

Bulletin

MAY/AUG 2020

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY



PCMS LEGISLATIVE REPORT

Memorial: Gregory Hicklin, M.D.

SARS-CoV-2 Vaccine: The World Awaits

Dealing With Potentially Dangerous Patients

PCHD News Brief: Flu Vaccines



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JON EVANS, CFP®, AIF®, *Lead Advisor - Business Development*

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At that point, we would mutually decide if it makes sense to engage. That's really it. Hiring a financial advisor is an important decision that shouldn't feel pressured or rushed. With a better understanding of our process and how it is built around getting to know you first, hopefully, will help give you confidence to take that first step with us.

A lesson that I'm trying to teach my kids is to always leave things better than the way you found them whether you borrowed a tool from your neighbor or you bump into an old friend at the store.

At Foster Group, we try to lead with that principle each and every day, in the way we treat each other, our clients, and our communities. Even if we are not the right fit for you, it's our responsibility to tell you that. However, the goal is to always leave you in a better place than when we found you.

At Foster Group, truly caring for our clients means taking the time to learn what's in their hearts and using proven methods to help them pursue their goals. If you have questions about Foster Group or would like to start a conversation with us, please take that first step and reach out. We'd be glad to connect with you.

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MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

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Articles and editorial inquiries should be directed to:

Editor, PCMS Bulletin

515-288-0172

1520 High Street

<http://www.pcms.org>

Des Moines, IA 50309

e-mail: pcms@pcms.org

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TORT REFORM *and the* FACE *of the* PANDEMIC

By: William Wortman, M.D.

Dear PCMS Members,

To be open and honest, it is with mixed results that I write to you this summer. Another legislative session has come to a close, and meaningful tort reform via hard caps on non-economic damages has eluded passage once again.

Despite very intense, supportive lobbying by all medical groups around the state, passage of favorable verbiage in the Senate, and likely support from the Governor, the measure fell a few votes short in the House. Given that all of our neighboring states have issued such hard caps, I do not think failure to do so here in Iowa should be interpreted

as a referendum on the issue itself. It, rather, leads me to surmise that our efforts might also be wisely placed when House candidates are running for election and/or re-election. PCMS will continue to strongly lobby for, and robustly support, all efforts to get such reform passed.

That all being said, I am delighted to report that the Legislature and Governor have approved funding for this year for the Volunteer Physician Network at the same level as last fiscal year. Since the State likely faces some revenue shortfall due to the ongoing pandemic, this demonstrates that the Legislature and Governor maintain a

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high level of priority for the medical needs of the Public to access great specialty care.

It would seem that the ongoing Pandemic will continue to influence our daily life and practice going forward. The Board would like to deeply thank all Primary Care Providers for all of their efforts in triaging and educating patients during the pandemic to help slow the spread and ease the strain on the healthcare system in central Iowa. Equally, we applaud our Emergency and Subspecialist providers for caring for the sickest and most critical of the public affected.

Finally, with the Legislative session closed, I look to work closer with our CEO, Paula Noonan, regarding the organization of a new Scholarship Foundation. The cost of medical school and training is unsustainably increasing such that I hope we can help to meaningfully defray some of that cost for future generations of learners. I would openly welcome any administrative or fiscal input from our membership at any time.

Sincerely at Your Service,
William Wortman, MD, President



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FEAR AND LOATHING

During the Pandemic

By: Paula Noonan

So let's review. 2020 started out as any normal year for many, with hopes, dreams and New Year's resolutions to become better versions of ourselves. It seems now those were the days of wine and roses, as we had no idea of the threat and world change about to take place in the following weeks.

Since then, fear and pandemonium ensued. Complete countries shut down and isolated. Worldwide fear of catching an invisible enemy took hold and people became isolated. Families and friends were torn apart by the aftermath of Covid-19's feverish grip that took hold of many, taking those we love too soon.

The medical community, front line workers and essential employees

became heroes of the nation, putting their lives in peril to make sure we got the care and resources we needed to sustain ours.

We learned that a simple ask to **WEAR A MASK TO PROTECT OTHERS AND SLOW THE SPREAD** could be the one thing we could all do to turn this pandemic around, gain some control of the spread and give us a small space of breathing room to focus on a vaccine without stressing our health systems. This simple and easy task, that even a child could perform, turned out instead to be a political issue, instead of a human survival tool against the spread of Covid-19.

To be honest, it is the only real thing our medical community has asked of

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us. Out of all the selfless care they have provided and the risks they have taken, THAT'S IT!

So here is the dilemma. How do we challenge, motivate and engage our leadership and more importantly, the public. to understand the simple request of everyone wearing a mask in public – every time you step out of your home – not for themselves but for the health and safety of others?

How do we tackle the fear associated with being too close to another person, who is not in your social bubble? How do we tackle isolationism and mental health issues induced by fears of being alone, stress, anxiety or helplessness?

How do we safely and succinctly, all together united as one, adopt the new normal of wear a mask, wash your hands and use social distancing – so we can open our economy safely with the knowledge that all we do affects the health and well-being of others, so much more now than ever?

Vaccines will be the first line of defense and assist to seeing the light at the end of this tunnel, but before we get there it is going to take each and every one of us to step up to the plate and be socially

and civically responsible for each other. Remind people to step back if they are not using social distancing. Wear that mask, wash those hands, help children and those who cannot help themselves, learn these new standards and implement them.

There are many resources out there to help with all of these issues that are free. You can find everything from mental and emotional assistance for free, to practice assistance, guidance and Iowa Department of Public Health quick links to keep you informed with knowledge. With these resource tools we can find some answers and also quash some of our fear or anxiety. You can find these resources on our website: <https://pcms.org/resources/covid-19/>.

Lastly, but most importantly, have tolerance, understanding and patience for your neighbors, strangers, and community. Stay well and let us know if we may assist you in any way. The Polk County Medical Society is here for you and our community.

I leave you with this one motto, for each of us strive for, during these tumultuous times:

HUMANKIND, BE BOTH.

ENCOURAGE PATIENTS

to get a Flu Vaccine

Flu season is just around the corner and COVID-19 cases in Polk County are still increasing with no signs of slowing down. Now more than ever, it is vitally important to encourage your patients to get their flu vaccine. This is a preventative measure that everyone can take to stay healthy and help protect the capacity of the healthcare systems and hospitals to take care of the most vulnerable.

Flu vaccine will be available as early as the end of August. Make sure your clinics have enough vaccine in stock especially Fluzone High-Dose for individuals 65 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.

Each year, flu season is unpredictable. We have no idea what it will look like with COVID-19. Whenever you see a patient, please pull their records to see if they have received their flu vaccine and encourage them to get it. The flu shot is recommended for everyone ages six months and older who don't have contraindications to the vaccine. It is also never too late in the season for our patients to get the vaccine.

Whether its flu or COVID-19, it's important to encourage our patients to practice mitigation strategies to stay healthy and prevent the spread of illness to others. Discuss staying home when sick and practicing handwashing and using hand sanitizer. Wearing masks and social distancing in public settings can reduce the risk of both the flu and COVID-19.

PCMS 2019-20 LEGISLATIVE REPORT

PCMS Lobbyists:



John Cacciatore



Lon Anderson

Below is a summary of noteworthy bills of interest to the Polk County Medical Society during the 2020 Legislative session. Please note that this is the last year of the General Assembly. Legislation not enacted in 2020 will need to be reintroduced during the 2021 session.

Bills Signed by Governor Reynolds

HF 2643 FY21 State Budget & Federal Cares Act provides continued FY 20 appropriations status quo funding for FY 21 for the most part. The legislation provides discretion to the Governor and the Department of Management especially when it comes to allocating the \$1.25 billion in federal CARES

Act funding. The bill includes \$225,000 for the VPN program.

(Item-vetoed by Governor 6/30)

***VPN funding is approved, other items in bill vetoed.**

The Governor item-vetoed Section 57, which limited the amount of revenues that the Veterans Home could carry forward to \$800,000. The Governor also item-vetoed Section 91 which would have authorized the Iowa Economic Development Authority to assist broadband providers in obtaining federal funds and other funds to improve broadband infrastructure. The Governor sites that Iowa's Chief Information Officer coordinates

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broadband initiatives, and introducing another governmental entity is unnecessary and could be counterproductive. Here is the link to see the Governor's item veto letter: www.legis.iowa.gov/legislation/BillBook?ga=88&ba=hf2643

SF 2357 A bill for an act relating to the practice and licensure of physician assistants, and including effective date provisions.

(Formerly SSB 3071)

(Undecided)

(Signed by Governor 3/18/20)

HF 310 A bill for an act relating to the practice of optometry.

(Against)

(6/3/2020 House concurred with Senate Amendment/ Passed House 91-6)

(Signed by Gov. 6/29/20)

HF2197 A bill for an act relating to the medical residency training state matching grants program rural rotation requirement.

(Support)

(6/13 Passed Senate 49-0)

(Signed by Governor 6/25/20)

HF2589 A bill for an act concerning the medical cannabidiol Act.

(Undecided)

(6/3 Substituted for SF 2363 Passed Senate 32-17 messaged to House)

(Signed by Governor 6/29/20)

SF-2338 (TORT REFORM-without CAPS in but relating to Covid19) A bill for an act relating to civil actions, including the total amount recoverable as a noneconomic damages award against a health care provider and evidence offered to prove past medical expenses.

(Support)

(6/10 Passed Senate 31-18; 6/5 Passed House 52-44)

(Signed by Governor 6/18/20)

The PCMS physicians and staff worked diligently on this issue. PCMS Executive Council, Physician Members and staff dedicated many hours to meeting with many representatives and collectively calling and emailing members of legislature opposed to Tort Reform, to help educate them on the negative impact a lack of Tort Reform would have on Iowans health care access and services. PCMS continues to advocate and fight for Tort Reform, working with legislators' post session and will continue efforts with the incoming legislature throughout the 2020-21 legislative year, to successful pass this much needed reform.

SF 2268 A bill for an act establishing the minimum age relative to various activities relating to tobacco, tobacco products, alternative nicotine products, vapor products, and cigarettes, making penalties applicable, and including effective date provisions.

(Support)

(6/11 Passed House 84-13)

(Signed by Governor 6/29/20)

HF 2221 A bill for an act relating to the licensed health professional member of a local board of health.

(Formerly HF 2031)

(Undecided)

(6/12 Passed Senate 49-0)

(Signed by Governor 6/25/20)

Latest Action and Died

HF 2192 A bill for an act relating to reimbursement rates for health care services provided to covered persons by telehealth and including applicability provisions.

(Support)

(Died in the Senate; 6/5 Comm. Report recommending amend and passage)

In Memory of



Gregory Hicklin, M.D.

Gregory Alan Hicklin, M.D., was born in Des Moines, IA. He received his undergraduate and medical degree from the University of Iowa. While a resident in Iowa City, Dr. Hicklin met and later married the love of his life Melanie, with which he had two children.

Dr. Hicklin was a well-respected and beloved physician at the Iowa Clinic. He was board certified in Pulmonary, Critical Care, Internal, Sleep and Hyperbaric Medicine.

Dr. Hicklin was always a teacher, forever learning and helping those around him to learn and better themselves. He took great care of his patients, but got the most joy from getting to know them.

A partner at The Iowa Clinic since its inception in 1994, Dr. Hicklin touched thousands of lives.

Dearly loved by his patients, Dr. Hicklin brought smiles to faces and hope and health to bodies.

He was immensely respected by his colleagues at The Iowa Clinic and beyond, who knew him as an influential mentor and a caring friend. Dedicated to the future generation of physicians, Dr. Hicklin's contributions to medical education in Des Moines remain unparalleled.

He will be missed by many, but his memory, his influence, and his kindness live on at The Iowa Clinic, in the hospitals he worked and taught in, and in the lives of patients and families across Iowa.

Dr. Hicklin was a wonderful man and an outstanding physician, and the Iowa medical community was truly blessed to call him one of our own.

Polk County Medical Society wants to know what's new! Have you been appointed to a board, received an award, volunteered for a medical mission? Email us at pcms@pcms.org.

Name: _____

What's new: _____

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SARS-CoV-2 Vaccine: THE WORLD AWAITS



By: Jonathan Crosbie, D.O.

As the world waits for a SARS-CoV-2 vaccine, there may be several questions that patients bring up that they'll expect you to have the answers for.

Hopefully this article will address three common questions that patients may ask in a manner they can understand. As providers, we may also be able to answer these questions that will engender and promote faith in the vaccines as well as their safety.

Question #1 – “What’s the hold up?”

The way I’ve been answering: “Vaccines typically take 10 years to develop from scratch and this 10 years is mostly spent making sure that the vaccines are

not just safe for the recipient, but also effective against the disease. Consider how dangerous a vaccine would be if you thought it worked and it didn’t.

Fortunately, we had a head start on this vaccine because of the first version of SARS in 2003. Vaccine development was started then, but was shelved because funding ran out for it. But they’ve been using that template to work on this vaccine.

Because of that, a safe and effective vaccine should be available in 2021. Maybe, optimistically, in late 2020. But the hold up is making sure it’s both safe and effective.”

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Question #2 – “Am I going to need to get this every year?”

The way I’ve been answering: “Maybe. SARS-CoV-2 is in the coronavirus and that means it’s RNA based. This is different than a DNA based virus. When a DNA based virus copies itself, it’s remarkably accurate and makes exact copies. When an RNA based virus tries to copy itself, it’s doesn’t proofread very well.

This leads to mutations of the virus and this is why you might need a COVID shot every year. By the way, this is the reason you need a flu shot every year. I’m hoping that they package the COVID vaccine and the flu vaccine together so that everybody gets both.”

I’ve found that people don’t get too confused when you phrase it this way. While it might seem a bit technical to somebody who’s not in medicine, people seem to understand quite readily that there’s a difference between DNA and RNA based viruses once it’s pointed out. They don’t really care that this difference exists – rather just that it does. And if somebody asks you why, well, it’s time to brush off your old biochemistry

textbook and tell them about reverse transcriptase. I also use that last sentence to subtly promote flu vaccines.

Question #3 – “Is this going to be a live virus vaccine or a dead virus vaccine?”

The way I’ve been answering: “I’m really glad you asked that. The short answer is, all options are on the table. Currently more than 90 different vaccines are being developed. These are inactivated/weakened (alive vs dead). Currently, it’s too hard to predict what it will be.”

As an FYI, there are some vaccines in development at the moment that are using viruses themselves, but not as a live-attenuated. There’s a new vaccine called a viral-vector vaccine that essentially is a virus (measles, actually) that “infects” your existing cells and codes for SARS-CoV-2 proteins. If this sounds a bit unsettling, the safety isn’t the problem here, it’s actually the effectiveness. This is how the newly approved Ebola vaccine works.

I hope some of you find that useful and stay safe out there!

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Continued from page 10

HF 2138 A bill for an act relating to insurance coverage for prescription insulin drugs.

(Formerly HSB 501 Companion to SF 2113)
(Support)

(Died in the Senate; 6/5 Comm. Report recommending passage)

Bills of Note Impacted by Covid-19 and Died

SF 2392 A bill for an act relating to the operation of state government, including the review and sunset of state boards and agencies, the regulation of professions and occupations, and investigations conducted by state boards, and including effective date provisions.

(Was SSB 3142)

(Undecided)

SF 2318 An act relating to collaborative Pharmacy Practice allowing pharmacists to provide patient care and drug therapy management services.

(Was SF 123)

(Against)

HF2390 A bill for an act relating to requirements for physicians providing services at an ambulatory surgical center, and providing penalties.

(Undecided)

HF2423 A bill for an act relating to continuity of care and nonmedical switching by health carriers, health benefit plans, and utilization review organizations, and including applicability provisions.

(Support)

HF2405 A bill for an act relating to information to be disclosed by a healthcare provider as part of a referral of a patient to

an ambulatory surgical center, and providing penalties.

(Undecided)

SF 2383 A bill for an act establishing an interim study committee to review and evaluate continuity of care and nonmedical switching practices of health carriers, health benefit plans, and utilization review organizations.

(Formerly SSB 3117)

(Support)

SF 2343 A bill for an act relating to the practice of pharmacy, including the prescription and administration of vaccines.

(Formerly SSB 3164, SF 2019)

(Against)

HF 2507 A bill for an act relating to the practice of pharmacy, and providing for a repeal.

(Formerly HSB 533)

(Against)

Bills of Note that Died in the 1st Funnel Feb. 21, 2020

SSB 3122 A bill for an act relating to qualifications for holding professional licensure in this state, including the granting of licenses to persons licensed in other states and acquiring residence in Iowa, disqualification provisions for criminal convictions, the waiver of application fees, and licensee discipline, and including effective date provisions.

(Undecided)

SF2163 An act relating to the granting of professional licenses, certificates, and registration to persons licensed in other states.

(Was SF 2114)

(Undecided)

Continued from page 16

SF2171 An act relating to administration of Hepatitis B Vaccine to newborns.

(Against)

HF2140 A bill for an act relating to the information provided a patient prior to prescribing a controlled substance for acute or chronic pain.

(Undecided – Similar to HF 2042)

HF 2025 A bill for an act relating to health professional practice requirements.

(Undecided)

HSB 522 A bill for an act relating to midwife licensure, providing for fees, and making penalties applicable.

(Against)

SSB 3085 A bill for an act relating to total amount recoverable as a noneconomic damage award against a health care provider.

(Support)

HF 221 A bill for an act relating to the compassionate use of medical cannabis Act, reclassifying marijuana, including tetrahydrocannabinols, from a schedule I controlled substance to a schedule II controlled substance, providing for civil and criminal penalties and fees, and including effective date provisions.

(Undecided)

HSB 596 A bill for an act relating to total amount recoverable as a noneconomic damage award against a health care provider.

(Monitor)

HF2141 A bill for an act relating to information to be provided by the department of public health regarding vaccines and information distributed through the Iowa immunization program.

(Against)

HF2401 A bill for an act relating to the licensure of ambulatory surgical centers, providing for fees to be considered repayment receipts, and providing penalties.

(Was HF 2066)

(Undecided)

HSB 583 A bill for an act relating to the practice of pharmacy, including the prescription and administration of vaccines.

(Against)

HF 2094 A bill for an act adopting the psychology interjurisdictional compact.

(Against)

SF2170 Relating to Information to be provided, recorded, and reported by health care providers relative to certain vaccination, and providing penalties

(Against)

Finally, please schedule time to participate in the 2021 PCMS LEGISLATIVE COFFEE AT THE CAPITOL our lawmakers hear your VOICE on issues impacting your practice and patients.



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*Dealing With***POTENTIALLY DANGEROUS PATIENTS**

**By: Michael Victoroff, M.D.,
COPIC Patient Safety and Risk Management**

Health care providers regularly deal with patients under stress and are exposed to the risk or threat of violence in the workplace at higher rates than most other professions. Unfortunately, the nature of the profession makes it necessary for providers sometimes to care for, manage, or defend themselves from a person who is acting out violently.

RISK FACTORS FOR VIOLENCE IN PATIENTS

The strongest risk factor for violence is a history of violence. Other risk factors include:

- Intoxication
- Delirium and delusional states
- Suicidal intent
- Fear, anger, and revenge
- Explosive or antisocial personality traits
- Communication barriers, like language, sensory or intellectual impediments

AWARENESS OF SIGNS IN PATIENT BEHAVIOR

Violence can be impulsive and unpredictable. But, there are signals that give a sense of when an assault may be impending. Many of these are intuitively apparent, including head shaking, jaw tightening, eyes diverted, and impingement on interpersonal space. Verbal signals like shouting and threatening are familiar. The important goal is neither to disregard these behaviors, nor to escalate them by overreacting. It is hard to be non-judgmental in the face of an assault, but training and experience can help people remain composed and professional in situations that can be deflected or de-escalated.

OSHA requires employers to provide their workers with "a workplace free from recognized hazards." Facilities should implement comprehensive

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plans addressing violence prevention, warning signal recognition, threat assessment, verbal and physical de-escalation, and other topics. These and other valuable tips are outlined in "Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers," which can be downloaded at <https://www.osha.gov/Publications/osh3148.pdf>

CONSIDERATIONS FOR ADDRESSING TENSE SITUATIONS

A delicate judgment needs to be made sometimes between confronting a belligerent person with threats (e.g., "You're making me very uncomfortable. If you continue to act like this, I'm going to call security.") versus attempting to bond with them by being accommodating (e.g., "I definitely get why that's bothering you. Let me see if I can do something to help."). Unfortunately, there is no fixed rule for when to apply one tactic or the other.

The practitioners who are most talented in this art tend to be those with experience. One important point about verbal confrontation is that high stress levels can generate a state of "auditory exclusion," in which any party might actually not be able to hear questions, instructions, or commands. Besides offering training, facilities and practices need to assure adequate staffing for safety. They can support their staff with policies that encourage personnel to take unobtrusive, protective

steps at an early stage of discomfort. Some of these include involving chaperones or asking a colleague to join a tense discussion, maintaining interpersonal space, not leaning/reaching across the patient's body, or not allowing a patient to block the way out of a room. In some cases, it might be better to avoid giving a patient the sense of being physically or emotionally "cornered."

Physical and technological measures are available that can be useful. Some of these are flags in the patient chart about a past history of violence or delirium, a coded flag on the patient's door or stretcher, color-coded patient gowns or wristbands, "panic buttons" in patient care areas or even wireless alarms carried as ID badges. Appropriate physical barriers (such as reception desks) and clear pathways within the facility are common sense measures. Visible video cameras may have a deterrent effect (and recordings can help defend providers, when their actions are proper.)

Finally, it should be remembered that people who have been subjected to violence may carry a bit of latent PTSD. The very training and policy discussions intended to improve safety can be experienced as stressful by some trainees. Some people don't have the temperament to intervene in a violent encounter, and it is not reasonable to build this duty into everyone's job requirement.



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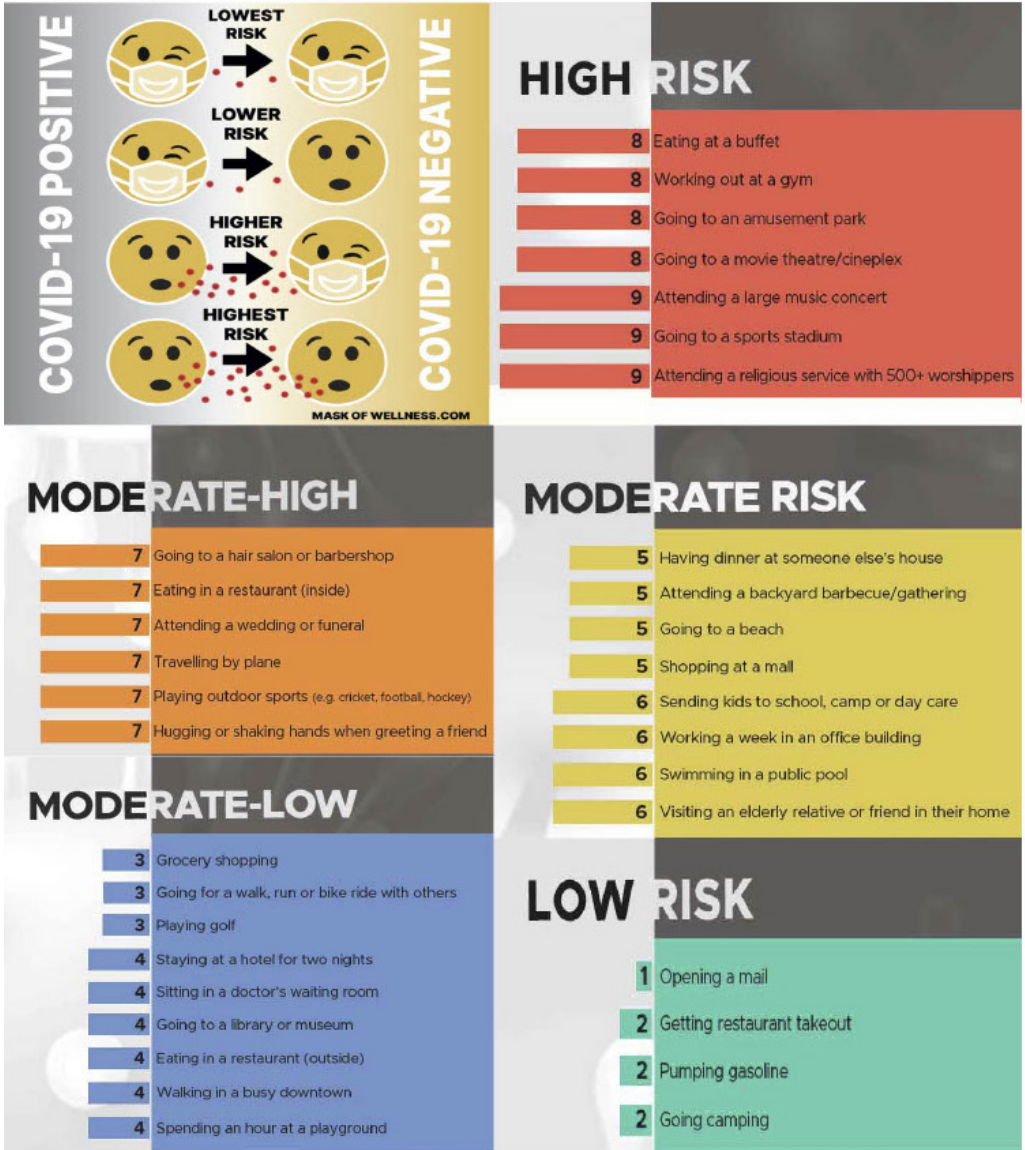
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