




IOWA FAMILY PHYSICIAN

Vol. XLVI No. 1 / FALL 2018

EDUCATION ISSUE



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Iowa Family Physician is addressed and mailed to every family physician, resident, medical student, hospital and medical school throughout the state and serves as the Academy's major communication source regarding public relations, legislative and membership information.

IAFP **IOWA FAMILY PHYSICIAN**

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THINGS ARE A-CHANGING...

By Scott Bohner, D.O.

They say a year passes so quickly that if you don't take a chance to stop and look, it will pass you by. Today with technology, change happens even faster. Change is inevitable. You can either get on board or be left behind. That doesn't mean, however, that we should just support change for the sake of change. I suppose now is as good a time as any to take an account of things that have changed and may change in the near future.

This year, the academy is proposing a change to the makeup of the board. This hasn't been done for many years and was suggested as a way to make the board more effective and representative of the state. Whether we like it or not (and I don't), more people are moving from rural areas and living in Iowa cities. Physicians have not been immune to this. We, as an academy, have struggled to get volunteers from rural areas to serve on the board. On the flip side, we've had individuals from the urban areas who are actively involved in the academy in other ways who are not able to be on to the board due to the bylaws. By changing the board structure, we better align ourselves with where our physicians are located. This change also allows for those who may live in a more populated area to have an additional chance to serve on the board by creating at-large directors. This decision was not made quickly or without thought. A task force was assembled, recommendations were given, and thorough discussion was held over several meetings before finalizing a proposal. We do feel this is the best way forward.

At the time of this writing, CMS is proposing sweeping changes to the physician fee schedule and other Medicare changes. One of the most eye-catching proposals is to pay a flat fee for

any visit, regardless of the complexity of that visit. CMS would also decrease the payment for a procedure if done at the same time as the E/M service. It doesn't take long to see how this would be extremely detrimental to what we as family physicians do on a daily basis. On the positive side, CMS proposes a decrease in documentation needed, aligning with their Patients Over Paperwork initiative. CMS has also



“On the flip side, we’ve had individuals from the urban areas who are actively involved in the academy in other ways who are not able to be on to the board due to the bylaws. By changing the board structure, we better align ourselves with where our physicians are located.”

proposed an additional \$5 bump for primary care. While this is a necessary change, it's not enough. I can tell you that the AAFP and IAFP are watching the situation very closely and plan to comment along with every other major physician group. My hope is by the time you're reading this, a decision has been made to delay these changes to further study their effects.

In the future, we'll be dealing with new challenges such as medicinal cannabis and maintenance of certification. With the 2018 election cycle rolling ever closer, I suspect we'll be seeing even more changes. The best we can do is to roll with the changes, come together, and make the best of them.

This past year has been wonderful as your President. I have been able to meet people and see places that I otherwise never would have. I've seen the power of advocacy in action and what it can accomplish. Our academy is in a great position to lead into the future.

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EDUCATION IS THE MISSION OF OUR ACADEMY

By Jason Wilbur, M.D.

If your first response to my editorial's title is, "Really?" then you need to learn a little about the AAFP and its state chapters. Education is really, truly at the heart of what AAFP/IAFP does. Does the IAFP provide educational content for big bucks? Do you suspect that CME activities and magazine ad revenue are huge money makers for IAFP? If so, let me introduce you to our treasurer who can show you how we live and die on member dues and we're thrilled to break even on CME and this magazine.

That said, I am sure that most of you are not surprised to learn that the IAFP – just like the AAFP – takes quality education for its members seriously. There are many great offerings, from the 70th Annual Meeting to the renewed Okoboji conferences to the cruises, not to mention ABFM Knowledge Self-Assessments (they're more fun with friends) and periodic webinars. IAFP sponsors such activities not only to promote life-long learning but also to encourage community with fellow family physicians and to counter burnout by rekindling our passion for medicine. And that's not all we get from being members of the IAFP and AAFP. We also have access to guidelines, reviews and up-to-date evidence to inform our practices.

As an occasional author and reviewer for the journal *American Family Physician*, I can tell you with certainty that the editors take their jobs seriously. All the review articles are based on solid evidence and undergo multiple reviews. There is no fluff, no editorializing, no guesswork. In our political world of "fake news" and "alternative facts," it is refreshing to know that the *AFP* rigorously upholds its principles of evidence-based medicine. And the *AFP* is just one of the educational resources provided to us as AAFP/IAFP members. Go online, and you'll find so much more. Members have free access to CME webinars, board reviews questions, clinical guidelines and the pithy and practical journal *Family Practice Management*. With so many educational opportunities as a UI faculty member, I often take for granted the high-yield and well-researched educational material produced by our academy. Periodically, I

return and am reassured to see that it is all still there. It's like I have yet to learn object permanence, and I can feel Jean Piaget's disappointment. I hope that most of you are more astute than I and take full advantage of all the educational opportunities at your fingertips.

In this issue, we have some exciting things in store for you. Our student writer gets personal talking about education as a family value and how cultures view education differently. Our resident column sheds light on the importance of caring for ourselves in order to be the best doctors we can be for our patients. We have a guest column that will teach you plenty about the ins and outs of the new cannabis law in Iowa and pragmatically approaches how it will affect patients and physicians.

For the column on cannabis, I want to provide some additional perspective. Our author delivers critical information for physicians, and I thank him for doing so. Too few physicians have any idea what the cannabis-related laws actually mean to them and their patients. However, I am concerned that the push for broader legalization of cannabis products (which I personally endorse as long past due) may be perceived by physicians and the public as an acknowledgement that cannabis has broad and well-studied medicinal uses, that benefits clearly outweigh risks, and that it offers a safe alternative to traditional medical treatments. Such a perception is incorrect and potentially dangerous.

We have learned a great deal about cannabis and its actions in the human body, and we will learn more as the wave of legalization progresses, but we do not have sufficient information about many of the purported therapeutic effects. Some of the best evidence for the effects of cannabis products on chronic pain comes from a recent Cochrane review (see Cochrane Library 2018, "Cannabis-Related Medicines for Chronic Neuropathic Pain in Adults"). While cannabis products demonstrated overall pain reduction compared to placebo in patients with chronic neuropathic pain, there was no improvement in function or health-related quality of life.



Additionally, the cannabis group had more of the expected side effects (e.g., sedation, confusion). Finally, the studies were small, of low quality and heterogeneous, making systematic review problematic. On the other hand, randomized controlled trials have shown that cannabidiol is superior to other treatments for patients with a rare seizure disorder called Lennox-Gastaut syndrome, and an FDA-approved brand name drug is on its way to market. Nonetheless, the Iowa law appears to tacitly endorse cannabis treatment equally for a variety of diseases, such as chronic pain and epilepsy.

These two divergent results of cannabis-related treatments highlight the current state of knowledge and the dilemma doctors face. The politics of cannabis is racing ahead of the science, but the science cannot be done unless more cannabis-related treatments become available to test. At this juncture, physicians need to know both how the changing laws treat cannabis and what data is available to help patients balance risks and benefits. We will continue to see an increasing number of patients using cannabis products or asking about them, and we need to be armed with information. I urge all of us to learn more about this issue as it increasingly enters our practices.

As always, please send me your comments, thoughts and recommendations for what you want to see in this magazine. I can be reached at Jason-wilbur@uiowa.edu.



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EDUCATION IS MORE THAN A LETTER

By Samantha H. Cheng, University of Iowa, Carver College of Medicine

“Every piece of knowledge you gain is like a token. Gather your tokens and keep them in your pocket. You never know when you’ll need them.” Dad’s sage advice in response to my complaints of learning “useless information” has been my constant companion throughout school. I used to think that if the merit was not immediately apparent, facts were of little worth. Thankfully my parents are much wiser, instilling within my siblings and me the importance of education from a young age. That search for a better, more wholesome, and varied education catalyzed our immigration to the U.S.

Unlike Taiwan, where my parents shelled out a large chunk of their paycheck for our private music lessons, art classes, and even after-school academies, I found that their U.S. counterparts were government-subsidized and only a minority attended academies. I recall wondering if American students realized all that was available to them. Another difference I found was in the culture of studying. In Taiwan, we were constantly pitted against the other students, always vying for the top. At academies, we studied the material that would be

covered next week in school because if you were not ahead, you were already behind. Not so in the states. Without such external pressures I discovered freedom to explore my own interests at my own pace, eventually deeming medicine to be the lovechild of my two great passions: the sciences and the humanities.

Coming to medical school was the easiest decision but the most difficult execution. I was a re-applicant, believing with the fervor of someone who clearly did not know what she was in for that it was the path I was meant to take. I still believe it, though during especially stressful moments I need to actively remind myself of the roadblocks I have already conquered to be here and all those who would trade spots with me in a heartbeat. For most, the path of a pre-med student is anything but smooth, some of us even earning multiple degrees prior to matriculation to medical school to prove our competitive edge. We are amidst a shift towards encouraging diversity both within the academic setting and workforce, not just in cultures and backgrounds but also in skill sets and experiential knowledge. Medical schools seek applicants who are

wide-ranging in their interests, rather than single-dimensional students who purely focus on academics. They want artists, athletes, musicians, chefs, writers, poets, travelers, and anyone else who excel at their craft in addition to academics. That is a tall order indeed, reminiscent of the times when physicians were well-versed in philosophy, music, and other arts.

Sometimes I look around my class and am renewed with awe at the talents that surround me. Some speak multiple languages, run marathons, paint, sing, dance, or even take care of families. All while in medical school! I feel blessed to be nurtured in such a gifted environment, made possible in large part due to my parents’ constant support and encouragement. Their teachings remind me that education is a privilege, so I try to watch every optional lecture and read recommended texts because grades are not a destination but a limited measure of knowledge. Because learning is about fueling curiosity instead of acing exams. Because the tokens I collect today may help me save lives tomorrow.



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BRAND NEW PROGRAM

IAFP MEDICAL STUDENT SUPPORT PROGRAMS

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

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

- Financial support is used to:
 - Offset expenses for travel and accommodations for attendance at the AAFP National Conference in Kansas City, where students gain energy and information about family medicine residency programs and may attend educational sessions of interest to future family physicians.
 - Support students during early curriculum with resources, study break treats, as well as offsetting travel/accommodation expenses for shadowing opportunities and mentorship connections.

- Mentorship support includes quarterly contact with students as arranged. These connections may take various forms and will be supported by the UI Department of Family Medicine Medical Student Education Program:

- Electronic conversations
- Face-to-face or Skype meetings
- FMIG event co-attendance
- Shadowing connections during summer or school breaks
- Precepting students for required and/or elective family medicine clerkships

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

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

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



IOWA ACADEMY OF
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University of Iowa Recognized by AAFP for Program of Excellence in Family Medicine

The University of Iowa Family Medicine Interest Group was recently recognized by the American Academy of Family Physicians as one of 18 medical school Family Medicine Interest Groups to win the 2018 Program of Excellence Award for their exemplary efforts to grow and support interest in family medicine.

Award winners were announced Aug. 3 at the AAFP National Conference of Family Medicine Residents and Medical Students in Kansas City, Missouri.

FMIGs are student-run organizations that provide opportunities for students to learn about and experience family medicine outside of their medical school curricula. FMIGs host events, workshops, leadership development opportunities and community and clinical experiences. These award-winning groups are breaking new ground with important initiatives such as starting pipeline programs for students who are underrepresented in medicine and working with their school administration to change the curriculum to be more supportive of primary care.

The University of Iowa Family Medicine Interest Group was recognized as a Program of Excellence for its diverse educational programming and on-campus advocacy efforts. These efforts extend far beyond the national award to improving the future of family medicine and building the vital primary care physician workforce.



“The medical students in the University of Iowa Family Medicine Interest Group have done a fantastic job teaching their peers about Family Medicine and supporting those interested in pursuing careers in the specialty. Their tradition of strong leadership and excellent programming has helped ensure that the state of Iowa has Family Physicians to meet workforce needs and provide quality health care for Iowans. We are very fortunate to also have the support of the Iowa Academy of Family Physicians as well as support from many wonderful family physicians throughout the state,” said Jill Endres, M.D., Director of Medical Student Education for the Department of Family Medicine at the U of I.

Iowa Carver 2018 POE Award Winner

“The FMIGs we honor this year have gone above and beyond by activating students to put the knowledge they’ve acquired in the classroom into practice,” said Clif Knight, MD, senior vice president for education at the AAFP. “These programs help students develop leadership skills that will serve them in their future practices and communities and provide opportunities to better understand the vital role that family medicine plays in our health care system.”

The winners’ applications are published online to facilitate the sharing of best practices and programming ideas among FMIGs nationwide. There is also a programming resource for all FMIGs to use that highlights the most successful and innovative ideas from these exemplary schools.

FMIGs are independent groups, governed by their host medical school and supported by faculty and staff with resources and support from the national FMIG Network administered by the AAFP.

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Iowa Lutheran Family Medicine Residency Program- Des Moines Madeline Godar, MD

Jeri Paca; Joshua Rehmann, DO;
Sarah Jones Ketter, DO; Cameron Overcash, MD; Danny Hanson, MD



North Iowa Mercy Residency Program- Mason City

Preyanshu Parekh, DO;
Sarah Mechem, MD;
Brett Mulkey, DO



Siouxland Medical Education Foundation Residency Program

Laramie Lunday, MD; Maria Johnson, MD;
Stephen Pallone, MD; Katie Savio, DO;
Ngoc Mai, MD



University of Iowa Family Medicine Residency- Iowa City

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Jason Wilbur, MD; Kate Thoma, MD;
Kelly Krei, DO; Jill Endres, MD;
Michael Jorgensen, MD;
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Northeast Iowa Family Medicine Residency Program- Waterloo

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IAFP hosted a special Iowa event at National Conference where Iowa students, residents, program directors, program coordinators and faculty gathered to both socialize and answer students' questions.

SALAD WATER

By Sarah Jones Ketter, DO, R3 / Iowa Lutheran Hospital Family Medicine Residency / Des Moines, IA

My water bottle is my sidekick. It goes with me everywhere. It's not just one; I have several models that I use depending on my rotation or, more often, when I last ran the dishwasher. In the summer months, I sometimes use a mason jar as a throwback to my "crunchier" Colorado roots – which prompts many patients to joke about if it's really water or if I'm carrying around moonshine. Often I'll put a little bit of mint and cucumber from my container garden to infuse the water throughout the day for a refreshing treat. One of my attending physicians lovingly refers to this as "salad water." All of this to say that staying hydrated is one way I try to stay well during residency. Some days that is the best I can do. Other days I am fortunate to also get a full seven hours of sleep, get my 10,000 steps in, eat the recommended servings of vegetables, or find time to meditate. Physician wellness was not necessarily something I anticipated learning about in residency, but it has been one of the most important ongoing lessons.

Currently, wellness is an especially salient topic. Meanwhile each week I encounter more alarming facts and statistics about physician burnout. Residency is demanding and the hours are long – it can be discouraging to think the light at the end of the long tunnel of medical training might just be the oncoming train of burnout. The cause of physician burnout is multifactorial and many agree that inefficiencies in our healthcare system play a large role. While advocating for significant changes for ourselves and our patients is crucial to decreasing the rate of our exhaustion, these changes will not be swift. In the meantime, we must also focus inward to build resilience and improve well-being.

Wellness does not look the same to every physician. "Salad water" might sound pretty disgusting to you. Running sounds pretty disgusting to me but to many of

my co-residents it's an enjoyable form of release. At this point in my life, I don't have much additional time to spend on wellness. If I ever find myself with three extra minutes, I listen to some guided meditation on YouTube. My favorite one has a few profanities sprinkled in and it makes me laugh and gives me an instant mood boost. I wish I had time to do a daily hour of yoga, get a full night of sleep, cook most of my meals at home, and still stay caught up on my work, but that's not my reality right now. As physicians we are too busy and have too much to worry about to achieve one ideal image of wellness. I try to learn as I go, to recognize my most pressing needs and tend to them.

Multiple tools are available to keep track of where physicians are in terms of stress, empathy, fatigue, and job dissatisfaction. After a brief internet search, I found a plethora of helpful resources, especially at AAFP.org and WellMD.Stanford.edu. Surveys are available to measure your level of stress, burnout, depression, and resilience as well as activities, tips, and educational links that offer help with all of the above. Additionally, the American Academy of Family Physicians has recognized the need for supplemental wellness education and hosted the first Physician Health and Well-being Conference this year, and they are planning another in 2019. At least once per year in my residency program, we take a survey to measure our burnout. It has been helpful to take a moment to take stock of how I'm doing and to measure my progress over time. I find that this practice is helpful and one that I look forward to continuing after I graduate.

My most favorite water bottle is a gorgeous cobalt blue color, insulated, and large enough to keep 40 ounces of water ice cold for about 24 hours. It was not cheap but I considered it an investment in my health. Recently, in a moment of true weakness,

I gave it away to a patient. She told me that she was working hard to lose weight and wanted to cut back on soda, but she just didn't like to drink water unless it was ice cold. She couldn't find a container that would keep water that cold for very long so by the end of the day she turned back to soda. I was proud of her efforts and got excited to show her my perfect bottle. Then, before I knew what I was saying, I offered it to her. She was definitely grateful and I am certainly always happy to help a patient in any way possible. But I can't afford to give all of my patients a water bottle – and even if I could, who's to say they wouldn't use it to keep their soda or energy drinks or even alcohol ice cold for 24 hours? As I reflect on my cobalt blue water bottle, I realize that this experience turned in to a metaphorical reminder that my wellness has to come first whenever possible. I also strive to live the healthy life I encourage my patients to lead – to teach by example. I need to be at my best to be able to provide effective quality care.

Our ideas about health and well-being will likely change as we go through life and as more efforts are made to better understand the roots of burnout. We will continue to learn what "being well" means to us and how best to achieve it. Just as we participate in continuing medical education and expect our practice of medicine will continue to change, we should also expect our relationship with wellness to change over time. One of my favorite professors in medical school told us, "If you think you know everything there is to know about medicine, you're wrong, you're dangerous, and it's time to retire." Let's make wellness education part of overall medical education throughout our careers. Find some things – potentially simple things (like salad water) – to incorporate into daily life that foster well-being. Learn when and where to look for help. Our patients deserve for us to be well, and more importantly, we deserve and owe it to ourselves to be well.



IOWA'S MEDICAL CANNABIS PROGRAM IS HERE

ARE YOU PREPARED?

- › Only MD's & DO's can certify qualifying conditions
- › Certifying a condition is not a prescription
- › Compliance with program rules provides legal protections
- › Scientifically derived dosing guidance and titration schedules are provided at dispensaries
- › Approved products: Pills, Oils, & Cream (No plants. No smoking.)

LEARN MORE AT

[MEDPHARMIAOWA.COM/DOCTORS](https://www.medpharmiaowa.com/doctors)

Visit our website for educational research summaries and sources, as well as program information.

MedPharm Iowa relies on scientific research to guide product development, formulation and titration. We pride ourselves in taking a professional, medical approach to the Iowa program.



70TH ANNIVERSARY OF THE IAFP

By Pam Williams, Executive Vice President

The Education Committee has been quite busy planning an incredible CME program for IAFP family physicians to help make our 70th anniversary special for those of you who are able to attend November 15 to 17.

We are fortunate to have several renowned faculty lined up to present during the conference, and we are planning special activities to commemorate our anniversary.

At the Friday evening banquet Scott Bohner (Decorah) will turn over the IAFP Presidency to James Bell (Cedar Rapids). We will also recognize the Family Doctor of the Year, Educator of the Year and Lifetime Achievement Award Winners.

Along with IAFP's 70th anniversary we will recognize the 30th anniversary of the IAFP and Iowa Farm Bureau relationship in recognizing family medicine residents and students as Iowa Farm Bureau Scholars.

NATIONAL CONFERENCE OF FAMILY MEDICINE RESIDENTS AND STUDENTS

We had such great representation from Iowa during the AAFP's National Conference of Family Medicine Residents and Students. Eight of the nine residency programs had exhibits staffed by both residents and faculty who did a great job convincing students why Iowa residency programs are unique. We were well represented by our resident and student delegates Liza Mann (University of Iowa) and Nicole Brokloff, MD (Genesis) and the University of Iowa FMIG won the award for AAFP Program of Excellence Award and student scholarships were presented to Iowa students Brooke Bachelor, Mateen Manshadi and Megan Warnecke. IAFP hosted a reception for more than 60 residents, students and faculty, and it gave us a great opportunity to interact with them in a fun atmosphere.

ALASKA CRUISE

The majesty and beauty of Alaska was seen around every curve as we cruised the intercoastal waterway of Alaska in July. This year the Iowa chapter worked with the Nebraska, Arizona and Missouri Chapters to sponsor the event, and it was fun interacting with members from other states. The cruise offered 15 CME credits and included topics on Palliative Care, Patient Engagement Strategies, Hypertension, Opioids, Contraceptives, Backcountry Camping, Arthritis, Pediatric Psych, Physician Burnout, Diabetes and Interesting Cases.

MEDITERRANEAN CRUISE – 2019

We are so excited to announce that the IAFP, in partnership with the Nebraska AFP, will sponsor a Mediterranean Cruise June 2-9, 2019. The cruise departs and returns to Barcelona, Spain, and includes stops in Naples Civitavecchia (Rome) and Livorno (Florence, Pisa) in Italy, Palma Majorca, Spain, and Cannes, France. We will offer between 12 to 15 CME credits on a variety of topics of interest to family physicians and IAFP will host a get-acquainted reception. Pricing for this cruise is very reasonable and includes two extra perks for the first two people from each cabin. See details in the ad included in this issue.

LAKE OKOBOJI CME FAMILY EVENT – 2019

June 13-15, 2019 we will host the third CME event at the beautiful Bridges Bay Resort at Lake Okoboji. Please come alone or bring your family to this casual summertime activity that is scheduled to give you a half-day of practical CME and a half-day of time to spend on lake activities on your own or with family members and/or friends.

I hope to see many of you during our 70th Anniversary Annual Conference in November and at the other exciting events we have planned for you during the year.



SAVE THE DATE

2018 IAFP Annual Conference

November 15 – 17, 2018

at Prairie Meadows Event Center
in Altoona

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

PROPOSED BYLAW CHANGES

The IAFP Board of Directors has proposed changes to our bylaws. The membership will vote on accepting these changes at the annual business meeting on Thursday November 18, 2018 at 5 pm. This is the opening night of the 2018 Annual Education Conference.

The majority of the changes are regarding governance structure. This work started a few years ago when the Iowa officers attended sessions on optimal board structure and function at the AAFP Annual Chapter Leadership Forum. The officers brought the information back to the board and explored ways to maximize the IAFP board efficiency and effectiveness.

In the proposed changes, the total number of board members will decrease from 26 to 20. However all 20 will now be voting members instead of 16 in the current structure. This 20 includes the addition of 2 at large board members while the number of geographical districts will decrease from 6 to 4.

You can find the proposed bylaw changes as well as a link to where you can leave any questions or comments regarding the proposed changes at <http://www.iaafp.org/bylaws> . Please comment by October 15th

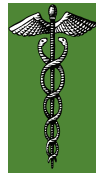
Sincerely,

Corrine Ganske, MD, FAAFP
Secretary- Treasurer
IAFP Board of Directors

Jenny A. Butler, MD, FAAFP
Board Chair
IAFP Board of Directors



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



What is the IAFP PrimCare PAC?

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

Where does my donation go?

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

I Already Pay My Dues—Isn't That Enough?

Election laws prohibit the use of membership dues for donations to political candidates. Funds to be used for donations to candidates must be raised separately from membership dues. Voluntary PrimCare PAC donations are what will enhance IAFP's clout in the elections and with elected members of the Legislature.

IAFP PrimCare PAC Donation:

- \$1000 Platinum Membership
 \$750 Gold Membership
 \$500 Silver Membership
 \$250 Bronze Membership
 Other _____

Contributions to PrimCare PAC are not deductible for federal income tax purposes. Voluntary political contributions by individuals or an LLC to PrimCare PAC should be written on a PERSONAL CHECK OR PERSONAL CREDIT CARD. Funds from corporation cannot be accepted by the PAC. Contributions are not limited to suggested amounts. The Iowa Academy of Family Physicians will not favor nor disfavor anyone based upon the amount of or failure to make a PAC contribution. Voluntary political contributions are subject to limitations of FEC regulations.

Name: _____

Address: _____

Pay by check Pay by credit card

Visa MC Other _____

CC# _____ CVC Code _____

Signature _____ Exp. Date _____

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

AAFP ADVOCACY SUMMIT STUDENT PERSPECTIVE

By Kate Linkenmeyer, MD, PGY-1 / Broadlawns Family Medicine Residency Program

This past May, as I wrapped up my last days as a medical student, I had the pleasure of joining the IAFP in Washington, D.C. for the AAFP Advocacy Summit. This amazing opportunity showed me how to be an effective advocate for my patients and the specialty of family medicine. The first day focused on education with seminars about healthcare policy, effective advocacy, and issues impacting the practice of family medicine. The following day, joined by engaged, passionate, Iowa family physicians, I met with Iowa's elected officials and advocated for healthcare policy.

I am incredibly thankful to the IAFP for the opportunity, especially because I developed a new understanding of healthcare policy and activism. In my previous experiences in social justice, I witnessed the power of a collective voice. I understood social change to be achieved through mass support, such as rallies or petitions. My time in Washington DC, however, showed me that even a single voice can be very powerful. First, I saw the effect of a physician's voice. An individual physician can successfully speak about healthcare policy because of years of education and experience. Additionally, this education and experience makes a physician's input crucial in the development and application of new healthcare policies.

The summit also demonstrated the power of an individual patient's voice. As we prepared for the summit, we were asked to reflect on a patient that exemplified one of the healthcare issues we would be discussing with our elected officials. During the education sessions, we learned about the importance of personal stories. Research and data, which are fundamental to the practice of evidence-based medicine, are of little use when

lobbying for policy change. A patient's story is the crux of persuasion. Through a patient's experience, a lawmaker can empathize with a patient's hardships. A policy issue no longer exists as a bulleted item on the agenda, but instead exists as a matter with undeniable consequences.

Through the AAFP Advocacy Summit, I gained invaluable insight into the importance of activism and the power of

effective advocacy. Change doesn't always come from rallies or huge movements. Even a simple letter or visit with an elected official can create a lasting impact. It is through advocacy and activism that we can create a better healthcare system, especially a system that recognizes the instrumental impact of family medicine on patient and population health.



Family Medicine Unparalleled Medicine in the Heartland

Practice big medicine in a picturesque community nestled in the heart of Iowa. Enjoy a family-friendly, Midwestern lifestyle where your patients are your friends and neighbors.

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- Highly-educated patient base
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- Physician owned and governed
- Integrated medical center
- One of the least litigious states in the country



This community has a wonderful small-town feel yet boasts big-city amenities. With one of the highest-rated school systems in the nation, close proximity to several major metropolitan cities and numerous parks and recreation, this charming community is truly a perfect place to live and work.

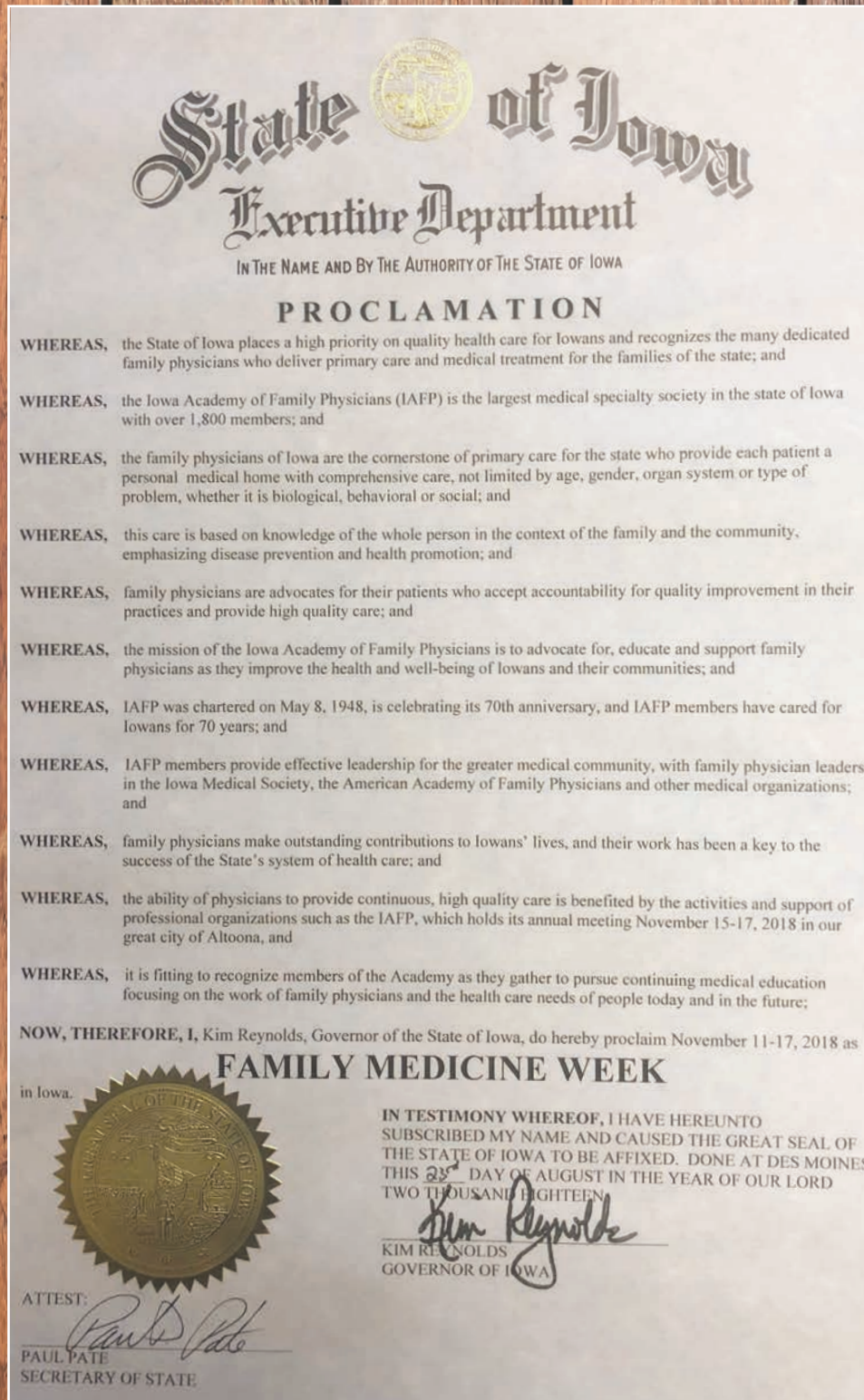
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Contact Doug Kenner
866.670.0334 or dkenner@mountainmed.net



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GOVERNOR KIM REYNOLDS HAS DECLARED NOVEMBER 11-17, 2018 AS FAMILY MEDICINE WEEK IN HONOR OF OUR 70TH ANNIVERSARY!



Look for more information coming soon as we make plans to celebrate this special week.

RESIDENT PERSPECTIVE

By Tyler Olson, MD. PGY-2 / Iowa Lutheran Family Medicine Residency Program

This May, as I joined a throng of hopeful family medicine physicians marching to Capitol Hill I could not help but recall my recent experience watching the Broadway musical *Hamilton*. I recalled the song, “The Room Where It Happens”, referencing Aaron Burr’s political envy after being left out of key legislative conversations. While Burr and I both want to be in the, “The Room Where It Happens”, we have very different reasons for this desire. While Burr was seeking personal gain and legacy, we as physicians have a greater responsibility.

As a physician and as the IAFP we had the unique opportunity to come to congress not on behalf of our own interests but on the behalf of our patients’ interests. The Family Medicine Advocacy Summit in Washington, D.C. was a well-orchestrated gathering of family medicine physicians from all over the U.S. to bring our concerns to our senators and representatives. This annual event takes place in May and I was honored to be in attendance as a resident physician. The IAFP had a group of eight-strong, including seasoned physicians, residents,

and medical students. On the first day of the summit we were able to meet with AAFP leadership for a legislative strategy session. These sessions were highly educational and also allowed for time to network with other physician-leaders across the U.S. It was a tremendous learning experience to see how other state organizations and physicians are tackling our shared problems. The first day came to a close with each state academy prepared to present a nationally unified agenda.

On the second day of the summit we were able to hold meetings in the offices of Senator Ernst, Senator Grassley, Representative Blum, Representative Loeb sack, and Representative Young. We were able to each bring shared, but personal stories of our patients to the table and speak about how lives in Iowa are being affected by the healthcare climate. We certainly discussed Iowa-specifics but also focused on our unified national agenda so that we could affect meaningful change on a national level. Some conversations were brief but others were surprisingly lengthy and, I hope, impactful. We discussed supporting

primary care, rising costs of insurance, maternal mortality, rural GME, pain management and the opioid crisis, and health-legislation that can generate bipartisan support. We had numerous speaking points throughout the day but I also learned a lot from listening.

I learned from those who have been coming to advocate for years, even decades. One of the reasons I became a family physician was being able to take care of the whole family. I did not want to leave anyone behind – mom, grandpa, the kids. We are relational by nature and often the patients I see most frequently are the patients I know the best. The more conversations we share the more we get to know one another and build our relational currency. It should come as no surprise that advocacy and working with our national, state, and local leadership should adhere to the same rules. Family medicine is here to stay and we will continue to build bridges with our local and national legislators so that we can form not only relational currency but generational currency with our communities.



IAFP with Senator Ernst



IAFP with Representative Blum

The Giving Tree



IOWA ACADEMY OF
FAMILY PHYSICIANS
FOUNDATION

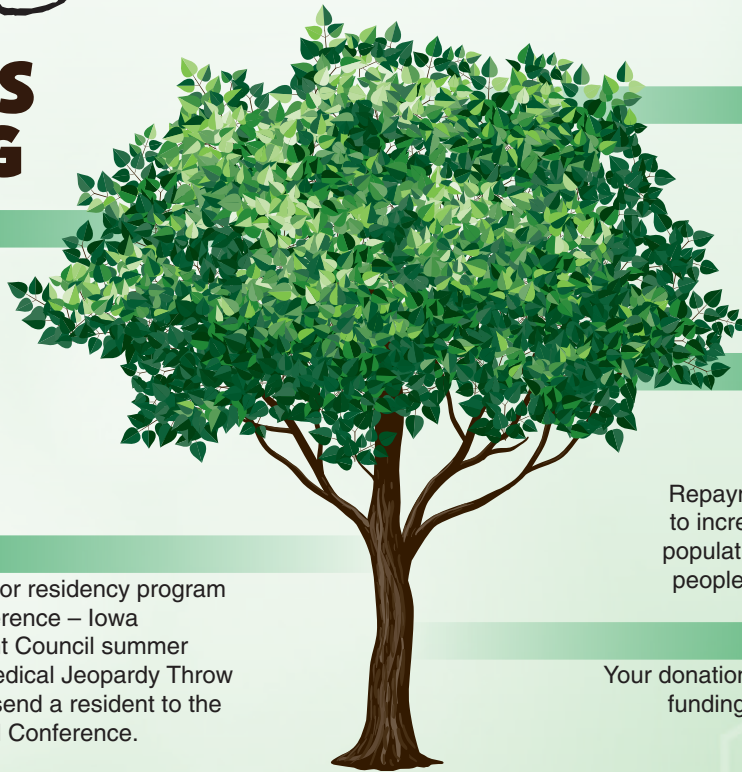
BRANCHES OF GIVING

STUDENTS

Your support provides funding for the Annual FMIG dinner, \$300 scholarships for students attending the AAFP National Conference, the outstanding student award, and travel expenses to send a student to the Family Medicine Congressional Conference.

RESIDENTS

Your support provides funding for residency program visits, the AAFP National Conference – Iowa Residency exhibit hall, Resident Council summer meeting luncheon, Resident Medical Jeopardy Throw Down, and travel expenses to send a resident to the Family Medicine Congressional Conference.



TAR WARS

Your support helps fund Tar Wars, a preventative smoking program which educates students in the 4th/5th grade about the benefits of remaining tobacco-free. Money raised helps to fund the Iowa Tar Wars Poster Contest.

RURAL LOAN REPAYMENT

Your support helps to provide funding for students entered into the Rural Iowa Primary Care Loan Repayment Program. This program helps to increase Iowa's primary care physician population and improve access to care for people living in Iowa's rural communities.

UNRESTRICTED

Your donation helps to support programs where funding is needed in the areas of resident and student programming.

WE NEED YOUR HELP TO SUSTAIN THE BRANCHES OF OUR GIVING TREE

To build strong roots for family medicine in Iowa, we are asking **all Iowa family physicians** to donate to the IAFP Foundation. ANY amount is appreciated! We are aiming for **100% participation!** We need **everyone's** help to sustain the branches of our giving tree. Below are the different levels of donation.

IAFP Foundation:

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

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

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

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

Name: _____

Address: _____

Make a donation online at www.iaafp.org

Pay by check Pay by credit card

Visa MC Other _____

CC# _____ CVC Code _____

Signature _____ Exp. Date _____

IOWA MEDICAL CANNABIDIOL ACT- WHAT YOU NEED TO KNOW

By Lonny Miller, MD. Dr. Miller is a member of the IAFP Board of Director and also serves on the Medical Cannabidiol Advisory Board, appointed by Governor Reynolds.

Expanded Program

Over recent months, family physicians across Iowa have probably seen a marked increase in the number of patients inquiring about cannabidiol products as potential treatments for a myriad of health conditions. On May 12, 2017, former Governor Branstad signed legislation enacting the Iowa Medical Cannabidiol Act (Iowa Code chapter 124E), which expanded a cannabidiol registration card program originally passed in 2014. The new law directed the Iowa Department of Public Health (IDPH), which administers the program, to meet a deadline of December 1, 2018, to make approved cannabidiol products available to card-holding Iowans through a network of five dispensaries.

Iowa's Cannabidiol Defined

Cannabidiol (CBD) is one of 60 cannabinoids derived from *Cannabis*. Although cannabidiol can be isolated from any variety of the *Cannabis* plant, including hemp, the yield is much higher when derived from *Cannabis sativa* L. and *Cannabis indica*. Indeed, it is from these two plants that Iowa's CBD will be produced. Iowa's law limits the delta-9-tetrahydrocannabinol (THC) to no more than 3%. It is the THC that is mainly responsible for the psychoactive effects of *Cannabis*. In limiting the THC content, the lawmakers hope to dissuade improper use of the product. The medical cannabidiol available through the state program must also be in a form recommended by the Medical Cannabidiol Advisory Board, approved by the state Board of Medicine, and put into administrative rule by the Board of Health.

The Endocannabinoid System

Many physicians are unfamiliar with the basis of the therapeutic effects of *Cannabis* and its derivatives. In fact, it wasn't until the 1980s and 90s that the endocannabinoid system, our own endogenous system of neurotransmitters and accompanying receptors, was identified. These receptors, CB1 and CB2, are located throughout the central and peripheral nervous system, and influence a number of functions, including neuroprotection, immune response, and analgesia to name a few.

Covered Conditions

Qualifying patients may be of any age, but they must be permanent residents of Iowa who have not have been convicted of any disqualifying felony drug offense. The 2017 Medical Cannabidiol Act broadened the list of debilitating medical conditions covered by the program to include:

- Untreatable pain
- Seizures
- Multiple sclerosis with severe or persistent muscle spasms
- Parkinson's disease
- Amyotrophic lateral sclerosis
- HIV or AIDS
- Crohn's disease
- Cancer with severe or chronic pain, nausea or severe vomiting, or cachexia or severe wasting
- Any terminal illness with a probable life expectancy of under one year with severe or chronic pain, nausea

or severe vomiting, or cachexia or severe wasting

Application Process

An Iowan interested in using an approved cannabidiol product must submit an application to the Iowa Department of Public Health Office of Medical Cannabidiol (information available at <https://idph.iowa.gov/cbd>). Part of the application consists of a Health Care Practitioner Certification. No prescription or formal recommendation for cannabidiol is necessary or implied by completing the certification. Rather, the patient's primary care provider attests to the debilitating condition claimed by the applicant, and reviews a document provided by the IDPH addressing the therapeutic use and possible side effects, among a few other requirements. Interestingly, 'primary care provider' is defined in the administrative rules (641 IAC chapter 154) as "any health care practitioner involved in the diagnosis and treatment of a patient's debilitating medical condition." By this definition, a neurologist would count as a 'primary care provider' if he or she is the physician treating a patient's epilepsy, for example. This certainly runs counter to what we would consider a primary care provider to be.

Once complete, the Health Care Practitioner Certification is included along with a registration form, copy of an Iowa-issued photo ID, and registration fee. A reduced fee is available for certain qualified patients. Once approved, the patient is able to obtain a registration card printed at their nearest Department of Transportation license location. Once issued, a card remains valid for 365 days.

There are also provisions for a primary caregiver of a patient to obtain a card in

order to purchase approved CBD products on behalf of a patient. This will allow improved access to the program by those patients who are terminal, bed-bound, or have some other factor limiting their ability to visit the dispensaries.

Manufacturers and Dispensaries

The state law provides for the licensing of two manufacturers charged with growing the *Cannabis* and processing the cannabidiol into the approved forms. The first manufacturer approved by the IDPH was MedPharm Iowa, located in Des Moines. Its products will be the only ones available when the dispensaries open in December 2018. A second manufacturer, Iowa Relief, LLC, was recently licensed, and must have products ready for distribution by July 1, 2019. Iowa Relief, LLC, will be located in Cedar Rapids.

The product types that will be available for purchase through the dispensaries are limited by Iowa law. No edible or smoked forms are permitted. Beyond this, the form and quantity of cannabidiol products are recommended by the Medical Cannabidiol Advisory Board and approved by the Board of Medicine. So far, the forms approved include oral (capsules, tablets, liquids, tinctures, and sub-lingual forms), topical (creams, gels, and transdermal patches), nebulized, and suppositories. Although approved, this wide array of product forms will not be available when dispensaries open later this year. Rather, MedPharm Iowa intends initially on marketing only capsules, tinctures, and topical lotions.

As noted previously, the updated law requires that five licensed dispensaries open by December 1, 2018, to accommodate patients and caregivers already possessing registration cards. Those five dispensaries will be located in Windsor Heights (MedPharm Iowa), Sioux City (MedPharm Iowa), Council Bluffs (Have a Heart Compassion Care),

Davenport (Have a Heart Compassion Care), and Waterloo (Iowa Cannabis Company, Inc).

Not Without Flaws

The 2017 Medical Cannabidiol Act significantly broadened the state's existing cannabidiol program. Despite this, it remains a work in progress. A number of deficiencies have been noted, and hopefully will be addressed in the next legislative session. First, many advocates argue that the 3% THC cap restricts the utility of the product as they claim a higher THC content is necessary for certain indications, such as pain. Another glaring deficiency is that only physicians may certify a debilitating condition for a patient. Physician assistants and nurse

practitioners are prohibited from making such certifications, thus creating access issues in those rural communities served only by mid-level providers. A point of confusion by patients and physicians alike is how over-the-counter CBD products figure into the equation. To put it simply, those cannabidiol products remain illegal, and have no protection under the 2017 Medical Cannabidiol Act. But perhaps the biggest obstacle facing the Iowa Medical Cannabidiol Program is the lack of knowledge about the program by Iowa physicians. I hope that this article improved your understanding of the Iowa Medical Cannabidiol Program, and will better equip you to have a meaningful conversation with your patients the next time you are asked about CBD.

FAMILY MEDICINE

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

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Iowa Academy of Family Physicians 70th Anniversary Annual Conference

November 15-17, 2018

Prairie Meadows Event Center, Altoona



REID BLACKWELDER, MD

Dr. Blackwelder is a Past President and Board Chair of the American Academy of Family Physicians. He is Professor of Family Medicine at the Quillen College of Medicine at East Tennessee State University. He also serves as Director of the Medical Student Education Division for the Department of Family Medicine. Dr. Blackwelder has been advocating on behalf of family physicians and patients nationwide to inspire positive change in the U.S. health care system, specifically to implement effective team-based patient-centered care.



MATT HOOVER

Iowa native Matt Hoover was the winner of season 2 of NBC's hit show *The Biggest Loser*. Prior to competing on the show, Matt became one of the best high school wrestlers and was recruited to wrestle for the University of Iowa. However, After his wrestling career ended, Matt lost the motivation to stay fit, healthy, and athletic, becoming severely overweight. Since the finale, he has shared his story across the country on both tv and in publications. He continues to inspire others by publicly speaking about health, wellness and weight loss.



LOUIS KURITZKY, MD

Dr. Kuritzky is a nationally recognized speaker, having given over 1,300 presentations over his career on topics including Allergy, Psychiatry, Dermatology, Immunizations, Doctor-Patient Relationship, Inter-Professional Relations, Orthopedics, Public Health, Radiology, and Urology. In addition, he has authored over 150 publications. Dr. Kuritzky is currently a Clinical Assistant Professor of Family Medicine at the Main Street Clinic in Gainesville, Florida.



ROBERT RAKEL, MD

Dr. Rakel is recognized as one of the founding fathers of family medicine, and has authored a number of texts in the field, including *Textbook of Family Medicine*. He has served as president of the American Osler Society, the Student American Medical Association, and as vice-president of the American Board of Family Practice. He has served on the editorial boards of *JAMA*, the *Archives of Internal Medicine*, *Consultant*, the *Journal of Clinical Psychopharmacology*, and others. In Addition, he served as a Professor and Chairman of the Department of Family and Community Medicine of Baylor College of Medicine.

FEATURED SPEAKERS

THURSDAY, NOVEMBER 15, 2018**IAFP BUSINESS MEETINGS**

- 8:00 am PAC Board Meeting
- 9:00 am Foundation Board Meeting
- 10:30 am Education and Membership Committee Meetings
- 12:30 pm Advocacy Committee Meeting
- 2:30 pm Board Meeting

ANNUAL CLINICAL EDUCATION CONFERENCE OPENS

- 4:00 pm Registration
- 5:00 pm Annual Business Meeting - New Time!
- 5:45 pm Welcome/Introductions & Overview
- 6:00 pm The History of Family Medicine - Robert Rakel, MD
- 6:30 pm Physician Burn Out/Wellness,
How to Protect the Family Physician - Reid Blackwelder, MD
- 7:00 pm What Your Patients Hear When You Talk About
Weightloss and How To Help Them - Matt Hoover
- 8:00 pm Question and Answer/Panel Discussion
- 8:15 pm Recess
- 8:15 - 9:15 pm 2018 Donor Appreciation Reception -
(In recognition of 2018 Donors of the IAFP Foundation,
Rural Loan Repayment Program and PrimCare PAC)
* Members must have donor ribbon to attend

FRIDAY, NOVEMBER 16, 2018

- 7:00 am Registration
- 7:00 - 8:30 am Breakfast in Exhibit Hall
- 7:30 am Introductions and Announcements
- 7:40 am Screening Tests for CAD & What to do with the Results
- Philip Bear, DO, FACC, FSCCT
- 8:10 am Incorporating Dermoscopy Into Your Family Medicine
Practice - Holley Bermel, DO
- 8:40 am Sideline Evaluation of the Injured Athlete
- Sarah Bancroft, DO
- 9:10 am Q & A/Panel Discussion
- 9:25 am Break — Exhibit Hall
- 9:45 am COPD Guidelines and Misconceptions - Douglas Hornick, MD
- 10:15 am How to Work Efficiently with Medical Students in Your
Practice - Reid Blackwelder, MD
- 10:45 am Q & A/Panel Discussion

- 11:00 am Lunch and Keynote Presentation: AAFP UPDATE
- Reid Blackwelder, MD
- 12:00 pm Visit Exhibits
- 12:20 pm JOURNAL CLUB LIVE
- Jason Wilbur and Scott Larson, MD
- 1:20 pm PPI Use, GERD, and Surveillance - Michael O'Brien, MD
- 1:50 pm Multiple Sclerosis - Bruce Hughes, MD
- 2:20 pm Q & A/Panel Discussion
- 2:35 pm Recognize Members
- 2:45 pm Break in Exhibit Hall
- 3:15 pm Annual Wellness Visits - Julia C Jenkins, DO, FAAFP
- 3:45 pm No Insulin No Problem: Navigating the Best Non-Insulin
Options for Your Patients with Type 2 Diabetes Mellitus
- Morgan Herring, PharmD, BCPS
- 4:15 pm The Mediterranean Diet: How to Make it Work in the
Primary Care Setting - Louis Kuritzky, MD
- 4:45 pm Q & A/Panel Discussion
- 5:00 pm Recess for the Day
- 5:30 pm Reception/Resident Medical Jeopardy
- 6:00 pm Banquet Reception
- 7:00 pm Installation & Awards Banquet
- 9:00 pm Post-Banquet Reception

SATURDAY, NOVEMBER 17, 2018

- 7:15 am Past President's Breakfast
- 7:30 am Breakfast for Registrants
- 8:00 am Successful Management of the Difficult Patient:
Office Conflicts and Solutions - Louis Kuritzky, MD
- 9:00 am Using Body Language in Practice - Robert E. Rakel, MD
- 9:30 am Practical Approach to Patient-Centeredness
- Reid Blackwelder, MD
- 10:00 am Break
- 10:15 am The Top 10 New Drugs in the Last 18 Months: How and
Why (or WHY NOT) to Use Them - Louis Kuritzky, MD
- 11:45 am Q & A/Panel Discussion
- 12:15 pm Adjourn

OPTIONAL SESSION - ADDITIONAL FEE REQUIRED

- 8:00 am Knowledge Self-Assessment (KSA) - Health Behavior
Jason Wilbur, MD and Jill Endres, MD
(5-7 hours to complete)

REGISTER ONLINE TODAY: www.iaafp.org/2018-Annual-Conference

REGISTRATION FORM OR REGISTER ONLINE AT WWW.IAAFP.ORG/2018-ANNUAL-CONFERENCE

Name _____ Spouse/Guest Name(s) (if attending) _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Spouse/Guest Name (s) (if attending) _____ Special Needs: (dietary restrictions) _____

A. THURSDAY-SATURDAY, NOVEMBER 15-17 CME REGISTRATION FEES:

Registration Type	Early Fee (Until 10/7/2018)	Regular Fee (Starting 10/8/2018)
Active Member	\$299	\$350
New Physician Member (< 7 yrs in practice)	\$250	\$275
Life/Inactive Member	\$195	\$195
Resident/Student Member	N/C	N/C
PA/NP who works with an AAFP member	\$295	\$350
Non-Member (includes PA/NP)	\$399	\$450
Conference Faculty	N/C	N/C

All attendees will receive a flash drive at the conference loaded with the syllabus as part of your registration fee. The syllabus will also be available online prior to the conference for you to download and print free of charge. NO PAPER COPIES WILL BE PROVIDED.

To help with meal and material counts please select which sessions you will be attending.

Thursday Evening Friday Saturday Morning None of the options listed above

Total Section A: _____

B. OPTIONAL COURSE TO BE HELD ON SATURDAY, NOVEMBER 17

Knowledge Self-Assessment: Health Behavior (4-6 hours) Member \$175 _____ Non-Member \$200 _____

Total Section B: _____

C. FRIDAY INSTALLATION/AWARDS BANQUET:

Friday Evening, Installation/Awards Banquet: (\$25 for registered attendee) Yes _____ No _____

Spouse/Guest Banquet Fee @ \$75 per person Number of guests for Friday Banquet _____

Total Section C: _____

D. DONATIONS:

Rural Primary Care Loan Repayment Program \$ _____

IAFP PrimCare PAC \$ _____

IAFP Foundation \$ _____

Total Section D: _____

E. PAYMENT:

Section A: \$ _____

Section B: \$ _____

Section C: \$ _____

Section D: \$ _____

2 EASY WAYS TO REGISTER

Mail completed registration form with payment to:

IAFP, 100 East Grand Ave, Ste 240
Des Moines, IA 50309

Register online at:

www.iaafp.org/2018-Annual-Conference

CANCELLATION POLICY

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



Wolfe Eye Clinic's multi-specialty group includes specialists in Glaucoma, Medical & Surgical Retina, Cataract & Refractive Surgery, Oculoplastics, Corneal Disease and Pediatric Ophthalmology & Adult Strabismus



OPHTHALMOLOGY

- | | |
|--------------------|-------------------------|
| James Davison, MD | Jared Nielsen, MD |
| Eric Bligard, MD | Peter Rhee, MD |
| Louis Scallon, MD | Stephen Fox, MD |
| David Saggau, MD | Kyle Alliman, MD |
| Steven Johnson, MD | Matthew Rauen, MD |
| Todd Gothard, MD | Gregory Thorgaard, MD |
| Charles Barnes, MD | Ryan Vincent, MD |
| John Tribble, MD | Alex Kartvelishvili, MD |
| LeAnn Larson, MD | George Parlitsis, MD |
| Douglas Casady, MD | Derek Bitner, MD |
| Benjamin Mason, MD | |

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Ottumwa
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1200 1st Avenue East

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

2019

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

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

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

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

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

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

CME REGISTRATION FEES:

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

REGISTRATION FORM

CME PRESENTATION:

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

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

Title of Proposed Topic(s):

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

Name _____ Phone# _____

Street Address _____

City _____ State _____ Zip _____

Email _____

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

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



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

DAYS 1 & 8

Barcelona, Spain

Founded by Romans in the first century BC, Barcelona is the vibrant capital of Catalonian Spain. Many of the worlds finest treasures can be seen in Barcelonas museums and monuments. Romanesque and Gothic frescoes and treasures can be enjoyed at the Catalan Art Museum. Among the most treasured sites is Gaudis masterpiece, The Sagrada Familia.

Attractions & Activities

While you're in Barcelona, don't miss the Picasso Gallery. Several adjoining 15th-century palaces house a huge collection (over 2,000 pieces) of Picasso's work.

Stroll along Las Ramblas, a wonderfully vibrant part of the city where street vendors and performers vie for your attention. Explore the many churches and cathedrals of Barcelona and discover the city's modernist architecture along Paseo de Gracia. Visit Antoni Gaudi's unfinished Segrada Familia. With eight soaring spires and a spectacular main façade, this cathedral is a true architectural masterpiece.

DAY 5

Livorno (Florence, Pisa), Italy

The birthplace of the artist Modigliani, this is Tuscany's principal port, just a short jaunt from the artistic treasures of Florence. As you wander the streets and piazzas of this famous city you will encounter countless treasures of Renaissance art and architecture.

Attractions & Activities

When you're in the area, you'll definitely want to explore Florence, one of the most beautiful cities in the world. Start by visiting the church of Santa Croce, known as Italy's Westminster Abbey because of the Italian monarchy buried there. View the 14th-century interior and marvel at one of the finest examples of Florentine Gothic decoration. Stop at the Piazza del Duomo in Florence, where the cathedral, bell tower and baptistery share the same square. Then stop in the Piazza della Signoria, the city's largest square, and gaze upon a copy of Michelangelo's David and the Loggia dei Lanzi.

Shop for souvenirs at the famed Ponte Vecchio in Florence. Explore the Uffizi Gallery in Florence, home to works by Giotto, Botticelli, Leonardo Da Vinci, Michelangelo, Raphael and Rubens. Visit the Field of Miracles in Pisa, and discover one of the world's most amazing sights - the Campanile, or Leaning Tower. Learn the fascinating details about this famous bell tower, such as how it leans a bit more every year and has now reached over 14 feet out of perpendicular. Take a scenic drive through the Tuscan countryside, enjoying its soft, rounded hills, the medieval architecture of its villages and the silver green of the olive trees mingling with the dark-green of the cypress trees. Stop in a local winery to sample some of its delicious product.

DAY 3

Naples, Italy

Naples the diva of Italy. Voluptuous, vivacious and vibrantly alive. All the marvelous sights, scents and sounds of Southern Italy are here. It's where pasta was invented and where the first pizza was tossed. And in the ashen ruins of Pompeii, see where ancient Romans came to play, only to be lost under Vesuvius fire and fury.

Attractions & Activities

While you're in the area, you'll want to visit Pompeii, one of the most famous excavation sites in the world. A thriving city 1,900 years ago, it was devastated by the eruption of Mount Vesuvius in 79 A.D. when 30 feet of volcanic ash and pumice stone covered it. Enter Pompeii by the sea gate and take a short walk to the hub of the city: the Forum. View the lavish temples and porticoes that lay beneath the ash for centuries.

Take a short boat trip to the entrancing Isle of Capri, and explore Capri Town. Wander its quaint streets and explore its shops and cafés. Discover the Gardens of Augustus, overlooking the famous Faraglioni of Capri and Marina Piccola. Take a ride up the Amalfi Coast. With its ocean views and beautiful vistas, it's one of the most breathtaking stretches of road in the world. Walk around and spend an afternoon getting to know the picturesque city of Naples.

DAY 6

Cannes, France

Unlike other cities on the French Riviera, Cannes radiates energy. The city is centered on the old port, with a compact central part. Bordered by palm trees and flowers, La Croisette is one of the city's hottest spots and the main promenade running alongside the narrow beach. The old town, Le Suquet, where Gallo-Roman tombs were discovered, provides a medieval feeling and magnificent views of the bay from atop its hill.

Attractions & Activities

Flowering gardens and palm trees line the curve of Cannes' coastline along the promenade de la Croisette. La Croisette is a street to explore at a leisurely pace, drinking in the stunning seaside view.

Parc de La Roserie is within walking distance from La Croisette, this park features about 14,000 roses in the summer. Musée de La Castre is the only museum in Cannes housing a diverse collection of Mediterranean and Middle Eastern antiquities, including musical instruments from all over the world and pictures of old Cannes. Most hotels lining La Croisette have their own private beach area reserved for their guests. The only public beach is a small stretch of sand near the Palais des Festivals. Plages du Midi and Plages de la Bocca are good public beaches just outside Cannes. For a breathtaking view of Cannes, journey up to the old town of Cannes on Suquet Hill. From the top you can see the entire city, the sea and the Lérins Islands. On the hill you'll also find a 14th century tower (the Tour du Suquet). Close by in the Château de la Castre is the Musée de la Castre which features a mix of artwork from 19th-century paintings to relics of ancient Mediterranean civilizations.

DAY 4

Civitavecchia (Rome), Italy

For centuries the ancient port of Civitavecchia has served as the gateway to magnificent Rome. Its a city so immersed in history, you'll find yourself drifting back to a distant time. Home of Michelangelos Sistine Chapel, Rome flourishes today as she did in her Golden Age. Experience Rome, a city of colossal ruins, majestic cathedrals and a golden past, worthy of many return visits.

Attractions & Activities

Experience the history of Rome as you wander around the Colosseum and Roman Forum.

Explore the amazing history and culture of Rome. Stop at the Ara Pacis, or Altar of Peace, a Roman sacrificial altar enclosed in a screen of Parian marble. Visit the Vatican Museum, where you can walk through the many rooms that house the largest art collection in the world. Travel through magnificent St. Peter's Basilica, the largest church in the world. View the Sistine Chapel, a masterpiece of Renaissance art, the ceiling of which was painted by Michelangelo. Toss a coin in the famous Trevi Fountain - a way to ensure that you'll always return to Rome.

DAY 7

Palma Majorca, Spain

The largest of the Balearic Islands off Spains Mediterranean coast, Majorca is a popular European resort. Enjoy the cosmopolitan charms of the city of Palma or use it as a base to explore Majorca Roman ruins, picturesque villages, beaches and spectacular caves.

Attractions & Activities

Poised on a sea wall above the marina, the city's massive gothic cathedral is a breathtaking sight. Known locally as La Seo, it is home to the world's largest rose window as well as an ornate wrought-iron canopy above the altar designed by Baldacchino.

Explore Palacio Almudaina, a former Arabic fortress and residence for Moorish Kings. Visit Bellver Castle, a beautiful example of medieval military architecture. Go back in time at Pueblo Español, featuring architecture and crafts from different time periods and areas of Spain. Visit the Caves of Drach, which feature marvelous stalactite and stalagmite formations and a large underground lake where a daily light and sound show is staged.

DAY 2

Out at Sea

PORTS OF CALL



Norwegian Cruise Line

DEPARTING: Barcelona on Sunday, June 2, 2019 for a 7 night cruise of the Mediterranean

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



CRUISE REGISTRATION INFORMATION

IAFP & NAFF SUMMER CME MEDITERRANEAN CRUISE

We are pleased to announce the IAFP and NAFF will be setting sail in June of 2019 aboard the Norwegian Epic. This cruise of the Mediterranean departs out of Barcelona and is sure to 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	--

Number of Nights: 7

(see reverse side for additional information)

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 - \$1690.50 per person

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 afternoon of the day of departure while still in port and for mornings we are at sea.

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.

PACKAGE INCLUDES:

- Most meals and 24-hour room service
- Most activities and entertainment

Pick 2 Offer:

- Ultimate Beverage Package (1st & 2nd guests only)
- Prepaid Service Charges (1st & 2nd guests only)
- Internet Package per cabin
- \$50 per Port Shorex Credit per cabin (max 4 ports)
- Dining Package 1st and 2nd guests

ADDITIONAL INFORMATION:

- Gratuities are \$13.99 per person per day. Categories above mini-suite are \$16.99 per person per day. *subject to change

CRUISE DEPOSIT/PAYMENT SCHEDULE:

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

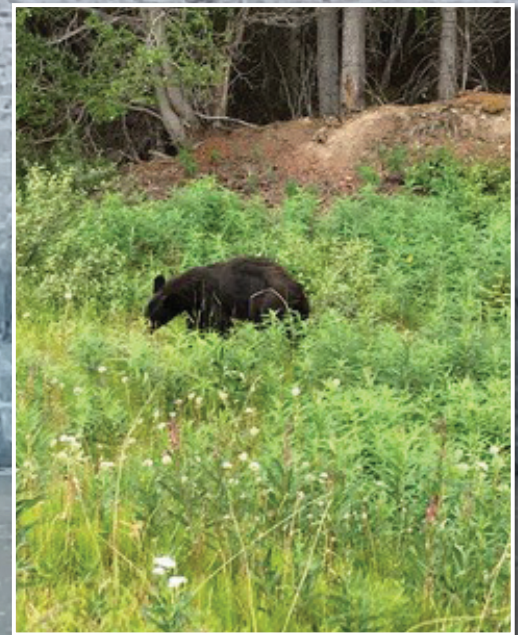
CRUISE INSURANCE:

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

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

SUMMER CME GETAWAY RECAP

The Central States Summer Alaska Cruise CME Getaway was held on July 13 -20, 2018 aboard the Celebrity Solstice. The cruise provided breathtaking scenery, unique excursions, and a full and engaging CME program. We would love for you to experience our next CME getaway yourself! Join us on June 2-9, 2019 on the 2019 IAFP Mediterranean CME Cruise and/or June 20-22, 2019 for the IAFP 2019 Okoboji Summer CME Getaway at Bridges Bay Resort.





NRCME TRIALS AND TRIBULATIONS

By Douglas W Martin, MD, FAAFP, FACOEM, FAADEP

If you currently or wish to begin performing Commercial Driver Medical Examinations (CDMEs) for the Federal Motor Carrier Safety Administration, you are no doubt aware of some of the difficulties that have arisen in the last several months. I am writing this article to give you some background, explain what happened, where we are, and what to do going forward.

Around November 28, 2017 or so, several examiners and examiner administrative assistants began to notice aberrations in the examination report upload process to the National Registry of Certified Medical Examiners (NRCME) website. The website was shut down on November 30, 2017 as there was suspicion that it was hacked. We were advised that no data was compromised. Since that time, there has been no official confirmation that the site was indeed hacked, although it is no secret that this is exactly what occurred.

Many of us thought that this was going to be a short-lived problem. Surely the issues could be fixed within weeks, as we were told repeatedly. As time went on, the FMCSA staffers began to hold teleconferences with stakeholders telling us to be patient. Examiners expressed concerns about how this was disrupting their ability to efficiently provide these services. Other potential new examiners were distraught that they were unable to register and complete their certification process as the website was necessary to accomplish this. Some clinics contacted their congressmen in an attempt to speed the “fix it” process up; but on one FMCSA stakeholder phone call, the FMCSA asked that this not occur as they were spending too much time responding to Congressional inquiries into the problem. Sadly, the website continued to be inoperable until June 22, 2018 at which point a new, partially functional website was introduced. No Medical Examiner (ME) nor Medical Examiner Administrative Assistant (MEAA) was thus able to upload examination information, which created a great backlog and headaches for all stakeholders involved.

For example, my clinic has 577 exams that were backlogged.

This new, partially active website currently allows the following:

1. Ability to look up certified examiners (good for drivers and companies)
2. Ability of the examiner to upload exams (but not the administrative assistant)
3. Ability for a NEW examiner to register for an NRCME number AFTER one completes a training course (this is different from before, because previously, an examiner desiring initial certification could register for an NRCME number at any time; now there is a stepwise instruction to do training first, registration for an NRCME number second, and taking the examination last)
4. A new website security process that requires one to register and use a login.gov account

As you may know, there was also a new rule that was to go into effect also on June 22, 2018 requiring the exam to be uploaded within 24 hours of its completion (sorry, yes this also includes weekends, so you might want to think twice about scheduling that exam as the last slot on Friday afternoon!). Obviously, with all these problems and all this chaos, that deadline and conformation will not be enforced and the FMCSA is not going to penalize anyone until the entire website is functional.

Yet another problem ensued once the new website was active. Examiners entering the expiration date of the certificate noticed that the new website did not save the date accurately, as it was usually one day off. The FMCSA recently posted this message regarding this problem:

“As you are probably aware, there was a problem with the examination and birth dates when uploading results of CMV

driver exams to the National Registry. The problem has been resolved and FMCSA will correct the examinations entered prior to the resolution. Therefore, MEs do not need to take any action to correct previously entered examination results and may resume uploading results.”

I would encourage NRCME examiners or potential examiners to go the following webpage that details the new [logon.gov](https://www.fmcsa.dot.gov/regulations/medical/national-registry-certified-medical-examiners) process and has links to the webpage progress issues as well as announcements regarding the June 22 rule (and other useful information):

<https://www.fmcsa.dot.gov/regulations/medical/national-registry-certified-medical-examiners>

Lastly, there have been many questions about the 5 year re-training requirement for examiners. Those of you who took an initial training course in 2013 are probably wondering, “When and where should I do this?” Originally, it was thought that CME providers, like the IAFP, would be allowed to conduct these re-training courses. However, in early 2017, the FMCSA put out a notification that instead, it would be conducting its own web-based retraining program, and that its program would be the only one authorized for this purpose. This was surprising to many CME providers. The problem is that no such course currently exists, and my contacts have told me that there is no such course that is currently being planned. Not surprisingly, most of the FMCSA assets are probably being devoted to this website mess. So, all I can tell you is to “stay tuned” on this; one thing that I can tell you is that your certification is not in jeopardy. The FMCSA has made it clear that they will not de-certify anyone for not receiving their 5 year re-training within the requisite time frame.

As always, if you have more detailed questions, contact me at douglas.martin@unitypoint.org

NEW MEMBERS

Active

Jennifer Abler, DO, Pleasant Hill
 Christopher Champion, DO, Des Moines
 Mintesinot Fitamo, MD, Davenport
 Mark McEleney, MD, Iowa City
 Carly Quam, DO, Carroll
 Deborah Ralston, MD, Waterloo

Residents

Mark Hovland, MD, Mason City

Students

Aaron Amundson, Des Moines University
 Nichele Anderson, Des Moines University
 Avanthi Ajjarapu, University of Iowa
 Jay Blomme, University of Iowa
 Austin Boeckman, Des Moines University

Megan Downey, Des Moines University
 Anil Gherau, Des Moines University
 Tyler Greiner, Des Moines University
 Lindsey Harrison, Des Moines University
 Katherine Hoener, Des Moines University
 Elizabeth Kleiner, Des Moines University
 Sean McNitt, Des Moines University
 Joshua Penrod, Des Moines University
 Morgan Van Ameyde, Des Moines University
 Emily White, University of Iowa

Member of the Month

You are unique and we want to hear from you! IAFP is introducing a Member of the Month feature on our web site. If you know a family physician who should be featured as a Member of the Month or if you want to share your story, nominate the physician or yourself by sending a name and contact information to kcox@iaafp.org.

USER FRIENDLY

WE KNOW OUR PATIENTS WHO USE ALCOHOL, DRUGS, AND CIGARETTES VALUE THEIR HEALTH. OUR GOAL IS TO PROVIDE EVERY PATIENT THE BEST MEDICAL CARE WE CAN. WE'RE HERE TO HELP YOU, NOT JUDGE YOU.



NEW RESIDENTS

Broadlawns Medical Center Residency Program

Michael Be, DO (DMU)
 Justin Clark, DO (DMU)
 Kathryn Linkenmeyer, MD (Iowa)
 Jared Rietveld, DO (DMU)
 Preston Sereg, MD (St. George's U – W. Indies)
 Abby Stroeh, DO (DMU)
 Hannah Thompson, DO (DMU)
 Eric Wood, DO (DMU)

Cedar Rapids Family Medical Education Foundation

Sayed Ahmed, MD (Rajshahi – Bangladesh)
 Rachel Atherton, MD (Iowa)
 Oleksandra Bem, MD (Odessa – Ukraine)
 Kyle Cassidy-Wescott, MD (St. Maarten)
 Danielle Howsare, DO (AT Still U – Missouri)
 Tiernan Murphy, MD (Saba U – Caribbean)
 Callie Pittard, DO (Kansas City U – Missouri)

Genesis Quad Cities Family Medicine Residency

Jesicah Ambrisco, DO (DMU)
 Bindi Chokshi, MD (St. George's U – W. Indies)
 Alan Julius, DO (DMU)
 Anna Mark, MD (Iowa)
 Sarah Smith, DO (DMU)
 Joseph Standard, MD (Southern Illinois U)

Iowa Lutheran Family Medicine Residency Program

Julia Farruggia, MD (U of South Dakota)
 Abby Flannagan, DO (DMU)
 Megan Peterson, DO (DMU)
 Lindsey Pogge, DO (DMU)
 Seth Streeter, DO (Liberty U – Virginia)
 Ericka Tank, MD (Iowa)

Mercy Medical Center Family Medicine Residency - Des Moines

Butool Abdullah, MD (Antigua)
 Kyle Brown, MD (St. Kitts)
 Kaitlyn Cunningham, MD (CMU)
 Jeeten Jamnadas, MD (St. Maarten)
 Kiranpriti Kaur, MD (Antigua)
 Imsook Lee, DO (Nova)
 Giuliana Vande Zande, DO (DMU)
 Nathan Woodward, DO (Kansas City U – Missouri)

North Iowa Mercy Residency Program

Mark Hovland, MD (U of North Dakota)
 Brandon Ruen, MD (Texas A&M)
 Matthew Steffens, MD (Ross U)
 Courtney Thomas, MD (U of Queensland)
 Amanda Tran, MD (U of Kansas – Wichita)
 Ryan Wenzel, MD (Ross U)

Northeast Iowa Family Medicine Residency Program

Andrew Chang, DO (DMU)
 Elise Duwe, MD (U of Illinois)
 Inger Lied, MD (Norwegian U of Science)
 Shadi Mustafa, MD (Ross U)
 Stanley Nickarz, MD (Howard U – Wash., DC)
 Ekta Patel, MD (St. James – Anguilla)

Siouxland Medical Education Foundation Residency Program

Kristen Maylott, DO (Kansas City U – Missouri)
 Mary Catherine Mohr, DO (DMU)
 Sean Nelson, MD (U of Nebraska)
 Cora Ruhl, MD (U of Kansas – Salina)
 Dylan Smith, MD (U of Nebraska)
 Lauren Norman, MD (Saint Louis U)

University of Iowa Family Medicine Residency

Mary Gallagher, MD (Virginia Commonwealth)
 Kate Jarvis, MD (University of Illinois)
 Courtney Moore, DO (Campbell U – N. Carolina)
 Nymisha Rao, MD (U of Missouri – Kansas City)
 Anne Robinson, MD (Augusta U – Georgia)
 Ramy Salib, MD (Antigua)
 Justis Stolz, MD (U of Nebraska)
 Nicole Woodson, MD (Meharry Medical College)

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Exhibit hall booth #1720, October 10-12, New Orleans, LA.

For more info visit: <https://www.aafp.org/events/fmx.html>

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