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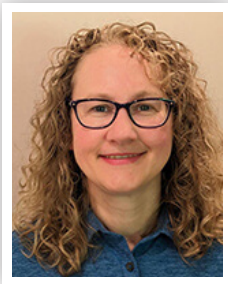
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From the President



Dear Colleagues,

Happy New Year! Yes, I know it's October. But much like hobbits love their second breakfasts and "Elevensies", I would say our calendar has additional New Year's celebrations. In medicine, July 1st sees new interns entering hospitals and new attendings finally reaching the end of their training and starting their first "real jobs." For those new

attendings in our midst, I hope you will be as fortunate as I was in having a mentor to go to when I had those, "Oh no, I'm the attending!" moments. Fourteen years later, I am still thankful for those of you in other specialties when I face difficult medical cases, knowing I'm not alone and can ask for help. Connecting with other physicians through the medical society has increased my confidence in those partnerships.

As for our "Elevensies," if you will, August has brought a rolling New Year as academic years have begun. That may mean you're sending kids off to grade school or college, noticing the sudden influx of traffic in Bloomington, or seeing a surge of upper respiratory infections as kids are back spreading their germs to one another and the unlucky adults they cough and sneeze on. For me, it has brought a return to structure as my kids have returned to the normal rhythm of the school year.

Although I have taken a light-hearted approach in my letter, I want to acknowledge that there are days that hold deeper meaning, such as the approaching Jewish New Year, Rosh Hashanah. Whether that day or another religious or cultural celebration of new beginnings, there are events that touch who we are as a person.

In the spirit of a new year, what new endeavors are you pursuing? Some of you may be utilizing new advances in surgical techniques or reading to keep pace with the constant flow of new medications, guidelines, and publications. Perhaps you are taking a medical student for the first time or stepping into a new leadership role. Personally, I have been exploring new technology as I am learning point-of-care ultrasound and experimenting with AI note-writing software. I am also attending the ISMA annual convention for the first time this year. If you have not yet attended a medical society event, joining us at our upcoming fall meeting could be your new endeavor! If you've never been to Oliver Winery, this is a wonderful occasion to visit this beautiful location. Later this year, you will also have the opportunity as either a new or returning participant to join in a thoughtful discussion of a medically related book at our next quarterly book club.

Whatever this "new" year has in store for you, I wish you well.

Meredith Lulich, MD FACP

President

Monroe Owen County Medical Society

AMA Advocacy Updates

Congress must act on Medicare payment reform as CMS warns of more cuts.

“With CMS estimating a fifth consecutive year of Medicare payment reductions—this time by 2.8 percent—it’s evident that Congress must solve this problem,” says a statement from AMA President Bruce A. Scott, MD, in response to the proposed 2025 Medicare physician payment schedule. “The consecutive years of Medicare cuts demand a comprehensive legislative solution. Previous quick fixes have been insufficient—this situation requires a bold, substantial approach. A Band-Aid goes only so far when the patient is in dire need.”

READ THE ARTICLE

ama-assn.org/press-center/press-releases/congress-must-act-medicare-payment-reform-cms-warns-more-cuts

Insights on Physician Burnout

Burnout rates are finally falling, but certain physician specialties are still feeling the pressure the hardest. Learn which fields are most affected and what can be done to combat this ongoing challenge. Click the link below to read the full article from the AMA and discover the latest insights on physician well-being.

READ THE ARTICLE

ama-assn.org/practice-management/physician-health/burnout-falls-still-hits-these-6-physician-specialties-most

Suicide Awareness Month

By Dr. Jackie Trueblood

We are facing a mental health crisis in the U.S., reflected in the opioid overdose epidemic over the last decade and exacerbated by the effects of the COVID pandemic. Suicide is the second leading cause of death among young people ages 10-34, according to a 2023 report by the CDC. Much work is needed to address the mental health of our communities. Fortunately, there is good news to report in this area.

In the spirit of suicide prevention, I would like to provide an update on the positive changes happening in community mental health across the country and especially in our state and locality.

Indiana was chosen as one of ten additional states—beyond the pilot program—to receive federal funding for the expansion of the Certified Community Behavioral Health Clinic (CCBHC) program. Centerstone, here in Monroe County, is one center chosen to help expand this program to increase access to mental healthcare. The CCBHC requires:

- Crisis services to be available 24 hours a day, 7 days a week.
- Comprehensive behavioral health services to be available so people who need care do not have to piece together the behavioral health support they need across multiple providers.
- Care coordination to help people navigate behavioral health care, physical health care, social services, and other systems in which they are involved.

The **988 Suicide Hotline** is now up and running, providing a direct line for those in crisis.

The **STRIDE Center** is open 24/7 for acute substance use or mental health crisis services. This facility aims to divert those with substance use disorder and mental health crises to appropriately trained professionals for assistance. A new Mobile Crisis Team is also now available in Monroe County.

In the spirit of suicide awareness and prevention, September 8 was designated the inaugural National 988 Day—“saving lives in a time of crisis”—with the theme, *No Judgment, Just Help*.

Reducing the stigma surrounding mental health disorders, including substance use disorders, is critical to reaching those who need our assistance. Using person-first language demonstrates our compassion and respect as medical providers, putting the human first.

It is imperative that we embrace and offer evidence-based treatments for mental health care. While fighting the stigma, we need to be aware of the political and commercial normalization of substances that are not truly medical, per the evidence-based definition, and encourage young people who are struggling to seek medical and behavioral health therapy. Please help us spread the word that there is help available in our community for those who are struggling.

For more information:

- 988lifeline.org
- stridecoalition.org/crisis-center
- in.gov/issp/ (Indiana Suicide Prevention)

AMA Physicians Grassroots Network Update

Article provided by the American Medical Association

The Centers for Medicare and Medicaid Services (CMS) recently released the 2025 Medicare Physician Fee Schedule Proposed Rule (MPFS) that includes yet another 2.8 percent cut to physician Medicare payments on January 1, 2025.

Enough is enough – **contact your member of Congress** and urge them to sign the Miller-Meeks/Panetta “Dear Colleague” letter today - deadline for cosigners is September 27!

If Congress refuses to act before the end of the year, this planned cut will mark the fifth consecutive year that CMS included a cut to physician payments within the MPFS. Failure to stop these cuts threatens Medicare beneficiary access to physicians and other health care providers treating patients in the out-patient setting.

Recently, Representatives Mariannette Miller-Meeks, MD (R-IA) and Jimmy Panetta (D-CA), along with a bipartisan group of physician members of Congress, circulated a "Dear Colleague" letter urging House leadership to take immediate action to not only stop the 2.8 percent cut, but also provide physicians with a much-needed payment update that reflects the inflationary pressure they're facing running a medical practice.

According to recent data, physician Medicare payment rates have fallen 29 percent over the last two decades when adjusted for inflation, all while the cost of running a practice continues to rise. In fact, the 2025 MPFS Proposed Rule highlights that the cost of running a practice, as measured by the Medicare Economic Index (i.e., expenses associated with paying rent, compensating clinical and administrative staff, and purchasing supplies and equipment) is estimated to increase by 3.6 percent.

Anyone can see this path is unsustainable - another round of cuts combined with ever rising inflationary costs and a long history of insufficient Medicare payments will endanger both physician practices and the patients they serve.

Please **contact your member of Congress** and urge them to sign the Miller-Meeks/Panetta "Dear Colleague" today. The deadline for cosigners is September 27!

Physicians stand ready to work with Congress to pass crucial bipartisan legislation to address these issues before the next round of cuts go into effect – it's time to Fix Medicare Now!

Member Perspectives

Addressing Mental Health in Patient Care

In recent years, mental health care has become an increasingly critical concern for medical providers, with challenges intensifying over the past 3-5 years.

Questions:

In this edition of “Member Perspectives,” we hear from Dr. Rachel D. Manley, who shares insights on how their office approaches mental health screenings and the impact of patient noncompliance on care delivery.

1. How do you go about encouraging patients you deem could benefit from mental health services to seek that help?
2. How does patient noncompliance affect your ability to provide care for those patients?

Responses:

Rachel D. Manley, MD

IU Health SIP Women's Health

Our OBGYN office routinely screens all patients for depression and anxiety at least once a year. This helps to open up the conversation to help identify patients that would benefit from therapy or other mental health services. Typically once the line of conversation is open, patients are very willing to seek help and are happy for a referral for services.

I actually very rarely find patient noncompliance to be a major barrier for care. Typically our main barrier is access, with difficulty finding a mental health provider who is accepting patients and is on the patient's insurance plan. Often “available” providers are booked months out or only have a waiting list. Occasionally “noncompliance” will show up with patients who have other barriers like transportation or cost, but this is lessened with availability of virtual visits for those with transportation difficulties.

Primary Care in Crisis

Article provided by the Physicians Foundation | February 28, 2024

New Scorecard Reveals Sector Struggling to Meet Demand, Retain Physicians, and Secure Adequate Funding

The second national Primary Care Scorecard released today reveals an intensifying primary care crisis and identifies five reasons why access to affordable, quality primary care services is expected to get worse.

Developed by researchers at the American Academy of Family Physicians' Robert Graham Center and co-funded by the Milbank Memorial Fund and The Physicians Foundation, [The Health of US Primary Care: 2024 Scorecard](#) report and [data dashboard](#) examine critical measures of primary care performance nationally and across all states. Key findings include:

1. The primary care workforce is struggling to meet population demands.

- Despite a rapidly aging population with higher levels of chronic disease, the number of primary care physicians (PCPs) per person has decreased.
 - The share of all clinicians practicing primary care (including nurse practitioners and physician assistants) stagnated around 28% between 2016 and 2021.
 - PCPs declined from 68.4 to 67.2 per 100,000 people between 2012 and 2021.
- There has been a 36% jump in the share of U.S. children without a usual source of care over the last decade and a 21% increase among adults.
- Demand for PCPs will only increase with time. The National Institute of Health estimates that the number of people 50 or older with at least one chronic disease will increase by 99.5%, from 72 million in 2020 to 143 million by 2050.

2. The primary care sector is experiencing a workforce exodus and lacks real-world community training opportunities.

- Primary care residency does not mean primary care practice. In 2021, 37% of all physicians in training specialized in primary care, yet only 15% of all physicians were practicing primary care three to five years after residency. The remainder subspecialized or became hospitalists who do not work in community settings.
- In 2020, only 15% of primary care residents spent a majority of their time training in community settings (outside of hospitals and academic health centers) — signaling that many residents may lack adequate experience practicing in real-world clinical environments.
- In 2020, fewer than 5% of primary care residents spent the majority of their training in Teaching Health Centers or rural training tracks, two programs that historically serve disinvested communities. Research indicates physicians who train in Teaching Health Centers are more likely to practice in underserved communities.

3. The US continues to underinvest in primary care, despite diminishing supply and growing demand.

- The share of total US health care spending devoted to primary care stayed under 6% from 2012 to 2021.
- Since 2019, investment in primary care has steadily declined across all major health care payers; this decline has been most pronounced for Medicare reimbursements for primary care services and providers, which have dropped by 15%.
 - The compensation gap between primary care physicians and specialists discourages residents from choosing primary care.

4. Cumbersome electronic health records burden primary care physicians.

- In 2022, more than 40% of family physicians rated the usability of their electronic health record (EHR) systems as unfavorable. Over 25% reported overall dissatisfaction with their current EHR system.
 - According to the American Board of Family Medicine, 16% of family physicians reported spending four or more hours per day on EHRs, taking time away from patient care.

5. Inadequate research funding impacts primary care access and quality.

- Since 2017, only 0.3% of federal research funding (administered through the National Institutes of Health, the Centers for Disease Control and Prevention, the Agency for Healthcare Research and Quality, and the U.S. Food and Drug

(Cont'd on page 5.)

(Cont'd from page 4.)

Administration) per year has been invested in primary care research, limiting new information on primary care systems, delivery models, and quality.

- A lack of adequate data on the prevalence of hybrid primary care payment (a combination of fee-for-service and per-person payments) and the training of nurse practitioners and physician assistants, for example, makes it difficult to track progress on the implementation of high-quality primary care.

“As more and more patients struggle to get appointments with primary care practices, policymakers must come together to address the primary care crisis,” said Milbank Memorial Fund President Christopher F. Koller. “By prioritizing investments in primary care and expanding our physician workforce today, we can ensure that everyone in every community has access to high-quality primary care in the future.”

Key State Scorecard Findings:

- **Workforce:** Alaska ranks second among all states, following Idaho (38.2%), for having 36.2% of its clinician workforce in primary care overall (compared to 28.6% nationally) and first for primary care clinician density in the most disadvantaged areas, with 269 clinicians per 100,000 people (compared to 111.7 clinicians per 100,000 people nationally).
- **Training:** North Dakota is the highest-ranked state for physician training measures, with a larger share of new doctors entering primary care (36.4%) each year than the national average (21.6%) and a high rate of physicians, physician assistants, and nurse practitioners working in primary care at 26.6%, 44.2%, and 39.4%, respectively.
- **Investment:** Oregon has the highest overall investment in primary care, with 7.7% of all health care spending going to primary care, compared to the national average (4.7%). The state also has the highest primary care spending for commercial payers (9.1%) and Medicaid (9.2%), compared to the national averages of 5.6% and 4.7% respectively.

The Scorecard was developed in response to a call for an annual tracking tool to inform primary care policy issued by the National Academies of Sciences, Engineering, and Medicine in their 2021 report, *Implementing High-Quality Primary Care Rebuilding the Foundation of Health Care*. This seminal report provides policy recommendations for federal and state governments, health care organizations, and payers to strengthen primary care.

“Primary care is the cornerstone of our health care system, playing a pivotal role in improving our nation’s health by delivering accessible and timely care to those in need,” said Ripley Hollister, MD, a board member of The Physicians Foundation and a practicing family physician. “The findings and recommendations from the second national Primary Care Scorecard highlight that investment in primary care is vital for the future of health care. The report implores us to embrace and advance solutions that support primary care and allow everyone to live longer, healthier lives.”

READ THE REPORT

<https://www.milbank.org/publications/the-health-of-us-primary-care-2024-scorecard-report-no-one-can-see-you-now/>

READ THE PRESS RELEASE

<https://physiciansfoundation.org/primary-care-in-crisis-new-scorecard-reveals-sector-struggling-to-meet-demand-retain-physicians-and-secure-adequate-funding/>

About The Physicians Foundation

The Physicians Foundation is a nonprofit seeking to advance the work of practicing physicians and help them facilitate the delivery of high-quality health care to patients. As the U.S. health care system continues to evolve, The Physicians Foundation is steadfast in strengthening the physician-patient relationship, supporting medical practices’ sustainability and helping physicians navigate the changing health care system. The Physicians Foundation pursues its mission through research, education and innovative grant making that improves physician wellbeing, strengthens physician leadership, addresses drivers of health and lifts physician perspectives. For more information, visit physiciansfoundation.org.

About the Milbank Memorial Fund

The Milbank Memorial Fund works to improve population health and health equity by collaborating with leaders and decision makers and connecting them with experience and sound evidence. Founded in 1905, the Milbank Memorial Fund advances its mission by identifying, informing, and inspiring current and future state health policy leaders to enhance their effectiveness; convening and supporting state health policy decision makers to advance strong primary care and sustainable health care costs; publishing high-quality, evidence-based publications and *The Milbank Quarterly*, a peer-reviewed journal of population health and health policy. For more information, visit milbank.org.

ISMA Officers, AMA Delegation Members Elected at Convention

ISMA Officers

The new ISMA officers for 2024-25 include:



President
William Pond, MD
Anesthesiology, Fort Wayne



Speaker of the House
Andrew Trobridge, MD
Pain management, Shelbyville



Assistant Treasurer
Seung Sim, MD
Anesthesiology, Indianapolis



President-elect
Ryan Singerman, DO
Family medicine, Fort Wayne



Vice Speaker
Alexander Choi, MD
Anesthesiology, Zionsville



Immediate Past President
David R. Diaz, MD
Psychiatry, Indianapolis



Treasurer
Shalin Arnett, DO
Obstetrics/Gynecology, Noblesville

AMA Delegates

The newly elected AMA delegates for 2024-25 include:



Delegate
Rhonda Sharp, MD
Family medicine, LaGrange



Delegate
Thomas Vidic, MD
Neurology, Elkhart



Alternate Delegate
Lisa Hatcher, MD
Family medicine, Columbia City



Delegate
Vidya Kora, MD
Internal medicine, Michigan City



Alternate Delegate
Roberto Darroca, MD
Obstetrics/Gynecology, Muncie



Alternate Delegate
Tashera Perry, MD
Obstetrics/Gynecology, Bloomington

Dr. Vidic was elected an AMA Delegate to serve the 15 months remaining in the term of David Welsh, MD, whose seat became vacant with Dr. Welsh's election to the AMA Board of Trustees. Dr. Darroca was elected to replace Dr. Vidic as AMA Alternate Delegate, and will complete the final year of his term. Drs. Sharp and Kora will both serve two-year terms as AMA Delegates, and Drs. Perry and Hatcher will serve two-year terms as AMA Alternate Delegates. AMA Delegates William Mohr, MD, and Heidi M. Dunniway, MD, as well as Alternate Delegates Stacie Wenk, DO, and Deepak Azad, MD, were not up for re-election and will complete their two-year terms this year.

Save the Date

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

Oliver Winery Event

THURSDAY, OCTOBER 24, 2024, 7:00 PM

Join us on Thursday, October 24, 2024, at 7:00 PM for a special event at Oliver Winery. Dr. Christine Motzkus, Program Director of the Bloomington Emergency Medicine Residency, and Dr. Michael Wilson, Program Director of the Bloomington Internal Medicine Residency, will be presenting exciting updates on their upcoming programs in Bloomington. Spouses and significant others are welcome, and heavy appetizers will be provided.

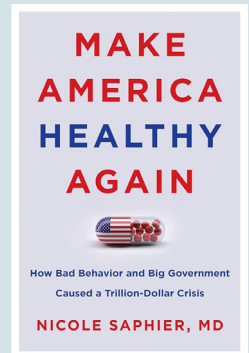
If you haven't already, please RSVP by replying to the email sent earlier or by contacting us directly at director@mocms.org. We need a headcount to ensure proper arrangements. We hope you can join us for this informative and engaging evening!

Book Club

FRIDAY, NOVEMBER 15, 2024, 6:30 PM

Mark your calendars for our next MOCMS Book Club on Friday, November 15, 2024, at 6:30 PM. We'll be discussing "Make America Healthy Again" by Dr. Nicole Saphier. Spouses and significant others are welcome to join!

Please keep an eye out for an email requesting your RSVP, as we may need to change the location from Dr. Cameron Gifford's house based on attendance. We look forward to an engaging discussion and hope to see you there!



Physician Advocacy Day

WEDNESDAY, MARCH 12, 2025

Mark your calendars for the annual ISMA Physician Advocacy Day at the Statehouse on March 12, 2025. This yearly event is your chance to meet with legislators face to face and make the case for sound health policy firsthand. The more white coats in the Statehouse, the more impact we will have. During the event, there will be ample opportunities to network with colleagues from across the state, meet with legislators, and advocate for the practice of medicine. ISMA staff will provide fact sheets and other resources and assist you in setting up appointments with your legislator.

Additional details will be shared in ISMA Reports and at ismanet.org in the coming months.



Reminder:

KEEP YOUR INFO UP TO DATE!

If you change work location, move your residence, or update your email address, please email director@mocms.org and log in to the ISMA website to make those changes. Keeping your information current helps us maintain an accurate member list.

Thank you for your cooperation!

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 director@mocms.org and check that your spam blocker will allow communications from MOCMS.

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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.