IAFP

IOWA FAMILY PHYSICIAN

Vol. XLVIII No. 3 / WINTER 2021-2022

MEET NEW IAFP PRESIDENT
LAURA BOWSHIER, M.D.

INSIDE:

- Advocacy Issue: Preview Our 2022 Legislative Priorities
- Save the Date for the IAFP Summer & Fall CME Getaways
- Race-Based Medicine: How Does It Impact Patient Care and What Can Be Done To Mitigate Its Effects on Health Outcomes?

"Strong Medicine for Iowa"

Iowa Academy of Family Physicians
1515 Linden Street, Suite 220
Des Moines, IA 50309

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

FMCSA Medical Examiner Certification Training Course

Are you planning on performing commercial driver physicals?

HAVE YOU TAKEN A TRAINING COURSE?

IAFP has an On-Demand course!
Watch this course at your leisure from the comfort of your home or office.

Register Online
www.iaafp.org

The Federal Motor Carrier Safety Administration has established a National Registry of Certified Medical Examiners with requirements that all medical examiners who conduct physical examinations for interstate commercial motor vehicle drivers must complete a training course and pass a certification examination. Please contact the IAAFP at 515-244-4182 with questions.

This session is 5 hours long and offers AAFP CME credit.
For more information about the program go to
www.iaafp.org

Vision Statement for the Iowa Academy of Family Physicians

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

Officers

President
Laura Bowshier, M.D.
Urbandale

President-elect
Corrine Ganske, M.D.
Des Moines

Vice President
Kate Thoma, M.D.
Iowa City

Secretary-Treasurer
Jason Wilbur, M.D.
Iowa City

Board Chair
Lonny Miller, M.D.
Creston

Executive Vice-President
Pamela Williams
Des Moines

Board of Directors

District 1
Angela Greif, M.D.
Anamosa

Thomas Richmann, M.D.
Springville

District 2
Sarah Ledger, D.O.
Mount Pleasant

Nicole Brokloff, M.D.
Davenport

District 3
Laura Abels, D.O.
Des Moines

Robert Nathanson, D.O.
West Des Moines

District 4
Michael Lindstrom, D.O.
Mason City

Mara Groom, D.O.
Spirit Lake

At-Large
Candice Smith, M.D.
Knoxville

Spencer Carlstone, M.D.
Pella

Residency Representative
Anthony Day, M.D.
Waterloo

Resident Members
Alice Hwang, M.D.
Iowa City

Student Members
Grant Henning
Iowa City

AAFP Delegates
Doug Martin, M.D.
Sioux City

Amr Kamhawy, M.D.
West Des Moines

Office Staff

Executive Vice President
Pam Williams

Deputy Executive Vice President
Katie Cox

Director of Operations
Kelly Scallon

IAFP Office

1515 Linden Street, Suite 220
Des Moines, IA 50309
Phone: (515) 244-4182
Fax- (515) 244-4131
E-mail: mail@iaafp.org
Website: www.iaafp.org

2021-2022 Committee/Board Chairs

Board of Directors
Lonny Miller, M.D.

Education Committee
Mara Groom, D.O.

Nominating Committee Chair
Jim Bell, M.D.

Member Advocacy
Dave Carlyle, M.D.
Jeff Hoffmann, D.O.

Member Services
Scott Bohner, D.O.

IAFP Foundation President
Jeff Hoffmann, D.O.

Magazine Editor
Jason Wilbur, M.D.

PrimCare PAC
Jeff Hoffmann, D.O.

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

IAFP IOWA FAMILY PHYSICIAN

Official Publication of the Iowa Academy of Family Physicians
Vol. XLVIII No. 3 / Winter 2021-2022

In This Issue

Created and printed by TOWNcrier ADVERTISING & PRINTING

810 East First Street • Pella, Iowa 50219
Phone: (641) 628-1130 • Toll Free: (800) 326-6491 • Fax: (641) 628-2826
www.towncrierltd.com • www.towncriernews.com

Greetings From Your 2021-2022 IAFP President

By Laura Bowshier, M.D.

Editor's Note: This article is the inauguration speech Dr. Bowshier gave during her virtual installation in October of 2021.

Academy,

Thank you so much for the opportunity to serve as your president in the next year. We have been through a long past year and a half and I'm honored to help navigate our new normal as a family medicine community in the state of Iowa.

My roots in the Iowa Academy of Family Physicians run deep- I grew up watching my father, an Iowa family physician, engage in advocacy and leadership. I learned about the heart of family medicine and witnessed the academy advance strong family medicine in the state. While at the University of Iowa for medical school and in Davenport for residency, I became involved on my own, serving on the Board of Directors, lobbying in Washington, D.C., and attending the annual student and resident conference. I learned firsthand the breadth and depth of the academy and how to navigate big and small challenges as a state organization. Over the past five years, it's been my privilege to work with our amazing academy staff and recent boards to shape our strategic plan for the IAFP and to be a voice for our specialty and our patients.

My goals for the next year are grand, but I firmly believe we are capable. I hope to continue the visionary work of the academy board, especially as we look at the Implementing High Quality Primary Care report from the National Academies of Medicine. Examining what we as an academy can do within our state, as well as mentoring and working on increasing interest in primary care, will be powerful action opportunities. Advocacy efforts, be it through the legislature, with insurance companies, or within local communities, will let us use our voices for betterment. Following the strong work of the AAFP, I also hope to continue to connect with members through events and conversations, with renewed thoughtfulness about the strength in a diversity of voices.

As I close, I want to quickly thank some of those who have shaped my journey. My parents and sister have provided loving support from day one and encouraged big dreams and hard work. Despite the extra juggling that it creates for our family and schedule, my husband has been never wavering in his dedication to me and my passion for the IAFP. My patients are the reasons I love family medicine - the conversations and relationships give me purpose and joy. A sincere thanks as well to Pam Williams, Kelly Scallon and Katie Cox for their tireless efforts.

I've kept a list of mentors on my computer since starting medical school of people who I want to emulate in my practice and leadership styles - many of these people are here today and have proverbially "walked these halls." As I start this year of service, I sincerely believe that our efforts -for our patients, our colleagues, and the learners behind us- make our communities and our specialty stronger.

"My goals for the next year are grand, but I firmly believe we are capable."

- Laura Bowshier, M.D.

Caring for Our Profession and Our Vulnerable Older Patients

By Jason Wilbur, M.D.

Happy New Year, family doctors and allies of family medicine! As I look back at my column from this time last year, I must smile at my rosy optimism about the pandemic. Oh, 2021, I thought you would be so different! Vaccines were being pumped out by the millions, and the words delta and omicron sounded like fraternities. Here we are, one year later, a bit jaded but wiser, changing our expectations from return-to-normal to living with endemic SARS-CoV2.

Our winter issue focuses on advocacy, and you will find excellent student and resident articles that address their perspectives on this topic. I will use my space as a reminder of some tools available to you and share a personal goal for my own advocacy efforts.

The Society for Teachers of Family Medicine has a concise, informative online course that introduces key concepts and tools for advocacy. It's free and found here: https://stfm.org/advocacycourse. The AAFP and the IAFP have loads of information that will point you in the right direction. You can get started with the AAFP website (https://www.aafp.org/advocacy.html) or the IAFP (http://iaafp.org/advocacy/).

Do not overlook the importance of financially supporting family medicine advocacy efforts. You might have your own favorite organizations to support, like STFM. Great! Remember that PrimCare PAC (http://iaafp.org/primcare-pac/) is ***the*** lobbying organization that directly supports ***our*** profession in Iowa. On a national level, we have FamMedPAC (https://www.aafp.org/advocacy/support/fammedpac.mem.html). When we financially support these organizations, we give our family medicine advocates a voice when decisions are being made that affect our patients and our profession.

As we make our voices heard in state and national politics, I hope that we advocate on behalf of people who quietly suffer and lack a voice in our political system. We could choose to focus on any of a number of under-represented and under-powered groups in Iowa. As a geriatrician, I choose to focus on institutionalized older adults, specifically, those living in nursing homes.

The pandemic has been a nightmare for nursing home residents. As of January 2022, the CDC has recorded over 142,000 Covid deaths in U.S. nursing homes. Since the CDC did not start requiring nursing homes to report Covid deaths until May 24, 2020, the actual number of deaths is probably many thousands higher (Shen K et al. *JAMA Netw Open.* 2021;4(9):e2122885). There are about 1.7 million beds in the US, so the overall mortality rate from Covid could be as high as 10%.

Nursing home residents did not just die at high rates from Covid, they suffered privation of care. Chronically short-staffed nursing homes received more complaints about neglect (https://www.hrw.org/news/2021/03/25/us-concerns-neglect-nursing-homes#). Loved ones were barred from visiting residents through much of 2020. Activities were curtailed. Socialization was severely limited. And when a vaccine became available, nursing home staff were often slow to accept the vaccine (https://medicareadvocacy.org/snf-staff-vaccination/).

When it comes to the care of our most vulnerable citizens, we have collectively failed them. We cannot go back in time and right that wrong, but we can make things better for current and future nursing home residents. While I don't have a solution, I wonder if it is time to update the 35-year-old Nursing Home Reform Act, increase Medicaid payments to nursing homes, and raise the pay of CNAs. As many of us care for nursing home patients and serve as medical directors of care centers, we may have a significant impact locally. I urge you to do what you can to make your nursing homes as safe as possible and to advocate for systemic change.

As always, send your thoughts, reflections, and feedback to jason-wilbur@uiowa.edu.

How you can get involved in advocacy:

- Join the advocacy committee
- Read the weekly legislative updates
- Respond to requests to speak out to legislators
- Donate to the PAC

Curriculum Reform Needed to Advance Health Equity

By Sarah Costello, MS2, University of Iowa Carver College of Medicine

The devastating toll of COVID-19 on marginalized communities has served to highlight health inequities that have existed for centuries. A wide spectrum of institutions, including healthcare, are beginning to acknowledge and examine narratives and systems of power that exclude and marginalize communities, exacerbating health inequities. As medical students, we learn about health inequities, however most of us feel powerless and ill-equipped to make positive changes. If meaningful health equity work is to be achieved within our healthcare institutions, medical students must be better prepared and supported to act as advocates for change.

Narratives are transhistorical storylines that are deeply embedded in a particular culture. They are shaped by culturally shared stories, and they guide our thoughts, beliefs, values, and behaviors.[1] Dominant narratives reflect the values and interests of the most powerful group —white, male, wealthy, hetero-, able-bodied, Christian, U.S.-born – and exclude others. These narratives act to keep the dominant group in a position of power; individuals and groups whose stories do not align with the dominant narrative are marginalized and stigmatized. The healthcare inequities that exist in our society stem from deeply rooted dominant narratives that insidiously influence policy, scientific research, and structural institutions, including healthcare, by manifesting as sexism, racism, ablism and stigmatizing beliefs, negatively impacting health outcomes. For example, the false conflation of race with inherent biological and genetic traits is a manifestation of pervasive and flawed master narratives about racial differences. Medical historian John Hoberman argues in his book *Black and Blue* that medical providers are no less susceptible to racial myths than anyone else. Consequently, the healthcare institution has intentionally and unintentionally reinforced harmful racial narratives by presenting racially bias medical research and racially distorted diagnoses and treatments.[2]

The power of harmful dominant narratives comes from their insidious nature. Individuals absorb them into their identities

without realizing and they manifest as implicit bias. When we recognize them, we can resist their influence on our own thoughts and behaviors. When they are critically appraised to acknowledge and understand the flawed culturally shared beliefs that stem from them, we can use this knowledge to engage in meaningful dialogue and construct and reinforce alternate narratives that drive positive change. This is the heart of advocacy.

Recently, teams from the American Medical Association and the Association of American Medical Colleges (AAMC) Center for Health Justice came together to produce a foundational health equity toolkit for physicians, health care workers and others. This toolkit explores the importance of narratives in shaping the ways in which we think about patients, families, communities, and neighborhoods we serve—and consider the origins of our own implicit bias. Additionally, the toolkit highlights ways that the language that we use, questions we ask and interpretations of stories we hear can determine whether our actions and behaviors reinforce or disrupt harmful dominant narratives.[3] If healthcare institutions hope to successfully advance health equity, the ideas presented in this toolkit should be discussed as part of the didactic undergraduate medical curriculum. As we learn to listen and interpret patients' stories in the context of culture and society, narrative theory can be a useful tool to help us to understand and recognize the forces that influence health outcomes at levels above individual interactions.

Medical school is an intensely transformative socialization process that shapes the personal values and beliefs that will one day influence our practice of medicine. It is in the hidden curriculum of medical school that we encounter many of the narratives, transmitted as shared stories and experiences, that shape the culture of medicine, and we begin to absorb them into our identities. Currently, most medical school curricula place disproportionate value on biomedical sciences, along with acknowledgement of the impact of social determinants of health. However, risk factors such as race, and sex are presented solely as inherent characteristics that influence probability of disease, rather than markers of racism, sexism, oppression, homophobia, and other stigmatizing manifestations of dominant narratives that experts are beginning to acknowledge as mechanisms of disease. Advocates for critical race theory in medical education argue that by portraying race as an inherent risk factor, biomedical models and social determinant of health curricula *reinforce* and *perpetuate* racial master narratives that divorce human health from socio-political realities and drive health inequities.[4] If we are not being trained to recognize harmful dominant narratives that drive health inequity, how can we hope to combat them?

As I reflect on my own experience of the didactic medical curriculum over the last year and a half, I am struck by the dichotomy of professionalism lessons teaching empathy, compassion, and connection, with the starkly contrasting, heavily weighted and intensely isolating lessons in biomedical sciences that teach us to view the human body as a machine, dehumanizing patients, and ourselves. For me, the most meaningful lessons have come from elective classes hosted by our schools writing and humanities program. In these classes students can explore the effect of racialized and gendered dominant narratives on the way we view ourselves, patients, and communities. These electives demonstrate that if institutions look beyond the biomedical model and social determinants of health curricula, collaborate with experts outside of medicine and encourage students to critically appraise the culture in which we are being socialized, it is possible to effectively teach narrative concepts to medical students, to equip us with the insight necessary to understand societal forces that drive health inequities and to energize us with language to engage in meaningful dialogue for positive change.

References

1. McLean, K. C., & Syed, M. (2015). Personal, master, and alternative narratives: An integrative framework for understanding identity development in context. *Human Development*, 58(6), 318-349.

2. Hoberman, J. (2013). *Black and blue: The origins and consequences of medical racism*. Berkeley, CA: University of California Press.

3. American Medical Association and Association of American Medical Colleges. (2021) Advancing Health Equity: Guide on Language, Narrative and Concepts. Available at ama-assn.org/equity-guide.

4. Tsai, J., Lindo, E., & Bridges, K. (2021). Seeing the Window, Finding the Spider: Applying Critical Race Theory to Medical Education to Make Up Where Biomedical Models and Social Determinants of Health Curricula Fall Short. *Frontiers in public health*, 9, 653643. https://doi-org.proxy.lib.uiowa.edu/10.3389/fpubh.2021.653643

Letter to Fellow Residents Concerning Advocacy

By Austin Pillon, D.O., R2 / Central Iowa Family Medicine Residency Program / Des Moines, IA

"Medicine is what you do in the room that makes the patient feel better."
– Dr. Gary Hoff

This past year has been an interesting start to a career in practicing medicine to say the least. And that is really not saying much, considering the status of our local communities, state, and country. It seems like we've had more waves of the COVID-19 pandemic than the numbers of Iowans vaccinated against said virus. Our ICU's and hospital censuses around the country are still in a state of extremis. Adapting from student to provider over the last 18 months has been a challenging adjustment; I'm appreciating that our whole system has been similarly adjusting to becoming pandemic providers regardless of specialty. We have collectively grown to understand the hidden costs of a mass illness as well as the obvious, and some of these taxations are finally beginning to sink in. Close to two years of practice with testing, masking, gowning, PAPRing, donning, doffing, sanitizing, and distancing have made these habits routine and mundane for a group of workers used to protocols and policy-based practices. The emotional toll of seeing five middle-aged relatives huddled outside of the ICU room window next to the hospital's employee work entrance at 0655 in heavy gloves, beanies, and scarves is not written in a work manual, was not taught in medical school, and does not show up with an algorithm in the provider update email.

These same people are still there after morning report is over, still huddled around a speaker phone, and still talking in happy and excited tones to their loved one through a pane of glass. Sometimes the weather is poor, there are fewer family members, or only notes left on the window. However, our patients' families continue to find a way to give our patients hope and support. So how do we play a role in this as a care team member? Where is our space in the realm of hope, goals, desires, fears, anxieties, communication, communion, and community? How do we find time between the notes, pages, meetings, clinic patients, interviews, rounds, committees, and—unintentionally while writing this but poignantly last on this list—personal wellness? How can we shed another ounce of effort in our incredibly saturated days as residents, physicians, nurses, techs, and hospital staff in an unprecedented time of systemic resource taxation to advocate for our patients?

The role of a patient advocate, in my eyes, is something fluid and dynamic; it is not necessarily a specific title on a door marker on a patient care floors. Advocacy is a hat someone puts on when they identify a cause for concern that the patient's voice may not be heard or that the course of care may not exactly align with the patient's wishes, goals, or principles. To evaluate for these potential incongruences between our medical management and the patient's stated or very possibly unqueried goals, we need training and practice.

If there is any truth I've learned about the hardships of residency, the pandemic, and medicine in general, it's simply that exposure is invaluable. I look at my younger colleagues who are still in the clinical years of their medical school education, rotating at our hospital site, and envy the time that they have to spend in the room with our patients. What a luxury I once enjoyed, to learn about a person and build a trusting relationship with the gift of time. We all naturally and necessarily become sharper, more efficient, and inevitably quicker providers over time. This being said, I would argue that should a medical student find some time on their inpatient rotations not filled with the activities listed in paragraph two of this editorial, we should encourage them to expand one of their SOAP notes to include a discussion on goals of care.

My resident colleagues and I try to make a point to ask not only about code status during morning handoff, but also about: patient goals and wishes, the dynamics of different family members, home situations, social and economic pressures concerning the patient, and other cultural factors that may be affecting their choices. We feel proud of this as a program culture. However, I have personally found that the patients I can trust most with adherence and follow-up are those in whom I invest more time in than simply my strict medical assessment and plan. The patients I am able to spend an extra 30 seconds with—explaining how to pronounce my name (Pillon, "Pull-On"), asking if there is someone from their family I can call to update, or assuring that they understand instructions from their care team—are the patients I can rely on to follow-up as an outpatient.

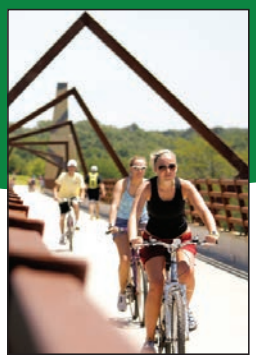
Advocacy is a relationship of caring built on small actions and punctuated with larger gestures. When you hold your patient's hand through a central line placement, they will tell their spouse about that the next day when visiting hours are available. When you take time to put into perspective how blessed rather than unlucky it is that you accidently found the solitary hypermetabolic nodule, that patient may think about that all night until you round on them the next day. And when one steps up to the plate with your resident phone during a busy call shift, ready to coordinate between three specialists, ethics, legal, administrators, or even a judge to make things right for a patient and their family, and ensure that a standard of care is provided, something very special can be found.

The daunting and exhausting situation of a complicated case that cannot be solved with a reference or a consultation has and will continue to be present for us. It is a reality for our patients and their families. We have been collectively pushed to a critical value of utilization and morale, and it seems like suggesting another role outside of the vital functions would be flirting with fulminant failure. I've found personally that there can be times of paradoxical rejuvenation, where the phone marathon is surely tiring but when news of success (or at least certainty of plan as opposed to ambiguity) is delivered to a patient and family, overwhelming relief and gratitude is found. Please note, these feelings are not restricted to the individuals who do not wear hospital badges. The reconciliation of a legal decision-making status is hard, sometimes multi-day work, but it has the opportunity to heal those on both sides of the numbered door. Look around at your nursing, tech staff, fellow residents, even attendings when you deliver the news that you finally secured a hard-fought placement for your patient without financial resources.

We have the incredible opportunity to explore a dimension of medicine that is not found in an EHR, has no place in a sterile operating room, and does not care if you ordered the antibiotics for 7 days or for 10. As much as family medicine residents must become apprentice specialists (or strive to) in the course of four weeks of a rotation, so can we also switch gears in our modalities of clinical observation to engage in a role of advocacy. We can investigate a change in temperament instead of temperature, consider the weight of a burden of chronic disease rather than the weight our diuresing patient, and measure the specific gravity of a cancer diagnosis from an incidentaloma. As physician advocates, we have the spoils of knowledge, the privilege of status, and the duty of responsibility to observe, interrogate, analyze, and reconcile our plans with what the families we take care of want and need—not as patients, but as ***people***.

Resident News

Dr. Abigail (Abby) Pira has been appointed to be a resident representative to the AAFP Center for Global Health Initiatives. For this one year appointment, Dr. Pira will represent the resident perspective on the Global Health Initiatives Advisory Board, participate in program development for the annual AAFP Global Health Summit, coordinate resident communications and activities and much more. Congratulations Dr. Pira!



Family Medicine

Live Life the Way it Should Be!

Seeking BE/BC Family Medicine physicians to join our busy, collegial group in family-friendly Iowa. Come practice modern medicine in this Middle American dream town where your patients are your friends and neighbors. Enjoy a simpler way of life with an affordable cost of living, great recreational areas and historical landmarks.

- Full time position
- Broad spectrum practices without OB
- Primarily outpatient practices
- Outstanding support services
- Epic EMR System
- Physician owned and governed
- Large established referral network
- Loan forgiveness
- Excellent work/life balance
- #1 in Quality and Value by Iowa's leading insurer last 3 years
- One of the least litigious states in the country
- #1 Best State to Practice Medicine - *WalletHub*

With close proximity to several metropolitan cities, you can benefit from small-town charm and big-city amenities. Iowa boasts the best schools in the country, specializing in science and technology programs, tucked quietly into the safest neighborhoods. This makes for the perfect place to plant some roots and grow your dreams.

EEO/AA Employer/Protected Vet/Disabled

Contact Doug Kenner

314-330-4169 or dkenner@mountainmed.net

McFarland Clinic

Extraordinary Care, Every Day

Race-Based Medicine: How Does It Impact Patient Care and What Can Be Done To Mitigate Its Effects on Health Outcomes?

By Danielle D. Jones, PhD MPH, AAFP Director of Diversity and Health Equity
Denee Moore, MD (VA) Commission on Health of the Public and Science
Melanie Bird, PhD MSAM – AAFP Assistant Staff Executive to the Commission on Health of the Public and Science
Danielle D Jones, PhD MPH – AAFP Center for Diversity and Health Equity Director
Shannon Connolly, MD (CA) Chair of the Subcommittee on Health Equity, Commission on Health of the Public & Science

Credit: The Ohio Family Physician magazine(epubs.democratprinting.com); Summer 2021

Race is socially constructed to sort people into groups based on physical appearance, shared behaviors, and/or shared geography (1). Race is shaped by the social and political dynamics of the local environment; therefore, the definition of a racial group can differ from place to place and over time (2). Studies exploring genetic variations across the world have found that more genetic difference occurs within individuals of a given population than between populations (3). For these reasons, the use of race in medical diagnosis and treatment is increasingly being called into question.

Currently, race is used as a biological marker for disease states or as a variable in diagnosis and treatment. For example, equations that are used to calculate eGFR such as the Chronic Kidney Disease Epidemiology Collaboration (CKD-EPI) creatinine equation require users to select the race of a patient in order to generate a result. Such equations produce different results based on the racial category selected. With the CKD-EPI creatinine equation, selecting the Black racial category produces an eGFR result that is higher compared to selecting the non-Black racial category. Because eGFR is used in the decision-making process for referral for kidney transplantation and because the lower the eGFR the earlier the referral is generated, patients who are assumed to be members of the Black race may be referred for kidney transplant and added to the kidney transplant waiting list later in the course of disease. Such actions can reduce these patients' access to a treatment for end-stage renal disease that has been shown to have substantial positive outcomes over the long term compared to renal replacement therapy (4). Recently, the Heaton Norms used to evaluate NFL players' performance on post-concussion neurocognitive tests have been criticized for their use of race as the expected level of cognitive performance for Blacks is lower than for non-Blacks. This has resulted in Black players' dementia claims being rejected more often than non-Black players (5). Other calculators or tools using race include those for estimating cardiovascular risk and for adjustments in spirometry.

All of these issues led AAFP to develop a policy opposing the inappropriate use of race in clinical evaluation and management (6). The policy was developed in response to multiple resolutions from AAFP members. In addition to the policy, the AAFP continues to call for research to address the misuse of race to ensure that it is not used as a proxy for biology, but rather as a risk factor based on health disparities resulting from societal and economic factors (7). In a letter to the House Ways and Means Committee, AAFP stressed the importance of research focused on understanding how systemic racism and oppression create health disparities and how to best include those factors in clinical decision making (7). AAFP acknowledges the need for the collection of data using sociodemographic identifiers like race in order to accurately identify and address disparities in disease prevalence and access to health care. AAFP advocates for the inclusion of diverse patients and communities in clinical trials, surveys, and other research activities.

The AAFP has policy statements against discrimination (8) and institutionalized racism (9) and supports members by providing training (10) on how to minimize their racial/ethnic bias as part of the clinical decision-making process and provides tools that can be utilized to collect data on indicators other than race/ethnicity, such as patients' social determinants of health. Additional work is underway to address continued requests from members and chapters to address the use of race in educational offerings by AAFP journals and CME courses.

References:

1. Race. Merriam-Webster.com Dictionary. https://www.merriam-webster.com/dictionary/race. n.d. Accessed March 18, 2021.

2. Jorde, L., Wooding, S. Genetic variation, classification and 'race'. Nat Genet 36, S28–S33 (2004). https://doi.org/10.1038/ng1435.

3. Barbujani G, Magagni A, Minch E, Cavalli-Sforza LL. An apportionment of human DNA diversity. Proc Natl Acad Sci U S A. 1997 Apr 29;94(9):4516-9. https://doi.org/10.1073/pnas.94.9.4516.

4. Kuppachi S, Norman SP, Lentine KL, Axelrod DA. Using race to estimate glomerular filtration and its impact in kidney transplantation. Clin Transplant. 2021 Jan;35(1):e14136. https://doi.org/10.1111/ctr.14136.

5. Belson, K. Black Former N.F.L. Players Say Racial Bias Skews Concussion Payouts. New York Times. https://www.nytimes.com/2020/08/25/sports/football/nfl-concussion-racial-bias.html. Published August 25, 2020. Accessed March 21, 2021.

6. Race Based Medicine. American Academy of Family Physicians. https://www.aafp.org/about/policies/all/racebased-medicine.html. 2020. Accessed March 21, 2021.

7. AAFP Response to House of Representatives Ways and Means Committee Request for Information on the Misuse of Race in Clinical Care. 2020. Accessed March 21, 2021. https://www.aafp.org/dam/AAFP/documents/advocacy/prevention/equality/LT-WaysMeans-RFIMisuseRaceClinicalCare-101620.pdf

8. Discrimination, Patient. American Academy of Family Physicians. https://www.aafp.org/about/policies/all/discrimination-patient.html. Accessed March 21, 2021.

9. Institutionalized Racism. American Academy of Family Physicians. https://www.aafp.org/about/policies/all/institutional-racism.html. 2019. Accessed March 21, 2021.

10. The Everyone Project. American Academy of Family Physicians. https://www.aafp.org/family-physician/patient-care/the-everyone-project/toolkit.html. American Academy of Family Physicians. Accessed March 21, 2021

ADVERTISEMENT

Make Every Bite Count with Nutrient-Dense Foods

Several key nutrients, such as iron, zinc and choline, are essential to support healthy growth and development in the early years, particularly among infants who are exclusively breastfed and ready to transition to complementary feeding. **The American Academy of Pediatrics (AAP) recommends introducing nutrient-dense foods, such as meat, during this transition,** to help ensure adequate intake of high-quality protein, iron, zinc and choline and to help protect against deficiencies that can impact a child's development, learning, behavior and growth.[1]

According to the AAP, approximately 2 servings of meat (1-2 ounces/day) can be provided to help meet key nutrient and energy needs.[1] Pureed, ground, shredded or stewed beef can introduce a variety of textures that can safely support babies' developmental needs, reduce risk of choking and help lay the foundation for a healthy dietary pattern and lifestyle.[1-4]

Safely introduce beef by matching the appropriate preparation with an infant's age and developmental stage.


6-8 months
Pureed Beef


8-10 months
Shredded Beef


10-12 months
Chopped Beef

Did You Know? By 6 months of age, a baby's iron stores are depleting while their iron requirements are increasing substantially. In fact, 18% of infants are falling short on recommended iron intake.[5]

For more information visit BeefItsWhatsForDinner.com/nutrition/beef-in-the-early-years

Parents and caregivers are encouraged to consult a physician or health care provider with questions about starting solid foods.

1. American Academy of Pediatrics Committee on Nutrition. Kleinman, RE, Greer, FR, eds. Pediatric nutrition, 8th edition. American Academy of Pediatrics. 2019 November 15.
2. U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2020-2025.
3. U.S. Department of Agriculture. Infant nutrition and feeding: A guide for use in the special supplemental nutrition program for women, infants, and children. 2019.
4. Murray, R. Influences on the initial dietary pattern among children from birth to 24 months. *Nutr Today.* 2017 March/April; 52(2): S25-S29.
5. Bailey, RL, et al. Total usual nutrient intakes of US children (under 48 months): Findings from the Feeding Infants and Toddlers Study (FITS) 2016. *J Nutr.* 2018; 148(9S): 1557S-1566S.

IOWA BEEF

Funded by Beef Farmers and Ranchers

2021 Recap

By Pam Williams, Executive Vice President

The 2020-2021 year was full of ups and downs. Once the vaccine roll-out came to Iowa we were filled with anticipation to switch back from virtual to live meetings. Unfortunately, the roll-out was very slow and we realized it would not be advisable to hold the summer meetings at Lake Okoboji and Galena, Illinois so they were rescheduled for 2022. With great excitement we scheduled the October 28-30 Annual Meeting and CME Conference as a live event. Early registration numbers were great . . . and then Delta hit. We continued with plans for a live meeting but when the Board of Directors met in August it was apparent that proceeding with a live meeting was full of uncertainties. We moved the meeting to a virtual event and had over 100 registrants! The Annual CME Meeting had new topics and speakers as well as some old favorites such as Journal Club Live.

The year brought some great opportunities for partnering with other groups in Iowa to bring free virtual CME programming to Iowa family physicians. Many thanks to the Wolfe Eye Clinic and the Iowa Food and Family Project Group for partnering with us.

In addition to the meetings above, the IAFP collaborated with a program spearheaded by the Iowa Hospital Association, that also included the Iowa Medical Society and the Iowa Health Collaborative. The Physician Business Leadership Program is a certificate program that is in its third year and was designed as four in-person full day training program with

additional requirements in networking and involvement with other industry activities. The audience is emerging and aspiring physician leaders. These programs were moved to a virtual format. Dr. Tyler Olson was selected as the 2021 IAFP scholar for this activity.

WOLFE EYE CLINIC

IOWA'S OPHTHALMIC SPECIALISTS

Cataract Surgery • Corneal Disease
Glaucoma • Medical and Surgical
Retina • Oculoplastics • Pediatric
Ophthalmology • Refractive Surgery
Strabismus

Priority Patient Scheduling:
(800) 335-8066
wolfeeyeclinic.com

Ophthalmologists
Steven Anderson, MD
Kyle Alliman, MD
Charles Barnes, MD
Derek Bitner, MD
Eric Bligard, MD
Paul Boeke, MD
George Clavenna, DO
James Davison, MD
Stephen Fox, MD
Edward Hu, MD
Steven Johnson, MD
Alex Kartvelishvili, MD
Audrey Ko, MD
Anne Langguth, MD
LeAnn Larson, MD
Benjamin Mason, MD
Jared Nielsen, MD
Matthew Rauen, MD
Peter Rhee, MD
David Saggau, MD
Louis Scallon, MD
Jean Spencer, MD
Gregory Thorgaard, MD
John Trible, MD
Reid Turner, MD
Ryan Vincent, MD

Ames
2020 Philadelphia Street
Cedar Falls
516 South Division Street
Suite 120B
Fort Dodge
804 Kenyon Road, Suite 100
Hiawatha
1195 Boyson Road, Suite 200
Iowa City
2225 Mormon Trek Boulevard
Suite 100
Marshalltown
309 East Church Street
Ottumwa
1005 Pennsylvania Avenue
Suite 110
Pleasant Hill
5900 E. University Avenue
Suite 202
Spencer
1200 1st Avenue East
Suite A
Waterloo
999 Home Plaza
Suite 101
West Des Moines
6200 Westown Parkway

We continued to offer on-demand programming to help meet your state mandated CME requirements and offered virtual KSA sessions to help with ABFM requirements.

Another unexpected twist came when the Iowa Hospital Association sold the building we have been in for many years to Krause Holdings and we were faced with a 50% rent increase from what we have been paying. While we had enjoyed our building in the East Village, we have settled into our new space off Ingersoll in what is being touted as the Western Gateway redevelopment area. Our new space is considerably smaller but also with a considerably smaller price. The move has been rewarding financially as well as we will save $1200 per month over what we would have been paying.

I would like to extend a special thank you to Dr. Sherry Bulten who finished her term as Board Chair and therefore went off the Board after many years of service. She did a great job of leading the board through such a challenging year.

Dr. Lonny Miller was a dedicated President of the IAFP and stepped into the role of Board Chair with a commitment to leading the board through what appears to be more challenging times ahead.

Congratulations to our new President, Dr. Laura Bowshier. We look forward to a great year and know we will be in good hands under her leadership.

I thank all members who serve on the Boards of the Academy, the Foundation and the PAC and all who serve as delegates, and on state and national committees. I also want to thank our very dedicated and hardworking Academy staff. We could not accomplish the work that is done throughout the year without them. I am so privileged to be able to work with Katie Cox and Kelly Scallon and every day starts as a new adventure with these two. Please share your gratitude with them when you have a chance.

It is so difficult to express the depth of my admiration and respect for Iowa Family Physicians. Thank you for your care of the people of Iowa through this most difficult time and for the spirit and leadership you demonstrate each and every day. I thank you for your continued membership and involvement in our organization. I encourage you to take advantage of the great CME offered by the Academy and challenge you to become involved in this great organization that represents you at the state and national level. Our continued success is dependent upon each of you. It remains an honor and a privilege to serve as your Executive Vice President and I hope 2022 gives us many opportunities to meet in person.

2022 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.

Primary Care Rural Loan Repayment Program Recipient Data

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

2. Telehealth

- In 2015 the IAFP was instrumental in creating payment parity for Medicaid patients being treated in person or through telehealth technology. In 2021 the IAFP was part of the coalition that created payment parity with private payors for mental health services. The IAFP will advocate for private pay parity for medical services that provide quality care and expand access for Iowans in urban, rural and underserved areas.

3. Medical Liability Reform

- In Iowa, noneconomic damage awards from juries has climbed sharply. More than $63M has been awarded in noneconomic damages in just five cases. Noneconomic damages are defined as intangible harms like "severe pain, physical and emotional distress, loss of enjoyment", etc. IAFP supports closing loopholes in the state's cap on noneconomic damages.
- Capping noneconomic damages will reduce skyrocketing insurance premiums and benefit recruitment of physicians.

4. Scope of Practice Protection

- IAFP is opposed to legislation that would erode physician's ability to practice within their full scope and put Iowa patients in harms way. To this end, IAFP is aware of the following perennial legislative initiatives:
    i. Pharmacy Statewide protocols. IAFP will monitor the legislation put forth to ensure patients care and the physician-patient relationship is not compromised.
    ii. Direct entry midwives. The IAFP opposes direct entry midwives due to their lack of educational and medical training, and the impact this gap in education has on caring for their patients.
    iii. Naturopathic physicians. The IAFP opposes the licensure and recognition of naturopathic physicians because of the manner in which this group practices (i.e. do not follow evidence-based practices).

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.

5. Medicaid Managed Care

- IAFP will work to ensure there is proper oversight on the managed care companies overseeing the Medicaid program and making sure providers are paid accurately and in a timely manner

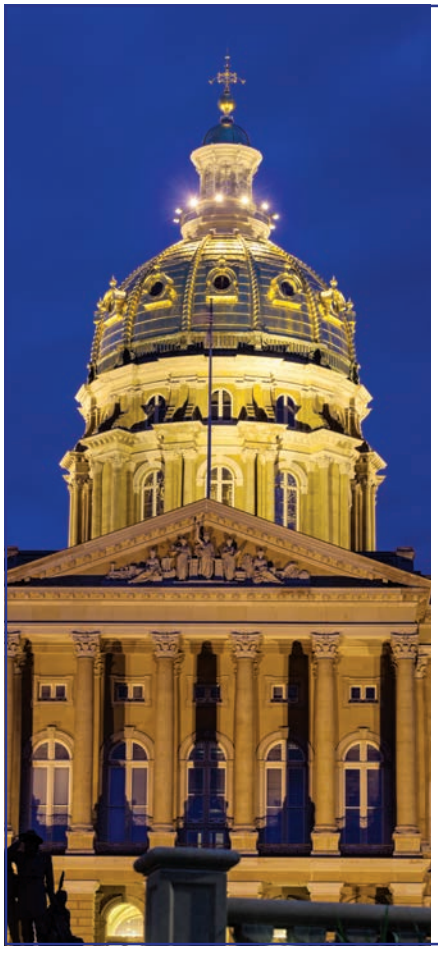
6. Access to Care and Public Health

- IAFP supports initiatives that promotes access to care in Iowa. As primary care physicians we understand the importance of access to care in both urban and rural settings. Additionally, IAFP supports public health initiatives like smoking cessation programs, obesity programs, etc.

Thank you to our 2021 PrimCare PAC Contributors!!!

We raised $7,823 this year!

Robin Barnett, DO
David Bedell, MD
Jim Bell, MD
Zach Borus, MD
Sherry Bulten, MD
Steve Eckstat, DO
Lee Fagre, MD
Corrine Ganske, MD
Mara Groom, DO
Brent Hoehns, MD
Jeff Hoffmann, DO
Amr Kamhawy, MD
Francis Kane, MD
Sarah Ledger, DO
Ursula Livermore, MD
Dale Nystrom, MD
Noreen O'Shea, DO
Doug Peters, MD
Francis Pisney, MD
Steve Richards, DO
Thomas Richmann, MD
Dawn Schissel, MD
Larissa Sharp, MD
Candice Smith, MD
Gerard Stanley, MD
Margaret Vitiritto-Khan, DO
Pam Williams



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.

IAFP PrimCare PAC

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 _____

Name _____

Address _____

❑ Pay by check ❑ Pay by credit card

❑ Visa ❑ MC ❑ Other _____

CC# _____ CVC Code _____

Signature _____ Exp. Date _____

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.

MAIL FORM & PAYMENT TO: IAFP, 1515 LINDEN STREET, SUITE 220 | DES MOINES, IA 50309 | FAX (515) 244-4131

2022 PHYSICIAN BUSINESS LEADERSHIP CERTIFICATION PROGRAM

FEB. 22 | MARCH 8 | APRIL 12 | JUNE 14 | AUG. 9

The Iowa Academy of Family Physicians is partnering with the Iowa Hospital Association, Iowa Medical Society and the Iowa Healthcare Collaborative on a program in its fourth year to provide Physician Business Leadership training to physicians in Iowa. Participants in this program will gain tools to become successful leaders in today's complex health care environment.

For more information and registration please visit http://iaafp.org/physician-business-leadership/

Registration Closes February 20th

SESSION ONE | FEB. 22, 2022

LED IN PERSON BY DR. MCCOY, IHA CONFERENCE CENTER

- 8:30 a.m. Introduction to the Iowa Hospital Association Chris Mitchell, President and CEO, IHA
- 9 a.m. The Art and Challenge of Coaching Colleagues to Enhanced Performance Jeff Morris, M.D., MBA, Studer Coach
- 10:30 a.m. Managing the Difficult Physician Colleague Jeff Morris, M.D., MBA, Studer Coach
- Noon Lunch
- 1 p.m. Physician Leaders and Hospital/Health System Leaders: An Evolving Partnership Kimberly Russel, FACHE, CEO, Russel Advisors
- 2:30 p.m. Advocacy 101 Maureen Keehnle, JD, Senior Vice President and General Counsel, IHA
- 3:30 p.m. Adjourn

SESSION TWO | MARCH 8, 2022

VIRTUAL

- 1 p.m. DiSC Assessment Training Session
- 3:30 p.m. Adjourn

SESSION THREE | APRIL 12, 2022

LED VIRTUALLY BY DR. SCHAEFFER

- 8:30 a.m. Introduction to the Iowa Healthcare Collaborative Tom Evans, M.D., President and CEO, Iowa Healthcare Collaborative
- 9 a.m. Health Care Finance 101 Susan Horras, Vice President, Finance, IHA
- 10:30 a.m. Crisis and Grief Leadership During a Disaster Event Joshua Morganstein, M.D., DFAPA, Assistant Director, Center for the Study of Traumatic Stress, Uniformed Services University
- Noon Lunch
- 1 p.m. Strategic Planning for Quality Tom Evans, M.D., President and CEO, Iowa Healthcare Collaborative
- 2:30 p.m. Adjourn

SESSION FOUR | JUNE 14, 2022

LED VIRTUALLY BY DR. MARQUARDT

- 8:30 a.m. Introduction to the Iowa Academy of Family Physicians Pam Williams, Executive Vice President, Iowa Academy of Family Physicians
- 9 a.m. Building Your QI Foundation: How to Craft a Problem Statement Charles Derus, M.D., M.M., Interstate Postgraduate Medical Association
- 10:30 a.m. Negotiations and Conflict Management Azeemuddin Ahmed, M.D., MBA, Clinical Professor and Executive Vice Chair, Department of Emergency Medicine, University of Iowa
- Noon Lunch
- 1 p.m. Data and Decision-making John Richardson, Director, Inpatient/Outpatient and Data Analytics, IHA
- 2 p.m. Adjourn

SESSION FIVE | AUG. 9, 2022

LED IN PERSON BY DR. BOWSHIER, THE IOWA MEDICAL SOCIETY CONFERENCE ROOM

- 8:30 a.m. Introduction to the Iowa Medical Society Mike Flesher, Executive Vice President and CEO, Iowa Medical Society
- 9 a.m. Health Care Futurist, Part 1: A Survival Guide for Health Care Organizations Steven Berkowitz, M.D., SMB Consulting
- 10:30 a.m. Health Law Jo Ellen Whitney, JD, Dentons and Davis Brown
- Noon Lunch
- 1 p.m. Health Care Futurist, Part 2: Patient as a Partner in Care Steven Berkowitz, M.D., SMB Consulting
- 2:30 p.m. Adjourn

WE WANT YOU!

JOIN A COMMITTEE

All committees meet in-person one time a year at our Fall Annual Conference. Committees also meet throughout the year on short zoom calls and through email.

EDUCATION COMMITTEE: Responsible for all continuing education programs of the Academy that includes the Clinical Education Conference and the Winter/Summer meeting.

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.

MEMBER SERVICES COMMITTEE:
Oversees the production of the Iowa Family Physician magazine and the Membership Directory. In addition, the committee recommends public relations projects to the board of directors. Current projects include FP of the Year, Educator of the Year, Lifetime Achievement Award, and numerous public relations efforts. The committee reviews all membership applications, relocations, delinquent CME records and members delinquent in dues payments. The committee also conducts membership surveys.

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

IOWA ACADEMY OF FAMILY PHYSICIANS 2022
Okoboji Summer CME Getaway

Join us June 9-11, 2022 at Bridges Bay Resort in Okoboji for the 2022 Summer Getaway

THE SUMMER CME WEEKEND GETAWAY in Okoboji is a long standing tradition at the IAFP and we are heading back to Okoboji in 2022 for all the fun, sun, education, and socialization this event is known for! This meeting is great for singles, couples and families 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 2022 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. We look forward to seeing you there!

RATES: **Double Queen Room** $199.00 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 by going to the IAAFP website.

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

CME PRESENTATION: The IAFP offers a $200 honorarium for each one hour topic presented.
PLEASE VOLUNTEER TO PRESENT A CME SESSION(S) AT THIS CONFERENCE. THE CME PROGRAM AND NUMBER OF CREDITS WILL BE FINALIZED AFTER SPEAKERS AND TOPICS ARE IDENTIFIED.

CANCELATION POLICY: A $15 administrative fee will apply to all cancellations from date of registration up to and including 15 days prior to the start of the conference. Due to financial obligations incurred by the Iowa Academy of Family Physicians no refunds or credits will be issued on cancellation requests received less than 15 days prior to the start of the event. In the event of cancellation of the conference, a full refund will be provided.

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

Title of Proposed Topic(s): _____

_____

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

_____ _____
Name Email

_____
Street Address City State Zip

_____
Phone#

Mail payment to: IAFP, 1515 Linden Street, Ste 220, Des Moines, IA 50309 or register online at iaafp.org/2022-okoboji

For additional information please check out iaafp.org/2022-okoboji

IOWA ACADEMY OF FAMILY PHYSICIANS
2022 GALENA FALL CME GETAWAY

Join us September 30 - October 2, 2022 at Eagle Ridge Resort & Spa for the 2022 Galena Fall CME Getaway





NEW FALL CME WEEKEND GETAWAY The IAFP is excited to bring a new fall option to our CME lineup. Join us as we travel to Galena! This meeting is great for singles, couples and families 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 Friday and from 8:00 to 1:00 on Saturday and Sunday. We look forward to having you join us at this exciting new event!

ABOUT THE RESORT: Tucked among The Galena Territory's 6,800 rolling acres of pristine woodlands and open countryside, Eagle Ridge Resort & Spa offers "country elegant" hotel accommodations and rental homes and villas only minutes from the quaint shopping and dining of Galena, Illinois. Eagle Ridge Resort is a gateway to boundless adventures and activities, from four award-winning championship golf courses and the luxurious Stonedrift Spa to tennis, boating, fishing, riding, and even hot air ballooning!

RATES: **King or Double Queen Room/ One Bedroom Villa** $190.00 a night plus state and local taxes.
Two Bedroom Villa $250.00 a night plus state and local taxes.

HOTEL RESERVATIONS can be made directly with the hotel by calling (815) 777-5000. Please be sure to tell them that you are with the Iowa Academy of Family Physicians to receive our special room rate.

CME REGISTRATION: You can register for the CME Portion of the meeting by going to the IAAFP website.

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

CME PRESENTATION: The IAFP offers a $200 honorarium for each one hour topic presented.
PLEASE VOLUNTEER TO PRESENT A CME SESSION(S) AT THIS CONFERENCE. THE CME PROGRAM AND NUMBER OF CREDITS WILL BE FINALIZED AFTER SPEAKERS AND TOPICS ARE IDENTIFIED.

CANCELATION POILCY:

A $15 administrative fee will apply to all cancellations from date of registration up to and including 15 days prior to the start of the conference. Due to financial obligations incurred by the Iowa Academy of Family Physicians no refunds or credits will be issued on cancellation requests received less than 15 days prior to the start of the event. In the event of cancellation of the conference, a full refund will be provided.

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

Title of Proposed Topic(s): _____

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

Name _____ Email _____

Street Address _____ City _____ State _____ Zip _____

Phone# _____

MAIL PAYMENT TO: IAFP, 1515 Linden Street, Ste 220, Des Moines, IA 50309 or register online at iaafp.org/2022-galena

For additional information please check out iaafp.org/2022-galena

New IAFP Board of Director Members Named

The new IAFP Board of Director were installed via zoom on October 29th. Congratulations to our newly elected Board Members! Thank you for serving IAFP.

- **President-Elect -** Corrine Ganske, MD
- **Vice President -** Kate Thoma, MD
- **Board Chair -** Lonny Miller, MD
- **District 3 Director -** Laura Abels, DO
- **District 3 Director -** Robert Nathanson, DO
- **Director At Large B -** Candice Smith, MD
- **Delegate to the AAFP -** Amr Kamhawy, MD
- **Alternate Delegate to the AAFP -** Robin Barnett, DO

We would like to give a special thank you to our outgoing IAFP Board Chair, Sherry Bulten, whose term ended in October. Her dedication and service to the Board of Directors has been inspiring and appreciated. We also want to express our sincerest gratitude to Dawn Schissel for her service and leadership as IAFP Foundation President. In addition, we would like to thank Brent Hoehns for his wisdom, guidance, and service as he steps down as chair of the advocacy committee and PrimCare PAC Chair.

We thank them all for the time, commitment, and passion they have brought to the IAFP.
Thank you for serving!

Laura Bowshier, M.D. Named President of the Iowa Academy of Family Physicians

Laura Bowshier, M.D. of Urbandale was installed as President of the Iowa Academy of Family Physicians at the virtual IAFP Business Meeting and Officer Installation held October 29, 2021.

Dr. Bowshier will serve a one-year term as IAFP President and will represent the IAFP at state and national family medicine leadership and legislative events.

Dr. Bowshier completed her undergraduate degree at the University of Notre Dame. She attended medical school at the University of Iowa Carver College of Medicine. Dr. Bowshier completed her family medicine residency at Genesis Quad Cities Family Medicine Residency in Davenport.

Professionally, Dr. Bowshier has special interests in women's health, eating disorders, mental health, and advocacy. Outside of work, she enjoys quality time with her husband and 3 kids, reading, traveling and being active outdoors.

Get to Know Laura Bowshier, M.D., IAFP 2021-2022 President

1. **Why did you pick family medicine?**
   I chose family medicine because of the ability to form long-lasting, meaningful relationships and to engage my critical thinking skills. There's variety in what each day looks like, but I know I'll always get to connect with people and be intellectually challenged.

2. **Favorite part of being a family physician?**
   I love the connections I get to make with patients, their families, my office team and my colleagues - I'm blessed to be surrounded by fantastic people.

3. **Biggest challenge facing family medicine today?**
   The biggest challenge for family medicine is finding ways to reduce the administrative burden and click counts to allow for increased focus on patient care, as well as continuing to champion for and compensate family physicians for the comprehensive work they do.

4. **How do you balance your professional and personal life?**
   I'm not sure things ever feel fully balanced, but I've gotten better at embracing the pendulum swings and trying to be mentally present where I am. A great team, communication, and boundary setting have helped as well

5. **Favorite ice cream flavor?**
   Jeni's Splendid Kitchen Salted Peanut Butter with Chocolate Flecks

6. **Favorite book and/or movie?**
   I love to read, so this is hard! My favorite books of recent years have been *Beartown* by Fredrik Backman and *This is How it Always Is* by Laurie Frankel

New Members

Active

Alberto Rodriguez Hernandez, MD, Dubuque
Nhuhang Ho, MD, Bettendorf
Lydia Mustafic, MD, Waterloo

Students

Stefanie Abbott, Des Moines University
Patrick Allen, University of Iowa
Aditya Avula, Des Moines University
Sophie Banegas, University of Iowa
Allie Barnett, Des Moines University
Andrew Bisenius, University of Iowa
Jayden Bisson, University of Iowa
Marijo Botten, Des Moines University
Jacqueline Carlson, Des Moines University
Kevin Chen, University of Iowa
Carolina Chu, University of Iowa
John Dahl, Des Moines University
Fred Davis, Des Moines University
Jeffrey Dobrynski, University of Iowa
Troy Dolmetsch, Des Moines University
Madison Galligan, Des Moines University
Peggy Galvez, Des Moines University
Jordan Haarsma, University of Iowa
Alec Hanson, University of Iowa
Ashley Hurd, University of Iowa
Alec James, University of Iowa
Alexander Johnson, Des Moines University
Gurroop Khalsa, Des Moines University
Faizan Khan, Des Moines University
Farzien Khoshniat-Rad, Des Moines University
Dariya Kozlova University of Iowa
Mathangi Kularajan, Des Moines University
Grant Liebe, University of Iowa
Christopher Martin, Des Moines University
Joe McDonell, University of Iowa
Joseph Mueller, University of Iowa
Ananya Munjal, University of Iowa
Prit Patel, Des Moines University
Hunter Pflughaupt, University of Iowa
Jack Post, Des Moines University
Tanner Pulsipher, Des Moines University
Katy Pham, University of Iowa
Grace Recker, University of Iowa
Allyson Rose, University of Iowa
Stephanie Saey, University of Iowa
Caitlin Schorsch, Des Moines University
Gurankit Singh, Des Moines University
Luke Smith, Des Moines University
Tutku Tazegul, University of Iowa
Kieja Veldman, Des Moines University
Noah Wick, University of Iowa
Mimi Williams, University of Iowa
Daniel Zaiss, Des Moines University
Amy Zeller, University of Iowa

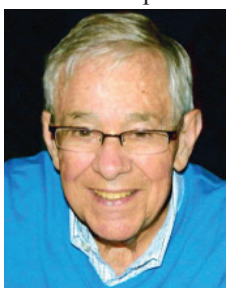
WHAT DOCTORS WISH EMPLOYERS KNEW ABOUT COVID-19 VACCINE MANDATES

IAFP Member, Doug Martin, M.D. was recently featured in an article by the AMA titled "What Doctors Wish Employers Knew About Covid-19 Vaccine Mandates" The article can be found here: www.ama-assn.org/delivering-care/public-health/what-doctors-wish-employers-knew-about-covid-19-vaccine-mandates.

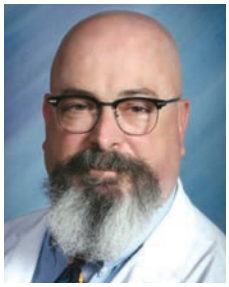
In Memoriam:

Marian Barnes, MD
Cedar Rapids

Denise Greene, MD
Rock Valley



Garry L. Cole, MD
New Hampton



Mark Johnson, MD
Atlantic

In Memoriam:

Don Klitgaard, MD
Avoca

Dr. Don Klitgaard will be greatly missed. Dr. Klitgaard served as IAFP President from 2008 to 2009 and was serving as a senior delegate to the AAFP Congress of Delegates. He was also recognized as an AAFP Boundary Breaker in 2021. In addition, he served on the IAFP Foundation Board for many years and as President of the Foundation from 2015 to 2018. The IAFP will be forever grateful for Dr. Klitgaard's many years of leadership and commitment to organized medicine and in improving the healthcare of Iowans.

THE IOWA CLINIC®

Physician led, community focused.

CARE HOW YOU WANT IT

iowaclinic.com

// Local physican owned and led since 1994

// Consistently ranked top for quality and value by Iowa's largest health insurer

// 10 community locations across the metro area

ANKENY / ALTOONA / DOWNTOWN / INDIANOLA / JOHNSTON / URBANDALE / WAUKEE / WEST DES MOINES

Milestone Memberships

Congratulations to all of our members celebrating milestone anniversaries with the IAFP

This is a corrected reprint of the milestones that ran in the Fall 2021 Issue that incorrectly listed the cities of some members.

10 Years

Afsana Abdullah, DO, Bettendorf
Samantha Algrim, MD, Pleasant Hill
Nicholas Bechtold, DO, Sioux City
Erika Brown, MD, Creston
Lindsey Christianson, DO, Des Moines
Patrick Courtney, MD, Mason City
Clinton Cummings, DO, Manchester
Aisha David, MD, Iowa City
Cara Drew, MD, Sioux City
Scott Fackrell, DO, Clive
Angela Fults, DO, Marengo
J Hay, MD, Boone
Sheena Harker, DO, Bettendorf
Linda Jager, MD, Bettendorf
Michael Kalkhoff, MD, Spirit Lake
Angela Kerchner, MD, Lenox
Brian Kuchay, MD, Mason City
Ashley Mathe. DO, Des Moines
Joelle Mengang, MD, Davenport
Jessica McCool, MD, Council Bluffs
Benjamin Miller, DO, Marengo
Matthew Morris, MD, North Liberty
Jaclyn Price, DO, Marion
Natalie Schaller, DO, Storm Lake
Catherine Schierbrock, MD, Davenport
Nathan Shaw, MD, Iowa City
Joshua Strehle, DO, Panora
Laurie Tope, DO, Decorah
Beau Waddell, MD, Janesville
Callie Waller, DO, Norwalk

20 Years

Brian Anderson, DO, Harlan
Kimberly Bina, DO, FAAFP, Ankeny
Ryan Dahlby Albright, MD, FAAFP, Grinnell
Lynne DeSotel, MD, Marshalltown
Michelle Elgin, DO, Vinton
Margaret Evans, DO, Madrid
Jennifer Fejfar, DO, West Des Moines
Christina Goebel, MD, Ankeny
Donal Gordon, MD, FAAFP, Solon
Cindy Hanawalt, MD, PhD, Cedar Rapids
Holly Healey, DO, Clive
Brad Heithoff, MD, West Branch
Lisa Johnson, MD, North Liberty
Jennifer Lickteig, MD, Hiawatha
Kevin Mace, DO, Pella
Elizabeth Mangrich Hickman, MD, Solon
Robert Mixsell, MD, Princeton
Abbie Ruisch, DO, Johnston
Julie Sandell, DO, Cedar Falls
Christopher VandeLune, DO, Cherokee
Regan Wolbers, MD, Dubuque

30 Years

Robin Barnett, DO, MBA, FAAFP, Cedar Rapids
James Bice, DO, FAAFP, Ames
Timothy Brelje, MD, Harlan
Patrick Cogley, MD, Grinnell
Anthony Day, MD, FAAFP, Waterloo
Roxanne Dunn, DO, Prole
Harriet Echternacht, MD, Iowa City
Steven Fowler, MD, Bettendorf
Lynn Geick, MD, Bettendorf
Karen Harmon, MD, Hiawatha
Marvin Huff, DO, Carlisle
John Ingram, MD, Denison
Joe Kinzey, MD, Hinton
Todd Letney, MD, Bettendorf
Brett Olson, MD, Spirit Lake
Paul Parmelee, DO, Le Mars
Gina Perri, MD, Swisher
Richard Posthuma, MD, Pella
Janet Ryan, MD, Decorah
Djonggi Situmeang, MD, Mount Pleasant
Michael Slattery, MD, Carroll
Mureema Solberg, MD, Newton
Sally Studer, DO, West Des Moines
Ronald Wiechert, MD, Tipton

40 Years

M Abernathy, MD, Iowa City
Steven Bascom, MD, Guthrie Center
Robert Bender II, MD, Clive
Kenneth Burkhart, MD, FAAFP, Atlantic
Jerald Bybee, MD, Maquoketa
Byron Carlson, MD, FAAFP, Forest City
William Clark, MD, Iowa City
Stanton Danielson, MD, FAAFP, Altoona
Laine Dvorak, MD, FAAFP, Ankeny
John Ebensberger, MD, FAAFP, Greene
Alan Fisher, MD, FAAFP, Council Bluffs
Stephen Gruba, MD, FAAFP, Corning
Glenn Hockett, MD, Windsor Heights
George Kappos, MD, FAAFP, Polk City
Rodney Logan, MD, FAAFP, Boone
Linwood Miller, DO, FAAFP, Mount Pleasant
Kenton Moss, MD, Algona
Garold Moyer, MD, FAAFP, Cedar Falls
Merle Muller, MD, FAAFP, Sioux City
Donna Nelson, MD, FAAFP, Ames
Dale Nystrom, MD, FAAFP, Hawarden
James Paulson, MD, Montezuma
Paul Royer, MD, FAAFP, Charles City
David Wenger-Keller, MD, FAAFP, Fort Madison
James Widmer, MD, FAAFP, Mount Pleasant
Tressa Wilcox, MD, Atlantic

50 Years

Charles Argo, MD, FAAFP, Oskaloosa
Anthony Colby, MD, FAAFP, Iowa City
Warren Scott MD, FAAFP, Mount Pleasant

60 Years

Donald Rodawig, Jr, MD, FAAFP, Spirit Lake

Support the IAFP Foundation by Shopping with AmazonSmile

The IAFP Foundation has joined AmazonSmile! This is a very easy way to help raise funds for the Foundation. For eligible purchases at AmazonSmile, the AmazonSmile Foundation will donate 0.5% of the purchase price to the customer's selected charitable organization. We would be honored if you would choose the IAFP Foundation as your charitable organization! Shop with us at https://smile.amazon.com/ch/42-1300642

RURAL MEDICINE SCHOLARSHIPS AVAILABLE!

M4 Students & R3 Residents!

The Iowa Farm Bureau Foundation and the Iowa Academy of Family Physicians' Foundation would like to encourage you to apply for the $5,000 Farm Bureau Scholarships that are given to one student and one resident annually. Eligibility requirements are:

Resident (R3)

- Completing an Iowa residency program in 2022
- Locating in a practice in a rural Iowa setting under 26,000 population
- Holding membership in the IAFP/AAFP
- Demonstrated scholarship and achievement in medical school
- Completion of the application requirements

Student (M4)

- A medical student graduating from the University of Iowa Carver College of Medicine or Des Moines University
- Entering an Iowa Family Medicine Residency program in 2022
- Holding membership in the IAFP/AAFP
- Demonstrated scholarship and achievement in medical school
- Completion of the application requirements

Application Requirements

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

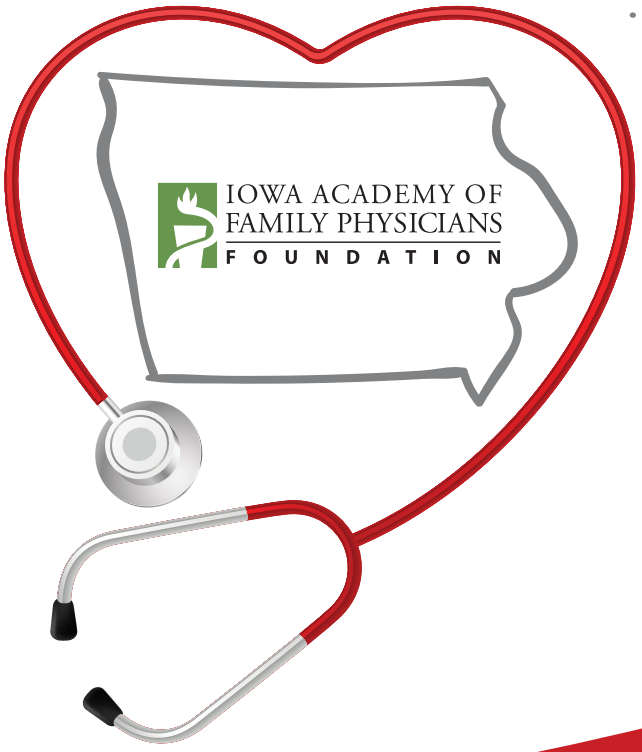
Criteria for Consideration

- Quality of the submitted brief essay. (40%)
- A demonstrated interest in rural practice as shown by completing a preceptorship or elective experience in a rural Iowa community under 26,000 population, and/or in the judgment of the committee, are likely to pursue a career as a family physician in rural Iowa, i.e. being from a rural background. (30%)
- Demonstrated scholarship and achievement in medical school. (15%)
- Quality of letters of recommendation. (15%)

The deadline to receive letters is June 15, 2022.

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

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 2021 DONORS! WANT TO SEE YOU NAME HERE? PLEASE DONATE BELOW!

Laura Abels, DO
Mabior Ayuen, MBA, PhD
Robin Barnett, DO
Larry Beaty, MD
David Bedell, MD
Jim Bell, MD
George Bergus, MD
Sherry Bulten, MD
Jenny Butler, MD
Neelima Chennupati, MD
Melanie Cleveland, MD

Adrian Cordovi, MD
Steve Eckstat, DO
Jill Endres, MD
Lee Fagre, MD
Corrine Ganske, MD
Kyle Glienke, MD
Madeline Godar, MD
Angela Godejohn, MD
Brent Hoehns, MD
Jeff Hoffmann, DO
Amr Kamhawy, MD

Robert Kruse, MD
Steven Kruse, MD
Sarah Ledger, DO
Barcey Levy, MD
Ursula Livermore, MD
Kevin Locke, MD
Patricia Magle, MD
Ron McHose, DO
Lonny Miller, MD
Dean Moews, MD
Kenton Moss, MD

Robert Nathanson, DO
Donna Nelson, MD
Dale Nystrom, MD
Noreen O'Shea, DO
Doug Peters, MD
Jeffrey Quinlan, MD
Bridget Ray, MD
Stephen Richards, DO
Thomas Richmann, MD
Kelly Ross, MD
Dawn Schissel, MD

Robert Shires, MD
Dustin Smith, MD
Erin Swenka, DO
Kate Thoma, MD
Margaret Vitiritto-Khan, DO
Jason Wilbur, MD
Pam Williams
Jeffrey Zoelle, MD

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 chartable organization.

Make a donation online at *www.iaafp.org* or

❑ Pay by check ❑ Pay by credit card

❑ Visa ❑ MC ❑ Other _____

Name: _____

Address: _____

_____

CC#_____CVC Code _____

Signature_____Exp. Date _____

MAIL THIS FORM AND PAYMENT TO: IAFP | 1515 LINDEN STREET, SUITE 220 | DES MOINES, IA 50309 | FAX (515) 244-4131

Iowa Academy of Family Physicians
1515 Linden Street • Suite 220
Des Moines, IA 50309

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

Phone 515-244-4182
Fax 515-244-4131

Find us on Facebook!