IAFP

IOWA FAMILY PHYSICIAN

VOL. XLIV NO. 3 / SUMMER 2017

MEMBERSHIP ISSUE:

- *Learn Why Doug Martin, MD Wants to Be Your Next AAFP Vice Speaker*
- *2017 IAFP Annual Conference Information and Registration*

"STRONG MEDICINE FOR IOWA"

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

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

This is the place.

For every member of University of Iowa Physicians, academic medicine holds special meaning. From collaborative care teams to breakthrough research programs to interdisciplinary medical education, this is the place where discoveries are made and new ideas are nurtured. A place where care is delivered with expertise and compassion. A place where teamwork, innovation, and commitment form the basis of a rewarding physician experience.

medicine.uiowa.edu/uiphysicians

UNIVERSITY OF IOWA PHYSICIANS
University of Iowa Health Care

Vision Statement for the Iowa Academy of Family Physicians

"Family Medicine will be the foundation for a healthier Iowa."

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. XLIV No. 3 / SUMMER 2017

In this issue

The Case of the Vanishing Volunteer

By Jenny Butler, M.D.

I have experienced many different roles during my career as a family physician. One of my favorite has been serving as medical director for several Iowa volunteer ambulance services. You could say it is in my *genes* to work with small services as my brother Gene proudly serves as a volunteer EMT for our hometown service. We grew up on a farm just outside of Lacona which has 361 people based on the last census.

Just as when I grew up, the Lacona Ambulance Service still proudly parades at local community celebrations, holds pancake breakfasts, and responds to every medical emergency in town and the surrounding farmland. Lacona is 54 miles south of downtown Des Moines, a long trip during a medical emergency. Thus, area residents rely on the first response of these volunteers.

Regrettably this true staple of small town healthcare struggles to find new volunteers. Volunteer EMTs are vanishing in Lacona and other Iowa towns. For example while serving as the medical director of the Oxford Junction Ambulance in Jones County, I witnessed them pay an EMT instructor to teach a class in their shop. Oxford Junction has 496 people based on the 2010 census. Despite this huge investment of time and money, only one new person completed the course, passed the test, and now serves on the crew.

Not only are ambulance services suffering, but almost every volunteer organization struggles with declining participation. According to the Bureau of Labor Statistics, the percentage of Americans who volunteer dropped from 26.8% in 2011 to 24.9% in 2015. This means less than 1 in 4 Americans volunteered for an organization at least *ONCE* in the previous 12 months. While this statistic disappointed me, I felt even more discouraged when I realized a one-time event (even 15 minutes in a concession stand) counts as volunteering in this survey.

"When you believe in the mission of an organization, furthering that mission requires effort. Active volunteers value their membership more than inactive members. If you feel estranged from our organization, you should get involved and be the change you want to see. For example, some members, including myself, disagree with some AAFP healthcare policy positions. However, despite some policy disagreements, I always agree with the IAFP mission stated above and feel called to support that work."

Many theories exist on why Americans are volunteering less, including more double income families, later age of retirement, false sense of community on social media, and belief that all forms of

work or service deserve compensation. In reality, likely a combination of these and several other factors impact the decline.

Recently I completed my AAFP membership survey. These questions made me ponder why I value my IAFP membership, and why I donate my time volunteering for the organization. Indeed I appreciate the tangible benefits from my dues including high quality educational offerings, practice management resources, and CME reporting. The academy provides these in return for my dues, and I feel the value of these services justifies the cost.

At academy conferences I find mentors who help me with my personal and career goals. I see old friends and network to establish new connections. I rejuvenate my passion for family medicine. I receive leadership training which helps me in my role as CMO.

While these things are all benefits of being a dues-paying member, I choose to give my time and actively volunteer because I believe in the mission of the IAFP. The IAFP mission states:

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

When you believe in the mission of an organization, furthering that mission requires effort. Active volunteers value their membership more than inactive members. If you feel estranged from our organization, you should get involved and be the change you want to see. For example, some members, including myself, disagree with some AAFP healthcare policy positions. However, despite some policy disagreements, I always agree with the IAFP mission stated above and feel called to support that work.

I sincerely appreciate your membership in the Iowa Academy of Family Physicians. Your membership dues help our legislative efforts including tort reform and student loan repayment. Your membership dues help engage students and residents to grow our future work force. Yet your dues are not enough. We also need your expertise, dedication, and passion to advance the IAFP mission. Iowa needs strong family physicians.

It is time to volunteer. Please e-mail or call me to discuss your contributions to the mission and vision of the IAFP.

The Vision of the Iowa Academy of Family Physicians is:

Family Medicine will be the foundation for a healthier Iowa

jennybutlermd@gmail.com
641-342-5285

NOTICE OF ANNUAL BUSINESS MEETING

To be held on Friday,
NOVEMBER 3
at **7:15 am**
at the Downtown
Des Moines Marriott.

Involved, Committed or Along for the Ride?

By Jason Wilbur, M.D.

There is a riddle that I enjoy and seems apt for this issue's theme of membership, all the more so because it speaks to Iowa's agricultural roots. It goes like this: In a bacon and egg breakfast, what's the difference between the chicken and the pig? The chicken was involved; the pig was committed. It may seem harsh for the pig, but it is clear that the pig put everything it had into the effort, while the chicken did not. Here, I am in danger of going off on a tangent about bacon (I love it – I could eat a whole pound in one sitting!), but that's not the point. The point is for each of us to ask ourselves, what are we willing to give for our profession? Are we committed to it? Or are we just involved?

I hope that each of our members at least is involved, but personal experience has taught me to temper my expectations. We are all busy and have little time to spare in our lives for one more responsibility. That's understandable. Still, many hands make light work. If each of us were to donate one egg and 2 slices of bacon, we would have a very fine breakfast feast!

In this issue, we present many ideas for you to consider how to get involved – or how to move from involvement to commitment. From our President, Jenny Butler, MD, you will hear a call to volunteer. There are numerous opportunities to grow professionally in the IAFP. But not everyone wants to have a leadership position. We need members involved at every level and in many ways, bringing your varied talents to our operations. From our Executive Vice President, Pam Williams, you will learn about educational opportunities and the advocacy work that the IAFP does on behalf of family physicians and our patients. There are ample opportunities to learn, teach and advocate. From Manroop Gill, MD, you will read a resident perspective on membership. Dr. Gill writes to members to advocate for the family physician pipeline – and I couldn't agree more on the importance of this mission. Emily Boevers, M3 at the University of Iowa, describes physician burnout and what IAFP members can do to support the profession and one another. She reminds us that coming together as members with a common purpose helps to sustain and renew us.

Supporting one another couldn't be more important than when Iowa sends members to national leadership roles and other positions of prominence. In this issue long-time IAFP member, advocate, leader and teacher, Doug Martin, MD, describes his desire to improve the efficiency of the AAFP Congress of Delegates. Dr. Martin is running for AAFP Vice Speaker, and we are behind him one hundred percent. Dr. Martin has served the IAFP and the AAFP well over the years and would make an excellent Vice Speaker. Please offer him your support.

"I hope that each of our members at least is involved, but personal experience has taught me to temper my expectations. We are all busy and have little time to spare in our lives for one more responsibility. That's understandable. Still, many hands make light work. If each of us were to donate one egg and 2 slices of bacon, we would have a very fine breakfast feast!"

I think it's the right time of year for a baseball analogy. Who is your "hometown team?" As a St. Louisan by birth, I am a Cardinals Baseball fan. I can't help it. Don't hold it against me. I was happy for all the zealous Cubs fans around me last fall, but I could never convert, and I'll forever be a Cardinals guy. I will also forever be a family physician. So, my "hometown team" is the IAFP and by extension the AAFP. I am a member of many other organizations, but the IAFP/AAFP represents the practicing family physician, no matter what that practice looks like. That's my team – our team.

I will leave you with one final thought. Remember our mission. I know you can do something to get involved and I hope that you can make a commitment.

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

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.

University of Iowa FMIG Family Medicine Speed Dating

On April 11, 2017, IAFP held its 4th Family Medicine Speed Dating event for the University of Iowa FMIG. We had a great turnout with exceptional feedback from the students. A huge thank you to our members that participated in this event!

- Hospice and Palliative Care – James Bell, MD, Cedar Rapids
- Traditional Primary Care – Employed by a Major Health System – Scott Bohner, DO, Ames
- Occupational Medicine – Jenny Butler, MD, Osceola
- Special Populations: LGBTQ and Those with Addictions – Joe Freund, MD, Des Moines
- Rural Practice – Brent Hoehns, MD, Knoxville
- Sports Medicine – Peter Hoth, MD, North Liberty
- Special Populations (Geriatrics) – Scott Larson, MD, Iowa City
- Suburban Independent Practice Includes Pre-natal Care – Dawn Schissel, MD, West Des Moines
- FM Residency Program Director – Stephen Sorensen, MD, Davenport
- Procedures/OB/Rural – Joel Wells, MD, Corydon







Membership Brings Us Together – and Keeps Us at Our Best

By Emily Boevers, M3 / Carver College of Medicine

It's been a busy spring for the Family Medicine Interest Group! From a match panel with our newly paired M4s to procedure clinics, from speed dating from Family Physicians from across the state to celebrating another year with the Spring Dinner, our students and Family Medicine faculty have been learning, building their skills and making connections for their future careers. It's become evident to me that part of what makes Family Medicine all that it is comes from the relationships and support among providers. As a FMIG leader, we have tried to emulate that support and camaraderie for student members.

Recently, I listened to a talk that explored some reasons for physician burnout. The speaker had some ideas about why burnout happens. As I listened I could recall seeing each of these phenomena somewhere along the way in my last 15-months of clinical clerkships: isolation when providers are overwhelmed with responsibilities with limited time for revitalization or socialization; documentation overload, such as the long EMR checklists with tabs and checkboxes that did not exist in paper charts; loss of autonomy that came with a merger into a larger system or acclimating to a new clinic administrator; breakdown of a relationship between a patient and provider, the reason each of us were drawn to medicine in the first place. These and many more stimuli can contribute to feelings of burnout and eventually dissatisfaction with a medical career. As we send off the M4s to become R1s, how do we prepare for these and other challenges in order to preserve the "joy of medicine"?

Many institutions have begun residency training, hoping that by encouraging deeper self-care mechanisms physicians can allow the struggles of modern practice to rinse off at the end of the day. Strategies include personal wellness initiatives like better nutrition and exercise. Improving

2017 Don Tesdall Rural Iowa Award -
From left: Lisa Tesdall, Chance Sullivan (2017 recipient), Mark Tesdall, Mary Jane Tesdall and Nathan Tesdall

2017 Outstanding Student of the Year Award -
From left: Madeline Godar (2017 recipient), Jim Bell, M.D. and Jill Endres, M.D.

work-life balance, including limiting the amount of responsibilities that physicians take home with them, can also help to stave off burnout. Unfortunately, despite the warm relationships and deep sense of service and purpose that I've observed in Family Medicine providers, a 2015 study found that the field holds one of the highest physician burnout rates (Shanafelt et al, 2015).

As a third year student approaching the transition between school and professional life I can see how the demands of the medical field have already been a challenge for me. Some of my previous hobbies including long runs, reading fiction, and baking have become rare activities. Some of my friendships, the ones that were marked by weekly catch-ups and knowing most of the details of each others lives, have become a little more distant. I'm not alone in noticing these early signs of burnout. Multiple studies have shown that burnout is common even in medical students, with prevalence reported at between 45 and 71 percent (IsHak et al, 2013).

On the other hand, I've found wonderful mentors in medicine who inspire me, challenge me and frequently encourage me. I've learned about my patients, and I've learned even more about myself. I've made friends who have shared in this journey with me, listened to my worries and laughed with me when the worries proved unfounded. I've been introduced to a dozen fields of medicine and been welcomed onto countless teams. I've become a colleague to people I respect and admire, a teacher to students and patients, and I've felt like a member in the profession of medicine.

This membership and acceptance is what I and so many other students work for: to be part of the profession we've looked up to and to make the difference that we observed as pre-medical students. This membership has the potential to protect us from isolation and burnout, to foster the connections that can help to preserve joy in our careers (Jibson, 2013). I believe that promoting membership and community is one of the functions of the FMIG and other student organizations. Building trust and collaboration amongst students helps to encourage that behavior in future physicians. By organizing, working together and supporting one another, membership can help us sustain our profession.

References:

Ishak, Waguih; Nikravesh, Rose; Lederer, Sara; Perry, Robert; Ogunyemi, Dotun; Bernstein, Carol. Burnout in medical students: a systematic review. Clinical Teacher, August 2013, Vol.10(4), pp.242-245.

Jibson, Michael D. How to Strengthen Your Own and Others' Morale. L.W. Roberts (ed.), *The Academic Medicine Handbook: A Guide to Achievement and Fulfillment* 343 for Academic Faculty, DOI 10.1007/978-1-4614-5693-3_43, © Springer Science+Business Media New York 2013

Shanafelt, Tait et al. Changes in Burnout and Satisfaction With Work-Life Balance in Physicians and the General US Working Population Between 2011 and 2014. Mayo Clinic Proceedings, December 2015, Volume 90, Issue 12, Pages 1600–1613.

The Power of Physician Membership

By Manroop Gill, M.D., R3 / Northeast Iowa Family Medicine Residency Program / Waterloo, Iowa

Membership in the broadest terms refers to the state of belonging to or being part of a group/organization. For the purposes of medicine, physicians have gathered into various groups, such as American Academy of Family Physicians (AAFP), Iowa Academy of Family Physicians (IAFP), and American Medical Association (AMA). Not only does being a member of these organizations assist in the various duties of being a physician, such as establishing guidelines for practice, but the motto "strength in numbers" holds true as well. The AAFP has over 120,000 family physician members, and I can attest first hand to the usefulness of being a member, especially when it comes to studying for boards.(1) Larger groups also carry greater power to negotiate and bargain. The AMA currently numbers over 200,000 strong and is growing; it is known to carry a great deal of influence in terms of policy lobbying in Washington, D.C.(2)

This lobbying power and strength in numbers is essential when fighting for important issues that affect patients and the medical profession. One such issue is funding for residency positions. Medicare funding for residency positions has been tied to caps set in 1996.(3) Although medical schools in America have been increasing class size and new osteopathic schools have opened up to fill the need, our country is still projected to have a shortage of anywhere from 12,500 to 31,100 primary care physicians by 2025.(4)

Medicare plays an integral role as a source of funding and offsetting the cost of educating residents as well as providing care for complex patients. With the advent of the Balanced Budget Act of 1997 (BBA), a limit was placed on the number of allopathic and osteopathic medical residents that are counted in calculating the Medicare indirect medical education (IME) and direct graduate medical education (DGME) reimbursement. However, the number of allopathic and osteopathic residents being trained at such teaching hospitals has exceeded the set 1996 limit with no additional IME or DGME payments.(5) The Balanced Budget Refinement Act of 1999 attempted to increase graduate medical education (GME) funding and was successful in raising the resident cap for rural teaching hospitals by 130%, but lobbying efforts were unsuccessful in increasing the cap for nonrural teaching institutions and resulted in an increase in unmatched medical students.

The BBA resident limit has imposed limitations on teaching hospitals and medical schools that sponsor and conduct GME programs that prevent them from being able to meet the needs of the communities they serve. Why do we need more Medicare reimbursement? Several reasons exist for the need for more funding, including rapid population growth in some regions of the U.S., the aging of baby boomers, shortages in certain medical specialties, and the development of new specialties. In fact, the current resident limit impedes the Accreditation Council for Graduate Medical Education (ACGME) from preliminary discussions with regards to the establishment of new residency training programs.

Medical schools have attempted to offset the shortage of physicians with the American Association of Medical Colleges citing that since 2002, medical student enrollment has increased 23.4% and 17 new medical schools have been established.(6) However, this will not result in an increase in practicing physicians unless Congress raises the cap on residency training positions.

So, what, you might ask, does the BBA limit on residency programs and the shortage of physicians have to do with membership? Only as a group can we influence Congress to make the changes necessary to increase practicing physician numbers. I encourage all physicians to utilize their membership in organized academic medical societies such as the AMA, IAFP and AAFP, to come together and lobby to support graduate medical education. While every family physician sees the need for increased funding for training, unless we consolidate our negotiating powers and advocate for each other and our patients, we will continue to let insurance companies and politicians set the mandate for the healthcare workforce on their terms.

1) http://www.aafp.org/news/opinion/20110112edlmembership.html

2) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3153537/

3) https://www.aamc.org/advocacy/gme/71178/gme_gme0012.html

4) http://www.aafp.org/news/practice-professional-issues/20150303aamcwkforce.html

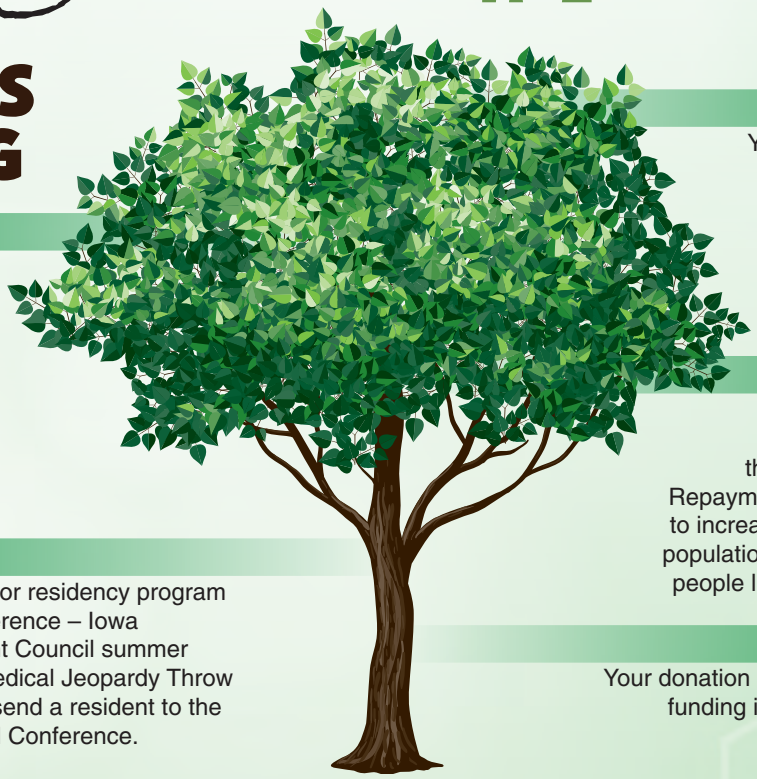
5) https://www.aamc.org/advocacy/gme/71178/gme_gme0012.html

6) http://jaoa.org/article.aspx?articleid=2422097

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

Good Physician / Great Physician

By Puja Toprani, M.D. / R1, University of Iowa Family Medicine Residency Program

My piece, "Good Physician / Great Physician," is a representation of my experience – from the patient perspective. Asking patients and families about their experience in the hospital is significantly undervalued and should be considered a pillar of providing exceptional care. Sir William Osler's quote also inspired the piece and title: "The good physician treats the disease; the great physician treats the patient who has the disease."

September was an interesting month. My husband and I, both family medicine interns, finally had enough ground beneath our feet to begin to feel confident in our practice of medicine. We had just returned from a week-long vacation with family and were surprised to find ourselves looking forward to going back to work. Right when we were getting into the rhythm of things, the most unexpected thing happened. My husband had a stroke.

In the moment I remember thinking how lucky we were to both be physicians. I assumed this meant we would be at an advantage because we'd understand medical terminology, we'd understand how rounds work, and we'd be better able to have risk/benefit discussions with our team. What I did not expect was for all of my medical knowledge to be totally inaccessible in a state of exhaustion and worry.

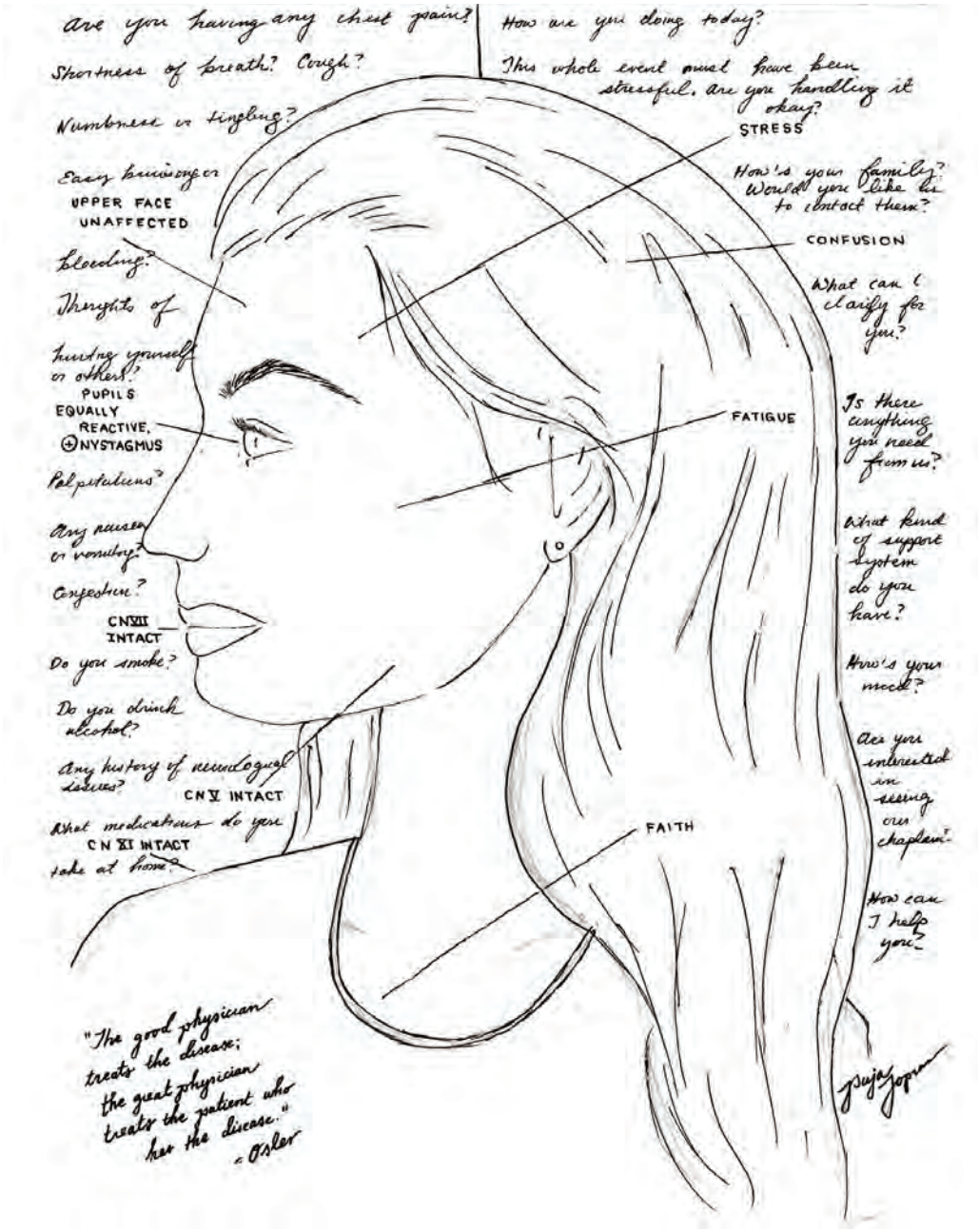
Between the two of us, my husband, Stephen, has always been the more stoic. I can say with confidence that none of my family or friends would ever use that word to describe me. And yet, for those seven inpatient days, that's exactly what I tried to be. I tossed and turned on the recliner all night trying to sleep through the incessant beeping on the floor and did my best to hide any signs of sleep deprivation during the day when the neurology team rounded. I'd nod and smile during rounds to appear reliable and professional, when in reality half of what was said went in one ear and out the other. I watched, every morning, as the team asked the same questions over and over: "Any numbness or tingling anywhere? New onset weakness? Any new visual changes?" If we answered their questions "No," then we'd hear, "OK, we'll just stay on course then," and

it would be another 24 hours until we saw them again. The most surprising thing from all of this is that our neurology team was far from unprofessional. In fact they were fantastic in the way they treated my husband, and I am confident he received exceptional neurological care. There were just so many more things that I wish were covered.

My husband and I were worn out, stressed out, and sleep deprived beyond what we once considered sleep deprivation. And although I so badly wanted to talk to the team about this, it never felt like the appropriate time. I kept the thoughts in my head yelling, "Ask me about my mood!" as quiet as I could, because really, who wants to say that to the team taking care of you? And yet, it's such an important element of great care. In retrospect, we could have been so much more involved in our own care if our stress, exhaustion, and worry were addressed in an appropriate way.

When I went back to work, I rotated through our inpatient service again. I expected rounds to unfold the same way. We'd go through the patient's past medical history, medications, review of systems, etc. and determine the appropriate differential diagnosis and treatment plan. In addition to providing thorough medical care, I was thrilled to see that many of my team members, both senior residents and attending physicians, went above and beyond in providing support to their patients and family members with questions like: "Are you ok? How's your family? Do you want us to call them? This is a lot to take in; do you need me to clarify anything for you?" These were questions that I didn't put much emphasis on before, and I vividly remember thinking this was exactly the type of physician I wanted to be.

Since then, I've been trying to emulate these same qualities. Every morning on rounds I remember those sleepless



nights on the recliner, the day-to-day exhaustion, and the feigned stoicism. I try to make both pre-rounding and rounding a patient- and family-centered encounter by beginning with the simple question: "This is a lot to take in. Are you doing okay?" Sometimes the answer is a resounding yes, and other times patients and their families will confide in you their recent stressors and difficulties. I've been able to develop special bonds with my patients and their families this way. Although I wish Stephen's stroke never happened, I believe I am a better physician because of our experience. During that time, the differences between the "Good Physician" and the "Great Physician" came into sharp relief. I strive to be the latter.

Sometimes blessings can arrive in the most unwanted, unexpected packages.

Why I Am Running for AAFP Vice Speaker

By Doug Martin, M.D.

I think that most of you who know me well, or even those who I have only met once or twice, recognize that I am a bit of an outlier. I do not have a "traditional" family medicine practice currently, but certainly have been in that role and have a very good understanding of the wide and varied types of practices that our membership encompasses. Family Medicine provides us a core, grass roots, salt-of-the-earth training that we can successfully apply in so many different ways. Whether you are in a rural setting, urgent care, ER, administrative role, aesthetics, geriatrics, sports medicine, prison medicine, adolescent medicine, sleep medicine, or occupational medicine there is a "home" for you within our American and Iowa Academies of Family Physicians.

During my service as Alternate Delegate to the AAFP Congress of Delegates (COD), I have witnessed a diversity of opinion. This diversity of opinion serves the Academy well; however, I have seen areas for improvement in efficiency with respect to how the COD handles its business with the resolution development process. Without getting into a level of detail that might make your eyes glaze over, one of my main reasons for running for this office is my background in organized medicine and knowledge of parliamentary processes. With my experience being a Past President of a national multi-disciplinary organization, the American Academy of Disability Evaluation Physicians (AADEP), I proved that I could meet the challenge of "herding cats" (try getting orthopedists, neurosurgeons, physiatrists, and family docs to agree on anything!). I think I have a skill set that is a fantastic fit for the Vice Speaker position.

Additionally, I see the Vice Speaker as a conduit of information from the general membership, via the COD, to the AAFP Board of Directors. If there is anything that I can do well, it is articulate a particular position with which I do not necessarily agree. I recognize that this is a unique gift, but one that I believe is absolutely critical so that all voices within the AAFP can be heard. As it is said, "Insure the voice of the minority is heard, but that the will of the majority drives." I carry this mantra with me whenever I am on a Board or serve as an Officer of an organization.

"During my service as Alternate Delegate to the AAFP Congress of Delegates (COD), I have witnessed a diversity of opinion. This diversity of opinion serves the Academy well; however, I have seen areas for improvement in efficiency with respect to how the COD handles its business with the resolution development process."

My campaign motto is "IT MATTERS TO MARTIN." It indeed does matter. It matters that we have an efficient and

highly functional Congress of Delegates. It matters that we follow rules and decorum so that we treat everyone in these deliberations with respect. It matters that the Vice Speaker be a person who can be trusted to always do the right thing when the COD is in session. It matters that the Vice Speaker is a communicator to not only the Delegates, but also the membership at large and ultimately to the public. It matters that the mission and vision of the AAFP be understood and carried out by the Vice Speaker. It matters that EVERYONE can feel confident in speaking their opinion freely and that decisions are made with proper diligence and attention to detail.

We are asked by the AAFP to write several short informational items for placement on the "official" website. I want to share with you what I wrote for my personal statement:

> *I am an outlier. Contrary to conventional wisdom and the fact that physicians labeled as such are all too often chastised and subject to remedial action, outliers are good. More importantly, outliers make good vice speakers.*
>
> *In Malcolm Gladwell's book that discusses this theme, an outlier's recipe for success is not personal mythos but*

the synthesis of opportunity and time on task. Such is the story behind my career and journey within physician organizations.

I was raised as an only child and the son of a superintendent of schools. Both carry stereotypes that are the exact opposite of my experiences. This strengthened my future ability to put a unique stamp on pretty much everything.

I enjoyed my early years practicing the full scope of family medicine and now I, along with many of you, represent a core group that practices outside of the traditional family doctor model. Applying the experience gained from those years, I currently focus on occupational medicine, disability evaluation and medicolegal medicine.

I am in so many ways qualified for this position. I am a past president of a national physician organization and have recently served as speaker of yet another's House of Delegates. Parliamentary processes and the ability to guide an assembly efficiently are my trademarks. I am fiercely independent, which is necessary to ensure that the rights of the minority are heard, while at the same time empowering the majority to craft policy and forge a unifying message for which every member of the Congress can feel comfortable in articulating and advocating.

The COD is the single most important driver for AAFP Policy. We all take our responsibilities seriously. In the next several years, our Academy will be faced with many challenges: payment reform, scope of practice, liability reform, and threats to health care as a basic human right.

The AAFP is an outlier amongst medical specialty societies, and this is a good thing. We are growing in membership, increasing practice satisfaction numbers, and are positioned for the driver's seat. No others can say that.

You need an outlier to be the next Vice Speaker.

I want to end by thanking everyone within the IAFP and its extended family for your support. If you are in San Antonio, please come and help our IAFP delegation during my campaign. Win or lose, I promise that it will be a fun and worthwhile experience.

We Have Moved!

By Pam Williams, Executive Vice President

The IAFP leases space in downtown Des Moines from the Iowa Hospital Association. One of the benefits of this relationship is that we get to use the great facilities in the building that includes a large conference room. That conference room is about to get much larger because they ended up taking over our space on the first floor in order to expand the conference center. We have relocated one floor up and our address is the same but the suite number is now 240. We actually ended up with more space than we had before and we are enjoying it very much.

MEMBERSHIP

Since this issue highlights membership I thought I would take this opportunity to highlight the benefits of membership in the AAFP and IAFP. I participated in a webinar sponsored by the AAFP last week and was reminded that the number one member benefit each year is the AAFP CME reporting system. This valuable resource maintains a record of all of your CME in one place and your transcript is available to view, edit, print or email at your direction. The site also includes a procedures tracker and a section where you can enter your state CME requirements and find accredited CME to help you meet those requirements. If you haven't accessed some of these features please check them out.

The IAFP works hard on your behalf and encourages you to learn more about how you can get involved and what we do on your behalf. I've highlighted some activities below.

CONTINUING MEDICAL EDUCATION

Summer CME Weekend Getaway

It is so great that so many of you supported the "re-birth" of the Summer

CME Weekend Getaway at Lake Okoboji last summer and we are very excited to be hosting the conference again at Bridges Bay June 15 to 17 so please sign up, volunteer to speak, and enjoy this fun weekend with your colleagues and their families from around the state.

Annual Conference

The Annual Clinical Education Conference will be held in downtown Des Moines on November 2 to 4. This conference provides the opportunity to help you meet State Mandated CME Requirements, complete an ABFM Knowledge Self-Assessment in a group setting, hear from excellent faculty on timely topics important to your practice, cheer on your favorite residency program as they compete in Medical Jeopardy, recognize award winners, install new offices and much more.

Destination CME – TWO EXCITING OPPORTUNITIES FOR 2018

IAFP organizes a destination CME getaway program each winter. While we are still in the planning stages it looks like we are going to have two very different and exciting options for you in 2018. We are tentatively working on booking an all-inclusive resort in the Riviera Maya region of Mexico and by popular demand, are working on an Alaskan cruise for June or July. More details will be coming soon.

Cancer Webinars

Through our partnership with the Iowa Cancer Consortium we are providing our second series of cancer webinars over the noon hour. We still have 4 great topics in place for 2017. Webinar recordings are also available for those whom cannot attend live.

NRCME Training

The IAFP has an on-demand webinar that provides training for those seeking to fulfill the requirements for the Federal Motor Carrier Safety Administration's National Registry of Certified Medical Examiners.

IAFP MEMBERS RECEIVE A DISCOUNTED RATE ON MOST CME ACTIVITIES. FOR INFORMATION ON ALL OF THE ABOVE CME PLEASE VISIT www.iaafp.org

ADVOCACY

The IAFP is very fortunate to employ David Adelman as our lobbyist to represent the interests of our members during the legislative session and throughout the year. David hosts a bi-weekly conference call and prepares a weekly e-newsletter while in session to keep you up to date on what is happening at the Capitol. The IAFP Legislative Committee oversees a program that alerts members to contact legislators on issues of key importance and reacts to issues related to Family Medicine through the year. IAFP hosts a legislative coffee at the Capitol each February that brings practicing physicians from the state together with their legislators to discuss IAFP legislative priorities.

PUBLICATIONS

The *Iowa Family Physician* magazine, published three times per year, contains all the important information regarding board meetings, committees, CME meetings, awards, Foundation activities, membership updates and important health care issues. An e-newsletter is sent the first Wednesday of each month to provide updates between issues of the magazine. We also publish an annual membership directory available on our website and, as noted above, a weekly e-legislative update during session.

NEW PHYSICIANS

New Physician members are those who have been in practice seven years or less. We try to encourage participation in IAFP by offering reduced membership and CME fees and have created an award that recognizes contributions of new physicians.

RESIDENT AND STUDENT ACTIVITIES

We are committed to encouraging and providing opportunities for active participation by medical students and resident members in IAFP.

Students

IAFP hosts an annual dinner for the Family Medicine Interest Group at the University of Iowa. In addition we provide $300 scholarships for up to 20 students to attend the AAFP's National Conference of Student Members. We annually provide a $500 award to an outstanding medical student, two $2500 scholarships to Iowa students selecting at Iowa residency program and a $1000 award to a medical student from a rural Iowa community. IAFP publishes In Your Corner e-newsletter, sent quarterly, that highlights opportunities and events for residents and students. We fund one student a year to attend the Family Medicine Advocacy Summit in Washington DC.

Residents

The IAFP leadership tries to visit residency programs throughout the year to present on the benefits of membership, how to find a practice or how to get involved in advocacy efforts. Residents are encouraged to attend the IAFP Legislative Day at the Capitol. We have two residents on the Board of Directors; five residents on the Education Committee and include residents as faculty for the program for the annual meeting by having two residents present clinical cases relating to the program content. One of our most fun events is hosting the annual Resident Medical Jeopardy Throw Down during the Annual Conference and all nine programs in the state send teams of three to complete for the trophy and bragging rights. IAFP Foundation provides two $2500 scholarships to Iowa residents who select an Iowa community with less than 10,000 in population to practice. The IAFP hosts a luncheon and provides meeting space for a Resident Council Meeting each year. We have a designated seat on the Board of Directors for a residency program director. We publish the In Your Corner e-newsletter that is sent quarterly and discusses opportunities and events for residents and students. We fund one resident a year to attend the Family Medicine Advocacy Summit in Washington DC.

There are many opportunities to get involved in IAFP activities. Please consider how you can participate and make an impact in Iowa. To volunteer go to http://www.iaafp.org/en/about_iafp/committee_volunteer_form/

The Annual Legislative Coffee Highlights

The Annual Legislative Coffee was held on February 21st. We had a great turnout and our members enjoyed the opportunity to talk face-to-face with our Representatives and Senators about issues that are important to them and their patients.

2017 IAFP Summer CME Weekend Getaway in Lake Okoboji

Join us June 15 - 17, 2017 at Bridges Bay Resort in Okoboji for the 2017 Summer Meeting

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 to the excitement of our members. After the success of last year's meeting, we thought why not do it again? So we will be back in Okoboji in 2017 with all the fun, sun, education, and socialization this meeting is known for!

This meeting is truly a family event 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 2017 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 ther

RATES: **Double Queen Room** $189.00 a night / **King Suite** $289.00 per night, plus state and local taxes. Room rates include 2 water park passes. Additional passes can be purchased for $10.00 each 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 by going to the IAAFP website.

CME REGISTRATION FEES: **IAFP/AAFP Member -** $395.00 **Non-Member -** $450.00

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 Email

_____

Street Address City State Zip

_____

Phone#

PLEASE VOLUNTEER TO PRESENT A CME SESSION(S) AT THIS CONFERENCE.

THE CME PROGRAM AND NUMBER OF CREDITS WILL BE FINALIZED AFTER SPEAKERS AND TOPICS ARE IDENTIFIED.

End of Session 2017 Report

The 2017 legislative session kicked off with a political landscape Iowa hadn't seen since 1998—it was the first year since 1998 that Republicans had control in both chambers as well as the Governor's office. Once the dust had settled after the November elections, Republicans crafted a legislative agenda which included many Republican-priority initiatives that had been unable to make headway in a split-party environment. This agenda included reforms to collective bargaining, robust business agenda, medical malpractice, 2nd amendment and election overhauls, minimum wage preemption, and started a conversation on reforms to Iowa's tax law and tax credits.

2017 State of Iowa Budget

The revenue outlook for the session was bleak when the December Revenue Estimating Committee (REC) reported the Legislature must cut $100 million out of the current fiscal year (ending June 30, 2017); a task legislators were forced to tackle within the first several weeks of session. Several programs and departments were cut during this first round of deappropriations, including $18 million cut to Regents universities, community colleges reduction by $3 million, $6.1 million from Iowa's cultural trust fund, $5.5 million to the Department of Corrections, $3 million to the judicial branch, and $1 million to the Department of Public Safety. No reductions were made to K-12 public education, the state's Medicaid program or funding for property tax credits during this first round of cuts.

Revenues were again downgraded by the REC again at its March 2017 meeting. The shortfall was larger than the December meeting and amounted to a $130 million cut to the current fiscal year. Legislators dealt with the blow differently than the first round, using "rainy day" funds to cover some of the current fiscal year woes. Legislators committed to pay back these rainy day funds over a two year period; a process which impacted the FY 18 budget year. For FY18, the legislature paid back approximately $30 million, leaving almost $100 million to be paid back in FY19's budget.

Looking ahead to next session, key legislators have expressed a keen interest to take a serious look at tax credits, stating their desire to modify or eliminate tax credits that "aren't working" for their intended use and purpose. Additionally, legislators are anxious to reform Iowa's tax law to lower Iowa's income tax. Senate President Jack Whitver stated the lack of reform to Iowa's tax law was this session's biggest disappointment for him. Depending on the state's receipts over the next several months will be a key factor in the Legislature's ability to move forward these ideas.

Medical Malpractice

The legislature passed SF 465, a bill that reforms Iowa's medical malpractice laws. Iowa's medical malpractice insurance rates are unfavorable compared to most surrounding states as well as states throughout the country. This bill reforms Iowa's medical malpractice law by enacting the following provisions:

- $250,000 Cap on Noneconomic Damages - The legislation caps noneconomic damages – awards meant to compensate for intangible damages like pain and suffering – at no more than $250,000. The cap does not affect economic damages, which compensate for tangible losses like lost wages and the costs of medical care, as well as punitive damages that penalize egregious behavior. The cap on noneconomic damages does not apply in cases where a jury determines that the care in question resulted in a substantial or permanent loss or impairment of a bodily function, substantial disfigurement, or death.

- Expanded CANDOR Protections - Enacted in 2015, Iowa's Candor statute allows physicians to engage their patients in frank and confidential discussions following an adverse outcome, without concern that the information shared in these discussions might later be used against the physician in court. Under current law, only cases of death or serious physical injury qualify for the Candor protections. SF 465 lowers that threshold so any cases of physical injury would qualify. It also expands the list of providers able to initiate a Candor discussion from just physicians, ARNPs, physician assistants, and podiatrists, to include all members of the healthcare team.

- Strengthened Expert Witness Standards – The bill strengthens expert witness standards by requiring the expert to be licensed and in good standing in the same or similar field as the defendant and have practiced within 5 years preceding the incident in question. If the defendant is board certified, the expert must also be board certified; this applies for a physician defendant to a physician expert.

- Certificate of Merit – The bill requires plaintiffs to file a certificate of merit by an expert witness who certifies that the standard of care was breached and how it was breached; this must be filed within 60 days of the defendant's response to the initial notice that has suit has been initiated. Contingent upon the Governor's signature, the bill goes into effect July 1, 2017. The governor has indicated his support of the legislation and will be signing the bill in the next couple of weeks.

Step Therapy Protocols

The Legislature enacted HF 233, a bill that requires health insurance companies to make changes to their step therapy protocols. Under current law, a patient may be required to try, and then fail on lower-cost or older drugs selected by their health plan before coverage is granted for the drug prescribed by the patient's health care provider. These policies can vary widely based on the prescription and the insurance company's policy. These

protocols limit a health care provider's ability to tailor care to individual patient needs. For patients living with serious or chronic illnesses, prolonging ineffective treatment may result in possible irreversible progression of disease, loss of function, and adverse effects. This may ultimately lead to increases in unnecessary health care costs associated with additional provider visits, ER visits, hospitalizations and other costs.

The bill requires the protocols are based on widely-accepted clinical guidelines; the exceptions process is transparent and accessible to patients and health care providers; provisions that enable health care providers and patients to override a health plan's protocols when it is medically appropriate for a patient. The bill gives greater power to physicians and patients who are trying to gain access to certain procedures and/or pharmacy benefits. The Bill provides that when a step therapy protocol is in use, the person participating in a health benefit plan or the person's prescribing health care professional must have access to a clear, readily accessible "step therapy override exception," which authorizes the expedited coverage of a prescription drug selected by the prescribing health care professional, based on the review of the exception request along with supporting rationale and documentation. It is important to note that the bill specifically excludes the three major managed care organizations that are contracted with the state of Iowa to provide Medicaid-related services. The bill is effective January 1, 2018 contingent upon the Governor's signature.

Biologic Products

The state has enacted HF 305 a bill that allows Iowa pharmacists the ability to dispense safe and potentially less expensive biologic medication to patients by substituting an FDA approved interchangeable biologic for a prescribed biologic product.

A biological product is a medical product, often made from a variety of natural sources, used for a broad range of diseases or conditions. The bill provides that a physician writing a prescription can expressly indicate no biological substitute be allowed. The bill gives some flexibility to pharmacists and helps reduce health care costs. The bill is effective July 1, 2017.

Physician Assistant Supervision

HF 591 is a bill that puts to bed a two year battle between the Board of Medicine and the Board of Physician Assistants regarding physician assistant supervision at remote sites. The bill requires that any rule dealing with the supervision of physician assistants must be agreed to by the Board of Medicine before put forth into the administrative rule process. The bill rescinds proposed rules by the Physician Assistant Board that would remove the requirement that a supervising physician visit a remote site at least once every two weeks.

Prescription Monitoring Program

HF 524 is a bill that makes changes to Iowa's law regarding prescription monitoring program. The prescription monitoring program (PMP) is a health care tool for practitioners to assist in identifying potential diversion, misuse, or abuse of controlled substances by their patients while facilitating the most appropriate and effective medical use of those substances. The changes in HF 524 allows Iowa to become connected nationally to other states utilizing the prescription monitoring program.

Medicinal Cannabis

In the final hours of the 87th General Assembly, the House and Senate passed HF 524, a bill that would allow growing, manufacturing and distributing of medical cannabidiol in the State of Iowa. The cannabidiol is defined as cannabis oil that has 3% or less THC, the component of the marijuana plant that gives users a "high". Iowa currently allows for the use of this product for only epilepsy and users must travel out of state to get the product, which requires them to break Federal law when crossing state lines with the product.

HF 524 expands the use of the product to people with cancer, multiple sclerosis with severe and persistent muscle spasms, seizures, AIDS, Crohn's disease, Amyotrophic lateral sclerosis, any terminal illness, Parkinson's disease, or untreatable pain. To be able to purchase the product, a health care provider must diagnose and certify the patient suffers from one of the enumerated illnesses and provide explanatory information provided by the Department of Public Health to the patient. The provider is under no obligation to provide the certification. Each illness must be recertified on an annual basis. The patient then registers with the Department of Public Health and gets a registration card.

The bill establishes a Medical Cannabidiol Board that can make changes to the diseases that can be treated by the use of cannabidiol, as well as make recommendations to the General Assembly on increases to the level of THC (bill caps percentage at 3%) used for medical treatment.

The bill also allows for reciprocity with the state of Minnesota for Iowa's registered users, allowing them to dual-enroll with the state of Minnesota. Moreover, the bill grants up to two out-of-state dispensaries to become a registered dispensary for Iowans to purchase cannabidiol from. The bill takes effect upon enactment.

Interim Workgroup on Opioid Abuse

Included in the Health and Human Services appropriations bill, an interim workgroup was created to review the state's protocols and practices relating to the prescribing of opioid medications and the treatment options available for opioid abuse.

This is in response to the opioid abuse epidemic found across the state. The workgroup is tasked with submitting a report by November 15, 2017 to the Legislature.

(continued on page 20)

(continued from page 19)

Telehealth Parity Interim Workgroup

The Health and Human Services budget also included language establishing a legislative interim committee for telehealth parity. The language directs the Legislative Council to establish an Interim Study Committee to examine issues relating to telehealth parity for private insurance and State employee health plans. The Division specifies duties and membership of the Interim Committee and requires a report to be submitted to the General Assembly by December 15, 2017, for consideration during the 2018 Legislative Session.

Mental Health Levy Recalibration

Mental Health Levy Recalibration bill, SF 504. The bill allows counties to recalibrate their levies based on a population formula that is compared to other counties in their region. The bill still places the mental health levy cap at $47.28 but allows recalibration so each county in each region pays "their fair share" based on the county's population size. Early versions of the bill included an inflator that would have allowed counties to automatically increase their levy by a percent or two; this was struck over concerns that the inflator would have increased property taxes throughout the states. Many regions are concerned they will still be underfunded when providing for the core services DHS requires them to provide for their regional population with mental health needs.

The bill also requires counties to spend down fund balances in excess of 25.0%. Beginning in FY 2018, counties have three years to spend down fund balances on services required in their regional management plans. Beginning in FY 2022, counties are limited to a fund balance reserved for cash flow of 20.0% of gross expenditures if the region has a population equal to or greater than 100,000, or 25.0% of gross expenditures if the region has a population of fewer than 100,000. Counties will be required to reduce their levies by any dollar amount in excess of the cash flow amount. For FY 2018 through FY 2020, the Bill requires the Broadlawns Medical Center Board of Trustees to transfer $2.8 million to the Polk County Board of Supervisors to deposit in the county MHDS fund. In addition, Broadlawns Medical Center is required to donate $3.5 million worth of services to Polk County MHDS.

The bill requests that the Legislative Council authorize a study committee to analyze the viability of the levy caps in this bill. The study committee is to meet during the 2018 Legislative Interim and submit a report to the General Assembly by January 15, 2019.

The bill requires the Department of Human Services (DHS) to convene a stakeholder workgroup to make recommendations relating to the delivery of, access to, and coordination and continuity of mental health, disability, and substance use disorder services. The workgroup is required to submit a report with recommendations to the Governor and General Assembly by December 15, 2017. In addition, the Bill requires the regional administrators for the MHDS regions to convene a stakeholder workgroup to create collaborative policies and processes relating to the delivery of, access to, and continuity of services for individuals with complex mental health, disability, and substance use disorder needs

Mental Health Professional Expansion of Scope

The states passed HF 593, a bill that allows mental health professionals to perform certain examinations, treat and prescribe treatment or medication (if otherwise authorized to do so), and submit written statements and reports as required by the Judicial branch when a patient is between voluntarily or involuntarily hospitalized or committed. This is an expansion to current Iowa Code, which only allows physicians to perform some of these commitment examinations. A mental health professional is defined in Iowa Code as an individual who either holds at least a master's degree in a mental health field, a current license in this state if practicing a licensed profession, and has at least two years of post-degree clinical experience under the supervision of another mental health professional. Other professions included are psychiatrists, physicians, ARNPs holding a national certification in psychiatric mental health care, a PA practicing under the supervision of a psychiatrist, or a psychologist.

Online Tobacco and Vaping Products Subject to Sales Tax

The last appropriations bill of the year, SF 516, more commonly referred to as the "standings bill," included language that subjects alternative nicotine product and vapor sales made online to be subject to Iowa's sales and use tax. This tax rate is 65 with 1% of that going to local school's infrastructure funding and the remaining 5% of the tax going to the General fund. This change will positively impact the state's revenues on average $1 million per year and is thought to serve as a deterrent for citizens to use these products due to their increased cost.

Enhanced Nurse Licensure Compact

The state enacted the enhanced nurse compact, SF 419. the bill is an updated (enhanced) version of the Nurse Licensure Compact with the goal to have all 50 states become members of the compact. Iowa was a member of the previous nurse compact but this new enhanced compact provides more benefit to nurses who are licensed in compact-member states. There are uniformed licensure requirements for all nurses to be issued a multistate license in all member states which includes 1) Meet the home state's qualifications, 2) Graduate from a qualifying education program, 3) Pass the national licensure exam, 4)Have no active discipline on a license, 5) Submit to a criminal background check and have no prior state or federal felony

convictions, 6) Not be currently enrolled in an alternative program and 7) Have a valid U.S. Social Security number. There are multiple advantages of being a member of the Compact: Nurses have the ability to practice in multiple states with one license, there is an increase to access to care while public protection is maintained, a nurse has the authority to practice in multiple states via telehealth and the burdensome expense for both nurses and the organizations that employ them is removed. The "Enhanced" Nurse Licensure Compact will go into effect when 26 states have joined or the date of December 31, 2018. 14 states have enacted the legislation and as of 4/19/2017, 16 states have the legislation pending.

Workers Compensation System Reform

The state enacted HF 518, a bill that makes changes to Iowa's workers compensation laws. The changes include:

- Shifting the burden to the employee when an injury may be due to intoxication, which helps protect workers
- Clarifying the code after years of confusing case law that the date of injury must be reported within 90 days of the employee realizing the injury is work related
- Ensuring employer light duty programs can continue
- Making the shoulder a scheduled member
- Ensuring that AMA guidelines for scheduled member injuries are adhered to by workers' compensation deputy commissioners
- Prohibits double recovery of permanent total disability benefits
- Provides for credit for overpayments to workers
- Requires that commutations can no longer be unilaterally requested by the plaintiff, but must be agreed upon by all parties
- Ensures jurisdiction is clarified to prevent benefits shopping for higher Iowa benefits
- Prevents attorneys from taking advantage of injured workers by taking fees on voluntary payments by an employer to an employee
- Significantly reduces the interest rates on workers' compensation judgements

Mammography Notification

The Legislature tackled the breast density battle that has been waging at the statehouse for a number of years by adopting SF 250. The bill directs rules to be adopted by January 1, 2018, that directs a facility performing mammograms to include information on breast density in mammogram reports sent to patients. These reports will include information on the patient's breast density, their category of density, and if they are categorized as having heterogeneously dense breasts or extremely dense breasts, the report will include evidence-based information on dense breast tissue, increased risks associated with having dense breast tissues and the effects of dense breast tissue. The rules process will likely begin fairly quickly as rules must be in place by January 1, 2018.

Intergovernmental Transfers for Nursing Homes and County/ City Hospitals

Through language amended into the Health and Human Services budget bill, the state is tasked with filing a state plan amendment that would allow for intergovernmental transfers which would allow nursing homes and hospitals to partner to draw down increased Federal funding through an arrangement with the nursing home and hospital. County/city hospitals would be able to assume a nursing facility's license and draw down additional funds through an intergovernmental transfer to maximize reimbursement to up the Federal upper Payment Limit.

Hospital Provider Assessment

The Hospital Provider Tax was scheduled to sunset this July 1st; language included in the HHS budget pushed the sunset out to July 1, 2019. The provider tax allows participating hospitals to "pay in" a tax that the Federal government matches. This provides for enhanced hospital rates for these participating hospitals. Hospitals throughout Iowa pay in approximately $34 million, which draws down from the Federal government approximately $35 million.

Public Health bill

HF 393 is the Iowa Department of Public Health policy bill. The bill provides some flexibility to IDPH with substance abuse funding that is not used and returned by counties. The funds will be used for other substance abuse programs. Updates are made to the Medical Home & Patient Centered Health Council to reflect current duties and responsibilities. It updates Code language for various workforce programs. It complements IDPH activities around review and evaluation of current workforce programming. The bill removes unfunded and outdated programs, and makes conforming changes to the Code.

Health and Human Services Appropriations Summary

Like virtually every other budget, the Health and Human Services Appropriations budget for FY 18, HF 653, was substantially less than the previous fiscal year. The net FY 2017, which had been cut around $20 million in January, had a net appropriation of $1.794 billion. The budget target agreed to by the House and Senate set this budget at $1.766 billion, almost $30 million less than the previous fiscal year. Additionally, the legislative target was an additional $10 million less than the Governor's recommendation. Hospitals and providers were dealt a blow when several previously-attempted cost containment measures were accepted by the legislature

(continued on page 22)

(continued from page 21)

who cited "no other option" due to the fiscal woes of the state's budget. These containments include:

- An increase of $36,405,674 to fund Medicaid at the Governor's recommended funding level.
- An increase of $2,500,000 to rebase nursing facilities.
- A decrease of $500,000 to implement the cost containment strategy eliminating consultation codes.
- A decrease of $1,200,000 due to greater than anticipated prescription drug rebates.
- A decrease of $1,708,857 due to process improvement changes by the DHS.
- A decrease of $2,000,000 to implement the site-of-service cost containment strategy.
- A decrease of $3,100,000 due to the cost containment strategy aligning anesthesiologist payments with Medicare.
- A decrease of $4,281,814 to implement the cost containment strategy eliminating three-month retroactive eligibility.
- A decrease of $5,000,000 to eliminate enhanced payments for primary care physicians originally implemented under the Federal Affordable Care Act
- A decrease of $7,700,000 to implement the cost containment strategy related to crossover claims.
- A decrease of $9,500,000 due to the managed care organizations (MCOs) not earning the 2.00% incentive payment in FY 2017. These funds will be carried forward to fund Medicaid in FY 2018.
- A decrease of $10,000,000 to implement the cost containment strategy related to the diagnostic related group (DRG) cost threshold formula.
- A decrease of $12,500,000 due to a reduction in the amount estimated the MCOs will earn from the 2.00% incentive payment in FY 2018.
- Rural Iowa Primary Care Loan Repayment Program - This is a decrease of $84,514

Department on Aging: Appropriates $11M and 27.0 FTE positions. This is a decrease of $1 million and no change in FTE positions compared to estimated net FY 2017.

Office of Long-Term Care Ombudsman: Appropriates $1.2 million and 16.0 FTE positions. This is a net decrease of $164,000 and no change in FTE positions compared to estimated net FY 2017.

State Family Planning Program: eligibility requirements and other provisions included in the Medicaid Family Planning Network Waiver. The Program funds are to be distributed in a manner that continues access to family planning services, but are not to be distributed to any entity that performs abortions or maintains or operates a facility where abortions are performed, or for direct or indirect costs related to providing abortions.

Home and Community-Based Services (HCBS) Rate Methodology: using the cost settlement methodology and begin using a tiered rate methodology for providers of supported community living, day habilitation, and adult day services for persons with intellectual disabilities under the HCBS waiver program.

Department of Public Health: of $5.8 million and no change in FTE positions compared to estimated net FY 2017. The significant changes include:

- A decrease of $1.3 million to the Addictive Disorders appropriation.
- A decrease of $112,000 to the Healthy Children and Families appropriation.
- A net decrease of $658,000 to the Chronic Conditions appropriation.
- A net decrease of $4.0 million to the Community Capacity appropriation.
- An increase of $1.1 million to the Essential Public Health Services appropriation.
- A net increase of $398,000 to the Infectious Diseases appropriation.
- A net decrease of $52,000 to the Public Protection appropriation.
- A decrease of $1.3 million to be spread across all Department appropriations.
- Appropriates $11.3 million and 15.0 FTE

Department of Human Services: Appropriates $51.2 million and 186.0 FTE positions. This is a net decrease of $20.3 million and 1.2 FTE positions compared to estimated net FY 2017. Significant changes include:

- A net increase of $6.8 million for the Family Investment Program/PROMISE JOBS appropriation.
- A net decrease of $2.1 million for the Child Support Recovery Unit appropriation.
- A net decrease of $18.6 million for the Medicaid appropriation.
- A net increase of $581,000 for the Medical Contracts appropriation.
- A decrease of $349,000 for the State Supplementary Assistance appropriation.
- A net decrease of $917,000 for the State Children's Health Insurance Program (hawk-i Program) appropriation.
- A net increase of $7.6 million for the Child Care Assistance appropriation.
- A decrease of $883,000 for the State Training School at Eldora appropriation.
- A net increase of $3.5 million for the Child and Family Services appropriation.

- A decrease of $1.9 million for the Adoption Subsidy appropriation.
- A net increase of $297,000 for the Family Support Subsidy appropriation.
- A combined decrease of $1.7 million for the two Mental Health Institute (MHI) appropriations.
- A combined decrease of $4.5 million for the two State Resource Center appropriations.
- A decrease of $1.2 million for the Civil Commitment Unit for Sexual Offenders appropriation.
- A decrease of $886,000 for the Field Operations appropriation.
- A decrease of $1.6 million for the General Administration appropriation.
- A decrease of $3.0 million for the Regional Mental Health Grants appropriation.
- A decrease of $1.5 million to be spread across all Department appropriations.

Status quo appropriation for Iowa's 1st Five Healthy Mental Development Initiative programs. The Program is a public-private Mental Development Initiative that partners primary care and public health services in Iowa to enhance high-quality well-child care. The 1st Five Model supports health providers in the earlier detection of socioemotional delays, developmental delays, and family risk-related factors in children birth to age five that then coordinates referrals, interventions, and follow-up.

ACES program has status quo funding. This addresses the study of children who experience adverse childhood experiences (ACEs). $40,511

Suspension of the Medical Residency Program. Suspend for one year before reappropriating at least $2M next year.

Allocates up to $575,627 for the State Poison Control Center. This is no change compared to the estimated net FY 2017 allocation. The Center is allowed to transfer as much funding as needed for the purpose of receiving matching federal funds.

Psychiatric Bed Tracking System. Requires DHS to adopt new rules to require the State MHIs and hospitals with inpatient psychiatric treatment to update the psychiatric bed tracking system, at minimum, two times daily.

Bills that Died

This year, several bills that were introduced were defeated due to session timelines, lack of legislative interest or approval, and lobbying efforts from various interest groups. Some of the health care related bills that died this year were the following:

- Optometrists' ability to perform injections performed by ophthalmologists. The bill died this year but legislation was introduced in both chambers that would have allowed for optometrists to have an increased scope.
- Genetic Counselors licensure. The bill died this year but would have granted licensure for genetic counselors practicing in Iowa.
- Telehealth payment parity for insurance companies. A legislative interim parity workgroup was passed as a placeholder for this topic.
- Personal Exemption for vaccinations. Would have added a philosophical exception to vaccination schedules.
- Tanning ban for minors 17 years and under.

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 selcet 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 5:

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 170, 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.

POLICY:
Appointment to Serve on IAFP Committees

Each year a communication is published in the Iowa Family Physician Magazine calling for volunteers to serve on IAFP committees and appointments. Volunteers and appointments will be accepted throughout the year.

Committee appointments and terms will follow the process below.

All volunteers will be sent the Conflict of Interest Statement for completion and review by the Board or Executive Committee for approval. Volunteers completing this process will be considered candidates for the committee they have selected.

The Board of Directors or the Executive Committee will review and approve committee appointments throughout the year. 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 upon approval of the Board or Executive Committee. Terms are currently one year in duration with the option to renew the appointment each year.

To volunteer, please visit *www.iaafp.org/committees*

2017 WINTER CME CRUISE HIGHLIGHTS

The IAFP set sail on January 29 for a 7 day CME Getaway Cruise. With stops in the Bahamas, St. Thomas, and St. Maarten the cruise was full of fun, learning and networking. Stay tuned for more information about our 2018 getaways.

New Members

Active

Nicole Barbee, MD, New Albin
Mohit Chawla, MBBS, Cresco
Katherine Hopper, MD, Robins
Jessica Kennedy, DO, Waukee
Xin Luo, MD, Marion
Marjorie Renfrow, MD, Grinnell
Chad Rennie, MD, Fort Dodge
Marc Schulman, MD, Ames
Lionel Smith, MD, Keokuk
Lisa Zittergruen, MD, Decorah

Resident

Qingbo Sui, DO, Davenport

In Memoriam

Enfred Linder, MD
Twin Lakes

Student

Scarlett Cao, University of Iowa
Allen Choi, University of Iowa
Derek Douglas, Des Moines University
Jillianne Gall, Des Moines University
Rachel Genova, University of Iowa
Brian Handal, Des Moines University
Joseph Hudson, University of Iowa
Pamela Imperiale-Hagerman, University of Iowa
Sean Kennedy, University of Iowa
John Kim, Des Moines University
Madeline Knott, University of Iowa
Mohammad Kotob, University of Iowa
Samuel Lampe, Des Moines University
Michael Maidaa, University of Iowa
Mateen Manshadi, University of Iowa
Joseph Presson, University of Iowa
Hannah Salk, University of Iowa
Nipun Sharma, Des Moines University
Kelsey Sheets, University of Iowa
Ericka Tank, University of Iowa
Natalya Tesdahl, University of Iowa
Brian Tong, University of Iowa
Michael Torres, University of Iowa
Sarah Ziegenhorn, University of Iowa

Thank You to Our Current 2017 Foundation Donors!

Larry Beaty, MD
Jim Bell, MD
Jenny Butler, MD
Corrine Ganske, MD
Christine Jeffrey, MD
Amr Kamhawy, MD
Kevin Locke, MD
Steve Richards, DO
Kelly Ross, MD
Stephen Sorensen, MD
Dustin Smith, MD
Kate Thoma, MD
Niral Tilala
Donell Timpe, MD

Don't see your name and want to make a donation?
Visit our web site to make a donation or turn to page 9.

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 IAPF'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

RURAL MEDICINE SCHOLARSHIPS AVAILABLE!

M4 Students & R3 Residents!

The Iowa Farm Bureau Foundation and the Iowa Academy of Family Physicians' Foundation would like to encourage you to apply for the $2,500 Farm Bureau Scholarships that are given to two students and two residents annually. Eligibility requirements are:

Resident (R3)

- Completing an Iowa residency program in 2017
- Locating in a practice in a rural Iowa setting under 10,000 population
- Holding membership in the IAFP/AAFP
- Demonstrated scholarship and achievement in medical school
- Completion of the application requirements

Student (M4)

- A medical student graduating from the University of Iowa Carver College of Medicine or Des Moines University
- Entering an Iowa Family Medicine Residency program in 2017
- Holding membership in the IAFP/AAFP
- Demonstrated scholarship and achievement in medical school
- Completion of the application requirements

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 residency program or medical school

Criteria for Consideration

- Quality of the submitted brief essay. (40%)
- A demonstrated interest in rural practice as shown by completing a preceptorship or elective experience in a rural Iowa community under 10,000 population, and/or in the judgment of the committee, are likely to pursue a career as a family physician in rural Iowa, i.e. being from a rural background. (30%)
- Demonstrated scholarship and achievement in medical school. (15%)
- Quality of letters of recommendation. (15%)

The deadline to receive letters is June 15, 2017.

For further information contact Kelly Scallon at the IAFP Foundation office 800-283-9370 or via e-mail at kscallon@iaafp.org.

Send-a-Student
to National Conference

Your help is needed to assist in sending students to the 2017 National Conference for Residents and Students. We are asking members to provide scholarships to students to attend the 2017 National Conference for Residents and Students in Kansas City. Cost to attend for a student is $300.

Many of the great leaders of the state and national academies are students who were products of the AAFP National Student conference. Your help is needed to continue this wonderful tradition! With the focus on primary care it is all the more important to expose more students to family medicine.

Here is feedback from one of the students who attended in 2016!

The AAFP conference was an incredible experience that I would recommend to any future primary care provider. It was invigorating to be surrounded by so many physicians, residents, and other students who are passionate about preventive medicine, treating the entire patient, and providing compassionate, broad-scoped and integrated care. Whether you know for sure you want to do primary care, or if you are on the fence, I encourage you to attend this conference. There is something uniquely energizing and inspirational about being in a facility with over 4,000 other people who literally want to revolutionize medicine to make it more affordable and work maximally for the patient and the health care team.

Michael Jorgensen, M4

TO MAKE A DONATION, visit the Students & Residents tab on our website to make a secure credit card payment online or please mail in your payment (payable to the IAFP Foundation) to: 100 East Grand Avenue, Suite 240 | Des Moines, IA 50309. Contributions are tax deductable.

2017 National Conference for Residents and Students

Name: _____ Address: _____ Gift Amount: _____

_____ University of Iowa Student _____ Des Moines University Student _____ Unrestricted

_____ Pay by Check _____ Pay by credit card Visa _____ MC _____ Other _____

CC# _____ CVC code: _____ Expiration Date: _____

Iowa Academy of Family Physicians
100 East Grand Ave • Ste 240
Des Moines, IA 50309

pwilliams@iaafp.org
kcox@iaafp.org
kscallon@iaafp.org
www.iaafp.org

Phone 515-283-9370
Fax 515-283-9372

Find us on Facebook!