IMS
Indianapolis Medical Society 1848
Volume XCIII • Number 9
May 2017 • Indianapolis, Indiana

Bulletin

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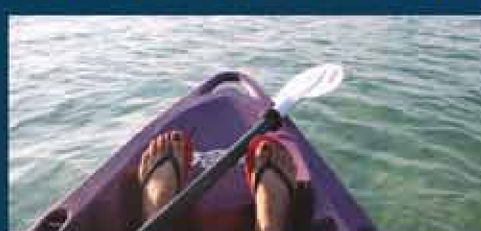

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Bulletin

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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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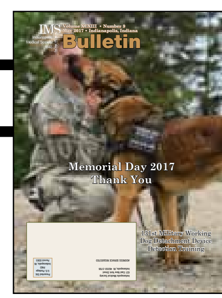

about our cover

On our cover: Thank you to all veterans, current military personnel, first responders, police, fire, emergency medical specialists and their supporting staffs, dogs and families. The photograph: U.S. Army Staff Sgt. Agnieszka Sosnowska, assigned to the 131st Military Working Dog Detachment, gives praise to her military working dog, Quaid T183, after successful completion of explosive detection training at the 7th U.S. Army Joint Multinational Training Command (JMTC) in Grafenwoehr, Germany, June 11, 2013. The JMTC is the U.S. Army's only overseas training command. (U.S. Army photo by Markus Rauchenberger/Released)

President's Page

Susan K. Maisel, MD

"requires a prior authorization, and is being denied at this time."

"*Dear Doctor Maisel,*" the letter from the insurance company read, "Remicade, the medication that you prescribed for Miss X, requires a prior authorization, and is being denied at this time." Miss X is one of my many IBD adolescent patients. She has an eight year history of Crohn's Disease for which it took years to achieve a remission, now on Remicade for the last six years, living a healthful life. I get that visceral response, put my head in my hands and groan. I remember that it is January, the beginning of a new year and the insurance "approval" cycle, requiring new prior authorizations for all my patients with chronic medical needs. The nursing staff then presents me with another fifty letters calling for prior authorizations that have also arrived the same day. The work begins (it actually is a nightmare that never ends)! Several staff start pulling EMR charts, electronically sending to some insurance companies, but having to print and fax to others, to justify the various medications, labs, imaging studies, referrals and procedure orders. There is usually a response within 48 hours. For Miss X, the response comes the next day. The Remicade is denied, with the rational that she has not been off the medication in over one year, and that in order to receive approval for its use, she has to be challenged with lower tier medications, including prednisone, for at least two months, and fail treatment. Another groan. My staff sets up a "peer-to-peer review" in three days, for which I have to make myself available despite being in the OR. The phone call comes. The "peer" is a physician with no background in my field, with little knowledge of Crohn's Disease and even less knowledge about its treatment. He does not understand the danger of putting my patient in relapse, the difficulty of pulling her out of relapse, not to mention the increased expense to the insurance company to do so. He does not understand that Remicade treatment cannot be interrupted without the associated risk of developing an antibody to the medication and never being able to use it again. I explain the rationale for the medication and the importance of not interrupting the treatment. I try to keep a lid on my rising frustration when he asks me to send him "peer-reviewed" journal articles to support my stance – I have a library of articles, just for this purpose, on most of the medical interventions I order. I call my staff, back in the office, requesting them to locate the articles and fax to the "peer" – I hear from him the next morning that the medication has been authorized. Not only is there a six day delay in administering the medication, placing the patient at risk of relapse, but also a cost in time and salary to my office, for a medication that was going to be approved anyway – I have never had a denial sustained for ongoing therapy for this medication. Yet, for the 150 IBD patients that our office infuses every 4-8 weeks, and the hour of time required for each approval (on-hold time; transfer from agent one, to agent two, and then to agent three; time to locate EMR chart, and then location within the chart for the relevant information, and subsequent re-entering the chart to send additional information not initially requested; print and fax time; physician peer-to-peer time) – you do the math, my head spins, and the cost of medicine climbs. I can't imagine how much of our insurance premiums go to insurance company mid-level "denial" staff, for whom the majority of denials dispensed are going to be overturned. Wait, the process is not over! Even after the insurance companies approve the medical request, payment gets denied, and the same records have to be resubmitted again before payment can be received. More staff time and expense to the system.

Prior authorizations were initially developed as a cost savings measure to encourage prescribing of lower cost alternative medical therapies and procedures, to lower the cost of medical care. However, the system has become overly regulated, over-reaching, over-used and an increasing burden to physicians. The majority of the cost-savings benefit is being seen by the insurance companies. The current prior authorization process places a substantial, uncompensated burden to providers who are already struggling to cover costs. The physicians are frustrated and the patients are caught in the middle. "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 frivolous and inappropriate 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

Continued on page 13.

Senior/Inactive - *March 14, 2017*

William H. Dick, MD

Ray Boomhower, Indiana Historical Society – May Wright Sewall

Our speaker, Ray Boomhower, Editor of *Traces*, the Indiana Historical Society's magazine did not disappoint. He has spoken to us many times, and often, as this time, it was about a book that he wrote. May Wright Sewall was a dynamo – an educator, organizer and a women's suffrage advocate. Mrs. Sewall was educated herself. She graduated from Northwestern Female College, a school that was later absorbed into Northwestern University.

May and her first husband were teachers and administrators, first in Franklin, IN and then at Indianapolis High School (later Shortridge). Her husband developed tuberculosis and they went to Asheville, NC for therapy, where he later died. May returned to Indianapolis and later married Theodore Sewall. Mr. Sewall was her rock and he supported all her endeavors. May resigned from Shortridge and taught at the Indianapolis Classical School for Boys; Theodore was the school's principal.

In 1881, May, with her husband, opened the Girls' Classical School, which she managed for 25 years. This was a college preparatory school, which was unusual at the time. The school's academic courses were based on Harvard's (and others) entrance requirement for women. Physical education was offered at the school. In 1885, she offered adult education courses, one of the first of its kind in the U.S.

May Sewall had no children and she poured all her efforts into education, the arts and women's suffrage. In 1875, Sewall and others, formed the Indianapolis Women's Club. The goal was to encourage "a liberal interchange of thoughts." It remains a vibrant club today. Next up for May was the Indianapolis Propylaeum. It was to be, and is, a meeting place for the Women's Club and other literary, artistic and social clubs. In 1923, it moved to 14th St. and Delaware St. because the City needed the location for the new War Memorial.

In 1883, May Wright Sewall, convened a meeting to organize the Art Association of Indianapolis. It is the forerunner of the Indianapolis Museum of Art. In addition, Sewall founded its affiliate art school, which became known as the John Herron Art Institute. Moreover, May and Theodore were organizers of the Contemporary Club. It was established in their home in 1890. The club was open to both men and women. May was its first president. That club also continues to be active today.

May Sewall is best known for her work in the women's suffrage movement. Beginning in 1878, when she helped form the Indianapolis Equal Suffrage Movement, Sewall became active in campaigns for female suffrage in Indiana and at the national level.

One gets the impression of a dynamic lady with great intellectual and physical energy. Indeed, her fellow workers told her that they did not have the energy to keep up with her. Some of the energy came from her husband, Theodore, who approved of all her projects. She was part of the National American Woman Suffrage Association. May Sewall traveled in Europe to visit their Women's Suffrage organizations. Moreover, she was president of the International Council of Women from 1899 to 1904. Mrs. Sewall was an advocate for peace. May was active in four Peace Congresses and was part of Henry Ford's Peace Ship in 1915, on a mission to Europe. Unfortunately, it did not do well and WW I continued for three more years.

May's husband Theodore died in 1895 of tuberculosis. She was devastated by his loss. Later she turned to Spiritualism, which was in vogue at the time. It gave her comfort to think that she was in contact with her beloved husband. She died in 1920 at the age of 76.

In 1920, Booth Tarkington said that the three best Hoosiers were: Benjamin Harrison, James Whitcomb Riley and May Wright Sewall. High praise, indeed! One of the 10 pillars of famous Indianapolis people on Georgia Street is, of course, our friend, May Wright Sewall.

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Bulletin Board

Over the course of the last few months, **Dr. K. Donald Shelbourne, MD,** has given presentations about the treatment and outcomes of knee conditions to peers and students.

Miami Valley Hospital, Orthopaedic Residency, Dayton Ohio, December 5, 2016; "History and Rationale for Accelerated Rehabilitation Program for ACL Reconstruction." "The Osteoarthritic Knee: Nonoperative Management and Perioperative Rehabilitation with TKA."

Andrews University, Berrien Springs, Michigan, February 22, 2017; "History and Rationale for Accelerated Rehabilitation Program for ACL Reconstruction." "Proposed Mechanism of Noncontact ACL Injuries." "The Osteoarthritic Knee: Non Operative Management and Perioperative Rehabilitation with TKA."

Metcalf Meeting/AANA Arthroscopic Surgery Seminar, February 25, 2017; "Lateral Side Management My Way." "Good ACL Reconstruction and Rehabilitation is ALL that is Needed; Cadaver Studies can Mislead US." "One Last Time: Just Rehabilitate the Knee and Make Cartilage Deficient Patient Better." "Repair of Root Tear in Middle-Aged Patient with OA is a Waste of Time."

Dr. K. Donald Shelbourne gave a podium presentation at the 2017 American Academy of Orthopaedic Surgeons annual meeting, March 14-18, 2017, in San Diego, California. The talk was entitled, "Results of ACL Reconstruction with Patellar Tendon Autograft: Objective Factors Associated with the Development of Osteoarthritis at 20-33 years after surgery."

Steven F. Isenberg, MD, the 2017 Alpha Omega Alpha (AOA) Visiting Professor, gave the keynote address at the AOA Honor Medical Society, Alpha of Indiana University School of Medicine, Induction Banquet on March 31, 2017. Dr. Isenberg is the Founder (2005) of Medals4Mettle, a 501c3 non-profit that awards earned endurance medals (e.g. marathon finishers' medals) to children suffering from illness. M4M has awarded over 50,000 medals in over 80 hospitals around the world. His speech was entitled: "Medals4Mettle: Simple Gesture. Profound Impact. Global Reach." Earlier in the day he presented: "Medals4Mettle. Someone is in a Tougher Race Than You Right Now" to the Indiana University medical students and then met with them afterwards. Dr. Isenberg (Indiana 1971, IUSM AOA, 1975) is the Founder of Medals4Mettle and a Volunteer Assistant Professor of Clinical Otolaryngology – Head and Neck Surgery at Indiana University School of Medicine. The Indiana University School of Medicine has established a student leadership Medals4Mettle program.

Rick C. Sasso, MD, Indiana Spine Group, served as an invited faculty member to the American Academy of Neurological Surgeons (AANS)/Congress of Neurological Surgeons (CNS) Section on disorders of the Spine and peripheral nerves annual meeting – Spine Summit 2017: Ahead of the curve-Transformative innovations in spine surgery which was held in Las Vegas, Nevada March 8-11, 2017. Dr. Sasso was asked to discuss and critique the scientific paper titled: "Laminoplasty versus laminectomy-fusion for the treatment of cervical myelopathy; Preliminary results from the CSM study comparing cervical sagittal alignment and clinical outcomes."

Stephen W. Perkins, MD, of Meridian Plastic Surgeons, was one of the Key Featured U.S. Faculty Members at the recent Aesthetics at the Red Sea International Meeting in Eilat, Israel. This was a combined meeting of ISAPS, (International Society of Aesthetic Plastic Surgery) and the Multispecialty Foundation for Aesthetic Surgery. He presented lectures on the topics of rhinoplasty, midface lifting and volumization, forehead lifting and face lifting. Dr. Perkins also recently lectured to the Indiana University School of Medicine Residents on "The Aging Face and Techniques to Rejuvenate the Face and Neck."

Nicholas M. Barbaro, MD

Eric M. Horn, MD

Steven F. Isenberg, MD

Saad A. Khairi, MD

Jean-Pierre Mobasser, MD

Troy D. Payner, MD

Stephen W. Perkins, MD

Eric A. Potts, MD

Richard B. Rodgers, MD

Rick C. Sasso, MD

Mitesh V. Shah, MD

K. Donald Shelbroune, MD

News from Goodman Campbell Brain and Spine ...

Richard B. Rodgers, MD, is the principal investigator at the Indiana University Health Methodist Hospital site for TRACK-TBI (Transforming Research and Clinical Knowledge in TBI), a National Institutes of Health-funded multi-center trial for traumatic brain injury. Dr. Rodgers is also the principal investigator (along with **Eric M. Horn, MD**, as co-investigator) in the multi-center, Department of Defense-funded trial "Systemic Hypothermia in Acute Cervical Spinal Cord Injury." Both trials will begin enrolling patients soon.

Mitesh V. Shah, MD, recently delivered the 2017 Titrud Lectureship in Neurosurgery presented by the University of Minneapolis. Dr. Shah walked the lecture audience through the workplace model by which Goodman Campbell Brain and Spine has operated since its inception—a hybrid that brings together an academic practice and a private practice known as the "privademics" model. Many neurosurgery practices throughout the country have now adopted the concept.

Mitesh V. Shah, MD, was also an invited lecturer at the North American Skull Base Society 27th Annual Meeting on March 3-5, 2017. Dr. Shah presented during two sessions: "Retrosigmoid Approach" and "Median Suboccipital Subtonsillar Approach to the Lateral Brainstem." The meeting was held in New Orleans, Louisiana.

Nicholas M. Barbaro, MD, and his fellow authors recently published their research titled, "Prospective comparison of long-term pain relief rates after first-time microvascular decompression and stereotactic radiosurgery for trigeminal neuralgia." The paper appeared online ahead of print on February 24 in the *Journal of Neurosurgery*.

Jean-Pierre Mobasser, MD, and Eric A. Potts, MD, were invited guest speakers at the Annual Meeting of the AANS/CNS Section on Disorders of the Spine and Peripheral Nerves, "Spine Summit 2017," held March 8-11 in Las Vegas. Both physicians lectured a course on "Hands-on Spinal Navigation." Dr. Mobasser addressed "Navigation–MIS TLIF Step-by-Step" and Dr. Potts spoke on the "Cost Effectiveness of Navigation." Dr. Potts also serves as a member-at-large on the Executive Committee for the AANS/CNS Joint Section on the Disorders of the Spine and Peripheral Nerves.

Several GCBS physicians participated in "The Winter Clinics for Cranial & Spinal Surgery" hosted by the American Association of Neurological Surgeons on February 26-March 2, 2017. **Drs. Eric A. Potts, Saad A. Khairi** and **Troy D. Payner** served as both moderators and panelists on sessions throughout the conference held in Snowmass Village, Colorado. Goodman Campbell Brain and Spine was also a co-sponsor of the meeting.

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 4th Thursday	Psychiatry Grand Rounds 7250 Clearvista Dr. 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

May 1	Riley Hospital Surgical Research Day Riley Outpatient Center
May 2	IU Health Emergency Medicine and Trauma Conference for Advanced Providers Series Goodman Hall
May 4-6	Cancer and Bone Society Conference 2017 Sheraton Indianapolis Hotel at Keystone at the Crossing
May 5	AHEC District 7 Trauma Symposium Landsbaum Center for Health Education Terre Haute
May 6	Indiana Society for Post-Acute and Long-Term Care Medicine-Quarterly Education Session Community Hospital North
May 12	20th Annual IU Gastroenterology/Hepatology Update Indiana History Center
May 17-18	52nd Annual Riley Hospital for Children at IU Health Pediatric Conference NCAA Hall of Champions Conference Center
May 24	Riley Hospital for Children Surgical Research Day Goodman Hall
June 9	2017 Garceau-Wray Lectureship NCAA Conference Center
June 16	Manion-Lingeman Research Lecture Riley Outpatient Center (ROC)
June 16	Annual Department of Obstetrics and Gynecology Research Day Walther Hall (R3
June 20	Indiana Health Workforce Summit 2017 Indiana Government Center South
July 9-14	102nd Anatomy and Histopathology Course Felser Hall
July 21	Review and Interpretation of the 1017 ASCO Meeting Hine Hall Auditorium
Oct. 19-20	Fundamental Critical Care Support IU Health Methodist Hospital

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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To submit articles, Bulletin Board items, CME & events, opinions or information, email ims@imsoline.org. Deadline is the first of the month preceding publication.

(Continued from page 7)

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."**

The American Medical Association is trying to address the situation by having convened a 17-member coalition of physicians, medical groups, hospitals, pharmacists and patients to urge reform of prior authorization requirements related to medical tests, procedures, devices and drugs. The coalition states that the current process of insurer pre-approval is delaying or interrupting medical services, diverting significant resources from patient care, and complicating medical decisions. The coalition's formation was precipitated by two AMA studies. The first study included a poll of 1000 physicians, 40% primary care/60% specialists, with the following results:

- Each week the average practice completes 37 prior authorization requirements per physician. These requests take the doctor and his or her staff an average of 16 hours to complete.
- Seventy-five percent of surveyed physicians described prior authorization burdens as high or extremely high.
- More than a third of respondents reported having staff who work exclusively on prior authorization.
- Nearly 60% of surveyed physicians reported that their practices wait at least one business day, on average for prior authorization decisions. More than 25% of respondents said they have to wait three business days or more.

The other study was a survey of 38 physicians, finding that they would like payers to streamline and add transparency to prior authorizations or eliminate them all together. Multiple participants said that they spend 15 minutes to two hours on the phone trying to obtain a single prior authorization. Some plans, they said, require doctors to try things that they know won't work as part of "step therapy."

The coalition is calling for an industry-wide reassessment of prior authorization. A set of 21 principles has been grouped into five categories: clinical validity, continuity of care, transparency and fairness, timely access and administrative efficiency, and "alternatives and exclusions." The alternatives and exclusions could include relative pass-throughs for physicians that have low rates of denials ("gold card"), higher restrictions on physicians that are "outliers," and exemptions for physicians in organizations that take financial risk for care delivery.

Some of the principles for prior authorization reform are related to 1) clinical validity of prior authorization denials, 2) qualifications of the reviewers, 3) plan policies that result in unwarranted interruption of therapy (i.e., unexpected formulary changes, or care coverage that negatively impacts the patient's care and access to care). The coalition stresses that prior authorization approvals should be valid for the course of the treatment. They further stress that they should be made within 48 hours of obtaining necessary information, and within 24 hours for emergencies. In addition, the coalition is calling for transparency about utilization review requirements and the supporting documentation that is required.

I was impressed by the full report of the coalition and encourage you to review, download and distribute the 21 principles to your colleagues and staff (Prior Authorization and Utilization Management Reform Principles). Well worth reading! I am further encouraged by the evolution of ePA products becoming available to automate the prior authorization process – 85% of EMRs are linked to an automated ePA – however, their use is limited by the widespread lack of awareness of the software. The American Medical Association has composed model legislation that physicians and patients can draw on to promote meaningful changes to the prior authorization process (Model Bill: Ensuring Transparency in Prior Authorization Act), another must read! I challenge the Indianapolis Medical Society to convene a forum in the next few months to propose and promote legislative changes to current prior authorization policies that are logical, individualized, health promoting and not just cost-saving. The Medical Societies of Colorado, New York, Minnesota, North Carolina, Ohio and Washington State are on the AMA coalition. Let us be the next organization to join the legislative effort for reform!

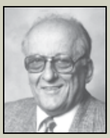
*** October 2016 President's page*

In Memoriam

Barbara A. All, MD
(2/1/1936 - 1/28/2017)
Member since 1963

John E. Kalsbeck, MD
(5/20/1927 - 3/7/2017)
Member since 1962

Gordon C. Jones, MD
(8/23/1921 - 3/15/2017)
Member since 1956



Robert E. Gerth, MD
(4/25/24 - 3/22/2017)
Member since 1967

New Members

Floyd, Elizabeth M., MD
Fellowship – Meridian Plastic Surgeons
Meridian Plastic Surgery Ctr.
170 W. 106th St.
46290-1089
Ofc – (317) 575-0330
Fax – (317) 571-8667
Web – www.perkinsvannatta.com
Otolaryngology
Facial Plastic Surgery
SUNY, Brooklyn, 2012

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Fellowship – OrthoIndy
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Ofc – (317) 802-2000
Fax – (317) 917-4190
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Orthopaedic Trauma
University of Kentucky, 2009

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Piatek Institute
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Fax – (317) 246-7729
Email – jaypiatek123@gmail.com
Web – jaymd.com
Family Medicine, 1990, 2014
Other Specialty
Indiana University, 1987

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7th District Medical Society

Annual Meeting, Wednesday, July 19, 2019

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Indianapolis Medical Society

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Delegates to the 168th Annual State Convention, September 16-17, 2017, Sheraton Indianapolis North

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

Mary D. Bush (2017)
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Bruce M. Goens (2017)
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Paul D. Isenberg (2017)
David A. Josephson (2017)
Randall A. Lee (2017)
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Mary Ian McAteer (2017)
Clement J. McDonald III (2017)
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Richard H. Rhodes (2017)
Kenneth N. Wiesert (2017)

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

Carolyn A. Cunningham (2019)
Ronda A. Hamaker (2019)
Mark M. Hamilton (2019)
Tod C. Huntley (2019)
Marc R. Kappelman (2019)
Jeffrey J. Kellams (2019)
Stephen R. Klapper (2019)
Susan K. Maisel (2019)
John P. McGoff (2019)
J. Scott Pittman (2019)

Alternate Delegates to the 168th Annual State Convention, September 16-17, 2017, Sheraton Indianapolis North

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

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

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

Daniel J. Beckman (2019)
David M. Mandelbaum (2019)
David L. Patterson (2019)
Scott E. Phillips (2019)
Dale A. Rouch (2019)
Amy D. Shapiro (2019)
Jason K. Sprunger (2019)

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Jon D. Marhenke 2007-2008
Bernard J. Emkes, 2000-2001
Peter L. Winters, 1997-1998
William H. Beeson, 1992-1993
George H. Rawls, 1989-1990
John D. MacDougall, 1987-1988
George T. Lukemeyer, 1983-1984
Alvin J. Haley, 1980-1981

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