

A Vision for the Future

- **IMS Advocacy Priorities**
- **2021-2023 IMS Strategic Plan**
- **Reflecting on 2020; Looking Ahead to 2021**

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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:

- **2021 IMS QUICK CONNECT WEBINARS:**
 LAST FRIDAY OF EACH MONTH VIA ZOOM - 12:00 PM
- **IMS PHYSICIAN WEEK ON THE HILL:**
 VIRTUAL EVENT, FEBRUARY 15 - 18, 2021
- **COMMITTEE ON CME ACCREDITATION:**
 MEETING DATE TBD: FEBRUARY 2021

For more info on IMS events, please visit: iowamedical.org/events

IN THIS ISSUE

From the CEO: A Vision for the Future.....6
 Advocacy Update8
 2021-2023 IMS Strategic Plan..... 10
 Year in Review 12
 Quality Corner 14
 PFAC Profiles..... 16
 President’s Corner 18
 Membership News 20
 Dean’s Article: University of Iowa..... 24
 Guest Column: Mask of Wellness 26
 Financial Health.....28
 AMA Report30

10 Check out the new IMS three-year Strategic Plan for 2021-2023 on page 10.



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>

STOP
HIV
IOWA

Let's Stop HIV Together.

IDPH
IOWA Department
of PUBLIC HEALTH

A VISION FOR THE FUTURE



MICHAEL FLESHER

Mr. Flesher is Executive Vice President and CEO of IMS

Happy New Year! When this edition of Iowa Medicine lands in your mailbox, we will be just a few days into the new year. As we close the books on a difficult year, we look toward 2021 with a renewed sense of optimism. The first doses of COVID-19 vaccines have begun to be administered across our state and the end of the pandemic is starting to come into focus. It is in that spirit, that we chose this edition's theme: A Vision for the Future.

In his feature column, IMS President Brian Privett, MD, reflects on medical practice in 2020 and looks to the future as we begin to prepare for our new normal. Dr. Privett emphasizes some of the changes that have occurred as a result of COVID-19, including the dramatic increase in telehealth utilization across our state. These changes and initial steps to help sustain these new services are reflected in our 2021 Legislative Priorities and our 2021 Federal Priorities, which we hear about this edition from Dennis Tibben, Director of External Affairs.

Planning for the future involves more than just looking to 2021. This edition, we also introduce the new 2021-2023 IMS Strategic Plan, which

was approved by our Board of Directors this past fall. To help execute on this new multi-year roadmap, Kady Reese, Director of Education & Engagement, tells us about some of the clinical quality improvement work IMS has already begun and will continue to expand in the coming year. Ms. Reese also introduces us to the new IMS Patient and Family Advisory Committee (PFAC), which was founded this past year and will play a growing role in helping to guide both our quality improvement work and the increased public-facing educational work called for in our new strategic plan.

As we reflect on the current state of medicine in the midst of a global pandemic, we have much to celebrate here in Iowa. Physician leaders across our state are on the forefront of the response to COVID-19. IMS member David Krupp, MD, joins us with a guest column to introduce you to a new initiative he co-founded called, "Mask of Wellness."

This initiative helps remind the public about basic COVID-19 safety protocols and showcases COVID-conscious businesses in our communities. We're also joined this quarter by University of Iowa Carver College of Medicine Dean Brooks Jackson, MD, and

Research Assistant Ava Johnson with a column examining the link between obesity and more severe cases of COVID-19. The University of Iowa's ongoing research in areas such as this are helping physicians across the state and the nation better target clinical interventions against this new disease. Finally, we hear from Iowa AMA Delegation Chair Michael Kitchell, MD, regarding the ongoing work of our AMA delegation who is adapting to keep the House of Medicine moving forward on a number of priority issues during this public health emergency.

While the rollout of the COVID-19 vaccines has given us all a renewed sense of hope that the struggles of 2020 will not remain for the duration of 2021, we know much work remains before we are able to end this pandemic and return to a new sense of normal. I continue to be humbled by the lengths to which Iowa physicians have gone to keep our state's healthcare system open and keep their patients safe. The Iowa Medical Society remains committed to supporting your work and doing all that we can to ease the path toward recovery, in 2021 and well beyond. Thank you for your commitment to the people of Iowa. Stay safe.





HOW TO MAKE SENSE OF GOALS YOU SET

KADIN WHITE, CHFC®, *Advisor*

At Foster Group, we spend a considerable amount of time reviewing financial plans. An important part of building out a financial plan is determining goals. Goals help us look at a financial plan with the “end” in mind. Goals could be short or long-term in nature. It could be as simple as saving more for retirement or funding a child’s education. Most financial goals involve setting aside money today in hopes of achieving some future event.

A common question that financial advisors get asked goes something like this, “I have many goals, but I can’t fund all of them today. Which one should I tackle first?” This question creates some unique planning challenges. There is only a limited amount of resources, i.e. cash, to go around. When this issue arises, having a framework for how to prioritize goals would be helpful. A framework helps you decide which goals should be funded now and which ones should be delayed or scrapped.

I recently read the book *Grit* by Angela Duckworth. In it, she lays out a framework for looking at goals. She recommends looking at goals through a hierarchy. These include low-level, mid-level, and top-level goals. Top level goals are your overarching purpose in life, your “why.” They are the reason you get out of bed in the morning; they are part of your life philosophy. Low level and mid-level goals should be connected and help achieve top-level goals.

A low-level goal could be funding a Roth IRA for retirement, or a 529 for a child. These actions are low-level goals because they are what Duckworth would say, “is a means to an end.” Here is an example of a top-level goal: “We want to live a comfortable retirement while actively giving back to our community.” This goal is not a means to an end; it is an end. So why are we funding the Roth IRA? We are funding the Roth IRA because it helps us pursue the top-level goal of living a comfortable retirement. What about the goal of buying a vacation home? Does that work in the situation described above? It certainly could but if buying the vacation home harms your retirement and charitable giving goal, then it may be a goal worth revisiting. Having a framework for any goal helps bring clarity to what your daily action plan should look like. Are these daily actions harming or helping my top-level goals?

At Foster Group our top-level goal, also known as our vision statement, is to influence thousands of individuals, families, and organizations with wise financial council, while encouraging the pursuit of meaningful living and generous giving. Part of that goal is creating a financial plan for our clients in order to pursue their top-level goals. Understanding these goals and then creating an action plan helps set clients up for long-term success. If you want to have a discussion around goals, we would love to talk with you.



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2021 IMS ADVOCACY PRIORITIES



DENNIS TIBBEN

Mr. Tibben is Director of External Affairs at IMS

This past year has challenged Iowa physicians like never before. Long-standing barriers in state and federal policy have been further amplified by the emergence of the global COVID-19 pandemic, which has caused further strain on our healthcare system. In the midst of these challenges, the IMS Committee on Legislation and the IMS Federal Policy Council met virtually to develop our 2021 State Legislative Priorities and 2021 Federal Priorities. These were approved by the IMS Board of Directors in September and December.

2021 STATE LEGISLATIVE PRIORITIES

Responding to COVID-19:

IMS will pursue policy measures that support practices' efforts to respond to the COVID-19 pandemic. This includes continuation of the telehealth policy flexibilities and payment parity that have proven vital to maintaining safe access to care for vulnerable patients and will be a critical component in the efforts to rebuild Iowa's healthcare system. IMS will strongly oppose any efforts to weaken Iowa's immunization efforts, which have saved countless lives from other vaccine-preventable diseases and which hold the promise of bringing an end to the pandemic once an effective vaccine is developed.

Medical Liability Reform:

IMS will continue to push for legislative action to finally curb the recent, alarming trend of out-of-state trial attorneys exploiting Iowa's medical liability system and driving up record noneconomic damage awards. Having already sustained substantial financial losses as a result of COVID-19, the impact of these excessive judgements on already tight operating margins and reduced reserve funds, is even more pronounced than ever before. IMS will work continue to lead a large and diverse coalition of stakeholders pushing to close the loopholes in our cap on noneconomic damages and restore balance to Iowa's medical liability system.

Expanding Physician Workforce:

IMS will continue to pursue a multipronged approach to addressing our state's significant physician workforce shortage. This work will include a continued partnership with IAFP and IPS to support additional flexibility and expansion of the Rural Physician Loan Repayment Program that directly supports efforts to recruit more physicians to shortage areas. IMS will also support policy efforts to implement Iowa's Statewide Provider Workforce Strategy.

Protecting Safe Medical Care:

In recent years, there have been a record number of proposed scope expansions as midlevel providers seek to offer additional medical services without the necessary corresponding training to ensure they are equipped to provide these services safely. In recent months, some have even sought to exploit the COVID-19 pandemic to justify their scope expansions. IMS will lead the House of Medicine in educating legislators on the implications of proposed scope of practice expansions and work to halt any measures that threaten patient safety.

Medicaid Access & Payment:

Iowa practices continue to experience delays in providing care and receiving correct payment for services under the Medicaid program. IMS will continue to push for common-sense reforms to streamline administration of the Medicaid managed care program, adoption of coding policy to align with impending Medicare changes, and action to address stagnant Medicaid physician payment rates that have failed to keep up with the increased costs of providing care.

2021 FEDERAL POLICY PRIORITIES

Responding to COVID-19:

The COVID-19 pandemic has challenged Iowa physicians like never before. Congressional action in the first half of 2020 provided much-needed resources to increase access to PPE and testing resources, speed financial support to help offset reduced clinic volume and mandatory clinic shutdowns, and ensure regulatory flexibilities to help practices adapt to the changing practice environment. In 2021, IMS will push for additional resources, ongoing flexibilities, and support to help Iowa practices respond to the ongoing pandemic and prepare for widespread administration of the anticipated COVID-19 vaccine.

Addressing Medicare Payment Geographic Disparity:

For more than 20 years, IMS has fought to correct the geographic disparity in Medicare payment rates as a result of the geographic practice cost index (GPCI) calculations. The temporary 1.0 Physician Wage GPCI floor, protects rural practices from inappropriate negative payment adjustments, which would reduce payments to Iowa practices by more than \$21 million a year. In 2021, IMS will push for a renewal of the temporary 1.0 PW GPCI floor and continue to pursue a long-term solution to this problem.

Expanding Physician Workforce:

Iowa faces a substantial physician workforce shortage, which has further strained statewide efforts to respond to COVID-19. The current cap on funding for graduate medical education (GME) has limited our state's ability to train a sufficient number of new physicians, forcing nearly half of all Iowa medical students to leave our state for their medical residency. In 2021, IMS will push for creative solutions to increase GME funding. In addition, IMS will push for expansion of recruitment initiatives like the Conrad 30 program, which waives the Visa waiting period for American-trained foreign medical graduates who agree to practice in workforce shortage areas.

Increasing Rural Access to Care:

The rural nature of our state provides a number of challenges in our efforts to maintain and expand access to care for every Iowa patient. The rapid, widespread expansion of telehealth services during the COVID-19 pandemic has helped increase access to care and demonstrated the potential for greater technological solutions to rural access and workforce shortage concerns. Temporary measures, including coverage for audio-only telehealth and easing of site restrictions during the public health emergency (PHE) helped unleash the rapid expansion of telehealth access. In 2021, IMS will push to make permanent those temporary measures that have proven so critical during the PHE and push for congressional action to ensure telehealth payment parity for ERISA-governed commercial insurance plans. IMS will also work with CMS as they implement new rural-focused payment and care delivery models to design creative paths forward for rural practices and facilities that seek to sustain basic services in local communities and maintain access to more advanced services.



2021- 2023 IMS STRATEGIC PLAN

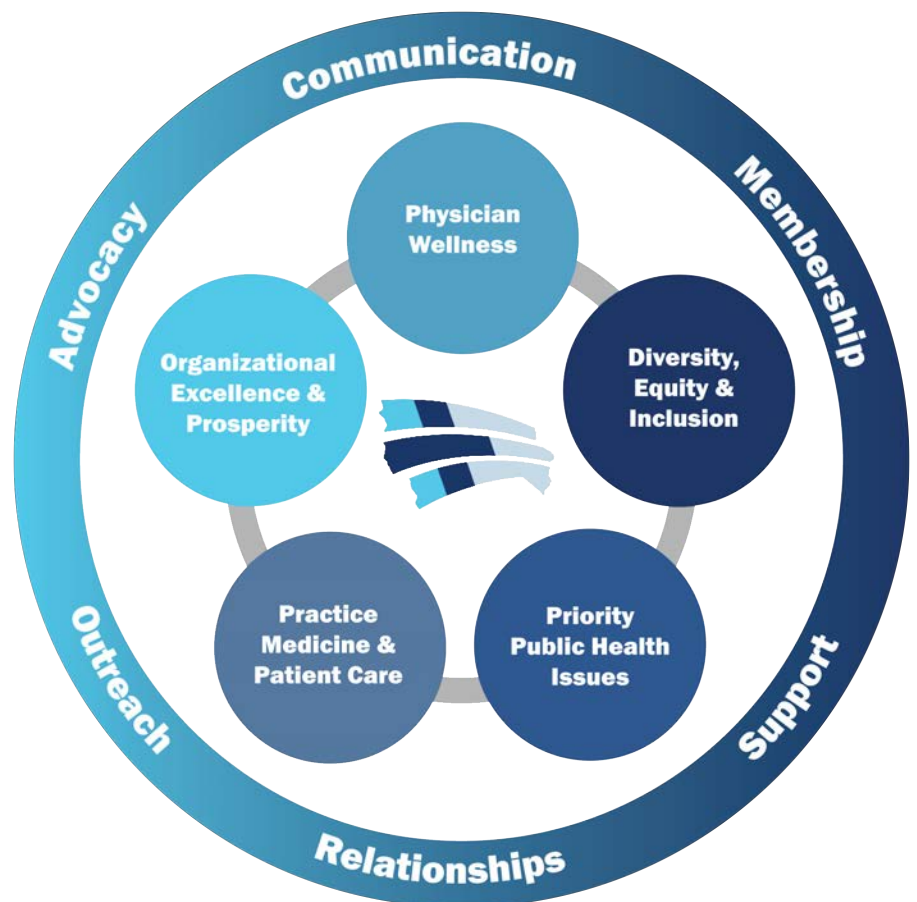
IMS is proud to release our new 2021-2023 Strategic Plan. This plan was designed to uphold our core values through the evolving healthcare landscape we find ourselves in, and the unique role of the IMS to support physicians at all levels. In this effort, five primary priorities will help shape your IMS of the future:

PHYSICIAN WELLNESS
DIVERSITY, EQUITY, & INCLUSION
PRIORITY PUBLIC HEALTH ISSUES
PRACTICE MEDICINE & PATIENT CARE
ORGANIZATIONAL EXCELLENCE & PROSPERITY

Strategic Planning Around Priorities

IMS is a relationship-based organization. The society prescribes to the philosophy that aims create systems and systems create results. The 2021-2023 strategic aim was determined in response to the evolving healthcare landscape and the ongoing goal to support Iowa physicians in leading this change. The strategic approach to achieve this aim is defined around five primary priorities identified through expertise, insight, and feedback from IMS leadership, our physician members, and community partners.

Annual tactical operational plans will facilitate progressive and responsive execution of the plan to ensure an IMS that is equipped to meet to the needs of Iowa physicians and prepared for the future.



CORE PURPOSE OF THE IOWA MEDICAL SOCIETY

TO ASSURE THE HIGHEST QUALITY HEALTH CARE IN IOWA THROUGH OUR
ROLE AS PHYSICIAN AND PATIENT ADVOCATE.

CORE VALUES

THE CARE OF PATIENTS IS THE FOUNDATION OF OUR PROFESSION.
THE PHYSICIAN-PATIENT PARTNERSHIP IS UNIQUE AND ESSENTIAL
FOR HIGH-QUALITY CARE. FREEDOM TO PRACTICE THE ART AND
SCIENCE OF MEDICINE PROFESSIONALLY IS ESSENTIAL.

GOAL 1: PHYSICIAN WELLNESS IN ALL STAGES OF PRACTICE

Objective 1: Position IMS as the Primary Resource for Physician Wellness in Iowa.

Objective 2: Cultivate an Environment for Physician Wellness Free of Stigma.

Objective 3: Advance Policy, System, and Environmental Change Efforts to Address the Underlying Factors Contributing to Provider Burnout.

GOAL 2: DIVERSITY, EQUITY, AND INCLUSION IN THE PRACTICE OF MEDICINE

Objective 1: Equip the Medical Community to Better Serve the Health Care Needs of Iowa's Under-Represented and Disparate Communities.

Objective 2: Foster Opportunities for Increasing Diversity of Physicians, Residents, and Medical Students

Who Are More Representative of Iowa's Population.

Objective 3: Commit to an Organizational Culture of Inclusion and Diversity.

GOAL 3: PHYSICIAN LEADERSHIP ON PRIORITY PUBLIC HEALTH ISSUES

Objective 1: Act as the Recognized Provider Voice on Public Health Issues in Iowa.

Objective 2: Serve as a Trusted Conveyor of Vetted & True Public Health Information.

GOAL 4: UPHOLD EXCEPTIONAL PRACTICE OF MEDICINE AND PATIENT CARE

Objective 1: Engage in Statewide Patient Safety Efforts in Support of the Practice of Medicine and Leadership Role of Physicians.

Objective 2: IMS is a Source of Healthcare Information, Technical Assistance, and

Resources to Support Optimal Patient Care

Objective 3: Integrate Patient and Family Perspectives in Support of Best Practices and Patient Care.

GOAL 5: ORGANIZATIONAL EXCELLENCE & PROSPERITY

Objective 1: Maintain Leadership of the House of Medicine in Iowa.

Objective 2: Leverage Non-Legislative Opportunities to Maximize the Voice of Iowa's Medical Community.

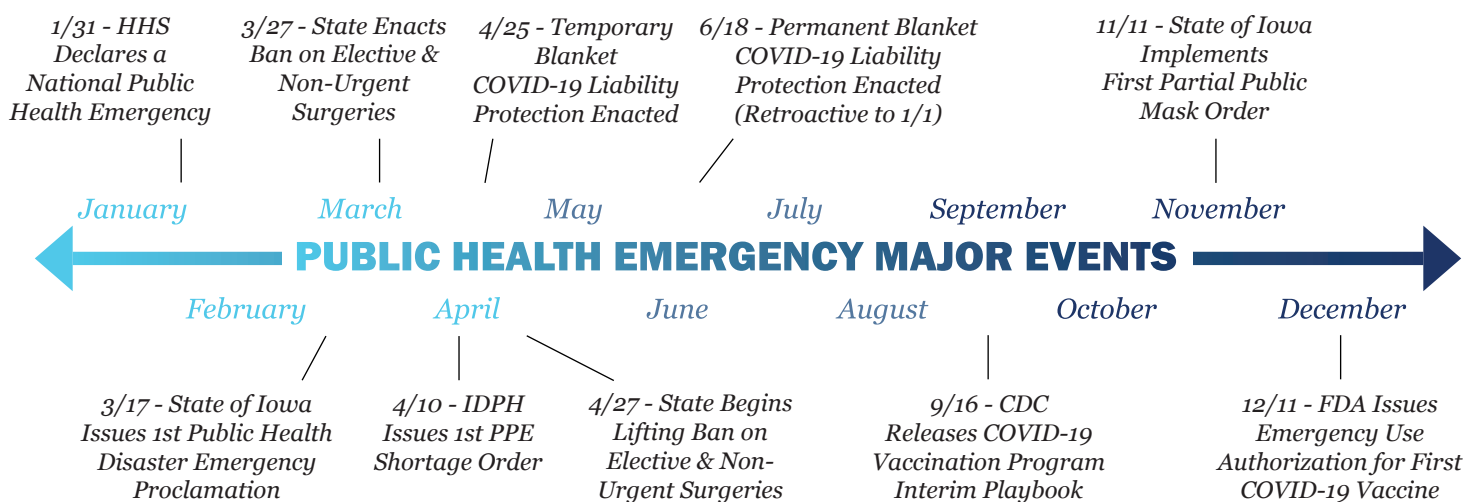
Objective 3: Establish Greater Opportunities to Develop Iowa's Physician Leaders.

Objective 4: Maintain Focus on Organizational Health and Continuous Improvement.



YEAR IN REVIEW: BY THE NUMBERS

This year, the Iowa Medical Society has made numerous adjustments to ensure we continue to meet the needs of our members throughout the pandemic. Due to COVID-19, the majority of our 2020 educational programming migrated to virtual webinar-style connections, rather than in-person gatherings. The IMS Board of Directors met virtually via Zoom many times throughout the year for our usually scheduled meetings, as well as a few additional meetings to discuss how best to serve our membership and community throughout the rapidly evolving COVID-19 Global Health Pandemic. IMS stood up dedicated COVID-19 resources, coordinated efforts amongst the public health and provider community, and ensured that physicians had a seat at the table for nearly every major policy discussion related to the pandemic and preparations for vaccine distribution.



18 IMS QUICK CONNECT WEBINARS

5 NEW IMS COVID-19 RESOURCE WEB PAGES

4 IMS BURNOUT & RESILIENCY VIRTUAL PROGRAMS

12,000 PHYSICIANS, PROVIDERS, & PUBLIC HEALTH EXPERTS REPRESENTED IN IMS-LED CALL FOR STATEWIDE MASK ORDER

200+ COVID-19 RESOURCE POSTS TO THE IMS FACEBOOK PAGE

34 STATE COVID-19 EMERGENCY PROCLAMATIONS

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 courses, 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

PREPARING FOR QPP IN 2021



KADY REESE,

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

The last year has tested the resolve, adaptability, and resiliency of the healthcare system in ways not experienced before in most of our lifetimes. Across our state, and our nation, physicians, care teams, and delivery systems have risen to meet the direct challenges of COVID-19, all while continuing to carry out non-COVID-related care and services and maintaining a commitment to the highest levels of quality and safety.

As we celebrate the emergence of the COVID-19 vaccines and a hopeful end in sight to the global pandemic, 2021 will be a year of recovery and transition. A year of transition is also an especially adept description as we look to shift of our focus and consider the next phases of the CMS Quality Payment Program (QPP).

As of December 28, CMS has officially published the CF 2021 Physician Fee Schedule (PFS) and QPP Final Rule, following three rounds of public comment on the interim proposed rules. The final rule outlines a number of key adjustments across Medicare payment programming, including setting relative value units (RVUs) for CY 2021, revisions for office Evaluation and Management (E/M) codes, continuing modifications for Extreme and Uncontrollable Circumstances Policy in response to the pandemic, and formalizing updates to the QPP.

In relation to the QPP updates established in the 2021 rule, CMS continues to be cognizant and responsive to the hardships experienced by providers through the extension Extreme and Uncontrollable Circumstances Policy allowances, while the general progression of the program towards the next stages of performance and quality in value-based payment continues. Here are a few key highlights of what to prepare for in 2021.

COVID-19 Related Hardships

CMS will extend the Extreme and Uncontrollable Circumstances hardship exemption policy through 2021 with the application process anticipated to follow the 2020 process and allowances. This extension was made in consideration for the ongoing public health emergency status continuing into 2021 and to allow flexibility for lingering burden and hardship experienced as part of the recovery process and return to more standard operations.

MIPS

- The MIPS Value Pathway (MVP) program implementation is postponed to 2022.
- The performance threshold will increase from 45 in 2020 to 60 for performance year 2021.
- The additional performance

- threshold remains at 85 points.
- The complex patient bonus maximum will return to 5 points for 2021.
- The following Performance Category adjustments will take effect for 2021:
 - The Quality category will reduce in weight from 45% to 40% with 209 total quality measures optional to demonstrate.
 - The Cost category weight will increase to 20% in 2021 with applicable telehealth costs allowable to add into the Total Per Capita Cost measure.
 - Performance category weights remain the same for both the Promoting Interoperability and Improvement Activities categories at 15% and 25% respectively.

APMs and MSSP

- CMS will move forward with phased implementation of the APM Performance Pathway (APP) with APP reporting for 2021 optional but elimination of the Web Interface option in 2022. This change will shift not only how data is submitted but also the model of quality metric reporting.
- The Qualifying APM Participant (QP) threshold methodology has been officially changed to eliminate inclusion of Medicare beneficiaries attributed to more than one APM.
- CAHPS survey requirements are waived for 2020, giving automatic full credit for patient experience of care.

DONATE TODAY, SUPPORT TOMORROW.

Support Iowa's Future Physicians, Support the World.

The Iowa Medical Society Foundation uses donations from physicians and friends of medicine to inspire, facilitate, and expand the educational and philanthropic endeavors of the Iowa Medical Society. Your contributions are needed to continue to make a lasting impact in Iowa and globally. Please visit the **IMSF website to donate** and learn more about how your contributions help to support more than **6,100 medical students, residents, and physicians in Iowa: iowamedical.org/IMSF**

The Iowa Medical Society Foundation's mission is to inspire, facilitate, and expand the philanthropic endeavors of the Iowa Medical Society in order to:

- Provide scholarships to Iowa students attending medical school
- Purchase white coats worn by Iowa students attending medical school
- Help fund Global Health Studies Clinic Experiences

Iowa medical students in India as part of the Himalayan Health Exchange:



REFLECTING ON 2020; LOOKING TO 2021



BRIAN PRIVETT, MD

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

As you may know, I am an ophthalmologist in Cedar Rapids. The year 2020 was supposed to be a year to celebrate vision. As your IMS President, I was looking forward to traveling across the state to meet you and shake your hand. COVID-19 brought many unexpected changes this past year. Some of you were and are still working tirelessly on the front lines.

Some specialists, like myself, drastically cut back on clinic and elective surgeries in the spring, and then played catch up for the rest of the year. Many of you experienced the pandemic on a personal level with you or a loved one contracting the virus. In Cedar Rapids, we threw in a derecho in August just to top things off.

If there were any positives to gain from 2020, one was a renewed sense of purpose among physicians. We are a diverse group, but physicians are ingrained with scientific-based problem-solving skills. We used these skills in 2020 to fight a global pandemic. We also fought back against conspiracy theories and falsehoods. We put our best foot forward as a profession and our patients noticed. We made a difference.

COVID-19

In my practice, my patients were grateful for the safeguards our clinic put in place to keep the clinic open and safe. Many of my patients are elderly and for some we were the only in-person contact they have had in weeks or months. I don't treat depression, but it is obvious that many of my patients are feeling down due to isolation, job loss, and other stresses related to COVID-19.

Your medical society also made a difference in 2020. Our nimble professional staff pivoted to become a COVID-19 resource for physicians and clinics. As part of the Governor's emergency response health partners, IMS was able to successfully push for a number of recommendations in the state's emergency proclamations based on member feedback, including expanded telehealth measures and liability protections.

In July, IMS led a coalition of healthcare groups that recommended Iowa institute a state-wide mask order. Like many organizations, the IMS Board of Directors and Policy Forum made the change to virtual meetings,

which other than a few "you're on mute" instances, went very smoothly.

At the time of this writing, the FDA has just issued the first Emergency Use Authorizations for the first COVID-19 vaccines. There is now a light at the end of the tunnel. In 2021, IMS will work to help physicians and practices recover from a difficult year and strengthen Iowa's high-quality healthcare system. There are many ways we can help including telehealth expansion, tort reform, and physician burnout assistance.

Telehealth

Telemedicine has played a critical role in healthcare delivery during the pandemic. Even after the pandemic, there will be an expanded role for telehealth to increase access to care across the entire state. Physicians and groups have invested in the technology and workflow changes to make telehealth available to their patients.

Electronic health record companies have improved and expanded their platforms to include telehealth integration and electronic communication with

patients in general. While there is still much work to do, especially in our rural areas, more patients now have access to high-speed internet and devices to make telehealth possible. Telehealth can address some of the burdens of seeking care. For example, patients who care for children or the elderly can access care without leaving their home. Patients can see specialists who live outside of their area while eliminating the travel time to and from visits. School-based telehealth can provide much-needed behavioral health assistance to children across the state.

The challenge now becomes making these new systems sustainable. In 2021, IMS will continue to advocate for telehealth access and payment parity. It is important to educate our elected officials on the advantages of telehealth and how we can use it to increase the quality of care delivery.

Tort Reform

In 2020, the Iowa Senate passed a hard cap on non-economic damages but the bill was stalled in the Iowa House. Our state's medical liability climate continues to threaten the financial viability of our healthcare system. Without a hard cap on non-economic damages, Iowa has a target on our back. With a larger Republican majority in the House this session, we have an improved chance of passing a hard cap. IMS is already

laying the groundwork to educate our new and returning legislators on this issue.

In 2021, we will once again be asking our members to reach out to your legislators and speak up on this issue. Most of us have been involved in medical liability cases or know a colleague who has. It is imperative that our elected officials hear directly from physicians. Our legislators need to hear how critical this issue is to recovering from the financial and emotional challenges of the pandemic.

Physician Burnout

Like medical liability issues, physician burnout was a problem prior to the pandemic. Many physicians are working longer hours, seeing sicker patients, and dealing with other stresses related to the pandemic. IMS will continue to be a "safe space" for providing burnout resources and programming to physicians.

I encourage all of you who are experiencing professional burnout to check out the IMS physician wellness resource page on our website or reach out to the IMS staff for more resources. If you know a colleague who is experiencing burnout, let them know there are resources available and strategies to build resilience to burnout.

While vaccines will help end the pandemic, there is still a lot of

work ahead of us in 2021. It is important that we continue to take care of our mental and physical health this year.

I am really proud of our profession and how we have handled ourselves during a difficult year. I am thankful for the work you all do to provide quality healthcare to Iowans. Let's keep up the good work, fight the hard fight, and continue to make a difference in the lives of our patients.



“ I AM REALLY PROUD OF OUR PROFESSION AND HOW WE HAVE HANDLED OURSELVES DURING A DIFFICULT YEAR. I AM THANKFUL FOR THE WORK YOU ALL DO TO PROVIDE QUALITY HEALTHCARE TO IOWANS. LET'S KEEP UP THE GOOD WORK, FIGHT THE HARD FIGHT, AND CONTINUE TO MAKE A DIFFERENCE IN THE LIVES OF OUR PATIENTS. ”



PARTNERING WITH PATIENTS

– Profiles of the IMS Patient & Family Advisory Council



Allie Wulfekuhle, Ames, Iowa
Member, Mary Greeley Medical Center Patient & Family Advisory Council

I first got involved in patient advocacy when the Mary Greeley Medical Center was creating their Patient and Family Advisory Council (PFAC). I was invited to be a member because I have a child with special needs and we have done some hospital time. I was interested in giving some feedback and creating a more patient-centered environment. One of the things I enjoy most about being involved in these councils is working with providers and working with the people who are making the decisions. I enjoy working directly with those making a difference in the hospital.

I have seen the impact that patient and family advisory councils have in the care provided, even the organizational direction, where we have worked together to come up with solutions. We share personal stories and making it personal seems to speak to the human nature of providers and people. This helps tremendously when collaborating with providers and organizations. It is about asking the hard questions to get better solutions.

My main goal at IMS is to create an example of what this can look like; a difficult concept to grasp for both patients and physicians. If at the IMS level we can demonstrate how this relationship between patient and physician works, our hope is that physicians will be more open to developing or working with other patient advisory councils. The safety provided within a PFAC for both patients and physicians to speak with each other as people and partners, while creating more teamwork and collaborative relationships, is essential.

I am most proud of the relationships I have been able to build; building that trust with providers and administrators. I am pretty proud of the Mary Greeley PFAC and what we have been able to accomplish together. I am proud of myself for talking about mental health and how these patient and family advisory councils will benefit the next generation.



Roger Lacy, Des Moines, Iowa
Chair, Board of Directors, Primary Health Care Inc.

After being diagnosed and living with HIV, I knew I had to get involved, to take control of my own health and be part of the discussions and the decisions around my health care. So, I got involved, learned as much as I could, and made myself available to others; sharing my story, asking and listening, and being able to help others. It is really about being a part of something bigger than ourselves. I have seen the outcomes from sharing our perspectives as patients and that has kept me coming back.

Patients and families are the center of healthcare. It has been shown that patients and families who work together with their healthcare providers have better health outcomes. The council can benefit physicians when they have questions that are unique to patients that only we can speak to. This gives them the opportunity to capture that and share it.

Patient advocacy is having shared experience and relationship with my provider, while sharing that experience with other people and helping to improve health outcomes for everyone. It is all about trust – even in their own care, and being part of and trusting the decisions made.

What inspires me as a patient and family advocate is breaking down those barriers of trust; creating a system that is best for everyone – patients, providers, all of us. It is empowering when we realize what we can do together – save money, time, and hopefully saving lives.





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YOUR 2021 MEMBERSHIP



MICHELLE DEKKER, CAE, CMP

Ms. Dekker is Director of Membership & Strategic Alliances at IMS

Happy New Year! With a new calendar year, brings a new year for IMS membership and we want to thank all of those members and groups who have renewed their 2021 dues. Thank you for your continued support of the Iowa Medical Society! As a member, we hope you will continue to take advantage of the key member communications, education opportunities, important advocacy, and more. Now more than ever, it's important to stay connected to the physician community and your Iowa Medical Society.

If you haven't renewed your 2021 membership dues yet, there is still time! We offer a few different options for dues renewals this year, allowing you to choose what works best for you.

OPTION 1: ANNUAL DUES

Like we have in the past, IMS will offer the option to pay dues at one time for 2021. We will provide this through online availability and via mailed dues statements. A NEW exciting feature we can now offer, is automatic renewal annually. If you would prefer to enter your payment for 2021 and then have it continually renew for the following years on January 1, this option is for you!

OPTION 2: MONTHLY DUES

The monthly dues options allows members to pay for dues on a month to month basis. This is an automatic renewal that will charge to your credit card and can be set up online.

OPTION 3: GROUP MEMBERSHIP

Did you know that any group of 2 or more can receive discounts on membership dues when all your physicians are members of IMS? If you are interested in group membership, please contact: membership@iowamedical.org.

Not sure if you renewed your dues? Log into the IMS website for up to date information on your account

1.) Sign into your account at iowamedical.org.

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 membership@iowamedical.org.

2.) Update your contact information so we can get the most up to date information to you!

Once you are logged in, click on your name in the upper right hand corner and you will be taken to your profile. Under Membership Details, you will see a "Renewal Due On". If the date has passed, click the blue "Renew Your Membership" button on the page to start the renewal process.

THANK YOU FOR YOUR MEMBERSHIP IN IMS!



2020 Membership: By the Numbers

In 2020, IMS was pleased to implement a new membership management system. This platform offers more ease of use to our members, including new options for paying dues online. Beginning in November, IMS kicked off the 2021 dues campaign to both members and non-members with mailings and emails. So what does it take to renew IMS dues? Check out the numbers below. We are so grateful for the support of the Iowa Medical Society!

- **19** MEMBER PHYSICIANS SERVE ON THE IMS BOARD OF DIRECTORS
- **25+** GROUPS TAKING ADVANTAGE OF 100% MEMBERSHIP DISCOUNT RATES
- **125** PHYSICIANS SERVING ON IMS COMMITTEES AND TASK FORCES
- **2,800+** ELECTRONIC DUES STATEMENTS MAILED TO MEMBERSHIP
- **4,129** DUES STATEMENTS MAILED TO MEMBERSHIP
- **6,157** TOTAL IMS MEMBERS AT THE END OF 2020

Thank You!



IOWA MEDICAL SOCIETY
Membership

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	Genesis Quad Cities Family Medicine Residents, Davenport
Broadlawns Medical Center - Residency Program, Des Moines	Great River Urology, West Burlington
Burlington ENT Clinic	Grinnell Family Care, PC
Burlington Pediatric Association, PC	Guthrie Family Medicine Center, Guthrie Center
Cedar Rapids Medical Education Foundation - Residents	Heartland Dermatology, Clive
Cherokee Regional Clinics	Iowa Arthritis & Osteoporosis Center, Urbandale
Cresco Medical Clinic	Iowa Eye Center, Cedar Rapids
Davenport Surgical Group, PC	Iowa Retina Consultants, West Des Moines
Dermatology Associates, PC	Jones Eye Clinic, Sioux City
Des Moines Eye Surgeons	Kossuth Regional Health Center Clinic, Algona
Doran Clinic for Women, Dubuque	Mahaska Health Partnership - General Surgery, Oskaloosa
Dubuque ENT Head & Neck Surgery, PC	Mary Greeley Medical Center, Ames
Dubuque Surgery, PC	Mary Greeley Medical Center - Radiation Oncology, Ames
ENT Medical Services, PC, Iowa City	Mason City Clinic - Plastics & Reconstructive Surgery
Family Medicine, LLP, Grinnell	Mercy Clinics, North Iowa
Family Practice Clinic, Emmetsburg	Mercy Family Medicine Residency Faculty - North Iowa
Fox Eye Laser & Cosmetic Institute, PC, Cedar Rapids	Mercy Medical Center - Family Medicine Residents
Franklin Medical Center, Hampton	Mercy Medical Center - North Iowa Emergency
Fuerste Eye Clinic, Dubuque	MercyOne Cedar Falls Family Medicine
Genesis Health Group - Durant Family Practice	MercyOne Cedar Falls Home Care
Genesis Health Group - Pathology, Davenport	MercyOne Cedar Falls Internal Medicine
Genesis Pulmonary Associates	MercyOne Center for Diabetes Care, Mason City
Genesis Quad Cities Family Medicine Residency Faculty, Davenport	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/AllergyCare
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



LET'S NOT SUGAR COAT IT: COVID-19 PREYS ON THE OBESE

AVA L. JOHNSON & J. BROOKS JACKSON, MD, MBA

Ms. Johnson is a pre-med student at the University of Iowa, Dr. Brooks is Dean of the University of Iowa Carver College of Medicine

The prevalence of obesity in America has tripled among children and doubled among adults in recent decades.¹ The typical American is 33 pounds heavier than the average French citizen, 40 pounds heavier than the average Japanese citizen, and 70 pounds heavier than the average Bangladesh citizen.² Americans walk less than others in any other industrialized nation.³ Americans eat more fast food than any other nation.⁴ Americans watch more TV than any other nation.⁵ On average, Americans ages 8 to 12 spend 5 hours on screen time per day and teenagers average over 7 hours each day.⁶ It's no mystery why Americans are heavier and why our obesity rate is continuing to increase at an alarming rate.

People are considered underweight, normal, overweight, or obese based on their body mass index (BMI). BMI measures the proportion of body fat based on an individual's weight (kilograms) divided by their height (meters) squared. A BMI of 25 to 29.9 is considered overweight. A BMI of 30 and above is considered obese. A BMI greater than 40 classifies as morbidly obese.⁷

In 1990, 15% of adults in the U.S. were obese.⁸ In 2018, 42.4% of adults in the U.S. were obese.⁹ From 1960 to 2016, the average weight gain was roughly 30 pounds.¹⁰ In 2030, researchers project 1 in 2 Americans will be obese and 86.3% of adults will be overweight or obese.¹¹

Obesity is increasing even among our health care professionals. In 2014, 34%

of physicians in the U.S. were defined as overweight or obese. General surgeons were classified as the heaviest specialty with 49% of general surgeons being overweight or obese. Dermatologists had the lowest percentage of overweight or obese physicians, with a rate of only 23%.¹²

Iowa has one of the highest obesity rates in the country, ranked as the 4th most obese state slightly behind West Virginia, Mississippi, and Oklahoma.¹³ The highest prevalence of obesity in Iowa is between ages 45 to 64.¹⁴ However, obesity is not just a problem for older Iowans. A study conducted in 2018 at the University of Iowa found one in three freshmen students were either overweight or obese.¹⁰ Iowa also has the fourteenth highest childhood obesity rate (ages 10 to 17) in the country at 16.4%.¹⁴

In the U.S., we have not always identified obesity as a disease, but rather a lifestyle choice. However, being overweight or obese can lead to severe health problems. One study found obesity can decrease life expectancy by eight years and rob 20 years of good health off your life.¹⁵ Obesity related health conditions include cardiac disease, diabetes, hypertension, joint disease and some cancers, all of which increase the severity of SARS-CoV-2 (COVID-19) infection.

A number of studies have made it increasingly clear obesity is a significant risk factor for hospitalization for COVID-19. In a study of 334,329 participants in England, the study

revealed an upward linear trend in the likelihood of COVID-19 hospitalization with increasing BMI. Those of normal weight (BMI 18.5-24.9) had a 12.4% rate of COVID-19 hospitalization. Overweight populations had a 19.1% (BMI 25-29.9) rate of hospitalization. Obese stage I (BMI 30-34.9) a 23.3% rate of hospitalization and obese stage II (BMI > 35) a 42.7% rate of hospitalization.¹⁶

Obese individuals carry excess weight in their abdomen, below the diaphragm. An additional 60 or more pounds adds resistance to the airways and makes it increasingly difficult to expand the lungs, especially in combination with a respiratory disease like coronavirus.

In addition, because COVID-19 impairs oxygenation of the blood and tissues, VO₂ max, as defined by the maximum amount of oxygen a person can utilize as measured in mL of oxygen/kg/min, is already substantially reduced by obesity and age such that further reduction in VO₂ max by COVID-19 greatly increases the risk of hospitalization and death.

Another reason obesity amplifies the severity of COVID-19 symptoms is the increased amount of chronic inflammation in obese individuals. Excess adipocyte enlargement triggers cytokines (IL-6 and TNF- α) to secrete C-reactive protein responsible for systemic inflammation.¹⁷ COVID-19 also induces inflammation in the respiratory tract. The combination of coronavirus and obesity therefore generates an even greater inflammatory



response. Overweight patients with coronavirus are more likely to produce high levels of cytokines in response to the hyperinflammation, promoting cytokine storm syndrome (CSS). In CSS, some of the cytokines attack the virus, but the excess cytokines attack the body's tissues and cells.¹⁸

According to the Centers for Disease Control and Prevention (CDC), obesity was the most commonly reported health condition of hospitalized COVID-19 patients ages 18 to 64.¹⁹ In roughly 4,000 coronavirus patients in an academic health center in New York City, a BMI >40 was the strongest independent predictor of hospitalization behind old age.²⁰ Also in New York, a study at NYU Langone Health recorded the BMIs of 3,600 hospitalized patients with COVID-19. Of those patients under age 60, people with a BMI between 30 and 34 were almost 2 times more likely to be admitted for acute and critical care than those with a BMI less than 30 [$p < 0.0001$].²¹

Findings in many studies have been consistent in associating high BMIs with the need for advanced medical care for coronavirus. Of patients hospitalized in Lille, France, 85.7% of patients who required invasive mechanical ventilation (IMV) were obese. The study indicated that as BMI increased, patients requiring IMV increased [$p < 0.01$].²² Similarly, a preliminary study conducted in China discovered overweight populations had an 86% elevated risk of developing severe pneumonia from the virus, and obese people had a 142% higher risk of severe pneumonia compared to those of a normal BMI.²³

A handful of studies have revealed positive correlations between obesity and increased risk of mortality from COVID-19. Public Health England stated people with a BMI between 30 to 35 had a 40% increased risk

of mortality from COVID-19 and a 90% greater risk with a BMI over 40.²⁴ Even the United Kingdom's Prime Minister, Boris Johnson, has pledged to lose weight since he was admitted to intensive care for COVID-19.²⁵ Additionally, a study of 500 hospitalized patients in Italy found those with a BMI of 35 or higher were 12 times more likely to die from COVID-19.²⁶ A smaller study in Wuhan had similar findings. Of 112 COVID-19 patients in the western district of Union Hospital, 88.2% of patients who died of coronavirus had a BMI >25.²⁷

Countries with some of the lowest obesity rates have some of the lowest rates of COVID-19 deaths among COVID-19 cases. In Uganda, 5.3% of adults are obese.²⁸ Since mid-August, 0.87% of Ugandans who tested positive for coronavirus have died.²⁹ In the United Kingdom, 28% of adults are obese.²⁸ In the UK, 12.9% of people who tested positive for coronavirus have died.²⁹ It is important to note that the UK has a greater percentage of elderly population than Uganda. Two percent of Uganda's population is 65 years or older compared to 19% in the UK.³⁰

With the number of COVID-19 cases continuing to rise, the hope of returning to normalcy resides in the development of an effective vaccine. Researchers have found certain vaccinations tend to be less effective in obese populations. Vaccinations against hepatitis B, influenza, rabies, and tetanus have shown a decline in protection in obese individuals. Experts believe the coronavirus vaccine will not be any different. Chronic inflammation in obese adults appears to weaken and interfere with the immune response to the vaccine. Decreased vaccine efficacy could complicate a return to normal life for more than 107 million obese adults in the U.S.³¹

Obesity appears to be a prominent factor that increases the likelihood of hospital admission and the severity of symptoms for COVID-19. This finding has important and practical implications since Iowa is the fourth most obese state in the country. To help combat the increasing rate of obesity in Iowa, a statewide health campaign was created in 2017 called 5-2-1-0 Healthy Choices. The program aims to reduce obesity and the prevalence of diabetes among children in Iowa. The campaign emphasizes five or more servings of fruits and vegetables, less than two hours of screen time, one hour or more of physical activity, and zero sugar-sweetened beverages each day.³² Adults will benefit from this type of program as well.

Weight loss can be a difficult journey with many repeated faltering attempts. Dietary and behavioral changes necessary for weight loss decrease metabolism and increase appetite, promoting weight regain over time.³³ However, there is good news for those who need to lose a few pounds. Even a modest weight loss of 5-10% of your total body weight has been shown to produce many health benefits. Some of these benefits include decreased joint pain, improved sleep, lowered risk of cancer, lower blood pressure and much more.³⁴

With COVID-19 cases continuing to climb, the overweight and obese populations are vulnerable to serious illness from the virus. To best prevent COVID-19 infection, it is important to wear personal protective equipment at work and in public settings, frequently clean and sanitize your hands, and practice social distancing.

[click here for article sources](#)



MASK OF WELLNESS



DAVID KRUPP, MD

Mask of Wellness Co-Founder, Emergency Medicine - Iowa City

As an emergency physician with 20 years of experience, I am intimately familiar with the profound and multifaceted impact this pandemic has upon wellness – physically, socially, emotionally, and economically. As a result, a small group of volunteers and I took action and created a method to effect change in our community and others: “Mask of Wellness,” a free initiative to provide resources for businesses to operate safely amidst the COVID-19 pandemic.

This grassroots effort was launched in Iowa City in May and the program is now expanding nationwide to promote social, physical, and economic wellness. Businesses can sign up to pledge that they will take three simple actions to maintain the safety of employees and customers of their establishments:

1. Employees (and patrons, ideally) wear masks in all shared areas of the work environment
 2. Personal/ Surface/ Distancing Hygiene is practiced
 3. Daily Health Certification – Primary COVID-19 symptoms are recognized and screened.
- Businesses can download a free toolkit with identifiable “Mask of Wellness” graphics, content, and materials to promote the safety steps they are taking to operate as a “COVID-Conscious” business.

These recognizable materials will provide comfort and confidence to customers and employees while improving the Health, Wealth, and Wellness of all of OUR communities.



Over 500 businesses have already signed up and appear on a searchable directory for customers. Help bring the “COVID-Conscious” philosophy to your community by following the three simple steps. While there is division across this country regarding proper mask wearing and appropriate mitigation actions mixed with “COVID fatigue” among citizens and health professionals, we must stay strong and step up our game to get through this together.

If America can adopt the collective mindset we took in World War II, we can re-emerge from this pandemic strong and united. Think of this virus as an invading army. We know its attack plan, and we just need to implement the necessary countermeasures.

Our mission is simple: to improve wellness and enable our economy to function. Only collaborative efforts will mitigate COVID-19 recurrent episodes and their impact on all elements of society. Our message from the start has been to foster positive change through choice, thereby avoiding the resurgences and resistance that compromise wellness.

We have the power to change the narrative. If we all assume we have asymptomatic COVID-19 and take a respectful “COVID-Conscious” mindset, we will shut down this pandemic!



This empowered method is spreading rapidly with only a small grassroots team. Why? Because the philosophical approach of individual empowerment mixed with duty and goals works and will impact the pandemic. Please join us in the “COVID-Conscious” Movement. As medical providers we can make a difference. Let’s help cognitively reframe our communities– together.





The Iowa Medical Society is excited to announce a new partnership with The Mask of Wellness (MOW) as a Gold Sponsor. MOW is a movement to promote “COVID-Conscious” Businesses for free with a positive empowered method to improve the health and wealth of communities through three basic measures: employee mask wearing, surface hygiene & personal distancing, and daily health certifications.



Learn more about how you can support the #MaskUp movement by registering your practice as a #COVID-Conscious Business at maskofwellness.com



PERSONAL CYBER INSURANCE



HEATH LICHTY

Mr. McMahon is a Sales Executive at the Iowa Medical Society Insurance Group

When you think of a claim on your homeowner's policy, do you automatically imagine your house being severely damaged in a hail storm or engulfed in flames? Most individuals can only picture claims that cause significant physical damage to their property. However, a new type of claim is on the rise like never before, cyber!

Most of your basic insurance policies will provide financial assistance in the event of a hail storm or fire, but what if your electronic devices are compromised, and your personal information falls into the hands of the wrong person, does your current policy offer coverage to make you whole again? Is your coverage provided by a carrier who offers boilerplate protection and markets to the masses, or do you have a plan in place specifically tailored to protect you and your family?

As a member of the IMS, you have access via IOWAMED Insurance to select carriers who specialize in building plans for financially successful families. Their coverage is custom-tailored to make sure whatever setback you encounter, you and your family are covered. Those viewed as financially successful are more likely to be targeted for online crime since the potential profit is more significant.

As technology continues to find a spot in our everyday life, so do opportunities for cybercrime. Sometimes the simplest of activities, like checking your e-mail on your smartphone, or

letting your kids download the latest app on their tablets, could expose you and your data. Just because you spotted the suspicious Facebook message or friend request doesn't mean someone else using your network would have the same wherewithal.

If you or your family become targets of online crime, how will your policy respond? Listed below are some examples of the resources you would have available through our specialty carriers who offer cyber coverage:

1. Protect your bank accounts - Our policies can offer up to \$1,000,000 in coverage to help make you financially whole again in the event someone steals money from your financial account.
2. Cyber Extortion Coverage - If an online attack results in a demand for money to prevent the damage or distribution of content, or to restore functionality of your device, our carrier will provide payment.
3. Get life back on track - Coverage is available if cyberbullying leads to wrongful termination, false arrest, wrongful discipline at school, or mental and emotional pain diagnosed by a physician.
4. Prepare with a plan - Our carriers will cover the cost for you to work with a public relations firm to restore your reputation in the event your name is slandered online, or if private photos are leaked and threaten your livelihood.

5. Identify Vulnerabilities - You will have access to top online security firms to evaluate your online networks and identify any gaps in your protection.

6. Protect your identity - Experienced fraud specialists will work with you one-on-one to quickly resolve any crisis and clear up fraud so that you can move forward with your life.

7. Protect your digital property - Financial assistance is available for replacing or recreating personal data and electronic content such as eBooks, software, apps, music, and movies that are lost or stolen from a computer virus or malware.

8. Vendor discounts - Our carriers have relationships with security vendors that offer discounted services to clients, such as consulting with you on how to secure your network and mobile devices or recognize signs of online manipulation.

While these carriers offer some of the best cyber protection on the market, the same is true for the rest of their inventory of products. Our companies provide enhanced features such as guaranteed replacement cost of the home, agreed value for vehicles, worldwide travel protection, and a claims experience that is second to none. Most families want to be insured by a high-end carrier due to exceptional service and products but do not qualify. Some of these carriers have a minimum threshold of \$500,000 or \$1,000,000 replacement value of the home.

Please feel free to reach out to our team of advisors for a comprehensive review of your current insurance program. We're able to offer side by side comparisons, identify coverage gaps, and discuss potential opportunities to protect your family better when life does not go as planned.



THE EMPATHY EFFECT: 4 WAYS TO BUILD TRUST AND STRENGTHEN RELATIONSHIPS WITH PATIENTS

The provider-patient relationship is critical to quality care, especially now, in an age of heightened uncertainty. Communicating effectively is one of the most important skillsets any provider can have, and continuously improving your capacity for relationship building will benefit you and your practice for years to come.

Cultivate Empathy Through Effective In-Person Communication

Empathy is the ability to show that you understand or even share the feelings of another person. Showing authentic empathy helps patients feel heard, understood, and supported. Foundational to empathy is the ability to see a situation from within the patient's frame of reference. As doctors, for example, we know that infections can occur after surgery, but for a patient, that's not routine at all and can be very scary.

Once you're looking at a situation through your patient's eyes, practice reflective listening. When you listen reflectively, it means you make eye contact while your patients talk, show genuine interest in what they say, listen without interrupting or interjecting, and summarize what they said to make sure you understand and validate their concerns.

Communicate Effectively via Phone and Digital Channels

When it comes to showing empathy and ensuring that patients understand their health status and recommended treatments, video calls enable you to use eye contact and read facial expressions. But what about when you're limited to telehealth via phone or a text-only chat online?

If you're communicating via chat or phone, you'll probably need to ask more questions in order to assess the situation, determine a course of action, and make sure your patient understands. You can say, "Okay, so this is what we recommend, and these are the risks—Why don't you tell us what you understood about that?" Additionally, if you don't have the benefit of using your own facial expressions to communicate empathy and validate patient concerns, you'll need to use empathy statements to show you understand (for instance, "That sounds frustrating—I would be asking the same questions you are.").

Use a Robust Informed Consent Process—Not Just a Form

Informed consent is much more than just a legal imperative, it's a chance to improve communication and help patients get the most out of their medical care. For informed consent to be effective, you need a thorough communication process that accompanies any relevant forms. It is important to distinguish between the process and the paper.

The process is where you ensure your patients understand and to increase their compliance in their treatment. When patients understand a recommended treatment and

its indications, risks, benefits, alternatives, and the risk of not proceeding, they're more likely to comply with treatment plans and experience improved outcomes. It is also important to have the informed consent conversation yourself as the treating provider and never delegate it, though other providers can supplement the process and documentation.

After an Adverse Outcome, Focus on the Patient's Needs

Transparency, honesty, and effective communication are all critical to maintaining strong relationships with patients—particularly after an adverse outcome. When results aren't what you or the patient hoped for, empathetic communication and being there for the patient and their family become indispensable.

A valuable tool in these situations are communication and resolution programs, which are designed to address the patient's needs, protect the provider-patient relationship, and prevent lengthy legal action in the wake of an unexpected outcome. The goals are to be honest and open about what happened and offer patients and families the chance to ask questions and get answers.

WITHIN NORMAL LIMITS—A NEW PODCAST BY COPIC



COPIC has launched a podcast called *Within Normal Limits: Navigating Medical Risks*. Hosted by Eric Zacharias, MD, an internal medicine doctor and physician risk manager with COPIC, the podcast offers insights for physicians on pitfalls to avoid and best practices to improve patient care. Each episode is around 20 minutes and focuses on conversations between Dr. Zacharias and other medical experts/physicians who provide practical guidance through detailed analysis and case study reviews.

Within Normal Limits is available on popular platforms such as Apple Podcasts, Google Podcasts, and Spotify. You can also go to www.callcopic.com/wnlpodcast for more information. New episodes will be posted throughout the year, so we encourage you to subscribe and hope you enjoy the podcast.



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

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SPECIAL MEETING OF THE AMA HOUSE OF DELEGATES



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Instead of the in-person AMA Interim Meeting in San Diego, which had been scheduled before the COVID-19 pandemic, our AMA delegation went online November 13-17 to virtually attend the second Special Meeting of the AMA House of Delegates this year. Despite complicated logistics with over 1,000 delegates, alternate delegates, and supporting staff, the House of Delegates accomplished many important tasks during the four-day meeting.

Our Iowa AMA Delegation consisted of delegates Anne Langguth, MD (Hiawatha); Robert Lee, MD (Johnston); Victoria Sharp, MD (Iowa City); and Michael Kitchell, MD (Ames); with alternate delegates Jeff Anderson, MD, (Des Moines); Doug Peters, MD (West Burlington); and IMS President Brian Privett, MD (Cedar Rapids). Doug Martin, MD (Sioux City) will officially be joining the Iowa AMA Delegation as our fourth alternate delegate when his term begins in January.

IMS staff Mike Flesher and Dennis Tibben participated in our organizational meetings and our Federal Policy Council meeting. They also facilitated our regional conference, called the North Central Medical Caucus (NCMC), that consists of delegates from our neighboring state societies in Minnesota, Nebraska, North Dakota, and South Dakota.

The eight reference committees managed to get input from many sources, and discuss as many as 30 resolutions per committee, holding two of the committees at a time for three to four hours each, over two days. The delegates were on both Zoom and Lumi (on two different devices) and we communicated by cell phone to determine positions, testimony, and votes on each resolution. I found myself using four devices – my cell phone, my work desk computer for Zoom, my I-pad for the Lumi to vote and ask questions or comment, and my laptop for keeping the wording of each resolution handy.

The highlights included much discussion and support regarding telemedicine, with some issues still to be studied. The AMA supports equity in payment for in-person and virtual visits, and we will ask Congress to ensure that every American has access with broadband and appropriate devices to be able to receive high-quality healthcare.

The AMA now has a new policy that recognizes police brutality as a manifestation of structural racism disproportionately affecting black, indigenous, and people of color, and directs the AMA to take steps to tackle policing reform and racial injustice.

Because of worsening national drug shortages, there was another policy adopted that would underscore drug shortages as an urgent public health crisis.

Noting the recent increase in uninsured Americans, the House of Delegates voted to support public policy approaches to expand insurance coverage to millions of uninsured, including those who lost coverage due to the COVID-19 pandemic. New policy also includes auto-enrollment as a strategy to cover many of the remaining uninsured who have coverage options available to them at no cost after any applicable subsidies.

The AMA also adopted policy that would help educate physicians on speaking with patients about COVID-19 vaccinations. This should help physicians address patient concerns, dispelling misinformation and building confidence in COVID-19 vaccinations.

The delegates also passed a resolution that would have the AMA advocate for federal legislation to create a congressionally-mandated bipartisan commission composed of scientists, physicians with expertise in pandemic preparedness and response, public health experts, legislators, and other stakeholders which would examine US preparedness for and response to the COVID-19 pandemic, in order to inform and support future public policy and health system preparedness.

If any IMS members have questions about policies or want to propose a resolution at the AMA, please contact IMS staff or any of our delegates or alternate delegates, who also make up our Federal Policy Council.



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