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# Bulletin

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Marcia K. Hadley

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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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# in this issue

## Special Features

### President's Page

*"The physician-patient relationship is sacred ..."*  
Susan K. Maisel, MD..... 7

## Departments

About Our Cover.....	5
Bulletin Board .....	11
Classified Advertising .....	<a href="http://www.imsonline.org">www.imsonline.org</a>
Events .....	<a href="http://www.imsonline.org">www.imsonline.org</a>
Employment Advertising .....	<a href="http://www.imsonline.org">www.imsonline.org</a>
In Memoriam .....	14
New Members .....	14



### about our cover

*On our cover:*  
The cover is a collaboration of a word cloud document by Susan G. D'Antoni, CEO, Montgomery County Medical Society, National Capital Physicians Foundation, AAMSE County CEO SIG Group and the Indianapolis Medical Society.

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## *“The physician-patient relationship is sacred ...”*

I was sitting at the table with the Seventh District Delegates to the State convention, previewing upcoming resolutions for the September IMSA State Convention, when I was struck by the common struggles that we are all experiencing, trying to reclaim our roles as physicians. One of the resolutions started “The physician-patient relationship is sacred and should be preserved when possible.....” and then went on to enumerate the accumulating roadblocks obstructing that goal. How rewarding it is when all of our years of training culminate in the birthing of intimate, trusting partnerships between patient and physician. These partnerships are born out of being engaged, truly engaged in listening, questioning, communicating, diagnosing, treating, empathizing and caring!

We have felt frustrated and helpless as barriers to these relationships have unfolded. Some of these barriers are unique to the new era of employed physicians, representing as much as 2/3 of the work force, but most are common to private and employed physicians alike. First, although there are undeniable advantages to the mandated EMR which has improved timely communication and decreased errors, there is no question of EMR's impact on the “one to one” experience between the patient and physician. The current EMR's are frequently cumbersome and time consuming to navigate. When charted by the physician, EMR results in decreased eye contact and ability to read the patient's physical signs. There is decreased contact time with the patient and increased contact time with the computer. On the other hand, there is an invasion of the patient's privacy with a scribe present; with the result that information is sometimes withheld.

Second, there is patient frustration and an erosion of trust when the patient arrives at the pharmacy and discovers their prescribed medication is not on the insurance formulary, or that the labs, imaging studies or procedures prescribed by their physician, as the best course of action, have been denied by the insurance company, rejected as being inappropriate, frivolous to the diagnosis. The patient does not see the hours of work involved in obtaining prior authorizations and appealing denials. The patient sees the letter from their insurance company and likely interprets it as “your doctor does not know what he is doing; the insurance company is there to guide your physician in making the right choices.” Our patients are not aware of the soaring cost of time and staff necessary to negotiate the prior authorizations and appeals to treat even the most basic afflictions, including medications for constipation and reflux, much less more complicated diagnoses. The patients are only aware of the delays in their treatment, the expenses they incurred, because their physician “did not get it right” according to the patient's insurance company. Frequently, physicians do not have enough time or staff to obtain the authorizations, or when they do, are at legal risk when they “bend” the diagnosis to get the authorization due to insurance company semantics. And in the end, when physicians do pursue the denial, it is almost always overturned, but at what cost? The physician-patient relationship erodes a little more.

Third, there is the institutional restriction on referrals. Our patients trust us to refer them to the best and most appropriate physicians and ancillary medicine specialists when needed. Yet, there is curbing once again by insurance companies and Healthcare systems, in the name of medical economics, with rules against referring “outside the system.” The patients feel betrayed and see us as self-serving to the institution, and we see ourselves as bullied by “the system.”

Forth, is the matter of Noncompetes. Quoting from the *New York Times*, “In today's on-your-own economy, workers are encouraged to be entrepreneurial job hoppers, constantly adapting and searching for the next opportunity.” Jobs, including physician jobs, are no longer expected to be dedicated lifelong to an institution, and healthcare institutions and private practice employers are no longer dedicated to the lifelong loyalty to their employees. Institutions and physicians are constantly adapting and searching for the next opportunity. We have become replaceable, movable parts. Yet, our Noncompetes keep us from working for rival institutions, decreasing institutional incentives to improve physician satisfaction keeping us captives, unless we want to pick up and move our lives and families to another community in order to continue practicing our profession. The AMA has taken the position that physician Noncompete agreements impact negatively on health care and are not in the public interest. The patient-physician relationship is broken when the patient is prohibited from following their physician, and when the physician is not given access to the patient's files. Stopping short of completely prohibiting covenants to not compete, the AMA strongly discourages them. Colorado, Massachusetts, New Mexico and Delaware have passed laws invalidating contractual provisions restricting physicians' rights to practice medicine after termination. Other states are progressing in the same direction.

Never was it more important to become strong as a Medical Society, to make our numbers count! There are opportunities ahead to better tailor EMR to the real needs of physicians. There are opportunities to trim down insurance prior authorizations and denials by reducing/eliminating ineffective middle managements of insurance companies composed of gigantic forces of “deniers” that need to justify their jobs by denying, despite the majority of denials being overturned. Can we even quantify the amount of health care dollars that would be saved? It will take increased membership and involvement to tackle legislation that would reduce or prohibit Noncompetes within the state of Indiana that destroy the physician-patient relationship. The Indianapolis Medical Society wants YOU to become involved, and depends on YOU to spread the word and bring in new membership. Look for programs coming up this year, give us your suggestions, advice, connect us with experts in the field, speakers. I look forward to hearing from you!!!

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# Bulletin Board

**David R. Diaz, MD**, IMS Past President and Associate Professor of Clinical Psychiatry at Indiana University, was appointed Vice Chair of the American Psychiatric Association's Council on Advocacy and Government Relations.

**Theresa M. Rohr-Kirchgraber, MD**, authored a poster titled: "Engagement – Collaboration – Advancement in Medicine" at the Medical Women's International Association held in Vienna, Austria, in July, 2016.

**K. Donald Shelbourne, MD**, a Community Health Network orthopaedic surgeon and former Indianapolis Colts' team physician, was inducted into the American Orthopaedic Society for Sports Medicine's Hall of Fame July 8, 2016.

Those inducted into the Hall of Fame are individuals in the sports medicine community who have contributed immensely and set themselves apart from others in the field. Dr. Shelbourne, who himself had a successful collegiate athletic experience, began his orthopaedic sports medicine career in 1982. He served as the team physician for the Indianapolis Colts from 1984 to 1998, and has been an orthopaedic consultant to Purdue University, Wabash College and area high schools since 1982. He is an associate clinical professor at the Indiana University School of Medicine, and is also on the editorial board of the American Journal of Sports Medicine and serves as a reviewer for many other orthopaedic journals.

**John W. Dietz, Jr., MD**, Orthopedic Spine Surgeon, OrthoIndy Chairman, OrthoIndy Foundation Director, Physician Hospitals of America was a featured panelist at the HealthCare & Benefits IJB Power Breakfast Series on Thursday, September 29, 2016.

**Jeffrey M. Rothenberg, MD**, Executive Director of Medical Education, President: St. Vincent College of Health Professions, was in Toronto in September 2016 as the Scientific Program Chair of an International ACOG Meeting for OBGYNs titled: The Next Generation of Healthcare." He also gave a talk at the meeting "Practice Bulletins—the what, why and how of these clinical management guidelines."

**Rick C. Sasso, MD**, has published a scientific article "Comparisons of Long-term differences in dysphagia: Cervical Arthroplasty and Anterior Cervical Fusion," in the journal, *Clinical Spine Surgery*.

He also authored with others on a multi-center prospective Food and Drug Administration sponsored study evaluating a biologic protein for anterior cervical spine procedures. The findings are published in the *International Journal of Spine Surgery*.

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

**Andrew H. Jea, MD**, has joined Goodman Campbell Brain and Spine in the role of Chief of the Section of Pediatric Neurosurgery at Riley Hospital for Children and will also serve as a tenured professor in neurosurgery in the Indiana University Department of Neurological Surgery. Dr. Jea obtained his MD from the University of Miami School of Medicine in Miami, FL, with honors. He completed his residency at the University of Miami/Jackson Memorial Hospital in Miami, FL, his pediatric neurosurgery fellowship at the Hospital for Sick Children in Toronto, Ontario, Canada, and his spine fellowship at the University of Miami. He has published more than 170 peer-reviewed articles and 30 book chapters, mainly on the topic of the pediatric spine.

The **Indiana University Health Neuroscience Center**, supported by Goodman Campbell Brain and Spine, has become the first hospital system in Indiana to offer the BrightMatter™ technology to its patients. BrightMatter is a full solution that supports physicians in the diagnosis and intervention of complex brain surgery with advanced imaging, planning, surgical navigation and robotic visualization. The technology uses a type of MRI called diffusion tensor imaging to produce an image of the entire brain's pathways, which allows physicians to consider every possible approach.

**Daniel H. Fulkerson, MD**, participated in an international medical mission trip to rural Eldoret, Kenya, where he and an IU chief resident participated in a Neurosurgery Project at the Moi Teaching and Referral Hospital. The pediatric neurosurgeons performed multiple surgeries for brain tumors, spine surgeries, and neurosurgical procedures on children.



Nicholas M. Barbaro, MD



David R. Diaz, MD



John W. Dietz, Jr., MD



Daniel H. Fulkerson, MD



Andrew H. Jea, MD



Theresa M. Rohr-Kirchgraber, MD



Jeffrey M. Rothenberg, MD



Rick C. Sasso, MD



K. Donald Shelbourne, MD

**Daniel H. Fulkerson, MD, Andrew H. Jea, MD**, and their co-authors recently published their research paper titled, "Multicenter retrospective evaluation of the validity of the Thoracolumbar Injury Classification and Severity Score system in children." The study appeared in the August print issue of the *Journal of Neurosurgery Pediatrics*.

**Nicholas M. Barbaro, MD**, and his fellow researchers published their new study "Neurological outcomes and surgical complications in 221 spinal nerve sheath tumors," in the *Journal of Neurosurgery Spine*. The paper appeared online July 29 ahead of print.

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# 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.

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Online CME Activity  
HPV Documentary, Someone You Love: the HPV Epidemic  
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- Oct. 10 IU Health Emergency Medicine and  
Trauma Conference for Advanced Providers  
Neuroscience Building, Goodman Hall
- Oct. 13-14 Building a Comprehensive Home Dialysis Program  
JW Marriott Indianapolis
- Oct. 15 A Multidisciplinary Approach to Managing  
Oral Health by Age One  
IU School of Dentistry
- Oct. 20-21 Fundamental Critical Care Support  
IU Health Methodist Hospital, Wile Hall
- Oct. 28 Indiana Geriatrics Society 10th Annual  
Fall Conference  
Hoosier Village
- Nov. 4 15th Annual Lingeman Lectureship  
Riley Outpatient Center
- Nov. 4 23rd Annual Trauma and Surgical Critical  
Care Symposium  
Eskenazi Hospital, Rapp Conference Center
- Nov. 11 IU School of Medicine General Surgery Update 2016  
IU Health Neuroscience Center
- Nov. 15-17 Biostatistics for Health Care Researchers:  
A Short Course  
Health Information & Translational Science Building (HITS)
- Nov. 19 IU Health Fall Primary Care Conference  
IU Health North Hospital Learning Center
- 2017  
Jan. 28 2017 Breast Cancer Year in Review  
Drury Plaza Hotel, Carmel
- March 10 Transgender Health Conference 2017  
Eskenazi Hospital
- March 17 4th Annual Pediatric Gastroenterology Update  
for the Primary Care Clinician  
Ritz Charles, Carmel

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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## New Members

**Areepanthu, Christopher J., MD**  
Resident – IU School of Medicine  
Unspecified  
Ophthalmology  
University of Kentucky, 2016

**Galdun, Joseph E., MD**  
Internal Medicine  
Hospitalist  
Indiana University, 1997

**Szymanski, Konrad M., MD**  
Riley Pediatric Urology  
A Member of IU Health Physicians  
705 Riley Hospital Dr., #4230  
46202-5109  
Ofc – 948-8556  
Urology  
Pediatric Urology  
McGill University, Canada, 2006

## Indianapolis Medical Society

**\*Grow \* Build \* Save  
\* Communicate  
\* Advocate**

### 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

### Honor Your Colleagues

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

## In Memoriam



**James Harvey Belt, MD**  
1925 - 2016

James H. Belt, MD, 90, Indianapolis, passed away peacefully in his home on Friday, August 5, 2016.

Dr. Belt was born in Indianapolis on October 14, 1925.

Dr. Belt earned his pre-medical degree from Indiana University in 1947 and graduated from Indiana University School of Medicine in 1951; He served an internship at Kansas City General Hospital and did his residency in the pediatrics department at Riley Children's Hospital.

From 1944 to 1946, Dr. Belt served our country as a Pharmacist Mate 3rd Class on the U.S.S. Ticonderoga CV-14 in the United States Navy.

Dr. Belt had a private practice of pediatric medicine in Indianapolis from 1954-1987. After closing his office in 1987, he worked with Project Hope in Grenada, West Indies, China and Russia.

His extensive experience included Clinical Assistant Professor of Pediatrics at the IU School of Medicine, Chairman of Pediatric Section at Methodist Hospital in Indianapolis, Chairman of Pediatric Section at Humana Women's Hospital in Indianapolis and Team Physician for Athletic Sports at North Central High School in Indianapolis. He was a member in a variety of professional organizations, including the American Academy of Pediatrics and the American Medical Association. Dr. Belt was honored by the IMS in 2002 by his certification in the 50-Year Club. He served the IMS as a member of the Board of Directors (1965-1968) and on the Executive Committee from 1975-1979. He also served as a medical expert, testifying for pediatric Social Security disability cases.



**Harold King, MD**  
1922 - 2016

Dr. Harold King died peacefully on Saturday, August 6, at Missouri Baptist Medical Center, St. Louis. He was 93. Dr. King was born August 12, 1922. He was raised in Bedford, Indiana and graduated from Bedford High School in 1940. He earned his undergraduate degree from Indiana University in 1943 followed by his medical degree from Yale University in 1946. He interned at New Haven Hospital in Connecticut.

Dr. King served as a doctor in the US Army at the Walter Reed General Hospital in Bethesda, Maryland from 1947-1949.

He was a skilled cardiovascular surgeon, specializing in the care of infants and children. After his Army service, Dr. King began a long and successful surgical career at Indiana University Hospital in Indianapolis, spending much of his time at Riley Hospital for Children. He completed his surgical residency in 1955. He went on to hold the positions of surgical instructor, assistant professor and professor of surgery between the years of 1955 and 1964. Harold became the director of Cardio-Thoracic surgery in 1971 and the chairman of the department of Pediatric Cardio-Thoracic surgery in 1975. He held both positions until his retirement in 1990.

Dr. King was a dedicated member of the American Medical Association, American Association of Thoracic Surgery, American Surgical Association, Society for Vascular Surgery and The Society for Thoracic Surgeons. Dr. King's career reflected a relentless quest to improve hundreds of lives, whether through surgery itself or by the education of future surgeons.

He was a Member of the IMS's 50-Year Club and served the Society as an Alternate Delegate to the State Convention 1963-1966.



**Paul S. Strange, MD**  
1922 - 2016

Paul S. Strange, MD, 78, passed away September 2, 2016. He was born October 17, 1937 in Loogootee, Indiana. He lived most of his life in Indianapolis and graduated from Howe High School.

Dr. Strange attended Purdue University and subsequently joined the Indiana Air National Guard where he completed the pilot training program and graduated as a 2nd Lieutenant.

Dr. Strange then resumed his education at Purdue and graduated with honors in 1964. He earned his Medical Degree from the Indiana University School of Medicine in 1968 and did his internship and surgical residency at Methodist Hospital. In 1973 he served as a missionary doctor in Zaire for a month and then began his surgical practice in Indianapolis.

He was on the staff at St. Francis, as well as Community South. He served as Chief of the Medical Staff at St. Francis and eventually retired in 2002. After his retirement, he served on the Board of Directors for St. Francis and continued as a consultant until his death.

Dr. Strange was a member of the AMA, American College of Surgeons and instrumental in the beginning of laparoscopic surgery. He also taught laser surgery throughout Asia and parts of the United States.

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