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BULLETIN

SPECIAL FEATURE PG 14

Indiana Hospitals Generate $48 Billion in Economic Impact

by INDIANA HOSPITAL ASSOCIATION

Indianapolis Medical Society
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OFFICIAL MONTHLY PUBLICATION OF THE

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LETTER FROM THE EDITOR

Members,

The Indianapolis Medical Society is planning exciting new events for 2020. Our Medical-Legal Committee is hard at work planning for our annual dinner. Be sure to hold the evening of April 29 on your calendar. Trust me, you won't want to miss this year's speaker! The official announcement will be coming soon so stay tuned for more details on this and other events which will be free or discounted for members.

Sincerely,

Morgan Perrill

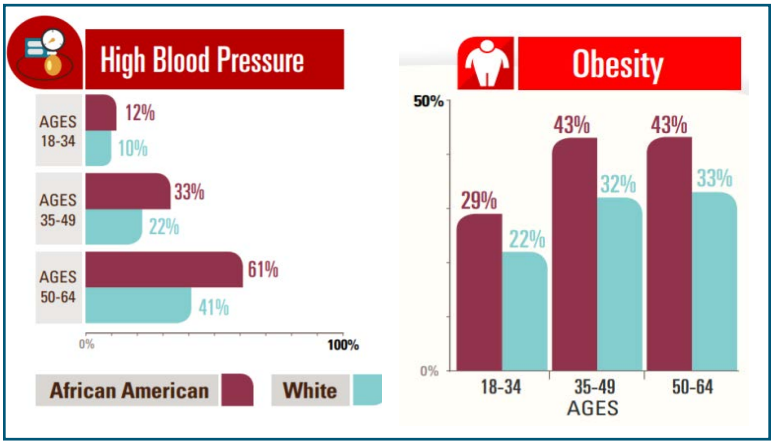
Morgan Perrill
Executive Vice President

THE PRESIDENT'S PAGE

ERIC E. TIBESAR, MD

Hello again friends and fellow physicians. As the year trudges on, we already find ourselves in the month of February. I am yet again reminded that nationwide, February is Black History Month (not to mention an entire day longer this year!). The history of Black History Month goes all the way back to 1915 when Carter G. Woodson, a Harvard-trained historian, and Jesse E. Moreland, a prominent local minister, put together a club to study and celebrate the history of African-Americans in this country. Initially it began as a week-long celebration in 1926, chosen to coincide with the birthdays of Abraham Lincoln and Frederick Douglass, but soon spread to many historically black college campuses across the country and by the 1960's had evolved into a month-long recognition. It was finally made an official history month by President Gerald Ford in 1976.

From a physician standpoint, it has been very well studied and documented that African-Americans have significantly higher risk factors with their health when compared to Caucasians and other races. I am sure we could all recite the statistics that have been ingrained in us from rote memory. According to the CDC, middle-aged African-Americans are twice as likely to die from heart disease than Caucasians and are 50% more likely to have high blood pressure.[1] They have a significantly higher rate of obesity, with an adult rate of almost 40% compared to 28.5% of Caucasians, as well as a disproportionately high rate of poverty and poor access to care.



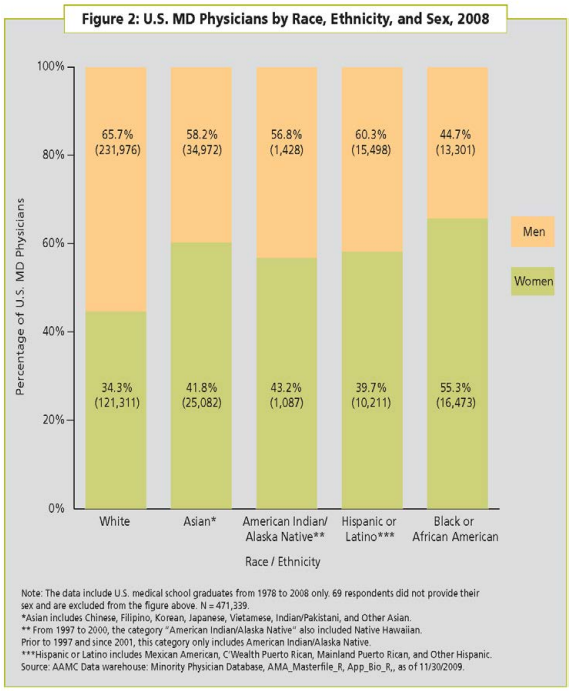
But what I really would like to try and focus on is African-Americans in the healthcare field. I found a report from the Association of American Medical Colleges which breaks down physicians by race and ethnicity, showing that 75% of the total physician workforce is Caucasian with only 6.3% identified as African-American.[2] It was also found that in 2016, 7.7% of medical students identified as African-American or black.[3] Compare this to the general population, which is roughly 13.2% African-American, and the numbers come out rather striking. It was also found in 2015 that roughly 80% of primary care physicians in Indiana were Caucasian with a ratio of approximately 2500 white residents for every 1 white physician. For African-Americans, it was found that the ratio was 3222 African-American residents of Indiana to every 1 African-American primary care physician.[4] One of the more concerning statistics was a 2017 Medscape compensation report that showed African-American physicians earning 15% less than white physicians.[5] Clearly, if we want to attract more of the bright and talented young African-Americans in this country to the profession of doctor, the statistics will need to change significantly.

So why does this all matter? Obviously, it is not a requirement for you as a physician to care for patients only of your same race and ethnicity. However, due to the complexity of cultural differences and mistrust of physicians (think of the Tuskegee syphilis experiment) many in the African-American community are more willing to seek care and trust more in the advice from physicians that share their race, ethnicity and heritage. Studies have shown that more African-American doctors can certainly help improve the overall health of African-Americans in the United States. So, what can be done about this disparity? There may not be a good answer to this question but certainly it can start with outreach and education within the African-American community. Showing young African-American children that they too can become physicians and helping them into college and medical school can be another area of focus. Better legisla-

1 https://www.cdc.gov/vitalsigns/pdf/2017-05-vitalsigns.pdf
2 https://www.aamc.org/system/files/reports/1/factsandfigures2010.pdf
3 https://www.usatoday.com/story/news/health/2019/02/28/medical-school-student-african-american-enrollment-black-doctors-health-disparity/2841925002/
4 https://scholarworks.iupui.edu/bitstream/handle/1805/5738/PolicyReport2013IndianaPhysicianWorkforcePrintFinal.pdf?sequence=12&isAllowed=y
5 https://www.medscape.com/slideshow/compensation-2017-overview-6008547

THE PRESIDENT'S PAGE

ERIC E. TIBESAR, MD



tion can help with improved compensation for African-American physicians who accept a higher proportion of Medicare and Medicaid patients. And certainly, expanding on the incentives to providing care to the underserved community, with student loan repayment and grants, can help tremendously as well.

Celebrating Black History Month can take many forms and hopefully this letter will evoke more thought and conversation about African-American physicians in this state and in this country. As we finish off the month of February, I want to sincerely thank all the physicians taking care of the underserved African-American population and thanks to all our African-American physician colleagues out there. Take care everyone and hope to see you all again next month.

Eric Tibesar, MD
President, Indianapolis Medical Society

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Patrice A. Harris, MD, MA
President
American Medical Association

Darilyn V. Moyer, MD, FACP
EVP & CEO
American
College of Physicians

Sara Laschever
Author, *Women Don't Ask* and *Ask For It*

Our Contemporary Counterpart: Part II
Ann C. Collins, MD

by MORGAN E. PERRILL
Editor and Executive Vice President, Indianapolis Medical Society

Dr. Ann C. Collins sat down with us (the Indianapolis Medical Society) at her practice, Nourish Wellness Family Medicine, to talk about being a physician, mother and an entrepreneur as part two of our twelve-part series on women in medicine.

Let's start off with an easy question, a softball. Tell us why you became a doctor.

There's a lot of medicine in my family. My grandfather was a family physician and helped start the Westview Osteopathic Hospital. I never knew him because he passed away when my mom was pregnant with me, but I heard a lot about his practice growing up. My mom was the principal at the School for the Deaf here in Indianapolis, and my father was a Navy physician. I think you are exposed to things when you are growing up that can naturally lead you down a path. I was always the one in the family taking splinters out of my siblings' hands, so it was a natural progression.

I went on to the University of California at San Diego, and I did a lot of work in cancer research and really enjoyed it. However, I realized that I was a people person and I wanted to work one on one, helping people feel better, rather than working isolated in a lab.

I could not see you in an isolated lab situation. You are too fun and caring. How did you end up involved with holistic medicine?

I think there are a couple aspects to that. As far as the approach toward primary care, I believe a holistic approach is the most practical. In western medicine, we kind of break things up by organ systems and a lot of our specialties are broken up that way. But an organism or a person doesn't operate that way. If we think about what is going on with a person's cardiovascular system and ignore the other systems, we are not thinking of them in their totality. From my perspective, that's true when we look at people within the context of their social systems too. If we are not considering what is going on familywise, work stress wise, nutrition wise, exercise wise, then we are missing a lot of the underlying issues that are causing health problems. I prefer to try and get to the root cause of the problem and try to get the system to heal itself in a supportive way. I am looking at all those things as patient care (a holistic approach). We are not throwing medications out with the bath water; they are good tools, but they are not the only tool that we have available.

My personal journey with a whole person approach to care began when I experienced preterm labor with my first daughter. At the time, I was Chief Resident at St. Vincent and pregnant, which is something that was awesome, but not something that I would want to do twice. I wasn't eating well and wasn't sleeping well because I had a lot on my plate. I had to find a way to manage my stress to get myself and my daughter through my pregnancy safely. At that point, I found yoga, which became an invaluable part of my own personal practice. Practicing regular self care enabled me to birth a full-term baby and continue to care for patients, while maintaining the rigorous schedule of a medical resident. This routine naturally grew alongside my medical practice as I developed as a physician. For me, yoga, meditation, and nutrition have helped me to cultivate awareness, which allows me to notice when my life is out of balance and mindfully refocus.

I am amazed by the things women often do and overcome. I love the mission of Nourish which states, "to treat the whole person: physical, mental, emotional, spiritual and ethical." We've talked about the physical, mental and emotional. Can you expand more on the spiritual and ethical?

I think of spirituality and religion as separate things. Spirituality is about being connected with ourselves, with Earth, with our community, and with whatever your understanding of a high power is that allows you to understand your purpose better and gives people a sense of peace and inter-connection in the world. In yoga traditions we use the word "dharma." It is the path to our purpose and the teachings that support and lead us along the way. I think finding our dharma is an important part of our job as humans. We have to figure out for ourselves, with the support of life experiences and teachers, and the path is different for every person. Think of the ethical part as your relationships. When we are congruent with how we are feeling and how we are relating with other people, our stress levels tend to be lower.

You founded Nourish Wellness, this amazing practice with its unique features such as two yoga studios, a garden and a teaching kitchen for your patients (I am absolutely signing up for the gardening class this year). What motivated you to open this practice?

Early in my career, I co-founded a practice with a great group of physicians, Cornerstone Family Physicians back in 2002. It was a more traditional office and over time the changes in our health care system created a system where patient care had become unduly time pressured. As a result, we compensated with less patient education and counseling and more use of pharmaceuticals. Medications are excellent tools and can be necessary, but sometimes resorted to out of expediency these days because docs lack the time to sit down and educate patients. When I was training, lifestyle modification was taught as first line therapy for most common diseases, but in practice our modern American medical system more often pays this wise teaching lip service rather than honoring it as true first line therapy. For me, education and time with patients is a really important part of what I do. When I started this organization, I joined a national preventive care model called MDVIP. The VIP stands for Value In Prevention, and the goal is to allow doctors and patients time to focus on proactive prevention. This is our fifth year here at Nourish Wellness Family Medicine, partnering with MDVIP and I love it. I feel like I get to take care of my neighbors all day. I think this is very much like how my grandfather practiced two generations ago.

I can see how much you care about your organization and patients. I want to switch gears now and talk about you as a woman physician. Can you talk about a challenge you have faced during your career?

That is a tough one. Still today in many families, care giving tends to fall disproportionately to women, regardless of profession. I have two amazing daughters; one is a sophomore at Butler University now and one is a high school sophomore at Culver Academy. I approached parenting as life should be life and I am not going to separate work and home, so my kids go where I do. We do that with our staff here too. You must be creative and try to work with your colleagues to create an environment that supports everybody, not just physicians. I am

proud of raising two amazing human beings. That's an amazing journey I'm still on.

Do you have a female physician mentor that has helped shape your career?

Judy Monroe. She was our residency director at St. Vincent when I was a resident and went on to become the Indiana State Health Commissioner. She is currently the President and CEO of the Center for Disease Control. She was fabulous and a great role model to have during residency. She had children, was the residency director, and her partner was also a physician, so we could see how she was managing some of those dual roles in life. She was also an excellent advocate for us when sexual harassment and things like that came up during training. It was nice to have someone that you knew had walked that path already.

That leads me to the next question. What are some of the challenges that you specifically faced as a female physician and how did you overcome it?

I think that the medical professional environment has substantially evolved over the years. There definitely were challenges, particularly during medical school, that I needed to face as far as being treated equally to male peers and also sexual harassment issues. I saw that some of my female colleagues would become "one of the guys", and they would wear scrubs all the time to be less obviously feminine. They become more male-like to try and adapt to their environment, which is certainly a reasonable coping mechanism. I felt that women brought a lot to the healing arts, and I didn't want to negate the benefit of that, so I always dressed for the hospital and changed if we were going to the OR. I wanted to be sure that people knew I was a woman. I believe it served me well. I was able to show a different approach and that women can bring a special sense of gentle nurturing that can help patients open up.

Is there anything on your list that you have left to accomplish?

That is the hardest question. I don't know. I have enjoyed everything that I have done so far, so I am open to new adventures. I have a picture; it's this pretty path along a river and you can't see what's around the next bend. Life is like that picture. Beautiful where you are and not knowing what lays ahead. I try to enjoy where I am and not worry about what's around the next bend.

So, I have a question for a friend. What advice would you give someone who is relatively unhealthy with very little time and a lot of stress but with a desire to get healthy and an appreciation for a holistic approach? This could be a lot of us, but my friend was curious.

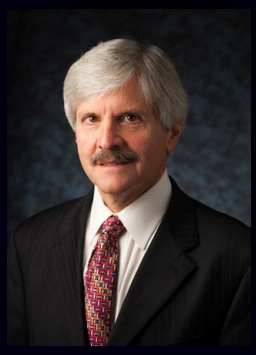
In yoga, there is a term called "drishti" and it basically means focus or focus point. If you're practicing yoga and need help with your balance, you want to use a focal point that's not moving so you won't fall over. What we focus on is what we spend our energy and attention on, and that energy and attention is what manifests results. Trying to set ourselves up for success by having a focal point that helps us stay present with our goals is what I do for my patients. Every person and every situation is different, but a support system is always helpful. Every year at our annual physical, my patients and I sit down and discuss their health goals, stressors that could derail them, and their personal goals. We have people check in every few months and it gives them accountability. It's a protected time to refocus. Staying focused on your goals is a major requirement of achieving them.

Last question, if there is one thing you wanted people to take away from this article, what would it be?

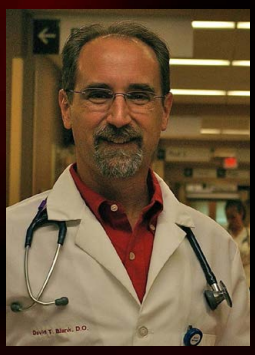
I am concerned about the healthcare environment, the physicians, nurses and staffers in the healthcare industry, focusing on their own self-care so that they can be present for the patients that are trying to care for. We are getting better about talking about it in our communities, but it is something that has impacted patient care and provider burnout significantly in the last ten years or so. We need to prioritize it as a society, IMS, and as we look at how we work with nursing and care giving providers. The healing professions are a calling for many of us. This profession offers a lot of meaning and purpose to its members, but the day in and day out of caring for people who are often having the worst day of their lives takes a toll, emotionally and energetically. It's important that we make space for a sane way to practice. Its important that we prioritize teaching self care as a necessity of medial practice, so that we as caregivers can remain present for those we serve. That is something that I try to claim in this way of practice. It's important for the providers, but it's ultimately most important for the patients.

Dr. Collins' practice, Nourish Wellness Family Medicine, is located on 826 W. 64th Street, Indianapolis, IN. In addition to the clinical spaces, the building has two classrooms that offer community yoga classes and mindfulness and wellness events. The building, formerly a synagogue, was renovated honoring Leed sustainability guidelines. It also includes an organic urban garden and teaching kitchen where healthy eating and growing are encouraged and nurtured. For more information, you can visit Dr. Collins' practice website at http://nourishwellness.com/ and her plant based nutrition online resource at www.appleadaydoc.com.

Gun Owners from Opposing Parties Talk Gun Control.



by RICHARD D. FELDMAN, MD
IMS Board Member, Family Physician, Former Indiana State Health Commissioner



by DAVID BLANK, DO
Indianapolis Emergency Department Physician

"We have to do something!"

That phrase has been repeated frequently every time there is a mass shooting. Everyone wants to find solutions to prevent mass shootings, suicide, and other gun-related violence. What are the best solutions? Can we agree on potential effective actions? This column is written by two physicians, both gun owners, one a conservative Republican and the other a liberal Democrat.

In medicine, we base treatments on evidenced-based studies. But when it comes to gun-violence, we have very little data to study.

In 1996, Congress enacted legislation which prohibited the Centers for Disease Control and Prevention from using funds to study gun-related violence. Last year, Congress clarified that funds can be used for gun-crime research, but no funding was provided. Without the ability to study the issue, we cannot identify the contributing problems that further mass shootings and other gun-related violence and the best responses to affect change consistent with protection of Second Amendment rights. Congress must provide this funding.

Until this research is available, beyond enhancing mental-health system identification and treatment of high-risk individuals, we propose some specific measures we agree upon that would intuitively have some impact.

"Red Flag Laws" allow authorities to temporarily confiscate firearms from individuals who have been credibly deemed "dangerous" to themselves or others until a court issues a ruling. There has been a great backlash against this idea from staunch Second Amendment supporters who claim it is unconstitutional and fear that government cannot be trusted to selectively infringe on individual rights.

Surprise. Indiana enacted such a law in 2005. This law is known as the "Jake Laird Law", in honor of an Indianapolis policeman killed by an unstable individual. He had his firearms confiscated by the police but were returned to him since there was no legal mechanism to withhold his guns. He then went on a shooting spree. Afterwards, the new law was enacted with overwhelming bipartisan support.

This law has been used over 700 times since 2005 without any claims of misuse or infringement of rights. We recommend Congress look to Indiana's law for guidance in developing a national bill. This law balances the needs of society with the rights of the individual. It can also be utilized to prevent suicide and prevent mass shootings involving those who use social media to post their agendas.

"This law balances the needs of society with the rights of the individual."

Great debate is occurring regarding the banning of "assault-like" semi-automatic rifles like AR-15s. Although scary looking, these rifles are no different from other non-military-style semi-automatic rifles and are no more deadly. FBI statistics reveal that assault-like rifles have only accounted for 173 deaths from 2007-2017. Confiscating AR-15s would have almost no impact on gun-related deaths. We believe banning exceedingly large-capacity magazines is a better way to limit deaths in mass shootings.

Criminals buy their guns from someone. Expanding background checks to fill the private-sales gap might prevent someone who can't pass a background check from obtaining guns. We believe exclusions for family members selling or gifting a firearm to another family member are reasonable. Background-check expansion will not stop all criminals from obtaining guns. But it may prevent some from finding their way into the criminal network of illicit guns.

Individual rights have never been absolute. We believe there can be a balance between the common good and preserving individual rights. Bipartisan solutions are possible.

Trained Pharmacists Should Be Able to Prescribe Oral Contraceptives

A Letter in Support of House Bill 1141



by AIDA HADDAD, MDIV, JESSICA CHIANG, AND THERESA ROHR-KIRCHGRABER, MD, FACP

Students and faculty at the IUSOM, and members of the Indiana Chapter of the American Medical Women's Association, Dr. Rohr-Kirchgraber is also an IMS Member

We are writing as members of the Indiana Chapter of the American Medical Women's Association and as medical students in support of HB 1141 increasing access to contraception in the state of Indiana. We are behind all efforts to help improve access to reliable contraception for all people capable of becoming pregnant in Indiana.

This enhanced access for contraception will not replace the importance of primary care but instead will augment options for patients and provide them counseling opportunities in the pharmacy setting. Accessible contraception is a fundamental right as it grants the patient control over their life's trajectory alongside, and entirely apart from, planning pregnancies. While many in our communities have been met with numerous barriers to health care, most have access to local pharmacies. For groups including, but not limited to, non-binary, transgender, and bisexual people, visiting a primary care provider's (PCP) office can cause significant anxiety. Theyoften must dodge invasive questions and inappropriate remarks, let alone try to receive proper medical care.[1, 2] Adding pharmacies to the list of frontline reproductive health providers not only protects those who are geographically unable to reach a PCP's office but also those who have been initially turned off due to mechanisms of medical mistrust. In this way, pharmacists can bolster the patient's agency through referrals to trusted PCPs, counseling on contraceptive options, and more.

"We understand that this legislation will help develop a protocol for pharmacists to follow when prescribing contraception and support specific training for pharmacists"

We support legislation that will help develop a protocol for pharmacists to follow when prescribing contraception. These models already exist within medicine as pharmacists are integral team members for medication therapy management with medications such as cancer treatments and antihypertensive therapy. These medical conditions carry more risk than birth control in a healthy person.

In supporting this bill, we recognize that eligible patients will receive structured counseling from a pharmacist that will include the importance of

1 *https://www.heart.org/en/news/2019/06/04/for-lgbtq-patients-discrimination-can-become-a-barrier-to-medical-care*
2 *https://www.hrw.org/news/2018/07/23/us-lgbt-people-face-healthcare-barriers*

regular visits with a PCP to obtain recommended screening tests as well as information on long-acting reversible contraception. Anyone whose screen shows a potential contraindication will be referred to a primary care provider.

We understand that this legislation will help develop a protocol for pharmacists to follow when prescribing contraception and support specific training for pharmacists. We know that pharmacy schools in the state of Indiana are well-equipped to provide this training to students and pharmacists who opt-in for said additional training.

HB 1141 affirms the right to self-determination for any person capable of becoming pregnant, across social positions and gender identities. We, therefore, are in full support of HB 1141, and we call on Public Health Committee Chair Cindy Kirchhofer to give the bill a hearing.

NOTE FROM THE EDITOR

Since this article was written, the committee deadline in the House of Representative has expired. House Bill 1141 did not receive a hearing in the Public Health Committee rendering the bill dead for this legislative session.

EDITORIALS

Editorials are opinions of the author and not the opinion of the Indianapolis Medical Society. Editorials are published with the intent to encourage discussion and opposing viewpoints are welcomed. Please submit articles for this publication to mperrill@indymedicalsociety.org.

Indiana Hospital Association

Indiana Hospitals Generate $48 Billion in Economic Impact

by Indiana Hospital Association

A recent report, Indiana Hospitals - The Impact of the Economy and the Community, shows that Indiana hospitals have a total economic impact statewide of approximately $48.2 billion.

Indiana hospitals are proud to provide quality, efficient health care to communities across Indiana. Our members stand ready to care for Hoosiers 24 hours a day, seven days a week, 365 days a year. Every year, hospitals across the state serve thousands of individuals providing hope and healing. Not only do hospitals provide millions with care, they serve as economic anchors in their communities and for the entire state of Indiana. In 2018, Indiana hospitals provided a total of $48,227,605,000 in direct and indirect economic impact to the state of Indiana according to data from DataGen/HANYS, in partnership with the Indiana Hospital Association.

Indiana hospitals also generated 244,960 jobs for Hoosiers. Hospitals are a key ingredient to Indiana's quality of life and to keeping communities healthy and vibrant. 174 hospitals care for patients and their families every day across Indiana.

"In the communities that they serve, this data reinforces that Indiana hospitals are cornerstone. They provide not only world-class health care to their communities, they provide jobs, economic stability, and vital community partnerships," said Brian Tabor, IHA President.

Hospitals in Indiana are providing well-paying, consistent employment. Hospitals employ 112,700 health care professionals, with a total payroll of $12,365,489,000. Hospital payroll expenditures serve as an important economic stimulus, creating and supporting jobs throughout the local and state economies. Dollars earned by Indiana hospital employees and spent on groceries, clothing, mortgage payments, rent, etc., generate approximately $25,988,549,000 in economic activity and create an additional 132,260 jobs statewide. Hospitals are a major factor in stimulating the state economy with purchases of goods and services. Indiana hospitals spend about $8,737,692,000 per year on the goods and services needed to provide health care—for example, medical supplies, electricity for buildings, and food for patients. Funds spent to buy goods and services flow from hospitals to vendors and businesses and then ripple throughout the economy. Including the secondary effects of those direct purchases, dollars spent by Indiana hospitals generate approximately $18,364,006,000 in total for the state economy. In 2018, Indiana hospitals spent $1,843,769,000 on buildings and equipment. Capital spending by Indiana hospitals generates approximately $3,875,050,000 for the state economy per year.

Indiana Hospitals are a major contributor to both the local and state economies and to keeping families healthy and secure by providing needed health care services. The data and information contained in report, Indiana Hospitals - The Impact of the Economy and the Community, provide strong evidence that the economic benefit our hospitals have on the local and state economies is significant. To continue to attract jobs to and maintain families in Indiana, it is critical that the state have high-quality health care providers and services.

We urge our state legislators, members of Congress, and community leaders to recognize that our hospitals are instrumental to supporting the state and local economy and that steps need to be taken to continue to invest in our state's health care system.

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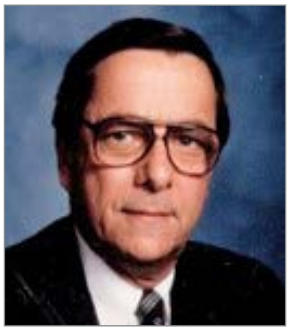
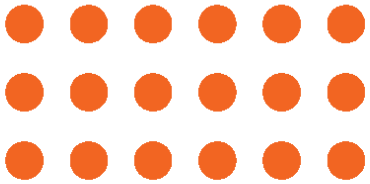


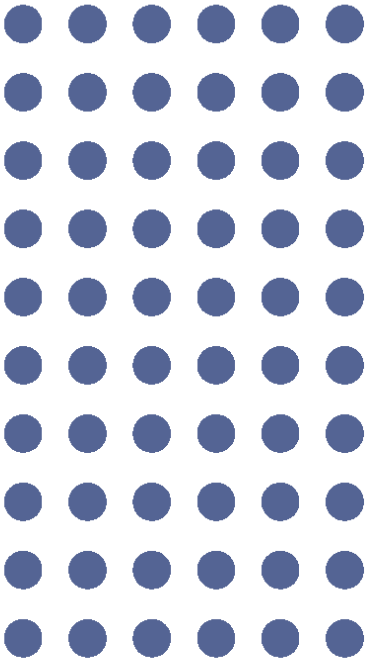
RONALD B. RICE, MD

Ronald Rice was a graduate of Broad Ripple High School, Indiana University and the Indiana University School of Medicine. Ronald completed his residency in internal medicine at Cincinnati General Hospital and the Indiana University Medical Center. He served two years in the U.S. Air Force as a Captain and was based at RAF Alconbury, England. In 1964 Ronald began his private practice in Indianapolis. In 1970, he relocated to St. Louis where he practiced at the Boonslick Medical Clinic, St. Joseph Hospital and as a campus physician for Lindenwood College. In 1977, he moved back to Indianapolis where he relocated his private medical practice and served on medical staff of St. Vincent Hospital in Indianapolis.
IMS Member since 1977.

ORTHOPEDICS



NEUROSURGERY



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THE BULLETIN BOARD

RICK C. SASSO, MD

Rick C. Sasso MD, Indiana Spine Group, served as a faculty member at the 30th annual Spine Summit meeting held in Vail Colorado January 23-26, 2020. The invited lectures given by Dr. Sasso included "Complex Craniocervical Trauma", and "Anterior Cervical Instrumentation" as well as "Geriatric Odontoid Fractures" and "Cervical degenerative myelopathy".

Spine: Base to Summit. January 23-26, 2020. Vail, Colorado.
Lecturer: Complex Craniocervical trauma; Anterior Cervical Instrumentation; Complication avoidance in cervical TDR
Case Debate: Most cases of geriatric odontoid fracture should be managed surgically: Disagree; Artificial disc replacement versus fusion for single level lumbar DDD at L5-S1: Artificial disc.
Workshop moderator: Cervical degenerative myelopathy
Panel Discussion: Lumbar stenosis with degenerative spondylolisthesis; Lumbar stenosis with degenerative scoliosis; Post laminectomy refractory discitis/osteomyelitis

Rick C. Sasso MD, Indiana Spine Group, served as a faculty member at the 23rd annual Selby Spine Conference held in Park City, Utah January 30-February 1, 2020. The invited lectures Dr. Sasso delivered concerned the evaluation of patients with cervical radiculopathy and myelopathy-and the appropriate surgical treatment of multi-level cervical stenosis causing cervical myelopathy.

23rd annual Selby Spine Conference. January 30-February 1, 2020. Park City, Utah.
Lecturer: Evaluation of the patient with cervical radiculopathy and myelopathy; Cervical Myelopathy due to multilevel stenosis-Posterior Cervical decompression and fusion

PAUL KIRCHGRABER, MD, MBA

Paul Kirchgraber, MD, MBA and CEO Covance spoke at Sanofi on Lowering the Cost of Drug Development. He also spoke to LabCorp/Covance on Drug Development Leadership.

THERESA ROHR-KIRCHGRABER, MD, FACP, FAMWA

Theresa Rohr-Kirchgraber, MD, FACP, FAMWA Presented at Indiana State University Premed Society and AMWA PreMed branch on Women in Medicine in Indiana. She also presented at IUSM Evansville to the AMWA students on the Status of Women in Medicine. Dr. Rohr-Kirchgraber was the keynote speaker for the Elephant in the Room series on Adolescent Depression and Suicidality: Prevention is Possible in Claremont, California.

JODI SMITH, PHD, MD, FAANS

Jodi L. Smith, PhD, MD, FAANS, was appointed to the American Board of Pediatric Neurological Surgery (ABPNS) Board of Directors and in her role will work with the American Board of Neurological Surgery (ABNS) Board of Directors.

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

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

March 2020 Events

March 6 RESPECT Center Conf.: Palliative Care, Ritz Charles, Carmel
March 6 1st Annual IU School of Medicine Ed Day, Riley Outpaitent Center, Indy
March 7 Pediatric Epilepsy Surgery Symposium, Riley Outpaitent Center, Indy
March 7 Neurology Connection 2020, Ritz Charles, Carmel
March 17 Agile Implementation Bootcamp, Health Info & Tanslational Bld, Indy
March 20 Updates in Pediatric Gastroenterology for Primary Care Clinician, Ritz
March 23 LBGTQ Healthcare Conference, IUPUI Campus Center
Mar 26-29 AMWA LEADS 2020 Annual Mtg, Hyatt Indianapolis, www.amwa-doc.org

April 17-18 IU Health Bloomington Pediatric Medical Weekend, Bloomington, IN
April 21 Agile Implementation Bootcamp, HITS Building, Indianapolis
April 24 23rd Annual Gastroenterology Hepatology Update, Indiana History Center

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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Theresa Rohr-Kirchgraber
Taha Z. Shipchandler *(2020)*
Maureen Watson *(2022)*
Joseph Webster, Jr. *(2022)*
H. Jeffrey Whitaker *(2020)*

PAST PRESIDENTS' COUNCIL 2020

** Indicates Voting Board Members, Term Ends with Year in Parentheses*

Carolyn A. Cunningham
David R. Diaz
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Bernard J. Emkes
Bruce M. Goens
Paula A. Hall* *(2020)*
Susan K. Maisel* *(2021)*
Jon D. Marhenke
Mary Ian McAteer* *(2022)*
John P. McGoff
Stephen W. Perkins
Richard H. Rhodes

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)
Christopher D. Bojrab (2021)
Ann C. Collins (2020)
Carolyn Cunningham (2022)
Julie A. Daftari (2020)
Darrell D. Davidson (2021)
John H. Ditsler (2021)
Marc E. Duerden (2020)
Robert S. Flint (2021)
Bruce M. Goens (2022)
Ann Marie Hake (2022)
Ronda A. Hamaker (2022)
Mark M. Hamilton (2022)
C. William Hanke (2021)
Chad R. Kauffman (2020)
Susan K. Maisel (2022)
Mary Ian McAteer (2020)
Ramana S. Moorthy (2020)
Thomas R. Mote (2021)
Mercy O. Obeime (2020)
Robert M. Pascuzzi (2020)
J. Scott Pittman (2022)
David M. Ratzman (2021)
Taha Shipchander (2021)
Jodi L. Smith (2022)
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)
Laurie L. Ackerman (2022)
Jeffrey L. Amodeo (2021)
Nicholas M. Barbaro (2019)
Brian D. Clarke (2020)
Richard Feldman (2021)
Doris Hardacker (2021)
Brian S. Hart (2020)
Kyle Jamison (2021)
David A. Josephson (2020)
Penny W. Kallmyer (2020)
John E. Krol (2020)
Daniel E. Lehman (2020)
James Leland (2022)
Christopher Mernitz (2021)
Martina F. Mutone (2021)
Ingrida I. Ozols (2020)
Scott E. Phillips (2022)
Richard H. Rhodes (2020)
Theresa Rohr-Kirchgraber (2022)
Jason K. Sprunger (2020)
Richard M. Storm (2021)
Glenn A. Tuckman (2021)
Maureen Watson(2022)

**Several open positions, contact EVP if interested.*

INDIANA STATE MEDICAL ASSOCIATION

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John P. McGoff 2017-2018
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

Executive Committee

At-Large Member
David R. Diaz

SEVENTH DISTRICT

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David R. Diaz (2020)
John C. Ellis (2021)

Alternate Trustees

Susan K. Maisel (2022)
Richard H. Rhodes (2021)

President

Robert Flint (2020)

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