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BULLETIN

EDITORIAL PG 12

BREAST CANCER SCREENINGS FOR ALL

By Mariel Luna Hinojosa, IUSM MS4 and Theresa Rohr-Kirchgraber, MD

INDIANAPOLIS MEDICAL SOCIETY

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LETTER FROM THE EDITOR

Members,

I hope this month finds you in good spirits. In October, our membership drive begins. To encourage new members to join IMS and learn about all we have to offer, IMS is giving new members a 50% discount on dues in 2021. Any new member who joins starting now is eligible if they have not been a member in the past 5 years. Please help us spread the news or purchase a membership for a colleague for the holidays!

Sincerely,

Morgan Perrill

Morgan Perrill
Executive Vice President

THE PRESIDENT'S PAGE

ERIC E. TIBESAR, MD

Welcome again friends and fellow members of the IMS. We have made it through to October and hopefully everyone out there along with all your family, friends and loved ones, have kept yourself safe and healthy. The kids are back in school and are almost ready for fall break, the weather is becoming brisker and the leaves are starting to change and fall, and oh, by the way, it is now officially flu season! Make sure you all get your vaccination and keep washing those hands and wearing those masks!

I wanted to make this month's letter a rather short one and talk about something that might not necessarily be medically related. Ever since I joined the Indianapolis Medical Society, I have learned more and more about the overall function of the society in advocating for physicians in the state of Indiana. In order to advocate appropriately, we must work closely with legislators and law makers who can aid us in making our job a little bit easier. Therefore, one could very easily argue that the IMS is essentially a political society for physicians. And by extension, the monthly Bulletin magazine that we put out could also be considered a type of political magazine.

Now the reason I wanted to discuss politics is for the obvious reason that this is an election year and the election is coming up in less than a month, at the time of the writing of this letter. So, I did want to encourage everyone reading this to make sure that you take the time to vote and encourage everyone else around you to do the same. Even if you feel like you are not an active member of IMS or feel helpless in advocating for physicians, you can still make your voice be heard at the ballot box.

Of course, the IMS and the Bulletin magazine have a strong tradition of not choosing sides or honoring any particular candidate, whether it be at the local or federal level. I will absolutely honor that pledge and will make no endorsements here. However, there has been a bit of controversy this year with some of the opinion articles that have been written for the Bulletin. There has been concern that the IMS or the Bulletin magazine has taken sides on the political spectrum, but I can assure you, that is not the case. The opinion articles that are written are just that; opinions.

Last month, I was very pleased to see opinions come from both sides of aisle, which is exactly what is needed for everyone to read, discuss and make their own choices and decisions about who or what they agree with. Therefore, I encourage everyone to keep the opinions coming, keep writing those letters and let your voice be heard. By the time we meet again next month, the election will be over and the IMS can move forward with all the newly elected law makers and make sure that our agenda for physician's rights and patient's rights moves forward. Until then, take care, be safe and be well.

Eric Tibesar
President
Indianapolis Medical Society

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2020 ISMA Convention

President's Remarks

By BOB DARROCA, MD
ISMA President 2020-2021 Photo Credits: ISMA Staff

Hi, I'm Bob Darroca, your ISMA president. I am a practicing OB/GYN who is employed by a large health care system. Your representatives to the 2019 Convention elected me as your President-Elect. It has been my privilege to serve you in the capacity of President-Elect. Under the leadership of Lisa Hatcher, the ISMA has progressed.

I'm ready to assume the responsibility to move the ISMA forward.

I have been involved in organized medicine since I was a freshman in medical school. I was a member of the Indiana Academy of Family Physicians. I was mentored by great physicians: Debbie Allen, Al Haley, Richard Feldman, Ed Langston and Fred Ridge. I was also guided by the Indiana Academy of Family Physicians' executive vice president who held my hand as a medical student: I will be forever grateful to Jackie Shilling, and Deeda Ferree.

Now, I hope to put into practice what I have learned as I represent the physicians of Indiana.

Involvement in the ISMA has been nothing short of fascinating. Working with like-minded physicians who want the best for Hoosiers has been a blessing. These physician leaders are selfless. We had a strategic planning session designed to plot a trajectory to position the ISMA in a good place to meet the future challenges of medical practice. After an hour and a half of getting past how we would want to care for patients, we finally came around to planning how we would take care of ourselves so that we could take care of the health of Hoosiers. We modernized our mission and vision during that weekend.

The mission is simple: "The Indiana State Medical Association exists to maximize the leadership and impact of physicians."

The vision is clear: "Physicians together, driving the future of health care."

The pillars that were constructed that weekend guide our organization: Develop Physicians. Raise ISMA's value. Innovate health care. Voice perspective and expertise. Empower. All of the pillars form the "Why" of ISMA's existence. Of those pillars, I have a special interest developing future physician leaders and voicing our perspective and expertise.

Organized medicine runs contrary to our personalities as physicians. We like to do things independently. We assimilate data. We synthesize data. We come to our conclusions. It is interesting that even when we all do this independently, we come up with the same conclusions. This trait of ours is valuable in the care of our unique patients.

However, in my experience in organized medicine, the only way that we as physicians can stand up to an army postured against us is to coalesce as a unified body. An example of being unified was in our defense of our Medical Malpractice Act. As a unified group, we were able to amplify the voices of the many. In the end, we were able to defend our malpractice protection and ensure that we could practice medicine in the way that our patients deserve.

Many years ago, we gave up control of how we are paid. We thought that we could negotiate with insurance companies as individual physician practices. How did that work for us? That began the creation of physician groups, physician networks, and ultimately, health networks. The voice of the many was leveraged to obtain concessions from the insurance companies. As groups, we stood a better chance to negotiate fair payment for our services.

The ISMA provides that leverage throughout the state of Indiana. We currently have almost 9,000 members out of the 15,000 physicians in Indiana. We have a loud voice. Can you imagine the influence the ISMA would have amplifying the voices of 15,000 physicians? We would have a deafening presence.

We need to identify those physicians in the state of Indiana who would be willing to provide leadership to those 15,000 voices. We need to find leaders who can be mentored by current leadership to carry on this task of representing all physicians.

We have physician groups in Indiana that advocate for their physician members. It is the task of the ISMA to support these groups. In situations where there is great controversy, we will bring the various sides together to have a dialogue. In the end, we need to recognize differences, but maintain the house of medicine.

I invite all physicians of Indiana to be a part of the ISMA. Be a partner in our efforts to make Indiana the best place to practice for all physicians. Your support in spirit is appreciated. But, your support in membership can add to our growing voice as we advocate for all physicians.

In my annual report as president-elect, I took the stance that our education as physicians cannot be cheapened. Our dedication and sacrifice to our profession cannot be disregarded.

When it comes to scope of practice, we must lead. We cannot be blinded by arguments based on outcome. Outcome-based arguments are faulty, because good outcomes can be achieved even when practices place someone at risk. A good example can be found in my specialty of obstetrics. A non-physician practitioner in obstetrics may not manage a gestational diabetic optimally, and the outcome might be a 10-pound baby with a prolonged shoulder dystocia. The baby does well, the mother is no worse for wear, and this is recognized as a good outcome. But: Could there have been a better outcome?

We cannot be blinded by the argument that a lack of access to health care makes it necessary to place less-qualified medical personnel in a position to provide care without supervision. We are working on increasing access to care. The silver lining with the COVID pandemic is that telehealth has progressed rapidly. We could not have predicted even a few years ago what we have accomplished in telehealth technology. Nearly all physicians use telehealth in providing ongoing health care to Hoosiers. Many physicians are employing video in their practices. For those people in rural areas, this technology is no less than miraculous.

We cannot be blinded by the argument that using lesser-trained personnel to provide health care will save health care dollars. Physicians on average are more efficient with health care dollars. We order labs appropriately. We prescribe medications as needed. When the proper incentives are in place, we tend not to churn the system. All Hoosiers deserve the same high-quality health care

I pledge that I will stand firm in insisting that the health care provided to Hoosiers be physician-led.

As physicians, we minimize the value of what we do. We are physicians every day. It's what we are. As physicians, we can anticipate a problem and solve or treat it quickly, due to our training. As physicians, we tend to undercharge because we can solve problems quickly and it doesn't seem like it takes much effort. As physicians, we use protocols as guides. Each patient is unique, and their condition doesn't always follow protocols. As physicians, we can synthesize information like no other health care professional and adjust what we do. As physicians, we have the privilege and the latitude to make these adjustments to protocols.

So – let's come back to the pillars that guide the ISMA, which form the acronym DRIVE.

D: Develop Physicians.
R: Raise ISMA's Value.
I: Innovate Health Care.
V: Voice Perspective and Expertise.
E: Empower.

These are the pillars that we build around to drive the future of health care in Indiana. I invite all of you to join me in this construction.

God bless all Hoosier physicians.

2020 Resolutions

As noted in your ISMA E-Report on 10-9-2020, the ISMA Board of Trustees (BOT) is addressing policy issues that arise and reporting back to the House since policy-making could not occur at this year's limited annual meeting. Following the virtual convention, the BOT met to review several policy issues that were submitted in advance of the convention. Some submissions were from members on policy concerns and governance issues, and some were issues brought forth by the ISMA Commission on Legislation (COL) in anticipation of the 2021 legislative session. The submissions were formatted and numbered like traditional resolutions for tracking purposes and the BOT reviewed and assessed each of them for their urgency in timing and subject matter.

Below is a list of resolutions (excluding the whereas statements) that were determined by the BOT to be urgent and thus could not wait until the 2021 House of Delegates for action. For more information, please see the ISMA website. The BOT will keep the membership apprised on the actions on those resolutions.

20-08 MID-LEVEL PROVIDER TRAINING PROGRAMS
By: Tyler Heavin. MD, RFS

RESOLVED, that the ISMA advocate against any use of the terms "residency," "resident," "fellowship," and "fellow" to describe postgraduate training programs for mid-level health care providers, their participants or graduates; those terms signify an ACGME accredited residency or fellowship program, their participants and physicians who have completed them, and such use in regard to mid-level health care providers and training programs creates a false equivalence between this training and expertise in a specific field of medicine; and be it further

RESOLVED, that the ISMA adopt a position that advertisements for postgraduate training programs for mid-level health care providers must make clear that such programs are structured to train mid-level providers to work as part of a physician-led health care team and not imply that these programs are pro-

viding the skills to work independently of a physician; and be it further

RESOLVED, that the ISMA engage with appropriate stakeholders on ensuring that participants in postgraduate training programs for mid-level health care providers will not be paid at a higher level than PGY-1 residents at the same institution, in order to accurately reflect the value that each provides; and be it further

RESOLVED, that the ISMA engage with appropriate stakeholders on ensuring that postgraduate training programs for mid-level health care providers will not compromise the training of residents or fellows in any way, including by reducing the number of their patient encounters, the procedures they perform or any other learning opportunities.

20-09 TELEMEDICINE
By: Steve Tharp, MD, Chair, ISMA COL

RESOLVED, that ISMA seek legislation to permanently establish telemedicine flexibilities that increase patient access to physician services; and be it further

RESOLVED, that ISMA seek legislation that allows Indiana Medicaid patients to receive telemedicine services from their homes by eliminating all geographic distance requirements, including the "hub and spoke" model Indiana Medicaid used before the COVID-19 pandemic; and be it further

RESOLVED, that ISMA seek legislation to allow physicians to provide telemedicine services through audio-only modalities to established patients, including telephone calls; and be it further

RESOLVED, that ISMA support payment for audio-only telemedicine services at the same level as payment for in-person services or those rendered through audiovisual telemedicine technology in the event that an encounter begins as an audiovisual telemedicine visit or the patient can't access technology to accommodate an audiovisual telemedicine visit; and be it further

RESOLVED, that ISMA seek legislation to ensure that, if a patient's established physician provides telemedicine services, insurers may not prevent the patient from seeing their established physician by providing coverage only for telemedicine services rendered through the insurer's own telemedicine platform; and be it further

RESOLVED, that ISMA support and protect provisions in Indiana law that require physicians and health care providers treating patients located in Indiana to be: (1) licensed in Indiana, and (2) submit a certification to the Professional Licensing Agency consenting to jurisdiction in Indiana; and be it further

RESOLVED, that ISMA support the use of telemedicine by members of other professions not currently permitted by state law to use telemedicine, provided that the services are appropriate for the technology being used and are within the professional's current scope of practice.

20-10 SYRINGE EXCHANGE PROGRAMS
By: Steve Tharp, MD, Chair, ISMA COL

RESOLVED, that ISMA support the principles set forth in the AMA's model "Act to Support Patient Health and Reduce Harm from Overdose"; and be it further

RESOLVED, that ISMA support evidence-based public health practices in SEPs designed to eliminate the spread of HIV, hepatitis C, and other infectious diseases within communities and coordinate support for such policies with the Indiana State Health Commissioner; and be it further

RESOLVED, that ISMA support the availability of comprehensive wraparound services at SEPs; and be it further

RESOLVED, that ISMA support repealing the expiration of Indiana's SEP statute so that SEPs can continue to operate in Indiana for as long as needed; and be it further

RESOLVED, that ISMA support allowing the state government to activate an SEP if and when local governments are unable to do so in a crisis; and be it further

RESOLVED, that ISMA support allowing private entities to provide SEP services.

20-11 HEALTH CARE COSTS AND TRANSPARENCY
By: Steve Tharp, MD, Chair, ISMA COL

RESOLVED, that ISMA adopt the AMA's Price Transparency Policy D-155.987, which "encourages physicians to communicate information about the cost of their professional services to individual patients, taking into consideration the insurance status (e.g., self-pay, in-network insured, out-of-network insured) of the patient or other relevant information where possible"; and be it further

RESOLVED, that ISMA work with other health care stakeholders to seek legislation that corrects drafting errors in the good faith estimate provisions of HEA 1004 and that clarifies the language to make implementation more practical; and be it further

RESOLVED, that ISMA support payment reform to increase payment to physicians by basing it on the service provided and not the location in which the service is provided (or "site neutral" payments); and be it further

RESOLVED, that ISMA support legislation to enact the AMA's "Hospital Self- Referral Disclosure and Communications Act" to ensure that hospitals may not prohibit, interfere with, or in any way limit or restrict a referring health care provider's communications with a patient or patient representative concerning any service, provider, facility or entity that may provide items or services that are the subject of a referral, regardless of whether that service, provider, facility or entity is in any way owned, or controlled, by the hospital.

20-12 SURPRISE BILLING
By: Steve Tharp, MD, Chair, ISMA COL

RESOLVED, that ISMA continue to support protecting patients from surprise bills so they are responsible only for their in-network cost-sharing amounts, including deductibles, when receiving unanticipated medical care; and be it further

RESOLVED, that ISMA seek the addition of a statutory mechanism by which out- of-network physicians can challenge the payments they receive from insurers for their services, to ensure they receive a fair and reasonable amount; and be it further

RESOLVED, that a statutory mechanism for out-of-network physicians to challenge payments received from insurers should ideally consist of an independent dispute resolution (IDR) process in which:

• Claims of any amount are eligible for submission, to maximize accessibility, and batching of claims is allowed, to maximize administrative efficiency.
• The physician and the insurer submit information regarding the amount that should be paid for a service.
• An independent arbiter determines the most reasonable proposal and makes a determination within 30 days.
• The arbiter may consider a number of factors when determining which proposed payment is most reasonable, including:

o rates for comparable services in the same geographic region that are considered reasonable based on commercial insurance rates from an independent and transparent data base of all commercial payer claims data;
o any previous contracting history;
o demonstration of good-faith efforts (or lack thereof) made by either party (i.e. the out-of-network provider or the health plan) to enter into network contracts;
o market share held by the out-of-network health care provider or the health plan;
o level of training, education, experience, outcomes, and quality metrics of the physician providing the service;
o complexity of the services rendered;
o individual patient characteristics; and
o any additional relevant factors contributed by either party.

• The party whose proposal was not selected is liable for the cost of the arbitration.
• The arbiter's decision is final and binding on all parties; and be it further

RESOLVED, that ISMA support legislation that would prohibit hospitals and facilities from advertising in-network status with a particular health plan unless all the physicians and providers within that facility are in-network with the same health plan; and be it further

RESOLVED, that the patient should be entirely removed from the IDR process by allowing out-of-network physicians to bill the patient's insurance company directly and requiring the insurance company to pay the out-of-network physician directly.

20-13 INCREASED ACCESS TO SELF-ADMINISTERED HORMONAL CONTRACEPTION THROUGH PRESCRIPTION BY PHARMACISTS

By: Andreia Alexander, MD, PhD, MPH (Young Physicians)

RESOLVED, that ISMA support legislative efforts that allow pharmacists to prescribe self-administered hormonal contraception via a protocolized algorithm that is developed by the Board of Pharmacy and approved by the Medical Licensing Board that includes but is not limited to: a required training program prior to being able to prescribe; a risk assessment tool administered to the patient prior to prescribing with an immediate referral to primary care if a patient is deemed ineligible to receive the prescription; a blood pressure measurement taken by a Registered Pharmacist (RPh); a discussion of the risks of the medication with the patient; counseling informing the patient of the importance of routine medical or physician visits; and a notice to the patient's primary medical provider that the patient received the prescription, or a referral to primary medical care (or women's health) if the patient does not have one.

20-14 PROPOSED CHANGES TO INDIANA'S DISASTER IMMUNITY STATUTE IN RELATION TO COVID-19

By: Stephen Tharp, MD, Chair, ISMA COL

RESOLVED, that ISMA seek legislation expanding Indiana's Disaster Immunity Statute to appropriately address the unique challenges of the COVID-19 global pandemic, as follows:

• Clarify that the standard of care during disasters is dictated by the context of the disaster so that disaster-dictated decisions like treatment deferral, resource allocation and experimental usages do not constitute malpractice, gross negligence or willful misconduct;
• Clarify that the provision of health care services beyond an individual's expertise, specialty, training, or education – as long as provided in good faith and in support of a disaster response – do not constitute gross negligence or willful misconduct;
• Add immunity from criminal liability (e.g., reckless homicide, voluntary manslaughter) and administrative (licensure) actions for conduct consistent with the standard of care during a disaster event;
• Extend immunity to students and retirees without active licenses who are mobilized during a disaster and providing services which may be compensated (and thus not "voluntary") and who are registered (but not licensed) with the Indiana Professional Licensing Agency to provide health care services in accordance with the relevant executive orders issued by Governor Holcomb; and
• Clarify that the statute applies to the remote and virtual provision of health care services, such as through telemedicine.

The BOT does not intend to adopt any permanent policy positions on behalf of the ISMA in circumvention of the House of Delegates. Additionally, only the House of Delegates has the authority to amend the ISMA Bylaws. If you have any questions or urgent issues regarding policymaking, please contact our 7th District Trustees and Alt. Trustees, David Diaz, John Ellis, Susan Maisel and Bob Flint, or ISMA staff.

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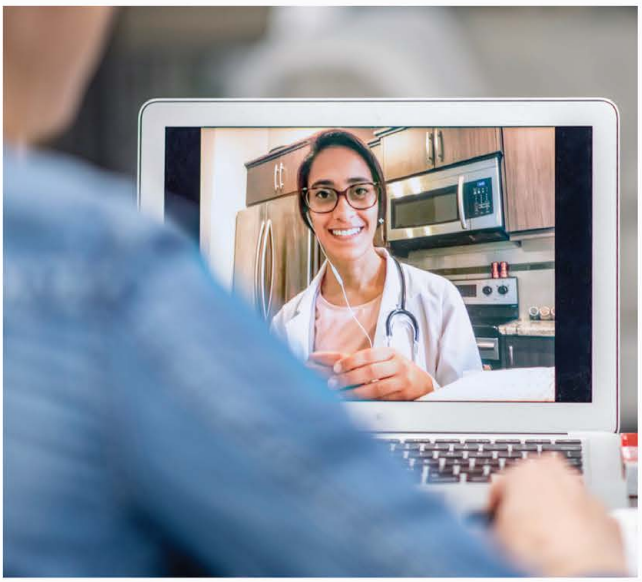

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COVID-19 Vaccines

By RICHARD D. FELDMAN, MD
IMS Board Member, MHM Board member and Past President, Former Indiana State Health Commissioner

There have been scarce bright spots in the COVID-19 pandemic crisis as the virus continues to run roughshod across America. Not a whole lot of good news. Poor governmental leadership, premature economic reopenings, and individuals acting irresponsibly have resulted in our downfall.

There has been some progress in therapeutics. But forget hydroxychloroquine. Although there was early hope for this medication for prophylaxis and treatment, there is no evidence that it has any significant effect. At least five randomized controlled studies, not confounded by concurrent use of other medications with some therapeutic benefits, have doused that fire of hope.

Remdesivir, an anti-viral agent, and dexamethasone, a corticosteroid, have shown to have important clinical benefits in hospitalized COVID-19 patients. Convalescent plasma infusions from recovered coronavirus patients containing COVID-19 antibodies have also demonstrated potential benefits in significantly ill patients. Another related modality showing promise is the pharmaceutical production of COVID-19 antibodies, (Eli Lilly is engaged in this research). This treatment has the possibility of use in less severe cases and even prophylactically for at-risk exposed individuals. These are important advances, especially for those seriously ill, but they are not gamechangers to reverse the crisis and lead us back again to normal life.

However, there is a shining bright spot: COVID-19 vaccine development. This is the potential game changer. There are 250 candidate vaccines in the process of development with 30 currently in some phase of clinical trials.

The effort to rapidly bring an effective vaccine forward for massive distribution and inoculation has been truly amazing and represents an optimally-conducted governmental partnership with academia, biotechnology, and pharmaceutical companies. This initiative, "Operation Warp Speed", could result in multiple effective COVID-19 vaccines and hundreds of millions of doses in record time. It typically takes a decade or more to develop a vaccine. We are anticipating COVID-19 vaccines potentially approved by year-end, available in the spring, and widely accessible by summer - less than a year and a half since the beginning of research efforts.

Seven Warp Speed vaccines have been chosen for billions of dollars in federal funding and manufactured at financial risk even before FDA approval. The hope is that one (or more) has proven efficacy in final prelicensure phase 3 clinical trials, so it will be immediately ready for Emergency Use Authorization deployment. Companies involved in these efforts include Moderna, Pfizer, AstraZeneca in cooperation with Oxford University, Johnson and Johnson (all currently in phase 3 trials), Novavax, and Sanofi Pasteur/GlaxoSmithKline.

Of particular interest are the AstraZeneca and CanSino/Lilly vaccines that induce immunity by stimulating antibody production and also provoking T-cells that produce immune memory. Although antibody levels may decrease in time, these T-cells may induce fresh antibody production when the individual is re-exposed to the coronavirus.

Many questions remain regarding producing safe and effective COVID-19 vaccines. How much protection will they provide and how long will immunity last? Will the federal government efficiently coordinate equitable distribution with states? What at-risk population groups will get immunization priority before widely available?

We anticipate that the public acceptance of the COVID-19 vaccine will be relatively poor with the majority of Americans vaccine hesitant and one-third refusing vaccination. Will there be political interference pressing for premature FDA emergency authorization without completion of the clinical trials and adequate safety and effacy assurances? Judging recent FDA decisions and the President's remark that he can overrule the FDA, the odds of that are considerable. This would result in even higher vaccine non-acceptance.

Despite the questions, I remain vaccine optimistic.

Breast Cancer Screening for All

Free & Reduced Mammograms

By Mariel Luna Hinojosa, IUSM MS4 and Theresa Rohr-Kirchgraber, MD

A 50 yo F patient presents to your office for a wellness exam. She is due for a screening mammogram but she does not have insurance. Where could she get a screening mammogram at no cost or reduced cost?

Breast cancer is the most common cancer and the second most cause of death in women in the United States (US). The American Cancer Society (ACS) estimates for 2020 note 276,480 out of 279,100 new cases of breast cancer in women with approximately 42,690 deaths [1]. Screening mammograms are indicated for average risk patients with no clinical symptoms is the best screening exam for breast cancer. While some medical organizations have guidelines for mammogram screening starting at age 40, the US Preventive Services Task Force (USPSTF) recommends biennial screening for women ages 50-74. But what if your patient is underinsured or uninsured? Early detection improves survival and socioeconomic status (SES) is a factor in the survival rates. Patients with low SES have shown decreased survival rates [2] with more advanced cancer at time of presentation and lower rates of mammogram screening.

As a primary care physician, one of our roles is the prevention and screening of common diseases. We recommend and encourage mammograms to mitigate the development of breast cancer, but what happens for our low SES patients for whom preventative care and screenings are luxuries that are ill afforded? The uninsured or underinsured patient faces the challenge of having limited resources.

So, what if you have a patient with no insurance or who is underinsured who needs a screening or even a diagnostic mammogram? Where could you send them? Free or reduced rate services are available. Here are some recommendations:

1) National Breast and Cervical Cancer Early Detection Program (NBCCEDP)

Indiana State Department of Health
2 North Meridian Street
Mailstop 6B-F4
Indianapolis, IN 46204
(317) 233-1325

(317) 233-7405
Fax: (317) 233-7775
Website: https://www.in.gov/isdh/24967.htm

2) Gennesaret clinic – Women's Health Services

Business office
615 North Alabama St., Suite 136,
Indianapolis, IN 46204
By appointment only; contact: 317-639-5645; ext 202
Website: https://www.gennesaret.org/get-care/womens-health/

3) Little red door cancer agency - Mammography assistance program

Program offers assistance for screening or diagnostic mammograms to women that are uninsured or underinsured.

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References:
[1] https://acsjournals.onlinelibrary.wiley.com/doi/full/10.3322/caac.21590
[2]https://pubmed-ncbi-nlm-nih-gov.proxy.medlib.uits.iu.edu/30537364/

Mariel Luna Hinojosa is a 4th year medical student at the IU School of Medicine. She plans a career as a primary care internist.

Theresa Rohr-Kirchgraber, MD is a Professor of Clinical Medicine and Pediatrics at IU School of Medicine.

The opinions are their own and do not necessarily reflect those of IUSM.

Restorative Nostalgia

By JOHN J. WERNERT, MD, MHA
Executive Medical Director, Norton Behavioral Medicine

It may be evident to you now that we all will be spending more time in our homes. Whether working remotely, socializing electronically or sifting through the jungle of social media, Americans are reimaging their homes and the activities they do there. Homes should be spaces of comfort. Our current circumstances mock that claim. The boundaries of space seem to close in and turn our homes into stressful spaces. This change limits our movement and imposes a new monotony that can be frightening. We fell "cut off" from familiar support networks and comforting places and landscapes. I certainly miss the consistency and reliability of my "pre-pandemic" lifestyle.

The pandemic in some ways feels like exile. How do we combat these feelings of isolation and disconnection? We actually live in an extreme environment when we are forced in to exile. Authors have written of the elements involved with extreme environments and why humans responds negatively:

1) We all need daily structure. Notice how much better you feel when you have orderliness and predictability in your normal day. Instead, we now have unpredictable days and receive contradictory advice daily – "to go out or remain isolated."

2) Indefinite stays. We like knowing when a crisis or confinement will end. Uncertainty about when the restrictions will end just worsens our fears and anxiety.

3) Hypervigilance is exhausting. A feeling of abandonment sometimes takes over and being on constant alert depletes our energy.

One simple solution is to try and hold on to memories of experiences and places that rejuvenated us. Where do you remember feeling relaxed and untethered? A senior colleague recently offered me the idea of "restorative nostalgia" as a remedy to these unnerving feelings.

Our family use to take a yearly summer week vacation on the Upper Peninsula of Michigan. My favorite pilgrimage was to Whitefish point, a finger of land that juts out in to Lake Superior. Even in the broiling heat of late July, Whitefish Point was always cool, the water cold. Smooth stones worn from centuries of waves. There was a raw and powerful nature to this place for me, and I return to that rustic scenery in my mind when I feel stressed or confined. Do you have a similar spot for restorative nostalgia?

It is a problem to be separated from what is familiar to us, but don't be preoccupied with imagery of loss and alienation. Try to re-center yourself and re-enjoy the restorative nature of nostalgic places. This is a solid strategy to reinvigorate our resilience and regain our homes (and minds) as places of comfort, not confinement.

The Road Less Traveled: Patsy Wisler, MD

By EMILY FREEMAN
IUSM Class of 2023

Some may describe Dr. Patricia "Patsy" Wisler's road to medicine as one less traveled, but she wouldn't want it any other way.

The Road to Medicine

Patsy Lewis Wisler was born into a long family lineage of doctors. Her father was a fourth generation physician who started his own family medicine practice in Lawrence, Indiana. Dr. Wisler's road to medicine began during her junior year at Ladywood all-girls Catholic high school in Indianapolis. She recalls having an "aha!" moment sitting in her homeroom class while her teacher discussed college preparation. It was in this flash of clarity that Patsy realized she would truly love to become a physician, like her father. After high school, she continued on to St. Mary of the Woods College, alma mater of her mother, sisters, and aunts. She majored in chemistry and minored in biology with aspirations to continue on to medical school. These dreams were happily placed on hold when she met the love of her life, Tom Wisler. Tom shared aspirations to attend medical school, but first, he was committed to serve two years in the United States Navy. During these years, Patsy obtained a Master's in Biochemistry from the University of Minnesota. Once Tom fulfilled his service, the two were married and ready to take on life knowing they always had one another by their side. Tom received his medical education from Creighton University School of Medicine in Omaha, during which time Patsy worked as an associate research scientist in biomedical research at the University of Nebraska. The couple and their growing family continued on to the University of Cincinnati, where Tom completed his residency and Patsy got her PhD in Pharmacology and Cell Biophysics. With six children and many new degrees to their names, the couple happily moved back to Indianapolis where Tom opened his OB/GYN practice.

Returning to Indianapolis was a dream come true for Patsy Wisler. She worked part-time as a research scientist at the Krannert Institute of Cardiology at IU School of Medicine, under the direction of Dr. August "Gus" Watanabe. Little did she know how influential this connection would be in the trajectory of her life. Gus and his wife, Margaret "Peggy," soon became friends to Patsy and Tom Wisler. Peggy Watanabe was in her 40's when she attended medical school at IU. Patsy recounts that she thought, "if Peggy Watanabe could do it, then maybe they'd consider me too, because I was definitely in my 40's too, with six kids." So, while working at the Krannert Institute, Patsy applied to Indiana University School of Medicine and was accepted with advanced placement. With the unwavering support of her family and friends, she completed her medical education and internal medicine residency at IUSM. While a resident, she had the opportunity to watch their only son, Tom, begin his years of medical school at IUSM. Dr. Wisler started practicing at St. Francis, now Franciscan, Hospital as an internal medicine physician and also a wound care physician for a time. Then, once the family responsibilities lessened, she opened her own practice in general internal medicine. Today, she continues to work at Franciscan Health as a primary care physician for participants in the Program for All Inclusive Care for the Elderly (PACE).

Women in Medicine

Patsy recognizes Dr. Peggy Watanabe as an inspiration to go to medical school. It was Peggy who helped break the status quos of gender and age in medicine and provided representation for older women. When asked if she felt any pushback as a woman in medicine, she responded, "Oh, no, I came at the time when women were really blossoming into it. And I think that's what encouraged me. During the time I was growing up women physicians were a real rarity. I didn't know any."

Living the Dream

Dr. Wisler's career is one filled with love, passion, and gratitude. She is most proud of her children and most thankful for her late husband, Tom; "he's the one who enabled me to fulfill my dream of going to medical school. Albeit, pretty late, but I did it." When asked if she has any regrets, she confidently answered, "Not a single one. I'm totally and completely grateful for the life I have. Even now, even when I'm pushing- I won't say it- but "the later stages," I thank God that I was one of the most fortunate people in the world who got to accomplish every dream I had and I was able to do it with help."

To Future Women Physicians:

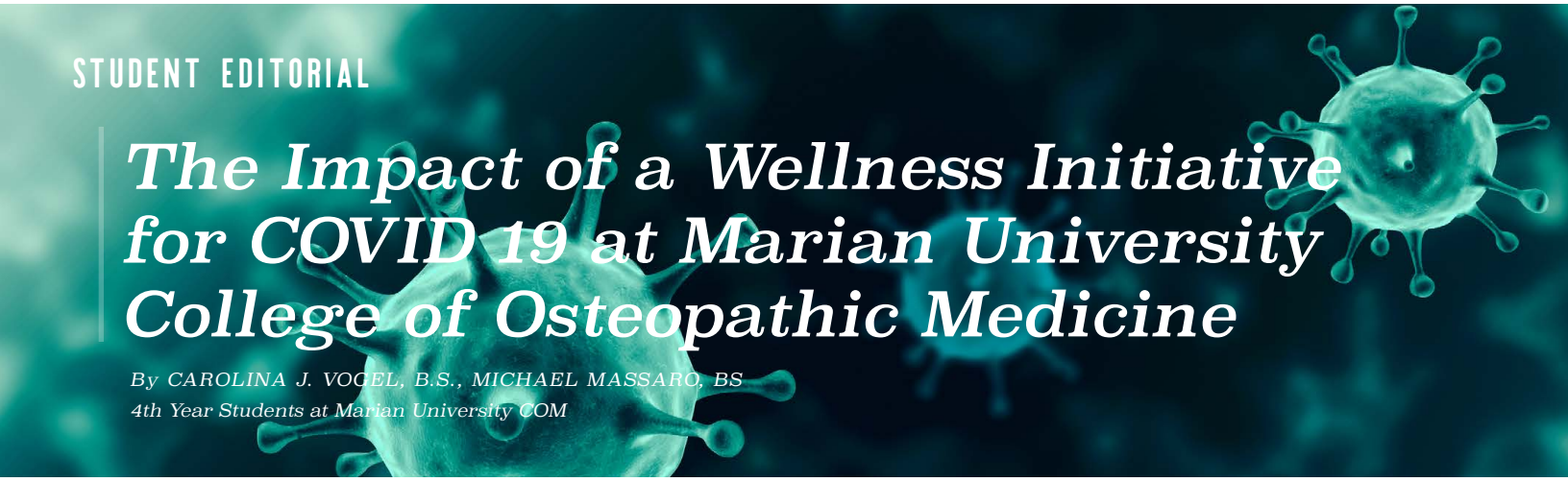
Dr. Wisler's advice to future women physicians is on the importance of balance. "Every part of life is important. Balance. Balance your personal life. But always be grateful that you can give something to somebody that's important. Relief from pain, hope for the future. Those kinds of things. Nothing's better than that."

Shared Wisdom

Dr. Wisler shared a valuable insight that she gained while

on call as an intern in the Wishard (now Eskenazi) Emergency Department. She recalls a wintery night when an ambulance arrived with a frail, old man who was found in the cold. The man was homeless. Dr. Wisler shares that the scene provided her with a "flash of inspiration. To wonder why God put him there. And me, in my place where I'm trying to help him. I could have just as well been in his shoes and he helping me." "It was just such a question of why me, in my place? Why him there, freezing and at least in his 80's, sleeping on the streets and brought in because the winter storm was raging outside. And I, to this day, I still wonder why. Why was he there, and I here? I could have just as well been the person brought in from the freezing cold. So with whatever was given to me, I'd better do my best!"

While there are many paths to medicine, all require determination and passion. Dr. Patsy Wisler serves as an exemplar model for those who have yet to realize all of their dreams. With her patience, purpose, and immense love and support, she was able to make her lifelong dream her reality. Dr. Wisler is the embodiment of what it takes to be a woman in medicine.



STUDENT EDITORIAL

The Impact of a Wellness Initiative for COVID 19 at Marian University College of Osteopathic Medicine

By CAROLINA J. VOGEL, B.S., MICHAEL MASSARO, BS
4th Year Students at Marian University COM

As we compose this letter, my mother is on the tail end of a 2 month-long battle with COVID-19.

When she was placed on a ventilator my family began sharing health updates publicly with her friends . We were hoping she would require mechanical ventilation for only a few days; but she was hospitalized for 46. This meant my family faced an unanticipated and elongated public journey. Midst the outpouring of support, it was my medical school that seemed to provide the most.

There has been immense power in the virtual connection our institution has provided during COVID-19. When it became clear schooling would not continue as planned, our administration implemented the "Student Care and Concern" form where students could share concerns they had about other students' mental health with select faculty. When a peer heard of my circumstances, they submitted a form on my behalf, and I was shortly contacted by numerous faculty members.

Their outreach gave me the courage to ask for the help I needed: an extension on an upcoming exam, which I was granted without hesitation. This allowed me to grieve when my mother experienced a setback rather than studying poorly for said exam.

Plagued with uncertainty about the future, this has undeniably been a lonely and difficult time for medical students. Fortunately, along with the difficult task of providing a virtual curriculum, programs like ours are prioritizing wellness as well as academic success.

Within a week of the virtual curriculum being implemented, our administrators pulled together the Wellness Student Government Executives from each class. We discussed each class's unique challenges and developed a plan to address them. Our normal daily on-campus wellness activities became virtual activities. We organized several virtual Trivia nights to provide a social relief. Along with the "Student Care and Concern" form, we encouraged others to check in with fellow classmates and utilize our school's virtual counseling services. We adjusted to the circumstances to be sure everyone's mental health was accounted for.

It is times like these where we can see the difference that wellness initiatives make on medical education. As future physicians, we are anxiously waiting for what happens next academically while balancing other significant stressors, like a sick family member. As our administrators did, we encourage other programs to implement wellness initiatives that allow students the space to grieve the losses caused by COVID-19 in a (virtually) supportive environment.

Carolina J. Vogel contracted COVID 19 and was able to recover at home. Her mother has also recovered from COVD 19 after a prolonged illness.

Michael Massaro, B.S. is a 4th year student at Marian University COM.

This article submitted with the knowledge and approval of MUCOM.

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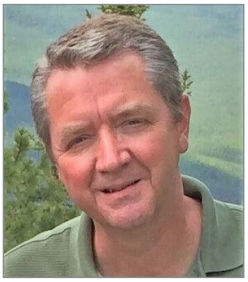
IN MEMORIAM

DAN KEITH NORDMANN, M.D.



Dan was born on January 16, 1960 in Wabash, Indiana. In 1978 Dan graduated from Manchester High School. He went on to further his education by graduating from Manchester College in 1982, were he received a Bachelor of Science degree in Biology and Chemistry. Dan was not done with his education however, in 1986 he graduated from Indiana University School of Medicine, receiving a Doctor of Medicine degree. He did his residencies in Internal Medicine, Anesthesiology, and Pain Medicine. After finishing his residencies, Dan worked at St. Vincent, Indiana Spine Group, Indianapolis, Indiana, from 2000 to 2007. He then became the Director of the Pain Clinic at St. Francis, Indianapolis, Indiana, from 2007 to 2016. IMS Member since 2001.

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:	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 School of Medicine

Indiana University School of Medicine is committed to providing valuable educational opportunities. Many of our educational activities usually offered as face-to-face meetings, have now transitioned to a virtual format in an effort to keep healthcare teams connected and engaged during the COVID-19 pandemic.

Current Virtual Series actives open to the public:

Grand Rounds: Dermatology, Gastroenterology, Medicine, Pathology, Pediatric, Psychiatry, Otolaryngology, OBGYN

Project ECHOs: Cancer Prevention & Survivorship Care, Integrated Pain Management

Education & Research: Child Neurology, Clinical Research Ed, Faculty Devel. Simulation, IU Health Pathology Digital Imaging, Neonatal & Prenatal Ed, Pulmonary Research

Schedule of activities, visit https://iu.cloud-cme.com

For more detailed information, please visit the events page.

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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Delegates to the Annual State Convention

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Susan K. Maisel (2022)
Mary Ian McAteer (2020)
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Eric E. Tibesar (2020)
Maureen Watson (2022)
H. Jeffrey Whitaker (2020)
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Delegates to the Annual State Convention

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

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Jeffrey L. Amodeo (2021)
Brian D. Clarke (2020)
Doris Hardacker (2021)
Brian S. Hart (2020)
Kyle Jamison (2021)
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Penny W. Kallmyer (2020)
John E. Krol (2020)
Daniel E. Lehman (2020)
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Christopher Mernitz (2021)
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Ingrida I. Ozols (2020)
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Indiana state medical association

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Peter L. Winters 1997-1998
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George H. Rawls* 1989-1990
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Alvin J. Haley 1980-1981

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