

# Bulletin

July/August 2017

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY



**DC FLY IN**  
*VPN Terrace Hill*  
**Palliative Care**



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**VOLUME 89 No. 4**

Des Moines, Iowa  
**July/August 2017**

**2017**  
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# Bulletin

July/August 2017

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

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# ADVOCACY ON YOUR BEHALF

## *Washington, D.C. Fly-In*

The Polk County Medical Society held their annual Washington, D.C. Fly-In September 12th – 14th, while both the Senate and House were in session. PCMS Board Members, Executive Director and staff advocated personally with each of your Iowa Congressional Delegation on behalf of PCMS members. 3 main issues were discussed in depth:

1. Medicare's Geographic Payment Disparity
2. AHCA proposed bill
3. Opioids Law

Senator Grassley introduced S.B. 1825 and Representative David Young introduced H.B. 3871 in response to requests by PCMS doctors and others each year for accuracy of geographic adjustment factors under Medicare for Iowa physician payments.

Both the Senate and House bills would improve Medicare disparity for physician wages (GPCI) by using more accurate costs data. The bills would make permanent the 1.0 Physician Work (PW) GPCI floor and PE GPCI floor and create a 1.0 Practice expense, and pay Iowa doctors more accurately.



L-R: Janie Hendricks, D.O., Matt Rau, M.D., Iowa U.S. Representative David Young and Philip Colletier, M.D., discussed the Medicare Payment Disparity issue for Iowa physicians.

# *YOUR BOARD AT WORK in D.C.* **ON ADVOCACY**



**By: Matthew Rau, M.D.**

Fall represents a terrific period in central Iowa. Hot and humid days are replaced with crisp and cool evenings. The beautiful wooded areas dispersed throughout the Des Moines metro take on new seasonal colors. While temperatures that make life in the Midwest less tolerable at times are just around the corner, we enjoy arguably the most pleasant weather periods of the year. This period of the year is also an important time regarding physician advocacy.

**September 13th and 14th representatives from the Polk County Medical Society had separate meetings with Senator Grassley, Senator Ernst, and Congressman Young in Washington, D.C.** We discussed a wide range of issues, including failure of congress to pass a replacement for the Affordable Care Act. I do believe the process was a humbling one as they expressed disappointment in maintenance of the status quo.

We also shared our concerns about pharmacy companies and insurance companies enacting new rules for our patients and physicians in terms of managing opioid prescriptions written by well-intentioned physicians. While we all recognize the tremendous challenges of the ongoing opioid epidemic, we articulated that limiting opioid prescriptions to less than a week would be a burden to patients who are suffering.

We also discussed how Iowa physicians are penalized by the Medicare geographic payment disparity. How did a geographic payment disparity develop? Under Section 1848(e) of the Social Security Act, CMS must apply geographic cost indices in the calculation of RVU input prices. To comply with this mandate, CMS introduced the Geographic Practice Cost Indices (GPCIs). The GPCIs are updated every 3 years. Current GPCI components include:

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Polk County Medical Society wants to know what's new! Have you been appointed to a board, received an award, volunteered for a medical mission? Email us at [pcms@pcms.org](mailto:pcms@pcms.org).

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employee wages, office rent, malpractice premiums, costs of contracted services, and costs of telephone services. While Iowa physicians perennially rank highly on quality metrics, the GPCIs argue that we deserve less payment per RVU compared to most areas of the country – essentially because some of the regions of the state experience a relatively low cost of living.

In preparing for our discussions, it was surprising to learn that Iowa physicians rank fifth lowest in the nation (excluding Puerto Rico) for Medicare payments. In fact, as of January 2016, for a mid-level office visit, an Iowa physician was paid \$68.37. For the same mid-level visit, physicians in Alaska were paid \$93.91 and physicians in Minnesota were paid \$72.42. The result? Physicians in Iowa are paid less than approximately 96% of physicians in other areas of the country.

While every Iowa physician may desire the same payment for a particular service as a physician in San Francisco, such normalization of payments would require a significant deviation from current law. Doing so would also require multiple states and cities who benefit from the GPCIs to receive less reimbursement – obviously such action would be viewed as a non-starter for representatives from high cost states like California or New York. Could you really blame a Senator from California for objecting to a policy that would cut their local reimbursements?

However, because Iowa's cost of practicing medicine increases has not kept pace with regions elsewhere in the country, current law periodically mandates that we receive more reductions in reimbursement under the GPCIs. In fact, Iowa was again scheduled on January 1, 2018 to receive further reductions in reimbursements. We learned that Senator Grassley, Senator Ernst, and Congressman Young were aware of this possibility and they will be sponsoring legislation to place "floors" on possible GPCIs cuts. These "floors" will protect Iowa physicians and patients.

I left Washington, D.C. knowing that our representatives are engaged in many areas that matter to physicians. As we move through the fall and winter months, there will certainly be more healthcare policy questions we must weigh in on that influence the care of our patients on both a national and local level. I'm grateful for the efforts of PCMS staff and my colleagues who took time from their schedule to travel to DC this fall. Having participated in the DC sessions over the past few years, the fall serves as a reminder for me to continue to advocate. I encourage all PCMS members to consider participating in advocacy this year, it is critical for our profession and for the patients we serve.



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*continued from page 4*



Senator Joni Ernst discussed the opioid issues doctors and their patients are dealing with.  
L-R; Philip Colletier, M.D., Kathie Lyman, , Matt Rauen, M.D., Janie Hendricks, D.O.,  
Senator Joni Ernst, Paula Noonan, and Marty Crowder.



L-R: Matt Rauen, M.D., Senator Chuck Grassley, Janie Hendricks, D.O., and Philip Colletier, M.D., discuss the proposed AHCA bill.

Kathie Lyman thanking Mrs. Barbara Grassley for organizing a private West Wing tour for PCMS Board Members and staff.



**Government Relations Committee**  
**Wednesday, November 15, 2017 • 5:30pm**  
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# PALLIATIVE CARE:



## *Underutilized Treatments for Iowans*

By: Yogesh Shah, MD, MPH

Increasing quality while reducing costs is a major public health challenge facing our nation's healthcare system. For seriously or terminally ill patients, palliative care is a rapidly growing medical field aimed at improving the quality-of-life for both patients and family members. This type of care focuses on providing relief from the symptoms and stresses of a serious illness. It is appropriate at any age and at any stage in a serious illness, and can be provided along with curative treatment.

Contrary to popular belief, palliative and hospice care differ from one another - hospice is a sub-set of palliative care. Palliative care does

not have any eligibility restrictions. Whereas, with hospice, the physician must certify that the individual is unlikely to live more than six months and that all curative treatment must cease. The misconception that palliative and hospice care are the same has made palliative care a sensitive and often-avoided subject with patients and providers alike. While palliative care may include hospice care, even without it, palliative care can be incredibly helpful to patients suffering with a severe or life-limiting illness.

Because of the confusion between palliative and hospice care, palliative care services are often unavailable and underutilized. These two barriers

*continued on page 24*



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# HELPFUL REMINDERS



## *School-Aged Children Examinations*

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

As children start to grow and develop, their health schedules get complicated. Each age group needs different immunizations, boosters and exams. As health care providers, we also need to be asking the child and parent/guardian different and sometimes difficult questions about their health and the environment in which the child lives. Below are some topics that need to be reviewed and discussed when we see our patients.

- Every child needs different immunizations and boosters at each age. Review the immunization schedules for each age group found at the Centers for Disease Control and Prevention's section on

Immunization Schedules <https://www.cdc.gov/vaccines/schedules/hcp/index.html>. There are many immunizations that are commonly missed in the vaccine schedules. Iowa law now requires all adolescents age 11 or 12 years be vaccinated with the meningitis vaccine. Adolescents will receive a booster dose of the meningitis vaccine at age 16 years. If you have a patient who is an immigrant or new to this state or country, it is important to carefully review their immunization schedules. The patient may be missing additional immunizations and need to be caught up before attending school.

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## VOLUNTEER PHYSICIAN NETWORK RECEPTION *at Terrace Hill*

Governor Kim Reynolds and First Gentlemen Kevin Reynolds welcomed Polk County Medical Society (PCMS) Volunteer Physician network (VPN) specialists and hospital partners to a thank you reception at Terrace Hill, Thursday, August 21st.

The Governor thanked the VPN doctors for their commitment and dedication to provide

specialty care to over 3,685 Iowans in need last year. Governor Reynolds recognizes that the VPN is a vital program in Iowa as the ONLY free specialty care program. Together with our Des Moines hospital partners the VPN contributed \$9 million in free specialty care and hospitalizations in 2016/17.



L-R: Governor Kim Reynolds, PCMS President Matt Rau, M.D., and Kevin Reynolds welcome the PCMS volunteer physicians and guests to the Terrace Hill Appreciation Reception.

*Continued from page 14*



L-R: Governor Kim Reynolds, PCMS Executive Director Kathie Lyman, and Lynn Struck, M.D. Kathie and Lynn thanked Governor Reynolds for her continued support of the VPN program.



L-R: Governor Kim Reynolds and VPN donor Julie Evans discuss the value of the VPN program providing specialty healthcare for Iowans regardless of their ability to pay.



L-R: Yogesh Shah, M.D., Larry Severidt, M.D. Governor Kim Reynolds, Vincent Mandracchia, DPM, and Broadlawns CEO Jody Jenner discuss the hospital services.

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*Continued from page 15*



L-R: John Bascom, Sandhya Nath, and Amar Nath, M.D., enjoy the wonderful refreshments in the front room of Terrace Hill.



Governor Kim Reynolds greets Vanitha Singaram, M.D.



L-R: Family members Erica Becker, Caroline Boenhke, M.D., and Tom Becker, M.D. talk with Governor Reynolds about the continued need for the VPN program in Iowa.



*Continued from page 16*



PCMS volunteer physicians and guests with Governor Kim Reynolds and Kevin Reynolds for the annual PCMS group picture at Terrace Hill

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*Continued from page 17*



PCMS Government Relations Lon Anderson and John Cacciatore chat about continued funding for the VPN program with Theresa Wahlig, M.D.

Kaaren Olesen, D.O., with her son Moses Bunn, discuss the volunteer care she provides to women through the VPN program with Governor Kim Reynolds.



L-R: Liz Lee, Governor Kim Reynolds, and Robert Lee, M.D., enjoy historic Terrace Hill.



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*Continued from page 13*

- Eyes and teeth are just as important. Make sure your patient is going to the dentist twice a year and visiting the eye doctor once a year. In addition to performing a physical exam on your patient, perform an oral health assessment as well. The assessment will help determine if additional dental referrals need to be made.
- Guidelines have changed and female teens no longer need pap smears and pelvic exams until the age of 21. However, make sure to have the conversation with your patient about sex. If your patient is sexually active, no matter if they are males or females, test them annually for sexually transmitted diseases. All girls and boys who are 11 or 12 years old should get the recommended series of HPV vaccine. The vaccination series can be started at age 9 years. Teen boys and girls who did not get vaccinated when they were younger should get it now. HPV vaccine is recommended for young women through age 26, and young men through

age 21. For HPV vaccine to be most effective, the series should be given prior to exposure to HPV. There is no reason to wait to vaccinate until teens reach puberty or start having sex. Preteens should receive all recommended doses of the HPV vaccine series long before they begin any type of sexual activity.

Even though a child may be the patient, as providers, we can't ignore the role of the parent's lifestyle choices and how the environment in which they raise their child affects their health and behavior.

- Children under the age of six need to have a lead exam. Best practice is to test children between the ages of one and two that are at low risk. As health care providers, we need to talk to parents to learn more about the environment the child lives in. Was the house they live in or spend significant time in built before 1978? Children who live in an older home need to be tested at one-year-old, 18 months, 2-years-old and then every year until the age of six.

*Continued from page 22*

- When you ask most children who their role model is they make say some fictional character like Batman. Truth be told, their real model is their parent or guardian. Encourage the adults to take part in healthy behaviors with their child. If they see their parent eating healthier food options, the child will too. Make sure they choose healthy snack choices too. Instead of chips, try vegetables and hummus or fruit. Diet is a huge part of a healthy lifestyle but so is exercise. Children need to get at least one hour of physical activity a day. Encourage parents to take part in an active lifestyle with their children to make exercise a fun family event.
- If parents and guardians smoke or use smokeless tobacco, talk to them about the dangers of secondhand smoke with their children. Encourage tobacco cessation programs like Cessation programs like Quitline Iowa.

- Finally, talk to the parents or caregivers about safety issues facing the children. Children always need to be wearing helmets when biking, rollerblading or on a scooter.

Firearms need to be out of reach and locked so the children cannot get to them. Make sure to discuss proper car seats, booster seats and seat belt safety.

Sometimes parents or caregivers need extra help and guidance taking care of their children. First Five through Visiting Nurse Services of Iowa is a program to help health care providers in providing social/emotional, family stress and parental depression screenings to children during well-child exams. If you detect concern, the family is then connected with Visiting Nurse Services of Iowa for care coordination services. These services offered also address the needs of the entire family.



*Continued from page 11*

- lack of coverage and reluctance to refer - have contributed to an inconsistent patient experience across Iowa. Growing evidence suggests that palliative care is effective in improving quality-of-life for both patients and their families through pain control, emotional and social support, and constraining costs. Unfortunately, insurance coverage for this important type of care is rare.

The single largest opportunity to improve 'value' in Iowa's healthcare system is to make palliative care available to seriously ill Iowans, who are neither hospitalized nor dying, in the community settings where they currently receive care. Patients and families coping with serious illness want and need access to the quality of life palliative care provides. Successful palliative care covers:

1. Discussion & clarification of care goals
2. Symptom management
3. Family meeting facilitation
4. Advanced directives discussion

When diagnosed with a serious or terminal condition, Iowans can learn more about palliative care by asking their personal healthcare provider. Iowans can make their wishes clear to family, friends and health providers concerning personal preferences regarding key life-sustaining treatments. This can be done by completing the Iowa Physician Orders for Scope of Treatment (IPOST) form together with a healthcare provider.

Fewer than 25% of Iowans have any form of advanced directives. Let's utilize our clinics to have more Iowans complete IOST or other advanced directives.

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2 Hetherington, Peter T., D.O.	13 Woiwood, Mark D., M.D.	
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