

Bulletin

Jan/Feb 2017

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

NATION
ADVOC
CONFERENCE

ADVOCACY IN D.C.

Mission Trip: Haiti

Disease Reporting Laws

Diagnostic Process Improvement



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Bulletin

Jan/Feb 2017

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

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COVER PHOTO: Award-winning journalist **Norah O'Donnell**, Co-host, *CBS This Morning & Correspondent* for *CBS' Face the Nation*, contributor to 60 Minutes and fill-in anchor for *CBS Evening News* was Master of Ceremonies at the AMA 2017 National Advocacy Conference Nathan Davis Awards, Washington, D.C.

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

Washington, D.C.

ADVOCACY

The Polk Medical Society doctors and staff along with the Iowa Medical Society attended the AMA National Advocacy Conference in Washington, DC. The 2 day AMA meetings were excellent with Capitol Hill briefing on advocacy efforts, Congressional perspectives, by US Senators and Representatives and other federal regulators.

PCMS members and colleagues met with each of our Iowa Congressional

Delegation on February 28th in their offices. We thanked them for the temporary 2 year GPCI practice expense increase that has helped our Iowa physicians. However, as a united voice of medicine in Iowa we continue to ask for a fix to Medicare's Geographic Adjustment Policy NOW!

The formula which accounts for regional differences in practice expenses, physician salaries and liability insurance



L-R: Paula Noonan, Joyce Vista Wayne, M.D., Mike Romano, M.D., Kathie Lyman, U.S. Representative David Young and Paul Mulhausen, M.D.

was used to determine Iowa's payments. Studies have proven that the GPCI input data was inaccurate and flawed when determining Iowa's Medicare payments. The flawed CMS data that was not current resulted in reduced reimbursement to doctors in Iowa. We are seeking a permanent fix so that Iowa doctors would receive fairness and not be at a competitive disadvantage.

The doctors and staff communicated the difficulty in recruiting new doctors to Iowa because of the unfair payments. Some of the specialties most needed in Iowa have left the state due to the very low reimbursement they receive when

the majority of the other states receive much higher payments.

Congress and CMS have enacted geographic adjustments for other states/jurisdictions, but NOT IOWA.

We are asking for legislation to improve the fairness and competitive disadvantages in Medicare payments by providing a permanent fix to the PE and PW GPICs. Our Iowa congressional delegation is very supportive of a fix now and will continue to work with CMS to try to permanently fix Iowa's low Medicare payments.



U.S. Senator Charles Grassley discussing with PCMS doctors the low payments that Iowa doctors receive with the use of flawed CMS data to determine payments.

SIGNS *of Spring*



By: Matthew Rauhen, M.D.

With the unseasonably warm February temperatures recently, I began to think about spring. Spending some time outdoors, going for long walks, and even holding an outdoor softball practice are not things I often find myself doing in Iowa in February, but this year certainly has been an exception. I, of course, was not the only one to enjoy an extended period of warm temps!

As part of my usual schedule, I travel to see patients in Fort Dodge periodically. Normally at this time of year, there is not much activity in the acres and acres of farmland I drive past on these trips. This year, however, I noticed many farmers were already laying their drain tile. I'm not sure if I noticed the drain tile more than in past years, because of the unusual timing, or if it was because it seems there is a ubiquitous amount

of tile out there. I grew up in the rolling farmland of Eastern Iowa, where small creeks and timber naturally interrupt rows of crops, so perhaps tiling is used less frequently.

It was not just the changes in farmland that grabbed my attention, some of the trees and shrubs in my own yard were starting to bud. I read a story about fruit trees and concern that buds appearing now will be zapped by colder temperatures and frost in later months, making the production of fruit a real struggle.

I figured the trees must have been as anxious as the rest of us to enjoy longer days, warmer weather and some sunshine. Bikers were out on the trails, runners on the sidewalk, and my daughter's softball team in the field – all signs that a lot of Iowans are



PCMS Membership Protects YOU

During Changing Times

Welcome to historic 2017. "Historic" is a prediction of course. Who knows if these next months will end up famous or important in our nation's history? Our future seems uncertain, as with each new President our anxieties and expectations rise. As I get older, the past transitions blur and we never know what decisions will be made with a new president. How will he lead, and will it affect the lives of your patients and your practice? Seems the only constant really is change!

The Affordable Care Act along with its dramatic changes is finally being accepted. Now it may all change as Congress works to alter the Affordable Care Act. In the midst of these changes you need to remember that what you do every day matters! Patients and their families don't know how to thank you enough. You still go to work each day to treat patients, teach medical students and residents, provide leadership and

promote public health. Your roles may seem ordinary to you, but your work is remarkably personal and important to each patient. Remember that patients and their families love and trust the doctors who care for them and appreciate you!

The Polk County Medical Society is here to be your champion. As your local medical professional society, we work to support you, encourage you, and represent you to the community, media, state legislators, and our Iowa Congressional delegation. We are rewarded by your decision to remain members and to encourage physicians new to the community to join the PCMS. I am pleased to report that we are now in 2017 with more members than ever. For this we thank you, and pledge to continue to serve and represent YOU!

Under the leadership of PCMS President, Matt Rauen, M.D., with his

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ready for spring. There is, however, the phenomenon of "season creep" that does make me share a bit in the concern of the fruit tree growers.

The basic premise behind season creep is that the timing of seasons has changed. Scientists have documented that spring begins about one week earlier than it did just 30 years ago. They also noted less of a delay in the onset of autumn, which essentially extends the growing season. Birds have begun laying eggs earlier, flowering trees bud earlier, and some traditionally migratory birds are now seen year-round. Although my observations are much less scientific, it seems my children are not experiencing the same Iowa winters I did as a child.

Growing up in eastern Iowa, I can recall numerous snow storms over twelve inches and, of course, the proverbial

walking to school through a foot of snow, uphill, both ways. (Actually, there is no hill between my childhood home and elementary school, but my daughters don't need to know that detail). This winter, it seems we have had more rain than snowfall, and although my snow shovel has been used now and then, my snow-thrower is not seeing much use this year at all.

I'm not too worried, however, about the lack of snowfall. If there is one thing I have learned growing up in Iowa, is there are plenty of opportunities for snow in March and even April. We still have some cold winter temps in our future. My daughters may just have the chance to wear the brand-new snow boots purchased for them last fall and finally build that snowman they have been talking about since Christmas.

EXECUTIVE DIRECTOR'S REPORT

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calm demeanor, we continue to make significant progress in all of our major initiatives. We are the voice of medicine on your behalf in legislative advocacy meetings, with key elected leaders, and at our legislative breakfast with Iowa legislators who listen to our concerns. This benefits all of the doctors in Central Iowa. This relationship between elected leaders and our practicing physicians is critical.

2017 brings continued outstanding support for our members. The PCMS

board members work on your behalf and are outstanding. I must recognize my fellow PCMS staff that works so hard for all of you and are committed and dedicated. Together we are YOUR team. I'm proud to say that we have the best team in the business. It continues to be an honor and privilege to help you serve patients. Hopefully, 2017 may be a surprise that makes caring for your patients a little less burdensome.

Wanted:

Authors to Write Original Articles

Would you like to write an original article to have published 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:

1. 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.
2. Articles should have titles not to exceed five words and may be reconstituted at the discretion of the editor.
3. A recent photo of author and subject is desirable.
4. Byline information should include the highest degree or title, office or pertinent affiliation.
5. Articles may be edited to conform to publication style.
6. All articles written become the permanent property of Polk County Medical Society and may not be published elsewhere without permission from PCMS.
7. Once your article is received it will be considered for the next **Bulletin**.
8. Articles are received with the explicit understanding that they are not simultaneously under consideration by another publication.

Nominations for 2017/18 Officers

The Polk County Medical Society is seeking nominations from members interested in **serving as a 2017/18 officer**. PCMS Board Members determine the direction of the Society on advocacy issues, and to promote the medical profession.

Interested members or if you wish to nominate a member please contact the PCMS at pcms@pcms.org or call 288-0172 to be put on the ballot.



Join DMU in training the next generation of physicians

Des Moines University recently was lauded by the American Academy of Family Physicians as the nation's number-one producer of primary care physicians.

To help maintain this track record, DMU seeks a **full-time clinical/academic family medicine faculty member** who will contribute to both didactic and clinical education, providing educational lectures, laboratories and other educational modalities. The position also will be expected to maintain a clinical practice in the DMU Clinic.

DMU's family and internal medicine department has a reputation for innovation in medical education.

For additional information about the position, visit **www.dmu.edu/employment**.

Des Moines University is an equal opportunity employer. We evaluate qualified applicants without regard to race, color, national origin, ethnicity, creed, religion, age, disability, sex, gender identity, sexual orientation, pregnancy, veteran status, genetic information and other characteristics protected by law. Candidates from under-represented groups are encouraged to apply.



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

DISEASE REPORTING LAWS

in Iowa

Iowa law requires healthcare providers, laboratories, health care facilities, school nurses/officials, poison control centers, medical examiners, and occupational health nurses to report specific diseases and conditions to public health officials (reporting requirements are addressed in Iowa Administrative Code [641]-1 (139A), available at: <https://www.legis.iowa.gov/docs/aco/chapter/641.1.pdf>). In addition, all outbreaks regardless of cause are required to be reported to public health.

Disease reporting enables the Polk County Health Department and the Iowa Department of Public Health to work closely with providers to diagnose and treat patients; and initiate public health case and contact investigations to control further disease spread. Reporting is also a critical component of surveillance, as reporting data is used to monitor trends, identify unusual occurrences of diseases (such as outbreaks), and evaluate the effectiveness of control and prevention

activities. In 2015, over 18,000 disease reports were made and 118 outbreaks were investigated in Iowa. The measures that public health officials take to investigate individual diseases reports and outbreaks to prevent further disease spread as well as requirements for providers are outlined in the Iowa Epi Manual, available at: <http://wiki.idph.iowa.gov/epimanual>. The Iowa Epi Manual also provides an alphabetical listing of reportable diseases ranging from AIDS to Yellow Fever; and includes details about when and how providers should report each disease.

Health care providers should report diseases by calling the Polk County Health Department at (515) 286-3890 or the IDPH at 1-800-362-2736 or by secure fax at (515) 281-5698.

For more information, visit www.idph.iowa.gov or call IDPH at 1-800-362-2736 or call the Polk County Health Department Communicable Disease Nurses at 515-286-3890.

IMPROVING THE 5 DIMENSIONS OF THE DIAGNOSTIC PROCESS

New research identifies strategies to reduce diagnostic errors

By COPIC's Patient Safety and Risk Management Department

Building upon the landmark 2015 Institute of Medicine's "On Improving Diagnosis in Health Care" study, a recent *Annals of Internal Medicine* article¹ examines five dimensions of diagnosis, along with strategies to reduce diagnostic errors in hospitalized patients.

The strategies highlight the importance of first understanding how these errors occur, and then developing practical ways to improve results.

"Defining whether a diagnostic error has occurred can be difficult. Diagnosis evolves over time, often across multiple providers and settings. Standards for diagnostic accuracy and timeliness for most conditions are ill-defined, and physicians must constantly achieve diagnostic rigor with judicious use of tests or procedures," note the researchers in the article.

"In view of these conceptual challenges, the term 'error' should be used only when unequivocal evidence suggests that a key finding was missed or not investigated when it should have been. Errors should also be framed as learning and improvement opportunities, not moments for assigning blame."

Analysis of diagnostic errors by the researchers showed that they generally arise from a mix of individual cognitive factors and system-related factors. Often times, there is a breakdown during the patient-physician encounter and identified problems include poor data gathering, misinterpretation, overconfidence in diagnostic judgment, or knowledge deficiency.

System-related factors often emerge from breakdowns in communication, coordination and teamwork, or from a lack of robust policies and procedures.

DIMENSION OF DIAGNOSTIC PROCESS	STRATEGIES FOR IMPROVEMENT The patient-physician encounter Allocate time and nurture skills to communicate effectively with patients; improve clinical reasoning by critically reflecting on decisions; utilize Web-based decision-support resources and other colleagues
Performance and interpretation of diagnostic tests	Collaborate with lab professionals and radiologists to develop an appropriate strategy and to interpret test results; seek face-to-face communication in difficult-to-diagnose cases
Follow-up and tracking of diagnostic information over time	Clarify responsibilities and processes for following up on abnormal findings and results; use health information technology tools, such as electronic triggers and notifications, to ensure follow-up of pending test results; do not overlook diagnostic data obtained before the current hospitalization, visit or encounter
Subspecialty consultation-related communication and coordination	Use direct communication for critical decisions; reevaluate the diagnosis as a team when multiple consultants are involved
Patient-focused strategies	Encourage patient/family participation; improve engagement through clear discharge instructions and a follow-up plan; encourage patients to be proactive in ensuring that the post-discharge evaluation is done in a timely manner

In conclusion, the researchers mention that “Diagnosis determines most therapies and procedures that hospitalized patients receive. With so much at stake, efforts to understand

and prevent diagnostic errors represent a new horizon of opportunities for hospital medicine.”

¹Ann Intern Med. 2016;165:HO2-HO4.

Haiti Mission:

One Doctor's Journey



By: Thomas Benzoni, D.O.

I had never been to Haiti. I am now at a life stage where I am able to explore other places and take a few risks. For a few years, I'd known of CHI Haiti (www.chihaiti.org); Chris Buresh has been in these pages before. So I joined his organization for my first foray. I was able to go because a few members of my group stepped up to cover my ER shifts.

We brought medications to use on our mission to DoDigue; that made Customs in Port-au-Prince interesting. Mr. Big (That's the name on his ID badge!) took care of arrangements at the airport; this ensured most of our meds made it through. He loaded our baggage onto a vehicle worthy of New Orleans.



Our repurposed school bus

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We boarded our bus; next stop, the market. This is a wide open and covered area where folks sell everything – clothes, rice, and cooked food of any type.

Of course, we stood out like sore thumbs. We were and are “blans,” white. This Creole word is taken from French word for white, blanc. Race seemed . . . easier . . . in Haiti. It was acknowledged we were white. That was a fact and thus ok.

Sunday was a trip by tap-tap. This is a **four wheeled transportation** named because their license plates start TP for Transport Passengers. These are 1/2-ton pickups with a standard topper raised to the level of the cab roof on a metal frame. The rear window is moved to the



front, covering the cab opening (which is now above the cab). They are covered in paint, decals and a few religious or encouraging sayings.

The drivers ride circuits. The locals flag them down by the roadside. A man rides the rear bumper and assists passengers and baggage on board. Both are stacked high, making it not unusual to have luggage and people on top of the topper. It is common to have 15 people and luggage on board.



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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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Surgical Critical Care
- // Urology
- // Urogynecology/Gynecology
- // Vascular Access Center
- // Vascular Surgery
- // Vein Therapy Center
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Medical Equipment
- // West Lakes Sleep Center
- // Women's Center

2017 PCMS Legislative Breakfast:

Your Trusted Voice — Issues Impacting Your Practice

The Polk County Medical Society (PCMS) Board, members and staff met with Iowa Legislators on Wednesday, February 1st at the Iowa State Capitol. On behalf of physicians and their patients, PCMS members advocated on the PCMS 2017 legislative priorities that impact physicians and your patients in our community.



This year's visit at the capitol was crucial due to deappropriations and possible defunding of vital programs, like the Volunteer Physician Network. Thank you to all of our very busy physician members who were able to participate and represent the issues on behalf of all PCMS members.

Philip Colletier, M.D., PCMS Legislative Chair, welcomes the Iowa legislators, PCMS Members and DMU Medical students.



Blaine Westemeyer, M.D., Broadlawns resident; Larry Severidt, M.D., PCMS treasurer; Audra Poterucha, D.O., Broadlawns resident; listen to Representative John Forbes on medical education.

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L-R: Susan Jacobi, M.D., and Michael Agey, D.O., PCMS board members discuss legislation with Representative Rob Taylor.

L-R: Senate Majority leader Bill Dix listens to Craig Mahoney, M.D. on the importance of Medical Liability Reform.



L-R: House Majority Leader Representative Chris Hagenow, speaks about comprehensive children's mental health program for Iowa with Pardeep Singh, DMU medical student; Stephen Gutu, M.D., and Jennifer Groos, M.D.

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Kaaren Olesen, D.O., PCMS board member discusses the VPN funding with Senator Amanda Ragan, HHS Appropriations Subcommittee Ranking member.

L-R David Stilley, M.D. and Representative Pat Grassley, Chair of Appropriations Committee discussing medical liability concerns.



L-R: Yogesh Shah, MD, Des Moines University Student Government Political Action Committee members, Matt Rauhen, M.D., PCMS President, and Tom Benzoni, D.O. welcome the students to the PCMS Legislative Breakfast to participate and communicate with state legislators.

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L-R: Yogesh Shah, M.D. and Representative Michael Bergan discuss top PCMS legislative priorities.



L-R: Representative Walt Rogers, Appropriations Committee and Joel From, M.D. discuss the importance of continued funding of the VPN program and its impact to communities for Iowans in need.



L-R: Representative Charlie McConkey, Jeff Farber, M.D. and Craig Mahoney speak about Tort Reform.

L-R: Senator Kevin Kinney, Janie Hendricks, D.O. and Tom Benzoni, D.O. discuss important PCMS Legislative information.



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L-R: Medical Liability issues keep Senator Nate Boulton and Janie Hendricks, D.O. in deep discussion.

L-R: Chad Carlson, M.D. and Representative Joel Fry, Chair of Human Resources Committee discuss the importance of Tort Reform.



L-R: Matt Rau, M.D., Mark Menadue, D.O., Lon Anderson, PCMS Lobbyist, Janie Hendricks, D.O. and Representative Kevin Koester discuss the importance of restoring VPN deappropriations.

VECTORS & VIEWPOINTS®

VECTOR: SMALL CHANGES MAKE A BIG DIFFERENCE



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In Memory of **Stanley M. Haugland, M.D.**



Stanley Maynard Haugland, was born on a small farm in Minnesota on August 8, 1927. He was the fourth of five children born to Oscar and Ellen Haugland. He grew up with his three brothers and one sister in Thompson, Iowa.

While he was growing up, he worked part-time delivering milk, delivering the newspaper, and working for a grocer. In the summers he worked for one of his uncles on a farm. He graduated from Thompson high school in 1945.

He served in the Merchant Marines from 1945 to 1947. After getting out, he went on to study mortuary science in Chicago and received his mortician's license.

Dr. Haugland was drafted into the army during the Korean War. He was assigned to the 32nd combat regiment. During his final assignment, he served at the military mortuary in Japan. After the war, Dr. Haugland married his wife Jean. They had 4 children.

Dr. Haugland graduated from the University of Iowa, College of Medicine in 1958. He practiced family medicine in Lake Mills, Iowa until 1975. He often said that being a small town doctor was the best job he ever had. He often made house calls and, on occasion, patients paid him in barter with a chicken or a basket full of sweet corn.

In 1975, he left Lake Mills to become the medical director of the Powell Chemical Dependency Center at Iowa Methodist Medical Center in Des Moines. He had been through treatment for alcoholism, so he truly could empathize with the patients who came under his care. He also had a profound sense of gratitude for his own sobriety.

Dr. Haugland published numerous articles and book chapters on chemical dependency. For his service, he received a Making A Difference Award from Iowa Methodist Medical Center and a Key to the City of Des Moines from the mayor.

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Stop signals are made by slapping the pickup side. The fare is paid and off they go. We usually rode tap-taps to and from our sites. We got dusty and the noise level was considerable, but the view was unmatched.

We used the main road, with lane-optional driving. In other places, it's called "playing chicken." the road is 2 lane. Motorcycles used the paved shoulders. The vehicles in either direction used all 3 of the remaining 2 lanes.

Sunday, we were in DoDigue for a 5-year presence party. It was a good time, a reunion of old friends. This was followed by a visit to a hospital run by a US dentist. Facilities were quite modern, including digital radiography. This was where our surgical team did their work.

Monday and Tuesday were clinic days in DoDigue. These were busy times. We found efficiencies, though, in educating our translators in certain scripts. For example, I could ask Wesley (my Creole translator) to explain a certain course of treatment while I did clerical work. We saw all matter of diseases that would be treated in the US. Lots of eczema, ichthyosis, and some leprosy. Goiter and thyroiditis were common; there is no iodination. There is plenty of salt; hypertension was huge. The numbers would buckle US health care workers. 210/140 was not unusual. We provided vasodilators, diuretics, ACEI, and beta blockers. We will see in a few months how this worked.

We had a large network of our specialist colleagues in the States who were willing and even eager to help out. A phone call or a picture and the docs back home would scramble to help. I saw very little dilutional diabetes. Obesity is rare, but I'm told it's rising. As an aside, the consumption of sugary drinks seems on the upswing. This will bear following.

Thursday and Friday were clinic days back at DoDigue. Statistics were gathered on the population we served. Suffice it to say, we saw a lot of folks. By then my French was pretty Creolized. Friday night was a banquet with the local staff. We got to visit as friends.

One final observation: Picture this: big black guy walking down the street toward me with a machete. Two odd things: no cops are gunning him down, and I'm not afraid. I tip an index finger, lowa-farmer-wave style and get back a mirror motion accompanied by "Bon jou(r)."

Things to know before you go to Haiti:

1. Go with an established group. You bring your own very human needs. Adding your needs to a community already in need is not a plan, it's a problem.
2. If you can't go; you can still help. Backfill for a colleague. Give your contact info and help diagnose from a distance. This is an incredibly valuable service!

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3. Respect the local habits and values. With your American wealth, you can draw services away from locals and to yourself. Stick with paying what the locals pay and give excess funds to groups that know how to use them locally.
4. Get your immunizations, malaria prophylaxis, etc. You need to be part of the solution, not part of the problem. That means staying well so as not to draw resources to yourself.
5. Employ the locals; spend your money in the local economy.
6. Poverty is everywhere; we have poverty here, too. Making others the objects of pity is beneath you.
7. Bear testimony, practice “temoignage.” Listen to the stories of the people and validate their lives as important. You may not be able to fix them but you can care.
8. Enjoy the country, people and culture. There is beauty everywhere. Immerse yourself in the culture and environment and enjoy what is there.

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