



IOWA FAMILY PHYSICIAN

VOL. XLV No. 3 / SUMMER 2018



MEMBERSHIP ISSUE

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- END OF SESSION RECAP
- HELP US CELEBRATE OUR 70TH ANNIVERSARY AT THE IAFP EDUCATION CONFERENCE
- 2019 MEDITERRANEAN CME CRUISE DETAILS



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IAFP **IOWA FAMILY PHYSICIAN**

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On The Cover:

(TOP LEFT) IOWA DELEGATION AT THE AAFP ACLF AND NCCL CONFERENCE GROUP DINNER IN KANSAS CITY. (BOTTOM RIGHT) LEGISLATIVE COFFEE 2018.

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WHAT DOES MY ACADEMY DO FOR ME?

By Scott Bohner, D.O.

We're busy. Life is busy. Probably, too busy. Every year, more seems to be piled onto our plate. Sometimes, we don't feel like there's room for anything else. You might be right, but just as there's always room for dessert after dinner, there's room for another activity if it's rewarding and valuable. Membership in the academy is just that. I know I've heard several people ask, "What does my academy do for me?" Well, that's a great question, and likely, it's more that you know.

A lot of people see CME as the primary focus of the academy. While this isn't accurate, the academy does a great job with CME. There are so many choices available. The academy supports live CME activities in Okoboji and other vacation spots. There's a cruise to Alaska this summer that I'm particularly looking forward to. Every year, our annual meeting gets better and helps us keep on track for our boards. The topics are diverse and appeal to all kinds of practices. It also allows us to meet our ever-increasing requirements for our licensure. One of the lesser known virtues of that meeting is the networking and connections made. Whether it's through committee meetings, visiting between lectures, or cheering on your favorite residency team during Jeopardy, you're bound to find someone you know. The education committee is responsible for the meeting and has done a great job over the past several years, and they are always looking for more help.

The membership committee is responsible for the magazine and for research projects that come along. They also help with the annual awards, such as Family Physician of the Year and Educator of the Year. It's one of the smallest committees and would be a

great one to join if you are looking to make an impact. The IAFP Foundation supports educational programs like Tar Wars and has been overseeing the rural loan program.

Probably the biggest impact I see the academy make on a year-to-year basis is on the advocacy committee. We are constantly protecting our scope of practice and trying to improve

“Probably the biggest impact I see the academy make on a year-to-year basis is on the advocacy committee. We are constantly protecting our scope of practice and trying to improve the practice of medicine through our lobbying efforts at the statehouse. If we didn't do this, I believe our practices would look very different.”

the practice of medicine through our lobbying efforts at the statehouse. If we didn't do this, I believe our practices would look very different. The advocacy committee helps set our legislative priorities year to year and helps us contact our legislators when needed. The one constant we hear at the statehouse is that legislators appreciate



calls from doctors in their districts when health-related bills are presented.

These are just a few of the things the academy participates in but there is so much more. None of these could be done without people willing to volunteer to help. We are only as strong as the people who make up our great organization. Please consider volunteering for a committee, giving to the foundation or PAC, or coming to the annual meeting... even if you are too busy.

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ALL IN THE FAMILY

By Jason Wilbur, M.D.

Before I step up on my soapbox for this issue, I owe it to our members to say, “Thank you.” The Iowa Academy of Family Physicians is not just the Board or a building or a magazine or an annual meeting. It is all of you – all of us. The most apt analogy I can think of for the IAFP is a church or religious organization. Why? Because we are a mission driven group of people who voluntarily come together to achieve our goals. We are not like a company or a union or a university. We rely on each other, and the IAFP would not exist if not for all of you. Thank you for all that you do to support your Academy.

In this issue, you will learn how Taisha Doo, a graduating medical student at the Carver College of Medicine, found her way to our specialty through her involvement in IAFP, AAFP and her Family Medicine Interest Group. Dr. Preyanshu Parekh, a second-year resident with the Mercy Family Medicine Residency in Mason City, writes about his experience as a member of a health care team that came together caring for a seriously ill patient. In the President’s Message, Dr. Scott Bohner reminds us of all the important work IAFP does for its members and the opportunities we have to serve one another.

We are fortunate to be members in an organization that is functional and whose people share a purpose. Have you ever been involved in an organization that seems to be confused and in disarray? I have and it’s not fun. Thankfully, that organization was not the IAFP! By and large, family physicians get along and want to move in the same general direction. I realize that we don’t always agree, but I truly believe that what brings us together is stronger than what divides us. We are

diverse in our backgrounds and opinions, and we must honor that diversity and find common ground. We are DOs and MDs; native Iowans and transplants; small town and urban doctors; Democrats and Republicans; conservatives and liberals – and when we get together, we learn that we are so much more than any of these labels.

There are so many quotations, analogies and stories about diversity within organizations that I almost suffered from option paralysis while writing this column. The first thing that came to mind was the image in Kurosawa’s film *Ran* of the three arrows together being unbreakable. Then I thought of the national motto of Indonesia, a country of hundreds of languages and thousands of islands: “Unity in diversity.” And then the floodgates opened, and there were football analogies and war stories and so much more.

In the end, I came back to a familiar figure, one of my favorite historical figures and one of our greatest presidents. It was Abraham Lincoln, who said, “A house divided against itself cannot stand.” Although the IAFP is very, very far from experiencing a civil war or any other type of disunion, Lincoln’s words serve as a caution that if we do not share a mission, our organization cannot long survive.

The IAFP is a “big tent” organization – a big family. Our members serve every type of person that lives in the state of Iowa and in every one of our vibrant communities. There should be room for different practice styles and opinions under our roof. The tent pole holding it all up is right there in our mission statement. Remember the IAFP mission statement? It is beautifully straightforward.



We advocate for, educate and support family physicians in their efforts to improve the health and well-being of patients, families and communities.

Maybe I am wrong, but I suspect that we all agree with this mission. The devil is in the details. I have heard from members who disagree with things written in the magazine or who feel that the IAFP and the AAFP are not representing their views accurately. If that sounds like you, I urge you: don’t give up on the IAFP. Do the opposite. Get more involved. Get your voice heard. I know that as an organization of over 1,000 doctors, we won’t all agree all the time. I can’t even get the four members of my family to agree on where to go for dinner, yet we remain a family. If we are going to keep this “house” standing and make it stronger, we will need your help, your ideas, your energy.

As always, please send me your comments, thoughts and recommendations for what you want to see in this magazine. I can be reached at Jason-wilbur@uiowa.edu.



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WHY SHOULD YOU ADOPT A STUDENT?

By Liza Mann, M2

I am the first person in my family to go into the medical profession. Consequently, every aspect of medical school so far has been a sort of trial-and-error experience. Looking back at the last year and a half, I have seen times when a physician mentor would have been VERY helpful for me. In addition, looking forward to the future of unknowns, I feel that I would greatly benefit from a reliable resource. One that has been through the ups and downs of medical education and I could consult for advice. This is why I believe the new Adopt a Student Program is a valuable resource to medical students like me.

My transition from undergrad to medical school was a rough one. Getting used to the amount of information, in addition to the pressure to become involved in extracurricular activities, took some getting used to. We all hear that you need to start preparing to get into a residency by becoming as involved as possible, as soon as possible. I think that having a FM


mentor to bounce ideas off of would have been a good start to weeding through all of the opportunities that were available to me in addition to letting me know how great FM is. In fact, research shows that having more family medicine role models early in medical school might encourage more students to select family medicine as a career.


Starting off clerkships has lead to another difficult transition. I had little to no idea how to schedule my clerkships. In addition, I have STEP 1 coming up and do NOT look forward to the trial and error of studying for such an important exam. I think that a FM mentor would, again, be helpful with any tips/tricks they may have for embracing and getting the most out of rotations as well as continuing to provide a level of perspective that I wouldn't have from fellow medical students.

In the future I could see that a long term relationship with a FM mentor would

be beneficial when I am looking at residencies. They could provide essential knowledge and wisdom regarding FM programs as well as the whole Match process in general. This would be so great for people like me that are first generation medical professionals and have little outside knowledge of the inner workings of the profession.

Although I can only speak for myself, I can't emphasize enough what a mentor in Family Medicine would mean to me. I think that many of my classmates would agree: all of the support and perspective that we can get would be advantageous. As many of you reading this know, the path to becoming a fully practicing physician is a long one and we need all the help we can get.





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BRAND NEW PROGRAM

IAFP MEDICAL STUDENT SUPPORT PROGRAMS

The IAFP provides several opportunities for Iowa family physicians to provide financial and mentorship support to students who express an interest in family medicine as a career. Research shows that student interest is dependent on many factors, including early exposure and mentorship/role modeling by practicing family physicians. Both mentors and mentees benefit from these professional relationships. We have many options for you to help support this process and we hope you will consider donating financially and/or educationally.

1. Adopt-a-Student option (\$400) allows practicing family physicians to be matched with one (or more) interested students, providing both financial and mentorship support to the specific student during medical school. Matches will take into consideration mentor/mentee preferences, geography, and mentor practice factors.

- Financial support is used to:
 - Offset expenses for travel and accommodations for attendance at the AAFP National Conference in Kansas City, where students gain energy and information about family medicine residency programs and may attend educational sessions of interest to future family physicians.
 - Support students during early curriculum with resources, study break treats, as well as offsetting travel/accommodation expenses for shadowing opportunities and mentorship connections.

- Mentorship support includes quarterly contact with students as arranged. These connections may take various forms and will be supported by the UI Department of Family Medicine Medical Student Education Program:

- Electronic conversations
- Face-to-face or Skype meetings
- FMIG event co-attendance
- Shadowing connections during summer or school breaks
- Precepting students for required and/or elective family medicine clerkships

2. AAFP National Conference Sponsorship Only (\$300 each) will provide funding to offset travel expenses for student(s) to attend the conference and gain energy and information about family medicine residency programs as well as to attend educational sessions of interest to future family physicians.

3. Mentorship Only (no financial contribution) allows physicians to connect with students as described in option 1, without associated financial support.

To learn more and sign up for this program, visit www.iaafp.org/adopt-a-student



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EXPLORATION OF MEDICINE THROUGH MEMBERSHIP

By Taisha Doo, M4 / Carver College of Medicine Class of 2018

Barely weeks after medical school orientation, I remember sitting in my first Family Medicine Interest Group (FMIG) meeting. I sat in the front row, eager and ready to make the dive into the deep pool of opportunities that would be set before me. Prior to medical school, I was interested in primary care, but now I was ready to be a part of the experience. The room was packed with students. They filled the lecture room's seats, lined the walls and sat on the floor. As first-year students, we were anxious to integrate ourselves into medical student life. That day marked the first of many FMIG meetings and events I would attend throughout medical school.

Procedure clinics were the most exciting events as an FMIG member. The ability to learn hands-on skills and clinical application was a respite from hours of laborious studies in basic sciences and physiology. It was key to sign up as soon as an email was sent out because of the clinics' popularity and limited space. With my fellow FMIG members, we boldly intubated mannequins, placed splints on each other and sutured pigs' feet with careful precision. We developed camaraderie among classmates and networked with residents and attendings.

Through FMIG, I learned about the American Academy of Family Physicians' National Conference. As a third-year student, I contemplated my residency options. I wanted to pursue primary care and I had a passion for geriatrics. My thoughts teetered on the idea of Family Medicine versus Internal Medicine. FMIG highly encouraged application for the scholarship to attend the conference. Gratefully, I received the Family Medicine Leads Scholarship, which allowed me to make the journey out to the National Conference in Kansas City.

My first time at the conference was overwhelming but also exhilarating. My mind bounced around as I wandered through the many residency program booths. As an inexperienced conference goer, my opening line was simply, "So can you tell me about your program?" In between trips to the exhibition hall, I did a suturing clinic and attended workshops. This experience gave me the little nudge I needed to set my sights on Family Medicine.

"My first time at the conference was overwhelming but also exhilarating. My mind bounced around as I wandered through the many residency program booths."

During my fourth year, it was time to make a decision about what specialty I would apply to and, also importantly, where. In my early FMIG days, I joined the Iowa Academy of Family Physicians. As a student member, I was granted a scholarship to make my way back to Kansas City for the AAFP National Conference to learn more about what Family Medicine had to offer. Along with talking to different residency programs, I met other FMIG members at the conference from all over the country. It was exciting to be surrounded by like-minded people who shared similar passions. Later during the conference, I stood proudly with fellow Iowa FMIG members as we received the Program of Excellence Award. When the conference

ended, I knew with absolute certainty that Family Medicine was for me.

I was an FMIG member for many years but I was not on their leadership team despite having leadership roles in other interest groups such as the Student National Medical Association and the Interest Group on Aging. As a long time FMIG member, I wanted to be a part of the process to organize opportunities for fellow students who were also interested in Family Medicine. I joined the FMIG leadership team as the Community Outreach Chair and coordinated STEM volunteering for FMIG members. As a patient's first point of contact and connection to the health care system, getting involved in the community is essential for future primary care physicians.

Now my education at the Carver College of Medicine is coming to a close. I matched into Family Medicine and will be a fresh new intern in the month of June. What being an FMIG member means to me is to be a part of something bigger than myself. Each member contributes to the success of the group just as many other students have done before us. Individual members benefit in their own way, whether through professional development, networking or broadening of knowledge. Members are connected to each other by a dedication to medicine and to patients. Not only are members of the group my classmates, they are my friends and colleagues. As fourth years wade through the final months of medical school towards the torrent of residency, we gladly pass the torch on to the next generation of future Family Medicine physicians.

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What is the IAFP PrimCare PAC?

IAFP PrimCare PAC is the state political action committee of the Iowa Academy of Family Physicians. The PAC is a special organization set up to collect contributions from a large number of people, pool those funds and make contributions to state election campaigns.

Where does my donation go?

IAFP PrimCare PAC will make direct contributions to candidates for the Iowa General Assembly (either State House of Representatives or State Senate), and statewide offices. Contribution decisions are made in a nonpartisan way based on candidates' positions, policies and voting records as they relate to family physicians and our patients. Direct contribution decisions are made by the PAC Committee.

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UNIVERSITY OF IOWA FMIG - FAMILY MEDICINE SPEED DATING

On April 11, 2018, IAFP held its 5th Family Medicine Speed Dating event for the University of Iowa FMIG. A huge thank you to our members that participated in this event!

- Academic Medicine – *Jason Wilbur, MD, Iowa City*
- FM Residency Program Director – *Donal Gordon, MD, Solon*
- Hospice and Palliative Care – *Claire Baumgartner, MD, Coralville*
- Occupational/Hospitalist Medicine – *Angela Greif, MD, Anamosa*
- Special Populations: LGBTQ and Those with Addictions – *Joe Freund, MD, Des Moines*
- Rural Practice – *Brent Hoehns, MD, Knoxville*
- Special Populations - Geriatrics – *Scott Larson, MD, Iowa City*
- Suburban Independent Practice – *Dawn Schissel, MD, West Des Moines*
- Utilization Medicine – *Jenny Butler, MD, New Virginia*



FMIG SPRING DINNER

By Nicole Brokloff, MD, Guest Speaker at FMIG Spring Dinner

I recently spoke to medical students at the University of Iowa who are members of the Family Medicine Interest Group (FMIG). I spoke about the experiences I have had in family medicine thus far including what led me to family medicine, why it has inspired me, and how to tailor a career to fit your passions.

Why I went into family medicine:

I grew up being exposed to the field. My mom is a family physician which showed me at an early age the long hours and hard work that went into being a

physician. I remember the stories she had of her patients, the relationships she had developed, and seeing the trust they had in their family physician. This was in part what inspired me to become a doctor. When I started medical school at the University of Iowa I wanted to find my own path. I joined various interest groups, similar to FMIG, to see where my own interests were. I remember being drawn to pediatrics during my first year and went to many of their lunch meetings. During these meetings we would often have different speakers from various specialties of pediatrics. I started

to notice a common theme among these talks implying that they enjoyed treating kids because, unlike adults, they didn't make any bad choices that led to their disease. This really bothered me. I believe everybody deserves a chance to receive the best care available and the support they need to be healthy. I soon realized family medicine was where I belonged. You have the opportunity to build long-term relationships with patients, get to see a variety of chief complaints over the course of your day, and play a role in preventing disease as well as treating it.



2018 Outstanding Student of the Year Award -
Matt Rudolph (2018 recipient), with Jim Bell, M.D. and Jill Endres, M.D.

Why I'm inspired by family medicine:
 Family medicine provides a great deal of variety, which helps to keep things interesting. For example, in one afternoon in my resident clinic I saw a 77 year old for insomnia and dizziness, a 29 year old for migraines, a 1 week old for a weight check, a 34 year old for depression and anxiety, a 21 year old for sinusitis, and a 65 year old for hypertension and diabetes. Unlike many other specialties, family medicine provides you with a unique opportunity to prevent and treat disease. As family physicians, we can work with the patient on behavior changes and risk modification to help prevent the disease from occurring or progressing. You also have the opportunity to build rapport and trust with your patients due to continuity of care. Having this ability lets you get to know the patient so you can provide the best advice given their situation, personality, and available resources. I recently took care of one of our patients in the hospital while she underwent a procedure in preparation for upcoming chemotherapy treatment. She ended up having some complications, which led to a later surgery and postponing her chemotherapy. The surgeon and

oncologists had put together the new plan for her but her husband called and wanted to make sure that we, as her family doctors, thought that this was the best plan. This was the first time I truly understood the amount of trust and confidence patients have in their family physicians.

Choosing your path:

During my first year of residency I attended an award banquet where one of the faculty physicians from my program accepted an award. During her acceptance speech she spoke about providing all aspects of care to her patients including inpatient, outpatient, and obstetrics. As a new resident physician, I was inspired by the relationships she built with her patients by providing full spectrum family medicine. I thought it was amazing everything she was able to do as a family physician. However, I quickly realized that these were not my passions. That's what is great about family medicine—you can choose your own path based on what you are passionate about. For some, providing full-spectrum care is their passion. For me, I want to have an outpatient practice and incorporate some



of my other passions into my career as well. I want to put my Masters of Public Health degree to use in some capacity by being involved in the community and potentially being involved with my local Board of Health. I am also interested in organized medicine and feel that this will become increasingly important as the healthcare system continues to evolve. These are the areas of medicine that I am passionate about and I encourage all of the new physicians entering the field of family medicine to find their passions and pursue them as well.

THE MANY MEANINGS OF MEMBERSHIP

By Preyanshu Parekh, D.O., R2 / Mercy Family Medicine Residency Program / Mason City, IA

“Membership” is defined as the state of belonging or being a member of a certain identity. It can be as specific or as broad as we desire. In the local community, this can be a religious center or even a gym. In school, we had several clubs we joined as members. In family medicine, we have the AAFP, IAFF, etc. Sometimes, we are members of a certain identity that we do not even consciously recognize.

On the 5-West wing floor of our hospital, attendings, residents, students, nursing staff, secretaries, custodians, and maintenance staff are all “members” who are necessary to keep the floor running efficiently. Several disciplines all working together for a common goal: the patient.

On my second-year inpatient rotation, I met a 70-year-old male who was admitted overnight for weakness and the inability to walk. As we visited, I learned that he was a hardworking gentleman who grew up on a farm; he had earned tremendous respect in the community. He was also someone who always smiled and denied any seriousness of his symptoms. After learning about his love for outdoor activities and plans to run another marathon the coming summer, he told me he had been diagnosed with metastatic prostate cancer about three months earlier. He had nephrostomy tubes placed and had started his cancer therapy, but was unable to tolerate it due to side effects. He planned to see his oncologists again for reconsideration of therapy soon. I became worried.

We decided to consult with his oncologists on the same day. CT scans showed significant progression of his metastatic cancer, which involved a large tumor at his lower thoracic spine. The next morning, knowing his personality and life goals from the day before, I entered the room with a heavy heart to

break this news. I remember sitting down and again being greeted with that same smile. This conversation was one of the toughest things I had yet to face - telling a marathon runner that he might never walk again. At first, he was tearful and in disbelief. But then he held my hand and told me “I still have a lot of fight in me. I won’t give up.”

His strong willpower was enough to provide motivation and encouragement to our whole team to work towards his goals in an efficient manner. The neurosurgery team that was consulted performed the surgery for his spinal tumor without complications. Meanwhile, urology and nephrology were consulted to address his progressive kidney mass. Oncology planned the radiation therapy upon discharge. After surgery, the PT/OT team regularly visited the patient to improve his strength. The inpatient team planned for his discharge to a skilled facility for further rehabilitation while our primary team continued to follow him on the outpatient side.

Despite my patient’s tremendous determination, he deteriorated significantly over the two weeks following discharge and returned to the ER one night. At this point, his goals had changed to just remaining comfortable. As I came on the service the next morning, I was heartbroken to hear that his illness had progressed and could only imagine what was going on in my patient’s mind. However, upon entering the ICU room, he greeted me with the same smile. His most memorable words were, “I have fought hard and I am satisfied. Now I just want to thank all the people for what they have done for me and be comfortable.” It’s amazing how perspective can transform the most difficult times into a winning battle.

Not only did our primary inpatient team pay tribute to him in person, but the nephrologists, oncologists, urologists, PCP, nursing staff, families, and friends, were also able to speak with him as he transitioned to inpatient hospice for the last few days.

After finishing a tough work shift that day, I returned home. My wife, parents, and siblings were waiting to celebrate Christmas. That smile was still fresh in my mind, but more importantly the fighting spirit and significance of perspectives. One person’s life was centripetal, bringing a multi-disciplinary team together. Each member of the team had a different role, but we all had the same goal.

I was able to celebrate Christmas with my family keeping Mr. X in mind as I got ready for my next shift, my next learning experience, my next learning identity, my next membership.

These memberships in healthcare are very important. Let’s all take time to appreciate the people we have around us, those that allow us to be part of such meaningful identities every single day.



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RURAL MEDICINE SCHOLARSHIPS AVAILABLE!

SCHOLARSHIP PURPOSE *The purpose of the Rural Family Medicine Scholarship is two-fold: To encourage residents, upon graduating from an Iowa family medicine residency program, to pursue a medical career in Iowa communities under 10,000 in population. To encourage an Iowa medical residency and a practice in a rural Iowa community.*

APPLICATION DEADLINE

JUNE 30 2018

QUESTIONS?

Call the Iowa Academy of Family Physicians 515.283.9370 or 800.283.9370

SEND COMPLETED APPLICATIONS TO:

Iowa Academy of Family Physicians
100 E. Grand Avenue, Ste. 240
Des Moines, IA 50309-1800

ELIGIBILITY REQUIREMENTS

STUDENT (M4's) -

A medical student graduating from the University of Iowa College of Medicine or Des Moines University. Entering an Iowa Family Medicine Residency program in 2018. Holding membership in the IAFP and AAFP. Demonstrated scholarship and achievement in medical school. Completion of the application requirements.

RESIDENT (R3's) -

Completing an Iowa family medicine residency program in 2018. Locating practice in a rural Iowa setting under 10,000 in population. Demonstrated scholarship and achievement in medical school. Completion of the application requirements.

WINNERS AWARDED

The scholarship winners will be awarded during the Iowa Academy of Family Physicians annual meeting on November 16, 2018 at the Prairie Meadows Conference Center. **Applicants must be interested in a career in rural family medicine.**

APPLICATION REQUIREMENTS

Write a brief essay explaining your personal philosophy about medical care, in particular family medicine, and outline your intended career plans. Enclose a Curriculum Vitae. Enclose two letters of recommendation from faculty members at the medical school or residency program.

Applications will be judged based on the quality of the essay, a demonstrated interest in rural medicine, scholarship and achievement in medical school and the letters of recommendation.

2018 IAFP HIGHLIGHTS

By Pam Williams, Executive Vice President

It always gives me great pleasure when we are putting together the summer issue devoted to membership issues. After all, our 1940 members are what drives our organization and our goal is to continue to offer programs and services that bring value to your membership.

This year the IAFP is celebrating the 70th anniversary of when we were incorporated. We will be celebrating this event during the Annual Conference November 15-17 at the Prairie Meadows Conference Center in Altoona. The Education Committee has planned an exciting CME program with a mix of speakers from Iowa and some from out-of-state who may be more widely known in the Family Medicine Community. Please

put these dates on your calendar and plan to join us for this exciting conference and celebration.

The Annual Business Meeting will also be held at this meeting on Thursday evening, November 15. The Board of Directors will be proposing Bylaws changes to our governance structure. The recommendations will be sent to all members late summer but the primary changes recommended are intended to reduce the size of the board to make us a more efficient and nimble board of directors. We hope to have a good turnout at the Annual Business Meeting where this will be discussed and where you will be given the opportunity to vote on the proposed changes.



Other CME opportunities include the Summer CME Cruise to Alaska and I am so excited to announce that in response to many of your requests we will sponsor a CME cruise aboard the Norwegian Epic where we will incorporate practical and relevant CME topics as we sail the Mediterranean from Barcelona to Naples/Pompeii, Civitavecchia (Rome), Livorno (Florence and Pisa); Cannes; Palma, Majorca and back to Barcelona. The dates are June 2-9, 2019. We have a limited number of cabins and expect it to sell out very quickly. See the ad in this issue for details or visit our website at www.iaafp.org.

In April IAFP President-elect James Bell and I were privileged to attend the annual banquet of the University of Iowa Family Medicine Interest Group. During the banquet we recognized graduating 4th year medical students and presented the Outstanding Student Award to FMIG Co-president, Matt Rudolph.

Nicole Brokloff who is a 2nd year resident at Genesis Quad Cities Family Medicine Residency Program was the guest speaker who talked about why she chose family medicine and the many options she feels is available to her through this career choice. Nicole is currently our resident board member and we were so proud of her. Please see page 10 for more details.

FAMILY MEDICINE

Opportunities in Wisconsin, Iowa and Minnesota

- Physician led organization that employs nearly 500 Medical Staff
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- Family Medicine with or without OB in rural or suburban communities
- Practice Medicine in underserved areas of the US and internationally through our Global Partners program
- Leadership and Teaching opportunities
- 24 hour specialist consultation available
- Competitive salary, health and dental benefits, retirement, CME funds, loan forgiveness and more
- Enjoy a 4 day workweek

We welcome your interest and the opportunity to tell you more!

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It was great to have four of our family medicine preceptors in attendance and I commend and thank them for their commitment and dedication to these students. Thank you Drs. Laine Dvorak, George Kappos, Dale Nystrom and Francis Pisney. I know that many of you also precept students and commend and appreciate your efforts as well. I would encourage you to try to attend this dinner in the future. If you would like to strengthen your involvement with the students or if you have not yet been involved but would like to start, please consider participating in the newly revamped Adopt-A-Student program. Please see page 7 for more details.

IAFP also hosted Family Medicine Speed Dating in April. This event gives our practicing physicians the opportunity to share their practice styles with medical students who are often surprised to learn of the options available to them in Family Medicine. Although we had a small turn out of students, those who came were very interested and asked great questions. Thank you to the faculty who participated: Claire Baumgartner, MD; Jenny Butler, MD; Joe Freund, MD; Donal Gordon, MD; Angela Greif, MD; Brent Hoehns, MD; Scott Larson, MD; Dawn Schissel, MD and Jason Wilbur, MD.

We are in the midst of raising funds through the Adopt a Student program to send students to the National Conference of Family Medicine Residents and Medical Students in Kansas City August 1-4. Thanks to those of you who have already adopted a student and if you have not yet done so, please consider helping send a student to this exciting and rewarding conference.

If you are interested in becoming more involved in the IAFP please see the



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volunteer form in this issue or give us a call.

Thank you for your continued membership and involvement in the IAFP. I hope to see many of you at our conference in November.



2018 LEGISLATIVE COFFEE RECAP

We held our Legislative Coffee On February 28, 2018 at the Iowa Capitol Building. There were about 60 physicians and legislators in attendance. Our physicians were able to discuss our legislative priorities face-to – face with representatives from their district.

Thank you to all who attended and made this another successful event!

We hope to see you in 2019!



END OF SESSION 2018 REPORT

Memorandum

To: Iowa Academy of Family Physicians

From: David Adelman, Matt Hinch, Sara Allen & Frank Chiodo - Cornerstone Government Affairs

Date: May 9, 2018

Re: 2018 Legislative Session

This memorandum will highlight key legislative victories and changes from the 2018 Iowa legislative session.

Introduction

The session opened with Governor Reynolds delivering her first State of State address. In the speech, she highlighted her legislative agenda for the 2018 legislative session which included: improving water quality, tax reform, improving health care access, improving the behavioral health system in Iowa, addressing the opioid addiction crisis, ensuring Iowa has job training programs to have a well-supplied workforce, as well as a balanced budget and funding K-12 education. Upon adjournment last Saturday, many of these priorities were addressed by the legislature and sent to Governor Reynolds desk for her signature. The House and Senate worked well together by moving several priority bills through the chambers in lock-step fashion. However, towards the end of the session, the House and Senate entered gridlock over tax reform; with both adamantly fighting for their plans. The House version was viewed as more conservative, with triggers built in to the plan, as well as not addressing corporate tax rates. The Senate version was much more robust, providing for tax relief for individuals as well as corporations. At the end of the day, the chambers struck a compromise, with pieces of each chambers top priorities addressed.

Over the course of the session, 15 Representatives and 5 Senators announced their retirements. These retirements will create an opportunity for new legislators to learn about your issues and will affect committee chairmanship openings.

Managed Care Oversight

The Health and Human Services budget provided for several oversight provisions. The total fiscal note for the oversight was \$1.5 million, which the Legislature funded. The provisions of oversight include:

- **Health Homes.** Requiring DHS to facilitate a workgroup, in collaboration with representatives of the MCOs and health home providers, to review the health home programs. The Bill requires the DHS to submit a report of the workgroup's findings and recommendations by December 15, 2018, to the Governor and General Assembly. This was language brought forward due to the managed care companies wanting to take away current health home models provided by various providers, and move the function "in-house".
- **Prior Authorization review.** Requires the DHS, in collaboration with Medicaid providers and MCOs, to initiate a review process to determine the effectiveness of prior authorizations used by the MCOs, with the goal of making adjustments based on relevant service costs and member outcomes data.
- **Payment of Medicaid Claims.** Specifies that when all of the required documents and other information necessary to process a claim have been received by a managed care organization (MCO), the MCO is required to provide payment to the claimant within the timeline specified if the claim is approved. If the MCO is denying the claim in whole or in part, the MCO is required to provide notice to the claimant, including the reasons for the denial, in a manner consistent with national industry best practice guidelines.
- **MCO System Reconfiguration for Claims.** Requires the MCOs to correct any errors it finds due to system configuration and fully reprocess the claims affected by the error within 30 days of the discovery.
- **Notice by MCOs.** Requires the MCOs to provide written notice to affected individuals at least 60 days prior to making any program or procedural changes as determined by the DHS.
- **Resolution of Billing Conflicts.** Requires the DHS to engage dedicated provider relations staff to assist Medicaid providers in resolving billing conflicts with MCOs, including conflicts involving denied claims, technical omissions, or incomplete information.
- **Medical Necessity for Mental Health Patients.** Specifies that if a Medicaid member is receiving court ordered services or treatment for a substance related disorder pursuant to Iowa Code chapter 125 or for a mental illness pursuant to chapter 229, the services or treatment are required to be provided and reimbursed for an initial period of three days before an MCO can apply medical necessity criteria to determine the most appropriate services, treatment, or placement of the Medicaid member.
- **Medicaid Eligibility.** Requires the DHS to maintain and update Medicaid member eligibility files in a timely manner consistent with national industry best practices.
- **Level of Care Determination Reviews.** Requires the DHS to utilize an independent external quality review vendor to complete a review of a random case sample of decreased level of care determinations and report the findings to the Governor and the General Assembly by December 15, 2018.
- **Review of Member Appeals.** Requires the DHS is to conduct an annual analysis of member appeals that have been dismissed, withdrawn or overturned and determine if there are any negative patterns. The DHS is required to submit a report to the Governor and the General Assembly on a biannual basis.
- **Standardized Credentialing Forms.** Requires the DHS to provide for the development and use of standardized provider enrollment forms and uniform provider credentialing specifications to be used by the MCOs.
- **Small Dollar Claims Audit.** Requires the DHS to enter into a contract with an independent auditor to perform an audit of a random sample of small dollar claims paid to or denied Medicaid long-term services and supports providers during the first quarter of calendar year 2018. The Bill specifies that the DHS may take any action specified in the MCO contract relative to any claim the auditor determines to be incorrectly paid or denied, subject to appeal by the MCO to the Director of the DHS.

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- **Medical Assistance Advisory Council Findings.** Directs the Executive Committee of the Medical Assistance Advisory Council (MAAC) to review data collected and analyzed in periodic reports to the General Assembly to determine which data points should be included and analyzed to more accurately identify trends and issues with, and promote the effective and efficient administration of, Medicaid managed care for all stakeholders. The Executive Committee is required to report its findings and recommendations to the MAAC for review and comment by October 1, 2018, and to submit a final report to the Governor and the General Assembly by December 31, 2018.
- **Targeted Case Management changes.** Amends the reimbursement provision for targeted case management (TCM) services under the Medicaid Program, which is currently established as cost based reimbursement for 100.00% of the reasonable costs for provision of the services. Under the section, effective July 1, 2018, TCM services will instead be reimbursed based on a statewide fee schedule amount developed by rule of the DHS in accordance with Iowa Code chapter 17A.
- **PMIC reimbursement changes.** The section also amends the reimbursement provisions for psychiatric medical institutions for children (PMICs) to provide that inpatient psychiatric services for individuals under 21 years of age that are provided by non State owned providers are required to be reimbursed according to a fee schedule without reconciliation, and services provided by State owned providers are required to be reimbursed at 100% of the actual and allowable cost of providing the service.

Opioid Abuse Bill

HF 2377 was signed by the Governor. The bill increases functionality for the Prescription Monitoring Program (PMP) and allows the Board of Medicine to charge a surcharge to pay for these functionality changes. It expands Good Samaritan protections in overdose situations. The bill contains mandates, that all controlled substances must be electronic prescribed by 2020 and the PMP use mandate that only applies when prescribing opioids. The bill requires pharmacies to report to the PMP by the next business day, allow proactive notification to recognize patients at a high risk for opioid abuse and addiction, allow penalties to be assessed by licensing boards for providers overprescribing, provides prescriber education on opioids, and prohibits addictive prescriptions from being filled more than six months after the date prescribed and from being refilled. A detailed, section-by-section analysis can be found [here](#).

Mental Health

The mental health bill signed by the Governor provides for extensive changes to the current system by implementing the following provisions into law:

- **New Services.** Requires the Mental Health and Disabilities Services commission to adopt rules to provide service definitions, service provider standards, and service implementation dates for the core services to be similar to Medicaid definitions. These rules shall include at least availability of services for 22 Assertive Community Treatment (ACT) teams, 6 Access centers, and Intensive Residential Service Homes (IRSH) that provide services to up to 120 persons statewide in strategic locations throughout the state. ACT, Access Centers Intensive Residential Service Homes, and the services outlined below are only required as long as federal matching funds are still available under the Iowa Health and Wellness Plan. Access centers are located in crisis residential and subacute residential settings with 16 beds or less. These centers provide immediate, short-term assessments for person with serious mental illness or substance use disorders who do not need inpatient psychiatric hospital treatment, but who do need significant amounts of supports and services not available in the persons' homes or communities. This section also requires the MHDS regions to provide: Mobile response, 23-hour crisis observation and holding, Crisis stabilization community-based services, Crisis stabilization residential services, Subacute services provided in facility and community-based settings. This section still keeps jail diversion, CIT, and Civil commitment prescreening as core plus services.
- **Mental Health and Substance Abuse Commitments.** Makes changes to the mental health and substance abuse commitment by requiring courts to dismiss a commitment application if the physician or mental health professional finds the person doesn't have a substance-related disorder, requires mental health/substance abuse commitment orders to be released immediately if the physician/mental health professional determines the patient no longer meets the criteria for detention. Additionally, allows commitment hearings to be held by video conference at court's discretion.
- **Subacute Bed Cap.** Removes the 75 bed subacute cap and the requirement for geographic distribution. This section removes DHS involvement in determining if a subacute facility should be licensed. DIA would now issue a license to an applicant when DIA determines that facilities and staff are adequate to provide the care and services.

- **Mental Health Information Sharing.** Adds to Iowa Code a current mental health information sharing exception that is currently allowed under HIPAA. Allows a mental health professional to disclose mental health information relating to an individual without the individual's consent or written permission to a law enforcement professional if the disclosure is made in good faith, is necessary to prevent or lessen a serious and imminent threat to the health or safety of the individual or to a clearly identifiable victim or victims, and the individual has the apparent intent and ability to carry out the threat.

Telehealth

- The Governor signed HF 2305, a bill that requires commercial payors to provide parity for coverage, meaning the use of telehealth care is covered by healthcare insurance. Although this is not payment parity, this is another step in ensuring that telehealth services are accessible and recognized by payors. In 2016, the legislature passed legislation that requires payment parity and coverage parity for Medicaid. This bill applies to all insurance policies issued on or after January 1, 2019.

Direct Primary Care Agreements

- HF 2356 was signed into law and allows direct primary care agreements to be entered into by health care providers and patients. Under this bill, a health care provider can enter into a direct primary care agreement with a patient and family to provide preventative and curative health care for the patient and family as stipulated in the agreement. Similar legislation has been adopted in other states and was necessary to clear up any gray areas in Iowa Code. These arrangements do not qualify as insurance and therefore are not regulated by the Insurance Commissioner. Direct primary care is an emerging health care delivery option in the country, especially for individuals with high-deductible health insurance plans. This legislation was modeled after a bill that recently passed in Nebraska.

Insurance Access Bill

- SF 2349 is a bill signed by the Governor that provides for two components that attempt to fix the access and affordability issues with individual health plans in the state of Iowa. Currently, only one insurance company sells plans on the ACA "Exchange" (Medica).
- The first portion of the bill gives greater flexibility to multiple employer welfare associations (MEWAs) by putting into Iowa law the proposed Department of Labor rule published in 83 Fed. Reg. 617. This provision broadens the criteria under Title 1 of ERISA to allow more employers to form association health plans to offer group health plans to employees, former employees, family members and other beneficiaries of the organization. Currently, employer groups are prohibited from forming associations for the sole purpose of providing group health plans. Under this proposal, they could come together for this purpose solely and would not be restricted to associations with commonalities.
- The second portion of the bill was brought forward by Farm Bureau and Wellmark. HF 2364 allows Farm Bureau to offer its members health insurance plans that are not compliant with the ACA. The bill essentially exempts health plans from the purview of the Insurance commissioner by saying if the organization is sponsored by an agricultural entity meeting the requirements laid out in the bill they are not considered insurance, therefore, not under the jurisdiction of the Insurance Commissioner. This allows them to be able to sell individual health plans without following the ACA requirements (i.e. they can exclude people with preexisting conditions, etc.). The bill only allows this option for Farm Bureau who would have plans through their third-party administrator, Wellmark.

Pharmacy Changes

SF 2322 was signed into law and authorizes statewide protocols to allow pharmacists to dispense or administer certain vaccinations via a standing order. For patients 18 years and older, pharmacists are able to administer naloxone, nicotine replacement tobacco cessation products, immunizations recommended by the US CDC advisory committee for adults, Tdap in booster application, and other emergency immunizations or vaccinations in response to public health crisis. The bill also allows pharmacists to administer the last two doses of HPV vaccination in patients 11 and over; for patients 6 months and older, influenza and other emergency vaccinations for public health emergencies. The bill requires pharmacists to notify the patient's primary health care provider of any prescription drugs, products, tests, and treatments administered to the patient, if the patient has a primary care provider. If the patient doesn't, the pharmacists must provide the patient with a written record and advise the patient to consult a physician.

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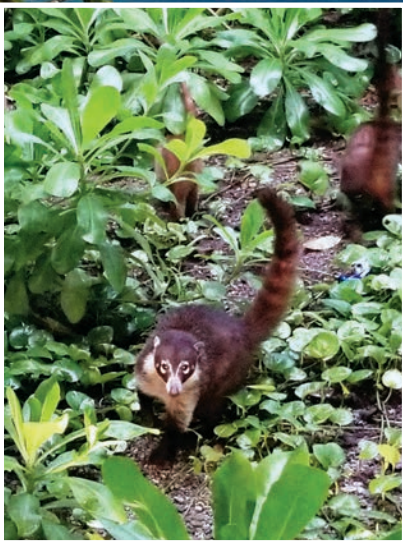
Health and Human Services Appropriations Summary

The Health and Human Services bill, SF 2418, appropriated \$1.8 billion to Medicaid and other state programs administered by the Department of Human Services, Department of Public Health, Department on Aging, and Department of Veteran Affairs. This is \$60.5M more than the previous year. New appropriations in the bill for FY19 include:

- \$55 million for the forecasted need for increased capitation rates for the managed care companies. This is on the lower end of the estimate.
- \$2 million to the Medical Residency Program, which was not funded last fiscal year but had been funded several years prior to FY18.
- \$250k for psychiatric training for physicians through Des Moines University.
- \$875k to fund the new cost of the mental health reform that was adopted via HF 2456.
- \$3 million to increase funding for HCBS providers for supported community living tiered rates. The DHS is required to work with an actuary to evaluate the tiered rates to appropriately distribute the \$3.0 million provided for tiered rates. In addition, the DHS is required to convene a Tiered Rate Workgroup to review actuarial findings and recommendations. The tiered rates may be adjusted if the changes are budget neutral. The DHS is required to submit a report of the actuarial findings, recommendations and comments provided by the Tiered Rate Workgroup to the Governor and General Assembly by December 15, 2018.
- \$1.25 million for the Primary Care Loan Repayment Program (Education Budget).
- \$1 million for increasing LUPA (Health Home) rates.
- \$1.5 million for the managed care oversight provisions laid out in the bill.
- \$3 million provider rate increase for child care assistance providers.
- \$100k for Pre-Medicaid Pilot Program Establishes a Pre-Medicaid Pilot Project that aims to keep individuals in the community and out of long-term care facilities following a nursing facility stay.
- Restoration of several public health initiatives include:
 - o Child Health Specialty Clinics....\$65k
 - o Epilepsy Foundation....\$144k
 - o Melanoma Research...\$150k
 - o Autism Assistance Program....\$385k
 - o Inherited Metabolic Disorders (PKU)....\$153k
 - o Childhood Obesity Program....\$300k
 - o Audiological Services for Children \$156k

2018 WINTER CME GETAWAY HIGHLIGHTS

The Central States Winter CME Getaway was held on January 27- February 3, 2018 at the Paradisus Resort in Playa Del Carmen, Mexico. The resort was breathtaking and the attendees enjoyed a full and engaging CME program all while taking a break from the harsh Midwest winter.





Iowa Academy of Family Physicians 70th Anniversary Annual Conference

November 15-17, 2018

Prairie Meadows Event Center, Altoona

FEATURED SPEAKERS



**MATT
HOOVER**

Iowa native Matt Hoover was the winner of season 2 of NBC's hit show *The Biggest Loser*. Prior to competing on the show, Matt became one of the best high school wrestlers and was recruited to wrestle for the University of Iowa. However, After his wrestling career ended, Matt lost the motivation to stay fit, healthy, and athletic, becoming severely overweight. Since the finale, he has shared his story across the country on both tv and in publications. He continues to inspire others by publicly speaking about health, wellness and weight loss.



**LOUIS
KURITZKY, MD**

Dr. Kuritzky is a nationally recognized speaker, having given over 1,300 presentations over his career on topics including Allergy, Psychiatry, Dermatology, Doctor-Patient Relationship, Immunizations, Inter-Professional Relations, Orthopedics, Public Health, Radiology, and Urology. In addition, he has authored over 150 publications. Dr. Kuritzky is currently a Clinical Assistant Professor of Family Medicine at the Main Street Clinic in Gainesville, Florida.



**ROBERT
RAKEL, MD**

Dr. Rakel is recognized as one of the founding fathers of family medicine, and has authored a number of texts in the field, including *Textbook of Family Medicine*. He serves as Member of the National Advisory Board for Clinical Quality of TestMyHealth and is a as Member of the Medical Advisory Board of InfoPoem Inc. and MedCases, LLC. Prior to this, he served as a Professor and Chairman of the Department of Family and Community Medicine of Baylor College of Medicine.



**REID
BLACKWELDER, MD**

Dr. Blackwelder is a Past President and Board Chair of the American Academy of Family Physicians. He is Professor of Family Medicine at the Quillen College of Medicine at East Tennessee State University. He also serves as Director of the Medical Student Education Division for the Department of Family Medicine. Dr. Blackwelder has been advocating on behalf of family physicians and patients nationwide to inspire positive change in the U.S. health care system, specifically to implement effective team-based patient-centered care.

THURSDAY, NOVEMBER 15, 2018

IAFP BUSINESS MEETINGS

- 8:00 am PAC Board Meeting
- 9:00 am Foundation Board Meeting
- 10:30 am Education and Membership Committee Meetings
- 12:30 pm Advocacy Committee Meeting
- 2:30 pm Board Meeting

ANNUAL CLINICAL EDUCATION CONFERENCE OPENS

- 4:00 pm Registration
- 5:00 pm Annual Business Meeting
- 5:45 pm Welcome/ Introductions & Overview
- 6:00 pm The History of Family Medicine - Robert Rakel, MD
- 6:30 pm Physician Burn Out/Wellness,
How to Protect the Family Physician - Reid Blackwelder, MD
- 7:00 pm The Biggest Loser - Matt Hoover
- 8:00 pm Question and Answer/ Panel Discussion
- 8:15 pm Recess
- 8:15-9:15 pm 2018 Donor Appreciation Reception -
(In recognition of 2018 Donors of the IAFP Foundation,
Rural Loan Repayment Program and PrimCare PAC)
* Members must have donor ribbon to attend

FRIDAY, NOVEMBER 16, 2018

- 7:00 am Registration
- 7:00 - 8:30 am Breakfast in Exhibit Hall
- 7:30 am Introductions and Announcements
- 7:40 am Screening Tests for CAD & What to do with the Results
- Philip Bear, DO
- 8:10 am Dermoscopy- Holley Bermel, DO
- 8:40 am Sideline Evaluation of the Injured Athlete - Sarah Bancroft, DO
- 9:10 am Q & A/Panel Discussion
- 9:25 am Break — Exhibit Hall
- 9:45 am COPD Guideline Changes - Douglas Hornick, MD
- 10:15 am How to Work Efficiently with Medical Students in Your
Practice - Reid Blackwelder, MD

- 10:45 am Q & A/Panel Discussion
- 11:00 am Lunch and Keynote Presentation: AAFP UPDATE
- 12:00 pm Visit Exhibits
- 12:20 pm JOURNAL CLUB LIVE - Mark Graber, MD and Jason Wilbur, MD
- 1:20 pm PPI Use, GERD, and Surveillance - Michael O'Brien, MD
- 1:50 pm Multiple Sclerosis - Bruce Hughes, MD
- 2:20 pm Q & A /Panel Discussion
- 2:35 pm Recognize Members
- 2:45 pm Break in Exhibit Hall
- 3:15 pm Caring for Patients over 65 - Julia Jenkins, MD
- 3:45 pm Insulin Talk - Morgan Herring, PharmD, BCPS
- 4:15 pm The Mediterranean Diet: How to Make it Work in the
Primary Care Setting - Louis Kuritzky, MD
- 4:45 pm Q & A /Panel Discussion
- 5:00 pm Recess for the Day
- 5:30 pm Reception/ Resident Medical Jeopardy
- 6:00 pm Banquet Reception
- 7:00 pm Installation & Awards Banquet
- 9:00 pm Post-Banquet Reception

SATURDAY, NOVEMBER 17, 2018

- 7:15 am Past President's Breakfast
- 7:30 am Breakfast for Registrants
- 8:30 am Using Body Language in Practice- Robert Rakel, MD
- 9:00 am Successful Management of the Difficult Patient:
Office Conflicts and Solutions- Louis Kuritzky, MD
- 9:30 am The Top 10 New Drugs in the Last 18 Months: How and
Why (or WHY NOT) to Use Them - Louis Kuritzky, MD
- 10:30 am Q&A Panel Discussion
- 11:00 am Adjourn

OPTIONAL SESSION - ADDITIONAL FEE REQUIRED

- 8:00 am Knowledge Self-Assessment (KSA) — Health Behavior
Mark Graber, MD and Jason Wilbur, MD

REGISTER ONLINE TODAY: www.iaafp.org/2018-Annual-Conference

CELEBRATING 70 YEARS

2018 IAFP ANNUAL CONFERENCE REGISTRATION FORM

Name _____ Spouse/Guest Name (s) (if attending) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Additional Accommodations (Vegetarian Diet, Food Allergies, Other) _____

A. Thursday, Friday and Saturday November 15-17 CME Registration Fees:

Registration Type	Early Fee (Until 10/7/2018)	Regular Fee (Starting 10/8/2018)
Active Member	\$299	\$350
New Physician Member (< 7 yrs in practice)	\$250	\$275
Life/Inactive Member	\$195	\$195
Resident/Student Member	N/C	N/C
PA/NP who works with an AAFP member	\$295	\$350
Non-Member (includes PA/NP)	\$399	\$450
Conference Faculty	N/C	N/C

All attendees will receive a flash drive at the conference loaded with the syllabus as part of your registration fee. The syllabus will also be available online prior to the conference for you to download and print free of charge. NO PAPER COPIES WILL BE PROVIDED.

To help with meal and material counts please select which sessions you will attending.

Thursday Evening Friday Saturday Morning None of the options listed above

Total Section A: _____

B. Optional Courses to be held on Saturday, November 17:

Knowledge Self-Assessment: Health Behavior (4-6 hours) Member \$175 _____ Non-Member \$200 _____

Total Section B: _____

C. Installation/Awards Banquet:

Friday Evening, Installation/Awards Banquet: (\$25.00 for registered attendee) Yes _____ No _____

Spouse/Guest Banquet Fee @ \$75 per person Number of guests for: Friday Banquet _____

Total Section C: _____

D. Donations:

Rural Primary Care Loan Repayment Program in the Amount of: \$ _____

IAFP PrimCare PAC Donation in the Amount of \$ _____

Foundation Donation in the Amount of: \$ _____

Total Section D: _____

E. Payment:

Section A: \$ _____ **Section B:** \$ _____ **Section C:** \$ _____ **Section D:** \$ _____ **Total Due:** \$ _____

2 EASY WAYS TO REGISTER:

1) Mail completed registration form with payment to: IAFP, 100 East Grand Ave, Ste 240, Des Moines, IA 50309

2) Register online at: www.iaafp.org/2018-Annual-Conference

CANCELLATION POLICY: Canceling 14 or more days from course date will result in a full refund minus a \$25.00 administrative fee. Canceling 13-0 days before course date will result in a full refund minus a \$50.00 administrative fee.

The Giving Tree

IOWA ACADEMY OF
FAMILY PHYSICIANS
FOUNDATION

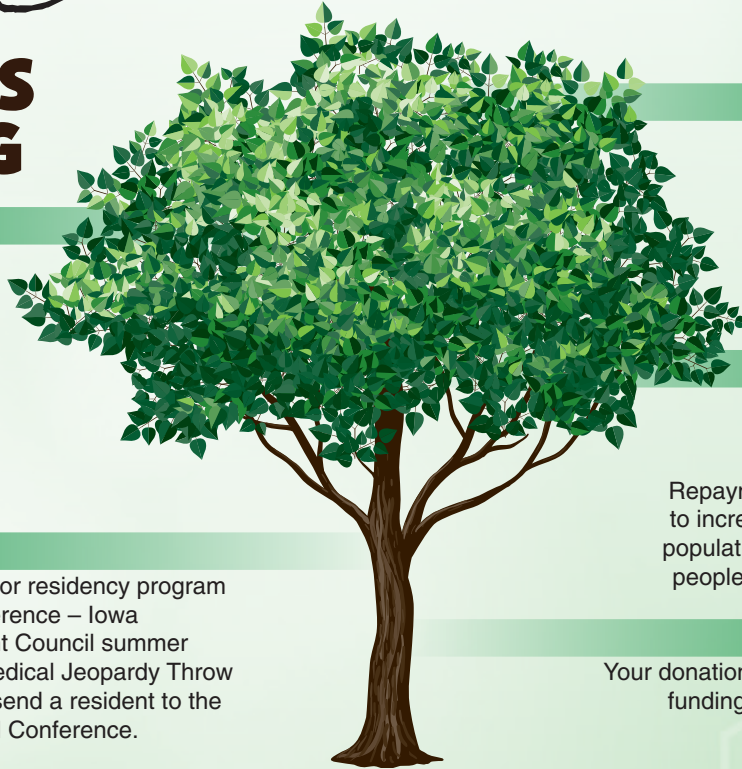
BRANCHES OF GIVING

STUDENTS

Your support provides funding for the Annual FMIG dinner, \$300 scholarships for students attending the AAFP National Conference, the outstanding student award, and travel expenses to send a student to the Family Medicine Congressional Conference.

RESIDENTS

Your support provides funding for residency program visits, the AAFP National Conference – Iowa Residency exhibit hall, Resident Council summer meeting luncheon, Resident Medical Jeopardy Throw Down, and travel expenses to send a resident to the Family Medicine Congressional Conference.



TAR WARS

Your support helps fund Tar Wars, a preventative smoking program which educates students in the 4th/5th grade about the benefits of remaining tobacco-free. Money raised helps to fund the Iowa Tar Wars Poster Contest.

RURAL LOAN REPAYMENT

Your support helps to provide funding for students entered into the Rural Iowa Primary Care Loan Repayment Program. This program helps to increase Iowa's primary care physician population and improve access to care for people living in Iowa's rural communities.

UNRESTRICTED

Your donation helps to support programs where funding is needed in the areas of resident and student programming.

WE NEED YOUR HELP TO SUSTAIN THE BRANCHES OF OUR GIVING TREE

To build strong roots for family medicine in Iowa, we are asking **all Iowa family physicians** to donate to the IAFP Foundation. ANY amount is appreciated! We are aiming for **100% participation!** We need **everyone's** help to sustain the branches of our giving tree. Below are the different levels of donation.

IAFP Foundation:

- \$1000 Grand Patron**
- \$750 Patron**
- \$500 Benefactor**
- \$250 Sponsor**
- \$100 Friend**
- Other** _____

Please use my donation for: (Check all that apply)

- Unrestricted Tar Wars
- Residents Rural Loan Repayment
- Students / Family Medicine Interest Groups

Your gift is tax deductible as the IAFP Foundation is a 501 (c) 3 charitable organization.

Name: _____

Address: _____

Make a donation online at www.iaafp.org

Pay by check Pay by credit card

Visa MC Other _____

CC# _____ CVC Code _____

Signature _____ Exp. Date _____

IAFP MEDITERRANEAN CME CRUISE

JUNE 2-9, 2019

Norwegian Epic departing from Barcelona

PORTS: Naples/Pompeii, Civitavecchia (Rome), Livorno (Florence/Pisa), Cannes and Palma Majorca



DAYS 1 & 8

Barcelona, Spain

Founded by Romans in the first century BC, Barcelona is the vibrant capital of Catalonian Spain. Many of the worlds finest treasures can be seen in Barcelonas museums and monuments. Romanesque and Gothic frescoes and treasures can be enjoyed at the Catalan Art Museum. Among the most treasured sites is Gaudis masterpiece, The Sagrada Familia.

Attractions & Activities

While you're in Barcelona, don't miss the Picasso Gallery. Several adjoining 15th-century palaces house a huge collection (over 2,000 pieces) of Picasso's work.

Stroll along Las Ramblas, a wonderfully vibrant part of the city where street vendors and performers vie for your attention. Explore the many churches and cathedrals of Barcelona and discover the city's modernist architecture along Paseo de Gracia. Visit Antoni Gaudi's unfinished Segrada Familia. With eight soaring spires and a spectacular main façade, this cathedral is a true architectural masterpiece.

DAY 5

Livorno (Florence, Pisa), Italy

The birthplace of the artist Modigliani, this is Tuscany's principal port, just a short jaunt from the artistic treasures of Florence. As you wander the streets and piazzas of this famous city you will encounter countless treasures of Renaissance art and architecture.

Attractions & Activities

When you're in the area, you'll definitely want to explore Florence, one of the most beautiful cities in the world. Start by visiting the church of Santa Croce, known as Italy's Westminster Abbey because of the Italian monarchy buried there. View the 14th-century interior and marvel at one of the finest examples of Florentine Gothic decoration. Stop at the Piazza del Duomo in Florence, where the cathedral, bell tower and baptistery share the same square. Then stop in the Piazza della Signoria, the city's largest square, and gaze upon a copy of Michelangelo's David and the Loggia dei Lanzi.

Shop for souvenirs at the famed Ponte Vecchio in Florence. Explore the Uffizi Gallery in Florence, home to works by Giotto, Botticelli, Leonardo Da Vinci, Michelangelo, Raphael and Rubens. Visit the Field of Miracles in Pisa, and discover one of the world's most amazing sights - the Campanile, or Leaning Tower. Learn the fascinating details about this famous bell tower, such as how it leans a bit more every year and has now reached over 14 feet out of perpendicular. Take a scenic drive through the Tuscan countryside, enjoying its soft, rounded hills, the medieval architecture of its villages and the silver green of the olive trees mingling with the dark-green of the cypress trees. Stop in a local winery to sample some of its delicious product.

DAY 3

Naples, Italy

Naples the diva of Italy. Voluptuous, vivacious and vibrantly alive. All the marvelous sights, scents and sounds of Southern Italy are here. It's where pasta was invented and where the first pizza was tossed. And in the ashen ruins of Pompeii, see where ancient Romans came to play, only to be lost under Vesuvius fire and fury.

Attractions & Activities

While you're in the area, you'll want to visit Pompeii, one of the most famous excavation sites in the world. A thriving city 1,900 years ago, it was devastated by the eruption of Mount Vesuvius in 79 A.D. when 30 feet of volcanic ash and pumice stone covered it. Enter Pompeii by the sea gate and take a short walk to the hub of the city: the Forum. View the lavish temples and porticoes that lay beneath the ash for centuries.

Take a short boat trip to the entrancing Isle of Capri, and explore Capri Town. Wander its quaint streets and explore its shops and cafés. Discover the Gardens of Augustus, overlooking the famous Faraglioni of Capri and Marina Piccola. Take a ride up the Amalfi Coast. With its ocean views and beautiful vistas, it's one of the most breathtaking stretches of road in the world. Walk around and spend an afternoon getting to know the picturesque city of Naples.

DAY 6

Cannes, France

Unlike other cities on the French Riviera, Cannes radiates energy. The city is centered on the old port, with a compact central part. Bordered by palm trees and flowers, La Croisette is one of the city's hottest spots and the main promenade running alongside the narrow beach. The old town, Le Suquet, where Gallo-Roman tombs were discovered, provides a medieval feeling and magnificent views of the bay from atop its hill.

Attractions & Activities

Flowering gardens and palm trees line the curve of Cannes' coastline along the promenade de la Croisette. La Croisette is a street to explore at a leisurely pace, drinking in the stunning seaside view.

Parc de La Roserie is within walking distance from La Croisette, this park features about 14,000 roses in the summer. Musée de La Castre is the only museum in Cannes housing a diverse collection of Mediterranean and Middle Eastern antiquities, including musical instruments from all over the world and pictures of old Cannes. Most hotels lining La Croisette have their own private beach area reserved for their guests. The only public beach is a small stretch of sand near the Palais des Festivals. Plages du Midi and Plages de la Bocca are good public beaches just outside Cannes. For a breathtaking view of Cannes, journey up to the old town of Cannes on Suquet Hill. From the top you can see the entire city, the sea and the Lérins Islands. On the hill you'll also find a 14th century tower (the Tour du Suquet). Close by in the Château de la Castre is the Musée de la Castre which features a mix of artwork from 19th-century paintings to relics of ancient Mediterranean civilizations.

DAY 4

Civitavecchia (Rome), Italy

For centuries the ancient port of Civitavecchia has served as the gateway to magnificent Rome. Its a city so immersed in history, you'll find yourself drifting back to a distant time. Home of Michelangelos Sistine Chapel, Rome flourishes today as she did in her Golden Age. Experience Rome, a city of colossal ruins, majestic cathedrals and a golden past, worthy of many return visits.

Attractions & Activities

Experience the history of Rome as you wander around the Colosseum and Roman Forum.

Explore the amazing history and culture of Rome. Stop at the Ara Pacis, or Altar of Peace, a Roman sacrificial altar enclosed in a screen of Parian marble. Visit the Vatican Museum, where you can walk through the many rooms that house the largest art collection in the world. Travel through magnificent St. Peter's Basilica, the largest church in the world. View the Sistine Chapel, a masterpiece of Renaissance art, the ceiling of which was painted by Michelangelo. Toss a coin in the famous Trevi Fountain - a way to ensure that you'll always return to Rome.

DAY 7

Palma Majorca, Spain

The largest of the Balearic Islands off Spains Mediterranean coast, Majorca is a popular European resort. Enjoy the cosmopolitan charms of the city of Palma or use it as a base to explore Majorca Roman ruins, picturesque villages, beaches and spectacular caves.

Attractions & Activities

Poised on a sea wall above the marina, the city's massive gothic cathedral is a breathtaking sight. Known locally as La Seo, it is home to the world's largest rose window as well as an ornate wrought-iron canopy above the altar designed by Baldacchino.

Explore Palacio Almudaina, a former Arabic fortress and residence for Moorish Kings. Visit Bellver Castle, a beautiful example of medieval military architecture. Go back in time at Pueblo Español, featuring architecture and crafts from different time periods and areas of Spain. Visit the Caves of Drach, which feature marvelous stalactite and stalagmite formations and a large underground lake where a daily light and sound show is staged.

DAY 2

Out at Sea

PORTS OF CALL



Norwegian Cruise Line

DEPARTING: Barcelona on Sunday, June 2nd 2019. 7-night trip going to Mediterranean

PORTS: Naples/Pompeii, Civitavecchia (Rome), Livorno (Florence/Pisa), Cannes and Palma Majorca



CRUISE REGISTRATION INFORMATION

IAFP SUMMER CME MEDITERRANEAN CRUISE

We are pleased to announce the IAFP will be setting sail in June of 2019 aboard the Norwegian Epic. This cruise of the Mediterranean departs out of Barcelona and is sure to be one of your most unique and memorable vacations!

DAY	DATE	PORT	ARRIVE	DEPART
1	Sun, 6/2/19	Barcelona, Spain	--	6:00 pm
2	Mon, 6/3/19	At Sea	--	--
3	Tue, 6/4/19	Naples, Italy	7:00 am	7:00 pm
4	Wed, 6/5/19	Civitavecchia (Rome), Italy	6:00 am	7:00 pm
5	Thu, 6/6/19	Livorno (Florence, Pisa), Italy	7:00 am	7:00 pm
6	Fri, 6/7/19	Cannes, France	8:00 am	6:00 pm
7	Sat, 6/8/19	Palma Majorca, Spain	1:00 pm	8:00 pm
8	Sun, 6/9/19	Barcelona, Spain	5:00 am	--

Number of Nights: 7

(see left page for additional information)

CRUISE REGISTRATION:

(all fees are per person) There are limited cabins available in the categories below.

Rates are per person, based on double occupancy. Airfare is NOT INCLUDED.

- Inside Cabin - \$1140.50 per person
- Balcony Cabin - \$1570.50 per person
- Mini Suite - \$1660.50 per person

CME REGISTRATION:

You will have the opportunity to participate in 12 to 15 credits of CME delivered by your colleagues. CME will be scheduled for the mornings we are at sea. Details and programming will be updated on the website as we finalize topics/speakers.

You must register for the CME portion of the cruise separately this can be done by going to www.iaafp.org/2019-cruise under the education tab.

PACKAGE INCLUDES:

- Most meals and 24-hour room service
- Most activities and entertainment

Pick 2 Offer:

- Ultimate Beverage Package *(1st & 2nd guests only)*
- Prepaid Service Charges *(1st & 2nd guests only)*
- Internet Package per cabin
- \$50 per Port Shorex Credit per cabin *(max 4 ports)*
- Dining Package 1st and 2nd guests

ADDITIONAL INFORMATION:

- Gratuities are \$13.99 per person per day. Categories above mini-suite are \$16.99 per person per day. *subject to change

CRUISE DEPOSIT/PAYMENT SCHEDULE:

- Deposit is \$250.00 per person due upon registration.
- Final Payment is due by January 21, 2019

CRUISE INSURANCE:

Cruise insurance is available for an extra fee. For more information and rates please contact Jeanette at jmesposito@cruiseplanners.com

To Reserve A Cabin today:
www.kctraveloutlet.com/group/iafpnclep



Iowa Academy of Family Physicians 2018 Committee Volunteer Form

Committees meet once a year in a face-to-face meeting. Other meetings are conducted via conference call. **In 2018 the committees will meet on November 15, 2018 at the Prairie Meadows Conference Center prior to the IAFP Annual Conference.**

EDUCATION COMMITTEE: Responsible for all continuing education programs of the Academy that includes the Clinical Education Conference and the Winter/Summer meeting.

MEMBER ADVOCACY COMMITTEE: Duties include serving as an advocate for family physicians and their patients in matters relating to the delivery of health care, and promotes the image of family physicians in the state of Iowa. In addition, the committee seeks members to serve on committees and boards for government and other health care related organizations, and assists in the legislative activities of the Academy including grassroots lobbying (Key Contacts). The committee is also responsible for the annual legislative coffee at the Capitol in February of 2019.

MEMBER SERVICES COMMITTEE: Oversees the production of the Iowa Family Physician magazine and the Membership Directory. In addition, the committee recommends public relations projects to the board of directors. Current projects include TAR WARS, FP of the Year, Educator of the Year, Lifetime Achievement Award, and numerous public relations efforts. The committee reviews all membership applications, relocations, delinquent CME records and members delinquent in dues payments. The committee also conducts membership surveys.

Committee Reimbursement

The IAFP will reimburse expenses for committee member's travel and lodging if necessary to attend meetings for the above committees.

OTHER VOLUNTEER OPPORTUNITIES

**** Please note that the IAFP is unable to provide reimbursement for member expenses for the volunteer opportunities listed in this section with the exception of the AAFP Special Constituencies Delegates.**

LEGISLATIVE KEY CONTACT: Willingness to respond quickly to key contact alerts regarding state and federal legislation by contacting a member of the Iowa Congressional delegation or a state legislator through the AAFP Speak Out web site.

TAR WARS PRESENTER: Able to deliver one or more 45-60 minute presentations to 4th and 5th grade students in your community on the positive effects of not using tobacco products, and the negative aspects of tobacco advertising. Curriculum provided. Be willing to assist with judging in the local poster contest if needed.

AAFP SPECIAL CONSTITUENCIES DELEGATE: The IAFP seeks individuals to represent the IAFP at the AAFP National Conference of Constituency Leaders. Categories to serve are Women Physicians, New Physicians, International Medical Graduates, Minority Physicians and GLBT. The IAFP reimburses participants for the registration fee and hotel expenses. **Please indicate below if you would be interested in representing the IAFP at this conference in April of 2019.**

UI FAMILY MEDICINE PRECEPTOR: The key to the success of the UI Family Medicine Preceptorship is based upon the unique value of having students work one-on-one with an Iowa private-practice community family physician that loves to teach and allows the student to participate ACTIVELY in the care of patients. To teach in the Family Medicine Preceptorship of the UI Department of Family Medicine we ask that you:

- Attend a workshop prior to teaching the first student.
- Be engaged full-time (minimum of 80% time) in an Iowa community private practice office setting.
- Are currently board-certified in family medicine.
- Have completed residency training in Family Medicine.
- Be willing to teach at least 1 third-year medical student each year.

For more information, contact Jill Endres at 319-353-7175 or jill-endres@uiowa.edu

IOWA DEPARTMENT OF PUBLIC HEALTH COMMITTEES: Periodically the IAFP provides names of family physicians to serve on state committees such as Rural Health Advisory Committee, Medicaid Advisory Committee, EMS Advisory Council, Trauma Services Advisory Council, Child and Adolescent Obesity Task Force, Diabetes Control Program, Cancer Control, Developmental Disabilities, State-wide Perinatal Committee, etc.

SERVICE ON IAFP COMMITTEES: Committee recruitment occurs through calls for volunteers published in the Iowa Family Physician magazine and through volunteers identified during meetings/communication throughout the year.

Committee members may be appointed any time during the year and terms will follow the process below.

All volunteers will complete a Conflict of Interest/Disclosure form for review and approval by the Board or Executive Committee. Volunteers completing this process will be considered candidates for the committee they have selected. Each year, the Board of Directors or the Executive Committee will review and approve committee appointments prior to the Annual Meeting. The candidates will be evaluated based of the following criteria

1. The candidate is a member in good standing with the IAFP
2. The candidate complies with the AMA Code of Ethics per AAFP membership criteria
3. The candidate has no conflicts of interest or the conflicts can be resolved to the committee's satisfaction.

IAFP Committee appointments will be effective after board approval. Terms are currently one year in duration with the option to renew the appointment each year. Candidates will be notified of their acceptance upon completion of this process.

COMMITTEE VOLUNTEER RESPONSE FORM

Instructions: Please select all of the committees and opportunities for which you wish to apply. You may place "#1" by the committee you most wish to be appointed to if you wish.

I wish to serve on an IAFP Committee/Board of Directors

- Education Committee
- Member Advocacy
- Member Services
- I would be interested in serving as an alternate director of my district when a vacancy occurs

I wish to serve in these other areas

- Legislative Key Contact
 - Tar Wars Presenter
 - IDPH/DHS Committees
- Areas of interest for IDPH/DHS Committees
- _____

- I wish to serve as an IAFP Representative to the AAFP at the National Conference of Constituency Leaders in April of 2019

Please select the constituency in which you wish to serve:

- New Physician Women Minority
- International Med Grad GLBT

* *Greatest Need for Minority and International Med Grad*

Fax to 515-283-9372 or email to kscallon@iaafp.org

or fill out form online at:

<https://www.surveymonkey.com/s/IAFPvolunteerform>

Name _____ Practice Name _____

Address _____ City _____ Zip _____

Phone _____ Fax _____

Email _____

SAVE THE DATE

IAFP 2019

OKOBOJI SUMMER CME GETAWAY

JUNE 20-22, 2019

BRIDGES BAY RESORT, OKOBOJI

MORE INFORMATION AND REGISTRATION COMING IN OUR FALL MAGAZINE!

NEW MEMBERS

Active

William Goble, DO
Suzanne Kersbergen, DO
Adrienne Westmoreland, DO

Student

Samiha Abdulrahim, Des Moines University
Brock Booth, Des Moines University
Nicholas Caldwell, University of Iowa
Joseph Coccellato, Des Moines University
Siwei Dong, Des Moines University
Megan Dudek, Des Moines University
Mikenzy Fassel, University of Iowa
Andrew Friederich, University of Iowa
Beau Fry, Des Moines University
Samuel Gastineau, Des Moines University
Grant Herrington, University of Iowa
Adokole Otanwa, University of Iowa
AJ Sheehan, Des Moines University
Evan Springer, Des Moines University
Ryan Staudte, University of Iowa
Cassandra Tomberlin, University of Iowa
Naomi Vather, University of Iowa
Paul Welder, University of Iowa
Daniel Wu, University of Iowa



IAFP President Scott Bohner, DO and IAFP President Elect Jim Bell, MD enjoying the speakers at the Multistate Conference in Dallas in February.

Member of the Month

You are unique and we want to hear from you! IAFP is introducing a Member of the Month feature on our web site. If you know a family physician who should be featured as a Member of the Month or if you want to share your story, nominate the physician or yourself by sending a name and contact information to kcox@iaafp.org.

Thank You for Your Support!

The IAFP is proud to announce our membership achievements for 2017.

- **First Place (Large Chapters) Highest Percent Retention - Active Membership**
- **Second Place (Large Chapters) Highest Percent Increase - Student Membership**
- **100% Resident Membership Award**

MEMBERS UP FOR RE-ELECTION IN 2018

Larissa Ackerson, DO	C Epperly, MD	Matthew Lanternier, MD	Gregory Selenke, DO
Kristina Adkins, MD	Martha Errthum, DO	Maricris Lapinid, MD	Glenace Shank, DO
Steven Aguilar, MD	Rachael Etnier, DO	Laura Lasack, MD	David Sheff, MD
Agustin Aguilar Jr., MD	Case Everett, MD	Jeffrey Lenz, MD	Jason Sheffler, DO
Babar Ahmed, MD, FAAFP	Amy Ewen, MD	Todd Letney, MD	Steven Shook, MD
Carlos Alarcon Schroder, MD	Scott Fackrell, DO	Brian Lindo, MD	Todd Shover, DO
Zachary Alexander, MD	Thomas Fagg, DO	Elizabeth Loeb, MD	Jamie Smith, MD
John Amspaugh, MD	Mark Feldkamp, DO	Gary Mansheim, MD, FAAFP	Douglas Stangl, MD
Joshua Anderson, DO	Frank Filippelli, DO	Mel Marilim, MD	Kenneth Steffen, DO
Adam Andrews, DO	Jill Flory, MD	Frank Marino, DO	Dale Steinmetz, MD
Jonathan Arnold, MD	Steven Fowler, MD	Nilesh Mehta, MD	Larae Stemmerman, DO, FAAFP
Melissa Austreim, MD	Matthew Fox, MD	Daniel Miller, DO, FAAFP	Eric Stenberg, DO
Monique Baer, MD	Joseph Freund, MD, FAAFP	Joanne Miller, MD	Elizabeth Stoebe, DO
Hussain Banu, MD	Kevin Furness, DO	Lori Miller, DO	Sally Studer, DO
Theophile Barley, MD	James Gamache, MD, FAAFP	Stephen Mineart, MD	Jeffrey Sutton, MD
Robin Barnett, DO, MBA, FAAFP	Kirk Gieswein, MD, FAAFP	Keri Mounce, MD	Kent Svestka, MD
Kristen Barnette, MD	Nicole Gilg, MD	Tony Myers, MD	David Swieskowski, MD
Larry Barthel, MD, FAAFP	Christina Goebel, MD	Patricia Newland, MD	Allison Testroet, DO
Kimberley Bauman, MD	Mark Goedken, MD	D R Nielsen De Jong, MD	Sarah Thomas, MD
Robert Beck, MD	Andy Goodner, MD	Joan Nilles, MD	Craig Thompson, DO, FAAFP
Tracy Bell, MD	Steven Gordon, MD	Thomas Novak, MD, FAAFP	Ryan Thoreson, DO
Robert Bendorf, DO	Analisa Haberman, DO	Jared Nyabuti, MD	D Thornhill, MD
George Bergus, MD, FAAFP	Glen Hanson, MD	Soe Nyunt, MD	John Thurman, DO
Elaine Berry, MD	Steven Harder, DO, FAAFP	Mary O'Connell, MD	Donell Timpe, MD
John Birkett, MD	Basil Hassan, MD	Donald Odens, MD	David Tinker, DO
Laura Bowshier, MD	Aaron Heiar, DO	Gregory Ogaard, DO	Dorothy Todt, MD
Luke Brinkman, DO	Bret Heilesen, MD	Sarah Olsasky, DO	Robert Tomas, MD
Phillip Bryant, DO	Jody Helmick, MD, FAAFP	William Paltzer, MD	Karl Treiber, DO
Sherry Bulten MD, FAAFP	Steven Hill, MD	Paul Parmelee, DO	Tereasa Van Zee, DO
Robert Callahan, MD	Douglas Hoch, MD, FAAFP	Andrew Patterson, MD	Galyn Vande Zande, DO
Spencer Carlstone, MD	Barbara Hodne, DO, FAAFP	John Patton, MD	Joel Vander Meide, DO
Kyla Carney, DO, FAAFP	Kayleen Hornbrook, DO	Thomas Peacock, MD, FAAFP	Ernesto Vazquez, MD
William Chase, MD	John Hoyt, DO, FAAFP	Paul Pellett, MD	Stephen Veit, MD
Sumathi Chellappa, MD	Ross Huffman, DO	Richard Posthuma, MD	Andrea Venteicher, MD, FAAFP
Frank Claudy, MD, FAAFP	Matthew Humpal, MD	Jessica Price, DO	Thaddeaus Vernon, MD
Terry Cochran, MD, FAAFP	Duane Jasper, MD	Seth Quam, DO	Joseph Wanzek, DO
Andrew Cope, DO	Julia Jenkins, DO, FAAFP	Perry Rathe, MD	Matthew Webster, DO
Anthony Coppola, DO	Simran Jit, MD	Natalie Rehm, DO	Todd Wenck, MD
David Cornelder, DO	Robert Johannesen, MD, FAAFP	Joshua Rehmman, DO	James Whalen, MD
Michelle Craig, DO	Bradley Johnson, DO	Brett Reimer, DO	Ronald Wiechert, MD
James Cummings, MD	Edward Jones, DO	Thomas Richmann, MD	Jason Wilbur, MD
Darron Cutler, DO	Tracy Kahl, DO	Shawn Richmond, MD	Joshua Williams, DO
William Daft, DO	Alexander Kalenak, MD	Ekaterina Roman, MD	Timothy Winters, MD
Roger Davidson, MD, FAAFP	Joseph Kinskey, MD	Catherine Rook-Roth, DO	Donald Wirtanen, DO
Paul De Jong, MD	Joe Kinzey, MD	Janet Ryan, MD	W Wulfekuhler, MD
Paige Deets, MD	John Klein, MD	Subhash Sahai, MD	Sarah Wymer, MD
Maria Doce, MD	Jeffrey Krohn, MD	Amir Sajadian, MD	Amanda Young, DO
Kari Dodds, DO	Mukesh Kumar, MD	Victor Salas, MD	Clete Younger, MD
John Donatelli, MD	Pomilla Kumar, MD, FAAFP	Katharine Saunders, MD	Philip Zimmerman, MD
Devi Dunker, DO	Benjamin Kumor, MD	Allison Schoenfelder, MD	
Andrew Edwards, MD	Deepti Kurra, MD	Clayton Schuett, DO	
Nicole Ehn, MD	John Lanaghan, MD	Angela Schwendinger, MD	

THREE IAFP MEMBERS ELECTED INTO LEADERSHIP POSITIONS AT THE IOWA MEDICAL SOCIETY



During the 2018 Iowa Medical Society (IMS) President’s Reception, IAFP member Michael Romano, MD, MHA, was installed as the 169th IMS President.

Dr. Romano is a board-certified family medicine physician with more than 32 years of practice experience. He has spent his practice career in southwest Iowa, primarily in Council Bluffs, as well as the rural communities of Neola, Minden, and Treynor. In September 2015, he took on his current role as the chief medical officer of the Nebraska Health Network, an Accountable Care Organization (ACO) in Omaha.

During the annual election process, Kelly Reed, DO, Family Medicine, Urbandale was re-elected as an at-large director. Robert Lee, MD, Family Medicine, Johnston, was re-elected to serve as IMS American Medical Association Delegates.

IMS President Dr. Romano

Notice of Business Meeting

As required by the IAFP Bylaws this is the official notice of Annual Business Meeting to be held on Thursday, November 15th at 5:00 pm at Prairie Meadows Event Center.

IAFP Secretary –Treasurer,
Corrine Ganske, MD



Family Medicine Unparalleled Medicine in the Heartland

Practice big medicine in a picturesque community nestled in the heart of Iowa. Enjoy a family-friendly, Midwestern lifestyle where your patients are your friends and neighbors.

- Excellent call schedule
- Busy, broad-spectrum practice
- With or without OB
- On-site radiology services
- Epic EMR System
- Highly-educated patient base
- Large, established referral network
- Physician owned and governed
- Integrated medical center
- One of the least litigious states in the country



This community has a wonderful small-town feel yet boasts big-city amenities. With one of the highest-rated school systems in the nation, close proximity to several major metropolitan cities and numerous parks and recreation, this charming community is truly a perfect place to live and work.

EEO/AA Employer/Protected Vet/Disabled

Contact Doug Kenner
866.670.0334 or dkenner@mountainmed.net



Extraordinary Care, Every Day

PRIME REGISTRY™

Improving America's Health

Extended: Special Offer from the ABFM

The ABFM invites board-certified family physicians to enroll in PRIME Registry™ free for the first three years!

PRIME Registry is a practice and population data tool developed by the ABFM that safely extracts patient data* from your electronic health records (EHRs) and turns it into actionable measures, presented in an easy-to-use, personalized dashboard, maintaining its full confidentiality. PRIME not only simplifies quality reporting for payment programs such as MIPS and CPC+, but also allows you to better evaluate aspects of your practice, patient groups, and individual patients, illuminating gaps or successes in patient care.

Another bonus for ABFM Diplomates: the integrated Performance Improvement (PI) activity tool allows Diplomates to easily use EHR data to complete PI activities and earn points toward the ABFM continuous certification requirements.

Coming this summer, PRIME will add social determinant and community resource data, showing clusters of disease, poor outcomes, and community resources for patients and clinics via the new Population Health Assessment Engine (PHATE™).

By enrolling in PRIME now, you will secure free MIPS reporting through PRIME in 2019, and you will be able to take advantage of all the features PRIME has to offer.

Ready to get started? Enroll at primeregistry.org. Have questions? Email prime@theabfm.org or call 877-223-7437.

* All registry data are maintained in compliance with HIPAA, subject to a Business Associates Agreement, but the ABFM has gone farther to protect your data. The registry vendor has no rights to use identified data without your permission, and the ABFM purposefully cannot touch patient data except for research purposes and after Institutional Review Board approval.

Webinar Series: Prime Registry Dashboard Demonstration

PRIME REGISTRY™
Improving America's Health

In this PRIME Registry demo, attendees will learn how practice EHR data are turned into actionable clinical quality measures through the PRIME Registry on-boarding process, and how automated reporting reduces and streamlines effort for a wide variety of reporting and performance improvement needs. Attendees will also view a demonstration of the PRIME Registry dashboard and see how to target opportunities for improvement at the patient, clinician, and practice level (and across multiple sites of a single practice). This interactive webinar is led by PRIME Registry Recruiting Coordinator Alison Morris and the PRIME Registry technical team. Those interested will only need to attend one of the webinars.

Register for the Wednesday June 13, 2018 12:30-1:30 pm (EST) webinar here:
<https://attendee.gotowebinar.com/rt/2460941606450379521>

Register for the Wednesday June 28, 2018 12:30-1:30 pm (EST) webinar here:
<https://attendee.gotowebinar.com/rt/4596917767830139906>

Register for the Wednesday July 18, 2018 12:30-1:30 pm (EST) webinar here:
<https://attendee.gotowebinar.com/rt/2460941606450379521>



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