



IOWA FAMILY PHYSICIAN

Vol. LI No. 3 / WINTER 2023-2024

**MEET NEW
IAFP PRESIDENT**
KATE HANRAHAN
MD, MME, FAAFP



INSIDE:

- Advocacy Issue
- IAFP 2023 Annual Conference Highlights
- 2024 IAFP Legislative Priorities

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A WINTER MESSAGE FROM YOUR IAFP PRESIDENT

By *Kate Hanrahan, MD, MME, FAAFP*

It is a true honor to have the opportunity to serve as your 75th president of the Iowa Academy of Family Physicians. I am humbled to have this opportunity and certainly feel some imposter syndrome in my abilities to follow in so many of your footsteps. I want to thank our past presidents for your service in leading our academy and helping it become what it is today. As you know, it takes a team to accomplish great things and at the IAFP, Sonia, Kelly and Katie do the heavy lifting to keep all the balls in the air for our academy. Thank you!

I am a family physician in Iowa City and practice at the University of Iowa with my outpatient clinic located at Iowa River Landing. I grew up in Spirit Lake, Iowa, and graduated with the class of '97. I attended college at University of St. Thomas in St. Paul, Minnesota. I completed my medical school training and residency at University of Iowa where I stayed to complete a faculty development fellowship and obtain my master's in medical education. I directed the University of Iowa residency program for several years and graduated 72 family medicine physicians during my tenure. I currently serve on the ACGME Review Committee for Family Medicine. My husband Adam is an education administrator and I have a 16-year-old son and two stepdaughters who are 16 and 20. And like many, I got a pandemic puppy who I enjoy walking with through the woods.

As your new president, I look forward to helping our academy deploy and execute our strategic plan with my specific goal that **all academy members will know our goals so we have shared messaging and vision**. I like a good acronym and so here we go--**WOPEEA**. Our new strategic plan is:

Workforce – Build a strong workforce of family physicians that supports varied practice settings and the diversity of experiences.

Operations – Maintain a healthy organization that supports the goals of IAFP.

Pathway – Develop students in health focused careers.

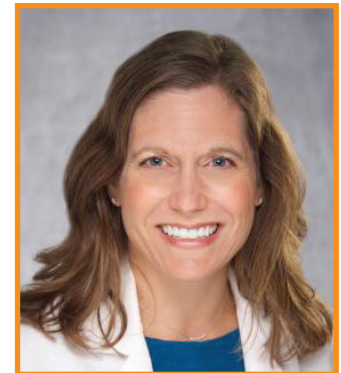
Education – Provide education for all our members to support their clinical practice and professionalism.

Engagement – Promote the involvement of all members.

Advocacy – Support all family physicians to practice at their highest level.

WOPEEA!!! If you want to get involved to help the academy with implementing the strategic plan, you can find more information about the IAFP, our committees, Board of Directors, and upcoming events at www.iaafp.org or by directly contacting Katie Cox at kcox@iaafp.org.

My personal mantra is “family medicine matters,” and my particular interest this year is to ensure that our communities know that family medicine matters and that we need more family physicians. We all need to be part of the solution to help grow our pathway and workforce to help keep Iowans healthy. I enjoy traveling from Iowa City to my hometown Spirit Lake across rural Iowa to see the beautiful landscape and it also reminds me that family physicians (YOU) are the ones in these communities providing the healthcare. And, as our new shirts say--**Iowa Needs Family Docs**.



As family physicians, we take care of patients and their families over a continuum of time. We provide better care at lower costs that is more personalized than our specialist colleagues. We provide counseling to our patients on smoking cessation, nutrition, gun safety, and vaccines, and we provide early detection of disease while also managing complex chronic medical conditions. We help our patients and communities to be healthier.

Like many of you, I became a family physician with the help of others' mentoring to expose and support my journey into family medicine.

As a high school student, my best friend's dad was an orthopedic surgeon and would allow me to scrub in and “first assist.” This same physician helped me get a research position in preparation for medical school.

During medical school, my family medicine preceptor talked about this novel concept of a “medical home” as we drove across town doing home visits. His excitement and the time he took to answer my questions as I tried to grasp this concept--how could one clinic/physician do so much for each patient? --sparked my interest.

My lifelong mentor, Jill Endres, helped to create a yearlong continuity rotation for me in Family Medicine where I worked in her clinic one half-day every week to learn the craft of family medicine and the value of continuity. During this year, I watched Jill take care of patients and families managing chronic conditions, providing health counseling, delivering babies, and providing procedures to her patients. This rotation still exists today for medical students. I was reminded of what my orthopedic mentor told me, "He was no better than Oscar the Grouch when it came to managing any common medical condition for his family or patients." Watching Jill serve as the personal physician for her patients on their worst days and best days was inspiring and solidified my desire to become a family physician.

My first boss supported my goal of becoming a medical educator and helped to create a faculty development fellowship which allowed me to graduate with my master's in medical education and became our residency program director. His unconditional support has been integral to my success.

As program director, I returned to the IAFP Board of Directors and had the opportunity to work with Pam Williams. I had worked with Pam through the IAFP during medical school and residency. Pam invested in me and helped support me getting involved in various committees and workgroups (as she has done for many of us). This included having the opportunity to meet up with Drs. Carlyle, Klitgard and James to listen to Senator Obama in Iowa City in 2008. I was part of the group of Program Directors that worked with the IAFP and our Iowa legislation to pass the rural loan repayment program that is now in its 11th

year and has funded 101 students, 73 in Family Medicine.

I imagine that many of you, if not all of you, can think of mentors that helped to pave a path for you to become a family physician. I share these stories today as a reminder that as family physicians we take care of both patients AND communities.

We are good at taking care of patients and I want to challenge us to be better at taking care of our communities by building a pathway for future family doctors. We need to take time to mentor, support, engage our young community about what we do. Just as my mentors did for me and yours did for you.

We need to get involved in our communities and highlight the value we bring to the healthcare system and role model for future physicians. **I want patients, our communities, future students to know that family physicians can take care of most patients for most things most of the time.**

I know that we have a lot that we can complain about regarding healthcare, but we also have a lot to be thankful for. As family physicians we take care of patients and their families over time, on their worst days and best days. We celebrate birthdays and funerals with our patients.

We must be part of the solution in growing our healthcare system and ensuring we accomplish our Academy's vision that **Family Medicine IS the foundation for a healthier Iowa.**

To do this, **we all need to help mentor the next generation of family physicians** -- whether that is engaging with a high school student, sponsoring a medical student or talking with a resident about

your practice. How will we know if we are successful? We can all start this year by personally inviting someone from the next generation of family physicians to join you and attend the 76th Iowa Academy Annual Conference November 7-8, 2024, at Prairie Meadows Conference Center.

I look forward to a great year and thank you for this opportunity to serve as your 75th President of the Iowa Academy of Family Physicians.

MEMBER ENGAGEMENT AND ADVOCACY

By Jason Wilbur, M.D.

Sitting here under a heavy blanket of snow in Iowa City, it's hard for me to believe that it was sunny and relatively warm for our annual conference just two months ago. I can still feel the energy of that meeting and envision the faces that I only see once a year. I also recall a sense of resurgent energy within our organization.

Within just the last year, the IAFP has undergone significant changes. Our long-time, steadfast EVP, Pam Williams, retired. We underwent a search process, led by Corrine Ganske, that resulted in hiring our new EVP, Sonia Bell. Sonia gently took the helm from Pam, listening, observing, asking and learning before speaking and acting. Sonia has introduced welcome changes and has used her previous experience to improve our processes and help us to become more efficient. Then in August, we underwent a strategic planning session during which I witnessed engaged members and leaders asking profound questions about our *why* and thinking deeply about *where* the IAFP should be going.

We are looking forward, secure in the knowledge that primary care – and specifically family medicine – is the cornerstone for a healthier Iowa, but we also face uncertainties. I am pleased to report that we have leadership that understands family docs, listens to what we have to say, and has a plan to guide us through these uncertain times.

We have leadership that is constantly wanting to hear more from members – not less – and thinking of ways to better engage its members. In fact, one of the five pillars of our strategic plan is “member engagement.” The IAFP staff along with your volunteer leaders have been trying new things to meet member physicians’ needs and to get your attention. Have you noticed? I hope so! Without an engaged membership, we cannot be successful in our mission.

How are we working to increase member engagement with the IAFP? In general, we are trying to make IAFP activities relevant and accessible. So, if you don't feel that, please let us know. More specifically, we are adding to our magazine (CME options and board member biosketches); offering more of our popular group KSAs; organizing regional member meet-ups with CME (e.g., dinner in Cedar Rapids with Dr. Gerard Clancy speaking on physician wellness – and more of these are in the works); making changes in the annual meeting (coming 2024); developing special interest groups (e.g., for rural physicians and IMGs); and employing new methods of outreach (e.g., texts and group apps). All of this is to simply say, “We want the IAFP to be the first place Iowa family physicians go for help serving their patients.” In order to succeed, we need your feedback, so please don't hesitate to contact your district board members, your executive committee members, or your EVP.



The link between engagement and advocacy may already be apparent, but if you find yourself wondering why I am linking these concepts, an analogy may be helpful. Have you ever played the game “Werewolf” or “Mafia”? They are essentially the same game, so I'll just describe Werewolf. This is a large group game, and it helps to have at least 10 to play. There is a facilitator, a seer, 2 werewolves and the rest are villagers. The object of the game is simple: survive. Each round begins with “night,” where the facilitator instructs the villagers to close their eyes, while the werewolves decide which villager to kill, and the seer watches. Everyone opens their eyes (“day”), and accusations ensue as to whom is a werewolf. The whole town, werewolves and seer included, vote to kill an accused person. Then, the next round begins as “night” falls. The game ends when the villagers are pared down to two or the werewolves are both dead. There are variations (adding star-crossed lovers,

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for example), but this is the essential idea. Interestingly, even though the werewolves are outnumbered, it is difficult for the villagers to win. This game was invented by a Russian psychologist who used it to demonstrate that an informed minority can defeat an uninformed majority. That's a long way for me to say that IAFP member engagement leads to better informed members *and* leaders, who can then more effectively advocate for family physicians and our patients. Please note that I am not suggesting that family physicians transform into monsters in order to achieve our agenda! All analogies break down at some point, and this one does so quickly.

Advocacy is another one of the five pillars of our strategic plan. Our goal is to support family physicians' abilities to practice at their highest level, doing the most good for their patients and communities. You can learn more about our advocacy in this issue from the article on legislative priorities and the EVP column. Remember all the options you have available to you to advocate for family docs and our patients: (1) donate to our PAC; (2) get to know your state and federal representatives and talk to them about family medicine; (3) call, email and send letters when AAFP has a call for support; (4) keep yourself informed; and (5) stay engaged with IAFP!

As always, send your corrections, comments, questions, and ideas for this magazine to Jason-wilbur@uiowa.edu.

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CARVER COLLEGE OF MEDICINE STUDENT'S REFLECTION ON THE FAMILY MEDICINE CLERKSHIP

By Betty Tu, Carver College of Medicine M3

Working alongside Dr. Dustin Smith in his rural family medicine practice in Eagle Grove has been one of the best experiences of my medical education. Dr. Smith is the only physician in Eagle Grove, a town of three thousand people. To compare, I have spent my whole life in large metropolitan areas, where three thousand people probably live in three blocks. I knew going into this that I would be seeing a part of medicine that I had never seen before, and it truly has been a transformative time that I have had in Eagle Grove.

As the only physician in Eagle Grove, Dr. Smith's responsibilities extended far beyond the typical duties that I tend to think of when I think of a doctor. He had his clinic up to 6 days a week, was on-call in the nearby ED once a week, rounded in two nursing homes, worked as a deputy medical examiner, and volunteered in the community (Rotary Club, meals on wheels, etc.). I am grateful to have had the opportunity to participate in nearly the entire spectrum of these vast roles. Dr. Smith's many commitments underscore the reality that, in rural settings and other areas where access to healthcare resources may be limited, primary care physicians often become the backbone of care outside clinic settings including geriatric care (e.g. nursing home) and emergency care. The adaptability and broad skill set demanded by care in rural and/or resource-limited areas is evident in Dr. Smith's ability to manage problems of all kinds in his practice. For example, we sutured a hand laceration, used a cast saw, and performed cryotherapy with liquid nitrogen on a wart—all in the same day.

While it's utterly amazing how one physician can do so much, I must also emphasize the importance of having an

equally flexible staff. Dr. Smith's clinic has a team of 4-5 nurses who seem to do everything too. They room patients, give immunizations, draw blood, run labs on the in-house CBC and urinalysis machines, help with procedures (foley placement, suturing, etc.), help obtain X-rays on the in-house X-ray machine, and play a vital role in coordinating care for patients. This stunning team amplifies the impact that one clinic, one physician, can have on a community and it is a fact that Dr. Smith would not be able to do a tenth or even a hundredth of what he does now without the help of his team.

Overall, my experience in Eagle Grove has given me a profound appreciation for the versatility required in rural family medicine, where the boundaries between primary care and specialty care are often not as clear as in tertiary care hospitals like the University of Iowa. Moving forward in my medical education and career, I will remember this invaluable experience I have had with Dr. Smith and recognize the great impact that a dedicated family physician can have on the health of an entire community.

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FRIEND OF THE COURT: ADVOCACY FOR REPRODUCTIVE HEALTH IN IOWA

By Linda Peng, M2

In late November of my M1 year, I was wrapping up my last semester of didactic classes in medical school. There were several exams and an OSCE coming up, and I also had holiday preparations to make in my sparse free time. Among all of the deadlines and the studying, I was also participating in an advocacy initiative I'm still reflecting on today. I am a member of Medical Students for Choice (MSFC), a student organization which advocates for education on reproductive healthcare, including abortion, for medical students and trainees. It was through MSFC that I learned that medical students could submit statements to an amicus brief supporting Planned Parenthood in its appeal of the temporary injunction blocking the 6-week abortion ban in Iowa.

I leaped to add my voice to the brief. This was the most direct opportunity for advocacy I'd come across in medical school. Since I began my journey as a healthcare professional, I have only become more passionate about protecting reproductive rights and bodily autonomy for my future patients. But as I wrote, I found myself considering other nuances, too—ones more specific to Iowa's physicians and healthcare trainees.

The implementation of a 6-week abortion ban in Iowa would undoubtedly affect the practice of OB/GYN providers. Following the 2022 Match, the AAMC reported that US states with "complete [abortion] bans saw greater decreases in the number of U.S. MD senior applicants across specialties than states with gestational limits or no restrictions." Furthermore, the "decrease in unique U.S. MD senior OB/GYN applicants year over year was highest in states with complete bans (-10.5%) and lowest (-5.3%) in states without restrictions."¹ As

a student who is currently very interested in pursuing family medicine as my future specialty, the conclusion I drew from these trends is that as OB/GYNs leave abortion-restricted states, responsibility for providing maternal and reproductive care will shift to FM physicians.

One thing that initially drew me to family medicine was the broad scope of the specialty. Several rural FM attendings have held lectures in my classes and shared about the variety within their practice. I remember my excitement upon realizing that I didn't have to go into a surgical specialty to be able to care for pregnant people, deliver babies, and offer comprehensive reproductive care. But the question is, how do I rank residencies when the time comes to match? And afterwards, where will I practice?

I've spent my whole life in Iowa. I grew up here, attended Grinnell College for undergrad, and chose to stay here afterwards for my medical training. Iowa is filled with rural communities in need of providers; March of Dimes currently categorizes 35 of Iowa's 99 counties as maternal care deserts. But these days, I find myself trying to make an impossible ethical decision. Should I try to stay in Iowa, the place that has supported me throughout my personal and professional journey? If I do, I may face legal consequences for trying to fulfill my vow of doing no harm. Or should I try to leave and find a residency position in another state, where I can train with no legal ramifications for helping patients in need? If I go this route, I would be leaving behind the community to which I owe so much, and which desperately lacks primary care providers and champions for women's health.

Right now, this is an impossible question for me to answer. But I can't help but feel a little optimistic when I look at my community and the efforts of my peers. We are nothing if not passionate; within an hour of receiving information about the amicus brief opportunity, I was able to bring in four of my peers to the initiative just through word of mouth. Although I and my peers will wait in nervous anticipation for the court's decision, I know that there is strength in this group, and even if I feel lost, I will always have others to turn to and organize with.

¹ Orgera K, Mahmood H, Grover A. Training Location Preferences of U.S. Medical School Graduates Post Dobbs v. Jackson Women's Health Organization Decision. Washington, DC: AAMC; 2023. doi:10.15766/rai_2rw8fvba

MEDICAL RESIDENT JEOPARDY THROWDOWN

On November 17th, 2023, 8 Iowa Residency programs participated in the 11th Annual Medical Resident Jeopardy Throw-Down. The teams each consisted of 2-3 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, Genesis 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 - Narrow Yards

Genesis Quad Cities Family Medicine - Buntings' Buzzers

Mercy Des Moines Family Medicine - No Mercy

MercyOne North Iowa Medical Center Waterloo - Waterloo Wizards

MercyOne North Iowa Family Medicine Mason City - North Iowa Trivia Titans

UnityPoint Central Iowa - Waterloo - Family Quizicians

University of Iowa - Hawk Docs





*The 2023 Champions – Genesis Quad Cities Family Medicine Winners:
Troy Dolmetsch, DO, Anna Wilcox, MD and Stephen Sorensen, MD, Faculty Physician at Genesis Quad Cities*



COMMON SENSE – NOT ALWAYS COMMON; DOESN'T ALWAYS MAKE SENSE

By Sean Westendorf, MD / PGY-2 Family Medicine Resident / Broadlawns Medical Center / Des Moines, IA

“Whatever happened to common sense?”

The above quote came from one of my more “old-school” attending physicians. It was uttered during nursing home rounds, in which we were readmitting a 94-year-old patient with dementia to the memory care unit at a local long-term care facility following discharge from the hospital. She was hospitalized after a fall, thought to be caused by weakness from a UTI. She sustained a left femoral neck fracture, multiple pubic rami fractures, and a left wrist fracture from the fall and required surgery to repair her hip fracture. Upon review of the patient’s medication list, she was recently started on an SGLT-2 inhibitor by her cardiologist for treatment of chronic heart failure with preserved ejection fraction in accordance with recently updated Guideline-Directed Medical Therapy (GDMT) guidelines. Of course, our minds immediately went to one of the well-documented adverse effects of SGLT-2 inhibitors, which is increased risk of urinary tract infections, especially in elderly women, landing it on the Beer’s Criteria List of medications to use with caution in elderly patients.

Another patient scenario comes to mind, which again may have made my attending question common sense. The patient was a middle-aged male, seeing me in clinic for hospital follow-up after being admitted for a heart failure exacerbation. The reason for his heart failure exacerbation was due to medication noncompliance, as he was unable to afford his medications. Unfortunately, an all-too-common occurrence at our facility, the patient was self-employed and made too much money to qualify for Medicaid but was unable to afford private insurance. He self-paid for all his medications, but due to unexpected expenses with his home and car, he did

not have enough money to pay for his medications the last few months, likely leading to his exacerbation. While in the hospital, the cardiologist adjusted some of his medications, again in accordance with GDMT, which included switching from

“Our profession is constantly changing, and it takes a lot of work to remain current on updated guideline recommendations. But it takes even more work, critical thinking, and a little bit of courage to remain current on guidelines, apply them to our patients, and recognize when a guideline recommendation maybe isn’t the best option for this situation.”

an angiotensin receptor blocker (ARB) to an angiotensin-receptor/neprilysin inhibitor (ARNI). The monthly retail cost of the previous ARB medication was roughly \$10/month. The monthly retail cost of the new medication is over \$600/month. Obviously, the patient had not been taking his new medication since leaving the hospital.

Both of these patient scenarios are examples of our quest for being compliant with guidelines superseding the treatment of the patient in front of us. First, an elderly nursing home patient, previously able to ambulate with an assistive device around her memory care unit, now bedridden, recovering from multiple fractures. Or the patient unable to afford a \$10/month medication was switched to a medication exceeding \$600/month. As wonderful as guidelines are for providing evidence-based diagnostic and therapeutic recommendations for numerous disease states, they are exactly that, recommendations. Most guidelines will also include some sort of “strength of evidence” rating, which determines exactly how much evidence is out there supporting the specific intervention. It is not our job to make sure every patient we are treating is compliant with updated guidelines. Rather, it is our job to review the guidelines and apply them independently to every patient we encounter.

Our profession is constantly changing, and it takes a lot of work to remain current on updated guideline recommendations. But it takes even more work, critical thinking, and a little bit of courage to remain current on guidelines, apply them to our patients, and recognize when a guideline recommendation maybe *isn’t* the best option for this situation. At Broadlawns, we have a saying: “Meet our patients where they are.” I argue this is the definition of patient advocacy, and it is something every one of our patients deserve.

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IAFP's 2024-2026 STRATEGIC PLAN

By Sonia Bell, MBA, Executive Vice President



As mentioned in the Fall 2023 Magazine edition, last summer the IAFP Board developed a new Strategic Plan to guide the organization through 2026. Working with an expert consultant, Board members and staff began the process with pre-meeting interviews and evaluating the results of the membership satisfaction survey. This culminated in an eight-hour day in August 2023 discussing ideas, guesses, hunches, past successes, member preferences, maybe-maybe-not scenarios; pondering “can we achieve these goals?”, “who the heck knows”, and finally deciding...ok, let’s go for it!

The secret ingredient to achieving these goals and objectives is **YOU**, our member. I’ve been through many different strategic planning sessions, in a myriad of settings led by experts from academia and healthcare to research and technology, but the outcome always comes down to one key factor: engagement. Without an engaged leadership and organization, the plan struggles to find its footing during the implementation phase. And unfortunately, I’ve been part of strategic plans that failed because they lacked this important ingredient.

Fortunately, because IAFP’s leadership and membership is built of volunteers, we have an abundance of engaged experts who are passionate about family medicine. Every year our Board members choose to

2024-2026 GOALS



WORKFORCE

Build a strong workforce of family physicians that supports varied practice settings and the diversity of experiences.



PATHWAY

Develop students in health focused careers



MEMBER ENGAGEMENT

Promote the involvement of all members



EDUCATION

Provide education for all our members to support their clinical practice and professionalism.



ADVOCACY

Support all family physicians to practice at their highest level.

confirm their service, and every year each of you choose to renew your involvement, creating an organization of members invested in the success of IAFP. And with a new strategic plan, all our members have even more opportunities to showcase their expertise while playing an important role in the growth of family medicine across Iowa and the nation.

WORKFORCE and PATHWAY

While focusing on our talented workforce of family physicians and supporting a pathway of discovery for students aren't new initiatives for IAFP, dedicating a group to steer its projects is. At the November 2023 Board of Directors meeting, a new Ad Hoc Pathways Committee was created under the leadership of former presidents Robin Barnett, DO, and Jeff Hoffman, DO, while the Member Services Committee, under the leadership of Nicole Brokloff, MD, took on much of the workforce initiatives for 2024. With the collaboration of these two groups, IAFP plans to:

- Advocate for continued funding and manage the Rural Loan Repayment Program.
- Create support systems for rural, independent and international physicians by developing interest groups and mentorship programs.
- Collaborate with Iowa Health Occupations Students of America (HOSA) to develop programs specific towards a career in Family Medicine. This includes identifying speakers and mentors to present to students and participating in their upcoming events.
- Develop materials and apply for grants to fund Family Physicians to visit classrooms in their community. These visits include showcasing skills, sharing tools and experiences, and exposing students to the science of family medicine.
- Offer funding for family physicians to host "Dinner with a Doc" with students in their communities.

MEMBER ENGAGEMENT

While promoting the involvement of members has always been a key priority, this year the Member Services Committee members volunteered to lead these projects alongside their workforce initiatives. In 2024, this committee plans to:

- Host 1-2 Member Meetups in different districts across the state.
- Diversify methods of communication.
- Increase social media channels, followers and engagement, potentially publishing different program, clinic, or physician "takeover" days to showcase their expertise and experiences in family medicine.

EDUCATION

Under the leadership of Committee Chair Mara Groom, DO, and alongside our Director of Operations Kelly Scallon and Director of Communications Katie Cox, IAFP's educational programming always has been incredibly strong. Starting this year, the Education Committee plans to provide all the same popular events for our members while adding some new offerings to "mix it up" a bit! These include:

- Continue hosting the Annual Education Conference, taking member feedback into account when building the agenda for 2024's conference this coming November at Prairie Meadows in Des Moines.
- Hosting a smaller CME half-day session, potentially mixing a hands-on skills clinic with an associated CME presentation.
- Hosting two KSA sessions annually (possibly more depending on member uptake).
- Including educational articles in the magazine eligible for CME (hint; the crossword on page 18 is a test to see if we'd have enough interest!).

ADVOCACY

Advocacy is the instrument we use to achieve many of our goals and is an

important element in the IAFP mission, supporting physicians to practice at their highest level possible. This year our Advocacy Committee, led by co-chairs and former presidents Laura Bowshier, MD, and David Carlyle, MD, aligned IAFP's legislative priorities and advocacy efforts with our strategic goals. These plans are detailed on page 14-15 and include:

- Supporting evidence-based care by pursuing "Truth and Transparency in Advertising" legislation, ensuring patients are fully informed on the credentials and licensure of the healthcare professionals treating them.
- Working with partners and talking with representatives to support the expansion of Medicaid coverage through 12 months postpartum.
- Working with payor partners and representatives to address the lack of investment in primary care and increase primary care direct spend.



As you can see, we have a lot of good work ahead of us. But to succeed, we need your help! From volunteering on a committee to talking to your local representatives, visiting a local classroom or taking some students out for "Dinner with a Doc", any amount of time you can contribute is valuable. Kelly, Katie and I work hard to leverage your limited time, providing you with all the resources you may need, and trying to make it as easy (and fun!) as possible to volunteer. Simply visit the "Get Involved" button under the "About" heading at iaafp.org. Or email/call any of us directly: all of our contact information is listed on the last page of the magazine. We would love to hear from you!

2024 LEGISLATIVE PRIORITIES

1. Workforce initiatives.

- 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 funding these programs is critical to maintain a physician centered primary care workforce in Iowa. As such, IAFP supports:
 - i. Increased funding for the Rural Primary Care Loan Repayment Program,
 - ii. Increased state funding for the Medical Residency Programs
 - iii. Continued funding for psychiatric training at Des Moines University

Rural Iowa Primary Care Loan Repayment Program (number represent new agreements signed)

Academic Year	Total	Family Medicine	Pediatrics	General Surgery	Psychiatry	Internal Medicine
2013-2014	8	5	2	1	0	0
2014-2015	12	10	0	0	1	1
2015-2016	9	7	1	0	0	1
2016-2017	10	7	1	0	2	0
2017-2018	12	9	1	0	2	0
2018-2019	11	6	2	1	1	1
2019-2020	9	9	0	0	0	0
2020-2021	13	8	1	1	2	0
2021-2022	17	12	1	1	0	3
Total Agreements	101	73	9	4	8	6

2. Scope of practice protection.

- IAFP is opposed to legislation that would erode physicians’ ability to practice within their full scope and that puts Iowa patients in harms way. To this end, IAFP is aware of the following perennial legislative initiatives:
 - i. Pharmacy Statewide protocols. IAFP will monitor the legislation put forth to ensure patients care and the physician-patient relationship is not compromised.
 - ii. 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).
- Truth in Advertising – Patients are being misled about the background and training of members of their healthcare team.
 - Patients deserve to be informed on who is involved in their healthcare. Patients must be able to rely on and understand what their health care practitioners tell them.
 - Any advertisement by a healthcare professional must include their name and licensure. Physicians may include their medical specialty or medical specialty title.
 - In clinical settings, a healthcare professional cannot use any misleading terms regarding their education, training, credentials, or licensure.
 - Clarity regarding the title “doctor” is important: Providers, including Advance Practice Registered Nurses and Physician Assistants, who hold a doctorate degree and choose to use the title of “doctor” in a clinical setting must state their licensure.

3. Post Partum Maternal Care

- IAFP supports expansion of Medicaid coverage through 12 months postpartum.

4. Increased Medicaid Reimbursement Rates

- IAFP supports increased Medicaid reimbursement rates for primary care services and for physicians in rural communities. Increased reimbursement allows for better patient access, improved outcomes, and healthier communities.

5. Primary Care Direct Spend

- Research continues to show that primary care is critical to the health of individuals, improves health outcomes, and is associated with a more equitable distribution of health in populations. Patients who identified a primary care physician as their usual source of care had lower five-year mortality rates than patients who identified a specialist physician as their usual source of care.
- Primary care spending lags in the United States compared to similar investment in most other high-income countries. Nations with greater investment in primary care reported better patient outcomes and lower health care costs.
- The IAFP will work with their payor partners or explore legislation to address the lack of investment in primary care focusing on the creation of state-level databases to quantify primary care investment and efforts to increase the level of investment.




KNOWLEDGE

BEYOND

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We raised \$6,000 this year!

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WHAT IS THE IAFP PRIMCARE PAC? IAFP PrimCare PAC is the state political action committee of the Iowa Academy of Family Physicians. The PAC is a special organization set up to collect contributions from a large number of people, pool those funds and make contributions to state election campaigns.

WHERE DOES MY DONATION GO? IAFP PrimCare PAC will make direct contributions to candidates for the Iowa General Assembly (either State House of Representatives or State Senate), and statewide offices. Contribution decisions are made in a nonpartisan way based on candidates’ positions, policies and voting records as they relate to family physicians and our patients. Direct contribution decisions are made by the PAC Committee.

I ALREADY PAY MY DUES—ISN’T THAT ENOUGH? Election laws prohibit the use of membership dues for donations to political candidates. Funds to be used for donations to candidates must be raised separately from membership dues. Voluntary PrimCare PAC donations are what will enhance IAFP’s clout in the elections and with elected members of the Legislature.



IAFP PRIMCARE PAC DONATION:

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

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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.

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**TO GET MORE INFORMATION OR TO REGISTER, VISIT
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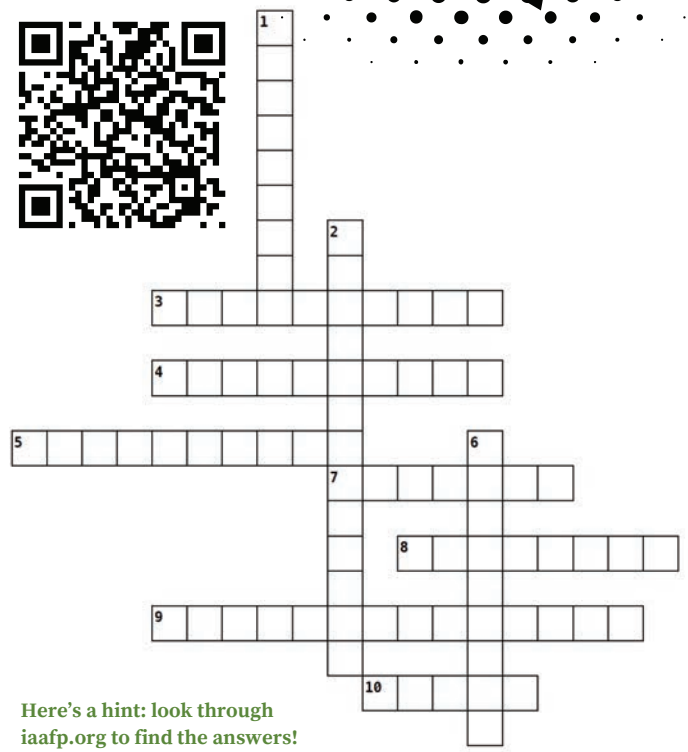
HOW WELL DO YOU KNOW YOUR



IOWA ACADEMY OF FAMILY PHYSICIANS

??

One lucky winner will receive a \$100 PrePaid Mastercard!



Here's a hint: look through iaafp.org to find the answers!

To play, submit your answers and contact information online by scanning the QR code or navigating to this site:

<https://www.surveymonkey.com/r/iafpcrossword>

DOWN

1. KSA, aka “_____ Self-Assessment”
2. The Iowa Academy of Family Physicians Foundation is the _____ body of the Iowa Academy of Family Physicians.
6. AAFP’s President is chosen annually at the Congress of _____.

ACROSS

3. AAFP’s FMX, aka Family Medicine _____ is in Phoenix, Arizona in September 2024.
4. “Family Medicine is the _____ for a healthier Iowa.”
5. IAFP was founded in 19_____.
7. IAFP’s first “Family Physician of the Year” awardee
8. Professional enrichment CME is limited to 25 _____ credits every three years.
9. Location of the 2024 Annual Education Conference.
10. Number of times the IAFP Board of Directors meets annually

Online submissions are due by Friday, March 15.

A prize winner will be drawn from the successful competition entries and contacted by email. The winner and puzzle key will be published online and in the next IAFP Magazine issue!



IOWA ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR IOWA

2024 IAFP ANNUAL CONFERENCE

NOVEMBER 7-8, 2024

PRAIRIE MEADOWS CONFERENCE CENTER

Mark your calendars and plan to join us for our 2024 annual conference.

NEW THIS YEAR: Half day CME session on Thursday afternoon, awards presentation and officer installation, Resident Jeopardy, and attendee reception on Thursday Evening, morning and afternoon CME on Friday.

IAFP OFFERING VIRTUAL KSA



IOWA ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR IOWA

PAIN MEDICINE

MAY 8 (WEDNESDAY) | 5:30 - 9:30 PM (ESTIMATED) | ZOOM WEBINAR | 8 CME CREDITS
\$200 FOR IAFP/AAFP MEMBERS | \$225 FOR NON-MEMBERS

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- Review 60 core competency questions with experienced family physician faculty, and decide the best answer with your colleagues.
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MORE INFORMATION AND REGISTRATION CAN BE FOUND AT
[HTTPS://IAAFP.ORG/KSA/](https://iaafp.org/ksa/)

NEW MEMBERS

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Kimberly Hayden, MD, Bettendorf
Hasmig Link, DO Clive
Morgan Nichols, MD, Bettendorf
Pascuala Reyes, DO DeWitt

Residents

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Gwennan Plouzek, MD, Broadlawns
Samuel Thomas, DO, Broadlawns

Students

Gabrielle Frediani, University of Iowa
Anna Geiger, Des Moines University
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Kevin Thayyil, Des Moines University
Sean Thomas, Des Moines University
Nitya Virippil, Des Moines University

In Memorium



*Larry Goetz, MD,
Des Moines*

CONGRATULATIONS TO OUR NEW BOARD MEMBERS

AAFP President, Steven Furr, M.D., installed the new IAAP Officers and Board of Directors at our Annual Awards and Installation Banquet.

(Pictured from left to right) Vice President, Jason Wilbur, M.D., President, Kate Hanrahan, M.D., Secretary-Treasurer, Patrick Courtney, M.D., District 2 Director, Nicole Brokloff, M.D., President-Elect, Sarah Ledger, D.O., Board Chair, Corrine Ganske, M.D. and Delegate to the AAFP, Robin Barnett, D.O. Not Pictured are At- Large Director A, Spencer Carlstone, M.D., Delegate to the AAFP, Amr Kamhawy, M.D., Alternate Delegate to the AAFP, Brent Hoehns, M.D. and Alternate Delegate to the AAFP, Dawn Schissel, M.D. Thank you for serving and congratulations on your new positions.



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KATE DUCHENE HANRAHAN, M.D., M.M.E, FAAFP INSTALLED AS PRESIDENT OF THE IOWA ACADEMY OF FAMILY PHYSICIANS



*Newly installed IAFP President, Kate Hanrahan, M.D.
pictured with AAFP President, Steven Furr, M.D.*

Kate DuChene Hanrahan, M.D. M.M.E, FAAFP of Iowa City was installed as President of the Iowa Academy of Family Physicians at the installation and awards banquet held November 17, 2023 at the West Des Moines Sheraton

Dr. Hanrahan grew up in Spirit Lake, Iowa and graduated college from the University of St. Thomas. She attended medical school and completed her residency and fellowship at the University of Iowa. Dr. Hanrahan is a Clinical Professor of Family Medicine at Roy J. and Lucille A. Carver College of Medicine. Her outpatient practice is located at Iowa River Landing in Coralville. She has a Masters in Medical Education and is a member of the ACGME Review Committee for Family Medicine.



Dr. Hanrahan pictured with the members of the IAFP Executive Committee. Pictured from left to right-Vice President, Jason Wilbur, M.D., President, Kate Hanrahan, M.D., Secretary-Treasurer, Patrick Courtney, M.D., President-Elect, Sarah Ledger, D.O. and Board Chair Corrine Ganske, M.D.

JOHN THURMAN, D.O. RECEIVES IOWA FAMILY PHYSICIAN OF THE YEAR AWARD

John Thurman, D.O., a Fort Madison family physician, was named the 2023-2024 Iowa Family Physician of the Year by the Iowa Academy of Family Physicians at the installation and awards banquet held November 17 at the West Des Moines Sheraton.

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

Dr. Thurman attended the United States Military Academy at West Point. He attended medical school at Kirksville College of Osteopathic Medicine and completed his residency at MacNeal Family Medicine Residency in Berwyn, IL. Dr. Thurman currently practices in Fort Madison, IA.

A nomination letter we received said this about Dr. Thurman: “He is the most positive, upbeat person I have ever met. He made me feel as though I was his only patient. He has that unique ability to focus on the person in front of him to the exclusion of all the other things that could be distracting. I felt that he saw and heard me as an individual, not just another patient. You come to understand that he really cares about you and your health.”

Congratulations Dr. Thurman!



Dr. John Thurman address the audience after receiving the Family Physician of the Year Award



Dr. Thurman and his large group of supporters who celebrated with him at the banquet.



Dr. John Thurman with IAFP Board Chair, Dr. Laura Bowshier

DECORAH FAMILY PHYSICIAN RECEIVES LIFETIME ACHIEVEMENT AWARD



Kevin Locke, M.D.

The Iowa Academy of Family Physicians awarded the 2023 Lifetime Achievement Award to Kevin Locke, M.D. of Decorah on November 17. The award ceremony took place at the IAFP Annual Awards and Installation Banquet at the West Des Moines Sheraton.

Dr. Locke attended medical school at the University of Iowa. He completed his residency at Broadlawns Medical Center in Des Moines. Dr. Locke practiced in Decorah for thirty-three years. He is currently serving as Medical Examiner, is a member of Midwest-1 Disaster Medical Assistance Team through National Disaster Medical System and is the Hospice Medical Director.

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. Locke for his significant contributions to his community, patients, and family medicine.

Delicious & Easy Heart-Healthy Lean Beef Recipes

SCAN CODE OR VISIT
iabeeff.org/recipes/heart-healthy-beef-recipes/ for
short videos with step-by-step cooking instructions.

**From Beef. It's What's For Dinner.
certified by the American Heart Association**

THANK YOU TO 2023 ANNUAL MEETING EXHIBITORS AND SUPPORTERS

We want to extend a big thank you to our 2023 IAFP Annual Conference exhibitors and supporters. We appreciate your support of family medicine in Iowa!

2023 IAFP Exhibitors

- Abbott Diabetes Care
- Abbott Rapid Diagnostics
- AbbVie
- Aledade Inc.
- Boehringer Ingelheim
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- Capital Orthopaedics and Sports Medicine PC
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- Gundersen Health System
- Idorsia
- Iowa Cancer Consortium
- Iowa Maternal Quality Care Collaborative
- Iowa National Guard
- Iowa Newborn Screening Program/
University of Iowa Children's Hospital

- Iowa Statewide Obstetric Mobile Simulation Unit
- Novavax
- Oasis Health Partners
- Organon
- Otsuka
- Pfizer, Inc.
- The Iowa Clinic
- UCS Healthcare
- UnityPoint Health
- University of Iowa Department of Family Medicine
- Wolfe Eye Clinic

2023 IAFP Supporters

- Iowa Beef Industry Council
- McFarland Clinic
- PhRMA
- Wellmark



*Thank You
For Your Support!*



WE WANT YOU! JOIN A COMMITTEE

EDUCATION COMMITTEE: Responsible for all continuing education programs of the Academy that includes the Clinical Education Conference and online programming.

MEMBER ADVOCACY COMMITTEE:

Duties include serving as an advocate for family physicians and their patients in matters relating to the delivery of health care and promotes the image of family physicians in the state of Iowa. In addition, the committee seeks members to serve on committees and boards for government and other health care related organizations and assists in the legislative activities of the Academy including grassroots lobbying (Key Contacts). The committee is also responsible for the annual legislative coffee at the Capitol in February

MEMBER SERVICES COMMITTEE:

Oversees the production of The Iowa Family Physician Magazine, IAFP E-News, and Membership Directory. In addition, the committee recommends public relations projects to the board of directors. Current projects include member engagement initiatives and IAFP membership awards. The committee also oversees IAFP membership activities as needed, including annual review of membership statistics and conducts membership surveys as needed.

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

2023 IAFP ANNUAL MEETING HIGHLIGHTS



FARM BUREAU AWARDS RURAL PHYSICIAN SCHOLARSHIPS

Two (\$5,000) Iowa Farm Bureau Rural Family Medicine Scholarships were awarded in 2023.

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

The scholarships encourage residents upon graduation to pursue a medical career in Iowa communities with populations under 26,000.

“As we navigate the challenges of providing healthcare to rural Iowa, the Iowa Academy of Family Physicians Foundation is honored to continue our partnership with the Iowa Farm Bureau. Rural Iowa needs family physicians and the Iowa Farm Bureau continues to provide assistance in the form of scholarships to students and residents. With this assistance our young physicians are able to establish a strong rural practice which will benefit all Iowans. Family Medicine in Iowa will continue to thrive as we partner with the Iowa Farm Bureau and other organizations that promote the wellbeing of all our citizens.”

– Jeff Hoffmann, DO, IAFP Foundation President.

2023 Student Recipient



• **ANNA WILCOX, MD -**

• Growing up in a small town in northwest Iowa, Anna saw firsthand how important access to care is for small communities. After receiving her undergraduate degree at Iowa State University, she attended medical school at the University of Iowa. Throughout medical school, she took every opportunity to gain more experience in rural medicine. This year, she began her residency at Genesis where she hopes to learn how to best help rural Iowans. After residency, Anna plans to move to a small community where she can start her practice doing broad spectrum family medicine including obstetrical care.

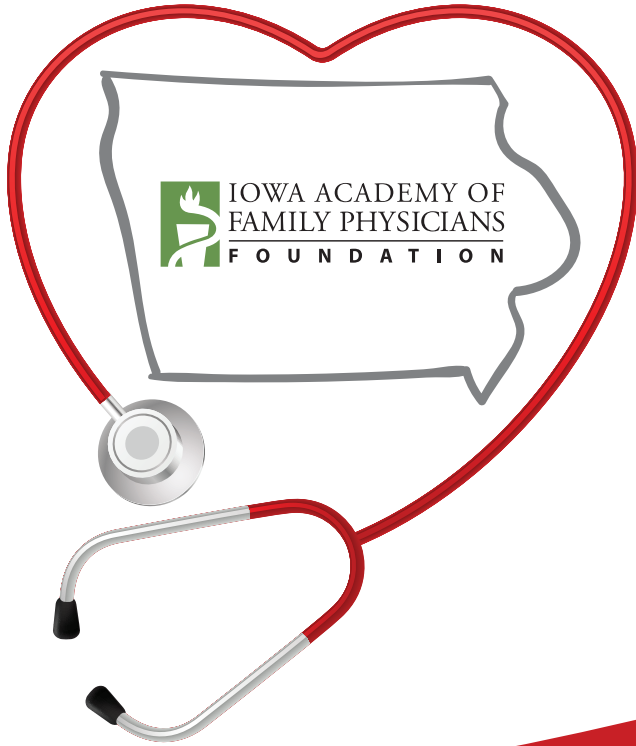
2023 Resident Recipient



• **SARAH TERRONEZ, DO -**

• Having grown up in Dysart, IA, Sarah has enjoyed the comforts of small community since she was young. During college, she shadowed a family physician in LaPorte City, admiring the relationships he held with his patients. From there, Sarah attending medical school in Kirksville, Missouri. She spent much of her time traveling to small communities, providing many patients with the only provider care they would receive that year. Throughout medical school; and residency, she completed several international trips to rural, underserved areas. After completing her residency at the Central Iowa Family Medicine Residency Program, she now practices at the Floyd County Medical Center in Charles City, IA. Sarah looks forward to a long career ahead of her providing care to patients in a rural practice setting.

THE HEART OF THE FOUNDATION



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.

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.

THANK YOU TO ALL OF OUR 2023 DONORS!

WANT TO SEE YOUR NAME HERE? PLEASE DONATE BELOW!

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**In Memory of
Dr. Don Rodawig,
Spirit Lake*

To keep family medicine in Iowa strong, we are asking **all Iowa family physicians** to donate to the IAFP Foundation. ANY amount is appreciated! We are aiming for **100% participation!** Below are the different levels of donation.

IAFP Foundation Donation:

- \$1000 Grand Patron
- \$750 Patron
- \$500 Benefactor
- \$250 Sponsor
- \$100 Friend
- Other _____

Please use my donation for: (Check all that apply)

- Students / Family Medicine Interest Groups
- Residents Rural Loan Repayment
- Unrestricted

Your gift is tax deductible as the IAFP Foundation is a 501 (c) 3 charitable organization.

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- Visa MC Other _____

Name: _____

Address: _____

CC# _____ CVC Code _____

Signature _____ Exp. Date _____



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