



Bulletin

NOV/DEC 2014

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

**GENERAL SURGERY
RESIDENCY PROGRAM**

**Advocacy
Priorities**

**POLK COUNTY
HEALTH DEPARTMENT'S
RESPONSE TO EBOLA**

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Medical Society

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2014
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Bulletin

NOV/DEC 2014

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

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Cover Photo: Elle Lyman in an Iowa winter wonderland.

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The NOBEL PRIZE



Philip J. Colletier, M.D.

I have always been enamored with the Nobel Prize. I believe it represents the ultimate recognition of a

lifetime of hard work in an endeavor which moves the needle. Being recognized in this fashion by your peers, experts in each respective field, is an amazing honor.

I like the way the Nobel Prize winners are disclosed, one a day, in succession, ending with literature. This enables one to focus on the accomplishments individually rather than being overwhelmed with all six prizes disclosed on one day.

As you likely know, the Nobel Prize was named after Alfred Nobel, a Swedish chemist and ironically the inventor of dynamite. Money from Nobel's estate went into a fund managed by the Nobel foundation. The interest from the fund is utilized for the monetary prizes each year. Initially, prizes

were awarded in five subjects; chemistry, physics, physiology or medicine, literature, and peace. A sixth subject, economics, was added in 1969. Since the economics prize was not in his will, this is awarded in memory of Alfred Nobel. Each recipient receives a gold medal, a diploma, and a sum of money.

Nominations cannot be made posthumously. However, if someone was alive when nominated and died before the award was given, they may be awarded posthumously. Nomination records are sealed for fifty years, nominees are not publicly acknowledged. Dag Hammarskjöld, Secretary-General of the United Nations, was one of only two posthumous recipients – he was awarded the Nobel Peace Prize after dying in a plane crash in Africa in 1961. Provided that the individual is living at the time of the nomination, anyone can be nominated. Unbelievably, Adolf Hitler, Benito Mussolini, and Joseph Stalin were all nominated for the Nobel Peace Prize! Incredibly, Mahatma Gandhi, who advocated for non-violence in the struggle for colonial independence, was

not a recipient. Mahatma Gandhi received five nominations, never receiving the prize. He was assassinated two days before the 1948 nominations deadline. The Nobel committee declared that year that there was no suitable living candidate that year, a nod to his wonderful legacy.

The award for medicine has an interesting history; Antonio Moniz received the award in 1949 for leucotomy, the forerunner of the frontal lobotomy (!) --- Julius Wagner von Jauregg in 1927 for his discovery that purposely injecting syphilitic patients with fever causing malaria resulted in occasional cures, sadly the cure being as bad as the original illness --- Johannes Fibiger in 1926 for discovering that parasites had caused cancerous tumors in lab mice – leading to enthusiasm for a possible cure – later found that the tumors were the result of vitamin deficiencies.

The Nobel Peace Prize recipient is often a diplomat or politician – however, Norman Borlaug won in 1970 for his work in genetics and plant pathology, leading to improved food supplies worldwide and a more peaceful world.

One of my heroes, Marie Curie, won the physics prize in 1903 for her work in the radiation phenomenon, then again in 1911, in chemistry, for the discovery of radium and polonium. You might find it interesting that her daughter, Irene Joliot-Curie, won in 1935 in chemistry for the synthesis of new

radioactive elements --- the first mother-daughter pair to be so honored.

Now for my brief rant. The list of Nobel laureates is impressive and legion. While my sons were still home, I would bring up the winners that week at dinner – engaging in conversation that they had sadly not heard of in high school. I have quizzed their friends on occasion, only to learn that they could not submit the name of even one recipient (not even President Obama –Peace 2009, Mother Theresa, Peace 1979, Martin Luther King Jr – Peace 1964, Francis Crick / James Watson / Maurice Wilkins – Medicine 1962 for discovery of molecular structure of nucleic acids.) Yet, most high school students can recite the roster of their favorite sports teams, and recount the Super bowl or World Series victors back 25 years. It is always amazing to me how much the sports obsession in society has supplanted the truly important and valuable human accomplishments – more on this over a beverage someday if you wish!

In summary, I would encourage us all to take note of these giants of humanity as they are revealed during the yearly Nobel Prize disclosures. Encourage your children / grandchildren to pay attention to the Nobel Week – it may inspire them to future greatness. If you are interested in hearing a well done discussion on NPR of this year's 2014 Nobel laureates by experts in the respective fields "2014 Nobel Prizes Explained" go to: <http://technation.podomatic.com>.

PCMS

FOUNDATION

Did you know?

PCMS
Collaborates to Benefit
Public Health

The Polk County Medical Society
Continually strives toward its mission of improving the
General health of the community by collaborating with many
Local health-care related organizations.
When you choose to be a PCMS member, you help
to strengthen these efforts.

These organizations include, but are not Limited to:

- Polk County Health Department Lead Poisoning Prevention Coalition
- PCHD Lead Coalition Free Clinic
- Polk County Health Department
- Multi-Disciplinary Emergency Planning Group
- Iowa Collaborative Safety New Provider Network
- PCHD Jump Start Back-to-School Fair
- PCHD Immunization



POLK COUNTY MEDICAL SOCIETY

2015 Calendar of Events

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

January 20, 2015
February 17, 2015
March 17, 2015
April 21, 2015
May 19, 2015
September 15, 2015
October 20, 2015
November 17, 2015
December 15, 2015

Des Moines Performing Arts

Kinky Boots
Friday, January 30th, 2015

LEGISLATIVE BREAKFAST

Tuesday, February 10th, 2015
Legislative Dining Room at the State House

ANNUAL MEETING

Thursday, April 23, 2015
Wakonda Club

VOLUNTEER PHYSICIAN NETWORK RECEPTION

TBA - Spring

YOUNG PHYSICIANS

TBA - Summer

DC FLY-IN

TBA - September

KATHIE J. LYMAN SCHOLARSHIP GOLF TOURNAMENT

Monday, September 28, 2015

PCMS 2015 TRIPS

Splendors Down Under
February 21-March 11, 2015
Polynesian Paradise
March 25-April 4, 2015
Springtime in Paris
April 4-11, 2015
Exotic Mediterranean
May 19-31, 2015
Baltic Marvels
August 13-21, 2015
Spanish Serenade
September 23-October 4, 2015
Baltic Marvels



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Des Moines



Congratulations to Larry Beaty, M.D., who was installed as the American Academy of Family Physicians Delegate for the Iowa Academy of Family Physicians (IAFP), at the annual IAFP banquet, held November 14th, 2014 at the Marriott Downtown Des Moines.



Congratulations to Noreen O'Shea, D.O., who was installed as the President-elect of the Iowa Academy of Family Physicians (IAFP) at the annual IAFP banquet, held November 14th, 2014 at the Marriott Downtown Des Moines.



Congratulations to Dawn Schissel, M.D., who was named President of the Iowa Academy of Family Physicians (IAFP) at the annual IAFP banquet, held November 14th, 2014 at the Marriott Downtown Des Moines.



Congratulations to Lisa Soldat, M.D., who was installed as the District 6 Director for the Iowa Academy of Family Physicians (IAFP) Board of Directors, at the annual IAFP banquet, held November 14th, 2014 at the Marriott Downtown Des Moines.





The Polk County Medical Society Legislative Priorities for 2015

Support

1. **Increase Volunteer Physician Network (VPN) Funding**
2. **Tort Reform – Candor**
3. **Payment Parity for Telemedicine Services**

-
4. **Anesthesiologist Assistant Licensure**
 5. **Administrative Medical License**
 6. **Underage Indoor Tanning**

Other legislative issues that PCMS will monitor and track or oppose:

Monitor

1. **Prescription Monitoring Program Database**
2. **Interstate Medical Licensure Compact**
3. **Relinquish Inactive Medical License**
4. **Iowa Board of Medicine Fine Increase**
5. **Medical Marijuana**
6. **Out of Hospital DNRs**

Oppose

1. **Expansion of Allied Professionals Scope of Practice – that threatens patient safety and dilutes the existing standards of care, i.e., Board of Nursing Bill to expand authority to grant scope of practice without concurrence of medicine, etc.**

-
2. **Lyme disease**
 3. **Breast Density**
 4. **Commercial Fireworks**
 5. **ARNP Practice Act**
 6. **Psychologist Prescribing**

Mercy General Surgery Residency Update



By: Charles Goldman, M.D.

Program Director, Mercy Medical Center General Surgery Residency

As with much that is concerned with the delivery of healthcare in the United States, these are tumultuous

times for residency education. A recent Institute of Medicine report suggested that the manner in which we have funded the majority of residency positions for the last half century, via an uptick in Medicare reimbursement rates for those hospitals that train residents, be revamped due to its lack of transparency and its ineffectiveness at producing a desirable workforce distribution.

Two ongoing national quality of care studies, with both Des Moines-based surgical residencies participating, represent the first real challenge to the wisdom of the infamous time limiting “work rules” adopted in the late 1990’s. Were this not enough, negotiations are in progress to merge the osteopathic (DO)

residency system with that of the allopathy (MD) under the Accreditation Council for Graduate Medical Education (ACGME).

Amidst these or other changes, the Mercy General Surgical residency has continued to evolve. Now housed at Mercy for 13 years, the residency has expanded from its original six resident complement to twenty, graduating four residents annually.

Originally certified as an osteopathic surgery residency, the Mercy Surgical program has been accepting MD applicants, in addition to DO’s, since July 2013, when it was given ACGME accreditation, making three such programs now available to Iowa medical and osteopathic graduates. A Plastic Surgery fellowship, directed by Dr. Bryan Folkers, was inaugurated with the July 2014 academic year.

Even before attaining ACGME accreditation, but now more so with it, the Mercy General Surgery

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Polk County Health Department's Response to Ebola



By: Carlos Alarcon, M.D.
Medical Director, Polk County Health Department

In the field of public health, the fall season is famously known for flu immunization clinics, prevention messages and

additional education and outreach. However, the 2014 Ebola Outbreak of West Africa is now a crucial priority in the public health realm.

The Polk County Health Department has taken multiple steps with our staff and the public to minimize the spread of Ebola in our community through infection control practices and education. The first step is to respond to the Ebola concerns and inquires through public education. We work with our community partners such as the media educating the public about signs and symptoms of Ebola and addressing our residents' worries and fears

regarding the disease. We make sure our public knows the mode of transmission in which Ebola is spread.

Ebola is not spread through the air, water or through casual contact. The disease can only be spread through direct contact with an infected person's bodily fluids (including but not limited to urine, saliva, sweat, feces, vomit, breast milk or semen) or exposure to objects such as needles that are re-contaminated with the disease. Our health educators and communicable disease team have provided educational tools specifically designed for schools and their nurses, law enforcement, EMS and firefighters focusing on their unique concerns surrounding Ebola. We continuously work with new and additional partners and community organizations to address concerns about Ebola through public education.

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Polk County Medical Society Doctors
YOU are the essence of the Spirit of Giving



As we reflect on a very busy 2014, we look back in gratitude to the many successes Polk County Medical Society doctors have provided to Iowans in need, through the Volunteer Physician Network Program.

You gave generously of your time and skills throughout the year to provide a better quality of life and health to those who otherwise would not have access to specialty care.

Happy Holidays, Happy New Year

&

THANK YOU
FOR GIVING!





*Happy Holidays and Happy New Year
To the Members and Board of the
Polk County Medical Society*



Paula Neri Kathie J...



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PCMS LEGISLATIVE BREAKFAST
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**Tuesday, February 10th, 2015
7:30 a.m. – 9:00 a.m.
State Capitol Legislative Dining Room**

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**Medicine must make its voice heard at the Capitol
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Working for a Healthier Iowa

IOWA 2014

Election Update



John Cacciatore
PCMS Lobbyist



Mary Earnhardt
PCMS Lobbyist

On November 4th, Republicans expanded their majority in the Iowa House, claimed the U.S. Senate seat with State Sen. Joni Ernst's comfortable win, and picked up seats in the U.S. House with wins by Rod Blum in the First District and David Young in the Third District and an easy victory for Cong. Steve King. Gov. Branstad and Lt. Gov. Reynolds easily won re-election. Democrats maintained their control of the Iowa Senate by the slimmest of margins and Cong. Loebsack cruised to re-election.

In the feature race, not only in Iowa but in the country, State Sen. Joni Ernst defeated Con. Bruce Braley 52.2% to 43.7%. Senator-elect

Ernst grabbed the advantage in this race with her resounding primary victory and in a very disciplined fashion, never let go.

In the Iowa House, the Republicans grew their majority to 57 seats to 43 seats for the Democrats. The Republican victories in Democratic-held seats included:

- Brian Best over Dan Muhlbauer in HD 12
- Zach Nunn over Joe Riding in HD 30
- Darrel Branhagen over Rick Edwards in HD 55 (previously held by Roger Thomas) – the margin is 31 votes
- Ken Rizer over Daniel Lundby in HD 68
- Ross Paustian over Frank Wood in HD 92

The Democrats in the Iowa House picked up one seat previously held by the Republicans – Charlie McConkey over John Blue in HD 15 (the margin is 73 votes).

In the Iowa Senate, the Democrats maintained their 26 – 24 majority. Their key wins were:

- Chaz Allen over Crystal Bruntz in SD 15 (a seat previously held by Democrat Dennis Black)
- Kevin Kinney over Michael Morse in SD 39 (a seat previously held by Republican Sandy Greiner)

The Republicans picked up one seat previously held by the Democrats – Tim Krayenbrink over Daryl Beall in SD 5.

Gov. Branstad and Lt. Gov. Reynolds scored Gov. Branstad's largest victory in securing a record sixth term in office. Gov. Branstad overwhelmed State Sen. Jack Hatch by 59.0% to 37.2%.

The remaining statewide offices retained their party make-up with one new face and an appointed office holder winning her first statewide election.

- Secretary of State – Paul Pate (R) over Brad Anderson (D) by 48.5% - 46.6%
- State Auditor – Mary Mosiman (R) over

Jon Neiderbach (D) by 56.9% - 42.9%

- State Treasurer – Mike Fitzgerald (D) over Sam Clovis (R) by 52.8% - 43.7%
- Sec. of Agriculture – Bill Northey (R) over Sherrie Taha by 62.3% - 34%
- Attorney General – Tom Miller (D) over Adam Gregg (R) by 56.1% - 43.8%

The Iowa US House delegation make-up is now 3 Republicans and 1 Democrat.

- CD 1 – Rod Blum (R) over Pat Murphy (D) by 51.2% - 48.7%
- CD 2 – Dave Loebsack (D) over Marianne Miller-Meeks (R) by 52.4% - 47.5%
- CD 3 – David Young (R) over Staci Appel (D) by 52.8% - 42.2%
- CD 4 – Steve King (R) over Jim Mowrer (D) by 61.7% - 38.2%



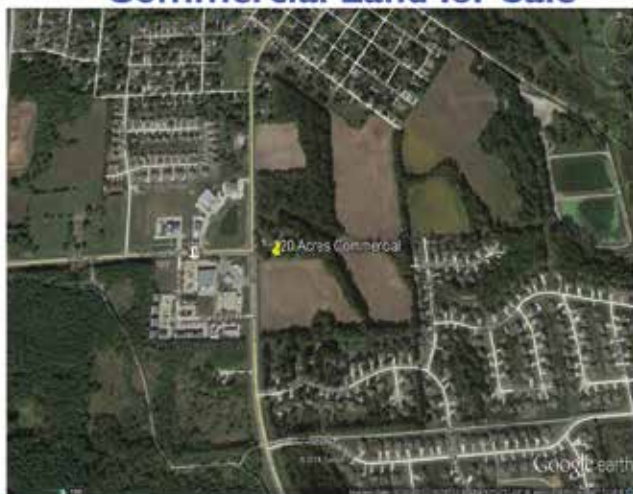
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SAVE THE DATE

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

2015 Annual Meeting

Guest Speaker:
Suku V. Radia

Chief Executive Officer and President
Bankers Trust Company

Thursday April, 23 2015
Wakonda Club

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

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As of October 18, 2014, five airports in the United States have started screening individuals leaving Ebola-impacted countries and entering the United States. Individuals are screened for a temperature of 100.4 degrees Fahrenheit or higher and receive an Ebola CARE Kit providing them with thermometers, information about Ebola including symptom cards and logs, reminder cards and a list of state health department phone numbers. The Centers for Disease Control and Prevention will notify Iowa Department of Public Health regarding Iowa-bound travelers and then, in turn, they will notify the Polk County Health Department regarding travelers with a destination of Polk County for appropriate monitoring.

The Polk County Health Department has action steps in place for individuals at different levels of exposure:

Self-monitoring: Individuals with “no known exposure” (i.e. individuals are coming from an infected country who have not had any contact that constitutes a potential exposure to Ebola) will be required to self-monitor for fever and symptoms under a mandatory order from the Iowa Department of Public Health.

The individual will be evaluated and report their temperature and symptom status twice a day to a Polk County Health Department nurse during the 21-day incubation period.

Quarantine: Individuals who are asymptomatic with high or low exposure risk will be placed under mandatory quarantine in their home and monitored by the Polk County Health Department. Quarantine separates and restricts the movement of individuals exposed to a contagious disease such as Ebola to see if they become sick. A Polk County Health Department nurse will conduct visits twice a day to observe the individual and take their temperature from outside the residence during the 21-day incubation period. If the individual has a fever over 100.4 degrees Fahrenheit or any other Ebola symptoms such as severe headaches, muscle pain, vomiting, diarrhea, stomach pain or explained bruising or bleeding, they will be placed under mandatory isolation at a hospital (where they be tested for Ebola and where they will remain until the test results come back). At this point in time a suspect patient in the metro area would be taken to a designated hospital. If the patient is positive for Ebola, in consultation with Iowa Department of Public Health and

Centers for Disease Control and Prevention, the decision would be made whether to transfer the patient to a Bio-Containment Facility like the one at the University of Nebraska Medical Center.

Contact tracing: Our communicable disease team will work with Iowa Department of Public Health to locate individuals who could be potentially infected with Ebola. These individuals would be returning from one of three infected countries: Guinea, Liberia and Sierra Leone. Our team will also locate individuals who come in contact with a diagnosed Ebola patient. This is through contact tracing. Contacts are watched for signs and symptoms of the disease for 21 days from the last day they came in contact with the Ebola patient. If the contact develops a fever or other Ebola symptoms, they are immediately isolated, tested, provided care and the cycle of contact tracing starts over again. All of the new patient contacts are identified and watched for 21 days. The Polk County Health Department will then gauge the appropriate quarantine or isolation measures based on level of exposure the individual had with the disease.

The West Africa Ebola outbreak of 2014 in Liberia, Sierra Leone and Guinea is far from over, but the Polk County Health Department will continue its work to improve Ebola prevention tools, protocols and to address the community's needs and concerns. As we continue to address and monitor the disease, please keep in mind that it is still flu season and there are serious health consequences that come along with the flu. In Iowa, it is estimated that 300,000 individuals will get the flu and 1,000 could potentially die from it. When your patients come to you with concerns about Ebola, don't forget to address the flu as well; the best advice to give them is to get a flu shot and practice proper germ and hand hygiene. Look to our web site: www.polkcountyiowa.gov/health and our social media outlets for further Ebola communication and information about other infectious diseases.

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program has been able to attract applicants not just from Iowa and the contiguous states, but also from distant areas of the United States such as the West and East Coasts. This, however, has not changed our underlying mission, which is to train general surgeons to practice in Iowa and nearby areas. In contrast to the trend nationally, where three-quarters of graduating surgical residents opt for additional surgical training via fellowships, less than half of our residents follow that career path. Of those who do not seek fellowships, the majority remain in general practice in Iowa, in particular, the corridor between Des Moines and Iowa City.

For those of our graduates who do desire additional training, they have been very successful in attaining fellowship positions in subspecialty areas such as Vascular Surgery, Cardiothoracic Surgery, Breast Surgery, and Trauma/Critical Care. In fact, it was just this year that we welcomed back our first fellowship-trained graduate, Dr. Tiffany Torstensen, after she completed a Breast Surgery fellowship at Mayo Clinic-Rochester.

With the maturation of the Mercy General Surgery residency, an expanding number of faculty and resident research projects have resulted in numerous national

meeting presentations and publication in respected peer-reviewed journals. These accomplishments serve to both validate the educational enterprise at Mercy and to enhance our visibility so as to aid in the process of attracting a diverse pool of graduates to apply for surgery training in Des Moines and perhaps to stay on following residency to care for patients in Iowa.

As noted at the outset of this article, there is undoubtedly much change to come in the residency educational arena. Through that, however, Mercy-Des Moines has been able to expand their residency offerings (now in the third of the three years recruiting to fully staff their Internal Medicine residency) and contemplates perhaps adding even more residency and fellowship slots in the near future.

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

FEBRUARY BIRTHDAYS

2

David K. Chew, M.D.
Ralph R. Pray, M.D.

3

Tiffany Ketcham, D.O.

4

James L. Blessman, M.D.
Matthew J. Carfrae, M.D.

5

Stephen A. Ash, M.D.
Cody A. Koch, M.D.

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Wealth Enhancement Withdrawal Strategy

by Reed R. Rinderknecht, CFP®

You've spent your career saving for retirement. Now, without as many—or any—income sources, it's critical to employ the right *withdrawal* strategy to maximize portfolio sustainability and mitigate taxes.

A wealth enhancement withdrawal strategy addresses deploying your money to maintain a desired standard of living, while enabling portfolio longevity. A solid withdrawal strategy includes three facets:

- 1. Comfortable Living**—Your strategy should allow for a withdrawal rate providing approximately 70–80% of pre-retirement income. This addresses the question, “How much do I need to maintain, or enhance, my standard of living?”
- 2. Portfolio Sustainability**—People are living longer. Your strategy should withdraw assets systematically, with flexibility, so market returns continue to benefit your portfolio. This addresses the question, “Can I withdraw in a way that allows remaining assets to continue to grow?”
- 3. Tax Mitigation**—Remember every dollar utilized in retirement is taxed differently. Taking from a 401(k) or IRA—taxed upon withdrawal—should be weighed against taking from a Roth IRA or non-qualified account. This addresses the question, “Can I withdraw at the right time, and from the right source, to minimize taxes?”

Some withdrawal “rules of thumb” to consider: Withdraw first from assets that are taxed least; usually cash, followed by fixed income, and finally tax-deferred accounts. Managing the taxable impact of these different sources can prove challenging on your own. Consider using a 4% to 4.5% benchmark withdrawal rate per year, adjusted for inflation.

The best advice is plan, plan, plan. Withdrawal strategies aren't “set it and forget it”—they must be monitored based upon individual needs, tax bracket and portfolio performance. Assets must remain fully diversified. Cash flow must be managed. Get your investment advisor and accountant communicating with one another. If you do these things, you'll find a wealth enhancement withdrawal strategy provides much-needed confidence and peace of mind.

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