A nighttime photograph of a city skyline, featuring several illuminated skyscrapers against a dark blue sky. The buildings are lit up with warm yellow and white lights, creating a vibrant urban scene. The perspective is from a high vantage point, looking down at the city.

Bulletin

MAY/JUN 2014

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

**LEGISLATIVE
FINAL
REPORT**

**EDUCATE
TEENS**

**Volunteer
Physician
Network**

**IMS
CHANGES**

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Bulletin

MAY/JUN 2014

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

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Cover Photo: The National 911 Memorial Museum, which opened in May, 2014, is housed in the sacred ground beneath the place where the twin towers once stood.

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Volunteer Physician Network Reception At Terrace Hill



Governor Terry Branstad welcomes the Volunteers and their guests to Terrace Hill

The Polk County Medical Society (PCMS) doctors attended the Volunteer Physician Network (VPN) Reception held at Terrace Hill on Thursday, May 15th. The reception was held to thank the PCMS specialists who provide free specialty care to lowans in need who are 200% below the federal poverty level.

Governor Terry Branstad and First Lady Chris welcomed over 80 doctors and their guests to

Terrace Hill. The Governor thanked the PCMS doctors for their dedication and support of the VPN by volunteering to provide specialty care to lowans in need.

The VPN program receives over 1,000 specialty referrals annually. The PCMS doctors contribute \$3-4 million in free specialty care through this program.

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AMAZING JOY OF Volunteerism



Donny W. Suh, M.D.

I grew up in South Korea with my mother and brother in very humble circumstances. Any medical care was very difficult

to obtain and I remember feeling hopeless at times. My late mother's last wish was to make sure I didn't forget the people who need hope.

For this reason, joining medical mission programs was always on my mind ever since I can remember. That was one of the reasons that attracted me to the medical profession. As soon as I finished my fellowship in Pediatric Ophthalmology and Strabismus at Johns Hopkins University Medical Center I moved to Iowa. I started traveling to different parts of the world with the ORBIS medical program. This is a flying eye hospital where we perform eye exams and surgeries in a DC-10 plane.

Since I started traveling with ORBIS, I have completed 20 programs and met many amazing people around the world.

One remarkable person comes to my mind as I am writing this article is a lady from Botosani, Romania. Botosani, a city in northeastern Romania, has a population of approximately 400,000, with many more living in rural surrounding areas. There is no pediatric and strabismus eye surgery performed in Botosani, and patients must go to Iasi or Bucharest, which are larger cities in central Romania. Not only would the trek take many days by foot or bus, but the impoverished citizens are often unable to pay the fee for services.

The listless lady in her 20's presented with severely crossed eyes. She also had no hair and no sense of hope and was full of despair. To make things worse, she was legally blind from a congenital birth defect. As her story unfolded, she told us that an abusive ex-spouse had ripped her hair out, and that her children had been taken away by the state during her divorce because of her inability to provide for them financially. She wanted to get her eyes straightened so that she could talk to people eye to eye. Her

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low-sight issues were preventing her from getting a job and ultimately getting her children back. She was alone and scared with no income. We were able to provide the surgical treatment for her crossed eye condition and we even found a wig amongst our supplies. No one knows why we happened to bring a wig on our trip. Interestingly, I worked as a wig salesman for 10 years prior to medical school. Just like glasses, wigs have to match the person in style, color and size. Not just that, one has to be able to style it to the person. Having had many years of experience, this came very natural for me.

The next day, she came back in tears, yet with an incredible smile on her face. Her eyes were straighter and her peripheral vision improved. She felt that she had friends who loved her. I truly believe that this was something she had never experienced before. She was a completely different person and transformed, ready to take on the world and get her children back. From this experience, I learned that if we work together towards a common goal, there aren't many things that we can't accomplish.

Since then, I have felt many more moments of amazing joy of volunteerism working side by side with other volunteers with tremendous talents and heart.

I found very similar things back home in Iowa. Since I moved to Iowa, it was very easy to fall in love with the state. Hardworking, ethical, and altruistic people are visible throughout Iowa from small to big towns. When someone is in need, Iowans jump at the chance to volunteer to help. The medical community is no exception.

One of many reasons I was attracted to PCMS was the Volunteer Physician Network (VPN). With over 450 specialists working with the various clinics throughout Iowa to provide the best care possible regardless of the economic situation was very attractive to me.

Last year we took care of over 1000 referrals. Also, hospitals, surgery centers, administrators, nurses, secretaries, and technicians working together to help other Iowans in need was an image that coincided with everything I knew of Iowa.

I hope we, Polk County physicians, legislators and general public, always continue to support the VPN and its mission of providing hope for those who are in need.

VOLUNTEERING BECAME MY PASSION



Kathie J. Lyman

Dr. Suh asked how I became involved in volunteering which has always been an important part of my life. I grew up in a large Italian family

that taught me community and giving back was important to being a productive member of society. I remember my grandfather who demonstrated the importance of this philosophy by his diligently working to secure the first fire truck for his community among other efforts to help make where we lived and worked a better place. My mother opened our home to those in need which resulted in my brothers and sisters and I regularly sharing our rooms with individuals who needed our help. We learned a great deal from watching true charity and volunteerism in action. It became a way of life for all of us.

As an art major at Drake, I envisioned my career being geared toward that end. However, after applying to become the assistant director in Mercy's new Public Relations department, the hospital had other plans for me and I was assigned to Mercy's Administration.

Everything happens for a reason. I found working with physicians, interns, and medical education in administration rewarding and exciting. Mercy appointed me to become the Administrative Director of Medical Staff and Medical Education. I worked closely with doctors and interns who volunteered to treat patients at the free clinic across the street from the hospital. Learning about the patients and their needs I had now found another passion and spent a considerable amount of time volunteering and advocating for patients at the clinic.

The free clinic continued to be important to me professionally and through volunteerism we learned that chemical dependency patients were identified as a huge problem. One of the volunteer doctors researched how to treat these patients. As a result the City of Des Moines formed the Chemical Dependency Council for which I served as the volunteer administrator for many years as our community struggled to find the best treatment solutions. A new issue emerged: AIDS. Along with others, I advocated for the formation of a new board

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to learn how to treat Aids patients. I served as a board member and advocate to garner city, county and state support for this growing demographic.

The Polk County Board of Supervisors and the Health Department formed a new Committee on Chemical Dependency where I served as the volunteer chair until 1990 when I became the Executive Director of the Polk county Medical Society. My volunteer efforts became totally focused on advocacy for the doctors in their mission to assure access to affordable, high quality patient care for Central Iowa.

In 2002 a coalition of health care providers in Des Moines secured a HRSA study grant to provide health care access for the poor. The coalition asked PCMS to join them, survey the physicians, and learn of their willingness to volunteer to provide free care in the community. And, while the grant ended after 3 years, we had clearly identified the need to provide free specialty care outside of costly emergency departments.

My research found funding opportunities for specialty care for the poor to be available through Federal Grants. This provided the impetus for PCMS to secure a grant and create the Volunteer Physician Network (VPN) that provides free specialty care to the uninsured and underinsured in Polk County and throughout Iowa. PCMS coordinates specialty care to ensure referrals to physicians are fairly rotated throughout the community. We worked

to coordinate and partner with Des Moines hospitals and surgery centers to provide this free care.

Federal funding ended in 2009. We work endlessly to advocate for financial support to operate the VPN. We did receive some funding from various organizations and the remainder from the Iowa Legislature. We continue to receive Iowa Legislature support.

My commitment to the VPN has grown even stronger as we continue to see an increasing need for free specialty care for the poor. And, the need will continue to grow despite government programs directed at eliminating the uninsured.

I have learned through the years, whether it was through, Girl Scouts, schools, church, city, or VPN, that there is always a need for volunteers. If you know me, you know I care. I am deeply passionate about everything I do. I continue to be passionate about volunteering and believe it not only helps those in need, but me as well. This is an important part of my heritage and one that I have passed on to my children.

In Memory of Ronald K. Grooters, M.D.



Dr. Ronald Keith Grooters, 72, passed away on Saturday, May 10, 2014 after suffering through brain cancer. He was surrounded by family and friends at Edgewater Retirement Community in West Des Moines, Iowa.

The son of Mina and "Tuff" Grooters, Ron was born on April 13, 1942 in Boyden, Iowa. He attended Iowa State University for pre-medicine, and the University of Iowa where he graduated from medical school, became an avid Hawkeye fan, and met his bride, Kay Christensen.

Ron completed his general surgery residency at Iowa Methodist, and then was recruited to be a Chief Surgeon and Major in the Army, as well as part of the 5th Special Forces Group at Fort Bragg, North Carolina. After his service in the Army, he finished his cardiovascular and thoracic surgery training at the University of Missouri.

Dr. Grooters returned to Des Moines and was the first heart surgeon to practice at Iowa Methodist Medical Center. Of his many hospital

appointments, Ron served as Chief of Surgery, President of the Medical Staff, on the Board of Trustees and the Executive Committee of the Iowa Health System. He was an ardent researcher, which led to several grants, dozens of presentations and publications including two books, and patents for a life-saving aortic cannula to be used during surgery. He was awarded "Surgery Instructor of the Year" in 1981 and 2010 by Iowa Methodist Medical Center, and the "Heart of Life" award from the American Heart Association of Iowa in 2001.

Ron is survived by his wife, Kay Grooters; his daughters, Dawn, Julie and Lori; sons-in-law, Tyler, Brad, and Serkan; grandchildren, Annemarie, Elizabeth, Jayden, Kaya, Campbell, Emma, Raina, Uzay, and Palmer; his brother, Daryl Grooters; sister-in-law, Amy Grooters; brother-in-law, Roger Christensen; sister-in-law, Jeanne Christensen; many more family members; and a host of many close friends. His parents preceded him in death.

Iowa Board of Medicine Physician Licensure Increases in Iowa

DES MOINES, IA – The Iowa Board of Medicine saw a 6 percent increase in number of new medical licenses issued in 2013, continuing a trend of solid growth in the number of physicians seeking licensure in Iowa.

The Board issued 863 new licenses in 2013, up from 815 in 2012, and a 11 percent increase over the 776 licenses issued in 2011, according to the agency's 2013 annual report, which was released today (May 21, 2014).

The increase in licensure applicants represents more physicians establishing office practice in the state or employed by hospitals and clinics, more non-resident physicians working on temporary assignment in Iowa, or who are using telecommunications from non-Iowa locations to practice specialties such as radiology and pathology to diagnose patients in Iowa.

The report shows 6,829 physicians with active licenses in Iowa in 2013, up from 6,700 in 2012. There were 737 physicians in Iowa residency training programs in 2013, up from 691 in 2012. There were 50 acupuncturists with active Iowa licenses, up from 46 the previous year.

At the end of 2013, the Board was administering 11,578 active physician licenses, up 4 percent from 11,134. These numbers include physicians whose primary practices are in another state.

Other highlights of the report on Board activities in 2013 versus 2012:

- 661 complaints and mandatory reports were received, down from 792
- 44 physicians were charged, up from 32
- 92 public disciplinary actions were taken, down from 107
- 101 confidential letters of education or warning were issued, up from 92
- \$74,500 in fines were imposed on 16 physicians, versus \$185,000 for 29 physicians
- 79 participants were in a Board program to support and monitor physicians who self-report mental health issues, physical disabilities or substance use disorders

In Memory of

Robert Brown Stickler, M.D.



Bob Stickler, M.D. passed away on April 28, 2014 at Deerfield Retirement Community, Urbandale, Iowa.

Bob was born in Red Oak, Iowa on August 24, 1917 to Lois and Archie Stickler. After completing Red Oak High School he attended the University of Iowa where he graduated in 1937 with a B.S. degree. He continued on at Iowa graduating from Iowa Medical School in 1941. Afterwards he completed post-graduate training at the University of Iowa, Department of Surgery.

He interned at Iowa Methodist Hospital in Des Moines, Iowa which led him to the meeting of Dr. Lee Forest Hill, a prominent Des Moines pediatrician, and his wife Marion and their daughter Charlotte. In spite of returning to Iowa City for residency and entering the Army as a Major in the Medical Corps, Bob never forgot Charlotte. Bob was stationed at Camp Gordan in Georgia and managed a 3 day pass and returned to Des Moines and married Charlotte on February 14, 1944.

Bob served in Europe during the war and then returned to Iowa City for his surgical residency. In 1950 he and Charlotte moved to Des Moines to open his general surgery practice which continued for 40 years before retiring from private practice in 1990.

He was active in numerous medical societies, both local including Polk County Medical Society and national membership in the American Board of Medical Examiners. He was a member of the Iowa Board of Medical Examiners, a founding director of the Iowa Academy of Surgeons, and director of the University of Iowa Alumni Association.

Bob loved his family, practicing medicine including teaching the residents at Methodist Hospital in Des Moines, golfing at Wakonda, hunting small game with his friends and traveling with Charlotte in their Airstream travel trailer.

Following retirement, Bob and Charlotte moved to Deerfield residence in 2005 where they continued to socialize with the residents there as well as friends near and far.

Bob and Charlotte was a perfect match which lasted 70 years together. They were both energetic and active in the community. They made everyone around them seem special. There was never a nicer more gracious human being with a gift for surgery than Bob. He was my role model my entire life and the reason I pursued a medical/surgical career. He will leave an indelible mark on our medical community.

By: Robert S. Brown, M.D.

PHYSICIAN EDUCATION SERIES

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When Cheap Isn't Bad

by Ross Polking, CFP®, AIF®, MBA®

There is an inverse relationship between fund expenses and returns. In short, costs matter. Nobel Laureate Dr. William Sharpe points to this in his landmark article, "The Arithmetic of Active Management," in which he asserts simply:

"If active and passive management styles are defined in sensible ways, it must be the case that (1) before costs, the return on the average actively managed dollar will equal the return on the average passively managed dollar, and (2) after costs, the return on the average actively managed dollar will be less than the return on the average passively managed dollar. These assertions will hold for any time period. Moreover, they depend only on the laws of addition, subtraction, multiplication and division. Nothing else is required."

Hard to argue with the facts. Though it is extremely difficult to overcome the high cost hurdle of active management and attempting to time the market, many managers and investors go down trying. Their constant pursuit of "alpha," the risk-adjusted measure of return above an appropriate benchmark, more often than not brings about complexity, stress, and a lighter wallet. Significant, consistent alpha is required for an active manager to match the performance of an appropriate indexed or passive strategy due to the additional costs borne. Over the past 10 years, 90% of the most actively traded mutual funds (and thus highest cost) have failed to outperform their benchmark. And those managers are supposed to be the experts!

In addition to high internal expenses on actively-managed funds, other costs

inherent in such strategies create further headwinds. "Wrap" accounts commonly charge 1-3% of assets under management. 12b-1 fees serve to offset marketing costs in many actively managed funds, increasing costs to investors. Transaction costs can also be significant, due to high turnover attributable to market timing and security selection, leading to tax inefficiency and, potentially, a bigger bill from Uncle Sam.

Once all costs, taxes, expenses and commissions are compiled, total costs not only negate most gains made by pursuing alpha but often result in returns that significantly lag market indices. Remember, a penny saved is a penny earned. Stay diversified.

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The information and material provided in this article is for informational purposes and is intended to be educational in nature. We recommend that individuals consult with a professional advisor familiar with their particular situation for advice concerning specific investment, accounting, tax, and legal matters before taking any action.



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The Polk County Medical Society Legislative Report



John Cacciatore



Mary Earnhardt

The Iowa House concluded their work for the year on May 1st. The Iowa Senate adjourned on May 2nd. A summary of the issues that impacted physicians and that PCMS focused their attention on is below.

The PCMS Board established the following positions going into the 2014 legislative session:

- Maintain Volunteer Physician Network (VPN) funding;
- Oppose expansion of allied professionals scope of practice when physicians have patient safety concerns;
- Support Medical Malpractice Reform;
- Support prior authorization of prescription drug benefits;
- Support 'Truth in Advertising' for health care practitioners;
- Support Interstate Compact to share drug utilization and abuse information;
- Oppose 'dense breast' legislation that explicitly requires specific written notice by the physician to the patient;
- Support radon testing and mitigation;
- Support restrictions on underage indoor tanning.

The VPN and specialty care referrals for patients less than 200% of poverty is a unique service provided by PCMS. The VPN saves the state approximately \$3 million in specialty care each year. Annually, the state appropriates funds for the administration of free specialty care. **This session, the House Health and Human Services Appropriations bill eliminated the funding for specialty care. PCMS worked with the Senate and the House and ultimately the Legislature restored the funding and it was approved by Governor Branstad.**

The Legislature passed a provision in the Health and Human Services Appropriations bill to simplify the forms and process for prior authorization for prescription drugs. The Governor item vetoed a portion of this legislation. In his item veto message, Governor Branstad stated, "This requirement creates inconsistencies between state and federal insurance regulations. I believe time requirements are best implemented through the administrative rules process under the Iowa Insurance Division. The division will initiate

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rulemaking creating consistency for consumers and insurers.”

SF 2080 allows the Board of Pharmacy to enter into database sharing agreement(s) with bordering states or Kansas as a patient safety measure. PCMS supported this legislation which was approved by the Legislature and signed into law by the Governor.

Dense breast legislation was offered in both chambers this session. The initial legislation said that if a patient has dense breast tissue, as determined by the interpreting physician based on nationally recognized guidelines or systems for breast imaging reporting, the written statement must contain a notice with the language provided in the bill. The notice informs the patient that the mammogram demonstrates the patient may have dense breast tissue and directs the patient to contact the physician with further questions or concerns. PCMS opposed this legislation. The Senate bill was amended to require the Department of Public Health to establish and facilitate a task force of various stakeholders to discuss breast density and its relationship to cancer. **Ultimately, the legislation did not pass the Senate or the House.**

After quite a bit of effort and attention in 2013 on **medical malpractice reform, the Legislature did not spend significant time on the issue in the 2014 session.**

There was some attention paid to radon testing and mitigation this session. SF 366 calls for schools to report if they do test and have mitigation plans in place. The legislation requires the Department of Education to notify schools of the risk of radon exposure and to share information radon testing and mitigation. PCMS supported this legislation.

The underage tanning legislation offered this session, SF 2275, received a hearing in the Senate and was passed by the Human Resources Committee. The legislation was

not debated on the floor of the Senate. PCMS supported this legislation.

There were a number of bills proposed to license or expand the scope of practice of other professionals. All the bills below were opposed by PCMS and failed to pass the Legislature:

- The Board of Nursing introduced legislation that would provide it with exclusive authority to determine nurses’ scope of practice – SSB 3009. The proposal strikes language that has been in place for over 30 years, which has served to strike a balance between what is the practice of medicine and nursing. This proposal is a threat to patient safety as the Board of Nursing would have unfettered discretion to determine nurse scope of practice.
- SSB 3043 allowed an ARNP or Physician Assistant to provide an out of hospital do not resuscitate order, to withhold life-sustaining procedures in accordance with the Code chapter, to consult and be party to a written agreement for withholding life-sustaining procedures pursuant to the Code chapter, and to determine that a patient has a terminal condition.
- SF 2293 allowed a Physician Assistant (PA) to make a determination – and not need approval from the PA’s supervising physician - if a mentally impaired person under arrest is a threat to harm themselves or others and notify the nearest magistrate. Current law requires the supervising physician to approve the PA’s finding and this bill strikes that requirement.
- HSB 577 – Licensure of naturopaths
- HF 2086 – Midwives licensure bill

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



Congratulations to Richard Deming, M.D. who was featured in the **Des Moines Register** on May 1, 2014. The founder of Above + Beyond Cancer was the recipient of the Iowa Star Award during Register Media's Iowa Star, Aurora and Quasar awards ceremony at Capital Square.



Congratulations to Tommy Ibrahim, M.D. who was appointed Chief Physician Officer at Mercy Medical Center on May 22, 2014. Dr. Ibrahim is responsible for all clinical quality initiatives, operation of the Medical Staff Services Department, hospital medicine specialties, and leadership and management of Medical Education and Research and Risk Management functions.



Congratulations to Harry Yuan D.O. who specializes in pediatric Pulmonology and Sleep Medicine, was quoted in the **Des Moines Register** on May 25, 2014 in the "Family learns how to cope with asthma" article.



Congratulations to Jeff Maire, D.O., Latrice Olson, D.O. and J.D. Polk, D.O. who were featured in the **Des Moines Register** on June 16, 2014 for their discussion on the Recruitment, Retention and Retirement of Doctors in Iowa.



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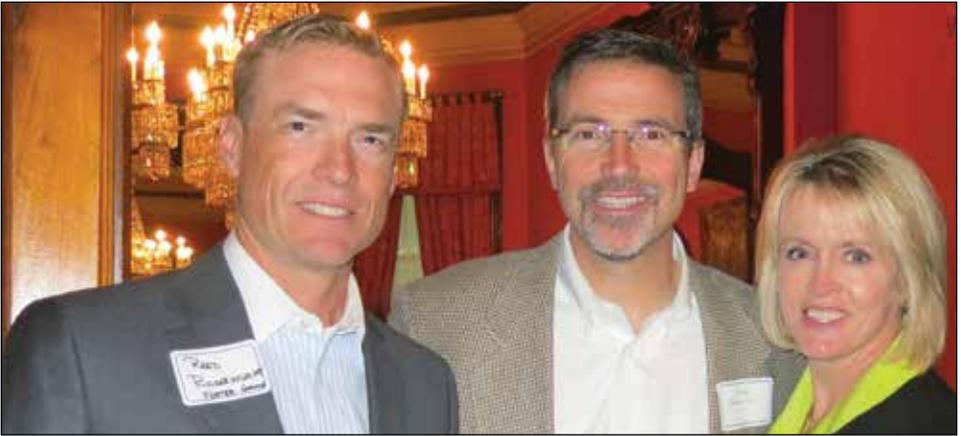
L-R: Mary Anne Kessler, Jason Kessler, M.D., with Stephen Gutu, M.D. and Kay Gutu



L-R: Governor Terry Branstad, talking with Larry Severidt, M.D. In the background L-R: are Barbara Corson and Richard Deming, M.D.



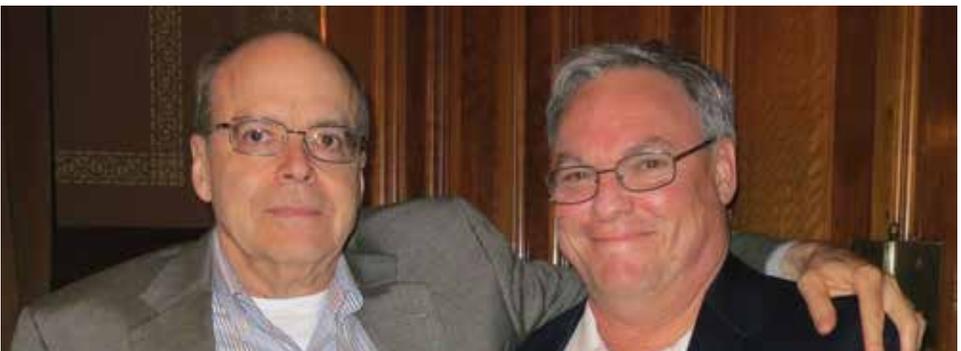
L-R: Doctor Phil and Connie Colletier, with PCMS lobbyist John Cacciatore



L-R: Reed Rinderknecht, Craig Mahoney, M.D. and Michelle Mahoney enjoying the evening



L-R: Thomas Becker, M.D., and Caroline Boehnke, M.D. enjoying Terrace Hill



L-R: Thomas M. Brown, Jr., M.D. and Christopher White, M.D. having fun

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L-R: Aimee Dietzenbach, PCMS board member Jeff Dietzenbach, M.D. and Matthew Rauhen, M.D.



L-R: Doctor Marshall and Cheryl Greiman, and Alan Koslow, M.D., enjoy hors d' oeuvres



Jason Kessler, M.D. graciously plays the baby grand piano for everyone's listening pleasure



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IMS House of Delegates Approves Historic Changes

Interview with Jeff Maire, DO

Jeff Maire, DO., Polk County Medical Society member, and Iowa Medical Society 2014 President, recently met with Kathie Lyman, PCMS Executive Director, to share the historic organizational changes approved by the IMS House of Delegates at their IMS annual meeting on April 13, 2014.

PCMS: The IMS House of Delegates approved four recommendations for organization change proposed by the Board of Directors. What are these changes?

Dr. Maire:

1. Permanently close the House of Delegates (HOD) and replace it with a Policy Forum. The Policy Forum will be comprised of the members of the Board of Directors. The Speaker of the Policy Forum, who will be elected by the membership, will preside over the Policy Forum meetings. The Policy Forum will convene twice a year to address Policy Request Statements (PRS) (formerly

“resolutions”) submitted by physician members, but members may submit PRS at any time throughout the year. Policy Request Statements will be posted to a secure, online Testimony Forum where all IMS members may submit comments to inform the Policy Forum deliberations (replacing Reference Committees). Meetings of the Policy Forum will be open to IMS members and dates will be communicated via several IMS publications.

2. Change the Board of Directors election process. The approved recommendation reclassifies District Directors seats to At-Large Directors, for a total of 12 At-Large seats (six current At-Large seats plus six directors District Directors positions). A five member Nominating Committee is vested with the responsibility of developing a contested candidate slate for open board seats and to develop an “expertise”

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EDUCATE TEENS ON SEX



Carlos Alarcon, M.D.
Polk County Health Department Medical Director

Every year in the United States, there are nearly 20 million new sexually transmitted infections (STIs).

Even though young people represent only 25 percent of the sexually experienced population, nearly half of these new infections occur in young people, aged 15-24 years. The high number of STIs in the United States underscores the need for increased prevention efforts.

Undiagnosed and untreated chlamydia or gonorrhea can increase a woman's chances of infertility. Of the nearly 16 million sexually active women aged 15 to 25 in the United States, only 38 percent report being tested within the past year for chlamydia. This means that more than 9 million sexually active young women were not screened. Increasing strains of drug-resistant gonorrhea have made successful treatment of the infection more

difficult. In addition, some types of human papillomavirus (HPV) infections can lead to genital warts and cervical cancer.

Early detection through testing is the key. Inconsistent or incorrect condom use and a combination of other behavioral and biological factors contribute to high rates of STIs among teens and young adults. Primary care physicians, pediatricians, and other health care providers play an important role in ensuring that young people receive correct information and comprehensive health care.

It is important as a health care provider to talk to your young patients about STI prevention and to conduct appropriate testing and to build a culture of privacy and confidentiality for the adolescent patients. Young people often face unique prevention challenges, including embarrassment and confidentiality concerns.

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Asking about your young patient's sexual history is a good starting point for these discussions and will help you determine what tests and prevention counseling messages are necessary for your patient. Take a sexual history during a patient's first visit, during routine preventive exams, and when there are signs or symptoms of STIs. Providers can help patients as far as doing an assessment of their risk, discussing the five "Ps":

- Partners;
- Practices;
- Protection from STIs;
- Past history of STIs;
- And Pregnancy prevention.

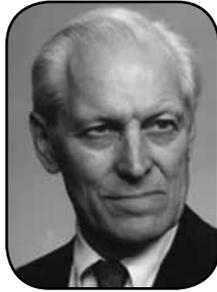
CDC also recommends screening for the following STIs:

- All adults and adolescents between the ages of 13 and 64 years should be tested at least once for HIV, regardless of recognized risk factors. Adolescents and adults at increased risk for HIV infection, such as those who have unprotected sex with multiple partners or exchange sex for money or drugs, should be tested annually. Clinicians should also screen all pregnant women for HIV.

- All sexually active women aged 25 years and younger should be tested for chlamydia every year.
- At-risk sexually active women should be tested for gonorrhea each year. This includes women with new or multiple sex partners or women who live in communities with a high burden of disease.
- In addition, all sexually active gay, bisexual patients should be tested at least once a year for syphilis, chlamydia, gonorrhea, and HIV. Those who have multiple or anonymous partners should be screened more frequently.

The physician's responsibility is to make sure to take a complete comprehensive sexual history, it is important to ask if there is any need in regards to sexual health. Research shows that young patients may be afraid to initiate a conversation about STIs and will be looking to you, their healthcare provider, to begin the discussion. Remember, the information you share is respected by your patients.

In Memory of Everett A. Nitzke, M.D.



Ev, as he liked to be called, obtained his undergraduate degree from Iowa State University where he was in ROTC. After graduation he was in the Army as a paratrooper. He married his wife, Elizabeth, in 1949. They had met at the University of Iowa. He graduated from the University of Iowa Medical School with his M.D. degree in 1950.

After graduation Dr. Nitzke did his Internship at the Harper Hospital in Detroit, Michigan. He then did two years of Residency in Pediatrics at the Children's Hospital of Michigan. He took one more year of training in Pediatric Pathology at the same institution. He became board certified by the American Board of Pediatrics in 1957.

Dr. Nitzke moved to Des Moines, Iowa in 1954 and established an independent solo practice beginning in 1954. He was in practice by himself except for two years when he was partners with George Caudill, M.D. Dr. Nitzke retired from his solo practice in 1997. For the next two years he worked with the Walnut Creek Pediatric Group. He retired from his medical practice in 1999. His primary practice was at Raymond Blank Memorial Hospital for

Children, but he did belong to all the other hospitals in the Des Moines area.

Ev and his wife Elizabeth had 5 children. They were all raised and attended school in Des Moines. When they were younger they liked to travel in the United States and Europe. In addition, he had a life-long love of plants and the outdoors. He could name almost any plant and had tried to grow most of them.

In the early 1990's Ev also began to work part time at the Social Security Disability Service. He reviewed claims of children applying for disability. In 1999 he began working full-time for them until he retired in 2011. He enjoyed this job and the use of computers almost as much as he loved the practice of Pediatrics.

Ev is one of the very last pediatricians who was independent and had a solo practice. He was an excellent example to younger pediatricians as he would be at almost all Medical Education Meetings to update his medical knowledge.

He was very special to the children and the families he took care of for so many years. He is missed!

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board based on competencies and reflective of the diversity of the IMS membership. IMS members may self-nominate for candidacy and the Board of Directors may recruit physicians to run for the Board, too. Members will be directed to a secured, online voting portal to cast their ballots over a two week period leading up to the IMS annual meeting of the membership. Results will be announced each year during the annual meeting.

3. **Change the election process for the**

AMA Delegation. The state of Iowa is currently allocated 3 delegates and 3 alternate delegates for representation in the AMA House of Delegates – one delegate for every 1,000 AMA members in the state (rounded up). Prior to the bylaws changes, delegates and alternate delegates were elected by the HOD. Now delegates and alternate delegates will be elected by the Board. The AMA delegation will continue to elect a member of the delegation to serve on the IMS Board of Directors as the AMA Delegation Designate.

4. **Vest the Policy Forum with the Authority to Amend the IMS Bylaws.**

Prior to this change, only the House of Delegates could amend the IMS Bylaws. Under the new structure, the authority

rests with the Policy Forum. Changes to the Bylaws will require a super majority vote (2/3rd) of the total number of Policy Forum members, not 2/3rd of those members present at the meeting during which Bylaw changes are considered.

PCMS: Why did the Board of Directors conclude that these changes were necessary?

Dr. Maire: Following the 2013 IMS annual meeting, the Board reviewed 10 year trend data for attendance, resolution submission and evaluations of annual meetings. The data showed that attendance and resolution submissions were declining and stagnating. The Board concluded that an in-depth analysis of best practices in organizational policy setting and governance was sorely needed, so we appointed a task force to conduct a study and report back to the Board with recommendations.

The Board appointed four physicians to serve on the Ad Hoc Policy Setting & Governance Task Force: **Paul Mulhausen, MD**, (chair) Swisher, IMS Speaker of the House and Secretary/Treasurer; **David Thomas, MD**, Marshalltown; **Marta Van Beek, MD**, Iowa City; and **Clete Younger, MD**, Cedar Rapids.

The Task Force established two goals to help focus its work: 1) determine a new way to establish IMS policy that is efficient, transparent and engages the broader

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JULY BIRTHDAYS

1

John P. Clark, D.O.
Nicholas J. Galioto, M.D.
Mark B. Kirkland, D.O.

2

Matthew Dewall, M.D.
Michael A. Gainer, M.D.
Mark L. Smolik, M.D.

3

Joshua J. Kindt, M.D.
Ganga Prabhakar, M.D.

4

Ryan Roe, D.O.
Stephanie J. Turcotte, D.O.

6

J. William Holtze, M.D.
David R. Laughrun, M.D.
Timothy C. Mc Coy, D.O.
Kevin M. Rahner, D.O.

8

Bruce L. Buchsbaum, M.D.
Mustafa El-Dadah, M.D.
Christopher L. Hauptert, M.D.

9

Steven T. Dawson, M.D.
Joel A. From, M.D.
William F. Maher, D.O.
Dean W. Moews, M.D.

10

Ze-Hui Han, M.D.
Soren R. Kraemer, M.D.
Teresa L. La Masters, M.D.

11

Steven P. Hedding, M.D.
Mohammad S. Iqbal, M.D.
Sarah Tallman, D.O.

12

George T. Kappos, M.D.
Roger D. Kinkor, M.D.
Linda Railsback, M.D.

13

Asha Madia, M.D.
Randolph R. Rough, M.D.

14

W. David Borchardt, D.O.
James A. Davison, M.D.
Kathryn N. Martin, D.O.
Onyebuchi Ukabiala, M.D.

16

Jeffrey R. Brady, D.O.
Darrel Devick, D.O.
Steven A. Elg, M.D.

17

Karen Kemp-Glock, D.O.

18

Johan Aerts, D.O.
Richard A. Sidwell, M.D.
19
Robert Hatchitt, D.O.
Scott M. Shumway, M.D.

20

Marvin R. Huff, D.O.

22

Edward G. Jones, D.O.
Wesley R. Smidt, M.D.
Judy R. Walker, M.D.

23

Max A. Lungren, M.D.
Robert J. Moran, D.O.
Joyce Vista-Wayne, M.D.

24

Frank N. Haugland, M.D.

25

Maria-Victoria Dajud, M.D.

26

Jeffrey A. Rodgers, M.D.

27

Jason Kopp, D.O.

28

Steven M. Bunge, M.D.
Anna Holzer, M.D.
Christopher B. Vincent,
M.D.

29

Susan L. Beck, D.O.
Shawn Johnson, D.O.
Dustin Wiemers, M.D.

30

Andrew K. Bean, M.D.
Valerie Kounkel, D.O.
Timothy M. Schurman,
M.D.

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membership; and 2) ensure the composition of the Board of Directors is representative of the membership and attracts members with diverse and specific skill sets who are willing and eager to serve in a leadership position.

The task force convened four times between August and December 2013 during which times it reviewed best practices in governance and policy setting models from medical societies in other states and discussed how these models could be adapted to meet the stated goals. The Task Force presented a report to the Board of Directors in February with the four previously discussed recommendations. The full task force report – The Mulhausen Report – is available on the IMS website at www.iowamedical.org/documents/TheMulhausenReport.pdf

PCMS: Without a House of Delegates, will IMS continue to hold an annual meeting?

Dr. Maire: Yes! IMS will continue to hold an annual meeting, but it will look and feel different than past meetings. The overall goal will be to increase involvement in IMS by developing a meeting agenda that engages physicians across generations, specialties and practice settings, and provides opportunities for unique education, professional development and networking. Be sure to look for more information about the 2015 IMS annual meeting in late summer.



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AUGUST BIRTHDAYS

1	12	21
Abdul L. Chughtai M.D.	Mark E. Jones D.O.	Thomas Mc Auliff D.O.
David P. Harrison D.O.		
Joshua D. Stubblefield D.O.	13	23
Chad J. Torstenson M.D.	Dev Puri M.D.	John H. Ghrist M.D.
	Dale T. Steinmetz M.D.	
2		24
Norma J. Hirsch M.D.	14	Thomas A. Ericson M.D.
	Steven J. Rosenberg M.D.	Gregg B. Polzin M.D.
3	Daniel G. Sloven M.D.	
Blythe E. Harris M.D.		25
	15	Scott A. Honsey M.D.
4	Mark S. Bissing D.O.	Raymond L. Webster M.D.
Douglas B. Dorner M.D.	Charles O. Lozier M.D.	
	Corey W. Mineck M.D.	26
6	Craig A. Shadur M.D.	Duane M. Jensen M.D.
Steven T. Strang D.O.	John C. Tapp D.O.	
		27
7	16	Douglas W. Massop M.D.
Julie I. Carmody M.D.	Eric L. Martin M.D.	John M. Rhodes, Jr. M.D.
Susan M. Jacobi M.D.		
Michael J. Taylor M.D.	17	28
	Dale F. Andres D.O.	Charles H. Korte M.D.
8	Dana Danley M.D.	
Carolyn Beverly M.D.	David W. Mc Allister D.O.	29
Phillip L. Bryant D.O.	Gary Yuille M.D.	Christine Carstensen M.D.
Stanley M. Haugland M.D.		
Matthew P. Rauen M.D.	18	30
	Jonathan M. Fialkov M.D.	Christopher F. Blodi M.D.
10	Lisa J. Menzies M.D.	Bernard J. Munro M.D.
Melinda Hansen M.D.	William J. Yost M.D.	
Donny W. Suh M.D.		31
	20	Michael Nicholson D.O.
11	Marc L. Klein M.D.	
Maurice M. Hart M.D.	Dawn M. Schissel M.D.	
Shirley Pua M.D.		

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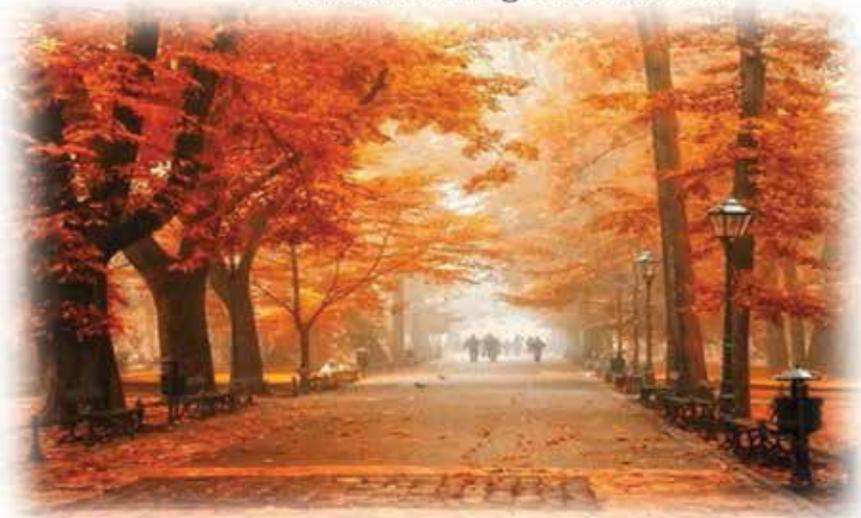


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