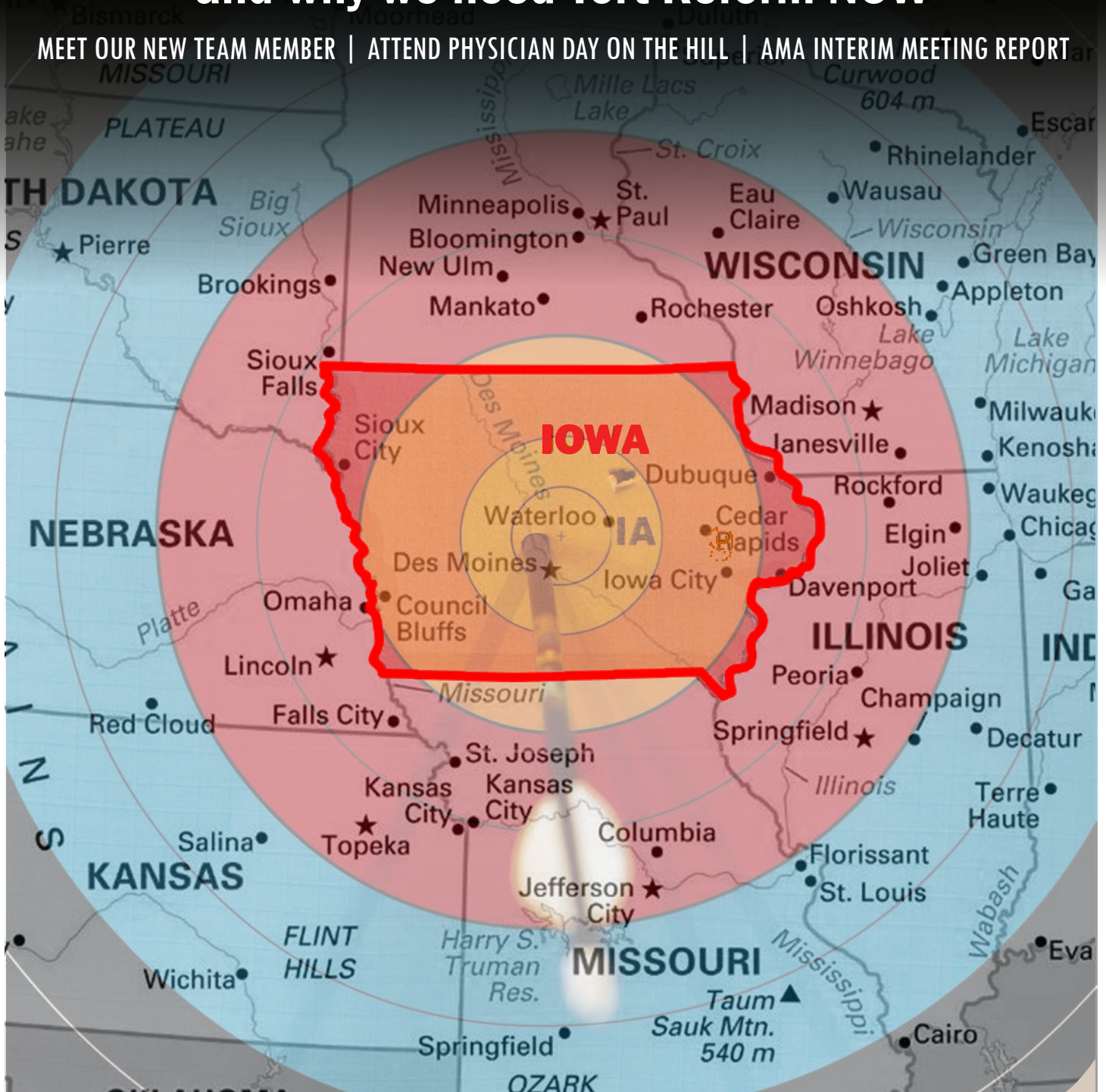




IOWA: THE PERFECT TARGET and why we need Tort Reform NOW

MEET OUR NEW TEAM MEMBER | ATTEND PHYSICIAN DAY ON THE HILL | AMA INTERIM MEETING REPORT





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.

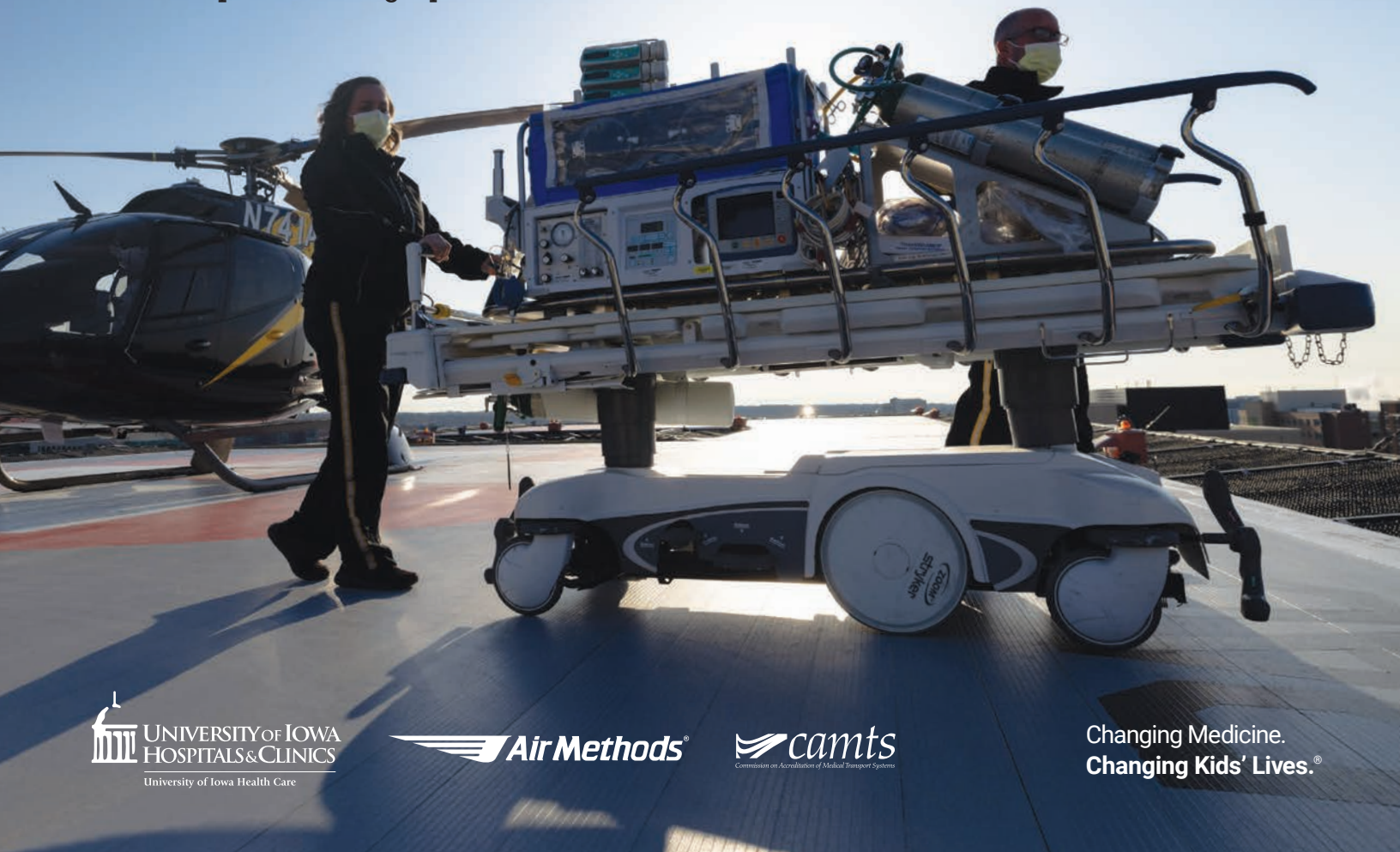
- Iowa's only nationally ranked children's hospital
- Level IV NICU with Iowa's only specialists in neonatal hemodynamics, lung rehabilitation and neurocritical care programs
- Multidisciplinary pediatric ICU and CICU
- ECMO Gold Level Center of Excellence
- Level I pediatric trauma center
- Level I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



Q4 | October - December 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:

Steven Churchill

Managing Editor:

Sydney Maras

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

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: Steven Churchill 6

Advocacy Update: Meet Phil Jeneary 8

Featured Article: The Case for Tort Reform in Iowa 10

AMA Interim Meeting Report 14

President’s Corner: Scott Truhlar, MD 16

Membership Update 22

Dean’s Article: Brooks Jackson, MD 26

Financial Health: IowaMed Insurance 28

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>



RUNNING TO RETIREMENT

ROSS POLKING, CFP®, AIF®, MBA *Lead Advisor - Business Development*

Lots of people run for exercise. Others only run when a dog is chasing them. For a small number of high school runners, cross country season wrapped up in late October. It's such an amazing and surprisingly fun sport to watch. What makes the viewing experience extra special (and humbling) is the effort and pain these kids willingly to endure as they compete for team championships. Many are running more miles at faster times than most humans ever will.

The season ultimately culminates at the state meet which delivers almost equal doses of joy and heartache largely dependent on months of preparation and race-day strategy. Coaches play a critical role in setting the approach their runners follow. A common theme I hear from successful coaches is, "The first

mile at state is never where races and medals are won, but often where they are lost." Said another way, trying to get out too fast and take unnecessary risk can cause a runner to implode later on the course and fall short of goals.

Similar fates may await investors who try to get out too fast, take undue risk, ignore their coach, and lack any plan beyond trying to hang on. Aiming to pick hot stocks and quickly grow a portfolio exponentially might work for some but not for most. The higher probability of success tends to come from planning ahead and accounting for the inevitable ups and downs in life and the market.

Diversifying investments, in the event that a portion of your holdings stumble, may keep you from capitulating and collapsing. Runners face the same inherent obstacles on the course and

require a plan that goes beyond just sprinting for as long as they can. In both cases, going too fast too quickly is an almost surefire recipe for complete collapse.

Stay diversified, and stay the course. That's good advice for both runners and investors. If you want a financial coach to help you with this, just holler.



SCAN ME

Interested in more content on the latest current events?

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



**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**

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.fostergrp.com. ©2022 Foster Group, Inc. All Rights Reserved.

TURN THE TIDE FOR TORT REFORM



STEVEN CHURCHILL, MNA

Mr. Churchill is CEO of the Iowa Medical Society

The cover of this edition of Iowa Medicine says it all – Iowa has become a target for trial attorneys from across the entire country. Like a high-powered magnet, we are drawing high-paid lawyers to litigate in our state because the sky is the limit here in terms of jury awards – and they often face hard-caps in their own back yard.

In fact, Iowa is surrounded by red states and blue states alike that have taken the initiative to stop this abuse by the trial attorneys in an effort to provide fairness to patients, physicians and the communities they serve.

And that's one of the reasons I was excited to join the Iowa Medical Society as its CEO last fall. As a former state legislator, I am looking forward to taking up the torch for Medical Malpractice Reform (tort reform) and advancing our physicians' priorities at the statehouse this year.

I was pleased to learn that Governor Kim Reynolds has indicated that tort reform will be one of her key priorities for the 2023 legislative session that begins January 9. It is clear she recognizes this issue impacts physician access in our rural *and* urban communities, in every corner of the state.

Last year, the Iowa Senate passed tort reform with hard caps on runaway jury awards, but fell short in the Iowa House. This year, with a change in the makeup of the Iowa House following the November 2022 election cycle, we are more optimistic than ever for the opportunity to pass a bill through both chambers that supports physicians and the communities they serve.

It won't be easy. High-powered, out-of-state trial attorneys have been poaching clients in Iowa to prey on physicians, and have pumped hundreds of thousands of dollars into the campaign chests of legislators in our state in order to yield record-setting judgments, like the recent verdict in Iowa City for nearly \$100 million dollars. Iowa is fertile territory for these verdicts, allowing for out-of-state attorneys to protect their livelihoods on the backs of hardworking Iowa physicians.

Regardless, it is critical for the entire healthcare community to join together as a coalition to take action for the sake of medical students like Mikayla Brockmeyer, who is currently studying at Des Moines University. Mikayla, a native Iowan, has a tough choice to make – she is torn by the

risk she would face practicing in a state without any protection in terms of medical malpractice reform. It's a real risk for Mikayla and students like her in Iowa.

This risk isn't just affecting the future generations of physicians. Actively practicing physicians from across the state have reached out to share their concerns for their ability to continue to practice in Iowa. In the current landscape of healthcare workforce shortages, the lure of surrounding states with more hospitable practice environments and present protections for physicians are posing retention issues for long-practicing Iowa physicians as well.

As the new CEO of the Iowa Medical Society, I am asking you to mark your calendar and join us at the statehouse on Tuesday, February 7 for our Physician Day on the Hill. Throughout this magazine issue, you'll learn about more ways that you can use your physician voice to help turn the tide for tort reform.

Thank you for your membership in the Iowa Medical Society. Your investment helps us to advance our legislative priorities and to realize our mission to assure the highest quality of health care in Iowa through our role as patient and physician advocate.





A PRESCRIPTION FOR MIRACLES!

Helping patients save money while supporting Children's Miracle Network Hospitals®



University of Iowa Stead Family Children's Hospital



The **Rx4Miracles Prescription Savings Card** provides savings on prescription medications. Our donations to Children's Miracle Network Hospitals® improve and change pediatric healthcare and its impact on kids, families, and communities. Funds granted through our partnership with Children's Miracle Network Hospitals® help deliver specialized care, critical research, equipment, and resources necessary for hospital teams to deliver the best care possible to their tiny patients.

Savings for you. Funds for them.

- ▶ Free prescription savings card
- ▶ Save on brand and generic medications
- ▶ Help support Children's Miracle Network Hospitals®
- ▶ No exclusions / No paperwork
- ▶ HIPAA compliant / Privacy secured

Prescription Savings Card

- ▶ Save up to 80% at over 68,000 pharmacies.
- ▶ Coupon is reusable & never expires.

Helpline
Call Toll-Free: 833-511-9500
This program is not insurance.



MEMBER ID: Enter Year & Time
(Example: Year 2022 & Time 9:14 = ID# 2022914)
RXBIN: 022071
RXGROUP: RX4IA1



Learn more at [Rx4Miracles.org](https://www.Rx4Miracles.org)

MEET OUR NEW TEAM MEMBER!

The Iowa Medical Society is very excited to welcome Phil Jeneary to the IMS Center for Physician Advocacy as IMS Director of Government Relations. Phil is poised to champion the 2023 IMS legislative priorities on behalf of our physician, resident, and medical student members.



PHIL JENEARY

Director, Government Relations | Iowa Medical Society

Prior to his role at IMS, Phil Jeneary served as the Government Relations Director at the Iowa Association of School Boards for seven years. In this role, Phil worked with IASB members to effectively advocate with legislators, and lobbied on their behalf at the Capitol. During this time, Phil helped pass a \$16 billion dollar school infrastructure bill, helped secure record school funding, helped create and pass the first school-based telehealth initiative, and helped pass a school funding and transportation equity bill. He earned a Bachelor of Arts in Political Science from Central College.

Prior to his work at IASB, Phil served on numerous political campaigns in Iowa and Florida, and completed an internship for an Iowa Senator in Washington D.C. Phil helped build a grassroots advocacy network at a major PR firm. Phil is currently a board member for the Board of Appeals for the City of Waukee.

Please do not hesitate to reach out to Phil with any questions: pjeneary@iowamedical.org

BE ON THE LOOKOUT FOR THE "IMS ADVOCATE"
OUR WEEKLY LEGISLATIVE UPDATE NEWSLETTER
PUBLISHED EVERY SATURDAY MORNING
OF LEGISLATIVE SESSION.



**IOWA
MEDICAL
SOCIETY**

ADVOCATE

Legislative Insights from the Iowa Medical Society



PHYSICIAN DAY ON THE HILL

TUESDAY, FEBRUARY 7, 2023 | CAPITOL ROTUNDA | 2:00 - 4:00pm



Legislators Need to Hear From You!

Iowa's state senators and representatives come from diverse backgrounds; many are not healthcare experts, yet they must vote on these issues when a bill comes before them. As a medical expert, you are uniquely qualified to help your elected representatives understand the practical implications of healthcare policy proposals. It is vital that legislators hear from you.

How To Get Involved:

DURING SESSION: Subscribe to legislators' newsletters to learn what they're working on and attend in-district legislative forums. Details will be listed in their newsletters.

FEBRUARY 7: Attend Physician Day on the Hill. This IMS organized event is a great opportunity to speak with your legislators at the Capitol and have IMS staff available to help with the conversations.

IMS ADVOCATE: Sign up for our electronic newsletter distributed weekly while the legislature is in session. This resource contains legislative and policy updates.

Tips For Talking To Legislators:

BE CONCISE: During session, legislators have busy schedules; short messages are most effective.

USE A BILL NUMBER WHEN POSSIBLE: This ensures there is no confusion regarding which issue you're talking about.

USE PERSONAL STORIES WHEN POSSIBLE: Stories help to illustrate your background with an issue and personalize policy proposals.

DON'T BE INTIMIDATED: Remember that your legislators work for you. They welcome input from their constituents.

THE CASE FOR TORT REFORM IN IOWA



MARC ZAREFSKY

Copywriter & Strategist, Marc Zarefsky, LLC

For Mikayla Brockmeyer, Iowa has always been home.

Brockmeyer was born in Spirit Lake, a town of roughly 5,000 people located in the northwest corner of the state. She received her undergraduate degree from Luther College in Decorah, and then moved to Des Moines, where she earned a Master of Science in biomedical sciences and is currently a third-year medical student at Des Moines University. With family spread across Iowa, she's spent countless hours driving through the state's rolling plains and small towns.



"It's easy to connect with people from all over the state," she said. "It feels like home every time you see a small town, and I think that's a unique aspect of Iowa."

Brockmeyer is excited to build her career in Iowa, where she hopes to apply for an internal medicine residency and then pursue a fellowship in rheumatology. But she's worried that many residents and medical students will not follow her lead.

Stated simply, more and more medical professionals are opting not to practice in Iowa because of the state's regulations — or rather lack of firm regulations — when it comes to medical liability cases.



"Iowa has a critical shortage of physicians," said Dr. Scott Truhlar, president of the

Iowa Medical Society. "There are many reasons for this, however, the overarching issue of the threat from out-of-state malpractice lawyers cannot be ignored and is having a chilling effect on all recruitment efforts."

When a medical malpractice case is filed, the victim can sue for economic damages as well as non-economic damages. Economic damages are relatively straightforward, covering past and future medical expenses, loss of past and future earnings, loss of use of property, costs of repair or replacement, and loss of employment or business opportunities. Non-economic damages are less tangible because they are connected to elements like the victim's pain, suffering,

emotional distress, loss of society and companionship, loss of consortium, and loss of enjoyment — traits that are nearly impossible to quantify.

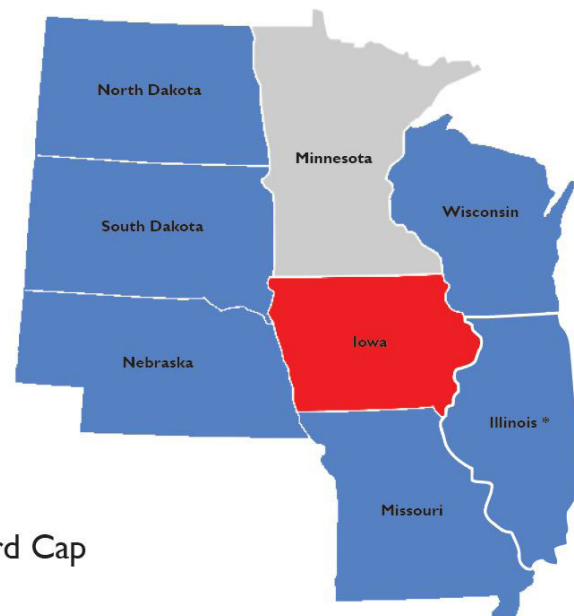
To offset the potential for personal injury attorneys to seek millions of dollars in malpractice cases, 28 states have enacted caps on non-economic damages — also known as tort reforms. The monetary cap varies from state to state, as does how strictly the cap is enforced.

Iowa has no cap on total damages. In 2017, IMS was successful in enacting a "soft cap" of \$250,000 for non-economic damages. The cap is considered soft as it serves as a recommendation or guidance rather than a hard-stop limit to the amount of non-economic damages that can be awarded.

This is how an out-of-state trial attorney secured a \$97.4 million medical malpractice verdict after claiming negligence led to adverse events during birth, resulting in significant life-long disabilities for the child. More than \$43.8 million was awarded for non-economic damages. It is believed to be the largest malpractice judgment in Iowa history.

28

states have enacted some form of a cap on noneconomic damages including nearly every neighboring Midwest state.



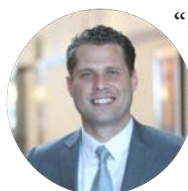
The suit named Mercy Hospital Iowa City, Obstetric and Gynecologic Associates of Iowa City and Coralville as defendants, as well as Dr. Jill Goodman, one of the Coralville clinic directors.

In November, the Coralville OB/GYN Associates clinic filed for bankruptcy. This filing, a direct result of the verdict, places in question the long-term viability for a vital point of access of obstetrical and gynecological care for the region.

In a 2016 study, the American Medical Association found that almost half of all physicians 55 and older have been sued, and nearly 30% have been sued more than once. In Iowa specifically, trial demands are up to 14 times higher compared to other states, and three times higher than the state with the second-highest trial demands.

The fear of legal action over a poor decision has the potential to force physicians to practice defensively, and exorbitant verdicts like the one in Iowa City have detrimental impacts on the healthcare system as a whole. The combination can lead to increased insurance premiums, higher costs of care, higher costs to practice medicine, and ultimately fewer practicing physicians.

In 2021, Iowa physician premiums increased by 9% while hospitals and long-term care premiums went up by 24%. In 2022, physician premiums increased an additional 6%, hospital premiums increased 15%, and long-term care premiums increased by 12.5%.



“(Not having a hard-cap) puts cost pressure on existing providers, and over time, it’s going to

reduce the number of healthcare options in the state,” said Ben Vallier, CEO of Iowa Clinic, the largest physician-owned multi-specialty group in Central Iowa.

In recent years, the Iowa Senate has approved two different bills to cap non-economic damages since the soft-cap was implemented in 2017, but neither were approved in the House.



“Our liability climate is not as favorable as a lot of other states around us,” said Iowa State Senator Jack Whitver, who has served as Senate Majority Leader since 2018.

“When clinics or hospitals are going bankrupt or out of business or having to shut down different parts of their care because they don’t have access to doctors and/or it’s too expensive to run



CONTINUED >

because of the liability, we want to try to fix that, and part of that solution is tort reform.”

Dr. Mike McCoy, CEO of Great River Health System, agreed.



“When you can ask for \$100 million in non-economic damage, and in another state, you wouldn’t be able to do that, that puts Iowa right now at a huge disadvantage,” he said.

“There have been enough very large verdicts lately that it’s crippling the system. It can’t keep going the way it’s going.”

Dr. Truhlar said he is already seeing the impact Iowa’s lack of tort reform is having on healthcare across the state.

“I know physicians who have chosen to close their practice based on the malpractice environment, and other physician recruits who have withdrawn an application for a job based on malpractice exposure,” he said. “There are just too many jobs, including in adjacent states, with similar

geography but less malpractice exposure for us to effectively compete at hiring them.”

While a medical student and not yet in practice or residency, Brockmeyer has been a strong proponent for tort reform in Iowa. She firmly believes that patients should receive economic damages when it comes to medical malpractice, but it is the non-economic damages that she fears could ultimately hurt her home state far more than help it.

“Legislators and representatives across Iowa in public health and healthcare fields, both in private and public sectors, all need to consider the strained work force in Iowa will be exacerbated by a specialist desert, and a specialist desert may occur in high-risk specialties if they’re too afraid to practice in Iowa,” she said. “As a healthcare system, we have to see the broader picture.

“We have to think about every Iowan when it comes down to non-economic damages. Though it’s hard to quantify, there should be an upper limit to non-economic damages in order to preserve healthcare for the rest of the state.”

IMPORTANT 2023 DATES FOR ADVOCACY & OUTREACH

JANUARY 9 – START OF SESSION

JANUARY 13 – GOVERNOR’S INAUGURAL BALL

FEBRUARY 7 – PHYSICIAN DAY ON THE HILL (SEE PAGE 9)

FEBRUARY 13-15 – AMA NATIONAL ADVOCACY CONFERENCE

MARCH 3 – FIRST LEGISLATIVE FUNNEL

MARCH 31 – SECOND LEGISLATIVE FUNNEL

APRIL 28 – LAST DAY OF SESSION (SCHEDULED)



Iowa's Medical Liability System in Crisis

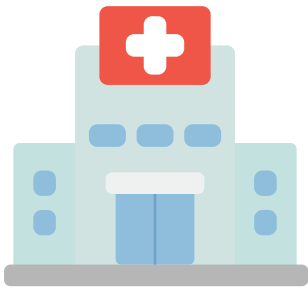
In recent years, Iowa has seen a substantial jump in high-dollar medical malpractice awards against physicians and facilities. Driven by the questionable tactics of national trial attorneys exploiting Iowa's lack of a hard cap on noneconomic damages, these judgements are placing small, rural facilities in financial peril:

- **Maxing out Liability Coverage**
- **Draining Reserve Funds**
- **Increasing Liability Premiums**
- **Reducing Liability Coverage**
- **Threatening the Ability to Provide Care**

\$107 Million

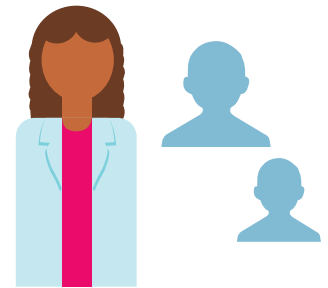
**Noneconomic Damages Awarded
IN JUST 6 CASES**

Iowa Needs a Hard Cap on Noneconomic Damages



25 - 50%
Increases
in Liability
Premiums

Liability
Coverage Cut
by **1/3** or
More



28 States

Cap Noneconomic Damages
or Total Damages

\$1 Million Cap

Proposed for Iowa Would be Among
the **Highest** in the Country

Economic Damages

Tangible damages commonly including loss of wages, lost future earnings, and current or future medical costs.

Remain Unlimited Under Our Proposal

Noneconomic Damages

Intangible damages arising from pain, suffering, inconvenience, physical impairment, mental anguish, loss of chance, loss of consortium, or any other nonpecuniary damages.

Juries focus on a single case, not Iowa's healthcare system as a whole... ...legislators must focus statewide.

Legislators are the only ones who are tasked with making a public policy decision to balance the need to compensate individuals in a single case with the need to keep our healthcare industry viable. Juries and judges can't take this 30,000-foot view of the system. **Legislators can and should.**



AMA 2022 INTERIM MEETING REPORT



VICTORIA SHARP, MD

Dr. Sharp is the IMS Delegate Chair to the AMA

Aloha!

The American Medical Association (AMA) House of Delegates (HOD) addressed several timely issues during its yearly November Interim Meeting, which was held recently in Honolulu, Hawaii.

This was an in-person style meeting where nearly 700 physicians, residents, and medical students met to help fulfill the AMA's core mission of promoting medicine and improving public health.

To ensure safety among all participants, a number of precautions were put in place following CDC COVID guidelines, including primary vaccination attestation and negative antigen testing for COVID upon arrival for all attendees. Our Iowa delegation participated in numerous forums as part of this meeting, which took place from November 10-15.

According to AMA Archivist, Jorie Braunold, the Interim Meeting, as it is known today, was first added to the AMA calendar in 1949 as the "Clinical Session". In 1965, its name was changed to the "Clinical Convention". That year, the Clinical Convention had 70,000 attendees of which 24,000+ were physicians. In 1974, the name changed to the Interim Meeting.

Though it began as a scientific assembly, by the time of its final name change in the mid-late 1970s it had largely been taken over by specialty societies. In the early 2000s, the House opted to focus the Interim Meeting on advocacy-related issues, which remains the case today.

The Iowa delegation consisted of Anne Langguth, MD, Rob Lee, MD, Victoria Sharp, MD, Doug Martin, MD, Doug Peters, MD, and our IMS staff, Steve Churchill, CEO, and Heather Lee, Membership, Sponsorship, and Operations Manager. We enjoyed getting better acquainted with our new CEO, and found his long-standing relationships with AMA staff to be extremely helpful.

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.

We were disappointed that Dr. Mike Kitchell was unable to join us as it would have been his last meeting as an Iowa delegate. He was honored with other retiring physicians from

the AMA HOD at the meeting. Dr. Kitchell served as president of the Iowa Medical Society from 2009-2010, received the IMS Distinguished Service Award in 2013, and served as an Iowa delegate from 2009-2022 (serving as the Chair of the Iowa delegation to the AMA HOD since 2016.) We all would like to thank him for his leadership, dedication, and persistence when advocating around the state of Iowa and federally on many issues important to Iowans and Iowa physicians over the years.

Dr. Kitchell is our Geographic Adjustment of Medicare Payment to Physicians (GPCIs) expert and has worked tirelessly in this area. It will be important for us to continue to push forward with the groundwork he laid.

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 22 reports and 99 resolutions in each of the six reference committees: AMA Constitution, Bylaws and Medical Ethics, Legislation, Medical Education, Science and Public Health, AMA Governance, and Medical Service and Practice.



Jack Resneck, Jr, MD, our newest AMA President opened the meeting highlighting AMA's ongoing efforts to stop Medicare pay cuts, fix prior authorization, and reduce administrative burdens that lead to burn out. He stated, "Telling physicians to be more resilient, do a little yoga, and to enjoy a free dinner from the hospital CEO isn't going to heal the burnout. While wellness has its place, to focus solely on resilience is to blame the victim." He went on the say, "We need to fix what's broken- and it's not the doctor." His remarks were followed by loud applause by the HOD.

Detailed reference committee testimony, thoughtful HOD debate, and voting led to new and updated AMA policies and direction for the AMA Board of Directors and staff. Additional details can be found on the AMA HOD's interim meeting website.

Policies were adopted opposing the criminalization of pregnancy loss resulting from medically necessary care, supporting expanded access to abortion care, and more. Direction was given to the board to explore new avenues to address the public health crisis of gun violence, including a task

force on gun-violence prevention and violence-interruption programs. As it is increasingly common for patients to encounter non-physician practitioners, including those with advanced training resulting in a doctorate degree, such as the Doctor of Nursing Practice, the AMA Code of Medical Ethics was updated to provide guidance on transparency in the context of team-based care involving non-physicians practitioners.

There are gaps in health insurance across U.S. population, which have resulted in people missing opportunities to achieve optimal health status. Steps were supported to address three gaps focused on supporting coverage for the full cost of administering vaccines under Medicare, protecting PrEP for HIV as an essential benefit under the Affordable Care Act, and backing payer coverage for treatments for adult and pediatric obesity.

In follow up to declaring climate change a public health crisis at the annual meeting this past June, the goal of reducing U.S. greenhouse gas emissions aimed at a 50% reduction in emissions by 2030 was added

to existing policy which calls for carbon neutrality by 2050. Due to the worsening U.S. drug overdose epidemic, policy was passed to support increased access to fentanyl test strips and other drug-checking supplies for the purpose of harm reduction.

For physicians and trainees to stay focused on their patients and education, they need support to care for their own families. Several steps were taken to boost medical and family leave for doctors and medical students, including a recommendation that medical schools, residency programs, specialty boards and medical group practices strive to allow at least 12 weeks of leave. The AMA was directed to study the impact and feasibility of this recommendation.

The next annual AMA HOD meeting will be held in Chicago, IL June 10-14, 2023 and the next Interim meeting will be held in National Harbor, MD November 11-14, 2023.

A Hui Hou (until we meet again),

-Victoria Sharp



PRESIDENT'S CORNER



SCOTT TRUHLAR, MD

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

I first attended an American Medical Association Annual meeting in 1995 as a medical student in the Medical Student Section. My following years of training and private practice shifted my focus onto local hospital committee work and practice building. During those 24 years, I developed a more informed perspective on the role of organized medicine in America. I returned to the AMA Annual Meeting in 2019, as an Alternate Delegate for the American College of Radiology.

This past November, it was my honor to represent Iowa at the AMA Interim Meeting as your Society President and as an Alternate Delegate for our state.

AMA meetings provide an outstanding opportunity to gain a sense of the big issues and currents of change in our profession. One observation that stood out is that a disproportionately large number of policy resolutions considered at the meeting originate from either the Medical Student Section or Resident and Fellow Section.

I was impressed by how effective the medical students, Residents, and Fellows are with the policy making process, and how forward-looking they are - which I should have expected, as the Medical Student Section has long been referred to

as “the conscience of the AMA.” Witnessing the power of their energy and concern for the future was a reminder to never fall prey to the lure of apathy and cynicism. While it is true that we can’t solve all the challenges in our profession, we can focus on the changes that are within our reach and within our state. Our efforts are centered on Iowa, but we do this work on behalf of our profession, our patients, and our nation.

The work of the IMS is naturally focused on our state, but there is no denying that at times, a state’s politics and AMA policies stand in tension with one another. One interesting example arose from a discussion about future host cities for the Interim Meeting. The meeting typically moves between cities, however there are a limited number of locations that can accommodate both the technical and logistical demands of the meeting. The overturning of *Roe vs. Wade* by the Supreme Court this year significantly complicated the process of finding host cities.

There are now states where some officially represented constituencies (including fertility specialists, general OB/GYNs, and plastic surgeons who do gender affirming surgeries) are at risk of arrest for

simply showing up to attend an AMA meeting! Additionally, there are protean ways women attendees may be at legal and medical risk if they happen to experience reproductive difficulties during a meeting and need to seek care. This conundrum brought home to me that while the Iowa Medical Society represents only part of a national community of physicians, the work of the IMS and the impact we make has ramifications for our national physician community.

For me, issues like this are tiny glimpses into how the work of our Iowa Medical Society intersects with the activities of our national organization. So much is going on in our profession that it can be difficult for any IMS member to stay up to date. I want to use the rest of this column to provide a sampling of our recent activities and what we are looking forward to focusing on in the coming months.

Not long after my Presidential inauguration last spring, the IMS Board of Directors was tasked with finding a replacement for our outgoing CEO. We engaged a national search firm to help us, and identified Mr. Steve Churchill as the next IMS CEO. Mr. Churchill most recently served as Ambassador Brandstad’s Chief of Staff in China.

Prior to that, he was President and CEO of the Association for Healthcare Philanthropy, was Executive Director for the AMA Foundation, and served in the Iowa House of Representatives. This combination of experience as a Diplomat at the highest levels, and as an in-the-trenches organized medicine advocate, is a great

preparation for the work we do. In the coming year, our priority will be achieving a legislative cap on the noneconomic (“pain and suffering”) damages awarded in medical malpractice cases. Nearly all states that border Iowa already have such caps and are no longer a target for out-of-state malpractice attorneys.

I have colleagues who have been impacted by these lawsuits. You also may know physicians similarly effected. This malpractice climate will hinder our ability to attract doctors to the state. I have been part of physician recruitments and have been told that while a prospect was initially interested, the legal landscape has caused them to decline consideration. How can we attract doctors to practice in Iowa when they have the option to practice in a state where this problem has already been addressed?

While medical malpractice reform is clearly a hurdle to attracting physicians and ancillary medical professionals, recruitment is a complex challenge. In response, the IMS has created a State Rural Workforce Initiative to bring together leaders from across the state to address this issue.

The IMS, in concert with the Iowa Department of Public Health, Iowa Hospital Association, Iowa Pharmacy Association, and Iowa Primary Care Association, leads a group of 40+ leaders from state agencies, medical training institutions, health systems, payers, and chambers of commerce to identify and pursue actionable solutions to this problem.

The work of this group has already resulted in a number of wins to advance the practice of medicine: securing \$2.5 million in funding for the rural loan reimbursement program – the most it has ever been funded; extension of the rural loan reimbursement program eligibility to additional specialties, such as neurology; regulatory flexibilities to allow residents who trained outside of Iowa to return to Iowa and take advantage of loan reimbursement incentives; helping to secure \$1.2 million in funding to support the creation of 12 additional psychiatric residency positions through the University of Iowa; and came close to securing new innovative approaches, such as the creation of tax credits for physicians who serve as preceptors for trainees.

Most of the work of the IMS takes years of concerted effort, which requires a steady pipeline of physician leaders participating in IMS governance. To strengthen that process, the IMS established the IMS Leadership Development Committee in 2021 to improve our process of identifying leaders to run for the Board of Directors.

The first iteration of the committee generated a wonderful slate of candidates as well as some recommended improvements to the process. We will be incorporating those changes into our upcoming election cycle this spring!

In addition to the work previously described, many members find connections with the Society through ongoing events hosted around the state as well as virtually.

In 2022 and continuing in 2023 we are hosting multiple education events. One example is training to use Motivational Interviewing techniques in the clinical setting.

Another workshop teaches the fundamentals of the “Crucial Conversations” approach to navigating tough conversations in the workplace. Our prior series on workplace exhaustion has been updated and is now identified as “Recognize. Recover. Rebuild.” Our longstanding COVID-19 “ECHO” vaccine webinars remain and will continue as needed.

Finally, I want to highlight our ongoing “Doc-to-Doc” podcast which former IMS President Dr. Brian Privett created this year with the help of IMS staff. The podcast has covered the topics of Advocacy, Tort Reform, Opioids and Substance Use Disorder, Telehealth, Financial Wellness, Physician Mental Health and Stigma, Diversity Equity and Inclusion in Medicine, and Physician Shortages. The podcast can be found on all the major Podcasting host sites!

If any of this information sparks some interest in being more involved with your IMS physician community in 2023, then I encourage you to reach out to the IMS staff. The work we do is varied, and staff can help you find an opportunity that fits your schedule and area of interest. Together, we can make a powerful difference in the lives of Iowans!





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 in malpractice case
Jury awards \$14 million in malpractice case
JOE BENEDICT editor@dailygate.com Jan 9, 2019 Updated Jan 9, 2019

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

Published: 5:20 PM CDT March 24, 2022

BREAKING
Multimillion dollar verdict in Waterloo malpractice suit

Jan 19, 2020 Updated Feb 18, 2020

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

Published 6:04 p.m. CT June 13, 2018 | Updated 8:54 a.m. CT June 14, 2018

[View Comments](#)



Join the Fight for Tort Reform!

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

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.



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/INT/EP
- Dermatology
- Dermatology, Mohs
- Family Medicine
- Gastroenterology
- General Surgery
- Hospitalist
- Internal Medicine
- Nephrology
- Neurology
- OB/GYN
- Occupational Medicine
- Otolaryngology
- Pediatrics
- Physiatry
- Podiatry
- Psychiatry
- Pulmonology/CC
- Urology

With close proximity to several metropolitan cities, you can benefit from small-town charm with big-city amenities nearby. Trails, parks and recreation abound in this idyllic, picturesque state. Enjoy an outdoor lifestyle and practice state-of-the-art medicine with the support of some of the country's finest healthcare professionals! Offering top-tier compensation and benefits. Ranked in the "Top 10 Best States to Practice Medicine" by *WalletHub*.



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



EEO/AA Employer/Protected Vet/Disabled

Extraordinary Care, Every Day

Iowa Needs a Hard Cap on Noneconomic Damages.

Join the fight for tort reform. Contribute to the Iowa Medical Political Action Committee to ensure we have the resources to win this fight.

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

Give Today!

iowamedical.org/impac | (515) 223-1401

Paid for by the Iowa Medical Political Action Committee



IMPAC
IOWA MEDICAL POLITICAL
ACTION COMMITTEE





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.

IMS MEMBERSHIP

Welcome to 2023!



HEATHER LEE

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

Thanks to everyone who has renewed their membership for 2023! If you have not already renewed, you still can! Individual physician renewals can be completed on the IMS website, through our app, or by calling (515) 421-4776.

A big thank you as well to all of our IMS “100% Group Dues” members and their organizations.

The Group Dues program offers a special discount to clinics, practices, and systems where 100% of physicians are IMS members. Group size starts at just 2 individuals. Commitments range from 1 - 5 years, and discounts from 5% - 30%. 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 receive IMS communications.

| 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%) | \$416.50 each (15%) |
| 10 - 19 Physicians | \$441.00 each (10%) | \$416.50 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

IMS membership has many benefits! Below are examples of goods and services provided by IMS business affiliate partners for our IMS members, including special rates. For a full list of our business affiliates and the services they offer, visit our website: iowamedical.org/Business-Affiliates.

Best Card

Tim Seffron, (402) 682-7994

Best Card is a credit card processing company that was founded in 2009 and is proud to be family owned. Along with competitive processing rates, Best Card offers:

- No sales pressure
- No high termination fees
- Rates are usually lower than those of big, national banks
- Variety of processing platforms – terminal, online, and mobile



COPIC

COPIC is the endorsed medical professional liability insurance company of IMS. As such, COPIC offers a 10% premium discount exclusively to IMS members. Contact your insurance agent for details.

Iowa Med Insurance

Tim McMahon, (402) 861-7011

This is an insurance option for members, their families and staff. A joint venture between IMS and First Insurance Group representing nearly 150 carriers providing coverage products including business, professional liability, employee benefits, health, auto, homeowners and more.

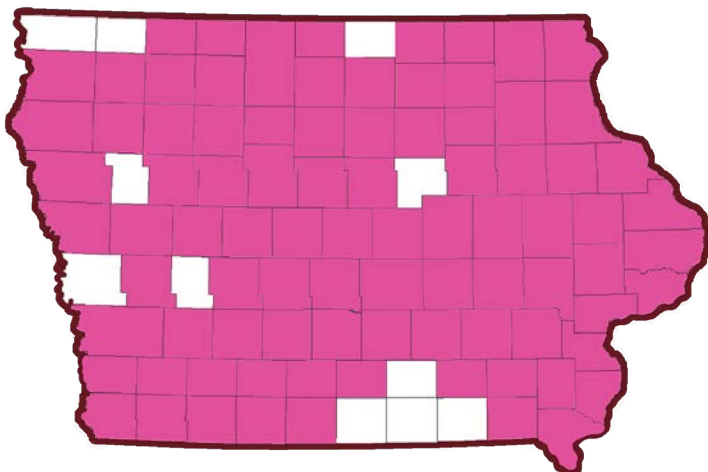
Have a great new year and please contact us for more information or if you have any questions!

email: membership@iowamedical.org

THANK YOU TO OUR 100% GROUP DUES MEMBERS

Associated Anesthesiologists, PC
Des Moines Eye Surgeons
Des Moines University
Dubuque ENT Head and Neck Surgery
Dubuque Obstetrics & Gynecology, P.C.
Family Health Care of Siouxland
Fuerste Eye Clinic
Grand River Medical Group
Great River Health
Gunderson Health System
Iowa Arthritis and Osteoporosis Center
Iowa Cancer DBA Oncology Associates
Iowa Eye Center
Iowa Heart Center
Iowa Retina Consultants, Inc
Linn County Anesthesiologists PC
McFarland Clinic, PC

Medical Center Anesthesiologists, PC
MercyOne North Iowa
MercyOne Northeast Iowa
North Iowa Eye Clinic
OB-GYN Associates, P.C.
Pathology Associates of Central Iowa
Radiologic Medical Services, PC
Radiology Consultants of Iowa
Rheumatology Associates, PC
Siouxland Medical Education Foundation Faculty
Siouxland OB/GYN
Steindler Orthopedic
The Group - Ob/GYN Specialists, P.C.
The Iowa Clinic
University of Iowa Hospitals and Clinics
Wolfe Eye Clinic
Surgical Services, PC



The Iowa Medical Society is proud to have actively practicing physician members in 88 out of Iowa's 99 counties!





IOWA MEDICAL SOCIETY

Membership

YOUR PHYSICIAN COMMUNITY

ONE MEMBERSHIP, ONE SOCIETY, ONE VOICE.



**ADVOCACY
LEADERSHIP
PATIENT CARE
EDUCATION
RESOURCES
CONNECTIVITY**

www.iowamedical.org
(515) 223-1401
membership@iowamedical.org

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.

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

ADDRESSING HEALTHCARE WORKFORCE

Well-being and Restoration



BROOKS JACKSON, MD, MBA

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

Even before the onset of the COVID-19 pandemic, hospitals and health systems faced major challenges in recruiting and retaining their workforces.

Burnout among physicians, nurses, and other health care professionals has been a hot topic for several years, and it generally describes one or more of the following traits or behaviors: detachment and depersonalization toward patients and colleagues; physical and mental exhaustion; inability to perform day-to-day responsibilities consistently and satisfactorily; and a “loss of control” related to workload, time, and responsibilities.

Since spring 2020, social isolation, mask requirements, limited opportunities for in-person activities, and an increasingly angrier (and in some cases, more violent) patient and family population have exacerbated the problem. Health care staffing shortages are now a long-term concern. In a Mayo Clinic Proceedings study published in September 2022, 62.8% of approximately 2,500 U.S. physicians reported at least one manifestation of burnout during the winter of 2021-22, which was the height of

the pandemic’s Omicron wave. The leading stressor among the surveyed physicians is no longer the electronic medical record, which traditionally has been the most-cited cause of stress; it’s the lack of adequate staff needed for doctors to safely do their jobs.

Staffing challenges also affect nurses. According to the American Nurses Foundation Pulse Survey from June–July 2022, which received over 11,000 responses, 55% of nurses report that their units are staffed with an appropriate number of RNs less than half the time, and 59% report that they are asked daily or weekly to work longer or cover additional shifts. Additionally, 30% report that ancillary staff are seldom available to support nursing-related work.

National organizations such as the Institute for Healthcare Improvement, the American Medical Association, and the National Academy of Medicine recognize this crisis and have called on health systems to make clinician safety, well-being, and restoration a priority in supporting the retention of existing staff and recruitment of future health care providers.

The U.S. Surgeon General recently issued a report that outlined five key “engines” that companies and organizations should recognize and address to promote employee well-being and workplace resilience: protection from harm, opportunity for growth, connection and community, mattering at work, and work-life harmony.

This past summer, I enlisted a small group of our leadership team members to develop a plan for fostering the well-being of our nearly 17,000 UI Health Care employees — short- and long-term recommendations as well as an organizational framework to guide us in restoring and retaining our workforce. This charge followed a similar directive by UI President Barbara Wilson to include mental health support and well-being into all aspects of campus life.

Our UI Health Care work group identified six focus areas to strengthen employee well-being, restoration, and retention: workplace safety; diverse, equitable, and inclusive workplace; access to counseling and mental health care for clinicians; physical and mental health; workflow improvements; and professional development.

The work group outlined several strategies—some of which are already in place and augment existing programs, while others are still being finalized—to be implemented over the short term of one to two years. These include, but are not limited to, adopting a culture of safety; embracing DEI; creating tactical teams that could develop efficiencies related to compliances, EMR practices, credentialing, and other work-related processes; and expanding counseling and clinical services for resident and fellow physicians.

While our plan aims to impact employees across UI Health Care, it's important to note that there isn't a one-size-fits-all solution to meet the needs

of every employee all at once. Similarly, other hospitals and health systems across Iowa will face their own specific challenges and priorities as they consider and develop their own plans.

But the time is now for strategies and actions that are affordable and achievable. Additionally, I will note that the Iowa Medical Society periodically co-sponsors resiliency training programs at locations across the state. Visit the events section of the IMS website to learn more about upcoming sessions for yourself and your colleagues.

**Blood pressure? Check.
Cholesterol? Check.
Alcohol and drug use? Check.**

Ask your patients all the right questions.

Alcohol and drug use, misuse, and addiction do not discriminate. Screening is quick, convenient, and **can change a life.**

To help our patients, we need to ask all the right questions. That includes questions about alcohol and drug use. We ask everyone, because we want to help everyone.

**training and support
available at:
iowamedical.org/Opioids**

This PRODUCT is supported in part by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1,000,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.



NEW YEAR RESOLUTIONS!



TIM MCMAHON

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

As the calendar turns to January many of us are following the yearly tradition of making New Year's resolutions. If you're still working on your list of resolutions the team at IOWAMED Insurance, powered by FNIC, has a few ideas to add, all insurance and risk management related of course! Tasty diet recipes is not our area of expertise.

INSURANCE REVIEWS

A good place to start is with an insurance review. The IOWAMED Insurance team can take a detailed look at your coverages to review items like deductibles and policy limits in comparison to your exposures, Iowa litigation environment, and budget. We'll discuss changes in your operation that may lead to change in your insurance. For example, have you added new medical equipment, made improvements to your building or leased space, added more medical professionals to your team, or anticipate physician retirements?

PROPERTY VALUATIONS

Our current economic environment with inflation and supply chain delays has created rapid changes

in property valuations. If you haven't had a property valuation conducted in the last two years, adding one for 2023 to your list of resolutions is a good idea. Undervaluation of your property could result in inadequate insurance coverage, leaving you responsible for more of the repair or replacement cost than planned. IOWAMED Insurance offers appraisal services utilizing Core Logic software to see if building valuations are in line with current replacement and reconstruction values.

ADDING COVERAGE

Is 2023 time to add to your coverages? Adding to your insurance program takes preparation and the IOWAMED Insurance team can assist you. We can review the coverage options, introduce you to our carrier partners, and gather quotes.

CYBER LIABILITY

Cyber liability insurance is available to respond when a data security breach occurs. It can provide coverage that assists with ransomware attacks, business disruption, lost revenue, and litigation. For example, data breach coverage assists with the legal requirements following a breach in addition to the costs of security

fixes, identity theft protection for those impacted by the breach, and protection from possible legal action. If your medical professional liability insurance carrier does not offer cyber liability as an endorsement, we can help you find a solution.

PERISHABLE MEDICAL SUPPLIES

For some specialties, the value of perishable medical supplies can be quite substantial. If power was lost and spoilage occurred, do you have adequate coverage in place? We can review your policy terms and discuss whether or not your current coverage is adequate, and if not, we will work with the insurance carrier to evaluate options.

EMPLOYEE BENEFITS

The IOWAMED Insurance benefits department is ready to be on your 2023 resolution list. We represent all the major carriers. In addition to health insurance, we can help you with your other insurance needs including dental, vision, life, disability, and worksite voluntary programs. The benefits team is skilled at designing and managing employee benefit plans and we would appreciate the opportunity to talk with you more about our services.

SAFETY

Safety is probably always on your list for improvement. We have a few tips to share as you start a new year.

REVIEW THE PAST YEAR

Reviewing the past year of safety incidents can help you find an area of focus for 2023. Did 2022 reveal a trend in certain types of employee injuries such as needle sticks, slips/trips/falls, or back injuries from patient handling? Finding areas of opportunity and areas of success can help guide your plan for the next year.

REVIEW YOUR SAFETY POLICIES AND EQUIPMENT

The start of the year is good time to review your safety policies and procedures in detail. Are documented policies and procedures still in line with your processes? Do they reference current rules and regulations? Do they cover all areas of your responsibility, including parking lots or sidewalks?

REFRESH YOUR EMERGENCY PLAN

Having a plan, and practicing it, can help everyone take immediate action in the event of an emergency. Review your process, important contact numbers, and equipment to certify that you and your team are ready for an emergency situation anytime of the year.

IOWAMED Insurance also offers loss control and claims management services to contribute to your overall safety goals. Our loss control team is available to provide helpful resources, education, and recommendations. At IOWAMED Insurance, we can help you review your coverages and safety procedures for 2023 and check a few New Year's resolutions off your list. Contact us today at 402.861.7000. And if you do find tasty diet recipes, please share!

About IOWAMED Insurance (Iowa Medical Society Insurance Group)



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 care for critically ill children.

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

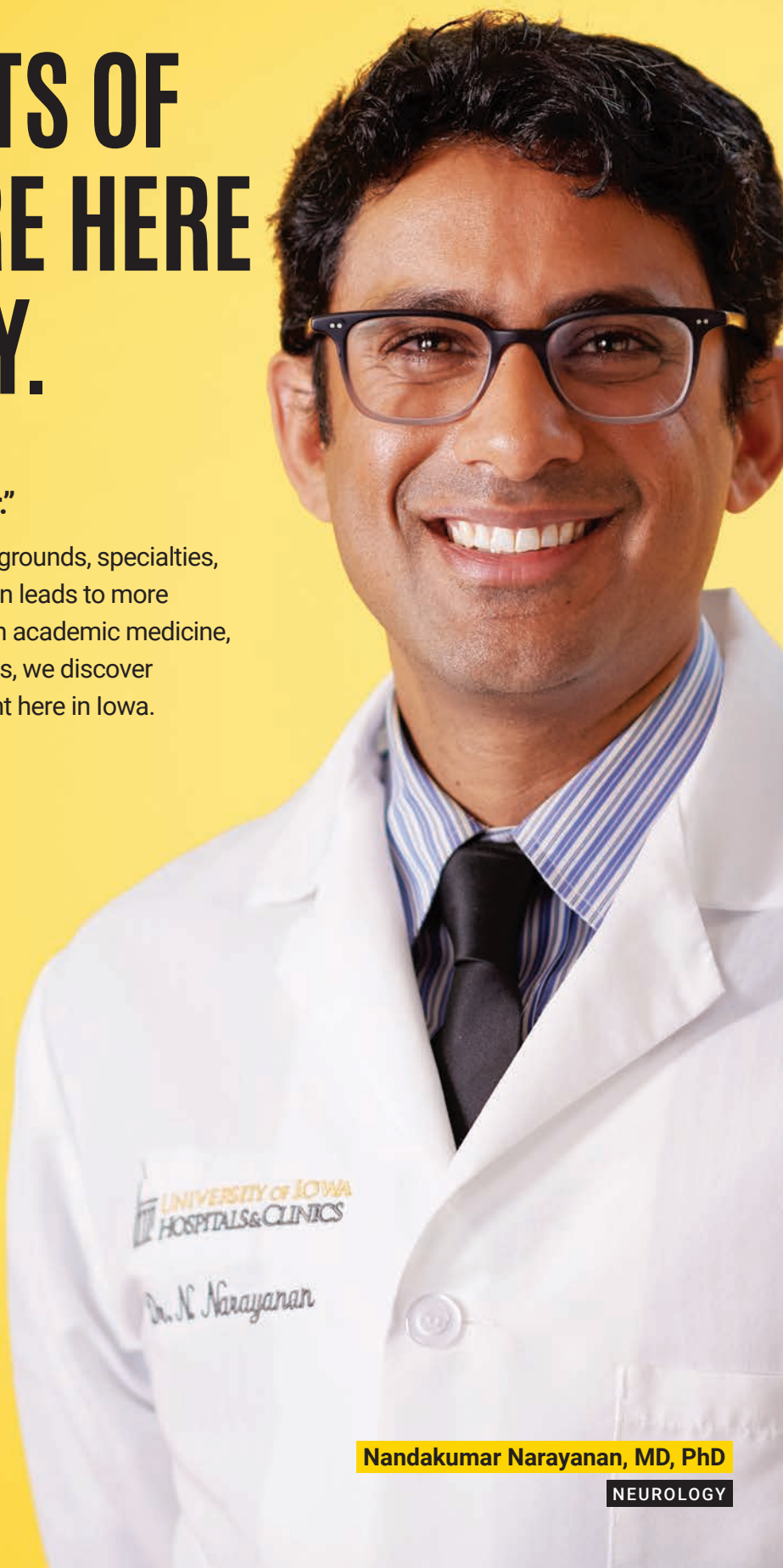


“THE TREATMENTS OF TOMORROW ARE HERE IN IOWA TODAY.”

“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



BEYOND COVERAGE

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

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

 **COPIC**[®]
Better Medicine • Better Lives

CALLCOPIC.COM | 800.421.1834