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JUL/AUG 2015 MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

2015

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Cover Photo: The Giraffe paddock at the Blank Park Zoo.

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PCMS Night at the ZOO BREW

PCMS members, Broadlawns and Mercy Residents, family and friends attended the PCMS night at the Zoo Brew on Wednesday, July 22nd, at the Blank Park Zoo. It was a "wild" night of animals, fun, camaraderie, food and live music.



L-R: Kathie Lyman, Shayla From and Dr. Joel From welcomes Mercy Residents Dr. Matt Skeens, Heather Skeens and Dr. Christopher Ketter.



PCMS members enjoy the food and music.

A Letter From the President



Joel From, M.D.

The Polk County
Medical Society
awards annual
scholarships to
medical students

from Des Moines University and the University of Iowa. We also help fund global medical service trips for medical students and residents in training. It is no easy task to select recipients from the dozens of applicants each year. The incoming president is given the honor of presenting the awards at the annual meeting.

Following the Kathie J. Lyman Scholarship awards this spring, one of the recipients came forward and asked if she could spend a part of her (very limited) summer break "shadowing" me at the office and hospital. Lizzie Gerdes had only 2 weeks between the completion of her summer job as an anatomy tutor for incoming M-1 students, before returning for her M-2 year. A native

of Waukee and graduate of lowa State University, she was back home for her last "Summer Vacation" for many years to come.

It's been many years since I was last exposed to a medical student so early in the process of becoming a physician. I found it very refreshing. It also made me realize some of the changes in the medical school curriculum at my Alma Mata. 36 years ago I spent my summer as a MECO student in Des Moines. I had one year of basic sciences education and no clinical training. Every experience was new and exciting, from just meeting patients to watching procedures, going to the O.R., rounding and just watching "the Pros" at work. I felt like a fish out of water, but it was a great experience.

Lizzie arrived and seemed to be front loaded for clinical medicine. She explained that the medical school now incorporates clinically

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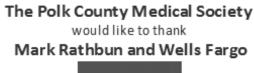
relevant education in the early years of medical education. It was easy to see that she had worked diligently to take in all the lessons her first year. She knew clinical pearls that eluded me until my residency. She was so refreshingly enthusiastic and tireless, that it was a delight to have on the service. She was very poised with the patients and staff, and the Internal Medicine residents on service loved taking her "under their wing". They even sacrificed procedures so that Lizzie would gain experience and exposure. She greeted tasks that I have come to think mundane, with excitement. Spending time with Lizzie confirmed for me that the selection for the scholarship awards has merit and the recipients are truly deserving individuals. It was the highlight of my summer having her on the service.

The annual fund raising event for the Kathie

J. Lyman Scholarship Fund is the PCMS

Golf Tournament. Without the participation of the members in this golf outing each year we have no Scholarship funds. This is a banner year for the PCMS as we celebrate 25 years with Kathie Lyman as our executive director. Kathie and the PCMS staff work arduously to make this event a success. Not being a golfer, I have chosen to contribute to the Scholarship fund annually. Last year's event was such a great success that we were able to double the scholarship awards for 2015.

This year the 5th Annual Polk County Medical Society Kathie J. Lyman Scholarship Charity Golf outing will be held at the Wakonda Club on September 28th. Please show your support for Kathie and her efforts to assist students in their medical education by joining her for this event.





for their continued support and sponsorship of PCMS events.

THE PATIENT ALWAYS COMES FIRST!



By: Kathie J. Lyman

The Practice of Medicine has changed dramatically since I began working with doctors. What use to occur had doctors spending time with

their patients treating their illness, asking about the family, giving preventive advice, and sometimes medicine for patients when needed.

Fast forward to today and patients are losing their doctors to changing insurance plans. PCMS receives calls weekly from consumers worried about the panel of doctors they must choose from since "their doctor" is not on the list. Patients don't know how the new laws will affect them and are concerned they won't get treated by their doctor at their hospital they have always gone to. We have listened to older people who are worried how this all works, how things get paid, and confusion abounds.

Doctors, because of all of the intrusions into medicine by the changing laws, have joined larger groups, are employed by hospitals, and the independent doctor is vanishing.

I'm not telling you anything new. Each of you

realizes the time you use to have with the patient is shrinking. The paper work and electronic work is daunting. Thousands of new codes are in place that you now have to work with. Doctors have less time with their patients than they ever have.

I experienced some of those frustrations with the changes, recently, when a couple of friends had surgery. Needless to say they prepared themselves with information from the web and knew the pros and cons of the surgery. One of them had a perfect outcome: the other had an unrelated complication and needed their internist who worked at another hospital. They called upset and didn't want a new internist that didn't know their medical history. I emphasized that their worries were not warranted. The next day she woke up with her internist at her side to manage her condition while her surgeon managed the surgical procedure. They both worked together for a positive outcome and she went home with a seamless process.

Doctors have dealt with the changes in technology, law and drugs but, the one thing that hasn't changed is doctors committed to working together and healing their patients as partners. **Their patients always come first!**

HOUSE REPUBLICANS' ELECT A NEW LEADERSHIP TEAM

Today the House GOP met at the Capitol to elect a new leadership team following the announcement by Kraig Paulsen that he was stepping down as Speaker. Current Majority Leader Linda Upmeyer of Clear Lake becomes Speaker-Elect. She will be officially sworn in on the first day of the 2016 session but will likely be assuming most of the duties of Speaker in the meantime. She makes history as the first female Speaker as well as the first child of a former Speaker to earn the post. (Her dad, the late Del Stromer, was Speaker in the early 1980s.) Chris Hagenow of Windsor Heights was elected Majority Leader (replacing Upmeyer), Joel Fry of Osceola was elected Majority Whip (replacing Hagenow) and Zach Nunn of Bondurant was elected Assistant Majority Leader (replacing Fry).

Here is the current leadership roster:

Speaker: Kraig Paulsen
Speaker-Elect: Linda L. Upmeyer
Speaker Pro Tempore: Matt W. Windschitl
Majority Leader: Chris Hagenow

Majority Whip: Joel Fry
Assistant Majority Leader: Lee Hein
Assistant Majority Leader: Jarad J. Klein
Assistant Majority Leader: Zach Nunn
Assistant Majority Leader: Walt Rogers

IOWA BECOMES 10TH STATE TO ENACT INTERSTATE MEDICAL LICENSURE COMPACT

lowa became the 10th state to enact the Interstate Medical Licensure Compact after Governor Terry Branstad signed the legislation into law on July 2, retroactive to July 1. lowa joins a growing coalition of states across the nation committed to expanding access to quality health care, especially to those in underserved areas of the country. The compact will expedite the licensing process for qualified physicians and reduce barriers to obtaining licensure in multiple states and jurisdictions. The compact establishes a voluntary pathway that will significantly streamline the licensing process for physicians seeking to practice medicine in compact states, while maintaining the state regulatory oversight and protections necessary for patient safety. lowa joins nine other states in enacting the compact this year, including Alabama, Idaho, Minnesota, Montana, Nevada, South Dakota, Utah, West Virginia, and Wyoming.

DOCTORS IN THE NEWS



Congratulations to David Drake, D.O., has been asked to serve on the Security Committee with National Physicians for Social Responsibility (PSR) committee that focuses on the abolition of nuclear weapons. PSR is heavily involved in other issues such as climate change and brings health care professionals in the forefront in dealing with the pressing and urgent issues of our day.



Congratulations to Yogesh Shah, M.D., who was featured in the Business Record on August 7, 2015 for his collaboration with other Greater Des Moines Leaders in making the region more livable for its growing older population. Dr. Shah is a geriatrician and associate dean for global health at Des Moines University.





Patient Tracking & Follow Up-What You Don't Know Can Hurt You

By: Laurette Salzman, MBA, CPHRM, ProAssurance Senior Risk Resource Advisor

Lapses in patient care, including follow up, can lead to dire consequences beyond those to patient well-being. Substantial malpractice settlements and verdicts have been paid as a result of "lost" diagnostic reports and physicians' failure to review and follow up.

Patientswhomissorcancelappointments risk undetected and untreated medical conditions, threatening continuity of care. If the patient later experiences an illness or injury, he or she may hold you responsible. The best way to prevent such lapses—and the corresponding malpractice allegations they create—is to develop written policies and procedures. The goal is to effectively track lab and diagnostic tests, as well as missed appointments and referrals.

Lab and Diagnostic Tests

Establish a tracking system that documents and follows patients referred for diagnostic imaging or laboratory testing. An effective system will verify the:

- test is performed;
- results are reported to the office;
- physician reviews the results;
- physician communicates the results to the patient;
- · results are properly acted upon; and
- results are properly filed.

It is important the physician or allied health professional (AHP) review, authenticate, and date all diagnostic test results as soon as they are available—before filing. When test results are abnormal, it is important to let the patient know both the results and the need for follow up. If the patient does not

FEATURE ARTICLE

follow through as advised, it is prudent to make—and document—repeated efforts to encourage the patient's return.

Cancellations and No-Shows

Tracking missed or cancelled appointments will help you improve patient care and reduce liability risk. When patients miss or cancel appointments, attempt to reschedule and document both the reason for cancellation and each of your efforts to reschedule.

We suggest the AHP review all missed or cancelled appointments and discuss them with the physician to determine if follow-up is necessary. More aggressive follow up may be necessary for patients with urgent conditions. Document all such efforts in the medical record.

Consultations/Referrals

Plan to develop an effective system to identify and track patients who are scheduled for referrals and consultations. Document in the patient's medical record all recommendations that a patient see a specialist for consultation or continued care. Include any letters

or other communications between physicians in the medical record.

Types of Tracking Systems

Tracking systems do not have to be complex or expensive; they just have to work. Many medical practices use simple and inexpensive methods, such as logbooks. Others utilize tracking functions provided in their electronic medical records system. Whatever tracking method you choose, be sure to follow up on laboratory and diagnostic tests, cancellations, no-shows, and consultations.

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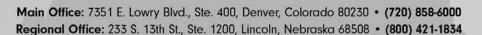
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Legislative Update 2015



John Cacciatore PCMS Lobbyist



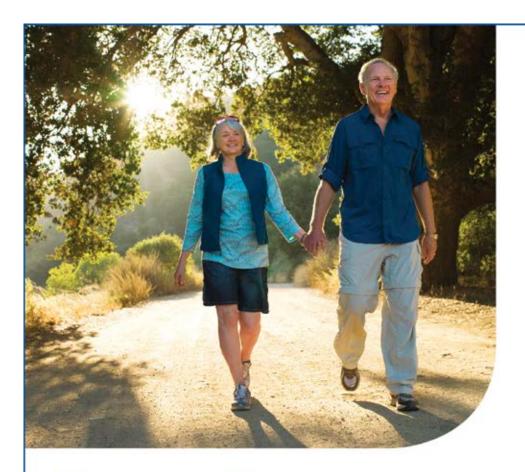
Lon Anderson PCMS Lobbyist

The lowa Legislature adjourned on June 5th and the Governor completed action on all legislation on July 2nd.

The primary legislative priority for PCMS was funding the Volunteer Physician Network (VPN). The VPN is administered by PCMS and receives state funding to refer patients to specialists who provide free medical care. PCMS secured a funding increase in 2013 in collaboratio with the lowa Safety Net Providers.

In 2015, PCMS worked with the Governor, the Department of Public Health and the Legislature to maintain the funding and sustain the ability to meet the demands and administrative costs of the VPN. The House and Senate appropriated \$213,748 to PCMS to administer their VPN services. The Governor approved this appropriation.

A number of bills of interest to PCMS members were discussed this session by the Legislature. Summaries of bills of particular interest are below:



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The point of unity is you.



PCMS EVENT

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L-R: Dr. Tommy Ibrahim and Dr. Jason Kessler chatting at the PCMS Zoo Brew.



L-R: Kathy Beaty, Dr. Larry Beaty, Dr. Eric Donels, Lacey Donels, Sara Rauen and Dr. Matthew Rauen enjoy the food and refreshments.

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SOME OF THE FINEST PHYSICIANS PRACTICE RIGHT HERE AT BROADLAWNS.

Broadlawns has expanded its network and now offers more than 22 specialty care clinics dedicated to Women's Health, Orthopaedics, Oncology/Hematology, Sleep Medicine and Allergies, Urology, Gastroenterology, Pain Management, Geriatric Medicine and Family Health. This is possible thanks to the many skilled physicians who choose to practice here.

"The secret is out," says Broadlawns CEO Jody Jenner. "Medical professionals know that our facilities are among the most technologically advanced in the area. They see what's happening here and how it relates to quality outcomes. And they want to be part of it."

Broadlawns—outstanding primary and specialty care, practiced by some of the area's finest physicians. Call today to schedule an appointment.

PHYSICIAN LEADERS PICTURED: From left to right: Dr. Michael McCubbin, Sleep Medicine/Allergy; Dr. Tim Rankin, Orthopaedics; Dr. Scott Neff, Orthopaedics; Dr. Daniel McGuire, Orthopaedics; Dr. Stephen Quinlan, Urology; Dr. John Tentinger, Imaging; Dr. Brad Lair, Oncology/Hematology; Dr. Kendall Reed, Gastroenterology.

515.282.2200



PCMS EVENT

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Dr. Gregg Polzin and Susy Polzin enjoying the evening.



Dr. Will Wortman and Dana Wortman give the thumbs up to the festivities.

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Connie Colletier and Dr. Phil Colletier look forward to seeing colleagues and friends.



PCMS members get ready for a delightful night of music, food and fun.

PCMS EVENT



Broadlawns Residents Dr. Amy Keller and Dr. Rochelle Nardize join the festivities.



PCMS Members enjoying camaraderie.

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The Polk County Medical Society extends our appreciation

to our

2015 Health Partnership Affiliates:



MEDICAL CENTER

Together a healthy community.





For their ongoing support

PCMS EVENT

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Dr. Rochelle Nardize and her parents enjoy a safari at the PCMS Zoo Brew.



Members stroll and enjoy the music and animals.

The Polk County Medical Society

extends our appreciation
to our

Zoo Brew Sponsors:







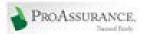




Also, in appreciation of our 2015 Circle of Friends Sponsors:









2015 Charity Golf Tournament SIGN UP TODAY!!



MEDICA O DEST. O 1851

Polk County Medical Society

2015 **Kathie J. Lyman** Charity Golf Tournament

Monday September 28th, 2015

Wakonda Club, 3915 Fleur Drive, Des Moines

All proceeds will benefit the 501c3 Kathie J. Lyman Medical Student Scholarship Fund which awards scholarships to medical students each year, for medical school and global medical service trips from Des Moines University and the University of Iowa.

REGISTRATION INFORMATION

(Note: This event is not limited to doctors')

Payment must be received to reserve spot

11:30 a.m. - Registration & Lunch 1:00 p.m. - Tee Time: Shotgun Start Awards to follow golf in the Wakonda Club House.

Golfer 1	Golfer 3
Name	Name
Address	Address
City	City
State Zip	StateZip
Phone	Phone
E-mail	E-mail
Attending Lunch? Yes No	Attending Lunch? Yes No
Golfer 2	Golfer 4
Name	- Name
Address	Address
Address	MUUI C33
City	
CityStateZip	City
CityStateZip	CityZip
City	City

Lunch and Golf Cart (the fun is free!) players @ \$175 \$

Send Registration and payment to: Polk County Medical Society, 1520 High Street, Des Moines, IA 50309 by **September 15th**, **2015**

VECTORS & VIEWPOINTS

VECTOR: SMALL CHANGES MAKE A BIG DIFFERENCE



Brad Rempe CFP®, AIF® Lead Advisor

Today's question:

Why should someone hold real estate in a portfolio?

Our objective in designing and managing investment portfolios for our clients is to maximize returns for a given level of risk using an evidenced-based, probabilistic approach.

Combining different types of investment assets which behave differently (non-correlated) can reduce the volatility (one component of risk) of an investment portfolio and may not lower the expected return. This is one of the benefits of diversification and is a main tenet of our approach to constructing efficient portfolios. Because real estate offers positive expected returns with a return pattern different than other financial assets, we think it is an important component of a diversified portfolio.

What type of real estate should you have in a portfolio?

For most investors, an effective way to add a real estate component to an investment portfolio is by buying shares in a Real Estate Investment Trust (REIT). A REIT is a company that owns, operates, and/or finances real estate property and offers several significant benefits:

- Diversification a REIT owns a portfolio of properties which will allow you to spread risk across many properties.
- Liquidity shares of publicly traded REITS can be bought and sold on a daily basis.

Taking this even one step further, a REIT mutual fund owns a portfolio of REITs that will further diversify your holdings, potentially across different types of real estate (retail, office, hotels, residential, etc.) which can be both inside the US and also internationally.









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- Candor legislation (SF426) protects certain confidential physician communication with their patients.
 The bill passed both chambers and was signed into law by the Governor. PCMS supported this legislation.
- Payment parity for telemedicine services (HF 600) provides similar payment for telemedicine service as an onsite visit. The bill originally applied to all third party payers. During deliberations through the committee process, the bill was amended to basically apply to Medicaid. The legislation was included in the Health and Human Services Appropriations bill, SF 505. The Governor approved this portion of the bill. **PCMS supported this legislation.**
- Legislation was introduced this session to license durable medical equipment providers (SF 372). Every year PCMS is on the lookout for legislation that expands activities that could encroach on a physician's scope of practice and threaten patient safety. This legislation had such potential. PCMS worked with other physician organizations and other health care providers to amend the legislation and ensure it doesn't interfere with a physician's practice of medicine.

- The bill as amended cleared a Senate committee but stalled on the Senate floor and was sent back to Committee for consideration next session. **PCMS** originally opposed this legislation but following the adoption of the amendment is monitoring the bill. The bill will be eligible for consideration during the 2016 session
- Legislation effecting commercial tanning (SF 232/HF 420) prohibits a tanning facility from allowing a person less than 18 years of age to use a tanning device. This bill passed the lowa Senate on a 26 – 23 vote and is on file in the lowa House. It did not come up in the House this session and will be eligible during the 2016 session. PCMS supports this legislation.
- Commercialization of the sale of fireworks in Iowa (SF 226/HF 614) was passed by the House and approved by the Senate State Government Committee. The bill was not taken up by the full Senate and will continue to be eligible during the 2016 session.
 PCMS opposes this legislation.
- The Board of Medicine introduced legislation enabling lowa to join an

ADVOCACY

Interstate Medical Licensure Compact (SF 273). This legislation streamlines the process for physician licensure in states within the compact. The bill passed the Senate 42 – 7 and was considered in the House Human Resources Committee. This legislation was included in the Standings Appropriations bill at the conclusion of the session, SF 510, and the Governor approved that portion of the bill. Iowa is the 10th state to enact legislation authorizing their participation in the Interstate Medical Licensure Compact. **PCMS monitored this legislation.**

• The authorization of medical marijuana (SF 484) for specific debilitating conditions passed the Senate on a 26 – 19 vote. The legislation has been referred to the House Public Safety Committee. The bill will be eligible during the 2106 session. PCMS is monitoring this legislation.

At the outset of the 2015 session, Gov. Branstad announced his plan to transform Medicaid from a predominantly fee for service program run by the state to a managed care program run by private managed care organizations. The Governor's and Legislature's final budget projects

savings of \$51 million in FY16 and FY17 when the state transitions to this new model. The Department of Human Services (DHS) issued an RFP in February and bids were submitted in May. DHS plans to award the bid by the end of July to as few as two and as many as four private managed care organizations to run the state's Medicaid program. The expectation is the managed care model will be operational by January 1, 2016.

The timeline to transition Medicaid to managed care is very aggressive. As a result, legislators, health care providers and patient advocate organizations are paying close attention to the process. A number of pieces of legislation were proposed to effect this policy change:

- Legislation was proposed to create legislative oversight and stakeholder input for the transition to Medicaid managed care (SF 452). The bill was approved by the Senate on a 50 – 0 vote. The legislation was included in the Health and Human Services Appropriations bill, SF 505, and approved by the Governor.
- The creation of a legislative health policy oversight committee related to the Managed Care Oversight process was

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proposed and included in the Health and Human Services Appropriations bill, SF 505. The Governor approved this provision.

- A Health Consumer Ombudsman Alliance was proposed by legislators and included in the Health and Human Services Appropriation bill, SF 505. The Governor approved this portion of the bill.
- The Legislature passed language that set a floor for the Managed Care Organizations for provider reimbursement rates based on the rate approved by the Legislature in the 2015 session. The Governor item vetoed this provision and said the RFP already provides protection for provider rates.

The Health and Human Service Appropriations bill, SF 505, contained other provisions of interest to physicians that were approved by the Governor:

- Physician Medicaid reimbursement rates were left unchanged;
- Before a physician performs an abortion, the physician shall certify that the woman has seen an ultrasound as a standard of care and has been provided information about options regarding pregnancy.
- Physician Assistant supervision rules must be jointly adopted by the Physician Assistants Board and the Board of Medicine.

We will continue to keep the PCMS Board and members apprised of activities during the interim period between the 2015 and 2016 legislative sessions.





The Circle of Friends program is an exciting member service and a valuable benefit to help members with their medical practices. It allows medical-related businesses to connect directly with physicians in Central Iowa. Businesses, such as yours, can support local physicians by being members of the PCMS Circle of Friends, and in turn for your continued support, are offered special beneficial programs. For questions about PCMS Circle of Friends contact PCMS, business development, at pcms@pcms.org or phone 515-288-0172.

SEPTEMBER BIRTHDAYS

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