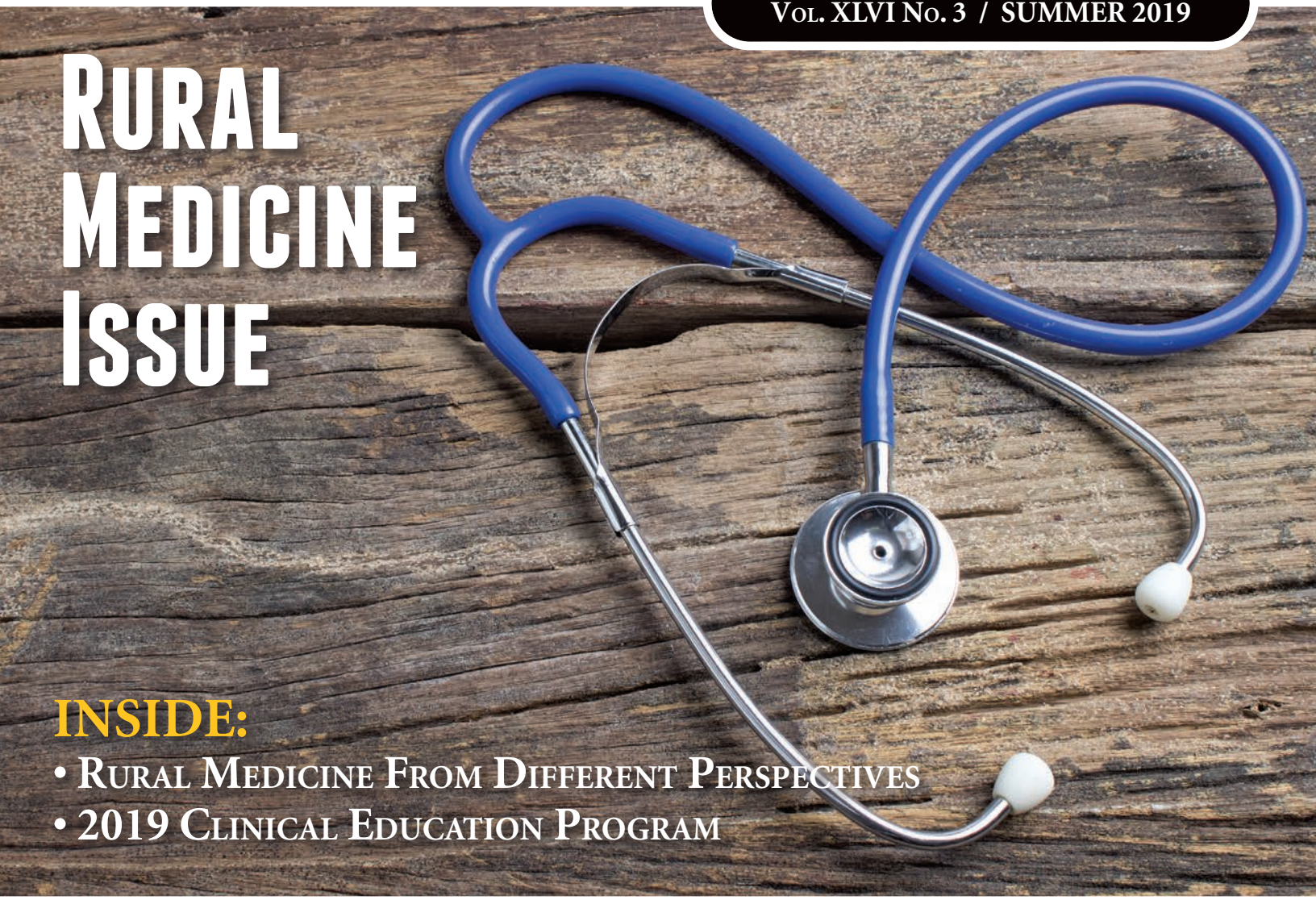
IAFP

# IOWA FAMILY PHYSICIAN

Vol. XLVI No. 3 / SUMMER 2019



# Rural Medicine Issue

## INSIDE:

- Rural Medicine From Different Perspectives
- 2019 Clinical Education Program

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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

Official Publication of the Iowa Academy of Family Physicians
**Vol. XLVI No. 3 / SUMMER 2019**


# In this issue

# Rural Medicine Touches Us All

***By Jim Bell, M.D.***

It's hard to know how to start a message in an issue that focuses on rural health care. It might be sort of like confession. When I applied to medical school, I remember writing in my personal essay that I wanted to become a rural family doctor. My grades and MCAT scores weren't that great, so I assume that expressed intention is why I got in. Since I grew up in Des Moines, my definition of rural was probably "anything smaller than Des Moines." So God, I am sorry that I ended up in Cedar Rapids. In my defense, I practiced in the outermost corner of Marion, so I took care of a lot of rural patients. They were the best.

My mother was a farmer's daughter from near Tipton, and even though it isn't far from Iowa City, I think Cedar County still only has one stoplight. I remember hearing on the farm when I was a kid that if there was a big problem, they might have to call Dr. Kruse or Dr. Kopsa (the only two doctors in the county as far as I know). Though I never met either of them, they became part of the legend that made me want to pursue medicine. Even now practicing palliative medicine at St Luke's, it's easy to identify patients and families who come from rural Iowa because they understand the work ethic, they don't complain about little things, and they know the "circle of life." I still see people from Tipton who know my relatives and I love to hear stories. Life is stories.

The most significant memories I have during training were in small communities (again I apologize if I am misinterpreting "small"). I literally lived for a month with Dr. Jim Dunlevy in Fairfield. During residency training, my moonlighting experience was mostly at Delaware County Hospital in Manchester, and among my mentors there was Dr. Larry Severidt. I know those are revered names in our circles and that many of your heads are nodding. There are many more names that belong on the "revered" list of the giants of rural medicine.

Moonlighting is where I grew up. My first weekend in the ER, a 16-year-old boy drowned in Lake Delhi. I used everything that 1984 ACLS training had to offer, worked for almost an hour, then sat down and cried with the family over their loss. It wasn't my first exposure to end of life but the first time I was in the driver's seat. I don't know if that experience had any bearing on my predisposition to provide good end of life care, but I can say that it made me respect being the responsible physician in an isolated place.

All family physicians in Iowa have many stories similar to mine. How do these stories relate to what we can and should do as an Academy? First, I think is to call out the importance of rural family medicine and beat the drum hard. I just read in the Family Medicine Action Network Digest (get it through the AAFP!) of a CBS News story on the crisis of rural medical care with hospital closures and declining access to care, and how one community in western Kansas is responding with a concerted effort that pivots around family physicians. Next, we need to respond at the advocacy level with policies that encourage medical students to choose family medicine, and especially rural practice. We can be thankful that in Iowa, some of that is happening. Des Moines University has the highest percentage of any osteopathic college in the country going into family medicine, just over 27%. Yes, University of Iowa, that should be a motivator. Our

governor and legislature also recognize the need with increased residency funding (particularly for mental health) and ongoing support for the Rural Loan Repayment program.

There might be ways we could influence policy makers to improve the Rural Loan Repayment Program, or maybe you have ideas of your own that could potentially improve the status of rural family practice in Iowa. How about sharing them? Last issue I stepped out in faith and shared my e-mail address not knowing how many physicians would respond to me. One did. The intent of the IAFP is to be inclusive and responsive, not aloof! My e-mail address again is james.bell2@unitypoint.org and I'd love to hear from you. In closing, my thanks and gratitude to our rural family physicians—you are my heroes.

# If You Don't Know Us ...
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# Focus on Rural Family Medicine

***By Jason Wilbur, M.D.***

*The more things change, the more they stay the same.*

– Jean-Baptiste Alphonse Karr

This well-known epigram seems to be an apt way to start this column. We have made a change in the magazine that, in one way, leads us back to our roots in family medicine. Each issue this year will be devoted to practice types, starting with the most iconic family medicine practice of all – rural family medicine.

In addition to the usual content, this issue features reflections and hopes for rural family medicine. Our president, Dr. Bell, shares his thoughts on rural medicine, while three young physicians (a 2019 med school graduate, a current resident and a doctor just starting practice) write about their experiences with and plans for rural medical practice.

For those of you who know anything about me, you probably know that I live in Iowa City and work in the ivory tower of the University. I'm even more "un-rural" than that: I grew up in St. Louis and had no idea what an auger was before I came to Iowa. What's my connection to rural family medicine? Why would I care?

At its core, family medicine teaches us to be rural doctors. Learning the full spectrum of primary care prepares us to enter medical practice anywhere. One of the best places to utilize that training is in small towns and rural areas of the U.S. I came to this realization during residency when I rotated in Elkader, Iowa. At that time, the practice did not perform obstetrics, but they did everything else. I loved it! I was using the broad array of my skills across multiple settings – ER, hospital, clinic and nursing home. I witnessed the impact that the doctors had in the community. I saw the connections they had with their patients and the gratitude and respect they garnered. I was impressed. Later, I spent time moonlighting in a rural emergency room during residency. While there, I learned the value of a family doctor to rural patients with acute needs, and I gained confidence in my own abilities. At the end of residency, I felt prepared to venture into a small-town practice to maximally utilize my skills. Just one problem – my wife was in fellowship training to be an oncologist.

*"Rural areas have unique health needs that are best served by doctors trained in broad-based primary care skills with a focus on community health. There is an increasing need for obstetrical services in rural Iowa where family doctors provide much of that care."*

So, my life remains in Iowa City, but I am always delighted to hear from students and residents who want to enter rural practice. We clearly need more doctors in the 92 (or thereabout) counties in Iowa that are not urban. There are over 100 openings for family doctors in rural Iowa (I don't even need to look that up because that statistic has hardly changed in the last 5 years). But the need for rural family medicine is even greater than that statistic indicates.

Rural areas have unique health needs that are best served by doctors trained in broad-based primary care skills with a focus on community health. There is an increasing need for obstetrical services in rural Iowa where family doctors provide much of that care. Sadly, labor and delivery units have closed in several Iowa towns over the past few years (e.g., Ida Grove, Sac City, Iowa Falls) due to lack of providers. In fact, about two dozen rural Iowa hospitals have ended labor and delivery services since 2000. This lack of service could be (and should be) filled by family doctors.

Additionally, rural areas are aging more rapidly than their urban counterparts. Currently, in about half of Iowa's rural counties, greater than 20% of the population is over the age of 65 (none of the urban counties have this many older persons). By 2050, nearly every rural county in Iowa will be this old. This demographic shift places a higher burden

on rural health systems and adds a layer of complexity to rural medical care that can be managed best by family doctors.

While it's great fun to reminisce about rural experiences and to praise those of us who practice in rural communities, we need to do more. How can we help assure that every county in Iowa has access to solid physicians trained in family medicine?

We need to continue to push programs that get doctors into rural communities, such as the Rural Iowa Primary Care Loan Repayment Program. We need to encourage our state medical schools to promote family medicine and make sure students have plenty of opportunities to experience rural practice. We need those same medical schools to draw a larger proportion of their students from rural areas, and having more family physicians involved in admissions certainly helps (nod to our very own Dr. Lisa Lavadie Gomez who chairs the admissions committee at the University of Iowa).

Just as important as any of these, each of us must demonstrate to students what family doctors can do for the impressive variety of patients we see. We must kindle that enthusiasm in students to ignite the fire of family medicine. We do amazing work – every day. We should take pride in what we do, and we shouldn't be afraid to show it off a bit. Getting students fired up about the breadth and depth of family medicine may be the best way to lead them to a rural practice.

As always, thank you for being a part of the IAFP and for reading my column. If you have questions or suggestions for us, please email me at Jason-wilbur@uiowa.edu.

# Changing Perceptions About Rural Medicine: What Works?

***By Cameron Jones***

My small hometown was my world. From birth to my first excursion away from home for college, I lived in the same small town with the same people. Like anyone else, I was excited for new experiences, to see the world, to make my mark. I grew up with movies and pop culture describing the small town kid who realizes that there's "something bigger out there" in store for them. Since then I have spent time exploring the world, living in a few small towns, a large city, and some college towns in between. Yet here I stand, matched into a residency program I chose largely because of its commitment to training rural physicians.

How did that happen?

Unfortunately for many rural communities, this story is the exception rather than the rule. Many soon-to-be physicians end up gravitating to cities for a variety of social, cultural, and professional reasons. In my experience, the path to an allopathic medical degree, by no fault of its own, steers students away from rural practice.

Let's look at this using a theoretical student named Susie. Susie graduates high school in a small town, knowing she is interested in medicine. For her first step she is expected to attend a university and perform a mountain of tasks to "wow" admissions committees. While this might be done in a small college town, it is more likely that she will choose to do so in a big city.

Next step: medical school. Finding a medical school in a small or medium sized community is also very difficult (the University of Iowa being a notable exception). The same could be said for residency. Further, if she does not choose one of a few specialties, her chances of working in a small town are next to zero, as many specialties are rare or absent in rural areas.

How about her peers? Some will have small town roots, but many of her colleagues have lived in cities their whole lives, and may have negative attitudes about rural life. She may have a significant other who has a job or other ties to the city. And if she does not have a significant other, where is she most likely to find one? The city.

*"As a medical student, I have seen the tremendous amount of social and professional pressure urging students toward urban practice."*

In itself, living in a city is not a bad thing, but it does steer students away from rural medicine. As a medical student, I have seen the tremendous amount of social and professional pressure urging students toward urban practice. After so many years of life in the city, the prospect of settling down in a small town can be daunting.

How, then, did I make this decision? The most important factor was exposure. I had the privilege of shadowing several family physicians in my hometown during college. I saw the scope of their practice and witnessed the rewarding relationship they had with their patients. Two rural rotations during medical school gave me additional hands-on exposure in this role and familiarity with life in the communities they served. These two factors—the excitement of full spectrum family medicine and the intimate patient relationships—were the most meaningful factors in my decision to pursue rural care.

However, many students have never seen or experienced rural medicine by the time they choose a medical specialty. A recent article in *The Journal of Rural Health* (2017;35(1):42-48. doi:10.1111/jrh.12244) showed that exposure of urban-track students to a rural medicine rotation improved their perception of both rural medicine and the satisfaction level of rural physicians. In my personal conversations with students who completed their core clerkship in family medicine at a rural site, nearly all of them have said that they had a positive and enjoyable experience. It is clear that rural rotations play an important role in changing students' attitudes toward rural medicine.

If the shortage of rural physicians is to improve, medical and premedical students must have firsthand experience in rural medicine. While the onus of providing formal rotations falls on the medical education system, rural physicians can contribute by encouraging local students interested in healthcare to observe rural care in their practices. These experiences can be powerful sources of motivation for future physicians to practice in the small towns of America.

**PROVIDE FINANCIAL AND MENTORSHIP SUPPORT TO STUDENTS**

# IAFP MEDICAL STUDENT SUPPORT PROGRAMS

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

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

- Financial support is used to:
  - Offset expenses for travel and accommodations for attendance at the AAFP National Conference in Kansas City, where students gain energy and information about family medicine residency programs and may attend educational sessions of interest to future family physicians.
  - Support students during early curriculum with resources, study break treats, as well as offsetting travel/accommodation expenses for shadowing opportunities and mentorship connections.
- Mentorship support includes quarterly contact with students as arranged. These connections may take various forms and will be supported by the UI Department of Family Medicine Medical Student Education Program:
  - Electronic conversations
  - Face-to-face or Skype meetings
  - FMIG event co- attendance
  - Shadowing connections during summer or school breaks
  - Precepting students for required and/or elective family medicine clerkships

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

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

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

IOWA ACADEMY OF FAMILY PHYSICIANS FOUNDATION

# Is This Heaven? No, It's (Rural) Iowa!

***By Michael C. Jorgensen, M.D., R2 / University of Iowa Hospitals and Clinics Family Medicine Residency Program / Iowa City, IA***

Rural areas have a shocking shortage of doctors and basic health services. As a result, these small communities have inadequate health care and worse health outcomes than their larger counterparts. Residents of rural areas must travel greater distances to access basic health care, let alone specialty services. They have increased prevalence of chronic diseases and are less likely to receive preventive care. While the challenges of practicing rural medicine are daunting, the rewards can be immense. Physicians practice medicine because we find deep meaning in service and helping others live more enriching and healthy lives. Nowhere is this service needed more than in rural communities. Practicing rural medicine offers a pathway to a profoundly meaningful and appealing career.

Why is rural medicine a compelling career? First and foremost is the vital role a family physician plays in a community. I experienced this firsthand in medical school when I was fortunate to spend a month in Rockwell, Iowa (population 1,039) in a practice created by a husband-wife family physician team. These physicians not only knew their patients, but also knew their families, struggles, and unique circumstances. Similarly, patients of this practice saw these two physicians as "their" doctors in whom they had built trusting, long-term relationships. Personal relationships, in addition to the challenge of practicing a broad scope of medicine with a focus on consistent and coordinated preventive care are what draw me to practice family medicine in rural Iowa.

Many family physicians are attracted to family medicine because of the intellectual stimulation and challenges it poses. No other area of medicine offers such a breadth of knowledge to help patients. Rural communities, which often lack access to care by specialists, stand to benefit the most from the skill set of a family physician. Family medicine is uniquely suited to help medically complex patients with numerous social stressors because holistic care is at its core. One key advantage is the intimate understanding of how all organ systems interact to affect the patient as a whole. Equally significant is the recognition by family physicians that psychological and social factors play important roles in the health and well-being of a patient. When combined, these diagnostic abilities give family physicians a formidable skillset that allows them to provide the highest quality care to their patients. Acquiring and honing this hard-earned skill set and using it to help people is truly gratifying.

In addition to the value a family practice provides a rural community, the practice also offers the physician and his or her family a very important feature that is often understated − quality of life. I believe the lifestyle offered in rural Iowa is second to none. For those who love serenity and nature, rural areas provide an abundance of recreational activities including hiking, boating, fishing, swimming, biking, and kayaking. The list is endless. Less traffic and more space is guaranteed. The cost of living is lower than in larger communities, so what might have been an unaffordable property in an urban area becomes more affordable. In addition, rural communities are keenly aware that they are underserved and can be very grateful for the value family physicians provide. Organizations may offer physicians financial incentives to practice in their community such as competitive compensation and loan repayment.

I will personally benefit from the State of Iowa's Rural Iowa Primary Care Loan Repayment Program, which offers loan repayment awards up to $200,000. To qualify, one must be a fourth-year medical student in Iowa who goes on to complete residency training in Iowa and specialize in family medicine, general internal medicine, pediatrics, psychiatry, or general surgery. Students receiving the loan repayment must practice for at least five years in one of the state's designated rural areas. My wife, who is currently a second-year psychiatry resident at University of Iowa Hospitals and Clinics, is also enrolled in this program. We both feel immense relief and gratitude knowing that we are not alone in repaying our substantial student debt.

Practicing rural medicine can be deeply meaningful and enriching. The relationships you build, the community you serve and the positive difference you make can be profound. The intellectual and personal satisfaction from acquiring, maintaining, and using a remarkably broad and deep knowledge base in service to those in need is immeasurable. When one factors in serenity, lifestyle, and financial incentives, rural medicine becomes even more appealing.

As family physicians, we can guide our patients through birth and life-altering illnesses; we may even be at their bedside during their deaths. In rural communities, we serve as a foundation of health care in ways both tangible and intangible. I am excited to be part of a profession that allows me to impact patient lives in such a meaningful way. For so many reasons, my family is eager to move to rural Iowa after completing residency.

**$2,500**
**SCHOLARSHIPS AVAILABLE**

IOWA ACADEMY OF FAMILY PHYSICIANS
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# RURAL MEDICINE SCHOLARSHIPS AVAILABLE!

## SCHOLARSHIP PURPOSE

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

## APPLICATION DEADLINE

# JUNE 28 2019

## QUESTIONS?

Call the Iowa Academy of Family Physicians 515.283.9370 or 800.283.9370

### SEND COMPLETED APPLICATIONS TO:

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

## ELIGIBILITY REQUIREMENTS

**STUDENT (M4's) -**
A medical student graduating from the University of Iowa College of Medicine or Des Moines University. Entering an Iowa Family Medicine Residency program in 2019. Holding membership in the IAFP and AAFP. Demonstrated scholarship and achievement in medical school. Completion of the application requirements.

**RESIDENT (R3's) -**
Completing an Iowa family medicine residency program in 2019. Locating practice in a rural Iowa setting under 10,000 in population. Demonstrated scholarship and achievement in medical school. Completion of the application requirements.

## WINNERS AWARDED

The scholarship winners will be awarded during the Iowa Academy of Family Physicians annual meeting on November 15, 2019 at the Prairie Meadows Conference Center. ***Applicants must be interested in a career in rural family medicine.***

## APPLICATION REQUIREMENTS

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

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

# The Future of Family Medicine

***By Pam Williams, Executive Vice President***

I'm always so excited to spend time with University of Iowa and Des Moines University medical students and it is thrilling to be able to maintain some of those relationships through their residency training and then into practice. I'm always so disappointed when our students leave Iowa for residency training and even more disappointed if they choose not return to Iowa when they complete their training.

I'm concerned for the future of health care in Iowa particularly in our rural communities. The workforce projections for 2010-2030 published by the Robert Graham Center indicate that to maintain current rates of utilization, Iowa will need an additional 119 primary care physicians by 2030 – a 5% increase over the 1996 workforce in 2010.

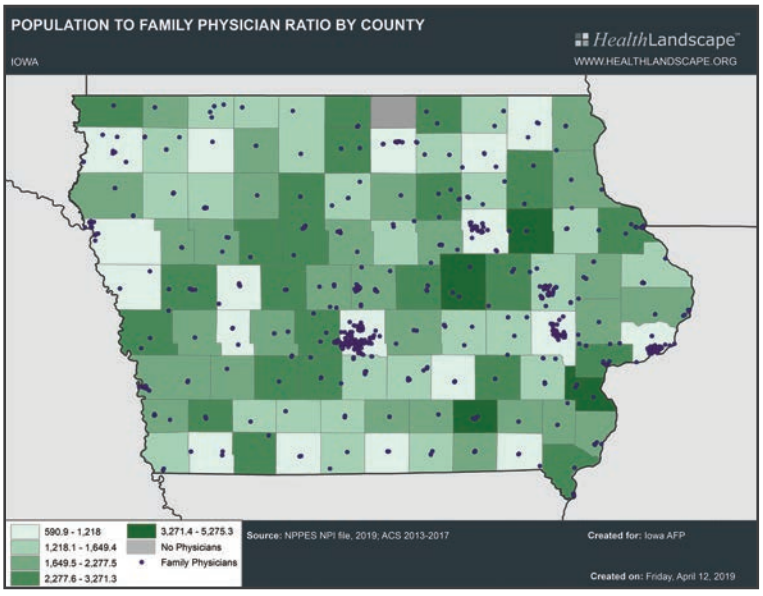
***I've included some maps from the Robert Graham Center that show the status of rural care/areas in Iowa.***

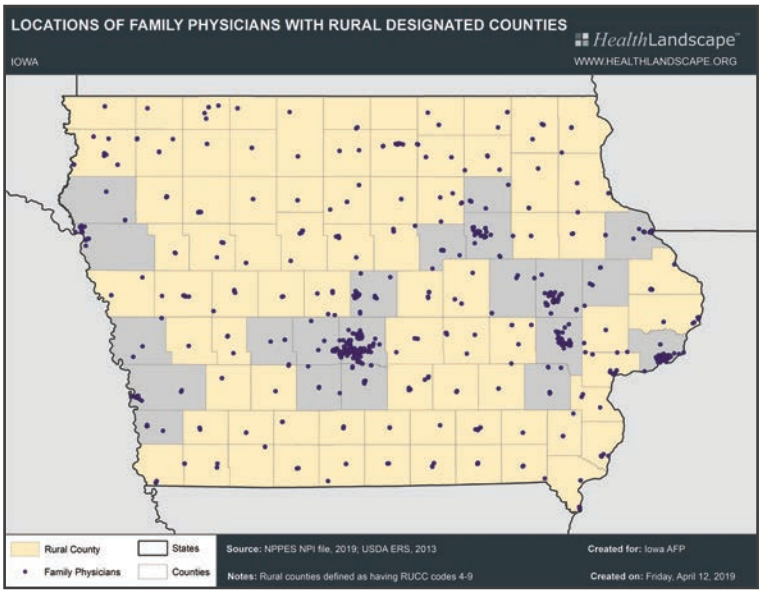
The Office of Community Based Programs at the University of Iowa lists 169 practice opportunities in 93 communities in Iowa for 2018-2019. At least 93 positions are being recruited in communities with less than 25,000 people. This list seems to remain consistently high.

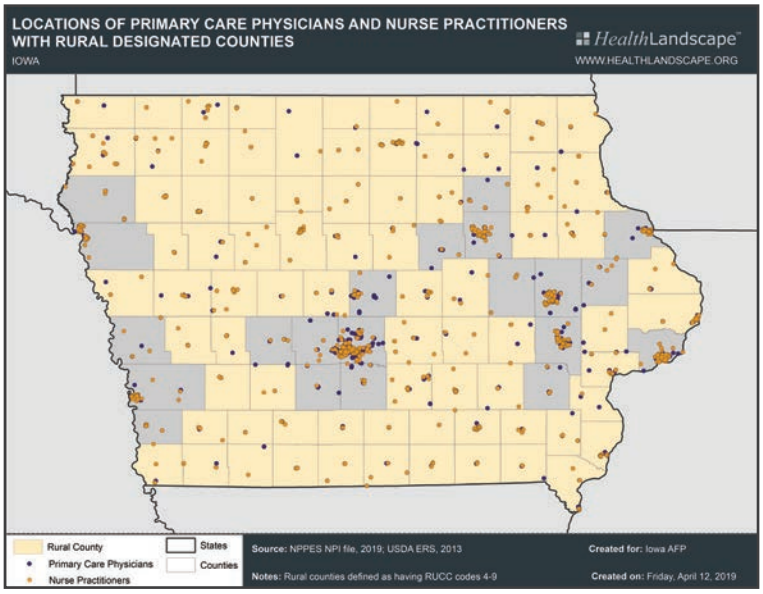
The IAFP continues to try to attract physicians to rural areas:

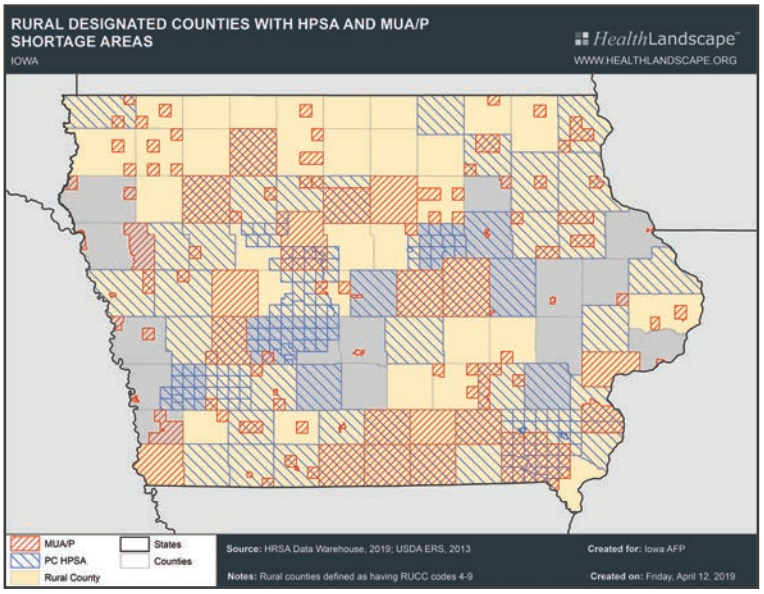
**Rural Loan Program -** The Rural Iowa Primary Care Loan Repayment Program was established to address critical doctor shortages in rural Iowa communities. The program provides loan repayment incentives to individuals that practice in specified locations for up to five years. The maximum award for this program is $200,000, which is paid in five increments. Since 2013, this program has awarded 50 recipients within the primary care specialties with Family Medicine being the highest awarded specialty.

**Farm Bureau Scholars -** Rural Medicine is vital to the state of Iowa. The IAFP Foundation was fortunate enough to team up with the Iowa Farm Bureau in 1993 to create the Iowa Rural Medicine Scholarship. The purpose of the Rural Family Medicine Scholarship is two-fold: To encourage residents, upon graduating from an Iowa family medicine residency program, to pursue a medical career in Iowa communities under 10,000 in population. To encourage an Iowa medical residency and a practice in a rural Iowa community. Since inception, this program has awarded 97 scholarships. We value this long term relationship with the Iowa Farm Bureau and are so pleased to see many past scholars in leadership positions today.






**Tesdall Scholarship -** When long term member Don Tesdall passed away in 2012, his family designated the IAFP Foundation as the recipient of his memorial contributions. For several years we awarded a scholarship to a medical student from an Iowa farm community who wrote an essay about growing up in that environment. This year the funds were used to increase the award to the FMIG Outstanding Student of the year. The Tesdall family has agreed to fund this award for five more years.

Let's all continue to work hard to mentor medical students and residents to help make Iowa a place they never want to leave.



The project described was supported by Funding Opportunity Number CMS-1L1-15-002 from the U.S. Department of Health & Human Services, Centers for Medicare & Medicaid Services. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.

# 2019 Legislative Coffee Recap

We held our Legislative Coffee on February 5, 2019 at the Iowa Capitol Building. There were about 50 physicians and legislators in attendance. Our physicians were able to discuss our legislative priorities face-to-face with representatives from their district. Thank you to all who attended and made this another successful event!

*We hope to see you in 2020!*


# End of Session 2019 Report

## *Introduction*

The session opened with Governor Reynolds delivering her second State of the State address. In this speech, she highlighted her legislative agenda for the 2019 legislative session which included: Future Ready Iowa, Empower Rural Iowa, children's mental health reform, over-the-counter contraceptive access, restoring felon voting rights, and improving Medicaid managed care. Although not all of these priorities were addressed, many were sent to Governor Reynolds desk for her signature.

Unlike last year and the year prior, the House and Senate did not have to deappropriate money from the current fiscal year. Although they did not have to deappropriate any funding, it was apparent that both the House and Senate wanted to take a more cautious budgeting approach, coming in at approximately 97% (Senate) and 98% (House) of ongoing revenue, even though they are constitutionally allowed to spend 99% of ongoing revenue. This led to an introduction of differing budget targets mid-session, with the Senate coming in approximately $50M less than the House's overall target. Once targets were reached, budgets were agreed to fairly rapidly.

Throughout the course of the session there was one resignation in the Senate when Senator Jeff Danielson (D – Cedar Falls) resigned in February to take a job with the Wind Energy Association. The Governor set a special election date and a race between former Representative Walt Rogers, a republican who lost his House seat in the 2018 November election, and Democratic candidate Eric Giddens ensued. Giddens, a school board member, ultimately defeated Rogers (R) in the special election. Giddens received 57 percent of the vote, while Rogers received 42 percent of the vote. Additionally, Representative Andy McKean (D – Anamosa) switched political parties when he announced he was leaving the Republican party to join the Democrats during the last week of session. McKean stated his reason for switching parties was due to President Trump.

Throughout the 15 week legislative session, several republican priority bills cleared both chambers and were signed by the Governor. These included property tax oversight, Empower Rural Iowa, Children's Mental Health and some funding for Future Ready Iowa.

## *State of Iowa Budget*

The legislature began the budgeting process earlier than normal this year, with some budgets being released the week of the second funnel. Although budget bills were introduced, budget targets took weeks to be agreed to by the House and Senate. The agreed upon FY20 budget plan spends $7.643 billion, accounting for 97.39% of ongoing revenue. The joint budget agreement is 0.2% higher than the adjusted FY19 budget, fills all reserve accounts, and leaves an ending balance of nearly $300 million. Individual budget targets were as follows:

| | |
|---|---|
| Administration & Regulation | 56,541,445 |
| Ag & Natural Resources | 42,682,522 |
| Economic Development | 41,903,345 |
| Education | 954,733,479 |
| Health & Human Services | 1,937,186,761 |
| Justice Systems | 768,017,983 |
| State Aid to Schools & other standing appropriations | 3,842,588,325 |
| **GENERAL FUND TOTAL** | **7,643,653,860** |

Specific budget appropriations of interest include:

- Increased Reimbursement for critical access hospitals - $1.5M. This funding will be applied via a critical access hospital cost factor that will be approved the CMS via a state plan amendment.

- Increased reimbursement for HCBS waiver providers for supported community living and day hab services. $1M.

*(continued on page 14)*

*(continued from page 13)*

- Elimination of the children's MH HCBS waiting list - $1.2M
- Rural Psychiatric Residencies - $400k. This was not earmarked for the U of IA, as was recommended by the Governor. This will go through an RFP process and winning bidder will receive the funding.
- Assertive Community Treatment teams - $211k
- Increase Rx Drug Donation Repository Program – increase of $58k
- Rural Loan Repayment Program - $1.425M (increase of $300,000)
- Medical Residency Program – status quo funding that continues the program and appropriation
- Psychiatric Training - $150k. Intended to be used to include psychiatric training in medical school education.
- $150.3 million supplemental appropriation for the FY 2019 budget.
- $338,000 for a children's behavioral health hotline which includes a transfer of $32,000 from the DHS, and directs the DPH, in collaboration with the DHS, to expand the Your Life Iowa information referral service to include information on the Iowa Children's Behavioral Health System.

The following policy language was included in the HHS budget bill:

- Liquidated damages. There was language that requires the DHS to revised Medicaid managed care contracts to include liquidated damages provisions. Specifically, it requires the assessment of liquidated damages for prior authorization and claims payment system issues that were reported by the MCO to the Department but reoccurred within 60 days of the reported correction; as well as assessment of liquidated damages for the failure of an MCO to complete provider credentialing or to accurately load provider rosters as required in the contract.
- Health Data Collection and Use. Language was included that requires the DPH to require an RFP for public health data collection and use. This language takes away the current memorandum of understanding with the Iowa Hospital Association and the state. The data will still be used but will go through an RFP process.
- Medicaid Coverage for Alien Pregnant Women. Requires DHS to apply for a CMS waiver to allow pregnant women who are lawfully admitted into the US to have Medicaid coverage, without having to wait for five years.
- Public Health Overview over Certain Boards. The Board of Medicine, Board of Nursing, Board of Pharmacy and Dental Board's Executive Directors will be under the purview of the Director of Public Health. The Director will hire all of these positions.
- Prior Authorization language. Requires DHS to review expanding the medical assistance management information system to integrate a single, statewide system to serve as a central portal for submission of prior authorizations for Medicaid. The portal won't be used as the tool to make or review final determination of PA requests but would serve as the conduit for providers to make the PA request. The report is due back to the legislature by March 31, 2020.
- Language directing the Department of Human Services to apply for an intergovernmental transfer arrangement between nursing homes and hospitals. This language has been attempted in the past and CMS has rejected the waiver.
- Managed Care Contract Notification. Requires the DHS to notify the Chairpersons and Ranking Members of the Health and Human Services Appropriations Subcommittee, the LSA, and caucus staff within 30 days of execution or amendment of a managed care organization (MCO) contract, and within 30 days of determining the incentive payment withhold amount.

- Hospital Health Care Access Assessment: Extends the repeal of the Hospital Health Care Access Assessment Program until the end of FY 2022.

- MAAC: Eliminates the Executive Committee of the MAAC Council and limits the voting membership of the Council to ten members.

- Elimination of state compensation or expenses for Certain Boards: Eliminates the payment of compensation or expenses for public members of the following: Plumbing and Mechanical Systems Board. Child Death Review Team. Health Facilities Council. Emergency Management Services Advisory Council. Early Childhood Iowa State Board.

## *Bills of Interest*

### *Children's Mental Health Bill*

One of the Governor's priority made its way to her desk for signature. HF 690 was a bill that set the parameters for a children's mental health system that would exist in conjunction with the regional adult mental health system. The bill sets the core services that must be provided by the regions as well as establishing who is eligible for coverage. The core services include: crisis residential, mobile crisis response, prescribing and medication management, therapy, assessment for eligibility, and inpatient psychiatric hospital treatment. A fiscal analysis can be found here. The bill encompasses many of the recommendations established by the Children's System State Board.

### *Certificate of Need Changes*

Two certificate of need bills were filed this year and dealt with the elimination of the certificate of need process in Iowa. SF 18 died in the Senate after a subcommittee vetted the bill. The bill was introduced by Senator Brad Zaun (R – Urbandale) and eliminated the CON process in Iowa. HF 162 was introduced by Freshman Representative Jeff Shipley (R – Fairfield) and eliminated CON in Iowa. The bill was never given a subcommittee assignment and died in the Human Resources committee.

### *Medical Residency Preference bill*

HF 532 was a bill that deals with medical residency dollars in the state of Iowa. The bill initially would have required that medical residencies in Iowa funded by the State would have had to give priority to Iowa residents, and require the medical residencies to provide the opportunity to practice in a rural area during their medical residency. The bill was amended to include an Iowa preference, but the preference applies to those individuals who are residents of Iowa, attended an undergraduate degree from an Iowa college or university, or attended and earned a medical degree from a medical school in Iowa. The bill also included a requirement for residencies of primary care, and psychiatry, the opportunity to participate in a rural rotation to expose residents to rural areas of Iowa. Additionally, the bill requires the U of Iowa to give priority in awarding federal residency positions to applicants who have an Iowa connection (as described above), as well as the opportunity for a rural rotation for primary care and psychiatric residencies. Another part of the bill requires U of IA to review the feasibility of offering additional fourth-year electives to students who attend DMU.

### *Suspending Inmates Medicaid Eligibility*

HF 423 was a bill that clarifies that DHS will not terminate Medicaid eligibility for an inmate at any point during their incarceration as long as the individual remains Medicaid eligible. Previously, inmates Medicaid status was cancelled if their incarceration exceeded a certain number of days.

### *Federal Block Grant Bill*

The Federal Block Grant bill attempted to make changes to the funding for community mental health centers (CMHCs), by taking the funds that are applied to the CMHCs and redirect them to children's mental health. HF 756 was amended to continue to keep funding the CMHCs through the Federal Block Grant. However, there was language in the bill that required a report to go back to the legislature, highlighting how the funds are currently spent, with the intent of the House directing that money to services.

*(continued on page 16)*

*(continued from page 15)*

### *Mandatory Reporter Bill*

HF 731 is a bill that makes changes to Iowa's mandatory reporter training requirements. The training requirements go from recertification from every five years to every three years, after initial training. The mandatory reporter curriculum will be developed by DHS for mandatory reporters of child abuse and dependent adult abuse, these separate trainings will be provided to mandatory reporters for free, and that the frequency of trainings be increased from every 5 years to every 3 years. This bill allows for an hour-refresher course after the initial 2-hour DHS training has been completed. Employers may still supplement the DHS training with a more specific training for their employees.

### *Prior Authorization for Medication Assisted Treatment*

HF 623 is a bill that requires the department to adopt rules that prior authorization shall not be required for five different treatments for medication assisted treatment. These treatments include: methadone, buprenorphine, naloxone, buprenorphine and naloxone combination, and naltrexone. The bill is effective July 1, 2019.

### *County and Region Levy Funding*

HF 691is a bill that modifies the amount of excess funds counties are able to retain. This bill pushes back the requirement for MHDS Regions to decrease their ending fund balances by 5 years and increases the amount of cash flow to 40% going forward. Beginning in FY 2024, counties are limited to a fund balance of cash flor of 40% of gross expenditures. Currently it is at 25%.

### *Pharmacy Benefit Managers*

Several bills that dealt with pharmacy benefit manager regulation were considered in the legislature this session. The bills took on various forms but the bill that moved was SF 563. The bill creates a new chapter in Iowa Code—510C, and requires the PBMs to annually report to the Commissioner of Insurance information about rebates and fees received, with the Commissioner posting nonconfidential information received on its website. The bill also requires the Insurance Commissioner to adopt rules.

### *Designation of Laycaregiver*

SF 210 was a bill that was worked on by hospitals and AARP and deals with lay caregivers and their interaction with the discharge planning process.

### *Empower Rural Iowa*

HF 772, was the Empower Rural Iowa bill and one of the Governor's legislative priorities this session. The bill was amended throughout the session; the end result did the following. The bill addresses broadband by changing specific broadband targets/requirements for download speeds for BB services and references the FCC for those speeds. It allows the Chief Information Officer (CIO) to make determinations from time-to-time whether a provider is achieving those speeds and allows the CIO to increase download speeds to include additional areas. It extends the time for certain unobligated BB grants fund to revert to three years and extends the grant program to 2025. It also allows the CIO to consider additional information outside the application for a grant and determines weighting factors and includes additional opportunities for public comment. The bill makes definitions and defines what an underserved area is.

The bill also includes flood assistance by allocating $10 million in housing credits for areas in 2019 flood disaster zones. For housing, it requires the use of application periods and competitive scoring for workforce housing projects and strikes certain reservation requirements and requires the EDA to notify tax incentive winners. It makes other changes to the application process, to the definition of a small city in order to allow a city that is partially in a county that is too large for the program to qualify, to claw back/repayment provisions and other matters. Includes competitive grant procedures. Sets caps ($25 million for workforce housing, with $10 million for small cities). Includes exceptions to the small city cap. Requires the creation of waiting lists for projects. Requires all credits in FY 2020 to go to small cities.

### *City and County Tax Limits*

The legislature, SF 634, created a threshold for local governments on their property tax threshold. The bill sets a threshold at 2%, however, cities and counties can exceed this threshold by a super majority vote, as well as a requiring the local government to hold a public hearing. The bill evolved as the session progressed. Versions that were proposed throughout the session included language that set a hard cap on the budget thresholds, reverse referendums, etc. Although the bill sets a "soft" threshold, the version that was passed was much less obstructive than previous versions.

### *Bills That Did Not Move*

Over the Counter Contraception. The Governor's office was pushing bills that dealt with over the counter contraception to be given by pharmacists. The bill took on different forms in both the House and Senate, with the Senate moving a bill out of its chamber. However, the House did not move the bill this year. The governor has indicated she will work on it next year.

Pharmacists Increased Standing Orders. The Pharmacy Association attempted to move bills that would have increased their ability to perform more immunizations and have increased standing orders. The bills did not move this year.

Vaccination Exemptions. Several vaccination bills were introduced that would have created exceptions for parents who do not wish to vaccinate their children. Although the bills did not move, they grew in number and had packed subcommittees with those advocating for these exemptions.

Optometrists Injections. This year, the optometrists again attempted to increase their scope of practice to perform certain injections they currently cannot. The bill passed out of the House but stalled in the Senate, in large part due to Senator Marienette Miller-Meeks, who is an ophthalmologist. There was an end-of-session play to add the bill onto the standings bill but it was thwarted in the Senate.

Your voice influenced legislation affecting physicians and patients across Iowa. However your work is not done. Please donate below to ensure our voice stays strong.

PC PAC

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**
- ❑ **$250 Bronze Membership**
- ❑ **Other** _____

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.

Name: _____

Address: _____

_____

❑ Pay by check ❑ Pay by credit card

❑ Visa ❑ MC ❑ Other _____

CC#_____CVC Code _____

Signature_____Exp. Date _____

**MAIL THIS FORM AND PAYMENT TO:**
IAFP, 100 E GRAND AVENUE, SUITE 240
DES MOINES, IA 50309 • FAX (515) 283-9372

# Relearning Dutch Bingo

***By David Janssen MD***

Have you ever played Dutch bingo? Despite the name, no numbers or cards are required. When two people of Dutch descent meet one another, "Dutch bingo" describes the typical practice of naming relatives and friends until they find a way to connect themselves. Having grown up in heavily Dutch Sioux County, I used to be an expert at this game, but I forgot many of the connections after moving away for over a decade. This past summer, I said goodbye to Davenport, Iowa and returned home to practice small town medicine in Sioux Center.

To survive a career in medicine, an important life skill is compartmentalization, leaving certain aspects of the job at the hospital or clinic. Burnout comes too quickly to the physician who constantly carries the weight of the job. My partners and I cover the emergency department, clinic, hospital, and labor and delivery. We see patients at the high and low points of their lives.

Rural family medicine means that those patients are neighbors, church members, friends, co-workers, and sometimes even family.

People often say that "there are no secrets in a small town," and I worry that sometimes my patients think that adage extends to medicine as well. I find myself frequently reminding my patients that our visit is confidential and calling people myself with their lab results to shrink the circle of trust. Hippocrates wrote that we are to hold these things as "holy secrets." Perhaps privacy and confidentiality in medicine are even more important in a small town, where it seems like nothing else stays secret for long.

I love that I know my patients so personally. I enjoy when patients approach me at restaurants or at community events to say hi and show me how much better their child is doing. Sometimes I am almost overwhelmed when someone I have known since childhood comes to me to establish care or trusts me to care for them and their unborn child. Since moving back, I have quickly learned to ask patients for permission to say hi from them to my siblings or parents, as I suspect they

*"I love that I know my patients so personally. I enjoy when patients approach me at restaurants or at community events to say hi and show me how much better their child is doing. Sometimes I am almost overwhelmed when someone I have known since childhood comes to me to establish care or trusts me to care for them and their unborn child."*

assume I would be extending greetings anyway. The nuances of HIPAA are not fresh on the minds of the average civilian.

Frequently this results in awkward encounters at parties and events where I professionally know several people in the room but cannot acknowledge this unless they do. The "Iowa nice" boy in me does not want to seem standoffish or rude, so it is always a relief when the patient-turned-social-acquaintance walks up and says hello. I think that it often does not occur to adults that I am guarding the secret of our encounter, and they do not want to bother me. Kids, on the other hand, are great at doing this, and I always smile when they run up to me yelling "Dr. Janssen" or "Dr. David!"

In St. Matthew's Gospel, Jesus summarizes God's Law in two parts, the second of which being "Love your neighbor as yourself." Rural medicine gives me the opportunity to practice this quite literally on a daily basis. Sometimes this can result in awkward encounters and push my level of comfort, but I would never trade the close bonds I have with community members for a little more anonymity. As I relearn all the rules to Dutch bingo, I am enjoying forming new connections and remembering old ones.

# IOWA ACADEMY OF FAMILY PHYSICIANS
# 71ST ANNIVERSARY
## ANNUAL CONFERENCE

# 2019
## NOVEMBER 14-16
## PRAIRIE MEADOWS CONFERENCE CENTER

## THURSDAY, NOVEMBER 14

**IAFP BUSINESS MEETINGS**

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

**ANNUAL CLINICAL EDUCATION CONFERENCE OPENS**

| | |
|---|---|
| 4:00 pm | Registration |
| 5:00 pm | Annual Business Meeting |
| 5:45 pm | Welcome/Introductions & Overview |
| 6:00 pm | Ethics and End of Life Care |
| 6:30 pm | Medical Aid in Dying |
| 7:00 pm | Pediatric End of Life Care |
| 8:00 pm | Question and Answer/ Panel Discussion |
| 8:15 pm | Recess |
| 8:15-9:15 pm | 2019 Donor Appreciation Reception In recognition of 2019 Donors of the IAFP Foundation, Rural Loan Repayment Program and PrimCare PAC |

** Members must have donor ribbon to attend*

## FRIDAY, NOVEMBER 15

| | |
|---|---|
| 7:00 am | Registration |
| 7:00-8:30 am | Breakfast in Exhibit Hall |
| 7:55 am | Introductions and Announcements |
| 8:00 am | Social Determinants of Health |
| 8:30 am | Teen Suicide |
| 9:00 am | Childhood Type 2 Diabetes: Who to Screen and Treatment |
| 9:30 am | Q & A/Panel Discussion |
| 9:45 am | Break – Exhibit Hall |
| 10:05 am | Concussion Management for Adolescent Athletes |
| 10:35 am | Inflammatory Bowel Disease |
| 11:05 am | Q & A/Panel Discussion |
| 11:20 am | Lunch and Keynote Presentation: AAFP UPDATE |
| 12:20 pm | Visit Exhibits |
| 12:50 pm | JOURNAL CLUB LIVE |
| 2:05 pm | Low Testosterone |
| 2:35 pm | Q & A/Panel Discussion |
| 3:05 pm | Break in Exhibit Hall |
| 3:35 pm | Management of the Syncope Patient |
| 4:05 pm | Pneumonia Treatment Changes and Antibiotic Stewardship |
| 4:35 pm | Q & A/Panel Discussion |
| 4:50 pm | Recess for the Day |
| 5:30 pm | Reception/Resident Medical |
| 6:00 pm | Banquet Reception |
| 7:00 pm | Installation & Awards Banquet |
| 9:00 pm | Post-Banquet Reception |

## SATURDAY, NOVEMBER 16

| | |
|---|---|
| 7:15 am | Past President's Breakfast |
| 7:30 am | Breakfast for Registrants |
| 8:00 am | Pain Management and Opioids: Balancing Risks and Benefits |
| 9:00 am | Break |
| 9:15 am | Osteoarthritis and Chronic Low Back Pain |
| 10:15 am | Medical Marijuana |
| 11:15 am | Q & A/Panel Discussion |
| 11:45 am | Adjourn |

**OPTIONAL SESSION - ADDITIONAL FEE REQUIRED**

| | |
|---|---|
| 11:15 am | Knowledge Self-Assessment (KSA) – Hospital Medicine |

**REGISTER ONLINE TODAY**
*www.iaafp.org/2019-Annual-Conference*

# CELEBRATING 71 YEARS
## 2019 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 14-16 CME Registration Fees:

| Registration Type | Early Fee (Until 10/7/2019) | Regular Fee (Starting 10/8/2019) |
|---|---|---|
| Active Member | $299 | $350 |
| New Physician Member (< 7 yrs in practice) | $250 | $275 |
| Life/Inactive Member | $195 | $195 |
| Resident/Student Member | N/C | N/C |
| PA/NP who works with an AAFP member | $295 | $350 |
| Non-Member (includes PA/NP) | $399 | $450 |
| Conference Faculty | N/C | N/C |

**IMPORTANT NEW CHANGES:** The syllabus will be available online prior to the conference for you to download and/or print free of charge. A USB syllabus can be purchased for $10.00 by emailing kcox@iaafp.org. 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 16:

Knowledge Self-Assessment: Hospital Medicine (4-6 hours) Member $175 _____ Non-Member $200 _____

**Total Section B:** _____

### C. Installation/Awards Banquet:

Friday Evening, Installation/Awards Banquet: ($35.00 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/2019-Annual-Conference*

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

# IAFP SUMMER CME WEEKEND GETAWAY IN LAKE OKOBOJI IS BACK FOR 2019!

JOIN US **JUNE 20-22**
AT BRIDGES BAY RESORT IN OKOBOJI
FOR THE 2019 SUMMER GETAWAY

2019

**THE SUMMER CME WEEKEND GETAWAY** was a long standing tradition at the IAFP and after more than a decade away we were thrilled to be bring the beloved Okoboji meeting back in 2016 & 2017. After the success of the 2017 meeting, we thought why not do it again? So we are heading back to Okoboji in 2019 for all the fun, sun, education, and socialization this event is known for! This meeting is truly a family affair where there will be plenty of time for you to relax, explore and enjoy all the area has to offer. We will offer three, half-day CME sessions during this weekend beginning at 12:30 on Thursday and from 8:00 to 1:00 on Friday and Saturday. We are excited to return to Bridges Bay Resort for the 2019 meeting!

**ABOUT THE RESORT:** Located in Arnolds Park and situated right on the lake, Bridges Bay is the perfect location to host our meeting. The Resort features an amazing indoor water park as well as a beautiful and spacious outdoor pool. The resort has several lake front restaurants where you can watch the sun set while enjoy a delicious dinner. The resort is conveniently located near many of Okoboji's top attractions making this an ideal location. In the summer of 2016 they completed the addition of a conference center where our CME meetings will take place. We look forward to seeing you there!

**RATES:** **Double Queen Room** $195.00 a night plus state and local taxes. Room rates include 2 water park passes. Additional passes can be purchased and are good for the duration of your stay.

**Hotel Reservations** can be made directly with the hotel by calling (712) 332-2202. Please be sure to tell them that you are with the Iowa Academy of Family Physicians to receive our special room rate.

## CME REGISTRATION:

You can register for the CME Portion of the meeting online at
***http://iaafp.org/2019-okoboji/***

## CME REGISTRATION FEES:

- ☐ IAFP/AAFP Member - $395.00
- ☐ Non-Member - $450.00

## REGISTRATION FORM

### CME PRESENTATION:

The IAFP offers a $200 honorarium for each one hour topic presented.

☐ YES, I am planning to attend and would like to present a CME topic as follows:

Title of Proposed Topic(s):

_____

_____

☐ You can count on me for a topic to be determined.

_____ _____
Name Phone#

_____
Street Address

_____
City State Zip

_____
Email

**Register online at *http://iaafp.org/2019-okoboji/***

**Please volunteer to present a CME session(s) at this conference *http://iaafp.org/2019-okoboji/***





# Iowa Academy of Family Physicians
# WE WANT YOU!!
# 2019 Volunteer Form

We continually strive to identify new and emerging leaders and to offer opportunities for members to get involved in the work of the IAFP. Please consider volunteering for a committee or consider running for the Board of Directors when a position opens up in your district. We have other opportunities for involvement which are briefly outlined below.

## IAFP COMMITTEES

Committees meet once a year in a face-to-face meeting. Other meetings are conducted via conference call. **In 2019 the committees will meet on November 14, 2019 at the Prairie Meadows Conference Center in Altoona, Iowa just 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 and summer meetings.

### 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 each year. Biweekly update calls are held when the legislature is in session and participation in these is optional.

### 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 FP of the Year, Educator of the Year, Lifetime Achievement Award, and numerous public relations efforts. The committee reviews all membership applications, relocations, delinquent CME records and members delinquent in dues payments. The committee also conducts membership surveys.

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

## OTHER VOLUNTEER OPPORTUNITIES

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

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

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

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

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

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

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

### CLINICAL CONTENT EXPERT/CONTENT RESOURCE:
Occasionally we look for content experts or resource people to advise us in a clinical topic area, to present at a conference, to review content or to represent us to outside groups. For instance, we are currently looking for a member to serve as a as a liaison to the Iowa Chapter of the American Academy of Pediatrics on childhood obesity. If there are clinical topic areas in which you are willing to serve as a resource to the IAFP, please list the content area(s) in the space below.

**SERVICE ON IAFP COMMITTEES:**
Committee recruitment occurs through calls for volunteers published in the Iowa Family Physician magazine and through volunteers identified during meetings/communication throughout the year. Committee members may be appointed any time during the year and terms will follow the process below.

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

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

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

## COMMITTEE VOLUNTEER RESPONSE FORM

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

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

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

**I wish to serve in these other areas**

- ☐ Legislative Key Contact
- ☐ IDPH/DHS Committees
  Areas of interest for IDPH/DHS Committees

  _____

- ☐ Clinical Content Resource
  Areas of clinical interest_____

  _____

- ☐ **I wish to serve as an IAFP Representative to the AAFP at the National Conference of Constituency Leaders in April of 2020**

Please select the constituency in which you wish to serve:

- ☐ New Physician
- ☐ Women
- ☐ Minority
- ☐ International Med Grad
- ☐ GLBT

** Greatest Need for Minority and International Med Grad*

**Fax to 515-283-9372 or email to kscallon@iaafp.org**
or fill out form online at:
***http://iaafp.org/conflict-of-interest/***

Name_____ Practice Name _____

Address _____ City_____ Zip _____

Phone_____ Fax _____

Email_____

# FOUNDATION SPOTLIGHT

## Rural Loan Repayment Program

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. Let's catch up with one of the recipients: Benson Hargens, MD.

### Where did you grow up?

Hudson, Iowa

### What made rural Iowa appealing to you?

The fact that I grew up in a small town. Great people, committed communities, no traffic, a chance for my children to grow up the way I did.

### Why family medicine?

The ability to care for people and families from birth to death. The ability to know my patient's on a personal level and care for them over decades.

### What are you most looking forward to in your rural practice?

I will be practicing in Osage, Iowa when I am done with residency. I am most looking forward to working with the great medical team already in place there; performing procedures and managing complex medical conditions that I might not be able to in a more urban setting. I am also excited to care for patients in the ER, my clinic, and perhaps even their homes if needed. Finally, I look forward to seeing my patients outside of work and becoming a part of the community.

### What makes a rural practice unique compared to an urban setting?

Rural medicine is unique in that you interact with your patients much more outside of work than you would in an urban setting. I feel this increases your commitment to them and their families. I also believe rural medicine can push you more as a physician because your access to specialty care can sometimes be more limited.

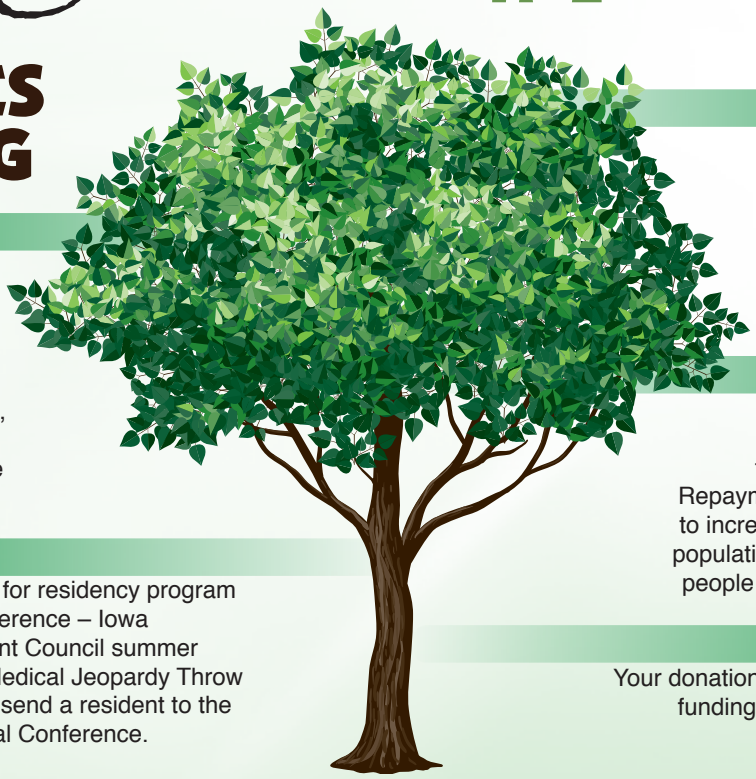
### How does it feel to be a recipient of this program?

I am very honored to be a recipient of this program. It is humbling to have such generous financial support to ease the financial burden incurred during medical school. This program made my decision to return to rural Iowa and practice even easier.

# 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 chartable 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 _____

**MAIL THIS FORM AND PAYMENT TO: IAFP, 100 E GRAND AVENUE, SUITE 240 • DES MOINES, IA 50309 • FAX (515) 283-9372**

# New Members

## Active

Mohit Chawla, MBBS, Cresco
Ashley Dean, MD, Estherville
Rohan Kalra, MD, Fort Dodge
John Lothrop, MD, Denison
Kathryn Opheim, MD, North Sioux City
Laura Willoughby, MD, North Liberty

## Students

Spencer Aldridge, Des Moines University
Nolan Asprey, University of Iowa
Eli Auch, University of Iowa
Ken Chapman, University of Iowa
Taylor Cox, University of Iowa
Rachel Dahl, University of Iowa
Ashley Dohlman, University of Iowa
Nick Evans, University of Iowa
Konner Feldhus, Des Moines University
Tyler Foley, University of Iowa
Christine Jackson, Des Moines University
Timothy Jay, Des Moines University
Geoffrey Jung, Des Moines University
Robert Knight, Des Moines University
Jeff Mann, Des Moines University
Bryn Myers, University of Iowa
Cindy Puga, University of Iowa
Anne Rempel, University of Iowa
Miranda Roland, Des Moines University
Victoria St Martin, Des Moines University
Eric Stanek, Des Moines University
Anh Tran, Des Moines University
Nealy Woolridge, University of Iowa
Erica Yamamoto, Des Moines University

*2019 IAFP / Don Tesdall Memorial Oustanding Student Award: Keely Burke, University of Iowa*

# New Residents

**Broadlawns Medical Center Residency Program**
Samiha Abdulrahim, DO (DMU)
Brooke Johnson, DO (Rocky Vista U – CO)
Matthew McKinney, DO (DMU)
Tricia Mittra, DO (DMU)
Jack O'Brien, MD (Iowa)
Daniel Schnadt, DO (DMU)
Sean Trammel, DO (DMU)
Bradley Waller, MD (Saint Louis University)

**Cedar Rapids Family Medical Education Foundation**
Ryan Cook, DO (DMU)
Bailey Englund, DO (KC U)
Bledar Haxhiu, MD (American U – Barbados)
Filipe Lima Nobre de Queiroz, MD
(U Fed do Rio Grande do Norte – Brazil)
Chelsea Meier Lima Nobre de Queiroz, MD (Iowa)
Brock Mills, DO (DMU)
Zahn Raubenheimer, MD (Trinity College U of Dublin)

**Genesis Quad Cities Family Medicine Residency**
Avi Asner, DO (Nova Southeastern U, FL)
Alison Fraehlich, MD (Iowa)
Peter Kim, MD (Iowa)
Swarna Masala (Kurnool, India)
Kelsey Smithart, DO (Rocky Vista U – CO)
Jake Walburg, MD (American U – St. Maartin)

**Iowa Lutheran Family Medicine Residency Program**
Austin Boechkman, DO (DMU)
Taylor Dreise, DO (DMU)
Eric Jones, DO (DMU)
Heidi Klingelhofer, DO (DMU)
Aleksandra Kloos, DO (DMU)
Eric Neill, DO (DMU)

**Mercy Medical Center Family Medicine Residency - Des Moines**
Jessica Briggs, D.O. (DMU)
Aditi Derashri, M.D. (Aureus U School of Medicine)
Patrick Luft, M.D. (U of Medicine and Health Sciences)
Elizabeth Mathew, M.D.
(Saint James School of Medicine Anguilla)
Yusuf Mohamed, M.D. (Windsor University School)
Ujwal Patel, M.D. (U of Medicine and Health Sciences)
Jaspreet Singh, M.D. (Caribbean Medical University)
Garrett Risley, M.D. (Universidad Autonoma de Guadalajara)
Amanda Hanhan Massad, M.D. (Saba U School of Medicine)

**North Iowa Mercy Residency Program**
Shada Ahrar, MD (American U – Caribbean)
Elaina Alumno, MD (U of the East)
Marc Alumno, MD (U of the East)
Travis Baumann, MD (U of Minnesota – Duluth)
McKenzie Brekken, DO (DMU)
Mary Moats-Biechler, DO (AT Still U – Kirksville)

**Northeast Iowa Family Medicine Residency Program**
Sandeep Badyal, MD (Ross U)
Shalini Chowdavarapu, MD (MediCiti – India)
Uwem Ekwo, MD (American U – Barbados)
Charanya Pasupathi, MD (Meenakshi – India)
Emily Pursley, MD (St. George's U of London)
Sophia Qureshi, MD (Rawalpindi – Pakistan)

**Siouxland Medical Education Foundation Residency Program**
Robert Andrews, MD (U of Kansas – Wichita)
Erik Burnison, MD (U of South Dakota)
Jeffrey Cotter, MD (U of Kansas – Wichita)
Kylie Cowdin, MD (Creighton University)
Valery Tran, MD (U of Nebraska)
Eli Wayman, MD (U of Nebraska)

**University of Iowa Family Medicine Residency**
Khashayer Farzam, DO (U of New England)
Alice Hwang, MD (U of Missouri – Kansas City)
Chelsea Pham-Wightman, MD (Ross U)
Stephanie Pickthorn, MD (U of Minn – Twin Cities)
Nicholas Rainey, MD (U of Illinois – Peoria)
Logan Wilz, MD (U of Wisconsin)

## 2019 Match Results

**NATIONAL HIGHLIGHTS:**

- **3848 medical students and graduates matching into family medicine, 313 more than in 2018**
- **474 more family medicine residency positions offered in 2019 than 2018**
- **1617 U.S. MD seniors matching into family medicine programs, 31 fewer than last year**

**IOWA HIGHLIGHTS:**

- **69 Iowa students matched into family medicine (15 from University of Iowa, 54 from DMU)**
- **20 of those students stayed in Iowa**

# Members Up for Re-Election in 2019

Jennifer Aanestad, MD
Michael Abouassaly, MD
Candyce Ackland, MD
Jose Aguilar, MD
Raminder Ahluwalia, MD
Akintunde Akinola, MD
Wayne Alberts, MD, FAAFP
Nathan Allen, DO
Brian Anderson, DO
David Archer, MD, FAAFP
Angelia Atzen, DO
Thomas Baer, MD
Stephen Barnes, DO
Chandramohan Batra, MD
Edna Becht, DO
Jennifer Bell, MD
Leah Bethel, DO
Ellie Bishop, DO
Timothy Blair, MD
Mitchell Blom, DO
Kristi Blomberg, MD
Nancy Boelter, MD
Jessica Boevers, MD
Rebecca Bollin, DO
R Boom, MD
Dana Brecount, DO
Timothy Brelje, MD
John Brownell, MD
Brian Burnett, MD
Mary Campbell, MD
Enrique Cardenas Ramos, MD
Hannah Carlsen, DO
Duane Caylor, MD
Neelima Chennupati, MD
Scot Christiansen, MD
Timothy Colby, DO
Padmalatha Collappakkam, MD
Regan Cone, DO
Brian Couse, MD
Mark Dankle, DO
Chester De Jong, MD
Lynne DeSotel, MD
Richard Dobyns, MD
Roy Doorenbos, MD
Matthew Doty, MD
Josephine Dunn Junius, MD
Samuel Dvorak, MD
Kayla Egli, DO
Melissa Ehm Pote, DO
Michelle Elgin, DO
Johanna Engel-Brower, MD
Margaret Evans, DO
Timothy Evert, DO
Robert Fagerholm, MD
Angela Farrell, MD
Camilla Frederick, MD, MPH
Jared Freiburger, DO
Corrine Ganske, MD, FAAFP
Daniel Glascock, MD
Jane Glawe, MD

Kirsten Goble, DO
Chris Goetzinger. MD
Donal Gordon, MD, FAAFP
Ryan Grandgenett, MD
Matthew Gritters, MD
Mara Groom, DO
Esgar Guarin-Nieto, MD, FAAFP
Sudeep Gupta, DO
Maen Haddadin, MD
Laura Hadden, MD
Gregory Halbur, MD
Lauren Hanna, MD
Heather Harms, MD
Nathan Harms, MD
Paul Hartmann, MD
Gary Hattan, MD
Holly Healey, DO
JoEllen Heims, DO
Brian Heineman, DO
Natalie Hempy, MD
Lee Holcomb, MD
Anna Holzer, MD
Katherine Hopper, MD
Peter Hoth, MD
Timothy Hunter, MD
John Ingram, MD
Amanda Johnson, MD
Jeffrey Jones, MD
Kevin Jones, MD, FAAFP
Melissa Kahler, MD
Arvind Kakani, MD
Jon Kammerer, MD
Takashi Kawamitsu, MD
Santhi Keeran, MD
David Keith, DO, MSPH
Charles Keller, MD
Ola Khraiwesh, MD
Kurt Klise, MD
David Kobliska, MD
Charlotte Koenig, MD
Robert Koller, DO
Heather Kruse, MD
Robert Kruse, MD, MPH
Joseph Kurth, MD
Shauna LaFleur, MD
Scott Larson, MD
Erika Lauer, MD
Eleanor Lavadie-Gomez, MD
Sarah Ledger, DO
Delna Lee, MD
Scott Lichty, MD
Kathryn Lindgren, DO
Darbie Little-Cooper, MD
Alexander Locascio, DO
Heather Longval, MD
John Lothrop, MD
Paul Lottes, MD
Cheryl Madson, MD
William Maher, DO
Geethalakshmi Mani, MD
Scott Markham, DO
Denise Martinez, MD
Colleen Martin-Herrin, MD
Susan Mason, DO
Brittany Maxwell, MD
Guy McCaw, MD, FAAFP
Patricia McCaw, MD
Elizabeth McCurdy, DO
Douglas McLaws, DO
Monica Meeker, MD
Tyler Menke, MD
Bradley Meyer, DO
Tatsuzo Miakashi, MD
Amy Mitchell, DO
Teresa Mock, MD
Timothy Momany, MD
Joseph Monahan, DO, FAAFP
Martin Mortens, DO
Jayalakshmi Murugaian, MD
Bryant Mutchler, DO
Libby Naeve, DO
Tammy O'Brien, MD
Martha Ochoa, MD
Angela Olerich-Lala, DO
Alisa Olson, DO
Gregory Olson, DO
Cynthia Pals, MD
Wesley Parker, MD
Todd Pentico, MD
Anita Peters, MD
Eric Peterson, MD
James Peterson, MD
Kelly Pomerenke, MD
Robert Pranger, MD
Danielle Prince, MD
Keith Probst, MD
Sarojini Ratnakar, MD
Marjorie Renfrow, MD
Scott Rens, MD
Janet Reuter, MD
Wahid Riad, MD
Jenna Ridlen, DO
Michael Romano, MD, MHA, FAAFP
Paul Ruggle, MD, FAAFP
Abbie Ruisch, DO
Joel Ryon, MD
Anna Sagebiel, DO
Said Sana, MD
Shrima Sarkar, MD

*(continued on page 32)*

*(continued from page 31)*

Matthew Schiller, MD
Micheal Schreck, MD, FAAFP
Mark Schultz, DO
Carla Schulz, MD, FAAFP
Christopher Schuster, MD
Lisa Schwiebert, MD
Steve Scurr, DO
Saima Shahid, MD
Lisa Shepherd, MD
Melissa Simon, DO
Djonggi Situmeang, MD
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Candice Smith, MD
Lionel Smith, MD
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Kurt Swanson, DO
Erin Swenka, DO
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Paul Thomas, DO
Melissa Thompson, MD
Douglas Timboe, MD
Joshwa Tromblee, DO
Cheryl True, MD
Janet Tull, MD
Matthew Ulven, MD, MPH, FAAFP
Milton Van Gundy, MD, FAAFP
Bruce Van Houweling, MD
Christopher VandeLune, DO
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