

BULLETIN

EDITORIAL PG 4

*OutList: equal access to
adequate healthcare for
the LGBTQ community.*

by CHRISTOPHER BOJRAB, MD

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TABLE OF CONTENTS

IN THIS ISSUE

SPECIAL FEATURES

President's Page	03
<i>"...LGBTQ patients may face discrimination by some clinics, healthcare providers, or by their fellow patients in our waiting rooms and offices."</i>	
Reducing Infant Mortality, One Strategy at a Time:	06
Editorial: Teaching Compassion & Kindness in Medical School	08
Editorial: The 2017 Tax Cuts & Jobs Act	11
Special Feature: Substance Use Disorder	12

DEPARTMENTS

Bulletin Board	15
Events / In Memoriam	17
CME	18
IMS Leadership	19

LETTER FROM THE EDITOR:

Thank you for your readership! I hope you are enjoying our modern look and content.

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 me at mperrill@indymedicalsociety.org. We would love to publish it.

Sincerely,

Morgan Perrill
Executive Vice President



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THE PRESIDENT'S PAGE

CHRISTOPHER D. BOJRAB, MD

One of the primary objectives of organized medicine, from the American Medical Association to the Indiana State Medical Association to the Indianapolis Medical Society is to improve access to care for all patients. This is especially important for groups that have struggled with equal access to adequate health-care. One such group are our patients in the LGBTQ community. Roughly 4-5% of our population identifies as LGBTQ, and multiple studies and surveys have shown that they face particular challenges in accessing health-care services.

In a poll conducted last year, about one sixth of LGBTQ patients reported experiencing discrimination at their doctor's office or some other healthcare setting, and about one fifth of patients reported avoiding seeking healthcare services due to fear of discrimination. LGBTQ patients are less likely to have a primary care physician, are less able to access specialty care and have lower rates of follow up care after treatment for illnesses. They may be more likely to be uninsured and may have greater financial challenges that make paying for office visits, medications, and procedures more difficult than other patient groups.



LGBTQ youths are two to three times more likely to commit suicide. They are much more likely to be homeless (it is estimated that 20-40% of all homeless youths are LGBTQ. Depression, anxiety, smoking, alcohol abuse, and drug use are all more common among LGBTQ people. LGBTQ women have higher rates of some gynecological cancers.



Sadly, LGBTQ patients may face discrimination by some clinics, healthcare providers, or by their fellow patients in our waiting rooms and offices. Sometimes, finding a place to seek healthcare in a safe and comfortable environment can seem a daunting task.

To address these issues, an organization was started by an Indiana physician, Dustin Nowaskie MD and his husband, Jordan Nowaskie called OutCare. Dr. Nowaskie started OutCare while he was a medical student at the Indiana University School of Medicine. After graduating in 2018, he began his residency in psychiatry, also at the Indiana University School of Medicine. OutCare is a non-profit health equality organization currently operating in 10 states (Indiana, Kentucky, Ohio, Michigan, Texas, Georgia, Washington, North Carolina, Florida, and D.C.). OutCare works to promote culturally-competent health services and to provide continuing education for providers. They create and distribute educational materials, host cultural competency training workshops, hold annual conferences, identify national public health resources, and work towards medical curricula reform. They also manage the OutList, an online resource to help patients locate LGBTQ-competent providers in their area.

For more information or to join the OutList, visit www.outcarehealth.org

Chris Bojrab MD

Chris Bojrab, MD
President

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Reducing Infant Mortality, One Strategy at a Time.



by KRISTINA BOX, MD, FACOG
Indiana State Health Commissioner

“OB Navigators will walk with a woman not only through her pregnancy, but through the baby’s first year of life, and connect her to the resources that can improve her health, whether it be by accessing early prenatal care, quitting smoking or addressing other conditions.”



In the past five years, more than 3,000 Indiana babies have died before the age of 1, in many cases due to preventable causes such as unsafe sleep and low birthweights brought on by smoking during pregnancy. But thanks to Governor Holcomb and state lawmakers, we now have new tools to help improve the health of both mothers and babies.

House Enrolled Act 1007, which unanimously passed both the House and Senate and Governor Holcomb signed May 8, establishes an OB navigator program that will connect pregnant women who receive Medicaid and live in the areas of the state with the highest infant mortality rates to the resources needed to help ensure a healthy pregnancy. These resources, which can take the form of a community health worker, a paramedicine program, a nurse from Nurse-Family Partnership or assistance through the Healthy Families program, will address the physical wellbeing of the expectant mother, as well as her socioeconomic needs. OB Navigators will walk with a woman not only through her pregnancy, but through the baby's first year of life, and connect her to the resources that can improve her health, whether it be by accessing early prenatal care, quitting smoking or addressing other conditions. Navigators also will help ensure that women understand what a safe sleep environment looks like – a baby is placed alone, on her back, in a crib – to help reduce these preventable deaths, which accounted for a majority of the Sudden Unexplained Infant Deaths (SUIDs) that occurred in 2017. We know that healthy babies start with healthy moms, and this program will help eliminate gaps that can have tragic consequences.

HEA 1007 also mandates that every pregnant woman receive a universal verbal screening for substance use during her pregnancy, and more often if indicated. The goal of this legislation is to reach women who may be struggling with substance use disorder and connect them to treatment. Research shows that women are most likely to get help for themselves when they are pregnant, and we cannot afford to miss this opportunity. Based on tests of umbilical cords through a pilot program in nearly a third of Indiana's birthing hospitals, we know in a high-risk population, nearly 12 percent of more than 8,000 cords tested between January 2017 and January 2019 were positive for opioids, while 17 percent were positive for cannabinoids, or marijuana. At the same time, only about 3 percent

– one-third the national average – were positive for buprenorphine, showing us that we have an opportunity to connect more pregnant women to medication-assisted treatment.

This legislation is a critical step in the right direction. But reducing infant mortality and improving the health of mothers in Indiana won't be accomplished solely from Indianapolis. It will take partners across the state working together, from health care, from community organizations and even among the faith community. I recently was honored to attend a luncheon in Gary that was hosted by Indiana First Lady Janet Holcomb. We brought together more than 130 female church leaders, healthcare organizations and community partners such as

breastfeeding advocates, the Indiana Parenting Institute, Nurse-Family Partnership, Mental Health America of Northwest Indiana and doulas from Community Wellness Partners to brainstorm about ways to reduce infant mortality.

We have already seen the

seeds that were planted that day take root. Several agencies have expressed interest in providing education to their communities to help reduce Sudden Unexplained Infant Deaths (SUIDs) in their communities, a church is exploring ways to support new mothers in its congregation, and formation of a community action team is being discussed. Raising a child takes a village, and it's gratifying to see that village being built.

The OB Navigator and verbal screening legislation builds on significant investments and work in Indiana to reduce infant mortality and achieve Governor Holcomb's goal of having the lowest infant mortality rate in the Midwest by 2024. These programs join an arsenal that also includes a Levels of Care program to ensure women deliver their babies at a risk-appropriate facility, fetal and maternal mortality review committees to help us better understand the causes of infant and maternal deaths, a new maternal safety bundle through the Alliance for Innovation on Maternal Health (AIM) that focuses on obstetrical hemorrhage, and Safety PIN grants to support safe sleep, tobacco cessation and early prenatal care. By continuing to arm our communities with the tools they need to promote healthy moms, I am confident that we will see continue to see healthier babies and celebrate more first birthdays across Indiana.

“Research shows that women are most likely to get help for themselves when they are pregnant, and we cannot afford to miss this opportunity.”

Teaching Compassion & Kindness in Medical School

by ELIZABETH GRIFFITH, MS

Physicians that express care and kindness during interactions with patients and colleagues exemplify the art of humanism in medicine. The Arnold P. Gold Foundation, a non-profit organization dedicated to “infusing the human connection into healthcare,” defines the characteristics of healthcare professionals that practice humanism by applying the “i.e. C.A.R.E.S.” acronym—specifically, those who exhibit integrity, empathy, compassion, altruism, respect, excellence, and service.

In 2013, Melita Schuster, DO, assistant professor of family medicine, obtained a two-year grant from the Gold Foundation to design a supplemental program around humanistic training in healthcare at the Marian University College of Osteopathic Medicine (MU-COM). Today, nearly half of the combined first- and second-year doctor of osteopathic medicine (DO) students participate in the Meaningful Medicine Mentoring Program. The students are guided in the art of humanism and instructed in osteopathic traditions through a curriculum informed by the Franciscan values of dignity of the individual, peace and justice, reconciliation, and responsible stewardship, all of which prepare them to treat the whole person, in body, mind, and spirit.

The Meaningful Medicine Mentoring Program is an opt-in co-curricular offering that connects 160-170 medical students annually to local mentors in healthcare throughout the Indianapolis metropolitan area. Students are encouraged to go beyond attending to a patient’s physical needs by showing sensitivity to their mental health, spirituality, cultural values, ethnic backgrounds, and socioeconomic stressors. The mentoring program, directed now by Emily Young, M.D., and Jim Pike, DO, FCCP, FACP, provides students in their pre-clerkship years a chance to experience clinical medicine—often serving as a welcome reminder of their greater purpose—in the moments they feel overwhelmed by the demanding academic workload of medical school.

The goals of the mentoring program involve teaching students to recognize the art of humanism in medicine;

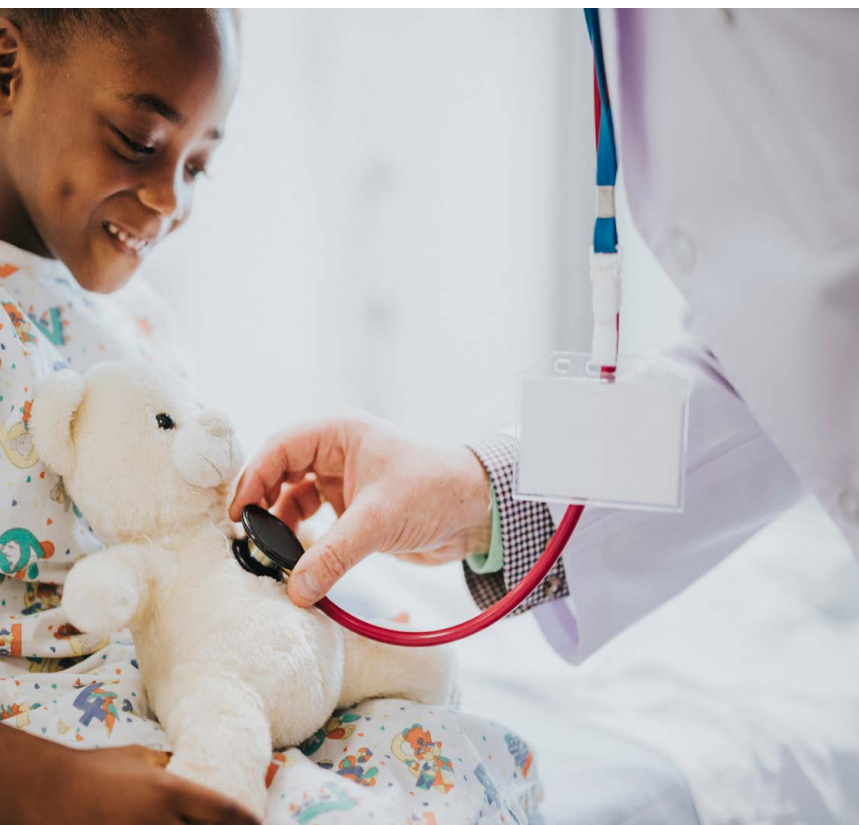
develop strong mentor/mentee relationships; explore the hardships of medicine and learn how to respond to them as a primary care practitioner; and to develop as future leaders in healthcare. During the matching process, efforts are made to pair mentors with mentees based on the specialty area the student is most interested in. Students may also choose to customize their training with tracks on ‘spiritual healthcare,’ ‘caring at the end of life,’ or ‘caring for our underserved neighbors.’

Students benefit from experiential learning during their mentorships as they observe the practitioner/patient dynamic in a range of specialties and situations. Students are encouraged to look for non-verbal and body language cues which can inform the diagnosis or treatment plan. Candice Anusewicz, second-year osteopathic medical student, shares her understanding of what it looks like to practice the art of humanism in medicine, “These providers not only respect each patient for who they are, but also make sure to tailor each and every treatment plan to the individual patient in order to maintain compliance and disrupt their lives as little as possible.”

Mentors and mentees strive to meet monthly in a clinical setting, for a service project, or to discuss humanism in medicine. However, some choose to meet at volunteer organizations, like free clinics, or to attend patient advocacy events instead. “Students who cannot connect with a mentor in a particular month may take part in pre-approved activities that will help them understand healthcare from the patient’s point of view and learn how patients navigate the healthcare system,” explained Dr. Young. Often, these activities involve volunteering at an assisted living facility, nursing home, or domestic abuse shelter. Students then submit written reflections of the examples in humanism they observed.

Additionally, students in the mentoring program are also required to attend monthly instructional sessions on the Marian University campus. They learn to recognize humanism during lectures to improve their





CAPTION:

The personal photo on the bottom left is of Millicent Moye, MD, receiving the 2019 Mentor of the Year award. She was nominated by Jasmine McDowell, pictured above, who stated in her application form that Dr. Moye should be honored for her compassion, competence, and treatment of each patient as an individual.



EDITORIAL *continued*

patient-care skills on topics including conflict and communication in healthcare, forbidden topics in medicine, and the special needs of veterans and patients in the military, and to educate them on the practice of self-care while in medical school and throughout their careers. Monthly sessions are delivered through engaging formats with guest speakers and patient panels, and activities like workshops and simulations.

Over the years, students have listened to and empathized with patient panels participants on subjects like perspectives on chronic disease, living with a disability, and perspectives on obesity; have engaged in learning activities during workshops on bullying and poverty; and have role-played as patients in domestic violence patient-care simulations. Osteopathic medical students who choose not to opt-in to this program have opportunities to cultivate their communication, verbal, and non-verbal skills, empathy, and to learn aspects of humanism in many of the clinical cases they will investigate in the curriculum. Additionally, the more successful skill-building exercises, like the “Bridges out of poverty” workshop and poverty simulation, have been absorbed into the DO curriculum for the entire class to have the opportunity to train in the art of humanism in healthcare.

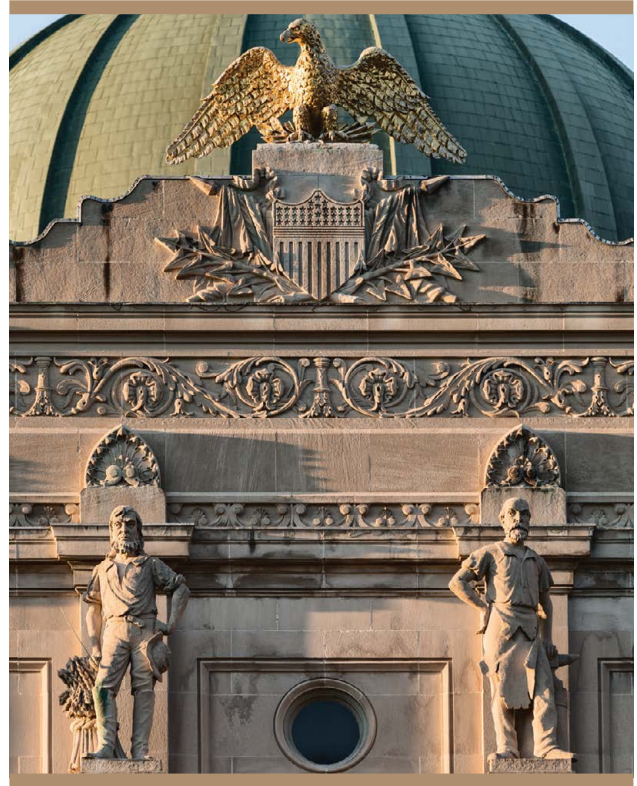
Throughout the Meaningful Medicine Mentoring Program, mutually beneficial relationships are built which sometimes far outlast the student’s time at Marian. In an interview with Dr. Young, she commented, “I’m always happy when a mentoring relationship doesn’t stop after the program ends in May.”

At the end of each school year, students are encouraged to nominate their mentors for “Mentor of the Year” and “Distinguished Mentor” awards and induction into the Gold Humanism Honor Society. In a nomination from 2018, Jessica Lokotar, second-year osteopathic medical student, speaks highly of her mentor, Gaston Dana, DO, “He has an amazing reputation among his patients due to the whole-person and hands-on approach that he exhibits daily. Dr. Dana is the kind of physician I aspire to be and he is worthy of being recognized for his commitment to humanistic medicine.”

On April 3, 2019, Millicent Moye, M.D., accepted the “2019 Mentor of the Year” award, having been nominated by her mentee, first-year osteopathic medical student, Jasmine McDowell, who wrote, “I believe that Dr. Moye displays compassion and competence in her field. She treats her patients as individuals. Each patient encounter is not a simple routine, but a time to learn more about her patients, their needs, and how to best help them in the current moment. I have learned a lot about patient advocacy through Dr. Moye.” Award winners are chosen based on how the mentee’s nominations measure up against the Gold Foundation’s definition of humanism, by using the i.e. C.A.R.E.S. characteristics as the standard.

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The 2017 Tax Cuts & Jobs Act

by RICHARD D. FELDMAN, MD

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



The 2017 Tax Cuts and Jobs Act, eliminated the individual health insurance mandate penalties contained in the Affordable Care Act. Twenty state attorneys general filed suit in the U.S. District Court of Northern Texas claiming that by eliminating the penalties, Obamacare was now entirely unconstitutional. Judge Reed O'Connor agreed. An appeal is pending in the 5th U.S. Circuit Court of Appeals in New Orleans. President Trump has called on the court to "erase" Obamacare.

Here is the judgement's reasoning: The Supreme Court had previously found that the individual mandate with its financial penalty was constitutional only on the basis that it's a tax under Congress's power to tax. If there is no longer a financial penalty, there is no tax, and thus the individual mandate is now unconstitutional. Further, the judge ruled that since the mandate is essential to the function of the entire law and thus inseparable, the entirety of the ACA is unconstitutional. Whew, I'm glad I am not a constitutional lawyer.

It appears that most legal experts, both liberal and conservative, do not believe this line of reasoning is valid, and the decision will likely be reversed on appeal on a number of legal points. Most significantly, the judge overstepped in ruling the entire ACA invalid. The Supreme Court's precedent on severability directs courts to limit harm to an entire statute when ruling on one part, making every effort to demonstrate "judicial constraint". Courts should rather focus on the intent of Congress; Congress only terminated the mandate penalties, but retained the mandate, showing clear intent.


Further, it is difficult to imagine that the mandate is essential to many parts of Obamacare. The mandate is certainly important for spreading the risk and making health insurance affordable regardless of health or financial status. But it is not absolutely indispensable as Obamacare, although imperfect and maimed, continues to function without it.

If this ruling stands and Obamacare is shuttered, it would throw the health-care system into destabilized chaos with both human and financial ramifications. According to the Urban Institute, an additional 17 million Americans would lose their health-care coverage above the reduction already associated with removal of the mandate penalties (30 million total). According to the Economic Policy Institute, 566,000 individuals in Indiana would lose their health insurance. Eighteen-thousand people would lose their jobs, and our state would lose \$1.6 billion in federal health-care funding. Insurance premiums would further increase. Medicare Part A deductibles and copayments and Part B premiums, deductibles, and cost-sharing would increase for most, although Part D and Medicare Advantage program premiums might moderate.

The government would, however, save money in ending the premium subsidies to low income individuals, reducing spending on preventative services and prescription benefit costs. Overall, federal Medicare spending would increase by restoring higher payments to health-care providers and Advantage programs. The insolvency of the Medicare Part A trust fund would accelerate from increased costs and loss of Medicare taxes.

Further, desperately needed health-care protections would end: Guaranteed issue of insurance, ban on the preexisting condition exclusions (52 million people), uniform premiums regardless of health status, prohibition on annual and lifetime benefit limitations, the guaranteed minimum benefits package, coverage for preventative services without copays, tax credits for small businesses offering employee insurance, Medicaid expansion, premium subsidies for low-income people, dependent coverage on parent policies to age 26, and suspension of the Medicare Part D "donut hole" closure.

And what "beautiful" plan would effectively replace Obamacare? Let's hope that this court decision is reversed.



“Right treatment, right place, right time is the guiding principle behind this (American Society of Addiction Medicine criteria) evidence-based tool.”



Substance Use Disorder

by JENNIFER WALTHALL, MD, MPH
Secretary, Indiana Family and Social Services Administration



In early 2018, Indiana became one of the first states to receive authority to provide comprehensive services for individuals with substance use disorder (SUD) across the entirety of our Medicaid programs. This became the foundation for sustainability of programs that were developed under Indiana's federal 21st Century Cures and State Opioid Response grants in 2017 and 2018, respectively.

As we celebrate the first anniversary of this landmark policy change, I reflect on the unprecedented partnership that has evolved under Governor Holcomb's "Fourth Pillar" – Combat the Opiate Epidemic.

Indiana's SUD waiver has several important guiding principles that are foundational to build connectivity beyond the current opioid crisis. The goal is to support early intervention for all of substance use disorders and also acknowledge the intersection of mental health needs and SUDs. There are multiple novel components of this program that have both immediate and long-term enhancements for our ability to realize the goal of improved health outcomes in this space.

First, we requested a waiver of a long-standing federal limitation that prevented many of our psychiatric facilities from receiving Medicaid reimbursement for serving vulnerable Hoosiers. This new treatment capacity was financially supported through our 21st Century Cures grant with a guarantee of subsequent funding.

An additional component of the waiver is a complete overhaul of how we decide what type of service a member might need for not only initiation of treatment but also individualized long-term recovery. We now use American Society of Addiction Medicine (ASAM) criteria to help support referrals for inpatient, residential and outpatient services. Right treatment, right place, right time is the guiding principle behind this evidence-based tool.

A feature of this waiver that I am most excited about is Medicaid funding of peer-recovery coaches. Starting this summer this will become the sustainability strategy for the important work begun through Cures grant funding. The program embeds recovery coaches in emergency departments, opioid treatment programs and other high-risk locations. This integration of goals is the hallmark of how the SUD waiver supports our long-term vision.

**Treatment expansion:**

The immediate effect of the SUD waiver is all in the numbers. It's not the full picture, but it is a critical component of building infrastructure. Geographic access to care is the first step toward building a system that meets the needs of Hoosiers. Since March 1, 2018, Indiana has:

- 25 new addiction treatment providers.
- 253 total certified addiction treatment providers serving 448 locations.
- 31 new ASAM-designated residential addiction treatment facilities/units; these units have 659 beds. In one year, the number of SUD residential facilities grew from just four to 31, and significant increases are seen in the numbers of outpatient mental health clinics, psychiatrists and psychiatric hospitals.

An additional snapshot of Medicaid providers:

March 2018: 12 OTPs, 4 SUD Residential Facilities, 810 Outpatient Mental Health Clinics, 1799 Psychiatrists, 152 Psychiatric Hospitals

March 2019: 14 OTPs, 31 SUD Residential Facilities, 907 Outpatient Mental Health Clinics, 1882 Psychiatrists, 164 Psychiatric Hospitals

Methadone policy/opioid treatment expansion:

Along with the SUD waiver, we needed to make certain that our existing policies were reflective of the “all hands on deck” approach to addiction services. Prior to 2017, two critical services were lacking: 1) Medicaid coverage of methadone for medication assisted treatment and 2) sufficient opiate treatment program locations to provide that comprehensive service. Methadone coverage as a bundled service began September 1, 2017, and has greatly expanded access to this treatment. OTPs are highly regulated treatment providers through FSSA's Division of Mental Health

and Addiction. These are the only providers allowed to prescribe methadone, the gold standard for treatment of substance use disorder. In early 2018, there were only 13 of these facilities statewide, but by the end of 2019 that number will grow to 27, and every Hoosier will be within an one-hour drive of an OTP.

We served just over 16,000 Hoosiers in our OTPs in 2018 and provided over \$160 million in treatment services.

Support programs:

Two critical support programs come alongside the SUD waiver to enhance access to treatment both in timeliness and geography. The first is the OpenBeds/Indiana 2-1-1 partnership that connects individuals to treatment in real-time and also provide wraparound case management and referral services. This program also launched in March 2018 and has been an incredible platform to take the guesswork out of referrals both for patients and health care providers alike.

We are also celebrating the one-year anniversary of the Medication Assisted Therapy ECHO training program that assists primary care providers in the science of providing this treatment service. We can harness the expertise of this ready and willing group of physicians to provide state-of-the-art care to their patients.

Our charge to grow beyond opioids.

We know that the work in Indiana to combat the drug epidemic is not done, but are confident that the foundations and partnerships to save Hoosier lives is strong. Even more important is our commitment to continuing this work to include all of mental health and addiction so that our communities have the tools to build and sustain health for our state.

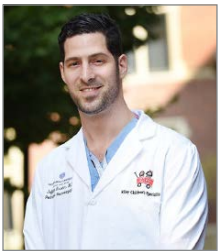
THE BULLETIN BOARD

STEPHEN W. PERKINS, MD



Stephen W. Perkins, MD of Meridian Plastic Surgeons, was an invited faculty member at the recent American Academy of Facial Plastic and Reconstructive Surgery's "Advances In Rhinoplasty" symposium in Orlando, FL. Dr. Perkins presented four lectures on multiple rhinoplasty topics, was a moderator for an Endonasal Rhinoplasty breakout session and performed a "live" narrated Endonasal Approach Rhinoplasty surgery.

JEFFREY RASKIN, MD



Jeffrey Raskin, MD, has been named a principal investigator for a new collaborative international grant for prospective recruitment of pediatric patients with epilepsy treated by laser ablation: MRI-guided Laser Interstitial Thermal Therapy (MRgLITT) Registry. Dr. Raskin is a pediatric neurosurgeon who treats patients at IU Health's Riley Hospital for Children. The grant award is a collaborative award with Riley Hospital,

The Hospital for Sick Children (Toronto, Canada), and five other programs.

Dr. Raskin also recently published a new research paper titled, "Intracranial arachnoid cysts: pediatric neurosurgery update." The review first appeared online in *Surgery Neurology International* on February 6.

MATTHEW T. FENG, MD



Matthew T. Feng, MD, of Price Vision Group, was an invited faculty member at the recent American Society of Cataract and Refractive Surgery annual meeting. He won best video on Cornea Subspecialty Day for his presentation of "DMEK and the Anterior Chamber of Secrets."

THERESA ROHR-KIRCHGRABER, MD



Theresa Rohr-Kirchgraber, MD, FACP, FAMWA was an invited speaker for a meeting of the Executive Women in HealthCare where she spoke on Leveling the Playing Field: The Impact of Sex and Gender in Healthcare and Leadership.

She was also a speaker for the American College of Physicians Women in Medicine at IUSM South Bend where the topic was Assertiveness in Medical Training. Recently, she served as the moderator and coordinator for Physicians Against Gun Violence with Everytown and Moms Demand Action. The panel included physicians from the local community and medical school who presented on the impact of Gun Violence on the community and on the health care worker.

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Join us for an in-depth discussion on population health management. This seminar will discuss the support provided by physicians and legal counsel to Indiana employers and their employees including the impact that the opioid crisis, as well as other drug and alcohol issues, has on population health management. We'll also analyze the legal implications of drug and alcohol issues on the workplace and how health care providers can assist employers and their employees in working through these difficult issues. We will feature a representative from the Wellness Council of Indiana, as they have taken an active and important role in addressing the opioid crisis with employers as well as other workforce issues facing Indiana employers. Be sure to stick around for a social afterward!

Speakers: Amy Adolay, Krieg DeVault LLP; Jennifer Pferrer, Wellness Council of Indiana, Indiana Chamber of Commerce; Mary Delaney, Vital Incite

Registration: \$15 fee for IMS/Indy Bar Members, \$30 Non-Members. Registration includes light appetizers and two drinks. Register on the IMS website at www.indymedicalsociety.org on the Events page.

IN MEMORIAM

ARTHUR JAMES SUMRALL, MD



Arthur James Sumrall was born in in Quitman, Mississippi. He was the seventh out of ten children. After Highschool he enrolled at Tuskegee University with interests in science and Zoology and originally considered a career as a large animal Veterinarian. After he completed his under graduate degree at Tuskegee he applied to Medical School in Mississippi

and was met with the discriminating resistance that was part of our history in the South at that time. He then entered DePauw University and completed a master's degree in Biology and was accepted to the Indiana University School of Medicine the following year. Arthur loved medicine and wanted to specialize into something. He created his own path and decided to apply to Temple University for Dermatology. At Temple Arthur was able to study under the Dermatologist and Pathologist Wallace Clark, MD. After he completed his studies at Temple he returned to Indianapolis to complete his Dermatology Board Certification and opened Sumrall Dermatology. He later became a Diplomate of Cosmetic Surgery. Dr. Sumrall was one of the eight Americans that travelled to France to learn the original procedure Liposuction from the creator Dr. Louis Fournier. Dr. Sumrall also became interested in Alterna-

tive Medicine and became Board Certified in Anti-Aging Medicine. After completing the Anti-Aging Board Certification, he opened the Longevity Institute. IMS Member since 1974.

EDWARD M. COCKERILL, MD



Edward M. Cockerill was born in Winchester, IN. He graduated from Winchester High School in 1954. He attended Indiana University and was a member of the Delta Tau Delta fraternity. Edward graduated from the IU School of Medicine in 1961. While he was in medical school, Ed met his wife Phyllis and they eloped in October of

1961. Edward completed his internship at Parkland Memorial Hospital. He served in the Army Medical Corps as Captain, stationed in Warner Kaserne, Munich, Germany. In 1964, he began his radiology residency in Indianapolis. Edward joined the IU School of Medicine radiology faculty, eventually serving as Professor of Radiology and Chief of Radiology at the Roudebush VA Medical Center. He was honored as a Fellow of the American College of Radiology in 1978. In 1994, he was recognized by the IU School of Medicine Dean's Council with the Otis R. Bowen, MD Distinguished Leadership Award. He was a member of the IU Radiology Department Faculty for 32 years before retiring in 2000. IMS Member since 1972.

CME & CONFERENCES

MONTHLY EVENTS

	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1st Week of the Month	Community North: Breast Cancer Conf. 7-8 am	Community East: CHE Admin Conf. 12-1 pm Community North: Psychiatry GR 12:30-1:30 pm Community North: Chest Cancer Conf. 7-8 am Community Heart & Vascular: Imaging Conf. 7-8 am		Community North: Forum 7-8 am Community South: South Case Presentations 12-1 pm
2nd Week of the Month	Community East: Medical GR 1-2 pm Community South: South General CHS 12-1 pm	Community North: GI/Oncology Conf. 7-8 am Community Heart & Vascular: M&M Conf. 7-8 am Community South: Breast Cancer Conf. 8-9 am St. Vincent Simulation Center: Pediatric GR 12-1 pm St. Vincent Womens: Neonatology GR 12-1 pm	St. Vincent: Echocardiography Conf. 7-8 am	Community North: Gynecological/Oncology Conf. 7-8 am
	Community North: Breast Cancer Conf. 7-8 am Community South: South Thoracic 8-9 am Community South: South Molecular 5-6 pm	Community North: Psychiatry GR 12:30-1:30 pm Community North: Melanoma 7:30-8:30 am Community Heart & Vascular: CV Conf. 7-8 am	St. Vincent Heart Center: Cardiac, Medical, Surgery 7-8 am	Community North: GU Conf. 7-8 am Community South: South Case Presentations 12-1 pm
	Community East: Breast Cancer Conf. 7-8 am	Community North: GI/Oncology Conf. 7-8 am Community Heart & Vascular: Disease Manage Conf. 7-8 am St. Vincent Womens: Perinatal Case 7-8 am	St. Vincent Womens: St. Vincent Simulation Center: St. Vincent Simulation Center:	MFM Ultra Sound Series Sim Debriefing Essentials PMCH Crisis Management Quarterly 1-4 pm 12x/Year 12x/Year

WEEKLY EVENTS

Day of the Week	Event
Monday	St. Vincent: General Cardiology 7-8 am
Tuesday	St. Vincent: Trauma Case 12-1 pm St. Vincent Womens: Neonatology Journal Club (every other month) 12-1 pm
Wednesday	St. Vincent: CCEP 7-8 am St. Vincent Heart Center: Interventional Cardiology 7-8 am St. Vincent: Advanced Heart Failure 7-8 am St. Vincent: Surgery Didactics 7:30-8:30 am St. Vincent: Surgery M&M 6:30-7:30 am
Thursday	St. Vincent PMCH: Pediatric Cardiothoracic Surgery & Cardiology Conf. 12-1 pm St. Vincent OrthoIndy: Fractures 8-9 am
Friday	

ONLINE EVENTS

Indiana University School of Medicine
 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>

JUNE EVENTS

June 12-14	Simulation Instructor Course. Fairbanks Hall
June 21	Orthopaedic Surgery Department Garceau-Wray Lectureship, NCAA Hall of Champions
June 25-27	Agile Implementation Boot Camp, HITS Building

JULY EVENTS

July 14-19	Course on Anatomy & Histopathology of Head, Neck & Temporal Bone, IUPUI
July 20	ASCO Review, IUPUI Campus
July 30-Aug 1	Agile Implementation Boot Camp, HITS Building

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

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

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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)

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