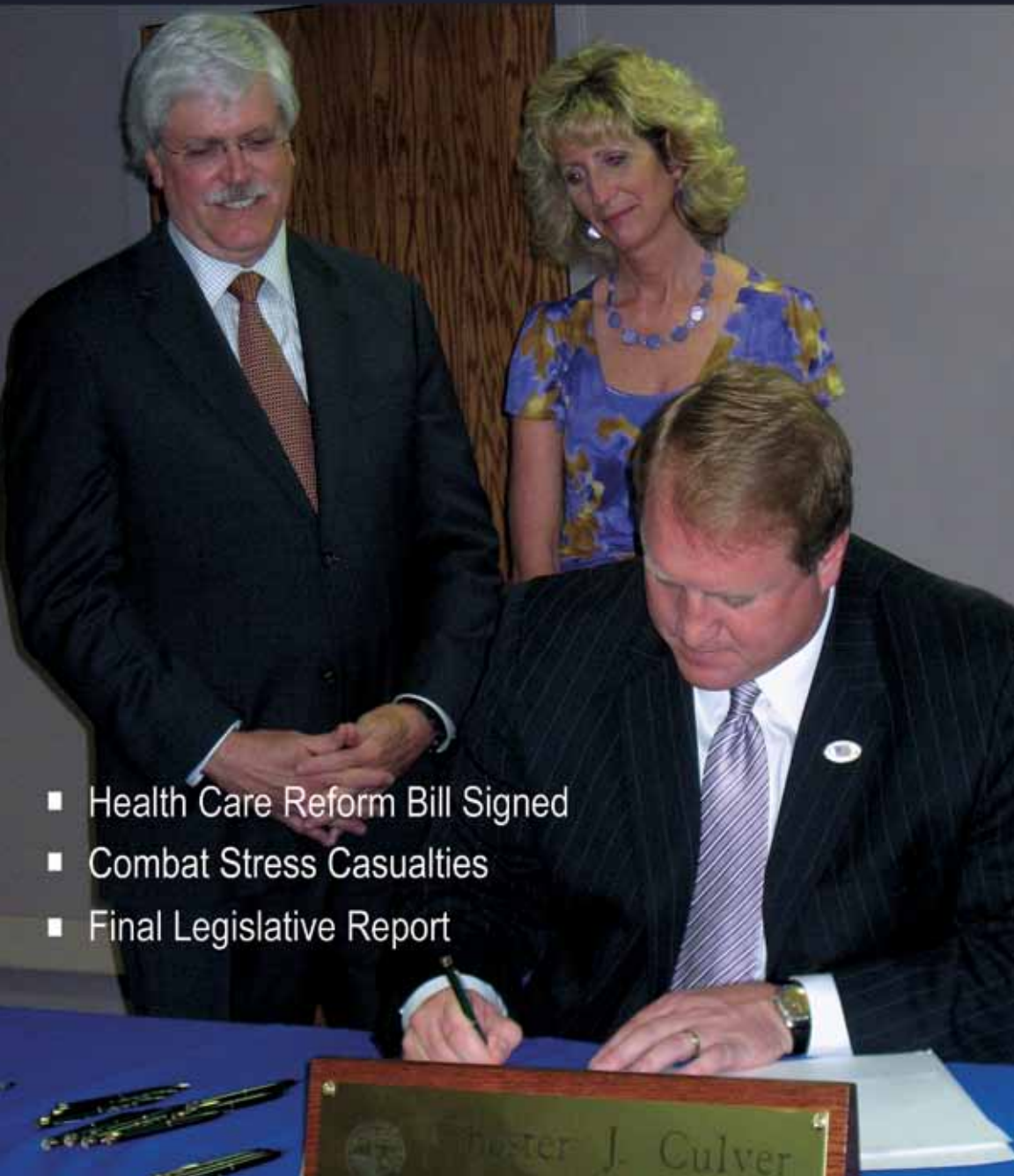


Bulletin

MAY/JUN 2009

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY



- Health Care Reform Bill Signed
- Combat Stress Casualties
- Final Legislative Report



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VOLUME 81 No. 3

Des Moines, Iowa
May/June 2009

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Bulletin

MAY/JUN 2009

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

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ON COVER:

Governor Chet Culver signs into law SF 389 – along with Senator Jack Hatch and Representative Lisa Heddens.

Articles and editorial inquiries should be directed to:

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Des Moines, IA 50309

515-288-0172
<http://www.pcms.org>
e-mail: kjlyman@pcms.org



PLEASE SAVE THIS DATE!

You're invited to join us for the

Polk County Medical Society
Summertime Med Mixer

Friday, August 7, 2009

5:00 p.m. – 8:00 p.m.

Bravo's, Jordan Creek

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**INVITATIONS WILL BE
ARRIVING SOON!**

“Our Voice”

Is Making A Difference



Robin W. Barnett, D.O.

There is exciting news! PCMS Membership is now over 1,225 members strong. This is the largest constituency we have ever had in the history of PCMS. Each and every one of you is important and your opinion matters, and together

we are stronger. Please mark your calendars, as we have several opportunities for you to get more involved:

- ❑ In August, we plan on having an event at Bravo Restaurant to recognize our volunteer physician network services, physicians who so generously donate their time, skills and expertise. All members are welcome. Plan to attend this fun event on August 7th to catch up with colleagues and friends.
- ❑ September 15th & 16th for Washington D.C. Fly-In to advocate with our Iowa Congressional Delegation personally.

Now more than ever your efficacy efforts are needed to make changes with health care reform and renewed focus on health care. We have a unique opportunity to carve the future for our practices, professions and for patient care, but we need you!

Polk County Medical Society along with the IMS and the AMA continue their efforts to develop more fairly calculated Geographic Practice Cost Indexes by establishing a floor of 1.0 on the Geographic Practice Expense Cost Index. It has been requested that the Centers for

Medicare Services (CMS) review the Medicare payment codes for potentially overvalued and undervalued services to ensure reasonable and fair payment. Currently, Iowa ranks as 48th in payment, yet 2nd in quality. There will be continuing efforts to lobby Congress and CMS to prohibit geographic adjustments for E-prescribing for Physician Quality Reporting Initiative (PQRI).

With legislature adjournment in Iowa, the Federal Stimulus Bill has provided enough funding to keep Medicaid provider rates intact for now. The PCMS lobbyists advocating on your behalf, together in a unified voice with PCMS doctors and their administrators, and PCMS staff were successful in: 1) assuring that physician assistants will not be able to incorporate and hire their physician supervisors. 2) The legislation the PCMS worked so hard on was successfully passed and will allow specialists who provide free care through the PCMS Volunteer Physician Network and the Iowa Collaborative Safety Net Provider Network to apply for and be indemnified by the state of Iowa when providing that free care. 3) Medicaid reimbursement for physicians will remain unchanged. 4) An interim study on medication therapy management by pharmacists is in the final Health and Human Services Bill, but must be approved by the Legislative Committee to move forward.

In November 2007, the Federal Trade Commission set regulations known as “Red Flags Rule” requiring that health care implement written identity theft prevention and detection programs to protect consumers from identity

continued on page 6

theft. The FTC determined that physicians are creditors and must comply with the rule that will go into effect August 1, 2009. PCMS does have specific information on the Red Flag Rule on our website, www.pcms.org.

This is an exciting time to be a part of medicine. Never before have our voices been heard in key legislative advocacy issues and been changed because we as a group stood together and demanded our legislators do what is right for our

physicians and for health care. You are important to us and **your voice matters**. Please plan to remain an active advocate for your patients and your practice. Please be active in the PCMS and help us be stronger at the Iowa Legislature and in Washington with your involvement. Make phone calls, send e-mails, and attend meetings with your legislators and congressmen – **YOU CAN MAKE A DIFFERENCE! CHANGE CAN START WITH YOU!**

Advocacy Update for AMA:

- The House and Senate approved separate versions of the fiscal year 2010 Congressional Budget revision on April 2nd. The House resolution contains provisions that look to legislation that will replace the flawed sustainable growth rate (SGR) formula that is used to calculate Medicare physician payment updates. Congress will still have to enact legislation to replace the SGR. It also introduces a budget neutral reserve fund that represents support for health system reform legislation. The House version also contains reconciliation instructions that require the Committee on Ways and Means, and the Committee on Energy and Commerce to each report bills by September 29th to save \$1 billion dollars between fiscal year 2009-2013. This reconciliation would be used to advance health system reform legislation. There is a 21% payment cut scheduled for 2010.
- The Obama administration also announced a final Medicare Advantage payment update of less than 1% for the year 2010. It was based on the assumption Medicare physician payment rates would be reduced by 21% in January. The AMA has prepared a guidance document that is available at their web site to implement a simple practice policy.
- AMA joined the Hawaiian Medical Association opposing House bill 1378 which would allow advanced practice nurses (APRNs) to refer to themselves as primary care providers. This was also mirrored at the Iowa Capital this spring. The bill would allow APRNs global signature authority and full prescribing privileges. APRNs are valuable members of the health care team, but they really need to be in a team that is led by a physician. This has been echoed also in Iowa.
- AMA is fighting for positions on unfair profiling that allows a health insurance program to rate and profile physicians on quality and cost of care measures. The AMA is offering educational resources and tools to help physicians understand these insurance programs and effectively increase their ratings and rank. For more information visit www.ama-assn.org/go/pfp.

The “Round Table”



Kathie J. Lyman

Today began for me as it had so many times with my brothers (3) and sisters (3) sitting around the kitchen table to discuss a family matter, this time serious. In an

Italian family, the round kitchen table was the epicenter for all discussions. Good or bad we all got to speak our minds, with no subject off limits, and often at the same time. Our grandparents, aunts, uncles, and cousins would join in and give their opinions too. King Arthur had nothing on us.

Growing up there was always so much to talk about with such a huge family. My mother and dad both came from families of 7, and most of my aunts and uncles had that many children too. We all shared each other's lives, growing up in a close community. The kitchen table was the place for discussing our hopes, dreams, disappointments, births, deaths, always with love, and together. It was great fun and there was comfort in it all. My sister and I would sometimes sneak and listen to adult conversations in the kitchen where difficult subject were discussed without us children, never realizing that someday we would be making those same tough decisions. Today is that day for me.

My mother died 10 years ago but we still had a dad at home, my stepfather Sam Dean. He married my mother when I was 14. He was a 6'

6" man from Missouri who willingly accepted 5 children. We wondered what type of a man would do that. He was totally different from us, not an Italian, didn't like Italian food, liked only country music, and he had lots of funny sayings. But over the years he was steadfast, always there, loving and caring for my mother and us. He proved to be a generous man who was proud of his 7 kids and multitude of grandkids. He was proud of his family as demonstrated by photos covering his refrigerator, of his kids and grandkids, each believing they were his favorite. No matter when you stopped he was at the kitchen table waiting to discuss the latest topic and family events.

Seven months ago, Sam sat at the kitchen table and told us he had cancer. Sam died last week. Devastated, we are now sitting at that same kitchen table with the difficult task of dealing with the memories, his personal items, and a family home. As we continued to talk, we learned that our nephew is interested in living in our home with his new family. The circle of life continues, as it should, with a younger generation who will have their family conversations around the same kitchen table.

During his illness, Sam was treated by several specialists, and he would tell me each new doctor's name he saw, and how wonderfully he was treated. It is comforting for our family to know he felt the doctors gave him the same excellent care, and compassion, they would provide for their own fathers. On behalf of all families, I appreciate this opportunity to share with each PCMS doctor, our gratitude for the quality, and compassionate care you give your patients.

PCMS

“Final”

Legislative Report



Justin Hupfer
CEO



John Cacciatore
SENIOR VICE PRESIDENT

The 2009 session of the Iowa Legislature concluded just before 6:00 a.m. on Sunday, April 26th. The legislature finalized a difficult budget with the aid of federal stimulus money approved by Congress and also approved measures to assist the recovery efforts from the 2008 natural disasters.

A difficult budget situation became even more challenging when, on March 20th, the Revenue Estimating Conference projected that state revenues would be \$129.7 million less in FY09 and \$269.9 million less in FY10 than previously projected. 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.

To assist states with these types of budget shortfalls, the U.S. Congress appropriated, and the President approved, federal stimulus money that enhances the federal share for Medicaid by 6.2% and reduces the state burden. According to the Legislative Services Agency, Iowa's Medicaid

program is receiving (and the Legislature is authorizing) \$110 million in FY09 and \$144.9 million in FY10. The federal legislation requires states to maintain eligibility standards, comply with prompt payment requirements and report how the increased federal funds are expended. It is expected that Iowa Medicaid reimbursement rates and payments will be maintained through FY10 as a result of the infusion of federal money.

In terms of policy accomplishments this session, the Iowa Legislature passed SF 389, a health care reform bill lead by Senator Jack Hatch and Representatives Mark Smith and Linda Upmeyer. It includes a provision that will indemnify providers who provide specialty care in their offices (as opposed to only being covered for services provided in the free clinics). This provision will enhance the medical services doctors offer through the Volunteer Physician Network. PCMS leadership discussed the idea with Sen. Hatch prior to the session. PCMS worked with Sen. Hatch, Rep. Smith and Rep. Upmeyer to include the provision in the health care reform bill.

Other areas of interest to PCMS in SF 389 are:

- Establishes a commission to develop health coverage plans for the remaining 250,000 adults who don't have coverage that is affordable (no more than 6.5% of family income); coordinate all the children's health care programs into a seamless system; review other areas of Iowa's health care coverage system for access, affordability and equity.
- Establishes a healthcare workforce support initiative that creates partnerships between hospitals and medical schools to reverse shortages of doctors, nurses, mental health professionals and other medical workers.
- Transparency – requires the Department of Public Health to enter into a memorandum of understanding to utilize the Iowa Hospital Association to act as the department's intermediary in collecting, maintaining, and disseminating hospital inpatient, outpatient, and ambulatory information.
- Medication therapy management and evidence-based prescription drug education programs that were in earlier versions of the bill were taken out in the final bill.
- Prohibition and disclosure of gifts in earlier versions of the bill were replaced with a requirement that the health profession boards report to the General Assembly, by January

15, 2010, any public information regarding sanctions levied against a health care professional for receipt of gifts in a manner not in compliance with the requirements and limitations of the respective health profession as established by the respective board.

There were two bills impacting scope of practice that the PCMS opposed:

1) SF 153, allowing physician assistants, nurse practitioners and others to form limited liability companies, passed the Iowa Senate 35 – 13 on March 19th. SF 153 died in subcommittee in the House due to opposition from PCMS, IMS, IOMA and others. We would expect the physicians' assistants to continue lobbying the House next year on this bill.

2) HF 781, which established a scope of practice review committee relating to the licensing of midwives. The bill did not come up for debate on the House floor. PCMS, IMS and IOMA expressed opposition in the House and to relevant Senators. PCMS received assurances from key Senators that the bill faced an uncertain future if it ever gets to the Senate.

Although the legislature is adjourned until January of 2010, there will be interim work conducted and meetings held impacting health care policy. We will monitor that activity and keep PCMS apprised of pertinent information.

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Congratulations to **Ari Auron-Gomez, M.D.**, who was featured in the Des Moines Register on Friday, April 24, for his diagnosis of an 18-month-old child with an extremely rare kidney disease that is caused by a missing gene and keeps cell growth in check.



Congratulations to **Ken Cheyne, M.D.**, who accepted the role of Interim Medical Director for Blank Children's Hospital.



Congratulations to **Richard Deming, M.D.**, who received the American Cancer Society's 2009 Coaches vs. Cancer "Making the Difference" Award.



Congratulations to **Donner Dewdney, M.D.**, who was featured in the Des Moines Register on Friday, May 1, for celebrating his 40th anniversary at the Psychiatric Medical Institute for Children at Orchard Place.



Congratulations to **Daniel DiMeo, M.D.**, who was featured in the Des Moines Register on Wednesday, March 25, for his work with children suffering from gastrointestinal problems.



Congratulations to **Stephen Eckstat, D.O.**, Chairman of the Board and Medical Director of the Free Clinics of Iowa was featured in the [Des Moines Register](#) on Wednesday, April 22, for his comments on how the recession is effecting health care of the working poor and the indigent.



Congratulations to **Daniel Gervich, M.D.**, who was featured in [Cityview](#) on May 7th, for his expertise in infectious diseases and MRSA infections.




Congratulations to **Carol Frier, D.O.**, who was featured in the [Des Moines Register](#) on Friday, March 27, for her Iowa View of the LEAN (Labeling Education and Nutrition) Act.



Congratulations to **Robert A. Lee, M.D.**, who was re-elected to the IMS Board of Directors as an At Large Director and elected to the position of Secretary/Treasurer of the Board.



Congratulations to **Rizwan Shah, M.D.**, who was featured in the [Des Moines Register](#) on Friday, April 17, for her speech and support of the Light of Hope: A Service of Remembrance and Hope at Blank Children's Hospital in memory of children who died in Iowa in 2008 from abuse and neglect. Dr. Shah also was featured in the [Business Record](#) on Monday, April 27, for overseeing the testing of the CAISS (Child Abuse Injury Scoring System) software at Blank Children's Hospital.



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DOCTORS IN THE NEWS



Congratulations to **Stephen Stephenson, M.D.**, who was appointed Chief Operating Officer and Executive Vice President of Iowa Health – Des Moines.



Congratulations to **David Stilley, M.D.**, who was featured in the Business Record on Monday, May 4, for the out-of-state expansion of DoctorsNow Walk-In Care, LC.



Congratulations to **Lynn Struck, M.D.**, who was featured in the Des Moines Register on Wednesday, May 6, for her work with patients who have Parkinson's disease and her position as Medical Director for the Iowa Parkinson's Disease Association Resource Center at Iowa Methodist Medical Center.



Congratulations to **Deborah Turner, M.D.**, Medical Director of Mercy Gynecologic Oncology Services who was featured in the Des Moines Register on Wednesday, May 20, for her work with gynecologic cancer patients and her research involving ovarian cancer and its treatment.



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Action On “Combat Stress Casualties” In Iowa Communities



**Gaylord Nordine, M.D.,
D.P.H.**



Steven Phillips, M.D.

Last fall co-author Dr. Phillips, National Library of Medicine Disaster Information Management Research Center Director (DIMRC), reported in the **Bulletin** on initiatives to meet emergent needs for immediately applicable clinical information in exceptional circumstances.

DIMRC was developed to ensure access to quality health information during critical incidents. Under such conditions, healthcare professionals must be able to apply the right clinical knowledge to care for affected populations. The Library developed a Wireless Information System for Emergency Responders (WISER) to distribute critical incident management information “on demand” through broadband linked devices and PDAs. DIMRC is developing other technologies to make NLM a fast access portal for well organized clinical knowledge to be applied by local physicians in the midst of critical incidents.

War has come home to the United States since guard and reserve troops started to bear the burden of military combat. Soldiers and families stressed by Middle East combat

zone deployment can suddenly create critical incidents in their home communities. Stress intolerance disorders associated with brain trauma or caused by intense combat-related experiences can cause sudden personal or family system emergencies that unfold in communities remote from Department of Defense or Veterans Health Administration resources. The clinical challenges they present are similar to those caused by disasters. Primary care physicians must serve as front-line responders.

Warfare and disasters often cause acute, chronic, and delayed onset stress disorders that can present in any community at any time, frequently as perplexing diagnostic challenges. Last year Dr. Phillips called on me to lead an NLM Work Group to develop clinical information strategies to help non-experts and primary care physicians detect, assess, and manage stress overload incidents at the community level.

The Work Group produced a stress-disorder detection algorithm to be distributed via

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Governor Culver

“ Signs Health Bill ”



Governor Chet Culver at Senate File 389 bill signing thanking Kathie Lyman and the Polk County Medical Society doctors for their advocacy on this bill.

Governor Culver signed into law Senate File 389, Wednesday, May 20, 2009, at Broadlawn Medical Center. This was a great victory for the Polk County Medical Society specialists who provide free care through volunteering. Thanks to the PCMS lobbyists, board, Executive Director, and VPN Administrator who advocated on this bill up to the last week of the legislature when it successfully passed.

The Polk County Medical Society appreciated Senator Jack Hatch's commitment to work with the PCMS to introduce language in **SF 389 Division IV: Volunteer Health Care Providers, which provides specialty care provider offices with immunity from civil liability by the State of Iowa.** The successful passage of this bill also **includes funding for the Department of Public Health staff to process the Volunteer Health Care Provider applications.** The PCMS will keep you updated on the process for applying to the state for indemnification beginning July 1st, when the application process has been approved by the Administrative Rules Committee.

SF 389, Division III, provides Medical Assistance and Hawk-I Provisions Coverage for All Income-Eligible Children and has designated \$5.7 million towards the state's Medicaid and HAWK-I programs which will provide health care coverage to an additional 12,380 children under 300 percent of the federal poverty level. These children are currently uninsured but will now qualify to receive quality, affordable health care. The legislation also allocates \$510,000 to provide 11,000 children with dental care in 2010.

Free Interpreters for VPN Program

The Polk County Medical Society Volunteer Physician Network (VPN) is pleased to announce effective June 1st we are providing interpretive services for patients referred to PCMS specialists through the VPN Program.

The VPN received a \$10,000 grant from Prairie Meadows Racetrack and Casino for interpretive services. Grant funds will assist a pilot project, which will provide an interpreter for patients referred to the VPN specialty care referral program by the free clinics. This will ensure that the free clinic patients who do not have an interpreter, and are referred to the VPN for specialty care, will have an interpreter at the specialty care appointment. The clinics will request interpreters when they call to schedule a patient. Specialists giving the free care will be able to communicate effectively with the VPN patient through this pilot program.

Translators/Interpreters for Hawk-I

Public Law 111-3 states that translation or interpretation services will be provided to individuals enrolled in Hawk-I when English is not their primary language. This law went into effect February 4, 2009.

17 22 NEW SUBPARAGRAPH. (15) Translation and interpreter
17 23 services as specified pursuant to the federal Children's
17 24 Health Insurance Program Reauthorization Act of 2009, Pub. L.
17 25 No. 111=3.

For a full copy of the language of the new law Senate File 389, go to **www.legislature.state.ia.us**.



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continued from page 15

cell phones or PDAs and initiated work on an NLM website to support assessment and care management. The field-ready detection system delivers twenty questions structured and weighted to detect problems related to the two most common clinical conditions that cause stress intolerance crises – Traumatic Brain Injury and Post Traumatic Stress Disorder. Respondents rate the intensity of experiences addressed by these questions on a scale from one to five.

Scores are grouped in quintiles that will be linked to clinical instructions that guide stabilization and care management. NLM is developing a website to provide additional case management support matched to the instruction sets. The system will be tested for National Guard troops and families in selected states later this year. We hope Iowa will be one of the test states.

A more extensive national program for deployment stress detection, evaluation, and care management is needed to build on the foundation developed by the Work Group. The nation has become all too familiar with tragedies that affect those who have served on the battlefield or in waiting at home. Local primary care physicians throughout the nation need effective technology-based support to identify and manage stress overload situations at the community level.

Recent **New England Journal, Psychiatric Annals**, and **CNS Spectrums** articles (references available upon request) have summarized the clinical issues. We must learn much more about the natural history of traumatic brain injuries and brain disorders caused by extraordinary stresses. Soldiers affected by these conditions can experience sudden stress overloads months or years after they return to their home communities. At such times the most important clinical observations will be made by local primary care providers. Often the first indication of distress is presented to a primary care physician as a physical complaint.

Excellent Department of Defense and Veterans Health Affairs programs are available, but many guard and reserve troops by-pass them. Others who have benefited from DOD or VHA care are lost to follow up after they return to their homes. The result is a growing number of troops and veterans whose needs must be detected, evaluated, and managed by local physicians. The NLM Work Group focused on first steps to support this clinical challenge by developing a mobile stress response detection system.

A voluntary committee of NLM Stress Disorders Work Group members has outlined a new Deployment Health Network Model to provide more help to local providers. When stress overload problems develop, soldiers and their families often don't know where to turn. State Deployment Health Networks can help doctors ask the right questions, follow up with basic assessment, provide stabilizing treatment, direct patients to specialty centers, and provide further support after they return. Networks will provide "on demand" responses to medical questions.

The NLM-DIMRC stress detection system is a good start. The Deployment Health Network Model will provide additional communication, database, and care management technologies accessible anytime, anyplace. The volunteer committee will soon call on Congress to provide financial support for state Deployment Health initiatives.

We hope that Iowa physicians will urge their congressional representatives to support funding for the national Deployment Health Network and for Iowa to become one of the first Deployment Health Network states. If you would like to contact us in support of the program or to make suggestions on how to move forward, please contact PCMS at 288-0172, Dr. Nordine at 223-5511, or David Campbell, 3rd District Representative for Congressman Boswell at 282-1901.

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“ Alliance Message ”



Bonnie Green,
Community Outreach Chair

Each year, the PCMSA Community Outreach Grant is funded in part by generous donations from members of

PCMSA and PCMS to the Holiday Sharing Card. The PCMSA Bridge Players add to the grant amount by donating their fee for playing and PCMSA members are free to donate at the time they pay their dues and many do. The Alliance is also glad to accept donations for the grant in celebration of birthdays, anniversaries and memorials and will notify the honored person or family of the donation.

The list of benefits of being a member of the Polk County Medical Alliance is long. The development of lifelong friendships with other medical families is right up there near top of that list and the benefit of giving back to our medical community brings not only satisfaction to our members, but joy. Our members are encouraged to suggest health related organizations that would benefit from the Community Outreach Grant and the committee will send the organization a Grant Request to complete.

The grant is awarded at the May board meeting.

This year the PCMSA Community Outreach Grant of \$3485 was given to Christ the King Free Clinic. Christ the King Parish has joined with Free Clinics of Iowa and Mercy Clinics to offer free medical care to the community. The free medical clinic is open every Monday evening from 7 p.m. to 9 p.m. Dental screening is available on the first Tuesday of the month from 6 p.m. to 8 p.m. Pediatricians are available on Wednesday evenings from 7 p.m. to 9 p.m. for patients under the age of 16.

Dr. Thomas McAuliff accepted the grant at the PCMSA Board meeting May 5, 2009. Dr. McAuliff will use the grant to purchase new equipment such as supply carts, tables and storage units as well as replace stethoscopes, blood pressure cuffs and thermometers for evaluation.

To every member of PCMSA and PCMS who contributed to the joy of giving back to the community through the Community Outreach Grant, a huge "Thank You". Let's do it again next year!



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Agey, David, D.O.

Education: Des Moines University COM, Des Moines, IA
 Residency: Tempe St. Luke's Hospital, Tempe, AZ
 Specialty: Family Practice & Osteo Manipulative Treatment

Dr. Agey currently practices at Ankeny Clinic, 1105 N. Ankeny Blvd, Ankeny, IA 50023.



Beebe, Megan, M.D.

Education: University of Iowa COM, Iowa City, IA
 Residency: Blank Children's Hospital, Des Moines, IA
 Specialty: Pediatrics

Dr. Beebe currently practices at Waukee Clinic-PEDS, 30 E. Hwy. 6, Waukee, IA 50263.



Bellaire, Barbara, M.D.

Education: Louisiana State University Health Science Center, Shreveport, LA
 Residency: Louisiana State University Health Science Center, Shreveport, LA
 Specialty: Obstetrics & Gynecology

Dr. Bellaire currently practices at Lakeview Obstetrics & Gynecology, 6000 University Ave., Ste. 203, West Des Moines, IA 50266.



Carfrae, Matthew, M.D.

Education: University of Iowa COM, Iowa City, IA
 Residency: Albany Medical Center Hospital, Albany, NY
 Specialty: Neurotology

Dr. Carfrae currently practices at Surgical Affiliates, 411 Laurel St., Ste. 2100, Des Moines, IA 50314.



Carstensen, John, M.D.

Education: University of Iowa COM, Iowa City, IA
 Residency: Central Iowa Health Systems/Iowa Methodist Medical Center, Des Moines, IA
 Specialty: Internal Medicine

Dr. Carstensen currently practices at Methodist Plaza Internal Medicine, 1221 Pleasant St., Ste. 200, Des Moines, IA 50309.



Casey, Tyler, M.D.

Education: University of Iowa COM, Iowa City, IA
Residency: Central Iowa Health Systems/Iowa Methodist Medical Center, Des Moines, IA
Specialty: Internal Medicine

Dr. Casey currently practices at Lakeview Internal Medicine, 6000 University Ave., Ste. 201, West Des Moines, IA 50266.



DeJong, Vaun, D.O.

Education: Des Moines University COM, Des Moines, IA
Residency: Medical College of Ohio Hospital, Toledo, OH
Specialty: Obstetrics & Gynecology

Dr. DeJong currently practices at Methodist Plaza OB/GYN & Midwifery, 1212 Pleasant St., Ste. 405, Des Moines, IA 50309.



Dennis, David, D.O.

Education: Des Moines University COM, Des Moines, IA
Residency: None reported to date
Specialty: General Practice

Dr. Dennis currently practices at Methodist Plaza Internal Medicine, 1215 Pleasant St., Ste. 200, Des Moines, IA 50309.



Eibes, Todd, M.D.

Education: University of Iowa COM, Iowa City, IA
Residency: Providence Hospital Medical Centers, Southfield, MI
Specialty: General Surgery

Dr. Eibes currently practices at Des Moines Bariatrics, 6000 University Ave., Ste. 30, West Des Moines, IA 50266.



Fackrell, Scott, D.O.

Education: Des Moines University COM, Des Moines, IA
Residency: Southside Medical Center, Atlanta, GA
Specialty: Family Practice

Dr. Fackrell currently practices at Lakeview Medical Park, 6000 University Ave., Ste. 101, West Des Moines, IA 50266.



Fasbender, Patricia, D.O.

Education: Des Moines University COM, Des Moines, IA
Residency: Central Iowa Health System/Iowa Methodist Medical Center, Des Moines, IA
Specialty: Family Practice

Dr. Fasbender currently practices at Merle Hay Family Medicine, 4631 Merle Hay Road, Des Moines, IA 50322.



Gabel, David, M.D.

Education: University of Iowa COM, Iowa City, IA
Residency: Mercy Family Medicine Residency Program, Mason City, IA
Specialty: Family Practice

Dr. Gabel currently practices at Indianola Family Medicine, 1504 N. 1st St., Indianola, IA 50125.



Gammon, Rachelle, D.O.

Education: Des Moines University COM, Des Moines, IA
Residency: Western Reserve Care System, Youngstown, OH
Specialty: Pediatrics

Dr. Gammon currently practices at Walnut Creek Pediatrics, 974 73rd St., Ste. 30, Des Moines, IA 50312.

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DEPOSITION PREPARATION OUTLINE

The following deposition preparation outline is published as a courtesy to PCMS members.

What Materials or Records Were You Provided? By Whom? When

Were They Provided?

- A. Correspondence
- B. Reports
- C. Messages
- D. Notes
- E. Computer disks/e-mails/files
- F. Police reports
- G. Investigative reports
- H. Medical and hospital records
- I. Literature
- J. Tables
- K. Standards
- L. Contracts
- M. Photographs
- N. Videotapes
- O. Research
- P. Test results
- Q. Other materials

Daubert Issues

- A. Has the theory or technique used been tested?
- B. Has the theory or technique been subjected to peer review and publication?
- C. What is the known or potential rate of error of the method used?
- D. What is the degree of the method's acceptance within the relevant scientific community?

Breaks

- A. Ask for breaks when needed
- B. Don't consult with retaining counsel during breaks

General Advice

- A. Tell the truth
- B. Act naturally
- C. Don't be arrogant
- D. Avoid slang
- E. Be careful of what you highlight or write down
- F. Don't argue with counsel
- G. Don't elaborate
- H. Don't estimate
- I. Don't exaggerate
- J. Don't guess
- K. Don't interrupt the question
- L. Don't lose your temper
- M. Don't speculate
- N. Leave yourself an out
- O. Listen carefully to the questions
- P. Make sure you know your role in the case
- Q. Don't joke
- R. Pause before answering
- S. Read the documents before you testify about them
- T. Say you don't know if you don't know
- U. Say you don't remember if you don't remember
- V. Stay within your area of expertise
- W. Take breaks when needed
- X. Avoid absolute and hedge words

Authoritative Texts

- A. Know what is "authoritative"
- B. Do not commit unless you see the text

DEPOSITION PREPARATION OUTLINE

Videotape Depositions

- A. Prepare with counsel and practice
- B. Dress conservatively
- C. Look directly at the camera when testifying
- D. Avoid long pauses that may make you look evasive or uninformed
- E. When handling exhibits, make sure you hold them so that they can be appreciated by the viewers
- F. Avoid eating, smoking, drinking, chewing gum, or chewing on pens or pencils
- G. Turn off pagers, cell phones, and beepers
- H. Avoid making unnecessary and distracting noise by rustling papers, touching the microphone, or moving furniture
- I. Avoid being goaded into flashes of anger, arrogance, and combativeness
- J. Watch out for your nonverbal behavior and body language
- K. Don't let counsel lead your eyes away from the camera

Pleadings

- A. Complaint
- B. Answer
- C. Interrogatories
- D. Depositions
- E. Motions
- F. Motions to compel
- G. Others

Answering Deposition Questions

- A. Tell the truth
- B. Answer only what you are asked and do not volunteer information
- C. Pause before answering
- D. Actively listen to the entire question and do not interrupt
- E. "I don't know" may be an appropriate response
- F. Don't exaggerate, speculate, or guess
- G. Keep your cool
- H. Do not argue with counsel or get involved in the lawyer's arguments
- I. Don't fall for the "silence" gambit
- J. Avoid jokes, sarcasm, and inappropriate remarks
- K. Don't ramble
- L. Avoid absolute words
- M. Be flexible and be prepared to concede some points
- N. Avoid slang
- O. Don't fall for the "bumble and fumble" gambit
- P. Do not act like a jerk
- Q. If confused, ask for the question to be repeated
- R. Ask to see documents, reports, and statements before answering questions about them
- S. Take adequate time to review any "new" documents, reports, etc.
- T. Prepare thoroughly

JULY BIRTHDAYS

1	Richard E. Paul Mark B. Kirkland Nicholas J. Galioto Matthew A. Flemming	14	W. David Borchardt James A. Davison Onyebuchi Ukabiala Kathryn N. Martin Chad M. Stocker
2	John P. Clark William E. Howard Mark L. Smolik Michael A. Gainer Matthew DeWall	15	James L. Becker
3	James R. Bell Jay M. Yans Ganga Prabhakar Bhagya Arvapalli Heather A. Weber	16	Darrel Devick Jeffrey R. Brady John Tentinger
4	Ryan Roe Stephanie J. Turcotte	17	Karen Kemp-Glock Michael P. O'Conner
5	Fred C. Marsh Scott D. Hamling	18	Kenneth W. Talcott Richard A. Sidwell
6	J. William Holtze Timothy D. Peterson Robin W. Barnett David R. Laughrun Kevin M. Rahner Timothy C. Mc Coy Christopher Champion	19	Peter D. Wirtz Daniel J. Baldi Scott M. Shumway Robert Hatchitt
8	Bruce L. Buchsbaum Christopher L. Hauptert Mustafa El-Dadah	20	Marvin R. Huff Wesley D. Richardson Brandon E. Madson
9	Steven T. Dawson Joel A. From William F. Maher Dean W. Moews Jason D. Stecker	21	Casey Clor
10	Ze-Hui Han Teresa L. La Masters Camille Rivera	22	Judy R. Walker
11	Don C. Green Mohammad S. Iqbal Prem Chandran Steven P. Hedding	23	Herman H. Graefe Max A. Lungren Robert J. Moran
12	Linda Railsback George T. Kappos Roy W. Overton III Roger D. Kinkor	24	Frank N. Haugland
13	Asha Madia Randolph R. Rough Devi J. Mikkilineni Gregory D. Haessler Rachelle L. Gammon	25	Maria Victoria Dajud
		26	Steven J. Phillips Jeffrey A. Rodgers
		28	Steven M. Bunge Kevin Took
		29	Glenace B. Shank Susan L. Beck Shawn Johnson
		30	Lisa A. Veach Andrew K. Bean Timothy M. Schurman Valerie Kounkel

“VPN Advisory Committee”

The Volunteer Physician Network Advisory Committee met April 28, 2009, at Polk County Medical Society. The Volunteer Physician Network received a \$10,000 grant from Prairie Meadows Racetrack and Casino for interpretive services. Grant funds will assist a pilot project to provide interpretive services when needed by the PCMS specialists who treat these patients for free. The Advisory Committee discussed the process to secure an interpreter. Nicci Dean, VPN Administrator, was pleased to announce that this pilot project will start in June 2009.



L-R: Donette Stanley, Mary Whitlow, Nicci Dean, Lynn Shaffer, and Janna Johnson.



L-R: Cheryl Weatherington, Joann Burgett, Todd Beveridge, Amy Noble, and Donette Stanley.

AUGUST BIRTHDAYS

1	Abdul L. Chughtai Barbara J. Ohnemus David P. Harrison Chad J. Torstenson Joshua D. Stubblefield Holly Melahoures	16	Eric L. Martin Whitney B. Brink
2	Norma J. Hirsch	17	Dale F. Andres David W. Mc Allister Gary Yuille Dana Danley
3	Stephan M. Cooper Peter D. Lemon	18	Kathryn J. Lindgren William J. Yost Lisa J. Menzies Jonathan M. Fialkov
4	Douglas B. Dorner	20	Marc L. Klein Dawn M. Schissel Robert H. Mc Kinney
5	H. George S. Noble Anila Khan Kyriacos Panayides	21	Renee R. Ellerbroek Thomas Mc Auliff Jared S. Nielsen Daniel E. Dimeo
6	Steven T. Strang	23	John H. Ghrist
7	Michael J. Taylor Susan M. Jacobi Duane M. Jolivet Julie I. Carmody Joseph Hwang Naveen A. Husain	24	Thomas A. Ericson Gregg B. Polzin
8	Stanley M. Haugland Phillip L. Bryant Carolyn Beverly	25	Raymond L. Webster Scott A. Honsey
10	Donny W. Suh Stephanie P. Morgan Melinda Hansen	26	Joseph G. Schupp, Jr. Duane Jensen Suresh K. Kota
11	Shirley Pua Maurice M. Hart	27	Patrick C. Reddin Carolyn Dorner John M. Rhodes, Jr. Michael W. Hill Douglas W. Massop Jerome Greenfield
12	Jay S. Liedman James T. Brunz	28	Barbara A. Beatty Charles H. Korte Sheetal Kaul
13	Mark E. Jones Dale T. Steinmetz	29	Devendra G. Wadwekar Christine Carstensen
14	J. David Nordstrom Steven J. Rosenberg Daniel G. Sloven	30	Christopher F. Blodi Bernard J. Munro Blythe E. Harris
15	John C. Tapp Craig A. Shadur Charles O. Lozier Mark S. Bissing Corey W. Mineck	31	Amar Nath

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