

Bulletin

MAY/JUNE 2016

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY



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Medical Society

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May/June 2016

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Bulletin

MAY/JUNE 2016
MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

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COVER PHOTO: The Volunteer Physician Network appreciation reception at Terrace Hill with Governor and Mrs. Terry Branstad, held on Thursday, May 19th, 2016.

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PCMS 2016 FINAL LEGISLATIVE SUMMARY

ON YOUR BEHALF



John Cacciatore
PCMS Lobbyist



Lon Anderson
PCMS Lobbyist

The Iowa Legislature adjourned on April 29th and the Governor completed action on all legislation on May 27th.

The primary legislative priority for PCMS was funding the Volunteer Physician Network (VPN). The VPN is administered by PCMS and receives state funding to refer patients to specialists who provide free medical care. In 2016, **PCMS successfully secured appropriated funding of \$213,748 to administer their VPN services** through diligent work with the Governor, the Department of Public Health (DPH) and the Legislature. **The House, Senate and the Governor approved this appropriation.**

The PCMS Government Relations Committee, staff and lobbyist worked on behalf of members to successfully support, oppose and monitor bills during this legislative session.

PCMS SUCCESSFULLY SUPPORTED OR OPPOSED THE FOLLOWING BILLS:

- **Legislation effecting commercial tanning (SF 232 / HF 420)** prohibits a tanning facility from allowing a person less than 18 years of age to use a tanning device. This bill passed the Iowa Senate on a 26–23 in 2015. In 2016 a House subcommittee approved the bill with an amendment to lower the age to 17 but the bill did not come up for debate in full House. **PCMS supported this legislation.**
- Legislation allowing first responders to administer drugs to combat an overdose **(SF 2218) was approved by both chambers and signed by the Governor. PCMS supported this legislation.**

DIVERSE PHYSICIANS

WORKING FOR THE COMMON GOOD



Matthew Rauen, M.D.

I thought very little about diversity growing up in rural Iowa. Not only did most of the Farley, Iowa residents look like me, but I was also related to many of them. These were (and still are) great people. We shared common values. We had ancestors who were primarily of German and Irish descent. We went to the same churches, had the same traditions, and liked many of the same things. We did not talk about race, religion, national origin, or socioeconomic status; instead we talked about who just got married (probably one of my cousins), the Firemen's Picnic, or the next baseball game. It wasn't until a little later in my

life I encountered more and more people who differed from me.

For many of Iowa's youth, going to college offers an opportunity to encounter diversity for the first time. However, many of Iowa's colleges are filled with fellow Iowans and Midwesterners. Certainly the people I met at Loras College in Dubuque were a little different than those from my home town, but there were still by far more similarities. For me, it was not until medical school and my ophthalmology residency at the University of Iowa that I found myself among people who were tremendously different than me.

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In my residency class, I was actually in the minority as a white male, the first time that had ever happened. It was then that I realized that diversity can bring remarkable opportunity.

It is that opportunity that I find exciting. As I commence my year as Polk County Medical Society President, I find it refreshing to reflect upon the diverse group of clinicians who make up our membership and in particular, our executive council. We have physicians from primary care, specialists, and sub-specialists. We come from a variety of training programs located across the nation. Some of us have just recently started practicing medicine and others are closer to retirement. Some of us work in private practice and others in larger hospital systems. We come to the table with very different ideas based on very different experiences, but I would contend that this variety of voices makes us a stronger group.

It is this variety of voices and experiences that provide invaluable advice and insight. It is this variety that allows us to learn from each other. It is this variety that allows us to see the same issue in more than one way. It challenges us to grow and broaden our perspective.

Diversity in the PCMS is important. It allows us to assemble a group of people working together to bring creative solutions to the community and patients we all serve. I'm excited to listen to a variety of opinions and to foster an environment that encourages different points of view. I want people to feel welcomed to share their ideas in our group and will do all I can to foster that environment. This will only strengthen our organization and make it better for all of us.

"Strength lies in differences, not in similarities."

— Stephen R. Covey

THE IMPORTANCE OF IRIS – IOWA'S IMMUNIZATION REGISTRY SYSTEM



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

Over twenty years ago, a ground breaking tool shaped the way physicians and health care providers track and administer vaccines. Immunization Information Systems provides us as providers a comprehensive system to combine patient vaccine records from multiple sources including primary health care providers, health departments, hospitals, pharmacies and records from outside the United States into one electronic record to track vaccinations over the years. This system provides immunization history and tracks when additional vaccines and boosters are needed and gives us the ability to send out patient reminders informing them when their next vaccine is due.

In Iowa, we are fortunate to have our own statewide vaccine tracking system. This system is known as IRIS or Iowa's Immunization Registry Information System. This system provides tracking

of children, adolescents and adult immunizations in clinics and other health care facilities where that are not their medical home. This system is able to document individual immunizations and track vaccine usage.

Thanks to our ever changing field of technology, we as health care professionals can utilize real time data exchange between IRIS and electronic health record systems, which eliminates many vaccine errors when records were manually entered into the software. This technology provides great assistance to provide us with vaccines that were given at other facilities for the purposes of travel, immigrant/refugee requirements and pre-op vaccines.

Over the years, the number of patients entered into IRIS has steadily increased. In 2014, more than 452,000 patients' records were added to the system. The immunization tracking system contains

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more than 29.5 million immunizations and includes records consisting of two or more immunizations for 95 percent of Iowa's children four months to six years of age. As of 2014, there were 2,333 health agencies in Iowa enrolled in IRIS.

We as health care professionals play an important role in setting the gold standard for immunization documentation. Despite from the 2,333 agencies in Iowa using IRIS, there are still a large number of non-users or users that do not use the information tracking system to its full capacity. One of the ways we can use utilize the system to its full capacity is by entering historically administered vaccines which will aid in communication regarding overall health and allow for the ability to review past vaccine history and what may still be recommended based their age, travel history and high risk health conditions.

By using IRIS, we as health care professionals can provide timely and accurate information to all other IRIS users. For instance, most Polk County school nurses have access to IRIS and are therefore would have the immunization information for their students at their fingertips. Not only does IRIS provide immunization data but it can also help to identify populations who are at risk for vaccine preventable diseases and utilize health intervention and resources in a timely manner. For

example, if we had a measles outbreak at a Polk County school, we could utilize IRIS to see which of our patients were current on their MMR vaccine and which individuals needed the vaccine or the booster. If we as health care professional have updated IRIS, parents and patients can access their vaccine records online and feel confident that a complete vaccine history is present. Lastly, IRIS and other immunization information systems allows for effective and efficient data exchange. IRIS and electronic health record systems can interface with each other or simply put, the ability to talk to each other. This reduces transcription errors, delayed vaccination due to transferring records via fax, email or mailed vaccine records and duplicate data entry.

For information immunization systems to be effective, they need to operate on a national level. The Healthy People 2020 plan hopes to increase the number of states that have 80 percent of adolescents between the ages of 11 and 18 with two or more age appropriate immunizations recorded and increase the number of children under the age of six to participate in the immunization information systems by 95 percent. ***For questions about IRIS or would like to enroll in the program, please visit the IRIS website at <https://iris.iowa.org> or contact Kim Tichy, IRIS Coordinator for the Iowa Department of Public Health at (515) 281-4288 or by email at Kimberly.Tichy@idph.iowa.gov.***



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Congratulations to **John Kuhnlein, D.O.**, who was installed as the 2016 Central States Occupational and Environmental Medicine Association (CSOEMA) President at the 92nd Annual Spring Seminar on March 4, 2016. CSOEMA represents 7 mid-western states.



Congratulations to **Robin Sassman, M.D.**, who was installed as the Immediate Past President of CSOEMA at the 92nd Annual Spring Seminar on March 4, 2016, and continues to serve on the board.

NEWS BRIEFS

IBM to require physicians to provide secure, personal e-mail addresses:

To streamline communication with licensed physicians, the Iowa Board of Medicine (IBM) is requiring all applicants and licensure renewals to provide a personal e-mail address for confidential correspondence from the agency. Effective July 1, the personal e-mail address will be used by staff to collect personal information needed to complete a license application or get information related to a compliance investigation. The new requirement calls for physicians to use an email address that is secured and personally managed by the licensee to communicate notification of licensure renewals and to distribute information on new regulations affecting the practice of medicine in Iowa.

Specific minimum standards for appropriate supervision of a physician assistant by a physician, 05/11/16 IAB, ARC 2532C, ADOPTED by the Medical Board and AMENDED by The Professional Licensure Division: The filings contain the same requirements and include provisions concerning face-to-face meetings, mutual assessment of qualifications, communication, review of a representative sample of a physician assistant's charts by a supervising physician, delegated services, timely consultation, alternate supervision, and failure to supervise. Once adopted by both boards, the rules can only be amended or waived with the agreement of both boards.

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- **PCMS supported legislation prohibiting a person from being enrolled in school in the 7th or 12th grade without evidence of immunization from meningococcal disease. SF 2136 was approved by the Senate on a 45-4 vote but did not come up for a vote in the House. However, the bill was added to HF 2460, the Health and Human Services Appropriations Bill. The Governor signed the provision on May 27, 2016.**
- Prior to the session, a number of medical groups including **PCMS collaborated on a bill to improve disclosure of mental health information for the purpose of patient care coordination. The bill, SF 2144, was approved by both chambers and signed by the Governor. PCMS supported this legislation.**
- **Legislation to allow psychologists to prescribe certain medications (SF 2188) was approved by the Senate on a 28-22 vote. PCMS opposed this legislation. However the House adopted an amendment requiring joint rulemaking between the Board of Psychology and the Board of Medicine. PCMS supported the amendment. The Governor**

signed the bill on May 27, 2016.

- **Legislation to allow optometrists to perform certain eye injections** was proposed in both the House and Senate (**HSB 500 and SSB 3090**). Both bills failed to clear committee in either chamber. **PCMS opposed this legislation.**
- **Commercialization of the sale of fireworks in Iowa (SF 2113 / HF 614)** was passed by the House and approved by the Senate State Government Committee. **The bills died in the Senate Ways and Means Committee. PCMS opposed this legislation.**
- **Trial lawyers proposed a second exception for the six year statute of repose for medical malpractice claims (SSB 3053).** The 2nd exception is if the injury could have been avoided if the health physician or other health care provider had interpreted test results correctly and communicated the results in a timely manner. **The bill died in the Senate Judiciary Committee. PCMS opposed this legislation.**

PCMS MONITORED THE FOLLOWING BILLS:

- **The authorization of medical marijuana (SF 484)** for specific debilitating conditions passed the

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Senate in 2015 on a 26 – 19 vote. The House Commerce Committee approved a more limited bill, HF 2384, in 2016. However both bills died in House committees. An amendment allowing for lowans to get medical marijuana from Minnesota was debated on the House floor during the final week of session but failed. **PCMS monitored this legislation.**

- **Legislation creating the Iowa Death with Dignity Act (SF 2051)** was debated but not approved by a Senate subcommittee. **PCMS monitored this legislation.**

At the outset of the 2015 session, Gov. Branstad announced his plan to transform Medicaid from a predominantly fee for service program run by the state to a managed care program run by private managed care organizations. The Governor's and Legislature's final budget projects savings of \$101 million in FY17. The Center for Medicare and Medicaid Services (CMS) approved the transition as of April 1, 2016.

The Health and Human Service Appropriations bill, HF 2460, contained provisions related to oversight of Medicaid Managed Care that were approved by the Governor:

- Physician Medicaid reimbursement rates were left unchanged;
- Data collection on enrollment and disenrollment, grievances and appeals, call center performance, prior authorization denials and modifications, health provider network access, population data including elderly and special needs patients, percentage of claims paid, disputed or denied, spending on actual health care versus management, program cost savings and fraud, waste and abuse identified by the companies to manage the program
- Establishes a legislative health policy oversight committee – bipartisan with 10 members
- The long term care ombudsman shall include functions to serve as managed care ombudsman
- Establishes a Medical Advisory Council of providers, public members and state agency staff. On behalf of the PCMS members, we will continue to keep the PCMS Board and members apprised of activities during the interim period between the 2016 and 2017 legislative sessions.



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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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Haiti Medical Missions



By: David Stilley, M.D.

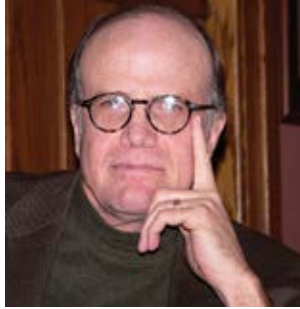
In September of 2015 I was recruited to be the Chief Medical Officer of Reach Global, the international mission's movement of the Evangelical Free Churches of America (www.reachglobal.org). My responsibilities primarily involve caring for the health of our missionaries and staff world-wide and preparing new volunteers medically for international service. However, my passion in the midst of these more mundane tasks has been to interact with the several thousand impoverished children enrolled in our compassion ministry, called Global Fingerprints.

Each of these children is sponsored by a family here in the US and that sponsorship provides improved nutrition, clothing, and a chance for education and basic care (<https://go.efca.org/ministries/reachglobal/globalfingerprints>). However, the budget does not provide significant medical resources. I have, with the help of many others, committed to taking a medical team to each site with sponsored children to provide basic medical screening, vision screening, and dental evaluation. My ultimate goal is to link each group of children with a medical care team of



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A Psychiatrist's Trip to Gaza: Mental health under blockade



By: David E. Drake, D.O.

In mid-January of this year, 13 health care professionals — including two physicians from Des Moines, myself and Maria Filippone — joined a medical delegation to Gaza, organized by Washington Physicians for Social Responsibility. This was the 11th medical delegation sponsored by WPSR since 2009.

Gaza itself is a strip of land some 25 miles long and four to seven miles wide. The population is 2 million. Those who lived there before 1948 are “citizens,” while those who had to flee their homes with the creation of what is now Israel are referred to as “refugees.” And even the great grandchildren of those who departed under pressure still bear



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the stamp of refugee, receiving benefits from the United Nations.

On entering Gaza through the Erez checkpoint we walked the 2/3 of a mile or so through “the cage” — a heavy wire outdoor walkway that meanders through “no man’s land” or the “kill zone” — where locals know they can be shot on sight. We heard gunshots as we walked. We later learned two men, 19 and 25 years old, may have been killed in the zone. Bombed-out buildings were the norm in this part of Gaza.

We soon learn some of the facts: Partially or fully untreated sewage runs into the sea. The water is not safe to drink unless boiled. We brought in our own bottled water for the whole 10 days we were there. Unemployment for those ages 20-24 ranges from 43 to 68 percent. No deep water sea fishing exists, as fishing is not permitted beyond some 2-3

nautical miles. Gaza has been referred to as the “world’s largest outdoor prison.” A blockade has been in existence for years that leads to total control of what and who enters and leaves in only one checkpoint.

Coldness was a constant throughout our time in Gaza. Electricity went on and off for those who had it, and our upscale hotel had heated rooms but the large dining and lounge area was without heat, about 40-50 degrees. Everywhere professionals wore heavy coats in their offices with a room or two that was heated. We were chilled daily.

Soon after entering, our group learned of our respective assignments. Some did surgery, taught advance cardiac life support, taught about moving beyond trauma, worked with women’s health issues. My own assignment was to facilitate a seminar over several



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VOLUNTEER PHYSICIAN NETWORK RECEPTION

At Terrace Hill

Governor Terry Branstad and First Lady Chris welcomed over 60 Polk County Medical Society (PCMS) Volunteer Physician Network (VPN) specialists and hospital partners to a thank you reception held at Terrace Hill on Thursday, May 19th.

The Governor thanked the doctors for their dedication and support in the past year providing care to 2,094 patients and contributed over \$5 million in free specialty care and hospitalization. It was a wonderful night celebrating the selfless charity provided by dedicated PCMS physicians.



L-R: First Lady Chris Branstad greets PCMS President, Matt Rauhen, M.D., Sara and Carlos Alarcon, M.D. and Laura.



Erica and Samantha Becker tour Terrace Hill with parents Caroline Boehnke-Becker, M.D. and Thomas Becker, M.D.

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L-R: Janie Hendricks, D.O., Ethel Faust-Condon, M.D. and Kate Massop M.D. discuss the importance of volunteering for the VPN.



L-R: Yogesh Shah, M.D., Governor Branstad and Jody Jenner discuss the importance of continued funding for the VPN program.

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L-R: Christy Benson, M.D. and Dr. Vincent Mandracchia, D.P.M. enjoying Terrace Hill.



L-R: Nicholas Galioto, M.D. visited with Governor Terry Branstad.



Refreshments were served in the library.

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Honorable Governor Branstad welcomes Kaaren Olesen, D.O. and her son Moses Bunn to Terrace Hill.



L-R: Kathie Lyman thanks VPN volunteers, Craig Mahoney, M.D., Doug Massop, M.D. and Kate Massop, M.D. who enjoyed catching up with each other.

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The Polk County Medical Society and VPN Administrator Nicci Dean thanks our gracious sponsors!



Beautiful appetizers were enjoyed by all.



L-R: Larry Baker, D.O., First Lady Chris Branstad, and Lori Baker reunite for a fun evening.



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Specialty: Internal Medicine

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days for post-graduate students in mental health counseling and on self-regulation/stress management and on working with families.

I decided to start the seminar by asking the group about their own life experience living under blockade. What had they and their families been through with this isolation and having been the survivors of three wars in less than a decade? The stories were overwhelming.

Filippone met with a women's group where mothers spoke of their own kids asking why they brought them into the world. Some of their husbands had left them, the women said, and they faced hunger.

In the last war there was no place safe in Gaza. In the first two wars, in 2008 and '12, there was a place you could go to be safe, a nurse said. Hospitals, mosques, and schools used to be safe areas under an offensive, but not in 2014. People who used to do trades can no longer do them due to a blockade of goods, imports and exports.

Dr. Yasser Abu Jamei, the executive director of the Gaza Community Mental Health Center, is concerned that young people become reckless when they don't have any hope. "Things continue to be the same. Depression is still something to be dealt with."

Only five houses that were destroyed have been rebuilt totally from the Israeli

offensive in the summer of 2014. Gazans need permits to bring in construction materials. The rubble of buildings remain, as does the fear, so people do not recover. Abu Jamei believes a good half of mental health problems would be solved if construction materials would be allowed in, as employment would increase.

On the day we left Gaza, through the complicated Erez checkpoint with more cameras and turnstiles than you can imagine, I found myself breaking down into tears with my co-travelers. It was too much: the challenges the people of Gaza face in their daily lives and the trust and friendship so many have shown me and our group. On our way out, a young officer with the Israeli Defense Force said things have to change, but it won't happen any time soon.

I support those who work for a peaceful and just end to the blockade of Gaza and the occupation of the West Bank. These policies are dangerous for Israelis and cause desperation for those confined to Gaza and the West Bank. A Gazan psychologist told me his hope for peace and an end to the occupation is based on a belief in humanity. We must work to make that a reality.

How to help: To learn more about the Gaza Mental Health Foundation — and learn how to help those with mental health problems there, see <http://www.gazamentalhealth.org>.

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volunteers, preferably from a sponsoring US church congregation, willing to visit that group at least once every two years to provide ongoing care.

In January 2016 I took a team from Valley Church in West Des Moines, Iowa, to a major city in India to provide the first significant care of this type to the 350 Global Fingerprints children in that location. I just returned from a trip to Port Au Prince, Haiti, where I joined a church group from suburban Minneapolis that has already partnered with Global Fingerprints to do just that: see these children twice yearly to keep them healthy. Constance Church of Andover, MN, has been going to Haiti every 6 months for several years, accomplishing just what I had envisioned for every Global Fingerprints site.

We departed Minneapolis International Airport Tuesday May 17th at 5:30 AM for a flight to Miami, then a second flight to

Port Au Prince. It is a luxury to travel to an international site that is in the same time zone and does not require 12-14 hours of travel to reach! Our team included two physicians, Dr. Dean Kaihoi, a Minneapolis Family Physician, and myself. We had 4 RN's, a pre-med student, a paramedic, an optometrist, and 5 non-medical volunteers. Once we arrived, we partnered with local medical providers and volunteers to serve over 400 children.

Our first two days we examined 200+ children at a clinic called Respire Haiti. Recently constructed of Earthquake resistant materials, and staffed by American and Haitian medical personnel, Respire Haiti provides low cost medical care focused on malnutrition treatment to many surrounding villages. Dr. Kaihoi and I then provided extra staffing to a nearby clinic, Haiti Health Ministries, who were having a blowout day on the day following Haitian Flag Day, a near equivalent to US



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Independence Day. No one worked on Flag Day, so the clinic saw nearly double its usual volume the following day.

Friday and Saturday, May 20 and 21, our whole team moved our operations to Source de la Grace church in the dirty, refuse littered heart of Port Au Prince. There we screened and treated another 200+ children over the two days. We also incorporated a Vacation Bible School program with the medical clinic. These 200 children were the ones enrolled in the Global Fingerprints sponsorship program in Haiti. The later children were clearly in better health and had better weights and BMI's than the rural children not in any ongoing program.

In both the Respite Haiti location and the church, each child received albendazole worm medication, a thorough eye exam and corrective lenses if needed, height, weight, BMI and head circumference measurement, and treatment of any presenting acute or lingering illness. I saw many cases similar to my local clinic, including otitis media, bronchitis, conjunctivitis, etc. But I also evaluated heart murmurs, undiagnosed hernias, extreme malnutrition, deep seated scalp tinea infections requiring oral medication, and a host of other more significant problems. Unfortunately, referrals or surgery are often either not available or so expensive to the families of these children, that curative treatment of their heart condition or hernia is really difficult. Whenever possible, Global Fingerprints will pool its resources to get the child to those resources that are available for treatment.

Clinics of this type bring home the realization that the most impact in this location is public health measures such as good basic nutrition, clean water, freedom

from infestation, education on dental hygiene, and mature supervision. It was a privilege and a delight to meet and treat these rugged individuals that live in a very difficult place.

If you would consider joining me on a future trip, please contact me. I plan to take a team to Liberia in October 2016, and NE India, Congo, Lebanon, Indonesia, Zambia, and Panama over the next two years. If you have traveled to any of these locations before, I would welcome any insights you have, and your willingness to return!

If you would consider sponsoring one of these precious children, you would be impacting both the future leaders of their respective countries, and perhaps their eternity! <https://www.globalfingerprints.org/sponsorship/>

Lastly, Dr. John Frownfelter and I are working to connect physicians and other medical providers across Central Iowa to create a shared information resource to allow recruitment of additional colleagues for medical missions trips you may be already planning. Please contact either of us if you are already planning a journey and are willing to share the details.

Thank you for what you do every day for our patients here at home and for considering adding patients all around the world to your practice life!

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