

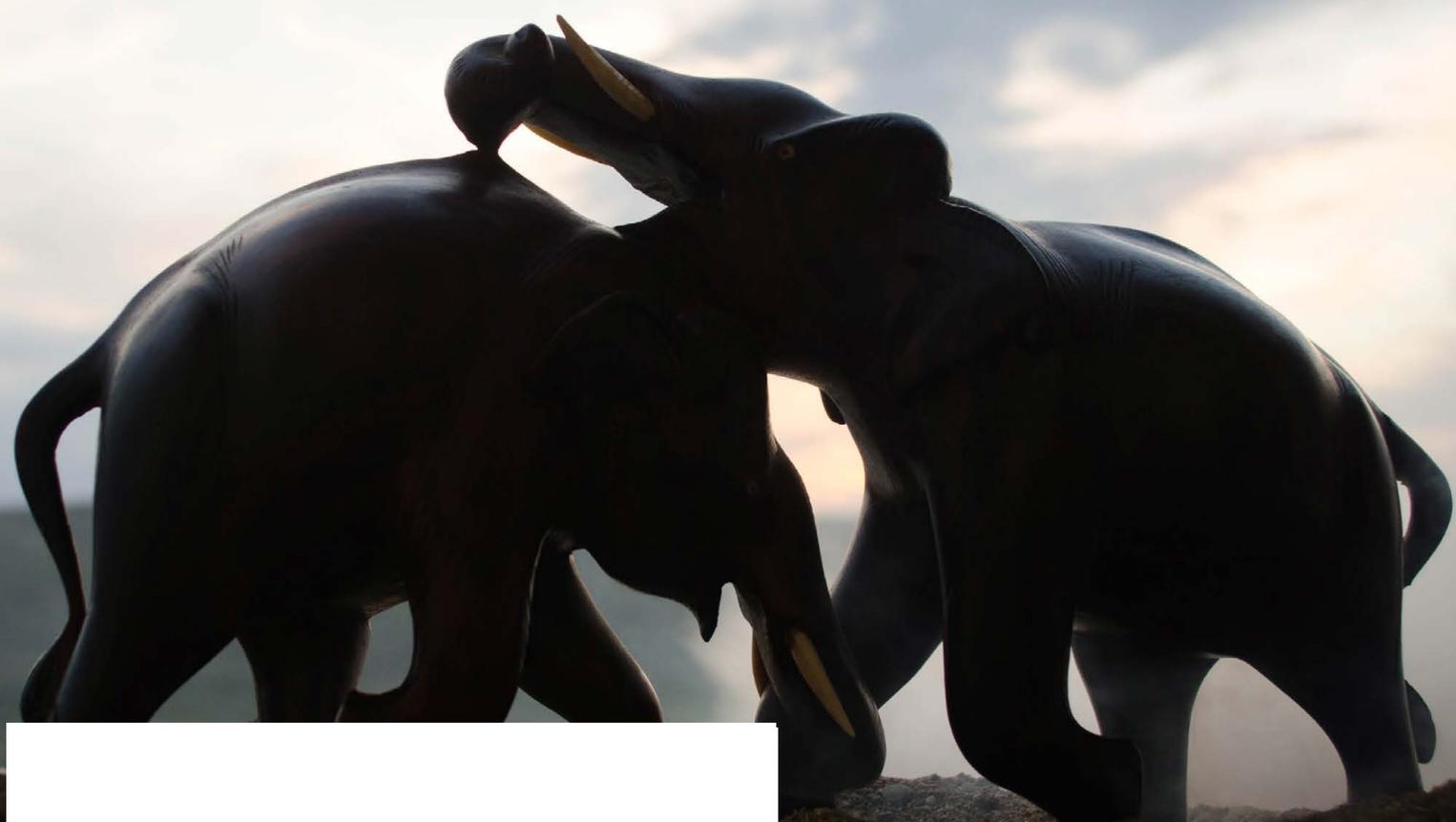
BULLETIN

PG 06

PRICE OF HOSPITAL COST-CUTTING

by MERCY HYLTON, MD, MBA

IMS Board Member, ISMA District 7 President, and
founding member of "Indiana Physician Lounge"



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The Bulletin invites news from and about members of the Indianapolis Medical Society. Copy deadline: First of the month preceding month of publication.

Advertising: Rates available upon request. Advertisers should provide electronic files by the first of the month preceding publication. Placement of advertisements, except for premium spaces, will be throughout the publication at the discretion of the editor.

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BULLETIN SUBSCRIPTIONS: \$40.00 per year
AMA WEB PAGE: www.ama-assn.org
ISMA WEB PAGE: www.ismanet.org
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TABLE OF CONTENTS

IN THIS ISSUE

SPECIAL FEATURES

President's Page	04
<i>"How will you observe National Doctors' Day?"</i>	
Editorial: Price of Hospital Cost-Cutting	06
Editorial: Can Indiana's COVID Data be Trusted	08
Special Feature: Truth in Advertising	10
Members: Colleague Corner: Mercy Obeime, MD	11

ANNOUNCEMENTS

New Members	15
Bulletin Board	17
CME	18
IMS Leadership	19

NOTE FROM THE EDITOR

Content, especially editorial articles, in the Bulletin are produced by the authors and are not the opinion of the Indianapolis Medical Society (IMS), IMS Board of Directors, or IMS Executive Committee. The goal of all articles and content contained in the Bulletin is to inspire debate and opinions among the membership on public health-related matters and keep the membership informed of issues facing physicians in central Indiana. Opposing viewpoints, comments, and counterpoint arguments are not only welcomed but encouraged and will be printed in the Bulletin by members of the Society by those who wish it. Members who wish to submit articles for publication should do so to me, Morgan Perrill, at mperrill@indymedicalsociety.org.

PRINTED AND MAILED BY
EZ MAILING LLC
1801 W. 18TH STREET, INDIANAPOLIS IN 46202
(317) 481-9834

THE PRESIDENT'S PAGE

ANN MARIE HAKE, MD

How will you observe National Doctors' Day?

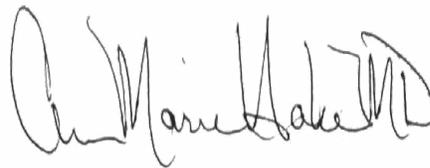
Many countries observe a day each year to recognize physicians and their service to individuals and to society. Here in the United States, National Doctors' Day is observed on March 30 each year; it was officially designated as a national holiday in 1990 by Congress and President George HW Bush, although it had been observed for many decades before that. The first Doctors' Day celebrations were initiated by the Barrow County Alliance (Georgia) in the 1930's and were quickly adopted by the Georgia State Medical Alliance and then the Women's Alliance of the Southern Medical Association. A resolution honoring Doctors' Day was adopted by the US House of Representatives on March 31, 1958. March 30 was chosen as the date of the observance because it coincides with the first reported use of ether for general anesthesia in surgery, having been administered by Dr. Crawford Long in 1842 in a surgery for a neck tumor. Ether, which had been used previously as a recreational drug (as was nitrous oxide), provided the first satisfactory inhaled general anesthetic and was a major breakthrough that allowed complex surgeries to be performed successfully. Ether was also administered that same year for a dental extraction and subsequently in the next few years for a variety of procedures including amputations and childbirth. The use of ether as a general anesthetic for surgery was demonstrated publicly in 1846 at the Massachusetts General Hospital by William TG Morton, a New England dentist, who administered the agent to a patient undergoing surgery (coincidentally, another neck tumor excision) by surgeon John Collins Warren. The audience was awestruck, and the use of ether anesthesia rapidly spread across the globe. The surgical operating amphitheater, since then known as the Ether Dome, is still present in the Bullfinch Building at MGH.

Meanwhile, nitrous oxide was first used successfully as an inhaled anesthetic just two years later for a dental extraction; the success of this procedure led to its rapid uptake in dentistry. As with ether, the adoption of nitrous oxide anesthesia in the field of dentistry was a major breakthrough in dental health.

The history of anesthesia is of course far beyond the scope of this column, but the important point is the ongoing work of doctors throughout history and across the world to relieve suffering. The celebration of a breakthrough in this goal is an excellent reason to establish a day honoring doctors, who strive to help relieve suffering in many ways beyond surgery or pain relief. Doctors' Day is dedicated to all of the contributions of doctors that make life better for individuals and society, including (and especially) those small efforts that go unsung but may make a bigger difference than one might realize. Don't feel that you don't deserve a pat on the back even if you haven't invented some new procedure, discovered a new organ, or saved a bus full of children. The extra two minutes with a patient, double-checking a prescription, or filling out another form could be everything to another person.

So Happy Doctors' Day, fellow physicians. Everything you do matters; please take good care of yourselves!

Sincerely,



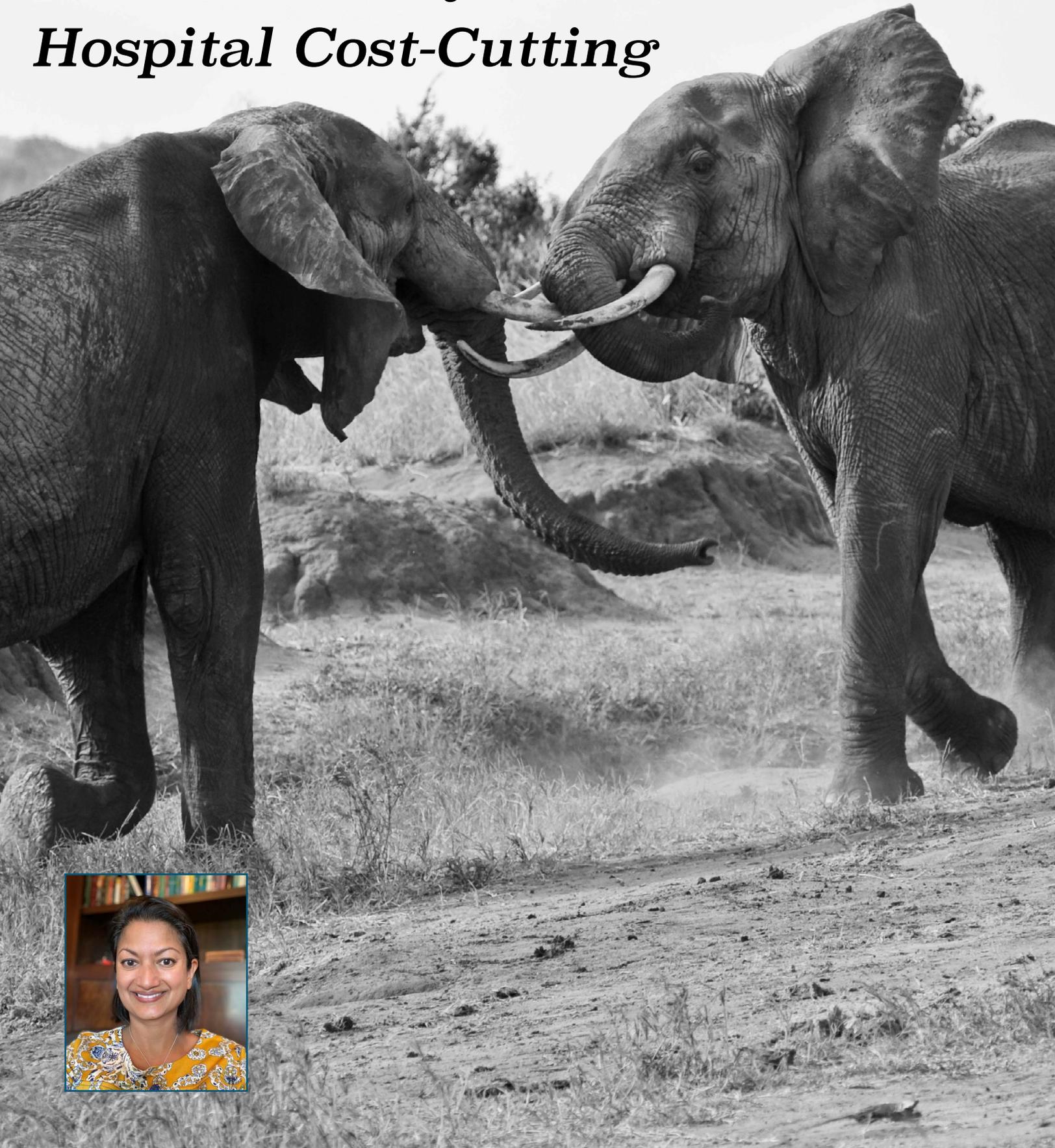
Ann Marie Hake
President
Indianapolis
Medical Society





EDITORIAL

Patients and Healthcare Workers Should Not Pay the Price of Hospital Cost-Cutting



EDITORIAL

by *MERCY HYLTON, MD, MBA*

IMS Board Member, ISMA District 7 President, and founding member of "Indiana Physician Lounge"

Indiana's hospital costs are among the top five highest in the nation. These bloated prices are unjustifiable considering that Indiana hospitals pay lower wages to healthcare workers and have worse health outcomes than the national average. In response to these high costs, Indiana's hospital industry and large health insurers were called to the table by state legislators in November 2021 to come up with a plan to reduce healthcare prices by April 2022. Legislators demanded that the industry take immediate steps to decrease insurance premiums for employers and consumers or face the institution of state price controls.

In either scenario, allowing healthcare corporations free rein to determine their own cost reduction strategies will ultimately decrease patient access to high quality care. To protect profits, we can expect healthcare corporations to focus on cutting labor costs by slashing employee salaries that are already lower than national averages and cutting more corners on already inadequate staffing.

The Indiana General Assembly must protect access to high quality, cost-effective healthcare for all Hoosiers by instead enacting the following measures:

1. Fair Competition- Revisit anti-trust regulations for Indiana's large health systems and enforce price transparency laws with stringent penalties. Ban non-compete clauses in physician employment contracts. Deregulate insurance rules to allow patients to choose high-quality physicians practicing in non-traditional cash-based direct care models. Incentivize physician-owned small business startups which provide essential services, care for underserved populations, or provide unique value to the community.

2. Resource Stewardship- Scrutinize non-inflated, true market values of the "community benefits" claimed by "non-profit" health systems to justify their tax-exempt statuses. Reinstate "certificates of need" for large health system facilities in Indiana. Ensure unbiased and incorruptible regulation of profitable trauma center designations based on true community need. Savings from PBMs and GPOs should be passed on to consumers. Require state-subsidized medical and nursing schools to enact measures to retain graduates in areas of community need (rural medicine, bedside nursing, etc.)

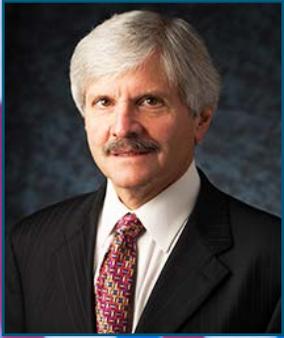
3. Integrity of Professions- Define the practice

of medicine distinctly from the scopes of practice of non-physician practitioners. Require truth and transparency in healthcare practitioner identification and advertising to prevent misappropriation, equivocation and/or obfuscation of credentials. Strengthen regulations to prohibit the unlicensed practice of medicine including the "Corporate Practice of Medicine" by removing exceptions for hospitals, health systems, medical service organizations (MSOs), and contract management groups (CMGs) to prevent corporate control via nominal medical leadership over employed and/or contracted physicians. Regulate safe minimum bedside nurse to patient ratios for different levels of care. Strengthen state accreditation requirements for graduate health profession colleges and universities, especially exclusively or largely online programs.

4. Value from Insurers- Ban in and out of insurance network distinctions for acute care services for which patients may not have a choice of when, where or by whom they receive care (ER, unplanned hospitalization, etc.) Limit Prior Authorization requirements for physicians to truly experimental tests or treatments. Limit ordering of specialist referrals, expensive tests, and expensive treatments (e.g., non-insulin biologics) to licensed physicians only.

Employers in Indiana are understandably tired of paying outrageously high prices for employee healthcare coverage. Advocates for businesses, such as Hoosiers for Affordable Healthcare, have done a commendable job convincing Indiana's legislators to demand lower prices from hospitals and insurers. An African proverb reminds us, "When elephants fight, it's the grass that gets trampled." If legislators do not take steps to safeguard patients and healthcare workers, those will be the blades of grass trampled by the powerful giants in Indiana healthcare as they fight to keep their outrageous profits. All Hoosiers deserve access to high quality care, competition in the marketplace, protection of public resources, preservation of the healthcare workforce, and the autonomy of the medical profession. If such protections are not established and enforced then Hoosier patients, the chronically demoralized healthcare workforce and the entire state will face unintended, though predictable, negative consequences.

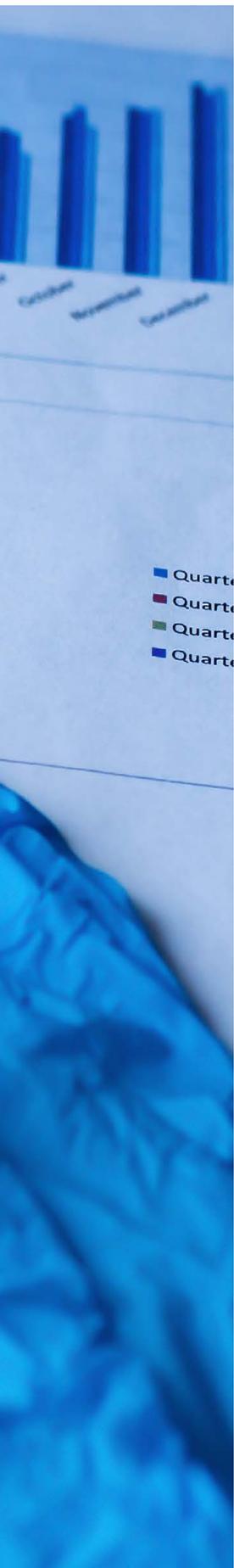
Reprinted from the Indianapolis Star.



by *RICHARD FELDMAN, MD*
IMS Board Member, MHM Board Member
and Past President, Former Indiana State Health Commissioner



Can Indiana's COVID Data be Trusted? Most definitely.



Attorney General Todd Rokita casts doubt on the validity of any state COVID data insinuating that the reporting has been politicized by government officials, hospitals, and the “left-wing” media by inflating the numbers. Of note, Indiana’s current data trends are almost identical to most states. Rokita is really the one politicizing COVID, joining with other conservative-minded COVID-pandemic minimizers.

Rokita does give some good advice: “I think the best advice is don’t listen to politicians.... Listen to your doctor”. Correct, don’t listen to Rokita because, unlike physicians, his COVID rhetoric isn’t based on concern for Hoosiers’ health but on garnering attention and support for his higher political aspirations.

Questioning the integrity of Governor Eric Holcomb and the Indiana Department of Health is an enormous insult. His statements provoked Governor Holcomb from his normally positive non-confrontational demeanor into a rare but justified reprimand of a fellow office holder and a Republican at that.

Rokita’s disinformation goes further. He questions that the vast majority of those hospitalized for COVID are unvaccinated. He states hospitals are overwhelmed with COVID because health-care professionals are unwilling to come to work because of vaccine mandates. Really? Over 90 percent of COVID hospitalizations and deaths are accounted for by unvaccinated patients. The shortage of health-care workers is due to sickness with COVID, exhaustion, frustration, and demoralization. Many forsake the hospital setting for less stressful and safer opportunities. Only a small fraction of workers leave their jobs because of vaccine mandates (IU Health, 0.3% and all workers nationally, 5%)

As a former state health commissioner, I can assure that our COVID numbers are accurate and there is no conspiracy to alter them. I know how data is collected, and any attempt to report data dishonestly is never considered - even when the

data may not be advantageous to a governor’s administration.

Here’s Indiana’s pathetic situation: Daily COVID cases are exponentially intensifying and at an all-time high (15,000 per day). Hospitalizations are the highest since last winter (3,200). Our testing positivity rates are nearing all-time highs (24 percent). IU health asked the Indiana National Guard and the U.S. Navy health-care teams for assistance. Meanwhile, Indiana’s immunization rate is 8th lowest in the nation (52 percent). Indiana is judged by WalletHub as the most COVID unsafe state in the country.

Yet, Rokita grandstands about widespread inflation of COVID numbers through lack of data transparency and holds that many are dying “with” COVID rather than “of” COVID. His examples are purely anecdotal. True, the distinction can be tricky at times. Respiratory viral infections like influenza and COVID can acutely exacerbate chronic preexisting conditions like renal failure, heart and lung disease, and diabetes. The instigating event many times is the viral infection even though the patient may die of their chronic disease. Did the COPD patient with COVID die of respiratory failure from the COPD or COVID? Typically, attributing the death to the chronic disease underestimates the role of the virus. The overwhelming number of COVID cases and the associated soaring hospitalizations and deaths during the pandemic makes the real situation obvious. COVID has killed millions of people.

Rokita’s accusations are absurd. As Huntington County Health Officer Matthew Pflieger said, “I would not know how to make these numbers up. If he’s saying there is a conspiracy going on, then.... millions of health-care workers are in on the conspiracy.”

Rokita should stay out of public health issues. His words are harmful, irresponsible, and unconscionable.

Truth in Advertising: Helping patients make informed choices about health care

by ISMA



On the final day of the 2022 legislative session, Senate Enrolled Act (SEA) 239 was passed by state lawmakers. Authored by Sen. Kevin Boehnlein (R-Greenville) and Sen. Liz Brown (R-Fort Wayne), the bill calls for disciplinary action against a professional if their advertising includes deceptive or misleading information or does not prominently state their profession or license. Its passage followed a significant grassroots effort on the part of Indiana physicians and medical societies.

Since then, Gov. Eric Holcomb officially signed the bill into law.

“We applaud the bill’s authors for their leadership, standing up for patient safety and promoting greater transparency so Hoosiers can better understand who is providing their care,” said ISMA President Elizabeth Struble, MD, who testified in support of the bill.

In 2020, an independent survey of consumers found that 1 in 4 Hoosiers was not confident they knew which medical professional they had seen in the past few years. The Indiana Physician Coalition, an alliance of 13 statewide medical associations and specialty societies, believes the confusion is caused by the “alphabet soup” of abbreviations that are often used to identify members of the health care team: MD, DO, APRN, NP, CRNA, PA, DNP, etc.

To clear up this confusion, a new law was needed to require identification based on license type, such as physician, nurse practitioner, nurse anesthetist, physician assistant and others that are more recognizable by name.

The proposed bill would have required that ID badges worn in clinical settings include license type; however, that provision did not advance.

Specialty designations protected

With the passage of SEA 239, Indiana becomes the first and only state to restrict the use of certain medical specialty designations to physician specialists, including the terms anesthesiologist, cardiologist, dermatologist, family practice physician, ophthalmologist, orthopedist, psychiatrist, surgeon, etc.

“Health care professionals at every level should be proud of their profession and want to help patients make an informed choice when seeking out options for treatment,” said Carrie Davis, MD, a member of the ISMA Commission on Legislation who also testified in support. “Now, a patient will be able to seek that treatment with confidence knowing they can trust the education, training and license of the health care expert they’ve chosen to see.”

While health care providers will have until January 2023 to comply with the advertising and marketing provisions, ISMA is considering further improvements it may seek to propose in future legislative sessions. For now, however, this is a significant victory for patients and physicians.

“We owe our thanks to members of the ISMA and our partners in the Indiana Physician Coalition for answering our calls to action,” said John Ruckelshaus, ISMA vice president of government affairs. “More than 3,100 messages were sent by advocates to state senators and representatives on this issue alone.”

“It cannot be overstated how impactful this level of grassroots advocacy was on keeping the legislation alive throughout the process until it ultimately passed the General Assembly.”

Colleague Corner: The 10 Question Interview



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

I was born to Dominic and Maria Agbonhese at St. Camillus Hospital Uromi, Nigeria. I am the oldest of 10 children. My parents were both elementary/schoolteachers. I attended St. Theresa's girls' catholic primary and later Apostolic primary school because my father wanted to make sure I could compete academically with the boys.

I left Uromi at the tender age of eleven to a boarding school for gifted girls, Federal Government Girl's College, Benin City. Here, I learned one of the very first lessons about the difference between wealth and poverty. I had a difficult time believing that compared to a lot of the children who attended this school, I was actually poor. None of the new friends I made the first few days of school had even heard of her hometown, Uromi. I believe that my resolve and determination to not only change my financial status but to help others do the same has been my major drive to excel while providing high quality services to the less fortunate.

Today, I am a family physician at Franciscan Physicians Network with board certifications in addiction medicine, hospice and palliative medicine, and a diploma in international medicine and public health. I have served as the Director of community and Global Health since 2010.

Since 1997, I have worked as a liaison between Franciscan Health and Marion County Public Health Department as we collaborate to care for the most vulnerable on Southside of Marion County. I am also a consultant at the Vitas inpatient hospice unit at University of Miami.

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

I didn't have an attraction to medicine like many children who chose to become doctors. While finishing my high school, my teacher gave me medicine, law or accounting as my best career options. My grandmother convinced me to become a doctor.

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?

Yes. My grandmother. I believe she is happy to see the way I have served the people I have been fortunate to serve for over 30 years. Here is the story:

My grandma was inspirational. My grandmother was born in the early 1920's to a village chief, her family lived by the Kings palace where most of the trading took place. She had no formal education but spoke many languages including Pigeon English, Yoruba, Hausa and Ishan. She always saw the bright side of every situation and focused on what she could do to make things better not just for herself but for everyone. For a woman growing up in the place and time that she lived I consider her a trailblazer. She was an inspiration to me and so many other people. Today I am amazed how often I turn to the lessons that I learned from her to guide my actions in my everyday life.

My grandmother believed a gift was something given willingly to someone without a payment. The most precious of these gifts was Life! She very often referred to God giving us life and the



responsibility that we had to treat our life and those of everyone else and everything that we came across as precious. When I was about 16 years old, I was having a difficult time deciding on a future career. My councilor had told me I could become a lawyer, an accountant, an engineer or a doctor. I explained to her what these professionals actually did in the workforce. When I

was done, she told me the story of how the Catholic missionaries saved my life as an infant. She then advised me to go to medical school because I would spend every day caring for God's most precious gift! Years later, as the hard work required to become a physician made me wonder why I would choose such a difficult career path, I would remember this discussion and boost myself up to keep working hard. Today, I am so grateful to her for leading me in the direction!

I have written a coffee table book in her memory.

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

The best has been the opportunity to work for sisters of St Francis who pray and encourage us to model caring for our patients after the greatest healer of all times, their patron saint, St Francis of Assisi. This has allowed me to serve our most vulnerable in Marion County for over 25 years.

The worst has been the pandemic.

I have worked with the most vulnerable patients in Indianapolis and around the world. While getting a diploma in international medicine and global health in 2018, I studied disaster management and the 1820 pandemic was discussed. I also learned about how

Poverty and poor health worldwide are inextricably linked. The causes of poor health for millions globally are rooted in political, social and economic injustices. Poverty is both a cause and a consequence of poor health. Poverty increases the chances of poor health. Poor health in turn traps communities in poverty. Infectious and ne-

glected tropical diseases kill and weaken millions of the poorest and most vulnerable people each year. Never really imagined living in a pandemic!

So when I started reading and seeing scenes and faces of damage done by the coronavirus infection around the world I was terrified before it even got to Indianapolis.

I had no idea how we would survive! To see the damage, it has done across the world and close to home has been very. I worry about the some of the things I love like traveling, renting a car and having events will take years to return to what we have been taking for granted. I cope by thinking about the good that came out of it for me like the rare opportunity to spend weeks at home with my grown children and the unbelievable speed of moving my patients from in person visits to virtual visits. (I know some people will not agree with me here!)

The patients I care for at Franciscan health on the Southside of Indianapolis need managing of their chronic pain and substance use disorder to stay safe and far away from the emergency room. Telehealth became the best option for these patients.

Working with Dr. Virginia Caine at the MCPHD, gave me another learning opportunity. MCPHD collaborated with others to provide rooms for the homeless population and others with no safe home, especially those with any form of serious chronic disease like diabetes tuberculosis or substance use disorder. Managing these populations to prevent and contain this infection to mitigate the numbers who end up dead put to test all the years of planning. Everyday presented a new challenge that needed a solution. As we continue to wait to see the end of this pandemic, I remain thankful

to God that we have survived to tell our story.

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

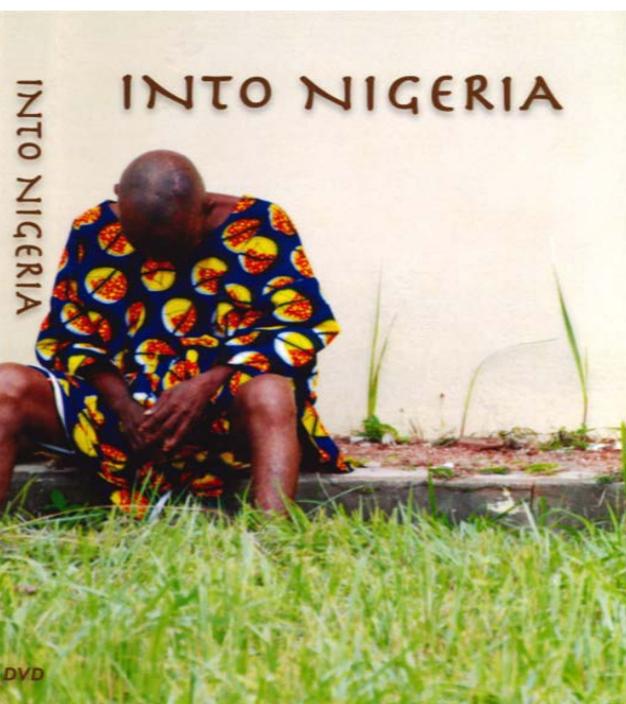
Having the balance, we need in our life and work to avoid burn out and compassion fatigue

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

Definitely! I always encourage young adults to consider a career. Most people who come to me are already interested in healthcare, so it is something I love to do. On May 9, 2021, I received the wonderful gift of hooding my daughter, Ivie at her medical school graduation from Marian University in Indianapolis.

7. Do you have a particular moment or memory in your career that stands out for you?

When my family traveled to India in 2019, we visited 5 cities and the last stop before returning to home was Mumbai. While in a hotel, the manager gave us an exceptional reception and dinner. Before the dinner was over, he told us he was very excited to meet us in person. This is a big shock to us. When we asked in shock why? He told us he had watched the WFYI documentary that featured our family's work in Nigeria. This inspired him to recruit other employees of the hotel to start a program that provides services to the many vulnerable people who live in the busy town of Mumbai. The thought that the work we



started in Indianapolis could inspire people in Mumbai India continuous to be a source of gratitude and encouragement for me.

8. Is there a stigma associated with or unknown fact about

your specialty that you would like to share with other physicians?

For over 20 years I worked in a clinic that cared for the “uninsured”. These were mostly people with very little or no resources. Many people had very wrong ideas of these people but luckily, we were able to find funding from generous donors who understood the problems faced by this population.



As a hospice physician, I faced many families and even healthcare workers who believed wrongly that hospice “killed people”.

Now working in addiction medicine where we are still trying to get people to understand that addiction is a chronic disease like diabetes which requires lifelong management because people can't just “stop using addictive substances”.

9. What is your favorite inspirational quote?

I love quotes too much to have a favorite! From quotes in the Bible to those in literature novels like Shakespeare, Animal Farm, and now Instagram. Here is my version of quotes I have compiled to share with our readers.

My quotes

My 10 steps to Living well

1. Dream: many dreams have transformed people and our world
2. Know your numbers: they are our guide to living well
3. Walk: the path to wellness is a lifelong journey
4. Compare: comparing your yesterday to today tracks your progress
5. Let it go: Travel light on life's journey, learn from your experience and move on

6. Be grateful for every new day: it's an opportunity to start, finish or walk away as you so choose
7. Time: many things change with time and patience
8. Breathe: A good breath can soften any pain or any hurt
9. Silence: Can be more powerful than words learn to use this golden asset
10. Laugh: It is one of our oldest and best medicine, if you can't laugh, smile

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

My involvement in advocacy and philanthropy is something I hope to continue the rest of my life.

In 2002, Dr. Caine asked me to join her in a meeting at Mayor Peterson's office. At the meeting were Bono, Chris Tucker and Ashley Judd. They were joined by Indianapolis locals like Scot Pegg to lobby Senator Richard Lugar to support the PEPFAR program. By the time we wrapped up the weekend activities, I had decided it was time to return home to Uromi to serve those I left behind. In 2003, I won the National Sprint of Women award that gave me national publicity on Memorial Day. The other winners and I appeared on Today show with the American idol winners. This boost helped me established the Mercy Foundation, serving the public health needs of our local community, and of the people of my homeland of Uromi, Nigeria.

In Indianapolis, we focused on health education, access to quality healthcare and obesity especially in Children. The "know your numbers campaign", Indianapolis business journal debate advocating for health care for all and "No candy egg hunt" are a few of my memorable programs in Indianapolis. In Nigeria, the focus on HIV/AIDS quickly expanded to include testing and patient management not just in Uromi but other neighboring towns. The initial screening tests led to development of chronic disease management of diabetes, Hypertension and arthritis. We soon added surgical teams and ophthalmologists did cataract surgeries.

In 2009, I made the difficult decision to pause the annual medical mission trip to Uromi and began to work with Timmy Foundation. In 2010, The

Mercy Foundation merged with Timmy Foundation to become Timmy Global Health where I was honored as co-founder. Timmy Global Health expands access to healthcare and empowers students and volunteers to tackle today's most pressing global health challenges. To achieve this goal, Timmy sends medical service teams to support the work of international partner organizations and channels financial, medical, and human resources to community-based health and development projects. Through our work, we strive to empower volunteers to lead the fight for global health equity and help deliver the promise of a healthy future – one patient at a time.

Timmy Global Health was founded in 1997 by Dr. Charles (Chuck) Dietzen, a pediatric physical medicine and rehabilitation specialist. After working in a number of international settings, including with Mother Teresa, Dr. Chuck was inspired to serve more communities by engaging the next generation of healthcare leaders. The organization was named after Dr. Chuck's brother Timmy, who passed away in his infancy. The organization is a legacy to both Dr. Chuck's brother and family, as well as a tribute to all the patients around the world that deserve quality healthcare. Timmy Global Health continues to have global impact. Timmy Global Health is actively serving the vulnerable population in 4 countries, Dominican Republic, Ecuador, Guatemala and Nigeria, We have served 85 thousand patients, donated one million dollars to partners and contributed 25 million in in-kind contribution.



WELCOME NEW MEMBERS

MEREDITH N. BELLAMY, DO

Axia Women's Health - Southside OB/GYN
8051 S Emerson Ave Ste 400
Indianapolis, IN 46237-8633
Obstetrics and Gynecology
Ohio Univ Col of Osteopathic Med, 2015

HALEY A. PRITCHARD, MD

IUHP Infectious Disease
550 University Blvd Ste 2180 Indianapolis, IN
46202-5149
Infectious Disease
Tulane Univ Sch of Med, 2013

GABRIEL T. BOSSLET, MD

IU Health Physicians
11725 Illinois St Ste 465
Carmel, IN 46032-3010
Pulmonary Critical Care Med
Ohio State U Col Med, 2003

MARIA WILSON, MD

Internal Medicine
University of Louisville - School of Medicine,
2004

VINCENT J. CAMPITI, MD

IUSM - Otolaryngology - Head & Neck Surgery
Residency Prog
1120 W Michigan St Ste 200
Indianapolis, IN 46202-5209
Head and Neck Surgery
Indiana U Sch Med - 2021

JOSHUA K. KAYS, MD

General Surgery
Univ of Illinois at Chicago Col of Medicine, 2013

NATALYA MEZENINA, MD

Franciscan Family Med Residency Program
5230 E Stop 11 Rd Ste 250A
Indianapolis, IN 46237-6399
Family Medicine
Indiana U Sch Med, 2020

SHELBY N. MORRISON, MD

Franciscan Family Med Residency Program
5230 E Stop 11 Rd Ste 250A
Indianapolis, IN 46237-6399
Family Medicine
Indiana U Sch Med, 2021

BRIAN J. O'NEILL, MD

Emergency Medicine
Indiana U Sch Med, 2017

CLARE C. PROHASKA, DO

IUSM - Pulmonary/Critical Care Fellowship
Pulmonary Critical Care Med
University of Kansas School of Medicine - 2015



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RICK C. SASSO, MD

Rick C. Sasso MD, Indiana Spine Group, gave an invited lecture at the American Association of Neurologic Surgeons and the Congress of Neurologic Surgeons annual Joint meeting on Spinal Disorders which was held in Las

Vegas. The speech Dr. Sasso was asked to give involved the future of Cervical motion preservation technologies.

Spine summit 2022: The 38th annual meeting of the AANS/CNS section on disorders of the spine and peripheral nerves; Transformative Technologies. February 23-26, 2022. Las Vegas, Nevada.

Lecturer: Cervical motion preservation in the future: Arthroplasty.



JOSEPH D. SMUCKER, MD

Joseph D. Smucker, MD and Jaclyn Demeter, PA-C assisted with the creation of a unique electronic database for recording the outcomes of spine health interventions including spine surgery.

This tool, the Indiana Spine Registry (ISR), allows patients with spine health conditions to scientifically report the outcomes of their care in a consistent and thoughtful manner. They shared their experiences developing and using the ISR with Orthopedics Today, reflecting on outcomes-based patient research and emphasizing the importance of patient feedback. The ISR offers a unique opportunity for patients of Indiana Spine Group to “pay it forward” by documenting their progress after surgery.

<https://www.healio.com/news/orthopedics/20220217/patientreported-outcome-survey-may-provide-accurate-measures-with-low-completion-burden>

Please submit Bulletin Board Information to mperrill@indymedicalsociety.org
Your photo in the IMS files will be used unless an updated picture is submitted with your material.

IN MEMORANDUM

HELEN GEYER CZENKUSCH, MD

She was born August 3, 1925 in North Liberty, Indiana to the late Leo Geyer and Claire (Place) Geyer. She married Leonard Roy Czenkusch on December 10, 1950 in South Bend, Indiana. Leonard preceded her in death on July 14, 2012.

Helen always knew she would be a doctor and take care of children. She attended IU earning an AB degree in 1946 and continued to IU School of Medicine where she graduated in 1949. She was a 1st year resident at Children's Memorial Hospital in Chicago before she moved to Indianapolis to complete her residency at Riley Hospital in 1952. She was in private practice in Speedway until she retired in 1992. She continued to work for the Marion County Health Dept in their well-child clinics after she retired.

Helen paved the way for many future generations of women. She was the first female President of the Marion County Medical Society from 1982-1983. She received a Certificate of Distinction for 50 years in the practice of Medicine, the Bowen distinguished leadership award, a recipient of the Mayor Hudnut Award (Community Safety Award) and the prestigious J.O. Ritchey Emeriti Faculty Service Award. IMS member since 1953 and served as IMS president from 1982-1983.



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.

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

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
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BOB FLINT

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Bernard J. Emkes

Bruce M. Goens

Paula A. Hall

Jeffrey J. Kellams

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Mary Ian McAteer* (2022)

John P. McGoff

Stephen W. Perkins

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Caitlin J. Harmon, Resident

TBD, 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.

Rania Abbasi (2024)

Linda Feiwel Abels (2024)

Christopher D. Bojrab (2024)

Ann C. Collins (2023)

Carolyn Cunningham (2022)

Julie A. Daftari (2023)

Marc E. Duerden (2023)

John H. Ellis (2024)

Richard D. Feldman (2024)

Bruce M. Goens (2022)

Ann Marie Hake (2022)

Ronda A. Hamaker (2022)

Mark M. Hamilton (2022)

C. William Hanke (2024)

Penny W. Kallmyer (2023)

John E. Krol (2023)

Mary Ian McAteer (2023)

Ramana S. Moorthy (2024)

Mercy O. Obeime (2023)

Ingrida I. Ozols (2023)

Robert M. Pascuzzi (2023)

J. Scott Pittman (2022)

David M. Ratzman (2024)

Jodi L. Smith (2022)

Eric E. Tibesar (2023)

Maureen Watson (2022)

Steven L. Wise (2024)

Crystal S. 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.

Laurie L. Ackerman (2022)

Paula Hall (2022)

Caitlin J. Harmon (2023)

Brian S. Hart (2023)

David A. Josephson (2023)

Kathryn J. Kelley (2023)

James F. Leland (2022)

Scott E. Phillips (2022)

Alexandar T. Waldherr (2023)

**Several positions available, contact Morgan*

Perrill if you are interested

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

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David R. Diaz

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Robert Flint (2024)

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Mercy Hylton (2022)

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Mercy Hylton (2022)

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