

BULLETIN

PRESIDENT'S PAGE 04
by Joseph Webster, Jr, MD



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BULLETIN



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NOTE FROM THE EDITOR

Welcome to the 131st volume of the Indianapolis Medical Society Bulletin. This magazine has a long rich history in the Indianapolis Medical Society and we are proud to provide you with another year of content.

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. Members who wish to submit articles for publication should do so to me, Morgan Perrill, at mperrill@indymedicalsociety.org.

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THE PRESIDENT'S PAGE

JOSEPH WEBSTER JR, MD



If that is so, then in 2024 you should expect things will get done. I'm a doer/closer. I also like to plan out a project before disclosing it, therefore, I will not be giving you a list of 2024 projects. We will continue the projects and policies of previous presidents and boards, but I hope to initiate or bring back a few.



Hello fellow members of the IMS. My name is Joseph Webster, Jr MD and I am proud to serve as your president in 2024. I'm honored to follow in the footsteps of my previous presidents and hope to continue their excellence. I will be joined by Doctors Ann Collins (President-Elect), Katherine Kelley (Secretary/Treasurer), 27 Board members, delegates, and our honorable Immediate Past President Mercy Obeime.

A little about myself, I was born in Fort Wayne, Indiana and attended Wayne High School. I received my BA from DePauw University in 1989 and am a member of the Beta Theta Pi fraternity. After graduating from the Indiana University School of Medicine, I did a Surgery transitional year followed by my Anesthesiology residency at the University of Michigan Medical Center. I am currently and have been solely employed at Northside Anesthesia Services, LLC.

I am the Medical Director of Carmel Specialty Surgery Center. I serve on the Board of Directors for the Ascension St. Vincent Foundation and the Alumni Board for DePauw University. I also serve as the Physician Anesthesiologist Champion for Patient Safety in Obstetrics for Ascension Womens, Carmel and Fishers Hospitals.



I think it's normal for the board and IMS to resemble the personality of their president.

Although I won't specifically address 2024 projects, I do want everyone to know that I have read all the survey results and hear you. I also will be looking into viable insurance options for IMS membership to replace that which was previously offered. Finally, and most importantly, I plan to resurrect the social options that IMS previously offered. I have some ideas that I think will be fun and well attended (assuming we are not inundated with another Covid or variant). If you did not complete the survey and want to; have suggestions or comments for me; or have social gathering ideas, please feel free to reach out to me through Morgan Perrill at mperrill@indy-medicalsociety.org

Finally, I'm not photogenic and I'm an avid cat person so any posts or pictures on my social media will most likely involve cats ... especially big ones. I will die one day saying pssp, pssp to a lion or tiger or if I'm very lucky a black panther. Let's have a good 2024!!!

Thank you for letting me serve as your President of the IMS.

Sincerely,

Joseph Webster, Jr
152nd President
Indianapolis Medical Society

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Doctors Don't Need Therapy

by KIMBERLY E. KELLER, MS
Licensed Mental Health Counselor, Trauma Therapist, Indiana Health Group





I have heard all of the reasons why people don't see a counselor. Here are a few of the greatest hits:

"I'm already taking medication for my mental health."

"I don't have time."

"I don't have the money."

"It won't work."

"I've tried it before."

"It will be weird."

"I don't need it. I'll figure it out on my own."

Any thought can be rational, but it depends upon the context in which it exists. For example, the thought "I don't have the money" could make sense for a student or someone in between jobs but be completely unrealistic for those with steady and reliable income. The above statements are not wrong per se, but may still be worth scrutinizing.

I'm sure you have heard similar irrational reasoning from your patients as well. We are all capable of rationalizing our decisions. However, doctors are particularly good at this and have their own unique ways of spinning these statements to avoid treatment themselves. The most useful therapy modalities are those that help clients acknowledge and challenge their irrational thinking. So with that in mind, let's try a free sample of therapy and talk about why YOU don't have a therapist.

"I'm already taking medication for mental health."

Doctors have to be able to put their trust in medications. I would imagine the job would be quite difficult without this, so it makes sense why this might be their first line of action. However, medication in combination with therapy has been shown repeatedly to be more effective than either of these alone. The medication likely is helpful but could be even more so with therapy.

"I don't have the time."

Doctors work long and bizarre hours. In their off time, they have families and

hobbies and plenty of things that they already feel guilty about missing. The idea of going to therapy regularly feels like even more time away from these things and yet another responsibility. That isn't entirely wrong, but perhaps the time commitment is not as bad as it may appear. Sessions are typically an hour long and chances are you can find someone within a twenty-minute drive. If not, telehealth is here to stay and you can do it from your car, the hospital, wherever you have reliable WiFi. Additionally, most evidence-based protocols are estimated to be only about twelve sessions long. This means that therapy may only be necessary for a few months. I would venture to guess that most of us spend more time looking at our phones daily than it would take to get to a weekly therapy appointment.

"I don't have the money."

It would be unfair to assume that if you are a doctor, you automatically have money to burn. However, seeing this as an investment in your health may help put the cost into perspective. If you truly have financial issues, every area in Indiana is covered by a community mental health system that can work on a sliding scale. Some private practices offer this as well. Even if a practitioner is out of network, many clients can get reimbursed a percentage of their bill from their insurer.

When considering the short-term nature of evidence-based therapies, the cost may not be as high as you think. This is especially true when we factor in work we may miss in the future should symptoms worsen and require a higher level of care. Therapy is not just about improving current symptoms but also decreasing the probability of more debilitating illness in the future.

"It won't work."

This argument is akin to vaccine denial. There is overwhelming data to demonstrate that this is not the case with vaccines nor therapy. There are evidence-based protocols that consistently outperform placebo. Like any medical

treatment, not everything works the same for everyone. It would be unreasonable to suggest that if it didn't work for my friend, it won't work for me. It's critical to find the right type of therapy for you, which may require some trial and error. Therapy works for people. Last I checked, all doctors are people. You see where I'm going with this? It does help lead to our next concern though,...

"I've tried it before."

Maybe this is how I "know" it doesn't work. There are too many therapists and too many types of treatment to suggest that a previous experience with therapy is a good representation of the industry as a whole. It can take a while to find the right person to deliver the right kind of treatment. Please don't give up on it after one bad experience. Hopefully finding the right counselor will help with the next problem.

"It will be weird."

Not likely if you truly feel comfortable with your provider. You also will likely feel less weird if you have been educated about the process you will be doing with your counselor and have reasonable expectations for what treatment will look like week to week. Don't be afraid to ask questions or share concerns you may have. The right therapist should give you responses that help you to feel more at ease.

"I don't need it. I'll figure it out on my own."

Sometimes this is absolutely the case. But, how long does one give themselves the chance to do it on their own? Will that end up being more costly, take more time, be more awkward, and be less helpful than just going to therapy?

There is a lot of pressure on doctors to show that they have it all together. Acknowledging when you need some help is not an indication that you are falling apart. It is an indication that you are a human being that has enormous expectations on your shoulders. Being a capable professional and a client in therapy are not mutually exclusive. Please don't wait until you begin to unravel or start making errors to seek out a therapist. Don't wait until you hate going to work or have fantasies of just getting in your car, driving somewhere sunny, and just starting over as an emu farmer. If you have to tell yourself you don't

need it, it's probably because someone suggested maybe you do, or you thought for just a moment that perhaps you might need some help.

I hope you challenge your thoughts that keep you from getting the help you need. I hope that you encourage your colleagues to do the same. Let's make it the new normal that doctors value and participate in mental health care. It's not easy out there right now and there aren't enough of you. So please, keep yourself in top shape so you can keep doing your job. Doctors DO indeed need therapy sometimes. If now is your time, and you see your irrational thoughts on these pages, show yourself how incorrect they are by finding a counselor today.

Because let's be honest, emus aren't very good listeners.



What's New with Medicare Advantage 2?



by Bernard Emkes, MD

Past IMS President and current Past President Council Member

Answer – A LOT, but we will all need to wait and see what actually happens.

Anyone who deals with MA plans knows they act differently from Traditional Medicare. An audit by the OIG in 2022 revealed that MA plans denied 13% of services that Traditional Medicare considered “basic Medicare benefits”. CMS (Medicare) then requested comments from providers and received over 1000 negative responses. In April 2023, CMS issued new requirements for MA plans to start Jan 1, 2024. There are MANY changes including marketing limits and review by CMS prior to using, some pharmacy rebate changes, and some other demands not really related to day-to-day health care. I will focus on what matters to doctors:

1. MA plans must follow the 2 Midnight Rule (MN). That was never required before. This rule states – if a patient is hospitalized over 2 MN and is receiving medically necessary care normally provided in a hospital, they should be Inpatient (IP). CAVEAT – plans will still try to deny IP approval for these cases. It is IMPERATIVE to document the reason WHY the patient needs to be there the second midnight.

2. Plans cannot use external (MCG or InterQual) or internally developed guidelines that are more restrictive than Medicare to deny IP status.

3. Time involved in a hospital transfer and time in the ER both count towards a 2 MN stay. This has NOT been the case for MA plans previously.

4. Transfers to Skilled Nursing Facilities, LTACH (Seton) and Acute Rehab (RHI and others) are considered “basic benefits”, so if a patient meets Medicare guidelines to go, they should receive MA Plan approval. Plans will

probably resist this, as both ARU and LACHS are costly to the plan. However, Medicare defines these as “basic benefits”.

5. MA plan rules CANNOT be more restrictive than Medicare rules.

A full summary is well described in the American Hospital Association Special Bulletin Dated April 7, 2023, if you are interested.



The Tripledemic

by RICHARD FELDMAN, MD

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



The landscape has changed for the prevention of serious and life-threatening adult respiratory infections, especially for seniors and those with chronic underlying conditions. We now have the fall vaccination-responsive “tripledeemic” of diseases – influenza, COVID, and respiratory syncytial virus (RSV).

There’s a medical adage that patients don’t commonly consider getting flu shots after Thanksgiving. But historically, influenza peaks in February, and in recent years the influenza seasons have been prolonged well into the spring. RSV is largely a fall seasonal infection. So far, COVID has not had a consistent singular seasonal component, but we anticipate as it becomes endemic, RSV will have a fall predominance, and boosters will probably become annualized.

There are now multiple formulations of influenza vaccines. Most importantly, the Centers for Disease Control and Prevention preferentially recommends that those 65 and older receive one of three vaccines yearly - high dose, recombinant, or adjuvanted - felt to be more effective. The high-dose vaccine holds the most clinical experience and is the most studied, which I generally recommend.

Influenza virulence varies from year to year. From 2010-2016, the flu vaccine prevented up to 6.7 million illnesses, 87,000 hospitalizations, and 10,000 deaths yearly in the U.S. In a particularly severe season, there can be up to 60,000 deaths. Note: All data in this column are from the CDC.

The COVID vaccine unfortunately became controversial through politicization and disinformation promulgated by anti-vaccine advocates, conspiracy theorists, and some politicians. In truth, its amazing emergency development prevented an estimated 18.5 million U.S. hospitalizations and saved 3.2 million American lives.

The pandemic ended through increased immunity from vaccination, natural infection, and the evolution to a less virulent virus. But especially for older adults, COVID is a continued threat. COVID is still the major cause of severe respiratory infections with 15,000 hospitalizations and 1000 deaths weekly in the U.S. Receiving updated vaccines are essential to maintain our collective societal immunity. The COVID booster significantly reduces the risk for “long-COVID” and is 80 percent effective in preventing hospitalization in adults.



There are RSV vaccines newly available to prevent lower respiratory infections in pregnancy and adults 60 and older and an antibody injection for infants. There is heightened awareness that RSV is not only a potentially serious pediatric illness but also a major threat to older adults and especially for those with chronic underlying conditions. Over 14,000 seniors die each year from RSV. The current recommendation is for a single vaccination; additional immunization in subsequent years is under study.

The immunization rates (as of 12/29/23) for these three infections are poor and lagging behind historical levels. For flu, it's 44.9 percent among adults and 69.7 percent for 65 and older. For the new COVID booster, it's 19.4 percent for adults and 38 percent for 65 and older; for RSV it's 17.7 percent for 60 and older. Regrettable. These diseases account for tens of thousands of hospitalizations and deaths yearly – the prevention of which is the greatest value of these vaccines.

We are in the winter season when the risk of these respiratory illnesses is greatest. The illness and hospitalization rates for these diseases are currently surging. But most Americans are

looking at the COVID pandemic in the rearview mirror and letting down their guard. Many are vaccine fatigued with some brushing all vaccines aside.

It is essential that physicians strongly encourage senior patients to be vaccinated for flu, COVID, and RSV. And don't overlook the CDC-recommended one-time pneumonia shot at age 65. Lifesaving measures.

WELCOME NEW MEMBERS

ACTIVE

Carol Dellinger, MD

IU Health Primary Care
040 Wishard Blvd.
Indianapolis, IN 46202-2872
Family Medicine
Southern Illinois University
School of Medicine

Warren J. Hoyt, MD

IU Health Physicians
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Indianapolis, IN 46217-6058
Family Medicine
Indiana University School of
Medicine, 1982

Erik W. Streib, MD

Eskenazi Hospital
720 Eskenazi Ave., Fl. 2
Indianapolis, IN 46202-5189
Trauma Surgery
IU School of Medicine, 1996

Sarah Thomas, MD

Rheumatology Associates, P.C.
8902 N. Meridian St., Ste. 210
Indianapolis, IN 46260-5307
Rheumatology
Sri Ramachandra Med College,
India, 1993

Resident

The following residents are
part of the St. Vincent
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2001 W. 86th St., Medical
Education 1 North
Indianapolis, IN 46260-1902

Sarah A. Abdel-Mageed, MD

Indianapolis, IN 46260-1902
Dermatology
IU School of Medicine, 2023

Muzammil Ali-Khan, DO

Marian College of Med, 2023

Tajala Aman, MD

Internal Medicine
Bolan Medical College, 2017

Laura A. Apple, DO

Marian College of Med, 2023

Mehmet E. Arman, MD

Internal Medicine
Ankara Yildirim Beyazit Univ
Tip Fac, 2020

Malachi I. Barnett, MD

Family Medicine
St. Louis School of Med, 2023

Lindsey K. Bernard, DO

Internal Medicine
Kansas City University of Med,
2022

Robert P. Berwanger, MD

Anesthesiology
IU School of Medicine, 2023

Sofia Cabello Bermudez, MD

General Surgery
U of Puerto Rico School of
Medicine, 2021

Sarah Caldwell, DO

Pediatrics
Arizona College of Osteopathic,
2023

Michaela M. Castleman, DO

Internal Medicine
Marian College of Med, 2023

Kenneth R. Christian, MD

Internal Medicine
IU School of Medicine, 2023

Alex P. Clarke, DO

Family Medicine
Alabama College Med, 2023

Mary A. Conte, MD

Obstetrics & Gynecology
St. Louis University School of
Medicine, 2023

Karishma Daftary, MD

U of Louisville School of
Medicine, 2022

Ben A. Dowden, DO

Internal Medicine
Marian College of Med, 2023

Lane T. Driskill, MD

Family Medicine
U of Oklahoma College of
Medicine, 2023

Jaymie Dyer, DO

Pediatrics

Nicole L. Eckert, MD

Phys Medicine & Rehabilitation
IU School of Medicine, 2023

Macy A. Elser, DO

Pediatrics
Marian College of Med, 2023

Zachary P. Erickson, MD

Family Medicine
IU School of Medicine, 2023

Lauren E. Estes, MD

Anesthesiology
IU School of Medicine, 2023

Amelia R. Georgas, DO

Internal Medicine
Lake Erie College, 2023

Adam M. Green, DO

Marian College of Med, 2023

Madeline Hoover, MD

Diagnostic Radiology
IU School of Medicine, 2023

Isaac J. Hunter, MD

Anesthesiology
IU School of Medicine, 2023

Folake O. Ishola, DO

Internal Medicine
Ross USchool of Medicine, 2023

Emilie S. Jacobsen, MD

Dermatology
U of Washington Medicine, 2019

Victoria A. Jacuk, DO

Internal Medicine
Marian College of Med, 2023

Shunmughapriya Kannan, MD

Internal Medicine
Tirunelveli Med Col Madurai
University, 2012

Joseph A. Kavanagh, DO

Lake Erie College of
Osteopathic Medicine, 2023

Seon W. Kim, MD

General Surgery

Simranjot K. Kooner, MD

Internal Medicine
St. George's University School
of Medicine, 2023

Anne C. Lasher, MD

Obstetrics & Gynecology
University of Kentucky College
of Medicine, 2023

Benjamin P. Leeds, DO

Family Medicine
Marian College of Med, 2021

Katie L. Loke, DO

Pediatrics
Marian College of Med, 2023

Michael L. Loke, DO

Internal Medicine
Marian College of Med, 2023

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Samantha N. Lotz, DO

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Marian College of Med, 2023

Cathryn C. McBride, DO

Obstetrics & Gynecology
LMU College of Medicine, 2023

Jonathan C. McDugle, MD

Internal Medicine
IU School of Medicine, 2023

Keegan B. Mechels, MD

Ophthalmology
U of South Dakota, 2019

Andrew J. Miller, MD

Pediatrics
Cornell, 2020

Matthew L. Mosley, MD

Southern Illinois School of
Medicine, 2023

Victoria T. Nickerson, MD

General Surgery
Royal College of Surgeons,
Ireland, 2023

Michelle B. Nsahlai, MD

Cardiovascular Disease
Meharry College of Med, 2017

Shreya Patel, MD

IU School of Medicine, 2023

Katherine M. Powell, DO

General Surgery
Marian College of Med, 2023

Andrew T. Pund, DO

Marian College of Med, 2023

Mackenzie Ryan, DO

Obstetrics & Gynecology
Rocky Vista, 2023

Summer A. Samuels, MD

Internal Medicine
IU School of Medicine, 2023

Alysha M. Scheeler, DO

Family Medicine
Marian College of Med, 2023

John P. Sefton, DO

Marian College of Med, 2023

Katelyn Smiley, DO

Family Medicine
Marian College of Med, 2023

Courtney A. Starck, DO

Obstetrics & Gynecology
Marian College of Med, 2023

Vivekanand Tatineni, DO

Internal Medicine
Marian College of Med, 2022

Madeline H. Totten, DO

NY Institute of Technology,
2023

Adam C. Voss, MD

Family Medicine
IU School of Medicine, 2023

Melinda A. Wei, DO

Kansas City University of Med,
2023

Samantha R. Whitcomb, DO

Internal Medicine
Lincoln Memorial University,
2023

Hanah L. Williams, DO

Western University of Health
Sciences College of Osteopathic
Medicine

BULLETIN BOARD



ZACHARY NAPIER, MD

Zachary Napier, MD, an orthopedic spine surgeon with Indiana Spine Group, recently published his experience with Prone Transpsoas Lateral Interbody Fusion (PTP LIF) in the December 2023 issue of North American Spine Society Journal.

PTP LIF is a minimally invasive lumbar fusion technique to treat spondylolisthesis, scoliosis, and other degenerative spinal conditions while minimizing damage to lumbar paraspinal muscles. This is the largest single surgeon series of PTP LIF demonstrating improved spinal alignment compared to traditional fusion techniques.

NaPier Z. Prone Transpsoas Lateral Interbody Fusion (PTP LIF) with Anterior Docking: Preliminary functional and radiographic outcomes. North American Spine Society Journal (NASSJ). 2023 Dec 1;16:100283.



FRANCIS W. PRICE JR, MD

Francis W. Price Jr, M.D. was an invited speaker at the Staar Surgical 2023 Surgeon Summit, he spoke on: Year 2 with EVO: Expanding Care for More Refractive Patients. EVO is a collamer lens implant to treat myopia: near-

sightedness and astigmatism. It is removable and does not involve reshaping the cornea. Dr. Price was involved in the investigational study that led to approval of the EVO lens.



MICHAEL MCCARTHY, MD, ZACHARY NAPIER, MD AND RICK SASSO, MD

Dr. Napier, along with Dr. Rick Sasso and Dr. Michael McCarthy of Indiana Spine Group, recently served as faculty at the Lumbar Spine Research Society (LSRS) Hands On Surgical Techniques Course, hosted at Indiana Spine Group's Medical Academic Center from November 2-4. The LSRS provided educational scholarships to 32 US based senior residents, fellows, and first year surgeons.

CME & EVENTS

Community Health Network

WEEK DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
FIRST WEEK	<ul style="list-style-type: none"> GYN Tumor Board, 7-8AM Hematology Tumor Board, 8-9PM 	<ul style="list-style-type: none"> Breast Tumor Board, 7-8AM 	<ul style="list-style-type: none"> GI/Colorectal Tumor Board, 7-8AM Community Heart & Vascular Conference, 7-8AM Critical Care Conference, 12--1PM East Theater, 12-1PM Psychiatric Grand Rounds, 1-2PM Head & Neck Tumor Board, 5-6PM 	<ul style="list-style-type: none"> Thoracic Tumor Board, 7-8AM 	<ul style="list-style-type: none"> GU Tumor Board, 7-8AM
SECOND WEEK	<ul style="list-style-type: none"> GYN Tumor Board, 7-8AM Hematology Tumor Board, 8-9PM 	<ul style="list-style-type: none"> Breast Tumor Board, 7-8AM Network Medcal Grand Rounds, 12-1PM 	<ul style="list-style-type: none"> GI/Colorectal 7-8 AM Breast & Lung Screening Tumor Board, Anderson 7-8AM Community Heart & Vascular Conference 7-8AM Psychiatry Journal Club, 1-2PM Head & Neck Tumor Board, 5-6PM 		<ul style="list-style-type: none"> Neuro Tumor-Board, 7-8AM South Case Presentation 12 PM
THIRD WEEK	<ul style="list-style-type: none"> GYN Tumor Board, 7-8AM Hematology Tumor Board, 8-9PM 	<ul style="list-style-type: none"> Breast Tumor Board, 7-8AM Molecular Tumor Board, 5-6PM 	<ul style="list-style-type: none"> GI/Colorectal Tumor Board, 7-8AM Community Heart & Vascular Conference, 7-8AM Melanoma Tumor Board, 7:30-8:30AM Psychiatry Grand Rounds, 1-2PM Head & Neck Tumor Board, 5-6PM 	<ul style="list-style-type: none"> Thoracic Tumor Board, 7-8AM 	<ul style="list-style-type: none"> GU Tumor Board, 7-8AM South Case Presentation 12 PM
FOURTH WEEK	<ul style="list-style-type: none"> GYN Tumor Board, 7-8AM Hematology Tumor Board, 8-9PM 	<ul style="list-style-type: none"> Breast Tumor Board, 7-8AM 	<ul style="list-style-type: none"> GI/Colorectal Tumor Board, 7-8AM Head & Neck Tumor Board, 5-6PM 	<ul style="list-style-type: none"> Thoracic Tumor Board, 7-8AM 	<ul style="list-style-type: none"> Neuro Tumor Board, 7-8AM

For more information regarding Community Health Network CME or program information, contact Jeff Carter at 317-621-3845.

To submit articles, Bulletin Board items, CME & events, opinions or information, email mperrill@indymedicalsociety.org. Deadline is the first of the month preceding publication.

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.

CME & EVENTS

Indiana University 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.

Online Activities

For Online Programs, including scheduled series and for individual specialties, visit: <https://iu.cloud-cme.com>

- February 16** 30th Annual Eskenazi Health Trauma and Surgical Critical Care Symposium | 7:30 AM - 4:00 PM | White River State Park, 700 W. Washington Street, Indianapolis | AMA PRA Category 1 Credits (6.75 hours)
- February 23** 46th Annual Arthur B. Richter Conference in Child Adolescent Psychiatry, Theme: ADHD in Adolescents | 7:30 AM - 4:00 PM | Ritz Charles, 12156 North Meridian St., Carmel, IN | AMA PRA Category 1 Credits (6.50 hours)
*Registration Opens January 8, 2024 at <https://iu.cloud-cme.com/richter24>
- February 29-March 1** The FEST IUEM Alumni CME Conference | The M Resort Spa and Casino, Las Vegas, NV | AMA PRA Category 1 Credits (14.25 hours)
- March 1** RESPECT Center 2024 Conference: Past, Present and Future of Palliative Care | 7:30 AM - 4:30 PM | Ritz Charles, 12156 North Meridian St., Carmel, IN | AMA PRA Category 1 Credits (12.75 hours)
- March 8** 2024 Lung Cancer Symposium | 8:00 AM - 1:00 PM | Campus Center (CE), Indianapolis, IN | AMA PRA Category 1 Credits (3.50 hours)
*Registration Opens January 8, 2024 at <https://iu.cloud-cme.com/lung>

Indiana State Medical Association

To Register For the live webinars, visit: www.ismanet.org

- February 7** ISMA 2024 Legislative Half-Time Update | ISMA Members Only | Live Webinar | Free | AMA PRA 1 Credit
- February 24** Women In Medicine Annual Retreat | Bottleworks Hotel, 850 Massachusetts Ave, Indianapolis, IN 46204 | Cost varies | | AMA PRA Category 1 Credits (5 hours)
Registration Required: online form, <https://www.ismanet.org/ISMA/Events>
- March 7** ISMA 2024 Legislative Post-Session Update | ISMA Members Only | Live Webinar | Free | AMA PRA 1 Credit
- March 19** Women in Medicine Virtual Discussion: The Bumpy Road to Financial Independence: Finance for Spenders | Free for Members | Live Webinar | AMA PRA 1 Credit

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IN MEMORIAM

EDWARD M. KEATING, MD

Dr. Edward Michael Keating Jr. of Indianapolis, IN, passed away on December 8, 2023 at the age of 73. Mike was born 2/8/50 to Myrtle and Edward Keating in Crowley, Louisiana. He went to Louisiana State University (LSU) where he was an Athletic Trainer for the football team and graduated with a degree in Chemical Engineering in 1972. He then went to Medical School at LSU in Shreveport and graduated in 1976 and then did his residency in Orthopaedic Surgery at LSU in Shreveport.



He had a long career as an Orthopaedic surgeon, and moved to Indianapolis in 1986. He opened the center for Hip and Knee Surgery in Mooresville with Dr. Merrill Ritter. He performed over 10,000 surgeries, and was actively involved in the research, development, and advancement of Total Joint Surgery. Outside of the operating room, he was a member of the American Academy of Orthopaedic Surgeons (AAOS), the American Academy of Sports Medicine (AASM), the Hip Society and Knee Society where he previously served as a program chair, and he was a past president of the Society for Arthritic Joint Surgery (SAJS). IMS member since 1988.

★ INDIANAPOLIS
MEDICAL SOCIETY
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Terms End with Year in Parentheses

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

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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 (2024)	David Diaz (2024)	Doris M. Hardacker (2024)	Mercy O. Obeime (2026)	Thomas P. Schleeter (2026)
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Christopher D. Bojrab (2024)	Ann Marie Hake (2025)	Penny W. Kallmyer (2026)	J. Scott Pittman (2025)	Bree A. Weaver (2025)
Alison Case (2026)	Paula Hall (2025)	Kathryn J. Kelley (2026)	Francis W. Price, Jr (2026)	Tracey Wilkinson (2025)
Ann C. Collins (2026)	Ronda A. Hamaker (2025)	Clif Knight (2025)	Haley A. Pritchard (2025)	Steven L. Wise (2024)
Julie A. Daftari (2026)	C. William Hanke (2024)	John E. Krol (2026)	David M. Ratzman (2024)	

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.

Vinayak Belamkar (2025)	Melanie Heniff (2024)	Katie W. McHugh (2024)	Maria Wilson (2025)
Gabe Bosslet (2024)	Richard Huber (2025)	Rick Reifenberg (2025)	Chris Wilson (2025)
		Caroline Rouse (2023)	
David Crook (2024)		Alexandar T. Waldherr (2023)	
Richard Hahn (2026)	John Kincaid (2024)	Joseph Webster (2024)	
Brian S. Hart (2026)	Diane Kuhn (2025)	Monica Wehby (2025)	

INDIANA STATE MEDICAL ASSOCIATION

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**Indicates deceased*

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Jon D. Marhenke 2007-2008	William H. Beeson 1992-1993	George T. Lukemeyer* 1983-1984
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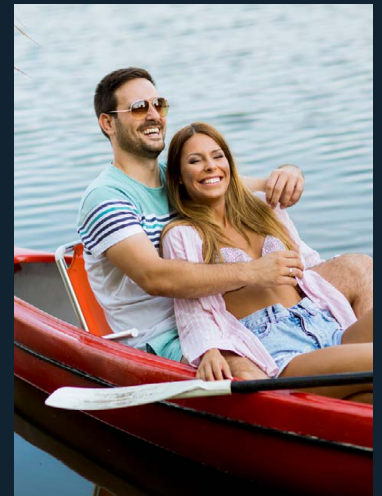
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