

Bulletin

May/June 2017

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY



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Protecting Reputation Online

Traveler's Advisory

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VOLUME 89 No. 3

Des Moines, Iowa
May/June 2017

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Bulletin

May/June 2017

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

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COVER PHOTO: The future of healthcare is in our hands.

Articles and editorial inquiries should be directed to:

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Regarding

REPEAL AND REPLACE



By: Matthew Rauén, M.D.

After seven years of the promise of “Repeal and Replace,” many Americans looked forward to what healthcare reform would look like under Republican control of both houses of Congress and the Presidency.

“Repeal and Replace” became the rallying cry of the Republican party for each of the last several elections. Because of the flaws of Obamacare, there was reason to desire change. Unfortunately, the Democrats refused to look at any amendment to the law. Republicans initially spoke of need for repeal. This culminated in numerous symbolic votes as both legislative bodies realized these votes had few real consequence as any bill for repeal would be met with President Obama’s veto.

The 2016 election again brought the possibility of healthcare reform to the forefront. In addition to congressional

candidates campaigning for “Repeal and Replace,” now President Trump promised a plan for all. He stated there would be “health insurance for everybody,” He stated, “There would be no cuts to Social Security, Medicare & Medicaid.” He even promised that the new healthcare law would be implemented within the first week of the Trump Administration.

As candidates professed the repeal and replace line, few could elaborate on what a replacement would entail for the average American. Creating a new plan has proven difficult, as evidenced by the struggle obtaining the votes necessary for “repeal and replace.” It also became clear that some Republicans either liked much of Obamacare law, or were perhaps influenced by their many constituents who voiced their concerns about losing their healthcare.

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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.

Name: _____

What's new: _____

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As healthcare providers, we appreciate the fact that at least some basic form of care is a right for Americans. First responders to the scene of a motor vehicle accident and emergency room providers deliver emergency care with no questions asked. The consideration over who pays the bill is not on the minds of those providers, and I would suspect that is the case for all types of providers, not just those providing emergency care.

I find myself holding many of the same concerns voiced by Americans at town halls and meetings across the country. I too worry about growing portions of the population left without insurance, or being able to purchase policies that do not serve their interests well or meet their needs. It is unclear at this time, what (if any) bill will actually be passed and how it will impact the average American family.

According to the President's previous words, having more Americans without any coverage should be a non-starter. Following this line of thinking, it seems the individual mandate should be more aggressively enforced as virtually all Americans will ultimately utilize the healthcare system. Being able to pick and choose what type of coverage is desired may seem appealing, but also has many pitfalls. Some suggestions have included individuals being able to purchase insurance retroactively, which is a bit of an anomaly in the insurance world.

Many Americans have concerns about coverage for pre-existing conditions and the ever-increasing costs of their coverage.

One of the faults of the Affordable Care Act (Obamacare) was the lack of controlling medical spending. While previously uninsured Americans gained coverage, it came with a cost that has been proven difficult to sustain for individuals, state budgets, and the federal budget.

The Affordable Care Act did not dramatically or comprehensively overhaul our healthcare system. However, recent considerations in both houses of congress also fail to provide meaningful reform. Representatives of Iowa and across the country struggle to make significant change that provides greater coverage to a greater number of people. As lawmakers attempt to determine the next changes to the system, my hope remains that reform focuses on maintaining or increasing the ability of Americans to access health insurance and have policies that are suited to their needs. Reforms that will cause millions of Americans to lose healthcare coverage is not an improvement to our system.

TRAVELER'S ADVISORY:

Vaccination and Boosters



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

When going overseas, travelers should seek advice from their physicians about the risk of disease in the country they plan to visit and ask for ways to prevent diseases. Vaccination is the most effective way of preventing specific infectious diseases.

For travelers, vaccinations offer protection against endemic diseases while abroad such as Hepatitis A, Typhoid Fever, Yellow Fever and others. However, no vaccine protects 100%, for this reason, travelers still have to assume the risk of catching the disease (s) for which they have been vaccinated. Getting vaccinated must accompany common sense, for example, avoid food and water that is contaminated.

Depending on the travel destination, travelers may be exposed to a number of infectious diseases. The risk of becoming infected varies depending on the purpose of the trip, the itinerary, the accommodation, the hygiene and sanitation.

Safe food handling is a key measure to prevent foodborne disease. To ensure health safety, consider:

- Washing your hands often, before and after handling and/or consuming food;
- Peeling all fruits and vegetables that you are going to consume raw;

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IS IT A GOOD IDEA TO “BUY WHAT YOU KNOW”?

This famous recommendation originated with an extremely successful investor, Peter Lynch. The idea is to invest your dollars in companies you either work for or are extremely familiar with, which seems to make sense. Trouble is, this loads up one basket with way too many eggs. Investing in assets that have a high correlation with someone's human capital (aka paycheck) puts an individual's livelihood and future at increased – and unnecessary – risk. Investing heavily in the stock of one's employer or businesses you closely associate with likely lacks diversification. Employees of companies like Enron and WorldCom found out how costly a mistake that can be. No matter how well you feel you know your business, always be careful about allowing your confidence level to bleed into your investment strategy. All it takes is some bad news to weigh down an industry and its return...or one individual inside the walls of a particular company to do something irresponsible and create financial chaos.

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- ✓ Medical Liability Reform
- ✓ Continued work on the GPCI and Reimbursement for Iowa Physicians
- ✓ Mental Health Access
- ✓ Continuation of GME Funding for the State of Iowa
- ✓ Forgivable Loans for recent physician graduates in Iowa
- ✓ Telemedicine access and reimbursement for physicians

Successful lobbying efforts, patient advocacy, business support and timely communication. These are just a few examples of the value PCMS members get from their dues dollars.

**PCMS is your only LOCAL NETWORK
CONNECTING** you with your colleagues
in Central Iowa.

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- Bottled water is always the safer choice. When this is not possible, bring water to a vigorous boiling point and use iodine tablets as a disinfectant agent;
- Avoid any uncooked food, and make sure your food remains hot;
- Foods from street vendors, buffets and food markets are kept at room temperature for several hours, and may pose a major risk for foodborne disease.

Several vaccines that are routinely administered during childhood will require one or more booster doses to maintain the effectiveness of the level of immunity. Often adults neglect the need for booster vaccinations. Older adults may either have lost immunity over time or have never been vaccinated. It is important to remember that diseases such as Polio, Yellow Fever, Meningococcal (which have been eliminated in most industrialized countries) may be present in countries often visited by travelers.

Pre-travel precautions to non-endemic areas should include adequate vaccinations to prevent introduction or reintroduction of diseases such as mumps and

measles. Administration of vaccines is advised on an individual basis. The following factors should be considered in deciding which vaccine would be appropriate:

- Cost of vaccine;
- Risk of exposure; and risk of infecting others;
- Age, health status;
- Vaccination history

Currently, only Yellow Fever vaccination is required in some situations by the International Health Regulations. Therefore, travelers should be vaccinated if they visit a country at risk of exposure to Yellow Fever. Meningococcal vaccination is required by Saudi Arabia for travelers visiting Mecca and Medina for the Hajj or Umrah, as well as for mission trips.

Before going overseas, travelers are advised to visit a travel clinic four to eight weeks prior to departure. This allows enough time for the vaccine to take effect and number of doses to be completed if necessary. Physicians are encouraged to call the Polk County Health Department at 515-286-3798 for advice on travel and tropical medicines.



Congratulations to David Drake, D.O., who was awarded the Distinguished Life Fellow status at the annual meeting of the American Psychiatric Association in San Diego, California in May.



Congratulations to Danney Drewry, D.O., who was featured in the June 2017 special edition of the **Iowa Association of Business and Industry** issue of the **Business Record**. Dr. Drewry discussed 5 Reasons men should go to the doctor.



Congratulations to Jim Kimball, M.D., who was featured in the **Metro Section** of the **Des Moines Register**. Dr. Kimball attended and was photographed with our Governor Kim Reynolds at her inaugural celebration.



Congratulations to Vincent Mandracchia, D.P.M. who was featured in the MOVERS AND SHAKERS article of the June/July 2017 issue of **Podiatry Management** (PM) magazine. Dr. Mandracchia was chosen by the PM consulting editors as one of the most influential DPMs in the "Who's Who" of Podiatry for the country.



Congratulations to Stephen Stephenson, M.D., who was featured in the **Metro Section** of the **Des Moines Register** on June 22, 2017. Dr. Stephenson discussed the Medicaid changes that could risk the health of our children.

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Candor

COMMUNICATION AND
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CONFERENCE

Friday, September 22, 2017

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Presented by the Iowa Medical Society
and the COPIC Medical Foundation



In Memory of **Richard Earl Preston, M.D.**



Richard Earl Preston passed on July 12, 2017. Richard was born on a farm near Lenox, Iowa on May 4th, 1925. He lost his father at a young age as well as his older sister. His family lost the farm in the great depression. He met Phyllis as a high school freshman and they married in 1942. He served during World War II as a Navy Corpsman, stationed in the Philippine Islands and completed Boot Camp at Farragut Naval Base in Idaho.

He attended University of California, Berkley, University of Iowa College of Medicine and completed residency training at the University of Michigan. In 1963, he returned to Des Moines and joined Dr. Paul Cash. He practiced Psychiatry in Des Moines for 46 years, the last 17 with his son, Mark.

Richard was a dedicated physician, devoted spouse, parent, and grandparent.

He was active in many professional and patient advocacy organizations through the years and was a lifelong Hawkeye fan and shutterbug. In later years, he enjoyed gardening.

He was proud of his small town upbringing and often spent time in his hometowns of Lenox, Corning and Creston. He touched many lives and will be missed.

Dr. Preston is survived by his wife of 75 years, Phyllis, two sons David (Phea) and Mark (Teresa) and six grandchildren.

PCMS Social Event 2017



The 2017 PCMS/Foster Group co-sponsored Social Event was held at Juniper Moon Conversation Lounge, on July 20th. PCMS Members came out to enjoy conversation and collegiality with colleagues and staff of our long

time partner, Foster Group's staff. The weather was good, the food was great and the company was stupendous! If you didn't make it this year, we hope you make time to attend next year!



PCMS President Matt Rauen, M.D. welcomes PCMS members, family and friends to the first summer social event at Juniper Moon, co-sponsored by the Foster group.

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L-R: Broadlawns Residents Thanh Phung, D.O., Lindsey Kurdi, D.O. and Lisa Nord, D.O. get together to socialize and are having a ball meeting other area physicians at the PCMS summer social event.



Peggy Luciano, R.N. and Kaaren Olesen, D.O. enjoy the delicious appetizers and specialty fare provided by Juniper Moon and Gusto Pizza.



PCMS members beat the heat wave and enjoy refreshments, conversation and camaraderie in cool eclectic surroundings.

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L-R: Ethel Condon, M.D. and Janie Hendricks, D.O. try the specialties of the house while catching up with each other.

L-R: Connie Colletier, Reed Rinderknecht (Foster Group) and Mark Stadlander (Foster Group) engage and enjoy the friends and family atmosphere of the event with PCMS physician members and staff.



L-R: Christina Taylor, M.D. and Philip Colletier, M.D. view menu options while discussing the latest issues and news together.

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PCMS Members and guests relax and unwind with good conversation, fun atmosphere, food and drinks and celebrate a great summer and collegiality.



L-R: Noreen O'Shea, D.O., Stephen Eckstat, D.O. and Victoria Eckstat have a great view of the emerging Ingersoll Corridor while enjoying socializing at Juniper Moon.



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PROTECTING

a Physician's Online Reputation

By: Dean McConnell, JD, Senior Legal Counsel, COPIC Legal Department

Patient complaints often share one common denominator—a breakdown in the physician-patient relationship. When the breakdown is more business oriented, a negative online comment can occur. The best options, therefore, for protecting your online reputation should be directed at repairing and preserving relationships with your patients.

Ignoring a negative comment looks like you do not care or agree the comment is valid. Hiding or removing negative reviews may result in a re-post of the comment on multiple sites, pointing out your efforts to “hide the truth.” Attacking the commenter is dangerous and often results in more malicious or derisive comments.

What should a doctor do, then? Recognize that you have an unhappy patient. Respond to the complaint in a positive manner. React based on a full and objective assessment of the situation.

Recognize

Recognizing that the patient is unhappy is difficult when you are feeling attacked. Negative comments invoke defensive reactions and fears that the physician's reputation and practice may be seriously harmed. Despite these normal reactions, the patient's concerns must be addressed in a professional and appropriate manner. Whether the patient's complaints are justified or not, the patient is unhappy enough to make his or her complaints known to the world at large. Remember that this is only one of many patients in the practice, most of whom are very happy. While action is often prudent, it needs to be measured and appropriate to the context.

Respond positively

Acknowledge that the patient is not satisfied, that patient satisfaction is important, and ask to take the conversation offline to address the issue. The written response should be tailored to the specific complaint. If a patient is

continued on page 23



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Together a healthy community.

Continued from page 21

unhappy about waiting too long for an appointment, an appropriate response might be: "Thank you for taking the time to comment. While we try to respect each patient's time, sometimes the number of people who need our help causes unexpected delays, especially when emergencies arise. If there is anything we can do, please give us a call at the office. Your satisfaction is important to us." If the patient does not call, contact him or her. People will often say things online that they would never say face-to-face. A phone call provides a better chance of connecting with the patient and solving the problem. Before responding, cool off. Let it sit overnight and ask a trusted colleague to review it before posting. Also, be careful about HIPAA. Do not include treatment or payment information or provide patient names or identifying information in your response.

React appropriately

Sometimes patients are right. Maybe the physician was just having a bad day. An explanation and an apology is usually all that it takes to resolve this situation. Maybe the payment policy for "no shows" should not be absolute and it can be waived for the mom who missed her appointment because she had to pick up her sick kid from school. Maybe the problem really is a rude front desk person and corrective action should be taken. Take this opportunity to evaluate the practice and improve it.

Sometimes patients are wrong. Nevertheless, they are still patients. Maybe they were having a bad day. Maybe this patient is just not the right fit for your practice and you can provide them with a referral to a colleague that might be a better fit. In resolving these issues, communication with the patient is critical. Try to understand the situation from their perspective and consider whether there is some concession you can live with. Perhaps an explanation of how "no shows" affect the practice, a one-time waiver of the fee, and a clear communication that future "no shows" will be charged. A good, long-term patient might be saved for the price of an office visit. Patients who have been heard will sometimes remove their own negative comment or, better yet, post a positive one extolling how the doctor cares about patients and was willing to listen and address the problem.

Rally the Troops

Build a following of good patients online. Post a short blog on a health topic of interest. Ask patients to post reviews. These activities build a positive presence online. A negative comment will look like an outlier and provoke positive responses from your followers. For the most serious violations, and as the last resort, consult an attorney about bringing a defamation claim.

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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. Articles not received by issue deadline may be published in further issues.
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