

EMpulse

Official Publication of the Indiana Chapter of American College of Emergency Physicians



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Indiana ACEP
PostGraduate
Course in
Emergency
Medicine**

April 29 – 30, 2015

**Check out
the agenda
(page 10)**

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A View from the Top

By Sara Brown MD, FACEP (INACEP President)



It seems there are many changes on the horizon for medicine in general and the role of the 'emergentologist' is no different. In fact, things are changing rather rapidly from a political standpoint and by the time you are reading this there likely will have been much activity and progression of several of these topics. Most of the activity of your Indiana ACEP Board of Directors has recently been focused on discussion at the state legislative level as there have been several proposed bills that could significantly impact our practice and the care of our patients. Please take the time to read the included article

from our lobbyist, Lou Belch. I apologize if some of this turns out to be redundant.

I have been contacted by several of you with concerns regarding HIP 2.0 and how that will impact our practice. It seems that some of this is currently in flux as we continue to aggressively follow information distributed from Indiana's Family and Social Services Administration (FSSA). At this point there are some unanswered questions. There is a co-pay for those who are seen in the emergency department for what is deemed non-emergent care, but the details of how this will specifically be defined and how it will be implemented is not entirely clear. The good news is that there is still expected to be rate increases for the new HIP 2.0 enrollees over the previous Medicaid rates to Medicare rates. Traditional Medicaid rates are also likely to increase to 75% of Medicare numbers. Fortunately, it seems that FSSA understands that there is currently an issue with access to care. Increasing the number of people who are insured doesn't increase the number of medical providers. Therefore there are still issues with access. Legislators are also discussing the need to increase the number of residencies in Indiana to help address this access issue.

Indiana's malpractice law is also being debated. There are a couple bills with different proposed changes. Indiana ACEP is working with Indiana State Medical Association to stay on top of these negotiations and debates. Now is the time to answer the calls to action as they are being distributed by ISMA. Contact your legislator and have a discussion regarding the malpractice law and the protection it provides against frivolous lawsuits, physician workforce and recruiting issues in Indiana, and the overall cost of healthcare which is somewhat protected by our current malpractice environment. Please take this opportunity to reach out to your legislator!

Our national ACEP leaders introduced HR 836, the 'Health Care Safety Net Enhancement Act of 2015', which would provide liability protection for emergency and on-call physicians who provide EMTALA care. This is important to preserve access to specialist care for our patients who have been deemed to have an emergent medical condition.

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Put Yourself in My Shoes

by Chris Ross MD (INACEP Board Member)

Put yourself in my shoes. Six months fresh out of residency and on your own. You are near the end of a mid-January overnight shift in your urban ED. Sucking down what's hopefully your last cup of coffee for the night, you hear about your next patient coming in on the IHERN. You've already been up all night with single coverage and your relief comes in 45 minutes. "Good Morning St. Elsewhere, we're coming your way with a 50 yo white male with decreased LOC, positive EtOH. Bystanders called because they were concerned about him being outside with the weather the way it is. He's pretty cold to the touch and his clothes are soaked. We'll be there in 5 unless you have any questions."

I've seen this a million times. Take off his wet clothes, get a rectal temp, apply one Bair Hugger, maybe a head CT and probably a meal tray. I watch EMS bring him in and he looks as expected. A few icicles on a scraggly beard and a large warm jacket. He's moaning. He looks, sounds and smells intoxicated. Sweet, an easy handoff. 1...2...3... My team moves him from the EMS cot to the ED cot. He stops moaning. He stops breathing. Now he's in trouble and it's up to me to do something.

Intubate and support his breathing. Do we have a pulse? I remember that it can take a while to find a pulse, if it exists, in hypothermic patients. The state of Alaska guidelines even suggest checking for up to a minute for a good pulse¹. After a good check for a pulse and nothing found, I start down my ACLS protocol. Get him hooked up to the monitor and get the rectal temp. What if this is real hypothermia? Do we have warm saline somewhere? Do I give drugs? If so how much? I thought there was a limit or something. Can I shock him? Is there a threshold to where I just call the code? His chest isn't frozen solid or anything, which I remember is a criteria for calling it immediately. Potassium > 12 I should call it as well, but I don't have any info yet. "Ross, rectal temp is 75° F." Great. The cutoff for severe hypothermia is 30° C (86° F), so you're well under that. Now, time to get to work.

First, what am I not supposed to do. I'm not supposed to give any drugs at all until his core temp is above 30° C. This includes pretty much everything except crystalloid (or colloid if deemed necessary) IV. Even defibrillation is controversial until the patient is warmed up. JAMA recommends no more than three shocks total until above 30° C. The Alaskan protocol is to shock only once.

So, we need to warm him up to really do anything aside from CPR. Let's try the simple things for starters. Place a temp sensing foley and use warm humidified air through his ET tube at 42-46° C. Now for the IV fluids, which should be around 43° C. Hopefully my nurses are more prepared than I am and have saline bags in the blanket warmer for this purpose. If

not, a 650W microwave will get close to temp after 2 minutes on high. We don't have an Arctic Sun or other similar external rewarming device, so I'll have to resort to more invasive rewarming methods. Irrigating the bladder with warm fluids works well, but he's gonna need an esophageal temperature probe if we're going that route. Rinsing the chest internally with warm saline via bilateral chest tubes works well and peritoneal rewarming with lavage works also. Bypass would be the ultimate, immediate fix if I could make that happen. Once we get him up to 30° C we can continue ACLS as normal. I go ahead and start with the chest tubes, warm IVF, and warm humidified air. He makes it close to 30° C and dips down again. This must be the so-called "after drop". Time to go ahead and call the ICU. "Dr. Critical, this is Ross down here in the ED and I've got a guy I need your help with..." Great, he'll be down in a second and he's calling the surgeon in for peritoneal lavage.

Everything's going smoothly now. My partner looks at me with bewilderment as I handoff an actively coding patient. I congratulate my team on a job well done so far and encourage them to keep it up. He's only at 29° C and I let them know our goal is 32° C before we can make any final decisions. Good thing we have so many EMT students for CPR. . .

¹ Zafren et al. State of Alaska Cold Injuries Guidelines. July 2014. p.45

¹ Kerber et al. Guidelines for cardiopulmonary resuscitation and emergency cardiac care hypothermia. JAMA. 1992 Oct 28;268(16):2242-50

¹ Leaman et al. "Microwave rewarming of IVF" Ann Emerg Med. 1985 Sep;14(9):876-9.

CLASSIFIED AD

The American Board of Emergency Medicine is seeking a physician to join its professional staff as **Director of Medical Affairs (DMA)**. The DMA will provide clinical expertise to ABEM activities and represent ABEM's interests to external organizations. The DMA must possess senior level administrative, leadership, and organizational experience. Candidates can have an M.D. or D.O. degree, and must be meeting all MOC requirements. Interested physicians should submit a resume or vita and cover letter to: Director of Medical Affairs, 3000 Coolidge Road, East Lansing, MI 48823, or email to dma@abem.org.



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Legislative Update

by Lou Belch, Lobbyist for INACEP

The Indiana General Assembly is in full swing as this is being written. Things change very quickly at the Statehouse. INACEP Lobbyists track a comprehensive list of bills on behalf of the college. INACEP members may access that list for the most current information by following this link: <http://tinyurl.com/ACEPupdate>. The link will give you the ability to access the most current version of any bill discussed. The General Assembly must adjourn no later than April 29th.

HIP 2.0

Governor Pence announced the approval of the HIP 2.0 program. HIP 2.0 began enrolling recipients on February 2, 2015. The program has the potential to provide coverage to over 300,000 Hoosiers. Providers will be paid Medicare rates for services delivered to this population. There are copayments required for non-emergency care delivered in the emergency department. The copayment is collected by the hospital, not the physician.

Medical Malpractice

The Medical Malpractice Act has not been significantly amended in 18 years. This session there have been two bills introduced in the subject matter. The update on each bill is current as of February 17, 2015.

There are basically 4 numbers in the Medical Malpractice Act:

1. \$1.25 Million is the cap on damages.
2. \$250,000 is the amount of coverage the provider must personally have.

3. \$187,001 is the amount that will allow a structured settlement to satisfy the \$250,000 requirement.
4. \$15,000 is the amount of a claim that may proceed directly to court without the convening of a medical review panel.

SB 55

The bill, as filed, moved the \$15,000 direct file amount to \$187,000. The bill was amended in the Senate Judiciary Committee to make the change to a \$50,000 direct file amount. The bill was further amended on the floor of the Senate to change the number to \$45,000, but index future increases to the consumer price index and the medical consumer price index. In the same amendment, two additional situations were added to the list of the direct access portion of the bill; the removal of the wrong body part, and the leaving of a foreign, not therapeutic, object in the patient. Those two situations could proceed to court without a medical review panel, regardless of the amount of the claim. The bill was amended one last time to remove the \$45,000 and the indexing provision.

On February 16, 2015 the bill was presented to the full Senate with only the two new direct access provisions and no increase in the direct access dollar threshold. This bill was opposed by the Indiana State Medical Association, Indiana Hospital Association and many of the medical specialty societies, including INACEP. SB 55 was DEFEATED in the Indiana Senate by a vote of 27-22. This was a significant victory for organized medicine.

HB 1043

This bill was introduced at the request of the provider community. The bill, at press time, raises the cap from \$1.25 Million to \$1.65 Million and the provider responsibility from \$250,000 to \$300,000. The bill was heard in the House Judiciary Committee on February 16, 2015, and was approved by a 9-2 vote. The bill is currently being supported by the Indiana Hospital Association and is being opposed by the Indiana State Medical Association. The ISMA believes that no changes to the act are necessary at this time. This bill continues to evolve during the remaining days and weeks of this legislative session. INACEP will be involved in the discussion.

INACEP board members will be monitoring the situation and will take a position in the best interest of Emergency Medicine.



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Featuring Indiana Emergency Departments: Boone County Emergency Medicine

by Douglas Tannas MD, FACEP



Witham – Lebanon

This edition's featured EM group is Boone County Emergency Medicine. The group staffs the emergency departments at Witham Health Services in Lebanon (annual volume 17k), Major Hospital in Shelbyville (volume 22k), and Witham Health Services at Anson, in the Zionsville area (volume 5k). Witham at Anson is a freestanding ED with full lab and imaging capabilities, including ultrasound and MRI.

Dr. Tom Heniff is the president of the group and the medical director at Major Hospital.

Dr. Rena Zenarosa serves as the medical director at Witham.

Drs. Lauren Stanley and Chris Wood are assistant medical directors. All of these physicians trained in the IU EM residency, and Dr. Wood is a graduate of the EM/Peds combined residency. The group consists of 17 staff physicians, most of whom work at all three sites. There are also NPs and PAs providing 24-hour coverage at Major Hospital and 12-hour coverage at Witham.

Dr. Joe Moody provides EMS direction and can be reached with questions at 765-485-8500. Dr. Zenarosa heads recruitment and can be contacted at renazena@yahoo.com.

It's always interesting to hear what equipment different groups have chosen. BCEM facilities use Physio-Control defibrillators and purchased new Nihon Khoden monitors in 2014. They also use Alaris IV pumps and a Blanketrol hypo/hyperthermia management system. The group has chosen Glidescope laryngoscopes, using disposable pediatric blades and titanium adult blades, and a Zonare ultrasound system.

BCEM uses the Meditech electronic medical record system, which they have found to be fairly straightforward and user-friendly. However, they also have an ongoing collaboration with IS and nursing managers to modify the system, in order to streamline documentation, simplify CPOE, and comply with metrics. One of the valuable modifications is the use of complaint-specific order sets.



Witham – Anson



Major Hospital – Shelbyville

Group members kindly provided the following responses to our questions:

What might someone not know about your group and hospital?

"We take pride in having close relationships with the administrators and clinical leaders (physician and nursing) in both hospital systems. We believe that in the changing environment of medical care, the only way to be a driving force is to not just have a seat at the table, but to have a positive close relationship with the others at the table. All of our physicians participate in hospital committees, not just the leadership team".

Witham was voted the Best Place to Work in Boone County (among Boone County residents, 2014).

We have been awarded the Press Ganey Guardian of Excellence Award in 2013 and 2014 for excellence in patient satisfaction."

What challenges is your group facing?

"Although we enjoy our group's model of being a relatively small, independent, democratically run organization, we know that this is becoming less common, and it will be a challenge to maintain our viability as an independent group in the future."

What do you enjoy about your group?

"BCEM's identity is more like a family than a group of providers showing up for shifts: although our first priority is working hard and doing a great job of patient care, we also enjoy being a tightly knit group. We share our challenges as well as our successes and it makes the day-to-day work a lot more fun."

Many thanks to Drs. Tom Heniff, Lauren Stanley, Chris Wood, and Rena Zenarosa, as well as to their colleagues in Boone County Emergency Medicine, for being featured in EMPulse! The Board of Directors and staff of Indiana ACEP enjoy hearing from groups all around the state.



Part of the leadership team relaxing at the ED Directors Academy, Phase II in Dallas: Chris Wood, MD, Krystal Hutchinson, RN (ED Nursing Director at Major), Rena Zenarosa, MD, and Tom Heniff, MD

If you would like your group to be featured in a future issue, please contact me at:

dtannas@iuhealth.org.

As always, please let any member of the Board of Directors know if there is any way in which your Indiana ACEP chapter can better serve you and your patients.

Gaurav Arora MD, FACEP – One of Two IUSM Faculty Named to IBJ's "40 Under 40" List



Indiana University School of Medicine faculty member, Gaurav Arora MD, FACEP, has been named to the Indianapolis Business Journal's 2015 "40 Under 40" list.

The annual program honors high achieving professionals under age 40 for their success in business and contributions to the community.

The chief medical officer at IU Health Saxony Hospital, Dr. Arora is responsible for recruitment and retention,

contract negotiation, strategic planning, operations, quality improvement, safety and accreditation preparation at the hospital. Under his leadership, IU Health Saxony earned accreditation as a Chest Pain Center from the Society of Cardiovascular Patient Care. He also previously served as president of the Indiana Chapter of the American College of Emergency Physicians.

Earlier in his career, Dr. Arora was named chief emergency medicine resident at IU Health Methodist Hospital, a trauma center that sees nearly 100,000 emergency room visits a year, as well as a sideline physician for the Indianapolis Colts and in-field physician for drivers and crowds at the Indianapolis Motor Speedway.

"I am honored to be mentioned in the IBJ in this manner," Dr. Arora said. "I feel fortunate to have learned from and worked with so many wonderful people over the years. I have an extremely supportive spouse and family which helps keeps things together despite long work hours. I wish I could share the honor with all the others that make my work possible."

Dr. Arora holds a bachelor's degree in economics from Case Western Reserve University, doctorate in medicine from the University of Toledo and a master's in business administration from the IU Kelley School of Business

Also named to the list was Daniel Vreeman, DPT, associate research professor of medicine at the IU School of Medicine and an investigator at the Regenstrief Institute.

A View from the Top, *cont.*

continued from page 1

Because these legislative issues are so important to our practice and access to care for our patients, we must continue to aggressively reach out to the legislators who make these decisions. Remember that membership in ACEP, Indiana ACEP, AMA, and ISMA allows emergency physicians to speak loudly as a group to these legislators and influence the outcomes of these bills. Please share these issues with your colleagues and reinforce the importance of membership in these groups. This year we will be recognizing groups who have 100% of eligible members paying dues to ACEP at our annual conference. Now is the time for us to speak as a unified voice for our patients and our practice.

Our chapter has been awarded a grant from ACEP to improve our website and offer a better mode of communication for our members. Hopefully we can use this avenue to keep everyone informed as these and other changes threaten to impact our practice in the future. Look for these changes. Feel free to contact me for any updates on these or other issues. I'm looking forward to meeting with many of you at our annual conference. Register early!

BULLETIN BOARD

Organizations or individuals that want their message to reach emergency physicians in Indiana will find the **EMPulse** their number one avenue. The **EMPulse**, published four times per year, is mailed to members of the Indiana Chapter of the American College of Emergency Physicians. This highly focused group includes emergency physicians, residents and students.

CLASSIFIED AD RATES:

100% INACEP Hospitals or organizations:

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The **EMPulse** is published 4 times per year. The 2015 Ad Deadlines are: February 23, May 25, August 23 and November 22 (subject to change). Publication dates are approximately March 15, June 15, September 15 and December 14, 2015.

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The Importance of IEMPAC Contributions

The Indiana Emergency Medicine Political Action Committee (IEMPAC) is an important part of the lobbying efforts of the Indiana Chapter of the American College of Emergency Physicians and we need your support to keep it alive. IEMPAC gives you an opportunity to exercise your democratic responsibilities and at the same time be pro-emergency medicine. A strong PAC is vital to the future of organized emergency medicine.

You would never consider not paying your malpractice insurance premiums. IEMPAC is another form of insurance for your practice, patients, and profession and also needs to be funded appropriately.

Please remember, during the legislative session is NOT the time to be educating members of the General Assembly on issues. We need to be talking with legislators throughout the year. IEMPAC allows Indiana's emergency physicians to support legislators who support our positions.

In just the past two years, the General Assembly has listened to Indiana's emergency physicians on a number of issues including opiod prescribing, the INSPECT program & Physician Ordered Scope of Treatment (POST) to name a few. Our input was sought and changes were made to these programs at the request of INACEP members.

The 2015 session of the Indiana General Assembly will be critical for Indiana's emergency physicians. Bills will be introduced that address issues with Governor Pence's HIP 2.0 Medicaid expansion. Issues such as non-emergency care being delivered in the Emergency Department could take center stage.

Also, for the first time in 20 years, there will be a discussion about the Indiana Medical Malpractice Act. There are cases moving through the Courts right now that could impact the Constitutionality of the Act.

Please consider a contribution of \$200 today. Groups may also make a collective contribution (requires a roster submission). To contribute, please make your check out to IEMPAC and send it to:

Indiana ACEP
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Thanks for your support.
Chris Burke MD, FACEP

Senator Patricia L. Miller
1041 South Muesling Road
Indianapolis, IN 46239

December 17, 2014

Dear Indiana Emergency Medicine PAC,

Thank you for the generous contribution by Indiana Emergency Medicine PACE to my re-election campaign. Campaigns are engaged every year and necessary to be successful.

As you know, campaigns are also getting more expensive and contributions are helpful in the election process.

Your thoughtfulness & support are appreciated.



Sincerely,


Patricia L. Miller

Paid for by the Pat Miller for State Senator Committee, Kenneth Miller, Treasurer and presented with the approval of Pat Miller Candidate for State Senator. Contributions to the Pat Miller Committee are not deductible as charitable contributions for federal income tax purposes

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Emergency Medicine of Indiana is searching for well-trained EM physicians who are interested in joining a small/moderate sized group of like-minded colleagues with a passion for equal schedules, equal pay, equal "say" and equal ownership. We staff 8 hospitals in the NE Indiana region (3 of which are located in Ft. Wayne, IN).

For more information contact:
Andy McCanna, MD, FACEP, FAAEM
andymccanna@yahoo.com or 260-435-7937

2015 Indiana ACEP Conference – SAVE THE DATE

Please join us for the upcoming INACEP Conference April 29th-30th at the Indianapolis Marriott North! This will be an outstanding opportunity to reconnect with colleagues, learn from renowned leaders in Emergency Medicine and obtain affordable CME! Both days are filled to the brim with excellent speakers and topics. We know everyone will come away with clinical pearls that will impact your daily practice of Emergency Medicine. Register early and be sure to book your rooms now to obtain the fantastic special rates afforded to INACEP. Contact Sue if your group would be interested in sponsoring a table or portion of this annual event! We look forward to seeing you in April!

2015 Indiana ACEP Conference – AGENDA

Time	Title	Lecturer	Credit Hours
WEDNESDAY, APRIL 29			
8:00 – 9:30 AM	Rapid Fire Case Studies — Neurologic Disease & New Bridges to Cross	Greg Henry MD, FACEP	1.5
9:30 – 10:30 AM	High Risk Orthopedics	Michael Bond MD, FACEP, FAAEM	1
10:30 – 10:45 AM	Break		
* 10:45-11:45 AM	Ultrasound Imaging Updates	Robert Blankenship MD, FACEP	1
11:45 AM – 1:15 PM	Lunch – Annual Meeting		
11:45 AM– 12:45 PM	Lessons Learned From Treating Ebola in Liberia	Josh Mugele MD	1
*1:15 – 2:15 PM	Emergency Medicine Myths Busted	Michael Bond MD, FACEP, FAAEM	1
2:15 – 2:45 PM	Break		
2:45 – 3:45 PM	What's Afoot?	James Webley MD	1
*3:45 - 4:45 PM	Shouldering the Burden & Hip Hop	James Webley MD	1
THURSDAY, APRIL 30			
*7:00 - 8:00 AM	Coffee to Remain Awake and Alert . . . For Everything Else There's Ketamine	Howard Mell MD, FACEP	1
8:00 – 9:00 AM	High Risk EM: a Visual Journey	Joe Martinez MD, FACEP, FAAEM	1
9:00 – 9:15 AM	Break		
9:15 – 10:15 AM	The Crashing Airway	Ken Butler MD	1
10:15 – 11:15 AM	Unsuspected Killers in EM	Joe Martinez MD, FACEP, FAAEM	1
11:15 – 1:00 PM	Lunch w/ Legislative Update	Lou Belch	0
1:00 – 2:30 PM	48 Years in Emergency Medicine	Joseph Lex MD, FACEP, FAAEM	1.5
2:30 – 3:30 PM	Traumatic Brain Injury in the ED	Ken Butler MD	1
TOTAL:			14.0

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint providership of the American College of Emergency Physicians and Indiana Chapter of ACEP. The American College of Emergency Physicians is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American College of Emergency Physicians designates this live activity for a maximum of **14.00 AMA PRA Category 1 Credit(s)**[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Approved by the American College of Emergency Physicians for a maximum of 14.00 hour(s) of ACEP Category I credit.

43rd Annual ACEP Emergency Medicine Conference

REGISTRATION FORM FOR:

43rd Annual Indiana ACEP Emergency Medicine Conference
Wednesday & Thursday, April 29 – 30, 2015

Name: _____ ACEP Membership # (if applicable): _____

Title/Position: _____ Hospital Affiliation: _____

Home Address: _____ City: _____ State: _____ Zip: _____

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**Your confirmation will be emailed to you. If you have no email, it will be faxed.*

2-DAY REGISTRATION

**Please check one
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ACEP Member	\$285 <input type="checkbox"/>
Non-ACEP Physician	\$335 <input type="checkbox"/>
PA/LPN/NP/Paramedic	\$160 <input type="checkbox"/>
Intern /Med Student	\$20 <input type="checkbox"/>

Choose one:

Handbook on paper	<input type="checkbox"/>
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TOTAL

If paying now, please pay by cash or check.

Credit card payment option will be available by spring.

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1-DAY REGISTRATION

**Please check one
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ACEP Member	\$180 <input type="checkbox"/>	\$120 <input type="checkbox"/>
Non-ACEP Physician	\$195 <input type="checkbox"/>	\$155 <input type="checkbox"/>
PA/LPN/NP/Paramedic	\$100 <input type="checkbox"/>	\$100 <input type="checkbox"/>
Intern /Med Student	\$10 <input type="checkbox"/>	\$10 <input type="checkbox"/>

Choose one:

Handbook on paper	<input type="checkbox"/>	<input type="checkbox"/>
Handbook on flash drive	<input type="checkbox"/>	<input type="checkbox"/>
Late Fee (if received after 4/17/15)	\$25 <input type="checkbox"/>	\$25 <input type="checkbox"/>

TOTAL

If paying now, please pay by cash or check.

Credit card payment option will be available by spring.

NO FULL REFUNDS AFTER 4/7/15

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CANCELLATION POLICY: A full refund will be given, provided cancellation is received by April 7, 2015. A processing fee of **\$25.00** will be charged for cancellations received after this date. **No Shows will be charged full registration amount.**

INACEP reserves the right to conduct its courses based on minimum enrollment. Should cancellation be necessary, it will be done not less than 10 days prior to the course date and each registrant will be notified by telephone with written notification and a full refund following. The Indiana Chapter of the American College of Emergency Physicians is not responsible for any cost incurred due to cancellation of a program, such as airline or hotel penalties.

Please make your check payable and mail to: **Indiana ACEP, 630 N. Rangeline Rd. Suite D, Carmel, IN 46032**

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