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JOURNAL OF THE IOWA MEDICAL SOCIETY

JANUARY-MARCH 2020 | QUARTER ONE

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IOWA MEDICAL SOCIETY

RESPONDING TO COVID-19

The Iowa Medical Society would like to thank every physician, clinical team member, and administrator for their ongoing work to respond to the global COVID-19 pandemic that is currently confronting our state. Your tireless service and sacrifice in the face of this rapidly escalating situation, is a testament to the resiliency and excellence of Iowa's healthcare system. We do not know what the coming weeks and months will hold for our state. The Iowa Medical Society stands ready to assist you in any way that we can. Through our advocacy, education, communications, and clinical support systems, we want to be a resource for every physician and every practice in this state. Should you need anything, please call upon us.

Thank you for your leadership during these trying times. Please remember to care for yourselves as you care for your patients, your colleagues, and your communities.

On behalf of all Iowans, thank you and be safe.

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IMS CORE PURPOSE

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

CONTENTS

UPCOMING EVENTS

IMS APRIL EVENTS HAVE BEEN CANCELED DUE TO THE CDC RECOMMENDATIONS SURROUNDING COVID-19. DURING THIS TIME, ALL IMS EVENTS ARE BEING EVALUATED.

SEPTEMBER
10 - IMS BURNOUT AND RESILIENCY PROGRAMMING, WEST BURLINGTON

OCTOBER
13 - IMS BURNOUT AND RESILIENCY PROGRAMMING, SPIRIT LAKE

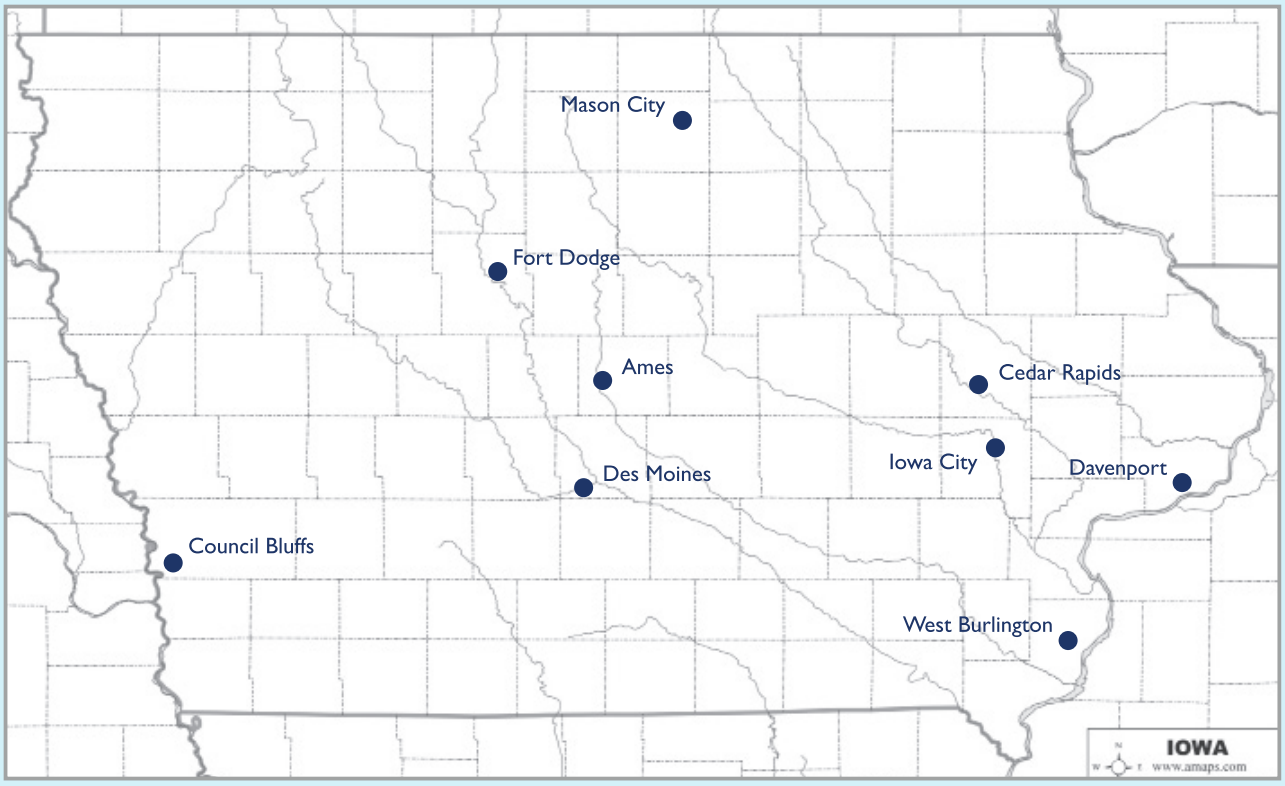
DECEMBER
3 - IMS BURNOUT AND RESILIENCY PROGRAMMING, DES MOINES

IN THIS ISSUE

Wednesday, March 4, 2020
Physician Day on the Hill

Nearly 200 Iowan physicians, residents, and students attended PDOTH 2020

Where We've Been 2020
Iowa Medical Society Outreach



2020 Outreach Events

- 1/6 – Ames Tort Reform Briefing (Ames)
- 1/8 – The Iowa Clinic Leadership Meeting (Des Moines)
- 1/14 – Scott County Medical Society (Davenport)
- 1/15 – Genesis Health System Leadership Meeting (Davenport)
- 1/15 – University of Iowa IMS/AMA Student Chapter Meeting (Iowa City)
- 1/23 – Burnout and Professional Resiliency Programming (Des Moines)
- 1/30 – MercyOne Des Moines Tort Reform Briefing (Des Moines)
- 2/4 – Healthcare Workforce Regional Stakeholder Meeting (Mason City)
- 2/4 – Emotional Intelligence Programming (Mason City)
- 2/6 – Independent Physicians Tort Reform Briefing (Des Moines)
- 2/20 – Family Medicine Medical Education Legislative Update (Cedar Rapids)
- 2/20 – Tort Reform Briefing (Fort Dodge)
- 2/22 – Rheumatology Association of Iowa Annual Meeting (Cedar Rapids)
- 2/25 – Tort Reform Briefing (Council Bluffs)
- 2/26 – Linn County Medical Society Legislative Update (Cedar Rapids)
- 3/2 – Tort Reform Briefing (West Burlington)

COPIC
Better Medicine • Better Lives

Special thanks to our partners at COPIC for helping support IMS tort reform outreach efforts!

EDUCATION AND LIFE-LONG LEARNING

MICHAEL FLESHER

Mr. Flesher is Executive Vice President and CEO of IMS

Welcome to the first edition of Iowa Medicine for 2020! As the weather begins to change and the days get longer, this is the perfect time to look ahead and prepare for transitions. The theme of this edition is education and lifelong learning – the very bedrock of modern medical practice. It can be easy to think of IMS only as an advocacy organization and while that is certainly a core tenant of our work on behalf of every Iowa physician, resident, and medical student, this is only part of our work.

In recent years, the IMS Board of Directors has approved a realignment of how IMS approaches our education and engagement work with the designation of IMS Major Initiatives. This new strategic approach to our work has led to an unprecedented level of travel and local events across our state. In this edition, IMS Director of Education & Engagement Kady Reese tells us about the work associated with several of these initiatives and previews what's to come in the year ahead.

IMS President Marygrace Elson, MD, pens her final President's Corner with a look at moving the needle on health care disparities. She touches upon Iowa's maternal health crisis and physician workforce issues – both IMS Major Initiatives – and emphasizes the importance of self-reflection and self-care to help address the problem. In just a few days, Dr. Elson will be handing the IMS Presidency over to Brian Privett, MD, an ophthalmologist from Cedar Rapids. On behalf of everyone at IMS, we thank Dr. Elson for her year of service to the House of Medicine in Iowa!

This edition, we also introduce you to Sarah Eikenberry, M4, a University of Iowa medical student who just completed the first-ever advocacy rotation as part of UICCOM's Healthcare Delivery Science, Management, and Policy Distinction Track. IMS has been working with UICCOM for the past two years to make this experience a reality. We were thrilled to have Sarah matched with IMS Director of External Affairs Dennis Tibben.

Sarah shares her thoughts on the new educational opportunity, and how advocacy and medicine have become more intertwined than ever before. This interplay between the two is well-illustrated in this quarter's report of the recent National Advocacy Conference by Iowa AMA Delegation Chair Michael Kitchell, MD. I recently had the opportunity to join Dr. Kitchell and our Iowa delegation for three days of education and advocacy in Washington, DC, where we covered a host of pressing issues that impact medical practice in our state.

Finally, this edition features two articles that have come about as a result of member engagement through last fall's IMS Policy Forum. Tom Benzoni, DO, and IMS Board Member Leonard Kerr, DO, co-author a guest column regarding the growing problem of violence against healthcare workers. This was the subject of a Policy Request Statement by Dr. Benzoni and is an area where we can all benefit from greater education. We also have an article from IMS Director of Membership & Strategic Alliances Michelle Dekker highlighting the gender demographics of the IMS membership, IMS leadership, and IMS committees.

This report is a partial outcome of a recent Policy Request Statement from several University of Iowa physicians aimed at advancing gender equity in medicine. Educating ourselves about the current state of women in medicine is a necessary first step as IMS looks to execute upon the directives that were adopted as a result of that member advocacy.

Just days before this edition went to print, IMS made the decision to cancel all in-person events for the month of April and implement a work from home policy for all staff to help slow the spread of COVID-19. As our state works to respond to this evolving situation, IMS remains committed to connecting Iowa physicians with the latest information from trusted external partners.

Visit the COVID-19 Resource Page on our website for the most current information and thank you for all you do to care for the patients of Iowa.

HOW WILL THE SECURE ACT AFFECT YOUR PLAN?

ZACH DALLUGE, *Associate Advisor*

On January 1st, 2020, the Setting Every Community Up for Retirement (SECURE) Act went into effect. The bill passed congress with wide bipartisan support, and, despite a long wait for the Senate to take it up in 2019, it was passed and signed into law by the President at the end of December.

The bill made several, significant changes for retirement plans and investors. Here are some of the most notable changes:

- Required Minimum Distributions (RMD) now begin at age 72 for anyone that turns 70.5 after December 31, 2019. For anyone that turned 70.5 prior to January 1, 2020, the old rules still apply.
- Inherited IRA's will no longer have a required minimum distribution but will be required to be fully liquidated in a 10-year window. This will only apply to beneficiary IRA's that were inherited after December 31, 2019. For any inherited dollars prior to January 1, 2020, the old rules still apply. There is also an exception for surviving spouses, minor children, disabled individuals, chronically ill individuals, and an individual who is not more than 10 years younger than the IRA owner.
- While the RMD age moved from 70.5 to 72, the qualified charitable distribution (QCD) age has not changed. Individuals who turn 70.5 are still able to give pre-tax dollars from their IRA up to $100,000 per year to qualified non-profits, even if they are not yet taking an RMD.
- The age limit for traditional IRA contributions has been removed. This opens the door to new planning tools, such as back-door Roth contributions after age 70.
- Allows for a penalty-free $5,000 401(k) or IRA distribution for childbirth or adoption expenses.
- Allows up to $10,000 of 529 plan dollars to be used to repay student loans.
- For 401(k) plan sponsors and participants, the bill expands access to small employers to set up multi-employer 401(k) plans, lessens the risk on employers offering annuity options inside a 401(k), and expands access for part-time workers.

As always, you'll want to review your investment options and tools available within your 401(k) to ensure they are aligned with your plan.

If you have any questions about how the SECURE Act will affect you, please contact us.

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WHAT EIGHTH GRADE CIVICS NEVER TAUGHT ME…

SARAH EIKENBERRY, M4

Ms. Eikenberry recently became the first medical student to complete an advocacy rotation as part of UICCOM's Healthcare Delivery Science, Management, and Policy Distinction Track.

"So do you want to practice medicine, or do you want to practice politics?" I was recently asked on a local radio show. My response was an emphatic "medicine," but with the caveat that in this day and age the two are linked with all the policy that gets passed and the repercussions of that policy on medical practice.

This past January, I had the opportunity to be present for the start of Iowa's 88th General Assembly at the State Capitol. This immersive experience is a new elective rotation available to fourth year medical students in the Healthcare Delivery Science, Management, and Policy (HDSMP) Distinction Track at the University of Iowa Carver College of Medicine.

The HDSMP Distinction Track exposes medical students to the innovations and integrations of healthcare delivery outside of direct medical care to produce tomorrow's physician leaders. Specifically, I was partnered with IMS for four weeks and worked on the legislative priorities of the organization.

After the first few days of pomp and ceremony at the Capitol, everyone was starting to get down to business. Bills needed to be introduced, committees needed to meet, and the Governor's budget recommendations needed to be reviewed. I summed up my initial observations of legislators in action as, "if we conducted surgery like they conducted government, a whole lot of people would be dying from appendicitis."

I could not understand it. The process was time consuming and communication was archaic. For someone training in medicine, the whole process was highly frustrating. There appeared to be redundancy and inefficiency wherever I looked.

After venting and receiving advice from my mentors, I began to realize the design of the system. This process is supposed to be complicated and slow. This process prevents a single individual from making sweeping changes. Once I accepted this fact, I learned to work within the system and learned even I had the capability to make change.

As a fourth year medical student, I had already decided on my specialty: general surgery. I appreciated the anatomy, enjoyed procedures, and reveled in the gratification of removing an infected appendix. The American College of Surgeons (ACS), of which I am a student member, is currently working on an initiative called Stop the Bleed. Stop the Bleed is a national awareness campaign that was launched by the White House and ACS in October 2015 with the goal that no one should die from uncontrolled bleeding.

One way to accomplish this is to increase public education. States such as Indiana, Arkansas, and Texas have recently passed legislation that incorporates Stop the Bleed training into public school curriculum. I decided, as part of my advocacy rotation, that I wanted to bring this initiative to Iowa.

Thanks to the Iowa Department of Public Health Trauma Program and ACS, Iowa Chapter Committee on Trauma, there is already strong Stop the Bleed penetration throughout the state as a grassroots movement. Expanding high school curriculums is the next natural step. With support from IMS, ACS, and my mentors, I was armed with information, best practices, and a positive attitude to begin contacting legislators.

Near the end of my second week, I succeeded in getting legislation introduced. This was not an easy feat. It took multiple conversations with different legislators, and countless

notes returned before the bill was introduced, but I had a bill number! Once we had a bill and committee assignment, my work became more focused. The following two weeks shifted to continued conversations with legislators, educating legislators on the issue, and ensuring the bill moved along in the process.

To date, my bill – HF 2457 – passed committee and is eligible for debate in the House of Representatives. If it passes, it has to start the process over again in the Senate before being sent to the governor.

While the process and experience started off with frustration and discouragement, it has turned out to be very educational, rewarding, and has restored my belief in the process.

"WHEN ASKED IF I WANT TO PRACTICE MEDICINE OR POLITICS, I STILL RESOUNDINGLY SAY MEDICINE, BUT I HAVE A MUCH BETTER SENSE OF THE INTER-DEPENDENCE OF THE TWO FIELDS. I HAVE REALIZED THAT IT IS IMPOSSIBLE TO PRACTICE ONLY ONE IN ISOLATION."

FIVE TAKEAWAYS FROM MY EXPERIENCE:

1.) Persistence and patience. My instinct was to try and change the process: it is too inefficient. The process is not broken, it's just intentionally slow. Embrace that and learn to work within it.

2.) One person still does have a voice – I was initially frustrated and felt like my voice was lost amongst the professional lobbyists, but I still had a voice and I used it. I dressed professionally, talked confidently, and was able to change opinions. More so, the legislators are still in tune with their constituents. Legislators expect daily conversations with lobbyists. It can be refreshing to hear from a regular citizen with a good idea.

3.) You can help your legislators. On more than one occasion after discussing my policy with a legislator, he or she would then asked me other questions, which were unrelated to my issue. The legislator wanted my opinion on some other policy issue to which he or she was assigned.

4.) A lot goes on at the Capitol that affects the healthcare community and we don't hear about it. While I was at the Capitol for four weeks, I became aware of several bills that would directly affect the healthcare system and the way physicians would practice, yet they received no media coverage. By the time an issue does receive media coverage, it can be too late. It is better to be proactive than cleaning up messes.

5.) Schoolhouse Rock and 8th grade civics does not do the legislative process justice! The best way to learn it is to experience it.

VIOLENCE AGAINST HEALTHCARE WORKERS: UNDERSTANDING THE PROBLEM AND YOUR RIGHTS

THOMAS BENZONI, DO, EM, AOBEM, FACEP

Dr. Benzoni is an assistanct professor at Des Moines Univeristy, specializing in Emergency Medical Services

LENARD KERR, DO, FAAEM

Dr. Kerr is Chief Medical Officer of Acute Care, INC. Specializing in Emergency Medicine

Adopted September 9, 2019:

PRS 19-2-03 directs that IMS work to inform all member physicians about their rights in violent workplace situations.

A patient is brought in with allegations of vocal hallucinations and suicidal ideation by jumping off a bridge. They were brought to an Emergency Department room, glass walled, where a nurse began intake. The patient was observed to have increasing agitation, anxiety, and pacing behaviors. The patient suddenly turned and pinned the nurse to the wall, using a metal bar from the room's furniture. The nurse sustained a neck injury and was unable to work for a week. The patient required brief physical restraints and sedation, but experienced no other consequences.

Cases such as this are all too common. They are often considered routine, a cost of doing business, a known job hazard. The experiences of the healthcare workers involved are rarely considered. Is this ok? Is this reasonable? Is this honest?

Violence perpetrated against healthcare workers should be no more tolerated than that against the general public. Perhaps, because of the environment and motivations in practice, it should be less tolerated. The healthcare workers is where they are out of a desire to help others. In the Emergency Department, they are part of the public safety sector, no less important than police and fire.

Violence Against Healthcare Workers[1]

- 75% of the nearly 25,000 workplace assaults each year occur in healthcare environments
- Less than 1/3 are reported
- Emergency Medicine Physicians
  - 70% feel violence is increasing
  - More than 55% feel patients have been affected
  - Nearly 50% state other patients or staff have been assaulted
- Sources of Violence
  - Random
  - Patient as perpetrator (most common)
  - Directed at facility; no direct/ intended person
  - Directed at employee personally

Joint Commission vs Department of Labor Stance

To be considered a "sentinel event," the Joint Commission on Accreditation of Healthcare Organizations requires the incident to include "rape, assault leading to death, permanent harm or severe temporary harm, or a homicide." This standard mandates "a comprehensive systematic analysis."[2]
The National Institute for Occupational Safety and Health includes assaults or threats of assaults in its definition of workplace violence:

The US Department of Labor defines workplace violence as an action (verbal, written, or physical aggression) which is intended to control or cause, or is capable of causing, death or serious bodily injury to oneself or others, or damage to property. Workplace violence includes abusive behavior toward authority, intimidating or harassing behavior, and threats.[3]

Thus there is a menu of choices when deciding if action is needed to confront violence against healthcare workers.

Law Enforcement Involvement

In a recent incident at a major facility in Iowa, a patient was becoming increasingly belligerent and hostile toward Emergency Department staff. Feeling threatened, staff requested help

from local law enforcement. Police appeared, interviewed the patient and staff, and left, letting staff know they felt the staff was antagonizing the patient.

Instances such as this, where members of the public safety sector do not have each other's backs are not "fixed" by training. This reflects a culture established by leadership.

State Solutions

Some states are helping front-line healthcare workers by giving them tools with which to fight back, in the form of additional legal protections. At least 32 states have enacted laws making it a crime to assault or threaten a healthcare worker while engaged in their job.[4]

Iowa is one of the states which has enacted such a law, Iowa Code 708.3a. The law states that assaulting or threatening a healthcare worker while on duty is a Class D felony, punishable by up to five years in prison.[5] However, no data is collected on the use of this statute. It is impossible to tell how frequently this law is used, what sentences are being ordered, or if the law has affected the prevalence of violence in healthcare settings.

Iowa hospitals and nursing facilities are regulated by the Iowa Department of Inspections and Appeals (DIA). This is a name that comes up frequently in hallway talk with hospital administrators. Fear that DIA will enact more punitive actions against facilities has given root to many rumors and, at times, poorly-planned policies. We've seen this before. We don't have to keep making the same errors.

Solutions

All is not dark; several things can be done.

First, we must admit there is a problem. As Voltaire put it, "The greatest trump card in the treatment of the disease is the diagnosis." There is a problem; let's talk about it.

The various stakeholders need to take responsibility for their part in this problem. Law enforcement and facility leadership must take these reports with the same gravity as an attack on a uniformed officer. DIA needs to acknowledge that some of the solutions facilities put in place after a citation are ill-advised and some likely not at all advised by the front line workers. Hospitals should make greater use of 708.3A; DIA should encourage so doing. Supervisors must take these assaults seriously. Workers must report these threats both internally and externally.

Finally, there is a discussion that must be had with the public's participation: is the Emergency Department the right place for everything? The New England Journal of Medicine's Journal Watch recently suggested, "Yes, emergency clinicians should be trained in de-escalation techniques and avoid restraints, if possible, as is generally the norm. However, the ED is not the ideal setting for most of these patients. The best course for many may be direct transportation to sobering centers or regional stand-alone psychiatric centers."[6]

Just because the Emergency Department never says "no" does not mean the Emergency Department is the right destination for every single problem. Paraphrasing Dr. Paul Seward, author of Living and Dying in the ER, "The ER can do anything; we just can't do everything."

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1. https://www.ajmc.com/focus-of-the-week/violence-against-healthcare-workers-a-rising-epidemic (American Journal of Managed Care, May 12, 2019.)

2. https://www.jointcommission.org/-/media/documents/office-quality-and-patient-safety/sea_59_workplace_violence_4_13_18_final.pdf (Joint Commission on Accreditation of Healthcare Organizations , April 17, 2018.)

3. https://www.dol.gov/agencies/oasam/centers-offices/human-resources-center/policies/workplace-violence-program/appendices (U.S. Department of Labor, 2020.)

4. https://onlabor.org/wp-content/uploads/2016/03/StateLawsWorkplaceViolenceSheet.pdf (On Labor, 2014.)

5. https://www.legis.iowa.gov/docs/code/708.3.pdf (Iowa Code, 2018.)

YOUR PARTNER IN LIFELONG PRACTICE

KADY REESE

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

This year, IMS will celebrate 170 years being the preeminent champion and voice for Iowa physicians. From the day a student begins medical school to residency and the first years of clinical care through the decades of practice and even in retirement – IMS is there to support all stages of a physician's career.

IMS works to ensure meaningful engagement and education to all Iowa physicians. In the course of the last year alone, nearly 500 physicians, residents, and students attended one of the more than 20 IMS hosted events. Of those, 420 also participated in education events associated with an IMS Major Initiatives in 2019.

In the following pages you will receive glimpses into the robust offerings IMS has assembled, seeking to not only support our physicians directly but to extend support to the full healthcare team and personnel who work closely with them. These individuals are part of the systems that enable physicians to practice the best medicine.

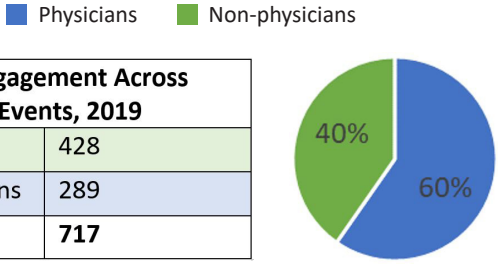
IMS offerings create a diverse network of engagement that spans clinical education to personal and professional development – meeting members where they are and helping them to reach their goals. Wherever you are, IMS is there. Lifelong learning, lifelong advocacy, lifelong support.

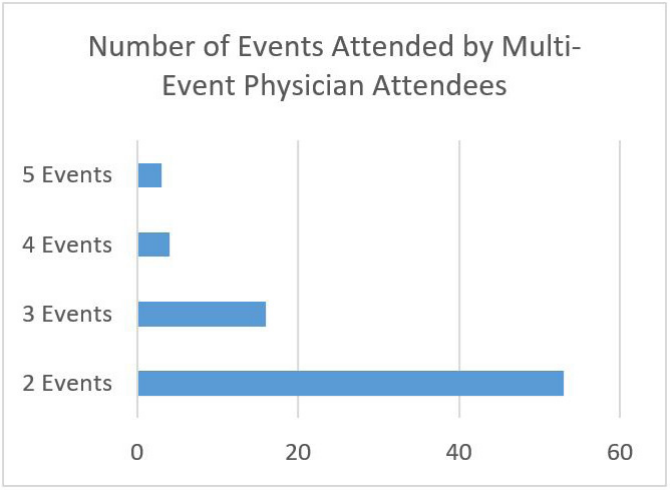
IMS Engagement by Numbers:

IMS has taken a deeper dive in looking at our engagement metrics from the past calendar year. In 2020 IMS is excited to continue to expand our educational outreach, foster previous engagement efforts, increase our membership touches, and bring new innovative education to physicians, residents, and medical students across Iowa.

Number of Physicians Attending Multiple Events	
Attending Any Event	428
Attending Multiple Events	196
Multiple Attendee Percentage	**46%**

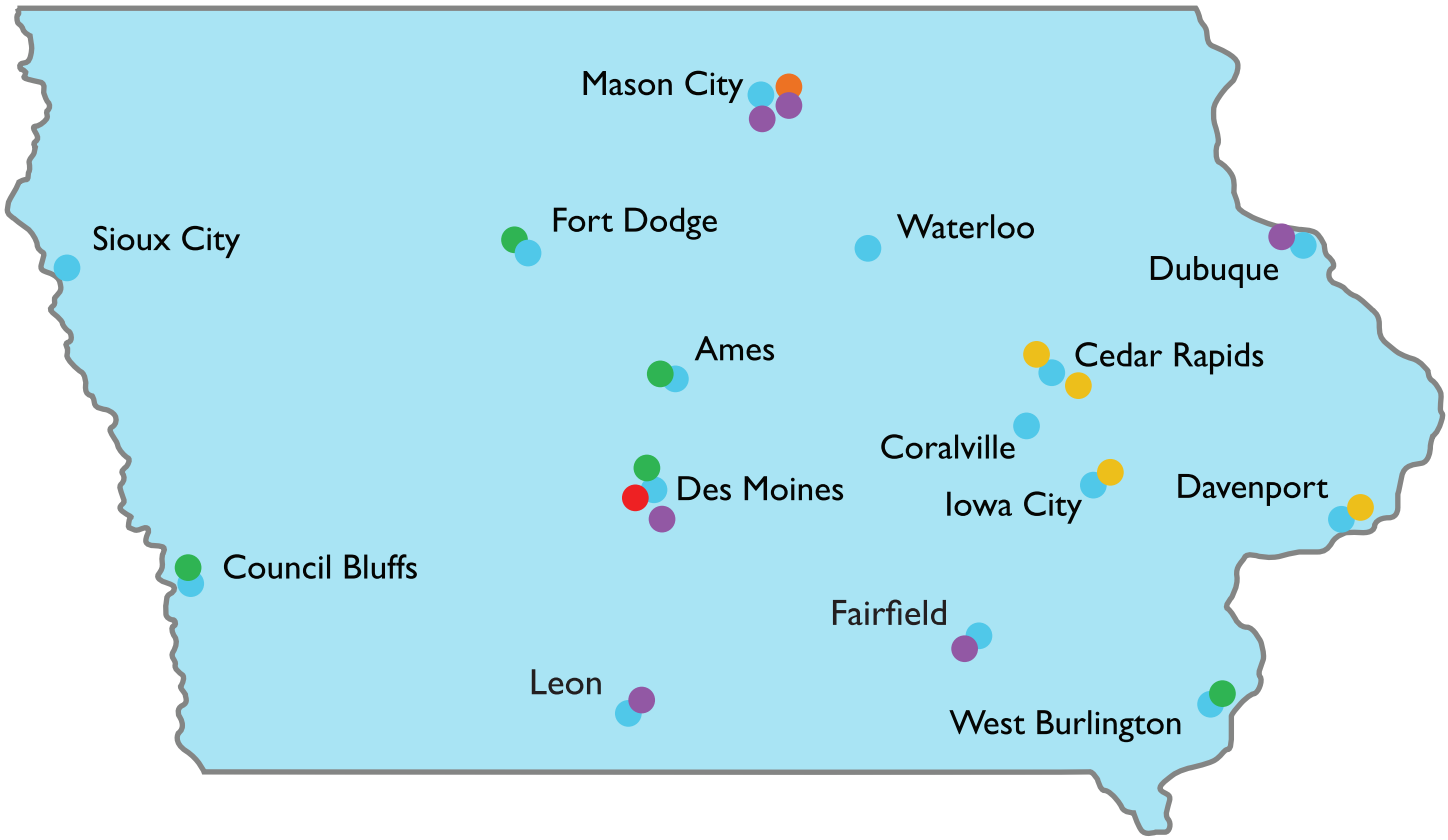
Total Engagement Across IMS Events, 2019	
Physicians	428
Non-Physicians	289
Total	**717**





IMS Across Iowa!

Since 2015, IMS has worked strategically to grow educational programming beyond central Iowa to make programming and engagement opportunities available to more individuals in their local communities. In the last year alone, IMS has connected with hundreds of medical students, residents, fellows, and practicing physicians throughout the state with these outreach activities. Through our regional events we have been able to further our reach, cultivate physician champions, and network among our members. The map below shows where IMS brought programming in 2019 and where we continue to provide valuable educations and resources to our members.



Burnout

Tort Reform Education

Legislative Update

Burnout 2.0

Workforce

Engagement Event Attendee Quotes:

"I attended the IMS burnout session in Cedar Rapids. It was illuminating, and nice to see IMS make the effort to help physician wellness."
- Thomas Pak, M2 University of Iowa
Carver College of Medicine

"The Iowa Medical Society has helped set up my future as a physician by demonstrating to me the importance of organized medicine, by introducing me to healthcare policy, and by providing me with numerous opportunities to meet and learn from experienced physicians and healthcare providers."
- Bradley Fleming, M1 University of Iowa
Carver College of Medicine

"The educational offerings on the CANDOR legislation were incredibly helpful and I am glad that IMS sponsored them. I also have an interest in Quality Improvement and Performance Measurement, which IMS sponsored about 10 years ago. I would have had to go to national meetings to hear those topics if IMS had not brought experts to us."
- Noreen O'Shea, DO, FAAP
Assistant Professor, Des Moines University

5-2-1-0 Healthy Choices Count! First Annual Health Care Awards

Since 2017 more and more health care clinics have been registering to become a 5-2-1-0 registered site to help children make the best choice the easiest choice when it comes to healthy eating and active living. In fact, over 50 clinics across Iowa have adopted the 5-2-1-0 Healthy Choices Count! message. The hard work and dedicated time to become a successful 5-2-1-0 Health Care site has not gone unnoticed. This year IMS was able to recognize three clinics who have been doing outstanding work around 5-2-1-0 at the Iowa Healthiest State Annual Awards.

The three chosen clinics,

Great River Family Medicine in West Burlington,
Mercy Pediatric Clinic in Cedar Rapids,
and University of Iowa Health Care Clinic - Scott Boulevard in Iowa City

have gone above and beyond implementing the goals of:

1. Connecting with the community by displaying 5-2-1-0 posters,
2. Accurately weighing and measuring pediatric patients, and
3. Having respectful conversations using the Healthy Habit Questionnaire.

These clinics have changed processes in their clinic, participated in state and local activities around health and wellness, and have advocated in their communities. They are bettering the lives of their patients with 5-2-1-0 Healthy Choices Count!

To get your clinic involved in 5-2-1-0 Health Choices Count! and to become a champion of your clinic, please register at iowamedical.org/Childhood_Obesity.

HEALTH CARE DISPARITIES: MOVING THE NEEDLE

MARYGRACE ELSON, MD, MME, FACOG

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

As an obstetrician, I am acutely aware of the United States maternal mortality rate, which is frighteningly worse than any other developed country. Even more alarming is the fact that the rate for black and native women in America are three to four times higher, regardless of socioeconomic status and education level. In Iowa, our maternal mortality figures are no better than the rest of the nation overall, and may be slightly worse for black and native women. How can this be, when Iowa enjoys a reputation for quality health care?

Multiple studies have shown that communication factors significantly impact health outcomes. Some studies have suggested improved health outcomes when patients and providers share some demographic characteristics, which may help to facilitate communication.[1,2]

The amygdala, deep in the human brain, is part of the limbic system. Humans have evolved to recognize an individual who is "other" as a potential danger. Unconsciously on guard to danger, our higher brain, the cerebral cortex, may not be as highly engaged. We feel vague discomfort, we may limit our interaction, and we may not listen as attentively. This is an unconscious, innate response.

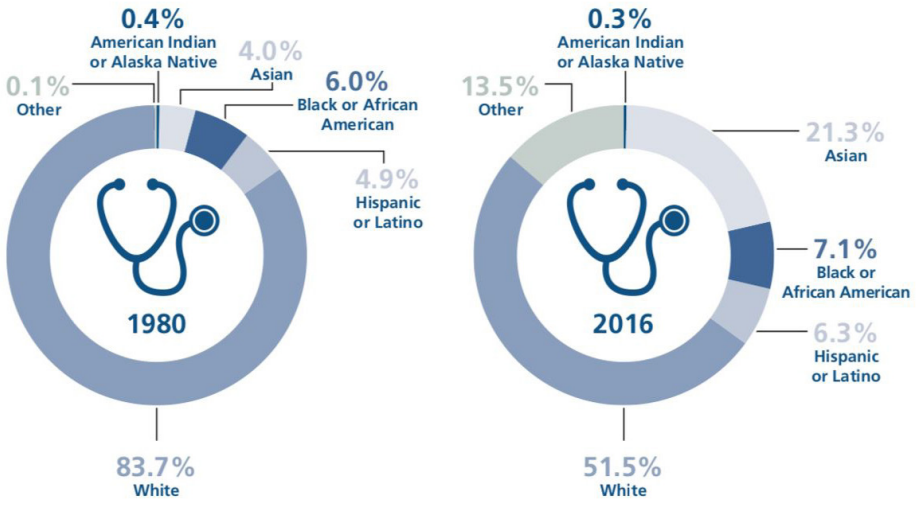
Our Iowa Demographics

Race or Ethnicity	IA	USA
	Percent	Percent
White not Hispanic or Latino	85.3	60.4
Black or African American	4.0	13.4
American Indian or Alaskan native	0.5	1.3
Asian	2.7	5.9
Hispanic or Latino	6.2	18.3

Source: https://www.census.gov/quickfacts/IA

The American Association of Medical Colleges (AAMC) has noted discordance between the demographics of the nation and physician demographics, and has urged recruitment of a more diverse physician workforce that mirrors the population.[3]

Percentage of US medical school matriculants by race and ethnicity



Source: AAMC Analysis in Brief 17:3, 2017

Both of our Iowa medical schools are dedicated to diversity in the student body, and both specifically recruit students from rural backgrounds. Both of the Iowa medical schools dedicate many instructional hours to development of communication skills with patients and families. Further, both of our Iowa medical schools include

specific curriculum regarding social determinants of health and cultural sensitivity.

The University of Iowa Carver College of Medicine has pipeline programs for rural Iowa scholars and underrepresented minorities. Respectively, these are the Rural Iowa Scholars Program for medical students (four students per year), and the Summer Health Professions Education Program, sponsored jointly by the Colleges of Dentistry, Public Health, Pharmacy, Nursing, and Medicine (80 students each summer).

Of approximately 600 medical students at Carver College of Medicine, two-thirds are Iowans. 60 are first generation college graduates. 64 are under-represented minorities. 137 are from lower socioeconomic backgrounds, and 108 are from rural areas.

Des Moines University's Summer Health P.A.S.S. pipeline program is a three week long on-site program to prepare students for health professions careers which includes didactics, skills labs, shadowing, career counseling and mock admissions interviews for potential students in medical, physical therapy, podiatry or physician assistant studies.

Des Moines University has approximately 880 medical students enrolled. 100 are first generation college graduates, 35 are under represented minorities, 11 are from low socioeconomic backgrounds, and 175 are from rural areas. 167 are Iowa residents.

The Accreditation Council on Graduate Medical Education (ACGME), which accredits residency training programs, also stresses development of communication skills, awareness of social determinants of health, and skills in caring respectfully for diverse populations in its common program requirements.

What can practicing physicians do?

Individuals can take implicit bias tests such as those offered online at the Harvard University website, and become aware of our own unconscious biases. This allows us to learn the frame through which we unconsciously operate.

https://implicit.harvard.edu/implicit/takeatest.html

We can participate in workshops and educational programming on implicit bias. We can learn to better recognize micro aggressions when they occur.[4] We may become courageous enough to directly address such behavior when we see it. We can desensitize our amygdala by actively seeking out experiences with individuals who are "other."

When we are operating in an environment that is already highly stressful, already pumping catecholamines, we are even more vulnerable to hijacking of our higher brain centers by the amygdala. Although certain specialties may be more at risk – obstetrics, neurosurgery, trauma surgery, and emergency medicine come to mind – all physicians operate under a certain level of baseline stress.

We all have been impacted by job compression, with uncompensated additional tasks added on to the work of "doctoring." For some of us, we will need to practice strategic self-advocacy with management to regain some control of our schedule. We can commit to practice self-care. We can make sure we are getting enough sleep. We can make sure we are engaged in hobbies and relationships that keep us whole. We must take care of ourselves before we can take care of others. For some of us, this will take intentional discipline and putting healthy activities on a calendar!

When we are relaxed and centered, we can self-monitor for feelings of discomfort and engage our cerebral cortex to analyze our response to "other." We can listen to our patients with genuine curiosity and full attention.

We can consume reliable primary news sources. We can call out divisive political rhetoric. We can engage in civil public discourse. We can engage in legislative advocacy by contacting our elected representatives about issues that impact our patients' health and the health of our profession. We can vote for candidates whose platform is directed at sustainably and meaningfully addressing health care disparities.

Together, we can move the needle. We must. It has been an honor to serve as the President of YOUR Iowa Medical Society.

- Marygrace Elson, MD, MME, FACOG

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[1] K. Kurek et al., Patient Provider Social Discordance and Health Outcomes in Patients with Type 2 Diabetes: a Retrospective Study from a Large Federally Qualified Health Center in Connecticut, J Racial and Ethnic Disparities 3:217-224 (2016.)

[2] R. Johnson et al, Patient Race/Ethnicity and Quality of Patient-Physician Communication During Medical Visits, Am J Public Health 94:2084-2090(2004.)

[3] AAMC Analysis in Brief 17:3, 2017.

[4] R. Hardeman et al, Structural Racism and Supporting Black Lives- The Role of Health Professionals, NEJM 375:2113-2115, 2016.

MEMBERSHIP NEWS

WELCOME NEW MEMBERS:

Daniel Abbott
Pathology, Physicians Lab of North West Iowa

Phillip Bailey, MD
General Surgery, Dubuque Surgery PC

Ahmad Barakat, MD
Emergency Medicine, Mary Greeley Medical Clinic

Meredith Dryden, MD
Family Medicine, McFarland Clinic PC - Carroll

Ryan Esley, DO
Internal Medicine, Grand River Medical Group

Priyadarshini Gangula, MD
Hospitalist, Mary Greeley Medical Center

Shobhadarshini Gogoi, MD
Internal Medicine, Mary Greeley Medical Center

Nima Golchin, MD
Diagnostic Radiology, Mary Greeley Medical Center

Naomi Hasselblad, MD
Internal Medicine, Medical Associates Clinic

Alberto Hernandez
Family Medicine, Medical Associates Clinic

Hendrik Klopper, MD
Neurological Surgery, CNOS PC

Sreenath Kodali, MD
Hematology/Oncology, Mary Greeley Medical Center

Kyle Korth, MD
Orthopedic Surgery, Medical Associates Clinic

John McGarity, DO
Diagnostic Radiology, McFarland Clinic PC

Kelly McGuire, DO
Obstetrics & Gynecology, Medical Associates Clinic

Austin Ramme, MD
Orthopedic Surgery, Steindler Orthopedic Clinic, PLC

Alex Stahura, DO
Family Medicine, Medical Associates Clinic

Claire Stefl, MD
Family Medicine, Mary Greeley Medical Center

Robert Thomas, MD
Otolaryngology, ENT Medical Services PC

IN MEMORIAM:

John R. Anderson, MD
10/31/1935 - 1/15/2020

Dr. John R. Anderson was a member of the Iowa Medical Society for nearly 20 years, demonstrating great committment to organized medicine through his time as IMS president, and member of the board.

MEMBERS IN THE NEWS (OCTOBER 2019 - MARCH 2020)

Jennifer Groos, MD, FAAP
On November 6, Dr. Groos gave the Keynote Address at the Healthy LifeStars = Healthy Lifestyles Conference in Iowa City

Marygrace Elson, MD, MME
On November 20, Dr. Elson was featured in a press release from Congresswoman Finkenauer celebrating National Rural Health Day

Peg Nopoulos, MD
On December 3, University of Iowa Health Care announced that Dr. Nopoulos had received a five-year, $18 million grant from the National Institute of Neurological Disorders and Stroke to continue work on Huntington's disease.

Tyler Rasmussen, MD, PhD
On December 23, the University of Iowa Department of Internal Medicine announced that Dr. Rasmussen had received the American Heart Association's Young Investigator Database Seed Grant to research in-hospital cardiac arrests in Medicare recipients.

Ernesto Vazquez, MD
In January, MercyOne Population Health Services Organization named Dr. Vazquez as chief medical officer.

Sarah Garner, MD
On January 20, Dr. Garner was recognized by Continental Who's Who as a Pinnacle Lifetime Achiever in the field of Medicine for her accomplishments as an Internal Medicine Physician at Methodist Plaza Internal Medicine.

UIHC Center for Advanced Reproductive Care
On January 23, Wellmark designated six physicians in the UIHC Center for Advanced Reproductive Care as Blue Distinctions Centers:
Eyup Duran, MD, Abey Eapen, MD, Jessica Kresowik, MD, Rachel Mejia, DO, Ginny Ryan, MD, Bradley Van Voorhis, MD

Healthiest State Annual Awards
On February 6, the Healthiest State Initiative announced the Clinic winners of the 2020 Healthiest State Annual Awards: **Scott Boulevard, Iowa City, Mercy Pediatric Center, Cedar Rapids, Great River Family Medicine, West Burlington**

Kyle Ulveling, MD, FACC
On February 10, St. Anthony Regional Hospital announced the appointment of Dr. Ulveling as Chief Medical Officer (CMO), a newly created and part-time position

Tiffani Milless, MD
On February 17, IMS Board Chair Tiffani Milless was quoted in an article from the Iowa Capitol Dispatch addressing the need for a noneconomic damages cap in medical liability suits.

Don J. Woodhouse, MD
On February 19, the Iowa Board of Medicine announced that Dr. Woodhouse would serve as the new Medical Director.

Patricia Fasbender, DO & Warren Gall, MD
On March 4, Governor Kim Reynolds appointed Dr. Fasbender and reappointed Dr. Gall to the Iowa Board of Medicine.

ADVANCING GENDER EQUITY IN MEDICINE

MICHELLE DEKKER, CMP

Ms. Dekker is Director of Membership and Strategic Planning at the Iowa Medical Society

Organized medicine continues to expand its focus on increasing diversity and inclusion. As part of the IMS membership opportunity, members can submit requests to the IMS Policy Forum to address issues of medical practice.

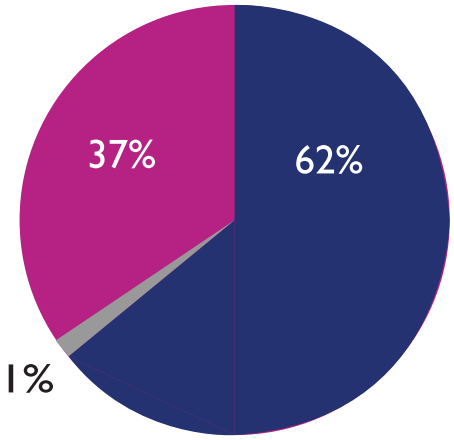
During PF 19-2, the Policy Forum adopted PRS 19-2-02. This included a directive that:

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.

The Iowa Medical Society has analyzed the following data and reported the following:

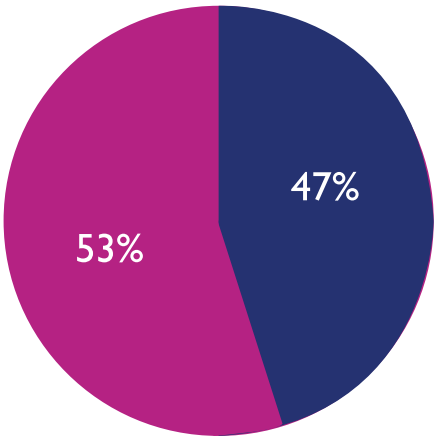
Total Membership:

- 62% Male
- 37% Female
- 1% Undefined



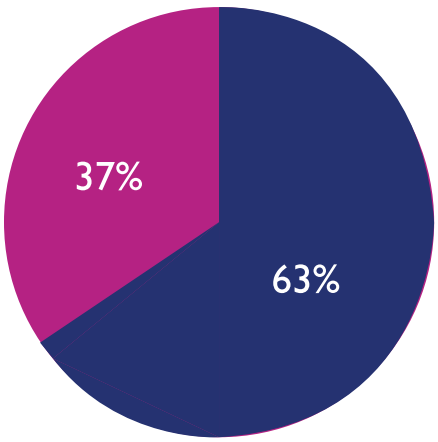
The Iowa Medical Society Board of Directors:

- 47% Male
- 53% Female



IMS Committee Members:

- 63% Male
- 37% Female



The Iowa Medical Society takes diversity and inclusion into consideration for all staff and leadership decisions. The Iowa Medical Society is committed to continuing its support of gender equity in medicine. As part of PRS 19-2-02, IMS also adopted new policy PF 65:001: Advancing Gender Equity in Medicine.

ONE MEMBERSHIP, ONE SOCIETY, ONE VOICE.

JOIN IMS TODAY! BENEFITS INCLUDE:

ADVOCACY – The preeminent healthcare voice for Iowa physicians on the state and federal level, tackling medical liability reform, workforce, access to care and more.

PATIENT CARE – Helping provide you the highest quality care and navigate practice transformation.

LEADERSHIP – Opportunities to grow your clinical and healthcare community leadership skills through statewide collaborative efforts.

EDUCATION – Applicable programming including content on burnout, opioids, and CANDOR. Accredited CME cources, including meeting all state licensure requirements, to help physicians improve the quality, enjoyment and profitability of their practices.

BUSINESS RESOURCES – Access to unbiased experts and technical assistance to help your practice thrive. In addition, dedicated partners to serve you. Discounts to save your practice money.

CONNECTIVITY – News and information, events, social media, and online & print publications to strengthen the community of medicine locally and across the state.

for membership information contact Michelle Dekker: mdekker@iowamedical.org

IOWA MEDICAL SOCIETY
Membership

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
Broadlawns Medical Center - Residency Faculty, Des Moines
Broadlawns Medical Center - Residency Program, Des Moines
Burlington ENT Clinic
Burlington Pediatric Association, PC
Cedar Rapids Medical Education Foundation - Residents
Cherokee Regional Clinics
Cresco Medical Clinic
Cornerstone Family Practice
Davenport Surgical Group, PC
Dermatology Associates, PC
Des Moines Eye Surgeons
Des Moines University - Faculty
Doran Clinic for Women, Dubuque
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
Fox Eye Laser & Cosmetic Institute PC, Cedar Rapids
Franklin Medical Center, Hampton
Fuerste Eye Clinic, Dubuque
Genesis Health Group - Pathology, Davenport
Genesis Pulmonary Associates
Genesis Quad Cities Family Medicine Residency Faculty, Davenport
Genesis Quad Cities Family Medicine Residents, Davenport
Great River Urology, West Burlington
Grinnell Family Care PC
Gundersen Palmer Lutheran Hospital and Clinic, West Union

Guthrie Family Medicine Center, Guthrie Center
Heartland Dermatology, Clive
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
Mahaska Health Partnership - General Surgery, Oskaloosa
Mary Greeley Medical Center, Ames
Mary Greeley Medical Center - Radiation Oncology, Ames
Mason City Clinic - Plastics & Reconstructive Surgery
Medical Clinic, PC, Hamburg
Medical Oncology & Hematology Associates, Des Moines
Mercy Clinics, North Iowa
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 Cedar Falls Family Medicine
MercyOne Cedar Falls Home Care
MercyOne Cedar Falls Internal Medicine
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 Forest City Family Medicine
MercyOne Forest Park Family Medicine, Mason City
MercyOne Katzman Breast Center, Clive
MercyOne Kimball Family Medicine & Pediatrics Care, Waterloo
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 Waterloo Behavioral Health Care
MercyOne Waterloo ENT/Allergy Care
MercyOne Waterloo Family Medicine
MercyOne Waterloo General Surgery
MercyOne Waterloo Hospitalists Care
MercyOne Waterloo Neurology
MercyOne Waterloo OB/GYN
MercyOne Waterloo Orthopedics Care
MercyOne Waterloo Pediatrics Care
MercyOne Waterloo Urgent Care
MercyOne Waterloo Urology Care
MercyOne Waukee Pediatric Care Clinic
MercyOne, Waverly
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
Oncology Associates at Hall - Perrine Cancer Center
Pathology Associates, Dubuque
Pathology Associates of Central Iowa, Des Moines
Pediatric & Adult Allergy, PC, Des Moines
Pediatric Associates Ottumwa
Physicians Lab of Northwest Iowa, Spencer
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
Radiologic Medical Services, PC, Coralville
Rheumatology Associates, PC, Bettendorf
Siouxland Medical Education Foundation Faculty, Sioux City
Siouxland Medical Education Foundation Residency Program, 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
UnityPoint Health - Residents Medical Education Services, Des Moines
Western Iowa Surgery Inc, Carroll

LIFELONG LEARNING

STEVEN J. HALM, D.O., FAAP, FACP

Dr. Halm is the Dean of Des Moines Univeristy College of Osteopathic Medicine

As we all know so very well, as physicians, we face important decisions every single day. I had to make my most difficult decision as the dean of Des Moines University's College of Osteopathic Medicine recently as the COVID-19 situation escalated across our communities.

I spent several days evaluating countless unintended consequences, consulting numerous stakeholders, and receiving ongoing messages of concern – Tony Fauci's weeks of subtle, concerning adjectives in his public statements, Michael Osterholm's experienced opinions, and Governor Reynold's declaration of a State of Public Health Disaster Emergency.

Ultimately, I made the decision to remove my college's 440 third- and fourth-year medical students from their clinical rotations. My decision was based upon:

- student safety,
- whether they serve as a true benefit or an extra responsibility for preceptors in patient care quality and efficiency, and
- the limited personal protective equipment supplies for what is likely to proceed in the upcoming months.

Five days before making this decision, I promised myself to not remove students from the ripest of clinical experiences. What a potentially enormous opportunity for them to learn, to help, and to make a difference! I was determined that they would be there to contribute and learn. Yet, I removed them from such a profoundly educational environment. I was not true to the promise I made to myself a mere five days ago.

There was nothing more important to my own professional clinical success than my interactions with patients with a qualified mentor – what traditionally has been called "apprenticeship" since even before the 1910 Flexner Report that brought us our current, and now, much too traditional, instructional pedagogy.

Somewhere in the space between my fourth year of medical school and my first year of residency, it all came together for me – basic science knowledge finally making a connection to the patients that I was interacting with, treating, and becoming responsible for their care.

Twenty years of Internal Medicine and Pediatric inpatient and outpatient care provided plenty of opportunity for me to face important decisions. Medical staff leadership roles and community public health leadership roles offered countless "classrooms" for making decisions. We've all been there at some point – knowing, accepting, and endorsing that we, as physicians, are forever learning.

I would suggest to you that we are there every day as we learn, grow, listen, reflect, and take purposeful action in our care for patients. Beyond the recertification like Maintenance of Certification and the Osteopathic Continuous Certification process, we are destined to be forever learning.

By the time you read this, it is probably easier to determine whether removing students from rotations, at what appears to be a most unique time in modern medical history, was appropriate. I think what most of us know and have understood for the weeks since late February 2020, was that we knew what was coming.
I continue to learn... we all continue to learn... lifelong learning.

PHYSICIAN DAY ON THE HILL 2020

On March 4, nearly 200 physicians, residents, and medical students from across Iowa traveled to the capitol for Physician Day on the Hill. The largest single day of physician advocacy in more than 15 years, this was our opportunity to speak with one voice in support of a hard cap on noneconomic damages. The COVID-19 pandemic has forced a temporary pause at the legislature, but our tort reform efforts remain very much alive. When the legislature resumes, we will continue the momentum created by this full day of grassroots advocacy. Thank you to all who attended this year's event!

REPORT FROM THE AMA NATIONAL ADVOCACY CONFERENCE

MICHAEL KITCHELL, MD

Dr. Kitchell is a Neurologist at McFarland Clinic in Ames and an Iowa Medical Society Board member

The Iowa Medical Society was well-represented at the recent AMA National Advocacy Conference (NAC) in Washington, DC. The yearly NAC conference is hosted by the AMA, with discussion of both national and local issues, followed by visits to Congress.

Our IMS delegation included Marygrace Elson, MD, Michael Kitchell, MD, Rob Lee, MD, Tiffany Milless, MD, and Jessica Zuzga-Reed, DO, as well as staff Mike Flesher and Dennis Tibben.

The three-day conference included presentations from AMA officers and staff; Seema Verma, the Chief Administrator for the Centers for Medicare & Medicaid Services (CMS); speakers from the US Department of Health and Human Services; and a number of US Senators and Representatives sharing their perspectives regarding health care issues.

Our IMS delegation was able to speak in-person about our legislative priorities with Senator Grassley and his staff, Senator Ernst and her staff, Representative Axne and her staff, Representative Finkenauer and her staff, and Representative Loebsack and his staff.

Medicare's Geographic Practice Cost Index (GPCI) penalties to Iowa's physicians were again a top priority, with the need to continue the temporary floor for the physician work GPCI which expires at the end of May. We also are hoping once the General Accounting Office (GAO) finally completes its review of the GPCIs that we will have the opportunity to revisit the lack of accurate data inputs that form the GPCI calculations and unjustly penalize not only Iowa, but many rural physicians.

IMS has for over 15 years pointed out many methodological flaws that have led to these GPCI penalties to rural physicians, and how these payment penalties impact recruitment and retention of physicians.

Iowa continues to suffer from chronic physician workforce shortages. Our delegation highlighted this issue and solutions such as the Conrad 30 program, which if expanded could help recruit more international physicians. We also emphasized the urgency of the workforce issue as illustrated by the impending closure of the family medicine residency program in Cedar Rapids.

Our delegation discussed the need for reducing physicians' administrative burdens, including prior authorizations (PAs) which take clinic staff 14.4 hours each week, with an average of 33 prior authorizations each week. An AMA survey showed 64% of physicians report waiting at least one day, and 29% report waiting three days for PA requests.

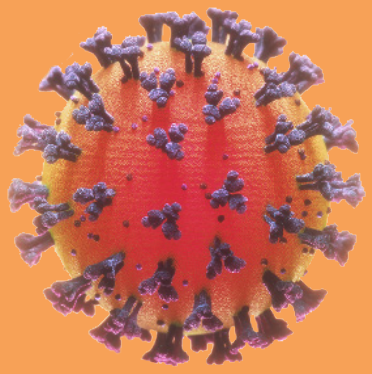
Another topic was surprise billing, which has a number of bipartisan bills in both the Senate and House. Our delegation urged support for a House bill that would use an independent mediator with baseball-style arbitration.

The lack of quality research regarding medical marijuana was another concern we raised. Senator Grassley is sponsoring legislation that would promote more research regarding medical marijuana, which our group stressed needs much more study as patients increasingly demand certification for Iowa's cannabidiol program.

The Iowa Congressional Delegation and their staff were largely supportive of our advocacy issues. IMS staff will be following up with them after these meetings and will be returning to Washington soon.

- Michael Kitchell, M.D.

APRIL EVENT CANCELLATIONS



To aid in efforts to slow the spread of COVID-19, IMS will be eliminating all in-person meetings and programming for the month of April. IMS will also be following CDC recommendations and implementing a work from home policy for all staff beginning immediately. Visit the IMS COVID-19 Resource Page for more information and links to the latest information from our trusted external partners: **http://www.iowamedical.org**

SAVE THE DATE:

FOR THE IOWA MEDICAL SOCIETY PRESIDENT'S RECEPTION

DATE TO BE DETERMINED
SUMMER 2020

MARCH MADNESS INDEED

DEREK BRISCOE

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

Wow! What a bumpy ride it has already been in 2020! We greeted the year with increased pressures in the form of inflated verdicts, increased incidence of cyber extortion in the Midwest, escalating property premiums, and now a pandemic to contribute to unprecedented March madness.

As you've likely seen, IMS has been hard at work trying to improve the tort reform landscape in terms of a more creditable cap on noneconomic damages. As stated in our other notifications, with the exception of Illinois, and Minnesota, other surrounding states have impactful tort reform that will allow providers to carry less insurance. This is crucial because underwriting results have deteriorated, and underwriting losses have not been offset by investment income. As a result, for the first time in about 15 years, medical professional rate increases are looming.

In this modern digital age, the frequency of cyber extortion is on the rise. In the last month, I have been involved in navigating two ransomware incidents with Iowa hospital clients. In another case we followed closely, there was a hacker that penetrated a mid-sized hospital in Western Nebraska, and FIVE weeks elapsed before they were able to restore electronic communication. In health care today, it's not a matter of if you'll have a saboteur, it's a question of when. If you have questions about how your policy would respond or who your first call will be in the event of unauthorized access, we would love to talk to you to share our experiences. If you do not have cyber liability coverage for your practice or facility, you are unduly exposed and should seek coverage right away.

As 2019 evolved, there became a rate need in the property insurance space creating double-digit rate increases and carriers pushing higher deductibles as well as stiffer wind and hail provisions. Those market conditions have carried on through the first quarter and, given current events, there does not seem to be any relief in sight. In addition, there has been consolidation amongst some of the carriers that has altered appetites. If you've not sent your property exposures to market in recent years, this would be an opportune time to make sure you're getting optimal terms.

Finally, as if we didn't have enough of the ingredients to whip up a perfect storm, in comes COVID-19. This pandemic has shaken all facets of our lives, canceling huge national events and causing businesses to operate with essential personnel only. Through the escalation and spread of the virus, we've had many questions from our clients. For example, is an infected employee covered by workers' compensation; is our revenue protected if we have to close and sterilize the facility, do we have exposure if we see an infected patient but fail to diagnose; and many others.

If you have any questions as we navigate these unchartered waters, please know that IowaMed Insurance is here to help. We would love nothing more than to share our resources and assist you in this time of uncertainty. Please contact Derek Briscoe with IowaMed at 402-861-7000 to see how we can get to work for you and become a valuable extension of your practice.

IOWAMED Insurance
Iowa Medical Society Insurance Group

IOWAMED Insurance, a partnership between IMS and The Harry A. Koch Co., provides services statewide to IMS physicians, their families, and employees. The Koch Co. has been insuring the healthcare industry for over 50 years. We currently work with 40 acute care and critical access hospitals, as well as 1,500 physicians in Iowa and Nebraska. They range in size from solo practitioners to fully integrated health care systems. The dedicated team of insurance professionals is ready to develop programs that fit your needs from commercial insurance and employee

I WANT A WHOLE-BODY MRI: WHEN PATIENTS DEMAND UNNECESSARY TESTS

A 63-year-old patient was at his primary care physician's office for an annual physical exam. The patient told the physician that he wanted "a whole-body MRI to make sure I don't have any treatable cancer before it's too late." The patient noted he had recently seen cancers in several of his friends and colleagues. The patient noted that he was in excellent physical health, felt great, and didn't want to die of a curable cancer that could be caught early by an MRI. When the PCP attempted to explain that he would not order the requested imaging because there was no scientific evidence that a routine screening MRI is of any benefit to asymptomatic individuals and may actually be harmful due to false positive findings, the patient became visibly frustrated and said, "Tell that to all my friends with cancer!"

The patient told the doctor that if he did not order the MRI, then he would report the physician to the state medical board for incompetence and find another physician, "more interested in preventing disease than treating it." This was very upsetting to the PCP because he thought he had an excellent relationship with the patient, believed he had been sensitive to the patient's concerns, and done a good job of explaining pre-test probability and the risks of false positives in screening imaging. The PCP had never been reported to the medical board and didn't know what the risks of that were.

THIS CASE ILLUSTRATES SEVERAL OF THE ISSUES THAT MAY ARISE WHEN PATIENTS DEMAND UNNECESSARY TESTS. A LIST OF COMMON QUESTIONS AND GENERAL ADVICE FOLLOWS:

What am I obligated to do for a patient who demands a test that I think is unnecessary?

A simple answer to this question is that, in any given scenario, physicians are held to the medical standard of care. This is defined as "what a reasonable and prudent physician with the same or similar training in similar circumstances would be expected to do." As experienced physicians may know, each situation can have myriad complicating factors so that when there is a judgment call regarding a cognitive medical decision, there actually is a "range of acceptable practices." However, in a situation where a patient demands an unnecessary test, the physician is held to the standard of care.

What if the patient is persistently demanding and will not accept my refusal to order a requested test?

Although it is next to impossible to reduce the complexities of how to handle such an encounter to a single piece of advice or a simple algorithm, a physician should understand that, foremost, he or she is an advocate for the best care for their patients. Sometimes, the best care is not necessarily what the patient is demanding. It is important to understand the patient's underlying reasoning for wanting the study in the first place since addressing this may put the patient at ease. For instance, a discussion in the above case where you acknowledge that seeing three closely occurring cases of cancer in friends would be unsettling and prompt most people to ask if they should be doing more to screen themselves. If, the patient persists despite reasonable efforts to educate a patient as to why you decline to order a requested test, then it may be reasonable to refer the patient to another physician for a second opinion.

What if, despite my best efforts to convince a patient that he or she does not need a test, I give in and order a test that I believe is unnecessary?

If it is not obviously harmful and could reasonably be justified that in a particular scenario it is within the "range of acceptable medical practices" to order a particular test, then that might be considered within the standard of care. In such a case, it would be useful to outline your thought process as to why you are ordering the test despite believing it is unnecessary such as "...although I discussed the risks with Mr. Jones of ordering an MRI, including incidental and benign findings that might lead to more and risky testing and that the best science tells us that the test is not valuable and may be harmful, I think he has significant and ongoing anxiety about not being tested which is having adverse effects on his health, and in this case, it is reasonable to order the MRI since he clearly understands why I recommend against it."

Do any medical organizations have statements regarding unnecessary tests?

The AMA's Code of Medical Ethics states that "Physicians should not recommend, provide, or charge for unnecessary medical services."

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

Individualized attention—not **Cookie Cutter**

You treat your patients as individuals. Shouldn't your malpractice insurance company give you the same consideration?

At Professional Solutions, you'll get the personalized attention you deserve, so you can focus on what makes you happy—treating your patients. **Get to know Professional Solutions today!**

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