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BULLETIN

EDITORIAL
PG 10

An Ode To The Differential Diagnosis

by MERCY HYLTON, MD
IMS Board Member, Founding Member of "Indiana Physician's Lounge"

INDIANAPOLIS MEDICAL SOCIETY
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LETTER FROM THE EDITOR

Members,

We have a new, ongoing feature for you in this month's edition called the Colleague Corner. We hope to interview a current member of IMS every month and feature them in the Bulletin. I will be reaching out to you and I hope some of you reach out to me to be featured in this new section. We promise to keep the interview to 10 interesting questions. We look forward to learning about you.

Happy National Doctor's Day! I hope you all celebrate. We appreciate you and all you do.

Sincerely,

Morgan Perrill

Morgan Perrill
Executive Vice President

THE PRESIDENT'S PAGE

LINDA FEIWELL ABELS, MD

Tuesday, March 30 is national Doctor's Day in the United States. This date was chosen as the anniversary of the first use of general anesthesia by Dr Crawford Long in 1842. He used ether to anesthetize a patient in order to remove a tumor from the patient's neck. Doctor's Day has been celebrated since 1933 providing an opportunity to show appreciation for physicians.

The time-honored profession of medicine is under attack. Over 47% of physicians are employed. According to the AMA, males are more likely to own their own practice than females. Older physicians are more likely to practice independently than younger physicians. Overall, 45% of physicians own independent practices and less than 15% of physicians are in solo practices. (1)

Doctors are now called "providers" and are lumped together with advanced practice registered nurses (APRN) and physician assistants (PA). Most are owned by hospitals or large insurance companies. They are managed by MBA trained administrators who operate within a business model generally driven by metrics and reimbursement rates. Doctors, who make decisions about medications, procedures, hospitalizations, and surgeries, are perceived to be the drivers of high healthcare costs. It would be helpful, for the purpose of transparency, if financial statements were provided comparing the cost of administrative expenses to physician expenses. Administrators try to gain control over decision making with a business plan.

Messages are mixed about providing quality care while setting up a system based on the quantity of care measured by RVUs. Doctors are subjected to escalating productivity expectations. To complicate this, they work with systems that are costly thereby driving up fixed administrative costs, while being physician user unfriendly (i.e. EHR, IT, coding requirements, meaningful use HCC). Physicians often feel like a clerk or member of a production line. Judgment and experience have been replaced by broad based guidelines rather than risk versus benefit.

Administrators believe that doctors are naive, and physicians think that administrators do not really care about patients. Conflict arises as each group believes that their goals are mutually exclusive.

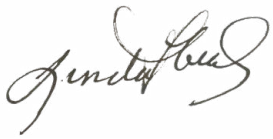
Doctors believe they are less important and are beholden to administrators who control their activities using industry standards. Administrators control hiring, firing, and promotions based on hospital policies and procedures. Doctors shoulder major responsibilities for patient care but have less authority to make crucial decisions. They are often evaluated by costs for example whether they use generic medications, refer to specialists in their system.

They are judged by patient satisfaction scores that can be influenced by factors beyond their control. All of these factors contribute to physician stress and burnout.

A recent discussion paper published on the National Academy of Medicine website provided suggestions to improve physician wellbeing by fixing the workplace not the worker, matching job demands with job resources and creating a culture of connection, transparency and improvement. (2) The authors identify specific tools to accomplish this:

1. Organizational Commitment
2. Workforce Assessment
3. Leadership with shared accountability
4. Policy - continuous reassessment so that policies and practices are aligned with professional commitment to patient care
5. Efficiency of work environment
6. Support - allowing doctors to do their jobs. (2)

I urge administrators to work with physicians understanding that medicine is an art and may not always follow the business model. An approach of empowering and encouraging rather than command and control will lead to a better work environment. (2) It is my hope that management and physician groups can more actively work together to truly deliver quality patient care.



Linda Feiwell Abels
President
Indianapolis Medical Society

Resources:

1 AMA Policy Research Perspectives (PRP) series May 10,2019
2 Sinsky, C A, Biddison , L.D. Mallick, A, et al . Organizational Evidence-Based and Promising Practices for Improving Clinician Well- Being . NAM Perspectives, Washington DC, National Academy of Medicine , 2020

Resolution Review Committee

The Indianapolis Medical Society has established a resolution review committee whose mission is to assist members of the IMS with background research, writing, and processing resolutions for the Indiana State Medical Association Convention. The committee will also be working with the membership and IMS Board of Directors to draft resolutions important to the society to present from IMS as a whole. Co-chaired by Susan Maisel and Jodi Smith, the membership includes David Diaz, Bernie Emkes, Bob Flint, Mercy Hylton, Penny Kallmyer, Mary McAteer, and Linda Abels.

If you would like to submit an idea or a resolution to the committee, please email ims@imsonline.org. As a reminder, the resolution deadline is typically in early July. Since the convention will be held virtually this year, that deadline may come earlier. Keep in mind that resolutions submitted last year do not need to be resubmitted.

Flying Under the Radar: A Halftime Legislative Update

by GRANT ACHENBACH, J.D.
ISMA Director of Government Relations

If you follow ISMA Legislative News and other Statehouse news outlets, you likely are already familiar with the most prevalent health care issues of the 2021 Indiana General Assembly. Telemedicine, COVID-19 liability protections, budget issues (such as the cigarette tax and graduate medical education funding), scope of practice defense, etc. have all dominated the headlines.

In the brief lull in the action that occurs as bills switch chambers between the Senate and the House, let's take time to highlight other equally important and positive legislation that will impact the health of Hoosiers and physicians in particular.

SB 365 Immunity for Physician Wellness Programs

Prior to the COVID-19 pandemic, physician burnout was already a major challenge for the health care system in the United States, impacting nearly every aspect of clinical care. The COVID-19 pandemic has since pushed physician burnout to crisis levels, as physicians have been called upon to care for patients on the front lines.

Recent studies show a national burnout rate of 43.9% among physicians in practice. A 2018 survey conducted by Merritt-Hawkins found that 78% of physicians surveyed said they experience symptoms of professional burnout. Nationwide, an estimated 300 to 400 physicians commit suicide each year, a rate of 28-40 per 100,000 (or more than double that of the general population).

While employee assistance programs (EAPs) are widely available to help workers overcome personal issues, the work stressors faced by physicians are far different than for an employee in another setting. As a result, physicians don't always turn to their EAPs for help, with national utilization rates at only 1% to 2%.

Furthermore, physicians are concerned about the stigma they may face if they use these resources. Usually, this has to do with a concern that they'll be forced to stop seeing patients or be reported to the licensing board.

In response, state medical associations around the country are establishing statutory frameworks in state law that provide critical protections to allow for wellness programs tailored specifically to physicians that operate outside the control of a physicians' employer. The first program of this kind was enacted in Virginia. Here, the Medical Society of Virginia (MSV) contracted with a vendor to offer services to physicians. Because the services were provided from a neutral third party (MSV) and tailored to physicians (counseling sessions, access to physician peer coaches, etc.), the program has been a smashing success. The new MSV program is currently seeing a staggering 35% utilization rate.

This year, with the help of Sen. Mike Crider (R-Greenfield) and Rep. Donna Schaibley (R-Zionsville), the ISMA is supporting the passage of SB 365. This legislation creates special protections for physician wellness programs, including limited immunity, privileged communications and confidentiality, to facilitate the creation of these programs in the state so that physicians have a safe space to seek services tailored to their needs before their situation reaches a crisis level.

Nearly a year into the COVID-19 pandemic, the need for this program has never been greater. Please ask your representatives to support SB 365 as it moves through the House.

HB 1007 State Health Improvement and Grant Program

ISMA and its fellow coalition stakeholders in the Alliance for a Healthier Indiana are seeking to increase state investment in public health. To date, Indiana's spending on public health is far less per year than what is recommended by the Centers for Disease Control and Prevention (CDC). And, as the Alliance regularly points out, while Indiana's business climate ranks among the top 10 for all states, its public health metrics rank among the bottom 10.

To reverse such a trend, the legislature is proposing a marked investment in public health with HB 1007. The bill establishes a state-supported grant program designed to provide funds to community-based health programs. Grants will be awarded by the Indiana Department of Health (IDOH) to for-profit and nonprofit entities with programs seeking to address public health issues identified by IDOH. Guidelines in the bill direct IDOH to prioritize evidenced-based, creative solutions that address chronic health problems and have existing financial buy-in at the local level. Most importantly, the House-passed budget includes a $50 million appropriation to fund these grants.

As physicians, IMS members are public health leaders and advocates in the Indianapolis community. If you are involved with innovative efforts in your area that respond to the specific public health needs of the community, stay tuned for future ISMA communications on HB 1007. We will continue to share information about this grant program after the bill passes into law and as IDOH implements the grant application process.

SPECIAL FEATURE

Dr. Mary Holloway Wilhite

by Julia M. Kaster, Theresa Rohr-Kirchgraber, MD

A note from your editor:
In honor of Women's History Month, we celebrate the amazing women physicians that came before us. We are pleased to share the story of Dr, Mary Holloway Wilhite with you this month as our final, historic woman's physician profile. Thank you for joining us on this journey and a special thank you to Dr. Rohr-Kirchgraber and the team at Indiana University for helping to create these amazing profiles.

Dr. Mary Holloway Wilhite had an influential role in Indiana's history of women's rights and women's roles in healthcare. A pioneer in the field of medicine for women in Indiana, her body is laid to rest in Crawfordsville, IN, where she practiced medicine. (1)

Mary Holloway Wilhite had a humble upbringing. She was a farm girl from Montgomery County, Indiana, with a dream of becoming a doctor. While growing up, Mary sewed clothing, instructed students, sold newspapers, and wrote stories. She worked diligently to raise money for medical school. Her hard work was rewarded when she received a financial package from the university, and she finally had the finances to pursue her passion. She was a dedicated student and graduated from Women's Medical College (WCM) in Pennsylvania in 1856, after completing her thesis, "Constituents of Organic Bodies."(1) WCM was one of the first medical schools in America for women. The medical school students trained at the Woman's Hospital of Philadelphia, a teaching hospital started by several Quaker women. Many hospitals banned women physicians and students and the Women's Hospital of Philadelphia was essential for the treatment and education of women. (2) Even after earning a medical degree, women physicians were not readily accepted and faced discrimination. In challenging traditional gender roles, these pioneering women physicians had to contend with colleagues who would not recognize their training and refused to provide training or practice opportunities.(3) In an 1875 publication, Edward J. Clarke, a Harvard Medical School professor, asserted that there were major risks in educating women in parallel with men in the field of medicine. He claimed that if the intelligence standards were the same for women as for men, the women would be susceptible to illness and sterility. Clarke wrote, "Identical education of the two sexes is a crime before God and humanity, that physiology protests against, and that experience weeps overs."(5) For physicians and educators in this time period this was a common belief.

Nevertheless, challenges and obstacles were nothing new to Dr. Mary Holloway Wilhite. After marrying a tailor, Eleazer Wilhite, three of her seven children died in infancy.(1) Perhaps her personal struggles further fueled her desire to help others. After becoming a physician, she returned home to Indiana and practiced medicine in Crawfordsville. Many of her patients were women and children, and she purposefully cared for the African American community in her town.

Medicine was not her only passion. Dr. Wilhite established the Montgomery County Orphan's Home(6) and was also a leader in women's rights. As a founding member of the Woman's Suffrage Association of Montgomery County(7) she hosted Susan B. Anthony and Elizabeth Cady Stanton in her home. Proving her altruism to her final day, she died from pneumonia contracted from a house call.(1)

Dr. Mary Holloway Wilhite was the epitome of benevolent social activist and physician. It is America's duty to now fulfill her goal: "I hope that someday, every young man will look into the eyes of his mother and see his equal."(7)

Citations

1. The League of Women Voters, 2019. League celebrates Dr. Mary Holloway Wilhite. The Paper of Montgomery County, [online] Available at: <https://thepaper24-7.com/Content/Columnist/League-of-Women-Voters/Article/League-celebrates-Dr-Mary-Holloway-Wilhite/163/402/69060> [Accessed 10 August 2020].

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7. National Trust for Historic Preservation. n.d. Where Women Made History. [online] Available at: <https://contest.savingplaces.org/t28og5m4> [Accessed 10 August 2020].

DOCTOR'S DAY 2021

On March 30, 2021, we celebrate you. The physicians that help save lives and keep us healthy in our city. On this Tuesday in March, be sure to take time out of your busy schedule to think about all you do for others and know it is appreciated, thank a colleague, and treat yourself. You deserve it because we appreciate you.

THANK YOU

An Ode To The Differential Diagnosis

by *Mercy Hylton, MD*
IMS Board Member, Founding Member of "Indiana Physician's Lounge"

The differential diagnosis is a cornerstone of the profession of medicine which epitomizes physicians' critical thinking skills. It is not an antiquated tradition of by-gone eras. The practice of medicine has been positively impacted in the past century by revolutionary scientific advancements, standardization of medical education and transformative societal changes. Some unfavorable changes in the practice of medicine have been provoked by its overlap with the business of healthcare. The differential diagnosis must not be relegated to the trash pile of history.

Learning how to develop differential diagnoses is a critical and unique feature of medical education. Medical students start as generalists and are thought to initially think through broad possibilities, which is why they often list rare conditions on their differentials. Although rare diagnoses are unlikely to be present based purely on epidemiology, the "zebras" must not be discounted. We cannot diagnose what we do not consider. We cannot consider what we do not remember or even know exists. This is one of the many reasons why precepting medical students is mutually beneficial to teacher and student. Ideally, the evolving physician feels renewed by working with medical trainees, occasionally humbled by patients, and is able to learn from both.

"Over-reliance on algorithms, the advent of Artificial Intelligence and the utilization of non-physician practitioners as primary diagnosticians beyond the scope of their training are threats to the humanistic art and diagnostic science of medicine."

Undifferentiated patients are one reason the job of a generalist physician is very mentally challenging. Nonspecific symptoms can originate in different organ systems or can affect multiple systems simultaneously. Generalists such as internists, pediatricians, family practice physicians and emergency physicians need a broad fund of knowledge of acute and chronic conditions across a lifetime of human development. Perhaps, this need for a wide breadth of knowledge is one reason why so many medical trainees aspire to a specialty with a narrower, albeit more in depth, focus.

For any given circumstance physicians of any specialty may choose to apply a diagnostic approach which is probabilistic, prognostic, pragmatic or a combination. A physician's differential diagnoses may also depend on whether one is a generalist or specialist, the clinical setting, patient acuity, or unique population demographics. In Emergency Medicine, we often lack the opportunity to ponder extensive differential diagnoses before quickly acting to rule out life- or limb-threatening diagnoses. Surgeons build their differential diagnoses based on their knowledge of anatomy, pathology and spatial reasoning skills. Similarly, radiologists must be prepared to offer broad differential diagnoses based on imaging and available clinical information. Pathologists may be able to provide the narrowest differential, or a definitive diagnosis, but, alas, it may require invasive testing or even the patient's death.

The necessary training to learn the incredible depth of medical knowledge in a specialty is

one reason why physicians cannot move from one specialty to another without some difficulty. Even when we think we know the best diagnosis, the humble physician of any specialty is also aware that other possibilities exist, some which have not yet been considered: this acknowledgment is what keeps physicians awake some nights.

The apex of physician intellectual expertise is the perfect application of the differential diagnosis. Unfortunately, since I graduated from medical school almost 20 years ago, I have witnessed the continual devaluation of the cognitive skills of medicine. I believe this progression started decades ago with third-party payers valuing procedural productivity over cognitive expertise. During the COVID-19 pandemic this imbalance culminated in the widespread financial frailty of health care systems resulting from the cancellation of surgeries, even though EDs, ICUs and hospital floors overflowed with sick medical patients.

The corporatization of medicine into the business of healthcare has endangered the value of physician acumen. The focus has turned to increasing cost-efficiency for the system and substitutes for the laborious, costly and lengthy training of physicians. The thorough history, physical and thoughtfully narrowed differential diagnosis have been abdicated in favor of more diagnostic tests and specialist referrals. Over-reliance on algorithms, the advent of Artificial Intelligence and the utilization of non-physician practitioners as primary diagnosticians beyond the scope of their training are threats to the humanistic art and diagnostic science of medicine.

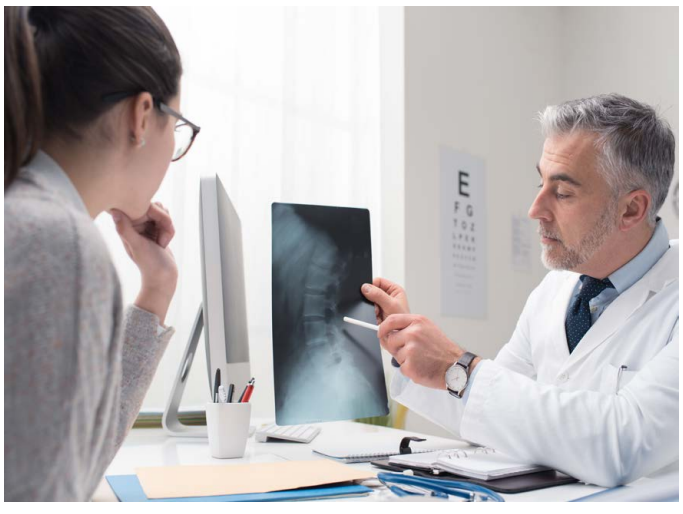
What is cost-effective for the healthcare system, often leaves the patient disengaged from their physician and stuck in a revolving door of tests and specialists, with no answers for their problems, extra bills, and lost time. Office visits are shorter and dominated by complying with electronic health records, and the expertly created and methodically narrowed differential diagnosis is fast being kicked to the curb.

The lack of opportunity to use our hard-earned cognitive expertise to help patients leads to resentment, burnout and moral injury. Physicians may feel that substitutes for medical expertise infringe upon the intellectual property of those who made the personal and financial sacrifices to earn the title of physician. Physician burnout refers to distress symptoms due to excessive workplace demands. Moral injury is suffered

when a physician is constrained to put the patient's needs ahead of the needs of the system.

With experience comes the ability to quickly (often unconsciously) narrow one's differential diagnosis. Physicians know the feeling of walking into a patient room and within seconds or minutes knowing the diagnosis or the prognosis. We refer to this ability in various ways: intuition, déjà vu, or gut feeling. My personal favorite term is "Spidey sense." Peter Parker acquired his Spidey sense by chance. Physicians should have no doubt as to the source of our seemingly intuitive diagnostic skills: extensive and unique medical education and clinical training, experience, continual learning, situational awareness and self-reflection.

The differential diagnosis is the calling card of a physician. This time honored cognitive exercise is unique and essential to our profession. We can thank the teachers and patients from whom we learned by not allowing our intellectual talents to go unused. May we honor our profession by continuing to teach medical students and resident physicians these valuable lessons. May no generation of physicians acquiesce to medical expertise being substituted or otherwise devalued, and thus become complicit in the demise of our profession. Not on our watch!



Colleague Corner:
The 10 Question Interview

Ever wanted to get to know your fellow IMS members better? Check out the Colleague Corner of the IMS Bulletin. We've asked 10 questions of our members to learn more about them to share with you. Dr. Eric Tibesar, currently our immediate past president, is sharing his answers with us this month. We are pleased to bring you this new feature.

1. Tell our readers a little bit about yourself, your family life, background including medical school and specialty and where you work now.

I am currently happily married to my high school sweetheart for 15 years (although we've known each other for 26 years) and we have 2 children. My son is 12 and currently in the sixth grade and my daughter is 8 and currently in second grade. I attended undergrad and medical school at the University of Iowa and did a pediatric residency at the Mayo Clinic and fellowship in gastroenterology at Johns Hopkins University. I am currently employed at the Peyton Manning Children's Hospital, part of the Ascension medical group.

2. What attracted you to medicine and your specialty in particular?

I have always had an interest in math and science, all the way through high school and did some volunteer work at a hospital, which introduced me to doctors and piqued my interest in medicine. I always enjoyed being around children and knew I wanted to be a pediatrician but during medical school, I had a 2-week rotation in pediatric gastroenterology and fell in love with the combination of clinic, procedures and complexity of the diseases. Therefore, I knew that pediatric GI was my calling.

3. Was there someone who inspired your journey toward medicine or someone who inspires you daily? What would you say to them if you could?

I was inspired to go into medicine initially by my mother. She was not a doctor or nurse or even worked in healthcare, but she did suffer from severe mental illness and was in and out of the hospital rather frequently. I was able to interact with lots of doctors who were caring for her and saw the way that they would help her life and work towards treatment of her

disease. These experiences pushed me into the practice of medicine and made me want to strive to help as many people as I can.

4. What is the best and worst thing that has happened to you since becoming a physician?

Probably the best thing that has happened to me since becoming a physician is finally securing the job that I currently have. After high school, I never had a job for longer than 2 years and then, with residency and fellowship, I was moving my family so often that we could never settle anywhere but now that I have been in my current job for the last 7-1/2 years, it finally feels like all the hard work I put in to get here has finally paid off. I can't say there is any one particularly bad thing that has happened to me as a physician but by far and away the worst part of my job is dealing with insurance companies and denials and having to fight for the appropriate treatment for my patients, many times unsuccessfully.

5. What is the biggest challenge you believe we face as physicians today?

Right now in my practice, the biggest challenge is battling insurance companies and regulations to get the proper treatment and care for my patients that I know they need and deserve. Rising healthcare costs and lack of appropriate coverage are some of the biggest obstacles that we have to face in medicine today.

6. Would you encourage another young person into a career in medicine?

Yes, I think I would encourage young people into a career in medicine. It can be a very rewarding career and you can establish many meaningful and long-term relationships with a wide variety of people including your colleagues as well as your patients. Medicine is a constantly changing field of science so there is always something new and innovative out there that can keep your interest high and increase your job satisfaction.

7. What has been the most unique medical case you have faced before (without breaking any HIPPA laws of course)?

As a pediatric gastroenterologist, I very commonly deal with children who swallow very interesting, non-edible objects. One of my most memorable was when I was on call a week before Christmas and had to take a 2-year-old to the operating room because he bit into a glass Christmas ornament and swallowed it. There were several very small yet sharp glass shards in his stomach and esophagus which took me several hours to completely remove. I think after that experience, his family decided that a fence around their Christmas tree might be a good investment.

8. If you could not be a doctor, what would you be?

I have always thought that if I did not go into medicine, I would most likely try my hand at education. I have always had a large interest in math so I would probably try to teach mathematics either at the high school level or possibly even college. I also really enjoy coaching sports so if I was a high school teacher, I would definitely try coaching the local baseball team as well.

9. What is your favorite inspirational quote?

"There are no secrets to success. It is the result of preparation, hard work, and learning from failure."

– Colin Powell

10. Anything else you want to share with your fellow IMS members?

Being rather new to IMS, I had no idea what the society was or even that it existed. But after being involved for the last 4 years, I understand now the importance of IMS and its advocacy and involvement for all physicians. I am very thrilled with my place in the society and cannot wait to see what the future may hold.

Thank you Dr. Tibesar.

We would love to feature you in the next Bulletin in the Colleague Corner. If you are interested, please contact our editor, Morgan Perrill, at mperrill@indymedicalsociety.org. As our membership and events grow in a virtual capacity, we are looking for more ways to get to know each other through creative means. We hope you will consider participating in this new endeavor.

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BULLETIN BOARD

STEPHEN W. PERKINS, MD

Stephen W. Perkins, MD of Meridian Plastic Surgeons, helped to direct the 2021 "Reaching New Peaks In Facial Plastic Surgery" Winter Symposium in Beaver Creek, CO. This was offered by Facial Plastic Surgery International, an educational foundation he co-founded with Capi Wever, MD, a colleague and Facial Plastic Surgeon from the Netherlands. Dr. Perkins is the president of this organization and spoke on the topics of "Facelift Technique Proven For Lasting Results In the Neck", "Dry Eye Syndrome After Blepharoplasty and Treatment Alternatives for Chemosis" and "Why Brow and Forehead Lifting Are Still Relevant". He also participated on two panels titled "Pearls in Facelifting" and "Managing the Practice and Surgery Center In the Time of COVID-19".

RICK C. SASSO, MD

Rick C. Sasso MD, Indiana Spine Group, just completed his year-long term as President of the Cervical Spine Research Society-the world's most respected academic organization focused on disorders of the Cervical Spine.

Dr. Sasso presided over the annual meeting the second week of December, which was held virtually due to the pandemic but the core of the world-wide meeting was at the Medical Academic Center (MAC) a bio-skills lab/medical education conference center located on the third floor of the Indiana Spine Group.

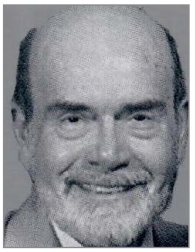
The logistics and timing were crucial for the multiple live debates and symposiums from Europe and Asia. Peyton Manning was Dr. Sasso's Presidential guest speaker. Peyton came to the MAC for a question and answer chat with Dr. Sasso which was broadcasted live throughout the world. Mr. Manning shared his insight on Leadership- especially Leading under Adversity. This skill-set is remarkably similar for a spine surgeon leading a complex team of specialists in an operating room and a quarterback leading his complex team on the field.

IMS MEMBERS FROM THE SPINE GROUP

Dr. Kevin Macadaeg, Dr. Barrett Boody, Dr. John Arbuckle II, Dr. Jonathan Gentile, Dr. Robert Funk and research coordinator, Sheetal Vinayek, co-published an article in the North American Spine Society Journal: A prospective, single arm study of intraosseous basivertebral nerve ablation for the treatment of chronic low back pain: 12-month results.

IN MEMORIAM

MARK L. DYKEN, M.D.



Mark L. Dyken, M.D., was born in Laramie, Wyoming on August 26, 1928. He served in the U.S. Army Alaska Communications System, and received his medical degree from Indiana University in 1954. He was clinical and research director at New Castle State Hospital, before joining the Indiana University Department of Neurology, where he was chair from 1971 to 1994. Dr. Dyken was known internationally for his work in stroke; he first published in 1956, was editor-in-chief of the journal Stroke, and participated in every North American trial of antiplatelet drugs, as one of the first to consider aspirin for the prevention of stroke in women. Among his many accolades, he was the Sir Thomas Willis Lecturer, also receiving the Distinguished Achievement, and Gold Heart Award from the American Heart Association (its highest honor). IMS member since 1955.

STEPHEN NEAL MORRIS, M.D.

Stephen attended high school at Lake Forest Academy. After graduation he went on to study at Washington University, where he received his undergraduate and Doctorate degree. Stephen then went into the United States Air Force where he received the rank of Major and served as a doctor. After the Air Force, Stephen became a Cardiologist for over 50 years. Practicing at I.U., Methodist, The V.A., Wishard, Hendricks Regional, and where he retired from: I.U. West. He enjoyed teaching medical students about cardiology. Stephen's greatest love was his children and grandchildren. IMS member since 1985.

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	Quarterly 1-4 pm
St. Vincent Simulation Center:	Sim Debriefing Essentials	12x/Year
St. Vincent Simulation Center:	PMCH Crisis Management	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.

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

APRIL

10	Pediatric Practical Pearls: What's New in Pediatric Surgery?
13	Navigating the Billing Waters of Tobacco Use Treatment
16	Updates in Pediatric Gastroenterology, Primary Care Clinician
23-24	Indiana Orthopedic Society Annual Meeting

MAY

7	24th Annual Gastroenterology/Hepatology Update
12-13	56th Annual Riley Children's Health Pediatric Conference
17	Review and Interpretation of the 2021 ASCO Meeting

Please visit https://iu.cloud-cme.com for a list of Regularly Scheduled Series (RSS) activities.

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.

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

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ANN MARIE HAKE

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JODI L. SMITH

Immediate Past President
ERIC E. TIBESAR

At-Large
JOSEPH WEBSTER, JR.

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MERCY O. OBEIME

Vice Board Chair
ANN C. COLLINS

ISMA Liaison (non-voting)
SUSAN K. MAISEL

Board of Directors 2021

Terms End with Year in Parentheses

Mercy O. Obeime, Chair and **Ann C. Collins,** Vice Chair

Rania Abbasi *(2021)*
Ann C. Collins *(2021)*
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Richard D. Feldman *(2022)*
Ronda A. Hamaker *(2023)*
Mark M. Hamilton *(2021)*
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Mercy Hylton *(2022)*
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Jeffrey J. Kellams *(2021)*
Clif Knight, Jr. *(2023)*
John E. Krol *(2023)*
Ramana S. Moorthy *(2023)*
Thomas R. Mote *(2022)*
Mercy O. Obeime *(2021)*
Scott E. Phillips *(2023)*
Bui Tran *(2022)*
Maureen Watson *(2022)*
Joseph Webster, Jr. *(2022)*

Past Presidents' Council 2021

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

Christoper D. Bojrab* *(2023)*
Carolyn A. Cunningham
David R. Diaz
Marc E. Duerden
John C. Ellis
Bernard J. Emkes
Bruce M. Goens
Paula A. Hall
Susan K. Maisel* *(2021)*
Jon D. Marhenke
Mary Ian McAteer* *(2022)*
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)
Kathryn Kelley (2023)
James Leland (2022)
Christopher Mernitz (2021)
Martina F. Mutone (2021)
Scott E. Phillips (2022)
Richard M. Storm (2021)
Glenn A. Tuckman (2021)

Indiana State Medical Association

Past Presidents

**Indicates deceased*

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

Executive Committee

Board Chair
David R. Diaz

Clerk
John C. Ellis

Seventh District

Trustees

David R. Diaz (2023)
John C. Ellis (2021)

Alternate Trustees

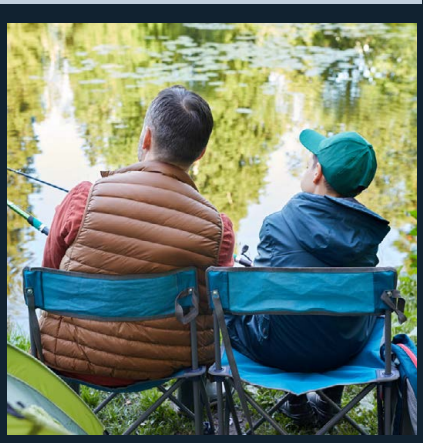
Susan K. Maisel (2022)
Robert Flint (2021)

President

Robert Flint (2021)

In 2021 the final section of waterfront lots in Cambridge at Geist Lake will be available.

LIVE THE LAKE LIFESTYLE



YOUR LUXURY LAKEFRONT HOME IS WAITING

Build Custom

Live the Lake Lifestyle

Enjoy it All

Find it on the shores of Geist Lake or on Lake Clearwater and Lake Killbuck in Anderson.
We are excited to present the final section of waterfront lots for sale in Cambridge on Geist Lake.
Find your perfect lot while they last and build your dream home on the lake.

Contact Rob Bussell for lot availability, pricing and to discuss lot financing.

317.845.0270 x 104 | Rob@RobBussell.com

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