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BULLETIN

EDITORIAL PG 12

A Short Session with a Focus on Avoidance

by RICHARD FELDMAN, MD

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

Indianapolis Medical Society
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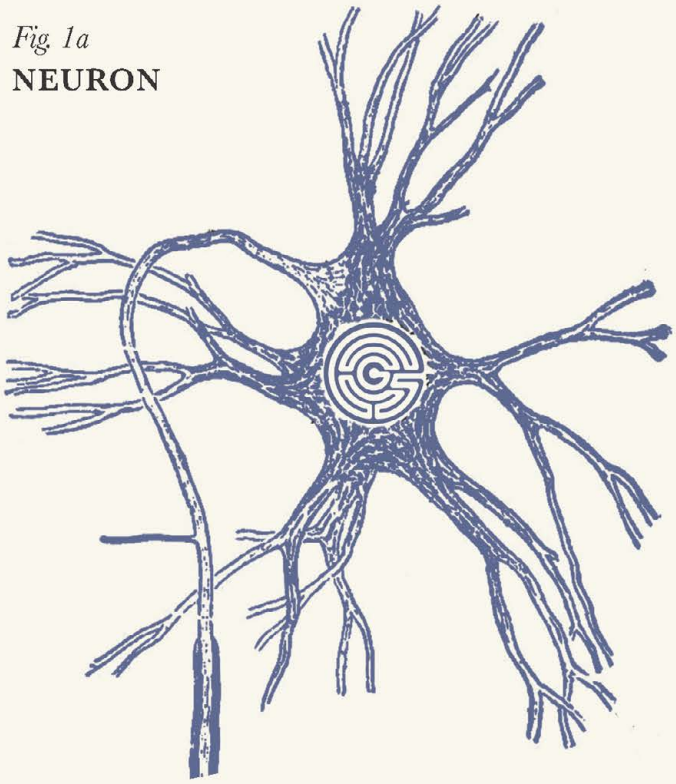

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NOTE FROM THE EDITOR

We hope you enjoy this month's edition of the Indianapolis Medical Society Bulletin. Most of our content or ideas for content are provided by our members. Ultimately, 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

This month, I'd like my friend Stephen Freeland to tell us about the Indiana Physicians Health Alliance:

A path forward for Independent Physicians in Indiana.

With the enactment of The Affordable Care Act in March 2010, the dreams and the viability for most independent physicians to remain as independent medical practitioners have been significantly compromised, if not obliterated, by the sweeping changes in the health care industry.

Fast forward 14 years. Approximately 75% of Indiana physicians are employed by a health system/hospital, a conglomerate health plan (such as OPTUM), or have sold their practice to Private Equity capital investors.

Many of the remaining independent medical practices have also morphed into larger sized practices with a greater number of medical practitioners in the practice, and employs a robust management team capable of managing complex businesses in a complex business environment such as health care.

There are also many smaller independent medical practice groups who very much want to remain independent but lack the internal or financial resources to A - negotiate with payers for fair and equitable reimbursement, B - implement and manage federally mandated compliance standards, C - adequately support IT/EMR challenges and issues, D - manage a complex revenue cycle to bring cash into the practice in a timely manner, E - recruit and retain high quality staff that enables the practice to exist.

The annual RAND report elevated the awareness and concerns of high health care costs in Indiana to new heights when the findings demonstrated that Indiana health care is in the highest tier of costs compared to other states, AND, that Indiana physicians are reimbursed by commercial payers at the **4th lowest** level in the country. The impact of this lower reimbursement is weighted exponentially onto independent medical practices who are dependent entirely upon their reimbursement rates paid by payers in order to remain independent. Hospitals however are able to subsidize their employed physician compensation, drawing from alternative hospital based revenue sources, so as to remain competitive with recruitment and retention of their physicians.

Independent physicians are not competing on a level playing field.

The Rand report findings generated a visceral reaction by Indiana employers and generated a call to action by our Indiana General Assembly to intervene.

Recognizing the obvious market forces that are driving the consolidation of physicians into corporate medical models, several Indiana based independent medical practice leaders and physicians convened and, over the course of 2 years, organized the Indiana Physicians Health Alliance ("IPHA"). Its purpose is to start the heavy lifting to help swing the pendulum back to an equilibrium that enables the viability of independent medical practices to thrive.

The IPHA went live in March 2023, with an impressive response and paid memberships that validated the value and importance of IPHA to independent physicians in Indiana. Currently, IPHA membership represents medical practices located throughout the State of Indiana and has approximately 1,000 independent physicians represented through their medical practice memberships. A growing number of medium and smaller practices are joining on a consistent basis.

THE PRESIDENT'S PAGE

JOSEPH WEBSTER JR, MD

It goes without saying that the challenges are daunting to change the landscape for independent physicians to thrive as independent practitioners in Indiana AND who are not dependent on corporate or investor backed support.

The IPHA has organized as a membership-only model by medical practices who are exclusively owned by their physician shareholders. IPHA now has a governing board of directors, chaired by Dr. Alex Choi, and includes dedicated and committed physicians and medical practice executives serving as board members.

Cindy Kirchhofer serves as the Executive Director. Cindy has an accomplished career not only as a paralegal (and now a lobbyist), but was a former 10-year Indiana state legislator who chaired the Public Health Committee and served on the Insurance Committee during her legislative terms. Her credentials, her understanding of the legislative process, and her relationships with key legislators has been invaluable to the IPHA members.

IPHA is not "anti-hospital", nor does it oppose those physicians who choose to be employed by hospitals or owned by private equity/insurance companies. IPHA is a platform to advocate on behalf of and support any/all independent physicians who choose to remain independent, as well as those who are intending to migrate from an employed model to an independent medical practice model with ownership exclusively by the physician(s).

While IPHA is coming off its first year as an organized entity, its vision and mission are clear:

- Establish a single consolidated voice for its members to advocate to state and federal legislators on key issues that will impact the success of independent physicians.
- Implement processes and key resources for current and future independent medical practices to access and help drive down some of their costs while sustaining their medical practice viability.
- Identify and implement a turn key process for physicians to access who want to return to private practice or enter into private practice.
- Advocate to key insurance payers the value of what independent physicians bring to their patients through high quality and lower costs.
- Initiate interest with employers to support independent medical practices/independent physicians for their employee's health care.
- Use leverage in every opportunity as a large body of independent physicians who intend to remain independent and re main strong as an organized group of independent physicians.

For more information, please access (www.IPHA.health) or contact Cindy Kirchhofer directly at cindy@ipha.health or 317-435-9305.

Stephen Freeland, MBA
Cancer Care Group
Chief Executive Officer

Hope to see you at the annual meeting. Until then or next month.

Sincerely,

Joseph Webster, Jr
152nd President
Indianapolis Medical Society

The Changing Narrative on Transgender Treatments

by FRANCIS W. PRICE, JR, MD
IMS Member and Ophthalmologist

The narrative on transgender treatments has been shifting recently, and Indiana is at the center of this debate. In February 2024, the American College of Pediatricians (ACP) came out with a comprehensive review of the literature (20-page report with 7 pages of references) detailing studies on this subject from around the world and concluded that social transition, puberty blockers, and cross-sex hormones have no demonstrable, long-term benefit on psychosocial well-being of adolescents with gender dysphoria.(1) On March 4, Environmental Progress released a report on internal files obtained from WPATH (World Professional Association for Transgender Health) documenting how its approach is neither scientific nor advocating for ethical medical care and that its members appear to be engaged in political activism, not science.(2) The week of March 11th, the United Kingdom's National Health Service (NHS) banned the use of puberty blockers for children after an independent review of the scientific research "concluded that there is not enough evidence to support the safety or clinical effectiveness of puberty suppressing hormones to make the treatment routinely available at this time."(3) The NHS's decision follows shifts last year by several European countries with how they approach transgender care in children. As discussed in a June 2023 article in Forbes, "longitudinal data collected and analyzed by public health authorities in Finland, Sweden, the Netherlands and England have concluded that the risk-benefit ratio of youth gender transition ranges from unknown to unfavorable."(4)

"AS DISCUSSED IN A JUNE 2023 ARTICLE IN FORBES, "LONGITUDINAL DATA COLLECTED AND ANALYZED BY PUBLIC HEALTH AUTHORITIES IN FINLAND, SWEDEN, THE NETHERLANDS AND ENGLAND, HAVE CONCLUDED THAT THE RISK-BENEFIT RATIO OF YOUTH GENDER TRANSITION RANGES FROM UNKNOWN TO UNFAVORABLE (4). "

Indiana now finds itself in the center of the transgender care issues here in the United States. In November 2023, the DailyWire released an in-depth interview, over an hour, with Briana Ivy who underwent first puberty blockers and hormonal treatments and then surgical treatment at Riley hospital resulting in chronic pain, infertility, and unfulfilled promises.(5) At the end of February, a federal appeals court allowed Indiana to enforce a law banning the use of puberty blockers and hormones for transgender children under the age of 18. On March 18th, the U.S. Supreme Court declined to hear a case out of Indiana regarding whether a child can be subjected to transgender treatments against the parents' consent.

Parents and children/adolescents are being misled.

The question of the scientific validity and support for transgender care for children and adolescents is very timely, and something medical professionals should be concerned about because it reflects on integrity of our profession. The statement from the American College of Pediatricians, along with

the recent research from the United Kingdom and other European countries, provide the scientific data rebutting common mantras about transgender care, including:

1) Parents are risking suicide and losing their child entirely if they do not support transgender treatments and "gender affirming care."

2) Transgender treatments for children and adolescents are better the sooner they are initiated.

3) Early transgender interventions, including puberty blockers, are reversible.

4) Children and adolescents who undergo gender transition treatments can have just as normal a life and relationships as children born the opposite biological sex.

5) The mental and emotional turmoil of children who present with gender confusion or questioning will be resolved by transgender treatments.

6) Children and adolescents can truly change their sex.

The abstract from the American College of Pediatricians' statement directly addresses several of these myths:

"Adolescents who have a gender identity not congruent with their biological sex have an increased incidence of mental health issues, including depression and suicidal ideation. Both before and after 'gender affirming therapy' (GAT), adolescents who have gender-identity incongruence are at higher risk for psychopathology than their peers who identify with their biological sex. Previous adverse childhood experiences may play a major role in that psychopathology and needs to be explored in helping these patients. There are no long-term studies demonstrating benefits nor studies evaluating risks associated with the medical and surgical interventions provided to these adolescents. There is no long-term evidence that mental health concerns are decreased or alleviated after 'gender affirming therapy.' Many individuals who have been treated with 'GAT' later regret those interventions and seek to align their gender identity with their sex. Because of the risks of social, medical, and surgical interventions, many European countries are now cautioning against these interventions while encouraging mental health therapy."

Other highlights of American College of Pediatricians' statement include:

• "The medical fact is that the sex of an individual is based upon biology and not upon thoughts or feelings. The individual's sex is encrypted in every diploid cell of the body" and "cannot be changed, regardless of hormonal or surgical interventions."

• "As the proportion of adolescents who identify as heterosexual decreases, the incidence of mental health issues increases."

• "Those with gender dysphoria or transgender identities have higher rates of mental health concerns than other LGBTG+ identifying adolescents".

• Regarding various gender transition efforts:

a. An independent review by the National Health Services of the UK (NHS) stated "social 'transition'" is "an active intervention because it may have significant effects on the child or young person in terms of their psychological functioning."

b. Due to the neuroplasticity of a child's brain, social transitioning can affect their microstructure and function thereby con firming the new identity.

c. Pubertal Suppression can "alter the course of gender identity development" and "may consolidate a gender identity that would otherwise have changed [if untreated]."

d. A systematic review by the NHS on the use of "gender-affirming" hormones or cross sex hormones found the "quality of evidence for all these outcomes was assessed as very low certainty." The NHS concluded: "Any potential benefits of gender-affirming hormones must be weighed against the largely unknown long-term safety profile of these treatments in children and adolescents with gender dysphoria."

e. A recent Finish study found "that trans gender individuals who underwent medical transitions had increased needs

for specialist-level psychiatric care compared to those transgender individuals who presented for care but did not receive medical interventions"

f. Regarding "sex-reassignment" (opposite sex impersonating) surgery, a Swedish study found "on the Kaplan-Meir survival curve, the mortality of 'transsexual persons' started to significantly diverge from the controls after ten years follow up, increasing substantially by 15 years after surgical reassignment. At 30 years of follow up, the suicide rate was 19 times that of age-matched controls."

• "[I]n the past, with a medical treatment course of 'watchful waiting', 80-90% of adolescents with gender dysphoria adopted their birth sex as they went through the natural course of puberty with the accompanying hormonal surges."

In addition, a study from California in 2021 found that the rate of attempted suicide for biological males undergoing vaginoplasty was over twice as high two years after surgery as compared to the two years before.(6)

It is a myth that the earlier the intervention, the better.

The scientific data rebutting the transgender treatment myths is important, but we cannot forget the personal element. Briana Ivy's interview provides a window into the deeply personal suffering and conflicts that can lead to gender dysphoria and subsequent transitioning, as well as the potentially disastrous consequences for youths who take that path.

As noted above, earlier intervention, even social transitioning, reinforces, rather than alleviates, the dysphoria and can trap children into a condition they otherwise would have outgrown. Moreover, once hormonal replacements are begun, patients must continue with exams and hormonal treatments essentially for the rest of their lives. This is a decades long commitment that children and adolescents are not capable of fully appreciating.

Another consequence of early intervention, as brought out in the Briana Ivy interview, is that without normal maturation of the sexual organs in puberty, there may not be enough tissue to perform sex-reassignment surgery, and patients can be left deformed and in some cases with

no sexual differentiation with the genitals and pelvic areas. These patients are left infertile and without the sexual pleasure or drive that normal male or female individuals have if they go through normal puberty and sexual maturation. This loss of sexual function is something no youth can comprehend before puberty, and it leaves them unable to fulfill both the fertility role of the "new gender" they are assuming or normal sexual intercourse. These limitations complicate future relationships and can leave them lonely and depressed.

Transitioning conditions children to have a break with reality.

Perhaps the worst aspect of transitioning is the disorientation of a child's connection with reality. The American College of Pediatricians' statement reveals that children with gender dysphoria have high incidences of autism, psychological disorders, and past emotional or physical traumas. These children are psychologically more fragile and susceptible to psychological decompensation. Gender transitioning will further stress their psychological wellbeing. We know from other areas of the body, for instance with glaucoma, that once damage has occurred, it takes less stress to cause more damage than in an eye without any glaucoma damage.

The American College of Pediatricians noted "'Gender-affirming treatment' is a confusing term…. 'treatment' implies there is a medical condition that requires correction. Dysphoria associated with gender/sex-identification incongruence is a psychological problem in need of a psychological treatment." However, rather than addressing psychological problems with pyschological treatments, gender transitioning attempts to conform physical reality to patients' psychological condition.

Transitioning reinforces the patients' misconception that their "feelings" equate with reality – this is a psychotic break with reality. Essentially, if a patient feels they are a female, they are a female, or if a patient feels they are a male, they are a male, regardless of their physical or genetic make-up – that is clearly a psychotic break! The gender transitioning process is creating a group of people with enhanced psychological disorientation, which raises concerns that in the future these patients will more be more susceptible to manipulation, imagined misperceptions of reality, or even major psychotic breaks. For example, this psychological disorientation could explain the trend of disproportionate representation of transgender people being involved in mass shootings.

With all the information above, and the personal testimony of Briana Ivy, "watchful waiting" and appropriate psychological support for children and adolescents with gender dysphoria appears to be the appropriate approach.

References

1) Mental Health in Adolescents with Incongruence of Gender Identity and Biological Sex. February 2024. American College of Pediatricians. https://acpeds.org/position-statements/mental-health-in-adolescents-with-incongruence-of-gender-identity-and-biological-sex

2) The WPATH Files, Pseudoscientific Surgical and Hormonal Expirments on Children, Adolescents, and Vulnerable Adults. Mia Hughes. Environmental Progress, https://static1.squarespace.com/static/56a45d683b0be33df885def6/t/65e6d9bea9969715fba29e6f/1709627904275/U_WPATH+Report+and+Files.pdf

3) https://www.theguardian.com/society/2024/mar/12/children-to-stop-getting-puberty-blockers-at-gender-identity-clinics-says-nhs-england

4) https://www.forbes.com/sites/joshuacohen/2023/06/06/increasing-number-of-european-nations-adopt-a-more-cautious-approach-to-gender-affirming-care-among-minors/?sh=43d91fc97efb

5) https://www.youtube.com/watch?v=Qhc4hIbLXlM

6) Rates of Psychiatric Emergencies Before and After Gender Affirming Surgeries. Dallas et al. Journal of Urology, I (MPO4) 1 Sep 2021.

A Note from the Editor:

All editorial articles are written in the words of the author and do not represent the viewpoints of the Indianapolis Medical Society. All member viewpoints are welcomed and will be printed as space allows and when they encourage meaningful and respectful debate among physician members.

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Our Mission

Our mission is to promote professional growth, advocate for all physicians, and provide quality health care for the community.

Our Vision

One Voice. One Community. One Profession.

The Indianapolis Medical Society is the primary community physician organization providing advocacy for physicians in Indianapolis and Central Indiana, partnering with community organizations to promote good health and a better understanding of health care issues, and delivering information and education on a range of subjects and issues through a variety of media and technologies.

IMS is highly valued by all physicians for the beneficial services, and for the atmosphere of collegiality it provides. The Society stands as a collective voice of physicians in Indianapolis. One Voice. One Profession. One Community.

It does not matter what your specialty is, your background, or where you come from. Your voice matters to our community and profession.

What are the benefits?

Professional Learning.

Our members have opportunities to participate in a variety of events, in-person and virtually, designed specifically for our membership to learn about important medical, business, and community health issues.

Advocacy.

We work together to share ideas across specialties and medical communities in central Indiana to improve physician practice and care. The society represents a physician voice with the local government in Marion County and at the state and federal level through the ISMA convention.

Publications.

We produce a monthly magazine, the Bulletin, available in print and online, which contains up-to-date medical information and recent local medical news. We give access to an online directory of physician members and contact information which is also a benefit to membership.

Special Events and Networking.

We build networks of colleagues, creating a physician community at your fingertips. Attending special IMS events, such as the ones held by Medical-Legal Committee, allow our members to broaden their network to outside organizations, like the IndyBar.

by RICHARD FELDMAN, MD

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

A Short Session With a Focus on Avoidance

Being an election year and with primary elections looming, the clear intention of the 2024 Indiana General Assembly leadership was for a short session avoiding controversial issues. Indeed, the session proved to be the lightest and most inconsequential in my memory.

Here's my 2024 health-related legislative wrap-up from the perspective of a family physician. It is marked mostly by legislation that failed rather than bills that crossed the finish line.

Bills that died:

SB 3 tempered the insurance industry's out-of-control prior authorization requirements for medical services, medications, and testing. PA is largely unnecessary and inappropriate resulting in denied, interrupted, and delayed medical care. The bill stalled but had excellent bipartisan support. It will be back.

HB 1053 essentially removed fentanyl test strips from criminal laws concerning possession of controlled-substance paraphernalia. This would have gone a long way in preventing overdoses.

HB 1059, the independent practice of advanced practice registered nurses (nurse practitioners) with prescriptive authority, did not receive a hearing again this session. Good.

HB 1215 allowed immunizations by dental hygienists on the order of a dentist. What do dental hygienists and dentists know about vaccines?

HB 1167 required continuing education for physicians and other health-care providers on implicit bias. This important subject for equitable healthcare is already being addressed in health professional schools, medical schools, and residencies.

HB 1266 stipulated that health-care providers and entities would not be required to provide or refer patients for health-care services that violate their moral, religious, or ethical beliefs. The provider would not be subject to discrimination or other sanctions including civil actions. Balancing patient access with respecting closely held beliefs of individuals and institutions is a difficult issue.

HB 1071 provided exemptions for employer, child-care facility, and state educational institution immunization requirements. In addition to more traditionally accepted exemptions, the bill included that individuals could refuse vaccination after merely being informed of the health risks. This was not good public health policy and would have endangered others through exposure to vaccine-preventable diseases.

HB 1011 was a medical-aid-in-dying measure. MAID is legal in 10 states to better assure that those who voluntarily request it can die on their own terms, without dependence on others, and with dignity. There is strong legislator opposition to this controversial issue. The Senate passed a resolution condemning MAID stating it undermines the integrity and ethics of the medical profession, hinders optimal medical care, promotes suicide, and is a slippery slope to euthanasia. No way in Indiana.

There were nine marijuana-related bills introduced. None received a committee hearing. All surrounding states have enacted some form of marijuana legalization.

Enacted bills of most interest to the public:

HB 1259 supports psilocybin (a psychedelic drug) research for the treatment of resistant depression, PTSD, addictions, and other mental health conditions. Psilocybin treatment is revolutionary and is not based on fringe science.

HB 1426 requires hospitals to offer long-acting reversible implanted contraceptives to Medicaid mothers after delivery. The bill was controversial because it did not include IUDs that some consider an abortifacient. But in light of the new abortion statute, anything done to prevent unwanted/unintended pregnancies is a step forward.

SB 273 mandates insurance and Medicaid coverage for biomarker testing important for diagnosis and treatment of certain diseases.

SB 9 requires health-care entity mergers of at least $10 million dollars (mostly hospital systems and insurance companies) to file with the Attorney General's office for review for antitrust concerns and effects on the community. The apprehension is that mergers may potentially decrease patient access and choices and increase health-care costs.

Next year will be very busy.

CME & EVENTS

Community Health Network

Week Day	Monday	Tuesday	Wednesday	Thursday	Friday
First Week	• GYN Tumor Board, 7-8AM • Hematology Tumor Board, 8-9PM	• Breast Tumor Board, 7-8AM	• 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	• Thoracic Tumor Board, 7-8AM	• GU Tumor Board, 7-8AM
Second Week	• GYN Tumor Board, 7-8AM • Hematology Tumor Board, 8-9PM	• Breast Tumor Board, 7-8AM • Network Medcal Grand Rounds, 12-1PM	• GI/Colorectal 7-8 AM • Breast & Lung Screening Tumor Board, Anderson 7-8AM • Community Heart & Vasculara Conference 7-8AM • Psychiatry Journal Club, 1-2PM • Head & Neck Tumor Board, 5-6PM		• Neuro Tumor-Board, 7-8AM • South Case Pre-sentation 12 PM
Third Week	• GYN Tumor Board, 7-8AM • Hematology Tumor Board, 8-9PM	• Breast Tumor Board, 7-8AM • Molecular Tumor Board, 5-6PM	• 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	• Thoracic Tumor Board, 7-8AM	• GU Tumor Board, 7-8AM • South Case Pre-sentation 12 PM
Fourth Week	• GYN Tumor Board, 7-8AM • Hematology Tumor Board, 8-9PM	• Breast Tumor Board, 7-8AM	• GI/Colorectal Tumor Board, 7-8AM • Head & Neck Tumor Board, 5-6PM	• Thoracic Tumor Board, 7-8AM	• Neuro Tumor Board, 7-8AM

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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

May 5	Gill Lifestyle Medical & Wellness Plant-based Retreat | 9:30 AM - 3:00 PM | Psprey Pointe Pavillion, 19777 Morse Park Lane, Noblesville, IN | AMA PRA Category 1 Credits (4.25 hours)
May 8	59th Annual Riley Children's Health Pediatric Conference | 8:00 AM - 4:00 PM | University Towner, Indianapolis, IN | AMA PRA Category 1 Credits (10 hours)
July 13	Review & Interpretation of the 2024 ASCO Meeting | 8:00 AM - 2:30 PM | Indianapolis Marriott Downtown, Indianapolis, IN | AMA PRA Category 1 Credits (5.5 hours)
Sept 18-20	Simulation Instructor Course | 8:00 AM - 5:30 PM | Simulation Center, Fairbanks Hall, Indianapolis, IN | AMA PRA Category 1 Credits (17.75 hours)

Indiana State Medical Association

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

April 30	District Seven Annual Meeting | Free for Members | 6:30 PM | Ritz Charles 12156 N. Meridian Street, Carmel, IN IMS ANNUAL MEETING, Immediately following
May 21	Women in Medicine Virtual Discussion: Women in Medicine General Discussion | Free for Members | Live Webinar | AMA PRA 1 Credit
June 7	ISMA Recognition Services - 2024 CME Provider Training, workshop for health care organizations directly accredited by the IMSA | Free | 322 Canal Walk, Indianapolis
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705 Riley Hospital Dr # 5867
Indianapolis, IN 46202-5109
MPD – Internal Medicine/Pediatrics
Chicago Medical School at Rosalind Franklin University

Student

Alexa Neff
Marian University College of Osteopathic Medicine, 2027

STEPHEN W. PERKINS, MD

Stephen W. Perkins, MD of Meridian Plastic Surgeons, was a key faculty member at the "Reaching New Peaks In Facial Plastic Surgery" Winter Symposium 2024 in Beaver Creek, CO. This was offered by Facial Plastic Surgery International, an educational foundation of which Dr. Perkins is founder and president.
He presented lectures on "Eyelid Surgery Techniques", "40-Year Experience In Dr. Perkins' Deep Plane Face and Neck Lift Techniques", and "Dr. Perkins 40-Year Experience In Rhinoplasty: Whether Spreader Grafts Are Necessary". Dr. Perkins also participated in a panel discussion on the topic of Deep Plane Facelift.

IN MEMORIAM

GABRIEL J. ROSENBERG, MD

Gabriel J. Rosenberg, M.D., 91, died Mar. 30, 2024. Born on Jul. 14, 1932 in Indianapolis to the late Pinkus & Esther Slutzky Rosenberg.

He attended Shortridge High School, class of 1950. Graduating from IU in 1957, he went to IU School of Medicine receiving his MD. Completing an internship in Chicago, he returned to Indy completing his Pediatric Residency & began his own practice.

This led to his role as CEO of a new children's hospital in Indy where he was a trail blazer in the development of pediatrics. He was a past president of the National Federation of Medical/Legal Networks, Inc. He was Medical Director of the Indianapolis Day Nursery & Medical Director of Kokomo Academy. In 2008 he began work at Total Performance Medical Center, retiring in 2019. IMS member since 1962.

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Delegates

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

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Christopher D. Bojrab (2024)
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Ann C. Collins (2026)
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Paula Hall (2025)
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C. William Hanke (2024)
Doris M. Hardacker (2024)
Mercy Hylton (2025)
David A. Josephson (2026)
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Kathryn J. Kelley (2026)
Clif Knight (2025)
John E. Krol (2026)
Mercy O. Obeime (2026)
Ingrida I. Ozols (2026)
Robert M. Pascuzzi (2026)
J. Scott Pittman (2025)
Francis W. Price, Jr (2026
Haley A. Pritchard (2025)
David M. Ratzman (2024)
Thomas P. Schleeter (2026)
Jodi L. Smith (2025)
Eric E. Tibesar (2026)
Bree A. Weaver (2025)
Tracey Wilkinson (2025)
Steven L. Wise (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.

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

Indiana state medical association

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**Indicates deceased*

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Bernard J. Emkes 2000-2001
Peter L. Winters 1997-1998
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