

# Bulletin

OCT/DEC 2024  
MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

**Advancing Medical Education and Healthcare in Iowa**

**Medicare Annual Wellness Visits:**  
*Improving Early Detection of Memory Changes*

**2024 PCMS Falloween Festival**

**PCMS Teddy Bear Holiday Tea/Santa Brunch**

**The Julie Evans Memorial Children's Healthcare Fund:**  
*Dollars in Action FY 2024/25 2nd Quarter*

**2025 PCMS Legislative Priorities**





# RSVP NOW

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**BE INVOLVED**

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91<sup>st</sup> Iowa General Assembly  
for our Annual PCMS

## Legislative **2025** Coffee

Sponsored by the

**Polk County Medical Society**

**Thursday, March 6<sup>th</sup>, 2025**

**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 2025 Legislative Priorities.  
(Talking points will be provided, we need your  
experiences and support to be heard)***

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

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of the Polk County  
Medical Society

**VOLUME 96 No. 4**

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October/December 2024

**2024**

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# Bulletin

OCT/DEC 2024

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

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**COVER PHOTO:** Santa Doc is coming to town.

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# *Tis the Season* for Reflection and Renewal

**By: Thomas Klein, D.O.**

Dear Polk County Medical Society Members,

As we approach the close of another year, I want to take a moment to express my deepest gratitude for your dedication, hard work, and contributions to our medical community. It has been a year of progress, growth, and collective achievement, and none of this would have been possible without your ongoing support.

The holiday season is a time for reflection and appreciation, and I am proud to be part of such a dedicated group of professionals. Together, we have made meaningful strides in advancing medical practice, supporting our colleagues, and improving patient care. But the journey doesn't stop here.

As we look ahead to the coming year, I encourage you to renew your commitment to our society by renewing

your membership. Your continued involvement is essential to our shared mission of advancing the field of medicine and strengthening the support we provide one another. Membership renewal is open, and I urge you to take a moment today to renew your membership.

Moreover, our work and impact depend on the strength of our community. I also ask that you help us grow and expand our membership by inviting your colleagues to join us. More voices, more ideas, and more professionals working together will only help us continue to thrive and face the challenges of tomorrow.

On behalf of the entire executive council, I wish you and your loved ones a joyful and peaceful holiday season. Let us continue to work together for a healthier future in the year ahead.

Warm regards,  
— Thomas Klein, D.O.



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# THE GIFT

## *That Keeps on Giving*

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

Iowa has great physicians! We are thankful to those who have chosen to practice and serve in Central Iowa. We are a powerhouse of quality care. Our physician community is strong, but our physician population is dwindling.

Polk County Medical Society (PCMS) was part of an all-day think tank comprised of physicians and Health Industry Executive leaders from across Iowa (Operation I.O.W.A) who discussed issues facing and engaging future generations for careers, health care and the physician profession. We discussed strategies to draw physicians to train and remain working in our state and communities. We are not the only state facing these critical issues. The United States as a whole is facing a physician shortage crisis. The

Association of American Medical Colleges projects that there will be a shortage of up to 124,000 physicians by 2034. Beyond the impending shortage is the urgent need to address physician burnout. (Sep 27, 2023)

These issues are important for all of us, in all of our communities, not only as a work and staffing issue, but as a care issue. This is just one of many countless areas that organized medicine works on your behalf. What is the benefit of belonging to your local medical society? Well, we focus on you, on Central Iowa, on our communities, the things that impact you, your patients, your family, your home.

What is that old adage that we have all either said or heard during

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many occasions, “It’s the thought that counts.” Sometimes you may receive a gift during the holidays that you don’t really like or want, or which just isn’t perfect, but you appreciate the fact that the person put a lot of thought into it, because of the fact that someone invested their time and efforts on your behalf. Well, this holiday season, we want YOU, the Physicians of Polk, Dallas and Warren counties, to receive a gift that keeps on giving. A gift that benefits you, your profession, your patients and supports you in your career and beyond.

We want YOU to be a MEMBER OF POLK COUNTY MEDICAL SOCIETY. We want you to gift yourself, a gift that will continue to work on your behalf and on your family and patient’s behalf. We build programs of benefits for physician members to support the entirety of your career path

from Stem Program involvement at the middle and High School levels, to medical student, Residency, Attending and Retirement. We are your only local medical society that focuses on the urban physician and the practice of medicine in the local urban environment.

As 2025 draws near, use your CME funds before they expire, become a member for just \$385/year. Gift yourself the gift that keeps on giving to support all aspects of your professional life. No one else has the events and networking for you, your family and colleagues like PCMS.

We Celebrate Physicians, We Are Physicians. Explore a reimagined membership with PCMS and discover new ways to experience being a physician! Begin this Holiday season with a Gift that REALLY COUNTS!



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EXPLORE A REIMAGINED MEMBERSHIP with the Polk County Medical Society and discover new ways to experience YOUR practice of Medicine!

# RENEW NOW

pay online at  
**[www.pcms.org](http://www.pcms.org)**



# A Message from DMU-COM:

## *Advancing Medical Education and Healthcare in Iowa*



**By: David A. Connett, D.O.**

Since my arrival at Des Moines University College of Osteopathic Medicine (DMU-COM) on July 1, 2024, our team has achieved significant milestones to benefit both our institution and the state of Iowa. DMU-COM's tradition of academic excellence continues to shine, with this year's students achieving an impressive first-time pass rate of 98% on COMLEX Level I and Level II, surpassing the national average of 92% across 67 osteopathic medical schools. Additionally, 100% of our graduates secured residency placements during Match Week 2024.

In August, we welcomed 232 new students from a highly competitive pool of over 6,000 applicants, underscoring the strong demand for DMU-COM's programs.

To ensure our students receive top-tier clinical training, DMU-COM is enhancing and consolidating rotational opportunities in specific geographic areas, with a focus on embedding students into residency training sites. Under the leadership of Dr. Mark LeDuc, we have expanded partnerships with clinical sites to create yearlong educational tracks. Concurrently, we are developing new ACGME-accredited residency programs across Iowa.

Dr. Jennifer Beaty, our Associate Dean of Graduate Medical Education, has applied to become the Designated Institutional Officer (DIO) to lead these efforts. Currently, we are exploring partnerships with more than seven institutions in Iowa to establish new GME programs using traditional CMS funding while expanding existing programs.

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Collaboration is at the heart of these initiatives. DMU-COM has actively participated in task force meetings with Iowa Health and Human Services to address the state's healthcare workforce needs. Together with stakeholders, including Governor Reynolds' office and the University of Iowa, we are advocating for legislative support to offset the costs of developing new GME programs.

Governor Reynolds' recent visit to DMU's state-of-the-art facilities underscores her

commitment to advancing healthcare initiatives in Iowa.

These collective efforts aim to enhance medical education, address healthcare workforce shortages, and contribute to a healthier future for Iowa and its residents. At DMU-COM, we remain steadfast in our mission to shape the next generation of osteopathic physicians while strengthening healthcare across our state.



# PCMS FALLOWEEN FEST 2024

## AT *Howell's Greenhouse & Pumpkin Patch*

The Polk County Medical Society (PCMS) members, family and friends once again enjoyed a warm fall day of sunshine and farm fun, at the third annual PCMS Falloween Fest at Howell's Greenhouse & Pumpkin Patch on Saturday, October 5th, in Cumming, Iowa. It was a perfect day to experience the great outdoors together.

There was no stopping the smiles and joy from all, as members and their families had a day packed with traditional hayrack rides, picking pumpkins, pony rides, getting lost in a corn maze, navigating the play area, petting farm animals, and a bubble bathtub in tow tractor ride! Lunch vouchers were provided but there were just too many activities to have fun, to stop and eat, for many! Everyone had a great time, whether shopping in the big barn for décor, eating caramel apples or diving into the corn pool. We look forward to more exciting and memory building events with your family and all our PCMS physician members.



Photo Caption Can Go Here

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**WISHING OUR POLK COUNTY MEDICAL SOCIETY MEMBERS  
HAPPY HOLIDAYS & NEW YEAR!**



**WE APPRECIATE YOU**

**Wishing you and your families a safe, health and  
happy holiday season!**

**From the Polk County Medical Society Staff**

***Paula, Juliet and John***

# The PCMS Teddy Bear Tea

## *Santa Brunch Holiday Event*

The Polk County Medical Society (PCMS) held the annual Teddy Bear Tea/Santa Brunch Holiday Event and charitable drive for Toys for Toys in conjunction with Wakonda Club on Sunday, December 8th. Attendees brought a toy donation and were treated to an assortment of entertainment, ringing in the holiday season. Santa and Mrs. Claus were even on hand to visit with families.

Maharry Photography was on hand to provide professional holiday photographs of families at the event. We were lucky to enjoy The Des Moines Choral Society once again, as wandering minstrels throughout the event as party goers arrived and sat for a holiday brunch, finished off with a trip to Candy land for deserts and delectables.

The event was a success for a resounding amount of donations of toys for children in need! Much appreciation to all those who made this holiday tradition with their families. If you did not make it this year, we hope to see you next year and that you make it your newest family tradition too!



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# MEDICARE ANNUAL WELLNESS VISITS:

## *Improving Early Detection of Memory Changes*



**By: Yogesh Shah, M.D., M.P.H.**



**Greg Woods, M.P.H**

A useful tool that can help identify the early stages of cognitive decline is also chronically underutilized, but greater adoption of the free Medicare Annual Wellness Visit (AWV) and its accompanying required cognitive screening could have wide ranging benefits for persons living with memory loss.

Cognitive screening for older adults at the AWV is key to determining mild cognitive impairment (MCI) due to Alzheimer's disease (AD). However, only 2.4% of Medicare beneficiaries who are eventually diagnosed with AD or other related disorders received a formal

cognitive assessment during an annual wellness visit, highlighting the need for consistent screening and identification of early-stage patients. Medicare's AWV is a free yearly appointment with a primary care physician (PCP) to create or update a personalized prevention plan. The AWV is different from a physical exam and is intended to help prevent illness and disability and to identify the earliest signs of cognitive decline (which could be associated with AD).

Subtle cognitive changes in memory and thinking are often a feature of aging, but many times, they might not be. Ten to 12% of Americans aged sixty or

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older have changes suggestive of MCI. MCI causes cognitive changes that are serious enough to be noticed by the person affected and by family members and friends but may not affect the individual's ability to carry out everyday activities and hobbies.

Individuals with MCI may have a higher risk of developing dementia. Studies estimated that ten to 15% of individuals with MCI go on to develop dementia each year. Dementia is an umbrella term for a decline in cognitive functioning such as memory, language and reasoning which interfere with daily life. Alzheimer's disease is the most common cause of dementia. AD can be divided into five stages: preclinical AD, where there is evidence of AD pathology without clinical symptoms; MCI due to AD; mild AD dementia; moderate AD dementia and severe AD dementia. The MCI and mild dementia stages of Alzheimer's disease are critical points for intervention.

Primary care is on the front lines of care for early Alzheimer's disease. Patients view PCPs as trusted sources of information on MCI. In fact, more than half of Americans report that they would discuss MCI symptoms with their PCP before others, including their spouses (42%) or a specialist

(29%). Consistent with that fact, 62% of primary care providers say they receive

questions at least weekly from their patients about symptoms consistent with MCI.

To aid in early detection of cognitive impairment, the AWW requires conducting a cognitive assessment rather than just asking the patient to self-report any memory concerns. Early detection may facilitate the identification and treatment of reversible causes of cognitive impairment, management of symptoms to maintain functioning, and it may grant access to the new anti-amyloid medications that are the first drugs ever to slow dementia progression. Additionally, early detection can lead to improvement in quality of life, focusing on dementia prevention and delay of institutionalization. Identifying this progressive disease early may also enable patients to communicate living and end-of-life desires before impairment is severe and allow families to plan for the patient's safety and protection.

A few commonly used tests sensitive to MCI and mild AD dementia are MoCA, Mini Cog, AD8, and SLUMS. These tests, even when done in someone who is cognitively unimpaired, can serve as a baseline reference in future screenings to determine if cognitive decline is occurring.

When appropriate, consider screening for AD pathology with a new blood biomarker (BBM) test. Recent advances

# HAPPY HOLIDAYS

To all of our  
**VOLUNTEER  
PHYSICIAN  
SPECIALISTS**

**YOU ARE the ESSENCE of  
the SPIRIT of GIVING  
providing FREE ACCESS to  
SPECIALITY CARE to  
IOWANS IN NEED and  
transforming their lives!**

**THANK YOU!**



*Continued from page 22*

in biomarker detection are starting to enable the use of blood tests to aid in clinical diagnosis, providing previously inaccessible insights. BBM tests are not intended as stand-alone diagnostic tests and should be integrated with patient's history, brain imaging, routine lab, and other tests as appropriate.

If a person or a close contact voices concern about memory or impaired cognition, clinician should assess for MCI and not assume the concerns are related to normal aging. MCI can be caused by several underlying conditions that need to be ruled out as part of Alzheimer's disease workup. A physical examination and the patient's medical history could identify alternative causes of MCI such as sleep issues, depression, hearing loss, certain anticholinergic medications, and drug or alcohol abuse.

Routine laboratory assessment could detect a vitamin B12 deficiency, or thyroid disease, due to of which can be

core disease of MCI. MRI or CT imaging could uncover evidence of lesions, stroke, subdural hematoma, or normal pressure hydrocephalus.

If cognitive impairment is identified, the CPT code 99483 can be used for reimbursement of comprehensive care planning, which is crucial since families often report feeling unsupported after a dementia diagnosis. Any practitioner can provide this service and help develop a written care plan that assesses patient safety, strategies for the management of disease symptoms and comorbidities and addresses caregiver support needs.

<https://www.alz.org/media/Documents/alzheimers-facts-and-figures.pdf>

<https://pmc.ncbi.nlm.nih.gov/articles/PMC9517732/>

<https://www.alz.org/careplanning/downloads/cms-consensus.pdf>

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## THE SECOND HOME: A DIFFERENT KIND OF "BOND" INVESTMENT



FOSTER  
GROUP

ASHLEE VIEREGGER, JD, CFP®, CTFA, AEP®, Senior Lead Advisor

In the work we do as advisors, we often talk with client families about evaluating decisions and measuring success. What were our expectations? Did our choice produce the intended results? In the context of making long-term portfolio investments, there are a few ways we can gauge our success.

There's the absolute measure: Did the investment grow or decline in value? There's the relative measure: Did the investment do better or worse than a comparable asset? There's the goals-based measure: Did the investment produce enough income and growth to meet cash flow needs?

These measures work well for stock and bond investments, whether they're mutual funds or individual securities. However, they don't work as well for a special type of investment that client families often dream of pursuing, a second home. We need a different approach to evaluate an investment of the heart, a different kind of "bond" investment. An investment in joy requires a unique type of cost-benefit analysis.

### Costs are easy to quantify.

The costs of making a second home investment are straightforward and relatively easy for families to quantify. There are dollar amounts built into the purchase price of the home: a monthly mortgage payment, the property taxes and homeowners' insurance premium, the homeowners' association dues, utilities, the regular maintenance, the unexpected repairs or replacements, and the furniture and home furnishings.

Other financial decisions a family may consider in making a second home investment. For instance, should they pay cash or take out a mortgage? Do they want to list the home for rent when the family is not using it? And, how should the home be titled for estate planning purposes? As advisors, we often help our client families navigate these decisions.

### Benefits are more qualitative.

Unlike costs, the benefits of making a second home investment are priceless, often non-financial,

and much more difficult to measure. There isn't a simple formula to calculate the value of creating a generational retreat where a family can make years of memories together. The joy of hosting holiday gatherings, milestone celebrations, or family reunions at a beloved family haven simply can't be reduced to a dollar amount.

Like all sound investments, a family makes a second home investment with the hope that its emotional value compounds over time. The second home is a special place where grandparents can spend quality time with their grandchildren before the busy activity calendar takes over the family schedule. It's a place where cousins and siblings can ditch the devices and have a few adventures outside. Someday, the youngest in the family will bring their own children to this special place where they had so many happy memories in their youth. The true returns on a second home investment can't be measured in dollars and cents, but rather in the strength of the family bonds that it helps create.

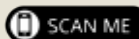
### Deciding to buy a different kind of "bond" investment.

Making a second home purchase decision calls for a special set of evaluation criteria. At Foster Group, we understand that purchasing a second home is more than adding a real estate asset to the balance sheet. It's an investment in family bonds that may appreciate in value across generations. If you are considering a second home investment, remember to consider the returns of the heart in addition to the financial costs. Connect with us today, and let's talk about a different kind of "bonds." Foster Group takes the time to truly know our clients—not just their financial goals, but what's in their hearts.



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# Polk County Medical Society

## Legislative Priorities 2025

### *SUPPORT*

1. **Volunteer Physician Network (VPN) funding** - VPN Growth & Expenditures: the VPN has incurred amplified growth of program participation and expenses for Iowa's at-risk population over the last 10 years at a rate of up to 18%. Increased funding is critical for continued provision of services in conjunction with the increased growth rate of the patient population who requires access to specialty medical care, pertaining to the following measures:
  - a) Growth of program referral population
  - b) Administrative costs for coordination of care
  - c) ROI year over year has surpassed funding costs (estimated \$9-12M in care provided annually)
2. **Expanding Physician Workforce** – Continue to pursue a multi-pronged approach to addressing our state's significant physician workforce shortage.
  - a) Support additional flexibility and expansion of the Rural Physician Loan Repayment Program that directly supports efforts to recruit more physicians to shortage areas.
  - b) Support proposal of increased residency slots, program expansions.
  - c) Will also support policy efforts to implement Iowa's Statewide Provider Workforce Strategy.
  - d) Eliminating employed Health Care Workers Non-Competes
3. **Gold Card Prior Authorization** - The practice where payers waive prior authorization on services and prescription drugs ordered by providers with a proven history of prior authorization approvals. Bipartisan legislation of GOLD CARDING takes important steps to remove perfunctory barriers to medical care while improving the prior authorization process for physicians and patients alike. Physician input is required to guide this legislation in the following areas:
  - a) Physicians leading legislative language for the bill
  - b) Period of time and criteria to qualify for Gold Card status, Period of term of gold status
  - c) Peer review concerns
4. **Truth In Advertising** – Enhance Iowa Business code or legislation for patient protection to ensure informed patient care team structure.

### *Other Issues of Interest*

1. **Co-Pay Accumulators** – Eliminate the use of co-payment accumulators by the insurance industry.
2. **Telehealth payment parity** – Move for continuation of established reimbursement for virtual care, at same level as an in-person care visit for physical health. This includes continuation of the telehealth policy flexibilities and payment parity that have proven vital to maintaining safe access to care for vulnerable patients.

### *MONITOR/OPPOSE*

1. **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.

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# The Julie Evans Memorial Children's Healthcare Fund:

## *Dollars in Action*

### FY 2024/25 2nd Quarter

We are pleased to report that the ***Julie Evans Memorial Children's Healthcare Fund has received a generous grant from the Evan's Family Charitable Foundation to continue to assist vulnerable at-risk children and families in Iowa.*** As beneficiaries through services provided through the Volunteer Physician Network (VPN) program, almost ***2000 children and families have received specialty care through the 1st and second quarters of FY 24/25.***

The Julie Evans Memorial Children's Healthcare Fund assists with continuing Julie's work on behalf of children and families in Iowa and recognizes, perpetually; her commitment to improving the lives of the children and families through health and education.

The Polk County Medical Society Volunteer Physician Network would like to extend appreciation and thanks for the crucial and generous contributions made to the Julie Evans Memorial Children's Healthcare Fund, by The Evan's Family Charitable Foundation.

This ongoing support, is a deep commitment to the VPN program allowing us to provide the ONLY ACCESS to much needed specialty care to children and families in Iowa who are below 200% of the federal poverty levels and ineligible for ANY other existing assistance. ***We hope during this holiday season you will also consider helping to sustain this crucial program for children and families in need, by contributing a financial donation.***



## JANUARY BIRTHDAYS

1	18
Thomas M. Brown, M.D.	Andrew Steffensmeier, M.D.
Mark A. Burdt, D.O.	
4	22
Lynn D. Owen, D.O.	Ahmad Y. Al-Shash, M.D.
7	24
James D. Kimball, M.D.	Abigail Allard, M.D.
	Benjamin R. Beecher, M.D.
8	25
Todd W. Heilskov, M.D.	Jeffrey M. Farber, M.D.
Neil T. Mandsager, M.D.	
Tyler M. Schwiesow, M.D.	28
	Joseph F. Galles, Jr., M.D.
13	31
Jessica D. Lorenz, M.D.	Abbie D. Ruisch, D.O.
14	
Chad T. Carlson, M.D.	
Jane A. Schrader, M.D.	

## FEBRUARY BIRTHDAYS

2	19
David K. Chew, M.D.	Carlos Alarcon Schroder, M.D.
	Joseph Blitman, M.D.
5	20
Stephen A. Ash, M.D.	Bradley D. Hammer, M.D.
9	Mark A. Tannenbaum, M.D.
Dana L. Simon, M.D.	Wendy A. Zadeh, M.D.
13	23
Jason Kessler, M.D.	Leyla A. Best, M.D.
Kelsey J. Millionig, D.P.M.	
16	25
Erik Swenson, M.D.	Robert F. Schneider, M.D.
	26
	Angela S. Collins, M.D.

## MARCH BIRTHDAYS

4 Susan M. Kennedy, D.O.	19 Kristin L. Harts, M.D.
5 Jennifer L. Fejfar, D.O. Norman K. Rinderknecht, M.D.	22 John Kuhnlein, D.O.
8 Alan D. Heberer, D.O.	25 Lynn K. Struck, M.D.
9 Ahmar Butt, M.D.	26 Deborah A. Haines, D.O.
10 Cory B. Pittman, M.D.	27 Kathleen M. Massop, M.D.
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# Bulletin

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