

# Bulletin

NOV/DEC 2019

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY



## **PCMS LEGISLATIVE BREAKFAST INVITE**

**Importance TB Testing/Treatment in HIV Patients**

**Personal Challenges – What to Say/What to Do?**

***Pediatric Oncology Drug Crisis***



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88<sup>th</sup> Iowa General Assembly  
for our Annual PCMS

# Legislative Breakfast

Sponsored by the

Polk County Medical Society

Wednesday, January 29<sup>th</sup>, 2020

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 2020 Legislative Priorities.*

*(Talking points will be sent to all Members)*

Please RSVP at 288-0172; Email: [pcms@pcms.org](mailto:pcms@pcms.org)

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Medical Society*

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# Bulletin

NOV/DEC 2019

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

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# *Tis the Season*

**By: Doug Massop, M.D.**

Dear All,

I hope this edition finds you all well and enjoying life here in the Heartland. I truly believe we are here in a special place—both in time and location. Iowa is a great place to live and prosper. Hopefully, you can all reflect on a satisfying year for your professional and personal lives during this holiday season.

When I was a boy growing up in my Northwest Iowa town of Storm Lake, my grandfather would tell me to always “Do the right thing. It will gratify some people and astonish the rest.” I have since learned he may have borrowed that from Mark Twain.

His words and the life he led as a blacksmith and a common-sense man have always stayed with me.

I need to challenge you all RIGHT NOW to “do the right thing.”

We, as a profession, need to exert our collective influence on meaningful Tort Reform in Iowa in a REAL way. Since my earlier notes to you, I am aware of several LARGER awards either being pursued or already awarded. The exponential growth of malpractice awards with lack of Tort Reform is a growing cancer destroying the foundation of healthcare in Iowa.

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This is rapidly becoming the biggest financial issue facing the future of our profession. We are surrounded by all states that HAVE an economic cap. At first glance, both physicians and the general public do not realize all the direct and INDIRECT consequences of these large awards. There are very few clinics/small hospitals that can survive awards in the tens of millions of dollars.

These clinics and hospitals then have no reserve to recruit, maintain infrastructure, or to even improve it. Currently, several awards have not even addressed actual damages of lost wages and medical costs. Awards are being pursued only on pain and suffering with no objective basis.

I want to be very clear, as I have stated before, that patients who have been injured should be compensated for wages lost, medical costs and other objective costs if the provider is proven to be at fault.

The public needs to remember that the charges against the medical provider are NOT criminal. All docs I know get quite saddened and even clinically depressed with a bad outcome, let alone enduring the process of litigation.

NOW is the time for you all to be involved. I encourage you all to participate in the Polk County legislative

breakfast on January 29 from 7:30-9am at the capitol. This is THE frontline premier event to speak with legislators on behalf of the medical community. YOU as a PHYSICIAN will meet with our legislators as a large group representing ALL PHYSICIANS and the PROFESSION OF MEDICINE.

We need you to come out in full force to offset attendance of the expected large groups from the legal profession who will be rallying against tort reform! The second event is the IMS legislative day on the hill on March 4 at 11:30AM. You can get more information on this event by contacting Grassroots Coordinator, Deborah Thompson, [dthompson@iowamedical.org](mailto:dthompson@iowamedical.org), (515) 223-1401.

If you can't join us for the PCMS Legislative Breakfast in January or IMS Day on the Hill in March, Consider this alternative! Any Wednesday during legislative session, PCMS members can come to the capitol as part of the Physician Advocate of the Week Program to lend your voice to the tort reform fight. To sign up for this program and help to keep tort reform front and center with legislators all session long, please contact Paula Noonan, CEO of Polk County Medical Society to coordinate your participation with our colleagues at the state medical society.

Please take two hours of your time

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[www.pcms.org/membership](http://www.pcms.org/membership)

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to come and be heard at either/both events. We need to show how important this issue is to the healthcare of Iowa to all our legislators. This has the potential to significantly affect the largest line item budget in your practice aside from rent and staff.

I find it very interesting that several I have talked to feel they are too busy and would like someone else to do the job. I think that too often providers are in a competitive mode and thus have never worked together as a profession. The reality is that for relatively small membership dues, this society and our lobbyists are working hard on your behalf. Our collective efforts yield the best hope for meaningful improvements.

Further, I am asking you all to contact your State of Iowa House and Senate representatives to discuss this further. These will be legislators who you VOTE for in your legislative district. If you were born in Iowa, I would also have you contact the Iowa Legislators for the districts in those communities.

Please share personal stories of how lack of Tort Reform has negatively affected you and your loved ones and communities. These type of contacts and personal stories are key to successful of Tort Reform.

If interested in any information about the above meetings or ways to contact the Legislators, please contact Paula Noonan, CEO, Polk County Medical Society, 515-288-0172 or email [pnoonan@pcms.org](mailto:pnoonan@pcms.org).

Again, PLEASE act and help this process. IF you/we do not, then shame on all of us for the future of healthcare in Iowa. If current trends continue, services and number of providers will dwindle across the state.

The result is that we could rapidly go from one of the best states from a healthcare perspective to one of the poorest. If you need statistics, just look at my earlier comments from my messages in previous bulletins about the detrimental effect of a runaway legal system in Texas. Just consider how much positive effect Tort Reform had on the availability and quality of healthcare in Texas with these reforms.

I know you all realize that the business of medicine is challenging in multiple ways, BUT I think lack of malpractice reform is a leading and growing problem.

PLEASE take a small amount of time out of your busy lives to be engaged. The return on investment for yourself, your practice, your community and the overall health of Iowa depends on this.

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ONE HOUR OF YOUR TIME CAN IMPACT YOUR PRACTICE AND PROFESSION FOR A LIFETIME!

MAKE SURE TO ATTEND THE PCMS LEGISLATIVE BREAKFAST AT THE CAPITOL WITH YOUR LOCAL MEDICAL SOCIETY, PCMS, ON WEDNESDAY, JANUARY 29 FROM 7:30-AM THRU 9AM.

*Best wishes for the holiday season,*  
Doug Massop, MD  
President PCMS

P.S. IF YOU have any questions, concerns or uncertainties PLEASE call me directly at my cell 515-681-3572. I am putting that out there because I think this single topic needs to be addressed and made better for all—both providers and non-providers of healthcare.



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## *Tidings and* **TORT REFORM**

**By Paula A. Noonan, CEO**

The holiday season brings thoughts of traditions, family and friends, but also an awakening and excitement for things to come, as we turn towards a new year.

In closing out the year of 2019, we look back at relationships made, collaborations created and services delivered. PCMS focused on our membership and community through the programs and services we provide such as the Volunteer Physician Network, developed a web hosted physician finder and referral tool for community use, medical student program collaborations, etc. We successfully executed on our strategic vision of being stewards of health for our communities, and we continue to expand on those efforts.

PCMS is deeply embedded in the tradition of building and establishing relationships among our members, new and old, students, our community partners in public health and our long-standing strong relationships at the federal and local state level with our elected delegates representing Iowa.

We look forward to 2020 as a year to build upon those foundations. As we move forward, we focus on important issues that have major impact on medicine in Iowa, such as tort reform in our state.

January heralds our legislative breakfast with lawmakers at the state Capitol in Des Moines. The meet and greet with our legislators will take place Wednesday, January 29



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from 7:30 AM until 9:00 AM. It brings physicians and lawmakers together to speak on an individual basis and as a collective group on issues impacting the health of our community and healthcare in the state of Iowa.

PCMS physician members, this year more than ever, are called to action and challenged to make themselves available to be a medical resource to lawmakers, not only in the protection of patients, but in protecting the practice of medicine and available services in Iowa through tort reform.

Our physician members serve as resources to our state legislators when they are looking to introduce legislation or make decisions on how changes in law impact medical services and care for Iowans. PCMS physicians are the sounding board for lawmakers who decide whether to support or oppose bills that affect healthcare.

It is this annual pilgrimage to the capitol (at the PCMS Legislative Breakfast) where we connect one on one with our lawmakers and advise them on the unforeseen consequences of legislative bills or the need for law to protect patients and the practice of medicine.

In our role as liaisons between law and practices of medicine, it is important to physically be present, and be heard by legislators. It is important to come

together collectively so our message is clear and strong, and any questions our lawmakers have can be answered to the best of our ability.

Tort reform in itself is the single most important issue to impact the practice of medicine and the future of healthcare in Iowa. It calls for a hard cap putting limits on non-economic damages in medical liability cases.

All states surrounding Iowa have a hard cap on non-economic damages, except Minnesota. Economic damages are commonly loss of wages, lost future earnings, medical costs, etc. Non-economic damages are damages arising from pain, suffering, inconvenience, physical impairment, mental anguish, loss of chance, loss of consortium or any other nonpecuniary damages.

The costs of malpractice claims, both direct and indirect, on not only caregivers, but also clinics and hospitals and the insurers who support them. The ability to support the community with growth of quality facilities and charitable activity is challenged by extraordinary large claims awarded. This impacts healthcare by clinics closing, the cutting of provided services, diminishing specialties and physicians willing to practice in a state without limits.

Physicians will either leave our state to practice in states who have hard



# IMPORTANCE OF TB TESTING & TREATMENT

*for Patients with HIV*

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

Among patients with latent TB infection (LTBI), HIV infection is the strongest known risk factor for progression to TB disease. Untreated LTBI can quickly progress to TB disease in patients living with HIV since the immune system is already weakened. Without treatment, TB disease can quickly progress from sickness to death.

Patients infected with HIV who also have either LTBI or TB disease can be treated effectively. The first step is to ensure that patients living with HIV are tested for TB infection. If found to have TB infection, further tests are needed to rule out TB disease. The next step is to start treatment for LTBI or TB disease accordingly based on test results.

There are several effective LTBI regimens available for patients with HIV. Health care providers should consider prescribing the more convenient shorter regimens, when possible, as patients are more likely to complete shorter treatment regimens.

Adherence to treatment for LTBI or TB disease is of special concern for patients living with HIV. HIV infection significantly increases the risk of dying from TB. Treatment adherence for both HIV and LTBI or TB disease is the key to staying healthy.

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Refer to [Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV and Guidelines for the Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents and Notice to Readers: Updated Guidelines for the Use of Rifamycins for the Treatment of Tuberculosis Among HIV-Infected Patients Taking Protease Inhibitors or Nonnucleoside Reverse Transcriptase Inhibitors](#) *MMWR* 2004; 53 (No. 2) for more information on HIV and TB treatment.



As we reflect on a very busy 2019,  
we look back in gratitude to the many successes  
of Polk County Medical Society and the  
Volunteer Physician Network.

YOU, our 494 volunteer physician specialists in  
Des Moines, have provided almost 4000 lowans,  
specialty healthcare services which has  
transformed their lives.

To our PCMS Volunteer Physicians,  
YOU are the Essence of the SPIRIT OF GIVING!  
Thank You and Happy Holidays!





**Happy Holidays & Best wishes for a  
bright and merry New Year!  
We thank you for your continued membership  
and support of your local medical society.**

**From your PCMS Staff,  
Paula, Marti and Nina**



*Continued from page 12*

cap protections, or they will leave Iowa, which already struggles with recruiting physicians in such a rural state. This is a major impact to the physician workforce here in Iowa.

In the long run, legislators must understand that the lack of a hard cap tort reform will hurt their constituents – the patients, through delay in treatment, or lack of services which could cause further trauma or even death. Patients will have to travel farther for health care and services.

**SO PLEASE, STAND TOGETHER  
AND STAND WITH US, YOUR LOCAL**

**MEDICAL SOCIETY** and participate for even a half hour, speaking with legislators over a cup of coffee at the PCMS Legislative Breakfast on Wednesday, January 29, 2020.

Take an hour of your day to protect yourself, your practice, your patients by being seen and heard where it counts, at the seat of lawmakers, at our state capitol.

**You Count, Your Patients Count, so  
STAND UP and BE COUNTED. WE ARE  
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## PERSONAL CHALLENGES:

### *What to say? What to do?*

**By: Robert "Tim" Yoho, D.P.M., M.S.**

One of the things I have always struggled with as a person and a health care provider is how to approach a friend, a colleague, a patient who is having personal challenges. How do you let them know you are thinking of them without running the risk of being viewed as overly intrusive or just plain nosey?

All of us have experienced difficult times, and we know many friends, colleagues and patients who have as well. Whether it be illness or loss of a friend or a loved one, there is an internal mechanism that causes us to want to help. The problem is what to say or what to do?

Our family story includes the loss of our beautiful daughter-in-law Laura to brain cancer and the circumstances of the birth of our granddaughter Caralyn.

Laura and Nathan were a perfect couple. They battled her disease as a team and lived as normal a life as possible under very difficult circumstances. After three brain surgeries, radiation and countless rounds of chemotherapy over a 27-month period, Laura lost her battle on July 23, 2013.

My wife Donna, Nathan and I are private people. We tend to not openly discuss personal issues other than with the few individuals who we feel should have some knowledge of the situation. Laura and Nathan were a popular couple. Her battle against cancer was covered in various media to help others continue to fight the good fight through exercise and wellness. Word travels quickly.

Throughout Laura's illness and following her death, we were overwhelmed by the compassion and support shown to





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us by so many people in so many ways – family, friends, neighbors, colleagues, Laura’s health care providers and people we have never met. We were blessed to be surrounded by so many caring people.

From this experience, we learned much in terms of how we should interact with people who are experiencing a difficult time:

1. It does not matter whether people are private or not.
2. Let the person know you are thinking of them or are hoping for the best rather than asking how everything is going or how is the person doing. That can be a very uncomfortable question to answer. Just let the person offer if he or she wants.
3. If you are not comfortable with a face-to-face approach, just send a simple “thinking of you” note or card.
4. Don’t ask “What can I do?” Just do something you feel would be helpful.
5. Don’t compare your own experience with the person’s circumstance.

Doing one or more of these simple things helps far beyond what you can imagine.

And lastly, avoiding the situation is a lost opportunity for you to bring comfort to someone and experience a feeling of goodness.

So, what appears to be a complex question and places us in an uncomfortable position really turns out to have a simple answer, with thoughtful meaning. Make it a point to tell someone or send a note that you are thinking of them. The effect is profound.

Oh, and health care providers are people first.

---

*R. Tim Yoho, D.P.M., M.S., FACFAS, is dean of DMU’s College of Podiatric Medicine and Surgery. His son, Nathan, and Laura Brammeier wed in August 2011. After she was diagnosed with brain cancer, Laura’s best friend volunteered to be a surrogate mother. Nathan and Laura’s daughter, Caralyn, arrived on November 26, 2013.*



**Congratulations to Teri Wahlig, M.D., C.E.O. of ChildServe**, who was featured in the November 29, 2019, edition of **The Business Record** as a guest editor regarding where local leaders stand on key issues.

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## 457(b)...Good or Bad?

ROSS POLKING, CFP®, AIF®, MBA, *Lead Advisor - Business Development*

Retirement is coming! It might be within a couple years or forty. Plowing away as much money as possible and mitigating one's taxable situation are key considerations in retirement planning. Most everyone is familiar with 401(k) and 403(b) plans. These constitute the majority of employer-sponsored retirement plan accounts that allow employees to defer money from their paychecks for long-term savings. In most instances, these vehicles are excellent options to financially prepare for one's post-work years.

So what about the obscure employer-sponsored retirement plan offering that falls under Internal Revenue Code 457(b), creatively called 457(b) plans? Are these worth their salt?

Similar to their 401(k)/403(b) cousins, 457 plans allow government and certain non-governmental employees, such as hospital employees, an opportunity to contribute money from their gross incomes, reducing taxable wages and growing tax-deferred until withdrawal. While contribution limits for 401ks and 403bs are limited to a combined contribution amount of \$19,000 for those under 50, and \$25,000 for those 50 and up, the 457 has those same limits, but are counted separate from the 401ks/403bs. This allows a participant to double up their total savings for the year when offered both savings options. Employees who are within three years of retirement age, as specified in the plan document, can make special 457(b) catch-up contributions. If you happen to leave employment prior to age 59.5, 457s do not come with early withdrawal penalties, unlike 401ks/403bs.

Sound good so far? For someone who is maxing out either their 401(k) or 403(b), an additional savings option of a 457 certainly sounds appealing. But buyer beware.

457 plans are considered non-qualified, and therefore not subject to the Employee Retirement Income and Security Act (ERISA). This is important. ERISA affords participants certain protections from discrimination, lack of transparency, and employers doing frivolous things with their money. A further distinction that an investor must make is if the 457 plan is governmental or non-governmental. The former are required to be held in trust. The latter are not. This means money in non-governmental plans remains controlled by the employer and would be exposed to creditors if the organization goes under. Your money can disappear. While the odds are slight, it does happen.

Once a participant understands the risks involved, distribution provisions need to be researched. All plans are different. Some plans force lump sum withdrawals upon termination. Others allow the money to remain in the plan for a finite time. Rollover options are tricky too, only governmental 457 assets can move to an IRA. Non-governmental investments can only roll into another non-governmental 457(b) and only if that new employer's plan accepts rollovers. Otherwise, you have a significant taxable event on your hands!

457(b)s are worth consideration but not for everyone. They can be great vehicles to save for retirement, but they are often complex and come with restrictions not found in 401(k)s and 403(b)s. The decision to enroll is not an easy one. Do your homework. Get good advice. **Stay diversified.**

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## PEDIATRIC ONCOLOGY

# *Drug Crisis*

**By: Wendy Woods-Swafford, M.D., M.P.H.**

Pediatric oncology patients have seen dramatic improvements in survival, with overall cure rates now exceeding 85%. Children diagnosed with standard risk acute lymphoblastic leukemia have seen the greatest improvement.

The five year overall survival rates now exceed 98%, compared to ~10% in the 1960s. This success has been overshadowed by the devastation of national critical drug shortages that is affecting pediatric oncology patients.

Iowa is no exception. Vincristine has been successfully utilized in the treatment of childhood and young adult cancer therapies since the 1970s. It is a critical component of the majority of treatment regimens.

For the past decade, the childhood cancer community has been faced with drug shortages of our oldest and standard backbone therapies – Doxorubicin, Methotrexate, Cisplatin, and Asparaginase to name a few. We utilize old drugs for which patents have expired. There are no longer financial benefits to produce these drugs.

Previous shortages have been weathered by substituting or switching therapy plans. In the case of Vincristine, it is irreplaceable, there is no substitute. Many hospitals have exhausted their supply and doctors are being forced to ration the drug.

Locally, we are batching doses and altering infusion schedules/treatments based on promised drug

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shipments. These shortages will continue to affect pediatric cancer patients until the economic and regulatory drivers that ultimately influence drug production are re-evaluated and revised.

Families in the midst of this battle and their medical teams appreciate your advocacy regarding this issue. You can help end this shortage by lending

your voice and contacting our Iowa delegation in Washington, D.C.:

Senator Joni Ernst  
Phone: (202) 224-3254

Senator Chuck Grassley  
Phone 202-224-3744

Congresswoman Cindy Axne  
Office: 202 225 5476



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# Bulletin

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