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Bulletin MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

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Cover Photo: 5th Annual Kathie J. Lyman Scholarship first place golf winners: L-R: Don Junge, D.O., Ryan Bakke, M.D., Jason Stecker, D.O., and Mark Sundet, D.O.

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Advocacy in Washington D.C.

The Polk County Medical Society held their annual Washington, D.C. Fly-In September 19th and 20th, 2015. Both the Senate and the House were in session. On your behalf PCMS Board Members and the Executive Director advocated personally with the Iowa Congressional Delegation.



Meeting with Senator Joni Ernst in her office: L-R: Nancy Kane, M.D., Kathie Lyman, Senator Ernst, and Janie Hendricks, D.O.

A Letter From the President



Joel From, M.D.

The annual PCMS Fly-in to Washington, D.C. in September was well attended this year. In addition to executive director Kathie Lyman,

past president Dr. Phil Colletier, his wife Connie, past president Dr. Janie Hendricks, her spouse Marty, and board members Dr. Nancy Kane, and Dr. Matt Rauen and his wife Sara who made their first trip to Washington with the PCMS. Shayla, my better half, and I piggybacked the Washington trip onto a trip to Springfield, Illinois for the 150th anniversary of the assassination of Abraham Lincoln. Immersed in all things Lincoln before our arrival in Washington, and arriving one day ahead of the delegation, our first stop was the Lincoln Memorial.

Our Congressional representation has undergone significant change since our last fly-in in 2014. Senator Joni Ernst has replaced Senator Tom Harkin, and Senator Charles Grassley's long time chief-of-staff David Young is our new Congressman. They were all very welcoming and generous with their time in meeting with our delegation. Senator Grassley hosted a breakfast for our delegation

in the Senate dining room and took us to the floor of the Senate Chambers, which has become an annual tradition. Senator Grassley's staff also provided a private tour of the Capitol for first time attendees. We also had the great honor of meeting Mrs. Barbara Grassley who graciously conducted a guided tour of the White House for the members of our delegation. If you ever have the opportunity to join the fly-in, it will be a memorable experience.

Dr. Colletier observed during our tour of the White House just how remarkable it is in our society that average citizens such as ourselves can visit all 3 of the main halls of government in Washington, including Congress, the Supreme Court and The White House. Not many societies could boast the same degree of openness and access for its citizens! He also observed that through the several years of meeting with our congressional delegation in Washington, that regardless of their political bent, these hard working men and women are intent on serving lowans to the best of their ability. Drs. Kane, Hendricks and Kathie met with Senator Ernst on the day that the rest of our delegates toured the White House, and she graciously spent a great deal of time with them. Both Senator Ernst and Representative

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Young are in the position of being new members of Congress, and with time we hope that their position and influence will grow. They have a wonderful mentor in Senator Grassley, who has served 34 years as a member of Congress.

The main advocacy efforts for this year's delegation was to initiate a dialog representing our members and our HealthCare Partners on the pressing need for improved access to GME slots for primary care and psychiatrist physicians in lowa. The best predictor of where physicians will practice medicine is where they train, and lowa lacks the necessary training programs to meet our needs.

Fundina for Post Graduate Medical Education is not presently a high priority for Congress as it would take them time to pass an increase in funding and residency slots. However, with a roughly 10 year lead time to establish a training program and educating fully trained providers, the PCMS has elected to pursue strategies to raise awareness. The lack of primary care and psychiatric physician's slots to train these doctors in our area and across the state has placed a terrible strain on other providers, including primary care givers, E.R. staff and pediatricians. Unfortunately, lack of access to mental healthcare is a not a problem unique to our area. The problem exists nationwide. but we continue to advocate for funds to provide care to those in need in this area.

This represents a welcome change in our agenda for our Washington fly-ins. It was the first time in many years we didn't ask to fix the Sustainable Growth Rate (SGR). However, with the current resolution of the SGR formula we need to continue to advocate to

make permanent the 1.0 work GPCI floor to help address Medicare's equitable treatment of our physicians payments, and to protect access for lowa's Medicare beneficiaries. We are also advocating to improve patient access to physicians. These issue of access to healthcare affects our daily practice of medicine and the lives of our patients.

The PCMS Government Relations Committee met to plan our issues which we will move forward at the state in the 2016 legislative year, and initiating a dialog with our state legislators as they grapple with their role as a major payor in the healthcare system. We also discussed the ongoing need for medical liability reform in Iowa with caps on non-monetary damages, the need for early disclosure and certificates of merit for malpractice filings, and the development of Safe Harbors for Iowa practitioners. As always, the day ended with a fabulous dinner for all the delegates at a wonderful D.C. restaurant, D.C. has become a real hot spot for foodies! We are always hoping for even greater participation from our membership in coming years, and invite you to sign-up and participate in future fly-ins. It really offers opportunities to see and do things in a fun and unique way while advocating to our congressional delegation directly the bills that will affect physician practices and patient care.

Chronic Health Conditions and the Flu



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

Are our patients taking their insulin? Are they using their asthma medicine correctly? Are they getting enough physical activity? As

providers, we often gather this information when we see patients who have chronic health conditions. According to the Centers for Disease Control and Prevention (CDC), chronic health conditions are responsible for 7 out of 10 deaths each year. One in four Americans also have more than one chronic health condition that requires ongoing medical attention and limits daily activities. We are constantly working with patients to manage their disease However; one thing we fall short on is making sure our patients with chronic health conditions have all their immunizations, specifically their Influenza vaccine.

Only 50% of our population receives their flu vaccine each year. Currently, there are approximately 133 million Americans with chronic health conditions and a large portion of these individuals do not get their influenza vaccine every year.

The following list from the CDC includes individuals with chronic health conditions that are more likely to get flu related

complications if they get sick with the influenza:

- Asthma
- Neurological and neurodevelopmental conditions
- Chronic lung disease (such as chronic obstructive pulmonary disease [COPD] and cystic fibrosis)
- Heart disease (such as congenital heart disease, congestive heart failure and coronary artery disease)
- Blood disorders
- Endocrine disorders (such as diabetes mellitus)
- Kidney disorders
- Liver disorders
- Metabolic disorders (such as inherited metabolic disorders and mitochondrial

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FEATURE ARTICLE

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disorders)

 Weakened immune system due to disease or medication (such as people with HIV, AIDS, cancer, or those on chronic steroids).

Chronic disease management is a big part of our practices; please make sure you also address influenza vaccination.

There are several influenza vaccine options for this flu season:

- Traditional influenza vaccines made to protect against three different flu viruses (called "trivalent" vaccines) are available. Trivalent flu vaccine protects against two influenza A viruses (an H1N1 and an H3N2) and an influenza B virus. Trivalent is available in standard dose, high dose for individuals over 65 and an egg free form.
- In addition, influenza vaccines made to protect against four different flu viruses (called "quadrivalent" vaccines) also are available. The quadrivalent flu vaccine protects against two influenza A viruses and two influenza B viruses. This form is available in the quadrivalent flu shot,
- 3. high dose, intradermal, and nasal spray.

The intradermal form is injected into the skin instead of the muscle and uses a much smaller needle than the regular flu shot; it is approved for people 18 through 64 years of age. The nasal spray form is approved for individuals 2 through 49 years of age.

The high dose vaccine contains three to four times (depending on type of vaccine) the amount of antigen contained in regular flu shots. The additional antigen is intended to create a stronger immune response. This year's vaccine contains a match to last year's H3N2. Flu viruses are constantly changing so it's not unusual for new flu viruses to appear and change each year like last year.

Routine annual Influenza vaccination is also recommended for all persons aged 6 months and older who don't have contraindications. According to the CDC, more than 118 million doses of flu vaccine have been distributed thus far for the 2015-16 flu season. Most of the early outbreaks have been attributed to H3N2 viruses, an indication that this year's vaccine has been updated to better match circulating viruses. Let's Keep Our Patients With Chronic Health Conditions Healthy This Flu Season!



DOCTORS IN THE NEWS



Congratulations to Richard Deming, M.D., who was featured in the **Des Moines Register** on September 11, 2015 in an article about traveling and working with the nonprofit organization Above + Beyond Cancer, to help Nepal earthquake victims.



Congratulations to Cass Franklin, M.D., who was featured in the **Des Moines Register** on October 24, 2015 in an article about three kidney patients benefiting from a stranger's gift of organ donation. The donors were healthy people who considered donating out of good will, based on the current organ shortage for transplants.



Congratulations to Roscoe Morton, M.D. who has been named a fellow of the American Society of Clinical Oncology during the 2015 annual meeting in Chicago. Dr. Morton is also a clinical assistant professor at the University of Iowa College of Medicine-Des Moines.

NEW MEMBERS



McAvoy, Sarah, M.D.

Education: University of Minnesota Medical School - Minneapolis

Residency: MD Anderson Cancer Center, Houston, TX

Specialty: Radiation Oncology

Dr. McAvoy currently practices at Mercy Cancer Center Radiation Oncology, 411 Laurel Street, Suite C-100, Des Moines, IA

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VECTOR: SMALL CHANGES MAKE A BIG DIFFERENCE



Buck Olsen, CFP® Advisory Services Leader

Today's question:

Investment Fiduciary What does that really
mean and does it matter?

Fiduciary is a major buzz word in the financial industry that is now being talked about in consumer circles. So let's get this word defined and decide if it really matters. An investment fiduciary is simply a person or company that has a duty to act for someone else's benefit, while subordinating one's personal interests to that of the other person. The highest standard of duty implied by law. So does this really matter? Well if you work with a fiduciary the following are non-negotiables:

- Put the clients interest first,
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So now you can decide - Does a fiduciary matter? We think it does and it's a very simple question to ask any advisor – Are you a Fiduciary?









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ICD-10 A Reality

By Sean Cavanaugh, Deputy Administrator and Director, Center for Medicare

Welcome to ICD-10 Today, the U.S. health care system moves to the International Classification of Diseases, 10th Revision – ICD-10. We've tested and retested our systems in anticipation of this day, and we're ready to accept properly coded ICD-10 claims.

The change to ICD-10 allows you to capture more details about the health status of your patients and sets the stage for improved patient care and public health surveillance across our country. ICD-10 will help move the nation's health care system to better, smarter care.

You may wonder when we'll know how the transition is going. It will take a couple of weeks before we have the full picture of ICD-10 implementation because very few health care providers file claims on the same day a medical service is given. Most providers batch their claims and submit them every few days.

Even after submission, Medicare claims take several days to be processed, and Medicare – by law – must wait two weeks before issuing payment. Medicaid claims can take up to 30 days to be submitted and processed by states. Because of these timeframes, we expect to know more about the transition to ICD-10 after completion of a full billing cycle.

Because we know this is a major transition, we'll be:

- Monitoring the transition in real time.
- Watching our systems.
- Addressing any issues that come to the ICD-10 Coordination Center.
- The Coordination Center is a dedicated group of Medicare, Medicaid, billing, coding, and information technology systems experts drawn from across CMS. They have the full support of the entire CMS staff to address any issues quickly and completely.

It's important that you know help's available if you have problems with ICD-10:

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Medicaid Modernization



By: Mikki Stier, Director, Iowa Medicaid

As the new director of lowa Medicaid, I'm serving as the primary architect for the state's effort to modernize its \$4.2 billion

program which provides medical coverage for more than a half a million lowans each year.

I began my new role at the end of May with more than 33 years of health care experience, and with a focus on creating better health outcomes for low-income lowans and on improving financial performance of the state-run insurance program. I was welcomed to the lowa Medicaid Enterprise (IME) by dedicated staff, and together, we are transforming the Iowa Medicaid program to deliver quality, patient-centered health care through a more modern managed care approach. This new initiative is called IA Health Link, and we'll be focused on coordinating members' care across service types including medical,

behavioral and long-term care.

This new care coordination approach will lead to a healthier Medicaid population and will result in a more predictable and sustainable Medicaid budget. Iowa isn't new to managed care, and has had areas of managed care in place for about two decades, including for all of its Medicaid behavioral health services. Nationwide, about 40 states have managed care coverage as part of their Medicaid programs.

A couple of important points for you, as a provider, to understand as we make this transition:

- Services provided today will continue to be offered under the managed care organizations (MCOs), including physical health care, behavioral care and long term care services.
- lowa Medicaid members will have the choice to select one of four MCOs. The member will receive



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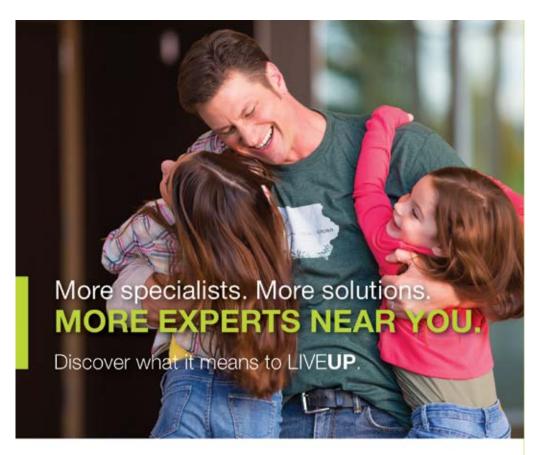
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PCMS ADVOCACY

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Shayla and doctor Joel From enjoy a tour of the White House given by Barbara Grassley.



L-R: Dr. Phil Colletier listens to Senator Grassley discussing GME.



The PCMS delegation enjoys breakfast in the Senate Dining Room with Senator Grassley. L-R: Doctors: Phil Colletier, Nancy Kane, Matt Rauen, Joel From, and Janie Hendricks with Senator Grassley.



Dr. Phil Colletier, Representative David Young, Kathie Lyman and Dr. Joel From met to discuss GME Residency slots for Iowa.

5th Annual PCMS/Kathie J. Lyman Scholarship Golf Tournament

Over 100 PCMS members, guests, and sponsors enjoyed a beautiful day at the 5th Annual Kathie J. Lyman Scholarship Golf tournament, September 28th at the Wakonda Golf Club. Everyone had a great time.

The PCMS Golf tournament proceeds provide financial scholarships annually to medical students from the Des Moines

University, University of Iowa and Global Medical Service trips for students.

The awards program and silent auction were fun with great food and camaraderie. The beautiful evening for golfers and reception guests made the perfect ending of a successful golf fundraiser.



Kathie Lyman welcomes golfers to the 5th Annual PCMS/Kathie J. Lyman Golf Tournament.

PCMS EVENT



L-R: Kathie Lyman, Ronda Bern, Nicci Dean and Paula Noonan coordinating sponsor event banners.



Golfers ready for the shotgun start at Wakonda Golf Club.



Rick Storjohann tees off.

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L-R: Roby Orewiler quietly looks on as Casey Howe putts.



L-R: Andrew Farmer, Marcus Iwig, Todd Peterson and Mark Isaacson, D.O. ready to play golf.



L-R Steve Bunge, M.D., Joe Keitges, Rick Nuss, M.D. and John Ghrist, M.D., enjoying the course.



L-R: Benjamin Beecher, M.D., Kevin Ward, Dale Steinmetz, M.D., and Tony Stark, M.D. size up the course.



L-R: Margot Voshell, Kim Yuetsy, Alicia Dunham and Denise Harlan having fun.



Golfers relax with good food and refreshments during the Awards Program.

PCMS EVENT



L-R: Community leaders Riley Hogan, Tyler Koontz, Steve Bakken and Rob Cheney team up to support PCMS at the golf tournament.



Second place team winners: L-R Brett Underberg, Shane O'Malley, Mike, and Russ Frost.



Everyone relaxes after a beautiful day golfing.



L-R: John Zitterguen, D.O. and PCMS Lobbyist John Cacciatore share golf tips.



Kathie Lyman presented Tony Stark, M.D. with the winning Raffle prize.



Master of Ceremonies Craig Mahoney, M.D. announces winners of the golf tournament.







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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.

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FEATURE ARTICLE

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- services through the MCO's provider network and these companies must meet strict network adequacy standards. We'll be contacting members soon with their MCO enrollment information.
- As a Medicaid provider, you can select which MCO(s) you wish to contract with. You can find MCO contact information here: https:// dhs.iowa.gov/sites/default/ files/1539_DHS_Announces_ Winning_Bidders_for_Medicaid_ Modernization_Initiative.pdf
- You must be enrolled with IME to be reimbursed for Medicaid services. If you have questions, you can reach

- Iowa Medicaid Provider Services at 800-338-7909 toll free or 515-256-4609(Des Moines area).
- A Provider Toolkit, fact sheets, Q&As, presentations and other information on the IA Health Link initiative are available online at http://dhs.iowa.gov/ime/about/ initiatives/MedicaidModernization

I'm looking forward to hearing more from lowa's Medicaid providers, stakeholders, advocates and member families, and to sharing our progress with you as the state transitions its Medicaid program to a new performance-based model focused on quality member care.



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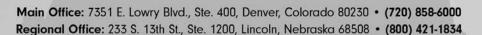


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For general ICD-10 information, we have many resources on our Road to 10 webpage;

- Your first line for help for claims questions is your Medicare Administrative Contractor; They'll offer their regular customer service support and respond quickly;
- You can contact the ICD-10 Coordination Center; and
- The ICD-10 Ombudsman, Dr. Bill Rogers, can be your impartial advocate.

This important moment is possible because we've all worked together to make it happen. We're grateful for your support and look forward to working with you as we make this transition. For more information from CMS, go to: http://blog.cms.gov/2015/10/01/welcome-to-icd-10/

Nominations for 2016 Officers

The Polk County Medical Society is seeking nominations from members interested in serving as a 2016 officer. PCMS Board Members determine the direction of the Society on advocacy issues, and to promote the medical profession.

Interested members please contact the PCMS at pcms@pcms.org or call 288-0172 to be put on the ballot.

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The Polk County Medical Society Legislative Priorities for 2016

Support

- 1. Maintain VPN funding
- 2. Enhance mental health services
- Availability of patient records for care coordination training
- 4. Better services and access for children

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

Monitor

Medicaid managed care

Oppose

Legalization of fireworks
Encroachment on physician scope of practice



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