

**2019 LEGISLATIVE
SCORECARD**

STATE OF THE SOCIETY

**MEET THE 2019 - 2020
IMS LEADERSHIP**



PRESIDENT
MARYGRACE ELSON,
MD, MME, FACOG

WANT TO SAVE TIME?

Wellmark can help.

GET ACCESS TO CONVENIENT WEB TOOLS THAT HELP YOU SERVE YOUR PATIENTS EASILY AND EFFICIENTLY AT WELLMARK.COM/PROVIDER.



E-CREDENTIALING CENTRAL

Keep your provider data current by completing provider directory validation requests, and submitting credentialing applications, recredentialing applications and change requests online.



SECURE ONLINE TOOLS

Create, submit and check the status of patient coverage and more.



REAL-TIME NOTIFICATIONS

Sign up for the Wellmark Information Notification System to get timely news that affects your practice.

STAY IN THE KNOW

Join Wellmark on the second Wednesday of each month for an educational webinar, with topics ranging from credentialing and network participation to claims and payments.

If You Don't Know Us ... Maybe You Should

A big presence in malpractice insurance



When we walk into a courtroom,
people tend to take notice.

You will notice our defense team's
commanding presence, intensive trial
preparation and fierce determination
to fight for our doctors. **Get to know
Professional Solutions today!**

Find out more at
www.psicinsurance.com/physicians



CHANGING OF THE GUARD: IMS



MICHAEL FLESHER

Executive vice president
& CEO of the Iowa Medical Society

After a long and frosty winter, spring has finally arrived! Here at the Iowa Medical Society (IMS), it is the time of year we welcome our new Board of Directors Leadership team.

This transition took place during the IMS President's Reception on Friday, April 5 in Iowa City, where Immediate Past-President, Michael Romano, MD, MPH, bestowed the presidential medallion to Marygrace Elson, MD, MME, FACOG, installing her as the 170th President of IMS.

With Dr. Elson ascending to the office of President, Brian Privett, MD, Ophthalmology, Cedar Rapids is now IMS President-Elect; and Tiffani Milless, MD, moves into the role of IMS Board Chair.

Each year following the installation of the IMS President, the members of the board elect the IMS Secretary/Treasurer to the Executive Committee. On April 6, the board enthusiastically elected Scott Truhlar, MD, FACR, from Iowa City, to this role.

As part of the program in Iowa City, the 2019 IMS Election results were announced:

At-Large Directors:

- Michael McCoy, MD, FACOG, OB/GYN, West Burlington (second term)
- Tiffani Milless, MD, Pathology, Des Moines (second term)

- Alison Lynch, MD, Psychiatry, Iowa City
- Jessica Zuzga-Reed, DO, FAAP, Des Moines

Resident Director:

- Matthew Alexander, MD, General Surgery Resident, Iowa City (second term)

Medical Student Director:

- Gabriel Conley, M2, UI CCOM, Iowa City

AMA Delegation:

- Delegate: Victoria Sharp, MD, Urology/Family Medicine, Iowa City
- Alternate Delegate: Jeff Anderson, MD, Anesthesiology, West Des Moines
- Alternate Delegate: Doug Peters, MD, Family Medicine, West Burlington

The IMS team looks forward to working with these esteemed physician, resident, and medical student leaders as we continue to strengthen the physician and medical student voice in Iowa.

While we are excited to welcome these new leaders, we say goodbye to those leaders who have concluded their terms on the IMS Board. This is never an easy task. I would like to personally thank those who concluded their terms on the board for their dedication and commitment of time (years), clinical, medical, policy and legislative perspectives, and for

their strategic guidance, counsel and support.

Thank you to:

- Past-President, Joyce Vista-Wayne, MD, DFAPA, Psychiatry, Clive, served 2012-2019
- At-Large Director, W. John Yost, MD, Internal Medicine, Des Moines served 2013-2019
- Medical Student Director, Nicole Gensicke, M4, UI CCOM, Iowa City, served 2017-2019

The elected physician, resident, and medical student leaders of IMS work closely with the IMS staff to ensure that your organization continues to adapt and evolve in our efforts to meet the ever-changing needs of Iowa physicians, their practices, and their patients.

Our leaders serve as tremendous advocates for the organization and the work we do. We strongly encourage you to help us spread the word and get more physicians involved. There is a reason you joined IMS and continue to be a member.

We ask that you share your story with your fellow physicians within your practice, and among your networking groups and encourage them to join. With your help we can build an even stronger membership allowing us to accomplish more in the areas of advocacy, education, and member services. **Thank you for continued support of IMS!**

TABLE OF CONTENTS



Physicians, Students, and Residents from all across the state gather at the Iowa Medical Society headquarters for the 2019 Physician Day on the Hill.

IN THIS ISSUE:

President's Corner	6
State of the Society	8
2019 Legislative Scorecard	10
Physician Day on the Hill	12
Iowa SIM Four Year Recap	14
Legalease: Closing and Selling a Medical Practice	16
Policy Forum 19-1 Results	18
Opioid Summit Recap	20
IMS Leadership	22
UI Dean Article: Acknowledging Physician Burnout	24
Burnout Regional Programming	26
2019 IMS President's Reception	28
IMS Presents 2019 Awards	30
DMU Rite of Passage and White Coat Ceremony	32
IMS Membership	34
IowaMed Insurance: Strategies for Controlling WC Claims Costs	38

CONTACT US

Iowa Medicine
515 E. Locust St., Ste. 400
Des Moines, IA 50309
Phone: 515.223.1401 or 800.747.3070

IMS President
Michael A. Romano, MD, MHA

Executive Editor
Michael P. Flesher

Managing Editor
Kara Bylund

To Advertise
Contact Michelle Dekker
Phone: 515.421.4778
Email: mdekker@iowamedical.org

Subscriptions
Annual Subscription \$45

Iowa Medicine, Journal of the Iowa Medical Society (ISSN 0746-8709), is published quarterly by the Iowa Medical Society, 515 E. Locust St., Ste. 400, Des Moines, IA 50309.

Periodicals postage paid at Des Moines, Iowa and at additional mailing offices.

Postmaster: Send address changes to Iowa Medicine, Attention: Crystal Swanson, 515 E. Locust St., Ste. 400, Des Moines, IA 50309.

Editorial content: The Society is unable to assume responsibility for the accuracy of submitted material. Editorial inquiries should be directed to the Editor, Iowa Medicine, 515 E. Locust St., Ste. 400, Des Moines, IA 50309.

Copyright 2019 Iowa Medical Society. Opinions expressed by authors do not necessarily represent the official policy of the Iowa Medical Society. Iowa Medicine does not assume responsibility for those opinions. Products and services advertised in Iowa Medicine are neither endorsed nor guaranteed by the Iowa Medical Society unless specifically noted.

Get Connected
Stay up-to-date with IMS on Facebook, Twitter, Instagram, Snapchat, LinkedIn, and YouTube.

IMS CORE PURPOSE

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

ADDRESSING SHORTAGES: IN ACCESS AND WORK FORCE



MARYGRACE ELSON, MD, MME, FACOG

President of the Iowa Medical Society, and
OB/GYN from Iowa City

One of the highlights of the IMS President's Reception is the installation of the new IMS President. This article contains the written transcript from Dr. Elson's angulation speech that includes her vision and priorities for the upcoming year, given on April 5, 2019.

I am honored to serve as the 170th Iowa Medical Society President. Michael Romano, MD, MHA, is a tough act to follow, and I hope that with all of your support that I can be as effective a leader of our organization as he has been.

Thank you to my colleagues in the Department of Obstetrics and Gynecology at the University of Iowa Carver College of Medicine, who make it possible for me to participate in organized medicine.

Thank you to my fellow IMS Board members for your confidence in me, and to the hard-working IMS staff who help our organization thrive each and every day. Throughout my life, I have been blessed by so many mentors, colleagues, and friends, and I am grateful.

As many of you know, I am active in legislative advocacy on healthcare issues both in Des Moines as well as Washington, D.C. We speak out on issues of healthcare access, quality and safety, and against legislative interference in the exam room. No legislator should be intruding in the sacred physician-patient relationship, and scripting the medical advice I

give to my patient. Physicians are scientists, and science matters. Evidence-based practice matters.

The United States has a rising maternal mortality rate that has more than doubled in the last two decades, the worst among high income nations. Iowa's maternal mortality rate has unfortunately been the same as the rest of the country.

Approximately one-third of births in Iowa are in a rural setting. Rural areas have higher incidence of chronic conditions, poverty, and travel barriers. Rural women have an increased risk of childbirth-related hemorrhage and maternal and infant death.

In Iowa, family medicine physicians deliver more in rural settings while obstetricians and certified nurse midwives deliver more in urban settings. Obstetricians deliver approximately 70 percent of Iowa births.

Iowa ranks last in the U.S. for the number of OB/GYNs per 10,000 women.

The number of family medicine physicians providing maternity care is on the decline nationally—the percentage of new family medicine residency grads intending to provide maternity care has approximately halved over the last 20 years, and the number of recent graduates from University of Iowa family medicine residency programs mirrors this trend.

Nationally, rural maternity units are closing, and Iowa is no exception. Due to low reimbursement for maternity services and the expense of maintaining 24x 7 coverage, a rural hospital saves approximately \$2 million by eliminating obstetrics.

Prior to 2001, 75 of Iowa's 99 counties had maternity services. Now 51 counties do. Eight units closed in 2018.

Even though obstetric services may have left a community, patients arrive at the door with pregnancy complications. As John Cullen, MD, FAAP, American Association of Family Physicians President said, "Closing OB departments

“As John Cullen, MD, FAAP, American Association of Family Physicians President said, “Closing OB departments does not mean that hospitals will avoid obstetrics emergencies, just that they will not be competent at managing them when they happen.”

does not mean that hospitals will avoid obstetrics emergencies, just that they will not be competent at managing them when they happen.”

Sixty percent of maternal deaths in the U.S. are preventable. Regardless of whether there is a maternity unit, emergency medical services personnel, emergency room physicians, hospital providers, and nursing staff should be trained to identify maternal early warning signs, provide proper emergent treatment, and transfer the patient in a timely manner if appropriate. Ready for rare but potentially catastrophic events saves lives.

Between 2006 and 2013, the state of California lowered its maternal mortality rate by more than half, putting California’s rate in line with other high income nations. How? Statewide, physicians and nurses were trained to recognize and respond to uncommon emergencies utilizing standardized approaches and checklists. Deficiencies were identified and corrected.

IOWA CAN DO THIS, TOO!

The Alliance for Maternal Health (AIM,) representing 30 plus national womens’ healthcare organizations, has created several care bundles of best practices to help the ENTIRE team taking care of pregnant women provide consistent, safe, evidence-based management. These care bundles are used in 21 states. We can expand perinatal

regionalization efforts, across specialties, across disciplines, across health systems to provide standardized, evidence-based care utilizing all the modern tools we have- including TeleHealth — with all team members practicing at the top of their license. We can ensure that consultation and transfer is immediately available when an unexpected emergency exceeds care demands or resources.

There are other ways that Iowa might address its looming maternity workforce shortage in rural areas: The Improving Access to Maternity Care Act, signed into law by President Trump in December 2018, establishes maternity care shortage areas for potential placement by National Health Service Corps physicians. This could bring providers to rural Iowa.

The Conrad 30 program is a J-1 Visa waiver for international medical graduates for health professions shortage areas. Iowa uses all 30 of its allotment annually, while other states do not. The IMS team has been lobbying in Washington D.C. with our congressional delegation to allow states like Iowa to use visas other states are not using.

Rural rotations can provide increased exposure to rural life and practice for medical students and resident physicians. This may attract physicians in specialties compatible with rural practice. OB fellowship training for family medicine

physicians, including training in Cesarean delivery, could expand capability in rural hospitals.

Other potential solutions are state funded medical student loan forgiveness programs, tax incentives, and assistance with medical malpractice liability insurance.

The bottom line is appropriate reimbursement for maternity services from both private insurers as well as Medicaid. Appropriate payment for maternity care allows hospitals and providers to pay their staff and overhead- and simply stay in business.

We cannot stand by and watch Iowa mothers die of preventable causes. We must shine a light on the impending rural maternity crisis in our state and take action. We owe it to our sisters, our daughters, and our granddaughters to commit to quality and safety in maternity care in Iowa.

Thank you for this opportunity to serve as the president of our Iowa Medical Society, and to give back to Iowa.



STATE OF THE SOCIETY



MICHAEL ROMANO, MD, MHA

IMS Immediate Past President, and Family Medicine physician from Council Bluffs

One of the final duties of the out-going president is to deliver the annual state of the society address.

When the House of Delegates was used as the Societies governance platform, the address was conducted on Sunday morning prior to discussing the reference committee reports. Today, the address is delivered as part of the IMS President's Reception program.

The State of the Society is meant to be available to all IMS member physicians, residents, and medical students. The address was recorded and is available to the membership on the IMS website (www.iowamedical.org.)

A Brief summary of the State of the Society address was delivered by Immediate Past-President, Michael Romano, MD, MHA, Family Medicine, Council Bluffs, during the President's Reception on Friday, April 5. This article contains the transcript of address given that evening.

"During my tenure as IMS President, we have continued to make significant progress in building the House of Medicine in Iowa, working with my fellow IMS Board Members, and the vast network of hundreds of physician volunteers across the state - representing IMS, county medical societies, and state specialty

societies, to make a difference in our lives and the lives of the patients we serve.

The challenge I made to this group, and our board and membership this time last year, was to initiate an enhanced dialogue and encouraged engagement around the need to reform our healthcare system – a tall order for sure.

As many know, this reform, at all levels, has been hampered by the significant barriers to improvement and there continues to be a need for IMS and its partners to continue to make state and local reform relevant and a priority.

We need to continue to build awareness on the issues effecting the practice of medicine - so they can be better understood by physicians and our patients, with the goal of assuring the highest-quality health care in Iowa.

Your IMS has been hard at work creating this enhanced dialog and have successfully begun to cultivate engagement at the state, federal, and local levels – through legislative, regulatory, and administrative efforts.

I am particularly proud of our active leadership in Iowa's State

Innovation Model (SIM) and the Iowa Health Care Roundtable, our close work with the Iowa Health Care Collaborative's quality improvement efforts and the rolling out, just this year, of four IMS Major Initiatives:

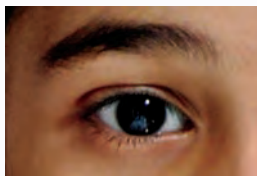
- Professional Burnout and Resiliency
- 5-2-1-0 Health Care (Child Obesity)
- Candor – Communication and Optimal Resolution
- Combating the Opioid Crisis

With this success, we need to continue to build our path to reform, across all patient populations, across all payers, and across all physicians. We have accomplished a lot during the last year, too many to list, but clearly have more to do as is outlined in our full report. I encourage you to view the full State of the Society report on the IMS website: www.iowamedical.org



When helping your patients see clearly, **make each moment matter.**

PNC can help.



We're making business banking easier.

At PNC, our team of dedicated Healthcare Business Bankers understands your business challenges and the important role that cash flow plays in your success. That's why we offer a range of solutions to help optimize management of your practice's revenue cycle and payables, so your business can run with less complexity and payments can be received promptly.

Learn more at pnc.com/hcprofessionals or by calling 877-566-1355

 **PNC BANK**
Make today the day.SM

2019 LEGISLATIVE SCORECARD



DENNIS TIBBEN

IMS Director, Government & Public Affairs,
staff liaison to IMPAC, IMS policy committees

On Saturday, April 27, the Iowa General Assembly adjourned the 2019 Legislative Session sine die. This proved to be a transitional year for the medical community. With the retirement of a long-time health policy leader in the House and the election of Senator Mariannette Miller-Meeks, MD – Iowa’s first physician-legislator in a decade – we saw new health and human services leadership teams in both chambers. This session saw several substantial wins for the House of Medicine, and some issues that proved in need of further legislative education.

TOP PRIORITIES

Issue	Description	Status
Increased Access to Substance Use Disorder Treatment	IMS successfully pushed this session for legislative action to increase access to substance use disorder (SUD) treatment in our state. We removed the prior authorization barriers to Medication Assisted Treatment services covered under Medicaid. IMS also secured legislation to suspend, rather than terminate, Medicaid eligibility for individuals entering the correctional system. This will allow for a more seamless transition for those receiving SUD treatment when they exit the correctional system.	<i>IMS Win</i>
School Based Tele-Behavioral Health Services	IMS and the Iowa Association of School Boards (IASB) pushed to establish a regulatory framework to allow for school-based tele-behavioral health services. This nontraditional means of administering behavioral health services was intended to compliment the governor’s proposal to establish a Children’s Mental Health System, however, the IMS-IASB measure proved premature as legislators focused the majority of their energies on finding common ground to pass the governor’s proposal. We will continue to work on educating lawmakers about this proposal over the legislative interim.	<i>Progress Made</i>
Improving Iowa’s Medicaid Program	IMS pushed this session for a common-sense approach to addressing the most egregious systemic issues with the current Medicaid managed care system. Working with the governor and leadership in both chambers, we negotiated a legislative directive to establish uniform prior authorization forms across the MCOs and for DHS to study expanding the MMIS eligibility system to also serve as a centralized portal for processing all authorization applications. IMS was the only advocacy organization to get Medicaid managed care reforms to the governor’s desk.	<i>IMS Win</i>

ADDITIONAL PRIORITIES

Issue	Description	Status
<p>Strengthening Public Health</p>	<p>IMS collaborated with patient and provider organizations to support evidence-based public health initiatives including ongoing support for the 5-2-1-0 pediatric obesity initiative. We halted efforts to weaken Iowa’s immunization standards. In collaboration with our partner organizations, we also successfully pushed for legislation to ensure nonprofit blood centers have the resources necessary to complete their mission.</p>	<p><i>IMS Win</i></p>
<p>Expanding Physician Workforce</p>	<p>IMS worked with partner organizations like IAFP to restore some of the lost funding for the Rural Physician Loan Repayment Program, to assist with physician recruitment efforts in rural communities. We also successfully restored state-based funding for medical residency programs, and secured new funding for four additional rural psychiatric residency slots.</p>	<p><i>IMS Win</i></p>
<p>Protecting the Practice of Medicine</p>	<p>IMS led the House of Medicine in combatting an unprecedented number of proposed scope of practice expansions including:</p> <ul style="list-style-type: none"> • Optometrist injections and surgical procedures; • Unfettered ARNP scope of practice expansion; • Pharmacist-administered pediatric immunizations, statin drugs, and mental health services; • Pharmacy Technician-administered immunizations; • Occupational Therapists as mental health providers; • Hearing loss diagnosis and treatment by any licensed healthcare provider, regardless of training; and • Independent practice for Physician Assistants. 	<p><i>IMS Win</i></p>
<p>Continuing Behavioral Health Reform</p>	<p>IMS worked with stakeholders, the governor, and legislative leadership to build upon our successes from last session and ensure continued progress in strengthening Iowa’s behavioral health system. This included passage of legislation to establish a true comprehensive Children’s Mental Health System in our state, sufficient funding to implement this new system, and ongoing funding for the reforms enacted last session to the adult behavioral health system.</p>	<p><i>IMS Win</i></p>

PHYSICIAN DAY ON THE HILL

MARCH 27, 2019

The 2019 Physician Day of the Hill (PDOTH) was the largest day of coordinated physician advocacy in Iowa in more than 15 years! A record number of physicians, residents, and medical students from across Iowa converged on the Capitol to discuss issues effecting the practice of medicine and patients.

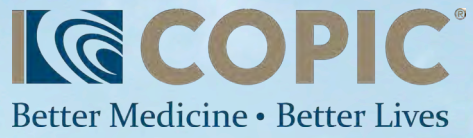
Participants conversed with legislators and Governor Kim Reynolds regarding the IMS proposal to streamline prior authorization under the Medicaid managed care system, which was signed into law on May 3; and the joint initiative with the Iowa Association of School Boards for a regulatory framework to allow for school-based telehealth to expand access to behavioral health services. Photos from the day are on the IMS Facebook page.

Thank you to everyone who took time to participate in this important day of advocacy! Legislators need to hear directly from physicians, residents, medical students, and healthcare administrators to ensure they understand how the issues they are discussing impact the house of medicine and those served by it. Thank you to COPIC for their sponsorship of PDOTH and on-going support of IMS and the membership.

Make plans to attend the 2020 Physician Day on the Hill on Wednesday, March 4, 2020!



with special thanks to
our event sponsor:



IOWA SIM: STATE INNOVATION MODEL

FOUR YEAR RECAP



KADY REESE, MPIT, CPHQ

IMS Director of Physician, Patient
& Clinical Engagement

For the past four years, the state of Iowa has been engaged in the State Innovation Model (SIM), a major innovation initiative through the Centers for Medicare and Medicaid Innovation Center.

The Iowa SIM initiative was led by the Iowa Department of Human Services, in collaboration with the Iowa Healthcare Collaborative (IHC), and the Iowa Department of Public Health (IDPH). The goal of SIM has been to help Iowans experience better health and have access to accountable and affordable healthcare in every community”.

The SIM program utilizes the quadruple aim of “better outcomes, better care, affordable costs, and joy in practice.” The Iowa SIM is focused on two primary drivers; Aligning payers in value based purchasing (VBP) and; Equipping providers for service delivery transformation.

The SIM work convened stakeholders throughout health care to collaboratively engage in statewide healthcare transformation, building strategies and systems to establish a healthcare system where physicians and non-physician providers are paid for the value outcomes they provide and communities and health systems work together for healthier people.

The Iowa Medical Society has been a primary partner across many of SIM’s endeavors, ensuring the physician voice is present throughout efforts and aligning resources to adequately support physicians.

As we reflect back on the initial achievements of SIM, there are three tangible products that not only capture what has been accomplished, but will also provide the foundation for the next phases of this transformation work:

- The creation of Community and Clinical Care Coalitions
- Development of Statewide Strategic Plans
- Convening of the Governor’s Healthcare Innovation and Visioning Roundtable

Community and Clinical Care Coalitions

A special test project within the SIM has been the creation of Community and Clinical Care (C3) community coalitions. Across these pilot communities, local champions have worked

together to demonstrate the “population-based, community-applied” change that can happen when stakeholders are aligned and working strategically towards the same goal.

There are currently 21 test communities in various stages of demonstration, showing many successes and tangible outcomes improvement in cross-system care coordination, chronic disease management, addressing social determinants of health, and enhanced interoperability of health information technology.

Statewide Strategic Plans SIM has also aided in the establishment of strategic plans that unifying visions for health improvement and the guidance as to how such visions can be realized at all levels. These statewide strategies cover an assortment of priority health issues and topics, ranging from condition-specific to cross-cutting applications.

The strategies were all developed using a multi-disciplinary stakeholder approach, ensuring...

SAVE THE DATE!

PHYSICIAN DAY

**ON
THE HILL**

Wednesday, March 4, 2020

First Floor Capitol Rotunda

Mark your calendar and plan to join us to
discuss the issues facing Iowa's
medical community!



CLOSING AND SELLING A MEDICAL PRACTICE: LEGAL REQUIREMENTS AND REGULATIONS



KATE STRICKLER, JD, LLM

IMS General Council, and lead staff for the IMS *Candor* Program

Ending a medical practice under any circumstances can be a daunting process with many different requirements imposed by different state, federal, and private entities. However, if the practice is ending because it is being sold, there are even more requirements than if it is merely closed.

Practices are typically sold in one of three ways. The most common type is a sale, where the seller's practice disappears and the new owner's company continues in business with the combined assets and liabilities of both original practices.

A physician can also sell some or all of a practice's assets while still owning the stripped-down version of the original practice. The new owner purchases only the assets (the liabilities stay with the seller) so both the new owner and the prior owner still have existing, independent business interests.

The third method involves selling a practice's stock, if that practice is a professional corporation. In this type of sale, the new owner purchases the assets and liabilities, and the practice continues to exist but operated by new owners.

Once the type of sale has been decided, the practice's worth must also be determined. Federal anti-kickback and anti-referral laws dictate that the sale price be Fair Market Value (FMV). FMV is a range rather than a

specific number, and it is based on the practice's assets and liabilities. FMV cannot take into account the value of future referrals, but it can include goodwill. Goodwill is an intangible asset; the American Medical Association (AMA) includes location, competitors in the market, and reputation, among others, as factors in determining goodwill. An appraiser or broker can help determine the practice's FMV and can prove a high value for the practice's goodwill.

A broker's valuation report should include the tangible and intangible assets of the practice, including the goodwill, and the seller should retain a copy of that report after the sale is completed.

Ultimately, the sale of a practice should be the result of bargaining between a well-informed buyer and seller, should not take into account volume or value of referrals by the selling physician, and should not exceed FMV.

As soon as a prospective buyer is identified, it may be in the seller's best interest to consider requiring a non-disclosure agreement to

ensure confidentiality through the negotiations, regardless of whether there is ultimately a sale.

This agreement can include a provision requiring both parties to cease courting other possible partners while negotiations occur. A Letter of Intent can also outline the basic terms of the agreement and establish a time frame for investigations as well as a deadline for completing the sale before the seller seeks other prospective buyers.

The buyer and seller then engage in due diligence, where the parties have the opportunity to conduct a good-faith investigation. This investigation can require the practice to produce certain documents such as deeds, contracts, loan documents, or financial statements.

After this is substantially completed, the seller and buyer negotiate; an advisor or attorney can assist with negotiations. It is important to document all stages of negotiation, as only documents are binding explanations of the final agreement. Once an

ATTORNEY REQUESTS FOR MEDICAL RECORDS

Health care providers may receive medical records requests from an attorney. These requests can occur in a variety of situations. Different legal rules may apply depending on who makes the request, whether it is an informal request or a subpoena, or if the request is tied to a criminal case.

- ➔ When you are treating a patient involved in a motor vehicle accident, or a patient who is under investigation in a criminal situation such as a DUI or an assault and battery.
- ➔ Custody battles between parents also result in requests for records from attorneys involved.
- ➔ Requests may involve an attorney investigating whether to bring a medical malpractice claim.

INFORMAL REQUESTS BEFORE A LAWSUIT:

Who usually requests the records:

The patient or the patient's attorney.

What to know: If the patient, or the patient's personal representative¹ asks you to send medical records to an attorney, then the patient's "right of access" under HIPAA applies and the records must be provided as soon as reasonably possible, but no later than 30 days. If unusual circumstances exist, beyond the control of the provider, one additional 30-day extension may be obtained by notifying the patient of the circumstances and the extension. If the request doesn't come through the patient, then the provider must have a HIPAA-compliant authorization signed by the patient, before care is discussed or copies of records are provided.

REQUESTS AFTER A LAWSUIT IS FILED:

Who usually requests the records:

One or more of the attorneys involved.

Informal requests: A HIPAA-compliant authorization signed by the patient or the patient's personal representative must be obtained before any information may be disclosed, oral or in writing.

Subpoenas: Under HIPAA, providers can disclose protected health information (PHI) in response to a subpoena, and without a signed patient authorization, as long as there is a written statement certifying that reasonable efforts were made (1) to notify the patient of the subpoena, or (2) to secure a qualified HIPAA protective order. For notice to the patient, the certification must

show that a good faith attempt was made to provide written, sufficient information about the litigation to permit the patient to raise an objection, that the time to raise an objection has elapsed, and that no objections were filed or all objections filed were resolved and the request is consistent with the resolution.

For the protective order, the written certification must demonstrate that the parties have agreed to a qualified protective order and have presented it to the court; or that the party seeking the PHI has requested a qualified protective order. With either option, providers should check with an attorney to determine if the law in their state imposes more stringent requirements.

OUT-OF-STATE SUBPOENAS

Providers may receive subpoenas from out-of-state attorneys or record retrieval services. **Generally, a subpoena, whether civil or criminal, is not valid in any state except the state in which the action is pending** (unless the attorney goes through a special process to issue a subpoena for the out-of-state proceeding). Providing records to an invalid subpoena could result in civil claims for breach of confidentiality and administrative action for violation of HIPAA.

CONCLUSION

Many providers are unfamiliar with the rules pertaining to responding to subpoenas. We encourage you to discuss these principles and educate your staff about properly responding to an attorney request for information. If you have any questions, it is recommended that you speak with an attorney or contact your medical liability insurance provider if they are able to provide assistance in these situations.

¹ Under HIPAA, a person authorized to act on behalf of the patient in making health care related decisions is the patient's "personal representative." Typically, this is a person holding a medical power of attorney. An attorney does not usually have the authority to make health care decisions for a patient-client and would not normally be a "personal representative."



COPIC is the preferred, endorsed medical professional liability insurance provider for IMS members.

 **COPIC**[®]
Better Medicine • Better Lives
callcopic.com | 800.421.1834

POLICY FORUM 19-1 RESULTS:

POLICY FORUM 19-1 RESULTS

PF 19-1 was held at the Annual Conference in Des Moines on Friday, April 5, 2019. The following seven Policy Request Statements were considered.

PRS 19-1-01: Increasing Access to Buprenorphine Treatment for SUD

Submitted by: Hijinio Carreon, DO, Des Moines; Nick Kluesner MD; Sarah Hoper MD; Kathryn Dierks DO; Gary Hemann, DO

POLICY REQUEST:

The Iowa Medical Society submit a resolution to the AMA House of Delegates seeking federal advocacy to eliminate the educational requirements for obtaining a DATA 2000 waiver.

ACTION TAKEN:

Not Adopted; AMA Policy D-95.972 Reaffirmed

PRS 19-1-02: Board of Medicine Physician Member Stipends

Submitted by: Tom Benzoni, DO, Des Moines

POLICY REQUEST:

The Iowa Medical Society, in partnership with the Iowa Osteopathic Medical Association and on behalf of all Iowa physicians, will pay the physician members of the Iowa Board of Medicine a daily stipend for their service.

ACTION TAKEN:

Not Adopted

PRS 19-1-03: Medicare Co-Payment Medication Coupons

Submitted by: Tim Abrahamson, MD, Des Moines

POLICY REQUEST:

The Iowa Medical Society submit a resolution to the AMA House of Delegates seeking federal advocacy to amend the anti-kickback statute to allow Medicare patients to use co-payment coupons to reduce their out-of-pocket expenses for medication.

ACTION TAKEN:

Not Adopted; AMA Policies H-330.899 & D-110.993 Reaffirmed

PRS 19-1-04: Annual Meeting Bylaws Changes

Submitted by: IMS Board of Directors

POLICY REQUEST:

Amend the IMS Bylaws to remove replace all references to the "Annual Meeting" with "Presidential Installation."

ACTION TAKEN:

Adopted

PRS 19-1-05: Protecting the Physician- Patient Relationship

Submitted by: Marygrace Elson, MD, Iowa City

POLICY REQUEST:

1. The Iowa Medical Society shall adopt as organizational policy that it is the policy of IMS to oppose inappropriate interference by the government and third parties that causes a physician to compromise his or her medical judgment as to what information or treatment is in the best interest of the patient.

2. IMS will work with other organizations as appropriate to oppose legislation or state or federal rules or regulations that inappropriately interfere with the patient-physician relationship or that prevent physicians from freely discussing with, or providing information to, patients about medical care and procedures, or which direct physicians to provide specified information or perform specified tests that are not medically necessary.

3. IMS will work with other organizations as appropriate to oppose legislation or state or federal rules or regulations which require a physician to provide information which is not medically accurate, evidence-based, and appropriate for the patient or a medical service which is not evidence-based and appropriate for a patient. IMS will likewise work to oppose legislation or state and federal rules which prohibit a physician from providing information which is medically accurate, evidence-based, and appropriate for the patient or a medical service which is evidence-based and appropriate for a patient.

4. IMS will communicate to government entities and to the public the concerns inherent in rules, regulations or statutes that restrict or direct communication between physicians and their patients as stated in this policy.

ACTION TAKEN:

Referred to Committee on Legislation for review and recommendation to a future Policy Forum.

**PRS 19-1-06:
Direct to Consumer
Pharmaceutical
Advertisements**

Submitted by: Victoria Sharp, MD, Iowa City; Rob Lee, MD, Johnston

POLICY REQUEST:

The Iowa Medical Society submit a resolution to the AMA House of Delegates seeking federal advocacy to require that pharmaceutical companies disclose the list price of medications in all direct to consumer advertisements and that such advertisements include information on patient-centered health improvement measures that are recommended for patients with the condition for which the advertised medication seeks to treat.

ACTION TAKEN:

Adopted as Amended; AMA Policy H-105.988 Reaffirmed

**PRS 19-1-07:
Value-based Payment or
Alternative Payment Model
Promotion & Development**

Submitted by: Michael Kitchell, MD, Ames

POLICY REQUEST:

The Iowa Medical Society will develop a strategy, potentially working with the Iowa Healthcare Collaborative and local payers, to promote and develop alternative payment models that would offer better incentives for value-based care. These new payment methods would primarily use outcome measures and meaningful measures of quality and cost, and use benchmarks that would not penalize higher performers.

ACTION TAKEN:

Not Adopted

**NEXT POLICY FORUM
PF 19-2**

CALL FOR ACTION

August 8 to August 22

TESTIMONY FORUM

August 22 to September 5

POLICY FORUM 19-2

Scheduled to be held following the September IMS Board Meeting in Des Moines.

PHASES:

CALL FOR ACTION

The official Call for Action period begins seven weeks prior to each scheduled Policy Forum and lasts for two weeks. During this time, members are invited to submit Policy Request Statements; (PRSs) brief descriptions of an issue or concern that you are experiencing in your medical practice and request that IMS take some action to help resolve the issue.

PRSs may request IMS establish or amend policy, take an official position, seek legislative remedy, or work within respective organizations to bring relief. Members submit a PRS and staff assist with formatting the desired action to be considered by the Policy Forum.

Members may submit PRSs to forum@iowamedical.org or by mail to Iowa Medical Society, 515 E. Locust Street, Suite 400, Des Moines, IA 50309, Attn: Policy Request. PRSs can be submitted at any time during the year; however they will only be discussed at a Policy Forum.

TESTIMONY FORUM

The second phase is the Testimony Forum. PRSs received during the Call for Action period are published online, signaling the opening of the Testimony Forum.

Members have two weeks from the opening of the Testimony Forum phase to contribute testimony via members-only discussions on the IMS website or submit feedback privately to forum@iowamedical.org

POLICY FORUM

The final phase is the Policy Forum in-person meeting. At the meeting, all PRSs and accompanying Testimony Forum comments are addressed by the Policy Forum and either accepted, amended, rejected, tabled, or sent to an ad hoc committee for further discussion.

All members are invited to attend the Policy Forum to engage in discussion and offer their testimony in support of or in opposition to PRSs under consideration. While Policy Forums must be held at least once a year, they are regularly scheduled to be held once in the spring and again in the fall. In addition, special sessions of the Policy Forum may be called as needed.

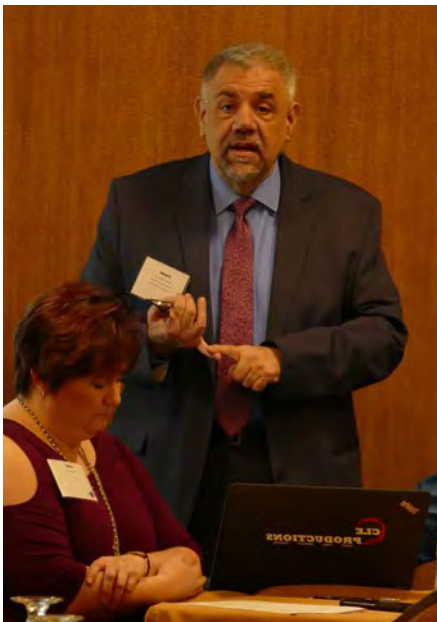
IMS OPIOID SUMMIT

APRIL 11, 2019

On Thursday, April 11, IMS hosted the Iowa Medical Society Opioid Summit at the Holiday Inn in Dubuque. The morning sessions included the required four hour live training in order to obtain your Data 2000 MAT waiver, as well as, the CDC Prescribing Guidelines Training. Afternoon breakout sessions included local and national experts to provide insights on techniques and education on Iowa's opioid use disorders.

IMS continues to provide healthcare professionals with education and resources to face Iowa's use disorders and safeguard the lives of Iowans affected by opioids. Be on the lookout for the next IMS Opioid Summit coming to Des Moines!





with special thanks to
our event sponsors:



IMS LEADERSHIP

EXECUTIVE COMMITTEE



President
 Marygrace Elson, MD, MME, FACOG
 Iowa City
 OB/GYN
 Medical School: University of Illinois
 College of Medicine
 Residency: University of Wisconsin
 Hospitals & Clinics, Madison



Past-President
 Michael A. Romano, MD, MHA
 Council Bluffs
 Family Medicine
 Medical School: Creighton
 University
 Residency: Creighton University, Omaha



President-Elect
 Brian Privett, MD
 Cedar Rapids
 Ophthalmology
 Medical School: University of
 Missouri
 Residency: University of Iowa



Board Chair
 Tiffani Milless, MD
 Des Moines
 Dermatopathology
 Medical School: Medical College of Ohio
 at Toledo
 Residency: Yale-New Haven Medical
 Center,



Secretary/Treasurer
 Scott M. Truhlar, MD, FACR
 Coralville
 Diagnostic Radiology
 Medical School: University of
 Kansas
 Residency: University of Iowa

BOARD OF DIRECTORS



Damon J. Dyche, MD
 Ames
 Urology
 Medical School: University of Iowa
 Residency: William Beaumont
 Hospital, Michigan



Mony Fraer, MD, FACP, FASN
 Iowa City
 Nephrology
 Medical School: Grigore T. Popa School
 of Medicine, University of Medicine &
 Pharmacy, Romania
 Residency: Carol Davila School of
 Medicine, Romania



Jennifer Ann Groos, MD, FAAP
 Des Moines
 Pediatrics
 Medical School: University of Iowa
 Residency: University of Wisconsin



Cynthia Hoque, DO
 Des Moines
 Family Medicine
 Medical School: Des Moines
 University
 Residency: Iowa Lutheran
 Family Medicine



Lenard M. Kerr, DO
 Ankeny
 Emergency Medicine
 Medical School: Des Moines
 University
 Residency: Mount Clemens General
 Hospital, Michigan



Alison Cornelia Lynch, MD
Iowa City
Family Medicine, Psychiatry
Medical School: University of Iowa
College of Medicine
Residency: University of Iowa



Janice A. Kirsch, MD
Clear Lake
Internal Medicine
Medical School: University of Iowa
College of Medicine
Residency: Blodgett/St. Mary's
Hospital, Michigan



Michael J. McCoy, MD, FACOG
West Burlington
Obstetrics and Gynecology
Medical School: Creighton
University
Residency: University of Iowa



Michael J. Kitchell MD
Ames
Neurology
Medical School: University of Iowa
College of Medicine – 1975
Residency: University of Iowa



Sharmini Rasakulasuriar, MD
Humboldt
Pediatrics
Medical School: St. George's
University
Residency: Bridgeport Hospital,
Connecticut



Resident Director
Matthew Scott Alexander, MD
Iowa City
General Surgery
Medical School: University of Missouri
School of Medicine, Columbia
Residency: University of Iowa



Kelly L. Reed, DO
Urbandale
Family Medicine
Medical School: Des Moines
University
Residency: Broadlawns Medical Center
Family Practice



Medical Student Director
Gabriel L. Conley
Iowa City
Medical School: University of Iowa
College of Medicine



Jessica Zuzga-Reed DO, FAAP
Waukee
Pediatrics
Medical School: Midwestern
University, Chicago College of
Osteopathic Medicine
Residency: Advocate Christ Medical
Center, Illinois

ACKNOWLEDGING PHYSICIAN BURNOUT: AN IMPORTANT FIRST STEP



J. BROOKS JACKSON, MD, MBA

Vice President for Medical Affairs, Dean,
Professor, Carver College of Medicine

Match Day and graduation are milestone moments in the lives of fourth-year medical students. As dean of the University of Iowa Carver College of Medicine, I have the privilege of participating in both of these special occasions each spring, and I see the excitement on our students' faces as they celebrate what they've accomplished and look forward to their careers as physicians and leaders.

These events are culminations of the long hours and dedication needed to succeed in medical school. They also are affirmations that all the hard work, stress, and sacrifice has been worth it.

To share in our students' pride in reaching this next step on the journey to becoming a doctor is humbling and reinvigorating. It makes me think back to when I was a medical student, and how eager I was to enter the next phase of medical training and practice.

I also recognize that these soon-to-be doctors are entering medicine at a time when many of their colleagues are questioning their desire to continue in the profession.

Physician burnout is a hot topic these days, with news stories or journal articles indicating that at least a third, and perhaps as many as half, of doctors have experienced professional burnout, which can be described as displaying one or more of these characteristics or behaviors:

- Detachment and depersonalization, which can include any combination of anger, cynicism, sarcasm, and a general lack of empathy or understanding to patients and colleagues
- Exhaustion, both physical and mental, that cannot be remedied with normal rest or time away from work
- Increased inability to perform one's day-to-day responsibilities professionally, consistently, and satisfactorily
- A feeling of "loss of control" related to workload, time, and decisions related to care

Burnout is more than an occasional "bad day." It's a prolonged period of the challenges outlined above. Its consequences can be serious and wide-ranging for physicians, their employers, and their patients: sub-standard care; lack of communication and collaboration; eroded trust between doctors and other medical staff; higher physician turnover; and a greater risk of

alcohol or drug abuse and suicide.

For many physicians, what makes burnout difficult to prevent or overcome is the ingrained belief that their own health and well-being should be secondary. We're trained to accept that patients always come first and that we can, and should, solve problems by working longer and harder.

In other words, the qualities that propelled so many in our profession through medical school and residency training also may contribute to burnout at some point in their careers.

Compounding the issue is the reluctance of some doctors to admit experiencing burnout out of concern that doing so may signify weakness, or even incompetence, to others on the health care team.

The implementation of electronic health records is often cited as a major source of frustration (and loss of control, as already noted) and subsequent cause of burnout. Navigating EHRs is indeed one aspect of administrative work

that's become the bane of busy doctors.

Other burnout factors may include too many hours in the clinic or hospital; lack of respect from administrators, leaders, and colleagues; compensation and reimbursement issues; governmental oversight and regulations; too great an emphasis on finances; and serving in a profession that sometimes seems to prioritize process over patients.

These are not new or unique challenges. Physicians have had to balance the delivery of care with paperwork, technology, regulation, and bureaucracy for generations.

This is not to minimize the issue of burnout but suggest that perhaps today's physicians are becoming more cognizant of work-life balance and are less reluctant in acknowledging burnout to themselves, their colleagues, and their employers.

As the old saying goes, the first step toward fixing a problem is admitting that it exists.

In this respect, our profession is making progress, as reflected in the medical literature and the popular press. A key next step is to get informed and take advantage of professional services and resources when burnout starts.

Throughout this year, the Iowa Medical Society is co-sponsoring resiliency education programs in cities across the state.

“I encourage all physicians in Iowa to visit the events section of the IMS website to learn more and consider registering for one of these three-hour evening sessions– for yourself, and for our profession.”

Brooks Jackson is University of Iowa vice president for medical affairs and dean of the UI Carver College of Medicine.



AWARENESS. CARE. MANAGEMENT.

UPCOMING 2019 IMS PROFESSIONAL BURNOUT & RESILIENCY PROGRAMMING

June 11
Cedar Rapids

September 11
Ottumwa

November 5
Iowa City

August 13
Atlantic

October 8
Sioux City

December 3
Ames

2019 IMS PROFESSIONAL BURNOUT AND RESILIENCY PROGRAMMING

Burnout is a
BURNOUT IS A
 Work-Related Process
WORK-RELATED PROCESS
 of Chronic Stress &
OF CHRONIC STRESS &
 Dis-engagement
DIS-ENGAGEMENT

The 2018 IMS Survey found that 68 percent of Iowa physicians, residents, and medical student were experiencing some degree of burnout. This is a more than 10 percent decrease from the data collected in 2015; but leave much room for improvement. As part of IMS' multi-pronged – advocacy, education, and resources – approach to addressing professional burnout, regional programs are being offered throughout Iowa in 2019, entitled Professional Burnout and Resiliency Programming Awareness. Care. Management.

This programming is designed for all members of the healthcare and administrative team. During this interactive program participants will:

- Discuss warning signs of burnout.
- Identify changes to mitigate burnout.
- Explore simple, evidence-based solutions to improve job satisfaction and reduce stress.

The photographs on these pages are from sessions in Mason City, Council Bluffs, Dubuque, Davenport, and Waterloo. Make plans now to attend a session near you in the coming months. For more information on professional burnout or other IMS initiatives contact Becca Kritenbrink (bkritenbrink@iowamedical.org)





with special thanks to
our event sponsors:



partnering with:



2019 IMS PRESIDENT'S RECEPTION

APRIL 5, 2019

Marygrace Elson, MD, MME, FACOG, OB/GYN, Iowa City was installed as the 170th Iowa Medical Society President on Friday, April 5. IMS Immediate Past-President, Michael Romano, MD, MHA, Family Medicine, Council Bluffs presented Dr. Elson with the presidential medallion during the President's Reception that evening.

During her inaugural address, Dr. Elson highlighted the need to address physician workforce shortages in multiple specialties through greater fund of medical student loan repayment programs, and expanded rural rotations for medical students and residents. She also addressed the need for standardized protocols and best practices for physician and non-physician providers in the area of maternity care and labor and delivery, due to the shrinking number of maternal care units in Iowa hospitals. Read the transcript of her speech on page 6.

As part of the ceremony, the results of the 2019 leadership election were announced along with awards being presented to recognize physicians and an organization who have demonstrated outstanding commitments to the health care, the profession of medicine, and IMS. On April 5, IMS presented three awards, the Merit, Physician Community Service, and Washington Freeman Peck. Congratulations to this year's recipients. See page 18 for more details on the award recipients.

The 2020 IMS President's Reception on Friday, April 17, 2020. Please make plans to attend the 2020 celebration to inaugurate Brian Keith Privett, MD at The Hotel at Kirkwood Center in Cedar Rapids.



with special thanks to our event sponsors:



LEAD WITHOUT LEADING TO BURNOUT.

A recent survey conducted by Randstad Consulting found that **40% of US adult workers are experiencing burnout**. Organizations often believe that employee burnout is a personal issue – that's a myth.

Leadership is a *big* part of the equation.

During this two-day course participants will:

- Identify leadership behaviors that result in burnout
- Recognize how leadership has contributed to employee burnout in the past
- Determine what leadership needs to do differently
- Discover tools and techniques to lead without leading to burnout
- Develop a personal plan of action

IMS will host two **Leading without Leading to Burnout** sessions in 2019:

June 18 and 19

Iowa Medical Society
515 E. Locust St. Suite #400
Des Moines, Iowa 50309

November 12 and 13

The Hotel at Kirkwood Center
7725 Kirkwood Blvd SW
Cedar Rapids, IA 52404

IMS Member Pricing: \$695.00

Non-Member Pricing: \$995.00

Questions about the 2019 IMS Professional Burnout and Resiliency Programming?
Please contact Becca Krittenbrink, Manager, Major Initiative and Foundation
Relationships: 515.421.4795 / bkrittenbrink@iowamedical.org

IMS PRESENTS 2019 AWARDS:

Each year the Iowa Medical Society recognizes the outstanding contributions of physicians, laypersons, and organizations to the health care and the practice of medicine. On Friday, April 5, these awards were presented.



Merit Award

The 2015 IMS Physician Survey revealed that nearly 80 percent of Iowa physicians were experiencing some degree of burnout, with more than 48% reporting moderate to total burnout. In responses to this, the IMS Board of Directors established the Burnout Task Force, to determine how the society might best support Iowa physicians at risk of or experiencing professional burnout.

Douglas Steenblock, MD, Psychiatry, Marshalltown, was the chair of the Burnout Task Force that authored the Steenblock Report. This report has guided IMS in its work in the area of burnout and professional resiliency, leading to:

- Delivery of a multi-professional burnout conference in 2018.
- Advocacy work to reduce administrative burden and simplify processes allowing physicians to focus on their patients.
- Regional awareness programs that are taking place throughout Iowa this year.

- Tools and resources to aid in changing the workplace to reduce instances of burnout.

Dr. Steenblock's continues to work to reduce the stigma surrounding physician burnout, and promote organizational and system changes to allow current and future Iowa physicians to thrive professionally and deliver the highest quality of care possible.



Washington Freeman Peck Award

After years of in-depth research of four chronically homeless individuals in Iowa City, it became evident to that the “housing ready” approach in which rules and expectations regarding sobriety, medication compliance, and employment did not have a sustained impact on the chronically homeless, and a new approach was needed.

Many of these individuals repeatedly cycle through crisis services—hospitals, emergency rooms, inpatient addiction facilities, shelters, and jail—only to return to life on the streets and cycle through the system again.

In 2017, Shelter House received funding from the Iowa Finance Authority and the Housing Trust Fund of Johnson County to begin construction on Cross Park Place—a demonstration project for the state of Iowa targeting chronically homeless individuals who are frequent users of high-cost services. Cross Park opened in January.

Housing opportunities are made available through a “housing first” approach which does not place conditions of housing on the behavior of participants, but instead provides a permanent housing solution with the ongoing option to participate in supportive services such as training in life skills with a case manager, and regular check-ins with a medical professional, a mental health counselor, and a psychiatrist.

This program is the first of its kind in the state of Iowa and has proven in other communities to save both lives and money.

Other communities that have implemented the Housing First initiatives, demonstrated as much as a 60 percent cost change in service utilization for individuals served. Additionally, individuals have shown an increased self-care and improved health over time.



Physician Community Service Award:

Multiple studies have shown that lesbian, gay, bisexual, transgender, and queer (LGBTQ) patients are less likely to seek medical care due to stigma, lack of physician and non-physician provider awareness, and insensitivity to the unique needs of this patient population. Due to this the LGBTQ population is a greater risk for cancer, cardiovascular disease, obesity, and other disease factors than the general population.

Katie Imborek, MD, Family Medicine, and Nicole Nisly, MD, Internal Medicine, both from Iowa City, saw the healthcare disparities among the LGBTQ population and sought to open a clinic to improve the quality of care delivered to these patients. As the co-directors of the UI Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning Clinic, they created a medical clinic that provides full-service health to meet the LGBTQ healthcare needs.

Creating a clinic that is welcoming and safe, they needed to have properly training healthcare professionals and support staff. For this reason all clinic staff undergoes LGBTQ-specific cultural humility training through the UI Safe Zone Project.

The clinic has been recognized by the Human Rights Campaign as a 2018 Healthcare Equality Index (HEI) Leader. The HEI is the national benchmarking tool that evaluates facility policies and practices related to the equity and inclusion of their LGBTQ patients, visitors, and employees.

The LGBTQ Clinic services are available at the Iowa River Landing and Scott Boulevard clinics. Resources for physicians and non-physician providers are available at www.uihc.org/information-providers-lgbtq-patients.

Former Award Recipients:

Merit Award:

Given to a lay person for outstanding contributions to public health or the field of health care.

- 2018 – Doug Dorner, MD, FACS
- 2017 – Hamed Tewfik, MD
- 2016 – Lauris Kaldjian, MD, PhD
- 2015 – Michael McCoy, MD
- 2014 – David Thomas, MD

Washington Freeman Peck:

Given to a lay organization for significant contributions to health care.

- 2018 – Iowa Radio Reading Information Service
- 2017 – Kiwanis Miracle League at Principal Park
- 2016 – Courage League Sports
- 2015 – University of Iowa Dance Marathon
- 2014 – CVS Pharmacy

Physician Community Service:

A recognition of service by Iowa physicians in their communities.

- 2018 – Jennifer Groos, MD, FAAP
- 2017 – Richard Demming, MD
- 2016 – Christopher T. Buresh, MD, MPH
- 2015 – William E. Scott, MD
- 2014 – Medical Student Sections at Des Moines University and University of Iowa

Nominate a physician, organization, layperson for the 2020 IMS Awards by completing the nomination form on the IMS website, www.iowamedical.org, under the About tab. For more information contact Kara Bylund (kbylund@iowamedical.org) at IMS.

DES MOINES UNIVERSITY:

WHITE COAT CEREMONY 2019

After two years of class work the Des Moines University College of Osteopathic Medicine class of 2021 is ready to begin their clinical rotations. To celebrate of the accomplishments of these future physicians before they begin their rotations that will take them across the country and around the world, DMU conducts a Rite of Passage Ceremony on April 19 in Des Moines. For the class of 2021, they also officially received their white coats. Congratulations to the more than 200 DMU medical students on completing their first two years of medical student and officially donning their white coats.

Kathryn Aitkens
Noori Al Kadhim
Ryan Albrecht
Amer Al-Hreish
Jordan Allen
Myles Anderson
Karan Assudani
Bilal Baig
Laura Bailly
Hanna Barret
Elizabeth Behre
Jason Bellmore
Gabriel Berenbeim
Collin Beyer
Akshay Bhanot
Jason Blake
Lucas Blumenschein
Kaity Bobadilla
Brady Bollinger
Nicholas Booker
Benjamin Brennan
Jennifer Brenner
Alexandra Brooks
Dallin Brownell
Alexandria Burtness
Erich Campbell
Whitney Carlson
Jesse Chin

Rabia Choudhry
Lindsay Colling
Trevor Colwell
Alexandra Cooke
Alexa Courtney
Jonathan Coy
Nicole Craft
Austin Crose
Danielle Day
William Dennehy
Caitlin Descovich O'Hare
Vivi Ding-Tse
Jacob Dirkman
Amanda Dolley
Jia Li Duan
Natasha Dutta
Megan Ellis
Sarah Ericson
Kellan Etter
Robert Ewart
Ashley Ewert
Mariko Feuz
Kaitlyn Finneran
Kelsey Fischer
Alexia Fisher
Nuala Flood
Joshua Francois
Emily Franzen

Zachery Gee
Nelli Ghazaryan
Jaob Gianuzzi
Hannah Glanz
Daffney Gomendoza
Brady Goodwin
Theresa Goodwin
Bryan Gordon
Amin Gosla
Pooja Gottumukkala
Oscar Gryn
William Guthmiller
Samuel Hager
Harikrishna Halaharvi
Mikayla Hamilton
Alexis Hanson
Autumn Hargraves
Neil Harjai
Alex Harrison
Zachary He
Maggie Hefner
Ryan Heltemes
Charlotte Herold
Haley Hicks
David Ho
Erik Hoaglund
Elizabeth Hohl
Ryan Hoiium

Sydney Houde
Rachael Howard
Kelsey Hupp
Mohammad Hussain
Courtney Isaacs
Anjali Jain
Weston Jeshurun
Ali-Noor Jessani
Evan Johnson
Jessica Johnson
Griffin Jones
Philip Jurasinski
Sneha Kalluri
Jenna Karrow
Daniel Kasman
Sakshi Kaul
Devesh Kaushik
Corey Keenan
Brian Kelley
Ryan Kelly
Leah Kemble
John Kim
William Kim
Klint Knutson
Blake Kooima
Leon Kou
Cole Kretchmar
Brian Kwan



Thomas Licata
 Brian Lifschutz
 Katherine Littlejohn
 Robert Lopez
 Marne Louters
 Richard Ma
 Andrew Mace
 Aaron Magana
 Savannah Marker
 Daniel Masin
 Aubrey Massmann
 Jacob Matulle
 Nirmal Maxwell
 Morgan McKinney
 Miles McNeir
 Leonardo Mejia
 Isaac Metzler
 Madison Meyer
 Margaret Meyer
 Stephanie Michael
 Jeremy Miller
 Seth Mommsen
 Julian Moss
 Danielle Motz
 Christopher Moyer
 Sharmeen Mustafa
 Katelyn Myers

Sonia Nair
 Minh Nguyen
 V Scott Nguyen
 Kevyn Niu
 Luke Norris
 Anatole Openshaw
 Youngwoo Park
 Damini Patel
 Janki Patel
 Alexander Pazevic
 Ryan Peach
 Brittany Pederson
 Tristan Pennella
 Jennifer Peterson
 Sumar Quint
 Lauren Rank
 Matthew Roberts
 Charles Rosado
 Timothy Routes
 Kaylee Rowe
 Troy Ruffin
 Matthew Rusling
 Hani Rustom
 Benjamin Rybin
 Taylor Sanders
 Mudassar Sandozi
 Nolan Schmitz

Bryce Schutte
 Alec Seei
 Josh Seydell
 Nelson Sham
 Prateek Sharma
 Wendell Shepherd
 Marielle Siebert
 Sivaprakash Sivaji
 Alexander Somers
 David Stanek
 Cole Starkey
 Morgan Steffen
 Trevor Stoltzfus
 Sara Strandlund
 Zachary Strobel
 Breanna Tangen
 Anma Tanweer
 Elizabeth Ternent
 Danielle Thiessen
 Mitchell Thompson
 Jack Tiahnybik
 Taylor Tomczyk
 Christie Tran
 Austin Trent
 Connor Triggs
 Marco Troiani
 Colin Uthe

Jonathan Van Erdewyk
 Joseph Van Huelle
 Haley Van Steenwyk
 Shannon Vander Berg
 Tate Vernon
 Anna Viere
 Colin Viapond
 Huynh Vo
 Marcus Voss
 Benjamin Wagner
 Kristin Walker
 Emma Wandro
 Annie Wang
 Kenneth Wee
 Sydney Westfield
 Benjamin Wilke
 Tyler Wilkinson
 Eric Williams
 Bailey Wolding
 Mary Wooten
 Annie Yao
 Melissa Zapata
 Marcus Zeitz
 Lily Zhong



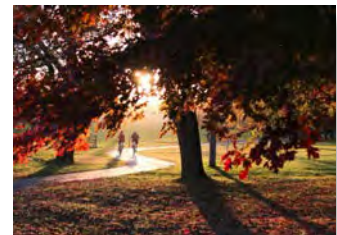
Physician Opportunities Unparalleled Medicine in the Heartland

Practice big medicine in Iowa while enjoying a simpler way of life. Distinguished, collegial groups with the region's largest and most exceptional clinic are seeking physicians for the following specialties:

- Dermatology
- Endocrinology
- Family Medicine
- Hospitalist/Nocturnist
- Infectious Diseases
- Neurology
- Orthopedic Surgery -
General & Adult Reconstructive
- Otolaryngology
- Physical Medicine & Rehabilitation
- Pulmonology
& Critical Care
- Rheumatology
- Urgent Care
- Urology

Enroll your children in one of the highest-rated public school systems in the nation and benefit from top-tier compensation and benefits. Trails, parks and recreation abound in this idyllic, picturesque state. You can enjoy an outdoor lifestyle and practice state-of-the-art medicine with the support of some of the country's finest healthcare professionals! Voted the #1 best state to practice medicine by *WalletHub*.

Contact Doug Kenner at 866.670.0334
 or dkenner@mountainmed.net



EEO/AA Employer/Protected Vet/Disabled

Extraordinary Care, Every Day

WELCOME NEW IMS MEMBERS:

Aaron Althaus, MD, Orthopedic Surgery,
Tri-State Specialists, LLP, Sioux City

Aura Arenas Morales, MD, Pediatrics
UIHC, Iowa City

Sanggyu Bae, MD, Hematology/Oncology
MercyOne North Iowa Cancer Center, Mason City

Guru Bhoojhawon, MD, Pediatrics
UIHC, Iowa City

Allison Boardman, MD, OB/GYN
OB/GYN Associates, PC, Cedar Rapids

Kenneth Cearlock, MD, Family Medicine
Affiliates of Family Practice of Cedar Rapids-Hiawatha,
Cedar Rapids

Josalyn Cho, MD, Critical Care Medicine
UIHC, Iowa City

Sandra Crosara, MD, Infectious Diseases, Mason City
Clinic-Infectious Disease, Mason City

Claire Ida Cundiff, MD, FACOG, OB/GYN
OB/GYN Associates, PC, Cedar Rapids

Jason Davis, DO, Family Medicine, Quad City Family
Physicians, PC, Davenport

Bianca Finn, MD, Pediatrics, MercyOne North Iowa
Pediatric Hospitalists, Mason City

William Goble, DO, Family Medicine, The Iowa Clinic
Ankeny Family Medicine, Ankeny

Umang Gupta, MBBS, DCH, FAAP, Pediatric
Cardiology, UIHC, Iowa City

Mary Haas, DO, Family Medicine, Cresco Medical
Clinic, Cresco

Yuya Hagiwara, MD, Hospice/Palliative Medicine
UIHC, Iowa City

David Heine, MD, Family Medicine
Cresco Medical Clinic, Cresco

Michael Hierl, MD, Radiology
Radiology Consultants of Iowa, PLC, Cedar Rapids

John Hong, MD, Cardiovascular Disease, MercyOne
North Iowa Hospitalists, Mason City

Megan Kane, MD, Clinical Informatics, University of Iowa
Health Care, Iowa City

Suzanne Kersbergen, DO, Family Medicine
MercyOne Clear Lake Family Medicine, Mason City

Aaron Klein, MD, Pathology, Cross Medical Laboratories
LLP, Iowa City

Ian Koch, DO, Diagnostic Radiology
The Iowa Clinic, West Des Moines

Bharat Kumar, MD, Internal Medicine, UIHC, Iowa City

Laurie McCormick, MD, Psychiatry
Rein Center, Iowa City

Jessica Najarin-Bell, MD, Pediatrics, Cardiology
UIHC, Iowa City

Jeremiah Nelson, MD, FAAP, Pediatrics
MercyOne Center for Diabetes, Endocrinology, Kidney and
Weight Loss, Mason City

Rachel Oliverio, DO, MPH, Occupational Medicine
Great River Health-Business Center, West Burlington

Dawn Peterson, MD, Emergency Medicine, Britt Medical
Clinic-Hancock County Health System, Britt

Arvind Rangarajan Murali, MD, Internal Medicine
UIHC, Iowa City

Richard Rattlin, DO, Internal Medicine, Mercy Heart &
Vascular Institute, Mason City

Kristi Robson, MD, Dermatology
Town Square Dermatology, Coralville

Richard Seeger, MD, General Surgery, MercyOne North
Iowa Vascular & Wound Center, Mason City

Rebecca Shaw, MD, FACOG, OB/GYN
Des Moines University, Des Moines

Heidi Stoltenberg, MD, Pediatrics, MercyOne North
Iowa Pediatric Hospitalists, Mason City

Thomas Waters, DO, Family Medicine
Iowa Falls Clinic, Iowa Falls

John Weiler, MD, Allergy and Immunology, CompleWare
North Liberty

Benjamin Woods, MD, Family Medicine, MercyOne
North Iowa Medical Center, Emergency, Mason City

Cynthia Woods, DO, Internal Medicine, Crescent
Community Health Center, Dubuque

**CONTACT IMS
WITH NEWS
YOU WOULD
LIKE US TO
SHARE**

membership@iowamedical.org
(515) 223-1401

MEMBERS IN THE NEWS:

Congratulations to these IMS members who have been elected to county and state specialty society boards.

Linn County Medical Society

- President – Sarah Wickenkamp, MD, FAAP, Pediatrics, Cedar Rapids
- Honorary Retired Member At Large – Craig Clark, MD, JD, Cedar Rapids
- Immediate Past-President – Cindy Hanawalt, MD, Family Medicine, Cedar Rapids

Polk County Medical Society

- President – Douglas Massop, MD, Vascular Surgery, West Des Moines
- President-Elect – William Wortman, MD, Internal Medicine, Ankeny
- Secretary/Treasurer – Bret Ripley, DO, Family Medicine, Des Moines
- Immediate-Past President – Kaaren Olesen, DO, OB/GYN, Urbandale
- Executive Council Member – Carlos Alarcon-Schroeder, MD, Family Medicine, Urbandale
- Executive Council Member – Thomas Benzoni, MD, Emergency Medicine, Urbandale
- Executive Council Member – Jennifer Groos, MD, Pediatrics, Des Moines

Scott County Medical Society

- President – Jennifer Prathers, MD, Pathology, Davenport
- Secretary – Susan Perry, MD, Dermatology, Davenport
- Treasurer – Nick Brokloff, MD, Family Medicine Resident, Davenport
- At-Large Board Member – Alan Julius, DO, Family Medicine Resident, Davenport
- At-Large Board Member – Kiwhoon Lee, MD,

Radiation Oncology, Davenport

- At-Large Board Member – Ryan Taylor, DO, Physician Medicine & Rehabilitation

Iowa Association of County Medical Examiners

- Board Member – Gregory Schmunk, MD, Forensic Pathology, Des Moines

The article “Prescription of Potentially Harmful Drugs in Young Adults with Heart Failure and Reduced Ejection Fraction” by **Paulino Alvarez, MD**, Cardiovascular Disease, Iowa City, was published in The American Journal of Cardiology.

Gordon Buchanan, MD, Neurology, Iowa City, featured in the KCRG news story entitled, “Local Doctor Looking for Ways to Prevent SIDS.”

Congratulations to **Chad Carlson, MD**, Family Medicine/Sports Medicine, West Des Moines, on being elected American Medical Society for Sports Medicine (AMSSM) President; and to **Andy Peterson, MD, FAAP**, Pediatrics, to being elected to the AMSSM Board of Directors.

Grant Goldsberry, MD, Radiology, Ames and **Robert Shreck, MD**, Hematology/Oncology, Des Moines, featured in WHO new story, “New Procedure Can Help Detect Breast Cancer in Women with Dense Tissue” on April 22.

The University of California, San Francisco announced the appointment of **Raphael Hirsch, MD, FAAP**, Pediatrics, Iowa City, as the Chair of the UCSF Department of Pediatrics and Benioff Children’s Hospital Physician-in-Chief effective July 15.

MEMBERS IN THE NEWS CONTINUED:

WQAD aired the story, “Genesis Promotes Patient Education, Advocacy to Battle Opioid Addiction” featuring **Brittany Price, MD**, Emergency Medicine, Davenport and **Ryan Taylor, DO**, Physical Medicine and Rehabilitation, Bettendorf, on April 19.

Bradley Van Voorhis, MD, OB/GYN, Iowa City is a 2019 Carver College of Medicine Distinguished Alumni Award recipient.

Joyce Vista-Wayne, MD, FDAPA, Child/Adolescent Psychiatry, Clive, was appointed to the Iowa Board of Medicine by Governor Kim Reynolds.

UPCOMING EVENTS:

june - december 2019

June

11) – 2019 IMS Professional Burnout and Resiliency
Programming: Awareness. Care. Management.
Cedar Rapids

18/19) – Lead Without Leading to Burnout
Des Moines

August

13) – 2019 IMS Professional Burnout and Resiliency
Programming: Awareness. Care. Management,
Atlantic

September

13) – 2019 IMS Professional Burnout and Resiliency
Programming: Awareness. Care. Management.
Ottumwa

October

8) – 2019 IMS Professional Burnout and Resiliency
Programming: Awareness. Care. Management.
Sioux City

November

5) – 2019 IMS Professional Burnout and Resiliency
Programming: Awareness. Care. Management.
Iowa City

12/13) – Lead Without Leading to Burnout,
Cedar Rapids

December

3) – 2019 IMS Professional Burnout and Resiliency
Programming: Awareness. Care. Management.
Ames



Is Your Family on the Same Page?

WADE DEN HARTOG, MBA, CAP®, CFP®, *Associate Advisor*

As financial advisors, we think about the traditional wealth transfer process as organizing and coordinating how our clients' financial accounts, business interests, and physical property will pass to their heirs or the next generation. Often not included in this process is passing down a family's core values in the form of a family mission and/or vision statement.

What if your family truly agreed on passing a set of core values down to the next generation? What if you could view your family as a business to pass down the mission, vision, goals, and succession of the family in a way that would leave a lasting legacy for generations to come?

Crafting a family mission statement is achievable, but it is rarely executed and usually encounters many obstacles. The main obstacle is finding the time to gather everyone together and have a focused conversation. Many families are separated by distance, philosophy, and other dynamics. These discussions can be difficult for families who struggle with communication, are separated by many miles, and rarely all together at one time. Another obstacle is identifying a facilitator to help navigate the process of constructing a family mission and vision statement.

If the barriers are too great to accomplish this goal, the outcome could be modified by crafting individual or personal mission statement(s) to pass down to the next generation. There are instances where families are

unable to agree on their core values as a group, and passing along personal or individual mission statements is an alternative recourse.

Foster Group's Founder, Jerry Foster, writes in "LifeFocus – Achieving a Life of Purpose and Influence" that making small vector changes to your plan in the short term, greatly impacts your long-term landing spot. We all have individual directions in life. If that course is modified ever so slightly, it can impact future generations.

You can create a lasting legacy that is so much more impactful than just the words left behind on your tombstone. Capturing your family's core values and recording them on paper helps family members to get on the same page and have a greater probability of success in the future.

Once the ink is dry on the family mission and vision statements, they can be utilized to guide important family decisions, like determining the recipients of charitable gifts from the family foundation or Donor Advised Fund, or tackling family dynamics or conflict by leaning on the family core values as guideposts to help navigate rough waters. There is not a finish line to this process; however, it opens the door to ongoing and annual family conversations.

The process of developing these unique legacy assets of mission and value statements takes time, energy, and resources. Investing the time to accomplish this today will pay dividends for generations to follow.

YOU HAVE A NAME.

We use it.

At Foster Group, fiduciary responsibility isn't about numbers. It's about individuals and their goals. As an independent, fee-only firm with an integrated approach to financial planning and investment management, we care about your success and security—and we take it personally.



For a complimentary, no-obligation financial Second Opinion, please call 844-437-1103

6601 Westown Parkway, Suite 100 | West Des Moines, Iowa | fostergroup.com/IMS

PLEASE NOTE LIMITATIONS: Please see Important Advertising Disclosure Information and the limitations of any ranking/recognitions, at www.fostergroup.com/advertising-disclosure/. A copy of our current written disclosure statement as set forth on Part 2A of Form ADV is available at www.adviserinfo.sec.gov. ©2019 Foster Group, Inc. All Rights Reserved.

STRATEGIES FOR CONTROLLING WC CLAIMS COSTS: IOWAMED INSURANCE



DEREK BRISCOE

Vice President of the Iowa Medical Society Insurance Group

How do work comp claims affect my business? What are key components to help control costs? With most lines of coverage, the consumer is at the mercy of the market place, but in WC, YOU control your premium more than on any other line.

Workers' compensation premiums depend on how you handle WC claims and get injured employees back to work, and will have a powerful impact on your bottom line for the next three years!

Actively controlling workers' compensation costs means focusing on these three fundamental drivers.

Minimize the frequency and severity of loss

- Allocate funds to the prevention of your facility's most common injuries. In health care those main losses are lifting injuries and slips and falls.
- Regularly review workplace hazards and safety procedures with employees. Communicate expectations with employees at time of hire, not time of accident.
- Create an accident review committee for accidents and near misses.

But even the best loss prevention efforts cannot completely eliminate all workplace injuries. While safety programs contribute greatly, cost containment and

return to work programs minimize your workers' compensation claims costs once an accident occurs.

Reduce Claims Expenses

- Report claims promptly. On average, claims reported more than 10 days after an incident have total incurred values two and a half times higher than claims reported within two days from the date of the incident.
- Conduct accident site investigations and document thoroughly.
- Have witnesses complete a witness report form.
- Identify local occupational medicine clinics in your network that will provide you with specialized care and medical cost savings.
- Encourage injured employees to seek medical treatment at a chosen clinic upon report of the accident.

Establish an Aggressive Return to Work Program

For claims where the injured employee returns to work within 3 days, the effect on your experience is minimized greatly. It's crucial to accommodate light duty for employees with Dr. restrictions.

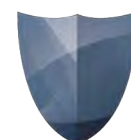
You must establish a Return to Work policy and adopt it as part of your corporate culture. When designing the program, keep the

following guidelines in mind:

- Educate employees and supervisors on your return to work policy and expectations.
- Establish open lines of communications with the local occupational medicine clinic you have selected.
- Send injured employees to the initial appointment with your return to work expectations along with examples of some of your modified job duties.
- Maintain open lines of communication with the injured employee.

IOWAMED Insurance has partnered with **COVERYS** to offer an exclusive, unique WC product to IMS members. In this plan, not only will you have a chance to earn a dividend for favorable loss development, but through this partnership, we'll deploy the resources to help you! If you're already running a lean program then this premium savings will be icing on the cake!

Contact **Derek Briscoe** with IowaMed at dbriscoe@iowamedical.org to learn more about controlling your workers' compensation costs by planning comprehensive loss control and return to work programs.



**IOWAMED
Insurance**

Iowa Medical Society Insurance Group

quality improvement continued ▶

that strategies and recommended action are applicable across the continuum and are reflective of true experience. The strategies support use of evidence-based best practices in prevention, detection, and treatment with special attention to the use of data to demonstrate and accelerate change.

Governor’s Healthcare Innovation and Vision Roundtable Seeking to maximize the transformation work being designed within

SIM, the Healthcare Innovation and Visioning Roundtable was convened by Governor Kim Reynolds.

This think group consisted of healthcare champions representing state agencies, quality improvement and patient safety leaders, leading health systems and accountable care organizations, private and public payers, major professional associations, community-based service representatives, and many more.

IMS had three representative participate in various work groups, including IMS Immediate-Past President, Mike Romano, MD, MHA Council Bluffs, Mike Flesher, IMS CEO, and Dennis Tibben,

IMS Director of Government Affairs. The Roundtable convened numerous times over the last 15 months and in September 2018, released a report offering their Recommendations to Governor Reynolds on Improving the Health of Iowans.

In their report, they outlined recommendations to achieve sustainable healthcare transformation, enabling the transformation of the delivery and payment of care through technology, and ensuring sustainability of all strategies to improve the lives of Iowans.

For more information about the complete Iowa State Innovation Model, visit the initiative homepage at <https://dhs.iowa.gov/ime/about/initiatives/newSIMhome>.

legalese continued ▶

agreement is reached, attorneys can formalize the terms.

A physician’s responsibility for medical record retention is not affected by a practice’s sale; however, if the new owner is assuming the patient base, that physician can also assume the medical records. However, all active patients must be informed in writing that the record is being transferred. They must also be informed that, at their written request, the records will be sent to the physician or entity of the patient’s choice.

If the practice will no longer exist after the sale, the selling physician must notify all active patients in writing to inform them when the practice will close; offer an authorization form for patients to request a release of medical records to another provider; and

give information about where records will be stored once the practice is closed.

In addition, patients must receive written notice of the termination of the physician-patient relationship, and the physician must ensure that emergency care is available to that patient for at least 30 days following the notice.

Selling a medical practice is a complex process with many regulatory requirements. Physicians may consider hiring an attorney and/or an accountant to navigate the process and to ensure that the physician’s interests are protected and legal and financial affairs are in order.

For more information on this topic, please contact Kate Strickler at kstrickler@iowamedical.org.

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
UnityPoint Health
University of Iowa Physicians
Wolfe Eye Clinic, PC

SMALL GROUPS

Bergman Folkers Plastic Surgery, Des Moines
Burlington Area Family Practice Center
Burlington ENT Clinic
Burlington Pediatric Association, PC
Cresco Medical Clinic
Davenport Surgical Group, PC
Des Moines Eye Surgeons
Dubuque ENT Head & Neck Surgery, PC
Dubuque Obstetrics & Gynecology, PC
Dubuque Surgery, PC
ENT Medical Services, PC, Iowa City
Family Medicine, LLP, Grinnell
Family Practice Clinic – Emmetsburg
Franklin Medical Center, Hampton
Fuerste Eye Clinic, Dubuque
Genesis Health Group – Pathology, Davenport
Genesis Health Group – Pathology, Silvis, IL
Great River Urology, West Burlington
Gundersen Behavioral Health, Decorah
Gundersen Palmer Lutheran Hospital and Clinic, West Union
Guthrie Family Medicine Center, Guthrie Center

Heartland Dermatology, Clive
Iowa Arthritis & Osteoporosis Center, Urbandale
Iowa Eye Center, Cedar Rapids
Iowa Falls Clinic
Iowa Retina Consultants, West Des Moines
Jones Eye Clinic, Sioux City
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
Mercy Ruan Neurology Clinic, Des Moines
MercyCare Center Point
MercyOne Center for Diabetes Care, Mason City
MercyOne Clear Lake Family Medicine
MercyOne Clear Lake Pediatric and Adolescent Clinic
MercyOne Clive ENT Care Clinic
MercyOne Clive Internal Medicine Clinic
MercyOne Clive Pediatric Care Clinic
MercyOne Des Moines Plastic & Reconstructive Surgery
MercyOne Des Moines Transplant Care

MercyOne Family Medicine Residency Facility, Mason City
MercyOne Forest City Family Medicine
MercyOne Forest Park Family Medicine, Mason City
MercyOne Katzman Breast Center, Clive
MercyOne North Iowa Cancer Center, Mason City
MercyOne North Iowa Clinic - Administration, Mason City
MercyOne North Iowa Medical Center - Emergency, Mason City
MercyOne North Iowa Obstetrics & Gynecology, Mason City
MercyOne North Iowa Pediatric Hospitalists, Mason City
MercyOne North Iowa Women's Health Center, Mason City
MercyOne Regency Family Medicine, Mason City
MercyOne Rockford Family Medicine
MercyOne Urbandale Family Medicine Clinic
MercyOne Waukee Family Medicine Clinic
MercyOne Waukee Pediatric Care Clinic
MercyOne West Des Moines Occupational Health
Mid Iowa Fertility, PC, Clive
Mitchell County Regional Health Center - Osage Clinic
North Iowa Eye Clinic, PC, Mason City

NW Iowa Bone Joint & Sports Surgeons, Spencer
NW Surgery, Orange City
OB/GYN Associates, PC
Orthopaedics, PC, Spencer
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
Prairie Pediatrics & Adolescent Clinic, PC – Morningside on
Glenn, Sioux City
Radiologic Medical Services, PC, Coralville
Rheumatology Associates, PC, Bettendorf
Siouxland Medical Education Foundation Faculty, Sioux City
Siouxland OB/GYN, PC, Sioux City
Steindler Orthopedic Clinic
The Group – OB/GYN Specialists, PC, Davenport
UnityPoint Clinic Weight Loss, West Des Moines



One number accesses
neontal & pediatric transport.
Any problem, anytime.



We know children.

1.855.850.KIDS (5437)

The Physicians' Priority Line is your 24-hour link to pediatric specialists for physician-to-physician consults, referrals, admissions and transport service.





MEDICAP
PHARMACY®

Expect

More

from Your Partners!

New!

**We Can Bill
Diabetic Supplies
to Medicare and
Medicaid!**

Our Pharmacists are an integral part to your patient's health care team. We will collaborate with you to resolve any problems patients may have with medications.

At Medicap Pharmacy, our pharmacists won't just put pills in a bottle, but will take time to make sure the medications are helping the patient achieve their health care goals by spending time with the them and helping them understand their medications.

Because we care about the patient's health — we are offering an enhanced level of care.

We'll always make time for you.

www.MyMedicapPharmacy.com

WE'VE GOT MORE THAN JUST YOUR BACK.

75+

education courses
and seminars offered
each year

COPIC keeps you informed of the latest issues in health care. From EHRs and opioids, to patient handoffs and diagnostic errors, our educational resources help you reduce risk and improve outcomes. We've got you covered from front to back.



 **COPIC**[®]
Better Medicine • Better Lives

callcopic.com | 800.421.1834

COPIC is proud to be the endorsed carrier of the:



**IOWA
MEDICAL
SOCIETY**

*Colorado Hospital Association
Colorado Medical Society
Minnesota Medical Association*

*Nebraska Medical Association
North Dakota Medical Association
South Dakota State Medical Association*

Utah Medical Association