



IOWA FAMILY PHYSICIAN

Vol. XLV No. 1 / FALL 2017

EDUCATION ISSUE

SHAPING THE Future

69TH IAFP ANNUAL CONFERENCE
NOVEMBER 2-4, 2017

CENTRAL STATES SUMMER CME GETAWAY: ALASKA CRUISE
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Iowa Family Physician is addressed and mailed to every family physician, resident, medical student, hospital and medical school throughout the state and serves as the Academy’s major communication source regarding public relations, legislative and membership information.

IAFP **IOWA FAMILY PHYSICIAN**

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BOARD PREP – IOWA STYLE

By Jenny Butler, M.D.

The ABFM (American Board of Family Medicine) tells me I must recertify this year to remain a board certified family physician. When I graduated from Iowa Lutheran Residency in 2007 and passed boards for the first time, 2017 seemed like an eternity away. Ten years! That is a decade! I could not imagine 10 years screaming by so quickly.

The ABFM offers the computerized test two times a year. The first occurs in April and the second in November. At the beginning of the year I decided to wait until November to take my boards. It seemed like a good idea at the time. However in April I jealously watched many medical school and residency classmates post celebratory, “I Finished Boards” pictures on Facebook. They looked so happy and relieved with their glasses of wine. Envy set in, and I realized the mistake of waiting until November.

Fortunately our academy provides ample high quality resources to help us prepare. The IAFP education committee intentionally chooses topics for the annual education conference that mirror the topics covered on the ABFM examination. This started when Lisa Soldat M.D., former IAFP board member, served on the AAFP’s Commission on Continuing Professional Development and its Subcommittee on Assembly Scientific Program. The AAFP developed a 3-year curriculum cycle to assure the program of the scientific assembly (now called FMX) covered the topics on the certification exam. Lisa graciously shared and spearheaded the implementation of the same 3-year curriculum cycle into the IAFP annual conference.

The three-year curriculum cycle:

YEAR 1

- Cardiovascular
- Endocrine
- GI
- Integumentary
- Musculoskeletal
- Neurology
- Population-Based Care
- Respiratory

YEAR 2

- Cardiovascular
- Endocrine
- GI
- Male Reproductive
- Musculoskeletal
- Patient-Based Care
- Psych
- Respiratory

YEAR 3

- Cardiovascular
- Female Reproductive
- Hematology
- Nephrology
- Musculoskeletal
- Population-based Care
- Psych
- Special Sensory

Following this plan makes the IAFP annual education meeting in Des Moines a great live meeting to prepare for boards.

In addition I decided to subscribe to an AAFP self study board preparation course. I choose the online access package. I logon to AAFP.org and have instant ability to watch videos of every lecture from their live board review course that is held several times a year. I can pause, rewind, and review the videos again anytime. Each one has a short quiz at the end that can be completed and submitted for CME credits.



Normally I run outside with my dogs in the morning before work. We even run outside in the Iowa winter. However after a torn Achilles in 2009, I have realized the benefits of cross training. At least once and sometimes twice a week, I work out inside with weights. During the workout I login to AAFP.org and listen to a lecture. After I cool down I take the quiz to earn CME credit. I started this in January, and I have completed most of the lectures. Of course a few I need to sit down and review. For example, I tried to listen to the lecture on sensitivity, specificity, positive predictive value, and such while working out. I quickly gave up, as that does not come easily to me. I will need to sit down and write the formulas out.

The AAFP and IAFP provide members with high quality, affordable, and easily accessible educational resources. Please take advantage of them as you satisfy your continuing education needs and prepare for boards.

The Mission of the Iowa Academy of Family Physicians is:

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

Do Your Patients Know Their Status?

- 1.2 million people are living with HIV in the U.S.
- 45,000 people are newly infected annually
- 14% of Iowans infected with HIV have not been diagnosed

HIV Screening Is Standard Care. Every Patient Should Be Tested.

- The CDC & USPSTF recommend individuals get screened for HIV at least once in their lifetime

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Care IS Prevention

ACT
against
AIDS

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COMMUNITY

- Population 2,600
- Wide range of recreational activities for adults and children
- State of the art High School that opened in 2001, with substantial additions in 2015, located right in the central part of the community and is attached to the elementary and middle schools.
- Incredibly low crime rate provides a safe and secure lifestyle for the entire community.

- Recreational trails
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- Housing construction and available lots for purchase to continue to expand with several different sub-division being developed over the last several years
- Multiple churches of various denominations
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FOR MORE INFORMATION CONTACT: Kelly Morrison, Physician Recruiter, Avera McKennan Hospital, Sioux Falls, SD
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OPIOIDS AND CHRONIC PAIN: WEIGHING RISKS WHILE ALLEVIATING SUFFERING

By Jason Wilbur, M.D.

Welcome to the education issue of the *Iowa Family Physician*, marking the second time we have focused on education since we began publishing themed issues. We cover advocacy in the winter/spring edition, membership in the summer edition and education in the fall edition.

This issue features plenty of insights into learning. Our president, Jenny Butler, MD, relates how she prepares for the ABFM Recertification Examination. Our resident column features Rose Schabillion, MD, who describes several important lessons she has learned from her patients. Marissa Robinson, an M4 at the University of Iowa, writes about the vitally important need to have hands-on experience when training for a career in medicine. Pam Williams, IAFP executive vice-president, brings you up-to-date on all the educational opportunities the IAFP has to offer.

So, what is there left for me to do? Well, as editor, I get to do what I want. Today, I want to focus on one particular educational item that will be featured at the Annual Conference: pain management and opioid prescribing.

In July, the National Academies of Sciences, Engineering and Medicine (which subsumed the Institute of Medicine) released a report entitled “Pain Management and the Opioid Epidemic.” This tome is almost 400 pages long – and I confess that I have not read the entire report. However, the subtitle itself says a lot (“Balancing Societal and Individual Benefits and Risks of Prescription Opioid Use”). As with any of the reports issued by the National Academies, this report undoubtedly will prove influential in policy-making and medical practice. In fact, the main purpose of the report is to

advise the Food and Drug Administration on how to balance risks and benefits of opioid use, with additional focuses on opioid drug approval and utilization.

The National Academies note that an estimated 2 million Americans suffer from opioid use disorder involving a prescription opioid and another 600,000 have a heroin use disorder. Opioid-

“As with any of the reports issued by the National Academies, this report undoubtedly will prove influential in policy-making and medical practice. In fact, the main purpose of the report is to advise the Food and Drug Administration on how to balance risks and benefits of opioid use, with additional focuses on opioid drug approval and utilization.”

related deaths have been on the rise for the past 20 years (see Figure, courtesy of National Academies). On the other hand, tens of millions of Americans suffer from various types of pain disorders (including acute, chronic and end-of-life pain). Pain is complex and difficult to measure and essentially defies objectification. Additionally, treatment options for pain produce inconsistent results in individuals



and often have untoward effects. In this light, the report attempts to balance the vital task of confronting the opioid epidemic with the need to address the most common concern we see in clinic: relief of pain.

When I graduated from medical school in 1999, the pendulum had swung in the direction of aggressive assessment and management of pain. Patient advocacy groups campaigned on “Pain is the Fifth Vital Sign” and pharmaceutical companies began marketing opioid pain medications directly to consumers. In the U.S. between 1999 and 2014, prescriptions for opioids quadrupled so that Americans now consume 80% of the world’s prescription opioids (*The Economist* April 6, 2017). Simple logic would lead one to conclude that the proportion of opioids consumed in the U.S. is not appropriate and that something must be done.

On one end of the spectrum, physicians have been complicit (inadvertently, in almost all cases) in prescribing opioids liberally to patients who have gone on to develop an opioid use disorder. On the other end, some physicians adopt a “no opioid” blanket policy, which does eliminate the potential to inappropriately prescribe opioids but may not serve the patient’s best interest. Again, on one hand we all know patients who have

misused opioids – sometimes with very dangerous results. On the other, we see patients whose suffering is not adequately addressed by our healthcare system. The opioid epidemic must be solved, and the problem of chronic pain must be addressed as well, and this gets at the heart of the National Academies report.

Physicians have an unenviable yet essential role in taking on these two problems that plague our patients, families and communities. But there is help. The report by the National Academies is aimed at policymakers and healthcare leaders, and it adds to the growing chorus of voices calling for change. In 2016, the CDC released its guidelines on opioid use for chronic pain (*Recommendations and Reports* / March 18, 2016 / 65(1);1–49). Along with it, the CDC released a mobile app, which I urge you to download to your smartphone, summarizing its guidelines and providing a milligram morphine equivalent calculator among other resources. The AAFP published its own guidelines earlier this year (*Am Fam Physician*. 2017 Apr 1;95(7):458-459) which mirror and support what the CDC published.

Putting these reports and guidelines together is not a task I can manage in this small space; however, I can provide you with the key points and then implore you to learn more (it's the education issue!). Here is a brief overview of the recommendations from the National Academies, CDC and AAFP:

- Provide patient-centered care that addresses chronic pain and opioid misuse and is coordinated with other healthcare and community services.
- Establish realistic treatment goals for patients with chronic pain.
- First-line treatment of chronic pain should include nonpharmacologic (e.g., cognitive behavioral therapy, physical therapy) and nonopioid

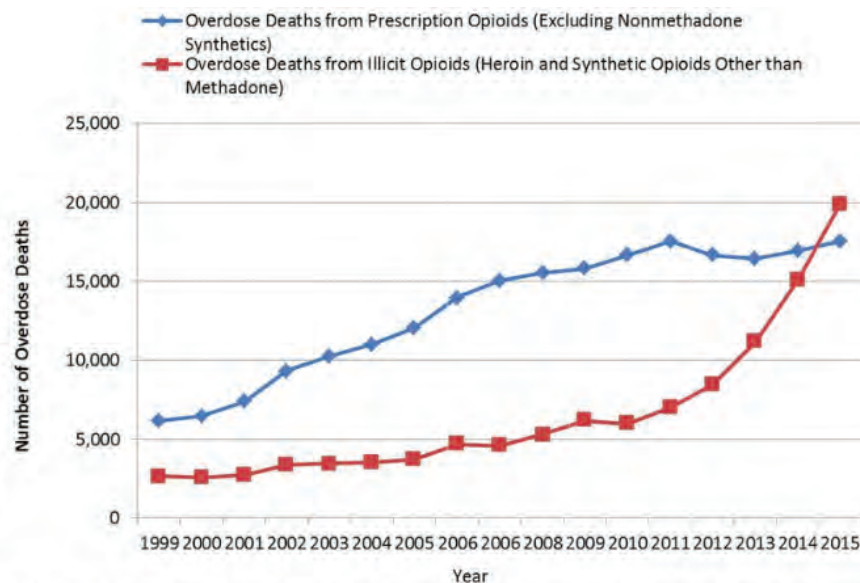


FIGURE S-1 Number of overdose deaths from prescription and illicit opioids, United States, 1999–2015.

modalities (e.g., NSAIDs, gabapentin) rather than opioids.

- If prescribing opioids, counsel patients extensively on the risks and potential harms of opioids.
- Carefully weigh the benefits and risks in prescribing opioids and avoid prescribing opioids to high-risk patients.
- When prescribing opioids, obtain urine drug testing at initiation and periodically (e.g., at least annually) during treatment.
- For acute pain, use the lowest effective dose of opioids and do not prescribe more than 7 days' supply initially.
- When starting therapy for chronic pain, use the lowest effective dose and start with short-acting opioids (as opposed to long-acting preparations).
- Search the state prescription monitoring program whenever prescribing opioids.
- Avoid the combination of opioids and benzodiazepines.

- Provide a prescription for naloxone to high-risk patients on opioids and educate patients and caregivers on its use.
- Consider providing medication-assisted treatment options for patients with opioid dependence (only 4% of family physicians currently report providing this service).

I hope to see you at the Annual Meeting in November. 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.

PRACTICAL EDUCATION FOR MEDICAL STUDENTS, M4

By Marissa Robinson, M4 / Carver College of Medicine 2018

I started medical school at the University of Iowa in 2014 after graduating from Grinnell College. At the time I remember asking myself, “How will an island girl from Jamaica like me survive in the American healthcare machine?” Fast forward several years and here I am preparing for the match process. I find myself reflecting on how much that “island girl” has learned since I entered the University of Iowa.

I did not always know that family medicine was the path for me. In fact, when I entered medical school, I was determined to be the best OB/gynecologist I could be. It was nothing more than a stroke of luck that I had my family and community medicine rotations early in my core clerkship year. With my interest in family medicine established, I found myself trying to build both the knowledge and practical skills I would need as a generalist. It is often stated that the key goals of medical students are building their fund of knowledge and their history taking skills. While I do not doubt that my competence in these spheres has grown tremendously over the long years of medical school, I am concerned that I have had few opportunities to participate in basic medical procedures, such as administration of injections, wound care and placing intravenous lines.

Student experiences with basic practical tasks vary greatly, but it seems that some of these basic clinic skills are overlooked. I have been told that many of these tasks are viewed as “scut-work” and medical students are in clinic to “learn.” The implication here is that students do not learn from these tasks. But I must disagree. All these tasks fall in the realm of patient care. Students are encouraged to take charge of their patients while on the wards. Completing a progress note is

just as important as understanding how to maintain the lines on our patients.

The University of Iowa recently changed its curriculum structure from the traditional two years of preclinical training and 2 years of clinical training to 1.5 years and 2.5 years respectively. The expansion of the clinical years from 2 years to 2.5 years was in part to better prepare medical students for residency. Undoubtedly our clinical knowledge and function will benefit from this long-

“All these tasks fall in the realm of patient care. Students are encouraged to take charge of their patients while on the wards. Completing a progress note is just as important as understanding how to maintain the lines on our patients.”

term exposure. In my eyes, this switch should also facilitate building practical competencies, particularly as the country continues to experience a shortage of primary care providers requiring generalists to multifaceted.

Medical practice and medical education have changed over the last 20 years. Significant changes in regulations and

training culture make it difficult for medical students to obtain the same experiences that our predecessors did years ago. This is complicated by working in a large, high-volume academic medical center. I would never have guessed that it would have been so difficult to get experience placing intravenous lines. Many would argue that mastering these skills in school is not of great importance due to the plethora of healthcare assistants and support staff including nurses and medical assistants who are mostly responsible for these tasks. However, I believe that as physicians, particularly as generalists, it is of great importance that we are proficient in basic procedures that directly impact our patients. Assuming there will always be someone else to help speak from a position of privilege, leaves us vulnerable to the day when that “someone else” is not there.

Medical school has undoubtedly been one of the most difficult periods of my life but also the most transformative. My hope is that as medical education continues to evolve in the United States, it will once more highlight the need for medical students to obtain basic practical skills, particularly as we move towards a system in which students are spending more time on the wards. This is exceedingly important to future generalists who will find themselves practicing in a wide-variety of clinical settings and resource availability.

Would you like to get involved at the Academy?

JOIN A COMMITTEE!

Committees meet once a year in a face-to-face meeting. Other meetings are conducted via conference call. In 2017 the committees will meet on November 2, 2017 at the Downtown Des Moines Marriott prior to the Clinical Education Conference.

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

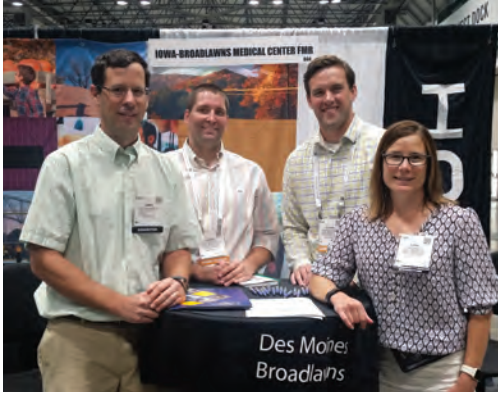
MEMBER ADVOCACY COMMITTEE: Duties include serving as an advocate for family physicians and their patients in matters relating to the delivery of health care, and promotes the image of family physicians in the state of Iowa. In addition, the committee seeks members to serve on committees and boards for 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 2017.

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>

2017 NATIONAL CONFERENCE FOR RESIDENTS & STUDENTS



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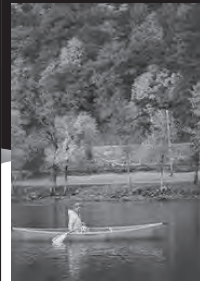


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SPEAK TO ME – A LESSON ON LEARNING

By Rose I. Schabillon, M.D., R2 / Cedar Rapids Medical Education Foundation Residency Program / Cedar Rapids, IA

When we pursue a career in medicine, we choose a life of question, a life of study, a life of learning: high school, undergraduate, medical school, residency, perhaps fellowship and doctorate degrees. In the U.S., we commit 25 years to formal education. And this is just the preparation required to get our first job. We then face symptoms and conditions we do not fully understand. We face them on a daily basis. We review textbooks, search literature, consult colleagues, and reach out to our friends and faculty from training. We must continue to study, learn, and broaden our understanding of physiology, pharmacology, and sociology. We have entered into an implicit agreement to pursue learning for life. This endless pursuit of self-education feels natural because, if we have made it this far, we are supremely trained to do so. For most, the job we have held the longest is “student.” We are professional learners.

Most of us are so focused on learning, it never occurs to us that we must turn around and teach. We begin residency, learn where the cafeteria is, and are suddenly expected to teach the medical students just a year or two behind us in training. The following year we are expected to supervise and teach the new doctors. We must monitor, assess and constructively critique. We must maintain control and safety on our ward, yet allow enough autonomy to enable our team members to grow as providers to locate the cafeteria for themselves.

These expectations pale in comparison to the great responsibility of teaching our patients. While explaining reasonable adjustments in insulin dosing to a first year resident may take time, we are presenting to an informed audience. Explaining this topic to a patient who did not graduate from high school, or to a refugee from a third world country, can seem a nearly impossible task.

Recently a 50-year-old man walked into my ED with dizziness and a pounding headache. His symptoms were easily explained by his blood pressure of 240/110. They were also easily corrected with resumption of his home medications, of which he had run out six weeks before. Also explainable was the stage 4 kidney disease secondary to poorly controlled diabetes, and worsening heart failure courtesy of years of elevated blood pressure.

While the severity of the situation was all so clear to me (as it was to the cardiologist and the nephrologist), the patient had virtually no understanding of any of this. And I had a hard time telling him about it, because he had been deaf and mute since birth.

He had moved to my town for a “fresh start,” with no support except an embracing deaf community. He brought no medical records, had no pharmacy, no transportation, and no money. He could not tell me the name of any doctor he had ever seen. I took a prescriber’s name from the faded pill bottles in his green plastic bag, and spent 90 minutes calling hospitals and clinics seven hours away. I obtained enough records to know that his health was steadily worsening. Preparations for discharge were already under way, but it was clear that he had no understanding of the magnitude of his problems.

A skilled ASL interpreter was called, and the three of us began a conversation I will not forget. From why we treat high blood pressure, to the effects of diabetes, I did my best not to look at my watch or mentally count my unfinished clinic notes. When he asked, “What do kidneys do?” my heart sank, and the interpreter canceled her next meeting. After two hours, he knew a lot more about his condition, and we knew a lot more about

him. For example, as a non-hearing, non-speaking person, written communication in English is often of little value; he cannot sound out words because he has no relationship to sound. He cannot drive, because he cannot hear sirens. He was managing all of his medications and appointments by memory. He could not understand our discharge instructions.

I drove home that night exhausted, and angry, for no clear reason. I had not changed a single medication or performed any procedures for this patient. All I did was explain his condition. I taught him about hypertension, diabetes, heart failure, and kidney failure. It took almost everything out of me.

We discharged him from the hospital the next morning. We arranged appointments. I became his primary care provider. We called in his deaf advocate. We arranged for a local pharmacy to package and deliver his medications. Translation and transport were set up for his appointments. Through an interpreter he said, “So I have to take my medications and come to my appointments. It’s really important. This is my life! No one has ever told me this – thank you for teaching me.”

I have never worked so hard in my life.

The true mark of learning is the ability to step outside of one’s self and identify the barriers that prevent others from learning. Only then can we teach. Only then have we truly learned.

The Giving Tree



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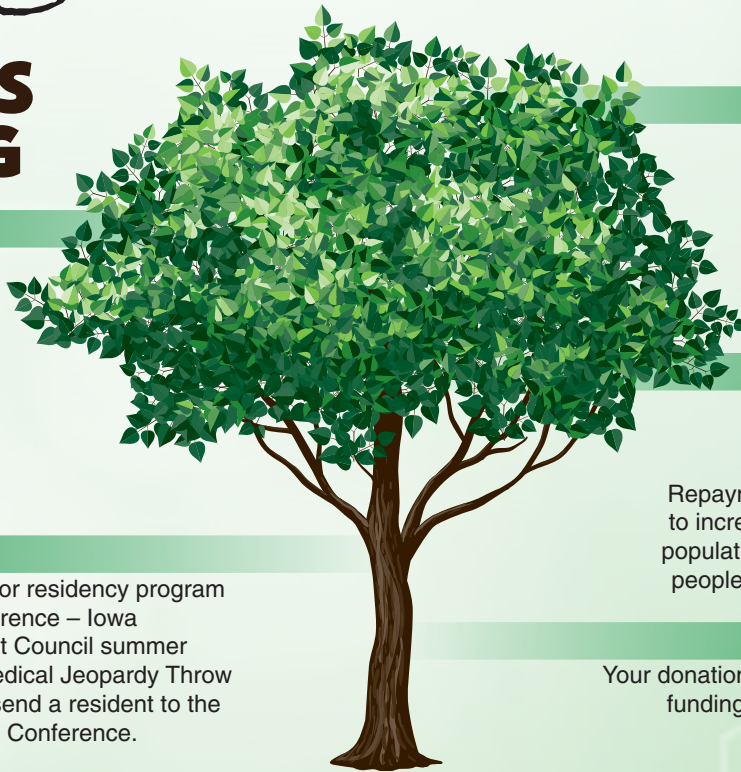
BRANCHES OF GIVING

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 _____

UPCOMING IAFP EDUCATIONAL OPPORTUNITIES

By Pam Williams, Executive Vice President

This issue is devoted to continuing medical education and the good news is that IAFP has so many options for our members in the coming year. From the annual meeting in November to the beaches of Mexico in January to the glacial shores of Alaska in July, we hope to attract many new and returning members to these events.

Annual Conference: Shaping the Future – November 2 to 4, Downtown Marriott, Des Moines – If you attend the entire conference (including the optional fee KSA) you can earn up to 18 Prescribed credits. Highlights of the conference include the opportunity to obtain the Iowa State Mandated CME for Child and Dependent Adult Abuse and for Pain Management for which you must

report two credits in each every five years.

For the first time we will be offering a Knowledge Self-Assessment (formerly SAM) in Genomics that will help fulfill part of your ABFM Maintenance of Certification requirements.

Social events include the very popular Resident Medical Jeopardy Competition and our annual banquet where we will recognize the Family Doctor of the Year, Educator of the Year, Lifetime Achievement Award recipients and other award winners. The installation of officers will also take place at the banquet as IAFP President Jenny Butler, MD will turn over the reins to Scott Bohner, DO.



Winter CME Getaway: All-Inclusive Paradisus Playa Del Carmen Resort in Mexico - January 27 to February 3, 2018. We are excited to announce that the Nebraska Chapter will partner with Iowa for this event that will offer between 12 to 15 credits of CME on the lovely beaches of the Riviera Maya. The resort

Beef As a First Food

STARTING STRONG FOR OPTIMAL GROWTH
Beef contains 10 essential nutrients including protein, zinc and iron, to fuel a child's early growth and development.¹ With its bundle of nutrients, beef as a complementary first food is associated with normal physical growth in infants.²

VITAL NUTRIENTS FOR A BUDDING BRAIN
Infants and toddlers need protein, iron and zinc – all nutrients that can be found in beef – to support brain health and optimal cognitive development.³

NURTURING IMMUNITY
Zinc and iron play an important role in an infant's developing immune system.⁴ Introduction of foods that are a good dietary source of iron and zinc, like beef, early in life supports the growth of healthful bacteria in the gut, which may help to enhance immune function.^{5,6}

1. U.S. Department of Agriculture, Agricultural Research Service, Nutrient Data Laboratory, USDA National Nutrient Database for Standard Reference, Release 28 (Slightly revised). Version Current: May 2016. Internet: <http://www.ars.usda.gov/ba/bhnrd/ndl>
2. Tang M, Krebs NF. High protein intake from meat as complementary food increases growth but not adiposity in breastfed infants: a randomized trial. *Am J Clin Nutr* 2014;100:1322-8.
3. Nyaradi A, et al. The role of nutrition in children's neurocognitive development, from pregnancy through childhood. *Front Hum Neurosci* 2013;7:97.
4. Chandra RK. Nutrition and the immune system from birth to old age. *Eur J Clin Nutr* 2002;56:S73-6.
5. Palmer C, et al. Development of the human infant intestinal microbiota. *PLoS Biol* 2007;5:e177.
6. Krebs NF, et al. Effects of different complementary feeding regimens on iron status and enteric microbiota in breastfed infants. *J Pediatr* 2013;163:416-23.

Visit www.BeefResearch.org for more research on Beef's Role as a Complementary Food.

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offers three different areas to meet your needs – a resort for families, another for adults and for the ultimate adult getaway, you can sign up for their signature Royal Service.

Summer CME Alaskan Cruise – July 13-20, 2018 – Join your colleagues from Iowa, Missouri and Nebraska as we set sail from Seattle, Washington headed for Ketchikan, Juneau, Skagway and Victoria, British Columbia. Along the way we will take in the sights of the Tracy Arm Fjord and observe the wildlife along the shores and we sail the Inside Passage. Take advantage of the excellent CME topics presented by your cruise mates and the incredible excursions offered in each of the ports.

Summer CME Okoboji – Because of the cruise scheduled for 2018, we will not be hosting the summer program at Lake Okoboji in 2018 but plan now to join us

June 20-22, 2019 at Bridges Bay Resort at Lake Okoboji and again June 11-13, 2020.

FMCSA/NRCME On Demand Training – On-going – This training will help you satisfy the training requirements and prepare you to sit for the National Registry for Certified Medical Examiners Federal Motor Carrier Safety Administration Examination.

Cancer Webinars – The Iowa Academy of Family Physicians is pleased to bring you this series in partnership with the American Cancer Society and supported in part by the Iowa Cancer Consortium and the Iowa Department of Public Health. All webinars are free to attend and will take place over the Noon hour. We will feature survivors of childhood cancers in September and ovarian cancer in November.

CME Snapshot – As a reminder, in order to maintain your membership you must report 150 CME credits every three years. 25 of these credits must be from a live activity. We hope you will choose IAFP as your preferred CME provider to help fulfill these requirements.

I hope you all have had a great summer and I look forward to seeing you at many of these exciting events we have planned for you in 2017-2018. As always, I welcome your suggestions.

More information and registration for all the events listed in this article can be found at www.iaafp.org

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FAMILY MEDICINE ADVOCACY SUMMIT

By Sarah Ziegenhorn, Student Member

It might be an understatement to say that health care in American politics today is a contentious and divisive matter. With the passage of the American Health Care Act (AHCA) in the House of Representatives in early May 2017 and the Affordable Care Act (ACA) in danger of being repealed, the American Academy of Family Physicians Advocacy Summit in Washington, D.C. came at an auspicious moment.

As a second year student at the University of Iowa Carver College of Medicine, I was honored to attend the summit as the medical student representative for the Iowa Academy of Family Physicians (IAFP).

The summit began with a day-long advocacy training session, filled with presentations from health policy experts, lobbyists, journalists, and advocates. Armed with information about the effects of the ACA implementation and the contents of the house-approved AHCA, we arrived on the Hill the following day to speak with Iowa's six Senators and Representatives.

Meeting with Representative Loebbeck, Representative Young, Senator Ernst, Senator Grassley and the staff of Representatives Blum and King, our Iowa delegation spent the day discussing the importance of funding for community-based family medicine residency training

programs, the Congressional Primary Care Caucus, and the importance of preserving and expanding health insurance coverage for Americans in the potential new health care law. In these meetings, a sense of palpable urgency was present. As Medica considers exiting the Iowa health care marketplace and leaving tens of thousands of Iowans without coverage, our delegation pressed the legislators to quickly identify solutions for this looming coverage gap.

Over the course of the day we discussed coverage data from the ACA implementation, the economic costs of the AHCA, and the politics of drug pricing, but it may be the personal stories





of our patients that carried the most weight with legislators and their staff. Recounting the story of a patient who enrolled in Medicaid under the ACA expansion and subsequently got her type I diabetes under control for the first time in her life, tapered her high opioid dose, and carried a healthy pregnancy to term, I couldn't help but feel a deep sense of anxiety for what might happen to her if she loses her Medicaid coverage through health care reform: more emergency department and ICU visits for diabetic ketoacidosis, high health care bills that a McDonald's employees salary cannot afford to pay, a housing eviction, and a struggle to find a space in Iowa's crowded homeless shelters.

If there is one thing I will take away from our day on the hill, its that family medicine physicians' voices are valued by our legislators. The Representatives and Senators know the critical importance of prevention and primary care in Iowa's communities, and they are eager to hear the stories and experiences of family physicians and their patients. While

health care (and the way to pay for it) is quite partisan, the value of family medicine physicians is clearly bipartisan for Iowa legislators.

Finally, in a bright side to the day, our Iowa delegation succeeded in recruiting Representative David Young to join the Congressional Primary Care Caucus, making him the last of the Iowa legislators to pledge.

Attending the Family Medicine Advocacy Summit was an excellent training opportunity for engaging in legislative politics and advocating for patient needs. Such training is difficult to obtain within the traditional structure of medical education, but is of key importance for the next generation of family medicine practitioners and their patients. For that, I am sincerely grateful for IAFP's support in allowing me to participate.

"As Family Medicine Physicians we often feel like we have little say in what happens with the regulation and change within our practice. I will admit that when I was given the opportunity to attend the FMAS in Washington D.C. I did not anticipate just how eye opening it would be. I found the opportunity very enlightening. Even though the current climate surrounding healthcare and healthcare reform is tumultuous, I do feel like we made a difference with our efforts during the summit. Having attended the FMAS it reinforced the fact that change is often incremental and is driven by many voices working together for change. I very much appreciate the IAFP giving me the opportunity to attend."

Benson Hargens, Resident Member



69TH IAFP ANNUAL CONFERENCE

NOVEMBER 2-4, 2017 | DOWNTOWN MARRIOTT | DES MOINES, IOWA

THURSDAY, NOVEMBER 2, 2017

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
- 5:45 pm Welcome/ Introductions & Overview
- 6:00 pm Opioid Addiction- Panel Discussion
- 8:00 pm Question and Answer/ Panel Discussion
- 8:15 pm Recess
- 8:15-9:15 pm 2017 Donor Appreciation Reception -
(In recognition of 2017 Donors of the IAFP Foundation,
Rural Loan Repayment Program and PrimCare PAC)
* Members must have donor ribbon to attend

FRIDAY, NOVEMBER 3, 2017

- 6:30 am Registration
- 7:00 - 8:30 am Breakfast in Exhibit Hall
- 7:15 – 7:45 am IAFP Business Meeting - All Members Welcome
- 7:55 am Introductions and Announcements
- 8:00 am New Lipid Guidelines
- 8:30 am (LARC) Implants
- 9:00 am What You Need to Know About Pink Eye:
When to Treat and When to Refer
- 9:30 am Q & A/Panel Discussion
- 9:45 am Break – Exhibit Hall
- 10:05 am Workup of Proteinuria

- 10:35 am Hand & Wrist- Wrist Instability Syndrome
- 11:05 am Resident Case Presentation
- 11:15 am Q & A/Panel Discussion
- 11:30 am Lunch and Keynote Presentation: AAFP UPDATE
- 12:30 pm Visit Exhibits
- 12:50 pm JOURNAL CLUB LIVE
- 2:05 pm PFTs Simplified
- 2:35 pm Child Psychiatry
- 3:05 pm Q & A /Panel Discussion
- 3:20 pm Break in Exhibit Hall
- 3:50 pm Novel Oral Anticoagulants
- 4:20 pm Lung Cancer Screening & Barriers
- 4:50 pm Resident Case Presentation
- 5:00 pm Q & A /Panel Discussion
- 5:15 pm Recess for the Day
- 5:00 pm Reception/ Resident Medical Jeopardy-
- 6:00 pm Banquet Reception
- 7:00 pm Installation & Awards Banquet
- 9:00 pm Post-Banquet Reception

SATURDAY, NOVEMBER 4, 2017

- 7:15 am Past President's Breakfast
- 7:30 am Breakfast for Registrants
- 8:30 am Child and Dependent Adult Abuse
- 10:30 am Q&A Panel Discussion
- 11:00 am Adjourn

OPTIONAL SESSION - ADDITIONAL FEE REQUIRED

- 8:00 am Knowledge Self-Assessment (KSA) – Medical Genomics

REGISTER ONLINE TODAY: <https://iaafp.wufoo.com/forms/2017-iafp-annual-conference/>

SHAPING THE FUTURE

2017 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 2-4 CME Registration Fees:

Registration Type	Early Fee (Until 10/1/2017)	Regular Fee (Starting 10/2/2017)
Active Member	\$295	\$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)	\$395	\$450
Conference Faculty	N/C	N/C

Thursday ONLY-Pain Management (This is included in the full conference registration. Select this if you ONLY want to attend this session)

Member \$80 _____ Non-Member \$100 _____

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 4:

Knowledge Self-Assessment-Medical Genomics (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

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.



CENTRAL STATES WINTER CME GETAWAY: ALL INCLUSIVE - PLAY DEL CARMEN

SPONSORED BY THE IOWA AND NEBRASKA AAFP CHAPTERS

JANUARY 27 - FEBRUARY 3, 2018

LOOKING TO ESCAPE THE LONG, COLD WINTER?

Join the Iowa and Nebraska AAFP chapters as we travel to Mexico for a week full of relaxation, fun, and CME. We are excited to offer you three different all inclusive rooming options all located on the same beautiful grounds. Looking for a family getaway? The Paradisus La Esmeralda is the perfect choice for you! Adults only sound relaxing? The breathtaking Paradisus La Perla will surround you in beauty and relaxation. Are you looking for the ultimate vacation getaway? The Royal Service at the Paradisus La Perla (adults only) will leave you feeling pampered.

RESORT INFORMATION

OCTOBER 17, 2017 IS THE CUTOFF DATE FOR ROOM RESERVATIONS. ROOM RATES CAN'T BE GUARANTEED AFTER THIS DATE.

ALL ROOMS INCLUDE: Hotel accommodations 7 nights on either side of the property from January 27-February 3, 2018.

- Round trip airport transfers
- All meals
- Drinks, alcoholic and non
- Hotel taxes
- Gratuities
- 10% off spa treatments

LA ESMERALDA (FAMILY)

ROOM CATEGORY: JUNIOR SUITE (517 SQ FT)

Single Occupancy	\$2727.58
Double Occupancy	\$3506.26
Triple Occupancy	\$4991.19

Please note, child rates provided are applicable with two paying adults per room. Child rates per person: 2-12 years - 7 nights \$782.37

LA PERLA (ADULTS ONLY)

ROOM CATEGORY: JUNIOR SUITE (517 SQ FT)

Single Occupancy	\$2915.32
Double Occupancy	\$3738.70
Triple Occupancy	\$5339.85

LA PERLA (ADULTS ONLY)

ROYAL SERVICE JUNIOR SUITE

Single Occupancy	\$3455.40
Double Occupancy	\$4350.72
Triple Occupancy	\$6251.76

RESORT DEPOSIT/PAYMENT SCHEDULE:

Deposits of 50% are due at time of registration and can be paid via credit card after you fill out the resort registration form online by calling Cruise Planners-Jeanette Esposito at 913.322.6380. Final Payment is due by October 18, 2017 and is fully refundable until 24 hours prior to departure.

CANCEL FOR ANY REASON TRAVEL PROTECTION:

This package has Cancel for any reason travel protection included and means that you can cancel up to 24 hours prior to your trip with no penalty. You will be reimbursed the full cost of your trip minus \$89.99 per person cancellation fee. AIRFARE IS NOT INCLUDED with this package and will not be reimbursed through Funjet. You must notify Cruise Planners-Jeanette Esposito by telephone and in writing 24 hours prior to cancellation for a refund. If not you will be considered a NO SHOW and ineligible for a refund.

AIRFARE MUST BE BOOKED SEPARATELY

TO RESERVE A ROOM:

Please go to **WWW.IAAFP.ORG** and look under the education tab for a link to online reservations or **CALL** Cruise Planners - Jeanette Esposito at 913.322.6380.

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

OKOBOJI HIGHLIGHTS

The IAFP headed to Okoboji again this summer from June 15-17 for the 2017 IAFP Summer CME Weekend Getaway. The CME sessions were informative and interesting and fun was had by all exploring the resort, enjoying time on the lake, and relaxing! We hope to see you all back at Bridges Bay on June 20-22, 2019!





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- // Audiology/Hearing Technology
- // Cardiology
- // Cardiothoracic Surgery
- // Foot & Ankle Surgery/Podiatry
- // Gastroenterology
- // General Surgery
- // Gynecologic Oncology
- // Hand Surgery

- // Mammography
- // Medical Imaging
- // Men's Center
- // Neurological & Spinal Surgery
- // Nuclear Medicine
- // Obstetrics & Gynecology
- // Orthopaedics
- // Orthotics & Prosthetics
- // Pain Management
- // Pathology

- // Physical Medicine & Rehabilitation
- // Physical Therapy
- // Plastic Surgery
- // Pulmonary, Critical Care & Sleep Medicine
- // Research
- // Spine Center
- // Surgical Breast Clinic
- // Surgical Oncology
- // Transplant Surgery

- // Trauma Surgery & Surgical Critical Care
- // Urogynecology/Gynecology
- // Urology
- // Vascular Access Center
- // Vascular Surgery
- // Vein Therapy Center
- // West Lakes Medical Equipment
- // West Lakes Sleep Center
- // Women's Center

CENTRAL STATES SUMMER CME GETAWAY: ALASKA CRUISE

SPONSORED BY THE IOWA, MISSOURI AND NEBRASKA AAFP CHAPTERS
ABOARD THE CELEBRITY SOLSTICE
JULY 13-20, 2018
SHIP DEPARTS FROM SEATTLE, WASHINGTON

2018

THE ALASKAN CME CRUISE We are pleased to announce that the Iowa, Missouri & Nebraska AAFP Chapters have joined together to offer you a breathtaking, unique, and memorable vacation cruise to Alaska! Join us as we depart from Seattle and explore various ports in Alaska and Canada aboard the beautiful Celebrity Solstice for a week full of relaxation, fun, and CME.

Ship Departs from Seattle, Washington with stops at ports in:

- 1 KETCHIKAN
- 2 TRACY ARM FJORD
- 3 JUNEAU
- 4 INSIDE PASSAGE/ SKAGWAY
- 5 VICTORIA, BRITISH COLUMBIA

CME: 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

CRUISE REGISTRATION: (all fees are per person)

There are limited cabins available in the categories below.

Rates are **CRUISE ONLY 1st & 2nd guest**. 3rd & 4th guest current rate at time of booking per Celebrity TBD. **Airfare is NOT INCLUDED.**

- A1-Aqua Class \$2711.30
- C2-Concierge Class \$2561.30
- 1C- Deluxe Oceanview w/Verandah \$2361.30
- 2A- Deluxe Oceanview w/Verandah \$2341.30
- 2B- Deluxe Oceanview w/Verandah \$2301.30
- S2- Sky Suite \$3811.30
- 9- Inside Stateroom \$1581.30

Each cabin oceanview category and above will have the choice of 1 complimentary perk for 1st and 2nd guest only:

- \$150 per person onboard credit
- Prepaid gratuities
- Classic beverage package (includes alcoholic beverages up to \$9, and soda package)
- Unlimited internet

Please note: 3rd & 4th guests will automatically receive the classic soda package and 40 internet minutes

ADDITIONAL INFORMATION:

- Gratuities are \$94.50 per person for all categories except suites which are \$98 per person.
- Travel Protection is available through Celebrity for \$159 per person payable with final payment.

CRUISE DEPOSIT/ PAYMENT SCHEDULE:

- Deposit is \$500 per cabin and \$1000 per suite due upon registration.
- Final Payment is due by April 13, 2018

CRUISE CANCELLATION/ATTRITION:

- From 89-57 days prior to sailing the cancellation penalty is \$250.00 per person.
- From 56-29 days prior to sailing the cancellation penalty is 50% per person.
- From 28-15 days prior to sailing the cancellation penalty is 75% per person.
- From 14-0 days prior to sailing there is no refund.

TO RESERVE A CABIN: Please visit our website at www.iaafp.org/alaska

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



NEW MEMBERS

Active

Curtis Gedney, MD, Mason City
 Kyle Glienke, MD, Storm Lake
 Michael Kalkhoff, MD, Spirit Lake

Resident

Abisoye Adebayo, MD, Urbandale
 Brandon Bingham, MD
 Ann Homan, DO, Bettendorf
 Kelly Krei, DO, Iowa City
 Ji Eun Lee, MD, Iowa City
 Micah Price, MD, Ankeny
 Rachel Rucker, DO, Bettendorf
 Nader Shakir, DO
 Kelsey True, MD, Iowa City
 Dalia Youssef, MBBCH, Iowa City
 Kumi Yuki, MD, Iowa City

Student

Nafis Ahmed, Des Moines University
 Austin Bush, University of Iowa
 Erika Jaworski, Des Moines University
 Kathryn Keefer, University of Iowa
 Aleksandra Kloos, Des Moines University
 Eric Sweeney, University of Iowa
 Adam Verhoef, University of Iowa

Thank You to Our Current 2017 Foundation Donors!

Larry Beaty, MD

Jim Bell, MD

Scott Bohner, DO

R. Reid Boom, MD

Jenny Butler, MD

Corrine Ganske, MD

Jennifer Holmes, DO

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Michael Lindstrom, DO

Kevin Locke, MD

Doug Martin, MD

Lonny Miller, MD

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Niral Tilala

Donell Timpe, MD

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 Visit our web site to make a donation or turn to page 11.*

GET TO KNOW DON SKINNER, M.D., IAFP 2016 LIFETIME ACHIEVEMENT RECIPIENT

1. Why did you pick family medicine? I wanted to help people improve their health.

2. Favorite part of being a family physician? Seeing different ages and generations of families. It is a special honor to be entrusted with their care

3. Biggest challenge facing family medicine today? Maintaining an adequate number of family physicians. The poor reimbursements for primary care makes this more challenging

4. How do you balance your professional and personal life? This needs be intentional by when/where you work and putting limits on your professional activities. There is no shortage of things to fill your time.

5. Favorite ice cream flavor? Chocolate

6. Your First Car? 1963 Chevy Biscayne



Committed to our community

At UnityPoint Health® - Des Moines, we value happiness and health above all else, for our physicians as well as our patients. Across Central Iowa, our health care professionals are providing the very best care and services that allow our patients to feel better, recover faster and enjoy more of the things they love. And UnityPoint Health - Des Moines provides our physicians the very best support, equipment and staff to flourish in their profession.

For more information, contact
Monica.Aunan@unitypoint.org



WE WOULD LIKE TO RECOGNIZE DAVE CARLYLE

We would like to recognize Dave Carlyle, MD of Ames for his service to the AAFP PAC Board. Dr. Carlyle is an original member of the PAC Board, joining the Board in 2005. He has been instrumental in growing the PAC and making it successful. His term officially ends at the end of the Congress of Delegates meeting in September.



Dr. Carlyle with Sen. Al Franken (D-MN)



**PC
AC**
IAFP PrimCare PAC
Supporting Quality Primary Health Care in Iowa



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 IAFP'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
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