

Bulletin

Nov/Dec 2017

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY



2018 Legislative Priorities

QUALITY PAYMENT PROGRAM

Comprehensive Sexual History



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87th Iowa General Assembly

Legislative Breakfast

Sponsored by the
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Wednesday, February 7, 2018

7:30 a.m. to 9:00 a.m.

Legislative Dining Room

Iowa State Capitol

*PCMS Members, join your colleagues to support
and advocate the 2018 Legislative Priorities.
(Talking points will be sent to all Members)*

Please RSVP at 288-0172; Email: pcms@pcms.org

*Official Publication
of the Polk County
Medical Society*

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November/December 2017

2017
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Nov/Dec 2017

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

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COVER PHOTO: Happy Holidays to all our members and all who serve the medical community in Central Iowa.

Articles and editorial inquiries should be directed to:

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Legislative Priorities for 2018

Support

- 1. Increase/Maintain Volunteer Physician Network (VPN) funding**
- 2. Appropriate Opioid Utilization**
- 3. Co-Pay Choice Act**
- 4. Continuity of Care legislation – assure patients can stay on their medication during their insurance plan year.**
- 5. Mental Health Reform**

Monitor

- 1. Medicaid Managed Care**

Oppose

- 1. Scope of Practice Legislation**

PCMS REFLECTIONS

on 2017



By: Matthew Rauén, M.D.

It has been a great privilege and honor to act on behalf of the Polk County Medical Society Members as your President for the year of 2017. I am thankful for the trust you all have placed with me during my tenure. As I reflect on the events of the year, it becomes increasingly clear how important it is to be active in our local medical society.

Active membership with the Polk County Medical Society enables us to interact with one another in various social environments throughout the year. It also provides programs locally, on neutral ground to allow us to speak freely with one another on issues that impact our practices and our community.

Last year we were 1200 strong, with physician members from Polk, Dallas, and Warren counties representing central Iowa. I

hope you will join me in not only continuing your support of PCMS, but encouraging your colleagues to join as well. With a strong membership base, and a unified voice, we can have meaningful impact in our state, as well as our national government. As you are well aware, there are many special interest groups that influence our representatives and therefore influence policy. When new policies are being considered, it is essential that we already have an established relationship with our lawmakers. The Polk County Medical Society works continuously to establish and maintain these contacts with Iowa and national law makers.

This past year, we were successful in passing the historic Senate File 465, an act relating to medical malpractice claims, including on damage awards and expert witnesses, and applicability provisions. We have been

continued on page 7

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working diligently and progressing on the GPCI PE and PW Medicare payment disparity issues. Equally important to our legislative work is our service to the community. The PCMS continues to coordinate and provide the ONLY ACCESS TO FREE SPECIALTY CARE in Iowa through the Volunteer Physician Network Program (VPN).

The committee members and staff of PCMS will continue to develop new programs and services for members in 2018.

Lastly, we are working diligently to organize our internet site www.pcms.org to make it an effective tool for us to communicate, as well as to obtain information about health care changes, events and special programs. The website will also be a source of information

on local business which support and provide medical and business needs in our community. It will also feature a physician finder/referral for the central Iowa community to find a doctor from our membership database by specialty and location. The site will develop into a source of information hub for incoming new physicians to be able to connect with local business affiliates and also for patients to quickly find detailed information on physicians in the community. We will have a section titled "circle of friends" for businesses that sponsor and support PCMS.

Finally, thank you for your continued support and cooperation for making PCMS a truly meaningful and purposeful organization. Looking forward to a wonderful 2018!



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Making A Comprehensive Sexual Health History Comfortable



FOR YOU AND THE PATIENT

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

Talking to your patients about their sexual health history is critical as the number of sexually transmitted diseases (STDs) are on the rise in Polk County and in the United States. Since January 1, 2017, we have confirmed 2,761 Chlamydia cases, 937 Gonorrhea cases, 156 Syphilis cases and 34 cases of HIV in Polk County. We are confirming over 100 cases of Gonorrhea each month and between 50 to 100 plus cases of Chlamydia each week. The Centers for Disease Control and Prevention notes that there are 20 million new STD infections yearly and half of all cases are among individuals between the ages of 15 to 24.

A sexual health history should be completed when the patient is being seen for an STD test, an annual physical or even if they are being seen for

another health concern if the patient has symptoms. The comprehensive sexual health history can provide us with the following benefits:

- Many of our patients may present asymptomatic but still have an STD, so asking sexual health questions is vital to ensure early testing and treatment.
- A sexual health history can also help the health care provider determine appropriate testing options. Some of our patients may engage in oral or anal sex, so we need to ask those questions to test for gonorrhea and chlamydia using extra genital testing.
- A sexual health history can provide us with information for effective prevention methods. For instance, if your patient is at a high risk for



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Continued from page 8

HIV, this is the time to talk to them about getting on PrEP (Pre-exposure prophylaxis).

- Lastly, when we conduct a comprehensive sexual health history, we are reducing the spread of STDs by making sure our patients are receiving the appropriate tests and treatments.

Patients benefit from the comprehensive sexual health history as well. They receive education and information about how STDs are transmitted and how to prevent STDs. Patients may not always be aware of the ways STDs are transmitted. This helps to reduce and prevent additional infections. This is an opportunity to talk to patients about prevention methods such as condoms, female condoms and dental dams as barriers to reduce STD transmission.

Talking to your patients about their sexual behaviors and risk reduction is not always the most comfortable especially when we ask questions such as who do you have sex with – men, women or both? What type of sex do you engage in – vaginal, anal or oral? Yet, there are several methods to improve our comfort level of asking sexual health history questions and developing a rapport with our patients.

As health care professionals, we need to think about our biases, behaviors and areas that we need to improve on when asking sexual health history

questions. We need to be conscious of our body language and nonverbals. We may think we are saying all the right things but our body language may tell a different story and make our patient feel uncomfortable.

Finally, review the questions that are asked ahead of time. This will help ease the flow of the discussion but always help make the experience comfortable for both the patient and yourself. The Centers for Disease Control and Prevention has an online guide that provides sexual health history questions to use and conversation examples. The resource can be found at <https://www.cdc.gov/std/treatment/sexualhistory.pdf>.

Here are several steps to take when initiating a sexual health history conversation with your patient:

- Develop a rapport – make a brief introduction.
- Reassure patient that the visit is confidential.
- Ask them to be honest. It makes it easier for testing and treatment.
- Don't make assumptions (i.e., if the patient is male, they may not identify as male).
- Ask open-ended questions so the patient can provide a more detailed sexual health history.



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THE QUALITY PAYMENT PROGRAM:

What You Need to Know for 2018

By Beth Hickerson, Quality Improvement Advisor,
Medical Advantage Group

Almost a year ago, Congress established the Quality Payment Program (QPP) under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). While designed to improve patient health outcomes, encourage practices to spend wisely, minimize the burden of practice participation, and be fair and transparent, the program has been difficult for many medical practices to implement.

The government recently announced 2018 changes to this program. But don't be dismayed. Many of these changes add flexibility and higher exemption requirements—welcome news to medical practices.

Medical practices will be most affected by changes made by the Centers for Medicare and Medicaid Services (CMS) to the Merit-Based Incentive Payment System (MIPS), one of two QPP tracks. Some of the major changes to MIPS that practices should be aware of are:

1. Category weights have changed, even though the four reporting categories and requirements remain the same:

- Quality: 50 percent
- Advancing Care Information: 25 percent

- Improvement Activities: 15 percent

- Cost: 10 percent

2. Important general MIPS changes/updates include:

- Performance threshold to avoid penalties increased from 3 points to 15 points.
- Virtual groups participation option offered.
- Low-volume threshold increased. More small practices and eligible clinicians in rural and Health Professional Shortage Areas (HPSAs) are exempt from MIPS participation.
 - 2017 threshold: \leq \$30,000 or 100 patients
 - 2018 threshold: \leq \$90,000 or 200 patients
- Five bonus points added to the final score of clinicians in small practices.
- Up to five points added to the MIPS final score for providers caring for complex patients.
- Extreme and Uncontrollable Circumstances provision added for providers impacted by natural disasters.



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As we reflect on a very busy 2017, we look back in gratitude to the many successes Polk County Medical Society Doctors have provided to almost 4000 Iowans in need through the *Volunteer Physician Network Program*.

You gave generously of your time and skills throughout the year to provide a better quality of life and health to those who otherwise would not have access to specialty care.

Happy Holidays, Happy New Year

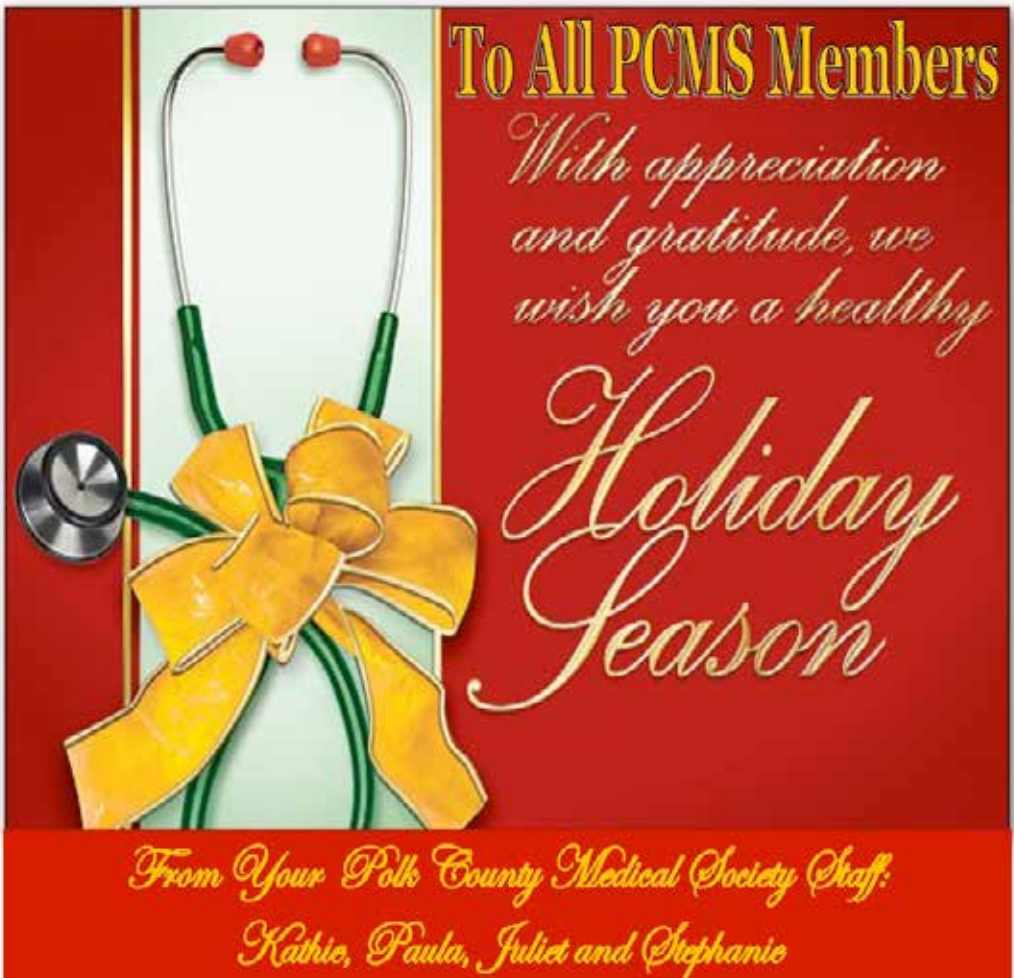
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HOLD Still

REED RINDERKNECHT, CFP®, *Lead Advisor*

I wish I had a dollar for every time I was told to “hold still” when I was a kid. I also wish I had a dollar for every time I’ve been asked if I was Dr. Rinderknecht’s son! I’d be retired if I got paid for either scenario! But you know, growing up is **HARD!** We had a lot to deal with...riding our bikes, climbing trees, playing basketball all day, playing tackle football in a friend’s front yard, and, of course, going to the pool. Atari 2600 was just coming to a house near you and there were no smart phones to occupy our time and thoughts.

But back to the words I heard over and over so many times... “Reed, **HOLD STILL!**”

I can’t help but smile when I think about running downstairs from my attic bedroom on a Saturday morning about 6 AM to crawl into my parent’s bed for a few minutes of cuddle time before turning on the cartoons and watching a little “Superfriends” or “Speed-Racer.” Being the parent of two amazing kids, I now understand how exhausted my own parents must have been from a long week of working and maintaining a busy household of three kids. I’m certain they were praying all of us would sleep in past 7 AM on Saturday morning. I loved getting that extra precious hour of sleep, but it didn’t happen very often!

For most investors, “holding still” is equally as difficult as it was for a six-year-old that jumped into his parent’s bed on a cold

Saturday morning. Investors tend to want to wiggle...a lot! In my 21 years of being in the financial planning and investment management business, this is one of the biggest mistakes I’ve seen people make. Usually, investors want to “wiggle” the most when things get a little uncertain and crazy. The market has a way to discipline most of these wigglers that also isn’t very fun to endure. Jumping in or out or up and down usually only proves that no one can predict the future and we worried a lot about normal volatility. Markets go up roughly 70% of the time and down about 30% of the time*... (Hint: that’s good, if you can resist wiggling too much!) The best way for all of us to have a higher probability of long-term success is to do these five things:

1. Make sure you understand what your money needs to do for you to achieve your goals
2. Have a written Investment Policy Statement and consistently execute that strategy
3. Have a plan on what/how you’ll respond when (not if) things get crazy
4. Review your financial planning and investment policy regularly with your financial advisor
5. Don’t sweat the day-to-day craziness, and get out there and enjoy life!

*Source: Dimensional Fund Advisors –
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Continued from page 12

3. MIPS Quality category changes have taken place:

- Quality reporting period increased to 12 months.
- MIPS performance improvement incorporated in scoring quality performance.
- Data completeness standards increased to 60 percent.
- Minimum scoring on measures that do not meet case minimum standards reduced to one point for large practices (16 or more providers).
- Caps on scoring limits on “topped-out” measures have changed. Six “topped-out” measures have been given a cap of seven performance points, rather than 10.

4. MIPS Advancing Care Information category changes have occurred:

- Incentives added to encourage the use of 2015 edition Certified Electronic Health Record Technology (CEHRT).
- Exclusions added for the E-prescribing and Health Information Exchange base measures.
- New Advancing Care Information hardship exception added for clinicians in small practices.
- New Advancing Care Information hardship exception option added for clinicians whose EHR was decertified.
- Automatic re-weighting of the Advancing Care Information performance category

score to Quality added for ambulatory surgical center (ASC)-based MIPS eligible clinicians.

5. MIPS Improvement Activities category changes have been made:

- Total number of approved Improvement Activities increased from 92 in 2017 to 112 in 2018.
- Additional CEHRT-related Improvement Activities made available.
- Patient-Centered Medical Home (PCMH) certification threshold changed for full Improvement Activities credit.

6. MIPS Cost category changes have occurred:

- Episode-based measures eliminated from the Cost category score calculation.
- Automatic re-weighting of Cost score to Quality added for clinicians who do not meet minimum case standards requirements.
- Improvement scoring added for Cost.

Practices that find these changes overwhelming may want to reach out for expert help with industry-leading best practices to maximize Medicare payments—visit medicaladvantagegroup.com for more information. For resources on MACRA and being successful in optimizing reimbursement, go to thedoctors.com/MACRA.

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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.

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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.

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

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A MESSAGE FROM THE IOWA DEPARTMENT OF PUBLIC HEALTH: *Educate Your Patients about RADON*

As a health care provider, you always ask your patients if they smoke, but do you ask them if they test their homes for radon? The Centers for Disease Control and Prevention, American Medical Association, American Lung Association, and the Surgeon General all recognize radon as the second-leading cause of lung cancer. The Environmental Protection Agency (EPA) estimates that 21,000 lung cancer deaths each year in the United States are attributed to radon exposure (EPA, 2017).

Iowa has the highest percentage of homes with radon levels higher than the indoor radon action level of 4 pCi/L set by the Environmental Protection Agency, with five out of seven homes having elevated radon levels. An estimated 400 Iowans die each year from radon-induced lung cancer - more than the number of Iowans that die each year in traffic accidents (American Lung Association, n.d.).

The good news is radon-induced lung cancer is preventable. In addition, as a health care provider, you have a special role in preventing radon-induced lung cancer. A brief discussion with your patients about radon could save their lives.

To learn more about radon in Iowa and its negative impacts on health, access these radon information resources provided by the American Lung Association (click here) and the Iowa Department of Public Health (click here).

Encourage your patients to call the Iowa Radon Hotline at 1-800-383-5992 to learn more about radon, home radon testing and mitigation, as well as to order a radon-testing home kit. Testing kits may also be ordered online by visiting this link. A question about radon testing could be incorporated into your clinic's electronic medical records system or intake form.

References: American Lung Association (n.d.). Iowa Specific Radon Information: Radon in Iowa. Retrieved October 11, from <http://www.lung.org/our-initiatives/healthy-air/indoor/indoor-air-pollutants/radon.html?referrer=https://www.google.com/EnvironmentalProtectionAgency>, (2017). Health Risk of Radon. Retrieved October 11, from <https://www.epa.gov/radon/health-risk-radon>

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- Use genderless words. Refer to a patient's partner as partner, not girlfriend or boyfriend.
- Think about culture and language. You might have to explain different types of sex or prevention methods due to language or cultural barriers.

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COUNT *the* KICKS

Stillbirth happens in one in every 167 pregnancies, according to the Centers for Disease Control and Prevention. A family is ten times more likely to experience stillbirth than they are Sudden Infant Death Syndrome. The effects of stillbirth on a family have a long-lasting impact, including increased likelihood of Post-Traumatic Stress Disorder, depression, divorce, and loss of work, according to research.

National Institutes for Health researchers indicated in a 2008 comprehensive study on stillbirth that many factors, including genetics, environment, toxic stress, social issues, access to and quality of medical care, and behavior contribute to disparities in stillbirth rates. We don't yet know why Polk County has one of the highest stillbirth rates in the state.

There are 6.7 fetal deaths per 1,000 live births in Polk County, according to vital statistics, while the state average is lower at 4.7 fetal deaths per 1,000 live births. In Des Moines specifically, we have 8.4 fetal deaths per 1,000 live births. The only other place with a

higher stillbirth rate in our state is Black Hawk County.

Research shows moms should pick a time each day to see how long it takes their baby to get to 10 movements. If the amount of time it takes to get to 10 movements changes, moms are encouraged to call their provider right away. Count the Kicks was created by five Greater Des Moines moms who all lost daughters to stillbirth or infant death in the early 2000s.

Count the Kicks has created free app, available in English and Spanish, which counts for single babies and twins, sends a daily text or calendar reminder, and can be used in consultation with providers. Count the Kicks is credited with helping save two Polk County babies just this summer.

If you would like to learn more about Count the Kicks, visit www.countthekicks.org. If you would like to become involved with the organization and its efforts in Polk County, please contact Executive Director Emily Price at: price.emily@healthybirthday.org.

SAVE THE DATE

Polk County Medical Society

REQUESTS THE HONOR OF
YOUR PRESENCE AT THE

PCMS ANNUAL MEETING

Guest Speaker

**J. D. Polk, D.O.
Chief Health
& Medical Officer
NASA**

THURSDAY, APRIL 5, 2018

**COCKTAIL RECEPTION: 5:30 PM
PROGRAM & DINNER: 7:00 PM**

**THE DES MOINES EMBASSY CLUB, DOWNTOWN
RUAN, 666 GRAND AVE, 34TH FLOOR, DES MOINES, IA 50309**

FREE PARKING IN RUAN GARAGE

RSVP EARLY BY CALLING PCMS - 515.288.0172

Bulletin

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