IOWA MEDICINE

JOURNAL OF THE IOWA MEDICAL SOCIETY

WINTER 2019 | VOL. 109/1

- *Candor*: The Practical, Positive Antidote to Medical Malpractice
- The Ideal: Iowa's *Candor* in Full Swing
- Advocating to #StompOutBurnout

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FROM THE CEO

MISSION AND VISION:
IMS IS LEADING THROUGH INITIATIVES

MICHAEL FLESHER

Executive vice president
& CEO of IMS.

True to its vision, IMS is the source of leadership and the preeminent voice of quality health care in Iowa for physicians and their patients, and working every day to advance its mission.

Iowa Medical Society is on the move in 2019, bringing major initiatives to every corner of the state. The winter issue of *Iowa Medicine* is full of stories that highlight the impactful work your Iowa Medical Society is contributing to advance its mission to assure the highest quality health care in Iowa through our role as physician and patient advocate. Here is a brief snapshot of the work we are doing:

Burnout:

Surveys of Iowa physicians show that almost 70 percent have some symptoms of burnout. IMS has created a Professional Burnout and Resiliency Resource Guide with nearly 50 IMS and AMA resources to address burnout. This includes resources for peer support, one-on-one coaching, and leadership training.

IMS is also rolling out Awareness. Care. Management. Professional Burnout and Resiliency Programming, a year-long initiative that will reach a dozen communities across the state. We are proud to partner with the Iowa Pharmacy Association, local county medical societies, and others as sponsors of these crucial burnout resources.

Combating opioid use disorder:

According to the National Institute on Drug Abuse, 183 Iowans died from opioid-related overdoses in 2016. Since 2012, Iowa deaths from heroin overdose have increased more than 200 percent and deaths from synthetic opioid overdose have increased more than 60%.

Physicians have taken a leading role in helping confront this problem. From 2016 to 2017 alone, opioid prescription rates have dropped by 10 percent. We are seeing progress, but we are far from "out of the woods."

IMS will kick off its regional opioid programing with its Opioid Summit in Dubuque on April 11. The first half of the statewide Summit will include MAT waiver training, CDC training, opioid prescribing best practices, and non-opioid pain management. This fall, we plan to conduct regional MAT training.

Candor:

The Communication and Optimal Resolution statute is a powerful tool that works to maintain relationships with patients and families after an unintended outcome through immediate and ongoing communication in a legally protected setting. It provides care for the caregiver and creates a culture of learning and process improvement throughout the facility.

Candor is one of the best pieces of medical malpractice legislation ever passed in Iowa, but – as Dr. Romano will note in the coming pages – unfortunately one of the least utilized. Please encourage your administrators to reach out to IMS for *Candor* information and education.

5-2-1-0:

According to the Centers for Disease Control, almost 18 percent of Iowa school age children are obese. IMS has joined the battle against childhood obesity with education on lifestyle changes with the 5-2-1-0 Statewide Initiative: five or more servings of fruits or vegetables daily, two hours or less of recreational screen time daily, one or more hours of active play or exercise daily, and 0 sugar sweetened beverages and drink more water daily.

Educational materials include parent and provider toolkits; I/DD 5-2-1-0 toolkit, a childhood obesity educational brochure, and webinars for healthcare professionals. Visit the 5-2-1-0 website for more information.

We currently have registered participation from 60 clinics across Iowa and we are adding more registered sites regularly.

I am proud of the programs and partnerships IMS is forming, and initiatives we are developing in service to our mission – IMS plays an important role in enriching the health of Iowa communities. IMS staff look forward to a year brimming with optimism and opportunity for Iowa's House of Medicine.

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IMS CORE PURPOSE
To assure the highest quality health care in Iowa through our role as physician and patient advocate.

CANDOR: THE PRACTICAL, POSITIVE ANTIDOTE TO MEDICAL MALPRACTICE

MICHAEL ROMANO, MD, MHA

IMS President, and family medicine physician
from Council Bluffs

"IMS and physicians of Iowa needs the partnership of our hospitals and health systems to move *Candor* forward. Please encourage your administrators to reach out to IMS for Candor information and education. Working together, we can begin to fix some of what is broken in medical liability, to the benefit of patients, physicians, and hospitals."

Shock, outrage, anger, denial, anxiety, panic, depression, intrusive thoughts, excessive ruminations and feelings of loss of control – these are just a few of the emotions associated with being sued. It is not unusual for lawsuits to permanently affect how physicians practice, an effect commonly referred to as defensive medicine.

In a 2018, the AMA published Medical Liability Reform NOW! The facts you need to know to address the broken medical liability system. Some key facts from that document: Medical liability lawsuits happen frequently.

- Almost 50 percent of physicians over age 55 have been sued during their careers.
- Nearly 30 percent have been sued two or more times.
- More than 75 percent of surgeons and OB/GYN physicians over age 55 have been sued.

Physicians are the target of many lawsuits, but frequently found not to be at fault

- 68 percent of closed claims were dropped, dismissed, or withdrawn.
- 7 percent of claims were decided by a trial verdict.
- 88 percent of the claims decided by a trial verdict were won by the physician. Lawsuits take a painfully long time
- The average time from claim filing to close of the claim was 20 months.
- Based on a career length of 40 years, an average physician spends nearly 11 percent of their career with an open unresolved lawsuit.

But there are other issues not addressed in the AMA document…

Medical malpractice payments are required by law to be reported to the National Practitioner Data Bank (NPDB) within 30 days of the payment:

- Malpractice information in the NPDB is maintained permanently.
- All organizations that perform physician credentialing routinely query the NPDB. This creates a lifetime requirement for physicians to provide a narrative explanation of their lawsuit whenever they are being newly credentialed by any organization. Medical liability claims almost always result in the termination of the patient:

- Physician relationship and usually result in the additional termination of any relationships with the patient's family or close friends. These are sometimes long-term relationships that are forced to end in silence, without closure, due to the adversarial process of the current medical liability system.

What if we could make most of these adverse effects go away?

Candor. The Communication and Optimal Resolution statute is one of the best, but unfortunately one of the least utilized, pieces of medical malpractice legislation ever passed in our state.

In conjunction with the Iowa Association for Justice, the membership organization for plaintiff attorneys, IMS developed the *Candor* legislation, which unanimously passed both chambers of the Iowa General Assembly and was signed into law on April 14, 2015. Further expansions to the *Candor* statute were signed into law on May 5, 2017.

Its positive outcomes are dramatic: What if unexpected patient outcomes could be openly and transparently investigated with participation from all parties without fear of legal retribution?

What if the investigation could be followed by a frank, honest discussion with the patient and their family members with opportunities for them to ask questions about why the outcome occurred and could it have been prevented?

What if the investigation and conversations all remained private and confidential and could not be discovered or used against any party in any future legal action?

What if any settlement offered and accepted by the patient did not have to be reported to the Iowa Board of Medicine or the NPDB?

Candor is the magic that can make these "What ifs" happen. But do not believe me, look at the data. Candor programs around the country have seen such promising results as:

- 80 percent drop in time to settle cases where harm occurred
- 70 percent drop in litigating costs
- 55 percent drop in new claims filed
- Less than 10 percent of claims that go through a *Candor* program result in a lawsuit.

Want to know more? Visit the IMS website for more details: https://www.legis.iowa.gov/docs/code/2017/135P.pdf

THE IDEAL: IOWA'S CANDOR IN FULL SWING

KATE STRICKLER, JD, LLM

IMS General Council, Head of IMS *Candor* Program

Since 2015, a clinic in southeast Iowa has worked to implement a *Candor* pilot program, which has been fully functional since 2016. Approximately a dozen unanticipated patient events have been addressed with a *Candor* discussion, and none of those cases has resulted in litigation against the clinic.

Besides avoiding costly and lengthy litigation, the discussions have also resulted in several policy and procedure changes to improve the quality of care provided.

Candor is an open, honest, and confidential discussion between a patient and a physician following an adverse outcome. The discussion occurs shortly after the incident, and none of the discussion is admissible in court.

Using *Candor* gives patients honest and frank answers about the circumstances surrounding an adverse outcome, and gives them the ability to participate in implementing procedures to prevent future similar outcomes. The process is much shorter than traditional lawsuits, so patients with legitimate claims receive faster resolutions.

Candor also recognizes the impact an adverse event can have on a physician, so the process includes a focus on caring for the caregiver. This ensures physicians who are involved in an unanticipated patient health event receive the peer support they need. Given the success of pilot programs around the state, many more practices are implementing procedures for *Candor* discussions as well.

To support this implementation, the Iowa Medical Society (IMS) partnered with the Iowa Healthcare Collaborative in 2018 to provide a four-day workshop spread over four months to teach the mechanics of the law and practice empathic communication.

IMS is committed to offering continuing support to clinics as they build a *Candor* infrastructure that works for them. In the upcoming year, additional in-depth trainings will be available for representatives of interested clinics.

The trainings will be tailored to the needs of the participants, and interested parties will be part of the planning process to ensure the trainings are as beneficial as possible.

In addition to the trainings, IMS staff travel to clinics to provide introductory presentations. The presentations range from 15 minutes to an hour, depending on the level of depth the clinic staff is interested in, and staff is available to answer any questions or address concerns.

IMS is also in the process of developing a comprehensive in-state technical assistance team, ready to deploy to any facility across the state that is interested in implementing *Candor*.

Resources are also available on the IMS website, including videos of prior trainings, sample forms, and frequently asked questions. Watch for updates on this exciting work in future IMS publications.

If you are interested in participating in the upcoming trainings, if you want a presentation at your clinic, or if you have questions about *Candor*, please contact Kate Strickler at kstrickler@iowamedical.org.

THE STRUGGLE IS REAL: ONE PHYSICIAN'S QUEST TO #STOMPOUTBURNOUT

ERIN CASEY, MD

Hospitalist in Cedar Rapids

When Cedar Rapids hospitalist Erin Casey, MD, was a resident from 2004–2007, she knew something was wrong. She had known the pressures of medical school and residency would be significant, and she was prepared, academically. But she wasn't herself, and she was struggling.

She didn't know it was burnout. "Back then people weren't even talking about burnout," Dr. Casey remembers, "so I wouldn't have known what it was. But I was questioning: Why did I go in to this profession? I'm working 80 hours a week, and all these weekends. I felt resentful of that, and started to feel cynical, and I was irritable with family members or friends."

In 2019, if you Google "physicians and burnout" you'll return thousands of hits; prominent media outlets and professional medical trade journals alike routinely run headlines calling burnout a serious healthcare crisis. Many in the healthcare industry have pointed to burnout as a likely cause – or at least contributor – to the tragic rise in physician and medical student suicide.

Still, physicians, residents, and medical students are often slow to recognize the symptoms, and admitting you need help can feel like failure when you've been an overachiever all your life. But the challenges of modern medicine are relentless.

"I remember in medical school thinking about how much we had to study, and how we had to get up so early for clinical rotations, thinking 'it's going to be better when I'm a resident. Then when I was a resident I was thinking it will be better when I'm a fellow, and as a fellow that things will be better when I'm in practice. Then I was in practice and it wasn't better."

Dr. Casey recalls that when first in practice, "I was doing Hematology/Oncology, taking calls from home, working long weekdays plus weekends on call – I probably worked between 24 and 26 days out of the month. Since I was brand new, they were giving me a lot of new patients. The new patients are the ones you have a lot of the difficult discussions with – the diagnosis, prognosis, and treatment of their cancer.

So my days were filled with these emotional conversations with patients and their families. And I would have to walk out of that room and go right into the next room, and basically pretend that I didn't just have this difficult conversation with somebody else, then do it all over again." Dr. Casey realized she was experiencing something much more complex and serious than stress or exhaustion.

"I would be mentally preparing myself for work, then working, and then recovering from work. I felt like I really didn't have any days off. After a while, I thought something has to give, because I could not see myself working like that for my entire career."

She began to consider her options, focusing on what might mitigate her symptoms. Her residency had been in Internal Medicine, so she explored returning to Internal Medicine, specifically hospital-based work.

"I thought well maybe I should just try being a Hospitalist for a while. It's shift work, I wouldn't have to take call from home, and there were positions available where I lived so I wouldn't have to move. So I did that. I wasn't sure I would go back to Hematology/Oncology or not." She laughs, "Now it's been six years, so obviously I'm not." Still, burnout gnawed at her workdays, and continued to diminish her joy in practicing medicine.

"The shift work definitely helped. But even working ten fewer days a month – I was still having similar symptoms. So it wasn't necessarily the job that I was in or the hours I was working.

Dr. Casey determined the only path forward was self advocacy. "As medical students and residents, you're often asked to do more, and you learn through your training that you just say yes because that's what helps you get the residency or attending job you want. I was starting to recognize that I have to say no sometimes. No one else is going to stand up for me except me. It's my responsibility to put the boundaries out there."

Currently a Hospitalist in Cedar Rapids, Dr. Casey still sometimes finds self advocacy challenging, but has developed skills to make it an intrinsic part of her work/life balance.

"The biggest hurdle for me is guilt, because saying no puts more work onto my colleagues. We all know how hard it is when there isn't enough staff, and we don't want to do that to each other. But I know that some other time, someone else will say no, and I'll pick up that extra work. You have to look out for your own self care in addition to helping your colleagues. You have to let go of the guilt of not being able to help all of the time. It's a fine balance between taking care of yourself or helping the team, and it has taken me years to work on it."

Reflecting on what she would say to physicians, residents, and medical students who might be experiencing burnout today, Dr. Casey has wise words.

"It's not your fault. We keep hearing "do yoga" and "work on ways to be more resilient." There is nothing wrong with our resiliency. We made it into medical school and survived residency. Physicians are some of the most resilient people. While yoga and meditation are helpful for stress, those overall aren't going to make much difference in burnout. "

"It's really a system problem. Now different entities – government, administration, insurance, etcetera – are telling us how to practice medicine. You lose that autonomy and you start to wonder if it's you, and it's not. It's the system. The system needs to change if we want to see progress in decreasing burnout."

She cites practical steps, too: "If you're being asked to be on this committee or that committee, pick one. You don't have to be on all of them. Really try to make sure that when you're at work, you're at work, and when you're home, you're home. Hire out help. Get a cleaning person, someone to do your laundry – whatever you can delegate so you can spend some time with your family and your hobbies.

It's hard because we think about patients – did we do the right thing? Is the patient going to be okay? Even after we've left work. You have to learn how to compartmentalize to some degree, to keep work and home separate. Then you can focus on the things in life that bring you joy. And don't be afraid to ask for help. We can't do this alone."

Your Iowa Medical Society takes the physician burnout epidemic very seriously.

A recent IMS survey revealed 68 percent of Iowa physicians are experiencing symptoms of burnout. Our year-long initiative, The IMS Professional Burnout and Resiliency Programming will visit one Iowa location for every month in 2019 to deliver resources to:

- Prevent burnout
- Recognize warning signs
- Identify changes to mitigate burnout
- Explore simple, evidence-based solutions
- Lead without leading to burnout
- Build a resilient organization
- Enhance your joy in practicing medicine

IMS is here to help you return to your primary purpose in medicine: caring for patients. Dr. Casey's is but one story that will begin to remove stigma, address systemic flaws that create and exacerbate burnout, and help physicians flourish in the House of Medicine.

UPCOMING BURNOUT PROGRAMS:

APRIL 9
DAVENPORT

APRIL 24
WATERLOO

MAY 15
FORT DODGE

JUNE 11
CEDAR RAPIDS

AUGUST 13
ATLANTIC

SEPTEMBER 11
OTTUMWA

OCTOBER 8
SIOUX CITY

NOVEMBER 5
IOWA CITY

DECEMBER 3
AMES

For more information on the IMS Burnout Initiative, contact Becca Kritenbrink (bkritenbrink@iowamedical.org) at IMS.

ADVOCATING TO #STOMPOUTBURNOUT

DENNIS TIBBEN

IMS Director, Government & Public Affairs. Serves as the staff liaison to IMPAC, as well as many of IMS policy committees

"Programming to cope with burnout is fine, but what are you doing to address the underlying cause of the problem?"

In the fall of 2018, staff introduced the 2019 Professional Burnout and Resiliency Programming to several of our standing policy committees.

This comment from a member physician really resonated with me – not because IMS was not also working to address the underlying causes of burnout, but because we were doing a poor job of articulating what IMS is doing upstream to prevent physicians, residents, and medical students from ever experiencing burnout, and for physicians currently suffering from burnout.

When the IMS Physician Burnout Task Force was completing its work in 2016, one recurring theme was the sense that physicians have lost their autonomy. No longer was the physician leading the team and deciding how best to practice medicine.

Far too often, it was an insurance company dictating medical practice through cumbersome regulations and authorization denials, or it was a physician's employer selecting an EHR with little or no input from the medical staff, resulting in a sharp decline in productivity and rapid increase in headaches for the physician.

The Task Force determined that IMS' comprehensive approach to physician burnout must draw upon the foundation of our organization's mission – advocacy. IMS advocacy to address the underlying causes of burnout has focused in four primary areas:

Legislative Advocacy

Since 2016, IMS has viewed proposed policy through the lens of its burnout implications, and sought additional legislative opportunities to address the underlying factors that lead to burnout. This includes an increased focus on the administrative burden placed on practices due to statutory practice mandates and reporting requirements.

It includes legislative successes like the commercial insurance Step Therapy Override statute to return medical decision making to the physician. These efforts also include continued funding for programs like the Rural Physician Loan Repayment Program that helps to alleviate the financial stress on new physicians.

Regulatory Advocacy

On the state and federal levels, IMS continues to push for policy changes that return joy to medical practice. Through our seat on the Medical Assistance Advisory Council, we push for measures to address the numerous problems with the current Medicaid manage care system, which are placing financial and regulatory pressures on practices. Similarly, through our close working relationship with the Centers for Medicare & Medicaid Services (CMS) Regional Office in Kansas City, we are highlighting the issues with federal programs like the former Meaningful Use program to emphasize the need to further streamline and reduce documentation requirements.

The new Patients over Paperwork Initiative is an early indication that this message is getting through to federal regulators.

Payer Advocacy

IMS meets regularly with representatives from Wellmark, the Medicaid Managed Care Organizations, and other payers to emphasize the need for change. Recent studies have shown that the average physician spends two hours on administrative work for every one hour of direct patient care.

Time spent on peer-to-peer consultations with insurance bureaucrats, and redundant documentation and authorization requests, is time that could have been spent caring for patients.

IMS is educating payers about the financial and burnout implications of their existing policies, and pushing them to holistically reassess how they might become part of the solution to this pressing issue.

Employer Advocacy

As more Iowa physicians move into an employed practice arrangement, physicians are losing their historic autonomy and finding themselves subject to the decisions of their C-Suite. Often, organizational policy decisions are being made primarily with a financial goal in mind.

IMS is leveraging its close working relationships and access to organizational leaders at Iowa's largest health systems to carry the message of individual physicians who might feel marginalized or uncomfortable speaking up to their employer.

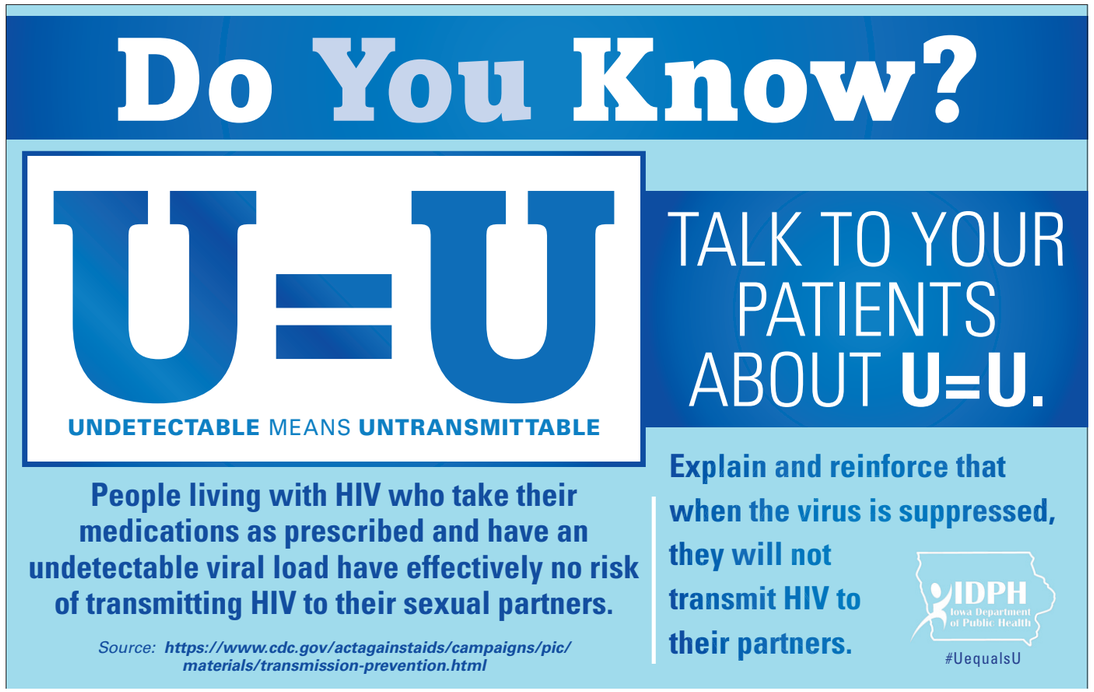
IMS is having the difficult conversations, emphasizing policies and practices that are contributing to burnout, and challenging employers to join us in our efforts to support the independent medical decision making of Iowa physicians.

IMS advocacy efforts to address the underlying factors that contribute to burnout are far from finished. Last November, we hosted our first event focused solely on administrative burden – Breaking Down Barriers to Care.

Plans are already underway for a second iteration of this solutions-oriented event in 2019, which will bring payers, insurance regulators, legislators, physicians, and clinic administrators to the table for a collaborative discussion of how to reduce the administrative headaches that lead to burnout.

In Des Moines and Washington, we continue discussions with our state and federal partners about policy changes that can return medical decision making to the hands of physicians, and we are looking for additional ways to cut bureaucratic red tape.

If you have ideas for how IMS might further advocate to reduce the factors leading to physician burnout or you would like to learn more about our current efforts, we want to hear from you. Please contact me at dtibben@iowamedical.org.



2019 AMA ANNUAL MEETING REPORT

MICHAEL KITCHELL, MD

IMS AMA Delegation Designate and practicing neurologist in Ames

The 2018 Interim Meeting of the AMA House of Delegates was held in National Harbor, Maryland on November 8-13. The IMS AMA delegation that attended the meeting consisted of Robert Lee, MD, Johnston; Vickie Sharp, MD, Iowa City; Jeff Anderson, MD, West Des Moines; Douglas Peters, MD, West Burlington; and Marygrace Elson, MD, MME, FACOG, Iowa City, along with Mike Flesher, IMS CEO and Dennis Tibben, IMS Director of Government & Public Affairs.

As always, there were a number of issues of importance to America's physicians and patients that were discussed thoroughly in committees and at the House of Delegates meetings.

Barbara McAneny, MD, the current AMA President, spoke on the first day about how the AMA is addressing some of the dysfunction in the healthcare system such as burdensome prior authorizations, electronic health records (EHRs) that require physicians to act as data entry clerks, and industry consolidation.

She also gave an example of how opioid prescribing over-regulation made it difficult for one of her patients with cancer to get his pain prescription, because an insurance company with prior authorization blocked it.

Dr. McAneny and Jack Resnick, MD, AMA Board Chair also outlined additional processes to strengthen a previous AMA anti-discrimination and anti-harassment policy.

The AMA has added more safeguards and will formally engage independent, outside consultants to improve the process for addressing any future claims of harassment. The latest additions to existing AMA policy reaffirmed the AMA's commitment to equity, respect for diversity, and a safe environment at all levels of the profession.

Each of our delegates attended one of the six reference committees where many issues and resolutions were discussed and debated. There was extensive discussion, like the annual meeting in Chicago, about current AMA policy that opposes physician assistance in dying.

Though the Council on Ethics and Judicial Affairs recommended no change in policy, the House of Delegates (HOD) voted to again have further discussion about whether the AMA should take a neutral position, noting that several states now have legalized physician assisted suicide.

There was little controversy about additional policies supporting firearm safety measures, including "red flag" and child access prevention laws.

There was new advocacy for patient-centered medical homes (PCMH), to have all payers support and assist PCMH transformation and maintenance. There was a resolution by the Nebraska Medical Association to promote broadband access to all rural areas that our delegation supported and was passed by the HOD.

There were many other issues that were addressed, including:

- Site-of-service payment neutrality/equality
- Opioid mitigation strategies
- Drug pricing problems
- Importation from Canada
- Tobacco and e-cigarette controls
- Expanding telemedicine models

The AMA has been advocating for many issues that affect physicians, including changes to prior authorization and abusive insurer practices. Studies show that physicians and staff spend almost two business days each week completing prior authorizations, a significant expense that is not used to improve patient care. Learn more about these issues at www.ama-assn.org/prior-auth

The AMA also reviewed how they led 170 other specialty societies in opposing the Evaluation and Management (E&M) code collapse, which was postponed by CMS in their Final Rule. The AMA is convening a workgroup with both CPT and RVU experts to develop an alternative approach to E&M coding documentation and payment that, unlike the proposed collapse of the codes, would avoid penalizing physicians who have complex patients who require more time for evaluation and management of their chronic diseases. The AMA has also been working to improve the MIPS Quality Payment Program at both the regulatory and legislative levels.

The AMA has an Opioid Task Force that:

1) advocates ending prior authorization for medication assisted treatment,

2) is working with payers to remove barriers to multi-disciplinary pain care, and

3) advocates expansion of access and coverage for treatment of substance use disorder.
Learn more about the AMA's role at www.end-opioid-epidemic.org

Our IMS Federal Policy Council met in National Harbor on November. 12 to discuss our federal policy priorities, and to determine where to focus our IMS federal advocacy efforts. The Council consists of our AMA delegation, and we discussed tactics for advocacy on four main issues:

1) payment equity for Iowa with Medicare's Geographic Practice Cost Index,

2) stabilization of the Iowa independent insurance market that covers more than 25,000 Iowans,

3) Iowa physician workforce issues, and

4) implementation of federal directives regarding opioid abuse programs in Iowa to make them as effective and efficient as possible.

I would encourage any physician to learn more about the AMA and how the AMA in representing all physicians, not just those in a specialty society, works for the right policies to address issues of importance to Iowa's physicians and our patients.

TIME FOR A REVIEW: YOUR INSURANCE & RISK MANAGEMENT PROGRAMS

DEREK BRISCOE

Vice President of the Iowa Medical Society Insurance Group

IOWAMED Insurance powered by The Harry A. Koch Co. is an industry leader for healthcare risk management.

We have deep roots in the region with more than 50 years of service to clients ranging in size from solo practitioners to fully integrated healthcare systems. We are uniquely qualified to offer feedback and solutions for your organization.

When is the last time you had a comprehensive review of your insurance and risk management programs? Consider inviting IOWAMED into your office to perform a comprehensive review of the insurance policies you have in place that are intended to protect the assets of your practice.

Do you own the building in which you practice? If so, when is the last time you had a replacement cost appraisal performed? While it may seem a simple task to insure your building from various perils, many aspects of your insurance coverage should be considered to ensure you are not penalized in the event of a total or partial loss.

Depending on your specialty, you may have accumulated high-valued medical equipment over the course of time. When is the last time you took inventory of the equipment and how much it would cost to replace one or all should you experience a covered loss? Does some of your equipment travel with you and/or your employees to alternate locations? These are only a few of the considerations that should be regularly evaluated when determining the insurance coverages and limits to purchase.

Let us guide you through our comprehensive and proprietary risk and insurance analysis! It's a friendly and educational process that will only require a small investment of your time.

IOWAMED Insurance offers the following menu of services specific to the healthcare industry:

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Nervous About the Market? Maybe You Need a Lifeboat?

ROSS POLKING, CFP®, AIF®, MBA, *Lead Advisor - Business Development*

Market volatility, this year notwithstanding, tends to unnerve even the calmest of investors. When the market is dropping, investors like holding assets that maintain their value. When the market is going up, they prefer assets that are going up, not just holding steady. So how do we get the best of both worlds? How do we know what to hold and how much to hold at any particular time? That's a crucial question, but the answer does not need to be complicated.

The amount of portfolio assets an investor holds in cash/bonds (aka fixed income) should be determined by cash flow needs. Think of it as your lifeboat. If the market is tanking, the last thing you want to do to create cash is to liquidate stock. Ideally, those growth assets would be given time to recover. Buy low, sell high, not the other way around. Investors must be able to remain invested through some difficult market downturns to achieve better long-term results. Preservation assets like bonds help buffer these near term bumpy roads and reduce investor angst.

So what exactly are "cash flow needs"? Think of someone nearing or in retirement. Income from employment has or will be ceasing. Thus the portfolio becomes a source for maintaining a certain standard of living. In preparation for that time, individuals should take steps to have enough cash and bonds in their portfolio to cover approximately eight years' worth of their distribution needs. Historically, this level of cushion has been enough to weather virtually all market corrections. If stock and/or real estate markets decline, this lifeboat of preservation assets provides ample liquidity to sustain us while we wait for an expected recovery.

What if you do not have any immediate cash flow needs from the portfolio? Depending on your time horizon, it may make sense to have an investment line-up exclusively allocated to the equity markets. If growth is the goal for the foreseeable future and there is an understanding that markets will go up and down, then an all-equity portfolio can be reasonable. Advantages of having some fixed income exposure include having "dry powder" for rebalancing, as well as a degree of diversification for risk management.

For example, when stock markets declined in February, 2018, investors with fixed income in their portfolios were afforded the opportunity to deploy additional capital into those equity markets, in effect, "buying low". As the market turns upward in later time periods, the investor owns more shares that have been purchased at lower prices. Simple stuff.

Remember, buy low, sell high. This tactic is not based upon a prediction nor timing effort. That's fools' gold. Rather, it is predicated on what percent of your portfolio ought to be in the stock market versus out of the stock market. What does your plan suggest the portfolio needs to do to meet your individual goals? From there, you have no need to take more risk than necessary. Build a diversified, low-cost portfolio in accordance with your plans. Keep the lifeboat intact and stay diversified. Wait, did I already say that?

MEDICATION ASSISTED TREATMENT:
A PHYSICIAN CHAMPION WEIGHS IN

ALISON LYNCH, MD

Family medicine / psychiatry physician and faculty member at the UIHC in Iowa City

"We've known for a while that there's a problem with opioids, but the scope of the problem and the awareness that these medicines really are addictive has become much clearer in the last couple of years," observes Iowa City psychiatrist Alison Lynch, MD. On the front lines of treating substance use disorder (SUD) since her combined family medicine and psychiatry residency in 1998-2003,

Dr. Lynch has witnessed firsthand the dramatic rise in opioid use disorder, and the war it wages on patients' lives.

"We need to make treatment on demand for people with opioid use disorder. By the time people come and seek treatment they usually are in pretty bad shape and their life is seriously affected."

Last November, the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded Dr. Lynch and colleagues Jill Liesveld, MD and Anthony Miller, MD a three-year, $1.5 million grant to address the rise in opioid use disorder in eastern Iowa.

Expansion of MAT training across healthcare disciplines, increasing patient treatment enrollment, and pre and post-testing of prescribers to assess satisfaction and comfort levels are among the initiatives the grant will cover.

"We are offering training for free, trying to make it convenient, such as when hospitals are offering continuing medical education, and really people have been very positive," reports Dr. Lynch.

"Clinicians understand that we have a problem, and they want to do what they can to be involved and help. We've had a lot of residents, medical students, pharmacists, practicing physicians come and spend a little time in our clinic so they can see how the treatment works, that it's really effective and that people are grateful."

The need for more prescribers in Iowa is dire. Amid the rise in opioid use disorder in the state, only around 200 Iowa healthcare professionals have undergone MAT training and obtained the MAT waiver; of those, only a handful currently offer MAT treatment. Physicians and providers cite a number of reasons for their reluctance to incorporate medication assisted treatment into their practices, including

- discomfort with managing SUD
- lack of trained support staff
- lack of infrastructure within their clinical practice
- lack of access to behavioral health
- stigma around treating patients

Dr. Lynch contends the answer to those reservations is to get more prescribers trained to provide MAT, at all levels of healthcare. "I think the answer to reducing stigma for addiction, and improving outcomes, is to not have these addiction treatment siloes – but to make treatment accessible to people no matter where they enter the healthcare system. That means getting lots of prescribers the ability to provide treatment. We have to disseminate treatment throughout healthcare.

The physician who led my MAT trainer training said 'Every doctor, three patients.' If everybody would just take care of a couple of people I really do think that would help." And Dr. Lynch believes everyday practitioners are uniquely suited to treat SUD.

"There's a lot of misconceptions that addiction is not a treatable problem, but it's a chronic disease, and primary care providers are especially good at chronic disease management – diabetes, hyperlipidemia, hypertension – the structure that works well for that works really well for addiction also."

Dr. Lynch describes her personal experience treating opioid use disorder patients with buprenorphine as inspiring: "It's been so powerful for me to see people get into treatment for opioid use disorder and do so much better – they get their lives back. They feel better because they feel like they've been able to tackle a challenge they've been living with, which has usually severely disrupted their lives by the time they come and ask for treatment. It's really satisfying work."

Addressing the rise in opioid use disorder in the state is a major initiative for your Iowa Medical Society in 2019. On April 11, IMS will offer its first Opioid Summit, where Dr. Lynch will provide the four-hour first portion of training for the MAT training waiver; local and national speakers will also present valuable resources and insights. The Summit, which is open to all healthcare professionals, will include:

- 4.5 hours of lectures
- medications currently used to treat opioid use disorder
- clinical management such as treatment agreements and urine drug testing
- how to start buprenorphine and the differences from other medications
- how to assess for withdrawal
- how to make a diagnosis for opioid use disorder
- maintenance treatment as opposed to detoxification model (how to see this as a chronic disease rather than an acute issue)
- pregnancy and opioid use disorder
- treating people with liver or kidney abnormalities
- HIV patients
- waiver application process

Dr. Lynch encourages all healthcare professionals to take the waiver course. "Even if you're not going to prescribe buprenorphine, the waiver course helps people learn a little bit more about opioid use disorder, learn a little bit more about addiction, and learn a little bit more about treatment for addiction."

THANK YOU!

A SPECIAL THANK YOU TO OUR MEMBERS WHO ARE "ALL IN"

100 percent of physicians in the following groups are current members of the Iowa Medical Society. We appreciate your support and commitment!

LARGE GROUPS

Associated Anesthesiologists, PC
Blank Children's Hospital
Covenant Clinic
Family Health Care of Siouxland
Grand River Medical Group
Iowa Heart Center
McFarland Clinic
Medical Associates of Clinton
Medical Center Anesthesiologists, PC
Radiology Consultants of Iowa
The Iowa Clinic
University of Iowa Physicians
Wolfe Eye Clinic, PC

SMALL GROUPS

Amana Family Practice Clinic
Avera Medical Group – Spirit Lake Medical Center
Black Hawk Grundy Mental Health Center, Waterloo
Burlington Area Family Practice Center
Burlington ENT Clinic
Burlington Pediatric Association, PC
Cherokee Regional Clinics
ChildServe, Johnston
CIC Associates Mercy Sleep Center, Clive
Community Health Care, Davenport
Community Memorial Hospital Clinic, Sumner
Cornerstone Family Practice, Guttenberg
Davenport Eye Group, PC
Davenport Surgical Group, PC
Dermatology & Dermatologic Surgery Center, PC, Clive
Des Moines Eye Surgeons
Doran Clinic for Women, Ames
Dubuque ENT Head & Neck Surgery, PC
Dubuque Obstetrics & Gynecology, PC
Dubuque Surgery, PC
Eastern Iowa Health Center, Cedar Rapids
ENT Medical Services, PC, Iowa City
Family Medicine Center – Sioux City
Family Medicine, LLP, Grinnell
Family Practice Clinic – Emmetsburg
Floyd Valley Hospital – General Surgery & Orthopedics, LeMars
Fox Eye Laser & Cosmetic Institute, PC, Cedar Rapids
Fuerste Eye Clinic, Dubuque
Genesis Health Group – Bettendorf Pediatrics
Genesis Health Group – Pathology, Davenport
Genesis Health Group – Pathology, Silvis, IL
Genesis Pulmonary Associates, Davenport
Genesis Quad Cities Family Medicine Residency Faculty
Great River Urology, West Burlington
Great River Women's Health, West Burlington
Grinnell Family Care, PC
Gundersen Behavioral Health, Decorah
Gundersen Palmer Lutheran Hospital and Clinic, West Union
Guthrie Family Medicine Center, Guthrie Center
Haas Medical Office Plaza, Ottumwa
Hall Radiation Center, Cedar Rapids
Heartland Dermatology, Clive
Heartland Oncology Hematology, Council Bluffs
Hull Medical Clinic
Iowa Cancer Specialists, PC, Davenport
Iowa City Dermatology
Iowa Eye Center, Cedar Rapids
Iowa Retina Consultants, West Des Moines
Jones Eye Clinic, Sioux City
June E Nylen Cancer Center, Sioux City
Katzmann Breast Center, Clive
Kossuth Regional Health Center Clinic, Algona
Mahaska Health Partnership – General Surgery, Oskaloosa
Mason City Clinic – Plastics & Reconstructive Surgery
Medical Clinic, PC, Hamburg
Medical Oncology & Hematology Associates, Des Moines
Medix Occupational Health Services, Ankeny
MercyOne Children's Hospital & Clinics – Hospitalists, Des Moines
Mercy Clinics Administration, Des Moines
Mercy Clinics Administration, Mason City
Mercy Clinics Internal Medicine West, Clive
Mercy Clinics Pediatrics, Waukee
Mercy Ear, Nose and Throat Clinic – Clive
Mercy East Family Practice – Pleasant Hill
Mercy East Pediatric Clinic – Pleasant Hill
Mercy Family Care, Perry
Mercy Family Clinic – Forest City
Mewrcy Family Clinic - Forest Park, Mason City
Mercy Family Clinic – Regency, Mason City
Mercy Family Clinic – Rockford
Mercy Family Medicine Residency Faculty – North Iowa
Mercy Kidney Center, Mason City
Mercy Medical Services – Breast Care, Dakota Dunes, SD
Mercy Neurosurgery, Mason City
Mercy North Pediatric Clinic – Ankeny
Mercy Obstetrics & Gynecology - North Iowa, Mason City
Mercy Occupational Health, West Des Moines
Mercy Pediatric & Adolescent Clinic – Clear Lake
Mercy Pediatric & Adolescent Clinic – North Iowa
Mercy Plastic Surgery, Des Moines
Mercy Prairie Trail Family Medicine, Ankeny
Mercy Radiation Oncology Clinic, Mason City
Mercy Ruan Neurology Clinic, Des Moines
Mercy Surgical Affiliates, Des Moines
Mercy Transplant Center, Des Moines
Mercy Trauma Services, Des Moines
Mercy Urbandale Aurora Medical Clinic
Mercy Waukee Medical Clinic
Mercy West Pediatric Clinic, Clive
Mercy Women's Health Center – North Iowa, Mason City
MercyCare Center Point
MercyCare Vernon Village, Cedar Rapids
MercyOne - Centerville Medical Center
Methodist Jennie Edmundson Hospital – Pathology, Council Bluffs
Methodist Physicians Clinic – Glenwood
Mid Iowa Fertility, PC, Clive
Midwest Radiology and Imaging, Spencer
Mount Ayr Medical Clinic
Myrtue Medical Center – Harlan Clinic
NE Iowa Family Practice Center, Waterloo
Nephrology, PC, Des Moines
North Iowa Eye Clinic, PC, Mason City
NW Iowa Bone Joint & Sports Surgeons
NW Iowa Ear Norse & Throat, Spencer
NW Surgery, Orange City
Oncology Associates at Hall-Perrine Cancer Center, Cedar Rapids
Orthopaedic Specialists, PC, Davenport
Orthopaedics, PC, Spencer
Ottumwa Anesthesiologists, PC
Ottumwa OB/GYN Physicians, LLC
Pathology Associates, Dubuque
Pathology Associates of Central Iowa, Des Moines
Pediatric & Adult Allergy, PC, Des Moines
Pediatric Associates Ottumwa
Physicians & Clinics of HCHC, Mount Pleasant
Physicians' Clinic of Iowa – Oncology/ Hematology, Cedar Rapids
Physicians' Clinic of Iowa – Rheumatology, Cedar Rapids
Prairie Pediatrics & Adolescent Clinic, PC – Northside on Pierce
Radiologic Medical Services, PC, Coralville
Red Oak Internal Medicine
Rheumatology Associates, PC, Bettendorf
Siouxland Adult Medicine, PLLC, Sioux City
Siouxland Medical Education Foundation Faculty, Sioux City
Siouxland OB/GYN, PC, Sioux City
Siouxland Urology Associates, PC, Dakota Dunes, SD
Siouxland Women's Health Care, Sioux City
Spencer Hospital - Emergency Department
Steindler Orthopedic Clinic
Story Medical Clinic – Nevada
The Group – OB/GYN Specialists, PC, Davenport
Waterford Family Medicine, Davenport
Wolfe Eye Clinic, PC, Ames

IOWA MEDICAL SOCIETY

WELCOME NEW IMS MEMBERS:

Elizabeth Abbas, DO, Family Medicine, Gundersen Decorah Clinic, Decorah

Maen Aboul Hosn, MD, Vascular Surgery, UIHC-Vascular Surgery, Iowa City

Troy Adolfson, MD, Radiation, UIHC-Radiation Oncology, Iowa City

Olanike Alonge Obe, MD, OB/GYN, Covenant Clinic OB/GYN, Waterloo

Steven Anderson, MD, Ophthalmology, Wolfe Eye Clinic, PC, Fort Dodge

David Axelrod, MD, Surgery, Critical Care, UIHC-Surgery, Iowa City

Anke Bellinger, MD, Anesthiology, Steindler Orthopedic Clinic, PLC, Iowa City

Vani Bhatt, MD, FAAP, Pediatrics, UIHC-Pediatrics, Iowa City

Robert Blount, MD, Internal Medicine, UIHC-Internal Medicine, Iowa City

Paul Boeke, MD, Ophthalmology, Wolfe Eye Clinic PC, Hiawatha

Erin Boese, MD, Ophthalmology, UIHC-Ophthalmology, Iowa City

Adam Brown, MD, FAAP, Pediatrics, UIHC-Pediatrics, Iowa City

Douglas Casady, MD, Ophthalmology, Wolfe Eye Clinic, PC, West Des Moines

Tracy Cho, MD, FAAN, Neurology, UIHC-Neurology, Iowa City

Georgios Christodoulidis, MD, Internal Medicine, UIHC-Internal Medicine, Iowa City

David Claassen, Pediatrics, UIHC-Pediatrics, Iowa City

Ronald Collins, MD, Internal Medicine, Grinnell Regional-Internal Medicine, Grinnell

Aisha David, MD, Family Medicine, UIHC-Family Medicine, Iowa City

James David, MD, Pediatrics, UIHC-Pediatrics, Iowa City

Taylor Dennison, MD, Orthopedic Surgery, Steindler Orthopedic Clinic, PLC, Iowa City

Vernat Exil, MD, Cardiovascular Disease, UIHC-Pediatric Cardiology, Iowa City

Matthew Fabian, DO, General Surgery, Mason City Clinic/Mercy Bariatrics Center, Mason City

Clayton Francis, MD, Family Medicine, Grinnell Regional - Emergency, Grinnell

Gene Gessner, MD, Anesthiology, Pain Medicine, Grinnell Regional - Pain Clinic, Grinnell,

Regan Giesigner, MD, Neonatal-Perinatal Medicine, UIHC - Pediatrics, Iowa City

Lauren Graham, MD, Internal Medicine, Grinnell Regional - Internal Medicine, Grinnell

Christhopher Groth, MD, Neurology, UIHC-Neurology, Iowa City

Heidi Harmon, MD, Pediatrics, UIHC-Pediatrics, Iowa City

Polly Hineman, DO, Internal Medicine, Deer Creek Family Care, Toledo

Marilyn Hines, MD, OB/GYN, Covenant Clinic OB/GYN, Waterloo

Matthew Hogue, MD, Orthopedic Surgery, UIHC-Orthopedic Surgery, Iowa City

Y-Chen Huang, MD, PhD, Internal Medicine, UIHC- Internal Medicine -Nephrology, Iowa City

Todd Janicki, MD, Internal Medicine, Grinnell Regional - Internal Medicine, Grinnell

Zeeshan Jawa, MD, Hematology, Medical Oncology & Hematology Associates-Stoddard Des Moines

Sreedevi Jenigiri, MD, Internal Medicine, UIHC-Internal Medicine, Iowa City

Darryl Johnson, DO, OB/GYN, Newton Clinic PC, Newton

Lauren Kanner, MD, Pediatrics, UIHC-Pediatrics, Iowa City

Kimberly Kenne, MD, OB/GYN, UIHC-OB/GYN, Iowa City

Daniel Kensinger, MD, FAAOS, Orthopedic Surgery, CNOS, PC, North Sioux City

Robert Koller, DO, Family Medicine, Grinnell Regional-Family Practice, Grinnell

Changhyu Lee, MD, Radiology, UIHC-Radiology Iowa City

Ye-Jin Lee, MD, Internal Medicine, UIHC-Internal Medicine, Iowa City

Marico Leyser, MD, Pediatrics, UIHC-Pediatrics, Iowa City

Kan Liu, MD PhD, FACC, FASE, Cardiovascular Disease, UIHC - Internal Medicine-Cardiology, Iowa City

Prasuna Madhavaram, MD, Nephrology UnityPoint Clinic Diabetes & Kidney Center Cedar Rapids

Heather Marthers, MD, OB/GYN, Covenant Clinic OB/GYN, Waterloo

Patrick McNamara, MBBCH, Neonatal-Perinatal Medicine, UIHC-Pediatrics, Iowa City

Shayna Mevani, MD, Internal Medicine, UIHC-Internal Medicine, Iowa City

Hamzah Miltaha, MD, FAAP, Neonatal-Perinatal Medicine, Blank Children's Neonatology & Hospitalist, Des Moines

Catherine Nelson, DO, Family Medicine Gundersen Decorah Clinic, Decorah

Daniel Nelson, MD FAAOS, Orthopedic Surgery, CNOS, PC, North Sioux City

Ngoc Tran Nguyen, MD, MPH, Pediatric Anesthesiology, UIHC-Anesthesia, Iowa City

Mark Niciu, MD, Psychiatry, UIHC-Psychiatry Iowa City

Thomas Nickl-Jockschat, MD, Psychiatry, UIHC-Psychiatry, Iowa City

Jesse Nieuwenhuis, MD, Family Medicine, Orange City Area Health System-Family Practice/OB, Orange City

Nik Nikoueiha, MD, Family Medicine, Unitypoint Health-Allen Memorial Hospital-Emergency, Waterloo

Robert Null, MD, Ophthamalogy, Wolfe Eye Clinic, PC, Iowa City

Nicholas Olson, MD, Radiation Oncology, Mary Greeley Medical Center-Radiation Oncology, Ames

Jennifer Paisley, MD, FAAP, Pediatrics, Grinnell Regional - Internal Medicine, Grinnell

George Par, MD, Ophthamology, Wolfe Eye Clinic PC, West Des Moines

Jinha Park MD, PhD, Diagnostic Radiology, UIHC-Radiology, Iowa City

Amy Pearlman, MD, Urology, UIHC-Urology Iowa City

Amy Pearson, MD, Anesthiology, UIHC-Anesthesia-Pain Clinic, Iowa City

Braden Powers, MD, Pulmonology, Grand River Medical Group-Internal Medicine, Dubuque

NEW MEMBERS CONT.

Semira Ramic, DO, Neurology, McFarland Clinic PC-Neurology, Ames

Jeremy Reese, MD, Urology, The Iowa Clinic Urology, West Des Moines

Tayyab Rehman, MD, Pulmonology, UIHC-Pulmonary & Critical Care, Iowa City

Peter Rhee, MD, Ophthalmology, Wolfe Eye Clinic PC, Waterloo

Jorge Salinas, MD, Urology, Surgical Associates of Grinnell, LLP, Grinnell

Promporn Suksaranjit, MD, Interal Medicine, UIHC-Internal Medicine, Iowa City

Amy Tesar, DO, Internal Medicine, Grand River Medical Group-Internal Medicine, Dubuque

Sikawat Thanaviratananich, MD, Neurology UIHC-Neurology, Iowa City

Theodosia Thoma, MD, Pediatrics, UIHC-Pediatrics, Iowa City

Trisha Thoma, MD, Otolarygnology, Mason City Clinic - ENT & Allergy, Mason City

Ramona Thompson, MD, Pathology, Pathology Associates of Central Iowa, Des Moines

Reid Turner, MD, Ophthamology, Wolfe Eye Clinic PC, Des Moines

Allison Wagner, MD, Anesthiology, UIHC-Anesthiology, Iowa City

Melanie Wellington, MD, PhD, Pediatrics, UIHC-Pediatrics, Iowa City

Ily Kristine Yumul, MD, Internal Medicine, UIHC-Internal Medicine, Iowa City

MEMBERS IN THE NEWS:

Alexander Bassuk, MD, PhD, Child Neurology, Iowa City, Published Study to Identify Potential Anti-Epilepsy Drugs

Ashleasha Kaushik, MD, FAAP, Pediatrician, North Sioux City, NE, Discussed Hand, Foot, and Mouth Disease on KTIV Healthbeat 4 Segment

Chad McCambridge, MD, Family Medicine, Mason City, Discussed How the MercyOne North Iowa Family Medicine Residency Program Creates Well-Rounded Physicians on KIMT

Claudia Vicetti, MD, Pediatrics, Cedar Falls, Featured in Prevention Article About Getting a Flu When Sick

Paul McQuillen, MD, Family Medicine, New Hampton, Named Chickasaw County Chief Medical Examiner

Daniel Livorsi, MD, Infectious Disease, Iowa City, Discusses Study Related to the Overuse of Antibiotic During Urological Procedures

Parkinson's Foundation Named UIHC a Center of Excellence, Team Led by **Ergun Uc, MD,** Neurology, Iowa City

Eric Dippel, MD, Cardiovascular Disease, Bettendorf, Appointed Chief Medical Officer of Vascular Centers

Jason Losee, DO, Family Medicine, Sergeant Bluff, Discusses the Benefits of the New Shigrix Vaccination in KMEG14 Story

J. Brooks Jackson, MD, Pathology, Iowa City, Discusses UI CCOM Aim to Retain In-State Students

Patient Shares Gratitude to **Lincoln Wallace, MD,** Family Medicine and **Joe Cookman, MD,** Cardiovascular Disease, Fort Dodge, For Saving His Life

Joseph Cullen, MD, General Surgery, Iowa City, Received Multi-Year Grant to Study Three Deadliest Cancers

Kaustubh Limaye, MD, Neurology, Iowa City, Received the 2019 A. B. Baker Teach Recognition Award

Kelly Reed, DO, Family Medicine, Urbandale; and **Kevin Cunningham, MD,** Internal Medicine, West Des Moines, Featured in Business Record Article on Telemedicine

Matthew Krasowski, MD and **Kelly Wood, MD,** Pediatrics, Iowa City, Shares Research About Accidental Overdose by Infants on ADHD Meds.

Lance Van Gundy, MD, Family Medicine/Emergency Medicine, Marshalltown, Discusses How UnityPoint Health – Marshalltown Treats SUD and Behavioral Health Patients Who Present to the ER

Maia Hightower, MD, Internal Medicine, Iowa City, Interviewed by Beck's Health on the Need to Improve System Usability

Noreen O'Shea, DO, Family Medicine, Urbandale, Named Iowa Family Physician of the Year

Peggy Nopoulos, MD, Psychiatry, Iowa City, Responses to the Governor's Call For Funding For Psychiatry Residency Programs

Philip Caropreso, MD, General Surgery, Keokuk, Installed as Second Vice President of the American College of Surgeons

Prashant Nagpal, MD, Diagnostic Radiology, Iowa City - Awarded 2018 Canon Medical Systems USA/RSNA Research Seed Grant

Rahul Rasogi, MD, Anesthesiology/Pain Medicine, Iowa City, Discusses Alternative Methods for Treating Chronic Pain

Rebecca Hegeman, MD, Iowa City, Named Interim Chief Medical Information Office at UI Health Care

Richard Hodge, MD, Family Medicine, Marion, Featured in KCRG9 Story on Risks of Cold Weather

Three-year Old Sees for the First Time Thanks to **Stephen Russell, MD,** Ophthalmology, Iowa City

Wes Paker, MD, Family Medicine, Unveils New Cherokee Clinic

Anthony Pham, MD, Internal Medicine Resident, Iowa City, Developed an App to Improve Public Speaking

Nicolette Rosendahl, DO, Internal Medicine Resident, Des Moines, Named 2018 Outstanding Resident of the Year for Internal Medicine

UI Medical Students **Cameron Jones** and **Erin Renfrew** Share Experiences of Being Part of the UI CCOM Family Medicine Preceptorship Program

Sarah Ziegenhorn, M4, Iowa City, Shares Future Plans for Iowa Harm Reduction Coalition

IN MEMORIAM:

Thomas Touney, MD, Anesthiology, Des Moines, 39, passed away on November 16, 2018.

Curtis Wuest, MD, Family Medicine, Iowa City, 88, passed away on October 31, 2018.

OUR APOLOGIES:

In the Fall 2018 Edition of the Iowa Medicine, we failed to publish the complete article entitled "The New Reality of Placenta Accreta Spectrum in Iowa" by **Andrea Greiner, MD, Sarah A. Wernimont, MD, PhD,** and **Stephen K. Heinter, MD, PhD.** The complete article is available on the IMS website on the Guest Content link under the Communications tab.

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