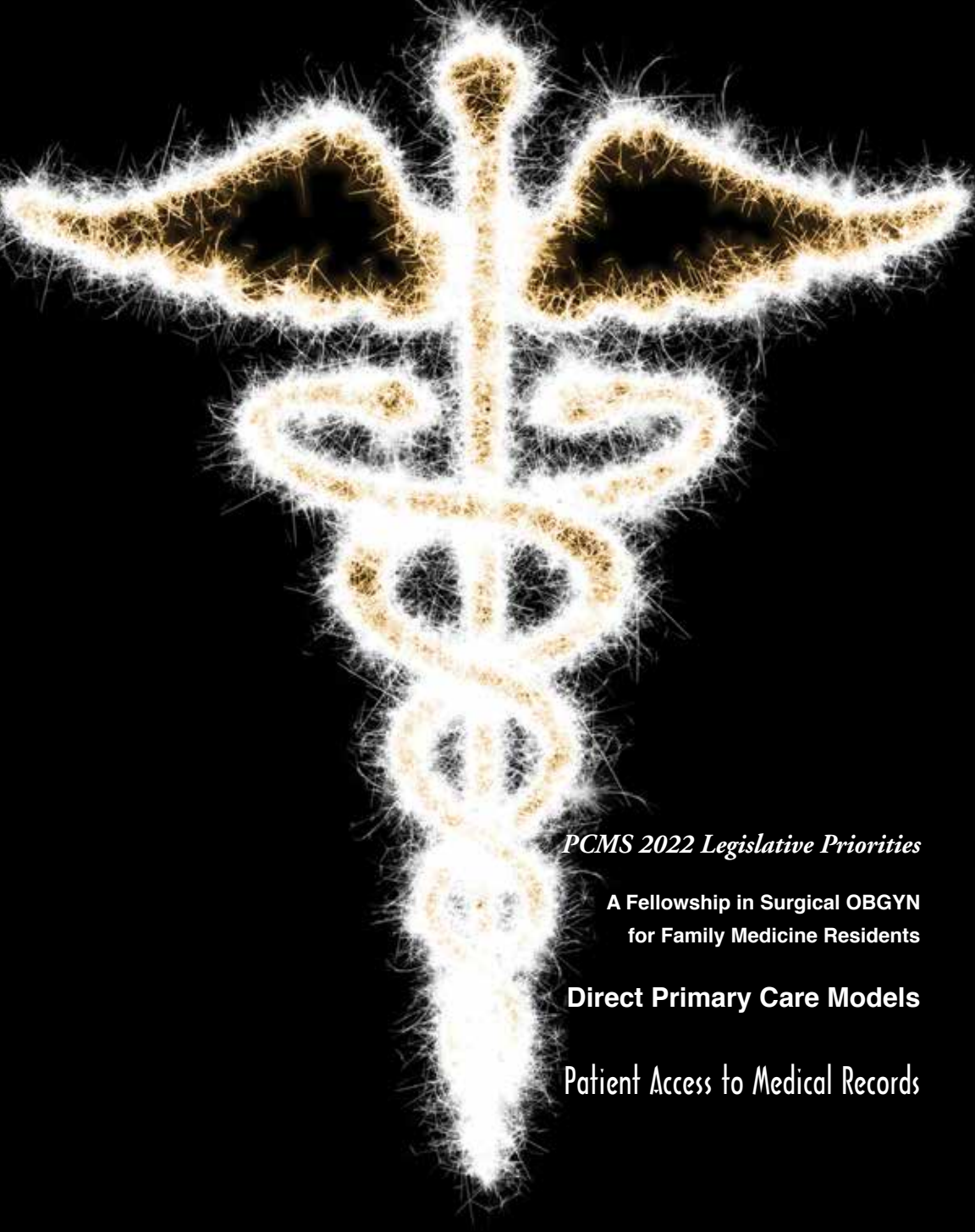


Bulletin

SEPT/DEC 2021

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

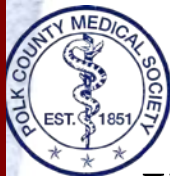


PCMS 2022 Legislative Priorities

**A Fellowship in Surgical OBGYN
for Family Medicine Residents**

Direct Primary Care Models

Patient Access to Medical Records



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YOUR VOICE IS NEEDED!

BE INVOLVED

Please join the legislators of the
89th Iowa General Assembly
for our Annual PCMS

Legislative Coffee

Sponsored by the

Polk County Medical Society

Thursday, February 3rd, 2022

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 2022 Legislative Priorities.*

(Talking points will be sent to all Members)

TORT REFORM IS ON THE AGENDA!

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

Official Publication
of the Polk County
Medical Society

VOLUME 93 No. 3

Des Moines, Iowa
September/December 2021

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SEPT/DEC 2021
MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

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COVER PHOTO: Caduceus in holiday lights.

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HOLIDAY WISHES

for a
Brighter New Year

By: William Wortman, M.D.

Dear PCMS Membership,

As we near the end of the year, I wanted to take the time to wish everyone a safe and Happy Holiday season as well as a joyous New Year. This comes on behalf of myself and the entire Executive Council as we continue to plan with our lobbyist team and engage legislative members regarding our principal issue of tort reform.

While the elusive Hard Cap on Non-Economic Damages remains our main focus, other workable items in the arena of tort reform are being discussed on all sides of this issue. For example, issues being discussed include formation of an excess liability fund (which has proven successful in Nebraska) and exploring the realm of reform regarding third party bad faith.

Regarding our commitment to the patients we serve, PCMS has been supportive of legislation attempting

to keep reimbursement for Telehealth service like usual 'in person care.'

We have also continued to secure funding for the Volunteer Provider Network, which provides critical access to specialty services and providers in Polk County for patients at risk for not having such access. If you do not currently participate in the Volunteer Physician Network Program as a Volunteer Physician Specialist, please consider doing so.

We continue to see a rise in patients 200% below federal poverty guidelines who are not eligible for other assistance, who benefit from this program. Contact Paula Noonan, our CEO, on how you may become a participant.

Finally, I am hopeful, Pandemic permitting, that we will be able to safely meet for our well overdue Annual Meeting in the Spring.

Cheers and Happy Holidays,
Will

PCMS Legislative Priorities 2022

SUPPORT

Increase / Maintain **Volunteer Physician Network (VPN) funding**

Tort Reform - hard cap on non-economic damages - continue to push for legislative action to finally curb the recent, alarming trend of out-of-state trial attorneys exploiting Iowa's medical liability system and driving up record noneconomic damage awards. Having already sustained substantial financial losses as a result of COVID-19, the impact of these excessive judgements on already tight operating margins and reduced reserve funds, is even more pronounced than ever before. PCMS will work continue to lead a large and diverse coalition of stakeholders pushing to close the loopholes in our cap on noneconomic damages and restore balance to Iowa's medical liability system.

Other Issues of Interest

Telehealth payment parity – same reimbursement as in-person care. This includes continuation of the telehealth policy flexibilities and payment parity that have proven vital to maintaining safe access to care for vulnerable patients and will be a critical component in the efforts to rebuild Iowa's healthcare system in the continued response to COVID-19.

Continuing Mental Health Reform – Build upon our successes to ensure continued progress in strengthening Iowa's behavioral health system and support efforts to streamline the involuntary commitment process. In addition, continue to monitor the funding discussion for adult mental health care and the establishment of the children's mental health care system.

Non-Medical Drug Switching/ Continuity of Care Legislation – Assure patients can stay on their medication during their insurance plan year.

Expanding Physician Workforce – Continue to pursue a multi-pronged approach to addressing our state's significant physician workforce shortage. Support additional flexibility and expansion of the Rural Physician Loan Repayment Program that directly supports efforts to recruit more physicians to shortage areas. Support proposal of increased residency slots, program expansions and prioritization of Iowa applications for residency. Will also support policy efforts to implement Iowa's Statewide Provider Workforce Strategy.

MONITOR

Responding to COVID-19 – Pursue policy measures that support practices' efforts to respond to the COVID-19 pandemic. Will strongly oppose any efforts to weaken Iowa's immunization efforts, which have saved countless lives from other vaccine-preventable diseases, and which may assist in slowing the spread and curbing future surges of the current pandemic. This includes mandatory use of Iowa's Immunization Registry Information System.

OPPOSE

Scope of Practice Legislation – In recent years, there have been a record number of proposed scope expansions as midlevel providers seek to offer additional medical services without the necessary corresponding training to ensure they are equipped to provide these services safely. PCMS will educate legislators on the implications of proposed scope of practice expansions and work to halt any measures that threaten patient safety.



IT TAKES *a Village . . .*

By: Paula A. Noonan, C.E.O.

There is no place like home for the holidays, or so the song goes, but after two years of pandemic jail, many are seeking alternative celebratory avenues.

Some will be able to celebrate again with large groups of family and friends (thanks to vaccinations), while others will take advantage of the great reintroduction to vacationing through hugely advertised discounted pricing.

Travel companies and hospitality ventures are marketing to get us motivated to get out there again and enjoy the larger world around us. Finally, a chance to vacation with loved ones and seek out a shared adventure, again. A much-needed respite after two hard years of battling pandemic fatigue and burnout.

As we enter the season of Thanksgiving and the holiday spirit of giving, it also causes a shift in our thoughts; a pause to reflect on the sacrifices that we and our

medical community continue to face in the raging battle of Covid 19.

The holidays are a perfect time for remembering your colleagues, physicians, nurses, administration and organized medical societies . . . all those who have valiantly served, supported, and protected each other through the pandemic and continue to do so.

It probably is not many who reflect on or thank the medical team who cared for them or struggled along-side them daily. It is hard enough to push through a medical experience personally and physically, but the holiday season, beginning with Thanksgiving, is a special time of year, which reminds us to focus on gratitude. Gratitude for what we have, for those people who around us in our daily lives, and reflect on the people we have lost.

One of the easiest ways to show gratitude is through gift giving. A gift does not have to be monetary, but a sincere

Continued from page 6

message from the heart. A basic thank you for all you have done. A handwritten card that expresses heartfelt thanks can sometimes be a beacon of light, in times such as we have experienced over the last two years. That human connection that binds us together and truly ignites the fire of humanity with goodness. A sincere thank you, you matter, can warm a heart instantly.

As we near the end of the year, Christmas and other like holidays shift our focus from gratitude to one of giving, kindness and love. Many of us focus our actions on family and friends, but this year, let us all extend that circle of friendship to our fellowman.

If we all made one effort to give outside of our own circle, to our community, either through a gift of service or a donation,

it could mean all the difference in someone else's world. Let us see how far we can reach and keep paying it forward this season, to begin curing and healing humanity through kindness.

I would like to take this opportunity to extend my sincere appreciation for all the physicians, administrators, executives, managers, coordinators, volunteers, partners, and supporters, who through pure vigilance and courage have helped us all to persevere. Through all the noise you continue to battle for the greater good, for the practice of medicine, for patients, for life . . . for all of us. Without each other we have nothing.

On a final note, I wish a safe and Happy Holiday season for your families. May you all have a joyous New Year filled with many blessings.



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- // Physical Medicine
& Rehabilitation

- // Physical Therapy
- // Plastic Surgery
- // Pulmonary, Critical Care
& Sleep Medicine
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PARTICIPATE – ENGAGE - BE THE DIFFERENCE

Polk County Medical Society (PCMS) Membership assists to unite and strengthen the voice of medicine for physicians and patients in Central Iowa!

On behalf of the PCMS board, staff, and full-time lobbyist, we continue to advocate for you at the state and national level to improve the quality of medicine and the medical community. By entrusting PCMS with group membership dues, it allows us to have the resources necessary to provide Central Iowa doctors with services and benefits to assist them in their practice. The strength and effectiveness of this Society is a direct result of physicians like yourself who provide continuing support. Our successful advocacy is affirmation that your dues and voices heard, valued, and respected in government. We are a resource to the community for referrals, background information, and physician arbitrate complaints.

Physician membership supports PCMS' work to connect public health leaders, partners & allies; advance and support initiatives and agendas to protect the practice and scope of medicine, patients; and serve our members' professional development needs.

Each year, you can look forward to:

- PCMS Legislative Coffee
- PCMS/VPN Terrace Hill Physician Appreciation Reception
- PCMS ZOO Brew
- PCMS Happy Hour/Wine Fest
- PCMS Scrub Ride – Bike ride for physicians, their families, and friends
- PCMS Annual Dinner Meeting
- PCMS social hours around town
- NEWS and Action Alerts on important public health policy issues
- Member communication about career, funding, and opportunities
- PCMS Government Relations Committee
- PCMS CME partner events
- PCMS Travel through our partners at GONext

And so much more! (Information available on www.pcms.org/events)

PCMS membership supports us to support you! Thank you for your trust in PCMS to be the LOCAL VOICE OF MEDICINE IN CENTRAL IOWA protecting You, Your Practice, your Patients, and our community through health programs! If you have any questions about your membership or PCMS, please do not hesitate to contact the PCMS office.

Thank you,

YOUR PCMS Executive Council of Physicians

A FELLOWSHIP IN SURGICAL OBGYN

for Family Medicine Residents



By: Joshua Rehmann, D.O.



Abby Flannagan, D.O.

There is a growing crisis in rural Iowa. Access to qualified providers and birthing facilities is dwindling in rural Iowa, and many women must routinely drive an hour or more to see a physician who delivers babies, and equally important, a physician who can deal with difficult deliveries that sometimes ensue.

In efforts to improve prenatal and OB service in rural Iowa, UnityPoint Health – Des Moines, and its Family Medicine Residency program, are piloting an OB surgical fellowship during the 2021-22 academic year.

Dr. Abby Flannagan, D.O., a recent graduate of the Iowa Lutheran Family

Medicine Residency Program, started the one-year surgical fellowship on July 1, 2021.

The curricular areas are all taught by UnityPoint Health providers. These areas include: cesarean section training supervised by UnityPoint Clinic Obstetricians; Ultrasound and high-risk prenatal care taught by the Perinatology faculty; and additional neonatal resuscitation education taught by the UnityPoint Health – Blank Children's Hospital Neonatal Transport Team.

Dr. Flannagan also continues to be involved in teaching both current Family Medicine residents and medical students.



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UnityPoint Health
Des Moines

Continued from page 10

Not only is she active in teaching on the Labor and Delivery floor, but she is also joining Des Moines University faculty to teach in the OB simulation lab for the upcoming Spring semester.

The experience has been enormously successful. Within the first five months of her training, Dr. Flannagan has performed as the primary surgeon in more than 50 cesarean sections and has performed over 100 vaginal deliveries. In return for the additional training Dr. Flannagan receives, she provides an expert pair of hands to assist on the Labor Deck and provides substantial teaching to residents and medical students.

After completion of her fellowship year, Dr. Flannagan will join UnityPoint

Health – Grinnell where she will focus on women's health and obstetrics, including performing cesarean sections.

With respect to our intention and hope to continue the program in future years, the Family Medicine Residency leadership, and the Office of Medical Education plan to partner with the UnityPoint Clinic Obstetricians in the 2022-23 academic year and study the success and ongoing opportunities of the fellowship year.

It is our hope that UnityPoint Health can continue to provide Iowa with surgically trained Family Medicine physicians who are able to provide our rural communities with high-level obstetrical care and help narrow the gap in the delivery of high-quality women's health care in rural Iowa.

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NETWORK SPECIALISTS, OFFICES AND STAFF***

YOU TRULY EMBODY THE SPIRIT OF GIVING!



HAPPY HOLIDAYS AND HAPPY NEW YEAR!

Being a physician is all about commitment and dedication...

Wishing a wonderful holiday season to all our Polk County Medical Society Physician Members, who embody such dedication to their patients, our community and the practice of medicine every day.

May the happiness and goodness of the holiday season stay in your life forever.

*From YOUR dedicated,
Polk County Medical Society Staff*





DO I HAVE PORTFOLIO EXPOSURE TO CHINA?

RYAN LAMOUREUX, *Investment Analyst*

In recent weeks, China has been a part of US financial headlines for a number of reasons:

- A large Chinese Real Estate company, Evergrande, is nearing financial insolvency.
- China has also been tightening certain regulations for its publicly traded companies.
- China has been referred to as a cybersecurity threat to the US.
- We have seen the Chinese government becoming more militarily aggressive toward Taiwan.
- There is also an ongoing US – China trade war.

It is likely no surprise that China is ranked as the second largest economy, after the US, when ranked by Nominal GDP.¹ Because of the size of their economy, it would be reasonable to think that a globally diversified equity portfolio might include a very large investment in Chinese stocks. This is not necessarily the case. While China does have a very large economy, not all of its publicly traded companies are accessible to global investors.

At Foster Group, we believe in globally diversified model portfolios. We invest our equity portfolios across domestic markets, international markets, and emerging markets. Our models have equity exposure to over 51 countries.

China is classified as an emerging market country and represents about 1/3rd of the entire emerging markets region.¹ In model portfolios, Foster Group holds a market weight in emerging market securities which totals 11% of the total equity portfolio. Therefore, if a client is 100% invested in stocks, only 3.67% of the portfolio is directly exposed to companies domiciled in China.

¹<https://databank.worldbank.org/reports.aspx?source=2&series=NY.GDP.MKTP.CD&country=>



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PATIENT ACCESS TO MEDICAL RECORDS

By COPIC's Patient Safety and Risk Management Department

In the era of open access, patient portals, and new information blocking rules, patients now have the ability to demand documentation of their visits with medical providers.

Besides just wanting to review their records, patients sometimes make these requests for issues such as workers' compensation, divorce and custody controversies, life or disability insurance application reviews, and ongoing legal proceedings. In each situation, sensitive information and potentially adverse comments in the record may result in unfavorable consequences for the patient.

Under HIPAA's Right of Access, patients have the right to review (free of charge) and receive a copy (for a reasonable, cost-based fee) of their medical and billing records and any other records that are used to make decisions about a patient.

A patient's right to access his or her electronic medical information

was further expanded with the Information Blocking Rule under the 21st Century Cures Act ("Cures Act") that went into effect April 5, 2021. Upon request, patients and other permitted requestors may now request "immediate" access to a large segment of their medical records and can demand that the information be downloaded to an app of their choosing. Additionally, under the Information Blocking Rule, providing access to other treating physicians (for treatment purposes) must also be provided without undue delay.

For example, under the Information Blocking Rule, providers should be aware that the Office of the National Coordinator (ONC) has made it clear that lab and test results must be immediately provided, upon request, once those results are available to the facility or practice. It is no longer permitted to delay access until after the physician or other provider has had a chance to review the results.

continued on page 20

Congratulations to Aneesa Afroze, M.D. who was featured in the December 2, 2021 edition of **The Des Moines Register** in the article **"Hospital counts surge to '21 peak"** on covid case load numbers and impacts. Dr. Afroze is an infectious disease physician at Des Moines MercyOne Medical Center.



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Continued from page 17

The ONC has also made clear that access to other treating physicians to requested medical records must be provided, without delay and without requiring a HIPAA authorization form.

A list of the most common records that a provider is not required to produce (i.e., patients do not have a right of access) includes:

- Quality assurance or professional review materials;
- Psychotherapy notes;
- Information prepared in anticipation of a civil, administrative, or criminal action;
- Clinical Laboratory Improvement Amendments (CLIA) records that are exempt or prohibited from disclosure;
- A medical record which, if released, would likely cause substantial harm to the patient or another person (in the professional judgment of the provider made on a case-by-case basis);
- Research study records, but only if the patient agreed during the consent process and only while the clinical trial is in progress (patients must be informed that their right to access will be reinstated following the conclusion of the clinical trial);
- Information obtained from someone other than a health care provider, such as a family member or close friend, under a promise of confidentiality.

A common myth is that you cannot provide copies of another provider's records that are contained in your records. This is not true. A HIPAA FAQ1 specifically states that a provider can produce such records and, in fact, it may be a violation of the right of access if you do not do so when requested by the patient.

The Privacy Rule and the Information Blocking Rule require health care providers to provide access to the records in the form and format requested by the patient, if readily producible in that form and format, or if not, in a readable hard copy form.

For example, under HIPAA, if a patient requests an electronic copy of a paper record, the provider is required to scan the paper information into an electronic format.

- **Under HIPAA:** Physicians are required to provide the records in a "timely" manner (as soon as

Continued from page 20

reasonably possible, but no later than 30 days after the request which likely will be reduced to 15 days under a current proposed amendment).

- **Under the Information Blocking Rule:** Access must be provided “immediately” or “without undue delay.” While the terms are not defined, commentary from the ONC makes reasonably clear that

access must be provided within minutes or hours. Several days to provide access will not be acceptable. Further, ONC has made clear that compliance with HIPAA’s timeframes will not be a defense to an Information Blocking violation.

¹www.hhs.gov/hipaa/for-professionals/faq/214/may-health-care-provider-disclose-parts-of-medical-record/index.html



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Direct Primary Care Models



By: Jon Van Der Veer, D.O.

By 2017, I was a typical internist seeing a full schedule of patients throughout the day and documenting into the night. Every waking moment was a balance between the must do list versus the should do list. In other words, I must document, complete prior authorizations, refill meds, double-book time slots, see more patients. All the while the pace went faster, faster, and faster! Instead of doing that, I should have been slowing down, listening, thinking, and caring.

Several months after leaving the fee-for-service world, I realized I loved medicine again, I enjoyed my staff, and I was thrilled to sit and talk with patients, to learn their underlying concerns, their real issues and to care about them as I had before I burned out.

While the job I landed in restored my belief in medicine, it wasn't perfect. Luckily, it allowed me to learn about care models very foreign to me. I learned value-based care models of all types, such as fully-capitated vs partially-capitated arrangements with insurance companies and the one that changed my life - Direct Primary Care (DPC).

DPC is a model of care many confuse with concierge medicine, but there are key differences. DPC is priced for the masses, not

just the elite. A monthly membership fee is \$50-\$125 for adults, depending on services provided. With that fee, visits are flexible, unlimited, virtual, and asynchronous via text and phone calls. No insurance hassles. The concierge-like service includes longer visits, same-day access, no wasted time in a waiting room, and steeply discounted meds, labs, and imaging.

A typical day for me now might include answering 10 text messages, two phone calls, four office visits, a virtual appointment, and a trip to someone's home or office. Documentation is to tell the story, not to bill. Patients love it! Someone you could barely get to engage with you will suddenly message you three times monthly instead of once a year at an annual visit. Trust is built. The care is real. It is refreshing.

To paraphrase what Dr. Patch Adams once told me, "If you wake up in the morning and don't love what you are doing, look in the mirror and hold the person staring back at you accountable."

As a physician in the U.S. with the greatest terminal degree, you can do ANYTHING you want. So never settle!

NOVEMBER BIRTHDAYS

1	18
Robert Behrens, M.D.	Michael A. Disbro, M.D.
Philip J. Colletier, M.D.	Bruce L. Hughes, M.D.
	Robert Jerstad, D.O.
4	
Steven R. Adelman, D.O.	19
David G. Stilley, M.D.	Gregory J. Recker, D.O.
	Joshua L. Rosebrook, M.D.
5	
Stephanie, Stitt Cox, M.D.	21
	Thomas R. Buroker, D.O.
6	
Nuha Shash-Barazanji, M.D.	22
	Roy Molina, M.D.
7	
Jean B. Spencer, M.D.	24
	Jeffrey Merryman, M.D.
8	Louis D. Rodgers, M.D.
Dennis M. Fry, M.D.	
	27
9	Mark C. Menadue, D.O.
Rao Makkapati, M.D.	
Matthew Spitzenberger, D.O.	28
	Eric R. Barlow, M.D.
12	Dennis Whitmer, D.O.
Jim P. Duong, M.D.	
	29
13	Jan Franko, M.D.
Mark D. Woiwood, M.D.	Willie C. McClairen, M.D.
14	30
Edward A. Steinmann, D.O.	Gary S. Bremen, D.O.
15	
Hijinio Carreon, D.O.	
Larry Severidt, M.D.	
Mark K. Zlab, M.D.	
16	
Kevin J. Koch, M.D.	
17	
Bart P. Jenson, M.D.	

Is your birthday missing? Let us know!

2	Darin L. Frerichs, D.O. Eric Meek, M.D. Leatrice A. Olson, D.O.	16	Ranga Macherla, M.D. E. Michael Sarno, M.D. Martin Van Zee, D.O.
3	Donner Dewdney, M.D. Myles K. Kawamura, D.O.	17	Meredith Crenshaw, M.D.
4	Sarah Holland, D.O. Shardul Poudyal, M.D.	18	Bradley K. Hiatt, D.O.
5	Larry K. Lindell, M.D.	19	Alan Hilgerson, D.O. Kim Leddin, D.O. William J. Vandivier, D.O.
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8 Todd W. Heilskov, M.D. David K. Lemon, M.D. Neil T. Mandsager, M.D. Tyler M. Schwiesow, M.D.	26 Prachi Singh, M.D.
13 Jessica D. Lorenz, M.D.	28 Elizabeth Jauron, M.D.
14 Chad T. Carlson, M.D. Jeffrey D. DeFrancisco, M.D. Kyle E. Rogers, M.D.	30 James J. Bergman, M.D. Kristi L. Blomberg, M.D. Stacey L. Milani, M.D. Francis W. Sapanhila, M.D.
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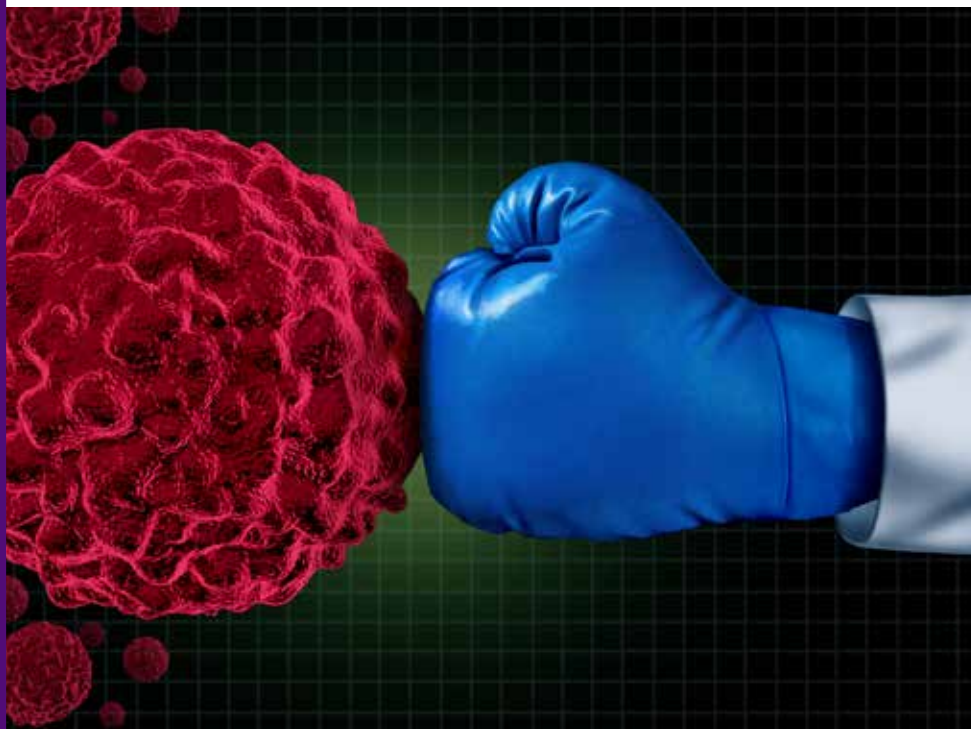
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*to all the Physicians on the
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