This has been a problem thus far. We are also very interested in support from our vendors. Some of the top names in healthcare systems have found to be the most effective are Cerner, Epic, Allscripts, and GE Health. Our office surgery center has tried to engage GE Centricity to bridge the gap between providing accounting services, billing services, scheduling services and demographic information about our patients. It has been very frustrating and incredibly expensive without meeting expectations. The EHR market is

expected to grow continuously through 2020 at approximately 7% per year. Currently, only 54% of physicians have adopted an EHR system. One of the problems that we have experienced in our office with GE Centricity has been the archaic ‘click and enter’ format. This takes an excessive amount of time for the physician who is attempting to relate with the patient directly. It can also increase the cost, if one hires care collaborators to enter the data. Data should be entered in real time while the patient is in the office. Sometimes physicians find themselves entering data for one to two hours at the end of every day, increasing their workload and frustration.

Healthcare’s next wave is “Data Virtualization.” “The digital revolution has streamlined access to data, allowing for more accurate and comprehensive patient care access.” It is important to have simplified data access between healthcare systems, third party payers, and between doctors through a common interface leaving data at the original source site. It is critical that the data cannot be moved from its original source. HIPAA comes into play, but we are in immediate demand for access to medical histories and data. Patients will have access to their entire personal medical history on wearables or mobile devices. Cloud applications are becoming the norm in the way these systems interface.

In the May 2016 *ISMA Reports*, ISMA stated that Telemedicine Law is about to launch a new era for healthcare in Indiana. The HEA 1263 legislative bill granted prescribers the authority to issue a prescription using Telemedicine – even if the patient has not been seen previously in person by the physician or the healthcare provider. The term ‘Telemedicine’ refers to the delivery of healthcare services using electronic communication and information technology. The law was drafted using an AMA model and Telemedicine policy from the Federation of State Medical Boards. It took effect as of July 1, 2016. Currently, there are over 200 Telemedicine networks in the United States alone, according to the American Telemedicine Association (www.americantelemed.org/home). Teladoc is one of the nation’s first and largest telehealth platforms. Previously, prescribers were required to establish a patient relationship during a person visit. The new law vests any Telemedicine prescriber, within the scope of their license, the authority to determine an appropriate relationship with a Telemedicine patient. Telemedicine really helps to extend specialty care to patients alongside their primary care physician in underserved areas. It offers more access to primary care patients. However, reimbursement remains the ‘big unknown.’ Contract agreements will be the key. Will you get paid for this? The details are still to be worked out. The AHN (American Health Network) has already completed a pilot program with Anthem. Anthem is offering coverage for Telemedicine visits. No other insurance company, including Medicaid or Medicare, covers these \$50 visits. The other

Continued on page 12.

Past President's Opinion



IMS President 1999-2000, John D. Slack, MD

Thoughts on Gun Violence after Orlando



Another month, another mass murder. Repeated condolences offered. "Thoughts and prayers" extended to families and friends, and an immediate effort by our National leadership to again polarize the event into a matter of Gun Control vs Gun Ownership. Haven't we seen enough of the NRA vs "the Brady-Bloomberg Bunch." Where is the Leadership, now more necessary than ever, to admit we have a real problem, to credibly outline the issue, and to negotiate a compromise that, as most effective compromises do, leaves both camps unhappy, but leaves America a safer and stronger nation?

After several publications in reputable medical journals (*NEJM*, *JAMA*, *American Journal of Medicine*) have recently outlined the situation not in political terms but in terms of Public Health, perhaps it is our responsibility as credible "third party" mediators who have significant "skin in the game" to enter the fray. Who else deals so directly with the effects of Gun Violence—directly in our EDs, Trauma Rooms, ORs, ICUs, Rehab facilities, and indirectly in our offices counseling the families and friends as well as the survivors themselves? With no one else attempting rational National Leadership, I believe it is time for Organized Medicine to begin to address this issue – not as individuals with our own preconceived positions, but as a group seeking to gain recognition as a credible mediator. This will not be easy, but may be one of the only remaining options for finding a common ground between such highly polarized parties.

What should be obvious: 1) Our current gun laws have not effectively blocked terrorists and individual criminals and murderers from gaining access to weapons, especially high powered, large capacity semi-automatic long guns (often referred to as "Assault Rifles"). Although many of these guns are used for hunting and target shooting, as well as self-defense, it must be recognized that in the hands of a terrorist, often legally purchased by themselves or others (a "straw purchase"), these weapons can do enormous damage in a very short period of time. Given the fact that police response is measured in minutes, it is likely that without a sincere and extensive effort to take these guns, high capacity magazines and even certain ammunition out of general circulation we will continue to endure more mass killings. Even with these measures there will still be truth to the old adage that "if guns are banned, only criminals will have guns." This is not an effort to ban guns, only those that have the proven ability to kill many, even in the hands of an untrained individual. Part of this discussion may also lead to a possible "waiting period" for purchase of a gun as well as limits on the number of guns purchased over time.

2) Current laws and enforcement policies are inadequate to prevent mass murders. Therefore, in addition to the Assault Rifle Ban, there will need to be a much stronger security emphasis on a daily basis by multiple agencies. No one is happy

with TSA pre-flight screening, but similar screening is becoming the norm at major sporting events, concerts, the work place, our EDs, and other "soft targets." Given the failure to date of our Gun Laws and security measures, it is likely that other more aggressive measures will be necessary. Just as the recommendations in item (1) above will be unpopular with the NRA, initiating Profiling, NSA phone/email screening, and resuming measures like "stop and frisk" will not play well with the ACLU and other

organizations. Nevertheless, the primary responsibility of our Federal Government is to protect its citizens, and right now there are too many reminders of failure. A good conversation about our "freedoms" vs "collateral damage" will not be easy, but is critical.

3) Finally, the notion that "the only way to stop a bad guy with a gun is a good guy with a gun" as espoused by the NRA may deserve some discussion. Most mass murders, even those involving Military sites, have occurred in so called "gun free" zones, particularly schools. In addition to enhanced security, it may be necessary to take steps to improve "response time" from armed individuals. This will be a costly investment and leads to the issue of broadened "Concealed Carry" laws which now are very different state by state. We certainly do not want the "wild west," but there may be some role for appropriately-trained civilians to offer an immediate response to deter criminal and terrorist activity.

Our City of Indianapolis is on track to suffer nearly 200 homicides and over 700 gun-related injuries in calendar year 2016. We have been fortunate that we have had no mass murders or terrorist activity despite our many high profile mass gatherings including the Indianapolis 500, Final Four's, Colts, Pacers, and Butler games, etc. Our Public Safety program is robust, but none of these recommendations for discussion would be expected to do anything but enhance their effectiveness. I want to re-emphasize that this is a Public Health Issue and that the Indianapolis Medical Society, the Indiana State Medical Association and the American Medical Association should all embrace a role and responsibility in this matter. I welcome your comments and suggestions, hopefully offered in a constructive fashion, to me at the Indianapolis Medical Society.

Suggested Reading: NEJM (2016) 374;2, 175-176. Rooting Out Gun Violence

JAMA (2016) 315;5, 453-454. 4 Simple Reforms to Address Mass Shootings...

AJM (2016) 129; 266-273. Violent Death Rates: The US Compared with other...

We would appreciate receiving your thoughts and perspectives on this issue, please email ims@imsonline.org.

IMS

As the ISMA's endorsed insurance partner, we provide comprehensive insurance solutions for physicians and their practices.

- Commercial/Business Insurance
- Employment Practices Liability and Cyber Liability
- Professional/Malpractice Insurance*
- Group Medical, Dental, Vision, Life, Long-Term Disability, Short-Term Disability
- Personal – Home, Auto, Umbrella
- Family/Individual – Medical, Dental, Vision
- Individual Life and Disability
- Medicare Supplements and Part D
- Long-Term Care Insurance
- Commercial Analysis/Audits and Recommendations
- Healthcare Reform Compliance
- Wellness Plan Design and Implementation

These insurance plans have been specifically designed for ISMA members and their employees to provide the highest quality coverage at the lowest possible cost.

Call us today for more information!



Brown & Brown of Indiana doing business as the ISMA Insurance Agency.

Brownsburg • Carmel

(317) 471-4229 • (877) 647-2242 • Visit: www.ismaia.com

** Access is available through Pro Assurance Indemnity Co., Inc. – ISMA's endorsed professional liability carrier.*



Your financial well-being goes hand in hand with the health of your practice



Life's better when we're connected®

Providing quality care is your first priority. It may be hard to find time to focus on the financial needs of your business. We can help provide the guidance you need to pursue both your personal and professional goals. Call to learn more today.

Payne & Mencias Group

Eric Payne, CFP®

Managing Director – Wealth Management
Wealth Management Advisor

Ron Mencias, CFP®, CIMA®

Managing Director – Wealth Management
Wealth Management Advisor

Merrill Lynch

510 East 96th Street
Suite 500
Indianapolis, IN 46240
317.848.3944

Merrill Lynch Wealth Management makes available products and services offered by Merrill Lynch, Pierce, Fenner & Smith Incorporated, a registered broker-dealer and Member SIPC, and other subsidiaries of Bank of America Corporation.

Investment products: **Are Not FDIC Insured** **Are Not Bank Guaranteed** **May Lose Value**

The Bull Symbol, Life's better when we're connected and Merrill Lynch are trademarks of Bank of America Corporation.

Certified Financial Planner Board of Standards Inc. owns the certification marks CFP®, CERTIFIED FINANCIAL PLANNER™ and CFP® in the U.S. CIMA® is a registered certification mark of Investment Management Consultants Association, Inc.

© 2016 Bank of America Corporation. All rights reserved.

ARKY5CV9 | AD-06-16-0450 | 470973PM-0615 | 06/2016

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

Marc R. Kappelman, MD, recently gave a lecture on patient safety at the annual meeting of the Indiana Association of Healthcare and Quality.

Stephen W. Perkins, MD, Meridian Plastic Surgeons, was recently a Key Invited U.S. Guest Faculty at the 13th Annual Asian Rhinoplasty Symposium in Seoul, South Korea. Nearly 200 surgeons from Korea, Vietnam, Taiwan, China, Japan, India and Nepal attended. Dr. Perkins presented lectures on three Rhinoplasty topics and five videos featuring his surgical techniques. He was also an Invited Faculty at the recent 2016 Vegas Cosmetic Surgery Multispecialty Symposium in Las Vegas. He spoke on the topics of Rhinoplasty, Eyelid Surgery and Facelifting.

News from Urogynecology Associates Female Pelvic Medicine and Reconstructive Surgery Fellowship...

Douglass S. Hale, MD, Associate Clinical Professor: Indiana University/Methodist Hospital and **Dr. Michael Heit**, Director, were recently recognized and honored at the Society of Gynecologic Surgeons 42nd Annual Scientific Meeting. The recognitions were from the FPMRS Fellows and Residents 2012 to present for their mentoring, guidance and support.

News from the Center for Ear Nose Throat & Allergy...

Tod C. Huntley, MD, was the Course Director for “Advanced Surgical Techniques for Obstructive Sleep Apnea and Snoring” at St. Louis University’s Practical Anatomy & Surgical Education facility June 23-25. In addition to his work as Course Director, he lectured on surgical technique for hypoglossal nerve stimulator implantation, transoral robotic partial glossectomy, skin-lined tracheostomy, and multidisciplinary treatment of OSA. Dr. Huntley has also been selected as a clinical study site for an FDA pivotal clinical trial for ImThera, a manufacturer of a new hypoglossal nerve stimulator implant (www.thnstudy.com). Dr. Huntley is now one of three surgeons worldwide who has participated in the pre-clinical investigative process for each of the hypoglossal nerve stimulator implants that has sought FDA approval.

CENTA recently offered its instructional course “Tracheoesophageal Puncture and Prosthesis for Post-Laryngectomy Voice Restoration” at its North Meridian office educational center. This course has been offered six times each year since 1981 and is designed so that otolaryngologists and speech and language pathologists can learn the fundamentals of post-laryngectomy voice restoration that enables laryngectomy patients to speak again. This surgical technique, developed by CENTA’s founders in the late 1970s, resulted in an article in *Newsweek* magazine and is now the worldwide standard. Attendees at the most recent course came from throughout the U.S. and Europe, and past attendees have also come from Asia, Australia, and South America. The course involves CENTA’s head and neck surgeons: **Steven B. Freeman, MD**, **Tod C. Huntley, MD**, and **Edward J. Krowiak, MD**. Upcoming courses for 2016: August 26-27, October 14-15 and December 2-3.

News from Goodman Campbell Brain and Spine ...

Indiana University School of Medicine recently welcomed nearly 300 participants for the 107th Meeting of the Society of Neurological Surgeons (SNS) on June 4-7. It marked the first time IU’s Department of Neurological Surgery served as the host city for the annual conference for neurosurgical department chairs, residency program directors, and other senior educational leaders from schools around the country. **Nicholas M. Barbaro, MD**, currently serves as secretary of the SNS and was chosen as the Society’s new president-elect during the conference. His one-year term as president will begin May 2017.

Amy D. Leland, MD, a physiatrist with Goodman Campbell Brain and Spine, is the president of the Indiana Society of Physical Medicine and Rehabilitation (ISPMR) and helped organize successful Spring 2016 ISPMR meeting held at the Indiana State Medical Association on May 25. Dr. Leland also recently joined the American Medical Women’s Association and gave a presentation on the specialty of Physical Medicine and Rehabilitation at the organization’s local chapter meeting held on May 15.



Nicholas M. Barbaro, MD



Aaron A. Cohen-Gadol, MD



Andrew J. DeNardo, MD



Richard D. Feldman, MD



Steven B. Freeman, MD



Douglass S. Hale, MD



Michael H. Heit, MD



Tod C. Huntley, MD



Marc R. Kappelman, MD



Edward J. Krowiak, MD



Amy D. Leland, MD



Thomas J. Leipzig, MD



Robert A. Malinzak, MD



Juliana E. Meyer, MD



Troy D. Payner, MD



Stephen W. Perkins, MD



Mitesh V. Shah, MD

Drs. Thomas J. Leipzig, Troy D. Payner, Mitesh V. Shah, Andrew J. DeNardo, and Aaron A. Cohen-Gadol, and others have published their research titled “Effect of short-term ϵ -aminocaproic acid treatment on patients undergoing endovascular coil embolization following aneurysmal subarachnoid hemorrhage.” The study appeared online in the June 16 issue of the *Journal of Neurosurgery*.

Aaron A. Cohen-Gadol, MD, along with fellow co-authors, recently published work “Dogs are man’s best friend: in sickness and in health.” The study focuses on the almost one million pet dogs that spontaneously develop malignant gliomas each year and are very similar to their human counterparts regarding their clinical presentation and pathophysiology. The authors discuss how companion dogs potentially provide a stronger platform for validating the efficacy of therapeutic strategies proven successful in preclinical mouse models. The study was published online in the *Neuro-Oncology* June 13 issue.

News from Franciscan St. Francis Health ...

Richard D. Feldman, MD, has been named as an at-large member of the board of curators of the American Academy of Family Physicians’ Center of the History of Family Medicine. The three-year appointment was effective July 1. In 2014, Dr. Feldman was the recipient of the Center’s first Fellowship Award that supported his writing of the book, *Family Practice Stories*.

Juliana E. Meyer, MD, presented at The Stethoscope Series on “Do You Know How to Spot Skin Cancer?” on June 28, 2016. **Robert A. Malinzak, MD**, presented “Joint Pain Seminar” on July 11, 2016 as a part of the series.

IMS

President's Page (Continued from page 7)

concern is that Telemedicine will leave physicians vulnerable to “losing” the patients to large Telemedicine companies with massive advertising budgets. Telemedicine can be rewarding for both physicians and their patients. The *Wall Street Journal* June 2016 article, ‘Healthcare and Technology’ focuses on how Telemedicine is transforming healthcare. The long anticipated revolution is finally here; and it comes with a host of questions for regulatory agencies, providers, insurers and patients. The percent of providers that already have Telemedicine options: Hospitals 72%; Physicians 54% and 74% of Employers are offering some degree of this.

Doctors have already been linking up with patients by phone, email, text messages, web cams or Skype, consulting with the patients. Telemedicine allows for better care in places where medical expertise is often unavailable. Even Doctors Without Borders are using Telemedicine consultations five to ten times a day. Last year alone, over 15 million Americans received some type of medical care remotely. Growth of Telemedicine is expected to be greater than 30% per year.

In a poll of 1500 family physicians, only 15% had used Telemedicine, but 90% said they would if they knew they were going to be appropriately reimbursed.

Telemedicine brings in multiple issues that have to be resolved. Often issues are on a state by state basis, such as the question of licensure across state lines and malpractice coverage. Healthcare Systems, like the Mayo and Cleveland Clinics, are using Cloud-based services to provide Telemedicine. If a previous patient relationship existed, they feel they can provide direct patient care. Otherwise, they need to work

through and with a local healthcare provider. The AMA has been developing ethical guidelines for Telemedicine.

Between electronic healthcare records and the need for constant digitalization and documentation of care, expanded use of Telemedicine; it may be incumbent upon physicians to incorporate healthcare collaborators. These collaborators may be data entry assistants or nurses and nurse practitioners providing care under your supervision and direction. Healthcare delivery systems benefit by expanded access to patient care, but the responsibilities are still with physicians, medically and legally.

The April 2016 *ISMA Reports* article notes that Indiana courts still hold collaborating physicians liable for treating patients remotely. The Indiana Court of Appeals recently ruled that a physician who enters into a collaborative care agreement (CPA) with a nurse practitioner (NP) has a duty to the NP’s patients, even if the physician has never seen the patient or reviewed his or her medical charts. The CPA requires that the collaborating physician review at least 5% of a random sample of the nurse practitioner’s charts on a weekly basis. Many of us use extended care patient collaborators to efficiently provide healthcare to our patients. With the use of electronic medical records and Telemedicine technologies, it is easier for us to reach more and more patients that may benefit from our care and expertise. This all has to be coordinated on the level of interoperability among electronic healthcare records, visual and on-time communication with the patients or patient care collaborators and direct communication with prospective patients. The benefits can be good for those who are expanding or growing their practice bases, but the risks are significant based on the level of supervision, licensure issues, etc. We all should embrace the inevitability that electronic healthcare records will benefit us, our patients and the delivery of healthcare between our practices and healthcare systems. We need to be the ones demanding user-friendly software systems so we are more efficient in documenting our delivery of healthcare. The ability to inter-communicate with each other, other healthcare systems and the patient’s entire medical record, allows us the opportunity to provide better patient care. Telemedicine allows us to provide broadened access to medical care to patients who otherwise would not receive our expertise. Rather than being frustrated, which I have been, we need to understand that today’s communication world offers opportunities more than it presents obstacles.

“Your success in life (or your practice) isn’t based on your ability to simply change. It is based on your ability to change faster than your competition, customers, (i.e. patients), and businesses, (i.e. practices).” Mark Sanborn

“The question is not whether we are able to change, but whether we are able to change fast enough.” Angela Merkel

Sincerely,



Stephen Perkins, MD

Medical Society Exchange

The Doctors’ Answering Service

Discounts for IMS Members

The Medical Society Exchange was formed in 1958 and is the reliable, professional answering service wholly owned by the Indianapolis Medical Society.

Contact Rebecca @ 631-3466

or rkeller@imsonline.org



William H. Dick, MD

Speaker – Kären Haley, Indianapolis Cultural Trail

Take one lane of traffic out of the street, replace the sidewalk with bricks, enhance the above with special pathways, plantings and overhead lighting, and add \$63 million. And what do you have? The eight-mile Indianapolis Cultural Trail (ICT). The ICT is the result of all that, and more. Conceived in 2001 and finished in 2013, it is an urban pedestrian and bike path through downtown Indianapolis.

It is the only thing like it in the world – a linear park and pathways with gardens and art.

Kären Haley is from the Atlanta area. She graduated from Georgia Tech with a degree in Business and Marketing. In 2008, she became Indy's first Director of the Office of Sustainability. Three years later she became the first CEO of the ICT, Inc., a private organization.

Five downtown Cultural Districts are connected to ICT: Mass Avenue, Virginia Avenue, the Wholesale District, the Canal & White River State Park and Fountain Square. The ICT is the downtown hub for the Central Indiana Greenway System. Cultural 2.0 is being planned. It will have one link to IUPUI and a second one along South Street to the football and basketball arenas, the Lilly Headquarters and more. There is universal access to the trail with wider sidewalks and wheelchair accessible ramps. The ICT is lighted all night and it is maintained 365 days a year.

The New York *Times* had an article on the 52 places to visit in the world in 2014. Number 34 on the list was Indianapolis, in large part because of the Cultural Trail which links condominiums, shops, museums and places of business, the latest being Cummins International, which insisted that it be on the Trail. (It is located at Washington & Alabama Streets) Why? Simple – quality of life. People can ride a bike or walk to work; or ride



for pleasure, all year-round.

The ICT is a public-private partnership of the Central Indiana Community Foundation, the City of Indianapolis (DPW), and ICT, Inc. The Trail was funded by \$35.5 million in Federal grants and \$27.5 million in private

monies, including \$15 million from Marilyn and Gene Glick. No tax dollars were used in the building of the trail. A \$6 million endowment from the Glick's is used for maintenance and \$4 million is used for art work. \$20 million in improvements were made to city infrastructure – curbs, lights, planting, ramps, signals, etc.

Storm water is collected in 108 bio-swales thus leading to cleaner city water because it does not mix with the sewer drainage. A 28-story tower and Whole Foods will be built on the spot of the old Market Square Arena. A bike share program has 27 stations and 250 bikes for rent. The yellow Pacer bikes were donated by the Simon Foundation. They are all monitored by a GPS system. Property values have increased along the trail and ICT has created 11,000 jobs and it has had an \$800 million impact on the city.

Indianapolis is known for its war memorial monuments, and rightly so. It has the most monuments, except for Washington, D.C. Instead, Gene Glick opted to honor the trail with the peace monuments. There are 12 luminaries of peace on the Trail. Jonas Salk is one.



Inquiries about the Trail have come in from many cities, including Cologne, Germany and Portland, Oregon. All citizens should be proud of Indianapolis for its unique landmark – the Cultural Trail. Stay tuned for Cultural Trail 2.0.

IMS

New Members

Aversa, John G., MD
Resident – IU School of Medicine
General Surgery
Indiana University, 2016

Countryman, Nicholas B., MD
Dawes Fretzin Dermatology Group, LLC
10122 E. 10th St., #230
46229-2664
Ofc – 621-7790
Fax – 621-7791
Web – www.dawesfretzin.com
Dermatology, 2009
Dermatologic Surgery
Other Specialty
Yale University, 2005

Del Castillo, Marco R., MD
Community Anesthesia Associates
11460 N. Meridian St., #110
Carmel, 46032-4409
Anesthesiology, 2014
Adult Cardiothoracic
Anesthesiology (AN)
Southern Illinois University, 2009

Gray, Brian W., MD
Fellowship – Riley Hospital at IU Health
Pediatric Surgery
705 Riley Hospital Dr., #RI 2500
46202-5109
Ofc – 274-4602
Email – bg@alumni.nd.edu
Surgery, 2015
Pediatric Surgery (S)
Vanderbilt University, 2007



Johnson, Nathan D., MD
Fellowship – Meridian
Plastic Surgeons
Otolaryngology
Facial Plastic Surgery
University of Minnesota, 2011

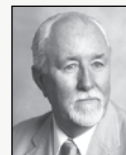
Shrift, Kathryn R., MD
Dawes Fretzin Dermatology Group,
LLC
10122 E. 10th St., #230
46229-2664
Ofc – 621-7790
Fax – 621-7791
Web – www.dawesfretzin.com
Dermatology, 2008
Dermatologic Surgery
University of Texas, Southwestern, 2002

Weaver, Lindsay M., MD
Email – lharmonh@iu.edu
Emergency Medicine, 2012
Hospice & Palliative Medicine (EM)
University of Louisville, 2008

Honor Your Colleagues

Make a contribution to Indianapolis
Medical Society Foundation
and help the IMSF continue its good
works in our community.
Phone Beverly Hurt, EVP,
639-3406

In Memoriam



Patrick A. Dolan, MD
1924 - 2016

Patrick A. Dolan, of Austell, Georgia, formerly of Indianapolis, retired radiologist, age 92, died peacefully on June 14, 2016.

Born in Stamford, Lincolnshire, England, he was educated in Canada, and served in the Royal Canadian Air Force as both Aircrew and Medical Officer during and after World War II. He was on the medical staffs of Baylor University and The University of Texas Medical Schools in Houston, Texas before coming to Indianapolis in 1962. He was the founding member of the Radiologic Specialists of Indiana. For 29 years he was on the Medical Staff of Methodist Hospital and served as Director of Radiologic Services for more than 16 years. He was also Associate Clinical Professor at IU School of Medicine. In addition, he was a Fellow of the American College of Radiology and the Royal College of Physicians and Surgeons of Canada.

During his career Dr. Dolan was active in his professional societies and his posts included presidency of the Indiana Roentgen Society and the Radiologic Section of the Indiana State Medical Association. In 2004, Dr. Dolan was recognized by the Indianapolis Medical Society for his Fifty Years in Medicine.

Is your dream to simply practice medicine?



“The main benefit of working for Corizon is to be able fulfill the dream I've had since the first day of medical school, which is to be able to simply practice medicine without the frustrations of dealing with employees, meeting payroll obligations, dealing with insurance companies and their constant rule changes that prolong & reduce reimbursements, as well as worrying about ever increasing malpractice premiums. In addition to being able to simply practice medicine, Corizon Health fosters an environment of learning through collegial collaboration via regular conference calls, contemporary learning videos, as well as individual consulting with a wide range of specialists.”

Contact Us Today!



Michael A. Clark,
Talent Acquisition Specialist

Phone: 317-844-2992 X-1405 Fax: 629-333-7348 Mobile: 317-677-5006 email: michael.clark2@corizonhealth.com
www.corizonhealth.com

We understand the art
of healing and the science
of avoiding risk.



Medical liability
and more.

At MMIC, medical liability is just the beginning. For more than 35 years, we've worked directly with physicians and developed a deep understanding of the risks involved with practicing medicine. We're there for those who are always there, drawing on a wide range of clinical data, insights and best practices from medical experts to help care teams deliver better care.

To learn more visit MMICgroup.com.



Healthcare the way it should be.®

Pediatric

High-Quality, Low-Cost X-Rays, MRIs, CTs, PET/CTs, Ultrasounds, Mammograms and DEXA Scans

Musculoskeletal

- **CONVENIENT** – three outpatient locations
- **QUICK** – report turnaround in less than 24 hours
- **QUALITY** – experienced, subspecialized radiologists

Neuroradiology

Nuclear Medicine

Interventional/
Vascular

Women's



	AVERAGE COMPETITOR FEE	NWR FLAT RATE PRICING	MINIMUM AVERAGE SAVINGS
General Radiographs or X-Rays	\$605	\$50	93%
CT <i>without contrast</i>	\$1,500	\$400	73%
CT <i>with contrast</i>	\$1,750	\$500	71%
CT <i>with & without contrast</i>	\$2,325	\$600	74%
DEXA	\$330	\$125	62%
MRI <i>without contrast</i>	\$4,275	\$600	86%
MRI <i>with contrast</i>	\$4,575	\$700	85%
MRI <i>without & with contrast</i>	\$4,775	\$800	83%
PET/CT	\$6,275	\$1500	76%
Screening Mammogram	\$400	\$225	54%
Diagnostic Uni Mammogram	\$450	\$250	44%
Ultrasound	\$560	\$150	60%

The cost of the test will not exceed the published price, regardless of insurance.



NorthwestRadiology.com

10603 N. Meridian St.
Indianapolis, IN 46290

8260 Naab Rd., Suite 101
Indianapolis, IN 46260

Call to schedule:

317-XRAY-NOW (972-9669)

Toll free 800-400-XRAY (9729)

