2018 Health Care Legislation: Hot Topics to Watch

Wednesday, January 31, 2018 at Meridian Hills Country Club
Reception starts at 5:30 p.m. Panel to start at 7 p.m.

Hear from leading Statehouse lobbyists on the hot health care related topics under consideration by the Indiana General Assembly. Join us for a panel discussion with Amy Levander, chair of Krieg DeVault LLP’s government affairs practice group, Julie Halbig, Vice President of Government Relations for the Indiana Hospital Association, and Mike Brady, Director of Advocacy for the Indiana State Medical Association.

Issues related to health care workforce shortages, scope of practice for advanced practice nurses, covenants not to compete and addressing the state’s opioid crisis are just a few of the issues likely to be front and center at the Indiana General Assembly this session.

How will the legislature’s action or inaction affect physicians, practice groups and hospitals? How will this impact an attorney’s representation of health care clients? How can you get involved in the legislative process? These questions and more will be discussed. This will be an event you don’t want to miss!

Cost is only $15 for Indianapolis Medical Society Members.
Non-Members can attend for $30.
Reception before the panel includes light appetizers and two drinks.

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<thead>
<tr>
<th>Category</th>
<th>Service</th>
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attention society members

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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IMS Suggestion Box @ 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!”
imsonline.org
President’s Page

Season’s Greetings and Happy Renew Your Indianapolis Medical Society Membership Month.

Season’s Greetings and Happy Renew Your Indianapolis Medical Society Membership Month. Remember why you chose medicine as your profession: to improve the conditions of patients’ lives. To be most effective, you work hard to develop and nurture relationships with your patients, staff members, colleagues and superiors. Those relationships can be inordinately strained by working within our hectic, disorganized, and unrewarding health care system. The injuries to relationships have left most physicians feeling isolated and disaffected, which harms our profession and each of us.

One way to make a positive difference is by increasing your involvement in your Indianapolis Medical Society. As a medical student, looking for free nutritious meals, I began coming to meetings. Feeling welcomed, I got to hang around successful local doctors. By coming together consistently, within a structure that is informed by its history as well as the collation of the talents and experience of its members, there is a creation of positive energy that truly impact professional and personal growth, advocacy for physicians and promotion of improved quality of patient care. I became active when I could – through debates, working on special projects, sharing stories.

I believe the IMS is now more than ever relevant to our members. Please check out our website imsonline.org for a description of benefits, including, but not limited to lobbying the legislature, providing a source for patient referrals, consultations for legal, business, and ethical matters. Our demographics have changed, with the increase of employed physicians relative to private practice physicians. This should increase the attraction for physicians to join the IMS for a voice and an important way to play a role in creating those activities that are valuable to ever changing practice paradigms. To provide the benefits that members need and want, we need to collect dues. The IMS Board of Directors is dedicated to being transparent about how far dues go in providing specific services. Currently our dues structure can cover most expenses, but we need to make changes to stay fiscally viable, without raising dues. We have undergone an independent analysis of our organization with the goal of continuing to exist as a local society. I promise to keep you informed as to the results of our study and encourage you to contact me with your ideas.

The Indiana State Medical Association, serving physicians members within the entire state, is separate from IMS, and we enjoy a great working relationship. Through much discussion, the ISMA will increase and change the dues structure for its organization. The new structure will not require membership in county led medical societies in addition to ISMA membership, as of 2019. Most of the debate about dues increases happen at convention, which cannot be attended by everyone, but the changes in structure and dues are important for us to understand. Please see Dr. Marc Kappelman’s letter published in this edition. He has expressed the mounting frustrations of owning his own medical business, working harder for decreasing reimbursement. He has generously volunteered his spare time to participate in both IMS and ISMA activities in innumerable activities over the years. His letter brings up important concerns about how the individual physician fits into the new structures being debated.

As you reflect upon the season of cherishing your relationships and ponder the importance of renewing your membership to our medical society, please remember that the Indianapolis Medical Society is for you. It can be that port in the storm by strengthening your professional relationships, creating opportunities to support other physicians, advocating for patients and ensuring healthy environments for us all.
Why the United States is ‘the Most Dangerous of Wealthy Nations for a Child to be Born Into’

Karen Kaplan, Los Angeles Times, Science Now. Discoveries from the World of Science and Medicine

It’s no surprise that the United States ranks absolutely last in child mortality among the world’s wealthiest countries — that’s been true for years. A new study examines how this sad situation came to be.

According to data from the World Health Organization and the global Human Mortality Database, the problems go all the way back to the 1960s. It was during that decade that the U.S. infant mortality rate (for babies less than a year old) and the U.S. childhood mortality rate (for those between the ages of 1 and 19) began to exceed the combined rates for the other 19 richest nations.

If the United States had performed as well as its peer countries between 1961 and 2010, more than 600,000 childhood deaths could have been avoided over those 50 years, the study authors concluded.

The results were published Monday in the journal Health Affairs.

“The care of children is a basic moral responsibility of our society,” wrote the study authors, led by Dr. Ashish Thakrar, a first-year resident in internal medicine at Johns Hopkins Hospital in Baltimore. “The U.S. outsprands every other nation on health care per capital for children, yet outcomes remain poor.”

And things could soon get even worse, the authors added: The Trump administration’s budget includes “substantial cuts to the Children’s Health Insurance Program, which covers seven million children, and to the Supplemental Nutrition Assistance Program, which directs three-quarters of its benefits to households with children.”

But there’s plenty of evidence that things were bad already. Babies born in the United States have a lower life expectancy than their counterparts in other countries. In part, that’s because they face higher rates of obesity, injury, HIV infection and teen pregnancy, according to a 2013 report from the U.S. Institute of Medicine.

Thakrar and his colleagues compared the U.S. to the other countries in the Organization for Economic Cooperation and Development, or OECD. These countries — Australia, Austria, Belgium, Canada, Denmark, Finland, France, Germany, Iceland, Ireland, Italy, Japan, the Netherlands, New Zealand, Norway, Spain, Sweden, Switzerland and the United Kingdom — are similar to us in terms of “economic development and political structure,” they wrote. They dubbed this collection the OECD19.

Then they compared the U.S. to the OECD19 using two separate data sources.

The first was the Human Mortality Database, which takes census data, population estimates and vital statistics from 38 countries and uses them to compute mortality rates for different age groups. The HMD is maintained by UC Berkeley and the Max Planck Institute for Demographic Research in Germany.

The second was the WHO Mortality Database, which tracks both mortality and causes of death according to age and sex for the 114 countries that belong to the World Health Organization. The researchers grouped all possible causes of death into nine categories: infectious diseases; cardiovascular disease; cancer; neuropsychiatric conditions; other noncommunicable diseases(such as respiratory conditions or diabetes); congenital problems; perinatal conditions that occur during pregnancy or the early days of life; and both intentional and accidental injuries.

Neither source contained information that allowed the researchers to account for differences in childhood mortality due to racial, income or other socioeconomic disparities.

In 1961, the number of children and teens in the OECD19 (144 million) was twice as high as in the U.S. (71 million). By 2010, that gap had closed substantially, to 112 million and 83 million, respectively.

At the start of the study period, the U.S. had lower rates of both infant mortality and childhood mortality. And the U.S. and the OECD19 saw steep declines in their mortality rates over the 50-year period.

But the gains in the OECD19 overtook those in the U.S. pretty quickly, the researchers found.

In the 1960s, the infant mortality rate in the U.S. was 240.7 deaths per 10,000 infants, compared with 250.3 deaths per 10,000 in the OECD19. By the 1970s, that discrepancy had flipped, with 147.1 deaths per 10,000 in the OECD19 and 157.4 per 10,000 in the U.S. In the last decade of the study (2001 to 2010), the infant mortality rate in the U.S. was down to 68.8 deaths per 10,000, but that was 76% higher than the OECD19 rate of 39 deaths per 10,000.

The situation was similar for childhood mortality. During the 1960s overall, both the U.S. and the OECD19 experienced 6.7 deaths per 10,000 among kids and teens ages 1 to 19. In the 1970s, the OECD19 had the edge, with 5.3 deaths per 10,000 compared with 6.2 deaths per 10,000 in the U.S. And in the 2000s, the U.S. childhood mortality rate of 3.1 deaths per 10,000 was 55% higher than the OECD rate of 2 deaths per 10,000.

The more time that passed, the larger the number of excess deaths in the U.S. became. During the 1960s, the excess deaths were actually in the OECD19, which suffered 32,500 of them. But

(Continued on page 9)
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in the 1970s, there were 95,900 infant and childhood deaths in the U.S. that would have been avoided if the U.S. had experienced the same mortality rates as the OECD19. In the 1980s, that figure rose to 163,000, then to 189,000 in the 1990s and finally 207,300 in the 2000s.

Adding it all up, the total number of excess deaths experienced by American infants, children and teens was about 622,700, the researchers calculated. Nearly all of those deaths (90%) were in infants or teens between age 15 and 19, they added.

When comparing the U.S. against the 19 members of the OECD19 individually, Thakrar and his colleagues found that the U.S. ranked 14th out of 20 countries in the 1960s and ’70s, 19th out of 20 countries in the 1980s, and last in the 1990s and 2000s.

“There is not a single category for which the OECD19 had higher mortality rates than the US over the last three decades of our analysis,” the researchers wrote.

A few specific causes of death were noteworthy, the researchers wrote.

The leading cause of death among U.S. infants was extreme immaturity, and this was three times more likely to affect American infants than those born in the OECD19 nations. The No. 2 cause of infant mortality in the U.S. was sudden infant death syndrome; the risk of SIDS was 2.3 times higher here than in the OECD19.

For teens ages 15 to 19, the leading cause of death in the U.S. was motor vehicle accidents, and these were twice as deadly in the U.S. than in OECD19. The second-leading cause of death was firearm assaults, and the risk of gun deaths was 82 times higher in America than in the peer nations.

The study authors said their findings support the conclusions of the Institute of Medicine, which blamed a fragmented health system, poverty, a weak social safety net and other factors for “poor health outcomes” in the U.S. Thakrar and his team found that the disadvantages in the U.S. compared with the OECD19 arose in the late 1960s and the mid-1980s, “precisely the time when relative socioeconomic status for children fell in the US compared to other wealthy countries.”

Although the U.S. had higher per-capita spending on healthcare, it “spent significantly less of its gross domestic product per capital on child health and welfare programs, compared to other wealthy nations,” the researchers noted.

The result is that the United States is “the most dangerous of wealthy nations for a child to be born into,” the study authors concluded. “All US policy makers, pediatric health professionals, child health advocates, and families should be troubled by these findings.”

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Franciscan Health Mooresville Touted for Vaccine Program to Protect Newborns

MOORESVILLE, Indiana – Franciscan Health Mooresville has been recognized by the Immunization Action Coalition (IAC) for achieving one of the highest reported rates in Indiana for its work to protect newborns from hepatitis B virus infection.

“We are honored to receive this designation and it is a testament to the hard work and dedication of our nursing staff,” said Stephanie Brock, RN, manager of obstetrics, “It also underscores our commitment to the little ones we help bring into this world and their families.”

The recognition places the hospital into IAC’s Birth Dose Honor Roll, which recognizes hospitals and birthing center that have attained high coverage levels for administering the hepatitis B vaccine at birth. Franciscan Health immunized what IAC considers 100 percent compliance (95 percent administered; 5 percent refusal) and took additional steps to prevent perinatal transmission of the virus.

The vaccine is a safeguard against babies contacting the virus, which can later lead to premature death from liver failure or liver cancer.

The national standard of care to prevent hepatitis B virus infection in babies is to administer the vaccine to all newborns before they leave the hospital or birthing center. This standard is being adopted by centers of healthcare excellence nationwide as a safety net to protect newborns from a wide range of medical errors that lead to babies being unprotected from perinatal hepatitis B infection.

Edward B. Aulr, M.D. was a guest presenter at the 33rd Annual Conference of CHADD--Children and Adults With Attention Deficit Hyperactivity Disorder in Atlanta on November 10, 2017. His program was titled “What Are The Symptoms That Might Change The Diagnosis from ADHD to Asperger Syndrome?”

Community Health Names Region President

Indianapolis-based Community Health Network has selected David Kiley as president of its south region. Kiley, who has been a part of the health system for 25 years, has served in the role on an interim basis since May.

In addition to practicing as an OB/GYN at Community Hospital North, Kiley worked as physician executive for the health system’s north region, where he oversaw the Community Physician Network and independent physicians.

“We have high expectations for the South region as it continues to play an important role in the growth of Community Health Network as a trusted destination for exceptional healthcare,” said Jason Fahrlander, chief operating officer of Community Health Network. “I am confident that the region will continue to be successful and perform at a high level under Dr. Kiley’s leadership.”

Kiley also assisted with managerial duties at Community Hospital North while the search for a new COO was ongoing.

The Corydon Group Launches New Center, Hires Prominent Psychiatrist

INDIANAPOLIS – Indianapolis-based public affairs firm The Corydon Group is forming a new Health Policy Center and hiring a prominent doctor to run it. John J. Wernert, MD, MHA will start work with The Corydon Group on December 4 as a Senior Vice President and will launch the center.

“Dr. Wernert’s work at the new center will focus on public and payment policies that promote long-term, sustainable and better health care outcomes,” said The Corydon Group’s Managing Principal Christopher M. Gibson. “John will work with clients to assess how health care delivery can be improved to create those better outcomes.”

Dr. Wernert has recently been working in Kentucky and Indiana on improving rural access to mental health and addiction services, as well as on alternative payment strategies with insurers.

The Corydon Group has one of the most robust health care advocacy practices in Indiana headed by long-time statehouse lobbyist, Louis M. Belch.

“I have known Dr. Wernert for almost 30 years and worked with him in a number of capacities,” said Belch. “When I saw the chance to have him join our team, I was eager to add his policy credentials to our already substantial experience in the health care space.”

Dr. Wernert is a Board Certified Psychiatrist and has practiced medicine in Indiana for more than 30 years. In addition, Dr. Wernert served as the Secretary of the Indiana Family and Social Services Administration (FSSA) for nearly three years under then-Governor Michael R. Pence and most recently served as the Sagamore Institute’s Vice President and the Director of the Health Innovation Center. Dr. Wernert will remain a senior scholar at the Sagamore Institute headquartered in Indianapolis.

“I’m very excited to join the outstanding team at The Corydon Group and lead the new Health Policy Center,” said Dr. Wernert. “We will be working to help transform how health care is paid for and delivered by our clients with an aim of improving public policy on the legislative front to help Hoosiers be healthier.”

Dr. Wernert graduated from Bellarmine University, has a Master’s Degree in Health Administration from Indiana University and obtained his doctorate from the University of Louisville’s School of Medicine. He completed an internship and residency at the Indiana University School of Medicine’s Department of Psychiatry, where he is currently a Clinical Associate Professor. Dr. Wernert holds an active medical license in both Indiana and Kentucky. He is a Distinguished Fellow of the American Psychiatric Association.

He previously has served as the Medical Director of Medical Management at Eskenazi Health in Indianapolis, the Medical Director for Behavioral Health Integration for the Franciscan Alliance and as Chief Medical Officer and Vice President of Medical Affairs for MDwise, Inc.

John was elected President of the Indiana State Medical Association before stepping down to head FSSA. He is also a past President of the Indianapolis Medical Society and has served on the Indiana Medical Licensing Board and Indiana Drug Utilization Review Board. He has held national leadership positions with various medical groups including the American Medical Association and the American Psychiatric Association.
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<tr>
<td>First</td>
<td>Critical Care Conference</td>
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<tr>
<td>Wednesday</td>
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<tr>
<td>Second</td>
<td>Medical Grand Rounds</td>
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<tr>
<td>Tuesday</td>
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<td>North Forum</td>
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<td>Friday</td>
<td>Reilly Board Room, 7:00 – 8:00 a.m.</td>
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<tr>
<td>First &amp; Third</td>
<td>Psychiatry Grand Rounds</td>
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<td>Wednesdays</td>
<td>7220 Clearvista Parkway</td>
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<td>Multi-Service Room, 12:30 – 1:30 p.m.</td>
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<tr>
<td>First</td>
<td>Imaging Conference:</td>
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<td>Wednesday</td>
<td>rotated Cath &amp; Echo Case Presentation of every month</td>
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<td>of every month</td>
<td>CHV 3rd Floor Boardroom telepresence to CHV Anderson,</td>
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<td>CHV East Conference Room (Ste. 420)</td>
<td>7:00 – 8:00 a.m.</td>
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<td>CHV South Conference Room (Ste. 2400)</td>
<td>7:00 – 8:00 a.m.</td>
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<tr>
<td>CHV Kokomo</td>
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| Second                              | M&M Conference: every other month rotates the Echo & Nuclear QA of every month  |
| of every month                      | CHV 3rd Floor Boardroom telepresence to CHV Anderson,  |
| CHV East Conference Room (Ste. 2400) | 7:00 – 8:00 a.m.  |
| CHV South Conference Room (Ste. 2400) | 7:00 – 8:00 a.m.  |

| Third                                | Ken Stanley CV Conference:  |
| Wednesday                            | rotates Quarterly for CV Quality Data w/Gae Stoops, of every month  |
| of every month                       | CHV 3rd Floor Boardroom telepresence to CHV Anderson,  |
| CHV East Conference Room (Ste. 420) | 7:00 – 8:00 a.m.  |
| CHV South Conference Room (Ste. 2400) | 7:00 – 8:00 a.m.  |
| CHV Kokomo                            | 7:00 – 8:00 a.m.  |

| Fourth                               | Disease Management Conference:  |
| Wednesday                            | rotates CHP & EP Case Presentations of every month  |
| of every month                       | CHV 3rd Floor Boardroom telepresence to CHV Anderson,  |
| CHV East Conference Room (Ste. 420) | 7:00 – 8:00 a.m.  |
| CHV South Conference Room (Ste. 2400) | 7:00 – 8:00 a.m.  |
| CHV Kokomo                            | 7:00 – 8:00 a.m.  |

**2017 Cancer Conferences**

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<tr>
<td>Fourth</td>
<td>East Multidisciplinary Breast Cancer Conference - CHE</td>
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<td>Tuesday</td>
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<td>North Multidisciplinary Breast Cancer Conference - CHN</td>
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<td>Tuesdays</td>
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<tr>
<td>Second &amp; Fourth</td>
<td>North Multidisciplinary GI/Colorectal Oncology Conference - CHN</td>
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<td>Wednesdays</td>
<td>8040 Clearvista Parkway, Suite 550, 7:00 – 8:00 a.m.</td>
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<tr>
<td>Second</td>
<td>North Multidisciplinary Gynecologic Surgical Oncology Conference - CHN</td>
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<td>Friday</td>
<td>8040 Clearvista Parkway, Suite 550, 7:00 – 8:00 a.m.</td>
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<tr>
<td>First</td>
<td>North Chest Cancer Conference - CHN</td>
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<td>Wednesday</td>
<td>8040 Clearvista Parkway, Suite 550, 7:00 – 8:00 a.m.</td>
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<tr>
<td>Third</td>
<td>Melanoma Cancer Conference - CHN</td>
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<td>Wednesday</td>
<td>8040 Clearvista Parkway, Suite 550, 7:30 – 8:30 a.m.</td>
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<td>Third</td>
<td>North GU Conference - CHN</td>
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<tr>
<td>Friday</td>
<td>8040 Clearvista Parkway, Suite 550, 7:00 – 8:00 a.m.</td>
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<tr>
<th>Community Hospital South</th>
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<tr>
<td>Second</td>
<td>South Multidisciplinary Breast Cancer Conference - CHS</td>
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<td>Wednesdays</td>
<td>Community Cancer Center South</td>
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<td>1440 E. County Line Rd., Community Room, 8:00 – 9:00 a.m.</td>
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<td>Second</td>
<td>South General - CHS</td>
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<td>Tuesdays</td>
<td>Community Cancer Center South</td>
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<td>1440 E. County Line Rd., Community Room, 12:00 – 1:00 p.m.</td>
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<td>Fourth</td>
<td>South Thoracic</td>
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<td>Wednesday</td>
<td>Community Cancer Center South,</td>
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<td>1440 E. County Line Rd., Community Room, 8:00 – 9:00 a.m.</td>
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<td>Third</td>
<td>South Molecular</td>
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<td>Tuesdays</td>
<td>Community Cancer Center South,</td>
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<td>1440 E. County Line Rd., Community Room, 5:00 – 6:00 p.m.</td>
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<td>First &amp; Third</td>
<td>South Case Presentations</td>
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<tr>
<td>Fridays</td>
<td>Hospitalist Office, Ste. 1190</td>
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<td>1440 E. County Line Rd., Community Room, 12:00 – 1:00 p.m.</td>
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**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

- **Jan. 20**
  - AMWA Stand Up to Sex Trafficking: Awareness, Implementation, Networking (SUSTAIN) Series
    - Philadelphia, PA

- **Jan. 27**
  - Breast Cancer Year in Review
    - Drury Plaza Hotel Carmel, Indianapolis

- **Jan. 27**
  - Pediatric Practical Pearls General and Community Pediatrics Winter Workshop
    - Riley Outpatient Center

- **Feb. 10**
  - Stand Up to Sex Trafficking: Awareness, Implementation, Networking (SUSTAIN) Series
    - Honolulu, Hawaii

- **Feb. 15-16**
  - Medical Staff Leadership Educational Seminar 2018
    - Arlington, Virginia

- **Feb. 16-18**
  - Syrian American Medical Society (SAMS) 7th Annual National Conference
    - Hilton, Orlando, Florida

- **March 2**
  - RESPECT Conference Let’s Talk Palliative Care: Caring for the Complex Patient
    - Ritz Charles Banquet Facility, Carmel, IN

- **March 9**
  - 41st Annual Arthur B. Richter Conference in Child Psychiatry
    - Ritz Charles Banquet Facility, Carmel

- **March 21-24**
  - AMWA 103rd Annual Meeting
    - Doubletree Center City, Philadelphia, PA

- **March 22-23**
  - LGBTQ Healthcare Update Conference
    - IU Health Neuroscience Center, Indianapolis, IN

- **April 13**
  - Annual Update in Pediatric Gastroenterology for the Primary Care Clinician
    - Ritz Charles Banquet Facility, Carmel, IN

- **April 27**
  - EMS Medical Directors’ Conference
    - Ritz Charles Banquet Facility, Carmel, IN

- **May 4**
  - 21st Annual IU Gastroenterology/Hepatology Update
    - Indiana History Center, Indianapolis, IN

- **May 9**
  - 2nd Annual Riley Hospital Surgical Research Day
    - IU Health Neuroscience Center, Indianapolis, IN

- **May 15-16**
  - 53rd Annual Riley Children’s Health Pediatric Conference
    - NCAA Hall of Champions Conference Center

- **May 18-20**
  - 27th Annual Specialist Education in Extracorporeal Membrane Oxygenation (SUSTAIN) Conference
    - Westin, Indianapolis Downtown

- **July 8-13**
  - 103rd Annual Anatomy and Histopathology of the Head, Neck and Temporal Bone
    - Indianapolis, IN

- **July 21**
  - Review and Interpretation of the 2018 ASCO Meeting
    - IUPUI University Tower and Hine Hall, Indianapolis, IN

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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.

Course dates and locations are subject to change. For more information, please visit http://cme.medicine.iu.edu or call 317-274-0104.

The Indiana University School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

We have more than 100 recurring meetings available. For a listing or more information, please visit http://cme.medicine.iu.edu or call 317-274-0104.

For more information, contact Debbie Wieckert, (317) 274-5193.
New Members

Bhairo, Sunil P., DO
Resident – IU School of Medicine
Psychiatry
Philadelphia College of Osteopathic Medicine, 2016

Hull, Kurtis A., MD
Hull Health Care, LLC
7855 S. Emerson Ave., #H
46237-8669
Ofc – (317) 300-0370
Fax – (317) 300-0422
Internal Medicine, 1988
Indiana University, 1985

Johnson, Brittany E., MD
Southside OB/GYN
8051 S. Emerson Ave., #400
46237-8633
Ofc – (317) 865-3600
Fax – (317) 885-3850
1205 Hadley Rd.
Mooresville, 46158-1737
Ofc – (317) 584-3454
Fax – (317) 584-3435
Web – www.southsideobgyn.com
Obstetrics & Gynecology
Southern Illinois University, 2013

Langsam, Seth B., MD
Fellowship – IU School of Medicine
Emergency Medicine
Critical Care Medicine (EM)
University of Cincinnati, 2011

Patel, Anuj A., MD
Northwest Radiology Network
10603 N. Meridian St.
46290-1055
Ofc – (317) 972-9669
Fax – (317) 715-9990
Web – www.northwestradiology.com
Diagnostic Radiology
Other Specialty
University of Mississippi, 2011

Patel, Damien G., MD
(Reactivation)
IU Health Physicians
Pulmonary & Critical Care Medicine
1801 N. Senate Blvd., #230
46202-1206
Ofc – (317) 962-5820
Fax – (317) 962-3916
Internal Medicine, 2012
Pulmonary Disease, 2014
Critical Care Medicine (IM), 2015
Ross University, Dominica, 2009

Randolph, Tienne K., MD
Southside OB/GYN
8051 S. Emerson Ave., #400
46237-8633
Ofc – (317) 865-3600
Fax – (317) 885-3850
1205 Hadley Rd.
Mooresville, 46158-1737
Ofc – (317) 584-3454
Fax – (317) 584-3435
Web – www.southsideobgyn.com
Obstetrics & Gynecology
Creighton University, 2013

Shipchandler, Taha Z., MD
IU Health Physicians
Facial Plastic Surgery
11725 N. Illinois St., #275
Carmel, 46032-3009
Ofc – (317) 948-3223
Web – www.iuhealth.org/shipchandler
Otolaryngology, 2010
Facial Plastic Surgery
Indiana University, 2003

In Memoriam

Paul D. Isenberg, MD
Dr. Isenberg passed away at the age of 73 on Tuesday, December 12. He was born in Indianapolis January 17, 1944. He earned his medical degree from IU School of Medicine in 1969 and completed an internship and one of his residencies at Methodist Hospital, Indianapolis by 1971, in the specialty of Pediatrics. Dr. Isenberg expanded his training by also completing a residency at Rush Medical College, Chicago in 1973 in Allergy & Immunology. He practiced for 40 plus years until his death.

Dr. Isenberg also achieved the title of Lt. Commander, having served our country in the U.S. Navy from 1973-1975.

In his free time, Dr. Isenberg enjoyed travels throughout the United States, South America, Europe and Russia. He had been a member of IMS since 1949.

Robert R. Kopecky, MD
Dr. Robert Kopecky was born January 20, 1925 in Omaha, NE and passed away November 29, 2017 while residing in Greenwood, IN.

He grew up in Nebraska and remained there to attend college and medical school, earning his medical degree in 1948 from the University of Nebraska, College of Medicine. Afterward, Dr. Kopecky completed his Internship training at Methodist Hospital, Indianapolis. General Practice was his medical specialty for 35 years with the last 30 practicing Obstetrics and Pediatrics. He also served our country during World War II and the Korean War.

Dr. Kopecky didn’t slow down after his retirement from practice. He took on many roles, such as serving several administrative appointments and affiliations. One appointment, in particular, was to the State of Indiana Medical Licensing Board in 1982 by the Governor, Dr. Otis Bowen.

In his free time, Dr. Kopecky enjoyed fishing with his three sons and colleagues, making annual trips to Canada. He also enjoyed medical missionary trips to Zaire and India between 1962 and the mid 1980’s. Upon his retirement from practice in 1994, he continued to make his mark in medicine, setting up what started as Volunteers in Medicine and later becoming the Healthnet Clinics.

He had been a member of IMS since 1951.
The Germans couldn’t do it. The Japanese hardly gave it a thought. But the U.S. did it in three years! They developed an atomic bomb – in secret. That is today’s story, told by Dr. Charles Shoup, who lived in Oak Ridge, TN. Charlie, a retired Physical Chemist, who specialized as CEO in the hearing protection industry, now tells stories. And what a story it is.

Charlie’s journey took him to Princeton University, then to the University of Tennessee. Later he moved his company from Boston to Park 100 in Indianapolis, earning a Key to the City from Mayor William Hudnut, with Deputy Mayor David Frick presiding. For the employees who moved with him, this was surely a cultural shock. But they and Charlie stayed in Indy so there must have been some appeal.

It was the summer of 1942; the Germans had overrun Europe and the Japanese controlled the South Pacific. But in September of that year, work on building an atomic bomb began under Col. Leslie Groves, a domineering man who got things done – bureaucracy and obstacles be damned. The major scientific issues yet to be resolved were: demonstration of control of chain reactions; separation of large amounts of U-235; production of large amounts of Pu-239; and design and construction of atomic bombs.

In 1938-39, German scientists at the Kaiser Wilhelm Institute were making rapid progress in the study of nuclear fission. At the same time, Enrico Fermi of Rome, went to Stockholm to receive the 1938 Nobel Prize in Physics, for his work on induced radioactivity by neutron bombardment. The Italian racial laws affecting Jews were a problem for Fermi and his wife, Laura Capon, who was Jewish. So, Fermi and his wife, with their passports and some money, just kept traveling west from Sweden. They arrived at the University of Chicago in Manhattan.

Fermi worked on the Manhattan project, witnessed the test explosion of the atomic bomb in Los Alamos, NM, worked with the Atomic Energy Commission after the War and then became Professor of Physics at the University of Chicago. Truly a remarkable man!

Dr. Shoup then regaled us with the plan, directed by Col. Groves. In December 1942, a chain reaction was initiated under the stadium at the University of Chicago. The gaseous diffusion work was performed at Oak Ridge, TN. Hanford, WA and Los Alamos, NM were the other sites. The story of how Oak Ridge was planned, built and operated is an interesting one. In secret, facilities and housing were built for 80,000 people. Eastern Tennessee was an ideal place: it had water and electricity, it was isolated, it had hills and dales, and it was a beautiful area.

Charlie told the story of Oak Ridge, supplemented by dozens of historic photos of the reactor, roads, barracks and housing. The work area was under strict secrecy with IDs needed to enter the site. Even the Governor of TN did not know of the “secret city.” The mail was opened by authorities and phones were tapped. Oak Ridge consumed more electricity than NYC, and it used 10% of the electricity in the U.S. There was no copper in the penny in 1943 because it was needed at Oak Ridge. Photos of the reactor and the men working on it amazed all.

The first atomic bomb test was in July 1945 in Los Alamos. Two bombs (Fat Man, weighing 10,000 pounds) and Little Boy were built and delivered to the South Pacific. One bomb was delivered to the island of Tinian in the ill-fated U.S. Indianapolis. In the Potsdam Declaration on 26 July 1945, the Allies called on the Japanese for unconditional surrender – the alternative being “prompt and utter destruction.” The Japanese government refused the ultimatum and the war went on. Plans were made to bomb four Japanese cities. For several months, the U.S. had dropped up to 63 million leaflets to civilians in Japan asking them to surrender.

To avoid the possibility of losing 2-4 million American lives in the invasion of Japan (and the loss of 5-10 million Japanese), the first atomic bomb, Little Boy (a uranium gun-type) was dropped on Hiroshima on 6 August 1945. President Harry Truman warned the Japanese government of further destruction if they did not surrender. Then on 9 August 1945, Fat Man (a plutonium implosion-type) was dropped on Nagasaki. Japan surrendered on 15 August 1945 on the Battleship USS Missouri. 129,000 people died in those two bombings.

Of course, no writing could take the place of the amazing photos of the building of the bomb and its subsequent devastating destruction, shown by our speaker Charlie Shoup, from Oak Ridge, TN.
Open Letter to the Board

MARC R. KAPPELMAN, M.D., F.A.C.O.G.  
OBSTETRICS & GYNECOLOGY  
8091 Township Line Road, Suite 111  
Indianapolis, IN 46260  

November 14, 2017

Dear ISMA Board of Directors (Executive Committee):

I am writing this letter with a great deal of mixed feelings. I have been a dues paying member since 1980. When asked, I have gone to the legislature to testify. I have also been a voting member at the annual meetings for many years. I have been in practice since 1980. I am an OB/GYN in solo practice since 1984. My practice is not hospital owned. I pay my own bills and I look at my expenses almost daily. It is no secret that incomes are going down and by a fairly significant amount. I actually work 4 extra jobs to try to maintain my income. If the current ISMA situations persist, I will not be renewing my membership as of 1/1/18. The reasons for my decision are as follows in the following paragraphs.

In the current past, big groups have been given a discount for the membership of their members. I find this offensive as I am paying full dues. Maybe they should be given ¾ of a vote! I have been told that if I took out a multi-year membership, I could get a discount. Financially, I have just been able to pay for 1 year at a time.

At the recent annual meeting, there has been a movement to actually increase dues. With many physicians struggling, this also is very offensive, especially with the ISMA sitting on a reserve of over 10 million dollars! Maybe the ISMA should be looking to cut salaries, employees, expenses, and projects if they are in dire need for more money.

I feel the ISMA has lost its moral compass. It was built and maintained thru the years by physicians who were in solo practice or in small groups of 2 and 3 physicians. A number of medical associations in the country are actually looking into ways to help the solo MDs and the small groups. Maybe we should be given free or markedly reduced memberships for being loyal members! It looks like the ISMA is doing the exact opposite. One other thing to mention is that my ISMA membership is tied into my Indianapolis Medical Society membership. If I drop my ISMA membership, I will have to drop my IMS membership. This greatly saddens me as I have been a member of the IMS also since 1980 and have been on its Board of Directors for many years. I have discussed this very frustrating and sad situation at length with Dr. John McGoff and Ms. Julie Reed. I am planning on not renewing my membership unless some things change and change quickly.

Sincerely,
Marc Kappelman, MD
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