

## Focusing on What Matters Most

- **Close-Ups on IMS Initiatives: Hypertension & CANDOR**
- **Workforce and Telehealth Features**
- **COVID-19 Vaccine Confidence**
- **IMS Membership**

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**IMS Core Purpose**

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

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Des Moines University held its 2021 White Coat Ceremony on Friday, August 27. See page 32 for more photos from DMU photographer Brett Roseman



The University of Iowa held its 2021 White Coat Ceremony on Friday, August 13. See page 34 for more photos from UI photographer Carlos Heriott.



# I WANT TO BE LIKE THEM

ALEX BATTANI, MBA, *MARKETING STRATEGIST*

The other weekend, my wife and I got a much-needed date night away from our kids. It was impromptu. We didn't have reservations and ended up sitting at the bar. A couple sat down next to us. We introduced ourselves and asked if they had any recommendations.

We ended up talking with them throughout the evening. We talked about everything under the sun: family, life, work, kids, music (I play bass and the husband of the other couple plays drums). At some point, we mentioned it was our date night.

When I tried to pay for our meal, the server informed us it had been taken care of already. The wife then turned to us and said "It's our treat tonight. Make sure to do this for others when you are able to."

We were both blown away by the random generosity and how special it made us feel. Something so simple lit us up. We talked about it the whole weekend, telling friends and family our story. Stories like this spread and inspire others to be generous.

At Foster Group, our vision includes encouraging the pursuit of meaningful living and generous giving. That night at the restaurant, I felt how powerful giving can be. Consider paying for someone's meal, gas, or coffee. Tip extra to your waitress. Offer to watch your friends' kids while they go out. Think through where you can give a little extra to make a big impact with someone else.



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# READY FOR OUR CLOSE-UP



MICHAEL FLESHER

Mr. Flesher is Executive Vice President and CEO of IMS

Recently, IMS completed the first in a series of brief surveys of all Iowa physicians, residents, and medical students. This project, which we call the Iowa Physician Survey, is our periodic opportunity to assess changing practice patterns, your needs, and how IMS can best continue to serve the physicians of Iowa. While we gained a wealth of information and staff have already begun putting that data to use, one response really struck home.

When asking those who are not currently a member of IMS what is preventing them from joining the organization, the top answer was that they were not aware of the IMS benefits and services. This response is quite telling. While we might have expected the top response to be financial limitation, time restraints, or simply disagreement with the positions of the organization – all reasons cited by some respondents – it was actually that we need to do a better job of telling our story. This is a challenge I relish.

As the largest physician organization in our state, IMS has quite the story to tell. To help do so, we recently launched a new column in our Weekly Debrief newsletter, which we're calling IMS Close-Ups.

This regular feature will seek to better shine a light on the projects and areas of the organization with which you may not be familiar, as we commit ourselves to better telling the story of *your* Iowa Medical Society. In this edition of Iowa Medicine, we build upon this new commitment to greater transparency with in-depth features on many of the areas of the organization. In her regular column, IMS President Tiffani Milless, MD, reflects on the physician experience during the pandemic and the numerous resources and support that are available through the Iowa Medical Society. She shares her thoughts on the areas of the organization she values most and encourages us to work together to do great things.

In that same spirit of collaboration, our feature article this edition focuses on dual IMS efforts to address Iowa's stubbornly-high rates of vaccine hesitancy as we look to encourage more Iowans to receive the COVID-19 vaccine. We tell you about a new vaccine confidence project IMS launched to help better equip local physicians to talk with their vaccine hesitant patients and utilize those established relationships to articulate the safety, efficacy, and need for receiving a vaccine.

This effort will utilize traditional patient and provider resources. It will also utilize a first-in-the-nation Vaccine Project ECHO – a virtual learning collaborative to regularly connect physicians from across the state and subject matter experts to share best practices and techniques that have proven effective in reaching vaccine hesitant patients.

We also tell you about ongoing IMS efforts to prevent barriers to greater vaccination. This past session, Iowa saw a record number of anti-vaccine measures introduced, with a ban on businesses requiring customers and guests to show proof of COVID-19 vaccination signed into law.

The recent announcements that many employers, including a growing number of healthcare facilities, will begin requiring all employees to receive the COVID-19 vaccine has led policymakers to contemplate a new ban on employer vaccine mandates. IMS is working to connect legislators with local physicians and business leaders so they can better understand why healthcare facilities have chosen to integrate an employee vaccine requirement as part of their infection control efforts.

In our Advocacy Update, Director of External Affairs Dennis Tibben focuses on another ongoing legislative effort – our fight for a hard cap on noneconomic damages. He shares an in-depth analysis of our work over the past two years, reflecting upon the discouraging end to the 2021 session and why we remain committed to addressing Iowa's worsening medical liability

climate. This includes continuing to lead the fight for a hard cap; it also includes a renewed commitment to our work supporting hospitals and clinics around the state who are working to implement CANDOR early disclosure programs.

These programs, now operational in some form at several locations across the state, make use of an IMS-authored statute to legally protect information shared with a patient after an unanticipated outcome. This approach has been shown to decrease the number of instances that ultimately progress to a lawsuit. As one of our initiative close-ups this edition, we tell you the latest on IMS efforts to support broader implementation of CANDOR programs across our state.

In partnership with the physicians at a large multi-specialty clinic in Eastern Iowa, IMS and our in-state experts are working to implement Iowa's first CANDOR programs at an outpatient clinic. This program will help to reduce the liability exposure for that clinic and ultimately improve patient outcomes.

This edition we also showcase the hypertension innovations developed by IMS and our partners at Broadlawns Family Health Center in Des Moines and MercyOne Family Medicine Forest Park in Mason City. For the past year, the two IMS pilot sites have worked to expand hypertension clinical quality improvement efforts in primary care clinics. These hypertension tools are designed as a resource for both the physician and nursing staff as they work to better address the cardiac needs of their patient population.

Now entering year two of the project, IMS and our physician champions are helping to integrate the resources and protocols developed at the pilot sites to more primary care clinics, and to develop additional patient self-management and clinical reminder tools.

This edition, Director of Education and Engagement Kady Reese tells us about one of the newest projects underway at IMS – an effort to make additional resources available to sustain the expansions of telehealth services that we saw throughout the pandemic. IMS was recently selected to participate in the second cohort of The Telehealth Initiative (TTI), a program created in collaboration between the Physicians Foundation and the American Medical Association to better support telehealth implementation and optimization. This exciting new project will build upon lessons learned from the telehealth support efforts undertaken by larger state medical societies and work to assist rural practices with telehealth implementation efforts.

We wrap our focus on IMS programs this edition with a follow up on the provider workforce strategic plan that we told you about in our last edition. This roadmap to tackling our state's provider workforce shortages has now been submitted to the Department of Public Health and IMS has been awarded a contract to lead the year two efforts to begin implementing its recommendations. We're excited to share with you a summary of the new strategic plan.

Finally, no edition of Iowa Medicine would be complete without a focus on some of our most-important members – the physicians-in-training who represent the next generation of Iowa's medical community. Steven J. Halm, DO, Dean of the College of Osteopathic Medicine at Des Moines University, joins us to talk about that book on the dean's desk that explains everything and how even a brief publication can have a profound impact on medical training and clinical practice.

We also share photos from the recent White Coat Ceremonies at Des Moines University and the University of Iowa Carver College of Medicine. IMS President Tiffani Milless, MD, was on hand at both ceremonies to help welcome the newest class of students to medical school and membership in the Iowa Medical Society.

As you can tell, this is a very full edition of Iowa Medicine. We're excited to share some of the great work underway in support of Iowa physicians and we've barely scratched the surface. IMS truly is ready for its close-up!



# COMMITTED TO MEDICAL LIABILITY REFORM



DENNIS TIBBEN, MPA

Mr. Tibben is Director of External Affairs at IMS

When the Iowa General Assembly adjourned its 2021 Regular Session this past May, lawmakers left unfinished a top priority for the medical community – a hard cap on noneconomic damages. After more than two years of sustained advocacy and a substantial investment of resources in this fight, it's easy to see why many view failure to move the bill to final passage as a legislative defeat.

Over the past two years, hundreds of Iowa physicians have engaged in this fight – a record number in fact. IMS hosted its largest Physician Day on the Hill in nearly twenty years to push for this reform just days before the COVID-19 pandemic forced the suspension of the 2020 Legislative Session. In 2021, physicians from across the state sent nearly 1,400 emails to legislators. Local physicians in 25 targeted legislative districts arranged personal meetings or phone calls with their representatives to explain the importance of tort reform in their area.

The Iowa Medical Political Action Committee made targeted contributions in the 2020 General Election that helped to increase the number of pro-tort reform legislators and expand the pathways to passage of the bill in the Iowa

House – the chamber that has proven to be the stumbling block for enactment of this critical reform. And yet, the Iowa General Assembly adjourned sine die on May 19 without sending a hard cap bill to the governor's desk.

It's frustrating. It's frustrating for the staff and physician leadership of IMS who have poured so much energy and countless hours into this fight over the past two years. We know that it is also frustrating for many of you. Despite this, IMS remains committed to addressing our state's worsening medical liability climate. The stakes are simply too high not to keep fighting.

The recent string of eye-popping demand letters and subsequent record jury awards are now also leading to higher settlements than ever before seen in our state. This in turn is driving up medical liability insurance premiums for many.

It is threatening the financial sustainability of some of our medical training programs and forcing several clinics across the state to reassess the delivery of high-risk services like obstetrical care. This trend is unsustainable and only exacerbates the strain the COVID-19 pandemic has placed upon so many Iowa practices. The legislative

process is often equated to organized sports. You need a clear leader, a strong team, and a sound strategy to be successful. Most importantly, after a loss, you review the game tape to determine what went wrong, what your team did right, and how you can improve next time. Over the past four months, IMS has been doing just that.

Our staff and physician leaders have been completing a comprehensive review of our tort reform efforts. We've met with outside experts to gain additional perspectives and conferred with members of our extensive coalition to assess what more we can do to "move the ball down the field" in this fight.

The results of this assessment have reaffirmed an ongoing commitment to our legislative strategy. Our team is strong and growing – our lobbying coalition now encompasses more than 40 organizations from the healthcare, insurance, and business communities. Our game plan continues to evolve and adapt to meet the changing conditions on the field. IMS has engaged nontraditional partners and pursued innovative approaches to convince the handful of House holdouts that prevent us from reaching the votes necessary for final passage.

Most importantly, we're seeing results. This past session, hard cap legislation passed out of committee in the House after failing to garner



sufficient support to do so in 2020. In the broader chamber, we successfully moved a handful of undecided or opposed legislators to our side, and we ended the session within grasp of House passage. While we did not reach the necessary 51 yes votes, we did end the 2021 session with more votes in support of a hard cap on noneconomic damages than when we ended the 2020 session.

We always knew that passage of a hard cap on noneconomic damages – considered by some in the legislature to be a highly controversial proposal – would be extremely difficult. This is why IMS has been and continues to be open to feedback, criticism, and ideas about how to approach this fight differently. IMS may be leading this team, but we know that we are not in this fight alone. We continue to explore the feasibility of every strategy proposal put forward and consult frequently with our coalition partners to make sure multiple perspectives are guiding this effort.

Passage of large, impactful legislation often takes several years of ongoing commitment to see the measure through to final passage. A recent example of this is enactment of the Indoor Smokefree Air Act, which took nearly a decade before it was signed into law. Iowa physicians have been fighting for a hard cap on noneconomic damages

for more than 40 years. We've come painfully close once before, but never has a hard cap been signed into law.

We recognize that there is little solace in the fact that we are so close to passage when it's your clinic being hit with a demand letter for hundred of millions of dollars or a medical liability insurance premium increase that further eats into your already slim bottom line. That's why our commitment to addressing Iowa's medical liability climate is not solely relying on passage of a hard cap on noneconomic damages.

IMS is also continuing to work with our physician champions to help stand up additional Communication and Optimal Resolution or CANDOR programs across the state. Based upon the premise that many patients simply want answers when an unanticipated outcome occurs, the data bears out that early and ongoing dialogue with a patient – in a deliberate and structured manner as part of broader quality improvement efforts – is effective in averting lawsuits, lowering liability expenses, and ultimately improving patient outcomes.

In 2015, Iowa became just the third state in the nation to enact legal protections to ensure that information shared as part of the CANDOR process cannot be used against a provider should the patient later proceed with a lawsuit, which

is rare. Based upon the experiences of our CANDOR pilot site in Southeast Iowa, IMS successfully expanded the statute in 2017 to allow for more cases to qualify for these legal protections and for all members of the care team to be protected.

CANDOR or CANDOR-like programs are now operational in several facilities and health systems across the state, including the University of Iowa. IMS is currently providing technical assistance to help the first outpatient, multi-specialty clinic in the state stand up their own CANDOR program, which will help protect even more Iowa physicians.

Taken in tandem, broader CANDOR adoption can help reduce the number of medical liability suits in the state while a hard cap on noneconomic damages can protect against astronomical judgements for those that ultimately do proceed to the legal system. IMS remains deeply committed to both efforts. For more information CANDOR implementation or how you can get involved in our hard cap efforts, please contact me at: [dtibben@iowamedical.org](mailto:dtibben@iowamedical.org).



# ADDRESSING VACCINE HESITANCY

In recent years, we have seen an alarming increase in vaccine hesitancy across our state. The rapid development and deployment of the COVID-19 vaccines has unfortunately resulted in even greater mistrust and misinformation about the safety and efficacy of what were once widely-accepted, trusted public health tools. Widespread vaccination provides the safest, most effective pathway out of the COVID-19 pandemic, yet many are hesitant to receive a vaccine themselves and some are committed to enacting barriers to others receiving a vaccination.

The Iowa Medical Society is committed to helping equip Iowa physicians with the tools they need to educate their patients about the safety and efficacy of these vaccines, while working to prevent measures that would undermine our state's long history of strong vaccination rates.

## Building Vaccine Confidence

Iowa physicians have long been a trusted source of healthcare information for their community. While state and national entities can be perceived to have political agendas and their guidance can be conflicting or difficult to understand, local physicians have established relationships with those around them. They are well-versed in breaking down complex medical information into a format that is understandable to someone without a healthcare

training. As we look to what we all hope is the final phase of the COVID-19 pandemic, these skills and local relationships are going to be invaluable in combating the mistrust and misinformation that has only grown since the emergence of this new virus.

We know that Iowa physicians want to be equipped to help guide their patients in how to keep themselves and their families safe and healthy. We also know, however, that not every physician has a background in infectious disease, nor has every physician been involved in the FDA approval process. How then can every physician be expected to answer questions about the transmissibility of new COVID variants, to explain the relatively new Emergency Use Authorization (EUA) process, or to respond to the growing number of vaccine mistruths that are circulating amongst those with vaccine hesitancy? IMS is here to help.

In late July, IMS launched a multi-faceted vaccine confidence project, intended to better equip Iowa physicians to advise their patients on COVID-19. This initiative, under the direction of a dedicated project manager with a background in public health and clinical care delivery, has begun standing up a series of traditional and first-in-the-nation resources to support providers across our state. Built in conjunction with state and federal public health experts, these resources include:

- [Provider Toolkits, Guidance, and FAQ Documents](#)
- [Easy-to-Understand Patient Education Materials](#)
- [Live & On-Demand Educational Webinars](#)
- [Individual Clinical Training and Technical Assistance](#)
- [Direct Access to Physician Champions and Subject Matter Experts](#)

In addition to these more traditional resources, IMS is in the process of standing up one of the country's first Vaccine Project ECHO systems. This hub and spoke model of virtual grand rounds will regularly connect physicians from across the state to share best practices and what's working in their local communities. First established nearly twenty years ago by the University of New Mexico School of Medicine, Project ECHO utilizes technology to connect providers with subject matter experts and each other in a virtual "community of practice" to learn from each other and foster greater professional collaboration.

Based upon New Mexico's success in the treatment of hepatitis C, the Project ECHO model has been expanded and replicated for the treatment and management of a host of medical conditions. Now, IMS is leading the way in utilizing this innovative model to better equip Iowa physicians to build confidence in the COVID-19 vaccine.

The first resources from this project are already available – a quick guide

on talking with patients about COVID-19, as well as a patient guide to understanding the COVID-19 vaccines and the EUA process. These resources have been posted to the IMS website with additional resources, trainings, and more information on the Vaccine Project ECHO coming soon.

### Preventing Barriers to Vaccinations

While IMS works to better equip Iowa physicians to build patient confidence in the COVID-19 vaccines, we also continue to be actively engaged in the growing fight over vaccination policy in our state. In recent years, the anti-vaccine movement has made great strides in sowing vaccine mistrust amongst many in the legislature. While these efforts previously focused on enacting barriers and implying unproven dangers around all vaccines, efforts in the past year and a half have increasingly focused more narrowly on the new COVID-19 vaccines.

During the 2021 Legislative Session, IMS joined with a host of provider and patient advocates to successfully oppose efforts to ban state-issued vaccine passports, to create gaps in the vaccination records stored in the IRIS system, to create expansive civil rights protections for unvaccinated individuals, to create a personal belief exemption for vaccinations, and to ban employers from mandating COVID-19 vaccination. Our efforts to also halt a bill banning entities from requiring customers and guests to provide proof of COVID-19 vaccination were unfortunately unsuccessful.

While many of these measures were successfully halted, these fights proved more difficult than at any point in recent history and the trend only promises to continue. In the months since the adjournment of legislative session, a host of healthcare, manufacturing, and other employers have announced employee vaccination requirements in an attempt to overcome stubbornly-low COVID-19 vaccination rates. These announcements have spurred growing concern and opposition from some in the legislature amid growing calls to revisit the ban on employer vaccine mandates.

The Iowa Medical Society believes that clinics, hospitals, and healthcare facilities must have the flexibility to enact the infection control measures necessary to protect their employees, to maintain ongoing operations, and most importantly to keep their patients safe. As the highly-infectious Delta variant has become the dominant source of COVID infection in our state, the need for this local autonomy and the ability to respond to regional variations across our state has grown even more pronounced.

Since early August, IMS has been partnering with members of the business community to coordinate meetings between local physicians, local business leaders, and key legislators to discuss vaccination efforts and the importance of local decision-making in the fight against COVID-19. These conversations have worked to help explain the importance of vaccinations and why a clinic, hospital, or healthcare facility might decide to impose a

COVID-19 employee vaccination requirement as part of their infection control protocols.

Current Iowa law allows mechanisms for employees with religious or medical reasons to be exempt from a vaccination requirement. Procedures are in place to implement alternative mitigation measures such as continued masking or employee placement in a non-patient facing role to account for their lack of vaccination. IMS is pushing for the continuation of this effective model and not treating the COVID-19 vaccine differently from other required vaccinations for healthcare providers.

This fall, the legislature is due to return for a special session to handle the work of the decennial legislative redistricting process. We anticipate efforts to also tackle policy measures during the special session and discussions of employee vaccine requirements are sure to be on that list. IMS will continue to fight against changing the existing law or imposing additional barriers to hamper COVID-19 vaccination efforts.



# CANDOR:

## PROTECTING PATIENTS & MEDICINE

The unexpected happens. It occurs in daily life and it occurs in healthcare. In healthcare some of these unexpected events may be situations in which patients experience harm. How we respond to these events is crucial. Having systems in place to allow care teams to identify, acknowledge, and process those situations can be the difference between additional trauma and healing – for both the patient and the physician.

Fortunately, hospitals and clinics do not have to create these systems alone. Communication and Optimal Resolution or CANDOR is one such proven strategy. CANDOR is a process that health care institutions and practitioners can use to respond in a timely, thorough, and effective manner when unexpected events cause patient harm. The CANDOR process was refined and developed through partnerships between hospital-based health systems and the Agency for Healthcare Research and Quality (ARHQ) as part of national patient safety efforts. CANDOR provides the framework to enable systems to move away from the traditional “deny-and-defend” response to unanticipated outcomes, replacing it with a proactive and person-centered approach.

The CANDOR approach of early and ongoing disclosure in a structured format can lead to more fair and amicable resolutions. These resolutions – often created in partnership with patients and families – typically have the added benefit of avoiding costly legal fights,

focusing instead on mutual respect and correcting a situation rather than revenge. This may include covering patient medical costs due to an adverse event, implementing new policies or procedures to reduce the likelihood of the unexpected event in the future, or even helping to support the family as the patient recovers.

CANDOR has a long history in Iowa, tracing its origins to the 2013 McCoy Report, produced by an ad hoc IMS Tort Reform Task Force. In recommending that Iowa pursue implementation of a statewide CANDOR model, the task force noted both the quality improvement and liability reduction benefits of this new approach to patient engagement. In 2015, Iowa became just the third state in the nation to implement CANDOR legislation to create a legal framework to prevent the use of any information shared as part of a CANDOR disclosure, in the event that a patient later decides to pursue a lawsuit – an outcome that is relatively rare.

In the years that followed, IMS worked with physician champion and lead author of the 2013 report Michael McCoy, MD, to implement Iowa’s first CANDOR pilot site at Great River Health Center (GRHC) in West Burlington. Based upon the experiences of Dr. McCoy and the team at GRHC, IMS successfully pushed to expand Iowa’s CANDOR protections in 2017 to allow more cases to qualify and for all members of the care team to take advantage of these legal protections. GRHC has now expanded its CANDOR program to all of its affiliated hospitals and

clinics. The University of Iowa Hospitals and Clinics have similarly implemented a comprehensive CANDOR program and a number of individual facilities and health systems have implemented CANDOR-like disclosure programs.

CANDOR is not only for hospital-based health systems, however. This new approach to patient engagement is applicable to all patient care settings, including outpatient clinics and independent practice groups. IMS is currently working with an independent multi-specialty physician group in Eastern Iowa as they work to implement CANDOR within their system. This process that will equip their care teams to directly respond to unexpected events while also coordinating strategies with partner health systems in the area for cohesive and successful operations. The experiences and successes learned through this unique implantation model will be incorporated into the adaptive resources and technical assistance that IMS is able to offer to any Iowa-based practice interested in pursuing CANDOR implementation.

Regardless of where a physician, practice, hospital or system is in their CANDOR journey, IMS is here to support you! IMS offers a multi-faceted support to fit any needs: access to evidence-based resources, workshops and training events, connection to national and in-state subject matter experts and peer mentorship opportunities, and tailored technical assistance.

# 5 WAYS TO MINIMIZE MEDICAL LIABILITY RISK

When it comes to medical liability risks, you can never overemphasize prevention. The best way to avoid adverse outcomes is implementing measures that prevent them from happening in the first place. Read on for a list of five ways to be proactive and minimize your liability.

## 1 | ERR ON THE SIDE OF OVERCOMMUNICATION WITH PATIENTS

A common culprit of adverse outcomes can be insufficient communication. For example, some medical liability lawsuits allege that significant incidental findings never got communicated to patients. Always make sure to directly communicate to patients the results of any image or test, as well as any recommended follow-up. Take the time to determine the patient's expectations and desired outcome, summarize the conversation, and assess the patient's understanding. In addition, make sure to conduct those conversations yourself, instead of assuming that the discharge nurse or another staffer will do it.

## 2 | ENSURE EFFECTIVE PATIENT HANDOFFS

To avoid miscommunication in patient handoffs, adopt two critical habits. First, if you come across anything notable in an examination or test, make sure to assume the responsibility for telling the patient's care team and the next provider to see the person, as well as any personnel responsible for discharge (if it's at a hospital). In addition, make sure your EHR system enables

notifications for any abnormal findings, so that every member of a patient's care team will receive an alert when opening the patient's medical record.

## 3 | APPROPRIATELY OVERSEE ADVANCED PRACTICE PROVIDERS (APPs)

Physicians should understand supervisory requirements, such as what qualifications need to be reviewed and how often, as well as what documentation needs to be in place. One recommendation is to create a specific list for which treatments and procedures require direct oversight and which don't. It's key to review this list on a regular basis, making sure to include and account for new technology and medical advances. And since state licensing boards for APPs dictate rules and regulations for compliance, make sure to stay apprised of Iowa's policies.

## 4 | THOROUGHLY DOCUMENT PATIENT COMMUNICATION IN THE MEDICAL RECORD

When you're busy and moving from one interaction to the next, making the time to note everything important is one of the biggest challenges of modern medicine. In the effort to keep up, it's easy to

forget to include one of the most crucial pieces of any case: the why. Not only do you need to capture what you recommended, said or did, but you also need to document why you recommended, said or did it. Always remember to include your thought process when you're updating someone's medical record.

## 5 | MAKE SURE YOUR EHR TELLS A STORY

All too often, electronic health records (EHRs)—with their series of click boxes and drop-down menus—provide a fragmented account of a patient's treatment and medical status, as opposed to a clear, summarized story. In the past, before EHRs, health care professionals would dictate a summary of the patient's story and what they were thinking to share with a colleague. Now you have to make sure that's coming through in the boxes and drop-down selections of whichever EHR you use. Make relevant notes wherever there's a comment box and review each record to make sure the most important information is clear. In addition, be judicious when using "copy" and/or "paste" and carefully edit and remove irrelevant or unintended content.



## WITHIN NORMAL LIMITS—A PODCAST BY COPIC

COPIC produces 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 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 and detailed analysis.

*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.



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

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# CHARTING A COMMON PATH ON WORKFORCE

## A STATEWIDE STRATEGY

Iowa currently ranks 43rd in the nation for the number of overall physicians per capita, and lower still in a number of specialty areas. These consistently-low rankings and the fact that nearly a third of Iowa physicians are now over the age of 60, have long been a cause for concern in the medical community. Similar, persistent and growing shortages among Iowa nurses, pharmacists, direct care workers, and a host of other provider types also continue to plague our state's healthcare delivery system.

Historically, efforts to combat these workforce shortages have been targeted, sporadic, and nearly always conducted in a highly-siloed manner. For the past two years, IMS has partnered with the Iowa Department of Public Health (IDPH), as well as the Iowa Primary Care Association, the Iowa Hospital Association, and the Iowa Pharmacy Association to help change this.

In our last edition of Iowa Medicine, we told you about the extensive process of developing Iowa's first-ever statewide strategic plan to comprehensively address the breadth of our provider workforce shortage. This report – the Iowa Rural Healthcare Workforce Strategic Action Plan – was submitted to IDPH in July and IMS has been tapped to lead the next phase of this work: implementation. Below is a summary of this report. To view the full report, please visit the IMS website.

### Iowa Rural Healthcare Workforce Strategic Action Plan: A Multi-Stakeholder Strategy to Improve Healthcare Workforce

#### Goal 1: Recruitment

##### *Grassroots and Pipeline Recruitment*

Increase healthcare apprenticeships; recruitment efforts among middle school and high school students; job-training and work-based learning programs; and progressive education and practice to allow individuals to grow into advanced healthcare roles. Assess where and how people are being trained and where they practice; utilize the Iowa Rural Healthcare Workforce Connection portal to promote rural healthcare workforce opportunities.

##### *Seek and Welcome Diverse Demographics*

Recruit non-traditional students; recognize shifting generational workforce demands and expectations; establish family-inclusive recruitment strategies and wrap-around supports; aid recruitment and training of bilingual/multi-lingual healthcare professionals; ensure intended populations are served; better utilize opportunities provided by increased telehealth and teledentistry; fully recognize provider credentials; pilot testing of new workforce models; intentionally work to close diversity gaps; and bolster the Conrad 30 J-1 Waiver Program.

##### *Payment & Loan Reimbursement*

Continue to pursue advanced payment reform; better integrate community-based support services; collaboratively create payment and reimbursement solutions with active provider and payer community involvement; explore economic investment opportunities from outside industries; enhance and better promote existing loan repayment programs; and improve scholarship program structures.

##### *Market Healthcare Professions & Rural Communities*

Increase marketing of healthcare professions; expand existing initiatives to connect individuals to needed education, training, and support to enter the healthcare field; partner with economic development for cross-promotion of healthcare professions; and create training packages to help recruiting agencies better understand, articulate, and market opportunities in rural areas.

#### Goal 2: Education and Training

##### *Expand Education Opportunities & Access*

Increase availability and access to education and training programs, both clinical and non-clinical; increase availability of training faculty; host internships and professional volunteers to increase exposure to career opportunities; expand collaboration between community colleges and universities to create a stronger advanced training pipeline; improve portability of licensure, credentials, and training; and explore the potential for reestablishing an Area Health Education Center (AHEC) in Iowa.

### *Enhance & Evolve Residency & Training Programs*

Pursue full funding of medical residency and dental school programs; improve the quality and number of Certified Nurse Assistant (CNA) and direct care worker programs; evolve training and certification programs to be more responsive to changing needs; create school-to-work programs; integrate quality assurance and performance improvement as part of training experiences; align community college curriculum; increase inclusivity and diversity among preceptors and mentors; establish peer support and mentorship groups; increase availability of residency programs in various disciplines; and incorporate wellness and professional resiliency skills and support into training programs.

### *Ease Regulatory Barriers*

Evaluate testing administration regulations; adjust federal residency cap and associated reimbursement; revise regulations to better support in-house training and education programs; establish state tax incentives for preceptors and mentors; evaluate regulatory burdens impacting the sustainment of residency programs; establish a cooperative liaison group of healthcare leaders and stakeholders to meet regularly with federal policymakers; better support paid internships; and improve portability of licensure, credentials, and training.

### **Goal 3: Retention**

#### *Better Payment & Incentive Packages*

Improve payment at both the system/ service line-level and individual level; partner with payers to evaluate current reimbursement models and rates; expand the list

of eligible professionals for loan reimbursement programs; explore the creation of “career ladder” development programs; create and boost employee investment opportunities; explore tax incentives for providers practicing in rural and underserved areas; experiment with adaptive and flexible work models; create living/housing allowances or home improvement grants as an additional incentive option; improve access and affordability of child care; and expand access to healthcare coverage for Iowa patients.

### *Better Practice Environments*

Address mental health stigma and burnout culture; reduce system fragmentation and improve care coordination; allow providers to practice to the full extent of their training; support ongoing tort reform efforts; advance evidence-based practices in all settings, fostering high functioning practice environments; champion healthcare workers who are invested in care in Iowa because they are Iowans; reinforce health policy development that is informed and directed by healthcare leaders; elevate the professional status of direct care workers; and establish professional mentoring networks.

### **Goal 4: Sustainability**

#### *Partnership & Collaboration*

Establish greater collaboration within the healthcare community; facilitate cross-sector collaboration; increase interoperability, access, and exchange of data; strengthen working relationships between providers and payers; cultivate diverse community partnerships; and create and execute a mutually-agreed upon statewide healthcare workforce strategy.

### *Community Development & Vitality*

Prioritize and invest in needed community infrastructure; take advantage of federal and state programs to magnify local investments; utilize state-level infrastructure data to inform investments; prioritize mental health funding and implementation of integrated care delivery models; create intentionally diverse and truly inclusive systems and communities; evaluate the Medicaid program to ensure maximum support for Iowans in need; continue to advance payment reforms toward value-based care; promote and market Iowa; and empower local community stakeholders to engage and invest in community vitality efforts.

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IMS has already begun operationalizing the first pieces of this strategic report. Recommendations from the action plan were integrated into the initial 2022 IMS Legislative Priorities, which were approved by the IMS Board of Directors at their September meeting and this is just the beginning of our work. Addressing Iowa’s provider workforce shortages is going to take a sustained commitment beyond just the provider community. As IMS moves forward with leading this work, we will continue to partner with the large coalition of stakeholders – including payers, the business community, educators, and other community leaders – who helped to develop this strategic roadmap and who have committed to helping bring this action plan to life.



# GETTING TO THE HEART OF THE MATTER

## ACHIEVING HYPERTENSION CONTROL GOALS

Nearly half of all Americans are diagnosed with or are taking medications for hypertension.<sup>1</sup>

In addition to those 75 million Americans, it is estimated

that another 11 million suffer from hypertension but are currently undiagnosed. Healthcare expenses related to hypertension average \$131 billion each year with individuals with hypertension facing nearly \$2,000 more in annual healthcare costs than persons without hypertension.<sup>2</sup>

Unfortunately this billion dollar “investment” does not mean that patients with hypertension who see a care provider are achieving “control” of their hypertension (defined as a blood pressure less than 140/90 mmHg). More than 36 million patients with hypertension are considered “uncontrolled”, despite a majority having a regular source of health care and health insurance.<sup>3</sup>

The weight of hypertension on our healthcare delivery systems and on the health outcomes of our patients has set hypertension control as a top clinical quality goal for both systems and payers across the board, including the CMS Quality Payment Program.

To assist Iowa physicians with achieving this shared goal to improve hypertension control for Iowa’s patients, IMS has been working closely with a number of physician champions and practices across the state, as part of a program to provide access to innovative best practices, the latest tools & resources, and hands-on technical assistance.

This partnership between IMS and pilot clinics has resulted in the creation and implementation of new policies & procedures, standardized guidances, and blood pressure measurement resources that have been informed by evidence-based best practices and designed by and for the care teams. Even in the face of pervasive COVID-19 pandemic, participant clinics have been committed champions for hypertension control. Among these are exceptional champions at Broadlawns Family Medicine Clinic in Des Moines and MercyOne Family Medicine Forest Park in Mason City.

The Broadlawns Family Medicine team leveraged a multi-disciplinary project team to assess their current policies, procedures, and practices in the context of their hypertension control metrics and goals. From this assessment, they established cross-discipline competencies for blood pressure measurement, complete with commitments for continuing education and routine assessment through inclusion in existing skills audits.

The MercyOne Family Medicine team performed similar surveyance of current practices and performance, identifying an opportunity for a shared use hypertension action plan that serves both as a clinical guidance tool for the team and as an educational take-home for patients. This unique tool was first piloted among a subset of clinic patients. Following initial success, the tool has been shared with all clinic patients with a

diagnosis of hypertension via their patient portal.

As we move into year two of this work, IMS is continuing to partner with our physician champions to scale and spread these tools and resources to additional clinics, and to build off lessons learned through the pandemic – specifically the increased role of telemedicine and patient self-management.

If you would like more information about IMS’ hypertension project, including opportunities for participation, please contact Kady Reese, IMS Director of Education and Engagement: [kreese@iowamedical.org](mailto:kreese@iowamedical.org).

1) Centers for Disease Control and Prevention (CDC). Hypertension Cascade: Hypertension Prevalence, Treatment and Control Estimates Among US Adults Aged 18 Years and Older Applying the Criteria From the American College of Cardiology and American Heart Association’s 2017 Hypertension Guideline—NHANES 2013–2016external icon. Atlanta, GA: US Department of Health and Human Services; 2019

2) Kirkland EB, Heincelman M, Bishu KG, et. al. Trends in healthcare expenditures among US adults with hypertension: national estimates, 2003–2014. *J Am Heart Assoc.* 2018;7:e008731.

3) Centers for Disease Control and Prevention (CDC). Vital Signs: Awareness and Treatment of Uncontrolled Hypertension Among Adults – United States, 2003–2010. September 7, 2012 / *61(35):703-709.*





# Support Our Tort Reform Efforts

# IMPAC

IOWA MEDICAL POLITICAL ACTION COMMITTEE

1865

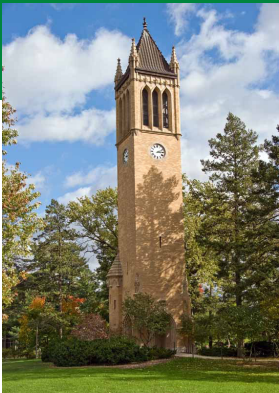
## Join the Iowa Medical Political Action Committee today!

Every dollar of your IMPAC contribution stays in Iowa and is used to further the goals and future of medicine.

visit: [iowamedical.org/IMPAC](http://iowamedical.org/IMPAC)

# Physician Opportunities

## Unparalleled Medicine in the Heartland



Practice big medicine in Iowa while enjoying a simpler way of life. Distinguished, collegial groups with the region's largest and most exceptional clinic are seeking physicians for the following specialties:

- Cardiology
- Dermatology
- Family Medicine
- Gastroenterology
- Hospitalist
- Outpatient Internal Medicine
- Neurology
- Pediatrics
- Psychiatry
- Pulmonology & Critical Care
- Radiology
- Urology

Enroll your children in one of the highest-rated public school systems in the nation and benefit from top-tier compensation and benefits. Trails, parks and recreation abound in this idyllic, picturesque state. You can enjoy an outdoor lifestyle and practice state-of-the-art medicine with the support of some of the country's finest healthcare professionals! Voted the #1 best state to practice medicine by *WalletHub*.

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**[dkenner@mountainmed.net](mailto:dkenner@mountainmed.net)**



EEO/AA Employer/Protected Vet/Disabled

## Extraordinary Care, Every Day



# IMS HAS YOUR BACK



TIFFANI MILLESS, MD

IMS President, Pathology - Des Moines

Greetings to everyone across our beautiful state of Iowa! Although the world feels far from normal and life as we know it continues to evolve in this COVID-19 era, I hope that you've been able to find moments of peace and respite as the summer winds down. These times of stress and uncertainty have underscored the importance of staying connected with one another and I am so grateful to have our medical society to strengthen these crucial connections.

Coffee in hand and sleeping dogs at my feet, I write to you with a long list of items on my endless to-do list: Maintenance of Certification, CME, teaching, practice management, and of course ever-increasing patient care responsibilities. Add to this preschool preparations, piles of laundry, and countless other life responsibilities – the list goes on. Yet never before has there been a more important time to support organized medicine!

As a physician and full-time working mom, I am well aware of the struggles physicians have endured this past year and a half. This pandemic has

brought challenges to many of us that would have seemed insurmountable a few years ago. We are navigating telehealth visits and COVID-19 testing interpretations and quarantine protocols, all while our children are struggling through remote school and our spouses are conducting Zoom meetings from the kitchen table.

But as we silently struggle through pandemic life, our medical society works hard on our behalf. Imagine having a team of knowledgeable, capable professionals there to guide you through these hard times. That's exactly what you have in your membership to the Iowa Medical Society! They are a mere click, phone call, or car ride away; ready to provide public health information, practice management tools, burnout resources, advocacy, networking opportunities, and more.

Many of you have expressed to me how helpful the COVID-19 resource page has been for you during this pandemic. From the IMS homepage, there are links to all things COVID-19. From business resources to telehealth

support to wellness help, IMS has your back. Our regular COVID-19 Quick Connect webinars have also been a valuable source of learning and support throughout the pandemic and has secondarily resulted in some social support too. Never before has the public health component of our IMS membership been more relevant and timelier to our practice!

But for me, it's the advocacy component of my membership that I value most. As a physician, I feel a responsibility to not only participate in the delivery of healthcare, but to participate in making it better. As the leaders of the healthcare team, physicians have a unique responsibility to speak out on behalf of our patients and to work toward a better system.

Our Iowa Medical Society advocates at the federal and state levels to ensure the highest quality healthcare. Each year our AMA delegation represents Iowa physicians nationally while also bringing much-needed information back to us regarding important issues going on at the federal level. Our state lobbying efforts at the capitol impact so

**“INDIVIDUALLY, WE ARE OVERWORKED, UNDERVALUED, OVEREXTENDED, AND FACING CHALLENGES LIKE NEVER BEFORE, BUT TOGETHER, WE ARE A POWERFUL GROUP OF PHYSICIANS WITH A PASSION TO SERVE THE PEOPLE OF IOWA.”**

many decisions being made about healthcare in Iowa.

Did you know that last year, thanks to the important lobbying efforts of the Iowa Medical Society, we were able to beat back a record number of anti-vaccine bills that came before the legislature? I cannot believe this was a fight we had to have but I am so thankful we were on-call with our legislators to sort out what was scientifically sound.

Also last year, like each and every year at the capitol, your IMS lobbyists successfully educated legislators about numerous scope of practice expansions involving licensure of direct-entry lay midwives, chiropractic pediatric wellness exams, and pharmacists administering pediatric immunizations, among many others.

Our state’s Medicaid system is a perfect example of the importance of IMS lobbying. The trend of decreased funding affects our state’s most vulnerable, including many Iowans with disabilities, elderly in nursing homes, and our most precious resource, our children who are the future of Iowa. As the leaders of healthcare, we see firsthand how critical the care we provide is to these populations.

As physicians, we are called to serve, and I believe part of the way we serve those who need us most is through our voice of advocacy on their behalf.

As many of you already know, one of the most critical reasons to support organized medicine in Iowa today is because of the current fight for tort reform. Iowa continues to lag behind and is among the few states lacking a hard cap for noneconomic damages. Add on top of that, Iowa physicians and facilities are being exploited more and more by out-of-state attorneys, emboldened by an unprecedented number of high-dollar awards with \$85 million in damages awarded in just five recent cases! As a pathologist who interacts with hundreds of patients every day this terrifies me.

Never before has there been so much momentum and such progress made toward enacting a hard cap on noneconomic damages, thanks to the tireless efforts of our incredible lobbying team, and engagement from so many Iowa physicians who have made time in their schedules to speak up on this important issue. Never before have we been positioned to make such a significant impact in achieving true tort reform. We need you now more than ever to make this happen!

Regardless of what your personal passions or needs are, organized medicine is here for you. Whether you need to connect with your peers, receive burnout support, or even get help with a particular payer issue, the Iowa Medical Society has resources for you.

Individually, we are overworked, undervalued, overextended, and facing challenges like never before, but together, we are a powerful group of physicians with a passion to serve the people of Iowa.

Together, we can do great things. On behalf of all of us at IMS, thank you Iowa physicians for your ongoing service to our patients and your commitment to making healthcare better. May all of you stay safe and know that you have the support of *your* medical society as you do great things.



# IMS MEMBERSHIP

## ARE YOU SET UP FOR AUTOMATIC DUES RENEWAL? -----



MICHELLE DEKKER, CAE, CMP

Ms. Dekker is Director of Membership & Strategic Alliances

This year the Iowa Medical Society has taken a closer look at understanding the needs of our members. Your outreach, survey responses, and engagement helps us to continue to learn more. Thank you for your feedback! In 2022, we plan to continue to focus on what matters the most: our members. For the Iowa Medical Society, the last quarter of the year is when we begin our process for renewing group and individual dues for the following year. To continue to serve you, IMS will once again offer multiple options for dues renewals.

### OPTION 1: ANNUAL DUES

Like we have in the past, IMS will offer the option to pay dues at one time for the following year. We will provide this through online availability and via mailed dues statements, beginning to arrive in November.

*\*Did you renew last year with a credit card? If yes, you may be all set to renew for 2022 dues on January 1 automatically. For more information, see the call out box below.*

### OPTION 2: MONTHLY DUES

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

### OPTION 3: GROUP MEMBERSHIP

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

IMS members and potential members will begin receiving information about the 2022 dues campaign soon. Be sure to notify IMS if you have a change in contact information or have any issues with which we can be of assistance. Contact us at [membership@iowamedical.org](mailto:membership@iowamedical.org). Thank you for your support of the Iowa Medical Society!

The IMS membership system offers the feature to enroll in automatic recurring payments when paying your annual dues. If you paid by credit card online for your 2021 dues, you may be all set to go for your 2022 payment. Your dues will automatically charge to the credit card on file on January 1, 2022, and a receipt will be sent to you via email. If you aren't sure if this is you, here is how to double check:

1. Sign into your account at [iowamedical.org](http://iowamedical.org).
  - a. If you are logging in for the first time or cannot remember your password, you'll need to reset your password by hitting the "forgot password" button. You will then receive a link to log in. Be sure to check your spam/junk folder if you aren't seeing the email. If you have questions or need assistance, please contact [membership@iowamedical.org](mailto:membership@iowamedical.org).
2. Click on your name in the upper right-hand corner.
3. Click on the Invoices and Payments tab in the profile. If you are set up for recurring payments, you will see it set up.
4. If you wish to opt out of recurring payments, click the "stop recurring payments" button. You will then need to renew your dues manually for 2022.

Questions? Contact [membership@iowamedical.org](mailto:membership@iowamedical.org)



# FOCUSING ON WHAT MATTERS MOST:



# OUR MEMBERS

The voice of Iowa physicians on the state and federal level, working for medical liability reform, regulatory relief, and more.



Advocacy

Your partner in navigating patient care coordination, quality improvement efforts, and education.



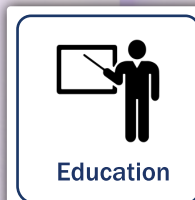
Patient Care

Professional growth opportunities through board/committee service and community engagement.



Leadership

Informative CME opportunities, meeting all state licensure requirements, with member only discounts.



Education

Access to professional, technical, and practical resources and advice.



Business Resources

Sharing best practices, and keeping members updated on topical issues and events with weekly communications.



Connectivity



**IOWA MEDICAL SOCIETY**  
*Membership*

For more membership information, please contact: [membership@iowamedical.org](mailto:membership@iowamedical.org)

# EXPANDING VIRTUAL CARE WITH THE TELEHEALTH INITIATIVE



KADY REESE, MPH, CPHQ

Ms. Reese is Director of Education & Engagement

This past June, IMS received notification of selection to participate in the second cohort of The Telehealth Initiative (TTI), a program created in collaboration between The Physicians Foundation and the American Medical Association (AMA) to bolster implementation support at the state-level by equipping state medical societies with telehealth programming that can further support physicians and practices in the optimal use of telehealth. Components of TTI participation include:

- Access to the AMA Telehealth Immersion Program that will provide foundational information about the telehealth landscape, clinical instruction, technology integration, quadruple aim accomplishment, care continuity and expanded care access, and improved clinical outcomes. Participants are able to achieve a certification of recognition as part of the AMA STEPS Forward Innovation Academy.
- Additional technical assistance will be provided to a targeted selection of engaged practices, focusing on the AMA's Return on Health framework through chosen quality improvement initiatives to demonstrate the value of telehealth.

The Florida Medical Association, Massachusetts Medical Society, and Texas Medical Association constituted the first TTI cohort. IMS' participation in the second TTI cohort is built upon the potential to apply the successes and lessons learned via the first cohort, with the unique applications, adaptations, and impact of telehealth in rural settings. From this project, IMS and participating practice partners will have the opportunity to create two publishable case study reports that will continue to inform telehealth implementation and evolution – materials that can be specifically used among payers and policymakers to reinforce telehealth investments.

## The Telehealth Initiative Cohort 2 Program Plan

Health care technology is ever-evolving, and telehealth medicine is no exception. Telehealth is now a viable platform for physicians to provide clinical services for management of patients with chronic conditions. The Physicians Foundation is interested in using this telehealth initiative to help physicians, especially those in small practices, implement telehealth to enhance services currently offered to their patients.

In 2020, The Physicians Foundation and the AMA launched the Telehealth Initiative. Participating state medical societies recruited a cohort of practices committed to participating in the educational sessions and data collection efforts hosted by the AMA over the course of the year. Through TTI, the AMA worked with participating state medical societies to develop relevant educational content, resources, measurement tools, and evaluation support to help practices with telehealth implementation.

This next phase of the initiative will continue to fuel state medical societies with the national network and support needed to establish and maintain strong relationships with physicians, practices, and health systems interested in implementing, optimizing, and sustaining telehealth. In addition to providing ongoing support, this year's program will emphasize the importance of realizing the true value of virtual care. State medical societies will have access to the AMA Return on Health framework to support measuring the value of virtual care in practices across their state. The collaborative will provide training through virtual events, as well as opportunities to network and learn from your peers. Specific programmatic goals and objectives include:

- Educate practice sites on telehealth, the positive impact it can have on physician practices and patients, and support telehealth implementation at practices across the country.

- Examine and build the evidence base for interventions that support implementing and sustaining telehealth in clinical practice.
- Facilitate collaboration and the sharing of information and resources among practice sites to create a national action network to support the adoption and scale of safe, trusted, and effective telehealth solutions.

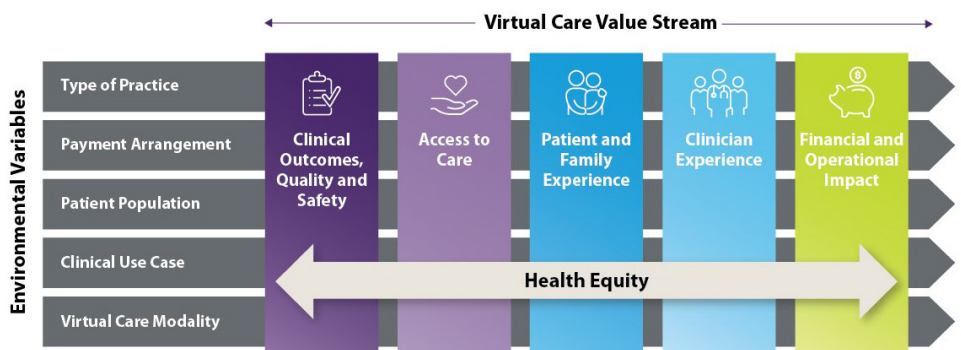
### AMA Telehealth Immersion Program

Using The Telehealth Initiative as a framework, the Telehealth Immersion Program will provide foundational information surrounding the telehealth landscape and offer deep dives into aspects of telehealth including, but not limited to, clinical instruction, integration with other healthcare technologies, the impact of telehealth related to elements of the quadruple aim, how to successfully scale and sustain telehealth in practice, and virtual care expansion opportunities.

Additionally, the program will explore the barriers and challenges that exist today, such as access to technology, broadband, and issues surrounding digital literacy, to ensure telehealth can reach the potential it has to enhance care delivery, continuity, and experience, expand equitable patient access, and support improved clinical outcomes and value.

### AMA Telehealth Survey

As part of this project, IMS will be disseminating a survey to its membership focused on better understanding physician experiences using and optimizing telehealth in practice. This survey is scheduled for distribution later this fall. Additionally, the AMA will explore conducting a set of one-on-one interview at the end of each year to better understand physicians’ experiences with participation in program offerings and optimizing telehealth in practice. This information will be made available to each of the participating states and additionally shared with key AMA internal stakeholders to inform advocacy and future educational programming efforts.



### Measuring the Value of Virtual Care Project

The AMA’s Return on Health Report, published this past May based upon the experiences of the first cohort of The Telehealth Initiative (TTI), established a framework for how to comprehensively measure the value of digitally enabled care. The next step for this work is to achieve uptake and continuous refinement of the framework by physicians, practices, health systems, payors, regulators, legislators, quality measure developers/stewards, and others. The Telehealth Initiative offers a unique opportunity for physicians to work collaboratively (with support from national and state medical societies) to use the framework to guide innovative program design, program evaluation, and investment decision-making for existing and/or new telehealth programming within their practices.

As part of this project, IMS will help to develop a Performance Improvement Continuing Education (PI CME) or Maintenance of Certification (MOC) activity that focuses on measuring the value of virtual care using the Return on Health framework. Practices across the state would submit key metrics aligned with the value streams outlined in the framework at multiple points throughout the course of a year to show the impact of their telehealth and virtual care programs. State medical societies will have flexibility on the structure of the quality improvement activity, including working with practices to identify specific performance measures collected.

For more information on this new initiative, or to learn how your practice can get involved, please contact me at [kreese@iowamedical.org](mailto:kreese@iowamedical.org).



# IOWA MEDICAL SOCIETY COMMITTEES

FOR MORE INFORMATION ON HOW TO GET INVOLVED WITH AN IMS COMMITTEE, PLEASE CONTACT [MEMBERSHIP@IOWAMEDICAL.ORG](mailto:MEMBERSHIP@IOWAMEDICAL.ORG)

## 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. This committee has one in-person meeting each Fall.

## 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, Medicaid 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. This committee has one in-person meeting each Fall.

## 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. This committee has one in-person meeting each Fall.

## 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 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. This committee has one in-person meeting each Fall, one conference call meeting each Fall, and biweekly Friday conference calls during legislative session.

## 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. This committee has one in-person meeting annually.

## 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. This committee has one in-person meeting annually.



### Committee on Sports Medicine

The Committee on Sports Medicine serves as a resource for setting athletic medical policies with the Iowa High School Athletic Association (IHSAA) and the Iowa Girls High School Athletic Union (IGHSAU). Committee membership also includes liaisons with the Iowa Athletic Trainers Society. This committee has one in-person meeting annually.

### 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. This committee has one conference call meeting each Spring and one in-person meeting each Fall.

### Committee on Diversity, Equity, and Inclusion

The members of the IMS Task Force are committed to the DEI vision and are willing to continue their services as part of an IMS DEI Committee. In addition to existing members, the committee will explore and seek opportunities to increase participation and diversity of representation. An open call for

involvement will be conducted annually to all members to ensure participation remains open, transparent, and accessible.

In recognition of the crosscutting issues and solutions surrounding DEI, the task force proposes that the committee include representative liaison relationships other IMS committees, at minimum the Programming Committee, Committee on Physician Workforce, and Committee on Legislation in alignment among the key focus areas. The DEI Committee will be meeting quarterly with a virtual option to enable multiple opportunities for engagement and access in consideration for variant schedules and geographic locations of members.

### 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. This committee meets as needed with virtual meetings.

### Nominating Committee

The Nominating Committee is charged with selecting a slate of candidates to stand for election to the IMS Board of Directors and the Iowa AMA Delegation, as well as submitting recommendations to the Board of Directors for appointment of the Speaker of the Policy Forum. The Nominating Committee shall consist of the President-Elect, who shall serve as Chair of the Committee, and four members selected by the Board of Directors on a staggered basis. The members of the committee are not

eligible for nomination for any IMS Board position while they are serving on the committee plus one year following their service on the committee. This committee has two-three virtual meetings annually.

### IMS Affiliated Boards:



The Iowa Medical Political Action Committee strives for the improvement of government by encouraging physicians to take a more active and effective role in governmental and political affairs. IMPAC uses personal contributions from physicians and friends of medicine to provide financial support to state-level candidates and provide recommendations to AMPAC for support to federal-level Iowa candidates. During election years, this committee has two in-person meetings/candidate interviews each Fall and one in-person meeting each Fall during non-election years.



The Iowa Medical Society Foundation (IMSF) 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. Members of the IMSF Board of Directors are appointed by the Executive Committee of the IMS Board of Directors. This group has three-four meetings annually.



# IOWA MEDICAL SOCIETY FOUNDATION



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 OPHTHALMOLOGY  
 IOWA EYE CENTER  
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Support Iowa's Future Physicians, Support the World.

The Iowa Medical Society Foundation uses donations from physicians and friends of medicine to inspire, facilitate, and expand the educational and philanthropic endeavors of the Iowa Medical Society. Your contributions are needed to continue to make a lasting impact in Iowa and globally. Please visit the IMSF website: [iowamedical.org/IMSF](http://iowamedical.org/IMSF) to learn more about how your contributions help to support our 6,000 medical students, residents, and physicians in Iowa.

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

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

Iowa Medical Students in India as part of the Himalayan Health Exchange.



# THAT BOOK ON THE DEAN'S DESK

## THAT EXPLAINS EVERYTHING



STEVEN J. HALM, DO, FAAP, FACP

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

I have a favorite book that rests prominently on the desk of the dean. It has its special place, propped at a specific angle near the front, to allow visitors to easily notice it. The book has initiated endless inquiries and conversations with students and faculty over the years.

It contains a series of small essays by incredibly bright people from all facets of life. This *Explains Everything*, edited by John Brockman (2013, Edge Foundation, Inc.) focuses on providing examples of brief, elegant explanations in science, social behaviors, culture, art, psychology, and health.

Its subtitle reads “Deep, Beautiful, and Elegant Theories of How the World Works.” Reading an essay or two in the few minutes between meetings can be very refreshing. The book is filled with brilliant perspectives.

Much like this book, I found that medical school and residency training exposed me to some very smart people – and many truly brilliant minds. To avoid having to compete with the brilliance that surrounded me, one of my best strategies was to create ways to attempt to set myself apart professionally by learning to

communicate exceptionally well with my patients.

By adopting the best of behaviors of my physician mentors and avoiding behaviors of the other not-so-effective physicians, I developed a rich communications style that focused on respect, listening, engaging, and working through mutually agreeable solutions with my patients. It became a satisfying art for me. Through my own patient care as a young attending, I soon developed my own “best practices of bedside manner” to carry out my mission of serving my patients.

If I was ever asked to write a brief essay on “an elegant explanation of something in medicine” I would have but one choice. It would not be “the 20-year evolution of the electronic health record” or “the US health outcomes vs costs.” Neither is elegant. Rather, I would wholeheartedly choose my chapter to focus on the simplicity and elegance of a two-page article that has been used as the basis of effective communications with patients in medical practice for the last twenty years. It was a product of a think-tank of medical and communications professionals that came to a “consensus” after years of debate over what determines good bedside

manner. The site of the conference where they finally agreed on the “seven essential elements of a good patient encounter” was in Kalamazoo, MI.

When I jumped into full-time academic medical education ten years ago, I learned of “The Essential Elements of Communications in Medical Encounters: the Kalamazoo Consensus Statement” (April 2001, Academic Medicine). Fortunately, this document aligned very well with my medical practice style. Today, twenty-years after it was first published, it remains the gold standard for teaching patient communications in medical education.

This document, like the many small essays in the book that sits prominently on the desk of the dean, elegantly explains how to structure a great patient encounter. It is clear, concise, logical, comprehensive. My chapter in Brockman’s book would review the elegance of this single document that provides us with an approach to identify, empower, and teach young physicians the characteristics of “good bedside manner.”

If you’ve not ever read the Kalamazoo consensus statement, please do so – it is only a two-page read! If you are ever in my office visiting me (hint – invitation to come visit me) please feel free to peruse my popular book on elegant explanations – both are worth your time!

# 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://cdc.gov/HIVNexus).

STOP  
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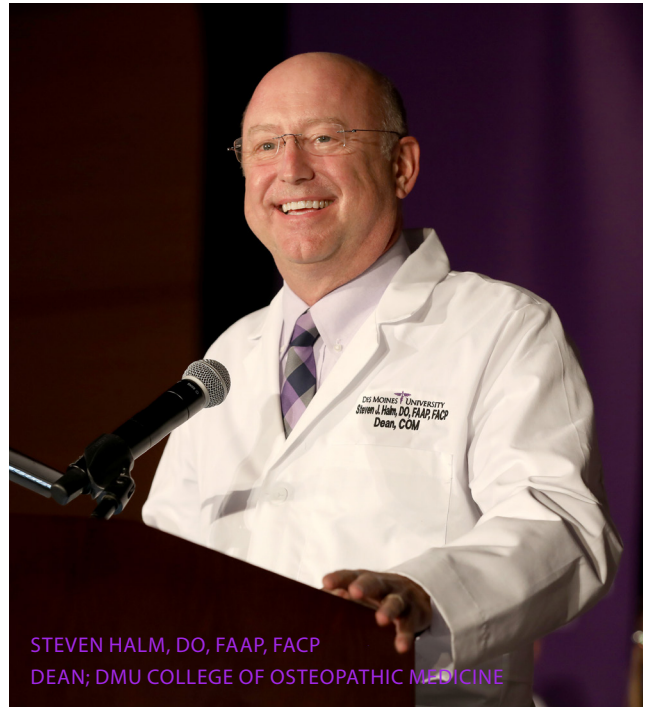


Ending  
the  
HIV  
Epidemic

## DES MOINES UNIVERSITY: 2021 WHITE COAT CEREMONY

On Friday, August 27, Des Moines University students took the next step in their medical education by receiving their white coats in an afternoon ceremony. The Iowa Medical Society was proud to be in attendance on the day to witness such an important moment in the journey towards clinical practice, and to present each student with an IMS lapel pin to add to their new white coat, symbolizing their membership with the Iowa Medical Society!

IMS is excited to welcome this next class of Des Moines University students, and looks forward to doing everything we can to exhibit the highest quality health care in Iowa through our role as physician, and pre-physician advocate.



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



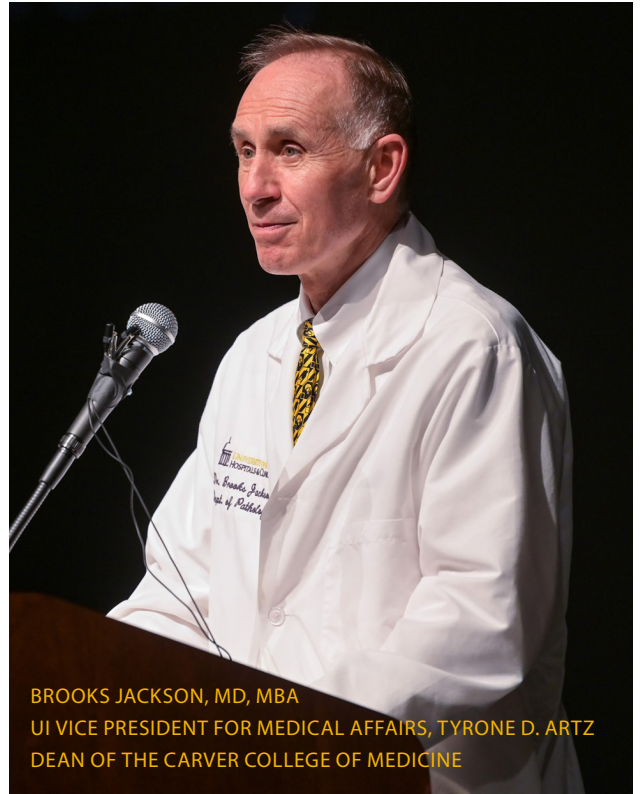


SPECIAL THANKS TO DMU PHOTOGRAPHER: BRETT ROSEMAN

# UI CARVER COLLEGE OF MEDICINE: 2021 WHITE COAT CEREMONY

The UI Carver College of Medicine held its 2021 White Coat Ceremony on Friday, August 13 in Hancher Auditorium for first year medical students beginning their medical education at the University of Iowa.

IMS President Tiffani Milless was in attendance to celebrate the students' next step in their medical journey. Dr. Milless was invited to the stage to present each individual with an IMS lapel pin to place onto their new white coat. The Iowa Medical Society is excited to welcome this new class of future physicians with a membership to our organization. We look forward to being a source of leadership and advocacy for these students in both their medical education endeavors, and as future Iowa physicians.



**BROOKS JACKSON, MD, MBA**  
UI VICE PRESIDENT FOR MEDICAL AFFAIRS, TYRONE D. ARTZ  
DEAN OF THE CARVER COLLEGE OF MEDICINE



**CHRISTOPHER COOPER, MD, PATRICIA WINOKUR, MD, IMS PRESIDENT TIFFANI MILLESS, MD, UI PRESIDENT BARBARA J. WILSON, PHD, BROOKS JACKSON, MD**







SPECIAL THANKS TO UI PHOTOGRAPHER: CARLOS HERRIOTT

## KICK-OFF!



TIM MCMAHON

Sales Executive, Healthcare Director - IowaMed Insurance

Fourth and goal...go for it, or kick a field goal? By the time this article hits the press we will be full speed ahead with the football season. Finally! I can't wait to yell at the TV, second guess coaches, and blame referees.

I love it and I hate it. A rollercoaster of expectations, reactions, and emotions. Not too dissimilar to the annual ritual of preparing for your upcoming January 1st insurance renewals. Whether it is for your group health plan, property and casualty, or medical professional coverage plans, you will be reviewing your coverage terms and evaluating your exposures all while praying for favorable terms from the insurance companies.

The pandemic put on hold some aspects of the insurance industry trends while accelerating others. One trend that took a giant leap forward was the use of technology to commute to work and to visit with patients.

Telemedicine is obviously being utilized by providers and patients far more than in the past and it is a trend that is likely to continue for many reasons. While your medical professional liability insurance

carrier may cover telemedicine, make sure to pay close attention to cross-border activity. You may have a patient who resides in a different state. Of course you will ensure that proper protocols are being followed and that you have reviewed medical licensing requirements, but have you evaluated the legal environment of the patient's resident state? Be sure to make this part of your discussion with your insurance carrier or agent.

Telecommuting to work accentuated a trend of cyber-attacks. Ransomware attacks continue to be prevalent and the ransoms are increasing in value. The criminals have proven that no industry is out of bounds. Energy infrastructure, medical professionals, retailers, financial institutions, and small businesses are all targets.

Whether you obtain cyber liability coverage via your medical professional liability insurance carrier or on a separate, stand-alone cyber policy, all insurance carriers are now requiring the use of multi-factor authentication (MFA) for remote access to your network. Some of you may have already received this notice from your agent or carrier and are completing renewal applications

that make home mortgage applications seem like child's play.

The wheels of justice began to slow significantly as it concerns tort liability cases due to the pandemic. Existing and new litigation slowed to a crawl. In some ways this was a positive, however, experts believe this was a temporary moratorium on a trend that will continue now that the system has opened up.

The increased frequency of large verdicts leading up to the pandemic is expected to pick up where it left off. Social inflation is not going away anytime soon. Make it a point to review your exposures, policy terms, and policy limits for your upcoming renewal.

I could go on and on with additional comments on other lines of coverage such as employment practices liability and Directors and Officers Liability, but that would be like watching a 4-hour game with too many flags, challenges, and commercials. So, while we welcome back the football season, take time to game plan for your next insurance renewals!

As you kick off your insurance renewal season, don't hesitate to reach out to us at IOWAMED Insurance!



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