VOLUME CXXVI ISSUE 11 • INDIANAPOLIS, INDIANA NOVEMBER 2019

BULLETIN

SPECIAL FEATURES PG 06 AND 14

Transparency: Legislation Discussed at the State Level and an Expected Federal Rule

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LETTER FROM THE EDITOR:

Seasons Greetings!

Thank you to all the members to took time out to vote and respond to the 2020 election ballot and membership satisfaction survey. We appreciate your participation and will be reviewing those results and comments in these final days of the year.

As always, please continue to send your editorials, articles or responses to printed materials and we will continue to print them. Your participation in the Bulletin is essential.

I hope you have a wonderful holiday season.

Morgan Perrill

Morgan Perrill
Executive Vice President

THE IMPORTANCE OF GRATITUDE

Thanksgiving and the holiday season are upon us. I think that it may be my favorite holiday, a time to reconnect with family and friends, indulge in some fantastic meals, enjoy a day or two away from the office, and prepare for the end of the year.

It's also a time of year when many of us are more likely to be mindful of the people and the things in our life for which we are grateful. As a psychiatrist, I am interested in the concept of gratitude on multiple levels. Professionally, I have always thought that gratitude is an important component to psychological well-being and resiliency. I think it lays the groundwork for hopefulness for the future. Gratitude helps to sustain us through the difficult times, helps us to maintain humility in the face of success and good fortune, and serves to connect us to one another.

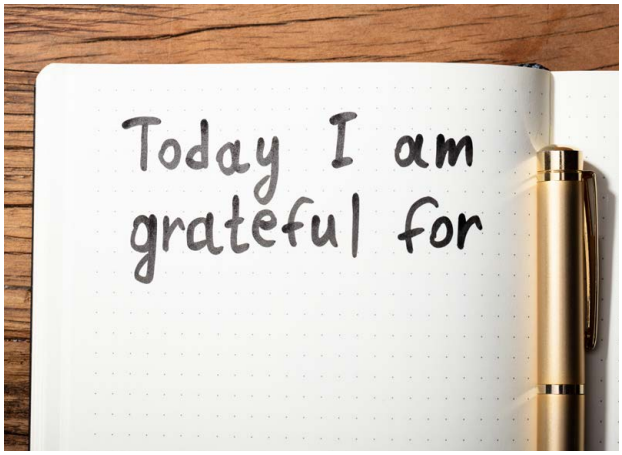
I remember a story that a friend/partner in our practice told me about a conversation he had with my uncle, Steve Bojrab, MD about a month before he died after a series of cardiac issues followed by a lengthy battle with multiple myeloma. He said that Steve admitted to feeling guilty about feeling sorry for himself. My friend said, "Steve… you have been through over 10 coronary angioplasties and stent placements, two open cardiac bypass surgeries, a cancer diagnoses, multiple chemotherapy treatments, a stem cell transplant, and a host of subsequent infections (as he was ultimately hospitalized and died while fighting a parvovirus infection). You should not feel guilty, feeling sorry for yourself is absolutely understandable."

To which Steve replied, "Yeah, but you know, I have so much to be thankful for".

Fifteen years after his death, I still get choked up every time I tell that story.

I wanted to take this opportunity to share a message of Thanksgiving with all of you and to remind us all that despite the challenges we face in practicing medicine in the current times, we should remember to be grateful for our profession, for those that teach and mentor us, for our patients who place their trust in us, for the people with whom we work as well as our friends and family who support us in the important work that we do.

As we approach the end of the year, now is also the time that we all start to receive renewal notices from many of our member organizations. I



THE PRESIDENT'S PAGE

CHRISTOPHER D. BOJRAB, MD

> ***"Gratitude helps to sustain us through the difficult times, helps us to maintain humility in the face of success and good fortune, and serves to connect us to one another."***

know that as we feel pulled in more directions, it is easy to become distracted and to question whether or not our membership in such organizations is "worth it". I would suggest that joining and maintaining our membership in such organizations is as important as it ever has been. Regardless of our level of active involvement in such organizations, being a member is another way that we can take care of ourselves and each other. The organizations are always there, working on our behalf as well as on the behalf of our patients. Much of their work is done behind the scenes, without our awareness of all of the ways in which they are protecting us and representing our interests.

One more thing for us all to be thankful for.

Chris Bojrab MD

Chris Bojrab, MD
President, Indianapolis Medical Society

Looking Ahead to the 2020 Legislative Session

by GRANT ACHENBACH, JD
Director of Government Relations, Indiana State Medical Association

For most Hoosiers, the end of the year means holiday celebrations and time off work to spend with loved ones. For members of the Indiana General Assembly, November and December are taken up with finalizing bills for the next legislative session, which will begin shortly after New Year's Day.

The 2020 session will be a short one. That means it will start the first or second week of January and end in mid-March. With approximately three weeks of committee hearings during each half, the action will be fast and furious. It's very likely that only a small number of priority bills will pass.

Although the General Assembly's work will be limited due to time constraints, we know that health care will be a topic of emphasis. We've all seen recent headlines about hospital prices and health care transparency, which have drawn the attention of both state and federal legislators.

With this background in mind, what can we expect for the 2020 session? A report from the Interim Study Committee on Public Health, Behavioral Health and Human Services provides a glimpse into the debates that will dominate next year's legislative session. See below for summaries of some key issues.

Surprise Billing

Bills that patients receive from an out-of-network physician or other medical professional after a procedure at an in-network facility, or "surprise bills," are a common source of frustration for the general public. Not only are these bills confusing and alarming, they can cause patients significant economic distress. Legislators and the medical community agree that something must be done on this issue.

What does this look like? ISMA and the American Medical Association agree that patients should be protected from surprise bills, and that a fair process should be put in place to ensure fair payment to physicians and facilities that provide care. To achieve this goal, it is vital that any surprise billing legislation include an independent dispute resolution (IDR) process.

In 2014, New York passed a surprise billing law that included a rapid IDR process physicians could utilize to contest unreasonably low payments from insurers. The New York model has been an unprecedented success. According to the New York Department of Financial Services, New York consumers have saved over $400 million on emergency services alone. Furthermore, only a miniscule number of claims (less than 1%) have been submitted to IDR, proving that the New York model protects patients and incentivizes physicians, facilities and insurers to work out payment before resorting to IDR and without government intervention. Of the claims that have been submitted to IDR, approximately half have been resolved in favor of insurers and half have been resolved in favor of physicians, further proving fair outcomes for all.

Sen. Ed Charbonneau, the chair of both the interim study committee and the Senate Health Committee, introduced draft legislation that includes an IDR process, which is a great starting point for this issue.

Tobacco 21

The interim study committee recommended that the age to purchase tobacco products (in-

"A report from the Interim Study Committee on Public Health, Behavioral Health and Human Services provides a glimpse into the debates that will dominate next year's legislative session."

GRANT ACHENBACH, JD

Director of Government Relations, Indiana State Medical Association

cluding electronic cigarettes) be increased from 18 to 21 to reduce smoking among our youth. Unfortunately, youth vaping has become an epidemic: Indiana has seen a nearly 400% increase since 2012. Advertising on social media, an array of enticing flavors and obscene nicotine content levels have led to Hoosiers becoming hooked at a young age. The data shows that 95% of smokers start using tobacco products before the age of 21, so we commend the interim committee for taking action to prevent nicotine from becoming an "on-ramp" to a lifetime of addiction.

Transparency

The lack of transparency in the health care market has been a point of frustration for patients, employers and physicians. Two ideas being discussed are (1) creating an All Payer Claims Database to provide unbiased data on the cost of health care in our state; and (2) regulating pharmacy benefit managers (PBMs).

One specific action item ISMA has suggested is the prohibition of "non-medical switching." Non-medical switching occurs when a health plan or PBM pulls a drug from its formulary or increases cost-sharing in the middle of a plan year. This often places a burden on patients who have become stabilized on a medication for a complex condition, sometimes after they've already been through step therapy or received a prior authorization. The interim study committee recommended draft legislation that would prohibit PBMs and health plans from inserting themselves between physicians and patients during a plan year.

What can you do?

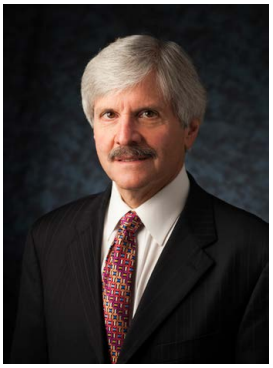
• Meet, call or email your legislator. Feedback from constituents matters to legislators, particularly feedback from experts in health care: physicians. Take the time to look up who your legislator is at the link below, and set up a meeting or a phone call. If you need some talking points to get you started, ask them to (1) ensure the inclusion of an independent dispute resolution process in any surprise billing legislation; (2) support increasing the age to purchase tobacco from 18 to 21; and (3) prohibit PBMs and health plans from taking part in "non-medical switching" of your patients' medications.

http://iga.in.gov/legislative/find-legislators/

• Attend 2020 Physician Advocacy Day. ISMA is hosting an event on Jan. 28, 2020, to flood the Statehouse with white coats. If you can afford to take time out of your busy schedule to advocate for medicine, put Jan. 28 on your calendar! More details and an agenda can be found at the link below.

https://www.ismanet.org/ISMA/Advocacy/Physician_Advocacy_Day.aspx

May We Never Forget



by RICHARD D. FELDMAN, MD

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

Eva Kor, the prominent Hoosier Holocaust survivor died recently. Although diminutive in size, Eva was a strong, determined, and inspirational person who dedicated her life to expressing her personal messages concerning the Nazi's unparalleled inhumanity and the arguably history's evilest episode.

Eva survived the horrific experiments conducted on identical twins by Dr. Josef Mengele at Auschwitz. Twenty-three Nazi physicians faced charges at the Nuremberg trials, seven of whom were executed for their sadistic experiments, atrocities conducted on children and adults. These monstrous doctors disgraced their profession and their Hippocratic oaths. Their "medical" experiments punctuate Nazi Germany's cruel, brutal, and ruthless obsession to "cleanse" the world of Jews and other groups they considered unworthy of living.

What were these experiments conducted in total disregard for the subjects' indescribable pain, mutilation, misery, and ultimately their survival? And what do we do with this knowledge obtained through immoral means?

Experiments were performed to discover how long downed pilots could survive frigid waters and how best to rewarm the victims. Many subjects died painfully with frozen extremities and hypothermia.

Simulated high-altitude experiments using decompression chambers were conducted to find the cause of high-altitude illness in pilots. Prisoners died of suffocation and others endured live brain dissections.

Experiments studied how long it took subjects to die of dehydration when given seawater as their sole source of hydration. In others, prisoners received medications to prevent hemorrhage and were subsequently subjected to extremity amputations without anesthesia.

The effectiveness of new sulfa antibiotics was tested on simulated battlefield wounds. Wounds were inflicted and then contaminated with virulent bacteria and added debris as the prisoners endured excruciating pain.

Racially-motivated eugenic experiments involved finding methods of mass sterilization of undesirables. Uteruses were injected with caustic substances and testicles irradiated with subsequent castration to examine the effects. Identical twin experiments sought to find ways to induce multiple births to further Aryan dominance. Others advanced Nazi racial superiority theories. Twin experiments also studied environmental verses genetic determinants in human physiology. Identical twins endured painful and debilitating bodily insults and then killed and autopsied to see what comparable changes took place, controlled for genetic factors since the twins shared a common genome.

Virtually all the experiments were either pseudoscience or yielded worthless information. Some research was tainted by political interference and ideology, and others lacked scientific integrity. There was very little knowledge gained of enduring value. Possible exceptions were the understanding and treatment of hypothermia and high-altitude illnesses. All were obtained in an inhumane manner.

There has been a longstanding philosophical debate over what to do with this immorally-obtained medical knowledge. Some suggest that nothing should be used, and indeed some governmental agencies and journals have barred its use or acknowledgment in publications. Others believe that if the information has important medical benefit to mankind, it should be utilized.

A dominant position is that if the knowledge is of compelling medical benefit to humanity and not available from other sources, it should be used with explicit denouncement of the Nazi physicians and the unethical way it was obtained. I imagine if we could ask these unfortunate victims of the Nazi atrocities if the information from their suffering should be used to help others, they would give their blessings.

There was one definite positive result: The world medical-scientific community agreed to strict ethical standards for research involving human subjects. These were based on principles formulated by the judges at the Nuremberg Trials and subsequently formalized by The Declaration of Helsinki.

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A Must-Not-Miss Diagnosis for Women with Normal Lab Values:

Type III Hereditary Angioedema

by BAJPAI S, MS3, BURGETT KM, MS3, MCNEIL-MASUKA JK, MS4, DUNCAN FC, MD, ROHR-KIRCHGRABER TM, MD

All authors are with ISUM. Bajpai, Burgett and McNeil-Masuka are medical students, Dr. Duncan is a fellow in Pulmonary Medicine, and Dr. Rohr-Kirchgraber is a Professor of Clinical Medicine and Pediatrics.

All that shines is not gold; normal lab values do not rule out pathology. A 54-year-old female with end-stage renal disease due to type 2 diabetes mellitus, on hemodialysis, presented to the Emergency Department with three days of facial and neck swelling progressing to acute hypoxic respiratory failure. This was her third flare in the past three years, yet, despite a compelling history, her blood work was not compatible with HAE Type I or II. Coincidentally the patient had a right subclavian tunnel dialysis catheter (TDC) placed recently and on examination the upper extremity doppler revealed acute occlusive right proximal jugular and partially occlusive subclavian thrombosis. In addition to intubation, anticoagulation, steroids, and antihistamines were started in the hopes of combating the thrombi and upper airway inflammation. Further imaging revealed severe peri-epiglottic edema and subglottic narrowing. Unfortunately, complications progressed without relief resulting in this patient deteriorating and passing away on Day 32 of her care in the hospital.

Hereditary angioedema (HAE), an umbrella diagnosis that affects 1 in 50,000 people in the United States, is characterized by recurrent episodes of severe skin and mucosal swelling refractory to antihistamines, corticosteroids, or epinephrine.[1],[2] Production deficits or functional abnormalities in C1 inhibitor (INHC1) cause unopposed classical complement pathway activation. Subsequently elevated bradykinin is the primary mediator of HAE attacks. An HAE crisis can be instigated by trauma, emotional stress, or medications such as ACE inhibitors.1 HAE is primarily subdivided into two types: I (85%) and II (15%). Both follow an autosomal dominant inheritance pattern, involve low C4 levels, and exhibit either poor quantity or quality of INCH1. HAE I and II have childhood onset with progressively worsening flares around puberty. Skin presentations include erythema marginatum, that can be mistaken for urticaria in young children.

A third, and even rarer, variant is HAE type III, also known as HAE with normal INHC1 activity. HAE III was first published in 2000 and remains a challenging diagnosis of exclusion.[3] This subset has unknown inheritance, but a strong predominance in women. HAE III flares begin in adulthood, and may not include erythema marginatum, unlike HAE I and II. Furthermore, the pathway of HAE III has been thought to include a disturbance in Factor XII pathway triggered by increased estrogen.

Despite differences in lab work, all three types of HAE have the same incidence of asphyxia and death, and the same options for treatment: concentrated INCH1, fresh frozen plasma, ecallantide (human plasma kallikrein inhibitor), and icatibant (bradykinin B2 receptor antagonist).

The challenge lies in making the diagnosis of HAE III, especially when there are more plausible diagnoses on the differential. The woman in this study would have been more likely to be an atypical presentation of Superior Vena Cava syndrome, which occurs in 1 in 650 to 1 in 3,100 patients, rather than a textbook HAE III patient.[4] However, if awareness of this variant were to increase, empiric treatment with FFP or any of the aforementioned medications alongside other treatments could potentially reverse undiagnosed HAE flares – I, II, or III. Even if data were collected based on suspicion, a potential pattern of inheritance could be found. With that information, physicians could counsel family members who could have otherwise been blindsided by an angioedema flare in adulthood. Since HAE of any type is refractory to conventional angioedema treatment, this knowledge would better equip the patients and physicians to troubleshoot alternative medications. The rarity of this disease overshadows the significance of considering it as a possibility, though it does have a predominance in women and therefore, for the one person among 50,000 others, there is nothing more important.

DISCLAIMER: The information in this is the opinion of the writers and does not reflect the opinion of the medical school or the Indianapolis Medical Society.

1 Miranda AR, Ue AP, Sabbag DV, et al. Hereditary Angioedema type III (estrogen-dependent) report of three cases and literature review. An Bras Dermatol. 2013;88(4):578-84

2 Lumry WR. Overview of epidemiology, pathophysiology, and disease progression in Hereditary Angioedema. Am J of Manag Care. 2013;19:S103-110.

3 Bork K, Barnstedt S, Koch P, Traupe H. Hereditary angioedema with normal C1-inhibitor activity in women. Lancet. 2000 Jul 15;356(9225):213-7.

4 Zimmerman S, Davis M. Rapid Fire: Superior Vena Cava Syndrome. Emerg. Med. Clin. North Am. 2018 Aug;36(3):577-584. [PubMed]

CDC, States Update Number of Cases of Lung Injury Associated with Use of E-cigarette, or Vaping, Products

CDC, on November 14, 2019, announced the updated number of confirmed and probable lung injury cases and deaths associated with the use of e-cigarette, or vaping, products.

Patients with Lung Injury

As of November 13, 2019, there are 2,172 confirmed and probable lung injury cases associated with use of e-cigarette, or vaping, products were reported by 49 states (all except Alaska), the District of Columbia, Puerto Rico, and the U.S. Virgin Islands.

Deaths

42 deaths have been confirmed in 24 states and the District of Columbia: Alabama, California (4), Connecticut, Delaware, the District of Columbia, Florida, Georgia (3), Illinois (4), Indiana (4), Kansas (2), Massachusetts (2), Michigan, Minnesota (3), Mississippi, Missouri, Montana, Nebraska, New Jersey, New York, Oregon (2), Pennsylvania, Tennessee (2), Texas, Utah, and Virginia.

For updates on this investigation, visit: www.cdc.gov/lunginjury.

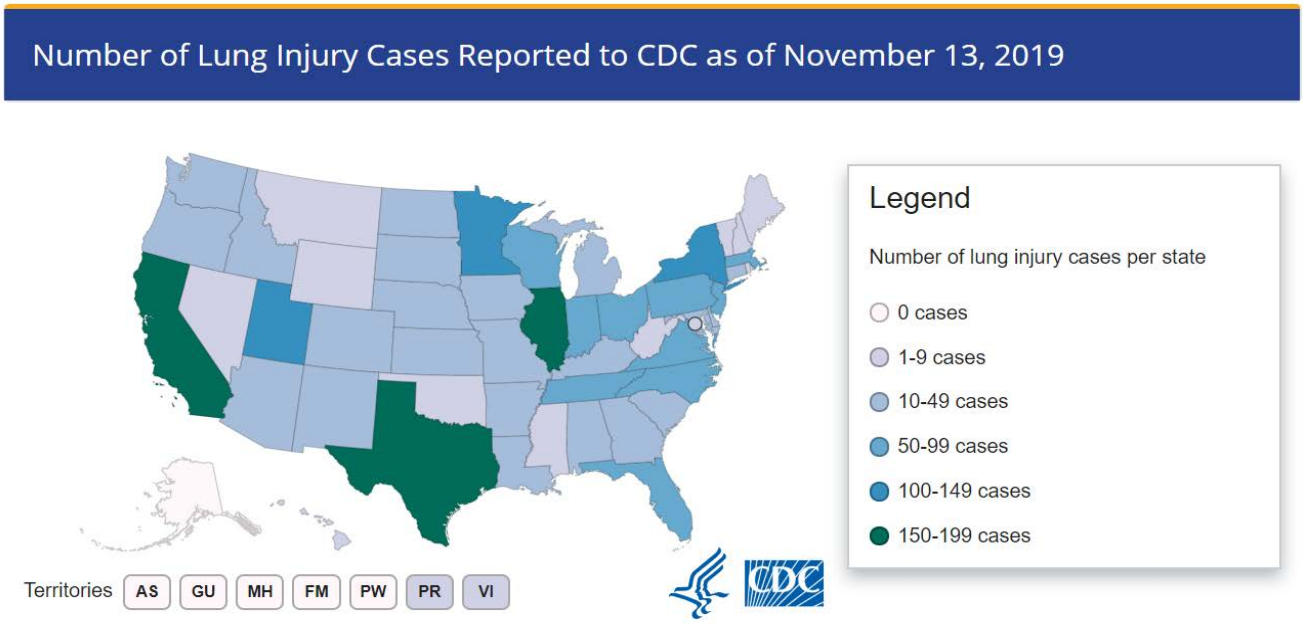
For information about the collection of e-cigarette, or vaping, products, including e-liquids, associated with confirmed or probable cases for possible testing by FDA, contact: FDAVapingSampleInquiries@fda.hhs.gov.

For information about collection and submission of clinical specimens for possible testing by CDC, see CDC's Healthcare Provider web page.

For information about collection and submission of e-cigarette, or vaping, products, including e-liquids, associated with confirmed or probable cases for possible aerosol emissions testing by CDC, contact: IncidentResponse@cdc.gov.

Clinicians and health officials who have questions about this outbreak can contact: LungDiseaseOutbreak@cdc.gov.

All others, including the general public, who have questions about this outbreak can contact CDC-INFO at 800-232-4636, or visit wwwn.cdc.gov/dcs/ContactUs/Form.



Senator Braun Praises President Trump's Expected Transparency Rule for Hospitals & Insurance Companies

by SENATOR MIKE BRAUN

Press Release, November 15, 2019

Friday, November 15, 2019

JASPER, IN – Today, U.S. Senator Mike Braun applauds President Trump's decision to force hospitals and insurance companies to disclose their secret negotiated rates and publicize their costs.

The executive action mirrors a bill from Senator Braun called S.913, the *True Price Act*, which would require health insurers to disclose negotiated rates—including any cost-sharing obligations for consumers—for health care services covered under their health plans to increase transparency and competition, putting the decision-making power into the hands of the American consumer.

Braun recently penned an op-ed in *The Hill* praising President Trump for bringing transparency to the U.S. healthcare market and his decision for hospitals to disclose publicly negotiated prices. Additionally, this week at an event hosted by *Axios*, Braun said Republicans will be on the wrong side of history with Medicare-for-All if we can't convince the industry to reform itself.

"Through a lack of transparency and competition, the healthcare industry has refused to participate in market-driven practices, and President Trump's decisive action today will finally force hospitals and insurance companies to disclose their secret negotiated rates," said U.S. Senator Mike Braun. "It's time for the healthcare industry to get their act together, otherwise they have one customer - the federal government - and every American will be stuck with this shoddy healthcare plan called Medicare-for-All."

BACKGROUND

Trump Administration releases transparency rule in hospital pricing. "The Trump administration on Friday released a far-reaching plan that would for the first-time force hospitals and insurers to disclose their secret negotiated rates. Administration officials said the final rule will compel hospitals in 2021 to publicize the rates they negotiate with individual insurers for all services, including drugs, supplies, facility fees and care by doctors who work for the facility. The administration will propose extending the disclosure requirement to the $670 billion health-insurance industry. Insurance companies and group health plans that cover employees would have to disclose negotiated rates, as well as previously paid rates for out-of-network treatment, in file formats that are computer-searchable, officials said. The insurers, including Anthem Inc. and Cigna Corp. , would have to provide a transparency tool to give cost information to consumers in advance, senior administration officials said. The requirements are more far-reaching than many industry leaders had expected and could upend commercial health-care markets, which are rife with complex systems of hidden charges and secret discounts. The price-disclosure initiative has become a cornerstone of the president's 2020 re-election health strategy, despite threats of legal action from industry." (The Wall Street Journal, 11/15/19)

Health care needs transparency, and President Trump is making progress. "My prime focus for my first six months in Washington has been to bring transparency to our opaque and misaligned U.S. health care market. President Donald Trump recently invited me to the White House to participate in the signing of his executive order that will push the health care industry to be much more transparent when it comes to actual pricing and quality, putting Americans in the driver's seat and significantly lowering the cost of health care. Specifically, President Trump's executive order requires hospitals to disclose publicly negotiated prices that reflect what people actually pay for services and requires insurers to provide hard figures on any out-of-pocket spending patients will be on the hook for before they receive care. This will help health care consumers navigate the health care system the way they do in other markets. For too long, the big health care industry has been the dictionary definition of a cartel: "a combination of independent commercial or industrial enterprises designed to limit competition or fix prices." I've spent my life in the business world, and there's no other industry I know of where you can buy a good or service and have no idea what it costs." (The Hill, 07/01/19)

Axios Healthcare 2020 discussion with Senator Mike Braun. Sen. Mike Braun (R-IN) underscored his background in the private sector and discussed the role of CEO in making health care costs manageable for employees. On covering workers: 'I believe nobody should go broke because they get sick or have a bad accident.' On engaging with nontraditional Republican issues like prescription drug prices and climate: 'I think Conservatives and Republicans are foot-draggers when it comes to getting engaged in issues ... It's in our DNA.' On whether Republicans are on the wrong side of history with Medicare-for-All: 'They will be if we can't convince the industry to reform itself … We need to preserve the best of what we have.'" (Axios, 11/14/19)

WELCOME NEW IMS MEMBERS

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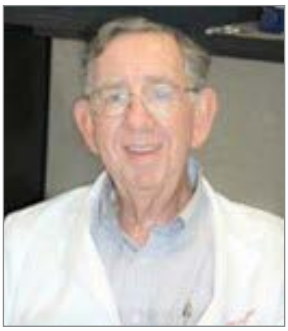
Cardiovascular Disease
Georgetown University School of Medicine, 1989

IN MEMORIAM



PAUL L. MCHENRY, MD

Paul McHenry was born on August 6, 1935 in West Union, OH. He graduated from Miami University of Ohio in 1957 and received his medical degree at the University of Cincinnati Medical College in 1961. He completed his Internal Medicine Residency at Indiana University School of Medicine in 1864. His Fellowship Training in Cardiology was completed in 1966. Paul served as a captain in the U.S. Air Force from 1966-1968 at the School of Aerospace Medicine in San Antonio, TX. In 1968, Paul became an Assistant Professor on the faculty of the Krannert Institute of Cardiology at the I.U. School of Medicine. He was promoted to Professor in 1975. Paul was responsible for establishing cardiac care in many different locales around the state of Indiana. He was also a pioneer in treadmill exercise testing, with a primary research interest in computer applications in stress testing electrocardiograms. Paul was also the author or co-author of over 70 scientific publications.
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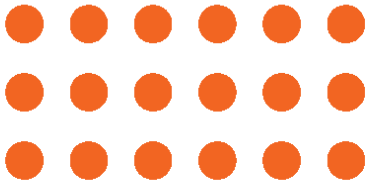
ORTHOPEDICS



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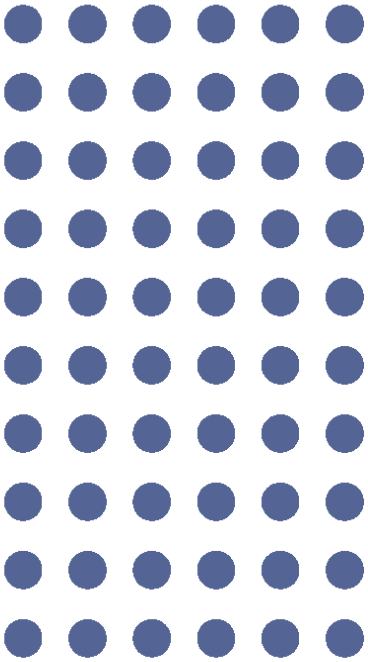

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STEPHEN W. PERKINS, MD

Stephen W. Perkins, MD of Meridian Plastic Surgeons, was an invited faculty member at the recent European Academy of Facial Plastic Surgery annual meeting in Amsterdam. Dr. Perkins conducted two keynote lectures titled: "Time Capsule: Past, Present and Future of Facial Plastic Surgery" and "The Extended SMAS Rhytidectomy". He also gave lectures on Revision Rhinoplasty and Facelift. Dr. Perkins was inducted as a Lifetime Honorary Member of this Academy at the meeting.

He also presented lectures at the recent American Academy of Facial Plastic Surgery's annual meeting in San Diego on the topics of Rhinoplasty, Facelift, Drooping Eyelids and Dermabrasion.

THERESA ROHR-KRICHGRABER, MD

Theresa Rohr-Kirchgraber, MD, FACP, FAMWA presented at the Women's Health Medical Neighborhood Summit at the Rapheal Health Center on The Human Papilloma Virus: Related diseases and reasons to vaccinate.

She also presented to the AMWA Terre Haute Women in Medicine group on the Status of Women Physicians in Indiana.

RICK C. SASSO, MD

Rick C. Sasso, MD, Indiana Spine Group, served as a faculty member at the North American Spine Society (NASS) annual meeting held September 25-28, 2019 in Chicago. Dr. Sasso taught the Cervical Arthroplasty course in the Surgical Innovation Laboratory and spoke on the 2-year results of a multicenter prospective study evaluating the surgical results of degenerative spondylolisthesis. Dr. Sasso was also a co-author on a podium presentation detailing the results of a multicenter prospective FDA study comparing nonoperative care to a new novel surgical procedure for the treatment of low back pain.

Rick C. Sasso MD, Indiana Spine Group, served as a faculty member at the annual meeting of the Scoliosis Research Society which was held in Montreal Canada September 18-21, 2019. Dr. Sasso Moderated the Scientific Research session on Cervical Deformity, as well as Biomechanics and Basic Science.

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.

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RENEW BEFORE **JANUARY 15, 2020** to avoid delinquency.

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 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
3rd Week of the Month	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
4th Week of the Month	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		

Annual	St. Vincent Womens:	MFM Ultra Sound Series
	St. Vincent Simulation Center:	Sim Debriefing Essentials
	St. Vincent Simulation Center:	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: Intervention 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 Prescriber Webinar
https://iu.cloud-cme.com/opioidecho

DECEMBER EVENTS

Dec 6	AMWA LIFT Training, Washington, DC
Dec 7	AMWA LIFT Training, Portland, OR

2020 EVENTS

Jan 14	Train the Trainer Point of Care Ultrasound, HITS, Indy
Jan 25	Breast Cancer Year in Review, 502 East Event Centre, Carmel
Feb 5	Simulation Instructor Course, Simulation Center, Fairbanks Hall, Indy
Feb 14	Eskenazi Health Trauma & Surgical Critical Care Symposium, Ivy Tech, Indy
Feb 28	Arthur B. Richter Conference in Child Psychiatry, Ritz Charles, Carmel
Mar 26-29	AMWA LEADS 2020 Annual Mtg, Hyatt Indianapolis, www.amwa-doc.org

For more detailed information, please visit the events page on our website at www.indymedicalsociety.org/imsevents

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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Jon D. Marhenke
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Stephen W. Perkins
Richard H. Rhodes
John J. Wernert

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.

Linda Feiwell Abels (2021)
Mary Pell Abernathy (2021)
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Ann C. Collins (2020)
Carolyn A. Cunningham (2019)
Julie A. Daftari (2020)
Darrell D. Davidson (2021)
Marc E. Duerden (2020)
Robert S. Flint (2021)
Bruce M. Goens (2020)
Paula A. Hall (2020)
Ronda A. Hamaker (2019)
Mark M. Hamilton (2019)
C. William Hanke (2021)
Chad R. Kauffman (2020)
Jeffrey J. Kellams (2019)
Susan K. Maisel (2019)
Mary Ian McAteer (2020)
Ramana S. Moorthy (2020)
Thomas R. Mote (2021)
Mercy O. Obeime (2020)
Robert M. Pascuzzi (2020)
J. Scott Pittman (2019)
David M. Ratzman (2021)
Michael Rothbaum (2021)
Jodi L. Smith (2021)
Eric E. Tibesar (2020)
John J. Wernert (2020)
H. Jeffrey Whitaker (2020)
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.

Ranai Abbasi (2021)
Jeffrey L. Amodeo (2021)
Nicholas M. Barbaro (2019)
Daniel J. Beckman (2019)
Brian D. Clarke (2020)
John H. Ditsler (2019)
Ann Marie Hake (2019)
Brian S. Hart (2020)
Tod C. Huntley (2019)
Kyle Jamison (2021)
David A. Josephson (2020)
Penny W. Kallmyer (2020)
Stephen R. Klapper (2019)
John E. Krol (2020)
David E. Lehman (2020)
David Mandelbaum (2019)
Christopher Mernitz (2021)
Martina F. Mutone (2021)
Ingrida I. Ozols (2021)
Stephen W. Perkins (2020)
Scott E. Phillips (2019)
Richard H. Rhodes (2020)
Dale A. Rouch (2019)
Amy D. Shapiro (2019)
Taha Shipchandler (2019)
Jason K. Sprunger (2019)
Richard M. Storm (2021)
Glenn A. Tuckman (2021)
*2 open positions

INDIANA STATE MEDICAL ASSOCIATION

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John P. McGoff 2017-2018
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