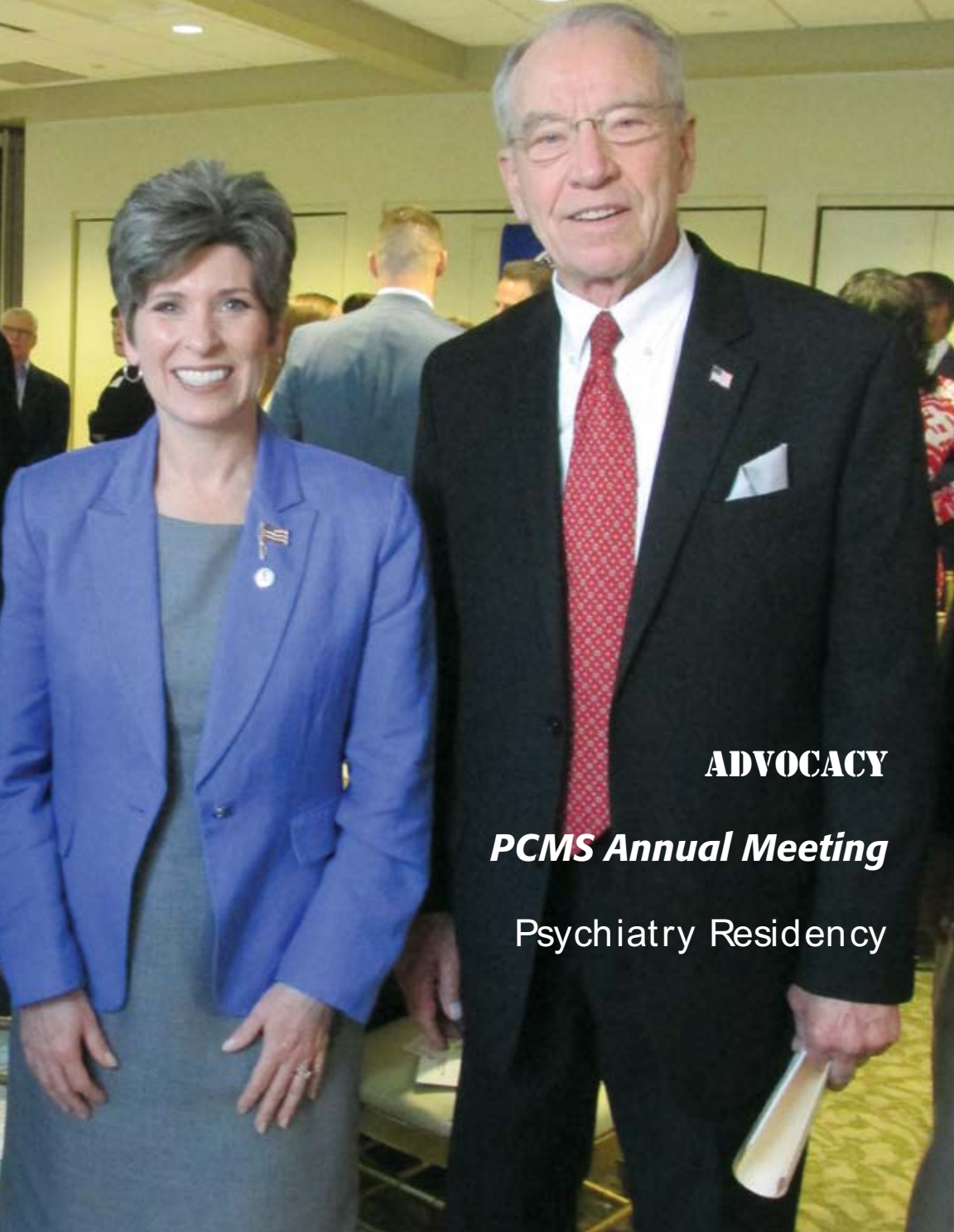


Bulletin

MAR/APR 2016

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY



ADVOCACY

PCMS Annual Meeting

Psychiatry Residency

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Invites you to the
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&
Physicians Young at Heart
Wed., July 20th
5:30-8:30 p.m.**

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*Official Publication
of the Polk County
Medical Society*

VOLUME 88 No. 2

Des Moines, Iowa
March/April 2016

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Bulletin

MAR/APR 2016

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

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Cover Photo: L-R: U.S. Senator Joni Ernst and U.S. Senator Chuck Grassley addressed members of 2016 Polk County Medical Society Annual Meeting at the Greater Des Moines Botanical Gardens.

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

Legislative Breakfast at State Capitol

The Polk County Medical Society Executive Council, members and staff met with Iowa Legislators on Wednesday, February 3rd at the Iowa State Capitol.

On behalf of physicians and their patients, PCMS members advocated on our 2016 legislative priorities.



L-R: Kathie J. Lyman, Representative Linda Upmeyer and Phil Colletier, M.D. discuss training for primary care physicians and psychiatrists.

L-R: Representative David Heaton discusses the 2016 PCMS Legislative issues and Volunteer Physician Network budget with Joel From, M.D. and Doug Massop, M.D.



L-R: Senator Amanda Ragan, Joel From, M.D. and Craig Mahoney discuss continued funding of the Volunteer Physician Network.



L-R: Jennifer Groos, M.D. discuss mental and behavioral healthcare issues and better services and access for children with Representative Patrick Grassley.

INNOVATION IN MODERN HEALTHCARE

Joel From, M.D.



In the past year as your Polk County Medical Society President I have had the opportunity to learn of innovations in medicine from our members who have kept our medical community

at the forefront of modern healthcare.

There have been giant advances in the realm of interventional Cardiology, and as a non-invasive cardiologist I feel like I have enjoyed a front row seat to the show. At the recent American College of Cardiology meeting the PARTNER 2 trial was released, comparing Transcatheter Aortic Valve Replacement (TAVR) to Surgical Aortic Valve replacement in intermediate risk individuals in a randomized prospective trial. The results were excellent and comparable for both approaches. TAVR has been available in our community for the past 3 years, and patients in Des Moines have been and continue to be enrolled in several TAVR trials. Over 283 TAVRs have

been done in Polk County. The current SUTAVI trial is enrolling patients who are intermediate risk and the coming trial will be for low risk surgical patients.

Percutaneous correction for Mitral Regurgitation is also underway, with MitraClip valve repairs, and soon to launch new research trials for percutaneous mitral valve replacement. The MitraClip is already available in our community. Percutaneous closure for Septal Defects has been done 425 times in the adult population, mainly in ASDs, but with a few VSD closures.

Huge advances in the realm of Congestive Heart Failure have occurred in recent years. We now have 7 subspecialty board certified CHF Cardiologist in Polk County. Mechanical support for heart failure has evolved for acute CHF to include Impella catheter left ventricular assist for temporary support. Polk County now has long term support with implantable left ventricular assist devices, both as a bridge to transplant and as destination

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therapy. Pediatric and more recently adult Extracorporeal Membrane Oxygenation therapy has advanced for treatment of cardiogenic and non-cardiogenic system failure and over 200 cases have been performed in Polk County.

Our colleges in the realm of Pediatric Cardiology have advanced in both the surgical arena and invasive interventional approaches to complex congenital heart disease. We are fortunate to have the only Board Certified Pediatric Cardiac surgeon in the state within Polk County. The pediatric Interventional Cardiologists have placed the Melody transcatheter pulmonic valve in our community, and also do septostomies to create and embolizations to close intrathoracic shunts. As more children with congenital heart disease survive to adulthood, we now have a boarded Adult Congenital Heart Disease specialist in our community.

In the realm of Cardiac Imaging, studies previously only available at the University of Iowa are now available here. Polk County has Positron Emission Tomography for Myocardial Perfusion Imaging and Myocardial viability. More recently, Cardiac MRI and MRA imaging has greatly improved our ability to diagnose the etiologies ability to diagnose the etiologies invasive technology.

Homodynamic analysis with Echo Doppler has allowed us to fine tune and optimize

Cardiac Resynchronization Therapy with pacemakers and ICD's in the CHF population.

Electrophysiology remains at the forefront of modern cardiac care, especially as it has become such an important part of advanced CHF therapy. The miniaturization of devices continues to advance, now to the point where a fully self-contained, leadless intracardiac pacemaker is available and being implanted in Polk County. At the end of each implant the Radiologist is notified that the "foreign body" inside the heart was placed there intentionally so as not to cause consternation. Other major advances are in the realm of non-pharmacologic treatments for Atrial fibrillation, particularly with regard to mitigating the need for long term antithrombotic therapy.

Both endovascular devices with left atrial appendage occluders, and percutaneous external left atrial appendage obliteration are now being done within our community.

Obviously, Cardiology is not alone in the advances that have taken place. Many physicians in Polk County can take pride in the impact of their own practices. I am just grateful that our medical community has the desire to commit the time, efforts and resources to make cutting edge technology available to our patients and our practices. And, I am proud to have served as the President of Polk County Medical Society for the last year.

Antiretroviral Preexposure Prophylaxis (PrEP) *for HIV Prevention*

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



What is PrEP?

PrEP is the use of antiretroviral medication to prevent the acquisition of HIV infection. PrEP is used by HIV-negative people who are at high risk of being exposed to HIV through sexual contact or injection drug use. Currently, the only medication with FDA approval for PrEP is oral tenofovir-emtricitabine (Truvada®). Truvada® was approved as PrEP in July 2012.

What are the guidelines for prescribing PrEP?

The Centers for Disease Control and Prevention (CDC) *Clinical Practice Guideline on Pre-Exposure Prophylaxis for the Prevention of HIV Infection in the United States (2014)*. The Clinical Providers Supplement contains additional tools for clinicians providing PrEP.

See www.cdc.gov/hiv/pdf/guidelines/PrEPguidelines2014.pdf for more information.

Who can prescribe PrEP?

Any licensed prescriber can prescribe tenofovir-emtricitabine (Truvada®) as PrEP. Specialization in infectious disease or HIV medicine is not required. In fact, primary care providers who see members of populations at high risk of HIV on a routine basis should consider offering PrEP to all eligible patients.

Who is appropriate for PrEP?

Per CDC Guidelines, PrEP may be appropriate for men who have sex with men (MSM), heterosexual women and men and injection drug users (IDU) with substantial risk for HIV infection.

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New Proposed Psychiatry Resident Programs

At Mercy, Broadlawns, UnityPoint Health - Des Moines

By: William Yost, M.D., Program Director,
UnityPoint Health - Des Moines



It's an inescapable conclusion that the state of Iowa has a significant shortage of psychiatrists. The state of Iowa is ranked 47th nationally in psychiatrists per capita. The University of Iowa is the only institution in the state that currently provides psychiatric residency training, and not all of those graduates enter clinical practice in the community. Many of us in clinical practice all too often experience the impact these statistics have upon our patients and our ability to provide the best medical care we can.

It's also inescapable that students who attend medical school in the state of Iowa and then complete residency training in the state are much more likely to remain in the state and enter

practice. In an attempt to better serve the needs of Iowans, Governor Branstad and the state legislature have provided for the allocation of \$4 million in state monies to be distributed through a competitive grants process. The priority was to be given to institutions who intended to start new residency programs in psychiatry and in family medicine. Several institutions across the state applied for monies to start new programs. Ultimately, 3 of those applications received funding: Broadlawns Medical Center, UnityPoint Health (Des Moines) and Mercy Medical Center. At the Governor's Press Conference on Monday, March 7, Governor Branstad was joined by Lieutenant Governor Reynolds and Gerd Clabaugh, Director of the

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Iowa Department of Public Health, as the awards were announced. The institutions were represented by Dr. Larry Severidt and Dr. Jan Landy, Broadlawns Medical Center; Dr. Douglas Dorner and Dr. William Yost, UnityPoint Health-Des Moines; and Dr. Sasha Khosravi, Mercy Medical Center, all of whom discussed their respective institution's intentions to develop new psychiatry residency programs.

While still in the early stages of planning, Mercy Medical Center has stated their intention of providing six residency positions for the four year residency program, and therefore intends to have a program with 24 residents in total. Broadlawns Medical Center and UnityPoint Health (Des Moines), long time partners in medical education, have publicly expressed their intent to jointly sponsor a psychiatry residency program that will offer four categorical residency positions each year, and therefore plan a program with 16 residents altogether.

The benefits are several. First and foremost, of course, is the intention to train more psychiatrists, many of whom are likely to remain in the state of Iowa, particularly if they complete their medical education at either the University of Iowa or Des Moines University. Second, the psychiatry programs that are proposed will

necessarily collaborate with, and thus provide more robust training in behavioral health for, the residency programs that currently exist in the sponsoring institutions. We expect that the internists, family physicians and pediatricians who train in Des Moines will benefit from the collaboration with the psychiatry residencies, and thus graduate physicians better trained to see patients with mental health issues that are part and parcel of our practices. Finally, we believe that there is a genuine opportunity to provide educational opportunities to the students from the University of Iowa and Des Moines University that will support the two schools' curricula and potentially increase the level of student interest in psychiatry.

The devil is always in the details, and both programs are just over two years from completion. In addition to curriculum design, faculty development, and logistical planning, the programs must develop governance structures and eventually an application to the Accreditation Council for Graduate Medical Education for provisional accreditation. None of the hard work that lies ahead for all three institutions, however, detracts from the genuine excitement and enthusiasm we all feel as we develop something that we all believe will be a good thing for the people of the state of Iowa.



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Congratulations to Robert Lee, M.D., who was installed as a 2017 Iowa Medical Society (IMS) American Medical Association Delegate, at the IMS Annual Meeting on April 9, 2016.



Congratulations to Joyce Vista-Wayne, M.D., who was installed as President-Elect of Iowa Medical Society (IMS), at the IMS Annual Meeting on April 9, 2016.



Congratulations to Paul Mulhausen, M.D., who was installed as the 167th President of Iowa Medical Society (IMS), at the IMS Annual Meeting on April 9, 2016.



Congratulations to William "John" Yost, M.D., who was installed for a 3 year term as an Iowa Medical Society (IMS) At-Large Director, at the IMS Annual Meeting on April 9, 2016.

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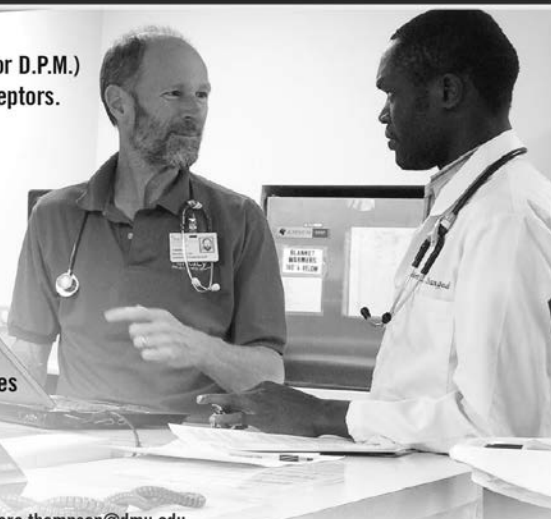
TO LEARN MORE, CONTACT:

Kara Thompson, COM clinical affairs, at 271-1549 or kara.thompson@dmu.edu

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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In Memory of **Donald Green, M.D.**



My friend and colleague Don Green, MD, died at 91 years of age. I believe I first met Don in my hometown of Greenfield, Iowa, as in those days a group of pilots met to fly gliders from the local airport. Afterwards, there would be some socializing as pilots will often do, and I got to know a great group of professionals like Don who enjoyed flying and soaring.

I later got to know Don professionally, as he graciously agreed to allow me to rotate through his office as a medical student. He was a wonderful teacher, not just in the science and art of medicine, but he also lived the challenge of balancing a career in medicine with life. He would be the first to admit that at times he failed, and it is this humility that made him special to me. He was a very intelligent and gifted physician, AOA at the Iowa College of Medicine, and an early diplomat of the American Board of Family Practice. Yet his humility, patience, and kindness were a hallmark of his care at the bedside.

Don was particularly proud of his service to his country. He served as a Naval Aviator,

originally trained in Pensacola, Florida, and later asked to train Navy Midshipmen to fly at the U.S. Naval Academy at Annapolis. His military experience and flying would be a passion he would never relinquish. If it flew, Don could likely fly it, having qualified to fly many types of aircraft, jets, gliders and hot air balloons, among others. I witnessed him do a barrel roll and a loop in a glider!

Many of us have been in his company to hear a good (or bad) joke, and been subjected to the sleight of hand involving a wine cork, or a quarter. On occasion he enjoyed a Martini and liked to throw dice. He enjoyed Las Vegas. He loved his wife Bonnie, and all his children. He was a great friend. It was always good to be in his company, and if you've had that pleasure, you've likely got a story of your own to tell.

Dr. Green will be honored by the 2016 East High School Alumni, this month, by being installed into their Hall Of Fame.

By: Larry J. Baker, DO, FACEP



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CONGRATULATIONS

THE POLK COUNTY MEDICAL SOCIETY

Annual Meeting & Installation of 2016 Officers

The Polk County Medical Society Annual Meeting was held on Thursday March 30th at the Greater Des Moines Botanical Gardens. The 2016 PCMS officers were elected and installed. Over 150 PCMS members and guests attended.

Iowa's U.S. Senators Chuck Grassley and Joni Ernst were guest speakers. U.S. Representative David Young and Des Moines Mayor Frank Cownie were honored guests.



L-R: Newly installed PCMS President Dr. Matt Rauen greets Senator Chuck Grassley



L-R: Dr. Teresa La Masters, Senator Joni Ernst and Dr. Stephen Gutu get acquainted.



L-R: Arianna and Dr. Michael Jackson enjoy the beautiful newly renovated Greater Des Moines Botanical Gardens.



L-R: Dr. Larry Severidt, Senator Joni Ernst and Jody Jenner discuss psychiatric needs and residency programs at Broadlawns.



L-R: Great friends Des Moines Mayor Frank Cownie, Kathie J. Lyman and U.S. Representative David Young reunite for a fun evening.

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L-R: Dr. Steven Craig, Senator Joni Ernst, newly installed PCMS Councilor Dr. Susan Jacobi and Julie Jaksich discuss medical issues of Iowans.



L-R: Dr. James Wille attends the PCMS Annual Meeting to listen to the Iowa U.S. Delegation addressing members.



L-R: Rob and Dr. Christina Taylor enjoying colleagues at the PCMS Annual Meeting.

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L-R: Eric Lothe, Eric Crowell, Dr. Michael Agey and Dr. Mark Purtle enjoy the camaraderie of the night.



L-R: Robert Ritz, Senator Chuck Grassley and Sara Eide look forward to an important evening of hearing Iowa issues from our Washington Congressman.

2016 SCHOLARSHIP RECIPIENTS

Kathie J. Lyman

Congratulations to the 2016 Kathie J. Lyman Scholarship Recipients who were awarded a scholarship at the Polk County Medical Society Annual meeting. Taylor Dreise, a medical student from Des Moines University and Christopher Iverson, a medical student from the University of Iowa, each received a \$1000 scholarship, to further their medical education.

Global Medical Mission scholarships were also awarded to recipients who received \$500 to assist them in participating in global medical missions.

Thanks to all of the doctors who contributed to the Kathie J. Lyman Scholarship Fund in 2015. Your support sends a clear message that PCMS doctors are grateful to the young professionals who chose medicine for a career. Your support of future medical students is important.

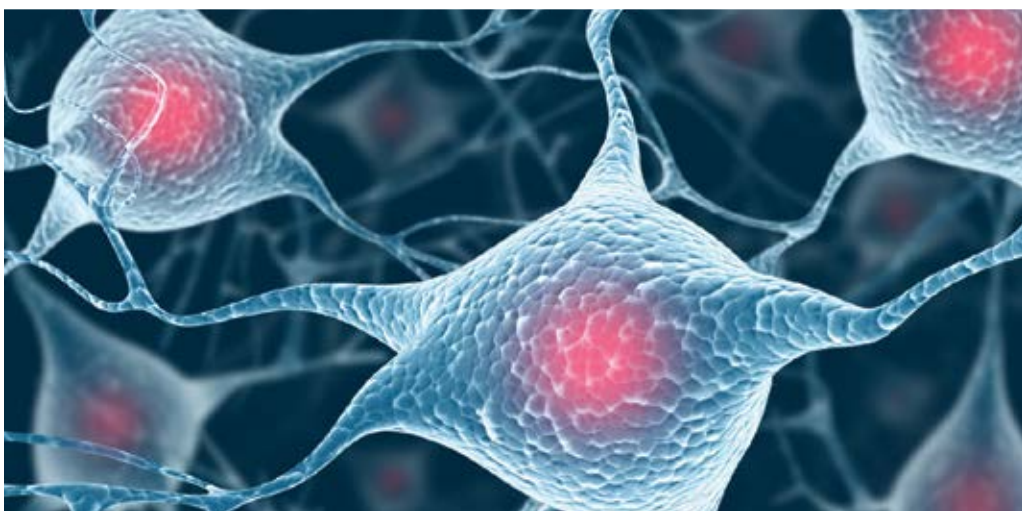
If you have not yet contributed, you still can by sending your check to: Polk County Medical Society - Kathie J. Lyman Scholarship Fund 501 (c)(3), 1520 High Street, Des Moines, IA 50309.



L-R: Shant Adamian (DMU), Megan Elsenheimer (DMU) representing the DMU Global Service Student Club, scholarship recipient Taylor Dreise (DMU), Broadlawns Global Services recipient Meghan Groos, D.O. and scholarship recipient Christopher Iverson (U of I).



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To Register Visit: alz.org/greateriowa

DIAGNOSING *Dementia in Iowa*

By: Dr. Yogesh Shah, M.D., MPH, FAAFP



Currently 63,000 Iowans live with dementia. Most will remain undiagnosed until they are in middle to late stages of dementia. The health care costs associated with failure to diagnose are significant and include premature entry into long term care and a very high rate of unavoidable hospitalizations and readmissions.

Primary care practitioners are the first point of contact for people seeking medical care and should be able to diagnosis Alzheimer's disease and initiate appropriate treatment. However, primary care physicians are not diagnosing Alzheimer's disease. According to a study entitled "Physician Factors Contributing to Missed and Delayed Diagnosis of Dementia" published in 2009 by Bradford et al, there are a myriad of reasons physicians don't diagnosis dementia. One of the reasons primary care practitioners fail to diagnosis is inadequate training. Many struggle with differentiating the cognitive decline associated with normal aging and that which is not normal aging.

Appropriate early diagnosis, treatment and referral to local resources is extremely

important for the person with dementia and their loved one who provides care and support. Many decisions about the future need to be made early while the person with dementia has the cognitive ability to participate in the decision making process. Medications available to manage symptoms are most effective when initiated early. Managing lifestyle risk factors like exercise, socialization and healthy diet associated with cognitive reserve can be initiated and may be effective in slowing cognitive decline.

The Alzheimer's Association in partnership with Des Moines University is offering a medical conference to support the early diagnosis of dementia. We are eager to support primary care practitioners in their endeavor to provide extraordinary dementia care to Iowans, to improve their quality of life and decrease the cost of healthcare. For a nominal fee, physicians, nurse practitioners and physician assistants can learn the latest diagnostic algorithms for dementia diagnosis and leave with a tool kit to implement in their practices. Register on line at: www.alz.org/greateriowa.

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Substantial risk of HIV infection includes:

- HIV-positive partner
- Recent bacterial STI
- High number of sex partners
- History of inconsistent or no condom use
- Commercial sex work
- In high-prevalence area or network
- HIV-positive injecting partners
- Sharing injection equipment
- Recent drug treatment but currently injecting

In addition, PrEP should be considered for the following HIV-negative individuals:

- Male-to-female and female-to-male transgender individuals engaging in high-risk sexual behaviors
- People who inject drugs and report sharing injection equipment, inject one or more times per day, inject cocaine or methamphetamine and/or engage in high-risk sexual behaviors.

- Individuals who use stimulant drugs associated with high-risk behaviors such as methamphetamine
- Individuals who have been prescribed non-occupational post-exposure prophylaxis (PEP) for HIV and demonstrate continued high-risk behavior or used multiple courses of PEP.

Who is not eligible for PrEP?

- HIV-positive individuals. Individuals must be confirmed as HIV-negative before initiating PrEP. Excluding those with acute HIV infection is critically important, as there is a risk of developing resistant HIV if they are inadvertently started on TDF-FTC as PrEP. IDV-FTC is an appropriate component of a regimen to treat HIV, but must be combined with additional agent from another class of antiretrovirals to provide effective treatment.
- Individuals with renal insufficiency. Providers should confirm that the
- patient's calculated creatinine clearance is ≥ 60 mL/minute (Cockcroft-Gault formula) before initiating PrEP.

What is the research supporting PrEP use?

In all PrEP clinical trials to date, PrEP efficacy appears to be dependent upon adherence. Based on findings from several large national and international clinical trials, the risk of getting HIV infection was lower—up to 92% lower—for participants who took the medicines consistently than for those who did not take the medicines. (See CDC PrEP web page at qqa.cdc.gov/hiv/prevention/research/prep/ for a brief description of the clinical trials with links to the published studies.)

What baseline assessment is required for individuals beginning PrEP?

The most important aspect of the baseline assessment is ascertaining that the patient is not already HIV-infected. See the CDC guidelines for conducting baseline HIV testing.

What additional support and ongoing assessment are required for patient on PrEP?

PrEP should be prescribed as part of

a combination prevention plan that includes adherence/risk behavior counseling, HIV prevention education and provision of condoms. The CDC Guidelines provide recommendations for ongoing assessment of patients on PrEP including laboratory tests and testing intervals.

Will PrEP be covered by my patients' health insurance?

Many insurance plans cover PrEP. Prior authorization is usually required. The manufacturer of tenofovir-emtricitabine Truvada® (Gilead) has established several programs to help cover the cost of PrEP. Providers can assist their patients by applying for the Patient Assistance Program or the Co-Pay Assistance Program. The application for Gilead's patient assistance programs is available at https://start.truvada.com/Content/pdf/Medicaid_Assistance_Program.pdf.



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The Big White Bus:

Lessons from a service trip to the Dominican Republic



The group outside of one of the community sites we worked at – An old discoteca!

By: Yogesh Shah, M.D.;
Megan Elsenheimer, OMS-I and Shant Adamian OMS-I

"I am allergic to water," the Haitian woman said as she juggled her 2 children on her lap. The Creole translator and I locked eyes, unsure what to say next. Did she understand the question? Was she too distracted? I repeated my question again in Spanish, and the translator in Creole, "Do you have any allergies?" Again, the woman confidently repeated her words. I typed her answer in the HPI, knowing that the doctor was going to wonder how I had survived the first 8 months of medical school thinking that someone could be allergic to water.

Waiting another 5 hours, the Haitian woman again repeated her words to the physician. She complained of dizziness, headaches, and generalized muscle weakness, the trifecta of symptoms that we had seen time and time again throughout the week. Unsurprisingly, the problem for this Haitian woman and the other dozens of patients was not that they were allergic to water. It was that they had little to no access to clean water, and there was not a thing we could do to fix it.

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For one week, 19 DMU students, 4 medical providers, and a pharmacist treated patients in the rural NW corner of the Dominican Republic. We traveled to a different community each day in our big white bus, setting up a clinic in abandoned schools and even an old discoteca. On average, we saw 100 patients each day before we packed up and boarded the bus again, exhausted from the day's work, yet energized and excited to talk about all that we had experienced.

Prior to the trip, individuals expressed skepticism over the impact that a 1 week service trip can have. What about continuity of care? Are we creating dependency? While we understand these concerns, we are confident that this trip was truly something special. The time may have been short, but the impact will last long past the time we spent on that big white bus.

As our group formed last fall, we established public health education as a priority. We developed presentations on reproductive health and GERD, which were established as two of the greatest health concerns and were presented to patients as they waited to be seen. During consults, providers also spent time educating patients on healthier habits. Providing education and encouragement to these patients was stronger than any medication that we could prescribe. It is our hope that these moments will transcend boundaries, impacting the lives of those that we couldn't reach.

Additionally, our trip engendered a greater sense of cultural awareness amongst students. Practices that are not socially accepted in the US, such as marriage at the age of 16 and

childbearing shortly after, were commonplace in the Dominican Republic. We needed to make sure not to impose our western beliefs onto the individuals we treated. While this was a difficult undertaking, it provided us with the opportunity to expand our knowledge of other cultures and will provide us with a greater understanding when treating future patients from cultures that are disparate from ours.

At the beginning of the trip, the providers expressed the importance of getting a solid history and physical exam. "With just those 2 things, you should almost always be able to get a diagnosis," they said. "In the US, there is a culture of defensive medicine. You need to learn how to prevent yourself from succumbing to this practice." Many of us nodded our heads, thinking that it sounded like good advice, but when we were out in those clinics, we quickly realized how truthful their words were. With access to bare bone labs, including UA, HCG, and glucose tests, we diagnosed and treated over 500 patients. Some needed follow up, but that's why Timmy Global Health, the organization that we work with, is such a fantastic resource. They have local health promoters and a physician to do follow up care in order to make sure that people are getting the referrals and refills that they need. We also raised funds for their referral system, so that patients don't have to worry about choosing between paying for a necessary hospital visit over feeding their children. Thus, even with us gone, we know that the patients that we saw are in good hands.

This trip was just a glimpse into the world that we live in, the one that we as physicians have

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pledged our lives to keeping healthy. There are people in need all around us; we recognize that we don't need to be on that big white bus to reach them. But for 7 days, that bus was our way to reach those who live in conditions that

we will never be able to fully fathom. We know we still have a lot to learn, but with a passion for global health and drive to make change, we know that we are on the right path to making the impact the world deserves.

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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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