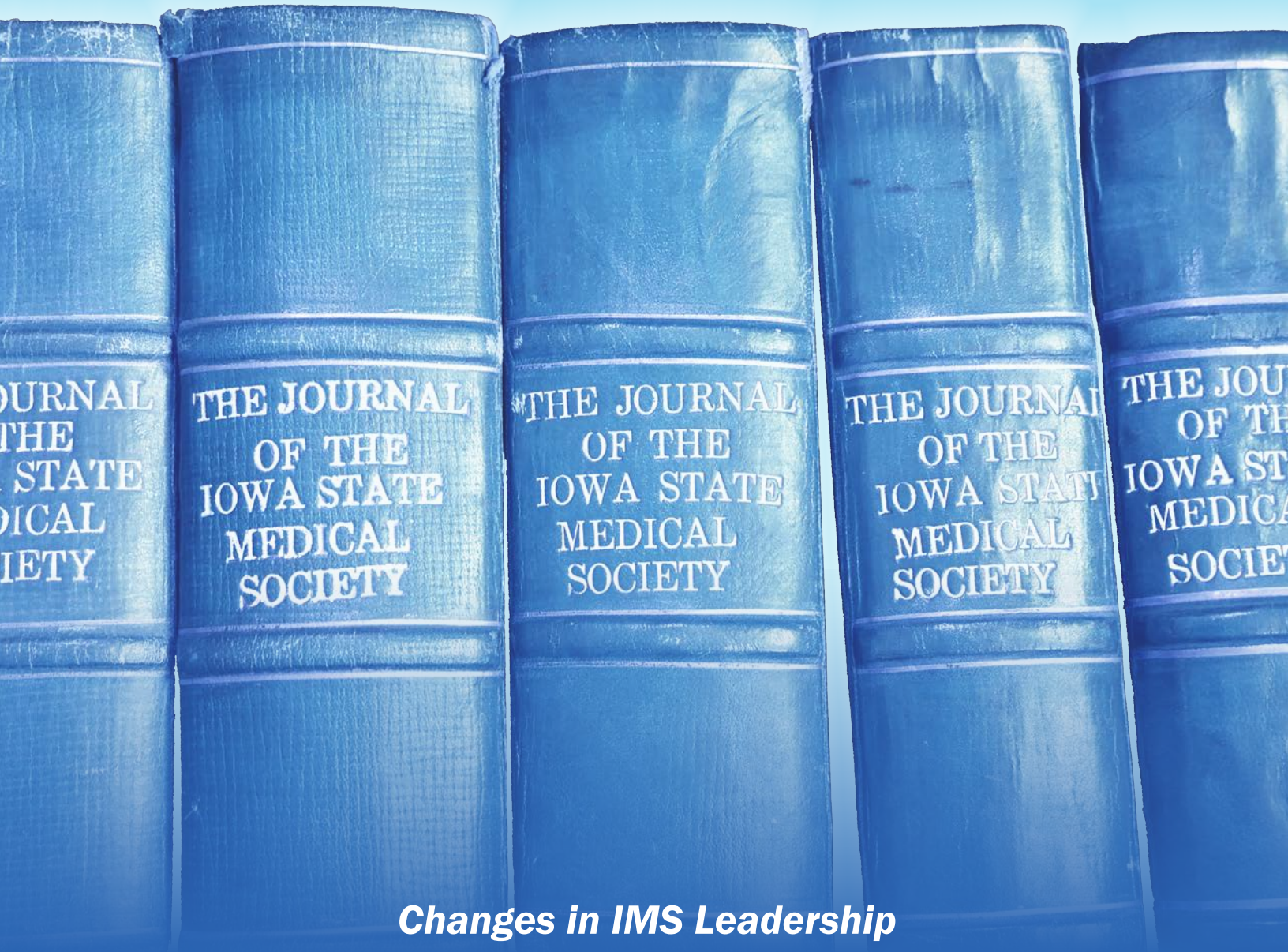
IOWA MEDICINE

JOURNAL OF THE IOWA MEDICAL SOCIETY

JANUARY - MARCH 2022 | QUARTER ONE

STARTING A NEW CHAPTER



Changes in IMS Leadership
Serving our Members in 2022
Physician Day on the Hill & IMPAC Endorsements

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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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FOSTER GROUP

GIFTING WITH A PURPOSE: PRACTICAL STRATEGIES TO POSITIVELY IMPACT YOUR NEXT GENERATION

CALEB BROWN, CFP®, *Lead Advisor*

Investing early and often is one of the keys to financial independence. When people are in their teens and early twenties, there generally is little room to save and invest and it might not seem like a priority. Skip ahead a generation or so, and people likely will be making more money. They will also be spending a lot more on family, home, education, etc. And if they haven't made it a practice of saving money, it still might feel like there is little left over to invest.

The problem with starting in the second half of life is not only that it's hard to make space for something new in the budget, but also that a person misses out on the power of compounding. Let me illustrate with a calculation.

Scenario 1

- At age 20, invest $15,000 at 6%.
- At age 50, the value of the $15k investment would be approximately $90,000.
- At age 65, the value of the $15k investment would be approximately $220,000.

Scenario 2

- No investing before age 50.
- At age 50, invest $9,000 every year until age 65 at 6%.
- At age 65, the value of this $9k investment every year will be $220,000.

In scenario 1 only $15,000 was invested, but in Scenario 2 you invested over $135,000! Clearly, in Scenario 1, you can see time doing the heavy lifting.

So, maybe you're in a position to gift money every year to children or grandchildren. This is a common practice for some of our clients. For 2022, an individual can gift $16,000 per person. (A married couple could give $32k to one person in a year.) This would not show up as income and would not require filing of a gift tax return. Imagine if that $16,000 was used to help your children or grandchildren save more money early and often. Here are some ideas to consider:

- Set up a Roth IRA, and fund the maximum for them.
- If they maximize the 401k plan at their job, help replenish their cash flow.
- Pay $16k of their mortgage so they could save that money.
- Similar to the above, go to their county's assessor site and pay their property taxes.
- Set up an UTMA account. This is an account designed for minors, and it's a great way to teach investing habits.

These are all examples of gifts, but the idea is gifting with a purpose. The purpose is to help them invest early and often to increase the probability of their financial independence. Because saving money early and often can be difficult, consider how you might help those closest to you to do more of it. Foster Group takes the time to truly know our clients—not just their financial goals, but what's in their hearts. If you'd like to put together a plan to do this, please give us a call!

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®.

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A NEW CHAPTER

MICHAEL FLESHER

Mr. Flesher is Executive Vice President and CEO of IMS

As this edition of Iowa Medicine hits your mailbox or inbox, the weather has begun to turn warmer, farmers are preparing to return to the fields, and at long last we appear to be emerging from the COVID-19 pandemic. It is in this this spirit of renewed hope and cautious optimism for the future, that we settled on the theme for this edition of Iowa Medicine – a new chapter.

IMS President Tiffani Milless, MD, joins us with her final column to share a few thoughts on the turning of the seasons, the transition of IMS leadership, and her renewed confidence in the work of *your* Iowa Medical Society. Dr. Milless reflects on the life of Paul Farmer, MD, a Harvard-trained infectious disease physician who devoted his life to helping the less fortunate. Dr. Farmer passed away earlier this year, but leaves behind a rich legacy that should inspire us all to recommit ourselves in our service to others.

Here at IMS, that includes a recommitment to serving all of you, our members, who have tirelessly served on the front lines of COVID-19 for the past two long years. As we all look forward to a new chapter for Iowa's medical community, we are thrilled to share that three Iowa physicians have announced their candidacy for the Iowa Legislature. The Iowa Medical Political Action Committee – the political wing of our organization – recently met and enthusiastically endorsed all three candidates' campaigns.

In this edition of Iowa Medicine, we share a bit about the three candidates and their races.

Des Moines University College of Osteopathic Medicine Dean Steven Halm, DO, also joins us this edition with an update on the exciting transition to their new campus, which is currently under construction in West Des Moines. This move will allow DMU to expand the opportunities for its medical students and reimagine medical education for years to come.

IMS partner Susan Freed, JD, joins us with a guest column regarding the No Surprises Act federal legislation that took effect this past January. These new patient protections come with additional responsibilities for practices and have led to an influx in inquiries as practices work to comply with this new statute.

Our IMS staff continue this edition's theme of new beginnings, starting with Dennis Tibben, IMS Director of External Affairs. Dennis tells us about the evolving nature of IMS advocacy efforts and how we have reimagined our approach to ensure that Iowa physicians have a stronger voice than ever in state and national health policy deliberations. We also share with you photos from our first-ever hybrid Physician Day on the Hill as we excitedly welcomed members back to an in-person advocacy event at the capitol earlier this spring.

Kady Reese, IMS Director of Education & Engagement, shares the latest in efforts to advance value-based payment from the Centers for Medicare & Medicaid (CMS), and finalized updates to the Quality Payment Program and Physician Fee Schedule for 2022. Kady also shares a reminder on advance care planning, recognizing National Healthcare Decisions Day on April 16.

And finally, we share a tremendous thank you to all of our members as we wrap our 2022 Dues Campaign. Your ongoing commitment to organized medicine and membership in the Iowa Medical Society quite literally fuels the work we do every single day on behalf of Iowa physicians. We at IMS are humbled that more than 6,000 physicians, residents, and medical students have put their trust in us to be their voice and their ally in the quest to ensuring the highest quality healthcare in Iowa.

I end my column on a bittersweet note with the news that I will be leaving my position as CEO of the Iowa Medical Society in early June. I've been given an opportunity to continue my service in organized medicine with the Wisconsin Medical Society and to do so closer to my family, especially my elderly mother. The IMS Board of Directors is currently conducting a search for my replacement and hope to have an individual named by the first of July, 2022.

As I end my time with the Iowa Medical Society, I could not be more optimistic about the future of this organization. Our strong physician leaders and excellent professional staff have built IMS into a strong and healthy organization that is poised for future growth.

I'm excited to stay in close contact with you all and watch the next chapter of IMS as my family begins its own new chapter just across the river in Madison. Thank you for entrusting me to lead this organization and thank you for everything you do in the service of Iowa patients.

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AN EVOLVING APPROACH TO ADVOCACY

DENNIS TIBBEN, MPA

Mr. Tibben is Director of External Affairs at IMS

It's no secret that the past two years have forced us all to rethink how we approach our day-to-day operations. At the Iowa Medical Society, this starts with ensuring that Iowa physicians continue to have a strong voice in health policy discussions on a state and federal level, regardless of the new barriers that have arisen throughout the pandemic.

At the time of writing this column, infection rates are dropping and talk has once again turned to a hopeful discussion of transitioning to a "new normal."

The challenges of the past two years have necessitated a rapid evolution of our advocacy efforts on your behalf. In the early days of the pandemic, that meant transitioning to 100% virtual interactions as the legislative session was suspended, the IMS offices closed, and in-person meetings were not possible.

Over the past two years, we've held virtual "hill visits" with members of Iowa's Congressional Delegation and we've learned to use technology to better connect Iowa physicians with policymakers in both Des Moines and Washington DC. On more than one occasion, a downward trend in COVID-19 infection rates has caused hope and planning for a return to an in-person advocacy event, only to have a new variant and renewed surges in infections force a pivot back to virtual.

While we're all hopeful that the current downward trend in infection rates will continue and we'll be able to permanently return to in-person events, it's safe to say that hybrid meetings and events are here to stay. At the Iowa Medical Society, we're embracing this new approach and the added benefits of allowing our members more flexibility in how they engage in advocacy efforts.

In early February, IMS hosted its first-ever hybrid Physician Day on the Hill (PDOTH). Building upon our experiences from last year's 100% virtual Physician *Week* on the Hill, we were able to offer a virtual advocacy training and issues briefing to all PDOTH participants, as well as assistance in scheduling virtual legislative visits for those physicians interested in connecting with their local legislators in that format.

We were also excited to welcome physicians, residents, and students back to the capitol for the first time in two years to participate in an in-person Physician Day on the Hill. After the 2021 session saw almost no in-person advocacy events at the capitol, legislators are eager this year to connect in-person with advocates. That interest certainly showed during the in-person portion of PDOTH.

Numerous lawmakers stopped by our legislative reception in the capitol rotunda or connected with groups of PDOTH participants outside the chambers. In addition, members of the IMS Board of Directors were on hand to participate in meetings with the governor's health policy staffer and legislative leadership in both chambers.

On the federal level, this year's AMA National Advocacy Conference was again forced to cancel the planned in-person meeting and pivot to an abbreviated virtual format. IMS is in the process of scheduling virtual visits with our federal elected officials to ensure that Iowa physicians continue to maintain a strong working relationship with the members of Iowa's Congressional Delegation.

Like all of you, I'm hopeful that we will soon be able to reliably return to in-person advocacy events, however, I take comfort in knowing that we continue to have options to connect all of you with policymakers. Above all else, IMS remains committed to finding ways to give Iowa physicians a strong, united voice in health policy discussions, regardless of what more the pandemic, clinic staffing shortages, or any other external factors decide to throw at us.

IMPAC
IOWA MEDICAL POLITICAL ACTION COMMITTEE

On March 2, 2022, the IMPAC Board of Directors voted to endorse three physician candidates for the Iowa General Assembly. Two of these three candidates are running in a race where they must first win their June 7 primary to qualify for the November 8 general election. Below are brief biographies of each candidates, taken from their campaign websites.

Mary Kathleen Figaro, MD

Running as a Democrat *(No Primary)*
Website: www.figaroforiowa.com

District: Senate District 47 (Quad Cities)
Specialty: Endocrinology

Dr. Figaro graduated with high honors from Princeton University in 1992 and from Yale University School of Medicine in 1996. After medical school, she earned her master's degree in epidemiology and health services research from Cornell, which led her to Vanderbilt University where she taught preventative medicine to medical students and performed health services research for over a decade. She and her family relocated to Bettendorf six years ago for the high-quality schools and to be closer to the family farm. In Iowa, Dr. Figaro has built her own practice, seeing patients with hormone-related conditions as an endocrinologist.

Megan Srinivas, MD

Running as a Democrat *(Two-Way Primary)*
Website: www.figaroforiowa.com

District: House District 30 (Des Moines)
Specialty: Internal Medicine/Infectious Disease

Megan is an Iowa native and local doctor based in Des Moines. She was raised in small town Iowa and graduated from Fort Dodge Senior High. Megan went on to receive undergraduate and graduate degrees from Harvard University and her medical degree with a certificate in teaching from the University of Iowa's Carver College of Medicine. She completed her internal medicine residency at Johns Hopkins School of Medicine and infectious disease fellowship at the University of North Carolina. Her roots in Iowa drove her to return home to improve health care in her community.

Austin Baeth, MD

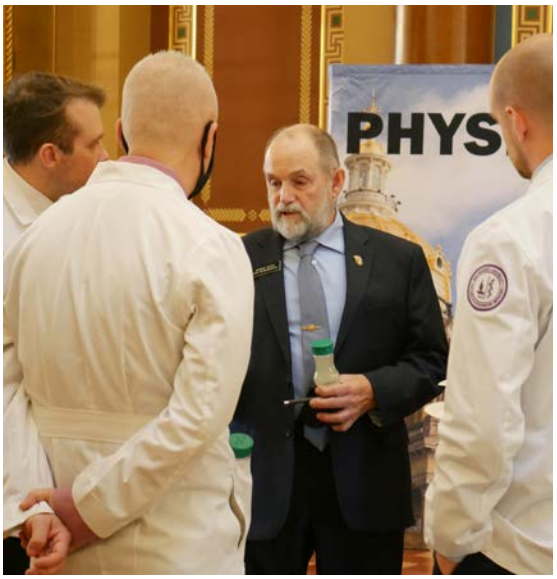
Running as a Democrat *(Five-Way Primary)*
Website: www.austinbaeth.com

District: House District 36 (Des Moines)
Specialty: Internal Medicine/Palliative Medicine

Austin was born and raised in Des Moines and graduated from Hoover High School. After eight years of study at the University of Iowa, Austin earned a medical degree before setting off to specialize in internal medicine at the University of Colorado in Denver. Austin sees patients in an internal medicine clinic and teaches medicine as an adjunct professor for the University of Iowa. He served on the Board of Directors of the Iowa Medical Society and advocates for state policy that promotes equitable and accessible health care.

PHYSICIAN DAY ON THE HILL 2022

On Tuesday, February 8, physicians, residents, and medical students participated in Physician Day on the Hill through virtual and in-person legislative visits. This important day of advocacy allowed participants the opportunity to use their voice to speak in support of a hard cap on non-economic damages. After nearly two years of solely virtual engagement due to COVID-19, it was great to finally be able to meet with our members and other familiar faces in person and advocate for the issues that matter most to Iowa's healthcare community.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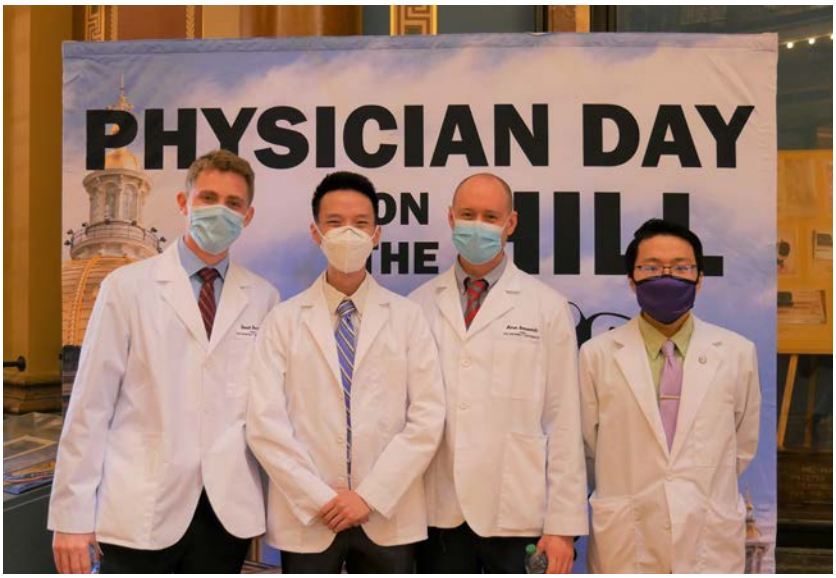
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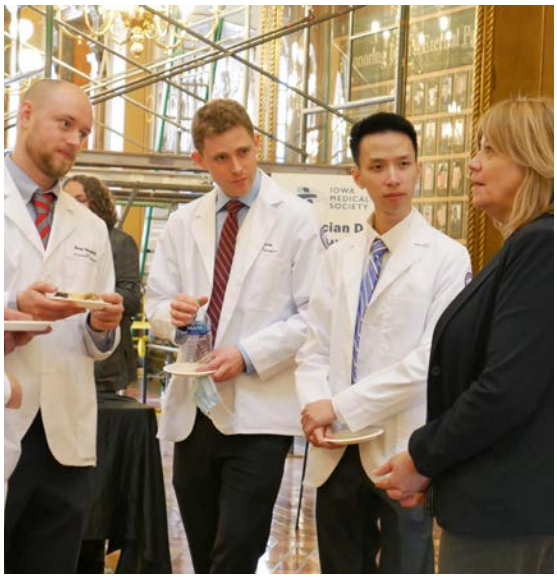
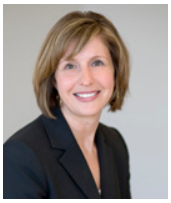


GUEST FEATURE

NO SURPRISE ACT:

Is Your Practice in Compliance?



SUSAN FREED, JD

Ms. Freed is a Senior Shareholder at Davis Brown Law Firm

The No Surprises Act part of the Consolidated Appropriations Act of 2021 provides broad protections for patients from surprise medical bills. Several provisions of the No Surprises Act relevant to physician practices went into effect on January 1, 2022, including:

• **Good Faith Estimates**. Providing uninsured and self-pay patients with a good faith estimate upon request or automatically if the patient schedules the service three or more business days in advance;

• **NSA Notice**. Providing patients receiving services within a health care facility (including hospitals, ASCs, and hospital departments) with commercial insurance or group health plan coverage with notice of the No Surprises Act protections; and

• **Balance Billing Limits**. Refraining from balance billing patients for (a) emergency services; or (b) non-emergency services provided by out-of-network providers at in-network facilities unless in limited situations allowed by the No Surprises Act with patient notice and consent.

GOOD FAITH ESTIMATES

All licensed health care providers are subject to the good faith estimate requirements for self-pay and uninsured patients for any items/services provided. This requirement applies regardless of where the services are performed.

Providers are required to alert self-pay and uninsured patients when scheduling an item/service of the availability of a good faith estimate as well as automatically provide patients with a written good faith estimate if they are scheduling an item/service three or more business days in advance. In addition, providers should be posting notice of the availability of a good faith estimate at locations patients come for services and posting the notice on their websites.

Good faith estimates are required to include the items/services reasonably expected to be provided in conjunction with the primary item/service being scheduled based on the information the provider has at the time of scheduling (such as the patient's diagnosis and the reason for the visit).

Services that require separate scheduling do not need to be included in the good faith estimate and would be subject to their own good faith estimates at the time the patient schedules the services.

Providers and their staff should familiarize themselves with the good faith estimate requirements and ensure they have processes and procedures in place for schedulers to inquire regarding insurance coverage and to generate the good faith estimate when required in accordance with the regulations.

Good faith estimates should be provided electronically or via mail and in the manner requested by the patient (if the provider can accommodate the format) and retained in the patient's medical record for at least six years. It is also important that the good faith estimate is accurate as patients may initiate a dispute resolution process if the actual total cost of the item/service is $400 or more than the cost outlined in the good faith estimate.

NSA NOTICE

The Act also requires health care facilities and providers who perform services at health care facilities to notify insured patients (other than those solely with federal government health care program coverage) with notice of NSA protections. A health care facility includes hospitals (including critical access hospitals), ASCs, and hospital (and CAH) departments/provider-based clinics.

The notice must be provided to patients prior to billing the patient or the patient's insurer for the service and should be provided at the time of each service. This will likely require you to hand the notice to patients at the time of service. In addition, the notice must be posted to your website and linked to your home page as well as posted at locations in the health care facility where patients present for services.

Importantly, to avoid duplicating notices, the regulations allow providers performing services at health care facilities to avoid providing the notice if they have a written agreement with the health care facility in which the health care facility has agreed to provide the notice.

We recommend, however, that the provider still include a copy of the notice on its website.

Practices, who have not already discussed the NSA notice requirement with their health care facility partners, should do so to ensure the NSA notice is being provided consistent with the Act's requirements and should amend or enter into written agreements to address the notice requirements.

Physicians who do not provide services in health care facilities are not subject to the NSA notice requirement.

BALANCE BILLING LIMITATIONS

Physicians who perform services in health care facilities (as defined above) will need to be cognizant of the limitations on balance billing patients for services provided by the physician as an out-of-network provider in two situations (a) when the physician is providing emergency medical services (including inpatient services performed in connection with emergency services) and is an out-of-network provider; and (b) non-emergency services at a health care facility when the health care facility is in-network and the physician is out-of-network.

The Act's balance billing limitations do not apply to non-emergency services provided by out-of-network providers at out-of-network health care facilities. Therefore, it is important for physicians providing services at health care facilities to understand what payers the health care facilities participate with so they understand when they will be an out-of-network provider performing services at an in-network facility and subject to the NSA limitations.

For non-emergency services provided by an out-of-network physician at an in-network health care facility, the out-of-network physician will be unable to balance bill the patient and must accept the insurer's payment amount or initiate the dispute resolution process under the Act unless the patient is allowed to waive his/her NSA protections and consent to the balance billing.

Patients are allowed to waive their NSA protections and consent to balance billing if they are provided with a required notice/consent form at least 72 hours prior to the scheduled item/service and ultimately sign and return the form agreeing to the balance billing. If the item/service is scheduled less than 72 hours in advance, the notice/consent form must be provided to the patient on the same day as the appointment is scheduled and no later than three hours prior to furnishing the items/services.

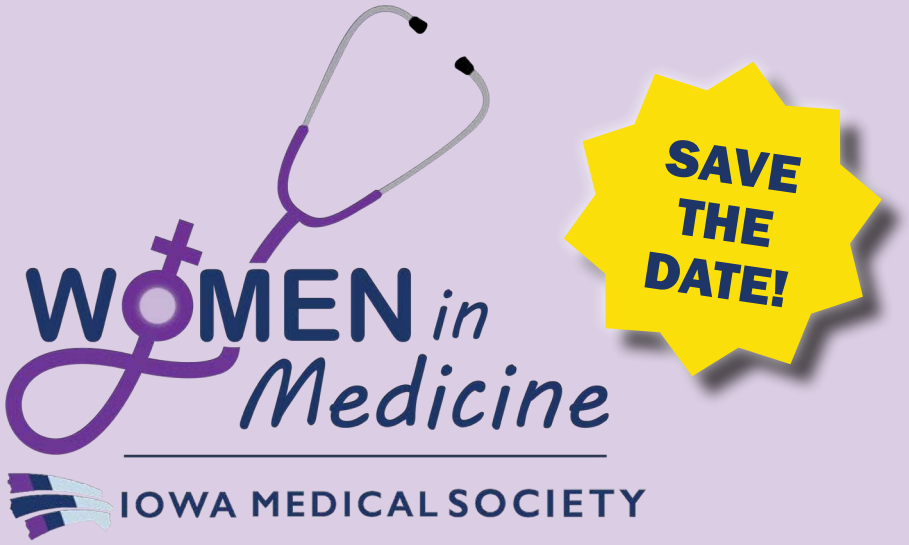
The notice/consent process does not apply to the following services and in no situation can these providers balance bill the patient for their out-of-network services provided at an in-network facility even if a patient would consent:

CONTINUED >

- Anesthesia
- Diagnostic services such as radiology and laboratory
- Neonatology
- Assistant surgeons
- Hospitalists and intensivists
- No in-network provider is available at the health care facility
- Urgent, unforeseen items/services even though notice/consent may have been provided/received for the underlying scheduled services.

Practices should work with their health care facility partners to determine when the balance billing limitations will be applicable as well as what situations no in-network provider is available to perform services. If the practice is allowed to use the notice/consent exception and balance bill the patient it will need to implement a process at the time of scheduling to determine when the notice/consent is applicable and ensure it is provided in accordance with the time requirements.

The above represents only a general overview of the three requirements applicable to physician practices as of January 1, 2022. Practices should work with their legal counsel and advisors to review each of the new requirement's specific criteria and ensure they are appropriately implementing it consistent with the interim final regulations. In addition, because the regulations were released as interim final rules, more guidance from the regulators is expected in the future.



IMS will be holding our first annual Women in Medicine Conference starting this fall on **Saturday, September 17!** This engaging event aims to celebrate and empower women physicians in Iowa by recognizing the unique experiences of women in medicine. This conference will offer the expertise, guidance, and collegiality to be the best and most fulfilled practitinoners they can be. Please consider joining us for this important day of education and networking! More information and registration coming soon.

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 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.

BEYOND MOUNTAINS, THERE ARE MOUNTAINS

TIFFANI MILLESS, MD

Dr. Milless is President of the Iowa Medical Society, and a Pathologist in Des Moines

I write to you for my final article in Iowa Medicine with Spring on my mind, the season of new beginnings after a long, harsh winter. Soon, my tenure as your president will be complete and a new bright leader will take my place and bring fresh ideas and perspectives to this role. And of course, I reflect on the impact I hope to have made during my time as your president and the ways I plan to continue on my journey as a physician & patient advocate.

Like many of you, I vowed to become a doctor at an early age, believing that my compassionate spirit, love of science, and dedication to lifelong learning made medicine the perfect career choice. As an undergraduate at Notre Dame, that goal was solidified by spending a six-month stint in southern Mexico volunteering at a free government hospital situated high in the mountains serving the local indiginous population. There, I saw first-hand the effects of privilege and power. I felt a rush of excitement helping the doctors provide life-saving care to people who would literally die without these treatments. After this experience, I could never be a banker or a saleswoman or a real estate agent. I had to be a doctor!

I read Tracy Kidder's Mountains Beyond Mountains after returning from Mexico. Paul Farmer, MD, was my hero, providing a roadmap to a life well-lived and without hypocrisy as the quintessential super doctor and anthropologist. He lived the fullest, purest form of life–he used his knowledge and skills as a Harvard-trained infectious disease physician to save the lives of people across the globe, but especially serving the children of his beloved Haiti.

His tragic death this past February is something that's been on my mind frequently since I learned of it. At only 62, I think of all the lives he touched and those he left behind. I have faith that his legacy will continue through his organization, Partners in Health (you can donate at www.pih.org/donate) because the organizational mission continues to bring hope and life to the most in-need of humans across our globe. His death is also such a timely reminder to channel his core values of service and self-sacrifice in everything I do. My hope for our medical society is that we can fulfill our mission with an emphasis on serving those who need us the most.

So who is your Iowa Medical Society fighting for? You, our members, of course! You, the physician in the trenches, pouring your heart and soul into your practice and giving to each and every patient care straight from the heart.

How can you continue to do the work you do? Reimbursements are falling, prior authorizations eat up more and more of your time, and quality improvement initiatives fill your evenings and weekends with data entry.

The lawyers circle you, awaiting your every mistake. And inflation and worker shortages make it as difficult as ever to keep your door open for business. But while you are busy doing the doctoring, your medical society is busy fighting for you to keep doing what you're doing! But I hope we also remember that our Society fights for the Iowans most in need.

We have made strengthening rural Iowa a top priority. We were instrumental in the development

of a strategic action plan by the recently-formed Rural Healthcare Workforce Task Force. We will continue to work with other stakeholders to find actionable solutions to the current crisis in rural Iowa because we know that patients in small towns deserve the same high-quality care their urban neighbors receive, just as the physicians who care for them deserve the same reimbursement as other physicians in non-rural practice settings (we also continue to advocate for a much-needed update to the Medicare Geographic Practice Cost Index at a federal level too). Your Iowa Medical Society is more devoted than ever to assuring access to quality care throughout our rural state.

IMS has also never had such an overt organizational dedication to diversity, equity, & inclusion. With the creation of our Diversity, Equity, and Inclusion Committee, we have begun to lay the groundwork for a society that welcomes members from all backgrounds and promotes policies that work toward justice and fairness for all. This applies to our staff, our members, and to the patients we serve. We are all learning about the many ways an overt commitment to these principles can transform what we do and I'm excited that we can all learn and grow together.

And lastly, our Society has always and will always fight for Iowa's children, our most precious resource! We are lucky enough to count a high proportion of pediatricians as members and many of us in other specialties also have the privilege to care for tiny Iowans. We advocate for pediatric vaccine awareness. We lead the 5-2-1-0 Healthy Choices Count Initiative. And we are continuing to work toward strengthening our Medicaid program with the awareness that children make up over half of Medicaid recipients in Iowa. Believe me when I say that IMS stands with children!

I think Paul Farmer would be pleased by the current focus of the Iowa Medical Society, but I also think that he would encourage us to do more. An old Haitian proverb states "Beyond mountains there are mountains." Tracy Kidder's book explains that as you solve one problem, another presents itself, which to me rings so true not only in the medical care of patients, but also in the work of our institution in improving the system. Although the problems in our world may seem overwhelming, we only have one choice, and that is to continue our role as patient & physician advocate and to find the next mountain to begin the climb again.

If you are ever in need of inspiration, I highly recommend reading Mountains Beyond Mountains or any of Paul Farmer's books. I believe his words will resonate with our members who work tirelessly each day trying to be the best physician they can be, and then use these experiences to improve the institution of medicine itself. Even in situations that seem overwhelming, you try to focus on the individual patient. At the same time, you develop strategies to change the larger picture. You get others involved, go to people with power and try to get their help. One mustn't assume that people with great power won't help.

Thank you, dear colleagues, for blessing me with the opportunity to be your president. It has been a year of learning and growth and I leave this position with the promise that I will continue to bring passion to all my future endeavors and to find the love in everything I do. Please don't hesitate to reach out to me (tiffani.milless@gmail.com) because Iowa is a small town, after all, and I consider each and every one of you a part of my medical family.

IMS 2022 PRESIDENT'S INAUGURAL RECEPTION & AWARDS CEREMONY

Join IMS on **Friday, April 22** for the 173rd annual President's Reception.

During this time, Tiffani Milless, MD, will pass along the IMS presidential medallion to incoming president, Scott Truhlar, MD. This ceremony will be streamed starting at 7:00pm.

We encourage all members and friends of IMS to tune in for this live broadcast to help celebrate our incoming and outgoing leadership.

NATIONAL HEALTHCARE DECISION DAY:

Time to Talk Advance Care Planning

KADY REESE, MPH, CPHQ

Ms. Reese is Director of Education & Engagement at IMS

The last two years have been arduous. We have faced a global pandemic the likes of which will hopefully prove to be once in a lifetime. We have experienced with magnitude how the most unexpected of situations can become reality and have witnessed the dire results of being underprepared.

Through this pandemic we saw 9,262 Iowans lose their lives. We saw tens of thousands more hospitalized and in critical care situations where families were being faced with making health care decisions for loved ones. Most often finding themselves in a situation of speculation when it comes to determining what patient's wishes would be.

Difficult situations such as these did not first emerge with COVID, nor will they go away as we look towards pandemic recovery. Rather, a spotlight has been cast on an already prevalent scenario that happens every day in our hospitals and care facilities.

Approximately one in three US adults has an advance directive in place (defined as a living will, health care power of attorney, or both). This is a ratio that persists even when considering patients with chronic disease and at greater risk for experiencing a serious or potentially life-threatening event. Thus, leaving the majority of our patients without any clear guidance in the event that they are unable to make health care decisions for themselves.

There is much we can do to improve this situation and ensure that our patients and their loved ones are better prepared for the time in which they may need to communicate their end-of-life wishes – whatever they may be and whenever they may be needed. A first step in addressing this shortcoming in our preparation for the future is to have the conversation.

April 16 is celebrated annually as National Healthcare Decisions Day (NHDD). NHDD exists to inspire, educate, and empower both the public and providers about the importance of advance care planning.[2]

Advance care planning goes beyond simply asking patients if they have an advance directive or living will, and checking the box on an EHR screen. It is more than a document.

It is a process of planning and conversation that should continue even after an advance care plan is in place, ensuring that a patient's wishes are routinely reviewed and documents updated accordingly as health status and goals of care evolve. It is a conversation that should happen early and routinely, not just as patients age.

This year as we reflect back on lessons learned and how we move forward, let's not shy away from having the hard conversations. Let's connect with our patients and empower them to be partners in their care - not just now, but as they look toward their futures.

WHAT YOU CAN DO FOR HEALTHCARE DECISIONS DAY:

1) Have the conversation about advance care planning. Encourage and help them to complete a living will or advance directive. If they have one, review it with them.

2) Ensure documents are available and accessible in situations of emergency. Ask the patient to upload a copy of their plan in their patient portal. Ensure the patient and any intended proxy decision makers have ready access.

3) Connect yourself and your team to ongoing resources. Stay up-to-date on the latest advance care planning guidance and protections. Support patients and families in having these conversations together.

For more information about advance care planning, resources, and support, please contact Kady Reese, kreese@iowamedical.org.

Your Trusted Pediatric Surgeons

are at Boys Town National Research Hospital

Whether your patient's surgery is immediate or planned, common or complex, you can find the care your patient needs from the pediatric general and thoracic surgeons you have come to know and trust at Boys Town National Research Hospital.

Now with six surgeons, our highly experienced team is here to help with generalized surgeries to specialized procedures and treatments related to:

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- Lungs and Chest
- Thyroid and Endocrine System
- Hernias and Reproductive Organs

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Stephen Raynor, M.D.
Pediatric Surgeon

Kathy Schall, M.D.
Pediatric Surgeon

Melissa Suh, M.D.
Pediatric Surgeon

Call 531-355-1234 to schedule an appointment for your pediatric patient.

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CMS FINALIZES CY 2022 PAYMENT RULE:
Preparing for a Post-Pandemic Future

In November 2021, the Centers for Medicare & Medicaid Services (CMS) issued the final rule outlining key changes and updates to the Physician Fee Schedule (PFS) for calendar year (CY) 2022, which went into effect on January 1. The PFS final rule also governs the Quality Payment Program (QPP), setting forth a number of continuing flexibilities with advancing value-based payment transitions where appropriate.

CMS' intention with the final rule and policy changes is to lay out a path forward, recognizing the prolonged impact of COVID-19 and continue to acknowledge pre-pandemic provider feedback, while backing the investments made and further incentivize providers and practices to achieve QPP goals. Below is a highlighted overview of the QPP changes most affecting to physicians and physician groups within this final rule.

PARTICIPATION PATHWAYS

MIPS Value Pathways (MVPS)

The final rules contains extensive finalization of policies preparing for full availability for MVPs beginning in PY 2023. This includes multiple participation options for individual clinicians, single specialty groups, multispecialty groups, subgroups, and APM entities.

APM Performance Pathway (APP)

Subgroups have been added as a participation option beginning with the 2023 performance year (PY). The CMS Web Interface reporting option was also extended through performance years 2022-2024.

Shared Savings Program Quality Performance Standard

The rule provides flexibilities for ACOs to meet quality performance standard for PY 2022-2023 by achieving a performance score at least in the 30th percentile. Alternatively, ACOS can report the three eCQM/MIPS CQMs while achieve a quality score higher than the 10th benchmark percentile in at least one of four APP outcome measures and achieving a score at least in the 30th percentile for at least one of one of the five remaining APP measures.

MIPS PERFORMANCE CATEGORIES

Performance Category Weights

Category weighting for cost increases to 30% (from 20%) for individuals, groups, and virtual groups participating in traditional MIPS in PY 2022. The Quality category will decrease to 30% to reflect this shift, with no change for the Performance Improvement (25%) and Improvement Activities (15%) categories. Category weighting for APM entities in traditional MIPS and individuals, groups, and virtual groups in APP remain unchanged.

Quality Performance Category Collection Types

The CMS Web Interface was extended as a collection and submission type in traditional MIPS for registered groups, virtual groups, and APM entities with 25 or more clinicians for PY 2022.

Quality Measures

Total quality measures were reduced from 209 to 200 for PY 2022, with significant changes to the 87 existing MIPS measures, changes to specialty sets (including removal of some measures for certain sets), removal of 13 quality measures, and the addition of four new measures (including one administrative claim measure).

Quality Measure Benchmarks

Historical benchmarks for PY 2022 will be created using data submitted for PY 2020.

Data Completeness

The current data completeness threshold of 70% was continued through PY 2023 with denominator eligible encounters expanded to include all encounters regardless of payer, expect for Medicare Part B claims measures.

CONTINUED >

Do you work with pregnant patients?

Help us prevent congenital syphilis increases in Iowa.

Healthy pregnancies lead to healthy babies.

In addition to other prenatal care, following syphilis testing recommendations for pregnant persons is an important part of giving babies the best possible start.

Congenital syphilis cases are at an all-time high for Iowa.

More than ever, it's important to follow best practices for screening, including:

- Screen all pregnant persons in the first trimester at their first prenatal visit.
- If presenting late for prenatal care, persons should be tested for syphilis immediately.
- Retesting at 28 weeks gestation and delivery is also beneficial. Prioritize retesting if patient is:
  - living in a community with high syphilis rates
  - at risk for acquiring syphilis during pregnancy (STIs during pregnancy, substance use, multiple partners, a new partner, partner with STIs)

For more information, contact: George Walton, STD Program Manager, IDPH

(515) 281-4936
george.walton@idph.iowa.gov

To learn more about STDs during pregnancy, visit: cdc.gov/std/pregnancy

Or use your phone to scan our QR code!

IDPH
IOWA Department of PUBLIC HEALTH

Quality Measure Scoring

A 7-point scoring floor will begin in PY 2022 for new measures for their first year with a 5-point floor for their second year, replacing the 3-point floor general policy. Beginning in PY 2023, the 3-point floor for measures regardless of benchmark or ability to meet case minimum (expect for small practices). Beginning in PY 2022, there will no longer be bonus points for reporting additional measures and end-to-end electronic reporting.

Quality Scoring Flexibilities

The list of acceptable reasons which may impact a quality measure was expanded to include code errors and continues flexibilities related to clinical guidance updates and measure specifications.

Cost Performance Category

Five newly developed episode-based cost measures were added for PY 2022 – two procedural, one acute inpatient (sepsis), and two chronic condition (diabetes, asthma/COPD). A process for stakeholder involvement as part of cost measure development will also be development for FY 2024 earliest adoption.

Improvement Activities Performance Category

The minimum criteria for nominating new improvement activities was shortened to eight, with two new criteria focused on avoidance of duplication and improvements beyond standard clinical practice.

The final rule also adds an immediate suspension function to provide more immediate action for activities that may raise patient safety concern before formal removal or modification. Seven new improvement activities were added (including three for health equity), 15 were modified, and six were removed.

Promoting Interoperability Performance Category

Automatic reweighting will apply to small practices effective PY 2022. Immunization registry and electronic case reporting measures will now be the two required measures for the Public Health and Clinical Data Exchange objective. New Safety Assurance Factors for HER Resilience (SAFER) Guides attestation measures were added.

FINAL SCORING

Complex Patient Bonus

The doubled bonus continues for PY 2021. The bonus is revised for PY 2022 and beyond limiting a bonus to clinicians with median or higher value for at least one of two risk indicators, updating the risk indicator formula for distribution of socially and/or medically complex patients, and maintaining the 10 point max.

Redistributing Performance Category Weights for Small Practices

Performance category weighting will also be adjusted for small practices (rather than simply following standard redistribution MIPS policies) to put increased emphasis on improvement activities (up to 50%).

Performance Threshold/Payment Adjustment

The mean final score from PY 2017/2019 payment year will be used to establish performance thresholds beginning for PY 2022/2024 payment year. For PY 2022, performance thresholds are set at 75 points with additional thresholds for exceptional performance set at 89 points.

STOP HIV IOWA

Did you know?

There are people living with HIV in almost every county in Iowa.

Today, there's a lot of good news you can share with patients who are living with HIV.

HIV & Patient Health

If taking medication as prescribed, **life expectancy** for someone living with HIV is the same as for someone who is not.

Undetectable=Untransmittable

People living with HIV who take their medications as prescribed and have an **undetectable viral load** have **no risk** of transmitting HIV to their sexual partners.

For this reason, helping patients living with HIV stay in care helps **keep patients healthy and prevent HIV transmission**.

Support is Available!

In Iowa, people living with HIV can access a **comprehensive system of supportive services** through the Ryan White Program.

Services include:

- access to medical care
- medication & insurance assistance
- mental health services
- transportation & stable housing
- case management to help navigate all of the above

Questions? Want to learn more about HIV in Iowa? Visit us at stophiviowa.org.

You can also scan our QR code to access resources especially for healthcare providers!

For individualized & group learning opportunities, email stophiviowa@gmail.com.

IMS MEMBERSHIP

HEATHER LEE

Ms. Lee is Interim Manager of Membership, Operations, & Sponsorship at IMS

As we wrap the official memberhip campaign for 2022, please know IMS membership renewal is available all year. We encourage lapsed members to join, and invite all IMS members to get involved in our educational events and offerings. Here at IMS, we have been very fortunate to maintain a stable membership of 6,000 Iowa physicians, residents, and medical students for the last several years. THANK YOU to all of our members, including individuals and groups, that have continued membership with us in 2022.

One big reason that we have been able to maintain our membership numbers and continue to strengthen the voice of Iowa physicians is due to the IMS 100% Group Membership dues program. Being a part of this program means that 100% of a group's physicians have a membership with the Iowa Medical Society.

Over the years, more and more clinics, practices, and businesses of all shapes and sizes continue to take advantage of this program. Being a group dues member has several advantages, which include:

- Discounted membership dues based on group size and number of years committed to membership.

- Free access for clinic administrative staff to review and update profiles on behalf of physician colleagues.

- Annual billing, requiring less administrative time for clinic staff.

The above benefits are in addition to the standard member benefits that are available for all IMS members which include:

- Discounted CME programming for in-person events, & live and on-demand webinars.

- CME Accreditation Services

- Participation in IMS's leadership by joining a committee, task force, or running for the Board of Directors or to be an AMA Delegate.

- Discounted services from affiliated organizations and preferred partners of IMS.

- Opportunities to build relationships with your elected representatives by attending Physican's Day on the Hill, meeting with legislators and/or giving testimony on bills that impact your ability to practice medicine.

- Regular updates including *Iowa Medicine* magazine, weekly communications, and limited in-clinic presentations on timely topics.

We are also updating IMS engagement opportunities for 2022. There are many ways to gain a deeper connection with IMS members through sponsorship (events and programming), advertising (print and digital), and the partner program. Any and all of these are great ways to gain connections, advertise growth opportunities, and to highlight your business/organization.

If you would like more information about the IMS 100% Group Membership dues program, engagement opportunities, or need help renewing your individual membership, please contact Heather Lee by calling (515)421-4776 or emailing hlee@iowamedical.org.

THANK YOU FOR YOUR MEMBERSHIP WITH 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

A GROUND UP TRANSFORMATION:

DMU's New Campus for the NEXT 125 Years

STEVEN J. HALM, DO, FAAP, FACP

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

As the start of my fourth year as the Dean of DMU's College of Osteopathic Medicine approaches, I am proud of the college's decades of success that will continue beyond its current 125-year tradition of educating highly competent and compassionate osteopathic physicians. Our planned summer 2023 move to our new home (still on Grand Avenue, only in West Des Moines) is still on schedule.

The new 88-acre campus, under construction over the last year, will soon offer medical educators the most adaptable and creative instructional environment to respond to future needs in health care education. This will be a truly transformative healthcare education campus for the future of Iowa and our region.

The new campus topography was shaped by what is known to geologists as the "Edge of Advancement" of what was once the Wisconsin Glacier. More than ten thousand years ago, it moved south across North America shaping the land as it moved. Specifically, this parcel of land was the product of the Des Moines Lobe of that glacier which came to rest at the center of this property and created a defining hill above the flat expanse of land. Thus, the center of our four main campus buildings, artfully choreographed to the land, will be anchored in our "Edge of Advancement" building that will house the most advanced and adaptable learning spaces available for faculty and students across all DMU's health care programs.

In valuing this geologic history of our new campus, we are transforming the space in a way that demands the respectful use of this property and to build with the highest standards of sustainability and ecological responsibility. Expect acres of walking and biking trails, natural areas for meditation and self-reflection, fields of natural growth, preservation of natural water areas, maximal use of natural sunlight, and opportunities for possible future growth over the next 125 years!

Beyond the land itself, however, this opportunity to expand our University is spurring us all to think differently – much like COVID-19 has required us to all to reimagine ways of doing things over the last two years - to think of new ways we can enhance our medical curriculum, to explore new teaching methodologies that apply innovation such as virtual reality, medical simulation, telehealth opportunities, and to expand our research and clinical services.

This is an incredibly exciting time for DMU. We see this moment of advancement as a rare chance to be completely innovative and to grow and forge new community, regional, and statewide partnerships that will benefit our students, faculty, staff and communities at large.

The new campus will have state-of-the-art education space to help us teach through both traditional and adaptive approaches to medical education. This includes spaces for:

- Large group presentations/ lectures
- Smaller team-based learning exercises
- Cadaver and virtual dissection labs
- Simulation medicine and standardized patient examination space through a state-of-the-art simulation lab
- Osteopathic manual medicine labs with multiple large screen displays
- Collaborative bench research lab space
- An advanced technology infrastructure to strengthen remote learning and telehealth education in our curriculum.

We will have a diverse mix of open and enclosed collaboration spaces that converge in the heart of the campus to create an open, energizing learning commons and food service environment in which

students, faculty and staff can connect, refresh and recharge. Our new environment will help nurture and empower wellness amongst our learners and our educators.

This transformation represents a significant investment in the future of our programs, the future of our student graduates, and the future of health care education in Iowa. It enables DMU to interact with and serve its community members in a truly welcoming and accessible setting.

I ask you to join me in celebrating our future as we plan this "Grand Transformation!" For a detailed look into our future campus, please view our architect's simulated campus tour video at https://www.dmu.edu/new-campus/

PROPER PLANNING FOR A PHYSICIAN:

Income Protection Using Life and Disability Insurance

KEITH DERAS

Mr. Deras is Senior Vice President of IowaMed Insurance

Being a doctor is not a traditional job in many different ways but most importantly when planning for the unknown. Your ability to use your intellectual capital is your biggest asset. A disability or a death can be a disaster for you or your family! Here are some facts related to being a Physician:

- **12 YEARS** - **MOST PHYSICIANS HAVE INVESTED IN EDUCATION AND TRAINING TO BECOME A DOCTOR**
- **$207,003** - **AVERAGE MEDICAL SCHOOL DEBT (1)**
- **$6,000,000** - **EARNING POWER OF A PHYSICIAN AT AGE 65 WITH A SALARY OF $ 200,000 AT AGE 35**
- **25%** - **CHANCE OF A 20-YEAR OLD BECOMING DISABLED BEFORE REACHING AGE 67 (2)**
- **13 YEARS** - **AVERAGE TIME TO REPAY STUDENT LOANS (3)**
- **COBRA** - **MANY EMPLOYERS OFFER COBRA FOR HEALTH INSURANCE BUT YOU ARE RESPONSIBLE TO PAY FOR IT.**

DISABILITY INCOME INSURANCE:

What would you do if you were unable to work full time and receive your normal salary? Could you pay your monthly bills? Would you be able to maintain your standard of living?

For example, Massachusetts Mutual Insurance Company had an Average Claim duration of 4 years based on all claims paid from 1986-2020 (4). They further state that the leading causes of a disability (5) are not from an injury or accident but are caused by illness. The number one cause is Muscle and Bone Disorders at 29.7% of all claims. Neoplasm is second at 14.8%. Unlike what most people believe, injuries are 12.3% of all claims.

The **STUDENT LOAN RIDER** pays a monthly benefit during periods of total disability for the purpose of reimbursing your student loan debt. In the event of a disability, you will need protection to provide a replacement for your income. Having this rider will provide a larger net payment for your family! The cost is usually minimal as it is a rider on the policy and is meant to enhance your monthly benefit. Once your student loans are paid back, the rider (and the cost associated with it) drop from the policy.

A COBRA BENEFIT pays your premiums for COBRA during total disability. This benefit, available only from certain carriers, can be a lifesaver if you need to keep your health insurance coverage at the elevated COBRA rate.

Finally, if you are a young physician, we usually recommend that you consider adding a Future Insurability Rider. This rider allows you to cover future salary increases without any additional medical questions asked after policy issue. Add this rider to your policy while you are young and healthy to insure that your disability policy keeps up with your income!

LIFE INSURANCE:

Do not get caught in the trap or confusion of what type of life insurance to buy! Insurance companies offer Term Life, Whole Life, Universal Life, Indexed Universal Life, and Variable Life to name a few. Your financial professional is here to decode your needs and pick a product that is right for you.

I believe that obtaining the correct amount of Life Insurance for your unique family situation is most important, not what type of policy you buy. The typical financial planner

recommends a purchase of 10 times your current income. A mortgage, business debt, student loans, and future health care costs could be added to the basic income replacement number. Maybe a spouse or significant other works outside the home and can offset part of this need as well.

TERM LIFE INSURANCE typically is the least expensive and as the name implies it is designed to be used for a period of time. We sell many term life policies with rates (after underwriting) that are guaranteed for various periods, such as 10 years, 20 years and 30 years. The policies can continue after the term period is over but the premium rate will change.

Many times, we will recommend a combination of two or more term life policies purchased at the same time to cover different needs. We call that **LADDERING COVERAGE.** Maybe you need the extra coverage only for the first ten years or until your student loans are paid back. There can be a significant cost savings if you use a 10 year term policy in combination with a 20 or 30 year term. Why buy all of your coverage with a long-term rate (higher cost) when part of your need is short term in nature?

One other thing to consider is to make sure that the term plan that you buy has a **CONVERSION FEATURE.** This will allow you to convert the policy to some form of a permanent life policy if your health changes and your premium guarantee is ending. If you purchase a new term policy and your health has changed since your last purchase, it could cost you more than the conversion policy. The conversion feature is typically not very expensive at a young age.

Your relationship with your financial advisor and using them over your career can be an important one. It is an ongoing conversation that should start when you are young, continuing every 2-5 years as your accomplishments and needs grow. Let us help you plan your income protection needs or reach out to your own trusted advisor.

Covering a premature death is as easy as ever today as most life insurance companies allow for e-signatures. For a young, healthy physician, it might not cost as much as you think!

IOWAMED Insurance
Iowa Medical Society Insurance Group

1. AAMC Medical Student Education: Debt, Costs, and Loan Repayment Fact Card October 2020.
2. Social Security Administration, Fact Sheet, 2021.
3. Average Student Loan Debt for Medical School. Credible, May 28, 2021.
4. Data is for all Disability Income Polices issued by Mass Mutual.
5. Integrated Benefits Institute, Health and Productivity Benchmarking, 2017 Long term Disability, September 11, 2018.

MANAGING PATIENT CONCERNS ABOUT WEARABLE DEVICE DATA

An active 53-year-old patient saw her physician because she was worried about the rapid heart rates data she downloaded from her fitness monitor. She told her physician that she had a strong family history of heart disease and an internet search revealed that a high heart rate can be the first sign of an impending heart attack. Her data downloads had never shown such high heart rates before. She brought in a year's worth of heart rate data printouts to the appointment and asked to put these in her medical record. What should this physician do?

There has been an increase in the use of consumer-marketed, wearable technologies that measure and report physiological data. As a consequence, physicians have noticed patients are starting to bring this information to appointments expecting something to be done with it. Understanding a few basic principles will help when seeing such patients.

It is useful to make it clear to patients who bring in data from consumer-grade monitoring devices that the information is designed for consumer use and not for medical care. You may choose to tell patients that although you agree that the information from their wearable device is indeed abnormal/outside what may be expected, this information is not from a medical-grade, FDA-approved device. Thus, you know neither its reliability nor necessarily how to interpret it. It may be useful to explain that any abnormal information from such a device is not a medical diagnosis, but may be a reason for a careful medical assessment.

Additionally, set expectations with patients who bring physiological data from wearable devices as to how this information may be documented and used. For example, you could tell them that, given its limitations, the information may be documented in a subjective way in your note and may help contribute to their care, but it will not be stored as part of the medical record as data from a physician-prescribed, medical-grade device would.

Although data from wearable devices is not medical grade, it probably should not be completely dismissed without at least looking at it. This may involve a follow-up office visit. In an established physician-patient relationship, it is reasonable for physicians to assume they have some responsibility to consider the data that a patient presents them from wearable devices in their overall decision-making process. However, as noted above, the actual data brought by the patient can be considered indeterminate due to the unclear reliability of the source. Some physicians report that they treat data from wearable devices in a fashion analogous to how they would treat a sheet of paper brought in by the patient with a list of questions or self-checked pulses on it: it informs the care during the visit, but is not put directly into the medical record.

Lastly, it should be made clear and documented that patients who believe they are having a medical emergency, no matter what information a wearable device says, should immediately dial 911.

So, for the case presented, here is a reasonable approach the physician might take once the presence of an emergency situation has been excluded:

1. Perform a thorough history and physical examination and let the patient know this is informed by her concerns as well as the information she brought from her wearable device. Determine appropriate near- and long-term testing, referrals, and follow-ups as for any evaluation.
2. Alert the patient as to the plan for further evaluation and management as well as signs and symptoms that would warrant re-evaluation or calling 911.
3. Tell the patient that although you appreciate the data, it is not appropriate for the medical record. Also, communicate that the device used is not medical-grade and the information may not be accurate or reliable.

WITHIN NORMAL LIMITS—A PODCAST BY COPIC

COPIC produces a podcast called *Within Normal Limits: Navigating Medical Risks*, which offers insights on pitfalls to avoid and best practices to improve patient care. Each episode focuses on conversations between physicians and medical experts who provide practical guidance and detailed analysis on issues such as difficult patient interactions, medication errors, navigating telehealth, and cultivating patient safety.

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

One number is all you need to connect with the very best pediatric transport team.

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

Children's
HOSPITAL & MEDICAL CENTER

CARE | ADVOCACY | RESEARCH | EDUCATION

BEYOND COVERAGE

COPIC's premier medical liability insurance offers comprehensive support built on unparalleled expertise and decades of experience. We share our knowledge through meaningful CME/CNE education, an extensive library of resources, in-depth site visits, and more. All of which help you avoid risks, improve practice protocols, and solve urgent issues quickly. **That's Value Beyond Coverage.**

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

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Better Medicine • Better Lives
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