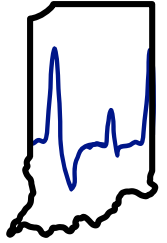


EMpulse

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



A View from the Top

Bart Brown, MD, FACEP (INACEP President)



ACEP Council Meeting and Scientific Assembly

As winter descends and a new year approaches, it has been an eventful time for INACEP. This was highlighted by the annual ACEP Council Meeting and Scientific Assembly in Denver, CO. Indiana was well represented by 7 councillors, 5 alternate councillors, and JT Finnell serving on the ACEP BOD. The council voted on 54 resolutions addressing a wide range of issues including Sepsis Care and Core Measures, Prudent Layperson Visit Downcoding, Rural Emergency Medicine Challenges, and Artificial Intelligence in Emergency Medicine. Lindsay Weaver and Sara Brown were among the 18 physicians serving on reference committees leading discussions and recommendations on the resolutions. Led by Gina Huhnke, we drafted a successful adopted resolution, *Prevention of Self Harm & Accidental Injury by Internet Challenges and Social Media Posts*. INACEP co-sponsored another successful resolution, *Independent ED Staffing by Non-Physician Providers*. This resolution encourages ACEP to develop and enact strategies, including legislative solutions, to ensure that the practice of emergency medicine includes mandatory on-site supervision by an emergency physician. A Physician Assistant/Nurse Practitioner Utilization Task Force report has been drafted and is currently being reviewed by the ACEP Board. Additionally, it was announced that the Alternative payment model created by ACEP has recently been approved.

National Legislative Updates

There was also discussion and updates concerning OON/Surprise Billing legislation. In the House of Representatives, HR 3502, the Ruiz-Roe bill with the preferred approach supported by ACEP and a number of hospital-based specialties, reached 100 co-sponsors. ACEP put out a joint press release with those groups to publicize this and further demonstrate the support that an IDR approach has gained in the House due to all of our collective advocacy. Concerning the Senate Legislation, ACEP recently participated in a stakeholder roundtable on surprise billing hosted by Senators Cassidy and Hassan. 10 of the 26 senators who are cosponsors of the STOP Act introduced by Cassidy earlier this year attended the roundtable. During the meeting, Senator Cassidy pointed out that with 10 senators having holds on the HELP Committee bill for the express reason that it does not include an IDR mechanism, leaving it out would mean Congress not passing anything, which would leave consumers unprotected. This is a continually evolving issue with major ramifications to our specialty and our patients. I will continue to send out urgent updates and action items through Engaged.

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Online registration is now open for our 2020 Indiana ACEP Emergency Medicine Conference.

Go to www.inacep.org to register for this outstanding event occurring April 22 – 23, 2020

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Legislative Update

by Lou Belch, Lobbyist for INACEP

The 2019 Interim Study Committees have finished their work and issued their final reports. These reports give some insight into legislation that will be introduced in the 2020 session of the General Assembly. The Session will officially begin on November 19th with organization day. Bills can begin being filed that day. The session will likely begin on January 2nd and must conclude by March 15. This is not a budget year, so it is unlikely the any budgetary items will be considered.

Interim Study Committee on Public Health, Behavioral Health And Human Services

The Interim Study Committee on Public Health, Behavioral Health and Human Services met 5 times this summer and fall. They were given the directive from the Legislative Council to study the following topics:

1. Factors contributing to the growth of health care costs.
2. Prescription drug pricing and access.
3. Electronic prescribing.
4. Regulation of pharmacy benefit managers.
5. Authorization of an advance practice registered nurse to operate without a practice agreement.
6. Hospital licensure.
7. Adoption subsidies.

After taking significant testimony on most of these issues the committee made the following findings (we have not listed all findings, just those of interest to INACEP). The final report can be found at <http://iga.in.gov/documents/6cb46c76> :

- A. Increase the smoking age for both cigarettes and vaping to 21.
- B. Prohibit balance billing and establish an arbitration procedure with requirements using an independent review organization in addressing health care services payment disputes between out of network providers and insurers. While this finding was being discussed, one of the committee members mentioned the bill should also require direct payment to providers and that the claim be counted against the patient's in network deductible and co-insurance.
- C. Consider legislation to establish an All Payer Claims Database (APCD).
- D. Require PBMS to file an annual report with the Insurance Commissioner.
- E. Consider an audit of State Medicaid managed care programs.

- F. Introduce legislation that prohibits nonmedical switching of drugs by a PBM or health plan.

There were no recommendations made on the hospital licensure issue.

On the issue of APRNs, Chairman Charbonneau has told interested parties he will not consider a bill this session that leads to independent practice. He may consider legislation that allows an APRN to sign hospice death certificates.

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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:

First 25 words free. \$1 for each additional word.

Others: \$50 for first 25 words. \$1 for each additional word.

DISPLAY AD RATES:

Full Page (8"x10"): \$300.00*

1/2 Page: \$187.50* • **1/4 Page:** \$125.60*

**Display ads must be high resolution PDFs. Make sure your graphics and fonts are embedded and all images are 300 dpi.*

**Display ads are black & white (OR you can use spot color of PMS Reflex Blue – we cannot accept CMYK or RGB.)*

Available on a space-only basis.

The **EMpulse** is published 4 times per year. The **2019 Ad Deadlines** are: Feb. 3, May 15, Aug. 4 and Nov. 16 (approximately).

Publication dates are:

Feb. 20, May 29, Aug. 21 and Nov. 21, 2019 (approximately).

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Conference Update

by *Lauren Stanley MD, FACEP (VP & Education Director - INACEP)*

Planning for the 2020 Annual Educational Conference is well underway, and there are numerous exciting speakers who will be joining us. The conference will be April 22-23, 2020, at the Renaissance Indianapolis North Hotel (11925 N Meridian St, Carmel, IN 46032).

Dr. William Jaquis, President of national ACEP, will be appearing; he will discuss updates on various ACEP activities/initiatives, and also give 2 educational talks. Dr. Richard Cantor is a well-known national lecturer who will be giving 2 talks focused on Pediatric Emergency Medicine; his talks are always chock-full of pearls (and pitfalls) that can be immediately applied at the bedside, with a healthy side of humor thrown in. As with past conferences, we will also be featuring popular local speakers including Dr. Elizabeth Weinstein and Dr. Jennifer Sullivan (Walthall), with their unique

perspectives as practicing EM/Peds physicians, as well as Dr. Sullivan's experience as the Secretary of the Indiana Family and Social Services Administration.

More information about the conference will be forthcoming; watch for brochures that will be mailed to all ACEP members, as well as information on the Indiana ACEP website and the Indiana ACEP Facebook page. Registration will be primarily online (but paper registration forms will be available as needed). On Line Registration Is Open.

The conference is always a great opportunity to gain some clinical knowledge, earn some CME (10.5 hours this year), visit with colleagues from across the state, and come away a better Emergency Physician. We look forward to seeing everyone there!

Conference Location and Fees

by *Lauren Stanley MD, FACEP (VP & Education Director - INACEP)*

The 2020 INACEP Conference Registration is on-line this year. Go go to <https://inacep.org/> to register.

Conference Fees

Fees have remained the same as last year!

Two-Day Registration:

ACEP Member Physician	\$325.00
Non-ACEP Physician	\$375.00
PA/RN/LPN/NP/ Paramedic	\$200.00
Medical student	\$20.00
Late fee if after 3/30/20	\$25.00

One-Day Registration:

	Wed	or Thurs
ACEP Member Physician	\$200.00	\$160.00
Non-ACEP Physician	\$230.00	\$180.00
PA/RN/LPN/NP/ Paramedic	\$140.00	\$100.00
Medical student	\$10.00	\$10.00
Late fee if after 3/25/19	\$25.00	\$25.00

Location

A block of rooms has been reserved at the **Renaissance Indianapolis North Hotel (11925 N. Meridian St., Carmel, IN 46032)** for the special rate of \$179.00 king or \$189.00 double per night.

To reserve your room please call the Renaissance directly at 317-816-0777. Identify the group as "American College of Emergency Physicians – Indiana Chapter". **HOTEL WILL ONLY HOLD ROOMS THROUGH MARCH 30, 2020 SO PLEASE REGISTER EARLY!**

Cancellation Policy

A full refund will be given, provided cancellation is received by March 30, 2020. A processing fee of \$20.00 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 email or fax and a full refund following. The Indiana Chapter of American College of Emergency Physicians is not responsible for any cost incurred due to cancellation of a program, such as airline or hotel penalties.

ACEP Wellness and Assistance Program

ACEP members care for their patients 24-7-365 so we want to make sure you are taking care of yourself.

At ACEP19 in Denver, we launched the **ACEP Wellness & Assistance Program**. This service is now available to all members and provides access to three, FREE confidential counseling or wellness coaching sessions.

- **Counseling** is available 24 hours a day, 7 days a week
- Sessions can cover stress, anxiety, depression, family issues, drug and alcohol abuse, relationships, death, grief, and more.
- The service is strictly confidential and can be scheduled face-to-face, over the phone, via text, or through online messaging

Call 1-800-873-7138
to register and receive
support whenever,
however you need it.

- **Wellness coaching** sessions are 30-minute phone calls to help reach your personal wellness goals which can include weight loss, nutrition, healthy habits, stress, caffeine reduction, injury recovery, relationships, sleep, smoking cessation, and more.

You may choose to use your three sessions using any combination of counseling and wellness coaching, up to the session limit.

If interested, ACEP members can pay just \$15 a year to have additional resources to manage legal and financial issues through our partner, Mines & Associates. Participants will have

unlimited access to an extensive online resource library and unlimited 30-minute in-person consultations for each individual legal or financial matter and a 25% discount on legal and financial services within the Mines network.

A View from the Top

continued from page 1

Consider donating to NEMPAC to help ACEP's advocacy on this vital issue.

Locally, INACEP continues to work with FSSA, legislators, and Medicaid Managed Care Providers to address prudent layperson issues and inappropriate downcodes. We continue to advocate for a comprehensive solution to this issue and are taking steps in the right direction. In the upcoming months, there will be two changes to address this. Insurers will have to consider the first six diagnoses instead of only considering the primary diagnosis. There is also a more robust autopay list being created.

INACEP Task Force Involvement

INACEP has multiple members on the task force at the Department of Health to study sepsis protocols. We also have a task force working with IHIE to improve the health information exchange and increase availability of pertinent data. We are currently piloting changes and new programs to improve its clinical utility.

Education

Planning for the upcoming Annual INACEP Conference is being finalized. It will be held Wednesday April 22 –

Thursday April 23, 2020 at Renaissance North Indianapolis Hotel in Carmel, IN. We have many great speakers and topics lined up, make sure to save the date! In November, we were happy to partner with ACEP to host a free CME course, *Emergency Department Medications for Addiction Treatment Waiver Training Course*. We had great instructors and the course was a success. Physicians completing the course qualified for a DEA waiver to prescribe maintenance medications for addiction treatment.

Upcoming Events

I am working to set up an independent group summit to discuss relevant issues and concerns. Updates will be sent out in the upcoming months.

It has been a productive year for INACEP and I look forward to building on our success in 2020. I would like to thank our members and allies for the time you put in advocating for our specialty over the past year. We have had multiple calls to action and the response has been impressive. If you have any concerns or issues you would like us to address, do not hesitate to contact me or the other board members.

Legislative Update

continued from page 2

Medicaid Managed Care

This summer and fall INACEP leadership, Drs. Bart Brown, Chris Ross and Chris Burke, along with Andrea Halpern Bryan from CIPROMS, met with representatives from Medicaid to discuss problems with ED claims payment from the Managed Care Entities. The discussions were held at the request of Rep. Cindy Kirchofer, Chair of the House Public Health Committee.

The results of the discussion have resulted in the following proposal from Medicaid:

“They intend to create a single auto pay list. They also will require the MCE to consider the first six diagnosis when matching the auto pay list. Currently one MCE is only using one code. That MCE is now denying at least 60% of the claims.”

INACEP applauds the Office of Medicaid Policy and Planning for this proposal that will help address some of our concerns, as a good first step. However, it is not the solution we proposed. INACEP will be seeking legislation that establishes a case rate for all Medicaid patients served in the ED. The proposal will also include procedures. This will take some time to implement, as it requires a state plan amendment.

INACEP lobbyists will work with the ACEP board to monitor all bills filed in the 2020 General Assembly and react accordingly.

SAVE THE DATE!

INACEP Annual Conference will be

April 22-23, 2020

at the Renaissance Hotel in Carmel, IN.

***Once again featuring favorite local
and national speakers!***

***Keep an eye out on Facebook, Twitter, Engaged
and brochures by mail for additional information and
registration information.***

Your patients know their numbers.



Do you know yours?

CIPROMS cares about ALL your numbers, like days in AR, payments by payer, denial rates, and more. The wellness of your practice depends on it.

Let CIPROMS give you the check-up you need. With our business analytics, you'll "know your numbers" to ...

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An Unusual Ingestion: Pokeberry Poisoning

by Heather Clark MD, INACEP Board Member

It was a normal day in the ER when an unusual complaint appeared on the tracking board: a four-year-old with possible toxic ingestion from a “bird bush”. Stepmother was astute enough to bring me a sample of the bush’s leaves and berries.

She told me that the patient was outside with his cousin and he had eaten an unknown amount of these purple berries. Stepmother reported that the pt’s face, hands and shirt were covered in berries and juice. She didn’t know the name of the bush, but believed they were poisonous.

A quick Google search for poisonous berries in Indiana helped identify the plant within minutes as pokeweed plant (*Phytolacca americana*). My patient had ingested a large amount of pokeberries.

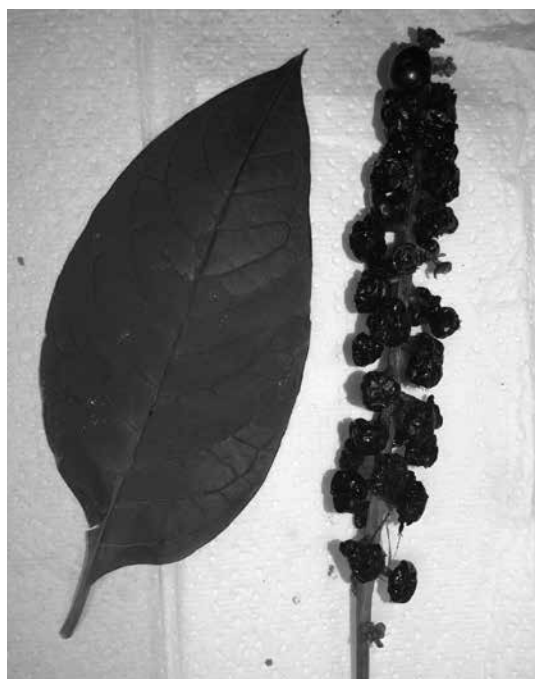
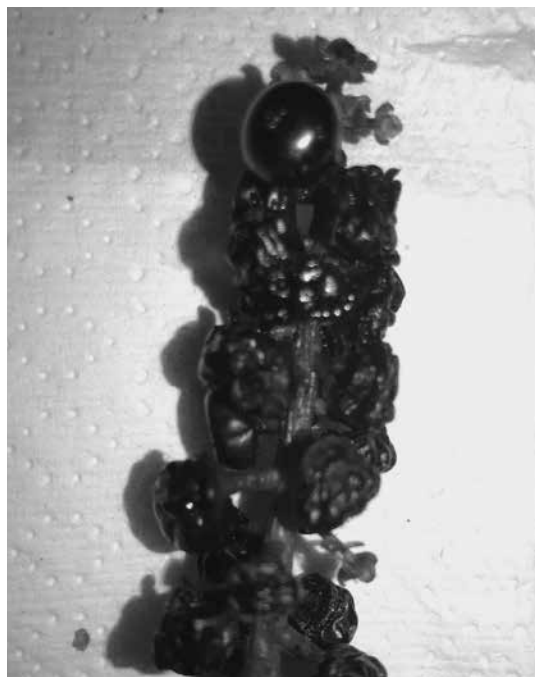
Pokeweed plants are found throughout the US, North America and Southern Europe. It is a pretty shrub that grows up to 8 feet tall and has white flowers that produce dark purple berries. Other names for this plant are pokeberry, poke root, Virginia poke, pigeonberry, inkberry, redweed or red ink plant. It is the most toxic at the roots, but all parts of the plant are considered to be toxic. Leaves are the second most toxic part of the plant, then the berries. When leaves are properly prepared, they become nontoxic and are used in some food and Chinese medicine. The plant and its properly-cooked leaves are also called poke sallet, poke salad, or polk salad.

Toxins are thought to be due to oxalic acid and saponins. Saponins are known for a soap-like foam they create when mixed with aqueous solutions. Oxalic acid is one of the toxic byproducts of ethylene glycol metabolism. The plant roots

have also been studied and found to be super-concentrators of heavy metals which can also contribute to toxicity.

Treatment for this ingestion is largely supportive. All skin that has come into contact with the leaves or berries should be washed with soap and water. The most common side effects of ingestion are GI distress and it can take several days to reach maximum symptom severity. GI hemorrhage is also possible with large quantity ingestions. Cardiac monitoring is reasonable as there is one case report of a person going into complete heart block while vomiting after pokeweed ingestion. Poison control does not recommend ED evaluation unless there is history of consuming 30 or more berries or if there is ingestion of the root in any form. The only known fatality related directly to pokeweed was a previously healthy man who ingested the roots of the plant.

Given his young age and what appeared to be a significant ingestion, I transferred my patient from my rural ED to a hospital with a pediatric ward. My patient did very well and was discharged the next day.



Fred Osborn Memorial Award — Excellence in Emergency Medicine Nominations

In 2010, the Indiana ACEP board established an annual award in memory of Dr. Fred Osborn who passed away in 2009. Dr. Osborn contributed extensively to the practice of emergency medicine and 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 recipients of the award to date have been as follows:

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
2018 - Thomas Heniff MD, FACEP of Boone CO, IN
2019 - Chris Hartman MD, FACEP of Carmel, IN

The Indiana ACEP board is now accepting nominations for this year's consideration. The individual nominees will be evaluated in regard to their leadership, involvement and contributions to their emergency medicine group, hospital, community and state. To nominate a worthy physician, please submit a single typed page detailing the qualifications of a deserving emergency physician whom you know which includes the

information included in the template below.

The nominated person must be an emergency physician currently practicing in the state of Indiana and be a current member of Indiana ACEP. The person making the nomination however need not be a member of ACEP nor a physician.

All submissions are due by January 10, 2020 and are to be submitted electronically to sue@inacep.org.

Nominations must include the following information:

Name of Nominating Person
Name of Nominee
Date of Nomination
Nominee's Positions of Leadership
Nominee's Involvement / Contributions to their Group
Nominee's Involvement / Contributions to their Hospital
Nominee's Involvement / Contributions to their Community
Nominee's Involvement / Contributions to their State
Additional Comments are accepted

Please limit submissions to a single, typed page detailing the qualifications of a deserving emergency physician whom you know. **Please remember:** *The individual nominees will be evaluated in regard to their leadership, involvement and contributions to their emergency medicine group, hospital, community and state.*

UPCOMING 2020 EVENTS

INACEP Annual EM Conference

Carmel, IN • April 22–23

Leadership & Advocacy Conference

Washington, DC • April 26–28

ACEP Council Meeting 2020

Dallas, TX • October 24–25

Scientific Assembly 2020

Dallas, TX • October 26–28

WELCOME NEW INACEP MEMBERS

New Members:

George Cancel MD
 Jeanette Hammerstein MD, FACEP
 Nicole Mott DO
 Kavitha Muruganatham MD
 Alejandra O'Brien MD
 Phillip Schafer DO
 Katharine Withorn DO

Fellows:

Eashwar B. Chandrasekaran MD, FACEP
 Tyler Fulks MD

Resident Members:

Brent Fiechter MD
 Matthew Givens MD
 Kelly Halt DO
 Michael Kim MD
 Benjamin Kober DO
 Megan Koenig DO
 Varun Koneru MD
 Claire Milam MD
 Bryan Ross MD
 Mauli Shah DO
 Alisha Shake MD
 Najim Ward MD

Medical Students:

Benjamin Graham
 Guadalupe Jimene
 Kaleb Kramer
 Bree Kirchner
 Dylan Long
 Eric Medran
 Ashleigh Omorogbe
 Perry Rabin
 Aneesh Rajmaira
 Sydney Ryckman
 Alexandra Silva
 Zach Snyder
 Elizabeth Sullivan
 Hannah Thielmeyer
 Alexander Truitt
 Shivani Vasudeva

Updates from the 2019 ACEP Council Meeting

by *Lauren Stanley MD, FACEP (VP & Education Director - INACEP)*

Your Indiana ACEP representatives on the national Council attended the annual Council meetings on Oct 24-25, just prior to the Scientific Assembly. Indiana's representatives included 7 Councillors and 3 Alternate Councillors, representing Emergency Departments from across Indiana and a variety of practice environments. The annual Council session is an exciting and productive opportunity for ACEP leaders to come together to discuss and take action on the items that are most important to the College membership as a whole; many issues are very hotly debated, and this year was no exception.

One timely topic that drew heated debate was how ACEP should be responding to the increased frequency of private equity involvement in Emergency Departments. Councillors highlighted both the potential benefits and deleterious effects of non-physician ownership and leadership of ED's. A resolution called for ACEP to "study and report the market penetration of non-physician ownership, namely private equity, insurance company ownership, hospital ownership, and corporate non-physician ownership and management of emergency groups" as well as "study and report the effects on individual physicians, ACEP leadership, ACEP advocacy efforts, of the actions of private equity groups, insurance company ownership, hospital ownership, corporate non-physician ownership and management of emergency physician groups."

Another topic that drew strong opinions from Council members was a resolution that opposed listing naloxone on prescription drug monitoring programs (PDMP's, such as INSPECT in Indiana). The authors of the resolution pointed out that removing naloxone from PDMP data could lessen the stigma of a person having filled this medication, and could avoid unnecessarily biased opinions (on the part of treating physicians) when caring for patients. Some patients have filled naloxone in order to have it available for family member/s etc and would be less likely to fill a script for naloxone out of fear for it appearing in the PDMP. Others felt strongly that it is very important clinical information to have available to physicians. Ultimately the resolution was adopted. It will almost certainly be a topic that will be revisited in future forums, on state and national levels.

Many Councillors were happy to consider (and ultimately adopt) a resolution that called for ACEP to oppose the use of the word "Provider" to refer to physicians, and to avoid using it in ACEP communications/publications; instead, referring to physician and non-physician healthcare practitioners more accurately by their educational degree(s) and titles.

There were varied opinions about whether or not the increase in EM residency programs in recent years has been a positive or negative movement for our specialty. The number of first year EM residency positions has increased by >25% within the last 4 years. Some argued that there is a shortage of Emergency Physicians (especially in rural areas) and that this increase in training programs could feed the workforce needs of our specialty, making it more feasible for all ED's to be staffed by residency-trained / board-certified EP's. However, others noted that some of these new residencies are run by large for-profit corporate entities and raised concern that the programs' educational quality may be overshadowed by use of residents as a cost-effective staffing mechanism. ACEP is currently conducting a study of the EM workforce nationally, so that we can use data to make more accurate predictions about future needs.

Your INACEP councillors are proud to report that a resolution that originated with our very own Gina Huhnke MD FACEP (Evansville, IN) was adopted by the Council. Resolution 47 called for ACEP to "support enhancing public awareness, physician education, and research concerning Internet challenges and viral social media posts encouraging hazardous behaviors or self-harm." Dr. Huhnke



Left to Right: Nick Kestner, Dan Elliott MD, Sara Brown MD, FACEP, James Shoemaker MD, FACEP, Bart Brown MD, FACEP, Chris Ross MD, FACEP, Lauren Stanley MD, FACEP, Lindsay Weaver MD, FACEP, Mike Bishop MD, FACEP, Tim Burrell MD, FACEP, and JT Finnell MD, FACEP

was inspired to author this resolution by a patient she had cared for; congrats to Dr. Huhnke, Dr. Bart Brown, and others who assisted in creating and editing the resolution.

Immediate-Past-President
Dr. Vidor Friedman gave

an impressive and moving speech about the challenges and victories he encountered during his year as President. For example, he successfully represented the interests of Emergency Physicians in the ongoing national legislative debate around so-called "surprise billing," including testifying before the Health Subcommittee of the House Committee on Energy and Commerce. He highlighted that in late October, a piece of legislation titled "Bipartisan Solution to Surprise Medical Bills" reached 100 cosponsors; this legislation now has more support than any other pending surprise medical billing legislation in the U.S. House of Representatives.

During the council meeting, Dr. Friedman passed the baton of ACEP President to Dr. William Jaquis. Dr. Jaquis has many goals for his year as President; make sure to attend the annual Indiana

Your INACEP councillors are proud to report that a resolution that originated with our very own Gina Huhnke MD FACEP (Evansville, IN) was adopted by the Council. Resolution 47 called for ACEP to "support enhancing public awareness, physician education, and research concerning Internet challenges and viral social media posts encouraging hazardous behaviors or self-harm."

ACEP conference on April 22-23, 2020, to hear Dr. Jaquis give national ACEP updates and lectures!

The Council session concluded with the election of new officers including President-Elect

Mark Rosenberg DO, who has been an innovative leader within ACEP and the field of Emergency Medicine more broadly for decades, and will be well-suited to be at the helm of our College. Of note, Jeff Goodloe MD (who currently hails from Oklahoma) is one of the newly elected members of the national Board of Directors; Dr. Goodloe has Indiana roots, having trained at the Indiana University EM residency program.

The Council meetings (and any resolutions/actions initiated from the meetings) are intended to represent all of ACEP's physician membership. If you have any particular interest or opinion about these or any other topics, please submit a "letter to the editor" for EMPulse, reach out to any of the INACEP Board members, or even consider running for the BOD... we want to hear your voice!

In Memoriam: Michael Olinger MD, FACEP

Michael Olinger, MD, FACEP, a cherished member of INACEP and a past board member who served as INDYCAR's medical director from 2006 – 2018, died November 7. He was 69.

Dr. Olinger joined the AMR INDYCAR Safety Team when INDYCAR was formed in 1996, as an on-track physician. He was promoted to INDYCAR's Senior Medical Director in 2006 following the retirement of Dr. Henry Bock. Dr Olinger had served as Bock's deputy medical director at the Indianapolis Motor Speedway for more than a decade and In 2003, Dr. Olinger was recognized with the Safety Award from the Championship Drivers Association.

Dr. Olinger was appointed the state of Indiana's first emergency medical services medical director in 2014 and held the job for two years. He was a professor of clinical emergency medicine at Indiana University School of Medicine and served as medical director for the Indianapolis



Fire Department and Indianapolis EMS. He was a gubernatorial appointee to the Indiana EMS Commission.

Dr. Olinger also served as the Medical Director for Marion County's Urban Search and Rescue Task Force (Indiana-Task Force 1) and was deployed by FEMA to the Oklahoma City Bombing, Hurricane Marilyn, the DeBruce Grain

Elevator explosion, the Atlanta and Salt Lake City Olympic Games, the World Trade Center incident, the recovery mission of the Space Shuttle Columbia crew, the Republican National Convention, Hurricane Frances and Hurricane Katrina.

A graduate of the University of Colorado School of Medicine in 1983, Olinger, a former helicopter pilot in the Army, completed his Residency in Emergency Medicine in 1987 at Brooke Army Medical Center in San Antonio, Texas.

He survived by his wife Jeanette and their children and grandchildren. He will be missed.

EMpulse

Indiana Chapter
American College of Emergency Physicians

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