

Bulletin

MAR/APR 2012

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

A photograph of an older man with white hair, smiling and speaking at a podium. He is wearing a dark suit, a white shirt, and a red tie with a yellow and white grid pattern. The background is a blue curtain.

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Mar/Apr 2012

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MAR/APR 2012

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

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So Doc -

What Would You Do If It Was You?



Lynn M. Nelson, M.D.

The background for this article relies heavily upon a recent (specifically 2/25/12) Wall Street Journal article by retired family practice physician Dr. Ken Murray. “Charlie”, a respected orthopaedic surgeon whom Dr. Murray also describes as a mentor of his, was diagnosed with pancreatic cancer and offered intervention including a surgical procedure which could triple (from 5% to 15%) his five year survival odds – albeit with a poor quality of life. “Charlie” made an informed and obviously very personal decision to focus on quality, rather than quantity, of his recent days and thus declined surgery, chemotherapy, and radiation therapy. He immediately closed his practice and focused upon spending time with his family.

In a survey of 765 physicians, approximately ten years ago, Joseph Gallo and co-authors evaluated the end of life decision making process of physicians. While only 20% of the general public had created an advanced directive, 64% of physicians had. CPR certainly can be lifesaving as is commonly portrayed in TV and movies; however, physicians with a terminal condition may decline CPR by an advanced directive as they recognize that only 8% of patients undergoing CPR survive greater than one month (per a 2010 study of 95,000 cases of CPR by Susan Diem).

Dr. Murray notes that in previous eras doctors recommended and did what they believed was best. Our medical system today, however, is based upon what patients choose (which certainly is best in the vast majority of clinical situations). Physicians generally strive to honor their patients’ wishes, but

may recommend more treatment than they themselves would choose to avoid imposing their values on the vulnerable. Physicians are in a unique position to understand and to have discussed with their families the limits of even modern medicine in treating terminal conditions.

that physicians with a difficult task of treating terminally ill patients alter their recommendations. Rather, the goal is to remind physicians of the awesome opportunity and responsibility each of us carries in influencing our patients' most important life decisions.

This article is certainly not intended to remind physicians of their mortality. Nor is the purpose to naively suggest



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“Get Involved”



By: Sherif Tewfik, M.D.

Another Iowa legislative session is in full swing. As mundane as many physicians may

seem this is, the decisions that our elected officials make directly affect our daily practices. Our team at the Iowa Society of Anesthesiologists have been fully engaged in the legislative arena for many years now. We have learned that if you do not get engaged and have a seat at the table, you often find yourself on the menu.

This year was no exception. Before the session began, we had information that the nurses were attempting to have a bill passed to allow the Iowa Board of Nursing unfettered ability to determine and define what their scope of practice would be, without input

from other professional boards, most importantly to us, the Iowa Board of Medicine. This bill would change Iowa Code 152, which currently states that the expansion of scope of practice must be agreed to by all professional boards involved with the purposed expansion. The nursing bill wanted to delete this provision. The BoN sought this new language secondary to the lawsuit brought against them and the Iowa Department of Public Health. The lawsuit was filed by the ISA and the IMS as it pertained to their expansion of ARNP practice in the use of unsupervised fluoroscopy despite the objection of the Iowa Board of Medicine. The nurses used the argument that the definition of the role of advanced registered nurse practitioners has not been updated in over 30 years. Our response was what were they trying to fix? What is the problem with the current model? The

end result is the bill did not survive the first legislative funnel and never left committee. The contacts that we have developed and maintained allow us to educate and explain the fallacy of this proposed legislation and continued to advocate for patient and public safety.

Other bills of interest include Physician Assistants wanting to increase the number of PAs supervised by a physician from three to five. Both Des Moines University and the Iowa Hospital Association are in favor of this. We are concerned of the possible safety issues for patients and increased liability exposure to the supervising physician. Also, the naturopaths are seeking licensure through the Iowa Board of Medicine. Obviously we are opposed to this bill, but the bill is still alive. The Department of Public Health has a bill that clarifies some its radiology language, we are monitoring this for any possible amendments that ARNPs may use as a vehicle for expansion of practice.

The Medicaid cuts that were implemented via emergency rules over the summer that resulted in sizable reductions in payments to hospital based physicians are being

addressed. The House Speaker, Linda Upmeyer, has championed our cause and has led a process of nullifying the rule and restoring prior payments. Most recently the nullification process passed 21-0 in committee, now on to the floor of the House. I remain optimistic on reversing the Medicaid cuts.

During our conversations with lawmakers we continually hear that physicians must not care since they don't hear from their physicians living and practicing in their districts. I urge all to contact your State Representative and Senator and let them know your points of view and offer to educate them on our issues. We all struggle to make time during our busy practices, but sending an email is simple when you visit the Iowa State Website. Get Involved!

Please contact me with any questions or comments.



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Congratulations to Douglas Massop, M.D., who was featured in the **Des Moines Register Health Section** February 1st, 2012 for performing an aortic aneurism under local anesthesia.



Congratulations to Nate Noble, D.O., who was featured in the **Des Moines Register Health Section** February 22, 2012 as the medical director at the new children's developmental center at Blank Children's Hospital.



Congratulations to Denise Sorrentino, M.D., who was featured in the **Des Moines Register Health Section** February 1st, 2012 for specializing in electrophysiology which offers low-risk curative procedures for patients.



Congratulations to Steven Bailin, M.D., who was featured in the **Des Moines Register Metro Edition** March 7th, 2012 for helping to advance the field of Electrophysiology by conducting research and providing training.



Congratulations to John Tentinger, M.D., who was featured in the **Des Moines Register Health Section** on March 7th, 2012 for discussing the benefits of 3-D Mammography now available at Broadlawns Hospital.



Advisory Committee Meeting



L-R: Jackie Strang, Rachel Thompson, Patty Walker, Dijana Ordanic, Theresa Bringleson, JoAnne Burgett, and Vicki Hertko.

The Volunteer Physician Network (VPN) Advisory Committee met February 15, 2012. Representatives included specialty groups, hospitals, financial departments, surgery centers and referring clinics. The VPN updated the group on the Iowa Department of Public Health (IDPH) Volunteer Health Care Provider Program (VHCPP). The bill HF 649 to indemnify hospitals was

vetoed by Governor Branstad. PCMS Board members and Executive Director met with the Governor to explain the importance of the bill and the need for the volunteer specialists to be indemnified while providing continuity of care to VPN patients. PCMS will be pursuing in 2012 legislation.

KEEPING UP WITH THE TIMES



Kathie J. Lyman

I recently celebrated my 21st year working at the Polk County Medical Society.

I can't believe it as I wasn't sure if I would like association work when I began, but knew I loved working with doctors. Each year we have grown stronger and more relevant. Over the years the society has changed, including me getting older, and under your very capable board's leadership each year your local professional association has never been stronger. We have new doctors joining each week, as doctors recognize that they need to speak this year working in an association, but was I presently surprised. I at the time how long I would work at the position, I love my work and am fortunate each day to work for your organization of caring doctors. The board's leadership over the years has partnered with the knowledgeable PCMS

staff making decisions that would keep up with the changes in medicine that continue to occur. The organization keeps up with the changes that have occurred and plans for the future changes that affect your practice.

of physicians that I respect that I respect and Over the years I have had the pleasure of being your executive working with a wonderful board and doctors who give of their time and energy to represent all members and their patients. Their leadership makes working with the doctors in Polk/Warren/Dallas counties a daily journey I love. The board and other members of the society are there to support the staff and that does make such a difference and a great place to work.

not only in physicians practices but in working to assure that there is access to care for all citizens and that medicine is a great opportunity. Working Taking time from their busy schedule your board

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Polk County Medical Society

“Legislative Report”

March 2012



John Cacciatore



Justin Hupfer, J.D.

The Iowa Legislature convened on January 9, 2012. The Republicans control the Iowa House, 60 – 40. The Democrats control the Iowa Senate, 26 – 24. Adjournment is expected by the middle of April.

There are a number of issues important to physicians being discussed in the Legislature this year—prominent among these issues is Medicaid reimbursement. There have been a series of cuts over the last two years and another cut is being proposed this year—described in more detail below.

HJR 2008 has been introduced and it would nullify the administrative rules adopted in 2011 that align Medicaid rates with Medicare rates for procedures performed in a facility (versus office) setting. This purported \$1 million cut to physician reimbursement from

2011 ballooned to nearly \$6 million after the rules were implemented late last summer. PCMS is working with other physician organizations to nullify the rule and, in essence, tell Iowa Medicaid to start over on this cost containment strategy.

The Health and Human Services Appropriations Bill, HF 2435, also contains over \$10 million in additional reductions to physician reimbursement through Medicare Crossover Claims. The legislation again gives the Department of Human Services the ability to implement this cut through emergency rules. PCMS has registered against HF 2435 and will be working with other physician organizations to remove this provision from the bill.

The Volunteer Provider Network administered by PCMS receives funding

to run this referral service for patients to receive free specialty care through the state sponsored Volunteer Health Care Provider Program. HF 2435 maintains the current level of funding for this program. PCMS is working with the Legislature to increase the funding to cover the increasing demands and cost of the program.

The Iowa Board of Nursing offered legislation this session to expand the Board of Nursing's ability to define scope of practice, SSB 3044. PCMS opposes this legislation since it would allow the Board of Nursing to unilaterally determine what healthcare services can be provided by nurses—even if those services overlap into the practice of medicine. This legislation died at the first legislative funnel in February.

An effort to license the practice of naturopathic medicine is back before the Legislature this year. SF 2154 cleared a Senate committee, but is sitting on the Senate calendar. A similar House bill died at the first legislative funnel. PCMS opposes this bill.

Legislation to allow one physician to supervise five physician assistants is under consideration this year. SF 2185 has passed the Senate and is awaiting a hearing in the House. PCMS opposes this legislation.

PCMS supports the Iowa Medical Society's (IMS) effort to pass certificate of merit legislation. IMS worked with Sen. Hogg for a legislative vehicle to emerge from the Senate Judiciary Committee to be debated on the Senate floor. SF 2305—while not

providing any relief from frivolous lawsuits by itself—provides an opportunity for certificate of merit to be amended onto the bill for consideration by the Iowa Senate. Certificate of merit legislation, HF 490, passed the House last year.

One of the major issues being discussed this session is reforming Iowa's mental health delivery system. Legislators on both sides of the aisle agree that Iowa's current antiquated model of 99 county-run mental health systems has led to fragmented care and geographic disparity. In a step to address this, last session lawmakers passed legislation to repeal the current system at the end of the 2012 fiscal year. Between sessions, a taskforce devoted significant time toward crafting recommendations for a new regional care delivery model. Legislators are working to craft these recommendations into legislation. HF 2431, SF 2315 and HF 2148 are under consideration to reform the mental health delivery system. A significant issue legislators have yet to solve is determining how best to pay for the reformation and service delivery.

Thanks to the Polk County Medical Society Doctors for contacting you legislators to ask them to oppose or support bills that effect the practice of medicine. Your efforts are important and appreciated. We will continue to keep you updated as the Legislature considers bills affecting physicians and the practice of medicine.

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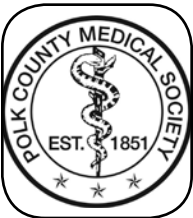
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and members take time to meet with our Iowa congressional delegation and our Iowa legislators to advocate on your behalf. Over the years this has been one of the most important part of our work representing you. It did take awhile, but over the years so many of your colleagues have become involved in advocacy, talked with Iowa Legislators and our congressional delegation. I actually know that there are many who now feel comfortable representing you and know how important it is.

Your president and I attend the AMA National Advocacy Conference annually to meet with our congressional delegation for the practice of medicine. Year after year we discuss the need to repeal the SGR and permanently fix physicians payments along with other important issues. This is one of many conversations that your board members, Government Relations and PCMS members have with our congressmen on your behalf and that of your patients.

NEWS....NEWS....NEWS....NEWS....NEWS....NEWS!

Polk County Medical Society wants to know what's new with you. Have you been appointed to a board or received an award? Please take a moment to write in below what's new with you!

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What's new: _____

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