VANDERBURGH COUNTY MEDICAL SOCIETY

ANNUAL GOLF SCRAMBLE

Supporting medical student scholarships at Indiana University School of Medicine-Evansville

Monday, May 18, 2020

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The Vanderburgh County Medical Society is an Alliance of Physicians dedicated to the promotion of the Art and Science of medicine, to the continual Improvement of Community Health, and to the Advocacy and Protection of the Patient Physician Relationship. The purpose of this organization shall be to unite and strengthen the local medical community, to inform the public on matters of health and medical care, and to promote the best in medical care in our community.

New Members

Welcome New Members!

Dmitriy Sintsov, M.D.
Pavel Morozov, M.D.

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If you would like to be a contributor of content for the Monitor please contact Chris at 812-475-9001.
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“Doc, My Sinuses Suck” – Recent Treatment Advancements for our Chronic Sinusitis Patients

February 13, 2020

With regards to improving a patient’s quality of life, few medical specialties have advanced more in the past decade than Otolaryngology. Horror stories have been told—and justifiably so—about bloody and painful sinus surgeries requiring several days of nasal packing with minimal post-operative improvement. Many patients continue to suffer from congestion, chronic infections, missed work/school days, and painful sinus related headaches because they have heard these stories and are not aware of the many FDA approved, low-key, minimally invasive, and often in-office procedures which exist to provide significant and effective long-term relief.

Here are several of the most recent and significant advancements in the field of ENT:

**Balloon sinus dilation**

**What is it?** A small balloon is inserted into narrowed sinus pathways and used to dilate open the drainage pathways of the paranasal sinuses. This is commonly performed in the office setting under local anesthesia with the assistance of a lighted cable or image guidance technology.

**Who may be a candidate?** Patients with chronic sinus infections or sinus headaches with CT scan confirmed sinus disease not improved with optimal medical management.

**What are the pitfalls?** Patient with nasal polyps (a common finding in Midwest farming regions) are not candidates. Long term data regarding the need for repeat dilation beyond 10 years is limited.

**Turbinate coblation:**

**What is it?** A small needle-like device is inserted into the middle of the inferior nasal turbinates and radiofrequency is utilized to ablate the submucosal tissue. This results in decreased size of the nasal turbinates and an increase in the diameter of the nasal airway.

**Who may be a candidate?** Patients with chronic nasal congestion from enlarged inferior nasal turbinates.

**What are the pitfalls?** Not useful if the cause of nasal obstruction is due to a severe septal deviation. Also, evaluation by an Allergy & Asthma specialist is required prior to the procedure to rule out allergies as the cause of the turbinate obstruction.

Continued on Page 6
enlargement. Otherwise, the duration of efficacy will be limited if underlying allergies are left untreated.

Clarifix (Posterior Nasal Nerve Ablation):

What is it?: A cryotherapy device is placed in the lateral nasal wall against the root of the posterior nasal nerve which is responsible for rhinitis.

Who may be a candidate?: Patients with the main complaint of constantly runny nose…especially atrophic rhinitis patients (elderly patients with constant nasal drainage worsened when they are eating).

What are the pitfalls?: Must rule out other etiologies of nasal drainage (including spontaneous CSF leaks) in which clear rhinorrhea may be the only symptom.

Sinonasal issues are frequently experienced by our patients. Fortunately, there are now effective, well-tolerated, and minimally invasive treatment options and more continue to be developed yearly. Ensuring an accurate diagnosis of the underlying problem allows targeted therapy to treat a patient’s issue with the most effective and least invasive treatment options.

About the Author: Mark C. Royer, MD is a member of the Vanderburgh County Medical Society Board of Directors and an Otolaryngologist who practices at Evansville Sinus Center with his wife, Allison Royer, MD (also a VCMS member).
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VANDERBURGH COUNTY MEDICAL SOCIETY

ANNUAL GOLF SCRAMBLE

Supporting medical student scholarships at Indiana University School of Medicine-Evansville
VANDERBURGH COUNTY MEDICAL SOCIETY

ANNUAL GOLF SCRAMBLE

Schedule of Events
11:00am - Registration
Noon - Shotgun start
5:30pm - Awards Reception

Cost per foursome: $500
Includes: green fees, golf cart, lunch, player gift beverages, hors d’oeuvres, reception, & prizes

Rules and Attire
- Cutoffs, denim shorts, halter tops, and tank tops are not permitted. Shorts must be mid-thigh or Bermuda length
- Gentlemen are asked to always wear collared golf shirts.
- Metal spiked golf shoes are prohibited.

About the Vanderburgh County Medical Society
For over 170 years, the Vanderburgh County Medical Society has been a friend and a voice for Vanderburgh County physicians. The VCMS is an active community of Tri-State-Area physicians that connect and build relationships with their colleagues to enhance the health of the community.

Indiana University School of Medicine - Evansville Scholarship
The Vanderburgh County Medical Society values its close working relationship with the Indiana University School of Medicine – Evansville Campus. It is important to the VCMS to support the IUSM-E medical students to advance their education. The proceeds of this golf scramble will provide scholarships to help relieve the students’ substantial financial burden of obtaining a medical degree. When you sponsor or participate in this event, your support will assist a student that otherwise might not have funds to further their education.

Monday, May 18, 2020
Oak Meadow Country Club
Giving back to our communities is a cornerstone of the TSMA. Our annual style show, auction and vendor boutique is our largest fundraiser that supports all of our community outreach endeavors. At this past year’s event, we had the opportunity to offer a challenge grant to support the Cliff Hagan Boys and Girls Club of Henderson County. Thanks to the generosity of attendees and the matching grants from community businesses, we were able to give $41,125!

www.tristatemedicalalliance.org

Tri-State Medical Alliance members are committed to assisting our physician spouses to improve healthcare through effective action, dedication, and leadership.

Our purpose is to support medical education, promote volunteerism, and contribute to charitable activities in the Tri-State area.

Please join us in giving back to our community!

**Upcoming meetings:**

March 17th @ Mulberry Jean’s

April 21st @ ECC (Outreach Luncheon)

May 19th @ home of Anita Watkins

**Want to know more?**

Web: tristatemedicalalliance.org

Email: tristatemedicalalliance@gmail.com

Facebook: Tri-State Medical Alliance, Inc.
Well, I just got used to writing 2019, and 2020 is already upon us.

This is the year of “great vision” 20/20. 20/15 is obviously better, but that is in the past, and without my glasses, I was about 20/200 or worse.

I have corrected to 20/20 with glasses, and they are not the rose-colored kind, so it might be time for some predictions about the future of things we might see breaking upon on like a Tsunami.

Electronic Medical Records are here to stay and are even more invasive as they monitor expenditures per patient, provider, and locale. Recently the Wall Street Journal brought forth the fact that a sizeable Medical provider was sharing patient data records with one of the FANG groups. A federal probe was initiated concerning this transaction. This will recur in the coming years as millions of records are poured over for new insights.

AI will continue to buzz around the medical field both in Imaging and Diagnostics. Singapore is currently the hotbed for the use of this technology in the real world, as is Saudi Arabia and China. AI has not caught on in the United States, but with the Healthcare budget of the U.S. being as large as it is, AI will not be far behind in trying to cash in on this windfall as long as it lasts.

Stem cells will continue to be at the forefront of regenerative health. The length and breadth of this transformation will grow as the costs decrease for this technology. New genetic medications will be developed for a whole host of illnesses, but the application of these treatments now seems out of reach for many patients. At 2.1 million dollars a treatment, the widespread application of the treatment seems remote.

It looks as if an Ebola vaccine has been developed for EVD and has a reasonable success rate. Vaccines will continue to be developed for many diseases, but getting widespread deployment continues to be a significant issue. At one time, it was felt that Polio had been eradicated worldwide, but it continues to be active in Afghanistan, Nigeria, and Pakistan.

Climate change will force many physicians to learn more about tropical medicine as the vectors and the viruses move north. Bacterial diseases such as cholera will also be at an increased risk with increases in flooding and contamination of the water supplies.

Regardless of the future, I know things are going to change as they always do. It is better to think about it now than when you are under 50 feet of water.
1. Three words that describe you: Excited, Curious, Wacky
2. What was your first car? 1988 Toyota Camry
3. Dream vacation: Anywhere my cell has no service.
4. What is the last book that you read? Happy Hippo, Angry Duck (To my 2 year old)
6. What do you like to be doing when you aren’t treating patients? Playing outside with my kids and dogs.
7. What would you do with ten million dollars? Build the “Primus Wing of Fluffiness” at the Humane Society.
8. What is your greatest accomplishment? Re-plumbing the kitchen sink at my crummy house in medical school.
10. What advice would you give a physician just starting in practice? Have patience! And live like a resident for a few years to pay off debt.
11. When and where were you the happiest? At the lake, any given summer.
12. Favorite food? Donuts
13. What was your first paying job? Christmas extra staff at Sears at age 16
14. What do you pretend not to want? Donuts
15. What is your most marked characteristic? My high energy level
16. What do you most value in friends? Good communication
17. Secret vice: Now that wouldn’t be a secret then?
18. Favorite musician: Kurt Cobain (Don’t judge me)
19. How do you hope to be remembered: As a GOOD person
20. Favorite thing to do when no one is looking? See how far I can cross my eyes
21. Behind my back, people say…: Hold on, let me go ask my nurse…… she said “We love you but I also need to kill you”
22. People would be surprised if they knew: That I’ve been with my husband for 17 years (I’m 35)
23. If you had not become a physician, what would you have been? A Zoo Keeper
24. Biggest fear: Size 14 pants
25. When did you first realize that you were an adult? When did I become an adult?
26. What would you like your epitaph to be? She finally is staying still
27. What was the number one reason that you joined the Medical Society? To get involved and to make a difference.
VCMS MENTORSHIP ROCK CLIMBING EXPERIENCE

APRIL 4TH
7-11PM @ VERTICAL EXCAPE RSVP @812-475-9001

Free to the first 20 students/residents to sign up. $20 a person after the 20 slots are filled!

Brought to you by Dr. Heather Schroeder, VCMS, and Lifetime Financial Growth, INC.
I work in the ER. It’s not an easy job. Not glamorous either. At least not as glamorous as my mother-in-law used to think.

Years ago, when I declared I was going into emergency, she looked at me askance. She didn’t ask why. She looked at me with her wise old eyes. “Let me tell you about ER,” she said. “I know all about it. I watch every show.”

She was politely dismissive and actively unimpressed. Worried about the staff having sex in the closets maybe? Or she didn’t think that my hair or my style could stand up to the job.

She was right. Not about the sex. I don’t know how the folks in the movies find the time. Or the interest. I struggle to find time to pee. And the closets? Really? You get turned on by dirty mops and bleach perfume? She was right about the hair. It’s still not worth mentioning. And my style — what style?

I eventually got used to people questioning my career choice. Patients ask me when I’m going to specialize. My best friend — a computer maven — asked me why I choose to work triage. “Can’t a nurse do that? Shouldn’t you be treating people, instead?” I tried to explain. She smiled and changed the subject. I got even by questioning her choice of husbands. Years later, we’re still friends. I still work ER, but she disposed her husband. Advantage home.

Still, every once in a while, somebody asks me a question that catches me off-guard. “What’s the hardest thing about your job?”

I stumble. I mumble. I try to say something intelligent. I fail. They try to help.

“Is it people dying?” they ask.

No, it’s not, even though I feel defeated every time someone dies on my watch. Even if there was nothing I could do. I feel inadequate and powerless. I always wonder if a smarter doctor, a faster doctor, a better doctor, could save them. I agonize about it, looking for my failing. But that’s not the hardest part of my job.

“Is it the abuse? Is it people swearing at you, throwing feces at you, keying your car and threatening to rape your daughter?”

I don’t have a daughter. These days, I don’t even own a car. I got used to the swearing and being called the c-word. I don’t like the feces or the spit, nor being bitten or kicked, but I use protection equipment. I stay out of the fray. When everything else fails, IM Succinylcholine works. I’ve never had somebody spitting at me with a plastic tube in their throat.

“Is it your accent, since these days immigration has become a dirty word?”

No. People would spend their last hard-fought breath to find out where I’m from. Romania, I used to say. That was the end of the conversation. I stopped telling them. If they insist, I say Beekmantown. My nurses love it. They can’t wait to get in on the game. If I say Transylvania, patients think I’m kidding. We laugh and get back to what matters — what they’re there for. Once only, my Dilaudid-deficient patient asked for an English-speaking doctor. I think she meant American. My English isn’t that bad.

“Is it telling families that their loved one died?”

No. It’s never easy, even if they lived to be a hundred, but it’s part of the job. I try to make it easy on them. I wash my hands of their loved one’s blood. I borrow a clean coat, even if I have to cover somebody else’s name with my
What's the hardest part of a physician's job? | Rada Jones, M.D., Physician, January 5, 2020

badge. I lie. I pretend it didn’t hurt them, and it didn’t hurt me. I try to give them hope or solace.

“Is it being a woman? Having to deal with the glass ceiling?”

Not really, though it’s frustrating when patients call you nurse, after introducing yourself as their doctor. I didn’t suffer much from the glass ceiling. I didn’t aim high enough? A perk of age? By the time I got to be a doctor, I was past maternity leave. And handling angry surgeons is easier than dealing with macho men in Communist Romania.

“Is it the human tragedy? The drunk drivers, the sexual assaults, the children with broken bones and cigarette burns on their belly? Is this the hardest part?”

No. These are all things I can do something about. I treat, I advocate, I educate. I struggle to prevent it from happening. I try to make a difference.

“What is it, then?” they ask.

It’s making decisions. Choosing winners and losers, when I don’t know who should win and who should lose. Every shift I make decisions with limited information, limited resources, and limited time. Decisions that can mean life or death.

Some are big: Do I scan this back pain, looking for a dissection, and possibly destroy his kidneys, or do I send him home to die.

Some are small: Should I first discharge Room 9, who’s desperate to get her kids off the bus, or see the chest pain in Room 3, which may be having a heart attack?

Some I don’t know. This woman, here for the third time this week, is she a drug seeker? Or is she sick? Should I scan her again, spending thousands of dollars on her third workup? Or should I have security escort her out?

This smiling infant with a bruise on her neck. Is she an adventurous explorer, or an abused child that I’m about to send home to die? Should I call CPS, destroying the peace of this family, or should I trust her sobbing mother telling me she stumbled and fell on a toy?

And of course, they all come at the same time: the chest pain, the baby, the fire drill, the EMS call, the floor code, the radiologist calling about the brain bleed, the administrator barking at me for being behind on my charts.

I can’t do it all. Not at the same time. But maybe a smarter doctor, a faster doctor, a better doctor, she could.

The hardest part of my job is the guilt. I never, ever, do everything I should. Not well enough, not fast enough, and never perfect.

Rada Jones is an emergency physician and can be reached at her self-titled site, RadaJonesMD, and on Twitter @ jonesrada. She is the author of Mercy and Overdose.

This article was posted on KevinMD.com.

Founded in 2004 by Kevin Pho, MD, KevinMD.com is the web’s leading platform where physicians, advanced practitioners, nurses, medical students, and patients share their insight and tell their stories.
Discounts for VCMS Members

The VCMS is excited to announce new member discounts and services. Be on the lookout for more as we enter 2020. If you have an idea of a service or discount you would like to share, contact Chris Patterson at 812-475-9001 or Cpatterson@vcmsdocs.org.

As a valued member of the Vanderburgh County Medical Society, we have partnered with the Indianapolis Colts to offer you an exclusive 20% discount on tickets for the eight regular season games.

How it Works:

1. Click on Buy Tickets below.
2. Choose the level or price point where you’d like to be seated.
3. Complete our easy purchase process.
4. Share your personal link with family and friends to invite them to join you.
5. Enjoy the game with your group!

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You will receive an email from Fevo with instructions to access your tickets through your Indianapolis Colts account. These tickets will be MOBILE ONLY.

Questions?

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- Work with you to respond to the inspections electronically
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**FINISHING THE JOB**
- Help to identify lender, work with lender to provide information needed
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The Program:

- Designated dealership personnel are assigned to administer the Vanderburgh County Medical Society’s both sales and service programs. Please identify the VCMS’s affiliation when working with us.

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- You will receive a $100 accessories gift card redeemable at Kenny Kent Toyota or Kenny Kent Lexus Parts when you purchase a new Toyota or Lexus from Kenny Kent.

We look forward to offering this unique opportunity for an exemplary purchase and service experience.
We are extremely pleased to announce a valuable new alliance with Lifetime Financial Growth, a member of the Guardian Network, for VCMS members. The alliance has been established specifically to meet an array of needs within the medical community.

**LIFETIME FINANCIAL GROWTH WILL OFFER A VARIETY OF STRATEGIES & PRODUCTS ALONG WITH EDUCATIONAL WORKSHOPS TO HELP YOU MAXIMIZE YOUR FINANCIAL POTENTIAL.**

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- Retirement Planning & Protection
- Individual Disability Income Protection with Specialty Own Occupation
- Student Loan Protection
- Business Planning Strategies
- Life Insurance
- Estate Planning

**UPCOMING EVENT:**

April 7th
Student Loans – Valuable workshop followed by a fun social hour!

6 pm • First Federal Operations Center

Save the Date 2020 • September 17th

We welcome your input on workshop topics you would like to see in the future and to schedule an individual appointment to learn more about how LFG’s products and services can truly help you get your financial life in balance.

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Medicare advanced diagnostic imaging rules start Jan. 1, 2021

Beginning Jan. 1, 2021, the Centers for Medicare & Medicaid Services will require physicians and practices that order advanced diagnostic imaging services for Medicare patients to check whether these orders adhere to new standards called appropriate use criteria (AUC).

The AUC program was established in 2014 by the Protecting Access to Medicare Act (PAMA), to increase the rate of appropriate advanced diagnostic imaging services provided to Medicare beneficiaries.

Examples of such advanced imaging services include:

- Computed tomography (CT);
- Positron emission tomography (PET);
- Nuclear medicine; and
- Magnetic resonance imaging (MRI).

Under this program, at the time a practitioner orders an advanced diagnostic imaging service for a Medicare beneficiary, the physician or clinical staff acting under the physician’s direction will be required to consult a qualified Clinical Decision Support Mechanism (CDSM).

CDSMs are electronic portals through which clinicians and facilities can access appropriate use criteria (AUC). The CDSM will determine whether the order adheres to AUC, or if the AUC consulted was not applicable, for example, when no AUC is available to address the patient’s clinical condition.

This program affects all physicians and practitioners who order advanced diagnostic imaging services, as well as physicians, practitioners and facilities that furnish advanced diagnostic imaging services in:

Physician offices;

- Hospital outpatient departments (including emergency departments);
- Ambulatory surgical centers (ASCs); or
- Independent diagnostic testing facilities; and

where claims are paid under one of these payment systems:

- Physician Fee Schedule;
- Hospital Outpatient Prospective Payment System; or
- Ambulatory surgical center payment system.

Program timeline

The AUC program is now operating on a voluntary basis. Since Jan. 1, 2020, the program has also been operating in an Education and Operations Testing Period, during which claims will not be denied for failing to include proper AUC consultation information.

The program is set to be fully implemented on Jan. 1, 2021. As of that date, physicians, other clinicians and practices that meet the criteria for the AUC program will be required to consult qualified CDSMs and to report the AUC consultation information on claims submitted by the professional and the facility that furnished the advanced diagnostic imaging service. Claims will not be paid if they do not include this information.

ISMA members with questions about the AUC program and how to implement the new requirements may contact ISMA at 317-261-2060 or 800-257-4762.
Three Strategies for a Healthier Stress Response

Did you know there are actually healthy types of stress? It’s true! Just by changing the way you think about the constant stressors in your life, you can change the cocktail of stress hormones in your body from a harmful “fight or flight” stress response into a more healthful stress response that helps you perform better, learn and grow, and even improve your relationships, health, and happiness!

When you feel your stress rising, try one or more of these simple strategies to stop your stress response in its tracks or to change it into a more healthful stress response:

1. Get present & breathe. It’s harder to experience stress when you’re in the moment. The next time you’re running late, getting ready for an important presentation or feeling stressed about your to-do list or a looming deadline – stop and notice what’s going on in your body. Notice if your heart is racing, if you feel sweaty, if your chest is getting tight or your stomach is knotting up. Slow your breathing and tell yourself your body is having a natural response to a thought you’ve had, but you are not in danger, and everything is fine.

2. Seek out support. Call a friend, meet a colleague for lunch or coffee, reach out and connect with the people around you, ask for a hug. These social connections increase oxytocin in the brain and reduce the harmful effects of stress.

3. Reframe. Turn the situation around to view it in a positive light. Here are just a few ideas of different ways to do this:

   • Stop and ask yourself, “What can I be thankful for in this situation?” Gratitude is the antidote to almost every negative emotion including stress, worry, anxiety and fear.

   • Consider your stressor in a broader context. In the grand scheme of everything going on in your life, or in the world, is this really that big of a deal? Nothing is an emergency except a true, life or death emergency.

   • Consider how you might learn and grow from the stressful situation. Viewing a stressful situation as an opportunity to improve your skills, knowledge or strengths increases DHEA production and improves the chances you will learn from the experience.

   • Feel empathy for the people involved in causing your stress. What if that driver who just almost side-swiped you is on the way to the hospital because his child was hurt?

   • Reframe being “nervous” about a big presentation, speech, test, or difficult situation as “excitement” about the challenge. Research has shown reframing that feeling of nerves as “excitement” helps people perform better in speeches, presentations, sporting events, and even helped kids perform better on math tests.
LIFETIME FINANCIAL GROWTH PRESENTS

Brian Walters
President, GradFin

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Travis Genet (812) 492-8214
Chris Melton (812) 492-8265
The Wellness 360° program offers Vanderburgh County Medical Society physicians and medical professionals a confidential support system that provides whole-person care and helps to mitigate any stage of burnout. The Wellness 360° program provides a safe, supportive environment where physicians and medical professionals can receive the care they need and deserve.

**Health Coaching**

The Health & Wellness Coach will work together with participants to implement basic, gradual modifications based on the person’s unique needs towards a sustainable health and wellness transformation.

**Confidential Counseling**

The Psychologist and Social Worker will provide confidential counseling services to address the participants specific needs.

**Bob’s Gym Partnership**

Bob’s Gym’s role in the Wellness 360° program will be to lead the exercise and accountability component. Each participant will be given a three-week (6 appointments) with a personal trainer. The personal trainers will create an individualized exercise regimen based on each participant’s needs.

**Financial Wellness**

Lifetime Financial Growth will offer a variety of strategies and products along with educational workshops to help you maximize your financial potential. Workshops will vary by topic such as Financial Education, Asset Allocation and Management, Retirement Planning, Individual Disability Income Protection with Specialty Own Occupation.

**Colleague to Colleague**

Everything looks darker when you’re experiencing it alone -- or worse, when you feel like you can’t talk with the colleagues around you. Each week, I hold time to offer a few calls with colleagues. My goal for this 60-minute call with you is to help you find a pinprick of light, no matter how dark your situation feels. Even if you’re not interested in working with me beyond this call, I would love to talk with you, hold space for you, and be an ear to listen. As a doctor, -- I have been where you are! Click HERE [https://bit.ly/2aqMcB8] to schedule your time with me to talk, get help or practice skills to better advocate for yourself at work.

**Additional Services Available to VCMS Members at a 15% Discounted Rate**

**Physician Burnout Coaching**

The physician burnout coach is both a physician (not local) and an experienced executive coach. The coach will be your success partner who keeps you focused on your vision, support you, and create a plan of action together with you to reduce burnout. This service will be provided to VCMS members at a discount.

For more information, please visit: [https://www.thehappymd.com/physician-burnout-coach-team](https://www.thehappymd.com/physician-burnout-coach-team)

**Benefits of Wellness 360°**

- Improved overall health
- Stress reduction and life balance
- Improved relationships professionally and personally
- Improved patient satisfaction
- Motivation to be well
- Participants will be equipped to deal with the pitfalls of their profession
- Gained support system
- Financial Wellness

**Schedule Your Appointment**

To schedule an appointment, please call our Private Wellness 360° Line at (812) 475-9001.

The VCMS Wellness 360° program is for members only. If you are a non-member seeking help, there is a fee schedule. Please contact the private Wellness 360° phone line or visit [vcmsdocs.org/wellness-360-2/](http://vcmsdocs.org/wellness-360-2/) for more information.
November found us at Joann Elfar’s home and a wonderful meeting and luncheon celebrating the Magnificent Monuments and Enchanting Desert of Egypt.

Our February meeting was held at Sherie Hambidge’s home with Dr. Carla Brandt presenting Italy—Exquisite Cuisine and Rich Culture!

Valentine Party 2020!
It will come as no surprise to you that the biggest issue in the business of medicine today is surprise billing. But how, you might ask, can it be a surprise that a physician, who performs a valuable and often urgent service to a patient, presents a bill for the service rendered. The surprise, of course, occurs for patients, who have been led to believe that their health insurance will actually cover their medical bills, only to find out that the practitioner who operated on them, or performed tests, and anesthetized them, is not enrolled as a provider in their health care plan. Because the doctor does not have an arrangement with the insurer, the bill that is presented is his or her usual and customary bill, (which is what they charge), rather than what they have been willing to negotiate (or have been forced to settle.) The insurance companies, (now here’s a big surprise) refuse to pay the bill, or at the very best, are willing to pay only their lowest negotiated rate, leaving the surprised patient with a hefty, or perhaps, exorbitant bill. It should be noted that most of these cases are emergencies which do not allow the patient to check with their insurer to see if the providers are covered under their plan.

So how, it is not unreasonable to ask, can these unpleasant surprises be mitigated. There are undoubtedly many easy and appropriate steps that can be taken. First, the insurance companies have a duty to their enrollees to inform them what services and which practitioners in their area are covered by their plans. If there are no anesthesiologists, radiologists, or neurosurgeons enrolled locally, and the patient is expected to travel elsewhere for such care, that information must be available at the time the insurance policy is sold to the patient, business, union, or whoever else is doing the purchasing. Since it makes their product less valuable, it is no surprise that the insurance companies are reluctant to do this. Second, and I am ashamed to say that this is rarely, but sometimes, the case, the billing physician should not look upon these instances as a chance to win the lottery, and charge some ridiculously high amount, which is very unlikely to be paid, and only marks our noble profession with a stripe of shame. Thirdly, and pray it might be so, patients need to take charge of their own health care, and if the limitations of their coverage are not fully explained to them, demand to know what they need to know.

But alas, the problem of surprise billing will not be solved by involved, responsible patients, providers, and payers. No, it has already become the concern of state and federal governments so that it will be decided for us by our trusted solons. I assure you that patients are crying out at the injustice of having to pay bills that they thought were already covered and that insurance companies are lobbying unceasingly to make sure that what they pay providers outside their systems are the lowest possible payments they can make, frequently less than Medicaid. They are also working hard to convince your representatives that you, the doctors, are the bad guys in all this and that they are squeaky clean, and acting in the patient’s best interest. In some states, like California, they are succeeding.

Have you made your voice heard? If not, who is speaking for you? I shouldn’t have to tell you that the matter of surprise billing is the first priority for the AMA, and the ISMA. Please help them.

Join them. Contribute to their PACs, AMPAC, and IMPAC. Contact your representatives and make your voice heard.

Plumbers and electricians get paid a fair wage for emergency services. Don’t you think doctors should too? If we can’t win this one, I am afraid we’re all in for a big surprise.

*Jim Nabors as Gomer Pyle. Not a Hoosier, but he did sing Back Home Again in Indiana at the Indy 500.
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### Calendar of Events

#### Save the Dates

<table>
<thead>
<tr>
<th>MARCH</th>
<th>March 17</th>
<th>VCMS Executive Board Meeting</th>
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<tbody>
<tr>
<td></td>
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<td>VCMS Offices • 6:00 pm</td>
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<tr>
<th>APRIL</th>
<th>April 4</th>
<th>VMCS/Lifetime Financial Growth Rock Climbing</th>
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<tr>
<td></td>
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<td>Vertical Escape • 7:00-11:00 pm</td>
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<table>
<thead>
<tr>
<th>APRIL</th>
<th>April 7</th>
<th>Lifetime Financial Growth Workshop</th>
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<tr>
<td></td>
<td></td>
<td>Student Loans – Valuable workshop followed by a</td>
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<tr>
<td></td>
<td></td>
<td>fun social hour!</td>
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<td>First Federal Operations Center • 6 pm</td>
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<tr>
<th>MAY</th>
<th>May 19</th>
<th>VCMS Executive Board Meeting</th>
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<td>VCMS Offices • 6:00 pm</td>
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</table>

More exciting events to come!

Stay updated on future events and visit the VCMS website at [http://vcmsdocs.org/events/](http://vcmsdocs.org/events/)

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**Vanderburgh County Medical Society**

**ADVOCACY**

**COMMUNITY**

**EDUCATION**

What can we help you with?

Call 812-475-9001 for assistance today!
### February

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
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<tbody>
<tr>
<td>Arthur Bentsen, MD</td>
<td>2/1</td>
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<tr>
<td>Zhenglong Wang, MD</td>
<td>2/1</td>
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<tr>
<td>Caleb Frey, MD</td>
<td>2/2</td>
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<tr>
<td>Gregory K. Hindahl, MD</td>
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<tr>
<td>Jason E. West, MD</td>
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<tr>
<td>Richard A. Riedford, MD</td>
<td>2/3</td>
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<tr>
<td>David A. Koehler, Jr., MD</td>
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<td>Richard M. Sandefur, Jr., MD</td>
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<tr>
<td>William C. Thompson, III, DO</td>
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<tr>
<td>Anna S. Fehrenbacher, MD</td>
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<td>Mahendra R. Sanapati, MD</td>
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<td>Ross Whitacre, MD</td>
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<td>Thomas A. Brummer, MD</td>
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<tr>
<td>Jason T. Samuel, MD</td>
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<tr>
<td>Bruce A. Adye, MD</td>
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<td>Joshua M. Aaron, MD</td>
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<td>Michael B. Boyd, DO</td>
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<td>Alejandro G. Pontaoe, MD</td>
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<td>Henry B. Kaplan, DO</td>
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<td>David B. Greer, MD</td>
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<td>Wilfredo Escala, MD</td>
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<td>William P. Hardey, MD</td>
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<td>Kelly L. Kling-Tipton, MD</td>
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<td>Andrea L. Jester, MD</td>
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<td>Randy A. Lance, MD</td>
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<td>Heather L. Schroeder, MD</td>
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<td>Christian Beuschel, MD</td>
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<td>Heidi M. Dunnaway, MD</td>
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<td>Soheil C. Nandwani, MD</td>
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<td>Larry W. Sims, MD</td>
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<td>Geoffrey M. Geoghegan, MD</td>
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<td>Lawrence A. Judy, MD</td>
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### March

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<td>James W. Hansen, MD, PhD</td>
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<td>Chong S. Kim, MD</td>
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<td>Robert H. Oswald, MD</td>
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<td>Joshua D. Oswald, MD</td>
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<td>Richard P. Sloan, MD</td>
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<td>Keith A. Phillips, MD</td>
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<td>Dan Vardi, MD</td>
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<td>Roderick L. Warren, MD</td>
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<td>Donald M. Bailey, MD</td>
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<td>Harry L. Hunter, MD</td>
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<td>Jared C. Hutson, MD</td>
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<td>Robert J. McElroy, MD</td>
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<td>Jane Dy Lim, MD</td>
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<td>Alan T. Marty, MD</td>
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<td>Kenneth L. Nachtnebel, MD</td>
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<td>Donald E. Patterson, MD</td>
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<td>Stanley P. Taraska, MD</td>
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<td>Maria G. Del Rio Hoover, MD</td>
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<td>Terry B. Thacker, MD</td>
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<td>William F. Johnson, MD</td>
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<td>Anthony L. Schapker, MD</td>
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<td>Kathryn T. Lannert, MD</td>
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<td>David J. Carlson, MD, FACS</td>
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<td>Henry W. Bockelman, MD</td>
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<td>Charlotte E. Orr, MD</td>
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<td>Amanda E. Bohleber, MD</td>
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<td>J. Frederick Doepker, Jr., MD</td>
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<td>Sang-Tai Ha, MD</td>
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<td>Richard W. Kincaid, MD</td>
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<td>Jack O. Williams, MD</td>
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<td>Gregory G. Ennis, MD</td>
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<td>Zachary C. Hamby, MD</td>
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<tr>
<td>Sanford E. Schen, MD</td>
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<tr>
<td>William M. Vickers, MD</td>
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