

COVID-19 RELIEF: DMU students want to help you!

Polk County's front-line medical personnel are under increasing strain in the battle against COVID-19. If you are among them, students from Des Moines University's health professions programs (DO, DPM, PA, PT, MPH, MHA, MSBS, MSA) have created a Resource Network for medical personnel to request support services, due to the COVID-19 quarantine initiatives, from student volunteers, including childcare services, pet-sitting, dog walking, grocery shopping, meal preparation, etc. More than 80 DMU have signed up as network volunteers to assist you, while you assist others!

Just fill out the Google Request Form that will allow you to sign up for the **Des Moines Area Medical Personnel Childcare and Household Management** Resource Network. Please read the instructions in full. Network services are available only to medical personnel in the Greater Des Moines Metropolitan Area – Des Moines, West Des Moines, Ankeny, Urbandale, Windsor Heights, Johnston, Clive, Saylorville, Capitol Heights, Norwoodville, Marquisville, Pleasant Hill and Altoona.

"There was a need amongst medical personnel for support and there was an excess of students who were equipped to serve this community," says Sydney Stanley, a second-year student in DMU's doctor of osteopathic medicine program and president of her class, who worked to create the network. "Our students provided over 10,000 hours of community service last year and were on track to provide 12,000 hours of community service this year. With the outbreak of COVID-19, the students' regularly scheduled volunteer opportunities in the community were put hold. This network re-opens the door for students who want to volunteer and who want to serve this community."

For easy access to the request for services for go to www.pcms.org/resources/covid-19 under SUPPORT AND RELIEF SERVICES.



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VIGILANCE and Parting

By: Doug Massop, M.D.

Dear PCMS Members,

The Covid-19 Pandemic has changed our world in a very short time. There has been a significant amount of advice and information already provided to health professionals.

The Polk County Medical Society recognizes that the evolving nature of this outbreak has required public health advice to evolve rapidly with the emerging epidemiology. This has made it more challenging for people to keep up to date and informed on ever changing rules, regulations or government emergency response affecting physicians, practices and the medical services. The larger scale community outbreaks are eminent and will place a significant burden on the health system, in which you play an absolutely critical frontline role.

Polk County Medical Society will continue to assist in disseminating information and to help get answers for our members upon request. You may access new and previously released information on COVID-19 for the state of Iowa and Central Iowa Physicians using our information sources in the "Resource" section of the Polk County website: pcms.org/resources/covid-19/.

As many of you know, over the past few months, concerned citizens made significant progress regarding Tort Reform.

The Senate approved Tort Reform legislation SF 2338 and this places a cap on noneconomic damages in medical malpractice lawsuits to no more than \$750,000. This was to be taken up by the House before Covid-19. The House has recessed until the end of April.

OUTGOING PRESIDENT'S MESSAGE

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When it resumes, legislation House subcommittee meetings will take place on Tort Reform to discuss SF2338.

I would certainly hope that with the current stress on the entire State of lowa healthcare system that we have a sympathetic ear from the House legislature and can get this legislation passed. This legislation is common sense for common sense lowans. It will help us recruit and retain physicians. Further, it will help maintain quality of care in rural lowa where it is so desperately needed. I hope YOU will all be in contact with legislators and business leaders and concerned citizens to exert influence on this topic.

I started this Presidential term talking about Pacha Mama and the health of our world. Oh my—how this year has changed!! More than ever, we all need to be active in the care of the world as a

whole and the healthcare system itself. Please be involved in the future. This is so important for all of us.

Thank you for the opportunity to be your President for the past year. This has been quite a ride on a wild rollercoaster. I have learned a lot and hopefully helped some.

As you know, we have cancelled the planned annual meeting. We have nominated and will confirm Will Wortman to be your next president. He is energetic and thoughtful. I have no doubt that he will lead the society well.

Best wishes for your personal health and success and the general health of the medical profession and the people we serve.

Doug Massop, M.D.
Outgoing President, PCMS



PCHD NEWS BRIEF: Coronavirus (COVID-19) FAQ

WHERE DID IT COME FROM?

- Thought to have been initially transmitted by animals (camels, cattle, cats, bats), much like MERS and SARS
- First identified in Wuhan, China

HOW DOES IT SPREAD?

- More than likely by respiratory droplet; also spreads via fomites
- Close contact (within 6 feet) = high risk
- Most contagious when symptomatic
- Incubation is controversial some say 2-14d, some say -5d

SYMPTOMS

- Fever
- Cough
- SOB
- Myalgia
- Fatique
- Most commonly presents like pneumonia
- Some atypical presentations in USA with loss of sense of smell and taste and GI
- symptoms with no respiratory symptoms

CLINICAL COURSE

- Ranges from asymptomatic to mild to fatal
- Patients with comorbid disease (Heart problems, cancer, COPD, diabetes, BMI > 40.) are at much higher risk.
- Patients older than 65 are at higher risk.
- Clinical deterioration often seen in 2nd week

- ARDS = most common complication (30% of cases result in this)
- Other complications = secondary infection, acute cardiac injury, acute kidney injury, shock

LABS

- Often will see lymphopenia and leukocytosis as well as elevated ALT/AST
- Possible to isolate from upper airway, bronchoalveolar lavage, blood and stool; unknown how long RNA can be isolated
- CDC has developed testing kits
- Diagnosed with RT-PCR

TREATMENT

- Care for patients in airborne infection isolation room
- Standard, contact, airborne precautions plus eve protection
- If mild -> home isolation w/close monitoring
- If severe -> hospitalization with isolation
- Infection prevention, supportive management of complications, advanced organ support if needed (intubation, ECMO, etc).
- Avoid corticosteroids, NSAIDS.

WHEN TO D/C PRECAUTIONS OR ISOLATION

- Case-by-case basis; MUST SEE resolution of fever, symptomatic improvement
- (-) RT-PCR results from 2 swabs from sequential tracts (nasopharyngeal + throat) >/= 24h apart



A PROMISING Uture

By: William Wortman, M.D.

Dear Polk County Medical Society Physicians,

It is with enthusiasm and humility that I assume the role of president of the Council during such dynamic times concerning this current Pandemic and ongoing issue of Tort Reform.

We deeply thank, past PCMS resident, Dr. Doug Massop, for his efforts last year in promoting action for meaningful Tort Reform in the state of lowa.

Moving forward, the Council and I hope to finalize these efforts as the Legislature reconvenes. While the ongoing COVID-19 Pandemic will likely reshape many aspects of

healthcare in lowa, it is a prominent goal of mine to ensure PCMS continues to improve the health of lowans in many ways.

Our first goal will be to expand funding for the Volunteer Provider Network such that lowans, who are most in need, can seek specialty care in Central lowa with many of our specialists.

That being said, a secondary goal will be to augment the first by working to enroll more physicians into currently vacant specialty areas of need, to participate in the VPN.

Third, I would like to enhance the public perception of PCMS by

WASHINGTON, D.C. ADVOCACY



PCMS and a delegation of physicians from Iowa met with Senator Chuck Grassley to discuss health care issues in Iowa, including the continued efforts to change Medicare disparity in Iowa.

Polk Medical Society physicians, CEO Paula Noonan, along with Iowa Medical Society physicians and staff, attended the AMA National Advocacy Conference in Washington, D.C. The AMA meetings consisted of an overview of the current political environment in D.C. impacting this legislative session, with Capitol Hill briefing on advocacy efforts, and Congressional perspectives.

The PCMS spoke in depth with each of our lowa Congressional Delegation

and their staff at individual and group meetings in their offices. We had lengthy discussions on issues impacting the practice of medicine, physicians and patients in the metropolitan communities of Polk, Dallas and Warren counties, such as drug pricing transparency, GPCI and SRG sunset legislation, physician workforce issues and GME, among a list of current items PCMS continues efforts to move forward. We also discussed the Conrad 30 Expansion and Extension in detail.

And the Award Goes to ...



Tyler Folkerts Des Moines University



Pooja Patel University of Iowa



Spencer Hammack Des Moines University

Congratulations to the 2019 Kathie J. Lyman Scholarships **Recipients!** Award Tyler Folkerts, from Des Moines University (DMU), Pooja Patel from the University of Iowa (U of I) and the second recipient for Podiatric Medicine, Des Moines University student Spencer Hammack. Fach medical student was awarded a \$1000 scholarship by the Polk County Medical Society to further their medical education

Global Health Mission Program scholarships were awarded to Des Moines University Global Health Student Club and Broadlawns Medical Center. Each received a \$500 Global health award from the Kathie J. Lyman Scholarship Foundation to assist their participants in global medical missions and education programs.

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galvanizing a fair cohort of our primary care provider members to assist with back-to-school physicals in areas where they are direly needed.

Fourth, and certainly not least, concentrated efforts will be made to procure further funding to expand our current scholarship offerings for future physicians within the State of lowa.

I thank all of the members of PCMS for the opportunity to serve as president and for their past, present and future efforts in promoting the health of lowans.

Sincerely, William E. Wortman, M.D.





MENTAL HEALTH SPEAKER'S BUREAU

Many of us are familiar with the things we can do to stay healthy: wash our hands; refrain from touching our faces; practice social distancing; and staying home if we are sick.

There are things we can do to protect our mental health too.

Take time to decompress.

- Get outside! Take a walk, visit a park
- · Breathe!
- · Turn off the news stories

Connect with others in a safe way

- · Connect with video chats through Zoom or FaceTime
- Call family members, co-workers, friends
- · Participate in virtual classrooms, meetings, or church sermons

Avoid using alcohol or drugs to cope.

· Try to decompress with healthy self-care

Get help if you need it.

- Stay connected with your support network.
- Continue to attend your counseling or therapy sessions now available through tele-health systems
- · Call 2-1-1 to connect to professional resources
- Reach out to the Polk County Critical Incident Stress Management Team at 515-954-0409
- Contact the National Domestic Violence Hotline: 800-799-7233
- If you feel you might harm yourself or others, call 9-1-1

MENTAL HEALTH EXPERTS

Mental health experts from across Polk County are available to share more information about maintaining positive mental health during the COVID-19 response, identifying early signs of mental health conditions, and providing insight on what services are available to adults and children. Please contact Nola Aigner Davis to schedule an interview with one of our community's mental health experts.

- Dr. Kevin Carroll
- Steve Johnson, MSW
- Dr. Leenu Mishra
- Dr. Mary Thompson
- Dr. Sasha F. Khosravi
- Dr. Amy Shriver

Contact: Nola Aigner Davis, Polk County Health Department Communications Director Nola.Aigner@polkcountyiowa.gov | 515.782.7236

Polk County Health Services







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PCMS thanked them for the continued work they are doing on Medicare Disparity in our state for physicians and look forward to the future GAO report on possible reallocation of geographical lines to assist in the efforts to increase physician payment. PCMS continuously advocates with our Washington Officials on behalf of physicians in our state! At this joint meeting, we presented a united voice of medicine in lowa working with our

state colleagues as we continue to ask for a fix to Medicare's Geographic Adjustment Policy NOW!

Your PCMS Leadership returns to D.C. in September, to advocate and reinforce support that we have worked so diligently to obtain on behalf of our metropolitan physician members! We continue the ask, striving for legislation to improve the fairness and competitive disadvantages in Medicare payments.



Senator Joni Ernst is delighted to meet with PCMS and physician delegation to discuss issues impacting Central Iowa physicians, as well as her support of the extension and expansion of Conrad 30, on which she continues to work with PCMS.

In Memory of



Roy W. Overton, Jr., M.D.

By: Matt Overton

Dr. Roy William Overton, Jr., 90, passed away Sunday, February 16, 2020, at Arbor Springs in West Des Moines. Roy was born September 28, 1929, in Des Moines. He attended North High School, Drake University, and obtained his M.D. in 1954 from the University of Iowa Medical School, where he was Phi Beta Kappa.

Roy maintained a large private practice for many years before merging into the Mercy family of physicians. He specialized in family practice and, later in his career, geriatrics. He was a proud member of the Polk County Medical Society and was an active participant in funding, even in retirement.

Medicine was his passion and he made an impact on the lives of many in the Des Moines area, including the delivery of hundreds of children across our community.

Roy also loved mentoring, and of all his numerous awards, one of his favorites was the one he received in the 1990s from COMS as "Preceptor and Teacher to more Future Physicians at COMS than any other Physician." Roy felt blessed to train so many students and considered it his way of leaving a permanent legacy in the medical community.

He respected his patients and would frequently make personal sacrifices to ensure the highest possible level of care for them. Roy was also one of the last doctors in the Des Moines area to regularly offer house-calls as part of his standard of care for the elderly

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2020 PCMS LEGISLATIVE BREAKFAST AT THE CAPITOL:

Your Trusted Voice for Health Issues Impacting Your Patients and Practice

The Polk County Medical Society (PCMS) Board, members, staff and medical students from the Des Moines Area Medical Education Consortium with the University of Iowa, met with key Iowa legislators on the important issues impacting healthcare in Iowa. The PCMS Legislative Breakfast was held on Wednesday, January 29th at the Iowa State Capitol.

PCMS members advocated in full force, focusing primary focus on Tort Reform this session. Other 2020 legislative priorities that were discussed, were continued funding of the Volunteer Physician Network and issues from the PCMS 2020 legislative priorities that are having an impact on the scope/practice of medicine, physicians and patients in our community.

This year's visit at the capitol was crucial for Tort Reform in lowa, impacting workforce shortages of physicians, recruitment of physicians to our state, and availability of services throughout lowa for patients.

Thank you to all our very busy physician members who were able to participate and represent our urban medical community on behalf of all PCMS members. We had a huge turn-out of over 130 physicians representing Polk County, on these very critical issues impacting ALL PHYSICIANS and PATIENTS IN OUR STATE. We appreciate You representing the VOICE OF MEDICINE IN CENTRAL IOWA!



L-R: Larry Severidt, M.D. and Sen. Amanda Ragan talk the important need for a Tort Reform hard cap to ensure services for patients and how administrative burdens on physicians diverts time away from quality care.



L-R: Doug Massop, M.D. and Rep. Ann Meyer discuss the importance of Tort Reform and how it would enhance recruitment efforts to get physicians to come and practice in a rural states such as Iowa

PCMS EVENT

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L-R: Jason Wittmer, M.D. and Rep. Mike Bergan discuss how Iowa's lack of a hard cap on noneconomic damages put rural healthcare facilities in peril.



L-R: Rep. Mike Sexton and Craig Mahoney, M.D. discuss continued VPN Funding, Tort Reform impacts to patients and scope of practice issues this session.



DMU Students and Dr. Yoho ready to speak to Legislators on how Tort Reform impacts where they will choose to practice.



L-R: Representative Molly Donahue, Kate Massop, M.D. and Karla Fultz-McHenry pause during a conversation on how Tort Reform results in securing health services for Iowans and recruitment of physicians to shore up workforce shortages by attracting physicians to Iowa.



L-R: Carlos Alarcon, M.D. and Rep. Bruce Hunter discuss how state funding is crucial to keep the Volunteer Physician Network program viable

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L-R: Will Wortman, M.D.,
Kevin Cunningham, M.D., and
Larry Severidt, M.D. discuss
the importance of physicians,
residents and students sharing the
"Voice of Medicine" impacting the
practice of medicine, at the PCMS
Legislative Breakfast.





L-R: Katie Wengert, Jeff Jarding, and Sreedhar Somisetty, M.D. discuss funding for Mental Health, Volunteer Physician Network for Iowans in need and Tort Reform impacts for community and county hospitals.



L-R: Tom Benzoni, D.O., Olena Anastasia Khodan, M.D., Maryna Khalimonenko, M.D., and Noreen O'Shea, D.O. reviewing the 2020 Legislative Priorities together.

PCMS EVENT

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L-R: Jeff Jarding, Clint Hawthorne, M.D., and Sarah Eikenberry discuss the issue of continuity of care and medical drug switching.



L-R: Will Wortman, M.D. and Christi Taylor, M.D. review Tort Reform key points.

L-R: Sen. Mariannette Miller-Meeks, Amy McEntaffer, M.D., Therese Tran, M.D., Jenna Kubat, M.D. discuss how tort reform causes loss of health care services jeopardizing Iowans.



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L-R: Kelly Breffle-Starbird, Laura Scieszienski, Megan Vree and Chris Sidwell representing University of Iowa medical students, which the PCMS mentors and collaborates with through the Advocacy Fast Track Program.



L-R: Tim Yoho, D.O. and Larry Severidt, M.D. are happy about the turnout for the Legislative breakfast by all levels of future and practicing physicians representing Central Iowa through PCMS membership engaging our lawmakers.

L-R: Will Wortman, M.D. and Rep. Megan Jones talk about the importance of the Volunteer Physician Network program, which is the only access to free specialty care in Iowa.



L-R: Carl Meyer, M.D., Tim Yoho, M.D., and Rep. Monica Kurth have a progressive conversation regarding regulation mental health legislation, Tort Reform and health care workforce shortage impact.

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L-R: Doug Massop, M.D., Larry Severidt, M.D., and Rep. Dan Zumbach talk about challenges of physician burnout.



L-R: Therese Tran, M.D., Jenna Kubat, M.D., Amy McEntaffer, M.D. and Rep. Chris Hagenow discuss the threats of closing practices due to lack of cap on malpractice suits.



L-R: Samika Abdulrahlan, D.O., Larry Severidt, M.D., Jason Wittmer, M.D. and Rep. John Landon pause for a photo before discussing further on the administrative burden on physicians.



L-R: Jason Kruse, D.O. and Jason Wittmer, M.D. discuss the continued need for the Volunteer Physician Network for Iowans at risk.



L-R: Rep. Dave Maxwell and Doug Massop,
M.D. are happy to meet with each other to discuss
PCMS legislative priorities.



COVID-19 RESOURCES *and Information Sources*

By Paula A. Noonan, CEO

As current events regarding the Coronavirus (COVID-19) continue to change and develop in the U.S., in lowa and Polk County we encourage our members to refer to our state and county public health websites.

Questions and concerns regarding testing, management, and appropriate protection should be filtered through Polk County Health Department and the lowa Department of Public Health. Your PCMS Board encourages you to remain vigilant and refer to our county and state public health websites as provided above.

For ongoing updates and information, you may refer to the PCMS website: www.pcms.org/resources/covid-19 or for the latest lowa Covid-19 Government

guidance, resources and information: www.coronavirus.iowa.gov.

During this critical time, PCMS is engaging with partners to provide support and relief to our members, to help alleviate personal burdens while providing essential medical services to our communities.

SUPPORT AND RELIEF SERVICES for POLK COUNTY PHYSICIANS

Students at DMU are actively signing up to volunteer their time and services to medical personnel in Polk County who may need help with childcare services, pet-sitting, dog walking, grocery shopping, meal-prepping, etc. due to the COVID-19 virus quarantine initiatives.

WILL YOU SERVE?

COVID Care Force™ is looking for physicians who are willing to volunteer in hotspots and areas of critical healthcare staffing shortages due to the COVID-19 pandemic.

"I want to thank the COVID Care Force for your significant efforts in deploying physicians...to communities and hospitals in urban hot spots such as New York City as well as within struggling critical access hospitals in rural communities..."

VADM (Ret.) Richard Carmona, MD, MPH, FACS 17th Surgeon General

To volunteer or for more information please visit www.covidcareforce.org.



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To sign up for services by a volunteer medical student to assist your needs, please go to this link and fill out/submit the request form: www.forms.gle/rdoQpjBTNxtvtgvd7.

Temporary Additional Nurse and Health Care Staff

PCMS partners, Favorite Healthcare Staffing, is one of the largest natural disaster response agencies in the country by providing relief for hurricanes, tornadoes, fires, border immigration crisis, and now Covid-19 outbreaks.

Favorite can supply a large amount (100+) of RN, LPN, NP/PA and Direct Care Staff within 24-48 hours. Their largest deployment was just over 1,000 medical and direct care staff in a span of five days.

For more information contact: Derek Reid, Executive Director Work: 913-800-7073

Email: DReid@FavoriteStaffing.com Web: www.FavoriteStaffing.com

The Polk County Medical Society continues to be available to assist our members and find resources and information for you. In these stressful times, please ensure your safety and well-being.

Make sure to take time to re-center, and most importantly, take a breath and time to decompress. Please reach out to us if you need to speak to anyone for support. This pandemic is already taking a toll on our medical professionals, in overload of patients, overtime in hours, and a lack of PPEs which enable you to safely provide care services.

We are here: pcms@pcms.org or you may contact Paula Noonan, CEO, at 515-402-2277.



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Surrounding you with care.

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The point of unity is you.



HEALTHCARE EXPOSURE

- Self-monitoring: temp 2x/d + remain alert for respiratory symptoms
- Active-monitoring: state/local health department maintains regular communication to assess for symptoms
- HIGH RISK active monitoring + restriction from work until 14d postexposure + self-isolation if symptoms develop
- Perform in room where procedure takes place (resuscitation, intubation, sputum induction, etc)
- MEDIUM RISK active monitoring + restriction from work until 14d postexposure + self isolation if symptoms develop
- Procedure, but with most precautions (no gown/gloves)
- Prolonged close contact while unprotected; regardless if patient is wearing facemask

- No gloves + contact with excretions + no immediate hand hygiene measures
- LOW RISK Self-monitoring with delegated supervision until 14d postexposure

NEW UPDATES

- Fatality rate reported at 2.3% vs. 0.1% for influenza
- More fatal in men
- Trials of HIV antiretrovirals, Z-pack, Hydroxychloroquine, anti-influenza med and others on COVID-19 patients
- Thought that surfaces can carry COVID-19 for up to 9 days (based on SARS data 80% similarity in sequence).

Some of this information is changing daily. By the time the Bulletin comes out, some data might be different.

Information taken from the CDC.

PCMS IS NOW ON FACEBOOK AND TWITTER!!





THANK YOU

to all the Physicians on the front lines fighting for us!



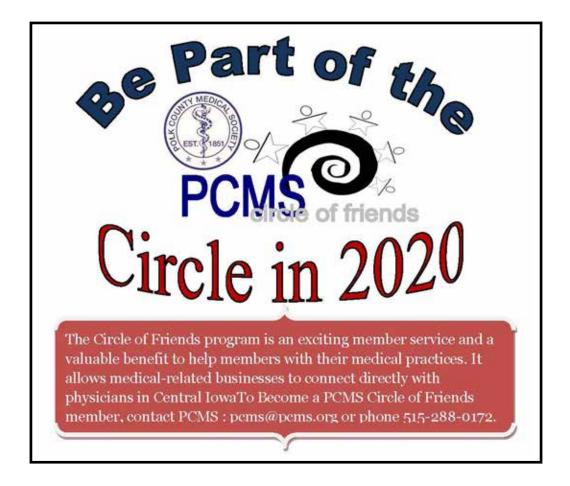
Today and Always!

or infirmed. Roy was respected in the community for these efforts, and was always happy to run into his previous patients. He wept at his retirement in 1996.

Roy was also very active in the conservation community. He was inducted into the Izaak Walton League Hall of Fame in 1997. He was named "lowa Sportsman of the Year" by WHO Radio in 2004.

Post-retirement, Roy volunteered much of his time lobbying at the State Capitol on behalf of both environmental and health care issues.

Memorials may be made in his name to the Polk County Medical Society Scholarship Fund, the Izaak Walton League of Iowa, or ALZ.org.







CONFIRMING WHAT YOU KNOW

KYRA WELLS, CFP®, Associate Advisor Manager

When I got married last year, I was excited to work with my husband on our mutual financial goals, objectives, and budget. Having worked on the Advisory Team at Foster Group for the last five years, I felt confident about my ability to manage our money.

While I suspected there would be challenges combining our finances, I wasn't quite prepared for just how different we approached budgeting, money and even our communication about finances.

Even though I've been helping married clients with their money for years, I realized we needed help. Were we thinking about things in the right way? Were we asking the right questions? Were we doing a good job of listening to each other and respecting our differences? These were questions that suddenly I was asking rather than answering!

So, I sat down with a financial advisor at Foster Group to discuss some of the challenges we were facing. Guess what, they asked me many of the same questions and said many of the same things I'd been hearing for years! As it turns out, we were indeed doing and thinking about the right things. After that meeting, I felt more confident in the decisions we were making. And while we made some changes, the core of the process we went through stayed the same. So why did I need the conversation, and why did it make me feel better?

Humans are relational people. Although you can read articles, watch videos, and be doing all the right things, there is still a desire to discuss your concerns with a person who can understand your needs.

Many of our clients at Foster Group fall in this category. They are doing the right things but want someone who can look at their entire financial plan and provide an honest assessment. They want to be assured they are on the right path or get advice on what to change.

At Foster Group, we truly care about our clients' goals, whether they're planning for their families' futures or planning to make the future better for people on the other side of the world. If you wonder whether you're asking the right questions and on the right path, contact us. We would love to sit down with you and make sure you feel confident in your financial situation.

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AMID THE COVID-19 CRISIS

DMU Students Step Up to Serve, Support Polk County Health Professionals

By Steven J. Halm, D.O., FAAP, FACP

Working to provide some relief to these front-line health care employees and their families are more than 80 Des Moines University (DMU) students, representing all eight of DMU's graduate medical and health sciences programs. They created the Des Moines Childcare and Household Management Resource Network to help with household and childcare tasks for members of the Polk County medical community, from physicians and nurses to pharmacists and custodians.

Sydney Stanley, a second-year student in DMU's doctor of osteopathic

medicine program and president of her class, got the ball rolling.

"There was a need amongst medical personnel for support, and there was an excess of students who were equipped to serve this community," she says. "Our students provided over 10,000 hours of community service last year and were on track to provide 12,000 hours of community service this year.

With the outbreak of COVID-19, the students' regularly scheduled volunteer opportunities in the community were put hold. This

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network re-opens the door for students who want to serve this community."

Information about the network is being disseminated via a joint effort with Polk County Medical Society and central lowa hospital and clinic systems.

"I want people to know that there are still ways to support their neighbors, the vulnerable populations and our community at large, while also following safe social practices," she says. "I believe the surgeon general said it best, "Social distancing does not have to mean social disengagement."

Students also volunteered to staff the 211 hotline devoted to answering COVID-19 questions from our

community and are triaging people for proper care.

"It has been a good experience to be able to have an outlet to help people during a time of need," says hotline volunteer Kathryn Aitkens, a thirdyear osteopathic medical student.

DMU is tremendously proud of all our students that are stepping up to help – taking advantage of the option to contribute to their community in meaningful ways. They are well on their way to giving back, at this early stage in their careers of service, to others.

Steven J. Halm, D.O., FAAP, FACP, is dean of the College of Osteopathic Medicine at Des Moines University.

NEW PRACTICE ANNOUNCEMENT: Osteopathic Care, PLC, a private OMM practice

Dr. Katherine Heineman is pleased to offer osteopathic manipulative medicine (OMM) services to patients in the greater Des Moines area after opening a private micro-OMM practice in January 2020. Osteopathic manipulative medicine (OMM) is a gentle, hands-on technique used to evaluate and treat many medical concerns. Dr. Heineman applies hands-on expertise to a variety of health care problems i.e., gastrointestinal concerns (including irritable bowel syndrome, gastroparesis, biliary dyskinesia, GERD); repetitive strains related to musical careers or sports injuries; infants with nursing difficulties, chronic infections, colic; pain and concerns related to pregnancy; ENT concerns including chronic sinus infections, recurrent ear infections, vertigo; other somatic pain including headaches, neck pain, low back pain, shoulder pain, knee pain, elbow pain and many other medical concerns. To learn more about how osteopathic manipulation, to refer a patient, or to book an appointment, call Osteopathic Care at 515-339-8016 or visit www.yourosteopathiccare.com





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I WANT A WHOLE-BODY MRI:

When Patients Demand Unnecessary Tests

By: Eric Zacharias, M.D., COPIC Department of Patient Safety and Risk Management

A 63-year-old patient was at his primary care physician's office for an annual physical exam. The patient told the physician that he wanted "a whole-body MRI to make sure I don't have any treatable cancer before it's too late." The patient noted he had recently seen cancers in several of his friends and colleagues.

The patient noted that he was in excellent physical health, felt great, and didn't want to die of a curable cancer that could be caught early by an MRI.

When the PCP attempted to explain that he would not order the requested imaging because there was no scientific evidence that a routine screening MRI is of any benefit to asymptomatic individuals and may actually be harmful due to false positive findings,

the patient became visibly frustrated and said, "Tell that to all my friends with cancer!"

The patient also told the doctor that if he did not order the MRI, then he would report the physician to the state medical board for incompetence and find another physician, "more interested in preventing disease than treating it."

This was very upsetting to the PCP because he thought he had an excellent relationship with the patient, believed he had been sensitive to the patient's concerns, and done a good job of explaining pre-test probability and the risks of false positives in screening imaging. The PCP had never been reported to the medical board and didn't know what the risks of that were.

This case illustrates several of the issues that may arise when patients demand unnecessary tests. A list of common questions and general advice follows:

What am I obligated to do for a patient who demands a test that I think is unnecessary?

A simple answer to this question is that, in any given scenario, physicians are held to the medical standard of care. This is defined as "what a reasonable and prudent physician with the same or similar training in similar circumstances would be expected to do."

experienced As physicians may each know, situation can have myriad complicating factors SO that when there is a judgment call regarding a cognitive medical decision, there actually is a "range of acceptable practices." However, in a situation where a patient demands an unnecessary test, the physician is held to the standard of care.

What if the patient is persistently demanding and will not accept my refusal to order a requested test?

Although it is next to impossible to reduce the complexities of how to handle such an encounter to a single piece of advice or a simple algorithm,

a physician should understand that, foremost, he or she is an advocate for the best care for their patients. Sometimes, the best care is not necessarily what the patient is demanding. It is important to understand the patient's underlying reasoning for wanting the study in the first place since addressing this may put the patient at ease.

For instance, a discussion in the above case where you acknowledge that seeing three closely occurring cases of cancer in friends would be unsettling and prompt most people to ask if they should be doing more to screen themselves. If, the patient persists despite reasonable efforts to educate a patient as to why you decline to order a requested test, then it may be reasonable to refer the patient to another physician for a second opinion.

What if, despite my best efforts to convince a patient that he or she does not need a test, I give in and order a test that I believe is unnecessary?

If it is not obviously harmful and could reasonably be justified that in a particular scenario it is within the "range of acceptable medical practices" to order a particular test, then that might be considered within



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the standard of care. In such a case, it would be useful to outline your thought process as to why you are ordering the test despite believing it is unnecessary such as "...although I discussed the risks with Mr. Jones of ordering an MRI, including incidental and benign findings that might lead to more and risky testing and that the best science tells us that the test is not valuable and may be harmful, I think he has significant and ongoing anxiety about not being tested which is having adverse effects on his health, and in this case, it is reasonable to order the MRI since he clearly understands why I recommend against it."

An informed consent discussion with a patient where you outline why the test is being done, the potential risks to the patient, your reasons for advising against it, and your reasons for ordering the test anyway might be helpful to have in the patient's chart in the event of adverse downstream events.

Do any medical organizations have statements regarding unnecessary tests?

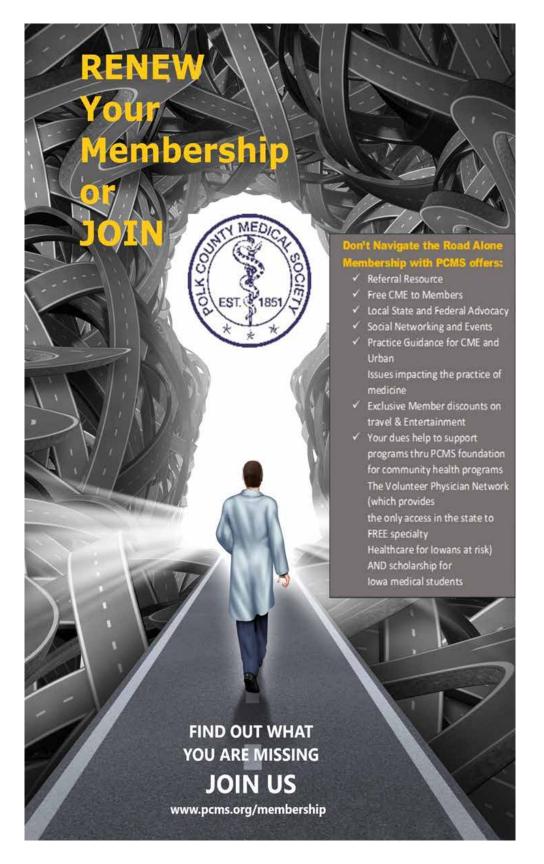
The AMA's Code of Medical Ethics states that "Physicians should not recommend, provide, or charge for unnecessary medical services."



Authors to Write Original Articles

Would you like to write an original article to have published it in the PCMS bi-monthly Bulletin? Topics for articles should be related to the medical field or about one of our members. Please submit articles to the Polk County Medical Society by email at pcms@pcms.org. Listed below are the requirements for publication:

- 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.
- 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.
- 8. Articles are received with the explicit understanding that they are not simultaneously under consideration by another publication.



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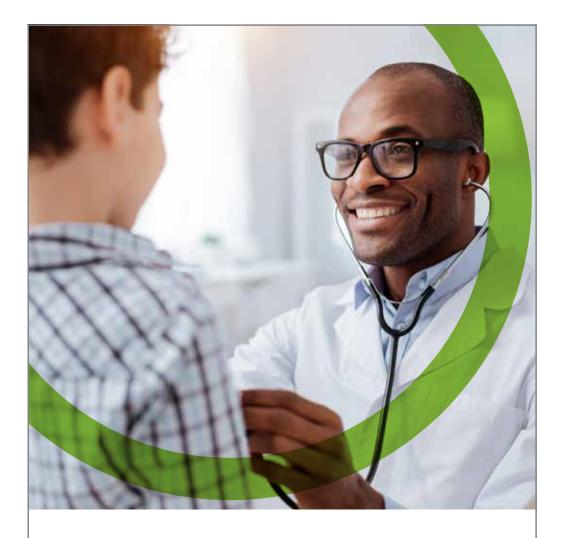
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