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EMpulse

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Coming Events:

Resident Forum

August 13, 2015

Registration forms were mailed last week

2016 Annual Conference

May 5–6, 2016 at the Sheraton City Centre Hotel, downtown Indy

Inside this Issue

A View from the Top

By James Shoemaker MD, FACEP (INACEP President)

Hello! It's time for my first installment of A View from the Top as the 2015-2016 President of Indiana ACEP. A little about myself … my name is Jamie Shoemaker and my family (wife Kaili, sons Keegan and Aidan and kitten Ezra) and I live in Northern Indiana in the small town of Granger located near Notre Dame. I am a partner with Elkhart Emergency Physicians Inc. and serve as the Chairman of the Elkhart General Hospital Emergency Department. I completed medical school at Indiana University and my residency training in Kalamazoo, MI and am thankful every day for being directed down the path of Emergency Medicine.

I am truly humbled and privileged to have been selected as a board member and officer of Indiana ACEP. Indiana emergency physicians and care providers are very fortunate to have such an enthusiastic and active Board of Directors and Lobbyist representing our interests at the state level, advocating on behalf of our truly unique specialty. As President, it is my intent to listen to all Indiana ACEP members and continue to propel our state chapter forward as problem solvers and doers. I am astonished at the dedication and drive shared by all of our board members to truly impact our specialty at both the State and National level. The House of Medicine will continue to undergo considerable changes as payment and treatment models transition from fee-for-service to bundled payments and government and commercial payers try to pay as little as possible for ever increasing demands on quality and outcomes. Your INACEP chapter has been extremely involved in many issues germane to our specialty, including threats to the IN Malpractice law, HIP 2.0, INSPECT implementation and use with Indiana controlled-substance drug prescribing laws, death certificate signing by EM physicians, bundling of ECGs in payment schemes, Statewide EMS and Trauma system development, Medicare SGR repeal, development of and response to the ACEP EM Report Card and many other important EM topics that will have an impact on our specialty. We will try to keep you informed as we navigate the forever changing landscape.

As immediate past Vice President of IN ACEP, I recently had the privilege of organizing speakers for the 43rd Annual Indiana Emergency Medicine Conference, held April 29-30th at the Marriott North Hotel in Indianapolis. At first, I was overwhelmed with this tremendous responsibility and was uncertain how to organize speakers and get commitments from them. I leaned on my predecessors for guidance. I was pleasantly surprised by the eagerness and willingness of national and local speakers to make themselves available for our state conference. This year's conference was a great success attracting 130+ participants to hear state of the art Emergency Medicine presentations on a diverse set of topics - riddled with clinical pearls and take-home points. Thank you to all who participated as speakers and to those that attended our event. Next year, the conference will be held in downtown Indianapolis on May 5-6th at the Sheraton hotel. We hope to build on our successes and provide you outstanding CME quality and opportunities to connect with colleagues from across the state and surrounding areas.

Street Talk

by Gina Huhnke MD (INACEP Board – Secretary/Treasurer)

Over the last several years I have had the pleasure and honor of serving as an EMS director. I must admit that I initially approached this task with some trepidation. My lack of EMS director experience and otherwise extremely busy schedule initially left me wondering why I would commit myself to this monumental task which offered little monetary reward. Simply because I enjoyed working closely with the EMS crew in the Emergency Department setting, I cautiously agreed to accept the position and give it try. I quickly found myself amazed by the complexity of medical decision making and scope of treatment being provided in the prehospital arena often under extremely adverse conditions. The depth of knowledge of these prehospital providers and their ability to rapidly act in a crisis situation with very little available diagnostic equipment is certainly to be commended. After some reflection, I have decided that the EMS crew has taught me as much, if not more, than I have taught them. So in an attempt to keep myself abreast of the current EMS related topics, I thought I would provide an overview of five important articles of the last year which impact EMS. The following is a short synopsis of a lecture presented at the Gathering of the Eagles EMS conference by Dr. Corey Slovis entitled "The Pentagon Papers".

Valsalva Maneuver for the Termination of PSVT: The Valsalva maneuver is a low risk procedure which can be performed in the prehospital setting to terminate paroxysmal supraventricular tachycardia. The efficacy of the procedure is variable but can result in termination of the rhythm in approximately 20% of cases. Since sympathetic tone is increased in the upright position, the efficiency of the Valsalva maneuver can improved by placing the patient in the prone or reverse Trendelenburg position and maintaining Valsalva for at least 15 seconds. Contrary to popular myth no significant adverse affects were noted in this study population.

Morphine Associated with Delayed Oral Anti-platelet Activity in STEMI: This study included 300 patients with STEMI documented per EKG. 32% of this patient population received Morphine Sulfate. The incidence of high residual platelet activity was 53% in the patients receiving Morphine in comparison to 29% in the patients who did not receive Morphine. There was also noted to be a significant increase in vomiting in the Morphine population. The authors conclusion was that Morphine results in decreased efficacy of anti-platelet agents and induces vomiting. No one likes vomiting especially in the back of an ambulance!

Adrenaline in Out of Hospital Cardiac Arrest: A Meta-analysis of 4 studies designed to determine the effect of Epinephrine on cardiac arrest outcomes. These studies included a total of 12,246 patients and measured the effects of Epinephrine against placebo, high dose Epinephrine, combination of Epinephrine with Vasopressin, and Vasopressin. These studies suggest no difference in survival or neurologic outcome with the use of Epinephrine in patients with out of hospital cardiac arrest. Save the Epinephrine for anaphylaxis.

Electrical Exposure Risk with Hands on Defibrillation: Interesting cadaver study which measured the conduction of electrical current to the anterior chest wall during defibrillation with 360 joules. The conclusion was that the amount of potential electrical exposure for a person in contact with the patient's chest performing CPR is 6 times the threshold needed for inducing fibrillation in the caregiver. Minimize the peri-shock pause but please don't try this one at home.

Outcomes of Patients with EKG resolution of STEMI prior to arrival in the ED: 83 patients with prehospital EKG findings of STEMI were included. 20% were found to have resolution of their EKG findings on arrival to the ED. All patients were taken to cardiac catheterization lab. There was no reported difference in the percent of occlusion of the culprit vessel noted at the time of catheterization between the group with resolution of EKG findings and those with persistent EKG findings. The patient subgroup with persistent EKG changes were, however, more likely to have multi-vessel coronary disease. Some fuel for the fire when your interventionalist resists aggressive treatment of the patient whose EKG has improved.

Hopefully these few tidbits have enticed your interest in prehospital care. References for the articles and the Gathering of the Eagles website are below if you desire additional information. In summary, please remember to thank an EMS provider for the outstanding service they provide when they are in your department.

References:

Annals of Emergency Medicine 2014;65:27-29

Emergency Medicine Journal 2010;27:287-291

CircCardiovascInter 2015;8 epub Jan

Resusc 2014;85:732-40

Prehosp Emer Care 2014;18:174-179

www.gatheringofeagles.us

Legislative Update

by Lou Belch, Lobbyist for INACEP

Medical Malpractice

There were two bills considered during the session - HB 1043 and SB 55. Both were described in detail in the last issue of the EMPulse. Neither bill passed. However, there is still significant discussion among legislators and other interested parties, including health care provider associations, that some adjustment to the system may be called for to maintain the constitutionality of the caps and the medical review panel process.

Worker's Compensation

In the 2012 session, the General Assembly passed legislation that reduced hospital reimbursement under worker's compensation by approx. 32%. At the time, the reimbursement methodology was changed from the 80th percentile of usual and customary in the geozip of the hospital (this is the current methodology for all other providers) to 200% of the hospital specific Medicare fee schedule.

SB 33 was introduced this session to seek the same change in methodology for Ambulatory Surgery Centers (ASCs). However, once it was clear that this change would have resulted in a decrease in reimbursement to ASCs of approximately 65%, the bill was amended to call for further study during the interim. The amendment also added all other providers to the proposed study. This includes physicians. Indiana ACEP will be involved in the study process.

Death Certificates

During the legislative session the issue of the signing of death certificates was discussed. No legislation was introduced, but the issue of emergency physicians refusing to sign was raised.

Interested parties met during the session to see if there was a legislative fix needed. Present were ISMA, INACEP, the Indiana State Department of Health, the Indiana Coroners Association, Sen. Patricia Miller and Rep. Ron Bacon. At that time a decision was made not to rush into a legislative fix. It was agreed that the law says the physician last in attendance at death shall certify to the cause and manner of death. INACEP representatives pointed out, that often the ED physician is unable to certify that with a high degree of medical certainty. They will often know manner, but not cause. Everyone agreed that it would be rare that an emergency physician could do such.

The law says that in the case of a natural death, absent a physician present, the county health officer shall be the last stop for a signature. The group above agreed that when an ED physician cannot certify, it should be treated as a coroner's case or a local health officer case.

Please note that the law has not changed. This was just an agreement between interested parties on how to handle the situation in the short term. If INACEP members have issues regarding this subject, please contact the INACEP office so we may work with appropriate parties to resolve the issue.

We will continue to monitor and the INACEP Board will draft legislation for consideration in the 2016 session of the Indiana General Assembly.

HIP 2.0

As of the first week of May, there have been over 325,000 applications for HIP 2.0. That is roughly 100 days into the program. The estimates for the program expected 350,000 applications the entire first year.

Featuring Indiana Emergency Departments: Indiana Emergency Care (IEC)

by Douglas Tannas MD, FACEP

IU Arnett Hospital

IU White County Hospital

Our featured emergency medicine group for this issue is Indiana Emergency Care (IEC), a private group that has been in operation since 1996. The group is headquartered in Lafayette and operates in the west central portion of the state. Since 2013, the group has been affiliated with two major Indiana healthcare systems as well as with one independent hospital. IEC operates in four facilities: IU Health Arnett (Lafayette, annual patient volume approximately 40k, also a level III trauma center), IU Health White County (Monticello, 15k), Jasper County Hospital (Rensselaer, 11k), and St. Vincent Williamsport (Williamsport, 10k). Previously, the group operated at sites in the St. Francis Health System from 1996 to 2013.

The group is led by managing partners Drs. Marc Estes and Ted Seall, and additional partners are Drs. Chris Brandenburg, Jill Grant, Mike Kupon, Nick Sansone, Michael Tricoci, and Chris Waller. Erika O'Brien is the CFO-COO of the group and graciously provided INACEP with a wealth of information about the group for this article. The group employs over 30 physicians, six midlevel providers, and four full-time office employees.

Dr. Brandenburg serves as the EMS director for multiple organizations in the area. Additional contacts in the group include Dr. Estes for disaster planning, Dr. Seall for equipment questions, and Ms. O'Brien for recruiting and hiring. The group can be contacted at administration@indianaemergencycare.com or by phone at 765-446-0170, and additional information can be found on the group website at www.indianaemergencycare.com.

We always ask groups to comment on how their providers are adapting to the use of electronic medical records. IEC has faced the challenge of converting to three different EMR platforms in the past three years, given the diversity of hospitals. Providers in the group now have extensive experience with Cerner at the IU facilities and Meditech at Jasper County, and have previously used Epic in their work in the Franciscan system. St. Vincent Williamsport will be converting to Quest in the first quarter of 2016.

The group leadership was able to forecast that the use of EMRs would result in inherent workflow inefficiencies, and the group was one of the first in the state to utilize medical scribes. The group actually began using scribes even before EMR implementation, which helped to develop an understanding of how to effectively use them. Currently, scribes are used at all sites that utilize an EMR, and the group has found that the use of scribes increases productivity by 0.5-0.7 patients per hour. They also feel that scribes decrease liability and improve compliance with CMS core measures. The group

From Left: Dr. Nick Sansone, Dr. Michael Tricoci, Dr. Chris Brandenburg, Dr. Chris Waller, Dr. Ted Seall, Dr. Jill Grant, Dr. Marc Estes, and Dr. Mike Kupon

has also worked closely with the IT departments and vendors to develop smart phrases/lists and macros and to make virtual practice environments available to allow the providers and scribes to become familiar with the platforms before using them clinically.

Erika O'Brien tells us that IEC believes that one of the secrets of its success lies in the combination of business-trained executives with a strong physician team, who can work closely to navigate the constantly changing healthcare environment. It's been important to have physicians recruiting other physicians and to have partners/directors working side by side with non-partners, which helps to develop a strong work ethic and climate of respect.

IEC providers face many of the same challenges that most groups have mentioned, including the shortage of residency-trained, board-certified emergency physicians in the state, limited specialty coverage in rural Indiana, and the nationwide nursing shortage, which has occurred at the same time as a nationwide increase in ED visits and decrease in inpatient beds, and during a time in which our population is aging. Certainly, all of us in the community of emergency medicine are familiar with these problems, and must work together to develop creative and flexible solutions.

In answer to our questions about what the physicians enjoy most about their group, IEC responded:

"The most enjoyable aspects of working at IEC are the dynamic work environment and team environment. We are constantly looking for ways to improve our physician group, as it relates to both our clinical practice and business operations. When it comes to making critical decisions regarding our practice, our partners put their egos aside. At Indiana Emergency Care, the best idea in the room wins!"

Many thanks to Erika O'Brien, CFO-COO, and to the members of Indiana Emergency Care for being featured in EMPulse! As always, the members of the Indiana ACEP Board of Directors would like to encourage all members to contact any of us if there are ways in which we can better serve you and your patients. Best wishes to all for a safe and productive summer.

St. Vincent Hospital – Williamsport

Jasper County Hospital

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.

2015 Fred Osborn Excellence in Emergency Medicine Award Winner — Randall Todd MD, FACEP

In 2010, the Indiana ACEP board established an "Excellence in Emergency Medicine" annual award in memory of Dr. Fred Osborn who passed away in 2009. Dr. Osborn, along with being a top quality person, contributed extensively to the practice of emergency medicine to his group, hospital, community and the state. As such, an award was established in his memory to be presented annually at the Indiana ACEP Education Conference in the spring. The individual nominees are evaluated in regard to their leadership, involvement and contributions at the community, regional and state level.

The 2015 winner of the Fred Osborn Award for Excellence in Emergency Medicine is **Randall Todd MD, FACEP.** Mike Brown MD, FACEP presented this prestigious award to Dr. Todd at the Indiana ACEP conference in May. Below are excerpts from the nomination application that Dr. Brown sent to us when nominating Dr. Todd for this award:

Dr. Todd has been a medical director for Emergency Physicians of Indianapolis for 20+ years— overseeing all aspects of a 20+ physician Group with 15 mid levels and office staff. His physician group (Emergency Physicians of Indianapolis, PC) is responsible for approximately 110,000 patient visits per year. He provides oversight for multiple EMS directors, and is actively involved in Franciscan Alliances' application for state trauma center.

Dr. Todd's past and current positions include: Previously has served as medical staff president of Franciscan Alliance St. Francis Indianapolis. Currently serves as medical staff president for Franciscan Alliance St. Francis Mooresville. Serves as liaison representing the largest hospital region in the Franciscan Alliance system. Key in developing multiple ED programs with the hospital(i.e. STEMI with ED cath lab activation, Stroke team, Sexual Assault Response team to name a few).

Jennifer Todd, Randy Todd MD, FACEP, Mike Brown MD, FACEP

Dr. Todd has been a fixture in emergency medicine in the state of Indiana for an extended time with continued involvement with ACEP, emergency medicine residents, and everything required to oversee a large group of emergency physicians.

Congratulations Dr. Todd!!!

Please be thinking about leaders you know and work with who would be potential nominees for next year's award. Details and nominating qualities will be in future EMPulse publications, or you can learn more by contacting Sue at the IN ACEP office at indianaacepsue@sbcglobal.net.

New INACEP Board Members

Congratulations to : **Emily Fitz, MD** and **Jonathan Steinhofer MD**—our new INACEP Board members, voted in at the INACEP Annual meeting on April 29, 2015.

Dr. Fitz was our Resident Board member for the past two years. Currently she is pursuing a one year fellowship in Disaster Medicine and working as academic faculty at IU Health—Methodist, IU Health West & the VA.

Dr. Steinhofer Comes from Indiana and attended IU School of Medicine & the Indiana Emergency Medicine Residency Program. Currently he is a board certified EM physician with Professional Emergency Physicians Group, and works at two facilities in Fort Wayne.

New Officers for 2015-2016:

James Shoemaker MD, FACEP—President

Lindsay Weaver MD—Vice President (and Education Director)

Gina Huhnke MD, FACEP—Secretary/Treasurer

Sara Brown MD, FACEP—Immediate Past President

43rd Annual Indiana Emergency Conference a SUCCESS!

Our 2015 Indiana Emergency Medicine Conference was a great success. Over 130 Indiana Emergency Physicians, Residents, Interns, Nurses, PA's and students attended to hear incredible National and Local speakers give state-of-the-art information on up-to-date Emergency Medicine issues. Thanks to our speakers: Greg Henry, Joe Lex, Robert Blankenship, Michael Bond, Ken Butler, Joseph Martinez, Howard Mell, Josh Mugele, and James Webley. We also want to thank the Groups and exhibitors below for their invaluable support of our program!.

We gratefully acknowledge the following companies for their support of our 43rd Annual Indiana Emergency Medicine Conference:

GOLD LEVEL:

CIPROMS, Inc.
Professional Emergency Physicians, Inc.
St. Vincent Emergency Physicians, Inc.

BLUE LEVEL:

Emergency Physicians of Indianapolis PC

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Thanks also to the Following Exhibitors:

ApolloMD
Boehringer Ingelheim
BK Ultrasound/Analogic Ultrasound
Cepheid
Cubist
EmCare, Inc.
eNNOVEA Medical
Indiana Emergency Care
Janssen Pharmaceuticals
Medical Protective
TeamHealth
Zonare Medical Systems

The 2016 conference dates have been set for May 5–6, 2016 and will be held at the Sheraton Indianapolis City Centre Hotel.

Watch for a conference brochure and online registration forms this winter.

INACEP Board Members, left to right: Dr. Doug Tannas, Nick Kestner (Executive Director), Drs. Chris Cannon, Jonathan Steinhofer, Chris Hartman, James Shoemaker, Lindsay Weaver, Sara Brown, Chris Ross, Matthew Sutter, Gina Huhnke

SaneBox - Adding Sanity Back to Email

by Robert Blankenship MD, FACEP

The Problem

Once upon a time email was a wonderful thing. It was used to facilitate rapid communication between two individuals without the cost of a stamp. Then it morphed into a technology to allow us to share images and documents in real time - it was a wonderful thing indeed. Unfortunately, those days are gone. Now email is the 1,000 pound juggernaut strung about our necks—it is an unending stream of work and much of the work is our digging through 50 - 100 emails to find the few actually important emails relating to work, our personal lives, etc. I do not know how your inbox is, but I receive an average of 150 emails a day and I send 20-30 emails a day. Digging through the inbox can be an exhausting ritual that steals our most valuable asset—time. However, if you fail to put the time in, how can you ensure that you get your important emails read and dealt with in a timely manner? How can you ensure you **never** forget to follow up on an important email? How do you ensure that someone sends an important reply to you? Fortunately for you, I can show you how to reclaim your life back from your inbox for less than $100. Before you think that is too much money for software, realize that Sanebox saves me about 200 hours of email sorting per year. How? Let me show you.

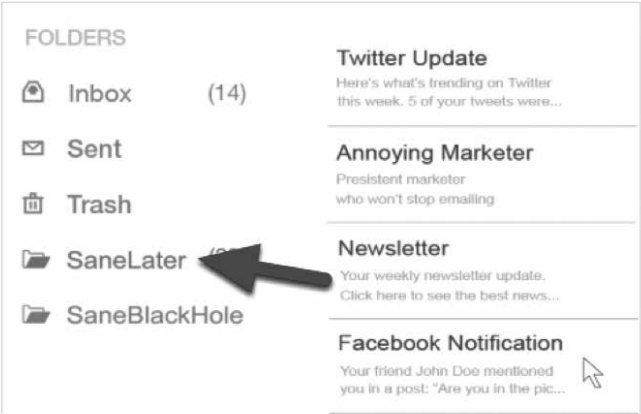
How Big is the Problem?

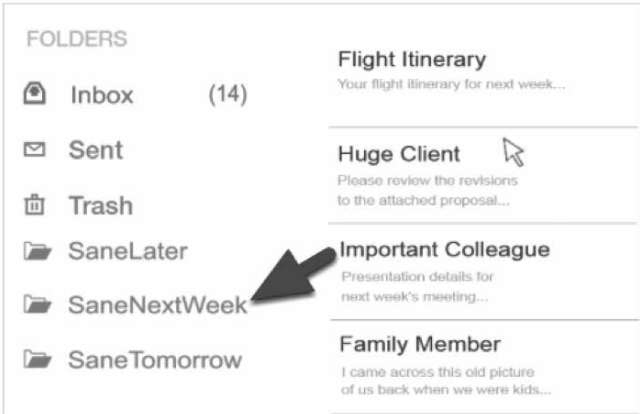
The average person sends and receives 125 emails / day[1]. The time to properly process all of these emails is estimated to take an average of 175-200 hours / year. Now let's assume that your time is worth $150 / hour. The cost of this time to handle all this email is between $26,000 and $30,000 in lost productivity. Those costs are really just the tip of the iceberg though. It is hard to place the value on a lost opportunity when you fail to follow up with a hospital administrator like you promised to or when you fail to follow through with the emails that need additional actions, based on awaiting someone else's responses. For many we keep all of this in our inbox. We flag the emails, prioritize them, put them in special folders, etc., but ultimately what happens to almost everyone is they fail to follow up on actions and they wind up with an inbox of hundreds, if not thousands of items. In fact, it is not uncommon to hear hospital associates claim they are in "email jail" and they have to delete items in their inbox before they can use their email again. Clearly we have a big problem.

Solving the Problem

For all of you GTD (Getting Things Done) followers, you already know about Inbox Zero, but that knowledge is useless unless you have a tried and true system that can effectively sort through your emails automatically and give you the important ones and ensure **nothing** is lost in the process. That is what SaneBox offers. In short, Sanebox **learns** which emails are important and which are not and ensures you can rapidly sort through them and act on them in a timely manner.

In short, Sanebox works with your existing email provider to sort through your emails and place important ones in your inbox. The other emails get sorted into SaneLater, SaneNews, and SaneBlack Hole. Let's assume you get your monthly newsletter from school in your email inbox. This is something you want to read, but it is not the most important email that has to be read so you simply drag the newsletter into your SaneLater email folder. Anytime that newsletter comes in the future it will go directly to the SaneLater folder. This keeps the newsletter from cluttering your inbox and allows you to read the less important emails as time allows. And that annoying marketer email? That is the best part of Sanebox; you can simply drag the spam into the SaneBlackHole folder and you will **NEVER** see an email from that spammer again. If you subscribe to news feeds or medical news sites, you can set up a folder called SaneNews and "train" SaneBox to place all of those news items in the SaneNews folder. This again keeps the inbox less cluttered and makes it easy to go through those emails when you are in the mood to review current news events.





Dealing with Follow Ups

One of the challenging aspects of emails is that you can only control your email habits. You cannot ensure that those who read your emails will actually comply with your request for information, to take action, or to complete the tasks you ask them to do. Furthermore, you do not want to clutter your inbox with already read emails hoping that you will not forget to take action on them. Because of this weakness of email programs, we often miss important tasks or do not supervise others well. With SaneBox, ensuring followup is a breeze. Here are a few examples of how I use it to ensure tasks are not missed.

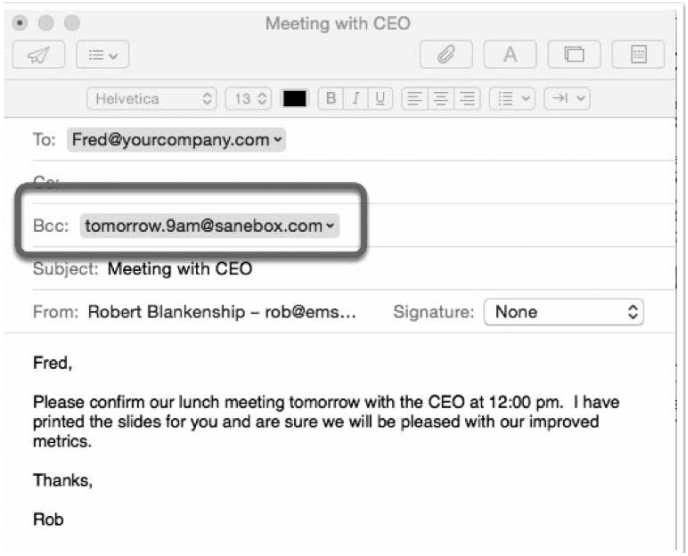
Let's say that you receive an email informing you that next week you need to turn in an important report to the Chief Medical Officer. You don't want to clutter up your inbox and flag the email just to prevent your forgetting about it. You could invest in a GTD (Getting Things Done) program…or you could simply use SaneBox. Take the important email in your inbox and drag it into the SaneNextWeek folder and next week, SaneBox will automatically put that email back into your inbox so that you see it and are reminded to take action on the email.

Or, let's say you want to call Fred, but you need to ensure he reads the email by 9:00 am tomorrow so he has time to prepare for the meeting. This is easy with SaneBox. Simply type the email to Fred and in the BCC field type tomorrow.9am@sanebox.com. If Fred does not reply to your email by 9:00 am tomorrow, SaneBox will drop the email back into your inbox alerting you that Fred has not replied. If Fred replies, SaneBox will stop the alert because it is not needed.

Email alerts from SaneBox are very flexible and include:

- Time: 1pm@sanebox.com
- Day and Time: sun-9am@sanebox.com
- Date: apr25@sanebox.com
- Days: 7d@sanebox.com
- Weeks: 6w@sanebox.com
- Relative: tomorrow@sanebox.com, nextweek@sanebox.com
- Repeating: every.thursday@sanebox.com, every10th@sanebox.com

As you can see, it is very easy to set a reminder for any type of activity or event. By using this program liberally it is almost impossible for you to forget to follow up on an important reminder. The best part of the program is that you never have to leave email in order to make it work. So not only does it make your email inbox easier to manage, it also makes ensuring follow up dead simple.



Can I Use It?

SaneBox supports any email client, service, or device. All you have to do to be successful with SaneBox is to be able to fill in the BCC field. That is why I love it so much: it is super simple to use and ensures my inbox only contains important emails so that I can focus on the task of the day. And when I finally get time to look at the less important stuff in the SaneLater and SaneNews, I typically can plow through 75 + emails in about 5 minutes because I know Sandbox has ensured nothing valuable is in there. And should an email wind up there that is important, I simply drag it to the inbox and SaneBox knows it is important and will never send it to the less important areas again, unless I tell it to do otherwise.

In the last 10 years of reviewing software I have found no better program that actually helps me be more efficient and ensures nothing slips through the cracks. I recommend you try it today —there is no risk— they have a 14-day free trial at http://www.sanebox.com.

References:

1 http://www.radicati.com/wp/wp-content/uploads/2011/05/Email-Statistics-Report-2011-2015-Executive-Summary.pdf

I, Robert Blankenship, do not own any stock, nor am I being provided with any remuneration, for the recommendation of this software.

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

First Class Mail

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