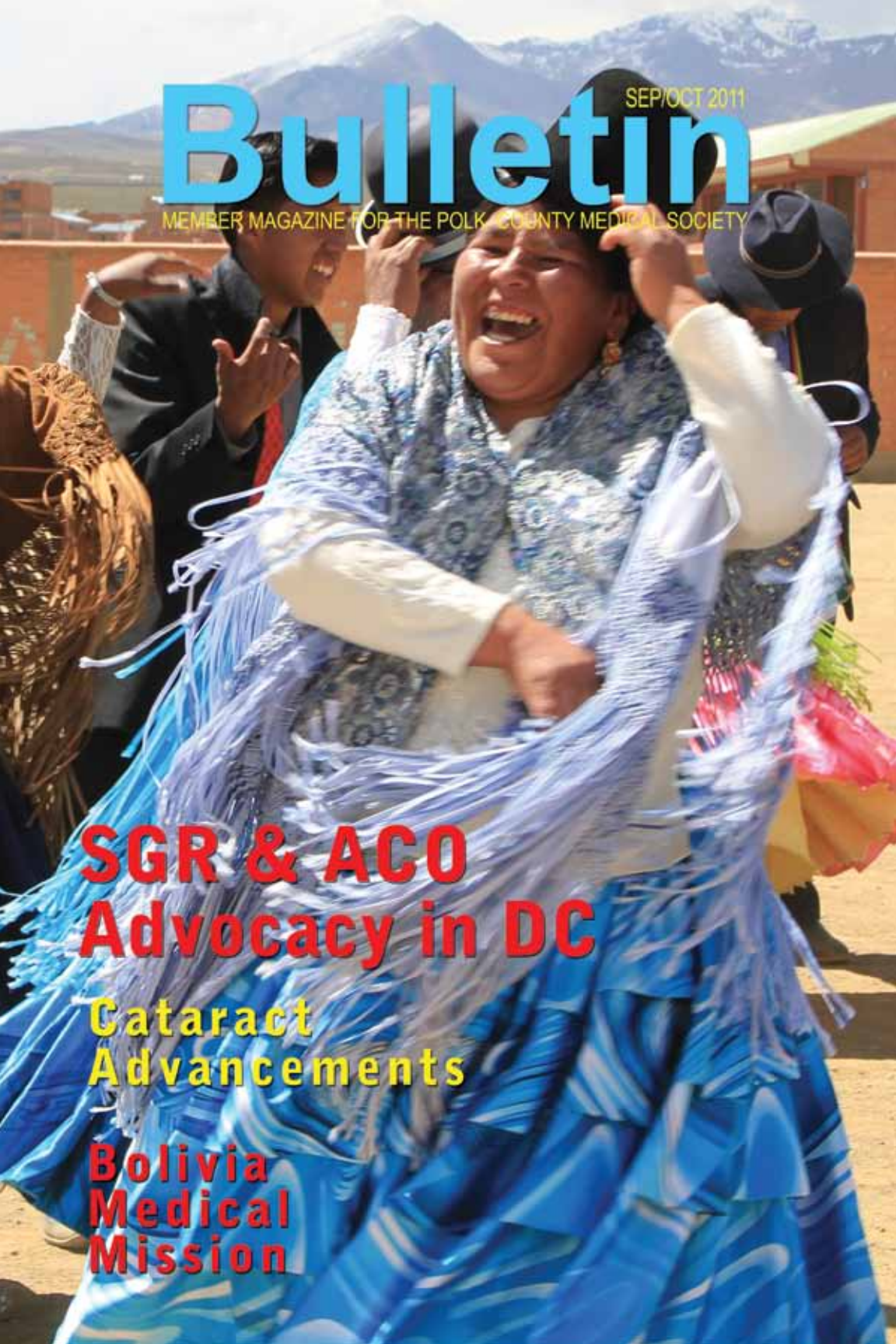
SEP/OCT 2011

Bulletin

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY



SGR & ACO Advocacy in DC

Cataract Advancements

Bolivia Medical Mission

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VOLUME 83 No. 5

Des Moines, Iowa
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Bulletin

SEP/OCT 2011

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

Inside This Issue

Feature Articles

Monthly Articles

Cover Photo Taken by Donny Suh, M.D. : Bolivia

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SGR & ACO "Advocacy" In D.C.

The Polk County Medical Society held their Washington, D. C. Fly-In September 13th and 14th when both the Senate and the House were in session. The PCMS representatives met personally with each of the Iowa Congressional Delegation to advocate on behalf of physicians and their patients. We discussed the Joint Select Committee on Deficit Reduction (also known as the "super committee") and asked that we receive support from our congressmen when they talk with their respective leaders and the super committee to repeal the SGR now instead of another short-term fix. Without changes in the final super committee proposal doctors will face a massive shortfall in January 2012 of 29.5% cuts. Our congressmen agreed that cuts of this magnitude will result in massive disruptions for Medicare patients and jeopardize senior's access to care. Eliminating the SGR is an essential element of any effort to reform Medicare.

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L-R: Lynn M. Nelson, MD, PCMS President Elect, Marty Crowder, Julie Nelson, Janie C. Hendricks, DO, PCMS Past President, Senator Charles Grassley, Kathie J. Lyman, PCMS Executive Director, Stephen R. Eckstat, DO, Matthew Eckstat, Victoria Eckstat, John H. Zittergruen, DO, PCMS President.

Grandpa is an Addict:
Big Spike in Senior Drug Abuse

John Zittergruen, D.O.

Addiction knows no age. It might be a retired gentleman who was bored so he started drinking more. It might be a grandma who was having trouble sleeping so she would pop some pills with alcohol at night to help her sleep. The lonely widow or the elderly man whose pain in his joints was getting worse. Or it might be the husband who was getting ready to retire but found out he financially can't.

A minority of people find comfort in drugs and alcohol far later in life fueled by drastic life changes, loneliness, or legitimate physical pain. Lifelong users can have liver damage, memory loss, hepatitis and a host of other medical issues.

A remarkable shift in the number of older adults reporting substance abuse problems is making this more common. In the last 10 years the treatment admissions for those 50 and older more than doubled in the U.S. Treatment professionals believe the actual number of older people with substance abuse problems is many time larger than the amount seeking help. That number will continue to grow considering our current economic problems.

What can we as physicians do? First, lobby for more facilities. While the number of older people with substance abuse problems is booming, relatively few facilities offer treatment programs specifically for their age group. Those that do offer age-specific programs say it helps their older patients relate to one another and keep them focused.

Secondly, monitor your patients closely. Watching for signs of drug dependency is important in all age groups but frequently over looked in the older age group. Lastly, do not give into the older patients request to refill the pain reliever or sleeping pill a "little" early as this just enforces their habit. Instead, suggest alternative methods for pain relief and promotion of good sleep hygiene.

We need to be aware that drug dependency/ addiction affects a wide age group and life stresses, whether physical or emotional, are frequently the cause.

"Regulatory" Changes Keep Coming"

Kathie J. Lyman

What a year, and we're only into October. There are so many regulatory changes for physicians that it is hard to keep up with the challenge of what happens when. I along with the board in September advocated on behalf of all of our members in Washington with the Iowa Congressional Delegation. I came back to the office trying to digest all of the information we heard in DC. One week later I was in a meeting with the CMS Regional Director and other medical society executives from a 5 state region in Kansas City. The overwhelming feeling was that changes are being made rapidly in DC by CMS on how physicians practice and get paid.

We learned Iowa is 1 of 4 states in 2012 that has been selected to receive Physician Feedback/ Value-Based Modifier Program from CMS. This program is for all physicians who participate in Fee-for-Service Medicare and contains two primary components:

- Physician Quality and Resource Use Reports (QRUR)
- Development and implementation of a Value-based Payment Modifier

WHY: This is part of an effort to transform Medicare from a passive payer to an active purchaser of higher quality, more efficient health care through the value-based purchasing (VBP) initiative. Physician feedback reporting was initiated under Section 131 of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) and was expanded by section 3003 of the Affordable Care Act of 2010. The Affordable Care Act directs CMS to provide information to physicians and medical practice groups about the resource use and quality of care they provide to their Medicare patients, including quantification and comparisons of patterns of resource use/cost among physicians and medical practice groups. Most resource use and quality information in the feedback reports is displayed as relative comparisons of performance among similar physicians (i.e., a peer group). Section3007 of the Affordable Care Act mandates that, by 2015, CMS begin applying a value-based payment modifier under the Medicare Physician Fee Schedule (MPFS). Both cost and quality data are to be included in calculating payments for physicians.

WHEN: Feedback Reports – 2009 to 2017 and beyond: CMS will use the physician feedback reports as the primary means of informing individual physicians and medical practice groups how their performance compares to that of their counterparts and peers within Fee-for-Service Medicare. The feedback reports provide transparent and comprehensible

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Congratulations to Jose Angel, M.D., who was featured in **DSM Magazine** August/September/October 2011 issue for Docs Giving Back.

Congratulations to Larry Baker, D.O., who was featured in the **Des Moines University Magazine** Summer 2011 for the gift of giving.

Congratulations to Atul Chawla, M.D., who was featured in the **Des Moines Register** on August 17 for implanting a Medtronic CoreValve, which is a substitute to open heart surgery.

Congratulations to Richard Deming, M.D., who was featured in **DSM Magazine** August/September/October 2011 issue for Docs Giving Back. He was also featured in the **Des Moines Register** on September 27 for taking cancer survivors on new adventures.

Congratulations to Ava Feldman, D.O., who was featured in the **Des Moines Register** on August 24 for screening patients to detect questionable skin spots.

Congratulations to Jennifer A. Groos, M.D., who was featured in the **Des Moines Register** on September 13 for how to find a pediatrician.

Congratulations to Bruce Hughes, M.D., who was featured in **DSM Magazine** August/September/October 2011 issue for Docs Giving Back.

Congratulations to Amy Kelley-Osdoba, M.D., who was featured in the **Des Moines Register** on August 24 sharing the importance of teens age 13-15 to visit a gynecologist.

Congratulations to Joshua Kindt, M.D., who was featured in the **Des Moines Register** on September 13 for how to find a pediatrician.

Congratulations to Lisa Menzies, M.D., who was featured in **DSM Magazine** August/September/October 2011 issue for Docs Giving Back.

DOCTORS IN THE NEWS

Congratulations to John Nettrour, M.D., who was featured in the **Des Moines Register** on August 31 for performing anterior hip replacement surgery on patients reducing pain and recovery time.

Congratulations to Amy Niederhauser, M.D., who was featured in the **Des Moines Register** on August 24 for sharing the importance of teens age 13-15 to visit a gynecologist.

Congratulations to Kendall Reed, D.O., who was featured in **DSM Magazine** August/September/October 2011 issue for Docs Giving Back.

EXECUTIVE DIRECTOR'S MESSAGE

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performance results to encourage more efficient and higher quality clinical practice by physicians. In 2015 and beyond, for physicians who will be impacted by the Value-Based Payment Modifier, the Quality and Resource Use Reports will contain composite measures of quality and cost that display the bases for the VBPM.

Value-based Payment Modifier – Starting in 2015, some physicians' payments by Medicare will be affected by application of the value-based Payment Modifier.

Value-based Payment Modifier – By 2017, most physicians paid under the MPFS will see the value-based payment modifier applied to claims they submit to Medicare.

WHAT YOU CAN DO: Review and comment on the 2012 PFS Proposed Rule in the "Related Links Outside CMS" section below. When you receive a confidential feedback report, please help us improve future reports by offering input and suggestions to CMS. CY2012 Medicare Physician Fee Schedule Proposed Rule. I hope this notification will help you to understand what CMS is doing in only 4 states in the Midwest and where to seek further information. **One thing is for sure, changes will continue to happen in medicine. We know, "people love progress; it's change they don't like"- Will Rogers. Be assured, when changes are proposed, the Polk County Medical Society will be there at the table representing Central Iowa Physicians.**

Iowa Ophthalmologists Provide "Sight for Soldiers"

Chris Haupert, M.D

In recent weeks, most of us have noticed the heart-warming scenes of Iowa National Guard soldiers returning from duty in Iraq and Afghanistan to the open arms of their families. Iowa ophthalmologists can take extra pride in those moments, knowing that they have enabled our troops to complete their mission safely and effectively.

In the months leading up to the largest deployment of the Iowa National Guard since World War II, ophthalmologists across the state took part in Sight for Soldiers, a program sponsored by the Iowa Academy of Ophthalmology, providing discounted laser eye surgery for deploying soldiers.

Laser eye surgery can eliminate the need for contact lenses and glasses. Contact lenses can be problematic in the Middle East due to the dry, dusty climate. Glasses can be hazardous to troops in any region because they can interfere with protective eyewear and night-vision devices. As a result, numerous deploying troops expressed interest in laser eye surgery. This operation is expensive and can be cost-prohibitive for young troops with limited financial resources. Sight for Soldiers made the procedure accessible.

I am proud to report that every laser eye surgeon in Iowa took part in Sight for Soldiers. Each surgeon submitted a package of discounted services to the Iowa Academy, which compiled that information and forwarded it to the Guard. Interested soldiers could then choose the package that worked best for them. A total of 116 troops participated. Care was taken to ensure that proper military protocol was followed and that there was sufficient recovery time prior to deployment.

Sight for Soldiers has been a smashing success. The Iowa Academy has received positive feedback from many troops and their families. Soldiers scheduled for upcoming deployments are now inquiring about the program and we are working to provide discounted surgery for

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"New Vision"
Solutions For Our Cataract Patients

S. Ejaz Husain, MD, FACS

Cataracts are an opacity or clouding of the normally crystalline lens of the eye, caused by the natural aging process, metabolic changes, injury, various forms of radiation, toxic chemicals and certain drugs. Cataracts are the leading cause of vision loss among adults age 60 or older. Cataracts impair vision, making everyday activities difficult.

Until recently, nearly everyone who had cataract surgery was fitted with the same basic monofocal intra-ocular lens (IOL) which meant that patients could either see near or far but not both without glasses. Recent innovations in IOL implants have led to the development of a variety of IOL designs, each having unique features and advancements which offer patients reduced dependency on glasses after cataract surgery. Astigmatism correcting IOLs and Multifocal lens technologies are revolutionizing the world of cataract surgery.

Over the past ten years, doctors have looked for different ways to help correct astigmatism in cataract patients. Surgeons have tried to alter the shape of the cornea by making corneal relaxing incisions during the cataract surgery procedure. Now, with the advent of more sophisticated lens technology, known as premium or life-style Toric intraocular lenses, preexisting astigmatism of the eye can be improved at the same time as cataract surgery without requiring any additional surgery such as laser vision correction or astigmatic incisions. The design of lifestyle Toric intra-ocular lenses correct preexisting astigmatism of the cornea with the same technology as contact lenses, thus improving the distance vision, and in many cases, relieving patients from dependency of distance corrective lenses after surgery. Most patients get along quite well with over the counter reading glasses only.

As we perform our daily activities such as reading, watching television or working at the computer, our eyes are constantly focusing on

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them, as well. Word is now spreading across the country, and we have begun to hear from deploying National Guardsmen from neighboring states, asking if a similar program could be put in place for their benefit.

I tip my hat to the laser eye surgeons across Iowa, and I would also like to acknowledge Tess Young, the Executive Director of the Iowa Academy, whose hard work and leadership made Sight for Soldiers a reality. The Iowa Academy is extremely fortunate to have Tess at the helm.

The next time you see our National Guard troops reuniting with their families after another successful deployment, remember that the generosity and skill of Iowa's eye surgeons has probably had a hand in the success of their mission and their safe return home.

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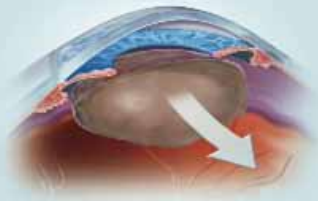
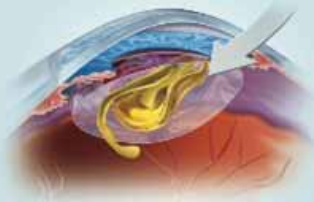
The Surgical Process



Cataract Removal

After making a small incision in your eye, your surgeon will insert a probe to break up and remove the cloudy, cataract-affected lens.



Lens Insertion

The flexible IOL is folded up and inserted into the lens capsule, at which point it opens, and its haptics, or "arms," unfold to keep it in the proper position.

Vision Restored

With the cataract removed, and the IOL in place, light can once again travel unimpeded to the back of your eye, for clearer, more youthful vision.

objects at various distances----up close, far away and in between. Unfortunately, we begin to lose this ability to vary our focus as we grow older and gradually become more dependent on bifocals or reading glasses. Multifocal life-style lenses are designed to correct cataracts and both distance and near vision simultaneously, allowing patients to enjoy a full range of vision….distance, intermediate and near. Multifocal lifestyle lenses provide a full range of functional vision for patients who have a strong desire to significantly decrease their dependence on glasses and contacts.

Nowadays, wearing reading glasses after cataract surgery is no longer the only option. Continual advancements in both the technique of performing cataract surgery and IOL choices have made modern cataract surgery a highly beneficial procedure for our patients.

Associated Ophthalmologists, PC
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(515) 244-3937 www.dmeyemd.com

"BREATHLESS EXPERIENCE"

in Bolivia

By: Donny Suh, M.D.

I had the privilege of traveling to La Paz, Bolivia with a medical organization called Vision Care Service. The objectives were to provide necessary eye care and surgeries to the nearby farming community, as well as to share knowledge with the local ophthalmologists.

La Paz, Bolivia, is the highest capitol in the world at 12,000 to 13,000 ft. above sea level, which makes it not only very challenging for the locals to live there, but also for volunteers to function effectively. The greatest unexpected challenge was acclimating to the high altitude of the region. Many volunteers suffered from altitude

sickness compounded by the lack of sleep and travel fatigue. This situation made this medical program one of the most difficult trips that I have been involved with. Oxygen tanks had to be readily available to provide oxygen to the volunteers. Many of the volunteers looked like patients themselves.

In spite of the physical challenges we met, we were truly inspired by hopeful mothers who traveled from all over the region in expectation of better vision for their children.

We also had the chance to serve the children of the local orphanages. One very timid five-year-old orphan girl comes to mind. The volunteers were so drawn to her because she was so very shy and scared before her strabismus eye surgery. We just wanted to make everything all right for her. After the surgery, she rewarded us with a smile that lit up the entire hospital.

We were able to perform 51 ocular surgeries, and examine and treat 513 outpatient adult patients, as well as 224 pediatric patients in less than a week.

Bolivia is a culture full of color and music. The people of Bolivia were very happy, optimistic, and extremely generous, especially those who

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The Polk County Medical Society delegation meeting with Representative Bruce Braley (Center Back Row).

The PCMS discussed with Representative Bruce Braley his and other members of the Quality Care Coalitions efforts to permanently fix geographic disparities in Medicare payment through their recommended Institute of Medicine report on Geographic Adjustment in Medicare Payment, Phase 1: Improving Accuracy. With the IOM's 2nd report they have acknowledged that the data that CMS uses is inaccurate in a number of areas, such as how CMS measures the costs of "office rent." IOM also points out that CMS uses many proxies, instead of hard data, and these proxies are inadequate and potentially inaccurate. Clearly, it's becoming more widely accepted that CMS' data, which they use to justify disparities in Medicare payments, is simply wrong. That said, we're still waiting for the 2nd Phase of this study to, hopefully, suggest the best solutions.

The Polk County Medical Society sincerely thanks Barbara Grassley for her hospitality in Washington D.C. We appreciate her expertise and knowledge of the White House and Washington.

Representative Tom Latham discusses medical liability reform with the Polk County Medical Society delegation. L-R: Representative Tom Latham and his legislative director Jacob Parker, Lynn M. Nelson, MD, PCMS President Elect, and Janie C. Hendricks, DO, PCMS Past President.

L-R: Doctors Janie Hendricks and John Zittergruen listen as Senator Tom Harkin discusses Accountable Care Organizations (ACO).

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"Impending Death"
of the Des Moines Medical Library Club

Edward J. Hertko, M.D.

The changing medical environment in Des Moines over the past 100 years has had its effects on the Medical Library Club.

The Medical Library Club was founded in 1912 as a study club by 5 Des Moines physicians. The 1st year's meetings were held at Drake University Medical School. With the Demise of Drake's Medical School in 1913, the meeting site moved to the Equitable building, in downtown Des Moines, where many physicians had their offices. Over the next 99 years the Medical Library Club met at various locations with hundreds of physicians.

15 years ago most of the physicians members were on the Iowa Methodist Hospital medical staff. 15-20 years ago, a library study club at Mercy Hospital and Iowa Lutheran Hospital also existed with members on the staffs of 1 or all 3 hospitals. The clubs at Mercy and Lutheran ceased to exist with the Library Club only surviving.

I joined the staff of Iowa Methodist Hospital in 1960 and was asked to consider joining the Library Club which was a great honor. If you decided to join, it was necessary to attend several indoctrination ceremonies.

Prior to the explosion of sub-specialists in the 50's and 60's, physician and surgeon club members dealt with many areas of medicine and surgery. They were interested in various topics talked about because they had some knowledge of that field. As the years went by more and more specialization occurred and the doctor had limited knowledge regarding the many areas of medicine.

Several factors occurred affecting the library club after WW2 and especially since the 50's and 60's. Where there was a gulf between MD'S and DO's. The MD's were at Mercy, Lutheran and Methodist hospitals and the DO's practiced at Des Moines General. Since most of the members of the library club practiced at Methodist, all were MD's.

The wall dividing the MD's from the DO's began

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Making a Difference for "Patients Sight"

Andrew Steffensmeier, M.D.

One of my favorite times of the week comes on the evening after my day in the operating room. I call each patient to check in and make sure their eyes are feeling comfortable and their vision is acceptable. I never know quite what to expect in response to this call. Often a surprise is found in one way or another.

One memorable call occurred last winter. "Mom and I have had an amazing evening." MJ's daughter started. I could hear a tremble in her voice as she fought to get words out without crying. I already knew it was going to be a memorable call. The nurses in the post-operative care had told me the remarkable stories of MJ's early experience with her newly restored vision. "Thank you so much." She got out, as I could almost hear a tear trickle down her cheek.

Upon seeing her daughter well for the first time in years in the post-op area, MJ exclaimed, "Boy you've put on weight." Not sure whether to smile or cry, her daughter explained to her that yes, she had gained some weight, and that she had been at her current weight for a while.

When her daughter brought the car up to the door to take her home, MJ asked, "how long have we had a white car?" She had thought it was blue.

When my call came, MJ and her daughter were reviewing photographs of MJ's grandchildren. Many of them she had never seen. They spent the evening reviewing more photos and sharing stories of the family.

MJ reminded me just how much a difference we can make for patients. She now can fix her own meals, read, enjoy watching TV and live a more independent life after a surgery for which she stayed awake and took 15 minutes to perform.

I am often asked by the staff something to the effect of, "how could s/he let it get so bad?" Of course we don't really know, but examples like MJ's case illustrate the effects of denial. Her cataracts likely came on slowly, and as the years progressed, only a small adjustment in her lifestyle was needed to maintain function. While the cumulative effect was great, at any one point in it's progression, she hadn't realized it was "that bad." Now she gets to enjoy the world around in new-found ways, and I get the satisfaction of having been able to participate in that.

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didn't seem to have much wealth. Their wealth was within their hearts and gratitude of life. Their genuine joy for life has made an indelible mark on me.

This trip has brought me priceless joy and memories of patients' faces and friendships to treasure.

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R-L: John Zittergruen, DO sharing the Polk County Medical Society's concerns on health care reform with Representative Leonard Boswell and Matthew Eckstat

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to disintegrate. In the early 70's, students from the College of Osteopathic Medicine and Surgery (COMS) downtown began making rounds with physicians at the hospitals. Also MD physicians began to lecture at the COMS on 6th Avenue. I was one of them and remember riding the freight elevator up to the 3rd floor lecture room to lecture medical students.

Along with the changing environment for the practice of medicine there was a change in the membership of the Library Club. Where there had been only MD's in the past the Library Club DO's could become members of the club. This helped bolster the number o f members and held fairly steady up until the past 10-15 years. During this time the climate has continued to change in the practice of medicine. Many physicians are specialists and have little desire to learn about what other doc's are doing. The physician is usually now practicing in a group and only know that group to any great extent. Therefore, the attendance at the Library Club has decreased greatly and at this time I would say the club is on Life Support.

Several years ago I sent out a memo to all the members of the Library Club asking them why they came to the club. The overwhelming response was for the camaraderie and not, particularly for the talk being given. They liked to get together, even though they were from a different hospital or practiced a different specialty. The members got together to talk, break bread and commiserate on many subjects. It also gave them a glimpse at what other doctors were doing.

Unless things change dramatically in the next month or two, the Des Moines Medical Library Club will be a thing of the past. It has lasted for 100 years which is pretty darned good.

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Advances in "Cataract Surgery"


Beth M. Amspaugh, M.D.


Elizabeth A. Brown, M.D.


David S. Dwyer, M.D.


Valerie K. Kounkel, D.O.


Jeffrianne S. Young, M.D.

Cataract surgery is the most common surgery performed in the United States. Despite this fact, cataracts continue to be the leading cause of blindness worldwide. While there have been tremendous advances in cataract surgery, the improved techniques have mainly been limited to the industrialized nations.

Cataract surgery was first described in the 5th century B.C. In a procedure known as "couching," a long needle was inserted from the side of the eye and used to dislocate the opaque lens into the vitreous cavity. Without a lens, vision remains very blurry. Couching is still performed in some parts of Africa today.

It wasn't until 1748 A.D. that cataracts were removed from the eye. Various techniques have been developed over the years to remove cataracts intact through incisions nearly half the circumference of the cornea. These have included external pressure from one's thumb, looped instruments, and cryo probes. Forty years ago, patients were admitted to the hospital after surgery and were required to lie flat with sandbags placed on either side or their heads to prevent wound leaks from these large incisions.

There have been many advances in cataract surgery that have made it safer and quicker with better surgical outcomes. The use of microscopes has allowed cataract surgery to become a more sophisticated procedure. For example, with high magnification we can perform a circular opening in a 10-20 nanometer thick anterior lens capsule. Instead of removing the cloudy lens of the eye in one piece, we can use phacoemulsification to break the cataract into small pieces with high frequency ultrasound vibration. The emulsified material is then aspirated from the eye. When

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stitches are necessary, high magnification allows the use of 10-0 nylon suture.

Lens implants have allowed patients to avoid wearing very thick glasses or contact lenses after surgery, and foldable lens implants have markedly reduced the necessary incision size. Most cataract surgeries are now performed under
topical anesthesia supplemented with mild IV sedation. There are still patients who are unable to hold their eye steady and require a local block or even general anesthesia.

As cataract surgery has improved, so has demand for better vision without glasses after surgery. A traditional lens implant can correct for distance vision or near vision, but not both. This type of lens does not correct for astigmatism (a common condition in which the cornea is not perfectly spherical). Newer, toric lens implants have been developed to correct astigmatism, and multifocal lens implants act like bifocals to correct for both distance and near vision. Toric and multifocal lens implants are not covered by insurance, and must be paid for by the patient. Patients may or may not be good candidates for these premium lens implants if they have specific vision demands or concurrent eye conditions. Though not yet widely accepted, "refractive lens exchange" is being performed on people who are not good LASIK surgery candidates. These patients have their clear natural lens removed and replaced with a lens implant to correct their refractive error, and eliminate dependence upon glasses.

Cataracts used to be removed when they were "ripe," or very dense. Today, surgery is performed when the cataract is visually disabling to the patient. Typically, this is when a patient's vision has dropped to 20/40 or 20/50. Some patients have cataracts that don't bother them during normal lighting, but have significant difficulty with glare from the sun or oncoming headlights. These patients are also candidates for surgery.

In 2011, cataract surgery incisions are typically less than three millimeters in length, sutures are rarely used, and patients are discharged fifteen minutes after their operation. The day after surgery, most are already enjoying improved vision and a comfortable post-operative eye. As research continues to improve intraocular lens implants and surgical techniques, there is no doubt that the next forty years will bring further improvements in the safety and outcome of cataract surgery.

Addendum--leading causes of blindness (defined as vision 20/200 or worse):

- Worldwide—cataracts
- Ages 20-60 in the U.S.—diabetic retinopathy
- Ages 60 and over in the U.S.—macular degeneration
- African Americans and Hispanics--glaucoma

MINDY MYERS PHOTOGRAPHY

ICD-10 Timeline

On **October 1, 2013**, the ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets. To accommodate the ICD-10 code structure, the transaction standards used for electronic health care claims, Version 4010/4010A, must be upgraded to Version 5010 by **January 1, 2012**.

DECEMBER 31, 2010
Internal testing of Version 5010 must be complete to achieve Level I Version 5010 compliance

JANUARY 1, 2011
Payers and providers should begin external testing of Version 5010 for electronic claims CMS begins accepting Version 5010 claims
Version 4010 claims continue to be accepted

DECEMBER 31, 2011
External testing of Version 5010 for electronic claims must be complete to achieve Level II Version 5010 compliance

JANUARY 1, 2012
All electronic claims must use Version 5010
Version 4010 claims are no longer accepted

OCTOBER 1, 2013
Claims for services provided on or after this date must use ICD-10 codes for medical diagnosis and inpatient procedures CPT codes will continue to be used for outpatient services

For a fact sheet on the ICD-10 transition, general guidance on how to prepare for it, and resources for more information. Visit **www.cms.gov/ICD10** for ICD-10 and Version 5010 resources from CMS.

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Cooper, Kareem, M.D.
Joseph, Juby, M.D.
Kennedy, Jessica, D.O.
Kozlowski, Peter, M.D.
Martis, Paul M.D.
Qamar, Summera, M.D.
Soltis, Shelly, D.O.

NOVEMBER BIRTHDAYS

1
Robert Behrens M.D.
Philip J. Colletier M.D.

2
Peter T. Hetherington D.O.
Scott Sheets D.O.

3
Joel E. Waymire M.D.

4
Steven R. Adelman D.O.
David G. Stilley M.D.

5
Stephanie Stitt Cox M.D.
Jon C. Gehrke M.D.

6
John C. Even, III M.D.
Kevin J. Koch M.D.
Nuha Shash-Barazanji M.D.

7
Andrea J. Silvers M.D.
Jean B. Spencer M.D.

8
Dennis M. Fry M.D.

9
Chinedu C. Nwosa M.D.
Matthew Spitzenberger D.O.

10
Brian L. Gallager M.D.

11
Mark R. Collison M.D.
Robert Nelson Smith D.O.
Douglas M. Timboe M.D.
Saima Zafar M.D.

12
Mark A. Barnhill D.O.
Loran F Parker M.D.

13
Cyril T. Flynn M.D.
Mark D. Woiwood M.D.

14
Thomas E. Murphy M.D.
Edward A. Steinmann D.O.

15
Hijinio Carreon D.O.
Larry Severidt M.D.
Mark K. Zlab M.D.

17
Bart P. Jenson M.D.

18
Michael A. Disbro M.D.
Bruce L. Hughes M.D.
Robert Jerstad D.O.
Bret Mcfarlin D.O.

19
Gregory J. Recker D.O.

20
David Robbins M.D.

21
Thomas R. Buroker D.O.
Jim P. Duong M.D.

22
Roy Molina M.D.

23
Tyler L. Casey M.D.

24
Rodrigo Azuero M.D.
Jason Gucfa M.D.
Jeffrey Merryman M.D.
Stephen J. Mooradian M.D.
Louis D. Rodgers M.D.
L.W. (Bill) Thalman D.O.

25
Ellen A. Dy M.D.
Matthew K. Webster D.O.

26
Todd A Eibes M.D.
Andrea H. Mcguire M.D.
Ronald A. Shirk D.O.
Kurt A. Smith D.O.

27
Margaret W. Hsieh M.D.
Mark C. Menadue D.O.

28
Eric R. Barlow M.D.
Delwin E. Quenzer M.D.
Dean A. Teeter D.O.
David Thornton D.O.
Dennis Whitmer D.O.

29
Willie Mc Clairen M.D.
Jan Franko M.D.
James S. Roloff M.D.

30
Gary S. Bremen D.O.
Patrick M. Sullivan M.D.

PCMS Members
please join
the legislators of the

84th Iowa General Assembly

2012 Legislative Breakfast

Sponsored by the
Polk County Medical Society

Wednesday, January 18, 2012
7:30 a.m. to 9:00 a.m.
Legislative Dining Room
Iowa State Capitol

ALL Polk County Medical Society members are encouraged to discuss the future healthcare of Iowans and the 2012 PCMS legislative priorities with our Iowa Delegation.

FOSTER GROUP

Please RSVP at 288-0172;
pcms@pcms.org;
or fax 288-0173

DECEMBER BIRTHDAYS

2
Darin L. Frerichs D.O.
John J. Hembry D.O.
Edward F. Loeb M.D.
Eric Meek M.D.
Leatrice A. Olson D.O.

3
Donner Dewdney M.D.
Myles K. Kawamura D.O.

4
Jeffrey P. Davick M.D.
Sarah Holland D.O.

5
Jennifer S. Cook M.D.
Larry K. Lindell M.D.

6
Sudeep K. Gupta D.O.

7
Christopher Covert D.O.

8
Kathleen Jones M.D.

9
Timothy J. Colby D.O.
Debra A. Sixta M.D.

10
Jason B. Wittmer M.D.

11
Aneesa Afroze M.D.
David M. Craven M.D.
Yogesh Shah M.D.

12
Kenneth M. Andersen M.D.
Fredric E. Sager D.O.

13
Patricia M. Kallemeier M.D.
Everett A. Nitzke M.D.
Lawrence Rettenmaier M.D.

14
Laurence J. Baker D.O.
Margaret A. Evans D.O.
Devon D. Goetz M.D.
Michael R. K. Jacoby M.D.
Kathie Lyman Executive Director
Timothy J. Vermillion D.O.

15
David Hatfield M.D.
Holly B. Healey D.O.
Lynn M. Lindaman M.D.

16
E. Michael Sarno M.D.

17
Meredith Crenshaw M.D.
Mostafa Hammoudi M.D.

18
Timothy T. Hart M.D.
Bradley K. Hiatt D.O.

19
Alan Hilgerson D.O.
Thomas A. Peacock M.D.
Stephen G. Taylor M.D.
William J. Vandivier D.O.

20
Scott P. Fackrell D.O.
John Gaffey M.D.
Karen J. Gerdes M.D.
Pitayadet Jumrussirikul M.D.

21
Wayne Belling D.O.

22
William Salow D.O.

23
Joseph O. Gilg M.D.
Jay A. Johnson D.O.

24
Joshua J. Rehmann D.O.

25
John W. Ankeny D.O.
Robert Bannister M.D.
Carole A. Frier D.O.
Richard Rinehart M.D.

26
Stephen M. Feltz M.D.
Douglas M. Workman M.D.

27
Gregory J. Berry D.O.
Jerry A. Hancock M.D.
Erin K. Herndon M.D.
Carey Wimer D.O.

28
Richard L. Deming M.D.
Jeanne M. Giddings D.O.
John F. Nettrour M.D.

29
Kaaren Olesen D.O.
Sara L. Uthe M.D.
Joel D. Stenzel M.D.
John Trible M.D.

30
Ara J. Robinson D.O.

31
Dennis K. Hopkins D.O.
Robert K. Paul M.D.
Daniel J. Schroeder M.D.
Kent C. Thieman M.D.

SAVE THE DATE

Polk County Medical Society

2012 Annual Meeting

Wednesday, February 1, 2012

Des Moines Golf & Country Club

Guest Speaker: Charles Wittmack, J.D.
World Triathlete &
Richard Deming, M.D.

The Gift of Giving

Kathie J. Lyman medical student scholarship fund

The holidays are a perfect time to contribute to the Polk County Medical Society Kathie J. Lyman medical student scholarship fund. Medical students from the University of Iowa and Des Moines University will benefit each year from your supporting medical education. Your year-end gift to the 501c3 Kathie J. Lyman Scholarship Foundation is tax deductible. The 2012 medical student recipients will be awarded their scholarship at the February 1, 2012 Annual Meeting at Des Moines Golf and Country Club.

Bulletin

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1520 High Street
Des Moines, IA 50309