

# Bulletin

NOV/DEC 2013

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

**CARING  
FOR THE  
COMMUNITY**

**SPIRIT OF GIVING**

**2014 PCMS  
Calendar**



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November/December 2013

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# Bulletin

NOV/DEC 2013

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

## Inside This Issue

### Feature Articles

Duty to Serve	4
<i>By: Praveen Prasad, M.D.</i>	
Spirit of Giving	10
<i>By: Corey Mineck, M.D.</i>	
In Memory of Byron B. Augspurger, M.D.	13
VPN Fundraising Reception	14
Optimism 101: View Investment Loss as an Opportunity	19
<i>By: Kent Kramer, Foster Group</i>	
2014 PCMS Calendar of Events	20
Gratitude	25

### Monthly Articles

President's Message	5
Doctors in the News	11
January Birthdays	22
February Birthdays	23

Cover Photo: Happy Holidays from Polk County Medical Society

*Articles and editorial inquiries should be directed to:*

**Editor, PCMS Bulletin**  
1520 High Street  
Des Moines, IA 50309

515-288-0172  
<http://www.pcms.org>  
e-mail: [kjlyman@pcms.org](mailto:kjlyman@pcms.org)

# DUTY TO SERVE



**Praveen Prasad, M.D. with his surgical team in Kenya.**

One of the basic tenets of the medical profession is service.

Taking care of indigent and needy patients becomes a part of this service that we as physicians and surgeons provide here in Iowa. We have been involved in this

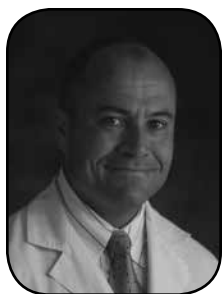
endeavor not only in Iowa but also through various mission trips to different parts of the world.

Earlier this summer we had the privilege of joining a surgical mission trip to Kakamega,

*continued on page 16*

# HISTORY OF ICD

## and implementation of ICD-10



**Philip J. Colletier, M.D.**

I was recently asked to be a physician champion for the pending implementation of the International Classification of Disease version

10. In other words, I'm a chump and agreed to volunteer for a slew of meetings. Accordingly, I thought I should educate myself prior to the first one.

The International Classification of Disease is utilized worldwide by the World Health Organization to monitor incidence and prevalence of disease. It is used to classify diseases and other health problems, such as violence, that is recorded on many vital records. While my experience with ICD was mainly in the code-capture arena, vital records also benefit from the ICD, for example death certificates. This allows for a compilation of morbidity and mortality statistics by the many WHO Member States.

I was surprised to learn that the tenth iteration was actually endorsed by the 43rd World Health Assembly in 1990 and WHO Member States started using it in 1994. Last you think that you will only need to endure this latest revision, the 11th revision of the

classification has already started and will continue until 2015 (!)

As the tool used throughout the world to capture data, ICD organizes and codes for epidemiology, health care management, resource allocation, research, primary care, treatment and prevention. This allows for a comparative picture of health status across countries and populations. To date, 117 countries use the system, providing a common language for monitoring disease and sharing of data. The ICD-11 version will take advantage of progress in health sciences, medical practice, and information technology. It will be optimized for use with electronic health applications and information systems. Collaborative web-based editing is now open should you wish to participate in the ICD 11 revision process.

Interestingly, the French convened the first International Conference in 1900, revising the Bertillon International List of Causes of Death. Delegates from 26 countries compiled a detailed classification of 179 groups of causes of death. It was deemed desirable that there be decennial revisions. Subsequent versions were discussed in 1909, 1920, 1929, and 1938. During the fifth revision, the system had matured to

*continued on page 7*

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*continued from page 5*

include scientific progress in infectious and parasitic diseases, puerperal conditions and accidents.

After the fifth revision, the United States Committee on Joint causes of Death played a larger role, taking advantage of expertise in biostatistics. The sixth revision was accepted in 1948. The seventh revision in 1955 largely corrected errors and inconsistencies. The eighth revision was more radical but left unchanged the basic structure. The ninth revision retained the basic structure but added much additional detail at the level of the four-digit subcategories. There were some optional five-digit subdivisions, but care was taken to ensure appropriateness at the three-digit level for the benefit of users not requiring such detail.

Even before the ninth revision conference, work had begun by the WHO in preparing for ICD 10. ICD 10 now codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury and disease. There are more than 14,400 different codes which can be expanded with sub-classifications. However in the United States, the more comprehensive US ICD-10 CM (for clinical

modifications) has 68,000 codes. The US also has ICD-10 PCS, a procedure code system not used by other countries that contains 76,000 codes. Work on ICD-10 started in 1983 and was completed in 1992. 25 countries use ICD-10 for reimbursement and resource allocation. The basic structure of the ICD 10 code; characters 1-3 are for disease category, character 4 for etiology, 5 for body part affected, 6 for severity of illness, and 7 is a placeholder for extension of the code to increase specificity.

It will be critical for us all to provide training for our colleagues, staff members and administrators. Crosswalks will be created to convert frequently used ICD-9 codes to their ICD-10 equivalents. The World Health Organization website --- [www.who.int/classifications/icd/en/](http://www.who.int/classifications/icd/en/) --- contains various tools for implementation and online training. The deadline for the United States to begin using Clinical Modification ICD-10-CM for diagnosis coding, and ICD-10-PCS for inpatient hospital procedure coding is currently October 1, 2014. The AMA website also provides workshops and various support materials to assist in the transition and assess readiness.



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# ***TAKING MEDICINE'S MESSAGE TO THE CAPITOL***

***Now's your opportunity to make a difference  
For Your Patients, Your Profession!***

**Plan to attend the  
PCMS LEGISLATIVE BREAKFAST**

**Tuesday, January 28, 2014**

**7:30 a.m. – 9:00 a.m.**

**State Capitol Legislative Dining Room**

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# Spirit of Giving



**Corey W. Mineck, M.D.**

In this holiday season, many of us will spend time counting our numerous blessings. Several of us will include the gifts of family

and health as reason to be thankful. The holiday season also reminds us of those less fortunate, including those with the inability to access healthcare. As providers, one of the great ways we have to give back to the medical community is through the Polk County Medical Society Volunteer Physician Network.

The Volunteer Physician Network (VPN) is a specialty care network serving the Central Iowa region. It includes physicians of many specialties who volunteer services to individuals who are uninsured, underinsured, or undocumented. A patient must be below 200% of the federal poverty level to be eligible. These individuals do not qualify for any government funded program, and as such would be lost in the system were it not for the safety net the VPN provides.

Specialty care referrals for the VPN are received from the 59 community health centers, free clinics, and safety net systems

throughout Central Iowa. When an individual referred to the program needs care, a VPN staff member secures an appointment with volunteering physicians. Based on the patient's visit, the VPN staff help coordinate the any further needs including imaging, lab work, surgery, hospitalization, and follow up arrangements until care is complete. The care is provided at no cost to the patient. The VPN also covers any interpretation services necessary.

There are over 445 physicians who volunteer for the network. These individuals provide services on a rotating basis in an effort to evenly distribute free care to the community. In 2012/2013, The Polk County Medical Society volunteer specialists serviced 951 VPN referrals. During this period, the physicians, hospitals, and surgery centers involved with the care of these patients provided \$3.7 million in free care to those in need.

One of the greatest gifts we have as physicians is to give back to the greater community. The Polk County Medical Society Volunteer Physician Network is a program which provides the opportunity to truly make an impact by compassionately serving those less fortunate.



**Congratulations to Larry Baker, D.O.**, who was featured in the Fall 2013 issue of **DMU Magazine** for serving as DMU Board chair. Dr. Baker's engagement in the community is just one asset he brings to the DMU Board, says President Angela Walker Franklin, Ph.D.



**Congratulations to David Drake, D.O.**, who was chosen to serve on the board and as an officer with the **Greater Des Moines Friends of Human Rights** where he will work closely with the Des Moines Human Rights Commission and other partner organizations.



**Congratulations to Alan Koslow, M.D.**, who was featured in the **Des Moines Register** November 17th for providing volunteer work with his surgical skills in the Philippines.



**Congratulations to Rob Lee, M.D.**, who was recently elected to a three-year term on the Board of Directors for the American Academy of Family Physicians (AAFP). It has been 16 years since an Iowa physician has been elected to the AAFP Board.



**Congratulations to Louis Schneider, D.O.**, who was featured in the November/December issue of **DSM Magazine** for one of his signature dishes, Winter Pot Roast with Asparagus. His wife, Pat Schneider said, "Comfort to Lou means having good friends, family and a busy kitchen."



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## In Memory of **Byron B. Augspurger, M.D.**

*by: Stephan M. Cooper, M.D.*

Byron Augspurger died on Saturday September 28th, 2013 at his home in Indianola, Iowa.

Byron was born in 1926 in Pulaski, Iowa, the first child of Russell and Nellie Augspurger. He had four brothers and one sister.

After graduating from High School, Byron attended William Penn College in Oskaloosa, Iowa. He later transferred to the University of Iowa, where he entered medical school. While in medical school, Byron married Dorothy Henderson who passed away in 1976. After graduation from medical school, Byron entered his internship at Broadlawns Hospital.

Byron joined the general practice of Dr. Lewis Goldberg and spent 6 years in general practice. Dr. Paul Trier at the VA Memorial Hospital in Des Moines convinced Byron to pursue a career in Radiology. Following completion of his residency, he joined Dr. Nobel Irving and Dr. Ralph Hines, practicing Radiology primarily at Mercy Hospital in Des Moines. During this time he was involved in many medical groups and organizations

In his later career, Byron returned to the VA Hospital in Des Moines. In 1989, he married Betty Trinkle, a teacher from Ames, Iowa. He retired in 1992. Betty and Byron traveled, entertained, and enjoyed themselves for many years after. Betty provided loving care during Byron's years of declining health and was at his side when he passed away.

Byron led a life of great dignity and principle. He truly loved all people and trusted his intellect to find the proper path through life.

From a personal standpoint, Byron was my first acquaintance in Des Moines and we maintained a close relationship until the day he passed away. He was a man of dignity and principle as described above. He had the courage of his convictions and he would not waver when trying to defend his stand on a particular subject. Betty and he were wonderful to me and my family. He rarely spoke ill of anyone. When he made a commitment, he honored it. My wife and I will miss him dearly. He was a loyal and solid friend. It was my honor to be associated with him throughout my years in Des Moines.

# Fundraising Reception

## Volunteer Physician Network



The Polk County Medical Society Volunteer Physician Network held a fundraising reception on Friday, October 11, 2013 at the home of Dr. Joel and Shayla From. Over 50 doctors, Des Moines area business leaders, and Mayor Frank Cownie attended the reception to support the volunteer care the PCMS doctors contribute to the community.

Proceeds from the event will allow the VPN specialty care referral program to continue to provide free specialty care to uninsured Iowans who are 200% below the federal poverty level. In the past year, Polk County Medical Society volunteer specialists provided free care to almost 1,000 Iowans in need, and they contributed close to \$4 million in free care this year.

**Mayor Frank Cownie thanks the doctors for their volunteer care to citizens in need.**





**L-R: PCMS Members Matthew Rauen, M.D. and Nancy Kane, M.D. enjoying the VPN event**



**Des Moines area business leaders learn about the free care provided by PCMS doctors at the VPN fundraising reception.**

*continued from page 4*



**A medical mission patient receiving a Pre-Op Evaluation by Dr. Prasad.**

Kenya. My wife, daughter and several other dedicated professionals joined us for 10 days, to care for the surgical needs of patients in that small town.

Here in Iowa we regularly see working poor and indigent patients that are referred to us by the Volunteer Physician Network. These patients don't have access to surgical care since they are uninsured and have very limited income.

After the patients are seen by us they still have to go through the process of getting approved by the hospitals and other physicians who participate in their care before we can operate on them. All this is coordinated by the excellent and hardworking staff at the Polk County Medical Society's Volunteer Physician Network.

We perform a wide variety of medically necessary operations, including hernia



**Meera Prasad observing a minor procedure during a mission with her father.**

repairs, fistulas, gallbladders, and breast lumps.

Many of these patients are working poor without insurance or lack of a proper visa. Here are a couple of examples of the many cases we have been involved in through the VPN program:

One patient from Central America had undergone an operation there many years

ago and developed a ventral hernia which was pretty symptomatic. She had visited emergency rooms in the past, but was usually sent home after pain control, without addressing the underlying problem. The patient was referred by the VPN to our office. We performed a successful laparoscopic repair of the ventral hernia with mesh placement. She was discharged from the hospital shortly after and was seen in our

*continued on page 18*

*continued from page 17*



**Dr. Prasad and his Iowa Surgery Center office staff Cindi Hendrickson, Kristi McCarthy and Roselie Rotich who work closely with the VPN.**

office a few times for post op check-ups.

Another patient who had been to the emergency rooms on many occasions for abdominal pains; was finally diagnosed with gallstones/cholecystitis. Since she did not have acute cholecystitis it could not be addressed in the ER's and she was asked to seek treatment as an outpatient. That was nearly impossible as she did not have any insurance, could not see a surgeon or if she did, her surgery could not be scheduled unless she paid the hospital up-front. The patient was referred to us through the VPN who with their Des Moines hospital partners successfully scheduled a laparoscopic cholecystectomy. Since she

had had numerous episodes of pain and the gallbladder was quite thick walled and scarred with adhesions, it made the surgery more difficult. However, she has done well since then and has been discharged from our clinic.

It is always a great pleasure taking care of these patients, as they are very grateful and appreciative. I want to thank all the staff at the VPN and my office, for their dedication to providing the best possible care to these special patients in need.

# OPTIMISM 101:

## View Investment Loss as an Opportunity

Lemons into lemonade. Clouds with silver linings. Investment losses into tax savings? Every investor will experience investment losses and feel the disappointment of seeing their wealth diminish periodically. But it's possible to take steps that are advantageous to wealth enhancement even in periods of market downturns. One such strategy is tax loss harvesting (TLH).

At first glance, TLH can appear to be the opposite of what an investor would naturally want to do when their investments take a hit. But rather than hold the devalued investment, TLH allows you to strategically sell at the lower price creating capital losses for tax purposes that can be used to offset capital gains in other portions of your portfolio, offsetting taxes you would otherwise pay as a result of these capital gains. There are a few things to keep in mind.

The 'Wash-Sale Rule' was devised to ensure that investors were not harvesting losses merely as a tax avoidance strategy, or "sham transaction". It prohibits a taxpayer from claiming a loss on the sale or trade of a security if they purchase a "substantially identical" security within 30 days. Since most investors don't want to lose their position in a given market simply to lower their tax burden, an investment manager can help allocate the cash resulting from TLH

to similar stocks or securities, maintaining position in the market and avoiding a wash sale.

Recent tax changes also come into play. The American Taxpayer Relief Act of 2012 (ATRA) introduced a new top capital gains bracket of 20% applying to thresholds of \$400K for individuals and \$450K for married couples. In addition, as part of the Patient Protection and Affordable Care Act, a 3.8% Medicare surtax on "unearned" portfolio income—including annuities, dividends, interests, passive income, rents, royalties and any taxable capital gains—were added. This tax applies to thresholds of \$200K of Adjusted Gross Income (AGI) for individuals and \$250K of AGI for married couples. So how does this tie into TLH?

Let's say a married couple has \$251K of AGI after deductions—just over the threshold. Their 15% tax rate just went up to 18.3% thanks to the Medicare surtax! But TLH may reduce their AGI, allowing them to stay in the 15% bracket. The same is true of an individual who has \$425K in AGI. But they face an even steeper increase with both the Medicare surtax and the new 20% long-term capital gains tax rate. All told, taxpayers in the highest bracket will face a combined 43.4% marginal tax rate on their

*continued on page 24*

# PCMS 2014

## Calendar of Events

**EXECUTIVE COUNCIL MEETING**  
the 3rd Tuesday of each month  
in the PCMS Boardroom at 5:30 PM

*January 21, 2014*

*February 18, 2014*

*March 18, 2014*

*April, 15, 2014*

*May 20, 2014*

*September 16, 2014*

*October 21, 2014*

*November 18, 2014*

*December 16, 2014*

**LEGISLATIVE BREAKFAST**

*Tuesday, January 28th, 2014*

**ANNUAL MEETING**

*Thursday, April 24th, 2014-Wakonda Club*

*Thursday, April 23rd, 2015-Wakonda Club*

**VOLUNTEER PHYSICIAN NETWORK RECEPTION**

*Thursday, May 15th, 2014 at Terrace Hill*

**KATHIE J. LYMAN SCHOLARSHIP GOLF TOURNAMENT**

*Thursday, September 18, 2014 Dennis Albaugh Golf Course*

**YOUNG PHYSICIANS-TBA**

**DES MOINES PERFORMING ARTS**

*The Phantom of the Opera, Saturday, September, 20, 2014*

**PCMS 2014 TRIPS**

*Splendors Down Under*

*February 21-March 11, 2014*

*Springtime in Paris*

*April 4-11, 2014*

*Baltic Marvels*

*August 13-21, 2014*

*Spanish Serenade*

*September 23-October 4, 2014*



# ***SAVE THE DATE***

Polk County Medical Society  
Requests the honor of your presence at the

## **2014 Annual Meeting**

**Thursday April, 24 2014**

Wakonda Club

**Guest Speaker:  
John Pappajohn**

All Polk County Medical Society members  
and guests please plan to attend

1 Thomas M. Brown, Jr. M.D. Mark A. Burdt D.O.	14 Chad T. Carlson M.D. Jeffrey D. De Francisco M.D. Michael S. Irish M.D. Kyle E. Rogers M.D. Jane A. Schrader M.D. Daniel M. Waller M.D. Melissa Young-Szalay M.D.	24 Benjamin R. Beecher M.D. Christopher M. Johnson D.O.
4 Ken L. Cheyne M.D. Michael P. Mohan M.D. Lynn D. Owen D.O.		25 William J. Burke M.D. Neelima R. Chennupati M.D. Jeffrey M. Farber M.D. Marc A. Molis M.D. Stephanie D. Wadle-Wignall M.D.
5 Geoffrey Miller M.D.	15 Deanna B. Boesen M.D. Bradley J. Riley M.D.	
6 Vincent L. Angeloni M.D. I. Eugene Peterson M.D.	16 Kenneth L. Pollack M.D.	26 Prachi Singh M.D.
7 Joyce L. Christy M.D. James D. Kimball M.D.	18 Matthew M. Otis D.O. Andrew Steffensmeier M.D.	27 William Eischen D.O.
8 Merle Diment M.D. Todd W. Heilskov M.D. Timothy G. Kenney M.D. David K. Lemon M.D. Neil T. Mandsager M.D. Tyler M. Schwiesow M.D.	19 Robert J. Callahan M.D. Thomas D. Edwards D.O. Jeffrey M. Maire D.O.	28 Joseph F. Galles, Jr. M.D. Elizabeth Jauron M.D. John S. Lozier M.D.
11 David M. Craven M.D.	20 Donald Junge D.O.	29 Mhd Louai Manini M.D.
	21 Michael J. Finan M.D. Robert A. Lee M.D.	30 James J. Bergman M.D. Kristi L. Blomberg M.D. Thomas Hansen M.D. Stacey L. Milani M.D.
	22 Ahmad Y. Al-Shash M.D.	31 Abbie D. Ruisch D.O.

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3  
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4  
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Matthew J. Carfrae M.D.

5  
Stephen A. Ash M.D.

6  
Parveen Kaur M.D.

7  
Donald J. Hillebrand M.D.

9  
Kathleen R. Gannon D.O.  
Dana L. Simon M.D.  
Lynn R. Smits M.D.  
James A. Wille M.D.

10  
Holley A. Bzdega M.D.  
Kevin S. Smith M.D.

11  
Katie Burns D.O.  
Sarah Garner M.D.  
Phillip A. Linquist D.O.  
Rizwan Z. Shah M.D.

12  
Steven G. Berry M.D.

13  
Barbara E. Evans M.D.  
Jason Kessler M.D.

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David R. Fisher D.O.

15  
Mark E. Thoman M.D.

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Mary A. Radia D.O.  
Erik Swenson M.D.

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Eric D. Haugen M.D.  
Alan Koslow M.D.  
Ron J. Pick D.O.

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Craig Boyd Clark D.O.  
Marvin M. Hurd M.D.

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Carlos Alarcon Schroder M.D.  
Heike I. Schmolck M.D.

20  
Bradley D. Hammer M.D.  
Daniel R. Kollmorgen M.D.  
Jose' A. Olivencia M.D.  
Stephen Stefani M.D.  
Mark A. Tannenbaum M.D.

21  
Bruce E. Kloster M.D.  
Randy N. Maigaard M.D.

22  
Alan Bollinger D.O.  
Teri S. Formanek M.D.

23  
Terri L. Plundo D.O.

24  
Thomas C. Evans M.D.  
W. Ben Johnson M.D.

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Ruby C. Cureg M.D.  
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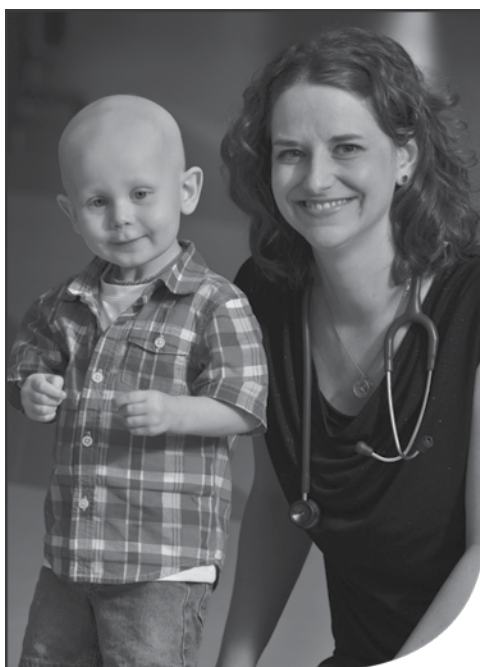
investment income such as short-term capital gains, dividends and interest as well as a 23.8% tax on all long-term capital gains! For these investors TLH could make a huge difference.

As you can see, TLH is an important tool that can help the overall enhancement of wealth, in spite of periodic investment losses. It requires an open-eyed view of historical market behavior; investors need to be implementing long-term strategies when considering their overall financial situation. This is the big picture: TLH can help you offset otherwise

taxable gains with losses, helping to enhance your overall net worth. That's how you can view investment loss as an opportunity, and you can take that to the bank.

Before implementing any specific tax strategy, investors should consult with their tax advisor to see how any actions will apply to their specific circumstances.

By: Kent Kramer, CFP  
Foster Group



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**UnityPoint Health**  
Des Moines

# “GRATITUDE”

**T**he Volunteer Physician Network (VPN) staff at times hears stories about how grateful patients are who receive free specialty care through the program. These are the uninsured residents in our own community who have fallen through the cracks and often have given up hope that their medical needs would be able to be met. Some are moved to tears when they get the phone call that there is free specialty care available to them. Others are silent in disbelief.

One such patient is a 43 year immigrant who works a labor intensive job to provide for his family of six. Several months ago, the patient felt some abdominal pain. He went to his free clinic, in Des Moines, where he was diagnosed with a hernia. The patient couldn't afford even the surgeon consult, so he kept working. And the hernia kept on getting worse.

It was only after the patient was unable to walk and continue working without severe pain that the patient revisited his clinic for help. The free clinic provider referred the patient to the VPN.

The VPN referred the patient to a general surgeon who agreed to perform the surgery. The VPN staff coordinated the hospital and anesthesia service necessary for the patient's surgery, all at no cost to the patient.

The patient has recovered and returned to work. He is relieved of his pain, and no longer worries about how he will provide for his family. He is very grateful for the care he received through the VPN; it has allowed him to return to a much healthier life with dignity.

Additional volunteer specialists are needed. To learn how you can become involved, contact Nicci Dean at 515-288-6346 or [vpn2@pcms.org](mailto:vpn2@pcms.org)

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# Bulletin

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