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Strong Locally, Powerful Statewide: Your county medical society is integral both statewide and locally. In 2024, IMS members dedicated their time to volunteer with VOICES' toy drive for Indianapolis's east side and teamed up with Overdose Lifeline to distribute life-saving overdose reversal kits across Indiana. These efforts highlight the valuable contributions of our members in supporting and improving the community. IMS sent over 30 delegates to the ISMA State Convention (the largest continginet) to advocate on policies impacting physicians and patients at the Indiana Statehouse.



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BULLETIN



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Indianapolis Medical Society 125 West Market Street, Suite 300 Indianapolis, IN 46204

Ph: 317-639-3406 www.indymedicalsociety.org

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President-Elect

KATHERINE J. KELLEY

Board Chair

MONICA WEHBY

Editor/Executive Vice President

MORGAN E. PERRILL

Direct copy for publication and inquiries regarding advertising to: ims@imsonline.org

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NOTE FROM THE EDITOR

I would like to welcome all of the physician from Community Health Network! We are excited to welcome you to our society and are looking forward to getting to know you.

As always, Bulletin 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.



THE PRESIDENT'S PAGE

ANN C. COLLINS, MD



February is upon us. In Indiana, this month feels like the apex of winter. The cheerful holiday decor has been put away in the attic or basement and we intrepid Hoosiers settle into enduring the blustery second half of Midwest winter weather. This year, Punxsutawney Phil did indeed see his shadow, so we may be in for a long one. Personally, I have found both groundhogs and meteorologists to be somewhat unreliable when it comes to predicting the elements, but on the whole, the absence of sunshine makes this an important stretch to focus on self-care.

In January, many of us set aside time for resolutions, concentrating on our intentions for the upcoming year and often targeting strategies to improve our health and well-being. By this second month of the year, our focus often wanders. Attendance at your local YMCA or JCC is at its peak Jan 1 but it may be easier to find space on the elliptical or weight rack by mid-February. Staying focused and consistent with our intentions to care for ourselves seems to be a universal challenge.

In my family medicine practice, I host a Vision Board workshop every year for my patients. It's a fun and playful way to set aside time to unleash creativity and harness the power of the subconscious to keep us on track throughout the year. The idea is simple and you can do it at home yourself if you are so inspired. Put on some chill tunes, pull out that stack of magazines that has been collecting on your coffee table, and cut out pictures and words that embody what you would like to see your life be like in the coming year. You

can use glue sticks, colored pencils, bric-a-brac, whatever floats your boat, to create a posterboard collage of your intentions for the year. Then simply place your uniquely "you" creation in a place you will see it every day. The passive exposure to the images will be a subtle reminder to your subconscious mind to help you stay on track with your priorities and intentions.

In order to keep well-being targets top of mind, every year at their wellness exams my patients have been conditioned to anticipate the following question as part of their assessment with me: "What are your personal goals for yourself this year?" Some proudly prepare for the question and come armed with a handwritten list and some roll their eyes and say, "You ask me this every year and I never give it enough thought ahead of our visit." To those folks I say, "Let's do it right now! This time is your time and knowing where you want to go is important." As you might anticipate, 90% of the answers I receive are in the following vein:

Lose weight

Exercise more

Eat better.

Some vary more widely, and I thought you might be interested to hear some of the intentions set by your neighbors in recent weeks. Maybe their ideas will inspire your own.

Begin family therapy

Spend more time fostering friendships

Continue to work on recovery

Sleep better

Reduce work stress

Knit more blankets

Stay healthy

Stay alive

Thrive

Elderly golfer said, "Stay on the right side of the grass"

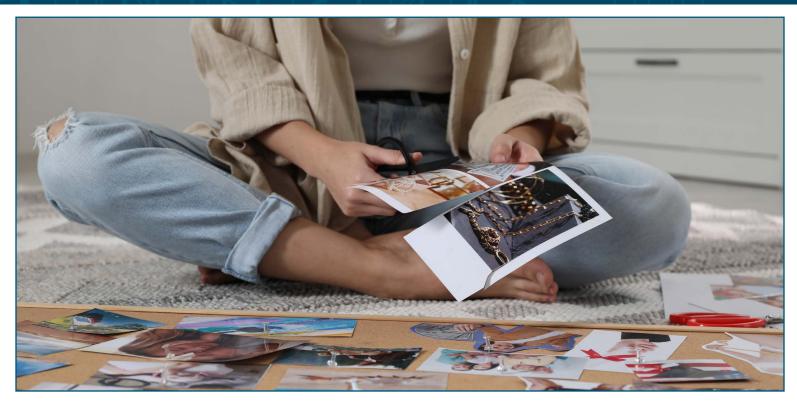
Hire more help

Achieve a specific career goal

Relax my work schedule

THE PRESIDENT'S PAGE

ANN C. COLLINS, MI



Write more

Make walking dates with friends

Put God at the center of everything in my life

Get out and do something every day

Quit smoking

Get kids launched into college

Take a long hike

Spend time with grandkids

Attend son's wedding

Focus on putting relationships in order

Embrace time with kids when they are young

Work to live, not living to work

Continue to be active physically and mentally

Visit family out of state

Focus on next phase of life plans

Make a vision board

More time for "me"

Improve knee issues

Try Cialis

Enjoy travel

Put finances in order

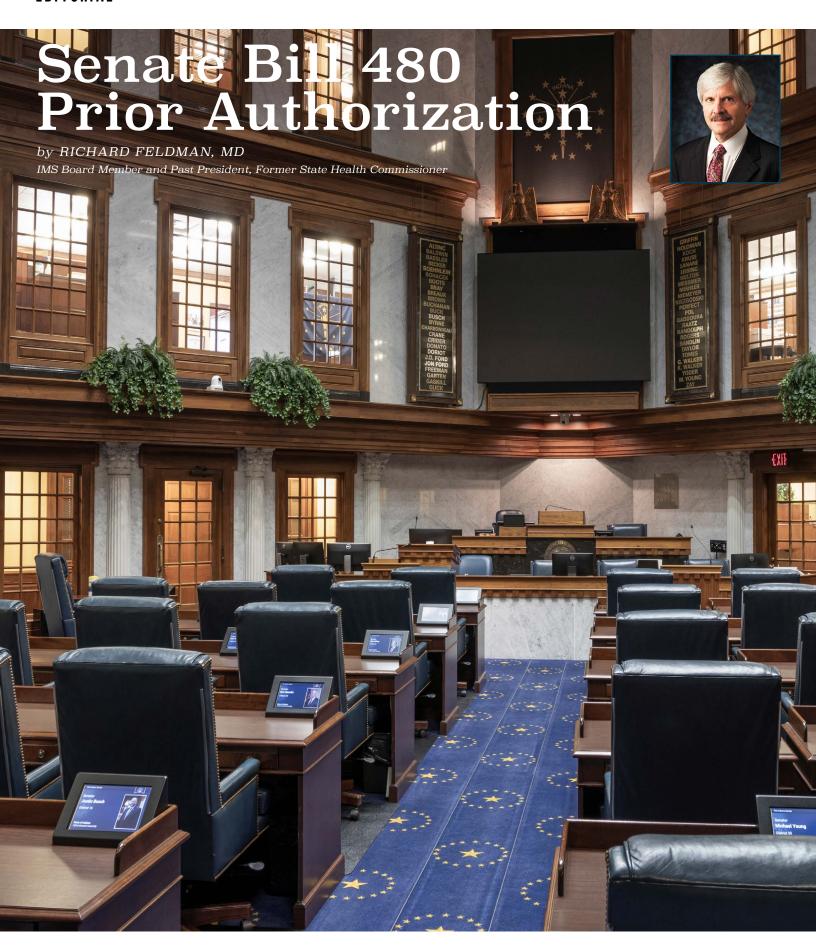
My personal favorite from the last few weeks is a practice one patient called "25 for 25". She relayed that she intends to spend 25 minutes a day doing something she has been putting off. I liked how doable that sounds. An example of eating the elephant one bite at a time.

Whatever your personal goals are this year, take time to value them. In the midst of all of the amazing work you each do, please make sure to prioritize care of yourself too. When we remember to tend to our own self-care, we have so much more energy, empathy, and creativity in our tanks to fuel the care we give to others. Each and every one of you is an important and valuable resource in the common goal of caring for our community.

Sincerely,

Ann C. Collins 153rd President

Indianapolis Medical Society





Senator Tyler Johnson has again authored a bill in the Indiana General Assembly that would put some reins on "prior authorization" for medical services and prescriptions by insurance entities. Prior authorization is a method by which insurance companies scrutinize medical provider orders for services and prescriptions before coverage is approved. His legislation last session did not survive despite strong bipartisan support because of concerns over potential increased costs to state employee health plans and Medicaid.

Physicians and other medical providers will tell you that PA is out of control and has transcended any legitimate rationale for its establishment. It was advanced as a way to address health system waste, fraud and abuse, and better assure that medical care provided was safe, high quality, cost effective, evidenced based, and medically necessary.

However, the medical community views PA as primarily a method for employers to cut costs and for the insurance industry to limit or delay payments to increase profits. "Deny and delay" is the mantra commonly recited by PA critics. Medical providers can recount endless examples of the PA system denying or delaying reasonable and needed care, testing, and prescriptions essential to optimal care in the best interests of patients. Denials can also result in cost shifting to patients.

PA can even interfere with routine clinical decision making. Do we really need insurance entities to provide draconian oversight over the expertise of medical professionals in all but possibly the most complex and costly cases?

PA adds administrative burdens and increased costs to medical practices necessitating expanded staff and significant physician and staff time submitting PA requests and responding to denials. Better to allocate these resources to direct patient care.

Most importantly, PA can be a dangerous barrier to care for patients. Interruptions, delays, and denials can result in the worsening of medical conditions leading to even more costly testing, treatments, and avoidable or longer hospitalizations. Examples are the patient who is urgently awaiting a prescription or an MRI approval while the patient's condition deteriorates. Worse are denials for essential services or medications. There's a legion of scenarios.

Here are some of the major PA reforms in Johnson's SB 480 (as introduced):

- A mandate that an insurer may only impose PA requirements annually on less than 1 percent of unique health-care services and less than 1 percent of health-care providers overall.
- Payment of claims cannot be retro spectively denied if the services were prior approved, submitted appropriately, and in good faith.
- Restrictions on retrospective review or denial of claims in certain circumstances for unanticipated medical-necessary services without a PA.
- Prohibition of PA requirements for emergency services, medications for opioid use disorder, and medications with a net annualized cost of \$100 or less (including step-therapy requirements).
- If adverse PA determinations are made, providers may request a "peer-to-peer" case review to be conducted within 48 hours of the request.
- Adverse PA decisions, including appeals, must be made by a clinially experienced physician in the same or similar specialty as the requesting provider.
- PA transparency with current requirements and restrictions, detailed statistics on approvals and denials, and clinical criteria utilized readily accessible on the entity's website.
- New time limitations on PA determination responses for various services, prescriptions, and emergency and urgent health-care situations.

Although the bill will undoubtedly be modified in the legislative process, the need for this legislation is undeniable. Let's hope for its enactment this year.

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A Statehouse Rotation and the Impact on Future Physicians



by ELERI MILLER, MS

Student, Marian University Wood College of Osteopathic Medicine, Class of 2025

As medical students, we are appropriately sheltered from the inner workings of the healthcare system while we focus on mastering the fundamentals of medicine, building the foundation upon which our careers will be based. While our preceptors may occasionally hint at the challenges and solutions occurring behind the scenes, our primary focus is on refining our own skills before we learn to navigate the complexities of the healthcare system. Over time, we begin to realize that various laws and regulations come into play, shaping the scope of our practice in many ways. However, most of us don't enter medicine with the goal of grappling with these issues; instead, we are driven by the desire to practice the science and art of healing, to connect with patients, to support them through difficult times, and to advocate for them within the current healthcare system. As a result, many physicians tend to take a more passive role in healthcare policy, focusing their energy more actively on patient care. In my view, once you become a physician, you are placed in a position where you serve as a pillar of your community. You are given a voice that people listen to, along with a broader outreach due to your education and your proximity to patients' trust. Before entering medical school, my goal was to find a way to leverage this responsibility and influence for good, to give back in meaningful ways to the future communities I would one day serve.

Healthcare policy and law making were always areas that were very intimidating to me. While I knew there were various ways to get involved, such as physicians testifying in courts of law, lobbying politicians, or sitting on committees, I struggled to find an entry point and a clear path to begin. This rotation in public policy with the Corydon Group through Marian University Wood College of Osteopathic Medicine and the IOA was almost a deliverance on a silver platter. This experience has shown me that it is possible to be both

an active physician and a strong patient advocate in the policy realm. Organizations like the Corydon Group, the IOA, and others, such as the American Academy of Physicians, offer the platforms and opportunities to bridge these two roles effectively. It has so far provided me with the perfect gateway to explore how physicians can play an active role in shaping healthcare policy.

Since the beginning of this rotation, I've had the opportunity to attend a range of meetings, including those of various committees, the state Senate, and the state House of Representatives. These experiences allowed me to observe and gain a deeper understanding of how a bill is introduced, revised, and eventually becomes law after readings and amendments. Some notable bills I've sat in on during committee sessions include:

- HB 1555, which addresses the licensure of foreign-trained physicians, allowing those with the proper credentials to bypass a second residency in the U.S. and work in critical access areas of Indiana.
- HB 1666, aimed at increasing transparency regarding the ownership of healthcare entities.
- HB 1112, preventing insurance from imposing prior authorization on medication for opioid use disorder.
- SB 317, which introduces greater clarity around healthcare debt repayment programs offered by hospitals.
- SB 145, which grants pharmacists the ability to administer vaccines, improving access in rural areas.

Working in the government sector has been both

SPECIAL FEATURE continued

enlightening and, at times, frustrating. The pace of medicine far exceeds that of the government, and for good reason—lives in healthcare are often acutely on the line. Medicine requires immediate decision making and swift action, while government, in the ideal sense, serves a more measured role—solving past problems, preventing future ones, and providing essential, though often invisible, support to ensure long-term stability. In the Indiana Statehouse, I have witnessed healthcare legislation generally receiving bipartisan support, although there are, of course, some important exceptions. It has been interesting to observe the varying perspectives and priorities of lawmakers as they debate the future of healthcare in our state.

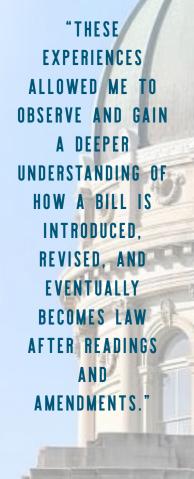
Based on my experience, I would highly recommend this rotation to medical students who, like me, are looking for a way to break into health-care policy and legislation in their futures. It's a unique opportunity to blend the roles of physician and healthcare system advocate, and I've

learned that this balance, or melding, is not only possible, but it is also deeply rewarding. Additionally, even for those who may not have a primary interest in healthcare law, I would encourage all medical students to stay informed about current developments in healthcare at the state level. Using tools like the IGA.IN.gov website is easier than expected and offers a great way to stay engaged with local healthcare policy, even if it is not your main focus.

Throughout this experience, I've had the privilege of meeting and talking with many influential figures within our community. It has been encouraging to see their genuine excitement about young medical students getting involved in healthcare policy. These conversations have further reinforced my belief that the voices of soon-to-be healthcare professions are vital to shaping continued developments in the medical field and improving patient care in the future.















PHYSICIAN ADVOCACY DAY

AT THE STATEHOUSE

MARCH 12, 2025



REGISTER NOW: www.ismanet.org/PAD-2025

Registor for Physician Adovcay Day: Wear your white coat!

Registration is open for the 2025 ISMA Phylisican Advocacy Day at the Statehouse, scheduled for **March 12** in Indianapolis.

This annual event is your chance to meet with legislators face to face and make the case for sound health policy firsthand.

No matter your level of advocacy experience, this is the perfect oppotunity for you to network with your colleagues, meet with legislators, and advocate for the practice of medicine. The more white coats in the Statehouse, the more impact we will have.

ISMA staff will provide fact sheets and other resources and assist you in setting up appointments with your legislator, and a complimentary breakfast and boxed lunch will be available for attendees.

Dont delay signing up, and be sure to spread the word to your fellow physicians that you plan to attend.

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, 121PM 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 Presentation 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

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, are now offered in a virtual format.

Online Activities

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

In-Person Activities

Mar 7 2025 Lung Cancer Symposium | 8:00 AM - 2:00 PM | IU Indianapolis Campus Center, Indianapo-

lis, IN | AMA PRA Category 1 Credits (5 hours)

Mar 14 47th Annual Arthur B. Richter Conference in Child and Adolescent Psychiatry | 7:30 AM - 4:00 PM

| Ritz Charles, Carmel, IN | | AMA PRA Category 1 Credits (6.25 hours)

Mar 14 Ninth Annual Vascular Symposium: Comprehensive Vascular Care | 8:00 AM - 6:00 PM | New-

fields, Indianapolis, IN | AMA PRA Category 1 Credits (6.75 hours)

Mar 23-24 9th Annual Clerkship Leader Summit | 5:30 PM - 4:00 PM | The Alexander Hotel, 333 S. Delaware

St., Indianapolis, IN | AMA PRA Category 1 Credits (6.00 hours)

Mar 27-29 IDEAL Leadership Conference | Sheraton Indianapolis Hotel, Keystone at the Crossing, Indianap-

olis, IN | Register Online: https://ideal.iu.edu/index.html

Indiana State Medical Association

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

Mar 6 2025 Legislative Halftime Update | 6:00 PM - 7:00 PM | Live Webinar: Registration Required ISMA

Website | ISMA Members Only, Free | AMA PRA Category 1 Credits (1.0 hour)

Mar 12 Physician Advocacy Day | Indiana Statehouse | 9:00 AM - 4:30 | Register online at ismanet.org

May 1 2025 Post-Session Legislative Update | 6:00 PM - 7:00 PM | Live Webinar: Registration Required

ISMA Website | ISMA Members Only, Free | AMA PRA Category 1 Credits (1.0 hour)

May 16-17 Physican Advocacy Retreat | The Westin Indianapolis | ISMA Members Only, \$300 | AMA

PRA Category 7.5 Credits

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KATHRYN KLEINE, DO

Neurologist, Kathryn Kleine, D.O., has joined JWM Neurology. Dr. Kleine received her medical degree from Lake Erie College of Medicine in Greensburg, PA in 2019. She completed a Neurology residency at Indiana University School of Medicine in 2023.

She then completed a Fellowship in 2024, also at IUSM, in Clinical Neurophysiology. Dr. Kleine sees comprehensive Adult Neurology patients with all neurologic conditions and has a special interest in Epilepsy and EEG.



RICK C. SASSO, MD

Rick C. Sasso MD, Indiana Spine Group, served as the Chairman of the spine surgery course "Spine: Base to Summit." Which was held January 17-20, 2025. In Vail, Colorado. This educational course has been held annually for over 30 years and brings to-

gether spine surgeons from around the country to learn cutting-edge techniques in Spine Surgery.

Dr. Sasso also served as the Visiting Professor at the University of Southern California (USC) from January 23-24, 2025. During his time at USC, Dr. Sasso gave 2 lectures to the staff and residents of the department of orthopaedic surgery and the Spine Surgery Fellows regarding Cervical Spine disorders and treatment.



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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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Delegates to the Annual State Convention

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