Diabetes is a significant worldwide epidemic. UI Hospitals and Clinics addresses this serious threat to public health with a multidisciplinary model of diabetes care: an approach that encompasses physicians, clinicians, education, and nutrition support to create a true continuum of care.

Diabetes is extraordinarily complex, with intertwining genetic and behavioral factors, and serious complications if the disease is not controlled. “We have to be creative in program implementation,” said E. Dale Abel, MD, PhD, Professor of Internal Medicine – Endocrinology and Metabolism and Chair/Department Executive Officer, Department of Internal Medicine, “using multiple mechanisms in contact and communication.”

That creativity extends to innovative services for physicians, including a 24/7 inpatient diabetes consult support service. Working closely with faculty, and largely with surgery and critical care teams, two advanced practice providers focus on the patient’s diabetes, managing blood glucose and avoiding hypoglycemia so the rest of the health care team can concentrate on their own specialties.

The number of therapeutic options has grown far beyond just insulin and metformin, with more than 20 new diabetes therapies in just the last 10-15 years. The UI team sorts through the panoply of options and offers truly personalized care. “It’s labor-intensive to do this right,” said Abel, affirming that a team-based, interdisciplinary approach is the path forward.

An additional benefit of treating diabetes at UI Hospitals and Clinics is unique access to the Fraternal Order of Eagles Diabetes Research Center, where research is intimately linked to clinical applications. This extraordinary resource keeps UI at the forefront of exploration and discovery, and offers patients cutting-edge treatment options.

Abel has been inspired by the progress and advances made in the last few years. “A unique thing at UI is that people are very aspirational,” Abel said. “They are not content to sit on their laurels. We are always moving forward.”

Empowering Diabetes Patients through Education

Nurse diabetes educators play a vital role in the continuing health of our patients. They impart in-hospital survival skills, help bridge patients into outpatient care, and offer an exceptional program that teaches patients to be self-managers.

Medicare and most insurance plans pay for up to ten hours of group education, and this comprehensive class takes a full day. All diabetic patients are welcome, not just those from endocrinology. “We focus on problem solving and goal setting – real, measurable goals,” said Rhonda Fruhling, ARNP, “and we can share those goals with providers.”

Even hesitant patients find much to appreciate in the diabetes care class, and the results are excellent. “Once the patients get to class, they love it,” said Fruhling. “We’ve shown an A1C reduction of 1 percent aggregate for people who have taken the class – as good as the oral agents, and much less costly than some of the new drugs.”

E. DALE ABEL, MD, PhD
Director, University of Iowa Fraternal Order of Eagles Diabetes Research Center
Chair and Department Executive Officer, Department of Internal Medicine
Professor of Internal Medicine – Endocrinology and Metabolism
UI Volunteers Making a Difference for Kids in Jamaica

UI neonatologist Jeffrey Segar, MD, traveled to Jamaica in September to lead a five-day mobile medical mission in which 42 volunteers provided care for about 850 children. The mission was part of an ongoing effort to help doctors in Jamaica make the most of their limited medical resources.

Segar is Medical Director of the Issa Trust Foundation, the charitable arm of a chain of resorts. The foundation is managed by Diane Pollard, a business professional from Altoona, Iowa. Pollard helped establish the foundation after recognizing the need for improved pediatric care in Jamaica.

For 12 years, the foundation has sponsored annual mobile pediatric clinics. Each child receives an exam and is registered with an electronic medical record. Lab tests, medications, and eyeglasses are available for those who need them.

Other foundation initiatives include equipment donations and physician education, with an emphasis on pediatrics. Pediatric subspecialists are practically nonexistent in Jamaica.

In July, Segar and five other physicians taught a week-long general pediatric education course attended by about 60 providers.

“They’re wonderful physicians, but their resources are terribly lacking,” Segar said. “The challenge for us was to talk about how to address medical issues they’re finding with the resources that they have available.”

Joining Segar at that event were UI pediatric gastroenterologist Riad Rahhal, MD, MS; UI pediatric cardiologist Luis Ochoa, MD; UI geneticist Pamela Trapane, MD; UI pediatric pulmonologist Princy Ghera, MBBS, MD, and former UI pediatric hematologist oncologist Rolla Abu-Arja, MD.

In the future, Segar hopes to develop a telemedicine arrangement so physicians on the island can consult with UI pediatricians regularly, building on the success of the foundation’s effort.

“One of the regional hospitals we work with has nice data that suggests that since we began working with them, their neonatal mortality has decreased by about a third,” Segar said. “So we’re really making an impact.”

Welcome New UI Physicians!

YUK MING LIU, MD, MPH
Clinical Assistant Professor of Surgery
Specialties: Acute Care Surgery

JOEL GEERLING, MD, PhD
Assistant Professor of Neurology
Specialties: Behavioral and General Neurology

JACLYN ROMAN, MS
Clinical Assistant Professor of Obstetrics and Gynecology
Specialties: Certified Nurse Midwife

WALDEMAR NOWAK, MD
Associate of Neurology
Specialties: EEG, Epilepsy, General Neurology

CHRISTOPHER NANCE, MD
Clinical Associate Professor of Neurology
Specialties: EMG and Neuromuscular

STEPHANIE STAUFFER, MD
Clinical Assistant Professor of Pathology
Specialties: Forensic Pathology

MICHAEL TOMASSON, MD
Professor of Internal Medicine
Specialties: Hematological Malignancies

HTAY PHYU, MBBS
Associate of Internal Medicine
Specialties: Hospitalist

BRADY THOMAS, MD
Clinical Assistant Professor of Pediatrics
Specialties: Neuroradiology

CHARLES PELSANG, DPM
Associate of Orthopedic Surgery
Specialties: Podiatry
Multiple Rules Still Apply to PA Supervision

In 2015, the Iowa legislature enacted a bill that required the Iowa Board of Medicine (IBM) and the Iowa Board of Physician Assistants (IBPA) to work together on new physician assistant (PA) supervision rules. New rules were developed by a subcommittee with members from both licensing boards.

While the IBM voted to formally adopt the rules last winter, the IBPA has repeatedly voted against them. Since the legislature specified that the IBM and IBPA adopt joint rules, this leaves Iowa physicians currently bound by both sets of requirements: physicians must meet with remote site clinics in person every two weeks (the original rules), AND hold documented meetings with PAs at least twice a year, at a remote site clinic if the PA works primarily there (the new rules).

As the Iowa Medical Society stated, “There is no precedent for a situation where a licensing board has not complied with a legislative directive, so it is unclear how the legislature and the Administrative Rules Review Committee (ARRC) will proceed.” In a September 20 statement, the IDPA pledged to continue to review ARRC and “work with the Board of Medicine to satisfy SF 505 sec 113.” UIP will continue to monitor the issue, and report any new developments.

Let’s Get Ready to Bundle

In its progression from volume-based payments to value-based reimbursement, Centers for Medicare and Medicaid Services (CMS) is introducing bundled payment models for cardiac and orthopedic care – models that are mandatory in certain geographic areas. And while UI Hospitals and Clinics is currently not in a mandated area, extensive plans are being developed in preparation for the program’s inevitable expansion.

The bundled payment program sets a target price for an entire episode of care, rather than making separate payments for individual services. That means that a single payment covers the hospital, physicians, rehabilitation, aftercare and other providers. The utilization risk moves from CMS, as the insurer, to the providers. If charges from all participants fall under the target, all share in the savings; if not, all share in the loss.

In a typical joint bundle, for example, the initial hospital physician portion represents just over half of the total spend.

“Managing readmissions, a patient returning through the ED, the results of care from a rehab provider – all these significantly increase our responsibility,” said Mark Henrichs, Assistant Vice President, Finance.

The key to succeeding with bundled payments is extensive coordination. As a member of an Accountable Care Organization (ACO), UI Health Care already has considerable experience in cooperation, integration, and communication with numerous partners. “We’re in a good place to handle this,” said Henrichs. “We have great confidence in our current partners, and are expanding our network in post-acute care.”

Throughout the volume-to-values transition, UI Health Care administration is striving to keep the process simple for physicians and clinical providers. Behind the scenes, data sets, analytics, and metrics are being assessed to monitor patient progress inside and outside of our walls, and to develop physician dashboards with pertinent and useful information.

Enhancing Patient Service: PAC Continues to Innovate

As the first point of contact for many patients, and a continuing connection for many more, the UI Patient Appointment Center (PAC) is a critical component of the patient experience. Recent innovations are enhancing the PAC’s service, streamlining the process for improved efficiency.

Dedicated lines answered by specially trained teams have been established for ED and inpatient follow-up. PAC staff in the Coordinated Services group work with follow-up orders to schedule appointments prior to patient discharge, smoothing the transition of care from inpatient to outpatient and even reducing the length of stay.

The Department of Corrections also has its own line: specialized coordination of appointments for incarcerated patients reduces the number of trips, minimizes disruptions, and improves safety.

Since September 1 the PAC has answered scheduling calls from the UI Access, UI Consult, and UI Children’s Hospital lines, which were previously routed to the Integrated Call Center (ICC). The typical on-hold time has fallen from 5 minutes to about 8 seconds, and the abandonment rate has dropped from up to 47 percent to under 2 percent. Moving these calls has also decompressed the ICC, allowing them to more effectively address nursing triage and other priorities.

The affirmative impact of these changes extends beyond the data. “The positive response our team has gotten from callers has let them know the value of the service that they are providing,” said Heidi Artley Hansen, Support Services Manager.

Keri Semrau, RN, MSN, Director, UI Patient Appointment Center, agreed. “This integrated service model clearly leads to better customer service and more positive customer relations.”

Dedicated PAC Lines

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED follow-up</td>
<td>2-1904</td>
</tr>
<tr>
<td>Inpatient follow-up</td>
<td>2-1095</td>
</tr>
<tr>
<td>Department of Corrections</td>
<td>6-7443</td>
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</tbody>
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Podiatry Services Now Offered at IRL

Chester Pelsang, DPM, Associate of Orthopedic Surgery, is accepting patients at the new podiatry clinic at Iowa River Landing. The podiatry clinic, part of our nationally ranked orthopedics program, specializes in diabetic foot health and comprehensive podiatry services, offering the latest diagnostic techniques, personally tailored therapies and follow-up care.

Conditions include:

- Foot ulcers
- Plantar Fasciitis
- Ingrown toenails
- Bunions
- Hammer toes
- Foot injuries
- Heel and arch pain
- Heel spurs
- Corns
- Athlete’s foot
- Plantar warts

To refer a patient, call 319-356-2223 or fax 319-384-6622.

Colonoscopies at IRL: Now Scheduling New Patients

Colonoscopies at Iowa River Landing have always offered patients convenient access from the highway, private and comfortable patient rooms, and free parking, along with state-of-the-art equipment and skilled UI physicians. We also now have the capacity to accept more patients.

Before you send a patient to an outside service for a colonoscopy, please consider IRL. Our facilities are outstanding, and the patient care is excellent. Call 467-2000 to make an appointment.