

Bulletin

JAN/MAR 2025

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

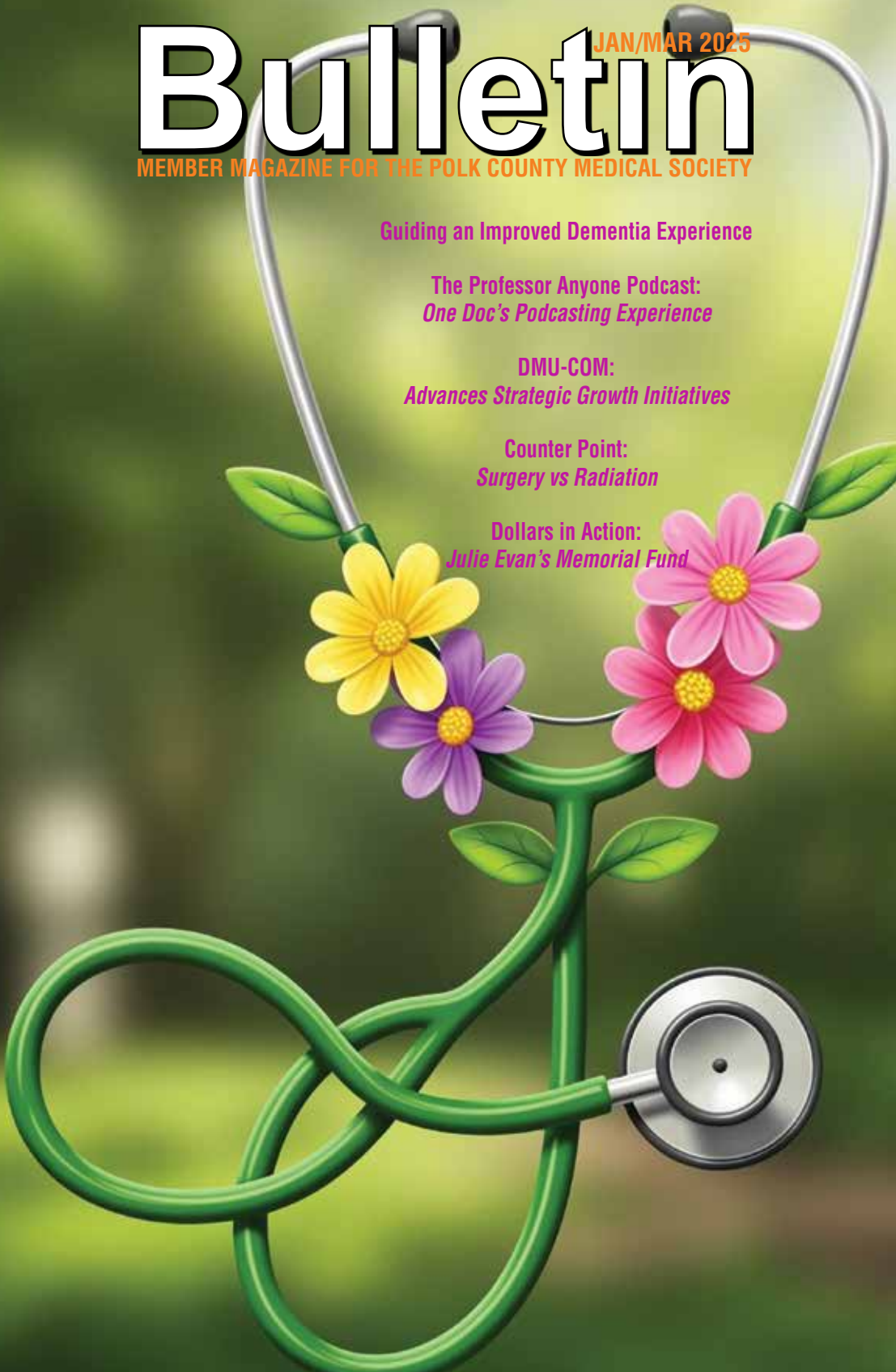
Guiding an Improved Dementia Experience

*The Professor Anyone Podcast:
One Doc's Podcasting Experience*

*DMU-COM:
Advances Strategic Growth Initiatives*

*Counter Point:
Surgery vs Radiation*

*Dollars in Action:
Julie Evan's Memorial Fund*





POLK COUNTY MEDICAL SOCIETY

Please join us for our

ANNUAL MEETING MEMBERSHIP DINNER

YOU ARE INVITED to join us for the celebration of
our PCMS physician members, spanning 174 years.

This year we welcome and are honored to host GUEST SPEAKER:
David Carl Hilmers, MD, E.E., MPH, MSEE, (COLONEL, USMC, RET.)
NASA ASTRONAUT (FORMER)

Being an astronaut wasn't enough.

The beauty of the Earth from orbit reminded Hilmers of his first dream to become a doctor. He went to medical school, became a pediatrician, and has since launched into countless missions and disaster relief trips around the world. *Dr. Hilmers' extraordinary life and work as a missionary will inspire you to reach even higher than the stars.*

THE WAKONDA CLUB

Monday, May 5th, 2025

**Cocktail Reception: 5:30 PM
Program and Dinner: 6:00 PM**

RSVP: POLK COUNTY MEDICAL SOCIETY

Office Tel. 515-288-0172

Email: pems@pems.org

Web: <https://pems.org/event/2025pemsanmtg/>

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January/March 2025

2025

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MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

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We Welcome Spring

By: Thomas Klein, D.O.

Dear Polk County Medical Society Members:

I hope this message finds everyone well. As we usher in spring and leave the winter months behind, I encourage each of you to take a moment and step outside, breathe in the fresh air, and perhaps take a walk to reset after a long day. A small break outdoors can be a powerful way to recharge amidst our demanding schedules.

This year, we continue to focus on legislative efforts that align with the mission of our society. We are encouraged by Governor Reynolds's initiative to expand post-graduate residency training positions in Iowa, a crucial step in strengthening our

physician workforce. Additionally, we support legislative efforts aimed at addressing the healthcare worker shortage and improving prior authorization processes—both of which directly impact our ability to provide timely and effective patient care.

Please remember to save the date for our annual meeting and other upcoming social events sponsored by PCMS. These gatherings offer valuable opportunities to connect, collaborate, and celebrate our shared commitment to medicine.

Thank you for your continued dedication to our profession and our community.

— Thomas Klein, D.O.

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Blooming Memberships, Weeding Legislation and a *Bouquet of Events*

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

Well, it is finally here . . . Spring. The smell of new growth, warmth, sunshine, and a call to action. An end to the old and a time for renewal is upon us. This seasonal occurrence is in line with our own calendar at PCMS.

It is time for renewing your PCMS membership and sprouting new member recruits, to our fold. It is time to celebrate and encourage the collegiality and camaraderie evoked through membership, for physicians locally.

It is also time for gardening, as we move through this legislative session. PCMS has been supervising the weeding of the issues that have scope creep or encroachment, and

affect the practice of medicine, to ensure that delivery of medicine to patients and safety in that delivery is not violated or impeded.

PCMS has also brought forward vital evidence and information to guide Iowa's resolutions to addressing the Health Care workforce shortage.

It is important to visit our impact on the physician community. Our physician members have been attending legislative subcommittee hearings, alongside PCMS staff/lobbyists, to bring subject matter expertise needed to guide our lawmakers.

In this time of renewal, we hope all of our physicians take time to

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refresh and reinvigorate themselves for 2025. Your journey can begin and be enhanced through activities provided by PCMS for you, your colleagues, family, and friends.

Join us and renew your participation with our community. Have fun with

PCMS free member events such as Wild Lights at the Zoo with dinner or the 174th PCMS Annual meeting with a real Astronaut!

We have a bouquet of events from which to choose . . . it's better than an egg hunt! We will see you there!

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/>



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Guiding an Improved Dementia Experience (GUIDE) Model *at Broadlawns*



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



Anne O'Rear

The Guiding an Improved Dementia Experience (GUIDE) Model is a new voluntary, nationwide model for Medicare Part B providers from the Centers for Medicare & Medicaid Services (CMS) that aims to improve the quality of life for people living with dementia, reduce strain on unpaid caregivers, and help people remain in their homes and communities through a comprehensive package of care coordination and management, caregiver education and support, and respite services. Broadlawns Medical Center is the first hospital in Iowa to implement the GUIDE model.

The model will run for eight years with a one-year pre implementation period to support new program development.

People living with dementia often have multiple chronic conditions and receive fragmented care, leading to high rates of hospitalization and emergency department visits. They also may have behavioral health symptoms and often need 24/7 care. The challenges of managing health care, providing constant support, and dealing with the behavioral and psychological symptoms of

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dementia can present a significant mental, physical, emotional, and financial burden for caregivers and disproportionately impact Black, Hispanic, and Asian Americans, Native Hawaiian, and Pacific Islander populations.

The GUIDE Model will offer a standard approach to care, including 24/7 access to a support line, as well as caregiver training, education, and support services. This standard approach will allow people living with dementia to remain safe in their homes for longer by preventing or delaying nursing home placement and improve quality of life for both people living with dementia and their unpaid caregivers.

To reduce disparities in access to dementia care services, the GUIDE

Model incorporates policies to enhance health equity by ensuring that underserved communities have equal access to the model intervention.

Despite its prevalence, many people living with dementia do not consistently receive high-quality, coordinated care. As a result, they experience poor outcomes, including high rates of hospitalization, emergency department visits, and post-acute care utilization. They also experience high rates of depression, behavioral and psychological symptoms of dementia, and poor management of other co-occurring conditions.

Dementia also significantly impacts the family and other unpaid caregivers, who often provide

MODEL BENEFICIARY ELIGIBILITY

The GUIDE Model's intended beneficiary population is community-dwelling Medicare fee-for-service beneficiaries, including beneficiaries dually eligible for Medicare and Medicaid, living with dementia. Eligible beneficiaries must meet the following criteria:

- ✓ Beneficiary has a diagnosis of dementia, as confirmed by clinician attestation.
- ✓ Have Medicare as their primary payer.
- ✓ Enrolled in Medicare Parts A and B (not enrolled in Medicare Advantage, including Special Needs Plans and PACE).
- ✓ Not enrolled in Medicare hospice benefit.
- ✓ Not residing in a long-term nursing home.



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significant amounts of assistance with personal care, finance, household and medication management, clinical coordination, and other care. Many caregivers for people living with dementia, who are often Medicare beneficiaries themselves, report elevated levels of stress and depression, which negatively affect their overall health and increase their risk for serious illness, hospitalization, and mortality.

Through the GUIDE Model, CMS will test an alternative payment for participants that deliver key supportive services to people with dementia, including comprehensive, person-centered assessments and care plans, care coordination, and 24/7 access to a support line. Under the model, participants will assign

people with dementia and their caregivers to a care navigator who will help them access services and support, including clinical services and non-clinical services such as meals and transportation through community-based organizations.

(Dr. Yogesh Shah M.D., M.P.H., FAAFM Medical Director of Broadlawns Memory Clinic and Anne O’Rear, First GUIDE Navigator, Broadlawns Memory Clinic. The GUIDE Navigators will work as interdisciplinary team members, providing ongoing support to patients and caregivers and connecting them with community resources.)

<https://www.cms.gov/priorities/innovation/innovation-models/guide>



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The Professor Anyone Podcast: *One Doc's Podcasting Experience*

By: Jason Kessler, M.D.

As a student, I met a charming elderly couple. The 86-year-old gentleman introduced his 85-year-old “girlfriend.” I asked them about how they met and how long they had been dating. The gentleman revealed that they were married for 50+ years, and he still called her his “girlfriend.” They taught me how to keep a relationship fresh and the importance of learning from everyone we meet.

Fast-forward to 2022, while listening to podcasts on a long drive to a remote clinic, I was inspired to create my own. The hosts interviewed leaders and celebrities, but I wondered why we couldn't learn from anyone and everyone.

A fellow church member who produced a podcast about ISU sports recommended Anchor, now Spotify for Creators. The app guided me through everything I needed to get my podcast on multiple platforms, including Spotify, iHeart, and Apple Podcasts.

Interested in podcasting? Here are some tips:

- **Target Audience:** Make sure you have a specific target audience to cater to.
- **Have Guests:** Guests make episodes more interesting. I used people I knew and conducted

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interviews via phone or Zoom or in person.

- **Marketing:** Learn about marketing or hire someone. Short videos with guests for social media helped build interest.
- **Regular Schedule:** Weekly episodes work well for most.
- **Employer Approval:** Ensure your employer knows about your podcast and discuss any potential limitations on discussing work-related topics.

- **Have Fun:** Your enthusiasm will be evident to listeners.

My podcast was well-received, but I eventually stepped away due to the difficulty of keeping up. Involving others can help take the pressure off. I still have a free Spotify Creator account and could return or make ad hoc episodes anytime.

The Professor Anyone Podcast can still be found wherever you listen to podcasts. Check it out!



A Message from DMU-COM:

Advances Strategic Growth Initiatives



By: David A. Connett, D.O.

Des Moines University College of Osteopathic Medicine (DMU-COM) is driving forward its strategic priorities by expanding Graduate Medical Education (GME) and enhancing research opportunities, both designed to meet the evolving needs of the institution and address Iowa's healthcare challenges.

A major focus is the expansion of GME and clinical training statewide. DMU-COM is embedding students in ACGME-accredited training facilities to provide hands-on clinical education while addressing Iowa's physician shortage. This initiative builds a sustainable pathway for future physicians and strengthens healthcare services in local communities.

DMU-COM students continue to excel academically, with a 97.9% first-time pass

rate on national boards—well above the national average of 91% — which supports a 100% match and placement rate. These impressive metrics highlight the college's commitment to academic excellence.

Under the leadership of Dr. Jennifer Beaty, (A Polk County Medical Society Executive Councilor and Member) the Office of Graduate Medical Education is working to secure ACGME accreditation by August 2025. Once achieved, this accreditation will allow DMU to sponsor new residency

programs, starting with an Osteopathic Manipulative Medicine (OMM) residency within its clinical system. This planned residency aims to alleviate a growing patient backlog and fulfill COCA accreditation standards for faculty development.

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DMU-COM's GME progress is already evident from the December 2024 Military Match, where seven fourth-year students secured residency positions. In addition, the university is preparing for its inaugural on-campus Match Day celebration on March 21, 2025, a milestone event for students, faculty, and families.

Research remains a core pillar of DMU-COM's academic mission. In response to recent changes in the COMLEX Level One exam scoring, the college is expanding research programs to enhance students' academic credentials and residency applications.

The university's Ph.D. program is also growing, with plans to celebrate its first four graduates in 2025—including the institution's first DO-PhD graduate. Currently, six students are enrolled, with two more expected next year. The past year, produced five research publications, and secured external grant funding.

These initiatives underscore DMU's commitment to educational excellence, student success, and healthcare innovation, positioning the college as a leader in preparing the next generation of healthcare providers.

News...News...News...News!

Polk County Medical Society wants to know what's new with you. Have you been appointed to a board or received an award? Please take a moment to send your information and photo for the next issue of *The BULLETIN!* Just email information to:

Email the Editor: pcms@pcms.org
 or Mail: Polk County Medical Society
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 Des Moines, IA 50309

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Counter Point: Surgery vs Radiation:

NOT a First Line Option Where Surgery is an Option



By: Timothy Abrahamson, M.D.

As a board-certified dermatologist, I am strongly concerned about an article in the prior issue regarding image-guided superficial radiation therapy. Skin cancer should be primarily treated by surgery in healthy individuals with over 10 years of life expectancy due to higher cure rates and lower costs. Radiation is inappropriate for healthy individuals where surgery is appropriate.

1. Delayed risks of radiation therapy: 1) Not killing the tumor (persistent tumor) 2) Changing to a more aggressive form (infiltrative/neurotropic) and 3) Causing delayed new skin cancers years later.

<https://pubmed.ncbi.nlm.nih.gov/8961975/>

https://cancer.ca/en/treatments/treatment-types/radiation-therapy/side-effects-of-radiation-therapy#ci_side_effects_of_radiation_therapy_89_84_00

Greenwald E, Gorcey L, et al. "Poster 2706: Importance of skin cancer screening after radiation therapy." *J Am Acad Dermatol.* 2016;74(5) suppl 1:AB199. Commercial support: None identified.

<https://jamanetwork.com/journals/jamadermatology/fullarticle/190516>

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MAY BIRTHDAYS

2
Magdi G. H. Ghali, M.D.

3
Mark D. McGaughey, M.D.

5
Ronald D. Eckoff, M.D.

7
Stephen R. Eckstat, D.O.
Jason Kruse, D.O.

12
Atul K. Chawla, M.D.
John E. Skoumal, M.D.

13
Francis L. Garrity, M.D.

14
James H. Bartlett, M.D.
Timothy R. Vinyard, M.D.

18
David E. Lind, M.D.

19
Christopher Ronkar, M.D.

24
Timothy G. Abrahamson, M.D.

30
James F. Patten, M.D.

JUNE BIRTHDAYS

7
Matthew L. Hill, D.O.

8
James Singer, D.O.

12
Bradley S. Lair, M.D.

13
Rebecca D. Shaw, M.D.

15
Timothy A. Gerdis, D.O.

18
James A. Coggi, M.D.

19
Craig R. Mahoney, M.D.

20
David D. Herbst, D.O.

21
Sara N. Upmeyer, D.O.

24
Steven A. Keller, M.D.

26
Yulia Johnson, D.O.

27
Basaviah Chandramouli, M.D.

28
Stacey K. Neu, M.D.

29
Nancy J. Kane, M.D.

30
Amr S. Kamhawey, M.D.

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2. Personal experience: I have patients in Des Moines who worked at a shoe store and another who ran home after school to X-ray his foot. Both are dealing with numerous skin cancers of the hand (she carried the box to shoe clients) and the foot (he used to X-ray his foot coming home from school.)

<https://www.instadose.com/blog/the-dangers-of-shoe-fitting-fluoroscopes>

<https://www.syracuse.com/living/2019/05/1940s-remembering-when-stores-used-x-ray-machines-to-fit-shoes.html>

<https://www.smithsonianmag.com/arts-culture/better-feet-through-radiation-the-era-of-the-fluoroscope-171211371/>

3. Radiation in breast cancer: well-published risk of skin cancer and angiosarcoma following radiation.

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2815839>

<https://www.ajmc.com/view/radiation-therapy-associated-with-elevated-skin-cancer-risk-in-patients-with-breast-cancer>

4. Fluoroscopy physicians and staff

chrome-extension://gphandlahdppfmcakmbngmbjnjiiahp/
<https://www.cancer.gov/about-cancer/causes-prevention/risk/radiation/interventional-fluoroscopy.pdf>

[https://pmc.ncbi.nlm.nih.gov/articles/PMC5135251/#:~:text=Doses%20on%20the%20order%20of,in%20100%20\(100%20mSv\).](https://pmc.ncbi.nlm.nih.gov/articles/PMC5135251/#:~:text=Doses%20on%20the%20order%20of,in%20100%20(100%20mSv).)

5. Radiation treatment of hemangiomas in infancy. <https://pubmed.ncbi.nlm.nih.gov/2206564/#:~:text=Between%201920%20and%201959%2C%20a,then%20applied%20to%20the%20hemangiom>

<https://pubmed.ncbi.nlm.nih.gov/29515389/>

When discussing superficial radiation:

Radiation has lower cure rates than surgery. New devices have less than 3-year data. You have to go to the older literature to see 5- and 10-year and 20-year data, which has significantly worse outcomes of recurrence and new skin cancers onset.

Radiation is NOT encouraged for patients with more than a 10-year life expectancy in tumors that are resectable by excision. Cost of radiation is often \$10,000-\$15,000 which is around 5-fold higher than surgery. The number of sessions is often 25 plus visits.

AMERICAN ACADEMY OF DERMATOLOGY POSITION STATEMENT

<https://server.aad.org/forms/policies/Uploads/PS/PS-Superficial%20Radiation%20Therapy.pdf>

<https://www.aad.org/member/clinical-quality/guidelines/bcc>

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**AMERICAN CANCER ASSOCIATION
CANCER.ORG**

<https://www.cancer.org/cancer/types/basal-and-squamous-cell-skin-cancer/treating/radiation-therapy.html#:~:text=Side%20effects%20of%20radiation%20are,in%20the%20area%20being%20treated>

“After many years, new skin cancers sometimes develop in areas previously treated by radiation. For this reason, radiation usually is not used to treat skin cancer in young people.”

AMERICAN COLLEGE OF MOHS SURGEONS

chrome-extension://efaidnbmnnnibpajccglclefindmkaj/
<https://www.mohscollege.org/UserFiles/file/SRT-physician-handout-v6.pdf>

BCC CURE RATES: SRT CURE RATE 4-15%
Surgery 1 – 2.5%

AAD Position and NCCN Guidelines: SRT is a second line option

Nonmelanoma Skin Cancer

Importance of skin cancer screening after radiation therapy

[https://www.jaad.org/article/S0190-9622\(16\)00912-9/abstract](https://www.jaad.org/article/S0190-9622(16)00912-9/abstract)

“Studies of patients exposed to both low and moderate doses of radiation have consistently found an increased risk of nonmelanoma skin cancers (NMSCs), including basal cell carcinoma (BCC) and squamous cell carcinoma (SCC).”

House of Medicine Consequences:

- Concerns of scope of practice: SRT for NMSC purports delivery of radiation by dermatologists with minimal training that lacks endorsement by an accredited educational entity
 - SRT training is not currently included in ACGME Dermatology Residency Curriculum
 - Comparatively, Mohs surgery is a required curriculum component of Dermatology Residency, and the American Board of Dermatology is in the process of ensuring that Mohs surgeons are fellowship trained and/or board certified
 - Dermatology is now the specialty that bills for SRT (Code 77401) with the most frequency, according to 2021 CMS public data — this rate exceeds those of radiation oncologists (Dermatologists 82% of 77401 providers vs Radiation Oncologists 3% of 77401 providers)
- Marketed by device manufacturers with an emphasis on a financial remuneration model (i.e. practice growth and an “attractive economic profile”)
 - Marketing materials suggest use of 12 unique CPT codes for treatment of a single skin cancer, including radiation therapy consultation, radiation treatment design and construction, management of radiation therapy, simulation of radiation therapy, calculation of radiation dose, ultrasonic guidance for radiation, and radiation treatment delivery
 - Billing codes recommended by the manufacturers are the same codes historically “owned” by board certified radiation oncologists



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JULY BIRTHDAYS

1 Nicholas J. Galioto, M.D.	16 Jeffrey R. Brady, D.O.
2 Michael A. Gainer, M.D.	19 Scott M. Shumway, M.D.
6 Timothy C. McCoy, D.O.	20 Beatriz Orduna-Salisbury, M.D.
9 Joel A. From, M.D. Jason D. Stecker, D.O.	22 Edward G. Jones, D.O.
10 Ze-Hui Han, M.D.	26 Steven J. Phillips, M.D.
11 Steven P. Hedding, M.D. Mohammad S. Iqbal, M.D.	28 Christopher B. Vincent, M.D.
12 Walter B. Eidbo, M.D.	29 Shawn Johnson, D.O. Dustin D. Wiemers, M.D.
13 Randy Rough, M.D.	30 Valerie K. Kounkel, D.O.
14 James D. German, D.O.	

AUGUST BIRTHDAYS

1 Abdul L. Chughtai, M.D.	17 Dale F. Andres, D.O. Dana Danley, M.D. David W. McAllister, D.O.
2 Norma J. Hirsch, M.D.	20 Marc L. Klein, M.D. Dawn M. Schissel, M.D.
7 Susan M. Jacobi, M.D.	25 Raymond L. Webster, M.D.
8 Matthew P. Rauen, M.D.	27 Douglas W. Massop, M.D.
13 Dale T. Steinmetz, M.D.	29 Christine R. Carstensen, M.D.
15 Mark. S. Bissing, D.O. Craig A. Shadur, M.D.	

Dollars in Action:

The Julie Evans Memorial Children's Healthcare Fund FY 2024/25 3rd Quarter

We are pleased to report that the **Julie Evans Memorial Children's Healthcare Fund assisted almost 3000 vulnerable at-risk children and families**, as beneficiaries through services provided through the Volunteer Physician Network (VPN) program during the First three quarters of FY 2024/25.

As we celebrate renewal and life in the Springtime season, we continue to honor Julie, and continue her dedication to children and families through the services provided by the VPN. The Julie Evan's Memorial Children's Healthcare Fund assists in providing crucial specialty care to lowans 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 continued generous contributions made to the Julie Evans Memorial Children's Healthcare Fund, by The Evan's Family Charitable Foundation.

Ongoing support through the Julie Evans Memorial Children's Healthcare Fund 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.





POLK COUNTY MEDICAL SOCIETY

Every physician matters, each patient counts.

► JOIN OR RENEW ONLINE

Save time. Save trees. Complete your application online.

- WWW.PCMS.ORG/JOIN-or-RENEW

► REFER A MEMBER PROGRAM

- The strength of PCMS lies in members REFERRALS

► VOLUNTEERISM PROGRAM

The Polk County Medical Society Volunteer Physician Network (VPN) Specialty Care Program is a commitment by doctors in Central Iowa to provide free access to specialty care for those in need. The VPN is a vital program that provides free quality specialty care to patients at the lowest level of acuity. VPN patients receive care in the specialist office including interpretive services and coordination of additional specialty care when needed, which allows them to return to a productive and healthier life with dignity. **Learn more at www.pcms.org/volunteer-physician-network/**



POLK COUNTY MEDICAL SOCIETY

PCMS Member Information Center
1520 High Street,
Des Moines, IA 50309
(515) 3288-0172
pcms@pcms.org

12/25

Become a PCMS MEMBER today.



www.pcms.org/membership

SAVE THE DATE

PCMS PHYSICIAN'S DAY AT THE IOWA STATE FAIR

WHEN

Sunday, August 9th, 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 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**

**FREE ADVANCE
TICKETS FOR
PCMS MEMBERS and
IMMEDIATE FAMILY**

**TICKET PICK UP
IN ADVANCE
TICKETS PROVIDED
in Advance.....**

**PCMS MEMBERS:
MUST PICK UP TICKETS
by Friday, August 1st
at the PCMS Offices:
1520 High Street,
Des Moines, Iowa 50309**

**LIMITED
DISCOUNT
TICKETS
for NON-Members**

**FIRST COME
FIRST SERVE**

Bulletin

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Polk County Medical Society
1520 High Street
Des Moines, IA 50309

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