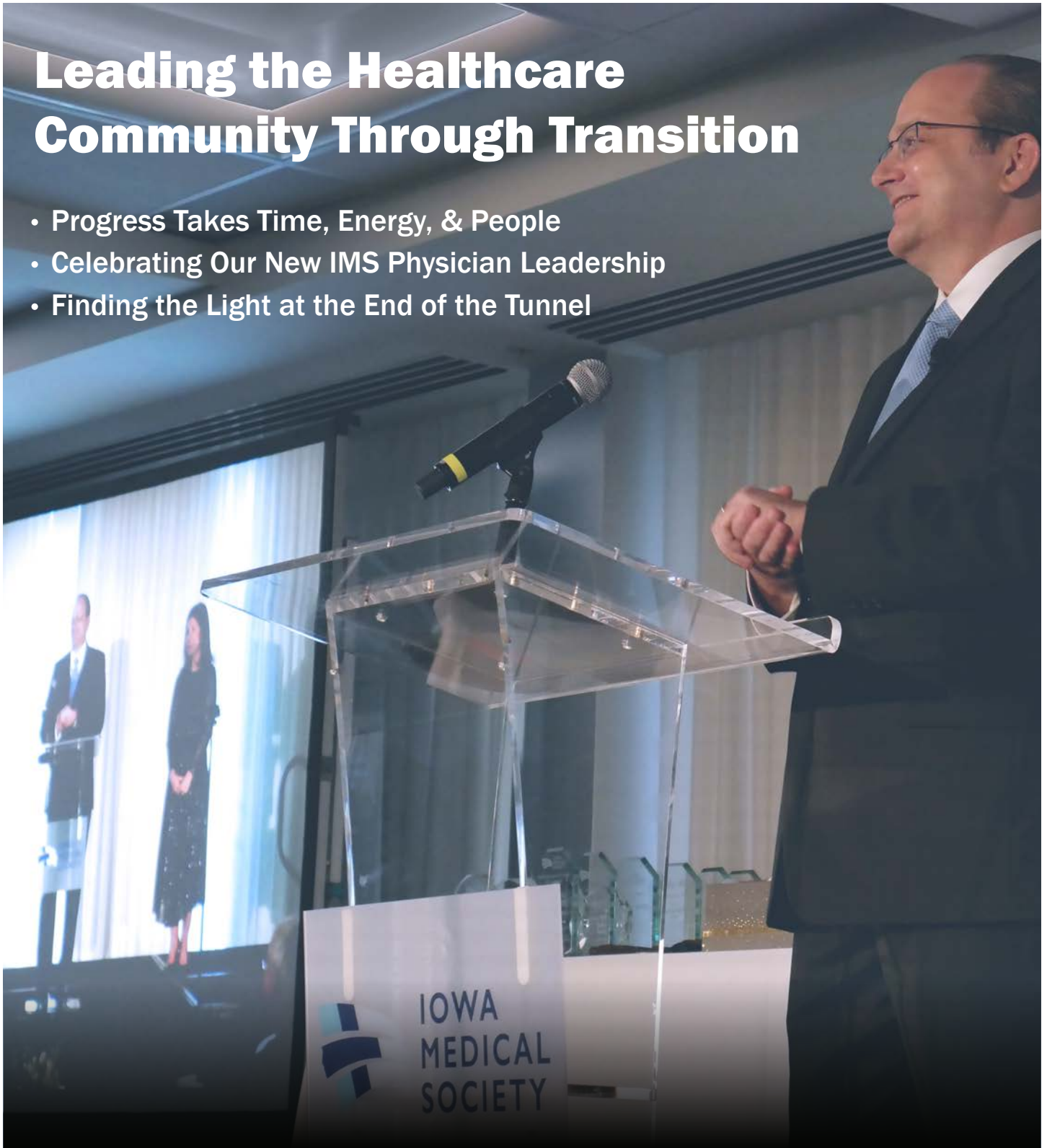


Leading the Healthcare Community Through Transition

- Progress Takes Time, Energy, & People
- Celebrating Our New IMS Physician Leadership
- Finding the Light at the End of the Tunnel





Sharing a common goal of
keeping Iowans healthy.

As your local health insurance partner, Wellmark Blue Cross and Blue Shield has been working side-by-side with the medical field for over 80 years. Our roots are as strong as our mutual desire to keep all Iowans healthy. We value working with physicians to promote preventive care and keeping patient costs down, while being committed to increasing access to quality health care for all. These are just some of the reasons why more providers choose to be part of the Wellmark network.

Wellmark.com





University of Iowa
Stead Family
Children's Hospital

24/7 NEONATAL AND PEDIATRIC TRANSPORT

Comprehensive pediatric transport system with air and ground ambulances stationed across eastern Iowa, and service throughout Iowa and beyond.

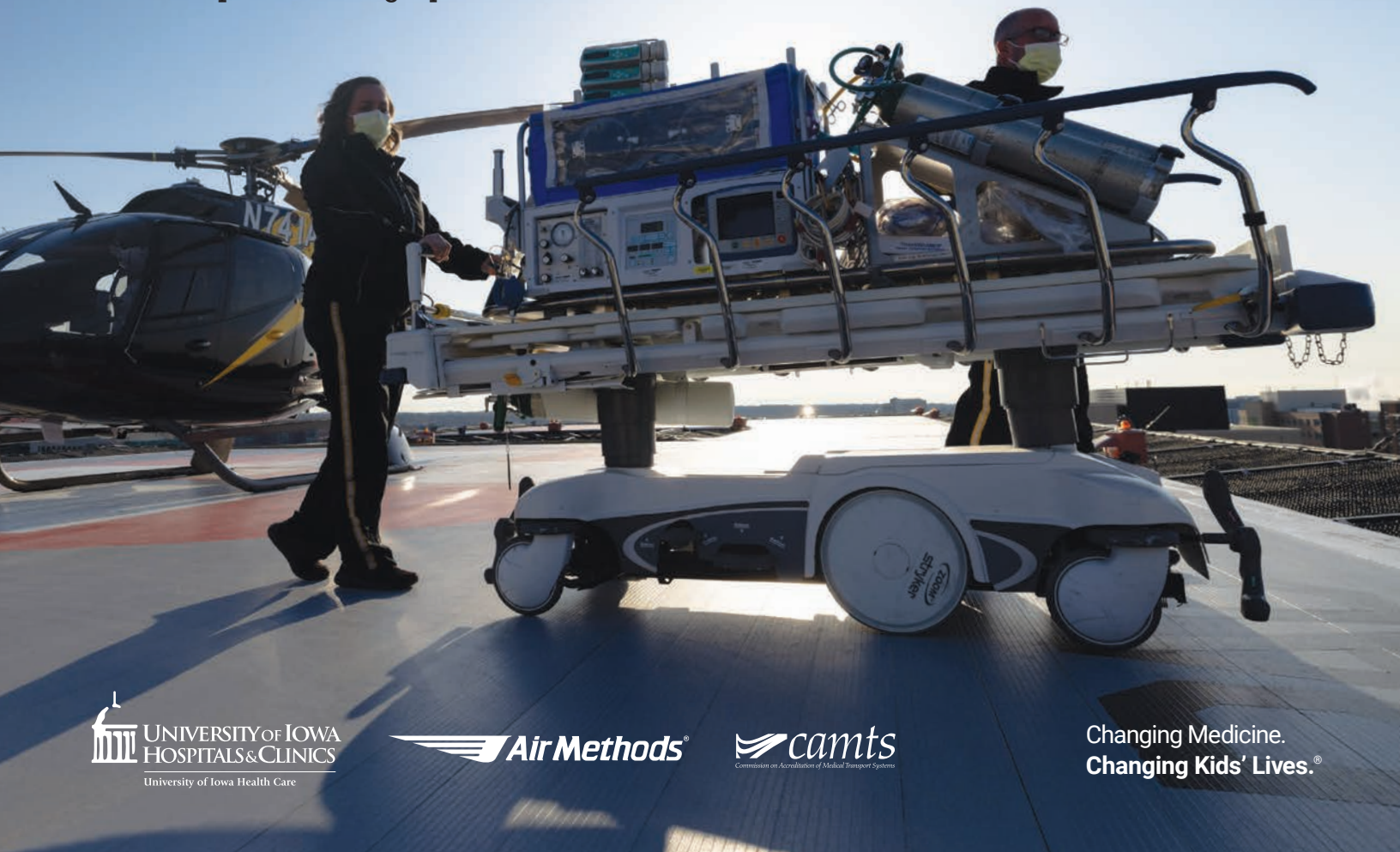
- Iowa's only nationally ranked children's hospital
- Level IV NICU with Iowa's only specialists in neonatal hemodynamics, lung rehabilitation and neurocritical care programs
- Multidisciplinary pediatric ICU and CICU
- ECMO Gold Level Center of Excellence
- Level I pediatric trauma center
- Level I pediatric surgery center



1-855-984-4692

One number for anytime access to attending NICU and PICU physicians and for consult and ground/air transfers

→ uichildrens.org/transport



Q2 | April - June 2022

Contact us:

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

IMS President:

Scott Truhlar, MD

Executive Editor:

Dennis Tibben

Managing Editor:

Dennis Tibben

To Advertise:

Contact Sydney Maras
Phone: 515-421-4785
Email: smaras@iowamedical.org

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.

Editorial Content: The Society is unable to assume responsibility for the accuracy of submitted material. Editorial inquiries should be directed to the Editor, Iowa Medicine, 515 E. Locust St., Ste. 400, Des Moines, IA 50309.

Get Connected:

Stay up-to-date with IMS on Facebook:
[facebook.com/iowaMedical](https://www.facebook.com/iowaMedical)

Copyright 2022 Iowa Medical Society:

Opinions expressed by authors do not necessarily represent the official policy of the Iowa Medical Society. Iowa Medicine does not assume responsibility for those opinions. Products and services advertised in Iowa Medicine are neither endorsed nor guaranteed by the Iowa Medical Society unless specifically noted.

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

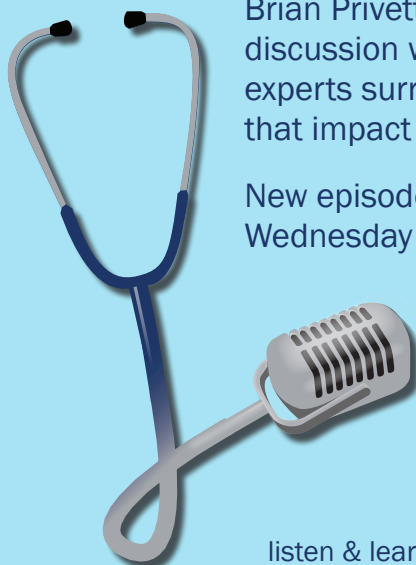
IN THIS ISSUE:

From the CEO	6
Legislative Scorecard & Policy Forum Results	8
AMA 2022 Annual Meeting Report	10
New IMS Leadership	12
2022 IMS Awards	14
President's Column	18
Guest Feature: Hijinio Carreon, DO	22
Quality Corner: Telehealth	24
Membership	26
Dean's Article & 2022 Commencements	28
IowaMed Insurance	32

Doc 2 Doc: An IMS Pod Talk

Join host and IMS Past President Brian Privett, MD, for a monthly discussion with subject matter experts surrounding current events that impact medicine in our state.

New episodes released on the first Wednesday of every month!



AVAILABLE
WHEREVER
YOU FIND
YOUR
PODCASTS

listen & learn more here:
<https://doc2doc.buzzsprout.com>



ARE YOU CHECKING YOUR ACCOUNTS EVERY DAY? STOP IT.

CALEB BROWN, CFP®, *Lead Advisor*

Because I'm a Financial Advisor, I'm sometimes asked, "How is the market doing today?" I'm often caught off guard, because I don't look at it every day. I feel foolish when I haven't looked and proud when I have. Here's an important and related question: "Does it help or harm the average long-term investor to peek at their own accounts or pay attention to the market every day?"

In behavioral finance, there is a bias called Loss Aversion. Put simply, the negative emotions associated with potential losses far outweigh the positive emotions associated with gains. Loss Aversion often leads to bad investment decisions. Here's how Loss Aversion may affect your investment decisions.

1. You look at your accounts when they are down and get a sinking, uncomfortable, fear-inducing feeling.
2. You feel like you need to do something to

assuage your fear, something most of the loud voices on TV are telling you to do, as well!

3. You sell positions at a loss.
4. You live in limbo, unsure of when to buy again.

If this resonates with you, consider whether paying attention to your investment accounts or the markets is emotionally or behaviorally helpful. My guess is that your life and your investments would be largely better served if you stopped paying attention. My recommendation is to check your investment accounts a few times each year, perhaps only when you meet with your advisor. If you are a daily checker, give this a try for the next few months, and see if you are less anxious and less prone to make decisions that would harm your long-term investment goals.

Remember, a successful investment experience involves endurance, sticking with it through thick and thin. If you are a long-term investor,

the daily ups and downs of the market may have little influence on your long-term financial success. So, stop giving any of your mental and emotional energy to the news about what's going on in the market and what do about it. This is entirely out of your control.

We believe many of our clients appreciate a peace of mind when it comes to their investments and overall financial plan. They are every bit as human as you and I, but they have learned to quiet their Loss Aversion bias, and, in many cases, stopped paying attention to the day-to-day movement of their investment accounts.

Foster Group takes a more complete picture of wealth. We get to know our clients and what drives them. If you are interested to see if we can help you find more peace of mind when it comes to your financial future, give us a call. We'd love to help.



**WEALTH
WITH
MORE
PURPOSE**

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®.



Your Financial Life, Truly Cared For®

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



SCAN ME

**Interested in
more content on
the latest current
events?**

Check out
our Financial
Perspectives and
sign up for our
eNewsletter.

6601 Westown Parkway, Suite 100 | West Des Moines, Iowa | fostergrp.com/IMS

PLEASE SEE IMPORTANT DISCLOSURE INFORMATION at <https://www.fostergrp.com/disclosures>. A copy of our written disclosure Brochure as set forth on Part 2A of Form ADV is available at www.adviserinfo.sec.gov. ©2022 Foster Group, Inc. All Rights Reserved.

EMBRACING THE TRANSITIONS



DENNIS TIBBEN, MPA

Mr. Tibben is Interim Vice President & CEO of the Iowa Medical Society

Many of you know me as the in-house leader of advocacy and communications efforts for the Iowa Medical Society. This edition of Iowa Medicine I come to you wearing an additional hat for the organization – Interim Executive Vice President (EVP) & CEO. As we shared in our last edition, our previous EVP/CEO recently accepted an opportunity to move closer to his family and continue supporting organized medicine as the new CEO of the Wisconsin Medical Society. While the work of selecting his permanent successor is progressing, all of us at IMS are joining the broader medical community in embracing the transitions that are occurring throughout healthcare in Iowa.

In this edition of Iowa Medicine, we share with you a number of these exciting transitions, starting with the annual transitions in our IMS physician leadership. In April, we thanked Tiffani Milless, MD, for her year of leadership and welcomed Scott Truhlar, MD, a diagnostic radiologist from Coralville, as the 173rd President of the Iowa Medical Society. For his first column as IMS President, we share with you an abbreviated version of Dr. Truhlar's Inaugural Address, which focuses on the value of community and the role of IMS in helping to create and sustain our physician community in Iowa.

Also in April, we welcomed seven new physician and medical student members to our 20-member Board of Directors.

We're thrilled to introduce you to these volunteer leaders who have stepped up to be your statewide representatives.

IMS is far from the only organization undergoing significant organizational changes right now. This edition, we're joined by IMS member Hijinio Carreon, DO, with a guest column reflecting on the changes in healthcare in Iowa and offering a few ideas for managing change for both yourself and your team. This is a subject about which he knows a thing or two. Dr. Carreon was recently named the new Chief Medical Officer for MercyOne, which is itself undergoing a transition in its ownership structure.

Also joining us this edition is Brooks Jackson, MD, the current Dean of the University of Iowa Carver College of Medicine. Earlier this year, Dr. Jackson announced that he would be stepping back as dean of the medical school to return to faculty and research. In one of his final columns for Iowa Medicine, Dean Jackson reflects on his time in leadership, and the transitions occurring at the medical school and at University of Iowa Hospitals and Clinics, which is currently in the midst of a national search for its next CEO.

Speaking of the University of Iowa, IMS recently had the opportunity to participate in two of our favorite annual transitions – the commencement ceremonies at both medical schools. IMS President-Elect Jessica Zuzga-

Reed, DO, was invited to participate in the UICCOM ceremony, and I had the pleasure of attending both the UICCOM ceremony and the ceremony for Des Moines University College of Osteopathic Medicine. In this edition, we share photos from both events as we congratulate the newest class of Iowa physicians.

Also this edition, we thank long-time IMS leader Michael Kitchell, MD, who will be ending his tenure on the Iowa AMA Delegation at the end of 2022 and who earlier this year stepped down as Chair of the Iowa Delegation. While we're sad to see Dr. Kitchell's many years of leadership with IMS come to a close, we know the delegation is in good hands with our new Delegation Chair and IMS-Past President Victoria Sharp, MD. Dr. Sharp will join us with a report from the AMA Annual Meeting, which recently returned to an in-person format for the first time in more than two years.

We know that these are just a few of the transitions occurring in medicine today. As we say goodbye to established leaders and welcome what comes next, I hope that you will all join us in embracing the transitions and opportunities before us. Please know that the Iowa Medical Society remains committed to serving every Iowa physician and doing our part to ensure that the transitions occurring today do not detract from your ability to continue providing the highest quality healthcare to your patients. Please reach out if we can be of assistance in any way!



IOWA DRUG CARD



www.iowadrugcard.com

Compliments of:



PUT YOUR MONEY WHERE THE MIRACLES ARE.



IOWA DRUG CARD

donates funds to Children's Miracle Network Hospitals and is a proud sponsor of Children's Hospitals Week. These donations go to support their efforts to improve and change pediatric healthcare and its impact on kids, families, and communities.

Pharmacy Coupon Prescription

Coupon MBR ID:	Enter Year & Time <small>(Example: Year 2020; Time 9:14; Enter ID 2018014)</small>	Compliments of:
RxGRP:	IARX	
RxBIN:	610709	



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.

Customer Service: 877-321-6755 Pharmacy Helpline: 800-223-2146 This is a point-of-sale discount program.



For more information contact:
cs@iowadrugcard.com

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

Proud Supporter of:



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

2022 IMS LEGISLATIVE SCORECARD

After running more than a month past its targeted adjournment, the 2022 Legislative Session ended on May 25. IMS once again enjoyed a strong and successful session, however, work remains on a number of issues including our top priority – tort reform.

Medical Liability Reform

Work Continues – IMS picked up several votes in the House from where we ended last session, but we still remain just shy of the 51 votes necessary for passage of a hard cap on noneconomic damages. The recent \$97 million record judgement in Eastern Iowa served as a late-session reminder that Iowa’s medical liability climate is only getting worse. Due to retirements and redistricting, a large class of new legislators will be entering the House next session and present a new opportunity to tackle this important issue. IMS and our coalition partners have already begun the work of educating these candidates about the seriousness of this situation and the importance of a hard cap. We remain committed to securing passage of this vital reform.

Combating Vaccine Hesitancy

Work Continues – IMS successfully halted more than a dozen pieces of anti-vaccine legislation, including far-ranging measures that would have negatively impacted all medical treatments not simply vaccines. A scaled back package that included bans on mandates for masking in public settings or for any future vaccines approved under Emergency Use Authorization was also defeated at the end of session, however, the legislature did pass a ban on mandating the COVID-19 vaccine as a condition of attending a school or daycare facility prior to 2029. We continue to face significant vaccine hesitancy and a distrust of mainstream medicine that is expected to be a challenge for years to come.

Expanding Physician Workforce

IMS Win – IMS secured \$2.5 million for the Rural Physician Loan Repayment Program – an increase of \$800,000 over the current funding level. We successfully pushed to add Neurology as a qualifying specialty, to allow physicians who completed a residency outside of Iowa to qualify for loan repayment, and to allow for excess funds to be awarded as loan repayment for practicing physicians who agree to relocate to a qualifying service and meet the same service requirements as physicians who enrolled in the program during their training program. IMS also helped secure \$1.2 million to begin establishing 12 additional psychiatric residency positions through the University of Iowa in conjunction with the Department of Human Services.

Protecting Safe Medical Care

IMS Win – IMS once again successfully halted efforts to license direct-entry lay midwives, despite renewed momentum for this measure, which some view as a solution to Iowa’s maternal health access problems. We also successfully negotiated with the Physician Assistants to modernize their practice act, while largely codifying current clinical practice and ensuring strong physician supervision standards remain in place.

Reducing Administrative Burden

IMS Win – IMS secured passage of legislation to establish a minimum duration for commercial prior authorizations and to prohibit retroactive reductions or denials of previously-issued authorizations after the care has been delivered. This year’s bill represents the first in a series of incremental steps to help address the broader problems with burdensome insurance policies and procedures. IMS has begun planning for next year’s next step and welcomes your input on areas of greatest need to reduce administrative burden.

Strengthening Medicaid

Work Continues – IMS helped successfully push for legislation to regulate retroactive recoupments of Medicaid payments and ensure practices receive payment for the care they deliver. The merger of DHS and IDPH appears to have stalled administrative efforts to provide recommendations for further investments to increase Medicaid physician reimbursement rates. Discussions continue with administrative leaders regarding the need to expedite this external review and develop a sound proposal for legislative review.

22-1 POLICY FORUM RESULTS

The Policy Forum meeting marks the end of the Policy Forum process. At each meeting, all Policy Request Statements (PRSs) and accompanying Testimony Forum comments are reviewed by the Policy Forum members and either accepted, amended, rejected, tabled, or sent to an ad hoc committee for further discussion. Policy Forum 22-1 met on April 22 in Iowa City to deliberate and take action on the below policy request, which had previously gone before the full membership for consideration.

PRS 22-1-01: Report on Referred PRS 21-1-02: Firearms Policy

Policy Request

The Iowa Medical Society adopt the following policies:

PF-145.001: Firearm Safety & Counseling

- 1.) The Iowa Medical Society supports federal and state research on firearm-related health impacts and encouraging physicians to access evidence based data regarding firearm safety to educate and counsel patients about firearms.
- 2.) The Iowa Medical Society:
 - a.) Recognizes ~~the role of~~ firearm-related s in injury and death is a public health concern ~~suicides and potentially violent behavior~~;
 - b.) Recognizes that suicide is the leading cause of firearm-related deaths in the U.S.;
 - c.) Encourages the development of curricula and training for physicians with a focus on ~~lethal means~~ firearm safety counseling ~~within the broad topic of suicide risk, and mental health assessment and prevention~~; and
 - d.) Encourages physicians to discuss ~~lethal means~~ firearm safety and work with families to reduce ~~risk of firearm injury and death access to lethal means of suicide and violent behavior~~.
- 3.) The Iowa Medical Society supports increasing efforts to improve firearm safety in households by:
 - a.) Inquiring as to the presence and storage practices of household firearms as a part of childproofing the home;
 - b.) Educating patients about best-practices in firearm safety and storage;
 - c.) Encouraging patients to educate their children and neighbors about firearm safety and storage.
- 4.) The Iowa Medical Society ~~supports will oppose any restrictions on~~ the ~~freedom ability~~ of physicians and other members of the physician-led health care team to inquire or talk about firearm safety ~~issues~~ and risks with their patients.
- 5.) The Iowa Medical Society encourages CME providers to consider, as appropriate, inclusion of firearm safety practices and related patient counseling in continuing medical education programs.

Action Taken

Adopted as amended

For more information on the 2022 IMS Legislative Scorecard, action taken on PRS 22-1-01, or to submit your own PRS for consideration at the next Policy Forum, please contact Dennis Tibben with IMS. Policy Forum 22-2 meets on September 16, 2022.

dtibben@iowamedical.org



AMA 2022 ANNUAL MEETING REPORT



VICTORIA SHARP, MD

Dr. Sharp is Chair of the AMA Delegation and a Family Medicine physician in Iowa City

With its 175-year legacy, the 2022 AMA House of Delegates (HOD) Annual meeting in Chicago, returned to in-person style with strict COVID-19 safety precautions after two years of virtual meetings due to the pandemic. The safety precautions included requiring up-to-date COVID-19 vaccination, antigen testing upon arrival, and 72 hours later, wearing medical grade masks in all meetings, and social distancing between seats. Our Iowa delegation participated in many forums as part of this meeting, which took place from June 10th-15th.

The AMA meeting is both educational and deliberative, and where AMA policy and advocacy positions are created or modified, depending on extensive input from state and specialty society delegates. The Iowa delegation consists of Mike Kitchell, M.D., Anne Langguth, MD, Rob Lee, MD, Victoria Sharp, MD, Doug Martin, MD, Doug Peters, MD, and our IMS staff, Dennis Tibben, Interim EVP & CEO, and Kady Reese, Director of Education and Engagement. IMS President Scott Truhlar, MD, and IMS Past-President Tiffani Milless, MD, also joined our delegation as alternates. Other Iowa Medical Society member attendees, representing their specialty societies, included Past IMS President Mary

Grace Elson, MD, Marta Van Beek, MD, Hillary Johnson-Jahangir, MD, Tim Kresowik, MD, Erin Shriver, MD, and Megan Srinivas, MD.

There were preliminary meetings with both our Iowa delegation and the North Central Medical Conference (Iowa, Minnesota, Nebraska, North and South Dakota) to review over 200 resolutions in each of the eight reference committees: AMA Constitution, Bylaws and Medical Ethics, Legislation, Medical Education, Public Health, AMA Governance and Finance, Medical Practice, Medical Service, and Science and Technology. Among these resolutions was a resolution co-sponsored by our Iowa delegation related to National Drug Shortages of Lidocaine, Saline Preparations, and Iodinated Contrast Media.

Gerald E. Harmon, MD, Immediate AMA Past-President, passed the baton to Jack Resneck, Jr, MD, our newest AMA President. Both highlighted the public health crisis of gun violence in their addresses. The immediate action, and attention to gun violence prevention was discussed and advocated for by both the House of Delegates (HOD) and Board of Trustees (BOT) throughout the meeting.

Jesse M. Ehrenfeld, MD, MPH, an anesthesiologist in Wisconsin, was elected as President-Elect of the AMA. Prior to the elections, every BOT and President-Elect candidate was asked about the practice survey and the Geographic Price Cost Index (GPCI), providing an opportunity for us to both advocate for, and learn more about their stances and knowledge of these very important issues to Iowa physicians.

The AMA Medical Student, Resident, & Fellow and Young Physicians Sections' energy, persistence, focus, and forward thinking were truly inspirational as usual.

The AMA Recovery Plan for America's Physicians outlines strategies related to prior authorizations, scope of practice, Medicare payment reform, and supporting telehealth and physician wellness as top priorities. Many resolutions on these topics were reaffirmed at this meeting, based on existing policy driving active work by the AMA. Details for the Recovery Plan can be found on the AMA website:

<https://www.ama-assn.org/amaone/ama-recovery-plan-america-s-physicians>.

The Iowa Medical Society Congratulates Jesse M. Ehrenfeld, MD, MPH, for being named the next American Medical Association President-Elect!



A reproductive rights policy was adopted, acknowledging that it is a violation of human rights when government intrudes into medicine and impedes access to safe, evidence-based reproductive health services. In accordance, the AMA will seek expanded legal protections for patients and physicians. Another new policy encourages the switch in status for oral contraceptives from prescription to over-the-counter. In keeping with the reproductive theme, there is a new policy advocating for exam accommodations of “a minimum of 60 minutes for additional, scheduled break time for all test takers who are pregnant or lactating during all medical licensure and certification examinations”.

In addition to many other timely and important issues, a resolution was passed for the AMA to advocate for evidence-based innovative models to address food insecurity which is important for our growing numbers of rural Iowans living in food deserts.



2022 - 2023 IMS BOARD OF DIRECTORS

EXECUTIVE COMMITTEE



PRESIDENT

Scott Truhlar, MD
Coralville
Radiology
Radiologic Medical Services, PC



PAST-PRESIDENT

Tiffani Milless, MD
Des Moines
Pathology
Iowa Pathology Associates



PRESIDENT-ELECT

Jessica Zuzga-Reed, DO
Des Moines
Pediatrics
MercyOne Children's Hospital



BOARD CHAIR

Christina Taylor, MD
Ames
Internal Medicine
McFarland Clinic



SECRETARY/TREASURER

Alison Lynch, MD
Iowa City
Psychiatry
University of Iowa Hospitals & Clinics

BOARD OF DIRECTORS



Jason Dierking, MD
Storm Lake
General Surgery
Buena Vista Regional Medical Center



Lillian Erdahl, MD
Iowa City
General Surgery
University of Iowa Hospitals & Clinics



Jennifer Groos, MD
Des Moines
Pediatrics
B. Engebretsen Medical Center



Cynthia Hoque, DO
Knoxville
Family Medicine
Knoxville Hospital & Clinics



Lindsey Jenkins, MD
Des Moines
OB/GYN
OB/GYN Associates of Des Moines, PLC



Lenard Kerr, DO
Ankeny
Emergency Medicine
Acute Care Inc.



Peter Tonui, MD
Des Moines
General Surgery
Iowa Clinic



Shannon Leveridge, MD
Davenport
OB/GYN
Edgerton Women's Health Center



Victoria Sharp, MD
Chair of AMA Delegation
Iowa City
Family Medicine
Iowa City VA Healthcare System



Kaaren Olesen, DO
Des Moines
OB/GYN
Broadlawns Medical Center



Ruffin Tchakounte, DO
Resident Director
Des Moines
Internal Medicine
UnityPoint Health



Noreen O'Shea, DO
Chair of Policy Forum
Des Moines
Behavioral Medicine
Des Moines University



Mikayla Brockmeyer, OSM-II
Student Medical Director
Des Moines
DMU College of Osteopathic Medicine



Sharmini Rasakulasuriar, MD
Fort Dodge
Pediatrics
UnityPoint Clinic Family Medicine



Bradley Fleming, M3
Student Medical Director
Iowa City
UI Carver College of Medicine



IMS PRESENTS 2022 AWARDS

Each year, the Iowa Medical Society recognizes the outstanding contributions of physicians, laypersons, and organizations to the practice of medicine by presenting 4 special awards. The following were presented at the 2022 IMS President's Inaugural Reception in Iowa City on April 22.



IMS/COPIC Physician Humanitarian Award

Hendrik Schultz, MD, FACP, FHM, FIDSA

This award is a joint honor presented by the Iowa Medical Society and COPIC to a physician in recognition of their volunteer medical services and contributions to their community through principles focused on human dignity, social justice, and compassion.

Dr. Schultz – a triple board-certified Internal Medicine, Hospital Medicine, and Infectious Disease physician from Dubuque – was nominated by Zach Keeling, CEO for Medical Associates of Dubuque, PC, where Schultz also serves as Chief Medical Officer. In his nomination, Keeling emphasized Dr. Schultz's invaluable service on the Dubuque County Board of Health, helping to advise and guide the county's pandemic response efforts over the past year. For his service, Schultz has also received local and national recognition, including being named a 2021 fellow by the Infectious Diseases Society of America.

The recipient of the IMS/COPIC Physician Humanitarian Award is invited to designate an Iowa healthcare-related nonprofit organization to receive a \$10,000 donation on their behalf. Dr. Schultz chose to designate the Dubuque County Visiting Nurses Association as the recipient of this year's contribution.



Merit Award

Lillian Erdahl, MD

This award is given each year to an IMS member physician who has shown steadfast commitment to the core purpose of the Iowa Medical Society: To assure the highest quality of healthcare in Iowa through our role as physician and patient advocate.

Dr. Erdahl was recognized for her commitment to serving diverse patient populations, contributing greatly to the development of an inclusive and diverse community at the University of Iowa. She has spearheaded efforts in educating members of her department on LGBTQ+ specific issues, and educating the next generation of Iowa physicians to continue creating a more welcoming and inclusive world for diverse patient populations.





Washington Freeman Peck Award

Domestic Violence Intervention Program (DVIP)

This award is presented each year to a lay organization to honor their contributions to public health.

Domestic Violence Intervention Program (DVIP) provides services to victims/survivors of domestic violence, dating violence, stalking, and human trafficking. Responding to intimate partner violence is critical and requires a community-wide effort. Support for victims of intimate partner violence and their loved ones is available in Johnson, Iowa, Cedar, Des Moines, Henry, Lee, Van Buren, and Washington counties through the Domestic Violence Intervention Program.

Washington Freeman Peck, MD, was a surgeon and medical educator, attributed with being the principal agent behind the establishment of the State University of Iowa Medical Department in Iowa City, the institutional forebear of the University of Iowa Carver College of Medicine.



John F. Sanford Award

Chaney Yeast, LMSW, JD

This award is given each year to a layperson for contributions to public health or the field of healthcare. Chaney Yeast is the director of governmental relations for Blank Children's Hospital in Des Moines. Ms. Yeast

was recognized for her role as a leading advocate for children's health access across the state of Iowa. She annually offers her mentorship to medical students from the University of Iowa to teach them about the importance of advocacy as future healthcare providers, and has helped to create long lasting change in child health care efforts overall.

John F. Sanford, MD, attended the third annual session of the American Medical Association in Boston in 1849, where he was inspired to form a state medical society in Iowa. The following year, he convened a meeting of 25 physicians in Burlington, Iowa to found the Iowa State Medical and Chirurgical Society, which today has become the Iowa Medical Society.

Former Award Recipients:

IMS/COPIC Physician Humanitarian Award:

2021 - Selden Spencer, MD, FAAN
2020 - James Bell, MD
2019 - Katherine Imborek, MD
& Nicole Nisly, MD
2018 - Jennifer Groos, MD
2017 - Richard Demming, MD

Merit Award:

2021 - Jorge Salinas, MD
2020 - Fadi Yacoub, MD
2019 - Douglas Steenblock, MD
2018 - Doug Dörner, MD
2017 - Hamed Tewfik, MD

John F. Sanford Award:

2021 - Meg Schaeffer, EdD
2020 - Mary Kitchell
& Kathy Larivière
2018 - Jeffrey Halverson, PRh, MBA
2017 - Clare Kelly

Washington Freeman Peck Award:

2021 - EMBARC
2020 - Accessibility to All
2019 - Shelter House
2018 - Iowa Radio Reading Information Services
2017 - Kiwanis Miracle League at Principal Park



IMS Presidential Citation Award

*given posthumously to
Donald Klitgaard, MD, FAAP*

For his work as a vocal advocate, longtime IMS member, and steadfast champion of organized medicine.

The IMS Presidential Citation is the Iowa Medical Society's highest honor, and is only awarded on occasions of special importance.

Dr. Klitgaard earned his M.D. from the University of Iowa College of Medicine, and completed his residency in the Lincoln Family Practice Residency Program in Lincoln, Nebraska. Following residency, Dr.

Klitgaard returned to Harlan and practiced full-scope Family Medicine for 15 years, serving as Medical Director of the Myrtue Medical Center clinics in Harlan.

During this time, he served as the physician champion for the TransformMED National Demonstration Project and led their subsequent Patient-Centered Medical Home transformation efforts. Dr. Klitgaard served as President and Board Chair of the Iowa Academy of Family Physicians (IAFP), President of the IAFP Foundation, and as a member of the AMA Committee of Innovators. In addition to his work with IMS, Dr. Klitgaard was also actively involved in the American Academy of Family Physicians (AAFP), the Interstate Postgraduate Medical Association, and the Iowa Healthcare Collaborative.

On behalf of Iowa's physician community, the Iowa Medical Society thanks Dr. Klitgaard for his generosity, and amazing gifts as a healer and thought leader in healthcare.



IMS Presidential Citation Award

Michael Flesher

In recognition of his tireless commitment and outstanding support of organized medicine, Michael Flesher was presented with an IMS Presidential Citation Award at the 2022 President's Inaugural Reception and Awards Ceremony in Iowa City. We thank Mr. Flesher for his 5 years of leadership as Executive Vice President and CEO at the Iowa Medical Society, and wish him the best of luck in his new role at the Wisconsin Medical Society in Madison, Wisconsin.





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:

- Bariatrics and Weight Management
- Colon, Rectum and Bowel
- Chest Wall
- Lungs and Chest
- Thyroid and Endocrine System
- Hernias and Reproductive Organs

Ask for us by name.



Robert Cusick, M.D.
Pediatric Surgeon



Megan Fuller, M.D.
Pediatric Surgeon



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.

Boys Town Pediatric General and Thoracic Surgery has locations
in Omaha; Lincoln and Sioux City, Iowa.



CELEBRATING OUR COMMUNITY



SCOTT TRUHLAR, MD

Dr. Truhlar is President of the Iowa Medical Society, and a Radiologist in Coralville

Below is an abbreviated transcript of the Inaugural Address IMS President Scott Truhlar, MD, delivered at the Presidential Installation Ceremony on April 22, 2022.

Thank you all for being here. How wonderful it is to be here in the presence of so many people who have shaped my life in such powerful ways!

One important person who is not here tonight is my father, who passed away in 2014. He would have enjoyed tonight, which makes it even more special for me to have my mother, Shirley Truhlar, and my sister, Sherry Truhlar, celebrating with us.

Mom, you encouraged Sherry and me to use all our skills in whatever we chose to do in life, to do what is right always, and to appreciate that each person brings different gifts to the world. I still hold onto those values, and will carry them with me as I serve in this role.

Sherry, you already know you are my hero. You have always been a role model for me of the power of a clearly-defined vision for one's life and fearlessness when pursuing your dreams. I'm so happy you are part of the festivities!

And of course, I want to thank my wife, Ruth. You married a man with an absurd range of interests who is a repeat violator of the rule against

overcommitting himself. I appreciate you, and your support of me and the IMS over all these years.

There is one large group who I want to be certain to thank and that is all of you. The more than 6,000 physicians, residents, and medical student members of IMS, taking care of the 3.2 million residents of our state. Your support of the Iowa Medical Society makes all the work we do possible and meaningful.

Since I am entrusted to be President of your Society for the next year, I would like to introduce myself to those of you I haven't met before.

I come from a rural Kansas town of 2,000 people – a state that I describe as, “Iowa, but with wheat instead of corn.” Growing up was all about 4-H and Boy Scouts, high school debate and forensics, school plays and school newspapers. Then it was on to Kansas State University for undergrad, graduate study at the London School of Economics, back home to the University of Kansas for medical school, and off to Iowa City for Residency and private practice in radiology, where I've been ever since!

Now, that's an accurate story, but it's hardly the whole story. That telling of events omits the heart of the story, the most important part, and that's the part which I want to tell you about.

If I am to give a truly accurate introduction of myself, the telling of it would have to include how I've been lifted up, mentored, and championed by a series of supportive communities. Sometimes, I was aware of those forces at work, but for the most part I was not. The reality is that much of the joy of my life, and any successes I have experienced, have been only possible through the support of others.

It started with my parents, who always worked multiple jobs to provide the safe, secure home where my sister and I could flourish. I was active in 4-H for over a decade, and like everyone else in 4-H, I learned important life skills. But also, I was selected to attend some regional, statewide, and national leadership conferences, at little or no charge. It wasn't until I was a middle-aged adult it even dawned on me that someone in the local USDA Extension Office had to have been nominating me for those amazing growth experiences.

As I said, I went to Kansas State University for my undergraduate degree, but importantly, I graduated debt-free, largely because of a scholarship from the Dane G. Hansen Foundation – created years ago by a Kansas businessman who wanted to promote future leaders amongst kids that grew up like he did, in small-town western Kansas.

Yes, I did study at the London School of Economics, but only because of a scholarship from Rotary International. And I was guided to that opportunity through the kindness and generosity of my biology professor at Kansas State, who took a personal interest in my story, and my success.

I went to the University of Kansas for medical school, but unlike so many of my classmates, was incredibly fortunate to graduate with minimal debt because I received a scholarship from the Harry S. Truman Foundation. That extraordinary situation would have been impossible without the coaching of yet another wonderful academic advisor, who made an enormous time investment helping me craft my application and prepare to interview.

And why did I become a physician? I don't come from a medical family, but my senior year in high school the school counselor went out of her way to cold-call the lab of a regional community hospital, and the pathologist – against all likelihood – took her call.

He agreed without hesitation to allow me – some high school kid he had never met – to shadow him for eight hours a day for two full weeks, at the specimen bench and multiheaded microscope, gently teaching me about pathology the whole time. His name is Norman Macy, MD. His personal example inspired me to make a life in medicine. He passed away a few years ago, but without his enormous generosity and kindness 33 years ago, my installation as IMS President would not be happening.

So what is the common thread connecting each of these stories?

I see individuals helping each other as part of a caring, supportive, community. And I believe that a similar commitment to community is a motive force and core strength of the Iowa Medical Society.

What is our story as a professional organization, if it is not one of individuals, reaching out with time and resources, and coming together as members of a community?

Think back to medical school and residency – what sustained you during those tough years? I imagine that many of us were held together through the community of fellow learners sharing our experience. I believe IMS can be the continuation of that close community that sustained you in those days, but which tends to fade as we move into our practices. There is a power in such a community with shared experiences.

We stand in the footsteps of history. This is the 172nd year a group of Iowa physicians has come together to pass the baton. A line that reaches back to eleven years BEFORE the start of the US Civil War! Community is what creates lasting value.

So, what is a community? Your community is your home. A place you can return to. A place just for you. It's not a physical place, it's us. It's IMS staff, it's our volunteers, it's every one of our members. Everyone that is helped by us, everyone who attends our events is our community.

Throughout the continuum of a physician's career, from those applying to our state's medical schools all the way through to our retired physicians, we share a

common history, common ideas, and common experiences, that typically we don't have with non-physicians. Carl Jung wrote in his autobiography that, "Loneliness does not come from having no one to talk to, but rather from being unable to talk to anyone about what one knows." That's a strength of the Iowa Medical Society: we provide a space where Iowa's physician community does not feel alone.

So, what do I see that makes me so excited to be part of this community? A big focus right now for IMS is physician wellness. I'm reminded of a quote from the classic book by bell hooks entitled All About Love. She said, "rarely, if ever, are any of us healed in isolation. Healing is an act of communion."

IMS recognizes that our physicians are suffering from feelings of frustration, isolation, and burnout. In response, for several years now IMS has been bringing physicians together across the state and online for rejuvenation events and burnout education, along with focusing on upstream solutions to promote wellness and prevent burnout in the first place.

Another area of focus for IMS has been to uphold the practice of medicine and patient care. A win in recent years has been the creation of a legal framework for medical malpractice case resolution outside the typical confrontational legal process. This alternative process, called CANDOR, provides a dispute resolution mechanism which has been shown to be less damaging for both patients and physicians.



Of course, this has not stood in the way of our legislative work to pass a hard cap on noneconomic damages as well. We have never been closer to achieving a generational win on this enormous and ongoing initiative.

Another ongoing area of work for the Society has been calling attention to the difficult workforce issues in the state. Our community is struggling to care for Iowans due to workforce constraints in multiple specialties, particularly mental health and obstetric services. These workforce challenges are multifactorial problems, which make them exactly the kind of project ideally suited to IMS, which can reach across multiple centers of influence and bring decisionmakers together to find solutions.

Yet another focus of the Iowa Medical Society is to strengthen the leadership of our physician community on public health issues, including the COVID-19 pandemic and the opioid misuse epidemic. These huge societal challenges, which are so particular to our time, cannot be addressed without the physician community working together with public health, law enforcement, and government stakeholders. IMS has been doing that joint work since these issues came to prominence in our state and that work continues.

A newer initiative of IMS is an exploration of diversity, equity, and inclusion in the practice of medicine. A strong community sees the full diversity of its members, appreciates the strength in those differences, and finds ways of being welcoming to all. IMS has placed a focus on that in recent years with the creation of

a new standing committee to help guide our efforts, and I look forward to seeing where it leads.

There are so many amazing things the Iowa Medical Society is working on that I simply don't have the time to touch upon. It makes me so excited, so energized, to be part of an organization that is effective and focused on serving its community. The medical profession historically has a strong ethic of individual responsibility. IMS is the place for our community effort, and being part of a community gives life purpose and meaning.

Before I finish, I do not want to let this moment pass without acknowledging the leadership of IMS in recent times. I've been on the IMS Board of Directors for the past nine years, which means I've been lucky to learn from the examples of nine prior Presidents. The unique challenges of the past two years have been especially educational. Brian Privett, MD, and Tiffani Milless, MD, my two most recent predecessors, faced an unrelenting pandemic, and enormous public response and controversy. They were always engaged, always calm, and always steady in their commitment to doing the right thing, even when it was unpopular. I do not have the words to accurately encapsulate their devotion to our community.

In addition to Dr. Privett and Dr. Milless, it is essential that I also honor the work of Mike Flesher, our medical society's Executive Vice President & CEO for the last five years. Following his heart and honoring family commitments, this summer Mike is taking his talents to the Wisconsin Medical Society.

Mike has been a steady hand at the wheel of our Society through a half decade of financial vicissitudes and demanding societal challenges. IMS has benefitted tremendously from his time with us, and he has earned our gratitude.

What an honor it is to step into this role at the Iowa Medical Society, where what we have is something very strong, and very resilient – because we have a community.

Thank You to All 2022 President's Inaugural Reception & Awards Ceremony Sponsors



Physician wellness encompasses personal, physical, and mental wellbeing. Addressing burnout and other causes of stress can lead to healthier providers, less provider turnover, and better patient outcomes. The Iowa Medical Society strives to support health care providers through the following programs and resources:



**AWARENESS. CARE.
MANAGEMENT.**

Burnout Awareness & Resiliency

Participants discuss how to lead without leading to burnout and how to build a resilient organization, rediscovering the joy of practicing medicine and supporting providers in getting back to their primary purpose: caring for patients.



**RECOGNIZE,
RECOVER,
REBUILD.**

Recognize. Recover. Rebuild.

A physician-physician, peer-based program recognizing the unique and exacerbating impact of the pandemic on physician wellness.



Crucial Conversations

This program teaches skills for creating alignment and agreement by fostering open dialogue around high-stakes, emotional, or risky topics—at all levels of your organization.

Extraordinary Care, Every Day



McFarland Clinic



**Physician Opportunities
Unparalleled Medicine in the Heartland**

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

- Cardiology -NI/INTEP
- Dermatology
- Family Medicine
- Gastroenterology
- General Surgery
- Hospitalist
- Internal Medicine
- Nephrology
- Neurology
- OB/GYN
- Pediatrics
- Physiatry
- Psychiatry
- Pulmonology & Critical Care
- Urology

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

EEO/AA Employer/Protected Vet/Disabled

Contact: Doug Kenner
(314) 330-4169 or dkenner@mountainmed.net



FINDING THE LIGHT AT THE END OF THE TUNNEL



HIJINIO CARREON, DO, FACEP, FAAEM, MBA

Dr. Carreon is an emergency medicine physician in Des Moines, and Chief Medical Executive at MercyOne

Change is inevitable, yet it's fascinating how often we let changes disrupt our day, week, or month, stubbornly clinging to "the way it used to be."

As I prepared to write this guest column and reflected on change, I couldn't help but think of how much change – and how much rapid change – we have all experienced over the past two years. The buzzword "pivoting" is often seen, but when it really comes down to it, we have simply been managing change.

For some, it has provided a necessary catalyst to make positive changes in careers or health, but for many, it's been draining and difficult to constantly encounter unexpected circumstances, delays, societal norms, etc.

As medical professionals, one could argue that we are perhaps better prepared than most to handle unknown outcomes. But the rapid shifts that we have experienced, especially in health care, have been nothing short of unprecedented.

As we continue to maintain contained vigilance on COVID-19 cases, we are noting a semblance of normalcy – whatever that means in our new normal. It has given me some time to reflect on what else we might learn from experiencing something as disruptive as a pandemic.

The long-term effects of continued, sustained change on all of us – emotionally, psychologically, and physically – have likely impacted decision-making and overall performance.

Pondering this topic, I happened upon a quote from change management consultant William Bridges that I felt could be an apt framework for looking at the transitions that we find ourselves navigating:

"Change is situational. Transition, on the other hand, is psychological. It is not those events, but rather the inner reorientation or self-redefinition that you have to go through in order to incorporate any of those changes into your life. Without transition, a change is just a rearrangement of the furniture. Unless transition happens, the change won't work, because it doesn't take."

– William Bridges

It has occurred to me that rearranging items without considering placement accomplishes a simple goal – a change for change's sake. However, thoughtful consideration of where an item is placed impacts the utility and appearance, preventing injury or harm simply from a misplaced cord or a poorly located supraglottic airway!

It is true. Instead of simply dealing with changes – or worse, resisting them, complaining about them, or denying that they are happening altogether – we can change our mindset to embrace change and work through the psychological transition. Often, benefits emerge that can sometimes outweigh the perceived drawbacks.

Indeed, in early 2021, the Pew Research Center found that while the vast majority of Americans (89%) mentioned at least one negative change in their lives due to the pandemic, 73% also mentioned at least one unexpected upside.

In my 15+ years in practice, I've observed that everyone has a different threshold for change. Some delight in constant movement; others dread it. As I have explored my own appetite for change, I have found that while I am generally adaptable, there are a few helpful tricks that I've used to help me manage:

Managing change for yourself

- Focus on what you can control. It is useful to truly consider what is under your control in any situation, and what is not. For example, during the height of the COVID-19 cases, I would remind myself that I couldn't personally impact the number of very sick

patients being admitted to MercyOne each day. What I could control was my ability to be present for each patient and each colleague whom I encountered, treating them with respect, offering a caring attitude, and giving them my very best.

- Recognize when you are approaching overwhelm or exhaustion and ask for help. This can be especially difficult for leaders who are used to shouldering a great deal, as well as those who are sensitive to their colleagues' own struggles or exhaustion. Yet it's critical to ask for help when you need it – even in small ways – to help you avoid burnout.

- Stick to your self-care routines. When undergoing changes and disruptions to normal processes, it's important to stick to as many of your self-care routines as possible. For me, even during the height of the pandemic, I fought to carve out time to spend with my family, continue to eat well, and exercise when I could. I know these routines helped me manage my stress on a day-to-day basis.

Managing change for your team

- Recognize that your team may be struggling and do what you can to support them. Change often is first experienced as a negative.

It can produce feelings of fear, anger, anxiety, irritation, or any number of negative emotions, and it can manifest in many ways.

Be watchful of your teams' reactions. If possible, share techniques to help manage stress and anxiety, and work on being patient when you see behavior that is inconsistent with how someone may have reacted previously. We all react differently under stress. At MercyOne,

we created what we call “care circle” activities to encourage our colleagues to take care of their mental and physical health.

- Communicate consistently and often. It's sometimes tempting to wait until you have all of the answers, but it often leads to rumors and gossip, which hurts morale and culture. When preparing to communicate a change with your team, it's helpful to think through these questions:

- 1) What is the change, and what do we know about it? Tell your team what you know in plain and factual language – avoid speculation.

- 2) What are the things that we don't know yet? This is useful to demonstrate to your team that you're not keeping things from them, and you are exploring all facets of the change.

- 3) What are we still trying to determine? This is subtly different from the question above, as there may be things you don't know and cannot work to figure out. This also demonstrates to your team that you are actively working on getting more answers.

- 4) What are the rumors about the change? Gossip is often fueled by speculation and drama. Addressing the rumors transparently can take the wind out of the sails of a circulating rumor that has no merit.

- Give realistic examples of how the change impacts your teams. Concrete examples that teams can relate to will help assuage fears of how big an impact may be.

- Share what you know is staying the same. This could be your organization's core values and commitment to patients, or more factual details that are relevant to the change.

- Actively listen to your teams and create a feedback loop. If you don't already meet regularly, set up a consistent time to touch base. At MercyOne, we use a huddle format at the beginning of each shift to review relevant updates from the previous shift or day, and it gives us a few minutes to connect on other pressing matters.

Be empathetic to your team's concerns and ask relevant questions to better understand. First, be accessible, but also be open to their feedback and ideas on what can be done to manage the change collectively.

- Follow-up on any action that you have promised or any new information since the last time your colleagues gave you feedback. Even if you haven't made progress, updating teammates on what you've done to advance the research, feedback, or issue helps let them know that it's still on your radar.

I hope some of these findings from my own career are helpful as you navigate transitions for yourself and within the context of your teams. To end this column, I'll share one more quote about change:

“Light precedes every transition. Whether at the end of a tunnel, through a crack in the door or the flash of an idea, it is always there, heralding a new beginning.”

– Theresa Tsalaky

To my healthcare colleagues throughout the state, I offer this wish: May you find the light and welcome new beginnings.



TELEHEALTH: SUPPORTING PHYSICIANS

Through Digital Care



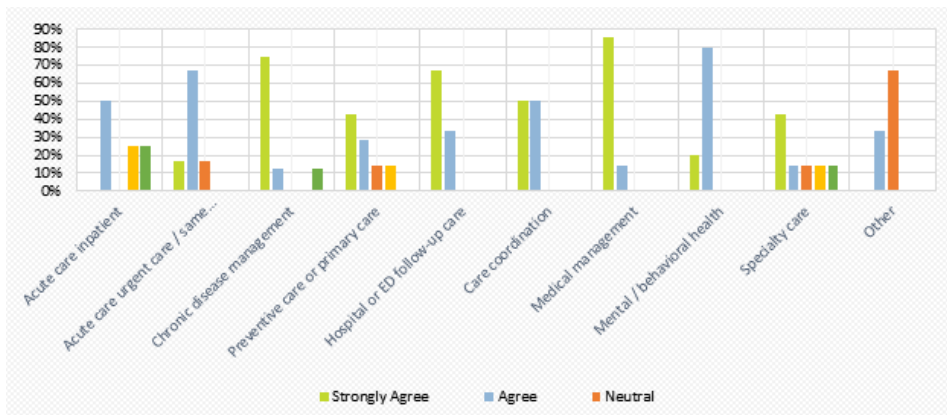
KADY REESE, MPH, CPHQ

Ms. Reese is Director of Education & Engagement at IMS

The COVID-19 pandemic has transformed telehealth utilization here in Iowa and around the country. Thanks to a significant influx of funding, expansions in coverage, and an easing of long-standing regulatory barriers, more clinics in our state have been able to deliver a greater variety of telehealth services than ever before. Since the beginning of the pandemic, telehealth use peaked during April 2020 but has since stabilized – at a utilization rate 38 times greater than January 2020.

In a recent survey conducted by the American Medical Society (AMA) and IMS, respondents agreed across the board that telehealth has enabled them to provide high quality care across numerous areas of service. Respondents also confirmed that telehealth isn't going away with 56% of respondents focusing on sustainability of existing services and an additional 22% seeking for ways to expand and enhance their telehealth services. As physicians navigate the evolving telehealth landscape, IMS remains committed to supporting physicians throughout the journey.

Telehealth's Enabling of High Quality Care by Service, Iowa Telehealth Survey Responses



The Telehealth Initiative

IMS is one of five state medical societies chosen to participate in the second cohort of The Telehealth Initiative (TTI), a program created in collaboration between The Physicians Foundation and the AMA to bolster implementation support at the state-level by equipping state medical societies with telehealth programming that can further support physicians and practices in implementation and optimal use of telehealth. Through TTI participation, IMS physicians and practices help inform and receive unique access to:

- The AMA Telehealth Immersion Program, a foundational program of timely resources to guide physicians through the telehealth landscape, including evaluation of digital platforms, clinical workflow adaptations, technology integration, quadruple aim accomplishment, care continuity and expanded care access, and improved clinical

outcomes. Participants are able to achieve a certification of recognition as part of the AMA STEPS Forward™ Innovation Academy.

- Additional technical assistance is provided to a targeted selection of engaged practices, focusing on the AMA's Return on Health framework through chosen quality improvement initiatives to demonstrate the value of telehealth and tailored to meet the needs of physicians and practices from initial integration through enhancement and sustainability of telehealth services.

Through this initiative, IMS has been able to not only offer greater educational resources to all Iowa practices and targeted technical assistance to a handful of practices, but has also been able to gain a greater hands-on understanding of telehealth by gathering real-life experiences and capturing telling data to develop case studies.

These case studies will serve as a tangible value statement to be shared with decision-makers at all levels, articulating the benefits in both experience and outcomes for both physicians and patients through telehealth, and making a case for the continuance of funding investments, coverage, and regulatory relief needed to ensure physicians and practices are able to offer this crucial point of care access beyond the pandemic emergency.

In partnership with the AMA, IMS will continue to assess physicians' experience with telehealth during the pandemic and work to identify additional barriers to sustainable utilization moving forward.





FRIDAY, SEPTEMBER 16 & SATURDAY, SEPTEMBER 17, 2022

EMBASSY SUITES | 101 E. LOCUST, DES MOINES, IOWA 50309

Join us for an engaging event that 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 practitioners they can be.

The event will begin with a social hour on Friday evening, followed by a full day of speakers on Saturday. Stay tuned for an agenda to be posted in the coming weeks.



IMPAC
IOWA MEDICAL POLITICAL
ACTION COMMITTEE

**Iowa
Physicians
Are Under
Attack.
Will You
Fight
Back?**

Dubuque County jury awards \$10 million in wrongful death suit
Wrong-patient surgery costs \$14 million
Jury awards \$14 million
million in malpractice case
Clinic \$12.25

\$97.4M: The largest verdict in Iowa medical malpractice history

Multimillion dollar verdict in Waterloo malpractice suit

Jury awards \$29.5M in woman's death in malpractice case

**Join the Fight
for Tort Reform!**

visit: lowamedical.org/impac
or call: (515) 223-1401



NEW OPPORTUNITIES FOR MEMBER ENGAGEMENT



HEATHER LEE

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



Search
"Wild Apricot" in
the App Store!

At IMS, our focus is on continuing to create additional opportunities for engagement and to improve communications with you, our members. With that in mind, we are excited to announce the launch of the new IMS membership app.

The app will be available for both IOS and Android platforms and will allow our members to register for upcoming events and educational opportunities, renew their membership, and connect with other members across the state.

Why add one more app to your device?

The app allows you to:

- Register for upcoming events and educational opportunities; you can even add the event information directly to your calendar.
- Easily renew your IMS Membership.
- Keep your contact information up to date.
- Connect with your fellow members via the membership directory on the app.

What to do before the launch:

- Log on to iowamedical.org and update your information (if you have forgotten your password or would like to change it, just click on the "forgot password" button, and a link to reset it will be sent to the email address we have on file.)
- Add a photo to your profile so your fellow members will recognize you.
- Check your privacy settings and adjust the information you may want to share on the app with your fellow members.

After August 1, 2022:

Visit the app store and search for the "Wild Apricot" app, download the app and use your IMS email and password to log in.

Important facts about IMS's App and your information:

Access to information on the app is limited to IMS staff, physician members, and affiliate partners.

Your privacy is important - you can control what information about you is available on the app by adjusting your privacy settings on IMS's website: www.iowamedical.org. Information and security edits can only be made via the desktop website.

Payments processed on the app are secure and handled through the same processor that is used on the IMS website.

If you have questions about the new IMS app or your membership needs, please contact IMS.
membership@iowamedical.org

THANK YOU FOR YOUR MEMBERSHIP WITH IMS!



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!

PROGRESS TAKES TIME, ENERGY, & PEOPLE



BROOKS JACKSON, MD, MBA

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

Life is a series of transitions—and sometimes those “in-between” periods that connect the chapters of our lives can inform how we move forward.

Transition has been a top-of-mind consideration lately, for me professionally and for University of Iowa Health Care collectively. As you may have read or heard, I announced in February that I will step down from my leadership role as the university’s vice president for medical affairs and dean of the Carver College of Medicine once my successor is in place.

I’m not retiring. I will maintain my faculty appointment in the college’s pathology department and continue my research and clinical activities. So, as I prepare to step away from my administrative responsibilities, I can reflect on what we’ve accomplished since I arrived in late fall 2017 and look ahead to the next chapter.

Biomedical research is a hallmark of the University of Iowa, and I’m proud to say that our investigators have done an outstanding job in competing for and receiving National Institutes of Health research grants and other types of extramural funding. Since our 2017 fiscal year, external funding to UI Health Care researchers has increased approximately 30%. We received \$283 million in total external funding in

FY 2021 and are on a similar pace for this current fiscal year. Across the Carver College of Medicine and in collaboration with other UI colleges and departments, we continue to make discoveries and publish papers that help advance medicine in the basic and clinical sciences.

Medical education is key to our overall mission, and this time of year is an important transition period for our students and trainees. Thirty-nine of the 152 graduating students in our MD class of 2022 (26% of the class) will remain in Iowa for residency training, with 29 of these students matching to a residency program at UI Hospitals & Clinics.

They’ll join dozens of other new residents and fellows from across the country who will start their training at Iowa this summer. We trained 821 residents and fellows in FY 2021, and we’ve added 65 new residency and fellowship slots in FY 2022, with multiple additional openings in family medicine, general surgery, hematology-oncology, OB/GYN, orthopedics, and pediatric neurology, for example.

Also, I will note that our medical student MCAT and USMLE scores have improved significantly over the past five years—in fact, this year’s

graduating MD class earned the highest USMLE Step 1 and Step 2 scores in the history of the college. We also continue to be home to top-10 programs in physical therapy and physician assistant studies, with our PA program ranked as the No. 1 program in the country, according to U.S. News. These are just a few examples of how, collectively, our educational programs are helping to develop new primary and specialty care providers for Iowa and beyond.

In terms of patient care services delivery, we’re in the beginning stages of transition and transformation over the next decade.

The state’s population is aging, and we’re seeing more Iowans with multiple and complex conditions. As such, there’s a greater need for our tertiary and quaternary care services—greater than the number of hospital beds we currently have available. Upgrades to our existing facilities, and the addition of new facilities for patient care, teaching, and research, are a must.

Construction began last fall on our academic medical campus in North Liberty. When it opens in 2025, it will have 36 beds and 12 operating rooms, plus additional emergency rooms and procedure rooms, lab and imaging services, outpatient clinics, and teaching and research space. In the meantime, we’re working to increase adult inpatient bed capacity at UI Hospitals & Clinics and expand our ability to train physicians, nurses, and other providers, many

of whom will remain in the state. This is not growth for growth's sake—these initiatives are much-needed improvements to how we pursue our three-part mission.

At the beginning of 2022, the university presented a preliminary draft of a 10-year facility master plan that will update the UI campus. The Board of Regents, State of Iowa, has given its approval to proceed with the planning process. The draft plan includes construction of three core building projects on the health sciences campus: a new adult inpatient tower, a new building for ambulatory care services, and a research building. We're in the early stages of planning for the inpatient tower; the other buildings are part of the later phases of the campus master plan.

These projects will take time to develop. They'll require coordination and resources. And, once completed, these buildings will need people—doctors, nurses, and other care providers but also technologists, IT specialists, environmental services staff, research assistants, and administrative support, among others.

That's partly why we're committed to fostering a more diverse, equitable, and inclusive workforce for UI Health Care. Adequate staffing is a challenge, and it will be a challenge in the years ahead, so we must do everything we can to make our health system a place where all employees feel welcome, respected, and valued. And we want to develop a workforce that reflects the patients and families we serve.

We're making progress—we've established a health parity office, which has launched initiatives related to recruitment and retention, work culture, recognizing and eliminating health disparities in our communities, and building greater respect and communication within our workforce and between patients and their providers. Diversity, equity, and inclusion is part of our strategic plan; more importantly, it's the right thing to do for our health system and for Iowa.

We recognize that challenges lie ahead. And we're not alone. Other hospitals and health systems in Iowa face issues related to recruitment and retention, construction and supply costs, inflation, reimbursement, malpractice, and employee burnout.

And yet, as I prepare to move from an administrative leadership role to a faculty role, I am optimistic about the future. Change and transition are inherent to the work we all do, and I'm confident that the next generation of leaders—here at the UI and also across Iowa—will continue to act in the best interest of the state and the health of Iowans.

UNIVERSITY OF IOWA CARVER COLLEGE OF MEDICINE

MAY 13, 2022 | IOWA CITY

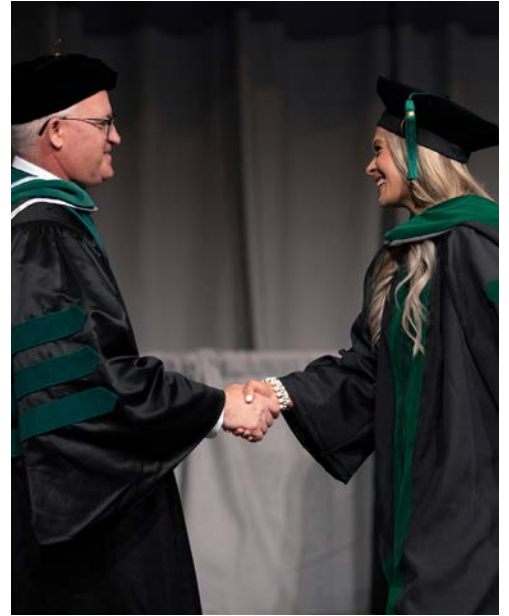
SPECIAL THANKS TO UI PHOTOGRAPHER: CARLOS HERRIOTT



DES MOINES UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINE

MAY 27, 2022 | DES MOINES

SPECIAL THANKS TO DMU PHOTOGRAPHER: BRETT ROSEMAN



TELEMEDICINE EXPOSURES

IowaMed Insurance



TIM MCMAHON

Mr. McMahon is Sales Executive and Health Director at IowaMed Insurance

Telehealth services have found favor with patients, especially over the last couple of years. Telemedicine as defined by the American Telemedicine Association is “the use of medical information exchanged from one site to another via electronic communications to improve a patient’s clinical health status.” According to a 2020 survey from Updox, 42% of Americans used a telehealth service since the beginning of the pandemic.

If we add in the following years that number has almost certainly surpassed 50%. Patients enjoy the convenience of scheduling and attending telehealth visits from home. They can also avoid potential exposure to other sick patients and appreciate the more cost-effective option. For health care providers, telehealth may provide the opportunity to interact with a patient in an environment that makes them comfortable and provide some insight into their home atmosphere.

With all the positives that come with telemedicine it is important to review potential exposures, especially in the area of professional liability. As you know, the key difference between telehealth and in-person visits is the ability to physically examine

the patient. Whether the care is rendered in-office, via telephone or web platform, patients expect the same standard of care. Potential medical malpractice claims arise when those standards are not met and cause harm to the patient.

According to a study by The Doctors Company 74% of diagnostic error claims involved patient assessment failures. The top three errors that contributed to the failures were

- A delay in ordering diagnostic testing
- A failure to address ongoing symptoms
- And a failure to establish a differential diagnosis

A good way to prevent these errors through telemedicine is to review if the patient is a good option for telehealth. There are limits to virtual examinations and sometimes in-person evaluations are necessary. Is the information gathered from the remote assessment sufficient for determining the patient’s diagnosis and treatment plan?

It is equally important for the patient to understand the limitations of telemedicine. A discussion with the patient on the differences between the appointments, the limitations of a virtual health check, and what types of circumstances would

require an in-person examination can be beneficial. Informing the patient in advance is a useful step in the process for all involved and setting expectations may help reduce the potential for a malpractice lawsuit.

Telemedicine also creates a risk for cyber security claims involving the patient’s protected health information. It is important to thoroughly review your telemedicine tool, does it comply with Health Insurance Portability and Accountability Act (HIPAA) regulations? What type of privacy protection features does it offer? How does it integrate with the other digital tools you use? Unfortunately, the bad actors are still attacking with phishing scams and ransomware. In addition to understanding the security features of your program, it’s also important to train your team to recognize phishing attempts and to have a plan in place if you are the victim of a ransomware or other cyber-attack.

As you review your telehealth processes and tools, don’t hesitate to reach out to us at IOWAMED Insurance! We’re here for you, we can review your current insurance program for free. As the healthcare industry advances we want to make sure you’re covered.



IOWAMED Insurance, a partnership between IMS and FNIC, provides services statewide to IMS physicians, their families, and employees. FNIC, formerly The Harry A. Koch Co., has been insuring the healthcare industry for over 50 years.

We currently work with 40 acute care and critical access hospitals, as well as 2,500 physicians in Iowa and Nebraska. They range in size from solo practitioners to fully integrated health care systems. The dedicated team of insurance professionals is ready to develop programs that fit your needs from commercial insurance and employee benefits to personal insurance.



One number is all you need to connect with the very best pediatric surgical specialists.

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



CARE

|

ADVOCACY

|

RESEARCH

|

EDUCATION

MANAGING DIFFICULT INTERACTIONS WITH PATIENTS

Past studies suggest that between 10–20% of patient visits are described as “difficult” by physicians, and with the pandemic, the incidence seems to have increased. Examining how to navigate these types of situations is important for a variety of reasons:

- Patient satisfaction is now a frequently measured parameter and poor interactions may lead to negative feedback that does not accurately reflect the medical care provided.
- Personal satisfaction on the part of the provider is also an issue, and difficult situations can leave a provider confused, angry, and frustrated, and contribute to burnout.
- If the patient interaction is sidetracked into a contentious discussion, important parts of the clinical history might be missed.
- Increased legal issues are seen in physicians who have frequent difficult interactions as medical board complaints or threats of lawsuits may result.

FOCUS ON DETERMINING THE CAUSE OF CONFLICT

Clear communication is essential when there is conflict or misunderstanding. It can be useful to differentiate between complaints (e.g., difficult breathing) and concerns (e.g., wanting a certain medication) and then explore the patient's understanding of the issue. If the interview becomes argumentative, one needs to have a clear understanding of why the patient is angry, upset, or concerned.

Although a difficult interaction may be inevitable, deescalating it early is vital. Often the patient starts a difficult encounter with a high emotion, such as anger or sadness. Physicians need to recognize this and not let their

own emotional response escalate the situation. Care should be taken to not take conflict as personal. The challenge is to remain calm, objective, and focused on how best to respond to these situations.

Identifying and acknowledging a patient's concerns and letting them discuss what their beliefs are may help calm him or her down. We need to understand the behavior of the patient in the context of their conditions. If one can understand where the anger is coming from (e.g., fears, past experiences, misinformation), one may find the path to deescalating the situation.

USEFUL TECHNIQUES AND CONSIDERATIONS

>>ACTIVE LISTENING

Physicians should listen in an open and attentive manner. Be careful of your own body language when tensions are high. Any probing should be done in a mild or respectful way. Patients should be able to express themselves and the physician should listen and seek to understand their perspective.

>>REFLECTIVE LISTENING

Repeating statements back to the patient in a summarizing fashion is a wonderful way of really hearing what the patient has said. This also builds empathy as the patient realizes you have heard him or her with phrases such as “I hear that you believe strongly that this medicine will help you...”

>>ACKNOWLEDGE THE EMOTIONS

Using succinct statements like “I can see you're upset” helps reflect the emotion you are seeing to the patient.

This builds empathy and rapport even in a difficult situation. The patient can tell you are listening and may realize how their own emotions are impacting the interaction.

>>BUILD A WIN-WIN PARTNERSHIP

Let the patient know that you want to work with them with a focus on a treatment plan that is appropriate with statements such as “Let's act as a team and monitor your symptoms closely” or “I will help you through this situation and we will work through this together.”

>>RECOGNIZE THAT IT MAY TAKE TIME

Behavior modification is not instant, and it may take time to convince patients to change their behavior or follow your advice. Understand that in these situations you may never convince the patient to do the right thing. And change is internal in the psyche of the patient.



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

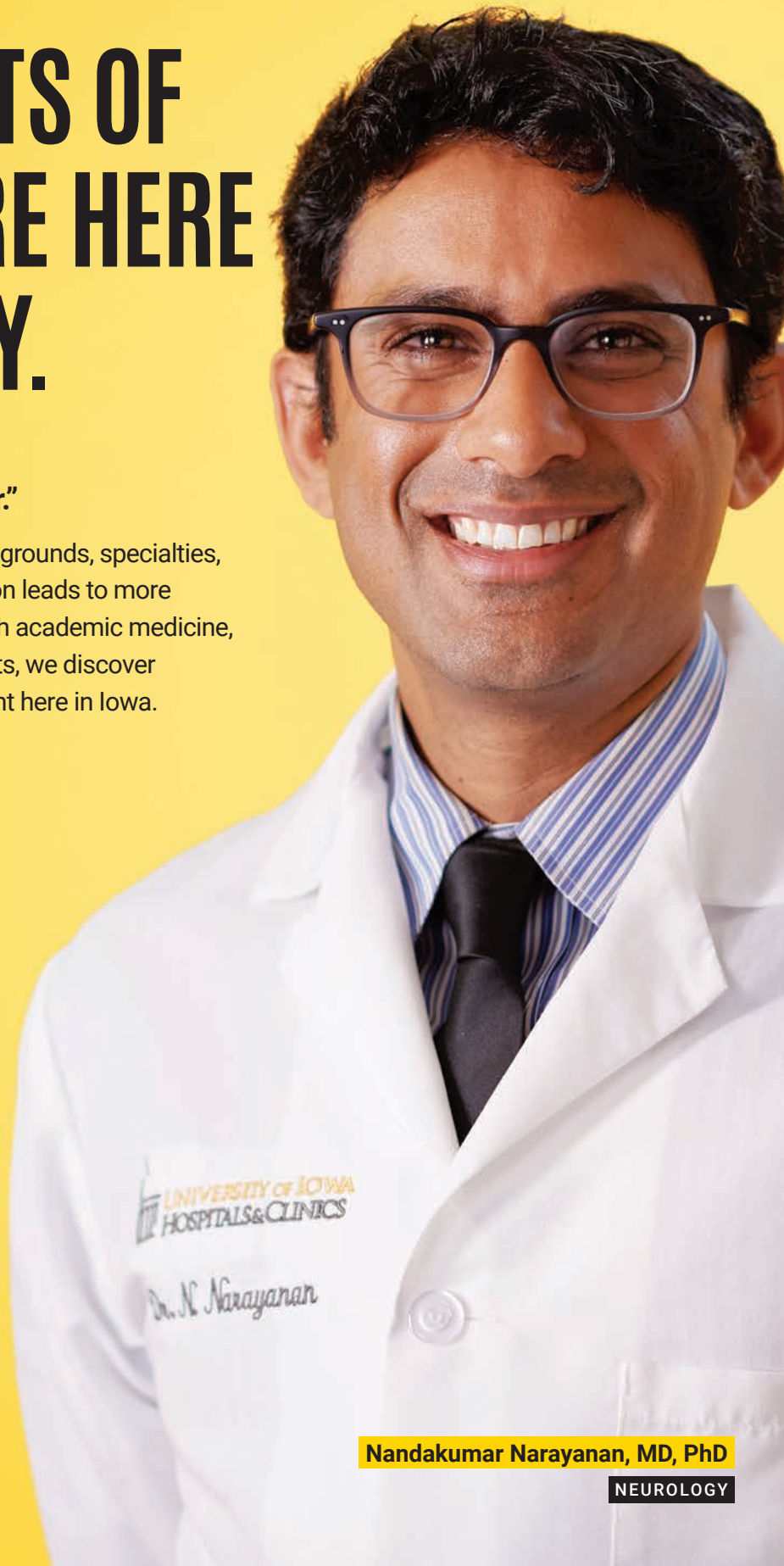
 **COPIC**[®]
Better Medicine • Better Lives
callcopic.com | 800.421.1834

“THE TREATMENTS OF TOMORROW ARE HERE IN IOWA TODAY.”

I'm here for one purpose and that's to give my patients the best medicine has to offer.”

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.

[→ Learn more at UIHC.org](https://uihc.org)



Nandakumar Narayanan, MD, PhD

NEUROLOGY

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



PEACE OF MIND

BEYOND

COVERAGE

As a premier medical liability insurance carrier, we are committed to being there when you need us. Our physicians and other staff serve as extended members of your team to help answer questions or navigate difficult situations. And when it's urgent, you have 24/7 access to a physician via our Risk Management hotline. Plus, our legal and HR experts help you tackle other issues as they arise. **That's Value Beyond Coverage.**


Better Medicine • Better Lives
CALLCOPIC.COM | 800.421.1834