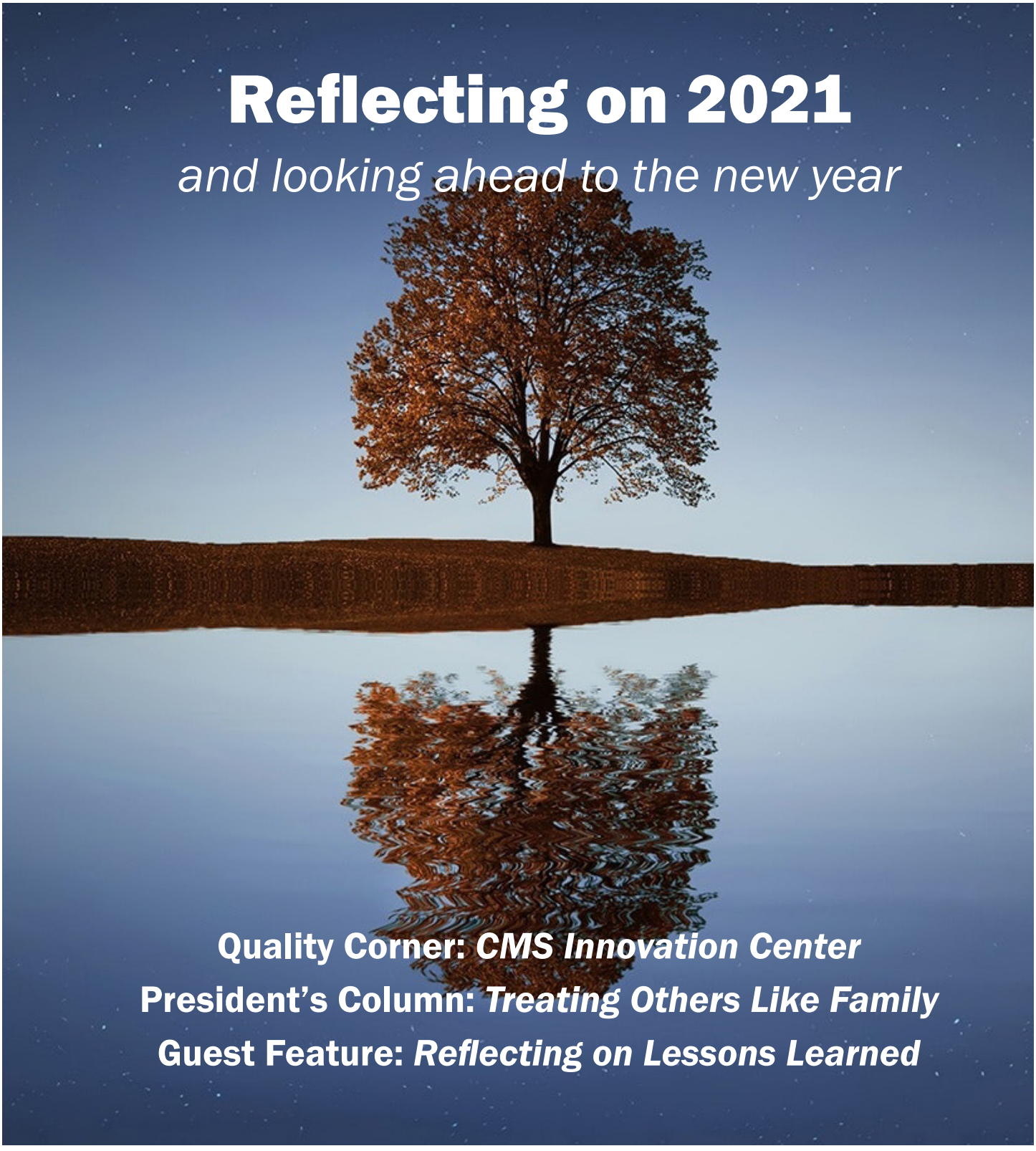
IOWA MEDICINE

JOURNAL OF THE IOWA MEDICAL SOCIETY

OCTOBER - DECEMBER 2021 | QUARTER FOUR



Reflecting on 2021

and looking ahead to the new year

Quality Corner: *CMS Innovation Center*

President's Column: *Treating Others Like Family*

Guest Feature: *Reflecting on Lessons Learned*

Wellmark®

WANT TO SAVE TIME?

Wellmark can help.

GET ACCESS TO CONVENIENT WEB TOOLS THAT HELP YOU SERVE YOUR PATIENTS EASILY AND EFFICIENTLY AT WELLMARK.COM/PROVIDER.

E-CREDENTIALING CENTRAL

Keep your provider data current by completing provider directory validation requests, and submitting credentialing applications, recredentialing applications and change requests online.

SECURE ONLINE TOOLS

Create, submit and check the status of patient coverage and more.

REAL-TIME NOTIFICATIONS

Sign up for the Wellmark Information Notification System to get timely news that affects your practice.

STAY IN THE KNOW

Join Wellmark on the second Wednesday of each month for an educational webinar, with topics ranging from credentialing and network participation to claims and payments.

#14152 03/18

UNIVERSITY OF IOWA HEALTH CARE

"WE NEVER STOP SEARCHING FOR ANSWERS.

We're Iowans taking care of Iowans."
Our teams are made of experts with different backgrounds, specialties, and passions, because we know more collaboration leads to more options. Combined with the abilities that come with academic medicine, we don't just deliver the latest life-saving treatments, we discover them. All so we can change medicine and lives right here in Iowa.

Refer a patient at UIHC.org

Joseph Buckwalter V, MD, PhD
ORTHOPEDIC SURGEON

IOWA MEDICINE
JOURNAL OF THE IOWA MEDICAL SOCIETY

CONTENTS

Q4 | October - December 2021

Contact us:

Iowa Medicine
515 E. Locust St., Ste. 400
Des Moines, IA 50309
Phone: 515.223.1401 or 800.747.3070

Subscriptions:
Annual Subscription $45

Iowa Medicine, Journal of the Iowa Medical Society (ISSN 0746-8709),

is published quarterly by the Iowa Medical Society, 515 E. Locust St., Ste. 400, Des Moines, IA 50309.

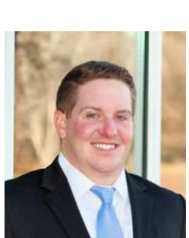
Periodicals postage paid at Des Moines, Iowa and at additional mailing offices.

Postmaster: Send address changes to Iowa Medicine, 515 E. Locust St., Ste. 400, Des Moines, IA 50309.

IN THIS ISSUE:

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

FOSTER GROUP



DO I HAVE PORTFOLIO EXPOSURE TO CHINA?

RYAN LAMOUREUX, *Investment Analyst*

In recent weeks, China has been a part of US financial headlines for a number of reasons:

- A large Chinese Real Estate company, Evergrande, is nearing financial insolvency.
- China has also been tightening certain regulations for its publicly traded companies.
- China has been referred to as a cybersecurity threat to the US.
- We have seen the Chinese government becoming more militarily aggressive toward Taiwan.
- There is also an ongoing US – China trade war.

It is likely no surprise that China is ranked as the second largest economy, after the US, when ranked by Nominal GDP.[1] Because of the size of their economy, it would be reasonable to think that a globally diversified equity portfolio might include a very large investment in Chinese stocks. This is not necessarily the case. While China does have a very large economy, not all of its publicly traded companies are accessible to global investors.

At Foster Group, we believe in globally diversified model portfolios. We invest our equity portfolios across domestic markets, international markets, and emerging markets. Our models have equity exposure to over 51 countries.

China is classified as an emerging market country and represents about 1/3rd of the entire emerging markets region.[1] In model portfolios, Foster Group holds a market weight in emerging market securities which totals 11% of the total equity portfolio. Therefore, if a client is 100% invested in stocks, only 3.67% of the portfolio is directly exposed to companies domiciled in China.

[1]https://databank.worldbank.org/reports.aspx?source=2&series=NY.GDP.MKTP.CD&country=

Foster Group® provides customized financial planning and investment management services to people who want more. Not more status … but more purpose. We use tested methods to help you pursue your goals, whether you want to taste wines across the world, or get a taste of service in your community. It's all part of being Truly Cared For®.

THINKFIDUCIARY
THINK FOSTER GROUP

Call us at 844-437-1103 or visit fostergrp.com/IMS

REFLECTIONS

MICHAEL FLESHER

Mr. Flesher is Executive Vice President and CEO of IMS

Happy New Year! When this edition of Iowa Medicine hits your mailbox, we will be just a few days into a new year. The timing of this magazine annually provides an opportunity to reflect upon the year we just completed and look ahead to what the coming year has in store. Like many of you, we at IMS were happy to bring a close to a difficult 2021 and enter 2022 with a renewed sense of hope that continued progress in the march to vaccinate our state, our country, and our world against COVID-19 means brighter days are ahead.

You'll see the reflections that come with this time of year interwoven throughout this edition of the *Iowa Medicine*. IMS President Tiffani Milless, MD, offers words of hope in her column as she reflects upon the difficult decisions that physicians must make every day and the guiding principle to treat your patients like you would want your family members to be treated.

We continue this theme with a guest feature from one of our newest IMS programming partners – Charles Keller, MD, founder of H2H (Healer to Healer), a professional consulting firm that works to foster professional wellness. Dr. Keller shares a bit about his annual tradition of reflecting on the lessons he's learned in life to ensure they remain relevant as he enters a new year.

As we reflect on the advocacy work that forms the bedrock of so much that we do here at IMS, we're joined by Iowa AMA Delegation Chair Michael Kitchell, MD, for a report on the most-recent AMA meeting, which was again held virtually. This special meeting focused heavily on COVID-19 response efforts, as well as discussions of the impact of structural urbanism on rural health disparities thanks to the adoption of an Iowa-authored resolution. In addition, IMS Director of External Affairs, Dennis Tibben, offers a look at the year ahead with a report on the 2022 IMS Legislative Priorities and 2022 IMS Federal Advocacy Priorities that were finalized late last year.

IMS Director of Education & Engagement, Kady Reese, joins us with a report on the new strategic plan for the Center for Medicare and Medicaid Innovation (CMMI). As the center marks the tenth anniversary of its founding as part of the Affordable Care Act, federal officials are looking to build upon lessons learned, to streamline its efforts, and to chart a course for the next decade of testing new payment and delivery models for the Medicare, Medicaid, and CHIP programs.

We round out this edition of the *Iowa Medicine* with a report from Brooks Jackson, MD, Dean of the University of Iowa Carver College of Medicine. Dr. Jackson reflects upon our state's response to COVID-19 and the important role the University of Iowa played in testing the new vaccines that promise to help lead us out of this pandemic. He also takes a look to the future, sharing a bit about the plans for the construction of a second UIHC campus in North Liberty to relieve pressure on the main hospital campus in Iowa City and about ongoing efforts to better integrate diversity, equity, and inclusion (DEI) concepts into all that they are doing as an organization.

As we enter 2022, we know Iowa physicians will continue to face a myriad of challenges from COVID-19 and beyond. As always, IMS remains committed to supporting you on this journey. If you haven't already, please remember to renew your 2022 IMS dues and take advantage of the resources available to you as an IMS member. We're here for you!

IOWA DRUG CARD

www.iowadrugcard.com

Compliments of:

IOWA MEDICAL SOCIETY

THIS PROGRAM IS NOT INSURANCE.

Pharmacy Coupon | **Prescription**

Coupon MBR ID: Enter Year & Time
(Example: Year 2021; Time 9:14; Enter ID 2021914)

RxGRP: IARX

RxBIN: 610709

Compliments of: IOWA MEDICAL SOCIETY

This coupon has no expiration date and is reusable on Brand and Generic Rx's. Savings can be as high as 80%.

PATIENT INSTRUCTIONS: This card/coupon is pre-activated and can be used immediately. Present this card/coupon to any participating pharmacy to receive a discount on prescription medications.

PHARMACIST INSTRUCTIONS: Submit as a primary claim (cannot be processed as secondary) using the following pharmacy processing information. For processing questions and comments please call the Pharmacy Helpline below.

IOWA DRUG CARD

This program is not insurance.
This is a point-of-sale discount program.

Customer Service: **877-321-6755** Pharmacy Helpline: **800-223-2146**

HELPING PATIENTS

with **High Deductibles**, **Large Co-Pays**, or **No Insurance** afford their medications

For more information contact:
cs@iowadrugcard.com

Learn more at
IOWADRUGCARD.COM
and get your Free Prescription Savings Coupon Card

Proud Supporter of: Children's Miracle Network Hospitals®

This drug savings program will grant funds to local CMN Hospitals to help kids within the communities they do business.

2022 IMS ADVOCACY PRIORITIES

DENNIS TIBBEN, MPA

Mr. Tibben is Director of External Affairs at IMS

2022 State Legislative Priorities

The IMS Committee on Legislation met in August to develop their state-level advocacy recommendations. The committee recommendations, which were approved by the IMS Board of Directors at their September meeting, include the following:

Issue	Description
Medical Liability Reform	IMS will continue to push for action to curb the alarming trend of trial attorneys exploiting Iowa's medical liability system and driving up record noneconomic damage awards. Building upon the progress made in the last two years, IMS will continue to lead a large coalition of stakeholders pushing to enact a hard cap on noneconomic damages and to restore balance to Iowa's medical liability system.
Combatting Vaccine Hesitancy	IMS will oppose efforts to weaken Iowa's current vaccine statutes, to increase vaccine hesitancy, or to limit practices' ability to respond to the COVID-19 pandemic. Vaccine hesitancy – amongst all vaccines, including the new COVID-19 vaccines – has grown at an alarming rate in recent years. This has resulted in a record number of proposals that would reverse our state's long tradition of strong vaccination rates and further hamper our ability to combat the pandemic.
Expanding Physician Workforce	IMS will continue to partner with allied physician organizations to support increased funding and flexibility for the Rural Physician Loan Repayment Program that directly supports efforts to recruit more physicians to shortage areas. IMS will also support policy efforts to implement the Iowa Rural Healthcare Workforce Strategic Action Plan.
Protecting Safe Medical Care	IMS will continue to lead the House of Medicine in educating legislators on the implications of proposed scope of practice expansions, work to halt any measures that threaten patient safety, and support efforts to better clarify the patient awareness of providers' training.
Reducing Administrative Burden	IMS will support policy measures that reduce administrative burden and allow clinical teams to devote more of their time to direct patient care rather than the administrative work associated with payers' authorization and payment criteria.
Strengthening Medicaid	IMS will work to educate policymakers about the implications of Medicaid's stagnant physician rates, which are effectively unchanged from rates in the year 2000. We will seek to work with the Department of Human Services and interested stakeholders to formulate a plan for increasing reimbursement rates.

2022 Federal Advocacy Priorities

The IMS Federal Policy Council – comprised of the Iowa AMA Delegation members – met in November to formalize recommendations regarding IMS federal advocacy priorities for the coming year. At their December meeting, the IMS Board of Directors approved the following priorities:

Issue	Description
Responding to COVID-19	The COVID-19 pandemic continues to challenge Iowa practices. Federal action provided much-needed financial support to help offset reduced clinic volume and mandatory clinic shutdowns, and regulatory flexibilities to help physicians adapt to the changing practice environment. With the pandemic still unfolding, practices continue to need flexibility to appropriately respond. In 2022, IMS will work with our federal partners to critically evaluate temporary policy flexibilities to determine where it is appropriate to make temporary policies permanent. Recognizing the ongoing financial strain practices have sustained as a result of the pandemic, IMS will push our federal partners to forgive provider payment advances and for additional time to repay payment advances where forgiveness is not possible.
Addressing Medicare Payment Geographic Disparity	For nearly 30 years, IMS has fought to correct the geographic disparity in Medicare payment rates as a result of the geographic practice cost index (GPCI) calculations. The temporary 1.0 Physician Wage GPCI floor, which expires December 31, 2023, protects physicians in rural states like Iowa from inappropriate payment adjustments that would further reduce payments to Iowa practices by more than $69 million a year. In 2022, IMS will continue to pursue a long-term solution to this problem including addressing the flawed data sources used in these calculations, making permanent the protections of the GPCI floors, and thinking creatively about new payment models that accurately reimburse for the quality of care delivered to Medicare members.
Expanding Physician Workforce	Over the past year and a half, IMS has led a large coalition of stakeholders who helped author the Iowa Rural Healthcare Workforce Strategic Action Plan – our state's first-ever comprehensive, coordinated strategic plan to address the provider workforce shortage. In 2022, IMS will push for federal action to implement the policy elements of this action plan. These include expansion of recruitment initiatives like the Conrad 30 program, which waives the Visa waiting period for international students who attend an American medical school and agree to practice in workforce shortage areas. This also includes addressing the limitations on funding for graduate medical education (GME) to help increase the availability of sustainable residency positions in our state.
Increasing Rural Access to Care	The rapid, widespread expansion of telehealth services during the COVID-19 pandemic has helped increase access to care and demonstrated the potential for greater technological solutions to rural access and workforce shortage concerns. Temporary measures, including coverage for audio-only telehealth and easing of site restrictions during the public health emergency (PHE) helped unleash the rapid expansion of telehealth services. In 2022, IMS will continue pushing to make permanent those temporary measures that have proven so critical during the PHE and for congressional action to ensure telehealth payment parity for ERISA-governed commercial insurance plans. IMS will work with our federal partners to ensure strategic allocation of newly-authorized funding to sustain broadband expansions, which will help foster greater telehealth utilization, and support improvements to other rural infrastructure including EHR upgrades to improve integration and functionality.

AMA SPECIAL MEETING REPORT

MICHAEL KITCHELL, MD

Dr. Kitchell is a Neurologist at McFarland Clinic in Ames

The planned AMA Interim Meeting in Orlando was moved to a virtual meeting because of the high incidence of COVID-19 infections in Florida. Our Iowa delegation to the AMA participated in many virtual conferences as part of the AMA Special Meeting on November 10-16.

The Iowa delegation consists of Jeff Anderson, MD; Mike Kitchell, MD; Anne Langguth, MD; Rob Lee, MD; Doug Martin, MD; Doug Peters, MD; and Vickie Sharp, MD, as well as our IMS staff Dennis Tibben and Mike Flesher. The AMA meeting is both educational and deliberative. This is where AMA policy and advocacy positions are created or modified, based upon extensive input from state and specialty society delegates.

Our Iowa delegation is part of a larger group of physicians representing the state societies of Iowa, Minnesota, Nebraska, North Dakota, and South Dakota, which is called the North Central Medical Conference (NCMC). I served as the rotating NCMC Chair this year, and our NCMC took positions on many of the over 170 reports and resolutions submitted this meeting.

There were preliminary meetings with both our Iowa delegation and the North Central Medical Conference to review resolutions in each of eight reference committees, including a resolution introduced by our Iowa delegation this year on rural health inequities that are exacerbated by payment system bias, called "structural urbanism." Rural Americans suffer from 40% higher preventable hospitalization rates and 23% higher mortality rates. Researchers have concluded that long term bias in payment policy has played a major role in the chronic shortage of physicians in rural areas.

Research published in the journal *Health Affairs* has determined that the shortage of rural physicians has been responsible for 55% of the higher preventable hospitalization rate and 40% of the higher mortality rate in rural America. The AMA reference committee to which the Iowa resolution was referred agreed, and passed the resolution with minor amendments suggested by our NCMC.

The AMA House of Delegates then passed the amended resolution into policy, and AMA President Gerald Harmon, MD, highlighted the result of the resolution, which directed the AMA to "recognize that systemic bias in health care financing has been one of many factors leading to rural health disparities and advocate for elimination of these biases through payment policy reform to help reduce the shortage of rural physicians and eliminate health inequities in rural America."

Dr. Harmon added, "until the systemic bias in health care funding is recognized, a viable model for reducing or eliminating rural health disparities cannot move forward."

There were many other timely and important issues discussed, and policies that were revised or passed, including ongoing advocacy for Congress to eliminate budget neutrality for Medicare physician payment. There is a pending crisis in Medicare physician payment that has the potential to have a large impact, starting January 1, 2022, with a combination of a 2% sequester (that was temporarily avoided in 2021), a new 4% sequester caused by the 2021 American Rescue Plan Act, and a 3.75% cut to the Medicare Physician Fee Schedule Conversion Factor (also temporarily avoided in 2021). Unless Congress acts, this total 9.75% cut in Medicare physician payment will occur automatically on January 1.

The Conversion Factor adjustment came about last year when the fees for E/M coding were increased for the new complexity and medical decision-making rules, which benefits providers who use E/M codes and manage chronic, complex patient problems. To pay for the higher E/M codes, the Conversion Factor was reduced to maintain

overall budget neutrality. The AMA already had policies in place to advocate stopping the impending 9.75% cut for Medicare physician payments, but the new emphasis is on stopping budget neutrality rules.

Most predictions are that Congress will again temporarily avoid the big total cut, but the Conversion Factor cut may persist – though some predict it may be phased in. To avoid another plan of "kicking the can down the road," the AMA wants to end the long-term congressional budget neutrality rules, and have Congress put more money into physician payments, like Congress did with the recent $1 trillion infrastructure bill.

With the ongoing interest in exemptions to vaccine mandates, the AMA House of Delegates voted to advocate that only licensed physicians should be allowed to authorize medical exemptions. Currently this is not the case in a number of states, including here in Iowa.

The House of Delegates also took action to reduce the spread of disinformation from some health professionals about COVID-19 vaccines and treatment, directing the AMA to collaborate with professional societies to combat the spread of public health disinformation in all forms of media, as well as study the issue further and develop a strategic plan to combat the spread of false medical information.

The IMS Federal Policy Council, which consists of our AMA delegation, also met during the AMA Special Meeting to formalize recommendations for our 2022 strategic federal advocacy priorities. Those priorities are: 1) COVID-19 response, 2) Equity in Medicare payment policies, 3) Expanding our physician workforce, and 4) Increasing rural access to care.

While IMS will continue to advocate for these federal policy issues, the Iowa Resolution that passed will also prompt the AMA to bolster our advocacy for Iowa physicians and our patients.

CMS INNOVATION CENTER STRATEGIC REFRESH:

Applying Lessons Learned for the Next Generation

KADY REESE, MPH, CPHQ

Ms. Reese is Director of Education & Engagement

The Center for Medicare & Medicaid Innovation (CMS Innovation Center or CMMI) is a quality improvement arm of CMS charged with development and testing of innovative payment and service delivery models.

Since its creation in 2010 as part of the Affordable Care Act (ACA), the CMS Innovation Center has played a critical role in implementing CMS' Quality Payment Program and has put forth a number of innovation model opportunities, such as the Hospital Improvement Innovation Network, Transforming Clinical Practice Initiative, and the Health Care Innovation Awards. In total, CMMI demonstration projects are currently underway in 49 health care facilities across the state.

"A health care system that achieves equitable outcomes through high quality, affordable, person-centered care" is the vision which drives the CMS Innovation Center. To achieve this vision, the Innovation Center sets forth a strategic plan. In October 2021, following a decade of experience and lessons learned through deployment of more than 50 models of innovation, CMMI released a new, comprehensive strategy to amplify system modernization and person-centered care.

This Innovation Center Strategy "Refresh" lays out five strategic objectives which will guide CMS through the next phases of healthcare transformation, continuing the transition from volume to value in ways that will place health equity at the center and aim to meet people where they are to achieve meaningful change and tangible health outcomes:

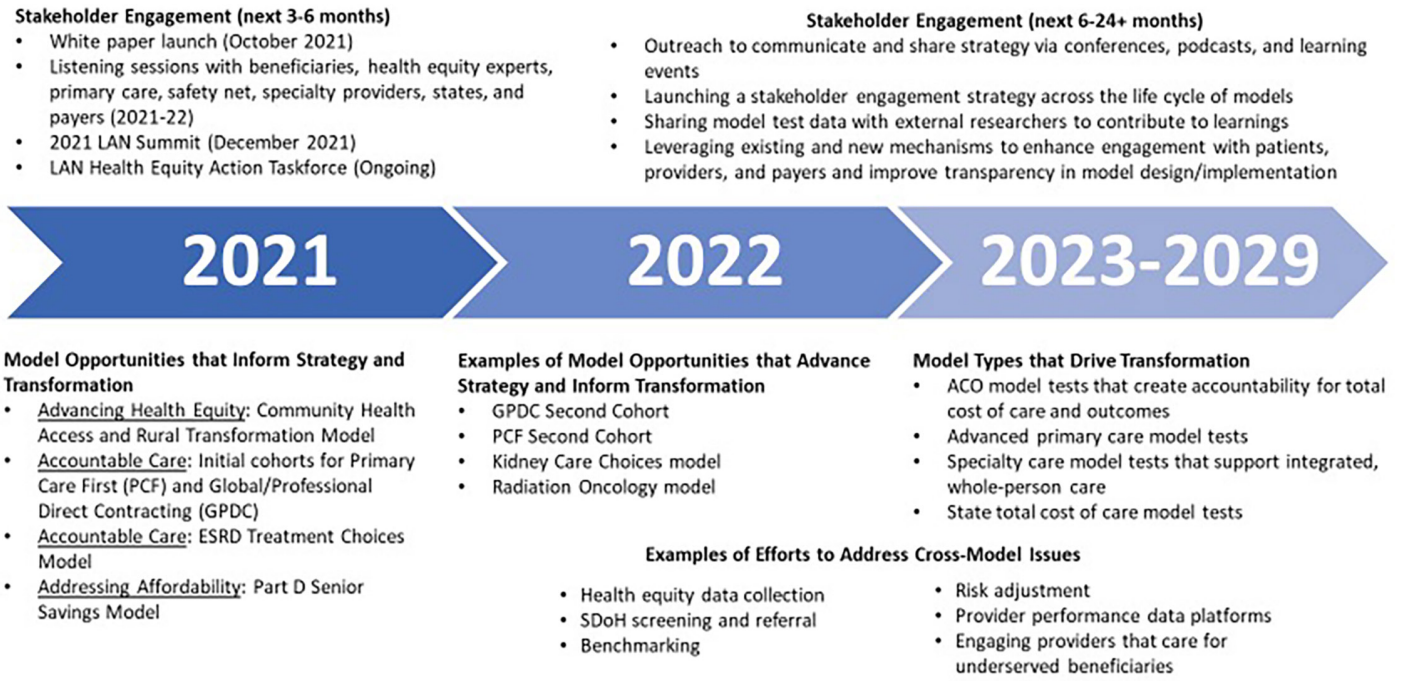
- **Drive Accountable Care:** Increase the number of people in a care relationship with accountability for quality and total cost of care.

- **Advance Health Equity:** Embed health equity in every aspect of CMS Innovation Center models and increase focus on underserved populations.

- **Support Innovation:** Leverage a range of supports that enable integrated, person-centered care – such as actionable, practice-specific data, technology, dissemination of best practices, peer-to-peer learning collaboratives, and payment flexibilities.

- **Address Affordability:** Pursue strategies to address health care prices, affordability, and reduce unnecessary or duplicative care.

- **Partner to Achieve System Transformation:** Align priorities and policies across CMS and aggressively engage payers, purchasers, providers, states, and beneficiaries to improve quality, to achieve equitable outcomes, to reduce health care costs.



These five strategic objectives, teamed with measurable impact goals defined around both providers and patients, offer a roadmap to carry CMS forward through the next decade, recognizing the investment of time necessary to realize long-term, sustainable systemic change. Over the course of this multi-year journey, CMMI intends to streamline and better align models across the spectrum of innovation projects through special emphasis on the five prioritized objectives and capacity to scale and spread strategies across networks of payers and providers.

Alongside the investment of time in this new strategy, the CMS Innovation Center outlines its commitments to: strengthen stakeholder communication and engagement, data transparency and accessibility, and enhance CMMI definitions of success for quality and cost considerate of impacts on health equity, person-centered care, and system-wide transformation. Approaches to assessing the impact of CMMI efforts will gauge success in terms of beneficiary impact, provider impact, and market impact. Implementation of this refreshed vision for the future begins now. Intentional opportunities to solicit input and capture stakeholder feedback are underway. Examination of existing innovation models is being conducted for opportunities to refine and revise models for success.

New model types are being envisioned and designed. And with this evolution of the CMS Innovation Center comes the opportunity for Iowa physician and health systems to continue to lead the charge in healthcare transformation and through the ongoing participation in innovation models to help inform and influence the changes to our healthcare system that we want to see.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

TREATING OTHERS LIKE FAMILY

TIFFANI MILLESS, MD

IMS President, Pathology - Des Moines

Greetings and Happy New Year 2022! I hope that the new year brings you hope, peace, joy, and of course, good health from Clarinda to Waverly, Emmetsburg to Drakesville, and everywhere in between. This year, your Iowa Medical Society is ready to do whatever it takes to support our amazing physicians and patients.

As physicians and leaders of the healthcare team, we are constantly confronted with tough decisions. We are experts at doing more with less. We are constantly conducting a series of cost-benefit analyses in the back of our minds as we navigate our days filled with a barrage of decisions based on the data we have available and our catalogue of knowledge and prior experiences.

As a pathologist, I am constantly making decisions. Many of the decisions I make have immediate, long-lasting implications for patients regarding their diagnosis, treatment, or prognosis. Sometimes, the choice is simple and straightforward, but other times, I struggle through the gray zone of medicine. In those times, I always go back to a simple principle that guides my decisions: treat each and every patient as if they were your own family.

I can promise you that a lot of complex work is being done to protect the practice of medicine. We are fighting to improve Medicaid rates. We are hammering out plans to assure network adequacy to protect against the trend towards narrower and narrower provider networks. We are promoting vaccines to protect ourselves and our patients. We are collaborating with people throughout the state and across multiple disciplines to come up with innovative ways to expand provider workforce. And you can be sure that we are continuing to fight for meaningful tort reform legislation – we are the closest we've ever been to securing a hard cap on noneconomic damages!

But I would like to speak about an issue at the heart of all of this: treating patients as family. At the heart of everything we do and the reason we work tirelessly is because we are committed to helping others. We are dedicated to caring for our patients just as we would like to be cared for and to do so with the same compassion and respect we would give to our very own family.

So when complex decisions present themselves, as they frequently do, and when we find ourselves in the gray zone, remember the person behind it all. When you are pressured by administrators to see more and more patients per day, and to focus more and more on billable services, remember why you became a physician. Know that your medical society is fighting for you to be able to provide the care your patients deserve.

I'm lucky to have my grandmother in my life. She lives in a state that shall remain unnamed that is often the butt of low-quality healthcare jokes. As I attempt to advocate for her from afar, I have experienced countless frustrations that remind me of the kind of healthcare I never want to provide or receive.

Curiosity PET scans have been ordered, misinterpretation of lab results have falsely diagnosed hepatitis A and B on separate occasions, and many appointments have passed without anyone addressing the symptoms and

concerns that matter to her. Each physician operates in a silo without communicating with one another and she is left to navigate through a broken system without knowing where to turn. I have learned so much about what I don't ever want to be as a physician. In the meantime, I will continue to encourage her to relocate to Iowa where I know my trusted friends and colleagues would treat her like their own grandmother and care for her with respect and compassion.

The sad truth is that many physicians are currently under so many pressures and provided with so few resources that they aren't able to practice the way they would like. When charting and prior authorizations and letters of necessity and billing resubmissions take up so much of their time, it becomes difficult to take the time to truly listen to an elderly patient with multiple conditions and to spend the unreimbursed time to coordinate care.

The current system often sets us up for failure, which is why the advocacy of the IMS is so important to make sure we can be the best physicians we can for our patients.

As leaders of the healthcare team, we need to be the ones leading the charge to make things better. We need to be the innovators, embracing new ideas and methods as we adapt to the new challenges we all face. And what better opportunity for innovation than the disruption COVID-19 has brought to the world? Who better to enact change than the very people seeing first-hand what our patients need to lead healthy, happy lives? Know that IMS will be our voice and our support as we boldly approach this new era in healthcare and lead the charge in making it better.

I want to sincerely thank all of you for the dedication you bring to each and every patient. You are a trusted partner in their lives and you are there for them during many of their hardest times, participating in some of the hardest decisions with which they are faced.

Thank you for working tirelessly each day within your clinics, hospitals, and practices. Instead of stopping there, you also make it a priority to participate in organized medicine because you want more and you want to do better.

You are dedicated to improving your community and using your expertise for greater good beyond your work day. Iowa is a very special place to live because of you. On behalf of myself, my own family, and everyone here at the Iowa Medical Society, we are so grateful for what you do for us all. Thank you, physicians of Iowa, for treating us like family.

IOWA MEDICAL SOCIETY

"KNOW THAT IMS WILL BE OUR VOICE AND OUR SUPPORT AS WE BOLDLY APPROACH THIS NEW ERA IN HEALTHCARE AND LEAD THE CHARGE IN MAKING IT BETTER."

REFLECTING ON LESSONS LEARNED

CHARLES KELLER, MD

Dr. Keller is the founder of H2H Consulting & Family Medicine Physician in Ankeny, Iowa.

Like many people, ringing in a new year is a time for reflection. While many things have changed in the last few years, this is one tradition that I have continued. Beyond simply reflecting on the last year, one of my favorite traditions is to review some of the lessons I've learned over the years through the lens of the last year to see if they still apply to my life. Most of the time these "rules" have proven to be valuable and remain for the coming year. This year is no different. Interestingly, most of these were rules I developed before starting medical school. And while the particulars of my life circumstances have changed, they remain valuable years later.

In the years before becoming a physician I was fortunate to have a wide variety of jobs. While it may be hard to imagine how working as a whitewater rafting guide or bartender have helped me as a physician, there is no doubt in my mind that these experiences help me as a physician.

Never Go It Alone

Physicians appreciate autonomy and control, and I'm no different. It's part of our training and how we operate (for some of us, this is quite literal). This was part of my ethos long before I became a physician. Fortunately for me I was disabused of this idea several years before starting medical school.

Through a series of events, I found myself running operations in Sudan for about 15,000 refugees who had fled famine and war in Ethiopia. There were 3 camps, an orphanage, several clinics (malaria, malnutrition, and general), and feeding and housing programs. To say I was in over my head was putting it lightly. Fortunately for the refugees, I worked with a group of people that all of whom had more experience than me. Our rag-tag group of volunteers consisted of people from Sudan, Ethiopia, and several ex-pats (foreigners like me).

They ingrained in me the principle that I was never to go it alone. No matter the situation we always used the buddy system. Whether it was going to the market, getting supplies from the United Nations, negotiating with the Sudanese government, or going through a military checkpoint, we always had a partner. This not only kept us safe, but also helped us accomplish the task at hand. Two minds are better than one.

Truth be told, none of us lives in a vacuum. Whether at work or at home, we are all dependent on others, and others are dependent on us. At work I always found it helpful to consult a colleague when I have a difficult case, or ask a nurse what they see that I don't. The same goes outside of work. Whether it is a trusted colleague, a loved one, or some other wise person, "phoning a friend" always seems to help.

Put on Your Own Oxygen Mask First

I still remember the excitement of the first time I flew in an airplane. I was in college and heading to Florida for vacation. I listened eagerly to the flight attendants' safety instructions: "Buckle your seatbelt low and tight across your waist. If cabin pressure should unexpectedly drop, an oxygen mask will drop from overhead. Be sure to put on your own oxygen mask before helping others…" At the time I wasn't sure why that was so important. And, as stubborn as I am, it was some time before the wisdom of that phrase became clear.

It was in my internship year well before the ACGME put work hour restrictions in place. We were often working 100-120 hours a week. I also had a newborn at home – my first of what are now three lovely and amazing daughters. I was thrilled to be a father and couldn't wait to see her when I got home.

She, however, was a colicky, frustrated, insomniac newborn who seemed intent on driving me to an early grave. Understandably, her mother was thrilled to hand her off when I got home. I would

spend hours trying everything I could think of to get her to stop crying and fall asleep. This went on for a year. Needless to say, the thrill of fatherhood quickly wore off.

I still remember one of the other interns greeting me cheerily early one morning by saying "Boy do you look like shit!" Boy was she right. We talked about what was going on and she said, "It's like the stewardess says – put on your own oxygen first. How can you take care of anyone else if you don't take care of yourself?" She offered to help and encouraged me to reach out to others. Soon enough we had some help and I was able to function again.

That principle still rings true for me and has helped me immensely as I continue trying to fulfill my calling to help others.

Permission Granted

I remember my third-grade teacher for many reasons, but especially for her formality. We couldn't simply raise our hand to answer a question or ask to use the restroom, we had to always speak formally in her classroom. I would struggle to answer a question with "Mrs. Larson, two plus two equals four." Or, worse, when called on for a raised hand I would have to say "Mrs. Larson, may I please be excused to use the restroom?" as I squirmed in my seat and tried not to pee my pants. Her answer would bring relief (eventually) but took longer than my hoped for "Yes." She would invariably say, "Mr. Keller, permission is granted." The phrase still sticks in my head, but fortunately for very different reasons.

The phrase changed for me when I was trying to decide what to do after I graduated college. I had been doing research on molecular genetics of Trypanosomes, a tropical parasite, with John Donelson, PhD at the University of Iowa. He had become a trusted mentor and he knew I wanted to go travel and explore the world. One night he surprised me by asking a simple question: "Who are you waiting for permission from?" After some time, I was able to answer "No one." He smiled at me and said, "Permission granted, Mr. Keller."

The insights that came from that interaction have had a powerful impact on my life. I know full well there are many times that I need to ask for permission from others, whether explicitly or implicitly. But from that time forward I was able to ask myself if I truly need permission from anyone besides myself to move forward. As a husband, father, physician, friend, colleague, sibling, etc. I have many people that matter to me and obligations that come with those relationships. But I can live unencumbered by many supposed expectations or requirements that would otherwise place a barrier between my true self and my decision-making process.

Weight Changes with Time

Sir Isaac Newton, my teachers said, discovered that mass is not the same as weight. Dutifully taking notes in physics, I struggled to understand what the meaning. Through my teacher's repetition and examples, I slowly began to grasp the concepts of weight and mass. Interestingly, it was years later that a memoir about the Vietnam war helped me grasp the concept of the weight of something in a way that seemed truly radical.

Tim O'Brien's beautiful and heartbreaking collection of short stories is entitled *The Things They Carried*. O'Brien lists in detail what each character carries, including descriptions such as, "an RTO, Mitchell Sanders carried the PRC-25 radio, a killer, 26 pounds with its battery." And "As a medic, Rat Kiley carried a canvas satchel filled with morphine and plasma and malaria tablets and surgical tape and comic books and all the things a medic must carry, including M&M's for especially bad wounds, for a total weight of nearly 20 pounds."

What becomes clear, however, is that the physical toll of the items they carry is nothing compared to the weight of the emotional and mental toll of the war. In their own way they each carry a terrible weight comprised of the responsibility of protecting each other, the guilt of lives lost and taken, and a series of Hobson's choice scenarios beyond understanding. They carry this through both the monotony and terror of war, and then (if they live) into their return to a world that will never understand them or the weight they carry. It is no surprise that the term "moral injury" was devised to help us understand the invisible wounds that develop in people who experience situations like these.

CONTINUED >

It was this book that taught me the difference between weight and mass. I also learned that everything becomes heavier the longer we carry it. This is true no matter how small something may be. If you don't believe me, try a simple experiment: Fill a glass with water. Pick it up and hold it out directly in front of you. Initially it is light. But after a few minutes the weight becomes noticeable. It isn't long before you can't help pay attention to the ache in your shoulder and arm. Keep holding it out until you can't take that anymore. Now put it down and pay attention to how your shoulder feels now.

The same concept holds true for emotional or mental weights as well. There is no way to adequately weigh those things. And they are very difficult to carry, especially as time goes on. Sooner or later, if we don't put these things down, the weight becomes unbearable.

I've found I need a variety of ways to put these things down. Depending on the situation I may turn to a trusted colleague, counseling, writing, or exercise to help me put down what I am carrying. Often it is simply asking myself if this is truly mine to carry or if it belongs to someone else and I picked it up by mistake.

As I said at the start, these are only a few of the aphorisms that have stood the test of time for me. I'd encourage you to make a list of your own. Take the time to consider what informs and guides you, as well as the insights you've gained and the things you know to be true. If you'd like, write them down. Consider what still serves you and what you want to put down. Ask your loved ones theirs. Share yours with others. Maybe call an old friend that you haven't talked to in a while. We all know absence makes the heart grow fonder.

IOWA MEDICAL SOCIETY

PHYSICIAN WELLNESS

Stayed tuned for future burnout and wellness events presented by Charles Keller, MD, in 2022.

Want resiliency programming in your area? Let us know!

ContactIMS@iowamedical.org

Check out these other wellness resources:

iowamedical.org/Wellness

Physician Support Line: (888) 409-0141

IOWA MEDICAL SOCIETY

Project ECHO®

Join us for the next IMS ECHO session: *Addressing Pediatric COVID-19 Vaccine Hesitancy* on Tuesday, January 25. The IMS ECHO is a hub and spoke model of virtual grand rounds that connects physicians from across the state to share best practices, and what is working in their local communities.

UPCOMING DATES:
January 25
February 22
March 22
April 26
May 24

JOIN US FOR EACH SESSION FROM 12:00 PM - 1:00 PM

learn more here: iowamedical.org

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 contine to make a lasting impact in Iowa and globally. Visit the IMSF website 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 IMS 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

IMSF
IOWA MEDICAL SOCIETY FOUNDATION

iowamedical.org/IMSF

IMS MEMBERSHIP

MICHELLE DEKKER, CAE, CMP

Ms. Dekker is Director of Membership & Strategic Alliances

Happy New Year! With a new calendar year, brings a new year for IMS membership and we want to thank all of those members and groups who have renewed their 2022 dues. Thank you for your continued support of the Iowa Medical Society! As a member, we hope you will continue to take advantage of the key member communications, education opportunities, important advocacy, and more. Now more than ever, it's important to stay connected to the physician community and your Iowa Medical Society.

If you haven't renewed your 2022 membership dues yet, there is still time! We offer a few different options for dues renewals this year, allowing you to choose what works best for you.

OPTION 1: ANNUAL DUES

Like we have in the past, IMS will offer the option to pay dues at one time for 2022. We will provide this through online availability and via mailed dues statements. A NEW exciting feature we can now offer, is automatic renewal annually. If you would prefer to enter your payment for 2022 and then have it continually renew for the following years on January 1, this option is for you!

OPTION 2: MONTHLY DUES

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

OPTION 3: GROUP MEMBERSHIP

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

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

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

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

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

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

THANK YOU FOR YOUR MEMBERSHIP IN IMS!

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

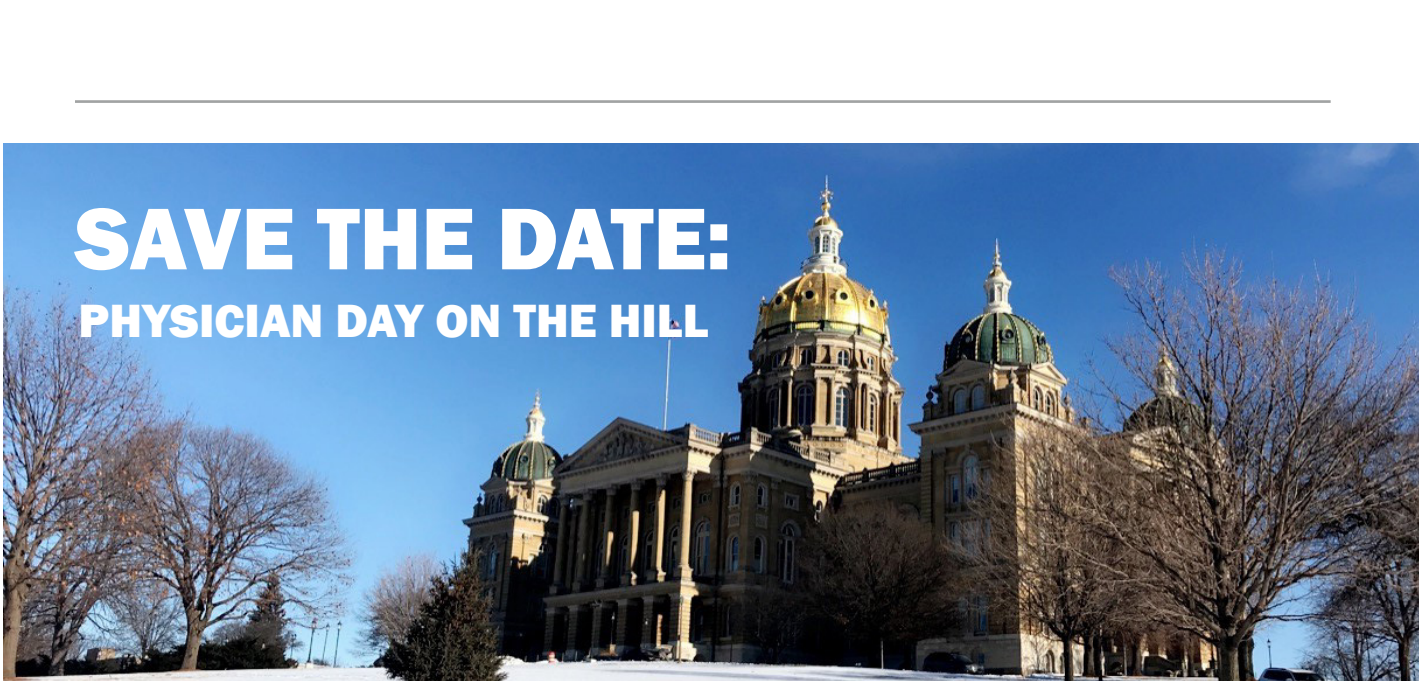
Membership

For more membership information, please contact: membership@iowamedical.org

100% GROUP MEMBERS

100 percent of physicians in the following groups are members of the Iowa Medical Society through the IMS Group Membership Program. We appreciate their support and commitment to IMS. To learn more about the IMS Group Membership Program, please contact **membership@iowamedical.org.**

Associated Anesthesiologists, P.C.
Des Moines Eye Surgeons
Des Moines University
Dubuque Obstetrics & Gynecology, P.C.
Family Health Care of Siouxland
Grand River Medical Group
Gunderson Health System
Iowa Arthritis and Osteoporosis Center
Iowa Eye Center
Iowa Heart Center
Iowa Retina Consultants, Inc
Linn County Anesthesiologists P.C.
McFarland Clinic, P.C.
Medical Center Anesthesiologists, P.C.
MercyOne North Iowa
MercyOne Northeast Iowa
OB-GYN Associates, P.C.
Radiologic Medical Services, P.C.
Radiology Consultants of Iowa
Siouxland Medical Education Foundation Faculty
Siouxland OB/GYN
Steindler Orthopedic
The Group - OB/GYN Specialists, P.C.
The Iowa Clinic
University of Iowa Hospitals and Clinics
Wolfe Eye Clinic



Boys Town Pediatric Neuroscience

Less Time from Call to Care for Your Patients

Boys Town National Research Hospital offers one of the most comprehensive pediatric neuroscience programs in the Midwest, providing prompt neurology care for children.

Here, you'll find a team of 17 pediatric neurologists, epileptologists, neurosurgeons and advanced practice providers across a range of neuroscience disciplines, a dedicated Epilepsy Monitoring Unit and the most powerful and accurate brain mapping technology available anywhere – with less time from call to care.

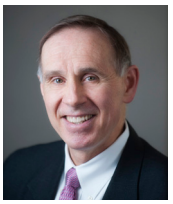
LEARN MORE

Neurodevelopment | Neurogenetics | Neuromuscular | Neurology | Neurosurgery

To refer a patient or request a physician consultation, contact us 24 hours a day at **531-355-1234.**

BOYS TOWN
National Research Hospital®

LOOKING BACK, LOOKING AHEAD



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.

UNIVERSITY OF IOWA CARVER COLLEGE OF MEDICINE
University of Iowa Health Care

For University of Iowa Health Care, 2021 will be remembered as a year of continued COVID-19 planning and response but also one in which we made important advances in our tripartite mission of patient care, research, and medical education and training.

The availability and administration of COVID-19 vaccines was a major development in 2021, and we're proud to have played a part in the clinical trials that led to this pivotal achievement in the fight against COVID-19. As I prepare this column in late November 2021, just over 56% of Iowans have been fully vaccinated, and more than 60% have received at least one dose of a COVID-19 vaccine. While this is good progress, we have not yet reached the levels of vaccination we'd like to see to stem the tide of infections, because, sadly, most cases resulting in severe illness or requiring hospitalization are among the unvaccinated.

In May 2021, the state's COVID-19 positive test rate for the prior 14 days was 2.8%, according to the Iowa Department of Public Health. The emergence of the Delta variant, however, spurred a rise in COVID-19 cases and hospitalizations, reversing what had been a steady decline since the beginning of the year. As I write this, Iowa's positive test rate sits at 9.6%, according to IDPH. This trend highlights what healthcare providers throughout Iowa already know: we still have many miles to go in this pandemic marathon.

In addition to treating COVID-19 patients, our care teams have remained extremely busy throughout 2021, and UI Hospitals & Clinics continues to operate at near capacity—with the vast majority of our inpatients coming from outside Johnson County.

To help meet the state's tertiary- and quaternary-level health care needs, the State Health Facilities Council in late August approved our Certificate of Need application to begin work on a new medical facility in North Liberty. The Board of Regents, State of Iowa, approved plans in early September to begin construction.

As an extension of the main UI Hospitals & Clinics, the new medical campus will include 48 inpatient beds; an emergency department with 21 care rooms; 16 operating rooms; 96 clinic exam rooms; and diagnostic, laboratory, pharmacy, and other services. This project will be funded through revenue bonds, designated building usage funds, and private donations—no taxpayer dollars will be used—and provide much-needed decompression of our main hospital campus. It also will allow us to recruit and retain health care professionals, and enhance our ability to teach and train students, residents, and fellows.

Since the start of the spring 2021 semester, Carver College of Medicine students have been able to fully resume—with proper safety precautions in place—clinical clerkship opportunities and in-person classroom learning. While the pandemic necessitated a virtual/livestreamed commencement ceremony for our graduating students this past May, we were able to host a separate, students-only, in-person hooding ceremony. Our graduating students' learning experiences over the past two academic years have been shaped, and in some cases altered, by the pandemic, so it was gratifying to be able to offer this type of ceremony for our graduates.

Of the 144 fourth-year MD students in the class of 2021, 132 participated in the National Resident Matching Program. Of these students, 59 (41% of the class) entered residency training

programs in primary care. Thirty-nine MD graduates (27%) began residency training in the state of Iowa, with 27 (19%) of those at UI Hospitals & Clinics.

Our research enterprise remained strong in 2021. For the fiscal year that ended June 30, Carver College of Medicine investigators received roughly $283.2 million in external funding—an increase of approximately $37.6 million compared to fiscal year 2020, thanks in part to federal funding available for COVID-related studies. In just the first few months of the current fiscal year, our external funding totals approach $100 million and our research grant applications are up 5% from this point last year. Looking ahead to 2022, we will continue to pursue advances in patient care, education, and research. And like other hospitals and health systems in Iowa and across the nation, we'll plan, prepare, and respond to the ongoing challenges brought by the coronavirus pandemic.

In addition, I am pleased to share news of another important enterprise-wide imperative for the coming year—and beyond—focused on diversity, equity, and inclusion (DEI).

DEI has long been part of our routine strategic planning and day-to-day operations, and we have increased our investments in dollars and other resources into a number of new initiatives. From recruitment and retention to organizational culture and climate, to addressing and eliminating health disparities, to fostering respect and understanding between providers and patients, we see excellence in our DEI efforts as key to future success in all aspects of our mission.

As a state institution, it's our role and our obligation to be there for all Iowans, regardless of their identity, background, or experience. By strengthening our commitment to this fundamental responsibility, we will be better positioned to fulfill our tripartite mission, serve the state, and support the broader health care community.

WHEN PROVIDERS CRITICIZE OTHER PROVIDERS

Case Study 1: ***A neurologist sees a patient for a stroke follow up. In reviewing the medical records, he sees that she had complained to her PCP about palpitations prior to her stroke. The EKG at that time showed atrial fibrillation, but the issue was never addressed. The neurologist believes that the atrial fibrillation was causative of the stroke and the patient will need anticoagulation.***[1]

Case Study 2: ***A 35-year-old man with a comminuted humerus fracture is treated surgically by Doctor A. The patient moves to another state and follows up with a different orthopedic surgeon, Doctor Joust. Upon reviewing the X-ray, Doctor Joust asks "Why did Doctor A use this hardware? That's crazy. What an idiot!"***

These case studies show situations involving patients with apparent medical misdiagnosis or mismanagement by a prior provider. In the first, there appears to be a medical error and an ethical responsibility to be transparent with the patient. The second represents "jousting," where the subsequent provider is critical of a previous provider's care without a full understanding of what happened.

WHEN A MEDICAL ERROR OCCURRED

Talking with patients about other clinicians' errors was the focus of a *New England Journal of Medicine* (NEJM) article[1] which notes that even though physicians recognize the ethical duty to be transparent with patients, there are uncertainties with fulfilling this responsibility. Was the error due to a systems breakdown? Is there a back story you don't know about? Who should tell the patient?

The AMA Code of Medical Ethics Opinions 9.4.2 notes that "Reporting a colleague who is incompetent or who engages in unethical behavior is intended not only to protect patients, but also to help ensure that colleagues receive appropriate assistance from a physician health program or other service to be able to practice safely and ethically."

A direct but caring discussion with the PCP is strongly suggested. The NEJM article states that the patient and families come first. If a disclosure is required, the fact that it is challenging should not stand in the way.

JOUSTING

Jousting is casting negative comments on prior care without complete knowledge of the facts. The American College of Physician Ethics Manual[2] states, "It is unethical for a physician to disparage the professional competence, knowledge, qualifications, or services of another physician to a patient or third party or to state or imply that a patient was poorly managed or mistreated by a colleague, without substantial evidence."

The issue of criticizing other providers is further highlighted in a Journal of General Internal Medicine article[3] about a study where recorded patient interviews showed that 30% of physician's comments were critical of prior care, often in an ad hominin fashion. The lead author, Dr. Susan McDaniel, stated that "doctors will throw each other under the bus. I don't think they even realize the extent to which they do that or how it can affect patients."

Jousting comes in both subtle and obvious forms. Subtle could be a hallway conversation with a nurse that the patient overhears. Also, there can be nonverbal communication that casts doubt about the prior care. While jousting can be obvious (as in the second case), it also extends to chart criticism which is fodder for plaintiff attorneys.

SUMMARY

In both situations—perceived medical errors by other providers and jousting—there are some key principles to keep in mind:

- **Review the medical record of the patient**. Make sure you examine the record thoroughly and clearly identify areas of concern.
- **Avoid using the patient's medical record to raise concerns about a potential error**. This approach is counterproductive to the aims of improving the patient's medical care and provides evidence that could be taken out of context in a subsequent liability action.
- **Talk to the previous provider**. Do this from a position of open inquiry and caring. There should be an attempt to resolve the factual history and the correct subsequent course before the patient disclosure process.
- **If concerns persist, make a referral to appropriate peer review bodies to do an independent evaluation**.

[1] N Engl J Med 369;18 1752-1757 (case study was adapted from this article)

[2] www.acponline.org/clinical-information/ethics-and-professionalism

[3] J Gen Intern Med. 2013 Nov; 28(11): 1405–1409.

Children's
HOSPITAL & MEDICAL CENTER
OMAHA

When one number connects you to the region's best pediatric specialists, **Anything can be.**

1.855.850.KIDS (5437) is your 24-hour link to pediatric specialists for physician-to-physician consults, referrals, admissions and transport.

Education • Research • Advocacy • Care

COPIC®

Better Medicine • Better Lives

CALLCOPIC.COM | 800.421.1834

Why COPIC

COPIC's unique streamlined process helps providers spend less time worrying about an open claim or pending lawsuit.

Claims resolved 27% faster than the national average. That's why.

COPIC is proud to be the endorsed carrier of the Iowa Medical Society. IMS members are eligible for a 10% premium discount.