

Bulletin

MAR/APR 2009

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY



White House Regional Forum on Health Reform

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- White House Health Care Forum
- A Malpractice Lawsuit
- Legislative Breakfast

Polk County Medical Society Volunteer Physician Network Receives

\$10,000 Grant From Prairie Meadows



The Polk County Medical Society Volunteer Physician Network (VPN) received a \$10,000 grant from Prairie Meadows Racetrack and Casino through its 2008 Community Betterment Grant Program. Grant funds will assist a pilot project, which will provide interpretive services for the VPN specialty care referral program.

“We are extremely pleased to have received funding from Prairie Meadows this year,” said Kathie J. Lyman, Executive Director. “These funds will help ensure that the free clinic patients who don’t have an interpreter, and are referred to the VPN for specialty care, have an interpreter prearranged. Specialists giving the free care will be able to communicate with the VPN patient through this pilot project.”

Prairie Meadows Community Betterment Grants are given to projects in one of four categories: arts & culture, economic development, education, and human services. Since 1996, Prairie Meadows has contributed more than \$399 million to promote education, economic development, agriculture, jobs, and tourism in Iowa.

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of the Polk County
Medical Society*

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March/April 2009

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MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

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AMA National Advocacy Conference in Washington, D.C.



Chris Matthews, Hardball, presented his insider's view of the political climate in D.C



Robin Barnett, D.O. discussing with Senator Grassley Iowa's Medicare payments along with IMS physicians and Alliance members.

Better Care, “Better Health” at a lower cost



Robin W. Barnett, D.O.

“Better Care, Better Health at a lower cost”. These were the resounding words voiced by Nancy H. Nielsen, M.D., PhD, and President of the American Medical Association.

Kathie Lyman, PCMS Executive Director, and I joined our colleagues from Iowa Medical Society, Mike Abrams, Executive Director of IMS, and Dr. Michael Kitchell and other physicians and executive directors from across the nation to advocate for the patients, the medial profession and health care.

Glowing still from the recent Health Care Summit meeting in Washington, D.C., the conference was electrified with opportunistic, optimistic, inspiring and recharging words from the political experts and insiders in Washington in health care. The 500+ AMA attendees were feeling that for the first time in a long time our vision could be shared and our voices for advocacy efforts would be heard by the new government policy decision makers. Repeatedly, AMA stressed we, the health care professionals, could help drive change in the U.S. health care system, and repeatedly stated that “health system reform starts with you”.

Even the keynote speaker, Chris Matthews, NBC’s Today Show commentator and host of Hardball, applauded physicians for their “sweat, years of training, brains and hard work”, because they had kept him alive through malaria, pneumonia, and diabetes. Although he admitted the diabetes may have been self inflicted from drinking gallons of caffeine and cramming “saddle bags” of M&Ms into his body before each nightly live broadcast of his show. He challenged us with the thought that the United States will survive the current recession and health care transformation because we Americans accept reality quickly and therefore can adapt quickly since we are still at a “Cowboy Country”. He feels we could have our fingerprints on destruction or production on issues like health care reform.

We heard from countless presenters the tireless phrase “the health care system is broken”, yet some of the speakers had conflicting points of view. One of the speakers gave the sobering statistic that there were 10,000 new bills every two years, and only 4% get passed, and of the bills passed 30% are to change buildings or monuments names. How can the health care system be reformed even with President Obama’s current line of credit in four years?

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The key issues and catalysts for change as presented were:

- ✓ **The need for transparency.** - A patient should know the price and cost of their health care such as a hip replacement or their insurance choices.
- ✓ **Financial rewards or incentives** - For quality reporting, E-Prescribing, use of Internet (HIT), Medical Home, and Cost efficiencies of medical care resulting in savings to health care.
- ✓ **Medical Home** - Providing a network team of providers giving quality care and better outcomes for more efficient care and providing financial reward for the time and effort of the providers. Physicians in essence would start getting recognized, paid and appreciated for what they are currently doing in creating a patient-centered medical care coordination of specialists, nursing homes, pharmacy, rehab, nurses, case managers, family education, access to acute and chronic care.
- ✓ **Geographic inequity in Medicare reimbursement** - Current pay system has inequities in the geographic practice cost index (called GPCI "gypsy") rewarding volume vs. quality. This leads to fewer doctors wanting to take medicare patients, or stay in medical practice (especially in Iowa) and makes it difficult for patients to have access to quality care when fewer physicians are taking Medicare patients. This has also led to the future of physician extenders such as physician assistants and nurse practitioners to help service the patients in the future requiring family practice care. Representative Bruce Braley introduced the Medicare Equality and Accessibility Act to establish a permanent work and practice expense GPCI floor. It has been proposed to incentivize quality and efficiency with models like some hospitals use – value based purchasing payment programs. By using quality and efficiency measures instead of volume measures, we could help costs stay down and share the savings by incentives to health care providers. This would help states such as Iowa who have a 1.0 floor to keep reimbursement more fair for the Iowa provider, but does not recognize that in quality patient care our physicians rank 8th in the nation.
- ✓ **Prevention and wellness** – Incentivize and recognize physicians for providing safe & quality care through immunization updates, education on obesity, hypertension, and hyperlipidemia.
- ✓ **AMA does not advocate for a single payer plan, but a more uniform health insurance market regulations** that allow a patient to combine benefits, cost sharing and premiums and to reward (not penalize) insurers for taking all types of patients regardless of their current health status. The health insurance reform would help to manage health care costs as it currently costs each American household \$900/year to subsidize payment for the uninsured who rank 58 million currently with the numbers expected to rise by 1 million for each 1% rise in recession.

We met with Senators Harkin and Grassley, Representative Boswell, and Chief of Staff for Representatives Braley and Latham, advocating all of these important issues for our physicians in Iowa. The PCMS invites you to join us for our advocacy efforts this September 13-15th when we have the PCMS Fly-In to discuss these key and important issues with our representatives. Please plan to join us!

Better Care, “Better Health” at a lower cost



Kathie Lyman

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Polk County Medical Society

“ Legislative Report ”

March, 20 2009



Justin Hupfer
CEO



John Cacciatore
SENIOR VICE PRESIDENT

The 2009 session of the Iowa Legislature enters the home stretch facing daunting financial and economic challenges on the heels of natural disasters in 2008 that impacted nearly every corner of the state. The focus for the remainder of the session is on crafting a balanced state budget.

On March 20th, the Revenue Estimating Conference projected that state revenues will be \$129.7 million less in FY09 and \$269.9 million less in FY10 than the Governor's budgets. These amounts are in addition to the 1.5% across the board cut for FY09 and the 6.5% reduction in most programs proposed by the Governor for FY10.

The Congress appropriated, and the President approved, federal stimulus money that enhances the federal share for Medicaid by 6.2% and reduces the state burden. The Department of Human Services estimates that Iowa will receive \$104 million in FY09, \$150 million in FY10 and \$80 million in FY11. By September 30, 2011, the

federal legislation requires states to maintain eligibility standards, comply with prompt payment requirements and report how the increased federal funds are expended. The PCMS will work with the Governor's staff, DHS and legislators to ensure Medicaid reimbursement rates and payments will be maintained as a result of the infusion of federal money.

On the state legislative front, the Iowa Senate passed SF 389, a health care reform bill lead by Senator Jack Hatch, on March 19th with a 30 – 18 vote. It includes a provision that will indemnify providers that provide specialty care in their offices. This provision will enhance the medical services doctors offer through the Volunteer Physician Network. The PCMS leadership discussed the idea with Senator Hatch prior to the session. The PCMS worked with Senator Hatch to include the provision in his health care reform bill.

There are two bills that impact scope of practice that the PCMS is opposing. SF 153, allowing

Other areas of interest to the PCMS in SF 389 are:

- Iowa choice insurance exchange and expansion of coverage to Iowa children – Establishes an insurance exchange to expand coverage of existing Medicaid and Hawk-I programs to more children and develop plans for low-income adults without coverage.
- Healthcare workforce support initiative – Creates a fund in the Department of Public Health and programs administered by various commissions and agencies to provide grants to support medical residency training, a health care professional incentive payment program (targeted at underserved areas), a nurse educator incentive payment program, nursing faculty fellowship programs and a safety net provider recruitment and retention initiative program. The fund may receive public and private funds.
- Medication therapy management and evidence-based prescription drug education program – If the health insurer determines that medication therapy management is feasible and efficacious as a covered benefit, then the General Assembly encourages the insurer to provide the coverage by January 1, 2010. An evidence-based prescription drug education program is established to provide health care professionals with information and education regarding the therapeutic and cost effective utilization of prescription drugs.
- Prohibition and disclosure of gifts – Prohibits gifts from manufacturers and wholesalers of prescription drugs, biologics and medical devices to healthcare practitioners who participate in state health programs. Allowable gifts must be reported to the state by the manufacturers and wholesalers.
- Transparency – The Department of Public Health will collect financial information from hospitals and nursing facilities. The Department of Public Health will enter into an agreement with the Iowa Hospital Association to collect information on inpatient, outpatient and ambulatory information.

physician assistants, nurse practitioners and others to form limited liability companies, passed the Iowa Senate 35 – 13 on March 19th. The PCMS will oppose SF 153 in the House.

HF 781 establishes a scope of practice review committee relating to the licensing of midwives. It is currently on the House debate calendar. The PCMS has expressed opposition in the House and to relevant Senators. If the bill moves through the House, its future is uncertain in the Senate.

A regulatory issue impacting scope of practice was reviewed by the Legislature and reconsidered by the Department of Public Health. In December, the Iowa Department of Public Health and the Board of Physical Therapy/Occupational Therapy proposed a rule which would prohibit doctors from referring patients to a physical/occupational therapist if the physician has a financial interest in the physical/occupational therapist's practice. The PCMS opposed the rule. The Legislature's Administrative Rules Review Committee had concerns with the rule as proposed, and referred it to the Legislature for its review. On February 20th, the Department of Public Health and the Board of Physical Therapy/Occupational Therapy discussed the rule and received public comment. The PCMS Executive Director Kathie Lyman participated in the conversation, voicing opposition. The Board of Physical Therapy/Occupational Therapy decided to terminate the rule, which means it is no longer a live round, but could come back under a newly proposed rule down the road.

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Congratulations to **Dale Andres, D.O.**, who was appointed to the position of Senior Vice President of Medical Affairs at Mercy Medical Center effective Feb. 1, 2009. Dr. Andres has been serving in this position on an interim basis since April 2008.



Congratulations to **Basaviah Chandramouli, M.D.**, who received the From the Heart Award at the 16th annual Greater Des Moines Heart Ball on February 28, 2009.



Congratulations to **James Kimball, M.D.**, who received the Osceola Community Service Award.



Congratulations to **Jose Olivencia, M.D.**, who was featured in the **Des Moines City Magazine** in the February, March, April 2009 edition, for helping to bring a diverse cultural perspective to Central Iowa.



Congratulations to **Rizwan Shah, M.D.**, who was featured in the **Des Moines City Magazine** in the February, March, April 2009 edition, for helping to bring a diverse cultural perspective to Central Iowa.



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Congratulations to **Mark Smolik, M.D.**, who was featured in the **Des Moines Register** on February 4, 2009, for his role as Medical Director at the Mercy Center for Weight Reduction, which has helped about 800 people through weight-loss surgeries.

Congratulations

To the PCMS Members Elected as 2009
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On Consulting with an Iowa Physician Undergoing a “Medical Malpractice” Lawsuit



**David E. Drake, D.O.,
FACN, DFAPA**

I know of few threats that are more anxiety producing for physicians than the possibility of a medical malpractice lawsuit. Forced to deal with attorneys who will focus on alleged failings

and oversights. We come face to face with an arena that is not our own – in depositions and courtroom interrogations – having to respond to inquiries about our every action, thinking, and documentation even when our best efforts were put forward.

In some cases, negligence may be involved, while in others, a bad outcome may be a result of a complicated morass of factors outside our control.

Very recently, I had the good fortune to work with an Iowa physician who asked to meet with me in consultation in my role as psychotherapist in my private practice office. The time was just following news that his records from a case had been requested by the attorney for a former patient. The outcome of a treatment had not been what anyone had wanted or predicted. The physician patient wanted to be prepared for what might lay ahead – depositions, expert witnesses both for and against, and the especially dreaded possibility of going to trial.

For psychiatrists the risk for a lawsuit has been between 5% and 7% over at least the

last decade or so. In the article “Malpractice distress: Help yourself and others survive”, Sara C. Charles, M.D., Professor of Psychiatry (emerita) from the University of Illinois College of Medicine in Chicago wrote that “No nationwide reporting system tracks the incidence of medical malpractice claims, but industry experts suggest a claim is leveled against 7% of psychiatrist each year. The risk is higher for other medical specialists: a recent survey by the American College of Obstetricians and Gynecologists found that 89% of practicing OB/GYNs had been sued at least once in their careers. Because a claim usually takes several years to resolve, a substantial number of physicians – including psychiatrists – are involved in litigation at any one time.” (Vol 6, No. 2/February 2007 from *Current Psychiatry*, pp 23-24)

Dr. Sara Charles also wrote in 2001 that “More than 95% of physicians react to being sued by experiencing periods of emotional distress during all or portions of the lengthy process of litigation. This may begin immediately on being served with the complaints by a sense of outrage, shock, or dread about the personal and financial effects of the eventual outcome. This is the first reaction in a series that is similar to those that accompany any major life event. Feelings of intense anger, frustration, inner tension, and insomnia are frequent throughout this period.” (“Coping with a Medical Malpractice Suit”, *West J Med* 2001; 174:55-58)

And while I have worked with other physicians who have undergone or were undergoing malpractice lawsuits, this particular physician was most helpful to me in understanding what

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each of us is potentially up against when that request for medical records comes from an attorney's office for the purpose of a possible lawsuit.

This physician, whom I will refer to as 'Dr. R.' (not the real initials) did research on the subject himself. And while not an OB/GYN specialist, found the DVD, "From Exam Room to Courtroom: Navigating Litigation and Coping with Stress" put out by The American College of Obstetricians & Gynecologists to be a very helpful resource. Dr. R. also found the works of Eckhart Tolle, author of A New Earth: Awakening to Your Life's Purpose and The Power of Now, in his writings and CD's to be helpful in getting him back to living in the moment and less fearful obsessing about what could develop as the potential lawsuit unfolded.

Dr. R found the retaining of a personal attorney as very important – an attorney to make sure that his other attorney hired by his malpractice insurance company had his interests in the forefront – and not just those of the insurance company. And although this expense was out-of-pocket I dare say he would never have thought of doing it otherwise in retrospect. Dr. R. wrote of this that "A personal attorney is somewhat like a second opinion. Such an attorney may be much better in determining insurance questions, additional coverage and so forth. A personal attorney can also provide peace of mind if one imagines bankruptcy or other often exaggerated fantasies."

Dr. R.'s experience and advice is helpful, I believe, for each of us to hear. What follows are some highlights from what he wrote, when I asked him to reflect on what helped him to get through this ordeal:

- 1) Develop a support system of empathizers – spouse involvement and shared updates are important, however avoid making your spouse/significant other your sole confidant.
- 2) Seek professional consultation and schedule regular appointments.
- 3) Most physicians are super achievers and conscientious to a fault...therefore an accusation of negligence conjures up incompetence, carelessness, and possible shame. The picture of an accused physician taking the back stairs and avoiding the elevator and meetings is painfully true. It is import for the physician not to isolate.
- 4) Reduce your work schedule to allow research into your case. Subsequent articles and notes to be written up and shared with defense attorneys is something positive which can be done and may lessen unproductive obsessing.
- 5) Schedule meals, trips, and pleasurable activities in which you would normally participate in a time of low stress. Be physically active and meditate and/or pray.
- 6) Remind yourself of the innumerable circumstances in which you have acted wisely and carefully and undoubtedly avoided complications for your patients.
- 7) Reflect not only on the good you have done for nearly all your patients but also on the positives you have provided for your family and friends.
- 8) And remember, as with everything else,'this too shall pass'.

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“Senator Harkin Health Care Investments” In Stimulus Package



Senator Tom Harkin presented the facts on the stimulus bill.



Stephen Stefani, M.D. discussed Electronic Health Records and the need for national standards.



Larry Severidt, M.D. asking questions about how the bill would affect medical education.

Senator Tom Harkin met with health care leaders in Des Moines on Saturday, March 14th at Broadlawns Medical Center. He discussed how the recently passed economic recovery bill invests in our most important resource – our people – by promoting health care. The recently enacted legislation prevents health care loss and ensures states can prevent eligibility cuts for Medicaid and SCHIP. It strengthens the health care workforce and invests in community health centers.

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My former patient, Dr R., taught me about what each of us can face and how each of us, as physicians, can find that place within that speaks to focusing on what's important and discerning the facts that exist. Dr. R. would reflect, after listening to Eckhart Tolle, that how for the present moment he was doing just fine – he had a roof over his head, he had food, and friends and family to be thankful for. And while the temptation to look at all the 'what ifs' was there, he was often able to get beyond that and learned to trust in his insurance-provided and personal attorneys to help him get through this. Doing his own homework on his case seemed

to allow Dr R. to be a contributing part of his defense team, rather than being stuck in a role as a victim.

It was my good fortune and honor to have consulted with Dr R. through this process. As it turned out, his case did not go to trial and a settlement ensued. He was much relieved. Dr. R. now meets with medical students to teach them about surviving a medical malpractice lawsuit themselves.

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Time for Change?

Gabrielle Cahalan

It seems 2009 is the year for change. Change is also in the air at the Polk County Medical Society Alliance (PCMSA). The Alliance is in the midst of an internal strategic review to see if change might be just what is needed to revitalize and re-energize the PCMSA.

Like many organizations, which are volunteer-driven, the PCMSA has, over the last several years, experienced a steady decline in membership and participation. As a result, the board embarked on situational, issues based strategic review to determine the best way forward for the PCMSA. The review will focus on two primary issues:

- Membership decline
- Decrease in member participation

The first step was to conduct input sessions with current members, former members and those eligible for membership but who have chosen not to join the PCMSA. Participants were encouraged to speak freely and honestly and it appears everyone did just that. With the aid of a professional facilitator, the group discussed potential causes for low membership and participation. Participants identified what is attractive about the PCMSA and what is unattractive about the PCMSA. The group discussed what the PCMSA could do/change to make itself viable. We also asked the tough question: is the PCMSA still viable and relevant? In addition to comments from those present, we also compiled feedback and comments (via email and phone) from those invited to attend but who were unable to do so.

Initial results, with more input and analysis needed, confirm that the PMCSA would be well served to adopt a more simplified structure, a more focused strategic direction, a more aggressive and welcoming member recruitment program, especially outreach to residents' spouses and would benefit from an in-depth review of members' needs/interests to drive programming.

After discussion and review by the PCMSA Councilors, a more in-depth, confidential on-line survey will be used to confirm initial findings and to get feedback on specific strategic and operational goals. Based on these results we will prepare a strategic summary and determine the best way forward for the PCMSA.

We invite anyone interested in participating in the review process or the survey to contact me by email at drumgirl21701@msn.com.

PCMS Legislative Breakfast at Capitol

The Polk County Medical Society met with over 48 Iowa Legislators on Wednesday, March 4th at the Iowa Capitol. On behalf of physicians and their patients, members of the Polk County Medical Society advocated with the leadership and individual members of the legislature opposing the PA bill and midwife/doula bill. The doctors also supported the health reform bill that provides immunity by the State for the VPN doctors who provide free care. PCMS members advocated for our 2009 legislative priorities.



L – R: Robin Barnett, D.O.; Senator Jack Hatch; and Ravinder Agarwal, M.D.



L – R: Senator James Seymour; James Gallagher, M.D.; John Zittergruen, D.O.; Robin W. Barnett, D.O.



Representative Bruce Hunter



Representative Dave Heaton

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Carla Cloos, M.D.

Education: University of Iowa College of Medicine

Nicole Cummings, D.O.

Education: University of Osteopathic Med. and Health Sciences

Brianne Day, D.O.

Education: University of Osteopathic Med. and Health Sciences

Cynthia Fisher, D.O.

Education: University of Osteopathic Medicine and Health Sciences

Amber Fopma, D.O.

Education: University of Osteopathic Med. and Health Sciences

Laura Gratton, D.O.

Education: University of Osteopathic Med. and Health Sciences

Michelle Heim, D.O.

Education: University of Osteopathic Medicine and Health Sciences

Abel Luksan, M.D.

Education: University of Nebraska College of Medicine

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Education: University of North Dakota School of Medicine

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L – R: John Zittergruen, D.O. and Senator Brad Zaun



L – R: Robin Barnett, D.O. and Representative Linda Miller




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Education: Deccan College of Medical Sciences, Hyderabad, Pradesh, India
 Residency: University of Missouri Healthcare, Columbia, MO
 Specialty: Internal Medicine

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 Residency: Mercy Family Medicine Residency, Des Moines, IA
 Specialty: Family Medicine

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Education: University of Cairo, Cairo, Egypt
 Residency: Lincoln Medical Health Center, Bronx, NY
 Specialty: Pediatrics

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Education: Jordan University, Irbid, Jordan
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Education: University of Iowa COM, Iowa City, IA
 Residency: University Health Center of Pittsburgh, Pittsburgh, PA
 Specialty: Pediatric Emergency Medicine

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Cheyne, Ken, M.D.

Education: University of Iowa COM, Iowa City, IA
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Education: University of Osteopathic Medicine and Health Sciences, Des Moines, IA
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 Specialty: Pediatrics

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 Specialty: Pediatrics

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 Specialty: Internal Medicine

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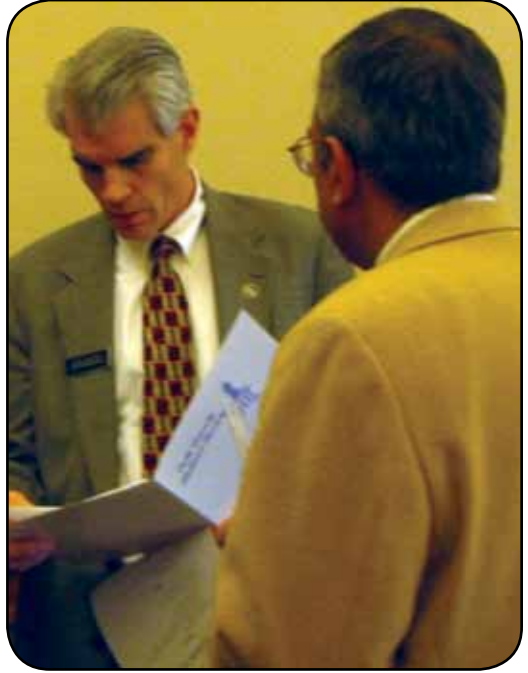
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