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Evansville Indiana

Volume 37 | Issue 1

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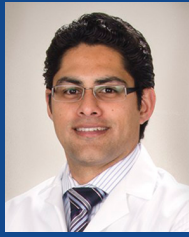
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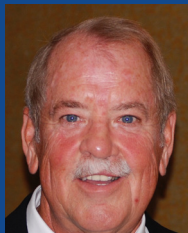
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The Vanderburgh County Medical Society is an Alliance of Physicians dedicated to the promotion of the Art and Science of medicine, to the continual Improvement of Community Health, and to the Advocacy and Protection of the Patient Physician Relationship. 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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Wellness 360

Vanderburgh County Medical Society

Better Health Through Balanced Living



VCMS Members receive:

- **Wellness 360°** – A program offering confidential whole-person care in a safe, supportive environment where medical professionals receive a customized plan to promote a healthy life balance
- Two complimentary sessions with Health and Wellness coach, Social Worker and Financial coach that includes a Legacy Planner
- Spouse Access to Wellness 360°, which includes a complimentary session with Health and Wellness Coach
- Discounted coaching with Dike Drummond, MD Team
- Wellness, Financial, and Legal Seminars provided with coaching and CME
- Discounted Auto Buying Concierge Program through Kenny Kent Toyota
- Home buying concierge program through Team McClintock (Talk To Tucker)
- Advocacy for physicians and patients at the state and local levels that includes a forum to submit your legislative concerns
- Bi-monthly informative newsletter, "The Monitor"
- Validation of your training and your membership for patients
- Social Mixers
- Interactive family events that include your children of all ages
- Executive Board Member Opportunities

WHY YOU MIGHT WANT TO FILE EARLY AND ANSWERS TO OTHER TAX SEASON QUESTIONS

JANUARY 31, 2023

The IRS announced it opened the 2023 individual income tax return filing season on January 23. That's when the agency began accepting and processing 2022 tax year returns. Even if you typically don't file until much closer to the mid-April deadline (or you file for an extension), consider filing earlier this year. The reason is you can potentially protect yourself from tax identity theft.



Here are some answers to questions taxpayers may have about filing.

How can your tax identity be stolen?

In a typical tax identity theft scam, a thief uses another individual's personal information to file a fraudulent tax return early in the filing season and claim a bogus refund.

The actual taxpayer discovers the fraud when he or she files a return and is told by the IRS that the return is being rejected because one with the same Social Security number has already been filed for the tax year. Ultimately, the taxpayer should be able to prove that his or her return is the legitimate one, but tax identity theft can be time consuming and frustrating to straighten out. It can also delay a refund.



Your best defense may be to file early. Why? If you file first, the tax return filed by a potential thief will be rejected.

What are this year's deadlines?

This year, the filing deadline to submit 2022 returns or file an extension is Tuesday, April 18 for most taxpayers. The due date is April 18, instead of April 15, because the 15th falls on a weekend and the District of Columbia's Emancipation Day holiday falls on Monday, April 17.

If you're requesting an extension, you'll have until October 16, 2023, to file. Keep in mind that an extension of time to file your return doesn't grant you any extension of time to pay your taxes. You should estimate and pay any taxes owed by the regular deadline to help avoid penalties.

When will your W-2s and 1099s arrive?

To file your tax return, you need all of your Form W-2s and 1099s. January 31 is the deadline for employers to issue 2022 W-2s to employees and, generally, for businesses to issue Form 1099s to recipients of any 2022 interest, dividend or reportable miscellaneous income payments (including those made to independent contractors).

If you haven't received a W-2 or 1099 by February 1, first contact the entity that should have issued it. If that doesn't work, ask us how to proceed.

CONTINUED ON NEXT PAGE

Are there any other advantages to filing early?

In addition to protecting yourself from tax identity theft, another advantage of early filing is that, if you're getting a refund, you'll get it sooner. The IRS expects most refunds to be issued within 21 days. The time may be shorter if you file electronically and receive a refund by direct deposit into a bank account.

Direct deposit also avoids the possibility that a refund check could be lost, stolen, returned to the IRS as undeliverable or caught in mail delays.

Need assistance?

If you have questions or would like an appointment to prepare your return, please contact us. We can help ensure you file an accurate return and receive all of the tax breaks to which you're entitled.

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PHYSICIAN ADVOCACY WEEK

MARCH 13-16, 2023

ISMA DAY AT THE STATEHOUSE

MARCH 15, 2023



Large turnout needed March 15 for ISMA Day at the Statehouse

ISMA Physician Advocacy Week at the Indiana Statehouse, March 13-16, is an opportunity for physicians, medical students and society staff to connect with their legislators and share important information on legislative proposals that impact the practice of medicine in the Hoosier State.

Monday
March
13

Welcome to Physician Advocacy Week

Participants will receive a packet of advocacy materials, including tips for communicating with legislators, information about the legislative process, how to schedule a meeting, and background and talking points on pressing legislative topics.

Email your legislators

Use your advocacy materials and clinical experience to introduce yourself and discuss the importance of ISMA legislative priorities. State legislators want to hear from their constituents, especially those who know firsthand the impact of potential legislation on the practice of medicine. Watch for an alert from ISMA complete with talking points and instructions on how to connect with your state legislators.

Tuesday
March
14

'Call your legislator' phone blitz

Call your legislators' offices in the Statehouse to share your thoughts on ISMA's priority bills. Consistent, ongoing communication on legislative topics is important to educating lawmakers about important pieces of legislation and, more broadly, about issues affecting the practice of medicine.

Wednesday
March
15

ISMA Day at the Statehouse

Put on your white coat and join us at the Indiana Statehouse in Indianapolis for a day of advocacy on behalf of your profession and your patients! There will be opportunities to work with your colleagues, to meet with legislators, and advocate for the practice of medicine. If you plan to attend, please **REGISTER** at www.ismanet.org/PhysicianAdvocacyWeek to help staff know how many to expect and allow us to schedule a legislator visit if you are interested in doing so. ISMA will provide lunch and all the materials you need to be a strong advocate!

Thursday
March
16

Stay connected

Building and maintaining relationships with lawmakers is critical to ensuring Indiana remains a great place to practice medicine. Advocacy is not something you do in addition to your practice. Rather, advocacy is part of your practice. Take the lessons learned and connections made during Physician Advocacy Week and continue building relationships with your local lawmakers.

Use the Find Your Legislator tool on the Indiana General Assembly website to find contact information for your state senator and state representative at any time.

ISMA staff stands ready to assist you with scheduling, talking points, or other resources you need to stay connected. Please contact advocacy@ismanet.org with questions!

www.ismanet.org/PhysicianAdvocacyWeek

FROM PATIENT-CENTERED CARE TO PAPERWORK-CENTERED PRACTICE: THE DECLINE OF PRIMARY CARE

AN ARTICLE FROM
KEVIN PHO, M.D. ONLINE

BY
LESLIE SALTZMAN, MD
PHYSICIAN
MARCH 2, 2023

A lot has been written about physician burnout, often it is attributed to the administrative burden, with some estimates that U.S. physicians spend an average of 1.84 hours a day completing documentation outside work hours. I've felt for some time that the administrative burden in primary care is increasing, but not due to the commonly cited endless EHR clicks or the burden of insurance companies' forms and prior authorizations. It's the way the role of the primary care physician has changed and how impossible it is to coordinate care across an ever-expanding range of health care settings.

When I first started practicing in 2008, there were no urgent care centers, walk-in clinics, telemedicine providers, or online "solutions" targeting patients with complaints of hair loss, decreased libido, ADHD, and menopause. As a result, I saw my patients much more frequently, typically a few times a year, and I knew them much better. The coordination of care was mostly limited to specialists and hospitals. At the time, not all patients had copays, and for those that did, they were in the range of \$5 to \$20. Depending on the plan, preventive visits were often subject to copays. Although I did schedule patients for dedicated preventive visits, I was much more flexible about visits and mostly focused on what was most important for patient care. If a patient came in for a blood pressure follow-up, I would remind them that they were overdue for cervical cancer screening and write their prescription for a mammogram. Because I saw patients frequently, updating the chart at the preventive visit wasn't laborious because many updates were made throughout the year.

In the past, the day of a primary care physician consisted mostly of follow-up appointments and sick visits with a few preventive visits mixed in. Today it's the reverse- most of the day is preventive visits. These appointments are a nightmare; frequently, they consist of a catch-up for an entire year or more. In addition to screening, immunizations, and anticipatory guidance, there is the piecing together of the hodgepodge of care delivered in urgent care or the prescriptions started by nameless online providers. Patients come in with a list of all the things they want to address, a list of the new prescriptions they want you to take over, and the doctor is faced with a dilemma. Do I address the patient's needs or stick to the preventive visit agenda and tell them to make a follow-up, which they often won't do due to the high cost of their copay or their deductible?

When I finish seeing patients, there are messages, labs, and documents to review and charts to complete. To complete many charts, I log into the hospital EHR, which is part of a health care exchange, to review the care they have received across settings so I can make sure that I'm not missing the abnormal lab, the diagnosis they don't know about, the reason the medication was discontinued. This work cannot be delegated to a medical assistant because half the time, I don't even know what I'm looking for, I know that more information is needed for me to care for my patients well.

The current state reminds me of the attempts to control a pest by introducing a natural predator resulting in the unintentional extinction of another species. In this case, insurance companies promoted urgent care and telemedicine offerings to reduce avoidable ER visits and made preventive visits \$0 to encourage care; in the process, they created a system of fragmented care and what is feeling like the eventual death of primary care.

Leslie Saltzman is an internal medicine physician.

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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REQUIESCAT IN PEACE

KEN SPEAR, M.D.
VANDERBURGH COUNTY
HEALTH OFFICER

I saw today that the last of my old surgery professors died late last year. Dr. H. Harlan Stone died at the age of ninety-two. It seems strange to me now that he was only seventeen years older than I was during my residency. He seemed a lot older. He was a superb, down-to-earth surgeon, great educator, and noted researcher. He had a sign on the wall behind his desk which read, "God heals, and the physician accepts the fee." Humility was a quality he demanded in all of his residents, and he frequently reminded us that a good outcome for the patient did not necessarily mean there was good care by the doctors. If any house staff member ever had a problem with one of the nurses, he had a quick answer.

"Doctor, this hospital has a lot of difficulties hiring and keeping nurses. There are two hundred people who want your job. I suggest you keep that in mind in all of your dealings with the nurses."

He was a perfect southern gentleman, and during my entire five years at Grady Memorial Hospital, I never heard him say a word naughtier than "damn" or "hell." Yet he could verbally excoriate you in a heartbeat and make you feel like crawling under the nearest "Rolls Royce" mop bucket. We could see Oakland Cemetery from the fourth-floor windows, and one of his favorite beat-downs, usually aimed at interns or first-year residents, was, "Look out there at those tombstones. They're only a fraction of the number of people you're going to kill with your attitude and work ethic. Or my personal favorite, saved for senior and chief residents, "Dr. Hoover, do you even know how to care for these patients, or do you just not care whether they live or die?" At all times, we worked under the threat of instant dismissal, but as we matured in our training, we learned that as long as Dr. Stone was loudly and publicly threatening to fire us, we were okay. It was only when he quietly commanded you to step into the ward office that you knew you were in real trouble.

The great thing about Dr. Stone, which made all his residents respect him, was that he had our backs. Not only was he available to help us out in a challenging trauma situation, but he also reserved the right to verbally abuse us to himself. If during a Morbidity and Mortality conference, some other professor tried to berate or belittle any of his residents, he stepped in immediately and claimed complete responsibility, and blocked any barbs that might be aimed at us.

He had many other sayings that I still recall and repeat. Some were his own creations, and some he plagiarized from other great surgeons, but he was certainly the first person I ever heard say them.

"A chance to cut is a chance to cure." Self-evident and oft-repeated.

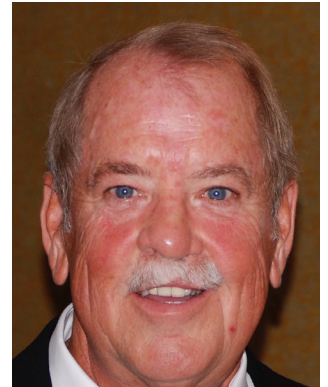
"If surgery is hard, you're doing it wrong." It sounds flippant, but many times when I have found a case not going well or seeming very difficult, I stop and ask myself, "What am I doing wrong," I corrected the circumstances and proceeded with much less struggle.

"The only thing more dangerous than an intern with a pencil (allowed to write orders) is a second-year resident who just read an article." He would state this the other way around, depending on which level trainee he was speaking to.

"The road to hell is paved with good intentions." Traditional and self-evident.

"No matter how good a study looks, it's no good at all if the author is a liar," I asked him how we were supposed to know who was and wasn't a liar. His answer was, "Just ask me; I know all of the liars."

I don't think they're making them like Dr. Stone anymore. Maybe it's a good thing. He cared very little about whether he hurt our feelings or whether we were achieving our desired lifestyle. He only cared about patient care and that he was training a generation of surgeons who knew how to help and not hurt patients. I think he achieved his goal, and I think of him often.



ANSWERS TO YOUR QUESTIONS ABOUT 2023 LIMITS ON INDIVIDUAL TAXES

FEBRUARY 14, 2023

Many people are more concerned about their 2022 tax bills right now than they are about their 2023 tax situations. That's understandable because your 2022 individual tax return is due to be filed in 10 weeks (unless you file an extension).

However, it's a good time to familiarize yourself with tax amounts that may have changed for 2023. Due to inflation, many amounts have been raised more than in past years. Below are some Q&As about tax limits for this year.

Note: Not all tax figures are adjusted annually for inflation and some amounts only change when new laws are enacted.



I didn't qualify to itemize deductions on my last tax return. Will I qualify for 2023?

In 2017, a law was enacted that eliminated the tax benefit of itemizing deductions for many people by increasing the standard deduction and reducing or eliminating various deductions. For 2023, the standard deduction amount is \$27,700 for married couples filing jointly (up from \$25,900). For single filers, the amount is \$13,850 (up from \$12,950) and for heads of households, it's \$20,800 (up from \$19,400). If the amount of your itemized deductions (including mortgage interest) is less than the applicable standard deduction amount, you won't itemize for 2023.

How much can I contribute to an IRA for 2023?

If you're eligible, you can contribute \$6,500 a year to a traditional or Roth IRA, up to 100% of your earned income. (This is up from \$6,000 for 2022.) If you're 50 or older, you can make another \$1,000 "catch up" contribution (for 2023 and 2022).

I have a 401(k) plan through my job. How much can I contribute to it?

In 2023, you can contribute up to \$22,500 to a 401(k) or 403(b) plan (up from \$20,500 in 2022). You can make an additional \$7,500 catch-up contribution if you're age 50 or older (up from \$6,500 in 2022).

I periodically hire a cleaning person. Do I have to withhold and pay FICA tax on the amounts I pay them?

In 2023, the threshold when a domestic employer must withhold and pay FICA for babysitters, house cleaners, etc. who are independent contractors is \$2,600 (up from \$2,400 in 2022).

How much do I have to earn in 2023 before I can stop paying Social Security on my salary?

The Social Security tax wage base is \$160,200 for this year (up from \$147,000 last year). That means that you don't owe Social Security tax on amounts earned above that. (You must pay Medicare tax on all amounts that you earn.)

CONTINUED ON NEXT PAGE

If I don't itemize, can I claim charitable deductions on my 2023 return?

Generally, taxpayers who claim the standard deduction on their federal tax returns can't deduct charitable donations. For 2020 and 2021, non-itemizers could claim a limited charitable contribution deduction. Unfortunately, this tax break has expired and isn't available for 2022 or 2023.

How much can I give to one person without triggering a gift tax return in 2023?

The annual gift exclusion for 2023 is \$17,000 (up from \$16,000 in 2022).



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ISMA UPDATE |

2023 Opioid CME Webinar Series

Women, Mental Health, and Addiction

Accredited for 1.0 AMA PRA Category 1 Credits™

Thursday, March 9

Noon – 1 p.m. ET

Registration required.



The 2023 Live Opioid CME Series is FREE for members and nonmembers thanks to support by a State Opioid Response Grant from:



Indiana Family and Social Services Administration
Division of Mental Health and Addiction

Women often begin substance use because of family or partner use, a mood disorder such as depression or anxiety, or an eating disorder. Women who have a substance use disorder (SUD) are also more likely to have experienced trauma such as sexual or physical abuse or abuse during childhood. In this webinar, **Carolyn Warner-Greer, MD**, medical director of the Bowen Recovery Center in Fort Wayne, will provide guidance about the particular needs of women dealing with an SUD, as well as approaches to treating and supporting them, including key messages and recommendations for screening and assessment.



Carolyn Warner-Greer, MD, MS

About the 2023 Opioid CME Series

Each webinar in this series counts toward the 2.0 hours of CME on opioid prescribing or abuse required to renew a Controlled Substance Registration in Indiana by the Oct. 31, 2023, deadline. Additional sessions will focus on other timely topics.

CONTINUED ON NEXT PAGE

Upcoming webinars in the series

Registration for additional webinars in the **Live Opioid CME Series** is now open at www.ismanet.org/events or by following the individual links below.

Date	Title	Speaker
March 9	Women, Mental Health and Addiction	Carolyn Warner-Greer, MD, MS
April 13	Opioid Use Disorder Treatment: A Primer for PCPs	Christopher Suelzer, MD
May 4	Inpatient Medications for Opioid Use Disorder: Reducing Harm and Saving Lives	Amy LaHood, MD
May 11	Novel Drugs of Abuse	Olawale Ojo, MD, MSC
June 8	Opioids and the ED: Become a Prudent Prescriber	Thomas Gutwein, MD
July 20	Substance Use Treatment During Pregnancy	Mary Pell Abernathy, MD, MS, MBA
Aug. 10	Opioid Weaning and Legacy Patients	Palmer Mackie, MD
Sept. 14	Emergency Department Buprenorphine Induction	Krista Brucker, MD
TBD	Racial-Ethnic Disparities in SUD Treatment	

Finding purpose and peace in the second-half-of-life

The concept of retirement is changing. Dramatic changes in medicine have produced rapid increases in longevity. It is now possible for individuals to live longer in their retirement years than in their first-half-of-life work/career. Before COVID-19, Baby Boomers were retiring at a rate of 10,000 per day, but since the pandemic, that number has grown, including for physicians and other medical professionals. There is now clear evidence that the medical professionals who make the best transition from full-time active practice into retirement have addressed not only financial planning questions but also have made a clear-eyed assessment and plan to address three crucial questions: *Why, How, and What's Next?*

For generations, the “ideal” retirement was portrayed as a prolonged vacation without the stress of the work-a-day world. But for many retirees—including high-achievement professionals—the reality of retirement is often less satisfying and more stressful than expected. Much attention has rightly been given to the financial planning aspects of retirement. Still, often we fail to make a similar investment to ensure that our retirement is sufficiently stimulating and satisfying. Consequently, too many high-achieving professionals find themselves “busy” but suffering in a lackluster retirement, disillusioned, and sometimes too isolated for their own good.

Retirement and human flourishing are not theoretical concepts for me. I am both a researcher into physician well-being and burnout/suicide prevention and have transitioned into a “new retirement” following a long career in healthcare. What I discovered from my research and my own journey has changed the trajectory of my retirement.

From my experience, medical professionals are curious; lifelong learners need to feel useful and want to live a meaningful life. These needs don't change with retirement. As a researcher focused on physician flourishing, my team identified elevated stress/burnout periods during medical education, training, and medical practice. We especially looked for an association between elevated burnout scores and increased suicidal ideation. What I didn't expect to find was that the highest risk of suicide—not signaled by professional burnout—had a noticeable uptick beginning at age 60, especially for male physicians. There was no attention being given to this alarming insight. While early retirement may seem “ideal,” the reality is that physicians who retire “early” (before the age of 60) report some of the highest levels of retirement dissatisfaction.

Throughout my journey, I learned three things:

1. The decision as to *when* one transitions out of a full-time clinical/professional or an administrative role should be an individual choice.
2. The transition into retirement is as much or more a psychological, relational, and spiritual decision than a financial one.
3. Physicians and other high achievers experience a better retirement outcome if their decisions are informed by good personal data, a reasonable action plan, and have the support of an experienced retirement coach.

Fortunately, services to help you make a successful retirement transition are available through the Wellness 360 program at the Vanderburgh County Medical Society.

In upcoming issues, we will address the 15 lifestyle factors that most impact retirement satisfaction. However, if you are nearing age 60, or are any age and considering retirement in the next two years, or have already retired, I invite you to learn more about the dedicated services of the *Medical Professionals Retirement Institute (MPRI)*TM. Our Evansville-based

CONTINUED ON NEXT PAGE

PURPOSE-FILLED RETIREMENT

services include assessment tools, vocational counseling, retirement coaching, and spiritual direction, all of which have been designed to help you answer your most pressing retirement questions of *Why, How, and What's Next?*

To learn more about the *Medical Professionals Retirement Institute (MPRI)*[™], a division of **Forbes Well-Being Advisors**, visit www.forbeswellbeingadvisors.org or call (812) 459-1058 for a FREE, no obligation Discovery Call. Vanderburgh County Medical Society members receive a free consult plus a \$300 discount off the cost of the *Retirement Options* assessment. Wellness 360 clients receive a free consult. Services are available in-person and via a secure ZOOM platform.

Rachel Forbes Kaufman is a member of the VCMS's Wellness 360 team. Kaufman is the president of Forbes Well-Being Advisors and the Founding Director of the *Medical Professionals Retirement Institute (MPRI)*[™]. Any reference to this text should be appropriately attributed to the author.



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VANDEBURGH MEDICAL ALLIANCE NEWS



The VMA welcomed 2023 with a general membership meeting program presented by master gardener and Alliance member, Debbie Bizal. Members were treated to a Power Point presentation featuring the beautiful, ever-changing gardens of Debbie and Fran Vix.

In addition to monthly general membership meetings, members enjoy two monthly social activities, Foodie Group and Book Club. The Book Club usually meets at Oak Meadow Country Club at noon and the Foodies meet at various restaurants over the lunch hour. We



invite those eligible to be Alliance members (spouses or partners of physicians or physicians) to attend any of the social and fundraising activities and join our organization. Information about the VMA may be found on our newly designed website, vanderburghmedicalalliance.org and on the VMA public and VMA members only Facebook pages.

Mark your Calendars! Planning is underway for our annual fundraiser style show, "Say Yes to the Dress," Thursday, April 6 at 6:00 pm in Bally's Convention Center.

Our annual Holiday Party was held Friday December 2nd at the Rumjahn Gallery and the Valentine Party was held February 10th at the home of Jami and David Carlson. All VCMS members and VCMS and VMA prospective members are always welcome! These parties are perfect opportunities to stop by after work, enjoy delicious food, a glass of cheer, and visit with colleagues and friends.

We hope to see you soon!

Vanderburgh Medical Alliance
Website: vanderburghmedicalalliance.org



New Date!

FREE ADMISSION FOR VCMS MEMBERS



VCMS
TRIVIA NIGHT

Brought you by
Hamilton Pointe

Saturday,
3/25/23

Hamilton Pointe
3800 Eli Place
Newburgh, IN
Cocktails at 06:00 pm
Dinner at 6:30 pm
Trivia 7:00 - 9:00 pm

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Member? Be
our guest
and find out
how to
become a
member!



RSVP to Cpatterson@vcmsdocs.org or 812-475-9001
Adults only please!

PRIZES

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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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- Pricing – Vanderburgh County Medical Society pricing for each vehicle.
- Purchase On-Line and Trade-In On-Line are available. Delivery of a vehicle may occur at an office, home, or the Kenny Kent Toyota or Kenny Kent Lexus dealership.
- Complimentary concierge service makes servicing very convenient. Program available Monday through Friday with drop off at 8 am and return by 2:30 pm. Designated drop off and pick up for physicians established by VCMS.
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MEMBER BIRTHDAYS |

February

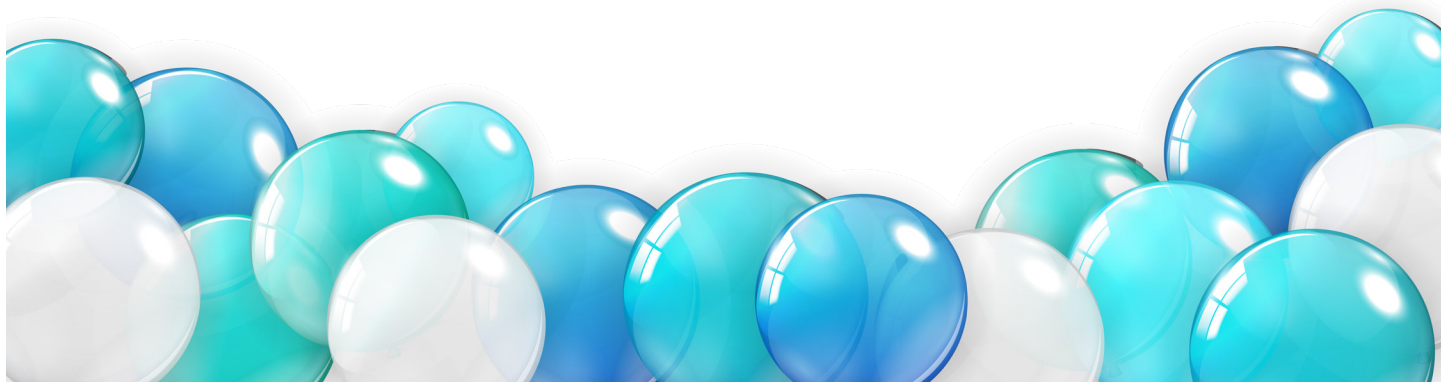
Chelsea L. Benmessaoud, MD . . .	2/1	Jason T. Samuel, MD	2/13	William P. Hardesty, MD	2/22
Arthur Bentsen, MD	2/1	Joshua M. Aaron, MD	2/14	Michael J. Barrus, MD	2/23
Caleb J. Frey, MD	2/2	Bruce A. Adye, MD	2/14	Andrea L. Jester, MD	2/23
Gregory K. Hindahl, MD	2/2	Michael B. Boyd, DO	2/14	Randy A. Lance, MD	2/23
Richard A. Riedford, MD	2/3	Alejandro G. Pontaoe, MD	2/14	Heather L. Schroeder, MD	2/23
Natasha E. Mathew, DO	2/4	Caylan D. McPherson, DO	2/15	Heidi M. Dunniway, MD	2/26
David A. Koehler, Jr., MD	2/6	Jill S. Smith, MD	2/17	Larry W. Sims, MD	2/27
Richard M. Sandefur, Jr., MD . . .	2/6	David B. Greer, MD	2/19	Geoffrey M. Geoghegan, MD . .	2/28
Anna Fehrenbacher, MD	2/7	Pavel P. Morozov, MD	2/19	Lawrence A. Judy, MD	2/28

March

James W. Hansen, MD, PhD . . .	3/1	Jared M. Cerny, MD	3/12	Chandrasekhar Cherukupalli, MD .	3/26
Robert H. Oswald, MD	3/1	Maria G. Del Rio Hoover, MD . .	3/12	Pedro R. Dominguez, Jr., MD . .	3/28
Rachel N. Kropushek, DO	3/4	Terry B. Thacker, MD	3/12	Sang-Tai Ha, MD	3/28
Richard P. Sloan, MD	3/5	William F. Johnson, MD	3/14	Curtis C. Stautz, MD	3/25
Keith A. Phillips, MD	3/6	John P. Morrison, DO	3/14	Richard W. Kincaid, MD	3/29
Donald M. Bailey, MD	3/7	Anthony L. Schapker, MD	3/14	Jack O. Williams, MD	3/29
Jared C. Hutson, MD	3/8	Kathryn T. Lannert, MD	3/15	Gregory G. Ennis, MD	3/30
Robert J. McElroy, MD	3/8	David J. Carlson, MD, FACS . . .	3/17	Zachary C. Hamby, MD	3/30
Jane Dy Lim, MD	3/9	Michael I. Carson, MD	3/17	Alexander M. Clayton, MD	3/31
Kenneth L. Nachtnebel, MD . . .	3/9	Henry W. Bockelman, MD	3/18	Christopher D. Nelson, DO	3/31
Donald E. Patterson, MD	3/9	Amanda E. Bohleber, MD	3/19	William M. Vickers, MD	3/31
Stanley P. Taraska, MD	3/10	David M. Hayes, MD	3/24		
James D. Carson, MD	3/12	Mackenzie C. Denton, DO	3/25		

April

Ronald M. Kimberlin, MD	4/1	Madison P. Plater, MD	4/16	Patti J. Binder, MD	4/22
Christine M. Riley, MD	4/2	Meredith I. Gamblin, MD	4/17	Matthew Field, MD	4/22
David P. Ten Barge, MD	4/7	Kim A. Volz, MD	4/17	John W. Beman, MD	4/24
William A. Tortoriello, MD	4/9	Brent E. Cochran, MD, FAAP . .	4/18	Jeffrey W. Olson, MD	4/26
Steven K. Elliott, MD	4/14	Quentin B. Emerson, MD	4/18	Thomas E. VonderHaar, MD . . .	4/26
Jay H. Woodland, MD	4/15	L Ralph Rogers, MD	4/19	Max J. Kremzar, MD	4/28
William C. Fisher, MD	4/16	Christopher L. Sneed, MD	4/21	Mark E. Shockley, MD	4/28
Matthew R. Lee, MD	4/16	Margaret H. Vickers, MD	4/21	Katharine A. Lasher, MD	4/29



CALENDAR OF EVENTS |

DATE	EVENT	LOCATION	TIME
March 14	Doctor's Lounge Visit	Deaconess Gateway	11:00 am - 1:00 pm
March 15	Memorial Hospital Workshop Getting Off To The Right Start Financially	Virtual	6:00 pm
March 15	VCMS Board Meeting	Virtual via Zoom	6:00 pm
March 16	Doctor's Lounge Visit	St. Vincent	11:00 am - 1:00 pm
March 22	St. Vincent Hospital Workshop Getting Off To The Right Start Financially	Virtual	6:00 pm
March 25	Trivia Night	Hamilton Pointe	6:00 - 9:00 pm
April 12	Simplifying Your Life! Part 1 of a 3-part series featuring Nutrition	Creating Salad In A Jar	6:00 pm
April 25	Presentation/Workshop: Assertive Communication & Health Boundaries (All Hospitals)	Virtual	
May 10	Simplifying Your Life! Part 2 Featuring Protein Smoothie Prep & Healthy Snacks	Creating Salad In A Jar	6:00 pm
May 17	VCMS Board Meeting	Virtual via Zoom	6:00 pm
May 18	Protecting Your Assets	Memorial Hospital	In person
May 25	Protecting Your Assets	St. Vincent & Deaconess Hospital	In person
June 7	Simplifying Your Life! Part 3 Featuring Meal Prep - Dinner Bowl Ideas!	Creating Salad In A Jar	6:00 pm
June 8	VCMS/First District Annual Meeting	Bauerhaus	TBD
July 15	Destination Wellness (Formerly Just For The Health Of It)	CMOE	10:00 am - 3:00 pm
July 19	VCMS Board Meeting	Virtual via Zoom	6:00 pm
July 29	Pathways to Wellness Large Wellness CME Event		
August 17	Retirement Workshop	St. Vincent Hospital	6:00 pm
August 20	VCMS Board Meeting	Virtual via Zoom	6:00 pm
August 31	Retirement Workshop	Memorial Hospital	6:00 pm
August 17	Retirement Workshop	Deaconess Hospital	6:00 pm
September 20	VCMS Board Meeting	Virtual via Zoom	6:00 pm
September 25	VCMS Annual Golf Scramble	Oak Meadow Country Club	11:00 am
November 8	Investing Workshop (All Hospitals)	Virtual	
November 15	VCMS Board Meeting	Virtual via Zoom	6:00 pm
December 8	VCMS Holiday Party	Venue 812	

Stay updated on future events and visit the VCMS website at <http://vcmsdocs.org/events/>



Vanderburgh County Medical Society
Evansville Indiana

Volume 37 | Issue 1

MONITOR

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