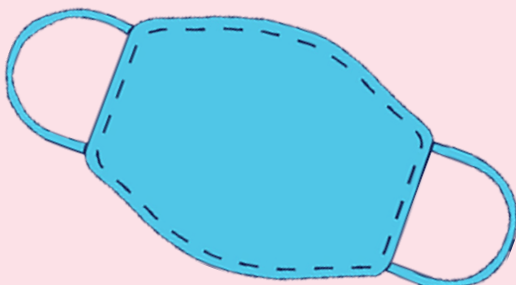
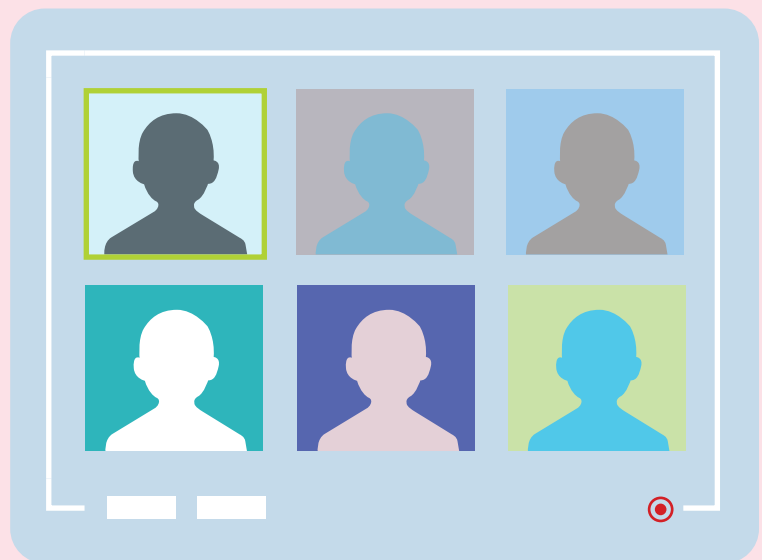
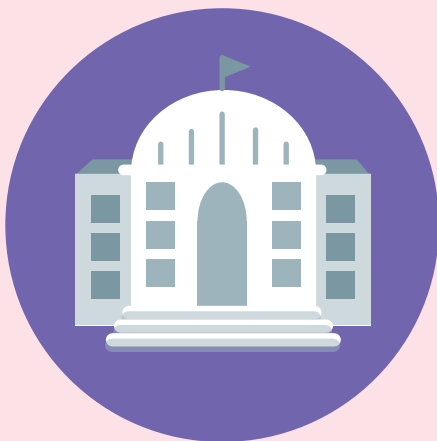


## ORGANIZED MEDICINE LEADERSHIP DURING THE PANDEMIC



- Reflecting on a Year of Change
- Perspectives from the Field
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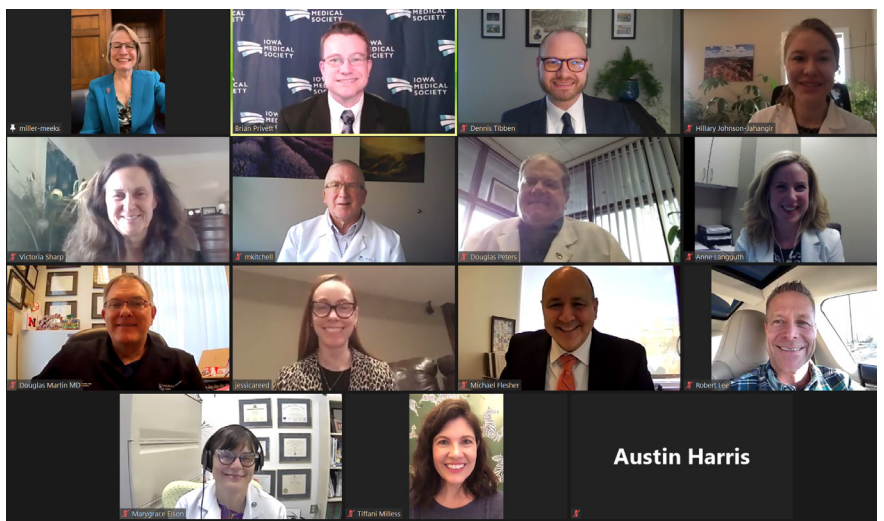
**IMS Core Purpose**

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

**IN THIS ISSUE:**



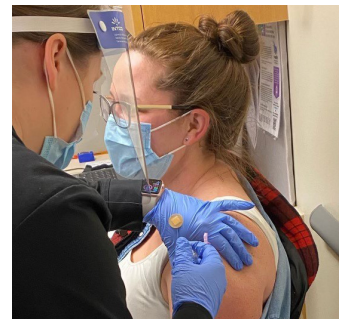
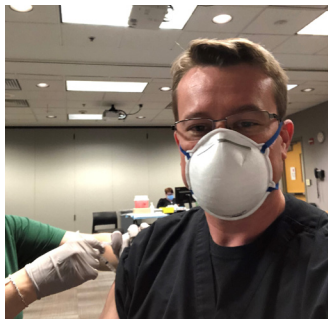
**On January 12, IMS leaders Tiffani Milless, MD, and Jessica Zuzga-Reed, DO, were invited to represent the Iowa Medical Society at the Governor's Condition of the State Address.**



**On February 24, the IMS held a very special virtual Hill Visit for the 2021 AMA National Advocacy Conference where we met with the first female IMS President and new Iowa Congresswoman, Representative Mariannette Miller-Meeks, MD.**







Beginning in December of 2020, COVID-19 vaccinations became available for essential healthcare personnel working on the frontlines. Throughout the following weeks, members of the IMS Board of Directors shared photos from the moments that they were able to take the next step toward ending the pandemic. The Iowa Medical Society is so grateful to all of the amazing and hard-working physician leaders in our state; we look forward to serving you through and beyond this pandemic.

Top Row: Brian Privett, MD; Sharmini Suriar, MD; Lenard Kerr, DO; Cynthia Hoque, DO.  
 Bottom Row: Marygrace Elson, MD; Alison Lynch, MD; Tiffani Milless, MD.

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**UPCOMING EVENTS:**

**APRIL:**

- IMS PRESIDENT'S RECEPTION
- COVID-19 QUICK CONNECT WEBINAR

**MAY:**

- RECOGNIZE, RECOVER, & REBUILD: IMS BURNOUT PROGRAMMING 2.0
- COVID-19 QUICK CONNECT WEBINAR



# A YEAR OF TRIALS AND TRIUMPHS



MICHAEL FLESHER

Mr. Flesher is Executive Vice President and CEO of IMS

When this edition of Iowa Medicine arrives in your mailbox or inbox, we will have passed the one-year anniversary of the first cases of COVID-19 detected in our state. This milestone in the pandemic brings with it a somber moment to reflect on the trials the medical community and our state in general have faced over the past year. More than 5,500 Iowans have lost their lives, nearly 350,000 Iowans have become infected with the virus, and Iowa's healthcare system has been challenged like never before.

Throughout this challenging year, Iowa physicians have remained steadfast in their commitment to protecting the health and safety of their patients. They've put in long hours, endured dangerous PPE shortages and clinic shutdowns, and adapted to new models of care to keep our state's healthcare delivery system running. In the midst of a challenging year, Iowa physicians have also found a way to triumph.

This edition of Iowa Medicine presents an opportunity to reflect on the trials and the triumphs of the past year. We look back on what physician leaders and organized medicine has accomplished over the past year, and we look ahead to the emerging promise of finally

bringing an end to the pandemic. In his final column as IMS President, Brian Privett, MD, reflects on his personal experiences as a Boy Scout and his desire to live their motto to leave things just a little better than he found them.

Having worked closely with Dr. Privett over the past few years and especially during his year as IMS President, I can confidently say he has achieved this goal during his time at IMS. Under his leadership, your Iowa Medical Society has weathered financial and organizational challenges brought on by the pandemic, and has emerged stronger and even better positioned to help Iowa practices rebuild from COVID-19.

This edition, we also hear from Steven Halm, DO, Dean of Des Moines University College of Osteopathic Medicine who reflects on the value of persistence in all aspects of medical education and practice. This persistence is what drew many of you to medicine, what has led so many of you to succeed in your careers, and what has helped to propel medical education and practice throughout this challenging year.

As we look to the "new normal" after the pandemic, this persistence will

only further advantage us all in our collective effort to rebuild our state's healthcare and public health infrastructure stronger than it was before COVID-19.

This edition of Iowa Medicine also presents an opportunity for us to spotlight a few of our physician leaders who continue to innovate and advance quality improvement efforts despite the challenges of the past year. Tonya Gray, MD, of MercyOne Family Medicine - Forest Park, Mason City, and Kyla Carney, MD, and Susan Kennedy, MD, of Primary Health Care at Mercy Family Practice Residency Program, Des Moines, were both finalists for the Healthiest State Initiative Health Care Award for their innovative work in support of the 5-2-1-0 pediatric obesity initiative. Dr. Gray, Dr. Carney, and Dr. Kennedy have implemented a number of innovative approaches to instill lifelong healthy behaviors in their patients' lives.

IMS Director of External Affairs Dennis Tibben joins us to reflect on the central role the IMS Core Purpose has played in guiding our advocacy efforts throughout the pandemic. He shares further examples of how IMS has been and continues to be at the table for



discussions around COVID-19 response efforts, as well as plans to transition out of the pandemic. As Dennis notes, we know the road to recovery from our healthcare system will be a long one, but IMS remains committed to serving as your statewide voice and an ever-present resource in this work.

As we look to the year ahead, IMS Director of Education & Engagement Kady Reese gives us a preview of what to expect from the Centers for Medicare & Medicaid Services (CMS) under the new Biden Administration. Kady shares with us the latest updates on the Quality Payment Program and the next phase of the Meaningful Measures program as provided by CMS during the 2021 Quality Conference held in early March.

We also report on the plans under development by the IMS Programming Committee, as we look to build upon our physician wellness programming and bring the membership education and engagement opportunities that respond to real-time needs and are designed not only for IMS physicians and practices, but with physicians and practices.

Finally, we offer a preview of the forthcoming report of the ad hoc IMS Diversity, Equity, and Inclusion (DEI) Task Force. Last July, the IMS Board of Directors approved the formation of the DEI Task Force to review the policies and practices of the Iowa Medical Society, as well as the role of

the organization to ensure and promote diversity and inclusion. Over the past eight months, this group has completed an extensive environmental scan of IMS and the practice of medicine in Iowa. Not surprisingly, this review led to more questions and a need for greater data. Submission of the DEI Task Force's report to the IMS Board of Directors later this month will mark just the beginning of the work ahead as a society and as a profession.

There's much work ahead on a number of fronts for IMS and the physicians of Iowa. As we pass the anniversary of the start of the pandemic and set our sights on the horizon made possible by the ever-increasing rollout of the COVID-19 vaccines in our state, I hope that you'll take a moment to reflect upon your own year under COVID-19. Despite the challenges of this past year, I hope that you've also found moments of joy and professional satisfaction.

I've closed my last several columns reflecting on how proud I am to work with the physicians of Iowa and I can't help but say it again as we reach this important milestone. Your dedication to the patients of Iowa over the past year, is truly inspiring. On behalf of the entire staff of the Iowa Medical Society, I'd like to say that it has been our honor and privilege to support your efforts. Please continue to look to IMS as a resource in this final phase of the COVID-19 pandemic and throughout the work to rebuild.

**“DESPITE THE CHALLENGES OF THIS PAST YEAR, I HOPE THAT YOU’VE ALSO FOUND MOMENTS OF JOY AND PROFESSIONAL SATISFACTION.”**

**- MIKE FLESHER, IMS CEO**



# PURPOSE - DRIVEN ADVOCACY



DENNIS TIBBEN

Mr. Tibben is Director of External Affairs at IMS

The Iowa Medical Society has always been a mission-driven advocacy organization, seeking to elevate the voice of Iowa physicians, residents, and medical students from across our state.

At no time in our recent history has this been more true than the past year as we have responded to the COVID-19 pandemic. As we pass the one-year anniversary of the first confirmed COVID-19 cases in Iowa, I can't help but reflect on how this past year has dramatically changed our advocacy work, while maintaining our underlying commitment to our Core Purpose.

In March of 2020, IMS joined all of you in rapidly shifting focus to meet the challenges of the pandemic. With legislative session suddenly suspended and our legislative advocacy on pause, we rapidly scaled up our advocacy efforts with the Governor's Office and the Iowa Department of Public Health (IDPH) as they rolled out the first of several statewide Public Health Disaster Emergency Proclamations.

IMS built upon its strong working relationships with state officials to push for the inclusion of

licensure and telehealth flexibilities to minimize legal barriers and allow physicians to be able to adapt to continue providing high-quality care to their patients.

As medical supply chains failed and the stockpile of personal protective equipment (PPE) became dangerously low, we pushed our state and federal partners to make additional resources available and authorize the use of nontraditional sources of PPE. We worked with our partners in private industry to identify supplemental supply chains and worked with the governor and members of our congressional delegation to remove legal barriers for individuals looking to provide supplies.

Working with our congressional delegation, we pushed for additional testing and treatment resources, along with additional federal flexibilities for the utilization of telehealth. We helped state officials identify initial COVID-19 testing sites across the state and later, after the rollout of Test Iowa, worked with state officials to ensure that these large-scale testing sites were coordinating with area providers to strengthen local response efforts.

When the state decided to suspend elective and non-urgent medical

procedures, IMS pushed for additional federal support to assist those impacted clinics and data-driven decisions on when it was time to allow these services to resume. We urged state officials to follow the guidelines laid out by the American College of Surgeons and the CDC for the resumption of elective and non-urgent procedures. We worked with our hospital partners to help gauge bed capacity to balance COVID-19 response needs with regular operations.

When the legislature resumed session for an eleven-day sprint to adjournment last June, IMS was there to push for enactment of blanket liability protections for COVID-19 response efforts. We shared stories of clinics utilizing garbage sacks and homemade face masks in place of traditional PPE, and physicians from a myriad of specialty areas stepping in to supplement staffing in COVID-19 units and ICUs. We made sure legislators understood that Iowa physicians were adapting and doing whatever it took to continue to care for patients.

IMS also expanded upon its role as a patient advocate throughout the pandemic. We pushed for

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

### - IMS Core Purpose

greater awareness of the need for widespread public mask use and observance of COVID-19 safety measures. Working with the IMS Patient and Family Advisory Committee, we reminded the public of the importance of continuing to receive routine care and staying current on vaccinations, and we educated Iowa patients about how to access care via expanded telehealth offerings.

As state and federal officials began gearing up for the anticipated Emergency Use Authorizations of the first COVID-19 vaccines, IMS was again at the table pushing for more information to help the medical community prepare. We reminded state officials that there are physicians in every type of practice setting across our state and that rollout of the vaccines would require more than just relying on the large systems to get doses to the patients who need them most.

We advocated for expanded provider communications, and greater integration of local community partners and front-line physicians who know best how to care for Iowa patients.

In November, IDPH asked IMS and a host of other provider and public health organizations to name a representative to a new Infectious Disease Advisory Council to help better plan statewide vaccine rollout efforts. IMS members from system, independent, and community-based settings joined public health experts in refining federal guidance on the prioritization of patient populations for the limited doses of vaccines as they became available.

Now, with three COVID-19 vaccines approved for emergency use and additional doses becoming available every day, the end of the pandemic is starting to come into focus. We know that much work remains as we emerge from this pandemic and even more work remains to rebuild a strained healthcare system that has weathered once-in-a-generation challenges. We also know that there are ample opportunities to lose ground in the progress that has been made.

Over the past year, IMS has made our fair share of advocacy missteps and we have not secured every pandemic response measure for which we

have pushed. Statewide mask use continues to be a struggle and the rollout of the COVID-19 vaccines was far rockier than any of us would have liked. Along the way, we have heard from members and partners when IMS has fallen short of their expectations, and we have grown as an organization.

Throughout it all, the physician leaders and staff of the Iowa Medical Society have remained committed to the goals laid out in our Core Purpose. The year ahead promises to be brighter than the one behind, but the challenges no less significant.

IMS stands ready to meet these challenges. We are committed to continuing to give Iowa physicians and their patients a strong, statewide voice as we work to bring an end to the pandemic and begin the difficult work of rebuilding.

We continue to stand ready to support you and your practice in whatever capacity you need. If IMS can be of assistance in any way, please do not hesitate to reach out.



# PHYSICIAN WEEK ON THE HILL

## THANK YOU FOR YOUR VIRTUAL ADVOCACY!

In light of the ongoing COVID-19 pandemic this year, IMS made the decision to convert our annual day of physician advocacy at the Capitol into a virtual experience that would span the course of a full week.

The 2021 Physician Week on the Hill (PWOTH) took place from February 15 through 18, and consisted of four full days of virtual advocacy.

Starting on Monday, February 15, IMS members received an Action Alert via email encouraging them to reach out to their state legislators to remind them about the importance of supporting the fight for tort reform, and to schedule a time to meet virtually at some point

throughout the week. On Tuesday, IMS held a live, virtual Physician Week on the Hill event where attendees were briefed on the status of our tort reform efforts and received resources to aid in their conversations with legislators.

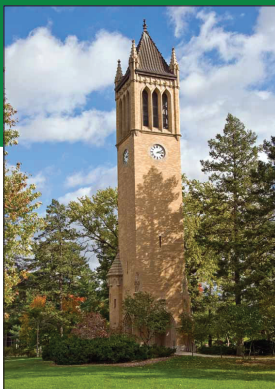
This event also featured a discussion session with Senate Majority Leader Jack Whitver, and House floor manager Representative Ann Meyer who provided members with a unique policymaker's perspective on how to conduct their virtual hill visits, which took place the following day on Wednesday, February 17.

On the last day of PWOTH, Iowa

medical students, residents, and fellows were encouraged to schedule their virtual legislator visits, and share how tort reform is impacting medical education and physician recruitment to our state.

During this week, 528 advocates took action in support of tort reform and made a total of 592 connections with state legislators.

Thank you to all of those who participated in this important week of grassroots advocacy! Your engagement came at a critical moment in our tort reform fight as the bill was introduced in the House, and passed both subcommittee and committee during this week of physician grassroots advocacy.



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# 5 THINGS TO KNOW ABOUT TELEHEALTH

During the last year, there has been an expanded use of telehealth. The Centers for Medicare & Medicaid Services (CMS) relaxed restrictions and approved more than 80 new services. HIPAA and DEA constraints have also been relaxed, and we've witnessed state licensing boards starting to modify rules to make interstate telecare easier and more straightforward. Medical liability carriers (like COPIC) are taking steps to support providers in this new environment, while trying to foresee implications for patient safety/standards of care. As we enter 2021, here are some key points from COPIC's perspective:

## 1 LICENSURE

For regulators, telemedical services within one's state of primary licensure are considered today more or less "business as usual." Providers must be sure their telepractice is consistent with their usual scope of practice and privileges. Regulators will scrutinize services outside a provider's training or credentials. Some states also impose specific requirements regarding consent and documentation. But, for the most part, services a practitioner offers in the office will be acceptable via telehealth, when this is clinically justifiable.

## 2 OUT-OF-STATE PRACTICE

Outside the state where a practitioner is licensed, things are more complicated. Each state has a different tolerance for "extraterritorial" providers rendering care to patients physically located there. Some states explicitly do not allow this. Others accommodate practitioners not licensed in the remote state with various waivers and exceptions. Before COVID-19, telephone (audio only) care across state lines was often treated as "a violation not often enforced." However, the increased attention on remote video conferencing has made many medical boards realize that their state's legal definition of "telehealth/telemedicine" also fits phone calls. The prudent course looking forward is to expect the long standing, laissez-faire treatment of interstate phone calls to tighten in 2021. It makes sense to check the licensing rules in any state where you provide remote care,

even by telephone. We understand this will represent a change in practice for many providers. A summary of requirements and waivers may be found at [www.fsmb.org/siteassets/advocacy/pdf/states-waiving-licensure-requirements-for-telehealth-inresponse-to-covid-19.pdf](http://www.fsmb.org/siteassets/advocacy/pdf/states-waiving-licensure-requirements-for-telehealth-inresponse-to-covid-19.pdf).

## 3 PRESCRIBING

Telephoning prescriptions across state lines has traditionally not been much of a problem. That doesn't mean every prescription will be accepted; it means you can usually rely on the pharmacist to know whether they are allowed to cooperate. Obviously, controlled substances invite greater scrutiny. But even these are not prohibited under DEA rules during COVID-19 (the DEA has suspended the requirement for an initial in-person visit). However, a controlled substance prescription must be consistent with guidelines, within the scope of the provider's usual practice, and accompanied by necessary due diligence. This may mean asking the pharmacist to do any required check of the state's prescription drug monitoring program.

## 4 LIABILITY

The medical liability exposures for telemedicine are largely the same as for in-person care. Most of the slips, lapses, and hazards you guard against during hands-on care are not changed much by telecare. Normal guidelines for judgment, consent, and documentation apply. On the positive side, telehealth lends itself to a degree of

"cherry-picking." Telepractitioners should be able to reduce the odds of adverse events through patient selection. The liability question for any telehealth service is, "Is it reasonable?" In some cases, the answer is altered by COVID-19. Some procedures may not be ideal choices in a perfect world, but during current conditions they may be acceptable—or even superior—options. As telehealth is the ultimate PPE during the COVID pandemic, one should consider adding the documentation that the visit was performed via telehealth as a "COVID countermeasure."

## 5 DOCUMENTATION

There are some unique aspects of telehealth documentation. First of all, it's important to know when a given encounter was a telehealth visit. A good practice is to note the medium (e.g., teleconference, phone, telemetry data review, etc.). If any technical issue prevented optimal communication, that should be noted (e.g., "Exam limited by capabilities of the patient's cell phone."). It's required by some states to record the fact that the patient was aware of the limits of the technology and that there was a backup plan if it failed. Extra steps need to be taken to document consent for recording or photography. You should note any additional parties at either end, such as assistants or relatives. If an in-person visit would have been preferable but was not possible or advisable due to circumstances (e.g., weather, COVID, etc.), this needs to be documented in the disclosure and consent.

## WITHIN NORMAL LIMITS—A NEW PODCAST BY COPIC



COPIC 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](http://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.



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# DIVERSITY, EQUITY, AND INCLUSION: FORMALIZING IMS' COMMITMENT

In the 2021-2023 Strategic Plan, the Iowa Medical Society (IMS) recognized diversity, equity, and inclusion as a priority focus of the organization over the next three years. Through this priority, IMS has made a strategic commitment to an organizational culture of inclusion, targeted efforts to support physicians in serving diverse populations, and helping to foster a diverse and representative physician workforce in Iowa.

The intentions for this priority emerged during the July 2020 meeting of the IMS Board of Directors, which saw an intentional and meaningful discussion of the board. This discussion was held in acknowledgement of intensifying dialogue, demonstrations, and public outcry - both nationally and throughout Iowa communities - surrounding ongoing experiences of systemic racism and calls for racial equity.

To help define IMS' role and the next steps forward, a Diversity, Equity, and Inclusion (DEI) Task Force was created. Membership of the DEI Task Force is comprised of volunteer physician participants from across IMS' membership, from various stages of practice, wide geographic representation, and diverse personal backgrounds.

The nine-member task force has met routinely over the last nine months, working to better define and understand the complexities of

diversity, equity, and inclusion in the practice of medicine and laying out the next steps to support physicians and move the organization forward.

In this effort, the DEI Task Force has focused conversations on two fronts – ensuring IMS is leading by example in its own operations and determining where IMS can be part of the change outside of its own “walls.”

The conversations held by this dedicated group of individuals have been robust, thoughtful, and focused on opportunities to be part of the solution – whether that be through education, engagement, equipping, or advocacy – and recognizing that a willingness to continuously learn and evolve will be core to successfully carrying out any DEI actions or initiatives.

A limited, gauging survey administered earlier this year by the DEI Task Force among IMS' physician leadership found that 75% of responding physicians serving on the board and/or on various committees believe issues of diversity, equity, and inclusion to be extremely important to the practice of medicine.

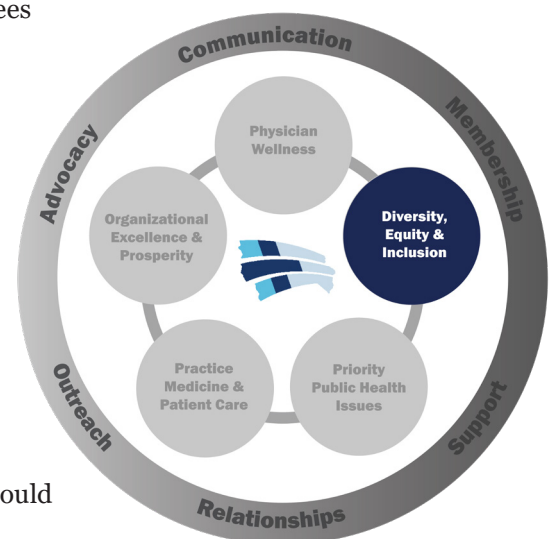
Seventy-eight percent of those same survey respondents indicated that the issue of diversity, equity, and inclusion to be somewhat to extremely impacting of patient experiences of care. In this same survey, respondents affirmed that IMS should

play a leadership role in helping to address these issues and for their own commitment to such.

To translate the last nine months of examination, surveying, and discoveries, the DEI Task Force will prepare a formal report of recommendations to submit to the IMS Board of Directors during the April 16 meeting. This report will capture the work accomplished and provide an outline of the proposed next steps to be undertaken.

Considerations within this report will include both internal and external areas of focus, identification of most pertinent action items, and whether or not a standing DEI committee is needed to carry out these efforts.

We look forward to sharing the task force recommendations report with membership and honoring IMS' commitment to being agents for change and advocates for all.



# 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  $\geq 1$  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>

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# REFLECTING ON A YEAR OF CHANGE



BRIAN PRIVETT, MD

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

As some of you may know, I am an Eagle Scout and den leader of my son's Cub Scout den. At the end of a Scouting campfire program or training session, the leader traditionally is given a minute to reflect and pass on some words of encouragement or inspiration. As I come to the end of my term as IMS President, I would like to present my "President's minute."

Robert Baden-Powell, founder of the world Scouting movement, once said, "Try and leave this world a little better than you found it." I try to follow this advice for everything I do or participate in. We teach Scouts to leave their campsite better than they find it.

This means not only cleaning up the mess our group made, but to also pick-up trash that was already there. Because of this practice, Scout camps tend to be cleaner than state or national parks. What really resonates with me about this quote is that you do not have to make monumental changes to change the world, you just have to do your best to leave it a little better.

As I finish my term as IMS President, I hope I leave our Iowa Medical Society a little better

than I found it. It has been a challenge to do so with COVID-19, but our professional staff, Board of Directors, and members have risen to the challenge. I am happy to report that your Iowa Medical Society not only survived this past year, but met many of our membership, financial, and advocacy goals despite the challenges of the pandemic.

We also became more involved in collaborating with public health entities as well as summarizing and disseminating public health information to physicians than in recent years. This effort continues with the massive undertaking of distributing the COVID-19 vaccines. This change meant our organization had to do things differently than before. We had to pivot to meet the immediate needs of our members and our patients. As I said in my inaugural address, we had to be bold, and we were.

Medicine in general has had to do things differently this past year. To provide safe care for our patients, we had to structure our offices and schedules differently. We created virtual waiting rooms. We embraced telemedicine to ensure access to care for our patients. Some of our back-office

staff were able to work from home. We had to use personal protective equipment (PPE) differently than we did before. We did this all while putting ourselves at risk, and some of you may have even lost someone close to you due to COVID-19.

While it is difficult to predict when our practices will return to a more normal environment, I would encourage you all to try and build your practices back better than before instead of doing things the exact same way they were done before. For example, many of our patients like the advantages of telemedicine. Some back-office staff may prefer the flexibility of working from home.

There are many ways that physicians leave the world a little better than we found it. First and foremost, we help improve the lives of our patients. This has been especially true in a year where many patient's social interactions have been limited due the pandemic. Some physicians also further our profession through research.

The public has been reminded of the importance of science and research with the groundbreaking development of the COVID-19

# “THERE ARE MANY WAYS THAT PHYSICIANS LEAVE THE WORLD A LITTLE BETTER THAN WE FOUND IT. FIRST AND FOREMOST, WE HELP IMPROVE THE LIVES OF OUR PATIENTS.”

vaccines. Some physicians give their time to teach others. There is no better way to ensure the future of healthcare than through teaching. Advocating for your profession and your patients is also extremely important.

By being advocates, we can make the necessary changes in our healthcare system to recruit more physicians to Iowa, expand services like telehealth, and decrease burnout by reducing administrative burden. I also believe it is important for physicians to be leaders in their practices and systems.

This is especially true of younger physicians. I was a relatively young IMS President, but I believe it is important for young physicians to jump in and help shape the future of their long career. Our patients will be better served if physicians have a strong voice in how care is provided to our patients.

Finally, Baden-Powell also said, “The most worthwhile thing is to try and put happiness into the lives of others.” This too is something physicians do every day even if we do not realize it. Physical and mental health is

vital to a person’s happiness, and even the personal interactions we have with patients to show we care about them can impact a person’s happiness. In a year that has been difficult for all of us, it is important to remember the positive impact we make on the lives of others around us to make their life a little better. It is truly the most worthwhile thing.



from top to bottom: Dr. Privett sworn in as 171st President of the Iowa Medical Society, Dr. Privett receiving his second COVID-19 vaccine, and Dr. Privett attending a 2020 press conference, calling for a mask mandate in the state of Iowa.



# PERSPECTIVES FROM THE FIELD:

## A LOOK AT COVID-19 VACCINE ROLLOUT FROM A LOCAL PUBLIC HEALTH LEADER



KARI PRESCOTT

Director of the Webster County Health Department

### WHAT DOES THE LOCAL COVID-19 VACCINE EFFORT LOOK LIKE?

In Webster County, it is organized chaos. Webster County Health Department is the hub for all things COVID-19 and vaccine rollout. Our staff of 30 continues to run the community-based programs like WIC, Maternal Child Health Programs, Family Planning, etc. that were operational pre-pandemic, while adding additional roles amongst staff members to address the activities of COVID-19.

We have dedicated a group of staff who are responsible for contact tracing the positive cases, placing individuals into isolation and appropriately quarantining exposures. Other staff are tasked with contacting the eligible groups in the phases to determine vaccine intent and schedule on-site clinics, if appropriate. All staff is educated to address questions and answer the multiple telephone calls on a daily basis with questions regarding COVID-19, the vaccine, masking, quarantine, and isolation guidance.

Every Monday by noon, WCHD publishes a press release with the information for the mass clinic scheduled for that week. Staff

coordinate how many appointments will be available, and how residents can make those appointments via either online or via telephone. Every Wednesday beginning at 1:00 pm, the scheduling process begins. This is a standard process and structured pattern of dates and times to create a systematic timeline for residents to know what to expect and where to go for information.

Our mass clinics are held at the empty Crossroads Mall in Fort Dodge. The mall has three wings, named Red POD, White POD, and Blue POD. For our mass clinics, we set up 30 chairs back-to-back on the right side of the wing for appointments on the hour. Space is allowed for social distancing and walking. On the left side of the wing, another 30 chairs are set up back-to-back for appointments on the half-hour. The exact same process is done in the other two wings.

This structure allows us to vaccinate 90 residents every 30 minutes, while incorporating the 15 minute wait time after they receive their shot. Once those residents have been released, our staff has time to sanitize the chairs before ushering in the next group of residents. Our nurses and administrative staff are mobile throughout the wing. Once residents are seated, they don't leave their chair until they have been dismissed by a public health official.

Administrative staff help residents to fill out paperwork, to answer necessary questions, and to follow up after the vaccination is given. Our nurse follows with a cart that has all of the supplies that are needed for the vaccinations. When residents leave the clinic, they have a vaccination card with the vaccination information and a reminder card with the appointment date and time for the second dose.

### WHAT ROLE ARE PHYSICIANS AND PHYSICIANS' OFFICES PLAYING IN LOCAL VACCINATION EFFORTS?

Our first allocation of vaccines was allocated to the hospital to vaccinate healthcare workers. The first shipment was Pfizer and the hospital had the necessary ultra-cold storage. As Phase 1B is much more populous, we have requested our physician offices to assist us in identifying residents who need the vaccine, as well as those who are homebound or might have difficulty with telephone or internet to make an appointment.

Each week, our healthcare system provides us a list of eligible patients. We make appointments for those patients.



## HOW ARE LOCAL AGENCIES COORDINATING AMONG ALL OF THE ENROLLED VACCINE PROVIDERS?

Currently, Webster County Health Department is the primary county hub for vaccines and also for information that is to be provided to the community. Locally, HyVee and Daniel Pharmacy are receiving a weekly allocation from the federal government distribution plan. HyVee utilizes the corporate structure for scheduling appointments.

Daniel Pharmacy is a community-based, locally-owned pharmacy in the community. Daniel Pharmacy utilizes the health department's scheduling software to assure multiple appointments are not being scheduled. Additionally, once vaccines are arriving in the county in larger quantities, we have plans to incorporate a larger joint clinic utilizing the federal government allocation to Daniel Pharmacy and the allocation to the health department.

We know that vaccine rollout and local administration planning are continuously evolving as we receive more vaccine supplies and new vaccine products are approved.

## WHAT DOES LOCAL PUBLIC COMMUNICATION LOOK LIKE TO HELP PATIENTS NAVIGATE THE VACCINE ROLLOUT?

Webster County Health Department works closely with our local media partners to publish accurate information for our community. The department uses

all forms of social media and the county website. It is imperative that accurate and timely information be distributed from our office to area newspapers, radio stations, local business, provider network, and to our local partners.

Graphic imaging has also been created, as well as videos to educate residents through the vaccination process, how to register for appointments, what to expect at the mass vaccination clinics, and to answer any questions. We monitor social media comments sections to provide answers to common questions or address any statements posted. The health department is very transparent in our processes.

We provide weekly data, updates on the current status of the county, information on the allocation of vaccines into the county, and most importantly our plan to distribute those vaccines. Vaccines are limited and demand is high. The over-communication and transparency helps to assure residents that our priority is getting the vaccine into the community and to assure that no one is being left behind.

## HOW ARE WE WORKING TO MAKE SURE THAT WE ARE REACHING VULNERABLE POPULATIONS IN COMMUNITIES?

The health department coordinated with home health agencies providing care in the county, requesting the names of

those who were homebound and wanted the vaccination. Proper consents were signed to share this information with local public health.

Postings on Facebook request our community - including churches, community based services, and congregate meal sites - to contact us if they identify someone who is homebound and would like to be vaccinated. One day each week is set aside to provide home visits. Additionally, we coordinated a clinic for the Spanish-speaking community.

The health department has processes in place to address individuals who have difficulty making an appointment on-line or who have no support system to assist with making an appointment.

## ANY CONCLUDING MESSAGE FOR PHYSICIANS?

Support the vaccine distribution process in your community by advocating for patients to get vaccinated but also support the public health agency. They have been on the frontline with hospitals and clinics.



# PHYSICIAN & CLINIC SPOTLIGHT:

## THE HEALTHIEST STATE INITIATIVE'S 2021 HEALTH CARE AWARD WINNERS



### PRIMARY HEALTH CARE AT MERCY FAMILY PRACTICE RESIDENCY PROGRAM DES MOINES

In 2016, Primary Health Care at MercyOne became a 5-2-1-0 registered site. As part of our program, we integrated the 5-2-1-0 handouts and recommendations with our electronic health record. We were very fortunate to work with Jennifer Groos, MD (Pediatrician) and Julia Richards Krapfl (Wellness Coach) to develop a curriculum to educate residents, faculty, and staff about doing accurate weights and measurements, motivational interviewing, and goal setting with patients. Primary care physicians play a crucial role in the prevention of childhood obesity. Implementing simple measures during routine care can make a difference.

Working in a Federally Qualified Health Center, we often see disparities in healthcare. The COVID-19 pandemic has only made this worse. We are always looking for innovative ways to help our patients develop affordable healthy habits while educating future primary care physicians on the importance of preventative care and easy, quick, in-office counseling. We have continued the curriculum on pediatric obesity and education for our Family Medicine residents yearly and implemented new fun measures like handing out vegetable counting bracelets to children.

This year we are planning a new project to include pre-natal nutrition and education about healthy habits during pregnancy using the 5-2-1-0 resources for our obstetric patients.

In our front lobby, we are planning a healthy habit education board with links to fun recipes, exercises, and patio gardening ideas, as well as advice about sleep, screen time, and social media monitoring for children.

We are looking forward to seeing how our new program can help our patients lead healthier lives!

### MERCYONE FAMILY MEDICINE FOREST PARK MASON CITY

At MercyOne Forest Park, our biggest positive changes have come with the addition of our office dietician, Jennifer Arndt, RD, who works with physicians to care for the nutritional needs of patients in the outpatient setting.

As a 5-2-1-0 clinic, we also display the Healthiest State Month weekly fliers in exam rooms, and post the monthly newsletter on social media. In order to support the 5-2-1-0 mission of 5 servings of fruits and vegetables, 2 or less hours of screen time, 1 or more hours of physical activity, and 0 sugary drinks, we have implemented the following:

We developed a recipe book with meal ideas from staff and created a 5-2-1-0 cookbook for children to pass out. Our dietitian has a Recipe of the Week on her door, and holds seminars for patients on healthy eating, which she has made available virtually. We also have refrigerators and a microwave in the break room so staff can bring their own healthy lunches.

We participate in the Reach Out and Read program and have used books available for kids to take home, as well as magazines and puzzle sheets in the exam rooms to discourage phone use while waiting.

Prior to COVID-19, we held walks where we gave out resistance bands, lights for safety, and healthy cookbooks. We have participated in Live Healthy Iowa and Iowa Healthiest State challenges. Now with the pandemic, we have joined virtual challenges like Lights On 5K (in-person and virtual), Great Run Across Iowa virtual, and Walk With a Doc Grand Canyon adventure virtual. We have an office Facebook page where we post challenges and encourage each other. Some physicians and staff utilize standing desks and go for walks over the noon hour.

Outside the office, we have a small herb garden for making infused water - a healthy alternative to sugary drinks! Prior to COVID-19, our dietitian gave out samples and held seminars on the amount of sugar in other various drinks.



# **IMS COVID-19 Quick Connect Webinars**

**The Last Friday of Every Month at 12:00 pm**

Join us during our monthly quick connect webinars for updates on latest COVID-19 news and resources from your local physicians and public health experts.

[iowamedical.org/Quick-Connect-Recordings](https://iowamedical.org/Quick-Connect-Recordings)

**April 30 · May 28 · June 25**

**July 30 · Aug 27**



# QUALITY IMPROVEMENT 2021: SETTING OUR SIGHTS ON VALUE 2.0



KADY REESE, MPH, CPHQ

Ms. Reese is Director of Education and Engagement at IMS

On March 2-3, the Centers for Medicare and Medicaid Services (CMS) hosted the 2021 Quality Conference, an annual convening of CMS leadership and staff along with thousands of quality improvement and patient safety champions from across the nation.

The two-day virtual conference is an opportunity to reflect on the healthcare transformation achievements to-date and to outline the next phases in the evolution towards value-based care. While transitions in federal administration, from the White House to those at the helm of federal agencies, will certainly influence some of the nuances in paths forward, the target destination and commitment to a healthcare system centered upon the Quadruple Aim – better outcomes, lower costs, and improved experiences for both patients and providers - remains consistent.

### Quality Payment Program

The future of the Quality Payment Program (QPP) was laid out, focusing on the two tracks for qualifying participants: the Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs). For 2021, the effort to reduce burden and remove barriers to the most successful participation in either model continues.

This included a complete overview of the recently developed MIPS Value Pathways (MVP) program with a streamlined and more responsive

framework to guide participants towards successful APM participation. Recent clinician-informed updates for the APM Performance Pathway (APP) were also introduced, consisting of the freeze of qualifying participant thresholds for 2021, extending use of the CMS Web Interface for 2021 reporting, and the solidifying of the APP 2021 quality measure set: CAHPS for MIS survey measure, two administrative claims measures, and three quality measures.

### Quality Measures Action Plan

At the core of QPP and all pathways to value-based reimbursement, is measurement. The Meaningful Measures program introduced in 2017 laid the groundwork for how health systems, practices, and individual eligible providers would demonstrate value, providing tangible benchmarks and performance goals, regardless of QPP participation track. Since its inception, CMS has worked with providers to target measures that are most impactful for improving care and outcomes, and eliminate reporting of measures offering limited value back to providers.

This effort continues with the launch of Meaningful Measures 2.0, seeking to maintain the \$128 million dollars and 3.3 million hours projected saved in 2020 alone through streamlining of measures, while ensuring that selected measures drive continuous quality improvement towards more equitable and highest value care.

To achieve this, there are five goals of the next phase of Meaningful Measures:

- Utilize only quality measures of highest value and impact focused on key quality domains.
- Align measures across value-based programs and across partners, including CMS, federal, and private entities.
- Prioritize outcome and patient reported measures.
- Transform measure to fully digital by 2025, and incorporate all-payer data.
- Develop and implement measures that reflect social and economic determinants.

The paths forward as designed by CMS endeavor to meet the needs of the multiple players with stake – payers, providers, and patients. This undertaking is certainly a balancing act and one that will continue to take time to hone, all players continue to work together and apply the lessons learned to achieve optimal outcomes for all.

### Building Value-Based Care





# IMS PROGRAMMING COMMITTEE

The Iowa Medical Society revived the Programming Committee in December of 2020 with the goal of staying on top of membership education needs and interests, by hearing directly from the membership. The committee is led by staff liaison, Kady Reese, and IMS President, Brian Privett, MD. The committee is made up of IMS members who vary in specialty and location. The group meets every six weeks to reconvene their education and engagement ideas, as well as put together a programming plan for the next three years that correlates directly with the IMS strategic plan. The members are passionate about curating programming and education in real time for other IMS members.

## COMMITTEE MEMBERS:

BRIAN PRIVETT, MD – IOWA EYE CENTER  
HANNA ZEMBRZUSKA, MD – UNIVERSITY OF IOWA HEALTH CARE  
HILLARY HAAS, DO – DES MOINES UNIVERSITY  
JENNIFER GROOS, MD – PRIMARY HEALTH CARE  
NOREEN O'SHEA, DO – DES MOINES UNIVERSITY  
WHITNEY CORRIGAN – SCOTT COUNTY MEDICAL SOCIETY  
KADY REESE, IMS DIRECTOR OF EDUCATION & ENGAGEMENT  
AUTUMN MCGILL, IMS MANAGER OF EVENTS & SPONSORSHIP

The IMS Programming Committee is excited to announce their current education and programming plans for 2021. The events will be added in real time when the membership sees a gap or an opportunity for IMS. The members are passionate about continuing the conversation about Burnout that began over two years ago. In late Spring IMS plans to hold a physician-led program, Recognize, Recover & Rebuild, to bring physicians together to discuss resiliency during and post-COVID from the physician perspective. We will also be holding a program called “Crucial Conversations” that is focused on teaching the healthcare team more effective communication skills that can assist in advancing the organization. Keep an eye out on [iowamedical.org](http://iowamedical.org) for more information on the 2021 calendar of events!

## CALL FOR IMS PROGRAMMING COMMITTEE MEMBERS

Are you interested in helping the Iowa Medical Society plan its upcoming educational offerings? IMS is still seeking interested participants to be part of the IMS Programming Committee. The meetings will be held virtually every six weeks. Involvement with this committee will support IMS offerings that are designed both for members and by members. We want to hear from you!

QUESTIONS? CALL OR EMAIL AUTUMN MCGILL AT (515-421-4773) [AMCGILL@IOWAMEDICAL.ORG](mailto:AMCGILL@IOWAMEDICAL.ORG).



# COMMITTEES

*As a physician-led organization, the IMS Boards and Committees play a central role in guiding the work of our organization. Members of the committees are appointed and reappointed each spring, following the installation of the new IMS President. If you are interested in serving on an IMS committee, please contact Autumn McGill at [amcgill@iowamedical.org](mailto:amcgill@iowamedical.org).*

\* Committee Meetings are held each Fall for approximately 3 hours

## COMMITTEE ON LAW & ETHICS

The Committee on Law & Ethics is responsible for addressing medical practice issues with significant legal or ethical implications for Iowa physicians, serving as a liaison on behalf of the Iowa Medical Society to the Iowa State Bar Association, serving as a liaison with the Iowa Board of Medicine on issues impacting medical ethics, and addressing issues referred to the Committee by the IMS Policy Forum or IMS Board of Directors. Committee members are nominated by the leaders of the state specialty societies, and the leaders of the medical student sections at Des Moines University and the University of Iowa.\*

## COMMITTEE ON MEDICAL SERVICES

The Committee on Medical Services is responsible for issues relating to the provision of medical services under commercial insurance systems; medical services provided to Medicaid, Medicare, and CHIP patients; medical services provided to veterans of the Armed Services of the United States; and the interrelations of hospital and medical services. Committee members are nominated by the leaders of the state specialty societies, and the leaders of the medical student sections at Des Moines University and the University of Iowa.\*

## COMMITTEE ON PHYSICIAN WORKFORCE

The IMS Committee on Physician Workforce serves to guide the medical community in efforts to improve physician training, recruitment, and retention efforts in the state. The committee is charged with identifying and studying emerging issues impacting the workforce needs of physicians and practices in Iowa. This work includes review of policy barriers and opportunities for success in workforce efforts, as well as potential supports and services IMS might provide to individual physicians and practices across the state. This committee provides recommendations for policy changes to the IMS Committee on Legislation and recommendations for additional supports and services to the IMS Board of Directors.\*

- One Meeting Each Spring (Approx. 3 hours)
- One Meeting Each Fall (Approx. 3 hours)

## COMMITTEE ON LEGISLATION

The IMS Committee on Legislation seeks to support legislation in the interest of public health and scientific medicine, endeavoring to secure the best results for the whole people, done with the dignity becoming of a great profession. This committee annually establishes recommendations for the IMS Legislative Agenda, which are vetted through the other IMS policy committees and approved by the IMS Board of Directors; the committee also provides regular guidance on new policy and IMS advocacy strategy. Committee representatives are appointed by the IMS President.

- One Meeting Early Fall (Approx. 2 hours)
- One Meeting Late Fall (Approx. 2 hours)
- Biweekly Friday Conference Call During Session (Noon Hour)



## COUNTY & SPECIALTY POLICY COUNCIL

The County & Specialty Society Policy Council serves as the formal policy connection between IMS and the societies, chapters, and associations in the state that represent the interest of physicians and physicians-in-training. Committee members discuss policies priorities of their respective organizations and provide feedback on policy issues under consideration by IMS. Committee members are appointed by the leaders of county and state specialty societies, the medical student sections at Des Moines University and the University of Iowa, and the Iowa Medical Group Management Association.\*

## IOWA MEDICAL POLITICAL ACTION COMMITTEE

The Iowa Medical Political Action Committee exists to strive for the improvement of government by encouraging physicians and others to take a more active and effective role in governmental and political affairs. IMPAC works to encourage physicians to understand the nature and actions of their government, important political issues, and the records of office holders and candidates for elective office. IMPAC provides endorsements and financial support to state-level candidates and provides recommendations to AMPAC for support to federal-level Iowa candidates.

- Election Years: Two Meetings/Candidate Interviews Each Fall (Approx. 3 hours)
- Non-Election Years: One Meeting Each Fall (Approx. 2 Hours)

## COMMITTEE ON CME ACCREDITATION

The Accreditation Council for Continuing Medical Education (ACCME) recognizes the Iowa Medical Society (IMS) as an accreditor of intrastate continuing medical education (CME) providers. The Committee on CME Accreditation oversees IMS' accreditation program. Its purpose is to assure ready access to high-quality medical educational experiences in order to raise the standards of medical care for Iowans, enhance professional development of Iowa physicians and facilitate compliance with Iowa relicensing requirements. This purpose is achieved through periodic surveys leading to reaccreditation of currently accredited CME providers, and surveys of new provider applicants.

- One Meeting Each Spring (Approx. 3 hours)

## COMMITTEE ON SPORTS MEDICINE

The Iowa Medical Society (IMS) Committee on Sports Medicine serves as a resource for setting medical policies with the Iowa High School Athletic Association (IHSAA) and the Iowa Girls High School Athletic Union (IGHSAU).

- One Meeting Each Spring (Approx. 3 hours)

## MATERNAL MORTALITY REVIEW COMMITTEE

The Maternal Mortality Review Committee is a joint effort between IMS and the Iowa Department of Public Health to ensure a thorough, confidential review of all deaths occurring while a woman is pregnant or within one year after delivery. Composed of experts in obstetric medicine and maternal mortality, the committee's review is a component of the state's overall efforts to reduce maternal morbidity and mortality.

- Annual Full-Day Case Review Meeting (Approx. 3 Hours)

## PROGRAMMING COMMITTEE

The Programming Committee serves to guide development and execution of IMS in-person and virtual educational offerings. The group provides insight into the educational needs of the IMS members and critically evaluates potential content and external speakers to ensure they benefit the physicians, residents, and medical students of Iowa.

- Quarterly Virtual Meetings



# PERSISTENCE IN A PANDEMIC



STEVEN HALM, DO, FAAP, FACP

Dr. Halm is Dean of Des Moines University  
College of Osteopathic Medicine

With just over one year of dealing with this pandemic and experiencing how it has invaded our personal and professional lives, we are now beginning to see some light at the end of this COVID-19 tunnel we are traveling through. The incredibly fast development of robust vaccines and their improved distribution poise us well as we continue to navigate the COVID-19 waters ahead.

As medical practitioners, we have all had a considerable history of success in creating a pathway for the development of our individual education and our careers. To some degree, each of us have effectively forecasted and weathered the storms that come with professional medical education, graduate medical education, keeping up with CME and certification requirements, and managing the stresses in helping to lead our patients toward healthier outcomes - no small feat.

One of the strongest characteristics that most of us have developed in each of our journeys is persistence. Persistence found its way into academics for most of us, athletics for many, musical skills and hobbies for some, and into family and social aspects of our lives. For most of us, persistence has affected a mix of multiple facets of our lives.

Napoleon Hill, the father of

all positive thinking and self-improvement, published his huge best-selling work in 1937 during the great depression. Every self-improvement book written in the last 80 years is based on Hill's Think and Grow Rich masterpiece. Hill interviewed and studied successful men of the time and shared findings of their habits that allowed them to be successes.

A newer version that reviews habits of successful women shares a similar title – Think and Grow Rich for Women by Sharon Lechter (2014). Based on the book titles (and by the names of the people interviewed and studied – think Carnegie, Rockefeller, Graham-Bell, Edison, Ford and Angelou, Day O'Connor, Thatcher, Rawlings, Winfrey to name a few) you would think that the authors' focus is on financial success. The real purpose of the books is to identify how to grow rich in spirit with a purpose of service and positivity. One characteristic of success that Hill dissected and spent considerable time on was persistence.

Hill shared his term, definiteness of purpose, as the first, and perhaps the most important step toward the development of persistence. In caring for our patients, leading our healthcare teams, and creating opportunities to influence state and national health policy, we all thrive

on maintaining our own definiteness of purpose.

Over the years, I have shared with my medical students and residents the importance of persistence in their training and list Hill's work as a necessary read for their personal growth. For most of us, persistence becomes habit without needing emphasis; it remains something that is often natural for most of us and becomes a driving force in creating improved patient safety opportunities and health outcomes for our patients. Don't allow COVID-19 to break your habits of persistence.

We are likely through the initial stages of dealing with COVID-19 and we have learned so much in the last year. We must be persistent in continuing to support and engage each other with proven methods of limiting spread through use of masks and encouraging proper hand hygiene, maintaining vigilance in our actions, and maintaining definiteness of purpose in our positive spirit and service to others.

**“DON'T ALLOW  
COVID-19 TO  
BREAK YOUR  
HABITS OF  
PERSISTENCE.”**

- STEVEN HALM, DO, FAAP, FACP





# PHYSICIANS: DEBT VS SAVINGS, WHICH COMES FIRST?

ROSS POLKING, CFP®, AIF®, MBA, *Lead Advisor - Business Development*

Young physicians often ask, "Should I focus more aggressively on paying down my debt, or should I just do the minimum and try to save as much as possible?" That's an excellent question, with lots of variables and layers. Everyone's situation is different, and there is no one-size-fits-all answer. However, kudos to those who are asking this question. It suggests the desire for a plan to help achieve financial independence.

Most every physician at some point deals with debt, not just in the form of student loans, but a mortgage, cars, and potentially credit. At the same time, physician or not, most everyone wants to retire someday, which requires savings. So, this gets us back to the original question: debt or savings?

Ultimately, this is not an either/or question but one of striking a balance. Being debt free is great but if you have no slush fund or investments to tap into, that puts you in somewhat of a precarious position. However, letting debt spiral out of control can eventually lead to financial ruin and run all of your savings dry.

Some debt is more critical to eliminate than others. High interest rates and those that do not come with tax benefits should be moved to the front of the line when determining which to pay first. Credit card debt is a primary example.

Let's not forget about paralleling this effort with savings. First and most important is an emergency reserve. This would amount to cash in an account that can only be accessed in an emergency to prevent further debt accumulation. Define "emergency" too, when setting up the account to hold yourself at bay. An emergency is not a flash sale at Target for the latest/greatest big screen TV. Car troubles, furnace failure,

or a leaky roof would qualify as real emergencies. Ideally, 3-6 months' worth of living expenses would be held in this account. To start, aim for \$1,000. Baby steps!

Once established in your profession, remember that time is your ally, and getting money invested early/often is critical in pursuing financial freedom. Most employers offer a group retirement plan in the form of a 401(k) or 403(b). Other variations exist, but these are the most common. Most employers also offer a match up to a certain amount of your contribution. Don't leave that free money on the table! Balance your aggressive debt repayments with ideally maximum contributions to your employer's retirement plan. Backdoor Roth contributions and non-qualified brokerage accounts are other savings buckets to consider. Make everything automatic. Relying on your discipline to simply put "extra" money into savings/investing every month is typically not a successful approach.

When aiming for this debt/savings balance, use the 50/30/20 budget to help you allocate your funds. With this method, half your income goes to needs, like housing, groceries, and transportation. 30% goes to wants, like entertainment and eating out. The final 20% goes to debt payments and savings. Depending on your debt load and income, you may want to reduce your wants category and beef up your debt payments and savings. The correct split between debt and savings is specific to your situation and goals.

Spend some time planning and working with your financial advisor to model varying scenarios. Now is the time, because time goes fast. Getting an effective strategy implemented early as income accelerates may make a world of financial difference in the future. This also may help you sleep better at night. And remember: **Stay diversified.**



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# ONE MEMBERSHIP, ONE SOCIETY, ONE VOICE.

## JOIN IMS TODAY! BENEFITS INCLUDE:



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



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