



Organized Medicine on the Frontlines

Member-Driven Advocacy

IMS Strategic Planning: Designing for the Future

Celebrating Engagement with Organized Medicine



WANT TO SAVE TIME?

Wellmark can help.

GET ACCESS TO CONVENIENT WEB TOOLS THAT HELP YOU SERVE YOUR PATIENTS EASILY AND EFFICIENTLY AT WELLMARK.COM/PROVIDER.



E-CREDENTIALING CENTRAL

Keep your provider data current by completing provider directory validation requests, and submitting credentialing applications, recredentialing applications and change requests online.



SECURE ONLINE TOOLS

Create, submit and check the status of patient coverage and more.



REAL-TIME NOTIFICATIONS

Sign up for the Wellmark Information Notification System to get timely news that affects your practice.

▶ STAY IN THE KNOW

Join Wellmark on the second Wednesday of each month for an educational webinar, with topics ranging from credentialing and network participation to claims and payments.

See what PNC can do for your practice.

—
Get banking solutions that help you make each moment matter.



As a healthcare provider and practice owner, you know how important it is to make each moment matter.

At PNC, our dedicated team of Healthcare Business Bankers understands your business challenges. That's why we offer a range of solutions to help your practice run more efficiently. Whether you're looking to expand, optimize cash flow, or simplify your patient payment process, we are here to help make banking easier.

Visit pnc.com/hcprofessionals or call 877-566-1355 to learn more.



Q3 | July - September 2020

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

IMS President
Brian Privett, MD

Executive Editor
Michael P. Flesher

Managing Editor
Dennis Tibben

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

Subscriptions
Annual Subscription \$45

Iowa Medicine, Journal of the Iowa Medical Society (ISSN 0746-8709), is published quarterly by the Iowa Medical Society, 515 E. Locust St., Ste. 400, Des Moines, IA 50309.

Periodicals postage paid at Des Moines, Iowa and at additional mailing offices.

Postmaster: Send address changes to Iowa Medicine, Attention: Cody Campbell, 515 E. Locust St., Ste. 400, Des Moines, IA 50309.

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

Copyright 2020 Iowa Medical Society. Opinions expressed by authors do not necessarily represent the official policy of the Iowa Medical Society. Iowa Medicine does not assume responsibility for those opinions. Products and services advertised in Iowa Medicine are neither endorsed nor guaranteed by the Iowa Medical Society unless specifically noted.

Get Connected
Stay up-to-date with IMS on Facebook and Twitter

IMS CORE PURPOSE

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



UPCOMING EVENTS:

OCTOBER 13:

IMS PROFESSIONAL BURNOUT AND RESILIENCY PROGRAMMING: AWARENESS, CARE, MANAGEMENT - VIRTUAL EVENT

DECEMBER 3:

IMS PROFESSIONAL BURNOUT AND RESILIENCY PROGRAMMING: AWARENESS, CARE, MANAGEMENT - VIRTUAL EVENT

IN THIS ISSUE

Celebrating Engagement with Organized Medicine	6
Advocacy Update	8
Organized Medicine on the Front Lines	10
Leadership Spotlight	12
Guest Column: Michael Kitchell, MD.....	16
President's Corner	18
2020 July Board Retreat.....	20
2020-2021 IMS Committee Members	24
Dean's Article: Steven Halm, DO (DMU).....	26
Membership News	28
Financial Health.....	32



MAKE A DIFFERENCE IN MEDICINE IN THE U.S. ARMY

The U.S. Army health care team provides you the opportunity to become the best at what you do in medicine. You'll work in our state-of-the-art medical centers, clinics and health care facilities worldwide, all while networking with other well-known professionals in your specialized field. Join the team that shares your values and passion for excellence.

- PHYSICIANS
- SURGEONS
- NURSES
- DENTISTS
- PSYCHIATRISTS
- VETERINARIANS

To learn more, call MAJ Richards, 515-217-1514, or goarmy.com/ims

CELEBRATING ENGAGEMENT WITH ORGANIZED MEDICINE



MICHAEL FLESHER

Mr. Flesher is Executive Vice President and CEO of IMS

For most of my career I have been involved with organized medicine in one form or another. It's a field I have enjoyed tremendously thanks in large part to the top-notch medical professionals with whom I've had the honor of working.

This edition of Iowa Medicine is focused on celebrating just that – engagement with organized medicine. As you'll read in this edition's President's Corner, organized medicine gives physicians a strong, unified platform to make their voices heard and it all starts with just saying, "yes." Dr. Privett shares his own story of saying yes to engagement within organized medicine and encourages you all to do the same. Also in this edition, we hear from a handful of current IMS leaders – one of our longest-serving leaders as well as some of our newest leaders – about why they chose to say yes to organized medicine and how this decision has impacted their lives.

Organized medicine and IMS truly are driven by you, our members. In this edition's Advocacy Update, Director of External Affairs Dennis Tibben shares how every aspect of IMS advocacy and policy-setting is determined by the physician, resident, and medical student members of our organization.

Director of Education and Engagement, Kady Reese, provides insights into development of the new 2021-2023 IMS Strategic Plan, which has been based upon input from the IMS members, in conjunction with the physician leaders on our Board of Directors. The IMS members and their patients are at the core of the new strategic plan. It's an important reminder that everything we do as an organization is to support you and the Iowans you serve.

This edition also touches upon several important themes impacting medical practice and our world today – the continued fight against COVID-19 and the fight for greater diversity, equity, and inclusion in society. Both have a prominent role in our new strategic plan as our leadership focuses the work of IMS to better support our members addressing these important long-term issues.

In our feature article, we examine organized medicine on the front lines of both fights, as well as some of the other prominent challenges that 2020 has presented. Steven Halm, DO, Dean of Des Moines University College of Osteopathic Medicine, addresses in his column the importance of physician influence and being ever-mindful of tipping points in both medical education and medical practice. Dean Halm reflects upon the challenges of

the past several months and the opportunities organized medicine present for Iowa physicians and physicians-in-training. Michael Kitchell, MD, Chair of the Iowa AMA Delegation, also joins us with a guest column looking at rural health disparities and the role that structural elements play in the drive to continue providing care in a rural state.

No doubt you've faced a number of challenges and opportunities over the past year as influences on the local, state, national, and global level have impacted the practice of medicine and our day-to-day lives. I continue to be proud of the role organized medicine and IMS has played in helping to support physicians through this time of great upheaval. We are humbled by our responsibility to help sustain our state's tradition of high-quality medical care and the opportunity to continue to work so closely with all of you.

After the long days, weeks, and months the COVID-19 pandemic has subjected us all to, it's easy to overlook the opportunities for celebration. Now more than ever, it is critical that we take a moment to celebrate all of you who have chosen to engage with organized medicine and remind you that we are here to support you. If we can be of assistance in any way, please don't hesitate to reach out. We are here for you each and every day.

Thank you for all that you do.



HOW DO I GET STARTED WITH FOSTER GROUP?

JON EVANS, CFP®, AIF®, *Lead Advisor - Business Development*

It has been said that the hardest part of any journey is taking the first step. This could be said about many things in life. When it comes to engaging with Foster Group, we want the first step to be not only easy; but insightful, engaging, and intuitive, as well.

So, how do I get started with Foster Group? I'm glad you asked!

The first part of the process is to simply contact us. Just a quick phone call usually will get you connected to one of our financial advisors almost immediately. Or, you can send us an email from our website and choose a date and time for us to contact you. During that first touch base, we will typically ask, "How can we be most helpful for you?" The primary objective is to understand your goals and discuss any pressing issues or questions you may have. It is also important for us to explain a little bit about our firm and our service offerings.

If it makes sense to move to the next meeting, we will collect some additional information and draft an Investment plan. This includes analysis of any current investments, a summary of our investment philosophy, and an overview of your baseline plan.

At that point, we would mutually decide if it makes sense to engage. That's really it.

Hiring a financial advisor is an important decision that shouldn't feel pressured or rushed. With a better understanding of our process and how it is built around getting to know you first, hopefully, will help give you confidence to take that first step with us.

A lesson that I'm trying to teach my kids is to always leave things better than the way you found them whether you borrowed a tool from your neighbor or you bump into an old friend at the store.

At Foster Group, we try to lead with that principle each and every day, in the way we treat each other, our clients, and our communities. Even if we are not the right fit for you, it's our responsibility to tell you that. However, the goal is to always leave you in a better place than when we found you.

At Foster Group, truly caring for our clients means taking the time to learn what's in their hearts and using proven methods to help them pursue their goals. If you have questions about Foster Group or would like to start a conversation with us, please take that first step and reach out. We'd be glad to connect with you.



Foster Group® provides customized financial planning and investment management services to people who want more. Not more status ... but more purpose. We use tested methods to help you pursue your goals, whether you want to taste wines across the world, or get a taste of service in your community. It's all part of being Truly Cared For®.

THINK FIDUCIARY
THINK FOSTER GROUP

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

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

PLEASE SEE IMPORTANT DISCLOSURE INFORMATION at <https://www.fostergrp.com/disclosures>. A copy of our written disclosure Brochure as set forth on Part 2A of Form ADV is available at www.adviserinfo.sec.gov. ©2020 Foster Group, Inc. All Rights Reserved.

MEMBER-DRIVEN ADVOCACY



DENNIS TIBBEN

Mr. Tibben is Director of External Affairs at IMS

MEMBER-DRIVEN ADVOCACY

We often refer to the Iowa Medical Society as a physician-led, member-driven organization and in no area of our work is this more evident than our advocacy efforts. Over the past few years, IMS has taken a number of steps to further its commitment to determining advocacy positions in a transparent and inclusive manner that ensures we are representative of our diverse membership and the broader medical community in Iowa.

IMS COMMITTEE ON LEGISLATION

The heart of the IMS state-level advocacy efforts is our Committee on Legislation. Comprised of approximately a dozen physicians, residents, and medical students, this group includes a diverse mix of primary care, specialty, employed, and independent physicians from across the state.

In 2017, IMS restructured its state-level priority setting process to create additional avenues for members to submit ideas for legislative action and for the Committee on Legislation to

solicit input from all parts of the organization in a more real-time fashion. Each year, the committee meets once in late summer and again in late fall to develop recommendations to the IMS Board of Directors for our legislative priorities in the coming year.

IMS FEDERAL POLICY COUNCIL

Established in 2018, the IMS Federal Policy Council is tasked with guiding our federal advocacy efforts as IMS works to give Iowa physicians a louder voice on the issues unique to our state and rural America. This group is comprised of the eight physicians who are elected by the IMS membership to serve as Iowa's Delegates and Alternate Delegates to the AMA House of Delegates.

By utilizing the Iowa AMA Delegation to also serve as our federal advocacy body, IMS is able to tap into their extensive federal expertise and capitalize upon the unique connections that come from years of engagement with the AMA House of Delegates. The Federal Policy Council meets each fall in conjunction with the AMA Interim Meeting to develop recommendations to the IMS Board of Directors for our federal priorities in the coming year.

A representative of the council also joins the IMS Executive Committee at the AMA National Advocacy Conference each spring in Washington, DC, as we meet with Iowa's Congressional Delegation.

IMS POLICY FORUM

IMS was one of the first and is now among just a handful of state medical societies that have transitioned from the traditional in-person House of Delegates model for organizational policy development, to a hybrid in-person/virtual model. Established in 2014, the IMS Policy Forum seeks to leverage technology to create a more transparent and inclusive policy-development process.

Any IMS member can submit an issue for consideration at any point throughout the year. Twice a year, IMS will proactively issue a Call to Action for Policy Request Statements (PRS), which can include establishing or amending organizational policy, directing IMS legislative or non-legislative action, or directing the Iowa Delegation to submit a resolution to the AMA House of Delegates.

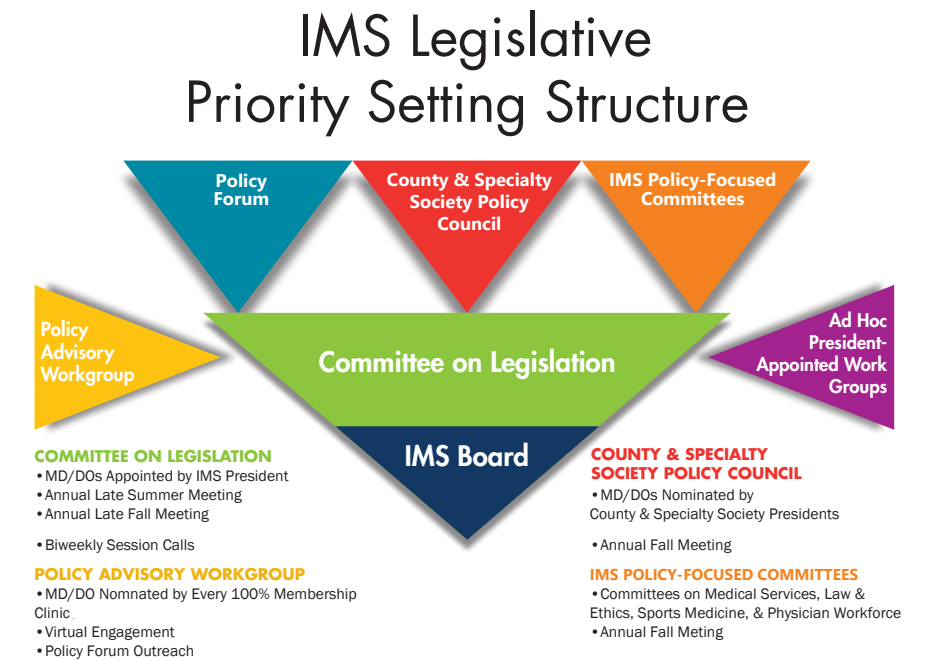
These PRS, along with those collected throughout the year, are then posted to a members-only secure discussion page of the IMS website for the two-week virtual Testimony Forum. The process culminates with an in-person meeting of the IMS Policy Forum, which is held in conjunction with the April and September meetings of the IMS Board of Directors.

The Policy Forum, comprised of the elected members of the IMS Board of Directors, then hears in-person testimony from PRS authors and any other IMS members who wish to participate, before moving into a closed session to deliberate and take action on each request. In the first three years after moving to this new model, IMS saw the number of member requests submitted quadruple from the number submitted during the final three years of the IMS House of Delegates.

COUNTY & SPECIALTY SOCIETY POLICY COUNCIL

IMS has long enjoyed a strong working relationship with Iowa's county and specialty societies, as we work to lead the House of Medicine in our state. Established as part of the 2017 restructuring of our state-level priority setting process, the County & Specialty Society Policy Council represents a renewed commitment to this collaboration.

The council is comprised of a representative of every active county and specialty society in the state, as well as both medical



schools. The group meets each fall, following the first IMS Committee on Legislation meeting, to review the initial legislative priorities being proposed for the coming year and to provide input on additional priorities impacting each council member's respective society.

Input from this meeting is used to further refine and expand the IMS Legislative Agenda when the Committee on Legislation reconvenes in late fall to finalize our legislative priorities for the next year. The County & Specialty Society Policy Council is a critical step to ensuring that IMS is truly representative of every facet of Iowa's medical community.

COVID-19 has significantly disrupted many aspects of our work as an organization.

Thanks to the forward-thinking actions of the IMS Board of Directors in recent years, the member-driven advocacy processes of the Iowa Medical Society was not one of them.

Our organization is fortunate to be well-positioned to allow for rapid, broad-based physician, resident, and medical student input to guide our advocacy on behalf of Iowa's medical community in responding to the evolving challenges of this pandemic.

As we seek to ever evolve our processes and further increase member engagement in IMS advocacy efforts, we want to hear from you. If you have thoughts on additional steps IMS can take to better represent the House of Medicine in Iowa, please contact me at dtibben@iowamedical.org.

ORGANIZED MEDICINE ON THE FRONT LINES

“The honor of protecting and advancing the practice of medicine is not simply a recollection from the annals of IMS. Rather it is an immediate and ever-present mission.”

To assure the highest quality health care in Iowa through our role as physician and patient advocate. That is the core purpose of the Iowa Medical Society (IMS). Since 1850, IMS has been the preeminent voice for physicians throughout Iowa and the patients for which they care.

In the 170 years since IMS was formed, we have seen the world change and evolve. IMS has served physicians through war, famine, and drought. Through economic depression and the fights for civil rights. Through the evolution of medicine, new scientific discoveries, emergence of new diseases, and the pioneering of the means by which to treat them. Through it all – whether times of struggle or success – IMS has stood with and for Iowa physicians.

The honor of protecting and advancing the practice of medicine is not simply a recollection from the annals of IMS. Rather it is an immediate and ever-present mission. A purpose that has recently been necessitated to a degree perhaps not seen in nearly a century. 2020 has presented itself with seemingly unyielding and multiplying challenges – not the least of which has been the emergence of the novel coronavirus (SARS-CoV-2) and the

ensuing COVID-19 pandemic. While Iowa physicians have been serving on the front lines of direct care and practice throughout the pandemic, IMS has also been present on the administrative front lines. Serving as the only physician organization on the governor’s state emergency response team for health partners – informing and advocating on behalf of physicians as emergency declarations are issued, emergency responses mobilized, and relief resources released.

And when state-led efforts have shown to not be enough, IMS and member physicians have stood up and made the public call for more stringent measures, including advocating for an emergency, statewide stay-at-home order in April and a statewide public masking order in July with the delivery of direct letters to the governor on behalf of Iowa’s physicians and patients.

While the havoc and devastation of the COVID-19 pandemic would be enough to last a lifetime alone, it has not been the only challenge facing our communities. The death of George Floyd on May 25, 2020, while in police custody in Minneapolis, Minnesota, spurred nationwide outcry and was catalyst for bringing issues of racism, violence, and injustice back to the

forefront of national attention. Protests and demonstrations against systemic racism and police brutality continue in every state and across hundreds of cities throughout the country – including here in Iowa.

On June 5, IMS released a statement, “acknowledging the impact of racism, inequity, and injustice on health, wellness, and quality of life for physicians and their patients... standing with Iowa physicians, patients, and communities who are coming together in peace and purpose to passionately pursue change.” In this vein of unity, IMS physician members across the state took part in the #WhiteCoats4BlackLives moment of silence in remembrance of all who have been lost at the hands of racism.

2020 has been a hard year for all of us – for the reasons above and more. Those efforts to subsist through pandemic and protest were made that much harder for many when on August 10 the state was hit by a new natural disaster. The derecho, described as an “inland hurricane,” cut a path 770 miles wide, tearing through communities with the strength of an F1 tornado. Communities across Iowa suffered significant destruction with our partners in Eastern Iowa suffering from



Physicians at the Capitol for the mask mandate press conference (9/1/2020)

the most intense brute force of this severe weather phenomena. And as IMS member physicians locally are rallying around each other and their community – cleaning up debris and rebuilding – IMS is doing our part to assist in this latest challenge. We continue to work with local, state, and federal entities to be sure necessary disaster relief services, supplies, and needed flexibilities – beyond those already in place for COVID-19 – are available to enable recovery.

Organized medicine is not merely an organization of staff and external personnel working to represent the best interests of physicians. Organized medicine IS physicians. It is your physician colleague working beside you in your practice or hospital striving to ensure your patients and community are healthy; your peers who shared your residency journey; and the physician mentor who inspires you through medical school and your first years of practice. Organized medicine is YOU.

It is the opportunity to amplify your voice; to stand united with colleagues to advance the physician profession; to be a collective champion for your patients and the care they deserve; to be an agent for change – in your profession and in the world around you. Margaret Mead once said, “Never doubt that a small group of thoughtful, committed, citizens can change the world. Indeed, it is the only thing that ever has.”

As we continue through the roller coaster that has been 2020 and we look to the horizon, knowing the journey is not over and readying ourselves for all the future may hold, there are four truths upon which we can rely:

- 1) We learn together.
- 2) We grow together.
- 3) We are strong together.
- 4) And we will prevail together.



Physicians, Healthcare Workers, and Medical students kneeling for #WhiteCoats4BlackLives at Carver College of Medicine (6/5/2020)
- Tate Hildyard, *The Daily Iowan*

“WHY DID YOU GET ENGAGED IN ORGANIZED MEDICINE?”



TIFFANI MILLESS, MD - DES MOINES

President-Elect, Five Years on IMS Board

As soon as I arrived in Iowa I knew I wanted to get involved in organized medicine! I was fresh out of training, and having spent the last thirteen years traveling from state to state for college, medical school, residency, and fellowship, I was eager to have a place to call home and set down some roots. I knew that getting involved with the Iowa Medical Society would be a wonderful way to learn about the specific issues affecting healthcare in my new state. More importantly, I knew that it would connect me with people who also wanted to make the world a better place, starting within their own profession in their own community. I was also very excited to meet colleagues and to be connected with physician leaders throughout Iowa representing many different specialties, practice environments, political views, and positions on particular issues. The diversity of ideas and backgrounds is what makes the Iowa Medical Society so great and I'm so enriched by the relationships I've built and the perspectives I've gained! Thank you, IMS!



MICHAEL KITCHELL, MD - AMES

Past-President (2010), Seven Years on IMS Board (In Current Position)

As I saw how many issues in healthcare needed input and direction from physicians, I decided to become engaged in organized medicine, educating and advocating for higher quality and value in healthcare. I feel if physicians don't take a guiding role in educating and advocating for our profession and patients, we will have politicians and bureaucrats who unfortunately will make poor decisions that impact everyone.



GABE CONLEY, M4 - IOWA CITY

Medical Student Director, Two Years on IMS Board

Our profession, and the industry it exists in, has a highly personal and often serious relationship with everyone in our society, from all walks of life. It's not surprising then that the question of how best to deliver our care is one that lives in the very epicenter of a great political and philosophical debate in this nation. It is a dispute that nearly everyone has an opinion on, it seems. Don't you think that physicians, those experts in taking care of our patients, should be in a seat of influence in this discussion? The convergence of these realities sets healthcare as the stage for a career with immense potential for leadership and activism, through what will undoubtedly be turbulent days ahead for health systems in this country. As physicians and physicians-in-training, we are much more powerful when we speak with a unified voice, and this is partly because the well-funded entities that are also involved in this discussion are often satisfied with the status quo, and can lobby effectively to resist political change.

Physicians-in-training need to prepare for the reality that healthcare is a battleground of an industry. Costs, administrative burdens, political tensions, and resulting physician burnout rates and mental health problems are continually reaching new highs, but this doesn't have to be the case forever—in fact, it can't be because it isn't sustainable. The bottom line is that healthcare policy and advocacy cannot be ignored by physicians if we hope to get out of this legislative mess on our own terms, or if we want to remodel our healthcare system in a way that makes patients and their caregivers better off than they are today.

What I love about the Iowa Medical Society is that its agenda isn't set in any stone. Far from it, in fact. Our agenda matches the collective concerns of our individual members. It is our mission to create avenues for physicians in Iowa to work together to respond powerfully to the issues that are impacting them and their patients the most in their medical practice. Lord knows there are plenty of challenges to choose from.

For medical trainees who are interested in “pulling back the curtain” on the healthcare system in the United States, or in improving the day-to-day workflows and operations of physician practices in this state and beyond, the Iowa Medical Society and organized medicine are gifts that keep on giving. To be frank, medical training and the practice itself are a grind. While I love it and it's a major part of my identity, there is just no denying that at times it can feel like medical training just takes and takes, without giving back to me. The Iowa Medical Society is the one organization that has always been there for me when I'm in need of the energy and passion required to enjoy this work immensely, as we all should. It can be there for you, too.

CONTINUED >



CYNTHIA HOQUE, DO - KNOXVILLE

Four Years on IMS Board

I chose to get engaged with organized medicine while I was in medical school. I noticed already at that point that so much of medicine was beyond my control, occurring outside of clinic and hospital walls. I decided that instead of complaining about what I didn't like about medicine, I would do what I could to change it, for the benefit of my patients and other healthcare providers. Since making that choice so many years ago, I have enjoyed thinking about "the bigger picture" of medicine and working with my colleagues across the state from various specialties to make medicine better for everyone involved. I think it helps to prevent burnout to work on solutions, instead of feeling like a victim to decisions made for me and my patients. My involvement in organized medicine has made me a better doctor and a better person, and I'm so grateful that I have this opportunity through the Iowa Medical Society.



LILLIAN ERDAHL, MD - IOWA CITY

First Year on IMS Board

As a high school student, I had an amazing teacher named Helen Finken. She taught me the importance of being a change agent. I learned from her not only not to accept the status quo but how to go about changing it. With her lessons and those of the grassroots organizers whose books covered my father's shelves as a framework, I have sought out opportunities to challenge the status quo throughout my career. Organized medicine brings together people across specialties and distance who are dedicated to working together to change our profession for the better.



DAMON DYCHE, MD - AMES

Three Years on IMS Board

The field of medicine has become inundated with special interests and politics, putting financial incentives before patient care. Organized medicine is a voice to support physicians and advocate for the patients we serve.

Primary care providers (PCPs) are on the front line for detecting and reducing the spread of HIV.

Approximately **1 in 7** people living with HIV is **unaware** of his or her status. About **40%** of new HIV infections are **transmitted** by people **undiagnosed** and unaware they have HIV.

The CDC recommends that **everyone** between the ages of **13 and 64** get tested for HIV **at least once** in their lifetime as part of routine health care.

For those with specific risk factors, CDC recommends getting tested at least once a year. Patients who may be at high risk for HIV include:

- ▶ Heterosexuals who themselves or whose sex partners have had ≥ 1 new sex partner since their most recent HIV test
- ▶ Sexually active men who have sex with men
- ▶ People who exchange sex for money or drugs
- ▶ People who inject drugs and their sex partners
- ▶ Sex partners of people with HIV
- ▶ People receiving treatment for hepatitis, tuberculosis or a sexually transmitted disease

Routine, opt-out screening removes the stigma associated with HIV testing, is cost effective, fosters earlier diagnosis and treatment, and reduces risk of transmission.

Despite seeing a PCP in the last year, more than **75%** of patients at **high risk** for HIV weren't offered an HIV test during their visit

The Centers for Disease Control and Prevention (CDC) and the Iowa Department of Public Health (IDPH) are asking PCPs to take the following steps:

- 1) **Conduct routine HIV screening at least once for all their patients regardless of risk factors**
- 2) **Conduct more frequent screenings for patients at greater risk for HIV**
- 3) **Link all patients who test positive for HIV to medical treatment, care, and prevention services**

Learn more at <https://idph.iowa.gov/hivstdhep/reporting/HIV>



Let's Stop HIV Together.



MEDICARE PAYMENT POLICY:

A Significant Cause of Higher Rural Sickness and Death Rates



MICHAEL KITCHELL, MD

IMS Past-President (2010), Neurology - McFarland Clinic PC, Ames

In 2020, with the Covid-19 pandemic and episodes of racial injustice, there has been renewed focus on America's healthcare disparities. There is also discussion of "Medicare for All" as a way to bring about better coverage of all Americans. This article will address not only our nation's history of rural health disparity, but how Medicare's discriminatory payment policies have contributed to poor health and higher death rates for rural Americans.

Rural Americans make up 20 percent of America's population, yet only 11 percent of physicians practice there. Rural Americans' health has been declining compared to urban residents since the mid-1980's. Rural Americans in every region are sicker and die earlier than urban residents.

For every race and age group, death rates are significantly higher in rural communities, 23 percent higher overall. Rural areas also have a 40 percent higher rate of preventable hospitalizations. The Center for Medicare and Medicaid Services (CMS) provider payment policies, in effect for the last 30 years, have been significantly responsible for this crisis.

This article will review some research published about causes of rural health disparities.

Janice Probst, et al. in a study published in December's Health Affairs, stated that, "Rural populations suffer from adverse health outcomes, including poorer health and age-adjusted mortality". They argued that "these disparities are due in part to declining healthcare provider availability and accessibility in rural communities. Rural challenges are exacerbated by "structural urbanism"-- elements of the current public health and healthcare systems that disadvantage rural communities".

Probst, et al. wrote that "current models of healthcare funding... are innately biased in favor of large populations". They argued that this bias, which they labeled as "structural urbanism... systematically shortchanges rural areas", slowly draining rural America's healthcare system and endangering the health of the US rural population. They recommended changing the payment system to end this bias of "structural urbanism."

Kenton Johnson, et al. who studied why rural Americans have higher rates of adverse outcomes, reported in the December Health Affairs that rural residents had a "40 percent higher preventable hospitalization rate and a 23 percent higher mortality rate compared to urban residents." In analyzing the reasons for the higher rate of preventable hospitalizations and deaths, they found the biggest effect was due to a shortage in the "local-area supply of specialists, which explained 55 percent of the differences in hospitalization rates and 40 percent of the difference in mortality".

Johnson, et al. wrote that lack of access to specialists in rural areas "was the primary driver of higher mortality and preventable hospitalization rates among rural Medicare beneficiaries with chronic conditions."

Johnson, et al. recommended loan forgiveness programs and "differential payment rates" to increase the numbers of specialists in rural areas. They didn't mention that the current payment policy of Medicare is just the opposite-- Medicare's long-term policy has chronically reduced payments

to rural physicians vs. urban physicians.

Gordon Gong, et al. in another December Health Affairs report, also came to the conclusion that the increasingly higher mortality rates in rural areas were due to three main factors: socioeconomic deprivation, lack of health insurance, and physician shortages in rural areas.

They stated that "rural dwellers would have lived longer than their urban counterparts had their socioeconomic conditions and access to healthcare been similar." They also recommended federal policy changes to improve physician supply. They did not mention that the current Medicare payment policy of paying rural physicians much less than urban physicians makes recruitment and retention very difficult.

Medicare physician payment policies that discriminate against rural physicians date back to 1992 when CMS began adjusting regional physician payments, with "geographic practice cost index" (GPCI) methodology.

These GPCI Medicare payment adjustments to every physician service are indexed by regions, and have been used in 89 different regions of the country, basically to increase urban physician Medicare fees and reduce rural physicians' fees. These adjustments vary for each of the 89 GPCI regions, and result in large differences in Medicare reimbursements from

one region to another. In Iowa, because physicians 25 years ago voted to eliminate some of the rural GPCI penalties by averaging the entire state, Iowa's physicians are now paid nearly the lowest Medicare physician payment rates compared to other regions.

The full description of how GPCIs were derived, and whether their methods and data sources are accurate, has been controversial-- and non-transparent-- and would take more space than this article can cover. But the result of GPCIs is not debatable. GPCIs cause rural physician Medicare payments to be up to 30 percent less for evaluation and management codes and up to 50 percent less for diagnostic and other imaging tests vs. urban physicians. These GPCI disparities result in many payments for rural services being less than the cost to deliver the service.

This large Medicare payment policy differential has led to much difficulty recruiting and retaining physicians in rural areas. Though these payment cuts may not be the only reason that physicians don't choose to practice in rural America, suggested remedies for the physician shortage have certainly involved changing geographic payment disparities.

As noted by Johnson, et al. the increase in preventable hospitalizations and mortality arises in large part from specialist shortages in rural America. The large differential in Medicare payment has a lot to do with these

shortages. "Medicare for All" could actually harm rural healthcare even more unless payment policies are changed first.

It is time to end this bias of "structural urbanism" and Medicare's discrimination against rural physicians and residents. We now know Medicare payment policy is significantly responsible for higher rural sickness and death rates. We need to change payment policy to remedy rural Americans' health disparities.

Sources:

Probst J, Eberth JM, Crouch E. Structural Urbanism Contributes to Poorer Health Outcomes for Rural America. Health Aff (Millwood) 2019; 38(12): 1976-1984

Johnston K, Wen H, Maddox KEJ. Lack of Access to Specialists Associated with Mortality and Preventable Hospitalizations of Rural Medicare Beneficiaries. Health Aff (Millwood) 2019; 38(12): 1993-2002

Gong G, Phillips SG, Hudson C, Curti D, Phillips BU. Higher US Rural Mortality Rates Linked to Socioeconomic Status, Physician Shortages, and Lack of Health Insurance. Health Aff (Millwood) 2019; 38(12): 2003-2010

IT STARTS WITH SAYING "YES"



BRIAN PRIVETT, MD

Dr. Privett is the President of the Iowa Medical Society, and an Ophthalmologist from Cedar Rapids

"We need more physicians to say yes when asked to be involved (in organized medicine) and to follow through with that commitment." This was the parting advice of my program director, Tom Oetting, MD, at the end of my residency at the University of Iowa. I took the advice to heart. After my first year in practice, I was asked to serve as the president of the Iowa Academy of Ophthalmology (IAO), and I said yes.

During my time on the IAO Board, we worked with the Iowa Department of Public Health to institute a vision screening program in Iowa for children and worked to prevent the practice of surgery by non-surgeons. It was during this time that I was introduced to the Iowa Medical Society and the work they do for all physicians in Iowa.

Ophthalmology is a relatively small specialty. When our specialty's concerns are amplified by the state medical society, our voice is much stronger. This is the basic principle of organized medicine. Individual physicians' voices and ability to create change are amplified when we speak with a unified voice. One of my partners, Steve Jacobs,

MD, was an IMS board member. When his term was up in 2013, he encouraged me to run for the board, and I said yes. My time on the IMS Board of Directors has been and always will be a highlight of my career. Over the past seven years, IMS has achieved a lot. We helped make incremental improvements to Medicaid and have been a sounding board between physicians and the state on the multiple problems with the managed care organizations.

We continue to pass temporary fixes to the unfair Geographic Practice Cost Index which punishes physicians in rural states like Iowa and, left unchecked, would result in more than \$20 million in Medicare rate cuts to Iowa physicians each year. We passed CANDOR legislation which continues to improve the malpractice environment in Iowa along with a certificate of merit to cut down on frivolous lawsuits.

Working with our psychiatry partners, we helped pass and strengthen two mental health reform bills – first for adult patients with complex needs and then to establish the first-ever comprehensive Children's Mental Health System in Iowa.

In conjunction with our family medicine partners, we helped establish and fund the Rural Physician Loan Repayment Program to recruit more physicians to rural communities. IMS secured passage of telehealth payment and coverage parity for Medicaid, and telehealth coverage parity for commercial carriers to help facilitate greater expansion of these critical new tools in care delivery. We also continue to push back on the ever-increasing number of scope of practice expansions put forward each year. Recently, we have retooled our resources to help practices with COVID-19 and pass physician concerns regarding COVID-19 on to state and federal officials.

I was asked to attend AMA meetings as a representative of IMS, and I said yes. I have experienced the power of this organization speaking for the entire country. One recent example of how organized medicine made a difference was regarding the closure of Hahnemann University Hospital in Philadelphia which was the primary teaching hospital for Drexel University. This left 571 residents and fellows stranded without a job and without medical liability tail coverage.

The AMA stepped in and provided the legal services to broker a \$9.3 million-dollar settlement for long-tail insurance for 1,500 residents, fellows, and alumni. The state and county medical society also helped place residents and fellows in difference programs across the state. Because Hahnemann was a corporate entity, this type of advocacy for these displaced trainees would have not been possible without the support of organized medicine.

I was nominated to run for the IMS Executive Committee and serve as the 171st IMS President, and I said yes. Sometimes people have asked me why I got involved in organized medicine so early in my career and my answer is, "how could I not?". Too many decisions at the state and federal level affect how we practice and how we provide for our patients. If physicians' voices are not heard, others will make these decisions for us. If anything, younger physicians and students should advocate more for themselves as the decisions that are made now will have a greater impact on their career than a physician who is closer to retirement.

The IMS Board has been an extremely welcoming group for me despite my younger age and we encourage younger physicians to speak up and be involved early in

your career. I can attest that your life only gets busier if you have a family and raise kids. There is no better time to become involved than the present.

A side benefit of being involved in organized medicine has been the relationships I have made over the years. Working with my specialty society, I was able to meet a number of my ophthalmology colleagues across the state. As a person new to Iowa, my wife and I have made many friendships through our involvement with the Linn County Medical Society. We have also made many lifelong friends through my involvement on the IMS Board. These friendships outside of my practice are extremely valuable and well worth the time I have given up in my practice.

I believe saying yes also helps with physician burnout. Many of our IMS members have taken part in our burnout programming across the state and found them to be useful. One way to combat burnout is to become involved in organized medicine. One reason physicians experience burnout is that we have all these expectations about what a career in medicine should be, but in our daily practice these expectations are not met.

By advocating for yourself and your patients, you can help take back control of your practice, or at

least make your voice heard. There is healing in knowing you did everything in your power to help your patients, your colleagues, your care team, and yourself. It is also helpful to learn that many of the burdens and frustrations you have in practice are shared by many of your colleagues.

No matter what career stage you are in, I encourage you to advocate for your patients and your profession. I hope when you are asked to participate in organized medicine, you will say yes.



IMS STRATEGIC PLANNING:

Designing for the Future



KADY REESE, MPH, CPHQ

Ms. Reese is Director of Education and Engagement at IMS

On July 10, 2020, the Iowa Medical Society (IMS) Board of Directors held its annual board retreat. As with most things this year, the presence of COVID-19 and the mindful precautions necessary led to a shift from the traditional formatting of this event. Rather than convening in-person for a full-day of service and big-picture thinking towards the next year, the board participated in a virtual afternoon “retreat” facilitated by Aveea Partners founder Tammy Rogers.

Ms. Rogers has long been a partner with IMS, most notably serving as a speaker and offering actionable wisdom as part of our Professional Burnout and Resiliency Programming, she has also supported past strategic planning with both IMS and hundreds of other client organizations – including healthcare systems and colleagues.

The setting for this retreat was significant not solely because of the virtual format compelled by COVID-19, but as this year also marks the closing year of the 2018-2020 IMS Strategic Plan. IMS leadership was not only tasked with brainstorming the next year for IMS during this time together, but to envision a three-year course for the organization – Who are we? Who will we be? How do we get there?

Engaging in a conversation about long-term visioning during a year of such upheaval and uncertainty of course held the potential to prove daunting with many organizations justifiably opting to take a moment to pause and reassess, narrowing the immediate focus to recovery, before diving into the depths of strategic planning. For IMS, as with all in healthcare, the last seven months have been an incredible learning curve.

While challenging us to respond to the greatest public health disaster of our lifetime and stretching us to deliver services in new, adaptive ways, COVID-19 has also helped to demonstrate what our organization is capable of and define who IMS should be as we look ahead.

This year’s board retreat served as a platform to engage IMS leadership in vision planning for the organization while offering a structure and scope for strategic thinking; providing a pathway for breakthrough, empowered thinking from within a box, making the sometimes nebulous process of strategic planning approachable and tactile.

To adequately prepare for the future, one must take stock of where one has been, what has been accomplished, and where one finds themselves currently.

IMS leadership began the strategic planning process with reflection, looking back not only on the last months during the COVID-19 response, but weighing the progress and achievements since the last strategic plan was outlined in 2018, including: an exceptional turnout of 150 physicians, residents, and students in white coats for Physician Day on the Hill 2020; establishment of four successful IMS Major Initiative programs which have provided support to more than 500 Iowa healthcare providers; success on numerous physician-friendly legislative wins and policy adoptions to support the best practice of medicine in Iowa; a robust campaign for tort reform and hard cap policies that while not ultimately successful, strengthened legislative relationships and bolstered advocacy engagement to continue advancing this policy priorities in 2021.

These accomplishments, while not only serving in the realization of the 2018-2020 Strategic Plan, also provide the foundation upon which IMS has been able to stand strong during the turmoil and disruption of the global pandemic. IMS launched into action to support Iowa’s physicians and the healthcare community, retooling and shifting to fully virtual operations. Weekly COVID-19 “Quick Connect” Zoom events were held to conveniently share the latest in the rapidly

ADVOCATE

COMMUNICATION

PRACTICE OF MEDICINE

PROMOTION

EQUITY & INCLUSION

PHYSICIAN WELLNESS

PUBLIC HEALTH

DIVERSITY

ENGAGEMENT

PROSPERITY

SCIENCE

MEMBERSHIP

TECHNOLOGY

EDUCATION

LEADERSHIP

(Major Themes Identified at the July 10, 2020 IMS Board Retreat)

evolving landscape of information and discuss issues and concerns affecting physicians.

Robust COVID-19-specific webpages with extensive resources updated daily with the latest resources and guidance were created. We prepared targeted education offerings to further equip physicians to manage and endure across all aspects of pandemic impact. IMS continues to inform state leadership and advocate on behalf of Iowa physicians to ensure appropriate provisions and assistance to be included in state response efforts, by serving as part of as part of the governor’s state emergency response team for health partners. Through all of this, IMS has effectively demonstrated itself as a preeminent voice for healthcare providers and patients.

Through these reflections, the best of what is IMS and that which should be IMS was illuminated – to be brave, bold, responsive, and adaptive. Significant themes emerged as leadership put to thought where the next three years may lead:

- Physician wellness and ensuring physicians have the resources not only for professional success and caring for patients, but for personal health and self-care.
- Continuing to be a leader and trusted resource in priority public health issues – both as we continue to navigate through COVID-19 and as any other public health threat may emerge.
- Championing diversity, equity, and inclusion throughout the practice of medicine and supporting a physician workforce that is representative of Iowa’s patient populations.

- Lifting up the practice of medicine and patient care by offering technical assistance and being an ardent advocate for physicians as lead practitioners in the art of science and medicine.

Exceptional communication, engagement, education, and advocacy will be the strategies by which these themes will be carried out. Optimizing the use of all IMS platforms, we will seek to bring the best content to physicians in the most effective and efficient means.

Connecting with physicians at all levels and in all ways, showcasing the value of membership and involvement with IMS. These elements will be further cultivated and refined in creation of the finished 2021-2023 IMS Strategic Plan. A plan that will provide as a framework to advance both IMS and the physicians we serve.

THANK YOU TO OUR MEMBERS WHO ARE "ALL IN"!

100 percent of physicians in the following groups are current members of the Iowa Medical Society. We appreciate your support and commitment!

LARGE GROUPS

.....

Associated Anesthesiologists, PC
MercyOne Northeast Iowa
Family Health Care of Siouxland
Grand River Medical Group
Iowa Heart Center
McFarland Clinic
Medical Center Anesthesiologists, PC
Radiology Consultants of Iowa
The Iowa Clinic
University of Iowa Physicians
Wolfe Eye Clinic, PC

SMALL GROUPS

.....

Broadlawns Medical Center - Residency Faculty, Des Moines
Broadlawns Medical Center - Residency Program, Des Moines
Burlington ENT Clinic
Burlington Pediatric Association, PC
Cedar Rapids Medical Education Foundation - Residents
Cherokee Regional Clinics
Cresco Medical Clinic
Davenport Surgical Group, PC
Dermatology Associates, PC
Des Moines Eye Surgeons
Doran Clinic for Women, Dubuque
Dubuque ENT Head & Neck Surgery, PC
Dubuque Surgery, PC
ENT Medical Services, PC, Iowa City
Family Medicine, LLP, Grinnell
Family Practice Clinic, Emmetsburg
Fox Eye Laser & Cosmetic Institute, PC, Cedar Rapids
Franklin Medical Center, Hampton
Fuerste Eye Clinic, Dubuque
Genesis Health Group - Durant Family Practice
Genesis Health Group - Pathology, Davenport
Genesis Pulmonary Associates
Genesis Quad Cities Family Medicine Residency Faculty, Davenport

Genesis Quad Cities Family Medicine Residents, Davenport
Great River Urology, West Burlington
Grinnell Family Care, PC
Guthrie Family Medicine Center, Guthrie Center
Heartland Dermatology, Clive
Iowa Arthritis & Osteoporosis Center, Urbandale
Iowa Eye Center, Cedar Rapids
Iowa Retina Consultants, West Des Moines
Jones Eye Clinic, Sioux City
Kossuth Regional Health Center Clinic, Algona
Mahaska Health Partnership - General Surgery, Oskaloosa
Mary Greeley Medical Center, Ames
Mary Greeley Medical Center - Radiation Oncology, Ames
Mason City Clinic - Plastics & Reconstructive Surgery
Mercy Clinics, North Iowa
Mercy Family Medicine Residency Faculty - North Iowa
Mercy Medical Center - Family Medicine Residents
Mercy Medical Center - North Iowa Emergency
MercyOne Cedar Falls Family Medicine
MercyOne Cedar Falls Home Care
MercyOne Cedar Falls Internal Medicine
MercyOne Center for Diabetes Care, Mason City
MercyOne Clear Lake Family Medicine

MercyOne Clear Lake Pediatric and Adolescent Clinic
MercyOne Clive Internal Medicine Clinic
MercyOne Des Moines Plastic & Reconstructive Surgery
MercyOne Forest City Family Medicine
MercyOne Forest Park Family Medicine, Mason City
MercyOne Katzman Breast Center, Clive
MercyOne Kimball Family Medicine & Pediatrics Care, Waterloo
MercyOne North Iowa Cancer Center, Mason City
MercyOne North Iowa Obstetrics & Gynecology, Mason City
MercyOne North Iowa Pediatric Hospitalists, Mason City
MercyOne North Iowa Women's Health Center, Mason City
MercyOne Regency Family Medicine, Mason City
MercyOne Rockford Family Medicine
MercyOne Urbandale Family Medicine Clinic
MercyOne Waterloo Behavioral Health Care
MercyOne Waterloo ENT/AllergyCare
MercyOne Waterloo Family Medicine
MercyOne Waterloo General Surgery
MercyOne Waterloo Hospitalists Care
MercyOne Waterloo Neurology
MercyOne Waterloo Orthopedics Care
MercyOne Waterloo Pediatrics Care
MercyOne Waterloo Urgent Care
MercyOne Waterloo Urology Care
MercyOne, Waverly
Mid Iowa Fertility, PC, Clive
Mitchell County Regional Health Center - Osage Clinic
Nephrology, PC, Des Moines
North Iowa Eye Clinic, PC, Mason City
NW Iowa Bone Joint & Sports Surgeons, Spencer
NW Surgery, Orange City
OB/GYN Associates, PC, Cedar Rapids
Oncology Associates at Hall - Perrine Cancer Center
Pathology Associates, Dubuque
Pathology Associates of Central Iowa, Des Moines
Pediatric & Adult Allergy, PC, Des Moines
Pediatric Associates Ottumwa
Physicians Lab of Northwest Iowa, Spencer
Pediatric Associates of UI Children's Hospital, Coralville
Pediatric Associates of UI Children's Hospital, Iowa City
Radiologic Medical Services, PC, Coralville
Rheumatology Associates, PC, Bettendorf
Siouxland Medical Education Foundation Faculty, Sioux City
Siouxland Medical Education Foundation Residency Program, Sioux City
Siouxland OB/GYN, PC, Sioux City
Steindler Orthopedic Clinic
Telligen
The Group - OB/GYN Specialists, PC, Davenport
UnityPoint Clinic - Family Medicine, Sac City
UnityPoint Clinic Family Medicine, Huxley
UnityPoint Health - Residents
Medical Education Services, Des Moines
Western Iowa Surgery Inc, Carroll



THANK YOU IMS COMMITTEE MEMBERS!

COUNTY & SPECIALTY SOCIETY POLICY COUNCIL

Amy Kimball, DO - Chair
Tiffani Milless, MD - Board Liaison
Brian Bowshier, MD
Timothy Abrahamson, MD
Nicholas Klesner, MD
Jennifer Schubert, DO
David Carlyle, MD
Jeffrey Hoffman, DO
Ed Clemmons, DO
Lindsay Jenkins
Shobha Chitneni, MD
Andrew Steffensmeier, MD
Jon Van Der Veer, DO
Michael Peroski, DO
Michael Brooks, MD
Vincent Reid, MD
Kinnari Karia
Katherine Marciniac
Susannah Friemel, MD
Edward Nassif, MD
Nathan Nicholson, MD
Fadi Yacoub, MD
Daniel Wright, DO

COMMITTEE ON LEGISLATION

Kevin Cunningham, MD - Chair
Tim McCoy, DO - Vice Chair
Tiffani Milless, MD - Board Liaison
John Dooley, MD
Bradley Fleming
Jennifer Groos, MD
Autumn Hargraves
Rob Humble, MD
Lindsey Jenkins, MD
Janice Kirsch, MD
Noreen O'Shea, DO
Douglas Steenblock
Joyce Vista-Wayne, MD
Clete Younger

COMMITTEE ON MEDICAL SERVICES

Carole Frier, DO - Chair
Dawn Schissel, MD - Vice Chair
Jill Endres, MD
Sharmini Rasakulasuriar, MD
Devin Lindstrom, MD
Spas Kotev, MD
Stacy Marlow Fisher, MD
Martin Izakovic, MD, PhD
David Moore, MD
Shannon Leveridge, MD
Susannah Friemel, MD
Jared Abbott, MD, PhD
Alan Stolpen, MD
Darcy Fahrenkrug
Tim Gibbons, MD
Nora Royer, MD
Peggy Galvez - DMU Student Rep
Mahek Shahid - UI Student Rep

COMMITTEE ON LAW & ETHICS

David Carlyle, MD - Chair
Nicholas Kluesner, MD - Vice Chair
Stephen Sorensen, MD
Richard Deming, MD
Linda Lehman, MD
Donald Nelson, MD
Matthew Ulven, MD
David Carlson, MD
Stephen Hunter, MD
Maggie Hefner - DMU Student Rep
Michael Munafo - DMU Student Rep
Erik Anderson - UI Student Rep

MATERNAL MORTALITY STUDY COMMITTEE

Thaddeus Anderson, MD - Chair
Stephen Hunter, MD, PhD, Secretary
Stephanie Stauffer, MD
Kokila Thenuwara, MD
LeAnne Roberts, MD
Stephen Pedron, MD
Kimberly Marshall, MD
Debra Piehl, MD

COMMITTEE ON SPORTS MEDICINE

Bryan Warme, MD - Chair
Sarah Bancroft, DO
Peter Buck, MD
Chad Carlson, MD
Timothy Gibbons, MD
Mederic Hall, MD
Brian Heineman, DO
Nicholas Honkamp, MD
Douglas Layton, DO
Robert Lee, MD
David Rathe, DO, FAAP
Marc Shulman, MD
Timothy W. Thomsen, MD
Jason Viel, MS, CTC/L, PES
Alix Sharp - UI Student Rep
Ricky Wilkerson, DO

WORKFORCE COMMITTEE

Scott Truhlar, MD - Chair
Will Ching, MD
Eddie Clemmons, DO
Douglas Steenblock, MD
Carissa Gunderson, MD
Rob Humble, MD
Val Lyons, MD
Steven Thoma, MD
Humphrey Wong, MD
De Schieltz
Michelle Spranger
Jeremy Granger, MD
Anuradha Gore - UI Student Rep

IOWA MEDICAL POLITICAL ACTION COMMITTEE

Jon Van Der Veer, DO - Chair
Kevin Cunningham, MD - Legis. Chair
John B. Dooley - Secretary/Treasurer
Brian Privett, MD - Board Liaison
Clete Younger, MD
Anne Langguth, MD
Noreen O'Shea, DO
Douglas Martin, MD
Janice Kirsch, MD
Rob Humble, MD - Resident Director
Autumn Hargraves - DMU Student Rep
Bradley Fleming - UI Student Rep



AWARENESS. CARE. MANAGEMENT.

2020 IMS Professional Burnout and Resiliency Programming

October 13

December 3

All Programs Hosted Virtually & Available Statewide

<http://www.iowamedical.org/Events>

IOWA MEDICAL SOCIETY FOUNDATION

Marygrace Elson, MD - Chair
Mike Flesher - EVP, Secretary
Brian Privett, MD - Treasurer
Eric Heininger
Mary Kitchell
Michael Kitchell, MD
Michael Romano, MD
Joyce Vista-Wayne, MD

NOMINATING COMMITTEE

Tiffani Milless, MD - Chair
Noreen O'Shea, DO
Brianna Jewel, DO
Francis Sanchez, MD
Keith Vollstedt, MD

MERCYONE

MercyOne Des Moines is seeking a Full-time **Physician Advisor**. Ideal candidate should have 5 years plus experience in **GENERAL SURGERY**. The Physician Advisor evaluates the medical necessity and efficiency of the use of healthcare services, procedures and facilities.

Essential Job Duties:

- Identify utilization trends and work with MercyOne Leadership team when interventions are necessary.
- Responsible for timely review of claims and determination of level of care based on medical necessity and appropriateness of care within established guidelines.
- Manages physician-driven clinical resource utilization.
- Provide oversight of Clinical Denials Management in collaboration with providers, care management, HIM, and MercyOne Payer Strategy Payment Compliance.
- Encourages teamwork among physicians and multi-disciplinary care teams to ensure high quality outcome.
- Responsible to foster positive collaborating relationships with other departments and divisions.

This position will be located at MercyOne Des Moines Medical Center campus. MercyOne offers a competitive compensation package, sign-on bonus, paid malpractice and a 401K match.

To learn more contact: Roger McMahon | Physician Employment Services
(515) 358-6923 | rmcmahon@mercydesmoines.org

INFLUENCE AND TIPPING POINTS



STEVEN HALM, DO, FAAP, FACP

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

In my years as a medical educator I have preached to medical students and residents about my view of what professionalism and leadership in the medical setting really means. For individual practitioners, it is all about *influencing patients* for positive outcomes and should always be based on three guiding principles:

1. honesty (transparency);
2. personal character (integrity); and
3. service to others

As physicians, you likely manage a team in an office or hospital setting. Here, it's *influencing the team* for positive outcomes using the same three guiding principles.

Within the larger healthcare infrastructure that we live in, we need to collectively *influence the system* for positive outcomes. This includes affecting areas of population health, public health, and prevention, and must address the social determinants of health on the front end. It involves taking action on health policy issues as they pertain to access to care, the quality of care, and the overall costs of care.

In his 2000 best-selling book *The Tipping Point: How Little Things Can Make a Big Difference*, author and economist Malcom Gladwell describes how tipping points impact so many aspects of our lives.

As physicians that learned and understand this concept regularly (think action potential, synapse firing, therapeutic thresholds, peak and trough levels) we know the importance of reaching a certain threshold that makes all the difference. You must move the needle to a certain point to have effective change.

We all reached a pretty quick tipping point in March 2020 when the COVID-19 pandemic challenge become a bit clearer for most of us. At Des Moines University College of Osteopathic Medicine (DMU-COM), as with all educational institutions, we had to completely change the way we delivered our curriculum in a matter of weeks.

Our on-campus activities with students, including our student lab experiences, were suspended and we relied on remote delivery of our curriculum by our faculty. It was an obvious tipping point in which our students, staff, and faculty truly stepped up and responded remarkably well to adapt. DMU-COM has since modified and restructured how we deliver information to our students, most importantly rebooting our experiential learning activities of teaching history and physical exam

skills, learning how to effectively communicate and interact with patients, teaching medical and surgical procedural skills, and providing hands-on osteopathic skills for our students. This fall, we have had early success with maintaining these core and essential learning experiences for our students with adherence to our return to campus protocols that include proper social distancing, wearing a face covering, and limiting student interactions to those essential skills necessary for a competent physician.

DMU-COM has seen many tipping points the last few months and we continue to see them as we move forward. Our successes are not from any individual contribution but originate in having a strong organizational approach.

Strong organizations move the needle to allow us all to reach more tipping points that result in more effective change. I have been a long-time member of the American Osteopathic Association, the American Academy of Pediatrics, and the American College of Physicians.

These organizations, just like the Iowa Medical Society, create

opportunities for us all to contribute to meaningful changes that are much bigger than anything we could have accomplished individually. They give us the chance to collaborate and influence the care options for our patients at a higher level. They are as important as the direct influences we have as individual practitioners in creating positive outcomes for our patients.

Just as we have seen many changes in our society in the last few months, the healthcare system has seen many changes in the past decade or two. Much has been accomplished, yet much remains to be fixed. Clearly, there are more tipping points we must reach and actively push toward to make them happen. Be active and be supportive. Remember, if you are not part of the solution then you are part of the problem.

If we all take to heart the three guiding principles of effective leadership at the patient level, at the team level, and collectively as "organized medicine," we can achieve many positive tipping points that lead to success for our patients and for our healthcare system.

"OUR
SUCCESSSES
ARE NOT
FROM ANY
INDIVIDUAL
CONTRIBUTION,
BUT ORIGINATE
IN HAVING
A STRONG
ORGANIZATIONAL
APPROACH."

- STEVEN HALM, DO, FAAP, FACP

MEMBERSHIP: NEW DUES RENEWAL OFFERINGS



MICHELLE DEKKER, CAE, CMP

Ms. Dekker is Director of Membership & Strategic Alliances at IMS

For the Iowa Medical Society, the last quarter of the year is when we begin our process for renewing group and individuals dues for the following year. Earlier this year, the Iowa Medical Society upgraded its membership database platform, giving a new look and usability to the IMS website. As a result, we are excited to offer a few different options for dues renewals this year, allowing you to choose what works best for you.

OPTION 1: ANNUAL DUES

Like we have in the past, IMS will offer the option to pay dues at one time for the following year. We will provide this through online availability and via mailed dues statements, beginning to arrive in November. A new, exciting feature we can now offer is automatic renewal annually. *If you would prefer to enter your payment for 2021 and then have it continually renew for the following years on January 1, this option is for you!*

OPTION 2: MONTHLY DUES

The new monthly dues options allows members to pay for dues on a month-to-month basis. This is an automatic renewal that will charge to your credit card and can be set up online.

OPTION 3: GROUP MEMBERSHIP

Did you know that any group of two or more can receive discounts on membership dues when all your physicians are members of IMS? If you are interested in group membership, please contact membership@iowamedical.org.

IMS members and potential members will begin receiving information about the 2021 dues campaign soon. To make sure you are receiving the latest information from IMS, be sure to:

1.) Sign into your account at iowamedical.org.

If you are logging in for the first time, you'll need to reset your password by hitting the "forgot password" button. You will then receive a link to log in. Be sure to check your spam/junk folder if you aren't seeing the email. If you have questions or need assistance, please contact Cody Campbell on IMS Staff to assist you: ccampbell@iowamedical.org.

2.) Update your contact information so we can get the most up to date information to you!

Once you are logged in, click on your name in the upper right hand corner. Then click the "edit profile" button.

THANK YOU FOR YOUR MEMBERSHIP IN IMS!

ONE MEMBERSHIP, ONE SOCIETY, ONE VOICE.

JOIN IMS TODAY! BENEFITS INCLUDE:



ADVOCACY – The preeminent healthcare voice for Iowa physicians on the state and federal level, tackling medical liability reform, workforce, access to care and more.



PATIENT CARE – Helping provide you the highest quality care and navigate practice transformation.



LEADERSHIP – Opportunities to grow your clinical and healthcare community leadership skills through statewide collaborative efforts.



EDUCATION – Applicable programming including content on burnout, opioids, and CANDOR. Accredited CME courses, including meeting all state licensure requirements, to help physicians improve the quality, enjoyment and profitability of their practices.



BUSINESS RESOURCES – Access to unbiased experts and technical assistance to help your practice thrive. In addition, dedicated partners to serve you. Discounts to save your practice money.



CONNECTIVITY – News and information, events, social media, and online & print publications to strengthen the community of medicine locally and across the state.

for membership information contact Michelle Dekker: mdekker@iowamedical.org



IOWA MEDICAL SOCIETY
Membership



The Iowa Medical Society is excited to announce a new partnership with The Mask of Wellness (MOW) as a Gold Sponsor. MOW is a movement to promote “COVID-Conscious” Businesses for free with a positive empowered method to improve the health and wealth of communities through three basic measures: employee mask wearing, surface hygiene & personal distancing, and daily health certifications.



Learn more about how you can support the #MaskUp movement by registering your practice as a #COVID-Conscious Business at maskofwellness.com



Life-Changing Neurology Care for Kids

Boys Town Pediatric Neuroscience provides comprehensive life-changing care to children of all ages with neurological conditions. To us, that means caring for the whole child, from medical diagnosis and treatment to wrap-around services that address physiological, social, emotional and co-occurring conditions.

If your pediatric patients need comprehensive neurological care, our specialists bring expertise in:

- Epilepsy
- Neurodevelopmental disorders
- Neurosurgery



To refer a patient, call our 24-hour line at **531-355-1234**.

boystownhospital.org

Physician Opportunities Unparalleled Medicine in the Heartland



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

- Interventional Cardiology
- Dermatology
- Family Medicine
- Gastroenterology
- Hospitalist
- Outpatient Internal Medicine
- Neurology
- Orthopedic Surgery - Foot & Ankle
- Physiatry
- Pulmonology & Critical Care
- Rheumatology
- Urology
- Urgent Care

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

Contact **Doug Kenner**
866.670.0334
dkenner@mountainmed.net



EEO/AA Employer/Protected Vet/Disabled

Extraordinary Care, Every Day

MEDICAL PROFESSIONAL LIABILITY INSURANCE:

Premium Relief Amidst a Pandemic?



TIM MCMAHON

Mr. McMahon is a Sales Executive at the Iowa Medical Society Insurance Group

By now, we hope that most of you have been able to resume pre-COVID-19 patient visit levels. Yet, the protocols surrounding patient engagements have changed. Our new environment requires more management oversight toward patient safety, staff well-being, regulation, and financial stability. For many, “financial stability” may be better represented using the term “financial survival.”

Let’s cut to the chase and concentrate on the financial aspect. In March, the Governor of Iowa issued a State of Public Health Disaster Emergency Declaration, which included a moratorium on nonessential or elective surgeries and procedures. This was the primary catalyst for the dramatic loss of revenue that would last for several months. While revenue dropped or disappeared altogether, practices were left with continuing expenses such as rent, utilities, payroll, insurance, and benefits. Yet still had to scramble to find the necessary PPE, keep up with the ever-evolving regulatory environment, and transition to telemedicine in whole or in part.

Medical professional liability insurance carriers have recognized these challenges, and with their robust suite of risk management offerings has been a generous resource for providers seeking assistance. As the moratoriums across the land began to be lifted and

there seemed to be some light at the end of the tunnel, the carriers started to evaluate methods in which they could provide financial relief to physicians whose specialties have been impacted most.

Insurance carriers calculate annual premium charges on an actuarial scale that takes into account the risk of the particular specialty on a full-time-equivalent. This is a simplistic, one-line explanation of a complex set of calculations that determine what premium to charge. Nonetheless, we will concentrate on the FTE portion. When your practice is not running at full tilt, or not running at all, the exposure to the insurance carrier is lessened. This is why most carriers have announced programs offering to provide premium relief due to the COVID-19 slowdown.

The methodology for offering relief varies among insurance carriers. You may be asked to provide a comparison of your 2019 and 2020 second-quarter revenues to determine if you surpassed a mathematical threshold that qualifies for relief. Other metrics may be utilized that more accurately illustrate the downturn you experienced. Some carriers may ask you to provide a rear-looking review of your FTE’s on a physician-by-physician basis in order to provide a retroactive credit for those physicians who would have

been rendered eligible for a part-time discount for that period of time.

Whatever the carrier or the metrics, you may have an opportunity for partial relief of your medical professional liability premiums. If you have not yet explored this avenue, it may be worth your time. Contact your insurance carrier for more information, or feel free to contact us at the Iowa Medical Society Insurance Group!



About IOWAMED Insurance (Iowa Medical Society Insurance Group)

IOWAMED Insurance, a partnership between IMS and The Harry A. Koch Co., provides services statewide to IMS physicians, their families, and employees. The 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 1,500 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.

5 ESSENTIAL CYBERSECURITY THREATS TO FOCUS ON

While the issue of cyber liability is something medical providers have been warned about for years, the question of “where to start” to protect yourself can be complicated. The Department of Health and Human Services released a publication titled “Health Industry Cybersecurity Practices: Managing Threats and Protecting Patients” to help medical practices and facilities prioritize what issues to tackle first.

Based on recommendations that focus on the most impactful threats, the publication notes that “Given the increasingly sophisticated and widespread nature of cyber-attacks, the health care industry must make cybersecurity a priority and make the investments needed to protect its patients...Hackers look for targets that require the least time, effort, and money to exploit. Do not make the mistake of thinking that your practice, no matter how small, is not a target for indiscriminate cyber-attacks.”

The most impactful threats the publication identified are:

1. Email phishing attack
2. Ransomware attack
3. Loss or theft of equipment or data
4. Insider, accidental or intentional data loss
5. Attacks against connected medical devices that may affect patient safety

The publication includes a two-page summary regarding each threat with real-world scenarios, quick tips, and a table that outlines vulnerabilities, impact, and practices to consider. The following is an example of the information provided in each threat area:

THREAT: Email Phishing Attack

REAL-WORLD SCENARIO: Your employees receive a fraudulent email from a cyber-attacker disguised as an IT support person from your patient billing company. The email instructs your employees to click on a link to change their billing software passwords. An employee who clicks the link is directed to a fake login page, which collects that employee’s login credentials and transmits this information to the attackers. The attacker then uses the employee’s login credentials to access your organization’s financial and patient data.

VULNERABILITIES:

- Lack of awareness training
- Lack of IT resource for managing suspicious emails
- Lack of software scanning emails for malicious content or bad links
- Lack of email detection software testing for malicious content
- Lack of email sender and domain validation tools

IMPACT:

- Loss of reputation in the community (referrals dry up, patients leave)
- Stolen access credentials used for access to sensitive data
- Erosion of trust or brand reputation
- Potential negative impact to the ability to provide timely and quality patient care
- Patient safety concerns

PRACTICES TO CONSIDER:

- Be suspicious of emails from unknown senders, emails that request sensitive information such as PHI or personal information, or emails that include a call to action that stresses urgency or importance
- Train staff to recognize suspicious emails and to know where to forward them
- Never open email attachments from unknown senders
- Tag external emails to make them recognizable to staff
- Implement incident response plays to manage successful phishing attacks
- Implement advanced technologies for detecting and testing email for malicious content or links
- Implement multifactor authentication (MFA)
- Implement proven and tested response procedures when employees click on phishing emails
- Establish cyber threat information sharing with other health care organizations

In addition to the “Health Industry Cybersecurity Practices: Managing Threats and Protecting Patients” publication, there are two supporting technical volumes that outline ten cybersecurity practices for managing the key threats (one volume is designed for small health care organizations, the other is for medium to large organizations). There is also a “Resources and Templates” document that includes a variety of cybersecurity resources and templates for end users to reference.

All of these materials are available for download at:

www.phe.gov/Preparedness/planning/405d/Pages/hic-practices.aspx



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

COPIC
Better Medicine • Better Lives
callcopic.com | 800.421.1834





UNPARALLELED SERVICE FOR UNPRECEDENTED TIMES

While times may be uncertain, your dedication to patients never is. That's why we're committed to providing our malpractice insurance policyholders with personalized customer service, individual attention, and stability they can trust. And that means the focus stays where it belongs: on the patients.

We're all in this together.

FIND OUT MORE:
psicinsurance.com/physicians

Malpractice insurance is underwritten by Professional Solutions Insurance Company (doing business in California as PSIC Insurance Company). ©2020 PSIC NFL 9140-200091



When one number connects you to the region's best pediatric specialists, **Anything can be.**

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

Education · Research · Advocacy · Care



Better Medicine • Better Lives

CALLCOPIC.COM | 800.421.1834



Why?

COPIC

COPIC is a hub for professional education and a CME and CNE accredited provider.

On-demand courses, live seminars, annual conferences—all included in your coverage. That's why.