The 2018 INACEP Annual Conference will be held at: The Ritz Charles
Date: April 25 & 26, 2018
Look for a brochure in late December.
Registration will be online only: www.inacep.org

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A View from the Top
Gina Huhnke, MD, FACEP (INACEP President)
As a practicing Emergency Physician, I realize that we are challenged daily with many competing priorities. We are experts at balancing work duties, family obligations, maintenance of certification and CME requirements, personal wellness, as well as everyday life hurdles. As we juggle this multitude of prerogatives, it may be difficult to see how ACEP membership provides value. Serving on the INACEP Board of Directors for the last six years has given me a unique perspective on the function of ACEP and the contribution this important organization brings to the practice of everyday Emergency Medicine. Recently returned from the Scientific Assembly in Washington DC, I would like to share just a few of the value added activities that the INACEP Board of Directors, as well as ACEP, have championed to serve ACEP members and improve the practice of Emergency Medicine.

Dr. JT Finnell campaigned for a position as ACEP Board of Director at the national level. He invested countless hours speaking up for the issues faced by Emergency Medicine physicians. While not elected by an extremely thin margin, his candidacy was well-supported and gained positive attention. He is to be applauded for his servitude and commitment to the

In Memory of Kevin Rodgers MD, FAAEM, FACEP by Chris Ross MD, FACEP
The EM Community suffered a tragic loss on Monday, November 20, 2017 with the unexpected death of Kevin Rodgers, MD, FAAEM, FACEP. Kevin Rodgers “KRodg” was a cornerstone of the Indiana EM Community for the past 20 years. He served as dedicated educator and model physician locally through his work as a program director at the IUEM residency and maintained a national presence through his extensive involvement in AAEM and SAEM. His impact on EM has been incredibly far-reaching and his contributions to EM will live on through the care of those he taught. Our thoughts and prayers go out to his family and friends. Words can’t express the loss we feel. We’ll all miss you KRodg.
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The 2018 Session will begin in earnest in January. This is a short session, meaning there is no budget debate and they must adjourn no later than March 14. While it is early to know all issues impacting emergency medicine in the session, some are already being discussed.

**OPIOID/INSPECT**

Governor Eric Holcomb announced his legislative agenda. He proposed requiring all Controlled Substance Registration (CSR) holders to register with INSPECT. Further, he proposes that INSPECT be checked prior to a prescription for an opioid being written. While the bill has not been filed, INACEP, working with ISMA and IHA are seeking to delay the query requirement until INSPECT is fully integrated into the electronic health record. The State has been working with many health systems to integrate.

Other items being discussed:
- Mandatory opioid CME at one hour per year;
- Drug related criminal history being added to INSPECT;
- Narcan administration being added to INSPECT;
- Involuntary Commitment after administration of Narcan; and
- Creation of a crime to prescribe to someone who overdoses.

There will be more. INACEP leadership will review and direct our lobby team accordingly.

**INSURANCE MATTERS**

The issue of surprise billing will likely be back this session. No resolution to the issue was reached over the summer.

ISMA and IHA are working on a comprehensive bill that addresses concerns with prior authorization. The bill will call for uniformity of processes between insurers. It will also contain timelines for response from the plans. There may be other provisions discussed regarding definitions of clean claims.

INACEP is working with ISMA and IHA to determine if there is a legislative solution to the upcoming Anthem policy change removing the non-emergency care in the emergency department benefit from the plan.

**OTHER ISSUES**

- Changing the POST form to allow advanced practice nurses to execute;
- Creation of a hierarchy for medical decision-making in the event the patient is unable to speak for themselves and absent any legal document expressing those wishes.

---

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.

- - - Loan Repayment Assistance - Sign-on Bonus - Relocation Available - - -

**Lutheran, St. Joseph, Dupont Hospitals – Fort Wayne, IN** - BE/BC EM physician for three hospital rotation with volumes of 21k to 45k. Outstanding opportunity for equal schedules, equal pay, equal “say” and equal ownership.

**ER Statewood – Free Standing ED - Fort Wayne, IN** - BE/BC EM physician to work to staff new free-standing ED in Fort Wayne. Volumes projected to be 15k annually

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

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Conference Update

by Chris Ross, INACEP Vice President & Education Director

Things are starting to gear up for our annual 2018 INACEP conference and let me tell you…it’s going to be awesome! The first day will feature Howie Mell doing a live podcast, Jen Walthall trailblazing a path of intervention for the opioid crisis in Indiana and Ed Leap unveiling the “physician satisfaction score” amongst many other exciting topics. We’ll follow up on the second day with Houston-native Casey Patrick giving a first-hand account of EMS activities during a hurricane. The second day will then close with a repeat performance of the well-received US skills lab. Between “MacGuyvering in the ED” and discussing “broken-hearted” kids, I promise you’ll be entertained!

This year’s conference will also pilot several changes in an effort to keep you on your toes. First, most of the lectures will only be a half hour in length. This has been successful at the national ACEP conference, so we thought we would give it a shot. Second, the lectures will only be available online. In an effort to cut costs and be eco-friendly, we will no longer be printing off or distributing handbooks or thumb-drives. Access will be available for attendees via our website—inacep.org.

I hope to see you all at the Ritz Carlton in Carmel on April 25-26th. Registration is online at inacep.org. Again, it will be open to all levels of training including RNs, APPs or really anyone interested in Emergency Medicine. It should be a great time!

2018 Conference Agenda

Day 1 – Wednesday, April 25

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>7:00 - 8:00am</td>
<td>Registration</td>
</tr>
<tr>
<td>8:00 – 8:30am</td>
<td>Broken Hearted . . . Child with Repaired Congenital Heart Disease</td>
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<tr>
<td></td>
<td>• Elizabeth Weinstein MD, FACEP</td>
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<tr>
<td>8:30 - 9:00am</td>
<td>EM “Macguyvering” • Joshua Mugele MD</td>
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<tr>
<td>9:00 - 10:00am</td>
<td>Swimming in Quicksand; What Emergency Physicians Can Learn from</td>
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<td></td>
<td>• Howard Mell MD</td>
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<td>10:00-10:15am</td>
<td>Break</td>
</tr>
<tr>
<td>10:15-10:45am</td>
<td>Advances in Emergency Psychiatric Care • Paul Kivela MD, FACEP</td>
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<tr>
<td>10:45-11:45am</td>
<td>Emergency Medicine and the Opiate Epidemic . . . • Jennifer Walthall</td>
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<td>MD, FACEP</td>
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<td>11:45-12:15pm</td>
<td>EMS Updates Andrew Stevens MD</td>
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<tr>
<td>12:15-1:30pm</td>
<td>Lunch – Annual Meeting</td>
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<tr>
<td>1:30 - 2:00pm</td>
<td>What’s Your Physician Satisfaction Score? • Edwin Leap MD, FACEP</td>
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<td>2:00 - 2:20pm</td>
<td>Break</td>
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<tr>
<td>2:20 - 2:50pm</td>
<td>“So What? Live” - An ACEP Podcast • Howard Mell MD, FACEP</td>
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<tr>
<td>2:50 - 3:20pm</td>
<td>Trends in Emergency Medicine • Paul Kivela MD, FACEP</td>
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<tr>
<td>3:20 - 3:40pm</td>
<td>Break</td>
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<tr>
<td>3:40 - 4:10pm</td>
<td>Evidence-Based Practice Changers • Bart Besinger MD, FACEP</td>
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<tr>
<td>4:10 - 4:40pm</td>
<td>Impacting EM through Quality Feedback • Joseph Turner MD, FACEP</td>
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<tr>
<td>4:40 - 5:10pm</td>
<td>Critical Access Survival Tips • Edwin Leap MD, FACEP</td>
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Day 2 – Thursday, April 26

<table>
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<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>7:00 - 8:00am</td>
<td>Community Medicine Breakfast and Case Sharing</td>
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<tr>
<td>8:00 - 8:30am</td>
<td>Dying to Lose – Complications of Bariatric Surgery • Joseph Martinez</td>
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<td>MD,FACEP</td>
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<tr>
<td>8:30 - 9:00am</td>
<td>My Patient with Abdominal Pain Has a Normal CT • Joseph Martinez MD,FACEP</td>
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<tr>
<td>9:00 - 10:00am</td>
<td>Useful Without My Tools – My Hurricane Harvey Experience • Casey</td>
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<td></td>
<td>Patrick MD</td>
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<tr>
<td>10:00-10:30am</td>
<td>Unconscious Bias in Your Workplace • Katie Pettit MD</td>
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<tr>
<td>10:30-10:45am</td>
<td>Break</td>
</tr>
<tr>
<td>10:45-12:15pm</td>
<td>Ultrasound Guided Nerve Blocks • Robert Blankenship MD, FACEP &amp;</td>
</tr>
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<td></td>
<td>Bart Brown MD</td>
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WE ARE GOING PAPERLESS
Although you can use this form to register by check, we highly recommend registering online to make it easier for you to download conference materials. (We will have electrical plugs for computers at event.)

46TH Annual Indiana ACEP Emergency Medicine Conference
Wednesday & Thursday, April 25 & 26, 2018

Name: ____________________________________________  ACEP # (if member):

Title/Position: _____________________________________  Hospital Affiliation: __________________________

Home Address: _________________________________________________________________________

City:_________________________________________________  State: ______________  Zip: ______________________

Email:_______________________________________________

Fax:_______________

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Group rate of $169.00 per night. This hotel is located across the street from the Ritz Charles. To reserve your room please call the Renaissance Hotel call directly at 317-816-0777. Identify the group as American College of Emergency Physicians - Indiana Chapter

For a list of other hotels in the area, please contact Sue at sue@inacep.org.

PARKING: Free at both Hotel and Banquet Facility

CANCELLATION POLICY:
A full refund will be given, provided cancellation is received by April 3, 2018. 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.

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REGISTRATION FORM
Rachel’s First Week
Submitted by Ashley Satorius MD (INACEP Board Member)

It’s not a mystery that college kids go to parties, drink fruity jungle juice, and do keg stands. What is more concerning, is how many of those kids might let their friend “sleep off” a fall where they hit their head or land on their side. As clinicians, we know this can be dangerous. Anyone under the influence of one- too- many rum and sodas does not have great insight and may not realize that falling from a height could lead to devastating injuries. This happens cringingly often, but this issue does not hold sway amongst teenagers and early 20-somethings—until now.

Rachel Fiege was your typical Indiana girl. She was outgoing and a friend to many. She had been a good student and star soccer player during high school. On her second night of college at IU, she and her friends went to their first college party. They knew to stay together and look out for each other throughout the night. She and her girlfriends were having a great time until she tumbled down a flight of stairs. She shook it off, and Rachel’s friends encouraged her to lie down on the couch where they checked on her a few times during the party. It wasn’t until morning that they realized she was no longer breathing. Her mother and critical care physician, Dr. Angie Fiege received the worst possible phone call any parent could ever hear. Her beautiful, vibrant daughter had died of an intracranial hemorrhage.

Rachel’s legacy has led to an exponentially important program, Rachel’s First Week (RFW). Angie started this with donations left in her daughter’s name, initially creating the program to inform high school seniors and college students (in a non-confrontational way), that it’s ok to call 911 if you’re worried about a friend. Thanks to the Lifeline Law, if you’re under 21 and intoxicated, you can dial 911 if you or your friend had an accident and need to go to the hospital… and not see the inside of a jail cell. Angie started off small, gathering a few of Rachel’s friends and emergency medicine residents and students from IU, and went to her high school to have the first ever session. Now, RFW has reached out to thousands of high school and college students including other schools around Indianapolis, Indiana University, Marion University, and Butler University. The message is always well received. The format allows for anonymous questions to be sent in via text messaging, which really allows for candid discussion.

They also cover drug use and suicide through text polling. Often, as many as one third of the students text that they have considered suicide, which is eye-opening and heart-breaking. Through the program, they provide resources, and let the students know what to do in these tricky situations. Lives have already been saved, and more will be in the future. Already, there are six events scheduled for the spring. If you are interested in helping or donating, or for more information, please go to rachelsfirstweek.com.
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

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 15st, 2018 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.
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The 2017 ACEP Council meeting was held October 27-28 in Washington, D.C. A wide variety of resolutions were passionately debated, from supporting paid parental leave to reaffirming the prudent layperson standard. Speakers were heard from all states, including Indiana, and many of the different sections from ACEP. For those that were unable to attend, here is a summary of some of the resolutions that were vigorously debated and then finally adopted or voted down.

• A number of resolutions were authored with regard to ABEM. These were related to financial transparency and ABEM governance. Simultaneously, the President of ABEM gave a presentation that discussed the breakdown of their funding and how their budget is spent. After a great deal of discussion, ACEP council members decided that ACEP did not have the authority to determine how ABEM is governed, and that the two groups could continue to work together amicably to resolve issues related to certification and maintenance of certification.

• The topic of campaign financial reform was hotly debated. The cost of campaigning and running for the Board of Directors, Vice Speaker, or President of ACEP has significantly increased over the last 10-20 years. A resolution was proposed in an attempt to mitigate these costs. After discussion, the resolution was referred. This means that the steering committee will investigate this issue and develop recommendations for ACEP. The hope is that in the future, any qualified candidate will be able to run for a position, regardless of his or her ability to finance a far-reaching campaign.

• In light of the current opioid epidemic, several resolutions were authored related to this topic. First, ACEP adopted a resolution that endorses Syringe Services Programs for those that use injection drugs, like those used to mitigate the HIV outbreak in Indiana in recent years. In addition, ACEP voted to support the development and study of Supervised Injection Site pilots where patients can bring self-provided drugs and have them injected in a sterile manner. This is in line with a recently-adopted and similarly-worded AMA policy.

Please feel free to e-mail me with any questions or concerns — emilyfitz526@gmail.com. We hope to see you at the ACEP scientific assembly next year in San Diego!

New INACEP Members

Medical Students
Bijan Arab
Lucas Banter
Kyle Bobay
Ryan Cordes
Shelby Cuffley
Jacob Davis
Claire Dougherty
Wil Escala
Jiayun Gao
Paul Garverick
Rolando Gerena
Jason Graf
Anne Grisoli
Kristoffer Grybow
John Hauber
Stephen Jensen
Nicholas Kulas
Abraham Leiser
Reid Liggett
Kelly Loman

Residents
Michelle Bowman MD
Logan Dellinger DO
Jude Kieltyka MD
Kate Mignosi MD
Gregory Pettaway MD
Rachel White DO

New Members
Xiang Guo MD
Heather Kelker MD
Mikal Ramadan MD
Edward Sierra MD
Ray Smith MD

Upcoming Events

INACEP Annual Conference
Indianapolis
April 25 & 26, 2018

5th Annual EMS Medical Directors’ Conference
Carmel
April 27, 2018

Leadership & Advocacy Conference
Washington DC
May 20 – 23, 2018
The medical student pulled up a chair and began to discuss her patient with me. She rattled off his stats: 94-years-old, surprisingly healthy, looks 80 … a couple bumps and bruises, better-safe-than-sorry kind of stuff. I stopped her.

“Did you ask him about the war?”

She looked confused, as if trying to recall if this was somehow germane to the patient’s chief complaint in his visit to the ED.

“How old are you?” I asked.

“Twenty-four,” she replied.

“You have maybe two years left before you will be unable to ask that question again. This is the greatest generation that ever lived. They died on battlefields all over the world and saved millions from fascism. They all want to tell their stories before they die. So let’s check him out and then ask him about the war.”

And for the next 15 minutes, we sat in wonder and rapt attention as he told us with great pride that he had been a bomber pilot, fighting over Italy, the Balkans and later Berlin, where he was shot down. He parachuted to safety and was taken prisoner and put in a Stalag POW camp. He was liberated by Gen. George Patton, who, as he described it, came riding into camp on a tank, wearing a shiny helmet with a pistol strapped on his side. The student sat silent but glowed in wonderment at what she was experiencing. As we left the room, she turned to me.

“Dr. Profeta, that was amazing. Thank you so much.”

I smiled in agreement.

“He’s fine, let him go home,” and as I typed up his discharge paperwork, my fingers stopped for a bit and hovered above the keys as my mind flashed back to another time I asked that question.

“So were you in the war?” I asked the 90-year-old man who looked 75.

“Of course I was, we all were,” he replied. His well-pressed daughter sat in the corner smiling with pride behind her bronze-rimmed glasses. “I was with Patton in Europe in the Battle of the Bulge. I was a gunner in a half-track; we provided support for the tanks. I manned this fifty-caliber gun in the turret. The Nazi planes would start strafing us and, I’d be there in my turret, BANG BANG BANG BANG! I had this foot operated ‘gun thing’ too. You would step on and WHOOF WHOOF it would shoot these big shells out the side.”

I listened attentively as he talked about the fighting and how his brother was killed in Europe and how he wished it had been him since his brother had two small children. He held up his weathered hand to show me how tall the kids had been when he was killed. I hung on to the bed rail in silence. He told me about his nephews who were also killed, how his cousin was injured in the navy and how he had married the nurse that cared for him. He was animated in his demeanor, as he discussed every detail. The words flowed in a continuous stream of reflection. He held his head high and beamed with a mixture of pride and gratitude that some young punk like me would ask about his war service.

Then somehow the talk turned to the holocaust.

“Dad, you helped liberate a camp didn’t you?” His daughter leaned forward in her chair. I thought I saw a faint quiver in his lip.

“Yes, yes, we pulled into Austria and liberated Mauthhausen.” His speech became fractured. “There were these ovens and these burnt bodies… I saw this guy in striped pants, there was this pit, and a bulldozer, it had a huge blade, and well they went all the way to the top and out the sides, and the ovens, and I saw…and the…they…and they were all nude and you could not tell if they were women or men…and…and” his face turned sallow, and tears filled the wrinkles below his eyes and hovered for a second before falling. The words stuck thick in his mouth. His daughter sat staring at me in silent disbelief, and mouthed the words: “I had no idea, I have never heard any of this before. He never, ever told me this.”

I put my arm around him and held him tight. “It’s OK, I’m sorry I made you go there.”

“No, no,” he patted my arm with a hand that once fired a fifty-caliber machine gun. “I’ll tell you this, though, I am not spending the night in this hospital. I feel great; I walk three blocks every day. Oh did I tell you about my cousin who got injured in the navy? He married the nurse that took care of him.”

“No you didn’t.” I smiled at the daughter. “Tell me about it.”
advancement of our specialty. I am certain ACEP will continue to call on him for his expertise and leadership.

The INACEP Board of Directors selected councillors and alternate councillors who represented Indiana well during the two days of council meetings preceding Scientific Assembly. We collaborated with other state chapters and submitted a resolution to help uphold the prudent layperson definition of an emergency and ensure payment from third party payers for Emergency Department services. Our resolution was co-sponsored by Kentucky, Georgia and Missouri and passed unanimously. Our councillors and alternate councillors attended many sessions where other resolutions were debated. Some of the most controversial resolutions addressed the role EM physicians play in the management of the opioid crisis.

INACEP Board of Directors also recently participated in a survey and phone conference with ABEM physician leaders to discuss ways to improve maintenance of certification for ABEM Board certification status. The INACEP BOD related suggestions for improving the process of MOC that would maximize the educational value and minimize the investment of time as well as the financial impact. ABEM leadership was receptive to our input. At Scientific Assembly the current President of ABEM, Dr. Terry Kowalenko, addressed the ACEP Council to relate that ABEM is partnering with ACEP to revise the requirements for MOC. Details are currently in the consideration phase at the executive level. A potential announcement of MOC revision will be forthcoming in the spring of 2018.

Many of the INACEP BOD current and past members continue to serve on ACEP committees at the national level. The committees address a variety of issues from reimbursement to clinical guidelines. The important work of these committees’ shapes the environment that we as everyday EM physicians practice within daily.

INACEP BOD also participates in legislative sessions and lobbies for change at the state and national level. We interface with state legislators to shape laws affecting EM during the legislative sessions. Many bills introduced could directly impact patient care issues and the legislators look to us as experts for advice. ACEP championed the “Protecting Patient Access to Emergency Medications Act” which was recently signed into law and sanctions our ability as EMS directors to allow EMS to provide medications understanding protocols, as is our current practice. On the national level, INACEP members attend the Leadership and Advocacy conference in Washington DC in the spring to engage our senators and representatives as advocates for EM and excellence in patient care. Many of you may have also seen news coverage of White Coat day with EM physicians gathering on the National Mall to bring positive national attention to EM.

Conclusively, ACEP is the recognized leader nationally for Emergency Medicine expertise. Membership allows us to have a respected voice, shape impactful legislation, and ensure our continued ability to provide excellent patient care.
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IU School of Medicine  
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Chris HARTMAN MD, FACEP  
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Tyler HEAVIN  
(Resident Member)  
IU School of Medicine  

Cherri HOBGOOD MD, FACEP  
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Andy McCANNA MD, FACEP, FAEM  
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