

# BULLETIN

EDITORIAL PG 06

*Anti-Science, Anti-COVID*

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



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# BULLETIN



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Indianapolis Medical Society  
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Direct copy for publication and inquiries regarding advertising to:  
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## NOTE FROM THE EDITOR

The IMS Bulletin is now accepting advertising for the 2023 ad calendar. Anyone interested should contact our office at 317-639-3406 or email our editor at mperrill@indymedicalsociety.org for a 2023 Media Kit.

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.



# THE PRESIDENT'S PAGE

ANN MARIE HAKE, MD

— OCTOBER IS —  
**DOMESTIC  
VIOLENCE**  
AWARENESS MONTH



October is Domestic Violence Awareness Month!

According to the Domestic Violence Crisis Center, one in four women and one in seven men in the United States will experience physical violence from an intimate partner at some point in their life. However, domestic violence is not just physical violence; it is defined as a pattern of abusive behavior that can be verbal, physical, emotional, sexual, financial, or technological in nature and is used by one person to gain power over another in a relationship. In Indiana, killings of domestic partners nearly doubled during the pandemic, and the rate has remained high, according to the Indiana Coalition Against Domestic Violence.

As physicians, we are continually urged to screen for domestic violence in our patients (and we are not immune from domestic violence ourselves simply because we are physicians.) We know the impact of domestic violence on the health of our patients: not only is there a higher rate of physical injury and death from trauma, but individuals who are subjected to intimate partner violence have higher rates of depression and anxiety, substance use disorders, post traumatic stress disorder, sexually transmitted infections, sleep disturbances, arthritis, asthma, migraines, ulcers, irritable bowel syndrome, and other chronic illnesses. Howev-

er, when a history of intimate partner violence is elicited, we often find ourselves at a loss to be able to provide useful information and advice to the patient. In addition, these situations are rarely simple; the affected individuals may have financial constraints, children and/or pets to consider, and feelings of fear, unworthiness, or shame. According to Community Health Care Systems, it takes an average of 5 to 7 attempts for an individual to leave an abusive relationship, and often the most dangerous time for the individual is when they are trying to leave. As physicians, we can assist our patients in their planning to leave an abusive relationship by documenting injuries; providing information, emotional support, and validation; and protecting their privacy and dignity.

Resources available nationwide include the National Domestic Violence Hotline at 1-800-799-SAFE (1-800-799-7233; TTY 1-800-787-3224) or text START to 88788 or visit <https://www.thehotline.org> ; and the Domestic Violence Crisis Center at 1-888-774-2900 or visit <https://www.dvcct.org> .

Here in Indianapolis, resources that include advocacy, counseling, and more include the Domestic

# THE PRESIDENT'S PAGE

ANN MARIE HAKE, MD



Violence Network at 9245 N. Meridian St. (phone 317-872-1086), Silent No More at 9245 N. Meridian St. (phone 317-728-733), Beacon of Hope Crisis Center at 6920 S. East St. Ste B (phone 317-731-6131, Crisis Line 317-731-6140), and Firefly Children and Family Alliance at 2240 N. Meridian St. (for other locations visit <https://fireflyin.org/contact/#loca->

tions) (phone 317-634-6341, Crisis Line 317-327-2480 or 317-327-4969, bilingual English/Spanish 317-327-4679.) Resources that provide housing include the Julian Center at 2011 N. Meridian St. (phone 317-941-2200, Crisis Line 317-920-9320), Coburn Place Safe Haven at 604 E. 38th St. (phone 317-923-5750), and the Salvation Army Ruth Lilly Women and Children's Shelter at 540 N. Alabama St. (phone 317-637-5551). Finally, the Indiana Coalition Against Domestic Violence offers legal services for individuals impacted by domestic violence (location: 1915 W. 18th St. Ste B, phone 317-917-3685.)

So let's keep asking our patients about their well-being and never stop letting them know that they are worthy of being happy and well!

Sincerely,

A handwritten signature in black ink that reads "Ann Marie Hake MD". The signature is fluid and cursive.

Ann Marie Hake  
President  
Indianapolis  
Medical Society



# Anti-Science, Anti-COVID



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

It's been a long two-and-a-half years. COVID-19 disrupted everyday life, education, personal finances, businesses, health care, and the economy. Serious illness and death became an all-too-common fact of everyday life. Anxiety, depression, isolation, and healthcare professional burnout were hallmarks of the challenges faced. It has been a rough, bumpy road for the public health and the scientific communities on a steep learning curve. The science naturally changed as the pandemic caused by this never-before-experienced virus progressed. What was thought to be true one week was not necessarily true the next.

The virus mutated into new variants requiring continually changing messages issued by public health and governmental authorities, adjusted to best protect people's lives and the very foundations of our society. The public became confused; a significant segment became distrustful even of the miraculous developments of highly effective COVID vaccines and other new treatments. Compounding the situation were really poor communications from the Centers for Disease Control and Prevention that were unclear, conflicted, confusing, and too complicated.

On top of everything, COVID became politicized, further polarizing an already divisive nation. Even the CDC faced broad political pressures affecting its recommendations beyond the direct unprecedented interference by the Trump administration. Misinformation, and worse, disinformation flourished. Opposition to vaccination and masking became a political banner for the conservative right; in some states, public mitigation restrictions were unjustifiably discouraged and prematurely ended.

Over a million Americans have perished from COVID-19; many died needlessly due to the disinformation and the political rhetoric responsible for much of the resistance to vaccination and other basic mitigation efforts. Mixing politics and public health is a bad combination and rarely ends well.

Unfortunately, amid the confusion, distrust, and frustration present during an unstable and uncertain time, the stage

was set for an escalating "anti-science" perspective with the public. Interesting articles have been published recently on anti-science.

Anti-science is the denunciation or discrediting of mainstream scientific views and prominent scientists, commonly replaced with pseudoscience or unproven or misleading assessments. We are living in what is termed a "post-truth era" with baseless beliefs and subjective opinions taking precedence over proven facts - emotion over reason. Often these ideas are promulgated for personal or political advantage that may pose a threat to our societal security, health, and well-being. Public debate is increasingly driven by what people want or expediently claim to be true rather than what is verifiably true. The trend is driven by the internet, social media, politicians, and opinion-driven broadcast media.

Trump didn't originate anti-science, but he did legitimize it. The Trump administration utilized it effectively during the COVID crisis with a deliberate disinformation crusade. It minimized the pandemic's severity, predicting the virus would magically disappear, claiming hospitalizations and deaths were overreported or falsely attributed to COVID, discouraging the use of masking, promoting bogus treatments rather than actively promoting vaccination, and sidelining public health experts. Anti-vaccination activists had a heyday. Various members of Congress and red-state governors joined the bandwagon, and conspiracy theorists found fertile ground.

Today, one-third of Americans remain unvaccinated, disproportionately represented by conservative Republicans. Anti-science is not historically part of the Republican agenda. But partly due to Trump's continuing hold on the Republican Party, anti-science is alive and well.

I don't have the solution for reversing the proliferation of anti-science, especially among the conservative right. But the pendulum commonly swings, and hopefully, this too shall pass.

# ISMA 2022-2023 President: Pardeep Kumar, MD, MBA



*Pardeep Kumar, MD, MBA, swearing in as ISMA president September 11 at the 173rd Annual ISMA Convention.*

## About Pardeep Kumar, MD, MBA

*Dr. Kumar is an internal medicine physician practicing with Terre Haute Internal Medicine Associates, which he co-founded with his wife, Tejaswini Kumar, MD. He is affiliated with Terre Haute Regional Hospital, Union Hospital and Sullivan County Community Hospital.*

*Dr. Kumar earned his medical degree from Government Medical College, Patiala, Punjab, India, and his undergraduate degree from DAV College, Jalandhar, Punjab, India. Upon graduation from medical school, Dr. Kumar completed his residency training at St. John's Episcopal Hospital in New York. Earlier this year, he earned an MBA from the IU Kelley School of Business*

## Physician MBA Program.

*Since joining ISMA in 2005, Dr. Kumar has served as president-elect, treasurer and assistant treasurer, as well as District 5 president, trustee and alternate trustee. He has also served on the Commission on Legislation.*

*Dr. Kumar is also a member of the Board of Trustees for the Indiana Health Information Exchange. In addition, he is a member of the Board of Trustees at Terre Haute Regional Hospital, where he has also served as medical staff president, credentialing committee chair and Department of Medicine chair.*

## Presidential Address

Sept. 11, 2022

Pardeep Kumar, MD, MBA

It is matter of great privilege and honor for me to be elected president of the Indiana State Medical Association. I accept it with a great humility from the bottom of my heart.

ISMA is the largest physician organization in Indiana; it has more than 9,000 members and is slowly growing. Indiana has more than 16,000 practicing physicians. When somebody presents a resolution based on his or her thinking or ideas, once it is adopted by the majority of the House of Delegates, it becomes the guiding principle for ISMA to follow. Such is the strength of organized medicine: The voice of one person becomes the voice of more than 9,000 members, and effective legislation is sought, or changes are made, based on that feedback or idea. This is a very democratic process.

My personal journey with ISMA started nearly two decades back, when I moved to Terre Haute, Indiana, to serve the Hoosiers living in Vigo and adjoining counties. Before that, I had the privilege of serving in Eureka, Nevada, in a county of 1,200 folks, in what was better known as the loneliest town, on the loneliest road in America. I was the only physician serving in a 60-mile radius. I was a first-generation immigrant, and that was my first exposure to rural America after getting my medical training in the city of New York. I served the local community day and night. They



Dr. Eric Tibesar sitting member of Reference Committee 2

## SPECIAL FEATURE

provided me a great love and affection. This is where I realized how important a physician is to the local community.

My personal leadership style includes empowerment, persistence and perseverance, which have guided me throughout my life. There are several issues that are important for me to work on in the coming year.

Physician reimbursement has been stagnant for the last two decades. We have had a meager 11% raise from Medicare in the last 20 years. But the rate of inflation has been in the 2% range per year until recently, and the consumer price index has been in the range of 9.1%. Adjusted for inflation in practice costs, Medicare reimbursement went down 20% in the last 20 years.

Because of the federal budget neutrality requirements, organized medicine has had to lobby to avoid payment cuts rather than asking for a raise. We also spent a lot of time and effort getting Medicare's Sustainable Growth Rate payment formula repealed, but the data shows the payment system that replaced it is also problematic. Now, things have reached a level of unsustainability for physicians and private physician practices. We know anecdotally that the number of private practices is shrinking. Physicians just dealt with a health care recession from COVID, and now, they have been hit with significant inflation. Organizations like ISMA and the AMA will be advocating for financial relief for physicians.



Delegates, Dr. Mary McAteer and Dr. Mercy Hylton, enjoying a quick break between reference committees.

In addition, while ISMA was instrumental in adding exceptions to Indiana's abortion restriction bill, SB 1, we remain concerned about the criminalization and license-revocation penalties. We stand ready to continue our efforts to roll



District 7 Trustee and IMS Member, Dr. Bob Flint, meeting new delegates from across the state at the President's Dinner.

this back, at the will of the House.

Thank you to all of you who have contributed to fighting the COVID-19 pandemic, now in its third year. However, this has taken a toll on physicians and medical communities – it has increased physician burnout. Other factors, like preauthorization requirements for medications and imaging studies, along with inefficient EMRs (electronic medical record systems), contribute to physician burnout. HR 8487, the federal legislation passed by the House Ways and Means Committee to streamline the prior authorization process for seniors under Medicare Advantage Plans, will help. In May of this year, U.S. Surgeon General Dr. Vivek Murthy issued an advisory about health worker burnout. He said we need to understand the stress and strain of burnout on the medical community – physicians, in particular – and find adequate organizational-level solutions for decreasing administrative burdens, providing mental health services, and improving EMRs so that physicians don't spend long hours on chart notes after the day's work.

We passed transparency legislation in Indiana this year. However, scope of practice is the real issue for the practicing physicians, even now. Many primary care physicians are being replaced by nonphysician providers. We want physician-led teams to be responsible for patient care. We understand the importance of nonphysician providers, but ensuring that they work

under the supervision of physicians leads to the best patient care, considering physicians' level of education and training. Having more nonphysician providers has not significantly improved care in rural areas, as most choose to practice in the same geographic areas as physicians. Rural areas also need more physician-led care, rather than care provided only by nonphysicians. ISMA will continue to work on scope-of-practice issues as a frontline defender of physicians.

The only good thing that came out of COVID was the expansion of telemedicine. Many state governments, including Indiana's, have called off the COVID-19 public health emergency. However, the federal health emergency will continue at least until October 18. Whenever it does end, several COVID-related services will be affected. Therapeutics, testing, etc. will go private. Telehealth coverage will also be impacted. However, the U.S. House has passed a bill with bipartisan support to extend COVID telehealth flexibilities, including Medicare coverage of telehealth services, until December 31, 2024. ISMA will continue to advocate for coverage of telehealth services where physicians determine they are appropriate for patient care.

We have significant public health concerns in Indiana. Indiana lags in public health metrics: We are close to the bottom in most public health measures. Our governor has created a public health committee which has already published



Delegate, Dr. Alison Case, testifying before the House of Delegates.

its recommendations, but much more needs to be done. One main reason for Indiana's poor metrics is its public health funding. While we spend close to \$12,000 per capita on sick care, Indiana's expenditure on public health is less than \$50 per capita. Most of the funding is from the state and county governments, with a small amount from the federal government. A significant increase is needed in public health infrastructure and funding, especially from the federal side, so that we can reduce our sick care expenditures. We have a very decentralized public health system, *which is inadequate to meet the need in case of a national public health emergency. A second major challenge is Hoosiers' acceptance of public health measures, so an information campaign based on facts, not on misinformation, will be needed. The vision for our ISMA is to make Hoosiers among the healthiest people in the country, so we will continue to work in this direction.*

*I am very confident about the future of ISMA due to its deep physician leadership. Some are my mentors, and others are enthusiastic young physician leaders who will carry on these big reforms. Also, we have the very talented ISMA staff, which works day and night to serve the physician community. At this time, I would like to thank my wife and my two boys, who have always stood by me in all my endeavors, for their wholehearted support.*

*I leave you with two pearls of wisdom:*

- 1. Take care of your health and get your colonoscopies and mammograms in a timely manner, so that a healthy work force can make Hoosiers healthier.*
- 2. Peaceful resolution of conflict is a road to prosperity. Resolve your personal, professional and business conflict peacefully, and prosperity will follow.*

*Thank you very much for your attention.*



IMS Member, Dr. Eric Yancy, singing the National Anthem



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# ISMA Podcast “The Clinic”: Prior Authorizations

*Podcast presented by ISMA’s Communications Manager Eric Berman talking with AMA’s Emily Carroll and Heather McComas*

*Below is an edited transcription of the ISMA podcast “The Clinic” Episode 17: Prior Authorization. To listen to this podcast in its entirety, please visit <https://www.ismanet.org/ISMA/Education/Podcast.aspx>*

**Eric Berman, ISMA**

Welcome to “The Clinic”, the Indiana State Medical Association podcast. I’m Eric Berman. The Indiana General Assembly is out of session, but the study committees are continuing to look at issues affecting Hoosiers. This week, the Insurance Committee is looking at the issue of prior authorization. We’re joined by Emily Carroll and Heather McComas from the American Medical Association (AMA).

Welcome to both of you! Obviously, this is important to both the AMA and the Indiana State Medical Association (ISMA). The AMA has done surveys on this very recently. There was one last year. What did you hear from doctors about what is happening with prior authorization?

**Heather McComas, AMA**

Thanks so much. The first thing that the doctors in our survey reported was the extremely concerning impact that the process is having on patients. Ninety three percent of physicians indicated that prior authorization delays medically necessary care. These delays can have a real negative impact on clinical outcomes such as patients abandoning treatment leading to nega-



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MEDICAL  
ASSOCIATION

tive clinical outcomes. Most concerning, over one third of physicians indicated that prior authorization has led to a serious adverse event, something like hospitalization for patients and their care. Physicians also indicated that prior authorization has a real toll on their practices and their staff. On average, practices in our survey reported doing forty-one prior authorizations per physician, per week. This weekly workload for a single physician consumes nearly two business days of physician and staff time.

### **Eric Berman, ISMA**

And that's not just staff, that's physicians who have to deal with that paperwork as well.

### **Heather McComas, AMA**

Correct.

### **Eric Berman, ISMA**

You mentioned the effect on patients. Several Indiana physicians testified the same at the statehouse today during the committee hearing. What kinds of things come up and how have patients been impacted negatively when that authorization either doesn't come through or doesn't come in time?

### **Heather McComas, AMA**

It can be anything from just not feeling well for a number of days and their condition getting worse. It can be quite serious for patients who end up in the hospital when they can't receive their medication. Certainly, for something like diabetes, if you don't have access to insulin, that can easily turn into an ER visit and hospitalization or even death ultimately. These are very serious consequences of some of these care delays. There's a real human cost to these delays but there are also financial costs. Obviously, if a patient gets worse over time because they can't access their care, their condition deteriorates and that leads to overall increased medical costs.

### **Eric Berman, ISMA**

Does the AMA have model legislation on this? How do we fix this? One assumes there's going to be some form of prior authorization legislation. What does the AMA propose that would help make this work better?

### **Emily Carroll, AMA**

We are working under the assumption that prior authorization will continue to exist, and we're not focused on removing it entirely. We are focused on the right sizing and that's the goal of our model bill that we offer to state medical associations.

In that model bill, we have requirements around automation and electronic prior authorization which we think can make the process simpler. We have requirements around turnaround time, so the most you should wait for an urgent care situation is 24 hours to prior authorization and the most you should wait in a non-urgent situation is 48 hours. We've also included components that we've picked up from other state legislatures as they debated legislation over the past several years including concepts such as this gold carding program we're hearing so much about.

Texas recently enacted a gold carding law and we're watching closely how that is implemented. This is the idea that the volume needs to be reduced, and that prior authorization is just too much. The Texas model provides exemptions to physicians when they have a high approval rate by that payer for that service. Under the Texas model, if you're getting a 90% approval rate for a certain service from a certain payer, you're not going to have to complete prior authorization for a certain amount of time. That just takes some of that burden off the practice so that they can focus on patient care.

### **Eric Berman, ISMA**

In other words, the insurance companies are saying, look we've seen the MRI you're ordering we've seen the CT scans. These are all necessary, we've got you an express lane pass.

**Emily Carroll, AMA**

Exactly. You have a track record of meeting our clinical criteria in terms of that service and so we are going to let you off the hook for a while because we know that you're committed to providing the right care at the right time for patients.

**Eric Berman, ISMA**

Is there a federal solution here? Are there things that the AMA is pursuing at the federal level?

**Emily Carroll, AMA**

There is. We consider the prior authorization problem to require multiple solutions. Certainly, at the state level, we would love to see the commercial payers' fully insured plans be required to reduce the burden and streamline the process. At the federal level, we'd like to see the same thing for all federally regulated plans. There is currently a model or legislation pending that would address some of these issues in the Medicare Advantage space. We continue to promote that and certainly strongly support that legislation. We hope to see other solutions in every space introduced soon.

**Eric Berman, ISMA**

You mentioned needing to streamline this through technology. In Indiana, that's one thing that we have done. What we heard from the study committee is that there hasn't been necessarily a lot of buy-in on that. How do we get physicians to actually sign up for that or alternatively what are the hurdles that make the current technology not user-friendly enough?

**Heather McComas, AMA**

We heard some concerns raised regarding costs and that could be a barrier for electronic prior authorization, particularly for a physician practice or smaller practice. I think something else that was interesting that was mentioned during today's discussion was health plan portals. They aren't technically electronic prior authorization, but health plans like to promote their portals as a way to have automated prioritization. From a physician practice perspective, those portals aren't that much more helpful than doing it via another means because they have to have

a login and password for each different health plan and all the sites look differently, so it's quite cumbersome. We are talking about electronic prior authorization. Ideally from a physician's point of view, it would be something integrated within their electronic health system that would work the same across all health plans. A lot of plans don't have that technology available yet or it looks different, as it is proprietary for each plan, so it's a challenge.

**Eric Berman, ISMA**

The study committee will take this up again on October 20th. They're not expected to make any recommendations for legislation but of course, the General Assembly convenes in January, and we'll see what services then. Emily Carroll, and Heather McComas, thank you so much for joining us.

**Heather McComas and Emily Carroll, AMA**

Thanks so much for having us.

*Note from the Editor*

*Did you find this interesting? Be sure to tune into future podcasts from "The Clinic". Episodes of "The Clinic" are available at [www.ismanet.org](http://www.ismanet.org) or [www.ismanet.org/podcast](http://www.ismanet.org/podcast) wherever you download your podcasts. You can subscribe so you never miss an episode.*

*Coming next week to "The Clinic," the ISMA podcast:*

*The clock is ticking down toward Election Day on November 8, and the ISMA has you covered. Host Eric Berman, ISMA vice president of government relations John Ruckelshaus, former WISH-TV political reporter Jim Shella, and IndyPolitics.org founder and editor Abdul-Hakim Shabazz bring you a wide-ranging discussion of what's at stake, the races to watch, and the wild cards which continue to reshape the campaign in the home stretch.*

*As a reminder, this podcast is a product of the ISMA and this transcript is produced by the IMS. A special thank you to the ISMA and Eric Berman for this production.*

# WELCOME NEW MEMBERS

## ACTIVE

### **CHRISTINE L. HEUMANN, MD**

Eskenazi Health  
720 Eskenazi Ave.  
Indianapolis, IN 46202-5187  
Infectious Disease  
Indiana University School of Medicine, 2011

## RESIDENTS

### **RACHNA CHAUDHARI, DO**

IUSM – Internal Medicine Residency Program  
1120 W. Michigan St., CL630  
Indianapolis, IN 46202-5209  
Internal Medicine  
Marian U Col of Osteo Med, 2022

### **LENA W. CHEN, MD**

IUSM - Otolaryngology - Head & Neck Surgery  
Residency Program  
1130 W. Michigan St., Ste. 400  
Indianapolis, IN 46202-5209  
Otolaryngology  
Johns Hopkins Univ Sch Med, 2022

### **AMANDA Y. GU, MD**

IUSM – Pediatric Residency Program  
705 Riley Hospital Dr., Rm. 5867  
Indianapolis, IN 46202-5109  
Pediatrics  
Ohio State Univ Col of Med & Public Health,  
2020

### **EVAN S. KOMINSKY, MD**

IUSM - Otolaryngology - Head & Neck Surgery  
Residency Program  
1130 W. Michigan St., Ste. 400  
Indianapolis, IN 46202-5209  
Otolaryngology  
Albert Einstein Col Med of Yeshiva Univ, 2022

### **MARIA L. REATEGUI VIA Y RADA, MD**

IUSM - Otolaryngology - Head & Neck Surgery  
Residency Program  
1130 W. Michigan St., Ste. 400  
Indianapolis, IN 46202-5209  
Otolaryngology  
Geisel Sch Med at Dartmouth. 2022

### **GABE SOB CZAK, MD**

IUSM - Otolaryngology - Head & Neck Surgery  
Residency Program  
1130 W. Michigan St., Ste. 400  
Indianapolis, IN 46202-5209  
Otolaryngology  
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# BULLETIN BOARD



## **RICK C. SASSO, MD**

Rick C. Sasso MD, Indiana Spine Group, served as a faculty member at the North American Spine Society (NASS) Cervical Spine Course held in St. Louis on September 16-17, 2022. Students taking this course were Cervical Spine Surgeons from

throughout the United States as well as Asia and South America.

Dr. Sasso lectured on the current status of Cervical artificial disc replacements, techniques for the surgical stabilization of C1 and C2, and the emergent treatment of anterior cervical airway problems.

North American Spine Society (NASS) Cervical Spine Surgery course. September 16-17, 2022. St. Louis, Missouri.

Lecturer: Cervical arthroplasty: Indications vs. Fusion-Results, currently available products; Emergent airway control after anterior cervical procedures (Cricothyroidotomy); C1 screw placement, C1-2 joint access: Reduction and fusion options

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

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# 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@imsline.org](mailto:ims@imsline.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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*Delegates to the Annual State Convention*

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

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Linda Feiwell 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)

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Ronda A. Hamaker (2022)

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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)

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*Delegates to the Annual State Convention*

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

Laurie L. Ackerman (2022)

Gabe Bosslet (2024)

Allison Case (2024)

David Crook (2024)

Richard Hahn (2023)

Paula Hall (2022)

Caitlin J. Harmon (2023)

Brian S. Hart (2023)

Melanie Heniff (2024)

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Katie McHugh (2024)

Tom Mote (2023)

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Scott E. Phillips (2022)

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Alexandar T. Waldherr (2023)

Joseph Webster (2024)

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*\*Indicates deceased*

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Jon D. Marhenke  
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2000-2001

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