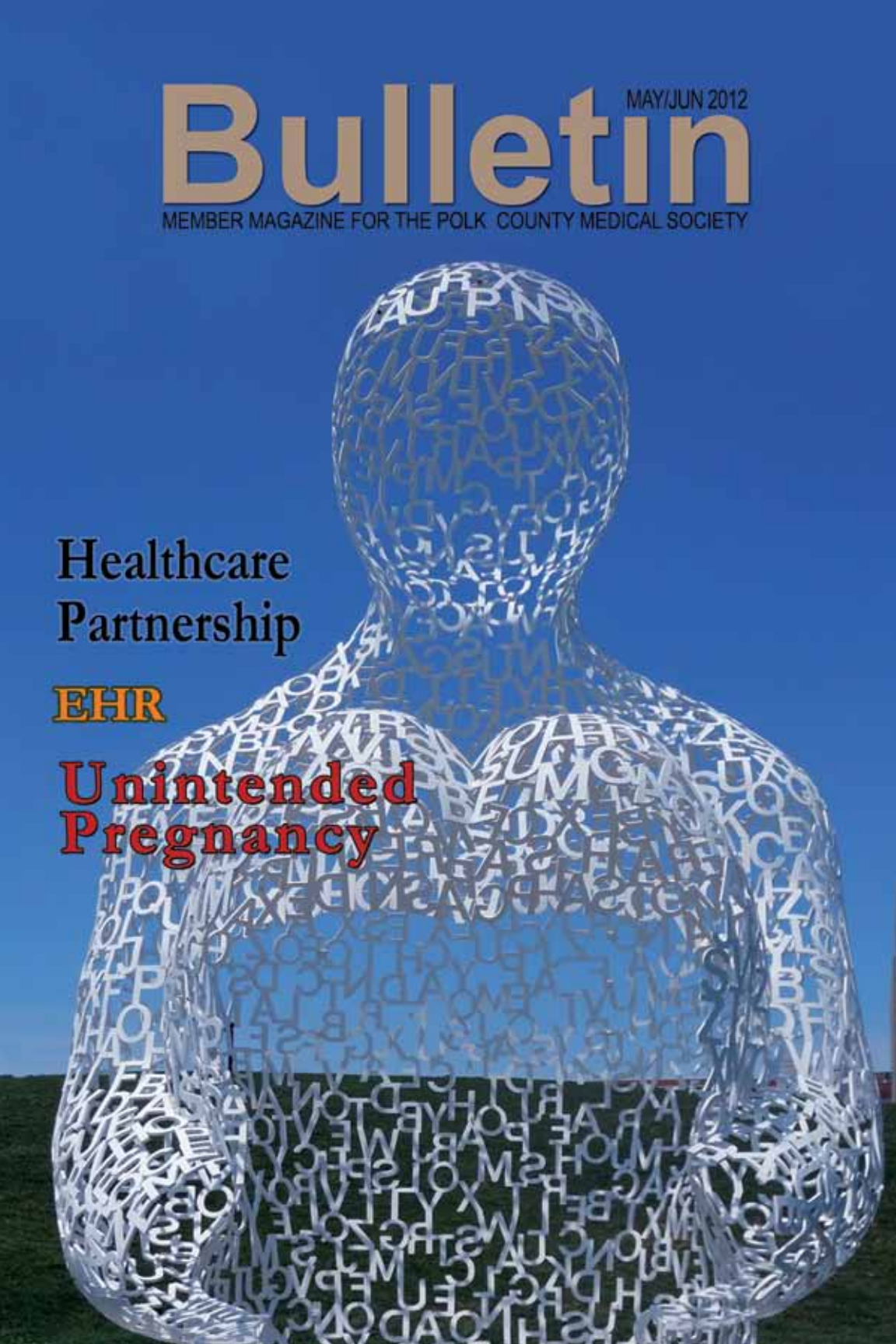
Bulletin

MAY/JUN 2012

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY



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THE POLK COUNTY MEDICAL SOCIETY

Official Publication of the Polk County Medical Society

VOLUME 84 No. 3

Des Moines, Iowa
May/Jun 2012

Bulletin

MAY/JUN 2012

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

Inside This Issue

Feature Articles

Monthly Articles

Cover Photo: "Nomade," by the Spanish sculptor Jaume Plensa, a 27-foot-tall hollow human form made of a latticework of white steel letters.

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

The Polk County Medical Society members, staff, family and friends enjoyed Memphis at the Civic Center, April 28th. The members and guests enjoyed camaraderie and dinner prior to viewing the hot new Broadway musical and winner of four 2010 Tony Awards, including Best Musical. Memphis bursted off the stage with explosive dancing, irresistible songs and a thrilling tale of fame and forbidden love. This musical was inspired by actual events and was filled with laughter, soaring emotion and roof raising rock 'n' roll.

PCMS Members and guests enjoying dinner and conversation prior to the play "Memphis".

continued on page 16

YOUR

VOLUNTEER PHYSICIAN NETWORK

Lynn M. Nelson, M.D.

One of your Polk County Medical Society's primary functions is overseeing and operating the Volunteer Physician Network (VPN). VPN is a community partnership formed by the Polk County Medical Society to improve access to specialty health care for low income, uninsured residents of Iowa. It is designed to enhance the work of existing safety net clinics and other community agencies.

VPN patients have no health insurance, typically work one or more low-wage jobs and earn too much or are otherwise ineligible to quality for government assisted programs such as Medicaid, Iowa Cares, or Hawk I. Many of these low-income, uninsured patients receive primary care services through safety net clinics including Broadlawns Primary Care, Free Clinics of Iowa (35), La Clinica, Polk County Health Department, Primary Health Care (East, North and South), Proteus, and Venus Family Planning. Although these clinics provide excellent primary care, there is limited access to specialist care. The VPN program helps fill that need. Polk County Medical Society's referral program ensures efficient and equitable use of volunteer physicians' care by rotating the specialist. VPN also strives to provide, as needed, full free interpretative services.

VPN facilitated 986 specialty care referrals for central Iowans in fiscal year 2010/2011 by 425 Polk County Medical Society specialists. The value of free care provided was nearly $3 million. VPN makes every attempt to distribute referrals equally to specialists and to hospital systems.

VPN currently faces 2 major challenges - funding and shortages of certain types of specialists.

VPN is non-profit funded separately from Polk County Medical Society. Previously, VPN relied upon federal government "earmarks," which currently are "politically impossible" and therefore not available, for a significant portion of its budget. Fortunately, the State of Iowa recognizes VPN's value and provides significant financial support, but not the entire operational budget. Unfortunately, none of the health insurers with a significant presence in central Iowa provide funding. Polk County Medical Society administration and board members continue to diligently pursue and explore additional funding options to keep the program operational.

Additional general surgeons and orthopedic surgeons are needed as well as other specialties. The Polk County Medical Society continues to work to secure volunteers to volunteer to treat patients in those specialties so the patient doesn't have to wait months to obtain care.

The PCMS over the past 3 years actively worked with the Iowa Legislature to have a bill passed that allowing physicians to sign up with the state and receive indemnification when treating VPN patients along with tail coverage for those patients. However, the law also required that the physicians' practice (other than just the individual physician) to "sign on" to the program first, and the group be recognized by the state, prior to the individual physician participating (although only interested physicians needed to participate). This legislation resulted in decreased participation by some groups.

Polk County Medical Society administration and board members are actively educating interested specialists and their practice administrators on the VPN and believe the shortage will be short-lived by your volunteerism.

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Here's How Easy It Is For A Specialist To Volunteer Through The VPN

All you need to do to become a volunteer is:

1. **Sign a VPN pledge form and agree to accept a designated number of VPN patients.**
2. **VPN contacts your office staff to schedule an appointment and send the patient referral information.**
3. **You treat the patient in your office.**
4. **After the appointment, your office faxes treatment information back to the referring clinic.**
5. **If you determine the patient needs additional services, the VPN will coordinate all further services requested including follow up appointments.**

To sign up please contact Nicci Dean, VPN administrator
515-288-6346 or vpn2@pcms.org

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—Thomasine Durham

ELECTRONIC RECORDS

William Vandivier, D.O.

An ambulatory electronic health record, or AEHR, has been one of the most important decisions on the minds of doctors and medical groups for the last decade. As the Medicare guideline for reimbursement draws near, the pressure to get electronic health record implemented has become more important.

Mercy Clinics Inc., a subdivision of Catholic Health Initiatives (CHI), has recently undergone implementation of an electronic health record. Five years prior to the current roll out, Mercy Clinics began an AEHR selection process. As the time drew near to purchase the program and start implementation, CHI decided to implement a nationwide roll out for all of their health systems, which includes over 70 hospital from coast to coast. Allscripts was the program chosen on the ambulatory side, believing that Allscripts had the most experience in large roll outs. Mercy Clinics in Des Moines was selected as the Beta site for the ambulatory health record with the first clinics going live in April of 2011. Since that time, roll out has continued and now includes all primary care locations including family practice, pediatrics, and internal medicine, as well as, specialty clinics. The specialty clinics include ENT, rheumatology, neurology, general surgery, medical oncology, GI, and endocrinology.

The transition from paper charts to an electronic record has been a dramatic change and has required a tremendous amount of effort from our physicians and staff. Before the go live date for AEHR, each physician went through eight hours of training in the use of the program. Once a clinic reached their go live date, on site trainers were available for all staff to ease the transition with the new electronic record. Furthermore, these trainers continue to be available for providers to offer ongoing training and support as functionality and best practices are ironed out. Primary care has most of their program build and continues to strive for efficiency in the daily workflow. We continue to struggle with the complexities of the system and the extra time it takes to perform the same functions as before in a timely manner. The new workflows have created the added stress of keeping up with a busy practice while maintaining patient, staff, and physician satisfaction.

Some of the items we are still working on include the specialist builds. Due to the individual needs of the specialties, multiple

continued on page 10

continued from page 10

tests of the templates are needed to make sure the functionality of the program meets the provider's expectations. Moreover, a copy to provider interface is currently being worked on. When it is finalized, a simple button click will carbon copy a provider's note to all the other physicians working with the patient. As exposure to the program continues, we are discovering that staff and providers alike are learning many of the advanced features to improve their workload beyond what was taught to them in the startup class.

Throughout the implementation of the AEHR system, several lessons have been learned. One of the most important was the need to have critical patient data, such as; medications, allergies, problem lists, and past medical history, entered into the record before the physician sees the patient. One of the biggest debates we had going into the AEHR process was how much of the old chart to scan. Once we went live we realized how labor intensive it is to look through loads of scanned documents. Therefore, this critical data is better served by an abstraction of the chart by a team member, thereby making the data searchable. Another lesson encompasses dictation, although helpful and more time efficient, dictation does not enter the information into the searchable data of the record. This becomes a problem within the note, because the boxes need to be checked in order for the program to collate the data for tracking and billing purposes. Without the individual boxes being checked, data collection necessary for chronic care management and meaningful use becomes compromised.

As a system, we still have many items to figure out to get to a complete electronic record. The education of how to use the chart efficiently and effectively is an ongoing process as well. The physicians and staff at Mercy Clinics need to be commended for the amount of dedication and over-time they have spent to make sure that the patient experience is uninterrupted and seamless. As we move through some major and minor problems with the ambulatory health record, it will be the physicians and staff that will continue to make sure each and every patient is taken care of in a timely and compassionate manner, in spite of the change to electronic health record.

As the national implementation continues, locally the goal is to have one unified record throughout all Mercy Clinics and Mercy Hospitals. Furthermore, beyond the clinical aspects of the health record, a patient portal is planned in which a patient can get a copy of their records or see a report of their health problems at any time. Ideally, that patient portal would be able to interface with any Hospital system, not just Mercy, so that individual patient care continues to be the focus of any patient experience. For now, the switch to ambulatory electronic health records has not been as smooth as we had hoped. We are confident, however, that with further time and experience with the program we will have an efficient and complete electronic health record in the near future.

THE PARTNERSHIP FOR PATIENTS

Tom Evans, M.D.

The Iowa Healthcare Collaborative facilitates exceptional healthcare quality and safety for Iowans. Established in 2005 by Iowa physicians and hospitals, this statewide provider-led initiative promotes an Iowa healthcare culture that strives to provide the most effective and efficient care in the nation.

And it couldn't come at a better time. Though we've heard about a move from volume-based to value-based reimbursement for most of our careers, the era of health care reform has officially begun. The cost of the healthcare system and the baby boomers generation coming of age for Medicare has made this transition a certainty. Current "medical home" and "accountable care organization" efforts are designed to provide sustainability for efforts to promote population-based care.

The federal government is launching a myriad of programs designed to spur innovation. The Partnership for Patients is a national campaign to promote improvements in patient safety and care coordination.

The goals are by the end of 2013 to:

- Reduce the hospital 30-day readmission rate by 20%
- Reduce the rate of a selected set of hospital-acquired conditions by 40%

Iowa is the first state in the country to have 100% of the hospitals committed to the campaign. This achievement was recognized by HHS Secretary Kathleen Sebelius. But that's just the beginning. IHC has recently contracted with the CMS Innovation Center to provide educational resources to Iowa hospitals and physicians to achieve these aims. Sharing best practices, improving patient safety and promoting better care transitions are not only critical new skills, they're good medicine.

Healthcare reform is upon us. Iowa physicians have a clear role to play in leading this change. The Iowa Healthcare Collaborative is there to partner with you in this bold new era.

2012 Final "Legislative Report"

John Cacciatore

Justin Hupfer, J.D.

The Iowa Legislature adjourned May 9th. There were a number of issues important to physicians discussed in the Legislature this year – prominent among these issues was Medicaid reimbursement. There have been a series of cuts over the last two years and another cut was being proposed at the start of this year (described in more detail below).

Iowa Medicaid, in collaboration with the Governor's office, proposed approximately $10 million in reductions to physician reimbursement through Medicare Crossover Claims. The proposal gave the Department of Human Services (DHS) and Iowa Medicaid the ability to implement this cut through emergency rules. PCMS opposed this proposal, worked with other physician organizations and was successful in keeping this cut out of the final Health and Human Services Appropriations bill.

You may recall, from the 2011 legislative session, the cut to physician reimbursement which was based on facility versus office setting. The legislature provided DHS with authority to write emergency rules to implement those cuts—and those rules were written in July of 2011. HJR 2008 nullified the department's administrative rules adopted in 2011, that aligned Medicaid rates with Medicare rates for procedures performed in a facility (versus office) setting. This purported $1 million cut to physician reimbursement from 2011 had ballooned to nearly $6 million. PCMS worked with other physician organizations to nullify the rule and, in essence, tell Iowa Medicaid to start over on this cost containment strategy and keep the impact limited to $1 million in savings. HJR 2008 passed both chambers of the Legislature on unanimous votes, therefore eliminating this 2011 cut to physicians effective immediately. The Legislature approved authorizing Iowa Medicaid to align Medicaid rates with Medicare rates for procedures performed in a facility setting and limited the impact to $1 million in savings.

The Volunteer Provider Network administered by PCMS receives funding to run this referral service for patients to

continued on page 22

Congratulations to Jason Kessler, M.D. who was selected to serve on an expert panel to rate and review quality indicators being developed by the Center for Excellence for Quality of Care Measures for Children with Complex Needs. The Center is based in Seattle and the project is being conducted in conjunction with AHRQ and CMS.

Congratulations to Jared Nielsen, M.D. who was featured in the **Des Moines Register Health Section** March 21st, 2012 for his participation in the injection treatment and research for Macular Degeneration.

Congratulations to Craig Clark, D.O., who was featured February 3rd, 2012 on **KCCI News Channel 8** discussing the cardiac risks associated with use of K12 and bath salts.

Congratulations to David Hockmuth, M.D. who was featured in the **Des Moines Register Iowa Life Section** April 18, 2012 for being part of an international medical team that traveled to Mexico's Yucatan Peninsula to screen patients for heart defects.

Congratulations to Richard Deming, M.D. who was featured in the **Business Record** on May 4, 2012 for his impact of philanthropy in the community. Dr. Deming was named the 2011 Individual Philanthropist of the Year by the Central Iowa Chapter of the Association of Fundraising Professionals.

DOCTORS IN THE NEWS

Congratulations to Rob Lee, M.D. who was elected President at the Iowa Medical Society's Annual Meeting in April 2012.

Congratulations to Jeff Maire, D.O. who was elected Board Chair at the Iowa Medical Society's Annual Meeting in April.

Congratulations to Carole Frier, D.O. who was elected as an AMA Delegate effective 1/1/13, at the Iowa Medical Society's Annual Meeting in April.

NEW MEMBERS

Bermel, Holley, D.O.
Education: Des Moines University
Residency: Iowa Lutheran Hospital
Specialty: Family Practice

Dr. Bermel currently practices at Parks Area Family Physicians, 2301 E. 14th Street, Des Moines, IA 50316

SEND PCMS DUES TODAY

continued from page 4

L-R: Doctors Terri and David Plundo

L-R: Dr. Gary Bremen and wife Linda

L-R: Dr. Lynn Nelson, PCMS President and wife Julie

L-R: Reed Rindernecht of Foster Group and wife Kristin

L-R: Dr. Donny Suh and wife Susan

L-R: Doctors Doug and Kate Massop

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Monday, October 1st, 2012

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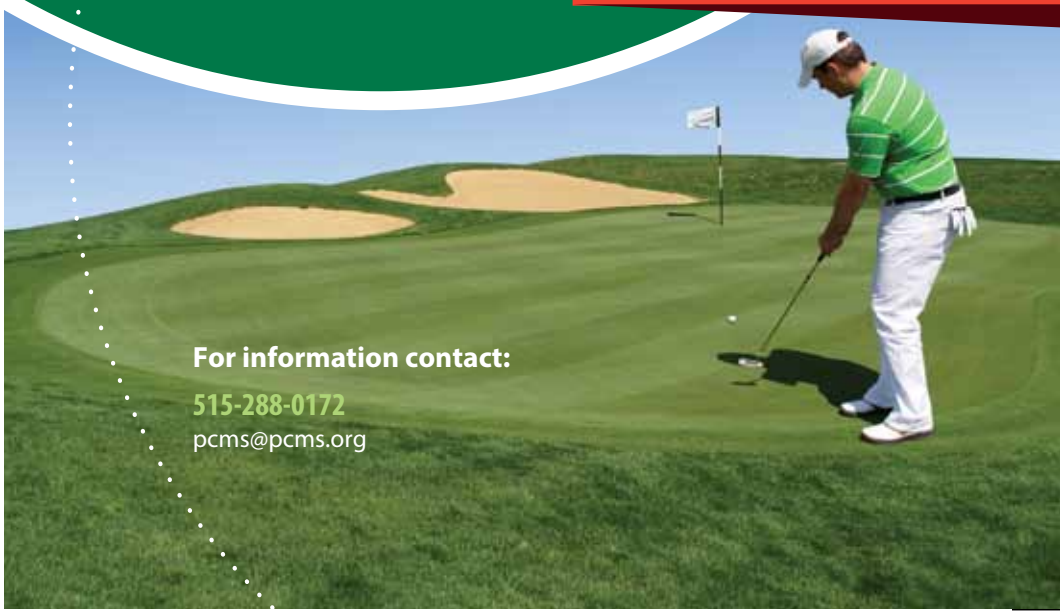
2ND ANNUAL CHARITY GOLF TOURNAMENT



For information contact:

515-288-0172

pcms@pcms.org

Life is Complicated; Birth Control Doesn't Have to Be

Sally Pederson, Executive Director, Iowa Initative to Reduce Unintended Pregnancies

It comes as a shock to most Iowans, and it may come as a surprise to you, that almost half (47%) of all pregnancies among Iowa women ages 18-30 are unintended. That's right—almost half of all pregnancies are unintended.

That figure mirrors the national average. That's why Iowa was chosen, by a non-profit foundation, as one of two states for a five-year demonstration project to reduce unintended pregnancies and abortions (Colorado is the other).

The Iowa Initiative to Reduce Unintended Pregnancies began in 2008 in partnership with the Iowa Department of Public Health, the Family Planning Council of Iowa, and the Center for Social and Behavioral Research at the University of Northern Iowa.

Through private funding, the Iowa Initiative has invested millions of dollars to increase access to family planning services for women who can not afford health insurance, making long-acting reversible contraceptives, like intrauterine devices (IUDs) and implants available free or at reduced cost through Title X health clinics.

The Center for Social and Behavioral Research in collaboration with the University of Iowa College of Public Health and the University of Alabama/ Birmingham conducted five studies designed to increase knowledge and use of contraceptives among women who wished to avoid pregnancy. The projects included interventions in various settings including pharmacies, hair salons, college campuses, and outreach and marketing through TV, radio, the internet, and at public events throughout the state. Perhaps you have seen the state-wide campaign called **"Until Your Ready, Avoid the Stork"** which included TV, radio, billboards and social media aimed at the target age group.

Currently in our fifth and final year, the Iowa Initiative soon will be releasing a report sharing what we have learned. Independent evaluators are gathering the data reflecting changes in the use of long-acting reversible contraceptives and rates of unintended pregnancies and abortions. Those results, along with the data from the five studies mentioned above, will be made available to medical professionals, policymakers and the public this fall.

Unintended pregnancies increase the risk of unhealthy outcomes for children and families and cost Iowa taxpayers millions of dollars annually. We can do something about it.

Iowa's experience can be a model for the nation and provide health care professionals and policymakers evidence-based information to guide future decision-making. Learn more at: IowaInitiative.org or contact spederson@iowainitiative.org

continued from page 13

receive free specialty care through the state sponsored Volunteer Health Care Provider Program. VPN provided 1748 free specialty care referrals in 2010 and saved the State of Iowa over $3 million by providing free specialty care when needed to uninsured Iowans through this program. PCMS worked with legislators in both chambers to secure funding of $310,000, an increase of $50,000 with a portion designed to support the PCMS VPN services.

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 opposed 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. This bill was strongly opposed by all physician organizations, as it would have enabled the Board of Nursing to set scope of practice for nurses without any legislative oversight—or oversight from the Board of Medicine.

An effort to license the practice of naturopathic medicine was back before the Legislature this year. SF 2154 cleared a Senate committee, but was not taken up on the Senate floor. A similar House bill died at the first legislative funnel. PCMS opposed this bill.

Legislation to allow one physician to supervise five physician assistants (versus the three permitted in current law) was proposed this year. SF 2185 was passed by the Legislature and approved by Gov. Branstad. PCMS opposed 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. The Senate Judiciary Committee amended HF 409 so certificate of merit could be discussed on the Senate floor. Unfortunately, the Senate did not take up HF 409, which passed the House last year.

One of the major issues discussed this session was 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 and developed recommendations for a new regional care delivery model. Legislators crafted these recommendations into legislation. SF 2315 was passed to reform the mental health delivery system into a regionally organized and locally engaged delivery system.

We appreciate the effort made by Polk County Medical Society physicians to reach out to their local legislators. Your outreach had an impact on legislators as they considered more reductions in Medicaid reimbursement to physicians. The end result was that those reductions were not enacted.

The Governor has until June 8th to act on legislation. We will update PCMS if the Governor takes any action contrary to legislative action impacting physicians.

We will continue to keep PCMS apprised of legislative or administrative rules developments during the legislative interim period.

JOIN IOWA MEDICAID TO BUILD HEALTH HOMES

Jason R. Kessler, MD, FAAP, CHBE
Medical Director Iowa Medicaid Enterprise

The Iowa Medicaid Enterprise (IME) is rolling out a new program to help people with chronic medical conditions. You can help make this program a success! Health Homes for Medicaid members with chronic medical conditions will allow providers to increase the value and quality of services by becoming health homes. IME is enrolling providers now and we want providers to participate.

What can providers achieve in a health home approach? Because of a new payment structure, providers can practice more proactive, coordinated care. There will be more opportunities to track, coach and engage patients. With improved communication and utilization of health information technology, better patient outcomes will be achieved.

For Iowa Medicaid members, health homes will mean better coordination and management of their often complex care. They will receive help navigating multiple systems and be more engaged in their own care. They will have access to a wider range of services.

The State of Iowa will benefit from improved health for Medicaid members with difficult health challenges. Overall savings will be due to use of health care services that reduce use of ER and hospital admissions. Health Home implementation provides access to temporary enhanced Federal funding under the Affordable Care Act.

The health home is based on the Patient-Centered Medical Home (PCMH). PCMH is not new for most primary care physicians. The term "Medical Home" was coined by the American Academy of Pediatrics (AAP) in 1967 as an efficient model to care for special needs children. It has since been recognized that the model is appropriate for people of all ages and abilities, particularly those suffering from chronic conditions.

In February, 2007, the AAP, the American Academy of Family Physicians (AAFP), the American College of Physicians (ACP) and the American Osteopathic Association

continued on page 24

continued from page 23

(AOA) published the Joint Principles of the Patient-Centered Medical Home. The seven principles include:

- a personal physician for each patient,
- a physician-directed team,
- a whole-person orientation,
- coordinated and integrated care,
- an emphasis on quality and safety,
- enhanced access to care and
- a payment structure that recognizes the added value of the PCMH.

A "Health Home" is largely the same as a "Medical Home" with added flexibility around the location at which services like care coordination are provided.

The Iowa Medicaid Enterprise (IME) has experience with the PCMH model through the 2010-2012 expansion of the IowaCare program. IowaCare is a limited benefit program for adults ages 19 to 64 who would not otherwise qualify for Medicaid. The program expanded from a provider panel limited to the University of Iowa and Broadlawns Medical Center, to a panel that now includes 6 FQHCs in addition to the two original providers. The expansion led to improved access to primary care services for IowaCare members and improved care as measured by a set of quality metrics.

IME has begun enrolling providers to be Health Homes for Medicaid members with chronic conditions. A Health Home is expected to adhere to the Health Home provider standards and will be required to work towards a PCMH recognition, such as NCQA.

In order to perform the tasks associated with being a health home, certain roles must be filled. Health homes must have at least one designated practitioner and identify the primary care provider for each member. A dedicated care coordinator is required and health coaching must be available. Every clinic will also need clinical support staff. IME is not mandating staffing patterns and few prerequisites exist for each role, so there may be overlap between roles. Each may be filled by more than one person, or more than one role may be filled by a single person, as long as the duties are all performed.

Iowa Medicaid members with full Medicaid benefits qualify for enrollment in a Health Home if they have two or more qualifying conditions or they have one and are at risk of a second. The qualifying conditions are:

- hypertension,
- overweight/obesity,
- heart disease,
- diabetes,
- asthma,
- substance abuse and
- mental health conditions.

A Health Home provider can identify and enroll qualifying patients in the program. Providers are asked to use a simple tool to assign each enrollee into one of four risk tiers. The Health Home is then paid to provide health homes services, based on the risk tier. Reimbursement is between $12.80 and $76.81 per month to provide for the Health Home needs of the member. Providers continue to receive fee-for-

continued on page 26

JULY BIRTHDAYS

1
John P. Clark, D.O.
Nicholas J. Galioto, M.D.
Mark B. Kirkland, D.O.

2
Matthew Dewall, M.D.
Mark L. Smolik, M.D.

3
James Bell, M.D.
Joshua Kindt, M.D.
Ganga Prabhakar, M.D.
Heather A. Weber, D.O.
Jay M. Yans, M.D.

4
Ryan Roe, D.O.
Stephanie J. Turcotte, D.O.

6
Robin W. Barnett, D.O.
Christopher Champion, D.O.
Amro El Feki, M.D.
J. William Holtze, M.D.
David R. Laughrun, M.D.
Timothy C. Mc Coy, D.O.
Timothy D. Peterson, M.D.
Kevin M. Rahner, D.O.
Carlos Rodriquez, M.D.

8
Bruce L. Buchsbaum, M.D.
Mustafa El-Dadah, M.D.
Christopher L. Haupert, M.D.

9
Steven Dawson, M.D.
Joel A. From, M.D.
William F. Maher, D.O.
Dean W. Moews, M.D.
Jason D. Stecker, D.O.

10
Ze-Hui Han, M.D.
Soren R. Kraemer, M.D.
Teresa L. La Masters, M.D.

11
Don C. Green, M.D.
Steven P. Heddinger, M.D.
Mohammad S. Iqbal, M.D.

12
Bradley J. Archer, M.D.
George T. Kappos, M.D.
Roger D. Kinkor, M.D.
Roy W. Overton, III D.O.
Linda Railsback, M.D.

13
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Asha Madia, M.D.
Devi J. Mikkilineni, M.D.
Randolph R. Rough, M.D.

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James A. Davison, M.D.
Kathryn N. Martin, D.O.
Onyebuchi Ukabiala, M.D.

16
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Darrel Devick, D.O.
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John Tentinger, M.D.

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Karen Kemp-Glock, D.O.
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Brandon E. Madson, M.D.

21
Casey Clor, M.D.

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Judy R. Walker, M.D.

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Robert J. Moran, D.O.

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Frank N. Haugland, M.D.
25
Maria-Victoria Dajud, M.D.

26
Jeffrey A. Rodgers, M.D.

28
Steven M. Bunge, M.D.
Kevin Took, M.D.

29
Susan L. Beck, M.D.
Shawn Johnson, D.O.
Glenace B. Shank, D.O.
Dustin Wiemers, M.D.

30
Andrew Bean, M.D.
Valerie Kounkel, D.O.
Timothy M. Schurman, M.D.
Lisa A. Veach, M.D.

continued from page 26

service payments for Medicaid-covered services.

Beginning in year two, providers can earn additional bonuses for demonstrating that they are delivering high-quality, cost-effective care to their member population by their performance on a set of quality measures. In order to report data for the measures, Health Homes will be required to participate in Iowa's Health Information Network (HIN) and will be given priority for using it as that system develops. To participate in population health management effectively, Health Homes will need to use electronic health records (EHR) and population management tools, such as disease registries.

This is just the beginning of Iowa Medicaid's involvement in a Health Home model. A future model is being developed for children and adults with serious and persistent mental illness, based in part on pilot programs already occurring in Iowa.

Health Homes through Iowa Medicaid are an opportunity for better delivery of care. Iowa Medicaid can transform the delivery of care to vulnerable individuals with challenging health issues from a fragmented system to an integrated, person-centered system that can better address their health, social and environmental needs in one coordinated delivery of care. Health Homes will benefit providers, members and the state of Iowa as we move to become the healthiest State in the Nation. Please join today.

Providers can begin enrollment now to be Health Homes for people with chronic conditions. Members can be enrolled June 1, 2012 with payments beginning in July 2012. Please contact Marni Bussell, at mbussel@dhs.state.ia.us or call Provider services at 1-800-338-7909 (Local Des Moines area 515-256-4609) or go to http://www.ime.state.ia.us/Providers/healthhome.html to learn more about being a Medicaid Health Home.

AUGUST BIRTHDAYS

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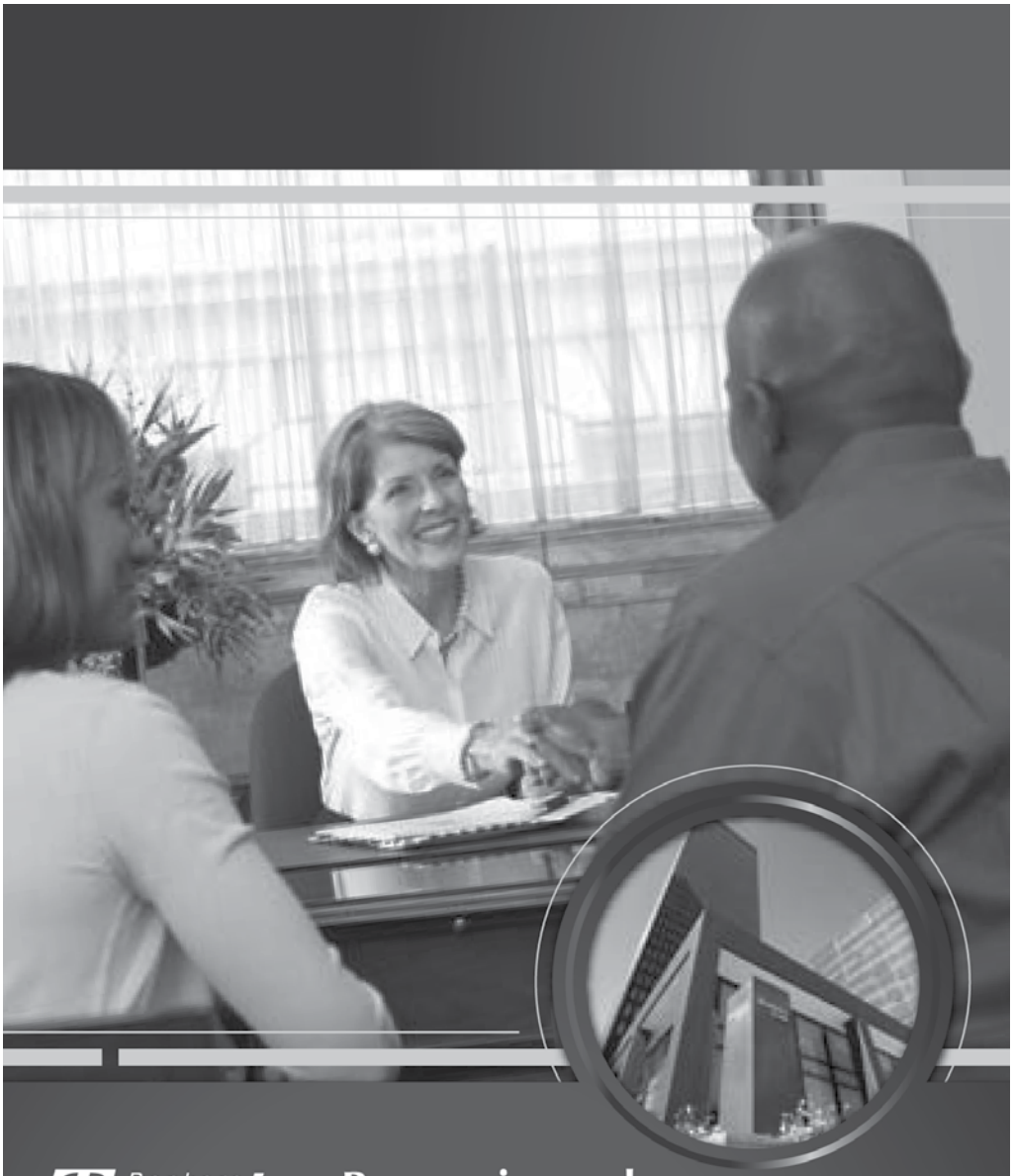

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Official Publication of the
Polk County Medical Society
1520 High Street
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