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MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY Inside This Issue **Feature Articles** Advocacy Day - Sasha Khosravi, D.O. PCMS Foundation Thank You Kathie J. Lyman Scholarship Fund Thank You Mental Health and Psychiatry Expertise -Ed Rund

"Young Frankenstein" Event 16 Consequence without treatment -19 **Betty Grundberg** Memorial - James Chambers, M.D.

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Shortcomings,



John Zittergruen, D.O.

The delivery of mental health services in lowa is broken. Some counties provide a greater array of services than others, and there is a lack of consistent funding statewide. Also the

shortage of psychiatrists and the limited beds available cause patients to wait too long for treatment. Our patients deserve better.

Accessing the mental health system in lowa is often difficult and confusing. First there is the question of insurance coverage. Many of the large insurers have screening agencies that can direct patients to counselors who are on their panel. This is very beneficial for patients with mild depression or anxiety issues. Some large companies have Employee Assistance Programs which can also help with some of the minor problems, but frequently employees are afraid to take advantage of this service.

Unfortunately, that is a small percent of the total mental health patients. Many of the rest end up in their primary care physician's office asking for help and guidance. These patients may take a little more time than the allotted slot but we must always remember to treat the whole patient. Prescribing medicines for these patients must be done cautiously and close follow up is always recommended. Referral to appropriate counseling agencies is always a good practice as well.

Problems frequently arise when we need to refer these patients on for psychiatric consultation. A 4-6 week wait for an appointment is not uncommon. Many times these patients are in crisis and need to be seen immediately. Sending them to an Access Center or Emergency Department can be frustrating and expensive. For patients without insurance or on Medicaid the situation is even worse.

Currently, the county in which you live determines the services you receive. The waiting list for mental health services in Polk County is currently over 700 people and there are hundreds more in other counties. That along with the shortage of Psychiatrists and beds available adds to the problem. This causes frustration, anger, and despair. The recent shooting of a Keokuk County Deputy Sheriff by a mentally ill man indicates and sadly demonstrates the need for more services.

Discussion on how to reform lowa's Mental Health Care System is being debated in both chambers. Governor Branstad is pushing for a way to create a uniform state system that could ultimately help manage and control costs more efficiently. Telemedicine and other technologies may play a significant role in the future.

Reform is definitely needed. Access to mental health services must be made easier and more affordable. All lowans deserve consistent and equitable mental health care. Please press state leaders to support an equitable and accessible behavior health care system.

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⁶⁶ Time For You,,



Kathie J. Lyman

The weather is finally beautiful and the flowers and trees have bloomed. Won't be long and we will be into summer one of the more fun times of the year.

You would think there would be a lot of smiling faces wherever you go but that just isn't the case. The mood is somber whether you are in Des Moines or Washington. Everywhere you look people are serious. You can't change the federal regulations relating to health care right now but you can change your mood by taking time to shed the overworked fatigue to have relaxation and fun.

As I visited last week with the lowa Congressional Delegation and other congressional members in multiple meetings in DC, the mood was somber. I noticed it wasn't just the democrats or the republicans, it was both. Members of congress expressed frustration in trying to deal with the needed compromise and the inability to achieve it. Seriousness seems to surround us.

Doctors who just want to practice medicine find it daunting to work towards a new Medicare payment system, Accountable Care Organizations, electronic medical records, and the uncertainty of how to meet all the requirements. The doctor's lounges seem to be filled with serious discussions and concerns. It can be overwhelming and frustrating and even though the PCMS board, staff and members continue to advocate for you and your patients in Washington, positive changes come slowly.

You all work very hard and I know it is a challenge for you to take the time you need for relaxation and fun. How many times have you told your patients to exercise, get plenty of sleep, and take time to relax? Good advice for your patients but also good for you. Doctors will always find someone or some cause that needs their attention, but that very task may take the only bit of energy you have left after a busy day or week. Refocus, and make sure you make the right decisions not only for your practice but for your life.

Our country continues to evolve as does the practice of medicine. Americans have faced more challenging times in the past and the challenges will continue. Although health care really is in the state of flux there is hope as we begin a new 2012 presidential campaign. Don't let the frustration and anxiety of how they are voting in Washington get you down; become involved in the Polk County Medical Society Government Relations Committee. Advocate in Washington with us September 13-14 with our DC Fly-In and speak one on one with our Iowa Congressional Delegation. Learn about the issues in DC and at the State Capitol and how they will affect your practice not only for today but in the future. Your advocacy can make a difference. It can be fun while you learn the process. If you are not sure how to become involved, the PCMS staff will help you. As the 2012 Republican presidential candidates come to Iowa, attend the meetings and help them formulate their health care agenda. This is a great opportunity for lowans.

Where we work and how we spend our time is important. There are so many ways to escape the burdens we face daily. Remember to take time to relax and have fun.

DOCTORS IN THE NEWS



Congratulations to Richard L. Deming, M.D., who was featured in the **Des Moines Register** on April 26 and 29 for organizing a survivors' hike to Mount Everest. The group was comprised of 14 survivors who fought breast, brain, tonsil and prostate cancer, leukemia, Hodgkin's lymphoma and sarcoma.



Congratulations to Carole Frier, D.O., who was appointed an alternate member of the lowa Board of Medicine and serve a nine-year term.



Congratulations to Robert Hatchitt, D.O., who was featured in the Des Moines Register on March 30 for joining Mercy East Village Urgent Care.



Congratulations to Norma Hirsch, M.D., who was featured in the **Des Moines Register** on March 30 for earning her recertification in hospice and palliative medicine through the American Board of Pediatrics.



Congratulation to Bruce Hughes, M.D., who was appointed an alternate member of the lowa Board of Medicine and serve a nine-year term.



Congratulations to Alan Koslow, M.D., who was featured in the **Des Moines Register** on April 6 for his comments on the homeopathic treatment approach.

DOCTORS IN THE NEWS



Congratulations to George Kappos, M.D., who was featured in the **Des Moines Register** Central Iowa Networking Section on March 29 as a Family Physician and owner you should get to know.



Congratulations to Robert Lee, M.D., who was elected President-Elect of the Iowa Medical Society at their annual meeting in Iowa City.



Congratulations to Neil Mandsager M.D., who received the Iowa Medical Society Physician Community Service Award for his outstanding work with Child Voice International.



Congratulations to Eric Martin M.D., who was featured in the **Des Moines Register** on April 27 for Big heart, brain on display at the Jordan Creek Town Center. The exhibit will be a visually stimulating opportunity for kids of all ages and is intended to help enlighten them about diseases of the heart and brain.



Congratulations to Pamela Nerheim, M.D., who was featured in **Business Record** for the lowa Clinic recently upgrading its remote patient monitoring system so that medical data is now instantaneously transferred from a device at the patient's home into his or her electronic medical record.



Congratulations to Deborah Turner, M.D., who was this year's featured speaker at the annual luncheon to raise awareness of the work with women struggling with the challenges of life and to generate funds to help subsidize counseling for low-income women and girls.

66 Advocacy Day, for Psychiatrist



By: Sasha Khosravi, D.O.

The 2011 Advocacy Day in Washington D.C. is one of my highlights as an early career psychiatrist. I was very excited and honored to be able to represent lowa

psychiatrists and to advocate on so many of the issues that we and our patients struggle with. I was also anxious as to how I would fare working directly with our Senators and House of Representatives and their staff.

First the American Psychiatric Association (APA) does an outstanding job of training us and preparing us for Advocacy Day on the Capitol. The majority of my first day was spent in lectures and conferences reviewing the main priority and secondary points we wanted our leaders to be aware of. All the scheduling was also through the APA advocacy group which did a great job. I was able to meet with all members or staff of the House of Representatives and I also met directly with both Senator Harkin and Senator Grassley.

There were several main priority objectives that we brought to our Congress:

1) Strong, sustained investment in research

and public mental health service programs is necessary to ensure the health of Americans and the nation's economic prosperity. Federal investment is absolutely vital in order for the National Institutes of Health (NIH) to sustain its mission of improving health through medical science breakthroughs and maintaining international leadership in science and biomedical research. Federal programs for mental health and substance use services are a key adjunct to keep people productively engaged in their communities. Indirect and direct total costs associated with serious mental illness and drug abuse and addiction are in excess of \$900 billion per year.

2) Legislation (H.R. 831/S. 483) has been introduced in Congress to deem psychologists to be "physicians" in the Medicare program. As behavioral scientists, psychologists are permitted to provide "qualified psychology services" under Part B, but deeming them to be "physicians" does not equate to medical education and residency training. APA opposes deeming psychologists to be "physicians" in the Medicare program, particularly when the problems such legislation would allegedly solve are contradicted by the facts. Psychologists already have the ability to direct the care of their patients in hospitals, current Medicare law already requires hospitals to permit them to direct the psychology services their patients are

FEATURE ARTICLE

receiving. The costs of expansion of Medicare to include psychologists as well as patient safety are major concerns.

- 3) Medicare beneficiaries are restricted to a total of 190 days of inpatient psychiatric care throughout their lifetime regardless of their need. This arbitrary cap on benefits is not imposed on any other specialty inpatient hospital service under Medicare. We urge Congress to build upon historic gains in mental health parity and enact the Medicare Mental Health Inpatient Equity Act to end one of the remaining barriers to equal access and coverage for Medicare beneficiaries.
- 4) Both Congress and Administration should continue to support programs for active military, returning military, and their families. Congressional oversight hearings are continuing to ensure fidelity of implementation and accountability. APA's priority issues include: suicide prevention, research, women's health, and assistance for caregivers. It should be noted that the VA is reporting 18 veterans take their lives daily-6750 vet suicides per year which is higher than the general population. Approximately 12% of military returning is women some of which are impacted by military sexual trauma. We are also advocating for the implementation of the Caregivers and Veterans Omnibus Health Services Act which would establish support and allow for stipends and access to health insurance for family caregivers.

Other secondary topics that were brought up were the Sustainable Growth Rate (SGR) formula which clearly does not work and needs to be replaced. The HITECH Medicare and Medicaid incentive created by American Recovery and Reinvestment Act of 2009 must be implemented in a manner that makes meaningful use of HIT possible for psychiatrists

in a range of practice settings. Finally, the continued shortage of our psychiatrists particularly in underserved areas remains a huge barrier for many patients. The demand for psychiatric physicians will continue to grow in the coming decade. Targeted efforts to promote the practice of psychiatry, especially child and adolescent and geriatric psychiatry are necessary to meet the needs of the American health care system. Federal programs to recruit and train psychiatric physicians should be expanded to address the critical shortage in psychiatric treatment for underserved populations.

As I mentioned I had the opportunity to touch base with all of our elected officials and overall was very impressed by their level of knowledge and their own personal stories of how mental health has impacted them or their families. It will yet to be seen, weather this will transcend to Federal policy with continued parity and funding.

I hope to be able to use my knowledge and experience and continue to advocate for mental health issues both at the state and national level. If you have any questions or want more specifics please do not hesitate to contact me at skhosravi@mercydesmoines. org. Many of the talking point highlights I mentioned are also available on the APA website.

Dr. Khosravi

Medical Director Mercy Behavioral Health, Child and Adolescent Division



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Ed Rund *Director of Mental Health*

Broadlawns Medical Center has long been a committed resource for the mental health and psychiatric needs of

the residents of Polk County. Over the span of the community hospital's 87 year history, capacity and expertise have continuously grown to meet the increasing demand for these services. Today, Broadlawns is the premier center for mental health and psychiatric care in Central lowa.

In the past two years, the addition of four new staff psychiatrists has assured the unwavering commitment to the future delivery of high-quality mental health and psychiatric care. A robust staff of eleven psychiatrists provides comprehensive access to psychiatric treatment in both inpatient and outpatient settings for adults, children and adolescents. The practice sees between 1,500 and 1,700 patients in outpatient visits monthly. Additionally, the

hospital has a 26-bed inpatient psychiatric unit that registers more than 750 patient days per month.

Outpatient services include the Sands Center for Psychiatric Medicine and Addiction Medicine, specialized medication clinics, an injection clinic, psychotherapy services and intensive outpatient programs for clients who have serious mental illness but do not require inpatient care.

The inpatient unit staff provides intensive psychiatric treatment and a secure environment for patients. The Broadlawns Medical Center Crisis Team provides consultation and assistance for mental health emergencies by phone or in person through the new secure Emergency Department. In addition to being the initial contact for the Inpatient Psychiatric Unit, the Crisis Team assists patients in finding programs and services that are the most appropriate for their needs.

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Zoung Frankenstein

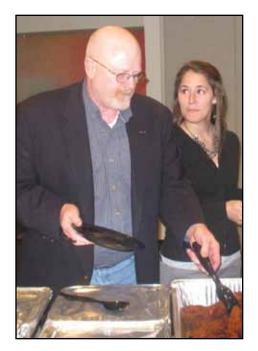
AT THE CIVIC CENTER

The Polk County Medical Society members, family, staff, and friends enjoyed the Spring Civic Center New York play of Young Frankenstein on May 6 and the dinner prior to the show. Thanks and appreciation to Foster Group and Willis Auto Campus who sponsored the dinner for the evening.



Nick, Emily, Marla and Dr. Douglas Layton

CIVIC CENTER EVENT



Dr. Ben Gaumer and Heather Gaumer



Dr. Curtis Hough Family Abbie and Mike Knapp enjoy dinner



L to R: Donny Suh, M.D., RJ Kaas, John Brown and Susan Suh

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Manmohan Singh, MD, Section Chief of psychiatry at Broadlawns Medical Center stated that Broadlawns has been strategically planning for growth of the psychiatric department. "We are especially thankful to the Broadlawns Board of Trustees and the hospital administration for having the vision to position this department for the future and helping us grow in response to increasing needs," said Dr. Singh. "In looking to the future, one of the more challenging tasks that lies ahead is to provide both psychiatric and medical care to patients in a cost-efficient, customer-focused manner."

Broadlawns is ahead of the curve when it comes to the exchange of information among its professional healthcare teams. The medical center is certified for its successful implementation of electronic medical records across all inpatient departments in the transition to paperless patient records and participation in an electronic health record (EHR) system. "We are at the same time improving quality, safety and efficiency, as we reduce health disparities,"

explained Jody Jenner, president and CEO of Broadlawns Medical Center.

Broadlawns Medical Center first opened its doors as a hospital to the residents of Polk County on April 13, 1924. Over the years, Broadlawns has adapted to the changing demands of public health care, yet remained true to its mission of offering quality health services to all Polk County residents and training tomorrow's health care professionals. Today Broadlawns Medical Center is composed of:

- An acute care community hospital serving medical, surgical, mental health and primary care needs
- A 60-member physician practice overseeing numerous specialty clinics and outpatient services
- A Family Medicine Residency Program that graduates physician leaders who today serve in 22 of lowa's 99 counties



Consequence, y

Betty Grundberg

Recent news events of innocent persons being killed by someone with mental illness tell of the tragic consequences of the lack of treatment.

Yet little notice is given to the long-term tragic effects of mental illness on both the one with the illness who is not a physical threat and on the families of those persons.

Even less information is provided that would help the readers and the communities affected realize that help for these persons is available if it can be accessed.

Many mentally ill persons do not realize they are ill. They do not acknowledge that they could and should receive help. And that is a part of their illness.

In the past, when many of the current judicial approaches to efforts to secure treatment for persons with mental illness were adopted, the current treatments were not available. Several reasons exist for the existence of a judicial model versus a medical and treatment model.

One of the reasons for the unwillingness of the judicial system to require treatments for mentally ill persons was the lack of the effective treatment. Another reason was the abuse of confinement.

But the major rationale for a judicial model was that a person should not be treated against his will. And the standard of that need is "danger to self or others." That standard is difficult to meet because of the inability of either the justice system or the medical system to determine that criteria.

That concept of "danger to self or others" should be applicable to those competent to decide whether treatment would be beneficial. However, many persons with mental illness have no ability to make that choice. The very nature of a seriously mentally ill person is a lack of awareness about the illness and the possibility of and need for treatment.

Not only have the treatments for persons with mental illness become more effective, but the research also indicates that early treatment provides much better prognosis for getting well. In the last few years, much research has been done on timely treatment versus multiple

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In Memory of

James Chambers, M.D.



A Farewell Tribute

James Chambers, M.D. one of the longest living members of the Polk County Medical Society passed away in March. Jim was born August 3, 1913 in Savanna, Illinois. He received his medical degree from Rush Medical School and was Phi Beta Kappa.

Jim met and married his wife Molly at Mercy Hospital in Des Moines during his internship. He practiced internal medicine with Dr. Harry Collins until the Pearl Harbor attack. Jim was accepted in the army where he served for 4 years in field hospitals throughout Europe. After the war he returned to Des Moines where he established a solo diagnostic clinic.

Over the years Dr. Chambers served on the staff of all of the Des Moines hospitals and on many committees. He served as Chief of Staff at Mercy and was instrumental in establishing the EKG department.

Dr. Chambers practiced for 50 years retiring in 1990 at age 77 was always a gentleman. Dr. Chambers and his wife Molly who preceded him in death had 4 sons.

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episodes of illness before treatment is begun or is continued sufficiently to make the person stable.

This lack of early treatment creates havoc not only for the individual but also for the family and the community. Co morbidity with substance abuse (which is a form of self treatment) can make a person with mental illness spiral into situations from which that person cannot recover. Even without the added factor of substance abuse, the illness itself can disrupt educational opportunities, work possibilities, and relationships that cannot be repaired.

And the confinement abuse today is primarily limited to fiction or to past personal historical accounts.

Polk County has excellent medical facilities and staff, a crisis mobile team for response to dangerous situations, excellent county financed assistance through Polk County Health Services and an excellent Orchard Place for children. But it also has over 700 individuals with mental illness who are on a waiting list for supportive services.

But, until we as a society are willing to acknowledge that wellness is essential even for those who cannot understand their need for treatment, we will continue to hear of the terrible tragedies that have received wide publicity.

And, since the vast majority of mentally ill persons are not violent, we will not hear about the individual tragedies for these bright, caring individuals who want to be productive citizens but lack the wellness to make good medical decisions.

Families and communities will continue to fight for their friends and relatives, but the fight is frequently futile because of our outdated legal response to a truly medical situation.

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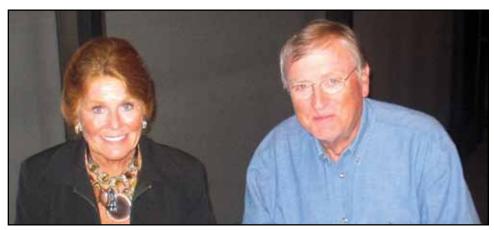
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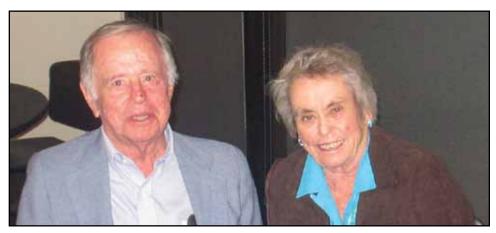
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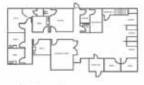
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Physician Pledge Form

The Polk County Medical Society Volunteer Physician Network (VPN) specialty care referral program is a coordinated approach to supporting physician volunteers in Central Iowa. The VPN provides access to specialty care at no cost through a network of volunteer specialists, Des Moines area hospitals and surgery centers who donate their time and services to the uninsured and underinsured, who are 200% below the federal poverty guideline.

We coordinate specialty care, including lab work, imaging, interpretive services and hospitalization when needed at no cost. Our hope is to reduce the economic impact of volunteer work in your office by rotating referrals to participating volunteers to evenly distribute free care in the medical community.

The Volunteer Physician Network wishes to thank you in advance for your interest and commitment to improving the health of the citizens in our community by volunteering your time and expertise. Please complete the VPN Pledge Form to volunteer and let us know the number of VPN patients you are willing to accept into your practice. Fax 515-288-0173.

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Number of patien	ts I will accept each	year	
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If you have questions, contact Nicci Dean, Volunteer Physician Network administrator, at 515-288-6346 or vpn2@pcms.org.

After you have signed up we will contact your office to discuss in more detail the VPN specialty care referral program.

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