



IOWA FAMILY PHYSICIAN

VOL. XLVIII No. 1 / FALL 2020



**ALL 1897 IAFP MEMBERS
RECOGNIZED AS IOWA'S 2020
FAMILY PHYSICIAN OF THE YEAR**



“STRONG MEDICINE FOR IOWA”

PRSRST STD
US Postage
PAID
Permit No. 762
Des Moines, IA

Iowa Academy of Family Physicians
100 East Grand, Suite 240
Des Moines, Iowa 50309

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

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

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

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

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

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

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

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

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

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



Let's Stop HIV Together.



Vision Statement for the Iowa Academy of Family Physicians

“Family Medicine will be the foundation for a healthier Iowa.”

OFFICERS

President

Sherry Bulten, M.D.
Humboldt

President-elect

Lonny Miller, M.D.
Creston

Vice President

Laura Bowshier, M.D.
Urbandale

Secretary-Treasurer

Jason Wilbur, M.D.
Iowa City

Board Chair

James Bell, M.D.
Cedar Rapids

Executive Vice-President

Pamela Williams
Des Moines

BOARD OF DIRECTORS

DISTRICT 1

Angela Greif, M.D.
Anamosa

Thomas Richmann, M.D.
Springville

DISTRICT 2

Sarah Ledger, D.O.
Mount Pleasant

Nicole Brokloff, M.D.
Davenport

DISTRICT 3

Laura Abels, D.O.
Des Moines

Babar Ahmed, MD
Norwalk

DISTRICT 4

Michael Lindstrom, D.O.
Mason City

Mara Groom, D.O.
Spirit Lake

At-Large

Candice Smith, M.D.
Knoxville

Spencer Carlstone, MD
Pella

Residency Representative

Anthony Day, M.D.

Resident Members

Elise Duwe, M.D.

Student Members

Emma Barr

AAFP Delegates

Douglas Martin, M.D.
Brian Mehlhaus, M.D.

OFFICE STAFF

Executive Vice President

Pam Williams

Deputy Executive Vice President

Katie Cox

Director of Education & Advocacy

Kelly Scallon

IAFP OFFICE

100 East Grand, Suite 240
Des Moines, IA 50309-1800
Phone: (515) 283-9370
Toll Free: (800) 283-9370
Fax: (515) 283-9372
E-mail: mail@iaafp.org
Website: www.iaafp.org

2019-2020 Committee Chairs

Education Committee

Jenny Butler, M.D.

Member Advocacy

Dave Carlyle, M.D.
Brent Hoehns, M.D.

Member Services

Scott Bohner, D.O.

IAFP Foundation President

Dawn Schissel, M.D.

Magazine Editor

Jason Wilbur, M.D.

PrimCare PAC

Brent Hoehns, M.D.

The Iowa Family Physician is addressed and mailed to every family physician, resident, medical student, and friends of the IAFP throughout the state and serves as the Academy’s major communication source regarding public relations, legislative and membership information.

The IAFP neither recommends nor endorses the paid ads included in this publication.

IAFP IOWA FAMILY PHYSICIAN

OFFICIAL PUBLICATION OF THE IOWA ACADEMY OF FAMILY PHYSICIANS
Vol. XLVIII No. 1 / FALL 2020

IN THIS ISSUE

Editor’s Desk2

Board Chair Report.....3

Students’ Corner

Medical School in the Time of COVID-194

2020 AAFP National Conference6

Resident’s Corner

Diversity of Practice Styles in a World with COVID-19.....8

Office News

Proposed Bylaw Changes.....11

An Inside Look at COVID Life with Pam, Katie & Kelly12

Member Advocacy

2020 End of Session Report16

Education

Save the Date for the IAFP Virtual Business Meeting19

IAFP Offering Virtual CME20

Members in the News

Milestone Memberships21

New Members24

Created and printed by



810 East First Street • Pella, Iowa 50219

Phone: (641) 628-1130 • Toll Free: (800) 326-6491 • Fax: (641) 628-2826

www.towncrierltd.com • www.towncriernews.com

PRACTICING GRATITUDE

By Jason Wilbur, M.D. - IAFP Editor

Is anyone out there tired of coronavirus yet? How about politics? Personally, I could stand to have a vacation from both for just one week. However, reading some of the pieces in this issue brought to mind the silver linings. There are a few.

My 16- and 18-year-old sons were home every day for 6 months, and I loved it. Was I a little bummed that they weren't doing all the fun and engaging stuff they planned to do in spring and summer? Of course. Initially, I mourned their loss of milestones (no prom, no senior track season, no school musical, no big graduation ceremony), not to mention other opportunities for personal development, work and school. But on the other hand, I got to see them, talk to them and have them help me with projects around the house. They even made dinner – once or twice. We played games and went for walks together. Our dogs got so much attention, that they have become needy, or I should say “needier.” Our home was warm and happy. Now, we have moved our 18-year-old son to college (picture), and it's quieter around the Wilbur house.

I'm an introvert by nature, a hobby gardener and an outdoorsy kind of guy. So, when I hear “lockdown,” my hobbies don't really change. Do I miss a few friends, family gatherings and my church family? Sure! But we have found ways to stay in touch. I actually talk to my parents and brothers about twice as often as I did pre-pandemic. Whereas, calling my parents pre-pandemic was an obligation (I called them every Sunday evening), now I always call or FaceTime because I want to hear or see them, not because it's a routine.

As I read Jim Bell and Pam Williams' columns, I reflected on how fortunate we are amidst all that 2020 has brought. Many of us have experienced more connections to family and learned to value and nurture those relationships more. Likewise, we have found new meaning in our professional lives. We are “essential

workers,” in pandemic parlance, and we should be grateful that our work is considered indispensable. While so many of my patients have had hours cut or lost jobs, I continue to have a purposeful job to do every day.

During the spring and summer, I compared my days to my kids' days. Every morning, I awoke, ran, prepared for my day, saw patients, met with colleagues, taught residents and students, and came home with more work to do than when I left that morning. My kids woke up 6-8 hours after sunrise and needed to create their own purpose every day. Sure, I gave them some projects, but they had no way to fill all their time with the work I found for them. It's much easier to embrace the purpose society has bestowed upon you than to invent your *raison d'être*. For that purpose, I am grateful.

I have been actively working to practice gratitude on a daily basis. I don't want to sound like I'm an expert on the subject or even very good at it, but I have found that the act of expressing sincere gratitude is personally helpful for me. I would love to say that there are good data to back me up, but I have actually done a little research, and the studies are not strong. The truth is that gratitude intervention studies have mixed results with the best evidence of benefit for insomnia, anxiety and overall wellness perceptions. When gratitude is treated as a trait rather than an intervention, the association between gratitude and psychopathology is consistently negative (i.e., grateful people are less likely to have mental illness). So, I figure looking for the silver lining is worth a shot, and it's not going to hurt me. I encourage you to try it, too!

As always, please email me with any comments you have and any ideas for the magazine. You can reach me at jason-wilbur@uiowa.edu. Enjoy the autumn colors and time with family and friends.



From left to right, the oncologist, the FP, the high school junior, the college freshman.

SPECIAL EDITOR'S NOTE:

The IAFP made the difficult decision to postpone the 2020 Annual Conference until 2021. One of the most anticipated events at the conference each year is the Awards and Installation Banquet when we recognize and celebrate the achievements of our members by conferring awards, including Family Physician of the Year, our most prestigious award. The recipients' speeches could rival any presented during the Academy Awards! The IAFP Membership and Executive Committees felt strongly that rather than name just one Family Physician of the Year, we should name all 1,897 of our members as 2020 Iowa Family Physicians of the Year. In so doing, we celebrate your efforts to care for the people of the state of Iowa during the challenges of the 2020 pandemic. By gracing our covers with Iowa family physicians, we recognize and honor all family physicians across the state. Your work has never been more important. Your unwavering support for the health of Iowans is unmatched. Thank you, Iowa Family Physicians!

A WORD FROM THE BOARD CHAIR

By Jim Bell, M.D., IAFP Board Chair

Our Executive Director, Pam Williams, gave me the opportunity to contribute to this issue of our magazine and reflect on my years of involvement with the IAFP culminating this year as Board Chair. For those of you who have not been through the cycle, it begins with a (benign?) invitation to join in Academy activities in some capacity-- whether on a committee, providing education, or stepping into a spot on the Board of Directors. For me the invitation came from Jenny Butler, initially through her role on the Education Committee and on into a board slot and then the leadership cycle. As with so many things in life, I went from “accidental tourist” to “active participant” to “where the buck stops.” I have yet to experience the pinnacle of the journey, Delegate to the AAFP, which I think you would term “elder statesman.” To be thorough, there are many other options for involvement at many levels statewide and nationally once one has completed the leadership cycle, and in particular I look forward to continued service on the Nominating Committee (which we hope will be ratified as a standing committee at our annual meeting).

While at times the responsibilities have been challenging, they have never been overwhelming. We have an INCREDIBLE

staff with Pam, Kelly and Katie guiding us every step of the way. As is also true so often in life, I have gained much more from this experience than I have given. I am incredibly grateful for the opportunity to be involved in this organization and for the trust you have implicitly placed in me to represent you especially over the last four years. THANK YOU! I recently spoke to the FP residents in the Waterloo program about my journey in palliative care and in the leadership of IAFP, and I will echo what I told them: seriously consider being an active member of our Academy—I guarantee no regrets, and the more involvement we have, the higher all boats float.

I can't pass up an opportunity to reflect a bit on the world we live in. Last week I randomly heard the song “Abraham, Martin, and John” come on the radio. It was written in 1968 after the assassination of Bobby Kennedy. The lyrics actually brought me to tears, because (regardless of our politics) I think we are in many ways going to reflect on this year similarly—a time of intense struggle, polarization, and ultimately survival and growth. A viral pandemic, racial unrest, a contentious election, add in a derecho for good measure (so far 15 trees down in my yard, new roof coming tomorrow):



all are cause for attention. These things affect us personally and professionally, challenge our resiliency, stretch the limits of patience, threaten burnout. They also test our convictions. It's too early for me to have firm conclusions about what I've learned from this time, but I believe that compared to a year ago I hold onto “stuff” with a looser grip, I don't take my family and friends as much for granted, and I do have a deeper appreciation for the simple gifts that are present in every day if I look for them. Also, a glass of wine helps a lot. For as long as memory stays with me, I will have great memories of my involvement in the Iowa Academy of Family Physicians and the many significant friendships it has afforded me that will continue into the future. Once again, my sincere gratitude to all of you. I hope to “see” you in November.

MEMBER TO MEMBER TIPS

Scattered throughout this issue you will find tips that members have shared with each other in the AAFP COVID-19 Rapid Response Member Forum.

“Early on I had a patient with moderate symptoms. I treated her as I would an asthmatic patient, using prednisone, and she improved dramatically once I started it. She was not officially tested though, so she was only presumed to have COVID-19.”

MEDICAL SCHOOL IN THE TIME OF COVID-19

By Melissa Chan, MS4, Class of 2021

When the pandemic first started, I was engrossed in the pathophysiology of pulmonary hypertension and the pharmacological mechanism of ACE inhibitors as I prepared to take USMLE STEP 1. My classmates and I looked forward to finally leaving our dark dungeons of dedicated studying to return to the wards and work with the patients that inspire our journeys through medicine. Fast-forward 2 months, I was on my Public Health rotation. We all received an email stating that the Carver College of Medicine would be cancelling clinical rotations following recommendations by AAMC/LCME to suspend all medical student clerkship rotations for at least two weeks. Two weeks became 2.5 months of virtual instruction for M3s and 3.5 months for M2s.

There is no doubt that the COVID-19 pandemic has had and will continue to have significant implications for our nation including the numerous lives lost,

economic hardship, and strain on health care systems. Medical education is not immune. Like many other advanced clinical students, I felt guilty sitting at home in my bedroom watching virtual lectures as hospital staff including residents and attendings worked under exceptional circumstances. At the same time, there was a lot of anxiety over the fate of licensing exams like USMLE STEP 2 CK and CS since Prometric testing sites were closed and travel was highly discouraged. Additionally, students in their core rotations had their in-person rotations shortened. For advanced students, many of us were trying to decide on specialty choice. Rotations that I had planned to help me delineate between multiple specialties got cancelled and rescheduled. For the experiences I could no longer fit into my schedule, I reached out to many people who provided first-person perspective on the specialty. I am incredibly thankful for their time and

guidance which was invaluable in helping me decide on family medicine.

We are fortunate that in Iowa, family medicine clinical rotation sites continue to be available for students. The opportunity to see family medicine in contexts outside of the university is incredibly important. Family medicine is amazingly diverse in terms of pathology, patient population and procedures, and this can vary between a rural critical access hospital and the university. Logistically, it is difficult to get all students to see the full spectrum of family medicine, but thankfully Family Medicine Interest Groups can provide further education and mentorship opportunities to students about family medicine. We are thankful for the generosity of family medicine residency programs that are willing to sponsor procedure clinics with our students. These are incredibly popular, but in COVID-19 times, we must be creative to maintain

MEMBER TO MEMBER TIPS

"I am certain I will lose patients over it, but I have made it our office practice that we will not provide masks exemptions. It is a little tough since the return to school plan in Michigan states that children will be exempted with a doctor's excuse for their medical condition.

So far, I have many parents who feel that their children are "anxious" or have "sensitive skin". I am being as respectful as possible and suggesting working on mask tolerance at home (I heard a suggestion that you make a rule at home that if you are playing video games you have to have a mask on) and experimenting with different mask materials if the skin is sensitive. I have encouraged parents that this is their opportunity to help guide their children through a new situation.

I am not sure it is being received well."

student engagement and continue hands-on activities like procedure clinics and outreach events virtually.

Currently, M4 students like myself are preparing residency applications. We are faced with the difficulty task of finding a program of the “right fit” among the 706 categorical family medicine residency programs. In previous years, this was heavily reliant on interview days and the infamous resident dinners and socials, but with the necessity for social distancing and virtual interviews, finding the “right fit” will prove to be even more difficult. Adaptation and creativity are necessary. For example, the AAFP National Conference this year was held virtually, and after overcoming major technical difficulties, the expo was

a great opportunity to talk to residents and program directors. Programs of all specialties have been focused on creating more touch points with students via social media and additional meet-and-greet Zoom meetings. Program directors and applicants know that this virtual interview season will be drastically different than any prior year, and I suspect that family medicine will need to be even more creative with how they recreate the environment of their residency program over Zoom. It will be incredibly important for programs to be frank and clear with their program information in order to aid students in their search for the right program. For example, students often look for the number of vaginal deliveries, cesarean sections of their residents by the end of

residency, strength of behavioral health training, and fellowship opportunities. Students will likely also be asking how the hospital and program reacted to the pandemic and current events.

2020 has tested the health care system in many ways, but it has also shown the resilience, unity and adaptability of our frontline staff. The opportunity to practice medicine is an incredible privilege, and COVID-19 only strengthens my resolve to finish medical school so that I can provide patient care and support my fellow healthcare workers in these difficult times. We can only hope that there will be no further setbacks in our state’s COVID-19 numbers and subsequently to our medical education.

JOIN THE HEALTHCARE TEAM THAT MAKES A DIFFERENCE

THE U.S. ARMY NEEDS ARMY RESERVE FAMILY MEDICINE PHYSICIANS

INTERESTED IN \$100,000 BONUS? \$250,000 IN STUDENT LOAN REPAYMENT?

CONTACT OUR ARMY MEDICAL RECRUITER DR. CORY RICHARDS, DDS AT (515) 217-1514 OR CORY.D.RICHARDS3.MIL@MAIL.MIL

Scan me  



I am incredibly thankful that IAFP funds students to go to the AAFP National Conference each year! I had the opportunity to visit with approximately 15 programs during the Expo, and especially given this year's limitations in away rotations and virtual interviews, it was very informative for me to ask questions of both residents and program directors at programs outside my home institution and get a feel for programs. I also really enjoyed the many recorded sessions about family medicine practices around the country and how to navigate a changing landscape for family medicine. I also had the opportunity to be the Iowa student delegate and participate in the election of our AAFP medical student leadership - a group of accomplished and driven medical students with a vision for the future of family medicine that provides adaptable, quality, accessible, equitable and diverse medical care.

Melissa Chan | Carver College of Medicine MD Candidate | Class of 2021

The AAFP National Conference for Family Medicine Residents and Medical Students took place July 30-August 1. For the first time- it was virtual! The conference featured main stage sessions, where attendees could experience inspiring insight from passionate family physicians, sharing what it means to be in the full-scope of family medicine. The conference featured 11 hours of live workshops, main stage sessions, on-demand access to all education, a virtual expo hall and networking opportunities. Attendees really enjoyed the experience. IAFP offered scholarships to medical students. Here is some of the great feedback we received.

Although the AAFP National Conference for Residents and Students was completely virtual this year, I was really glad I was able to attend. Despite limited time due to student rotations, I was able to have video chats with 10 programs, each lasting 20-30 minutes. These conversations gave me really important insight into each program and helped me get more information in preparation for the application process. Though it was disappointing to not be able to wander through the physical hall and chat with dozens of schools, the video format did allow me to have a more detailed, in-depth conversation with program faculty and residents. Additionally, any of the seminars and talks I couldn't attend will be available online following the conference, so that is an additional benefit to attending! The fact that I gained some important insight despite the virtual format speaks to the value of the conference for students, and I am already looking forward to attending as a resident, hopefully in-person! Thanks to IAFP for their support of students' exploration of Family Medicine!

Brendan George | University of Iowa Carver College of Medicine MD Candidate | Class of 2021



National Conference 2020 was my first AAFP conference! I was definitely looking forward to the live conference but feel that the virtual conference had many of its own benefits. I was still able to chat independently with residents and directors of residency programs I am interested in which was the most important thing for me personally. These virtual chats were engaging and informative and I got the opportunity to meet some really fun and interesting people that I can't wait to hopefully work with in the future! That the sessions were all recorded and are available for an extended period makes for "flexible viewing." In person, I believe you would normally have to make a decision which session to attend when you find yourself interested in multiple that are scheduled at the same time - not the case with virtual conference! I think it is really important for students to attend National Conference for many reasons, but I would like to most emphasize how much more confident and informed I now feel applying to programs because of the experience I had connecting with them before actual interviews take place!

Cassandra Moylan | Carver College of Medicine MD Candidate | Class of 2021

Thank you for making my participation possible this year at National Conference. I am sure this conference is much more fun and interactive in person, but I am glad they didn't just cancel it along with everything else this year. I thought the virtual set-up was creative and resourceful. I enjoyed being able to quickly "residency shop" from the convenience of my computer. I hoped to narrow down my list so I could apply to only those programs I really wanted to attend next year. Thank you again for this chance to participate.

Ryan Staudte | University of Iowa Carver College of Medicine MD Candidate | Class of 2021

This was my first year attending the AAFP National Conference and I had a great experience. The online format did seem a little strange for this type of networking event, however I think it ended up being very smooth and the virtual Expo Hall with Zoom break out rooms worked well. Even though I am not applying this year, I was able to hear from some programs in the regions I am interested in, as well as hear questions from other students who are applying this cycle. I also enjoyed the FMIG meeting and the opportunity to connect with interest groups at medical schools around the country.

Emma Barr | University of Iowa Carver College of Medicine MD Candidate | Class of 2022

The Virtual AAFP National Conference was fantastic! I really enjoyed the virtual format for the talks because there were no attendance number limitations and one can rewatch the recorded lectures at a later time. This enabled me to see more lectures, and subsequently learn more, than I otherwise would have been able to. I was happy that the exhibit hall was still open, and I was able to interact with residency programs. The ability to discuss programs with current residents and interact with program directors was invaluable, especially in the time of virtual interviews! I would definitely recommend all students interested in Family Medicine attend this conference! It is a perfect blend of educational opportunities and networking. We would have all missed out on a lot of great opportunities if this conference was not held.

Allison Rausch | University of Iowa Carver College of Medicine MD Candidate | Class of 2021

I'd like to pass on my thanks to the IAFP for sponsoring my registration to the AAFP national conference. It was enlightening to hear from national experts on topics that I have a great deal of interest in, including global health and sports medicine. Further, I really enjoyed the virtual aspect of the conference, as I was able to continue my clerkship duties in a Family Medicine office in Waukee while viewing lectures outside of clinic hours. Finally, I hope to attend next year, in person, and learn more about residency options! Thanks again!

Mitch Kinkor | Carver College of Medicine MD Candidate | Class of 2022

DIVERSITY OF PRACTICE STYLES IN A WORLD WITH COVID-19

By Valery Tran, M.D. R2 / Siouxland Medical Education Foundation Family Medicine Residency Program / Sioux City, Iowa

“Where do you want to practice?” “What kind of work do you see yourself doing?” As a trainee in an unopposed program preparing for full-spectrum care, I hear these questions time and again from both mentors and peers as well as in my own internal monologue. Clinic, hospital, ED, L&D - I’ve found myself long ruminating on this traditional diversity of choice for family physicians. Until recently, I had not given much thought, however, to my actual role in this world. Before February, resident life was a somewhat mechanical progression through academic and clinical objectives, with a vague, looming deadline of graduation and the obligation to have one’s career goals “sorted out” before then. That was, of course, before the pandemic.

A tumultuous half a year later, we are still in the grips of an ever-worsening public health disaster, and a vision of a future where a return to “the way things were” remains dim. It feels like a past lifetime when mask-wearing situations were few and far between, and not every human contact posed a potential risk of transmission to loved ones at home. It has been over half a year of growing worry and fear, now increasingly turning to frustration, and even despair. Almost 7 million cases and over 200,000 deaths later with no end in sight, the respiratory season looms with a sense of dreaded inevitability - things will worsen still before any prospect of betterment, let alone a “return to normalcy.” In the midst

of this, what am I? What is and will be my place in this fractured health system, in this societal climate? The following thoughts are some realizations this ongoing pandemic has taught me.

I am almost completely disconnected from my patients.

I am often bewildered when stepping out for groceries or take-out, and seeing a lackadaisical absence of masks and/or large, clustered groups of people. I have had patients in clinic make a show of begrudging compliance with our mask-wearing policy, lamenting that they “don’t know what to believe, the message just keeps changing,” or that “there are credible experts on both sides saying completely opposite things.” How can this be?

In medicine, I exist in a world of continual questioning and an ever-growing body of literature. Clinical decisions are to be made on the best evidence available at the time, with modification of practice with the emergence of newer data. I have easy access to numerous clinical and basic science resources at my fingertips, and have the privilege of the shared experiences of my colleagues, mentors and consultants in numerous specialties. I have realized my patients, for the most part, do not live in this world. There is no peer review on social media, no evidence grading in shared articles - leaving only the court of the public opinion of one’s

social circle. The physician’s office is only open during business hours, and appointments are quick and few and far between; armchair professionals and Dr. Google are available 24/7, 365. There’s no competition.

The art of medicine is in its humanity, and that’s not necessarily a good thing.

Medicine deals with health, and health being personal, makes medicine a part of the human condition - that is, encompassing all aspects of a lived experience. I think of holism as some enlightened acknowledgement of mind and body, but often forget that our psyches include fear, bias, prejudice and ego. In this framework, the current politicization of medicine and public health in a growing culture of anti-intellectualism is just another expression of the reality of medicine. Despite temptations to idealize modern medicine as a hallowed intellectual discipline forged by pure data, it is as dirty, uncertain and challenging as any other aspect of our lives. This again brings up the question: “What am I? What can I do?”

There is no better medicine than human touch and connection.

Looking back on the past few months, one aspect of patient care that has obviously changed, above political/cultural factors notwithstanding, is the patient encounter itself. The availability

MEMBER TO MEMBER TIPS

“Thought I would share this meta-analysis of current treatment for COVID from the British Medical Journal. It’s a “living” review which means they will update it periodically as more studies are published. Page 10 has a nice easy to understand graphic that summarizes where each drug stands. Dexamethasone seems to be the best for reducing mortality and the need for a vent. www.bmj.com/content/bmj/370/bmj.m2980.full.pdf”

of the telehealth appointments in lieu of some in-office visits has greatly increased my access to my patients (and vice versa) and also enabled much more regular and timely communication. Before, it was not uncommon for me to have one-month follow-ups stretch out to 3-4 months due to patient work or familial obligations. Now, in that same time period, I can easily have multiple contacts, during which rapport and trust can be incrementally built. I have found this systemic support for extending the patient-doctor relationship outside of the physical office boosts the patient-doctor relationship itself. I remember meeting a new patient for the first time by way of breaking a positive COVID test over the phone - we ended up speaking only a few times, but when we finally had the opportunity to meet in person in clinic, the ice had been broken and it seemed we had known each other for much longer than we did.

As much as I've appreciated the increase in communication through technology,

this pandemic has also been a striking illustration that nothing, despite all our modern options for connectivity, can compare to actual physical presence. It has been heartbreaking to take care of critically ill patients in the hospital who deteriorate completely alone and isolated from their loved ones. I remember one patient in particular who had become delirious and had to be sedated and even in PRN soft restraints - he was noticeably calmer when his daughter was able to video in, but of course, no one could visit him to sit at his side. Only when he was actively dying, could family members come, and even then, in piecemeal batches of 1 or 2 people, requiring the same sharing of medical updates and expression of condolences over and over again. In that somber and crucial time, they could not gather as a family, nor could the health team connect with them as a family. This isolation has, of course, spread to other aspects of our lives, in the above telehealth encounters, to personal relationships with family and friends,

hitting home that the best medicine is not medication at all, but human connection and warmth.

The diversity of medicine is not only in setting and scope but also in patient population and individuality. However, there is this one thread that binds us all. In this challenging time, I am reminded that as family physicians, we are uniquely positioned to build and nurture longitudinal relationships with our patients. The intrinsic disconnect we might have with our patients by virtue of varying life experiences is itself an opportunity for mutual learning and empathy with each encounter. I have learned, despite the problems weighing heavily all around us in the world at large, we still have "our own gardens to tend," and that change begins in myself and in each relationship I build - one encounter at a time.



IOWA'S OPHTHALMIC SPECIALISTS

Cataract Surgery • Corneal Disease •
Glaucoma • Medical and Surgical
Retina • Oculoplastics • Pediatric
Ophthalmology • Refractive Surgery •
Strabismus

**Priority Patient Scheduling:
(800) 335-8066**

wolfeeyeclinik.com

Ophthalmologists

Steven Anderson, MD
Kyle Alliman, MD
Charles Barnes, MD
Derek Bitner, MD
Eric Bligard, MD
Paul Boeke, MD
George Clavenna, DO
James Davison, MD
Stephen Fox, MD
Todd Gothard, MD
Steven Johnson, MD
Alex Kartvelishvili, MD
Audrey Ko, MD
Anne Langguth, MD
LeAnn Larson, MD
Benjamin Mason, MD
Jared Nielsen, MD
George Par, MD
Matthew Rauen, MD
Peter Rhee, MD
David Saggau, MD
Louis Scallon, MD
Jean Spencer, MD
Gregory Thorgaard, MD
John Tribble, MD
Reid Turner, MD
Ryan Vincent, MD

Ames

2020 Philadelphia Street

Cedar Falls

516 South Division Street,
Suite 120B

Fort Dodge

804 Kenyon Road, Suite 100

Hiawatha

1195 Boyson Road, Suite 200

Iowa City

2225 Mormon Trek Boulevard,
Suite 100

Marshalltown

309 East Church Street

Ottumwa

1005 Pennsylvania Avenue,
Suite 110

Pleasant Hill

5900 E. University Avenue,
Suite 202

Spencer

1200 1st Avenue East,
Suite A

Waterloo

999 Home Plaza,
Suite 101

West Des Moines

6200 Westown Parkway

FARM BUREAU AWARDS RURAL PHYSICIAN SCHOLARSHIPS

Two (\$5,000) Iowa Farm Bureau Rural Family Medicine Scholarships were awarded in 2020. These awards took place virtually this year.

“America is facing a physician shortage, but rural areas are especially vulnerable,” said Ronnette Vondrak, Community Resources Manager for the Iowa Farm Bureau Federation (IFBF), “That’s why IFBF is proud to sponsor the Rural Family Medicine Scholarship to encourage highly-valued graduates to stay in Iowa and practice medicine in a rural community.”

The scholarships encourage residents upon graduation to pursue a medical career in Iowa communities with populations under 10,000.

“The Iowa Academy of Family Physicians Foundation is proud of its continued partnership with the Iowa Farm Bureau,” said IAFP Foundation President, Dawn Schissel, MD. “We are working toward a common goal—that is to provide family physicians to rural Iowa. By providing assistance in the form of scholarships to students and residents we help to build the framework of excellence in medical care for the state of Iowa. The future of family medicine in Iowa looks bright as we continue to partner with organizations such as the Iowa Farm Bureau in supporting rural medicine.”

2020 Student Recipient



- **STEPHANIE BALDWIN, MD -**
- Stephanie earned her undergraduate degree in Political Science and International Studies at Loyola University in Chicago. From there, she traveled to Tunisia and Morocco, researching barriers to care in rural areas. While attending medical school at the University of Iowa, Stephanie got to experience rural family medicine while interning in Guttenberg. In this experience, she saw how the family physicians wears many hats, caring for the community as a whole. Family and community health, the essence of family medicine, is what drew her in. She is now completing her residency in Mason City, where she is mastering full spectrum skills. After residency, Stephanie hopes to settle in a town where she can make use of her past experiences working with refugees and immigrants. She will work to earn trust and become a leader with her finger on the pulse of her rural community.

2020 Resident Recipient



- **SABRINA MARTINEZ, MD -**
- Sabrina came to rural medicine in a non-traditional way. She grew up in suburban San Diego, CA, had never seen livestock outside of a county fair and had never driven past farm equipment on the highway. Her journey took her to New York City where she received her undergraduate degree in Political Science and Latino Studies from Columbia University. On a whim, Sabrina decided to move to Storm Lake, IA – population 10,500 – where she was first introduced to rural medicine. After this experience, she re-routed her career path, going to the University of Wisconsin to complete medical school. While there, she gained advocacy experience, where she learned how to lobby for rural health policies. Now that she has completed her residency at Iowa Lutheran, she is back in Storm Lake. She is excited to join a group of forward-thinking physicians dedicated to serving this population.

PROPOSED BYLAW CHANGES

By Jason Wilbur, MD / Secretary-Treasurer / IAFP Board of Directors

The IAFP Board of Directors has proposed changes to our bylaws. The membership will vote on accepting these changes at the annual business meeting on Wednesday, November 11th at 6 pm.

The majority of the changes are to accommodate changes in the governance approved in 2019. The Board also discussed making the Nominating Committee a free-standing-committee and eliminating the mandated structure currently outlined in the Bylaws.

You can find the proposed bylaw changes as well as a link to where you can leave any questions or comments regarding the proposed changes at <http://www.iaafp.org/bylaws> . Please comment by October 30th.

MEMBER TO MEMBER TIPS

"The University Of Wisconsin School Of Public Health, in conjunction with the UW Department of Engineering, has developed a face shield with a covering that provides all around protection similar to a PAPR. news.wisc.edu/"



COPIC's unique streamlined process helps providers spend less time worrying about an open claim or pending lawsuit.

Claims resolved 27% faster than the national average. That's why.

COPIC®
Better Medicine • Better Lives
CALLCOPIC.COM | 800.421.1834

AN INSIDE LOOK AT COVID LIFE WITH PAM, KATIE & KELLY

By Pam Williams, Executive Vice President

In a recent speech, John Cullen, MD, AAFP Board Chair said, “Never before in the history of our specialty have we faced such a constellation of events which will define our society, and which will be written about for the next 100 years.” Well said, Dr. Cullen, for 2020 sure threw us a curve ball. I appreciate the many stories that have been shared with us about how well you have adapted, and I admire and respect your resiliency and commitment to your patients during this difficult time. For so many reasons IAFP is designating all of our members as Family Physicians of the Year in this issue. Even if you did not send in a photo please know how much we honor and respect the work you do each and every day.

GRATEFUL

I have found that I am grateful for many things during this trying time:

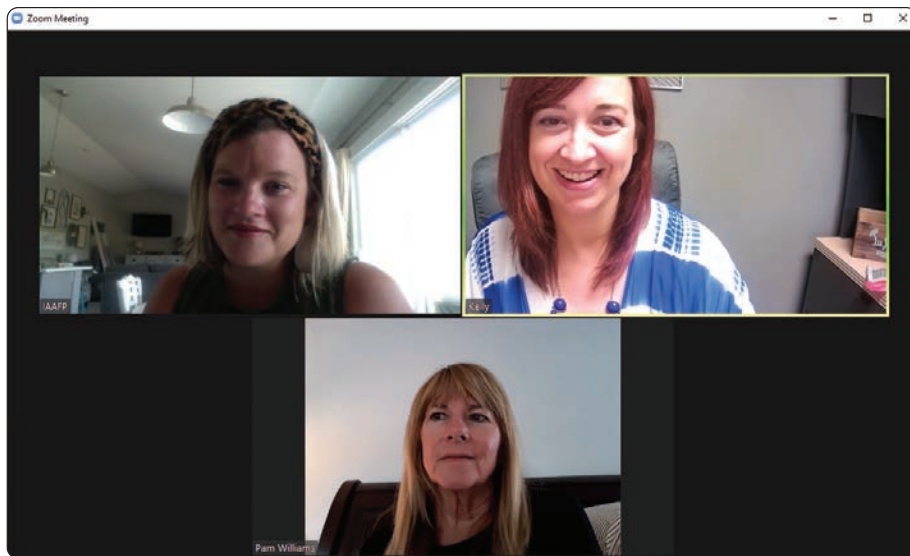
I am grateful that I was unable to schedule a Winter CME Getaway for the first time in 10 years. Even though the trip is usually held in February there may have been risk of exposure and I do not think any of us would have wanted to be aboard a cruise ship this year.

I am grateful that Bridges Bay in Okoboji and Eagle Ridge in Galena allowed us to get out of our contracts for the summer meetings without penalty.



I am grateful that Prairie Meadows also allowed us to get out of our contract for the annual meeting in November without penalty.

I am grateful to our wonderful staff – Katie Cox and Kelly Scallon. Both have small children at home who were suddenly having to attend virtual school while confined to their homes. Katie and Kelly quickly learned how to adapt their



IAFP staff meetings look a little bit different these days!

CORRECTION:

In the article “Updates on Early Hearing Detection and Intervention Best Practices” that ran in the IAFP Spring Magazine we inadvertently did not list the author. The article was written by Andrea Reasoner, M.D., Developmental Behavioral Pediatrician, University of Iowa Hospitals and Clinics. We sincerely apologize for the oversight.

MEMBER TO MEMBER TIPS

“Antibody tests really have no practical/clinical use (good for epidemiology) but I do not have time to satisfy someone’s curiosity on whether a vague illness 2 months ago was COVID.”

schedules and continue to get the IAFP work done.

I am grateful to the members who serve as our Executive Committee for their understanding and leadership during these turbulent times.

I am grateful for the time I have been able to spend with my three grown sons and my brother. My bare lawn will give testimony to the fierce, competitive and endless games of badminton to see who will hold the Family Champion title.

As a Kansas City girl, I am grateful that baseball is back – Go Royals!

I am most grateful for news I received on Mother's Day of a grandson to be born January 2021. He will join my 11 year old granddaughter, Zoey, by bringing more love and joy into our lives.

Last, but not least, I am grateful to work for such an amazing organization. Thank you for all that you will continue to do to care for the people of Iowa. You are true heroes!

I wanted to give Katie and Kelly a chance to share their experiences navigating the

pandemic. Below they share how these last few months have changed many facets in their lives.

KATIE

As I sit here writing this I can hear my 5th grader on his Zoom call in the basement, my 3rd grader playing outside, and my husband coming up the stairs from his home office...this has become our "new normal." I am sure many of you are finding yourself in some form of your own "new normal" whether it be working more telemedicine, trying to balance your job and childcare and school for your kids, or navigating masks, social distancing, and social interactions in this new COVID world.

As a family we have worked hard to find the positives in a less than ideal situation. I thought I would share some of the things that have brought us joy despite the darkness the last several months:

- A small backyard pool that filled many hours and created many memories
- Afternoon drives with a stop at the drive thru of our favorite ice cream place

- Puzzles
- Our puppy Carver
- New recipes
- Listening to a 2nd grade zoom call. Simply the best medicine for the soul.
- LEGOS
- This is coming straight from my mama heart... but the time to really soak in these days with my boys has been priceless. They are growing SO fast and I know in years to come I will cherish the months that we were huddled together as a family.

Those are just a few of our silver linings that helped us look for the good in a very bad situation.

Our family is thankful for and proud of all the family physicians across Iowa who have been such a vital part of fighting COVID-19 on the front line. I have to give a special shout out to my Dad and very favorite Iowa family physician, Dr. Don Skinner, who will be retiring in

(continued on page 14)

IMPORTANT ANNOUNCEMENTS

- The **2020 Annual Clinical Conference** has been rescheduled for **October 28-30, 2021** at the Sheraton West Des Moines.
- Please join us for the Annual Business Meeting and Installation of Officers on Wednesday evening, **November 11 - 6:00 pm.** - <https://iaafp.wufoo.com/forms/iafp-2020-virtual-business-meeting/>
- The AAFP Congress of Delegates will be held as a virtual event in 2020. This gives all of you the opportunity to observe the governance of the AAFP at work <https://www.aafp.org/about/congress-delegates/2020.mem.html>
- If you need Iowa state mandated CME please join us for our Zoom CME Conference: **October 10 - 8:00 am – Pain Management** - <http://iaafp.org/Chronic-Pain/>
- If you are interested in participating in a group KSA (Knowledge Self-Assessment) please join this Zoom Conference: **November 14 - 8:00 am – Palliative Care** - <http://iaafp.org/KSA/>
We have also posted CME on various cancer topics on our website. There is no fee for participating in these activities. Visit <http://iaafp.org/cancer-corner/>

(continued from page 13)

December after all his tireless work to keep his community and state safe during this pandemic.

We look forward to the days when we can gather again in person for CME, board meetings, and special IAFP events. Until then, stay safe and stay in touch. Now excuse me while I go help my 3rd grader logon to online math class.

KELLY



Does anyone else find themselves looking at these quotes and mantras? Stay positive! Say nice things! Be the light in the world! Some days, it is hard to stay positive. 2020 has shown us a lot of negativity. In March I became the one and only “teacher” to my pre-school age children. I decided I would become supermom. I created lesson plans, fun art projects and I finally decided to use real recipes and cook for my family. We took lots of walks and played outside as often as we could. And when they slept... I worked for the Academy. I became the Zoom expert. I got the opportunity to work on recording cancer webinars from the convenience of my home. (You can find out more about those on page 20). All of this work with my kids and the academy kept me pretty busy, and by June, I was ready to return to the office. However, the office was not the same as I left it. The building was eerily quiet. There weren't co-workers to

converse with or people to see in the halls. The building manager was the only one who ever came in to say hello. This may sound slightly depressing, and maybe it is, but it is my new normal I have grown to love. I am in the 2% of the population that would rather work in an office than work from home. I enjoy waking up and getting ready for work. I love the hustle and bustle of getting everyone out the door in the morning. During this time of so much uncertainty, coming to my isolated office has been my only constant. I have enjoyed being the anchor for the academy. CME opportunities are going to look very different this year, but I am so proud of what we are able to accomplish. I am hopeful for the day when Pam and Katie can come join me, but until then, I will be diligently working for you in my quaint little office. I am looking forward to launching into 2021 and I am hopeful it will be not only great, but miraculous.

dedicated.



learn more about our providers and specialties by visiting iowaclinic.com.

dedicating our lives to taking care of yours // 515.875.9000

Would you like to get involved at the Academy?

JOIN A COMMITTEE!

Committees meet once a year in a face-to-face meeting. This year, the meeting will be conducted virtually.

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 a TBD date.

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.



To get involved: email Kelly at kscallon@iaafp.org or fill out form online at: <https://www.surveymonkey.com/s/IAFPvolunteerform>

2020 END OF SESSION REPORT

By David Adelman, IAFP Lobbyist

INTRODUCTION

Like other states across the nation, this session will go down in history as one of the most unique and “original” sessions the state has ever seen. What started out as a normal second session to the 88th General Assembly, ended abruptly on March 15 due to the outbreak of COVID-19 in the United States. The Legislature, in consultation with the Governor, initially suspended session for a month to mitigate the spread of COVID-19 in Iowa. Over the course of the next two months, Iowans saw several closures across the state including retail establishments, restaurants, large gatherings, churches, etc. These closures necessitated a continuance of multiple legislative session delays. Beginning in May, the Governor started to slowly “re-open” Iowa, and the Legislative Council voted to come back to finish its legislative work after the Iowa Primaries concluded on June 2nd.

Governor’s Priorities Prior to COVID-19 Session Suspension

Prior to the abrupt suspension of the session, the Governor had rolled out an extensive priority package in her State of the State address. The most comprehensive plan was a new tax proposal called the “Invest In Iowa Act”. The proposal would cut income taxes, sustain mental health services, decrease property taxes and implement the Iowa Water and Land Legacy program via a penny sales tax increase. The governor noted that the IWILL formula would need to be changed to address the challenges of today, rather than the challenges of the times when the formula was adopted. She noted that there should be increases to water quality and conservation, with 58% going towards water quality (this represents a 31% in current funding) and \$52M in other conservation programs.

Along with the changes discussed above, the Governor was clear that this plan

would equate to no tax increase. The income tax reductions laid out was a 10% cut for almost every Iowan, with lower income Iowans receiving a 25% cut and the top bracket individual tax liability percentage lowering to 5.5% by 2023.

Other highlights of her speech included:

- Increased flood relief funding
- \$2M for renewable fuels infrastructure, as well as expansion of E-15 promotion tax credits
- Constitutional amendment for the unborn
- Maternal care expansion by the creation of four OB fellowships for family practice physicians
- Increased funding for telemedicine
- Increased funding for Empower Rural Iowa to improve broadband connectedness across the state

MEMBER TO MEMBER TIPS

“We don’t do aerosol generating procedures in the office. Nebes are out -- you can get a similar clinical effect by giving an MDI through a spacer (8 puffs is about equal to a neb clinically). No spirometry in the office.

As far as aerosols, our current procedure in sick clinic (where we see plenty of Covid lately) is to run a UVC light through its cycle after each patient. In well clinic, we rely on the air exchange of the building (the usual recommendation is 6-12 air changes per hour, which most modern buildings do). Moving air is better -- ventilation is your friend.”

- \$103M appropriation for K-12 funding
- Expanding Future Ready Iowa so more Iowans can benefit and gain licenses/skills for middle class employment
- Improving access and affordability of childcare by:
 - o Expansion of the early childhood tax credit from \$45k to 90k
 - o Elimination of the childcare cliff effect by implementing a tiered system of benefits.
- Restore voting rights for felons in Iowa

- Licensing Overhaul by adopting reciprocity for certain licenses, review of current license structure in the state and eliminating licensure fees for certain low income professions.

The state budget looked to be in great shape as the Legislature convened in January. Revenue growth was trending well and the Legislature was ready to be proactive addressing the Governor’s priorities as well as their own, which included tax reform, growing Iowa’s workforce, child care and increasing broadband connectivity.

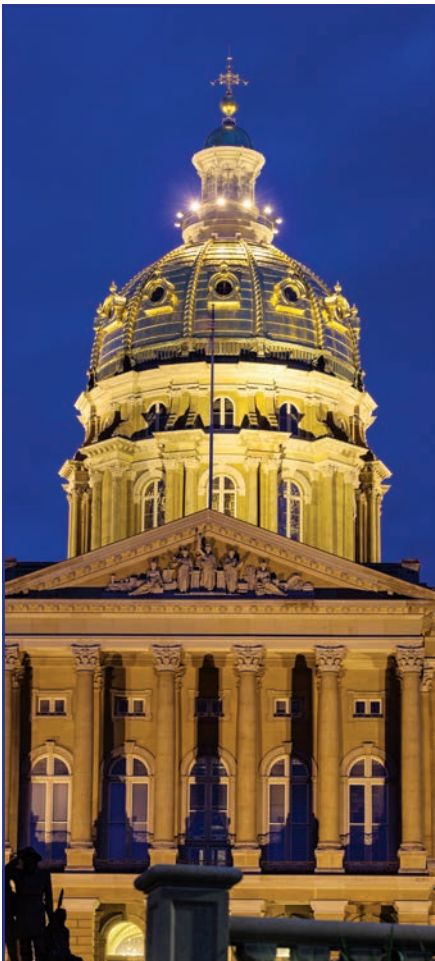
Post COVID-19 Session Summary

On June 3rd, the Legislature reconvened the session. The plan from House and

Senate Republican leadership was laid out a couple weeks in advance. The Capitol would be open to the public and the week would start on Wednesday, June 3rd and act as the “second funnel” week. This second funnel would act as normal—essentially funnel out priority bills that had successfully moved through one full chamber and the corresponding chamber’s full committee. If the bill failed to clear this hurdle, it would be dead for the year.

The hope by both sides was to complete its work in two to three weeks, ending by mid to late June. They accomplished this goal by adjourning on Sunday afternoon, June 14th. Added to an already unique

(continued on page 18)



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.

I ALREADY PAY MY DUES—ISN’T THAT ENOUGH?

Election laws prohibit the use of membership dues for donations to political candidates. Funds to be used for donations to candidates must be raised separately from membership dues. Voluntary PrimCare PAC donations are what will enhance IAFF’s clout in the elections and with elected members of the Legislature.



IAFP PRIMCARE PAC DONATION:

- \$1000 PLATINUM MEMBERSHIP
- \$750 GOLD MEMBERSHIP
- \$500 SILVER MEMBERSHIP
- \$250 BRONZE MEMBERSHIP
- OTHER _____

Name _____

Address _____

Pay by check Pay by credit card

Visa MC Other _____

CC# _____ CVC Code _____

Signature _____ Exp. Date _____

Contributions to PrimCare PAC are not deductible for federal income tax purposes. Voluntary political contributions by individuals or an LLC to PrimCare PAC should be written on a PERSONAL CHECK OR PERSONAL CREDIT CARD. Funds from corporation cannot be accepted by the PAC. Contributions are not limited to suggested amounts. The Iowa Academy of Family Physicians will not favor nor disfavor anyone based upon the amount of or failure to make a PAC contribution. Voluntary political contributions are subject to limitations of FEC regulations.

MAIL FORM & PAYMENT TO: IAFF, 100 E GRAND AVENUE, SUITE 240 | DES MOINES, IA 50309 | FAX (515) 283-9372

(continued from page 17)

return to the Capitol, was the multiple protests that Des Moines was experiencing due to the killing of George Floyd by Minneapolis police officers. Iowa saw many protests and riots over the weeks the session met, prompting a discussion on certain police reforms the Legislature would pass to address the issues brought forward by the protesters.

Prior to the session gaveling in, the Legislature and the Governor called for an additional Revenue Estimating Conference meeting to set new revenue numbers that the Legislature would use to set its budget. The REC met at the end of May to adjust its revenue forecast to account for changes due to the impact of COVID-19 on Iowa's economy.

The changes to the fiscal year revenue projections were as follows:

- For FY 2020: the March estimate of \$8.090B was downgraded to \$7.926B (reduction of \$150M). This represents positive revenue growth of 0.9%, or a \$82.4M increase for FY20 from FY19.
- For FY 2021: The March estimate was at \$8.236B. They downgraded this projection to \$7.876B. This number represents a \$360M downgrade from the March estimate. This number represented the cap that the legislature was able to spend.

The final revenue number agreed by the House and the Senate for a global budget was \$7.787B. This change was made due

to declining revenues due to COVID-19 shutdown in Iowa and nationally. This revenue adjustment changed several priorities pushed by both chambers and the Governor. Priorities like "Invest In Iowa" Act, tax reform and water quality initiatives were abandoned as legislators moved to pass mostly a status-quo budget.

A smaller number of priority bills were addressed by the Legislature when they returned. These bills included: COVID-19 employer immunity, 24 hour waiting period for abortions, tax changes, and bipartisan police reform legislation.

To view in-depth details about the budget, bills of interest, and legislative retirements, please visit <http://iaafp.org/legislative-updates>



Time for those you love.

Experience the relief of practicing with a large, integrated health system that offers its physicians a financially stable environment, resources and support to provide excellent patient care, and dedication to physician well-being unmatched in the industry. It's time to experience joy again!



Find your future at Banner Health! With dozens of clinics and health centers across six states, Banner Health is hiring FPs and FPs w/OB for several locations, including: Ogallala NE | Torrington WY | Sterling CO

www.BannerHealth.com | Job portal: PracticeWithUs.BannerHealth.com | Doctors@BannerHealth.com

SAVE THE DATE FOR THE IAFP VIRTUAL BUSINESS MEETING TO BE HELD NOVEMBER 11TH AT 6:00 PM

With the cancellation of the IAFP 2020 Annual Conference, we will be holding our IAFP Business Meeting virtually. Please plan on joining us. During the Annual Business Meeting we will review annual reports from the Finance, Membership, Education and Advocacy committees, review proposed Bylaws changes and elect new Board members and officers.

Following the Business Meeting please join us as we express our gratitude to Jim Bell, MD for his years of service on the Board of Directors and as President and board chair. Sherry Bulten, MD will complete her year as president and will transition to Board Chair. Help us celebrate the installation of Lonny Miller, MD as your 2020-21 IAFP President. Registration is FREE. You will be sent a link to join the meeting via zoom the week of the meeting.

Register at: <https://iaafp.wufoo.com/forms/iafp-2020-virtual-business-meeting/>



Physicians' Clinic of Iowa is recruiting

- **Internal Medicine**
- **Primary Care**
- **Family Medicine**

What does PCI have to offer?

Independence & autonomy • Physician-led governance • Call & PSA agreements with hospitals; shared call • Compensation above the 75th percentile • Centralized practice management services • Investment opportunities

(319) 247-3049 | pcofiowa.com/recruitme



MEMBER TO MEMBER TIPS

"I work at an independently owned UC clinic in Ladera Ranch, CA. We have been doing COVID testing outside in the parking lot since May. The landlord has decided to shut us down in 1 week. The reason is not due to long lines or disruption. We are told that the people of Ladera do not want to see COVID testing while they shop and eat. I guess my team in our PPE sweating in the California sun is not aesthetically pleasing!"

IAFP OFFERING VIRTUAL CME

The IAFP is excited to bring you new virtual programming to meet your CME needs. In September we will be offering a state-mandated CME webinar on End-of-Life Care. October will bring you another state-mandated CME webinar on Pain Management. We will be offering a virtual KSA on Palliative Care (Knowledge Self-Assessment) in November. To top everything off we currently have FREE on-demand cancer webinars you can watch anytime, anywhere! You will find more information and registration on all of our virtual CME below.

**ON-DEMAND
END OF LIFE CARE COURSE**
COST: \$40 IAFP/AAFP MEMBERS
\$50 NON-MEMBERS

**ON-DEMAND
EVIDENCE BASED CARE
OF CHRONIC PAIN COURSE**
COST: \$40 IAFP/AAFP MEMBERS
\$50 NON-MEMBERS

**KNOWLEDGE SELF
ASSESSMENT- PALLIATIVE
CARE ZOOM WEBINAR**

NOV. 14, 2020 - 8:00 AM- NOON (ESTIMATED)
8 CME CREDITS
COST: \$125 IAFP/AAFP MEMBERS
\$150 NON-MEMBERS

**ON-DEMAND
CANCER WEBINARS**
IAFP IS PROUD TO TEAM UP WITH THE
AMERICAN CANCER SOCIETY, THE IDPH,
AND THE IOWA CANCER CONSORTIUM
TO BRING YOU FREE WEBINARS.
EACH WEBINAR OFFERS
1 CREDIT OF CME.

**TO GET MORE INFORMATION ON REGISTER,
VISIT WWW.IAAFP.ORG/EDUCATION**

MILESTONE MEMBERSHIPS

Congratulations to all of our members celebrating milestone anniversaries with the IAFP

10 YEARS

Akintunde Akinola, MD, Cedar Rapids
 Nathan Allen, DO, Weldon
 Stacey Appenheimer, MD, Coralville
 Einar Arason, DO, Clive
 Stephen Barnes, DO, Pella
 Meghan Connett, MD, Iowa City
 Josephine Dunn Junius, MD, Sheldon
 Johanna Engel-Brower, MD, Waukee
 Trishia Filipiak, MD, Boone
 Andrew Geha, DO, Le Mars
 Kyle Glienke, MD, Storm Lake
 William Goble, DO, Ankeny
 Chris Goetzinger, MD, Waverly

Dylan Greene, MD, Sioux City
 Anna Holzer, MD, Polk City
 David Keith, DO, MSPH, Spencer
 Benjamin Kumor, MD, Asbury
 Scott Larson, MD, Iowa City
 Andrea McLoughlin, MD, Clarion
 Laura Merron, MD, FAAFP, Waterloo
 Thomas Morgan, ND, South Sioux City
 Libby Naeve, DO, Pleasant Hill
 Alisa Olson, DO, Sioux City
 William Peterson, MD, Winterset
 Audra Ramsey, DO, Urbandale
 Cassie Rasmussen, DO, Winterset
 Lisa Ruckman, MD, Oskaloosa
 Vijaya Subramanian, MBBS, Sioux City

Erin Swenka, DO, Des Moines
 Karalee Thompson, DO, Des Moines
 Heidi Van Maanen, DO, Pella
 Jaime Vitamvas, MD, Sioux Center
 Joshua Williams, DO, Carroll

20 YEARS

Michael Abouassaly, MD, W Burlington
 Mikka Appel, MD, Bettendorf
 Jennifer Beck, MD, Swisher
 Jennifer Bell, MD, Bettendorf
 Jenny Butler, MD, FAAFP, Osceola

(continued on page 22)



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.

- No call
- Busy, broad-spectrum practice
- With or without OB
- On-site radiology services
- Excellent work/life balance
- Highly-educated patient base
- Large, established referral network
- Physician owned and governed
- Integrated medical center
- Autonomy and flexibility to design your own practice
- 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



McFarland Clinic

Extraordinary Care, Every Day



We can help you plan for that.

Retirement Planning | Life Insurance | Disability Insurance

Jon Heim, CFP
 Financial Services Representative
 Principal Securities Registered Representative
 Financial Advisor
 6701 Westown Parkway, Suite 200 | West Des Moines, IA 50266
 515.246.7178 | heim.jon@principal.com

Matthew Banzhaf
 Financial Services Representative
 Principal Securities Registered Representative
 Financial Advisor
 6701 Westown Parkway, Suite 200 | West Des Moines, IA 50266
 515.246.4080 | banzhaf.matt@principal.com

©2020 Principal Financial Services, Inc. Principal, Principal and symbol design and Principal Financial Group are registered trademarks and service marks of Principal Financial Services, Inc., a Principal company. Insurance products issued by Principal National Life Insurance Co (except in NY) and Principal Life Insurance Co. Plan administrative services offered by Principal Life. Securities offered through Principal Securities, Inc., 800-247-1737, Member SIPC and/or independent broker/dealers. Principal National, Principal Life, and Principal Securities are members of the Principal Financial Group®, Des Moines, IA 50392. CK1038 | 901070-082019

(continued from page 21)

William Chase, MD, Norwalk
Ryan Coppola, DO, Urbandale
Chance Coppola, DO, Urbandale
Mark Dearden, DO, FAAFP, Bondurant
Daniel Glascock, MD, Cedar Falls
Andy Goodner, MD, Decorah
Angela Greif, MD, Anamosa
Krista Hill, MD, Council Bluffs
Melissa Kahler, MD, Cedar Rapids
Joseph Kimbal, DO, Winterset
Chad McCambridge, MD, Mason City
Scott Meyer, MD, Urbandale
Laura Moeller, MD, Ankeny
Carver Nebbe, MD, Ames
Anji Neil, MD, Bettendorf
Erin Netteland, DO, Clive
Monica Peterson, DO, Denver
Natalie Rehm, DO, Grimes
Thomas Richmann, MD, Springville
Ekaterina Roman, MD, Norwalk
Allison Schoenfelder, MD, Akron
Todd Shover, DO, Waverly
Candice Smith, MD, Ackworth

Chereen Stroup, MD, Mason City
Michael Sutcliffe, DO, Indianola
Allison Testroet, DO, Huxley
Ryan Thoreson, DO, Knoxville
Karl Treiber, DO, Eldridge
Cheryl True, MD, Davenport
Janet Tull, MD, Charles City
Tereasa Van Zee, DO, Pella
Joel Vander Meide, DO, Johnston
Alexandra Vander Meide, MD, Johnston
Andrea Venteicher, MD, FAAFP, Waterville
Michael Wallace, MD, Iowa City
Todd Wenck, MD, Bettendorf
Sarah Wymer, MD, Decorah

30 YEARS

Nancy Angenend, MD, Hiawatha
Nancy Boelter, MD, Solon
Orville Bunker III, MD, Newton
Scot Christiansen, MD, Manchester
Daniel Darnold, MD, Waverly
David Fraser, MD, Centerville
Mark Haganman, DO, FAAFP, Osage
Beta Hamon, MD, Stillwater

Michael Jennings, MD, Sioux City
Colleen Keating, MD, FAAFP,
Cedar Rapids
Pamela Keller, MD, Forest City
Susan Kennedy, DO, West Des Moines
Douglas Layton, DO, FAAFP, Polk City
Cecilia Norris, MD, Iowa City
Perry Rathe, MD, Nevada
Scott Rens, MD, Hull
Michelle Sprengelmeyer, MD, FAAFP,
Bettendorf
Quy Tran Lam, DO, Vinton
Gordon Urbi, MD, Eldridge
Rose Warhank, MD, FAAFP, Davenport

40 YEARS

Wendy Buresh, MD, FAAFP,
Cedar Rapids
Corrine Ganske, MD, FAAFP,
Des Moines
Brian Heineman, DO, Brooklyn
Donald Hilliard, MD, FAAFP,
Cedar Rapids
Daniel Hogan, MD, Riverside

MEMBER TO MEMBER TIPS

“There was a Lancet study in the last few months based on contact tracing that masks gave about 70% protection. So, if you have an attack rate of 5-10% and are wearing a mask you have a risk with each patient of about 1.5% to 3%. Which is pretty good! As long as you aren't seeing too many. An N95 gives about 95% protection (again, this is contact tracing data and is not a reference to the 95 in the word N95). This brings your risk down to about 0.25 to 0.5%. Again, good but not perfect.”

MEMBER TO MEMBER TIPS

“My assessment and plan at this point is to get ahold of an antigen test (there seem to be 2 leading tests: Quidel’s and BD’s) and utilize them similarly to how I use a rapid strep test; if positive in patients with clinical suspicion, I can bank on it; HOWEVER, negative tests, particularly in a clinically suspicious setting, cannot be trusted and will need to be backed up with a PCR test. We are also exploring the Abbott IDNOW for the same purpose. I do think this will reduce my reliance on PCR tests with the fluctuating turnaround times but certainly not eliminate it.”

- Mark Hull, MD, FAAFP, Bonita Springs
- Patricia Magle, MD, FAAFP, Lamoni
- Kenneth McMains, MD, Waterloo
- Micheal Schreck, MD, FAAFP, Eldridge
- Larry Severidt, MD, FAAFP, Des Moines
- Bruce Van Houweling, MD, Clive
- Jerry Wille, MD, Tama
- John Zittergruen, DO, FAAFP, Urbandale

50 YEARS

- John Anderson, MD, Boone
- Victor Edwards, MD, FAAFP, Iowa City
- John May, MD, West Des Moines
- William McCabe, MD, FAAFP, Ocala

60 YEARS

- John Bailey, MD, FAAFP, North Liberty

AccuVax®
Vaccine Management System

New Model!

All-in-one vaccine management solution

- Safeguards vaccine integrity
- Minimizes waste & loss
- Free staff time for Top of License care
- Maximizes patient safety

See the new AccuVax today!
AccuVax.com | 844.878.6331 | info@AccuVax.com

©2020, TruMed Systems, Inc., San Diego, CA 92121. All rights reserved. 1/20

NEW MEMBERS

Active

Susan Donahue, DO, Adel
 Carol Gunnett, MD, PhD, Hiawatha
 Ronnie Hawkins, MD, Clive
 Monika Jindal, MD, Iowa City
 Raheel Jiwan, MD, Fairfield
 Amy Jochims, MD, Spencer
 David Kuhns, MD, Kalona
 Donna Lawlor, MD, Elgin
 Vincent Taeger, MD, Coralville

Residents

Bethany Citerella, MD, Mercy Des Moines
 Elliot DeBlicke, DO, Mercy Des Moines
 David Huber, DO, Mercy Des Moines
 Kiara Jennings, DO, Mercy Des Moines
 Kyle Kalra, DO, Genesis
 Fellipe Lima Nobre de Queroz, MD, Mercy Des Moines
 Elizabeth Matthew, DO, Mercy Des Moines
 Obidike Nwadike, MD, Mercy Des Moines
 PJ Panzu, MD, Mercy Des Moines
 Max Reiche, MD, Mercy Des Moines
 Jenna Sarantakos, DO, Genesis
 Shannon Salerno, MD, Siouxland
 Michael Winters, DO, Broadlawns

Students

Alexandru Bucura, University of Iowa
 Gabriella Beyer, University of Iowa
 Caitlin Descovich O'Hare, Des Moines University
 Ryan Fisher, University of Iowa

Amelia Gilliland, Des Moines University
 Heather Greene, University of Iowa
 Daisy Hanshaw, University of Iowa
 Nicole Johnston, University of Iowa
 Jon Lensing, MD, University of Iowa
 Shannon Linderman, University of Iowa
 Anne Meis, University of Iowa
 Kevin Milone, Des Moines University
 Ryan Peach, University of Iowa
 Nolan Redetzke, University of Iowa
 Saul Rodriguez, University of Iowa
 Kai Rogers, University of Iowa
 Anna Viere, Des Moines University
 Christian Williams, University of Iowa



In Memoriam

Gene Egli, MD
 Starkville, MS
(Practice had been in Fairfield)



Harold Moessner, MD
 Amana
 IAFP President
 1970-1971

MEMBER TO MEMBER TIPS

“Another thing I think about, given a surge in our community, is moving back out to the shed to protect my family given the high likelihood I’ll get Covid in the next couple of months.”

The Giving Tree



IOWA ACADEMY OF
FAMILY PHYSICIANS
FOUNDATION

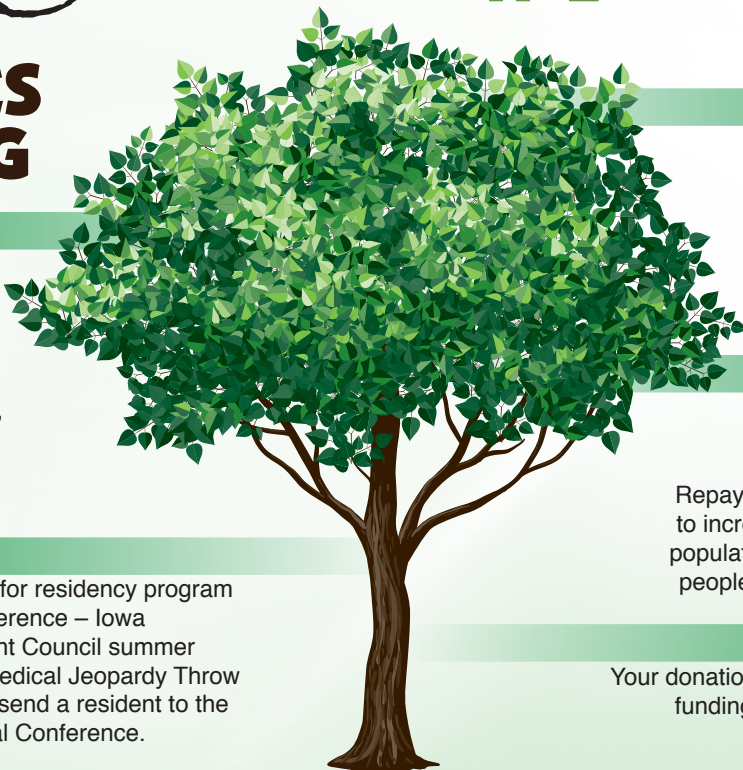
BRANCHES OF GIVING

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 _____

