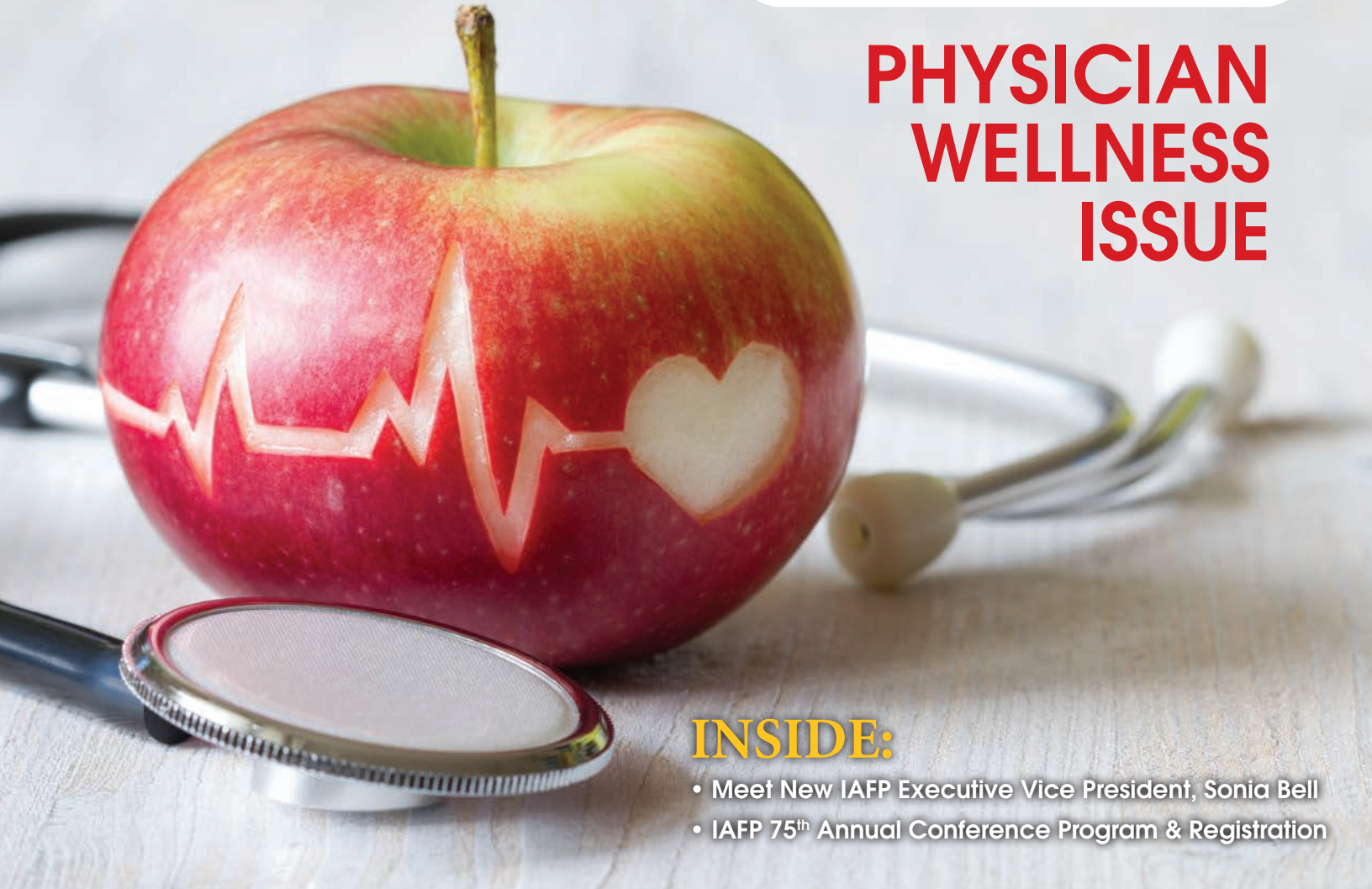




# IOWA FAMILY PHYSICIAN

Vol. I No. 1 / SPRING/SUMMER 2023

## PHYSICIAN WELLNESS ISSUE



### INSIDE:

- Meet New IAFP Executive Vice President, Sonia Bell
- IAFP 75<sup>th</sup> Annual Conference Program & Registration

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November 16, 2023 in West Des Moines.*

**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 promoting the image of family physicians in the state of Iowa. In addition, the committee seeks members to serve on committees and boards for the government and other health care related organizations, and assist in the legislative activities of the Academy including grassroots lobbying and serving as key contacts to Iowa legislators. 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](mailto:kscallon@iaafp.org) or fill out form online at: [www.surveymonkey.com/s/IAFPvolunteerform](http://www.surveymonkey.com/s/IAFPvolunteerform)**

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PHYSICIAN**

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Vol. I No. 1 / SPRING/SUMMER 2023

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## A SPRING MESSAGE FROM YOUR IAFP PRESIDENT

By Corrine Ganske, M.D.

It is springtime. The days are getting longer, the days warmer. Flowers are blooming, and we wait for more with anticipation. This is a natural time of the year to look for positive changes and make alterations in our daily habits. This issue has the theme of wellness, and we hope that it contains ideas that are helpful for our membership.

Behaviors that contribute to wellness make a long list, and habits that improve wellness are different for each of us. As a professional organization we strive to support our members so that they can do their best job caring for themselves and their communities. I find myself reflecting on the ways that this organization can contribute to the wellness of our members. Working harder is not a helpful approach for those on the path of burn out. But reserving time to be involved in something greater than our daily life and working to improve the systems in which we live have been shown to promote wellness. Developing supportive peer relationships is another healthy activity.

The Iowa Academy of Family Physicians has a long history of sponsoring accessible continuing education, hosting meetings with time for social engagement with other family physicians and providing opportunities for our members to advocate for issues important to family physicians. If anyone has not participated in any of these Academy activities, we invite you to check them out.

Your Academy is also looking at ways in which we can increase professional and social interactions of our members outside of the formal CME meetings. You may see an invitation to such an event hosted in your area. Consider attending. Let your regional Board representatives

or any Board officer know what works for you and if you have additional ideas.

The Board of the IAFP has been busy working to find our next executive vice president to take over as Pam Williams retires. A search committee of eight members sorted, interviewed, evaluated, and ranked applicants. The Board approved our candidate, and she has accepted our job offer. We are pleased to introduce Sonia Bell to you. Please read her interview in this issue. We look forward to working with her!

*“As a professional organization we strive to support our members so that they can do their best job caring for themselves and their communities. I find myself reflecting on the ways that this organization can contribute to the wellness of our members.”*

I want to thank the members of the EVP search committee who worked hard and did due diligence for the IAFP in this important hiring. The members who worked with me include Laura Bowshier, Kate DuChene Hanrahan, Jason Wilbur, Sarah Ledger-Dodds, Patrick Courtney, Amr Kamhawy, and Robin Barnett. Thank you to them all!



**As required by the IAFP Bylaws this is the official notice of Annual Business Meeting to be held on Thursday, November 16th at 5:00 pm at the West Des Moines Sheraton.**

**IAFP Secretary –Treasurer,  
Jason Wilbur, M.D.**



# I'd like to educate my staff about HIV—where do I start?

The Bureau of HIV, STI, and Hepatitis at Iowa HHS is here to help!

## Did you know?

The Bureau of HIV, STI, and Hepatitis has an entire team dedicated to providing health education for clinicians! We're called **regional health specialists**—and we're located all throughout Iowa.



## How we can help:

We know you're busy! So we're here to help you access **accurate, up-to-date information** about HIV, sexually transmitted infections (STIs), and hepatitis in Iowa.

## Just ask us about:

- How to offer an HIV or STI test
- How to talk to patients about their sexual health
- Being prepared for your first patient who is living with HIV
- Addressing stigma
- Troubleshooting on issues related to health equity
- Supporting the effort to stop HIV in Iowa

## Let us do the work!

We come to you—no fuss, no bother! Schedule a convenient time to meet with a RHS for an informational program.

Questions? Contact us at [stophiviowa@gmail.com](mailto:stophiviowa@gmail.com).

**| STOP HIV IOWA**

## How to get in touch:



Fill out our interest form—your local RHS will reach out to you to follow up



View our map to find the name & contact information for the RHS in your area

# PREVENTING BURNOUT IS SIMPLE (...OR NOT)

By Jason Wilbur, M.D.

Physician burnout is a complex issue that can be caused by a variety of factors, including long work hours, high patient loads, administrative tasks, and emotional stress. To avoid burnout, physicians can take several proactive steps:

1. Practice self-care: Physicians should prioritize their own well-being by engaging in self-care activities such as exercise, mindfulness, hobbies, and socializing with friends and family.
2. Set realistic goals: Setting realistic goals for work and personal life can help prevent burnout. Physicians should prioritize tasks based on importance and urgency, and delegate tasks when possible.
3. Seek support: Physicians should seek support from colleagues, mentors, or mental health professionals when they experience stress or burnout symptoms.
4. Manage workload: Physicians should work with their employers or colleagues to manage their workload by adjusting schedules or delegating tasks to prevent burnout.
5. Promote work-life balance: Physicians should prioritize their personal life and make time for family, friends, and hobbies outside of work.
6. Foster a positive work culture: Physicians can help promote a positive work culture by creating a supportive and respectful workplace environment for all colleagues.

By taking these steps, physicians can help prevent burnout and maintain their own well-being while providing the best care for their patients.

So, that's what I got in about 5 seconds from ChatGPT when I asked, "How can physicians prevent burn-out?" Pretty good, right? It might be hard to argue against this list but let me give it a try.

1. Self-care is definitely important. But I'm not sure that it should be the first priority. One of my least favorite analogies in this arena is, "Put on your own oxygen mask first!" This analogy falls apart almost immediately. I know for a fact that I can go without oxygen for at least 60 seconds, and if a child sitting next to me on an airplane needs help, there's just no way I'm going first. I've got at least a minute to help the kid. Likewise, I (like all of you, I'm sure) have delayed exercising, skipped meals and missed sleep to take care of patients. The message should be to balance the self-care that we need with the duty we have to help our patients. Many of my patients work longer hours than me and most have lesser access to resources. Yes, obviously we must care for ourselves to stay healthy and to provide good patient care, and this necessity must be balanced with the role we have as healers.

2. Goal-setting is vital for time management and thus avoiding burnout. This is something that I'm still learning. What ChatGPT leaves out is that goal-setting is a continuous – and often unspoken – process that can actually cause burnout if done poorly. For example, I often have a "mini-goal" that goes like this: "I'm going to reply to 20 emails in the next half-hour" or "I'm going to get to Epic inbox zero by 6 PM." Guess what? I fail on these goals 90% of the time. Do I feel better about myself for setting these goals? Nope. Bigger goals that we don't achieve are more demoralizing. While



goal-setting is vital to planning a career and achieving success, we must make goals that are realistic that also force us to stretch a little.

3. Seek support. Can't argue with ChatGPT on this one. Everyone needs support, and in the world of medicine, having colleagues in whom you can confide is vital. Who has not been traumatized by a bad patient outcome, an error, or an encounter with an aggressive patient/staff/caregiver? When bad things happen to doctors, we need people who understand exactly what we're going through. I have been fortunate to be married to an amazing physician who listens to me and helps me through tough times. I've also been fortunate enough to work with supportive and open-minded colleagues. We all need support from non-doctor-types, too. Family, friends, therapists, and spiritual advisors are important elements in our support system. Too often, we get busy with our careers and other obligations and don't take time to nurture those relationships. Take the time. You'll be healthier for it.
4. Manage our workload? That sounds like one more thing to do! Here's where delegation, teamwork and mutual support can be a lifesaver. Learn to

manage a team that helps you manage your workload.

5. Work-life balance is the holy grail of professional life – sought vehemently by many, but rarely grasped. This is really what most other wellness advice is about: how do we integrate our personal and professional lives in a way that maximizes happiness and minimizes stress? There are no easy or even general answers here. Each of us must find our own path. I have been fortunate enough to have mentors in this area of my life, although they mentored me unofficially and most probably don't know how important they have been. Engage mentors in this important discussion.

6. Work culture. Here we can employ the Serenity Prayer and cultivate the courage to change the things that we can change. ChatGPT recommends that we create a “positive work culture,” but I think we need to go beyond smiles and Iowa niceties. Major factors underlying burnout are system-generated: the profit motive above all others, insufficient staffing, administrative burdens, red tape, and the “death by 1,000 clicks” of the EMR. Maybe we can't make the EMR go away, but we can work to make it work for us. By chipping away at systems problems, we can create a better work environment for everyone in healthcare.

There's one last thing that I didn't see on ChatGPT's list: meaning. When we find purpose in what we do, we enjoy it and want to keep doing it. This is true even if that thing is difficult or takes time away from other things we enjoy. For “number 7,” I will offer this advice: engage with colleagues – perhaps your Iowa Academy colleagues – to help you renew and reinvigorate your purpose as a family physician. Do this regularly, and share your joys with others.

As always, if you have any responses to this column, ideas for this magazine, or wish to contribute, please contact me at [jason-wilbur@uiowa.edu](mailto:jason-wilbur@uiowa.edu).



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# WELLNESS IN MEDICAL EDUCATION: A LEARNER'S PERSPECTIVE

By Emily Ruba, MS4, University of Iowa Carver College of Medicine

Medical education is a time wrought with unique challenges and stressors, while also allowing for considerable personal and professional growth for those who are successfully able to adapt and respond to these stressors. The challenges inherent in medical education, continuing into residency training, have traditionally been considered a “right of passage” of sorts. Indeed, learners today face emotionally distressing and intellectually challenging situations on a daily basis, with the makeup of these situations evolving over time as learners progress from the pre-clinical curriculum, to the clinical curriculum, and to residency and beyond. Most will agree that it is essential that these formative years prepare learners to enter medical practice equipped with a skillset that allows us to cope with and respond to distressing or traumatizing circumstances that arise during the course of patient care. However, as a system, we are only beginning to address the traumas of medical education which arise not from patient care, but from the hierarchical institutions that have long perpetuated psychological harms, devalued learner perspectives (especially of minoritized students), and suppressed structural change.

When defining wellness, I take an approach that draws on the World Health Organization's (WHO) definition of health (<https://www.who.int/about/governance/constitution>), such that wellness is the presence of student well-being (including not only the physical, but also extending to the mental, emotional, social, spiritual, and environmental realms) as well as the absence of disease, infirmity, or malady. Thus, medical education must not only promote student well-being, and prevent harms from occurring when possible, but also equip learners to respond to distress and access support when their well-being

is threatened. This requires that resources for support are readily available, easily accessible, and actively encouraged for learners.

More and more research has sought to identify the real impacts of stressors during medical training, which include mental illness, substance use, and burnout at levels that exceed that of the general population, as well as to understand the role that wellness interventions can play in ameliorating such outcomes. My own experiences as a learner tell me that many learners in this day and age continue to face these same struggles, but we do so with increasing awareness as to the sources of our distress, and we have a greater desire to hold accountable the systems responsible. Disagreement still exists as to who bears the brunt of the responsibility as we work to mitigate learner distress—the medical educational institution itself, which bears responsibility for the environment in which we encounter these stressors, or the learners, who must take responsibility on an individual level for our own reactions and responses to specific stressors. However, it is my perspective that learners cannot truly be empowered to take responsibility for and engage with their own care in the face of harm, unless they are able to do so in an environment that accepts and address its own role in that harm.

Student adaptability has certainly been tested since the onset of the Covid-19 pandemic, which has required students to achieve similar levels of academic success despite working in uncertain clinical environments, often while relying on new and emerging technologies and with less peer support due to social isolation. Though we began our clinical training at the height of the pandemic, undoubtedly gaining new and unique

skills and building resourcefulness, only time will tell the impact that the pandemic will have on this generation's resilience and our resistance to burnout.

My own recent experience with residency interviews has highlighted for me the strides we have made in centering wellness within training programs in Iowa and across the Midwest. My impression is that many programs view a well-established, evidence-based wellness program as an essential recruitment tool—something which I attribute in large part to the fact that many top applicants have identified this as a priority for their training, especially in the context of new challenges during the pandemic. Indeed, of the poor experiences I had this interview season, many stemmed from potential concerns about resident wellness, including one interview where I was the first to introduce an associate program director at a large academic institution to the concept of “psychological safety”, an experience which provided me with little reassurance that my mental health needs would be understood and supported during residency there. Further, it is not easy for me to forget that the residency application process, as well as medical school admissions, values and often rewards the disclosure of applicants' own personal traumas, often for the sake of crafting a “memorable” personal narrative, which is a difficult but necessary feat when working to distinguish oneself amongst a large pool of applicants.

Personal characteristics prevalent amongst medical students, the most notable being what some refer to as “maladaptive perfectionism”, certainly contribute to student experiences of distressing situations and personal well-being. I have been fortunate to engage in cognitive behavioral therapy during my medical



education, using resources made available to me due to my status as a UI CCOM student, which has been incredibly valuable in allowing me to challenge internal dialogues about my own accomplishments and how I define my successes and my failures. This has been an important skillset that I have relied on considerably while I engage in an educational system which unfortunately continues to define my academic success using norm-referenced parameters (which define my success in relation to my own classmates), rather than criterion-referenced parameters (which would instead define my success in relation to pre-determined expectations for my level of training). To say that the current assessment structures have impacted my experience of wellness during my education would be an understatement.

The concept of trauma-informed care has become increasingly mainstream in the medical community in recent years, stemming largely from landmark studies illustrating a correlation between adverse childhood events (ACEs) (<https://www.cdc.gov/violenceprevention/aces/about.html>) and poor health outcomes. Trauma-informed approaches to healthcare as well as to childhood education have since been increasingly implemented in order to promote equity and prevent further re-traumatization. As an extension of this, experts have now proposed implementation of Trauma Informed Medical Education (TIME) (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7528708/>), an approach which acknowledges the diversity of life experiences and backgrounds of trainees and confronts the potential

for psychological injury, especially for minoritized trainees as we continue to diversify the physician workforce. Such an approach to medical education is essential not only for our own wellness, but also for the wellness of our patients as we continue to work towards providing trauma-informed medical care.



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# 2023 MATCH RESULTS

## In the 2023 NRMP Match:

4,530 medical students and graduates matched to family medicine residency programs.

Here's the breakdown:

- 1,499 U.S. allopathic medical school (MD) seniors
- 1,514 osteopathic medical school (DO) seniors
- 793 U.S. international medical graduates (IMGs)
- 562 foreign IMGs
- 70 previous graduates of DO-granting schools
- 91 previous graduates of U.S. MD-granting schools
- 1 classified by the NRMP as “other”
- Family medicine offered 5,107 positions, 172 more than in 2022, and 13.6% of positions offered in all specialties.
- The number of U.S. MD seniors matching decreased by 56 compared with the year prior. It remains significantly below—841 matches—the historical peak of 2,340 in 1997. Only 8.1% of matched U.S. MD seniors matched in family medicine.
- The number of DO seniors matching to family medicine reached a record high, growing by 18 matches over 2022 and surpassing the number of U.S. MD seniors matching in family medicine. However, the percentage of DO students matching to family medicine (22.2%) continues to decline steadily.
- Almost one-quarter (23.6%) of U.S. IMGs and 11.2% of foreign IMGs who matched to any specialty matched to family medicine.
- A total of 3,174 U.S. MD and DO seniors and graduates matched in family medicine.
- Family medicine represents 12% of all U.S. students or graduates who matched in 2023.

## Local Stats

- A total of 58 Iowa medical students matched into family medicine (18 from the University of Iowa and 40 from DMU).
- 17 of those students will stay in Iowa for their residency.



## GET TO KNOW OUR 2023 Outstanding Student Award recipient

**Name:** Claire Carmichael

**Hometown:** Oskaloosa, IA

**Prior degree:** B.S. Biology: Genetics & Biotechnology at the University of Iowa

**CCOM distinction track:** CCOM Rural Iowa Scholars Program (CRISP)

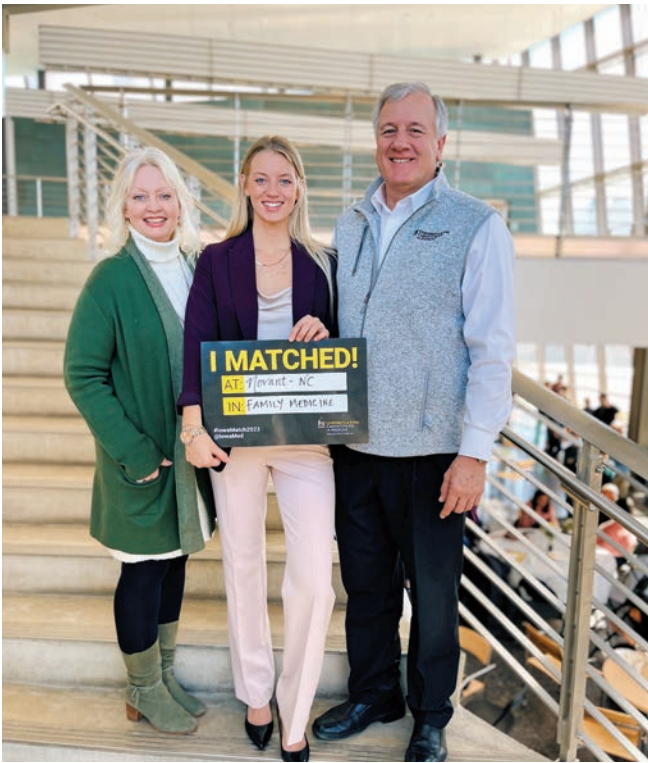
**Residency Program:** Kaiser Permanente in San Diego

**What is she looking forward to after residency?**

“I’m looking forward to finally participating in a full week of RAGBRAI - this has been a goal of mine since starting medical school! “



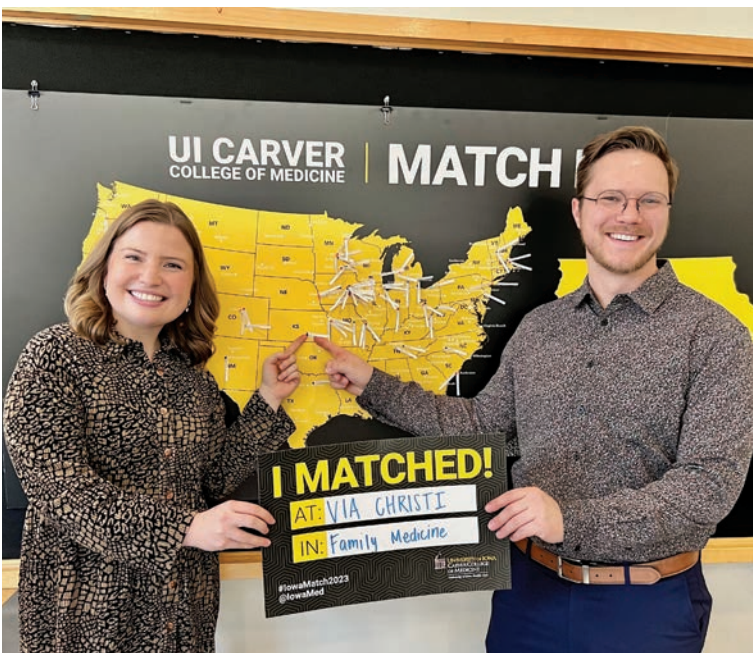
# MATCH PHOTOS



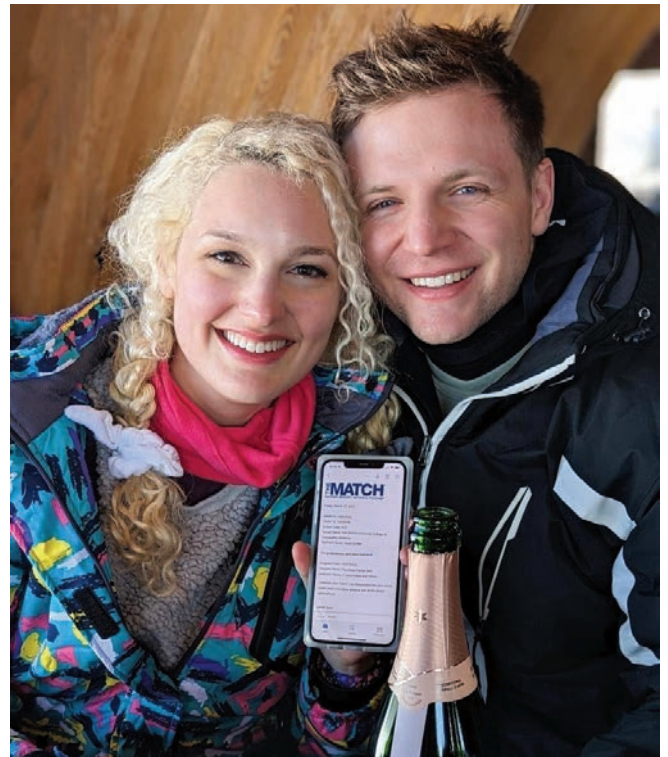
Alexa Schmitz (Novant Health, Charlotte, NC, Family Medicine)



Anna Wilcox (Genesis Health System, Davenport, IA, Family Medicine)



Kayla Kruse (University of Kansas School of Medicine, Wichita, KS, Family Medicine)



Kacie Griffith (University of Iowa, Iowa City, IA, Family Medicine/Psychiatry)

## EAGLE GROVE

By AJ Chowdhury, MS3, University of Iowa Carver College of Medicine

This poem was written as a reflection of my time in Eagle Grove, Iowa, where there is a pork factory that draws a massive Latin immigrant population to it. Much like my own lived experiences as a first-generation immigrant growing up in a poor household, few of the immigrant workers in Eagle Grove ever seek medical care for illnesses that affect their quality of life and ultimately their lifespan.

Fear of judgement, lack of resources, language barriers, and a mistrust in the systems of a new country all act as powerful barriers to getting medical treatment. In my short time in Eagle Grove, the few immigrant patients I saw oftentimes presented only after their chronic illnesses became too severe to work and function.

For those who did come, they received exceptional care and comfort. I took the time to educate and empower them on their health and wellbeing. It was a therapeutic experience for me, being able to counsel patients on the questions I had to go to medical school to answer for myself.

As a prospective primary care physician, I hope to provide immigrants like myself this care, underlined by a shared understanding of the adversity we face trying to make a better life for ourselves in a foreign country.

It was a great privilege and honor to serve them and the rest of Eagle Grove's wonderful people while learning under Dr. Smith.

*“¿Eres el médico?”  
“No, soy el estudiante”  
“Tengo mucho dolor doctor”  
“¿Cómo puedo ayudarle?”*

*They live in a world they cannot appease  
But familiar words put them at ease  
For now, they're in a safe place  
With comfort shining in their face*

*A face like mine  
Cracked sore feet like my mama's  
Back pain like my papa's  
And immigrant struggles like my family's*

*We came here for the same reason  
To chase the American Dream  
A better life for us and our children  
Yet our melanin keeps us below the mean*

*Insurance not guaranteed  
Health far and few between  
Advil and pray  
Is our only way*

*Doctors misunderstand  
While we fight to stand  
Fear of judgement  
Keeps us decent*

*If medicine wants to be color-blind  
Then medicine is out of its mind  
More doctors with our skin  
Can help us all win*



**AJ Chowdhury is one of dozens of UI Carver College of Medicine students who are supported by the Otilie Endowment in their choice to complete their family medicine clerkship in a practice that serves a rural, underserved and/or heavily geriatric population. During their clerkship, these students are required to write a reflection on their experience in order to receive their stipend. Three exceptional reflections are selected each year by the UI Department of Family Medicine to be published in the *Iowa Family Physician*.**



# A JOURNEY TO WELLNESS: ESTABLISHING OPT-OUT THERAPY FOR MEDICAL RESIDENTS

By Drew Amador, M.D., R2 / Family Medicine Residency Program / University of Iowa Hospitals and Clinics

Physician well-being and burnout mitigation have received more attention in the past decade than in the prior centuries of the medical profession. Burnout is often referred to as a work-related syndrome affecting any form of professional work that includes emotional exhaustion, depersonalization from work, and a low sense of professional accomplishment. While it can be assumed that physician burnout has been present for the entirety of the medical profession, it was given the moniker and discussed in medical literature for the first time in the early 1970s.<sup>1</sup> Though it was described, little effort was made to effectively address this silent epidemic, with at least fifty percent of physicians in the United States reporting feelings of burnout within the past ten years.<sup>2</sup>

Of those affected by burnout, medical trainees are particularly vulnerable.<sup>2</sup> Factors affecting well-being and burnout have been postulated, including long work hours, lack of autonomy and respect with regards to profits over patients, extensive time spent utilizing electronic health records, and other bureaucratic tasks.<sup>3</sup> Thankfully, the prevalence of these physical and psychosocial burdens have not gone completely unnoticed by the medical community and medical education system.

In 2017, the Accreditation Council for Graduate Medical Education (ACGME) revised their Common Program Requirements in an attempt to target these wellness concerns. The revisions to Section VI of the requirements, as it pertains to resident well-being, focused on minimizing non-physician obligations, administrative support, and opportunities to attend appointments for personal care, among other things. While it did not adjust

the 80-hour per week limit, it allowed clinical work from home to be counted toward that 80-hour weekly maximum. It also implored programs to establish programs and policies to actively ensure resident and faculty well-being.<sup>4</sup>

Of the wellness concerns cited by the ACGME, the University of Iowa Hospitals and Clinics Family Medicine (FM) and Family Medicine – Psychiatry (FM-P) programs have most recently initiated an effort to address physician well-being with the implementation of opt-out psychotherapy via the Employee Assistance Program. This endeavor is championed by Karla Hemesath, PhD, and Hannah Stein, MD, a third-year family medicine resident. Karla is a clinical associate professor of Family Medicine and holds a Doctor of Philosophy in Human Ecology and a license in Marital and Family Therapy. In discussing wellness with Drs. Hemesath and Stein, it was their belief that the stigma of seeking mental health care and the time restraints of completing a medical residency remain the largest barriers for access and care. With this in mind, their goals in establishing a program were as follows: “Our goals for the opt-out therapy program are to make accessing mental health care easier for residents and to normalize seeking care. Residency is stressful, particularly the intern year, and we know that depression and anxiety symptoms are common.”

Through the efforts of these two individuals, the Employee Assistance Program (EAP) of the Human Resources department of the University of Iowa Hospitals and Clinics partnered with our residency program for built-in, opt-out therapy for the 2022-23 academic year. EAP is a resource that provides integrated

services to faculty, staff, medical residents, and family members to promote well-being in the UI community.<sup>5</sup> The opt-out therapy sessions were built into the preexisting schedules of all levels of residency training through coordination efforts between FM, FM-P, and the EAP. Incorporated into outpatient rotations, these sessions involve an afternoon of dedicated time to receive therapy with licensed therapists within EAP at no cost to the residents.

The 2022-23 academic year stands as the inaugural year for this opt-out therapy program, so feedback is being collected and changes may be implemented. However, the reception thus far has been overwhelmingly positive. While there remains a mountain to climb regarding the emotional and physical well-being of professionals in the field of medicine, the incorporation of this program through the University of Iowa Hospitals and Clinics stands as a concerted effort in that journey to wellness.

## References:

1. Merlo, G., & Rippe, J. (2020). Physician Burnout: A Lifestyle Medicine Perspective. *American journal of lifestyle medicine*, 15(2), 148–157. <https://doi.org/10.1177/1559827620980420>
2. Mari, S., Meyen, R., & Kim, B. (2019). Resident-led organizational initiatives to reduce burnout and improve wellness. *BMC medical education*, 19(1), 437. <https://doi.org/10.1186/s12909-019-1756-y>
3. Stehman, C. R., Testo, Z., Gershaw, R. S., & Kellogg, A. R. (2019). Burnout, Drop Out, Suicide: Physician Loss in Emergency Medicine, Part I. *The western journal of emergency medicine*, 20(3), 485–494. <https://doi.org/10.5811/westjem.2019.4.40970>
4. <https://www.acgme.org>
5. <https://hr.uiowa.edu/employee-well-being/ui-employee-assistance-program>

## MEET NEW IAFP EXECUTIVE VICE PRESIDENT, SONIA BELL

*We are excited to introduce you to our new Executive Vice President, Sonia Bell. Sonia will be joining the IAFP team in June. Sonia and her family will be relocating from Georgia back to their home state of Iowa. We are excited for her to join our team! Below you will find an interview with Sonia. You will learn about her background, family, and why she is excited to jump into work at the IAFP. Welcome Sonia, we are thrilled to have you!*



### **Tell us a little bit about your previous background.**

From my start as an emergency department clerk at Mercy Hospital in Iowa City, Iowa, to Vice President of a cancer nonprofit in Atlanta, Georgia, I have over twenty years of experience working in healthcare, research, and academia. I had the privilege of administratively leading the treatment of the first patients with Ebola in the United States at Emory University Hospital's Serious Communicable Diseases Unit (SCDU) in 2014, followed by becoming the Program Director for the National Emerging Special Pathogens Training and Education Center (NETEC). Both experiences led to incredible opportunities, from meeting President Obama to dedicating a memorial to fallen healthcare workers in Liberia, advocating for healthcare workers in DC,

and consulting with hospitals nationwide on building their biocontainment programs (including meetings and visits with our own University of Iowa Hospitals and Clinics). In October of 2021, I became Vice President of Administration for the Georgia Center for Oncology Research and Education (Georgia CORE), a statewide 501c3 that leverages partnerships and innovation to attract more clinical trials, increase research, and promote education and early detection to improve cancer care for Georgians in rural, urban, and suburban communities across the state. At Georgia CORE, I was honored to work alongside a talented team to more than triple individual contributions, improve our operations, and recently host a 20th Anniversary Gala where we raised \$70,000 for cancer screenings in Georgia via our "Fight Cancer" license tag program.

### **What are you most looking forward to in starting this new position?**

I am passionate about improving healthcare access and outcomes for all individuals. I especially appreciate opportunities to collaborate with and advocate for healthcare workers to improve their ability to deliver care successfully. The chance to do this for family physicians in my home state, where my family and I were treated by the same family physician in Carroll, Iowa, for decades, is exciting. I can't wait to travel across the state this summer, meeting our various members in their practices and communities while working alongside Kelly, Katie, and our Board to continue growing the excellent organization Pam is leaving us.

### **What challenges do you see facing family medicine today?**

The stress of social issues advancing the intrusion of government oversight into practice, coupled with increased administrative burdens and decreased compensation, is the biggest challenge facing family medicine today. One of these alone is enough to

stress the individual and their practice. But the combined force of all things together feels like a herd of dementors was unleashed upon our collective members (pardon the Potter reference). There is no quick and easy solution. But as I learned at the AAFP National Leadership Conference last week, while it sometimes feels like you are pushing a boulder uphill, that doesn't mean you stop!

### Tell us a little about your family and your hobbies.

I am a wife and mom of three (five if you count the two human-sized Great Danes). My husband, Keith, was born in Texas but raised in Iowa, and we are both proud University of Iowa alumni. He owns three successful restaurants on the east side of Atlanta and is considering his options now in Iowa. Our oldest son, Aiden, is 19 and attending the Georgia State University J. Mack Robinson College of Business on a scholarship. He will stay in the Atlanta area but fly up to visit with us often. Our two younger girls, Sophia, 13, and Brooklyn, 9, are excited to live next to their

grandparents, aunts, uncles, and cousins in Iowa. Both are in competitive all-star cheer, and we spend much time practicing at the gym and traveling on the weekends for competitions.

So most days, my family is my hobby! But I also enjoy working out; we've had a Peloton for years, and I am an avid Cody fan (if you know, you know). I also love learning, reading, and traveling.

### You have relocated here from Georgia but are an Iowa native. Share some of your Iowa favorites.

I can't wait to go apple-picking in the fall, stopping by the Amana Colonies for real, fresh cheese curds, getting a Hy-Vee super saver card, needing to purchase and wear a winter coat (that excitement will likely fade quickly) and take in a Hawkeye football game. But I am most excited to have our two youngest daughters grow up near their cousins, easily "pop in" to visit my parents and sisters whenever I like, and to simply live and work in this great state again.



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# 2023 END OF SESSION REPORT

*Prepared by Cornerstone Government Affairs*

Thursday, May 4, Sine Die, marked the last day of the first session of the 90th Iowa General Assembly. Legislators were able to reach an agreement on the FY2024 budget in the final weeks and adjourn just 6 days after April 28th; the last day they receive their per diem expenses. The Cornerstone team would like to thank all our clients for the opportunity to serve and represent you at the Statehouse. We look forward to the continued partnership. The following report provides details on highlights from the legislative session including the FY2024 budget, caucus priorities, and bills that were either enacted into law or failed to survive. Please reach out to any member of the team if you have questions on the information provided below.

## Overview of Session

Due to redistricting and the 2022 elections 1/3 of the legislature was compromised of newly elected members. The Senate welcomed 14 new members. Senate Republicans gained four seats in the Senate to increase their majority to 36 Republicans versus 14 Democrats. The House welcomed 39 new members. House Republicans also gained four seats to increase their majority to 64 Republicans and the Democrats dropped to 36 seats. With Governor Reynolds winning her re-election, Republicans continued their ‘GOP-trifecta.’ Pat Grassley (R-New Hartford) continued to lead the House Republicans as Speaker with Matt Windschitl (R-Missouri Valley) as Majority Leader. In the Senate, Jack Whitver (R-Ankeny) continued as Majority Leader with Amy Sinclair (R-Allerton) as Senate President. Representative Jennifer Konfrst (D-Windsor Heights) remained as House Minority Leader and in the Senate, Zach Wahls (D-Coralville) continued in his leadership role as Minority Leader. Several committee chair positions were different in both chambers due to transitions.

## Governor Reynolds Priorities

In January, Governor Reynolds gave her Condition of the State. Reynolds advocated for education reform, maternal health, tort reform, defeating the opioid crisis, and shrinking state government and administrative rules. Below is more information on these priorities and where they stand after sine die.

**Rulemaking Executive Order:** Shortly after her Condition of the State Address, Governor Reynolds signed Executive Order 10, which places a moratorium on administrative rulemaking and directs each state agency to conduct a comprehensive review of all existing administrative rules. The Governor stated, “Iowa’s Administrative Code contains over 20,000 pages and 190,000 restrictive terms, putting undue burden on Iowans and the state’s

economy, increasing costs for employers, slowing job growth, and impacting private sector investments. In Iowa, we’re taking a commonsense approach that gets government out of the way and leads to a more robust economy in every community.”

**School Choice:** Reynolds top priority of the year was reforming education in the State, a topic that has garnished a lot of attention in the last couple of years. Reynolds’ position is focused on giving parents the right to choose where they send their kids to school. Her proposal was captured in House File 68 titled, the Students First Act. It made it through the legislative process in the first couple of weeks of session and became the first bill that she would sign into law. Under this new law, families will be able to apply to the Iowa Department of Education for an Education Savings Account (ESA). If approved, each student will receive \$7,598 to utilize towards tuition at a school of their choosing. The ESA begins for the school year starting in the fall of 2023. Any student whose family is at or below 300% of the federal poverty level will be eligible. In the fall of 2024, the same students are eligible in addition to families that are at or below 400% of the federal poverty level. All students in Iowa will be eligible regardless of income level starting in the fall of 2025. The state has signed a contract with Odyssey to manage program administration for Students First Education Savings Accounts, including applications, financial transactions, compliance, fraud prevention and customer service. Odyssey was selected through a competitive bid process based on its ability to securely administer funds, provide families with direct customer service and support and offer the state real-time insight into the program’s effectiveness.

**Education Omnibus bill:** Along with School Choice, Governor Reynolds had a wide-ranging education bill that bounced between the House and Senate a few times this session. Senate File 496 makes a number of changes to required school library operations, school transparency, and special education services.

**Tort Reform:** During the fifth week of the legislative session, the Legislature crossed another shared republican priority off their to-do list - Medical Malpractice Tort Reform. House File 161 passed the House, 54-46, and In the Senate, 29-20. The bill limits the amount of noneconomic damages for medical malpractice claims to \$2 million for causes of action involving a hospital and \$1 million for all other causes of action. This bill maintains the existing limit for noneconomic damages at \$250,000 when there has not been a substantial loss or impairment of a bodily function, disfigurement, loss of pregnancy, or death. The legislation does not cap economic damages. Proponents of the bill indicate that this legislation will be a big part of the



solution to address the ongoing healthcare workforce needs in Iowa. It will help recruit and keep physicians in Iowa and help maintain existing medical residency programs that are essential at training future physicians. The Governor signed the bill into law shortly after its passage.

The Legislature also took up commercial trucking tort reform later in session. The Senate passed a previous version of the proposal in February, however the House amended the bill on the floor resulting in the Senate having to take another vote on it. Ultimately, the Senate agreed to the House's amendments and the bill passed. The final version of the bill will impose a \$5 million cap on noneconomic damages, which include pain and suffering, mental anguish, and depriving family for the loss of a spouse, parent, or child. The law also sets limits on the extent to which trucking companies could be held liable in their hiring practices. The legislation provides exceptions to the \$5 million limit, such as drunk driving, excessive speed, or using a commercial motor vehicle in a felony. The bill also allows for inflation adjustments and designates that 100% of punitive damages be awarded to a plaintiff.

**Government Reorganization:** Governor Reynolds' proposal to reorganize Iowa's state government Senate File 514 [passed in week 10 of session](#). The bill was 1,500 pages in length and due to its complex nature, a subcommittee comprised of seven legislators hosted several public hearings to hear from constituents on the proposal. A 40-page amendment was ultimately adopted that addressed several concerns and issues found throughout this review process. Governor Reynolds has stated that this reorganization, once effective, will save over \$200 million over the course of four years and allow Iowans to better navigate the cumbersome government services offered. This new law will cut down the number of state agencies in Iowa from 37 to 16. It takes certain cabinet-level agencies and puts them under the direction of a broader, more overarching department. No layoffs or service cuts are anticipated during the transition. The bill becomes effective July 1, 2023.

**Alignment of DHS/ DPH:** Last year, the Department of Human Services and the Department of Public Health announced that they were aligning to become one agency. This alignment will continue alongside Governor Reynolds realignment that will take place July 1. During session, Kelly Garcia, Director of the Department of Health and Human Services, provided an update to the House Health and Human Services Appropriations Committee on the progress of aligning the Department of Human Services, the Department of Public Health, and the Department on Aging. She spoke about the great work that has been done over the last year since the legislature passed legislation to guide the alignment. Garcia also highlighted the key leadership hire announcements they have made over the last few months and said that they continue to fill vacant leadership positions. Lastly, she spoke to the Governor's government realignment proposal.

## IAFP Call for Resolutions

**Resolutions are the official means by which you as a member have input into the governance and political process of the American Academy of Family Physicians. If you have a topic you are interested in addressing then we encourage you to submit a resolution for consideration by the IAFP Board of Directors. You can find more information and helpful resources here: <http://iaafp.org/aafpresolutions/> Resolutions are due July 1st and can be emailed to [kscallon@iaafp.org](mailto:kscallon@iaafp.org).**

900 pages of that 1,500-page bill deal with the merger of DPH, DHS, and Aging. Most of the changes are small and technical fixes, rather than substantive changes. Director Garcia indicated that the Department will continue meeting all of the requirements that were imposed upon them by the 2022 legislation and will continue discussions on the Governor's proposal.

**Addressing Fentanyl in Iowa:** This year, the Legislature passed a bill put forth by Governor Reynolds that increases penalties, enhances prison sentences, and expands access to medication that can reverse the effects of an opioid overdose. House File 595 was passed and sent to the Governor for her signature in the final weeks of session. The bill aims to deter people from selling fentanyl-laced drugs by raising penalties for the manufacture, distribution and possession of drugs containing fentanyl, with a maximum 50-year sentence for high quantities of the drug. It also would triple sentences for people convicted in cases involving a death, and double sentences in cases involving an injury due to the drug. In addition to the increased punishments, the bill also expands the availability of naloxone, a drug that can prevent death when administered to an overdose victim.

**Maternal Health:** Governor Reynolds also outlined a wide-ranging healthcare bill that addresses maternal health and women's health in Iowa. Senate File 324 and House File 427 were two proposals that were discussed during session. House File 427 failed to make it past the funnel deadlines, but Senate File 324 was still being discussed in the final weeks of session. Ultimately, it did not make it across the finish line. Two major pieces of her proposal, medical malpractice tort reform (as discussed above) and licensure for Rural Emergency Hospitals (REH), were ran in standalone bills and ultimately passed and signed into law earlier in the year. The remaining priorities of the bill include, provide \$2 million to pregnancy resource centers that counsel against abortion, and add programming for fathers, allow for over-the-counter birth control, and offer paid parental leave for Iowa state employees.

*(continued on page 16)*

(continued from page 15)

Senate File 75 created a licensure for Rural Emergency Hospitals in Iowa. Based on a federal law that passed in 2020, Rural Emergency Hospitals receive a different reimbursement rate from Medicare and Medicaid than other hospitals. This includes an additional five percent increase to reimbursement for health care services and quarterly payments from the Centers of Medicare and Medicaid Services. In order for a state to allow a hospital to convert to a Rural Emergency Hospital it must first license these facilities as a health care facility that maintains a 24-hour emergency room but doesn't include acute inpatient care. The goal of the legislation is to allow small rural hospitals to convert and not have to staff inpatient beds that are very underutilized.

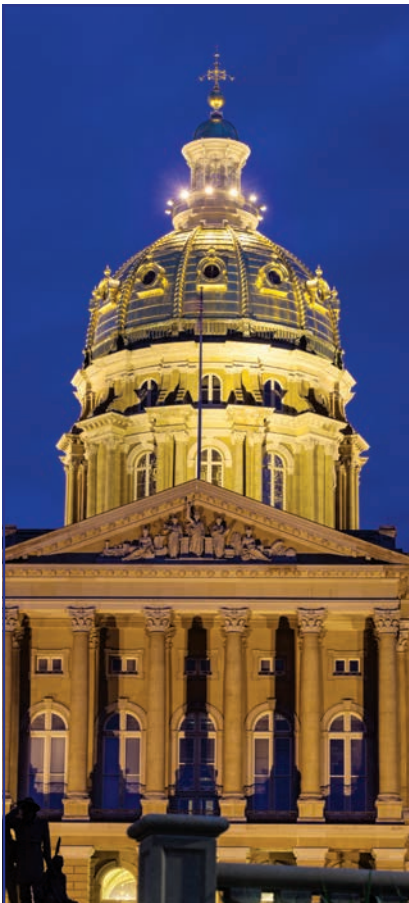
## Caucus Priorities

House and Senate leaders from both parties highlighted their priorities of their respective caucuses for the Legislative session in January. Education, property tax reform, and tort reform were top priorities for the Republican caucus. Access to health care, legalizing marijuana, support for public

schools, and property tax reform were priorities outlined by Democratic leadership.

A shared priority across both parties was the desire to reform property taxes in Iowa. Property Tax reform discussions caught steam in the final weeks of session. Senate Republicans introduced a study bill in week 15, while House Republicans amendment House File 1 with their proposal. Both chambers had very different ideas on how to reform the tax system. Both bills passed off the floor almost unanimously, showcasing the willingness of legislators to reach across the aisle and address property taxes. An agreement was reached in the final week of session and the legislature passed a bipartisan property tax solution that is estimated to save property taxpayers 100 million once fully implemented. It also sets the table for more reform in the coming years. Governor Reynolds signed this bill into law on May 4. These reforms will take effect before the new assessments received last month are used in calculating property tax bills Iowans will receive in September 2024 and March 2025.

**READ THE FULL END OF SESSION REPORT AT**  
[www.iafp.org/2023-legislative-updates](http://www.iafp.org/2023-legislative-updates)



**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:

<input type="checkbox"/> \$1000 PLATINUM MEMBERSHIP <input type="checkbox"/> \$750 GOLD MEMBERSHIP <input type="checkbox"/> \$500 SILVER MEMBERSHIP <input type="checkbox"/> \$250 BRONZE MEMBERSHIP <input type="checkbox"/> OTHER _____	Name _____ Address _____ <input type="checkbox"/> Pay by check <input type="checkbox"/> Pay by credit card <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Other _____ CC# _____ CVC Code _____ Signature _____ Exp. Date _____
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Contributions to PrimCare PAC are not deductible for federal income tax purposes. Voluntary political contributions by individuals or an LLC to PrimCare PAC should be written on a PERSONAL CHECK OR PERSONAL CREDIT CARD. Funds from corporation cannot be accepted by the PAC. Contributions are not limited to suggested amounts. The Iowa Academy of Family Physicians will not favor nor disfavor anyone based upon the amount of or failure to make a PAC contribution. Voluntary political contributions are subject to limitations of FEC regulations.

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**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.

If you are a certified medical examiner through the FMCSA/NRCME, your certification is valid for 10 years, are required to recertify every 10 years. For those of you certified in 2013, you are eligible to recertify any time before your certificate expires. In order to maintain your ability to continue to perform DOT exams, you are required to complete an accredited training course and pass the NRCME certification exam before your certification expires. You can complete the recertification starting at 9 years following your initial certification. Examiners who were certified in 2013 can now pursue recertification through the IAAFP.

*This session is 5 hours long and offers AAFP CME credit.*

*For more information about the program go to*

[www.iaafp.org](http://www.iaafp.org)

# 2023 IAFP ANNUAL CONFERENCE

## SCHEDULE OF EVENTS | NOVEMBER 16-18, 2023

### THURSDAY, NOVEMBER 16

#### IAFP BUSINESS MEETINGS

- 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  
5:45 pm Welcome/Introductions & Overview  
6:00 pm Adult Asthma  
Douglas Hornick, MD, UIHC  
6:30 pm Weight Loss Medications  
Katherine White, MD, UIHC  
7:00 pm Question and Answer/  
Panel Discussion  
7:15 pm Gun Violence  
Cecilia Redmond-Norris, MD  
7:45 pm Food Allergies  
Voung Nayima, MD  
8:15 pm Question and Answer/  
Panel Discussion  
8:30 pm Recess  
8:15-9:15 pm **2023 Donor Appreciation Reception**  
In recognition of 2023 Donors of the IAFP Foundation, Rural Loan Repayment Program and PrimCare PAC

*\* Members must have donor ribbon to attend*

### FRIDAY, NOVEMBER 17

- 7:00 am Registration  
7:00-8:30 am Breakfast in Exhibit Hall  
7:55 am Introductions and Announcements  
8:00 am Dementia Update  
Yogesh Shah, MD  
8:30 am Common Apophyseal and Physeal Injuries  
Shawn Spooner, MD  
9:00 am Q & A/Panel Discussion  
9:15 am Break – Exhibit Hall  
9:35 am Incorporating Continuous Glucose Monitoring into Your Clinic  
Leslie Eiland, MD  
10:20 am Concierge Medicine  
Rinku Mehra, MD  
10:50 am Resident Case Presentation  
11:05 am Q & A/Panel Discussion  
11:20 am Lunch and Keynote Presentation: AAFP UPDATE  
Steven P. Furr, MD, FAAFP, AAFP President-elect  
12:20 pm Visit Exhibits  
12:50 pm JOURNAL CLUB LIVE  
Jill Endres, MD, MS, Clinical Professor of Family Medicine  
Mark Graber, MD MSHCE FACEP, Emeritus Professor of Emergency Medicine  
Jason Wilbur, MD, FAAFP, Clinical Associate Professor, Department of Family Medicine, University of Iowa Carver College of Medicine, Iowa City, IA  
2:05 pm Q & A

- 2:20 pm Pediatric Metabolic Syndrome  
Rinku Mehra, MD  
3:20 pm Q & A  
3:35 pm Break in Exhibit Hall  
4:00 pm Fentanyl Crisis  
Deric Kidd & Employee Family Resources  
Kevin Gabbert, Opioid Initiatives Director, Iowa Department of Health & Human Services  
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 18

- 7:15 am Past President's Breakfast  
7:30 am Breakfast for Registrants  
8:00 am How My Prescribing of Controlled Substances Has Changed Over the Years  
Steven P. Furr, MD, FAAFP, AAFP President-elect  
9:00 am Q & A/Panel Discussion  
9:15 am Break  
9:30 am Practical Approaches to Acute Pain Management  
-This presentation is sponsored by the Primary Care Education Consortium and supported by an educational grant from Kowa Pharmaceuticals  
10:30 am Latest CHF Guidelines  
Jennifer Goerbig-Campbell, MD  
11:10 am Adjourn

## SPECIAL GUEST SPEAKERS



### STEVEN P. FURR MD, FAAFP

Steven P. Furr, MD, FAAFP, a family physician in Jackson, Alabama, is the current President of the AAFP. Dr. Furr is the co-founder of Family Medical Clinic of Jackson, which also supports a small rural hospital and a local nursing home. Furr has cared for patients for more than 35 years, including obstetrics care for more than 25 years. He is a certified medical director, as well as a certified medical examiner.



### RINKU MEHRA MD, MBA

Rinku Mehra, MD, MBA, practices Pediatric Endocrinology in Northern Virginia, the same area in which she was raised. After completing her undergraduate education and medical school at the University of Virginia, she ventured to Rush University Medical Center in Chicago for her residency, followed by a Pediatric Endocrinology fellowship at the University of Iowa. She is board-certified in Pediatric Endocrinology and in Obesity Medicine.



# CONFERENCE INFO

## CONFERENCE LOCATION/HOTEL INFO.

**Sheraton West Des Moines Hotel | 515-223-1800**  
**1800 50th Street | West Des Moines, IA 50266**

Special Conference room rates are \$122 single/double + tax per night. Please identify yourself as part of the Iowa Academy of Family Physicians when booking a room to receive special room rates. Reserve your room before November 2, 2023 to receive this rate.

## CERTIFICATE OF ATTENDANCE

Upon completion of the conference please complete the CME card in your packet and return it to staff at the registration desk. IAFP staff will report your CME to the AAFP and e-mail your certificate the following week.

## EDUCATIONAL OBJECTIVES

At the conclusion of this conference the participant should be able to:

- Review practical clinical information helpful in diagnosis
- Apply current clinical concepts in family medicine
- Integrate advanced knowledge and skills with professional performance, thereby furthering excellence in health care

Specific objectives for each topic will be included on the syllabus.

## ATTENDEES WITH SPECIAL NEEDS

The Iowa Academy of Family Physicians will make every effort to accommodate registrants with special needs. Please let us know if you have an ADA disability that we should be aware of when you attend our conference.

## TARGET AUDIENCE

This program is intended for family physicians, residents, students, physician assistants and nurse practitioners. Faculty will use lectures, augmented by audio-visual aids as well as interactive discussions.

## EXHIBITS

Take time to spend with our exhibitors this year. You can learn about new products/services offered by exhibiting companies and thank them for exhibiting and supporting IAFP CME activities. It's due to their support the IAFP can offer quality CME and at the same time keep registration fees at an affordable rate.



## EXHIBITORS

*Thank you to our current exhibitors. (AS OF MAY 22, 2023)*

- Boehringer Ingelheim Pharmaceutical
- Boehringer-Ingelheim
- COPIC
- Gilead Sciences
- Idorsia
- Iowa Cancer Consortium
- Iowa Maternal Quality Care Collaborative
- UCS Healthcare

## EDUCATION COMMITTEE

We would like to express our appreciation to the members of the 2022-2023 Education Committee. Without their hard work and dedication this meeting would not be possible.

- Laura Abels, DO • Jim Bell, MD • George Bergus, MD
- Sherry Bulten, MD • Elise Duwe, MD
- Mara Groom, DO (chair)\* • Kate Hanrahan, MD\*
- Jeffrey Hoffmann, DO • Amr Kamhawy, MD
- Dave Larson, MD • Sarah Ledger, DO\*
- Douglas Martin, MD • Noreen O'Shea, DO
- Sarah Olsasky, DO • Doug Peters, MD • Dean Moews, MD\*

\*Denotes Subcommittee

## CONFERENCE HIGHLIGHTS

- **THREE-YEAR CURRICULUM CYCLE** – The Education Committee uses a very strategic approach to planning The Annual Clinical Education Conference based on a three-year curriculum that covers the practice areas that comprise the discipline of family medicine. By attending three years in a row you will have received a review and update in many of the areas within the discipline.
- **RESIDENT MEDICAL JEOPARDY COMPETITION** – You won't want to miss this exciting and fun competition that has quickly become a highlight of the conference! IAFP member Doug Martin, MD develops the questions and will MC the event. Cheer on your favorite team to victory.
- **BANQUET (additional fee)** – We hope you and your guests will join us for the banquet and support IAFP leadership and members as Corrine Ganske, MD turns over the reigns as IAFP President to Kate Hanrahan, MD. Help us to honor the new Iowa Family Physician and Educator of the Year, pay tribute to those receiving the Lifetime Achievement Award, recognize our outstanding residents and medical students who receive the Farm Bureau Scholarships, confer AAFP Fellows, and enjoy the company of your peers over a delicious meal.
- **PHOTOGRAPHY AND RECORDING** – The IAFP may take photographs and/or record audio and video at this event. By attending, you consent to the use of photographs, audio, and video recordings of you by the IAFP and its designees in IAFP communications and promotions, or for any other lawful purpose.

# 2023 ANNUAL CONFERENCE REGISTRATION FORM

Name \_\_\_\_\_ Spouse/Guest Name (s) (if attending) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Additional Accommodations (Vegetarian Diet, Food Allergies, Other) \_\_\_\_\_

## Exhibitor and Attendee list Opt In

- Opt In:** Include my name, city, and state on the attendee list
- Opt In:** Receive communication from exhibitors, supporters, in-kind support

## A. THURSDAY, FRIDAY & SATURDAY NOVEMBER 16-18 CME REGISTRATION FEES:

Registration Type	Early Fee (Until 10/15/2023)	Regular Fee (Starting 10/16/2023)
Active Member	\$345	\$375
New Physician Member (< 7 yrs in practice)	\$275	\$275
Life/Inactive Member	\$240	\$240
Resident/Student Member	N/C	N/C
PA/NP who works with an AAFP member	\$345	\$375
Non-Member (includes PA/NP)	\$445	\$475

**IMPORTANT:** The syllabus will be available online prior to the conference for you to download and/or print free of charge. NO PAPER COPIES WILL BE PROVIDED.

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

- Thursday Evening  Friday  Saturday Morning  None of the options listed above

Total Section A: \_\_\_\_\_

## B. FRIDAY INSTALLATION/AWARDS BANQUET:

Friday Evening, Installation/Awards Banquet: (\$50 for registered attendee) Yes \_\_\_\_\_ No \_\_\_\_\_

Spouse/Guest Banquet Fee @ \$85 per person Number of guests for Friday Banquet \_\_\_\_\_

Total Section C: \_\_\_\_\_

## C. DONATIONS:

- Rural Primary Care Loan Repayment Program in the Amount of: \$ \_\_\_\_\_
- IAFP PrimCare PAC Donation in the Amount of: \$ \_\_\_\_\_
- Foundation Donation in the Amount of: \$ \_\_\_\_\_

Total Section C: \_\_\_\_\_

## D. PAYMENT:

Section A: \$ \_\_\_\_\_

Section B: \$ \_\_\_\_\_

Section C: \$ \_\_\_\_\_

Total Due: \$ \_\_\_\_\_

## HOTEL REGISTRATION

Sheraton West Des Moines Hotel  
1800 50th Street | West Des Moines, IA 50266  
(515) 223-1800

Special Conference room rates are \$122 single/double + tax per night. Please identify yourself as part of the Iowa Academy of Family Physicians when booking a room to receive special room rates. Reserve your room before October 6, 2023 to receive this rate.

## REGISTER TODAY! 2 EASY WAYS TO REGISTER

MAIL COMPLETED REGISTRATION FORM WITH PAYMENT TO:  
IAFP | 1515 Linden Street, Suite 220 | Des Moines, IA 50309  
REGISTER ONLINE AT: [www.iaafp.org/2023-Annual-Conference](http://www.iaafp.org/2023-Annual-Conference)

## CANCELLATION POLICY

A \$50 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.

# IOWA ACADEMY OF FAMILY PHYSICIANS 2023 GALENA FALL CME GETAWAY

Join us October 6-8, 2023 at Eagle Ridge Resort & Spa  
for the 2023 Galena Fall CME Getaway



**WE ARE THRILLED** to be offering a Fall CME Getaway in beautiful Galena, Illinois in October of 2023! Eagle Ridge Resort & Spa has something for the whole family. You can go horseback riding, unwind at the spa, hit the greens, or enjoy a dip in the pool. Check out the resort website ([eagleridge.com](http://eagleridge.com)) for all the available activities and to view photos of the accommodations. We hope to see you there

**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:** We are pleased to offer a rate of \$219.00 per night for a King or Queen/Queen in the Inn. We are also excited to offer special rates of \$269.00 for a one-bedroom villa and \$329.00 for a two-bedroom villa. All room rates are quoted exclusive of applicable state and local taxes, currently 11%, as well as the resort amenity fee.

**HOTEL RESERVATIONS** must be made directly with the resort at 1-800-892-2269. Please tell them you are with the IAFP room block to receive the discounted room rate.

**CME REGISTRATION:** You can register for the CME Portion of the meeting by going to the IAAFP website ([iaafp.wufoo.com/forms/z3w8kaz1qhc4so/](http://iaafp.wufoo.com/forms/z3w8kaz1qhc4so/)) The CME program will take place over three half-day sessions that will be held Friday afternoon, Saturday morning, and Sunday morning.

**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.**

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# \_\_\_\_\_

## 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.

**MAIL PAYMENT TO:** IAFP, 1515 Linden Street, Ste 220, Des Moines, IA 50309 or register online at [iaafp.org/Galena](http://iaafp.org/Galena)

For additional information please check out [iaafp.org/Galena](http://iaafp.org/Galena)



# PEDIATRIC MENTAL HEALTH CARE ACCESS PROGRAMS

The Iowa Pediatric Mental Health Collaborative supports primary care providers in their treatment of children and youth with mild to moderate mental health needs within their medical home. Project activities include webinars and trainings, consultations with a University of Iowa child and adolescent psychiatrist and expanding access to telepsychiatry services.

## Workforce Development- Webinars and Trainings

Approximately ten webinars are held each year on topics specific to children and youth with mental health diagnoses including anxiety and depression, behavior problems, eating disorders, and adverse childhood experiences. All webinars offer participants Continuing Education credit.

In addition, trainings on evidenced-based child and adolescent therapies are offered including, Iowa Parent-Child Interaction Therapy, Trauma Focused Cognitive Behavioral Therapy, Parent Management Training, Unified Protocol for Children and Adolescents and Collaborative and Proactive Solutions.

## Consultations

Primary care providers can consult with a University of Iowa Child Psychiatrist 24 hours a day, 7 days a week through UI Consult.

Common questions include:

- Are there other medication options for this specific clinical problem?
- What guidance can I give parents?
- Are there resources for a specific clinic problem?
- What is an approach to use for a child having school issues?
- What screening tools could I use?

Consult with a child and adolescent psychiatrist 24/7  
**800-322-8442**

The Iowa Pediatric Mental Health Collaborative provides mental health resources for health care providers.



## Telepsychiatry

The Iowa Pediatric Mental Health Collaborative strengthens Iowa's existing child psychiatry telehealth network by providing direct services to children and youth with moderate to severe mental health needs.

Program staff have also developed an **online resource** and **referral database**. Visit [www.chsciowa.org](http://www.chsciowa.org) for more information.



Division of Child and Community Health

The Iowa Academy of Family Physicians is pleased to be able to partner with the Iowa Chapter of the American Academy of Pediatrics to increase awareness of and access to Pediatric Mental Health Care Access (PMHCA) programs to Iowa family physicians, pediatricians and other primary care providers, and support efforts to advance the sustainability of PMHCA programs. This is made possible through a grant from the American Academy of Pediatrics (AAP) who is partnering with the Health Resources and Services Administration (HRSA) to provide grant funding to AAFP chapters. Please look for more information in the magazine, on our website and stay tuned for information about upcoming webinars that will provide details about Pediatric Mental Health Care Access programs in Iowa.

# IAFP OFFERING ON-DEMAND CME

The IAFP is excited to bring you a wide variety of on-demand webinars on our website to meet your CME needs anytime, anywhere.

## ON-DEMAND IAFP END OF LIFE CARE COURSE

**COST: \$40 IAFP/AAFP MEMBERS  
\$50 NON-MEMBERS**

## ON-DEMAND EVIDENCE BASED CARE OF CHRONIC PAIN COURSE

**COST: \$40 IAFP/AAFP MEMBERS  
\$50 NON-MEMBERS**

## FMCSA MEDICAL EXAMINER CERTIFICATION TRAINING COURSE

**COST: \$325 AAFP MEMBER (OR ARNP OR PA THAT WORKS  
WITH AN AAFP MEMBER)  
\$295 AAFP RESIDENT OR NEW PHYSICIAN MEMBER  
\$400 NON-MEMBER**

**TO GET MORE INFORMATION OR TO REGISTER, VISIT  
[WWW.IAAFP.ORG/EDUCATION](http://WWW.IAAFP.ORG/EDUCATION)**



# NEW MEMBERS

## Active

Jack Kline, MD, New Hampton

## Residents

Jennifer Brenner, DO, Waterloo

## Students

- Tina Arkee, University of Iowa
- Gabrielle Bierlein-De La Rosa, University of Iowa
- Jacob Bogost, Des Moines University
- Megan Bonnett, MS, Des Moines University
- Brenna Cutrer, MPH, University of Iowa
- Taylor Do, Des Moines University
- Sasha Dorestin, Des Moines University
- Sydney Dorrance, Des Moines University
- Hannah D’Cunha, MPH, Des Moines University
- Anthony El-Sokkary, University of Iowa
- Andrew Fjelstul-Bonert, University of Iowa
- Benjamin Garrison, Des Moines University
- Ben Harrison, Des Moines University
- Nicholas Henderson, University of Iowa
- Page Howard, University of Iowa
- Emily Janio, University of Iowa
- Guarav Kam, Des Moines University
- Divyesh Kumar, University of Iowa
- Jenna McCoy, University of Iowa
- Himani Naik, University of Iowa
- Phuoc Nguyen, Des Moines University
- Ramya Palaniappan, Des Moines University
- Cecilia Rivera, Des Moines University
- Sohail Sethi, Des Moines University
- Trien Trey Tang, Des Moines University
- William Tsai, University of Iowa
- Ravina Vasanwala, University of Iowa
- Gabriel Vazquez, University of Iowa

## In Memorium



Frederic Ashler, MD  
Hamburg, IA  
*IAFP Past President*  
1974-1975



Mary Ann Croker Arends  
Lorenz, MD  
*IAFP Past President*  
1982-1983

**Extraordinary Care, Every Day**

**Family Medicine Opportunities**  
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Seeking BE/BC Family Medicine physicians to join our collegial teams within Iowa’s largest physician owned, multi-specialty clinic. Enjoy an affordable cost of living, great recreational areas and historical landmarks.

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Small-town Iowa exemplifies the meaning of Midwest living. Close to several metropolitan cities, you can benefit from small-town charm as well as big-city amenities in one idyllic location. Iowa is a great place to call home.

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EEO/AA Employer/Protected Vet/Disabled  
Contact Doug Kenner  
314-330-4169 or [physicianjobs@mountainmedgroup.com](mailto:physicianjobs@mountainmedgroup.com)



## MEMBERS UP FOR CME RE-ELECTION IN 2023

Matthew Abendroth, DO  
 Dmitriy Acherkan, MD  
 Michael Agey, DO  
 Holley Bermel, DO  
 Mitchell Binkley, MD  
 Zachary Borus, MD, MPH, FAAFP  
 William Butz, MD  
 Rebecca Chackalackal, MD  
 Patrick Cogley, MD  
 Cara Drew, MD  
 William Durbin, MD  
 Harriet Echternacht, MD  
 Patricia Fasbender, DO  
 Bruce Feldmann, MD  
 Nicole Ferguson, DO  
 Sheran Fernando, MD  
 Ryan Flannery, MD, FAAFP  
 Rachel Foelske, MD  
 Amber Galey, MD  
 Elliot Galey, MD

Tedd Gentry, MD  
 Leigh Gilburn, DO  
 Catherine Hansen, DO  
 Michael Harder, DO  
 Sarah Heinen, MD  
 Huda Jarmakani, DO  
 Michael Kalkhoff, MD  
 Jessica Kennedy, DO  
 Lisa Kies, MD  
 Matthew Kraciun, DO  
 Kelly Krei, DO  
 Natalie Lanternier, MD  
 David Larson, MD, FAAFP  
 Michael Lindstrom, DO, FAAFP  
 Darbie Little-Cooper, MD, MPH, MHA  
 Andrea McLoughlin, MD  
 Steven Meis, MD  
 Matthew Molin, DO  
 Brett Mulkey, DO  
 Eden Murad, DO

Ashley Neils, MD  
 Catherine Nelson, DO  
 Lane Noble, DO  
 Cecilia Norris, MD  
 Cameron Overcash, MD  
 Min Pak, MD  
 Brian Rafferty, MD  
 Daniel Richter, MD  
 Karissa Sanchez Traun, MD  
 Josue Santos, MD  
 Debbie Sixta, MD  
 Sara Spiva, DO  
 Jonathan Suddarth, DO  
 Victoria Tann, MD  
 Laurie Tope, DO  
 Kelsey True, MD  
 David Van Gorp, MD  
 Brittany Waletzko Bartz, DO  
 Kathleen Wittich, MD



**Delicious & Easy  
 Heart-Healthy  
 Lean Beef Recipes**

SCAN CODE OR VISIT  
[iabeef.org/recipes/heart-healthy-beef-recipes/](http://iabeef.org/recipes/heart-healthy-beef-recipes/) for  
 short videos with step-by-step cooking instructions.



**IOWA BEEF**

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

# 2023 MATCH CLASS

Full list of new residents will be featured in Fall issue.



## Family Medicine Residency Interns Mason City, Iowa • 2023-2024



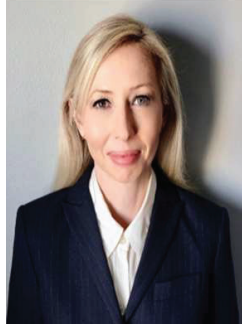
Nimay Anard, MD  
Meharry Medical College



Cassey Jo Mae Fuller, DO  
Idaho College of Osteopathic Medicine



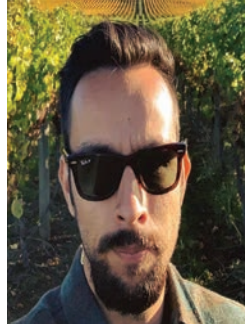
Brian Grose, MD  
Poznan University of Medical Sciences  
Center for Medical Education



Cristen Kern Hays, MD  
Trinity School of Medicine



Raymond Michael Tamburro, MD  
Washington University of Health and  
Sciences



Justin Zubak, MD  
University of Queensland School of  
Medicine



## Class of 2026 #TheMatch2023

### Family Medicine Residency



Melissa  
Andrews, MD



Luke  
Hallman, MD



Ajak  
Mayen, MD



Ajay  
Rajagopalan, MD



Shikha  
Yadav, MD

### 2023 Incoming R1 Class

## Genesis Family Medicine Residency Program



Blain Samuelson, MD  
University of Iowa



Anna Wilcox, MD  
University of Iowa



John Whitney, DO  
Chicago College of Osteopathic  
Medicine



Ali Ilahi, MD  
University of Medicine and Health  
and Health Sciences, St. Kitts



Eric Stevens, MD  
University of Illinois Rockford



Jacob Staudt, DO  
Des Moines University



# Coming Soon... It's a Match!

**Family Medicine**



Jessica Aguilera



John Dahl



Jessica Giller



Carley Irlmeier



Megan Lee



Raquel Relph



Evelyn Shaw



Megan Slattery



Ailynna Chen



Dan Novinski



Gwennan Plouzek



Samuel Thomas

**Transitional Year**

# ...To the Halls of Broadlawns!



## A NOTE REGARDING ORGAN DONATION FROM DR. LARRY BEATY

100,000 people are waiting for a kidney transplant in the US, about 600 in Iowa. I am one of them! About 18,000 get transplanted annually, only 6,000 from living donors. At my age, I need a living donor kidney as the wait list for a cadaver donor is 5-7 years. The need is great. Living donors must be over 18 years of age and be basically healthy – free from diabetes, cancer, hypertension (uncontrolled) or other chronic diseases. More information is available at: [www.kidney.org/livingdonation](http://www.kidney.org/livingdonation)

Be an organ donor, you can designate that when you renew your driver's license, hunting license or fishing license. It all helps reduce that waiting list!



## LAURA ABELS, DO APPOINTED TO AAFP OSTEOPATHIC FAMILY PHYSICIAN PROJECT ADVISORY GROUP



Laura Abels, DO was recently appointed to the AAFP Osteopathic Family Physician Project Advisory Group (DO-PAG) which is described below. Congratulations Dr. Abels. We know she will represent the osteopathic family physician and the IAFP very well.

The DO-PAG was formed to provide family physician input into, and feedback on, AAFP's work to better serve the nation's osteopathic family physicians.

**THE IAFP WILL BE HOSTING A FREE WEBINAR ON OPIOID USE DISORDER ON AUGUST 2<sup>ND</sup> FROM 6-8PM. MORE INFORMATION AND REGISTRATION WILL BE COMING TO YOUR INBOX SOON!**

### The Opioid Response Network Helps You Help Others

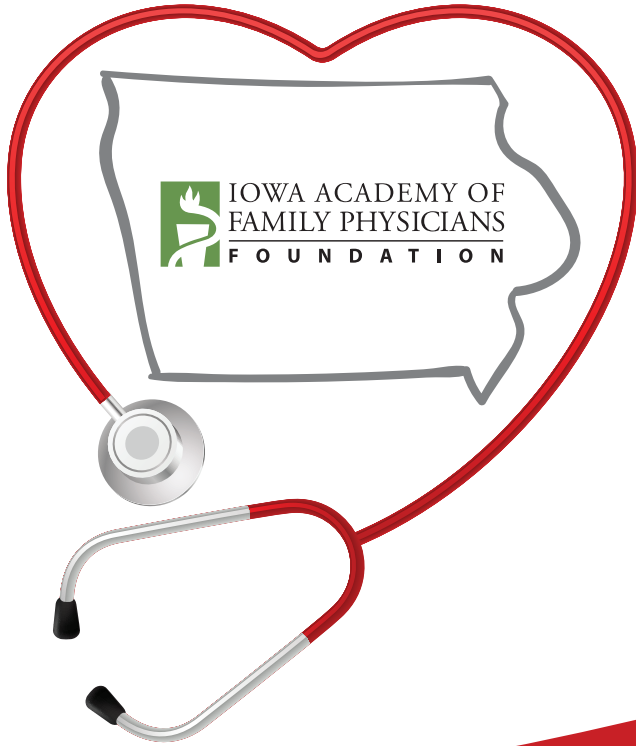
The opioid and stimulant crisis has strained the entire healthcare system and demands an array of solutions. ORN has brought together hundreds of addiction specialists and over 45 national professional healthcare organizations to support healthcare providers. All for free. Contact ORN to see how they can help enhance your efforts. Visit [OpioidResponseNetwork.org](http://OpioidResponseNetwork.org). Funded by SAMHSA.

### Free Education and Training from the Opioid Response Network

Even some of the most equipped organizations have found themselves overwhelmed by the opioid and stimulant crisis. If you are among them, ORN may be able to help. ORN has brought together hundreds of addiction specialists and over 45 national professional healthcare organizations to help healthcare providers and provide evidence-based practices. Contact the ORN today to see how they can help enhance your efforts. Visit [OpioidResponseNetwork.org](http://OpioidResponseNetwork.org). Funded by SAMHSA.

IAFP is a recipient of a grant and will be hosting a webinar in August. More information and registration for the webinar will be available soon.

# THE **HEART** OF THE FOUNDATION



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

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

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

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

## THANK YOU TO ALL OF OUR 2023 DONORS!

**WANT TO SEE YOUR NAME HERE? PLEASE DONATE BELOW!**

George Bergus, MD  
Patrick Courtney, MD  
Corrine Ganske, MD

Steven Gordon, MD  
Kate Hanrahan, MD  
Amr Kamhawy, MD

Shauna LaFleur, MD  
Sarah Ledger, DO  
Patricia Magle, MD

Brian Mehlhaus, MD  
Donna Nelson, MD  
Francis Pisney, MD

Dawn Schissel, MD  
Dustin Smith, 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 charitable organization.**

Make a donation online at [www.iaafp.org](http://www.iaafp.org) or

- Pay by check  Pay by credit card
- Visa  MC  Other \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

CC# \_\_\_\_\_ CVC Code \_\_\_\_\_

Signature \_\_\_\_\_ Exp. Date \_\_\_\_\_



Iowa Academy of Family Physicians  
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[kcox@iaafp.org](mailto:kcox@iaafp.org)  
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