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IMS CORE PURPOSE

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

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DES MOINES UNIVERSITY COMMENCEMENT

Des Moines University held its 119th annual Commencement Ceremony on May 24, 2019. More photos available on page 24.



IMS SUMMER BOARD RETREAT

On July 12 and 13, the IMS Board of Directors had its summer board meeting and annual retreat. Read more on page 18.

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Membership Renewal Time! Membership renewal notices have been mailed. The IMS Board of Directors and staff appreciate the opportunity to serve you. Your membership allows us to fulfill our strategic plan, which is built upon the fundamental principle of professionalism, placing the physician and your patients at the center of our efforts. All IMS strategies support the IMS Core Purpose: To assure the highest quality health care in Iowa through our role as physician and patient advocate.



Upcoming Events

AUGUST 13

Professional Burnout and Resiliency
Programming - Atlantic

AUGUST 15

Student and Resident Networking Event - Iowa City

AUGUST 22

Student and Resident Networking Event - DSM

SEPTEMBER 11

Professional Burnout and Resiliency
Programming - Ottumwa

OCTOBER 8

Professional Burnout and Resiliency
Programming - Sioux City

NOVEMBER 5

Professional Burnout and Resiliency
Programming - Iowa City

NOVEMBER 12 & 13

Leading Without Leading to Burnout
Resiliency Programming - Cedar Rapids

DECEMBER 3

Professional Burnout and Resiliency
Programming - Ames



PHYSICIAN LEADERSHIP DOES NOT STOP AT THE CLINIC DOOR



MICHAEL FLESHER

Mr. Flesher is Executive Vice President and CEO of IMS

Physician-led, team-based care – it’s a common phrase these days and one that signifies the changing roles in healthcare delivery. Gone are the days when a physician was left to make every care decision. Today, a host of professionals contribute to a team-based model of care. What hasn’t changed, however, is the role physicians play in leading the care delivery team.

Each year, this edition of the *Iowa Medicine* focuses on the IMS membership. We highlight the great work of our physician, resident, and medical student members, and the work you collectively achieve as part of your Iowa Medical Society.

This year, we decided to add a twist. In keeping with the evolving model of healthcare delivery, we decided to also focus on some of the strategic partnerships IMS has formed in recent years to help advance advocacy, education, and clinical transformation efforts. These physician-led partnerships are just another example of how physician leadership does not stop at the clinic door.

Physician leadership is the heart and soul of the Iowa Medical Society. In her column, IMS President Marygrace Elson, MD, showcases a host of opportunities for members to take on

new leadership roles. This includes establishing new organizational policy through the Policy Forum, serving on IMS committees and task forces, advocating for your profession at the capitol, developing new skills at our regional educational programming, and supporting the work of the Iowa Medical Political Action Committee (IMPAC) and the Iowa Medical Society Foundation (IMSF).

Iowa AMA Delegation Chair Michael Kitchell, MD, shares another example of physician leadership in his report of the recent Annual Meeting of the AMA House of Delegates, where physician leaders from around the country deliberated issues like rural workforce shortages and the potential merits of Medicare for All.

Involvement in organized medicine is just one component of physician leadership. In her column, Kady Reese, Director of Education & Engagement, reports on how the Centers for Medicare & Medicaid Services (CMS) are responding to the calls from physician leaders to reduce unnecessary and duplicative reporting burdens through the “Patients Over Paperwork” initiative.

Director of External Affairs Dennis Tibben breaks down how physician-lead partnerships have changed

the way IMS leads advocacy efforts at the capitol and have led to some substantial legislative victories in recent years.

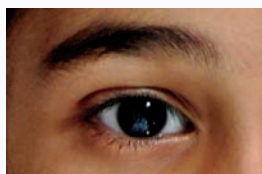
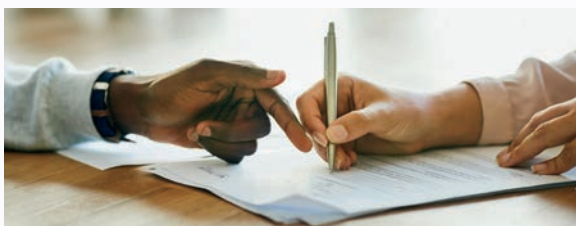
Building upon this collaborative spirit, Becca Kritenbrink, Manager of Major Initiatives & Foundation Relations, spotlights several of the organizations IMS has partnered with as we transitioned away from a single, centralized Annual Meeting to nearly 20 regional events and educational offerings this year alone. These partnerships have engaged more providers and resulted in richer content that benefits all members of the care team.

With plans underway to expand and strengthen these physician-led partnerships in 2020, it’s an exciting time at the Iowa Medical Society. I hope you enjoy this edition of *Iowa Medicine* and I look forward to seeing you on the road as your IMS continues to travel the state as the voice of every Iowa physician, resident, and medical student.



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PARTNERING TO STRENGTHEN THE HOUSE OF MEDICINE



DENNIS TIBBEN

Mr. Tibben is the Director of External Affairs at IMS.

Legislative advocacy has changed dramatically since the Iowa Medical Society was founded in 1850 in part to end the sale of “adulterated drugs and chemicals.” Today, more organizations than ever before have a presence at the capitol and are seeking to shape how health policy is formed. While IMS continues to have a strong, respected voice in the legislative process, developing strategic partnerships has proven instrumental in achieving major legislative wins.

Team Doctor

Regular readers of IMS publications undoubtedly have heard us refer to Team Doctor – the group of physician organizations with a lobbyist presence at the capitol. These include the Iowa Osteopathic Medical Association, the Iowa Academy of Family Physicians, the Iowa Psychiatric Society, the Iowa Academy of Ophthalmology, the Iowa Society of Anesthesiologists, the American Academy of Pediatrics, Iowa Chapter, and the Polk County Medical Society. Each of these organizations has individual relationships with legislators, unique perspectives, and individual priorities.

With so many physician groups represented at the capitol, it would be easy for conflicting information and infighting to divide the physician community. As the head of Team

Doctor, it is incumbent upon IMS to make sure this does not happen. Working closely with the lobbyists and Executive Directors for the different groups, we seek to find common ground and minimize divisions among our organizations. These efforts have proven especially helpful in combating the onslaught of scope expansions that continue to be put forward.

While a proposed expansion may more directly impact one specialty, the patient safety implications of allowing under-trained individuals to provide medical procedures impacts us all. Working through Team Doctor, we have successfully halted dozens of such expansions. This coordinated effort has also resulted in a number of proactive wins that benefit all physicians, including the 2017 comprehensive tort reform package that brought sweeping changes to Iowa’s medical malpractice system.

Combatting Opioid Use Disorder

Like many states, Iowa continues to struggle with opioid use disorder. Unlike a lot of states, however, our rates of overdose death have seen a significant drop in recent years thanks in part to another strategic partnership between IMS and the Iowa Behavioral Health Association (IBHA). The professional organization for substance use disorder and

addiction treatment programs, community mental health centers, and problem gambling services in the state. IMS and IBHA pushed for two years to expand access to the opioid antagonist Naloxone, which has been credited with helping drive the more than 8% reduction in overdose deaths in the past three years – in sharp contrast to our neighboring states and the rest of the country. This along with the 33% reduction in opioid prescribing rates that has occurred in the past five years, are signs that Iowa is making progress, however, we know that much work remains.

One area in need of much greater focus is the ongoing, unmet demand for greater access to treatment. Later in the magazine, you’ll see a spotlight on some of the recent education work IMS and IBHA undertook this year to help address this need. In addition to our joint educational efforts, our work at the capitol has focused on breaking down policy barriers to substance use disorder (SUD) treatment. Last summer, IMS and IBHA met with multiple treatment programs to better understand the barriers they’re encountering every day.

Two areas that were identified were unnecessary prior authorization requirements for medication assisted treatment (MAT) and disruptions

“Today, more organizations than ever before have a presence at the capitol and are seeking to shape how health policy is formed. While IMS continues to have a strong, respected voice in the legislative process, developing strategic partnerships has proven instrumental in achieving major legislative wins.”

in SUD treatment for individuals exiting the correctional system due to the requirement that they reapply to resume their Medicaid coverage. After joint efforts to administratively address the Medicaid barriers to MAT proved unsuccessful, IMS and IBHA went to the legislature and brokered a deal to eliminate Medicaid prior authorization requirements for at least one form each of the five most common MAT options.

Similarly, we jointly championed legislation to suspend, rather than terminate, Medicaid eligibility for all individuals entering the correctional system so those who are receiving SUD treatment while they are incarcerated are able to seamlessly transition to a new treatment provider under Medicaid upon their release.

Comprehensive Behavioral Health Reform

One of the largest strategic coalitions IMS has joined in recent years was the Coalition Against Mental Illness (CAMI). This broad-based coalition, first assembled in the lead up to the 2018 Legislative Session, has spent the past two years working to pass first the Complex Service Needs Workgroup recommendations for comprehensive behavioral health

reforms in 2018 and then the Children’s System State Board’s recommendations to stand up the first comprehensive pediatric mental health system in our state, this past session.

IMS jointly led this coalition with the Iowa Hospital Association, the Iowa Sheriffs and Deputies Associations, IBHA, and the National Alliance on Mental Illness, Iowa Chapter. We brought together providers, patient advocates, and nontraditional partners like law enforcement and the legal community to work through specific policy questions that were left unanswered in high-level workgroup recommendations and to educate legislators on the need for these reforms.

We led a statewide petition and convened a widely-covered press conference to help bring public attention to the issue. Ultimately, we saw both reform packages easily clear the legislative hurdles to get to the governor’s desk for signature.

Passage of these reforms, in many ways, was the easy part. Now the difficult work of standing up services and ensuring sufficient funding to make the reforms successful, is underway. IMS continues to work with our CAMI partners to

monitor implementation, weigh in as the Department of Human Services develops administrative rules to provide greater clarity on system design, and the individual mental health regions develop their implementation plans for expanding out to also serve the pediatric population in a dedicated manner.

These three examples are just a taste of the collaborative, strategic approach IMS has taken to ensure that Iowa physicians, residents, and medical students can continue to shape health policy in our state. In the coming year, look for even more examples of how IMS is helping to ensure physician-led collaboration in pursue of the highest quality healthcare in Iowa.



PATIENTS OVER PAPERWORK: SYSTEMATICALLY REDUCING PHYSICIAN BURDEN



KADY REESE

Ms. Reese is the Director of Education and Engagement at IMS



“The entire CMS team is committed to doing our part to make sure caring professionals can do their job without the burden of unnecessary requirements.”

-CMS Administrator Seema Verma

In 2017, the Centers for Medicare & Medicaid Services (CMS) launched the “Patients over Paperwork” initiative. The initiative was in response to outreach from healthcare providers, patients, payers, and partners and in accord with President Trump’s Executive Order that directs federal agencies to cut the “red tape” in the health care delivery system.

The goal of Patients over Paperwork is to enable physicians and practitioners to focus on time with patients and the care they provide, rather than spending most of their time dealing with paperwork and the administrative processes of serving patients.

CMS is evaluating provider regulations, policies, and procedures to better support real-life practice and CMS’ priorities to focus on results, empower patients, and unleash innovation. CMS is eliminating regulations and guidance found to be overly burdensome and unnecessary while working with clinicians, administrators, and consumers to (re)design rules for administrative simplification and synergy across agencies and systems.

CMS has heard from over 2,000 clinicians, administrative staff and

leaders, and beneficiaries through listening sessions and in-person visits throughout the country and is *acting*. Patients over Paperwork is proving to be more than a stand-alone initiative, but also a call to action across CMS’ body of work. CMS Administration Seema Verma recently announced that last year the agency eliminated 20 percent of measures, 76 in total because they were either topped out, duplicative, or overly burdensome, and she plans on continuing that effort.

This work has eliminated at least 40 million hours of burden through 2021 giving that time for providers and suppliers to spend with their patients and not on needless paperwork. Overall, Patients over Paperwork has been estimated to have saved the health care system at least \$5.4 billion through 2021.

How CMS is putting patients over paperwork:

- Reducing burden through coding and documentation reform
- Simplifying office visit documentation
- Sharing 2019 Medicare PFS final and proposed rule presentations
- Reducing the complexity & burden of hospital reporting
- Addressing the challenges for

- beneficiary care transitions
- Mapping the nursing home experience
- Implementing MACRA to lessen your burden & costs
- Simplifying documentation requirements
- Making medical review processes clearer
- Making Meaningful Measures

IMS is closely monitoring the Patients Over Paperwork initiative and regularly providing input to our federal partners regarding ways to improve program designs and maximize care delivery. In the coming months, we will be rolling out additional resources and tools to assist with patient engagement, quality improvement and administrative burden. For more information on this work or the resources available, please contact me at: kreese@iowamedical.org.

“We are moving the agency to focus on patients first. To do this, one of our top priorities is to ease regulatory burden that is destroying the doctor-patient relationship. We want doctors to be able to deliver the best quality care to their patients.”



My Top 5 Podcasts for Learners

KENT KRAMER, CFP®, AIF®, *Chief Investment Officer*

One of the great learning opportunities available to almost anyone in today's world of technology is the proliferation of podcasts – recordings on just about every subject of interest under the sun.

Here are my five current favorites:

1. The Knowledge Project with Shane Parrish

(50 – 90 minutes)

Shane Parrish is the creator of the website, Farnam Street, which is "...devoted to helping you develop an understanding of how the world really works, make better decisions, and live a better life. We address such topics as mental models, decision making, learning, reading, and the art of living."

2. Conversations with Tyler (60 – 90 minutes)

Tyler Cowen is an economics professor at George Mason University, an author of numerous books, a co-creator of the website, Marginal Revolution, on which he blogs about various topics, and a regular contributor to Bloomberg BusinessWeek where he has been dubbed "America's Hottest Economist."

The podcast consists of conversations between Tyler and a wide variety of fascinating people from various professional backgrounds recorded in front of a live audience.

3. Revisionist History with Malcom Gladwell (30 minutes)

Gladwell is one of my favorite authors (Blink, The Tipping Point, Outliers). This podcast features a high production value, along with his narrative style of telling great stories about things most of us miss or misread. The season three episode, "A Polite Word for Liar" will get you hooked.

4. Freakonomics Radio with Stephen Dubner (55 minutes)

Dubner co-authored the highly successful Freakonomics books with University of Chicago economist Steve Levitt. On this long running podcast, Dubner continues to explore a wide variety of topics, from the future of meat, to creativity, to the world of sports and money, and more.

5. Building a StoryBrand with Donald Miller

The first season of this podcast was really the core of Don's thinking. Recent episodes feature some interesting people who have great stories of their own, including Tom's founder Blake Mycoskie, economist Arthur Laffer, and author Daniel Pink.

What I have found is that good podcasts are ways to expand the breadth of the subjects I'm learning about. Each of these uses its format to interview people with expertise and experience in areas with which I am often unfamiliar. Pick one or two episodes and give them a try. You may find yourself genuinely enjoying learning some things you never thought you needed to know!



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AMA ANNUAL MEETING REPORT



MICHAEL KITCHELL, MD

Dr. Kitchell is an IMS Board Member and Neurologist at McFarland Clinic in Ames

The Iowa Medical Society was represented by our AMA delegation in Chicago for the Annual Meeting of the AMA House of Delegates on June 7-June 12, 2019. The IMS contingent included alternate delegates Jeff Anderson, MD, West Des Moines; Doug Peters, MD, West Burlington; and IMS President Marygrace Elson, MD, Iowa City; as well as delegates Rob Lee, MD, Johnston; Vickie Sharp, MD, Iowa City; and myself, along with IMS staff Mike Flesher and Dennis Tibben of Des Moines.

The opening session of the House of Delegates (HOD) was marked by a demonstration of about 35 people who had signs and banners demanding that the AMA endorse “Medicare for All.” Though the demonstrators necessitated a temporary delay in the meeting, they left after about 20 minutes. The HOD with 630 delegates and a similar number of alternates resumed their discussion, and debate about policies and advocacy priorities for the AMA.

There was extensive testimony on over 200 reports and resolutions in eight different reference committees. The results of the reference committees were then either affirmed, or led to more discussion and debate over the final three days of the House of Delegates.

The AMA House approved one of the AMA’s Council on Medical Services’ reports that outlined a number of recommendations to improve the Affordable Care Act, reaffirming the AMA’s strong support for universal health coverage. This report recommended more advocacy to increase tax credits and increase the eligibility for more Americans to benefit from these credits, as well as to increase the amount of cost-sharing reduction payments available to individuals.

The HOD recommended working with state and specialty societies to increase eligibility for Medicaid in states that have not already agreed to expand Medicaid coverage. They also decided, in a narrow vote, to continue our opposition to a single-payer solution to achieve universal coverage. The House did, however, establish as policy that healthcare is a basic human right.

Seema Verma, Administrator for the Centers for Medicare & Medicaid Services (CMS), was among the guest speakers to address the House of Delegates. She reported on the “Patients Over Paperwork” initiative intended to reduce regulations and burdens for physicians. As IMS Director of Education and Engagement, Kady Reese noted in her

column that this initiative is expected to save the health care system \$5.7 billion and reduce future physician administrative tasks by 40 million burden hours through 2021.

Verma also highlighted that CMS has been simplifying and improving the Merit-based Incentive Payment System (MIPS), including a new Primary Care First program that offers an alternative payment model with monthly payments to care for patients with complex and chronic diseases. Verma mentioned that CMS’ attempt last fall to reform the Evaluation and Management (E/M) coding and payment structure engendered over 10,000 comments (including comments from the AMA and IMS). Because of the many concerns raised the proposed (E/M) reforms are being studied further, with input from the AMA and national specialty societies.

Among the many resolutions debated in the reference committees was an Iowa Delegation-authored measure to have the AMA study the critical shortage of physicians in rural areas. The study, which will now be conducted, will address the Medicare Geographic Practice Cost Index or GPCI physician payment formula that uses non-transparent, flawed, and irrelevant data to pay physicians

in rural payment localities like Iowa significantly less than their peers in urban or metropolitan settings.

The AMA adopted new policies in various areas including augmented intelligence, decriminalizing homelessness, pain management, vector borne diseases, parental leave, and funding plans to end the HIV epidemic.

There were reports from the AMA Board of Trustees and Councils that detailed concerns about health plan cost sharing, drug pricing, Pharmacy Benefit Managers, hospital consolidation, and corporate/private equity investments in medical practices. There were many new ideas on how to improve physician health and wellness, GME funding, naloxone availability, and access to mental health and specialty services in under-

served areas. The AMA strengthened its anti-harassment policy and the House of Delegates adopted a comprehensive set of principles on gender equity.

This year, for the first time, the AMA has female physicians who hold all three presidential positions: Immediate Past-President and University of Iowa Alumna Barbara McAneny, MD, (New Mexico); President-Elect Susan Bailey, MD, (Texas); and AMA President Patrice Harris, MD, (Georgia) – the first African-American woman to serve in this role.

Dr. Harris gave an inspirational speech at her inauguration, saying that, “While we have many differences, at the AMA we have this common goal: Through this great organization, we believe we can

uplift our profession, we can improve care for all of our 300 plus million fellow Americans, and we believe we can stand as leaders in health care across the globe.”

She also emphasized that the core values of the AMA: “access to healthcare for all, diversity and inclusion, the primacy of the physician and payment relationship, the advancement of science and the public health”... “will not be part of the healthcare landscape unless we ensure that they are.”

I hope that our IMS members will use the IMS Policy Forums, held twice yearly, to bring their concerns and potential resolutions regarding state and national health care issues for discussion and action. We as physicians need to help shape the future of health care for our patients and physician colleagues.

WELCOME NEW IMS MEMBERS

Einar T. Bogason, MD, Neurological Surgery,
MercyOne Des Moines

Michael A. Hajdu, MD, Cardiovascular Disease, Iowa
Heart Center, Iowa City

Robert Kruse, MD, MPH, Family Medicine, MercyOne
Des Moines Occupational Health

Melissa Myers, MD, Internal Medicine, Pediatrics,
MercyOne Ankeny Briarwood Family Medicine Clinic

Vuong A. Nayima, DO, Internal Medicine, Allergy &
Immunology, MercyOne Des Moines Medical Center

Abimbola O. Olayinka, MD, FAAP, Hospice &
Palliative Medicine, Pediatrics, University of Iowa
Stead Family Children’s Hospital, Iowa City

New
Members
May 1 - July 17

NEW MEMBERS CONT.

Jeffrey A. Pederson, DO, Physical Medicine and Rehabilitation, MercyOne Clive Physical Medicine & Rehabilitation

Thomas W. Schmidt, MD, Rheumatology, Iowa Arthritis & Osteoporosis Center, Urbandale

Daniel M. Shivapour, MD, Cardiovascular Disease, Iowa Heart Center PC, West Des Moines

Vanitha Singaram, MD, Internal Medicine, Iowa Diabetes & Endocrinology Center, Des Moines

Tagore Sunkara, MD, Gastroenterology, Internal Medicine, MercyOne East Village Family Medicine Clinic, Des Moines

Renuka Velisetty, MD, Psychiatry, MercyOne Des Moines Pediatric Neurology & Psychiatry Care, Des Moines

Joel P. Ward, DO, Hospitalist, Internal Medicine, MercyOne Des Moines Hospitalists, Des Moines

Seth A. Winterton, MD, Family Medicine, Cherokee Regional Clinics, Cherokee

Krishna S. Yarlagadda, MD, Internal Medicine, MercyOne Des Moines Geriatrics Care, Des Moines

MEMBERS IN THE NEWS:

Sharon E. Duclos, MD, Family Practice Medical Director at People's Community Health Clinic and Medication Assisted Treatment Provider, was featured in Cedar Falls publication, *The Courier* back in April as well as the University of Iowa's publication *Medicine Iowa* this May where she was interviewed about Opioid Use Addiction and the expansion of treatment opportunities in Iowa. We applaud Duclos's dedication to this cause. Addressing Opioid Use Disorder is a major initiative at IMS.

Mariannette Miller-Meeks, current State Senator and IMS Past-President visited the White House as a representative of Iowa earlier this summer on June 24, where she attended the signing of President Trump's Executive Order on healthcare transparency. It is always great to see our members participating in matters of the medical profession on a national level.

Brian Privett, MD, IMS President-Elect, did great work for the *Keep Physicians Serving Patients Act* at a press conference alongside Congresswoman Abby Finkenauer on June 17. There they announced their dedication to fight against Iowa's low Medicare reimbursement rates, a cause that is critical for physicians and patients to maintain access to care in the state of Iowa. Great work Dr. Privett for using your IMS voice to speak out and champion positive change.

BECOME A MEMBER TODAY!

Membership dues support the advocacy, education, and clinical improvement work IMS does every day on behalf of Iowa physician, residents, medical students, and your patients.

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FOR THE IOWA MEDICAL SOCIETY
PRESIDENT'S RECEPTION

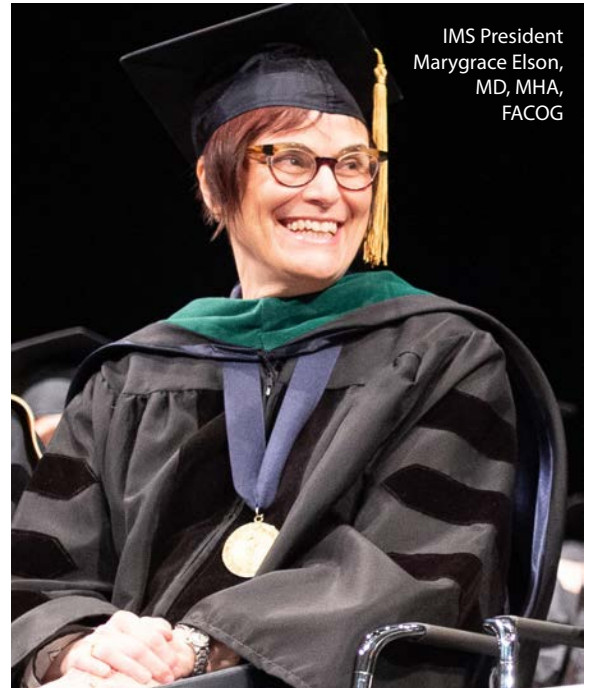
FRIDAY, APRIL 17, 2020



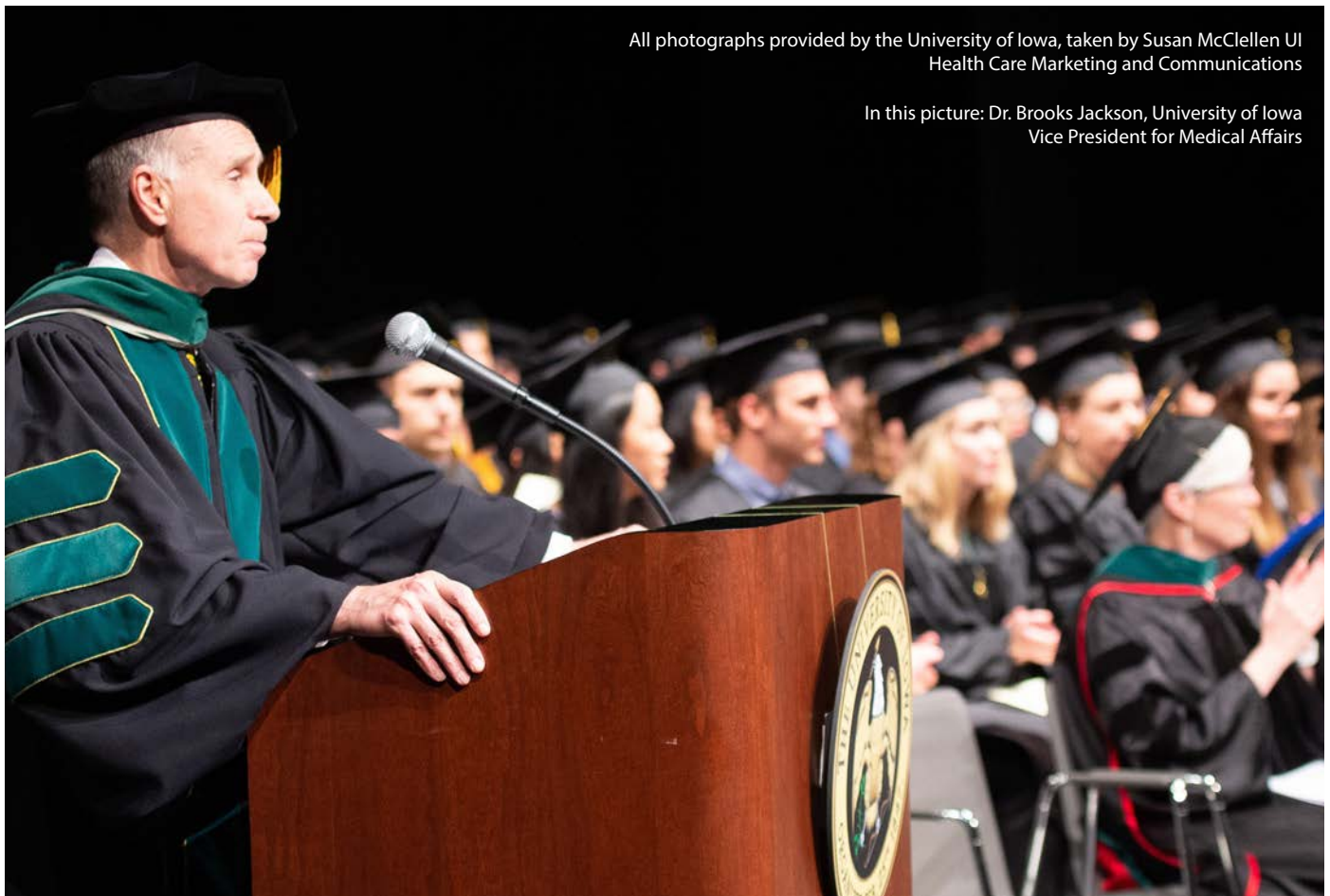
UNIVERSITY OF IOWA COMMENCEMENT

On Friday, May 17, the University of Iowa Carver College of Medicine had their 2019 Commencement ceremony. Held at Hancher Auditorium in Iowa City, Iowa Medical Society President Marygrace Elson, MD, MME, FACOG, was in attendance as 143 graduates received their diplomas as Doctors of Medicine, (MD) and five students graduated in the Medical Scientists Training Program (MD, PhD). The Commencement address was given by Daniel Runde, MD, MME, Clinical Associate Professor of Emergency Medicine.

The Iowa Medical Society would like to congratulate the Class of 2019 on all of their hard work and dedication to the practice of medicine. IMS welcomes all Carver College of Medicine students and residents as new physicians by inviting them to attend a special networking event at the Clinton Street Social Club in Iowa City on August 15 from 6:00 - 9:00 p.m. This will be an opportunity for students and residents to come and talk to established Iowa Physicians in a casual and fun environment. We hope to see you there! Congratulations again to the graduating Class of 2019!



IMS President
Marygrace Elson,
MD, MHA,
FACOG



All photographs provided by the University of Iowa, taken by Susan McClellan UI Health Care Marketing and Communications

In this picture: Dr. Brooks Jackson, University of Iowa Vice President for Medical Affairs

Dr. Daniel Runde, Commencement
Address Speaker



Executive Dean Dr. Patricia Winokur



Tyrone D. Artz Dean, UI Carver College
of Medicine



IMS BOARD HOLDS SUMMER RETREAT

On July 12 and 13, the IMS Board of Directors held its summer board meeting on the campus of Des Moines University (DMU) and its annual board retreat. The board meeting, the first for new members of the board, included discussions with DMU leadership and a tour of the DMU facilities, as well as discussion of pressing policy issues including tort reform and the so-called “Medicare for All” proposal. The board retreat included a service project at Meals from the Heartland and a discussion of increasing member engagement with IMS.

These busy two days were focused on exploring opportunities for physician leadership in the community, on developing policy solutions to the issues facing Iowa’s health care system, and on expanding the breadth of opportunities for physicians, residents, and medical students to engage with organized medicine as we cultivate the next generation of physician leaders.

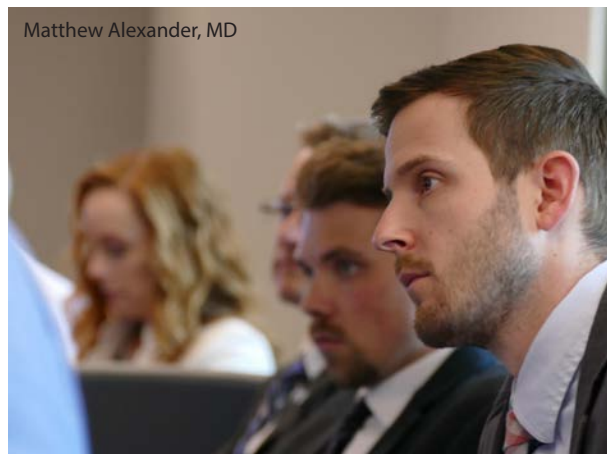
Steven J. Halm, Dean of Des Moines University College of Osteopathic Medicine



Damon Dyche, MD, Board Chair Tiffani Milless MD, & IMS CEO Mike Flesher



Matthew Alexander, MD



Michael Kitchell MD, Jessica Zuzga-Reed MD, & Scott Truhlar MD.





IMS Board members lead discussions on increasing membership



Your Iowa Medical Society volunteering at Meals from the Heartland



YOUR IOWA MEDICAL SOCIETY



MARYGRACE ELSON, MD, MME, FACOG

Dr. Elson is President of IMS and OB/GYN from Iowa City

“In my first few months as your Iowa Medical Society President, I have had the honor of participating in the White Coat Ceremony at Des Moines University and commencement at University of Iowa Carver College of Medicine. It was a true joy to meet so many students and shake the hand of all the new graduates.”

In this column, I want to point out a few ways that YOU as an individual IMS member can become more involved in IMS – OUR medical society!

The Policy Forum

In 2014, IMS eliminated the in-person House of Delegates. In its place we established a Policy Forum, which has proved far more agile and inclusive. ANY IMS member can submit a policy request. The Call for Action to submit requests goes out twice a year; the call for this fall's Policy Forum 19-2 will go out on August 8. IMS staff will work with authors on the wording of the request, and to research current IMS and AMA policy. The policy request then will be posted on a secure section of the IMS website for the start of a two-week Testimony Forum.

Here is the next place YOU can get involved. All members may comment online, on any of the policy requests submitted. You can weigh in and have your voice be heard. Finally, the policy requests and virtual testimony are presented at the Policy Forum meeting. You can testify in person

or by calling in to this meeting, which will next be held on Thursday, September 19, 2019.

Unlike many specialty societies, where policy is determined at the national level, our IMS may choose to adopt policy that is not in lockstep with the AMA, or create policy that has not been addressed by the AMA. Our IMS policy is local to Iowa, addressing our members' priorities.

Committees and Task Forces

IMS is a physician-led organization. If you are interested in serving on an IMS Committee or task force, or the Board of Directors, let us know! IMS has a host of committees looking at everything from medical ethics and third part insurance issues, to legislative priorities and CME accreditation.

Most of these do not involve a huge time commitment and teleconference options are always available. In addition to IMS opportunities, we are often called upon by the Governor's Office or various state agencies to recommend physicians to serve

on state bodies like the Board of Medicine or the State Board of Health.

Physician Day on the Hill

When the Iowa Medical Society shows up in white coats in the rotunda of the statehouse, it is obvious that “the doctors are in the house.” Physician Day on the Hill 2019 had a record turn out of physicians, residents, and medical students, and we want to have even greater numbers when we reconvene on March 4, 2020. Mark your calendar now!

Join us for lunch and information about our legislative priorities, and then shuttle up to the capitol to talk to your legislators. Advocating at the Iowa statehouse is a very organic affair, and it's a fantastic opportunity to exchange ideas with your colleagues who share passion for legislative advocacy. If you have never been to PDOTH, make 2020 a priority.

Regional Programming

In response to membership input, IMS recently moved away from a centralized annual meeting focused on multiple issues, to more frequent

regional programming on specific topics such as physician burnout and professional resiliency, Communication and Optimal Resolution (*Candor*), childhood obesity, and substance use disorder. Regional programs are a great opportunity to network with your physician colleagues and develop new skills. Additional programming for these major initiative areas in 2020 will be announced soon.

Encourage Your Colleagues to Join IMS

Membership is only the equivalent of a couple of café lattes each week! If you are a member, please be our ambassador with your colleagues. The Iowa Medical Society works for all Iowa physicians in a way that membership in your specialty society does not.

For example, our IMS has been lobbying at the federal level to address the Medicare Geographic Practice Cost Index, which unfairly decreases our compensation in Iowa for doing the same work as our colleagues in other states, and ultimately affects everyone's bottom line. In response to IMS advocacy, Congresswoman Abby Finkenauer (IA-1) recently introduced a bill to permanently correct the problem. This is just one example of IMS at work for all Iowa physicians. Think of how much MORE we could do with even great membership.

Contribute to Iowa Medical Political Action Committee (IMPAC)

The Iowa Medical Political Action Committee (IMPAC) is the political arm of IMS. IMPAC directs campaign contributions to state and federal candidates running

for office in Iowa. IMPAC makes contributions to candidates of both parties who have a record that is pro-physician. The IMPAC Board of Directors is separate from the IMS Board of Directors, and is a separate contribution from your IMS dues.

Contribute to the IMS Foundation

Did you know that IMS has a charitable foundation? The Iowa Medical Society Foundation (IMSF) primarily supports medical student education by providing scholarships to students at Des Moines University and the University of Iowa Carver College of Medicine, including funding for global health opportunities. Contributions to the Foundation are tax-deductible and go to designated philanthropic causes as determined by the IMS Foundation Board.

VOTE

I am constantly amazed by how many physician colleagues don't exercise their right to vote! Voting for a candidate whose platform you support is your means of individual and group expression. It is one of the most valued rights we Americans have. Research the candidates and participate in the primary and general elections. Data shows voters are more likely to volunteer, contact their elected officials, and stay informed about issues. Voting is also associated with stronger social connections – a factor in better health outcomes.

I hope some of the opportunities I've outlined have piqued your interest to get more involved with YOUR Iowa Medical Society. For more information on these opportunities, please contact membership@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
Covenant Clinic
Family Health Care of Siouxland
Grand River Medical Group
Iowa Heart Center
McFarland Clinic

Medical Center Anesthesiologists, PC
Radiology Consultants of Iowa
The Iowa Clinic
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



DMU COMMENCEMENT CEREMONY

Des Moines University held its 119th annual Commencement Ceremony on May 24, to honor their graduating Class of 2019. 458 degrees were awarded in eight programs of study including Master of Science in Physician Assistant Studies, Doctor of Podiatric Medicine, and Doctor of Osteopathic Medicine. The Ceremony was held at Hy-Vee Hall and featured keynote address speaker Karen Nichols, DO, MA, MACOI, CS.

The Iowa Medical Society would like to congratulate the Des Moines University College of Podiatric Medicine and Surgery, College of Health Sciences, and College of Osteopathic Medicine Classes of 2019 on all of their hard work and dedication to the practice of medicine. IMS invites all Des Moines University Medical students and residents to attend a special networking event at our headquarters in Des Moines on August 22 from 6:00 - 9:00 p.m. Come join us for conversations with established Iowa Physicians. We hope to see you there! Congratulations Class of 2019!



all photographs provided by Des Moines University,
photographer: Brett Roseman

President Angela Franklin, Ph.D.,
Karen Nichols, D.O., M.A., MACOI, CS
& Michael Witte, D.O., Board Chair



Donald Matz, Ph.D.



Arthur E. Angove
Grand Marshal



Rebecca Shaw, M.D.

Steve Harder, D.O.



DMU - COLLEGE OF OSTEOPATHIC MEDICINE



KENNETH P. ANDERSON, DO, MS, CPE

Dr. Anderson is the Interim Dean of Des Moines University, College of Osteopathic Medicine

Steven J. Halm, DO,FAAP, FACP, has been named the new Dean of Des Moines University College of Osteopathic Medicine. Dr. Halm began serving in his new role on July, 8, 2019.

Summer is an exciting time, filled with anticipation for most all of us, but for a very special group of students, the start of summer represents both a sense of profound accomplishment combined with a sense of anxiety as their medical school careers come to a close and they take their rightful places alongside the rest of us to help provide care to our communities.

This group of students represents the latest to have faced the challenges of learning our craft while demonstrating the maturity and skills needed to provide “care with caring.” Thinking back on the number of skills we all needed to earn the trust of our friends and neighbors, it appears overwhelming, but as each passing month goes by, and with each successful demonstration of mastery for all of the basic sciences such as anatomy, biochemistry, and physiology, our students begin to appreciate the complexity of the tasks that lay ahead.

Pharmacology, pathology, infectious disease, radiology interpretation, and the proverbial monster of gathering clinical data through an expert history and physical examination become part of the daily work that contributes to the “learning lab” of the clinical years.

With their graduation on May 24, these “knowledge warriors” shifted their attention to the next phase of

their journey, planning for residencies scattered across the fifty states and across so many specialty areas. It’s about this time that their confidence begins to wane somewhat, expressing a hope that they have “learned enough” to bear the responsibility of being called “doctor”.

Here at DMU, we stand behind them, having watched thousands of previous students as they launch their careers, and we remain confident that these young clinicians have absorbed enough pre-clinical and clinical expertise to make us all proud as we watch their careers unfold. The data demonstrating their preparation are evident and these markers of success give us all a great deal of confidence in our young graduates.

Des Moines University remains quite proud of its residency placement rates (99.55% of DMU graduates have successfully matched in desired residencies in the past five years), board scores remain some of the best in the country (recent COMLEX levels 1, 2, and 3 all far exceed national means), and we continue to see approximately 50% of our students selecting primary care specialties for their desired career. We have been recognized by the American Academy of Family Physicians as the #1 medical school in the nation – osteopathic or allopathic – for producing family physicians. We now have graduates

practicing in 98 of Iowa’s 99 counties, and our recent residency match rates continue to demonstrate enthusiasm for pediatrics, internal medicine, OB/GYN, and emergency medicine as specialties that bring our graduates into the direct firing line of compassionate primary medical care for our communities.

So, as you greet this new “bumper crop” of students as they move along their career path, stop and engage in a brief conversation with them and welcome them to the great family of caregivers. I’m certain you will find them competent but with a humble heart as they look to you to help them refine their clinical expertise. They represent the very best of us, and their commitment to meeting the educational challenges that continue to face them are quite obvious.

They have toiled hard, have spent countless late nights studying and being evaluated, and we are all so proud of their accomplishments. They have done this through personal and financial sacrifice, and they have done so with minimal complaint. For all of this, we welcome the Class of 2019 to the greatest and most fulfilling profession on the planet. We wish them health and happiness as they deliver on their promises to create healthier and stronger communities in the days ahead!

SAVE THE DATE!

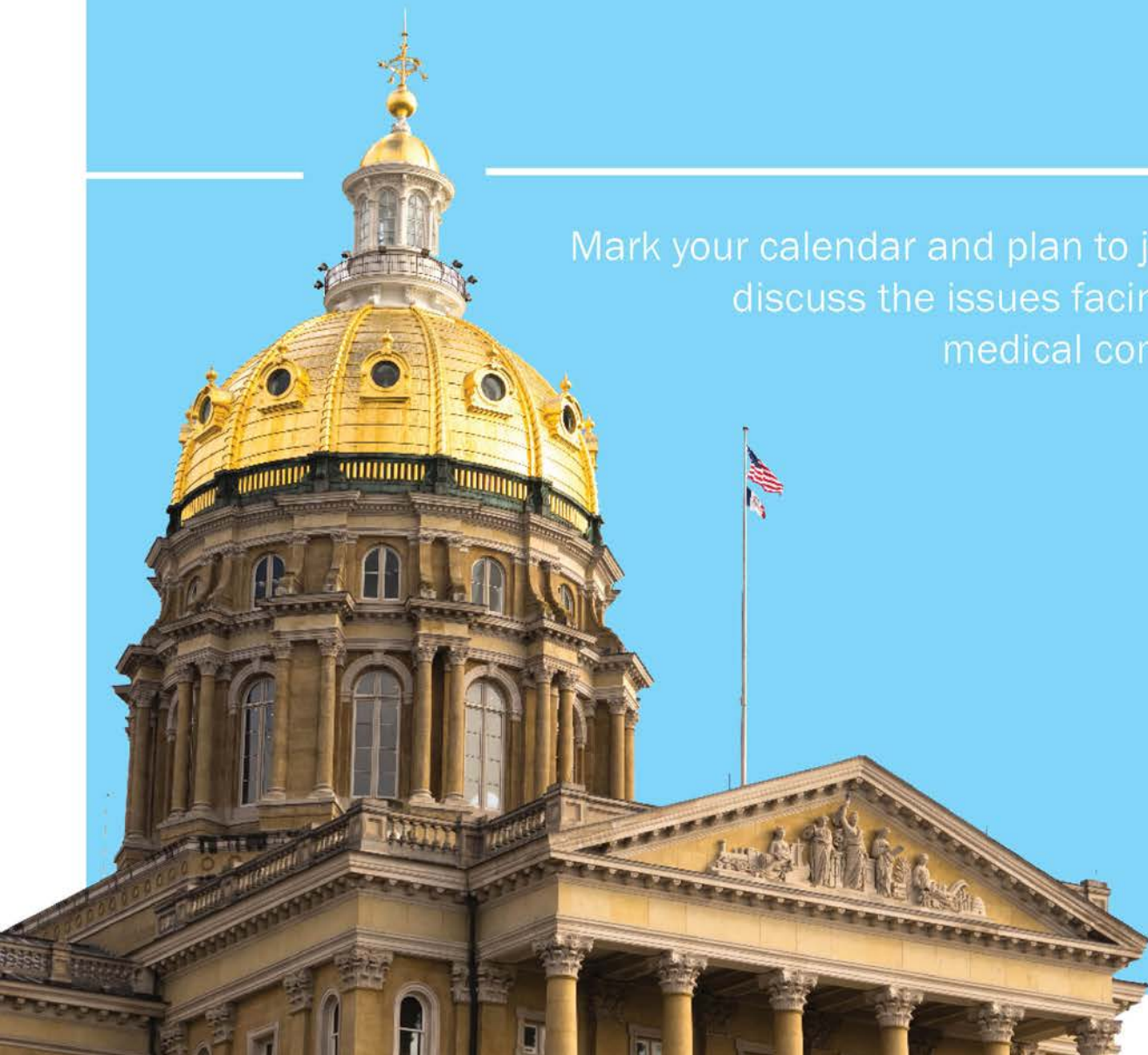
PHYSICIAN DAY

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!



ESSENTIAL ELEMENTS OF A DATA SECURITY POLICY



DEREK BRISCOE

Mr. Briscoe is Vice President of the Iowa Medical Society Insurance Group

According to the HIPAA Journal, “Between 2009 and 2018 there have been 2,546 health care data breaches involving more than 500 records. Those breaches have resulted in the theft/exposure of 189,945,874 healthcare records.” Those numbers have been growing and are expected to rise if the following precautions are not taken:

Safeguard Data Privacy

Employees must understand that your privacy policy is a pledge to your customers that you will protect their information. Data should only be used in ways that will keep customer identity and the confidentiality of information secure.

This can be done by establishing password management policy. This policy should be established for all employees or temporary workers who will access corporate resources. In general, password complexity should be established according to the job functions and data security requirements.

Govern Internet and Email Usage

Employee misuse of the internet can place your company in an awkward, or even illegal, position. Establishing limits on employee internet usage in the workplace may help avoid these situations. You want employees to be

productive, and this may be the main concern for limiting internet usage, but security concerns should also dictate how internet guidelines are formulated.

All users of social media must be aware of the risks associated with social media networking whether on a company device or off. A strong social media policy is crucial for any business that seeks to use social networking to promote its activities and communicate with its customers.

Active governance can help ensure employees speak within the parameters set by their company and follow data privacy best practices. Many data breaches can also be a result of employee misuse of email that can result in the loss or theft of data and the accidental downloading of viruses or other malware. Clear standards should be established regarding use of emails, message content, encryption, and file retention.

Govern and Manage Company-Owned Devices

It is common for companies to utilize multiple software programs on their devices, this is why it is important to oversee the use and download of each program and the software and licensing agreements. Organizations are obliged to adhere to the terms

of software usage agreements and employees should not download and use software that has not been reviewed and approved by the company.

When organizations provide mobile devices for their employees to use, a formal process should be implemented to help ensure that mobile devices are secure and used appropriately. Requiring employees to be responsible for protecting their devices from theft and requiring password protection should be minimum requirements.

With this, there must also be an approval process for employee-owned mobile devices as use of these devices to interconnect to company email, calendaring and other services can blur the lines between company controls and consumer controls.

Contact Derek Briscoe with IOWAMED Insurance at 402-861-7000 to learn more about cyber security and risk management.



CONSIDERATIONS FOR LAW ENFORCEMENT INTERACTIONS

Health care providers may experience interactions with law enforcement personnel that create uncertainty around their responsibilities to patients, including the duty to protect patients' privacy. Law enforcement personnel are tasked with ensuring public safety and conducting criminal investigations. When these duties intersect as they relate to patients in the health care system, providers should understand how to meet their obligations while respecting the requests of law enforcement personnel.

PROTECTED HEALTH INFORMATION UNDER HIPAA

Before disclosing patient information to law enforcement, a provider should consider whether it is protected under the federal Health Insurance Portability and Accountability Act (HIPAA) rules, which provide privacy protections for individually identifiable health information held by health care providers and their business associates. HIPAA "covered entities" include health care providers who transmit any health information in electronic form in connection with a transaction covered under the HIPAA regulations.¹

Protected health information (PHI) includes individually identifiable health information transmitted or maintained in electronic media or any other form or medium.¹ **Individually identifiable health information** is information created or received by a health care provider that identifies the individual and relates to the past, present, or future physical/mental health or condition of an individual; the provision of health care to the individual; or payment for the provision of health care to the individual.¹

Law enforcement officials include (but are not limited to):

- Police officers/state troopers
- Sheriffs and sheriffs' deputies
- District attorneys
- DEA and FBI special agents
- ICE officers

The default position under HIPAA is that PHI cannot be disclosed without the patient's authorization, but there are some exceptions relevant to law enforcement, including where reporting is required by state law.

KEY CONSIDERATIONS FOR ANY LAW ENFORCEMENT INTERACTION

Don't be afraid to ask for identification. Have they properly identified themselves? If the law enforcement official is not known to the provider, the provider must verify the identity and authority of the person.² Processes should be in place for in-person, phone, and email interactions.

Share your side of the situation. Explain your understanding of the situation and the laws (HIPAA, etc.) that govern your actions of what you can and can't do.

When trying to decide which federal or state law applies, the more restrictive one will likely apply. In general, if there is a state or federal law that is more restrictive than HIPAA (more protective of a patient's privacy), providers are required to comply with the more restrictive law.

Document the details. Obtain any documentation or statements from the person requesting protected health information (PHI) when these documents or statements are relied upon to make the disclosure.³

Respect law enforcement and the challenges they are dealing with. Do not physically interfere with law enforcement officials or provide them false or misleading information.

Don't provide more information than what is necessary. Unless disclosures made to law enforcement are required by law, they should be held to the "minimum necessary" standard. This means that when using or disclosing PHI, the HIPAA-covered entity or provider must make reasonable efforts to limit PHI to the minimum necessary to accomplish the purpose of the use, disclosure, or request.⁴ A provider may rely upon the representations of a law enforcement official that the information requested is the minimum necessary for the stated purpose.⁵

More details regarding disclosures for law enforcement purposes under HIPAA can be found at:
www.hhs.gov/hipaa/for-professionals/faq/disclosures-for-law-enforcement-purposes/index.html

¹45 C.F.R. § 160.103

⁴45 C.F.R. § 164.502(b)

²45 C.F.R. § 164.514(h)(1)(i)

⁵45 C.F.R. § 164.514(d)(3)(iii)(A)

³45 C.F.R. § 164.514(h)(1)(ii)



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ADDRESSING BURNOUT WITH THE ENTIRE HEALTH CARE TEAM



IMS has been holding regional events across the state of Iowa since January and will continue until the end of 2019 with the Iowa Pharmacy Association and the Meyvn Group. Together, we have set out to build awareness and address the ongoing burden of provider burnout.

IMS has been focusing on provider burnout and professional resiliency for a number of years. In 2019, IMS jointly developed dedicated programming on this important topic to be available regionally with the facilitation of Tammy Rogers, Vice President of the Meyvn Group.

Rogers has spent the last three years researching professional burnout. She has been talking with organizations, leaders, and individuals about what burnout really is, signs of burnout growing within individuals, the continuum of burnout stages, and prevention of professional burnout.

After having the Meyvn Group present at the 2018 IMS Burnout Conference, we knew it was what physicians across Iowa needed to hear.

Clinician well-being and burnout is also the primary goal of the Iowa Pharmacy Association. Since both IMS

and IPA decided to focus educational efforts on spreading awareness, care, and management of provider burnout to our members, the partnership was obvious. IMS and IPA being able to come together on this important issue has expanded our reach, allowing area clinicians to network and connect across sectors and form relationships with one another.

The collaboration between physicians, pharmacists, residents, technicians, students, and other healthcare providers on this important topic would not be possible if it wasn't for the IMS and IPA partnership on the Burnout Awareness Program.

With the success of this partnership, IMS is excited for to see how we can expand and grow our joint educational efforts with the Iowa Pharmacy Association on the issues that matter to our members.

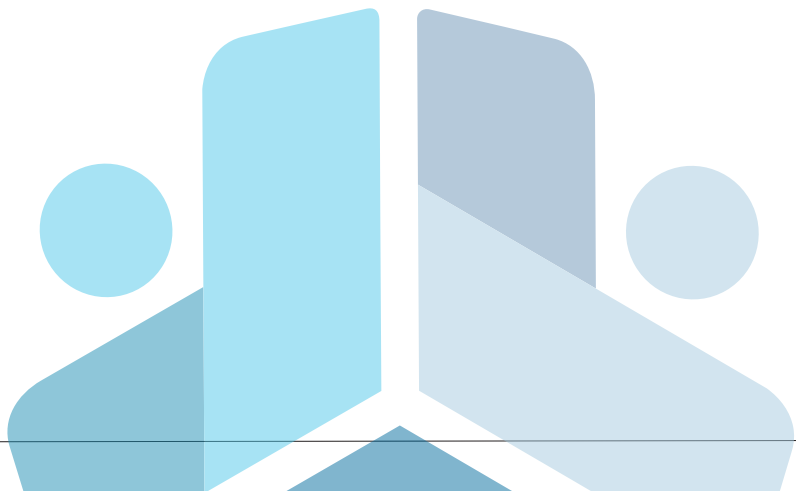
"It developed our skills by encouraging us to reflect on ourselves and what we do poorly in our own lives! Tammy Rodgers was engaging and kept our attention for the two day course. I developed as a person and a healthcare leader!

I encourage all healthcare leaders to attend."

- Physician

"I learned so much about the burnout continuum and took home tangible tools to navigate burnout both for my professional and personal life. Tammy does a great job of holding your interest and making the presentation germane to any practice setting or position. Her highly applicable observations are great for your whole team and your patients. Come prepared to be wowed and to have a great interprofessional evening."

- Pharmacist





AWARENESS. CARE. MANAGEMENT.

UPCOMING 2019 IMS PROFESSIONAL BURNOUT & RESILIENCY PROGRAMMING

August 13
Atlantic

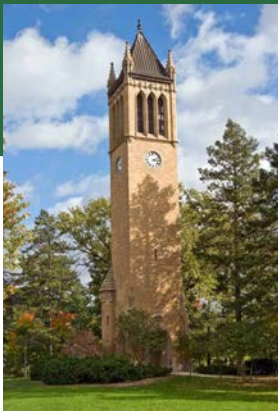
September 11
Ottumwa

October 8
Sioux City

November 5
Iowa City

December 3
Ames

please visit iowamedical.org
for more info



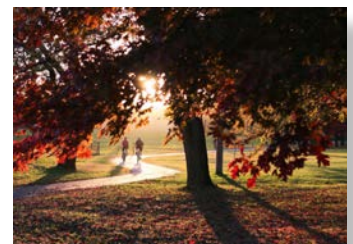
Physician Opportunities Unparalleled Medicine in the Heartland

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
- Gastroenterology
- Hospitalist/Nocturnist
- Infectious Diseases
- Neurology
- Orthopedic Surgery
- Otolaryngology
- Pediatric Hospitalist
- Physical Medicine & Rehab
- Pulmonology & Critical Care
- Rheumatology
- 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



A PARTNERSHIP FOR PHYSICIAN LEADERSHIP AND QUALITY IMPROVEMENT



The Iowa Medical Society, Iowa Healthcare Collaborative, and Iowa Hospital Association have had a long history of working collaboratively on initiatives that impact health care delivery in our state.

Together, we have the goal of creating a thriving, sustainable health care system. From patients to physicians, IHC, IHA, and IMS bring the highest quality education, resources, and tools to providers and administrators.

Most recently, the Iowa Medical Society, Iowa Healthcare Collaborative, and Iowa Hospital Association, along with the Iowa Academy of Family Physicians, teamed up to develop the Physician Business Leadership Certificate Program.

This program brings together physician leaders, across systems and practice settings, to complete sessions on topics including foundational leadership skills; hot topics like burnout, behavioral health, and public health; and equipping leaders for today's health care environment.

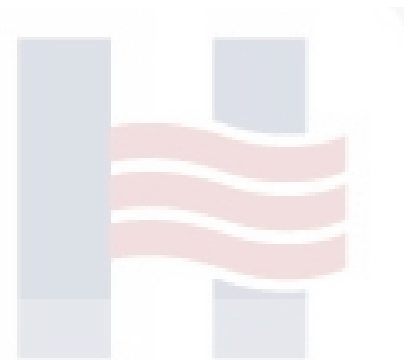
The partnership with the Iowa Healthcare Collaborative has additionally facilitated active participation in major Centers for Medicare & Medicaid Services (CMS) initiatives including the State Innovation Model (SIM), Hospital Improvement Innovation Network (HIIN), and Transforming Clinical Practice Initiative (TCPI).

These projects have brought resources and technical assistance support to providers, healthcare systems, and communities to help achieve improved care, health outcomes, patient health, and community wellness.

Through these collaborations we have been able to inform health care transformation from the perspective of the local physician. The partnerships amongst these organizations expand the reach and resources available to IMS and our members. Through our shared mission we are better able to support physicians in serving patients.

"IHC and IMS are champion organizations for patients and providers. Together we are able to offer wrap-around support to Iowa physicians in providing the most effective and efficient care in the nation, the caliber of which we could otherwise not offer alone."

— Tom Evans, MD, Iowa Healthcare Collaborative



The Iowa Medical Society Thanks Our Business Affiliates



A COLLABORATIVE APPROACH TO MAKING HEALTHY CHOICES COUNT!



As of June, 64 health care clinics across the state of Iowa have partnered with IMS to become a 5-2-1-0 Healthy Choices Count! Registered Site.

The 5-2-1-0 Healthy Choices Count! campaign is a unique approach to the treatment and prevention of childhood obesity. It works to involve multiple sectors of a community. The Institute of Medicine has emphasized the importance of using a multi-setting approach to prevent and address the chronic medical condition of obesity. Coordinated efforts to create environmental and policy changes across communities have proven more successful.

Within these 64 clinics, over 350 providers and 170,000 patients are committed to working on these three goals:

1. Connect to your community and the 5-2-1-0 efforts by displaying 5-2-1-0 Healthy Choices Count! posters in all exam and waiting rooms.
2. Accurately weigh and measure patients. All providers determine BMI, BMI percentile, and weight classification for patients 2 and older at well- child visits.

3. Have a respectful conversation around healthy eating and active living using the 5-2-1-0 Healthy Habits Questionnaire.

The Iowa Medical Society, Healthiest State Initiative, Iowa Department of Public Health, Iowa Department of Education, and United Way of Central Iowa, have come together to create the multi-sector, collaborative approach to tackle Iowa's growing childhood obesity rates with this simple, evidence-based campaign. 5-2-1-0 Healthy Choices Count! is a nationally recognized campaign that makes healthy eating and active living fun and easy to remember.

The Iowa Medical Society is the home for the health care portion of this work. Health Care providers have strong relationships with their patients and their families which makes physicians uniquely positioned to be a partner on the 5-2-1-0 Healthy Choices Count! effort to encourage and support healthy behavior changes.

By working with these diverse partners, IMS is able to amplify the 5-2-1-0 message beyond the clinic walls. Our partner organizations encourage repetition and consistency of messaging in schools and

community settings. Through this partnership we have also been able to connect patients with additional community resources.

Each year in October, during Iowa's Healthiest State Month, a 5-2-1-0 Healthy Choices Count! Summit is put on by the Healthiest State Initiative. The event brings together community members in all sectors, to create, discuss, and collaborate on this community approach to childhood obesity.

This year the 5-2-1-0 Summit will be held on Tuesday, October 22 at Des Moines University. Keynote Speaker, Laura Perdue, Extension Educator from the University of Minnesota Extension, will begin the day sharing skills for integrating PSE (policy, systems, and environmental interventions) into communities.

5-2-1-0 is a fun, easy way for children to remember to live happier healthy lives! To get your clinic involved in 5-2-1-0 and find out what is happening in your community, contact Becca Krittenbrink, IMS Manager of Major Initiatives & Foundation Relations at bkrittenbrink@iowamedical.org.





HEALTHIEST STATE MONTH
Celebrate 5-2-1-0
Healthy Choices Count!

5-2-1-0 Healthy Choices Count!
Summit – October, 22



Healthiest State INITIATIVE

U=U

UNDETECTABLE MEANS UNTRANSMITTABLE

People living with HIV who take their medications as prescribed and have a low amount of virus in their blood are considered undetectable and have effectively no risk of transmitting HIV to their sexual partners.

Source: <https://www.cdc.gov/hiv/risk/art/index.html>



TALK TO YOUR PATIENTS ABOUT U=U.



TACKLING OPIOID USE DISORDER WITH NEW ENGAGEMENT



Iowa Behavioral Health Association

Over the past year, forming new partnerships with state organizations has had a direct impact on the success of our educational offerings. This spring, IMS joined forces with the Iowa Behavioral Health Association (IBHA) on the 2019 Opioid Summit.

Although we have joined forces in the past on opioid issues including legislative efforts to expand access to Medication Assisted Treatment (MAT) and collaboration on the IDPH Substance Use Disorder Provider Reimbursement workgroup, co-hosting an educational opportunity for providers and our members on Iowa's opioid use disorder, treatment, and prevention was a first.

It was easy for IMS to identify the collaboration that needed to be made with IBHA. IBHA members are doing unique and innovative work with substance abuse treatment agencies and opening MAT treatment centers across the state of Iowa. The need for that knowledge in Dubuque, an area of our state hit especially hard by Opioid use Disorder, was valuable.

Flora Schmidt, Executive Director of IBHA, was able to pull together a panel of her members for this year's Summit State to discuss the progress they are making at MAT clinics across the state.

When asked why she believed the partnership with IMS impacted providers and attendees and their experience at the Opioid Summit, Ms. Schmidt responded,

"It's important when discussing complex issues like opioid treatment options, prevention, and integration within one's overall health that we are able to have an open, sharing conversation between both the medical/clinical providers and the treatment agencies, which I think was accomplished with the summit."

Schmidt also pointed out, "I think the ability to network in a neutral environment away from the daily time constraints of our respective offices also helped to fuel these conversations and to expand our professional connections and resources."

With the success from the Opioid Summit, IMS and IBHA are looking to expand our collaborative efforts regionally. Schmidt said:

"The Iowa Behavioral Health Association values the partnership we have built with the Iowa Medical Society over the past several years. Our leadership places a high importance on both

maintaining and strengthening this type of relationship as part of our mission. We recognize there is a strong need to increase awareness, resources, and treatment for substance use disorders across our state."

IMS is committed to continuing to empower and equip providers in treating patients with substance use disorders and helping providers form connections to community resources. IMS looks forward to the continual partnership with IBHA on our upcoming opioid education as well as advocacy efforts next session.



EXPANDING THE MEDICAL-DENTAL INTEGRATION MODEL OF PATIENT-CENTERED CARE



The Harkin Institute, a part of Drake University, works to inform citizens, inspire creative cooperation, and catalyze change on issues of social justice, fairness, and opportunity.

Led by retired Iowa U.S. Senator Tom Harkin, the Harkin Institute is coordinating a new effort seeking to bring greater attention to the importance of coordination between the medical and dental care delivery systems. The Institute of Medicine and others have proposed integrating oral health with primary care as a way to expand access to recommended treatments and to promote better health overall.

Recently, the University of Iowa Public Policy Center published a report examining medical-dental integration in public health settings. The report notes that noncommunicable chronic diseases comprise nearly 90 percent of all deaths in this country, with the four most common diseases being cardiovascular diseases, diabetes, cancers, and chronic respiratory diseases.

The most common oral health diseases – dental caries, periodontal disease, and oral cancer – share common risk factors as these

noncommunicable chronic diseases, including cigarette use, alcohol use, and dietary behaviors associated with obesity and elevated blood sugar. This duality in disease outcomes underscores the gains that can be achieved if the medical and dental communities better integrate service delivery in pursuit of holistic patient care.

Recently, the Harkin Institute reached out to the Iowa Medical Society (IMS) and the Iowa Dental Association (IDA) to propose a joint endeavor to expand clinical integration between our two professions. Together with key partners, our organizations have been serving on a steering committee to continue this important conversation.

On Friday, November 15 the Harkin Institute, in conjunction with IMS and IDA, will present “Closing the Divide: Integrating Medical and Dental Health Care.” This one-day educational conference will focus on increasing exposure to the medical-dental integration model of patient-centered care delivery. The event will be held on the Drake University Campus and is tailored especially to physicians and dentists.

This event will feature national

experts and local leaders discussing effective strategies for integration and inter-professional approaches for providing quality care for your patients. Presenters will share ideas and insights, including esteemed keynote speaker, Bruce Donoff, MD, DMD, Dean of the School of Dental Medicine at Harvard University.

Other session topics will include discussing the challenges and successes of integration, looking at Iowa-based integration models that are currently in place and future opportunities for integration.

Designed as a collaborative learning event, the conference will include networking and open dialogue opportunities among colleagues and health care leaders in our state.

IMS, IDA, and the Harkin Institute hope that physicians and dentists will come together for a dialogue on delivery and education, while looking for opportunities to partner and collaborate moving forward.

To register for the event visit <http://bit.ly/ClosingtheDivide>.





CLOSING THE DIVIDE

Integrating Medical & Dental Health Care

November 15 | 9am-4pm

Parents Hall | Drake University

\$50 Registration Fee

Register now <http://bit.ly/ClosingtheDivide>

We know that oral health is critical to overall health; however, the current model for health care is not set up to support collaboration between oral health and primary care. The Institute of Medicine and others have proposed integrating oral health into primary care as a way to expand access to recommended treatments and promote better health overall. This integration is starting to occur through new approaches to training for both dental and medical providers, promotion of team-based care, and development of medical treatments for oral health problems.

Please plan to attend “Closing the Divide: Integrating medical and dental health care” conference to learn more about effective strategies and inter-professional approaches to provide quality care for your patients. Join presenters that will share ideas and successful practices from across the United States, including keynote speaker Bruce Donoff, DMD, MD, Dean of the School of Dental Medicine at Harvard University. Plus, this is a great opportunity to network with your peers.

This activity has been approved for AMA PRA Category 1 Credit™, AOA Category 2-A credit, and nursing contact hours. The course has been submitted to the Iowa Dental Board and determination on CE is pending.

Registration is available here: <http://bit.ly/ClosingtheDivide>.



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