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- Meet the New CEO
- 2023 Advocacy Priorities
- Member Spotlight





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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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SPENDING THAT CAN WRECK RETIREMENT

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

In more than a decade of working with clients, I've discovered that one thing tends to do more damage to financial plans than any other: Spending on a home. Spending on a home for personal use is often billed as a good investment. However in my experience, this is rarely the case. Three key mistakes in home spending often cause people to delay retirement or create unnecessary worry in retirement:

1. Not planning for expenses in retirement

Every few years, you will have home upkeep expenses. You can expect to refresh or replace most of your home over the course of 25 years. Heading into retirement you want to plan for the spending needed to maintain your home. Without that in the plan, you may not save enough to cover all your needs, which could force you into making some tough choices in retirement.

2. Carrying a large mortgage into retirement

One of the financial keys to a successful retirement is spending flexibility. This allows you to reduce spending during tough market cycles

and increase during good markets. In retirement, a significant mortgage is not an optional cost; it must be paid no matter what markets are doing. If you would like to buy a new home, come up with a plan to try and eliminate the mortgage before retirement.

3. Continual, unnecessary home projects

This is the most common and often the most damaging of the three key mistakes. As outlined above, every home will need to be maintained, but there's a difference between maintaining and enhancing. Don't get me wrong. Making your home more functional and enjoyable is great. The problem is when you find a new, unplanned project every couple of years that costs tens of thousands of dollars. The last decade of your working life often is when you can save the most. Replacing those savings with debt can push your spend rates well past a healthy point.

The best way to avoid these mistakes is to come up with a plan by prioritizing the things you'd really like to change about your home and

research what it will cost. Try to be realistic about how much value you and your family will get from the changes you are considering. Consider home spends that increase the enjoyment of your home the most, and stick to maintenance and necessary changes in other parts of your home. For instance, many people spend a lot of time in the kitchen and family room but very limited time in bedrooms and bathrooms.

What does it mean to be Truly Cared For®? It means we understand your passions and use proven methods to help you reach your goals. Including retirement. If you have questions about your financial planning, give us a call or send us an email – we'd be glad to help!



SCAN ME

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IMS WELCOMES NEW CEO



STEVEN CHURCHILL

Mr. Churchill is incoming CEO of the Iowa Medical Society

The Iowa Medical Society Board of Directors is pleased to announce Steven W. Churchill as the Society's next Chief Executive Officer (CEO) effective October 10, 2022. Steven replaces Mike Flesher, who departed IMS in June to accept a new role as the CEO of the Wisconsin Medical Society and Dennis Tibben, who provided dedicated leadership as the Interim Executive Vice President & CEO of IMS from June to present.

After living abroad as Chief of Staff at the United States Embassy in Beijing, China, Churchill returned to Iowa last fall, where he had lived and worked for over 25 years. A graduate of Iowa State University, Mr. Churchill was elected to three terms in the Iowa House of Representatives and served as Vice President for Development and Alumni Relations at Des Moines University during his time in Iowa.

A nationally recognized leader with over two-decades of management experience and 14 years of leadership in the healthcare arena, Churchill previously served as the CEO

of the Association for Healthcare Philanthropy in Washington, DC and as Executive Director of the American Medical Association Foundation in Chicago. His leadership experience in the public, private and nonprofit sectors were key factors in his selection to lead the Iowa Medical Society.

An experienced CEO, elected-official, and diplomat with a Master's in Nonprofit Administration, Steven has a record of working closely with board members and staff to build trusting relationships and strategic partnerships to advance the mission and priorities for the organizations that he has led.

"We are excited to welcome Steve Churchill as the new CEO of the Iowa Medical Society. With broad experience in the healthcare arena, executive leadership in association management and deep ties to Iowa and its leaders – Steve knows his way around the statehouse and understands the issues facing physicians and the patients they serve," said IMS President Scott Truhlar, MD.

"I am honored to be joining the Iowa Medical Society. As a young state legislator, I clearly recall the important role IMS played in shaping healthcare related policy for the benefit of all Iowans. The society has a long history and an unwavering commitment to representing the needs of physicians and the patients they serve.

I am excited to put the skills I've learned as a leader across the country and the globe to work to advance the Iowa Medical Society's mission to assure the highest quality health care in Iowa through its role as physician and patient advocate," stated Churchill.

Steven will work with the Board, outgoing Interim Executive Vice President & CEO Dennis Tibben, and the IMS staff to ensure an effective and seamless transition.



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INITIAL 2023 LEGISLATIVE PRIORITIES



DENNIS TIBBEN, MPA

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

The IMS Committee on Legislation met on August 23, to develop recommendations to the Board of Directors for the initial 2023 IMS Legislative Priorities. These priorities, which were approved by the IMS Board of Directors on September 16, seek to build upon our 2022 legislative successes, while acknowledging that nearly a quarter of the Iowa General Assembly will be new legislators due to the significant number of retirements following redistricting. IMS has already begun the work of educating these new members about the issues of importance to Iowa physicians.

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

IMS legislative advocacy is a member-driven process, under the direction of the Committee on Legislation. This group meets twice each fall to set and refine our legislative priorities for the coming year. During session, the group meets weekly to discuss developments at the capitol and guide advocacy decisions in real time. For more information on the IMS legislative priorities, the Committee on Legislation, or how you can get involved in our advocacy efforts, please contact IMSpolicy@iowamedical.org.



IMS COMMITTEES & MEMBERS

The physician, resident, and medical student volunteers who serve on our standing committees help to inform and guide the work of the Iowa Medical Society. Thank you for your service to your profession and the practice of medicine in Iowa!

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IMS committees and how
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membership@iowamedical.org



22-2 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 22-2 met on September 16 in Des Moines to deliberate and take action on the below policy requests, which had previously gone before the full membership for consideration.

PRS 22-2-01: IMS Policy Sunset Report for 2022

Policy Request

The Policy Committee recommends that the policies listed in the appendix to its report be acted upon in the manner indicated. For policies recommended for reaffirmation or reaffirmation with amendment, the committee recommends these policies be reaffirmed for a period of time to coincide with the next decennial anniversary of their original adoption to help disperse the volume of policies reviewed at each annual policy sunset review.

Action Taken

Adopted

PRS 22-2-02: Integration of Home Births into the Healthcare System to Advance Maternal Health and Equity

Policy Request

- 1) The Iowa Medical Society collaborate with Certified Professional Midwifery groups on legislative efforts to regulate Certified Professional Midwives through licensing.
- 2) The Iowa Medical Society encourage inclusion of Certified Professional Midwife representatives in stakeholder discussions involving maternal health and equity in Iowa.
- 3) The Iowa Medical Society support data collection on Certified Professional Midwife practice and outcomes.
- 4) The Iowa Medical Society study and provide education on best practices regarding the integration of home births into the healthcare system, including but not limited to consultations, collaborative management, and transfer to hospital care, as indicated by the health of the mother and newborn.

Action Taken

Not Adopted



PRS 22-2-03: Preserving Access to Reproductive Health Services

Policy Request

A) The Iowa Medical Society affirms American Medical Association Policy G-605.009, adopted as amended at the Annual Meeting of the House of Delegates in June 2022, and that the Iowa Medical Society, under direction of the Board of Directors, will work with the task force to accomplish its goals.

B) The Iowa Medical Society

- 1)** Affirms that government and other third-party interference in evidence-based medical care compromises the sanctity of the physician-patient relationship and undermines the provision of quality health care;
- 2)** Opposes any government regulation or legislative action which would criminalize physicians for providing evidence-based medical care within the accepted national standards of care, as informed by according to nationally recognized professional practice guidelines, as well as and the scope of a physician's training and professional judgment;
- 3)** Recognizes that healthcare, including reproductive health services like contraception and abortion, is a human right;
- 4)** Opposes limitations on access to evidence-based reproductive health services deemed appropriate by a physician's professional judgement, including fertility treatments, contraception, and abortion;
- 5)** Will work with the American Medical Association and medical specialty societies to vigorously advocate for broad, equitable access to healthcare services, including reproductive health services, such as including fertility treatments, contraception, and abortion;
- 6)** Supports shared decision-making between patients and their physicians regarding healthcare services, including reproductive healthcare;
- 7)** Opposes any effort to undermine the basic medical principle that clinical assessments, such as viability of the pregnancy and safety of the pregnant person, are determinations to be made only by healthcare professionals with their patients, including but not limited to viability of the pregnancy and safety of the pregnant person;
- 8)** Opposes the imposition of criminal and civil penalties or other retaliatory efforts against patients, patient advocates, physicians, other healthcare workers, and health systems for receiving, assisting in, referring patients to, or providing healthcare services, including reproductive health services;
- 9)** Will advocate for legal protections for patients who cross state lines to receive reproductive health services, including contraception and abortion, or who receive medications for contraception and abortion from across state lines, and legal protections for those that provide, support, or refer patients to these services;
- 10)** Will periodically review the Iowa Medical Society policy compendium and recommend to the IMS Policy Forum policies which should be amended or rescinded to reflect these core values.

Action Taken

Adopted with Amendment.

For more information on the Policy Forum process, action taken during PF 22-2, or to submit your own PRS for consideration at the next Policy Forum, please contact Dennis Tibben with IMS. Policy Forum 23-1 meets on April 21, 2023.

dtibben@iowamedical.org



IMS INITIATIVES OVERVIEW



KADY REESE, MPH, CPHQ

Ms. Reese is Director of Education & Engagement

The Iowa Medical Society partners with physicians and healthcare stakeholders across Iowa to provide professional development, technical assistance, and targeted resources to help improve healthcare outcomes.

Make the most of your membership and learn more about how IMS can help you meet your goals for both your practice and your patients. For more information on any of these IMS initiatives, including how your practice can get involved, please contact me at kreese@iowamedical.org

Clinical Care & Practice

5-2-1-0

5-2-1-0 Healthy Choices Count! is a nationally recognized and evidence-based prevention framework to promote healthy habits. IMS works with clinics to: increase healthy choices messaging with patients and families, follow the latest evidence-based recommendations for weight/height measurements for all patients two years old and older at well-child visits, and use the Healthy Habits Questionnaire to initiate conversations about healthy eating and activities.

Hypertension

The Hypertension Diagnosis and Control project works with IDPH and the CDC to provide technical assistance and support for select clinics to support efforts that help identify and address hypertension. We provide tools, targeted resources, and hands-on support to assist control efforts between providers and patients to meet clinical quality control goals.

IPOST

IMS leads the state's Iowa Physicians Orders for Scope of Treatment (IPOST) efforts, providing IPOST training for providers across the state, implementation technical assistance, development of standards guidances, IPOST form maintenance and new form adoption, and connection to national Physician Orders for Life Sustaining Treatment (POLST) resources.

Opioids

The Rural Communities Opioid Response Program (RCORP) is a multi-year HRSA initiative aimed at reducing the morbidity and mortality of substance use disorder (SUD), including opioid use disorder (OUD) in high-risk rural communities. IMS provides screening, brief intervention, and referral to treatment (SBIRT)

and medication-assisted treatment (MAT) Waiver training, billing & reimbursement support, and OUD/SUD education programming.

Telehealth

IMS is part of a collaborative project with The Physicians Foundation and the AMA to support physicians nationwide in implementing and sustaining telehealth to ensure that all practices are operating efficiently and providing positive experiences for both physicians and patients. This includes educating practice sites, building the evidence base for interventions that support implementing telehealth, and facilitating collaboration and sharing of resources to create a national telehealth action network.

Vaccine Confidence & Equity

IMS offers innovative shared learning opportunities for physicians covering COVID vaccine topics, such as vaccine hesitancy, cultural considerations for vaccines, and pediatric vaccinations. This all teach, all learn method allows for knowledge sharing and a community of practice throughout the COVID-19 pandemic.

Physician Wellness

Crucial Conversations

Crucial Conversation teaches skills for creating alignment and agreement by fostering open dialogue around high-stakes, emotional, or risky topics—at all levels of your organization. By learning how to speak and be heard (and encouraging others to do the same),

physicians uncover the best ideas, make the highest-quality decisions, and then act on their decisions with unity and commitment. Crucial Conversations equips participants to address first-line responses and become agents for change.

Recognize. Recover. Rebuild.

Recognize. Recover. Rebuild. programming offers the opportunity to break from didactic training and move to relationship-based learning, translating principles and techniques into real-life, true-to-practice application and experiences.

Through this programming, participants are able to break down the burnout wall, appreciate the power of the person in the professional, and gain tested-and-true tools and techniques to build resilience and fight burnout – for themselves and others.

Education & Training

CANDOR

Communication and Optimal Resolution (CANDOR) is a process that health care institutions and practitioners can use to respond in a timely, thorough, and just manner when unexpected patient outcomes occur. CANDOR is a legally-protected, structured dialogue to be used following an unanticipated event/outcome. It allows the physician to provide patient answers, reduces physician stress, identifies necessary system improvements, improves patient safety, expedites resolution of the situation, and avoids lawsuits.

Diversity, Equity, & Inclusion

IMS is committed to supporting and fostering Diversity, Equity, and Inclusion (DEI) – in our practices and in our communities. IMS provides tailored resources from personal to professional to help support physicians and clinics to understand, appreciate, and engage in DEI efforts, and connections to trusted DEI champions in local communities.

Healthcare Workforce

The Rural Healthcare Workforce Strategic initiative is a collaboration of healthcare workforce stakeholders and champions working with local communities to address issues affecting Iowa’s rural healthcare workforce – from recruitment and education & training through retention and community investment to improve and sustain our statewide healthcare workforce.

Through our partnership with the Department of Health & Human Services, IMS convened a broad and diverse stakeholder coalition to develop Iowa’s first-ever statewide, strategic plan to address healthcare workforce shortages at every level.

Motivational Interviewing

Motivational Interviewing (MI) is a collaborative, goal-oriented method of communication, which strengthens the physician-patient relationship and a patient’s motivation for change toward healthier choices and lifestyles. MI skills are applicable across all areas of care and are the “soft skills” that drive better clinical outcomes. Consistent use of MI is proven to help increase patient engagement, satisfaction, and outcomes.



GUEST COLUMN: GRAND RIVER MEDICAL



Grand River Medical Group (GRMC) is a medical team consisting of over 50 physicians and advanced practicing professionals at six locations throughout Dubuque, Iowa. IMS is proud to have GRMC as a 100% group-dues member.

Medicine has changed significantly throughout the years. Increasing numbers of newly-trained physicians work for big healthcare systems, insurance companies, or stay in academics, instead of private practice. According to the AMA, 49% of physicians worked in a private practice in 2020, down from 54% of physicians in 2018,

As a private practice physician:

- 1.) You have a seat at the table. It's you and your physician peers that make democratic decisions on how best to run the practice.
- 2.) You control the fruits of your labor. Do you want to pay your staff more, do you want to make more, do you want to buy important equipment – a combination of all the above – this is your decision.
- 3.) You get to practice medicine the way it was meant to be practiced at the local level with deep connections to the community.

The shift from private practice may be attributed to the consolidation of healthcare facilities, the development of for-profit healthcare, and the amount of regulations imposed on those wanting

to “hang your own shingle.” Also, resident programs are often partnered with the large healthcare systems, so residents may not be aware of and/or have experience with the opportunities of private practice.

Grand River Medical Group (GRMG), founded in 2016, is an independent, physician-owned group in Iowa who prides itself on providing high quality healthcare to patients of all ages, in hopes of being the area's trusted choice, as it continues to grow. Our goal is to preserve the private practice of medicine and to develop services to provide the best care for our patients.

GRMG offers the benefits of an employment module with centralized support services and contracting while allowing shareholders to pursue their desired work/life balance. GRMG offers:

- Clinics serving the Maquoketa, Clinton, Dubuque, Manchester, and Platteville, WI areas.
- Six Primary & Specialty Care Clinics, Acute/Urgent Care locations, and three Dialysis Units. Ancillary services include high complexity laboratory, imaging including general radiology, mammography, ultrasound, DEXA, and CT .

- Over 65 Providers, 380 employees, and growing
- Endoscopy Center owned and operated by the group's gastroenterologists
- Owned and governed by physician shareholders
- Highly compensated physicians
- Best of both worlds: physician autonomy and professional management

GRMG is a highly-quality facility for physicians and their patients. Additional information about the clinics and their mission can be found at www.grmg.health.

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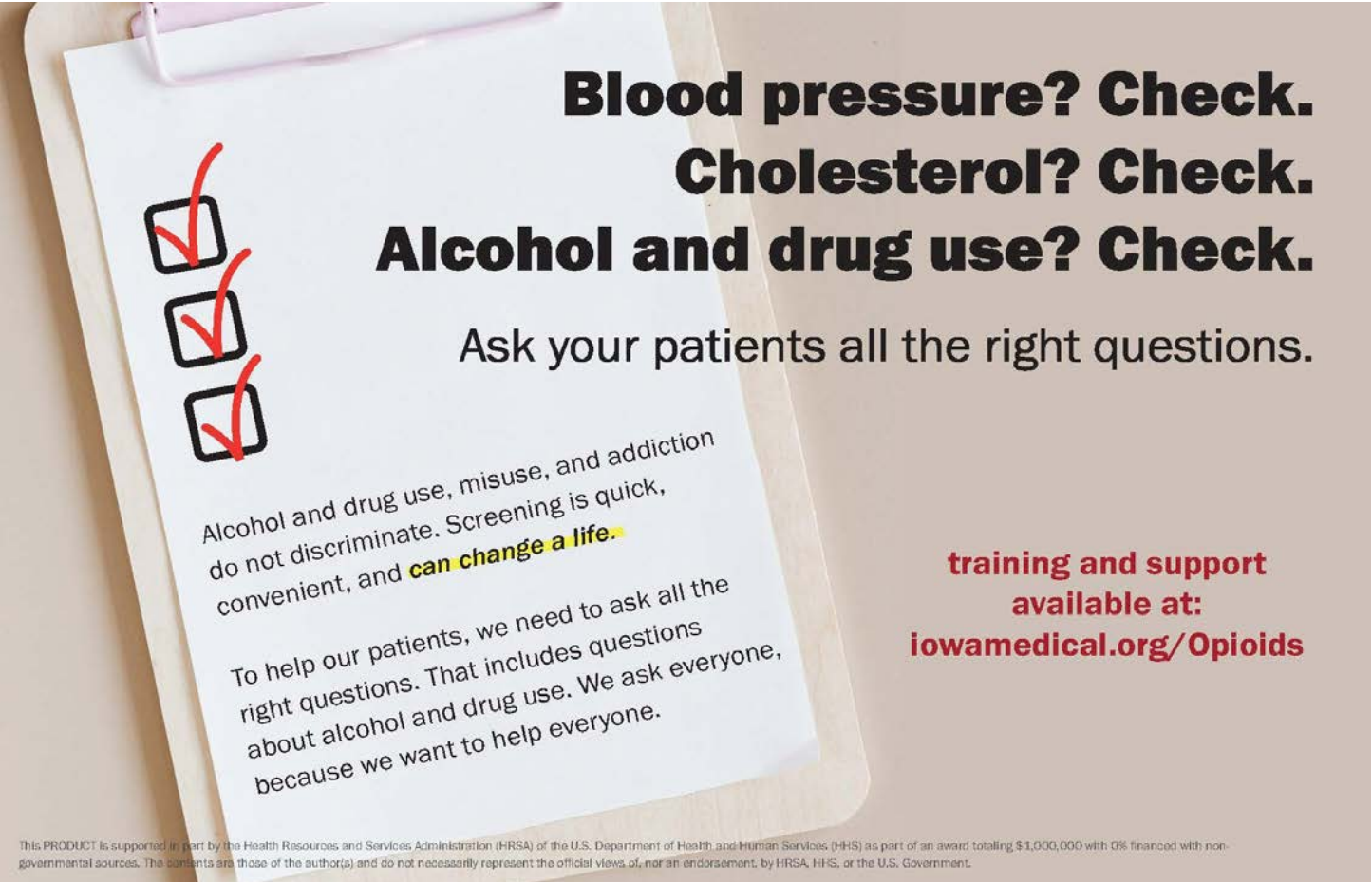
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WHAT IMS MEANS TO ME



MARYGRACE ELSON, MD, MME, FACOG

Dr. Elson is an OB-GYN in Iowa City, and Past IMS President (2019-2020)

About ten years ago, Carol Scott-Conner, MD, invited me to attend a Johnson County Medical Society meeting. It wasn't long until I was nominated to the Iowa Medical Society Board of Directors by JCMS.

While serving on the Board, I had the opportunity to participate in many changes to help make the Board and the IMS more nimble and effective, including board restructuring and the change to a Policy Forum model instead of the former House of Delegates. While serving on the Board, and eventually as your IMS President, I made countless connections with physicians across the state of Iowa.

I also had the wonderful opportunity to network with physicians from across the country at the AMA National Advocacy Conference and AMA House of Delegates meetings. Little did I know how many doors would be opened to me and how much meaningful and rewarding work I would be able to do through IMS.

Unity

The Iowa Medical Society is Unity. Unity with all the physicians in our state, all specialties, independent and employed, those in training, those in practice, and those retired. We are

incredibly diverse. In that diversity is beauty and strength. It has been a thrill to see the Board reflect that diversity.

Friendship

The Iowa Medical Society is Friendship. Through the Iowa Medical Society, I have met wonderful individuals I might never have met otherwise – physicians who are decades younger than me, from other cities, from other specialties, and who I am proud to call my friends.

Purpose

The Iowa Medical Society is Purpose. We work to preserve the physician-patient relationship. We understand that the profession of medicine is a calling, not a career. We embrace the implicit contract between physicians and the communities we serve. We reject barriers which stand in the way of our delivering quality and timely care.

Represents

The Iowa Medical Society Represents. In the statehouse and Congress, we are the unified voice of Iowa's physicians. We engage in advocacy with the goal of preserving the highest levels of quality and safety in health care in Iowa. We speak up to insure a favorable practice environment in Iowa in which ALL

physicians can thrive. We realize that finding joy at work – the joy which brought us to medicine in the first place – is absolutely critical to recruitment and retention.

COVID-19 arrived near the end of my Presidential year and my visits around the state came to a screeching halt.

The presidential medallion was passed to my successor Brian Privett, MD, standing six feet apart, in a recording studio, with an audience of only a handful of studio staff. In the time that followed, IMS and its energetic, multi-tasking staff pivoted to the virtual environment. The information never stopped. The work never stopped. The smiles never stopped.

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MEDICAL
SOCIETY:
TO ME,
IT'S
PRICELESS.”**



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CELEBRATING OUR COMMUNITY



SCOTT TRUHLAR, MD

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

In the autumn of each year, around 373 students begin their first year of instruction at Iowa's two medical schools. Each school has a White Coat Ceremony marking the entry of these newest members of our profession. As President of the Iowa Medical Society, I was invited to be on stage in Iowa City and shake the hand of each entering medical student as they received their coat and IMS pin. While listening to the speeches preceding the glad-handing, my mind reflected on the serendipitous events that shape our lives.

When I stood in the shoes of the students crossing the stage, I had just returned from a year at the London School of Economics studying health economics and social policy. After having just witnessed the defeat of what was referred to as "Hillarycare" in the United States, I moved to the United Kingdom and observed the fractious process of dividing their National Health Service into regional trusts intended to create an internal market for services. It was specifically described as an effort to inject "American style competition" into their healthcare system.

The juxtaposition of those diametrically opposed political efforts stayed central to my perspective as I progressed through medical school. While those insights did nothing to

advance my efforts to memorize the Krebs cycle, they left an indelible imprint on my insights into how a state and nation's healthcare policy is created and implemented. It also solidified a lesson: if we want to create change in our professional lives, it is not enough to know the skills of an astute clinician. We also must understand how to influence the creation of rules, regulations, and payment policies as they are established within the bureaucracies of our state and national capitals.

For that reason, after beginning my private practice, I became very active in my national specialty society. I lobbied annually on Capitol Hill in Washington D.C. for over ten years to advocate for changes important to radiology. Over time, I came to understand that much of what most impacted my daily practice was not actually dictated by policies made in D.C. Rather, many of the things I cared about most were decided at the state level. If I wanted to see changes in the way medicine was practiced in Iowa, then I needed to actively participate in the work of the state medical society.

The nine years I have spent on the Board of the IMS have reaffirmed my belief in the importance of the Society's work. There are many

things that can only be improved by working at the state level. In fact, if you want to improve many of the day-to-day work problems that are the "rock in your shoe," then you should be a member of the IMS and work with the IMS staff to change what needs to be changed.

A perfect example of this, and the IMS's biggest focus today, is our effort to establish a hard cap on noneconomic damages in medical liability lawsuits. It has been a multiyear effort, and we are closer this year than ever before to achieving that goal. In the past few years there has been a change in the "pain and suffering" awards levied against Iowa physicians. Most recently, a \$97 million judgement was awarded in my home of Johnson County. Any Iowa physician who thinks there should be an end to multi-million dollar "pain and suffering" judgements in our state should understand that being a member of our Society, and supporting its work, is the single best way to achieve that goal.

While medical liability reform is our single most important issue, there are many other challenges for Iowa physicians that can only be solved at the state level. For example, the IMS recognizes that the overall healthcare workforce situation

in our state has become dire. The Society has focused on the physician workforce component of the crisis. All specialties are severely impacted, with the clearest example being that Iowa is in 52th place (including Puerto Rico & D.C.) for the number of OB/GYNs per capita! However, we all know physicians don't work in isolation. The scarcity of trained personnel is a broad phenomenon across multiple healthcare fields, which means that we need a broad-based statewide approach to generate an actionable solution.

IMS has been broadcasting the urgency of the problem for many years but has recently experienced a big step forward with the formation of a large, collaborative stakeholder group referred to as the Iowa Rural Healthcare Workforce Task Force. Convened on behalf of the Iowa Department of Public Health, that statewide task force has been instrumental in creating Iowa's first-ever multi-disciplinary, statewide strategic action plan to address the provider workforce shortage in Iowa.

That plan led to advocacy success in obtaining increased funding, participant eligibility, and flexibility for the Iowa Rural Physician Loan Repayment program. It also was key to the creation of a new psychiatric residency program. These changes resulted from persistent hard work by the IMS physician volunteers and staff, made possible by the support and participation of our members.

A third initiative of the IMS since 2020 has been its rapid build-out of expertise in regards the COVID-19 pandemic and vaccine uptake. The Society established itself as a trusted resource, and we continue to respond to COVID-related questions from

our members and their clinic administrators. Beyond serving as a subject matter resource, the Society fought hard within the state government to win expanded telehealth payments at the beginning of the pandemic. Our excellent staff was able to decrease regulatory hurdles related to providing telehealth care, in the sense of more funding and expanded coverage. This required intense work and quick turnaround times with people in state government with whom we had built long established relationships.

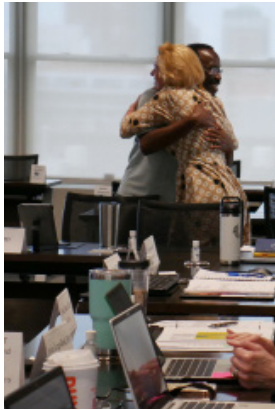
The IMS is involved in so much more impactful work than I can highlight in this short column. If I could define our role and impact into a few sentences, it would be this. The IMS is the only organization looking out specifically for Iowa physicians in service to our patients. We are the institution representing physicians to the government and commercial entities. Our numbers and our teamwork make us strong. Your membership support and personal involvement is how we accomplish the goals important to Iowa physicians.

So, come help us. Renew your membership or join IMS for the first time. Volunteer your time. Encourage others to be members. Be a resource for our staff, so they can do the work that needs to be done. I'm proud to help lead the physician community in our state and I look forward to continuing to work with all of you to ensure our profession has a strong united voice through the Iowa Medical Society.

**“THE IMS IS
THE ONLY
ORGANIZATION
LOOKING OUT
SPECIFICALLY
FOR IOWA
PHYSICIANS
IN SERVICE
TO OUR
PATIENTS.”**

IMS IN 2022

In 2022, IMS celebrated a return to in-person events, while maintaining robust virtual engagement opportunities to meet our members where they are and in the format that works best for them.





DONATE TODAY, SUPPORT TOMORROW.



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 see back side for donation opportunities** and visit the IMSF website to learn more about how your contributions help to support over 6,000 medical students, residents, and physicians in Iowa. iowamedical.org/IMSF-Donate

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 Studies Clinic Experiences

Iowa medical students in India as part of the Himalayan Health Exchange.



Help us prevent increases in congenital syphilis 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.
- Persons presenting late for prenatal care should be tested for syphilis **immediately**.
- **Given the rapidly increasing rates of syphilis among pregnant persons in Iowa, consider retesting at 28 weeks gestation and delivery.**

To learn more, contact: George Walton, STD program manager
Bureau of HIV, STD, and Hepatitis, Iowa Dept of Public Health
(515) 240-1143 | george.walton@idph.iowa.gov



Learn more about STDs during pregnancy at cdc.gov/std/pregnancy

Testing is the gateway to HIV prevention & treatment— and you hold the key.

Health care providers are essential to ending the HIV epidemic in Iowa. The **best** first step you can take? Offering **routine HIV screening** as part of your practice.

Diagnosing HIV quickly and linking people to treatment immediately are crucial to reducing HIV transmissions and improving health outcomes for all.

Testing for HIV empowers patients, no matter their status. For people living with HIV, diagnosis is the first step in connecting to resources and care for their HIV. For people who do not have HIV, testing can begin an ongoing conversation about their prevention needs.



**STOP
HIV
IOWA**



Learn more at stophiowa.org



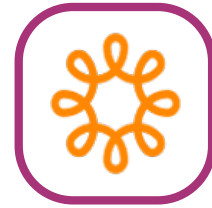
IMS MEMBERSHIP

Renewal Season is Approaching!



HEATHER LEE

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



Search
"Wild Apricot" in
the App Store!

Beginning November 1, 2022 IMS’s annual membership renewal season will open. By renewing your membership, you are ensuring that IMS will continue to be the leading voice for physicians and organized medicine in Iowa. This year, IMS has several options for you, our members, to renew.

2023 Individual Member Renewal

Individual members can renew online, on the app (see below for more information), or by mail beginning November 1st. Auto renewal is available for individual members that paid their dues online with a credit card. You can check if you are signed up for auto renewal by logging in to your account www.iowamedical.org or on the app. If you have forgotten your password, click the “forgot password” button to receive a reset link in your email.

100% Group Dues Program

This program offers dues discounts to clinics, practices, and systems where all physicians are members. Group size starts at two with commitments from 1-5 years, and discounts from 5% - 40%. Membership is billed annually and payable by check, credit card, or ACH Transfer. Another advantage of this program is the opportunity to have certain non-physician leadership as non-dues contacts so that they can also receive IMS communications. Group members also have the ability to give one of their staff members access to keep their roster of physicians up to date.

Group Dues Membership Structure			
Practice / Group Size	Commitment & Discount		
	1 Year*	3 Years*	5 Years*
2 - 9 Physicians	\$465.50 each (5%)	\$441.00 each (10%)	\$461.50 each (15%)
10 - 19 Physicians	\$441.00 each (10%)	\$461.50 each (15%)	\$392.00 each (20%)
20 - 74 Physicians	\$392.00 each (20%)	\$367.50 each (25%)	\$343.00 each (30%)
75 or more Physicians	\$392.00 each (20%)	\$367.00 each (25%)	\$294.00 each (40%)

* Billed Annually

Member App

Earlier this year IMS launched an app for members. On the app IMS members can update their contact information, renew their membership*, register for upcoming IMS events, and more. To download the app, search for “Wild Apricot” in either the Apple or Android app store. Once downloaded, you can log in by using your IMS user email and password. For your convenience, we have a helpful hints and an FAQ page available on our website at www.iowamedical.org.

*Membership renewal on the app is currently only available to individual members.

For more information or if you have any questions, please contact membership@iowamedical.org





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THE SEVEN ESSENTIAL ELEMENTS Of What We Do Everyday



STEVEN HALM, DO, FAAP, FACP

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

medical students and residents the best practice to an effective, meaningful, and professional patient encounter. Here is a brief outline of the article's broad topics with a few of my own specific examples that I have used in teaching "bedside manner" to young physicians:

1. Open the discussion

- Greet the patient properly, including identifying them by name (generally, assume the formal and use their last name – Mr., Mrs., Ms., Miss) and formally introduce yourself ("I'm Dr. Smyth", not "Hi, I'm Steve"). Smile appropriately, based on the situation. Shake hands if it is culturally appropriate (there is an art to proper handshaking). If possible, sit down and square up to the patient physically to clearly indicate that you are giving them your full attention.

- Elicit the chief complaint and any other concerns early in the encounter using open-ended questions; allow them the opportunity to tell their story. You can then direct review of systems questions with more yes/no answers.

2. Build the relationship

- Demonstrate nonverbal warmth through maximizing eye contact, taking note of your tone of voice and your sitting posture, and use appropriate patient draping.

As physicians, most of us see patients on a regular basis. With each of our patient encounters we all hope we have a somewhat reasonable "bedside manner." Beyond pure medical knowledge and any hands-on procedural skills, it is the humanistic skill of being a physician - which include professionalism and communications - that should be a continuing top priority in each of our journeys to strive toward being truly complete and caring physicians.

We are all used to answering specialty board recertification or CME multiple choice questions that typically focus on differential diagnosis, treatment options, medication dosages, or best preventive approaches in caring for patients. It is part of assessing our medical knowledge. But how are these bedside manner and humanism skills taught, developed, and assessed today?

I calculate that I have had at least 100,000 patient encounters over my 25-year career of patient care. Ten years ago, I entered full-time academic medicine where I really learned, very specifically, what I had done well in the humanistic domain of patient care and where I could have done better.

About this time, I started seeing fewer patients and began a process of

professionally reinventing my career. It required me to re-examine everything I had learned in medical school and residency to be able to properly teach clinical skills materials to medical students and residents; the best way to really know material is to have to teach the material to inquisitive and very intelligent groups of young professionals. It was at this point I had discovered what I now consider the most profound, simple, yet elegant academic publication that should be at the top of your reading list for anyone that spends time with patients.

Academic Medicine's 2001 concise article, *Essential Elements of Communication in Medical Encounters: the Kalamazoo Consensus Statement* by Gregory Makoul, PhD documents the conclusions made by 21 national medical communications experts in essentially answering the question "what are the criteria for good bedside manner."

Twenty years after its publication, it remains the absolute gold standard in establishing effective communicating with patients - and most of us have never even heard of it!

The individual elements can be dissected down to provide concrete approaches to instructing young

- Demonstrate verbal warmth through attentiveness, empathy, respect, and general support for their concern to provide appropriate legitimacy and partnership.

3. Information gathering

- Ask questions clearly, directly, and one at a time; avoid using double questions and leading questions.
- Show an organized approach with use of transition statements such as “I’d like to ask you a few more personal questions that we call ‘social history’” or “I’d like to move on to examining you now.” Transition statements allow the patient to have some understanding of what is coming next and they help cohesively bridge the encounter together.

4. Understanding the patient’s perspective

- Discuss the emotional aspects of the illness (fear, worry, grief, anger, sorrow).
- Discuss the practical aspects of their illness (how does it affect their home life, personal life, family life, work life, or finances).

5. Share information

- When you are able, provide a shared environment that includes their response to your diagnosis and plan, as well as confirms their understanding.
- Absolutely avoid medical jargon.

6. Reach agreement on problems and plans

- Elicit concerns and/or questions about the illness or treatment
- Promote patient empowerment by including the patient in the planning process; great doctors respect the patient’s preferences and incorporate them into the plan.

7. Provide closure

- Provide content closure (best practice is to sit down to summarize the visit briefly and answer specific questions they may have).
- Provide personal closure (thank them for their time, say “good-bye”, and shake their hand if it is culturally appropriate).

This all makes sense to experienced physicians. Just being aware and steadfast in our care of patients in touching on each of these seven essential elements will boost their satisfaction and boost ours, as well!



DES MOINES UNIVERSITY

College of Osteopathic Medicine - White Coat Ceremony

SEPTEMBER 16, 2022 | DES MOINES

SPECIAL THANKS TO DES MOINES UNIVERSITY FOR PHOTO USE

The Des Moines University College of Osteopathic Medicine held its 2022 White Coat Ceremony at the Iowa Events Center on Friday, September 16. During this ceremony, 220 students received their white coats.

IMS President, Scott Truhlar, MD, was happy to attend the Des Moines University “Purple & Proud” event after the ceremony to celebrate the new DMU campus that students will soon attend for years to come.

IMS congratulates our newest Des Moines University medical students members, and thanks them for their dedication to the study of medicine. We look forward to serving you throughout your journey of medical training.





UNIVERSITY OF IOWA

Carver College of Medicine - White Coat Ceremony

AUGUST 12, 2022 | IOWA CITY

SPECIAL THANKS TO UI PHOTOGRAPHER LIZ MARTIN AND UI HEALTH CARE MARKETING & COMMUNICATIONS

The University of Iowa Carver College of Medicine held its 2022 White Coat Ceremony in Hancher Auditorim on Friday, August 12. During this ceremony, 152 students received their white coats.

IMS President, Scott Truhlar, MD (pictured below) was invited to participate in this ceremony. Dr. Truhlar was honored to welcome each new medical student into the profession and into their membership with the Iowa Medical Society. IMS congratulates our newest University of Iowa Carver College of Medicine medical students members, and thanks them for their dedication to the study of medicine. We look forward to serving you throughout your journey of medical training.





NUCLEAR VERDICTS, MEDICAL PROFESSIONAL LIABILITY INSURANCE RENEWALS, & RISK MANAGEMENT



TIM MCMAHON

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

The commonly accepted definition of a nuclear verdict is one that exceeds \$10M. It's no secret that Iowa healthcare providers have experienced an increasing number of them over the past several years.

While the circumstances are unique to each nuclear verdict, juries across the country are exhibiting some common behaviors that may be a result of societal trends as well as a result of techniques being employed by trial attorneys. The majority of jurors now consume news via social media platforms. Desensitization of the perceived value of the dollar and anger toward the defendant generated by the plaintiff trial attorney are only a few of the attributes found to be motivating factors in the generation of a nuclear verdict.

The downstream effect of nuclear verdicts, corresponding increase in value of a medical professional liability cases, and rising cost to defend those cases is the increased cost of insurance coverage, and in some cases, the inability to procure such insurance coverage. Social inflation.

We could go on and on about the causes and effects, but right now this is our reality. So how do we address this? Defining medical

liability tort reform as an IMS legislative priority is the first step. Please be sure to support this effort!

Medical Professional Liability insurers favor early reporting of adverse events. Iowa's Candor legislation allows physicians to engage their patients in frank and confidential discussions following an adverse outcome, and your insurance carrier can walk you through the process. The insurance companies have fully staffed medical risk management professionals that are ready and eager to provide you with additional resources and training for you and your staff in an effort to reduce errors within the healthcare setting. These services are most often offered at no cost, so take them up on it!

Finally, there is the annual process of renewing your insurance policy. You can rubber stamp it and move on, or you can evaluate options.

We recommend reviewing your options. This is not as simple as going online and getting an alternate quote. There are far more considerations involved in medical professional liability insurance. What limits should you carry considering your specialty and the litigation trends referenced above? Should you consider retaining some risk in the form of a deductible?

If your staff is welcoming of additional educational/training opportunities, consider an insurance company who is willing to provide this service at your clinic, in a regional educational event, or remotely. Does the carrier maintain a 24/7 physician hotline?

These are only a fraction of the considerations we present to our clients in order to place the insurance renewal decision into proper context. Please reach out to us at IOWAMED Insurance to help you put your renewal into proper context!



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.



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CARE

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EDUCATION

DOCUMENTATION OF PATIENT COMMUNICATION

Proper documentation continues to be an area of focus in risk management as it is vital for communication between medical providers and staff and serves an important role from a patient communication perspective. Comprehensive and concise documentation in the medical record of telephone and electronic communication (e.g., voicemail, email, telehealth, texting, portal) with patients provides for safe continuity of patient care, reflects clinical decision-making, and supports why certain actions were taken.

Failure to properly document patient communications can adversely affect care and lead to potential liability exposure for physicians. In a medical liability trial, poor documentation can cause jurors to question the physician's actions. This can include failure to document key instructions, noncompliance, significant signs/symptoms as well as raise concerns when there is altering of past records.

The following are several considerations/guidelines that highlight important areas in documentation:

THOROUGHLY DOCUMENT PATIENT COMMUNICATION IN THE MEDICAL RECORD

All communication with patients should be documented when one of the following occurs:

- Prescribing or changing medication
- Making a diagnosis
- Directing treatment
- Directing patient to another provider or facility

Documentation of communication should include the following:

- Patient's name
- Names of people accompanying the patient during a visit or calling regarding a patient's care, and their relationship to the patient
- Date and time
- Date of birth
- Reason for the visit/call, including a description of the complaint or symptoms
- Medical advice or information provided
- An assessment of allergies and other adverse drug reactions if a medication is prescribed

PATIENT DETAILS THAT SHOULD BE INCLUDED IN THE MEDICAL RECORD

- An up-to-date list of allergies and adverse drug reactions.
- A current, standardized problem list or similar summary device to help avoid overlooking important information about a patient's medical issues.
- A current list of medications the patient is taking.
- Accurate, documented vital signs, particularly in acute illnesses.

ENSURE DOCUMENTATION IS ACCURATE AND READABLE

Providers should authenticate that what is written in a progress note is accurate, noncontradictory, and meaningful for that patient's visit, prior to sign off. This includes:

- Clear identification of the patient and authorship in all documentation.
- A thoughtful review and analysis of the patient's progress; include differential impressions as well as a narrative of the next steps in the plan of care.
- Clearly mark and date amendments and record corrections.

BEST PRACTICES FOR DOCUMENTATION

- Confirm that items generated from lists, checkboxes, etc. are what was intended
- Be familiar with the content of any templates you use
- Double check results of drop-downs, templates, auto-complete, etc.
- Be judicious when using "copy" and/or "paste" and carefully edit and remove irrelevant or unintended content
- Have a way to incorporate relevant email and text messages into the EHR
- Record facts in an objective manner; avoid needless commentary
- Minimize use of abbreviations and have an approved list of abbreviations
- Recheck decimal points
- Document discharge instructions



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

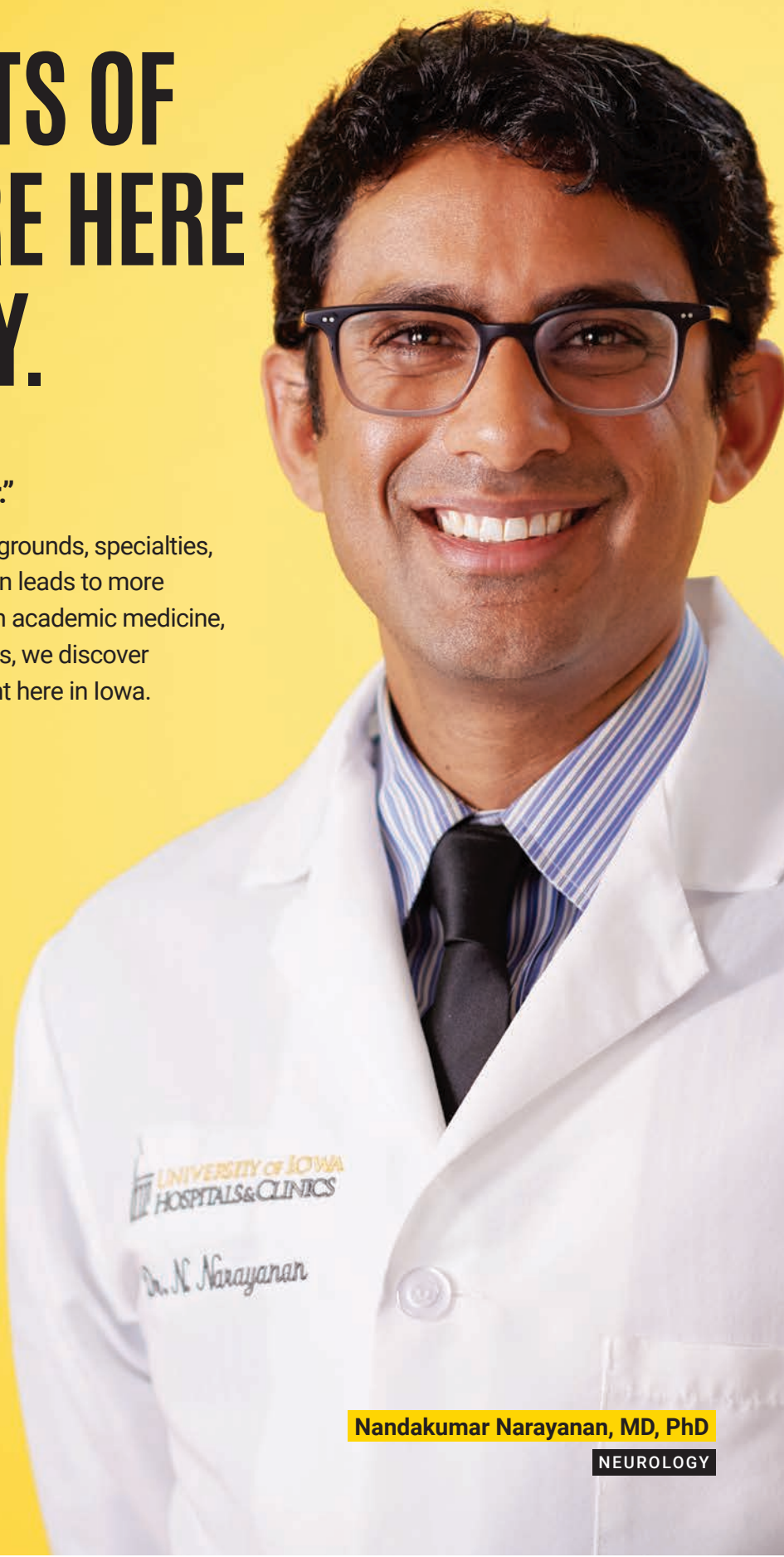
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44 THE TREATMENTS OF TOMORROW ARE HERE IN IOWA TODAY.

“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

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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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B E Y O N D

C O V E R A G E

As your premier medical liability insurance carrier, you can trust us to put our strength, expertise, and agility to work on your behalf. Our claims support includes access to alternative resolution programs designed to help you confidently manage unexpected outcomes and preserve patient relationships. If a claim progresses, we protect and guide you, help you understand your options, and are with you each step of the way. **That's Value Beyond Coverage.**



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