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BULLETIN

EDITORIAL PG10

Marijuana as a Fix for the Opioid Epidemic

by RICHARD D. FELDMAN, MD

INDIANAPOLIS MEDICAL SOCIETY
EST 1848

Indianapolis Medical Society
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ATTENTION SOCIETY MEMBERS

The Bulletin is your magazine. If you have an idea or opinion you'd like to share, or an article you have written, please email us at ims@imsonline.org.

2019 INDIANAPOLIS MEDICAL-LEGAL DINNER

WEDNESDAY, APRIL 17 *from* 6:30-9:30pm

5:30pm VIP Reception **accessible with ticket only*

6:30-9:30pm Cocktails & Dinner

RITZ CHARLES, Carmel Ballroom
12156 North Meridian St., Carmel Indiana

MEMBERS: $100
NON-MEMBERS: $125

individual ticket purchases do not guarantee a seat together

PURCHASE TICKETS ONLINE
www.indymedicalsociety.org

ANNE RYDER

Nation speaker and Emmy-award winning journalist Anne Ryder will draw upon 25 years of interviews and examinations of how people have made transcendent breakthroughs in the face of great difficulty. Anne calls on the wisdom gleaned from great leaders like the Dalai Lama and Mother Teresa. She will talk about how life can change "in an instant" - a diagnosis, an accident, or a job loss, experiences which we, as doctors and lawyers, often must help our clients and patients through during their time of need.

SPONSORSHIP OPPORTUNITIES

PRESENTING SPONSOR: $5,000 *(Limit 1)*

+ Opportunity to introduce speaker
+ Opportunity to provide "swag" item to distribute at each seat (Items must be delivered to IndyBar by April 11; approximately 200 items)
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COCKTAIL HOUR SPONSOR: $3,000

+ Opportunity to speak during cocktail hour
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+ Logo placement on all event and marketing materials, including website, mailings and collateral pieces (time permitting)
+ Table for ten
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PREMIERE EVENT SPONSOR: $1,500

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+ Table for ten
+ Opportunity to provide "swag" item to distribute at each seat (Items must be delivered to IndyBar by April 11; approximately 200 items)

Please note: there will be a VIP reception starting at 5:30 p.m. where you'll have the chance to meet Anne Ryder before the main event. Tickets for the VIP reception can be purchased for $100 during registration. By purchasing individual dinner tickets, you're not guaranteed a seat with other members of your firm or organization.

If you're interested in sponsoring, please email
LESLEY HAYES AT LHAYES@INDYBAR.ORG

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INDIANAPOLIS MEDICAL SOCIETY
EST 1848

THE PRESIDENT'S PAGE

CHRISTOPHER D. BOJRAB, MD

Those who know me know that I am something of a technophile. Beyond being a lover of gadgets and an early adopter, I am also very interested in the ways in which the use of technology can streamline our workflow, improve efficiency, and enhance our ability to take care of patients.

With that in mind, I thought I would use this month's column to share some of the tools that I use in my practice that I have found to be useful. You may be using some of these already in your day to day practice, but I hope that you will find a few new useful ideas.

EPOCRATES *(epocrates.com)*
Epocrates has become one of the most commonly used apps and websites by healthcare professionals. It's primary use is as a database for medications including information on available doses, drug interactions, FDA-approved indications, mechanism of action, metabolism, side effects, etc. Premium features include tools for secure communication, guides to herbal and OTC products, ICD-10 codes, and clinical decision support.

DOXIMITY *(doximity.com)*
Doximity is a physician online community that provides secure communications among healthcare providers, networking and employment opportunities, and CME. By signing up, you can get a free electronic fax number that you can use to send or received secure faxes. You can also communicate with other physicians using their HIPAA-compliant messaging system. One of my favorite features is the "Doximity Dialer" which allows you to call patients/families from your mobile phone but to route the call so that it does not reveal your mobile phone number and instead appears to the patient to be coming from your office number (or whatever number you specify).

GOODRX PRO *(goodrx.com/doctors)*
GoodRx is an app and website that can save patients literally hundreds of dollars per month on prescriptions. Healthcare providers and patients can enter the name of the medication, dose, etc., and GoodRx will show them the best prices at pharmacies in their area. It automatically provides the necessary information and codes that can be shared with the pharmacist to obtain those discounts. The pro version for physicians (also free of charge) allows the prescriber to identify the medication, locate the best price at pharmacies in the area or in whatever location they enter for the patient. This information can then be sent to the patient as an email or a text, routing this information through an anonymous system that does not reveal your personal email address or mobile phone number to the patient.

> ***"I thought I would share some of the tools that I use in my practice that I have found to be useful."***

COVERMYMEDS *(covermymeds.com)*
Covermymeds is a website that allows physicians/healthcare providers to electronically submit prior authorizations to a variety of pharmacy benefit managers. The service is free to providers, and while not all companies participate at this point, it has been making headway towards becoming the provider of a universal prior authorization process.

PARTNERSHIP FOR PRESCRIPTION ASSISTANCE *(pparx.org)*
Partnership for Prescription Assistance is a free service that serves as a clearinghouse for all of the patient assistance programs offered by pharmaceutical companies. Patients can list the medications they take, provide some demographic and financial information, and find out if they qualify for prescription assistance programs. They can apply online and print the various forms for each program.

SIRI SHORTCUTS *(Apple/IOS)*

In 2018, Apple purchased a company that made an app called Workflow and incorporated it into their IOS for mobile devices and renamed it Siri Shortcuts. It is part of IOS 12 or can be downloaded from the App Store by searching for "Shortcuts". This is a simplified way to build customized tools that can automate many of the things we use our mobile devices for every day. For example, I have built tools that will automatically add calendar events to my schedule, notify my front office of changes to my schedule, calculate travel time and mileage reimbursement for meetings, etc. Even if you have no interest in building your own shortcuts, there are hundreds of these available for free through the Shortcuts Gallery (accessible from within the app) that you can download and then use as is or modify for your own purposes. I created a shortcut to help me determine if a patient is overutilizing or underutilizing their prescription medication by using data from INSPECT. The shortcut will ask you to enter the dose and the number of pills they are allowed to take daily and will automatically calculate their average daily dose and how this compares as a percentage of what you are prescribing for them. You can access the link to download this shortcut at http://bit.ly/rxreconcile.

VCARDS

Most contact management systems (such as the contact list on your mobile device or computer) provide the option to create and import vCards. A vCard is like an electronic business card. You can create an entry for you and your practice that can be emailed, texted, etc. to someone else and with a click they can import that information into their contact manager without having to manually enter all of the information. I have a vCard for our practice that I keep up-to-date with a list of the names of all of our clinical staff members, as well as direct links for our secure referral webform to make it as easy as possible for colleagues to contact us or to submit a referral. I also include a copy of this vCard in my sig file at the bottom of my emails so that others can easily import this information.

I hope you have found this information useful in both your personal and professional lives.

Non-Medical Switching: Solutions Coming into Focus

by BRIAN HENDERSON
Senior Government Affairs Specialist
Coalition of State Rheumatology Organizations (CSRO)

"Physicians use their medical expertise, pre-existing relationship, and direct interaction with patients to successfully navigate this complexity with the nuance necessary to make appropriate treatment recommendations. Despite this, the doctor-patient relationship is under siege."

The doctor-patient relationship should be at the foundation of all treatment decisions. This statement is largely uncontroversial – physicians and associated personnel devote time, directly evaluating and treating patients that no other party in the health care supply chain does. Human biology is stunningly complex; the responsible practice of medicine keeps this complexity in mind. Physicians use their medical expertise, pre-existing relationship, and direct interaction with patients to successfully navigate this complexity with the nuance necessary to make appropriate treatment recommendations. Despite this, the doctor-patient relationship is under siege. Consolidated payer power has increasingly placed treatment decisions outside the locus of the doctor-patient relationship. In recent years, utilization controls have become so stringent and unresponsive that health plans have begun, in effect, practicing medicine. It is unlicensed, it is a safety issue, and patients throughout the state of Indiana are paying the price.

NON-MEDICAL SWITCHING OCCURS WHEN HEALTH PLANS FORCE A STABLE PATIENT TO SWITCH FROM THEIR CURRENTLY EFFECTIVE MEDICATION BY MAKING THE PATIENT'S CURRENT MEDICATION FINANCIALLY UNREACHABLE.

To date, the state of Indiana has had some success in responding to the deterioration of the doctor patient relationship. In 2016, Senate Bill 41 was signed into law, providing physicians in the state the ability to override step-therapy protocols for prescription drugs under certain circumstances. Indiana patients, however, still face enormous difficulties staying on their recommended prescription drugs due to non-medical switching by health plans.

Non-medical switching occurs when health plans force a stable patient to switch from their currently effective medication by making the patient's current medication financially unreachable. Health plans and pharmacy benefit managers accomplish this by: removing the drug from their formulary, moving the drug to a more restrictive formulary tier, or using other prevailing means to increase the patient's out-of-pocket costs for the drug.

Patients living with complex chronic conditions require continuity of care to successfully manage their condition. Non-medical switching does not solely effect these patient populations, but they do seem to be disproportionately effected by the practice. Physicians may spend multiple years of trial and error finding a treatment regimen that properly manages their condition. The resulting course of treatment must carefully balance each patient's unique medical history, co-morbid conditions, and side-effect balancing drug interactions. As you know, even slight derivations in treatment and variations between drugs, even those in the same therapeutic class, can cause serious adverse events. Aside from needless suffering, the resulting disease progression can be irreversible, life threatening, and cause the patient's original treatment to lose effectiveness. It cannot be assumed that a treatment that works for one patient will work for each patient. Non-medical switches are one-size fits all decisions that disrupt physicians' ability to exercise their medical expertise in concert with their patients.

Patients living with chronic conditions and on a non-medical switch program overwhelmingly reported that their side effects worsened, and over 40% reported that they were forced to visit their doctor or an emergency room as a result. These events are not cost neutral – in many cases non-medical switches promoted greater utilization of health care resources.

In response to this issue, Senator Liz Brown has filed SB 585. This legislation seeks to provide patients the stability and continuity of care that is required to successfully manage their conditions. The legislation would protect stable patients from mid-year formulary changes by allowing them to remain on their therapy for the remainder of the plan year. After the plan year is up, the legislation would allow physicians to go through an exceptions process to "grandfather" coverage of a patient's specific therapy.

If you are interested in getting involved, learning more, or sharing a personal story with The Coalition of State Rheumatology Organization, please email brian@wjweiser.com.

Marijuana as a Fix for the Opioid Epidemic

by RICHARD D. FELDMAN, MD

IMS Board Member, Family Physician, Former Indiana State Health Commissioner

Increasingly, there are studies in the medical literature regarding the potential use of marijuana in reducing opioid use and even in curbing the opioid epidemic of addiction and overdose. The media is tuning in to this intriguing prospect highlighted by a CNN report by Dr. Sanjay Gupta. The upshot of these reports is that the legalization of cannabis, both medical and recreational, may have unanticipated positive consequences and implications for public policy.

A 2014, an eleven year study from the Montefiore Medical Center in New York City found that states which legalized medical cannabis over an 11 year period had nearly 25 percent fewer opioid overdose deaths each year compared to states where marijuana remained illegal. Other studies have demonstrated similar reductions in numbers of opioid prescriptions.

More recently, two studies of note were published in the Journal of the American Medical Association Internal Medicine. The first study found that states which legalized medical or adult-use marijuana had about a 6 percent reduction in Medicaid opioid prescribing compared to the remaining states. The other study in Medicare patients found that there was an average 2.2 million fewer daily opioid doses prescribed in states that instituted a medical cannabis statute as compared to other states. Further reductions in opioid use (up to 10 percent) were seen when a state progressed from medical to recreational marijuana legalization. Greatest reductions were realized in states which utilized medical marijuana dispensaries.

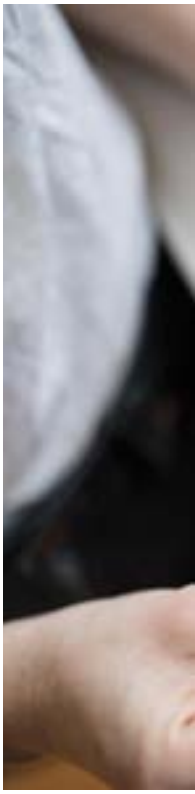
Another study conducted by the Minnesota Department of Health looked at over 2200 patients with intractable pain on various pain medications. Fifty-eight percent of these patients were able to reduce the use of these medications when they started taking cannabis including 38 percent of patients using opioids. Sixty percent were able to reduce their opioid dose by 50 percent and some completely eliminated their use.

In a paper delivered at the annual meeting of the American Geriatrics Society, 138 medical marijuana users were asked about use of pain medications including opioids. Eighteen percent reported decreasing use moderately, 20 percent extremely, and 27 percent completely. Another study in the Clinical Journal of Pain followed a group of 176 patients and found that 44 percent stopped their opioids within 7 months of starting medical cannabis. Finally, a study in the European Journal of Internal Medicine, 36 percent of 344 cancer patients receiving medical marijuana stopped their opioids and nearly 10 percent reduced their dosage.

Additional studies have also demonstrated marijuana's ability to improve chronic pain and decrease opioid use. One study revealed that it can also potentiate the analgesic effect of very low (non-pain relieving) opioid doses comparable to higher doses without increasing the abuse potential of either substance. Other reports suggest cannabis as a real possibility for use in weaning off patients from opioids.

These studies, although compelling, are mostly observational and involve small patient numbers that indicate a strong association, but not a definitive cause-and-effect relationship between medical cannabis and decreased opioid dependence, addiction, and overdose deaths. More research is needed.

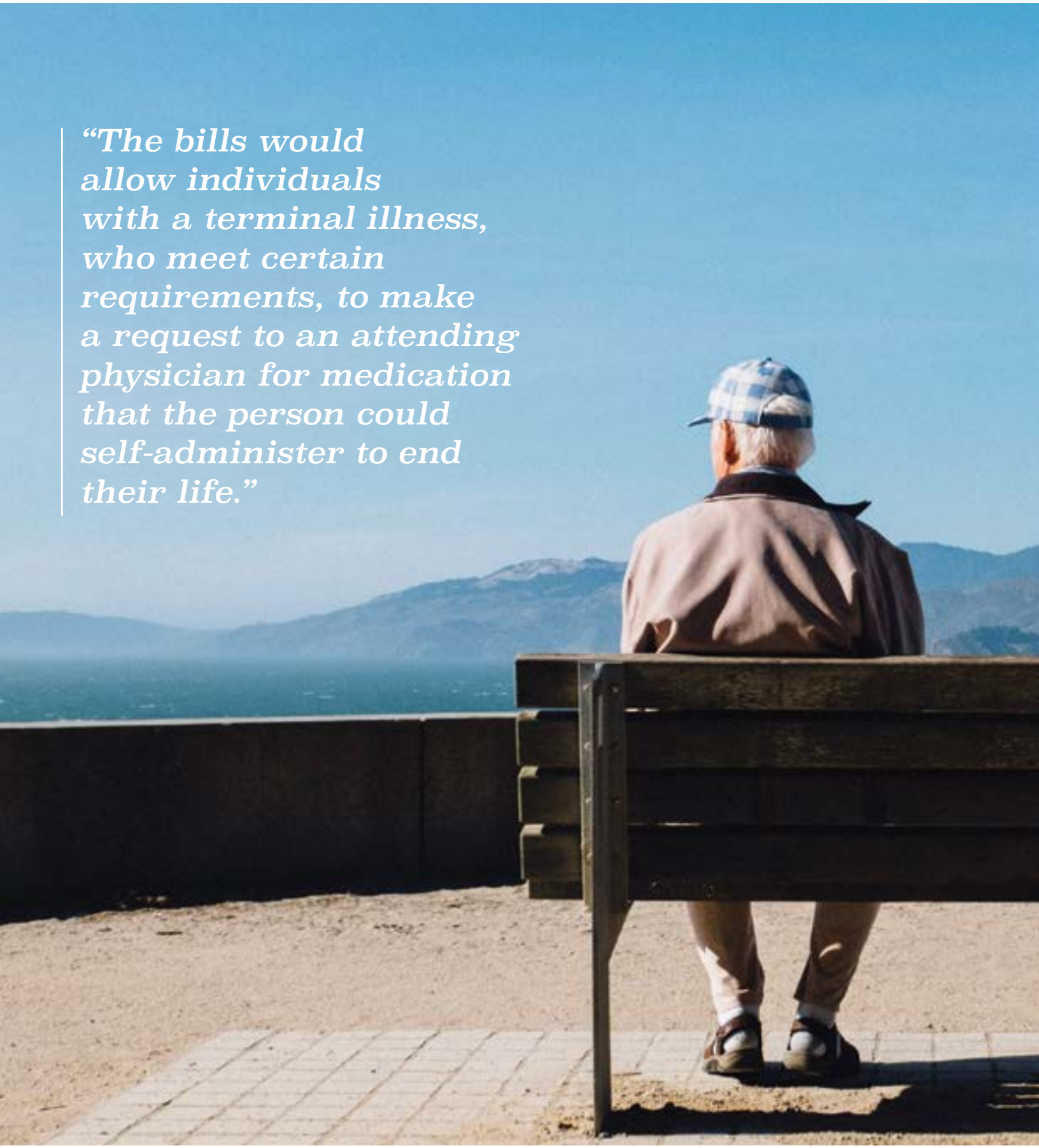
The legalization of medical marijuana is certainly not the principal solution to the opioid epidemic. And from a public health perspective, it's always controversial to utilize a measure that is not completely harmless to address a more serious problem. Substituting E-cigarettes for tobacco is a good example. But broader access to medical cannabis could be part of the answer and should at least weigh in the balance in considering both legalizing medical marijuana and intervening in the opioid crisis gripping our nation.



NOTE FROM THE EVP:

The following are the opinions of one of our members. This article is published with the intent to encourage discussion. If you have an opposing viewpoint, please send it. We would be happy to publish it in next month's edition. Additionally, if you have an editorial you would like to share please feel free to submit it to me at mperrill@indymedicalsociety.org.

> ***"The upshot of these reports is that the legalization of cannabis, both medical and recreational, may have unanticipated positive consequences and implications for public policy."***



"The bills would allow individuals with a terminal illness, who meet certain requirements, to make a request to an attending physician for medication that the person could self-administer to end their life."

Debating the Art of Dying Well

by KATE SHEPHERD
Freelance Writer

Brittany Maynard grabbed national headlines in 2014 when she moved from California to Oregon in order to die under Oregon's Death With Dignity Act. The 29-year-old newlywed was diagnosed with terminal brain cancer and wracked by seizures. An Oregon doctor was able to legally give her a prescription to allow her to choose when she wanted to die, surrounded by family. She took the medication on November 3, 2014.

Before her death, Maynard wrote that she found meaning in her battle for other states to implement right-to-die laws, as Oregon, six other states and the District of Columbia now have.

"My dream is that every terminally ill American has access to the choice to die on their own terms with dignity," she wrote. "Please take an active role to make this a reality."

California has since passed a right-to-die law in response to Maynard's story.

Indiana is a long way from joining these states, but The Indianapolis Medical Society (IMS) recently held a conversation on the right-to-die and end-of-life care to shine light on the issue and begin a discussion among Hoosier physicians at their January board meeting.

Dr. Larry Cripe and Dr. Ray Duncan recently spoke to IMS members.

Cripe is currently an associate professor of medicine at the IU Simon Cancer Center and a leukemia specialist. He told IMS members the story of a woman he cared for 22 years ago and how she made him think.

"Shortly after I completed my fellowship, I cared for a woman with chemotherapy-refractory lymphomatous meningitis who had been hospitalized when she fell. In the course of the week, she lost the use of her arms and legs, control of her bowels and bladder, and her eyesight. She asked me why she had to lie there losing one by one the things that made life worth living. Why couldn't she die when and how she chose? She was going to die anyway. Her question made perfect sense. Twenty two years later, her question still makes perfect sense."

The discussion is particularly timely now that two bills have been introduced in the Indiana General Assembly that focus on end-of-life options. House Bill 1184 was introduced by Representative Matt Pierce (D-Bloomington) and Senate Bill 300 was authored by State Senator Lonnie Randolph (D-East Chicago).

The bills would allow individuals with a terminal illness, who meet certain requirements, to make a request to an attending physician for medication that the person could self-administer to end their life. They outline the specific requirements a doctor must meet in order to prescribe the medication. The bills also would prohibit insurers from denying payment of benefits under a life insurance policy based upon a suicide clause in the policy if the insured's death is the result of medical aid in dying.

"What we're talking about is a terminally ill adult of sound mind interested in controlling the timing and means that their life ends," said Doctor Cripe. "Doctors would not administer anything. There would be safeguards in terms of waiting periods, verbal and written requests. It would be a prescription that is given to the patient and they take it when they want."

Both pieces of legislation were referred to committee. However, neither had been scheduled for a hearing at the time this article was written.

"If alleviation of suffering requires allowing a dying person to end their life, then I owe it to the person to thoughtfully weigh the wisdom of their decision," said Cripe. "And assure life ends with the dignity they desire."

Cripe says surveys suggest that now a majority of physicians support a patient's decision to access medical aid in dying. However, he admits there's an equally entrenched group of people that feel this violates the role physicians have in caring for patients.

IMS Board Member Dr. John Wernert says a number of doctors on the board have worked at Catholic facilities and follow the Catholic Directive. That directive allows for hospice and end-of-life care, but not physician assisted suicide of any type.

"We believe in God and nature taking their course," Wernert said.

It's unlikely legislation to allow the right-to-die will be approved in Indiana this year. But Cripe and Wernert agree it's important to open a full discussion about the benefits and risks of legislating medical aid in dying, and educate about what other states are doing when it comes to end-of-life care.

Wernert says the IMS board will focus on bringing in physician leaders and speakers to discuss other issues of interest in the coming months.

THE BULLETIN BOARD

RICK C. SASSO, MD

Rick C. Sasso, MD, Indiana Spine Group, served as a faculty member at the "Spine: Base to Summit" conference January 18-21 in Vail Colorado. He was asked to speak on Cervical deformity surgical strategies and cervical fusion techniques. He was also involved in a debate regarding the proper treatment of cervical radiculopathy and taught a workshop on cervical degenerative myelopathy. In addition, he was a panel member discussing the treatment of Odontoid Fractures.

Dr. Sasso also served as a faculty member at the 22nd annual Selby Spine conference held January 31-February 2, 2019 in Park City Utah. Dr. Sasso was asked to lecture on the surgical treatment of cervical myelopathy. He also lectured on his experience with performing spine surgery in an outpatient setting.

TAHA SHIPCHANDLER, MD

Taha Shipchandler, MD attended the Annual Winter Otolaryngology meeting in San Diego, CA and presented two topics during the Facial Plastic Surgery section.

1) Management of Pediatric Midface Fractures: A Single Institution Study of 200+ cases and 2) The Current Role of Surgical Simulation in Otolaryngology Training Programs.

Both topics were presented as podium presentations.

NICHOLAS BARBARO, MD

Nicholas Barbaro, MD, along with his co-authors, recently published an article titled, "Commentary: Deficiencies in Socioeconomic Training During Neurosurgical Training." The commentary appeared in the January 1 issue of Neurosurgery. [PMID: 30445444]

AARON COHEN-GADOL, MD

Aaron Cohen-Gadol, MD, co-authored new research on "Supraorbital keyhole approach: Lessons learned from 106 operative cases." The article was published online in the January 1 issue of World Neurosurgery ahead of print. [PMID: 30659969]

Dr. Cohen-Gadol was also a co-author of a recent article in the Journal of Neurosurgery. "Intraoperative assessment of isocitrate dehydrogenase mutation status in human gliomas using desorption electrospray ionization-mass spectrometry" was featured in the January 4 issue online. [PMID: 30611146]

ERIC POTTS, MD

Eric Potts, MD, joined fellow co-authors with sharing new research in the Journal of Neurosurgery Spine. "Laminectomy alone versus fusion grade 1 lumbar spondylolisthesis in 426 patients from the prospective Quality Outcomes Database" appeared in the November 1 issue online ahead of print. [PMID: 30544348]

Please submit Bulletin Board Information to ims@imsoline.org.
Your photo in the IMS files will be used unless an updated picture is submitted with your material.

CME & CONFERENCES

Indiana University School of Medicine/ Indiana University Health

IU – Methodist – Riley

FEB 9 Pediatric Epilepsy Surgery Symposium IU Health Neuroscience Center Goodman Hall, Indianapolis, IN

FEB 16 Neurology Physician Education Series IU Health Neuroscience Center Goodman Hall, Indianapolis, IN

FEB 23 IU Health Perioperative Symposium: Collaborative Approach to Reducing HAIs NCAA Hall of Champions, Indianapolis, IN

MAR 1 RESPECT Center 2019 Let's Talk Palliative Care Ritz Charles Conference Venue, Carmel, IN

MAR 8 42nd Annual Arthur B. Richter Conference in Child Psychiatry Ritz Charles Conference Venue, Carmel, IN

MAR 21-22 LBGTQ Healthcare Conference IU Health Neuroscience Center Goodman Hall, Indianapolis, IN

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

APR 13 Practical Pearls for Community Pediatrics – Spring Workshop Riley Outpatient Center, Indianapolis, IN

APR 19-20 Midwestern Vascular Surgical Society Advanced Practice Course on Venous Interventions Fairbanks Hall, Indianapolis, IN

APR 26 5th Annual Vascular Symposium Emphasis on Primary Care IUPUI Hine Hall, Indianapolis, IN

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

JUNE 12 Simulation Instructor Course Fairbanks Hall, Indianapolis, IN

JULY 20 2019 ASCO Review IUPUI Campus Center, Indianapolis, IN

JULY 25-28 AMWA 104th Anniversary Annual Meeting in Conjunction with Centennial Congress of the Medical Women's International Assoc. Brooklyn Bridge Marriott, New York, NY

ONLINE CME ACTIVITIES

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

Opioid TeleECHO Clinic Providers and Prescribers Webinar
https://iu.cloud-cme.com/opioidecho

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.

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

CME & CONFERENCES

St Vincent Hospital Indianapolis CME Series Conferences Schedule & Location

PEDIATRIC CARDIOTHORACIC SURGERY & CARDIOLOGY CONFERENCE	Thursdays 12:00pm-1:00pm PMCH
PEDIATRIC GRAND ROUNDS	Wednesday (2nd) of the month 12-1 pm at William K Nasser MD, Education and Simulation Center
CCEP (CLINICAL CARDIAC ELECTROPHYSIOLOGY PROGRAM)	Wednesdays, weekly, 7-8 am at St Vincent
ECHOCARDIOGRAPHY CONFERENCE	Thursday (2nd), monthly, 7-8 am at St Vincent
GENERAL CARDIOLOGY	Mondays, weekly, 7-8 am at St Vincent
INTERVENTIONAL CARDIOLOGY	Wednesdays, weekly, 7-8 am, Heart Center
ADVANCED HEART FAILURE	Wednesdays, weekly, 7-8 am at St Vincent
CARDIOLOGY/MED/SURG	Thursday, (3rd) evens, 7-8 am, Heart Center
FRACTURE	Thursdays, weekly, 8-9 am at OrthoIndy
SURGERY DIDACTICS	Wednesdays, weekly, 7:30-8:30 am at St Vincent
SURGERY M&M	Wednesdays, weekly, 6:30-7:30 am at St Vincent
MULTI-DISCIPLINARY	Tuesdays, weekly, Trauma Case 12-1 pm at St Vincent
NEONATOLOGY GRAND ROUNDS	Wednesdays (2nd) monthly, 12-1 pm at Womens
NEONATOLOGY JOURNAL CLUB	Tuesdays, every other month, 12-1 pm at Womens
PERINATAL CASE REVIEW	Wednesdays, monthly (4th), 7-8 am at Womens
MFM ULTRA SOUND SERIES	Quarterly 1-4 pm at Womens
SIM DEBRIEFING ESSENTIALS	12 times a year at William K Nasser MD, Education and Simulation Center
PMCH CRISIS MANAGEMENT ESSENTIALS	12 times a year at William K Nasser MD, Education and Simulation Center

Rx for Change

ASK-ADVISE-REFER TRAININGS THROUGHOUT THE STATE TO ANY HEALTH CARE PROFESSIONAL AT NO CHARGE.

Curriculum draws heavily from the U.S. Public Health Service Clinical Practice Guideline for Treating Tobacco Use and Dependence and has been endorsed by the US Surgeon General.

Two continuing education units from Purdue University will be offered to health care professionals at no charge.

The key elements taught during the 2-hour training are to (1) provide education about how to screen for tobacco use in patients and (2) refer users to the Indiana Tobacco Quitline.

Depending upon the time the session is scheduled, a light breakfast or light lunch will be provided.

FEB 28 ***from 11a – 1p***
St. Vincent Salem Hospital
Hospital Classroom
911 N Shelby Street, Salem, 46167

Website Link:
Rx-for-Change-StVincentSalem-1.eventbrite.com

MAR 2 ***from 9a – 11a***
St. Vincent Clay
Medical Office Building
Basement Classroom
1214 E. National Ave, Brazil, 47834

Website Link:
Rx-for-Change-StVincentClay-1.eventbrite.com

Course dates and locations are subject to change.
For more information please call (317) 338-3460.

NEW MEMBERS

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University of Miami, 2013

JONATHAN D. BOYLE, MD
Resident – Indiana Hand to Shoulder Center
Hand Surgery
University of Texas – Southwestern, 2013

JAMES J. CREIGHTON III, MD
Resident – Indiana Hand to Shoulder Center
Hand Surgery
Indiana University School of Medicine, 2013

THOMAS R. ACOTT, MD
Resident – Indiana Hand to Shoulder Center
Hand Surgery
St. Louis University School of Medicine, 2013

HANNAH A. DINEEN, MD
Resident – Indiana Hand to Shoulder Center
Hand Surgery
University of Arizona, 2013

ALEXANDER J. LAMPLEY, MD
Resident – Indiana Hand to Shoulder Center
Hand Surgery
Thomas Jefferson University, 2013

ANDREW PARK, MD
Resident – Indiana Hand to Shoulder Center
Hand Surgery
Rutgers New Jersey Medical School, 2013

SHASHANK SURESH, MD
Resident – IU School of Medicine
Internal Medicine
Wake Forest School of Medicine, 2017

IN MEMORIAM

CHARLES R. THOMAS, MD

Charles R. Thomas passed away on February 5, 2019. Charles was born on April 17, 1932 in Indianapolis, Indiana. Charles graduated from Arsenal Technical High school in 1950, Indiana University in 1954 and Indiana University Medical School in 1958. Charles began practicing medicine in Obstetrics and Gynecology in 1962. He retired in 1994. As an OB-GYN, he delivered over 7,000 babies and performed countless other medical procedures. After retiring from his medical practice, Charles became the Winemaker and President of Chateau Thomas Winery. His wines have won countless awards, not only locally, but internationally.

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DELEGATES

Delegates to the Annual State Convention

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

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Ronda A. Hamaker (2019)
Mark M. Hamilton (2019)
Tod C. Huntley (2019)
Jeffrey J. Kellams (2019)
Stephen R. Klapper (2019)
Susan K. Maisel (2019)
J. Scott Pittman (2019)
Ann C. Collins (2020)
Marc E. Duerden (2020)
Bruce M. Goens (2020)
Paula A. Hall (2020)
Daniel E. Lehman (2020)
Mary Ian McAteer (2020)
Mercy O. Obeime (2020)
Robert M. Pascuzzi (2020)
Stephen W. Perkins (2020)
Richard H. Rhodes (2020)
John J. Wernert (2020)
H. Jeffrey Whitaker (2020)
Linda Feiwell Abels (2021)
Mary Pell Abernathy (2021)
Christopher D. Bojrab (2021)
Darrell Daridson (2021)
C. William Hanke (2021)
Thomas Mote (2021)
David M. Ratzman (2021)
Michael Rothbaum (2021)
Jodi L. Smith (2021)
Steven L. Wise (2021)

ALTERNATE DELEGATES

Delegates to the Annual State Convention

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

Daniel J. Beckman (2019)
David M. Mandelbaum (2019)
Scott E. Phillips (2019)
Dale A. Rouch (2019)
Amy D. Shapiro (2019)
Jason K. Sprunger (2019)
Brian D. Clarke (2020)
Julie A. Daftari (2020)
Christopher M. Doran (2020)
David A. Josephson (2020)
Chad R. Kauffman (2020)
Ramana S. Moorthy (2020)
Ingrida I. Ozols (2020)
Jodi L. Smith (2020)
Eric E. Tibesar (2020)
Ranai Abbasi (2021)
Heather N. Berke (2021)
Robert S. Flint (2021)
Michael Payne (2021)
Richard M. Storm (2021)
Jeremy T. Sullivan (2021)

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John P. McGoff
2017-2018

Heidi M. Dunniway
2014-2015

Jon D. Marhenke
2007-2008

Bernard J. Emkes
2000-2001

Peter L. Winters
1997-1998

William H. Beeson
1992-1993

George H. Rawls
1989-1990

John D. MacDougall
1987-1988

George T. Lukemeyer
1983-1984

Alvin J. Haley
1980-1981

INDIANA STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

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John P. McGoff

At-Large

John C. Ellis

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David R. Diaz (2020)

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