



Vanderburgh County Medical Society
Evansville Indiana

Volume 34 | Issue 2

MONITOR

PHYSICIANS DEDICATED TO THE HEALTH OF THE COMMUNITY

SPECIAL EDITION



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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.

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Generic Drugs: Are they really a bottle of lies?

As I write these words, the COVID-19 pandemic looms. International economies are being affected by a viral disease on a macro level, and our lives are being changed on a micro everyday level. I.e., no toilet paper or hand sanitizer available for purchase. If the disruptions in the world economy persist, the pandemic could affect other aspects of our daily lives: the availability of generic drugs.

Approximately 90 percent of our drug supply is comprised of generic drugs. Most of the pharmaceutical companies that manufacture the drugs and the companies that produce the raw materials are from China and India. A full 80 percent of active ingredients in all brand name and generic drugs are made in India and China.

But, it is not only the potential difficulty in obtaining generic drugs that concerns me but the genuine evidence that the quality of generic drugs is in question. I recently read the book “Bottle of Lies: The Inside Story of the Generic Drug Industry” by Katherine Evan. She detailed the fraud that occurred at Indiana’s largest generic drug company and how the company had deceived regulators by submitting false data that made their manufactured drugs appear to be the same as brand name drugs. She found that deception existed across many companies. And, consumers have no way of knowing the details of the manufactured drugs that they use. We put more thoughtfulness in investigating the next make of car we might purchase than in the awareness that what we might ingest might be harmful to us.

Ms. Eban pointed out in her book that FDA investigators are an infrequent presence, and the pressure for profits is intense. A Dutch pharmaceutical executive told her “It’s like “The Jungle,”

a book that exposes the deplorable meatpacking plant conditions at the turn of the twentieth century.

As a diversion to the news of COVID-19, I would encourage you to make yourself aware of the generic drug problem thoughtfully. Read this book! On a less somber note, the VCMS Board would welcome any articles by the VCMS members. Perhaps you are performing a new procedure that you want others to be aware of.

Lastly, you are our best recruiting tool. Please share with our nonmembers the benefits of becoming a VCMS/ ISMA member. The political support for physicians at the state level by the ISMA, the quarterly seminars held by VCMS, the Wellness 360 program, plus family and social events is an extraordinary value.





Finding the Positive

During any crisis, I think it is essential to find the positive wherever you can. Over the past month, as we all try to sort through what has been going on, I thought it would be good to share what has happened that is good in our world, state, and community since COVID-19 has invaded our lives. It seems everywhere I look and every news update that flashes across my phone, I see new cases, new deaths, and much uncertainty of how long this assault will last.

But I must say with this new life of staying home; I have seen much greatness amongst us all. I wanted to highlight just a few positive things that have occurred since COVID-19 has darkened our doors.

- Videos of people in Italy singing together from their balconies.
- Disneyland closing down but then donating all of their extra food to a food bank in Orange County.
- Distilleries that once made bourbon now making hand sanitizer and some of them giving it away for free.
- Cell phone companies are giving unlimited data and pausing late fees – Internet providers providing free public wi-fi.
- Neighbors are helping those out who need groceries or supplies but can't risk getting out to get them.
- Local manufacturers such as Berry Plastics are stepping up production and making face masks.
- People are showing appreciation to our healthcare workers all around the world by either turning on lights or applauding, making signs for them to see.
- Local restaurants are offering free lunches and dinners to our first responders and health care workers at the hospitals.
- Volunteers are spending countless hours making masks to help out with the shortages at the hospitals.
- Medical students are volunteering to provide childcare for physicians who are needing daycare.

I hope you've witnessed some of these acts of kindness and that they have brought you joy. I hope that you have got to get outside to feel the warm sun on your face and hug your loved ones during this time of uncertainty.

Personally I have slowed down. Now that I am working at home while also homeschooling, I have learned to be more patient and laugh a little more. (For those of you that know me, I didn't think to laugh more would be possible.) I have seen nothing but kindness when I do have to get out and pick up food at the store from others that are in the same boat as me. I have learned to not take things like going to church for granted. I stood holding my family's hands during virtual church in my living room and cried because I missed being in church, but understand it is necessary, and God is still with us. I have wanted so badly to hug my mother when I am dropping food off at her door but know that with her Asthma, I can not take that chance. I do appreciate that I can still facetime with her and my oldest daughter in Indianapolis. These are different times we are living in and ones that we will never forget. I pray that each and every one of you stays healthy and knows how much we all appreciate you putting yourself at the front lines of this battle for us. I am hopeful that this publication will bring you some information that is needed and maybe even a smile or two in the process.

COVID-19 INFORMATION |

HELP NEEDED?

The medical students are also asking if there is anything they can do to help since they are not permitted to complete clinical rotations. Please let me know if there is something any of you need that they could assist with.

Telemedicine:

The ISMA has obtained a new telemedicine portal that can be used. It is called Dr. First. It is HIPPA compliant, and the cost is \$300 per physician or user per year. For more information refer to the following link: https://www.ismanet.org/ISMA/Membership/Benefits/Member_Only_Benefits/DrFirst.aspx

There was a webinar this morning regarding the latest information using telemedicine that provided information on:

1. Understanding the legal framework
2. Recognizing the types of communication modalities available
3. Comprehending the new reimbursement framework modalities
4. Rules pertaining to prescribing, administering & dispensing of legend drugs, and controlled substances via telemedicine.

If you missed the webinar, there will be a link available later this week. I will send this out as soon as it is up and running.

FFCRA (Families First Coronavirus Response Act):

It would best to consult with an attorney, but the basics are as follows:

- This is for entities under 500 employees.
- Employers must provide 80 hours of paid sick leave for coronavirus related reasons
- Leave must be taken continuously and cannot be used intermittently
- Eligible immediately (no waiting period)
- Act effective dates are April 1st - December 1st
- Qualified Reasons - Employee subject to state or federal quarantine or isolation order related to COVID-19. Has been advised by healthcare workers to self-isolate. Is seeking an appointment for COVID-19 symptoms. Is caring for self or others.
- The pay is different depending on the qualified reasons, so please check this.
- Capped at 80 hours
- Overtime paid in regular time - not OT rate
- Grace period (for errors in reporting or payment) until April 18th
- [dol.gov/sites/dolgov/files/WHd/posters/FFCRA_Poster_WH1422_Federal.pdf](https://www.dol.gov/sites/dolgov/files/WHd/posters/FFCRA_Poster_WH1422_Federal.pdf) print out this poster and have displayed in your break area.

For more information, please refer to this website: <https://www.dol.gov/agencies/whd/pandemic/ffcra-employee-paid-leave>

FMLA revisions:

This was covered, but not as extensively, so my advice would be to refer to the following link for the details.

<https://www.dol.gov/agencies/whd/fmla/pandemic>

Please click here to view a bulletin from the Indiana Department of Insurance. Please look this over as this is in regards to Insurance coverage during this time.

See below from Jennifer Wiggins from Aegis Malpractice Solutions for questions you may have regarding recent changes:

<https://www.aegismalpractice.com/malpractice-insights/2020/3/23/covid-19-malpractice-coverage-questions-answers>

PAYCHECK PROTECTION PROGRAM (PPP) INFORMATION

The Paycheck Protection Program (PPP) authorizes up to \$349 billion in forgivable loans to small business to pay their employees during the COVID-19 crisis. **All loan terms will be the same for everyone.**

The loan amounts will be forgiven for as long as:

- The loan proceeds are used to cover payroll costs, and most mortgage interest, rent, and utility costs over the 8-week period after the loan is made; and
- Employee and compensation levels are maintained.

Payroll costs are capped at \$100,000 on an annualized basis for each employee. Due to the high demand for these funds, it is anticipated that not more than 25% of the forgiven amount may be for non-payroll costs.

Loan payments will be deferred for 6 months.

When can I apply? Applications can be submitted on April 3, 2020.

Where can I apply? First Federal Savings Bank and Home Building Savings Bank will be happy to assist you with your application.

Who can apply? All businesses – including nonprofits, veteran’s organizations, Tribal business concerns, sole proprietorships, self-employed individuals, and independent contractors – with 500 or fewer employees.

What do I need to apply? You will need to complete the Paycheck Protection Program loan application and submit the application with the required documentation to us.

What other documents will I need to include in my application? You will need to provide us with the following:

- Pay costs, including benefits;
- 2019 Business Tax Returns and if not filed yet please provide Year-to-Date 2019 Profit & Loss statement.
- Interest on mortgage obligations, incurred before February 15, 2020 (a recent mortgage statement)
- Rent, under lease agreement in force before February 15, 2020 (a lease statement or copy of lease)
- Most recent copy of utility bills. These can include water, internet electric and phone.

How large can my loan be? Loans can be up to 2.5 times your average monthly payroll costs from the last year. There is a cap of \$10 million.

How much of my loan will be forgiven? You will owe money when your loan is due if you use the loan amount for anything other than payroll costs, mortgage interest, rent, and utility payments over the 8 weeks after getting the loan. Due to the high demand, it is anticipated that not more than 25% of the forgiven amount may be for non-payroll costs.

You will also owe money if you do not maintain your staff and payroll.

- **Number of Staff:** Your loan forgiveness will also be reduced if you decrease your full-time employee headcount:
- **Level of Payroll:** your loan forgiveness will also be reduced if you decrease salaries and wages by more than 25% for any employee that made less than \$100,000 annualized in 2019.
- **Re-Hiring:** you have until June 30, 2020 to restore your full-time employment and salary levels for any changes made between February 15, 2020 and April 26, 2020.

How can I request forgiveness? You can submit a request to the lender that is servicing the loan. The request will include documents that verify the number of full-time equivalent employees and pay rates, as well as the payments on eligible mortgage, lease, and utility obligations. You must certify that the documents are true and that you used the

forgiveness amount to keep employees and make eligible mortgage interest, rent, and utility payments. The lender must make a decision on the forgiveness with 60 days.

What is my interest rate? 0.50% fixed rate.

What is the loan term? Two years.

When do I need to start paying interest on my loan? All payments are deferred for 6 months; however, interest will continue to accrue over this period.

Can I pay my loan earlier than 2 years? Yes. There are no prepayment penalties or fees.

Do I need to pledge any collateral for these loans? No. No collateral is required.

Do I need to personally guarantee this loan? No. There is no personal guarantee requirement. ***However, if the proceeds are used for fraudulent purposes, the U.S. government will pursue criminal charges against you. ***

What do I need to certify? As part of your application, you need to certify in good faith that:

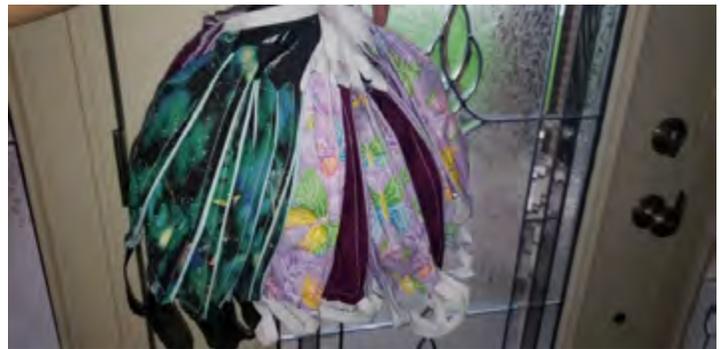
- Current economic uncertainty makes the loan necessary to support your ongoing operations
- The funds will be used to retain workers and maintain payroll or to make mortgage, lease, and utility payments.
- You have not and will not receive another loan under this program.
- You will provide to the lender documentation that verifies the number of full-time equivalent employees on payroll and the dollar amounts of payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities for the eight weeks after getting this loan.
- Loan forgiveness will be provided for the sum of documented payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities. Due to high demand, it is anticipated that not more than 25% of the forgiven amount may be for non-payroll costs.
- All the information you provided in your application and in all supporting documents and forms is true and accurate. Knowingly making a false statement to get a loan under this program is punishable by law.
- You acknowledge that the lender will calculate the eligible loan amount using the tax documents you submitted. You affirm that the tax documents are identical to those you submitted to the IRS. And you also understand, acknowledge, and agree that the lender can share the tax information with the SBA's authorized representatives, including authorized representatives of the SBA Office of Inspector General, for the purpose of compliance with SBA Loan Program Requirements and all SBA reviews.

THANK YOU! |

The VCMS would like to thank Julie Weyer of Lifetime Financial Growth for organizing volunteers along with her own family in making over 300 masks for our local hospitals who were in need.



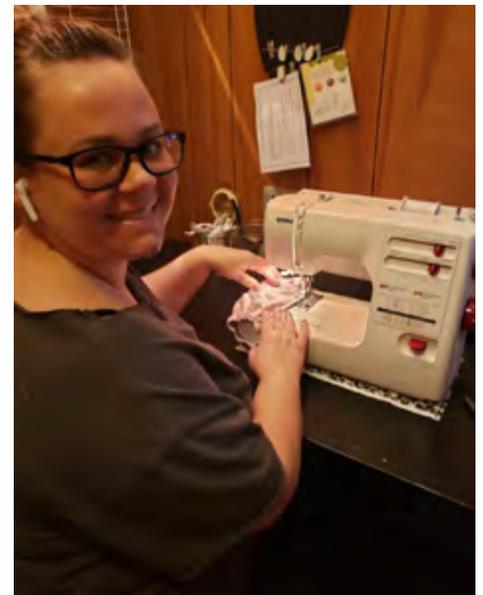
Julie Weyer and daughter making masks



Tommy Brown



Hallie & Adalyn Brown



Kristal Brown

A LETTER TO MY OLD COMMUNITY

DR. BARNEY MAYNARD

Many years ago, I was allowed the privilege to write my opinions in The Monitor. The time came to a stop, and I retired. I moved to the Hilton Head area in 2013. But I try to keep up with the community that gave Kelda and me, and our daughters, such a good life for thirty-one years.

We are just at the start of a pandemic. I hope and pray Evansville, and the Tristate are spared great grief. But what I know is that the physicians of Evansville will respond.

When I joined the health care community of Evansville in 1981, I learned very shortly what a closed knit community it was.

And I also learned that despite differences, despite different alliances, our physician community could come together.

The medical community came together to create at both St. Mary's (sorry, it will always be St. Mary's to me,) and Deaconess an upgraded emergency services level. And in the very early morning hours of November 6, 2005, it was tested when an F3 tornado ripped through south Evansville and Newburgh. Twenty-five souls lost their lives in minutes. But dozens upon dozens of victims were treated in the two hospitals just as the planning had set up. It was a magnificent display of what a prepared health care system can do. And, of course, got very little public play because the public simply expects that of our health care system, which is precisely as it should be.

Now, my old colleagues and those who have come after me to practice medicine in Evansville, it will be up to you all to stand up to something none of us would have dreamed, a worldwide viral pandemic. I know you are all up to this. And in the end, the people of Evansville and the Tri-state area expect this of you and know you can do what is needed. You will not get thanks for this because you will do it well and what is expected of you. But remember that for this old physician from Evansville, I am so proud of what you do and what you will do.

I wish you all well. Stay safe.

Wash your hands. Hug your family.
Barney Maynard, M.D.



WE LOVE HEARING FROM OUR MEMBERS!!!

If you have content you would like to contribute for the Monitor please contact Chris at 812-475-9001.

ISMA keeps its members up-to-date by creating a COVID-19 Resource webpage

COVID-19 Resources

ISMA wants to ensure Indiana physicians have access to the most relevant and up-to-date information on the 2019 Novel Coronavirus (COVID-19). We will strive to keep our members informed by compiling information from the Centers for Disease Control and Prevention (CDC), Indiana State Health Department (ISDH), American Medical Association (AMA) and other reputable sources, while not contributing to the overload of material that is available.

ISMA will continually update this page in consultation with Ripley County Health Officer David Welsh, MD, who is also a member of the AMA Council on Science and Public Health and an ISMA past president.

Please refer to the following website to stay up-to-date regarding COVID-19.

<https://www.ismanet.org/ISMA/Resources/Coronavirus%20Resources.aspx>

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1910 CELEBRATING 110 YEARS 2020

VANDERBURGH COUNTY
MEDICAL SOCIETY

ANNUAL GOLF SCRAMBLE

Schedule of Events

11:00am - Registration

Noon - Shotgun start

5:30pm - Awards Reception



NEW DATE! AUGUST 24

COST PER FOURSOME: \$500

Includes: green fees, golfcart, lunch, playergift 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

The Vanderburgh Medical Alliance

Since 1929—Dedicated to the health of our community



The annual IU Medicine Evansville Scholarship and Awards Banquet took place recently at the Evansville Country Club where \$225,000 was awarded to IU School of Medicine students. Evansville is second only to Indianapolis in medical student scholarship awards. The VMA awarded a total of \$12,000 to four students.

VMA members were also on hand to award scholarships on behalf of member endowments as well as representing area donors.



Don't forget our style show!

Want to share some support?

Contact Heidi Lance—812-202-0813

Sitting Pretty for a Cause

**THIS EVENT HAS BEEN
RESCHEDULED FOR NOVEMBER 17**

**DoubleTree by Hilton
601 Walnut St., Evansville**

1. Three words that describe you: Driven, compassionate, Christian
2. What was your first car? 1982 Maroon Monte Carlo
3. Dream vacation: the Italian Dolomites or Haute Route around Mont Blanc
4. What is the last book that you read? (laughs out loud) I don't read for pleasure. Audiobook – "Trust First" by Bruce Deel
5. What is your favorite possession? Backpack and hiking boots
6. What do you like to be doing when you aren't treating patients? Hiking, rock climbing, and hot yoga
7. What would you do with ten million dollars? Tithe, invest, retire, and start a trust fund for our travel ministry.
8. What is your greatest accomplishment? Staying married for almost 27 years.
9. What is your greatest regret? Choosing not to summit Gokyo Ri in the Himalayas.
10. What advice would you give a physician just starting in practice? Set boundaries and take time for self-care.
11. When and where were you the happiest? The age of 20, when I got married and went to Hawaii for our honeymoon. We had no money. I was a waitress while going to school. We were opening wedding envelopes, hoping we had money to pay for our food at such fancy restaurants as the Jolly Roger and Pizza Hut!
12. Favorite food? Neapolitan-style pizza. Preferably in Italy with ample wine, but in Evansville – Pangea is my favorite.
13. What was your first paying job? Long-John Silvers.
14. What do you pretend not to want? To be an ultra-runner.
15. What is your most marked characteristic? Insomnia.
16. What do you most value in friends? Trustworthiness, willingness to pray for me, and respect that I'm just not a "hugger."
17. Secret vice: YouTube hiking and climbing videos on my iPad before I try to go to sleep. See #15!
18. Favorite musician: I love most genres of music. I can't name a favorite, as it depends on my mood. I just saw the Lumineers!
19. How do you hope to be remembered? As a woman deeply rooted in Christian Faith, who lived life to her fullest potential.
20. Favorite thing to do when no one is looking? Pretend that I am a professional drummer on my PlayStation Rock Band set. They are like the real thing, right?
21. Behind my back, people say...: She needs sleep and estrogen!
22. People would be surprised if they knew: I am always preparing for the Zombie apocalypse. I want to be prepared to help my family survive and stay one step ahead of the Zombies. Food, shelter, and protection. I'm always scouting. I hope the Zombies in my world are the slow ones. The nimble ones freak me out!
23. If you had not become a physician, what would you have been? First responder or guide in mountaineering and climbing.
24. Biggest fear: Dementia.
25. When did you first realize that you were an adult? Laying the floor, holding up my first daughter, she vomited, and it went into my mouth! I still thought she was adorable, and I didn't want to give her back!
26. What would you like your epitaph to be? I prefer not to have one. I want to give my children a challenge to spread my ashes in some really cool places. Ultimately, it is not what I say about myself, but more of how I live.
27. What was the number one reason that you joined the Medical Society? To connect with the medical community, form relationships, and identify opportunities to serve.



WHEN THE WORLD STOPPED AND PAUSED

LOUIS B. CADY, M.D.



The COVID 19 pandemic is upon us. Already, some of our brothers and sisters in medicine in this country have died serving on the front lines of this battle. I have seen writers for newspapers marvel at the courage of our colleagues at the forefront of this deadly contagion. As physicians and health care people, we kind of take this in stride. “Of course, I’m going into the hospital.

It’s my job. People need me.” But that still doesn’t take into consideration what creates that courage.

An essay by the great Earl Nightingale helped me understand this. In “The River or the Goal,” Mr. Nightingale wrote about the difference between “River People” and “Goal People.” “Goal People” are those that set goals and worked to achieve them. They are admirable. “River People,” on the other hand, are those who throw themselves into a great flowing river of passionate interest. It could be science. It could be music. But for them, work is play. Work is what they DO. Work is their identity. Their profession is their recreation. They spend time happily splashing around in their river.

It’s not that they’re workaholics: they just enjoy and thrive – at their deepest level – in pursuing their profession.

I once heard a surgical resident quip to another during my internship year at Mayo Clinic, “The only bad thing about being on call every other night is that you miss half the good cases!”

That is us.

That is how we are, and that is our dedication to the profession and the mystery and the wonder of the science, the human contact, the differential diagnoses, and, yes, the heroic interventions to save and prolong life.

For us, “the river” that we splash and play about in daily is the greatest adventure of our lives.

It is inconceivable for us to say, “No, I don’t think I’ll go in today.” After work, we may strip buck naked in our garage and shower at the first bathroom as we get into our houses, but we go. It’s not simply courage, pure and simple. It is, to be sure, courage, coupled with our dedication and love for a profession – our “river.”

In terms of thinking about how we relate to COVID 19 and the new social realities of “social distancing and our own possibilities of “morbidity and mortality,” many medical professionals are now making their wills. Many don’t know if they will come through this unscathed. Every day when we leave home, it may be the last time. We may not see our family for 14 days – if we’re lucky, or never again – if we’re not lucky. Anesthesiologists, ER docs and support staff, and critical care personnel are all at risk. Anesthesiologists doing intubations on COVID 19 patients seem to be at higher risk. Personal protective gear is still in short supply.

A new study in JAMA Network Open (Lai J et al.) [1] objectively evaluates the “factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019.” This was a study of 1,257 health care workers in 34 hospitals equipped with fever clinics or wards for COVID-19 patients. Many health care workers experienced symptoms of depression, anxiety, insomnia, and distress. Women and nurses were singled out as higher risk, as well as those patient-facing health care professionals responsible for the diagnosis, treating, or providing nursing care.

So – if you are on the front lines, intubating people, caring for them, checking possible infected patients in drive-up tents, telling family members that their loved one just died – whatever: recognize that if you are having feelings of anxiety or depression, it’s not because you are “weak” or “not passionate enough” about medicine. It’s because you’re human. Stress will do that to a person. Even doctors.

I have several suggestions for your mental and physical health, both holistic and psychiatric:

Even though standard allopathic medicine does not regard “adrenal stress” or “Hypoadrenia” as a “real thing,” it is. It’s also published in peer-reviewed studies and has its very own ICD-10 code. Simply because you’re not staggering into an ER in full-blown Addisonian crisis doesn’t mean that your adrenals aren’t stressed. This will turn your energy gauge in your body down towards zero. It will also increase your risk of infection or inflammation if you get infected, and your ability to fight back.[2] Ensure that you are getting enough sleep. The growth hormone is secreted in delta wave (slow-wave) sleep, and you have to get enough

sleep to have a ghost of a chance of getting enough delta. Growth hormone (measured downstream with IGF-1) is a pluripotent hormone that helps with energy, retention of bone mass, libido, sleep, retention of muscle, and decrease in visceral adiposity and cardiovascular disease risk. It also improves your brain and cognition. It's something you want an optimal amount of in your body. Sleep deprivation has been linked to a decreased amount of IGF-1, as well as adiposity, and, of course, fatigue.

This is your time to eat nutritiously. Try to avoid the fast food, the snacks, the sugar-laden goodies that will spike your blood sugar, and then leave you crashed on the side of the energy highway. Eat more vegetables. Eat fruit (no fruit juice). Eat plenty of protein.

Don't put the crushing fatigue you may be experiencing down as you're "not being as young as I used to be." Again, it's called being human. Overwhelming stress, long hours, questions of your likelihood of surviving this until the other side – all are going to make you fatigued, if not flat out depressed. And, to make matters worse, the more fatigued you are, the more likely you are to make mistakes.

If you are depressed, get help fast.

Recognize that all patients are not going to survive. In *The House of God*, one of the rules was that "The good ones always die." You will have loss. It is not your fault. This can be a maliciously destructive virus.

Recognize, as you are dealing with decisions, that you are doing the best you can. That is all anyone can ask of themselves.

You may be more isolated during this time. My advice is to do everything you can to express your love for your family, your spouse, your God or Prophet, your friends, and your coworkers. One of the axioms that I have practiced and taught my sons is to "Leave nothing left unsaid." When you are at home with your loved ones and before your shift, don't leave anything left unsaid. To your staff and your colleagues, leave nothing left unsaid. To your children – even if they are isolated and away from you - leave nothing left unsaid.

If you become flat-out isolated with COVID 19 status, reach out to people by phone, Facetime, Skype, whatever. This goes double with your family. Have a virtual drink – or coffee, or milk - together. Call them up and sit there and sip the libation of your choice while you talk. Human contact is affirming.

Remember that nothing is forever – and that includes COVID 19 and your and my lives. It is a scientific reality and a pervasively existential question. My advice is to resolve – while you are living and you are practicing – to throw yourself with abandon into the river of our profession and do the very best you can to eliminate the suffering, the morbidity, and the mortality of our patients and our medical brothers and sisters who will become infected.

This morning, on the way to work, I stopped to stock up on groceries. As I passed one hard-working middle-aged woman who was massaging an impressive amount of merchandise onto the shelf, I paused and said, "Thanks for being here and keeping the shelves stocked." She turned to me, stunned, and then with a big smile, said, "What you're saying is I should probably keep coming to work." She was clearly touched. And then I enjoyed the human contact with the checker on the way out. Never was the wonder of shared humanity so clearly impressed upon me during this time of crisis, particularly as I was considering this essay.

People are out there working, delivering the mail, stocking the shelves, filling the scripts, and keeping our lights and power on. As the great Jim Rohn once remarked, "All of us need each of us, and each of us needs all of us."

In this time of crisis, let's remember that. Let's treat ourselves – as well as others – with understanding and compassion. Let's be realistic about our human and physiological limits.

And let's get through this... together.

Dr. Cady is the founder and CEO of Cady Wellness Institute in Newburgh, IN. His practice is devoted to conventional as well as holistic psychiatry and integrative medicine.

[1] Lai J et al. Factors associated with mental health outcomes among health care workers exposed to Coronavirus disease 2019. *JAMA Netw Open*. 2020;3(3):e203976. doi:10.1001/jamanetworkopen.2020.3976

[2] Chrousos GP. The hypothalamic-pituitary-adrenal axis and immune-mediated inflammation.

NEJM, May 1995. (This is not "new news.")

RELAX DOCUMENTATION REQUIREMENTS DURING THE COVID-19 PANDEMIC

AN ARTICLE FROM
KEVIN PHO, M.D. ONLINE

BY
P. DILEEP KUMAR, M.D., M.B.A.

The Centers for Medicare & Medicaid Services announced several measures guiding the care of patients during the current COVID-19 pandemic. Another important action that will immensely help the health care workers at the forefront is to reduce the documentation requirements for all patients. Health care workers should be unshackled from endless documentations freeing up their time and resources to take care of the increasing number of patients. CMS, insurance carriers, and other regulatory agencies demand a slew of documentation for billing. This results in health care workers spending more time in front of a computer rather than with the patient. Most of these documentations are duplicative or add little value to the care of patients, like pertinent negatives. A moratorium on the current billing documentation requirements should last till we are able to control the COVID-19 pandemic. Physicians and nurses should be permitted to document the necessary minimum for billing purposes and regulatory compliance.

An example of the proposed initial hospital history and physical note (level 3 visit) of a typical COVID-19 patient.

A 68-year-old man with a past medical history of COPD and CHF was admitted with cough, shortness of breath and bilateral interstitial pneumonia. COVID-19 test is positive. Patient is being treated with antibiotics, bronchodilators and experimental antiviral medication. He is saturating 92 percent on 4 liters of oxygen.

On examination, vitals are stable. Lungs bilateral rhonchi.

CXR interstitial pneumonia, CBC leukopenia and thrombocytopenia.

Assessment and plan: Acute COVID-19 interstitial pneumonia, continue medications, monitor lytes, guarded prognosis. Risk of death or adverse consequences high.

The complexity of medical decision making could be captured from a few sentences in the assessment and plan section. A follow-up note (level 3 visit) might look like this:

This 68-year-old man admitted with acute COVID-19 and interstitial pneumonia is on bronchodilators, antibiotics and antivirals. Shortness of breath increased today. Oxygen saturation stable.

Examination: stable vitals, persistent rhonchi.

CXR showed slight worsening. Sodium 120.

Plan: Acute COVID-19 with interstitial pneumonia. Continue current medications and monitoring. No indication of ARDS. Hold off IV steroids. Check for SIADH. Risk of death or adverse consequences remains high.

Nursing documentation can also be simplified along these lines. Currently, nurses document the same data every so often, amounting to cutting and pasting. They should be able to document meaningful information less frequently in the EMR.

Simplifying the documentation will help physicians, such as intensivists to focus on the care of patients. This will be important in case of an intensivist/physician shortage, which is happening in Italy right now.

Hospital billing criteria should also be relaxed during this crisis to ease the pressure on physicians to document extensively. Instead of forcing the hospitals to comb for every minute details in the chart in an attempt to add several co-morbidities to obtain the correct level of reimbursement, payments could be based on the average DRG payment the institution received for a particular diagnosis during previous years.

Caregivers should be able to share physical examination findings unless there is an acute change in the patient's condition. A single examination policy will avoid unnecessary close contact with the patient by several providers and also will save on personal protective equipment (PPE). Other initiatives, such as reducing the frequency of checking vitals and finger stick blood sugars and corrective insulin administration, will reduce documentation volume.

These measures should also be applicable to the outpatient setting where resources can be stretched thin. As always, CMS and other agencies should conduct periodic audits to detect any irregularities or systematic fraud.

These actions will go a long way in helping our health care workers during the current COVID-19 pandemic. We need them to take care of the sickest patients and not to produce voluminous notes.

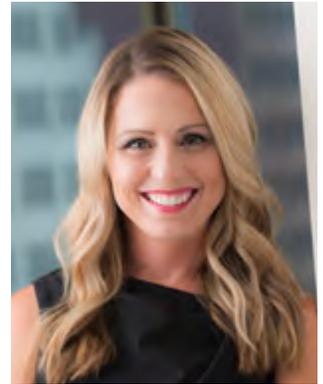
P. Dileep Kumar is a hospitalist.

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.

I wanted to pass along the latest bulletin from the Indiana Department of Insurance with some noteworthy items that may affect some of your members. I've been sending this to my clients and key contacts in Evansville, but if you'd like to share it on a larger scale with VCMS, please feel free to do so.

Here's a quick high-level:

1. Moratorium on policy cancellations and non-renewals; allowing a grace period of 60 days for any premium payment between 3/19 – 5/18 and special consideration given to non-renewals
2. Reminder of cost-sharing and prior authorizations for COVID-19 testing
3. Temporary suspension of requirements for providers participating in the Indiana PCF to hold an Indiana license; meaning out-of-state providers can be enrolled in the fund without being licensed
4. PCF will continue to honor part-time rates for part-time providers working above and beyond their normal hours in response to COVID-19



We also just published a blog this week with some malpractice coverage FAQs, summarizing the current position of the largest carriers and offering links to their resource pages. We're seeing a lot of movement on the carrier front... for example, TDC is offering free coverage for retired docs who come back to help with the COVID-19 crisis and MagMutual is paying for hotels so that providers have a safe place to stay away from home. Very interesting times. Here's the link:

<https://www.aegismalpractice.com/malpractice-insights/2020/3/23/covid-19-malpractice-coverage-questions-answers>

THE LETTER IS
POSTED BELOW:



888.51AEGIS [888.512.3447]
[aegismalpractice.com](https://www.aegismalpractice.com)
jennifer.wiggins@aegismalpractice.com



Indiana Department of Insurance

March 26, 2020
Bulletin 252

Due to the declaration of a public health emergency throughout the State of Indiana as a result of the coronavirus disease 2019 ("COVID-19") and the issuance of Governor Holcomb's Executive Order 20-05, on March 19, 2020, the Indiana Department of Insurance (IDOI) issues this bulletin to assist consumers, businesses, and entities regulated by the IDOI.

1. Moratorium on Policy Cancellations and Non-Renewals

The IDOI requests all insurance companies and HMOs in Indiana to institute a moratorium on policy cancellations and non-renewals of any insurance policy in effect for a policyholder in Indiana to allow a grace period for any policyholder in Indiana for a period of 60-days for any premium payment due from March 19, 2020 to May 18, 2020.

This moratorium is not a waiver; it is only an extension of the period in which to pay the premium and a suspension of any penalty attached to late payment therein. After the 60-days, the

Insurers and HMOs must cover testing services and treatment for COVID-19, and waive cost-sharing amounts, including deductibles, copayments, and coinsurance for COVID-19 testing or treatment associated with health care provider office visits, urgent care center visits and emergency department visits that result in an order for or administration of testing.

Insurers and HMOs must waive any prior authorization for COVID-19 testing services and treatment, which thereby enabling members receive care as soon as possible without any administrative and management barriers.

In addition, the IDOI encourages the use of telemedicine in all reasonable instances in connection with testing, screening, and treatment of COVID-19, and to waive any cost-sharing for the use of telemedicine related to testing, screening, and treatment of COVID-19 to ensure policyholders have access to this critical preventive care.

Finally, while self-funded and employer-sponsored group health plans are not regulated by the IDOI, the IDOI would like to remind the sponsors of self-funded plans that Families First Coronavirus Response Act Public Law 116-127 (H.R. 6201), requires coverage of COVID-19 testing and treatment by self-funded plans.

3. Suspending of Requirement for Indiana Licenses

In response to the COVID-19 pandemic, and to ensure healthcare access to all Hoosiers, Governor Holcomb has directed IDOI Commissioner Stephen W. Robertson to temporarily suspend requirements for providers participating in the Indiana Patient's Compensation Fund (PCF) to hold an Indiana license. Out-of-state licensed providers are eligible for the credits and rate reductions listed in [Rule 21](#) and [Rule 60](#).

The enrollment process for out-of-state licensed providers to participate in the PCF will be similar to current procedures for in-state licensed providers. When filing a certificate of insurance for an out-of-state provider not licensed in Indiana, the provider's insurance carrier or agent will first notify the PCF staff by sending an email to PCF-COI@idoi.IN.gov with the provider's:

- Full name, including middle initial or middle name
- A copy of the current license from the provider's home state
- Full business address (addresses are visible to the public at <https://www.indianapcf.com/>)
- Indiana ISO (specialty class) code
 - ISO Codes recognized by Indiana can be found in [Rule 60](#) (Rule 60 rates set by [Bulletin 247](#) and [Bulletin 251](#)) and [Rule 21 Rates](#).

Enrollment requests are processed by the end of the next business day whenever possible; however a large number of requests could result in a delay. Please allow up to 2-3 business days for entry. Once you receive a provider ID from the PCF, you will be able to proceed with filing the certificate of insurance coverage.

Online filing of certificates of coverage for out-of-state providers will be conducted by the out-of-state provider's insurance carrier or agent using the PCF online system located at <https://secure.in.gov/apps/idoi/certificates/>. For any questions, please e-mail PCF-COI@idoi.IN.gov.

In addition, pursuant to Executive Order 20-05, the IDOI waives the 30-day deadline for the payment of surcharge for up to 60 days, making the surcharge due and payable within 90 days. No penalties will be incurred because of late or delayed surcharge payments for up to 90 days

from the effective date of coverage. These provisions regarding part-time providers and retired physicians are effective for the duration of time that Executive Order 20-05 is in force.

Moreover, under the Indiana Medical Malpractice Act, Ind. Code 34-18-1-1, health care providers must pay a surcharge to be qualified in the Indiana Patient's Compensation Fund. Providers employed less than full-time are eligible to pay a decreased surcharge based on their part-time status. In the event that any part-time providers work above and beyond their part-time hours in response to the COVID-19 pandemic, the PCF will honor their part-time qualification status for all hours worked.

Retired physicians, or other providers not currently participating in the PCF who mobilize in response to the COVID-19 pandemic and wish to have PCF coverage will need to qualify pursuant to standard procedures. However, as noted above, under Executive Order 13(A), no penalties will be incurred because of late or delayed surcharge payments for up to 90 days from the effective date of coverage. These provisions regarding part-time providers and retired physicians are effective for the duration of time that Executive Order 20-05 is in force.

Questions regarding this bulletin should be directed to Heather Alford at HALford@idoi.IN.gov 317-232-2421.

INDIANA DEPARTMENT OF INSURANCE


Stephen W. Robertson



**Congratulations to Livia Hopper, second-year IUMS-E student.
Livia was the recipient of the VCMS Scholarship for 2020.**

L to R: Heidi Dunningway, MD, Livia Hopper, Chris Patterson, Ken Spear, MD & Mark Royer, MD

Congratulations Livia!



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THE AMERICAN RED CROSS

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EXECUTIVE DIRECTOR
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The American Red Cross now faces a severe blood shortage due to an unprecedented number of blood drive cancellations in response to the coronavirus outbreak. Healthy individuals are needed now to donate to help patients counting on lifesaving blood.



American Red Cross

Individuals can schedule an appointment to give blood with the Red Cross by visiting [RedCrossBlood.org](https://www.redcrossblood.org), using the Red Cross Blood Donor App, calling 1-800-RED-CROSS or enabling the Blood Donor Skill on any Alexa Echo device.

As the coronavirus pandemic has grown here in the U.S., blood drive cancellations have grown at an alarming rate. To date, nearly 4,000 Red Cross blood drives have been canceled across the country due to concerns about congregating at workplaces, college campuses and schools amidst the coronavirus outbreak. These cancellations have resulted in some 100,000 fewer blood donations. More than 80% of the blood the Red Cross collects comes from drives held at locations of this type.

The Red Cross is committed to blood drive safety

“We know that people want to help, but they may be hesitant to visit a blood drive during this time. We want to assure the public that blood donation is a safe process, and we have put additional precautions in place at our blood drives and donation centers to protect all who come out.

The Red Cross has implemented new measures to ensure blood drives and donation centers are even safer for our donors and staff, including:

- Checking the temperature of staff and donors before entering a drive to make sure they are healthy.
- Providing hand sanitizer for use before the drive, as well as throughout the donation process.
- Spacing beds, where possible, to follow social distancing practices between blood donors.
- Increasing enhanced disinfecting of surfaces and equipment.

At each blood drive and donation center, Red Cross employees already follow thorough safety protocols to help prevent the spread of any type of infection, including:

- Wearing gloves and changing gloves with each donor.
- Routinely wiping down donor-touched areas.
- Using sterile collection sets for every donation.
- Preparing the arm for donation with an aseptic scrub.

There is no data or evidence that this coronavirus can be transmitted by blood transfusion, and there have been no reported cases of transfusion transmission for any respiratory virus including this coronavirus worldwide.

“Volunteer donors are the unsung heroes for patients in need of lifesaving blood transfusions. If you are healthy, feeling well and eligible to give, please schedule an appointment to give now,” added Hrouda.

Upcoming blood donation opportunities:

The blood drive schedule is changing daily. Please visit [RedCrossBlood.org](https://www.redcrossblood.org), call 1-800-RED

CROSS or use the Red Cross Blood Donor App to find the most current list of open blood drives online.

Blood donation process

To donate blood, individuals need to bring a blood donor card or driver's license or two other forms of identification that are required at check-in. Individuals who are 17 years of age in most states (16 with parental consent where allowed by state law), weigh at least 110 pounds and are in generally good health may be eligible to donate blood. High school students and other donors 18 years of age and younger also must meet certain height and weight requirements.

Donors can also save up to 15 minutes at the blood drive by completing a RapidPass®. With RapidPass®, donors complete the pre-donation reading and health history questionnaire online, on the day of donation, from a mobile device or computer. To complete a RapidPass®, follow the instructions at RedCrossBlood.org/RapidPass or use the Red Cross Blood Donor App.

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WHY TOILET PAPER? A DOCTOR TRIES TO EXPLAIN

AN ARTICLE FROM
KEVIN PHO, M.D. ONLINE

BY RADA JONES, M.D.

I roll in my bed, unable to sleep. I listen to BBC talk about the craziness that took over the world, preoccupied with this one question.

What question?

It's not: "Why, Corona?" For that, I already have more answers than I want.

Scientists say that COVID-19 is an animal virus. It spread to humans from bats or pangolin due to close proximity in a seafood market, much like its older siblings SARS and MERS. Some well-informed people on Facebook told me that COVID-19 is biological warfare sent by the Chinese to bring down the US. My Trump supporter friends think it's all a hoax invented by the Democrats and perpetuated by the media. Others think it's a virus sent by Gaia to save the Earth to stop overpopulation, global warming, and overconsumption.

It's not: "What's going to happen?"

Better minds than mine have tackled the issue. They predicted the virus will peak, then stick around to join the other viruses plaguing us every winter: Flu A, B, and others I won't get into. Other bright minds disagree.

Nothing to do with the markets. They already fell into disrepair, and they'll take years to recover. Recover they will, eventually. It's all good unless you need your money now. But, since you can't go anywhere, can't meet anyone, and can't buy anything, you should be safe.

It's not even about the U.S. elections. These days, the right and the left are so far apart that the middle vanished. Between "Make America Great Again" and "Make America Socialist," the center is only there for the rest to attack. We're not purist enough. Not white enough. Not feminist enough. Not angry enough. Not young enough. Not whatever enough. These days, compromise is a dirty word. But I digress.

The question that keeps me up at night is: Why toilet paper, out of all things? You may think that's funny, and maybe it is. But I'm serious. This is happening everywhere in the world, from the US to Japan, the UK, and Australia. Even Thailand. People clean out store shelves like the apocalypse is coming, for a disease with no digestive manifestations. As in, you won't over-poop.

Why? Because people are stupid? I don't think so. If so, they'd buy stocks, cruises, lottery tickets, or life insurance from companies that are about to go bust.

Some experts say that people need to feel in control. That makes sense. But then, why TP? Why not toothpaste? Chocolate? Pizza? Ice-cream? Wine? Heating fuel? Gasoline? Canned goods? All gone, of course, now that the TP is gone.

For full disclosure, let me tell you: I'm an expert in stockpiling. I've lived in Communist Romania. Our phone would ring at 6 a.m.: "They're bringing toilet paper this afternoon. The corner of Republicii with Armata Rosie. I'll hold you a place. Half an hour, no more. They'll rip me apart."

Other times it was sugar; lemons; pork trotters – we called them "sneakers"; laundry detergent. If you think you're an expert in stockpiling, I can out-expert you most days of the week. I take Mondays off. I hate them. That's a sore remnant from my ER days.

Back to my point: why toilet paper? That's what I came up with. Feel free to add.

1. It serves a basic need. People poop and pee. In our society, keeping clean is a must. Our cave-dwelling ancestors pooped too, even without toilet paper. I know that for a fact. Chinese started using paper for this purpose in the 6th century. The west took its time: Joseph Gayetty invented toilet paper in 1857, but splinter-free toilet paper didn't come until 1935.

2. People need to feel in control. Buying TP checks off one thing off a long, scary list.

3. Toilet paper takes a lot of room. You feel like you got a lot for your money. One pack will fill a cart, and make a dent on that shelf. Things like tuna, coffee, or string cheese won't look like much.

4. It's affordable. A family can stock up on six months of toilet paper for \$40. Think about what it costs to stock up on six months of wine, ice-cream, steaks, or gas.

WHY TOILET PAPER? A DOCTOR TRIES TO EXPLAIN I

5. **It doesn't need refrigeration.** That's good, since the fridge is already full.
6. **It has so many uses.** Cleaning your privates, but also blowing your nose, cleaning after the dog, cleaning the kid's paintbrushes, or using it as napkins, like many Thai people do.
7. **It doesn't go bad.** If this pandemic ever goes away, you can still use it next year.
8. **If you have to be stuck inside for months, you'd rather be stuck with companions sporting clean assets.**
9. **You can trade it.** A roll of TP may be worth a case of beer or a gallon of ice-cream these days.
10. **It's almost gone since everybody has stocked up on it.** You don't want to be the only one using newspaper. Let alone having your kids share that with their friends. So, you buy that last pack.
11. **We're social creatures.** We're inclined to do the same thing the others do. What if they know something you don't? You yield to the wisdom of the crowd, to keep safe.

So, there are many good reasons for intelligent, decent people to fight for toilet paper. They try to do what's best for their loved ones in these scary times of extreme uncertainty. Most of them would trade you. Even give you some if you really need it.

Remember: We, humans, survived through millennia without toilet paper. And, believe it or not, some still do. Many people use sprays to clean themselves – you could make do with a vessel of warm water and soap. You'll end up cleaner. If you have more than you need, give away a roll or two to somebody in need. It'll feel good. Plus, you never know when they'll come back and return the favor with something you really, really need. Like blood, or bone marrow, or Netflix.

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 *Stay Away From My ER*, and other fun bits of wisdom, *Mercy*, and *Overdose*.

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.



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Wellness 360

Vanderburgh County Medical Society
Better Health Through Balanced Living



The Program

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.



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/2xqMc8s) (<https://bit.ly/2xqMc8s>) to schedule your time with me to talk, get help or practice skills to better advocate for yourself at work.

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.

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.thehappyemd.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/ for more information.



3116 E. Morgan Ave., Suite F
Evansville, IN 47711
(812) 475-9001

vcmsdocs.org/wellness-360-2/

Tri-State Medical Alliance



The TSMA has been very hard at work raising money for local non-profits, but also having a lot of fun! We kicked the year off with a Halloween Party at the home of Karan Pastora. In November, we were treated to a fabulous lunch and tips on “Decorating for the Holidays” at BJ’s Home Accents. We gathered with our spouses to celebrate the holiday season with a wonderful party at the home of Dr. Jef and Neal Franklin. We also took our “sweethearts” to dinner at China Bistro in honor of Valentine’s Day. Our regular membership meetings continue in March, as we gather at Mulberry Jeans Accents to hear about the health benefits of tea, let Patty Lackey polish up our etiquette skills, and finish the day off with High Tea! In April, we will award our 2020 Community Outreach grantees at a luncheon. The May meeting will round out our year with the installation of a new Board of Directors at the home of Anita Watkins. At this meeting, we will honor our founders, and Jody Risner will be teaching us about the great things we can do with an Insta-pot.

As you can see, we are having a busy year...and are already planning new and exciting things for next year! We hope you will find something that interests you and join us!



Want to know more?

Web: tristatemedicalalliance.org

Email: tristatemedicalalliance@gmail.com

Facebook: Tri-State Medical Alliance, Inc.



A PESTILENCE UPON US

MICHAEL B. HOOVER, M.D.

I can't really see any point in writing the column this month because, by the time you read it, we will all be dead. In case you hadn't noticed, there is a significant lag time between my writing your bi-monthly missal and you reading it. This is usually four to six weeks, and by that time, the Black Death that is COVID-19 will have wiped out the population of the world. Well, maybe not everybody in the world, but almost.

No, it's true. I read it on Facebook.

I get all my news and information on Facebook because it has proven to be so reliable over the years. One post said that there would eventually be eighty million cases in The United States, and with a death rate of three percent, that means twenty-four million U.S. citizens would die (their math, not mine. Maybe it was the same arithmetic whiz who said if Bloomberg had given the \$500 million he spent on his campaign to the people, he could have given every American a million dollars and still have had change left over.) I've also read that it's a plot by Donald Trump to manufacture a crisis, a plot by the Democrats to bring down Trump, a plot by the Chinese to get even for the recent trade agreement which they thought was disadvantageous to them, a plot by North Korea to wipe out its enemies (mostly everyone) a plot by Iran to wipe out the Christian world, and a plot by Thanos to cull the universe (OK, so I made that one up.)

Oh, you don't rely on Facebook as your primary source for news? Well, the conventional news media is not much more encouraging. They have replaced all of their usual important news stories, such as a dog in Nebraska who can bark The Star-Spangled Banner, a man in Lodi, California who found a cockroach in his MacDonald's salad, and a disgruntled customer who is suing Chick-fil-A for not being open on Sunday, with 24/7 coverage of every new case, and of course, every new death. Yes, every death is serious, but I haven't seen reports of every new death from the flu, automobile accidents, cancer, or cardiovascular disease. I guess you have to fill that twenty-four-hour news cycle up with something, and if hyping it to the hilt gets you more viewers, so much the better.

Maybe, just maybe, it would be a good idea to rely on what experts have to say about COVID-19. The CDC and the Surgeon General have extensive information about this disease, and many publications are available from these reliable sources. My reading of this information says that COVID-19 is a highly contagious disease, but the virulence is low. Many, if not most, people who contract it will have minor or even no symptoms. The mortality is less than the flu, but it can be lethal to people who are immune deficient, people who have underlying diseases, and to the elderly (Thank God that leaves me out.) Children seem to be resistant. It is spread via respiratory droplets, and the virus can survive a significant length of time on surfaces. There is still a low chance of acquiring the disease in The United States.

So, dare I say, let's be sensible (I actually know that you, my colleagues, will be sensible.) Wash your hands. Don't touch your face. Disinfect, insofar as is possible, common surfaces with which you come into contact.

If you have flu-like symptoms, avoid those who are more likely to suffer severely from the virus. Wear a mask to prevent giving the disease to others. It won't stop others from giving it to you.

If you have underlying health problems or are immune suppressed, avoid crowds and traveling on common carriers.

Remember that swine flu was going to kill us all, Ebola was going to kill us all, Bird flu was going to kill us all, Zika was going to kill us all, and yes, something will eventually kill us all. Still, maybe, if we're lucky, it won't happen before you have had a chance to read my timeless words in the next edition of The Monitor.





MEMORABLE DESTINATIONS & DOCTORS OUTBOUND

If you would like your recent family vacation photo (non-scenic) in future Monitor Publications, please email cpatterson@vcmsdocs.org.



Dr. Barney Maynard with his wife Kelda celebrating their 50 wedding anniversary by getting remarried on the Island of Taha'a, French Polynesia. The ceremony was officiated by the captain of the Paul Gauguin cruise ship.



Yay God team Patagonia Argentina with Dr. Heather Schroeder



Vacation photo - Chip, Allyson, & Heather Schroeder at Perito Moreno Glacier in Patagonia, Argentina.

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Robert M. Franklin, MD.....	4/6
Jeffrey W. Selby, MD	4/6
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William A. Tortoriello, MD	4/9
Karl W. Sash, MD.....	4/13
Steven K. Elliott, MD	4/14
Jay H. Woodland, MD	4/15
William C. Fisher, MD.....	4/16
Matthew R. Lee, MD.....	4/16
Meredith I. Gamblin, MD	4/17
Kim A. Volz, MD.....	4/17
Brent E. Cochran, MD, FAAP.....	4/18
Quentin B. Emerson, MD	4/18
L Ralph Rogers, MD	4/19
Christopher L. Sneed, MD	4/21
Margaret H. Vickers, MD.....	4/21
Patti J. Binder, MD.....	4/22
Thomas W. Kimmel, MD	4/23
John W. Beman, MD.....	4/24
Jeffrey W. Olson, MD.....	4/26
Thomas E. VonderHaar, MD	4/26
Mark E. Shockley, MD.....	4/28
Max J. Kremzar, MD	4/28

May

David L. Whitney, MD	5/1
Cindy M. Basinski, MD	5/2
Ivy Paw, MD.....	5/2
Daniel W. Whitehead, MD, FACR	5/2
Guido P. Gutter, MD.....	5/4
David L. Cottom, MD	5/5
Charles W. Lackey, DO.....	5/5
Wayland G. Blikken, MD.....	5/7
William G. Carey, MD	5/8
Omar M. Dukar, MD	5/8
Gary E. Underhill, MD	5/8
Jacklyn M. Oakley, MD.....	5/9
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Douglas J. Doty, DO	5/13
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