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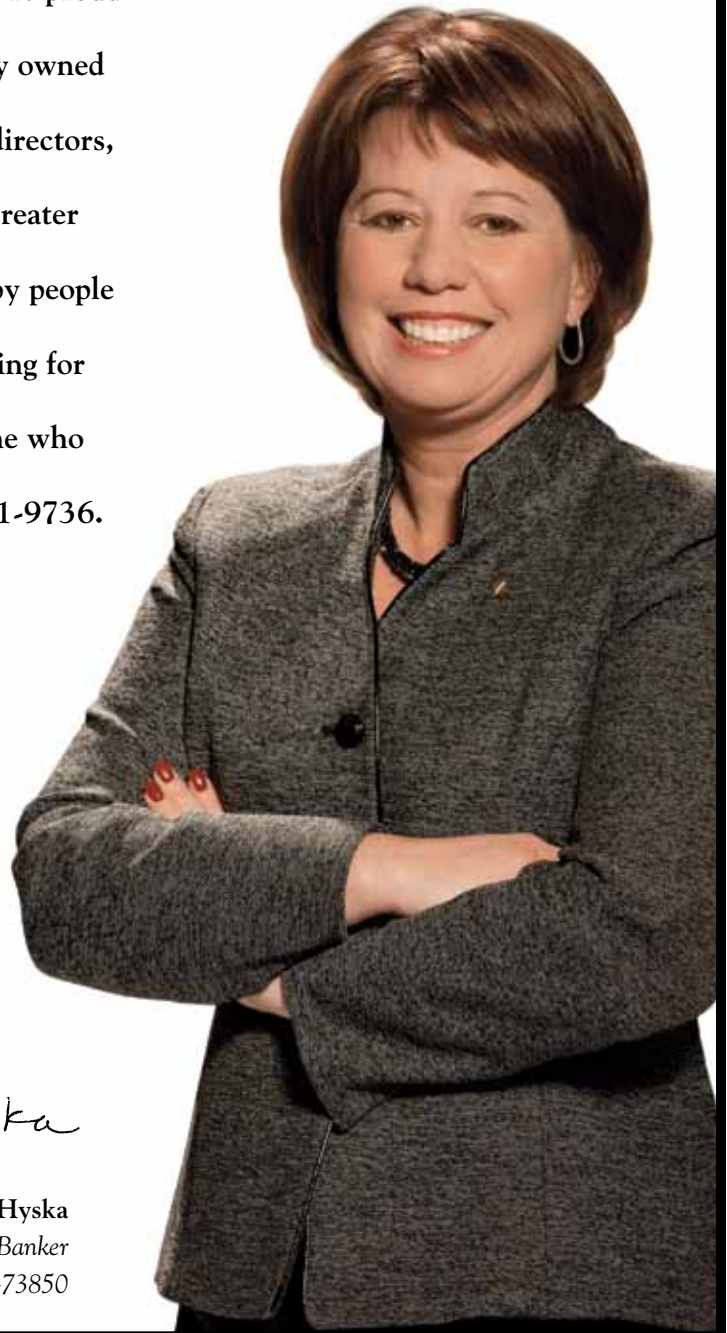
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The Bulletin is your magazine. Share your views by submitting reprints of your published articles; articles written expressly for *The Bulletin*; quips; short stories; brief comments; ideas; cartoons, etc.

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about our cover

On our cover:
The Concert for Valor was a Veterans Day concert that took place on November 11, 2014, on the National Mall in Washington, DC. Photo attributed to D. Ramey Logan.





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Staying medically up-to-date and so much more...

Here I go reminiscing again! This time I am reflecting back to what seemed to be the only expectation that the world had for me as a physician when I first entered practice in the 1990's. The expectation was that I would continue my medical education by reading journals and attending case conferences and CME lectures, and then provide the best, most appropriate, up-to-date medical care possible for my patients. My own expectation was that I would educate the patients while caring for them, learn from them, and then play forward my accumulated knowledge to the next generation of physicians. What then seemed like an all-encompassing rigorous work life, in retrospect, now looks like child's play. The list of expectations for maintaining competency in our specialties, and now in technology, has grown exponentially!

Just to name a few on the list, in the last year we have all been involved in medical competency programs for our specialties, including CME, board preparation and MOC exams. We have also trained for multiple EMR systems (no two hospitals or offices seem to have the same system). We have trained in the use of Health Information Exchanges that helps different EMR's "communicate." We have trained for ICD-10, and then trained for entering our own billing. We have had to train in insurance formulary changes and, by trial and error, have trained in effective insurance semantics in order to obtain authorization for the medical needs of our patients. We are in training on the Internet constantly, side by side with our patients, learning not only how to correspond without violating privacy laws, but also how to utilize the growing "app" world of medical devices and health managers, and how to distinguish those which are applicable to and best for our patients from those that are the modern day "snake oils;" we are learning how to incorporate these medical "apps" into the medical record without committing HIPAA violations. Telemedicine, once a futuristic idea, is now a reality for today, and we are training in its medical use and legal implications.

In summary, we are training in increasingly automated and computer-driven interactions between doctor and patient, leaving behind the person-to-person connection that we once considered sacred. For every hour we physicians spend providing clinical care to our patients, we now spend two hours on administrative tasks, as reported in the recently published AMA-sponsored Dartmouth study in the *Annals of Internal Medicine*. A 2013 John Hopkins study showed that first year physicians spent only eight minutes a day with each of their hospitalized patients "while spending hours at the keyboard describing and quantifying" those brief interactions.

How did we get here? To start with, the birth and ascendance of insurance corporations grew from the development of third party financing resulting from the Great Depression. The insurance corporations were able to influence the clinical practice of hospitals. Economic forces subsequently affected the ability for many private medical practices to survive, resulting in the new era of hospital system-employed physicians. Corporatized medicine was born!

Then, in 2009, Congress passed the HITECH Act, designed to improve the US health system by promoting and standardizing the use of computer technology by physicians. It created "Meaningful Use" by federally standardizing, in great detail, how physicians were to use computers in a medical practice. It instructed what data was to be collected, and provided mechanisms by which hospitals

could prompt doctors to make choices in line with the hospital's goals and practices. Financial incentives forced compliance with these instructions. The system developed tens of thousands of billable diagnosis codes that physicians must choose from, before making any clinical decision, forcing nuanced individual cases to be "categorized." The system also developed prompting for preferred medications to be prescribed, and for permissible tests to be ordered for a specific diagnosis code. The Electronic Health Record evolved into a management tool for billing compliance and population-data collection.

As physicians, our newest competency challenge this next year will be to understand and initiate changes related to the Quality Payment Program, better known as MACRA. The Medicare Access and CHIP Reauthorization Act (MACRA) was signed into law April 16, 2015, with the final rules just passed October 14, 2016. The program will go into effect in 2017. Through MACRA, the Department of Health and Human Resources aims to offer multiple pathways with varying degrees of risk and reward for providers to tie more of their payments to value. The new law was created to permanently eliminate the flawed Sustainable Growth Rate (SGR) formula and its annual threat of steep payment cuts, replacing it with "a system that has the potential to provide many physicians the opportunity to be rewarded for the improvements they make to their practices and for delivering high-quality, high-value care to Medicare patients." Penalties will be placed on non-compliant practices and organizations. The AMA has been politically active in advocating for state and federal easing of the extensive bureaucratic requirements on physicians, and as a consequence, there have been significant changes made to the final MACRA ruling on the Quality Payment Program. The AMA has developed a cadre of learning modules distilling and simplifying the MACRA rules that can be found on the AMA website.

It is a challenge to not feel distracted from the subtle art of listening and recording the nuances of a patient's history, in exchange for checking off all the required boxes. We were drawn to the profession because of a desire to interact and connect with people. Physicians are retiring early because of the escalating administrative burden that has diminished the humanity of the profession.

Let us not buckle under the weight of massive regulations and ill-designed electronic information systems, but rather buckle down together to redesign technology and regulations that will lead us to good doctoring. Technology is here to stay, and is central to the future of medicine and good patient care. Physicians must come together to advise and encourage the technology industry to enhance and redesign electronic systems that facilitate the physician-patient connection. We must advocate for legislation that reduces the clerical and bureaucratic requirements that distract us from patient care and good decision-making. Stand alone and we will certainly be led; stand together and we can be heard, we can lead. Encourage your peers to be vocal, to critique, and then to be to be creative. Let us partner with our specialty societies. The hospital associations have many common interests and a strong advocacy arm – let us become allies in forging the future of medicine. For better or worse, we are all in this together, and together we can and will have a voice. As always, I look forward to hearing from you!



William H. Dick, MD

Speaker – James E. Baize, Honoring One of The Greatest Generation

Jim Baize's life can be called an American success story. He became a man first, then a student. He was a Marine first, then an engineer.

Mr. Baize has spoken in the past about the original 1945 Iwo Jima invasion, with its huge casualty list, including the speaker. Recently, on a special trip to Iwo Jima, twelve men of the current 100 survivors of the battle returned to the island. The anniversary tour was sponsored by The Greatest Generation Foundation. A journalism student from The Ohio State University was assigned to each veteran. The group was honored and saluted everywhere they went. Delegations from the service branches, veterans and government officials met them at airports in LA, Oahu and Guam. On Iwo Jima, they were met by Marines from Okinawa. Today Iwo Jima is owned by the Japanese government. The island is uninhabited and has no water supply. An air strip and monuments are all that remain.

Now flash back to 1943. In Indianapolis, with his parents gone, Jim Baize lived with a grandfather and then in a hotel room by himself. He had dropped out of school. Tiring after six months of delivering Western Union telegrams by bicycle, he went with a friend to enlist in the U.S. Navy. He passed all the tests but did not possess a birth certificate. Later an adult claiming to be his father attested that Jim was seventeen. His actual age was fifteen. (The U.S. Government still has him listed as two years older than his actual age.) Jim was now a proud member of the U.S. Navy.

Jim was trained at Camp Pendleton to drive an amphibious boat. He participated in the invasions of Saipan, Tinian and Guam, all without difficulty. Next up was Iwo Jima. He piloted a Higgins boat (LCVP) toward the beach when it took a direct hit. All the men were killed but Baize. Wounded, he was pulled ashore by a fellow Marine. There he stayed on the island as part of the assault force until he was later moved to a hospital ship.

The small island of Iwo Jima (five miles long and two and one-half miles wide) had to be taken because it was on the flight path to Tokyo. The conquest was expected to be over in three days; it took 36 days. There were 22,000 Japanese dug into 17 miles of tunnels. After the battle, only 800 of the enemy survived. The U.S. had 70,000 troops and suffered 8,600 killed and 6,000 wounded. Jim was on the island to witness the raising of the American flag atop Mt. Suribachi. That was surely a grand sight.

Mr. Baize showed us two DVD's, including a color movie of the invasion and its aftermath.



Mr. Baize earned his GED in the service and then attended Northwestern University, earning a Mechanical Engineering degree in 1948. He attended General Motors Institute with Management as the focus of his study. Later he attended Purdue University and secured a degree in Nuclear Engineering in 1968.

Jim was an early entrant into the field of aviation engineering. In 1951, he was a design engineer and the Chief Plant Engineer at General Motors. He contributed to state-of-the-art testing of aircraft

engine components, earning him national prominence. In 1959, he formed an engineering company and in 1963 he founded an architectural engineering consulting firm, Baize Engineering, which he managed until his retirement in 1995. The corporate office is in Indianapolis and there are three branch offices on the U.S. mainland. Additional offices can be found in Hawaii, Guam, Manila, Hong Kong, Seoul, and Tokyo. Various family members are involved with the company, which built the parking garage at the new Eskenazi Hospital.

Mr. Baize's list of community contributions is simply staggering. Among them are: Past Board Chairmen of the Indiana Amateur Baseball Association, 500 Festival Committee (1998-90), Chairman of Construction for the 10th Pan American Games in Indianapolis in 1987, Past President of Ben Davis Lions Club, and he was a Charter Member of the Optimist Club of Indianapolis. He joined Sciencetech Club in 2009 and is a Director of the Sciencetech Club Foundation.

Jim is a member of many military organizations including the American Legion, Purple Heart Association, Veteran of Foreign Wars and the Iwo Jima Survivors Association. He belongs to nine professional organizations, one of which is the American Nuclear Society.

Jim Baize has earned many awards over his lifetime. He has an Outstanding Service Award from Lions International, is listed in Who's Who in Science and Engineering, and was named as one the Outstanding Intellectuals in the 21st Century in 2000. Additionally, he has a patent for an Internal Combustion Power Unit, is Chairman for the business promotion by the National Council of Engineers and is an Honorary Member of Phi Kappa Tau of Indiana University. Moreover, his war record is part of the Congressional Record and he has been part of the *Words on War Book*, Vol. 4. Jim has been Grand Marshall of a Fourth of July Parade in Oaklondon. But the best one is – he was selected as the "Best Dressed Man in Indiana" in 1969!

Most importantly, Jim is a great guy, a great family man and a great citizen.

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Bulletin Board

Stephen W. Perkins, MD, Meridian Plastic Surgeons, was Key Invited Faculty at the recent European Academy of Facial Plastic Surgery Annual Meeting in London. He presented talks on Blepharoplasty, Endoscopic Forehead Lifting, Rhinoplasty and Facelift as well as a video session on Aging Face. He also conducted an instructional course on Facelift and was a panel member on the topic of Rhinoplasty. Dr. Perkins is a Lifetime Honorary Member of the organization and previous featured Joseph Society Lecturer.

Theresa M. Rohr-Kirchgraber, MD, received the Local Hero Award from the American Medical Women's Association and the IU National Center of Excellence in Women's Health at the Women in Medicine reception on September 17 at the Propylaeum. The award is for those women physicians who have made an impact on their community. The award winners are physicians who tirelessly care for their patients and help others without looking for commendation, mentors who support colleagues and students both formally and informally, and who have demonstrated a zest for medicine and their zeal to make a community healthier.

News from Goodman Campbell Brain and Spine ...

Indiana University's Department of Neurological Surgery hosted the 2016 Campbell Lecture Series at the IU Health Neuroscience Center on October 5. This year's featured honoree was Harry van Loveren, MD, the David W. Cahill Professor and Chair of the Department of Neurosurgery and Brain Repair at the University of Southern Florida. Dr. Loveren addressed the "Surgery of the Ventral Brainstem and Thalamus." The Robert L. Campbell Lectureship honors Goodman Campbell Brain and Spine's co-founder and his decades' long leadership in neurological surgery.

Amy D. Leland, MD, was awarded the Local Hero Award from the American Medical Women's Association and the Indiana University National Center of Excellence in Women's Health at a ceremony held on September 17. The award is bestowed "for those women physicians who have made an impact on their community."

Laurie L. Ackerman, MD, presented a poster entitled "Parental/Guardian Knowledge Regarding Implanted Shunt Type, Setting, and Symptoms of Malfunction/Infection" at the 2016 Congress of Neurological Surgeons Annual Meeting in San Diego on September 24-28.

Jean-Pierre Mobasser, MD, served as chairman of the Medtronic Oblique Lumbar Interbody Fusion (OLIF) course for practicing surgeons that was held in Carmel, Indiana, on October 1. He is also serving as the co-director for the Society of Minimally Invasive Spine Surgery Annual Forum 2016 in Las Vegas on October 13-15.

Andrew H. Jea, MD, will be a presenter at the 2016 American Academy of Pediatrics National Convention & Exhibition in San Francisco on October 22. His discussion will focus on "Neurosurgical Problems: When to Manage, When to Refer."

Andrew H. Jea, MD, and fellow researchers also recently published their new paper, "Biocompatibility of reduced



Laurie L. Ackerman, MD



Andrew H. Jea, MD



Amy D. Leland, MD



Jean-Pierre Mobasser, MD



Stephen W. Perkins, MD



Theresa M. Rohr-Kirchgraber, MD



Jodi L. Smith, MD

graphene oxide nanoscaffolds following acute spinal cord injury in rats," in the August print issue of *Surgical Neurology International*.

Jodi L. Smith, PhD, MD, and her co-authors recently published their new study, "Reduction in Overt and Silent Stroke Recurrence Rate Following Cerebral Revascularization Surgery in Children with Sickle Cell Disease and Severe Cerebral Vasculopathy." The article appeared in the August print issue of *Pediatric Blood & Cancer*.

Please submit Bulletin Board items, photographs and other information to mhadley@imsonline.org by the first of the month preceding publication.

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Determined by public online voting, Community Hospital East received 14,179 votes which earned 2nd place in the small bed category of the competition; and a \$5000 donation from Medline which will benefit Little Red Door Cancer Agency, a Central Indiana non-profit that offers screening for early cancer detection and educational programs.

Community Health Network's own fundraising efforts during the competition raised an additional \$2000 for the charity.

Franciscan Health Indianapolis Earns Top Cardiology Performance Honors

Franciscan Health Indianapolis has received the American College of Cardiology's NCDR ACTION Registry-Get with the Guidelines (GWTG) Gold Performance Achievement Award for 2016 and is among only 36 hospitals nationwide to receive the honor.

The award recognizes Franciscan Health's commitment and success in implementing a higher standard of care for heart attack patients and signifies the hospital has reached an aggressive goal of treating these patients to standard levels of care as outlined by the American College of Cardiology/American Heart Association clinical guidelines and recommendations.

To receive the ACTION Registry-GWTG Gold Performance Achievement Award, Franciscan Health consistently followed the treatment guidelines in the ACTION Registry-GWTG for eight consecutive quarters and has performed at the top level of standards for specific performance measures.

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Family Medicine, 2014
Indiana University, 2011

Healey, Travis L., MD

Resident – IU School of Medicine
Diagnostic Radiology
Southern Illinois University, 2016

Miner, Cherri M., MD

Email – miner_cherri@yahoo.com
Psychiatry, 1998
Michigan State University, 1990

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Why am I a Member?

“Organized medicine allows me to work with others in my profession to make changes to further the care for my patients that I cannot do alone. As a psychiatrist, I know that I need help from my fellow physicians to improve the state of mental health and addiction care in Indiana. The IMS and ISMA offer me the opportunity to do this.”

Emily M. Zarse, MD

“I am a member of the Indianapolis Medical Society because it allows me to feel closer to my local physician community and it gives me a voice to advocate for issues dear to me in the Indiana legislature.”

Grant H. Gilroy, DO

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In Memoriam



Ainslee Alexander Hood, MD 1919 - 2016

Dr. Ainslee Hood, 97, Acworth, Georgia, died Monday, September 19, 2016. Dr. Hood was born May 9, 1919 in Chicago, Illinois. He earned his medical degree from Indiana University School of Medicine in 1945.

A veteran in the US Army, he served as a 1st Lieutenant from 1943-1945.

Dr. Hood interned at Methodist Hospital in Indianapolis.

Dr. Hood retired after 50 years as a Family and Emergency Physician in Indiana. He also practiced Emergency Medicine in Cocoa Beach, Florida.

In 1995, the Indianapolis Medical Society honored Dr. Hood as a Member of the 50-Year Club.

Inaugural 2016-2017




At left:
Dr. Stephen Perkins hands over the gavel to Dr. Susan Maisel as she becomes the 2016-2017 IMS President.

Photographs by
Debbie Winchester

At right:
Dr. Susan Maisel congratulates Dr. Stephen Perkins for his successful year leading the IMS.



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