

VOLUME CXXVII

ISSUE 3 • INDIANAPOLIS, INDIANA

MARCH 2020

BULLETIN



**EDITORIAL PG 13
COVID-19**

by RICHARD D. FELDMAN, MD

IMS Board Member, Former Indiana State Health Commissioner

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BULLETIN SUBSCRIPTIONS: \$40.00 per year

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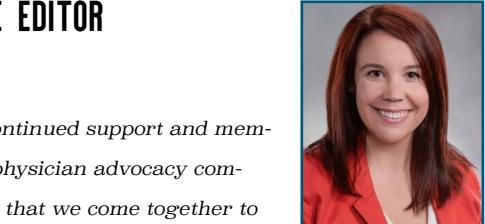
Members,

Thank you for your continued support and membership in IMS. As a physician advocacy community, it is important that we come together to support each other and our profession now more than ever. Physicians are facing challenges everywhere; the office, the operating room, in class and at the Statehouse. This month I challenge you to grow your network and reach out to someone in your community or physician leader to start building a relationship. Invite them to coffee and conversation or thank them on Doctor's Day. It can be a great way to create a connection that can help in the future.

Until Next Month,

Morgan Perrill

Morgan Perrill
Executive Vice
President



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THE PRESIDENT'S PAGE

ERIC E. TIBESAR, MD



Hello again friends and fellow physicians and members of the IMS. March madness is finally upon us, and for all my fellow basketball fans out there (which, let's be honest, we all live in Indiana so by state law we are ALL basketball fans!) this can certainly be an exciting time of the year. Even if you don't follow college basketball, it can still be a thrilling time of the year, when the underdog and unknown can rise to immortality, when a small David college can bring down the more famous Goliath university and when all work and productivity can cease to exist in medical offices across the state!

Well, I'm only being facetious of course. At least a little. But getting back to my letter, I want to stick with my theme for the year and continue trying my best to educate you all on monthly medical awareness campaigns and days of celebration in March.

The first topic I'd like to bring up may be one of the more obvious ones, as it lasts the entire month. I'm referring, of course, to Colon Cancer Awareness Month. As a pediatric gastroenterologist, I fortunately have not come across any patients with colon cancer,

and I hope I never will but for all primary care providers, adult gastroenterologists, oncologists, colorectal surgeons and any other specialists I missed, this is an important topic to bring up to your patients. Colon Cancer Awareness Month (or sometimes referred to as Colorectal Cancer Awareness Month), was first established by President Bill Clinton after signing a presidential proclamation on February 29, 2000 (a leap day!). Even though colon cancer, when caught early through appropriate screening and treatment, can be a very preventable cancer, it remains the second leading cause of cancer death among men and women combined in this country. It's estimated that this year alone 104,610 new cases of colon cancer and 43,340 cases of rectal cancer will be diagnosed in the US with an estimated 53,200 deaths.¹ Public fear and misunderstanding of screening procedures remains high so it is our job as providers to educate our patients and make the appropriate screening recommendations. Knowledge is power and what better month to focus on this goal of awareness than Colon Cancer Awareness Month.

March tends to be quite a busy month when it comes to medical and patient care awareness. March is officially Brain Injury Awareness Month (started over 30 years ago, with this year's them being Change Your Mind, advocating education and awareness). Our nation also celebrates Bleeding Disorders Awareness Month, Multiple Myeloma Awareness Month, National Developmental Disabilities Awareness Month, National Endometriosis Awareness Month, National Kidney Month, and Trisomy Awareness Month (bringing education and awareness to trisomy 18, trisomy 13, trisomy 21 and related chromosome disorders). Many of these awareness celebrations have been around for many years and finding specific historical facts and dates about them can be challenging.

There are even specific days of the month of March which are related to health care and patient advocacy. March 3rd is known as Birth Defects Day. March 20th is World Oral Health Day. March 24th has two special recognitions; World Tuberculosis Day and American Diabetes Alert Day. And I would be remiss if I didn't make a mention of one of the most important days of the year, and one we all hold special in our hearts. Of

¹ <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/colorectal-cancer-facts-and-figures/colorectal-cancer-facts-and-figures-2020-2022.pdf>

THE PRESIDENT'S PAGE

ERIC E. TIBESAR, MD

course, I'm referring to March 30th, commonly known as National Doctor's Day. This particular celebration is held every year on March 30th and was started all the way back in 1933 by the wife of a physician who wished to honor the sacrifices and work done by doctors at the time. In 1958, the House of Representatives made a resolution commemorating Doctor's Day and finally, in 1990, both the House and the Senate put forward legislation to establish March 30th as a national day and it was signed into law by President George Bush.²

Although it can seem a little overwhelming and almost downright ridiculous that we celebrate so many different themes and days during each month, the obvious importance of each topic goes without saying for those who care for patients with colon cancer, or bleeding disorders, or multiple myeloma or the myriad other recognitions I listed above. Even if we don't care for patients with the above conditions, we may have friends or loved ones afflicted by that disorder and bringing education and awareness to the public to help

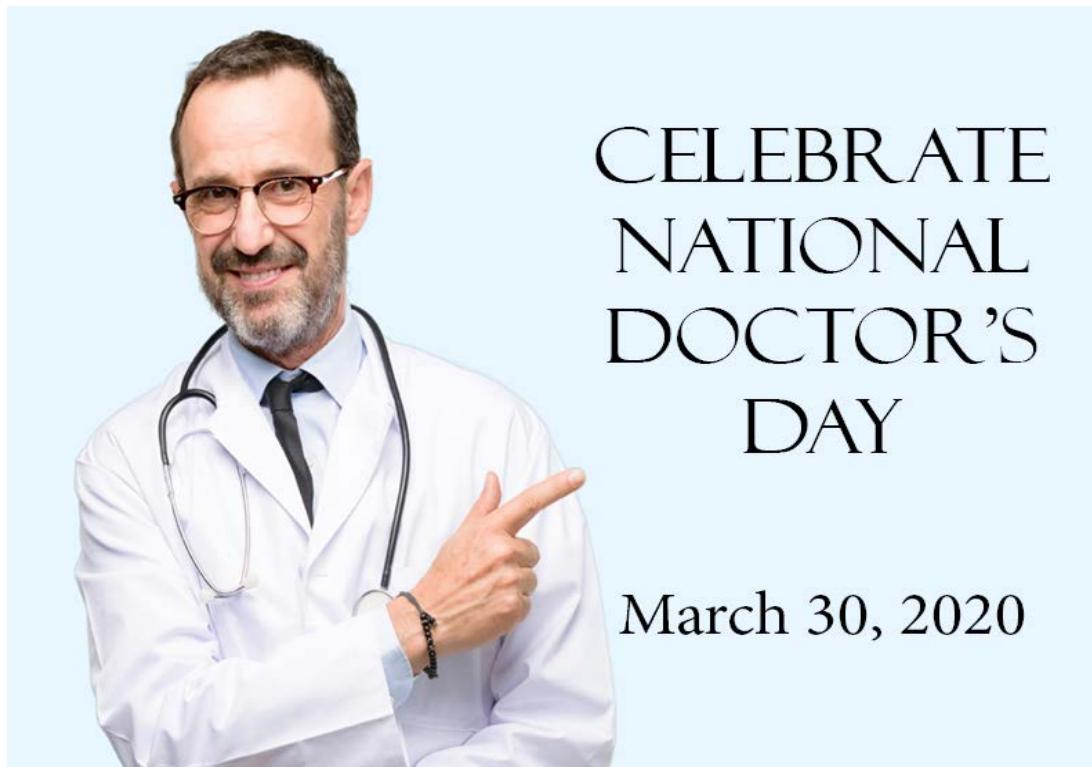
treat and prevent those diseases or conditions can be an important part of our mission as physicians. And that fact alone, is why we deserve to have our own day of recognition each year. So, on this March 30th, make sure to take a few moments for yourself and realize why you got into this profession, why you work those long hours, why you make all those sacrifices. This day is for you. Thanks again for your time this month, and I will see you again in our next edition.

Take care.



Eric Tibeser, MD
President, Indianapolis Medical Society

² <https://www.doctorsday.org/>



2020 Indianapolis Medical-Legal Dinner



POSTPONED: Due to COVID-19, this event has been canceled. We are making every effort to reschedule the program and will share the new date as soon as it is available.

Join us for this renowned event that brings doctors and lawyers together for a lively evening of fellowship! The Indianapolis Medical Society and the Indianapolis Bar Association have joined forces again to present the historically-popular Medical-Legal Dinner.

Get a first-hand account on the latest happenings at the Circle City's most recognizable landmark, the Indianapolis Motor Speedway, with our esteemed panel of keynote speakers!

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Doug Boles
President of the Indianapolis Motor Speedway



Allison Melangton
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About this Partnership

The Indianapolis Medical Society and the Indianapolis Bar Association have formed the Doctor-Lawyer Collaborative Committee to increase camaraderie and professionalism among physicians and attorneys. In addition, this committee provides an opportunity for physicians and attorneys to discuss and examine issues that impact the medical and legal professions. This allows the committee the opportunity to identify topics of interest and develop programs that educate and foster dialogue. Through the work of the committee, the hope is that it will aid attorneys and physicians in advancing in their respective fields and providing a safer, more effective medical and legal environment for those that we serve.



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SPECIAL FEATURE

Indiana Medical History Museum

by RICHARD D. FELDMAN, MD

IMS Board Member, MHM Board member and Past President, Former Indiana State Health Commissioner



It's as if the door closed a hundred years ago and was never opened again. Unknown to many, it's a time machine of sorts in the heart of Indianapolis. Located on the grounds of the former Central State Hospital and housed in the Old Pathology Building built in 1896, today the Indiana Medical History Museum stands as a tribute to the advances in medical science over the past century. This medical laboratory operated at the forefront of utilizing the scientific method in the understanding and treatment of disease.

Listed on the National Register of Historic Places, it's the oldest free-standing medical-pathology building in America. This unique building is an historical and architectural gem that has been left virtually untouched by time. The architect, Adolph Scherrer, also designed the state capital building. Its classic European style medical amphitheater was once used for medical school lectures, autopsy demonstrations, and patient presentations; with the various laboratories and autopsy room, one instantly travels back in time to experience what it was like to be a medical student or research physician more than a century ago. Until 1956, Indiana University School of Medicine continued conducting classes there, focusing on neurologic and psychiatric diseases.

In the Historic Family Doctor's Office exhibit housed in the old "Dead House" (where the hospital stored the corpses of patients), the visitor can walk through the actual contents of a mid-twentieth century physician's office. Many of us will instantly flash on our own childhood memories of our family doctor.

The Indiana Medical History Museum is filled with the whispering spirits of those doctors and other medical professionals from the past who were convinced that the application of the new sciences of chemistry, bacteriology, histology could be used to better diagnose, treat, and even cure mental illnesses. After completion, it was hailed as the most complete, state-of-the-art, cutting-edge medical laboratory in the world. Yes, right here in Indianapolis.

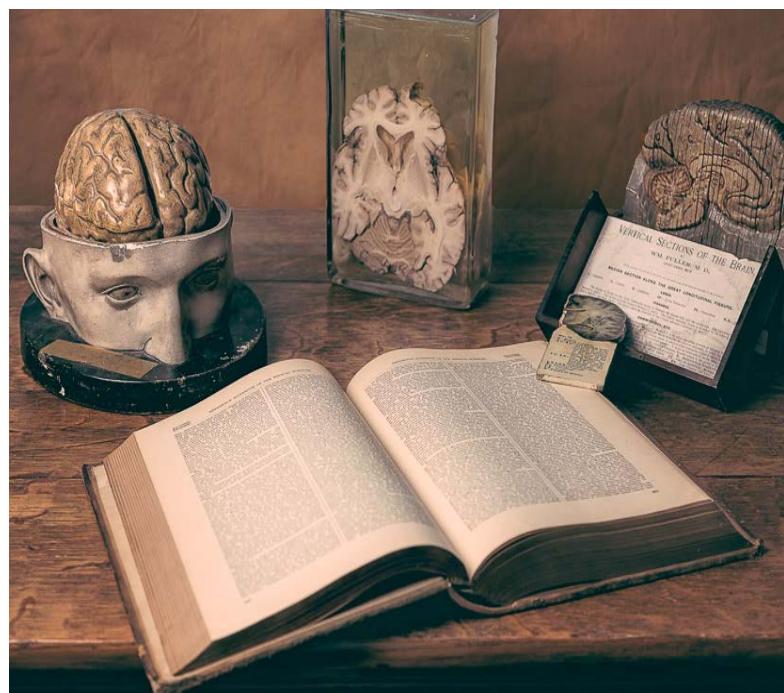
Important research was conducted at Central State Hospital's Pathology Building. Before the discovery of antibiotics, a noted German physician, Walter Bruetsch, perfected the malarial treatment for neurosyphilis (the cause for 30 percent of admissions to mental hospitals) a great advance from the use of arsenic. Other research included studies on spinal fluid, rheumatic diseases of the brain, muscular dystrophy, schizophrenia, and treating syphilis with

penicillin.

By the early 1970's the state planned to demolish the Old Pathology Building. Dr. Charles Bonsett along with four other physicians took immediate steps to save this unique and historic structure along with its contents. They worked politically and established a foundation dedicated to its preservation. The demolition plans were forced into abandonment.

But in recent years, the irreplaceable Old Pathology Building fell in desperate need of extensive structural and external and internal restoration work. And because of severe water-intrusion damage, the building was listed on Indiana Landmarks' 2015 10 Most Endangered List. Without state funding, the museum launched its \$2.2 million capital campaign, "Giving Medical History a Future: Saving the Old pathology Building", to preserve the museum for future generations. The museum has been successful in raising half of its campaign goal and corrected the severe structural problems placing it in immediate danger. But much more restoration needs to be accomplished.

As Indiana positions itself as the life sciences capital of the world, you can support this Hoosier treasure by your tax-deductible contributions. It belongs to all of Indiana. Visit the museum's website at www.imhm.org.



WOMEN IN MEDICINE

Dr. Arabelle (Baker) Wolf, DO

by CAROLINA VOGEL, MS-3 AND THERESA ROHR-KIRCHGRABER, MD

Ella Arabelle Baker was born on May 22, 1910 in Clay County Indiana. She spent the majority of her life in service to the people of the Hoosier state. Arabelle was the daughter of Dr. John Emery Baker, DO who graduated from The American School of Osteopathy (ASO, now known as the Kirksville College of Osteopathic Medicine) in the class of 1900.

Throughout Arabelle's life her father was very involved with the Indiana Association of Osteopathic Physicians and Surgeons (IAOPS, now known as the IOA) as well as the American Osteopathic Association (AOA). He practiced medicine in Brazil, Indiana from his graduation in 1900 until his death in 1961. It is quite possible that her father's example of involvement inspired Arabelle to pursue her career as a physician, leader, and advocate. Her brother, Ernest Baker, also went on to become a DO.

Prior to becoming a physician, then Arabelle Baker was an involved college student. She earned a degree from Indiana State University (known at the time as Indiana State Teacher's College) in 1935 and went on to complete her premedical requisites at Purdue University. She and her colleagues were featured in the Indianapolis Star as members of the female debate team and she was a member of Chi Omega sorority during her time at Purdue.

After completing her pre-medical requisites Arabelle followed in the footsteps of her father and attended the ASO in Kirkville, joining a surprisingly long list of female attendees. The ASO had included women in every class since its first in 1892. Dr. AT Still, the founder of ASO and osteopathic medicine, made an intentional choice to admit women from the first class. He believed women not only capable of practicing

medicine, but of practicing medicine well. This was scandalous as the majority of allopathic medical schools did not accept women. By the time Arabelle attended ASO, a handful of other female physicians had graced the halls.

You may not be surprised to learn that Arabelle married a fellow DO, Howard Dearing Wolf, whom she met during their years in medical school. Howard graduated from the ASO in 1939 and Ara-belle graduated in 1940. They were married shortly afterward in June of 1940. Doctor and Doctor Wolf returned to the Indianapolis area to practice medicine and thus began their formal involvement with the IAOPS and Indiana Osteopathic community.

The Indiana Osteopathic Association patterned after Dr. Still and included women from its beginning. Dr. Ella McNicoll was an organizer of the IOA and served as both secretary (1901-1902) and president (1917-1918) during her tenure. There were female members and leaders of the IOA from the time of its founding, and Dr. A. Wolf would soon join their ranks. Her earliest leadership position with the IAOPS was treasurer for the organization. She is formally thanked for her service as treasurer from 1943-1945 in the book *Indiana At War* during a time of physician shortage in WWII.

During WWII, the practice and recognition of Osteopathic physicians grew throughout the US as many allopathic physicians were involved in the service. This was also a major time of growth for female physicians in both osteopathic and allopathic medicine as many medical school slots were vacated by men going into the service.

Unfortunately, this trend was prematurely truncated and the amount of female physicians in the 1940's and 1950's declined leading to what is now known as "the years of stagnation". Many attribute this decline in women choosing to pursue medicine to sexual harassment and discrimination in the field.



Arabelle and her youngest daughter, Edith



Arabelle (center) with fellow S.D.S. officers, 1958

WOMEN IN MEDICINE

How-ever, leaders in Osteopathic medicine continued to fight for female inclusion as illustrated by the following story from *Women and Osteopathic Medicine: Historical Perspectives*:

"An advertisement for a large city hospital in the New York Herald Tribune in 1946 appeared under this caption: 'Doctors wanted: Women need not apply.' Lawrence Mills, then the director of vocational guidance for the AOA, responded with an article titled 'Doctors Wanted: Women Urged to Apply'".

Gender equality and the belief in the ability of females to become quality physicians remained a pillar of osteopathic medicine.

In 1944, Arabelle gave birth to her first daughter. She and Howard would go on to have two more children, another daughter and a son. Their son also grew up to become a physician, continuing the family's medical tradition.

In 1954 Dr. Arabelle Wolf was elected secretary of IAOPS and held that position for the next 14 years. Her involvement was not limited to the state level. Dr. Wolf also was a member of the American Osteopathic Historical Society (AOHS) and she served on committees as well as conducted research on their behalf. An example of her work includes a compilation of surveys she collected, documenting how various state Osteopathic associations maintain their records. She offered recommendations on how to best keep records for posterity, an indicator of her passion for history. In 1958 she was elected President of the Society of Divisional Secretaries, a national organization.

In 1958, Dr. Wolf was awarded the IOA's J.B. Kinsinger Plaque, the highest honor the organization offers. The J.B. Kinsinger Award was established in 1936 and is awarded to the physician who made the greatest contribution to the profession during that year. She was the second female physician to receive this award. Her father, the 1948 recipient of the award, was given the honor of presenting her with her plaque. They



Arabelle and H.D. 1969

were the first family to have multiple J.B. Kinsinger awards and a third was added to their numbers when H.D. won the award in 1961.

When Dr. Wolf's time as the IOA secretary drew to a close the Board of Trustees deemed August 10, 1968 "Arabelle Wolf Night" at the annual state convention to honor her service to the organization.

In 1970 Dr. Wolf gave remarks at the IOA annual convention that combined her passions for history of the osteopathic profession and service. The speech included an oral history of the IOA to date. These remarks have been commemorated and now serve as part of the formal history on the IOA's web-site. Dr. Arabelle Wolf passed away much too soon in November of 1972 at the age of 62 after a battle with lung carcinoma.

Dr. Wolf was survived by her three children and her husband, Dr. H.D. Wolf, who also lived a life of public service. In the 1940's he lobbied for DO's to have equal practicing rights as MD's, which he saw come to fruition. From 1956-1975 he served on the state medical licensing board and was the first DO to do so. He continued to honor the legacy of service established by he and Arabelle even after her death. Dr. HD Wolf received the state's highest civilian honor, a Sagamore of the Wabash. He was a founding member of Westview Hospital, where he eventually passed away in January of 1992.

Dr. Wolf and her family were instrumental to the IOA's development in its' formative years and were celebrated members of the community. Historical documents paint a clear picture of their service to the Indiana Osteopathic Medical Community. Her active involvement on the state and national level continued a long established tradition of female inclusion in osteopathic medicine and paved the way for generations of female DO's to come.

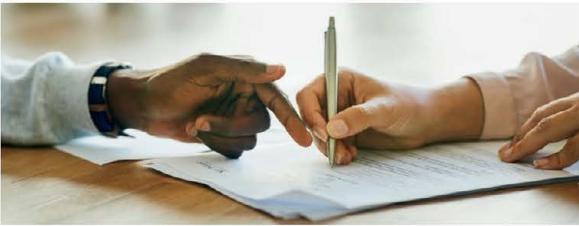
Thank you to the Indiana Osteopathic Association, Indiana State Library, and the Museum of Osteopathic Medicine for their generous archives and aid in researching the life of Dr. Wolf. Special thank you also to the Wolfs' daughter, Martha Loker, for her kindness and generosity in sharing family photos and stories.



Arabelle receives her plaque from her father, 1958

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25 Years of LASIK

by FRANCIS W. PRICE JR., MD
Price Vision Group, Indianapolis, IN



January 2020 marked the 25-year anniversary of Price Vision Group providing LASIK surgery. I continue to see happy patients from those early years when I performed LASIK as part of an investigational study.

From the start we were able to correct both nearsightedness and astigmatism. Over time we have continued to refine vision correction options and now provide the most cutting-edge, vision-optimizing treatments available in the U.S.

We began offering refractive surgery in 1983, 37 years ago! One of the earliest procedures we offered involved taking a thin slice off the front part of the cornea, freezing it, using a cryo-lathe to reshape it, and placing it back onto the eye to correct high levels of nearsightedness.

We began using a laser to correct vision in 1991. We initially offered surface ablation and in 1995 we began offering LASIK.

With LASIK, we make a flap, precisely ablate the underlying stroma, and replace the flap. LASIK has many advantages over the earlier treatment options. Using only topical anesthesia, mild discomfort subsides after a few hours, recovery is quick, and the visual correction is very precise.

Technological advances in the past 25 years have further improved the safety and accuracy of LASIK. We can now perform topography directed treatments, in which we plot 22,000 points on the cornea to generate

a topographic map. This allows us to smooth out small imperfections on the corneal surface that cannot be corrected with glasses.

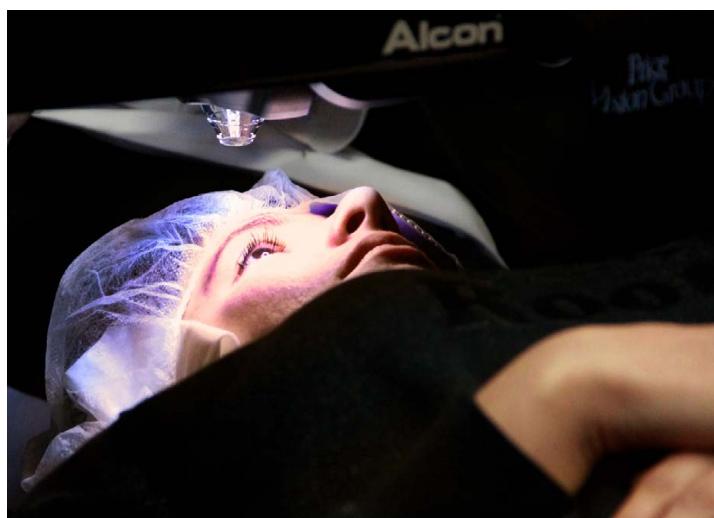
In the clinical trials that led to FDA approval of topography directed treatments, 30% of the patients could see better postoperatively without any correction than they could see preoperatively using glasses.¹ Our patients are achieving these same amazing results. In fact, most of our patients achieve better than 20/20 vision.

A vision of 20/20 means that your vision is normal, but surprisingly only 35% of all adults have 20/20 vision without some type of correction, such as glasses. If you have 20/20 vision, you can see at 20 feet what most people see at the same distance. If you are 20/16, you can see at 20 feet what a person with normal vision would need to move up

to 16 feet to see, and if you are 20/12, you can see at 20 feet what others would need to move up to 12 feet to see. These are fantastic, life-changing results!

We will soon be investigating whether we can further improve upon this with even more sophisticated imaging and analysis. Both the topography-directed treatment and the next-generation treatment rely more on objective imaging of the eye rather relying so heavily on the subjective assessment of "which is better, 1 or 2", for greater precision.

How does LASIK work? At Price Vision Group, we provide an extensive preoperative appointment to evaluate the cornea, the natural lens, and the retina. We carefully screen the shape of the cornea, the window of the eye, to rule out conditions that could lead to unstable results. We also make sure someone does not have cataracts or eye diseases. We confirm the prescription for glasses several different ways to optimize results. For those who qualify for Contoura™, the topography-guided treatment, we take additional measurements at a subsequent exam, which can be scheduled the morning of surgery.



¹ Stulting RD, Fant BS, TK-CAT Study Group, et al. Results of topography-guided laser in situ keratomileusis custom ablation treatment with a refractive excimer laser. *J Cataract Refract Surg.* 2016;42:11-18.

We perform LASIK by using a femtosecond laser to cut a thin (100-micron) flap of corneal tissue. We lift the flap and use an excimer laser to carefully sculpt the underlying corneal tissue to precisely correct the refractive error. Then we replace the flap. It readily reattaches without any need for sutures or glue. Within 4 to 5 hours the small cut at the edge of the flap is covered with new epithelium and the patient is pain-free. Typically, we prescribe a short-acting sleeping pill and common analgesics. **Opioids are not needed!**

Most LASIK patients notice an immediate improvement in vision when they sit up after having the laser treatment. Vision substantially improves during the first 24 hours and further incremental improvement may occur during the next few days to weeks. Interestingly, the visual recovery can be a bit longer with topography-guided treatments, especially among those patients who obtain better postoperative vision than they ever had with glasses.

Patients share many reasons for choosing LASIK. Some are tired of wearing glasses or no longer want the expense of maintaining glasses or contact lenses. Some

have become contact-lens intolerant or no longer want to take the time to properly clean and care for contact lenses. Some choose LASIK vision correction to improve their quality of life such as being able to participate in water activities with clear vision, better perform job functions, and improve their ability to take care of their children in potential emergencies without needing to find their glasses.

As doctors, we recognize that patient compliance is a huge factor in the success of any treatment outcome. What many don't realize is that a recent CDC study found that over 80% of the 45 million contact lenses users in the USA don't follow the recommended lens handling procedures, thus putting themselves at risk for serious eye infections.² LASIK has proven to be safer than long-term contact lens wear and significantly reduces the risk of serious eye infections, especially for patients who ever wear their lenses overnight.

In future articles we will provide a more detailed analysis of LASIK safety, discuss current vision correction alternatives, and consider what the future holds.

² Cope JR, Collier SA, Nethercut H, et al. Risk behaviors for contact lens-related eye infections among adults and adolescents – United States, 2016. Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report. 2017;66(32):841-845.



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COVID-19

by RICHARD D. FELDMAN, MD

IMS Board Member, Former Indiana State Health Commissioner



So how does it feel to travel a hundred or more years back in public health history?

The COVID-19 coronavirus, an emerging pandemic, takes us back. It transports us to a time when there were no available antibiotics, virtually no vaccinations, and limited medical-care interventions compared to what exist today. Since treatment of infectious diseases was very limited, public health measures and strategies to prevent and contain diseases were what we primarily relied upon. For now, this public health approach of a century ago is also all we can employ to contain the coronavirus, a virus without a specific antiviral medication to treat it or a vaccination to prevent it.

COVID-19 is a novel virus that is up to 20 times more lethal than influenza and is now on every continent except Antarctica. Compared with the MERS and

SARS coronaviruses, this coronavirus will probably be much more difficult to control. As of this writing, there is rapid escalation in number of illnesses with 110,000 reported cases and over 3,800 deaths worldwide with underreporting likely.

“COVID-19 is a novel virus that is up to 20 times more lethal than influenza and is now on every continent except Antarctica.”

Public health officials expect that we have not seen the worst of this pandemic and many more cases and deaths will follow. Although relatively few cases have been identified in America, it is anticipated that intensification will occur in the U.S. as person-to-person community transmission increases. A long incubation period of up to 14 or more days, spread of infection from asymptomatic infected individuals, and a high mortality rate make this virus especially worrisome. However, remember that most infections are relatively mild and not life threatening.

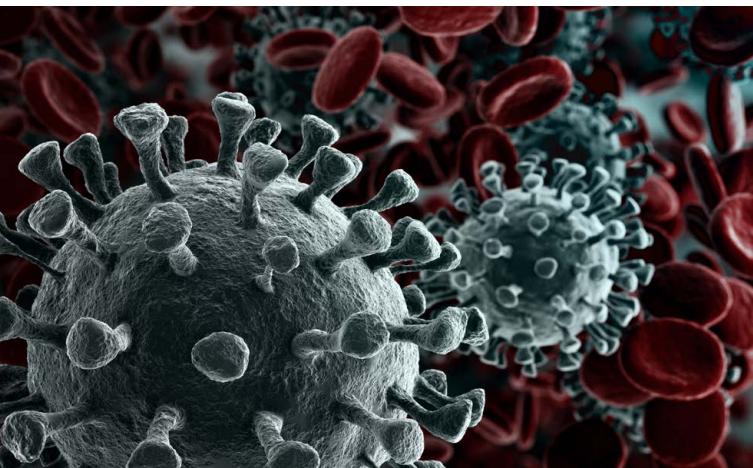
Possible effective antiviral medications are being explored. A vaccine will take a year or more to de-



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.

We encourage you to share articles and your opinions for printing in the next publication. Please submit articles for this publication with our editor Morgan Perrill to mperrill@indymedicalsoc.org.



velop. Therefore, the public health measures we will use in the meantime are: containment through quarantine of exposed people, isolation of infected individuals, border and travel restrictions, social distancing, venue closings, public education especially pertaining to personal measures to help prevent transmission, surveillance, and diagnostic testing. Our approach will evolve as cases escalate.

This latest health threat should be a reminder of the value of supporting public health on the federal, state, and local levels. The very success of public health - the absence of diseases that once routinely killed healthy people - has rendered public health interventions invisible and taken for granted by the public and government. These interventions involve advancements in sanitation, housing, food protection, nutrition, clean water, pure food and drug legislation, antibiotics, and vaccination.

Historically, we have woefully underfunded federal, state and local health departments. The Trump administration recently reduced Centers for Disease Control and Prevention funding. Indiana ranks 49th in public health funding with the Indiana State Department of Health spread thin and most local health departments lacking adequate infrastructure and personnel. The state does have sufficient resources for COVID-19 crisis planning and is preparing with local health departments, hospitals and other entities. But the capacity for health departments and hospitals to optimally respond to a public health crisis is something different.

Indiana and most states will need significant federal assistance and leadership. The Trump administration was slow to intervene in the COVID-19 threat and President Trump is busy politicizing what should be a bipartisan issue. We can only hope that Vice President Pence, not highly enlightened in public health matters but now in charge of the federal government's coronavirus response, will leave the decision making to federal public health experts.

And what about those anti-vaccine advocates among us? Will they refuse a COVID-19 immunization when available? I wonder.

WELCOME NEW IMS MEMBER

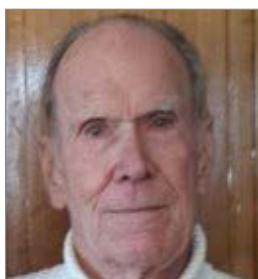
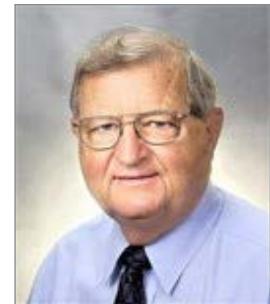
RACHEL K. DUNN, MD

Peyton Manning Pediatric Gastroenterology
4602 Phantom Court, Suite 402
Indianapolis, IN 46260
317-410-1547
Pediatric Gastroenterology
Indiana University School of Medicine, 2011

IN MEMORIAM

H. EDWIN CAMPBELL, MD

Ed Campbell graduated from Anderson High School in 1951. Ed then studied at Indiana University where he was a member of Sigma Alpha Epsilon where he received his Doctorate in Medicine. Ed served as a first lieutenant in the US Air Force Reserve. During his 50 years as a physician he received many accomplishments. Some included were St. Vincent's Family Practice Teaching Award; Distinguished Physician's Award in 1999; March of Dimes 2009 Medical Honoree and American College of Obstetrics and Gynecology (ACOG) District V: Secretary Treasurer, Vice-Chairman, Section Chair.
IMS Member since 1960.



FRED RAPHAEL DALLAS, MD

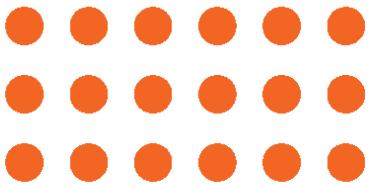
Fred Dallas was born in California on December 18, 1924. Upon entering the armed forces, Fred was selected to the Army Specialized Training Program to become a physician. Fred received his undergrad from Chicago and then finished up at Indiana University School of Medicine in 1951. After school, Fred moved back to California to continue his surgical training. Fred was then stationed in Germany as a practicing physician. Fred then returned to Indianapolis where he completed his residency in Urology. His medical practices were at Community Hospital and St. Francis Hospital in Indianapolis, Indiana.
IMS Member since 1956.

DANIEL P. RAINS, MD

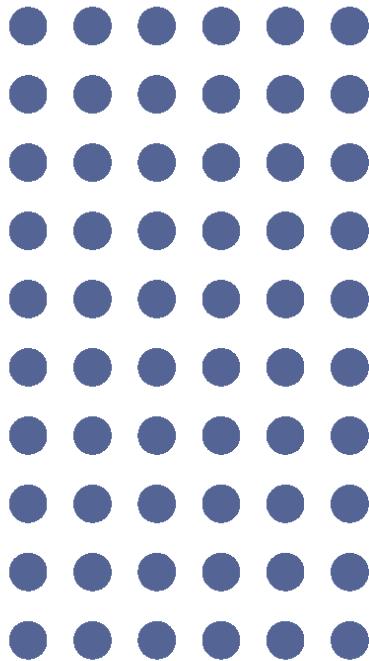
Daniel Rains resided in Providence, IA until his junior year in high school. His family then moved to Oskaloosa, IA. Daniel graduated as valedictorian at Oskaloosa High School. Daniel then graduated first of his class in chemistry at William Penn College. After William Penn College Daniel went to University of Iowa School of Medicine. Dr. Rains completed his residency in Family Practice in Muncie, IN in 1979. During this time, he received the Ross Eggar teaching award. He practiced medicine and taught in family practice residency programs in Sioux City, IA, Shawnee, OK, and Muncie, IN. While living in New Castle, IN he practiced for 15 years. He spent a year as the Occupational Health Physician for Chrysler Corp in New Castle and 10 years teaching in the Family Practice Residency program at Community East. Daniel was the Chair of the Family Practice Department for Community Hospitals for two years during that time. He also served as the medical director of the Indiana State Women's Prison for 18 months, then worked in urgent care prior to his retirement.
IMS Member since 2004.



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THE BULLETIN BOARD



STEPHEN W. PERKINS, MD

Stephen W. Perkins, MD of Meridian Plastic Surgeons, was an invited faculty member at the recent Global Esthetics Conference in Miami, FL. He presented multiple lectures on the topics of rhinoplasty, blepharoplasty and skin resurfacing. Dr. Perkins

was also invited faculty at the Rino Cordoba Facial Plastic Surgery Symposium in Cordoba, Argentina. Dr. Perkins presented four lectures on the topics of nasal grafts and rhinoplasty procedures.



RICK C. SASSO, MD

Rick C. Sasso MD, Indiana Spine Group, authored a book chapter in the just released Textbook- Spinal Conditions in the Athlete.

Dr. Sasso's invited manuscript is titled "Lumbar disc herniation and degenerative disc disease in the Athlete".

Jenkins TJ, Sasso RC: Lumbar disc herniation and degenerative disk disease in the athlete. In: Spinal conditions in the athlete-A clinical guide to evaluation, management, and controversies pp 201-213. Edited by WK Hsu and TJ Jenkins. Springer, Switzerland 2020.



THERESA ROHR-KIRCHGRABER, MD

The Awards Committee of the American Medical Women's Association has selected Theresa Rohr-Kirchgraber, MD '88 as one of the 2020 recipients of the Exceptional Mentor Award.

This award celebrates those who have made an impact on the lives of students in medicine. An "Exceptional Mentor" goes above and beyond what is required and actively reaches out to those around him/her to help guide them in their career path.



JOSEPH D. SMUCKER, MD

Lee CJ, Boody BS, Demeter J, Smucker JD, Sasso RC: Long-term radiographic and functional outcomes of patients with absence of radiographic union at 2 years after single-level anterior cervical discectomy and fusion. Global Spine J 2019.

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: Electrocardiograph 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: 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: 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>

APRIL 2020 Events

April 15 LIFT Training, San Diego, CA
 April 17-18 IU Health Bloomington Pediatric Medical Weekend, Bloomington, IN
 April 18 Pediatric Practical Pearls: Difficult Discussions, Riley Outpatient
 April 21-23 Agile Implementation Bootcamp, HITS Building, Indianapolis
 April 24 23rd Annual Gastroenterology Hepatology Update, Indiana History Center
 April 24 Vascular Symposium: Emphasis Primary Care, University Conference Cnt.
 April 27-30 Tobacco Treatment Specialist (TTS) Core Training, Fort Wayne

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

IMS is not responsible for the events listed. We recommend that before attending any CME/Conference events that you check with the provider to confirm the program is still available.

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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MEDICAL SOCIETY

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OFFICERS 2020
Terms End with Year in Parentheses

Rania Abbasi (2021)
Jeffrey L. Amodeo (2022)
Ann C. Collins (2021)
Julie A. Daftari (2019)
Richard D. Feldman (2019)

Ann Marie Hake, Chair and Mercy O. Obeime, Vice Chair
Ann Marie Hake (2020) Thomas R. Mote (2019)
Mark M. Hamilton (2021) Mercy O. Obeime (2021)
David A. Josephson (2020) Scott E. Phillips (2020)
Jeffrey J. Kellams (2021) Theresa Rohr-Kirchgraber
John E. Krol (2020) Taha Z. Shipchandler (2020)
Ramana S. Moorthy (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
Marc E. Duerden
John C. Ellis

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)	Darrell D. Davidson (2021)	Ronda A. Hamaker (2022)	Ramana S. Moorthy (2020)	Taha Shipchander (2021)
Mary Pell Abernathy (2021)	John H. Ditsler (2021)	Mark M. Hamilton (2022)	Thomas R. Mote (2021)	Jodi L. Smith (2022)
Christopher D. Bojrab (2021)	Marc E. Duerden (2020)	C. William Hanke (2021)	Mercy O. Obeime (2020)	Eric E. Tibesar (2020)
Ann C. Collins (2020)	Robert S. Flint (2021)	Chad R. Kauffman (2020)	Robert M. Pascuzzi (2020)	John J. Wernert (2020)
Carolyn Cunningham (2022)	Bruce M. Goens (2022)	Susan K. Maisel (2022)	J. Scott Pittman (2022)	H. Jeffrey Whitaker (2020)
Julie A. Daftari (2020)	Ann Marie Hake (2022)	Mary Ian McAteer (2020)	David M. Ratzman (2021)	Steven L. Wise (2021)

ALTERNATE DELEGATES

Delegates to the Annual State Convention

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

Ranai Abbasi (2021)	Doris Hardacker (2021)	Daniel E. Lehman (2020)	Richard H. Rhodes (2020)	Maureen Watson (2022)
Laurie L. Ackerman (2022)	Brian S. Hart (2020)	James Leland (2022)	Theresa Rohr-Kirchgraber	
Jeffrey L. Amodeo (2021)	Kyle Jamison (2021)	Christopher Mernitz (2021)	(2022)	*Several open positions, contact EVP if interested.
Nicholas M. Barbaro (2019)	David A. Josephson (2020)	Martina F. Mutone (2021)	Jason K. Sprunger (2020)	
Brian D. Clarke (2020)	Penny W. Kallmyer (2020)	Ingrida I. Ozols (2020)	Richard M. Storm (2021)	
Richard Feldman (2021)	John E. Krol (2020)	Scott E. Phillips (2022)	Glenn A. Tuckman (2021)	

INDIANA STATE MEDICAL ASSOCIATION

Past Presidents

John P. McGoff 2017-2018	Peter L. Winters 1997-1998	John D. MacDougall 1987-1988
Jon D. Marhenke 2007-2008	William H. Beeson 1992-1993	George T. Lukemeyer 1983-1984
Bernard J. Emkes 2000-2001	George H. Rawls 1989-1990	Alvin J. Haley 1980-1981

Executive Committee

At-Large Member

David R. Diaz

SEVENTH DISTRICT

Trustees

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

Alternate Trustees

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

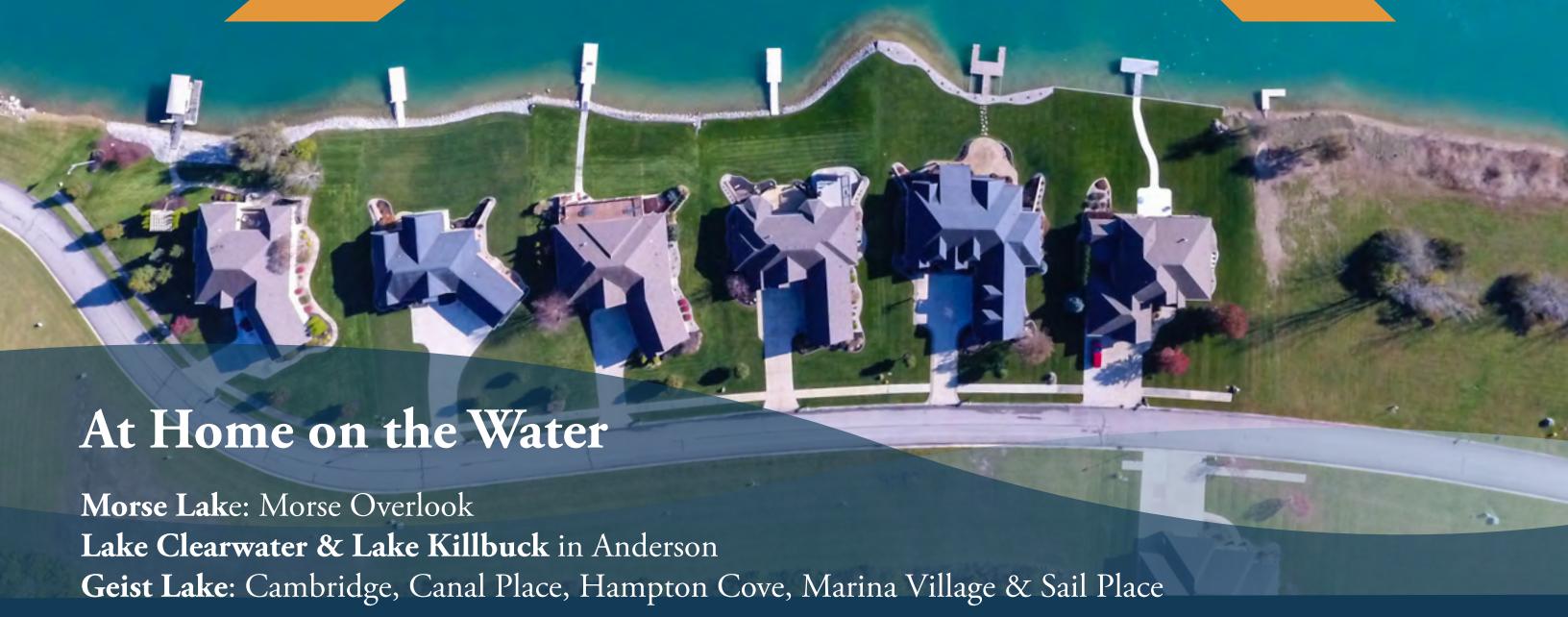
President

Robert Flint	(2020)
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