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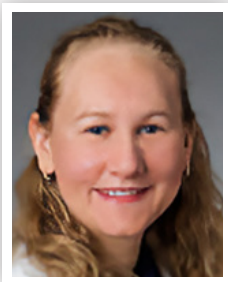
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From the President

Dear Colleagues,

I hope this newsletter finds you doing well. Are you prepping for the upcoming solar eclipse? With all the planning and preparing, I do hope that we have a clear day so we get a cool view for all the hype and work. At the Medical Society, we have been planning for a variety of events to bring the membership together. I hope you find a way to connect through one of them. On April 30th we are reviving the popular Enigma Series, which features a few physicians presenting interesting cases over dinner while the rest of us try to puzzle out the answer. It's a low-pressure way to stretch your brain – maybe all the way back to medical school. Later in the year, we hope to have a good turnout at the Fall General Meeting, where we will also squeeze in a short business meeting. Of course, our book club continues quarterly. Up next will be the “*Hiroshima Diary*” by Michihiko Hachiya. Not sure you can fit a book into your schedule? There is usually at least one of us who hasn't managed to finish the book ahead of the meeting, so no judgment here.

Being a part of the local society also connects you with the Indiana State Medical Association, which offers a broader reach. A few weeks ago, I had the pleasure of attending the ISMA Women in Medicine conference in Indianapolis. I find interacting with other physicians revitalizing and empowering as we are dealing with many of the same struggles in the current healthcare system, regardless of specialty. In September, ISMA will hold its annual convention where members come together to collectively advocate for issues facing the membership and the health of fellow Hoosiers. Please be sure to read the piece Dr. Faris submitted about his experience at the convention on page 2 of this newsletter. You may find this is the way for you to get involved.

In order for you to stay informed of these and other events, we need your correct contact information. A few years ago, the membership voted to move the newsletter to an online only version, save for a few printed copies available upon request. This saved on cost and trees. However, it has come to our attention that not everyone in the membership has been receiving the online edition. We are sending out this version in print in hopes that we may catch some people who have been missed. If you have not been receiving the e-mailed version, please reach out to us to ensure we have your correct contact information. Likewise, if your contact information has changed, please update us. We plan for the remainder of this years' newsletters to return to online only.

I'm looking forward to connecting with you through one of our upcoming events!

Meredith Lulich, MD FACP

President

Monroe Owen County Medical Society

MOCMS

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New Feature: Member Perspectives

We are introducing a new “Member Perspectives” feature to our newsletter (see page 4), where we will be asking two of our members to respond to questions related to some aspect of healthcare. Please let us know if you like this new feature by emailing director@mocms.org.

MOCMS Website Being Revised

We are currently updating the website to make it easier to navigate and contain more timely and valuable information to our members. Please watch for further updates about this and please share your thoughts about how this can be made most useful to you, our members. Send comments/suggestions to director@mocms.org.

Please Update Your Email

It has come to our attention that not everyone in the membership has been receiving electronic communications.

In order to keep you informed of MOCMS news and events, it is important that we have your correct email address on file. If you believe you haven't been receiving our emails, please send your name and email to director@mocms.org.

175th ISMA Annual Convention and House of Delegates

By James V. Faris, MD

Do you want to be an ISMA Convention Delegate and help influence past and present Indiana Medical/Physician Practice legislation passed by our state legislature?

There is an annual ISMA Convention and House of Delegates meeting this year from September 6-8, 2024, at the Embassy Suites in Plainfield, IN! The Monroe Owen County Medical Society is currently allowed to select eight delegates to attend the Convention and House of Delegates. Any ISMA member is allowed to generate a proposed resolution concerning their idea for possible changes in Indiana Medical/Physician Practice. These resolutions are refined with the help of other delegates or members for submission to the House of Delegates in September. Following submission, the resolutions are available on the ISMA internet website for members' personal evaluation and comment. On Friday, September 6, 2024, the proposed resolutions are presented to the House of Delegates to be further discussed and evaluated on Saturday, September 7, 2024 by a select committee of volunteer delegates. That evening, this select committee generates a document recommending the action the committee believes should be taken on each resolution by the House of Delegates on Sunday, September 8, 2024. That day, the final House of Delegates meets and discusses the recommended action, any amendments to the resolution and votes for the action to be taken on the resolutions by the ISMA Board of Trustees. The possible actions include referring to the Board for “action” or for “study”, adoption to become ISMA policy, or lastly, defeat of the proposed resolution. The Board of Trustees then takes action on the resolutions while those resolutions for “study” are further studied and a report on the study findings presented at the next annual Convention and House of Delegates. This would then be in September, 2025. When appropriate, the Board will ask ISMA employees who are paid to connect with Indiana State legislators interested in medical/physician practice issues to suggest potential legislation which would help physicians practicing in Indiana. Additionally, the elected delegates to the American Medical Association could, if appropriate, carry forward the proposed resolutions to the AMA House of Delegates to eventually gain national legislation helping all physicians in the United States of America. Thereby, a single ISMA physician could bring about change statewide and nationwide!

There are several additional activities at the convention. There is usually an educational event for physicians in practice on the first day of the Convention. The first evening there is an IMPAC social event as well. On Saturday evening, there is a semi-formal dinner honoring the out-going and in-coming Presidents of ISMA.

The Monroe Owen County Medical Society, of which you are a member, would like you to consider becoming one of our delegates to the ISMA House of Delegates. We usually are lucky to have only half of our eight delegate slots filled. Expenses for our delegates are reimbursed by MOCMS. Let Dave Burnworth, our CEO, know of your interest for the 2024 ISMA House of Delegates by emailing director@mocms.org.

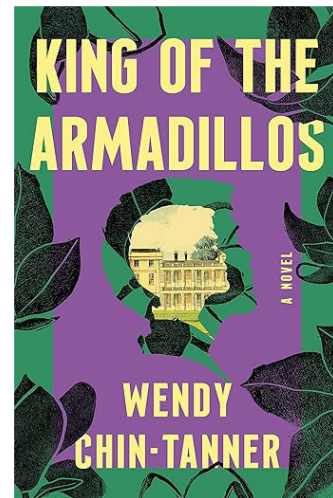
MOCMS Book Club

By Dr. Cameron Gifford

On a cloudy, cold, snowy Friday evening in January, a band of doctors showed up at a local house, including a general surgeon, an anesthesiologist, a radiologist, and 2 internists. The group helped themselves to homemade savory and sweet refreshments accompanied by tasty beverages. They then gathered around a wood fire to have a relevant and thoughtful discussion.

The conversation dealt with leprosy diagnosis and treatment in the 1960's in the Carville, LA Leprosarium. But as important, discussion evaluated relationships, values, cultural differences, and opposing interpretations of events and people. Comments were followed by nods of agreement, laughter, and yes gentle disagreement was heard respectfully. The different doctor types in the room added depth and perspective. Conversation did not lag. And, more trips were made to the refreshment buffet line, until minds and tummies were satisfied. We all agreed the book, "*King of the Armadillos*" by Wendy Chin-Tanner, was an excellent read, had some flaws, but added depth and understanding to the world in which we live and practice medicine.

We adjourned, going out into the cold, dark night, but looking forward to reading our next book, "*The Hiroshima Diary*" by Michihiko Hachiya and published in 1955 by University of North Carolina Press. Our next meeting and discussion will be at Dr. Cameron Gifford's home on Friday, April 26 at 6:30 PM. Please think about joining us. You are welcome!



Member Perspectives

The U.S. faces a projected shortage of between 37,800 and 124,000 physicians within 12 years, according to “[The Complexities of Physician Supply and Demand: Projections From 2019 to 2034](#)” (PDF), a report released by the Association of American Medical Colleges (AAMC).

Specific AAMC projections by 2034 include shortages of:

- Between 17,800 and 48,000 primary care physicians .
- Between 21,000 and 77,100 non-primary care physicians.

This includes shortages of:

- Between 15,800 and 30,200 for surgical specialties.
- Between 3,800 and 13,400 for medical specialties.
- Between 10,300 and 35,600 for other specialties.

Questions:

We asked MOCMS member physicians Dr. John Strobel, MD and Dr. Michael Teague, MD to respond to this topic by posing the following questions:

1. Why do you believe more aren't going into medicine?
2. What solutions would you propose to deal with this?

Responses:

John Strobel, MD

Clinical Cardiac Electrophysiology

We have known for years that a physician shortage has been coming. Greater than 60% of all cardiologists are >55! The aging population of our patients has only exacerbated the problem. As the supply of physicians is declining the demand for their services is growing.

It is my impression that there are many young people who want to enter medicine, but simply can't. In my own family, I have 3 nieces and nephews who wanted to go to medical school but were initially denied entry. All 3 were eventually admitted, and all 3 have excelled in medical school and afterwards. Thus, I believe the first step needs to be to expand medical school class sizes. I do not believe we will see a reduction in the quality of students. The next issue is that many medical students are not able to find residency positions after graduation. These problems can only be solved by federal funding for medical school and graduate medical education so that more spots are available.

In addition to training more physicians, we need to shift the balance from specialty care to primary care. Many of the issues that are addressed by cardiologists could be treated by primary care doctors. At least part of the reason that medical students choose specialty medicine over primary care is related to the debt that they incur during their training. Although this could be addressed by federal legislation, I think individual states could do the same thing. What if the state of Indiana subsidized the entirety of a medical students training in return for a promise to practice in our state? Would more students enter primary care without a huge burden of debt, which exceeds \$200,000 on average, and does not include premedical education debt?

I would shorten medical education for both primary and specialty care. I'm certain that you could train a cardiologist in the less than 6-7 years that is currently required. Perhaps a “fast track” which includes 2 years of primary care before entering cardiology training, which could also be shortened to 2-3 years. The fear is that quality will decline but from my own experience I'm certain that this will not occur.

Finally, and perhaps the most difficult issue, is how to keep practicing physicians in medicine for a longer period of time. Again, there are no easy solutions for physician burnout, but most I have seen are band-aids that don't address the underlying causes. I have been practicing for 24 years and obtain great satisfaction from seeing my patients enjoy happier and healthier lives. It is the external “death by a thousand cuts” that often leaves physicians feeling dissatisfied and wanting to leave medicine. The endless messages, clerical work, and administrative duties take away from my ability to focus on treating my patients.

References:

Fry, E. *Resigned to the “Great Resignation?”* J Am Coll Cardiol. 2022 Jun, 79 (24) 2463–2466. <https://doi.org/10.1016/j.jacc.2022.05.004>

Narang, A, Sinha, S, Rajagopalan, B. et al. *The Supply and Demand of the Cardiovascular Workforce: Striking the Right Balance.* J Am Coll Cardiol. 2016 Oct, 68 (15) 1680–1689. <https://doi.org/10.1016/j.jacc.2016.06.070>

Hanson, Melanie. *“Average Medical School Debt”* EducationData.org, September 17, 2023, <https://educationdata.org/average-medical-school-debt>

(Cont'd on page 5.)

Michael Teague, MD

Family Medicine

1. I really think this is a multifaceted problem. First and foremost, I don't think the allure of medicine has completely worn off for undergraduate students. Many students want to go into medicine, but there are frankly not enough spots in medical schools to fit all of the interested students. Or, in another way, we don't have the medical school slots in the right places. For instance, Indiana has two medical schools for the entire state. So if you're a student wanting to go into medicine in the state of Indiana, there are only about 500-600 slots for which to fight. It's very competitive. Sure, you could go out of state, but then you are having to pay out of state tuition on an already exorbitant cost. So the first problem is that we don't have enough spots in medical schools for the numbers of doctors we need and the locations of those schools are inconvenient for those students who are from the middle of the country. Another part of this problem is that physicians in this day and age are expected to do a lot of administrative work and deal with insurance companies instead of simply seeing their patients and providing care plans. This has created a tremendous amount of burnout amongst physicians and has resulted in many suggesting they are not satisfied with their jobs. The administrative burden placed on physicians is frequently quoted as the most dissatisfying part of their jobs and this results in many hard-working young people who in decades past might have chosen medicine instead deciding to bypass medicine to a less regulated sector of work with better work-life balance and similar pay. As a Primary Care Physician, I would be remiss if I didn't point out that, of the statistics alluded to in this article, over HALF of the physician shortage on its way is expected to be in the primary care sector. There are a tremendous number of reasons for this which smarter people than I have spent pages describing. But as succinctly as possible, the administrative burden described above is largely pushed to the primary care physician. With more government involvement into medicine and the continued complexity of insurance and job requirements, primary care physicians are relegated to glorified social workers in some visits. Not only is this the expectation of the Nursing Home, patient family, insurance company, or employer, but sometimes our specialty offices even do this unknowingly. Medical

Students rotate with PCPs and see physicians spending several hours per week doing FMLA paperwork and various other visits that are simply a requirement for some program and they decide that this is not why they wanted to go into medicine! Students want to clinically help patients and use critical thinking to develop diagnostic and therapeutic plans. They are not interested in checking boxes for various programs. If you couple this with the disparity in pay between specialty physicians and primary care physicians, it is a losing argument. Until reimbursement for the diagnostics and care coordination provided by primary care physicians is recognized and improved, we will continue to see very smart students decide that going into specialty care over primary care is simply the financial prudent thing to do. Not only can some of the administrative burden be avoided, but you additionally put yourself in a much better financial position at a time when the average physician ends medical school with between \$200-300 thousand student loans regardless of specialty chosen. Going into a higher paid field certainly pays off in a goal of getting out of that debt!

2. The time for some of the solutions has long passed unfortunately, but still some things can be done. First, I would financially incentivize physicians to be involved in medical education. Many physicians do this, but it tends to be voluntary and uncompensated. Being involved in education TAKES TIME. Either physicians do this and end up pushing their clinical work into their family time, or they have to block their schedules which reduces access and ultimately results in taking a pay cut so as to do something they enjoy. That's a losing philosophy and we need to at least compensate physicians for their time. By doing this, we could increase the pool of physicians interested in providing education, which has been a barrier to increasing the number of medical students in the country, and this would have to be a nationwide process because the entire country will need to work together to address this need. Once done, I would look at the states in the middle of the country and try to increase medical student enrollment by 10,000 students or more by opening several schools

(Cont'd on page 6.)

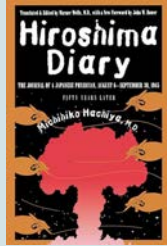
Save the Date

For more details on any event listed below, please feel free to contact us at director@mocms.org.

Book Club

FRIDAY, APRIL 26, 6:30 PM

Our next book club will meet at the home of Dr. Cameron Gifford on Friday, April 26 at 6:30 PM as we discuss the book “*Hiroshima Diary*” by Michihiko Hachiya. Please join us – even if you have not read the book!



Enigma Series

TUESDAY, APRIL 30, 6:30 - 8:30 PM

We are reviving the popular Enigma Series, featuring a few physicians presenting interesting cases over dinner while the rest of us try to puzzle out the answer. Join us in room C1001 of the Health Sciences Building at 2631 East Discovery Parkway adjacent to IU Health Bloomington Hospital.

ISMA District 2 Meeting

WEDNESDAY, MAY 15, 6:30 PM

(Date is subject to change. More details forthcoming.)

An excellent opportunity to meet with physicians in your area, hear from ISMA staff, and enjoy cocktails, dinner, and presentations before local elections. Members are encouraged to invite non-member physicians as their guests.

Fall General Meeting

TBD - MORE DETAILS FORTHCOMING

Later in the year we hope to have a good turnout at the Fall General Meeting, where we will also squeeze in a short business meeting.

ISMA Annual Convention

SEPTEMBER 6-8, 2024

Come together at the Embassy Suites in Plainfield, IN, to collectively advocate for issues facing the membership and the health of fellow Hoosiers (see [article on page 2](#)).

(Cont'd from page 5)

in the mid-west where there is tremendous need. I would probably gear these schools more toward osteopathic medicine and set them in rural areas, advertising them as training for students interested in providing primary care. Much of medical school is pretty standard and is the backbone of what a residency training can build on, but all of the examples and the hands-on training experienced in these schools would be primary care related. Creation of additional scholarships and provision of financial guidance would be a requirement in the first week of school so as to ensure all students are aware of their options to reduce student debt burden. The goal would be to encourage as many of these students in these more rural areas to consider a career in Primary Care, and to provide as many financial resources to attempt to have many of these students end with little to no student debt due to their agreement to go into a Primary Care field. Another consideration might be for these universities to offer ONE cost for students. Instead of having in-state and out-of-state tuitions, possibly consider offering the same tuition to all students attending the school so if students want to come from out of state, they aren't financially penalized for the altruistic choice of going into medicine. Another, less physician friendly, portion of this solution is that we would simultaneously need to increase utilization of Advance Practice Providers and encouragement of team-based care in especially our rural areas. Increasing utilization of well-trained and appropriately supervised Nurse Practitioners and Physicians Assistants is something that could very quickly help chip away at the provider shortage. However, there's a lack of training for physicians on how to appropriately utilize these team-based care models and there's a generational gap in patient acceptance of these models. Despite this, the fastest way to increase the provider pool is to provide education to physicians for how to collaborate well, and employ these Advance Practice Providers in areas where you have a few physicians and therefore double your care delivery access. There's a reality that the training of an APP takes less time than a medical student so to quickly address this shortfall, I feel utilizing APPs to their fullest is an absolute necessity. Finally, something medicine has done a terrible job of in recent years is lobbying our federal government. Changes in the overall complexity of the American Health Care system need to be considered and fought for. Pharma and large insurance companies have for far too long had the ear of our legislators. It's time for Physicians to actually have a voice for change regarding Medicare reimbursement, various restrictions on care provisions that reduce clinical care provision, and the many frustrating administrative requirements placed on physicians in order to simply get a patient the medicine/treatment/services they need to improvement in their medical situation. The AMA has unfortunately long ago fallen short of what we need as a voice for physicians in Washington.

A Look Back

Past Bloomington Hospital Chiefs of Staff



Photo courtesy of Dr. Lee McKinley. Front row: Dr. Caitilin Kelly, Dr. Joe Milan, Dr. Lee McKinley, Dr. Tony Pizzo, Dr. Richard Schell; Back row: Dr. James Ray, Dr. William Weber, Dr. Paul Holtzman, Dr. Jean Creek, Dr. Rob Stone, Dr. William Cron, Dr. Charles McClary, Dr. Dean Cofield, Dr. Ted Megremis

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MOVED LATELY?

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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.