

**IMMS**  
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# Bulletin



**February 5, 2016**  
**“Go Red for Women”**  
**February 2016**  
**American Heart**  
**Association**  
**“Heart Month”**

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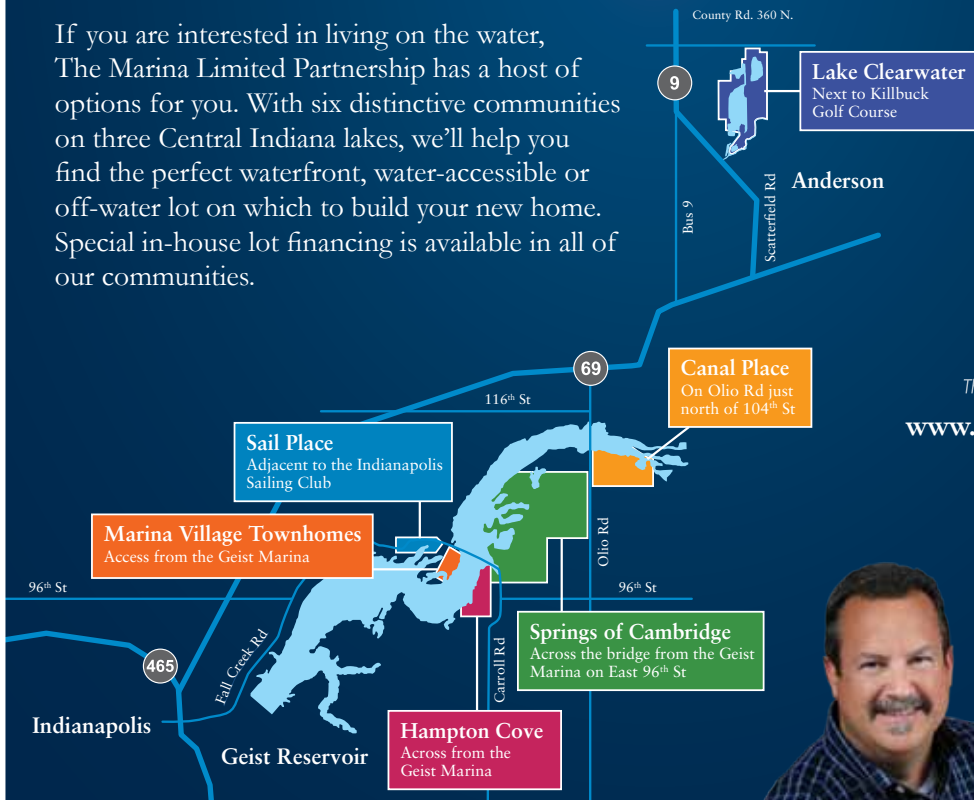
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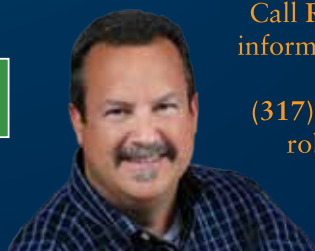
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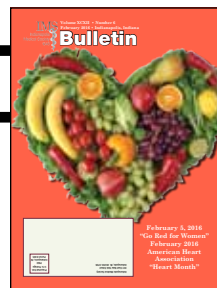
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## about our cover

On our cover:

The healthy heart on our cover was garnered from the web and honors February as Heart Month.

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If you have not submitted payment, your **IMS/ISMA Membership Dues** were delinquent on **1/15/2016**.

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## *Alcoholism and Addictive Behaviors are Still Rampant: How are we Facing the Problem and Helping Those in Need*

Dear Colleagues,

We, as physicians, are in a somewhat unenviable position of being faced with recognizing that our patients may well be abusing alcohol, drugs and prescription medicines. We may even be facing, or ignoring, the likelihood that one or more members of our families have a substance abuse problem. As doctors, we are not immune to the possibilities that one of our colleagues may, in fact, have an alcohol abuse problem or another serious abuse problem with easy access to addictive drugs.

At the least, it is our responsibility to understand the problem and why our patients, friends or family members may be abusing alcohol or other drugs, and certainly to take the initiative to intervene and assist those whom we recognize are having problems with substance abuse. We should be able to provide useful information and avenues for them to seek help. The majority of us, as physicians, are not addiction specialists and would not necessarily know the proper sources for someone who needs help with their addiction to begin the process of recovery or rehabilitation. In general, as physicians and as members of the greater Indianapolis community, we are aware that there are treatment facilities known to manage alcoholism and substance abuse. Fairbanks Addiction Treatment Center on the northeast side of Indianapolis, Tara Treatment Center in Franklin, Indiana and on a relatively shorter term, emergent situation for triage, the St. Vincent Stress Center. Each of these treatment facilities has a well established reputation for managing anyone who needs acute admission for detoxification and how to counsel and triage them for continued therapy, generally on an intensive outpatient care basis. I will mention the areas these treatment facilities highlight for themselves and compare some of their differences. I would also like to talk about the overall differences in philosophies of treatment for alcohol abuse and addiction in residential treatment facilities nationwide.

As I mentioned, there are definite levels of care for each patient seeking help, on a mostly voluntary basis. The criteria for the level of care is established by the American Society of Addiction Medicine (ASAM). It generally starts with detoxification which could range from 3-7 days to inpatient residential care, transitional care to intensive outpatient therapy and outpatient services with aftercare, group meetings, etc. Generally, these programs involve group counseling and promote the tenants of AA (Alcoholics Anonymous) and the 12-step treatment program. Most programs consider group dynamics as part of the therapy, some concentrate on solo therapy. Psychologists, social workers and social psychologists are generally the treating professionals. They often recognize that there is a dual diagnosis involving alcoholism and either psychological or psychiatric disease concurrently. AA has the traditional 12-step program and combines it with some "smart" cognitive behavioral therapy. However, there is a definite philosophical difference between the 12-step AA program which is nationally recognized and promoted both politically and through the media as the best treatment program, compared to a "non 12-step" approach which I will outline in greater detail.

Alcoholics Anonymous (AA) has become so infused in our society that it is practically synonymous with addiction recovery. AA's rise began with origins in early fundamentalist religion and sometimes mystical beliefs, and has evolved to have the present "privileged position" in politics and medicine. Most physicians recommending rehab or addiction therapy for patients, as well as the court system mandating such, refer individuals to programs based on the 12-step program. For instance, the philosophy of the Tara Treatment Center is based on the belief that alcohol and/or drug addiction is a disease and that the chemically dependent individual deserves specialized care and treatment. Its mission

is to promote lifelong continued recovery which fundamentally states that one is never truly cured. They say, "We believe God is the ultimate healer and that through abstinence miracles can happen in an individual's life. Today, we are here to partner with you as you begin the healing process."

The 12 steps at the heart of the 12-step program are:

1. The person admits that they are powerless over alcohol and that their life has become unmanageable. If this step sounds like the person is giving up, it is because they are. It is where they surrender to the truth that they are powerless over alcohol or powerless over the disease of alcoholism or substance abuse.

2. The person comes to believe there is a power greater than themselves that can restore them to sanity.

3. Make their own decision to turn their will and their lives over to the care of God.

4. Make a searching and fearless moral inventory of themselves.

5. Admit to God, to themselves and to other human beings the exact nature of their wrongs. As they say, "Confession is good for the soul."

6. A person must become entirely ready to have God remove all of these defects of their character.

7. Humbly ask Him to remove their shortcomings.

8. Each person needs to make a list of all persons they have harmed and become willing to make amends to them all.

9. Make direct amends to such people whenever possible, except when doing so would injure them or others.

10. Continue to take personal inventory and, when wrong, promptly admit it.

11. Seek through prayer and meditation to improve the conscious contact with God as one understands Him, praying only for the knowledge of His will for us and the power to carry that out.

12. Having had a spiritual awakening as a result of these steps, the person tries to carry this message to others and practice these principles in all affairs.

This is where group therapy comes into play on an ongoing basis. Regular attendance at AA meetings is mandatory to maintain this commitment and carry this message. Those who promote the 12-step program have been asked many times, "How do the 12 steps work?" and the reply is, "They work just fine, thank you. The 12 steps are a way of life."

The St. Vincent Stress Center specifically works on the level of the Dual Diagnosis. The Dual Diagnosis refers to the fact that mental health disorders and substance abuse problems often coexist. A national survey found that 17.5 percent of all adults with mental illness had co-occurring substance abuse disorders which is approximately 8 million people. They work on "harm reduction education" and to help people set and meet their own goals for gaining control over drinking and drugs. By changing harmful habits, they work on "intention." Their goal is to quickly triage patients, after crisis intervention and detoxification, and get them into intensive outpatient therapy or partial hospitalization, 5 days a week, 8-9 hours a day for 3 weeks, and then ongoing counseling. Attendance at AA meetings is highly encouraged, if not "mandated." If a patient requires residential treatment, they refer to other centers outside of Indiana that take patients for 30, 60 and 90 days at a time.

However, at this point, I would like to tell you about the other completely alternative view toward substance abuse treatment, called the "Non 12-step rehabilitation." According to the recovery center, Ripple Recovery Ranch, outside of Austin, Texas, science has shown that addiction changes the brain structure and function. It is not a defect of character or a moral shortcoming as the 12-step program suggests. The 12-step program is based on the belief that

*Continued on page 9.*

# To the Editor

## *Paid Maternity Leave: A Public Health Concern*

Larissa Combs, Susan Ellsperman, Jillian Menegotto,  
Theresa Rohr-Kirchgraber, MD

The time that parents have to bond with their children during the first few months of life is crucial, but the United States is one of three developed countries that have not set national standards regarding paid maternity leave policies for working mothers. On a national level, 70% of working mothers took time off of work during their last pregnancy.<sup>1</sup> In Indiana alone, over 83,000 women of childbearing age gave birth in 2013.<sup>2</sup>

However, only 13% of U.S. workers have paid family leave, according to the Bureau of Labor Statistics. While the Federal and Medical Leave Act (FMLA) enforces maternity leave nationwide, it unfortunately has several limitations- the greatest concern being that it only provides unpaid leave. As a result, some states have taken this matter into their own hands. California, New Jersey and Rhode Island have implemented new policies with the addition of paid family leave, funded by employee-paid payroll taxes. We firmly believe that Indiana should be the next state on this list.

The transition to motherhood is a crucial time for both mother and baby. Although there are many aspects of caring for a newborn, breastfeeding is of high importance. The American Academy of Pediatrics recommends breastfeeding for a minimum of one-year post-partum.<sup>3</sup> Unfortunately, women have cited that the predominant reason for terminating breastfeeding is due to an earlier return to work. According to research, there is a correlation between breastfeeding and the promotion of a healthy immune system. This in turn leads to increased prevention in the development of a long list of health concerns such as asthma, otitis media, sudden infant death syndrome, autoimmune disorders, gastrointestinal issues as well as neurodevelopmental problems.

Consider the health of the mother during this fragile time period. Financial reasons and career obligations often necessitate an earlier return to work than desired. However, when mothers feel rushed to return to work following the birth of an infant, depressive symptoms often appear shortly after. Similarly, such women were observed to have a decrease in positive interactions with their newborns, and were more likely to report their children as “bothersome, fussy, and unadaptable.”<sup>4</sup> Even more alarming, mothers who took shorter leaves knew less about infant development in general, as well as perceived the birth of their children to have negative implications on both their self-esteem and marital relationships.<sup>5</sup>

While the lack of paid leave may signify less bonding time and increased stress for some mothers, other women suffer more drastic consequences. Roughly 25% of women will quit or be fired from their jobs when paid leave is not available. Conversely, with paid leave, working mothers are less likely to have to borrow money, burn through savings accounts, and 40% fewer women require public assistance or food stamps. Women who are able to take paid leave worked 15-20% more

hours during the second year of their child’s life than mothers who did not take leave.

There is a fear that offering paid time off will be detrimental to businesses and hinder rather than promote growth of the job market. Just the opposite, however, has been reported. In California, the state whose family leave policy has been in place the longest, 89-99% of companies report either no effect or a positive effect on productivity, profitability, turnover, and morale. Additionally, employers have reported an estimated savings of \$89 million per year in reduced turnover costs. The savings comes in part from not having to hire and train new employees to replace mothers who do not return to work after the birth of a child.<sup>6</sup>

The issue of parental leave goes beyond just the economic effects it can have on businesses as well as parent’s careers, it also has a significant impact on the life and development of their children.

As members of the medical community, we must advocate for paid maternity leave. It is crucial for the health of our Hoosier families.

1. Centers for Disease Control and Prevention, National Center for Health Statistics. National Survey of Family Growth 2005-2008. Analysis conducted by the Maternal and Child Health Information Resource Center.

2. United States Census Bureau. American Community Survey, 1-year estimate. U.S. Census Bureau, 2013.

3. Michael Baker and Kevin Milligan The Early Development and Health Benefits of Maternity Leave Mandates July 2006 [https://www.aeaweb.org/annual\\_mtg\\_papers/2007/0107\\_1015\\_1702.pdf](https://www.aeaweb.org/annual_mtg_papers/2007/0107_1015_1702.pdf)

4. Hopkins, J., Campbell, S.B., & Marcus, M. (1987). Role of infant-related stressors in postpartum depression. *Journal of Abnormal Psychology*, 96, 237-241.

5. Feldman, R. et al. (2004). Parental leave and work adaptation at the transition to parenthood: individual, marital, and social correlates. *Journal of Applied Developmental Psychology*, 25, 459-479.

6. Miller, Claire. The Economic Benefits of Paid Parental Leave. *New York Times*. February 1, 2015;BU3.

### **Editor’s Note:**

*The Indianapolis Medical Society Leadership invites your comments, concerns and feedback on this important issue. We feel with Membership input this could develop into a Resolution before the ISMA Annual Convention.*

*Please let us hear from you by emailing [ims@imsonline.org](mailto:ims@imsonline.org) or call Beverly Hurt, EVP, 639-3406.*



## President's Page *(Continued from page 7)*

people struggling with addiction are powerless over it. But research suggests that people can gain power over addiction with proper treatment using evidence-based approaches. Combining evidence-based treatment with holistic practices to achieve lasting recovery from drug and alcohol abuse is their mission. Their clients/patients do not need to "work the steps." They tell patients that they are not powerless and do not focus on their "moral shortcomings," nor classify the client/patient as an "incurable alcoholic" or drug abuser. In their opinion, for many people seeking help for addiction, the 12-step program can be a roadblock on their path to recovery. If they do not believe in a higher power (or succumb to it) they can get "stuck" in the 12-step program. Neuro-feedback therapy, cognitive behavioral therapy (CBT) and nutritional supplements are used to enhance psychotherapy and teach "mindfulness based relapse prevention." A book written in the last several years by Dr. Lance Dodes, *The Sober Truth: Debunking the Bad Science Behind 12-Step Programs and the Rehab Industry* is a critical review of the current treatment protocol in this country. Dr. Dodes has had over 3 decades of addiction treatment experience. He also wrote, *The Heart of Addiction*, and *Breaking Addiction: A 7-Step Handbook for Ending Any Addiction*. He was the head of the Boston Psychoanalytic Society and Institute. He was also assistant clinical professor of psychiatry at Harvard Medical School for many years. He quotes that evidence-based research on treatment programs shows that Alcoholics Anonymous and the 12-step program only has a 5-10 percent success rate. This is hardly better than no treatment at all. He states, "Despite this, doctors, employers and judges regularly refer addicted people to the 12-step treatment programs and rehab facilities." He calls this, "deeply flawed science." He says, "There is a startling pattern of erroneous statements, misjudgments and biases."

The Saint Jude Executive Retreat, a facility in upper state New York, is a non 12-step, non-disease based program. They believe strongly that alcoholism and other substance abuse problems are not genetic in origin and are not a disease. They have over 20 years' experience and publish a 62 percent success rate with their treatment plan. According to them, there is "no addiction disease." Conventional teaching tells you "that you are suffering from a progressive incurable disease that renders you powerless. Addiction is nothing more than a habitual way of thinking and behaving and ultimately it is a choice." Cognitive behavioral principles and "neuroplasticity" are the science behind helping the brain change. Their philosophy at Saint Jude is "Embracing Reality." "People have the power to change and we will show them how." Saint Jude says they do not provide any excuses for failures or relapses. Drinking and ingesting drugs always requires conscious thought, planning and action. At any point, substance abusers can choose to stop and the truth is that all people who truly want to stop, do so. "The measure of success is not whether you have a tough problem to deal with, but whether it is the same problem you had last year." (John Foster Dulles) A quote I like that refutes some of the spirituality of the 12-step program, but is spiritual in itself, is: "For God hath not given us the spirit of fear, but of power and of love and of sound mind." (2 Timothy 1:7) We are able to make choices. We are not powerless over any drug or substance, such as alcohol.

To summarize this informational address, it is to say that we, as physicians, need to be proactive and involved. Whether we assist those whom we recognize are in need of help to free themselves from alcoholism and/or substance abuse by referring them to more traditional, widely accepted Alcoholics Anonymous 12-step programs or a "non 12-step" program that stresses that the behavior is very cognitive and intentional, it is imperative that we not ignore the problems of our patients, our friends, our family members or our colleagues. There is help available. Many of the accepted traditional programs are covered by third-party payers and even some of the non-traditional, non 12-step programs, are also covered. Although most substance abusers are choosing to abuse alcohol or drugs for their own reasons to feel better or subdue their emotions, most of them truly want to stop their addiction and addictive behavior when they face the reality of how their actions are affecting their lives and those of everyone around them.

Sincerely,  
Stephen W. Perkins, MD, IMS President

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# Bulletin Board

**Stephen W. Perkins, MD**, of Meridian Plastic Surgeons was a Key Guest Invited Faculty member at the recent Cutting Edge 2015 35th Aesthetic Surgery Symposium in New York City. His lecture topics included Endoscopic Browlift, Lower Blepharoplasty with Fat Transfer, Wide Skin Undermining in Facelift and his experience with Ulthera.

**Rick C. Sasso, MD**, served as the scientific program chairman for the 43rd annual meeting of the Cervical Spine Research Society. This year's annual meeting was held at the Manchester Grand Hyatt Hotel from December 3-5, 2015 in San Diego, California.

The Cervical Spine Research Society is a multidisciplinary organization of individuals interested in clinical and research problems of the cervical spine. Its purpose is to provide a forum for the exchange and development of ideas and philosophy regarding the diagnosis and the treatment of cervical spine injury and disease. The organization values collegial interaction and strong scientific principles.

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

**Joel C. Boaz, MD**, and **Daniel H. Fulkerson, MD**, and fellow co-authors aimed to discover whether radioactive phosphorus-32 brachytherapy without external-beam radiation (EBR) could effectively control tumor growth in patients with craniopharyngioma. EBR has been associated with significant long-term risks, including visual deficits, endocrine dysfunction, and cognitive decline. The authors conducted a retrospective review of 38 pediatric patients who were treated for craniopharyngioma with phosphorus-32 brachytherapy as the primary treatment without EBR between 1997 and 2004. Their findings were published online ahead of print on December 18 in the *Journal of Neurosurgery: Pediatrics*.

**Aaron A. Cohen-Gadol, MD**, and coauthors recently reported on the aspects of pineoblastomas—uncommon primitive neuroectodermal tumors that mostly occur in children and are exceedingly rare in adults. The researchers studied a series of 12 pineoblastomas in adult patients who were treated at two institutions over a 24-year period. The clinical, radiologic, and pathologic features and clinical outcomes were compared with previously reported cases in children and adults. The data suggested that pineoblastomas in adults have a less aggressive clinical course than in children. Read complete details of the research methods and results in the December issue of *World Neurosurgery*.

**Jean-Pierre Mobasser, MD**, and fellow researchers published results of their work to determine the fusion rates associated with two different preparations of rhBMP-2 as well as autograft in an instrumented lumbar corpectomy in sheep. Following lumbar corpectomies in 24 sheep, the spines were reconstructed with either autograft, rhBMP-2 on a Compression Resistant Matrix, or rhBMP-2 on an Absorbable Collagen Sponge mixed with ceramic granules. The authors found that both of the rhBMP-2 formulations have the potential to effect bony fusion and spine reconstruction within the corpectomy devices. The article was published online ahead of print on October 30, 2015 in *Spine*.

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C. William Hanke (2018)  
Jeffrey J. Kellams (2018)  
Amy D. Leland (2018)  
Jodi L. Smith (2018)  
Caryn M. Vogel (2018)

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

## Delegates to the State Convention, September 24-25, 2016, Sheraton Indianapolis Hotel at Keystone at the Crossing

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

David S. Batt (2016)  
Daniel J. Beckman (2016)  
Carolyn A. Cunningham (2016)  
Margaret M. Gaffney (2016)  
David C. Hall (2016)  
Ronda A. Hamaker (2016)  
Mark M. Hamilton (2016)  
Jeffrey J. Kellams (2016)  
Stephen R. Klapper (2016)  
Susan K. Maisel (2016)  
David M. Mandelbaum (2016)  
John P. McGoff (2016)  
Dale A. Rouch (2016)

Mary D. Bush (2017)  
David R. Diaz (2017)  
Bruce M. Goens (2017)  
Nicholas F. Hrisomalos (2017)  
Robert M. Hurwitz (2017)  
Paul D. Isenberg (2017)  
David A. Josephson (2017)  
Marc R. Kappelman (2017)  
Randall A. Lee (2017)  
Daniel E. Lehman (2017)  
Mary Ian McAteer (2017)  
Clement J. McDonald III (2017)  
Robert M. Pascuzzi (2017)  
Richard H. Rhodes (2017)  
Kenneth N. Wiesert (2017)

Linda Feiwell Abels (2018)  
Christopher D. Bojrab (2018)  
C. William Hanke (2018)  
David H. Moore (2018)  
Robert B. Pauszek, Jr. (2018)  
David M. Ratzman (2018)  
Steven L. Wise (2018)  
Caryn M. Vogel (2018)

## Alternate Delegates to the State Convention, September 24-25, 2016, Sheraton Indianapolis Hotel at Keystone at the Crossing

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

Ann M. Collins (2016)  
Stephen B. Freeman (2016)  
John Douglas Graham, III (2016)  
Andrew A. Johnstone (2016)  
Gerald T. Keener, Jr. (2016)  
Frank P. Lloyd, Jr. (2016)  
Mercy O. Obeime (2016)  
Ingrida I. Ozols (2016)  
David L. Patterson (2016)  
Jason K. Sprunger (2016)  
Samuel T. Thompson (2016)  
Ronald L. Young, II (2016)

Carissa M. Barina (2017)  
Brian D. Clarke (2017)  
Ann Marie Hake (2017)  
Douglas J. Horton (2017)  
H.B. Harold Lee (2017)  
Ramana S. Moorthy (2017)  
Maria C. Poor (2017)  
Steven M. Samuels (2017)  
Michael C. Sha (2017)  
Jodi L. Smith (2017)

Nicholas M. Barbaro (2018)  
Heather N. Berke (2018)  
Charles W. Coats (2018)  
John H. Ditslear, III (2018)  
Robert S. Flint (2018)  
Thomas R. Mote (2018)  
Martina F. "Nina" Mutone (2018)  
Timothy H. Pohlman (2018)  
Michael A. Rothbaum (2018)  
Jeffrey M. Rothenberg (2018)  
S. Eric Rubenstein (2018)  
Richard M. Storm (2018)  
Jeremy T. Sullivan (2018)  
H. Jeffery Whitaker (2018)

## Indiana State Medical Association Past Presidents

Heidi M. Dunniway 2014-2015  
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 House of Delegates

**Speaker**  
John P. McGoff (2015-2016)

**Assistant Treasurer**  
Marc E. Duerden (2015-2016)

## Seventh District Medical Society Trustees

Robert A. Malinzak (2016)  
Vicki M. Roe (2017)  
John C. Ellis (2018)

**Alternate Trustees**  
David R. Diaz (2016)  
G. Mitch Cornett (2017)  
Richard H. Rhodes (2018)

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## New Members

### Bustamante, Peter J., MD

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Carmel, 46032-2812  
Ofc – 660-1379  
Fax – 584-8436  
Web - www.hamiltonnephrology.com  
Internal Medicine, 2006  
Nephrology, 2008  
St. Louis University, 2003

### Cochard, Emily J., MD

Fellowship – IU School of Medicine  
Internal Medicine, 2015  
Pulmonary Critical Care Medicine  
Indiana University, 2012

### Oueini, Houssam, MD

Fellowship – IU School of Medicine  
Internal Medicine, 2013  
Pulmonary Critical Care Medicine  
American University of  
Beirut, Lebanon, 2008

### Sipe, Brian W., MD

Internal Medicine, 2000  
Gastroenterology, 2003, 2013  
University of Chicago, 1996

## Save This Information for Tax Filing

Each year at this time, the IMS provides information about your dues payment that you will need for tax filing purposes. Part of your AMA and ISMA dues, that portion used for lobbying, is not tax-deductible. For this year ISMA is 26%; contact the AMA about their nondeductible dues [misc@ama-assn.org](mailto:misc@ama-assn.org).

As always, your Indianapolis Medical Society dues are 100% tax deductible as a business expense.

## In Memoriam



### Joseph J. Gormley, MD, 1923 - 2015

Joseph J. Gormley, MD, 90, passed away of natural causes, peacefully at home with his family at his side on Monday, October 13, 2014. Dr. Gormley was born in Scranton, Pennsylvania on December 10, 1923. The family moved to Indianapolis in 1937. He graduated from Cathedral High School in 1942, where he made many lifelong friends. He proudly served as a quartermaster in the U.S. Navy in the South Pacific from 1943 - 1946. After his service, Dr. Gormley returned to The University of Notre Dame graduating in 1949.

After a critical illness at age 14, his dream was to become a physician. With benefits from the GI Bill he graduated from Temple University School of Medicine in 1954 and practiced the “art of medicine” for 45 years.

Dr. Gormley was a general practice physician, with his solo private practice in Indianapolis until 1993. He then enjoyed serving patients as an urgent care physician for Doctors Immediate Med Center, Healthsouth, U.S. Healthworks until 2006, and as medical director for Indianapolis Plasma Care.

In 2004 he was honored with a Certificate of Distinction Award from the Indiana State Medical Association and the Indianapolis Medical Society for 50 years of “proficient and untiring ministry of the science of healing, honoring God, the community and the profession.”



### Herbert Noble Hill, MD, 1937 - 2015

Herbert Noble Hill, MD, 78, of Indianapolis, completed this life to enter God's eternal presence on Friday, January 8, 2016.

Dr. Hill was born on July 4, 1937 in Granite City, Illinois.

Dr. Hill went to Park High School, where he played football and baseball, Wabash College, graduating in 1959, IU Medical School, graduating in 1963 and then completed an Internship at Methodist Hospital in Family Practice.

He was a member of the National Guard.

Dr. Hill worked as a Board Certified family doctor with a private practice on the northwest side of Indianapolis for thirty years and the southeast side for twenty years.

## Member Benefits

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- **Medical Society Exchange**, a reliable, professional answering service provides reduced rates for IMS Members, as well as, pagers.  
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- **Staffing Service using Favorite Healthcare Staffing**

## Save the Date: April 20, 2016 Medical/Legal Dinner

Save April 20, 2016 and watch your email for further information.

# CME & Conferences

## Community Hospital East

First  
Wednesday Critical Care Conference  
Ste. 420, 12:00 - 1:00 p.m.

Second  
Tuesday Medical Grand Rounds  
Ste. 420, 12:30 - 1:30 p.m.

## Community Hospital North

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.

## 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)  
HVC Kokomo, 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)  
HVC Kokomo, 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)  
HVC Kokomo, 7:00 - 8:00 a.m.

## 2016 Cancer Conferences

### Community Hospital East

Third  
Thursday East General Cancer Conference - CHE  
Ste. 420, 12:00 noon to 1:00, lunch provided

Fourth  
Tuesday East Multidisciplinary Breast Cancer Conference - CHE  
Ste. 420, 7:00 to 8:00 a.m.

### Community Hospital North

First & Third  
Tuesdays North Multidisciplinary Breast Cancer Conference - CHN  
8040 Clearvista Parkway, Suite 550  
7:00 to 8:00 a.m.

Second & Fourth  
Wednesdays North Multidisciplinary GI/Colorectal Oncology Conference - CHN  
8040 Clearvista parkway, Suite 550  
7:00 to 8:00 a.m.

First  
Friday North Multidisciplinary Gynecologic Surgical  
Oncology Conference - CHN  
8040 Clearvista Parkway, Suite 550  
7:30 to 8:30 a.m.

First  
Wednesday North Chest Cancer Conference - CHN  
8040 Clearvista Parkway, Suite 550  
7:00 to 8:00 a.m.

Third  
Wednesday Melanoma Cancer Conference - CHN  
8040 Clearvista Parkway, Suite 550  
7:30 to 8:30 a.m.

### Community Hospital South

Second  
Wednesdays South Multidisciplinary Breast Cancer Conference - CHS  
Community Cancer Center South  
1440 E. County Line Rd., Community Room  
8:00 to 9:00 a.m.

Third  
Wednesday South GYN  
Community Cancer Center South,  
1440 E. County Line Rd., Community Room  
12:00 to 1:00 p.m.

Fourth  
Wednesday South Thoracic  
Community Cancer Center South,  
1440 E. County Line Rd., Community Room  
7:00 to 8:00 a.m.

First  
Tuesday South Multidisciplinary GI/Colorectal Oncology Conference  
1440 E. County Line Rd.  
Community Cancer Care, Community Room  
12:00 to 1:00 p.m.

For more information, contact Valerie Brown, (317) 355-5381.

## Indiana University School of Medicine/ Indiana University Health

### IU – Methodist – Riley

Online CME Activity  
HPV Documentary, Someone You Love: the HPV Epidemic  
<http://cme.medicine.iu.edu/hpvdocumentary>

- Feb. 4 Building Comprehensive HIV Care Capacity in Indiana  
IU Kokomo Campus, Kelly Student Center
- Feb. 8-9 40th Annual Scientific Meeting; National Pediatric  
Cardiology Study Group  
Beaver Creek, Colorado
- Feb. 12-14 Syrian American Medical Society Fifth Annual  
National Conference  
Orlando, Florida
- Feb. 16 Advancing the Medical Role in Child Protection  
Anderson, Indiana
- Feb. 19 39th Annual Arthur B. Richter Conference  
in Child Psychiatry  
Ritz Charles Banquet Facility
- Feb. 26 Building Comprehensive HIV Care Capacity in Indiana  
IU Southeast Campus, University Center North
- March 4 RESPECT Conference - Let's Talk Palliative Care  
Ritz Charles Banquet Facility
- Mar. 10-13 AMWA 101st Annual Meeting  
Miami, Florida
- Apr. 15-16 Bloomington Pediatric Medical Weekend  
IU Health Bloomington Hospital
- Apr. 18-20 4th Annual International Health Services  
Research Symposium  
Health Information and Translational Science  
Building (HITS)
- Apr. 23 Practical Pearls General and Community Pediatrics  
Riley Outpatient Center
- May 6 19th Annual IU Gastroenterology/Hepatology Update  
Indiana History Center
- May 10-11 51st Annual Riley Hospital for Children's  
Pediatric Conference  
Sheraton Indianapolis Hotel at Keystone Crossing

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

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## JWM Neurology

### "Neurology Connection 2016: Useful Advances and Important Updates" Seminar for Physicians

Saturday, March 5, 2016  
Marten House Hotel and Conference Center

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

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MRI <i>with contrast</i>	<del>\$4,575</del>	<b>\$700</b>	85%
MRI <i>without &amp; with contrast</i>	<del>\$4,775</del>	<b>\$800</b>	83%
PET/CT	<del>\$6,275</del>	<b>\$1500</b>	76%
Screening Mammogram	<del>\$490</del>	<b>\$200</b>	69%
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