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#### **VOLUME 88 No. 4**

Des Moines, Iowa July/August 2016

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# Bulleting 2016 MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

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COVER PHOTO: PCMS Members get to see the zoo's newest addition, 6 year old Max the Amur Tiger, at the Blank Park Zoo.

Articles and editorial inquiries should be directed to:

Editor, PCMS Bulletin 1520 High Street Des Moines, IA 50309 515-288-0172 http://www.pcms.org e-mail: kjlyman@pcms.org



# PCMS NIGHT at the ZOO BREW



PCMS members, 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.



Dr. Jason Kessler makes sure everyone knows "Music is Medicine!" as his band Chasing Chaos entertains the crowds.



The main pavilion of the zoo cools guests and members attending a wild feast of food, music and adventure at the 2016 PCMS Zoo Brew.

## Physician Burnout



Matthew Rauen, M.D.

Physician burnout is a long-term stress reaction characterized by depersonalization including cynical or negative attitudes toward patients, emotional exhaustion, a feeling of decreased personal achievement, and a lack of empathy for patients.

In study after study, between 40-50% of physicians in our country meet the criteria of burnout. After all, it is not difficult to uncover aspects of our work environment that can contribute to burnout. First, physicians simply work a lot of hours. Despite an increased focus on work hour rules starting in training, most physicians in the Unites States work a greater number of hours than the average worker.

While our work can be very emotionally rewarding, medicine as a profession can be demanding. These demands

can lead to struggles with effective integration of personal interests, and of course, physician burnout.

There are few professions with such asymmetric rewards. A physician is expected to be on time and to be part of a flawless customer service team. Outcomes are often expected to be perfect. Patients all want to feel better, return to the way the felt before, or possibly even "be cured" of the chronic ailments they are facing. Any deviation from this can be met with either a negative review from a patient or even worse, litigation.

In addition to sometimes feeling pressure from the people we serve, physicians may perceive a loss of autonomy in the way they practice. At times, it may seem as if we are simply part of the "fixing people

production line." We treat individual patients with individual needs, but the engineering and business models used by healthcare delivery "experts" reduce the patients we see into a collection of diagnoses and codes. When a patient travels from the Emergency Room to the admitting floor, there are a series of assumptions that are made regarding expected length of stay and anticipated care that is anticipated for the patient. Deviations from the expected plan will be met with questions and in the future could be met with financial penalty.

Another source of frustration for some physicians is the Electronic Health Record (EHR). Attimes, the EHR may seem more like a wild and crazy experiment for the Information Technology world. The lack of integration of the hundreds (perhaps thousands) of systems that exist creates a medical record system that is not far beyond what was in place in the decades ago. For example, if in the summer of 1987 your grandmother from lowa fell ill while traveling to California: her medical information was likely faxed to a hospital in California. In 2016, if your grandmother from lowa fell ill traveling to California, her medical information would still be faxed to the hospital in California. Despite that, implementation of EHR systems has been driven by a series of financial incentives for use and financial penalty for non-use.

You may assume that the longer a physician has been practicing, the greater the burnout. In actuality, when measured, physician burnout is more of an issue for younger physicians. It starts in medical school and escalates throughout residency. They face many of the same pressures from patients, but also have the added burden of trying to impress mentors, and although the work hours have been limited, not many physicians out of training maintain an eighty hour work week on a regular basis.

I'm sure none of us expects a perfect work environment or a stress-free career. We chose medicine because of the impact it allows us to have on others. It is noble and rewarding. It is essential, however, to always advocate on behalf of our patients. Part of caring for our patients includes considering our own well-being. We can work to reduce the stress in our work environments by questioning health policy that does not improve patient care and makes practicing our craft more challenging. We can also improve our well-being by developing outside interests and finding a balance between work life and personal life.

We must remember that the most important patient in our practice is that one we stare at in the mirror every morning.

# Authors to Write Original Articles

Would you like to write an original article to have published it in the PCMS bi-monthly Bulletin? Topics for articles should be related to the medical field or about one of our members. Please submit articles to the Polk County Medical Society by email at pcms@pcms.org. Listed below are the requirements for publication:

- Submit original article typed on one side, single-spaced. Length of article preferred one to two pages 8 1/2 x 11" paper or 350 words
- Articles titles not to exceed five words
- Articles may be edited to conform to publication style
- All articles written become the permanent property of Polk County Medical Society (PCMS).

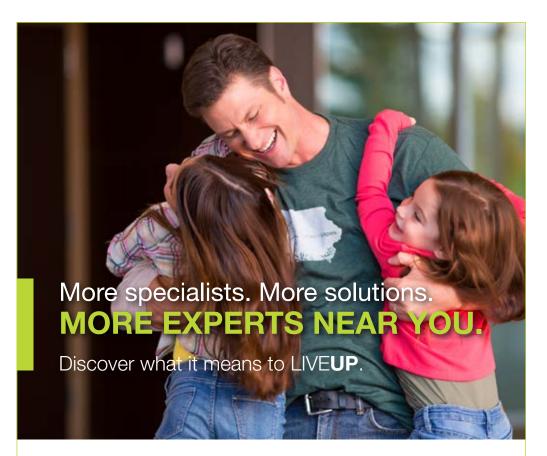


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In fact, TAVHealth has already been at work across lowa for several years with proven results. And this ability to collaborate is leading to a better and healthier lowa by helping people make successful transitions from one phase of their life to another.

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# Where Would We Be $Without\ you!$



By: Kathie J. Lyman

I have worked as many of you know as your Polk County Medical Society Executive Director for many years. Over that time I have had the distinct privilege of working with so many outstanding doctors in Central Iowa and members of the PCMS.

The PCMS members have been fortunate to have the benefits of strong physician leadership over the years. Your local medical society is the voice of medicine in Central lowa with representation within the community, the state and with Congressional leaders. PCMS, as a respected resource for physicians, advocates on your behalf. Many of you, through your time and efforts advocating at the lowa Legislature or in Washington, assist in laws being produced that protect the

integrity of the practice of medicine and your patients.

PCMS keeps you apprised on current practices in medicine, laws affecting your practice, trends, and informs members through electronic or print media and the PCMS bi/monthly publication of The Bulletin. Times change but your PCMS leadership has and will continue to be there representing you, the doctors of Central lowa.

PCMS doctors play an important part in the wellbeing of the community through the contributions given to lowa patients. Whether you volunteer for the PCMS Volunteer Physician Network that donated \$5.2 million in free care to lowans in need; serve

Continued from page 9

on PCMS committees; advocate at the state or national level; serve on community, hospital, school, church committees; volunteer for medical missions; you make a difference in the quality of life of lowans. PCMS is a strong organization, through your expertise and sharing, that benefits lowans

Your **PCMS** is the only organization where doctors can meet together with all of your colleagues at the same venue. Fun and relaxation is an important factor in to wellbeing. PCMS members work long hours, volunteer care, and have families who want to be with them. The PCMS leadership recognizes this is important and is committed to have events scheduled for you to meet with your colleagues and family. You won't want to miss i.e., Zoo Brew, (this is fun and a great opportunity to meet the residents in town from programs), outstanding various and informative annual meetings, Civic Center events, our Spring Wine Fest, golf to support Iowa medical students at the Kathie J Lyman Scholarship Golf event, travel, and Terrace Hill Reception with the Governor and First lady.

Where would the medical society be

without you and your expert care? We would not be the organization we are today without the leadership and influence and your contributions to the practice of medicine in lowa.

You will soon be receiving your PCMS 2017 dues statements. Please be one of the first to continue your support of your local medical society. Your professional membership is important to the success of how your local medical society represents you, your practice and ultimately your patients, the people of lowa.

After all, Where Would We Be Without you? Your local medical society relies upon your membership, your leadership, and your community relies on the Polk County Medical Society representing the doctors of Central lowa and their patients. PCMS is YOUR local medical society!

PH Implications

to the Zika Virus



By: Carlos Alarcon, M.D., M.P.H.

Zika virus has rapidly spread in the Americas and beyond since being identified in Brazil in May of 2015. The Zika virus is a mosquito-borne virus closely related to dengue, West Nile, and several other viruses. Transmitted primarily through the bite of an infected Aedes species mosquito, people can also get Zika through sex with an infected man. The Zika virus can also be passed from a pregnant woman to her fetus from conception through delivery.

Zika virus infection during pregnancy can cause serious birth defects including microcephaly. Other problems have been detected among fetuses and infants infected with the Zika virus including eye defects, hearing loss and impaired growth. In addition, several countries reported an abrupt increase in Guillain-Barré Syndrome. Researchers are studying a potential, but unproven, link between the surge in Guillain-Barré Syndrome cases and Zika virus infections.

Diagnostic testing for Zika infection can be accomplished using both molecular and serologic methods. Because it is difficult to differentiate between Zika virus infection and infections from other viruses, health care providers with questions about Zika virus testing should contact the Iowa Department of Public Health's Center for Acute Disease Epidemiology (CADE) at 800-362-2736. CADE will consult with the provider to determine which specimens to collect and make arrangements for the carrier to pick up collected specimens and deliver them to the State Hygienic Laboratory. Results should be received within a week. For the serological test, the result will be preliminary pending confirmation testing at CDC.

The first step in identifying patients at risk for infection with the Zika virus is an evaluation of symptoms consistent with the infection. Testing should be offered to:



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# to Curing Hepatitis C



By: Donald J. Hillebrand, M.D.

Nearly one fourth of Iowans living with Chronic Hepatitis C (HCV) reside in Polk County according to the Iowa Department of Public Health 2015 Epidemiologic Profile of Hepatitis C in Iowa. Due to the epidemics of opiate and intravenous drug use (IDU) in people under the age of 30, Polk County healthcare providers will see a continued rise in HCV infections.

HCV leads to chronic infection in 75-85% of cases. Chronic HCV can lead to the development of cirrhosis in roughly 20-30% of those infected over the first 20-30 years of infection. Currently, Chronic HCV is the leading cause of cirrhosis, liver cancer, and liver failure in the United States. Chronic HCV is the leading indication for liver transplantation.

One in five individuals with Chronic HCV dies from the resulting cirrhosis or liver cancer.

Recent advances in HCV treatment with direct-actingantiviral agents (DAAs) have resulted in cure rates exceeding 95%! These newer drugs, while expensive, are safe, well tolerated and tremendously effective. The cost per cure has never been better. This is the good news!

The bad news is that, as Healthcare providers, we still have challenges identifying those with HCV. With traditional risk factor-based screening, 50% or more of those infected with HCV have not yet been diagnosed. Neither those infected nor their healthcare providers are aware of their infection. Unless

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#### PCMS EVENT

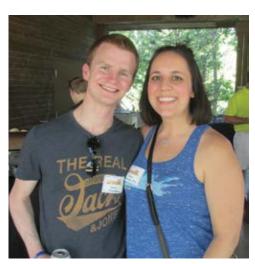
#### Continued from page 4



L-R: Dr. Tim Yoho, Dr. Christy Benson and Broadlawns CEO Jody Jenner enjoy live musical entertainment and conversation.



L-R: PCMS Members Drs. Kate and Doug Massop set their wily sights on the lions, tigers and lively music at the Zoo Brew.



L-R: Brian and Kate Thyssen, M.D. are excited for their first expedition of animals and sights at the 2016 PCMS Zoo Brew.

#### Continued from page 15



L-R: Dr. Michael Jackson and Arianna look forward to seeing colleagues and the wild life at the PCMS Zoo Brew.



L-R: PCMS Member Dr. Mary Shook and Dr. Christy Benson take on the animal trail together at the Zoo Brew.



L-R: Mercy Resident Jamie Andresen, M.D. and Holli frolic in delight at the prospects of great adventure at the Zoo Brew.

#### PCMS EVENT

Continued from page 16



L-R: Guests Teresa Martin, Mike Martin and their guide, PCMS Member Janie Hendricks, ready for the hunt for wild animals and fun at the PCMS Zoo Brew.



L-R: Dr. Greg Polzin and Suzie looking forward to another great annual PCMS Zoo Brew with friends and colleagues.

#### Continued from page 19



Members and sponsor engage in lively conversation and great food, over the roars of lions and tigers!



L-R: UnityPoint Resident Physicians Emily Sibigtroth, D.O., Gina Routh, D.O. and Kenna Babcock, D.O. get ready to get their safari on.



L-R: Claire Crombie Drake and Dr. David Drake entering the dark continent of Africa at the Zoo Brew.

Continued from page 11

- Symptomatic patients with possible Zika virus exposure within 2 weeks of the first symptoms.
- Pregnant women who travel to any area where the Zika virus transmission is ongoing should be tested for Zika virus exposure, via serological testing within 2 to 12 weeks of this exposure.
- Pregnant women with possible sexual exposure to the Zika virus should be tested if she or her male partner develops symptoms consistent with the Zika virus infection, including acute fever, rash, and conjunctivitis.

Pregnant women with evidence of the Zika virus infection should be evaluated, managed for possible adverse pregnancy outcomes and be reported to the appropriate Zika virus pregnancy registry. CDC urges health care providers to report cases of suspected sexual transmission of the Zika virus to local and state health departments. (Source: MMWR April 2016).

As of July 1, 2016, the lowa Department of Public Health confirmed 9 cases which met the state criteria for the Zika virus testing. All of these cases were travel-related.

Public health messaging to the should community continue emphasize the importance of regularly emptying water containers can serve as a mosquito breeding avoiding mosquito bites applying mosquito repellent, using air conditioning when inside, and wearing long sleeves and pants. It is also important to inform the community to prevent the sexual transmission of the Zika virus via abstinence or the proper use of latex condoms during the pregnancy.

CDC will continue to review and update its diagnostic testing guidance as new data develops.

CDC Releases on Zika has developed a resource page with toolkits and additional information for providers and patients. The CDC also offers a 24/7 Zika hotline at 770-488-7100 that can provide rapid access to CDC clinical experts as well as a dedicated e-mail address for pregnancy-related Zika questions.





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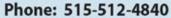
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PHYSICIAN LEADERS PICTURED: From left to right: Dr. Michael McCubbin, Sleep Medicine/Allergy; Dr. Tim Rankin, Orthopaedics; Dr. Scott Neff, Orthopaedics; Dr. Daniel McGuire, Orthopaedics; Dr. Stephen Quinlan, Urology; Dr. John Tentinger, Imaging; Dr.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





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4 Ryan S. Bakke, M.D.

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29 Douglas A. Layton, D.O. Benjaminn S. Paulson, M.D.

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

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Borromeo, M.D.

## IBM Begins Issuing Non-Clinical License For Practice Of Administrative Medicine.

The lowa Board of Medicine (IBM) began issuing a new administrative medicine license. This license allows physicians to use medical and clinical knowledge, skill, and judgment in non-clinical advisory or administrative activities related to the practice of medicine or delivery of health care services.

The license does not include the authority to examine, care for, or treat a patient, delegate medical acts to other health care providers, prescribe drugs or controlled substances, or conduct clinical trials on humans. The holder of an administrative medicine license is subject to lowa's Medical Practice Act (lowa Code Chapter 148) and the same administrative rules as a physician holding a full lowa medical license. For more detailed information go to: http://www.medicalboard.iowa.gov/licensure/administrative.html

### Klein Named Iowa State Medical Examiner.

The Iowa Department of Public Health Director Gerd Clabaugh announced Dennis Klein, M.D. has accepted the position of the lowa State Medical Examiner. He has currently been serving as interim State Medical Examiner and has been involved with many death investigations, forensic autopsies and expert testimonies since joining the lowa Office of the State Medical Examiner in 2000. Dr. Klein is actively involved with the lowa Association of County Medical Examiners, and serves as their Program Director for the annual education conference.

### ICD-10 Reporting Flexibility Expires October 1.

The Centers for Medicare & Medicaid Services (CMS) has released updated guidance on ICD-10 claims auditing and quality reporting flexibility for Part B physician fee schedule claims. Prior to the October 1, 2015 go-live date for ICD-10, CMS announced that for the 12 months following implementation, physicians and other practitioners who bill Medicare under the Part B physician fee schedule would not have claims denied by Medicare review contractors based solely on the specificity of the ICD-10 code as long as it is from the correct family of codes.

Continued from page 13

someone with HCV is identified (diagnosed) there is no possibility of cure.

Primary care providers have the power to help conquer HCV by screening their patients. Nearly three fourths of those with HCV are Baby Boomers (born 1945 - 1965). Baby Boomers are five times more likely to have HCV.

The CDC now recommends that, in addition to risk factor-based screening, all Baby Boomers

should undergo one-time a screening for HCV (www.cdc.gov/ knowmorehepatitis/media/pdfs/ factsheet-boomers.pdf). Using the CPT code 86804 a HCV antibody test will be completed and any positive tests will lead to an automatic reflex HCV RNA testing to confirm active HCV infection. Linking those newly identified patients to care with a provider experienced with managing liver diseases including HCV is critical. Cure is then possible.

## Government Relations Committee Meeting is scheduled for November 30th, 2016

The Government Relations Committee will meet on November 30th, 2016 at 5:30 pm at the PCMS office, 1520 High Street.

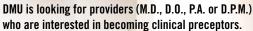
Medicine today faces challenges and regulatory changes as new health care laws are made. We **need YOUR input** on critical issues as we **ADVOCATE on your behalf** in Washington and lowa.

Please plan to join PCMS in developing your 2016 Legislative Agenda, by communicating your issues and attending this important meeting or the Legislative Breakfast on Wednesday, February, 1st, 2017.

RSVP to pcms@pcms.org, or call 288-0172.

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Laura Delaney, PA program, at 271-1060 or laura.delaney@dmu.edu
Kevin Smith, DPM program, at 271-7869 or kevin.smith@dmu.edu







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#### Polk County Medical Society Football Tickets



#### **Iowa Ticket Options**

#### Discounted Games:

Sept. 3, 2:30 pm – Miami, OH

Game Tickets: \$45 adults / \$25 youth\*

Regular price: \$55.

Nov. 25, 11 am - Nebraska

Game Tickets: \$64 adults / \$25 youth\*

Regular price: \$70.

\* Youth tickets for high school age and younger



#### Regular Price Games:

Oct. 1, 11:00 am - Northwestern - All tickets \$70

Nov. 12, 7:00 pm - Michigan Ticket and Tailgate Package: \$125 per person

For more information or to order your lowa tickets click

https://bravosportsmarketing.com/product/pcms-iowa-tickets/

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#### **Iowa State Ticket Options**

Sept. 3, 7:00 pm - Northern Iowa.

Tickets are \$50 each or \$90 for the ticket and all inclusive tailgate package.

Regular price: \$65.



#### Nov. 3, 6:30 pm Oklahoma, Thurs., Nov. 3, 6:30 pm kickoff.

Tickets are \$45 each or \$85 for the ticket and all inclusive tailgate party. Regular price: \$65.

For more information or to order your lowa State tickets click https://bravosportsmarketing.com/product/pcms-isu-tickets/

Call Bravo Sports at 319-626-8286 for more information.

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