



IOWA FAMILY PHYSICIAN

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PHYSICIAN WELLNESS ISSUE



INSIDE:

- Physician Burnout: A Recovery Story
- Preview the 2024 IAFP Annual Conference
- 2024 Family Medicine Match Update

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IN THIS ISSUE

President’s Message2

Editor’s Desk4

Meet the IAFP Board of Directors

2023-2024 IAFP Board of Directors.....6

Student’s Corner

Dr. AI Will See You Now...?10

2024 Family Medicine Match Results12

Ottilie Essay14

Resident’s Corner

To Well and Back.....16

National Conference of Constituency Leaders (NCCL).....18

Guest

Discover Family Medicine in Iowa- Ignite the Spark20

Physician Burnout: A Recovery Story22

Office News

Discover Family Medicine in Iowa24

Member Advocacy

Overview of the 2024 Legislative Session26

IAFP Members at the Iowa Stat Capitol28

Education

2024 IAFP Annual Conference.....30

Members in the News

Members Up for Re-Election in 202434

New Members36

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WOPEEA!

By *Kate DuChene Hanrahan, MD, MME, FAAFP*

Spring is a time of starting anew as trees are budding and the flowers are beginning to bloom. Spring is a time of renewed energy and the IAFP has continued our renewed energies towards implementing our strategic plan—**WOPEEA!** I want to thank our amazing team at IAFP who helps move our initiatives forward-- Executive Vice President Sonia Bell and our staff Katie Cox and Kelly Scallon! Below is an update on our initiatives.

Workforce – Build a strong workforce of family physicians that supports varied practice settings and the diversity of experiences. This legislative session we were able to successfully advocate for a \$125,000 increase of the continued \$2.6 million appropriation for the Rural Iowa Primary Care Loan Repayment Program. This program provides loan repayment for graduates from DMU or UICCOM who complete a primary care residency and practice in an eligible service area in Iowa. Since the program began in 2013, there have been a total of 101 agreements with 73 being family medicine.

The IAFP continues our work with payor partners and legislation to address the lack of investment in primary care with the goal of producing a state-level database to quantify primary care investment and efforts to increase the level of investment. It is well known that states with greater investment in primary care have better patient outcomes and lower health care costs.

Operations – Maintain a healthy organization that supports the goals of IAFP. Our DEI Work Group and Nominating Committee are helping us ensure equity and inclusion across our organization. We are working to recruit a wider demographic to our Board and membership. Want to get involved with our work or volunteer a colleague? Please contact Kelly Scallon at kscallon@iaafp.org.

Pathway – Develop students in health focused careers. The IAFP is working with HOSA to develop specific programming for careers in Family Medicine/Rural areas. The IAFP and Drs. Randel and Waller from Broadlawns presented at the Spring HOSA meeting on *A Day in the Life of a Family Medicine Resident*. Our IAFP staff received AAFP grant funding for **Discover Family Medicine in Iowa**. Through this grant, the IAFP will work with primary schools and their curricula to provide students with “hands on” presentations and experiences led by community family physicians (you!). Please watch for future opportunities to connect with your local schools. I would also encourage you to reach out to your local high schools now to see how you can help support HOSA Future Health Professionals through mentoring or other programming. Do you want help making these connections? Contact Sonia at sbell@iaafp.org.



Education – Provide education for all our members to support their clinical practice and professionalism. In addition to our annual conference (November 7-8th at Prairie Meadows) the IAFP is working to deploy additional educational opportunities for our members. The IAFP will host our first **Procedure Clinic** with a Nexplanon Training in Des Moines on August 6th; visit <https://iaafp.org/Procedure-Clinic/> for more details and registration.

Engagement – Promote the involvement of all members. IAFP is working to connect more with our members and to highlight your work! Please follow us on Facebook (**Iowa Academy of Family Physicians**), LinkedIn (**Iowa Academy of Family Physicians**) and Instagram (**iowafamilydocs**) and share your stories. Please join the **IAFP at the Iowa State Fair** on August 11th from 11am-1pm at The Depot. We want to connect with you and are providing free advance tickets

“The IAFP continues our work with payor partners and legislation to address the lack of investment in primary care with the goal of producing a state-level database to quantify primary care investment and efforts to increase the level of investment. It is well known that states with greater investment in primary care have better patient outcomes and lower health care costs.”

for IAFP members and their immediate family for admission and lunch at the Iowa State Fair. Information on how to sign up is included in this magazine and at iaafp.org/state-fair.

Advocacy – Support all family physicians to practice at their highest level. The IAFP continues our advocacy efforts to ensure that family physicians can practice our full scope of medicine and to ensure that Iowa patients are safe. We are beginning work to implement components of the AMA Truth in Advertising Campaign which is designed to ensure that health care providers clearly and honestly state their level of training, education, and licensing.

If you are looking for another reason to get involved with the IAFP and to help promote Family Medicine, I encourage you to read The Milbank Memorial Fund and The Physicians Foundation *The Health of US Primary Care: 2024 Scorecard Report – No One Can See You Now* report from February. This report assesses the health of primary care at the federal and state level regarding access, financing, workforce, and research. We have work to do, and we are stronger together working towards a common goal—remember that **Iowa Needs Family Docs.**

As required by the IAFP Bylaws this is the official notice of the Annual Business Meeting to be held on Thursday, November 7th at 11:30 am at Prairie Meadows Event Center in Altoona.

IAFP Secretary –Treasurer, Patrick Courtney, M.D.



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AGENTS OF CHANGE

By Jason Wilbur, M.D.

Love him or hate him, Sam Harris does have some useful and even wise things to say. When speaking of meditation, Sam Harris has said (or written or both), “You have one job, and it consists of two parts: be a good person and pay attention.” I think what he says is probably true. It’s a statement so simple that it borders on trite, and it could certainly fit on a crochet pillow or a bookstore wall, but it’s true nonetheless. This simple statement is incredibly difficult to even begin to enact in our daily lives and literally impossible to perform on a consistent basis. That is why I think it is true. Plus...the vibes. It feels right!

This simple truth is echoed in health care. We all came to medicine to do good for our fellow humans. There are other motivations – we’re not all angels, least of all, me. Maybe we also seek prestige, follow a family tradition of healing, or relish the challenges of difficult diagnoses and learning new things. At the heart of it all, we came to medicine to do good, and doing good in our work requires us to pay attention.

Zooming out from the individual patient-physician interactions, we can see that doing good also means being agents for change. To be an effective change agent, we must pay attention to the systems in



which we work. Health care is broken, and we need to help fix it. Maureen Bisognano, a quality care champion and former president of the Institute

Beef's Nutrients Support Girls and Women's Health

FEMALE IRON REQUIREMENTS INCREASE STARTING IN ADOLESCENCE

Age Group	Male (Per Day)	Female (Per Day)
4-8yr	10MG	10MG
9-13yr	8MG	8MG
14-18yr	11MG	15MG
19-50	8MG	18MG

Iron-deficiency anemia is on the rise in the United States. Research suggests that as U.S. consumption of iron-rich food declines, especially beef, prevalence of iron-deficiency anemia increases, particularly in females.¹

One 3 oz serving of beef is a good source of heme-iron, **providing 14% of Daily Value.**²

1. Sun H, Weaver CM. Decreased Iron Intake Parallels Rising Iron Deficiency Anemia and Related Mortality Rates in the US Population. *J Nutr.* 2021;151(7):1947-1955. doi:10.1093/jn/nxab064

2. U.S. Department of Agriculture, Agricultural Research Service, Nutrient Data Laboratory, FoodData Central. Available at fdc.nal.usda.gov (Beef composite, cooked - NDB Number: 13364).

for Healthcare Improvement, has said that health care workers have a dual responsibility: to care for patients and to improve systems of care. However, as a medical student, I didn't know that I was signing up for that second part. Did you? When did we learn about that part of our job?

I was a doctor for at least five years, maybe ten, before I realized that I worked in a system that does not – and perhaps cannot – care about patients. Many of the incentives and processes in our health care systems seem to be aimed at goals other than the health and happiness of our patients. As it happens, I learned this

disappointing truth at about the same time that I became more involved in IAFP. I'm not going to write a "rah-rah" piece about how awesome our IAFP is (I've done a ton of those!), but I do believe that IAFP can be an agent for change and help family physicians make a greater impact. So, when you think to yourself that you don't have time for IAFP, remember that IAFP is here for you.

In this issue, readers will find articles describing the ways physicians (and students!) are making change happen and striving to make the health care system better. You will read about building pathways to family medicine;

volunteering; engaging young people; self-care; suicide prevention; and thoughts on how artificial intelligence may positively impact our relationships with patients and make our work lives better. There's a lot going on in these pages!

I hope you enjoy hearing from our members and leaders. Please let us know how we are doing. If you have ideas, questions, or comments, you can reach me via email at Jason-wilbur@uiowa.edu.



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 Cedar Falls: 516 S Division Street, Suite 120B | Fort Dodge: 804 Kenyon Road, Suite 100 |
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 Ottumwa: 1005 Pennsylvania Avenue, Suite 110 | Pleasant Hill: 5900 E University Avenue, Suite 202 |
 Spencer: 2004 Highway Boulevard | Waterloo: 999 Home Plaza, Suite 101 | West Des Moines: 6200 Westown Parkway

2023-2024 IAFP BOARD OF DIRECTORS



**Kate DuChene Hanrahan, MD,
MME, FAAFP
President**

Kate DuChene Hanrahan, MD is a Clinical Professor of Family Medicine at Roy J. and Lucille A. Carver College of Medicine. Kate grew up in Spirit Lake, Iowa and completed medical school, residency and fellowship at the University of Iowa. She has a Masters in Medical

Education and is a member of the ACGME Review Committee for Family Medicine. Her outpatient practice is located at Iowa River Landing in Coralville Iowa.



**Sarah Ledger, DO
IAFP President-Elect**

Sarah Ledger is a lifelong Iowa resident, born and raised in Fairfield, IA. She completed a biochemistry degree from Loras College and her Doctor of Osteopathy at Des Moines University. She received her family medicine training at the Iowa Lutheran Family Medicine Residency Program. From there, she

moved to Mount Pleasant in 2010, where she is a co-owner of Family Medicine of Mount Pleasant, PC, an independent physician-owned practice. She has a special interest in sports medicine and woman's health, providing antepartum obstetrics share care. Her husband, Jacob, is an EMS Field Coordinator for the Iowa Dept. of Health and Human Services. They have 3 very active children- Isabella, Emersen, and Brecken. If she isn't at the office, you can find her volunteering in her community, cheering on her kids at their sports/music events and dance competitions, or advocating for family medicine and her patients.



**Jason Wilbur, MD, IAFP
Vice President**

Jason Wilbur, MD, FAAFP, is a Clinical Professor of Family Medicine in the Carver College of Medicine at the University of Iowa and serves as the Vice Chair for Education in the Department of Family Medicine and the Mary Ristine Brodie Geriatrics Education Professor. Jason was born and raised in St. Louis,

Missouri, and earned his Doctor of Medicine from Saint Louis University in 1999. He completed residency in Family Medicine and fellowship in Geriatric Medicine at UIHC. Currently, he sees patients in family medicine and geriatric assessment clinics, precepts resident clinics and outpatient procedures, and provides inpatient hospitalist coverage for family medicine at UIHC. Jason values the Iowa Academy of Family Physicians and has supported IAFP as a committee member, board member, Secretary/Treasurer and editor of the IAFP Magazine. Outside of medicine, Jason enjoys running, hiking, traveling and spending time with his family.



**Patrick A Courtney, MD, FAAFP
IAFP Secretary-Treasurer**

Patrick Courtney went to the Medical University of South Carolina, then he completed his family medicine residency in Lincoln, Nebraska where he met and married an Iowan. Dr. Courtney practiced full spectrum family medicine in Carroll, Iowa for four years. He has always enjoyed teaching, so he then

joined the faculty at the residency program in Mason City. He enjoys teaching and practicing full-scope family medicine, doing and leading QI projects, and recently became an ALSO instructor. Dr. Courtney joined the IAFP Advocacy committee in 2020 and the Board of Directors in 2022. Outside of work, he enjoys distance running, He has 3 young boys, and is involved in Cub Scouting.



Corrine Ganske, MD
IAFP Board Chair

Corrine Ganske is a graduate of the University of Iowa College of Medicine. She completed her family medicine residency at the Oregon Health Sciences University. She practiced for thirty-six years at the UnityPoint East Des Moines Family Medicine Clinic and the Iowa Lutheran Family Medicine Residency

where she is a former residency program director.



Nicole Brokloff, MD
District 2 Director

Nicole Brokloff received her medical and public health degrees from the University of Iowa. She completed her residency at Genesis Quad Cities Family Medicine Residency Program. She now practices outpatient medicine in the Quad Cities, where she grew up. She has been involved with the IAFP since medical school when

she served as the student member to the board.



Thomas Richmann, MD
District 1 Director

Dr. Richmann attended medical school at University of Iowa College of Medicine and completed his Residency at Cedar Rapids Medical Education Foundation. He practices in Marion.



Kelly Krei, DO
District 2 Director

Kelly Krei, DO is a Primary Care Sports Medicine Physician at MercyOne Genesis Health System in the Quad Cities.

Kelly grew up in Iowa City, Iowa and completed medical school at Des Moines University, residency at the University of Iowa and fellowship at Michigan State University. She spends one day a week

staffing the Genesis Family Medicine Residency Clinic. Kelly enjoys covering several community events in the Quad Cities and is a team physician for the Quad City River Bandits and Bettendorf High School.



Ursula Livermore, MD
District 1 Director

Dr. Ursula Livermore completed her undergraduate studies at Iowa State University followed by medical school at the University of Iowa. Her residency training, including her third year as Co-Chief Resident, was at the University of Iowa's Department of Family Medicine.

This training launched the start of her outpatient career in family medicine. Her privilege to practice as a family doctor for over two decades has spanned three states (Indiana, Illinois, & Iowa) and across the globe (New Zealand). She most recently began working at Crescent Community Health Center in Dubuque in November of 2022. In her current position, she serves both the primary health care needs of her outpatient panel and the administrative needs of her practice as the Chief Medical Officer. Her appointment to serve the IAFP Board as a District 2 representative started November 2022. Dr Livermore is passionate about Family Medicine! However, when not at the office, she enjoys traveling, running/ walking with the family dog, playing the piano, binge-watching TV series or movies with her spouse, attending church, playing board and card games, and spending time with their 3 adult children.



Laura Abels, DO
District 3 Director

Laura Abels is a proud Iowa import having grown up in Indiana. She graduated from Des Moines University COM, class of 2012. Dr. Abels has been a part of the MercyOne organization since residency there. She is currently doing outpatient family practice in Ankeny. She loves connecting with her patients and is

especially interested in preventive care and psychiatry. Dr. Abels is married and has a 4.5-year-old daughter and adopted a baby girl as of January of this year.

(continued on page 8)

(continued from page 7)



Robert Nathanson, D.O.
FAAFP, District 3 Director

Robert Nathanson graduated from Des Moines University. He completed his internship at Des Moines General Hospital and family medicine residency at University of Iowa. Dr. Nathanson is a Fellow of the AAFP. He is partially retired and was recently working part-time at Broadlawns Hospital and is still

working with new military recruits at Camp Dodge. He has been a member of IAAFP Membership Services Committee for several years. Dr. Nathanson has been married for 41 years and has kids and grandchildren.



Mara Groom, DO
District 4 Director

Mara Groom, DO, MBA is a family medicine physician practicing full-spectrum family medicine in Spirit Lake, IA. Mara grew up in a military family, graduating from high school in Germany. She came to Iowa for college and never left, now considering herself a proud Hawkeye fan! Mara is also the education

chair for the IAFP and hopes to see you at the next annual meeting!



Samantha Bissen, DO
District 4 Director

Samantha Bissen, DO is a family physician in Grundy Center, Iowa. Samantha grew up in Janesville, Iowa. She attended Wartburg College for her undergraduate education, Des Moines University for medical school and completed residency at Iowa Lutheran Family Medicine residency in Des

Moines. She practices in a rural community and loves raising her family in this beautiful community.



Tim McCoy, DO
At-Large Director

Dr. Tim McCoy D.O. is a Family medicine physician who recently relocated to the Knoxville Clinic after practicing in Des Moines with MercyOne for nearly 25 years. Tim grew up in Omaha, Nebraska but has called Iowa his home since 1987 when he attended Drake University. He completed his

medical school training at DMU in Des Moines and his residency at Iowa Lutheran in Des Moines. Tim also continues to work administratively at MercyOne as their CMO of their ACO. He has been married for over 30 years to his lovely wife Kathy and they have 4 amazing children.



Spencer Carlstone, MD
At-Large Director

Spencer Carlstone, M.D. lives in Pella, Iowa with his wife and 7 children. He serves as a city councilman and stays active in his community. He spent the last 17 years as a full spectrum family physician with Pella Regional Health Center. He completed undergrad and graduate school at Baylor University,

accomplished medical school at the University of Iowa Carver College of Medicine, and returned to Waco, Texas for residency. He is a strong advocate for family medicine, family physicians and Iowa.



Dana Danley, MD
Residency Representative

Dr. Dana Danley is a native of Des Moines and attended the University of Iowa College of Medicine. She completed her Family Medicine residency at Broadlawns Medical Center. She has been an adjunct Professor at both the Carver College of Medicine and Des Moines University since 2007. Dr. Danley

was named the Broadlawns Family Medicine Program Director in 2021 after being a faculty in the residency since 2005. In April 2023, Dr. Danley assumed the role of Director of Medical Education and Designated Institutional Official. Within the Family Health Center at Broadlawns, Dr. Danley championed the Polk County Produce Prescription Program and the US Conference of Mayors Medium City 1st place grant to help address food insecurity and chronic conditions such as obesity in children and diabetes in adults.



Sean Westendorf, MD
Resident Member

Sean Westendorf grew up in Waverly, IA and attended Luther College in Decorah for his undergraduate studies, majoring in Biology and competing on the baseball team as a pitcher. He attended medical school at the University of Iowa and was involved in the CCOM Rural Iowa Scholarship Program (CRISP) and served

on the board of the Family Medicine Interest Group while in medical school. He is now in his 2nd year of family medicine residency training at Broadlawns Medical Center and hopes to practice full-spectrum family medicine in Iowa in the future. He has been married to his beautiful wife for two years this May, and they welcomed their first child, a boy, to their family in November 2023. His hobbies include playing pickup basketball, playing golf, cheering on his favorite sports teams, and trying new craft beers at the various breweries around Des Moines. He is excited to serve as President of the residency council and add a resident's perspective to the IAFP Board for this upcoming year!



Amr Kamhawy, MD, FFAFP
AAFP Delegate

Dr. Amr Kamhawy attended the University of Iowa for both undergraduate and medical school and then completed his Family Medicine residency at Broadlawns Medical Center. He has been engaged with the IAFP since medical school and has remained engaged over the last 30+ years. Dr. Kamhawy served as a

regional district director on the IAFP board, Executive Committee and as President in 2009. He currently serves as a Delegate to the Congress of Delegate of AAFP. When he is not working, he enjoys traveling with his family, the outdoors, diving, and following the Hawkeyes.



Robin Barnett, DO, MBA
AAFP Delegate

Dr. Robin Barnett, DO, MBA, FFAFP is board certified in family medicine. She completed Medical School at Des Moines University in 1991 and completed a family medicine residency through Lutheran Hospital, in Des Moines, in affiliation with the University of Iowa in 1994. Dr. Barnett is a Fellow of the

American Academy of Family Medicine. She completed a Master of Business at the University of Iowa, Tippie College of Business in 2014. She recently retired from Mercy in Cedar Rapids, Iowa. Dr. Barnett continues to be involved with the Iowa Academy of Family Physicians and the American Academy of Family Physicians.

DR. AI WILL SEE YOU NOW...?

By Ryan Fisher, M4, University of Iowa Carver College of Medicine

The year is 2022. Artificial Intelligence has just passed Step 1, Step 2CK, and Step 3 with a score of 60%. Just barely. The average human score was around 75%. Medical students like me breathe a sigh of relief. Our profession is safe. We are smarter than the machines and, at least for now, will not be replaced by them.

The year is 2023. Artificial Intelligence has just passed Step 1, Step 2CK, and Step 3 with a score of 90%. "It's ok," we tell ourselves. "Being a good physician is about more than just being a good test taker. Even if they're smarter than us, machines won't replace us." But is it ok? Should Artificial Intelligence play *any* role in medicine? And what do we actually mean by "Artificial Intelligence" anyway?

Artificial Intelligence, or AI, is best defined as computer systems capable of performing tasks that typically require human intelligence. Artificial Intelligence and Human Intelligence agree on one thing, or at least, ChatGPT (arguably the most famous AI) and my wife (the finest example of human intelligence) agree on one thing: "AI in medicine is an excellent... [writing] topic due to its growing relevance, potential impact, and the ethical considerations surrounding its implementation." Thanks for the vote of

confidence, ol' buddy, ol' pal, ol' ChatGPT version 3.5. "Chat" is right though. We've witnessed how AI's understanding of medicine has dramatically increased in a very short amount of time. But what is the real-world potential impact of AI on medicine? To simplify the discussion, let's focus on the ways AI is poised to significantly impact family medicine.

Family medicine has one of the top 5 highest burnout rates among all specialties. As a 4th year medical student, I can already understand why. Thanks to the extensive (ok, excessive) electronic health record (EHR) documentation requirements imposed by health systems and insurance companies for the purposes of billing patients, charting has become one of the most time-consuming and loathed chores of a family physician. To be fair, some amount of charting is necessary and useful to track patient progress and inform future healthcare decisions. However, according to the American Medical Association, family physicians spend nearly six hours of their day working in EHRs, and almost one and a half hours of this time is spent working from home after hours.

Dr. Steven Waldren, VP and Chief Medical Informatics Officer at the American Academy of Family Physicians,

envisions AI reducing the administrative burden of documenting patient visits by gathering patient history through conversation (yes, you read that right, *AI will physically interview the patient*) and then recording this information in the EHR. He further suggests that AI will increase physician efficiency by searching the chart and collecting medical history relevant to specific patient concerns or problems, saving the time and numerous mouse clicks such chart searches would otherwise require. Finally, he anticipates AI will assist physicians by sorting and categorizing patient messages based on urgency of the problem and estimated time required for the physician to respond. Practically speaking, these "AI interventions" could save the family physician up to one hour and forty-five minutes of work just in documentation every day. Over the course of a year, this comes out to almost 10 weeks of work saved. Gaining back this much time would undoubtedly contribute to decreased burnout rates in family medicine.

Though reasonable and realistic, these estimations of AI impact are admittedly still hypothetical. There are, however, a couple clinical uses of AI that are changing the patient's experience of family medicine *right now*. These include detection of progression of eye disease

"Practically speaking, these 'AI interventions' could save the family physician up to one hour and forty-five minutes of work just in documentation every day. Over the course of a year, this comes out to almost 10 weeks of work saved. Gaining back this much time would undoubtedly contribute to decreased burnout rates in family medicine."

(IDx-DR) and identification of skin cancer (DermaSensor). Briefly, IDx-DR analyzes images of a patient's eye to suggest when referral to a specialist may be necessary, while DermaSensor records and analyzes data from suspicious skin lesions to suggest when further evaluation or referral to a specialist may be necessary. These AI tools are helping patients save time and money by reducing unnecessary referrals to specialists.

It seems clear that the current and future roles of AI in medicine have real benefits for both patients and family physicians and should be further developed. But perhaps the obvious question this raises is, "Will AI replace family physicians?" Again, Artificial Intelligence and Human Intelligence agree: "Patients often value the human interaction, empathy, and trust that they develop with their family physician over time. While AI can provide valuable support, it cannot replace the personalized care and communication that patients receive from their doctor." Thanks, "Chat."

A recent study by the University of Arizona Health Sciences found that just over 50% of the nearly 2,500 study participants preferred human doctors to AI doctors. Notably, older patients were much more likely to prefer human doctors and indeed, the medical literature is replete with studies endorsing the notion that the elderly population highly values socio-emotional relationships with their physicians. Whether the proverbial glass is half full or half empty is, as usual, a matter of perspective. The exponential rate at which AI is evolving, however, makes predictions of patient preference a moving target.

Additionally, ethical concerns about patient privacy, data security, and algorithm bias (that is, bias in the data used to train AI) – not to mention the challenge of how AI would perform basic physical exam skills – remain to be fully fleshed out. Because of these concerns, in combination with the human desire for human relationships, it appears AI will only complement family physicians instead of outright replacing them.

The year is 2024. Artificial Intelligence is working with human physicians to improve clinical medicine. Future family physicians like me across the country

eagerly anticipate the potential impact AI partners could have on our daily administrative task burden. "There's a lot I could do with an extra hour and forty-five minutes of time each day," we say to ourselves, before diving back into the EHR.



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2024 FAMILY MEDICINE MATCH RESULTS

In the 2024 NRMP Match:

- 4,595 medical students and graduates matched to family medicine residency programs. Here's the breakdown:
- Family medicine offered 5,231 positions, 124 more than in 2023, and 13.6% of positions offered in all specialties.
- Family medicine residency positions were filled almost equally by U.S. MD seniors, DO seniors, and IMGs. Match results were fairly stable year-over-year for U.S. MD seniors, DO seniors, and U.S.-citizen IMGs.
- The number of U.S. MD seniors matching increased by 36 compared with the year prior. It remains significantly below—805 matches—the historical peak of 2,340 in 1997. Only 8.3% of matched U.S. MD seniors matched in family medicine.
- The number of DO seniors matching to family medicine decreased by 21. The percentage of DO students matching to family medicine (20.1%) declined from 22.2% the year prior, more sharply than the historical trend.
- Almost one-quarter (23.5%) of U.S. IMGs and 12% of foreign IMGs who matched to any specialty matched to family medicine. The number of foreign IMG applicants who matched in family medicine rose significantly compared with 2023 (706 vs. 562).
- A total of 3,140 U.S. MD and DO seniors and graduates matched in family medicine.
- Family medicine represents 12.8% of all U.S. students or graduates who matched in 2024.

Local Stats:

- In 2024, a total of 65 medical students from Iowa's two medical schools matched through the NRMP into family medicine (16 from the University of Iowa and 49 from DMU.)
- 21 of those students will stay in Iowa for their family medicine residency.

GET TO KNOW OUR 2024 Outstanding Student Award recipient

Name: Jayden Amsler | **Hometown:** Palo, Iowa | **Residency Program:** University of Iowa

What are you most looking forward to after residency?

I am most looking forward to building connections with my future patients after residency and establishing a panel of patients for whom I can address a wide range of needs. I especially hope to provide care to underserved populations and members of vulnerable communities such as the LGBTQIA+ community. I am also excited to keep learning about the constantly evolving field of medicine and the new treatment options that will become available to patients as I progress in my career.

What is your favorite thing about family medicine?

My favorite part of Family Medicine is getting to build deep connections with families and see patients through so many phases of their lives. I love that I can help deliver a patient's baby and then continue to care for both the patient and their baby throughout their lives. I can also take care of the patient's partner, parents, and other children, and in doing so, build strong connections with them all. This not only makes my work feel more fulfilling, but I feel it also benefits patients when their provider is able to better understand their family dynamic and their goals in the context of their life story. Family Medicine also allows me the opportunity to have a wide range of experiences, allowing me to interact with patients in clinic, deliver babies, and still get to perform procedures. I can take care of patients with a wide range of needs, from obstetrics care, to gender affirming care. I can talk to one patient about diabetes management in the morning and another about end-of-life care and their goals in the afternoon. No two days are exactly alike in Family Medicine, and I am so grateful to be pursuing a career that will keep pushing me to better myself and continue to learn every day.



MATCH PHOTOS



Emilio Tovar (University of Nevada-Reno)



Jayden Amsler (University of Iowa)



Kristopher May (Providence Sacred Heart- Spokane)



Lauren Hartwell (Broadlawns)



Rebecca Bushbaum (Gunderson Lutheran- Lacrosse)



Sarah Costello (University of Iowa)

OTILIE ESSAY

By Apoorva Raikwar, M2, University of Iowa Carver College of Medicine

Apoorva Raikwar 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.

During the second week of the rotation, Dr. Sorensen gave a lecture where he cited several studies showing that greater access to primary care providers was associated with a lower all-cause mortality rate, but that the per capita supply of physicians was decreasing. While not backed by statistics, my time at the UIHC Muscatine clinic drove his words home for me.

I worked with three providers, each serving patients with varying demographics. With every patient, developing and maintaining rapport was of the utmost importance. Even when running behind in clinic, there was an unspoken rule that they spend a few minutes discussing life events and family members with patients, whether it related to their care or not that day. I asked one provider about how she balanced chatty patients with being efficient in clinic. She responded that this rapport building was often the sole reason patients even continued to see a physician. Thus these conversations were not simply pleasantries, but rather crucial to maintaining continuity of care, especially in a small town setting.

This was even more important when working with patients from marginalized

communities who may have grown up with an innate distrust in the healthcare system. One provider explained that this sometimes meant that progress with these patients was slower, and that was okay since it laid the groundwork for them to begin rebuilding trust in medical providers.

My time at the clinic coincided with two of the three physicians announcing that they were leaving in the upcoming months. For thousands of patients in Muscatine, this meant shifting providers at the clinic or moving to clinics in entirely different towns. I witnessed several tears and conversations with anxious patients deeply concerned about who their new provider would be and if they would ever “really understand them”. I saw patients bring in gifts and heartwarming cards to the providers they had grown so fond of. I overheard conversations about the hiring process for new providers- one that seemed to be moving slowly. I was witnessing firsthand the rural primary care provider shortage.

I also saw the downstream impacts of communities with limited access to healthcare. Monday through Thursday in Muscatine often entailed busy clinics with

dozens of patients who were medically complex, had lower health literacy, and who had to travel to have labs or imaging done. This was in contrast to my Fridays in the Iowa City clinic where patients were often affiliated with the university and highly educated, proactively asked if they were up to date with screenings and vaccinations, and could go up a few floors to have their labs drawn with results shown a few hours later. Beyond access to medical providers, the community’s infrastructure and resources were also often a limiting factor. When Muscatine patients needed housing or nutritional resources, there seemed to be one main organization, MSCA, that handled most of these needs. This was in contrast to Iowa City where there were dozens of resources available for patient’s needs and designated social workers to help guide them.

While my time in Muscatine showed me the harsh reality of the rural primary care shortage, it also showed me the substantial impact and wide scope of practice that a provider can have in a smaller, underserved community.

“I saw patients bring in gifts and heartwarming cards to the providers they had grown so fond of. I overheard conversations about the hiring process for new providers- one that seemed to be moving slowly. I was witnessing firsthand the rural primary care provider shortage.”

FARM BUREAU AWARDS RURAL PHYSICIAN SCHOLARSHIPS

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

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

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

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

– Jeff Hoffmann, DO, IAFP Foundation President.

2023 Student Recipient



• **ANNA WILCOX, MD -**

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

2023 Resident Recipient



• **SARAH TERRONEZ, DO -**

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

TO WELL AND BACK

By Troy Dolmetsch, D.O., R2 | Genesis Family Medicine Residency | Davenport, Iowa

Tragedy struck our residency program and medical community in late spring of 2023 when recent graduate and then-current hospitalist, Dr. Alan Julius, died by act of suicide.

He was only thirty-one.

Because our training years did not overlap, I did not know Dr. Julius well - but that did not stop me from crying as his loved ones shared fond memories of him with an auditorium full of hospital staff. It was clear that he led a life well-lived yet left behind so much of a life still in front of him. Compounding the tragedy of the situation was that Dr. Julius suffered mostly in silence.

For healthcare providers, there has been a concern that mental illness or a mood disorder would be a liability in our careers. While those fears had merit yesterday, the American Medical Association (AMA) now accepts that asking physicians to ignore their well-being is a detriment to the system that depends on physicians. The AMA is championing the work of Henry Ford Health System and the states that followed in removing intrusive mental health questioning from the credentialing process.¹

At a local level, our residency program is responding to this recent tragedy by working with the Julius family to initiate the Dr. Alan Julius Physician Wellness

Program to reduce mental health stigma and encourage overall wellbeing in the demanding times of residency training. As a part of this program, our residency faculty has implemented individual and group therapy sessions for all current resident physicians. Residents are also given a half-day of administrative leave in which they are directed to focus on activities that support their personal wellness.

I am perhaps one of the most or least qualified resident physicians to write on the topic of physician wellness - depending on the time in my life under question. In the pre-pandemic years of preclinical courses in medical school, I

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was a model of a well-rounded student-doctor. I exercised with an intensity and consistency that would convince most that I was still a collegiate athlete. I maintained a nutritious diet that often-earned side-glances of curiosity in the cafeteria. I was a regular attendee at Sunday morning services at a local church, and even joined a weekly book club there in which I was the only member that did not require reading glasses. I was one of the founding members of our medical school's unofficial meditation club that would meet in the quiet room prior to exams to compose ourselves. I regularly volunteered with Free Clinics of Iowa, an adult day care center, and made deliveries to homeless camps among other involvement. I never took the maximum amount allowed under my student loans and spent modestly according to the appropriate budget of a broke med student. I had also found good community amongst a group of classmates that became close friends. I had a grasp on health, community involvement, social support, and financial responsibility despite the challenges of medical school.

I found, however, that level of fulfillment is difficult to sustain. Since those years of preclinical coursework in 2018-2020, many things changed both globally and personally. A global pandemic and many events of national unrest occurred; I took 3 personal board examinations (5 if you want to count the times in which I also took USMLE step 1 and 2 in addition to COMLEX); I navigated the couples match into residency, married without the money to pay for a wedding, had a surprise pregnancy, and am raising a toddler in a two-resident-physician household.

Some of my hardships in residency have been obvious. For instance, when my first patient death as a July intern in residency

was a 2-hour-old code pink that I had helped deliver earlier that morning, I told my preceptor and program director that I was too shaken to continue my OB rotation for the remainder of the day. Other tribulations, however, struck in silence. And if you are like me, then you also may not be aware of the silent sufferings that are degrading our well-being or of the severity to which they erode our happiness.

I wish I had enacted self-awareness sooner in residency. The writing was on the walls. I gradually decreased my workout routine to that of only a weekend exerciser. I stopped striving to excel at work and instead, produced something more akin to going through the motions. I had lost my internal locus of control, and instead found elsewhere to place blame. I am not back to my prime, but after realizing where I was falling short, I have course-corrected.

Much like mental health treatment in primary care, physicians have tools for mental health that include counseling and medication. However, no cookie-cutter recipe for physician wellness exists, but there may be many small adjustments that can be made with logarithmic returns. For instance, for me personally, even though my wife is also a resident and understands the typical resident irritations, I have sharply decreased the things related to work I discuss with her at home, allowing for better separation of my work and home life. My wife and I also invested in our home gym so that we can both steal more workouts in less time to boost both our physical and mental health. I am also trying to be more present when spending quality time with our son. And we rescued a golden retriever mix that after a training and acclimation period has become my best friend and constant companion.

In a national survey sponsored by The Mayo Clinic and the AMA, almost 63% of physicians reported symptoms of burnout at the end of 2021.² Obviously, I cannot fix physician wellness with this article. American healthcare has systematic flaws including unequal access to medical care, limitations placed by insurance companies, documentation burden, and staff shortages among many others that are all worthy of advocacy for change. While the point of this article is not to make you feel futile in the rally for physicians, I will point out that many of these things are unlikely to change overnight. However, I encourage every physician in every stage of their career to reflect often on the things that we can control. From how you start your day, to the food you put in your mouth, to the worries to which you give your mental attention -- ask if what you are doing is in alignment with your ideal self. It is my hope that in reading this article you will feel encouraged to reflect on where you are, where you want to be, and the detriment of living in that zone of incongruence.

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NATIONAL CONFERENCE OF CONSTITUENCY LEADERS

By Troy Dolmetsch, D.O., R2 | Genesis Family Medicine Residency | Davenport, Iowa

IAFP is always looking to provide leadership opportunities to resident members. This year, we were lucky enough to bring three amazing residents to the AAFP National Conference of Constituency Leaders (NCCL). This conference inspires you to build on your leadership skills and create a lasting impact for current and future generations of family physicians.



Dayna King, DO, Alexander Dresden, DO and Kimberly Cachero, MD

Attending the National Conference of Constituency Leaders through the AAFP as a resident physician had a significant impact on me. Engaging with leaders in family medicine from diverse backgrounds provided invaluable insights into addressing healthcare disparities by advocating for the communities who experience these disparities. Through interactive workshops and discussions, I gained practical strategies for promoting health equity and shaping health care policies- and taught me I can have impact through this meeting. This experience deepened my commitment for continued patient advocacy, and I sincerely appreciate the opportunity afforded to me as a resident.

Dayna King, DO, MercyOne Des Moines

“Leadership is not about authority and position. Leadership is actually an activity - small actions taken in moments of opportunity.”

This quote resonated with my experience in the last National Conference of Constituency Leaders at Kansas City this April 2024. The people I have met across all levels of training, as well as the advocacies they stand for, are all inspiring. I am in awe at how supportive and helpful everyone was to each other, especially to me and my fellow residents, who are still relatively

new in this profession. Through the convention, I learned about the work behind the scenes in different advocacy groups, and how much work it takes for a resolution to make it to the Congress of Delegates. It was good to learn that there is an avenue for Family Physicians to advocate for ourselves - so that we can be better stewards for our patients. One meeting that I attended was the International Medical Graduate (IMG) Constituency Discussion Group, where I saw IMG constituency leaders from all over the United States create a resolution for AAFP to write a letter of support for practicing visa-requiring IMG providers on their application for permanent residency. I also attended the Advocacy Reference Committee Hearing where I saw Women Physician constituency leaders advocate for 12 week optional parental leave for both parents. Furthermore, I witnessed an IMG male physician, who is also a father, showing support for this 12 week parental leave advocated by the Women Physician delegates. It was inspiring to see delegates from different constituencies supporting one another. It was definitely nice to witness small actions taken in moments of opportunity result in big changes - such as AAFP supporting IMGs and physicians who are trying to build families while working as Family Physicians.

-Kimberly Cachero, MD, MercyOne North Iowa

It's not everyday you meet the Anthony Fauci or Neil Degrasse Tysons of your specialty but by attending the ACLF/NCCL conference I did just that! The conference was full of sessions talking about how to advocate at a state level, drafting and proposing resolutions on behalf of constituencies, Medicaid waivers, and parliamentary updates (apparently there is a method behind the madness of motions and this guy named Robert). During one lunch hour, by happenstance, I sat next to the AAFP president elect Jen Brull who was delightful and very patiently explained to me what the congress of delegates was. The conference was a whirlwind of learning, socializing, and exploring Kansas city and getting lost while trying to navigate the scooter system. It was a phenomenal experience and I am so grateful to have attended. One lasting impression I had was the Olympic torch marathon that each of us are personally embarking on during the 26 mile journey of our practice but how it was moments like this conference that we can see that in contrast of a lone torch carrier there is a magnanimous multitude of us that cumulatively create a beacon of compassion and care for our patients.

Alexander Dresden DO, University of Iowa

We can stop HIV, Iowa— by testing for both HIV & other sexually transmitted infections

Health care providers are essential to ending the HIV epidemic in Iowa. The best first steps you can take are offering routine HIV screening and speaking openly with patients about their sexual history.

Acquiring any sexually transmitted infection (STI) increases the likelihood of HIV acquisition. Therefore, prompt diagnosis and complete treatment of people with STIs is very important. This prevents the long-term health consequences of STIs and reduces the likelihood of acquiring HIV or other STIs.

Please consider the following when discussing patients' sexual health needs:

HIV testing

Diagnosing HIV quickly and linking people to treatment immediately are crucial to reducing HIV transmissions and improving health outcomes for all.

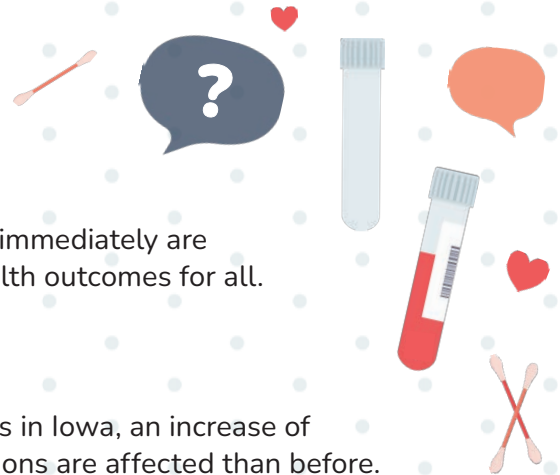
Syphilis testing

Provisional data from 2023 indicate 940 cases of syphilis in Iowa, an increase of more than 230% since 2018. A wider variety of populations are affected than before.

Rates among our Black, Indigenous, and persons of color are increasingly disproportionate. The percentage of cases among women has also increased starkly, from only 12% in 2021 to approximately 38% in 2023. We need your help to raise awareness and increase testing, early diagnosis, and treatment to reduce syphilis transmission in Iowa.

Extragenital testing for chlamydia and gonorrhea

Extragenital testing is testing for chlamydia and gonorrhea at any body site other than the urethra, vagina, or cervix. It includes testing in the rectum or oropharynx, based on patient-reported exposure, regardless of condom use.



Read the Dear Partners letter released with the CDC's 2022 STI Surveillance Report (Jan. 31, 2024)



Visit the STI Program page at Iowa HHS for Iowa-specific resources

DISCOVER FAMILY MEDICINE IN IOWA- IGNITE THE SPARK

By Sarah Ledger, D.O.

5th grade presentation “How does a heart work”

Greetings from your current IAFP Board President Elect! I have been practicing family medicine in Mt. Pleasant, IA for the past 14 years. I have been on the IAFP board for 7 years. Recently, your board elected to form an Ad Hoc Pathways Committee. This committee aims to increase the Family Medicine workforce in Iowa. Currently, Iowa is meeting only 41.69% of its of primary care needs, with 934,796 Iowans living in primary care health professional shortage areas (HPSAs) and 97 of Iowa’s 99 counties are partially or entirely in a designated healthcare provider shortage area (HRSA 2024). An additional 174 physicians are needed to remove these shortage designations today. The aging population in Iowa increases the demand for primary care to meet the health care needs of Iowans. Creating a pathway/mentorship program to primary care from an early age may help increase interest in primary care.

Our first objective is to develop primary school student interest in health-focused careers. “Discover Family Medicine in Iowa” is designed to support partnerships between local elementary, middle and high schools across Iowa with their community family physicians. IAFP will work with primary schools and their curricula to provide students with “hands-on” presentations and experiences led by community family physicians. Students will learn more about human biology, the research skills of investigation, critical thinking, and how these and other scientific skills are used every day by family physicians. Please watch for more information as we develop this program.

One of the projects being considered includes teaching older elementary students how a heart works by hands on

exploration of a mammal heart. I had the opportunity to test this project with my daughter’s 5th grade PLUS class. This was a very basic introduction in which I did the dissecting beforehand, and they were able to gain hands-on exploration of deer hearts. The objectives included identifying important parts of the heart, describing how blood flows through the heart in a specific path, how to keep the heart healthy, and how problems with the heart may cause health concerns.

We started by watching a video from Learn Bright titled “The Human Heart for Kids.” This video is available free online. We diagrammed the path of blood through the heart on the whiteboard. I pointed out the anatomy and discussed some of the important functions, including how coronary arteries deliver blood to the heart muscle itself. They passed around the specimens and had hands-on exploration. We discussed ways to keep the heart healthy and why it is important. I taught them about some things that can go wrong with the heart if you don’t stay healthy. At the end of the discussion, they each told me something new that they learned.

For the last part of my visit, I talked to them about what it means to be a family physician. I find that people are always surprised to find out all the vast things a family medicine physician can treat and do. We are the “Swiss army knife” of medicine. We are the cornerstone of health. I discussed career paths into medicine. I outlined my course of study and reiterated that becoming a physician is a very attainable goal. I was pleased to find out that 3 of the students wanted to go to medical school, and 2 of them (including my daughter) into family medicine.



As family physicians, we can make a profound impact by stepping out of the office and into our community. I firmly believe that by taking one hour out of my day to do this presentation, I have sparked an interest in medicine for some of these kids. They were engaged and excited. I left that day feeling recharged. I leave you with a simple challenge: Get out and go into a classroom. Share your passion about family medicine with those kids. Ignite the spark.

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Physician Burnout: A Recovery Story

PETER OPPENHEIM, MD

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More than 60% of physicians surveyed two years into the COVID-19 pandemic reported at least one symptom of burnout.

Every leader in health care should be asking “How can we better support physicians?”

I was a poster child for physician burnout. After working as a family physician for 25 years, I left medicine in late 2021 because I felt I had nothing left to give patients. I had wanted to be a doctor since I broke my leg when I was 7 years old. I still remember sitting in the emergency department’s orthopedics room, looking at all the stuff on the wall and thinking, “I want to know how to use all this.” My entire educational and professional career had been geared toward becoming and then being a physician. As I walked out of my office in late 2021, I remember feeling empty. I wasn’t happy to be leaving. I wasn’t sad. I was just numb.

My burnout experience was not unique and highlights many of the issues practicing physicians face today. A recent article noted that more than 60% of physicians surveyed two years into

the COVID-19 pandemic reported at least one symptom of burnout.¹ While I was fortunate to find a way back to primary care, too many of our colleagues leave permanently and patients suffer due to decreased access.

BURNOUT’S MANY CAUSES

Why physicians burn out is a complex process with multiple contributing causes. For me, the combination of documentation demands, value-based payment pressures, pandemic factors, and personal stressors left me feeling emotionally disconnected and often angry at patients for wanting my help.

When I became a medical director for population health in 2017, I enthusiastically supported the promise that value-based reimbursement offered. Why pay for more care when you can pay for better care? However, I quickly saw how participation can become a numbers game, with some health systems preferentially reporting on quality metrics where they already do well. In poorly designed programs, quality may not necessarily improve, and at-risk populations may be worse off as dollars shift “away from patients, providers, and communities with fewer resources and toward those with more.”²

Being a typical physician perfectionist and overachiever, I wanted my system to perform well, and I felt singularly responsible for our success. So I started focusing more and more on care gaps during patient visits. It seems hard to believe in retrospect, but I found myself increasingly frustrated when patients wanted to talk about their complaints as I attempted to pivot the conversation to address unrelated quality metrics so I could check boxes.

As I struggled to balance my patients’ needs with my system’s needs, the COVID-19 pandemic was in full swing. People were demanding unproven treatments, and once a vaccine became available, everyone

ABOUT THE AUTHOR

Dr. Oppenheim is a family physician practicing with Salinas Valley Memorial Healthcare System in Salinas, Calif., where he was formerly medical director for population health and oversaw value-based payment programs. Author disclosure: no relevant financial relationships.

The opinions expressed here do not necessarily represent those of *FPM* or our publisher, the American Academy of Family Physicians. We encourage you to share your views. Send comments to fpm@aaafp.org, or add your comments to the article online.

was suddenly an expert in immunology. More than one visit ended with an argument about the merits of mRNA vaccines.

Around the same time, I became a caregiver for my father who was suffering from metastatic prostate cancer and progressive dementia. I would like to say that I handled my adult caregiver role with empathy and compassion, but by the end I was pretty worn out.

Weighed down by the stress, I became progressively detached and short-tempered, as well as increasingly disappointed with myself for feeling and acting poorly. In late 2021, I decided to leave primary care practice and accepted a medical director position for a subsidiary of a large insurance company. Although I wouldn't be a practicing physician, I felt I could still improve patient care.

I soon realized I had made a terrible mistake. During a team-building session at my new organization, we watched the Cleveland Clinic video "Empathy: the Human Connection to Patient Care" (https://www.youtube.com/watch?v=cDDWvj_q-08). It is a short but powerful video that addresses the human dimension of medicine. Watching it reminded me how much I had lost when I stopped seeing patients. Despite all the difficulties that came with practicing medicine, I still wanted and needed to help people in the way that only a clinician can. I quit my job the next week and returned to my former practice.

HOW CAN WE BETTER SUPPORT PHYSICIANS?

Recovering from burnout has been a winding road and is still ongoing. While I wish it had been less painful, I am grateful for the process. It has made me a better doctor and a healthier person.

Since coming back, several of my colleagues have shared their own personal struggles. Some of them are overwhelmed by documentation demands and patient volumes. Others are dealing with health issues or caring for family members. Listening to their experiences has led me to ask "How can we better support physicians?"

The short answer is that there is no easy answer. Burnout is multifactorial and individual, and no single intervention will be sufficient. In my former role, I would often tell my team, "There is a patient at the end of every metric." It was meant to remind everyone that the numbers represent real people with families, jobs, and life experiences that contribute to their overall health. The same is true when it comes to physician burnout.

To health care administrators, I would say that you must address burnout on multiple levels on an ongoing basis. Survey your physicians and staff. Find out what is dragging them down. Then act on that information. Interventions may require additional money and resources, but so does replacing your workforce. Not addressing the problem will lead to higher burnout and turnover, placing even more stress on the remaining

physicians. This vicious cycle can be devastating.

One issue health systems must address is the added burden of value-based reimbursement. While these programs can reduce expenses and improve quality, they can also unintentionally interfere with care by taking attention away from what the patient needs to what the system needs (e.g., cataloguing diagnoses and documenting care to increase compensation). A recent study showed that physicians who participate in value-based payment programs spend an additional 26 minutes per day documenting outside office hours compared with colleagues who do not participate.³ Since the average doctor already spends 1.84 hours per day documenting outside office hours,³ adding to this burden is not healthy or sustainable.

Just as organizations are measuring their level of quality to support value-based compensation, they should also be measuring their level of burnout to support physician well-being. The Surgeon General recently called for a National Health Care Workforce Commission to look at ways to include burnout measures in health care system evaluations.⁴ This is great place to start. A healthier workforce can only improve patient care.

To the struggling physician, I would say that burnout is real and you don't have to face it alone. Ask for help. The best decision I made when I returned to primary care practice was to start seeing a therapist. It wasn't easy to admit I needed help, but I would not have succeeded without it. Before I left practice, I had forgotten the human element of medicine in my efforts to document and provide efficient, high-quality care. Now, I try to focus on connecting with patients and working with them as individuals to be cared for, rather than problems to be fixed in a 15-minute window. Metrics and documentation tasks have not disappeared, but they take a back seat to my relationship with my patients and how I can help them be healthier. Both my patients and I are happier for this change.

If you are suffering from burnout, know that there is a path back to enjoying patient care. It won't necessarily be easy, but little worthwhile is. **FPM**

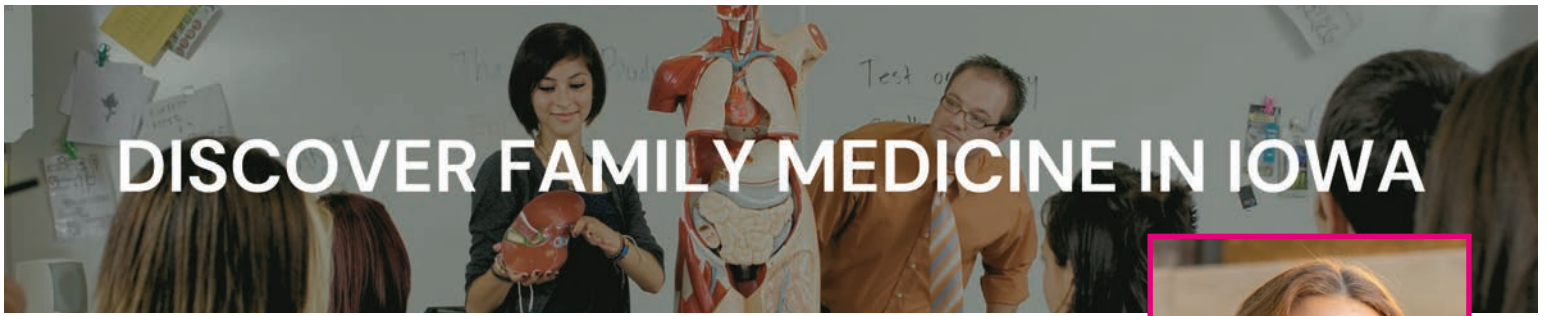
Editor's note: The AAFP Guiding Principles for Value-Based Payment call for programs that do not add administrative burden to primary care; see the related *FPM* Opinion piece at <https://www.aafp.org/pubs/fpm/issues/2023/0100/from-volume-to-value.html>.

1. Shanafelt TD, West CP, Dyrbye LN, et al. Changes in burnout and satisfaction with work-life integration in physicians over the first two years of the COVID-19 pandemic. *Mayo Clin Proc.* 2022;97(12):2248-2258.

2. Gondi S, Maddox KJ, Wadhwa RK. "REACHing" for equity — moving from regressive toward progressive value-based payment. *N Engl J Med.* 2022;387:97-99.

3. Gaffney A, Woolhandler S, Cai C, et al. Medical documentation burden among U.S. office-based physicians in 2019: a national study. *JAMA Intern Med.* 2022;182(5):564-566.

4. Murthy VH. Confronting health worker burnout and well-being. *N Engl J Med.* 2022;387(7):577-579.



By Sonia Bell, MBA, Executive Vice President

Nearly a year into my role at the Iowa Academy of Family Physicians (June 5!), I’m still learning so much about family physicians; your passion for your practice and serving your communities, the triumphs you experience as family physicians and the difficulties that impact you all on a national, state, local and personal level.

One of the biggest problems repeated by AAFP and our members through my first year is the shortage of primary care providers, particularly family medicine physicians, and the negative downstream effects of burnout and poor physician well-being that it is causing. With 51% of family physicians reporting feeling burnout in 2022—more than any other specialty—the need to add to more family physicians NOW to the primary care workforce is obvious. And unfortunately, the aging population in Iowa continues to increase the demand for primary care providers to meet the health care needs of Iowans well into the future.

So how is it that our proposal below, asking you to volunteer more of your limited time to another project, helps address these issues of physician burnout and decreased well-being? Well, it is simply a combination of science and math—in which you all excelled! (Right?!)




1. The science: volunteering is positively related to better mental health outcomes for adults.
2. The numbers: creating a pathway/mentorship program to primary care from an early age can help increase the interest in primary care, thus leading to a larger number of family physicians practicing in our state and across the nation.

To increase volunteer opportunities and community engagement among our members while creating a better-defined pathway to family medicine for Iowa students, we outlined a program called:

DISCOVER FAMILY MEDICINE IN IOWA

PHASE I: OUTREACH INITIATIVES TO LOCAL ELEMENTARY AND MIDDLE SCHOOLS

This year, we plan to work with primary schools to provide students with “hands on” presentations and experiences led by our community family physicians. Students will learn more about human biology and the research skills of investigation, critical thinking, and how these and other scientific skills are used every day by family physicians. Our Ad Hoc Pathways Committee aims to outline different types of activities to offer to local classrooms, ensuring age and time-appropriate considerations are addressed. Example classroom activities by school level are:

	“ What’s in a Doctor’s Bag? ”, exposing elementary students to the tools of family physicians and providing them the opportunity to use their own (disposable) stethoscope.
	“ How Does a Heart Work? ”, teaching middle school students how the heart works through the dissection of a mammal heart specimen.
	“ What Our Blood Tells Us ”, discussing blood types, human DNA, and other clues our blood tells while using a venipuncture practice kit to introduce the medical art of phlebotomy.

PHASE II: CONTINUING THE STUDENT RELATIONSHIP THROUGH HIGH SCHOOL



We've already begun to partner with Iowa Health Occupations Students of America (HOSA), and will continue, to:

- Present and volunteer at state and local HOSA chapter events.
- Reach out to other organizations across the state to build a statewide Healthcare STEM coalition, with a vision of joining forces to define a larger program and attracting government and foundation funding.
- Partner with the Iowa School Counselor Association to promote program materials and resources on their website and exhibit at their annual conference in November 2024.

PHASE III: PROVIDE ONGOING MENTORSHIP OPPORTUNITIES TO HIGH SCHOOL AND COLLEGE STUDENTS

By the beginning of 2025, the IAFP Foundation and Ad Hoc Pathways Committee hope to establish a Junior Board comprised of local high school students across the state interested in serving their communities and pursuing the field of medicine. Students will experience:

- Working with a Board and learning about management and governance.
- Mentorship from medical students, residents, and Family Physicians.
- Planning and promoting educational messaging along with community activities while learning about the science of family medicine.
- The opportunity to add a valuable and unique volunteer activity to their college application.



Through our partnership with Iowa HOSA and contacts gathered from presenting at local schools and exhibiting at the Iowa School Counselor Association, we will disseminate an application process (to be developed) for interested students.

VOLUNTEERS NEEDED

But this initiative won't get far without you, our family physician member! Regardless of whether you've served on the Board before, volunteered for one of our committees, or ever presented to your local school, you are a perfect and necessary component of this plan. We will provide all the information and materials, from supplies and outlines for school presentations to contacts and scheduling assistance for Iowa HOSA chapter events or Junior Board meetings. Specifically, we need family physicians to:

- Present at local schools • Partner with their local Iowa HOSA chapter
- Present and/or judge a presentation at an Iowa HOSA conference • Join the Ad Hoc Pathways Committee
- Be a physician member of the Junior Board • Spread the word to other members!

You can do just one thing, a couple of things, or all of them, whatever aligns best with your level of availability and interest! We are extremely thankful for any time you can lend towards growing the next generation of family physicians. And all you have to do is email us (Kelly, Katie, or me) to get started!

Sonia Bell, EVP, sbell@iaafp.org

Kelly Scallon, Director of Operations, kscallon@iaafp.org

Katie Cox, Director of Communications, kcox@iaafp.org

IAAFP.org will be updated with more information as the program develops, so continue to monitor that site as well for more opportunities. We look forward to working with you!

OVERVIEW OF THE 2024 LEGISLATIVE SESSION AND LEGISLATIVE/GOVERNOR INITIATIVES

Submitted by Cornerstone | David Adelman, Sara Allen, Paige Thorson, Frank Chiodo, Matt Hinch, & Isabel Waller

OVERVIEW OF SESSION

Saturday, April 20, marked the final day of the second session of the 90th Iowa General Assembly. Legislators were able to reach agreements on the FY 2025 budget and remaining key policy items in the last few weeks of session and adjourned only four days after the 100th day of session, when per diem pay for legislators ended. This session, Republicans held the majority in both the House and the Senate. With Governor Kim Reynolds also being a Republican, this means Republicans continued to hold their GOP trifecta. This was the second year of a new Republican supermajority in the Senate, with 34 Republicans and 16 Democrats. In the House, Republicans had 64 members, and Democrats had 36 members. As this was the second session of the 90th General Assembly, and since no special elections were held, no new members joined the Legislature this session.

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 to serve 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, Pam Jochum (D-Dubuque) took over as Minority Leader.

MAJOR BILLS OF SESSION

Area Education Agency (AEA) Reform

Conversations on AEA reform took up the bulk of session, and movement on most other major policy items were held up until agreement on this was reached. The bill eventually agreed upon by Republicans in both chambers places the AEAs under the supervision of the Department of Education, defines the powers of AEAs and requires certain reporting, adds four superintendent members to AEA boards, allows AEAs to continue receiving 90% of state special education money and gives school districts 10%, allows school districts to decide whether to utilize AEAs for media and general education services, limits the amount that AEA administrators can be paid, and creates a task force on AEAs to recommend future changes. Final passage of HF 2612 occurred on March 26, with the Governor signing it into law the next day.

Postpartum Medicaid Coverage | Registered IN SUPPORT

The Governor announced expanding postpartum Medicaid coverage as one of her priorities during her Condition of the State speech. Under her proposed bill, SF 2251, postpartum Medicaid coverage would be extended from 60 days to 12 months. The bill scales back eligibility criteria for Medicaid coverage for pregnant women from 300% of the federal poverty level (FPL) to 215% of the FPL. As this bill advanced through

the legislative process, there was discussion on what percentage of the FPL was appropriate for eligibility. However, in the end, no changes were made to this provision. Final passage of the bill occurred on April 3.

Iowa's Behavioral Health System

One of the most significant healthcare bills this session was the transition of behavioral health services from a mental health and disabilities service system to a Behavioral Health Service System. This started as one of the Governor's priority bills, and it was largely supported by both parties. In addition to transitioning Iowa's behavioral health services, the bill transfers disability services to the Department of Health and Human Services (HHS), eliminates the Commission on Aging, and eliminates special intellectual disability units at the state mental health institutes. The bill, HF 2673, was officially passed during the last week of session.

Opioid Settlement Moneys

This year, the Governor and legislators from both parties worked on potential plans for disbursing moneys from the Opioid Settlement Fund. Moneys in the fund must be used for the purposes of abating the opioid crisis in Iowa. Only one appropriation has been made from this fund, which occurred during the 2022 session. As of April 15, 2024, there is approximately \$45.7 million in the fund, and a significant amount of additional moneys will be deposited into the fund in coming years.

The Governor proposed HSB 689, which would appropriate \$20.2 million to the HHS, the Iowa Finance Authority, and Iowa Workforce Development for specific opioid prevention, treatment, recovery, and infrastructure activities. The bill failed to advance, meaning the opioid dollars received by the state will not be distributed this year. Only the General Assembly is authorized to appropriate moneys from the Opioid Settlement Fund, so we will likely not see any appropriations from the fund until next session at the earliest.

Biomarker Testing | Registered IN SUPPORT

Legislators worked on a biomarker testing bill, HF 2668, for much of session. The bill requires a health carrier that offers certain plans in Iowa that provide for third-party payment of health or medical expenses to offer coverage for biomarker testing for the purposes of diagnosing, treating, appropriately managing, or monitoring a disease or condition in a covered person when the test has demonstrated clinical utility. The legislation applies to the Medicaid program, the Healthy and Well Kids in Iowa (Hawk-i) program, and managed care organizations contracted with the HHS Department to administer those programs.

Nonmedical Switching

This session, legislators continued work on a nonmedical switching bill, HF 626, which was introduced last session and had made it through the House. The bill prohibits limiting or excluding the coverage of a prescription drug for a medically stable covered person on that drug if the prescription was previously approved by the carrier for the covered person, the person's prescribing health care professional has prescribed the drug for the person's medical condition within the last six months, and the person continues to be an enrollee of the plan. Final passage occurred on April 17.

Consumable Hemp

After many discussions on how best to regulate these consumable hemp products, the Legislature ultimately passed HF 2605, which sets the maximum THC concentration at 4 mg per serving and 10 mg per container, or 0.3% on a dry weight basis, whichever is less. The bill also prohibits the sale of consumable hemp to individuals under 21 years of age, requires registration with the HHS for the retail sale of consumable hemp, and prohibits a person holding a retail alcohol license from selling alcoholic beverages that contain THC. HF 2605 is on the Governor's desk waiting for her signature.

STATE OF IOWA BUDGET

The final budget passed totaled \$8.913 billion from the General Fund for FY 2025, which begins on July 1. This is an increase of \$361.2 million (4.2%) compared to FY 2024. The budget bills also appropriated money from other state funds; in fact, the Transportation and Infrastructure bills only appropriate money from other funds and nothing from the General Fund. See the tables below for the total amounts appropriated from the General Fund and other funds this session.

Budget Line Items of Interest

Health and Human Services Budget Bill – HF 2698

Family Medicine Obstetrics Fellowship Program Fund: \$560,000 allocation from the HHS Public Health appropriation for the continuation of the Family Medicine Obstetrics Fellowship Program Fund to establish obstetrics fellowships in rural and underserved areas in the state. This is no change compared to the estimated FY 2024 allocation.

Iowa First Five Healthy Mental Development Initiative Programs: \$3.1 million allocation from the HHS Community Access and Eligibility appropriation for the Iowa First Five Healthy Mental Development Initiative programs. This is no change compared to the estimated FY 2024 allocation.

Education Budget Bill – SF 2435

Rural Iowa Primary Care Loan Repayment Program: \$2.6 million appropriation to the Department of Education for the College Student Aid Commission Rural Iowa Primary Care Loan Repayment Program. This is an increase of \$125,000 compared to estimated FY 2024.

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 sbell@iaafp.org.

Family Practice Residency Education Program: \$2.2 million appropriation for the Family Practice Residency Education Program at the University of Iowa. This is no change compared to estimated FY 2024.

Primary Health Care Initiative: \$624,000 appropriation for the Primary Health Care Initiative at the University of Iowa. This is no change compared to estimated FY 2024.

ADDITIONAL BILLS OF INTEREST

The Governor has 30 days from the date of final adjournment to sign enrolled bills. That date will be Monday, May 20, 2024.

HF 2489 – Insurance Diagnostic Breast Exams

- Requires an insurance policy, contract, or plan providing for third-party payment or prepayment of health or medical expenses to provide coverage for diagnostic and supplemental breast examinations.
- Registered in **support**.
- Passed by the Legislature on April 1. On the Governor's desk awaiting her signature.

HF 2507 – Ambulance Staffing, First Responder

- Allows a physician and surgeon or osteopathic physician and surgeon to staff a medical care ambulance service or non-transport service if they can document equivalency through education and additional skills training. Modifies the definition of "first responder" for the purposes of the Opioid Antagonist Medication Fund and the Newborn Safe Haven Act.
- Registered **undecided**.
- Passed by the Legislature on March 19. Signed into law by the Governor on April 10.

The Cornerstone team would like to thank all our clients for the opportunity to serve and represent you at the Capitol this session. We look forward to the continued partnership.

IAFP MEMBERS AT THE IOWA STATE CAPITOL



Left to Right: Governor Kim Reynolds; PGY1 Resident Dante Mautino, DO; Robert Lee, MD; Noreen O'Shea, DO; Representative Devon Wood; Dave Carlyle, MD



*Signing of SF251, Medicaid Coverage for Postpartum patients with Governor Kim Reynolds;
PGY1 Resident Dante Mautino, DO; Robert Lee, MD; Noreen O'Shea, DO; Representative Devon Wood; Dave Carlyle, MD*



*Signing of HF626, NonMedical Switching with Governor Kim Reynolds;
PGYI Resident Dante Mautino, DO; Robert Lee, MD; Noreen O'Shea, DO; Representative Devon Wood; Dave Carlyle, MD*

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 contributions directly support legislators who are informed and committed to family medicine's business and practice management issues. Family medicine interests are much more likely to receive greater attention among the many competing interests and constant stream of proposals put forward for consideration.



IAFP members at the Iowa State Capitol for the Governor's bill signing for postpartum Medicaid coverage (SF2251) and nonmedical switching (HF626), May 2024.

DONATE TODAY.
JOIN THE FIGHT FOR A HEALTHIER IOWA.

IAFP meeting with Senator Chuck Grassley in Washington, D.C.



TO DONATE

VISIT IAAFP.ORG/PRIMCARE-PAC
OR
MAIL YOUR PERSONAL CHECK TO:
IAFP PRIMCARE PAC
6500 UNIVERSITY AVE
SUITE 100, PMB 123
WINDSOR HEIGHTS, IA 50324

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.

2024 IAFP ANNUAL CONFERENCE

SCHEDULE OF EVENTS | NOVEMBER 7-8, 2024

THURSDAY, NOVEMBER 7

- 9:00 am Board Meeting
- ANNUAL CLINICAL EDUCATION CONFERENCE OPENS**
- 11:00 am Registration with Brunch
- 11:30 am Annual Business Meeting
- 12:00 pm Welcome/ Introductions & Overview
- 12:15 pm **Nephrology Referrals**
Jason Cogdill, MD
- 12:45 pm **Pediatric Anxiety & Depression**
Carissa Gunderson, MD, UIHC
- 1:15 pm Question and Answer/
Panel Discussion
- 1:30 pm **PEP/PrEP**
Aneesa Afroze, MD, MPH, FACP, CPE, AAHIVS, CTH
- 2:00 pm **Treatment of Alcohol Use Disorders**
Andrea Weber, MD
- 2:30 pm Question and Answer/
Panel Discussion
- 2:45 pm Break
- 3:00 pm **2024 Cancer Updates**
Laura Makaroff, DO
- 3:45 pm Question and Answer/
Panel Discussion
- 4:00 pm **Awards & Recognition Ceremony
Installment of Officers**
- 5:00 pm Reception
- 6:00 pm **Resident Jeopardy (Includes CME)**
- 7:00-8:00 pm Reception Continues

FRIDAY, NOVEMBER 8

- 7:00 am Registration
- 7:00 - 8:00 am President's Breakfast
- 7:00-8:00 am Breakfast in Exhibit Hall
- 7:55 am Introductions and Announcements
- 8:00 am **Pharmacologic Management of Insomnia**
Sandy Robertson, PharmD
-This presentation is sponsored by the Primary Care Education Consortium and supported by an educational grant from Idorsia.
- 9:00 am Q&A
- 9:15 am Break – Exhibit Hall
- 9:35 am **Weight, Health and Eating Disorders**
Sara Schwatken, Ph.D., LP, HSPP, CEDS
- 10:05 am **Menopause Lecture**
Holly Marie Bolger, DO, FACOG, MSCP
- 11:05 am Q & A/Panel Discussion
- 11:30 am Buffet Lunch
- 12:00 pm **AAFP Update**
Daron Gersch, MD
- 12:30 pm **Pediatric Overdose: One Pill Can Kill**
Daron Gersch, MD
- 1:00 am Q & A
- 1:15 Visit Exhibits
- 1:35 pm **JOURNAL CLUB LIVE**
Jill Endres, MD, MS; Kevin T. Schleich, PharmD, BCACP
and Jason Wilbur, MD, FAAFP
- 2:45 pm **2024 Invocations for ICIDs**
Denise Sorrentino, MD, FHRS, FACC
- 3:15 pm Q & A
- 3:30 pm Visit Exhibits
- 3:50 pm **Wearables and AI in Cardiovascular Medicine**
Denise Sorrentino, MD, FHRS, FACC
- 4:20 pm **Workup of Anemia**
Anna Shook, PharmD, BCPS, BCOP
- 4:50 pm **Differentiating Neck Radiculopathy vs. Shoulder Pain**
Ian Lin, MD
- 5:20 pm Q & A
- 5:30 pm Recess for the Day

CONFERENCE INFO

CONFERENCE LOCATION/HOTEL INFO.

Prairie Meadows Conference Center
1 Prairie Meadows Drive
Altoona, IA 50009 | 515-957-3000

Special Conference room rates are \$135 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 21, 2024 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 29, 2024]

- Iowa Beef Industry Council
- Boehringer-Ingelheim
- CARR, Inc
- COPIC
- Diabetic Equipment and Supplies
- Docs Who Care
- Iowa Family Support Network/EveryStep
- Iowa Newborn Screening Program/
University of Iowa Children's Hospital
- Sanford Health Equipment
- Sanofi

EDUCATION COMMITTEE

We would like to express our appreciation to the members of the 2023-2024 Education Committee. Without their hard work and dedication this meeting would not be possible.

- Jim Bell, MD • George Bergus, 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

- RESIDENT MEDICAL JEOPARDY COMPETITION (Includes CME) – 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.
- 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.

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

2024 ANNUAL CONFERENCE REGISTRATION

Name _____ Spouse/Guest Name (\$) (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 NOVEMBER 7-8 CME REGISTRATION FEES:

Registration Type	Early Fee (Until 10/6/2024)	Regular Fee (Starting 10/7/2024)
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 brunch
- Thursday reception
- Friday breakfast
- Friday lunch

Total Section A: _____

B. DONATIONS:

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

Total Section B: _____

C. PAYMENT:

Section A: \$ _____

Section B: \$ _____

Total Due: \$ _____

REGISTER TODAY! 2 EASY WAYS TO REGISTER

MAIL COMPLETED REGISTRATION FORM WITH PAYMENT TO:
 IAFF | 6500 University Avenue, Ste 100, PMB 123 | Windsor Heights, IA 50324
 REGISTER ONLINE AT: www.iaafp.org/2024-conference

HOTEL REGISTRATION

Prairie Meadows Conference Center
 1 Prairie Meadows Drive | Altoona, IA 50009 | 515-957-3000

Special Conference room rates are \$135 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 21, 2024 to receive this rate.

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.



Your partner for home health care

When it comes to referring your patients to a home health care provider, quality matters.

At Sanford Health, we are devoted to helping people successfully live in their homes for as long as possible.

Our team of nurses, therapists and specially trained aides supports patients physically, emotionally and spiritually.

Making a referral is easy and convenient. Visit our referral center at sanfordhealth.org to find the right home health services for your patient.

SANFORD
HEALTH

MEMBERS UP FOR RE-ELECTION IN 2024

- Larissa Ackerson, DO
 Steven Aguilar MD
 Jon Ahrendsen, MD, FAAFP
 Zachary Alexander, MD
 Nandita Alla, MBBS
 Alecia Allen, MD
 Rhea Allen, MD
 Amy Andersen, MD
 Christina Anderson, MD
 Joshua Anderson, DO
 Amir Andrawis, MD, FAAFP
 Einar Arason, DO
 Bethael Aschenaki, MD
 Monique Baer, MD
 Hussain Banu, MD
 Ruth Barosy-Eurico, MD
 Kimberley Bauman, MD
 Robert Bendorf, DO
 Gena Benoit, MD
 Elaine Berry, MD
 Scott Bohner, DO, FAAFP
 Anne Boileau, DO
 Laura Bowshier, MD
 Jason Brehmer, DO
 Luke Brinkman, DO
 Kyle Brown, MD
 Dean Bunting, MD
 Spencer Carlstone, MD
 Lynn Charrlin, MD
 William Chase, MD
 Arthur Check, DO, FAAFP
 Meredith Christ, DO
 Danielle Clark, DO
 Michael Cloos, DO
 Andrew Cope, DO
 Ryan Coppola, DO
 Carina Crookston, MD, FAAFP
 Clinton Cummings, DO
 James Cummings, MD
 Myra Daniel, MD
 Amanda Dannenbring, DO
 Daniel Darnold, MD
 Christine Davis, DO
 Brianne Day, DO
 Paul De Jong, MD
 Mitalee Dharwadkar, MD
 Maria Doce, MD
 Kari Dodds, DO
 Jennifer Donovan, MD
 Devi Dunker, DO
 Robert Dykstra, DO
 Nicole Ehn, MD, FAAFP
 Jennifer Elkin, DO
 Shanna Elliott, DO
 Jason Ellis, DO
 Rachael Etnier, DO
 Amy Ewen, MD
 Julia Farruggia, MD
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UI Consult

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.



Available to any primary care or community-based provider

Common Questions:

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

Case Examples:

- ✓ 5 year old has disruptive behavior but some discrepancies are found in reports. What's the best next step?
- ✓ A teenager has eating disorder behavior. Is there anything that you suggest that we haven't done already?
- ✓ I was scheduled to see a pre-teen patient of my colleague who retired, and his medication regimen seems complex. Here are some medications I have questions about.

- 1 -

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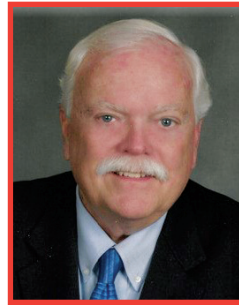
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Do you know a family that needs support services?



Families, physicians and anyone who works with children, birth through age 5, can make referrals to the **Iowa Family Support Network**.

We can connect families to:

- **Early ACCESS** for developmental concerns.
- **Family support** including in-home consultations and nurse visits.
- **Parenting groups** in their area.
- **Community resources** such as food, clothing, housing and more.
- **Children at Home Program** – Assistance for families who have a child under 22 in the home with a disability.

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