IOWA MEDICINE

JOURNAL OF THE IOWA MEDICAL SOCIETY

APRIL-JUNE 2020 | QUARTER TWO

Physician Leadership During Challenging Times

- IMS Election Results and New Leadership
- IMS President: A Vision for the Future
- Physician Spotlight Interview

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CONTENTS

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IMS CORE PURPOSE

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

UPCOMING EVENTS:

JULY 10:
2020 IMS PRESIDENT'S RECEPTION - CEDAR RAPIDS*

SEPTEMBER 10:
IMS PROFESSIONAL BURNOUT AND RESILIENCY PROGRAMMING: AWARENESS, CARE, MANAGEMENT - WEST BURLINGTON*

OCTOBER 13:
IMS PROFESSIONAL BURNOUT AND RESILIENCY PROGRAMMING: AWARENESS, CARE, MANAGEMENT - SPIRIT LAKE*

DECEMBER 2020:
IMS PROFESSIONAL BURNOUT AND RESILIENCY PROGRAMMING: AWARENESS, CARE, MANAGEMENT - DES MOINES*

*TENTATIVE LOCATIONS. VIRTUAL OPTIONS BEING CONSIDERED.

IN THIS ISSUE

CONGRATULATIONS 2020 GRADUATES

PAGE 27

The Iowa Medical Society would like to congratulate the Class of 2020 for all of their hard work and dedication to the study of medicine.

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RISING TO MEET THE CHALLENGE

MICHAEL FLESHER

Mr. Flesher is Executive Vice President and CEO of IMS

There's no doubt the last few months have presented us with challenges many have never experienced. From the global pandemic to the renewed uprising against racial injustice, there's a tremendous amount of uncertainty and angst in the world today.

Throughout it all, I have been immensely proud to watch the physicians of Iowa rise to meet the challenges of 2020. The theme for this edition of Iowa Medicine is "Physician Leadership in Challenging Times." This is an opportunity to celebrate our new physician leaders who, for the first time in our 171-year history, took office virtually.

We'll introduce you to our newest Board members, and our new IMS President Brian Privett, MD, as he previews his inaugural address – a vision for the medical society of the future. While these leaders were installed virtually in April, we'll have the opportunity to celebrate them in-person, and say goodbye and thanks to the leadership leaving the board - from a safe social distance - at our rescheduled Presidential Reception in Cedar Rapids in July. Physician leadership expands well beyond our current Board of Directors. In this edition we are pleased to showcase the Iowa physician who has been leading our statewide response to COVID-19 – Caitlin Pedati, MD, State Medical Director and Epidemiologist with the Iowa Department of Public Health (IDPH). IMS has had the pleasure of working closely with Dr. Pedati since she joined IDPH last year and has worked even closer with her as we've navigated COVID-19. This global pandemic has led many to recall previous pandemics and other challenges that have confronted our medical community. In this edition, we dug into the archives of the IMS Journal to put together a heartwarming retrospective piece showcasing other times in recent history when Iowa physicians have risen to meet the challenges before them.

This edition is also a chance for us to show how the staff of the Iowa Medical Society are also rising to meet today's challenges. Like our physician leaders, I have been incredibly proud of how your medical society staff have pivoted to meet the needs of all Iowa physicians and keep the organization moving forward, while working from home. In this edition, we highlight several of the accomplishments IMS has made as we fight for additional flexibilities and resources to support physicians on the frontlines of the COVID-19 response efforts. We also take a look at how the programming and resources we offer are evolving to meet the changing needs of our members.

Finally, in this edition we take a moment to celebrate the next generation of physicians who are completing their medical education during extremely unusual times. We take a look at the medical students who completed a global grant experience, thanks in part to the IMS Foundation, and those whose plans have been altered as a result of the COVID-19 pandemic.

We also showcase the graduating classes of medical students at Des Moines University and the University of Iowa Carver College of Medicine who participated in virtual commencement ceremonies earlier this year and prepare to enter residencies that will likely look much different than classes before them. Like their actively practicing peers, I am confident that they too will rise to meet the challenges currently facing our healthcare system.

We know that COVID-19 continues to challenge practices across our state and recovery efforts will likely take several years. I take comfort in knowing that these efforts will be occurring under the steady leadership of Iowa physicians and with the support of the professional staff at the Iowa Medical Society. We stand ready to work with every Iowa physician to meet the challenges ahead.

CARS, PLANES, AND MARKET CRASHES

REED RINDERKNECHT, CFP®, AIF®, CKA®, *Senior Lead Advisor*

It was a shocking and sad day when I heard about Kobe Bryant's death in a weather-related helicopter crash. When sudden, surprise, accidental deaths happen, it seems we all take time to process what life is about.

Since becoming a pilot about 4 years ago, I'm often asked about plane crashes. My usual response is, "I'm as concerned about dying as you are. Do you think I'd really go flying if I didn't feel there was a 99.99% chance that I would come back down to earth safely?" Most people smile, shrug their shoulders and say, "Well, you'd have a 100% chance of not crashing if you didn't go flying." But, is that really true?

According to the numbers released by the National Safety Council in its Injury Facts report, the odds of dying in a motor vehicle accident are far higher than those of dying in a plane accident. The average person living in the United States has a 1 in 102 chance of dying in a car crash, compared to a 1 in 205,552 chance of dying as a passenger in an airplane. This means that you are more than 2,000 times more likely to die in a car than in a plane.

Yes, the odds do go up somewhat for people that regularly fly in smaller or private airplanes, but you get the idea. For private pilots who fly safely, take recurrent training, maintain their airplane, and fly conservatively when the weather gets bad, the odds remain extremely low. Earlier this year, I drove from Des Moines to Arkansas and the entire way, I was crabbing about how unsafe Interstate 35 is and how crazy drivers are. "Get me up in the air where I feel safe!"

If you are an investor, though, the odds of enduring a market crash are almost 100%. In fact, most investors experience a 10% or greater market "crash" or correction at least 4-5 times during their investing lifetime. The largest market crashes in recent history were in 1929, 1962, 1987, 1990, 2000, 2001, 2002, 2007/2008, 2011, 2015, the 4th quarter of 2018 and now, the Coronavirus Crash of 2020. So, why are we always worried about a crash when we know they are going to happen?

The broadcast media, magazines, newsletter, blogs, etc., are filled with investing "experts" who get paid to get and keep you interested in whatever they are selling. When you tune in, they cash in. We should treat almost all of these outlets as entertainment rather than advice. When flying, I have to ALWAYS think ahead to the next situation: when to switch fuel tanks, adjust my course, check my gauges, talk to ATC, load an approach into my GPS, and make sure I put my landing gear down. Just as I have to do when flying, at Foster Group, we plan ahead for a market correction by using sound planning and investing.

Pilots and investors absolutely, positively have to be prepared for bad events. If you are prepared in advance and can calmly deal with whatever issue might come up, your chances of working through the situation are higher. Your life and your portfolio may depend on it! Safe Travels!

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SERVING IOWA PHYSICIANS DURING COVID-19

DENNIS TIBBEN

Mr. Tibben is Director of External Affairs at IMS

On Saturday, March 14, Governor Reynolds announced confirmation of the first community spread case of COVID-19 in Iowa. The following morning, legislative leaders scheduled emergency calls with their members to discuss suspension of the legislative session and the governor began drafting the first of what would be several state of public health disaster emergency declarations.

IMS leadership also huddled to discuss how best to support Iowa physicians as the pandemic overtook our state. Some decisions were obvious: IMS would follow CDC recommendations and immediately move all staff to work from home, and IMS would make all pandemic-related services and resources available to any Iowa physician or practice who needs them, regardless of membership status.

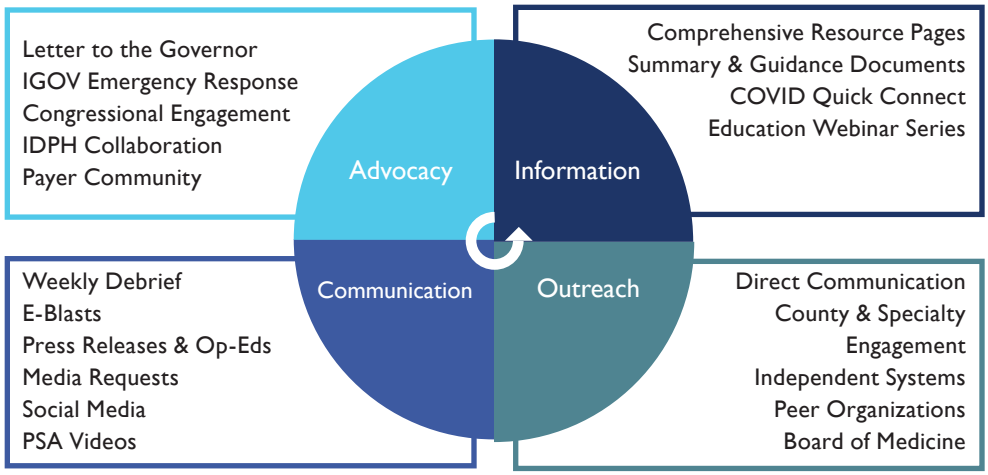
Other decisions, like many aspects of the evolving COVID-19 situation, required further deliberation and educated guesswork. Did our state have a sufficient pandemic response plan in place and were state decisions being appropriately guided by data? Were there sufficient resources including personal protective equipment (PPE), in-patient beds, and ventilators available to handle the anticipated influx in patients? If not, how could we quickly assess statewide capacity and adapt? What additional resources and support did practices need to respond to the rapidly changing situation?

The Iowa Medical Society is fortunate to have access to many state and national experts in public health, infectious disease, and emergency response. These individuals helped to quickly form a response plan guided by data and best-practices.

IMS assigned dedicated staff to lead our COVID-19 response efforts, stood up multiple resource pages filled with the latest updates and links to trusted external partners, and we tapped into our numerous state and national connections to help inform the governor's response efforts and congressional actions to speed resources to the state. The IMS response to COVID-19 was, and continues to be, a multi-faceted effort focused in four primary categories: Advocacy, Information, Outreach, and Communications.

Advocacy

Early in the pandemic, IMS was asked to join the governor's health partners advisory group. This group of healthcare leaders provided input on statewide capacity and front-line needs. Through this connection, IMS successfully pushed for numerous measures in the governor's emergency declarations, including licensure flexibility, expanded telehealth flexibility and payment parity, and sweeping liability protections first for practices that were delaying elective services and later for those same practices to resume elective services without additional liability



exposure. IMS also pushed the payer community to expand telehealth coverage and waive regulatory requirements to ease the burden on practices.

We worked with our congressional delegation to ensure additional resources and regulatory flexibilities were included in the massive COVID-19 response bills. IMS also led the charge to call for a stay at home order to help slow the spread of the virus. While this effort was ultimately unsuccessful, the groundswell of support IMS initiated for this order resulted in the governor issuing multiple additional statewide closures to further tighten the state's targeted response efforts.

Information

Within 24 hours of the first statewide closures, IMS had stood up a comprehensive COVID-19 resource page on its website. This page quickly became the central hub of pandemic response efforts, linking to trusted outside partners like the CDC and AMA, providing quick reference guides and analysis on the rapidly shifting policy changes, and offering resources for front-line practices. As the pandemic response moved beyond the initial weeks of triage, we discovered a need for additional, more-focused updates and a series of COVID-19 resource microsites were developed focusing on telehealth, business resources, and physician wellness and self-care.

IMS established a weekly Quick Connect webinar each Friday to provide timely updates and connect physicians with statewide experts including State Medical Director and Epidemiologist Caitlin Pedati, MD. We worked with our state and national partners to develop educational webinars focusing on everything from Medicare billing and telehealth regulations, to navigating temporary practice shutdowns and coping with the stress caused by COVID-19. In June, IMS also launched a new patient resource campaign called: "#TheDoctorIsIn" to promote safe and essential healthcare visits during the COVID-19 Pandemic.

Outreach

We have historically enjoyed a strong working relationship with numerous healthcare organizations across the state. As part of our COVID-19 response efforts, we were able to tap into these partner organizations to more rapidly stand up information and resources to support statewide response efforts. Working with the Iowa Medical Group Management Association, IMS was able to offer a suite of additional telehealth resources during the first weeks of the pandemic.

The Iowa Psychiatric Society and Iowa Pharmacy Association partnered with IMS to make available additional burnout and self-care resources for all members of the care team. IMS engaged leadership of the largest independent clinics early in the pandemic to ensure they were receiving the same updates state officials were sending to Iowa's major systems, to understand their capacity and needs, and to keep the independent voice a part of the conversation as response efforts progressed. We also convened leadership from Iowa's county and specialty societies to gather input regarding local and specialty-specific needs, and provide targeted updates.

Communications

During COVID-19, it was more important than ever that Iowa's medical community spoke with a single, unified voice. To do so, IMS worked to ensure we were more responsive than ever in fielding the increased number of media inquiries looking to speak with statewide experts and front-line physicians. IMS crafted a series of Op-Eds that were published across the state to explain the ongoing PPE shortages and urge Iowans to stay at home to help the healthcare system preserve its limited resources. The IMS Board of Directors also recorded a series of video public service messages explaining the need for Iowans to stay home and do their part to avoid overwhelming our healthcare system.

Iowa physicians continue to navigate the ever-changing COVID-19 pandemic. Initial triage efforts have given way to more nuanced efforts to increase testing, resume day-to-day clinical operations, and respond to the wind-down of statewide closures. While we do not yet know when an effective treatment protocol or vaccine will signal the end of this pandemic, we do know that efforts to recover from its impact on healthcare in Iowa will take years. The Iowa Medical Society remains committed to supporting Iowa physicians in this work.

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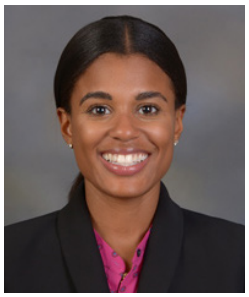

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PHYSICIAN LEADERSHIP IN CHALLENGING TIMES

In 1879, during the annual meeting of the Iowa State Medical Society, President A.M. Carpenter, MD, of Keokuk called in his address for establishment of a state board to regulate the practice of medicine and surgery. During the same meeting, the standing Committee on State Board of Health reported that the society had, during the most recent legislative session, pursued legislation for the establishment of a State Board of Health to perform these functions, as well as to provide for the registration of births and deaths.

Their report notes, "It was met with no encouragement and but little favor in the Legislature." This was not the first time the Iowa State Medical Society (ISMS), later renamed the Iowa Medical Society (IMS), had advocated for these basic public health measures, but it is a stark reminder that Iowa physicians have led public health efforts in our state for more than 140 years and have on more than one occasion found themselves at odds with politicians who disagreed with how best to respond to the health needs of our citizens.

The ongoing COVID-19 pandemic has dramatically disrupted our lives and the routine delivery of healthcare in our state. As we face down one of the greatest public health challenges of many of our lifetimes, it can be helpful to remind ourselves that Iowa's medical community has faced similar challenges before and every time, strong physician leadership has helped us prevail. The journal archive of the Iowa Medical Society is littered with stories of Iowa physicians leading during state, national, and global challenges. Some we know well, including numerous global conflicts, the polio epidemics of the first half of the 20th Century, and the 1918-1919 Spanish Influenza pandemic. Others are not as remembered and targeted specific areas of the country like the typhoid fever and diphtheria epidemics that disproportionately impacted rural America.

In his report to the 1914 ISMS Annual Meeting, Walter Bierring, MD, then-President of the Polk County Medical Society, reported on a rural hygiene guest lecture they had recently hosted with a representative of the US Public Health Service – then just in its third year of operations under the name it still retains today.

Dr. Bierring reported on contact tracing efforts to pinpoint the origins of typhoid outbreaks and of isolation efforts to limit exposure for members of the same family as a patient who became ill. He wrote of plans for statewide distribution of typhoid fever vaccinations and an emerging national trend to establish paid, full-time public health officers in each state – an effort ISMS was pushing with the legislature at the time. Many of you likely recognize Dr. Bierring's name as the only Iowa physician to have served as President of the American Medical Association in 1933-1934. Dr. Bierring, a pathologist by training, also served in numerous state leadership capacities including President of the Iowa State Medical Society, member and later President of the Iowa Board of Health, and State Commissioner of Public Health.

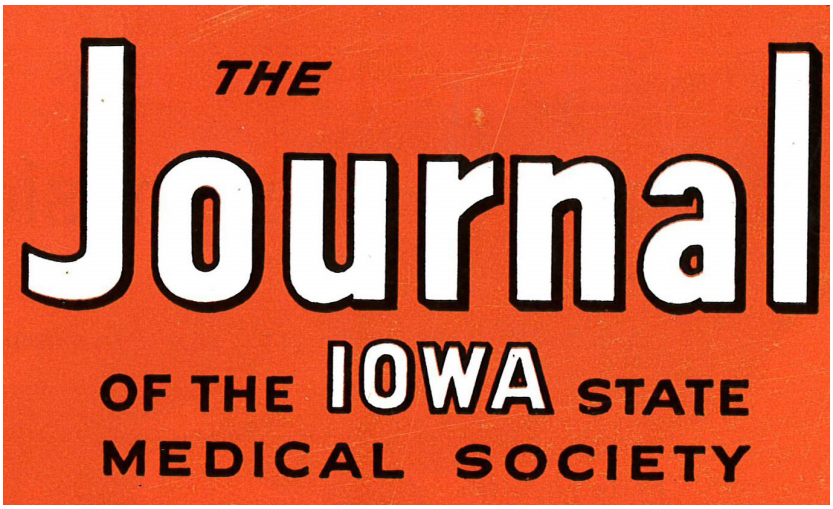
Dr. Bierring may be one of the most well-known physician leaders in our state, however, he is by no means the only one. J.C. Hughes, MD, of Keokuk was one of the 24 physicians in attendance at the founding meeting of the Iowa State Medical Society in 1850. Described as an excellent surgeon with a great reputation and the largest surgical practice in the state at the time, Dr. Hughes would later chair the Surgical Department at the Keokuk Medical College and serve as Surgeon General of Iowa during the Civil War. Under Dr. Hughes' leadership, the Keokuk Medical College had more graduates in the Union medical service during the war than any other college in the West.

In June 1917, following the start of World War I, Iowa physicians assisted in the planning and development of Iowa's first modern training camp – Camp Dodge. Two physicians Lt. Colonel Edward Edgerly, MD, and Lt. Colonel O.W. King, MD, would serve as the first commanding medical officers of the camp. Their leadership is credited with saving numerous lives during what is described as the "dark weeks of the influenza epidemic in October 1918."

At some point during WWI, 503 Iowa physicians would serve in a state or local capacity as part the war effort and 839 Iowa physicians would deploy to provide medical support for combat efforts around the world.

Accounts of physician service during World War II are equally impressive. As the escalating conflict necessitated a growing number of physicians, the public began voicing concern over losing access to physicians at home.

The AMA and the state medical societies responded by developing a model for voluntary physician enlistment to meet medical needs both at home and abroad. Thomas



Iowa Medicine - 1953

Suchomel, MD, voluntarily ran Iowa's office tasked with coordinating this effort. Working in conjunction with ISMS and local officials, Dr. Suchomel determined how many qualifying physicians within a county could enlist while still maintaining local access to care.

Records from the time show that by July 1943, 59.7% of all eligible physicians in the state were enlisted in some branch of service – ranking Iowa behind just Florida and Colorado for the percentage of qualifying physicians in military service. This substantial deployment also impacted medical education. The College of Medicine of the State University, now known as the University of Iowa Carver College of Medicine, was described as being "drained heavily of it staff, both teaching and resident." The skeleton staff who remained continued to train new classes of physicians on an accelerated schedule.

Perhaps no challenge in recent history is more well-documented in the journal archive than that of the polio epidemic and the ensuing national effort to find a vaccine. Throughout the first half of the 1950's, the journal features numerous updates from the State Commissioner of Public Health regarding first the testing and use of gamma globulin and later the testing and use of the polio vaccine developed by Jonas Salk, MD. ISMS played a key role in the testing of Dr. Salk's polio vaccine in Iowa. In December 1953 and January 1954, ISMS approved physicians in three counties participating in the nationwide vaccine trials – Linn, Scott, and Woodbury.

These areas were selected based upon their population density and regional trade patterns to increase the likelihood of being in an area of the that saw a localized polio outbreak. Vaccine administration began on April 19, 1954 and by August of that year, more than 600,000 children across the country had completed the three-dose regimen. The journal from that month included instructions for physicians both within the three trial counties and across the state to quickly report all polio cases as the trials had moved to the evaluation phase.

Then, like now, Iowa's medical community was navigating uncharted territory. In the same monthly reports of the Salk vaccine trials, the ISMS Journal reported the use of gamma globulin had been declared useless, yet it would continue to be distributed across the state for use in the prevention of polio.

In November 1954, state officials reported that contracts for the purchase of gamma globulin had been allowed to expire, yet no additional guidance on use of it or a polio vaccine had been issues at the time. To quote the journal, "One guess is still as good as any other as to the amounts and kinds of vaccines which will be available, whether their use will be supervised or regulated, and if so, what persons will be responsible for the supervision and who will be eligible to receive the vaccine or vaccines."

We of course now know that the Salk vaccine was effective and would eventually lead to the near total eradication of polio around the world. As to the question of whether we are close to a similar life-saving discovery in the treatment or prevention of COVID-19, one guess is still as good as any other. What we do know if that physicians in Iowa and around the world are leading efforts toward this discovery and if history is any roadmap, their leadership will ultimately prove successful.

Iowa Medicine - 1942

PHYSICIAN SPOTLIGHT:

an interview with Dr. Pedati

CAITLIN PEDATI, MD, FAAP

Dr. Pedatic is State Medical Director and Epidemiologist with the Iowa Department of Public Health.

What drew you to a career in medicine?

I remember always being interested in medicine, even as a child. My mom was a nurse and I used to love playing with her stethoscope and looking at her textbooks. I even used to get a little excited when one of my sisters would get sick because I would go with them to visit our wonderful family physician who would let me look at their ears or listen to their chests. That fascination only increased over time and I became more certain that this was what I wanted to do.

You're both an epidemiologist and pediatrician by training. What attracted you to those two disciplines?

I think part of what I particularly enjoy about both of these disciplines is the element of detective work. As a pediatrician, many of my patients couldn't tell me exactly what was bothering them and it takes a little bit of investigation to figure it out. Similarly, a lot of epidemiologic work requires some investigation to understand what might be affecting people or what the patterns indicate about how to control or prevent an issue. Another commonality that I enjoy is the follow-up aspect of both of these areas. Developing and continuing relationships with children and their families is an important and satisfying part of pediatrics. And again, I think in epidemiology it's really important to develop and maintain relationships with the communities and groups that I serve. I find those relationships not just rewarding and enjoyable but also an important part of improving the public's health going forward.

You are serving as the state medical director during this unprecedented COVID-19 pandemic. What has it been like to be at the helm of the Department of Public Health's response?

I think the first thing that comes to mind is that it has been exceptionally fast-paced. Similar to a busy call shift as a resident, during the winter, with a full census. But it has been a privilege to serve in this role and collaborate with so many hard-working and committed people across Iowa. This has been a rapidly-evolving and multi-disciplinary response that has been strengthened by the efforts of all Iowans. Whether providing public health recommendations, clinical care, emergency services, water and food, waste management, or sharing public health messages and staying home to stop the spread of the virus, every Iowan has contributed to this response and I'm grateful for the opportunity to support them.

Which leadership skills have you found to be most critical in your day-to-day leadership success?

I think one of the most important skills that I have relied on in both clinical medicine and public health is flexibility. Recognizing that things can change quickly and being able to adapt accordingly has been a critical part of this response, as well as my day-to-day work. Part of what I enjoy about public health, much like being a general practitioner, is that you never quite know what your day or night will bring and remaining flexible is key. I think another very important leadership skill would be communicating effectively. Communication is such an important part of any job or relationship. Sharing information, especially in a stressful or challenging situation, is an essential part of any leadership role and each time I have the chance do it, I try to consider ways to further develop and improve my skills.

Who is someone who inspires you?

I'm most inspired by anyone who is passionate about what they're doing. Seeing someone who is excited about their work is so engaging and instantly drives me to push myself. In particular during this response, I've had the chance to work with people at the local, state, and national levels from a variety of backgrounds that I might not have otherwise been able to interact with. I've been on phone calls with clinicians in the middle of the night who remain dedicated to considering every possible way to provide the best care for their patients. I've listened to new partners patiently find creative solutions for urgent issues. And I've learned from and shared with my colleagues in other states as we continue to navigate new challenges. I'm fortunate that I get to work alongside some exceptional people and continue to be inspired by them to do better every day.

Any words of wisdom or advice for residents and students making their way through their medical training during these extraordinary times?

This has been a challenging and unprecedented time for so many reasons. Situations like this pandemic are thankfully rare and unfortunately very difficult, but I think they also present unique opportunities to look at how we can improve. I would thank residents and students for everything they've done as part this response and encourage them to think creatively and think big about what the future of medicine and public health can be for the next patient, outbreak, or pandemic that we may encounter.

Primary care providers (PCPs) are on the front line for detecting and reducing the spread of HIV.

Approximately **1 in 7** people living with HIV is **unaware** of his or her status. About **40%** of new HIV infections are **transmitted** by people **undiagnosed** and unaware they have HIV.

The CDC recommends that everyone between the ages of 13 and 64 get tested for HIV at least once in their lifetime as part of routine health care.

For those with specific risk factors, CDC recommends getting tested at least once a year. Patients who may be at high risk for HIV include:

- Heterosexuals who themselves or whose sex partners have had ≥ 1 new sex partner since their most recent HIV test
- Sexually active men who have sex with men
- People who exchange sex for money or drugs
- People who inject drugs and their sex partners
- Sex partners of people with HIV
- People receiving treatment for hepatitis, tuberculosis or a sexually transmitted disease

Routine, opt-out screening removes the stigma associated with HIV testing, is cost effective, fosters earlier diagnosis and treatment, and reduces risk of transmission.

Despite seeing a PCP in the last year, more than **75%** of patients at **high risk** for HIV weren't offered an HIV test during their visit

The Centers for Disease Control and Prevention (CDC) and the Iowa Department of Public Health (IDPH) are asking PCPs to take the following steps:

1) Conduct routine HIV screening at least once for all their patients regardless of risk factors
2) Conduct more frequent screenings for patients at greater risk for HIV
3) Link all patients who test positive for HIV to medical treatment, care, and prevention services

Learn more at https://idph.iowa.gov/hivstdhep/reporting/HIV

Let's Stop HIV Together.

STOP HIV IOWA

IDPH Iowa Department of Public Health

STATE OF THE SOCIETY

MARYGRACE ELSON, MD, MME, FACOG

Dr. Elson is an OB/GYN from Iowa City, and IMS Past-President

The state of the society address is an annual Iowa Medical Society tradition. The address will be provided as part of the IMS President's Reception to be held on July 10, 2020.

The last year has been one we will always remember. We were challenged to respond to a global pandemic with an initial shortage of personal protective equipment (PPE) for front-line health care workers and with relatively little known about the novel coronavirus. Through it all, our Iowa Medical Society offered continuing opportunities to serve Iowa's physicians and their patients.

In April 2019, I began my journey as the 170th President of the Iowa Medical Society, and presented a vision for continued IMS leadership on key issues affecting Iowa physicians and patients. As an obstetrician, I focused on addressing Iowa's maternal mortality rate, raising awareness of social determinants of health, and reducing barriers to maternity care access including workforce shortages.

I am very happy to share that in the past year, IMS has been part of a five-year, $10 million dollar State Maternal Health Innovation Project awarded to the Iowa Department of Public Health and University of Iowa by the Health Resources and Services Administration (HRSA). In its first year, this funding has already supported the development of a rural obstetrical residency track to help train and recruit physicians to practice obstetrics in rural Iowa.

The HRSA grant has also supported the expansion of the Iowa Maternal Mortality Review Committee from a small panel meeting every three years, to a multi-disciplinary, annual review board participating in national data collection.

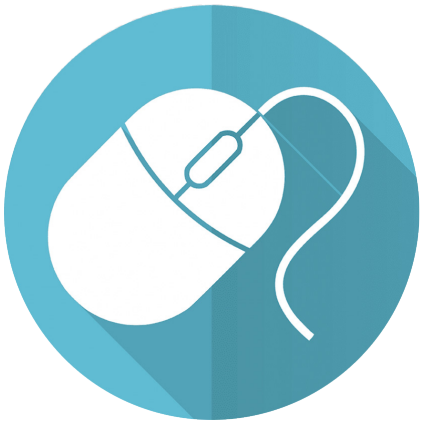
In addition to these collaborative strides related to maternal health, IMS has continued to engage physicians across Iowa through our IMS Major Initiatives and a variety of other events and outreach. In 2019 alone, IMS reached 428 physicians through this programming. Nearly 300 non-physician colleagues and community members also joined their physician partners in these events, reinforcing the team-based approaches that enable optimal practice.

When the coronavirus pandemic hit, IMS responded swiftly and with strength. Staff were able to pivot to change programming, communications, and advocacy efforts to provide for physician and practice needs, including offering weekly Quick Connect webinars, dedicated web pages, and so much more. Whether the needs were for PPE and testing resources, telehealth coverages, or physician wellness support – IMS was there.

A reflection on the last year must include the valiant and steadfast legislative fight for tort reform. The movement saw physicians come together in record numbers across the state to fight for medical practice and patient safety. The mass of white coats in the capitol rotunda at Physician Day on the Hill was awesome! While our push for a hard cap on noneconomic damages ultimately did not prevail, we were successful in achieving several strategic wins including COVID-19 liability protections for physicians and medical practices.

As we look to the future, there is no doubt that our Iowa Medical Society will continue to be front and center advocating for and advancing medical practice in Iowa. We will continue to meet the challenges presented to our physicians, practices, and patients. Under the dedicated leadership of your new president, Brian Privett, MD, led by a talented and diverse Board of Directors, and supported by the capable IMS staff, your Iowa Medical Society will continue to thrive. Together, we are strong.

It has been my honor to serve as the 170th President of our Iowa Medical Society. Thank you.



Log in to the new IMS website today!

GAIN ACCESS TO MEMBERSHIP BENEFITS – Visit iowamedical.org today to access the three membership publications of the Iowa Medical Society: the IMS *Advocate*, the *Iowa Medicine*, and the *Weekly Debrief.*

STAY CONNECTED – Catch up on news and information, events, social media, and more to strengthen the community of medicine locally and across the state.

MAKE EASY PAYMENTS – Discover the newly-simplified operating system of the IMS website, allowing for friendly user navigation, and instant payments.

CONTROL YOUR MEMBERSHIP – Choose how you want to renew your membership. At iowamedical.org, IMS is now offering monthly membership options.

HOW DO I LOG IN TO THE NEW WEBSITE?

If you are logging in for the first time, you'll need to reset your password by hitting the "forgot password" button. You will then receive a link to log in. Be sure to check your spam/junk folder if you aren't seeing the email. If you have questions or need assistance, please contact Cody Campbell on IMS Staff to assist you: ccampbell@iowamedical.org.

iowamedical.org

A VISION FOR THE FUTURE

BRIAN PRIVETT, MD

Dr. Privett is the President of the Iowa Medical Society, and an Opthalmologist from Cedar Rapids

Last year, Mike Flesher asked me to start thinking about what issues I would like to emphasize as IMS President. For example, Past-President Marygrace Elson, MD, emphasized improved access to maternal care. I had a feeling my presidency would be defined by a novel issue; I just did not know it would be a global pandemic and the new world in which we are living.

I have been immensely proud of the Iowa Medical Society's response to COVID-19. While working from home, the IMS staff retooled to become a valuable COVID-19 resource for physicians and practices. Through our involvement with the state's emergency response task force and the Iowa Department of Public Health, we were able to strengthen some of the social distancing guidelines and messaging while Iowa was experiencing a shortage of PPE for our front-line workers.

Our members raised concerns of liability issues related to COVID-19 and we were able to secure broad liability protections by working with the Governor's Office.

Adapting to change is starting to become more natural to IMS. We have been working diligently on becoming a more nimble and relevant society for several years. In 2014, we made the decision to permanently suspend our in-person House of Delegates Annual Meeting and create the virtual and in-person Policy Forum structure we have today. In 2017, we ended our annual educational conference. Even though I am one of 171 IMS Presidents, I will always hold the honor of serving as the final program director for the Annual Conference.

Breaking from these long traditions were not easy, but our board realized the need to adapt our Society to our changing environment. Change has freed up time and resources for new offerings such as our regional burnout programming that has engaged more physicians than any of our Annual Conferences in recent years.

Membership associations across the country are struggling to retain members. Younger generations no longer join associations just because that is what their predecessors did. Younger generations want to see a return on their investment and they want to feel that the associations they are a part of make a positive impact on their world. The changes that IMS has made over the past few years have been a great start, but we must continue to be even more relevant to Iowa physicians.

In July, our board will start the process of updating our strategic plan for the next three years. During our rescheduled in-person Presidential Installation celebration, I plan to lay out a "vision for the future" of how our Society can continue to adapt to our changing world, especially after COVID-19.

The Iowa Medical Society of the future must rethink how we engage our members. I would push back on the notion that physicians are apathetic toward state medical issues and that is why many physicians do not attend state society meetings or interact with their state legislators. Physicians do not choose this field because we are apathetic. We do not spend years in training to enter practice and no longer care about advocating for our patients. It is true that we are busier than ever before.

We also receive an overwhelming amount of information from multiple organizations. We end up devoting our time to the organizations we feel are most important to our daily practice. The medical society of the future must remain relevant to its members and communicate that relevance to survive. We must boldly and clearly communicate the reasons we are vital to physicians in Iowa and how our practices would be worse off without the IMS.

One of our challenges is the diversity of our member market. Iowa physicians obviously practice in different settings and specialties.

"IMS exists to assure the highest quality health care in Iowa through our role as physician and patient advocate."

The medical society of the future will need to target some programs and resources toward specific markets. For example, IMS has Business Affiliates valuable to private practices in areas such as credentialing, malpractice insurance, personal insurance, and others. We could easily provide more targeted resources and publications focused on private practice. We could do the same for employed physicians and rural physicians. A large part of this approach involves changing how we communicate based on a member's demographics. This is an idea we have discussed for years, but we never had the right technology to do it.

With our new cloud-based association management system, Wild Apricot, we now have more flexibility in defining who our members are and targeting communications to them. One way we engage with our members is through our various IMS committees. We need to strengthen our committees and consider expanding them.

Post COVID-19, most of us have become skilled at video conferencing. IMS has been holding multiple Zoom meetings and this expanded use of technology can help us engage more committee members across the state. In addition, we plan to restart the IMS Program Committee. This committee, which used to focus on the Annual Meeting will be charged with identifying programing opportunities for physicians across the state.

Another opportunity to increase member engagement is to expand our Policy Forum to involve more of our members. Since the inception of the Policy Forum, we have held virtual Testimony Forums where any member can provide feedback on policy requests that have been submitted for consideration. Any member can also provide testimony in person at the Policy Forum meeting. This in-person meeting is currently held during work hours. In July, we will ask the IMS Board of Directors to approve the formation of an ad hoc task force to develop recommendations to ensure more robust discussions on policies before the Policy Forum in a manner where more members can participate. Many of these ideas will likely include expanded use of technology.

In the past, associations in general have lagged behind for-profit corporations in technology. We worry about abandoning late adopters and taking risks on technology that may not last. The medical society of the future must allocate more resources to technology and be willing to take technology risks. We should have a comprehensive technology plan about how we use technology to accomplish our goals.

Finally, the medical society of the future should continue to promote physician leadership. IMS exists to assure the highest quality health care in Iowa through our role as physician and patient advocate. We know that a physician-lead team and organization is the best way to assure high quality health care. Great health care organizations realize the importance of physician input and leadership, but there are financial incentives to control physicians, or bypass the physician and patient relationship all together.

These financial incentives will be even greater in this post-pandemic world. IMS must continue to stress the value of medical education. Quality health care does not come from paperwork, checklists, and overregulation; it comes from knowledge, expertise, and leadership.

I look forward to this year despite all the unknowns ahead. I love being a physician and my time on the IMS Board of Directors has been extremely rewarding. COVID-19 has been a reminder of the importance of physicians to society. This pandemic will pass, but our work as a medical society and as physicians – even if it looks different than it did in the past – will continue long into the future.

IMS FOUNDATION: DEVELOPING LEADERS THROUGH SERVICE

KADY REESE

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

Since its inception in 1953, the Iowa Medical Society Foundation (IMSF) has served to support initiatives which promote professional development and leadership among physicians and medical students. One special way that the Foundation is instrumental in helping to cultivate the next generation of physician leaders is through the Global Health Scholarship fund. This fund provides financial support to medical students in the form of small scholarships to support expenses related to global health mission trips.

Every year students from Iowa's two medical schools at Des Moines University and the University of Iowa engage in health service opportunities to provide medical care in some of the world's most underprivileged and under-resourced areas; taking them outside their comfort zones and pushing the bounds of empathy, humility, and humanity – all while putting their medical education and skills to the test.

These experiences result in students who have a greater understanding of what it means to be called to service as a physician. They learn what it takes to meet a patient where they are and to look beyond the surface level to establish dynamic relationships with their patients, which is necessary to care for their person, not just their disease.

In previous editions of this publication, we have highlighted some of the latest trips taken by IMSF Global Health Scholarship 2019 recipients from the University of Iowa and promised that the next round of storytelling from our Des Moines University students would be coming.

Little did anyone know then that within six months' time we would be facing the devastation and upheaval of a global pandemic. The impact of COVID-19 on communities worldwide resulted in the postponement or cancellation of nearly all global training and study projects for 2020 – leaving most of DMU's student awardees without an opportunity to complete their international experience.

In total there were 16 medical students from the University of Iowa and DMU who were awarded scholarships to use toward intended global health service trips. While many have had to shift plans, these students have exemplified resiliency and perseverance as they rethink, regroup, and redirect. We celebrate all of the 2019 Global Health Scholarship intended awardees and honor the initiative undertaken to seek out these experiences. We look forward to seeing where the next year takes these student leaders and learning about the adaptive service experiences that may develop.

For more information about the Iowa Medical Society Foundation and the full scope of the work it supports, please visit the IMS website, www.iowamedical.org, or contact Kady Reese at kreese@iowamedical.org.

"There is no doubt that this experience will be one that influences my career in medicine for many years to come."

"The shared experience of wanting to be heard and seen, of wanting companionship and comfort in suffering, and of wanting to celebrate joyous occasions are what I love most about medicine."

– Anna Johnson, DMU

2019 IMSF Global Health Scholarship Awardees

Des Moines University:

Samantha Tyler
Natalie Mironov
Emily Nelson
Melanie Kim
Joshua Tomashek
Anna Johnson
Danielle Gilbert
Adam Zobel

University of Iowa:

Lisa Bell
Korbi Burkey
Allison Fillman
John Hemstrom
Colton Jensen
Hope Kramer
Marshall Moyer
Brian Paul

Countries visited by IMSF Global Health Grant recipients: Belize, Dominican Republic, Ecuador, India, Peru, South Africa, Tanzania, United Kingdom, Vietnam

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

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
Davenport Surgical Group, PC
Dermatology Associates, PC
Des Moines Eye Surgeons
Doran Clinic for Women, Dubuque
Dubuque ENT Head & Neck Surgery, 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 - Durant Family Practice
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
Guthrie Family Medicine Center, Guthrie Center
Heartland Dermatology, Clive
Iowa Arthritis & Osteoporosis Center, Urbandale
Iowa Eye Center, Cedar Rapids
Iowa Retina Consultants, West Des Moines
Jones Eye Clinic, Sioux City

Kossuth Regional Health Center Clinic, Algona
Mahaska Health Partnership - General Surgery, Oskaloosa
Mary Greeley Medical Center, Ames
Mary Greeley Medical Center - Radiation Oncology, Ames
Mason City Clinic - Plastics & Reconstructive Surgery
Mercy Clinics, North Iowa
Mercy Family Medicine Residency Faculty - North Iowa
Mercy Medical Center - Family Medicine Residents
Mercy Medical Center - North Iowa Emergency
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 Internal Medicine Clinic
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 Regency Family Medicine, Mason City
MercyOne Rockford Family Medicine
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 Orthopedics Care
MercyOne Waterloo Pediatrics Care
MercyOne Waterloo Urgent Care
MercyOne Waterloo Urology Care
MercyOne, Waverly
Mid Iowa Fertility, PC, Clive
Mitchell County Regional Health Center - Osage Clinic
Nephrology, PC, Des Moines
North Iowa Eye Clinic, PC, Mason City
NW Iowa Bone Joint & Sports Surgeons, Spencer
NW Surgery, Orange City
OB/GYN Associates, PC, Cedar Rapids
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
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 Health - Residents Medical Education Services, Des Moines
Western Iowa Surgery Inc, Carroll

IOWA MEDICAL SOCIETY

IMS PROGRAMMING: PROUD TO SUPPORT PHYSICIAN LEADERS

KADY REESE

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

Whether in times of change or times of comfort, physicians are seen as leaders. They are the persons of expertise and authority when a frightened or uncertain patient comes to seek care and treatment for themselves or their loves ones. They are responsible for executing system missions for attaining the highest quality medical care and recruiting the highest caliber providers all while ensuring balanced budgets.

Throughout direct care practice, in administration, research, mentorship, and a myriad of roles in-between – whether officially designated as the lead or simply the trusted person that other seek out – physicians rise to the occasion. This is why the Iowa Medical Society (IMS) is proud to support physician at all levels, offering services and programming specifically designed to help physicians learn and hone the desired skills to excel as leaders throughout their careers.

In 2019, the Iowa Medical Society, in partnership with the Iowa Healthcare Collaborative, the Iowa Hospital Association and the Iowa Academy of Family Physicians, launched the Physician Business Leadership Certification Program. This program is designed to support physicians in becoming strong leaders who demonstrate innovative and focused decision-making abilities. The program offers skill-building from foundational leadership and business skills, to advances through strategies to support execution, efficiency, and effectiveness.

These skills are presented in the context of true-to-life situations, acknowledging the evolving landscape of healthcare delivery and some of the most challenging issues of the day, such as opioid misuse and access to behavioral health services. To date, 37 physicians have enrolled in the certificate program. Eighteen graduated as part of the inaugural class and an additional 19 are currently excelling through the program and set to complete their certificate training in September.

The privilege of leadership does not come without great responsibility. In recognition of this, a tailored two-day leadership course was offered as part of IMS' professional burnout and resiliency program. Titled Leading Without Leading to Burnout, this course dove into the specifics experienced by physician and healthcare leaders. Learning focused on how to create the systems we want to practice, hitting on key factors related to managing teams and personnel, and fostering systems which do not lead to burnout. The program also focused on the critical skill of recognizing and mitigating personal burnout as a leader. Leading Without Leading to Burnout participants learned to not discredit their personal feelings and experiences in leadership positions and to use that knowledge to lead by example. They were encouraged to practice the burnout prevention strategies they would happily employ for others with themselves.

As the world of around us continues to shift and evolve, and with it our entire system of healthcare, the need for physician leaders will be ever greater. We are thankful to have physicians in Iowa who are not only exceptional in the care they offer their patients, but who exemplify courage and leadership to lead us through times of challenge, change, and progress. And as physicians are leading the way, the IMS will continue to be here to help light the path.

If you'd like to learn more about IMS' physician leadership programming, please contact Kady Reese at kreese@iowamedical.org.

AWARENESS. CARE. MANAGEMENT.

2020 IMS Professional Burnout and Resiliency Programming

September 10 - West Burlington*

October 13 - Spirit Lake*

December 3 - Des Moines*

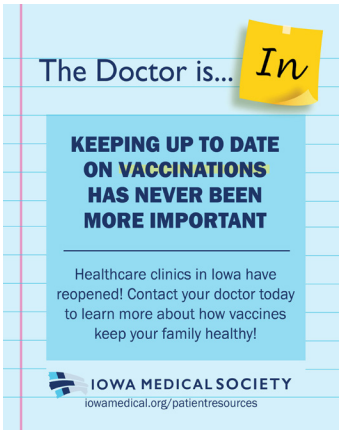
*tentative locations. virtual options being considered.

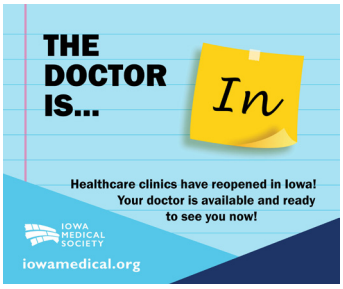
http://www.iowamedical.org/Events

Have You Heard?

#TheDoctorIsIn

iowamedical.org/PatientResources





IN UNCERTAIN TIMES, COMMUNICATION IS KEY

BROOKS JACKSON, MD, MBA

Dr. Jackson is University of Iowa Vice President for Medical Affairs and the Tyrone D. Artz Dean of the Roy J. and Lucille A. Carver College of Medicine.

It's been said that the value of an organization's leadership is overlooked during times of prosperity or stability and often amplified during times of turbulence or uncertainty.

While there is no single blueprint to navigating a crisis, the ability to make quick (not perfect) decisions and adapt to changing circumstances are desired leadership qualities. Gathering and using reliable information to guide decision-making, and having trusted teams and processes in place also are important considerations. The key ingredient that binds all of these factors is effective communication.

Health care systems, like any business or organization, abhor a vacuum when it comes to communication, especially during times of crisis. When its leaders do not communicate clearly and consistently, the information vacuum is filled with speculation and rumor—by employees and stakeholders, by patients and families, and by the general public. And speculation and rumor can often be worse than reality itself.

I've been reminded of the value of communication as the COVID-19 crisis brought never-before-encountered challenges to the University of Iowa Health Care mission of medical education, research, and patient care, as well as our planning and response to this pandemic. Getting the word out has been central to our efforts to understand and adapt to conditions that have changed on a weekly, and sometimes daily, basis. We are not alone, of course. The coronavirus has impacted health systems and medical practices across the nation. And the coming weeks and months will be just as challenging as we work to define and establish a "new normal" for our providers, students and trainees, and patients.

Although the first COVID-19 cases in Iowa were reported in early March, our preparation began in late January as we communicated across our health system and with county and state public health officials, university leaders and the Board of Regents, and colleagues at institutions around the country and world. Raising awareness about the emerging pandemic—and letting our employees know that we were already addressing the issue—helped set the stage for changes implemented in the weeks that followed.

For example, we issued an enterprise-wide email to all our employees the day we activated our emergency response system on March 10, with instructions on properly using and conserving PPE, and preparing for a potential surge of COVID-19 patients. Subsequent broadcasts over the following days and weeks shared other updates, like the admission of our first COVID-19 inpatient, social distancing and other safety measures, child care resources for our staff, and the implementation of protective face shields for employees, just to highlight a few. We also publicly shared our successful initiatives in setting up an influenza-like illness clinic, remdesivir clinical trials, in-house COVID-19 virus and antibody testing, and our COVID-19 convalescent plasma treatment program.

We revamped our organization's internal news website to categorize coronavirus-related information for easy scanning and viewing. As we closed entrances, modified visitation policies, and established requirements for face coverings and social distancing, we shared our guidelines—and the rationale behind these decisions—internally and externally.

Our experts in hospital epidemiology, transfusion medicine, infectious diseases, virology, internal medicine, and other specialties have fielded requests from multiple news media outlets, including national news organizations. Our chief medical officer has cleared time on her schedule to participate in weekly news briefings with county emergency management officials and answer COVID-19 questions from the public via Facebook Live. Similarly, two

of our Spanish-speaking faculty have participated in Facebook Q&A sessions developed specifically for the Latinx population.

Internally, we've distributed weekly video messages to thank our employees for their commitment and service. We also have livestreamed two Q&A forums on COVID-19 each week—one related to patient care, and one focused on our research enterprise and medical education efforts.

I've had the opportunity to lead the Carver College of Medicine forum, and it's been gratifying to see the level of interest from our employees, based on the questions and comments submitted before and during the sessions. For the collegiate forums, we've included guest panelists who cover topics such as pediatric care and COVID-19 and the impact of our hospitalist-led Home Treatment Team, which monitors COVID-19 patients who are recovering at home.

While we don't always have immediate answers, our employees seem to appreciate the opportunity to hear from and engage with leadership on a more regular basis. This was especially clear when we held a series of town hall sessions in late May to outline the financial implications of COVID-19 on UI Health Care. Sharing "bad" news is never easy, but admitting that we are working through problems—and promising to share more details as they become available—is better than waiting for all the answers before saying anything.

In times like these, when difficult questions and mounting challenges are a matter of course, ongoing communication is not just prudent. It's necessary as we continue to care for COVID-19 patients while reassuring non-COVID patients that we can continue to provide a safe environment for their routine and emergent medical care, including those treatments and procedures that were postponed.

Two things I have learned over the past several months: First, collaboration truly is a hallmark of this university and our academic health system. I continue to be impressed by our people, who remain willing and eager to find solutions and get things done. Second, strategic communication will guide many of our initiatives moving forward. This is not to say that we failed to communicate with our staff and the public before COVID-19, but the pandemic has underscored the importance of clarity and consistency.

The first message people hear tends to be the message most believed, so slowing the rumor mill often means countering first perceptions. There's room for improvement in any health care organization, but those that embrace traditional and non-traditional channels to reach employees, patients, and families will fare better in maintaining the public's trust in a post-COVID-19 world.

CONGRATULATIONS 2020 GRADUATES!

UNIVERSITY OF IOWA
Carver College of Medicine
Doctor of Medicine

Tyler Luis Abarca
Avanthi Sai Ajjarapu
Kyle John Anderson
Armin Avdic
Hadeal Ayoub
Stephanie Frances Baldwin
Jonathan Birdsall
Jay Robert Blomme
Fili Bogdanic
Nicholas Craig Borcherding
Derek Thomas Bradley
Gabrielle Anne Bui
Kalyn Diane Campbell
Franklin John Canady
Kirsten Kay Carew
Armando Jesus Cervantes
Sean Chen
Allen Ben Choi
Jian Chu
Taylor William Cox
Elijah Blue Dahlstrom
Kristina Emily Damisch
Jeffrey R. Daniels
Conor Dass
Stephen Bain Davick
Nathan Paul Davidson
Samuel Scott De Nooy
Nicholas Boris Dimenstein
Katelin Marie Durham
Demi Louise Eble
Mitchell Lee Edwards
Sarah Elizabeth Eikenberry
Adam Richard Erwood
Aron Zachary Evans
Mikenzy Brook Fassel
Charlotte Rose Feddersen
Nouran Felo
Tammera Sade Flores

April Forsyth
Alexander James Foster
Collin Maxwell Foster
Caleb James Fredrickson
Kendra Lynn Frey
Andrew Scott Friederich
Julia Rose Froud
Alexander Austin Garza
Rachel Marie Genova
Eleanor Rita Germano
Joseph Charles Giacalone
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ACCOMMODATING AT-RISK EMPLOYEES AMID COVID-19

DEREK BRISCOE

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

The Americans with Disabilities Act (ADA) compels employers to provide reasonable accommodations to employees who need it. But what happens when returning to work itself may prevent employees from safely accomplishing their job functions? For employees who have a greater risk of severe illness from the coronavirus disease COVID-19, this is a bleak possibility.

We've compiled some guidance on ADA accommodations as they pertain to "at-risk" employees from the Equal Employment Opportunity Commission (EEOC). As we have experienced, there is potential for things to change as the pandemic evolves. Therefore, you should continue to follow the most current information on maintaining workplace safety.

What does an employee need to do in order to request reasonable accommodation from her employer because she has one of the medical conditions that the CDC says may put her at higher risk for severe illness from COVID-19?

An employee or her representative must let the employer know that she needs a change for a reason related to a medical condition. Individuals may request accommodation in conversation or in writing and do not need to use the term "reasonable accommodation" or reference the ADA.

The employee or her representative should communicate that she has a medical condition that necessitates a change to meet a medical need. After receiving a request, the employer may ask questions or seek medical documentation to help decide if the individual has a disability and if there is a reasonable accommodation, barring undue hardship, that can be provided.

The CDC identifies a number of medical conditions that might place individuals at "higher risk for severe illness" if they get COVID-19. An employer knows that an employee has one of these conditions and is concerned that his health will be jeopardized upon returning to the workplace, but the employee has not requested accommodation. How does the ADA apply to this situation?

First, if the employee does not request a reasonable accommodation, the ADA does not mandate that the employer take action. If the employer is concerned about the employee's health being jeopardized upon returning to the workplace, the ADA does not allow the employer to exclude the employee—or take any other adverse action—solely because the employee has a disability that the CDC identifies as potentially placing him at "higher risk for severe illness" if he gets COVID-19.

The ADA regulations require an employer to consider whether there are reasonable accommodations that would eliminate or reduce the risk so that it would be safe for the employee to return to the workplace while still permitting performance of essential functions. This should involve an interactive process with the employee. If there are not accommodations that permit this, then an employer must consider accommodations such as telework, leave or reassignment (perhaps to a different job in a place where it may be safer for the employee to work or that permits telework).

What are examples of accommodation that, absent undue hardship, may eliminate (or reduce to an acceptable level) a direct threat to self?

Accommodations may include additional or enhanced protective gowns, masks, gloves or other gear beyond what you may generally provide to employees returning to the workplace. Accommodations may also include additional or enhanced protective measures, for example, erecting a barrier that provides separation between an employee with a disability and co-workers/the public or increasing the space between an employee with a disability and others. Another possible reasonable accommodation may be elimination or substitution of particular "marginal" functions (less critical or incidental job duties as distinguished from the "essential" functions of a particular position). In addition, accommodations may include temporary modification of work schedules (if that decreases contact with co-workers and/or the public when on duty or commuting) or moving the location of where one performs work that provides more social distancing.

These are only a few ideas. The Job Accommodation Network (www.askjan.org) may be able to assist in helping identify possible accommodations. The team at IOWAMED Insurance is monitoring the pandemic and its effect on workplace safety. We're here if you have questions or are looking for resources to help guide your decisions during this unprecedented time.

Helpful Resources
US Equal Employment Opportunity Commission, EEOC (www.eeoc.gov/coronavirus); Job Accommodation Network, JAN (www.askjan.org); Centers for Disease Control and Prevention, CDC (www.cdc.gov/coronavirus/2019-ncov/index.html)

IOWAMED Insurance, is a partnership between IMS and The Harry A. Koch Co., provides services statewide to IMS physicians, their families, and employees.

DEALING WITH POTENTIALLY DANGEROUS PATIENTS

Health care providers deal with patients under stress and may be exposed to the risk of violence in the workplace at higher rates than most other professions. Unfortunately, the nature of the profession makes it necessary to sometimes manage a person who may act out violently. The strongest risk factor for violence is a history of violence. Other risk factors include intoxication; delirium and delusional states; suicidal intent; fear, anger, and revenge; explosive or antisocial personality traits; and communication barriers, like language, sensory or intellectual impediments. Some of these are knowable in advance of a confrontation, but many times they are not.

Emergency medicine providers in particular, often face the challenge of conducting an assessment on a resistant patient. EMTALA rules that require a clinical evaluation do not make exceptions for difficult cases. However, the standards of reasonableness and reality apply in the ED and everywhere else. No clinician is required to put their safety at risk to comply with the law. The question is whether all available means have been used to protect staff—and other patients—as well as the violent individual.

Emergency and some urgent care facilities that are subject to EMTALA are obliged to develop resources and policies for managing patients who create risks to themselves or those around them. Some form of this advice logically extends to all health care providers. It must be remembered that violent patients may themselves be vulnerable to injury or adverse health outcomes, and need interventions by behavioral health, social services, law enforcement, or the courts. The organization's legal advisor should be readily available for crisis management for situations such as applying for a restraining order or handling refusal of treatment by an incompetent patient.

AWARENESS OF SIGNS IN PATIENT BEHAVIOR

There are signals that give a sense of when an assault may be impending. Many of these are intuitively apparent, including head shaking, jaw tightening, eyes diverted, and impingement on interpersonal space. Verbal signals like shouting and threatening are familiar. The important goal is neither to disregard these behaviors, nor to escalate them by overreacting. It is hard to be non-judgmental in the face of an assault, but training and experience can help people remain composed and professional in situations that can be deflected or de-escalated.

OSHA requires employers to provide "a workplace free from recognized hazards." Facilities should implement comprehensive plans addressing violence prevention, warning signal recognition, threat assessment, verbal and physical de-escalation, and other topics. Valuable tips are outlined in "Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers," available at **www.osha.gov/Publications/osha3148.pdf**

CONSIDERATIONS FOR TENSE SITUATIONS

A delicate judgment needs to be made sometimes between confronting a belligerent person with threats (e.g., "You're making me very uncomfortable. If you continue to act like this, I'm going to call security.") versus attempting to bond with them by being accommodating (e.g., "I definitely get why that's bothering you. Let me see if I can do something to help.") Unfortunately, there is no fixed rule for when to apply one tactic or the other. The practitioners who are most talented in this art tend to be those with experience. One important point about verbal confrontation is that high stress levels can generate a state of "auditory exclusion," in which any party might actually not be able to hear questions, instructions, or commands.

Besides offering training, facilities and practices can support their staff with policies that encourage personnel to take unobtrusive, protective steps at an early stage of discomfort. Some of these include involving chaperones or asking a colleague to join a tense discussion, maintaining interpersonal space, not leaning/reaching across the patient's body, or not allowing a patient to block the way out of a room. In some cases, it might be better to avoid giving a patient the sense of being physically or emotionally "cornered." Physical and technological measures are available that can be useful. Some of these are flags in the patient chart about a past history of violence or delirium, a coded flag on the patient's door or stretcher, color-coded patient gowns or wristbands, "panic buttons" in patient care areas or even wireless alarms carried as ID badges.

Appropriate physical barriers (such as reception desks) and clear pathways are common sense measures. Visible video cameras may have a deterrent effect (and recordings can help defend providers, when their actions are proper.). Finally, it should be remembered that people who have been subjected to violence may carry a bit of latent PTSD. The very training and policy discussions intended to improve safety can be experienced as stressful by some trainees. Some people don't have the temperament to intervene in a violent encounter, and it is not reasonable to build this duty into everyone's job requirement.

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