

Bulletin

SEP/OCT 2009

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY



- DM Graduate Medical Education
- H1N1
- DC Advocacy

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MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

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ON COVER:

Pediatrics residents and Blank Pediatric Director.
L - R: Theresa Ng, D.O. (3rd year resident); Tara Federly, M.D. (2nd year resident); Ben Flannery, M.D. (2nd year resident); and Richard Robus, M.D. (Pediatric Director).

Articles and editorial inquiries should be directed to:

Editor, PCMS Bulletin
1520 High Street
Des Moines, IA 50309

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

“Washington D.C.” Fly-In

Polk County Medical Society officers met with the Iowa Congressional Delegation in Washington, D.C. on September 15 and 16 to discuss crucial health care concerns physicians have on access for the uninsured and fair Medicare physician payments.



L - R: Doctors Jaine Hendricks, PCMS President Elect, Robin Barnett, Vasant Jayasankar, Steve Eckstat with Senator Tom Harkin.



L - R: Doctors Steve Eckstat; and Robin Barnett, PCMS President, PCMS Legislative Chair; with Senator Charles Grassley.

“ADVOCATING”

In D.C. On Your Behalf



Robin W. Barnett, D.O.

The Polk County Medical Society Delegation had a fly-in to Washington D.C. September 14th-16th. We met with Senator Charles

Grassley, Senator Tom Harkin, Representatives Leonard Boswell and Bruce Braley's assistant Mike Goodman. The Delegation consisted of: Kathie Lyman, Executive Director; Stephen Eckstat, D.O., PCMS Legislative Chair; Janie Hendricks, D.O., President-Elect; Vasant Jayasankar, M.D. (thoracic surgeon), PCMS Member; Maria Jayasankar, Alliance Member; Mark Barnett, M.D. (thoracic cardiovascular surgeon); and myself, Robin Barnett, D.O., President of PCMS.

Our PCMS Delegation met one on one with the senators and congressmen discussing: Health Care Reform, Senate Finance Proposal, Physician Medicare payments from HR 3200, and Medical Liability.

The proposed Health Care Reform Bill 3200 has brought patients and physicians to their feet, raising their voice in passionate outcries in an attempt to bring equality and fairness to health reform in America. If you would like to review the health care reform bill or get up-to-date news and information about the health care

systems and insurance reform go to web site: www.hsreform.org.

In our session with Senator Harkin, PCMS congratulated him on his accepting the Chair of the Senate Health, Education, Labor, and Pensions Committee. Senator Harkin will play a key role in helping the House and Senate bills to be reconciled in a conference committee this fall. Senator Harkin listened closely to our concerns for fixing the SGR formula and to review the accuracy of GPCIs (Geographic Practice Cost Indexes and the Wage Index). It is important that the payment reforms pay for value, not volume, in the future.

While we were in Washington, Senator Max Baucus and the Senate Finance Committee released their bill. There was no government run public option in this bill, but it does include money to start nonprofit cooperatives for insurance exchanges in each state. The House bill also eliminates the SGR 21.5% physician Medicare cut and the scheduled 5% cuts that are to go in effect in the next few years. The AMA, criticized often for backing the health care reform bill, cites that one of the major reasons it got onboard early was to have a voice at the table in early negotiations and to eliminate the Medicare cut. Primary care would receive a 5% increase with this bill. Of concern, is the uninsured Americans who are going to cost

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anywhere from \$600 billion - \$1 trillion over the next ten years which really only represents 4-5% of the population. Payment for this plan is of concern. It was thought after the first year the insurance plans will be self-supporting. To help low-income Americans afford the premiums for the public options or private plans, there will be affordability credits also called tax-funded subsidies.

It appears there may be a tax increase for higher income Americans, and there may even be a penalty of 2.5% for people choosing not to be covered; therefore making it important for all Americans to purchase some sort of coverage or have their employer provide coverage. There is also hope that physicians will be able to negotiate payment rates with public plans to pay better than the current Medicare rate. Insurance plans will also be encouraged to pay for preventative health care and to stop charging or eliminating patients due to preexisting conditions. Senator Harkin and Senator Grassley stated at this time there will be an institute of medicine (IOM) to study and implement a value index to pay for high quality and efficient health care. States like Iowa would receive higher payment based on our high quality care and efficiency of medicine practiced.

For medical liability reform, there would be grant money to provide financial incentives to states that received funding to enact certificate of merit and/or early offers programs in medical liability cases. According to Senator Grassley, this would encourage states to explore alternatives to the costly liability system through reforms that insure court cases have merit and allow providers to quickly compensate patients without litigation. Currently liability for defensive medicine costs between \$84-151 billion per year. Medical liability premiums have increased more than 1,029% throughout the country from 1976-2007, except for in California. California grew less than 1/3 of that amount due to setting reasonable limits on non-economic

damages for liability cases. It is also felt that the cases should be reviewed by experts before they are allowed to go on through the court system which would help to decrease overall medical liability costs.

Congressman Bruce Braley has been extremely aggressive in health care serving as a member of the sub committee on health under the committee on energy and commerce. He has been working on the GPCI Medicare reimbursement and creating a new student loan repayment program to recruit a wide variety of health care professionals to Iowa. The Braley amendment would allow Medicare Part D to negotiate drug prices and to extend the 1.0 floor for the work geographic practice cost index for two years.

This is an exciting time in Washington. Senator Grassley got an Amendment approved in the Senate Finance bill that will reduce Medicare's geographic adjustments by ¼ by January 2010 and 1/2 by 2011. During the next 2 years CMS would be required to analyze and ensure any geographic adjustments are accurate and in 2012 to change the way they measure potential geographic practice cost differences based on real data.

Changes are occurring daily. It is time to make our voices heard. It is time to stand up and contact your senators and congressmen. Together we are stronger. Now is the time to take action for the future of health care in America.

“CONFUSED,”

Who Wouldn't Be



Kathie J. Lyman

January of this year President Obama stated that he was unhappy with the IRS tax codes. Who isn't? He said it was too complicated for the ordinary person. He wanted to simplify it. Just as the tax issue affects all Americans, so does the delivery of healthcare. And the President wants to change this too. However, the suggested changes are coming from so called experts that either have not been in a position to deliver care to patients or opted out of treating patients for a desk job. Most of these experts have rarely told a patient their condition was terminal, answered a call in the middle of the night from a patient, nor worked daily under constant threat of being sued or had to battle to win a legal action in which they did nothing wrong.

The people who are really qualified to pass judgment on healthcare reform are those with the knowledge of what it is to render healthcare, qualified doctors who treat patients.

Most of the issues that take doctors away from patient care are related to laws placed upon them by government regulatory agencies, insurance companies, or by legal exposures. You hear daily from your patients how these laws affect their care.

You are the voice of patients, you are the experts in medicine, you have the knowledge, and the power, to get your voices heard so that the laws passed will be good for patients and the practice of medicine.

"Politics is competition between interest groups or individuals for guiding or influencing governmental policy". I have been involved in politics since I was very young as my grandfather lobbied for the Chicago Great Western Railroad, so it is in my blood. Over the years I have enjoyed advocating with your board in Washington and at the state level on issues that affect the practice of medicine. However, times have changed. It is no longer politics as usual. Doctors can no longer leave the advocacy of medicine to only their medical societies. Your congressional delegation which represents you needs to hear loud and clear a message from you on how their laws will affect your patients and the practice of medicine.

We are fortunate in Iowa to have powerful Senators and representatives who are intricately involved in restructuring our country's health care. They are telling us they want to hear from the doctors. Today, with all of the regulations on the administrative part of your practice, doctors must let our Senators and Representatives

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know how the laws they are passing are making less time for doctors to be with patients. Doctors and their patients must make the medical decisions.

Confused, with daily amendments, compromises, and changes being made on the health related bills, who wouldn't be? This is a daunting challenge. There isn't enough time in the day for doctors to care for patients and read all of the pages of all of the bills and amendments. This is one of the benefits of belonging to your professional organizations. As changes are made or suggested that affect the practice of medicine, you are receiving updates from the AMA, AOA, your specialty, state, and Polk County Medical Society. We are all voicing our united concerns and suggestions on how the bills will affect medicine. However, you are the experts

that need to be heard in Washington. If all of the doctors in the country would contact their congressional delegation, the message would resonate loud and clear from the experts on how medicine should be practiced. Don't be silent. Don't let special interest groups, lawyers, and insurance and pharmaceutical companies guide health care reform laws which will affect doctors and their patients.

The Polk County Medical Society is committed to keeping you updated on the changes in Washington as they occur. The Iowa Congressional delegation contact information is on page 10. Please become involved and let your voice be heard now as changes are being made to our health care laws. Let your voice be heard.



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General Surgery Residency

“ Mercy Medical ”

Center Des Moines



Charles D. Goldman, MD, FACS

Surgical Residency Program Director

Mercy Medical Center, Des Moines is home to the most recently constituted residency program in the area, a five-year categorical osteopathic General Surgery program accredited to graduate four Chief Residents annually. Acquired from Metropolitan Hospital in the wake of its abrupt closure, the Mercy program has tripled in size in just over 7 years. Our program recently received a four-year approval from the AOA to continue at the present level.

The program's primary goal is to train generalist surgeons to practice in Iowa. As such, within the limits set by the surgical board, the trainee can obtain the additional experience in obstetrics and orthopedics needed by those who choose to practice in rural settings. In order to maximize the chances that our graduates will stay in Iowa, many of our residents are either natives of Iowa or contiguous states, or have trained in these locales. Nevertheless, as the national reputation of the program has grown, medical students from both coasts have in recent years chosen to train with us at Mercy. Similar to the trend seen nationally, an increasing proportion

of our graduates are choosing to do fellowship subspecialty training, although not yet at the 75% level seen elsewhere. To date, these fellowships include Trauma/Critical Care, Vascular Surgery, Cardiothoracic Surgery and Plastic Surgery.

Mercy residents are able to complete all elements of their surgical training within the Mercy system. The trainees formally rotate through two different General Surgery services, Surgical Oncology with focused experience in Colorectal and Breast Surgery, ER/ICU/Trauma, Pediatric Surgery, Urology, Vascular Surgery, and Thoracic Surgery. They are also encouraged to seek out further exposure to areas such as ENT and Plastic Surgery. Mercy's affiliation with Des Moines University offers the residents a robust clinical and basic science research experience. Representative projects include characterization of protein expression by tumor cells (done in conjunction with the University of Iowa), elucidation of the metabolic consequences of bariatric surgery (in conjunction with West Virginia University and Grinnell), and an investigation into the use of probiotics to reduce the incidence of hospital-acquired colonic infections.

Future directions for the Mercy Surgical Residency are to more fully incorporate

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simulation training into the curriculum, utilizing the sophisticated simulations laboratory at Des Moines University. It is also our hope to become only the second dual-accredited (both AOA and ACGME (M.D.)) surgical residency in the United States, allowing us not only to attract qualified M.D. applicants but also to recapture some of the highly qualified D.O. graduates who are increasingly opting to train within allopathic surgical residencies.

If you are interested in further information on the residency or would like to participate in the training of future surgical colleagues, feel free to contact me through my residency coordinator, Ms. Pam Winslow, at 515-643-2261.

IOWA CONGRESSIONAL DELEGATION CONTACTS

U.S. Senate:

Senator Charles Grassley

Chuck_grassley@grassley.senate.gov

Senator Tom Harkin

Tom_harkin@harkin.senate.gov

U.S. House of Representatives:

Representative Bruce Braley (1st district)

https://forms.house.gov/braley/webforms/issue_subscribe.html

Representative Dave Loebsack (2nd district)

<http://loeb sack.house.gov/contactform/>

Representative Leonard Boswell (3rd district)

rep.boswell.ia03@mail.house.gov

Representative Tom Latham (4th district)

tom.latham@mail.house.gov

Representative Steve King (5th district)

steve.king@mail.house.gov



Congratulations to **Deanna Boesen, M.D.**, who was featured in the [Des Moines Register](#) on September 2nd in the article "Interest Blends Kids, Science" for her work as a child psychiatrist at her private practice and at Broadlawns Medical Center.



Congratulations to **Vidya Chande, M.D.**, Medical Director of the Emergency Department at Blank Children's Hospital, who was featured in the Fall 2009 issue of [Live Well With Iowa Health – Des Moines](#) in the article "Is It Really An Emergency?" for his advice on helping parents determine if a child's illness or injury warrants a trip to the ED.



Congratulations to **Ken Cheyne, M.D.**, Medical Director at Blank Children's Hospital, who was featured [The Business Record](#) on August 24th in "A Closer Look" for his role as Medical Director at Blank Children's Hospital.



Congratulations to **Stanton Danielson, M.D.**, who was featured in the Fall 2009 issue of [Live Well With Iowa Health – Des Moines](#) in the article "One Doctor, Three Generations" for three generations of a local family using him as their family practice physician.



Congratulations to **David E. Drake, D.O.**, who was featured in the [Des Moines Register](#) on August 5th for his Iowa View of the anniversary of the bombings of Hiroshima and Nagasaki in 1945.



Congratulations to **Steve Eckstat, D.O.**, who was featured in the Des Moines Register on September 1st in Senator Jack Hatch's "Legislative Update" for his comments at the town hall meeting and work providing care to the uninsured and underinsured.



Congratulations to **G. Eric Hockett, M.D.**, whose clinic was featured in the Des Moines Register on August 14th in the article "Northwest Clinic Earns High Ranking for Services" for being in the 98th percentile for family practice clinics nationally.



Congratulations to **Scott A. Honsey, M.D.**, whose clinic was featured in the Des Moines Register on August 14th in the article "Northwest Clinic Earns High Ranking for Services" for being in the 98th percentile for family practice clinics nationally.



Congratulations to **Elizabeth Jauron, M.D.**, whose clinic was featured in the Des Moines Register on August 14th in the article "Northwest Clinic Earns High Ranking for Services" for being in the 98th percentile for family practice clinics nationally.



Congratulations to **David K. Jones, M.D.**, who was featured in the Des Moines Register on August 5th in the article "He Helps Patients Cope With Chronic Illness" for his work with palliative care patients.



Congratulations to **Alan Koslow, M.D.**, who was featured in the [Des Moines Register](#) on September 14th in the article “WDM Man Draws Notice for Dancing and Giving Blood” for being part of the Guinness world record of the most people dancing to “Thriller” and participating a blood drive to collect 2,012 pints.



Congratulations to **Randy Maigaard, M.D.**, who selected as Teacher of the Year by the residents of the Internal Medicine Residency program at Iowa Methodist Medical Center.



Congratulations to **Sue Ann Olmstead, D.O.**, whose clinic was featured in the [Des Moines Register](#) on August 14th in the article “Northwest Clinic Earns High Ranking for Services” for being in the 98th percentile for family practice clinics nationally.



Congratulations to **Michael Park, M.D.**, who was featured in the [Des Moines Register](#) on September 16th in the article “Device’s Trial Run Gets High Praise” for his work with high blood pressure patients and a new Rheos hypertension implant device.



Congratulations to **Steve Stephenson, M.D.**, Chief Operating Officer of Iowa Health – Des Moines, who was appointed to the Juvenile Diabetes Research Foundation’s Iowa Board of Directors.



Congratulations to **David Thornton, D.O.**, who was featured in the Fall 2009 issue of [Live Well With Iowa Health – Des Moines](#) in the article “Is It Really An Emergency?” examining a child in the Blank Children’s Hospital Emergency Department.

Mercy “Family Medicine” Residency



Charles Korte, M.D.

The Mercy Family Medicine Residency welcomed its first class of residents in July of 1997. The residency accepts eight residents per

class in the three year program and is ACGME accredited. From 1997 until July of 2007, the Mayo Graduate School of Medicine served as the programs educational sponsor. Since July of 2007, Mercy Medical Center—Des Moines has assumed the educational sponsorship.

There are currently five full time Family Medicine faculty, as well as a Clinical Pharmacist and a Social Worker. In addition, outside community family physicians help with overseeing residents in the Family Medicine Center. The Family Medicine Center is a 17,000 square foot clinic with 20 exam rooms, two procedure rooms and a room for osteopathic manipulations. There is a moderate complexity lab along with in-clinic digital x-rays.

The program has a strong emphasis on Pediatrics, Adult Medicine and Obstetrics.

Our residents provide 24/7 coverage for the Pediatric Hospitalist Service as well as the family Medicine inpatient service. The residency has partnered with Primary Health Clinic, a federally qualified community Health Center, to care for their hospital admission and to assist with their Obstetrics patients.

Since its inception, the residency has graduated 73 Family Physicians with a Family Medicine Board pass rate greater than 98%. Graduates of the program have gone to 15 states throughout the county and have joined a variety of settings including small town practices, urgent care/emergency practices, outpatient settings, geriatrics, academic medicine, operative OB and federally qualified underserved communities.

Residents are required to undertake scholarly activity during their residency. Residents have presented three posters at the National Academy of Family Physicians Annual Conventions.

The program has undergone two site visits by the ACGME and has achieved the maximum five-year accreditation cycle after each visit. The goal of the residency is to help prepare a Family



L-R: 3rd year Resident Saeed Ahmad, M.D. and Charles Korte, M.D. Program Director.



Resident, Douglas Lanoue, M.D. examines baby.

Physician for their role in the patient centered medical home.

No matter what the outcome of the Health Care Reform debate, there will always be a need for well-trained family physicians. The Mercy Family Medicine Residency looks forward to filling that need in the 21st Century.

Exceptional People. Extraordinary Care.

Iowa Health – Des Moines is Blank Children’s Hospital, Iowa Lutheran Hospital, Iowa Methodist Medical Center, and coming in late 2009 our new West hospital. We’re also more than 200 primary care physicians with Iowa Health Physicians and Clinics throughout central Iowa, including eight clinics with convenient walk-in care. Experience the very best in healthcare at Iowa Health – Des Moines!



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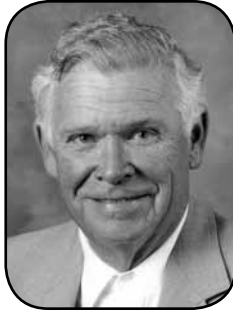
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In Memory of

Richard E. Paul, M.D.



Dr. Richard E. Paul was the son of the late Dr. J. D. Paul, a family practitioner in Anamosa, IA.

Dr. Paul grew up in Anamosa, and graduated from Anamosa High School. He enrolled at Cornell College in Mt. Vernon, IA, on a football scholarship, but injured his knee and soon turned to the priorities of medicine, music, and service that would become themes for his life. While studying pre-med at Cornell College, Dr. Paul learned to play the clarinet. He also decided to serve his country by joining the United States Armed Forces.

The Defense Department sent Dr. Paul to Medical School at the University of Iowa. After graduating from Medical School in 1943, Dr. Paul was assigned to Guam by the US Navy during World War II as a general medical officer. He returned to Des Moines in 1945 to work with Dr. Louis Palumbo at the Veterans Hospital. During this time he developed his interest in general surgery and vascular surgery.

In 1951, Dr. Paul was again called to active duty by the Armed Forces. He served as a trauma surgeon, and headed a MASH Unit during the Korean War.

At the conclusion of the war, Dr. Paul returned again to Des Moines and opened the solo surgical practice that would serve as the focus of his medical career. Dr. Paul became one of Iowa's leading vascular surgeons.

Dr. Paul was also known for his musical prowess. He enjoyed playing clarinet and saxophone in Des Moines area bands during the summers.

Dr. Paul and his late wife Marie are survived by their three sons, Douglas (Ashville, NC), David (Brainerd, MN), and Bruce (Odessa, FL), and by their grandchildren.

By: Frank Cassady, M.D.

Thoughts From the 2009 - 2010 Chief Residents Physicians in Training...

Iowa Health - Des Moines



Family Medicine – Iowa Lutheran Hospital
Jenna Kemp, M.D.
(University of Iowa Carver College of Medicine)

Iowa Lutheran Hospital (ILH) family medicine residents are really part of a large family. We are embraced by our sister hospitals at Methodist and Blank where we rotate in pediatrics, pediatric emergency medicine and the newborn nursery. We consider Iowa Lutheran Hospital and the East Des Moines Family Care Center our home away from home, and enjoy the nursing and support staff with whom we work over our three years of residency. Our mission involves taking care of the whole family through the entire spectrum of life. *(Continued page 20)*



Internal Medicine – Iowa Methodist Medical Center
Paden Hendrickson, M.D.
(University of Minnesota Medical School)

As a physician you are only as good as your training. I believe that my residency in internal medicine at Iowa Methodist Medical Center (IMMC) has been excellent training. I graduated from the University of Minnesota Medical School and came to IMMC for internal medicine. I wanted both a great education along with a supportive, collegial atmosphere with a personal touch, and the program has far exceeded my expectations in all of these areas. The faculty physicians are passionate about what they do as well as being passionate about teaching and working with residents. They took a personal interest in my success and teach both the science as well as the art of medicine. *(Continued page 20)*



General Surgery – Iowa Methodist Medical Center
Jason Keonin, M.D.
(University of Iowa Carver College of Medicine)

I came to Des Moines as a fourth year medical student not sure what specialty I wanted to pursue and left wanting to be a surgery resident at IMMC. During my four short weeks as a sub-intern, I experienced surgery, critical care, and trauma and it convinced me to apply to surgery programs, but in my heart, I knew there was only one place I wanted to be.

Surgery residencies have traditionally been difficult, even bordering on hostile. This isn't the case here in Des Moines. This truly is a unique place because of the people involved. The surgery attendings treat the residents like colleagues and friends, spend extra time teaching, and help all levels of residents with

procedures. The hospital staff is especially friendly and helpful, which was not always the case during my training in medical school. The residents are driven to perform and learn, but also find time to have fun and enjoy each other's company. *(Continued page 20)*



Pediatrics – Blank Children's Hospital
Tom Callahan, D.O.
(Des Moines University)

The pediatric residency at Blank Children's Hospital has given me the opportunity to practice medicine in Iowa's only children's hospital and one of the longest standing pediatric residencies in the nation. To understand disease, you must first understand health. Here at Blank, residents train with well-versed general pediatricians located across the city of Des Moines. Furthermore, our rotations with more than 60 pediatric subspecialists at Blank ensure us the opportunity to develop clinical skills in an environment where both common and unique medical disorders are seen.

Our three resident classes are comprised of six medical graduates each. Yearly, these residents continue to strive for excellence. The majority of our residents practice primary care both here in Iowa and across the country. About twenty percent of our residents pursue and obtain fellowship in excellent and competitive programs throughout the country. Recent graduates have entered fellowships in allergy and immunology, gastroenterology, pediatric forensics, cardiology, neonatology, hematology-oncology, infectious disease, developmental medicine, sports medicine, pulmonology, and emergency medicine. *(Continued page 20)*

continued from page 18 and 19

Jenna Kemp, M.D. (Continued)

A typical day for a resident at ILH involves grabbing breakfast in the cafeteria and meeting at 0730 for morning report where we check out patients from the previous day and overnight call. This is followed by a lecture, which includes presentations by our own residents and faculty, faculty from the University of Iowa, specialists from the community and journal club. We then go our separate ways to various rotations or clinic for the day. We have at least one resident in the hospital 24/7 and are available to cover codes, take calls from our patients, deliver babies, and respond directly to our patients on the floors and in the emergency department. Our faculty and residents also provide prenatal care for women at La Clinica de Esperanza in Des Moines, delivering more than 200 of their babies per year and following-up with well child checks one afternoon per week with Dr. Peter Hetherington. We also provide care to residents of three nursing homes in the community.

We enjoy being the only residents at Iowa Lutheran and appreciate all of the learning opportunities this allows, especially the interaction with specialty physicians who take time to teach us when they are caring for our patients. Overall, Iowa Lutheran is a great place to learn family medicine.

Paden Hendrickson, M.D. (Continued)

One experience I especially enjoyed was my time in the ICU at IMMC. Our program does not have fellows, so as senior residents we get a large amount of experience in the ICU. We are able to do many procedures that at other programs may be done by the critical care fellows. After completing residency, I feel competent to perform intubations, art lines, central lines, chest tubes, lumbar punctures, thoracentesis and paracentesis, among others. I feel comfortable taking care of the very ill patient and that gives me perspective on how I care for my other, only moderately ill patients.

I have also benefited from rotating at three teaching hospitals. IMMC provides a strong community hospital, the Veterans Affairs Medical Center gives us experience in a federal system, and Broadlawns Medical Center exposes us to a county hospital. This variety of experiences provides for a well-rounded education and exposure to multiple styles of practice. This not only made me a better physician, but also helps provide guidance for future career decisions.

Jason Keonin, M.D. (Continued)

The residency has not disappointed me in my four years here. I continue to learn while having fun everyday with those with whom I work. As I am preparing to move on after graduation, the residency is preparing for some big changes as well. In addition to covering surgical services at IMMC, Broadlawns, and the VA, we are considering expanding our coverage to Methodist West, as well as adding more residents. New techniques in training are being explored, including live and computer simulations. No matter what changes are coming, the strength of the residency will be in the people involved. That's what I will miss most next year.

Tom Callahan, D.O. (Continued)

Dr. Lee Forest Hill, a prominent founding pediatrician at Blank, stated, "The important thing is to do everything possible for children, rich and poor alike, night and day. In medicine, THAT is our job." Here at Blank Children's Hospital, the staff and residents continue to carry out that tradition on a daily basis.

Graduate Medical Education

“Iowa Health” Des Moines

Since 1902, more than 1,000 physicians in many medical specialties have graduated from residency programs at the hospitals known today as Iowa Health – Des Moines (IH-DM) or Iowa Methodist Medical Center, Iowa Lutheran Hospital and Blank Children’s Hospital. These doctors entered practice or further training in Iowa, elsewhere in the United States, and overseas. In academic year 2009-10, 86 resident physicians are training in the five IH-DM residency programs. Each year, some 30 residents complete their training and enter practice or fellowship training.

The longevity of the programs offered, with two of the residencies having been in existence for more than 60 years, speaks of the commitment that IH-DM has made toward graduate medical education. In the mid-1940s, the general surgery residency program accepted its first residents, while the newly opened Blank Children’s Hospital welcomed the initial class of pediatric residents. Iowa Lutheran followed with its family practice residency in 1974, and the internal medicine residency program at Iowa Methodist recruited its first class in 1976. In 1991, a transitional year residency was added to the residency program offerings.

The Director of Medical Education at IH-DM is Douglas Dorner, M.D. Corrine Ganske, M.D., leads the Iowa Lutheran family medicine residency from the offices of the East Des Moines Family Care Center. Richard Sidwell, M.D. directs the general surgery residency program. John Yost, M.D. is director of the internal medicine residency program; Richard Robus, M.D. is the program director for pediatrics at Blank and Steve Craig, M.D. directs the transitional year residency.

Resident physicians from Broadlawns Medical Center and the University of Iowa also spend time on rotations at IH-DM. Residency training is further augmented by the presence of third and fourth year medical students from the University of Iowa Carver College of Medicine and Des Moines University.

For more comprehensive information on graduate medical education at Iowa Health – Des Moines, please access the medical education website at <http://www.ihsmmeded.org>

Broadlawns Family Medicine Graduates



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Broadlawns “Family Medicine” Grads Choose Rural

In the current climate of healthcare reform the importance of the medical home and Primary Care physicians has been a topic of frequent discussion. Broadlawns Medical Center has been serving the underserved in Polk County for over 80 years and has been active in training of physicians for over 60 years. Over the three decades since the three year Family Medicine residency originated in 1977 more than 300 physicians have graduated from the program and over 170 of these graduates have entered practice in rural Iowa.

“We are pleased to report that six of our seven Family Medicine graduates this year have chosen rural practice where the need for

physicians is high. The seventh is going to a practice serving the Hispanic community in Dallas, Texas,” said Larry Severidt, M.D., Director of Medical Education and Director of the Family Medicine Residency program.

Interests in the Family Medicine training program at Broadlawns along with the Transitional Year residency have been high. It is our hope that we continue to be, along with the other Family Medicine residencies in the State of Iowa a source of well trained Primary Care physicians for our state.

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“Being Prepared”

for Influenza A (H1N1)



Carlos Alarcon, M.D.
*Medical Director
 Polk County Health
 Des Moines*

This year's flu season will be more complicated with both the seasonal flu as well as the new strain of influenza, influenza A (H1N1).

In early July case counting was halted, instead, random cases are being reviewed to watch for any mutations in the virus. To date, the influenza A (H1N1) virus has remained stable. According to the World Health Organization (WHO), the influenza A (H1N1) virus has now become the dominant influenza strain in most parts of the world.

One striking difference between the influenza A (H1N1) influenza virus and the seasonal influenza virus is in the age groups affected. To date, adults under the age of 50 have suffered from the most severe cases and death from influenza A (H1N1), while death in the elderly has been comparatively rare. This is the opposite of who is affected with seasonal influenza. Seasonal influenza affects the elderly more commonly and 90% of severe cases and death are in adults 65 years of age and older. Some degree of preexisting immunity has been proposed in the population of adults who were exposed to influenza viruses that were prevalent before 1957.

Although there have been a few documented cases of Influenza A (H1N1) that were resistant to neuraminidase inhibitor antiviral medications (zanamivir and oseltamivir), the CDC is recommending their use in patients who have influenza like symptoms and are hospitalized

or are at high risk for complications. Treatment with antiviral medications should be initiated as soon as possible, even while waiting for lab confirmation. Further guidance on the use of antiviral medications can be found at <http://www.flu.gov/vaccine/antiviralguidance.html> (updated September 9, 2009).

Currently vaccines for the influenza A (H1N1) virus are being produced using the same methods and under the same licensure as the seasonal influenza vaccine. Both a live attenuated version and an inactivated vaccine will be available this fall. Studies are ongoing as to the immune response to this vaccine. As results are assembled recommendations will be released about populations that may possibly need a second vaccination. The influenza A (H1N1) vaccination may be simultaneously administered with the seasonal influenza vaccination using inactivated vaccines and different anatomic sites. However, seasonal influenza vaccine is already available and should be administered as soon as possible, instead of waiting for the influenza A (H1N1) vaccination to become available. Administering live vaccines simultaneously is not recommended.

Vaccine is scheduled to be available in October. However, initial supplies will be limited. As such, Polk County Health Department will be following the Advisory Committee on Immunization Practices (ACIP) recommendation to focus initial vaccination efforts on persons in the five target groups. These groups have been found to be at the highest risk for influenza or influenza related complications. The target groups include (the order does not indicate

continued on page 28

continued from page 27

priority):

- pregnant women (CDC reports the attenuated vaccine has not shown any adverse effects when given during any stage of pregnancy)
- persons who live with or provide care for infants aged < 6 months
- health-care and emergency medical services personnel
- persons aged 6 months to 24 years
- persons aged 25 to 64 years of age who have medical conditions that put them at higher risk for influenza related complications


Everyone who meets one of these criteria should be encouraged to receive the influenza A (H1N1) vaccine. However, many people will not be eligible for the vaccine. Those people who are not eligible should be encouraged to follow the well-proven strategies to control the spread of contagious diseases, like influenza, in our community.

- Hand Hygiene
- Cough etiquette
- Get a seasonal flu shot (as soon as possible)
- Stay home when you are sick

Although it is clear many in our community will become infected with influenza

A (H1N1) this influenza season, public health will be working hard to slow the progression of this disease through education of these established prevention strategies and planning the distribution of vaccine. Our hope is to minimize the spread of influenza A (H1N1) through the community, state, and country. For more information specific to clinicians please visit the CDC website at <http://www.cdc.gov/h1n1flu/clinicians/>.

Dr. Alarcon is a family physician at Broadlawns Medical Center as well as the Medical Director at Polk County Health Department.




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Yoo, Daniel, M.D.

Education: University of Toronto, Toronto, Ontario, Canada
Residency: University of Toronto, Toronto, Ontario, Canada
Specialty: Orthopaedic Surgery

Dr. Yoo currently practices at Central Iowa Orthopaedic Center,
1601 N.W. 114th St., Ste. 142, Clive, IA 50325.



Yuille, Gary, M.D.

Education: University of the West Indies, St. Augustine, Trinidad
Residency: Lincoln Medical & Mental Health Center, Bronx, NY
Specialty: Pediatrics

Dr. Yuille currently practices at Blank Children's Hospital, 1200 Pleasant
Street,
Des Moines, IA 50309.

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DMU - Linpopo, “South Africa” Agreement



Jim L. Blessman, M.D.

This year, a group of Iowa physicians partnered with Des Moines University (DMU) and Blessman Ministries, Inc. (BMI)

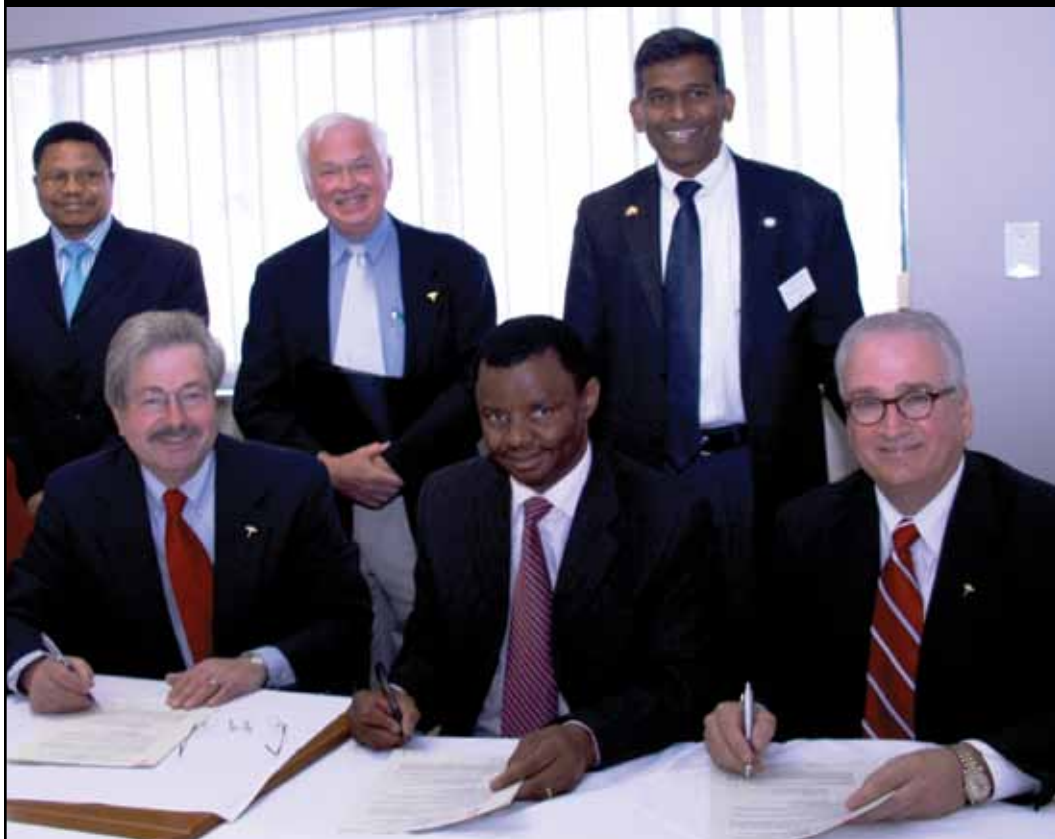
to travel to South Africa and participate in the first International Medical Education Conference for South African physicians in the rural Limpopo area. The conference was hosted at Shikwaru Game Lodge, a beautiful safari game farm in Limpopo, located about three hours north of Johannesburg. Dr. Jim Blessman and his wife, Beth, have their African home and ministry headquartered on this game farm.

The conference was hosted and supported by the Limpopo Department of Health and Social Welfare. The Department of Health paid the tuition, lodging, and food expenses so the doctors from the public hospitals could attend. This partnership helped to obtain CEU credits for the attending South African physicians, and also assured us of having a good number of doctors present.

In addition to the ten American physicians speaking at the conference, there were also five South African professors lecturing. Five

medical students from DMU also attended as part of their one-month clinical rotation in the Provincial Hospital in Polokwane, Limpopo. The quality of the teaching and the cultural exchange that occurred during this three-day conference was enjoyed by all who attended. There were morning and evening camera safaris for the physicians and their families to enjoy on the weekend, with many reported sightings of zebra, giraffe, wildebeest, and impala, and many enjoyable Kodak moments.

On the Monday following the conference, guests were able to tour the Provincial Hospital in Polokwane and visit the sight of their future medical school. An official Memorandum of Agreement was signed between DMU and the Limpopo Department of Health and Welfare. This agreement enables our South African and American medical students to do foreign clinical rotations. So far, we have had 13 DMU students complete a one-month clinical rotation in South Africa. Although this program is still new, it has been a great success, and we soon hope to start hosting South African physicians in Iowa for 1 to 3 month clinical rotations during their senior year of medical school. Former Governor, Terry Branstad, President of DMU, spoke on medical ethics at the conference and participated in the signing of the official agreement between DMU and the new medical school in Limpopo. Jerry Foster of Foster Group also spoke at the conference on medical economic issues and the medical marriage. Next year, DMU hopes



L-R: Prof. AJ Mobokazi M.D. University of Limpopo; Jim Blessman, M.D., Blessman Ministries; Yogesh. Shah, M.D. Assoc. Dean of Global Health, DMU. Bottom row L-R: Representative of Dr. Buthelizi; Terry Branstad President, DMU; Prof. NM Mokgalog, Vice Chancellor & Principal; and Kendall Reed, D.O., Dean of DMU.

to expand this foreign clinical elective to include a regular obstetric rotation, permitting the senior medical students to deliver several babies during their clinical rotation at the public hospital.

The second annual international medical conference will be held in March of 2010. We welcome any physician interested in attending this conference; however, the number of lecturers will be limited to 10- 12, so we can also have several South African professors lecture at the conference. Planning for the topics and presenters for conferences are finalized in July of this year, so if you are interested in speaking at future conferences, make sure your passport is current and save some time off from work.

To best utilize the international speakers presenting at the conference, we hope to offer the same conference two weekends in a row next year. The farm can host approximately 100 guests, and we hope to be able to serve more physicians by repeating the conference, which would permit doctors from South Africa who were on call during the first weekend to be able to participate in the second weekend. A rural African safari will also be enjoyed by all who attend. The cost of this "Vacation with a Purpose" will be approximately \$4,000. For more information, please contact Blessman Ministries at 515-343-5920 or office@BlessmanMinistries.org or visit their office at 2557 106th Street, Urbandale, IA 50322.

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