Volume XCXIV • Number 13
September 2018 • Indianapolis, Indiana

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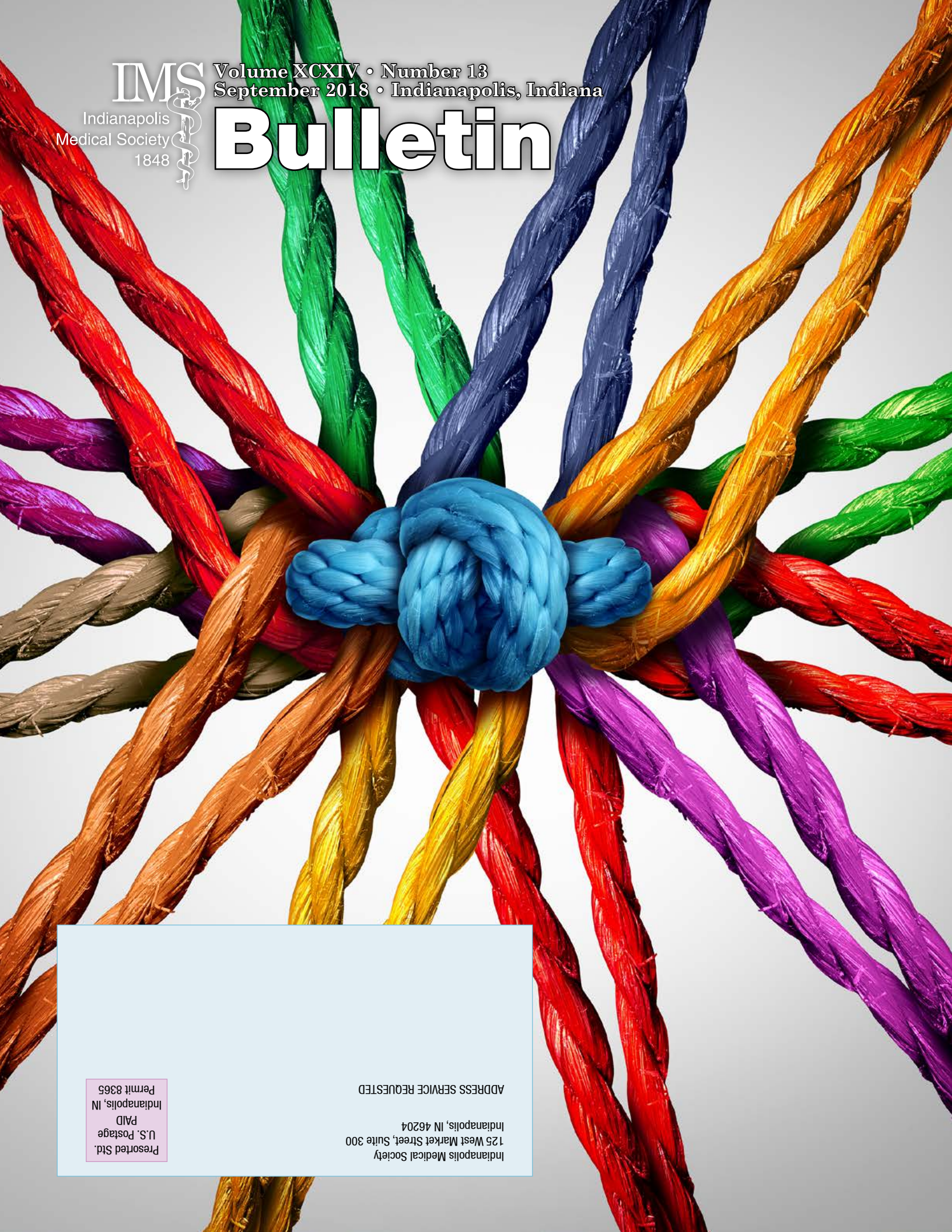
Bulletin



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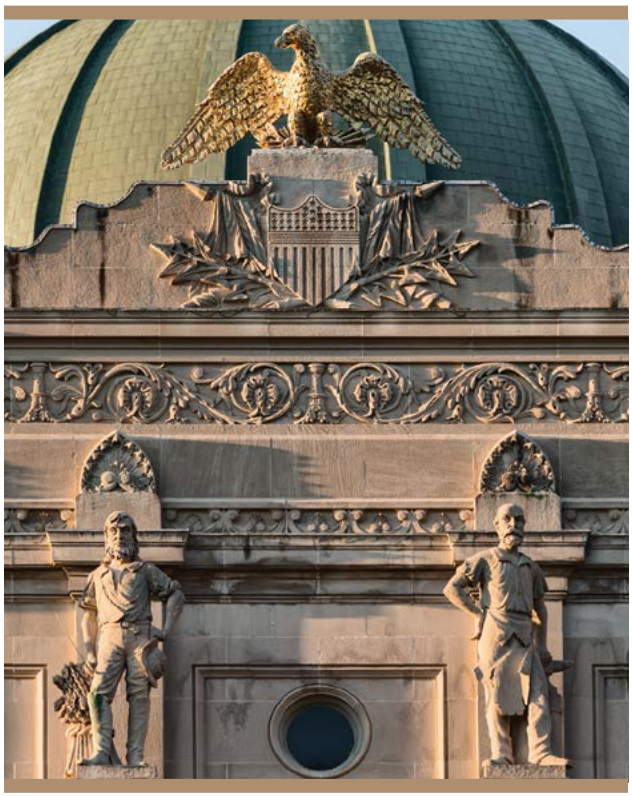

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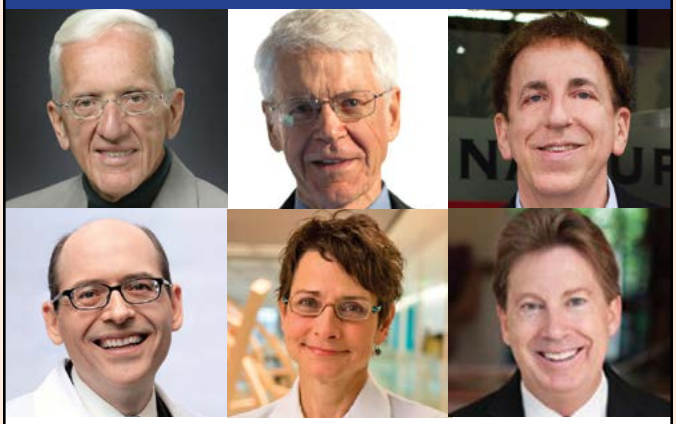

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IMS Indianapolis Medical Society 1848

Vol. XCXIV • Number 13
September 2018 • Indianapolis

Bulletin

Official monthly publication of the
Indianapolis Medical Society
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Indianapolis, IN 46204
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Direct copy for publication and inquiries regarding advertising to:
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Bulletin Subscriptions: $36.00 per year
AMA Web Page: http://www.ama-assn.org
IMS Web Page: http://www.imsonline.org

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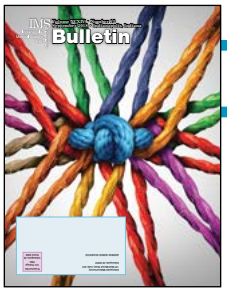

about our cover

IMS is focused on building a stronger network of support and communication both for and among physicians in central Indiana.

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Dr. McAteer welcomes suggestions from physicians,IMS Members and non-members. Simply click on the suggestion box icon and

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President's Page

Mary Ian McAteer, MD

"I have a special request from each of you reading this."

The Indiana State Medical Association annual convention provides an opportunity for physicians to come together to discuss problems, and better yet, formulate solutions. By defining our pressing needs, we can direct lobbying activities in the state legislature and inform policy leaders of needed changes to help us professionally and our patients holistically.

ISMA and county societies exist for members. Traditionally members have been able to fully participate in advocacy within our state through county society activity. The ISMA, in the past, has encouraged county society work, evidenced in the bylaws studied by the Future Directions Task Force. One of the resolutions proposed this year, Resolution 18-24 is a result of the task force which states that its goal is to protect the vitality of ISMA by eliminating barriers to membership.

I have a special request from each of you reading this. Please contact the ISMA prior to September 27, through the website ismanet.org, phone 317-261-2060 or FAX 317-261-20176 to express concerns in opposition to Resolution 18-24.

The resolution will harm county medical societies by placing them in direct competition with ISMA for members. The resolution was considered in 2017. The House of Delegates asked the Board of Trustees to reconsider the relevant portion for study. The board asked the task force to expand its representation of large and small counties within its committee. I was selected to be an additional IMS representative. There was only one meeting held, in May 2018. I asked for materials to bring myself up to date on the issue, but was told I wouldn't need any. The discussion was lively, but the voting block had been carefully set to assure that this resolution would be proposed as you see it today. With no context provided to the newest members of the task force, this seemed disingenuous to me.

The discussion needs to be conducted with more thought as to strengthen local society relevancy as vital for meeting physicians' needs. The county societies provide forums for discussions for local issues, networking with community resources, leadership development, and mentorship for participation in the ISMA and AMA. The county society needs ways to fund the infrastructure necessary to get people together, assure accurate collection of minutes and assure adherence to rules and regulations. Hiring knowledgeable people who are able to support physicians is the best way to get these things accomplished, but that requires funding. With all the additional changes outlined in the resolution, we all suffer the ability to attract members and therefore lose our ability to ban together as a statewide voice for physicians.

If the goal is increasing membership and ensuring relevance, then our medical society should be focused upon serving our physicians' needs at the points that the physician can easily access. This requires increased supportive and reciprocal communication and participation within both local and state societies. There are many other ways to solve this problem and I invite the author and task force participants to dedicate our efforts to finding a better solution.

Special Feature

ISMA Officers, AMA Delegation and Alternates to be Elected at Convention

"To be eligible for ISMA officer or AMA delegation positions, a candidate must have been an active member of ISMA for the preceding two years."

It's not too early to submit a Declaration of Candidacy form declaring your intent to run for ISMA office for 2018-19.

Officers elected each year at the annual House of Delegates include the ISMA president, president-elect, speaker, vice speaker, treasurer and assistant treasurer. Delegates and alternate delegates to the Indiana American Medical Association delegation serve two-year terms and are elected on a staggered basis; two AMA delegates and two AMA alternates will be elected this year. To be eligible for ISMA officer or AMA delegation positions, a candidate must have been an active member of ISMA for the preceding two years.

Last year, the ISMA Executive Committee initiated use of the Declaration of Candidacy form to help staff identify announced candidates for publication in the pre-convention issue of ISMA Reports and the convention program, with the following statement:

All members of ISMA who choose to run for an elected office of ISMA or the Indiana AMA delegation, and who wish for ISMA to help announce their candidacy, must first complete and submit to ISMA a Declaration of Candidacy form. Candidates who have not submitted the form to ISMA will not be announced or administratively supported in any way by ISMA (e.g., listed on the website, help with mailings/e-mailings, etc.).

The Declaration of Candidacy form is available at www.ismanet.org/pdf/convention/CandidacyDeclaration.pdf.

Candidates may declare their intent to run for office any time before elections are held at the ISMA convention.

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Special Feature

Physicians Have Become Devalued in Modern Health Care

Anonymous | Kevinmd.com

"So yes, I am angry. But I am secretly optimistic."

I'm writing this piece because I'm finally at the point that I am truly angry. I am angry at how physicians have become devalued in modern health care. I'm angry at how systems of care have participated in this by replacing physicians with lesser trained mid-level practitioners. I'm angry at how our title "doctor" has been hijacked to allow patients to be misled or, in many cases, deceived.

It wasn't that long ago that when someone introduced them to you as "doctor" in the clinical setting that you most certainly knew you were seeing a physician. I have a different perspective than many physicians because I was one of these mid-levels. I was a 27-year-old physician assistant working in family medicine back in the late '90s. But over the next few years, I began to realize that I was lacking in fundamental medical knowledge that made me unsure of myself at times. More frightening though was that I didn't know what I didn't know. This meant that I often didn't seek out the expertise of my supervising physicians because I didn't know I needed to.

Now before I go any further, I'd like to address the term, mid-level provider. Somehow it has developed into what mid-levels would say is now a negative connotation. I specifically remember when it was a victory for the PA profession to be called a mid-level provider because it helped define our knowledge level more appropriately than the word "assistant." Now, it's no longer a title the PAs and NPs want, and so they have decided to call themselves advanced practice providers. At the same time, physicians have been demoted to simply "providers," further confusing the general public and disrupting the true hierarchy. Now — God forbid — I use the word "hierarchy" because we all know it's going to result in the cliché response about how physicians just need to be team players. We embrace hierarchy in the airlines because we all know it saves lives. Co-pilots don't fly solo, and mechanics don't fly as co-pilots simply because they have a working knowledge of the aircraft. It's a no-brainer; lives would be at risk. In medicine though, we have decided that patient lives are less valuable than air travelers.

Because I was so frustrated with the many gaps in my knowledge, I decided to go to medical school after four years of full-time work as a PA. It was certainly a wake-up call to realize how in depth the material was compared to what I had learned as a PA. There were countless standardized national exams and board exams in addition to coursework that had to be passed in order to advance and ultimately graduate. There were literally thousands of lightbulb moments where I came to finally learn what it was that I didn't know as a PA. I can safely say that any med school graduate is vastly more prepared to practice medicine on that day than a physician assistant or nurse practitioner who graduates the same day. But the irony is that we turn these mid-levels loose to start practicing basically independently when the medical school graduate must complete another three to seven years on average before being allowed to independently practice in their specialty. Now in 2018, we find a decreasing amount of funding for residency positions for physicians. So there are literally thousands of physicians who find themselves unable to work due to a shortage of training positions. Several states are addressing this problem by creating a new category of licensed physicians who, by virtue of graduating from medical school, will be able to work as graduate physicians supervised by a board certified peer. However, just this last week a bill was introduced for this purpose in Oklahoma that was opposed by the state PA association.

The association claimed that it made no sense to create a new "untested profession" when there were already PAs meant to fill this role. So even from the profession we birthed, we find an attempt to devalue us. This still falls short of the ultimate misleading and dangerous practice by NPs of obtaining online doctorate degrees and introducing themselves as "doctor" in a health care setting.

In a strangely ironic twist, the very systems that love to brag that they hire only board-certified specialty physicians are the same ones that will throw a new mid-level to the wolves and allow them to practice nearly independently. In many cases, patients never realize they aren't seeing an actual physician. This is a pure game of deception and goes to the root of why we need legislation that requires that patients be given a choice and know exactly who is caring for them. I wish I had a dollar for every time I have heard a PA explain to someone that they learned the same information as physicians, just over a shorter period of time. I wish I had a dollar for every meme I've seen on Facebook defining an NP as having the "brain of a doctor and heart of a nurse." These statements are more than just inaccurate; they are misleading and offensive.

Nowadays, the physician-mid-level relationship is often one that is forced upon both parties due to corporate greed. It's simply cheaper to hire a PA or an NP and require the physician to "supervise" them and take all liability. It is essentially an unfunded mandate passed down to the physicians in order to keep their jobs. Rarely is time given to properly train or supervise and even less often is compensation involved.

So yes, I am angry. But I am secretly optimistic. I have seen the grassroots movements begin to grow from other angry physicians who feel devalued. The reality is that the administrators that participated in the hijacking of medicine really don't have any way to earn a living if the physicians of the country decide to unite and stand up for themselves. I've even heard the call to unionize. Luckily, there are still systems that value the physician. In the end, these will be the systems that will survive when physicians find their voice.

The author is an anonymous physician.

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Special Feature

Board Discusses District, County Society Resolutions; Questions on Dues Increase Resolution Answered

"The Board expects to make a final decision on implementing this resolve at its September 2018 meeting and will be communicating its plans to all members."

Last year at convention, the ISMA Future Directions Task Force (Task Force) introduced Resolution 17-22 (Enhance, Grow and Sustain ISMA) and Resolution 17-23 (Membership Dues Adjustment). The Task Force was created in 2014 by ISMA President Heidi Dunniway, MD, to eliminate barriers to membership and protect the vitality of ISMA.

Resolution 17-23 was introduced after the Task Force found ISMA had the third-lowest dues of all state medical associations in the U.S. and had not raised dues for 25 years. In the same period, the cost of providing services had risen, and ISMA membership had decreased. The 2017 House of Delegates passed Resolution 17-23, with 84.8 percent of registered delegates voting for the dues increase.

Three of the resolves in Resolution 17-22 proposed changes to the structure of ISMA. The House of Delegates referred two of the resolves to the Board of Trustees (Board) for study and passed the third proposal, to dissolve the current district medical societies and make them part of ISMA rather than separate legal entities (effective in 2019).

Since last year's convention, the Board has met and considered these resolutions and how to implement them. Read further for details and answers to questions members may have about these resolutions.

Resolution 17-22: Enhance, Grow and Sustain ISMA Resolves referred for study: County medical societies; delegates

Resolve 1: Resolve 1 proposed to eliminate (effective 2019) the requirement that a physician be a member of a county medical society to be a member of the ISMA, and vice versa. This resolve did not call for eliminating county societies; it called for making county society membership an option instead of a requirement to join the ISMA, and vice versa. The House of Delegates referred Resolve 1 to the Board for study.

Update: The Board subsequently referred Resolve 1 back to the Task Force to continue studying the proposal. In addition, the Board recommended adding more physicians to the Task Force. As a result, several new members were added to the Task Force. On May 5, 2018, the Task Force met and voted to recommend eliminating county membership as a requirement for ISMA membership and vice versa, but it also recommended this change not be implemented until 2022, to give the counties more time to prepare for the change.

Resolve 2: Resolve 2 proposed to amend the ISMA bylaws to state that every ISMA member who pre-registers and attends the annual convention is a delegate. The House of Delegates referred Resolve 2 to the Board for study. The Board subsequently referred Resolve 2 back to the Task Force to continue studying the proposal.

Update: At its May 5 meeting, the Task Force recommended amending the ISMA bylaws to state that, if a county fails to register delegates by a certain date for all spots assigned by the ISMA bylaws, the Trustee in that district, in his or her sole discretion, can fill all open delegate spots with any members from any counties in that district. The Task Force's goal in making this recommendation is to increase the number of delegates at convention without changing the overall geographical composition of the delegates.

The Task Force presented its recommendations on Resolves 1 and 2 to the Board during the Board's regularly scheduled meeting on May 20, 2018. The Board voted to support both of the Task Force's recommendations. The Task Force plans to submit resolutions with its recommendations during the 2018 convention.

Resolve passed by the House: District medical societies

Resolve 3: Resolve 3, passed by the House of Delegates, proposed that ISMA amend its bylaws (effective 2019) to make the current district medical societies part of ISMA and not separate legal entities.

Update: The Board and Executive Committee have been considering how to implement this upcoming change and have obtained input from the executives of the large county societies, who also staff some of the district societies. Also, ISMA President John P. McGoff, MD, is discussing the implementation of this resolve at district meetings. A summary of the Board's feedback on how to dissolve the districts, which Dr. McGoff is presenting at these meetings, is online at www.ismanet.org/pdf/Resolution17-22TrusteeFeedback.pdf, and members may also submit input at www.ismanet.org/ISMA/Resolution_Comments.aspx. The Board expects to make a final decision on implementing this resolve at its September 2018 meeting and will be communicating its plans to all members.

Resolution 17-23: Membership Dues Adjustment

Passed by the House of Delegates with 84.8 percent of registered delegates in favor

Q. When will the dues increase take effect?

A: The dues increase will take effect for the 2019 membership year. Dues renewals for next year will be billed at the new rate.

Q. How much will my dues increase?

A. The amount of ISMA dues regular members pay will increase to $490 from $385. However, since ISMA districts are becoming a part of ISMA instead of separate legal entities, members will no longer pay district dues. The net increase for ISMA members will range from $75 to $95, depending on their districts.

Continued on p.13

CME & Conferences

Community Hospital East

First Wednesday	Critical Care Conference CHE Administrative Conference Room, 12:00 – 1:00 p.m.
Second Tuesday	Medical Grand Rounds CHE Theater, 1:00 – 2:00 p.m.

Community Hospital North

First Friday	North Forum Reilly Board Room, 7:00 – 8:00 a.m.
First & Third Wednesdays	Psychiatry Grand Rounds 7250 Clearvista Parkway Multi-Service Room, 12:30 – 1:30 p.m.

Community Heart & Vascular Hospital

First Wednesday of every month	Imaging Conference: rotates Cath & Echo Case Presentation CHVH 3rd Floor Boardroom w/telepresence to CHV Anderson, CHV East Conference Room (Ste. 420) CHV South Conference Room (Ste. 2400) CHV Kokomo, 7:00 – 8:00 a.m.
Second Wednesday of every month	M&M Conference: every other month rotates the Echo & Nuclear Q/A, CHVH 3rd Floor Boardroom w/telepresence to CHV Anderson, CHV East Conference Room (Ste. 420) CHV South Conference Room (Ste. 2400) CHV Kokomo, 7:00 – 8:00 a.m.
Third Wednesday of every month	Ken Stanley CV Conference: rotates Quarterly for CV Quality Data w/Gae Stoops, CHVH 3rd Floor Boardroom w/telepresence to CHV Anderson, CHV East Conference Room (Ste. 420) CHV South Conference Room (Ste. 2400) CHV Kokomo, 7:00 – 8:00 a.m.
Fourth Wednesday of every month	Disease Management Conference: rotates CHF & EP Case Presentations, CHVH 3rd Floor boardroom w/ telepresence to CHV Anderson, CHV East Conference Room (Ste. 420) CHV South Conference Room (Ste. 2400) CHV Kokomo, 7:00 – 8:00 a.m.

2018 Cancer Conferences
Community Hospital East

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 – 8:00 a.m.
Second Friday	North Multidisciplinary Gynecologic Surgical Oncology Conference - CHN 8040 Clearvista Parkway, Suite 550, 7:00 – 8:00 a.m.
First Wednesday	North Chest Cancer Conference - CHN 8040 Clearvista Parkway, Suite 550, 7:00 – 8:00 a.m.
Third Wednesday	Melanoma Cancer Conference - CHN 8040 Clearvista Parkway, Suite 550, 7:30 – 8:30 a.m.
Third Friday	North GU Conference - CHN 8040 Clearvista Parkway, Suite 550, 7:00 – 8:00 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 – 9:00 a.m.
Second Tuesdays	South General - CHS Community Cancer Center South 1440 E. County Line Rd., Community Room, 12:00 – 1:00 p.m.
Fourth Wednesday	South Thoracic Community Cancer Center South, 1440 E. County Line Rd., Community Room, 8:00 – 9:00 a.m.
Third Tuesdays	South Molecular Community Cancer Center South, 1440 E. County Line Rd., Community Room, 5:00 – 6:00 p.m.
First & Third Fridays	South Case Presentations Hospitalist Office, Ste. 1190 1440 E. County Line Rd., Community Room, 12:00 – 1:00 p.m.

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Sept. 5	Simulation Instructor Course Fairbanks Hall, Indianapolis, IN
Sept. 8	Women in Anesthesiology Indiana State Meeting Renaissance Indianapolis North Hotel, Indianapolis, IN
Sept.12	Merritt Lecture – The State of HPV in Indiana Walther Hall - IU School of Medicine, Indianapolis, IN
Sept. 15	Thoracic Society Indiana Chapter Fall Meeting Riley Outpatient Center, Indianapolis, IN
Sept. 15 -16	Access2MD 2018 Managing Clinical Risks Conference JW Marriott, Indianapolis, IN
Sept. 18	Riley Hospital for Children – First Annual Neonatal Nursing Conference IU Health Neuroscience Center, Indianapolis, IN
Sept.20-21	Home Dialysis Symposium: Transition to Keeping Patients Home JW Marriott Indianapolis, Indianapolis, IN
Sept. 22	Practical Pearls for Community Pediatrics September Workshop: Review and Treatment Guidelines for ADHA, Anxiety/Depression and Autism Spectrum Disorder Riley Outpatient Center, Indianapolis, IN
Sept. 29	Improving Children's Health: Integrating Dental & Medical Services IU School of Dentistry, Indianapolis, IN
Oct. 10-11	2018 Indiana Public Health Conference: Saving Lives and Communities: Reducing Harm, Stigma, Overdoses and Death Indianapolis Marriott East, Indianapolis, IN
Oct. 23-25	Agile Implementation Boot Camp Health Information and Translational Science Building (HITS), Indianapolis, IN
Oct. 26	IU Health Obesity Symposium NCAA Conference Center, Indianapolis, IN
Oct. 26	Indiana Geriatrics Society Annual Fall Conference Hoosier Village Retirement Community Center, Indianapolis, IN
Nov. 2	25th Annual Eskenazi Health Trauma and Surgical Critical Care Symposium Crowne Plaza at Historic Union Station, Indianapolis, IN
Nov. 17	5th Annual IU Health North Central Region Fall Primary Care Conference IU Health North Hospital, Indianapolis, IN

2019

May 9	Weinstein 2019 Cardiovascular Development and Regeneration Conference Crowne Plaza at Historic Union Station 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.

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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Bulletin Board

News from Goodman Campbell Brain and Spine...

Andrew H. Jea, MD, co-authored a new study, "Letter: Trends in Attendance at the Annual AANS/CNS Section on Pediatric Neurological Surgery Meeting." It appeared in Neurosurgery on July 30 ahead of print.

Dr. Jea also joined his colleagues on publishing new research, "Evaluation of lateral atlantodental interval asymmetry in the pediatric age group: normative values." The paper was published in the Journal of Neurosurgery: Pediatrics in the August issue.

Laurie L. Ackerman, MD, and fellow co-authors have reported their work in the Journal of Neurosurgery: Pediatrics. "Treated hydrocephalus in individuals with myelomeningocele in the National Spina Bifida Patient Registered," appeared online August 24 ahead of print.

Jean-Pierre Mobasser, MD, recently delivered three lecture presentations during the Department of Medicine conference at St. Vincent Indianapolis: "When is Spinal Fusion Necessary?," "Minimally Invasive Spine Surgery," and "The Basics of Spine Surgery." The conference was held August 6–8.

Rick C. Sasso, MD, was the invited visiting Professor for the Brazilian Spine Society Annual Meeting, in Rio de Janeiro, August 16 – 18, 2018. He presented four lectures on the Surgical Techniques for Management of Cervical Myelopathy and Cervical Deformity and also led a Case Series session on Cervical Fracture Management.

Taha Z. Shipchandler, MD, of IU Health Physicians Facial Plastic & Reconstructive Surgery, directed the Facial Plastic Surgery Section, including a cadaver course, at the 103rd Annual Indiana University Anatomy Couse hosted by the IU Department of Otolaryngology on July 8 and 9th in Indianapolis. Dr. Shipchandler gave lectures on Facial Reanimation for Facial Paralysis treatment, Nasal Reconstruction and Free flap reconstruction for the Head & Neck. Twenty-five otolaryngology residents from around the US and Canada attended the course. Dr. Shipchandler currently serves as the Residency Program Director, Division Chief for Facial Plastic Surgery and was recently named Vice Chair of Clinical Affairs for the Department of Otolaryngology at IU.

Andrew H. Jea, MD

Laurie L. Ackerman, MD

Jean-Pierre Mobasser, MD

Rick C. Sasso, MD

Taha Z. Shipchandler, MD

Please submit Bulletin Board Information to ims@imsoline.org or via fax at (317) 262-5609. Your photo in the IMS files will be used unless an updated picture is submitted with your material.

Special Feature

Continued from p.11

Q. Is there still a discount on dues if all or most physicians in a group practice become ISMA members?

A. Yes. The House of Delegates in 2012 approved a dues discount for practice groups of five or more physicians, based on percentage participation. Now, those same practices will receive the following flat-rate, per-member discounts.

- 100% group participation - $115 discount per member per year
- 90% group participation - $75 discount per member per year
- 80% group participation - $40 discount per member per year
- 75% group participation - $20 discount per member per year

Q. Are small practice groups still eligible for a dues discount?

A. Yes. The House of Delegates determined in 2012 that members in practices with one to four physicians would receive a percentage discount based on the number of years for which dues were paid in advance. Now, those same physicians can qualify for individual, flat-rate discounts by paying for multiple years in advance.

- 10-year membership - $115 discount per year
- 5-year membership - $75 discount per year
- 3-year membership - $40 discount per year
- 2-year membership - $20 discount per year

Q. Can discounts on membership dues be combined?

A. No.

Q. What will ISMA do with the additional revenue from the dues increase?

A. The accompanying pie chart illustrates current ISMA expenses, shown as a proportion of annual membership dues. Additional revenue generated through the dues increase will offset annual operating losses and create opportunities for new initiatives consistent with ISMA's new strategic planning process.

Q. Couldn't ISMA use financial reserves, instead of a dues increase, to cover shortfalls?

A. Historically, ISMA has relied on reserves to generate operating revenue and cover operating shortfalls. Reducing or eliminating operating shortfalls through this dues increase will allow ISMA to invest in new initiatives and member benefits to further our association's mission.

New Members

Tyler J. Beach
Student
Family Medicine
Marian University, Enrolled

Aaron F. Blair
Resident
Family Medicine
Indiana University, 2018

Gitasree D. Borthakur
Resident
Diagnostic Radiology
Northeast Medical University, 2012

Joel T. Burnette
Resident
Anesthesiology
University of Louisville, 2014

Alysse J. Cohen
Resident
Vascular & Interventional Radiology
Wayne State University, 2013

Hannah M. Deluna
Resident
Emergency Medicine
Chicago College of Osteopathic Med, 2018

Jessica A. Fidler
Student
Family Medicine
Marian University, Enrolled

Allison K. Fox
Resident
Ophthalmology
Oakland University William Beaumont, 2018

Hitesh Gulliya
Resident
Anesthesiology
Lake Erie College of Osteopathic Med, 2014

Tyler E. Heavin
Resident
Emergency Medicine
Indiana University, 2018

Matthew B. Lebanon
Resident
Family Medicine
Kansas City University, 2018

Jarron J. Lincoln
Resident
Family Medicine
Lake Erie College of Osteopathic Med, 2018

Fatima H. Naqui
Student
Family Medicine
Marian University, Enrolled

Michael G. R. Padilla
Resident
Family Medicine
Midwestern University Chicago, 2018

Gregory J. Roberts
Resident
General Surgery
Indiana University, 2012

Vasu Tumati
Resident
Radiation Oncology
New York Medical College, 2013

Brandon M. Tanner
Resident
Anesthesiology
Indiana University, 2015

Chelsea E. Ullmann
Student
Family Medicine
Manan University, Enrolled

Special Feature

ISMA Resolutions Help You Advocate for Patients

ISMA resolutions, introduced each year during convention at the House of Delegates, help drive ISMA's public policy and legislative agenda at the Indiana Statehouse. Only ISMA members may submit resolutions, and all resolutions must be submitted before Monday, July 30, 2018.

In addition, 23 ISMA resolutions will expire unless they are submitted for reintroduction by that date. Passed in 2008, they address issues such as peer reviews, underage drinking, and malpractice insurance for physician assistants. A complete list of expiring resolutions is at www.ismanet.org/pdf/ convention/ SunsetResolutions.pdf.

Here are some tips for writing an effective resolution:

- Determine a clear action or stand you would like the ISMA to take on an issue, and the reasons.
- Write a short title.
- Include your name or names of ISMA members introducing the resolution.
- Develop one or more "Whereas" statements explaining the issue and why ISMA action is requested.

Submit ISMA resolutions online at www.ismanet.org/ ResolutionForm.

Examples of resolutions and issues addressed during the 2017 House of Delegates may be found at www.ismanet.org/2017Resolutions.

It's also a good idea to check the ISMA Public Policy Manual at www.ismanet.org/PublicPolicy for existing policies on topics a new resolution might reference.

In Memoriam

Robert L. Campbell, MD

Robert Louis Campbell, MD died on August 16th 2018 at his home in Zionsville, IN. Upon graduation from West High School, he enlisted in the US Navy and was stationed at Great Lakes Naval Base. Dr. Campbell then entered the Naval V-12 program and enrolled at Baldwin Wallace College where he received his B.S. degree in Chemistry.

After graduating from Ohio State University College of Medicine in 1949, he completed his internship at the US Naval Hospital in Philadelphia. He was on active duty during the Korean War and was stationed at Subic Bay in the Philippines.

Dr. Campbell was in family practice in Columbus, OH before making the decision to become a neurosurgeon. He completed his training in neurological surgery at the Indiana University Medical Center and joined the faculty there in 1957. In 1965, he was appointed the Director of Neurological Surgery and continued in this capacity until 1992. He served on the faculty until 2006 when he retired as professor emeritus. In 1999, the Robert L. Campbell Endowed Professorship in Neurosurgery was established to recognize and honor him for his extraordinary contributions to the Indiana University School of Medicine and the field of neurological surgery and to support resident education and research. He served in many different professional memberships and had been a member of the Indianapolis Medical Society since 1960.

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Susan K. Maisel ..... Immediate Past President
Paula A. Hall ..... Elected from President's Advisory Council
Stephen W. Perkins ... Appointed from President's Advisory Council

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Terms End with Year in Parentheses

David L. Patterson, Chair and President Elect

Mark M. Hamilton	(2018)	Linda Feiwell Abels	(2019)	Ann Marie Hake	(2020)
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Amy D. Leland	(2018)	Richard D. Feldman	(2019)	John E. Krol	(2020)
Jodi L. Smith	(2018)	Tod C. Huntley	(2019)	Ramana S. Moorthy	(2020)
Caryn M. Vogel	(2018)	Chad R. Kauffman	(2019)	David L. Patterson	(2020)
		Stephen R. Klapper	(2019)	Scott E. Phillips	(2020)
		Thomas R. Mote	(2019)	S. Eric Rubenstein	(2020)
		Paul P. Szotek, Jr.	(2019)	Taha Z. Shipchandler	(2020)
		Eric E. Tibesar	(2019)	H. Jeffrey Whitaker	(2020)

*Appointed to the President's Advisory Council

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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.

Linda Feiwell Abels	(2018)	Carolyn A. Cunningham	(2019)	Ann M. Collins	(2020)
Christopher D. Bojrab	(2018)	Ronda A. Hamaker	(2019)	Marc E. Duerden	(2020)
C. William Hanke	(2018)	Mark M. Hamilton	(2019)	Bruce M. Goens	(2020)
David H. Moore	(2018)	Tod C. Huntley	(2019)	Paula A. Hall	(2020)
Robert B. Pauszek, Jr.	(2018)	Jeffrey J. Kellams	(2019)	Daniel E. Lehman	(2020)
David M. Ratzman	(2018)	Stephen R. Klapper	(2019)	Mary Ian McAteer	(2020)
Caryn M. Vogel	(2018)	Susan K. Maisel	(2019)	Mercy O. Obeime	(2020)
Steven L. Wise	(2018)	John P. McGoff	(2019)	Robert M. Pascuzzi	(2020)
		J. Scott Pittman	(2019)	Stephen W. Perkins	(2020)
				Richard H. Rhodes	(2020)
				John J. Wernert	(2020)
				H. Jeffrey Whitaker	(2020)

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.

Nicholas M. Barbaro	(2018)	Daniel J. Beckman	(2019)	Brian D. Clarke	(2020)
Heather N. Berke	(2018)	David M. Mandelbaum	(2019)	Julie A. Daftari	(2020)
Charles W. Coats	(2018)	David L. Patterson	(2019)	Christopher M. Doran	(2020)
John H. Ditslear, III	(2018)	Scott E. Phillips	(2019)	David A. Josephson	(2020)
Robert S. Flint	(2018)	Dale A. Rouch	(2019)	Chad R. Kauffman	(2020)
Thomas R. Mote	(2018)	Amy D. Shapiro	(2019)	Ramana S. Moorthy	(2020)
Martina F. "Nina" Mutone	(2018)	Jason K. Sprunger	(2019)	Ingrida I. Ozols	(2020)
Timothy H. Pohlman	(2018)			Jodi L. Smith	(2020)
Michael A. Rothbaum	(2018)			Eric E. Tibesar	(2020)
S. Eric Rubenstein	(2018)				
Richard M. Storm	(2018)				
Jeremy T. Sullivan	(2018)				

Indiana State Medical Association Past Presidents

Heidi M. Dunniway	2014-2015
Jon D. Marhenke	2007-2008
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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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John P. McGoff

Treasurer
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David R. Diaz	(2019)

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

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