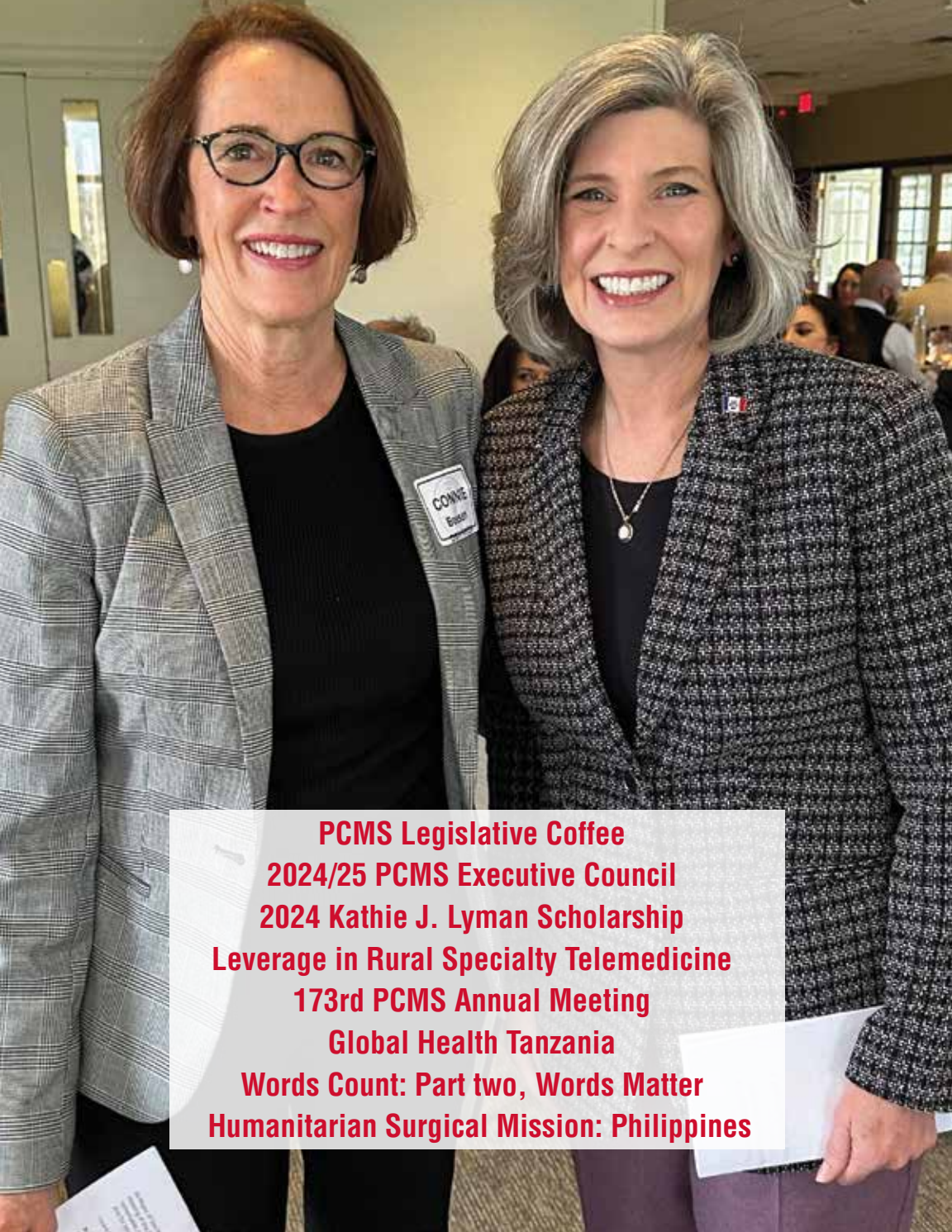


Bulletin

JAN/MAR 2024
MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY



PCMS Legislative Coffee
2024/25 PCMS Executive Council
2024 Kathie J. Lyman Scholarship
Leverage in Rural Specialty Telemedicine
173rd PCMS Annual Meeting
Global Health Tanzania
Words Count: Part two, Words Matter
Humanitarian Surgical Mission: Philippines

SAVE THE DATE

PCMS/IAFP PHYSICIAN'S DAY AT THE IOWA STATE FAIR

WHEN

Sunday, August 11th, 2024

11:00 am - 1:00 pm

private party

You may enter the fair at any time/Any Gate

WHERE: **THE DEPOT**

(THE DEPOT IS SITUATED ON THE EAST SIDE OF THE IOWA STATE FAIRGROUNDS, 3000 E GRAND AVE., DES MOINES, IA, 50317).

YOU MUST BE WEARING PCMS ALLOCATED WRISTBANDS provided with your tickets to enter this private event.

FEATURING • PCMS/IAFP Private Party will be on the patio and includes free luncheon of food and beverages at The Depot. Food vouchers will be provided for free food and non alcoholic beverages. **Cash Bar available for adults.**

ALL AGES EVENT

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and IMMEDIATE
FAMILY**

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**TICKETS PROVIDED
in Advance.....**

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town, the tickets will
be mailed to you in
advance.

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Official Publication
of the Polk County
Medical Society

VOLUME 96 No. 1

Des Moines, Iowa
January/March 2024

2024

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JAN/MAR 2024
Bulletin
MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

Inside This Issue

Feature Articles

2024/25 PCMS Executive Council	4
2024 PCMS Legislative Coffee	11
Leverage in Rural Specialty Telemedicine	15
<i>By: David Kapaska, D.O.</i>	
173rd PCMS Annual Meeting.....	18
2024 Kathie J. Lyman Scholarship Awards	25
Global Health In Tanzania	29
<i>By: Mikayla Brockmeyer</i>	
Words Count: Part 2, Words Matter	33
<i>By: Thomas Benzoni, D.O.</i>	
Humanitarian Surgical Mission to Philippines	35
<i>By: Praveen Prasad, M.D.</i>	

Monthly Articles

President's Message	7
CEO's Perspective	9

COVER PHOTO: L-R: Mayor Connie Boesen and Senator Joni Ernst address Polk County Medical Society members and guests at the 173rd Annual Meeting at Wakonda Club, March 25, 2024.

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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Spring Has Sprung

A New Year with PCMS

By: Thomas Klein, D.O.

Spring arrived early and summer is right around the corner. With that, we begin a new year at Polk County Medical Society.

We have recently concluded our 173rd annual meeting, an event made even more special with the presence of Senator Joni Ernst. Her insights and support for our community's healthcare initiatives are incredibly inspiring and underscore the important relationship between healthcare policy and practice.

Our medical community faces numerous challenges, from navigating the complexities of healthcare reform to enhancing patient care in an ever-evolving landscape. I believe that through collaboration and shared vision,

we can work to overcome these challenges and make significant strides forward.

In addition to our professional endeavors, I am pleased to announce a series of adult and family events designed to provide our members with opportunities to relax, connect, and enjoy time with colleagues in a fun and informal setting.

These gatherings are a wonderful way to strengthen our community bonds and recharge from our demanding schedules. The first event is the Wild Lights Zoo Event at the Blank Park Zoo on May 2, with PCMS Physician's Day at the Iowa State Fair following on Sunday, August 11, 2024. Many other events will be held throughout the year, so please stay tuned.

continued on page 8

continued from page 7

In the coming months, I encourage you to voice concerns, share insights, and ideas so we can forge actionable plans that benefit not only our members, but our community at large. Your participation and input will be vital to our collective success.

Thank you for your continued dedication to the medical profession and to the health and well-being of our community.

Warm regards,
— Tom Klein, D.O.



PCMS is Now on FACEBOOK, Instagram and X !!





THE IMPORTANCE OF PARTNERSHIP with PCMS

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

Polk County Medical Society (PCMS), over the past few decades, has been a collegial venue for local physicians to meet, socialize, and collaborate on educational activities. It has been a safe haven and a guardian of sorts for networking and relationship building, since the decline of the traditional “Physician’s Lounge.”

During the pandemic we were a crucial element knitting together physicians, medical entities, community outreach and volunteerism. We lead the front on support for our local physicians at home and in the workplace, establishing volunteer services to assist their families and everyday lives while they worked diligently to save so many others.

PCMS started weekly virtual meetings with our county and state public health and infectious disease experts. We assisted to keep physicians, and the community at large updated and connected with our local community physicians on the state of COVID-19.

PCMS continues to build that connection between our local Physicians, their families and our communities. We engage our local medical facilities, hospitals and clinics to all participate and support the physician community and sponsor events that harness physician engagement.

With the workforce shortages we face, the importance of our local

continued on page 10

continued from page 9

facilities sponsoring and partnering is even more important as we face a future with not only a health care workforce shortage, but a future physician shortage.

To support the local medical (PCMS) society is to support the physicians in their roles as stakeholders in the care and health of Iowans. The local medical society touches the physician professional on a personal and intimate level. We are your resource where you work, play and live. We are a resource and guardian supporting our local medical facilities in advocacy that affects the URBAN PHYSICIAN.

PCMS is the largest and oldest county medical society in Iowa, dating back to 1851. We have housed almost 2000 members and fought on their behalf for the scope and practice of medicine. We have fought to assist our local facilities in their advocacy efforts for patient care and expansion.

For physicians, medical professional associations are critically important in positively affecting the lives and careers of individual physicians, the state of medicine at large, and the well-being of the patients we serve. PCMS touches the citizens of our State with the physician lead

program – **The Volunteer Physician Network (VPN)**, which provides volunteer specialty physician care to Iowans below 200% federal poverty guidelines, without access to specialty care. **PCMS VPN VOLUNTEERS PROVIDE THE ONLY STATEWIDE ACCESS TO FREE SPECIALTY CARE FOR IOWANS AT RISK.**

In this era of contentious public discourse, with civil unrest, and over politicized issues, **organized medicine is an opportunity for all of us to collaborate and partner together**, share interests and advocacy and forge a high quality and engaging medical community. Support from our local medical entities is key in supporting our physicians. PCMS is an arm for the facilities in physician focused advocacy and engagement.

Our state medical society covers the vastness of rural Iowa, while **PCMS works here locally focusing only on the local Urban physician lead message and fulfilling the physician's professional needs, both here and in Washington, D.C.** We have been successful in carrying the message on behalf of physicians in advocacy at the federal, state, and local level. No matter what your political beliefs, we are all interested

2024 PCMS LEGISLATIVE COFFEE AT THE IOWA STATE CAPITOL

Your Trusted Voice for Health Issues Impacting Your Patients and Practice



L-R: Representative Megan Srinivas, M.D. and her staff member address Polk County Medical Society 2024 legislative priorities with Noreen O’Shea, D.O.

The Polk County Medical Society (PCMS) Legislative Coffee was held on Thursday, February 3, 2024, at the Iowa State Capitol.

PCMS Board members, physician members, Hospital CEOs, residents, medical students and PCMS staff met one on one with key Iowa Legislators on the important issues impacting healthcare in Iowa.

PCMS 2024 legislative priorities were advocated on, which impact the scope/practice of medicine, physicians, and patients in our community. This year’s

visit was for Prior Authorization (Gold Carding), Non-Medical Drug Switching, Provider Payment Limitations, Physician and health Workforce shortages, Mental Health, Telehealth, and budget appropriations of vital programs, like the Volunteer Physician Network Program.

Thank you to all the very busy Physicians, Executives, residents, and students who were able to participate and represent urban medical community on behalf of all PCMS members. We appreciate YOU representing the VOICE OF MEDICINE IN CENTRAL IOWA!

continued on page 13

continued from page 10

in advocating for our patients and our profession, which is part of what makes national physician meetings so much fun. Most physicians are active in their respective specialty societies, but there is also an important social, educational, and advocacy role for local collaborations in our local medical societies.

As health systems continue to consolidate, especially over the

last year, here in Iowa, our hope is that physicians in Central Iowa, new physicians who come to Central Iowa to work and Physician Residents new to our institutions, will recognize and will see the value in joining our local medical societies.

We are **THE MEDICAL SOCIETY (PCMS)** that engages and supports our physicians and their families right here in Des Moines.

PCMS FOUNDATION

Did you know?

PCMS Collaborates to Benefit Public Health!

The Polk County Medical Society continually strives toward its mission of improving the general health of the community by collaborating with many local health-care related organizations.

These organizations include, but are not Limited to:

- The Volunteer Physician Network Program
- Polk County Health Department Lead Poisoning Prevention Coalition
- IHCC Domestic Abuse Guide
- PCHD lead Coalition Free Clinic
- Polk County Health Department
- Multi-Disciplinary Emergency Planning Group
- Iowa Collaborative Safety Net Provider Network
- PCHD Jump Start Back-to-School Fair
- PCHD Immunization
- Kathie J Lyman Scholarships for future physicians
- Back to School physicals
- Foot and ankle clinics

You can help, by donating time or money to the PCMS Foundation TODAY!

<https://pcms.org/about-us/contact/donate/>

Continued from page 11

The Volunteer Physician Network funding is a crucial point of discussion with L-R: Craig Mahoney, M.D. and Senator Nate Bolton.



L-R: Jason Kruse, D.O. and Representative Jacob Bossman discuss how Non-Medical Drug Switching legislation is crucial for many Iowans' care.

L-R: Tom Klein, D.O., PCMS Lobbyist Lon Anderson, Craig Mahoney, M.D. and Senator Cherielynn Westrich speak about implementing Gold Carding in Iowa for prior authorization.



L-R: Paula Noonan, CEO of Polk County Medical Society, greets Representative Eddie Andrews at the annual PCMS Legislative Coffee.



TIME TO REVISIT YOUR CASH RESERVE FUND



CALEB BROWN, CFP®, Lead Advisor

Did you know, nearly four out of ten Americans lack enough money to cover an unexpected \$400 expense¹? The statistics on this have remained consistent over the years.

One of the first steps in building a strong financial foundation is creating an emergency fund. The idea is to prepare for the unexpected expenses of life. The word, emergency, sounds as though the funds are only available for events like a major home repair, job loss, or illness. In my household, it seems as though we have an unexpected expense pop up every few months. It may not be an emergency, but it can be disruptive to our cash flow. Whether you call it a rainy-day fund, emergency fund, cash account, or savings account, the fact remains that you should have one.

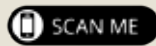
How much you should keep in this fund and what the account should do for you also are very common topics in client meetings. In my experience, opinions and comfort levels vary, so there really isn't a one-size fits all solution on how much to keep. For one person \$5,000 could be more than enough and for the next person, it could be \$500,000. Mostly, the amount will depend on your personal cash flow and expected expenses in the short term. I'd recommend having a discussion with your advisor on how much that amount should be for you. Where you should keep those dollars is also worth a review. Here's why. The job of a cash reserve is to provide you with a safe, secure, and predictable return on investment. Even more importantly, these funds should be available to you quickly and without cost. That usually narrows the scope of investment choices to checking accounts, savings accounts, or money market instruments. You could choose an alternative to the accounts mentioned, but you're likely taking some type of risk. Or, as in the case of a CD, your money

could be tied up for a set time frame, limiting access. For the last 15 years checking, savings, and money market options have yielded next to nothing. With the rise in interest rates over the last two years, these types of accounts are yielding anywhere from 4%-5% (October 2023²). These are some of the best rates in 20 years and are achievable at a local bank, online savings, or money market fund.

During many financial reviews this year, we have noticed that some banks have been slow to increase their interest rates on savings and money market accounts. If you think you may not be getting the higher rates currently available, it's worth your time to consider a change if your current rate is below 4%. In many cases, it will be worth the small hassle of setting up another account and making the switch. At Foster Group, we can connect you to whichever of these options make you most comfortable. We can also provide education about FDIC insurance limits and solutions for those who have more than the current limit, \$250,000 per account holder. It's time to take advantage of the opportunities while you can.

¹Federal Reserve Board - Survey of Household Economics and Decisionmaking

²Best High-Yield Savings Accounts for October 2023 | Bankrate



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LEVERAGE

in Rural Specialty Telemedicine



By: David Kapaska, D.O.

At the turn of this century, the Leapfrog group representing healthcare expectations for major US corporations, proclaimed that all hospitals caring for their critical care patients must have intensivists on the case.

My CEO asked: “So how are you going to do that?” As CMO at Avera McKennan Hospital in Sioux Falls, SD, our system had 28 hospitals with only two having Intensivists on staff. This was a challenge.

In 2002, I met two intensivists from Johns Hopkins who had designed software that allowed them to supervise all of their ICUs on campus with a single intensivist. With the EMR, download of all electronic devices attached to the patient, and a 12-zoom camera in each ICU room, one intensivist could oversee all the patients virtually and guide the on-site team toward world class care instantaneously.

They developed a marketable product from their efforts called VISICU (now Phillips). The only difference between Johns Hopkins and South Dakota was the length of the wires required.

Fortuitously, our Governor had just wired every school in South Dakota, so we just needed to connect the hospital to the school in our Avera communities to have the infrastructure to proceed. As you can imagine, there was significant convincing of intensivists to cover the service, the physicians, and nurses on the receiving end of the e-ICU, and the administrators who had to fund this crazy idea.

Considering the advancing medical technologies centrally, there was great pressure on the rural primary care physicians to decide whether to keep or transfer their sickest patients.

continued on page 16

Continued from page 15

Combined with challenging weather and long distances in South Dakota, direct support from our most experienced specialists was quickly accepted.

On September 22, 2004, at noon, Avera's ICU was open. Within five minutes, a cardiac arrest was called in from a small Avera hospital. Immediately, our e-ICU doc started the Code response with the local team. The resuscitation was successful and was handed off to an appreciative local physician a few minutes later.

The system had proven its worth in the first 30 minutes. The rural physicians quickly accepted the consultation support, and the Avera e-ICU was underway.

We had proven the success of the system with our sickest patients, (mortality was 50% below predicted, and ventilator times decreased by 36 hours). The leverage of one intensivist with one ICU nurse connected virtually to 28 rural hospitals with amazing results, raised many new ideas to follow:

1. E-pharmacy - 24/7 to review all hospital medications.
2. E-emergency - supported by Board certified ED docs.
3. E-stroke
4. E-hospitalist
5. E-school nurse
6. E-long term care

With this infrastructure in place, any of our sub-specialists could also respond to unique cases in any of our sites if weather or intensity of illness required a virtual connection. We now have e-emergency units in virtually every ambulance in South Dakota.

What progress over the past 20 years! Thanks to generous support from the Helmsley Charitable Trust and the recent acquisition of this telemedicine operation by AvelCare in Sioux Falls, perhaps this virtual solution can improve healthcare throughout the world. Rural docs and their patients in Iowa would love it too! I'd encourage you to ponder the idea here. Be well.

Dr. Kaspaska is the retired CEO of Avera McKennan Hospital and Interim Dean at Des Moines University - COM.



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THE POLK COUNTY MEDICAL SOCIETY

173rd Annual Meeting of the Membership & Installation of 2024 Officers



Senator Joni Ernst addresses members and guests of the 173rd PCMS Annual Meeting.

The Polk County Medical Society (PCMS) Annual Meeting was honored to host Senator Joni Ernst at the 173rd Annual Meeting of the Membership, held at the historic Wakonda Club in Des Moines, on Monday, March 25th, 2024.

We were also privileged to have a special guest in attendance, the first woman Mayor of Des Moines, Connie Boesen, who welcomed our guests and members and opened the evenings program.

Continued from page 18

Senator Ernst arrived early to speak one on one with PCMS members and guests, in an informal reception prior to the program. She addressed the room, speaking on current global affairs impacting the world and the United States. She graciously allowed a question and answer session following her oration.

After the featured speakers, the 2024-2025 slate of PCMS Executive Council officers were elected and installed. The 2024 Kathie J. Lyman Scholarship awards were then presented to awardees.

The Annual meeting was attended by over 130 PCMS members and

guests. If you did not make the event this year, put a place holder in your calendar for 2025. We have another exciting and interesting speaker to be announced!

Special thanks to our Platinum sponsors Principal and The Volunteer Physician Network, Gold Sponsors Kidder and Wellmark, and Silver Sponsor, Des Moines University.

We appreciate the continued support of our Health Care Affiliate Programs Partners and Circle of Friends Sponsors: UnityPoint Health, MercyOne, Broadlawn, Foster Group, DMACC and Copic.



Over 130 physicians gather for the PCMS 173rd Annual Meeting at the Wakonda Club.

continued on page 20

Continued from page 19



L-R: Incoming President Tom Klein, D.O. and Paula Noonan, CEO, thank outgoing President Jason Kruse, D.O. for his outstanding service for physician colleagues and the practice of medicine for the last two terms.



L-R: Jennifer Beaty, D.O., Sue Huppert and Senator Joni Ernst discuss the future of GME and Residency slots for Iowa.



L-R: Past PCMS Executive Director Kathie Lyman and Reed Rinderknecht enjoy catching up.



L-R: Abdul Chughtai, M.D., Keith Gredys, Wanda Gredys and Mica Murdoch, D.P.M. enjoy celebrating 173 year of service and community through Polk County Medical Society.

Continued from page 20



L-R: Christian Graham, Chloe Van Vliet, Kevin Smith, D.P.M. and Angela Franklin celebrate the Kathie J. Lyman Scholarship Awards presented during the evenings program.



Clint Rozycki, D.O. and Sara Rozycki gather to network with colleagues and guests.



Steven Eckstat, D.O. and Victoria Eckstat are excited to mingle with colleagues.



David Stilley, M.D., Jim Kimball, M.D., Reed Rinderneckt, Mary Ellen Kimball, Jason Kessler, M.D. and Mary Ann Kessler get ready for the grand dinner and program to begin.

continued on page 22

Continued from page 21



L-R: Kristina Kruse, Jason, Kruse, D.O., Senator Joni Ernst, Tom Benzoni, D.O. and Jennifer Beaty, M.D. chat with excitement and interest for the Senator's address to the membership.



L-R: James Hopkins, M.D. and Nancy Hopkins L-R: Will Wortman, M.D. and Dana Wortman enjoy camaraderie with colleagues. celebrate 173 years of PCMS.



L-R: Rod Reis, Kathie Reis and Brenda Klein meet up at the PCMS logo to start the evening.

Continued from page 22

L-R: Paula Noonan, Senator Joni Ernst and Tom Klein, D.O. discuss upcoming Washington, D.C. delegation trips for the central Iowa physicians through Polk County medical Society.



L-R: Brandon Kranovich and Bobby Townsend are excited to meet with Senator Ernst.



Senator Ernst takes questions after her address to PCMS physicians and guests.

continued on page 24

Continued from page 23

L-R: Angela Franklin, Ph.D. speaks with Senator Joni Ernst.



L-R: Tom Klein, D.O. takes the President's podium with Dermot Noonan.



L-R: Kristina Kruse and Jason Kruse, D.O. gather with colleagues and guests to enjoy a great evening.

Congratulations to the 2024 Kathie J. Lyman Scholarship Award Recipients!



Mikayla Brockmeyer
Des Moines
University's Global
Health



Justin Cramer
University of Iowa
Carver Medical
School



Jordan Hamilton, D.O.
Broadlawns Medical
Center
Global Health



Chloe Van Vliet
Des Moines
University School of
Podiatric Medicine

The Polk County Medical Society (PCMS) awarded the 2024 Kathie J. Lyman Scholarships for the Polk County Medical Society during the 173rd PCMS Annual Meeting of the membership. This year's event was held at the historic Wakonda Club in Des Moines, on Monday, March 25, 2024.

Kevin Morales, Des Moines University (DMU) Osteopathic College of Medicine, was awarded \$1,000. Chloe Van Vliet, DMU College of Podiatric Medicine and Surgery and

Justin Cramer (left), University of Iowa Carver Medical School were each awarded \$1,000 scholarships.

Global Health Mission Program scholarship awards were awarded to Jordan Hamilton, D.O., from and Des Moines University's Global Health Student Mikayla Brockmeyer.

Each institution received a \$500 Global health award from the Kathie J. Lyman Scholarship Fund to assist participants in global medical missions and education programs.

continued on page 27



173rd PCMS ANNUAL MEETING OF THE MEMBERSHIP

FEATURING:
GUEST OF HONOR:
SENATOR JONI ERNST

AND SPECIAL GUESTS:

- **MAYOR CONNIE BOESEN,**
- AND
- **FRANK COWNIE,**
Past-Mayor of Des Moines

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Continued from page 25



All are smiles in presentation as the Podiatric Medical student Kathie J. Lyman Scholarship is awarded. L-R: Tom Klein, D.O., Chloe Van Vliet, Kathie Lyman and Kevin Smith, D.P.M.



L-R: Tom Klein, D.O., Kathie Lyman and Mikayla Brockmeyer accepting her Global Award.



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GLOBAL HEALTH IN

Tanzania

By: Mikayla Brockmeyer, DMU

In 2017, I traveled with a group of undergraduate students from Luther College led by Professors Lori Stanley and John Moeller to northern Tanzania for a January term experience. The course was titled, "People and Parks: Pastoralism and Conservation in East Africa," and I remember the elevated level of intrigue I felt when I selected this course, which combined anthropology, political science, and environmental science in one.

During this month of intensive study, I was introduced to the impacts of ecotourism, wildlife conservation programs, and cultural tourism on the Maasai way of life. We visited the Ngorongoro Crater and surrounding district, Olduvai Gorge, and the village of Eluwai, and in each location, we learned of pastoralist, semi-nomadic Maasai who had been displaced in the name of conservation. Creative practices have been adopted to stimulate economic development, yet many rely on innovative agricultural methods, in addition to government subsidies, to survive. The dichotomy of forced adaptation, while



The Land Cruiser that serves as the ambulance, supply delivery vehicle, and primary mode of transportation for some patients at Nkoaranga Lutheran Hospital.

protecting one's culture, is an incredibly complex topic and the priority of many international human rights' committees. I was fortunate to observe several of the unique cultural practices, such as the healing ceremony of orpul and rites of passage that result in boys becoming elders of their communities. Ethical and logistical complexities surrounding the Maasai livelihood continue to occupy my brain and fueled my desire to return to provide medical care.

In January 2024, I fulfilled my desire to return to a treasured place that captured my heart years ago. I worked as a medical student at Nkoaranga Lutheran Hospital, outside of Arusha, Tanzania. During my month at



Mikayla Brockmeyer at the Labor & Delivery department at Nkoaranga Lutheran Hospital.

continued on page 30

Continued from page 29

Nkoaranga, I spent the majority of my time working under Dr. Batholomew Bakari in the Palliative Care department. I accompanied Dr. Bakari and his team, consisting of two nurses, a social worker, and a Land Cruiser driver, to make rounds in a catchment area of approximately 40 kilometers.

In this region, there are 1300 patients that they serve. Common conditions observed were HIV-associated opportunistic infections, essential hypertension, type II diabetes mellitus, and chronic pain due to various cancers, such as esophageal, endometrial, cervical, and non-Hodgkin's lymphoma. We delivered highly active antiretroviral treatment (HAART) in the form of TLD (tenofovir, lamivudine, and dolutegravir) to many individuals in outreach clinics and directly to their homes. There is a companion clinic called the HIV/AIDS Care and Treatment Center, or the CTC, staffed by a clinical officer, and an orphanage adjacent to the hospital that provides treatment to seropositive children.

My appreciation for care of patients living with HIV/AIDS grew tremendously throughout the time spent with the doctors, clinical officers, and staff members. There were days when the hospital-owned Land Cruiser was being used for other purposes; therefore, I spent my time rotating through



Arrival at the Maasai boma in Eluwai. After traditional greetings, I was given several mugs of fresh goat milk and ugali, a dish made of corn meal.

many other departments at Nkoaranga Lutheran Hospital, including Orthopedic Surgery, General Surgery, Pharmacy, Radiology (consisting of ultrasound and x-ray services), Physiotherapy (similar to our Physical Therapy services), Dentistry, and Labor and Delivery services. Everyone I met was dedicated to teaching me Swahili, accompanying me for interpretation during patient visits, and quizzing me on the minutiae of medicine.

A snapshot of my day:

- **5:30-7:00am** Wake up & prepare for the day!
- **7:00-7:20am** Walk to the stop and wait for the dala dala (public transport)
- **7:20-7:50am** Ride a dala dala from Kimandolu to Kilala (districts in Arusha region)
- **7:50-8:00am** Ride a boda boda (motorcycle) from Kilala to Nkoaranga, ~6km up a hill
- **8:00-9:00am** Morning devotion and church service prior to morning report
- **9:00-9:30am** – Eat breakfast in the hospital canteen
- **9:30-2:30pm** See patients (ward rounds, clinic patients, or home visits with Palliative Care)
- **2:30-3:00pm** Lunch in the hospital canteen



My friend Leboy and myself wearing the traditional Maasai shuka.

Continued from page 30



The hike to and from Eluwai was not for the faint of heart. We carried several pounds of rice and supplies with us during the trek. Pictured here are members of Leboy’s community, including his mother, a septuagenarian, wearing the yellow cloth.

- **3:00-4:30pm** Charting (a mix of record books collected by TZ government, paper charts, and brief EMR charts for medication orders)
- **4:30-5:30pm** Ride public transportation back to Kimandolu
- **5:30-9:30pm** Enjoy dinner & explore the city of Arusha

When I was not working in the hospital or visiting outreach clinics, I spent my weekends participating in a variety of activities. I had the honor of being a bridesmaid in the wedding of my dear friends Thembumenzi and Sitsandziwe in the Kingdom of Eswatini (formerly the Kingdom of Swaziland). Participating in a Swati wedding was very memorable, and I was taught how to do a traditional dance just one night before the big day. During the second weekend I was in Tanzania, I hiked over 22 miles in very muddy conditions to the Maasai village (boma) of Eluwai, home of my friend Leboy, Director of Esarunoto Emaa Foundation. Maasai men slaughtered a goat in my honor and cooked it over an open fire. Maasai women gifted me with multiple handmade necklaces, anklets, and bracelets. We shared many mugs of fresh milk and laughs about the antics of their livestock, as I attempted to communicate in broken Maa. The experience is one I’ll remember forever. As I reflect on the time I spent in Tanzania,

both in 2017 and 2024, I can’t help but imagine the day I’ll pack my things and set out for yet another adventure.

So, what draws me back? These three reasons top my list:

- 1) The pace of life. Although I provided a rough schedule above, no two days were the same. There is an unwritten understanding that you will arrive when you arrive.
- 2) The perception of gratitude toward physicians and staff from patients. There was not a single day that a patient did not offer and hug, multiple handshakes, and immense gratitude for their care.
- 3) The preservation of cultural healing practices in conjunction with Western medicine. I admire traditional healers and Maasai who practice herbal medicine to treat common maladies, such as malaria or gonorrhea.

I’m grateful for my education in Global Health, and I feel lucky to have had such rich experiences that expand my worldview and contribute to my understanding of the human condition. Thank you to the Polk County Medical Society Foundation for selecting me as a recipient of the Kathie J. Lyman Scholarship award, the Global Health Department at Des Moines University, my guide and friend Leboy Oltimbau, and everyone at Nkoaranga Lutheran Hospital, especially Dr. Bakari, Timothy, and Frank for making this all possible.



Heavy rains have major impacts on soil erosion in the Eluwai region near Monduli Juu, requiring agility and stamina to and from the village. Many women make the 11-mile journey to the market weekly, selling their wares and restock supplies, carrying purchases on their backs.

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WORDS COUNT, PART 2

Words Matter



By: Thomas Benzoni, D.O.

The generic term “provider” creates an ethical conundrum. The patient doesn’t know who the “provider” is and with what voice (authority) said person speaks. In the interests of patient primacy, it is time we start helping patients understand who is caring for and speaking with them.

The term “provider” can be confusing for patients, who when a caregiver refers to themselves as Doctor, doesn’t necessarily mean that they are medical physicians. “Doctor” carries more connotations and definitions these days than in yester years when a healthcare professional came into a patient room and announced they were a doctor. It was understood that they were a medical physician with an

allopathic or osteopathic degree in medicine.

Additionally, “provider” also denigrates the efforts of other people in the healthcare environment. Respiratory therapists, dietary, laboratory, and nursing personnel are all “providers,” and there are many more.

These people have gotten where they are by virtue of hard work and, frequently, examination by boards of their peers. They are and, rightfully should be, proud of their achievements. To genericize references to them using “provider” is to belittle the effort they made to get where they are and the pride they have in their work.

continued on page 34

Continued from page 33

It is time that we begin to use the proper terms, proper nouns, to designate the achievements people have made. In the healthcare environment, a respiratory therapist is a respiratory therapist; they do excellent work, as obviously seen in the COVID epidemic.

A nurse is a nurse. They have achieved their credentials, working at the bedside, taking care of patients, sometimes over many decades. Laboratory technicians have two- or four-year college degrees and specialize in bringing us accurate measurements of patient parameters. There are many others.

Let's start calling people by the proper terms for who they are and what they do. A physician assistant has worked hard through many years of schooling to get where they are. They are a physician assistant.

A nurse practitioner is, or at least should be, proud of the work they have done as a nurse at the bedside. (My sister is one.) They are

rightfully proud to be called a nurse practitioner, not a generic "provider." A patient should understand who the care they are receiving is from.

Declaring your specialty by leading with your credentials is a measure of patient safety. To help the patient understand you are a medical physician (meaning you have an M.D., D.O., D.P.M. etc.) or a Doctorate of Nurse Practice (a nurse with an advanced degree in nurse practice) or a Doctorate in Education (defining an advance doctorate degree of Education).

All Doctors are not medical physicians, so to assist our patients in having a clear defined understanding of who is providing services, enables them to make a participatory and informed decision on who they are partnering with to provide their care and services, which is a basic right.

We have enough brains and bandwidth to use proper nouns. Let's just start doing it.

HUMANITARIAN SURGICAL MISSION TO *Philippines*

By: Praveen Prasad, M.D.



St. Scholastica's Hospital

L-R: Alexa CRNA, Dr. Roscoe, Ob/Gyn, Dr. Tracy, General Surgeon,
Dr. Howe, General Surgeon, Dr. Riseman, General Surgeon, Dr.
Prasad, General Surgeon and Kira CRNA

As part of a team of seventeen nurses and surgical technicians and five surgeons, we just returned from a ten-day surgical mission trip to the Philippines. We have been doing this for many years with the group International Surgical Missions, based in Colorado.

Our trip, with each of us departing from various airports within the US, brought us to Manila from where

we took a small plane to the island of Catarman. The final stage of our two-day journey was a long drive to the town of Pampujan, which ended at a local hospital run by catholic missionaries, the St. Scholastica Mission, where we unloaded the surgical supplies and equipment needed for the eight days ahead.

Our team spent the first day unpacking and arranging the

continued on page 37



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Continued from page 35

equipment and supplies, while our surgeons examined and triaged the patients to create a schedule of operations, filtered also by the capabilities of the operating rooms available to us.

The patients were indigent local people who did not have the money or resources to seek medical attention. Most of the procedures we performed were not available in proximity. Patients would have had to travel long distances and incur significant costs to get them done. The number of patients seeking screening was overwhelming and we did our best to add them to the surgery schedule.

Our team performed both major and minor surgeries and endoscopies totaling 340 in the 10 days. The cases were diverse and included: endoscopies, hernias, hysterectomies, cholecystectomies, breast biopsies and mastectomies for cancer, thyroid surgery for goiter and cancer as well as minor procedures like cysts, skin lesions, and lipomas.

The patients are very grateful for the surgeries, and it was a very rewarding process for all of us participants as well.



Post-Op rounding of patients

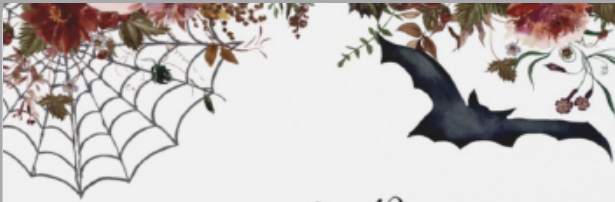
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