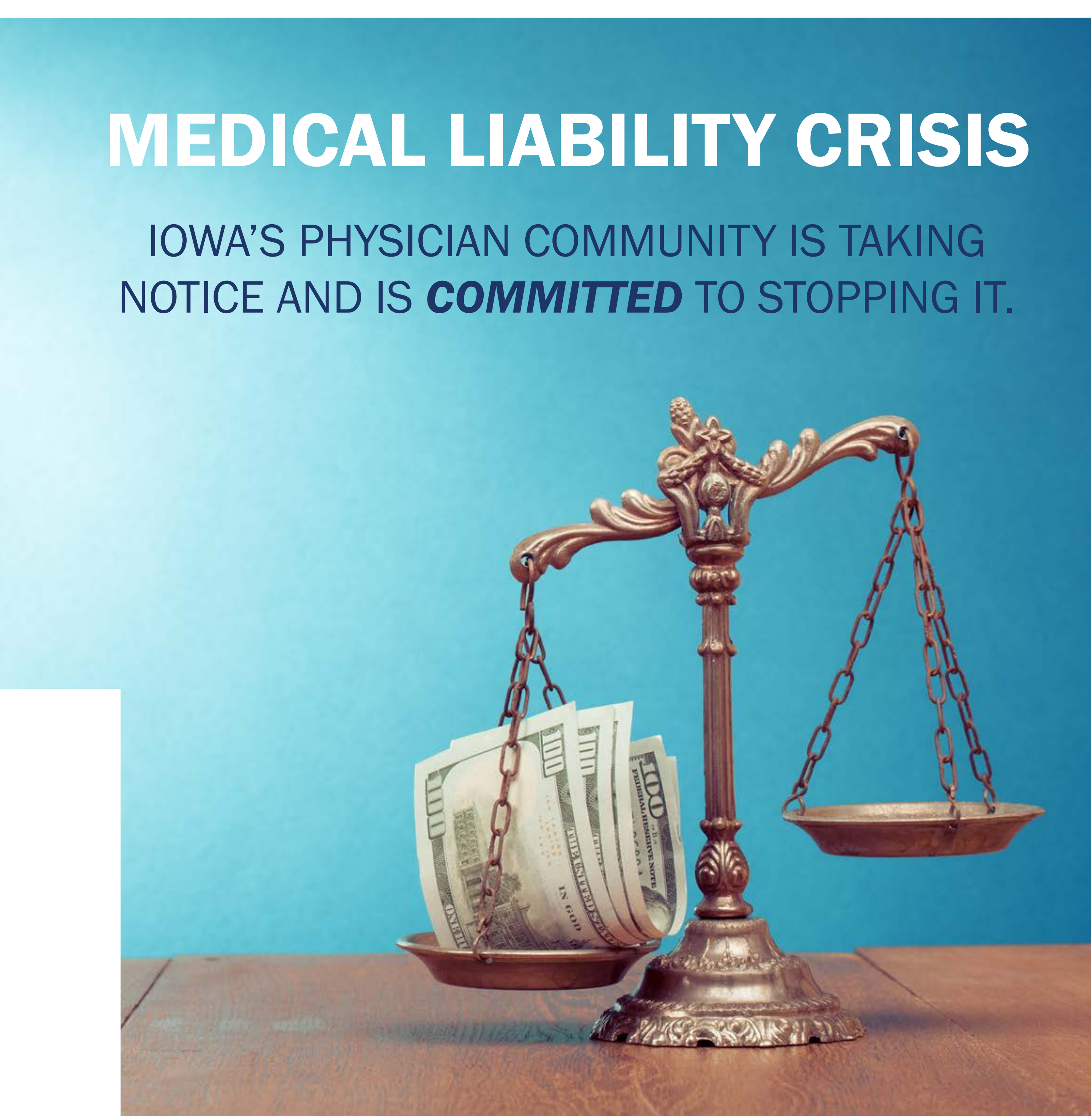
IOWA MEDICINE

JOURNAL OF THE IOWA MEDICAL SOCIETY

FALL 2019 | VOL. 109/4



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JOURNAL OF THE IOWA MEDICAL SOCIETY

Fall 2019 Vol. 109/4

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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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Leading Without Leading to Burnout - Cedar Rapids

DECEMBER 3
Professional Burnout and Resiliency Programming - Ames

DECEMBER 11
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JANUARY 4
Emotional Intelligence - Mason City

JANUARY 23
Professional Burnout and Resiliency Programming - Des Moines

FEBRUARY 28
IMS Board of Directors Meeting - Des Moines

MARCH 4
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ONE MEMBERSHIP, ONE SOCIETY, ONE VOICE.

MICHAEL FLESHER

Mr. Flesher is Executive Vice President and CEO of IMS

This fall edition of *Iowa Medicine* marks our final publication for 2019. As we reflect on the past year and look ahead to 2020, I am impressed with all your Iowa Medical Society has accomplished the exciting work that remains this year, and the year ahead.

This year-end edition of Iowa Medicine is an opportunity to celebrate some of the many milestones of the past year. This includes the fall White Coat Ceremonies at both Des Moines University and the University of Iowa that marked the start of their medical education and IMS membership for 370 new students.

Michelle Dekker, IMS Director of Membership & Strategic Alliances, showcases these special occasions in her column. Thanks in part to the support of the IMS Foundation, this past year also saw 16 medical students participate in global health experiences. Becca Kritenbrink, Manager of Major Initiatives & Foundation Relations for IMS, profiles several of these students in this edition.

In addition, among the accomplishments of the past year, are scientific breakthroughs in the effort to delay the effects of aging. Brooks Jackson, MD, Dean of the University of Iowa Carver College of Medicine (UICCOM), and UICCOM student Paige Noble, M1, showcase some of these successes in Dean Jackson's column this edition.

The year ahead promises to be an active one for IMS. A chief focus for the Society in 2020 will be tackling the growing medical liability crisis. In her column this edition, IMS President Marygrace Elson, MD, outlines five recent malpractice cases that resulted in record damages awards against Iowa physicians and facilities, and how these jury awards are already having a significant impact on patient access to care in rural Iowa.

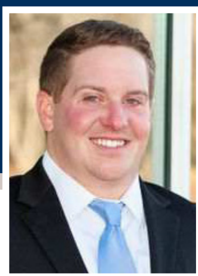
In September, the IMS Board of Directors voted to establish the 2020 IMS Legislative Agenda. As Dennis Tibben, IMS Director of External Affairs, discusses in his column, chief amongst these priorities is a hard cap on noneconomic damages to restore balance to our state's medical liability system.

We recognize that the push for tort reform is an uphill battle and one that will require every physician to join the fight. With that in mind, this fall we launched the 2020 IMS Membership Campaign under the banner "One Membership, One Society, One Voice." Iowa's medical community must be united in our efforts at the capitol. This means renewing your membership in the Iowa Medical Society, supporting IMPAC, responding to IMS Action Alerts during session, and joining us for Physician Day on the Hill on **March 4, 2020.** The Iowa Medical Society is committed to leading the fight for tort reform next session. We need you to join us.

Finally, Kady Reese, IMS Director of Education & Engagement, completes our preview of 2020 by introducing you to the newest IMS Committee – our Patient and Family Engagement Committee.

Throughout all that we do, IMS remains committed to serving as both physician and patient advocates. This new committee will help guide our efforts and ensure that we maintain a focus on the top priority for every Iowa physician – the patient.

As we look to the year ahead, the IMS staff stand ready to support every Iowa physician, resident, and medical student. One Membership, One Society, One Voice.



Markets Move. So Should You.

RYAN LAMOUREUX, *Investment Analyst*

From October 2018, through mid-June of 2019, trends have reminded investors that capital markets can very quickly move up and down in value. During this recent time period, US equity markets saw a drawdown of -20% before subsequently recovering and moving higher, as measured by the Russell 3000 Index. At the same time, the US bond market saw an increase of almost 8.5%, measured by the Bloomberg Barclays US Aggregate Bond Index. These kinds of price movements often lead to portfolio's becoming "out of balance," relative to their original asset allocation targets.

The primary reason for portfolio rebalancing is to maintain the risk profile of the policy portfolio that the client has chosen. However, periodic rebalancing has the added benefit of "buying low" and "selling high". For example, during a period when stocks are up and bonds are down, the portfolio likely would become overweight stocks and underweight bonds. To rebalance back to the policy portfolio, stocks would need to be sold "at a high", and bonds would need to be bought "at a low"."

At Foster Group, we systematically review client portfolios every 6 to 8 weeks and rebalance as necessary. When will Foster Group rebalance a portfolio? In general, if a portfolio's stock to bond mix is +/-1% of the target allocation, we rebalance the portfolio. We also rebalance the individual investments (e.g. asset class mutual funds) that make up the portfolio using that same criteria.

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- **Transaction Costs:** Foster Group strives to reduce trading expenses whenever possible. We give careful attention to situations that would require several trades to rebalance an account.
- **Tax Costs:** Foster Group will make every effort to avoid incurring taxes from capital gains whenever possible while still considering the overall risk profile of the portfolio.
- **Market Dislocation:** Although rare, there can be time periods when asset prices may not accurately reflect information. These time periods are generally due to lack of liquidity, coupled with extreme volatility, such as the 2008 financial crisis. These time periods tend to be very short lived, so Foster Group may suspend rebalancing for a very short period of time (days or weeks) in an effort to reduce the transaction costs related to constantly rebalancing a portfolio.

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2020 IMS LEGISLATIVE AGENDA

DENNIS TIBBEN

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

Each fall, the IMS Committee on Legislation meets to set our legislative agenda for the coming year. This process is informed by input from the state specialty societies, other IMS policy committees, directives adopted through the Policy Forum, and direction from the IMS Board of Directors. Designed to ensure broad-based member input and an agenda that is representative of our diverse membership, the 2020 Legislative Agenda reflects a continuation of ongoing priorities, as well as several emerging areas of focus.

Medical Liability Reform

In recent years, we have seen an alarming trend of out-of-state trial attorneys exploiting Iowa's soft cap on noneconomic damages to drive up damage awards against Iowa physicians and facilities. As Dr. Elson discusses in greater detail in her column, over the past three years just five cases have resulted in a record $85 million in damages awarded.

Further troubling, $63 million of these are noneconomic damages, which are subjective and not benchmarked to quantifiable losses. In three of these five cases, the trial attorneys didn't even bother seeking economic damages, which compensate for quantifiable losses like medical expenses and lost wages.

This alarming trend has very real consequences on Iowa's healthcare system. These judgments are maxing out liability coverage, draining reserve funds, eating into already tight operating margins, and threatening to reduce access to care.

In fact, one of the recent high-dollar cases involving obstetrical complications was followed shortly after by that facility making the difficult decision to close its obstetric unit and eliminate local maternal services for that rural community. In 2020, IMS will lead a large coalition of stakeholders to close the loopholes in Iowa's cap on noneconomic damages and restore balance to our medical liability system.

Physician Workforce

In 2018, the IMS Board of Directors established a new committee – the Committee on Physician Workforce – charged with guiding IMS as we seek to tackle Iowa's physician workforce shortage. That committee has spent the past six months reviewing existing workforce efforts in Iowa, as well as those in other states, to identify opportunities for policy changes to help train, attract, and retain more physicians in our state. In September, the Committee on Physician Workforce sent a series of short-term and long-term policy recommendations to the Committee on Legislation to help form the basis for IMS physician workforce efforts. The committee also directed IMS to work with our two medical schools to jointly convene a physician workforce stakeholder meeting on October 23. This meeting brought together all of the groups working on this issue, as well as key legislators, to build consensus for a collaborative effort to tackle this problem.

In 2020, IMS will pursue a multipronged approach to addressing our state's significant physician workforce shortage. This work will include expanding the Rural Physician Loan Repayment Program to allow for greater flexibility within the program, increased funding to ensure maximum program impact, and expanded specialty eligibility to include OB/GYNs.

IMS will support efforts to establish an Iowa National Guard Loan Repayment Program, establish a preceptor tax credit, and increase state funding for medical residency programs with a priority on establishing new community-based OB/GYN residency opportunities in Central Iowa.

Protecting the Practice of Medicine

In recent years, we have seen a record number of proposed scope expansions as mid-level practitioners seek to provide additional medical services, often without additional training to ensure they are equipped to provide these services safely. IMS has been

engaged throughout the interim with a number of groups who have indicated their intentions to pursue scope expansions next session. This includes the physician assistants who are seeking to expand their practice autonomy.

In addition, pharmacists have expressed an interest in expanded adolescent immunization authority, authority to enter into collaborative practice agreements with any licensed prescriber, and authority to alter the dosing, form, and quantity of prescription medications without notifying the prescriber. The optometrists have also signaled that they will be back with a modified version of their proposal to allow for injections and surgical procedures.

These are just a handful of the anticipated scope of practice proposals that will be put forward next session. The IMS Committee on Legislation carefully examines each proposal, in close consultation with the state specialty societies most impacted by a specific proposal and input from organizations like the AMA and national specialty societies who track these proposals as they move across the country. IMS will lead the House of Medicine in educating legislators on the implications of each proposed expansion and work to halt those measures that threaten patient safety.

Continuing Behavioral Health Reform

In the past two years, the General Assembly has taken bold steps to reform Iowa's behavioral health system and stand up the first comprehensive Children's Mental Health System in the state. IMS has been closely engaged in these efforts, helping to lead a large and diverse coalition of stakeholders who want to see improvements to the system. With the statutory framework now in place, funding will be critical to ensure successful reform. In 2020, IMS will push to secure sufficient funding to continue the progress of implementing these reforms.

IMS will also continue to push for additional measures to expand access to behavioral health services. Last session, we partnered with the Iowa Association of School Boards to craft a regulatory framework to allow for the provision of pediatric behavioral health services via telehealth in a school-based setting.

This proposal has been further refined over the interim and will be reintroduced in 2020. In response to a pair of Policy Request Statements that were adopted at the most recent Policy Forum meeting, IMS will also support advocacy efforts to ensure reimbursement for the Collaborative Care Model of integrated behavioral health delivery and to establish a sustainable funding mechanism for Psychiatric Mental Institutions for Children (PMICs).

Access to Care & Public Health

In 2020, IMS will continue efforts to increase access to care and expand evidence-based public health policy efforts through continued collaboration with patient and provider stakeholders. This includes building upon IMS' success in 2019 as the only advocacy organization to successfully push for reforms to Medicaid managed care. Under a negotiated deal with legislative leadership and the governor, DHS has begun the process of moving to uniform prior authorization forms across the MCOs and the fee-for-service program. DHS was also required to study the feasibility of expanding the MMIS eligibility verification system to serve as a single, centralized portal for prior authorization processing. The results of this study are due to the legislature in March. IMS will work with leadership to act upon this report and continue efforts to streamline the Medicaid managed care system by reducing administrative barriers to care.

In recent years, IMS has taken on a growing public health role, including our work as the healthcare home of clinical resources and technical assistance for the 5-2-1-0 pediatric obesity initiative. This work is aided by enhanced funding to allow the Iowa Department of Public Health to coordinate efforts across the numerous stakeholders involved in this initiative.

In 2020, IMS will work to sustain this enhanced funding. In addition, IMS will push for policy changes to eliminate youth access to tobacco products by raising the legal age for purchase and use of tobacco products and vaping devices to 21. Finally, IMS will support efforts to ensure all high school seniors receive training in responding to uncontrolled bleeding – in a manner similar to today's requirement for all seniors to be trained in CPR – as part of the national Stop the Bleed Campaign.

It is shaping up to be a busy year ahead for legislative advocacy. For more information on these efforts or to get involved, please contact me at dtibben@iowamedical.org.

19 -2 POLICY FORUM RESULTS

PF 19-2 was held on September 19 in Iowa City. The following represents the Policy Request Statements considered and the actions taken with regard to each. The next Policy Forum will be April 17 in Cedar Rapids.

PRS 19-2-01: Coverage for Behavioral Health Collaborative Care Model

Submitted by: Jen Donovan, MD, Cedar Rapids

Policy Request:

The Iowa Medical Society advocate for Medicaid and commercial insurance coverage and reimbursement for the CoCM, consistent with the Medicare coverage and reimbursement included in the 2017 and 2018 Medicare Physician Fee Schedule.

Action Taken:

Adopted

PRS 19-2-02: Advancing Gender Equity in Medicine

Submitted by: Lillian Erdahl, MD, Iowa City, Michael Haugsdal, MD, Iowa City, and Erin Shriver, MD, Iowa City

Policy Request:

1. The Iowa Medical Society draft and disseminate to the membership a report detailing its positions and recommendations for gender equity in medicine, including clarifying principles for state and specialty societies, academic medical centers, and other entities that employ physicians.

2. The Iowa Medical Society:

a) advocate for institutional, departmental, and practice policies that promote transparency in defining the criteria for initial and subsequent physician compensation;

b) advocate for pay structures based on objective, gender-neutral objective criteria;

c) encourage a specified approach, sufficient to identify gender disparity, to oversight of compensation models, metrics, and actual total compensation for all employed physicians; and

d) advocate for training to identify and mitigate implicit bias in compensation determination for those in positions to determine salary and bonuses, with a focus on how subtle differences in the further evaluation of physicians of different genders may impede compensation and career advancement.

3. The Iowa Medical Society recommend as immediate actions to reduce gender bias:

a) eliminate the question of prior salary information from job applications for physician recruitment in academic and private practice;

b) inform physicians about their rights under the Lilly Ledbetter Fair Pay Act and Equal Pay Act;

c) establish educational programs to help empower all genders to negotiate equitable compensation;

d) work with relevant stakeholders to host a workshop on the role of medical societies in advancing women in medicine, with co-development and broad dissemination of a report based on workshop findings; and

e) create guidance for medical schools and health care facilities for institutional transparency of compensation, and regular gender-based pay audits.

4. The Iowa Medical Society collect and analyze comprehensive demographic data and produce a report on the inclusion of women members including, but not limited to, membership, committee makeup, and leadership positions within IMS, including the Board of Directors, with recommendations to support ongoing gender equity efforts.

Action Taken:

Adopted as Amended*

PRS 19-2-03: Violence Against Healthcare Workers

Submitted by: Tom Benzoni, DO, Des Moines

Policy Request:

1. The Iowa Medical Society adopt a zero-tolerance policy toward violence against health care workers.

2. The Iowa Medical Society shall:

a) Inform all member physicians of the meaning of Iowa Code 708.3A

b) Work with Iowa Hospital Association to ensure that IHA informs its members of IMS policy and have awareness of the law and its implication.

Action Taken:

Adopted as Amended*

PRS 19-2-04: Policy Sunset Report for 2019

Submitted by: Policy Review Committee

Policy Request:

The Policy Committee recommends that the Iowa Medical Society policies listed in the Appendix of the Policy Forum Packet be acted upon in the manner indicated in its report

Action Taken:

Adopted

PRS 19-2-05: Increasing Medicaid Reimbursement for Psychiatric Mental Institutions for Children

Submitted by: Stephen Mandler DO, Des Moines

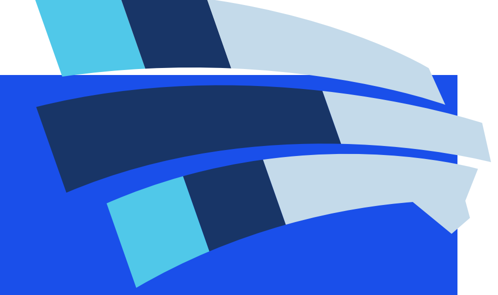
Policy Request:

The Iowa Medical Society shall advocate for increasing the PMIC reimbursement rate and establishing a reimbursement rebasing methodology wherein future increases are made in a reliable manner, creating funding stability for Iowa's PMICs.

Action Taken:

Adopted

**view full original policy requests at: iowamedical.org*



IMS MAJOR INITIATIVES

BURNOUT • CHILDHOOD OBESITY • CANDOR
SUBSTANCE USE DISORDER • PHYSICIAN WORKFORCE

2020

Physician Burnout:
Addressing professional burnout is critical as we repond to growing demands on physicians. Burnout affects every physician and negatively impacts patient care. *We are here to help.*

Substance Use Disorder Initiative:
This initiative is built to empower and equip physicians to provide treatment and care for those with substance use disorder.

Physician Workforce:
The IMS Committee on Physician Workforce is guiding short and long term efforts to help address Iowa's physician training, recruitment, and retention needs.

Childhood Obesity and Prevention Wellness:
The statewide initiative, 5-2-1-0 Healthy Choices Count! promotes the daily recommendations of fruit/vegetable servings, screen times, physical activity, and omition of sugary drinks.

CANDOR:
CANDOR (Communication and Optimal Resolution) is a new approach to respond to unanticipated outcomes. Iowa's CANDOR statute provides legal protection for physicians to engage their patients in frank and confidential discussions following an adverse outcome.

PHYSICIAN DAY ON THE HILL

Wednesday, March 4, 2020

11:30 a.m. to 2:30 p.m.

Mark your calendar and plan to join us to fight for

Tort Reform!

CO-DESIGNING A BETTER OUTCOME: DEFINING ROLES FOR PATIENTS AND FAMILIES

KADY REESE

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

As we reflect on the accomplishments over the last year and look ahead to the great work to be undertaken in the next, assuring the highest quality of health care in Iowa through physician and patient advocacy remains at our core.

Throughout past issues of *Iowa Medicine* we have discussed the changing world of healthcare – the transformation of a system built on volume to one focused on value, and the ebb and flow of opportunity partnered with the challenges, which accompanies such change.

At the center of these changes is the goal to improve healthcare for all – outcomes, experiences, affordability, and access. At the heart of healthcare improvement is the sacred relationship between a patient and their physician. The ability to connect with our patients – to create rapport in which communication is reciprocal, trust is shared, and responsibility is mutual – is the linchpin to realizing meaningful improvement.

We know that when patients are actively partnered in their healthcare, there are better outcomes. A recent "Beyond 50.09" Patient Survey by AARP found that reported rates of 30-day readmissions and medical error experiences drop by more than half for more activated patients. Patients who feel actively engaged in their care also reported having better care coordination among their providers and substantially greater confidence in the healthcare system.

Through the Hospital Improvement Innovation Network (HIIN) and the American Institutes for Research, hospitals who perform higher within patient and family engagement metrics have demonstrated substantially higher reductions in hospital-acquired conditions and adverse events.

Within a CMS Change Package outlining the Transforming Clinic Practice Initiative pathways to success, patient and family-centered care design is identified as a primary driver, with patient and family engagement and team-based relationships recognized as the top secondary drivers.

Partnership with patients, their families, and caregivers affect all levels within a system of care. From point of care to policies and procedures to governance, the ability of our patients and their support persons to positively influence our efforts to improve the care they seek, access, receive, and follow-through on is boundless. The roles for patients in improvement are dynamic, ranging from traditional patient-physician relationships at the bedside to inviting patient advocates to be a part of small-scale quality improvement teams to establishing a formal advisory group of patient representatives to proactively be part of system decision-making efforts.

As of August 2018, more than 50% of US hospitals, including numerous throughout Iowa, reported they have created defined Patient and Family Advisory Councils (PFAC) with the aims of doing just that.

To match this spirit of collaboration and to lead by example, IMS is convening our own patient and family advisory committee (PFAC). The intent of this committee will be to work with IMS to help inform and support our projects and initiatives that impact patients.

Representatives to this committee are champions for the patient-physician relationship, are willing to learn and share, and want to be part of shared solutions to advance healthcare.

Participants will represent diverse perspectives, which reflect the patient populations and communities our physicians and healthcare system serve.

As we embark on the journey to defend the practice of medicine against the burgeoning medical liability cataclysm, the time is ripe to leverage the relationships we have with our patients.

After all, tort reform is only part of the solution. We have a unique opportunity to partner with our patients to co-create approaches which protect patient safety while placing patients and physicians at the helm for improvement. An example of this opportunity is IMS' progressive CANDOR (Communication and Optimal Resolution) work.

CANDOR is an early disclosure process (and a statute in the state of Iowa), which allows legally protected, open communication between a physician and patient following adverse events. CANDOR focuses on four critical elements: effective communication, care for the caregiver, event reporting and review, and forming a resolution.

The CANDOR process was developed as part of AHRQ's Patient Safety and Medical Liability efforts and was initially designed, tested, and applied in partnership between healthcare systems, and patients and families.

As IMS collaborates with Iowa practices and physicians to expand implementation and enhance utilization of CANDOR in Iowa, we will call upon our newly convened PFAC to offer insight into patient communication preferences and collaboratively design patient-facing education materials.

By inviting and equipping our patients to be part of the solution, we are changing the script. It's not just about what we do for our patients but what we do with them.

If you'd like more information about IMS' PFAC or would like to recommend a patient representative, please contact me at kreese@iowamedical.org.

RENEW YOUR MEMBERSHIP TODAY!

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

Visit iowamedical.org to learn more!

MEMBERSHIP NEWS

WELCOME NEW MEMBERS:

New Members: July 8 - September 30 2019

Julia Lange, DO
Obstetrics and Gynecology,
West Des Moines OB/GYN Associates, PC

Sarah Catherine Massey, DO
Obstetrics and Gynecology,
West Des Moines OB/GYN Associates, PC

Shiny Mathewkutty, MD
Cardiovascular Disease,
Cardiology, Interventional,
Mercy Medical Center - Cedar Rapids

Stephen Mandler, DO,
Psychiatry, Child & Adolescant,
Orchard Place - Child Guidance Center
Des Moines

Rebecca Lundquist
Psychiatry,
Broadlawns Medical Center - Residency Faculty
Des Moines

Adam B. Althaus, MD
Urology - Siouxland Urology Associates, PC
Dakota Dunes

Jamie L. Olsen, DO
Urology - Siouxland Urology Associates, PC
Dakota Dunes

WELCOME NEW MEMBERS:

Michael Abramoff, MD, PhD
Opthalmology
Featured in AMA article, using artifical intelligence to enhance patient care and expand access.

David Bedell, MD
Family Medicine
Presented with UI Clinician of the Year Award

Edward Bell, MD, FAAP
Pediatrics
Presented with UI Distinguished Mentor Award

Thomas Benzoni, DO
Emergency Medicine
Spotlighted in Story of Medscape EHR Survey

Noelle Bowdler, MD
Obstetrics and Gynecology
Presented with UI Excellence in Quality Award

Hijinio Carreon, DO, FACEP
Emergency Medicine
Appointed as Interim Chief Officer of MercyOne Des Moines and West Des Moines Medical Centers

Marygrace Elson, MD, MME, FACOG
IMS President
Received Excellence in Medical Leadership Award from the Iowa Harm Reduction Coalition

Alicia Gerke, MD, MBA
Internal Medicine
Presented with UI Patient Satisfaction and Service Excellence Award

Muneera Kapadia, MD
General Surgery
Presented with UI Innovations in Clinical Care Award

MEMBERS IN THE NEWS CONTINUED...

Lenard Kerr, DO
Emergency Medicine – 2019 Physician Business Leadership Program Graduate

Sharon Larson, DO, MS
Cardiothoracic Surgery – Recognized as first female cardiothoracic surgeon in the state of Iowa

Robert A. Lee, MD
Family Medicine – AMA featured Member in "Members Move Medicine" profile series

Varun Monga, MD
Internal Medicine – Featured in *The Daily Iowan,* raised money for sarcoma research and activism

Kevin de Regnier, DO
President of Madison County Medical Associates –
Named 2019 Family Physician of the Year by the American College of Osteopathic Family Physicians

Alexander Smith III, MD
Medical Director of LifeServe Blood Center – running for Waukee School Board

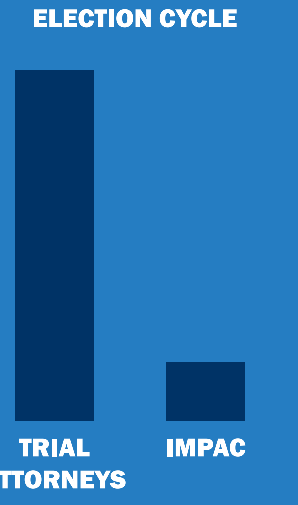
Sharmini Rasakulasuriar, MD
Family Medicine – 2019 Physician Business Leadership Program Graduate

Jon Van Der Veer, DO
Internal Medicine – Highlighted in Business Record article on Direct Primary Care

Daniel Waters, DO, MA
Thoracic Surgery – Presented with Ballinger Award by the American College of Osteopathic Surgeons

HAVE YOU CONTRIBUTED TO THE TORT REFORM FIGHT?

2017-2018 ELECTION CYCLE



Last cycle, IMPAC was outspent 6 to 1 by the trial attorneys. We MUST have the resources to FIGHT BACK.

Give Today!

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Iowa Medical Political Action Committee
515 E. Locust St., Ste. 400
Des Moines, IA 50309

OUR MEDICAL LIABILITY SYSTEM IN CRISIS

MARYGRACE ELSON, MD, MME, FACOG

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

Iowa physicians have a long history of providing high-quality medical care. In addition to high quality scores, this is demonstrated in the low number of medical malpractice suits filed each year. While the overall number of liability suits continues to decline, there is an alarming new trend in Iowa, placing our medical liability system in crisis.

In 2017, IMS successfully championed legislation to help reduce the number of frivolous medical liability claims that are filed each year. Under legislation we authored and shepherded to the governor's desk, plaintiffs must now file a certificate of merit to articulate the legitimacy of every malpractice claim.

Plaintiff expert witness standards were also strengthened to ensure that witnesses are actually knowledgeably about the care in question. In addition, the legislation expanded Iowa's CANDOR statute to allow more cases to qualify for the legally-protected disclosure process as an alternative to a lawsuit. Cumulatively, these measures helped drive the overall reduction we are now seeing in medical liability suits.

Absent from this final package of reforms, was a fourth element that was the cornerstone of the original legislation – a hard cap on noneconomic damages. Unlike economic damages which compensate a patient for quantifiable losses such as lost earnings or medical expenses, noneconomic damages are subjective. They compensate for unquantifiable losses like pain and suffering. A hard cap on noneconomic damages brings predictability and prevents runaway verdicts that can max out liability coverage, drain reserve accounts, and threaten the long-term sustainability of a practice.

In 2017, IMS spent months educating legislators about the need for this reform and were elated to see the Senate pass the reform package with a hard cap on noneconomic damages. In the House, Iowa's long history of reasonable jury awards led some to believe the hard cap was "a solution in search of a problem."

Despite extensive involvement of House leadership, we were unable to build sufficient support. The IMS Committee on Legislation was forced to make the difficult decision to agree to a soft cap on noneconomic damages. A jury may waive the soft cap if they find that the care in question resulted in a substantial or permanent loss or impairment of a bodily function, substantial disfigurement, or death. Such a cap still prevents high-dollar verdicts in frivolous cases, but does not impact awards in cases where significant harm occurred. This compromise cap was included in the final legislation.

In the past three years, Iowa's medical liability climate has shifted dramatically. Driven in part by the influence of out-of-state plaintiff attorneys, Iowa's trial bar has begun cherry-picking cases where there is little or no dispute that a medical error occurred. Employing questionable tactics that play to juries' emotions and drive up award expectations, we have seen a string of high-dollar verdicts against physicians and facilities.

In just five cases, juries have awarded a total of nearly $85 million in damages, $63 million of which were noneconomic. These judgments have had a dramatic impact on the physicians and facilities involved. One of the rural facilities involved in a high-dollar obstetrical judgment even made the difficult decision to close its obstetrical unit.

Know the Facts

IMS cannot and will not stand idly by as this alarming trend continues. In 2020, IMS will be pushing to revisit Iowa's cap on noneconomic damages. To help prepare for this legislative fight, it is helpful to understand the recent cases that have driven this shift

in the medical liability climate.

Des Moines (April 2019)

Total Damages: $12,250,000
Economic Damages: $0
Noneconomic Damages: $12,250,000

A patient's non-cancerous tissue samples were confused with samples from a patient with prostate cancer, leading to a healthy patient being misdiagnosed with prostate cancer. The subsequent treatment plan included removing the patient's prostate gland. The procedure to do so damaged nearby nerves and the patient was rendered permanently impotent and incontinent.

Fort Madison (January 2019)

Total Damages: $14,504,709
Economic Damages: $11,647,649
Noneconomic Damages: $2,857,141

A radiologist suspected fetal abnormalities after reviewing a pregnant patient's ultrasound. He recommended the mother receive a follow up appointment to learn of the possible issue but no follow up appointment occurred. The child was born with significant deficits; he is immobile and cannot speak. The parents sued, arguing that they would have terminated the pregnancy had they known of the potential abnormalities.

Sioux Center (June 2018)

Total Damages: $29,500,000
Economic Damages: $0
Noneconomic Damages: $29,500,000

During a CT scan, a 40-year-old woman received a routine injection of contrast dye. She experienced an allergic reaction to the dye, but the reaction was not treated in time to prevent her death. Her husband and four minor children sued, arguing that emergency medical treatment was not timely administered.

Dubuque (September 2017)

Total Damages: $10,000,000
Economic Damages: $0
Noneconomic Damages: $10,000,000

An 80-year-old man required surgery to remove his bladder. The surgery resulted in a bowel leak and sepsis, requiring an additional procedure to correct. During the second procedure the patient vomited then inhaled his stomach contents, resulting in his death. His wife and son sued, arguing that the anesthesiologist failed to appropriately monitor the patient's status.

Washington (February 2017)

Total Damages: $18,126,000
Economic Damages: $9,626,600
Noneconomic Damages: $8,500,000

At the start of her labor, a patient received ongoing fetal monitoring to ensure the health of the fetus during the labor. The ongoing monitoring was subsequently reduced to intermittent. The infant was born with deficits, such as spastic quadriplegic cerebral palsy. She is immobile and cannot speak. The parents sued, arguing that fetal monitoring should not have been reduced to intermittent.

How YOU Help In This Fight

Passage of a hard cap on noneconomic damages will be an uphill battle at the legislature. Now more than ever, we need EVERY Iowa physician to join the fight. The only way to be successful in restoring balance to Iowa's medical liability system and preserving the long-term financial viability of rural practices is for legislators to hear a groundswell of concern from Iowa's medical community.

IMS is has geared up for the fight and we need YOU with us. This starts with a contribution to IMPAC. We must have the financial means to expand our conversations with legislators in the lead up to the 2020 Legislative Session.

Your help continues with membership in the Iowa Medical Society. Talk to your colleagues and your practice administrators about renewing membership in your IMS. If a colleague is not a member, encourage them to join us! Dues dollars fund the staff, advocacy systems, and coordination that will be necessary in this substantial undertaking. Together, we are stronger.

Join us at Physician Day on the Hill at the Capitol March 4, 2020

Finally, we need you to come to Des Moines and join us for Physician Day on the Hill on **Wednesday, March 4, 2020.** IMS is planning to flood the capitol with white coats to show legislators that Iowa physicians will not stand by as external forces attack our healthcare system. I'm excited to take this fight to the capitol. I hope you will be there with us.

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
MercyOne Northeast Iowa
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 ENT Clinic
Burlington Pediatric Association, PC
Cherokee Regional Clinics
Cresco Medical Clinic
Cornerstone Family Practice
Davenport Surgical Group, PC
Dermatology Associates, PC
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Dubuque ENT Head & Neck Surgery, PC
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Dubuque Surgery, PC
ENT Medical Services, PC, Iowa City
Family Medicine, LLP, Grinnell
Family Practice Clinic, Emmetsburg
Franklin Medical Center, Hampton
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Genesis Health Group - Pathology, Davenport
Genesis Health Group - Pathology, Silvis, IL
Genesis Pulmonary Associates
Great River Urology, West Burlington
Gundersen Palmer Lutheran Hospital and Clinic, West Union
Guthrie Family Medicine Center, Guthrie Center
Heartland Dermatology, Clive
Iowa Arthritis & Osteoporosis Center, Urbandale
Iowa City Heart of UI Heart and Vascular - Iowa River Landing
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
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Mercy Family Medicine Residency Faculty - North Iowa
Mercy Medical Center - Family Medicine Residents
Mercy Medical Center - North Iowa Emergency
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 Clive Physical Medicine & Rehabilitation
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 Obstetrics & Gynecology, Mason City
MercyOne North Iowa Pediatric Hospitalists, Mason City
MercyOne North Iowa Women's Health Center, Mason City
MercyOne Pleasant Hill Pediatrics Care Clinic
MercyOne Regency Family Medicine, Mason City
MercyOne Rockford Family Medicine
MercyOne South Des Moines Family Medicine Clinic
MercyOne Urbandale 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
Oncology Associates at Hall - Perrine Cancer Center
Orthopaedics, PC, Spencer
Pathology Associates, Dubuque
Pathology Associates of Central Iowa, Des Moines
Pediatric & Adult Allergy, PC, Des Moines
Pediatric Associates Ottumwa
Pediatric Associates of UI Children's Hospital, Coralville
Pediatric Associates of UI Children's Hospital, Iowa City
Prairie Pediatrics & Adolescent Clinic, PC - Morningside on Glenn, Sioux City
Prairie Pediatrics & Adolescent Clinic PC - Northside on Pierce
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
Telligen
The Group - OB/GYN Specialists, PC, Davenport
UnityPoint Clinic - Family Medicine, Sac City
UnityPoint Clinic Family Medicine, Huxley
UnityPoint Clinic Weight Loss, West Des Moines

CLASS OF 2023 DON THEIR WHITE COATS

We are pleased to welcome the Class of 2023 to the Iowa Medical Society membership. During white coat ceremonies at the University of Iowa Carver College of Medicine on August 16 in Iowa City, and Des Moines University College of Osteopathic Medicine on August 23, each student received his or her white coat and IMS member pin.

University of Iowa Carver College of Medicine

Aparna Ajjarapu
Emily Anderson
Sahaana Arumugam
Mohad Awan
Brandon Bacalzo
Kaylie Barnett
Madeline Beauchene
Greta Becker
Riley Behan
Matthew Behrens
Nathan Behrens
Claire Berns-Leone
Jared Blad
Eric Boeshart
Ty Bolte
Joshua Borwick
Peter Brennan
Conor Burke-Smith
Claire Carmichael
Joseph Carmody
Thomas Cassier
Elvis Castro
Katharine Champoux
Amanda Chang
Kevin Chang
Ailynna Chen
Karen Chen
Alison Cunningham
Jack Curran
Jessica De Haan
Cassidy Dean
Jeffrey Dobrzynski
Emerald Dohleman
Annamarie Dotzler
Jordan Eisenmann
Jonah Elliff
Kathryn Faidley
Zachary Fleishhacker
Bradley Fleming
Kory Ford
Ying-Kai Fu
Clara Garcia
Michael Garneau
Cheyanne Godwin
Anna Graeff
Anna Greenwood
Zachary Grossmann
Jordan Haarsma
Joshua Hagedorn
Joseph Haight
Christopher Halbur
Elaine Harrington
Alexander Hart
Mustafa Hashimi
Ryan Havey
Yifan He
Sally Heaberlin
Timon Higgins
Dake Huang
Margurite Jakubiak
Alec James
Allison Jasper
Anna Kaldjian
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Theodore Katz
Matthew Kelly
Morgan Kennedy
Faizan Khawaja
Kenten Kingsbury
Brian Kinnaird
Camilla Koczara
Ionnis Kournoutas
Kayla Kruse
Nicole Lacina
Andrea Lawrence
Ethan Lemke
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Gage Liddiard
Cory Lin
Madeline Lorentzen
Lucas Maakestad
Mariam Mansour
Michael Marinier
Nicholas Marino
Caitlin Matteson
Nolan Mattingly
Jacob McClinton
Matthew McIlrath
Mackenzie McKnight
Ethan Meiburg
Jamie Miller
Sarah Minion
Timothy Morris
Joseph Mueller
Catalina Mulanax
Ananya Munjal
Bryn Myers
Wisam Najdawi
Paige Noble
Samantha Parks
Pooja Patel
Milosch Pavic
Rebecca Peoples
Katy Pham
Nikitha Pothireddy
Nicolas Psihoyos
Dayton Rand
Lulua Rawwas
Ryan Reis
Nathan Roby
Sophia Rotman
Emily Ruba
Ryan Sabotin
Stephanie Saey
Oscar Salas
Nicholas Sawin
Sienna Schaeffer
Eli Schmidt
Alexa Schmitz
Wesley Schoo
Kritina Sevcik
Sarah Silverman
Zachary Skopec
Olivia Snyder
Eric Solis
Talia Sopp
Nathen Spitz
Hannah Steenblock
Haley Steffen
Logan Stiens
Sarah Stueve
Erin Sullivan
Samantha Swartz
Zainab Tanveer
Xavier Tijerina
Brittany Todd
Andy Tran
Rosarie Tudas
Angeline Vanle
Ashley Vaughan
Victoria Vivtcharenko
Ellen Voigt
Madison Wahlen
Abigail Walling
Ryan Ward
Kirk Welsh
Cody West
Anna Wilcox
Mimi Williams
Jennifer Wu
Anthony Zhang
Robert Zhu

Des Moines University College of Osteopathic Medicine

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Alfonso Acosta
Brendon Adams
Jordan Airola
Aleena Ali
Emma Alley
Morgan Alwell
Cole Amundson
Phillip Anderson
Aditya Avula
Jack Bailey
Alexander Baldwin
Kelly Bang
Allie Barnett
Cory Barnish
Rebekah Betar
Jacob Billings
David Blankenship
Sedale Boire
Nelson Browning
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Allen Chen

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John K. Dahl
Megan Elizabeth Dinges
Emily Dobrzynski
Nicholas Dunne
Richard Dunning
Kalkini Durai
Lauren Eddy
Harper Elizabeth Euwer
Ethan Fabrizius
Emily Facile
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Cade Harvey
Lane Heinlein
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Nathan Kuttickat
Cassandra Lai
Rebbeca Lair
Ian McAllister Lake
Parker Winfield Lemon
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Yao Ting Leo Li
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Clay Lippert
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Eva Louise Morgan
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UI DEAN'S ARTICLE

PROSPECTS FOR DELAYING AGING

BROOKS JACKSON, MD, MBA & PAIGE NOBLE

Dr. Jackson is UI Vice President for Medical Affairs, & Dean of the Carver College of Medicine. Ms. Noble is a student at Univeristy of Iowa's Carver College of Medicine

Due to public health measures, advances in medical treatments, and decreased smoking rates, life expectancy has increased dramatically in the last century. In the United States, life expectancy at birth rose from 46 years to 76 years in men and from 48 to 81 years in women between 1900 and 2017.[1,2]

As a result, between 2012 and 2050, the number of adults 65 years of age or older is estimated to nearly double, climbing from 43.1 million to 83.7 million.[3] The record for longest-lived American is held by Sarah Knauss, who died in 1999 at the age of 119.[4] However, despite our increased longevity, the incidence of pathology is directly correlated with age, and while there is some variability, senescence of human organ systems is inevitable and fairly predictable.

But what if we could slow the aging process biologically? Recent advances in our understanding of cellular aging and interventions that significantly extend healthspan in animals suggest this may be possible. These interventions could dramatically slow the aging process and allow people to live longer, healthier, more productive lives with significantly lower medical costs per 100 years of life.

Understanding the biological mechanisms of aging is critical for successful interventions. Many theories have been posited; only a few of the most prominent will be mentioned here. The oxidative stress theory, first introduced as the free radical theory, states that random oxidation of proteins and DNA cause malfunction and altered redox signaling, which lead to senescence.[5,6] Another popular theory links telomere shortening that occurs with mitotic replication to DNA instability, which leads to increased mutations and an aging phenotype.[7-9]

Chronic inflammation is another phenomenon that is believed to drive the aging process.[10] These theories are united in that they attribute aging to chronic processes that accumulate damage, causing a gradual decline. Although all of the described outcomes have been documented to correlate with age, there is yet no definitive evidence that mitigating these processes will prolong life in humans.

In contrast to the "chronic" theories of aging above, there are also multiple "programmed" theories of aging, which state that aging is genetically directed. The term antagonistic pleiotropy describes a single gene that contributes to multiple, competing phenotypic effects: at least one effect is positive, and at least one effect is negative. The antagonistic pleiotropy theory of aging proposes that many longevity-promoting gene variants might compromise early physical and reproductive fitness. In a competitive natural environment, this tradeoff would be untenable and natural selection would favor the shorter-lived, fitter organisms.[11] The disposable soma theory of aging makes a similar argument, emphasizing that an organism's resources are allocated towards early development and reproductive fitness, often at the expense of the individual's long-term health.[12,13]

Supporting evidence for programmed theories of aging includes the apparent heritability of aging, which is estimated to account for roughly 20-30% of human longevity.[14,15] Human mortality follows a consistent distribution with apparent limits to lifespan.[16] Furthermore, the existence of nutrient-sensing, master signaling pathways provide a physiological mechanism for genetically-driven aging.[17,18]

The mechanistic target of rapamycin (mTOR) pathway is a highly conserved, intracellular signaling pathway. The protein kinase mTOR, named for the pharmacologic inhibitor that led to its discovery, plays an important role in regulating the cell cycle. In response to environmental conditions, such as amino acid availability and energy levels, mTOR promotes either anabolism or catabolism through a broad range of targets.[17]

Similarly, AMP-activated protein kinase (AMPK) is another promiscuous, nutrient-sensitive protein kinase that assists in the transition between fasting and feasting states.[18] The evolutionary advantage of a rapid, synchronized response to changes in nutritional status is obvious; interestingly, these

signaling networks are also among the most promising targets for an anti-aging intervention.

In the case of mTOR, there are two major configurations: mTOR complex 1 (mTORC1) activation is most commonly associated with age-related dysfunction. Activation is associated with cancer, type 2 diabetes mellitus, neurodegeneration, among other age-related pathologies.[17] Thus, inhibitors of mTORC1, including rapamycin, have been investigated to combat aging and age-related diseases. In some mouse studies, rapamycin has been documented to increase lifespan by 9-10% in males, and 14-18% in females.[19,20]

However, in studies with other rodents, chronic rapamycin treatment has resulted in adverse side effects on metabolism, including dyslipidemia and elevated blood glucose.[21,22] Studies varied widely in animal, dose, and drug delivery methods, so it is difficult to determine the overall effect of chronic rapamycin treatment on longevity.

Similar findings have been published in humans. In the context of human kidney transplantations, rapamycin use has been limited due to a prohibitively high incidence of adverse side effects, such as hyperglycemia and hyperlipidemia.[23] Nevertheless, a recent randomized, placebo-controlled prospective trial has shown that short-term (8 weeks) rapamycin treatment at a low dose was safe for healthy older adults. Additional investigation is needed to evaluate the potential for use as an anti-aging therapy.[24]

AMPK activation has been shown to increase lifespan in animal models of aging.[25] Metformin is a known pharmacological activator of AMPK,[26] and has been documented to increase lifespan in some animal studies, but results are mixed.[27-29] Observational studies in humans have reported metformin use to be associated with lowered risk of cardiovascular disease, a 31% lower incidence of cancer, and even a decreased risk of cognitive impairment as high as 51%.[30] In May 2018, the Metformin in Longevity Study concluded, a phase 4 pilot study to assess suitability for metformin to delay biological aging; results are pending.[31]

Finally, an exciting new concept for anti-aging drug development is theorized based on targeting distinguishing features of senescent cells. Senescent cells rely heavily on characteristic anti-apoptotic pathways to accumulate in situ, releasing high levels of inflammatory cytokines in a process known as the senescence-associated secretory phenotype. This propagates dysfunction in surrounding cells and creates focal points of senescent pathology.[32]

Thus, by targeting the signature anti-apoptotic pathways, senescent cells could be culled from an organism and their effects on adjacent tissue ablated.[33] This concept was supported by development of a mouse model for inducible apoptosis of senescent cells, which lead to significant attenuation of age-related dysfunction such as loss of muscle mass and function and loss of fat deposits.[34] Ideally, increased understanding of these senescent cell anti-apoptotic pathways would lead to development of medications to target senescent cells and replicate these effects.

The investigation of “senolytic” drugs, as they have been dubbed, is a burgeoning new field of aging research. In 2015, first proof of concept in mice occurred when investigators showed that treatment with dasatinib (a tyrosine kinase inhibitor) and the flavonoid quercetin (D+Q) cleared senescent cells in old mice without harming healthy tissue. Interestingly, both drugs were effective when used alone, but were administered together because each was active in distinct tissue types.

In functional studies, D+Q treated mice demonstrated significantly improved exercise capacity, ejection fraction, and vascular reactivity only five days after a single dose.[35] The senolytic properties of D+Q have since been affirmed by numerous other mouse studies demonstrating significant improvement in healthspan and diverse age-related diseases such as osteoporosis, hepatic steatosis, Alzheimer’s dementia, and pulmonary fibrosis.[36-41]

In February 2019, the results of the first D+Q pilot study in humans were published, on patients suffering from idiopathic pulmonary fibrosis. Although direct measurements of pulmonary function did not change, investigators observed a significant increase in six-minute walk distance, gait speed, and other physical parameters in these patients after only three weeks of intermittent, self-administered dosage.

A larger, randomized placebo-controlled trial is already enrolling participants to further evaluate the potential for D+Q as a treatment for idiopathic pulmonary fibrosis.[42] There are also several other promising potential senolytic drugs currently under preclinical investigation.[43-49]

The timeline for availability of

longevity-enhancing drugs is unclear. In the meantime, the most powerful step clinicians can take in enhancing a patient's healthspan is relaying recommendations on modifiable risk factors.

One of the most meaningful investments a patient can make towards their healthspan is regular exercise. Cardiorespiratory fitness, as defined by VO2 Peak using cardiopulmonary exercise testing, is strongly and inversely related to all-cause mortality, cardiovascular disease and cancer.[50] At the molecular level, physical activity has been linked to several of the theories of aging listed above.

For example, aerobic activity has been reported to lower inflammation markers,[51] reduce stress, and to lengthen telomeres in certain cell types.[52] Leukocyte telomere length is preserved with aging in endurance exercise-trained adults and is related to maximal aerobic capacity.[53] At a systemic level, physical fitness has been documented to reduce all-cause mortality. Physical fitness confers significantly reduced risk even in individuals with additional risk factors¬—such as hypertension and hypercholesterolemia— as compared to peers with low physical fitness but no additional risk factors.[54]

A well-balanced diet works synergistically with exercise and aerobic fitness. In particular, consuming a diet rich in fruits, vegetables, nuts, legumes, and whole grains can assist with maintaining a healthy weight, which is another factor associated with longevity.[55] Most Americans do not meet current recommendations for daily intake of these foods.[56]

Maintaining a healthy weight significantly reduces morbidity and mortality. One recent study estimated years of life lost for overweight and obese individuals in different age groups. For twenty-five year olds, the projected years of life lost were calculated to be more than 3 and 5 years, for overweight and obese individuals, respectively.[57] Other miscellaneous behaviors that promote healthspan include not smoking and regularly getting sufficient sleep.[58, 59]

Finally, a more dramatic intervention related to a healthy diet and weight is caloric restriction (CR). CR describes the reduction of calories consumed without sacrificing nutrition. CR has been demonstrated to significantly increase healthspan in several organisms, including non-human primates. Definitive data on CR's effect on human longevity is currently lacking. However, current studies have thus far demonstrated benefits with respect to age-related dysfunction, such as significantly lowered total cholesterol and triglycerides.[60] Nevertheless, even if CR proved effective in extending healthspan in humans, it is likely that the physical discomfort will limit popularity and compliance.

In summary, it is clear that knowledge of potential interventions to delay aging and extend healthspan is rapidly evolving with profound implications for healthcare. The University of Iowa is committed to furthering age-related research and advancing the healthspan of Iowans. Research in this promising field is a priority investment for the Carver College of Medicine. Our challenge is to discover novel and feasible pharmacological, behavioral, and lifestyle interventions to enhance healthspan in people with and without disease, injury, and disability.

article sources can be found in the online version of this issue, available on our website: iowmedical.org

SAVE THE DATE:

FOR THE IOWA MEDICAL SOCIETY
PRESIDENT'S RECEPTION

FRIDAY, APRIL 17, 2020

UNDETECTABLE MEANS UNTRANSMITTABLE

U = U means that people with HIV who take their medications as prescribed to achieve and maintain viral suppression have effectively no risk of transmitting HIV to their sexual partners. CDC rates optimal use of HIV medications with a 100% effectiveness estimate for preventing sexual transmission.

Source: *https://www.cdc.gov/hiv/risk/estimates/preventionstrategies.html*

IDPH Iowa Department of Public Health

#UequalsU

TALK TO YOUR PATIENTS ABOUT **U=U.**

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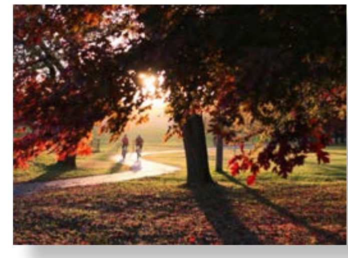

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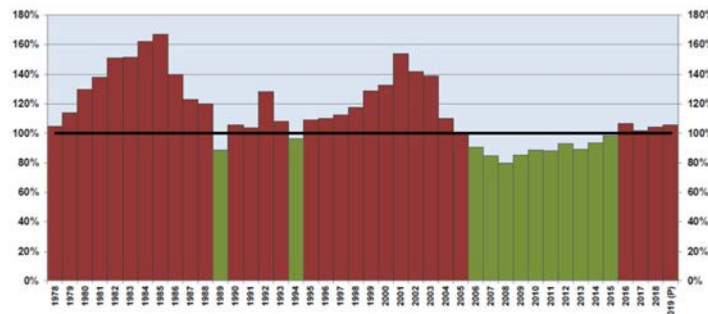
THE TIDE IS GOING OUT

DEREK BRISCOE

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

Combined ratios for medical professional liability carriers continue to rise nationwide, but the increased severity, particularly in the Midwest, is creating pricing pressures that could drive increased premiums in the near term.



The combined ratio is a quick and simple way to measure insurer profitability, simply taking the sum of losses and expenses dividend by earned premiums. The average combined ratio in this MPL sector was 108% which is to say, for every dollar taken in by the carrier, they incurred expenses and settlements of $1.08.

Over the past several years, historically low frequency has driven market place pricing below actuarial indications. With an uptick in severity, a slight increase in frequency would drive combined ratios even higher.

While frequency remains stable, large verdicts, increasing defense costs, and extreme non-economical awards have the attention of carriers who have had favorable underwriting results for the last 15 years.

Here are some remarkable comments:

• From 2001-2018 the national average for paid indemnity outpaced the inflation rate by 11%
• In 2018 there was a record 41 verdicts in excess of $10M nationally.
• Most frequent claims involved missed diagnosis; most severe claims were obstetrical
• In 5 notable verdicts in the last 24 months, $63M of $84M awarded were non-economical damages

There are many carrier options available in the today's marketplace and it's far from "one size fits all". Early intervention programs and superior defense increase in importance through hardening market cycles.

If you haven't sought a second opinion in recent years, competition could create premium efficiencies. In more invasive specialties where you or your practice are seeking higher limits price stiffening could be most evident.

Have you considered all your options? Please contact the IMS for a second opinion.

"NO ONE KNOWS WHO'S SWIMMING NAKED UNTIL THE TIDE GOES OUT" -WARREN BUFFETT

UNDERLYING PRINCIPLES THAT SUPPORT THE CANDOR PROCESS

CANDOR can be defined as "the quality of being open and honest." In health care, this term has been adopted to describe a framework for addressing adverse medical incidents in a way that preserves the provider-patient relationship, allows for open communication, and supports improvements in patient safety. Iowa's CANDOR statute was developed around these goals and enables health care providers and facilities to utilize this voluntary framework with patients.

While CANDOR may be a new term to some, it is based on a decade of research and ideas that many of us have come across during our careers. CANDOR emerged out of efforts by the Agency for Healthcare Research and Quality (AHRQ) as part of a toolkit developed to promote open, honest conversations with patients after adverse outcomes occur. The toolkit outlines a process designed to investigate and learn from what happened, to address patients' needs, and to disseminate any lessons learned to improve future outcomes.

Since the AHRQ toolkit was released, the CANDOR framework has been utilized in various health care systems, demonstrated positive results, and besides Iowa, CANDOR-related legislation has been enacted in Massachusetts, Oregon, and Colorado. Throughout these efforts, some key underlying principles have been identified as crucial to the CANDOR process based on the insight derived and expert evaluation on what factors made a difference.

KEY PRINCIPLES THAT SUPPORT THE CANDOR PROCESS

Focus on meeting the patient's needs and expectations during the process. Trust forms the basis of the provider-patient relationship. Crucial to this, after an adverse outcome, is providing an explanation of what occurred and what actions are being taken to prevent this in the future as well as an apology when appropriate.

Reinforce early reporting and the identification of adverse events. Creating an effective reporting culture around this requires a shift from blaming the individual to focusing on identifying system processes and related factors that contributed to the adverse outcome. Supporting a system that encourages rapid response also allows those involved to gather valuable information while the incident is fresh in everyone's minds.

Assess and improve communication skills. Breakdowns in the communication process, whether with patients/family or other members of the medical team, are often at the root of medical liability claims. Communication is not an equally shared skill. There are good communicators and there are good systems to enhance the coaching of communication. The CANDOR process seeks to develop the skills required in these situations such as empathy, sincerity, active listening, patience, tact, and emotional intelligence.

Conduct investigations from a systems analysis approach. The reason for using a systems approach is that managing individual performance alone doesn't ensure that an adverse event won't happen again with a different provider. The CANDOR process highlights that, to strengthen system accountability, we want to learn what happened, why it happened, what normally happens, and what applicable procedure(s) are required. Only then can we learn why adverse events occurred, and how we can implement policy, process, and improvement mechanisms to prevent these from happening again.

Support education based on learning. All too often, we only learn about preventable causes of medical harm after the harm has occurred. Building a robust education platform based on analysis of adverse events will protect the next patient from harm. The education should be case-based, interactive, and involve all members of the health care team. Debriefing following near-misses is an example of case-based education that protects the next patient and improves outcomes.

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IMS FOUNDATION: SERVING GLOBALLY

REBECCA KRITENBRINK

IMS Manager, Major Initiatives & Foundation Relations

One of the primary goals of the Iowa Medical Society Foundation (IMSF) is its philanthropic mission to support the professional development of medical students in Iowa. Each year the IMS Foundation awards Global Health Scholarships to students from Des Moines University College of Osteopathic Medicine and the University of Iowa Carver College of Medicine to help defray a portion of their costs for an international training experience to provide aid to underserved populations.

This past summer, eight University of Iowa medical students received funds from IMSF to enhance their medical education through cultural immersion, as they provide health care to patients in low-resource settings. The students set out for training experiences across the world, including South Africa, India, Ecuador, and the United Kingdom. Their unique experiences provided them with a newfound perspective of practicing medicine and receiving health care.

The situations in which students were able to practice were both challenging and rewarding. Lisa Bell, M4, University of Iowa Carver College of Medicine, traveled to Himachal Pradesh, India – a remote community in northern India as part of the Himalayan Health Exchange.

"I had an experience where a young boy came in for a well-child check. While evaluating him, he told me that he was having difficulty in school. As part of my exam, I decided to test his visual acuity for both near and far vision and discovered that he could barely see at all. We were able to get him a pair of glasses with a prescription that allowed him to read again."

- Lisa Bell, M4

Another recipient of the IMSF Global Health Scholarship, Korbi Burkey, M2, traveled to Limpopo, South Africa where he got to do missionary and medical work with Jim Blessman, MD, a retired physician from Iowa, that has now settled in Limpopo. Burkey shared, "The missionary and medical work during the first week really meant a lot to me because it gave me a chance to get to know and better understand the local people of Limpopo, South Africa. I got to learn about their culture and unique history through discussions with multiple people."

The Iowa Medical Society Foundation is proud to continue to support medical students who expanded their interest and clinical practice to underserved indigenous populations around the globe. The impact they make to their patients and to the communities they serve in, leave a lasting impression. The students' experiences and the conditions under which they treat patients from different areas of the world help to make them a more diverse healthcare provider.

IMSF Global Health Scholarship award recipients from Des Moines University will be announced soon. Watch upcoming IMS publications for profiles of these medical students as they continue the tradition of carrying Iowa's high-quality medical care to communities around the world.

To help support these international training opportunities, please consider a year-end, tax-deductible contribution to the Iowa Medical Society Foundation. Please visit the IMS website or contact Dennis Tibben at dtibben@iowamedical.org for more information.

"I thoroughly enjoyed this trip and hope to return to India with HHE in the future. Thank you to Iowa Medical Society for making this trip possible. I will carry these experiences with me for the rest of my training and career as a physician."

- Lisa Bell, M4, University of Iowa Carver College of Medicine.

special thanks to the 2019 Global Health Scholarship recipients for sending us your photographs!

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