

EMpulse

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



The 2018 INACEP Conference was a huge success!

Tentatively, the 2019 Conference will be held April 17 & 18, 2019 at the Sheraton Indy North Hotel.
(Keystone at the Crossing)

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A View from the Top



Christian Ross, MD, FACEP (INACEP President)

First off, thank you all for allowing me to serve you as INACEP president over the coming year. I'd like to extend a special thanks to Gina who raised the bar for myself and future presidents in her service as president over the past year. We, as Indiana EPs, owe Gina a huge debt of gratitude for her work, especially in regards to her efforts against the adverse changes facing us in EM reimbursement. I plan on following in her footsteps by continuing to put pressure on payers to make sure we are fairly compensated for our work. You can also bet INACEP will continue their presence at the statehouse, advocating for our specialty and patients with regards to health policy legislation. As my personal goal as president over the next year, I'd also like to focus on increasing INACEP involvement here in Indiana. Here are the three ways I plan to do this:

- 1) **Unite EM docs in Indiana**
- 2) **Outreach**
- 3) **Social Media presence**

Unite EM Docs in Indiana

I think this starts by building bridges between the different factions of EM. If asked who represents you in emergency medicine, you'll often get a "letter salad" of answers: ACEP, INACEP, AAEM, SAEM, EMRA. All have varying levels of membership here in Indiana and there is significant overlap. AAEM, in particular, has a large presence and great support in Indianapolis, with the legendary late Dr. Kevin Rodgers most recently serving as president. SAEM would obviously be more prominent at the academic centers and EMRA would focus on resident issues. All of these factions have some disagreement between them, but how different are they really? They all have the same common goal, right? Everyone should be focused on advocating for our specialty and our patients. It's time for us to realize we all have more in common than we have differences. Of course, there are going to be differing opinions on issues that face us, but wouldn't we all be more effective if we united towards a common goal? Going further, what if you asked those same docs who represents them and their patients for statewide issues? The only true answer is INACEP. Regarding state-specific issues, I'd argue that there are little to no differences of opinion between the different factions and the only group working on those issues is INACEP.

Outreach

Next up, I think outreach is going to be important for INACEP to continue to have the impact desired. Currently, INACEP is admittedly very Indianapolis-centric. There's pretty good reason for this. Indianapolis is where the statehouse, our lobbyist and the only EM training site in our

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Legislative Update

by Lou Belch, Lobbyist for INACEP

The General Assembly concluded in a chaotic fashion and led Governor Holcomb to announce that Special Session would be convening on May 14th to address some unresolved issues.

Bills that became law that are of interest are:

SEA 221: This bill was authored by Sen. Erin Houchin (R-Salem) and sponsored by Rep. Ben Smaltz (R-Auburn). It will require a prescriber to query INSPECT before prescribing an opioid or benzodiazepine. The proposed timeline for when it will be effective is the following:

- January 1, 2019 – An emergency department of a hospital or a pain management clinic
- January 1, 2020 – A prescriber who is treating patients in a hospital system
- January 1, 2021 – All prescribers

Once a prescriber has INSPECT integrated with their electronic medical record, regardless of the timeline, they will be required to query before prescribing. A healthcare provider does not have query information on a patient under a pain management contract more than once every 90 days. This bill was part of Governor Holcomb's agenda to combat the opioid epidemic and has now been signed into law.

SEA 225: Sen. Randy Head (R-Logansport) authored and Rep. Cindy Kirchhofer (R-Beech Grove) sponsored SEA 225. Beginning

January 1, 2019 any prescriber who is applying for or renewing their controlled substance registration will be required to complete two hours of continuing education in the past two years on opioid prescribing and opioid abuse. The Professional Licensing Agency will post available continuing education courses on their website. This requirement will end July 1, 2025. It has been signed by the Governor and is now Public Law 55.

SEA 340: This bill makes changes to the abortion reporting requirements and requires a physician to report to the Indiana State Department of Health if they treat a patient suffering from an abortion complication. The definition of an abortion complication is a detailed list of conditions. The reporting requirements are not in effect until September 1, 2019. INACEP is working with the Indiana Hospital Association and the Indiana State Medical Association to seek guidance on the implementation of this new law.

HEA 1119: This bill was authored by Rep. Cindy Kirchhofer and sponsored by Sen. Mike Crider (R-Greenfield). The bill will make updates to the POST form and establish a hierarchy of consent in healthcare facilities. This bill will become effective July 1, 2018 and it has been signed into law by the Governor.

There will be a number of Interim study topics assigned in late May. They will be covered in the next issue of *EMPulse*.



Emergency Medicine of Indiana (EMI) is seeking EM physicians interested in joining a democratic group of like-minded colleagues staffing eight contracts in NE Indiana. Excellent income. Stable group.

Kosciusko Community Hospital (KCH), Warsaw, IN - BE/BC EM physician for community hospital with 18k visits a year.

Marion General Hospital (MGH), Marion, IN - BE/BC EM Medical Director/physician for community hospital with 43K visits a year.

Dukes Memorial Hospital, Peru, IN - EM physician for community hospital with 11k visits per year. IM/FP with EM experience accepted.

Bluffton Regional Medical Center - Bluffton, IN - EM physician for community hospital with 10k visits per year. IM/FP with EM experience accepted.

Visit www.emipg.com / E-mail Marta Schenkel at mschenkel@emipg.com / Call 260-203-9607

2018 Conference Recap

by Chris Ross, INACEP President

INACEP Conference 2018 was a success! We had a lively two days with many national and local speakers delivering awesome, high-impact EM lectures! Big thanks to our 135 attendees! Thank you to our sponsors and exhibitors highlighted on the next page. They help to make our conference possible.

Moving forward, Bart Brown MD, FACEP (INACEP Vice-President) will be the 2019 Educational Director. We're excited to announce that the planning for the 2019 event is already underway. Keep your eyes on the *EMpulse* for further announcements and updates. I look forward to seeing you all next year!



Luncheon at the 2018 INACEP Emergency Medicine Conference

Indiana Chapter of the American College of Emergency Physicians gratefully acknowledges the following companies for their support of this program.

GOLD LEVEL:

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Board Members attending the 2018 Conference: Back Row: Drs. John Rice, Jamie Shoemaker, Chris Cannon, Chris Ross, Bart Brown & Tyler Johnson.
 Front Row: Drs. Tim Burrell, Lindsay Weaver, Gina Huhnke, Paul Kivela, JT Finnell



Drs. Paul Kivela (ACEP President), Chris Ross (INACEP President), and Gina Huhnke (INACEP Immediate Past President)

Improve Efficiency with Medical Apps

by Bart Brown MD, FACEP—Vice President & Education Director INACEP

Medical apps offer the potential for providers to rapidly access information and tools to facilitate efficient evaluation and management of patients. They are easily accessible by “smartphones” and can be a great option in many locations where other health IT is unavailable or inaccessible. This includes pre-hospital care, military medicine, wilderness medicine, and during disaster situations. I have found apps to be a helpful option during planned and surprise connectivity down times (including a recent cyberattack).

Unfortunately, this innovative and rapidly expanding segment of health IT does not come without possible risks. There are hundreds of thousands of available medical apps, with many apps designed for patient use. Incorrect app information and misuse by patients could lead to incorrect “self-diagnosis”, delays in seeking appropriate care, or inappropriate treatments. Patients are prompted to enter personal health information in some apps. This creates the possibility this information could be accessed by unintended third parties.

While these risks need to be acknowledged, using medical apps offers great potential to enhance the efficiency and safety of patient care. They can also offer innovative tools to overcome barriers to patient care. Listed below are some useful categories and popular apps.

Medical Decision Making

There are apps for many of the well-known programs. Commonly used apps include **UpToDate**, **Micromedex**, and **MDCalc**. **EMRA** offers an app for their antibiotic guide and **PressorDex** (calculates doses for critical care medications). ACEP has a popular **Toxicology Antidote** app.

Procedural

Apps are a useful way to brush up procedures, including **Emergency Ultrasound**. **Sonosupport**, **Pocket Emergency Ultrasound**, and **One Minute Ultrasound** are simple and popular apps. They can be used for a quick refresher of the anatomy and technique of infrequently performed exams or procedures.

Patient Care

Google Translate can be used to quickly get some history if a language barrier exists, especially when other options are not readily available. **GoodRx** is a great resource to address the frequent “how much is that going to cost” question.

Communication

Diagnotes enables everyone involved in patient care to communicate instantly — even remotely or after-hours — in an easy and HIPAA-compliant way, from their preferred device: smartphone, tablet, laptop or PC.

Innovative Apps

PulsePoint locates and alerts CPR-trained bystanders about a nearby cardiac arrest event through the free **PulsePoint Respond** mobile app, and lets them know the location of the closest AED.

This is not meant to be a comprehensive list, just some useful ideas to get started and put them to work for you.

Thank You, Indiana Emergency Physicians

Gina Huhnke, MD, FACEP (INACEP Immediate Past President)

Well, the baton has been passed. As immediate past president for INACEP, I wanted to take one last opportunity to pen a few words for our publication. Mostly I wanted the opportunity to thank you for entrusting me as your representative this past year. This year has been one of the busiest and most rewarding of my career.

The path the Board of Directors forged this past year was engaging and enlightening. We assisted with the legislation involved with funding for integration of INSPECT data into our EMR, had our voice heard by ABEM representatives regarding MOC, sponsored an ACEP resolution that was supported unanimously addressing reimbursement for emergency services, met with Indiana State Representatives to discuss legislative bills, and most recently championed for changes in automatic down code policies by third party payers at the state level. More than anything I have learned that we must get involved to enact change. By the time this article is published, INACEP will have instated the President for 2018-19, Dr. Chris Ross. Chris is an energetic, intelligent, well-spoken young man who will lead the way for Indiana and continue to stand up for the rights of patients and of the Emergency Physicians who provide care for them 24/7/365—anyone, anywhere, anytime.

Faculty Teaching Awards

On behalf of the Department of Emergency Medicine at the Indiana University School of Medicine, we would like to recognize the following individuals as recipients of the 2018 Faculty Teaching Awards. These awards allow us to honor and celebrate the valuable efforts of faculty educators who embody the spirit of teaching and commitment to learning. These individuals were chosen for their ability to inspire their learners and motivate them to work hard and achieve more.

We truly appreciate the work of these individuals and all of our faculty, including 190 volunteer faculty who work with our medical students statewide.

Sincerely,

Cherri Hobgood, MD, FACEP - Chair and Rolly McGrath Professor
 Megan M. Palmer, PhD - Vice Chair of Education
 Nash Whitaker, MD - Statewide Clerkship Director

2018 Faculty Teaching Award Winners are:

Dr. Daniel Garrison: Bloomington
Dr. Tim Almquist: Evansville
Dr. Anthony Collins: Ft Wayne
Dr. Marc Estes: Lafayette
Dr. Andrew Flack: Muncie
Dr. Airron Richardson: Northwest
Dr. Dan Sullivan: South Bend
Dr. Brian Freeze: Terre Haute
Dr. Dylan Cooper: Indianapolis
Dr. Ed Bartkus: Indianapolis
Dr. Sean Trivedi: Indianapolis

New Indiana ACEP Board & Officers

The New INACEP Board Officers are:

Chris Ross MD, FACEP - President
Bart Brown MD, FACEP - Vice President
Lauren Stanley MD, FACEP - Secretary/Treas.

New Board of Director Members are:

Daniel Elliott MD - Community
Daniel Garrison MD - IU Health - Bloomington
Geoff Hays MD - IU Health - Methodist & Riley
Lindsay Zimmerman MD - St. Vincent Emergency Physicians

(For a complete list of INACEP Board members,
 see back page)

A special THANK YOU to outgoing Board members:

Emily Fitz MD, FACEP
Jonathan Steinhofer MD, FACEP

Your service to our Chapter has been greatly appreciated!



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EMBE/BC Physician, outstanding partnership opportunity, democratic group, 35K ED volume

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EMBE/BC Physician, outstanding partnership opportunity, democratic group, 65K ED volume

St. Joseph Regional Medical Center - Plymouth

EMBE/BC, FP/IM with ED experience Physician, outstanding partnership opportunity, democratic group, 18K ED volume

Contact Person: David E. Van Ryn, MD FACEP

Contact Phone: 574-523-3160

Contact E-Mail: dvanrynn@eepi.net

Website: www.eepi.net

FHIR HIEdrant

by JT Finnell MD FACEP

Welcome to your tech update. During our clinical informatics elective, we often ask the medical students what it would look like if we could “blow up” the medical record. If you observe a child interacting with a new toy, they commonly find innovative ways to play with and use this device. So we asked our new learners (medical students) about the problem list. Who owns the patient’s problem list? Who should maintain the problem list? We’ve all seen extensive problem lists. These lists take time for us to review in order to determine which, if any, of these problems impacts today’s visit.

So why don’t we try something new? What if the problem list could be interactive? What if, when you selected a patient’s medical problem, a discrete list of relevant clinical data was displayed? Regenstrief Institute and Indiana University Health have partnered to develop such a tool.

This new tool requires understanding of some of the existing tools in IT. FHIR refers to the new Fast Healthcare Interoperability Resources standard, which enables a new kind of standards-based interoperability among health IT applications. FHIR is designed to provide a standardized data access interface to the health IT systems. To date, all major health IT platforms have implemented the FHIR standard. Compliance with the FHIR standard makes our innovation easily generalizable to environments where information from at least two FHIR-enabled health IT platforms are connected.

Regenstrief Institute is collaborating with the Indiana Health Information Exchange and Indiana University Health (IUH) to implement the FHIR (Fast Healthcare Interoperability Resources) HIEdrant app for helping manage chest pain patients. This pilot project is currently underway at the IUH Methodist Emergency Department.

The “Chest Pain” App makes highly relevant information for diagnosing and treating a patient with chest pain available directly in Cerner, the EHR at IU Health. Within Cerner, the physician simply clicks on the menu item invoking the app and is presented with essential information for helping diagnose chest pain, such as the last EKG, catheterization report, echocardiogram, cardiology note and discharge summary.

The Chest Pain app reduces more than 50 mouse clicks/keystrokes and three to five minutes of effort in searching/browsing to a single click with immediate information delivery. The Methodist ED sees approximately 9,000 patients with chest pain a year. Assuming that approximately 2 – 3 physicians review the external chest pain-related information items for each patient, we can calculate an approximate time savings of 1,500 hours/year of physician time for information retrieval. At a blended rate of \$200 per hour, this constitutes savings of approximately \$3 million for managing chest pain just at IUH Methodist. IUH has 19 other ERs, so that savings system-wide would be multiplied.

We believe these tools will constitute a significant paradigm shift in healthcare. Despite the “advances” in medicine moving from paper to electronic records, the fundamental problem remains: You can’t find anything. This problem has been worsened with the shift to digital records: Now you can’t find anything in a bigger pile of information. FHIR HIEdrant is a technology that can bring all relevant data for a patient problem into your medical record system with one click.

We believe these tools will help solve a singular problem in health IT systems. How to help providers access and review relevant clinical information as efficiently and effectively as possible.

Please feel free to contact me if you have any questions or would like to participate in future trials.

Welcome New Indiana ACEP Members

New Member:

Brandon Charlton MD
Kailyn Kahre MD
Daniel Handel MD, FACEP
Adarsh Srivastava MD

Fellow:

Jaime Hajjari MD

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A View from the Top

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state are located. On top of that, more EM docs (myself included) live around Indy than anywhere else in the state. So what can I do to make sure all ED docs in Indiana are well represented? A road trip, of course! I plan on trying to cover as much of the state as possible over the next year, meeting with the EM docs at their place of work to encourage participation in INACEP. This will ensure that we, as the board of directors, are focused in the right direction. To get this accomplished, I have to put you to work just a little bit. If you don't currently have a representative from your group on the INACEP Board of Directors, I need you to stop reading this article right now and email me (ctross@gmail.com) with your name and location of practice. I'll be doing some legwork too in reaching out to EDs across the state.

Social Media Activity/Presence

Finally, the last prong in my approach for INACEP to take over the world (or state) is to increase our social media presence. We currently have a Facebook and Twitter account that is sparsely used. We have had an uptick in usage over the past year courtesy of the work of some of our board and resident members, but I think we could do better. I've never been a Tweeter, but as of now, I'm going to learn. Hopefully this will make our actions as INACEP leaders more widely known and transparent.

In summary, I have a lot to do and learn over the next year, but it's going to be worth it. I believe in INACEP and what we can accomplish as emergency physicians if we all can come together.

I'd like to end with a call to arms to you, the reader, as well. To help support EM efforts through INACEP, make it your goal to recruit one new INACEP member over the next year. If I have to learn Twitter, it's the least you can do in exchange.

Thanks!
Christian Ross, MD, FACEP

Upcoming Events

Leadership & Advocacy Conference

Washington DC
May 20 – 23, 2018



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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.

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The **EMpulse** is published 4 times per year. The **2018 Ad Deadlines** are: January 8, May 8, August 8 and November 19 (subject to change). Publication dates are approximately Feb 1, May 30, September 15 and December 31, 2018.

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630 N. Rangeline Road, Suite D, Carmel, IN 46032
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Fred Osborn Award Winner—Tom Heniff MD, FACEP

Tom Heniff MD, FACEP is the 2018 winner of the Fred Osborn Memorial Excellence in Emergency Medicine Award.

Tom is a model leader for the growth and development of Boone County Emergency Medicine (Lafayette Emergency Physicians) since its inception. He truly exemplifies the concepts of democratic leadership, fairness, dedication to developing physicians into better doctors, and sharp focus on bettering patient care. His current positions include:

***President, Boone County Emergency Medicine /
Lafayette Emergency Physicians***

***Medical Director, Major Health Services
Emergency Department***

***Vice President of Medical Executive Committee
at Witham Health Services***

Tom was a leader in the design/development of Major Hospital's new ED (in the new hospital which opened in 2017). He spearheaded development of a simulation lab at Witham (with construction beginning in 2018), which will be used by various departments for collaborative provider and staff education.

He has participated as a physician for the Indy 500 and Brickyard events at the Indianapolis Motor Speedway. He is a current participant in Boone County's Drug Taskforce, which brings together medical, law-enforcement, mental health, and other leaders in the fight against drug abuse/addiction in our community.

He has contributed to development of the next generation of Emergency Physicians in our state by volunteering to lead sessions for IU Emergency Medicine residents, especially on topics related to the business of Emergency Medicine, medico-legal aspects of EM, and various topics related to clinical medicine. He is currently participating in the longitudinal Suburban Health Organization's Physician Leadership Series, which brings together physician leaders across central Indiana.

Tom has been a pillar of integrity and dedication to excellence throughout his career in Emergency Medicine. For both senior partners and younger physicians, Tom has been a role model in many ways. His clinical skills and knowledge are excellent (without sacrificing bedside manner), and despite all of his commitments he demonstrates continued learning and professional growth. He does so while also maintaining a balance of work life and home life. Tom is the kind ear on the other side of phone calls from docs "in the pit" who have had a difficult case or interaction; he even answered phone calls 24/7 while on a trip to Cuba. He is a sounding board in times of uncertainty. He is the partner you want to come through



Rena Zenarosa, MD, FACEP presenting Tom Heniff MD, FACEP with award.

the door during a nightmare shift. In short, Tom is not just a leader, but an equal, and our group, hospitals, and community would not be what they are without him.

Tom joins the following list of Fred Osborn Award winners:

2010 - Peter Stevenson MD, FACEP of Evansville, IN

2011 - David VanRyn MD, FACEP of Elkhart, IN

2012 - Thomas Madden MD, FACEP of Bloomington, IN

2013—Thomas Gutwein MD, FACEP of Fort Wayne, IN

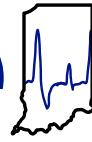
2014 - Tom Richardson MD, FACEP of Danville, IN

2015 - Randall Todd MD, FACEP of Indianapolis, IN

2016 - Chris Burke MD, FACEP of Carmel, IN

2017 - John McGoff of Indianapolis, IN

EMpulse



Indiana Chapter
American College of Emergency Physicians

630 N. Rangeline Road, Suite D
Carmel, IN 46032

Phone: 317-846-2977
Fax: 317-848-8015
Email: indianaacep@sbcglobal.net

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Deaconess Hospital
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Daniel ELLIOTT MD
Community North, East and South
dan.elliott1889@gmail.com

JT FINNELL MD, FACEP
(Ex Officio Board Member)
IN University School of Medicine
317-423-5500

Dan GARRISON MD
IU Health – Bloomington
djgarris@gmail.com

Geoff HAYS MD
IU Health- Methodist & Riley
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Elkhart General & IU Health –
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Ashley SATORIUS MD
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James SHOEMAKER Jr., MD, MA, FACEP
(Ex Officio Board Member)
Elkhart General Hospital
574-523-3161

Courtney SOLEY MD
(Resident Member)
IU School of Medicine

Matt SUTTER MD, FACEP
Lutheran Hospital – Fort Wayne
260-435-7937

Lindsay WEAVER MD, FACEP
IN University –Dept. of EM
317-962-3525

Lindsay ZIMMERMAN MD
St. Vincent Emergency Physicians
lindsayzimmerman@gmail.com

Nick KESTNER
Executive Director
nick@inacep.org
317-846-2977

Sue BARNHART
Executive Assistant
sue@inacep.org
317-846-2977