

Bulletin

MAR/APR 2010

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY



HISTORIC Health Care Bill Passed

Inside: Iowa Congressional Delegation
Comments on Health Care Bill





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MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

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ON COVER: U.S. Capitol Building

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“Physician Shortage In the 21st Century” The Second Healthcare Crisis?



Janie C. Hendricks, D.O.

While there has always been talk of physician shortages in rural areas, it now appears those discussions will soon include urban areas as well.

unhealthy. An inactive lifestyle and unhealthy eating habits (increased fat and sugar intake) have led to a rise in obesity rates with resultant increases in newly diagnosed diabetes and a multitude of other chronic medical conditions. Conditions related to diabetes and obesity consume a large portion of healthcare hours as well as dollars.

Recent projections from the AAMC center for Workforce development suggest there will be a shortage of 124,000 physicians in 2025, the majority in primary care and surgical specialties. These figures are based on current supply and production levels, and current utilization patterns.

Increased demand is one of several proposed causes for this shortage. Let's take a closer look at this issue:

Our population is aging, and chronic illness is more prevalent among the elderly. As baby boomers approach retirement age, we can expect an increase in demand for medical services. The number of people reaching age 65 is expected to double between 2000 and 2030. The survival rates for many illnesses have improved due to technology/medical advances.

Lifestyles have become increasingly inactive, and our diets have become increasingly

With the recent passage of the healthcare reform bill, it is expected that the demand for physicians will increase due to more patients being able to access healthcare when they are insured.

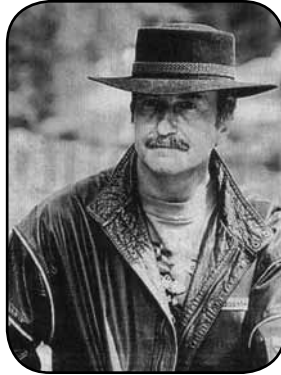
The issue of low physician supply is multifaceted. There are still record numbers of applicants to medical schools. However, residency positions are not expanding at the same rate. The number of active physicians reaching retirement age (65) will double from 12,000 to 24,000 in the next ten years. Baby boomers are retiring, some sooner than they intended due to the current healthcare environment.

According to a recent study published in JAMA, physicians are working fewer hours. Over the past decade, physicians have cut their average workweek from 55 hours to 51 hours. These

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In Memory of

Sinesio Misol, M.D.



One Final Thank You

My friend, colleague, and mentor, Sinesio Misol-Lago passed away on January 31, 2010. He was 69 years old. A short life, by today's standards of life expectancy, but what a difference one short life can make.

Practicing orthopaedics was a passionate pursuit that brought Sinesio all the way from Spain to the United States to fulfill his dream of becoming an orthopaedic surgeon. It is no surprise that he was first in his medical school class in Spain. Upon completing medical school, he traveled to Iowa to train as an orthopaedic resident in Iowa City. But, before he could pursue this dream, he needed to gain licensure in what was called The Fifth Pathway Program, so he did an internship at Mercy Medical Center before proceeding on to Iowa City. After he completed his orthopaedic training in Iowa City, Dr. Misol went on to receive fellowship training in Rheumatology and Hand Surgery under Dr. Adrian Flatt, Head of the Hand Department in Iowa City. He was dedicated to helping others have productive lives through his surgical skills.

Our paths first crossed when I met Dr. Misol as a senior medical student doing a three-month clinical rotation in the Orthopaedic Associate's office of Drs. Dubansky, Robinow, Flapan, and... Misol. Upon meeting Dr. Misol, I knew he had enthusiasm and passion about his chosen profession of orthopaedics. I quickly learned of Dr. Misol's great interest in teaching and remember scrubbing in and being first-assistant on fractures of both-bones of the forearm, hip and knee replacements, shoulder reconstructions for recurrent dislocation, and open-reduction internal fixation of hip fractures.

I still remember his artistry in those early years and explaining to me the three-dimensional anatomy of the shoulder joint, and the mechanical causes of boutonnière or swan-necked deformities. I was planning on specializing in psychiatry when the orthopaedic rotation became a necessity for me because a free clinic I was scheduled to work at did not open on time. I always saw myself as more of

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Polk County Medical Society

“Legislative Report”

March 30, 2010



John Cacciatore



Justin Hupfer, J.D.

The 2010 session of the Iowa Legislature concluded on March 30th. The legislature finalized a difficult budget by enacting government efficiency savings, cutting state government budgets, using federal stimulus money approved by Congress last year and utilizing cash reserves. The Governor has 30 days to approve or disapprove of items in the state budget bills.

The Governor and the Legislature approved government efficiency items that save over \$250 million. The savings is a first step at reviewing efficiency efforts and finding more savings in future years.

The Health and Human Services Appropriations bill, HF 2526, reduced spending on average by 15% in FY 2011. Medicaid provider reimbursement rates for FY 2011 were maintained at the FY 2010 level after the Governor's across the board cut – a 5% cut to providers in FY 2010.

An item in the HHS Appropriation bill of specific interest to PCMS is the pool of money that funds the Volunteer Provider Network. The pool was maintained at roughly the same level as last year, again after the Governor's across the board cut.

The Medicaid budget, and health care funding generally, will be enhanced with the passage of the Hospital Provider Assessment, SF 2388. There are 34 Prospective Payment System hospitals that will be subject to the assessment. The hospitals will be assessed 1.26% up to the Medicare Upper Payment Limit. The assessment on hospitals combined with funds matched by the federal government will generate approximately \$29 million more for hospitals to provide care and approximately \$19 million more for the state's Medicaid budget. PCMS supported this effort along with the Iowa Hospital Association, the Iowa Medical Society and others.

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“Historic” Health Care Bill Passed



Kathie J. Lyman

Polk County Medical Society President, Janie Hendricks, D.O. and I attended the AMA National Advocacy Conference, in Washington, D. C. We

continue to advocate on behalf of doctors with our Iowa Congressional Delegation on necessary legislation to fix Medicare payments along with other key issues. We also heard from Kathleen Sebelius, Health and Human Services (HHS) Secretary regarding Medicare issues.

On March 23rd the President did sign the historic Patient Protection and Affordable Care Act into law. The bill agrees to pay for value for physicians, increase the Work GPCI and the Practice Expense GPCI, so that Iowa physicians will receive about a 5% increase in 2010. However, it did not address the permanent Medicare fix that is needed on physician payments. It is anticipated that Congress will address the Medicare issue when they reconvene the week of April 12. We appreciate the Iowa Congressional delegation's continued support of Iowa doctors in their Medicare payment fixes thus far.

The comprehensive health care reform bill; has a cost of over \$940 billion over the next 10 years. Therefore, the PCMS asked our Iowa Congressmen to share their insights into this

new law and how it affects doctors and their patients. Their comments are in this issue of the Polk County Medical Society Bulletin.



Kathleen Sebelius, Health & Human Services Secretary, told the doctors, “I do not know of any other issue that has been discussed more than health care”, as she discussed Medicare issues of concern to physicians.

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researchers estimate that this is equal to a loss of 36,000 physicians. One might speculate that the new rules restricting resident hours adopted in 2003 may have affected these numbers, however this decrease in hours affected all physicians not just those in residency.

The rising number of female medical students has also affected physician supply. Nearly half of students entering medical school now are female. Studies have shown that on average, female physicians work fewer hours weekly compared to their male counterparts. Newly graduated physicians in general tend to want a more balanced lifestyle with more time off than their predecessors.

Malpractice costs and decreasing reimbursement also contribute to the exodus of physicians from healthcare.

What happens to medical care when there is a physician shortage? Patients can expect longer waits for appointments, and may need to travel further to receive care. We can also expect an increase in the use of emergency rooms. Healthcare spending will likely increase as patient needs go unattended, risking an increase in severity of illness/condition.

The result is that practitioners will need to work longer hours and more care will be provided by e-mail/phone/webcam. There will also be an increase in use of physician extenders.

I guess healthcare in the 21st century is like the weather in Iowa, if you don't like it, just wait, it will change.

MEMORIAL

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I always saw myself as more of a cognitive physician than a surgeon. It was Dr. Misol's enthusiasm for orthopaedics and early confidence in me as a physician with some degree of manual dexterity to reassemble fractures, that I changed plans and went into orthopaedics. Dr. Misol's ability to teach and mentor others led many students who were lucky enough to do clinical rotations with him to go into the field of orthopaedics.

Still later, I would be part of Dr. Misol's group as an orthopaedic surgeon and partner at Iowa Ortho. It was an honor working with someone with such integrity and dedication. His ability to touch others did not end with teaching students, but reached far

beyond to helping the patients who came to see him over the years. He practiced orthopaedics with kindness and compassion for his many patients.

We will miss Sinesio Misol and what he added to our lives, and it is with that spirit of gratefulness that he demonstrated that we will remember him. For this particular fellow orthopaedic surgeon... *one final thank you, Sinesio.*

By Joshua Kimelman, D.O.

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The Legislature, with the leadership of Sen. Jack Hatch, Sen. Amanda Ragan, Rep. Mark Smith and Rep. Linda Upmeyer, continued their effort to expand health care access across the state. SF 2356 expands access to Iowa Care to regional health centers around Iowa. Iowa Care services will be available beyond the University of Iowa Hospitals and Broadlawns Hospital in Polk County. The legislation also includes the establishment of an information exchange. Insurance products will be available for consumers to view and evaluate what insurance product is best for them in the private individual market.

In the final bill of the session, HF 2531, the Legislature included Medication Therapy Management relative to pharmacists with a \$543,000 appropriation to start the process. Included is a provision that allows physicians to be reimbursed for Medication Therapy Management.

There were two bills that impact scope of practice that PCMS opposed:

1) SF 153 originally allowed physician assistants, nurse practitioners and others to form limited liability companies. PCMS worked with IMS, IOMA and others to amend the bill so that nurse practitioners are not a party to these companies. With that change, the bill passed the House and Senate.

2) HF 781 established a scope of practice review committee relating to the licensing of midwives. There were attempts to bring the bill up in different forms. PCMS, IMS and IOMA expressed opposition in the House and to relevant Senators. The bill died at the end of the session.

Although the legislature is adjourned until January of 2011, 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 Jody Jenner, CEO of Broadlawns, who was featured on the cover of the Business Record. He is currently working on a major construction process at Broadlawns that will make the public hospital a financially stronger, higher-quality health-care facility.



Congratulations to Neil Mandsager, M.D., who was featured in the Des Moines Register for his contributions as a medical volunteer in Uganda. He is an integral part of the ChildVoice International program, which specializes in rehabilitating war-affected children in Uganda and surrounding communities.

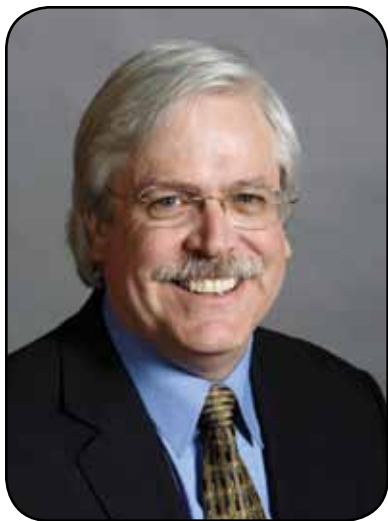
VA Physician Job Openings

VA Central Iowa Health Care System (VACIHS), Des Moines, Iowa is recruiting for a full-time BC/BE Geriatrician, Internist or Psychiatrist in our Community Living Center. VACIHS is a state-of-the-art medical facility that provides acute medical-surgical, rehabilitation/ extended and psychiatric care, and delivers a broad range of primary care and multi-specialty outpatient services.

VA Central Iowa includes the Des Moines Campus with Community Based Outpatient Clinics (CBOC's) in Knoxville, Fort Dodge, and Mason City. There are many exciting things happening at our VA, such as the opening of a brand new Community Living Center, consolidation of two campuses, and expanding the services available to our Veterans through two CBOC additions. Central Iowa is also the host city for the 24th National Veterans Golden Age Games in May.

If you are interested in joining our staff at VA Central Iowa Healthcare System and living in an exciting metropolitan area, please send a current CV to Judy Miller, HR Specialist, VA Central Iowa Healthcare System (05), 3600 30th St., Des Moines, Iowa 50310 or fax to 515-699-5468 or e-mail Judy.Miller2@va.gov. Applications will be considered until position is filled. Visa waiver applications considered.





Iowa Senator Jack Hatch

National Health Care Reform --- it's now the law of the land

I was one of 6 state legislators invited to watch President Obama sign the "Patient Protection and Affordable Health Care Act" in Washington DC on March 23, 2010.

Even though many physician groups endorsed the plan, many of you are not totally convinced. You have questions on payment schedules, new access issues, insurance reforms and possibly new government rules for Medicaid and Medicare. These are legitimate questions but they are not to be feared.

Without this reform, this country was heading for complete collapse. For those of you that lost part of your retirement savings 18 months ago because of the financial lending and run away private market policies, you know that our health care system is also at risk.

But what did the new law accomplish. Here's how the new health care reform law will help Iowans obtain real health security:

- The largest tax cut for health care in history will reduce premiums for tens of millions of families and small business

owners who are priced out of coverage today.

- A new competitive health insurance exchange will give tens of millions of Americans the more choices in choosing private health plans.
- There will be greater accountability thanks to commonsense rules of the road to hold down costs and prevent insurance industry abuses such as denial of care.
- Americans with pre-existing conditions will no longer be denied insurance.
- It reduces the federal deficit by \$100 billion over the next ten years by cutting government overspending and reining in waste, fraud and abuse.
- And important to you, it will eliminate the geographic barriers of disproportionate provider reimbursements for Medicare and Medicaid.

In Iowa, we have made health care security a priority for the last three years. Here's why

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Congressman Bruce Braley



Dear Doctors,

At 3:00 AM on the morning of Saturday, March 20th, I emerged from Speaker Pelosi's office, proud of the results of our final negotiations to address Geographic Disparity in Medicare and ultimately move towards a reimbursement model that rewards High-Value Care. Between 10:00 PM and 3:00 AM, I and other members of our Quality Care Coalition had managed to secure an additional \$800 million in the Health Care Reform package to immediately address Geographic Disparity in Medicare for both doctors and hospitals, as well as commitments from White House officials to permanently end unfair geographic disparities.

Six-and-a-half hours later, at 9:30 AM, Health and Human Services (HHS) Secretary Kathleen Sebelius joined me in a meeting of the Quality Care Coalition, to make good on the White House commitments. In writing, as well as verbally, she personally committed to commission the Institute of Medicine (IOM) to conduct two critical studies on unjustified geographic variation in spending and promoting high-value health care; and to implement the results of those studies. Later that same day, President Obama called me, and further reiterated these commitments.

These reforms have the potential to permanently shift our delivery system towards one that incentivizes high quality, low cost care. The IOM studies will advise HHS as it moves towards implementation of a Value Index based on my Medicare Payment Improvement Act, which is yet another victory for Iowa providers in the Health Care Reform package. Beginning in 2015, a new figure will be added to the Medicare reimbursement equation for doctors: Quality divided by Cost. Here in Iowa, we are all very keenly aware that we've been providing high quality care at low cost for decades. Finally, Iowa providers will be rewarded for this high-value care.

So what does all of this mean for Iowa physicians and their patients?

- First, Iowa physicians will see a 5% bump in Medicare reimbursements in 2010, and a 5% bump in 2011, due to our immediate revisions to geographic payments.
- Second, by December 2012, ALL FOUR of the geographic adjusters under Medicare for both doctors and hospitals will be revised according to

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Congressman Leonard Boswell



Health Care Reform: Rewarding Iowa Providers and Encouraging Iowa Values.

Dear Doctors,

In March Congress passed and the President signed what I believe to be the greatest legislative achievement in my entire career as a Member of the U.S. House of Representatives. I am proud to have supported both the Patient Protection and Affordable Care Act (H.R. 3590), and the Health Care and Education Reconciliation Act of 2010 (H.R. 4872). Together, these laws will provide our nation with much needed reforms and put our health care system back on track.

With this legislation we made great strides in covering all people and changing the ways that insurance companies treat Iowans. As a father and a grandfather, I am excited for my constituents, as well as my grand children, nieces and nephews who now have the option to stay on their parents' health insurance through their 26th birthday. Also, it is about time that insurance companies begin covering all health needs and put an end to discrimination against preexisting conditions.

However, I understand that you cannot improve

access to health care simply by providing insurance coverage to 32 million more people. Having insurance means little if you cannot get in to see a doctor. That is why I opposed a very flawed proposal early on that would have hurt Iowa: a plan based on Medicare reimbursements. On behalf of all Iowans, I promised House leadership that I would vote "no" on legislation that would put my state in such a jeopardizing situation. It would be a different story if Medicare reimbursed more fairly, but without more fair payments I refused to watch Iowans become even more burdened by such a flawed system. It was not until language was included in the House bill to change the way we pay providers and to provide increases in the payments to primary care doctors, that I could support such a plan.

I want to applaud the doctors, nurses, physician assistants, and all health care professionals in Iowa who provide some of the very best care in the nation. Our doctors and hospital administrators are constantly amazing me by the number of ways they are improving the health of Iowans, and in face of hardship and unfair Medicare reimbursements.

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Hatch continued from page 12

Iowa is one of the most developed health care reform states in the nation and we are ready to implement the federal legislation:

- ✓ We guarantee most children health care coverage by the end of 2010.
- ✓ We allow children to stay on their parents' family plan until age 26.
- ✓ We require patients on Medicaid and Iowa Care to join preventive care programs.
- ✓ We fund the nation's only statewide Electronic Medical Record system and we have created one of the only Insurance Exchange Clearing Houses in the nation.

I know the President's signature did not relieve all your fears about this new law but it is a beginning, and we will have to continue reforming healthcare for years to come.

Now that you know we mean business, your continued participation in health care reform is more important than ever.

You will hear cries from conservative elected officials questioning the cost savings, the increase of federal regulations and about the quality of healthcare. I hope I don't have to remind you that they presented nothing in meaningful alternatives. They were, and continue to be, obstructionists. Oddly, many of the policies contained in the new law were, at one time or another, Republican proposals.

To make you feel a bit more comfortable, Iowa's Healthcare Coverage Commission, the statutory blue ribbon commission charged with coordinating Iowa's initiatives with the new federal law, is chaired by a doctor; Dr. Dave Carlyle of the McFarland Clinic in Ames.

This is not the end...it is the beginning.

FEATURE ARTICLE

Bralley continued from page 13

studies by both the IOM and the Centers for Medicare and Medicaid Services. The new geographic figures will be based on real, accurate, up-to-date data, and most medical experts believe that Iowa providers will see their reimbursements increase from these adjustments – permanently.

- Third, in 2015, the Value Index will begin implementation, which should further help Iowa providers by finally rewarding high-value care. The higher a region's quality, the higher the reimbursement will be. The lower the region's cost, the higher the reimbursement will be.

In addition to these efforts on Geographic Disparities and High-Value Care, there are a number of other provisions in Health Care Reform which should benefit Iowa providers and the patients they serve. For example, many physicians who have significant Medicare charges for office, nursing facility and home visits will be eligible for a 10% bonus payment for those services from

2011–2016. In addition, the bill provides \$1.5 billion in funding for the National Health Service Corps to recruit more primary care providers to health shortage areas, including many parts of Iowa, by helping pay doctors' student loans. Finally, by expanding insurance coverage, the Health Care Reform package will increase payments to Iowa providers by an estimated \$458 million for previously unreimbursed care, ensuring that hospitals and doctors are fully compensated for treating those in need.

I'm proud that the Health Care Reform package includes these important reforms which I have worked so hard on, along with many other provisions that will improve our nation's health care system. This bill will finally provide Iowa physicians with the fair reimbursements they deserve for providing great care, and will ensure that Iowa patients continue to receive high-quality, low-cost health care. These reforms will also benefit patients and taxpayers around the country by encouraging other states to follow the example of Iowa providers.

Boswell continued from page 15

The health care reform bills enacted into law take the first steps necessary to reward Iowa for the quality care that our health professionals have been committed to for decades. Almost one year ago I met with Congressmen Dave Loebsack and Bruce Braley in my office to discuss the Medicare reimbursement formula and the affect it has on Iowa. We came together and joined several other states in becoming three of the first members in the Quality Care Coalition. Our group worked day after day to negotiate with House leadership and secure provisions in health reform that would better our providers in Iowa.

Our influence made its way into the final health care reform legislation, which I am proud to report includes \$800 million for Iowa and other high quality, low reimbursement states to increase the base payment to doctors and hospitals for two years.

To go beyond this two year window and truly change the payment system to reward quality over quantity, Secretary Sebelius has informed me that the Administration will seek to commission two studies proposed by the Quality Care Coalition. The first would study the disparities in provider reimbursements across the nation and provide increases for high quality, low reimbursement states like ours. The second study would pave the way for paying our providers for the quality of care they give, not the number of services they conduct.

This language particularly, rewards Iowa doctors and hospitals. Iowa is a leading example of

how health care can be implemented, how delivery systems can be improved upon, and why coordinated and preventative care help.

These principles that our Iowans live by every day are a big part of health care reform. These bills remove cost sharing for preventative services, guaranteeing that your patients have access care that keeps them healthy. It provides immediate assistance to seniors who have hit the Medicare Part D Donut hole with a check for \$250 and continues reducing the donut hole so that it is closed in the year 2020. Furthermore, this legislation will increase reimbursements for Medicaid services by bringing the payments up to Medicare levels in 2013 and 2014. It also provides increases in payments to doctors who provide primary care in underserved areas.

Equally importantly, this bill is going to increase the number of insured patients that doctors treat, and reduce the amount of uncompensated and charity care that is provided. This is a great financial boon to doctors and hospitals, as it will result in less cost shifting, more savings, and increased revenue.

I want to thank the Iowa health care professionals who provided me and my staff with invaluable insight and assistance throughout this process. I will continue to fight for fair reimbursements for Iowa providers and support legislation that continues to fix the payment system so that we pay for the value of care rather than the number of services that are conducted.



Beauty.



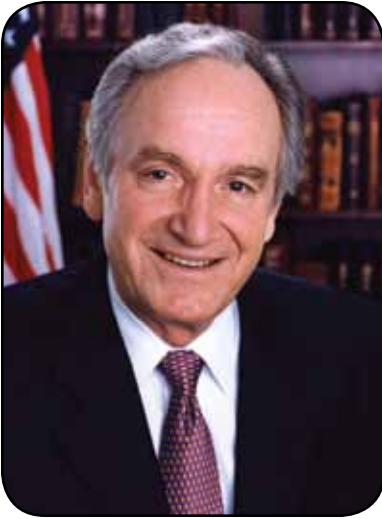
Structure.



Serenity.



255-0022



U.S. Senator Tom Harkin

Dear Friends,

When the President signed the health reform bill into law last month, he made history. The bill makes a number of vitally important upgrades to our current system and provides health coverage to an additional 32 million Americans. Two major provisions received little attention in the media but will impact Iowa's medical providers in significant ways.

First, the legislation provides an immediate \$800 million to address geographic disparities in Medicare reimbursement rates for both doctors and hospitals. Iowans currently receive some of the highest quality care in the country – but for many providers, this care comes at a lower Medicare reimbursement rate than other larger states receive. This fix corrects that disparity and puts us on more equal footing. Iowa doctors will see a five percent increase in their current Medicare reimbursement rates in both 2010 and 2011.

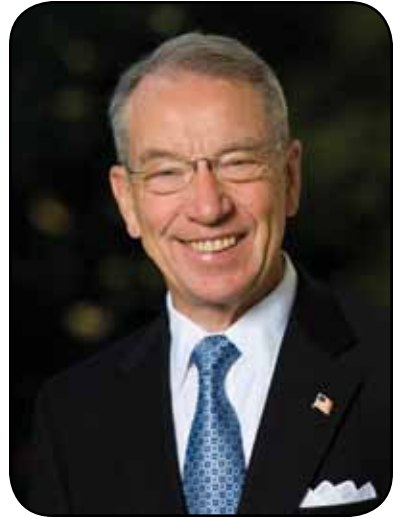
Second, the legislation makes an historic investment in prevention and wellness. It takes steps to recreate America as a genuine wellness society – a society focused on healthful lifestyles and preventing the chronic diseases that take

such a toll on our bodies and our budgets. And make no mistake, this bill doesn't just tinker around the edges - it changes the paradigm.

The Prevention title of the legislation, which I authored, creates incentives to prevent chronic disease and rein in costs across the full health care spectrum. At the federal level, it creates a new inter-agency council to develop a national health strategy and a dedicated funding stream to support these efforts. At the clinical level, it boosts doctor training and covers preventive services and eliminates co-pays and deductibles for these services. At the grassroots level, it provides grants for community initiatives that will support more walkable communities, healthier schools and increased access to nutritious foods in safe environments. The legislation also includes a national menu labeling effort that requires chain restaurants to post nutrition information right on the menu or menu board next to the name of the menu item so that consumers can see it when they are making ordering decisions.

The signing of this bill was a truly historic occasion. With it, we have started down the path of transforming America into one of the healthiest nations in the world with the best possible health care for all of its citizens.

U.S. Senator Chuck Grassley



Dear Friends,

Just about everyone agrees that insurance companies collecting expensive premiums shouldn't be able to deny coverage of pre-existing conditions or drop people's insurance once they get sick. Too many Americans are uninsured and under-insured. Many more fear losing their coverage at any time.

Unfortunately, the positive steps in the new health care reform law are packaged with Medicare cuts that the program's chief actuary says will jeopardize access; higher taxes that will go into effect just as the economy is struggling to recover; and the biggest expansion of Medicaid in its history.

Most Americans with private health care coverage get it through their employers. Yet the current climate for creating jobs that would offer health care coverage is hostile.

The new \$2.6 trillion health care plan increases labor costs with new mandates and higher taxes. Iowa's largest manufacturing employer said the new health care law will cost the company \$150 million this year. Other companies report similar stories and even worse. That's money that won't

go toward job creation and consequently, health care coverage. Adding insult to injury, one of health reform's authors – a powerful committee chairman – is questioning the accuracy of these companies' statements and demanding their testimony before Congress.

The new law raises taxes for middle-class Americans. The nonpartisan Congressional Budget Office said new fees on industries such as medical device makers will be passed on to consumers in the form of higher insurance premiums and higher prices. While subsidies in the bill are designed to blunt the effect of these costs on those with lower incomes, nationwide, 93 percent of households won't be eligible for the insurance subsidy. Young adults will be required to buy health insurance and will face stiff penalties if they don't. In addition, the reforms fail to do enough to reduce rising health care costs that drive premiums higher every year. Today, health care spending is 17 percent of America's economy. It's projected to be 25 percent by 2025, and the new law will increase that growth, according to the Congressional Budget Office and the chief actuary at the Department of Health and Human Services.

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Grassley continued from page 19

The impact of the increased taxes and spending on family budgets and job opportunities doesn't seem to register with the new law's authors who have glossed over the failings in the new law.

Just a few examples:

(1) Cutting Medicare by \$563 billion and then using those funds to pay for the creation of a new entitlement program (insurance subsidies for non-Medicare beneficiaries) instead of passing a permanent solution to the physician payment sustainable growth rate problem when doctors are already struggling to afford to treat Medicare patients. In fact, the sustainable growth rate problem is the best example of why it was unwise to use Medicare cuts as a way to finance a new, separate program. These drastic reductions in Medicare not only put beneficiaries' health care access at risk, but also make it difficult, if not impossible, to envision a permanent sustainable growth rate bill financed within Medicare's existing resources. The American Medical Association requested that the physician payment update be removed from the Senate health care bill. The AMA also supported using the Medicare cuts in the health reform bills to fund a new entitlement program instead of addressing the sustainable growth rate and physician payment reform. I made several efforts to extend the physician payment update and to do so in a fully offset way because I wanted to work to make sure the 21 percent payment cut didn't go into effect and that the federal deficit didn't increase even more, but the Senate's Democratic leaders rebuffed me each time.

(2) Putting 16 million more Americans into Medicaid and forbidding them from receiving subsidies to purchase private coverage. It's the biggest expansion since the program was created in 1965, and Medicaid already reimburses doctors at such low rates that patients are lucky if they can find a doctor who takes new Medicaid patients. What's more, states can barely pay for their current share of Medicaid. And, astoundingly, the new law

also creates a Medicaid physician payment cliff similar to the one we already have with the Medicare sustainable growth rate. Providers in Medicaid get 100 percent of Medicare rates in 2013 and 2014, but in 2015, there is no financial support to continue paying Medicaid providers, so rates could fall as much as 50 percent.

Coverage without access isn't coverage at all. This Medicaid expansion gives a false sense of security to people who think they'll have coverage, while in many cases there won't be doctors to serve them.

(3) Creating a long-term care insurance program called the CLASS Act that the government's own actuary has warned runs a significant risk of being financially unsustainable.

All of these reforms add up to an incontrovertible fact. The new health care reform law does not accomplish one of the fundamental goals outlined at the outset – reducing the cost of health care for consumers, businesses, medical providers, and the federal government via taxpayers.

Since we know that the \$2.6 trillion law won't reduce costs, the next question is whether it will work to reduce the number of 46 million Americans who lack health insurance. After raising half a trillion in new taxes, cutting half a trillion dollars from Medicare, imposing stiff new penalties for people who don't buy insurance and increasing costs for those who do, an estimated 24 million people still will not have health insurance. That's not a partisan estimate. It's from the Congressional Budget Office, the official scorekeeper.

There are parts of the bill that begin to move in the right direction but still leave a lot of room for improvement. Congress should build on these provisions.

There's broad agreement that we need to do a better job at managing care for seniors with

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Congressman Dave Loebsack

Dear Doctors,

First, let me start by saying that the health care reform bill that recently became law is not perfect and the process that was chosen for it was not perfect either. While I had some serious qualms about the final legislation, I also have no doubt in my mind that health care reform is urgently needed.

In Eastern Iowa alone, this bill will give tax credits and other assistance to up to 156,000 families and 13,700 small businesses to help them afford coverage. It will improve Medicare for 95,000 Iowans, eventually closing the prescription drug 'donut-hole.' This bill also allows 54,000 young adults up to the age of 26 to obtain coverage on their parents' insurance plans. This bill ensures that those who already have insurance that they like can keep their plans, and won't be kicked off their coverage if they get sick.

It provides Medicare bonuses for primary care services to both primary care providers and specialists so that doctors receive more for providing this care. It also increases Medicaid reimbursements to primary care doctors so that they can afford to provide care for our neediest citizens. This provision, along with the expected increase in insured patients, should significantly

lower the estimated \$24 billion that doctors currently provide in charity care.

As you well know, Iowa has some of the lowest Medicare reimbursement rates in the country. This is why I fought extremely hard, along with my colleagues from Iowa, to get provisions included in the bill that will reward the high quality, low-cost care health professionals provide in Iowa. The bill also provides \$800 billion for doctors and hospitals with low Medicare spending and payment rates.

Especially important for my district, which includes the University of Iowa Hospitals and Clinics, the bill increases residency slots by redistributing current slots that are unused.

Many of the doctors that I talk to when I am home in Iowa tell me that they see firsthand how prevention and wellness can mean a world of difference for their patients' health. That is why this bill provides increased coverage for annual wellness visits and preventative services.

Despite these benefits, this bill was not the last step in health care reform. I look forward to fixing the untenable SGR system to ensure that our doctors aren't held hostage while waiting for Congress to fix their payment schedule each year. I also look forward to continuing to gather input from Iowa's doctors and medical professionals.

Grassley continued from page 21

chronic conditions, where much of the Medicare budget goes. I worked on a bipartisan basis to see that concepts like providing incentives for better coordinated care and patient-centered medical homes would be considered by the new Medicare and Medicaid Innovation Center established by the new law in the Centers for Medicare and Medicaid Services. Iowa is a leader in establishing patient-centered medical homes. We need to continue to ensure that effective financial incentives exist to encourage more primary care physicians, physician assistants, and other professionals in this area.

We should reform Medicare to pay for value by rewarding efficient, high quality care like Iowa's professionals provide. This much-needed, basic reform would go a long way toward making Medicare more sustainable in the future. The Iowa Healthcare Collaborative is working on a number of initiatives in this area. The new health care reform law takes some beginning steps to move Medicare toward a value-based system for physicians. But the new law delays making changes to include value-based payment for any physicians until 2015. It doesn't apply the concept to all physicians until 2017. Since Iowa consistently ranks at the top of the charts in providing high quality and very efficient care, the sooner we implement value-based payment and realign the incentives in the current fee-for-service system to reflect this, the sooner Iowa physicians and patients will benefit.

The health reform law includes my provisions to ensure the use of accurate data in geographic adjustments for Medicare payments to physicians and other health care professionals. My provisions also give more money to physicians in Iowa and other rural states immediately in 2010 and 2011 by reducing the impact of the current unfair formula. Still, the new law includes a backroom sweetheart deal that gives five rural states better treatment than every other rural state, including Iowa. We should improve payments in all rural states, not just a select few. I'm also concerned that another last-minute deal with the Secretary of Health and Human Services could undo my geographic formula fix. This side deal calls for

a study by the Institute of Medicine to make recommendations on changing the formulas for geographic adjustments. It leaves open the possibility that HHS could undo my geographic formula fix that is now law. Iowa could wind up back where it started, or even worse off. The study recommendations may even be part of the work of the new independent payment advisory board, which is charged with recommending even more Medicare cuts.

Congress should undertake medical liability reform that helps doctors stay in business by discouraging frivolous cases. A Republican doctor and House member from Texas called the new health care law's provisions "the lamest excuse for medical liability reform I have ever seen – a few million dollars for states to conduct pilot programs."

There should be reforms to allow the selling of insurance across state lines and to encourage bigger, national insurance pools for small businesses, which create 70 percent of all net jobs, to make insurance more affordable for employers and employees alike.

While it has some improvements, the new health reform law is largely a missed opportunity to improve the affordability and availability of health care coverage. That's why I opposed it and why I think Congress should take action to roll back the provisions that get in the way of job creation today and limit opportunities for the next generation with unfunded liabilities. We need to do a better job by passing important changes that will drive down costs and make health care more affordable for everyone.



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Letter to: PCMS Members



Dear Kathie:

I want to thank you, the Polk County Medical Society Doctors and staff for making the Kathie J. Lyman scholarship possible. It is helping me immensely with my equipment and books for my medical education. I also really appreciated being a guest at the Polk County Medical Society Annual Dinner. I enjoyed the speaker as well. I congratulate you for all your service to PCMS.

Thank you,

Mackenzie Worthington



Dear Doctors:

I wanted to thank you all again for the generous scholarship. It is such an honor to be one of the first recipients of the Kathie J. Lyman Scholarship Foundation of the Polk County Medical Society. This recognition makes me proudly carry out my goals of becoming a doctor and to improve the quality of life for Iowans. I am doing very well and the days are passing by very quickly as I have about two months until I get to go to clinic at UIHC.

Thank you,

Gabriel Fierro-Fine



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NEW MEMBERS



Abler, Jennifer Maire, D.O.

Education: Midwestern University, Downers Grove, IL
Residency: UIC/Illinois Masonic – Family Medicine, Chicago, IL
Specialty: Family Medicine

Dr. Abler currently practices at Mercy East Family Practice, 5900 E. University, Des Moines, IA 50327.



Biggerstaff, Matthew Clark, D.O.

Education: Des Moines University COM, Des Moines, IA
Residency: Medical College of WI – Anesthesiology, Milwaukee, WI
Specialty: Pain Medicine

Dr. Biggerstaff currently practices at Medical Center Anesthesiologists, 411 Laurel St. Ste. 3170, Des Moines, IA 50314.



Brehmer, Jason Daniel, D.O.

Education: Des Moines University COM, Des Moines, IA
Residency: Iowa Lutheran Hospital-Family Medicine, Des Moines, IA
Specialty: Family Medicine

Dr. Brehmer currently practices at East Des Moines Family Care Center, 840 East University, Des Moines, Iowa 50316.



Craig, Steven Michael, M.D.

Education: University of Iowa Medical, Iowa City, IA
Residency: University of Nebraska – Internal Medicine, Omaha, NE
Specialty: Internal Medicine

Dr. Craig currently practices at Mercy Arthritis & Osteoporosis Center, 8421 Plum Drive, Des Moines, Iowa 50322.



Elg, Steven Alana, M.D.

Education: University of Washington, Seattle, WA
Residency: Madigan Army Medical Center – Ob/Gyn, Tacoma, WA
Specialty: Gynecologic Oncology

Dr. Elg currently practices at Iowa Clinic Ob/Gyn, 1221 Pleasant Street, Ste. 400, Des Moines, Iowa 50309.



Gallagher, Brian Lane, M.D.

Education: University of Iowa College of Medicine, Iowa City, IA
 Residency: University of Iowa – Urology, Iowa City, IA
 Specialty: Urology

Dr. Gallagher currently practices at Iowa Clinic Urology, 5950 University Ave, Ste. 341, Des Moines, Iowa 50266



Gucfa, Jason Cornelius, M.D.

Education: American University of the Caribbean, St. Maarten, Netherlands Antille
 Residency: University of Iowa Hospitals and Clinics
 Specialty: Psychiatry

Dr. Guca currently practices at Iowa Health Psychiatry Services, 1215 Pleasant Street, Des Moines, Iowa 50309.



Jennisch, Charles Scott, M.D.

Education: University of Iowa Hospitals & Clinics, Iowa City, IA
 Specialty: Psychiatry

Dr. Jennisch currently practices at Mercy Psychiatric Services, 1750 48th St. Ste. 2, Des Moines, IA 50310.



Jensen, Malea, D.O.

Education: Des Moines University COM, Des Moines, IA
 Specialty: Family Medicine

Dr. Jensen currently practices at Doctors Now Walk-In Care, 640 S. 50th Street, Ste. 1100, West Des Moines, Iowa 50265.



Johnson, Scott A., M.D.

Education: University of Pittsburgh, Pittsburgh, PA
 Specialty: General Surgery

Dr. Johnson currently practices at Oral Surgeons, P.C., 3940 Ingersoll Ave, Des Moines, Iowa 50312.



Johnson, Summer Marie, D.O.

Education: Des Moines University COM, Des Moines, IA
 Residency: University of Iowa Hospitals – Anesthesiology, Iowa City, IA
 Specialty: Anesthesiology

Dr. Johnson currently practices at Medical Center Anesthesiologists, 411 Laurel St. Ste. 3170, Des Moines, Iowa 50314.



Kassiotis, Christos Michael, M.D.

Education: National and Kapodistrian University of Athens, Athens, Greece
 Residency: SUNY at Buffalo – Internal Medicine, Buffalo, NY
 Specialty: Internal Medicine

Dr. Kassiotis currently practices at the Iowa Heart Center, 1250 E. 9th St., Des Moines, Iowa 50316



Klein, Thomas Gerard, D.O.

Education: Des Moines University COM, Des Moines, IA
 Residency: Medical College of WI – Anesthesiology, Milwaukee, WI
 Specialty: Anesthesiology

Dr. Klein currently practices at Metro Anesthesia & Pain Management, LLP, 5901 Westown Pkwy., Ste. 210, West Des Moines, Iowa 50266.



Nwosa, Chinedu Chuka, M.D.

Education: New York Medical College, Valhalla, NY
 Residency: SUNY Downstate – Orthopaedic Surgery, Brooklyn, NY
 Specialty: Orthopaedic Surgery

Dr. Nwosa currently practices at the Iowa Orthopaedic Center, 411 Laurel St., Ste. 3300, Des Moines, Iowa 50314.



Ocampo, Ramoncito Amurao, M.D.

Education: Manila Central University, Caloocan City, Philippines
 Residency: Cabrini Medical Center – Psychiatry, New York, NY
 Specialty: Psychiatry

Dr. Ocampo currently practices at Broadlawns Medical Center, 1801 Hickman Rd., Des Moines, Iowa 50314.



Schulte, Ryan Teodore, M.D.

Education: University of Iowa Carver College of Medicine, Iowa City, IA
 Residency: University of Michigan-Urology, Ann Arbor, MI
 Specialty: Urology

Dr. Schulte currently practices at the Iowa Clinic West Lakes, 5950 University Avenue, Ste. 341, West Des Moines, Iowa 50266



Schuster, Melita Linda, D.O.

Education: Ohio University College of Osteopathic Medicine, Athens, OH
 Residency: St. Vincent Mercy-Family Practice, Toledo, OH
 Specialty: Family Practice

Dr. Schuster currently practices at the Des Moines University Medical Clinic, 3200 Grand Ave., Des Moines, Iowa 50312.



Schuster, Richard Gordon, D.O.

Education: Ohio University College of Osteopathic Medicine, Athens, OH
 Residency: Firelands Comm Hosp-Family Practice, Sandusky, OH
 Specialty: Neuromusculoskeletal Medicine & OMM

Dr. Schuster currently practices at the Des Moines University Medical Clinic, 3200 Grand Ave., Des Moines, Iowa 50312.



Seering, Melinda Svoboda, M.D.

Education: University of Iowa, Iowa City, IA
 Residency: University of IA – Anesthesia, Iowa City, IA
 Specialty: Anesthesiology

Dr. Seering currently practices at Medical Center Anesthesiologists, 411 Laurel St. Ste. 3170, Des Moines, Iowa 50314.



Shaffer, Dana Cameron, D.O.

Education: Philadelphia College of Osteo Med, Philadelphia PA 19131
 Specialty: Family Medicine

Dr. Shaffer currently practices at the Des Moines University Medical Clinic, 3200 Grand Ave., Des Moines, Iowa 50312.

Volunteer Physician Network Receives Grant to Provide Free Interpretive Services



**Front Row L-R: Kathie J. Lyman, Nicci Dean, Dawn Marty, and John Williams
Back Row L-R: Prairie Meadows board members Don Brown, Don Timmins**

The Polk County Medical Society Volunteer Physician Network received a \$10,000 Community Betterment Grant from Prairie Meadows. Grant funds will allow the VPN to continue providing interpretive services for patients referred to the VPN specialty care program by the free clinics. "We are extremely pleased to have received funding from Prairie

Meadows for this much needed service," said Kathie J. Lyman, Executive Director. "These funds will help ensure that the PCMS specialist giving the free care will be able to communicate effectively with the patient. The VPN has provided 265 patients with interpreters for specialty care appointments through the pilot program.

Farewell to a Lovely Lady

Martha Holzworth

1934 - 2010



Martha Holzworth died on Feb. 14 at the age of 75 after a battle with cancer.

She was an active member of the Polk County Medical Society Alliance since 1958 when her husband Paul graduated from medical school.

Martha was active at the county, state, and national levels of the Alliance. Martha served as Polk County Medical Society Alliance President 1986, Councilor 2008 and 2009, and long time Chair of the Gavel Club. She was Iowa Medical Society Alliance President 1991-92 as well as Hospitality Chair as long as anyone can remember. Martha also served on the AMA-ERF Committee 1992-94 and the Nominating Committee 1994-95 for the AMA Alliance.

Martha valued the Alliance for the many friendships she made with people from Polk County, all across Iowa, and the United States. She will be remembered dearly for her profound

impact on the Alliance through her hospitality, her ability to reach out to new members, and her never-ending willingness to take on any worthwhile task. There is not one member of the Polk County or Iowa Medical Society Alliance who was not touched by Martha's generosity.

Martha and Paul raised six children, eight grandchildren, and two great-grandsons. Martha was truly the center of that family and was involved deeply in all their lives. In addition to her Alliance activities, Martha enjoyed chocolate, antiques, bridge, reading, traveling, fishing, hunting, cooking, and raising Visla hunting dogs, beading, and puzzles. She was an ardent fan of University of Iowa football and band, the Drake Relays, and the Iowa State Fair. Martha was a holiday enthusiast, decorating and donning clothing for every occasion. Martha will be deeply missed here on earth, but Holidays in Heaven will never be the same.



Shontz, Robert Dean, M.D.

Education: University of Iowa College of Medicine, Iowa City, IA
 Residency: University of IA-Anesthesiology, Iowa City, IA
 Specialty: Anesthesiology

Dr. Shontz currently practices at Medical Center Anesthesiologists, 411 Laurel St. Ste. 3170, Des Moines, Iowa 50314.



Steiner, Andrew Martin, M.D.

Education: University of Medicine and Dentistry New Jersey, Piscataway, NJ
 Residency: SUNY Downstate – Orthopedics, Brooklyn, NY
 Specialty: Orthopaedic Surgery

Dr. Steiner currently practices at the Iowa Orthopaedic Center, 411 Laurel St., Ste. 3300, Des Moines, Iowa 50314.



Touney, Thomas Christopher, D.O.

Education: Des Moines University COM, Des Moines, IA
 Residency: University of Iowa – Anesthesia, Iowa City, IA
 Specialty: Anesthesiology

Dr. Touney currently practices at the Medical Center Anesthesiologists, 411 Laurel Street, Ste. 3170, Des Moines, Iowa 50314



Webster, Matthew Kyle, D.O.

Education: Des Moines University COM, Des Moines, IA
 Residency: Central Iowa Health Systems, Iowa Methodist Medical Center, Des Moines, IA
 Specialty: Family Medicine

Dr. Webster currently practices at the Ingersoll Family Physicians, 2103 Ingersoll Avenue, Des Moines, Iowa 50312.



Young-Szalay, Melissa Diane, M.D.

Education: Ohio State University College of Medicine, Columbus, OH
 Specialty: Orthopaedic Surgery

Dr. Young-Szalay currently practices at the Des Moines Orthopaedic Surgeons, P.C., 6001 Westown Parkway, West Des Moines, Iowa 50266.

MAY BIRTHDAYS

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