

# Indian Medical Association of New England Newsletter



Quarter 2 Newsletter: April-June 2012

## MESSAGE FROM THE PRESIDENT

I am pleased to report that IMANE has been strengthening alliances across the medical community in New England over the past three months. In January, many YPS members of IMANE attended a reception by the American College of Physicians Early Career Physicians chapter at the Met-Bar in Chestnut Hill, MA. We hope to use the connections that were created that evening to enhance our educational and networking offerings to young physicians this year. Next, we have been fortunate to be able to bring the successful MMS-IMANE membership promotion from last year back for a second year. The promotion began April 1, 2012 and runs until May 31, 2012. If you are not yet a member of IMANE, please take advantage of this promotion to either join IMANE or both IMANE and MMS. I can not emphasize enough how much involvement with MMS can assist our advocacy efforts on behalf of all Indian physicians in the New England area. I encourage all IMANE members to take advantage of this promotion and become members of MMS today!



Our featured topic this month is one very close to my heart: public health. Many of you may have noticed that April's photo for the NEJM 2012 Calendar highlighted the poliomyelitis epidemic in the United States in the 1950s. The first quarter of this year marked a tremendous milestone in India's health history as India celebrated one year being polio free on January 13, 2012. This was followed by the much-awaited announcement on February 25, 2012 that the World Health Organization had eliminated India from the list of endemic countries where wild poliovirus still remained in active circulation. Read more about IMANE's relationship with the important effort to eradicate polio once and for all in our featured story this month, starting on page 4, as I share a discussion with Dr. Victor Saldanha, the 2004 recipient of IMANE's Community Service Award, about a cause we have both been extensively involved in. Following the story are several related peer-reviewed articles for further information.

As part of our commitment to community service and charitable needs, IMANE has created a taskforce with the Massachusetts Department of Public Health and the Indian Circle of Caring to reach out to the Indian community on the important disease of tuberculosis. The initiative hopes to increase education and awareness of tuberculosis and its treatment among the Indian community through various focus groups led by the Department of Public Health and IMANE physicians. Learn how you can get involved with this initiative on page 6. Our featured member profile this month is one of our newest YPS members, Lipi Roy, MD MPH. Dr. Roy is an internist with Boston Healthcare for the Homeless and faculty at MGH with several public health achievements already under her belt. Read about Dr. Roy's blog on the nutritional use of spices and other recent member accomplishments on page 7.

Finally I wish to remind EVERYONE to register for our Spring CME on May 5, 2012 on the important topic of Health Care Quality and Improvement. Jointly sponsored with MMS, sessions included will cover ACOs, changes in licensure regulations, meaningful use and electronic health records along with future challenges. Following the Spring CME will be an important Town Hall open discussion forum for all members to let us know what you would like to see from IMANE as we prepare ourselves for the future. I look forward to seeing you all on May 5!

— Sucheta Doshi, MD MPH

### **IN THIS ISSUE:**

IMANE 2012 SPRING CME: Page 2

PUBLIC HEALTH SPECIAL FEATURE: page 4

UPCOMING EVENTS: Page 3

MEMBER PROFILES AND ACCOMPLISHMENTS: page 7

MEMBERSHIP BENEFITS: Page 8

## **IMANE 2012 Spring CME Symposium: HEALTH CARE QUALITY IMPROVEMENT**

**SATURDAY, MAY 5, 2012 from 8-2:15 pm at MMS Headquarters**

**Joint educational activity co-sponsored with Massachusetts Medical Society**

Moderator: *Sucheta Doshi, MD MPH, IMANE President*

**8:00 a.m. REGISTRATION AND CONTINENTAL BREAKFAST**

**8:15 a.m. Health Care Quality and Improvement: Overview and Introduction**

*Sucheta Doshi, MD, MPH, IMANE President*

**8:30 a.m. Accountable Care Organizations in Massachusetts**

*Ronald W. Dunlap, MD, Vice President, Massachusetts Medical Society*

**9:30 a.m. Quality Improvement in Health Care Delivery**

*Anand Kartha, MBBS, MS, VA Boston Healthcare System*

**10:30 a.m.**

**BREAK/EXHIBITORS**

**11:00 a.m. Adoption of Maintenance of Certification and Maintenance of Licensure:  
The Impact on Physicians**

*Stancel M. Riley, Jr., MD, MPA, MPH, Executive Director,*

*The Commonwealth of Massachusetts Board of Registration in Medicine*

**12:00 p.m.**

**BREAK/LUNCH PICK UP**

**12:15 p.m.**

**EHR and Meaningful Use**

*Michael Coffey, MD, North Shore Physicians Group*

**1:15 p.m. Future Challenges and Controversies in Health Care Quality**

*Moderator: Apurv Gupta, MD, MPH, IMANE Board of Trustees*

**Panelist Discussion:**

*Apurv Gupta, MD, MPH*

*Stancel M. Riley, Jr, MD, MPA, MPH*

*Anand Kartha, MBBS, MS*

**2:15 p.m.**

**PROGRAM ADJOURNMENT**

**REGISTER ONLINE TODAY: [IMANE 2012 SPRING CME PROGRAM](#)**

**IMANE and MMS Members: \$75**

**Non-Members: \$100**

**Residents: \$20      Students: FREE**

*Registration fee includes Continental Breakfast and Fine Indian Cuisine for Lunch; please call 781-434-7316 with your lunch preference if you register online.*

*Immediately following the Spring CME meeting will be an important TOWN HALL meeting at 2:30 pm for all IMANE members and potential future members of IMANE to discuss your hopes for the future of IMANE with the Executive Committee and Board of Trustees—members of the young physician community are especially encouraged to attend.*

The Massachusetts Medical Society designates this live activity for a maximum of 5.25 *AMA PRA Category 1 Credits*<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This activity meets the criteria of the Massachusetts Board of Registration in Medicine for risk management study.

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the Joint Sponsorship of the Massachusetts Medical Society and the Indian Medical Association of New England.

The Massachusetts Medical Society is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

## SAVE THE DATE: UPCOMING EVENTS

IMANE and United India Association of New England joint event:

### Community Health and Wellness Fair

Sunday, June 3, 2012 at 10 AM– 4 PM at Westin Hotel, Waltham

Free for IMANE/UIANE members; \$10 non-members

RSVP: [uiane@unitedindia.net](mailto:uiane@unitedindia.net)

AAPI NATIONAL CONVENTION: June 26-30, 2012

[Click here for more Information and Registration](#)

IMANE and South Asian Bar Association of Greater Boston (SABA-GB) Lecture Event:

“The Affordable Care Act and the Supreme Court: What the Ruling Means for You”

July 2012, stay tuned for exact date and details!

SUMMER MEETING: July/August 2012

INDIA DAY HEALTH FAIR: IAGB, Boston: August 12, 2012, 4pm—8 pm

ISW, Worcester: August 19, 2012

## **ANNUAL MEETING and GALA: NOVEMBER 17, 2012 at Taj Boston**

Ongoing: Free Clinic/Waltham New Hope Health Center: Mondays, 6-8 pm

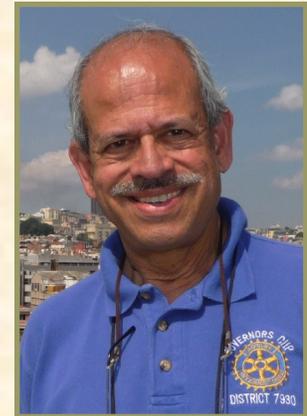
Free Clinic/Free Health Stop, Shrewsbury: Wednesdays, 6-8 pm

Free Clinic/Billerica: Saturdays, 5:30-7pm

For more information about the above events: email [IMANE@mms.org](mailto:IMANE@mms.org)

## PUBLIC HEALTH SPECIAL REPORT: A CDCer and a Rotarian chat about Polio: Endgame

The [Global Polio Eradication Initiative](#) (GPEI) was begun in 1988 to help eradicate a disease that has devastated the lives of millions of people worldwide. Thanks to this partnership between Rotary International (RI), the Centers for Disease Control and Prevention (CDC), World Health Organization (WHO) and the United Nations International Children's Fund (UNICEF), an estimated 350,000 cases of poliomyelitis in 1988 have been reduced to 650 cases in 2011. Up until recently India was among the four remaining endemic countries where wild poliovirus (WPV) circulation had never been interrupted until the first quarter of this year. January 13, 2012 marks a tremendous historic milestone as India celebrated one year without any polio case; contrast this with 1988 when India reported 24,237 cases. Millions celebrated across the world on February 25, 2012 when the World Health Organization eliminated India from the list of endemic countries, leaving only Afghanistan, Pakistan and Nigeria as the remaining three hot-zones for polio. In recent years, the Bill and Melinda Gates Foundation has provided much needed funding toward the initiative and eradication of polio may become a reality by 2015 – this generation's greatest achievement to global public health.



*Dr. Victor Saldanha practices Internal Medicine and Geriatrics at Cambridge Health Alliance*

How did India achieve this remarkable milestone? What are the challenges for GPEI as we near the worldwide eradication of the next major human disease after smallpox?

Dr. Victor Saldanha, Rotarian, Paul Harris Fellow, recipient of the prestigious Rotarian Service above Self Award, and prior recipient of IMANE's Community Service Award, and Dr. Sucheta Doshi, former CDC Epidemic Intelligence Service Officer with the Global Immunization Division and current President of IMANE, share a discussion on Polio: Endgame.

### **How was India able to maintain one year without a single polio case?**

**Dr. Saldanha:** By maintaining a high level of population immunity through mass vaccination campaigns and waves of National Immunization Days (NIDS), about 10-12 a year. In 2011 alone, 2.3 million vaccinators immunized 172 million children in 200 million homes. Mobile teams vaccinated children at transit points like bus and train stations, inside moving trains, busy highways and market places. Also, the real breakthrough was the 2009 introduction of a bivalent oral polio vaccine (bOPV) that focused on the two types of wild poliovirus, type WPV1 and type WPV3, which were circulating in India. The country was at peace and there was huge government and media support; India poured money into TV ads featuring Bollywood's top stars encouraging people to vaccinate their children against the disease.

**Dr. Doshi:** The bivalent vaccine was definitely a game-changer for India. Also, India is known to have one of the most sensitive surveillance systems for acute flaccid paralysis (AFP) where two stool samples are checked for each potential polio case; there is a huge network of surveillance medical officers (SMOs) throughout the country, specially trained to identify 'hot cases' that are highly likely to be wild poliovirus in origin. SMOs help to contain the virus through leading vaccination activities around every new case of polio transmission in specific areas, much like the endstage of smallpox eradication. Heightened surveillance to find each and every new case of polio helped to target high risk areas for supplementary immunization activities (SIA's). Each SIA has thousands of volunteers from the community going to each and every house, marking the doors and inking the fingers of vaccinated children to ensure no child is missed during the campaigns. These were the strategies that helped India reduce the number of wild poliovirus cases to zero.

### **How did you get involved with polio eradication activities?**

**Dr. Saldanha:** RI first got involved in Polio with a pilot program in 1979 in the Philippines and allocated \$750,000 for polio immunization. The program was completed in 1982 with dramatic results; I became a Rotarian that same year. I became involved with the polio eradication activities in 1985 when I became Club Foundation Chair and when the Board of Trustees of RI decided to carry out a global immunization program with the goal of eradicating the disease entirely from the planet.

**Dr. Doshi:** Through the Epidemic Intelligence Service (EIS) Program, disease detectives at CDC have been involved with polio since the US outbreaks in the 1950s. Dr. Alexander Langmuir, founder of the EIS program, created the Polio Surveillance Unit in 1955 to investigate a devastating polio outbreak in the United States. I joined CDC in 2005 as an EIS officer with the now Global Immunization Division which focuses on polio eradication activities worldwide, including surveillance, monitoring of vaccination campaigns, and developing new strategies to prevent importation of the virus to polio-free countries.

## PUBLIC HEALTH SPECIAL REPORT: Polio: Endgame (Continued)

### What is your most memorable moment on the polio eradication trail?

**Dr. Saldanha:** I think my most memorable moment was seeing a case of post-polio syndrome in the United States. I had seen polio as a child in India but here in the United States, many physicians have never seen a case of polio at all. My patient was in her late 40s/early 50s and I presented her at a conference in 2002 – she came in a wheelchair and her story brought the audience to tears. She eventually died from the disease and I think the shock of seeing someone with polio in 2002 in the developed world had a tremendous impact both for myself as well as the audience at the conference.

**Dr. Doshi:** It was September 2006 and I had been sent by CDC to Moradabad District in Uttar Pradesh to help with surveillance and monitor a vaccination campaign. This district had the highest reported wild poliovirus cases in India up until 2008 and was being cited as the epicenter of the large ongoing outbreak in 2006. My responsibility had been to work with the SMO to track down every AFP case that could be a 'hot case' for polio. I remember going to a small village at nighttime because a local physician had called the SMO with a case in a 2 year old girl that looked like 'paralysis.' That was an incredible moment for me to have seen an acute ascending case of paralysis up close and center. That little girl ended up being the last type WPV1 case in Moradabad that year, thanks to the efforts of the surveillance medical officers and the vaccination teams.

### What do you think are the future challenges for eradication?

**Dr. Saldanha:** Culturally, there remains the challenge of convincing certain religious groups of the benefits of vaccination. While Rotary is a strong force supporting and encouraging vaccination, there is still the false belief among some religious groups that the vaccine causes sterility. Also, malnutrition can prevent seroconversion for many children even after several doses of the oral vaccine. Finally, it is difficult to get the vaccine to remote areas of many of these countries due to political conflicts and lack of adequate infrastructure.

**Dr. Doshi:** The government structure in the remaining endemic countries is definitely a huge challenge. India benefitted from having a government that was fully committed to the eradication cause. Nigeria poses quite a challenge with its weak infrastructure and extremely entrenched poliovirus reservoirs where both type 1 and type 3 continue to circulate. It was Nigeria where refusal to vaccinate led to exportation of poliovirus to other countries, including India, in 2003-2004. Recently Chad, Angola and DRC have had re-established transmission of the virus after being polio-free due to importations. Because < 1% of poliovirus infections cause paralysis, detection of wild poliovirus can be difficult without heightened surveillance. Given the highly mobile population in war-torn countries such as Afghanistan, India will need to maintain intensive surveillance to prevent cross-border importation.

### How can physicians get involved in the polio eradication efforts?

**Dr. Saldanha:** Volunteer with Rotary; Rotarians are going to every country to help with vaccination campaigns. The beauty of oral polio vaccine is that anyone can give drops so medical students can also volunteer even for a short-term basis. Donations to GPEI can also be given through Rotary as well as UNICEF.

**Dr. Doshi:** CDC has recently activated its Emergency Operations Center for the final push toward eradication. The Stop Transmission of Polio Program is always recruiting volunteers willing to go on 3-6 month short term assignments to at risk countries. Also, with the EOC activation, physicians can apply for 2 year short-term positions to be on the front-lines of this important global public health effort.

### FOR FURTHER READING



*Dr. Sucheta Doshi practices Family Medicine and Preventive Medicine/Public Health at VA Boston Healthcare System*

[CDC. Progress toward poliomyelitis eradication—India, January 2010–September 2011. \*MMWR\* 2011;60:1482–6.](#)

World Health Organization Executive Board. Poliomyelitis: intensification of the global eradication initiative. Geneva, Switzerland: World Health Organization; 2012. Available at [http://apps.who.int/gb/ebwha/pdf\\_files/eb130/b130\\_r10-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/eb130/b130_r10-en.pdf)

Aylward B, Yamada T. The Polio Endgame. *N Eng J Med* 2011; 364:2273-5. June 16, 2011. [Perspective.](#)

Doshi SJ, Sandhu HS, Venczel LV, Hymbaugh KJ, Deshpande JM, Pallansch MA, Bahl S, Wenger JD, Cochi SL. *Poliomyelitis-Related Case-Fatality Ratio in India, 2002-2006. Clinical Infectious Diseases* 2011; 53: 13-19. <http://cid.oxfordjournals.org/content/53/1/13.long>

Pallansch MA, Sandhu HS. The Eradication of Polio — Progress and Challenges. *N Eng J Med* 2006; 355:2508-11. December 14, 2006. [Perspective.](#)

## **PUBLIC HEALTH SPECIAL REPORT: IMANE-ICC-DPH Initiative on Tuberculosis**

IMANE is pleased to have developed a collaborative partnership with the Massachusetts Department of Public Health (MDPH), Division of TB Prevention and Control and the Indian Circle for Caring USA, Inc. (ICC). Together, IMANE, ICC and the MDPH will be working on the Community Initiative for TB Education (CITE) with a focus on the Indian community in Massachusetts. CITE is an education and outreach initiative that aims to develop provider-focused educational interventions and community-focused educational tools and activities to encourage testing and treatment of TB infection within high-risk populations in order to prevent TB disease. To achieve this goal, the CITE team forges partnerships with community providers and Community Based Organizations to improve the health of the community by ensuring that persons at high risk for TB infection and disease receive TB testing and treatment. CITE works to increase community members' knowledge about TB infection, TB disease, available TB services in the Commonwealth and the benefit of receiving TB testing and treatment.

Over the past 5 years, CITE has ongoing partnerships with the Cape Verdean community in Brockton, the Haitian community in Cambridge, the Chinese community in Quincy and the Ecuadorian community in Milford. Some of CITE educational initiatives have included: development of TB risk assessment posters for patients and providers, TB talk presentations on Haitian Access television, a TB video for the Cape Verdean access television.

MDPH, IMANE and the ICC will soon begin to recruit stakeholders around the state to work on this important public health initiative and conduct focus groups and interviews to gather information from Indian providers and community members about their current understanding of TB disease and prevention. The partnership between CITE, IMANE and the ICC will enable us to develop meaningful community- and culturally – specific materials that address misconceptions and/or barriers to TB testing and treatment in the Indian community.

If you are interested in becoming involved with the IMANE-ICC-DPH initiative on Tuberculosis in the Indian Community in Massachusetts in any capacity, including leading a focus group, please contact Dr. Sucheta Doshi ([suchetadoshi@yahoo.com](mailto:suchetadoshi@yahoo.com)) or [IMANE@mms.org](mailto:IMANE@mms.org).

### **Project Contacts:**

CITE/MDPH: Kate Rose Bobseine, CDC Public Health Prevention Service Fellow, and Dr. John Bernardo, State TB Controller

ICC: Girish A. Mehta, Executive Director

IMANE: Sucheta Doshi, MD MPH; Apurv Gupta, MD MPH

## MEMBER PROFILES AND ACCOMPLISHMENTS

### YPS MEMBER PROFILE: LIPI ROY, MD MPH

One of IMANE's newest YPS members, **Lipi Roy, MD MPH**, joined Boston Health Care for the Homeless Program in September 2011 as a staff physician in Internal Medicine and MGH Site Director, where she sees homeless patients within the Mass General's Medical Walk-In Unit. Dr. Roy is also an instructor at the Harvard Medical School, and was one of the co-faculty for the HMS course, The Healer's Art.



Originally from Toronto, Canada, Dr. Roy completed her undergraduate degree at McMaster University in Molecular Biology and Biotechnology, she obtained a Master's degree in neurophysiology at the University of Toronto, investigating *in vitro* stroke models of microglia. She then joined AstraZeneca Pharmaceuticals in Waltham as a neurobiologist and cancer researcher. To foster a growing interest in clinical medicine and public health, she enrolled in Tulane University's 4-year combined MD/MPH program.

In August of 2005, Hurricane Katrina devastated New Orleans and flooded the medical school. Dr. Roy and her classmates evacuated NOLA and resumed studies in Houston. After 9 months, she returned to a very different New Orleans. Dedicated to caring for the displaced and traumatized residents of New Orleans, Dr. Roy volunteered at the grassroots clinic, Common Ground. She was also one of the local organizers for the inaugural Clinton Global Initiative - University conference, and helped rebuild homes in the hurricane-ravaged Ninth Ward. During her 4 years of medical school, Dr. Roy pursued her passion for international health through clinical and public health rotations in Nicaragua and India. She continued this passion while pursuing her residency in Internal Medicine at Duke University Medical Center where during her 2nd year of residency, Dr. Roy went to Haiti to provide medical relief to earthquake victims.

Dr. Roy is passionate about educating and empowering the public about making healthy lifestyle decisions. She also loves to cook and bake. So, she combined these passions by creating a healthy spices website and blog, [www.SpicesforLifeMD.com](http://www.SpicesforLifeMD.com). The blog highlights many healthy recipes which utilize a variety of spices, all of which have been heavily researched by Dr. Roy. Her aim is to not only share these tasty dishes with the public, but to decrease the severity and incidence of chronic illnesses such as high blood pressure, diabetes, stroke, congestive heart failure and many others. The ultimate goal is to improve overall physical, emotional, mental and spiritual health. Read more about these recipes and their health benefits on Dr. Roy's blog.

### OTHER MEMBER ACCOMPLISHMENTS:

Congratulations to **Dr. Ammani Dasari** and **Dr. Lalit Savla** for their recent elections to the national AAPI Executive Board! Dr. Dasari has been elected to the AAPI Board of Trustees and Dr. Savla will be the New England Regional Representative. Both Dr. Dasari and Dr. Savla are Past Presidents of IMANE and most recently have been the New England Regional Representative and Chair of Board of Trustees for IMANE respectively. We wish both of them the very best as they continue to represent IMANE's voice in AAPI.

Congratulations to **Dr. Apurv Gupta** on his new position as Vice-President, Network Performance Improvement at Blue Cross Blue Shield of Massachusetts.

**Dr. Dinesh Patel**, IMANE's co-founder, **Dr. Sanjiv Chopra** and **Dr. Brian Pereira** have been among the prominent senior Indian physicians featured through an interactive series of interviews, entitled Movers and Shakers in Medicine, coordinated by **Dr. Manju Sheth** and published in the local Indian community e-newsletter, Lokvani: [http://www.lokvani.com/lokvani/article.php?article\\_id=8078](http://www.lokvani.com/lokvani/article.php?article_id=8078)

## **MEMBERSHIP HAS ITS PRIVILEGES**

### **BENEFITS OF MEMBERSHIP**

Become a member of the oldest Indian Medical Organization in America and enjoy the following benefits:

**New for 2012:** Exclusive [Linked In](#) group for members only! Engage in professional networking with your fellow IMANE members. Must be paid or student members of IMANE to be approved.

Discounted rates for Spring, Summer and Annual meetings

Participate in various IMANE committees and be involved in coordinating IMANE activities

Volunteer at IMANE affiliated charity clinics in Waltham and Shrewsbury or at one of our many health fairs throughout the year!

YPS activities for young physicians, residents, fellows and medical students

**New for 2012:** Mentor-Mentee program for Young Physicians

Apply for observership positions with IMANE members

Be featured in the IMANE Newsletter Members Section

### **GET INVOLVED WITH IMANE:**

#### **Committees**

IMANE has many committees that want YOUR involvement—please contact Lynda Layer at [llayer@mms.org](mailto:llayer@mms.org) or the following Committee Chairs if you would like to become more involved with IMANE this year through the following committees:

MEMBERSHIP: Co-chairs: Maria Menezes and Subha Thiagarajan

COMMUNITY SERVICE: Chair: Sapna Aggarwal

SCIENTIFIC: Chair: Sajani Shah

PUBLICATIONS/WEBSITE: Chair: Sameer Kapasi

FUNDRAISING/EXHIBITORS: Chair: Srilatha Kodali

#### **Join or Renew your Membership—SPECIAL UNTIL MAY 31, 2012, MMS-IMANE Joint Membership Promotion**

IMANE has many exciting activities and benefits planned for this year, many which are members-only. So please join or renew your membership today. Special IMANE-MMS Membership promotion until May 31, 2012: IMANE members can join MMS for just \$50; MMS members can join IMANE for just \$50, non-members of either can join both great organizations together for \$100. Contact Lynda Layer at [llayer@mms.org](mailto:llayer@mms.org) or 781-434-7317 for membership form and details. More information: [www.imanemd.org](http://www.imanemd.org)

#### **Feedback**

Your feedback matters. We want to know your thoughts on our plans for the future and what you consider to be the priorities for IMANE. There will be a special members Town Hall discussion form on May 5, 2012 at 2:30 pm immediately following the Spring CME meeting. Please plan to be there and share your thoughts on how we can create an IMANE for the future together!

You may contact Lynda Layer, Chapter Administrator, based in the Massachusetts Medical Society headquarters in Waltham, MA by phone at 781-434-7317 or email [imane@mms.org](mailto:imane@mms.org). You may also contact Dr. Doshi at [suchetadoshi@yahoo.com](mailto:suchetadoshi@yahoo.com).

## **2012 EXECUTIVE COMMITTEE**

### **President**

Sucheta Doshi, M.D., M.P.H.

### **President –Elect**

Manju Sheth, M.D.

### **Past President**

Arun Chaudhary, M.D.

### **Secretary**

Sajani Shah, M.D.

### **Treasurer**

Seema Arora, M.D.

### **Members at Large**

Sapna Aggarwal M.D.

Sameer Kapasi, M.D.

Anil Kumar, M.D.

Maria Menezes, M.D.

Subha Thiagarajan, M.D.

### **YPS Representative**

Jatin Roper, M.D.

### **BOARD OF TRUSTEES**

Pankaj Shah, M.D. (Chair)

Apurv Gupta, M.D., M.P.H.

Purnima Sangal, M.D.

Manorama Mathur, M.D.

Geeta Trivedi, M.D.

### **NOMINATING COMMITTEE CHAIR**

Payal P. Gupta, M.D.

### **AAPI REPRESENTATIVE**

Ammani Dasari, M.D.