Indianapolis Medical Society 1848

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May 2016 • Indianapolis, Indiana

Bulletin

7th District Medical Society Annual Meeting

May 11, 2016

Tom Wood Aviation at Indianapolis Metropolitan Airport

See Page 12 to RSVP

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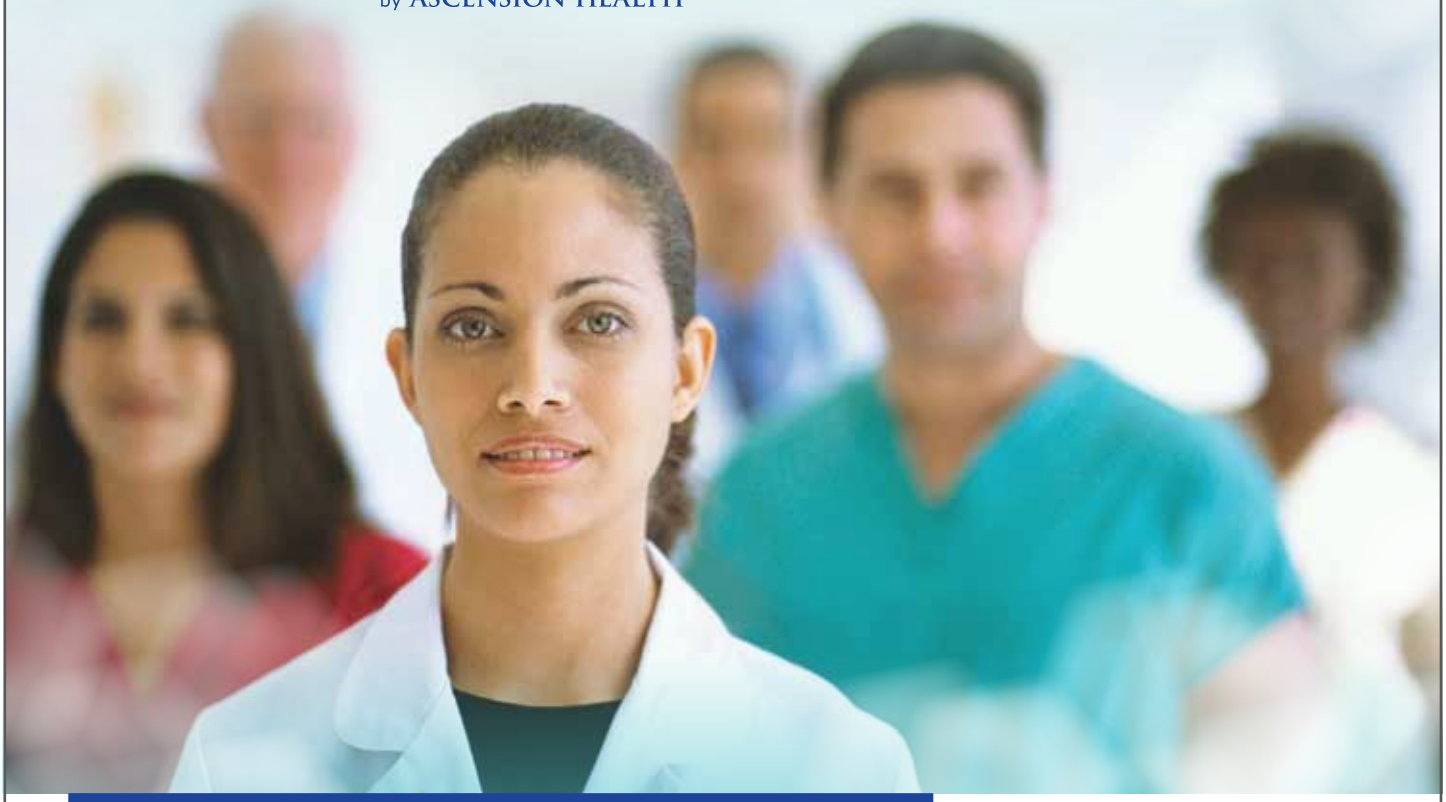

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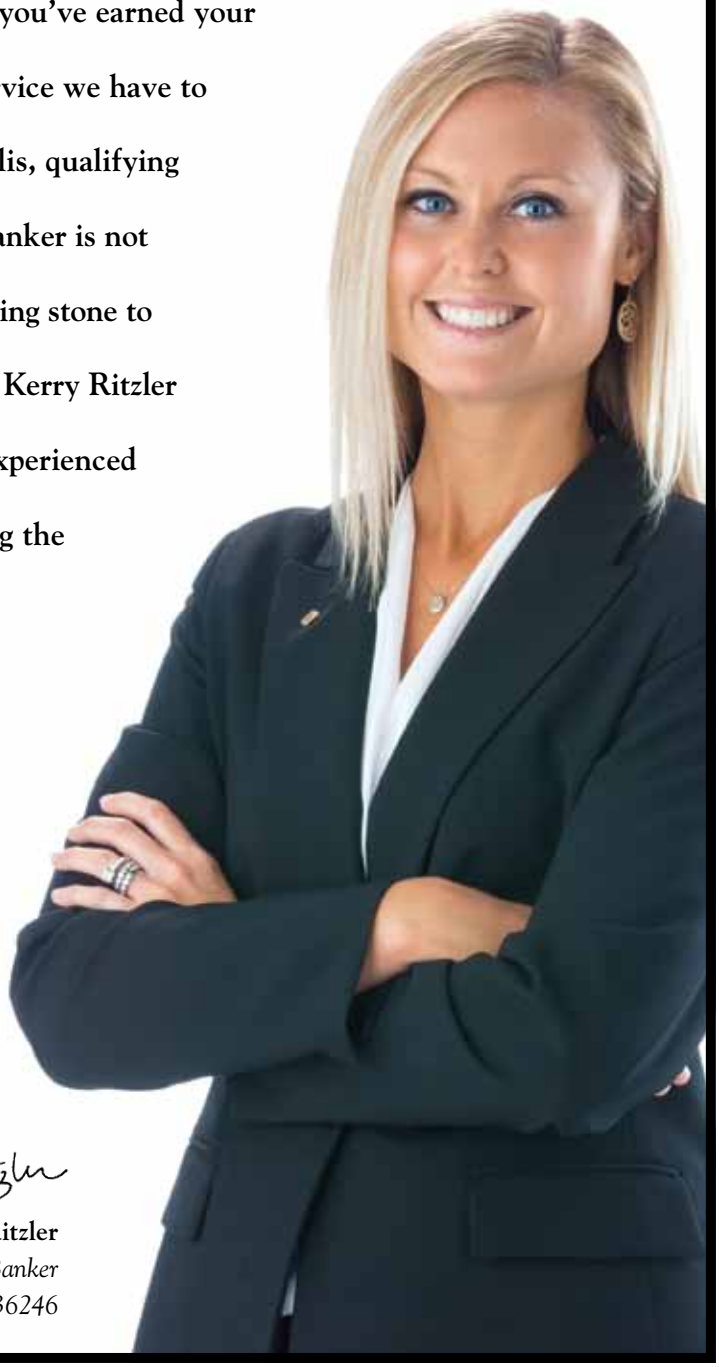

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We like to feature photographs or other artwork shared by IMS members on the cover of *The Bulletin*. Submit photographs, artwork, etc., to Beverly Hurt at the Society Office, bhurt@imsonline.org.

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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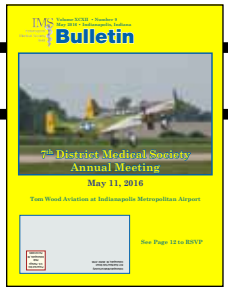
Special Features

Departments



about our cover

On our cover:
7th District Medical Society Annual Meeting, May 11, 2016, Tom Wood Aviation at Indianapolis Metropolitan Airport, 9913 Willow View Road, Fishers, Indiana. Pictured are two P-51s. RSVP page 12.

7th District Medical Society Annual Meeting

May 11, 2016
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at Indianapolis Metropolitan Airport
9913 Willow View Road, Fishers, Indiana

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President's Page

Stephen W. Perkins, MD

Ransomware: "Are You Aware?" - Cyber Extortion is Happening

Dear Colleagues,

Ransomware is hitting dozens of healthcare organizations. Cyber extortion is right at our doorsteps. The FBI has even sent out a national alert for U.S. businesses about the urgency of the current cyber extortion that is occurring. They have asked businesses and software security experts for emergency assistance in investigating a new pernicious type of "ransomware" virus used by hackers for extortion. Ransomware is a malicious software that encrypts a victim's data so that they cannot gain access to it on their computers, then offers to unlock the system in exchange for payment.

Of course, the sectors hardest hit by ransomware include industries that rely on computer access for performing critical functions, such as healthcare and law enforcement. Attackers are using new and more sophisticated methods to deliver their malicious software that, in some cases, are causing victims to pay rather than restore encrypted files themselves.

Dozens of healthcare organizations have been infected with SamSam ransom software in just the last week. The attacks were significant because they utilized a new method of infection not seen before. Instead of requiring an individual to click on a link in an email or browser page, the ransomware infected systems via an unpatched server vulnerability. Systems attacked by the SamSam ransomware become vulnerable because the servers have not been kept up-to-date. Craig Williams of the Cisco Talos Sr. Technical team wrote in a story in *iDigital Times* on Tuesday, March 30, 2016, that he does not really believe attackers are specifically targeting healthcare organizations, it is just that they may be susceptible due to lacking information security infrastructure. He urges all small businesses and healthcare organizations to, "Patch your servers. Have a backup." A lot of people in the healthcare industry have suffered the attacks because it is an industry that will pay and has poor information security structure. In the last month, two separate hospitals, Hollywood Presbyterian in California and Methodist Hospital in Kentucky, each reported paying out $17,000 in bitcoins to have their files decrypted. Initially, the attackers or cyber criminals were asking for small amounts of money or small bitcoin prices for each PC infected. Now, they have increased to a larger amount for entire systems, asking as much as $10,000 per infected system to unlock them. Many healthcare organizations hit with ransomware have refused to pay the ransom, but the cost of the man hours to restore the information the attackers encrypted well outweighed the cost of paying the ransom. A small business in Austin, Texas was hit with another recent virus, Locky virus ransomware, in late February. Although their IT team shut down the malware within an hour of hitting the system, it managed to encrypt over 3,000 files stored on the company's server. Fortunately, the company had a good backup system in place and very little data was lost, but the cost of cleaning up the mess was significant. It took 24/7 of IT help to shut the system down and reinstall files from their backup, so it would have been cheaper just to pay the ransom. To do so would just cause them to be labeled as a "sucker" and to definitely be on the hit list again. For this reason, security firms urge victims of ransomware not to pay the ransom.

One of the reasons I am addressing this topic to IMS members who are either in private practice, group practice or work as part of a healthcare delivery system, is because we are all vulnerable. Our office and single specialty group practice was very recently attacked, unwittingly through one of our PC stations, and infected with the Locky virus. When we came to work, multiple aspects of our practice operating system, including scheduling, photography and data retrieval were inaccessible. Many of our employees had noticed a flood of emails which were similar, even ending with a .doc extension. The emails requested the person to open an invoice from a fictitious medical supply company. Most employees recognized this was not of their immediate concern and just ignored or deleted the message. However, some employees opened the email with a single click and were told to download specific software in order to open the invoice. Identifying which computer downloaded the infected file took nearly 36 hours of nonstop IT intervention and support. It was not easily detectable because no request was sent for payment of ransom between the time we were shut down and when our IT personnel intervened. We had experienced one prior attack with another ransomware and we quickly isolated it to one PC that had a red box warning requesting $300.00 - $400.00 to unlock a certain file. We chose to pay our IT personnel instead to identify and quarantine that PC station, clean it and reinstall the necessary software and files, and contain the virus. However, this time, when infected by the Locky virus, we had to shut down all of our servers, in addition to each PC station, then bring up each PC station individually and, finally, reload our backed up data.

What is Locky Ransomware?

A new cryptolocker-type ransomware, called "Locky," has been spreading like wildfire through users around the globe. The Locky virus which emulates ransomware that encrypts users files and demands bitcoin payments to decrypt them, made an impressive "debut" in February, 2016. The ransomware attack which was first sent to nearly one-half million victims on February 16, 2016 came in the form of a Microsoft Word document (.doc) with a malicious macro in it. The targets were sent with the infected document via email which led them to believe the document was an invoice requiring payment. When the document was opened, it requested permission to run a macro, which many victims allowed. The infected macro then performed the dirty work of installing ransomware and scrambling the victims' files. The malicious file was going undetected by most antivirus software. While the first Locky attack that occurred targeted 400,000 victims, it was only a trial run for the malware. The active infections have ramped

Continued on page 15.

William H. Dick, MD

Speaker: Dr. Harvey Feigenbaum
Lessons from 50 Years in Medicine

What a great meeting! One of our own, Dr. Harvey Feigenbaum was instructing us, as he has so many students, residents and fellows over the years. The "Father of Echocardiography" spoke to us as a parent, or as a learned professor, which he is. Harvey was quick to say that he was not the first person to do echocardiography. That honor would go to Inge Edler and Helmuth Hertz, two European researchers who were in the field 10 years earlier. Neither thought that cardiac ultrasound had much of a future. Harvey Feigenbaum improved on and expanded cardiac ultrasound, bringing it to the attention of the world. Well, Bill Gates was not the first person to work on a computer, either!

And in 1960, most physicians said that "You cannot keep someone alive on a kidney machine." Today there are over 300,000 patients on dialysis to prove that statement wrong. Dr. Feigenbaum would demonstrate that cardiac ultrasound did have a future!

Harvey is a native Hoosier who graduated from Indiana University School of Medicine in 1958. Harvey interned at Philadelphia General Hospital then took his Medicine Residency and Cardiology training at IU. He joined the faculty of the Cardiology Department in 1962. It was while he was on the faculty that he worked on, and later defined, Echocardiography. His breakthrough paper was published in 1965. Through his articles, books and seminars he has brought the science of Echocardiography to his Fellows and Cardiology colleagues worldwide.

His original interest in Echocardiography was with pericardial effusion. He and a colleague did experiments on five dogs. They created pericardial effusion and then reversed the effusion, demonstrating the change on ultrasound. Later, Harvey became proficient in measuring left ventricular wall thickness. He was also an early proponent of digital echocardiography.

Dr. Feigenbaum told us about a childhood friend who wrote a book about oxymorons. Included in that list was jumbo shrimp, working vacation, taped live, old news, military intelligence and conventional wisdom. Conventional wisdom plays a role in the practice of medicine (Lesson #1); it is frequently wrong. There is confusion between expertise and wisdom. Conventional implies generally accepted. New ideas are unconventional. A few examples of conventional wisdom in medicine are peer review and advisory committees.

Harvey used a few examples to demonstrate that new ideas are not always accepted. Papers are rejected and medical experts fail to take advantage of a new discovery. Early cardiac ultrasound at IU was done with equipment borrowed from the Neurology Dept. All early papers on ultrasound and left ventricle thickness were rejected until a Stanford University paper was accepted. Dr. Harvey Feigenbaum was the reviewer. Instead of trying to convince older physicians, the way to acceptance of a new idea or therapy is to educate young physicians. That Harvey did, as people came from all over the world to train at IU.

More lessons:

Lesson #2 – Overcoming legitimate skepticism – The first person who needs to be convinced is you.

Lesson #3 – Most advances result from unexpected or unrelated events.

Lesson #4 – Medical politics – Self-interest is the number one priority and trumps everything else.

Lesson #5 – Keep it simple, stupid.

Dr. Feigenbaum's quotations:

"You will remember that which you got wrong longer than that which you got right. "

"Are you asking me or telling me?"

"Would you bet your fellowship on that answer?"

"No information is better than wrong information."

"The most expensive test is one that gives wrong information."

"The perfect test does not exist."

Some of us know Harvey as a kind and gentle man who is adept at violin playing, at tennis or for his charity work. But most know him as a revered teacher, one whose brilliance has illuminated all of us.

IMS

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Richard W. Jackson, MD, presented a seminar on April 18, 2016. Dr. Jackson explained the latest procedures in joint replacement and arthritis treatments. He is a member of the Midwest Center for Joint Replacement; Dr. Jackson is an independent physician on staff with Franciscan St. Francis Health - Mooresville.

Rick C. Sasso, MD, Indiana Spine Group, in February 2016, served as a faculty member for the Cervical Spine Research Society Annual Cadaver Course. The course, called the Annual International Cervical Spine Course, was put on by the Cervical Spine Research Society. Spine surgeons from around the world participated in this course. Dr. Sasso was asked to lecture about cervical artificial disc replacement and posterior cervical instrumentation.

Dr. Sasso served March 1, 2016, as a faculty member at the American Academy of Orthopaedic Surgeons 2016 Annual Meeting. He led two educational seminars over the course of the five-day meeting. He offered an instructional course titled, "Cervical Spine-Ask the Experts," and he spoke about surgical treatment of 2 level herniation causing radiculopathy. Dr. Sasso also served as a faculty member in a symposium hosted by the Cervical Research Society called, "What Keeps Me Awake at Night: Cervical Spine Surgery." He also gave a talk on cervical myelopathy caused by OPLL-Ossification of the Posterior Longitudinal Ligament.

Dr. Sasso served as a professor in the debate section on treatment of Cervical Spinal Disorders at the 32nd annual meeting of the Joint Section of the Congress of Neurological Surgeons and American Academy of Neurologic Surgeons-Spine Summit held March 16-19 in Orlando, Florida.

In March 2016, **Theresa M. Rohr-Kirchgraber, MD,** spoke on the physicians' role in the care of abused women and trafficking at the Medical Women's International Association meeting and Commission on the Status of Women at the United Nations. Prior to that, Dr. Rohr-Kirchgraber presented at the American Medical Women's Association (AMWA) meeting in Miami, Florida, on gender and salary, "Negotiation: You have the Power!" The meeting marked the end of her yearlong presidency of AMWA.

News from Goodman Campbell Brain and Spine ...

The Epilepsy Foundation of Indiana presented a Lifetime Achievement Award to **Thomas C. Witt, MD,** at its "Evening for Epilepsy" gala held at the Ritz Charles on February 27, 2016. The Lifetime Achievement Award honors a physician for his or her lifetime dedication to the highest medical principles combined with the utmost compassionate practice, and their commitment to providing relief to epilepsy patients. This award reflects an innovative, imaginative and inspirational physician leader while exemplifying an understanding of social consciousness and community involvement. Dr. Witt has helped bring several novel procedures for epilepsy to Indiana, including Gamma Knife radiosurgery, deep brain stimulation, NeuroPace responsive neurostimulation, Cyberonics VNS auto-stimulation and stereotactic laser ablation of the mesial temporal lobe. He continues to utilize technology to find better, safer ways to surgically help people who suffer from debilitating seizures.

Nicholas M. Barbaro, MD, and **Richard B. Rodgers, MD,** served as faculty for the Interurban Neurosurgical Society's 2016 Annual Meeting held in Chicago on March 4, 2016. Dr. Barbaro presented a discussion on "Recent Changes in Residency Education, for Better or Worse." Dr. Rodgers lecture was entitled "Traumatic Brain Injury: Guidelines, Best Practices and Reality."

Eric A. Potts, MD, recently served as moderator of the Scientific Session "Surgical Site Infections: Impact on the Patient, the Hospital, and You" at Spine Summit 2016. The 32nd Annual Meeting of the Section on Disorders of the Spine and Peripheral Nerves was held March 16–19, 2016, in Orlando, Florida.

Nicholas M. Barbaro, MD, and fellow co-authors published their research on the "Impact of the 2006 Massachusetts health care insurance reform on neurosurgical procedures and patient insurance status." The authors analyzed records of patients who underwent procedures in the state from 2001 to 2012, including patients' insurance status and the ICD-9-CM codes used for different neurosurgical procedures. They found that after passage of health insurance reform, the number of uninsured patients in Massachusetts undergoing neurosurgical procedures decreased significantly. However, the total number of surgeries performed did not change dramatically. The authors' results appeared online ahead of print on March 16, 2016, in the *Journal of Neurosurgery*.


Nicholas M. Barbaro, MD


Aaron A. Cohen-Gadol, MD


Richard W. Jackson, MD


Eric A. Potts, MD


Richard B. Rodgers, MD


Theresa M. Rohr-Kirchgraber, MD


Rick C. Sasso, MD


Thomas C. Witt, MD

Richard B. Rodgers, MD, has been awarded Neurosurgical Subspecialty Certification in "NeuroCritical Care" from the Society of Neurological Surgeons Committee on Advanced Subspecialty Training.

Aaron A. Cohen-Gadol, MD and fellow co-authors reported their research titled "Can blockage or sacrifice of the middle meningeal artery lead to hydrocephalus?" During neurosurgical procedures in the region of the pterion, the middle meningeal artery is often sacrificed. The researchers hypothesized whether this may be a potential reason for the development of postoperative hydrocephalus by injuring the vascular supply to the arachnoid granulations near the vertex of the skull. The complete study details and results were published online ahead of print on March 14, 2016, in *Child's Nervous System*.

7th District Medical Society Annual Meeting

May 11, 2016, 6:00 - 9:00 p.m.

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Mail RSVP to 631 E. New York St., Indianapolis, IN 46202 ... or ... Fax to IMS at **262-5609**

In Memoriam

John George Pantzer, Jr., MD
1932 - 2016

John George Pantzer, Jr., MD, was born April 6, 1932, in Indianapolis, Indiana. Dr. Pantzer spent his boyhood summers in Sheboygan, Wisconsin with his father's sister, Laura (Pantzer) Vollrath and his cousins.

Dr. Pantzer attended Shortridge High School and completed his Eagle Scout prior to graduation in 1950. He graduated from Wabash College in 1954, where he was a member of the Delta Tau Delta Fraternity. He earned his medical degree from Indiana University Medical School in 1958. After an internship at Baylor University in Houston, Texas, he returned to Indiana University to complete both general surgery and plastic surgery residencies. He became a diplomat of the Board of Plastic and Reconstructive Surgery in 1967, and had a private practice in Indianapolis. While practicing, he served as Chief of Staff at Methodist Hospital and was active in both ISMA and Indianapolis (Marion County) Medical Societies. At the IMS, Dr. Pantzer was a member of the Board of Directors from 1971-1980, serving as Board Chair 1974-1975 and on the Executive Committee 1975-1976. He also lent his energies as a Delegate or Alternate Delegate from 1973-1996 and the Medical-Legal Committee from 1968 until 1996. In 1978, he served as President of the Ohio Valley Society of Plastic Surgeons. He also was the primary plastic surgeon for the Indianapolis Motor Speedway, where he provided burn and reconstructive surgery for injured drivers. He retired from practicing medicine in 1992.

He was a member of the Indianapolis Museum of Art Board of Governors, where after retirement he served as a docent giving tours to junior high school students. Dr. Pantzer valued his membership in Scientech, Gyro, Old Duffers and the Indianapolis Literary Club. An active member at Woodstock Club, he enjoyed playing tennis and golf with family and friends. He served on the Board of Directors of The University Club, where he was a member for many years.

Dwight William Schuster, MD
1917 - 2016

Dwight William Schuster was born October 9, 1917 in Shawnee, Ohio. His mother died when he was 16 years old and he moved in with his sister, Marjorie Schuster Springer and her husband, Warren, on the eastside of Indianapolis while Dwight's father traveled selling insurance.

Dr. Schuster attended Shortridge High School in Indianapolis graduating at 17, in 1934. He earned his undergraduate degree from Butler University in 1942. He then received his medical degree in 1944 from IU School of Medicine. During his internship, he was inducted into military service with the U.S. Army. He served as a medic in Germany during WWII and was discharged at the rank of Captain in the Medical Corp in 1945, later joining the Indiana National Guard, retiring as Lt. Colonel Division Surgeon of the 38th division in 1955.

Dr. Schuster completed his residency in Neurology and Psychiatry and earned his certification from the American Board of Psychiatry and Neurology in 1950. He had a private practice in Indianapolis (1950-1983), before becoming Medical Director/Chief of Psychiatry at Methodist Hospital (Indianapolis) until 1989. Dr. Schuster practiced Forensic Psychiatry until 2007, serving as court Examiner for Competency and Sanity throughout Indiana, in many trials and hearings, most notably the notorious Gertrude Baniszewski/Sylvia Likens murder case, as well as, the hostage case of Tony Kiritsis.

Dr. Schuster was involved in many clubs and organizations and received many honors: member of President Reagan's Committee on Mental Retardation, Sagamore of the Wabash (twice), President of Indianapolis Medical Society and Indiana Psychiatric Association, Professor Emeritus of Psychiatry at IU School of Medicine, Alumni Trustee of Butler University, Board of Crossroads Rehabilitation Center, Advisory Council of National Institute of Drug Abuse, Indiana Medical History Museum, fundraising for Facial Cranial Research and Care, and most recently recognition as an Outstanding Alumni of Shortridge High School. He was a member of Broad Ripple Sertoma, Service Club of Indianapolis, Scottish Rite, and the American Legion. He also belonged to 2nd Presbyterian Church where he assisted in the development of their counseling center, CenterPoint Counseling.

Dr. Schuster's widow, Anne, who survives, served the Indianapolis Medial Society as a leader of the Alliance for many years.

Alfons Landwehr, MD
1921 - 2016

Dr. Alfons Landwehr, 94, Indianapolis, passed away March 31, 2016. He was the eighth of 12 children, born October 8, 1921 in Lohne, Germany.

Dr. Landwehr graduated with a degree in medicine from Goettingen University in Germany. He moved to the United States in 1951 and became a citizen in 1956. He completed a one year internship along with 9 months in pathology, 9 months in pediatrics, an additional one year internal medicine with his residency specialty in Tuberculosis. He practiced pulmonary medicine at Sunnyside Sanatorium, Wishard Hospital, and St. Francis Hospital until his retirement in 1985. He was a member and past president of the Indiana Lung Association.

Dr. Landwehr was an avid golfer and sports fan. He enjoyed the friendships made at Marquette Manor over the past seven years and loved spending time with his family, especially his grandchildren and great grandchildren, who knew him as "G.P."

New Members

Harris, Jonathan S., MD
Resident – IU School of Medicine
Orthopaedic Surgery
Medical College of Georgia, 2011

Phillips, David R., MD
Resident – IU School of Medicine
Otolaryngology
Indiana University, 2013

Stegink, Ryan G., MD
Resident – IU School of Medicine
Pediatrics
University of Illinois, 2013

Human Interest & Hobbies Wanted for your IMS *Bulletin*

Do you have an interesting story or a special hobby that you want to share with your colleagues? If you are willing to share, please submit to mhadley@imsonline.org

President's Page

(Continued from page 7)

up quickly and continue to rise. Locky is infecting anywhere from 1-5 computers every second, making the new ransomware a "major cyber security incident." The majority of the infected computers were in Germany and the United States.

How Locky Works

Locky ransomware begins its attack from an infected Windows machine but can spread to other platforms, like Linux and OSX, via network connections.

Locky has upped the ante even further, taking additional steps to bring victims to their knees. Once installed, the ransomware removes any volume snapshot (VSS) files or shadow copies that the users' computers may have made. These shadow copies are a way Windows makes live backup snapshots of works in progress so, at this point, there is only one method of removing Locky virus and having files decrypted: paying the ransom. "Locky is very well designed," said Beaumont of *iDigital Times*. Victims are better off restoring from any backups they may have.

According to John Southrey, manager of consulting services at the Texas Medical Liability Trust (TMLT), a company based in Austin, Texas which provides medical professional liability insurance to Texas Medical Association members: "Cyber fraud is the most underestimated and underappreciated risk faced by small businesses, particularly in healthcare. Most physicians are not budgeting enough for computer data security because they think their practices are too small to attract the attention of cyber criminals. However, losses incurred as a result of data breach can be worse than a direct tangible property loss such as from a fire or tornado.... Many cyber-criminals consider physician practices to be low-hanging fruit because they have not kept up with technology."

Virus Containment and Restoration

In our office, managed by our practice administrator, we do daily backups of all data systems, including: 1) network data, 2) medical server data, and 3) photography. We have separate backup drives for each day of the week. We always store one of the drives off-site in the event of damage to the facility and that drive is then changed out.

When we realized we were infected, we immediately called the IT specialist who works for an IT firm and is dedicated to our practice. He knows our system inside and out. He responds on a 24/7 basis. He comes to the practice and researches, identifies, and removes the virus. He then restores our information from previous backup(s).

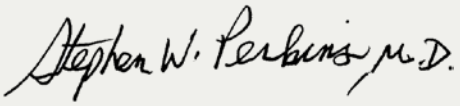
The "key:" It is an absolute necessity that the entire staff understands the issue, the risks, and their potential role in allowing a virus to access and infect the system. Staff training is essential. In many cases small practices are particularly vulnerable to fraud because they do not implement procedures that might prevent errors. While your employees might be fully deserving of trust, mistakes can happen. Cyber criminals work by 'tricking' someone into disclosing financial or otherwise key information. Employees should learn how to recognize spam emails that appear to be from a payroll company or otherwise, as in our case, an invoice being sent. They should not open or download anything from sources they are not aware of or accustomed to dealing with. The real risk is that the cyber criminals could even access patient records. We chose not to pay a ransom, although it did potentially cost us much more in time, expense and effort to restore the entire system from our backups and return to normal practice functionality and efficiency.

Because there is significant liability, everyone should consider carrying cyber insurance. We have insurance that includes privacy regulatory defense and penalty coverage, security and privacy liability coverage, multimedia liability coverage, network asset protection coverage (including business interruption), privacy breach response costs, patient notification expenses and patient support and credit monitoring expense coverage, cyber extortion coverage and cyber terrorism coverage (including business interruption). We also have developed a cyber risk and management plan to be in force with employees. We have up-to-date written policies and procedures addressing HIPAA privacy, security and breach notification. All new employees receive privacy and security awareness training to comply with federal and state medical privacy and security laws.

In summary, there is a new world order, not only in what we are required to do with electronic medical records but to protect those records and have safeguards against cyber attacks and cyber extortion via infected ransomware. I hope I have enlightened you to some degree, if not warned you to be proactive with your own practice and otherwise business systems and to protect yourselves from liability as well as practice interruption and extortion.

"By failing to prepare, you are preparing to fail." – Benjamin Franklin

Sincerely,



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