

Bulletin



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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.

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about our cover

On our cover:

June is National Safety Month. National Safety Month focuses on reducing leading causes of injury and death at work, on the roads and in our homes and communities.

Remember safety is no accident. Whether it's driving without passengers as a newly licensed driver, finding alternatives to prescription painkillers or fall-proofing the bathroom, we're all empowered to make safe decisions for ourselves and those we care about. Cover image from the internet - attribution unavailable.

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Insurance Company Mergers: Who Benefits and Who Doesn't?

Dear Colleagues,

Well it is “still in the news” and “back in the news.” That is, the proposed merger of Anthem and Cigna, on the heels of the merger of Aetna and Humana – but is it good for Hoosiers? The commissioner of insurance for the Indiana Department of Insurance (IDOI) heard from Julie Reed, JD, Executive Vice President of the ISMA at an April 29th hearing that “an insurance consolidation would be harmful to Hoosiers.” Julie Reed states, “Physicians do not believe – as insurer’s claim – that mergers are necessary to gain efficiencies in areas such as innovative payment programs and care management strategies to benefit patients.” In fact, over 80 percent of Indiana physicians recently surveyed agreed.

The AMA wrote a letter to the IDOI saying that Anthem’s proposed acquisition of Cigna “would injure consumers by substantially lessening competition.” There would definitely be price increases. “Greater consolidation leads to price increases instead of greater efficiency to lower healthcare costs.” In the AMA’s 2015 edition of *Competition in Health Insurance: A Comprehensive Study of U.S. Markets*, they point out that the prospect of reducing 5 national health insurance carriers to just 3 should be viewed in context of the unprecedented lack of competition that already exists in most healthcare insurance markets. Health insurers have been unable to demonstrate that mergers create efficiency and lower health insurance premiums.”

Stephen J. Stack, MD, President of the AMA further stated: “The American Medical Association believes patients are better served in a healthcare system that promotes competition and choice. We have long cautioned about the negative consequences of health insurers pursuing merger strategies to assume dominant positions in local markets. Recent proposed mergers threaten to increase health insurer concentration, reduce competition, and decrease choice.” “The lack of competitive health insurance market allows for the few remaining companies to exploit their market power, dictate premium increases and pursue corporate policies that are contrary to patient interests.”

Whereas Joseph R. Swedish, Anthem’s Chief Executive, was quoted in a news release as saying, “We believe that this transaction will allow us to enhance our competitive position and better be positioned to apply insights and access of a broad network and dedicated local presence to the healthcare challenges of the increasingly diverse markets, membership and communities we serve.” By Anthem’s estimate, the deal would lead to 2 billion in annual savings. The question really is, “Who will benefit from those savings?” Health insurer Anthem has “struck a deal” to acquire rival Cigna for 48 billion dollars – a buyout that would create the country’s largest insurer by enrollment. The combined entity would have an estimated revenue of 115 billion and cover 53 million people in the U.S.

Insurers try to argue their position that consolidation of insurance companies would create savings and improvements in technology that would rebound to consumers’ benefit. They

point out that State insurance commissioners would have to approve any rise in insurance premiums. Health commissioners have often been reluctant to deny insurer’s rate increases and the insurance company mergers typically lead to higher premiums according to the study by Leemore Dafny, former Deputy Director of Healthcare and Antitrust in the Bureau of Economics at the Federal Trade Commission.

Other analysts say the growth of insurance premiums could slow because the industry is regulated and new companies will be more efficient. However, a study done in 1999 of the merger of two large insurers, Aetna and Prudential, found that their premiums rose by 7 percent. A study of the 2008 merger of United Healthcare Group and Sierra Health found that premiums increased after the merger by almost 14 percent. “To give commercial health insurers virtually unlimited power to exert control over an issue as significant and as sensitive as patient healthcare is bad for patients and not good for the nation’s healthcare system.” The U.S. Department of Justice has recognized that patient interests can be harmed when a big insurer has a strangle hold on the market. Another factor in the two insurance mega deals announced this month is the grab for a bigger share over the market for lucrative privately run Medicare Advantage plans. One big force reshaping the healthcare landscape is the Affordable Care Act. The ACA’s rulings, such as no denial of coverage for preexisting conditions and requirements for what is covered in a policy along with additional taxes on insurers are putting pressure on their earnings, so insurers are looking for ways to gain more leverage in negotiation with providers, the doctors and the hospitals, and the one way to do this is to get bigger. They will say to providers, “If you do not lower your prices, we will cut you out of the network.” This causes government regulators to be anxious about these mergers. With increasing costs being shifted to the insurance companies by the Affordable Care Act, the government regulators are concerned that, with fewer rivals, they will have room to raise premiums on such programs as Medicare Advantage, etc. Another study in the *American Journal of Health Economics* found that having more insurers in the marketplace set up by the Affordable Care Act brought the cost of premiums down. “These mergers should be challenged by the Justice Department,” said David A. Balto, a former policy director of the Federal Trade Commission who has publicly opposed such deals. “To go and approve these mergers, we effectively reverse some of the gains of the Affordable Care Act.”

In another statement, according to the U.S. Department of Justice, “A merger enhances market power if it is likely to encourage one or more firms to raise price, reduce output, diminish invitation or otherwise harm customers as a result of diminished competitive constraints or incentive(s).” “Economic evidence shows that with fewer competitors, insurance premiums tend to be higher,” said Thomas L. Greaney, an expert on health antitrust law at Saint Louis University. “Less competition among insurers produces higher prices for

Continued on page 15.

consumers.” “The clear weight of economic opinion is that consumers do best when there is a competitive market for purchasing provider services.” – (LECG, Inc.)

One of the reasons health insurers are seeking to get bigger is that hospitals and doctor groups with whom they are negotiating across the table have gotten bigger. There were 95 hospital mergers and acquisitions in 2014, according to management consulting firm Kaufman Hall. That has pretty much been the pace for the past few years. Deals that create larger health systems give the providers of healthcare more leverage in negotiating rates with private insurers. In recent years, hospitals and health systems have added to their negotiating clout by employing more doctors directly and buying doctors' practices. Some health systems have even started their own insurance businesses.

Over 90 percent of physicians recently surveyed in the State of Indiana who are members of the ISMA feel strongly that mergers will give insurers even more control over their clinical and business practices with little or no recourse. They will be forced to cut costs and further degrade their ability to provide patients the quality care they need and desire. It is likely that the merger- especially between Anthem and Cigna- would lead to even narrower physician networks, further limiting patient access to care. According to Steven J. Stack, President of the AMA, “Reduction in competition leads to diminished physician service and quality of care that the patient receives ... and patients may be charged higher than competitive premiums, and physicians may be pressured to accept unfair terms undermining their role as patient advocates and their ability to provide high quality care.” Decreasing the service or quality of care physicians provide their patients would not be due only

to decreased income and reimbursements, but it is the reality of increasing pressure to see more patients to cover the basic business expenses.

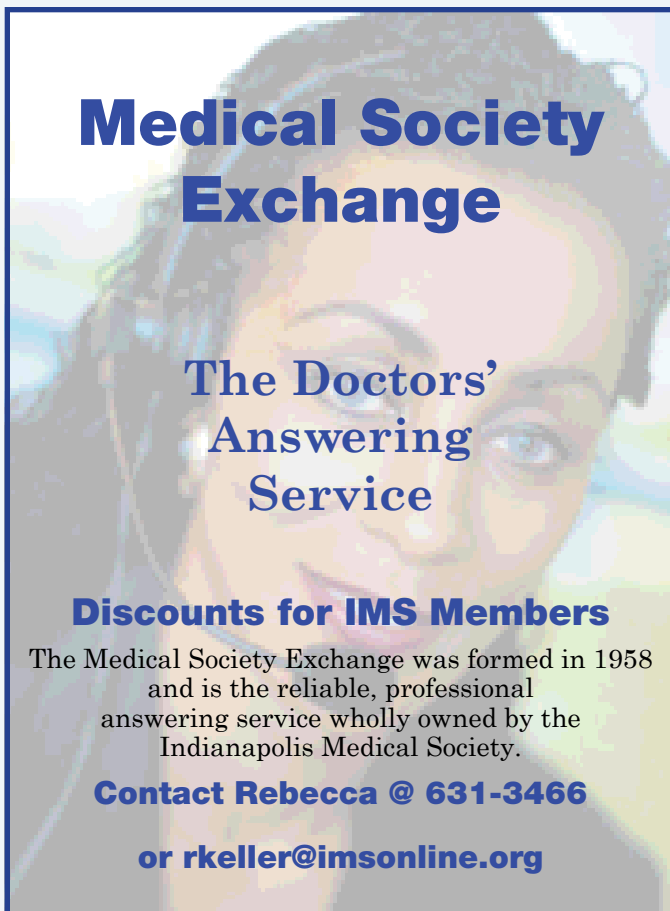
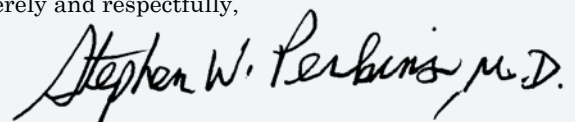
It has already been documented that a lack of health insurer competition is not in the best interests of patients or physicians. The Anthem-Cigna merger would enhance market power in 85 metro areas within 13 states. All told, the mergers would diminish competition in up to 111 metropolitan areas in 14 states where Anthem currently operates. Aetna and Humana mergers have enhanced market power in 15 metropolitan areas in 7 states and decreased competition in 50 metropolitan areas within 14 states. The combined mergers of Aetna-Humana and Anthem-Cigna would decrease competition in 150 metropolitan areas and in 23 states.

In summary, the mergers of these large insurers and the dominance of their market share and power has been shown over and over to increase prices, decrease access to care, and force more providers to choose other alternatives. The recent study by the AMA, through the ISMA, found that doctor members felt that if the mergers were approved and completed, approximately 15-16 percent would retire, 15-25 percent felt like they would need to close their practices, and 5-15 percent would actually move their practices elsewhere to a less harsh or more accommodating medical environment.

The conclusion, in my opinion, is that there remains a significant problem in terms of how funds for healthcare are allocated to actually provide healthcare to our patients and reimburse us as providers, as well as hospitals, for the services and quality of care we earnestly try to achieve. Insurance companies operate as totally free market businesses that function to satisfy the Wall Street markets in preference to fairly and equitably distributing revenue from premiums to patients to provide high quality healthcare and pay providers reasonable and fair reimbursements. The structure of third party insurance companies has developed into conglomerates of larger and larger businesses that exert power to increase the premiums of their policyholders, decrease reimbursements to providers- specifically doctors as well as hospital systems- and increase the profit margin of their shareholders as well as pay exorbitant bonuses and incomes to their executives. In the words of George W. Bush, “**Use power to help people. (For our purposes, that means patients and providers). For we are given power, not to advance our own purposes (i.e., the purposes of making profits for shareholders and executives) nor to make a great show in the world, nor a name. There is but one just use of power and it is to serve people**” (-delivering healthcare to society).

Henry Ford further stated, “**A business that makes nothing but money is a poor business.**” This can be translated to include the megamerger creating businesses that redirect their profits instead of using them for the delivery of their main mission. It is my opinion that there should remain multiple choices for consumers to buy healthcare from a variety of insurers, but these insurers should be regulated, much like the utility companies are regulated in the United States. They are private businesses trading on Wall Street and have investors but have true regulatory restrictions and the commissioners who oversee the utility companies actually look out for the best interests of the consumer. Likewise, the insurance commissioners should regulate insurance companies for the best interests of the policy holders and the healthcare they deserve to receive.

Sincerely and respectfully,



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Bulletin Board

Stephen Eric Rubenstein, MD, (no photo available) presented the “Cardio-Oncology – How can treatment affect the heart?” at the Franciscan St. Francis Heart Center, May 19, 2016 during the “Ask the Docs” meeting.

Steven F. Isenberg, MD, Founder of Medals4Mettle, spoke at the 8th annual ceremony of the University of Louisville Medical School Medals4Mettle Ceremony. Almost one hundred U of L medical students ran the Kentucky Derby Marathon and Half Marathon and then awarded their finishers’ medals to a pediatric patient they cared for during their previous year of medical education. *Medals4Mettle: A Program to Enhance the Medical Student-Patient Bond*, authored by U of L students and faculty, was published (March, 2016) in *Medical Student Research Journal* and concluded: Data was collected from 62 medical students and 21 patients or parents (49% and 33% response rate, respectively). Five of the scaled questions had mean scores above 4.0, revealing that the majority of participants would recommend the M4M program to others and that M4M helped students relate to their patient on a personal level. The qualitative analysis identified four themes among participants: M4M is a wonderful program, it provides a patient benefit, people want to re-participate, and it allows you to connect with others.

Theresa M. Rohr-Kirchgraber, MD, was honored by California State University Long Beach (CSULB) with its highest alumni honor, the Distinguished Alumni Award, College of Natural Sciences and Mathematics. The award is bestowed annually in each College by the CSULB Alumni Association. In addition to demonstrated pride and positive affinity for CSULB, awardees have achieved a record of distinction, recognition and accomplishment in their fields and a proven record of leadership and service to their communities and society at large.

Dr. Rohr-Kirchgraber and the IU National Center of Excellence in Women’s Health hosted “Negotiating the Divide: Gender and Salary” for Indianapolis physicians and scientists on Equal Pay Day, April 12th. The event was held at IUSM and is a yearly event. She recently presented her work on this subject at the Academy of Women’s Health 24th Congress held in Washington, DC.

Rick C. Sasso, MD, Indiana Spine Group, participated as a speaker at the Lumbar Spine Research Society Annual Meeting in Chicago. Dr. Sasso appeared before the Debate Symposium where he lectured on the surgical treatment of L4-5 degenerative spondylolisthesis. The society also invited him to lecture a second debate on Anterior Approaches to the Lumbar Spine. In addition to the lectures, Sasso presented a scientific paper he co-authored at the meeting regarding posterior lumbar instrumentation.

Dr. Sasso collaborated with researchers from the Smithsonian Institution National Zoological Park and veterinarians from the Indianapolis Zoo and Purdue University School of Veterinary Medicine to study Congenital Spinal Deformities in Primates. The paper was recently published in the *Journal of Zoo and Wildlife Medicine*.

He has published an article in the journal titled *Evidence Based Medicine*. It is about 10 year follow-up on the first cervical disc replacements implanted in the United States.

Jeffrey M. Rothenberg, MD, IU School of Medicine, was the course director for “Gyn for the Primary Care Provider,” held in April 2016 in Indianapolis. His talk was “Cervical Cancer Screening.”

Mark. M. Hamilton, MD, had two book chapters recently published in Sataloff’s comprehensive textbook of *Otolaryngology and Head and Neck Surgery*, both on lasers in facial plastic surgery. Dr. Hamilton has also given recent resident lectures at Indiana University on Hair Restoration and Biomaterials/implants/injectable products and at the University of Illinois Chicago on laser resurfacing. In addition, Dr. Hamilton gave talks at the January Winter Facial Plastic Surgery Meeting in Barbados on Volumizing the Midface and Laser Resurfacing.



Laurie L.
Ackerman, MD



Nicholas M.
Barbaro, MD



Daniel H.
Fulkerson, MD



Mark M.
Hamilton, MD



Steven F.
Isenberg, MD



Theresa A.
Rohr-Kirchgraber, MD



Jeffrey M.
Rothenberg, MD



Rick C.
Sasso, MD

Dr. Hamilton has been an injector trainer and consultant for Allergan Medical. He gave a recent instruction course for physicians and nurses in March in Dayton Ohio covering best techniques for Botox, Juvederm and Voluma.

Lastly, Dr. Hamilton has been named chairman of the Oral Exam Review committee for the American Board of Facial Plastic and Reconstructive Surgery. He has regularly contributed and reviewed questions for the board.

News from Goodman Campbell Brain and Spine ...

Nicholas M. Barbaro, MD, welcomed students, teachers, and parents to the Second Annual Neuroscience “Brain & Beyond” Fair held on April 23, 2016, at Indiana University’s Neuroscience Center. Twenty-four middle and high school students from all over Central Indiana presented neuroscience poster entries to compete for first, second, and third place cash prizes. Fair organizers awarded a total of \$1450 to winning students and \$3250 to their respective schools. The Brain & Beyond Fair also featured booths designed by Neuroscience Center staff to showcase their varied professions in the specialty.

Laurie L. Ackerman, MD, and fellow investigators recently published results of their study, “Follow-up issues in children with mild traumatic brain injuries.” The goal of the study was to evaluate symptom progression in pediatric patients referred for neurosurgical consultation by using the Acute Concussion Evaluation (ACE) tool, as endorsed by the Centers for Disease Control and Prevention. Fifty-eight patients between ages 5 and 17 were included in the study, and the mechanisms of mild traumatic brain injury included sports injury, isolated falls, and motor vehicle collisions. The authors’ complete results and conclusions appeared online ahead of print in the April 8, 2016, issue of the *Journal of Neurosurgery: Pediatrics*.

Daniel H. Fulkerson, MD, and co-authors reported their research titled, “Transfer of children with isolated linear skull fractures: is it worth the cost?” The study evaluated the financial costs associated with transporting patients with low-risk skull fractures to a Level 1 pediatric trauma center. Cases of all children treated for head injury at Riley Hospital for Children between 2005 and 2013 were reviewed. The study found that nearly \$2 million was spent solely on transfer fees for 438 pediatric patients with these injuries over 9 years. Read their full conclusions in the *Journal of Neurosurgery: Pediatrics*.

Daniel Fulkerson, MD, also collaborated with a team of researchers to publish the study, “Multicenter retrospective evaluation of the validity of the Thoracolumbar Injury Classification and Severity Score system in children.” The Thoracolumbar Injury Classification and Severity Score (TLICS) system was developed to streamline injury assessment and guide surgical decision making. The researchers analyzed the use of the TLICS in a large retrospective series of 147 children and adolescents who were treated at four pediatric medical centers between 2002 and 2015. The recommendations of the TLICIS were found to be in “very good concordance” with surgeon decision making. The study appeared in the *Journal of Neurosurgery: Pediatrics* ahead of print on April 8, 2016.

IMS

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>

June 6 Behavioral Therapy of Children with Tourette Syndrome
IU Health Neuroscience Center

June 10 32nd Annual Manion-Lingeman Lecture
and Research Seminar
Riley Outpatient Center

June 10 Garceau-Wray Annual Lecture
NCAA Conference Center

June 24 Glick Ophthalmology Residents and Alumni Day
Glick eye Institute

July 10-15 101st Annual Anatomy & Histopathology of
the Head Neck & Bone
Glick Eye Institute

July 15 Review & Interpretation of the 2016 ASCO Review
The Tower

July 16 Transgender Health 2016
University of Indianapolis, Schwitzer Center

Oct. 13-14 Building a Comprehensive Home Dialysis Program
JW Marriott Indianapolis

Course dates and locations are subject to change. For more
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IMS Events/Meetings

June 11-15 AMA Annual House of Delegates' Meeting,
Hyatt Regency, Chicago, IL

June 21 Senior/Inactive Luncheon Meeting, 11:30 AM,
Ms. Kären Haley, Executive Director, ICT, Inc.
The Indianapolis Cultural Trail
Knights of Columbus, 2100 E. 71st St., Indpls.,
46220, 317-253-3471

June 14 Executive Committee, 6:00 PM, Sandwiches

TBD IMS Advisory Breakfast (Le Peep's), 7:30 AM;
ISMA BOT, 9:00 AM @ Headquarters

July 19 IMS Board, 6:00 PM, Social; 6:30 PM, Dnr/Mtg.,
Holiday Inn, 251 E/Pennsylvania Pkwy.,
Indpls., IN 46280. 574-4600

Aug. 16 Executive Committee, 6:00 PM, Sandwiches

Sept. TBD Senior/Inactive Luncheon Meeting, 11:30 AM,
Knights of Columbus, 2100 E. 71st St., Indpls.,
46220, 317-253-3471

20 IMS Board, 6:00 PM, Social; 6:30 PM, Dnr/Mtg.
Dr. Susan K. Maisel will be installed as 143rd IMS
President, Holiday Inn, 251 E/ Pennsylvania Pkwy.,
Indpls., IN 46280. 574-4600

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Otis R. Bowen Community Service Award Nomination Form

My Nomination for Individual Physician for The Otis R. Bowen Physician Community Service Award is:

Name of Individual Physician (please print)

Address or phone number of physician

My Nomination for Physician Group for The Otis R. Bowen Physician Group Service Award is:

Name of Physician Group (please print)

Address and phone number of physician group

Your Name (please print)

Phone number where you may be reached

Submit your nomination by June 20 by fax (317-262-5609), phone (317-639-3406) or e-mail bhurt@imsonline.org

In Memoriam



William J. Sabo, Jr., MD
1937 - 2016

Dr. William J. Sabo, Jr., age 79, passed away peacefully at The Villages Hospice House, Florida, on Thursday, March 31, 2016.

Dr. Sabo was a proud graduate of Bishop Noll (1955), the University of Dayton, and Indiana University School of Medicine. He interned at Marion County General Hospital in July 1963-64. He completed his residency in Orthopedic Surgery at the Indiana University Medical Center.

He practiced Orthopedic Surgery for over 40 years in Northwest Indiana and Indianapolis. He was on staff at both St. Margaret Hospital in Hammond, where he served as president of the medical staff and Community Hospital in Munster. He also worked at the VA Hospital in Indianapolis for 20 years.

Dr. Sabo was a veteran of the US Navy during the Vietnam era serving at the Portsmouth Naval Hospital in Virginia

Dr. Sabo served the Indianapolis Medical Society as a member of the Commission on Professional Affairs, Alternate and Delegate to the State Convention.



Shirley D. Littlefield, MD
1924 - 2016

Shirley D. Littlefield, MD, passed away peacefully on April 6, 2016.

Dr. Littlefield was born in Clarks Hill, Indiana on December 19, 1924. She graduated from Nampa High School in Nampa, Idaho, Purdue University and Indiana University School of Medicine. Dr. Littlefield interned at St. Vincent's in Indianapolis and completed her residency at the IU Medical Center.

She practiced anesthesia at Methodist Hospital in Indianapolis, Hendricks County Hospital in Danville and Johnson County Hospital in Franklin for 50 years. After her retirement in 1997, she traveled the world visiting India, Thailand, Australia, Europe, Israel, and Egypt.

Dr. Littlefield was honored in 1998 as a member of the Indianapolis Medical Society's Fifty-Year Club.



John E. Batchelder, MD
1942 - 2016

Dr. John E. Batchelder, passed away on April 21, 2016. He was a resident of Carmel, Indiana. Dr. Batchelder was born on December 11, 1942, in San Diego, California.

Dr. Batchelder graduated from Shortridge High School, Wabash College and Indiana University School of Medicine. While at Wabash, he became a proud member of Beta Theta Pi fraternity and enjoyed many happy days there.

Dr. Batchelder completed his internship in Internal Medicine at St. Vincent Hospital, his residency in Internal Medicine at IU Hospital and his fellowship in cardiology at IU Hospital. He then went on to sub-specialize in electrophysiology, completing his fellowship at IU Hospital.

He was in private practice at Community Heart and Vascular Hospital. His many scholarly articles were widely published over the years. Dr. Batchelder started the very first cardiology program at St. Francis Hospital in Beech Grove in 1975. He was a member of numerous professional cardiology associations, including the American College of Cardiologists. He was often recognized as a Top Doc in *Indianapolis Monthly* magazine.

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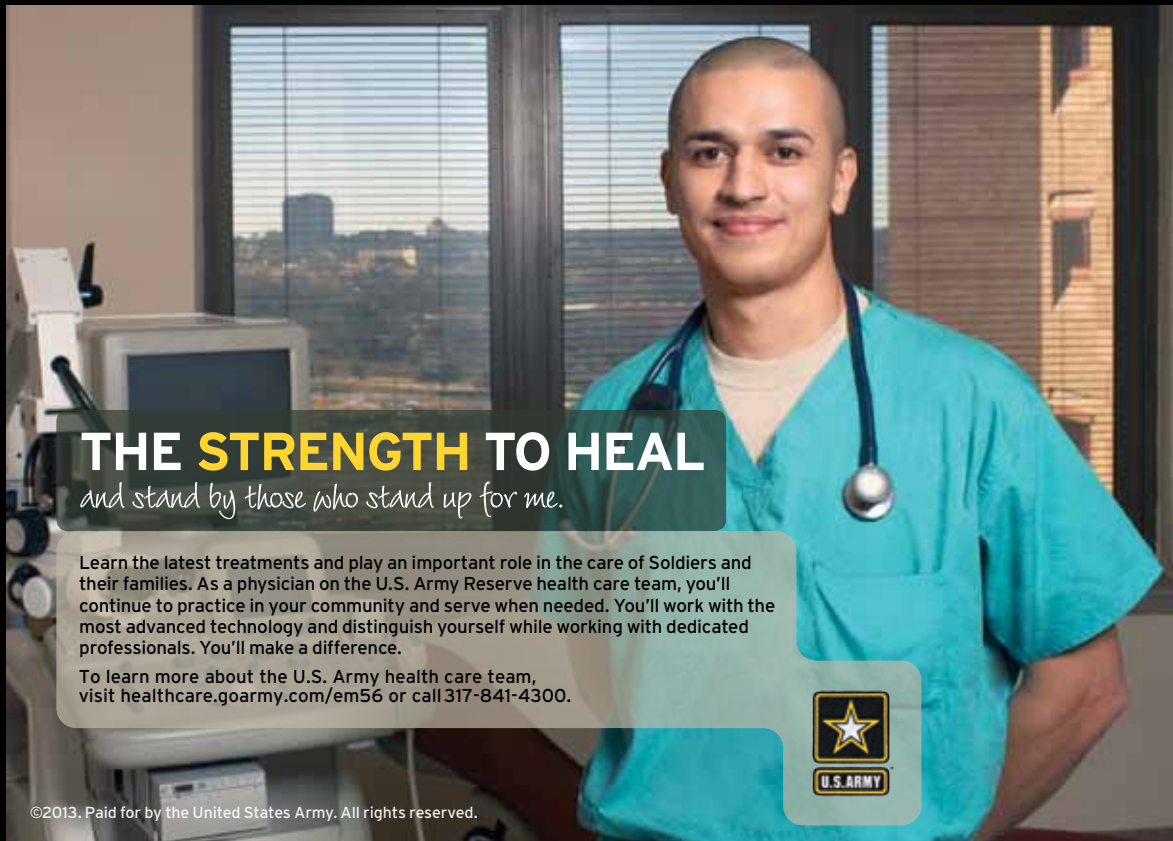
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