PHYSICALY PIAFP OVA FAMILY PHYSICALY

Vol. XLVI No. 2 / WINTER 2018-2019

ADVOCACY ISSSUE





INSIDE:

- 2018 IAFP Annual Conference Recap
- 2019 EDUCATIONAL PROGRAMMING PREVIEW

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PHYSICIAN

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On The Cover:

(Left photo) IAFP Family Physician of the Year Noreen O'Shea, D.O. and her family. (Right photo) IAFP 2018-2019 President James Bell, M.D. and his wife Shellie.

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Rural Medicine Scholarships Available.....35

"EPPUR SI MUOVO"—ATTRIBUTED TO GALILEO

By Jim Bell, M.D.

It is a privilege to move into the position of President of IAFP for the coming year. As many of you know, our staff— Pam, Katie and Kelly—are an efficient team, keeping things running smoothly and giving the appearance that we as physicians know what we are doing. The leadership rotation ensures that by the time you get to be president, you've had a chance to make most of the common mistakes and avoid selfdestruction. Special gratitude goes to outgoing president and new board chair Scott Bohner, DO, who is a great asset to our Academy and leaves big shoes to fil1.

There is no need for me to say something like "these are turbulent times." When you read this, we will be moving into the drama of new legislatures at both the state and national level. Transformation of health care nationally away from fee-for-service and toward valuebased contracts and some manner of universal coverage will continue to be a vigorous debate, and the AAFP is taking an active role in making primary care the foundation of any successful model. Opioids and cannabinoids are also on the national stage, and again the advocacy efforts of the AAFP are well recognized.

At the state level there are also some hot buttons. We continue to struggle with placement of Family Physicians in rural areas. We are burdened with oppressive administrative requirements. We have a high rate of burnout. The IAFP is active in improving the lives of our membership in all these areas and more.

In my inaugural speech at the IAFP banquet in November, I framed our role as family physicians within the context of the turbulence in America and in American medicine. If you have not read it, I would recommend <u>An American Sickness</u> by Dr. Elizabeth Rosenthal as a great commentary. I asked us collectively as family physicians to think especially of our most vulnerable patients in a given day, as they are most at risk to be marginalized by our industry (and I use that term on purpose). Sometimes vulnerability is

"In my inaugural speech at the IAFP banquet in November, I framed our role as family physicians within the context of the turbulence in America and in American medicine. If you have not read it, I would recommend An American Sickness by Dr. Elizabeth Rosenthal as a great commentary."

easy to spot—like a severity index or HCC code, or the uninsured. Other times it's much more subtle—like a patient in the room other than the one the appointment is scheduled for, or someone with unrecognized cognitive deficits or mental illness. There are many other examples.



As family physicians, we do have the calling AND THE ABILITY to "rise above" the level of the industry standard in caring for all our patients, especially the most vulnerable. We have super powers. If you were at the annual meeting banquet, you heard what they are. If you weren't there and you want to know, I'll make you work just a little. E-mail me at james. bell2@unitypoint.org and I'll be happy to send you my version of your super powers. I would actually look forward to personal interaction with as many of you as possible, especially those who may connect only peripherally with the Academy. I look forward to a great year of service, and I consider it a great privilege to be called on to serve in this capacity.

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My Advocacy Roots: Passion, Ethos and Influence

By Jason Wilbur, M.D.

Why did I become a doctor? I don't think I have ever provided a fully honest answer to that question. Was it because I enjoy science and want to help people? That's a standard breakdown of most personal statements on medical school and residency applications, and I'm sure mine looked something like that, although I'd be hard-pressed to pick my own personal statement out of a line-up at this point. But go easy on me. It's not like I was lying. I just don't think that I had worked it out for myself yet. My command of vocabulary has not improved over time, and my ability to weave a story and use metaphors has certainly diminished, but what I lack in talent perhaps I can compensate for in reflection.

So, why did I become a doctor? And what does it have to do with advocacy? The easiest and most truthful way of explaining my motivations for a career in medicine comes down to three things: Alan Alda, Albert Camus and influence.

The TV series M*A*S*H was an entertainment staple in our house growing up. As a grade school kid, I was even allowed to stay up late to watch it (my parents were terrible – can you imagine?). The character of Dr. Benjamin Franklin "Hawkeye" Pierce, played by Alan Alda, is probably one of the most famous TV characters of all time, but if you are a millennial, chances are good that you've never heard of him. That's OK; just take a moment to Google him and then meet me back here. And keep your phone handy, you might need it again. (In fact, Google "most watched TV episode of all time." See? It really was a thing, and I was one of those people watching the finale as it aired in 1983.)

What was it about Hawkeye that resonated with me as a kid? It wasn't that his name

was the same as the Iowa state nickname – I'm from St. Louis and had no connection to Iowa at the time. It wasn't that he was a respectable, upstanding physician. On the contrary, he was a wise-cracking, hard-drinking, womanizing, authority-flaunting "meatball surgeon." Although he possessed a wit and a gallows humor I enjoyed, Hawkeye also had a passion for caring for his patients and a skill he

"What does this have to do with you or the IAFP? I know that every one of us has a narrative guiding our actions and leading us to the part we play in our world, and I wanted to provide a little insight into mine. I wrote this editorial for me, but I hope that it might resonate with some of you."

put to use to save lives, and that's what really stuck with me. In the face of horrifying violence and human suffering, he maintained his humanity and connectedness to his patients, eventually losing himself to mental collapse trying to bear it all. Despite all that he was and wasn't, the good and the bad, I kind of



wanted to be that guy. I wanted to have Hawkeye's virtues, like the passion he had for doing right by his patients, even when the authorities or the circumstances dictated that he do something else. If I were a lot younger, maybe Dr. Cox from *Scrubs* would serve a more ill-tempered version of Hawkeye, but I was born too soon, and I think a little piece of the doctor in me comes from 1970s pop culture.

As you might expect, Albert Camus represents something much different. Camus' The Plague stands as one of the most influential books I read in college. In this instance, the character of Dr. Bernard Rieux served as an archetypal physician, modeling for me what a doctor might do. If you've not read the book, I don't think it's too much of a spoiler to say that a lot of people die. It is Dr. Rieux's job to care for those stricken by the plague, and at times he is literally waist deep in human suffering, yet Dr. Rieux does not quit and does give in to hopelessness. He represents human action in an absurd and horrifying situation, and he does not bother with reflecting on the cause, placing blame, or looking too far into the future. He lives for the duty that he can perform that day: to care for the ill in the best way that he knows. The ethos Dr. Rieux displays simply by going out to do the little he can do - inoculating

patients, lancing boils, sitting with the dying – became an ethos with which I could identify. If I could master the skill and the fortitude, I could *be* that kind of doctor.

Finally, we come to influence. I suspect that each of us wants to have some influence in the world, to help shape our little corner of existence, clean it up, make it better. I think of this as far different from "control" or naked ambition, which seem to me (in my Protestant work ethic, don't hog the limelight, keep your nose to the grindstone and don't complain upbringing) to be vices rather than virtues. When we physicians get involved in community activities, sit on boards, lecture at local schools, write to delegates, educate our patients and engage in quality improvement, we are exercising our influence. As a pre-med student, I had some vague notion that doctors possessed some power to change things, but I didn't really know what that was. I looked around and saw what physicians could do – especially outside the office or hospital – and decided I wanted that sort of agency. But I think my upbringing required that I not acknowledge that desire for influence. Still, it simmered in the back of my mind and guided me to *be* a certain kind of physician, one whose reach could extend across multiple domains – in other words, a family doctor.

What does this have to do with you or the IAFP? I know that every one of us has a narrative guiding our actions and leading us to the part we play in our world, and I wanted to provide a little insight into mine. I wrote this editorial for me, but I hope that it might resonate with some of you. I believe that the passion, ethos and desire for influence I described here collectively serve as my inspiration to advocate for

my patients and my profession. If I am not involved in the decisions that affect my chosen profession, then I cannot advocate for the kind of doctor I want to *be*. When we tell the story of family doctors – of who we are and what our vision is – it is compelling. I think that we need more of that – more of the world understanding what we do and what drives us.

In 2019, I hope to advocate for family doctors and our patients by sharing my story with students, friends, colleagues, legislators and anyone else who will listen. Please join me in sharing why you became a family doctor and why you continue to practice family medicine.

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. Best of luck in 2019!



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TEACHING STUDENTS THE POWER OF ADVOCACY

By Mitchell Hooyer, M2, Carver College of Medicine

World AIDS Day is recognized annually on December 1st. This year, medical and PA students at the University of Iowa spent the last days of November learning about the status of the AIDS/HIV crisis through speakers, advocacy workshops, campus rapid HIV testing, and awareness initiatives. Throughout our didactic education we learn the importance of understanding the needs and priorities of our patients and how to bring about positive change for them. Attendance at this week's events showed significant interest within our future healthcare providers to learn specifics about this global pandemic and how we can most effectively act to reduce its effects globally and within our communities.

Exactly one year after stepping into his new role as Dean of the Carver College of Medicine, Dr. J Brooks Jackson spoke to students about his extensive history researching the HIV-1 disease. He explained the progression of testing methods and his approach to lowering vertical transmission rates in Ugandan mothers. Emily Sanderson, a Student Campaign Global **AIDS** (SGAC) national organizer, held a workshop on coordinating legislative visits and their ability to influence policy. Emily used SGAC's #BreakThePatent campaign as an example and informed students about the high cost of Pre-Exposure Prophylaxis (PrEP, or Truvada®) for Americans without insurance. Despite research for PrEP being funded by taxes through the NIH and much cheaper PrEP availability globally (funded largely by the US PEPFAR program), Gilead maintains a high drug cost in the US. SGAC is pushing national legislators to use the "march-in rights" of the Bayh-Dole Act to remove Gilead's patent on PrEP. Several students expressed interest in further involvement in SGAC's movement after this workshop, and we all came away with a better appreciation for the power we as constituents hold over our representatives locally, nationally, and globally.

Iowa's Carver College of Medicine trains a large number of Iowa's physicians, so advocacy training and examples for our students very much have a ripple effect throughout our state and its future. Dr.

"Exactly one year after stepping into his new role as Dean of the Carver College of Medicine, Dr. I Brooks Jackson spoke to students about his extensive history researching the HIV-1 disease. He explained the progression of testing methods and his approach to lowering vertical transmission rates in Ugandan mothers."

Mike Ohl spoke on Monday evening regarding the TelePrEP program across Iowa. Telemedicine is a hot-button topic and as technology improves and adapts, its uses are becoming more apparent in highly rural states such as ours. Both

pre- and post-exposure prophylaxis (PrEP & nPEP) can be easily managed by a primary care provider, yet recently diagnosed HIV+ patients at Iowa City's AIDS/HIV Clinic were giving Dr. Ohl and others a more nuanced understanding of care for patients at risk of contracting HIV. There is still a heavy stigma seeking HIV prevention tools in Iowa, and the cost, time, and transportation needed to travel to specialized clinics such as Iowa City's contribute to disparities in prevention availability. TelePrEP is an example of how academic medical centers can apply technology and partner with public health departments to improve population health in a rural state. In our discussion Monday night with Dr. Ohl, we recognized that approaches that work well for delivering PrEP in large cities don't adapt to rural Iowa. We need to try different approaches such as this telehealth technology to make sure PrEP is available to those who need it, regardless of where they live.

We have the tools to treat and effectively eradicate AIDS/HIV. After the week of events on campus leading up to World AIDS Day, future healthcare providers of Iowa will be potent actors in this effort. As our healthcare landscape changes, we must adapt our methods of thinking about how to bring positive change to our patients and our communities. Advocacy is an important tool for enacting change, and Iowa medical and PA students are learning to be more prepared to actively advocate for their patients.

Our Annual Wellness Exam

By Sarah Smith, D.O. R1, Genesis Quad Cities Family Medicine Residency Program, Davenport, Iowa

Imagine the sound of fifteen stressed out, exhausted residents pounding on wood boards in an effort to create a distressed appearance. Hammers hitting nails and bottle caps. Chains being stripped across wooden surfaces to tear the smooth woodgrain. Not in unison, but in a scattered rhythm. The energy building after getting over the initial hesitation of letting ourselves have fun. Let's just say, with all the noise that was created, I was relieved to have gotten over the migraine I woke up with that morning.

The scene described above was an afternoon out of clinic and away from hospital calls. It was a chance for all three resident classes to hang out in an environment that had nothing to do with medicine. It was an afternoon of witty banter and laughter that left us feeling more relaxed, if only for a brief time before we went back to our busy resident schedules.

Residency is demanding. It should be. I chose to go into a profession that requires a lot of focused time learning how to competently care for people. I don't expect to have as much free time as I've had in the past. I am fortunate to have family and friends that understand I still love them even if I don't reply to their text messages within two minutes like I did in the past. I am also fortunate to have chosen a residency program that truly cares about resident wellness.

Wellness is not something that one can achieve without effort. Wellness can be talked about, but unless there is an action associated with it, it cannot be attained. The Genesis Family Medicine Residency, with the support of faculty and its residents, has actively strived to incorporate wellness into its curriculum with the goal of creating an environment in which residents are unlikely to burn

out. A Wellness Committee consisting of faculty members, residents from each class and our behavioral scientist has been established. They meet once a month to come up with new ideas for wellness activities as well as review past efforts.

Wellness efforts aren't all large scale, such as an afternoon off. Small efforts are important for wellness to be sustainable.

"Residency is demanding. It should be. I chose to go into a profession that requires a lot of focused time learning how to competently care for people. I don't expect to have as much free time as I've had in the past."

Examples of the types of wellness activities that have been implemented around our clinic include a "Caption the Meme" contest and Kudos cards. This allows the residents as well as our clinic staff to participate in fun little contests, and it also allows people a way to show their appreciation for the "little" things that we do for each other on a day-to-day basis.

The Committee is dedicated to approaching resident wellness from a variety of angles. Mental health, physical health and financial stability are areas that our resident program has been committed to promoting. They have organized a noon conference once a month that is specifically dedicated to a wellness topic. We have had people from our local community come in to discuss nutrition and healthy eating. They brought in food for us to sample and also did demonstrations on how to make quick, healthy meals that even a busy resident would have time to make. To tackle the topic of financial wellness, we now have a financial advisor speak with us and give us a brief overview of how we can help set ourselves up now to be more financially sound in the future.

In order to promote resident comradery, the program has allowed us to take the months with a fifth Friday and use that afternoon to do something as a resident group. Instead of having just one resident weekend retreat, this allows us to periodically take time to get together and catch up on life and our resident experiences. Not only do we learn from our faculty, but we learn from each other, and this allows us to create relationships with our co-residents that carry over into our professional lives.

As residents it can be easy for our own wellness to be put on the backburner. We put others before ourselves most of the time. The goal of the Wellness Committee is to routinely remind us to take a step back and to take a look at how our own personal wellness affects the way we treat our patients. We will be better physicians for our patients if we are active in our own wellness. Just like the wood that we beat up and turned in to sturdy, lasting pieces of décor, the residents of the Genesis Family Medicine Program are being built to last.

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A LOOK BACK AT 2018

By Pam Williams, Executive Vice President

January 1, 2018 did not just kick off the New Year but it brought with it the realization that the Iowa Academy of Family Physicians would be celebrating our 70th anniversary. 70 Years! What a tremendous achievement. Governor Kim Reynolds declared the week of November 11 to 17 as Family Medicine Week in Iowa.

A Google search revealed that in 1948:

- The average cost of a new home was \$7,700
- The average annual wages were \$2,950
- The average cost of a new car was \$1,250
- A loaf of bread cost 14 cents
- A movie ticket cost 60 cents
- The World Health Organization was established
- · The transistor radio was invented
- Harry S. Truman was President
- Olivia Newton-John, Samuel L. Jackson, Andrew Lloyd Webber and Ozzy Osbourne were born
- The Iowa Academy of General Practice received our charter

In researching the literature on the History of Family Medicine I wanted to share some quotes from an article by Robert B. Taylor that was published in the Journal of the American Board of Family Medicine in October 2005:

"Family medicine began as a revolutionary movement with courageous leaders who had a compelling vision for the new specialty."

"The initial promise of family medicine was that we would rescue a fragmented health care system, put it together again and return it to the people."

He goes on to quote Nicholas J. Pisacano, the first Executive Director of the (then) American Board of Family Practice: "He likened the beginning of our specialty to the American Revolution. He compared the Royalists to the old guard in medical education and the family medicine movement to the rebellious kids – the revolutionaries. For America the revolution was the defining event of the 18th century, which brought the birth of our nation. For family medicine, the early years saw the metamorphosis of general practice into the specialty of family medicine, for us a seminal event."

Noting Challenges for future leaders Dr. Taylor says:

"I believe that our successful journey through today's dangerous time of transition will call for powerful leadership in 5 areas: quality residency training and patient care, innovation, informatics, mentoring leaders, and anticipating tomorrow."

The wisdom Dr. Taylor shared in 2005 is just as relevant in 2018.

A few of the highlights of 2018 are below:

Governance Restructure

For most of 2017 and 2018 the Board of Directors spent many hours researching and discussing our Governance Structure. Doug Martin, MD, chaired a task force which submitted its final report in August 2017. The report recommended a redistribution and reduction of the districts from 6 to 4. The task force report also included recommended changes to the IAFP Bylaws. The Board discussed these recommendations over the next year and proposed Bylaws changes to the membership that were approved at the Annual Business Meeting in November 2018. The Bylaws changes reduced the total number of Board positions from 26 to 20 with all 20 now being voting members instead of 16 in the previous structure. The 20 seats include two at large members and the number of districts became 4 instead of 6 with two directors in each district. The structure eliminated the alternate delegates



to the AAFP Congress of Delegates from attending Board meetings as well as the alternate student and resident positions. It is anticipated these changes will result in a more active, focused and nimble Board. To see a new district map, list of the counties in each district, and a breakdown of active members by city please see page 10.

Continuing Medical Education

In early February we had a small group who attended the Winter CME Getaway in Playa del Carmen, Mexico. We stayed at the beautiful all-inclusive resort of Paradisus and had an informative and practical CME program with topics as diverse as Sleep Disorders, Osteoporosis, the AAFP's Choosing Wisely program, anxiety disorder, diabetes and interesting cases. Of special interest were talks on Overdose and Side Effects of Diarrhea Drugs, Holiday Poisonings, Gene Testing for Appropriate Prescribing and Motivational Interviewing.

In July we had 35 people who set sail from Seattle on a cruise of the Inside Passage of Alaska. While at sea we had a very attentive audience who heard presentations on Probiotics, Hypertension, Pearls and Pitfalls of Primary Palliative Predicaments, Proper Use of Opioids, Backcountry Camping, Herbal Treatment for Arthritis, Pediatric Psych, Diabetes, Physician Burnout and a variety of interesting cases from a talk titled, Hearing Hooves and Finding Zebras. The audience was very attentive until the captain blew the horn indicating a whale sighting at which point everyone walked out on one of the speakers, causing an early break in the morning session.

The on-demand webinar for the NRCME training has continued to generate non-dues revenue for the organization and is very well-received by those who have participated. Due to glitches with the NRCME website, they were not issuing new registry numbers for the first few months of the year and we experienced a noticeable drop in revenue as a result.

The newly reintroduced Okoboji meeting was not held in 2018 but will be offered again in the summer of 2019 a few weeks following the IAFP's first Mediterranean CME cruse.

We had a very exciting Annual Conference in 2018 and had some very special faculty presenting in including former Iowan Matt Hoover who was a winner of the reality TV show, *The Biggest Loser*, and Iowan Robert Rakel, MD, who helped launch the Department of Family Medicine at the University of Iowa and was the first Department Chair. Dr. Rakel is also the editor of a well-regarded textbook of family medicine.

The learning experience was enhanced by offering participants the opportunity to use their phones, tablets or laptops for audience response to questions posed by the faculty.

Student/Resident Activities

For the fourth year IAFP took a resident and student to the Family Medicine Advocacy Summit. Their participation was so valuable and those with whom we met were very interested in hearing from them along with our veteran attendees.

Also, in 2018 the IAFP hosted a speed dating event for the University of Iowa Family Medicine Interest Group and hosted their spring dinner. The Speed Dating event was poorly attended and we will most likely skip this event in 2019.

For the first time in 2018 we took a resident to the National Conference of Constituency Leaders (NCCL) that is held simultaneously with the Annual Chapter Leadership Forum in Kansas City. The resident shadowed our Delegate to the Women's Constituency and even helped draft several resolutions. The IAFP Board believes this is a worthwhile opportunity to continue and will work

with the Resident Council on how to select future resident participants interested in governance, policy making and leadership.

I attended the National Conference of Medical Students and Family Medicine Residents and the Foundation funded the popcorn machine in the aisle where all the Iowa Residency programs had their exhibit. The IAFP Foundation hosted a reception for all the medical students, residents and faculty in attendance from Iowa. We estimate there were about 66 people in attendance.

Meetings/Representation

In 2018 IAFP sent delegations to the Multi-State meeting in Dallas, Texas, the Annual Family Medicine Congressional Conference in Washington DC; the Annual Conference for Chapter Leaders/National Conference of Constituency Leaders in Kansas City; the National Conference of Family Medicine Residents and Medical Students in Kansas City, the AAFP Congress of Delegates meeting in New Orleans and the State Legislative Conference in Ft. Lauderdale, Florida.

In addition, the IAFP was able to appoint representatives to serve on various committees through the Governor's Office, Iowa Department of Human Services, Iowa Department of Public Health, and the Iowa Medical Society.

Thank You

2018 was a great year for the IAFP and I would like to express my appreciation to the Executive Committee, the Board of Directors and all committee members for their hard work on behalf of the Iowa family physicians. Dr. Scott Bohner has been an inspired and thoughtful leader and a strong spokesperson during his year as President and a responsive and valuable resource to the staff. We appreciate his accessibility and willingness to address issues and resolve problems. Dr. Jenny Butler has been a dedicated leader of the Board of Directors. Her knowledge and experience were invaluable in guiding the Board through their deliberations in 2018 that included the proposal for revisions to the IAFP governance structure. I thank her for her professionalism, enthusiasm, dedication and strong leadership over the past years and look forward to continued participation in IAFP activities. Congratulations to our incoming President, Dr. James Bell. He has been an active and involved President-Elect and we know we will be in good hands under his leadership. I wish to extend my heartfelt thanks and appreciation to our excellent staff Katie Cox and Kelly Scallon for their hard work, excellent customer service and dedication to the IAFP. I would also like to thank Iowa family physicians for their continued membership and involvement in our Academy. Our success is dependent upon each of you. It remains an honor and a privilege to serve as your Executive Vice President. CONGRATULATIONS ON 70 YEARS IAFP – WHAT A JOURNEY!

Wishing you all the best in 2019 and we hope to see many more serving on IAFP committees and attending IAFP events.

SAVE THE DATE

Legislative Coffee February 5, 2019

7:30-9:00 am at the Iowa State Capitol

Coronary Artery Disease Knowledge Self Assessment (KSA) April 5, 2019

held in conjunction with the University of Iowa Spring Refresher Course in Coralville

2019 IAFP Mediterranean CME Cruise

June 2-9, 2019

aboard the Norwegian Epic in Barcelona

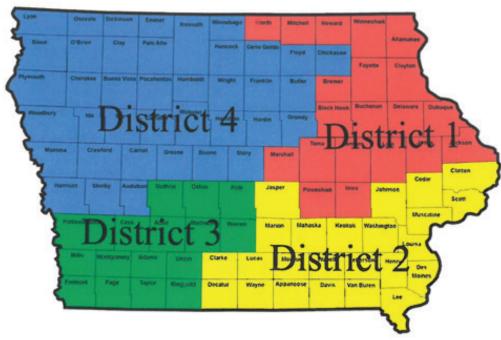
IAFP 2019 Okoboji Summer CME Getaway June 20-22, 2019

at Bridges Bay Resort in Okoboji

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New IAFP District Information

The IAFP governance restructure was approved by the membership at the Annual Business Meeting in November of 2018. The new structure has split our districts into four instead of the previous six. To read more about the changes please see page 8 for more information. We are pleased to present you with a map of the new IAFP districts as well as listings of the counties in each district. You will also find a listing of the towns in each district and the active IAFP members that live and/ or work there. Please contact us at mail@iaafp.org if you see a mistake in the district you are listed in.



District 1

Counties in District 1:

Allamakee, Benton, Black Hawk, Bremer, Buchanan, Clayton, Delaware, Dubuque, Fayette, Howard, Iowa, Jackson, Jones, Linn, Marshall, Mitchell, Poweshiek, Tama, Winneshiek, Worth

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Joseph Behr, MD Brent Brunsting, MD Mark Dankle, DO Curtis Gedney, MD Tonya Gray, MD Analisa Haberman, DO Wei-Fen Hsu, MD Javeria Iqbal, DO Farzad Jamshidian, MD Brianna Jewell, DO Robert Johannesen, MD, FAAFP Suzanne Kersbergen, DO Brian Kuchay, MD Lori Lindstrom, MD Michael Lindstrom, DO, FAAFP Mark Mahoney, MD Paul Manternach, MD Shumaila Masood, MD Chad McCambridge, MD Sarah Mechem, MD Teresa Mock, MD William Paltzer, MD Aileen Prabhakaran, MD David Ruen, MD Amir Sajadian, MD Lynne Senty, DO Susan Sieh, MD Jasjit Singh, MD Satinderjit Singh, MD Chereen Stroup, MD John Swisher, DO Donell Timpe, MD Cherielynn Wagner, DO Jerrold White, MD, FAAFP

Ronald Creswell, MD James Gamache, MD, FAAFP

Benjamin Woods, MD

Arthur Check, DO, FAAFP Perry Rathe, MD

New Hampton

C Epperly, MD John Epperly, MD Heather Harms, MD Nathan Harms, MD

Nora Springs Lisa Kies, MD

Ogden Jason Sheffler, DO

Zachary Borus, MD, FAAFP Bradley Meyer, DO

Onawa

Paul Dudley, MD Tracy Kahl, DO, FAAFP Shannon Kennedy, MD

Onawa

Allison Kovar, MD

Onawa

Brandon Kovar, MD

Orange City

Michael Jurgens, MD Alan Laird, MD Nigel Millard, DO Marie Moeller, MD Jesse Nieuwenhuis, MD Cynthia Pals, MD Philip Van De Griend, MD

Parkersburg William Durbin, MD

Reinbeck

Gregory Selenke, DO

Rock Rapids Chester De Jong, MD Beta Hamon, MD David Springer, MD

Rock Valley

Paul De Jong, MD Jonathan Engbers, MD Denise Greene, MD

Rockford

Lisa Kapler, MD

Rockwell

Charity Baker, DO, FAAFP Joshua Baker, DO, FAAFP

Rockwell City

Anthony Ellis, DO

Sac City

Bernadette Gyano, MD Leszek Marczewski, MD Zoltan Pek, MD

Sergeant Bluff

Eileen Barto, MD

Sheffield

Toni Lauffer, DO

Sheldon

Amy Badberg, MD Ryan Becker, MD Josephine Dunn Junius, MD Scott Lichty, MD Sara Zoelle, MD

Shell Rock

Jessica Webb, DO

Rachel Wilcinot, DO

Sioux Center

LoriAnne Andersen, MD Alanna Janssen, DO Jason Koelewyn, MD Kelly Pomerenke, MD M Yvonne Rayborn, MD Gerald Van Es, MD Daniel Vanden Bosch, MD Jamie Vitamvas, MD

Sioux City

Nesrin Abu Ata, MD Amir Andrawis, MD, FAAFP Nicholas Bechtold, DO Rick Colwell, DO Adrian Cordovi, MD Sunnah Doesken, MD Cara Drew, MD Janice Galli, DO, FAAFP Steven Gordon, MD Dylan Greene, MD Gregory Halbur, MD Michael Harder, DO Gary Hattan, MD

Daniel Irwin, MD Michael Jennings, MD Leah Johnson, MD Michael Jung, MD Jeffrey Kellogg, DO Richard Kipp, DO Joseph Kurth, MD Shauna LaFleur, MD Delna Lee, MD Heather Longval, MD Frank Marino, DO Douglas Martin, MD, FAAFP Clayton Milner, MD
Thomas Morgan, MD, MPAS, MSC
Merle Muller, MD, FAAFP
Ashley Neils, MD
Alisa Olson, DO Gregory Olson, DO Jeffrey O'Tool, MD Stephen Pallone, MD Paul Peterson, DO Amy Rief-Elks, DO Bryce Robison, MD, FAAFP Carol Roge, MD Kelly Ryder, MD Thomas Schryver, MD Steven Shook, MD David Sly, DO, FAAFP

Dorothy Todt, MD

Kristi Walz, MD

Tyler Wendel, DO

Jeffrey Zoelle, MD

Sharon Vande Vegte, DO

Spencer

William Bensen, DO Brian Dvorak, MD Bruce Feldmann, MD John Hilsabeck, MD Matthew Humpal, MD David Keith, DO, MSPH Nathaniel Meyer, MD, FAAFP David Robison, DO, FAAFP Sonia Sather, MD Amanda Young, DO

Spirit Lake

Jeffrey Goerss, MD Mara Groom, DO Michael Kalkhoff, MD Andrew Mueting, DO Brett Olson, MD Stephen Richards, DO, FAAFP Steven Vander Leest, DO

Storm Lake

David Archer, MD, FAAFP David Crippin, MD, FAAFP Kyle Glienke, MD Jason Huisenga, DO Joan Nilles, MD Natalie Schaller, DO Mark Schultz, DO Lisa Shepherd, MD W Wulfekuhler, MD

Webster City

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Opportunities in Wisconsin, Iowa and Minnesota

- Physician led organization that employs nearly 500 Medical Staff
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- Practice Medicine in underserved areas of the US and internationally through our Global Partners program
- Leadership and Teaching opportunities
- 24 hour specialist consultation available
- · Competitive salary, health and dental benefits, retirement, CME funds, loan forgiveness and more
- Enjoy a 4 day workweek

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

Jackie Ross

Physician Support Services Gundersen Health System (608) 775-4242

inross@gundersenhealth.org GundersenHealth.org/medcareers



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Where Caring Meets Excellence

2019 LEGISLATIVE PRIORITIES

2018 LEGISLATIVE ACTION IN "RED"

1. Workforce Initiatives.

- a. The Academy will continue to explore ways to increase quality physician access to patients in Iowa through workforce programs like the Primary Care Rural Loan Repayment Program drafted by the IAFP in 2014. Fully funded these programs is critical to maintain a physician centered primary care workforce in Iowa; 1) Rural Primary Care Loan Repayment Program, 2) Medical Residency Programs and 3) additional funding for psychiatric training at Des Moines University.
 - \$2 million to the Medical Residency Program.
 - \$250k for psychiatric training for physicians through Des Moines University.
 - \$1.25 million for the Primary Care Loan Repayment Program.



2019 IAFP Legislative Coffee

Date: February 5, 2019 Time: 7:30-9:00 a.m.

Location: Room 116, Iowa Capitol Building RSVP: (515)283-9370 or kscallon@iaafp.org

The Iowa Academy of Family Physicians represents 1,800 family physicians, residents and students. Academy members from all over the state will be there to discuss issues relating to the health care provided to all Iowans. We hope you will be able to attend.



2. Scope of Practice Protection.

- a. IAFP is opposed to legislation that would erode physician's ability to practice within their full scope and put Iowa patients in harms way. To this end, IAFP is aware of the following perennial legislative initiatives:
 - i. <u>Pharmacy statewide protocols.</u> IAFP will monitor the legislation put forth to ensure patients care and the physician-patient relationship is not compromised.
 - For patients 18 years and older, pharmacists are able to administer naloxone, nicotine replacement tobacco cessation products, immunizations recommended by the US CDC advisory committee for adults, Tdap in booster application, and other emergency immunizations or vaccinations in response to public health crisis.
 - The bill also allows pharmacists to administer the last two doses of HPV vaccination in patients 11 and over; for patients 6 months and older, influenza and other emergency vaccinations for public health emergencies.
 - The bill requires pharmacists to notify the patient's primary health care provider of any prescription drugs, products, tests, and treatments administered to the patient, if the patient has a primary care provider.
 - ii. <u>Direct entry midwives.</u> The IAFP opposes direct entry midwives due to their lack of educational and medical training, and the impact this gap in education has on caring for their patients. No legislation passed during the 2018 Legislative Session.
 - iii. Naturopathic physicians. The IAFP opposes the licensure and recognition of naturopathic physicians because of the manner in which this group practices (i.e. do not follow evidence based practices). No legislation passed during the 2018 Legislative Session.
 - iv. <u>Psychologist prescribing.</u> The IAFP will closely monitor Rules being developed jointly by the Board of Medicine and the Board of Psychology allowing certain psychologist the ability to proscribe psychotropic drugs

v. Optometry procedures. The IAFP will work with the Ophthalmologists at the Capitol to push back on any efforts to allow an optometrist to perform surgical procedures as part of the professions practice. No legislation passed during the 2018 Legislative Session.

3. Telehealth.

a. In 2015 the IAFP was instrumental in creating payment parity for Medicaid patients being treated in person or through telehealth technology. The IAFP will advocate for private pay parity. In 2018 legislation was passed requiring commercial payors to provide parity for coverage, meaning the use of telehealth care is covered by healthcare insurance. IAFP will look to expand telehealth further to increase access to physicians for rural or underserved Iowans.

4. Behavioral Health.

a. IAFP is aware and recognizes the mental health crisis that exists in Iowa and welcomed the work done in 2018. As providers, we see every day the need for more behavioral health providers and more points of access for inpatient and outpatient behavioral health care. IAFP supports any piece of legislation that helps increase the number of behavioral health providers, as well as increases access for behavioral health services across the state.

5. Medicaid Managed Care.

a. IAFP members continue to believe that value over volume is the answer to truly keeping patients well and bettering their health. With this in mind, IAFP supports Medicaid payment reform that pays physicians based on value rather than traditional fee-for-service payment methodology. IAFP will work to ensure there is proper oversite on the managed care companies overseeing the Medicaid program.

6. Opioids.

a. The IAFP recognizes the Opioid epidemic sweeping the country and infiltrating Iowa. The IAFP will support efforts to expedite the PMP dispensed medication reporting, register all prescribers with the PMP and expand Good Samaritan protections in overdose situations. Moreover, the IAFP is open to giving the tools needed to first responders when reacting to overdose situations.

(continued on page 18)





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	Prim	Care	PAC	Dona	tion:

\$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 Primicare PAC should be written on a PERSONAL CHECK OH PERSONAL CREDIT CARD. Funds from corporation cannot be accepted by the PAC. Contributions are not limited to suggested amounts. The lowa 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

Winter 2018-2019 17 (continued from page 17)

- Increases functionality for Prescription Monitoring Program (PMP) authorizes fees.
- Expands Good Samaritan protections in overdose situations.
- All controlled substances must be electronic prescribed by 2020 and the PMP use mandate that only applies when prescribing opioids.
- Requires pharmacies to report to the PMP by the next business day.

7. Prior Authorization.

a. The expansion of prior authorization greatly interferes with, prohibits, and delays patient access to medically indicated and necessary services. The IAFP supports any prior authorization reformation to remedy these areas so it is not detrimental to patient health and wellbeing. • Requires the DHS, in collaboration with Medicaid providers and MCOs, to initiate a review process to determine the effectiveness of prior authorizations used by the MCOs, with the goal of making adjustments based on relevant service costs and member outcomes data.

8. Medical Cannabis.

a. The IAFP will work in collaboration with the Iowa Legislature to draft a workable cannabis program in Iowa. No legislation passed during the 2018 Legislative Session.

Additional Priorities to consider:

- Primary Care Spend Reporting Requirements
- Pass legislation improving access to prenatal care for lawful permanent residents, or green card holders.
 - o Waive the 5 year wait for Medicaid for these patients (as is done currently for children) which can be done per CHIPRA. 20 states already do this—including Wisconsin, Ohio, Nebraska and Minnesota.

WE'VE GOT MORE THAN JUST YOUR BACK.

- Educational Resources that Address Emerging Issues
- On-Site, No-Cost Reviews to Identify High-Risk Areas
- Direct Access to Medical and Legal Experts
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As a nationally recognized leader in patient safety and risk management, COPIC offers a better option for medical professional liability insurance. We keep you covered from front to back.



COPIC is proud to be endorsed by:

Colorado Hospital Association • Colorado Medical Society • Iowa Medical Society • Nebraska Medical Association

IAFP & NAFP MEDITERRANEAN CME CRUISE



JUNE 2-9, 2019

Norwegian Epic departing from Barcelona

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

CRUISE REGISTRATION INFORMATION

IAFP & NAFP SUMMER CME MEDITERRANEAN CRUISE

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

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



CRUISE REGISTRATION:

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

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

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

IMPORTANT UPDATE:

We have sold out of our room block but cabins are still available at the prevailing rate. Please contact our travel agent ASAP at 913-322-6380 to find out more information.

CRUISE DEPOSIT/ PAYMENT SCHEDULE:

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

CRUISE INSURANCE:

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

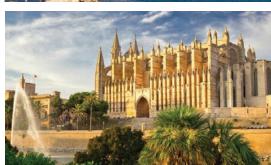
CME REGISTRATION:

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

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











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

MEDICAL RESIDENT JEOPARDY THROWDOWN

On November 16, 2018, 8 Iowa Residency programs participated in the 8th Annual Medical Resident Jeopardy Throw-Down. The teams each consisted of 3 resident participants and was hosted by Dr. Doug Martin! Fun was had by all as they enjoyed drinks and appetizers while they cheered on their favorite residency program. In the end, the East Siders pulled off their first victory. A very special thank you to Douglas Martin, MD for developing the questions and running the contest. Thanks to all the teams that participated!

BROADLAWNS MEDICAL CENTER FAMILY MEDICINE RESIDENCY - Narrow Yards

CEDAR RAPIDS FAMILY MEDICAL EDUCATION FOUNDATION - Reider's Roughriders

GENESIS QUAD CITIES FAMILY MEDICINE RESIDENCY PROGRAM - Quad City Bandits

IOWA LUTHERAN FAMILY MEDICINE RESIDENCY PROGRAM - East Siders

MERCY DES MOINES FAMILY MEDICINE RESIDENCY PROGRAM - The Mercy Pickles

NORTHEAST IOWA FAMILY MEDICINE RESIDENCY PROGRAM - Waterloo Wizards

UNIVERISITY OF IOWA FAMILY MEDICINE RESIDENCY PROGRAM - Hawk Docs

MERCY FAMILY MEDICINE RESIDENCY - NORTH IOWA - Family Quizicians





The 2018 Champions - Winners: Iowa Lutheran
Tyler Olson, MD, Madeline Godar, MD, and Matthew Molin, DO. (With Doug Martin, MD)



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Physician Business Leadership Certificate Program

Program Overview

Providers today are facing an era of change unlike any before. Reform policies shifting requirements and fiscal uncertainty create a chaotic atmosphere for professionals as well as providers. During times like these, strong leaders who demonstrate innovation and focused decision-making abilities are required. Participants in this program will gain the tools to become successful leaders in today's complex health care environment.

Program Structure

The Physician Business Leadership Certificate is achieved through attending four in-person sessions scheduled quarterly, along with additional requirements in networking and involvement with other industry activities. The content includes three areas of focus:

- 1. Foundational Leadership Skills: fundamental leadership and business skills;
- 2. Equipping for Health Care Today: topics helping physicians improve their execution, efficiency, and effectiveness; and
- 3. Hot Topics: issues in health care delivery currently impacting physicians, e.g., the opioid crisis, behavioral health issues.

Intended Audience

Emerging and aspiring physician leaders.

Program Enrollment

Participants register and commit to completing all requirements for certification.

Program Faculty

Dr. Tammy Chance, DO, IHA Board Member, ED Medical Director, Boone County Hospital, Boone; **Dr. Michael Romano**, MD, MHA, Nebraska Health Network, Council Bluffs; **Dr. Tom Evans**, MD, FAAFP, Iowa Healthcare Collaborative, Des Moines

Program Components

Coursework:

Prior to each in-person session, participants may have minor prep work related to the session topics. This will help them in being fully prepared to engage in the subject matter.

On-site programs:

These quarterly sessions will be led by subject matter experts and include interactive group discussions and group work.

Assessments:

Following the conclusion of each onsite program, attendees will be given a post-assessment/survey to examine whether the educational objectives for that session have been achieved.

Networking:

Peer-to-peer learning and discussion of best practices will be integrated into the in-person sessions.

Involvement in Industry Education Events:

In order to qualify for the Physician Leadership Certification, participants will be required to attend four additional professional or educational events within 24 months.

Examples of education events include: IHA and IMS advocacy events, IHA conferences, IHC conferences, IMS regional meetings and events and national health care and professional development conferences. Additional registration fees may apply for some of these events.

SESSION 1 EBRUARY 27-28

2019 Program Schedule Overview

Foundational Leadership Skills - Why are You Here?

Jim McKenna, MBA, PCC, Owner, James McKenna Organization

Foundational Leadership Skills - Leading Effective Teams

Jim McKenna, MBA, PCC, Owner, James McKenna Organization

Hot Topics – Practical Approach to Walking in Balance

Dr. Reid Blackwelder, MD, East Tennessee State University

Equipping for Today's Healthcare Environment - Time to Move Upstream and 'Invest' in our Health: Addressing Social Determinants of Health and Population Health Management

Dr. Yogesh Shah, MD, Director, Palliative Care Services, Broadlawns Medical Center

SESSION 2 APRIL 30

Foundational Leadership Skills - Leading Others

Dr. Tom Evans, MD, FAAFP, Iowa Healthcare Collaborative

Foundational Leadership Skills - 2019 CMS Proposed QPP, PFS and ACO Program Changes

Dr. Don Klitgaard, MD, FAAFP, CEO, MedLink Advantage

Hot Topics - Behavioral and Mental Health Care

Kevin Carroll, Vice President, Behavioral Health Services, UnityPoint Health – Des Moines

Equipping for Today's Healthcare Environment - Data and Decision Making

Sarah Pavelka, PhD, MHA, Pavelka's Point Consulting LLC

SESSION 3 JUNE 20

Foundational Leadership Skills - Strong Negotiation and Communication Skills: Part of a Leader's Repertoire for Conflict Management

Dr. Azeemuddin Ahmed, MD, MBA, Clinical Professor and Executive Vice Chair, Department of Emergency Medicine, University of Iowa

Foundational Leadership Skills - Quality, Patient Safety and Diagnostic Errors

Dr. John Ely, MD, Professor, Department of Family Medicine, University of Iowa

Hot Topics - Public Health Today

Dr. Caitlin Pedati, MD, MPH, FAAP, State Epidemiologist & Medical Director, Iowa Department of Public Health

Equipping for Today's Healthcare Environment - An Overview of Current and Emerging Payment Models in Health Care

Katie Gilfillan, Director, Healthcare Finance Policy, Physician and Clinical Practice, HFMA

SESSION 4 EPTEMBER 10

Foundational Leadership Skills - Health Care Futurist (Part 1) A Survival Guide for Health Care Organizations

Dr. Steven Berkowitz, MD, Chief Physician Executive, Northern Light Health and President, Northern Light Medical Group

Hot Topics - Creating Margin

Dr. Don Klitgaard, MD, FAAFP, CEO, MedLink Advantage

Equipping for Today's Healthcare Environment - Health Care Futurist (Part 2) Patient as a Partner in Care

Dr. Steven Berkowitz, MD, Chief Physician Executive

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Physician Business Leadership Certificate Program

Ways to Enroll

Email: martinc@ihaonline.org

Mail: Iowa Hospital Association • 100 E Grand Ave, Ste 100 • Des Moines, IA 50309 • Attn: Corey Martin

Participant Information

First Name	Last Name
Title and Credentials	
Title and Credentials	
Email (required)	
Telephone	Fax
Organization Name	
Street Address	
City State	Zip
☐ I have dietary restrictions or allergies. Please specify:	
Tuition Fees	
☐ IHA, IMS, IAFP Members—\$2,500	
□ Non-Members-\$3,000	
Payment Information	
☐ Option 1: Enclosed is my check payable to IHA in the amount of \$	FOR IHA OFFICE USE ONLY
☐ Option 2: Charge my credit card. I authorize IHA to charge my credit ca	, , , , , , , , , , , , , , , , , , ,
☐ American Express ☐ Discover ☐ MasterCard	□ Visa □ Date Received
Cardholder's Name	Fee Amount \$ Check #
Card #	
Exp. Date Security Code	
Signature	□ Organization □ Personal

CHAWAY IN LAKE OKOBOJI IS BACK FOR 2019!

2019

JOIN US JUNE 20022 AT BRIDGES BAY RESORT IN OKOBOJI FOR THE 2019 SUMMER GETAWAY

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 PESOPT: 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!

PATES: 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 lowa 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

,

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

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

Email









2018 IAFP ANNUAL C

The Annual Education Conference was held on November 15-17, 2018 at our 70th Anniversary as a chapter, installed our new officers, and













ONFERENCE HIGHLIGHTS

Prairie Meadows Event Center. On Friday November 16th, we celebrated honored our awardees, longtime members, and past presidents.













Winter 2018-2019 27

New Members

Active

Elizabath Abbas, D.O., Decorah Vinil Bhuma, M.D., Fort Dodge Tara Burleigh, M.D., Council Bluffs Cassidy Long, D.O., Humboldt

Students

Lewis Braster Kristina Cook Kelsee Dooley Sarah Ericson Reece Hass Zachary Johnson
Christopher Kang
Autumn Krcil
Josh Kruize
Da Hee Lee
Patrick Luft
Ajak Mayen
Austin Pillon
Hope Provitera
Brittanee Samuelson
Deidra Sieck
Molly Wootten

Do You Know?



People living with HIV who take their medications as prescribed and have an undetectable viral load have effectively no risk of transmitting HIV to their sexual partners.

Source: https://www.cdc.gov/actagainstaids/campaigns/pic/ materials/transmission-prevention.html

TALK TO YOUR PATIENTS ABOUT **U=U**.

Explain and reinforce that when the virus is suppressed, they will not transmit HIV to their partners.

Thank you to our 2018 Foundation Donors!!!

Laura Abels, D.O.

Candyce Ackland, M.D.

Fred Ashler, M.D.

Larry Beaty, M.D.

Jim Bell, M.D.

Scott Bohner, D.O.

R Ried Boom, M.D.

Laura Bowshier, M.D.

Nicole Brokloff, M.D.

Jenny Butler, M.D.

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Jill Endres, M.D.

Alan Fisher, M.D.

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Kyle Glienke, M.D.

Donal Gordon, M.D.

Angela Greif, M.D.

Mara Groom, D.O.

Brent Hoehns, M.D.

Jeff Hoffmann, D.O.

Amr Kamhawy, M.D.

Don Klitgaard, M.D.

Laura Lasack, M.D.

Lisa Lavadie-Gomez. M.D.

Sarah Ledger, D.O.

Barcey Levy, M.D.

Michael Lindstrom, D.O.

Kevin Locke, M.D.

Doug Martin, M.D.

Brian Mehlhaus, M.D.

Lonny Miller, M.D.

Dean Moews, M.D.

Kenton Moss, M.D.

Dale Nystrom, M.D.

David Nystrom, D.O.

Noreen O'Shea, D.O.

Francis Pisney, M.D.

Steve Richards, D.O.

Thomas Richmann, M.D.

Kelly Ross, M.D.

Dawn Schissel, M.D.

Carla Schulz, M.D.

Kelly Skelly, M.D.

Dustin Smith, M.D.

Chereen Stroup, M.D.

Kate Thoma, M.D.

Heidi Van Maanen, D.O.

Jason Wilbur, M.D.

Thanks to your generous donations, the IAFP Foundation raised \$14,685 in 2018.

Thank you to our current 2018 PrimCare PAC Contributors!!!

Laura Abels, D.O.

Jim Bell, M.D.

Scott Bohner, D.O.

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Jeff Hoffmann, D.O.

Amr Kamhawy, M.D.

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Lonny Miller, M.D.

Dale Nystrom, M.D.

David Nystrom, D.O.

Noreen O'Shea, D.O.

Thomas Richmann, M.D.

Dawn Schissel, M.D.

Jennifer Stone, M.D.

Thanks to your generous contributions, the PrimCare PAC raised \$4,815 in 2018.

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New Board of Director Members Named



AAFP Past President, Reid Blackwelder, installing the new IAFP Board of Directors.

Congratulations to our newly elected Board Members! Thank you for serving IAFP. Newly elected board members are:

- President- Jim Bell, M.D.
- President-Elect Sherry Bulten, M.D.
- Vice President- Lonny Miller, M.D.
- Secretary-Treasurer-Corrine Ganske, M.D.
- · Board Chair- Scott Bohner, D.O.
- District 3 Director-Laura Bowshier, M.D.

- District 4 Director-Mara Groom, D.O.
- At Large Director-Candice Smith, M.D.
- Delegate to the AAFP-Brian Mehlhaus, M.D.
- Alternate Delegate to the AAFP-Don Klitgaard, M.D.
- IAFP Foundation President-Dawn Schissel, M.D.

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Noreen O'Shea, D.O. Receives Iowa Family Physician of the Year Award

Noreen O'Shea, D.O., a Des Moines family physician, has been named the 2018 - 2019 Iowa Family Physician of the Year by the Iowa Academy of Family Physicians.

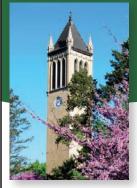
The Iowa Family Physician of the Year award is presented to one outstanding physician in the state who best exemplifies the tradition of the family doctor and who epitomizes the finest standards of family health care.

A letter received said this about Dr. O'Shea "Dr. O'Shea always calls with test results. She doesn't rely on the portal to send information. I remember feeling very surprised that she was using her personal time, to call and discuss a plan of action. I was also even more impressed with her diligence. She obviously multi tasks well. Dr. O'Shea works with her patients, as a team member. She has given me materials about health issues she is teaching as a Professor to educate me about my condition. This is a woman who loves being a doctor. She listens, she researches, she teaches- she teaches her patients, she cares... I've never met a physician who is so well-rounded and committed to helping people. I knew from the moment I met her that I needed her to be my doctor. She explained her choice to join Primary Health Care as a return to what she loves: Community Health. Her eyes sparkled as she described her passion working on Native American Reservations in South Dakota before moving to Iowa. I feel very fortunate to have such a dedicated professional helping me to navigate the ever-complex medical system. I know that Dr. O'Shea is a busy mother, wife, advocate, and is involved in community organizations, as well as an avid cyclist. I have no idea how she manages all of this, but I'm grateful to her for the care she has provided my family and myself."

As the Iowa Family Physician of the Year, Dr. O'Shea will become Iowa's nominee to the American Academy of Family Physicians for the 2019 National Family Physician of the Year. Congratulations to Dr. O'Shea.



Dr. O'Shea making a few remarks after receiving the 2018 IAFP Family Physician of the Year Award.



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JAMES BELL, M.D. NAMED PRESIDENT OF THE IOWA ACADEMY OF FAMILY PHYSICIANS

James Bell, M.D. of Cedar Rapids was installed as President of the Iowa Academy of Family Physicians at the installation and awards banquet held November 16, 2018 at Prairie Meadows Event Center.

Dr. Bell completed his undergraduate degree at the University of Tulsa. He attended medical school at the University of Iowa. Dr. Bell completed his Family Medicine residency at the Cedar Rapids Medical Education Program.

Dr. Bell currently practices at St. Luke's Hospital Palliative Care Clinic in Cedar Rapids.



Past AAFP President, Dr. Reid Blackwelder, installing Dr. Jim Bell as IAFP President.

NICHOLAS GALIOTO, M.D. NAMED IAFP MEDICAL EDUCATOR OF THE YEAR



IAFP President, Dr. Scott Bohner, and IAFP Board Chair, Dr. Jenny Butler, presenting Dr. Nicholas Galioto with the Educator of the Year Award.

Nicholas Galioto, M.D. of Des Moines was named the 2018 Iowa Medical Educator of the Year.

The Medical Educator of the Year Award is presented annually to recognize a physician who is providing outstanding quality in family practice education. Nominees are submitted by students, practicing physicians and educators.

A colleague had this to say about Dr. Galioto "Dr. Galioto has spent his entire career at Broadlawns Medical Center and is now the Associate Director of the Family Medicine program and the Director of the Transitional Year program. He is respected and admired teacher at both the medical student and the resident level. To further advance his educational skills he obtained a Masters in Medical Education degree from the University of Iowa. He is one of the few teaching physicians in Des Moines that has received this degree. I have had the opportunity to work with Dr. Galioto over the past fourteen years and can attest to his dedication to the teaching of our future family medicine residents."

Congratulations Dr. Galioto!

Dr. Laura Bowshier Receives New Physician Recognition Award

The IAFP was pleased to present Laura Bowshier, M.D. with the New Physician Recognition award.

Dr. Bowshier practices in Waukee. Dr. Bowhier has been an advocate for family medicine physicians at state and national legislative forums and currently serves on the IAFP Board of Directors.

A past board members said this about Laura "She is eloquent when speaking and is passionate about family medicine and health care for her patients. I turn to her when I want to hear a balanced and well-thought approach to challenges in family medicine."

Congratulations to Dr. Bowshier on her many accomplishments!



IAFP President, Dr. Scott Bohner, and IAFP Board Chair, Dr. Jenny Butler, presenting Dr. Laura Bowshier with the New Physician Recognition Award.



IAFP President, Dr. Scott Bohner, and IAFP Board Chair, Dr. Jenny Butler, presenting Dr. David Carlyle with his Lifetime Achievement Award.



Dr. Stephen Richards saying a few words after receiving his Lifetime Achievement Award.

Two Iowa Family Physicians Receive Well-Deserved Recognition by Colleagues

The IAFP has awarded the 2018 Lifetime Achievement Award to two family physicians.

The recipients of the award were David Carlyle, M.D. of Ames and Stephen Richards, D.O. of Sprit Lake.

The Lifetime Achievement Award is given annually to a family physician(s) who meet the following criteria:

- Have been a member of the Academy in good standing for at least 10 years
- · Is a resident of Iowa
- Has been involved in significant community service and civic activities
- Is a role model for other family physicians, residents and/or medical students.

The Lifetime Achievement Award is unique in that all awardees are nominated by another member of the Iowa Academy of Family Physicians. A committee made up of physician members selects the awardees.

The IAFP would like to thank Dr. Carlyle and Dr. Richards for their significant contributions to their communities and patients. Their service to family medicine in their roles as a mentors, role models and teachers is tremendous and much appreciated.

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FARM BUREAU AWARDS RURAL PHYSICIANS SCHOLARSHIPS

Four Farm Bureau Rural Family Medicine Scholarships were awarded during our Annual Meeting. Craig Hill, President of the Iowa Farm Bureau, made the three \$2,500 award presentations. The 2018 Farm Bureau Scholars are:

STUDENTS:

Anna Mark, M.D. – Anna grew up in a small town in northeast Iowa. She was fortunate enough to experience family medicine through her father. She took those experiences with her to the University of Iowa, where she graduated last spring. Anna is now at completing her residency at Genesis. There are a few key practices that she plans to bring with her: effective communication, holistic care and building long-lasting relationships. She will take these practices with her in the future where she plans to provide full spectrum care in rural Iowa.



Don Klitgaard, M.D., IAFP Foundation Past-President Craig Hill, Iowa Farm Bureau President; Michael Cloos, D.O.; Anna Mark, M.D.; David Janssen, M.D.

RESIDENTS:

Michael Cloos, D.O. – Michael grew up in Springbrook, a small farming community in eastern Iowa. His mother served as Springbrook's de facto walk-in clinic, with locals stopping in day and night looking for medical advice or aid with wounds. His mother instilled a sense of belonging and a belief in service to a local Iowa community. Michael got to see first-hand how important medical care is in areas that are not blessed with large hospitals. He received his medical degree from Des Moines University and recently completed his residency at Genesis. As a family medicine physician, he plans to emulate the hole that his mother filled and carry on the legacy in De Witt, Iowa.

David Janssen, M.D. – David grew up in the rural community of Hospers, Iowa. After studying molecular biology at Grove City College, he attended medical school at the University of Iowa, where his work as a Spanish interpreter volunteer for the Free Mobile Clinic reminded him of why he wanted to practice medicine. Upon his graduation in 2015, he chose Genesis in Davenport, Iowa for his residency program. This summer, David moved to Sioux Center, to start building his practice. He looks forward to building relationships with his new patients and providing comprehensive care.

The purpose of the Farm Bureau Rural Family Medicine Scholarships is two-fold:

- To encourage residents, upon graduating from an Iowa family practice residency program, to pursue a medical career in Iowa communities with populations under 10,000.
- To encourage medical students to enter an Iowa family residency and to practice in a rural Iowa community.

Barb Lykins, Iowa Farm Bureau Director Community Resources says "The Iowa Farm Bureau is committed to Iowa's rural character; after all, the citizens in our rural communities founded this great state and continue to be the backbone of our Iowa character. We're proud to sponsor this scholarship as a means to not only 'give back' to our rural citizens, but to encourage our highly-valued graduates to stay in Iowa and serve the rural community."

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 2019
- 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 2019
- 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, 2019.

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

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GivingTree



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.



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 lowa'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 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.

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IAFP MEDICAL STUDENT SUPPORT PROGRAMS

physicians.

The IAFP provides several opportunities for lowa 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
- **3. Mentorship Only** (no financial contribution) allows physicians to connect with students as described in option 1, without associated financial support.

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





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