

Bulletin

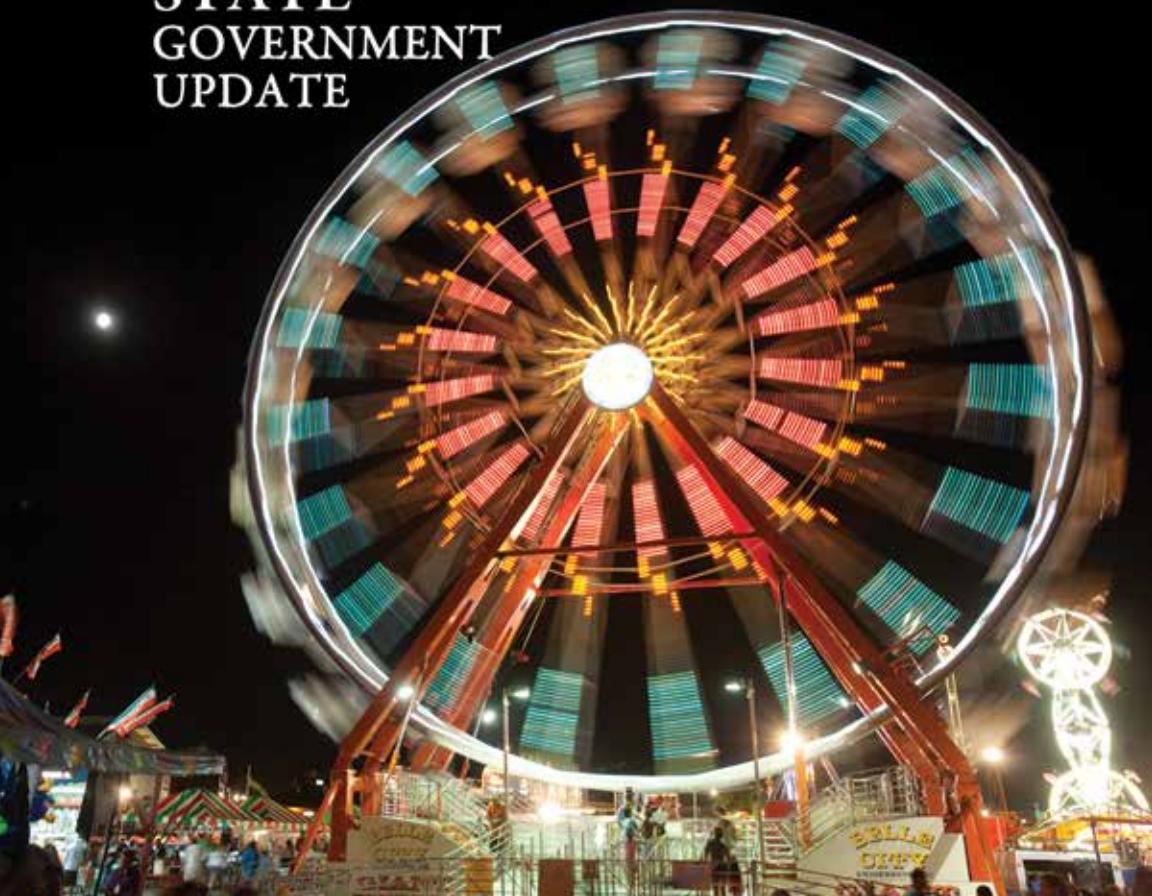
JUL/AUG 2013

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

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TRANSFORMATION**

**CHOOSE
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**STATE
GOVERNMENT
UPDATE**



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*Official Publication
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Medical Society*

VOLUME 85 No. 4

Des Moines, Iowa
July/August 2013

2013

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Bulletin

JUL/AUG 2013

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

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Cover Photo: Iowa State Fair

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YOUNG PHYSICIANS

“Fun Summer Event”



PCMS President Philip Colletier, M.D. welcomes the Young Physicians and guests.

The Polk County Medical Society held a summer event for Young Physician (YP) members at Exile Brewing Company on August 8th. The physicians and their guest had a wonderful evening socializing with their colleagues. Everyone enjoyed hors d'oeuvres provided by Foster Group.

R.J. Tursi, owner of Exile Brewing Company, provided a private Brew Tour of the hand-crafted brewery. The physicians enjoyed

learning the history of the brewery which is a tribute to the family's patriarch and all other immigrants that continue to embrace the American dream.

Please plan to join the PCMS YP members and have fun with your colleagues at the next event!

To get involved, contact Nicci at pcms@pcms.org or 288-0172.

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How Are We Doing?

Human Papillomavirus Virus Immunization



Philip J. Colletier, M.D.

more than half of sexually active individuals are infected at some point in their lives. Persistent infection remains the most important risk factor in the development of cervical squamous cell carcinoma. In addition, as the incidence of tobacco / alcohol related squamous cell carcinoma of the oral cavity, oropharynx and larynx has declined, the incidence of HPV related malignancy of the oropharynx has sharply increased.

Cervical cancer is a major worldwide health problem – approximately 530,000 patients yearly. The advent of HPV vaccines has been an important development in the battle against this epidemic. HPV subtypes 16 and 18 are responsible for 7 of every 10 cervical cancers. HPV vaccines are delivered as a series of three shots over 6 months (2nd dose 1-2 months after first, 3rd dose 6 months after first.) These vaccines

HPV infection has become an increasingly important issue in our daily practice. HPV is the most common sexually transmitted virus,

– Cervarix and Gardasil, are protective against cervical cancer. Gardasil is also protective against cancers of the anus, vagina and vulva, as well as genital warts. Both vaccines are available for females, for males only Gardasil is recommended. Optimally, the best protection is conferred when individuals receive all three doses and subsequently have time to develop an immune response prior to becoming sexually active. Accordingly, vaccination is recommended in the preteen years, ages 11-12. The CDC currently recommends vaccination through age 26 for women, 21 for men. Also recommended is vaccination for gay and bisexual men, as well as immunocompromised individuals including those with HIV/AIDS through age 26.

Unfortunately, we have not been successful in reaching the goal of 80% vaccination rates. To date, nationally the vaccination rate is 53.8% of girls receiving at least one dose, only 33% receiving all three doses. As part of the 2020 Healthy People initiative, an 80% rate needs to be achieved in seven years. Research has shown that many parents feel the vaccine is unnecessary or

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argue that their children are not sexually active. Nonetheless, 90% of sexually active women will be in contact with the virus at some point. Given that the HPV vaccine needs to be administered well before potential exposure, pediatricians and family medicine physicians are at the front line of the education and administration campaign. Some states have discussed making the HPV vaccine series mandatory – in Iowa it remains voluntary. How are we doing in Iowa? In 2011, coverage of females ages 13-15 in Dallas County was 22%, identical in Polk County. Iowa county rates ranged from a low of 6% (Sioux) to a high of 34% (Harrison, Cherokee.) The overall Iowa 3 HPV coverage was 21%.

New research published in The Journal of Infectious Diseases has demonstrated that vaccination has proven effective in reducing the rate of new infections in HPV strains targeted by the vaccine, with the rate of new infections dropping by 56% among females aged 14-19 since vaccine approval in 2006.

The epidemic of HPV 16 related oropharyngeal cancer has been striking in my practice as well as across the country. These patients are typically never smokers, minimal social alcohol intake, in their 40's and early 50s. Most commonly, the tumor involves the tonsil or base of tongue, is squamous cell carcinoma, and is lymph node positive. The putative association with oral sex has been well advertised but not proven. You may have read about the actor Michael Douglas, and his recognition that cunnilingus may have been contributed

to his diagnosis. More personal detail than you may have wanted to know while drinking your morning coffee certainly. A recent study of oral HPV infection in men, published in the Lancet last month, found no clear link with oral sex. Criticisms of this study are that it looked at oral HPV infection, not HPV related oropharyngeal cancer. There is no doubt that HPV 16 infection leads to oropharyngeal carcinoma, but the risk is very low that an individual with HPV 16 infection will develop cancer.

Given the unavailability of a good screening test for oropharyngeal cancer (as opposed to the Pap smear for cervical cancer screening) one should ask whether the current vaccines should be utilized to decrease the rising incidence of HPV related oropharyngeal cancer. To date, no such study has been performed, and none is scheduled to be completed. The concept of using the vaccine for prevention of oropharyngeal carcinoma will have to remain theoretical until data exists to demonstrate efficacy.

In the meantime, we can all play a part in achieving the goal of the 2020 Healthy People initiative. Please encourage your patients who are parents of preteen children to strongly consider completing the 3 course HPV immunization sequence.

The Time Is Now!



Kathie J. Lyman

Time is everything as they say. The Polk County Medical Society has been advocating in Washington, DC with our Iowa Congressional Delegation for years asking them to eliminate, or repeal the flawed Medicare (SGR) payments to physicians especially in Iowa. However, it takes bipartisan congressional approval to change or eliminate the SGR so it has been a challenging road.

Good news, I hope. Perhaps doctors finally may have a chance for Congress to repeal the SGR formula which would stop the annual planned cuts in Medicare's payments to physicians. The House Energy & Commerce Committee passed H.R. 2810, the "Medicare Patient Access and Quality Improvement Act," on July 31 by a bipartisan vote of 51-0. This is a tremendous first step towards repealing the SGR formula. However, Congress is currently on summer recess and will take the SGR back up when they return in September.

The timing is perfect this year for us to advocate for Congress to support the

repeal of the Medicare SGR. Each fall the PCMS advocates personally with our Iowa Congressional Delegation in DC. We will also be advocating that they work towards a reasonable physician payment system. Major efforts are underway across the country for all of medicine to work together to get legislation passed and finally fix Medicare physician payments at the same fair rate, no matter the geographic area they practice in.

The House Ways and Means Committee and the Senate Finance Committee will work to produce their own versions of H.R. 2810. Therefore, timing is everything. Plan to join the PCMS in Washington DC for our advocacy Fly-In September 17th and 18th and let our Congressional Delegation hear your voice on repealing the Medicare SGR.

The time is NOW! If you would like to be part of the PCMS Washington, DC Advocacy Fly-In, please contact the PCMS at 288-0172 to advocate with your colleagues. Meetings are in place to meet individually with each of our Congressional Delegation. We hope you join us.



**Des Moines University
New Dean of the
College of Osteopathic Medicine
*J.D. Polk, D.O.***

The Polk County Medical Society welcomes the new dean of the College of Osteopathic Medicine, Dr. J.D. Polk. He has worked for the United States Department of Homeland Security (DHS) since 2011. Most recently he was the assistant secretary (acting) for health affairs and chief medical officer. Before working at DHS, he spent 7 years in aerospace medicine at NASA. Dr. Polk earned his doctor of Osteopathic medicine degree from A.T. Still University in Kirksville, Missouri. He holds a master's in space studies with a concentration in human factors from the American Military University and a master's in medical management from the University of Southern California's School of Business.

Wanted:

Authors to Write Original Articles

Would you like to write an original article to have published it in the PCMS Bi-monthly Bulletin? Topics for articles should be related to the medical field or about one of our members. Please submit articles to the Polk County Medical Society by email at pcms@pcms.org. Listed below are the requirements for publication:

- Submit original article typed on one side, single-spaced. Length of article preferred one to two pages 8 1/2 x 11" paper or 350 words.
- Articles should have titles not to exceed five words and may be reconstituted at the discretion of the editor.
- A recent photo of author and subject is desirable.
- Byline information should include the highest degree or title, office or affiliation.
- Articles may be edited to conform to publication style.

Collaborative Focusing on Healthcare Transformation in Iowa

**Tom Evans, M.D.**

With 2014 quickly approaching, provisions of the Affordable Care Act are progressively shaping the way providers deliver services of care. Healthcare providers in Iowa and the country are looking at ways to expand coverage, provide higher quality care, and bend the cost curve. The most powerful way for providers and physicians to adapt to these aims is to lead the change, becoming a champion in improvement efforts. For the past several years, the Iowa Healthcare Collaborative (IHC) has dedicated their efforts for the same vision, promoting a culture of continuous improvement in healthcare in Iowa.

IHC is a provider-led and patient-focused nonprofit organization with a mission to achieve exceptional healthcare in Iowa. IHC plays a unique role in putting healthcare providers (doctors, nurses and hospital executives) in a leadership position to drive clinical improvements and accelerate change.

The organization uses a "multi-stakeholder" approach to share data and rapidly deploy best practices. Through IHC's efforts, healthcare providers gain access to nationally agreed upon, evidence-based measures that improve the delivery of care. Insurers get information to facilitate performance improvements and employers are better equipped to educate employees about wellness and prevention resulting in healthier communities.

IHC focuses on various statewide strategies to prepare providers for a value driven system. Currently, IHC is working on several statewide strategies including an OB Strategy, Cardiovascular and Stroke Strategy, Medication Safety Strategy and a Hospital-Associated Infections (HAI) strategy. Establishing a common vision and tactics for providers to follow, further recognizes desired best practice and raises the standard of care for Iowa.

This summer, IHC was reminded about the success these statewide efforts can have. For the past six years, IHC has charged all healthcare workers at the hospital level to

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receive an influenza vaccination. The baseline was captured in 2006 and recognized a statewide rate of 68% of healthcare workers were immunized, compared to the national rate of 44%.

The Board of Directors for the provider-led organization set a statewide goal to achieve a healthcare worker vaccination rate of 95% by 2012. The importance of healthcare worker influenza immunization gained traction and the standard of care providers constantly chase was being raised. IHC and key partners charged forward with the message seeing consistent improvement from year to year.

With the 2012-2013 flu season rates finalized, the statewide rate of healthcare workers receiving flu shots this past year reached 95%, compared to the national rate of 76%. IHC is now partnering with the Iowa Department of Public Health to shift this statewide focus to the long-term care facilities and ambulatory surgical centers.

This was achieved by providers leading the change.

Recently, IHC has dedicated statewide efforts to address OB standards of care. IHC serves as the Hospital Engagement Network (HEN) for the CMS' Partnership for Patients campaign. The Partnership for Patients initiative set two crisp aims of reducing hospital-acquired conditions by 40% and preventable hospital readmissions by 20% by 2014. The HEN is a collaborative network tasked to identify and

create innovative solutions designed to reduce patient harm and improve care coordination through various clinical focus areas.

With over 90% of hospitals in the state participating in the 3 year initiative, IHC has experienced outstanding engagement and execution of clinical best practice by the providers. This summer, IHC and the providers in Iowa received national recognition and praise after the IHC HEN launched a Hard Stop Campaign charging every hospital in the state to have a policy in place for eliminating non-medically indicated early elective deliveries prior to 39 weeks by 2013.

As of this month, 82 of the 84 birthing hospitals participating in the HEN have a policy in place and the statewide early-elective delivery rate has dropped from 7.55% to lower than 3.0% in just one year.

This was achieved by providers leading the change.

The healthcare transformation is a progressive climb to achieving high valuable, reliable care. These efforts will continue to see sustainable and effective results while providers continue to lead.

For more information on IHC, visit www.ihconline.org

The Polk County Medical Society

“State Government Update”



John Caciatoro



Mary Earnhardt

The Department of Human Services, Iowa Medicaid Enterprise and the Board of Medicine have written rules this summer to implement various legislative actions and implement reimbursement rate changes. The Legislature's Administrative Rules Review Committee plays a role by reviewing the rules to assure legislative intent is maintained. The Administrative Rules procedure is an ongoing process throughout the year. Below is a summary of the rules that may be of interest to PCMS members.

Medicaid reimbursement rates for physicians were increased 1% by the Legislature. The rule to implement the increase has been filed by the Department of Human Services and went into effect on July 1st.

The Legislature eliminated the reimbursement to physicians and hospitals for elective, non-medically necessary cesarean section (C-section) deliveries. The rule to implement the elimination for reimbursement for elective, non-medically necessary C-section deliveries

has been filed by the Department of Human Services and went into effect on July 1, 2013. This year, the Legislature also repealed a reimbursement rate cut to physicians based on site of service. The rule has been filed by the Department of Human Services. The Iowa Medicaid Enterprise has to receive approval from CMS regarding this change and once that is received, the repeal of the site of service reimbursement rate cut will go into effect retroactively to July 1st. The Iowa Medicaid Enterprise will reprocess claims for dates of service on or after July 1st, to remove the site of service adjustments that were made for that time period.

An effort was made in the Legislature for pharmacists to prescribe vaccinations and immunizations. The legislation was negotiated to protect the physician's responsibilities in these areas. Limited vaccinations or immunizations by pharmacists for influenza for persons six to seventeen years old are an

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Congratulations to Richard Deming, M.D., who was featured in the **Des Moines Register** July 18, 2013 as he took part in the Million Dollar Marathon ceremonial one-mile run/walk to the Iowa Capitol. Des Moines was an overnight stop for the coast-to-coast cancer fundraiser.



Congratulations to Michael McCubbin, M.D., who was featured in the **Des Moines Register** August 5, 2013 for Broadlawns new Sleep, Lung and Allergy Center. The specialty clinic will serve all ages and accepts all types of health insurance.



Congratulations to Deborah Turner, M.D., who was inducted into the Iowa Women's Hall of Fame at the State Historical Building in Des Moines.

News...News...News...News!

Polk County Medical Society wants to know what's new with you. Have you been appointed to a board or received an award? Please take a moment to write what's new with you to pcms@pcms.org!

Editor: pcms@pcms.org
Polk County Medical Society
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Des Moines, IA 50309

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example of the limitations in the legislation. The Board of Medicine has approved a rule and filed a notice of intended action. The rule is scheduled to go into effect on October 23rd.

The Legislature approved allowing physicians to supervise five physician assistants in 2012. Previously, a physician could supervise two physician assistants. The Board of Medicine filed a rule implementing this change and it will go into effect on August 28th.

The Board of Medicine is undertaking a rulemaking to change a rule impacting physicians who prescribe or administer abortion-inducing drugs. The proposed rule is controversial and requires a physician to examine the patient and be present with the patient when prescribing or administering

an abortion-inducing drug, among other requirements. There will be a public hearing on August 28th, at 2 p.m. in the Board office, at which time persons may present their views either orally or in writing. The Board office is located at 400 S.W. Eighth Street Suite C, Des Moines, Iowa, 50309. Written comments can be sent to the Board of Medicine Executive Director Mark Bowden at this address or sent by e-mail to mark.bowden@iowa.gov up until August 28th. If the rule is given final approval by the Board of Medicine, it could go into effect by November, 2013.

We will continue to keep PCMS apprised of legislative or administrative rules developments during the legislative interim period.



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L-R: Connie Colletier, PCMS President Philip Colletier, M.D., Susan Suh, Krystin Komanapalli, and Christopher Komanapalli, M.D. enjoying the summer evening.



Chris Poynor and Sara Shunkwiler, M.D. meeting other PCMS Young Physicians



The Young Physicians having fun catching up with colleagues.

L-R: Matthew Rauen, M.D. and Sara Rauen, Jenna Steffensmeier and Andrew Steffensmeier, M.D.,
Teresa LaMasters, M.D. and Eric LaMasters, Tray Ridlen and Jenna Ridlen, D.O.



Tray Ridlen and Jenna Ridlen, D.O., Mercy Family Practice Resident networking with PCMS Members

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Choose Wisely Campaign

Brings Together Physicians and Patients

**Jeff Maire, D.O.**

Iowa Healthcare Collaborative Board Chair

Every day, crucial conversations between physicians and patients take place, discussing the medical options relating to the needs of that patient. The physician is striving to provide the safe, high-quality care that patient deserves. The patient is looking for the best care and options, based on their needs, from their healthcare expert.

As this era of healthcare constantly adds new standards of delivery options and best practices, these crucial conversations shape the way physicians and patients move forward.

The concept of Choosing Wisely® looks at these crucial conversations between physicians and patients and encouraging an effective care choice to be made. Created in 2012, Choosing Wisely is an initiative of the American Board of Internal Medicine (ABIM) focused on encouraging physicians and patients to be aware of medical tests and procedures that may be unnecessary and in some instances cause harm.

Recognizing the importance of physicians and patients working together, the nation's leading specialty societies, along with Consumer Reports, have joined Choosing Wisely to help improve the quality and safety of health care. Each participating specialty society created a list of "Things Physicians and Patients Should Question" that provide specific, evidence-based recommendations physicians and patients should use to make effective and safe decisions on the most appropriate care based on their specific situation.

To further deploy Choosing Wisely across the nation, the ABIM Foundation awarded 21 recipients of Choosing Wisely grants to regional health collaboratives, medical associations, and specialty societies earlier this spring. The Iowa Healthcare Collaborative (IHC) was awarded the 2013-2014 grant to further advance the recommendations and concepts across Iowa. As the current Chair of the IHC Board of Directors, I am encouraged to hear about these efforts in our state.

Over the next two years, information and resources for this initiative will be presented

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MEMBER USE OF LOGO ON WEBSITE

The Polk County Medical Society at the request of members has developed a policy for use of their logo on PCMS member's website.

Members who wish to use the PCMS logo on their website must agree to the following:

To post the PCMS logo on a member's practice website, all members of the practice/group must be PCMS members. The PCMS members' group must request initial approval and subsequently request at the beginning of each year continued approval for the use of the logo by PCMS. Approval of the use of the logo will be granted only to those members who have paid their PCMS dues for that year.

There is no implied endorsement by the PCMS of the member's website by posting the PCMS approved logo. Physician agrees to remove the PCMS logo from his/her website upon termination of membership or upon request by the PCMS for any reason. This logo cannot be modified in any manner.

Signature of Physician member/group requesting use of the PCMS Logo

Printed name of signature

Date signed

Please contact Polk County Medical Society at pcms@pcms.org or call 288-0172.

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R.J. Tursi, Exile Brewing Company owner explains the brewing process.



**Andrew Farmer and Reed Rinderknecht of Foster Group socializing with
Craig Mahoney, M.D. and Michelle Mahoney**



POLK COUNTY MEDICAL SOCIETY

3RD ANNUAL CHARITY GOLF TOURNAMENT

Monday, September 30, 2013

Wakonda Club

Join us for the 3rd Annual PCMS Charity Golf Tournament for medical students on Monday, September 30, at Wakonda Club. All proceeds benefit the 501c.3 Kathie J. Lyman Scholarship. The format will be a 4-person best shot. Registration will begin at 11:45 followed by a BBQ Lunch on Terrace Grill Patio, shotgun start at 1 p.m., and Awards Cocktail Reception at 5 p.m. Come out to play with us in support of this wonderful cause.

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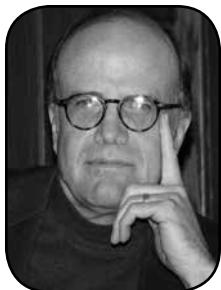
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Beyond Diagnosis:

The Case for an Expanded Paradigm in Mental Health



David E. Drake, D.O.

Perhaps you've heard the recent announcement by the American Psychiatric Association:

"In development for more than a decade, the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) is now a reality. The manual's official release was announced at an early morning press conference on May 18, 2013, at the American Psychiatric Association's Annual Meeting in San Francisco, California."

Over the years I have grown ambivalent about diagnosis in the broader field of mental health.

The newest version of the 'bible' in mental health has just come out and it's a big deal. In use by any mental health professional or agency where insurance is involved, in the court room by attorneys, by our VA when veterans are applying for benefits, and for those applying for Disability, the newest version has brought

up considerable controversy - regarding the use of new or more limited diagnoses - of the money it makes for its publisher, the American Psychiatric Association, and how it seems, for some, to pathologize common human behavior and symptoms.

As a practicing psychiatrist myself, and the son and younger brother of the same, I am well acquainted with a medical approach to thinking about our human condition. In my office bookshelf I have copies of my fathers' DSM-II, the third and revised third edition I used during my early training, and the recently replaced DSM-IV. Nearly everyone is now acquainted with abbreviations such as OCD, PTSD, MPD, and perhaps even ODD, MDD, and DID. The problem, as I see it, is that the Manual is taken seriously....too seriously.....by many, outside of these areas where diagnosis means benefits and resources. We have arrived at the point where people come in for appointments and want to know "What do I have?" - as though the diagnosis explains it all - rather than just serving as a description of symptoms. Indeed we have multiple ways to describe someone

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Crystal Ball a Little Cloudy?

An economist I follow reminds his readers to “treat the future with the humility it deserves.” That’s a clever way of saying that the future may not be at all what we expect, given what we know today.

Reducing the risk of uncertain outcome is a primary motivation to diversify. Combining dis-similar asset classes to diversify risk has been a foundation of modern portfolio theory for over fifty years; this theory is based on historical averages. But in any period, the actual can deviate considerably from the average, particularly during extreme economic or market stresses.

Since the global financial crisis of 2008-2009, many have questioned whether the diversification principle failed spectacularly just when investors needed it most. After all, the premise of diversification is that including multiple asset classes in your portfolio, and diversifying within those asset classes, provides a cushion or shock absorber during such times. But during the financial crisis, there seemed to be no safety net. Nearly every equity asset

class got walloped; they became more highly “correlated,” producing a nasty outcome for most investors.

The return on any asset consists of the “market return” and the return attributable to the specifics of the individual asset. During 2008-2009’s extreme volatility, “market” movement dominated; individual stocks and asset class returns appeared much more aligned.

The appearance of rising correlations, however, does not mean diversification is of no value. Diversification cannot eliminate overall market volatility. What it can do is minimize additional volatility arising from individual assets’ characteristics. Accepting that form of volatility is avoidable.

An important note: the true diversifier during the financial crisis was not additional risk asset classes, but high-quality bonds. To the extent such positions were held, losses, versus an all-equity portfolio, were reduced. More “exotic” asset classes sometimes offer lower correlation with stocks yet higher returns than

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investment-grade bonds. These are often poor substitutes for investment-grade bonds, though, in times of crisis. During such periods, investment-grade U.S. and international bonds have consistently proven the most reliable diversifiers for an equity portfolio.

Diversification is for those of us who acknowledge having no crystal ball and who are willing to accept global capital markets rates of return. Those returns, by the way, are actually very good. We've built our business around an investment philosophy grounded in the concept of broadly diversifying, consistently

capturing reliable sources of expected return and managing avoidable risks that do not increase expected returns. To such risks, diversification is an essential tool available to investors.

When the uncertainties of recent years are viewed in proper historical perspective, the message of global diversification is no less compelling. Actually, we think it's just the opposite.

**By: Ed Green, CFP, ChFC, AIF
Foster Group**

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in various opportunities for Iowa physicians and communities. IHC will partner with local physician groups, payers, hospitals, and statewide organizations to look at opportunities unique to Iowa providers for overutilization and high radiation exposure.

There has been an increased focus on patient engagement as of late. The concept of Choosing Wisely defines a standard of care for physicians to embrace and encourages the patient to have these crucial conversations about their care.

Visit www.ihconline.org for more information on Choosing Wisely.

COMING SOON

**2013-2014
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Pictorial
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As a PCMS physician, one of the great benefits is a complementary PCMS Membership Directory. Additional copies are available at a nominal fee.

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10		
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Cassim M. Ingram M.D.	15	Ernesto E. Barrantes M.D.
Joshua D. Kimelman D.O.	Timothy L. Evert D.O.	26
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Duangchai Narawong M.D.	Amy J. Fulton M.D.	Scott B. Neff D.O.
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8	20	Christopher A. Rokes M.D.
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Steven M. Craig M.D.	Laurie M. Kuestner M.D.	31
Royce K. Dexter M.D.	David A. Plundo D.O.	Eric Andersen M.D.
Ava R. Feldman D.O.	21	David Cornelander D.O.
G. Eric Hockett M.D.	Charles J. Deay M.D.	
Matthew J. Weresh M.D.	Lingxiang Zhou M.D.	
10	22	
Chandramohan Batra M.D.	Michael C. Witte D.O.	
Wendy L. Fluegel M.D.	23	
11	Robert L. Clark M.D.	
Richard B. Merrick M.D.	Cynthia Juhler D.O.	
Bradley E. Wilcox D.O.	Teresa P. Monsod -Borromeo	
13	M.D.	
John M. Martens M.D.		

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with low mood, high mood, no mood, psychotic symptoms, and anxiety. 'Disorders' of personality abound. I recall during my residency that if we didn't like our patients we called them 'borderline' and if we didn't like our instructors, 'narcissistic' was the label of the day.

All of this is based on a so-called 'medical model' of mental health. A mentor of mine, Michael Kerr, MD, psychiatrist and former director of the Bowen Center for the Family in Washington, DC wrote "The medical model assumes that diseases have specific biologic causes. The model works well in treating an infectious disease with antibiotics or surgically removing an inflamed organ. Despite all the many medical advances to treat injuries and to extend and save lives, the model has not been useful for explaining why two people can harbor the same pathogen but only one gets sick, or why two people can have the same type of cancer but one lives and the other dies."

In current day mental health care, especially in psychiatry, the model is to find an accurate label and treat with a pill - usually several - not looking at what the person is reacting to or the context in which the symptoms occur. A model that goes beyond a medical model approach can't be done in a ten minute 'med check', which is the norm in many of our communities today. Once a person is given a diagnosis it is often set in stone -as a lifelong label - with the person remaining on medicine for a decade or more - even though the circumstances that led to the symptoms in the first place have diminished or are absent. A mental health diagnosis is, at best, a snapshot of one's current emotional functioning, and not a forerunner of the future. A psychiatric diagnosis

implies a problem in the individual, rather than appreciating that person in the context of one's family, significant relationships, work environment, and social connections, or lack thereof. The diagnosis is a label that becomes attached to a group of symptoms.

Much of today's psychiatry views the brain as the organ of treatment. And as a recent National Public Radio Science Friday program from May 31st of this year articulated, research in psychiatry attempts to focus on a genetic or biological basis for mental illness. But we are neither our minds nor our separate organs. Each of us is a human person closely interconnected with those who came before us and who reside in our lives today.

One of the first questions I ask in my practice when a person comes to see me – with a new or worsening symptom – is 'What are you reacting to? What has you stirred up?' And yet, where insurance is involved, every patient or client walks away with a diagnosis, which is how the practitioner is paid. If I had my druthers, I wouldn't have to open a chart for each member of a marriage or family. I would have one chart that connects them all.

Hopefully we will all seek assistance when we suffer from emotional symptoms. Help is available and can be effective. Over time we can come to understand how each of us reacts to our environment and how we can better manage these symptoms – physical and mental -as we cope with the challenge of relationships and living in our world.



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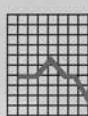


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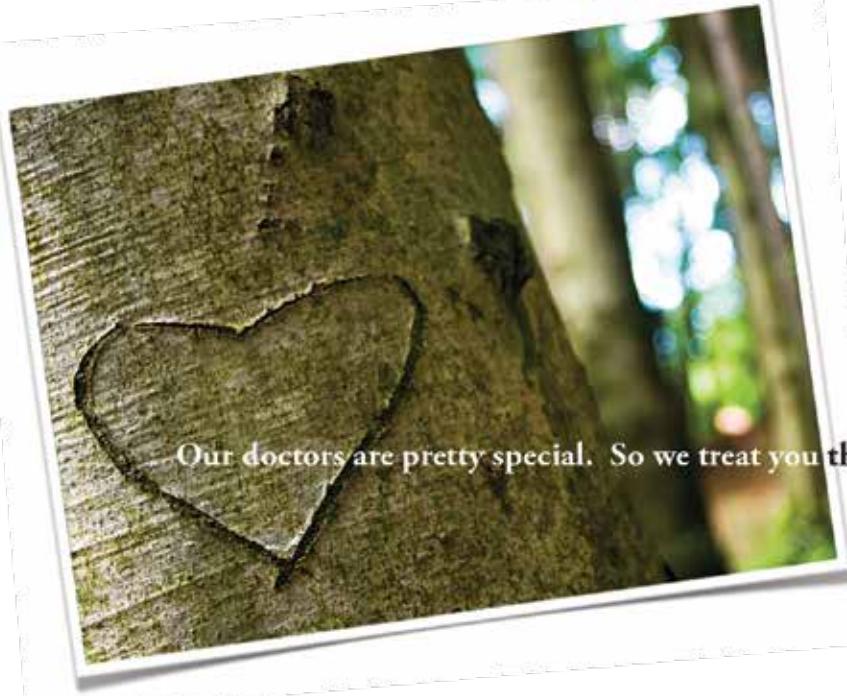
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