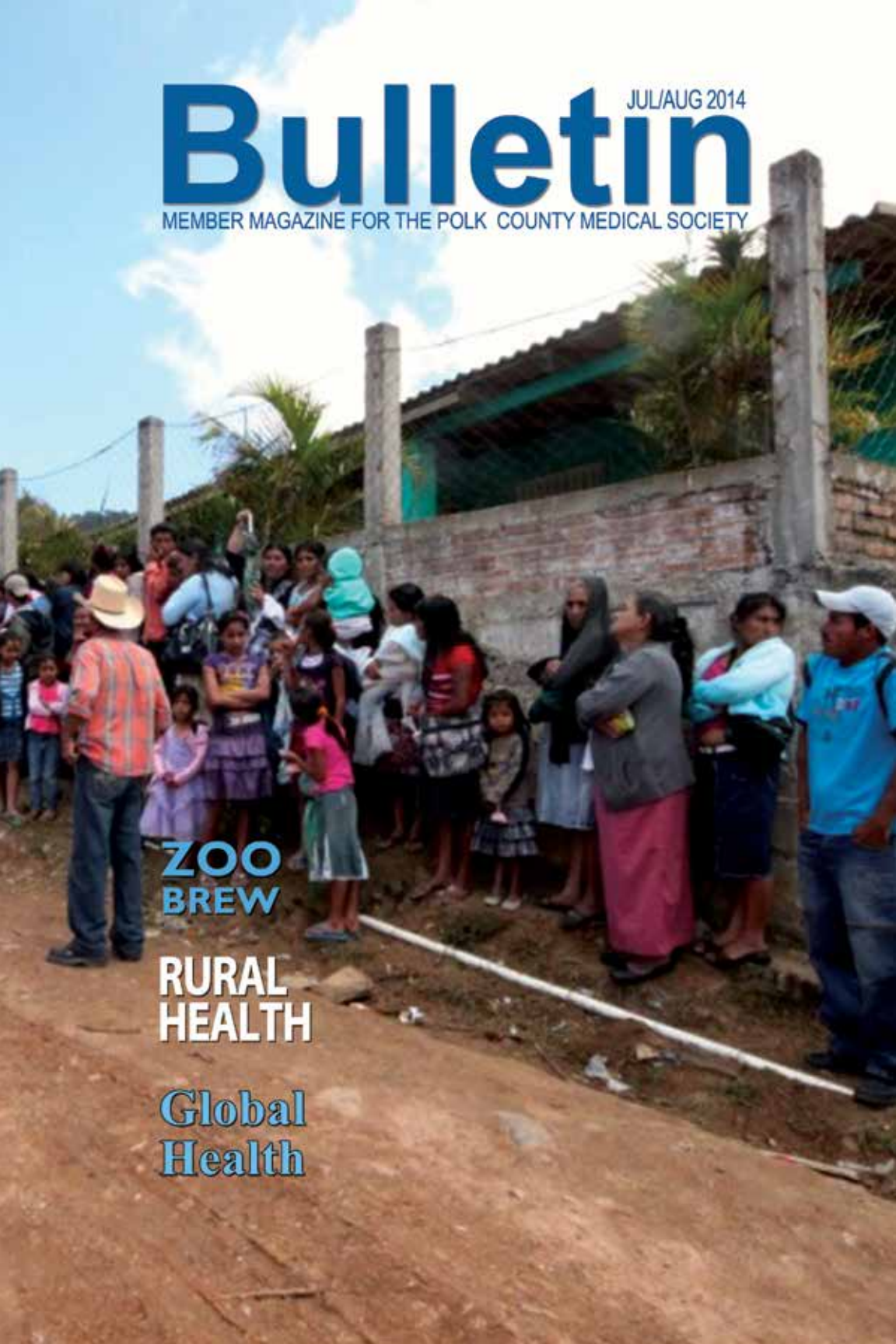
JUL/AUG 2014

Bulletin

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY



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Feature Articles

Monthly Articles

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PCMS
Afternoon at the Iowa Cubs

The PCMS afternoon at the Iowa Cubs was a day filled with baseball, food, fun and of course a big hug from Cubbie! It was a bittersweet farewell to Dr. Donny Suh and his family.

L-R: Donny Suh, M.D., Cubbie and Phil Colletier, M.D.

L-R: Donny Suh, M.D., daughter Sarah, sons Andrew and Alex, and wife Susan

A Letter From the President

Donny Suh, M.D.

It is with great mixture of feelings that I write this letter. First of all, I feel overwhelming gratitude when I think of all of my colleagues within the Polk County Medical community. I truly thank you for the faith and kind support for the past fourteen years and for giving me the honor and opportunity to be President of the Polk County Medical Society.

I will miss the camaraderie I shared in working with you to take care of Iowans. I appreciate the dedication and heartfelt compassion that many of you exemplified in caring for these patients. I feel so blessed to have served with and to have served some of the most hardworking, ethical, and altruistic people of Iowa. I will remember all of you and the values we shared as I move onto Omaha, Nebraska, for the next chapter of my career.

I have accepted a position with the Children's Hospital of Omaha as the Chief of Ophthalmology Service and as an Associate Professor of the University of Nebraska Ophthalmology Department. After much thought and prayer, I will be taking on a new challenge to embrace and continue my passion to teach and learn in this unique environment to help patients.

I hope that all of you will continue to enthusiastically support the PCMS and the Volunteer Physician Network (VPN). I am so proud that over 450 specialists have worked with the various clinics throughout Iowa to provide the best care possible, regardless of the economic situation of the patient. Last year, we took care of over 1000 referrals!

Again, I would like to thank PCMS for the honor and opportunity to serve as the president for the last year. Dr. Philip Colletier has graciously agreed to take over my remaining term, and I will help him in any way that I can to promote and fulfill the missions and goals of PCMS.

I will miss everyone greatly. Thank you.

In Memory of

LAVERNE WINTERMEYER, M.D.
1920 - 2014

LETTER TO A MEMORABLE FRIEND

By: Monica C. Hanson, M.D.

Dear Dr. Wintermeyer,

You departed from this world the way you once told me you would: quickly. Then, with your mischievous smile and gleaming eyes, you explained your hunch: "I take care of my health, I eat healthy foods, I exercise, I do not have hypertension or cancer and, therefore, I know that one day my heart will just stop." Despite this warning, however, I was sadly caught by surprise upon my return to Des Moines last week from a trip to Brazil, when I was informed by Dr. James Hopkins and his wife, Nancy, about your premature passing. It did not seem possible, because your heart, your mind and your soul were unbelievably young at 93 years of age!

Your life was charted and inspiring and you took new routes without fear of the new or of the unknown. You lived with a rare and youthful sense of curiosity and zest. Life, even in its smallest daily acts, was for you an exciting and precious adventure. Your talk of the wonderful taste and the health benefits of your homemade fruit and vegetable smoothies inspired me to concoct my own. Hearing about your violin and piano playing, about your daily jump rope routine, witnessing the physical demonstration of your neck stretches and of your alternating one-foot balancing exercises while going up and down the stairs, observing your interest in acquiring new medical knowledge at lectures, as well as in computer technology – all of these things left me in awe.

One time last April, during the Blank Hospital Pediatric Conference (where I always sought your uplifting company) you proudly showed me a "little tool from Apple" that you won in a drawing at the American Academy of Pediatrics conference last year. You were amazed by this small technological wonder that stored more than two hundred of your pictures, from childhood to adulthood. It was your portable photobiography and you talked about each phase of your life with visible enthusiasm and pride. You showed me pictures of your young days as a music teacher. "I was almost the age of my students," you said. Then, there were pictures of you playing with the symphony, pictures of your years of service during World

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Mercy Family Medicine Residency Update

The Mercy Family Medicine Residency Program in Des Moines has seen several changes since the beginning of the year. Our outpatient Family Medicine Center became part of the Primary Health Care clinic system. Primary Health Care is a Federally Qualified Health Center. By joining their system, it has allowed us to tap into many of their resources including access to a low-cost pharmacy, a full-time on-site Spanish interpreter, a family health consultant on staff, as well as a behavioral health consultant. It has exposed our residents to an increased diversity of clinic patients as well as providing needed access for the community. During the transition, we also switched to the PHC electronic health record, GE Centricity.

On June 30th, we bid farewell to 8 third year residents and welcomed 8 new first year residents. Seven of our graduates are going to be working in small towns in Iowa, Kansas, Minnesota and Montana. The remaining graduates will be doing hospitalist work in North Carolina.

Another big change will be the program saying farewell to Charles Korte, D.O., who has served as director for over 16 years. As of September 1, Dean Moews, M.D., a faculty member of over 6 years, will be taking over as the interim program director.

With the new ACGME guidelines coming to effect July 1, 2014, we will be looking forward to a challenging yet enjoyable academic year.

HONDURAS:
A Week in Global Health

By: Yogesh Shah, M.D.; Kelsey Finn, OMS2, and Matthew Mueller, OMS2

Yogesh Shah, M.D.

Kelsey Finn

Matthew Mueller

After 20 hours of travel, a night spent on the cold tile floor of O'Hare, and a day of med packing it was finally time to embark on our first clinic day high in the mountains of Honduras. The day began at 5:30 AM with breakfast followed by a three hour bus ride up a steep, rocky road to Santa Rosa Guinope. Upon our arrival to the small agricultural community, hundreds of Hondurans lined up in anticipation, hoping to receive care from the American doctors and medical students. We were welcomed with open arms as the people of rural Honduras have been, and are still, in desperate need of medical services. We did not know the severity or duration of their conditions, but I and 30 Des Moines University students were ready to face whatever challenges lay ahead.

Over spring break this March, students from the Doctor of Osteopathic Medicine, Doctor of Podiatric Medicine, and Physician Assistant programs embarked on a medical mission to southern Honduras. We partnered with nine medical providers and a pharmacist to volunteer our time, skills, and resources to people living in a country where 59% of its inhabitants live below the poverty line and 36% of the total population lives in extreme poverty. Conditions are worse in rural areas where people lack access to health care facilities, potable water, sanitation services, and transportation. The health needs of Hondurans are so great that people were willing to travel for hours on foot to have rotten teeth extracted, only to make the same journey home with nothing more than a mild NSAID to relieve the pain.

As first and second year medical students, this trip was the first opportunity for many of us to be a component of the health care process for actual patients. This was an opportunity to remember why we sacrifice sleep to spend countless hours in the classroom and library.

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Addressing the Crisis in **Rural Health**

By: J.D. Polk, D.O
Dean, DMU College of Osteopathic Medicine

As I write this, the headlines on USA Today online in large block letters exclaims "massive shortage of primary care doctors in America". Current estimates put the shortage or need for primary care practitioners at 52,000 by 2025 according to a study by the Robert Graham Center. The shortage and need is brought about by several factors; population growth, preventive care implementation of the Affordable Care Act, and attrition of the "solo family doctor", especially in rural areas.

However, the mode and method to meet this demand will bring about several potential changes in the future. First, many groups are trying to fill the gap with mid-level providers. The State of Missouri put forward a law to expand the scope and autonomy of physician assistants in order to meet the needs of rural primary care, nurse practitioners have legislation in multiple states to broaden their scope in rural areas, and physician groups have tried desperately to find ways to recruit physicians to rural areas. All of these groups look at "shortening the training" in order to fast-track a practitioner to rural care. Even the American Osteopathic Association, through their Blue Ribbon Commission, has tried to look at how to shorten the medical school experience or residency and increase the supply chain of primary care while at the same time addressing the overwhelming amount of debt that medical students incur.

Student debt is usually linked with the issue as well, as many graduates, be they physician assistants, nurse practitioners, or doctors have high loan debt and simply cannot afford to live in a rural area. But loan debt can be addressed. Several states have loan repayment programs for rural practitioners, and even some hospitals have pooled their resources to offer repayment incentives to practitioners who will practice in the area for a pre-determined length of time. Des Moines University, albeit a private non-profit, committed a million dollars a year of its own money for the past four years toward rural medicine scholarships, to promote students to stay and work in rural Iowa. That is not a

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small sum in an economic downturn, when the return on the investment benefits the rural communities as opposed to the university personally. The fact that it is a private institution, and not a state funded institution, also makes that puzzling as to why they would do such a bridge program until the state was able to step up with loan reimbursement for rural practice-bound physicians. The answer? Because it was the right thing to do for the community and state, and the university trains well over 50% in the primary care workforce (family medicine, internal medicine, pediatrics) and well over 80% if you want to include emergency medicine, obstetrics and gynecology in the definition of primary care.

But there is a troubling trend that I see as groups scramble to fill the void in primary care. The emphasis has been on "less training" and "less skill" and "shorter" time to train in order to incentivize practitioners to practice in the rural areas. I'm not a rural family practitioner, and so my opinion may be jaded, but from my experience as an emergency physician, rural primary care practitioners need more skill, not less. They are the Jack/Jill of All Trades.

As the Chief of Life Flight in Cleveland, Ohio it was not unusual for me and my critical care flight nurse to fly out to get a critical patient at a small rural primary care clinic East of Ashtabula and far from any tertiary care center. I can recall picking up a unstable myocardial infarct, a stroke, a trauma patient, and one particular impalement of an Amish worker that would challenge even the most seasoned emergency physician. That rural family practitioner had his hands full, and he usually did a remarkable job stabilizing the patients and providing quality care. He had to be more skilled than his urban counterparts. Calling an ambulance to whisk the patient away to the urban hospital was not an option, and very often the volunteer Emergency Medical Services brought the patient to him as he was the closest equivalent to urgent/emergency and tertiary care they could find.

My point is, that America will in fact need more primary care practitioners. But I would like to amend that headline to say they will need "well-trained and high quality primary care practitioners", not someone who will be churned out like a sausage to fill a void, after fewer years of less intense training. Rural primary care should not ever be viewed as needing "something less", as very often the opposite is true.

More rural training programs, especially rural consortiums where several areas or hospitals pool their resources and rotational experiences, are needed. The answer to more rural practitioners lies in alleviating loan debt and increasing exposure to rural primary care and increasing the number of rural training programs, not compromising the training of the primary care physician.

DOCTORS IN THE NEWS

Congratulations to Philip Colletier, M.D., who was featured in the July/August issue of **dsm Magazine** for his involvement in providing free care through the PCMS Volunteer Physician Network program giving back to the community and making a difference in patients lives.

Congratulations to Kathryn Martin, D.O, who was appointed Medical Director of the Pediatric Transport Team at Mercy Children's Hospital in Des Moines on July 9, 2014. She was also appointed as the first pediatric medical director of the flight team, Mercy One.

Congratulations to Rebecca Shaw, M.D., who was featured in the summer 2014 issue of **DMU Magazine.** Dr. Shaw was one of nine health care physicians who participated in the University's Honduran health service trip in conjunction with Global Brigades.

NEW MEMBERS

Olson, Jennifer, D.O.
Education: Des Moines University College of Osteopathic Medicine
Specialty: Family Medicine

Dr. Olson currently practices at Mercy Carlisle Family Practice Clinic, 125 School Street, Carlisle, IA

O'Shea, Noreen, D.O.
Education: Des Moines University College of Osteopathic Medicine
Specialty: Family Medicine

Dr. O'Shea currently practices at Des University Clinics, 3200 Grand Avenue, Des Moines, IA

Today's Country Doctor

By: Larry Severidt, M.D.

There are few who would argue that our healthcare system is not broken. The debate revolves around "the fix", as was clearly (and continues to be) manifest in the debate about the Affordable Care Act. There is an overwhelming amount of data that shows that citizens that do not have health care insurance get sicker and die sooner because of their inability to access care. When they do become ill they are forced to seek the most expensive care in emergency rooms. In the countries around the world that provide care for all of their citizens (at less than 50% of the cost of US care) there is one common denominator, that being adequate access to primary care. Nowhere is this more apparent than in the rural communities of Iowa and the entire nation.

Providing physicians for rural communities is a challenge on many levels. The skill set required to function in a rural setting requires a broad scope of training that is often not appreciated, particularly by large academic health centers. Family doctors in many Iowa counties are doing obstetrics (20 % of Iowa`s babies are delivered in rural communities) and C-sections are done by many family doctors along with general surgeons in those communities. Screening colonoscopy is a service frequently provided by family doctors in rural communities. As I learned in my years as rural doc, there is much orthopedic care and basic fracture care that the "country doctor" will provide. Many communities do not have fulltime ED coverage or hospitalists which also becomes one of the responsibilities of the family doctor. Today`s rural physician will need to be a leader in team based care. Most rural practices have long ago embraced the idea of close working relationships with PA`s and NP`s. The idea that physician extenders and physicians are competitors is not something that I have observed in rural practice.

Student debt is another important issue as medical students make career choices. The state of Iowa along with the Iowa Academy of Family Physicians has recently developed a loan repayment program which is a public/private partnership and provides up to

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PCMS
ZOO BREW

Young physicians and physicians young at heart attended the PCMS night at the Zoo Brew on Wednesday, June 25th, at the Blank Park Zoo. It was a "wild" night of animals, fun with family and friends, food and live music.

Blank Park Zoo Entrance

L-R: Jason Kessler, M.D., Mary Anne Kessler, Aimee Dietzenbach and Jeffrey Dietzenbach, M.D.

L-R: Amelia Payne, Annie Massop and Kate Massop, M.D.

L-R: Drs. Whitney and Marc Molis

L-R:Teresa La Masters, M.D. and Eric La Masters

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L-R: Carolyn Beverly, M.D., Oge Imonugo, Brad Rempe (Foster Group), Julia Goodin, M.D. and Jon Evans (Foster Group)

L-R: Lorie Rosebrook and Joshua Rosebrook, M.D.

Susan and Donny Suh, M.D.

L-R: Carolyn Beverly, M.D. and Oge Imonugo

L-R: Jenna and Andrew Steffensmeier, M.D.

Jon Hade, M.D.

L-R: PCMS Executive Director, Kathie Lyman and Wael Haidar, M.D. new Chief Physician Executive of the Mercy Physician Network

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PCMS members and guests enjoy food and fun at the Zoo

L-R: Donny Suh, M.D. and Julia Goodina, M.D. in discussion on current health care trends.

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War II, and many others from subsequent years, reflecting your career as a pediatrician, as a neurologist and as the State Epidemiologist for the Iowa Department of Health.

You also reminisced about your interesting and challenging medical cases and medical trips. You confessed that you still would like to see the Amazon forest. And, you were always excited by the anticipation of your next trip to San Diego, to New York, or driving on your own to Chicago or flying to Florida to see your family – the lovely family you said you were blessed to have. You talked with special fondness about the "eighty-year-old boys," your friends, with whom you had coffee every week.

Once, as you sipped a glass of wine during dinner at the Des Moines Golf and Country Club, I asked you, "Do you ever feel lonesome?" To my astonishment, you smiled and matter-of-factly answered, "No, not at all."

For all these reasons, my friend, you are memorable, and I already miss you very much. Blank Hospital Pediatric Conference will not be the same without your illuminating, jovial and elegant presence. Knowing you was a gift for which I also feel blessed.

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Des Moines University students and health care providers

Whereas the university provides us with a number of simulated patient encounters to give us a "life-like" experience, by no means do these simulated experiences compare to being immersed in a real clinic with real patients who all have very real needs. Many of us were nervous, not only for the unknown, but we also feared not meeting the expectations of our patients. We hoped to be able to fulfill the needs of all who sought our help; a task for even the most experienced health care provider.

So, if given all the stressors of global health volunteering, why do we do this? Why would we spend thousands of dollars, invest hours of time in preparation, and give up our spring break if we could receive a similar experience during our clinical years? As future healthcare providers, we strive to give back to others. We work diligently to learn the tools necessary to be an asset to our communities. We thrive on making personal sacrifices to improve the quality of lives of our friends, families, and complete strangers. Global health volunteering as a medical student connects the dots presented during our didactic years, and it is through these opportunities we are provided further inspiration to persevere during the hardest two years of classroom instruction in our lives.

Volunteering abroad isn't for everyone, and for some this will be their only. However, for others this is just the beginning of a lifetime devoted to global health volunteering where we will use our knowledge and our skills to help reduce health disparities that run rampant throughout the world. We will use our resources to help those who are not able to help themselves, because we believe it is our duty. We will be presented with unique opportunities one can only experience high in the mountains of Honduras or in the Amazon Basin, opportunities that empower medical students and experienced

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1
Jennifer Gabel, D.O.
James W. Hopkins, M.D.
Carol Horner, D.O.
Robert C. Kitterman, M.D.
Kelly L. Reed, D.O.

3
Robert H. Hoyt, M.D.

4
Ryan S. Bakke, M.D.
Terry D. Van Oort, M.D.

5
Joseph Yankey, D.O.

6
David C. Ball, M.D.
Jay A. Rosenberger, D.O.

8
Timothy F. Drevyanko, M.D.
James F. Lawler, M.D.
Robert H. Zeff, M.D.

9
Jennifer Abler, D.O.
Nader R. Ajluni, D.O.
Nicholas J. Honkamp, M.D.
Manmohan Singh, M.D.

10
Kevin J. Cunningham, M.D.
Curtis L. Hoegh, M.D.

11
Mark R. Matthes, M.D.

13
Ravinder Agarwal, M.D.
Stanton L. Danielson, M.D.
Becky Jo Davis-Kramer, D.O.
Christopher A. White, M.D.

14
Janie C. Hendricks, D.O.
Robert O. Thompson, M.D.

15
Kelly S. Bast, M.D.
Kent J. Edelman, M.D.
Jose Figueroa, D.O.
Kevin L. Moore, M.D.
John U. Skoog, M.D.
Debra A. Studer, D.O.

16
James B. Bice, D.O.
Keven O. Cutler, M.D.
Libby K. Naeve, D.O.
Denis Reavis, D.O.

18
Lydia Holm, M.D.
Stephanie L. Pothoven, D.O.
Mark W. Purtle, M.D.
Christina Taylor, M.D.

19
Bic Carfrae, M.D.
Pamela L. Nerheim, M.D.
James B. Poole, D.O.
Kary R. Schulte, M.D.

21
Amy B. Mitchell, D.O.
Dante R. Toriello, D.O.
Mark W. Westberg, M.D.

22
Steven C. Johnson, M.D.

23
David F. Gordon, M.D.

24
Martin R. Aronow, D.O.
Illa S. Chandani, M.D.
Praveen C. Prasad, M.D.

25
Gary W. Janssen, D.O.
Gregory Schmunk, M.D.
Asit K. Tripathy, M.D.

26
Michael K. Harvey, D.O.

27
Thomas D. Dulaney, M.D.
Kevin J. Percival, M.D.

28
Vidya Chande, M.D.
Jerilyn Lundberg, M.D.
Roy W. Overton, M.D.

29
Benjaminn S. Paulson, M.D.
Jacqueline M. Stoken, D.O.

30
Jennifer A. Groos, M.D.
Randall H. Hamilton, M.D.

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$200,000 of loan repayment for doctors practicing in Iowa communities of 26,000 or fewer people. This program along with rural community efforts to help young physicians with their debt is making a difference in meeting the needs.

Rural healthcare systems embrace the concept of caring for their entire community. I have talked with many friends and colleagues from rural areas who are pleased that through the ACA most of the people in their community have some health insurance coverage. This concept was also clearly supported by the Iowa Hospital Association as they worked hard to encourage development of Gov. Branstad`s Iowa Health and Wellness Plan.

Iowa`s network of Family Medicine Residencies is working to provide doctors for rural communities. In the past five years 85% of Broadlawns graduates have stayed in Iowa and 70% have entered rural practice. The challenge for all of Iowa`s Family Medicine programs is finding enough medical students to fill available positions. There are over 180 Resident physicians currently training in

Iowa`s nine Family Medicine programs. Des Moines University (DMU) is the biggest supporter of Family Medicine for the Iowa network. Currently 19 of the 29 Residents at Broadlawns are DMU trained. The University of Iowa has 15 graduates among the 180 in training. Studies by the University of Iowa have shown that if you attend medical school at DMU or University of Iowa and do your Family Medicine training in Iowa there is over a 75% likelihood that you will spend your entire career in Iowa.

Future collaboration with Iowa`s medical schools and FP Residencies will be critical as we work to meet the needs of rural Iowa.

Dr. Severidt practiced in rural Iowa for 24 years before becoming the Program Director of the Broadlawns Family Medicine Residency.

OCTOBER BIRTHDAYS

2
Eric A. Harlan, M.D.

3
Wendy Woods-Swafford, M.D.

4
Stephen C. Elliott, D.O.
Cassim M. Igram, M.D.
Joshua D. Kimelman, D.O.
Duangchai Narawong, M.D.
Deborah Turner, M.D.

5
John A. Fell, D.O.
William J. Wickemeyer, M.D.

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William Nowysz, D.O.
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Ava R. Feldman, D.O.
G. Eric Hockett, M.D.

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Chandramohan Batra, M.D.
Wendy L. Fluegel, M.D.

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Richard B. Merrick, M.D.
Theodore W. Rooney, D.O.
Bradley E. Wilcox, D.O.

13
John M. Martens, M.D.

14
Allison Brown, M.D.

16
Amy J. Fulton, M.D.
Richard L. Glowacki, M.D.
Laura Mirsky, D.O.

18
Nancy Aquadro, D.O.
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Margaret Verhey, M.D.

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Laurie M. Kuestner, M.D.
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Theresa M. Wahlig, M.D.

31
Eric Andersen, M.D.
David Cornelder, D.O.
Nicholas M. Southard, D.O.

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3rd year Medical Student, Greg Makar

healthcare providers alike. Through solving problems with access to limited resources, our dedication to global health will provide us new skills which will enhance our practice at home. The excitement of global health volunteering is contagious, and we hope that our enthusiasm encourages others to join the global effort. Through this unity, health disparity may one day be only read about in history books instead of the status quo.

2nd year Medical Student, Matthew Mueller
Photo Credit: Kelsey Finn

PHYSICIAN EDUCATION SERIES

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Nervous Investors

by Ed Green, CFP®, ChFC, AIF®

July 31, 2014 – the Dow falls 317 points. Nervous "investors" warily contemplate employment data, geo-political tensions, and Ebola. Media reports shout that this one-day drop wipes out the Dow's gains ***for the entire year***.

Was it mentioned that other, more-broadly-diversified measures were ***up*** between 4% and 15% year-to-date on this same day? I'm betting not. They were.

I'm not making light of these concerns. But such events and data are not new. Four very dangerous words for investors to base decisions on are, "It's different this time." Most likely, it's not.

For context, through almost 90 years of broad US market returns, no decade is without at least one, typically ***multiple***, such events. Many make current events look like "below-the-fold" news, by comparison.

Yet, through that same period, the broad US market produced a near-10% annualized return. There was a simple, but not easy, requirement to get this return. Your portfolio had to look like the market, and you had to ***stay*** invested. Simple . . . not ***easy***.

Could current concerns develop into something more significant? Perhaps lead to the long-predicted market correction? Possibly. There's no shortage of "experts" willing to opine, but the fact is, not one of them know with certainty. They're offering opinion.

If we experience a market downturn, it won't be fun. Never has been before. But another commonality among ***all*** earlier corrections is that they ***ended***. Every single one. Then markets eventually regained previous highs and went on to new ones.

Could it be different this time? Perhaps. Personally, though, I'm not betting against markets in the long run.

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For

Friday

January 30th, 2015

7:30 p.m.

Des Moines

Performing Arts

Reserve your great seats with PCMS today!

KINKY BOOTS **is the exhilarating Broadway musical that will lift your spirits to new high-heeled heights! Winner of six Tony Awards® including BEST MUSICAL. Inspired by a true story, *KINKY BOOTS* features a joyous, Tony-winning score by CYNDI LAUPER, direction and Tony-winning choreography by JERRY MITCHELL and a hilarious, uplifting book by four-time Tony winner HARVEY FIERSTEIN. Come join the sold-out audiences who've discovered why – sometimes – the best way to fit in is to stand out!**

PCMS Will have a light dinner before the show

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Tickets will be sold on a first come, first served basis.

Tickets: $76.50 per person

Name: _____ **Phone:** _____

Mailing Address: _____

_____

Number of Tickets: _____ **x $76.50 =** _____

To order tickets, please complete this form and mail with your check to:

Polk County Medical Society, 1520 High Street, Des Moines, IA 50309

Phone: 515-288-0172 or Fax: 515-288-0173

Bulletin

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