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Official Publication of the Polk County Medical Society

VOLUME 82 No. 5

Des Moines, Iowa Sept/Oct 2010

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Bulletin

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

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Publication design and layout by LCS for more information visit www.lymancs.com.

Young Physicians , , Summer Event

The Polk County Medical Society Young Physicians met at Des Moines Golf and Country Club for a summer dinner and a financial planning presentation sponsored by The Foster Group on "Six Things Young Physicians Need to Know Now". This was the official launch of the PCMS Young Physicians group. The PCMS Young Physicians is an opportunity for members and their spouses to meet professionally and socially. If you are in your first 10 years of medical practice and would like to join the Young Physician's group, please contact PCMS at 288-0172.



L-R Andrew Steffensmeier, M.D. & Jenna; Teresa La Masters, M.D.; Drs. Marc & Whitney Molis

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⁶⁶Advocacy in D.C. ⁵⁵



Janie C. Hendricks, D.O.

This past week Kathie Lyman, Dr. Steve Eckstat, and I spent time in Washington DC advocating for Polk County Doctors. With many senators

and representatives running for re-election this year, it was rather quiet for the nation's capitol.

During this visit we had three issues we discussed with our Congressmen:

First, feeling it is important to keep this subject noticed, we discussed medical liability reform. According to our senators and representatives, there are some ongoing studies concerning medical liability and tort reform, however this is not a high priority topic at present.

Second, we addressed the physicians' supervision rule. Certain diagnostic tests are paid for under the Physician Fee Schedule. In 2009 the Center for Medicare and Medicaid Services (CMS) clarified direct physician

supervision requirements for on and off campus services. Since many more clinics are owned by hospitals now, this causes significant problems, especially in rural areas where physicians cannot always be present for blood draws or injections. We have encouraged our Congressmen to reconsider these rules since this is not a patient safety issue and it may affect access to care.

Finally, Medicare physician payment was discussed at length. We all agree that we need a permanent fix for the Medicare Physician Fee Schedule. The Geographic Practice Cost Indices (GPCI) primarily the Practice Expense (PE) indices, as they now stand put Iowa at a distinct disadvantage for reimbursement. CMS has reviewed the data, and for Iowa, the proposed Geographic Adjustment Factor (GAF/Fall2011) would be reduced by -2% compared to the 2010 GAF. As long as CMS continues to base these indices on the same faulty data, Iowa cannot expect to see payment equity with other localities. This brings to mind a definition

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PRESIDENT'S MESSAGE

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of insanity: "doing the same thing over and expecting a different result."

There is to be a review of this data by an agency outside of the federal government. This may be helpful, but as Senator Grassley said when we discussed this topic, "CMS is clearly not following the mandate set forth in the Patient Protection and Affordable Care Act (PPACA) to make adjustments in the Medicare Payment formula to ensure accurate GPCI's".

I would strongly recommend that more physicians get involved in our advocacy trips to Washington D.C. While I'm not sure I will ever fully understand our government, I have sure gained some insight into why changes take so long to occur. We doctors have to realize that unless we provide information and feedback to our chosen Senators and Representatives, they will assume that we are happy with the decisions they make on our behalf.



DOCTORS IN THE NEWS



Congratulations to **Boyd Buser**, **D.O.**, who received the 2010 Andrew Taylor Still Medallion of Honor, the highest award conferred by the American Academy of Osteopathy.



Congratulations to **Kevin Cunningham**, **M.D.**, who was featured in the **Des Moines Register** Metro Section on August 6th as a physician member of the Iowa Clinics marketing committee who won the Lessing-Flynn "Battle of the Brands" competition for health care brands.



Congratulations to **David Drake, D.O.**, who is vice-chair of the Des Moines Human Rights Commission.



Congratulations to **Bernard Feldman, D.O.**, who was featured in the <u>DMU</u> <u>alumniNEWS</u> for his continued commitment to Des Moines University and its students.



Congratulations to **Robert Lee, M.D.**, who was featured in the <u>Business</u> <u>Record</u> in the August 30th article "Doctors to get help in shift to electronic records".



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DOCTORS IN THE NEWS



Congratulations to **Robert J. Moran, D.O.**, who was featured in the <u>Des Moines Register</u> Metro Section on August 31st as a physician at Mercy Clinics who participated in the Des Moines Extreme Race in downtown Des Moines.



Congratulations to **Christina Taylor, M.D.**, who was featured in the **Des Moines Register** Metro Section on August 6th as a physician member of the lowa Clinics marketing committee who won the Lessing-Flynn "Battle of the Brands" competition for health care brands.

VA Physician Job Openings

VACentrallowaHealthCareSystem(VACIHS),DesMoines,lowaisrecruitingforafull-time BC/BE Geriatrician,Internist or Physiatrist in our Community Living Center. VACIHCS 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.



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In Memory of

David Kikoler, D.O.



A Life Remembered

Dr. David J. Kikoler passed away on April 15, 2010 after a valiant battle with prostate cancer. David was a gastroenterologist in the Des Moines area for 23 years.

David was born in Detroit, MI on December 12, 1947. He earned a bachelor's degree in economics and a master's degree in occupational and environmental health from Wayne State University in Detroit, and earned a medical degree at Chicago College of Osteopathic Medicine.

A dedicated physician, David cared deeply about the well-being of his patients and the profession. He loved sharing with his colleagues and friends stories about his travels, adventures in cooking, and his family's accomplishments.

Reprint courtesy of ILES Funeral Homes





The Specialty of

^{6 6} Sleep Medicine , ,



By Donald Burrows, M.D.

I was a second year medical student when I attended my first lecture devoted to sleep. A psychiatrist was presenting (apparently sleep problems were

considered to be a mental health issue) and the lecture was scheduled to last 2 hours. He strode up to the podium, looked around the lecture hall and stated: "You are all young medical students and you probably sleep very well. When you become middle aged doctors you will sleep like hell." He then left. Unfortunately, this was pretty much the state of sleep education in medical schools in the 1970's. With an inspiring introduction such as this, who could but want to study Sleep Medicine?

Sleep Medicine has come a long way, as the American Board of Internal Medicine now formally recognizes it as a certifiable subspecialty. There are numerous accredited sleep fellowship programs throughout the country and there are over 4000 Board Certified Sleep Physicians practicing.

What do we know about sleep? Sleep disorders may be playing a significant role in patients whose primary illness brings them to primary care physicians, rheumatologists, cardiologists,

otolaryngologists, pulmonologists, psychiatrists, bariatric surgeons or pain doctors. Congestive heart failure, myocardial infarction, stroke, atrial fibrillation, hypertension, poorly controlled diabetes, depression, respiratory failure, dyspnea, memory difficulties, personality changes, headaches, muscle and joint aches, learning disabilities, weight gain and decreased longevity can all be manifestations of sleep disorders. Even moderate sleep deprivation can mimic the performance reaction of someone legally drunk.

The estimation of the incidence and prevalence of sleep disorders has greatly increased over the last few years, reflecting a growing awareness in the role of sleep in human pathology. This may also be related to the increase in prevalence of obesity, shift work, increasing work hours, and the overall multiplying stresses in modern life. In addition, the role that medications (both prescribed and illicit) play in sleep dysfunction is likely under appreciated.

27 years of studying Sleep Medicine has shown me just how valuable sleep health is to the practice of medicine in general. It is important we keep that in mind when confronted with patients who present with confounding or complicated symptoms. High probability it's not just "in their heads".

⁶⁶ Circadian Rhythm 🤊 🤊



By Gregory Hicklin, M.D.

Sleepisanessential, wonderful part of daily life that remains incompletely understood. Of the many factors

that influence sleep, an important one is our own internal biologic rhythm. This rhythm has a cycle of about 24 hours (thus circadian) and is controlled by the suprachiasmatic nuclei located at the base of the hypothalamus. This is profoundly affected by ambient light and can cause changes in our sleep/wake cycle. A number of sleep disorders result from abnormalities or dysfunction of our circadian rhythm.

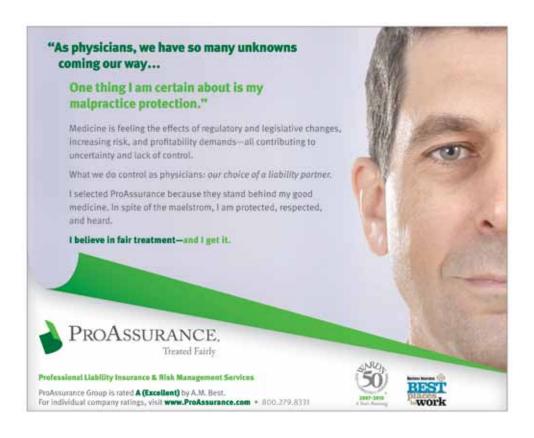
Our circadian rhythm can affect our mood, physical performance and level of alertness. Evidence links circadian rhythms with measurements of mood. In endogenous depression mood is commonly poor in the morning, but

improves as the day progresses. Athletic performance has an objective, measurable circadian rhythm. Athletes who train and compete during their peak performance time perform better than their opponents. Finally, subjective tests of alertness indicate a peak alertness in the morning or late afternoon, approximately 8-10 hours after awakening.

Disorders of sleep that are related to circadian rhythm include jet lag, shift work, delayed sleep phase syndrome, advanced sleep phase syndrome, irregular sleep/wake pattern and non-24-hour sleep/wake syndrome.

Jet lag is a disconnect between the local time and a person's circadian time due to travel. In general it is easier to travel to the west because it is easier to stay up later, and harder to travel to the east because it is difficult to go to bed earlier. It takes, on average, one day in a new location to make up a 2 time-zone shift. Sticking to a local

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Colymath or Renaissance Man 9 9

Mark Purtle, M.D.



Being a polymath by definition is something to aspire to. Though there are many people who would be considered geniuses in one specific area, the Renaissance man or polymath shows skills in numerous areas. Perhaps the quintessential Renaissance man by description

would be Mark Purtle, M.D., passionate about his interests in medicine, and also passionate about photography, sailing, music (he plays the drums), and his family.

Dr. Purtle was born in Ord, Nebraska one of four children (2 girls, 2 boys) and moved to Missouri

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schedule, perhaps starting to adjust your sleep cycle before the travel, and possible use of melatonin may be beneficial in making this adjustment.

Shift work is a difficult problem. People who work nights often times want to be awake during the day on the weekends which is difficult for their internal clock. Shift changes should always go clockwise. That is, one should go from a day shift to a p.m. shift, from a p.m. shift to a night shift, and then from the night shift back to the day shift. Keeping the same schedule 7 days a week is beneficial but hard to do.

Delayed sleep phase syndrome is common in adolescents. These are night owls who like to stay up late and get up late. That is fine until society imposes restrictions like getting up to go to school or go to work.

Advanced sleep phase syndrome is common in older people and they are called larks. They like to eat supper early, go to bed early and get up early. Both delayed sleep phase and advanced sleep phase can be treated with circadian therapy including light, schedule changes, a hot bath at bedtime, and other more sophisticated means.

Irregular wake/sleep pattern is the second most common diagnosed circadian rhythm. It is marked by complete loss of circadian rhythms and a persistently changing and disorganized sleep/wake schedule

Non-24-hour sleep/wake syndrome is characterized by a sleep/wake cycle that has a periodicity more than 24 hours. It occurs mostly in young adults, people with ocular blindness or schizoid personality. Symptoms including sleep onset insomnia, fatigue, cognitive disturbance and daytime sleepiness.

Components of circadian therapy includes chromotherapy, light therapy, chronopharmacology or melatonin, the details of which are out of scope of this presentation. Further information may be obtained from the literature or a local sleep disorders specialist.

"Sleep is the only medicine that gives ease." - Sophocles

Nominations for: PCMS Board & Government Relations Committee

Nominations for 2011 Officers

The Polk County Medical Society is calling for nominations from members who are interested in **serving as an officer for the 2011** term.

You would serve in a leadership position to represent your local society to influence the future direction of the society, advocacy issues, and promote the medical profession.

If you are interested in becoming an officer or would like to nominate a member or yourself, please contact the PCMS at kjlyman@pcms.org, fax 288-0173, or call 288-0172.

Government Relations Committee

Since 1851, physicians in the Central Iowa have benefited from having their local medical society represent their medical profession. Now is the time to get involved in your local medical society and support the practice of medicine.

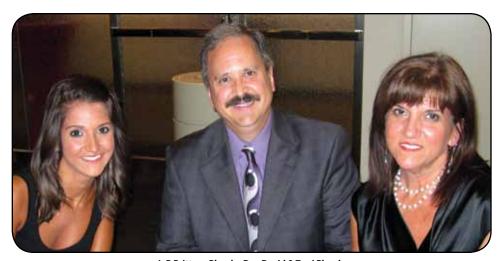
Medicine today faces undaunting challenges and regulatory changes. We **need input from YOU** on critical issues as we **ADVOCATE** on your behalf in Washington and the state.

Please consider volunteering to let your voice be heard on the Government Relations Committee.

To serve on the Government Relations Committee, please email kjlyman@pcms.org, fax 288-0173 or call 288-0172 with your name or recommend a colleague.

⁶ Jersey Boys , , at the Civic Center

The Polk County Medical Society members, family, staff, and friends enjoyed Jersey Boys at the Civic Center, July 23rd. There were over 100 members who enjoyed the camaraderie and the dinner prior to the show. *Thanks to lowa Clinic for their sponsorship of the dinner that evening.*



L-R Brittany Plundo; Drs. David & Terri Plundo



Far Right Ruby Cureg, M.D. & guests

PCMS EVENT



L-R Doctors Kathleen & Doug Massop; Pauline Niebur & daughter Alex



L-R Dorothy and Dennis Walter, M.D.

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Valley, Iowa at the age of 7 after his father's death. He attended Creighton University and graduated Summa Cum Laude in 1977 with a BS in Chemistry.

He met his wife, Mary, at Creighton University during junior year. She was the youngest daughter of Dr. Charles Gutenkauf of Des Moines—an internist with special interest in cardiology, and one of the first (1987) recipients of the Laureate Award in Iowa. Mary was a teacher of Special Education in Omaha and then moved to St. Louis during Mark's 1st year of medical school at the University of Iowa. He learned to sail when attending the University of Iowa during medical school and has continued to have an ardent Iove for the sport. Mary and Mark were married between the 1st and 2nd year of medical school.

He graduated from the University of Iowa College of Medicine in May 1981. He moved to Rochester, New York to start an Internal Medicine residency at Strong Memorial Hospital, University of Rochester. He then accepted a position at Syracuse Community Health Center, an inner city multi-disciplinary clinic in Syracuse, New York, to fulfill the Public Health Service obligation in 1984. He then served as a Clinical Instructor at Upstate Medical Center, Syracuse, New York from 1984-1986.

In March of 1986, Dr. Purtle returned to Des Moines to join his father-in-law's practice with four other internists. He also, that year, began teaching at the lowa Methodist Medical Center

Internal Medicine program and functioned as the Interim Director of Internal Medicine at Broadlawns. In 1988, he merged his group of internists with another group—as well as a group of pediatricians—to form the 17 person group now known as Iowa Health Physicians (IHP). From 1992-1994, Dr. Purtle served as Chairman of the Department of Internal Medicine, Iowa Health Physicians, and from 1996-1999 as Department Director of Internal Medicine and Subspecialty, Iowa Health Physicians. He also served as Assistant Medical Director, Central Region, Iowa Health Physicians.

Dr. Purtle has always been a strong believer in giving back to the community and championing public health initiatives as exemplified in past positions as: Chair, Health and Public Policy Committee, National Health and Public Policy Committee, Member and now Chair, Iowa Health Collaborative Board of Directors; Des Moines (1994-1996).

Currently, Dr. Purtle serves as the Vice President of Medical Affairs and the Chief Medical Officer for Iowa Health – Des Moines. He was member of the Polk County Medical Society Board of Directors (1989-1994) and is currently Medical Director of the Polk County Medical Society's Volunteer Physician's Network.

Dr. Purtle oversees the Polk County Medical Society Volunteer Physician Network (VPN) Specialty Care Program which is a commitment by the doctors in Central lowa to provide access to specialty care for those in need at no cost.

PCMS MEMBER FEATURE ARTICLE

He has been a champion of the VPN program since its inception volunteering his time and hundreds of hours. Through the VPN program excellent care is provided effectively and efficiently by referring patients to specialists on a rotating basis so that free care is evenly distributed across the medical community. Over the past 7 years Dr. Purtle has provided the medical leadership making tough decisions on the medical and hospital care needed as the volume of patients who have no ability to pay for care escalates.

In addition to Dr. Purtle's love of medicine, he loves photography and is an avid photographer.

You can see his work around town and in friend's homes. Oh, and as for that love of music, after a hiatus of 28 years (he drummed in a rock band in high school), he rekindled that skill in 2001 and currently plays for several church choirs at St. Francis of Assisi in Des Moines.

Dr. Purtle's love for medicine is evident in all that he does. He states "I cannot have conceived of a better, more fulfilling and important profession." And the love of his family is evident as he says, "I am very blessed to have 3 great children, the oldest of which is currently a 1st year Internal Medicine Resident in Boston, MA".



⁶⁶ VPN Fall Medical Mixer 55

Polk County Medical Society doctors attended the Fall Medical Mixer sponsored by the Volunteer Physician Network on Friday, September 15th at Bravos Restaurant. The event was held in appreciation for the physicians who volunteer to care for patients through the VPN, to celebrate the charity care they provide. PCMS physicians volunteer to care for patients who are at 200% below poverty and are uninsured, underinsured, and undocumented. Thanks to all PCMS doctors who care without charge to those in need in the community. Doctors interested in volunteering can contact the VPN Administrator, Nicci Dean at 515-288-6346.



L-R Eric & Teresa La Masters, M.D.; Larry Baker, D.O. & Lori



David Gordon, M.D.



L-R Rob Lee, D.O. and Robin Barnett, D.O.

PCMS EVENT



L-R Gregory Schmunk, M.D.; Ann & Lynn Lindaman, M.D.



L-R Christa & Benjamin Paulson, M.D.; Susie & Josh Kimelman, D.O.; Kathie Lyman, Executive Director and Steve Eckstat, D.O.

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L-R Ed Brown, IA Clinic & Michele, Vicki & Ed Hertko, M.D.



L-R Doug Dorner, M.D. & Carole Villenueve



L-R Bonnie and John Zittergruen, D.O.



L-R Jon Hade, M.D. & Tina; Joel Hade, M.D. & Deb

PCMS EVENT

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L-R Chip Wandling, M.D. and Lara; Sara Blackburn, M.D. & Mike; Derek Nelson, D.O. & Christine



L-R Phil Colletier, M.D. & Connie



L-R Angela Lawler & James Lawler, M.D.



L-R Sahar Al-Shash, background David Gordon, M.D.; Kelly Reed, D.O. and husband Bruce Reese; Ahmed Al-Shash, M.D.

⁶ Health & Epidemics > >



By Steve Harlan, M.D.

I see less than expected effort looking for contributing factors to the epidemic of adult

onset diabetes that began after the 1930s, or the epidemic of Alzheimer's dementia that began after the 1970s, or the epidemic of Autism that appears totally out of control. We likely will build more enterprises to treat the symptoms of these conditions. Trinity Center just proudly announced building its FIFTH unit to house Alzheimer's victims (it used to get by with one?).

Talking about health and epidemics, I think it's worth discussing that after the 1930s, the American diet changed dramatically. Cheap cooking oils from corn and soybeans, and hydrogenated "Frankenstein-oils" that would never spoil, began appearing in everything we eat for

the first time. American manufacturers learned they could manipulate these fatty acids so they would sit on a shelf for years without spoiling. That way, they could save "a dollar" every ten thousand gallons or so. The only problem is, these fatty acids interact with/or become part of our cell membranes.

Google "diabetes epidemic" and learn concerns that our cell membranes could be harmed more than we know by a gross imbalance of Omega 6 to Omega 3 and 9 fatty acids. More and more people believe that Omega 6 fatty acids are harmful to cell membranes when present in ratios of 40:1, that make up the modern American diet. At the very least, it's likely many people genetically cannot "handle them." Julia Childs discovered that after World War II our wheat flour (in everything we eat) is so altered by processing and preservatives that French baking recipes could not be made with American flour. She sold a

FEATURE ARTICLE

book of altered French recipes to work with our flour. We are seeing an epidemic of adult onset diabetes unfold in Asia as the "American diet" spreads to all corners of the planet.

Prior to 1930 food was farm fresh, free of synthetic processes and preservatives, and the ratio of Omega 6 fatty acids in our diet was about 4:1 to Omegas 3 and 9. People probably had more cardiovascular disease from cooking with butter and lard, but adult onset diabetes was rare, and people age 70 with Alzheimer's was rare. During my internship in 1979, dementia was seen only in people well into their 80s. Today, I often see a 70 year old with no hyperlipidemia nor hypertension who simply has Alzheimer's. "People living longer" is a canard that doesn't explain these folks.

Omega 6 fatty acids are inflammation promoters, and we do know that at least part of Alzheimer's disease is inflammation in the brain contributing to the deposition of beta proteins. This might be all we ever know, ...for economic reasons. For genetically susceptible folks, Crisco could be Alzheimer's in a jar, but we will likely never know. Our best hope is for the Japanese discovering causes and connections to our modern epidemics. The Japanese seem to be willing to spend money on the research of solving problems, even when there's no money in it.

Make it a good fall,... with lots of fish oil and zinc oxide.



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Please join the **Polk County Medical Society**

for their holiday event on **December 8**th, 2010

Mary Poppins

Civic Center



Call PCMS for tickets at 288-0172

Tickets will be sold on a first come, first served basis.

Tickets: \$51.00 per person

Light dinner will be served prior to the play





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L-R Susan & Donny Suh, M.D.; Brenda & David Robbins, M.D.



L-R Mike & Sara Blackburn, M.D.; Erin Netteland-Sandvig, D.O. & Jeff Sandvig; Ross Polking, Foster Group



Young Physicians Group enjoying dinner.

PCMS INTRODUCES NEW OFFICE MANAGER ONLINE FORUM

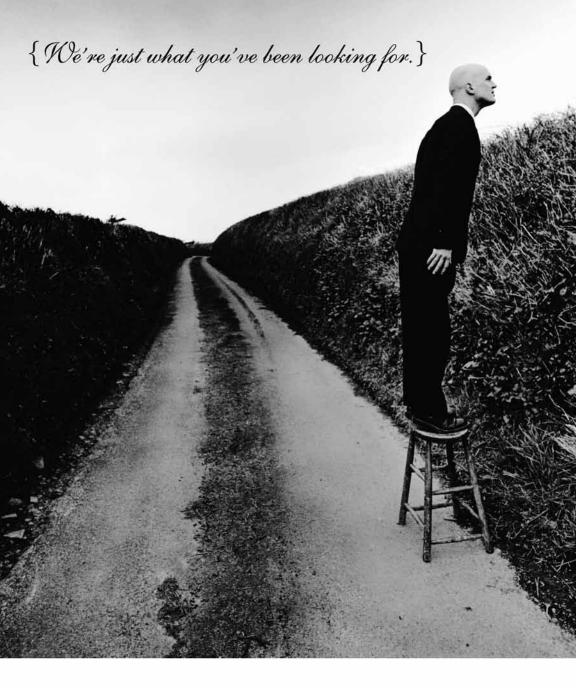
The Polk County Medical Society (PCMS)
Board is pleased to offer its members a
great new benefit of membership. The
PCMS Office Managers Open Forum.

This forum will be accessible to your office manager through their **OWN office email address**. Through this forum, it will allow them to communicate with their colleagues in other offices in Central Iowa who are members of the PCMS.

Your office manager will be able to network on a variety of medical topics to assist them in dealing with a myriad of issues doctors face daily. Questions and responses will show up in emails daily for those who choose to participate in this forum.

Once the office manager goes on to their email, they can pose questions for all participating colleagues to read and respond to. They can read and select those questions they wish to respond to. They do not need to comment each time, only to the questions they wish to. They will see all responses that are posted. Dialogue can take place in a matter of minutes with responses that can be a benefit to all. With this forum, the sharing of information will assist them in finding solutions on advocacy, new rules, and other issues facing them daily, learning from one another.

If your office manager has not signed up yet, please have them email the PCMS office with their contact information including email address to be added to the forum. The PCMS board hopes you and your office staff will enjoy this new PCMS benefit.





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Bulletin Official Publication of the Polk County Medical Society

1520 High Street Des Moines, IA 50309

