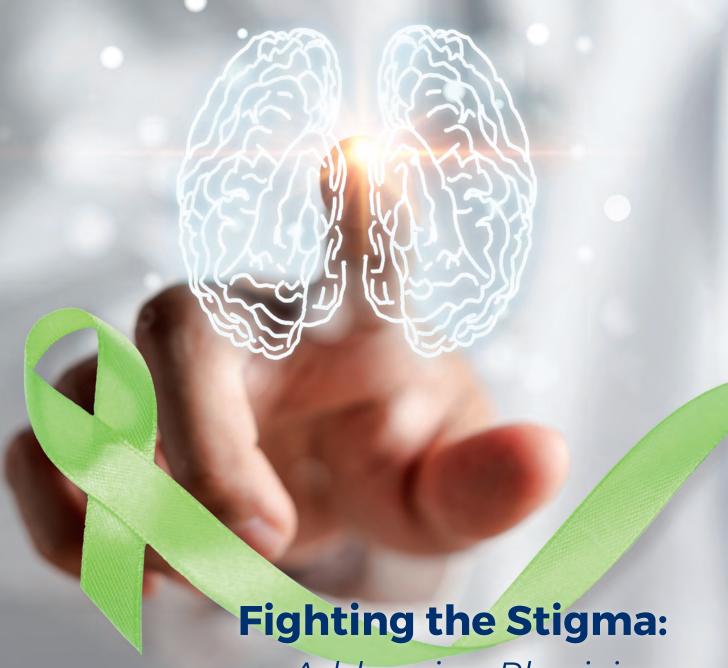
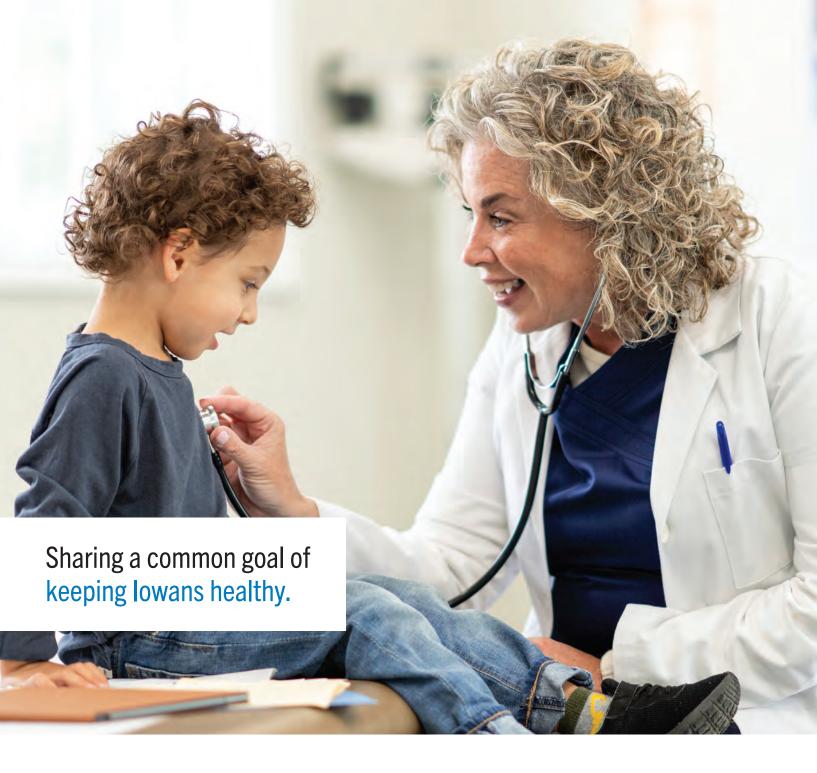


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Addressing Physician Mental Health



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IMS Mission:

To advance the practice of medicine through advocacy, education, and engagement with physicians throughout Iowa to ensure the highest quality of care for the patients they serve.





KEY CONSIDERATIONS AS PAYMENTS RESUME ON STUDENT LOANS IN 2023

KADIN WHITE, CFP®, CHFC®, Lead Advisor

After a three-year pause, student loans for millions of Americans are set to resume in September, with payments due in October of 2023. If you have student loans that have been impacted, now is a great time to look them over and review options moving forward. Below, I have outlined just a few things to consider as payments resume.

Loan Details

Take the time to re-familiarize yourself with how your student loan is set up. Make sure you understand the terms of the loan, the service provider, and basic overview of the loan structure. Call or visit your federal student loan website dashboard to confirm the details of your loan. Important items to confirm are your contact information (in case it has changed since the deferment began), interest rate, account balance, and your current repayment plan.

Repayment Plan

There is a variety of repayment options available to borrowers, depending on their current financial situation. Two of the most popular options are the standard repayment and the incomebased repayment plans. For most borrowers, the Standard repayment option allows you to pick a fixed loan for up to ten years. This option typically charges the least amount of interest over the life of the loan, with higher monthly payments up front. Another popular repayment option is based on your discretionary income. This option provides for a potential lower payment initially, but you would typically pay more interest over time compared to the standard repayment option.

Public Service Loan Forgiveness

Are you employed by a non-profit

organization or the government? If so, you might be eligible for the Public Service Loan Forgiveness (PSLF) program which, if qualified, allows you to get your student loan forgiven after you have made 120 payments.

As you can see, there are many options available to borrowers, and these choices can have a significant impact on your financial plan. If you have questions on your loan options or need a second opinion, please reach out. We would love to help!



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A BOLD NEW VISION



STEVEN W. CHURCHILL, MNA

CEO, Iowa Medical Society

Our new Vision: "To be the leading voice in medicine to make lowa a premiere destination for physicians to live, work. and serve their communities."

or those who read *Alice in* Wonderland as a child, you may recall a line in the classic tale where Alice reaches a fork in the road. At that moment, she looks to the Cheshire Cat for advice in terms of which way to turn, to which the cat replies, "If you don't know where you are going, any road will take you there."

That simple lesson, penned by Lewis Carroll in 1865, still rings true today and is an important reminder as we unveil our newly crafted strategic plan that will set the course for the Iowa Medical Society (IMS) over the next three years.

With that in mind, the IMS Board of Directors and staff met for two days in July with the help of a facilitator to examine and refresh our Mission (who we are and why we exist), Vision (our desired future), our Core Values (how we interact with one another), and our High-Level Goals (long-term aims moving toward our desired vision).

The results included a completely refreshed Mission Statement that is physician-centered and clearly articulates what we do every day. Our new mission reads "To advance the practice of medicine through advocacy, education, and engagement with physicians throughout Iowa to ensure the highest quality of care for the patients they serve."

Our new Vision, "To be the leading voice in medicine to make Iowa a premiere destination for

physicians to live, work, and serve their communities" is aspirational in nature and paints a clear picture of our desired future.

The five core goals outlined below are designed to advance our mission and to achieve our vision for success:

- 1. Iowa is experiencing a physician shortage. As such, one of our primary goals is to lead a coalition and take concrete action to increase the number of physicians practicing throughout the state.
- 2. While escalating the number of practicing physicians is critical, the happiness and job satisfaction of doctors is essential to keep them in the workplace. Therefore, an important goal for IMS is to increase our physician health and wellness initiatives to improve their outlook and to invigorate our education **opportunities** to keep them informed on the latest trends in medicine.
- 3. Advocacy consistently ranks as the top reason that physicians join IMS. To deliver on that promise, one of our key goals is to ensure IMS is the trusted voice and definitive authority for organized medicine and the source for innovative, physicianled medical solutions.
- 4. Engagement is the life-blood of a vital membership organization like IMS, and so as we move out of the shadow of the COVID-19

- pandemic, IMS will create meaningful programming and content to enhance the value **proposition** for our members and foster a sense of community for physicians.
- 5. Finally, it is not possible to achieve our goals and objectives without the financial and human resources that are essential to make it a reality. To advance our mission, the new plan will optimize and diversify revenue and align resources and talent to tackle our strategic goals to maximize long-term stability and growth.

In this column, I've outlined a snapshot of our Strategic Plan. To see the complete view of our Core Values and Guiding Principles, Critical Customer Segments, Goals, Objectives, and Value Proposition, visit www.iowamedical.org or scan the code below with your cell phone.

As the only statewide organization representing the entire House of Medicine in Iowa, IMS will take the lead and partner with peer medical and healthcare associations to deliver meaningful change and results for physicians and to achieve our vision to make Iowa a premier destination for physicians to live, work, and serve their communities.



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Membership renewal time is coming soon!

IMS is the champion for member physicians across the state to ensure your voice helps shape public policy in the healthcare arena. IMS membership provides advocacy, opportunities for professional growth, networking, events, healthcare information, and continued education. **Renewals start November 1, 2023.** Be on the lookout for more information.

Questions? Email: membership@iowamedical.org or call 515-223-1401



NEW BEGINNINGS



JESSICA ZUZGA-REED, DO

IMS President

nd all at once, summer collapsed into fall"— Oscar Wilde. Although fall marks the end of summer's natural frivolity, there is undoubted excitement that comes with the new beginnings ushered in at summer's end. Perhaps it is my personal bias as a mother of two teenagers or professional bias as a pediatric subspecialist, but this time of year has always been one of my favorites — Back to School season. The energy in the air is full of enthusiasm that comes with endless possibilities of the future. This is palpable whenever you are surrounded by the youth of our profession — our fantastic medical students, residents, and fellows.

Over the last few months, my role as IMS President has given me the opportunity to spend more time with our student members. It has been an honor to attend and participate in the White Coat ceremonies and graduations at both University of Iowa and Des Moines University. Participating in these bookend events of our student members' journey over the course of a relatively short time has been nostalgic and nothing short of inspiring.

These students have, in some ways, just begun their lifelong learning journey. I hope that the setting of their journeys will be in this great state of Iowa- the future of healthcare in our communities depends on them now more than ever. The IMS Board of Directors has taken this to heart in the design of our 2023 strategic plan. Included in this plan is a new IMS Vision: To be the leading voice in medicine to make Iowa a premier destination for physicians to live, work, and serve their communities.

Visions are intentionally aspirational. "Dreams come a size too big so we can grow into them." As overachievers, physicians are no strangers to aiming high. It is only fitting that an organization for physicians led by physicians like IMS is poised to do the same.

How exactly do we plan to do that? You might ask. One of our goals over the next three years is to lead the charge on workforce development. That workforce begins with trainees. By increasing upstream engagement of medical student groups and pre-med undergraduate programs, we hope to foster an Iowa-based physician pipeline through mentorship. IMS will continue to provide U of I and DMU student benefits like free membership, networking, educational and advocacy events, and IMSF support of student AMA travel and the opportunity to earn global health travel scholarships.

Turning our attention to postdoctoral training, we want to increase the number of Iowa residency and fellowship positions by 2026. IMS plans to provide technical assistance in the implementation of newly funded and expanded programs provided through legislative and



grant-based support. We plan to introduce and support legislation that increases funding for additional positions. And lastly, we will pursue incentives for teaching faculty such as tax credits. These are just a few ways in which we plan to achieve an increased workforce.

With the optimism of a mother and pediatrician, I truly look forward to these new challenges. The future is bright! Our entire board is excited about the new beginnings ushered in this fall with a renewed focus for IMS. I invite you to check out our full strategic plan on www. iowamedical.org. And as always, feel free to reach out to us if you'd like to be involved in these initiatives.



I'd like to educate my staff about HIV—where do I start?

The Bureau of HIV, STI, and Hepatitis at Iowa HHS is here to help!

Did you know?

The Bureau of HIV, STI, and Hepatitis has an entire team dedicated to providing health education for clinicians! We're called regional health specialists—and we're located all throughout lowa.





How we can help:

We know you're busy! So we're here to help you access accurate, up-to-date information about HIV, sexually transmitted infections (STIs), and hepatitis in Iowa.

Just ask us about:

- How to offer an HIV or STI test
- How to talk to patients about their sexual health
- Being prepared for your first patient who is living with HIV
- Addressing stigma
- Troubleshooting on issues related to health equity
- Supporting the effort to stop HIV in Iowa

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ISTOP HIV IOWA

How to get in touch:



Fill out our interest formvour local RHS will reach out to you to follow up



View our map to find the name & contact information for the RHS in your area

2024 LEGISLATIVE PRIORITIES



PHIL JENEARY

IMS Director of Government Relations

he IMS Committee on Legislation met September 1 to develop recommendations for the Board of Directors for the initial 2024 IMS Legislative Priorities. These priorities, which were approved by the IMS Board of Directors September 15, seek to build on our 2023 legislative successes, including enacting medical liability reform. IMS has already begun meeting with key legislators and stakeholders about the issues of importance to Iowa physicians.

Key State Priority

Issue	Description			
Expand Physician Workforce	 The physician shortage in lowa is in crisis. To aid in the recruitment and retention of physicians, IMS supports: Increase of \$1.5M for full funding of the Rural Physician Loan Repayment Program Support policy efforts to implement the Iowa Rural Healthcare Workforce Strategic Action Plan Increase funding for additional positions within existing residency and fellowship programs Seek opportunities for new residency and fellowship programs for Iowa's most in-need specialties Pursue tax credit incentives for preceptors and new physicians beginning their practice in Iowa 			

Other Critical State Issues

Issue	Description				
Reduce Administrative Red Tape	IMS supports legislation that reforms prior authorization and reduces administrative red tape. Physicians spend too much time wading through unnecessary administrative burden instead of spending more time with patients.				
Strengthen Medicaid	IMS will work with the Department of Health & Human Services to implement a plan for increasing physician reimbursement rates, expanding upon the successful efforts with behavioral health rates. IMS will also work to extend postpartum coverage to twelve months.				
Expand Access to Care	IMS values the sanctity of the patient-physician relationship and use of evidence-based medicine to make health care decisions for all patients. IMS supports the enhancement of maternal health, mental health, and substance use services available to lowans.				
Protect the Scope of Practice	IMS will champion the practice of medicine that recognizes medical training, expertise in scope allowances, stopping any proposed expansions that threaten patient safety, and support efforts to better clarify the patient awareness of providers' training.				

"We in America do not have government by the majority. We have government by the majority who participate."

- Thomas Jefferson

The IMS IMPAC Board met August 22 to review and approve a fundraising plan aimed at strengthening our presence under the Golden Dome. Fundraising is a critically important piece of our legislative strategy. After last session when IMS was instrumental in securing the passage of medical tort reform, it is imperative that IMS have the financial muscle and political capital to say "Thank You" to legislators who supported tort, but also those who helped champion other legislative priorities or helped stop or amend other pieces of legislation.

The Plan

Our plan is to have \$50,000 by the end of 2023 for IMPAC. This is an aggressive goal but one that puts IMS on a solid foundation going into the 2024 election cycle. If reached, this attainable amount will more than double what IMPAC raised in 2021 and 2022. Our strategy includes the following elements:

- IMS outreach to past IMPAC donors
- Launch a direct mail campaign to members
- Engage IMS physician leaders
- Personal asks by IMS staff of our members to help contribute to the campaign

Our "Stack the PAC" campaign will run through the end of October so I hope all IMS members will consider a contribution. As we look around at other health care related groups, it is no coincidence the groups who raise significant dollars get a head start in the legislative process. With more financial heft, we can get our foot in the door and ensure your voice is properly heard.

We encourage you to make your contribution to IMPAC today! There is a QR code in this article for contributions or head to the IMS website. Let's not only meet our goal, let's...Stack the PAC!



Scan the QR Code or visit our website at: iowamedical.org/Iowa-Medical-Political-Action-Committee

23-2 POLICY FORUM RESULTS

The Policy Forum meeting marks the end of the Policy Forum process. At each meeting, all Policy Request Statements (PRS) and accompanying Testimony Forum comments are reviewed by Policy Forum members and either accepted, amended, rejected, tabled, or sent to an ad hoc committee for further discussion. Policy Forum 23-2 met September 15 in Des Moines to deliberate and act on policy requests which went before the full membership for consideration in April. Full details of each policy request and actions taken can be found on the IMS website under Resources > Policy Forum.

I want to share with our members this will be my last magazine article for IMS. I have decided to further my lobbying career by becoming a multi-client lobbyist. "Thank you" does not seem like enough to say. I am proud to have stood beside you to watch a decades long goal become reality when medical malpractice reform was passed into law. I want to publicly thank IMS CEO Steve Churchill for providing me the opportunity to work for such a great organization. I will miss the members, the great work we do, and also our staff. Thank you for the privilege of allowing me to be your voice at the Capitol.

As I transition to my new role, Kady Reese will begin as the new Director of Policy and Government Relations starting this month. You may contact Kady at: kreese@iowamedical.org or at 515.421.4781.



Advocacy in Action Continues on next page...

Key Federal Priority

Issue	Description			
Increase J-1 Visa Waivers	IMS supports passage of the Directing Our Country's Transfer of Residency Slots (DOCTORS) Act. Introduced by Sen. Joni Ernst (IA) and Sen. Amy Klobuchar (MN), this legislation allows states that have filled their residency waivers to tap into unused slots to meet demand so rural and underserved communities have access to a physician.			

Other Critical Federal Issues

Issue	Description			
Expand GME Residency Allowances	IMS supports Congress expanding allowances on the number of federally funded graduate medical education (GME) training slots. Congress has taken steps in recent years to add more but we urge support of bipartisan legislation aimed at adding 14,000 new Medicare-supported GME positions over seven years.			
Increase Medicare Reimbursement Rates	IMS supports legislation that provides annual physician payment updates equal to the full Medicare Economic Index (MEI) that is used to measure physician practice-cost inflation. IMS asks Congress to reform the budget neutrality rules to provide physicians reimbursement increases that keep pace with inflation.			
Protect Scope of Practice	IMS supports federal policies that preserve physician-led teams as the primary way to provide high-quality patient care. The uniqueness of COVID-19 accelerated efforts to temporarily or permanently relax the scope of practice laws by the rationales used to justify these expansions lead to increased costs and lower health care outcomes.			



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JEREMY CORDES, DO, PharmD

Dr. Cordes is a Family Medicine Physician at Unity Point Clinic in Parkersburg, Iowa.

Background

was born and raised in Parkersburg, Iowa which is a small town in northeast Iowa. I attended undergraduate and pharmacy school at the University of Iowa, medical school at Des Moines University and completed my family medicine residency at Broadlawns in Des Moines.

What sparked your interest in medicine or decision to become a physician?

Becoming a physician is a second career for me. I initially worked as a pharmacist for about four years and during that time discovered that my passion was medicine because of the relationships you are able to build as someone's primary care physician. I have been blessed to have gotten to know so many patients who have taught me how to live and be thankful for all the blessings in my own life. Medicine is such a special profession because you are given multiple opportunities on a daily basis to make meaningful impacts on others' lives.

Hobbies

I enjoy reading multiple genres of books and consuming anything Star Wars. My wife and I love to travel, see new places and eat good food. I also enjoy golfing.

Best advice for new physicians?

My best advice for new physicians is never lose the love of life-long learning. Find new hobbies and interests that will challenge you outside of medicine. I also recommend that anytime you get a nice comment or thank you from a patient who you made a

difference for, that you save those in a file that you can go back to. Whenever you have a tough day make sure to read some of those to remind yourself of the difference you have and will make on your patients' lives.

Why are you an lowa Medical Society member?

I have always felt it was important to be a member of IMS because they are advocating on the behalf of physicians here in Iowa. The healthcare system continues to get more complicated and it is important that we let decision makers know that we, as physicians, are the most well-trained healthcare professionals and ready to handle all the complexities that arise with taking care of patients and improving the health of communities we live in. I always harken back to a quote from one of my favorite TV shows, "The West Wing", where one of the characters says that "decisions are made by those who show up." I think it is very important that

as many physicians as possible in Iowa show up and provide their voice regarding decisions that will affect them and their practices.

What changes in medicine are you excited about? Or what future developments will make a positive change in the field of medicine?

I have a secondary role as a physician informaticist and am especially excited about the potential for technology in medicine. Specifically, I think that AI has the potential to transform medicine and give us back the ability to sit and have conversations with our patients without the worry of all the administrative and manual computer entry we do on a daily basis. I think it is important that we, as physicians, are at the table for these discussions so that we can make sure that technology is used in a responsible manner and helps us enhance the physicianpatient relationship.



DOCUMENTATION THAT MATTERS— THE ATTORNEY'S PERSPECTIVE

While there are several reasons for documentation, this article focuses on establishing that a given encounter was within the range of acceptable practices, or the "standard of care." In many cases, specific documentation is critical to defense. When your care is being questioned, we often look in retrospect for these very important "signals" which might be lost in the "noise."

WHAT TO DOCUMENT—THE REASONABLENESS **STANDARD**

The general standard for documentation in the modern era is to include information that a peer would agree should be included. A common question that arises is, "What must I look at, and how do I document that?" This is especially true when EHRs, portals, and health information exchanges provide copious amounts of potentially relevant data. It is important that you specifically describe the context of your encounter and what was reviewed. Some examples of sample language include:

Phone conversations:

- This documentation is based on a phone conversation with the patient, in which no review of the pertinent records was done.
- This documentation is based on a phone conversation with [physician/advanced practice provider], in which no review of the pertinent records was done.

Specific details about what was reviewed:

- I reviewed the previous operative report for the ORIF L ankle, and the pre-op, post-op and follow up images.
- I reviewed the last 3 months of office notes, the lab reports since 1-1-2022, and the request for consultation from [physician/advanced practice provider].
- I reviewed the most recent emergency department physician record only.

When you didn't review or know previous imaging, lab, or historical information that is subsequently shown to have details about contributing factors in an adverse outcome, your defense will be the reasonableness of the depth of your review based on the level of visit or consultation that you were provided. This reasonableness will be established by your peers.

Defense for a reasonable review relies on the given level of clinical encounter aligning with the detail of your review. If you don't state what you reviewed, plaintiff attorneys may try to assert that you reviewed everything available to you, and your actions fell below the standard by not acting on that information.

WHEN TO DOCUMENT—THE CREDIBILITY ISSUE

Defense attorneys have noted that documentation notes that are clear, timely, outline a thought process at a crucial moment, and generally reflect a "tight ship" are favorable for defensibility. Alternatively, defense attorneys have noted that documentation that is inaccurate or templatebased, or includes speculation or jousting about the care of others can unfavorably affect defensibility. Late entries are especially problematic because they are likely to be factually inaccurate and may not reflect what you knew at the time of your clinical encounter.

The defense of patient care is prospective, based on what you know, and when you knew it. Plaintiff attorneys will try to apply a retrospective standard—what you should have known, or ultimately, did know. This becomes especially problematic when you later learn of an adverse outcome and then are challenged with whether to add an addendum to your note, or a new note.

In the event of an adverse outcome, defense attorneys have opined that there are several priorities:

- **Foremost, care for the patient**. If the new information is critical to the patient's care, document what you did: communication with the patient, communication with a subsequent treater, revision of your plan, etc.
- Document in a contemporaneous fashion your thought process as best as you are able. This often reveals that a provider is engaged, caring, and following through.
- Ensure that if you are using a template, it is both appropriate to the clinical scenario and accurate.
- If listing a differential diagnosis, make it clear in the note that you understand there are many potential alternatives, that the care process is fluid, and the care plan may be adjusted as more information becomes available over time.
- **Document key conversations around important** treatment decisions. Who you talked with, what information was shared, who was going to implement what plan, and a general consistency among the team is also crucial to your defense.



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FIGHTING THE STIGMA: ADDRESSING PHYSICIAN MENTAL HEALTH

BY SAMANTHA MORI

IMS Communications

ental health stigma continues to affect Americans' likelihood of seeking help. And, with mental health struggles can occur in many different professions and affect professionals in a myriad of ways, the physician community's experience with burnout and mental health is unique and exacerbating.

A 2021 article published in Academic Medicine, the journal of the Association of American Medical Colleges, entitled "Professional Stigma of Mental Health Issues: Physicians Are Both the Cause and Solution," cites an anonymous survey of 1,048 academic physicians where more than half of respondents endorsed statements about stigma pertaining to mental health. Another study referenced in the article found that 62% of medical students agreed that "if they were to receive treatment for an emotional/mental health problem, they would hide it from other people."

With high rates of physicians and medical students indicating stigmas about expressing their mental health problems are a concern, it is clear this topic, although sensitive, is one that must be addressed. According to the American Medical Association's (AMA) most recent data, 63% of physicians have reported symptoms of burnout. A 2022 Medscape survey also found that 21% of physicians report having depression, and 1 in 10 physicians report thinking about or having attempted suicide.

"The only early cause of death where physicians are ahead of the general

public is suicide," said Gerard Clancy, MD, Professor of Psychiatry and Emergency Medicine at the University of Iowa Carver College of Medicine. According to the American Foundation for Suicide Prevention's (AFSP) "10 Facts About Physician Suicide and Mental Health," the suicide rate for male physicians is 1.14 times higher than that of the general male population, and the rate for female physicians is 2.27 times higher than the general female population. The AFSP also reports that suicide is the second-leading cause of death in physicians aged 24-34.

Increased and constant stressors

But why are these rates so high? One explanation is the increased and constant stressors physicians must deal with daily.

"The stresses on physicians are changing," explained Dr. Clancy. "Certainly, the pandemic and the workload from the pandemic was significant. But, as the pandemic has waned, a lot of those stressors have not changed. The demand on our time is significant. The complexity of the patients is significant and the risk of our physicians, as far as dealing with those stressors, is probably higher than ever before."

A 2019 consensus report from the National Academy of Medicine, "Taking Action Against Physician Burnout: A Systems Approach to Professional Wellbeing," found 12 key stressors in the workplace impacting physician burnout and overall mental health.

These stressors include:

- 1. Misalignment in the healthcare industry - Stakeholders within the healthcare industry have differing interests and expectations which complicate improvement efforts, along with the standardization of costs and productive targets, can decline a physician's sense of autonomy.
- 2. Laws, regulations, and standards - Federal, state, and local laws and regulations have increased the administrative requirements mandated for physicians.
- 3. Healthcare reform and payment *policies* – The multiple forms of payment systems, each with its own complex rules, processes, metrics, and incentives, require management by physicians.
- 4. Medical record documentation and coding requirements -Federal and state laws and regulations necessitate specific documentation requirements which can be inconsistent or duplicative.
- 5. Quality measurement and reporting - Duplicative and clinically irrelevant performance measures place burden on physicians.
- **6.** Prescription drug monitoring programs - Access to authorized prescription drug monitoring program databases vary from state to state, but the programs exist in 49 states.
- 7. Maintaining privacy and *security* – The steps required to comply with federal and

state laws and regulations regarding privacy and security of health information add to administrative burden.

- 8. Prior authorization process -Prior authorization rules vary by payer, and the requirements can create hassles for patients and physicians.
- 9. Professional licensure State licensure requirements asking about physicians physical and mental health status can create a barrier to physicians seeking treatment.
- **10**. Maintenance of certification - Maintenance of certification requirements often demands physicians' time outside of working hours and their practice.
- 11. Professional liability -Malpractice lawsuits are associated with extra stress and risk of burnout, and obtaining professional liability insurance requires answering questions about past and current mental health concerns.
- 12. An erosion of the patientphysician relationship - Trust between patients and their physicians has diminished over the past decade, along with an increase in physical danger faced by physicians.

"Since the pandemic, what we've seen is something additive," explained Dr. Clancy, who cited more sick patients, physical danger, harassment, management of misinformation, patients questioning physicians, and declines in the quality of care as more stressors facing physicians. "The top stressor is actually staffing shortages... and there's a lingering issue of what happened during the pandemic for some of our physicians where they witnessed so much suffering, so much death, day to day for three years ... that takes a toll."

The stressors physicians must deal with aren't the only things that impact physician mental health, as Hillary Haas, DO, an osteopathic clinical medicine associate professor and physician at Des Moines

University's Osteopathic Manual Medicine Clinic, explains. There are other factors to consider.

"We can consider home life and work life in this question," she said. "At home, having a support system to share in the responsibilities of life is important... In the work environment important factors affecting mental health are autonomy; being seen, heard, and valued; connecting with and relating to those you work with; and having shared values with the institution you work for."

Sharing the burden

While identifying stressors that impact physicians' mental health is important, equally important is having resources available.

In Iowa, many larger practices and health care networks offer their physicians resources, trainings, and workshops about personal mental health, typically burnout specifically. These resources are important as they give physicians an opportunity to further educate themselves and connect with peers who may be facing the same or similar struggles.

"[Physicians] want to help each other," said Dr. Clancy. "Ask somebody 'Are they okay?' They'll always say, 'Yeah, I'm fine," and you need to ask, "Are you sure?' That will get the ball rolling with meaningful discussions."

Peer-to-peer support is key, but so are other avenues, like self-help and personal relationships outside of being a physician. Dr. Clancy states that dealing with mental health is a "mosaic of strategies" - finding what works best for one physician may not work best for another and overlap between multiple strategies leads to better outcomes.

"We are not just parts of people; we are whole with different needs to tend to," explained Dr. Haas. "We as physicians are moving towards greater recognition of what impacts our physical, mental, emotional, and spiritual health."

Knowing about the causes of physician mental health issues and resources available only works if physicians are willing to acknowledge and speak about their problems. This means that decreasing and potentially eliminating the stigma surrounding mental health is crucial, and gains have been made in this effort.

"One of the only silver linings of this pandemic was an awakening of most Americans around mental health struggles, particularly in the medical and nursing field," expressed Dr. Clancy. "People are much more willing to talk about and want to talk about it."

Addressing the root causes

Although sharing the burden and communicating peer-to-peer can help on the personal level, the systemic conditions within healthcare must be addressed. As recognized earlier, many of the stressors known to amplify burnout and mental health relate to systemic issues that place an increased burden on physicians. Moving forward, not only with good intentions but with tangible improvements, it is paramount to address those conditions that which perpetuate stressors – at both individual and systems-levels.

EDITOR'S NOTE: This is the first in a series of mental health and wellness articles we'll be offering in Iowa Medicine on a regular basis.

Resources are available for those experiencing any mental health issues.

Resources for Physicians:

- Iowa Physician Health Program
- IMS wellness resources (Burnout Awareness & Resiliency, Recognize. Recover. Rebuild., and Crucial Conversations)
- AMA Steps Forward Toolkit Stress First Aid for Healthcare Professionals
- University of Iowa's Mental Health at Iowa
- Physician Support Line

Resources for Residents and Students:

- University of Iowa's Mental Health at Iowa
- Des Moines University Student Counseling Center

WE SERVE BETTER WHEN WE SERVE TOGETHER

University of Iowa medical student and Iowa Medical Society Foundation (IMSF) scholarship recipient Jeffrey Goddard traveled to South Africa this summer to conduct research on malnutrition. What he learned went beyond the borders of medicine.

am very committed to spending time with underserved populations dealing with resource scarcities and that is something

> I will take with me," said Goddard. "If not in South Africa, I would certainly look for other communities where we can serve that need, build that into our careers."

Jeff and his wife Sariah, also a second-year medical student at the University of Iowa, spent two months in Mokopane, located in the Waterberg Region of the Limpopo

province of South Africa, where Jeff was working with various agencies to gain approval for his malnutrition study. In spite of the obstacles, he was able to pursue an in-house pilot study to begin feeding kids at a school as a part of a pilot program focused on the sexual health of girls. For the pilot, Jeff and

his wife partnered with a doctor at a local Mokopane hospital along with an Iowa Non-Government Organization (NGO).

"There were so many good lessons at many levels working in the field of medicine in Africa," he said. "What we experienced was physicians doing the best they can with their limited resources. I saw first-hand the importance of putting patients first. They are not always working in the best circumstances, but they really went above and beyond to do what's best for their patients."

A strong sense of community was evident and impactful for Jeff as he became embedded with the healthcare team at Mokopane hospital where he saw firsthand the support for each other and making sure the welfare of physician colleagues was in check. "They really are doing everything they can to the best of their ability."

Goddard recommends exposure to the international medical culture as a key learning opportunity in the journey to become a physician.

"There were so many good lessons at many levels working in the field of medicine in Africa," he said. "What we experienced was physicians doing the best they can with their limited resources. I saw first-hand the importance of putting patients first."



"South Africa may not be for everyone - the load shedding (lack of electricity for hours at a time) and language barriers might be an issue. However, learning and experiencing how medicine is practiced elsewhere gives you a huge perspective. I highly recommend it."

From the IMSF experience, Jeff says what he has discovered is that he doesn't have to go off on his own to be a trailblazer to serve the underserved - often there is an organization to join that is already making an effort. Because of that, his new mantra is: "We serve better when we serve together."

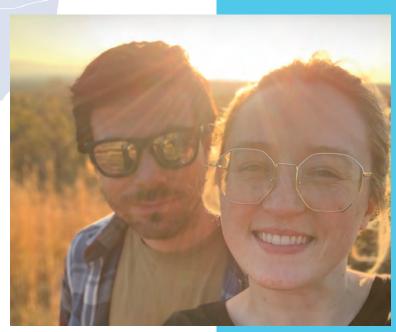




The Iowa Medical **Society Foundation** (IMSF) is a voluntary organization that uses personal donations from physicians and friends of medicine to inspire, facilitate, and expand the educational and philanthropic endeavors of the Iowa **Medical Society.**

To learn more, or donate go to: iowamedical.org/IMSF





GETTING TO KNOW SARAH BANCROFT, DO

SYDNEY MARAS

IMS Communications Manager

eing a great teammate takes more than just athleticism on the field. It means having the discipline and patience to achieve greatness even when times get tough - and often times creating space for others to do the same.

As a former college athlete and native Midwesterner, Dr. Sarah Bancroft is no stranger to this kind of hard work and dedication. After several tennis injuries brought her time as a student athlete to an end, she was able to channel her passion for the game and appreciation of the hustle into a new kind of calling – sports medicine.

While originally interested in pursuing physical therapy, Dr. Bancroft ultimately fell in love with the hands-on, musculoskeletal learning that came with earning her Doctorate of Osteopathic Medicine from Kansas City University. Around the same time, she was falling in love with her now husband Austin, who is also a physician at McFarland Clinic specializing in Otolaryngology (ENT, Head & Neck Surgery). "The most important things in my life outside of my career are my faith and my family." Dr. and Dr. Bancroft share two children, Greyden 13, and Brianna, 11, and attend Harvest Vineyard Church in Ames.

In addition to serving patients at McFarland Clinic, Dr. Sarah Bancroft is one of two primary care physicians who provides medical care to Iowa State student-athletes. McFarland Clinic physicians became the official team physicians of the ISU Department of Athletics in the summer of 2017.

Being a fellowship-trained sports medicine physician, about 40% of Dr. Bancroft's patients are studentathletes at ISU, all of which are

women athletes. "That was one part of what Iowa State wanted when they hired me. They wanted to have a female physician, because there are not very many in the Big 12". Dr. Bancroft covers about two-thirds of all women's sports, which includes being on the sidelines of all home volleyball matches, gymnastics meets, the upcoming Big 12 Men's and Women's Cross-Country meet in Ames, Indoor Track activities, Men's and Women's March Madness tournaments, and more.

Dr. Bancroft is further involved at ISU by helping to facilitate a Mental Health and Disordered Eating team which works with athletes monthly to provide additional hands-on care to those who need it. Even more, she serves as the Medical Director of the ISU Athletic Training Education Program, and teaches a full-time, 500-level Kinesiology course in advanced medical and behavioral health.

"I enjoy educating a lot, it's something that drew me to this job... that I could have the opportunity to work with the athletic training program, which is a top one in the country. I [also] teach a full-time class for second-year Masters'

Dr. Sarah Bancroft is a Sports Medicine and Primary Care physician in Ames, Iowa with McFarland Clinic. She completed a sports medicine fellowship and family medicine residency at Metro Health Hospital in Grand Rapids, and received her doctorate of osteopathic medicine degree from Kansas City University of Medicine and Biosciences in Kansas City, Missouri.



students who are starting their final year."

Dr. Bancroft serves the Iowa Medical Society through her role as co-chair of the Sports Medicine Committee, which she has been a part of since 2018. "I think it's really important to be a member and financially support a common goal, and hopefully make positive and meaningful change for providers and our patients."

The IMS Sports Medicine Committee aims to promote and maintain athlete safety by engaging sports medicine leaders throughout the state, and establishing consensus policies to protect young athletes. In recent years, a lot of athlete safety has centered around preventing head injury. "I'm really thankful to the people who are doing sports-related concussion research" said Bancroft, "it's affecting people positively to help prevent head injury."

Whether it's providing care while surrounded by excited Cyclone fans on game days, or creating space for athletes to improve their mental health in the clinic and classroom, Dr. Bancroft is without a doubt a great addition to every team she is a part of.

DR. BANCROFT ADVICE TO NEW DOCTORS:

"Try to find a practice that you will enjoy, and that will give you a good work-life balance."



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University of Iowa Health Care

Congratulations to the 152 students who received their white coats from the U of I in August.





DES MOINES UNIVERSITY

MEDICINE & HEALTH SCIENCES

Congratulations to the 228 students who received their white coats from DMU



Special thanks to photographer Byron Jones, Des Moines University

AVOIDING LARGE MEDICAL PROFESSIONAL LIABILITY CLAIMS:

Strategies for Healthcare Providers



TIM MCMAHON

Sales Executive Healthcare Team Director at IowaMed Insurance

ast fall I wrote about the influence nuclear verdicts have on the cost of insurance coverage and our ability to procure coverage, and as a first step to addressing the problem, I asked for your support of medical liability tort reform. Now, we can cross that first step off the list! In February, Gov. Kim Reynolds signed HF 161 into law capping noneconomic at \$2 million in medical malpractice lawsuits against hospitals and \$1 million in lawsuits against clinics and individual doctors.

We do not have to stop there. Medical malpractice cases can have serious financial and reputational implications whether they lead to nuclear verdicts or not. Healthcare professionals can address insurance costs by continuing to review and implement programs that mitigate risks and safeguard patient care.

Renewal of Insurance Policies:

When renewing medical professional liability insurance policies, it is essential to assess options beyond mere renewal. While alternative quotes can be obtained online, there are more intricate considerations to factor in. Healthcare providers should determine suitable coverage limits for their specialty, considering litigation trends. Additionally, the choice of retaining some risk via a deductible should be evaluated. Providers should seek

insurance companies willing to offer educational and training opportunities for staff. Features like a 24/7 physician hotline provided by insurance carriers can offer invaluable support in times of uncertainty.

Insurance Carrier Education and Training:

Medical Professional Liability insurance carriers are equipped with medical risk management professionals who provide resources and training to reduce errors within healthcare settings. These services are typically offered at no cost, ensuring healthcare professionals have access to guidance that can aid in preventing potential liability claims.

Faculty Scholarship

Embrace Rigorous Safety Practices: Prioritizing patient safety through robust safety protocols and risk mitigation measures underscores your commitment to patient well-being. Demonstrating proactive efforts can counter allegations of negligence and improve patient outcomes.

Effective Communication: Open and empathetic communication can significantly influence perceptions. Utilize public relations strategies to humanize your practice and exhibit a sincere willingness to rectify any mistakes.

Comprehensive Documentation: Maintain meticulous records of

safety protocols, incident reports, and corrective actions. Detailed documentation serves as crucial evidence of your practice's responsible behavior.

Alternative Dispute Resolution (ADR): Exploring mediation or arbitration as settlement options can mitigate the uncertainties of a trial and reduce the potential for substantial liability claims. Iowa's Candor legislation provides an excellent opportunity to exercise an open discussion with the patient in an effort to arrive at a conclusion favorable to both the provider and patient. Insurance carriers familiar with Iowa and local defense counsel are experienced with Candor and can help guide you through the process.

Strategies to Prevent Large Liability Claims:

Healthcare providers must remain vigilant in their efforts to prevent large medical professional liability claims. While Iowa's recent tort reform legislation highlights the state's commitment to healthcare access, it also underscores the importance of proactive risk management. By fostering a culture of safety, transparent communication, and continuous improvement, healthcare professionals can navigate the challenging landscape of medical malpractice and significantly reduce the likelihood of facing large liability claims.



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MEDICINE AND THE ART OF **MOTORCYCLE MAINTENANCE**



STEVEN HALM, DO. FAAP, FACP

Dean, Des Moines University College of Osteopathic Medicine

orty years ago, I first read the lines "The place to improve the world is first in one's own heart and head and hands, and then work outward from there." Robert Pirsig wrote this in Zen and the Art of Motorcycle Maintenance. The work of Pirsig still remains a relatively well-known philosophical review of the intersection of technology and of our overall living experience. Medicine has faced, and continues to face, similar intersections.

I recently saw the book on the shelf at my local bricks and mortar Barnes and Noble store a few months ago. Pirsig's book is an examination of how some of us are content to allow technology advances to passively happen to us and simply serve us, while others wish to actively know, diagnose, and dissect the advances around us to be better equipped for our journey. It also examines how quickly life can pass you by when you don't realize it.

Zen, as we called it, was required reading for a humanities course as a freshman in my liberal arts college - something of a rarity today with such emphasis placed on STEM. At the time, I never thought it would stick with me in any significant way, but it has. Like so many areas of the humanities I was exposed to, I was able to appreciate the broader perspective of the intersection of the sciences and the humanities. Medicine, with its intersection of the sciences and the humanities, draws a similar parallel for me.

As physicians experiencing so many challenges in healthcare - the continuing high rates of provider fatigue, burnout, and depression -Pirsig's book provides sage advice for making changes within our own lives and more broadly in helping to make effective changes for others in our healthcare system. We spend precious time with patients working to keep them healthy, limiting their disease progression, pushing prevention with them at all lengths - much like the regular oil change provides long-term protection for an automobile or motorcycle. It is sometimes truly daunting to safely guide patients through appropriate screening and prevention protocols, let alone specific treatment plans and interventions. But it is always noble; I've never done anything more honorable in my career than ensuring the trust and confidence of my patients and their families over the decades I cared for them. In my specialties, especially pediatrics, much emphasis was given to the importance of health maintenance.

We spend as much as 25% of our time documenting patient encounters without having the full opportunity to enjoy the relationships and trust we have established with our patients. Even if we find some joy in savoring those relationships, we are nonetheless, distracted from some of the richness of the "motorcycle ride" with our required interactions with, and maintenance of, an EHR. The motorcycle maintenance of the EHR continues to take its toll.

Now, we enter the world of ChatGPT with all its potential, its challenges, and its mysteries. How will this technology change our interactions with our patients, with our world, and with our lives in general? The Internet, Google, and the iPhone have changed so many of our traditional habits and have provided us incredible benefits over the previous generations – but not without unintended consequences. How will this modern technology impact the next generation and what will its unintended consequences be? How will it impact decisions on patient care and possibly redefine the patient-doctor relationship? These are good questions to ask ChatGPT ... and ask yourself.

Despite change and its potential for both good and bad, we always have Pirsig's approach to improve the world with our "heart and head and hands, and then work outward from there." Start with being very intentional in enjoying everything about the great motorcycle ride of medicine and of life - know a bit about "motorcycle maintenance" but certainly enjoy everything about the ride. It goes by fast.

Dr. Halm maintains current board certification by the American Board of Internal Medicine, The American Board of Pediatrics, The American Osteopathic Board of Internal Medicine, and the American Osteopathic Board of Pediatrics. He is a national Health Policy Fellow and is the Dean at Des Moines University College of Osteopathic Medicine.



Support Iowa's Future Physicians, Support the World.

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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
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- Help fund Global Health Studies Clinic Experiences

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







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2024 Member Renewal

Individual members can renew their IMS membership online, on the app (see below for more information), or by mail beginning November 1.

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This program offers clinics, practices, and systems discounted membership when all their physicians are members. Group size starts at two with commitments ranging from 1-5 years, and discounts from 5% - 40%. Membership is billed annually and payable by check, credit card or ACH Transfer. Another advantage of this program is the opportunity to have certain non-physician leadership as non-dues contacts so they receive IMS communications, as well as the ability to give a staff member access to keep physician rosters updated.

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Don't forget, we have a member app

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

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

Your continued membership ensures IMS will be the leading voice in medicine to make Iowa a premier destination for physicians to live, work, and serve their communities. Thank you for supporting IMS.

For more information or questions, please contact Heather Lee at hlee@iowamedical.org

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Practice/Group Size

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	1 Year	3 Years	5 Years
2-9 Physicians	\$489.00 each (5%)	\$463.00 each (10%)	\$437.00 each (15%)
10-19 Physicians	\$463. 00 each (10%)	\$437.00 each (15%)	\$412.00 each (20%)
20-74 Physicians	\$412.00 each (20%)	\$386.00 each (25%)	\$360.00 each (30%)
75 or more Physicians	\$386.00 each (25%)	\$360.00 each (30%)	\$309.00 each (40%)

As a reminder, all eligible IMS members can receive a 10% premium discount on COPIC medical liability coverage. Contact your insurance broker or IMS for details.



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IMS's second annual Women in Medicine Conference was a big success with members coming together for fellowship, networking, inspiration, and celebration of what it means to be a woman and a physician. Thank you to our guests for attending and to our speakers for their thoughtful insights.





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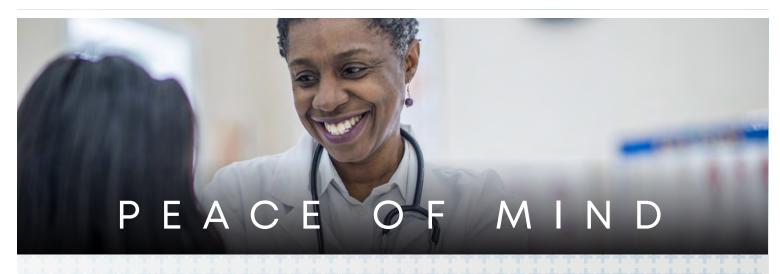
Our teams are made of experts with different backgrounds, specialties, and passions, because we know more collaboration leads to more options. Combined with the abilities that come with academic medicine, we don't just deliver the latest life-saving treatments, we discover them. All so we can change medicine and lives right here in lowa.







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