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JOURNAL OF THE IOWA MEDICAL SOCIETY

JANUARY - MARCH 2023 | QUARTER ONE

VICTORY!

Medical Tort Reform No Longer a Barrier for Access to Care in Iowa



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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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BROCK PURDY AND THE IMPORTANCE OF INCONSEQUENTIAL DECISIONS

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

“With the final pick in the 2022 NFL draft, the San Francisco 49ers select... Brock Purdy, quarterback, Iowa State University,” boomed the voice of commissioner Roger Goodell as the multi-day event back in April came to a close. After 261 players were chosen before him, a new “Mr. Irrelevant” emerged with the undersized Purdy, donning the label given annually since 1976 to the last pick in the NFL draft. As the nickname implies, this pick is typically inconsequential, because rarely does anyone in that slot make much out of a football career.

While the 49ers didn’t think this was a throw-away pick, they could not have predicted the ensuing fairy tale. After two experienced and talented quarterbacks in Jimmy Garoppolo and Trey Lance were injured for the season, Brock was handed the reins to the 49ers offense in early December. The 49ers clearly had a plan with that pick, regardless of the shoulder shrugs, even from their own fans. They admittedly did not see Purdy as a future starter, much less a star in the making but rather a competent emergency back-up

who could fill in if necessary. Mitigating risk, of which there is plenty in the course of a football season, ironically catapulted San Francisco toward a Super Bowl run in a season that, otherwise, could have gone in the tank. Mr. Irrelevant quickly became relevant, winning every game as a starter until he suffered an elbow injury in the NFC championship game and the 49ers’ season came to an end. Brock racked up stats never before seen by a rookie quarterback and most likely cemented his spot as an NFL regular going forward. Even his jersey sales finished in the top 10 of all NFL players!

One seemingly small decision that no one thought would matter made a significant difference for the Bay Area team and its fans.

Think about your financial life and what, in retrospect, felt like an inconsequential decision at the time. Think about how that decision has now become incredibly rewarding. Maybe it was to start accelerating your debt repayment. Maybe it was to begin saving into a

child’s 529 plan the month they were born. Maybe it was to increase your 401k contribution by 1% every year. Maybe it was to adjust your investment allocation to lessen individual company risk. Maybe it was to hire an advisor.

Whatever that decision(s) was, were, and/or will be, nothing relative to money is small when compounded by time. Do not shrug your shoulders at what may appear to be a decision that carries no weight. Rather, don’t wait! Make the effort to plan; ask good questions; hedge your risks in the event life blindsides you; engage someone you trust to be objective. Retirement may be right around the corner. Staying diversified is Purdy good advice (see what I did there?).



SCAN ME

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THE COURAGE TO CONTINUE



STEVE CHURCHILL, MNA

CEO, Iowa Medical Society

On Tuesday, February 7, over 110 physicians, residents and medical students traveled from across Iowa to participate in our annual Physician Day on the Hill. But this was no ordinary gathering of our stakeholders – we assembled at the statehouse with the single purpose to advance Tort Reform in Iowa.

And as we gathered off-site at the Embassy Suites Hotel in Des Moines, one day prior to the date in which Tort was scheduled to be debated in the Iowa House, I learned that we were on the “bubble” and had not secured the 51 votes needed to pass Tort in that chamber. And so, with laser focus, we descended upon the statehouse to meet with those few remaining legislators in the Iowa House that were still undecided.

Our members shared their personal stories with legislators, and how the current environment made Iowa a risky place to practice and to attract and retain physicians. And our medical students expressed their concerns about committing to practice in a state without guardrails to protect them and to ensure access for the patients they serve.

Today, thanks to the grassroots support, passion of our members, and leadership of Governor Reynolds, Tort Reform is the law of the land. This action was a long time in the making and the result of years, if not decades, of focused advocacy and dogged determination. It is an achievement that is the result of the strategic

focus of our board of directors, our dedicated staff, and our passionate physician members.

In my office is a quote from Winston Churchill, “Success is not final, failure is not fatal: It is the courage to continue that counts.”

Clearly, despite many setbacks and disappointments, IMS had the “courage to continue” the fight for our physicians. In the end, it was sheer tenacity that put us over the top.

But as Churchill reminds us, “success is not final”, and while we should take a moment to rejoice in this important achievement, we also need to dig in to ensure it remains

enshrined into law. We are now focused on continued priorities for the House of Medicine, such as access to care in rural Iowa and infringement on the scope of work to protect the quality of care.

As we consider our priorities, we will refresh our strategic plan, which was first launched in 2021. To inform the plan, we will be asking each of our members to participate in a membership survey that will be used to help chart our future.

To gain deeper insight, I’ll be hitting the road to meet with members and our facilitator will be conducting a

series of in-depth interviews with key stakeholders. With your input, the board of directors will meet in July to revisit our mission, vision, and strategic priorities. And most importantly, to enhance the value proposition for our members.

In April, we welcome new board members to the team and inaugurate a new president. I want to recognize Scott Truhlar, MD, for his leadership as President of IMS for the past year. During his tenure, IMS came out of the COVID bubble, doubled down on Tort Reform,

Today, thanks to the grassroots support, passion of our members, and leadership of Governor Reynolds, Tort Reform is the law of the land.

and completed the search for a new CEO. He has been a thoughtful and steady leader during a time of great turbulence and change. I am grateful to Dr. Truhlar for his support and guidance as I began my new role, and am thankful to him for his 10 years of board service.

As Dr. Truhlar concludes his role, I look forward to working with Jessica Zuzga-Reed, DO, who will be sworn in as president at our President’s Inaugural Reception and Awards Ceremony on April 21. Dr. Zuzga-Reed will take the reigns as we launch our new strategic plan, and I look forward to partnering with her to ensure we deliver value to our members across the state.

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ADVOCATING FOR IOWANS AT THE STATE AND NATIONAL LEVEL



PHIL JENEARY

Director of Government Relations, IMS

Let me add my thanks to everyone who advocated for Tort Reform. Your voice made the difference and now, Iowa doctors will not be the target of out-of-state trial lawyers hoping to make money and take away healthcare access to Iowans.

Before Tort Reform was enacted into law, Iowa was one of the few Midwest states who did not have some type of cap on non-economic damages for medical liability lawsuits. After much discussion, the House, Senate, and Governor's office agreed to a \$2M cap for hospitals and \$1M for physicians. The legislation also creates a medical error review taskforce designed to review medical errors and provide additional training and education.

While we stop to celebrate tort, our work goes on – starting with scope of practice issues

The legislature has made “access,” particularly rural access a focal point in scope of practice legislation. The legislature has looked at expanding scope of practice for physician assistants and lay midwives, among

others to address healthcare professional shortages in rural areas. IMS continues to work with our partners and the legislature to ensure that patient safety be the primary goal in health policy decisions.



Reducing Administrative Burdens

Reducing administrative red tape has long been an IMS priority.



Legislation was introduced that would streamline prior authorizations for physicians. Given the rapid start of the session, this bill did not make the first legislative funnel deadline. IMS will continue working with legislators during the interim to gain support for this policy.

Supporting Vaccine Access

Unlike the last several years, the legislature has not focused on anti-vaccine legislation. IMS will continue monitoring these policy items during the budgeting process as these types of proposals can end up in end-of-session policy budgets.



Strengthening Medicaid

The Department of Health and Human Services is considering a revamp of the Medicaid reimbursement rates.



This would be the first serious overhaul of the reimbursement rate in several years. Legislation has been put forward to tax MCO's and use that money for increased reimbursement rates.

Federal Advocacy

At the federal level, IMS leaders were in Washington D.C. Feb. 13-15 for the AMA National Advocacy Conference (NAC). We had great meetings with Senator Grassley and Senator Ernst along with staff from Iowa's congressional districts. Our agenda included three key topics for federal lawmakers:

- Prioritizing Medicare physician payment reforms in 2023
- Opposition to federal legislation that expands health care provider scope of practice
- Support of bipartisan graduate medical education and physician workforce legislation

IMS CEO Steve Churchill and past-president, Dr. Tiffani Milless were in Washington, D.C. March 30 to celebrate National Doctors' Day. Congresswoman, and former IMS President, Dr. Mariannette Miller-Meeks will be recognized for her work on healthcare issues. We also met with Iowa's congressional representatives on our federal legislative priorities.

Thank you for your continued support of IMS. If you need any help or talking points, check out our Advocacy Center on the website or contact me at pjeneary@iowamedical.org.

GOVERNOR REYNOLDS SIGNS MEDICAL TORT REFORM BILL

Iowa Medical Society leadership, including Scott Truhlar, MD, IMS president, Christina Taylor, MD, IMS board chair, and Steve Churchill, IMS CEO were at the Capitol for the official signing of HF 161 – the Medical Tort Reform bill. Governor Kim Reynolds invited special guests, who were instrumental to advance this bill, to her office for the signing ceremony.

“This historic initiative has been many years in the making, and we are grateful to every single IMS member, and friend of medicine for their grassroots advocacy to help make this day possible.”

– Scott Truhlar, MD, IMS President

“A special thank you to Governor Kim Reynolds for her steadfast leadership to help improve access to healthcare throughout Iowa, and thank you to our 6,000 plus physicians, residents, and medical students who have been on this journey with us. What a day for patients and physicians in Iowa!”

– Christina Taylor, MD, IMS Board Chair

“This is such a victory for all of us, particularly our younger and future physicians, nurse practitioners, physician assistants and allied health workers. But mostly, it’s a victory for the people of Iowa, whose very real threat of losing healthcare has been greatly, greatly diminished.”

– Bryan Graveline, MD, IMS member

“This landmark legislation will make Iowa a welcoming home for physicians to live, work, and serve their communities.”

– Steven W. Churchill, IMS CEO



INTRODUCING: SARA OPIE

Director of Communications and Marketing, IMS



Hi everyone – for those of you I have had the pleasure to meet, thank you for the warm welcome to the Iowa Medical Society. I am the new director of communications and marketing, and this is the first issue of *Iowa Medicine* we've produced since I joined the organization. You will see a few changes and updates in this issue, and even more to come in the July issue. We want our quarterly magazine to be interesting and valuable to you as members, so


we'll be working to bring you more dynamic content in the future.

To accomplish that, we're doing a call for names of members who would be interested in serving on an IMS editorial board. Meetings will be held virtually every quarter for 30 minutes to start with. We'll talk about *Iowa Medicine* content and look for input on a variety of communications topics.

Also, be sure to reach out to me with what you're reading, listening to, or

if you have any other great sources of information for sharing with the broader membership. We'd like to gather good inspirational material that can be included in upcoming issues of the magazine.

Please send me an email if you are interested: sopie@iowamedical.org.
We would love your input and participation.



SAVE THE DATE

**FRIDAY
SEPTEMBER 15 &
SATURDAY
SEPTEMBER 16, 2023**

DES MOINES, IOWA

JOIN US for an engaging event that aims to celebrate and empower women physicians in Iowa by recognizing the unique experiences of women in medicine. This conference will offer the expertise, guidance, and collegiality to be the best and most fulfilled practitioners they can be.

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



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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.

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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.

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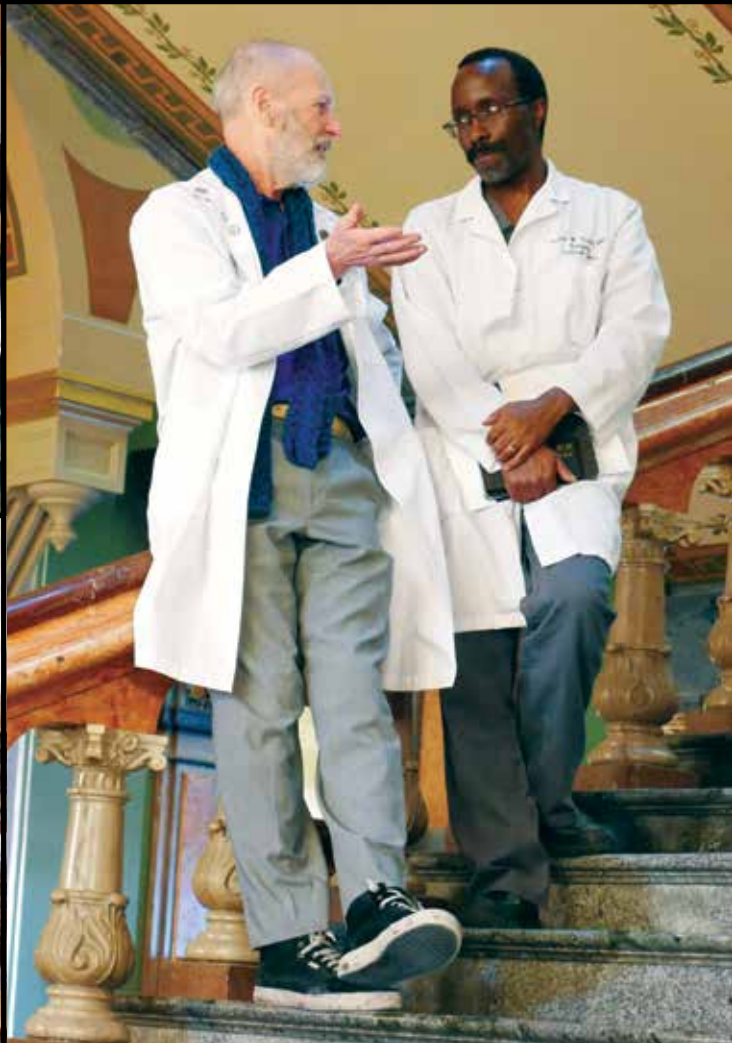
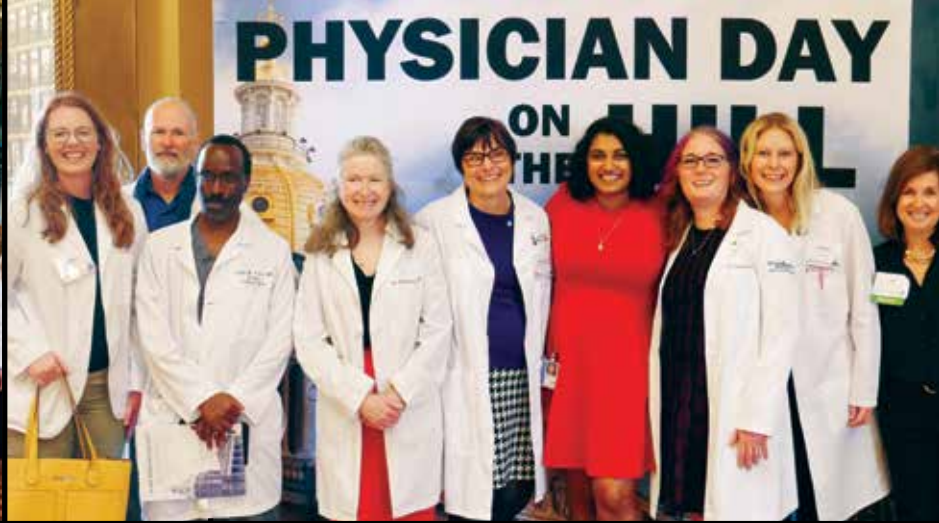


Learn more at stophiviowa.org

PHYSICIAN DAY ON THE HILL FEBRUARY 7, 2023

It was a memorable day for the Iowa Medical Society's Physician Day on the Hill as more than 100 members showed up for a day of advocacy. Starting with training, guest speakers, and networking in the morning, then moving up to the Capitol for lobbying efforts prior to the passage of Tort Reform, it was time well spent. Thank you to those members who were able to be in Des Moines for the day and make a difference that proved historic for access to quality healthcare for all Iowans.





THE POWER OF ADVOCACY



SCOTT TRUHLAR, MD

President, Iowa Medical Society

At 2:15 PM on February 16, 2023, I witnessed the fulfillment of a goal for a generation of Iowa physicians.

It happened as I stood next to the desk of Governor Reynolds and watched her sign the bill establishing a hard cap on pain and suffering damages in medical malpractice cases. This goal had been a “white whale” of our organization since before I began serving on the Iowa Medical Society Board ten years ago. Gazing around the room at the clustered TV cameras and scores of crowded supporters, I was intensely aware that I was witnessing the culmination of decades of work.

Our efforts were particularly meaningful for me this year, as I personally know physicians targeted in mega-reward cases. The whole day was surprisingly emotional and caused me to reflect deeply and humbly on the relentless efforts of our committed members.

Up until the very end, successful passage of a tort reform bill was not assured. Nine days before the bill signing, I joined 110 physicians and trainees who sacrificed a day from their clinics to take part in our annual IMS Physician Day on the Hill. The sole focus of our advocacy in Des Moines this year was to speak to the need for tort reform.

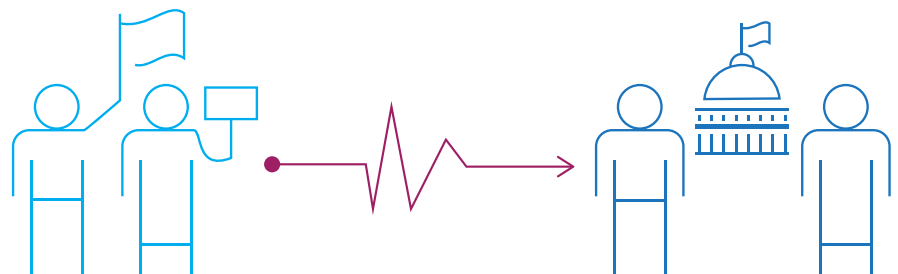
As of that morning, majority support for the tort reform bill in

the House was not established. Only after Physician Day on the Hill did the final votes solidify around our cause, producing a successful vote on the bill two days later.

I have never before so intimately witnessed the power of individuals working together to create major structural change. Every physician who has supported our Society’s work on tort reform over the years can feel pride in having contributed to such a momentous day. We should

They are not experts in the complexity of medical care. A phone call or discussion with a physician or medical student can have an enormous impact! This is why advocacy is worth spending time on. Legislators want to hear from you. They respect your knowledge and commitment to taking care of Iowans. Each of you truly has the power to make a difference!

My time as IMS President is coming to a close. I began my presidency



all salute the dedication of the IMS staff as well, and I particularly feel gratitude to the many Des Moines University and Carver College of Medicine students who stepped away from their studies for a day to be part of this historic effort.

This event is a clear example of how direct advocacy of our members is effective at making our state a better place to practice. Our state legislators are not professional politicians and are not generally involved in health care. They are stay-at-home parents, small business owners, farmers, law enforcement officers, and a hundred other occupations.

reflecting on how the idea of “community” is at the core of what we do. We work in honor of the community who came before us and to create a better future for those that follow. The multi-year journey of tort reform perfectly encapsulates that focus, as a cap on malpractice awards will help ensure a viable medical system in our state, one that will attract and retain future generations of physicians to take care of us and our children.

The Iowa Medical Society has been serving the state in this way for 174 years, and with your continued support, will continue doing so long into the future!



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VISION

You Can't Have Vision Unless You First Open Your Eyes



STEVEN HALM, DO, FAAP, FACP

Dean, Des Moines University College
of Osteopathic Medicine

After thirty years as an internist and pediatrician, I now realize how much I relied on the tips, tricks, and tools of my trade. I have talked about bedside manner and leadership in my past IMS articles, both of which have been essential in my personal growth and success as a medical provider and educator. Today, I share with you my opinion on the single most important medical instrument that I used every single day in caring for patients in my primary care specialties.

When most of us think of the “tools of the trade” for doctors, we typically include the stethoscope, the sphygmomanometer, the otoscope, and the ophthalmoscope – all the things we carry in our doctor’s bag. I became quite proficient at using each. However, THE most impactful, by far, was, the ophthalmoscope. Here’s why: It literally gave me vision that I would not have otherwise had.

I have examined over 10,000 newborn infants in my career and examined their eyes with an ophthalmoscope five or six times throughout their first year of life. It was incredibly reassuring to be able to tell almost all parents that their infant’s vision was functioning well simply by identifying a bright, symmetric red reflex and symmetric corneal light reflexes. But when the red reflex was asymmetric, I became a brilliant diagnostician in determining that an infant had a congenital cataract. I promptly referred them to a pediatric

ophthalmologist for confirmation, and the child’s vision was forever changed with timely surgery to remove the cataract. I changed the lives of these children and their families. In using this medical instrument and “opening my eyes”, I had vision.

With congenital cataracts having an incidence of 1 in 2,000 newborns, statistically, I would have picked up on five congenital cataracts during that time. I specifically remember diagnosing seven. I used the instrument with every newborn exam, every single



With the proper tools, we can all create a “window to solutions” in dealing with challenges we face with our patients in this complex healthcare system.

day for decades. I would have never identified any of them within the few-month window in which a cure for permanent blindness must be made if I didn't use the ophthalmoscope at every well child visit. With this tool, I was given the vision needed to change the lives of these infants.

As an internist, the retinal examination allowed me to have instant access to what I describe to my students as their “window to the brain.” The retinal tissue is essentially an extension of brain tissue – made up of nerves, arteries, and veins – all of which are completely visible with an ophthalmoscope.

If you open your eyes as a physician and become proficient with this tool, you start to be able to diagnose papilledema, hypertension, diabetes, atherosclerosis, infectious diseases, and a host of other conditions.



As physicians, if we don't open our eyes and look, we will never have vision. It's a simple concept, but as we get “blind-sighted” by daily distractions of electronic health record challenges, insurance pre-approvals, and non-compliant patient issues, we end up becoming unable to see what is in front of us or what is possible. To have vision for the future is to first have open eyes. With the proper tools, we can all create a “window to solutions” in dealing with

challenges we face with our patients in this complex healthcare system. But without our eyes open, we literally become blind. We must maintain our 30,000-foot view to support health policy changes and health advocacy for our patients at both the state and national level. We need to empower change and always seek to improve. These changes can only happen with true vision, which provides us with awareness and new ideas.

So enough with the benefits of being able to use an ophthalmoscope effectively... don't even get me started on the importance of the 1886 invention of the ENT head mirror – that is the quintessential genius invention that provides the added benefit of complete hands-free vision for two-handed procedures! That's another story (and tool) that I love to share with my students.

Keep your eyes open and continue to look for solutions.

WITH YOUR FEEDBACK, WE ALL WIN

Upcoming Surveys & Focus Groups



HEATHER LEE

Manager, Membership, Sponsorship and Operations, IMS

IMS looks very different today than it did just a few years ago, and it will continue to evolve, grow, and shift to remain Iowa's preeminent voice of organized medicine. With this in mind, we will be conducting a series of surveys and focus groups to ensure our actions as an organization best represent Iowa's healthcare

community and the issues that matter most to you, our valued members. These surveys will provide us with current data so we can implement appropriate strategies and plans to improve what we do.

In the coming weeks, we will ask members to participate in these

surveys via email. Thank you in advance for your time in completing one of these surveys. We appreciate your thoughtful input and feedback.

Your comments are extremely helpful to our mission, and will have a positive impact on IMS as a whole.

**Late March
through
Mid-April**

Send out request for members and stakeholders to complete IMS surveys

April 21

Present initial findings to IMS Board of Directors and launch follow up interviews and focus groups

July 14-15

Present final findings during strategic planning with IMS Board of Directors

The IMS Member App makes life simple and easy

With the Iowa Medical Society mobile app, members can update their contact information, renew their membership*, register for upcoming IMS events, and more! If you haven't downloaded the app, you can find it by searching for "Wild Apricot" in both the Apple and Android app store. Once downloaded, you may log in by using your IMS user email and password. For your convenience we have helpful hints and FAQs available on our website at www.iowamedical.org. Simple, easy, and sure to save you time.

IMS Member App Information:

Before you download the app be sure to note your IMS member email and password.

- If you have forgotten your password, visit:

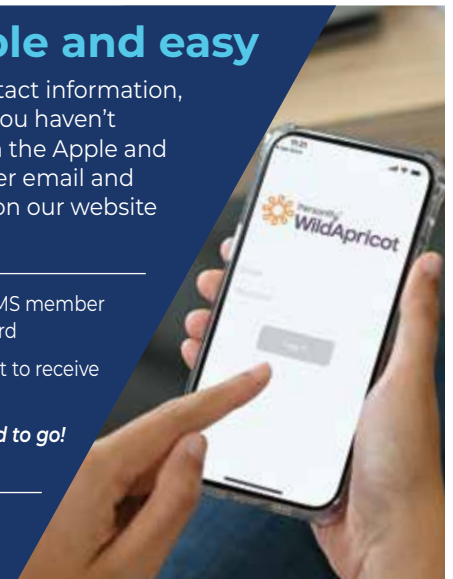
iowamedical.org and hit the forgot password to get a link to reset it

- Once you have those, visit the app store or google play and search for the Wild Apricot app

- Log in with your IMS member email and password
- Choose if you want to receive notifications

**You should be good to go!
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*membership renewal via mobile app is currently only available to individual members. For more information regarding the upcoming IMS member surveys, mobile app, or membership, please contact Heather Lee at hlee@iowamedical.org.



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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.



Have One On Us!



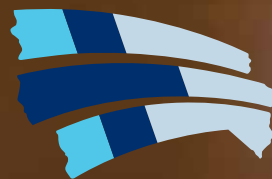
*Thanks for
all you do!*



To show our appreciation, the Iowa Medical Society wants to treat all of our amazing member physicians to a cup of coffee. Scan the below QR code to claim a \$5.00 digital gift card to Starbucks on behalf of IMS.

HAPPY NATIONAL DOCTOR'S DAY

from the



**IOWA
MEDICAL
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MEDICAL DOCUMENTATION THAT MATTERS

SEPARATING THE “SIGNAL” FROM THE “NOISE” IN EHR DOCUMENTATION

In the last 20 years with the institution of electronic health records (EHRs), the time it takes to complete medical documentation has gotten longer and longer. It's not unusual to see a short and routine emergency department visit for an ankle sprain result in a multi-page note. But more documentation isn't necessarily better. In fact, studies demonstrate how current medical documentation includes a lot of “noise,” without necessarily identifying the key “signal” that is important.

There are several reasons for medical documentation, but this article will focus on the following: *Documenting the services, thought processes, and recommendations to determine that the provider was practicing within a reasonable scope of practice when complaints at the licensing board or legal liability actions arise.*

This point is about establishing that a given encounter was within the range of acceptable practices, or the “standard of care.” More volume of documentation generally does not serve the point's purpose well, but in many cases specific documentation is critical to defense. We often are looking in retrospect when care is in question for these very important “signals” which can be lost in the “noise.”

CONSIDERATIONS FOR ALL CLINICAL ENCOUNTERS

Detailed documentation of informal and curbside consultations by both the requester of the consultation and the provider of it are often missing or inadequate. The documentation should include the information conveyed, the decisions made, and who was assigned responsibility for the patient's care, now and in subsequent follow-up.

Incidental findings require someone to “close the loop” with the patient about the nature of the abnormality, including why the recommended follow-up is important and the risks of not following up. Trusting the next

clinician to provide the necessary follow-up on the incidental finding is often inadequate. Informing the patient and documenting the critical elements greatly adds to the defense when the patient alleges they were never told, and so suffered an adverse outcome such as a delayed diagnosis of a now more advanced malignancy.

When you receive critical lab, imaging, and other diagnostic findings, document what you did and what was communicated, including referring the patient for further immediate care. In legal cases viewed retrospectively, families and patients often allege that they stated something completely different than what the clinician or clinical team heard.

One documentation strategy is to specifically state the patient's chief concerns and chief complaints verbatim and in quotes; such as “patient states (or chief complaint or chief concern)...” Recall that a chief concern is different than a chief complaint, but can provide insight into what the patient or family believes to be occurring. When their chief concern turns out to be accurate, and it was dismissed, ignored, or never heard, it can be difficult to defend the care.

HIGH-RISK REMINDERS ACROSS SERVICE LINES

Mentioned previously but deserving of repetition for all service lines is the need for congruent findings



and documentation among multiple observers—medical assistants, nursing staff, and other providers. In cases involving adverse outcomes, there is often accurate information or findings by one member of the team that are critical to the outcome, but not widely communicated or documented by the people making decisions.

When patients refuse your medical recommendations, we often cannot tell from the documentation whether the clinician described the benefits, risks, and alternatives of that recommendation to the patient. Patients can choose to refuse care after adequately being informed, and for that purpose an informed refusal document may be appropriate.

CRITICAL DOCUMENTATION FOR YOUR BEST DEFENSE

Small amounts of critical documentation can often be your best defense. The specific scenarios and strategies for these critical documentation opportunities described previously are not an all-inclusive list, but represent a majority of the preventable issues in which defense of your care could have been enhanced.

There is much documentation noise that can serve the other purposes described but have little impact on your defense. We hope to improve the necessary signal, with the understanding of the vast amount of noise that can exist in the medical record.



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NATIONAL PHE DECLARATION ENDS MAY 11



KADY REESE, MPH, CPHQ

Director, Education and Engagement, IMS

On January 31, 2020, in response to the emergence of the COVID-19 pandemic, the Secretary of the Department of Health and Human Services (HHS) declared a state of public health emergency (PHE). Since that day, the country has remained under a PHE declaration – allowing the enactment of emergency provisions, waivers, and conditions supported through several acts of Congress – to aid the healthcare community in responding to, managing, and recovering from the catastrophic effects of a global pandemic.

Now, a little over three years later, we can prepare for a future where we have the tools to live with COVID, look toward a new normal, and return to non-emergency operations.

The federal PHE declaration ends on May 11, 2023. The end of the PHE declaration will initiate a roll back of some of the emergency measures and regulatory flexibilities necessitated during the course of the pandemic. Below is an overview of some of the conditions and provisions enabled during the PHE that will transition out following its expiration.

**Extent of impact varies by payer; plan; facility, provider, and service-type. Additional information is available by contacting Kady Reese at: kreese@iowamedical.org*

ENDING

MARCH 31 2023

Medicaid continuous enrollment outside of traditional eligibility and open enrollment windows. *(Special temporary enrollment periods are available for those losing Medicaid or CHIP coverage.)*

ENDING

MAY 11 2023

Ability to prescribe controlled substances without an in-person visit. *(New rulemaking expected to propose extension of these flexibilities)*

Medicare’s 20% add-on payments for patients diagnosed with COVID-19 to offset complex COVID-19 care costs.

ENDING

DECEMBER 31 2023

Reimbursement for cardiac, intensive care, and pulmonary rehabilitation services provided via telehealth under the physician fee schedule.

Reimbursement parity for services performed via telehealth that typically would have been performed in-person.*

ENDING

Future Dates

April 30, 2024: Hospital COVID-19 data reporting requirements as a CMS condition of participation.

October 1, 2024: Liability immunity for use of countermeasures for COVID-19, as provided by the Public Readiness and Emergency Preparations (PREP) Act declaration.

ENDING

Unknown Date

Unknown Date: Food and Drug Administration (FDA) emergency use authorizations (EUAs) for drugs and devices. *(FDA has authority to extend EUAs at its discretion to ensure continued availability to meet need. More information to come from the agency.)*

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



Burnout Awareness & Resiliency

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



Recognize. Recover. Rebuild.

A physician to physician, peer-based program recognizing the unique and exacerbating wellness and the opportunity to build back stronger.



Crucial Conversations

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

Free at-home COVID tests and no cost-sharing for testing services and therapeutics for Medicare beneficiaries and those enrolled in private coverage. *(Medicaid members will have an additional year of no-cost coverage.)*

State option to provide Medicaid eligibility for certain uninsured indications to cover COVID-19 testing and related services, vaccination, and treatment coverage with 100% federal match.

Health plan requirements to reimburse out-of-network providers for COVID-19 vaccines & testing.

Permission for physicians and non-physician practitioners to directly supervise diagnostic services virtually through audio/video real-time communication technology (excluding audio-only).

December 31, 2024:
Certain telehealth flexibilities will extend beyond December 31, 2023*:

- Waiver of geographic and location requirements
- Reimbursement for audio-only telehealth services
- Reimbursement for telehealth services furnished by federally qualified health centers and rural health clinics
- Reimbursement for services provided by physical therapist, occupational therapists, speech language pathologists, and audiologists
- Waiver of in-person visit requirement for initiation of tele-behavioral health services
- Use of telehealth to recertify eligibility for hospice care

WHAT DOES TORT REFORM MEAN FOR YOU?



TIM MCMAHON

Mr. McMahon is Sales Executive and Healthcare Team Director at IowaMed Insurance

It means there is hope! Hope for affordable medical professional liability insurance. Hope for the ability to purchase liability limits commensurate with your philosophy of risk transfer. Hope for more competitors eager to earn your confidence in their coverage forms and risk management offerings. And hope for a more stable insurance environment to attract new physicians to Iowa.

Previous articles have referred to the slate of nuclear verdicts in Iowa and across the nation. Medical professional liability insurance companies and you have had a front row seat to these verdicts and the resulting impacts. Contrary to the opinion of some that there is plenty of existing competition amongst insurance carriers in Iowa, there are fewer now that are willing to offer the same terms they did years ago.

Underwriting appetites have contracted, willingness to offer higher coverage limits has waned, application of the ability to charge premiums higher than the filed base rates has increased, and the cost for higher limits (if you can get them) are rising.

So, when will the “hope” become a reality? Most medical professional liability insurance policies for physicians in Iowa are written on claims-made policy forms. Yep, you know the drill. Retroactive dates, claims-made step rate increases

(the maturation process of a claims-made policy), reporting endorsements or “tails”, etc.

Iowa tort reform will look and feel somewhat similar to a claims-made policy in that the “retroactive date” will be the date that Governor Reynolds signed the bill. Insurance carriers will be taking note of how HF161 “matures” and stabilizes

IOWAMED Insurance is here should you have questions specific to your practice as it relates to your insurance program and what tort reform can mean for you. A special thanks to the IMS and all who supported this effort over the years to make it possible to one day realize the “hope” that it provides to the physicians of Iowa!



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.

the medical professional legal environment across the state.

We are confident that over time we will encounter a return to a more stable and competitive medical professional liability insurance market place. Never hesitate to reach out to your insurance carrier ahead of your policy renewal to seek their forward guidance for your policy and for their outlook for Iowa in general.



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- **Internal Medicine**
- **Nephrology**
- **Neurology**
- **OB/GYN**
- **Occ Med**
- **Otolaryngology**
- **Pediatrics**
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- **Podiatry**
- **Psychiatry**
- **Pulmonology/CC**
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- **Urology**

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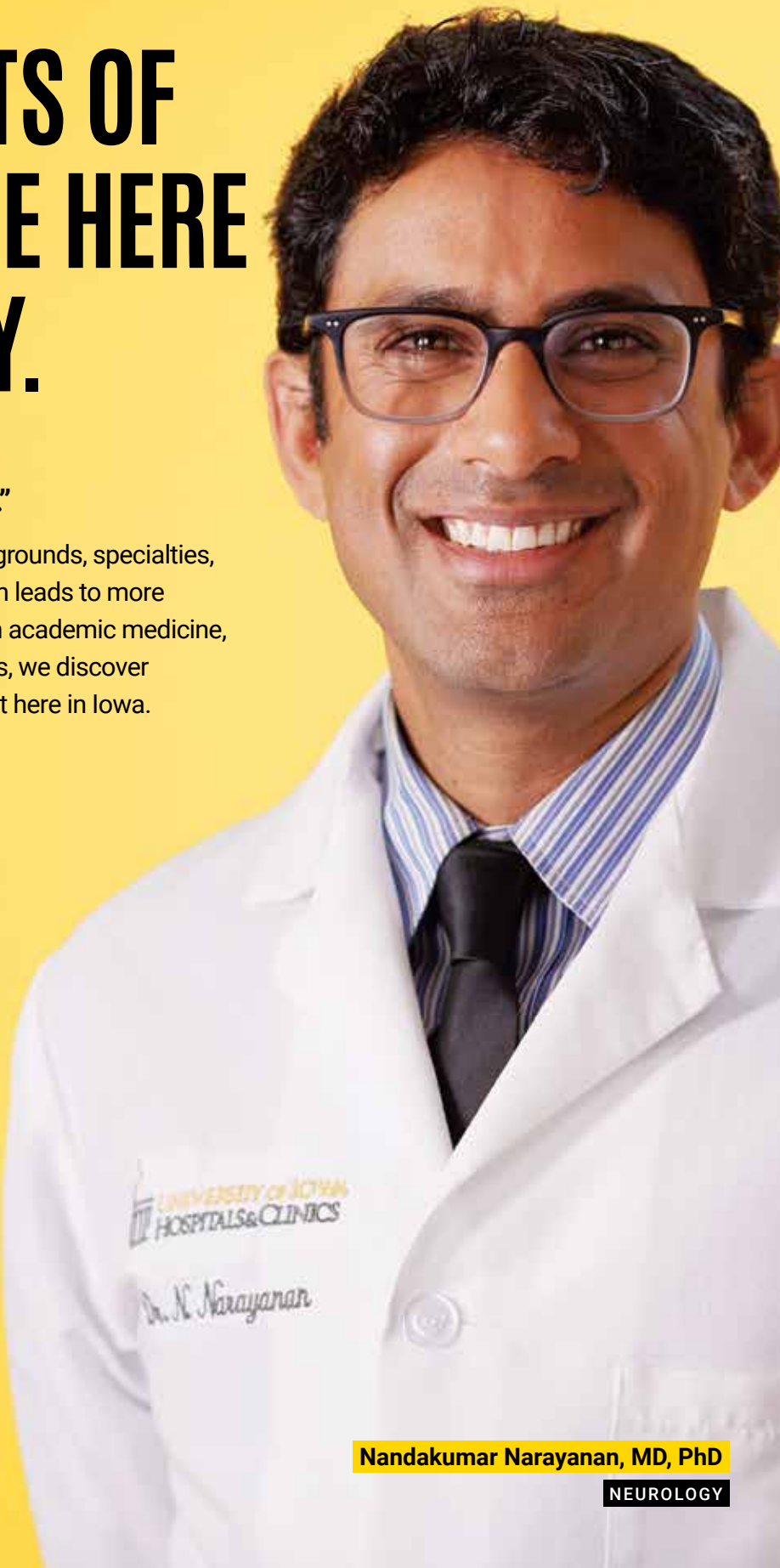


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Nandakumar Narayanan, MD, PhD

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