High-Quality, Low-Cost X-Rays, MRIs, CTs, PET/CTs, Ultrasounds, 3D Mammograms and DEXA Scans

<table>
<thead>
<tr>
<th>Service</th>
<th>Average Competitor Fee</th>
<th>NWR Flat Rate Pricing</th>
<th>Minimum Average Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Radiographs or X-Rays</td>
<td>$550</td>
<td>$50</td>
<td>90%</td>
</tr>
<tr>
<td>CT without contrast</td>
<td>$1,200</td>
<td>$400</td>
<td>66%</td>
</tr>
<tr>
<td>CT with contrast</td>
<td>$1,350</td>
<td>$500</td>
<td>63%</td>
</tr>
<tr>
<td>CT with &amp; without contrast</td>
<td>$1,500</td>
<td>$600</td>
<td>60%</td>
</tr>
<tr>
<td>DEXA</td>
<td>$350</td>
<td>$125</td>
<td>64%</td>
</tr>
<tr>
<td>MRI without contrast</td>
<td>$2,000</td>
<td>$600</td>
<td>70%</td>
</tr>
<tr>
<td>MRI with contrast</td>
<td>$2,500</td>
<td>$700</td>
<td>72%</td>
</tr>
<tr>
<td>MRI without &amp; with contrast</td>
<td>$3,000</td>
<td>$800</td>
<td>73%</td>
</tr>
<tr>
<td>PET/CT with FDG</td>
<td>$9,200</td>
<td>$2000</td>
<td>78%</td>
</tr>
<tr>
<td>3D Screening Mammogram</td>
<td>$600</td>
<td>$375</td>
<td>38%</td>
</tr>
<tr>
<td>3D Diagnostic Uni Mammogram</td>
<td>$660</td>
<td>$400</td>
<td>38%</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>$660</td>
<td>$200</td>
<td>69%</td>
</tr>
<tr>
<td>Ultrasound with Doppler</td>
<td>$1,500</td>
<td>$400</td>
<td>73%</td>
</tr>
</tbody>
</table>

The cost of the test will not exceed the published price, regardless of insurance. 5/18 ©2018

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Dan Sease
Vice President, Private Banker
NMLS #473864
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about our cover

This month’s cover is a photograph of the actual cover from the October, 1938 edition of The Bulletin. IMS has a proud history, dating back to its founding in 1848. Join us this month in celebrating our roots and looking forward to our future.

IMS Suggestion Box
ims@imsonline.org

Dr. McAteer welcomes suggestions from physicians, IMS Members and non-members. Simply click on the suggestion box icon and “Let Us Hear from YOU!”

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AMA Web Page: http://www.ama-assn.org
IMS Web Page: http://www.imsonline.org

IMS Bulletin, October 2018
One of my duties as president of Indianapolis Medical Society is to preside over the bittersweet project of transitioning our office to smaller, more economically responsible headquarters. 170 years of documents remind me of the fact that you and I are still playing our part of this history. Let us celebrate our journey by walking through an early timeline of how medicine has progressed in Indiana.

Withstanding the challenges of living within the early 1800’s in Indiana took a special kind of fortitude. Medical knowledge was not learned from textbooks, written in Latin, about diseases encountered a world away.

Indiana medical pioneers, out of necessity, called upon the more readily accessible “book of experiences” and shared their successes and failures in real time. Army veterans were the best trained physicians for performing emergent surgical procedures and dealing with epidemics brought on by crowded conditions and unsanitary surroundings. Women developed skills to tend childbirth and learned to utilize native plants to help relieve a variety of maladies that arose from the complications of living. The medicine man travelled to his patients on horseback, toting the tools of his trade in bulging saddle bags.

Communities, arising within the newly cleared land, resulted in swampy, unsanitary conditions which plagued the settlers with “autumnal fevers”. Medical practitioners treated disease by bleeding, purging, cupping, or blistering the patient. Indispensable drugs were calomel (mercuric chloride), nitrous ether, quinine, and opium.

The state charter included the need for organization of district medical societies to establish medical standards, increase the quality of medical care and protect citizens from quackery. The first medical society was founded in Vincennes in 1817. This organization compiled a list of useful drugs and methods, granted licenses to physicians, and expelled physicians for immoral or disorderly conduct or for using nostrums.

The cholera epidemic of 1848 stimulated an urgent need to identify a wider range of experts who could recommend rules of health, cleanliness and reasonable treatment plans. It was in that year that the Indianapolis Medical Society was established.

A year later, a group of Indianapolis physician leaders convened a meeting to create the Indiana State Medical Association. The principles developed: to foster the development of scientific medicine by sponsoring discussions, paper presentations, and publishing a medical journal; to protect public health by assuring the professionalism of physicians within the maintenance of an organized medical profession. The activities of our local and state medical associations have proven invaluable to the development of state-wide improvements in health. At one time, the two organizations occupied the same building, along with physician offices in the Hume Mansur Building on Ohio Street.

From the beginning, local societies were the entry point for identifying qualified members, and disciplining “quacks and unscrupulous characters”. A member was required to be registered as a member of a local society in order to be considered a member of the state organization. The American Medical Association, founded in 1847, was a strong proponent of the local societies by aiding the publication of officer biographies and photos and providing guidance in compiling accurate membership lists.

The above quote was taken from the book One Hundred Years of Indiana Medicine 1849-1949. When the ISMA was founded, the doctors created an exhaustive document of their deliberations, entitled the Transactions. Charles N. Combs, MD of Terre Haute summarized the yearly accomplishments. Here are some of my favorites:

... please plan to attend a festive recognition of where the Indianapolis Medical Society has been and where we are headed.”

IMS Application for Membership, dated 1908.
1861: Counties selected delegates to the state meeting.

1865: The Civil War caused much disarray in being able to hold meetings. County societies are criticized for allowing unscrupulous members in.

1868: Members object to paying dues to both county and state societies.
Dr. William Henry Wishard proposes a State Hospital for indigents.

1873: Indiana University establishes a medical department.

1877: State Board of Health is proposed (accomplished 1891).

1878: State Medical Assoc votes to cover costs of a member’s malpractice case.

1880: Resolution to pay $1.10/member for any deceased member’s family because doctors are notoriously poor.

1881: The meeting rejects a paper submitted for presentation because the presenter is a woman. A resolution is drafted and voted down stating the society is not opposed to the medical education of women.

1885: Complaints against doctors increased so much, the state mandates that county societies need to increase policing of their members.

1891: Rancorous debates over “Heredity” where the president “advocated the elimination of all criminals, degenerates and defectives so that a pure strain only could be propagated.” That same year, discussions of fees and accepting favors for services were debated. Medical education is defined as 4 years of study including 3 courses for 5 months each.

1894: Establish migrating meetings to include far reaching counties, hotel and meeting space availability was a problem anywhere outside Indianapolis.

1895: Role of pharmaceutical companies in displaying their products during the state meeting.

1898: Report from State Board of Medical Examiners and Registration report 4000 doctors listed, 600 mountebanks. The Indianapolis Medical Society had put together a pathology case history exhibit that was so well received it was sent to the AMA meeting and became a hallmark for educational presentations.

1903-1908: Content of medical advancements necessitated reorganization of how medical information is disseminated. Journals are given professional acceptance.

1910: Malpractice coverage is offered as a member benefit (by 1920 the service is a separate accounting entity). Dr. Amelia R. Keller, first woman accepted into Indianapolis Medical Society.

1923: Dues $23.

1927: Women’s Auxiliary was chartered.

1929: Designated medical historian.

1933: Group hospital insurance and annual registration fee is debated.

1935: Socialized medicine and birth control are both debated, then “irresponsibly dodged by ordering a committee to make further study of the moot point”.

1937: National endowment created to fund Indiana care of crippled children.

1939: Members voted for non-profit hospital insurance Blue Cross/Blue Shield.

1940-41: Training for doctors to conduct enlistment exams. Of the 2000 docs in the state, discussion of how to cover areas where physicians are called to serve.

1942: How to grant privileges to war refugee doctors. Efforts of working during wartime sidelined the debate for publicly controlled health service.

1943: Doctors are mandated by federal government to deliver medical care to military families.

1945: Medical malpractice insurance $5/member/year. The specialty of “General Practice” is recognized.

1947: Physicians agree to designation by suffix such as MD, DDS instead of the prefix “Doctor”. $500 scholarships are offered to medical students who agree to practice in rural areas. William B. Smith, MD, first African-American doctor accepted into IMS.

1948: We have come a long way from the disorganized way medicine was practiced in the pioneer days. Yet we are now modern pioneers, battling the same scourges, facing new challenges, keeping the needs of our patients, communities and our profession foremost in our efforts.

As we wind down the operations of our headquarters at 631 E. New York, please plan to attend a festive recognition of where the Indianapolis Medical Society has been and where we are headed.

Mark your calendars!
IMS Historical Celebration
Tuesday, November 13
7:00 pm – 9:00 pm
Many studies have shown that all of us have been either directly or indirectly affected by the opioid epidemic. This crushing epidemic has far-reaching effects, some of which go overlooked. The Health Care and Life Sciences Section is teaming up with the Indianapolis Medical Society at the Indiana State Museum to offer this presentation, which will focus on some of the overlooked effects of the opioid crisis, including the effects on children.

Please join us an hour before the seminar to socialize with fellow attendees and speakers! Registration includes two drinks and appetizers.

**The Opioid Epidemic and its Impact of Families and Children**

**Speakers:** Katherine Meger Kelsey, JD, Director of the Children’s Law Center of Indiana; Terry J. Stigdon, MSN, RN, Director of the Indiana Department of Child Services; Dr. Jennifer Walthall, MD, MPH, Secretary of the Indiana Family and Social Services Administration

**Monday, November 26**

5:30 to 7:30 p.m.

Indiana State Museum
650 W. Washington St.

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Special Feature

A letter from Dr. McGoff

“Our vigilance is just as important now as it has ever been.”

It was truly an honor to serve as your Indiana State Medical Association President. I owe my success to the fantastic mentors I had like Drs. MacDougall, Rawls, Winters, Emkes, Marhenke, and Dunnway, who like me, got their introduction to organized medicine with the Indianapolis Medical Society. It was at their feet that I learned that the County Medical Society is the cornerstone of political expression and activism.

Their counsel and wisdom helped me work through a tough year at ISMA. A 168 year-old medical association, just like a 168 year-old building, has some wear/tear and there was some “deferred maintenance”, which the ISMA Board and Executive Committee tended to over my tenure. Let me reassure you that the ISMA is in a much better place, because of the diligence and long hours they put in.

A year goes by quickly, but a number of great things happened. As I traveled around the state, I enjoyed bragging about the benefits of the ISMA. We just restructured the medical school scholarship program and endowed two $1 million-dollar scholarships at both the Indiana University School of Medicine and the Marian University College of Osteopathic Medicine, utilizing our existing funds and matching funds from both of those institutions. This will be a lasting legacy for years to come.

On the financial front, we had a complete overhaul of our investment strategy and advisor which will hopefully pay tremendous dividends, as we have become more reliant on investment income for our society’s stability. One of our greatest assets is the insurance program we offer to our membership. It underwent a complete revamping with new staff and oversight from our seasoned veterans, now offering a low cost, high quality product to physicians and their families.

Most importantly, we continued to have a loud voice at the Indiana General Assembly, advocating for Hoosier doctors. Though this was a short session, there were numerous bills proposed that affected the practice of physicians and the wellbeing of our patients. Mandatory CME was instituted for the first time and the ISMA ensured that it would be put to good use addressing the opioid epidemic. Other bills that were defeated included independent scope of practice legislation for Advance Practice Nurses, which will return again this next session. Our vigilance is just as important now as it has ever been.

The ISMA was also the gracious recipient of a $230,000 grant from the Richard M. Fairbanks Foundation to develop an opioid education program, including a mobile app and podcast. This will be offered to all physicians free of charge to meet their new CME requirement.

These are but a few of the highlights of a busy year at the ISMA. I can assure you as your past-President, that the ISMA has the most diligent and dedicated staff members, who are making sure that the ideas we generate at our annual convention turn into reality the following year. I especially want to wish incoming President Stacie Wenk continued success in working closely with the County Medical Societies to ensure that organized medicine has one, unified, strong voice advocating for Hoosier physicians.
“However, as with all worthwhile endeavors, there is more to do. My goal for this year is to build upon the work of my great predecessors (and mentors).”

I’d like to begin by sharing some words from Theodore Roosevelt. “It is not the critic who counts, not the one who points out how the strong stumbles, or where the doer of deeds could have done them better. The credit belongs to those who are actually in the arena, those whose face is marred by dust and sweat and blood; who strives valiantly; who errs, who comes short again and again, because there is no effort without error and shortcoming; but who does actually strive to do the deeds; who knows great enthusiasms, the great devotions; who spends himself in a worthy cause, who at the best knows in the end the triumph of high achievement, and who at worst, if he fails, at least fails while daring greatly, so that his place shall never be with those cold and timid souls who neither know victory nor defeat.”

As I begin my year as the 169th President of the Indiana State Medical Association, I stand before you this morning excited and humble.

This is because the ISMA is made up of the doers and the strong. I have not only the honor of belonging to the ISMA, but the responsibility of leading this organization. An organization that is known for its commitment to supporting the physicians of Indiana at a state, local and personal level (also partnering with the AMA to address national healthcare issues).

I wasn’t sure what to include in my speech this year, so I asked for copies of speeches from a few of our previous Presidents. As I read them, it became clear what I wanted, and needed, to say. I’d like to take a moment to summarize their work.

Dr. Heidi Dunnieway led efforts to start a review of our current structure, to identify opportunities to adjust it to meet current day needs. Our current structure was developed by our predecessors in 1849. A few things have changed since that time (like the internet..... and cars).

Dr. Rhonda Sharp made a commitment to promote and preserve the mission of the ISMA. She led the project that made our Physician Assistance program financially self-sustaining.

Dr. Tom Whiteman focused on the growth of the ISMA and continues to lead efforts as historian to allow us to build on our rich history.

Dr. John McGoff worked collaboratively with the Chair of the Board, Dr. Lisa Hatcher, to bring the Board together to develop a formally defined mission and establish the 4 pillars of goals and objectives for the ISMA.

Dr. McGoff led efforts to develop a formal talking piece that he’s used this past year to show the value of this organization. I’ve also shared this work locally, and I am grateful to have this talking piece.

Dr. McGoff shared the 4 pillars with you but I want to repeat them, as they have become the foundation for our organization.

1. Targeted, clear communication.
2. Attract and engage members.
3. Physician leadership and satisfaction.
4. Industry impact

As you can see, much work has been done over the past few years. We have had successes and we have had non-successes. I believe one non-success is that the Board and staff have been a bit too humble in sharing accomplishments, while serving our members. If you take a moment and re-read the reports in your

Continued on p.15
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handbook, you will see that there was a concerted effort to show these accomplishments and provide transparent summaries from this past year.

The reality is that this organization is strong and continues to grow stronger. The leadership and staff do not hesitate to roll up their sleeves and work on issues that are both difficult and ever changing.

However, as with all worthwhile endeavors, there is more to do. My goal for this year is to build upon the work of my great predecessors (and mentors).

I plan to continue work on the restructuring of our organization. I listened to conversations over the past year, and throughout this weekend. There have been many great comments... I feel the establishment of the task force was a brilliant initiative. It identified areas of opportunity to revise the current structure and led to conversations on additional opportunities to make our organization more valuable. I plan on reaching out to our strong county societies to schedule regular meetings to share ideas and ultimately “blur” our county lines. Please know that I will reach out for your help with this. I welcome additional ideas and encourage you to share them with me. I would also ask for anybody who would be interested in working on this to let me know.

I would echo a comment made by our current AMA President, Dr. Barbara McEneny. (this is paraphrased). Every member has a voice. ALL ideas are important. We will discuss these ideas and identify those that our members support pursuing.

Throughout my speech you’ve heard me speak about the work of our leadership and staff. Through this partnership we will continue to move our strategic plan objectives forward and continue to promote, grow and strengthen the ISMA.

Our Board is elected by our members to represent all physicians. There is great talent on the Board. It is comprised of physicians from different practice arenas. Employed, governmental, solo practice, and group practices. This variety allows conversation that is inclusive as decisions are made.

Over the next year I would ask that each of us takes time to refocus on our mission and goals. Next year offers an opportunity to center ourselves, to come together to work collaboratively to reach mutual outcomes and satisfaction.

In closing, I want to thank all of you for allowing me to represent you this year. I know I will stumble, but I promise that I will proceed valiantly, with great devotion and enthusiasm.

Thank you.
Indiana University School of Medicine/Indiana University Health

IU – Methodist – Riley

Online  HPV Documentary:
CME  Someone You Love: The HPV Epidemic
Activity  http://cme.medicine.iu.edu/hpvdocumentary

Nov. 2  25th Annual Eskenazi Health Trauma and Surgical Critical Care Symposium
Crowne Plaza at Historic Union Station, Indianapolis, IN

Nov. 2  17th Annual Lingeman Lectureship
IU School of Medicine, Fessler Hall, Indianapolis, IN

Nov. 17  5th Annual IU Health North Central Region Fall Primary Care Conference
IU Health North Hospital, Indianapolis, IN

Dec.15  Stand Up to Sex Trafficking Awareness, Implementation, Networking (SUSTAIN) Series
Denver, CO

2019

Jan.16  Simulation Instructor Course
Fairbanks Hall, Indianapolis, IN

Jan. 26  Breast Cancer Year in Review
502 East Event Centre, Carmel, IN

March 22  2019 Annual Update in Pediatric Gastroenterology in Primary Care Clinician
Ritz Charles Banquet Facility, Carmel, IN

May 9-11  Weinstein 2019 Cardiovascular Development and Regeneration Conference
Crowne Plaza at Historic Union Station
Indianapolis, IN

May 15-16  54th Annual Riley Children’s Health Pediatric Conference
NCAA Conference Center, Indianapolis, IN

July 25-28  AMWA 104th Anniversary Annual Meeting in Conjunction with Centennial Congress of the Medical Women’s International Association
Brooklyn Bridge Marriott, New York, NY

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

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For more information, contact Debbie Wiekert, (317) 274-5193.
**Rick C. Sasso, MD**, attended the North American Spine Society annual meeting held in Los Angeles, California September 26-29, 2018 where one of Indiana Spine Group’s multi-center FDA studies was presented. The podium talk detailed the 2-year results of the Prospective, randomized trial of Basivertebral nerve ablation for the treatment of chronic low back pain.

Dr. Sasso also presented the initial results of another prospective multi-center FDA study evaluating the surgical treatment of degenerative spondylolisthesis with lumbar radiculopathy.

**Stephen W. Perkins, MD**, of Meridian Plastic Surgeons, was invited faculty at the recent European Academy of Facial Plastic Surgery Annual Conference in Regensburg, Germany. He taught a course on Eyelid Rejuvenation, presented a video-based lecture on Managing the Brow and Forehead, and presented two talks on the topic of Advances In Lower Eyelid Surgery and Facelift Through the Decades.

**Tod C. Huntley, MD**, of The Center for Ear Nose Throat & Allergy (CENTA) was the co-director of the tenth annual cadaver instructional course “Advanced Surgical techniques for Obstructive Sleep Apnea” at the Practical Anatomy and Surgical Education at St. Louis University. The course drew attendees from throughout the United States, South America, Europe, and Asia. Dr. Huntley spoke on tongue reductions techniques and hypoglossal nerve stimulator implantation and led the cadaver prosections. Next year’s course will be held September 13 and 14, 2019, and will be immediately preceded by a one-day instructional course for Physician Assistants and Nurse Practitioners regarding the diagnosis, workup, and treatment overview for OSA and other sleep disorders. For more information, contact https://www.slu.edu/medicine/medical-education/continuing-medical-education/pase.

**Richard Feldman, MD**, will retire January 1, 2019 from Franciscan Health Indianapolis, where he served as Program Director of the Family Medicine Residency Program from 1981 to 2018. He now is Program Director Emeritus and continues part-time as Director of Medical Education. Dr. Feldman has the distinction of being the youngest-ever family medicine residency program director and also having the longest-ever program director tenure in the nation.

Feldman was awarded the 2014 Nikitas J. Zervanos Outstanding Program Director Award by the American Academy of Family Physicians and the Association of Family Medicine Residency Directors.

**David R. Diaz, MD**, has been appointed by Dr. Stacie Wenk to the ISMA Executive Committee as one of two at-large members representing the state. He will also serve on the Committee on Legislation, a position that he has held in the past.
In Memoriam

**Ned B. Hornback, MD**
Ned B. Hornback passed away suddenly on 9/5/18. Ned was born on 10/3/31 to Irene and Charles Hornback in Eau Claire, Wisconsin.

He attended the University of Wisconsin for both undergrad and Medical School, graduating in 1956. Following his internship, in 1957 he was drafted into the US Air Force as a flight surgeon. In 1962 he entered into radiology residency at the IU School of Medicine in Indianapolis and specialized in therapeutic radiology. After completion he joined the faculty of the Medical School where he created the Department of Radiation Oncology and was appointed the first chairman.

During his tenure as chairman, he developed the first residency training program in Radiation Oncology in the state of Indiana and he established the Society of Indiana Radiation Oncology for practicing physicians. Ned authored many scientific articles and published five books in his specialty.

Dr. Hornback had been a member of the Indianapolis Medical Society since 1970.

**David E Wheeler, MD**
Dr. David E Wheeler passed away on October 9, 2018. He was born on January 6, 1927 in Indianapolis. He attended George Washington High School and Indiana University, where he earned his Bachelor of Science degrees in Anatomy and Physiology and a Doctor of Medicine (M.D.). Dr. Wheeler served as the assistant chief of radiology at the USVA Hospital on West 10th Street in Indianapolis, but his career in radiology was mostly spent at Community East.

Dr. Wheeler was a member of several organizations including Sertoma International. He made missionary trips to Guatemala, once establishing the first x-ray laboratory in the Hospital Evangelico of Chichicastenango. He is survived by his loving wife of nearly 68 years, his two children, three grandchildren and two great grandchildren.

Dr. Wheeler had been a member of the Indianapolis Medical Society since 1955.

**Eusebio C. Young, MD**
Dr. Eusebio Chua Young passed away on October 10, 2018. Eusebio was born in the Philippines on September 13, 1934. He obtained his M.D. from the University of Santo Tomas and moved to the United States in 1962. Dr. Young met his wife and settled in Indianapolis in 1970, where they raised their three children. He was a physician in the emergency department at Community Hospitals and he retired in 2001 after practicing medicine for over 40 years. He is survived by his wife of 51 years, Cynthia, his two daughters, a son, and grandchildren.

Dr. Young joined the Indianapolis Medical Society in 1971.

---

New Members

**Murphy, Michelle S., M.D.**
Community OBGYN Care
7910 E. Washington St, Ste 300
Indianapolis, IN 46219-6803
Obstetrics and Gynecology
Albany Medical College, 1991
Board of Directors 2017-2018

Terms End with Year in Parentheses

David L. Patterson, Chair and President Elect


*Appointed to the President’s Advisory Council

Carolyn A. Cunningham  Bernard J. Emkes  John P. McGoff
David R. Diaz  Bruce M. Goens  Stephen W. Perkins
Marc E. Duerden  Paula A. Hall  Richard H. Rhodes
John C. Ellis  Jon D. Marhenke  John J. Wernert

Delegates

Delegates to the Annual State Convention, September 29-30, 2018, Sheraton Indianapolis North

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


Alternate Delegates

Delegates to the Annual State Convention, September 29-30, 2018, Sheraton Indianapolis North

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


Indiana State Medical Association

Past Presidents

Heidi M. Dunnaway 2014-2015
Jon D. Marhenke 2007-2008
Bernard J. Emkes 2000-2001
Peter L. Winters 1997-1998
George H. Rawls 1989-1990
George T. Lukemeyer 1983-1984
Alvin J. Hailey 1980-1981

Indiana State Medical Association

House of Delegates

President
John P. McGoff

Treasurer
Marc E. Duerden

Seventh District Medical Society

Trustees

John C. Ellis (2018)
David R. Diaz (2019)

Alternate Trustees

Richard H. Rhodes (2018)
Susan K. Maisel (2019)
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