From the President:

Greetings! I am honored to be your new president of the Monroe-Owen County Medical Society. I certainly have big shoes to fill following Dr. Dan Lodge-Rigal who has represented our organization so well over the past several years. I thank him for all of his dedication and hard work on behalf of physicians and patients in our community.

For those of you who may not know me, I am a dermatologist and I have been working in private practice in Bloomington for almost six years. I did all of my medical training at Indiana University. I have been active in organized medicine since medical school and served as chair of the ISMA-Medical Student Section. I have partaken in several lobby and advocacy days in Washington, D.C., as a medical student, resident, and practicing physician. If you have never had the opportunity to advocate for your specialty or patients in person on the national level, I would highly recommend it; I have found these experiences to be influential, meaningful, and motivating. I have worked on advocacy issues on the state level recently in regards to the tanning bill which has now been signed into law. I was asked to join the MOCMS board a few years ago and have since served as an alternate delegate, delegate, president-elect and now president. I look forward to doing my part to represent and support physicians and patients in Monroe and Owen counties this year.

There is tremendous change occurring in healthcare which affects every single one of us on every level, for better or for worse including the Affordable Care Act and access to care, electronic health records and meaningful use, quality of care reporting, the repeal of the SGR, ICD-10 implementation, privacy and patient access to health records, new rules on opioid prescribing, etc. The ISMA had a strong presence at the statehouse this year and the Indiana General Assembly closed the 2014 session by passing bills which will have an impact on our practices and patients; for example, health care providers can prescribe auto-injectable epinephrine to schools or school districts (see other updates on attached flyer). The ISMA continues to work on behalf of Indiana physicians by their presence at the statehouse in regards to these bills and by their presence in the courtroom when it comes to challenges to Indiana’s tort reform laws. So what is our role as a county medical society? What influence do we have? How can we make a difference on the state level or here in our own community?

First, the MOCMS has addressed these questions in the past year by creating breakfast forums to identify and address key health obstacles/issues in our community. I am happy to say that with the help and leadership of several members including Dr. Dan Lodge-Rigal, Dr. Chad Schultheis and Dr. Lee McKinley these forums have been successful and have given rise to the behavioral health initiative that Dr. McKinley addresses in his article in this newsletter. Please read his article to familiarize yourself with our progress and let us know if you would like to contribute as we bring this initiative to fruition. Thank you, Dr. McKinley for your vision and leadership!

The county medical society serves as a collaborative voice of physicians in our community with a direct line to the state medical association. If there is an important community health issue you would like addressed, consider bringing it to the MOCMS. If you are interested in changing laws or practices in the state, write a resolution for the ISMA (see featured article in this
As a group, we support several health and wellness oriented organizations in our community. Should we do more? Should we be more visible as an organization in our community? What other issues are important to you that may be important to all of us? Would you like to become more involved? These are questions we are asking you in the enclosed survey that will also be distributed via email in a few days. Please take 5 minutes to complete it. Your input is valuable in making our medical society relevant, enjoyable, and effective.

I look forward to working with you all in the upcoming year to strengthen our organization, continue the efforts and vision of my predecessors, and improve the health of our community.

Sincerely,

Carrie L. Davis, MD
President
Monroe Owen County Medical Society

Primary Care Access to Behavioral Health Services

Lee McKinley, M.D., FACP

Under the leadership of Dr. Dan Lodge-Rigal, members of the society had a series of breakfast meetings to explore opportunities to assist regional physicians. The consensus was to focus on behavioral health access. Since then, presentations were made by several stakeholders including physicians, each with his/her own view of whether access is adequate, integrated into the care process and sustainable. Over 50% of behavioral healthcare actually occurs in a primary care setting, but only 11% of this care is evidence based(1)!

Speaking as a primary care physician, I’ve always been confused about what behavioral health is. According to the American College of Physicians it includes mental and substance use disorders. It involves cognitions, emotions and behaviors which we historically perceive as “not medical conditions”. I’m quite comfortable referring a patient with chest pain to a cardiologist but not so comfortable knowing to whom to refer behavioral health disorders. I recently referred a patient to a clinical psychologist for cognitive behavioral therapy; when the patient arrived he was told that the provider only did psychoanalysis! To make things more complicated, my electronic health record contains a referral list of behavioral health providers compiled by IT and listed by name. This is not helpful. There’s also a wide disparity in regards to insurance coverage, ability to handle patients with combined mental and substance abuse disorders (very common), and the number of visits required prior to my patient seeing a prescribing provider. I proposed that we create a more provider-friendly listing by what physicians/patients really need such as:

- Depression/anxiety/sleep (CBT)
- Acute psychosis/bipolar-refusing admission
- Detox
- Counseling- addiction/grief/eating disorders/marital/abuse
- PTSD
- Adult ADD/ADHD (or just bad grades?)
- Psychiatry (pharmacotherapy)
- Psychoanalysis (do they still use the Freudian couch?)
- Suicidality
Other opportunities the work group identified include creating a non-aligned community resource center, standardized provider handoffs, operating agreements between systems and my favorite: the co-location of behavioral health/primary care, as Premier Healthcare has done. Keeping the patient at the center is the goal and will become a necessity as we move toward value-based and accountable care models. The Monroe-Owen County Medical Society will put forward a community model and provide resources to members and patients on its website in the near future. Please contribute your ideas and resources to improve it.

Ref. (1) Annals of Internal Medicine, Vol. 160 No. 1 (Mandersheid, et al)

**ISMA Resolutions – Why are they Important?**

“The ISMA is a member-driven organization. YOU are in the driver’s seat. Resolutions serve as a roadmap directing ISMA activities.” ISMA e-Reports, March 10, 2014

On March 7th, both houses of the state legislature approved the Tanning Bill, Act 50 restricting access to tanning beds for children under the age of 16. MOCMS president, Carrie Davis, MD, was instrumental in bringing the resolution to the ISMA Convention, moving the resolution forward to our legislature and then testifying about the importance of the bill to our legislators. She and others were very convincing and now the governor has signed this resolution/bill into law.

YOU can make important changes to the law, too. There are 5 steps to making a resolution:

1. Determine a clear action or stand you want the ISMA to take on an issue and reasons why.
2. Write a short title.
3. Include your name or names of ISMA members introducing the resolution.
4. Develop one or more “Whereas” statements explaining the issue and why ISMA action is requested.
5. Conclude with one or more “Resolved” statements that must stand alone and say what you want the ISMA to do in a clear and concise action plan.

ISMA e-Reports, March 10, 2014

If you write a resolution and wish to have the endorsement of the MOCMS for that resolution, please review the following:

**New Process for Seeking MOCMS Endorsement for ISMA Resolutions**

In an effort to make the support for physician authored resolutions from members of the Monroe Owen County Medical Society equitable and a reflection of all members of the Medical Society, the following procedure will be followed:

- Resolutions for the fall ISMA Convention should be submitted by electronic or hard copy to the MOCMS office by June 1st at mocms@kiva.net
- The resolution will be sent to all MOCMS members with viable email addresses for comment within 7 days.
- The resolution will then be reviewed at the Executive Committee meeting that occurs in June with input from the general membership and voted upon at that time.
- The Executive Committee endorsement will reflect a simple majority of a quorum vote.
- MOCMS endorsement, when applicable, will be sent to the ISMA by the resolution deadline.

ISMA Deadline for resolutions for 2014 is July 7th.

**DocbookMD - Your direct secure line to colleagues**

With new HIPAA policies and increased security requirements, the ISMA offers a free HIPAA-compliant application available to members for use on smartphones, iPads, and tablets. This easy-to-use app helps you communicate with your MOCMS/ISMA colleagues in a quick, secure, and compliant way. You can send messages, X-rays, EKGs, or even pictures of mutual patients.

DocbookMD is a great tool to help you improve care coordination of your patients. Sign up and start communicating more easily today! And please spread the word. Read more at www.ismanet.org/news/Docbook.htm
2014 Member Survey

The Executive Committee of MOCMS is committed to leading an organization that meets your needs as a practicing physician and adds value to your life as a member of this medical community. As practice patterns are changing, we need your input to achieve these goals. Enclosed is the “2014 Member Survey” of only 10 questions that will assist your leadership in planning for the future of the Medical Society. Please take a moment to complete this survey and return it to:

- MOCMS, PO Box 5092, Bloomington, IN 47407

If we have your email address, you will receive the survey electronically via Survey Monkey. If more convenient, please take the survey online and submit. THANK YOU!

Indoor Air Quality Considerations for Energy Efficient Homes

Charlie LaughlinCommercial Service of Bloomington

The following informational article was presented by Charlie J. Laughlin of Commercial Service of Bloomington, Inc. Commercial Services of Bloomington has been a multi-year sponsor of the MOCMS Newsletter and is entitled to write an annual article. The content of this article does not necessarily reflect the position of MOCMS.

Everyone has heard the statistic that indoor air can be several times more polluted than outdoor air. With the average person spending 90% of their time inside, the rise in respiratory ailments, both acute and chronic, may be attributed to the quality of the indoor air we are breathing.

Single exposure effects may be easy to spot; scratchy eyes, runny nose, sore throat and headaches mimic other acute allergic reactions. The best advice is to avoid exposure to whatever it was that caused the reaction. But chronic problems (asthma, reactive airway disorder, heart disease & cancer) are now being linked to long term exposure to polluted indoor air (World Health Organization http://www.who.int/mediacentre/factsheets/fs292/en/).

Studies following the effects of air quality are now pointing out the almost obvious danger in making a building envelope too tight. By code, most commercial buildings are required to have cleaner outdoor air piped inside and have stale indoor air piped outside. These “exhausters” and “economizers” keep indoor air clean and can actually reduce utility bills by up to 27% in many applications. These studies are finding that clean air requirements are not being considered in most residential applications.

Cleaner air should LEAD, not follow, the push for “Greener”, more energy efficient homes.

The fact is; the technology is available, but underutilized in most residential applications. Introducing clean, un-polluted air and exhausting stale, polluted air may have a significant impact on a person’s quality of life and their medical bills. For homes built in the last 30 years and for any home built going forward, the use of an Energy Recovery Ventilator (ERV) should be considered; especially if the occupants have respiratory ailments. An ERV efficiently removes polluted/stale inside air and replaces it with clean/fresh outside air. This simple action of introducing fresh air can help control humidity, the level of fine particulates and volatile organic compounds (VOC); all of which have been linked to respiratory ailments in adults and especially children.

Locally owned Commercial Service of Bloomington, Inc. has over 65 years of experience in residential heating, cooling and ventilation. In most cases an in-home evaluation is free and can provide a lot of useful information about the condition of the air you and your families are breathing. Having an expert, like Commercial Service, provide an in-home evaluation is critical. Introducing outdoor air to your home can solve many indoor air quality problems, but if it is not done correctly it could make your problems worse. Homes and business should be inspected for fresh air ventilation needs if any of the occupants are suffering from acute or chronic respiratory conditions. You may find that once your home is breathing better, you’ll breathe better too. If you want more information on the air you are breathing and how it relates to the efficiency of your home, please call Commercial Service – 339-9114.

339-9114
info@commsrv.com
available 24/7 for you! 
The MOCMS will host the 2014 District 2 ISMA Meeting

THURSDAY, MAY 22  |  Chapman’s Restaurant and Banquet Center  |  308 South Knightridge Road, Bloomington

- 6:00 Social Hour
- 6:45 Dinner
- 7:00 Business Meeting & ISMA Leadership Reports
- 7:15 Presentation Featuring Dr. Robert Einterz

Dr. Bob Einterz
AMPATH Consortium Director

Dr. Einterz completed specialty training in internal medicine in 1984 and served for one year as Chief Medical Resident at Wishard Memorial Hospital. He then worked as a volunteer physician in rural Haiti for one year. In 1989, he co-founded the Indiana University-Moi University, Kenya partnership, and served as the Team Leader in Kenya in 1990-91. A practicing general internist, Dr. Einterz directed the Westside Community Health Center in Indianapolis for nearly ten years, and he currently works as a hospitalist at Wishard Memorial Hospital on the campus of Indiana University Medical Center, in addition to being Associate Dean for Global Health and Director of the IU Center for Global Health. He and his wife, Lea Anne, have six children ranging in ages from 27 to 7.

There is a $10 fee for non-MOCMS members. MOCMS will pay the fees for all MOCMS members and spouses who attend. Please RSVP by May 19th to: mocms@kiva.net or 812.332.4033. Please include your entrée choice when you RSVP.

Entrée Choices:
- Filet
- Grilled Atlantic Salmon
- Chicken Marsala
- Vegetarian

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PLEASE KEEP US UPDATED
In our increased effort to “go green”, MOCMS is hoping to communicate with you through email. If you would like to help MOCMS use less paper, please be sure we have your updated email address by sending an email to mocms@kiva.net and check that your spam blocker will allow communications from MOCMS.

Please check your office information listing on our website at www.mocms.org under “Find a Physician” and send corrections to mocms@kiva.net.

MOVED LATESTLY?
Please forward your new address for your home or your practice to us immediately. You may call MOCMS at 812.332.4033; write to us at PO Box 5092, Bloomington, IN 47407-5092 or email: mocms@kiva.net Please help us keep your information current/correct in the MOCMS database, website and physician directory!

The Monroe Owen County Medical Society (MOCMS) Newsletter is published each spring, summer and fall by approval of the Executive Committee. The MOCMS Newsletter accepts submissions of articles, announcements, obituaries, and editorials related to the interests of our members. Materials submitted for consideration should be typed as a Word document. The MOCMS reserves the right to edit all articles submitted. MOCMS retains final editorial judgment regarding newsletter content. It reserves the right to reject articles, announcements, letters, advertisements, and other items that do not correspond with the goals and purposes of the organization.

The information contained in the newsletter is believed to be correct and accurate. Unless specifically stated otherwise, the opinions expressed in any article, advertisement, or column are those of the individual author and do not represent an official position of, or endorsement by, the Monroe Owen County Medical Society, its officers, Executive Committee, or the newsletter staff.

Approved by the Executive Committee on June 5, 2007.