



# YOUR <u>VOICE</u> IS NEEDED! BE INVOLVED

Please join the legislators of the 88<sup>th</sup> Iowa General Assembly for our Annual PCMS

# Legislative Breakfast

Sponsored by the

## Polk County Medical Society

Wednesday, February 6, 2019

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 2019 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

#### **VOLUME 90 No. 5**

Des Moines, Iowa September/October 2018

2018 EXECUTIVE COUNCIL

#### **OFFICERS**

Kaaren Olesen, D.O. President Doug Massop, M.D. President-Elect Nancy Kane, M.D. Secretary-Treasurer

#### COUNCILORS

Michael Agey, D.O.
Philip J. Colletier, M.D.
Janie C. Hendricks, D.O.
Susan Jacobi, M.D.
Douglas Massop, M.D.
Bret Ripley, D.O.
William Wortman, M.D.

#### PAST PRESIDENT

Matt Rauen, M.D.

#### **EDITORIAL BOARD EDITOR**

Philip J. Colletier, M.D.

#### **MANAGING EDITOR**

Paula A. Noonan, CEO

**Disclaimer:** The author's views do not necessarily reflect the official policies of the Polk County Medical Society. Products and services advertised in the Bulletin are neither endorsed nor guaranteed by the Polk County Medical Society.

# Bulletin Sept/Oct 2018 MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

### Inside This Issue

#### **Feature Articles**

Advocacy on Your Behalf, PCMS Washington, D.C. Fly-In4
Work-Life Balance and Physician Burn Out11  By: Andy Bukaty, D.O., Medical Director, Docs Who Care
IDPH News Brief: Sexually transmitted disease reporting guidelines and testing resources12
CMS Region 7 Visits Polk County Medical Society13
Chronic Health and the Flu
Drake Partnership: Continuing Medical Education on Innovative Medicine Series One - Pharmacogenomics
Sexual Harassment Allegations in Healthcare: Rising Risks
Monthly Articles
President's Message6
CEO's Perspective8
December Birthdays
January Birthdays27

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: pcms@pcms.org

## ADVOCACY ON YOUR BEHALF

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

The Polk County Medical Society held their annual Washington, D.C. Fly-In September 11th – 14th, while both the Senate and House were in session. PCMS Board Members, Chief Executive Officer and staff advocated personally with each of your lowa Congressional Delegation on behalf of PCMS members. Key priorities discussed:

 Medicare's Geographic Payment Disparity (GPCI)

- CMS proposed E/M visit single rate fee schedule and multi-service reduction
- Update, VA hospitals GME residency program/training needed through community hospitals.
- Health Care Workforce Expansion GME (increased allotted Residency specialty slots)



L-R: Susan Jacobi, M.D., Kaaren Olesen, D.O., Senator Chuck Grassley, Kathie Lyman, Thomas Becker, M.D., Caroline Boehnke, M.D. and Paula Noonan, discussed the Medicare Payment Disparity issue for Iowa physicians and General Medical Education (GME) expansion.

#### 5. Hospital Observation Rule

A letter drafted by Senators Grassley (IA) and Baldwin (WI) was sent to CMS regarding the Medicare Disparity (GPCI) in Iowa and its effects on physicians, in response to requests by PCMS Executive Council and others each year. PCMS has advocated on GPCI to reduced disparity for accuracy of geographic adjustment factors under Medicare for Iowa physician payments. Senator Grassley's office informed PCMS that a study was called by the GAO for discovery on the disparity. The GAO study will take 6 months for determination.

Issues with the E/M CMS Physician Fee proposals were discussed, with PCMS Executive Council representatives requesting provisions to protect and reduce burden on specialties affected by unforeseen consequences.

The VA hospital GME residency program/ training issue was discussed with Senator Ernst and staff. They will work with the VA to see if authorization of funds for rotation of residents for exposure to training at other hospitals can be implemented. Two bills of legislation were also introduced to the House and Senate (H2657 and S1301) calling for healthcare workforce expansion.

Our Senators and Representatives are reviewing this legislation for cosponsorship. Both bills are in review process by the financial committees before moving forward.

Lastly, legislation has been introduced to the senate on the hospital observation rule to amend title XVIII of the Social Security Act to count a period of receipt of outpatient observation services in a hospital toward satisfying the 3-day inpatient hospital requirement for coverage of skilled nursing facility services under Medicare (S. 568). This act is sited as the "Improving Access to Medicare Coverage Act of 2017."



PL-R: Kathie Lyman, Senator Joni Ernst, Susan Jacobi, M.D., Thomas Becker, M.D., Caroline Boehnke, M.D., Kaaren Olsen, D.O. and Paula Noonan discuss VA authorization for expansion of residency training programs among other issues with Senator Ernst and staff.



L-R: Back Row – Paula Noonan, Thomas Becker, M.D., Caroline Boehnke, M.D. and Kathie Lyman. Front Row - Kaaren Olesen, D.O., U.S. Representative David Young and Susan Jacobi, M.D. discuss Iowa health workforce shortages.



## IT MAY BE FALL,

## But it is Time for Renewal

By: Kaaren Olesen, D.O.

#### Welcome Autumn!

It is that time of year for raking leaves, winterizing, and paying dues to your professional organizations! The Executive Council at PCMS would like to remind you to renew your annual dues. There are many very good reasons to maintain your membership with your grassroots local professional organization.

At the top of the list is continued participation in the **Volunteer Physician Network** where we provide care to the members of our community who are most in need and have the most difficulties accessing care. The Council members and staff at PCMS deeply appreciate all of our provider members who support this program.

I'd like to highlight several other benefits to members which you might not be aware.

- Young Physicians Program provides support both professionally and socially to physicians in the first six years of practice.
- Attend social events like Zoo Brew, Fall PCMS Happy Hour, Terrace Hill Reception and performances at DSM Performing Arts, to name just a few – check out our event page on our website for more information and a listing of upcoming events.
- Enjoy Destination CME in partnership with other medical societies around the U.S.
- PCMS provides physician referrals from our membership to the community.
- Join opportunities to lobby our elected officials both at the state and national level

continued from page 6

- Join in the annual Washington, D.C. Fly-In usually in September
- Attend the annual Legislative Breakfast at the state Capitol in February
- This year's **Annual Meeting** is Thursday March 28, 2019. The keynotespeakerisMr.ChipDuncan, a nationally recognized filmmaker, originally from Shenandoah, IA. His original documentary The First Patient was just released October 26, 2018. He details the first-vear medical students' experience as they explore death, spirituality, and science through the dissection of the human body. PCMS will be hosting a premier **showing** of this documentary in early 2019. Watch for more details on PCMS Facebook, Twitter, and our website, https://www.pcms. org.
- PCMS has been instrumental in initial creation of the **Metro**

**Physician Alternative to Opioid Task Force** – if you are interested in participation, please call the PCMS CEO, Paula Noonan, for further information at the PCMS Offices: 515-288-0172.

 Did you know you can access discounts on entertainment, hotel stays, car rentals, office supplies, and cellular rates plus much more?!

Check out our Bulletin, website, and social media posts to review these benefits and many more. Please encourage your colleagues to become a member and enjoy these many benefits and opportunities too!

As always, take care of those who struggle to take care of themselves and do good work!

— Kaaren

## **REMINDER**

Pay your 2019 PCMS Dues by December 1st and receive a \$15 discount

\$375 \$360 if paid by Dec 1st

**E-Z** Online Pay: www.pcms.org

or call our office to pay by phone: 515.288.0172



## A Look Back:

# ADDRESSING CHANGES IN ORGANIZED MEDICINE AND THE EVERCHANGING MEDICAL ENVIRONMENT

By Paula A. Noonan, CEO

This issue marks the next to last issue for this transitional year for the Polk County Medical Society (PCMS). We have accomplished many things this past year.

This past year was one of not only change in leadership, but also a change in strategy, vision and the business of organized medicine for our medical society. It has also been a year of reflection, on how we move forward as a professional organization that represents, YOU our members, in an ever-changing environment of medicine both locally and nationally.

Your medical society has been challenging the status quo, and restructuring to address these changes, to help enhance your profession, the practice of medicine and protecting patients. PCMS has been focusing on YOU, the physicians and the value and benefit that your membership brings.

We reached out to the membership and in response have added new features and benefits to enhance not only your professional life, but your personal life, too. A new member discount program, to be utilized by you and your family, our social events that not only encompass relationship building with your colleagues across all practices and entities, but also include family, friends, supporters, sponsors and healthcare partners of PCMS.

continued from page 8

These social events widen your circle of colleagues and healthcare professionals and resources throughout our community here in Des Moines. We continue to seek your input on how to build on these events, and how you would like to engage.

We have focused on educational facilitation through a CME program that has local events. CME events are free to PCMS members and innovative medical contain knowledge and application from Pharmacogenomics and its application in your practice, to upcoming programs addressing Cannibidoil administrative rules, application and prescribing in 2019.

We have also teamed with other county medical societies across the United States to offer destination CME courses at fun destinations, such as the trip to the Bahamas, recently in October.

Our efforts at the federal and state level continue to be as YOUR VOICE and advocates on legislative impacts in the urban medical setting for Central Iowa Physicians.

Washington, D.C., ln **PCMS** continues to be successful in addressing issues such as the Hospital Observation Rule, GPCI Medicare physician payment disparity, GME, and mental health/ opioid related legislation. Our very personal relationship with our U.S. Delegation in Washington, D.C., with our newly elected Governor Kim Reynolds and local Legislators is unique to our medical society. These relationships have granted Council Executive our members exclusive extended face to face meetings.

Over the last year, we updated our web page and reconstructed it as a user friendly and easy to navigate site for members who may pay or renew membership dues, register for CME or other social events, with a click of a button and as a resource.

We were successful in launching a Physician Finder Referral service, that includes a membership directory, which can be utilized by members and the public, to help navigate finding a physician. The Physician Finder is a benefit to our members as an enhanced referral source for new patients.

continued on page 21



dedicating our lives to taking care of yours



iowaclinic.com





515.875.9000

- Family Medicine
- Internal Medicine
- **Pediatrics**
- Urgent Care

- Allerav & Immunoloav
- Audiology/ Hearing Technology
- Cardiology
- Cardiothoracic Surgery
- Clinical Research
- Colorectal Surgery
- Dermatology
- Ear, Nose & Throat
- Endoscopy Center

- Foot & Ankle Surgery/Podiatry
- Gastroenterology
- **General Surgery**
- **Gynecologic Oncology**
- Hand Surgery
- Mammography
- **Medical Imaging**
- Men's Center
- // Neurological & Spinal Surgery
- **Nuclear Medicine**
- Obstetrics & Gynecology
- **Orthopaedics**
- Pain Management
- **Pathology**
- Physical Medicine & Rehabilitation

- **Physical Therapy**
- **Plastic Surgery**
- Pulmonary, Critical Care & Sleep Medicine
- Spine Center
- Surgical Breast Clinic
- Surgical Oncology
- Transplant Surgery
- Trauma Surgery & Surgical Critical Care
- Urology
- Urogynecology/Gynecology
- Vascular Access Center
- Vascular Surgery
- Vein Therapy Center
- West Lakes
- **Medical Equipment**
- West Lakes Sleep Center
- Women's Center



## **WORK-LIFE BALANCE**

## and Physician Burn Out

By: Andy Bukaty, D.O.

Why did you become a doctor? Was it to help others in a significant way? Was it to make a living in a leadership role? Was it to have interesting, diverse work experiences that could engage you in lifelong learning? Was it to apply skills and knowledge in a well-respected, well compensated, and always-in-demand field?

Some combination of these likely applies to every one of us who pursued the challenging and rewarding life of a physician.

So given the above high-minded motivating ideals, it's clearly problematic that 1/3 to 1/2 of physicians report burnout, according to Medscape's annual report on the matter.

What is burnout? Christina Maslach and her University of San Francisco

colleagues developed the accepted standard for burnout diagnosis in the 1970s, highlighted by three main symptoms:

- Exhaustion (decreased physical and emotional energy levels, often headed into a downward spiral)
- Depersonalization (highlighted by "compassion fatigue")
- Decreased belief in the meaning and/or quality of your work

For physicians this can then manifest in many as a loss of enthusiasm for our work, decreased satisfaction and joy, increased detachment, emotional exhaustion, and even cynicism.

continued on page 24

## SEXUALLY TRANSMITTED DISEASE REPORTING

## Guidelines and Testing Resources

In the state of lowa, there are four reportable sexually transmitted diseases (STD): chlamydia, gonorrhea, syphilis and HIV. lowa is also a dual-reporting state, which means laboratories and health care provider's offices are **both** required to report positive test results to lowa Department of Public Health.

While most **laboratories** have consistently filled out the lowa Confidential Report of Sexually Transmitted Disease Form through the Electronic Laboratory Report or ELR, many providers have not.

According to Iowa Code Chapter 139A.31, health care providers must consistently fill out the form and fax it back to the Iowa Department of Public Health within three days of receiving test results. Health care providers and their staff can contact the Iowa Department of Public Health at (515) 281-4936 or the Polk County Health Department at (515) 286-3897 to receive a copy of the form

The Iowa Confidential Report of Sexually Transmitted Disease form includes information regarding treatment, whether the client is pregnant and more in-depth demographics than what is received from the laboratories. The information also helps our state and county disease prevention specialists and public health investigators close a STD case in the lowa Disease Surveillance System. The information on this form is vital due to the possible consequences of untreated or mistreated STDs.

To help health care providers treat STDs, the Centers for Disease Control and Prevention has created a treatment smart phone or tablet app. The app is an easy-to-use reference that combines information from the STD Treatment Guidelines as well as Morbidity and Mortality Weekly Report (MMWR) updates, and features a streamlined interface so providers can access treatment and diagnostic information. The app can be found by searching for 2015 STD Treatment (Tx) Guide on both Apple and Android devices. Look under the App Store on your Apple device or the Google Play Store on your Android device.

For additional information about STD treatment guidelines, visit https://www.cdc.gov/std/tg2015/default.htm.

## PCMS REGION 7

## Visits Polk County Medical Society

The Polk County Medical Society (PCMS) hosted a listening session with Centers for Medicare & Medicaid Services (CMS) Kansas City Regional Office Region 7 Director Michelle Wineinger, who visited with Administrative and clinical leadership from UnityPoint Health, WesleyLife, Broadlawns Medical Center and Mercy Medical Center - Des Moines. PCMS provided the opportunity to for our urban centers of healthcare across the spectrum to share thoughts on CMS

initiatives such as the Center's first-ever Rural Health Strategy, "Patients Over Paperwork," provider recruitment and GME funding, among others.

This was a great opportunity for the Central lowa health care community to come together and share their collective successes, as well as suggestions for opportunities for improvement, with CMS leadership.



Left to Right: Ashley Thompson, Government & External Affairs Liaison, UnityPoint Health; Michelle Wineinger, Health Insurance Specialist and Rural Health Coordinator, Kansas City Regional Office, Centers for Medicare & Medicaid Services; Peggy Luciano, Director of Clinical Quality, WesleyLife; Dr. Vincent Mandracchia, EVP and CMO, Broadlawns Medical Center; and Brandon Kranovich, WesleyLife. Not Pictured: Dr. Kent Carr, Mercy-Des Moines; Paula Noonan and Juliet Bascom, Polk County Medical Society.



Join the team of *healing hands* to serve the medical needs of the working poor.

For more information on volunteering with the *PCMS/Volunteer Physician Network* and your *chance to make a difference*, contact PCMS at 515.288.0172 or <a href="mailto:vpn@pcms.org">vpn@pcms.org</a>.

http://volunteerphysicians.org/



# CHRONIC HEALTH and the Flu

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

## Let's keep our patients with chronic health conditions healthy this flu season!

Are our patients taking their insulin? Are they using their asthma medicine correctly? Are they getting enough physical activity? As providers, we often gather this information when we see patients who have chronic health conditions. According to the Centers for Disease Control and Prevention (CDC), chronic health conditions are responsible for 7 out of 10 deaths each year. One in four Americans also have more than one chronic health condition that requires ongoing medical attention and limits daily activities. We are constantly working with patients to manage their disease. However, one thing we fall short on is making sure our patients with chronic health conditions have all their immunizations, specifically their Influenza vaccine.

Only 50% of our population receives their flu vaccine each year. Currently, there are approximately 133 million Americans with chronic health conditions and a large portion of these individuals do not get their influenza vaccine every year.

Individuals with chronic health conditions that are more likely to get flu related complications if they get sick with the influenza including asthma, chronic lung disease (such as chronic obstructive pulmonary disease [COPD] and cystic fibrosis), heart disease (such as congenital disease, congestive failure and coronary artery disease) and weakened immune system due to disease or medication (such as people with HIV, AIDS, cancer or those on chronic steroids). Chronic disease management is a big part of our practices; please make sure you also address influenza vaccination

continued on page 19

## **The Polk County Medical Society**

wishes to acknowledge and thank our 2018-19

Healthcare Partnership Affiliates:



Together a healthy community.







For their ongoing support

## Drake Partnership:

## CONTINUING MEDICAL EDUCATION ON INNOVATIVE MEDICINE SERIES ONE - PHARMACOGENOMICS

The Polk County Medical Society (PCMS) has partnered with Drake to provide continuing medical education (CME) on innovative topics in medicine. The first course offered on September 27th, featured Drake Associate Professor Pramod Mahajan, who presented a course for physicians on pharmacogenomics. This course was designed with the physician in mind to provide an update on pharmacogenomics best practice and improvement of use in current practice, which may lead to improved strategic initiatives and patient care outcomes. Mercy trauma surgeon, Natisha Jensen, M.D. presented practical experience and use of pharmacogenomics and its efficacy.

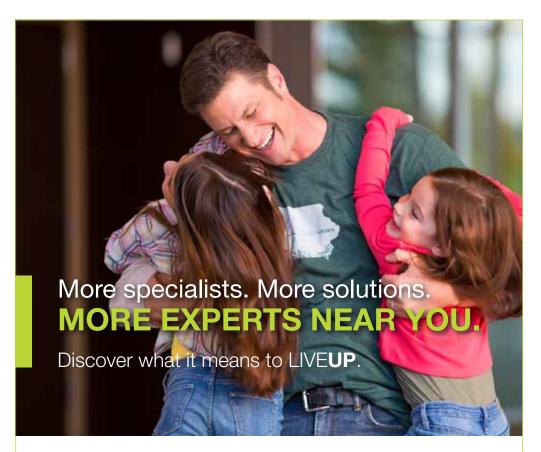
PCMS plans to provide a second CME presentation in partnership with Drake University on Cannibidoil, administrative rules and applications with chronic disease in 2019. Be on the lookout on the PCMS website for further details and a listing of future FREE local and destination CME events in 2019.



PCMS physicians, discussion panelists and Associate Professor Mahajan discuss practical applications of pharmacogenomics after the presentation.



CME Course moderator and lecturer Drake Assoc. Professor Pramod Mahajan



Why do we do it? Why do we offer more clinics with more services and more specialists than anywhere else in central Iowa? Why do we provide easy access to leading heart, brain, cancer and back pain experts right in your neighborhood?

We do it because it's part of our history and our belief in serving patients beyond the call of duty. And we do it because it's part of our philosophy called LiveUp, where service and clinical excellence drive all we do.

Expert care for every need. Discover what Mercy can do for you.

FIND A PHYSICIAN WITH CENTRAL IOWA'S LARGEST MULTI-SPECIALTY CLINIC SYSTEM.

MERCYDESMOINES, ORG

Continued from page 15

There are several influenza vaccine options for this flu season:

- The quadrivalent flu vaccine is designed to protect against four different flu viruses; two influenza A viruses and two influenza B viruses. There is a quadrivalent flu shot that can be given to children as young as 6 months of age. Other quadrivalent flu shots are approved for people 3 years and older.
- The intradermal flu vaccine uses a much smaller needle than the regular flu shot, and it requires less antigen to be as effective as the regular flu shot.
- This flu season, all nasal sprays will contain four flu viruses: an influenza A (H1N1) virus, an influenza A (H3N2) virus and two influenza B viruses. The nasal spray is approved for use in non-pregnant individuals, 2 years through 49 years of age. People with some medical conditions should not receive the nasal spray flu vaccine.
- Fluzone High-Dose is threecomponent (trivalent) inactivated flu vaccine.

Fluzone High-Dose is specifically for people 65 years and older. Fluzone High-Dose contains four times the antigen of the standard-dose inactivated influenza vaccines. The higher dose of antigen in the vaccine is intended to give older people a better immune response, and therefore, better protection against flu.

 People with severe egg allergies (those who have had any symptom other than hives after exposure to egg) should be vaccinated in a medical setting, supervised by a health care provider who is able to recognize and manage severe allergic reactions.

Routine annual Influenza vaccination is also recommended for all persons aged 6 months and older who don't have contraindications. For additional flu information, please visit the Center for Disease Control and Prevention's website at https://www.cdc.gov/flu/index.htm.

#### NEWS · NEWS · NEWS · NEWS!

Polk County I	viedical Society wants to know what's new! Have you been appointed to a
board, receive	d an award, volunteered for a medical mission? Email us at pcms@pcms.org.
Name:	
What's new:	

Or mail this form to: Editor, Polk County Medical Society, 1520 High St., Des Moines, IA 50309



Staffing Services Certification

AA/EOE/M/F/V/D

Email: MedicalStaffing@FavoriteStaffing.com

continued from page 9

We continue to maintain and administer the Volunteer Physicians Network (VPN) Program for lowans in need who are 200% below federal poverty guidelines. The VPN is the ONLY ACCESS in our state to FREE specialty healthcare provided by over 484 PCMS physician specialist volunteers!

As we head into our last quarter of the year, we have launched new social media pages on Twitter, Facebook and Instagram. If you have not, please follow or like us, on all 3 social platforms. Please let us know your accomplishments, thoughts and news items, by sharing on our PCMS social media platforms or by authoring an article of interest for our bimonthly publication, the BULLETIN.

Last, but not least, your staff at the Polk County Medical Society offices are here to assist all our members. We would also like to hear from you on additional benefits we can add to enhance your medical practice, your profession AND your personal life.



BMW of Des Moines bmwdesmoines.com | T (515) 989-5681





# Surrounding you with care.

#### It's your health. So it should be all about you.

That's why at UnityPoint Health – Des Moines, we put you in the center of everything we do. We work as a team, your team, providing coordinated care between your doctor's office, your hospital and in your home. We surround you with care because we want to get you healthy faster. And help you stay that way.

The point of unity is you.



WE'VE GOT MORE THAN JUST YOUR BACK.

- Educational Resources that Address Emerging Issues
- On-Site, No-Cost Reviews to Identify High-Risk Areas
- Direct Access to Medical and Legal Experts
- 20+ Years of Communication and Resolution Expertise

A nationally recognized leader in patient safety and risk management, a better option for medical professional liability insurance.





#### **COPIC** is proud to be endorsed by:

Colorado Hospital Association • Colorado Medical Society • Iowa Medical Society • Nebraska Medical Association



And while specialty matters to a degree in this struggle, no specialty is immune from it. On the high end of the spectrum, nearly half of critical care specialists, family physicians, OB/GYNs, neurologists, emergency medicine physicians, and internists report burnout. While on the low end, still one-third of orthopedists, ophthalmologists, pathologists, and dermatologists report it. (The only outlier is plastic surgery, but one out of every four plastic surgeons still report burnout.)

So, what causes this rampant burnout within our noble profession? As one would expect, there are many factors, but leading causes include:

- Too many bureaucratic tasks
- Too many hours at work
- A lack of respect from co-workers and/or administrators
- Insufficient compensation
- · Inefficient EHR systems

And all the above plus more can contribute for many to poor satisfaction with work-life balance.

Maybe you'd rather spend more time with family or volunteer your time to a cause that is dear to you. Maybe you'd like to take some non-vacation time to provide care on a medical mission or you have a non-medical passion that you want to better engage. And perhaps you don't feel you have the time because of the demands your job entails that don't help you care for patients, demands that feel beyond your control.

So, what can be done? It's probably not surprising to you to find out it's much easier to assess the numbers and root causes related to physician burnout than it is to understand how to solve the problem, let alone implement the changes needed to do so.

But there are certainly a variety of solutions that have been successfully implemented in our profession. They tend to share these overarching themes:

- Physician choice (having at least some control over our delivery of care)
- Camaraderie (feeling a connection to our colleagues)

 Excellence (feeling you're a part of something meaningful)

How those areas are addressed can vary, but, regardless of specialty, they need to be actively addressed when concern for physician burnout exists, whether in a small practice, a large system, or something in between. The solutions don't manifest themselves, but with active engagement by physicians and other members of the healthcare and administrative teams, they are out there.

This article was prepared by Andy Bukaty, D.O., a family physician and the Medical Director of Docs Who Care (docswhocare.com), a physician-founded and physician-centered company that provides medical care to rural areas in need and a company that has been actively preventing and treating physician burnout for over 20 years by:

- Eliminating bureaucratic issues that drain our energy and joy
- Allowing us to know our work is valued in the places we serve
- Allowing us to control how much or how little we work
- Respecting our autonomy

#### **References:**

Peckham, C. (2018, Jan 17). Medscape National Physician Burnout and Depression Report 2018. Medscape. Retrieved from https://www.medscape.com.

Maslach C, Leiter, MP. The Truth About Burnout: How Organizations Cause Personal Stress and What to Do About It. San Francisco: Jossey-Bass; 1997.

Drummond, D. (2015). Physician Burnout: Its Origins, Symptoms, and Five Main Causes. Family Practice Management, 22 (5), 42-47.

Berg, S. (2018, Aug 3). Physician burnout: It's not you, it's your medical specialty. AMA Wire. Retrieved from https://wire.ama-assn.org.

Hasan, H, Kuzmanovich, D. (2018, May 16) The solution to physician burnout? EHR optimization. Advisory Board. Retrieved from https://www.advisory.com.

Parks, T. (2016, Dec 14). Physician burnout: Detailing the impact, exploring solutions. AMA Wire. Retrieved from https://wire.ama-assn.org.

## DECEMBER BIRTHDAYS

1 Maanum, Scott, M.D.	16 Sarno, E. Michael, M.D. Van Zee, Martin, D.O.
2	
Frerichs, Darin L., D.O. Meek, Eric, M.D. Mintzer, Albert J., M.D.	17 Crenshaw, Meredith, M.D.
MITIZEL, AIDELL J., M.D.	18
4 Davick, Jeffrey P., M.D. Poudyal, Shardul, M.D.	Hiatt, Bradley K., D.O. Kline, Thomas, D.O.
Poudyai, Shardui, M.D.	19
5	Hilgerson, Alan, D.O.
Cook, Jennifer S., M.D. Lindell, Larry K., M.D.	Vandivier, William J., D.O.
, , ,	20
6	Jumrussirikul, Pitayadet, M.D.
Gupta, Sudeep K., D.O.	
	21
8	Bowshier, Brian C., M.D.
Jones, Kathleen, M.D.	22
9	22 Stratton, Valerie L., D.O.
Sixta, Debra A., M.D.	Stratton, valence L., D.O.
Sixta, Debia i ii, iii.b.	23
11	Gilg, Joseph O., M.D.
Shah, Yogesh, M.D.	
	25
12	Frier, Carole A., D.O.
Yankey, Jon R., M.D.	-
12	27
13 Grundberg, Julie, D.P.M.	Mayfield, Tim, M.D. Wimer, Carey, D.O.
Kallemeier, Patricia M., M.D.	Willier, Carey, D.O.
Rettenmaier, Lawrence, M.D.	28
	Deming, Richard L., M.D.
14	<i>,</i>
Baker, Laurence J., D.O.	29
Vermillion, Timothy, D.O.	Olesen, Kaaren, D.O. Trible, John, M.D.
15	
Healey, Holly B., D.O.	31
Lindaman, Lynn M., M.D.	Paul, Robert K., M.D.

#### JANUARY BIRTHDAYS

1 Brown, Jr., Thomas, M.D. Burdt, Mark, D.O.

4 Mohan, Michael, M.D. Owen, Lynn, D.O.

5 Olsom, Jennifer, D.O.

6 Angeloni, Vincent, M.D. Peterson, I. Eugene, M.D.

7 Christy, Joyce, M.D. Kimball, James, M.D.

8 Heilskov, Todd, M.D. Mandsager, Neil, M.D. Schwiesow, Tyler, M.D.

13 Lorenz, Jessica, M.D.

14 Carlson, Chad, M.D. De Francisco, Jeffrey, M.D. Rogers, Kyle, M.D. Schrader, Jane, M.D. Waller, Daniel, M.D.

15 Boesen , Deanna, M.D.

18 Steffensmeier, Andrew, M.D. 19 Callahan, Robert, M.D. Jumrussirikul, Pitayadet, M.D.

22 Al-Shash, Ahmad, M.D.

24 Johnson, Christopher, D.O.

25 Chennupati, Neelima, M.D. Farber, Jeffrey, M.D.

26 Singh, Prachi, M.D.

27 Mayfield, Tim, M.D. Wimer, Carey, D.O.

28 Jauron, Elizabeth, M.D. Lozier, John, M.D.

30 Blomberg, Kristi, M.D.

31 Ruisch, Abbie, D.O.

## **SEXUAL HARASSMENT ALLEGATIONS IN HEALTHCARE:**

# Rising Risks

By: Richard Cahill, JD, vice president and associate general counsel, The Doctors Company

providers Healthcare are not immune from the growing number of reported incidents of alleged sexual harassment in the workplace. employees, Accusers may be patients, third-party vendors or visitors. Individuals alleged to have acted inappropriately may include co-workers, both supervisors and subordinates, professional staff and even patients.

## Repercussions of Harassment Claims

After complaints are filed, costly potentially embarrassing investigations are often conducted by law enforcement. human departments, resources and administrative agencies. Depending scope of the nature and on the findings, serious adverse consequences and often irreparable harm to a person's reputation may follow.

## **Adopt and Enforce Zero Tolerance**

Healthcare practitioners and facilities are strongly encouraged to develop and consistently enforce a zero-tolerance policy. Protocols must be

written, periodically reviewed, and updated as necessary, detailing:

- The types of conduct that will not be tolerated, regardless of the identity of the alleged perpetrator.
- A clear methodology for reporting claimed instances of wrongdoing.
- The process to be followed in investigating complaints, and rules that should be observed to help insure that confidentiality and due process are appropriately protected.

continued from page 28

- Documentation to be completed and maintained.
- The range of sanctions, up to and including termination, for both employees and patients, should the allegations ultimately be determined to be true.

Staff should receive proper training as part of the on-boarding process and on a regular basis thereafter. Offices should develop and retain attendance sign-in sheets of such training in the regular course of business to demonstrate, in the event of a subsequent problem, the good faith and due diligence as continuing efforts of the clinic, provider or facility to comply with federal and state requirements.

#### Be Sure You're Covered

Healthcare providers are also strongly encouraged to consult with their personal or corporate attorney to understand the potential financial risks of claims involving allegations of sexual harassment or misconduct. They should then confer with their insurance agent or broker to determine pro-actively what coverages might be available in their respective states to protect the provider in the event of such a claim.

Most practitioners carry professional liability coverage in the event of a claim for medical malpractice. Not uncommonly, however, medical professional liability policies specifically exclude coverage for acts of sexual misconduct committed by a physician against a patient.

It's also prudent to consult with insurance brokers and agents about the availability of Employment Practices Liability Insurance (EPLI). EPLI may provide coverage for certain types of workplace harassment, which may include sexual misconduct involving the policy holder and an employee.

And finally, claims of inappropriate behavior against sexual physician other licensed or healthcare practitioner may result administrative proceedings by a state medical board, or the privileges committee of a hospital or other facility regulated by The Joint Commission. **Endorsements** widely available as part of medical professional liability policies to pay legal defense costs in the event of an investigation or subsequent disciplinary hearing.





Family Health Center
Geriatric and Memory Center
Outpatient Mental Health Clinic
Dental Clinic
Pain Management Center

1801 Hickman Road | Des Moines 282-2200 | www.broadlawns.org ∰⊠in

All forms of insurance accepted.





## Education Planning Begins Today

WADE A. DEN HARTOG, MBA, CAP®, Associate Advisor

Fall has arrived, and football season is upon us. The kids are going "back to school" or off to school for the first time. As a parent of a 19-month-old and a three-and-a-half-year-old daughter, it seems like we have plenty of time to save for future education goals. However, they grow up fast, and time seems to get away from us if we do not have a plan in place.

There are some amazing statistics about college graduates accumulating a large amount of student debt, a staggering \$1.3 trillion and rising, with the current median student loan debt being \$16,995.

Whether our current or future students receive scholarships, and/or have access to College Savings 529 accounts, they will need these resources to be on a strong path of avoiding the anchor of student loan debt.

Here are some items to consider when crafting your game plan for education funding that will provide you the highest probability of success:

**Start saving and using funds early:** Saving today for future education goals can make all the difference toward success. As of June 2018, in Iowa, your 529 account can be utilized for qualified K-12 tuition and education expenses at public, private, or religious schools up to \$10,000 per year. Whether you are planning for expenses now or in the future, planning ahead for how much your student will need is important to understand.

**Student loans:** Repayment of student loans is NOT a qualified education expense for a 529 plan. Before a student applies for a student loan(s), plan accordingly knowing that student loans cannot be paid with 529 funds.

**Scholarships:** If your student receives a scholarship(s) and you find that their account is "overfunded," you have options. The account owner has the right to transfer a 529 account balance(s) to an eligible family member. Second, a withdrawal can be made in the amount not to exceed the balance of the scholarship(s) received without penalty (10%). However, the pro-rata earnings amount will need to be included back in your income taxes. You will want to consult your tax advisor on any distribution.

Opening an account online is straightforward and can be completed in a matter of minutes. If you have questions about college expense projections and/or how much should/could you be contributing, feel free to contact us.

## SERVING INDIVIDUALS, INSTITUTIONS, AND QUALIFIED PLANS

Contact us today at 1-866-853-1623 or visit fostergrp.com/pcms

PLEASE NOTE LIMITATIONS: Please see Important Advertising Disclosure Information and the limitations of any ranking/recognitions, at www.fostergrp.com/advertising-disclosure/. A copy of our current written disclosure statement as set forth on Part 2A of Form ADV is available at www.adviserinfo.sec.gov.

# Bullication of the

Polk County Medical Society 1520 High Street Des Moines, IA 50309

PRESORTED
STANDARD
U.S. POSTAGE
PAID
DES MOINES, IOWA
PERMIT NO 852