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- **New IMS Leadership**
- **IMS Award Recipients**
- **2021 State of the Society**

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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:

From the CEO	5
2021 Legislative Scorecard	6
21-1 Policy Forum Results	8
IMS Leadership	12
2021 IMS Awards	14
Major Initiatives: Workforce	16
President's Corner	18
State of the Society	22
AMA Special Report: Michael Kitchell, MD	24
Dean's Article: Brooks Jackson, MD	26
Class of 2021 Commencements	28

22



IMS President Tiffani Milless, MD, (L) and Past-President Brian Privett, MD (R) take part in the virtual IMS Presidential Installation on April 16, 2021.



UPCOMING EVENTS:

JULY 16: IMS Board of Directors Meeting

COMING SOON: Opioid Misuse Programming

SEPTEMBER 17: Policy Forum 21-2

SEPTEMBER 18: Crucial Conversations

CELEBRATING LEADERSHIP IN MEDICINE



MICHAEL FLESHER

Mr. Flesher is Executive Vice President and CEO of IMS

On April 16, IMS installed Tiffani Milless, MD, as the 172nd President of our organization. This annual leadership transition took on a special meaning this year as it also marked the first time IMS was able to welcome a small number of guests back into the office since the start of the pandemic. Thanks to the progress our state has made with COVID-19 vaccinations and the tireless work of so many Iowa physicians, a handful of our leaders, family, and friends were able to safely come together to celebrate the work of our organization and the brighter days ahead.

This edition of Iowa Medicine carries that same eye toward the future as we continue our celebration of our new leadership and the great work of our members and partner organizations. For Dr. Milless' first column as IMS President, we share a bit of the inaugural address she delivered in April. In it, she tells you about her journey to Iowa and to leadership in organized medicine, as well as her personal commitment to helping others.

In his final column, IMS-Past President Brian Privett, MD, reflects upon his most-unusual year leading our organization as part of the State of Society Address he delivered back in April. The Presidential Installation Ceremony is also our

opportunity to recognize members and partners who are going above and beyond in their service to our state as part of the IMS awards. In this edition, we tell you about this year's award recipients and their great work on so many fronts, including COVID-19 response efforts.

We have the pleasure of sharing with you the results of the IMS leadership elections this edition and introducing you to our newest board members – including our newly-created second Medical Student Board Member. IMS is proud to now have a dedicated seat on our Board of Directors for a student from each of our two medical schools. Speaking of medical schools, this edition we share a few photos from the recent commencement ceremonies for the Des Moines University College of Osteopathic Medicine and the University of Iowa Carver College of Medicine. I join our physician leadership in congratulating the Class of 2021 on this important milestone and look forward to seeing what the future holds for this newest generation of Iowa physicians.

At the statehouse, the legislature has adjourned for the year. IMS Director of External Affairs Dennis Tibben shares our 2021 Legislative Scorecard this edition, which shows several meaningful wins and one especially painful area we came up

short – tort reform. While we were unsuccessful in our efforts this session, IMS remains committed to addressing our state's medical liability climate. We plan to spend the remainder of the year exploring our options for future action on this important topic.

One area where we did see success this session was in expanding the Rural Physician Loan Repayment Program as recommended by the IMS Committee on Physician Workforce. IMS Director of Education & Engagement Kady Reese also joins us this edition to share more about the statewide efforts IMS is leading to further address Iowa's provider workforce shortage.

This edition we also hear from two more physician leaders in our state. Iowa AMA Delegation Chair Michael Kitchell, MD, reports on what we all hope will be the final virtual meeting of the AMA House of Delegates. As you can imagine, COVID-19 vaccination and response efforts played a prominent role at this meeting. Books Jackson, MD, Dean of the University of Iowa Carver College of Medicine also joins us to reflect on our journey as we emerge from the pandemic, and the continued importance of further research into this new disease.

There's a lot to celebrate in this edition of Iowa Medicine. As we emerge from COVID-19, I'm excited to work with our physician leadership, both new and old, as well as our IMS staff to support Iowa physicians on that journey.



2021 IMS LEGISLATIVE SCORECARD



DENNIS TIBBEN

Mr. Tibben is Director of External Affairs at IMS

After running nearly three weeks beyond the targeted date for adjournment, the Iowa General Assembly adjourned sine die on Wednesday, May 19. Despite one of the most unusual legislative sessions in recent times, the medical community was able to notch several legislative wins this year and make meaningful progress on several more. These additional weeks of session proved critical in allowing the two chambers to negotiate a substantial tax reform package that includes multiple provisions impacting healthcare in Iowa, as well as a final deal on the FY 22 state budget.

Issue	Description	Status
<p>Responding to COVID-19</p>	<p>Telehealth – IMS successfully pushed for enactment of commercial payment parity for behavioral health services delivered via telehealth, building upon existing Medicaid payment parity to help sustain the telehealth expansions implemented during the pandemic.</p> <p>Vaccines – IMS successfully beat back a record number of anti-vaccine measures and secured a healthcare exemption to the state’s COVID-19 vaccine passport ban to ensure physicians continue to have the tools and flexibility necessary to keep their patients safe.</p>	<p>IMS Win</p>
<p>Expanding Physician Workforce</p>	<p>IMS, in conjunction with the Iowa Psychiatric Physician Society and the Iowa Academy of Family Physicians successfully pushed to expand the Rural Physician Loan Repayment Program to allow OB/GYNs and physicians in part-time practice arrangements to qualify for loan repayment. We expanded the numbers of Iowa communities and practice settings that qualify for this recruitment tool, and secured \$300,000 in additional funding to allow more physicians to enroll in the program each year.</p>	<p>IMS Win</p>



Issue	Description	Status
<p>Medical Liability Reform</p>	<p>IMS again led a large and diverse coalition of provider, payer, and business organizations to push for a hard cap on noneconomic damages in medical liability cases. Despite record grassroots engagement and a host of new advocacy approaches both in the capitol and in targeted legislative districts, we were unable to secure a sufficient number of votes to secure final passage of the bill. This year's bill advanced through a full House committee – the furthest a hard cap has ever advanced in that chamber under current control – and has positioned us well to continue the fight next session. To help address one of the most-pressing elements of the liability crisis, the legislature did expand the state medical residency grant program to allow community-based residency programs to apply for funding to offset a portion of their skyrocketing MLI premiums.</p>	<p>Progress Made</p>
<p>Protecting Safe Medical Care</p>	<p>IMS again led the fight to educate legislators about the patient safety implications of mid-level scope expansions that were not accompanied by sufficient training standards. IMS halted bills to allow dentists and podiatrists to administer vaccines to patients of any age; to allow chiropractors to conduct pediatric wellness exams; to allow pharmacists to administer hormonal birth control and all pediatric immunizations; to license direct-entry lay midwives; and to allow out-of-state prescribing psychologists to practice in Iowa without meeting our state's training standards.</p>	<p>IMS Win</p>
<p>Medicaid Access & Payment</p>	<p>IMS successfully pushed to maintain the Medicaid fee-for-service rate floors to ensure MCO contracted rates do not drop below the state fee schedule. We also secured funding to increase PMIC reimbursement rates and to help buy down the Children's Mental Health Waiver waiting list to expand pediatric access to care. IMS worked with a coalition of provider groups to push for legislation to reduce the MCO payment recoupment period from five to two years. This bill failed to advance, however, DHS has indicated that they will be investigating administrative options to minimize these extensive retroactive adjustments.</p>	<p>Progress Made</p>

21-1 POLICY FORUM RESULTS

Policy Forum 21-1 was held virtually on April 16, 2021. The following represents the Policy Request Statements considered and the actions taken with regard to each. The next Policy Forum will be September 17, 2021.

PRS 21-1-01: Medical Students Bylaws Amendments

Submitted by: Tiffani Milless, MD,
IMS Nominating Committee Chair

Policy Request:

Amend the Iowa Medical Society bylaws to read as follows:

Chapter VII

Board of Directors

The Board of Directors shall have charge of the property, employees and financial affairs of the Society and shall perform such duties as are prescribed by law governing directors of corporations or as may be prescribed in these Articles or the Bylaws. The Board of Directors shall consist of up to twenty (20) members (“Directors”), composed of up to twelve (12) members elected at-large (“At-Large Directors”), one Resident Director and two (2) Medical Student Directors elected at-large, the President, President-Elect, Immediate Past President, the Speaker of the Policy Forum, and the AMA Delegation Designate. The qualifications, duties, terms of office and procedure for election of the Directors shall be as provided in the Bylaws.

Chapter II

Membership

Section 6. STUDENT MEMBERS. Student membership in this Society shall consist of those students in good standing at the Carver College of Medicine at the University of Iowa who are candidates for a Doctor of Medicine

degree, and those students in good standing at the Des Moines University College of Osteopathic Medicine who are candidates for a Doctor of Osteopathic Medicine degree, and who have been so certified by the executive office of this Society.

Any student member shall be eligible to hold only the offices of Medical Student Directors provided such members are a member of this Society in good standing.

Chapter V

Directors

Section 7. DIRECTORS: At-Large Directors, Resident Director and Medical Student Directors shall be members of the Board of Directors and be responsible for management of the business and affairs of the Society.

Chapter VI

Election of Officers and Directors

Section 2. The Society membership shall elect up to twelve (12) At-Large Directors, the Resident Director, two Medical Student Directors, and the Delegates and Alternate Delegates to the American Medical Association in the manner specified in this Chapter VI of the Bylaws.

Section 8. Two Medical Student Directors shall be elected for terms of one (1) year and may be elected to multiple terms. One Medical Student Director shall be a student who is a candidate for a Doctor of Medicine degree at the Carver College of

Medicine at the University of Iowa. One Medical Student Director shall a student who is a candidate for a Doctor of Osteopathic Medicine degree at Des Moines University College of Osteopathic Medicine.

Section 9. Any vacancy in the office of Speaker of the Policy Forum, At-Large Director, Resident Director, Medical Student Directors, AMA Delegate or AMA Alternate Delegate shall be filled by the Board of Directors for the unexpired portion of the term of such office. Appointments by the Board of Directors to fill the unexpired portion of the At-Large term created by election of the President-Elect, shall come from the pool of candidates on the official ballot in the most-recent election to the offices to be filled by the membership.

Chapter VII

Board of Directors

Section 2. The Board of Directors shall be composed of up to twenty (20) members (“Directors”), consisting of the President, the President-Elect, the Immediate Past President, up to twelve (12) At-Large Directors, one (1) Resident Director, two (2) Medical Student Directors, the Speaker of the Policy Forum, and the AMA Delegation Designate.

Action Taken:
Approved as written

PRS 21-1-02: Firearm Policy

Submitted by: Michael Kitchell, MD;
Marygrace Elson, MD.

Policy Request:

Adopt the following modified list of organizational IMS policy:

PF-145.003: Firearm Safety and Research, Reduction in Firearm Violence, and Enhancing Access to Mental Health Care

1. The Iowa Medical Society supports: a) federal and state research on firearm-related injuries and deaths; b) increased funding for and the use of state and national firearms injury databases, including the expansion of the National Violent Death Reporting System to all 50 states and U.S. territories, to inform state and federal health policy; c) encouraging physicians to access evidence-based data regarding firearm safety to educate and counsel patients about firearm safety; d) the rights of physicians to have free and open communication with their patients regarding firearm safety and the use of gun locks in their homes; e) encouraging local projects to facilitate the low-cost distribution of gun locks in homes; f) encouraging physicians to become involved in local firearm safety classes as a means of promoting injury prevention and the public health; and g) encouraging CME providers to consider, as appropriate, inclusion of presentations about the prevention of gun violence in national, state, and local continuing medical education programs.

2. The Iowa Medical Society supports initiatives to enhance access to mental and cognitive health care, with greater focus on the diagnosis

and management of mental illness and concurrent substance use disorders, and work with state and specialty medical societies and other interested stakeholders to identify and develop standardized approaches to mental health assessment for potential violent behavior.

3. The Iowa Medical Society (a) recognizes the role of firearms in suicides, (b) encourages the development of curricula and training for physicians with a focus on suicide risk assessment and prevention as well as lethal means safety counseling, and (c) encourages physicians, as a part of their suicide prevention strategy, to discuss lethal means safety and work with families to reduce access to lethal means of suicide.

PF-145.004: Firearm Safety Counseling in Physician-Led Health Care Teams

1. The Iowa Medical Society: (a) will oppose any restrictions on physicians' and other members of the physician-led health care team's ability to inquire and talk about firearm safety issues and risks with their patients; (b) will oppose any law restricting physicians' and other members of the physician-led health care team's discussions with patients and their families about firearms as an intrusion into medical privacy; and (c) encourages dissemination of educational materials related to firearm safety to be used in undergraduate medical education.

2. The Iowa Medical Society will work with appropriate stakeholders to develop state-specific guidance for physicians on how to counsel patients to reduce their risk for

firearm-related injury or death, including guidance on when and how to ask sensitive questions about firearm ownership, access, and use, and clarification on the circumstances under which physicians are permitted or may be required to disclose the content of such conversations to family members, law enforcement, or other third parties.

PF-145.007: Prevention of Unintentional Shooting Deaths Among Children

The Iowa Medical Society supports legislation at the federal and state levels making gun owners legally responsible for injury or death caused by a child gaining unsupervised access to a gun, unless it can be shown that reasonable measures to prevent child access to the gun were taken by the gun owner, and that the specifics, including the nature of "reasonable measures," be determined by the individual constituencies affected by the law.

PF-145.010: Prevention of Firearm Accidents in Children

The Iowa Medical Society (1) supports increasing efforts to reduce pediatric firearm morbidity and mortality by encouraging its members to (a) inquire as to the presence of household firearms as a part of childproofing the home; (b) educate patients to the dangers of firearms to children; (c) encourage patients to educate their children and neighbors as to the dangers of firearms; and (d) routinely remind patients to obtain firearm safety locks, to store firearms under lock and key, and to store ammunition separately from firearms;(2) supports



working with other organizations to increase public education about firearm safety; (3) encourages organized medical staffs and other physician organizations, including local medical societies, to recommend programs for teaching firearm safety to children; and (4) supports enactment of Child Access Prevention laws that are consistent with IMS policy.

Action Taken:
Referred Author-Recommended Amendment to PRS 21-1-02 to Committee on Law & Ethics for further study with a report back to future Policy Forum.

PRS 21-1-03: Prior Authorization Regulations

Policy Request:

The Iowa Medical Society pursue legislation to regulate the insurance prior authorization process to ensure coverage and payment for care authorized for a patient in the past twelve months without the need to do repeated prior authorizations or peer-to-peer consultations.

Physicians in Iowa and around the country are increasingly burdened with extraneous insurance practices that do not directly relate to patient care, do not improve patient care outcomes, or are repetitive and can easily be handled by non-physician clinic staff. This leads to greater physician burnout due to frustration with the administrative burden, poor patient satisfaction, and often poor outcomes due to delays in care or patients not receiving care at all.

Prior authorization practices including mandatory peer-to-peer consultations, additional documentation that insurers require a physician to complete, and other related tasks are unnecessary, financially burdensome, and detrimental to the medical experience for patient and physician alike.

The deluge of unnecessary paperwork, peer-to-peer calls, and overall administrative burden has shown no signs of slowing. Physicians have taken on the role of a secretary in addition to practicing medicine, which is neither reasonable nor useful for patient care. Legislative action is necessary to curb these insurer abuses

Action Taken:
Referred to Committee on Legislation for further study with a report back to a future Policy Forum.

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HANDLING UNSOLICITED TEST RESULTS

SCENARIO A: Pre-existing physician-patient relationships

Your 47-year-old patient self-referred for a heart scan after his older brother had a myocardial infarction. You have taken care of this patient for at least 20 years and you last saw him three years ago for a routine physical exam that was unremarkable including normal labs. He also saw a cardiologist approximately five years prior to evaluate palpitations. The heart scan results revealed an Agatston score of over 300, placing the patient in the highest risk category for coronary heart disease and future myocardial infarction. Your office received a fax with the results from the walk-in heart scan clinic.

In this case, since there is an existing physician-patient relationship, you should assume responsibility for contacting the patient to discuss the meaning of the results and a plan of action. This could be an office appointment, a telehealth visit, or a phone conversation. Alternatively, you could refer the patient to the appropriate specialist for interpretation of the test result and determining the course of action, regardless of whether the patient self-referred for the test.

Additionally, you should not assume that the cardiologist who the patient saw before has either received the heart scan results or is acting upon them (even if the report explicitly states a copy is being sent there). Since you have direct knowledge of the at-risk test result, the best practice would be to follow up with the patient directly and not assume some other physician is following up.

Although the preceding scenario would not warrant urgent evaluation, the test results do reveal potential risk factors for major adverse events such as heart attacks or strokes. Arranging for communication with the patients regarding results and next

steps, even though you did not request the tests, ensures appropriate follow up occurs.

You may be in a physician-patient relationship that is not necessarily obvious. For example, accepting a capitated payment from a health plan on behalf of a patient may establish a physician-patient relationship regardless of whether you've actually seen that patient. You should be aware of this potential issue in your practice setting.

SCENARIO B: No established physician-patient relationship

If no relationship exists, you may choose whether or not to accept the patient into your practice:

- ➔ If you accept the patient, first contact the patient and assume all the obligations of interpretation, monitoring, and follow-up of the diagnostic test.
- ➔ If you choose not to enter into a physician-patient relationship, return the original test to its source or the diagnostic center responsible for it. If you do this, use a statement such as "This is not a patient in our practice. Please use your data to inform the patient for appropriate physician referral or follow-up."

This action would also be appropriate if you receive tests results in error (e.g., by fax or mail). Calling the sender directly to notify them of the misdirected result has the best chance of getting the information to the patient and the proper provider for appropriate treatment and follow-up. Critical test results may require more diligence to ensure the information gets to the appropriate provider in a timely manner.

What should you do for documentation in this scenario?

Although there is no legal duty, in the interest of patient safety there are some suggested steps you should take in returning an unsolicited diagnostic test:

- ➔ You should keep a log that documents the date the test was received, the patient's name, the action taken in returning the test to the sender, and who the sender is.
- ➔ It is recommended that you fax the test information back so you will have documentation that the information was faxed to the appropriate test source and received.

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 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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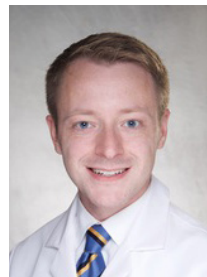
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IMS PRESENTS 2021 AWARDS

Each year the Iowa Medical Society recognizes the outstanding contributions of physicians, laypersons, and organizations to the health care and the practice of medicine. On Friday, April 16, the following awards were presented:

IMS/COPIC Humanitarian Award



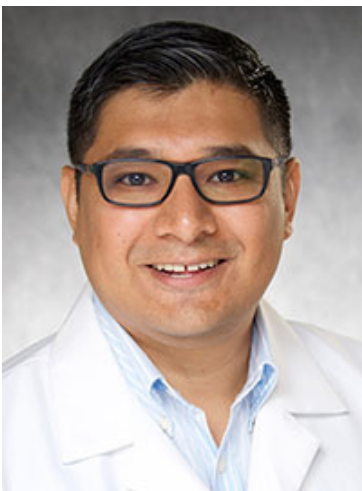
Selden Spencer, MD, FAAN

This award is presented each year to honor an Iowa physician for volunteer medical services and contributions to their community through principles focused on human dignity, social justice, and compassion. We specifically look to recognize those individuals who unassumingly volunteer outside the spectrum of their day-to-day lives.

As a volunteer physician at the Ames Free Clinic, Food at First, and Living Waters of the World, Dr. Spencer has enriched thousands of lives by helping those in his community and abroad. He has volunteered his time on numerous medical missions to Afghanistan, Haiti, and Ecuador giving medical lectures at his own expense.

The recipient of this award designates a \$10,000 donation from COPIC to be provided to a health care-related 501(c)(3) organization within their community. Dr. Spencer has selected Primary Health Care in Des Moines as the beneficiary.

Award of Merit



Jorge Salinas, MD

During the 2021 IMS President's Reception and Award Ceremony, the Iowa Medical Society presented Jorge Salinas, MD, with the Award of Merit. This award is given to an IMS member physician who has served the IMS and the medical profession with distinction.

Dr. Salinas was chosen for this honor in part due to his exceptional involvement in the COVID-19 response, his role as part of the Infectious Disease Advisory Council (IDAC) - as a physician champion with the University of Iowa Health Care system and surrounding community - and for his advocacy in the fight for health equity in our state.





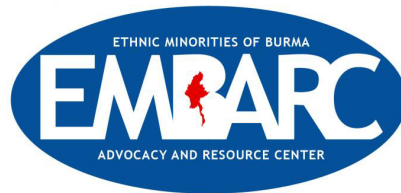
John F. Sanford Award

Meg Schaeffer, EdD

The Iowa Medical Society presented the John F. Sanford Award to Meg Schaeffer, EdD.

This award honors a layperson for contributions to public health or the field of health care. The award is named after the “father” of IMS, John F. Sanford, MD, from Keokuk.

Meg Schaeffer was chosen as the recipient of this award for her leadership as an active voice and advocate for public health throughout the pandemic, and for helping the public to make sense of the data surrounding the COVID-19 pandemic.



Washington Freeman Peck Award

EMBARC

During the awards ceremony, IMS presented EMBARC (Ethnic Minorities of Burma Advocacy and Resource Center) with the Washington Freeman Peck Award.

This award is presented each year to a lay organization to honor their contributions to public health. This award is named after Washington Freeman Peck, MD, the principal agent behind the establishment of the State University of Iowa Medical Department in Iowa City, the institutional forebear of the University of Iowa Carver College of Medicine.

The Ethnic Minorities of Burma Advocacy and Resource Center is recognized as a community advocacy and support organization for refugee populations across Iowa.

Former Award Recipients:

IMS/COPIC

Humanitarian Award:

- 2020 - James Bell, MD
- 2019 - Katherine Imborek, MD & Nicole Nisly, MD
- 2018 - Jennifer Groos, MD
- 2017 - Richard Demming, MD
- 2016: Christopher Buresh, MD

Merit Award:

- 2020 - Fadi Yacoub, MD
- 2019 - Douglas Steenblock, MD
- 2018 - Doug Dorner, MD
- 2017 - Hamed Tewfik, MD
- 2016 - Lauris Kaldjian, MD

John F. Sanford Award

- 2020 - Mary Kitchell & Kathy Lariviere
- 2018 - Jeffrey Halverson, PRh, MBA
- 2017 - Clare Kelly
- 2016 - Michael Stoll

Washington Freeman Peck:

- 2020 - Accessibility for All
- 2019 - Shelter House
- 2018 - Iowa Radio Reading Information Services
- 2017 - Kiwanis Miracle League at Principal Park
- 2016 - Courage League Sports

The Iowa Medical Society thanks Dr. Spencer, Dr. Salinas, Ms. Schaeffer, and EMBARC for their dedication and hard work in their fields, and for their outstanding and voluntary contributions to the public health.

To nominate a physician, organization, or layperson for the 2022 IMS Awards please contact Autumn McGill (amcgill@iowamedical.org) at IMS.

ADVANCING HEALTHCARE WORKFORCE ACROSS THE CONTINUUM



KADY REESE, MPH, CPHQ

Ms. Reese is Director of Education and Engagement at IMS

The issue of healthcare workforce is poignant and growing, a fact that has only been emphasized and exaggerated by the last 18 months of the COVID-19 pandemic.

Currently, Iowa is ranked 43rd in the nation for the number of physicians per capita with this shortage anticipated to grow as the healthcare workforce in Iowa ages and retires, and newly trained physicians are enticed to states with higher reimbursement rates and more protective practice policies. Physicians are not alone in this struggle. The issue compounds across the healthcare continuum and is mirrored across numerous disciplines, affecting access and service sustainability for all Iowans.

In 2019, IMS was awarded a contract with the Iowa Department of Public Health to lead a statewide healthcare workforce strategic planning and stakeholder engagement initiative. Through this initiative IMS has built upon the work initiated through IMS' Physician Workforce Committee and the Physician Workforce Stakeholder Meeting held in October 2019, amplifying the impact of our efforts by

bringing additional valuable stakeholders to the table to focus on those cross-cutting issues affecting the full scope of healthcare workforce and care delivery in Iowa.

With a particular focus on the unique implications as a rural state, IMS - along with the Iowa Hospital Association, the Iowa Pharmacy Association, and the Iowa Primary Care Association, who serve as lead partners in this initiative - has spent that last two years collaborating with healthcare leaders and stakeholders representing the myriad of professions, settings, and players that constitute and influence healthcare workforce in the state.

The ultimate goal of this collaboration is solutions-focused: the establishment of a comprehensive strategy that illuminates and addresses the most pressing barriers and actionable opportunities towards an adequate and sustainable healthcare workforce in Iowa, across all sectors of healthcare workforce.

The intention for this strategy goes beyond simply having a consensus document that can be referenced on occasion but may otherwise be relegated to sit on a shelf. The vision for this strategy is to outline specific,

tangible avenues by which all of the players can work together right now to advance healthcare workforce strategies; to create a plan that will guide and direct the individual and collaborative work of all stakeholders; a type of collaborative agreement with all hands on deck.

To accomplish this goal for a shared strategy, IMS and our lead partners recognized that we could not simply assume that we knew the issues affecting healthcare workforce. To truly understand and appreciate the complexities and nuances affecting our ability to recruit, train, and retain healthcare workers, input from stakeholder focus groups and regional, town-hall style public meetings were convened to ensure the this plan adequately represents the issue at all levels and across communities.

These discussions provided an opportunity for all healthcare providers, administrators, community organizations, businesses, patients, students, and the interested public parties to provide input around local experiences and solicit solutions-minded brainstorming.



An Iowa Healthcare Workforce Stakeholder Survey was conducted to offer the chance to any and all stakeholders to engage in discussion and feedback beyond the town hall meetings. Nearly 300 responses were received with 92% confirming that healthcare workforce is a significant issue affecting their communities and more than half of all respondents identified themselves as either working or living in rural communities. Participants also shared their insights on the greatest challenges, what may be working well, what are the priorities, and what opportunities they envision to improve the workforce situation as they see it.

The culmination of all of this fact finding and collaboration has been the convening of a Rural Healthcare Workforce Task Force, comprised of organizational leaders from public and private entities, a selection of entities with current and potential involvement in actually carrying

out healthcare workforce strategies (with the full anticipation that more partners will be brought on as the work continues). This leadership group has worked together ardently over the last four months, breaking into work groups, and offering more than 16 hours of their time in the effort of co-creation of a statewide strategy that will unify efforts across the continuum with relevant and tangible outcomes in the recruitment, education & training, and retention of Iowa’s next generations of healthcare workforce.

The Iowa Rural Healthcare Workforce Statewide Strategy was finalized and cooperatively approved in June 2021 with public release and promotion of the strategy in Summer 2021. For more information on the Rural Healthcare Workforce Initiative or to get involved in IMS’ physician workforce efforts, please contact Kady Reese with IMS at kreese@iowamedical.org.

IOWA RURAL HEALTHCARE WORKFORCE
TASK FORCE MEMBERS:

- IOWA DEPARTMENT OF PUBLIC HEALTH
- IOWA MEDICAL SOCIETY
- IOWA HOSPITAL ASSOCIATION
- IOWA PHARMACY ASSOCIATION
- IOWA PRIMARY CARE ASSOCIATION
- IOWA RURAL HEALTH ASSOCIATION
- UNITYPOINT HEALTH
- MERCYONE IOWA
- UI HOSPITALS AND CLINICS
- IOWA CAREGIVERS ASSOCIATION
- THE IOWA CLINIC
- GREATER REGIONAL HEALTH
- GUTHRIE COUNTY HOSPITAL
- IOWA HEALTH CARE ASSOCIATION
- UNIVERSITY OF IOWA
- IOWA BEHAVIORAL HEALTH ASSOCIATION
- LIFELONG SMILES COALITION
- IOWA PUBLIC HEALTH ASSOCIATION
- IOWA ASSOCIATION OF COMMUNITY - COLLEGES TRUSTEES
- DES MOINES AREA COMMUNITY COLLEGE
- IOWA SPECIALTY HOSPITALS & CLINICS
- UNITED WAY/CENTRAL IOWA HEALTHWORKS
- IOWA PHYSICIAN ASSISTANT ASSOCIATION
- DES MOINES UNIVERSITY
- HILLCREST MENTAL HEALTH CENTER
- MASON CITY CLINIC
- IOWA CENTER FOR NURSING WORKFORCE
- IOWA BUSINESS COUNCIL
- IOWA CHRONIC CARE CONSORTIUM/
COMMUNITY HEALTH WORKER ALLIANCE
- WELLMARK
- IOWA TOTAL CARE
- AMERIGROUP



HELPING OTHERS



TIFFANI MILLESS, MD

IMS President, Pathology - Des Moines

This is a modified version of the Inaugural Address IMS President Tiffani Milless, MD, delivered at the Presidential Installation Ceremony on April 16, 2021.

It is an incredible honor to stand before you as the 172nd president of the Iowa Medical Society. I am humbled to follow Brian Privett, MD, whose 2020 vision has navigated our society through a year unlike any other and brought us to the other side, vaccinated and ready for whatever new challenges the future may bring.

I have a little story for you. One afternoon, eight years ago, a lowly fellow at a giant cancer center in Texas was seated at her microscope with a tall pile of slides and a long night ahead when she received a phone call from a small group of pathologists in Des Moines, Iowa. The people were inspiring, the conversation was easy, and something just felt right.

After a whirlwind 24-hour introductory trip to Iowa, which included a lot of eating and explanations about biking across Iowa, she had met them all and the lab they had built and grown. They both took a chance on each other and the rest is history. My years at Iowa Pathology Associates have been precious and given me

the opportunity to grow into the physician I am today. Thank you to my colleagues for supporting me.

I arrived in Iowa a medical nomad, having moved across four states in the course of my medical education and longing for a place to call home. In typical “Iowa nice” fashion, everyone welcomed me with open arms and so began the Fellowship of Life.

This included professional lessons like how to overcome your fear, press the button, and sign out your case, but also important Iowa lessons like how to bike to Taco Tuesday and what to eat at the State Fair. Slowly, this new place called Iowa wasn't so strange anymore and those slides I looked at began to represent my neighbors and my friends. Iowa became my home.

In Iowa I had the honor of becoming the practicing physician I had always dreamed of being. After so many classrooms and textbooks and tests and internships, here I was, finally practicing medicine!

In Iowa, I learned about true mentorship. I am so grateful to my Iowa Pathology partners for helping me to become the pathologist I am. I am also so grateful to the mentors I've had within IMS whose example of advocacy and service have led me down this wonderful path and allowed me to be standing here today.

In Iowa I met and married my husband Eric whose professional fundraising life is dedicated to helping non-profit organizations throughout our state secure funds to fulfill their missions. His work is a reminder of what generosity can do to change our community and our world.

And in Iowa I became a mother to Charlotte and my heart was forever transformed. Motherhood has helped me to approach life with an added layer of grace. Somehow, I am stronger and softer at the same time and I am even more dedicated to the future of our great state for her sake.

Charlotte is responsible for the most powerful words I have prepared for you, “mommy is a doctor and she helps people.” The wisdom of a child! I hear her little voice reminding me of my personal core purpose so many times throughout my day. As a pathologist who lacks the face-to-face patient interactions many of you know so well, this very simple mandate to help people resonates. Each slide isn't just a diagnosis to be made, but a person to be helped. A patient needs

to get better, and their treating physician needs information and guidance from the pathologist, working as a team, to facilitate that goal. Helping patients and fellow physicians is my duty every single day in the laboratory and will be my duty every single day leading this organization.

My hope for us as a medical society is that we can remember that simple truth – that we are here to help others. That help includes our continuing work to improve the American healthcare system both in Iowa and across our country because we are its true leaders. We do this by talking to each other, learning from each other, lifting each other up, and advocating for our profession. Never underestimate the power of a group of doctors who care!

We volunteer our time and our resources to make healthcare better so that patients can be healed by us. We protect the physician-patient partnership from any who would try to come between it. We promote evidence-based practice because science is at the core of all we do. Your medical society does all this, sometimes behind the scenes, so that we can be free to focus on what's important--our patients!

It is an especially great honor to be the youngest female and first female pathologist president of our society. We are stronger because of our differences, and I am very grateful that you have embraced my differences and the diversity I represent. This staff

has carried strollers up the steps of the US Capital building and my fellow board members have adjusted meeting schedules to accommodate bed times, all to allow for an important voice within our organization and within all organizations: the working mother. I hope that so many of us are reminded that our participation at the table is critical and this is a society who values that perspective.

My involvement in IMS has been such a wonderful lesson in the power of diversity. I've learned so much from my colleagues across many different medical specialties and regions of the state. I am excited about our dedication to expand upon our collaboration and seek out physician leaders from all different backgrounds so that we can best serve our community's healthcare needs.

I'm pleased by our society's strategic plan that includes a commitment to diversity, equity, and inclusion, and I look forward to a year of much-needed progress in these areas.

I want to take a moment to address our medical students and trainee members. I'm going to guess that for nearly all of you, your interest in a career in medicine began because you saw the opportunity to use your knowledge and intellect to make a difference in people's lives and to make the world a better place. Don't ever forget that!

Through all the chapters, rotations, step exams, and hoops you have to jump, remember your core purpose at the end of the day. And remember that YOU will shape the future of medicine. Your new ideas, your fresh perspective, your energy, and your passionate heart! That is another version of diversity that is so important to our profession and to the Iowa Medical Society. Thank you for being a part of this organization and for strengthening us with all that you are. And thank you to Des Moines University and to the University of Iowa Carver College of Medicine for teaching the next generation of physicians!

The core purpose of the Iowa Medical Society includes a commitment to assure the highest quality health care for Iowans, all Iowans. That commitment continues to challenge us to work to identify and remove all barriers quality health care. This includes access for both our urban and rural populations, the insured and uninsured, young and old, and patients from all socioeconomic backgrounds, gender identities, and sexual orientations. They are all Iowans and our neighbors that we serve.

Geographic availability of healthcare is especially important in a rural state like ours, and our patients need to be able to access care where they are. Without access to rural healthcare, many of our neighbors whose legacy is tied to the land may have to uproot themselves. Ultimately

CONTINUED >



these communities will not be able to support themselves as the population chases this access to care.

This is why our medical society will continue to work hard to strengthen our rural communities by supporting physicians working in these areas, encouraging trainees to consider a rural practice setting, and promoting all aspects of telehealth services as part of the care delivery of the future. Rural Iowans deserve the same health outcomes as those in more populous settings and we must be part of the solution to maintain access to care no matter where a patient calls home.

No conversation about access to care could be complete without mention of the importance of preserving obstetrical care in our state. My own recent journey through pregnancy, birth, and motherhood has helped me to recognize just how blessed I am to have access to high-quality healthcare close to home. Unfortunately, more Iowa hospitals are choosing to close their maternity units due to rising operating costs and fewer physicians able to provide obstetric care due to increasing malpractice costs and fear of skyrocketing judgements. We must continue our commitment to Iowa mothers and families. We must protect access to care for Iowa's babies and children.

**“MY HOPE FOR US AS
A MEDICAL SOCIETY IS
THAT WE CAN REMEMBER
THAT SIMPLE TRUTH:
THAT WE ARE HERE TO
HELP OTHERS.”**

What an important role we play in nurturing those young lives into becoming healthy and productive members of our communities. May we as a medical society continue to keep Iowa's children, our future, at the forefront of our mission.

Before we conclude, I want to say thank you to all members of the Iowa Medical Society for your unified voice on the matters that mean the most to our families. I want to thank those of you in Des Moines and Iowa City, in Chariton and Storm Lake, in Fort Dodge and Marshalltown, in Fonda and all the towns in between that make Iowa the gem it is.

I'd also offer a special thank you to the staff of the Iowa Medical Society including Mike, Dennis, Michelle, Kady, Autumn, Sydney, and everyone else who serves this organization behind the scenes. We truly could not do this without you.

Let me leave you with one final promise. I am here for YOU. Physicians, I am here to listen and serve you. Please contact me anytime. To the future leaders among us, I am here for you. I have been surrounded by wonderful mentors and there is a new generation ready and willing to lift you up.



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* —



STATE OF THE SOCIETY



BRIAN PRIVETT, MD

IMS Past-President, Ophthalmology - Cedar Rapids

This is a modified version of the State of the Society Address outgoing IMS President Brian Privett, MD, delivered at the Presidential Installation Ceremony on April 16, 2021.

As some of you know, I have been involved in Scouting for most of my life. 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 in which I participate. As I finish out my term as IMS President, I also hope to 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 also met many of our membership, financial, advocacy, and strategic goals despite the challenges of the pandemic.

The COVID-19 pandemic meant our organization had to do things differently than before. We had to pivot to meet the immediate and evolving needs of our members and our patients. As I said in my inaugural address, we had to be bold, and we were.

IMS has continued to engage physicians across Iowa through a variety of online forums, personal outreach, and network alerts. In 2020 alone, IMS reached thousands of physicians through these efforts.

As many of you know, when the coronavirus pandemic first hit, IMS responded swiftly. Staff were able to adapt programming, communications, and advocacy efforts to provide for physician and practice needs, including offering weekly Quick Connect webinars, dedicated resource pages on the website, tailored educational webinars, individual clinic assistance, and so much more. Whether the needs were for the Iowa specific vaccine distribution plans, PPE and testing resources, telehealth coverage, or physician wellness support – IMS was there.

As part of the state’s emergency response team, IMS successfully pushed for Executive Branch action to secure commercial telehealth payment parity in the state’s ongoing Public Health Emergency Disaster

Proclamations. We worked with commercial partners and Medicaid to secure coverage expansions and additional policy flexibilities, and we continue to work now to make many of these measures permanent.

IMS led the fight to secure blanket liability protection for care delivered during the pandemic extending retroactively from January 1, 2020, through the end of the pandemic. We successfully expanded the popular Rural Physician Loan Repayment Program to allow OB/GYNs and part-time physicians to qualify for loan repayment, and successfully secured \$300,000 in increased funding so more Iowa communities can make use of this valuable physician recruitment tool.

A reflection on the last year also includes the valiant and steadfast legislative fight for tort reform. IMS continued to work with coalition partners and legislative leadership up until the final hours of the legislative session to identify a path for the passage

“THE MOST WORTHWHILE THING IS TO TRY AND PUT HAPPINESS INTO THE LIVES OF OTHERS.”

– ROBERT BADEN-POWELL

of our hard cap on noneconomic damages. Despite record grassroots engagement and our most expansive lobbying campaign to date, however, we were unable to secure the final votes necessary to move this legislation through the Iowa House. IMS shares your frustration that hard cap legislation was unsuccessful this year and remains committed to addressing the worsening medical liability climate in our state.

I'm proud of the many ways IMS and Iowa 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 patients' social interactions have been limited due to the pandemic.

Advocating for your profession and your patients is 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 addressing 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 their care is provided.

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 show we care about them and 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 those around us to make their life a little better. It is truly the most worthwhile thing.

As we look to the future, there is no doubt that our Iowa Medical

Society will continue to be front and center advocating for and advancing medical practice in Iowa. We will continue to meet the challenges presented to our physicians, practices, and patients. Under the dedicated leadership of your new president, Tiffani Milless, MD, led by a talented and diverse Board of Directors, and supported by the capable IMS staff, your Iowa Medical Society will continue to be bold and relevant.

It has been my honor to serve as the 171st President of our Iowa Medical Society. Thank you.



AMA SPECIAL MEETING REPORT



MICHAEL KITCHELL, MD

Dr. Kitchell is an IMS Board Member and Neurologist at McFarland Clinic in Ames

Our AMA House of Delegates Annual Meeting is usually held in Chicago, but as it was last year, this year it was again held virtually June 11-16. As usual there were many issues discussed and new policies passed by the delegates, often after vigorous testimony and debate over dual virtual Zoom and Lumi platforms.

The Iowa Medical Society was well-represented by our delegates Anne Langguth, MD (Hiawatha); Robert Lee, MD (Johnston); Vickie Sharp, MD (Iowa City); and Michael Kitchell, MD (Ames); as well as our alternate delegates Jeff Anderson, MD (Des Moines); Douglas Martin, MD (Sioux City); Tiffani Milless, MD (Des Moines); and Douglas Peters, MD (West Burlington).

Mike Flesher and Dennis Tibben of the IMS staff were organizing and facilitating the Zoom meetings of the Iowa delegation and the North Central Medical Conference, our regional caucus of the state medical society delegations from Iowa, Minnesota, Nebraska, North Dakota, and South Dakota.

There were over 500 delegates and a similar number of alternates, with their support staff, who

participated in this AMA special virtual meeting.

The new AMA president Gerald Harmon, MD, was inaugurated during the meeting, and in his address he emphasized that this a, “consequential time in American history and in the history of medicine.” He said, “We, too, are at war against seemingly formidable adversaries: the Covid-19 pandemic, which has led to the deaths of millions worldwide, and hundreds of thousands here at home, prolonged isolation and its effects on emotional and behavioral health, political and racial tension, and the immense battle to rid our health system – and society – of health disparities and racism.”

Last month the AMA released its Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity: 2021-2023. This plan, based on recent policy adopted by the House of Delegates, outlines past inequities and injustices by leaders and members of the AMA. The plan has also outlined extensive initiatives to remedy these inequities and will include many educational programs.

The plan’s goals are to embed equity throughout the AMA enterprise, build alliances and share power with marginalized physicians and other stakeholders, and push to address all determinants of health. The approach is to foster truth, racial healing, reconciliation, and transformation.

The House of Delegates meetings included eight different reference committees, each attended virtually by members of our delegation, and the results of the deliberations by those committees led to further debate and passage of new policies.

Prior authorization burdens have been a major problem for many physicians, and the House adopted new policies that call for:

- 1) peer-to-peer (P2P) prior authorizations to be made actionable within 24 hours of the discussion,
- 2) the reviewing P2P physician to have clinical expertise to treat the condition or disease under review, and to have knowledge of the current evidence-based clinical guidelines and novel treatments,

- 3) P2P reviewers to follow evidence-based guidelines consistent with national medical society guidelines where available and applicable,
- 4) temporary suspension of all prior authorization requirements, and the extension of existing approvals during a declared public health emergency, and
- 5) health plans must not require prior authorization during any medically necessary surgical or other invasive procedure related to or incidental to the original procedure, if it is finished during the course of an operation or procedure that was already approved or didn't require prior authorization.

The House of Delegates also approved extensive policies regarding telehealth services, including ensuring equitable access to broadband for marginalized and minority communities, such as rural and urban American communities where there are health disparities.

With regard to the Office of the National Coordinator (ONC) 21st Century Cures Act rules on giving patients quick electronic access to their health information – even when the physician believes that this information could psychologically harm the patient – the HOD called for revising the definition of harm and allow

additional flexibility for clinicians. Under the Preventing Harm Exception, this new advocacy would allow physicians to withhold sensitive information the physician believes could cause harm to the patient. The HOD also advocated for a new commission of medical professionals to help the Office for Civil Rights to review the definition of harm and provide evidence demonstrating that mental and emotional health is intertwined with physical health.

The HOD advocated for the ONC and Office of the Inspector General to leverage their enforcement discretion that would afford practices additional compliance flexibilities. The advocacy would also urge the ONC to consult with relevant stakeholders about unintended or unforeseen consequences that may arise from the information-blocking regulations.

The AMA will actively oppose the American Academy of Physician Assistants' (AAPA) effort to rebrand their role as physician assistants to “physician associate,” which would only further confuse patients who seek the benefit of physicians' team leadership and superior training.

There were far too many other issues and new policies for this column to review, but please go to the AMA website to read about the new strategic plan for racial justice

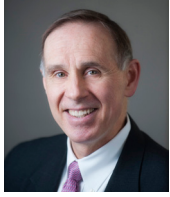
and health equity, and any other issues you may be interested in learning the actions taken by the AMA.

This meeting marked the third virtual meeting of the AMA since the start of the pandemic. Our IMS delegation is very hopeful our AMA Interim Meeting in November will once again be held in person.



EMERGING FROM COVID-19

SPOTLIGHT ON RESEARCH



BROOKS JACKSON, MD, MBA

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

As I prepare this column in late May, Iowa's COVID-19 positive test rate for the previous 14 days is 2.8%, according to state government statistics. Sixty-nine patients statewide are hospitalized with COVID-19 as the primary diagnosis, and another 53 patients are hospitalized with the virus as a secondary diagnosis. Here at University of Iowa Hospitals & Clinics, we currently have fewer than a handful of adult inpatients, and no pediatric inpatients, with COVID-19.

Iowa's vaccination rate currently is 42.7%, which is higher than the national rate of 39.3%, as reported by the Centers for Disease Control and Prevention. Currently, around 1.35 million Iowans are fully vaccinated.

Along with the CDC's loosening of mask guidelines for vaccinated individuals, declining infection rates and increasing vaccination rates offer a justifiably positive outlook for the state and nation. It's important to note that the United States is still recording around 25,000 new cases, and over 500 deaths, per day—much lower numbers than in recent months, but relatively similar to

what the nation was experiencing a year ago before cases surged last fall and early winter. Still, with vaccination efforts likely to prevent a repeat of last year's surge, there is reason for cautious optimism as we moved forward.

As I think back to the past 18 months, I'm reminded of some of the important research here at Iowa that has contributed to our understanding of COVID-19:

- At the outset of the pandemic in early 2020, two of our scientists—Stanley Perlman, MD, PhD, and Paul McCray, MD—considered a mouse model they'd created a decade earlier to study SARS as a tool for understanding the novel coronavirus and testing potential treatments. They repurposed the mouse model and found that infection with a high dose of the virus produced many of the signs of illness seen in patients with severe COVID-19, including lung damage, vasculitis, blood clots, and death.

They also found that the mice treated with convalescent plasma and then infected with SARS-CoV-2 did not succumb

to the infection but, like many patients with mild disease, had anosmia (loss of smell) as a symptom—an effect seen in a large proportion of COVID-19 patients but not widely understood. Further study of the cells in the nasal passage suggested that the anosmia results from damage to a cell type that supports the function of neighboring sensory neurons that detect smell. The study results were published in *Nature*.

- UI researchers, led by Patricia Winokur, MD, were among the group of scientists worldwide participating in the Pfizer-BioNTech COVID-19 vaccine trial. This drug, along with the Moderna vaccine, helped unlock the potential of messenger RNA (mRNA) as a successful vaccine platform. To review, the synthetic mRNA—delivered to the body's cells by lipid nanoparticles—provides the instructions for cells to produce copies of the spike proteins found on the surface of SARS CoV-2 that cause infection. Directing the cells to produce the spike protein causes an immune response.

As Dr. Winokur noted in a Q&A in our college's alumni magazine, the success of mRNA vaccines with COVID-19 likely will spur mRNA vaccine studies for other pathogens such as influenza, Ebola, Chikungunya, and Zika.

- Mary Rysvavy, MD, and colleagues published a study in the May 2021 issue of the *American Journal of Perinatology* on the prevalence of severe acute SARS-CoV-2 among pregnant patients at the time of delivery.

The research team studied data from 1,000 patients who delivered between May and September 2020. They found that 6.1% of the patients had evidence of past or current COVID-19 infection. The number of infections was disproportionately greater among racial and ethnic minorities as well as patients without private insurance. The study also found no significant associations between infection during pregnancy and adverse maternal or neonatal outcomes. The study adds to an emerging but limited body of literature on COVID-19 during pregnancy.

- Exposure to COVID-19, and conversion to infection, among health care workers was the impetus of a study that I, along with Jorge Salinas, MD,

John Heinemann, and Patrick Hartley, MD, published earlier this year in *Microbiology & Infectious Diseases*.

In our study of 1,749 medical personnel who self-reported a significant COVID-19 exposure from June to November last year, 17% (290 individuals) became infected. Among the study participants, 26% who reported significant exposure at home went on to become infected, compared to 18% who reported exposure in the community, and 10% who reported exposure at work. These workplace exposures, while comparatively low, reinforce the importance of continuous safe practices around patients and co-workers in health care settings.

These are just a few examples. Many unanswered questions about COVID-19 remain, of course, and they highlight why academic medical centers occupy such a unique and invaluable space in our nation's scientific and health care infrastructure.

For example, why do some people with the disease recover completely while others develop the condition known as "long COVID?" How long will immunity last? Will reinfections bring milder symptoms? What more can we learn about COVID-19 and children? Will current vaccines continue to work

against emerging variants? Can we definitively determine where and how SARS-CoV-2 originated?

As we continue to care for patients with COVID-19, and as the disease moves from the pandemic to endemic phase, we'll also continue to collaborate on studies that not only add to our understanding of COVID-19 but also make us better prepared to respond to the next pandemic. It's an important part of our overall mission.



UNIVERSITY OF IOWA: CLASS OF 2021

On Friday, May 14, the University of Iowa Carver College of Medicine held a special afternoon Hooding Ceremony. Due to the ongoing fight against COVID-19, this first celebratory event was attended by vaccinated students and staff only.

Later that evening, the Carver College of Medicine broadcast a virtual commencement program for family and friends. 141 graduates received their diplomas as Doctors of Medicine (MD), and 11 students graduated from the Medical Scientists Training Program (MD, PhD). The Commencement address was given by Justin Sipla, associate professor of anatomy and cell biology, and associate professor of neurology. The class of 2021 student speaker was Dr. Sophia Williams-Perez, and the Hippocratic Oath was administered by graduate Joyce Wahba.

The Iowa Medical Society would like to congratulate the UI CCOM Class of 2021 on all of their hard work and dedication to the practice of medicine. IMS looks forward to our continued service to you as physician advocates, and source of leadership.



PATRICIA WINOKUR, MD
EXECUTIVE DEAN OF THE UI CCOM





JAMES CHOI, MD
ASSISTANT DEAN OF STUDENT AFFAIRS & CURRICULUM



CHRISTOPHER COOPER, MD
SENIOR ASSOCIATE DEAN, MEDICAL EDUCATION, UI CCOM



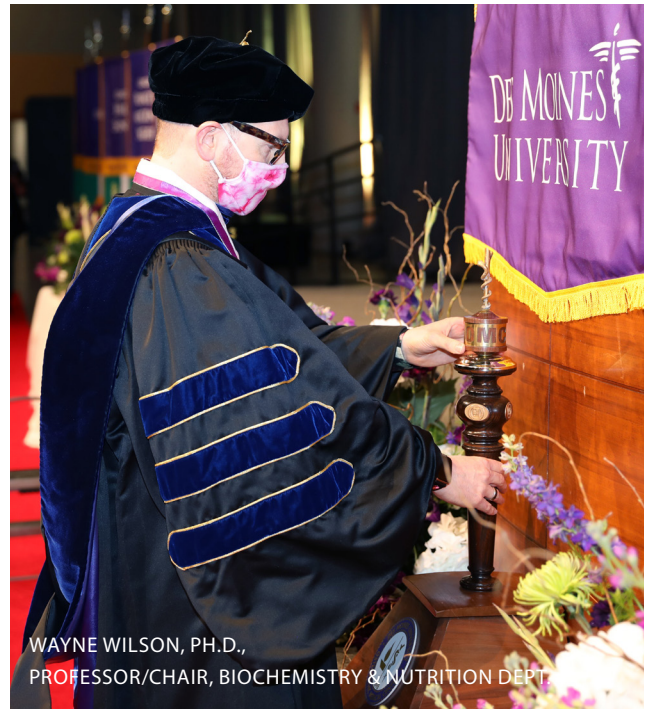
SPECIAL THANKS TO UI PHOTOGRAPHER: CARLOS HERRIOTT

DES MOINES UNIVERSITY: CLASS OF 2021

Des Moines University held its 121st annual Commencement Ceremony on Friday, May 28 to honor the class of 2021. The ceremony utilized limited attendance, face masks, and fist-bumps to mitigate COVID-19 health concerns.

Degrees were awarded in eight programs of study including doctors of osteopathic and podiatric medicine, doctor of physical therapy, and master's degree programs in physician assistant studies, anatomy, biomedical sciences, health care administration, and public health. The ceremony was held at Hy-Vee Hall and featured keynote address speaker Michael T. Osterholm, PhD, MPH.

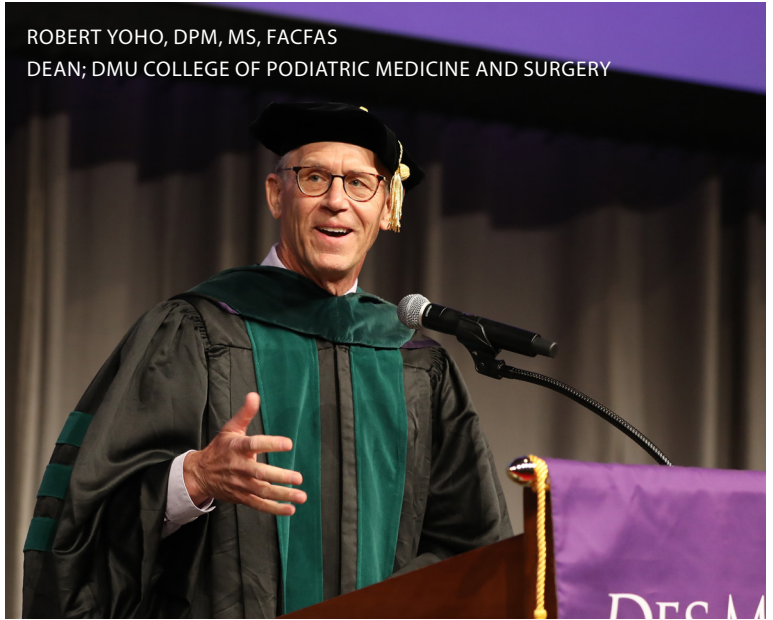
The Iowa Medical Society would like to congratulate the Des Moines University Class of 2021, and thank them for their resilience and dedication during this uncertain time in the world of medicine.



WAYNE WILSON, PH.D.,
PROFESSOR/CHAIR, BIOCHEMISTRY & NUTRITION DEPT.



ANGELA L. WALKER FRANKLIN, PH.D.
DES MOINES UNIVERSITY PRESIDENT & CEO



ROBERT YOHO, DPM, MS, FACFAS
DEAN; DMU COLLEGE OF PODIATRIC MEDICINE AND SURGERY



WALLACE BOEVE, ED.D., PA-C
DEAN; DMU COLLEGE OF HEALTH SCIENCES



STEVEN HALM, DO, FAAP, FACP
DEAN; DMU COLLEGE OF OSTEOPATHIC MEDICINE



SPECIAL THANKS TO DMU PHOTOGRAPHER: BRETT ROSEMAN





What is the IMSF?

The Iowa Medical Society Foundation (IMS F) is the giving arm of IMS, the largest physician membership organization in Iowa representing more than 6,000 medical students, residents, and physicians. IMS F is a voluntary organization that uses personal donations from physicians and friends of medicine to inspire, facilitate, and expand the educational and philanthropic endeavors of the Iowa Medical Society.

Why contribute?

IMS F supports physician initiatives promoting professionalism and leadership, including the development of medical students in Iowa. IMS F also supports public health initiatives and the philanthropic efforts of Iowa physicians and the IMS.

LEARN MORE: www.iowamedical.org/IMS F



What is IMPAC?

The Iowa Medical Political Action Committee (IMPAC) is the political arm of the Iowa Medical Society, composed of individual physicians and other medical professionals who strive for the improvement of government by encouraging and stimulating others to take a more active and effective role in governmental affairs.

Why contribute?

IMPAC provides financial contributions to support bipartisan, pro-medicine candidates for Iowa offices, and to further the goals and future of medicine. This ensures that Iowa physicians not only have a seat at the health policy table, but that the collective physician voice is the strongest and most influential that it can be.

LEARN MORE: www.iowamedical.org/IMPAC





TRUE WEALTH OFTEN APPEARS IN THE MOST UNEXPECTED PLACES

MARCUS IWIG, CFP®, CPA, MACC, *Lead Advisor*

What is true wealth? That's a question we ask our clients at Foster Group. It's a question we ask ourselves. I'd like to share a story that reminded me of what this means to me.

Earlier this year, I had a rare opportunity. It was a Monday evening, and I had the house to myself. My wife had taken our children to a local ski spot, and they weren't going to be home for about 45 more minutes. I had finished work, made dinner, and was contemplating what to do with the remaining time that I had to myself. It had been a very long time since I had sat down and watched something on TV. I didn't even know what I was going to watch but planned to pull up Netflix and pick something that looked interesting.

I grabbed my dinner and headed for the couch. Once settled, I picked up the remote, clicked the power button and...the screen on our TV was CRACKED! A clear point of impact in the bottom left-hand corner with colorful lines spiderwebbed in multiple directions.

If only someone could have witnessed the look on my face. Because our TV is off most of the time, I was certain that whoever had broken the TV didn't realize they had done it.

I called my wife to let her know about the problem. She asked our kids about any run ins with the TV. One of our twin boys

remembered that his new wooden sword had slipped from his hands that morning and hit the TV. When they got home, everyone gathered around the TV to inspect the damage. Upon seeing it, our son began to cry and ran upstairs.

I headed upstairs and sat on his bed to discuss what happened. He didn't want to talk about it, but I wanted him to know that his character was far more important than the TV. It would have been easy for him to deny hitting the TV with anything, but he confessed right away and didn't try to hide his mistake. The cost of that TV, while significant, was of far less value than my sense of pride and respect for our son. I let him know this.

We agreed that he would come with me to Costco to purchase a new TV the following weekend and have a hot dog with me on our way out. A new TV was not in my 2021 financial plan, but I think the value of the experience already has outweighed the financial cost. The price of the new TV was worth the window into our son's heart. He's not perfect; he'll make plenty more mistakes just as I did, but I'm proud of who he's becoming.

Life can be expensive, surprising, frustrating, and not go as planned. But true wealth is found in the moment, the experience, and the relationship. I'm grateful for the reminder.



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Starting the Conversation: HIV Treatment & Care

A GUIDE FOR HEALTH CARE PROVIDERS



Antiretroviral therapy (ART) reduces HIV-related morbidity and mortality at all stages of HIV infection.

When taken as prescribed, ART can suppress viral load, maintain high CD4 cell counts, prevent the most advanced stage of HIV, prolong survival, and reduce the risk of transmitting HIV to others.

Health care providers play an important role in helping patients with HIV improve their health outcomes. By engaging your patients in brief conversations at every office visit, you can help them stay in HIV care, improve their medication adherence, and achieve viral suppression.

1

Support your patients with HIV by monitoring and discussing their needs and linking them to services. Staying in care can be challenging, even for the most motivated patients, and their needs may change over time.

2

Emphasize the benefits of consistent, long-term adherence to medication. Positive reinforcement from health care providers can help patients maintain high levels of adherence to care appointments and HIV treatment.

3

Ask your patients open-ended questions to assess adherence to medication. Build trust with your patients by becoming more familiar with any challenges regarding their medication and barriers they face to staying in care.

HIV Care is Prevention
Learn more at: [cdc.gov/HIVNexus](https://www.cdc.gov/HIVNexus).

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