



# Bulletin

JAN/FEB 2016

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

**THE PCMS  
VALUE PROPOSITION**

***New Role for  
County Medical Society***

**2016 PCMS  
Events Calendar**

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# Bulletin

JAN/FEB 2016

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

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Cover Photo: New Role for County Medical Society

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**Be Involved!**

**PCMS Members**  
please join the legislators of the  
**86<sup>th</sup> Iowa General Assembly**

# **Legislative Breakfast**

Sponsored by the  
**Polk County Medical Society**

**Wednesday, February 3rd, 2016**

**7:30 a.m. to 9:00 a.m.**

**Legislative Dining Room**

**Iowa State Capitol**

*PCMS Members, join your colleagues to support  
and advocate the 2016 Legislative Priorities.*

*(Talking points will be sent to all Members)*

**Please RSVP at 288-0172; or Email: [pcms@pcms.org](mailto:pcms@pcms.org)**

# THE PCMS VALUE PROPOSITION



**Joel From, M.D.**

Most of you over the years have told me that you became a doctor because you wanted to practice

the art and science of medicine, care for people, reduce suffering, make a difference in people's lives and yes, make a living at it. When you decided to go to medical school, you had a vision of what it would be like. Now that you are a physician, you have realized that besides being a noble, sacred calling, medicine is a business. In fact, it is probably the most complex business there is because of all the regulations, varied interests and opportunities.

Early on, you realized that you can't practice medicine alone. You needed someone to make appointments, keep charts, file

insurance, collect money, prepare patients for treatment, ensure you have enough supplies, and a thousand other tasks. You can control all these things as a team leader, but you may have also learned that being part of a group practice lessens the burden on the individual physician. It only makes sense.

Now enter the larger realm. Who watches out for your interests in the legislature? Who keeps you informed about trends in medicine? Who creates opportunities to get involved in creating and administering medical policy for all providers? Who takes care of community health issues? Who creates opportunities to interact socially with your peers? Who gives you a voice in the community? Who can give you access to people and methods for solving day-to-day problems in the practice of medicine? Organized medicine is the vehicle for

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collaboration and pursuing the common interests of physicians.

Most physicians belong to a specialty society to keep them up on technical skills in their medical niche. In fact, some physicians belong to multiple specialty societies to stay aware of developments. This makes total sense and is a demonstration of how physicians working together can share knowledge and experience to their mutual benefit and improve their craft.

The Polk County Medical Society (PCMS) is not a specialty society; it is a geographical, community based society in Central Iowa. This allows counties to meet local community needs and defend local and metropolitan issues to defend the practice of medicine at all levels where legislation, medical licensing, policing of insurance and the like take place.

PCMS leverages relationships in Iowa and Washington DC on your behalf. We have gained the respect of our congressmen and the ear of state and national leadership on issues of great importance to the practice of medicine. Sometimes, to increase clout, specialty societies join PCMS on issues common between them and PCMS

to further influence entities relative to medical affairs. The Iowa legislature and Washington DC listens to PCMS on matters that impact patient care, physician practice and community health. The PCMS has as much history and clout in Iowa influencing a physician's practice of medicine. PCMS has served patients and providers well for over 164 years now. There are many unheralded victories won each year through the efforts of PCMS to protect medicine; billing and collection issues, scope creep issues to protect patients, tax issues, liability issues, medical science issues, moral issues, community health issues and more. If there was no PCMS, there would be no local metropolitan issue focused organization for state leaders to listen to when making decisions; there would be no major, united physician voice. Therefore, the dominant voices would be those of financial and business interests, hospitals, insurance companies, other government agencies and self-serving entities.

Some may think that all this big-picture stuff will happen whether or not they are a member of PCMS. Well, it's a bit like saying "Why Vote?!" The chance that one vote will swing an election is unlikely, so why vote?

Well, if you don't vote, then you are letting someone else determine your future, or at least the terms of your future. Shaping the future of medicine is EVERY physician's charge. Protecting the practice of one specialty has its place, but the big picture of medicine requires every physician's attention. Getting involved with PCMS gives each physician a bigger voice by influencing and educating, but also listening to other practitioners.

At the county, PCMS level, you have all the benefits and opportunity to influence medical affairs locally. PCMS is the authoritative source for physicians and offers services and benefits at the county level that cannot practically be carried out at the state level. Committees that bring together all facets of medicine in our community are formed locally, including public health, emergency preparedness, socioeconomics, legislative, medical-legal, physician health and rehabilitation, communications, censors, mediations, etc. This gives physicians opportunities to get involved and effect differences.

PCMS also provides local services including things such as patient referrals, the

Volunteer Physician Network Services, social events, speaking opportunities, media interview opportunities, discounts on services, community service opportunities, philanthropic opportunities, The PCMS Bulletin magazine, advocacy/legislative and important issue alerts, weekly communications and much more.

After your group practice, organized medicine is one of the only opportunities you as a physician have to combine your voice with those of others and influence the conditions under which you practice. Turning away from this collaboration, crossing your fingers or just leaving it to some other group to do is a foolhardy strategy. PCMS makes your voice heard. Join, participate and prosper!

*This article was written by Polk County Medical Society Staff, inspired by an article from the Dallas Medical Journal. Portions of that article were reproduced with the permission of the Dallas Medical Journal.*



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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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# Advocating for Change

## The new role of the county medical society



**Kathie J. Lyman**

*Yes the needs of the practicing physicians are changing, and so too is the role of the county medical society. This trend*

*is not just happening in Iowa. It's happening all across the country.*

Not too long ago, nearly all physicians in Central Iowa were members of their county medical society. Physicians joined because there was a sense of duty and loyalty to their professional association. It was simply what they did. Clinics paid the membership dues; physicians joined committees, attended society events and relied on their county medical society as a gathering place to share stories, foster collegiality, and network. County medical societies also served as a pathway for leadership opportunities with other associations, clinics, or within their hospital systems.

### **Physician Involvement**

Physicians were intimately involved in many aspects of their county medical societies and helped lead the way in creating organizations and representing physician involvement in the community with leadership in Polk County Health Department, the Chamber, city, state governments, and insurance and other businesses.

The Polk County Medical Society **established the only statewide Credentialing Services in the country** which served as a model for other states. It was a powerful time when physicians spoke with one voice.

### **Membership Changed**

Over the course of time, things have changed. No longer are all physicians in central Iowa paying members of their county medical society.

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There are various reasons for a drop in membership, including the emergence of specialty societies, the cost of membership dues, the value proposition ("What am I getting for my dues?"), and fewer physicians in independent practice.

The largest issue that negatively impacts membership is the changing dynamic of the metro area health care scene. Many physicians are employed by large health care systems and their needs have changed. Their system represents them and they can now take care of their patients.

Employed physicians have seen their continuing medical education (CME) and medical organization membership allowance lumped together. Most physicians choose to join a specialty society, which includes CME and leaves little or no funds left to join other societies. At the same time independent physicians—those that are not employed by large health systems—are becoming less prominent due to pressures and financial constraints.

### ***Changing Direction***

PCMS realized some time ago that we needed to rethink how to better serve our members. How could we carve out a niche that would provide value to physicians and the systems in which they work, and ultimately the

patients they serve? We needed to provide something that a health care system could not easily accomplish on its own.

We asked ourselves tough questions. As a county medical society how can we effect change that will span health care systems? How can we engage physicians within large health care systems who are somewhat insulated from interacting with their county medical society? How can we take what PCMS physician members have already prioritized as important public health concerns and do something more proactive than merely endorsing a policy, or supporting a law? How can we remain relevant?

We decided to engage physicians in local policy work and advocacy, helping them to have their voice heard at the local level—e.g., testifying at city council hearings, talking to county commissioners, mayors, and state legislators. The goal was to enact public policy changes that will lead to changes in patient behavior, which leads to positive health outcomes.

The PCMS continues to work in the community on public health issues. This assists us in setting our role as convener, coordinator, and catalyst in motion. We work with the Polk County Health Department to delve into areas that have an impact on the public's health, and we serve as the central

*continued on page 21*



# The Polk County Medical Society 2016 Legislative Priorities

## Support

1. Maintain VPN funding
2. Enhance mental health services
  - a. Availability of patient records for care coordination.
  - b. Training
  - c. Better services and access for children

Other legislative issues PCMS will monitor/track/oppose:

## Monitor

Medicaid managed care

## Oppose

Legalization of fireworks  
Encroachment on physician scope of practice



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# The Polk County Medical Society

## 2016 Calendar of Events

### EXECUTIVE COUNCIL MEETING

3rd Tuesday of each month  
PCMS Boardroom at 5:30 PM

January 19  
February 16  
March 15  
April 19  
May 17  
September 20  
October 18  
November 15

### LEGISLATIVE BREAKFAST

Wednesday, February 3  
Legislative Dining Room at the State House

### ANNUAL MEETING

March (TBA)  
Greater Des Moines Botanical Gardens

### VOLUNTEER PHYSICIAN NETWORK RECEPTION

Thursday, May 19  
Terrace Hill

### YOUNG PHYSICIANS ZOO Brew

June 22

### DC FLY-IN

September (TBA)

### KATHIE J. LYMAN SCHOLARSHIP GOLF TOURNAMENT

(TBA)

### PCMS 2016 TRIPS

Sultans & Palaces May 4-12  
Regal Routes of Northern Europe June 13-24  
Iberian Inspiration October 4-15  
Cuban Discovery November 10



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To volunteer and learn about the program:  
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288-6346 or email [vpn2@pcms.org](mailto:vpn2@pcms.org).



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- // Transplant Surgery
- // Trauma Surgery &  
Surgical Critical Care
- // Urology
- // Urogynecology/Gynecology
- // Vascular Access Center
- // Vascular Surgery
- // Vein Therapy Center
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- // Women's Center





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Michael McLoughlin, M.D.  
Craig Schuring, D.O.  
Gautam Balakrishnan, M.B.B.S.  
Alex Cathey, M.D.  
Daniel Dodge, D.O.  
Kathryn Kersenbrock, M.D.  
Paige Sams, D.O.  
Lara Wandling, M.D.  
Tyler Whitcomb, D.O.  
Duane Abbott, M.D.  
Naima Adeel, M.B.B.S.  
Jessica Butanis, D.O.  
Craig Cookman, D.O.  
Damon Demars, D.O.  
Eric Dreibelbeis, D.O.  
Rima El-Herte, M.D.  
Angela Knoblauch, D.O.  
Luke Mountjoy, D.O.  
Amy Winsky, M.D.  
Jessica DeDecker, D.O.  
Ryan Flood, D.O.  
Larisa Hill, M.D.  
Lumea Howard, D.O.  
Jordan Peterson, M.D.  
Ashley Priaulx, D.O.  
Candice Schlafmann, D.O.  
Robert Schneider, M.D.  
Ashley Simpson Nedved, D.O.  
Kelsey Stein, M.D.  
Jaclyn Keller, M.D.  
Audrey Leung, M.D.

### **TRANSITIONAL YEAR**

Brendan Case, M.D.

Justin Kuiper, M.D.  
Mythri Reddy, M.D.  
Bridget Shields, M.D.

### **GENERAL SURGERY**

H. Clay Dean, M.D.  
Mark Mankins, M.D.  
Rori Morrow, M.D.  
Jake Rinker, M.D.  
Ohmar Coughlin, M.D.  
Kristina Gaunt, M.D.  
Garret Lechtenberg, M.D.  
Mark Mason, M.D.  
Meghan Halub, M.D.  
Christopher Healey, M.D.  
Bethany Nyland, M.D.  
Jacob Weasel, M.D.  
James Hegvik, M.D.  
Davida Hemmy, M.D.  
David Nelms, M.D.  
Michael Valliere, M.D.  
Christopher Bell, M.D.  
Richard Huntsman, M.D.  
Jeremiah Jones, M.D.  
Angela Pallesi, M.D.  
Virginia Nguyen, M.D.  
Muthanna Yacoub, M.D.  
Andrew Cyr, M.D.  
Scott Davison, M.D.  
Daniel Garvin, D.O.  
Heather Hagen, D.O.  
Alisha Kumar, M.D.  
Kelly Schifsky, D.O.  
Erin Blackburn, M.D.  
Debra Borcharding, D.O.  
Lindsay Dallas, D.O.

Andrew Fondell, D.O.  
Jennifer Hess, D.O.  
Emily Korman, D.O.  
Ross Brockman, D.O.  
Greg Kolb, D.O.  
Amy Kraushaar, D.O.  
Katie Lilly, D.O.  
Lane Moser, M.D.  
Orrin Probst, D.O.  
Andy Sims, D.O.

### **FAMILY MEDICINE**

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Christian Grinberg, D.O.  
Brittany Maxwell, D.O.  
Christina Olson, D.O.  
Jessica Webb, D.O.  
Mackenzie Worthington, D.O.  
Matthew Abendroth, D.O.  
Shaun Gould, D.O.  
Cynthia Hoque, D.O.  
Joseph Larson, D.O.  
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Lucy Ganseboom, D.O.  
Logan Miller, D.O.  
Kristen Moriarty, M.D.  
Erik Mortens, D.O.  
Steffanie Mortens, D.O.  
Susan Peralta, D.O.

### **PODIATRY**

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Katrina Almeida, D.P.M.

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VECTOR: SMALL CHANGES MAKE A BIG DIFFERENCE



**Ross Polking**  
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*What is inflation and why does it matter to my portfolio?*

Inflation is defined as an upward movement in the average level of prices for a "market basket" of consumer goods and services. Each month, the Bureau of Labor Statistics reports on the average level of prices when it releases the Consumer Price Index (CPI). Inflation impacts your portfolio in multiple ways, most notably by reducing the real rate of return on investments. If an investment earned 6 percent for a 12-month period, and inflation averaged 1.5 percent over that time, the investment's real rate of return would have been 4.5 percent. Inflation puts purchasing power at risk. When prices rise, a fixed amount of money has the power to purchase fewer and fewer goods. Cash alternatives, which earn a low rate of return, may not be able to keep pace with the rise in prices. This creates reason to maintain an appropriate level of exposure to equity markets. Bottom line, have a plan and stay diversified.



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point for physicians to become engaged in this work.

The physicians of PCMS have led public health initiatives that have brought about remarkable public policy changes. The PCMS developed **The Healing Path, A Guide To Surviving Domestic Violence** that has been published, republished, and distributed to doctors' offices, hospitals, Sheriff's offices, police, and Victim Centers in Iowa and via the PCMS website.

The Polk County Medical Society **Government Relations Advocacy Committee** now encompasses doctors that work for hospitals, large groups, and doctors that remain independent. The PCMS has 2 full time lobbyists who daily represent doctors in Central Iowa on public policy and on physicians and their patient's legislative issues. Your PCMS staff also advocates on your behalf with your lobbyist and legislators on any issues or laws that would affect the practice of medicine in Iowa.

The PCMS has developed a partnership with the hospitals and larger physician groups to work together jointly representing their physicians and the practice of medicine. This innovative **HealthCare Partnership** is successfully working on issues that affect hospital based and large group doctors and their practices in the community and at the

national level.

The PCMS Board of Directors encourages members to advocate in **Washington, DC with our Iowa Congressional Delegation on our annual Fly-In**. We advocate on national bills that affect the practice of medicine.

The PCMS Annual Legislative Breakfast with the Iowa Legislators is held at the beginning of each year's session at the State Capitol. PCMS members are educated on our priorities with talking points, and invited to meet with the legislators to advocate, clarify, and discuss bills that affect the practice of medicine. This also means being an advocate for their patients.

Polk County Medical Society **established a Volunteer Physician Network that provided free specialty care to Iowans in need**. We now have over 500 PCMS specialist who volunteer to provide care in their office to Iowans below the poverty level. Our hospital partners and surgery centers also care for VPN patients.

**We realized our niche is to act as a convener, coordinator, and catalyst for change**. We serve a unique role in the physician community. PCMS has access to physicians of all specialties from all of the metro area, many of whom have served as

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leaders of PCMS at one point in time. We had to capitalize on that resource and engage our physician members, health care systems and their physician leaders, and the community on innovative public health priorities. It is a win-win for everybody.

### **Conclusion**

**Dues dollars support the core activities of the PCMS.** These include our membership journal **The Bulletin**, **The Pictorial Membership Directory**, Resident outreach and engagement, educational programs, committee work, legislative, city, state, and national policy advocacy, our website ([www.pcms@pcms.org](http://www.pcms@pcms.org)), the PCMS Foundation, the Kathie J Lyman Foundation to provide grants to medical students at the University of Iowa and Des Moines University, including medical students for global medical missions and partial funding for the VPN for interpretive services.

**The role of the county medical society has changed and PCMS has changed as a result.** Responding to the needs of the medical community and the community as a whole has positioned PCMS to fulfill its mission to connect, represent, and engage physicians in improving access to quality care, assisting with implementing the changes to the practice of medicine, clinical practice, policy development, and public

health initiatives.

Working together with our members and the health care partners, the Polk County Medical Society is committed to representing our members and their patients for high quality, cost effective, access to care. We will continue to advocate at the local, state and national level on behalf of our members and their patients.

We hope you are proud of the work you and your colleagues do in Central Iowa through the PCMS. Together your voices are heard and make the difference in the practice of medicine.

PCMS will continue to represent you and your patients and provide a venue for collegiality, camaraderie and a focus on the metropolitan issues that impact you and your patients.

Your Polk County Medical Society staff are here for you!

1	14	25
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Lynn D. Owen, D.O.	Melissa Young-Szalay, M.D.	
		26
5	15	Prachi Singh, M.D.
Geoffrey Miller, M.D.	Deanna B. Boesen, M.D.	
Jennifer M. Olson, D.O.	Bradley J. Riley, M.D.	27
		William Eischen, D.O.
6	16	
Vincent L. Angeloni, M.D.	Kenneth L. Pollack, M.D.	28
I. Eugene Peterson, M.D.		Joseph F. Galles, Jr., M.D.
	18	Elizabeth Jauron, M.D.
7	Andrew Steffensmeier, M.D.	John S. Lozier, M.D.
Joyce L. Christy, M.D.		
James D. Kimball, M.D.	19	29
	Robert J. Callahan, M.D.	Mhd Louai Manini, M.D.
8	Jeffrey M. Maire, D.O.	
Merle Diment, M.D.		30
Arnis Grundberg, M.D.	20	James J. Bergman, M.D.
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Tyler M. Schwiesow, M.D.	Robert A. Lee, M.D.	31
		Abbie D. Ruisch, D.O.
11	22	Anson A. Yeager, M.D.
David M. Craven, M.D.	Ahmad Y. Al-Shash, M.D.	
13	24	
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	Jason Kessler, M.D.	Stephen Stefani, M.D.
2	14	25
James L. Blessman, M.D.	David R. Fisher, D.O.	Mark A. Tannenbaum, M.D.
4	Todd Harbach, M.D.	Wendy A. Waldman-Zadeh, M.D.
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Cody A. Koch, M.D.	Erik Swenson, M.D.	Thomas C. Evans, M.D.
	Ricardo R. Flores, M.D.	Ben Johnson, M.D.
5	15	26
Donald J. Hillebrand, M.D.	Eric D. Haugen, M.D.	Robert F. Schneider, M.D.
6	Marvin M. Hurd, M.D.	
Kathleen R. Gannon, D.O.	16	28
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7	18	
Lynn R. Smits, M.D.	Heike I. Schmolck, M.D.	
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8	Bradley D. Hammer, M.D.	
Holley A. Bzdega, M.D.	22	
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Rizwan Z. Shah, M.D.		
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1

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2

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4

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5

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Rinderknecht, Norman K.,  
M.D.

6

Bear, Philip A., D.O.

Fasbender, Patricia A., D.O.

8

Heberer, Alan D., D.O.

Herwig, Steven R., D.O.

9

Arason, Einar, D.O.

Drake, Karen L., M.D.

10

Convery, Louise M., D.O.

Ehm Pote, Melissa A., D.O.

Goodin, Julia C., M.D.

Greiman, Marshall C., M.D.

Pittman, Cory B., M.D.

13

Braun, Alan L., M.D.

Iannone, Liberato A., M.D.

Meyer, Scott A., M.D.

14

Alberts, Marion E., M.D.

15

Conner, Jr., Robert D., D.O.

Kellerman, Mark, M.D.

Walker, Jason C., M.D.

Zittergruen, John H., D.O.

17

Saggau, David D., M.D.

18

Clavenna, George B., D.O.

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Heims, Jo Ellen, D.O.

Olsasky, Sarah, D.O.

Shriver, Amy, M.D.

19

Harris, Clinton L., M.D.

Harts, Kristin L., M.D.

22

Kuhnlein, John, D.O.

24

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25

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Struck, Lynn K., M.D.

26

Duregger, Rene, M.D.

27

Massop, Kathleen M., M.D.

28

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29

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Verhofste, Marnix A., M.D.

30

Baccam, Dapka N., M.D.

Klein, Thomas G., D.O.

Klock, Lisa A., D.O.

Rabang, Lazaro, M.D.



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1

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Horning, Neil R., M.D.

16

Cooper, Sarah R., M.D.

Sagebiel, Anna G., D.O.

24

Rondinelli, Robert D., M.D.

Versackas, Michael J., M.D.

2

Reed, Kendall, D.O.

Sandre, Angela E., D.O.

17

Agey, Michael W., D.O.

Alabsi, Samir Y., M.D.

25

Gallagher, James L., M.D.

Marcus, Richard H., M.D.

3

Enriquez, Amerlon L., M.D.

18

Becker, Thomas E., M.D.

26

Kienker, Karen, M.D.

4

Lekkas, Konstantinos P., M.D.

19

Schutte, Sara L., D.O.

27

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Jabour, John C., M.D.

5

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Ekhardt, Tracy L., M.D.

Kaufman, Allen R., M.D.

20

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Makapati, S. Rani, D.O.

Sweetman, John G., M.D.

6

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21

Khan, Abul N., M.D.

Polk, J.D., D.O.

28

Miller, Randall D., D.O.

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Van Roekel, Jon G., M.D.

30

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Swieskowski, David E., M.D.

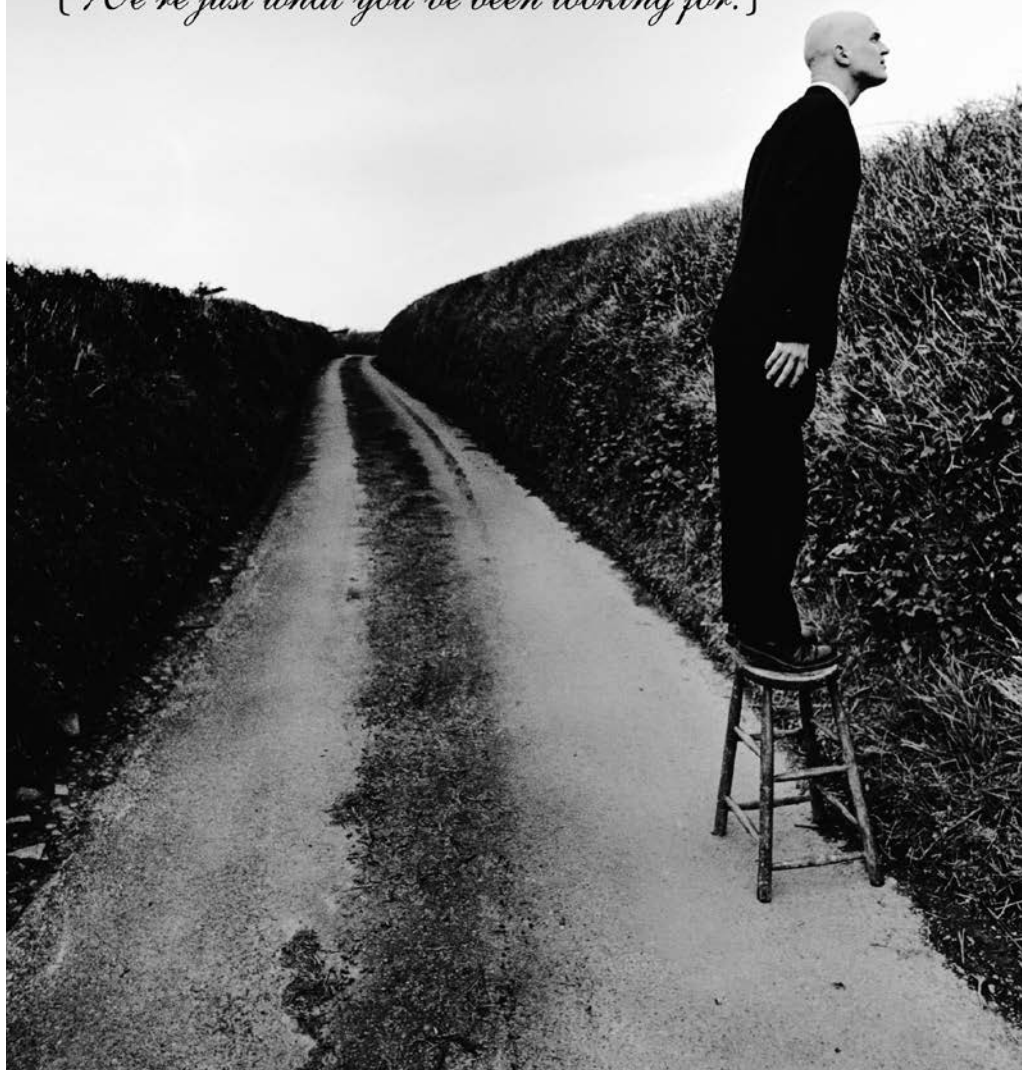
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