

BULLETIN

EDITORIAL Pg 10

COVID-19 Vaccine

by RICHARD FELDMAN, MD

IMS Board Member, MHM Board member and Past

President, Former Indiana State Health Commissioner



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LETTER FROM THE EDITOR

Members,

I want to apologize for the late delivery of the last month's edition of the Bulletin. We use the United States Postal Service (USPS) to deliver your monthly magazine. Although we turned the magazine in on schedule in January, we were told by the USPS that they were 2 to 3 weeks behind schedule and they do not know when they will catch-up. We will start sending the Bulletin via email to subscribers. We appreciate your understanding during this time.

As always, we are here to serve you if you need anything or have questions. Please do not hesitate to reach out.

Sincerely,



Executive Vice
President



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THE PRESIDENT'S PAGE

LINDA FEIWELL ABELS, MD

February is dedicated to celebrating heart disease awareness. In fact, National Wear Red Day is celebrated on the first Friday of February. People are encouraged to wear red to bring awareness as heart disease is one of the leading causes of death in the United States. As physicians, we know that heart disease is largely preventable.

Social determinants of health are identified as conditions where people live, learn, and work and can address their quality of life, health risks, and outcomes. They can also be factors associated with cardiovascular risks and are a major source of health disparity and influence how, we as physicians, can affect our patient's behaviors to reduce their risk of coronary disease. Socio economic issues including lack of access to healthy food, social and economic opportunities, resources in the home and neighborhoods, and quality schools are among a few of the issues that influence how social disparities can affect our patients. We must consider race, ethnicity/culture, gender/sexual identity, disability or special needs, income, social status, and geography (rural or urban) as we help our patients become healthier.

As we attempt to educate and influence our patients to promote healthier lifestyles, foster better eating habits, exercise, lose weight, and take prescribed medication, we need to consider their financial ability to purchase healthy foods, their access to physicians and health care, and their ability to pay for their medication as they are challenged by job loss and lack of insurance. We must also consider their willingness to make changes. We must think about family responsibilities, access to grocery stores, transportation, and access to gyms and recreational facilities.

There is some good news. Our efforts to promote cardiovascular health and reduce disparities have been somewhat successful in decreasing cardiovascular disease mortality in all race and ethnic groups. But we still have work to do. Racial ethnic minorities still make-up a significant portion of the population struggling from a major chronic diseases.

Racial and ethnic minorities often experience a lower quality of health services partially due to difficulties with access to care. Racial bias, prej-



udice and social discrimination can be a source of acute and chronic stress and can be linked to cardiovascular disease. Discrimination can also lead to restrictions in education and employment that contribute to disparities in health care.

Major risk factors in the development of cardiovascular disease including obesity, hypertension, diabetes, hypercholesterolemia, poor dietary quality, tobacco abuse, and untreated sleep disorders are affected by lifestyle choices. Education and income, housing quality, neighborhood characteristics, neighborhood violence, and access to green spaces are strongly associated with social and environmental determinants of health.

How can we motivate our patients? How can we help them modify their risks? How can we make sure they purchase and take their medication correctly? What resources do we have to assist them? It is important to develop strategic partnerships with communities and implement community driven solutions. It is important to involve community leaders, governmental and non-governmental, sororities, fraternities, civic organizations, religious organizations, employers, academic health centers, state and local health departments, community residents, and families. Solutions must include education, housing, employment, health services, physical environmental, and public safety. Physicians must consider ethnic barriers, communication strategies, and include their patients in decision making as they attempt to prompt a healthy lifestyle.

THE PRESIDENT'S PAGE

LINDA FEIWELL ABELS, MD

I have included some local resources that might be helpful in addressing problems with access to healthy foods, transportation services, assistance with medications, and convenient free exercise facilities.

Next month join us for our first virtual event of the year where we will hear from our very own Dr. Eric Yancy on race and social determinants of health. Mark your calendars for Tuesday, March 16 at 6:30 pm, and be on the lookout for the official email invitation with more information on how to sign up for the zoom meeting. I hope to see you there for the discussion.



Linda Feiwell Abels
President
Indianapolis Medical Society

PATIENT RESOURCES

Medication Assistance

Indiana Drug Card
www.indianadrugcard.com

Generic Assistance Program (GAP)
www.needymeds.org/gap

Hoosier Rx
866-267-4679

Needy Meds
www.needymeds.org

The Partnership for Prescription Assistance
medicineassistancetool.org

Food Banks

Gleaners
317-925-0191
www.gleanors.org

Community Compass
Download app with smart phone or call 211

Mid-North Food Pantry
317-924-7900

Indiana Food Pantry
FoodPantries.org (subsidized resources)
Crooked Creek Food Pantry
6940 N Michigan Road
Drive through Wednesday, Thursday, and Friday

Shepherd Community Center
317-375-0203
4107 E Washington

Edna Martin Christian Center Food Pantry
317-637-3776

Westminister Neighborhood Services
317-632-9785
2325 E New York

Transportation

Door2Door
317-284-1273
\$40 ambulatory, \$70 wheelchair

Cicoa Way 2 Go
317-803-6153

Indigo Open Door
317-917-8747
\$3.50 per trip (each way)

Exercise Facilities

Free online exercise classes
www.smarter.com

Silver Sneakers YMCA
317-266-9622

Can participate in chronic disease program and receive assistance with exercise

Save The Date: Tuesday, March 16 | 6:30 PM





ISMA
INDIANA
STATE
MEDICAL
ASSOCIATION

PHYSICIAN ADVOCACY WEEK

March 15-19, 2021

In previous years, Physician Advocacy Day at the Indiana Statehouse has been an opportunity for physicians to connect with their legislators and share important information on legislative proposals that impact the practice of medicine. Because of COVID-19, this year's physician advocacy event will feature a week of virtual advocacy, with several opportunities for you to get involved!

With lawmakers' intense focus on policies impacting Hoosier health care, it's critical that our voices as physicians are heard on issues that will affect our practices and patients for years to come.

This year's event will include a weeklong phone and email campaign, as well as a virtual legislative forum on Wednesday, March 17, 2021.

Signing up constitutes your commitment to receiving legislative materials, legislative alerts, and using your voice to further the practice of medicine in Indiana!



Learn more and register:
www.ismanet.org/PhysicianAdvocacyWeek

The Mrs. The Mommy. The MD. Dr. Jasmine Johnson

by ARIELLE MOSS, OMS III AND DR. THERESA ROHR-KIRCHGRABER, MD



Indiana native Dr. Jasmine Johnson's introduction to medicine began as a young girl in the operating room lounge. Snacking on saltine crackers while waiting on her father, a urologist in northwest Indiana, Dr. Johnson always knew she wanted to become a physician. Her time as an undergraduate at the University of Michigan - Ann Arbor solidified her commitment to learning more about health disparities and working with underserved populations. During her senior year, however, she found herself at a crossroads when she had an unexpected pregnancy. "I had to ask myself - was it possible for me to pursue my passion for medicine and have a child?" With the support of her family and an encouraging obstetrician whom she still considers a mentor, Dr. Johnson decided to continue on the path to her dream.

"I actually didn't get into medical school the first time I applied," Dr. Johnson explained, "but after enrolling in Indiana University School of Medicine's post-baccalaureate program and strengthening my application, I was accepted the second time around." With her husband and young son, Dr. Johnson began her journey to becoming a physician at the IU School of Medicine. At the time, bloggers were sharing many experiences online, but there was not an established presence of mothers in medical school. Dr. Johnson thought there could be other women like her, yearning to see what was possible, so she started her blog, "The Mrs. The Mommy. The MD," to chronicle her own story on balancing marriage, motherhood, and medicine.

Upon starting third-year rotations, Dr. Johnson was undecided on a specialty. Because of her concerns of juggling her family and career, she naively placed OBGYN at the bottom of the list, as it had the historical reputation of having an unpredictable and unforgiving schedule. OBGYN happened to be her last rotation of her third-

year of medical school. She still had not chosen a specialty at this point, and although she enjoyed all of her clerkships, she always gravitated towards women's health. "When I finally got to my OBGYN rotation, I felt like I had found my people."

After graduating from IUSM in 2014, Dr. Johnson completed four years of OBGYN residency at the University of North Carolina - Chapel Hill and is currently in her third and final year of Maternal Fetal Medicine fellowship at UNC. As an MFM fellow, Dr. Jasmine manages high-risk pregnancies and conducts research on racial health disparities in the obstetric population. Her research focuses on identifying and evaluating the complexities that contribute to racial health disparities. She also assists with designing best-practices to reduce preventable pregnancy-related deaths. Drawing on her own experiences as a Black woman navigating the healthcare system and as the only Black physician in her MFM department, Dr. Johnson is passionate about serving and advocating for Black women.

In 2018, the Center for Disease Control (CDC) found that preterm birth (<37 weeks gestation) affects 1 in 10 infants born in the United States. The rate of preterm birth among Black women was 50 percent higher than those of white women. Black women were also two to three times more likely to die from pregnancy-related causes than white women. While lack of access and poor quality of care play a significant role, particularly among women of low socioeconomic status, Dr. Johnson's recent publication in the *American Journal of Obstetrics and Gynecology - MFM* demonstrates these health disparities are seen even among Black women of high socioeconomic status.

This study examined the birth certificates of more than 2.1 million live births in the United States from 2015-2017 and grouped women into their self-reported race: white, non-Hispanic white, non-Hispanic Black, and mixed non-Hispanic Black. All women were of high socioeconomic status with more than 16 years of education, private insurance, and not receiving government assistance. The results collected at <37 weeks gestation concluded that 9.9 percent of Black women and 6 percent of mixed-race women delivered preterm compared to 5 percent of white women. In Indiana, the overall rate of preterm birth is 10.7 percent while in Black women it is 13.1 percent, as per data from the March of Dimes.

In 2019, Dr. Johnson's research published in *Obstetrics & Gynecology* examined racial inequities in postpartum pain management and response for women who underwent scheduled cesarean deliveries. The retrospective study found that Black and Hispanic women had less frequent pain evaluations, higher pain scores, and received less pain medication than white women.

It is difficult to fix a problem that is not seen. In order to close these health equity gaps, it is crucial for research to "see color" by tracking outcomes by race. "We must stop saying being Black is a risk factor when, in fact, racism is the risk factor," Dr. Johnson explains. Her research reiterates that differences in health outcomes for Black women persist independent of socioeconomic factors - in short, we should stop blaming Black women for these disparate outcomes. "It is so important to think critically about how race impacts care, whether it's overt discrimination or lack of access to care related to systemic racism that prevents certain racial and ethnic groups from receiving the quality care they deserve," Dr. Johnson says.

In order for physicians to help alleviate these health inequities, they must be educated on them throughout their training. "Medical school curriculum is very constrained in what can be covered, but this is not an excuse for not talking about these issues. Racial equity training often occurs as a separate module or elective course," Dr. Johnson explains. "I have been involved in incorporating maternal health disparities in reproductive physiology lectures for our medical students during their OBGYN rotations. When we talk about certain cases, we should ask ourselves, 'did this patient's race or ethnicity impact her care or pregnancy experience?' Discussing racial health disparities must be integrated throughout the first four years of medical school and beyond, not just in a separate course a student can take as an afterthought."

Furthermore, medical schools and hospital systems must train students and providers on recognizing and addressing implicit biases. "We all have implicit biases and in order to overcome them, we have to acknowledge that they exist otherwise they will continue to be perpetuated," Dr. Johnson says.

With Black physicians making up only five percent of the physician workforce, Black medical students and doctors can feel isolated. "While it is important for medical students to push for diversity and recruit more Black students," Dr. Johnson says, "medical schools must create an infrastructure for students of color to report microaggressions and genuinely invest in these students navigating their education and careers. Don't just give lip service to diversity. Create a culture that values inclusivity."

The summer of 2020 ushered in the COVID-19 pandemic as well as the United States' ongoing reckoning with systemic racism, demonstrating



just how important it is to support Black medical students and physicians. The protests demanding justice for Breonna Taylor, George Floyd, and Ahmaud Arbery and calling out persistent racial injustices can take a toll on the mental health of the Black community. “Being the only Black person in the room to speak out about these issues is exhausting, and honestly sometimes it can mean so much more if allies make themselves uncomfortable and stand up for their Black colleagues.” Medical schools and hospital systems can support their Black students and physicians by first acknowledging that these events affect them differently and cultivating opportunities for open dialogue about these issues of racial injustice.

Indiana’s two medical schools have responded to the growing need to increase representation of Black physicians in medicine and to train culturally competent physicians passionate about reducing health disparities throughout Indiana and beyond. IU School of Medicine appointed Dr. Patricia Treadwell, MD to the new role of Chief Diversity Officer and Special Advisor to the Dean. Marian University College of Osteopathic Medicine has created a student-driven Health Professions Diversity and Inclusion Taskforce to recruit and support medical students who self-identify as under-represented minorities in healthcare professions and to establish a culturally sensitive learning environment for medical students, faculty and staff.

While Dr. Johnson is passionate about her research, her favorite part of her job remains her relationships with her patients. “I love catching up with my patients in the clinic,” she says. “I get so excited when they update me about their lives, and delivering babies means celebrating a lot of birthdays!” After completing her last year of MFM fellowship in 2021, Dr. Johnson will continue the fight for racial justice through her research in maternal health disparities and advocating for her patients.

Dr. Jasmine Johnson, MD is a Maternal-Fetal Medicine fellow at the University of North Carolina Department of Obstetrics and Gynecology. Check out her blog “The Mrs. The Mommy. The MD” and follow her on Instagram @mrsmommymd to learn more about her research and how she balances motherhood and medicine.

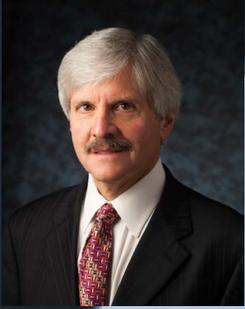


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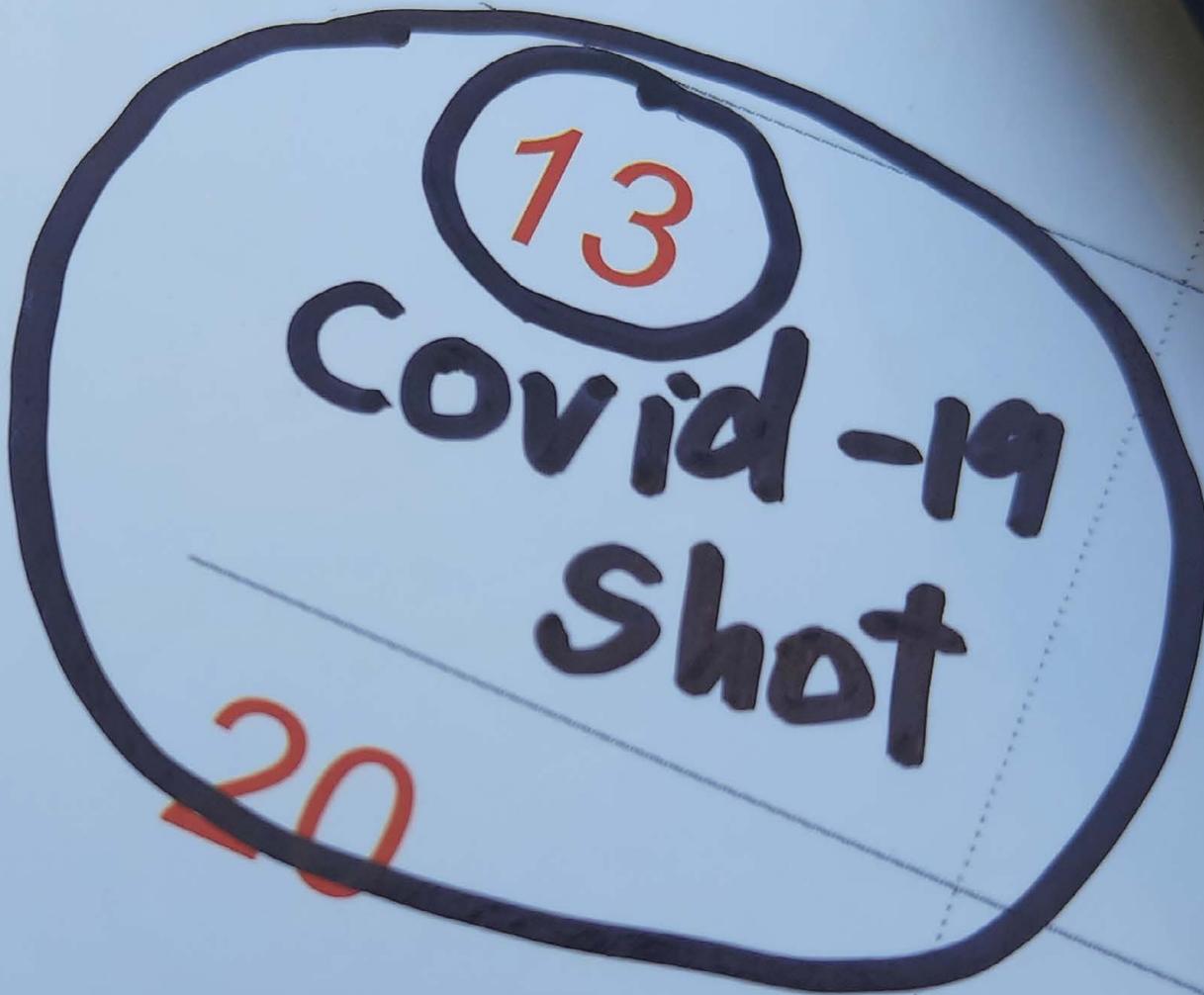
STRONGER TOGETHER
The Indiana State Medical Association (ISMA) and Indianapolis Medical Society (IMS) need you! Physicians together, driving the future of health care. **Join today!**



COVID-19 Vaccine

by RICHARD D. FELDMAN, MD

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



The incredible COVID-19 vaccine was the lone bright spot in our response to the pandemic. Even that became deplorably tarnished as well - until recently.

The COVID vaccine rollout was botched by the previous administration. Many felt it was predictable since a federal-state coordinated partnership to get these life-saving vaccines into the arms of people was never established. The federal government's approach was to distribute the vaccines to the states, and it was up to them to take it from there. Unfortunately, there was a lack of federal funding, and the vaccine allocations were distributed to states weekly on short notice - inconsistently, unevenly, and unpredictably. And with a lack of public health infrastructure, the huge undertaking proved to be overwhelming for many states to effectively handle.

Former Secretary of Health and Human Services Alex Azar told the American public that all vaccines held in reserve for second doses would be immediately released. The next day, he announced there were, in fact, no vaccines held in reserve. Nothing more than a reflection of the administration's negligence, incompetence, and chaos.

Of the tens of millions of doses distributed to states, only about half have been administered; the original timetable is greatly behind schedule. Where are all these vaccines? No one really seems to know. If they have been distributed, they must be sitting in freezers in states lacking the capacity and organization to administer them. Some states, like Indiana, have efficiently utilized nearly all the vaccines that have been given to them. There is still some unused vaccine-administration capacity in Indiana, and further expansion is limited only by the number of vaccines allocated to us. Other states have run out of vaccine and have canceled thousands of immunization appointments.

Let's get this right. Five hundred thousand people are expected to die of COVID-19 by

mid-February. Over 3,000 Americans die each day. Worse, there are now multiple new more transmissible and possibly more deadly variants of the SARS-CoV-2 virus. And the more the virus spreads the more it will mutate, rendering immunization less effective. Vaccination is our only way out of this crisis, and it needs to seriously intensify. It's up to President Biden to get it done.

Biden has assembled a COVID-19 response team and has proposed a \$20 billion national vaccination program. The President has launched a much more engaged and supportive federal governmental role in leading and coordinating the immunization effort. His goal is 150 million doses administered in the first 100 days in office.

The Biden plan includes establishing mass immunization sites supported by FEMA, the U.S. Public Health Service, and the National Guard; partnerships with pharmacies for vaccine administration; and mobile vaccine clinics for hard-to-reach areas and underserved populations. Allocations to states will expand with more advance notice of shipment quantities, essential for planning. The Defense Production Act is being utilized to expand vaccine-related supplies. Two hundred

million more doses have been ordered and the President's new pledge is to fully vaccinate 300 million Americans by fall. Importantly, Biden will initiate a massive public education initiative to increase acceptance of and confidence in the COVID-19 vaccine.

A good plan urgently needed. Finally. What had become tarnished now shines again.

Only about 40 million COVID-19 vaccine doses have been administered. It will take 500 million doses given to achieve herd immunity (75 percent of the population receiving two doses). We have a long way to go with little time. Now, we will get there.

“It will take 500 million doses given to achieve herd immunity (75 percent of the population receiving two doses).”

New Coalition Further Unites Indiana's Physicians



by INDIANA STATE MEDICAL ASSOCIATION (ISMA)

In January, Massachusetts became the 23rd state to adopt full practice authority for nurse practitioners, allowing them to practice independently of physicians. The law, which was introduced in the Massachusetts state legislature as an extension of several pandemic-related measures, also expanded scope of practice for nurse anesthetists, psychiatric nurse mental health specialists and optometrists.

To prevent similar inappropriate scope expansion from happening in Indiana, a new state-wide alliance of physician organizations recently formed. Known as the Indiana Physician Coalition, its mission is to ensure health care for Hoosiers continues to be led by physicians with a team-based approach that protects patients

from harm, increases access to quality care and helps control health care costs.

“There is no one better to advocate for Hoosier patients than the health care professionals that patients trust most – their doctors,” said Roberto Darroca, MD, president of the Indiana State Medical Association (ISMA). “Our combined strength, coming together as one, will help us to better promote physician-led care and prevent inappropriate scope of practice expansion.”

With ISMA leading this effort on behalf of more than 10 other state associations and societies, members of Indianapolis Medical Society and other county medical societies are automatically included in coalition communications.

An advertisement for the Indiana Physician Coalition. It features a background image of a female doctor with curly hair, wearing a white lab coat and a stethoscope, looking down at a tablet. In the top left corner, there is a circular logo for the Indiana Physician Coalition with a central caduceus and flame. To the right of the logo, the text reads: "HOOSIERS TRUST INDIANA PHYSICIANS" in bold white letters, with "INPHYSICIANS.ORG" in blue below it. At the bottom, a white text box contains the message: "The quality of your health care depends on the qualifications of your health care professionals".

IMS members are encouraged to become familiar with the coalition's messages, join its advocacy efforts and recruit colleagues to do the same. The first phase of Indiana's campaign is underway to introduce the coalition and lay the groundwork by emphasizing the rigorous qualifications required for physicians to practice medicine compared to other advanced practitioners.

Hoosiers trust Indiana physicians

When a patient compares the amount of education and training of health care experts, no other pro-



From Left to Right: Dr. Robert Flint, President, District 7, Dr. Roberto Darroca, President, ISMA, and Dr. Colleen Madden, Treasurer, Indiana Radiological Society,

professional comes close to the knowledge and experience of a physician. It will come as no surprise then that patients have a high degree of trust in their physicians. They want their health care to be led by a physician.

As part of its initial launch, the Indiana Physician Coalition released the results of a statewide survey that was conducted in Sept. 2020. The coalition found that patients prefer their health care to be led by a physician. In fact, more than 3 out of 4 Hoosiers over the age of 40 believe that physicians should have primary responsibility for leading and coordinating their health care.

Other findings of the survey include:

- 83% of Hoosiers believe that physicians and nurse practitioners need to work in a coordinated manner to ensure that patients get the care they need.
- 76% of Hoosiers believe that, in the event of a medical complication or emergency, a physician's education and training are necessary to ensure patient safety.

- 73% of Hoosiers believe that nurse practitioners treating patients with one or more chronic diseases should be overseen by physicians.

2021 Legislative Session

Robert Flint, MD, president of the ISMA 7th District, representing Marion, Johnson, Morgan and Hendricks counties, has testified in past years before the Indiana General Assembly against inappropriate scope expansion. He praised the coalition for not just protesting practice infringements, but for seeking solutions to the problems that have led to expanding scope of practice in other states.

“Scope of practice is a symptom of many troublesome challenges in modern medical practice, that I’m pleased to see being addressed through the Indiana Physician Coalition,” said Dr. Flint. “As physicians, we need to determine what other underlying circumstances are at play and offer other viable solutions.”

Major scope legislation was not expected during the 2021 legislative session, the coalition is seeking to increase or maintain the \$8 million biennial appropriation to the Graduate Medical Education Board, which funds physician residencies.

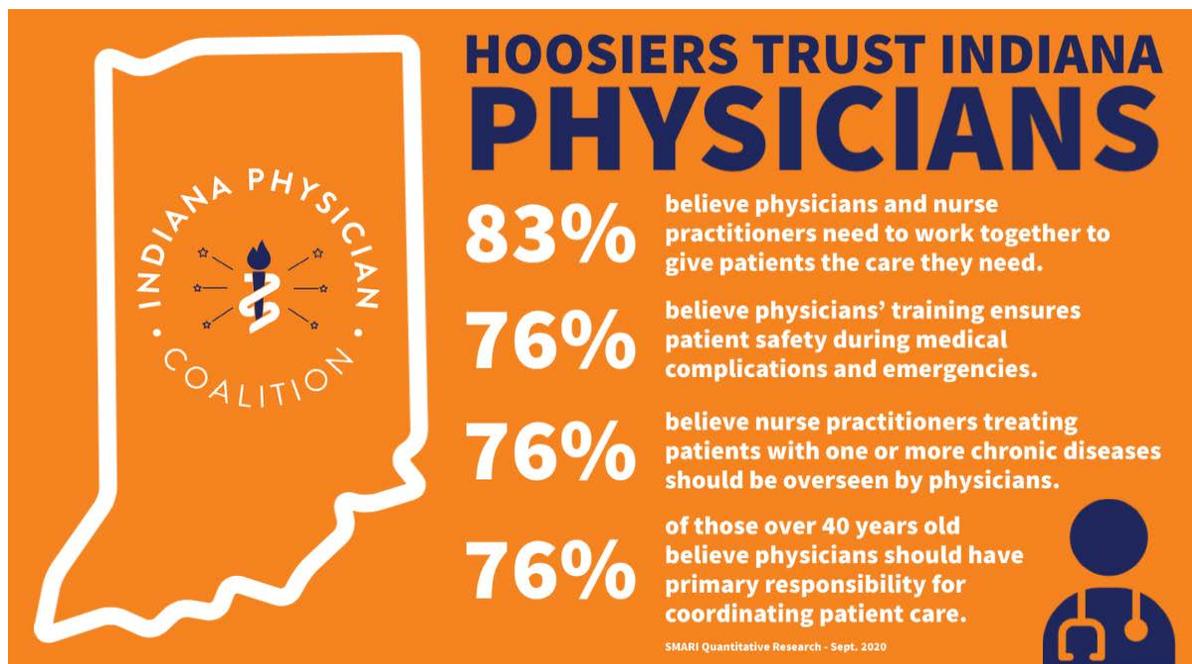
“Clearly, Indiana is experiencing a shortage of physicians. By continuing to fund graduate medical education, we can create more residency programs to increase patient access to quality care,” said Colleen Madden, MD, an IMS member who

also represents the Indiana Radiological Society (IRS).

Since the creation of the GME Board in 2015, more than 70 new resident physicians and 220 residency slots have been put to work throughout the state. That adds up to an additional 126,000 direct primary care hours for Hoosier patients who are in desperate need of the expertise and training of an Indiana physician.

With this funding, Dr. Madden said the coalition hopes to prevent Indiana from losing 133 new physicians each year due to a lack of available residency programs, and to improve access to care – especially in rural and underserved areas.

Learn more about the Indiana Physician Coalition and get involved to protect patients through physician-led care in the Hoosier State. Visit INphysicians.org and be sure to follow @IN_Physicians on Twitter and @IndianaPhysicians on Facebook.



WELCOME NEW MEMBERS

DAVID LAUCK, DO

Community Health Network
11911 N. Meridian St, Ste 100
Carmel, IN 46032
317-621-6800
Internal Medicine
Chicago Col Midwestern U, 2011

BEN MON-YEN TSAI, MD

Kendrick Colon & Rectal Center
5255 E. Stop 11 Road, Suite 250
Indianapolis, IN 46237-6343
317-528-2270
Colon and Rectal Surgery
The Ohio State Col of Med, 2001

JENNIFER P. BALASKO, MD

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Family Medicine
IU School of Medicine, 2020

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LOLA CHABTINI, MD

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CTS-Cardiothoracic Surgery
Lebanese University, 2009

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KYLE A. WHISTLER, DO

Franciscan Residency Program
5230 E Stop 11 Rd Ste 250A
Indianapolis, IN 46237-6399
317-528-8136
Family Medicine
Marian U Col of Osteo Med, 2020

NICOLE M. WHISTLER, DO

Franciscan Residency Program
5230 E Stop 11 Rd Ste 250A
Indianapolis, IN 46237-6399
317-528-8136
Family Medicine
Marian U Col of Osteo Med, 2020

TAMARA JONES

Student
IU School of Medicine, 2023

JOURDAN OWENS

Student
IU School of Medicine, 2024

A man with short grey hair and blue eyes, wearing blue scrubs, stands with his arms crossed. The background is a bright, out-of-focus clinical setting.

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BULLETIN BOARD



RICHARD FELDMAN, MD

Dr. Richard Feldman was appointed to the Indiana State Department of Health COVID Vaccine Advisory Committee. This committee reviews the science and data about the vaccines and at-risk populations to create Indiana's COVID vaccine administration policy.

IN MEMORIAM

LAWRENCE REITZ, M.D.

Lawrence "Larry" Albert Reitz, M.D., 83, passed peacefully at St. Vincent's Hospital on January 23, 2021. Larry was born on July 4, 1937, in Evansville, IN to Allen and Sylvia (Kessel) Reitz. He was blessed with a loving wife and family. He married Carol Dell (Rice) Reitz on August 22, 1959 in Indianapolis, Indiana.

Larry graduated from Evansville Reitz High School in 1955, Purdue University with a Pharmacy degree in 1959, and the Indiana School of Medicine in 1963. At Purdue, Larry was a member of Acacia Fraternity and Rho Chi Pharmacy Honor Society.

Larry practiced medicine for 40 years, the first 10 years of practice he served as Medical Director for Chevrolet of Indianapolis and the next 30 years in private practice. He served as Chairman of the Family Practice Department at Methodist Hospital - Indianapolis. Larry loved taking care of his patients and delivering babies (over 4000 in his career).

Upon retirement from medicine, Larry and his wife built and developed the first mixed use neighborhood in Boone County, the Stonegate Subdivision. They donated nearly 10 acres of land to the Zionsville School Corporation for the site of Stonegate Elementary as well as helped to secure the land for the site of Zionsville West Middle School for the school corporation. IMS Member since 1964.



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

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.

Live Webinars, visit: <https://iu.cloud-cme.com>

Additional virtual events: schedule, visit <https://iu.cloud-cme.com>

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 Development, Simulation, IU Health Pathology Digital Imaging, Neonatal & Prenatal Ed, Pulmonary Research

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@imsline.org. Deadline is the first of the month preceding publication.

INDIANAPOLIS MEDICAL SOCIETY

125 West Market Street, Suite 300, Indianapolis, IN 46204
ph: 317-639-3406 | www.IndyMedicalSociety.org

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John P. McGoff

Stephen W. Perkins

ADVISORY BOARD MEMBERS 2021

Salman S. Qureshi, Marian Student

Maham Nadeem, IU Student

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)

Christopher D. Bojrab (2021)

Ann C. Collins (2023)

Carolyn Cunningham (2022)

Julie A. Daftari (2023)

John H. Ditsler (2021)

Marc E. Duerden (2023)

Richard D. Feldman (2021)

Robert S. Flint (2021)

Bruce M. Goens (2022)

Ann Marie Hake (2022)

Ronda A. Hamaker (2022)

Mark M. Hamilton (2022)

C. William Hanke (2021)

Penny W. Kallmyer (2023)

John E. Krol (2023)

Susan K. Maisel (2022)

Mary Ian McAteer (2023)

Thomas R. Mote (2021)

Mercy O. Obeime (2023)

Ingrida I. Ozols (2023)

Robert M. Pascuzzi (2023)

J. Scott Pittman (2022)

David M. Ratzman (2021)

Jodi L. Smith (2022)

Eric E. Tibesar (2023)

Maureen Watson (2022)

Steven L. Wise (2021)

Crystal Zhang (2022)

ALTERNATE DELEGATES

Delegates to the Annual State Convention

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

Ranai Abbasi (2021)

Laurie L. Ackerman (2022)

Jeffrey L. Amodeo (2021)

Doris Hardacker (2021)

Kyle Jamison (2021)

David A. Josephson (2023)

James Leland (2022)

Christopher Mernitz (2021)

Martina F. Mutone (2021)

Scott E. Phillips (2022)

Richard M. Storm (2021)

Glenn A. Tuckman (2021)

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**Indicates deceased*

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2000-2001

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1997-1998

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1992-1993

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1989-1990

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1987-1988

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1983-1984

Alvin J. Haley
1980-1981

Executive Committee Board Chair

David R. Diaz

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