



IOWA FAMILY PHYSICIAN

VOL. XLIX No. 3 / WINTER 2022-2023

INSIDE:

- Advocacy Issue: Preview Our 2023 Legislative Priorities
- Save the Date for the IAFP Summer & Fall CME Getaways
- 2022 IAFP Annual Conference Highlights



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WE WANT YOU! JOIN A COMMITTEE

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

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

MEMBER ADVOCACY COMMITTEE:

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

MEMBER SERVICES COMMITTEE:

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

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

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“Family Medicine will be the foundation for a healthier Iowa.”

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

IAFP **IOWA FAMILY PHYSICIAN**

OFFICIAL PUBLICATION OF THE IOWA ACADEMY OF FAMILY PHYSICIANS
Vol. XLIX No. 3 / WINTER 2022-2023

On The Cover:

(Left photo) AAFP President, Tochi Iroku-Malize, MD installing Corrine Ganske, MD as the 2022-2023 IAFP President. (Right photo) Dr. Ganske speaking to the audience after being installed as IAFP President.

IN THIS ISSUE

President's Message2

Editor's Desk4

Student's Corner

Small Steps to Kick Start your Advocacy Journey.....6

Resident's Corner

Medical Resident Jeopardy Throwdown.....8

Compassion in Medicine10

AAFP Award for Excellence in Graduate Medical Education 11

Office News

Goodbye for Now12

Member Advocacy

2023 Legislative Priorities14

Thank you to our 2022 PrimCare PAC Contributors!!!15

The Importance of Family Medicine in Iowa16

Education

Opioid Response Network (OPN) Data Brief: Iowa18

FMCSA and NRCME Training Confusion20

IAFP 2023 Okoboji Summer CME Getaway24

IAFP 2023 Galena Fall CME Getaway25

Members in the News

New Members27

Corrine Ganske, M.D. Installed as President of IAFP.....28

Stacey Neu, M.D. Named IAFP Medical Educator of the Year...28

Iowa Family Physicians Receive Lifetime Achievement Award ..29

Iowa Family Physician of the Year Award30

Congratulations To Our New Board Members31

Podcast32

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GREETINGS FROM YOUR 2022-2023 IAFP PRESIDENT

By Corrine Ganske, M.D.

Thank you for the opportunity to serve you as president of our Academy this year. I think this is an exciting time for Family Medicine, and the IAFP is well-positioned to be impactful for the benefit of our membership.

I have taken a slow road to becoming the IAFP president. I was the residency program director representative to the IAFP Board for five years and then served as Treasurer for the maximum term of six years. Finally, I reached a stage where I felt I had the time to devote to the process of moving up the leadership ladder. This time has given me the opportunity to observe the inner workings of our organization and to learn about the political and advocacy work of national organization.

I am pleased to say that the IAFP is financially sound, well-run, and focused on its mission. I have also become much more aware of the strength and credibility of the AAFP in representing and advocating for the needs of our patients and the concerns of family physicians on the national level. This is a quality organization, and we can be proud to be members.

This is an exciting time to be a family physician. Evidence concerning the essential nature of a strong primary care base for a cost-effective healthcare system is growing and becoming more widely acknowledged. Recently the pandemic has shown us flaws in our healthcare system. Two flaws the come to the top are the inequities of care that are a consequence of the structure of our healthcare system. The other is the inadequacy of our mental health care system. These are areas in which family medicine can be a vital part of the solutions.

In 2021 the National Academy of Sciences (that includes the former Institute of Medicine) published “Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care.” It proclaimed that “primary care is the only component of health care that is associated with improved health of populations and with more equitable outcomes.” It went on to call for primary care to be considered a public good which

“This is an exciting time to be a family physician. Evidence concerning the essential nature of a strong primary care base for a cost-effective healthcare system is growing and becoming more widely acknowledged. Recently the pandemic has shown us flaws in our healthcare system.”

should be supported and strengthened by policymakers. The paper lays out clear steps for policy and system changes concerning reimbursement for team-based care, increased access to care and improved design of information technologies.

The AAFP is fully engaged in these issues and representing us well in Washington. Several of our IAFP members were in Washington in May for the AAFP Advocacy Summit. We were well received in our message of the need to continue telehealth payment, the need to integrate primary and mental health and the



importance of Medicaid payment parity with Medicare. These were concrete, nonpartisan requests that were easy to explain with our practice stories.

While many of these recommendations require federal level action, some are specific to environments within states. Several state family medicine academy chapters are already working on initiatives. Our IAFP Board is looking at what we can do here in Iowa with education and advocacy to promote these ideas for our state.

I have always felt that the time was good to be a family physician. But I think these calls for change will be positive for us and our patients. Please consider educating yourself on these issues, know the IAFP and AAFP legislative initiatives and consider becoming involved in advocacy activities. With group effort we can help make the future brighter.

Last, I want to join others in this publication in acknowledging Pam Williams, our Executive Vice President who is retiring this spring. She brought needed expertise to our Academy and has led it skillfully. We are in a much better place because of Pam. We thank her for that and wish her well in her retirement.



The impact of exceptional senior care

The Good Samaritan Society is proud to provide comprehensive services to health care partners nationwide. With a commitment to quality, we believe that relationships, collaboration and human connection are essential in providing compassionate care.

Our expansive footprint ensures we have the expertise to provide residents and clients with a smooth transition through various levels of care. And as an affiliate of Sanford Health, a leading health care organization, we have access to a vast wealth of educational training and resources making us the right choice for health care providers and their patients.

Our integrated approach means we're improving the quality of life and well-being of our residents and clients and developing better standards of care across our communities. Services vary by location but may include:

- **Assisted living** – Convenient, maintenance-free living with services, amenities and security features to help residents live vibrantly.
- **Home-based services** – Customized, in-home medical or non-medical care within the comfort of a person's home with extra support for meals, medications and more.
- **Long-term care** – 24-hour care and services for those who need the assistance of licensed nursing or rehabilitative staff.
- **Rehab therapy** – Quality inpatient or outpatient services using physical, occupational and speech therapies to enhance recovery after a hospitalization, illness or injury.

The help your patient needs, when and where they need it.

You can be assured that we will be there for your patient every step of the way, supporting their physical, emotional and spiritual well-being and safety. Learn more about each of our services below.

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When a person's health and personal needs change, assisted living provides extra support, so they can have their needs met in a comfortable environment. Assisted living empowers residents to lead an active, social lifestyle in a community that offers safety and security with supportive services available should the need arise.

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Home-based services encompass a wide range of offerings from medical care and rehabilitation therapies to assistance with everyday household activities and shopping. These services are provided to people of all ages in their homes.

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Our rehabilitation services are for people of all ages who would benefit from additional therapy to enhance recovery after a hospitalization, illness or injury.

Our Medicare-certified inpatient and outpatient rehab programs feature therapy gyms and include physical, occupational and speech therapy. We offer tailored services to meet the patient's needs.

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We offer around-the-clock care that supports our residents and meets their needs. We help anyone in need of long-term care, including rehabilitation therapy or skilled nursing care.

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For more information on the services we offer, and to learn how to refer a patient, visit our referral partners page at good-sam.com.



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WISHING PAM A FOND FAREWELL

By Jason Wilbur, M.D.

Advocacy and adaptation: those are my themes as I sit to write this column. Both of these characteristics are represented in our strong and steadfast Executive Vice President (EVP) these past 12 years, Pam Williams. This year, we say to Pam, "Goodbye for now" (as she prefers to say). Her retirement is well-deserved, and despite the sentiment, I don't think we'll convince her to return from retirement any time soon! Nonetheless, she is helping to ease our transition to a new EVP.

Pam has been a tireless advocate for the family physicians of Iowa and our patients. While the doctors are the heart of our organization, the EVP is the hand. Presidents and Board Chairs come and go

each year. Yes, we have an organizational structure that provides smooth transitions and overlap in leadership roles, but it's the EVP who is the constant and steady hand on the steering wheel. Pam has served that role faithfully and with good humor, and she has always looked for ways to make the IAFP work better for its members.

Going back in time – before my time in leadership roles in the IAFP – Pam stepped into the unenviable job of managing an organization that had financial problems and which had lost some of its members' trust. Over the years, she has helped to drastically improve our financial position and rebuild trust. Pam has been a thoughtful steward of our resources.



Moreover, she has our members' interests in mind. She is always asking, "How do we engage members?" and "What do our members need?"

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During the pandemic, the IAFP had to make significant adjustments. Pam led the way. She showed incredible adaptability, working with the staff and members virtually, changing meetings and reorganizing educational events. During the development of the Covid vaccine, Pam helped to advocate for family physicians' role in vaccinating Iowans.

We owe Pam a debt of gratitude. Her tenure will be remembered for the pandemic, I'm sure, but more so it will

be remembered as one of positive change.

Pam Williams, we thank you for your years of service, your attention to our members' needs, and your "can-do" spirit! We will miss you! Congratulations on your retirement and may your future hold many wonderful times!

It is now our turn as an organization to adapt to a changing environment as we begin the search for a new EVP. As the Buddha said, "Everything changes." Or, if you prefer a Western philosopher,

Heraclitus wrote, "The only thing that is constant is change." While I am sure we will never find another Pam Williams, I hope that we find someone with her reliability and determination.

Finally, as always, please reach out to me with your comments, corrections, and suggestions for our magazine. You can find me at jason-wilbur@uiowa.edu.



A note to Pam from Kelly:

It is by sheer chance that I started working at the IAFP a decade ago. Little did I know this would be the best job I could ever have. A small but mighty team, with a kind, hard-working leader. Pam has been everything I could ever hope for in a boss. For ten years, IAFP has been my home away from home and I cannot imagine a day here without her. She has guided me, mentored me and given me the confidence I need professionally. Though we are so sad to see her retire, we are also thrilled for Pam. She will have the luxury to travel more and spend this important time in her life with her family. Pam- you are so loved!



A note to Pam from Katie:

I have had the honor and privilege of working with Pam over the past 13 years. She has taught me so much and has been a great mentor to me. Her commitment to family medicine, both at the AAFP and the IAFP, has been inspiring and commendable.

Pam has become a great and trusted friend over the years and we have shared many laughs, tears, and memories.

Pam and I have traveled together for work on multiple occasions. We somehow always find ourselves in the most hilarious, awkward, and unusual situations that have made for the best stories that we love to

retell over and over again while crying tears of laughter. I am incredibly thankful for her leadership and friendship. I will miss Pam dearly but I am so excited for her to be able to solely focus on her family, friends, and travels.

Job well done.

SMALL STEPS TO KICK START YOUR ADVOCACY JOURNEY

By Sarah Costello, University of Iowa, M3

As a medical student, the thought of becoming an advocate can be daunting - at least it was for me! For many of us, limited free time, and lack of confidence or experience speaking on medical issues can seem like insurmountable barriers. However, advocacy is an important component of medical practice, and I think it's safe to say that most of us started medical school wanting to make a difference in medicine and the lives of our future patients. In this article, I hope to provide reassurance to medical students that it is possible to incorporate advocacy into their medical education journey, and it can even be a lot of fun!

I entered medical school with a vague idea of what I thought needed to change in health care, which stemmed from experience I and my family had as women and mothers seeking medical care. My experiences and the stories I have encountered along the way have guided me in my ongoing fight for reproductive justice, an advocacy issue that I am passionate about. When I started on my advocacy journey, I knew very little beyond my own experiences, but as I became more involved, my knowledge of the issue grew, and so did my confidence. Don't get me wrong, I'm no expert yet - but I am getting better at putting myself out there, trying and learning along the

way! Reflecting on my journey so far, and anticipating what is to come, I feel it might be helpful to break the journey down into manageable steps, a guide of sorts, to show you on your way.

The first step is to get inspired. I'm learning that in medicine, this step is pretty easy. You're probably already doing it. All you need to do is keep your eyes and ears open. Listen to your patients and your colleagues. Pay attention to the news. Tune into the voice in your head that tells you something is unjust. We aren't doing anything yet, simply allowing ourselves to be moved, to feel something, to think, "I wish this was different"; "I wonder how



Healthy pregnancies lead to healthy babies.

Help us prevent increases in congenital syphilis in Iowa.

In addition to other prenatal care, following syphilis testing recommendations for pregnant women is an important part of giving babies the best possible start.

Congenital syphilis cases are at an all-time high for Iowa. More than ever, it's important to follow best practices for screening, including:

- Screen all pregnant women in the first trimester at their first prenatal visit.
- Women presenting late for prenatal care should be tested for syphilis immediately.
- Given the rapidly increasing rates of syphilis among pregnant women in Iowa, **consider retesting at 28 weeks gestation and delivery.**

To learn more, contact:
 George Walton, STI program manager | Iowa HHS
 (515) 240-1143 | george.walton@idph.iowa.gov

View the most current STI treatment guidelines from the CDC at cdc.gov/std/treatment-guidelines



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this could change”; or “I can’t actually believe this is the way it is!”

The next step is getting involved, meaning just showing up! This step is easy, too. Find an advocacy event that interests you and go to it! To be fair, as a medical student, making time to do this can be tricky – but it’s so worth it! Even just showing up supports the issue because there is strength in numbers. Or if you are feeling braver, you can connect with other people who are passionate about your advocacy issue and learn from them. Finding community is so important in advocacy, especially as a medical student. Student organizations at your school are a great place to start, or look out for events from state, regional or national medical student or physician organizations. Personally, I found my community in the Medical Student Section of the American Medical Association – here I found mentors, collaborators, and friends. Finding collaborators is key to getting anything done in advocacy. Again, there’s strength in numbers, but also many hands make the work lighter! You could stop here, like I said, when it comes to advocacy, just showing up counts – but I know you won’t. By now you are hooked, you have heard from others who have been inspired like you have, and you are ready to take it to the next level.

That leads us to step three: do the work! This is the research stage, where we get to know our topic from all angles. Read the literature, talk to physicians, legislators, community stakeholders. By now you have a team of collaborators, all armed with your own experiences and stories, ready to come up with a plan of action. The goal might be writing a resolution for a state or national medical society, writing to legislators, giving testimony at the state capitol, planning a rally, or writing an opinion editorial. These are all things that on your own might seem daunting, but you have your community

now, and with your collective knowledge and skills you have laid the groundwork to make a change. But how can this work really make a difference, you might ask? That leads us to the final and, I think, the most difficult step – inspiring others to take action.

What is advocacy anyway? It’s probably a little late in this article to be asking that question, but I do think it’s important to define. The Oxford Dictionary defines advocacy as “public support for or recommendation of a particular cause or policy”. So...there you are, you were already an advocate at step two – showing up in support. But I think we can do better than that. That’s why my last step is a challenge to you and myself to be the inspiration. To me, this

is very daunting, and something I know I haven’t yet mastered. I keep practicing though, and at the very least when you put yourself out there - armed with your knowledge and backed up by your team - and give testimony, tell your stories, or even put words to paper, you can start a conversation about change – even if not everyone agrees with you!

Like so many other things in life, learning and medicine, advocacy is a journey. You aren’t born an advocate; it grows with you. It takes intention, putting yourself out there, connecting with others and finding community. I challenge you to take the first step on your advocacy journey, and I challenge you to get hooked!

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MEDICAL RESIDENT JEOPARDY THROWDOWN

On October 28th, 2022, 6 Iowa Residency programs participated in the 10th Annual Medical Resident Jeopardy Throw-Down. The teams each consisted of 3 resident participants and was hosted by Dr. Doug Martin! Fun was had by all as they enjoyed drinks and appetizers while they cheered on their favorite residency program. In the end, Broadlawns Narrow Yards pulled off their third victory. A very special thank you to Douglas Martin, MD for developing the questions and running the contest. Thanks to all the teams that participated!

BROADLAWNS MEDICAL CENTER FAMILY MEDICINE RESIDENCY - Narrow Yards

GENESIS QUAD CITIES FAMILY MEDICINE RESIDENCY PROGRAM - Flu Fighters

IOWA LUTHERAN FAMILY MEDICINE RESIDENCY PROGRAM - The Lutheran Legends

MERCY DES MOINES FAMILY MEDICINE RESIDENCY PROGRAM - No Mercy

MERCYONE NORTH IOWA MEDICAL CENTER WATERLOO - Waterloo Wizards

UNITYPOINT CENTRAL IOWA - WATERLOO - Family Quizicians





*The 2022 Champions - Broadlawns Medical Center Family Medicine Residency
Winners: Tyler Folkerts, DO, Savannah Marker, DO and Nicole Randel, DO*



COMPASSION IN MEDICINE

“DON'T LOSE THAT TWINKLE IN YOUR EYE”

By Cassady Miller, MD R3 / *Siouxland Medical Education Foundation / Sioux City, Iowa*

I will never forget the patient or their words on the day they learned about their cancer diagnosis. It was my intern year; I spent hours during their hospitalization just talking with the patient and their partner. I learned how they met and started dating. I even learned about some of the hard times they faced and how frugal they had to be just to get by. They treated me as if I were family. This experience early in my career epitomized the true meaning of compassion, a lesson I will never forget. In medicine, compassion is imperative. It must be present daily in everything we do to help those around us and even ourselves. We must actively listen to our patients, thoughtfully deliver information, and carefully modify treatment plans to fit their wants and needs.

Arguably the most important piece of compassionate care involves actively listening to our patients. Physicians must give their time when able and listen to the patient. We must also be careful to consider what is not being said, but what the patient's body language, facial expressions and tones communicate. Often diagnoses can be made from patient history alone, but diagnosis is not the only important part; the patient's concerns and questions must be heard. A patient could go through an entire encounter, receive a diagnosis, and still not have their questions answered. When a physician sees a patient, it may be one of the patient's toughest times in their life. They need to be heard, not pushed aside. Feeling like just a number in a day packed full of appointments can be more detrimental to the relationship than one might think, leading the patient to disregard a care plan because their trust in the physician has been negatively affected. Actively listening during

these conversations is key to showing compassion and building a strong, trusting doctor-patient relationship.

Appropriate delivery of information is the next step in compassionate care. A physician must be able to communicate their knowledge effectively so the patient and family may fully understand. Patients have varying levels of understanding and health literacy. Being able to target that level takes practice. Recognizing it as a skill that needs to be honed is the first step to improvement and compassionate information delivery. Reflecting after both “good” and “bad” patient encounters can help. My specific patient encounter happened to be “good,” but I have also had my share of “bad” encounters as well. Reflecting on those and moving forward is critical to all providers in any level of training and care. A good way to confirm how your information is received is to just ask the patient to share their understanding of the situation – a simple but telling tool. Overall, most patients put a lot of trust in physicians to give the information they need to make the best decision. We must practice communication, not just medicine, in order to show compassion and deliver excellent care.

Finally, cementing excellent care with compassion often means modifying the care plan to fit the patient's needs and abilities. Every patient has different things that are important to them. They also have different resources and support networks. Practicing with compassion allows you to realize that the doctor-patient relationship isn't one of dictatorship, but rather teamwork. We get to problem solve with patients to figure out the best way to treat them to reach, not only their goals, but our goals as well. By actively listening, we

can pick up the important and fine details of a patient's specific situation. Then, we can help develop a plan alongside the patient addressing those key points. If we are not open to modifying plans, the patient may not follow-through and neither the patient nor the physician's goals will be met. Compassionate care is a direct result of actively listening to patient's needs, effectively and carefully delivering information and, ultimately, remaining nimble. Physicians should be open to modifying plans and working with patients to treat each as we are best able. We must show the patient we understand their background and goals in order to be successful.

It isn't always easy to integrate compassion into our practice of medicine. Much of what we do carries a heavy level of stress. But compassion is necessary in medicine—without it, patient care suffers. I was privileged to share my compassion with my patient and their family from the beginning of this patient's journey with cancer, through the end of their life. I expect this one case early in my career will fastidiously guide me through the many more to follow. During the difficult times to come, I hope to reflect back to this patient as continuing inspiration, so I never lose the “twinkle in my eye” that was present when I first started practicing medicine.

2022 AAFP AWARD FOR EXCELLENCE IN GRADUATE MEDICAL EDUCATION

Congratulation to Dr. Nicole Woodson-DeFauw for receiving the 2022 AAFP Award for Excellence in Graduate Medical Education. The prestigious AAFP Award for Excellence in Graduate Medical Education honors a select number of commendable residents for their outstanding leadership, civic involvement, exemplary patient care, and aptitude for and interest in family medicine. Of the 4,665 eligible family medicine residents, only 12 were selected for this esteemed distinction.



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HIV
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Learn more at stophiviowa.org

GOODBYE FOR NOW

By Pam Williams, Executive Vice President

The 2021-2022 year felt like we were getting a fresh start and we were anxiously awaiting the return of in-person meetings, but then Covid numbers spiked and we had to make the difficult decision to hold the January Board of Directors meeting virtually and cancel the Legislative Breakfast at the Capitol. The Multi-State Conference attended by the IAFP President, President-elect and EVP was moved to November and part 2 of the 2021 AAFP Congress of Delegates was again held as a virtual event in late January/early February. As winter turned to spring, we were finally able to attend our first in-person meeting since the shut-down in 2019. A group of 10 IAFP officers, members and staff attended the AAFP's Annual Chapter Leadership Forum and National Conference of Special Constituencies in Kansas City. ACLF provided the opportunity to network with leaders from other chapters and to attend sessions to help guide our governance structure and develop our own leadership skills. NCCL provided the opportunity for IAFP members to represent our voice among the AAFP constituency groups by drafting and debating resolutions, several of which were sent on to the Congress of Delegates.

Our Advocacy Co-chairs, officers and staff attended the AAFP's Family Medicine Advocacy Summit in Washington, D.C. A highlight of the trip was including a family medicine resident and medical student and to listen to their stories as they advocate the AAFP legislative agenda.

I was excited to be able to attend the AAFP National Conference for Family Medicine Residents and Medical Students in Kansas City at the end of July. The IAAFP hosted a reception for residents, medical students and residency faculty and staff that provided the opportunity

for representatives from all the programs to interact with students from U of I and DMU. We had about 50 people attend!

In August the AAFP Foundation hosted a conference for chapter executives in Nashville. This meeting is a forum for chapter executives to network together, develop leadership skills, highlight programs and initiatives, problem solve and hear from AAFP staff leadership.

The Congress of Delegates met in September in Washington, D.C., and our team was led by our senior delegates Doug Martin, MD, and Amr Kamhawy, MD. Our Alternate Delegates were Jeffrey Hoffmann, DO, and Robin Barnett, DO. IAAFP President Laura Bowshier, MD, and President Elect, Corrine Ganske, MD, and I also attended. We participated in reference committee hearings, listened to the debate, observed the elections, and heard from leaders in family medicine from other associations. This Congress saw the conclusion of Dr. Martin's term on the Congress of Delegates.

He has led our group with skill, intelligence and humor as the Congress creates AAFP policy. His knowledge of parliamentary procedure has helped the rest of us learn more about the process. On a personal note, Dr. Martin has always been willing to take on new challenges, present at conferences, lead us through training for the National Registry of Certified Medical Examiners, provided a fun and challenging event through Medical Jeopardy during our annual conference and has given guidance and support to me on many issues. I will miss having him on the Board and in a leadership position but know the IAAFP will still be able to count on him for many other programs and challenges. Thank you, Dr. Martin.



Attendance at these meetings provides the opportunity for us to advocate for our members and for family physicians and better prepares our leaders and staff to meet the daily challenges we encounter along the way.

We held two CME Getaways in 2022. In June we held a summer conference at Lake Okoboji and in September we held a fall conference in Galena, Illinois. Both meetings had lower attendance than we had hoped, but the attendees really enjoyed the venues, time with colleagues, and the CME presented by their peers. We hope to continue to grow these meetings as people feel more comfortable traveling in a post-Covid world. We would love for you to join us this June in Okoboji or this October in Galena. More information on both conferences can be found in the education section of this issue.

This year we worked to bring more free virtual CME programming to Iowa family physicians. Many thanks to the Iowa Immunizes Coalition for partnering with us.

In addition to the meetings above, the IAFP collaborated with a program spearheaded by the Iowa Hospital Association, that also included the Iowa Medical Society and the Iowa Healthcare Collaborative. The Physician Business Leadership

Program is a certificate program that is in its third year and was designed as four in-person full day training program with additional requirements in networking and involvement with other industry activities. The audience is emerging and aspiring physician leaders. These programs were moved to a virtual format. Dr. Cristella Torres was selected as the 2022 IAFP scholar for this activity.

We continued to offer on-demand programming to help meet your state mandated CME requirements hosted a virtual KSA session to help with ABFM requirements last November.

I would like to extend a special thank you to Lonny Miller, MD, who finished his term as Board Chair and therefore left the Board after many years of service. As President and Board Chair, Dr. Miller led us through two very challenging years and guided the Board and staff through difficult decision making during that time. It saddens me to realize that Dr. Miller never got to be celebrated by his peers as President or Board Chair, but his impact has been significant.

Laura Bowshier, MD, has been an inspired leader as the 2022 President. Her energy and creativity led us to form a work group on member engagement, and together with Dr. Corrine Ganske, formed a second work group on Implementing High Quality Primary Care that will look to implement recommendations contained in the NASEM report. Dr. Bowshier has moved to Board Chair with a commitment to meeting the challenges of the coming year that will include a new strategic plan. She has a commitment to assure that the IAAFP addresses diversity, equity and inclusion throughout the organization and its programs.

Congratulations to our new President, Corrine Ganske, MD. Dr. Ganske spent many years on our Board of Directors as the residency program representative and served as Secretary-Treasurer for six years. We look forward to a great year and know we will be in good hands under her leadership.

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

In November I informed the Executive Committee of my intention to retire in the first quarter of 2023. This is perhaps one of the most difficult decisions I have ever made. I have met so many wonderful members, staff from other chapters, friends and colleagues along the way and it is so extremely hard to express the depth of my admiration and respect for all of you. Thank you for your care of the people of Iowa through this most difficult time and for the spirit and leadership you demonstrate each day. I thank you for your continued membership and involvement in our organization. I encourage you to take advantage of the great CME offered by the Academy and challenge you to become involved in this great organization that represents you at the state and national level. Our continued success is dependent upon each of you. It has been an honor and a privilege to serve as your Executive Vice President.

When my children graduated from high school, I wrote letters to them and their friends that included some lighthearted life lessons that were probably much more appropriate to that audience than this esteemed group, but sharing these will be far easier than the emotional sentiments that won't end well for me, so here goes:

It is easier to ride a horse in the direction it is going.

If you find yourself in a hole, the first thing to do is stop digging.

Never underestimate the power of stupid people in large groups.

You miss 100 percent of the shots you never take.

A true friend stabs you in the front.

The second mouse gets the cheese.

Accept that some days you're the pigeon and some days you're the statue.

Never miss a good chance to shut up.

Life is like a roll of toilet paper. The closer it gets to the end, the faster it goes.

This last one is a good place to end. Covid taught us not to take toilet paper for granted, and I do feel that time and toilet paper are going faster every day.

My aunt always used to leave us by saying, "Goodbye for now." I took comfort in those words because they held the promise that we would meet again. So dear members, friends, and colleagues, I wish you goodbye for now and look forward to the time we will meet again.

2023 LEGISLATIVE PRIORITIES

1. Workforce initiatives.

- The Academy will continue to explore ways to increase quality physician access to patients in Iowa through workforce programs like the Primary Care Rural Loan Repayment Program drafted by the IAFP in 2014. Fully funding these programs is critical to maintain a physician centered primary care workforce in Iowa. As such, IAFP supports:
 - i. Increased funding for the Rural Primary Care Loan Repayment Program,
 - ii. Increased state funding for the Medical Residency Programs
 - iii. Continued funding for psychiatric training at Des Moines University

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

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

2. Medical Liability Reform

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

3. Scope of practice protection.

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

4. Primary Care Direct Spend

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

THANK YOU TO OUR 2022 PRIMCARE PAC CONTRIBUTORS!!!

We raised \$8,380 this year!

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

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

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



IAFP PRIMCARE PAC DONATION:

- \$1000 PLATINUM MEMBERSHIP
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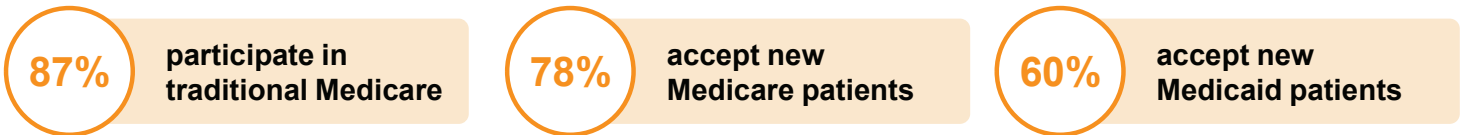
IOWA ACADEMY OF
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THE IMPORTANCE OF FAMILY MEDICINE IN **Iowa**

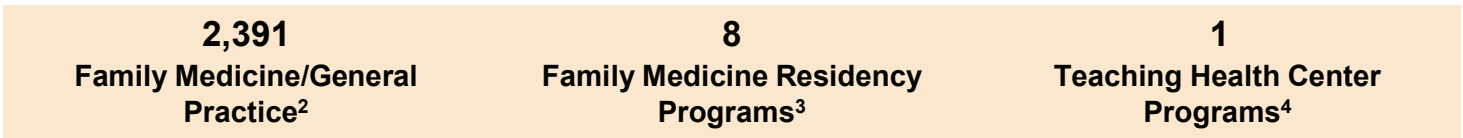
Family physicians are residency-trained, primary care specialists dedicated to treating the whole person. With a focus on prevention, primary care, and overall care coordination, family physicians provide a wide variety of clinical services, and, when necessary, refer their patients to a specialist, while continuing to advocate for that patient's care.

Family Physicians in the U.S. Health Care System

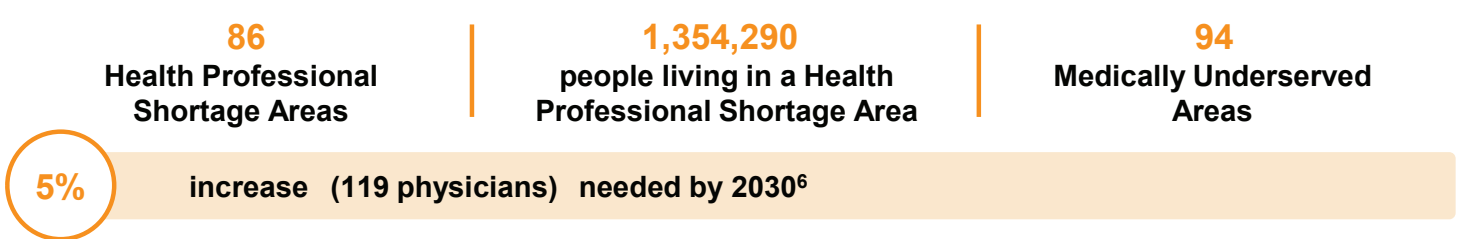
More Americans depend on family physicians than on any other medical specialty. AAFP members are the main source of primary health care for the Medicare population and see a large proportion of new Medicaid beneficiaries.¹



Family Physicians^{2,3,4} in **Iowa**



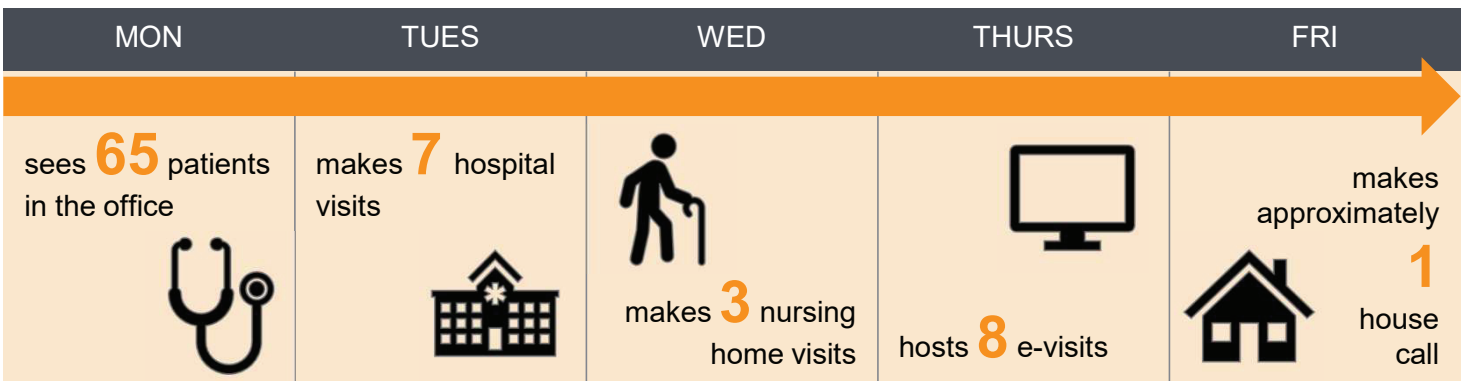
Physician Shortage⁵ in **Iowa**



Family Medicine's Contribution to the Economy



In a week, the average family physician:⁷



Sources:

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2. KFF. Professional Active Primary Care Physicians by Field. August 2022. <https://www.kff.org/other/state-indicator/primary-care-physicians-by-field/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>
3. ACGME. Advanced Program Search. Retrieved from <https://apps.acgme.org/ads/Public/Programs/Search>
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5. HealthLandscape. Underserved Population
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7. AAFP 2021 Practice Profile Survey



Delicious & Easy Heart-Healthy Lean Beef Recipes

SCAN CODE OR VISIT

iabeef.org/recipes/heart-healthy-beef-recipes/ for short videos with step-by-step cooking instructions.

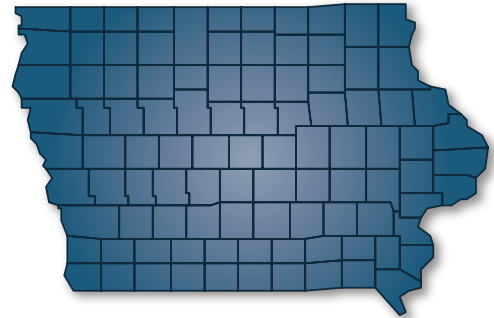


**From Beef. It's What's For Dinner.
certified by the American Heart Association**



ORN Data Brief: Iowa

The *Opioid Response Network (ORN)*, funded by SAMHSA, was established to provide local training and educational resources. *ORN* supports locally identified needs and promotes evidence-based practices for opioid use disorder (OUD) and stimulant use disorder in the areas of prevention, treatment, and recovery. This data brief describes *ORN*'s technical assistance (TA) efforts, including training and education, in Iowa.



Overall Impact in Iowa

Common unique population TA requests

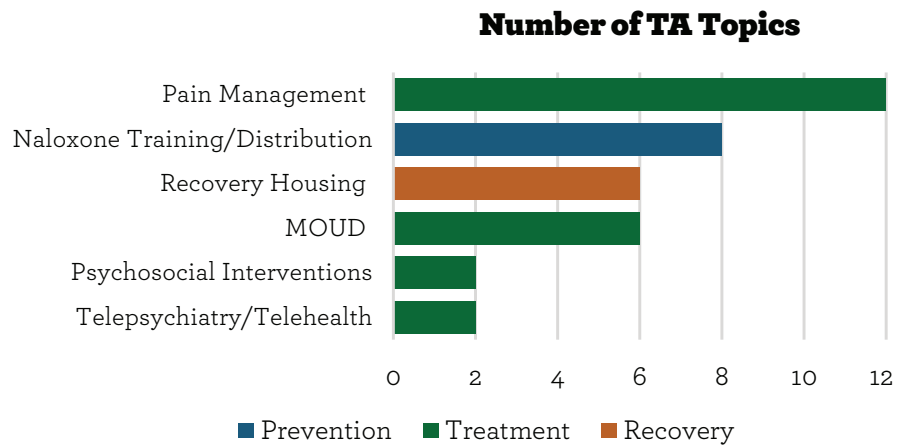
- 7 requests related to people living in rural or remote areas
- 3 requests related to adolescents and transitional age youth
- 3 requests related to justice-involved populations

ORN in Iowa:



Top TA Activity Topics

Pain management was the most frequent topic of the 57 TA activities conducted in Iowa. Additional **TA topics focused on naloxone training and distribution, recovery housing and medication for opioid use disorder (MOUD).**



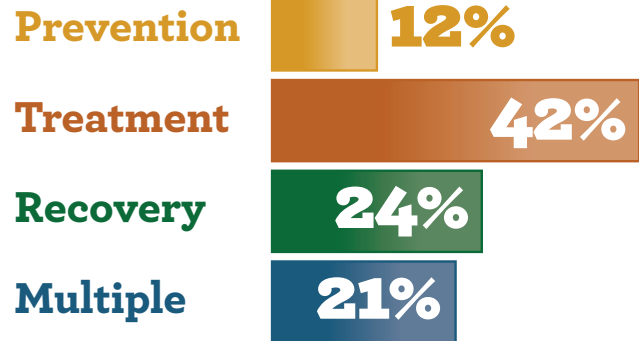
Funding for this initiative was made possible (in part) by grant no. 1H79TI083343 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

TA Requests

Iowa received 29 TA requests.



Most TA requests were related to OUD treatment, followed by OUD recovery; a combination of OUD prevention, treatment, or recovery; and OUD Prevention.



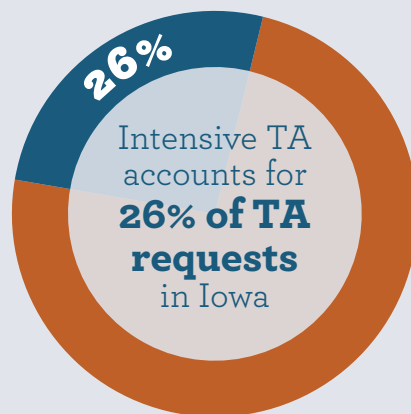
Percentages may not total 100% due to rounding.

Top 3 Strategies

TA Strategy	Virtual	Face-to-Face	Disseminating educational materials and facilitating implementation were the most frequent strategies for delivering TA. Most TA was delivered virtually.
1. Distribute educational materials or resources	8	0	
2. Facilitate implementation	8	0	
3. Hold a training	5	2	

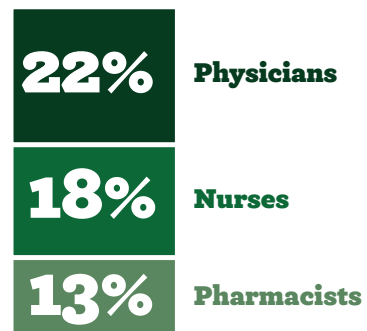
Intensive TA

Intensive TA requires a stable, ongoing relationship between ORN staff and the TA recipient in which they work to develop a plan. Intensive TA should result in changes to policy, program, practice, or operations that support increased recipient capacity of improved outcomes at one or more system levels.



TA Participants

The most common professions among TA participants



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FMCSA AND NRCME TRAINING CONFUSION

By Douglas W Martin MD

There is considerable confusion among stakeholders regarding the re-training and re-certification requirements for those of you who are certified to perform commercial driver medical examinations (CDMEs). The confusion was not helped by the fact that the Department of Transportation Federal Motor Carrier Safety Administration had previously sent out mixed messages regarding these issues.

Many of you took part in the initial training course in either 2013 or early 2014 that allowed you to sit for the examination and be certified by the National Registry of Certified Medical Examiners (NRCME). To remind you, certification was required to be in place by May 21, 2014. From its inception, FMCSA issued two mandatory re-training requirements, one to be completed at 5 years post certification and one to be completed at 10 years post certification, with the idea that completion of the 10 year retraining would allow you to again sit for the

examination which is also required to be passed every 10 years. There was considerable delay by the FMCSA regarding the 5 year training requirement, and even more confusion was created when the FMCSA indicated that it would be the FMCSA itself that would create, administer, and monitor the 5 year retraining process. To make a very long story short, this 5 year retraining course was introduced just in the last year. Thus, the federal government was only 4 years behind in fulfilling their promise on this aspect.

We also learned last year that the original training vendor organizations would be allowed to provide the 10 year re-training courses. So, what ensued was a scramble by multiple organizations to re-ramp up their training and educational processes once this announcement was made.

So where do we sit today?



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10-Year Recertification Training Requirements:

Providers that have been certified and listed on the National Registry are required to be recertified no sooner than 9 years and no later than 10 years after the date of issuance of your Medical Examiner certification credential. Please note that the time frames on this refers to the DATE OF ISSUANCE OF YOUR CERTIFICATION CREDENTIAL. It DOES NOT mean that it is timed from when you took the original training course, nor does the date have anything to do with the date you took the exam. Recertification requires that you again complete a qualified training program, such as ours at <https://iaafp.org/fmcsa-medical-examiner-certification/>, and again take and pass the NRCME certification examination. Once you again pass the NRCME certification examination the FMCSA will issue a new Medical Examiner certification credential which will again be valid for 10 years.

MEs will complete training provided by private sector training organizations in the same manner as the initial National Registry Medical Examiner training required for certification. After successfully completing the training and uploading proof of training completion (i.e., training certificate) to your National Registry account, you will be eligible to take the 10-year certification test. The 10-year certification test will be provided by the two FMCSA-approved testing organizations (Prometric and PSI) in the same manner as the initial National Registry Medical Examiner Certification Test.

MEs Past or Currently Due to Complete 10-year Periodic Training and Testing (MEs past the 9-year timeframe)

To ensure that all MEs in this status have a full year to complete the required recertification training and pass the certification test, FMCSA will not take action against affected MEs for noncompliance with the regulations for not completing the training and passing the certification test within the 10-year timeframe.

The 10-year periodic training and testing function in the National Registry will be available starting on January 1, 2023. All MEs will receive an email at the professional contact email address listed in their National Registry account notifying them when the 10-year periodic training and testing is due to be completed. To be sure you receive notifications regarding the 10-year periodic training and testing, please log into your National Registry account and review your profile to ensure your professional contact email address is correct.

The table below explains how much extra time you will receive to complete the training and testing based on the training and testing being available January 1, 2023, and the month in which your National Registry certification expires.

Certification Expires Extra Time to Complete Training and Testing

January 2023 – 12 months
February 2023 – 11 months
March 2023 – 10 months
April 2023 – 9 months
May 2023 – 8 months
June 2023 – 7 months
July 2023 – 6 months
August 2023 – 5 months
September 2023 – 4 months
October 2023 – 3 months
November 2023 – 2 months
December 2023 – 1 month

Based on this information, FMCSA encourages MEs to take full advantage of the extended 1-year timeframe by starting training and testing actions on January 1, 2023.

(continued on page 22)

“To ensure that all MEs in this status have a full year to complete the required recertification training and pass the certification test, FMCSA will not take action against affected MEs for noncompliance with the regulations for not completing the training and passing the certification test within the 10-year timeframe.”

(continued from page 21)

Steps for MEs to Complete 10-year Training and Testing

National Registry Certification Expires in 2023

All MEs whose National Registry certification expires in 2023, will have a full year to complete the 10-year periodic training and pass the certification test if MEs take full advantage of the extended 1-year timeframe by starting training and testing actions on January 1, 2023. To complete these requirements as outlined in 49 CFR 390.111, please complete the following steps:

- Contact the private sector training organizations to schedule training
- Complete training
- Log into your National Registry account and upload your proof of training (i.e., training certificate)
- Contact one of the 2 FMCSA-approved testing organizations (Prometric or PSI) to schedule the certification test
- Take and pass the certification test prior to your National Registry certification expiration
- Regulatory Compliance and your National Registry Account

For all MEs whose certification expires in 2023, depending on when you complete your 10-year training and testing requirements, you may notice your National Registry user profile indicates that your certification has expired. This will not impact your ability to perform physical qualification examinations and use the National Registry system, and as indicated above, FMCSA will not take action against affected MEs for noncompliance with the regulations for not completing the training and passing the certification test within the 10-year timeframe. However, any MEs whose certification expires in 2023 that have not completed the 10-year periodic training and received a passing score on the 10-year certification test by December 31, 2023, will be removed from the National Registry for noncompliance with the Federal Motor Carrier Safety Regulations.

National Registry Certification Expires in 2024 or Later

All MEs whose National Registry certification expires in 2024 or later will be notified by FMCSA after their 9-year certification anniversary that they need to complete their 10-year periodic training and pass the certification test. Once notified, MEs should follow the steps outlined below:

- Contact the private sector training organizations to schedule training

- Complete training
- Log into your National Registry account and upload your proof of training (i.e., training certificate)
- Contact one of the 2 FMCSA-approved testing organizations (Prometric or PSI) to schedule the certification test
- Take and pass the certification test prior to your National Registry certification expiration.
- If you have questions related to this message, please contact the National Registry Helpdesk at *FMCTechsup@dot.gov* or 617-494-3003.

Providers that are already certified and listed on the National Registry are required to complete recertification no sooner than 9 years and no later than 10 years after the date of issuance of the Medical Examiner certification. Recertification requires that providers again complete a qualified NRCME certification training program, such as IAFP's, upload a copy of your new training certificate to your NRCME profile, and again take and pass the NRCME certification examination. Once you pass the NRCME certification examination the FMCSA will issue a new Medical Examiner certification credential certificate which will again be valid for 10 years.

The Iowa AFP offers an on-demand course that can be used for both initial and re-training requirements. There are plans underway to conduct a live in-person course sometime in 2023. To make matters even more challenging, the core curriculum of this course will change once the Medical Examiner's Handbook is printed in its final format in the Federal Register. We have been waiting for a new MEH now for over 9 years, and a proposed MEH was presented for comments in the Federal Register a few months ago. There are several problems with what was proposed, and you can read about the American College of Occupational & Environmental Medicine's (ACOEM) comments here:

<https://acoem.org/Advocacy/Public-Comments/ACOEM-Comments-on-Draft-Medical-Examiner-Handbook>

Once the new MEH is presented, I will be updating the IAFP Course to reflect those changes. It appears that the FMCSA will be moving away from the traditional "regulation and guidance" method of providing examiners with rules and best practices to follow, in favor of a more individualized approach. Unfortunately, this move is likely to result in more inter-rater reliability issues (a driver who presents to two different examiners will be more likely to receive a different certification outcome) than before, a move that is quizzical at best.

FMCSA Medical Examiner Certification Training Course

Are you planning on performing commercial driver physicals?

HAVE YOU TAKEN A TRAINING COURSE?

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

**Valid for 10 YEAR
RECERTIFICATION**

Register Online
www.iaafp.org

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

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

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

For more information about the program go to

www.iaafp.org

IOWA ACADEMY OF FAMILY PHYSICIANS 2023 GALENA FALL CME GETAWAY

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



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

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

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

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

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

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

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

PLEASE VOLUNTEER TO PRESENT A CME SESSION(S) AT THIS CONFERENCE. THE CME PROGRAM AND NUMBER OF CREDITS WILL BE FINALIZED AFTER SPEAKERS AND TOPICS ARE IDENTIFIED.

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

Title of Proposed Topic(s): _____

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

Name _____ Email _____

Street Address _____ City _____ State _____ Zip _____

Phone# _____

CANCELATION POLICY:

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

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

For additional information please check out iaafp.org/Galena

FARM BUREAU AWARDS RURAL PHYSICIAN SCHOLARSHIPS

Two (\$5,000) Iowa Farm Bureau Rural Family Medicine Scholarships were awarded in 2022.

"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.

2022 Student Recipient



• **GRANT HENNING, MD -**

• Growing up in DeWitt, Grant was able to witness how important the role of a family physician can be in the community. There is opportunity to integrate into the community which allows physicians to be community leaders and focus on preventative medicine that goes beyond just the face-to-face interactions in the office. Grant completed his medical training at the University of Iowa and is now completing his residency there as well. His mentors feel he is well-rounded and brings with him unique rural, collegiate and community sports experiences which highlight his natural role as lifelong teacher for his patients. After residency, Grant would like to practice medicine in an area where he can start and finish his career. He hopes to be able to carry a panel of patients that range from infants to grandparents, and plans to provide these patients a stable partner in their healthcare journey.

2022 Resident Recipient



• **TAYLOR DREISE, DO -**

• Having been raised from a very young age in rural Northwest Iowa, Taylor has been fortunate enough to see firsthand the importance that medical providers can play in the community and in the health of its members. Because of this it was instilled in him at an early age that Midwesterners are like boomerangs – you can toss them out in any direction, and they may go far, but they will often return to where they came from. After completing his undergraduate in athletic training, Taylor became a certified athletic trainer at Northwestern College in Orange City. After serving for several years, he decided to further his medical education at Des Moines University. From there, he completed his residency at Iowa Lutheran, where he has been praised for his leadership skills, resilience and overall genuineness. He now is back in Orange City where he looks forward to a long career of service in rural Northwest Iowa – the same place that has served him so well.

NEW MEMBERS

Active

Caroline Amao, MD, Corning
 Regan Cone, DO, Le Claire
 Amanda Gerber, MD, West Point
 Haley Hicks, DO, Des Moines
 Jessica Hui, MD, Des Moines
 Glenn Hurst, MD, Minden
 Ronald Lockington, MD, Des Moines
 Jason Losee, DO, Sergeant Bluff
 Benjamin Nordby, MD, Amana
 Ahmed Quasem, MD, Bettendorf
 Michael Simons, MD, Grimes
 Vincent Taeger, MD, Coralville
 Sarah Zeien, DO, Des Moines

Maria Payan Rodriguez, Des Moines University
 Priynt Patel, University of Iowa
 Spencer Peterson, University of Iowa
 Emma Phelps, University of Iowa
 Ashrita Ragnuram, University of Iowa
 Kara Rueschenberg, University of Iowa
 Josh Russell, University of Iowa
 Kyle Schafer, Des Moines University
 Megan Sinik, University of Iowa
 Nick Sparr, University of Iowa
 Leon Sun, University of Iowa
 Aline Thiengmany, University of Iowa
 Joshua Turek, Des Moines University
 Hassan Warraich, University of Iowa
 Leighton Wheeler, Des Moines University
 Kayla Yates, Des Moines University

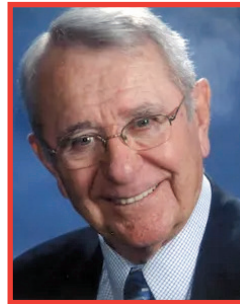
Residents

Sranita Devarasetty
 Amjed Katmeh, MD, Waterloo
 John Pienta, MD, Des Moines
 Michael Rayalu, MD, Des Moines
 Alexander Schmidt, DO, Des Moines

Students

Maryam Ahmad, University of Iowa
 Becca Amick, Des Moines University
 Tyler Atagozli, University of Iowa
 Jodi Backalar, Des Moines University
 Matthew Benson, University of Iowa
 David Blankenship, II, Des Moines University
 Nelson Browning, Des Moines University
 Kayla Comried, Des Moines University
 Elaine Dandan, Des Moines University
 Sarah Doverspike, Des Moines University
 Nathan Givens, Des Moines University
 Jacob Hamilton, Des Moines University
 Samantha Hurre, Des Moines University
 Cameron Keomanivong, University of Iowa
 Ellesavette Kokkinos, Des Moines University
 Kendal Kuboushek, Des Moines University
 David Lee, University of Iowa
 Grace Lee, University of Iowa
 Taylor LaChapelle, Des Moines University
 Stefan Lilly, Des Moines University
 Alex Marti, University of Iowa
 Kayla Matteo, Des Moines University
 Emily McMarimon, University of Iowa
 Alexandra McMullen-Simpson, Des Moines University
 Tracy Mudondo, Des Moines University
 Sanah Munir, University of Iowa
 Zackaria Niazi, Des Moines University
 Joshua Nichting, University of Iowa
 Guia Stephanie Pascual, Des Moines University

In Memorium



Thomas Dean Gartin, MD
 of Ames



Gene Everett Michel, MD
 of Frisco, Texas
 IAFP President 1979-1980



Gene Van Zee, MD
 originally from Pella

CORRINE GANSKE, M.D. INSTALLED AS PRESIDENT OF THE IOWA ACADEMY OF FAMILY PHYSICIANS



Corrine Ganske, M.D.

Corrine Ganske, M.D. of Des Moines was installed as President of the Iowa Academy of Family Physicians at the installation and awards banquet held October 28, 2022 at the West Des Moines Sheraton

Dr. Ganske attended medical school at the University of Iowa. She completed her family medicine residency at Oregon Health Sciences University. Dr. Ganske was on the faculty of the Iowa Lutheran Family Medicine Residency for 36 years. During that time, she was the assistant program director for 10 years and the program director for 13 years.

Dr. Ganske serves as the President of the Board of Eyerly Ball, a UnityPoint-affiliated community mental health center. She also serves on the Board of UnityPoint-Des Moines.

STACEY NEU, M.D. NAMED IOWA ACADEMY OF FAMILY PHYSICIANS MEDICAL EDUCATOR OF THE YEAR

Stacey Neu, M.D. of West Des Moines was named the 2022 Iowa Medical Educator of the Year. The Medical Educator of the Year Award is presented annually to recognize a physician who is providing outstanding quality in family medicine education. Nominees are submitted by students, practicing physicians and educators.

Dr. Neu graduated from medical school at The University of Iowa Hospital and Clinics. She completed her residency at the Williamsport Hospital Family Medicine Residency in Williamsport, Pennsylvania. Dr. Neu is a faculty member of the Iowa Lutheran Hospital Family Medicine Residency Program.

A former resident had this to say about Dr. Stacey Neu: “To me, a successful teacher should have excellent medical knowledge, encourage thoughtful assessment about differentials/treatment and lead by example. Dr. Neu embodies these qualities of an excellent teacher in medicine.”

Congratulations Dr. Neu!



Stacey Neu, M.D.

THREE IOWA FAMILY PHYSICIANS RECEIVE LIFETIME ACHIEVEMENT AWARD

The IAFP awarded the 2022 Lifetime Achievement Award to Jim Buck, M.D. of Fairfield, Joseph Pollpeter, M.D. of Marshalltown, and Andrew Smith M.D. of Guttenberg,

Dr. Buck graduated from the University of Minnesota Medical School. He completed his family medicine residency in Baltimore, MD, at Franklin Square Hospital, an affiliate of Johns Hopkins Hospital. Dr. Buck is the medical director for inpatient services and performs endoscopic procedures at Jefferson County Health Center in Fairfield.

Dr. Pollpeter attended medical school at the University of Illinois College of Medicine in Peoria. He completed his residency at Cedar Rapids Medical Education. Dr. Pollpeter currently practices at McFarland Clinic in Marshalltown.

Dr. Smith graduated from the University of Iowa Medical School. He completed his residency in Waterloo, at what was then, Blackhawk Area FP Residency Program. He practiced in Guttenberg from 1983 until his retirement in 2022.

The Lifetime Achievement Award is given annually to a family physician(s) who meet the following criteria:

- Has been a member of the Academy in good standing for at least 15 years
- Is a resident of Iowa
- Has been involved in significant community service and civic activities
- Is a role model for other family physicians, residents and/or medical students.

The Lifetime Achievement Award is unique in that all awardees are nominated by another member of the Iowa Academy of Family Physicians. A committee made up of physician members selects the awardees.

The IAFP would like to thank Drs. Buck, Pollpeter, and Smith for their significant contributions to their communities and patients, and to recognize their service to family medicine in their roles as mentors, role models, teachers.



Jim Buck, M.D.



Joseph Pollpeter, M.D.



Andrew Smith M.D.

JEFFREY HOFFMANN, D.O. RECEIVES IOWA FAMILY PHYSICIAN OF THE YEAR AWARD



Jeffrey Hoffmann, D.O.



Jeffrey Hoffmann, D.O., a Guttenberg family physician, was named the 2022-2023 Iowa Family Physician of the Year by the Iowa Academy of Family Physicians at the installation and awards banquet held October 28, 2022, at the West Des Moines Sheraton.

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

Dr. Hoffmann graduated from the University of Osteopathic Medicine and Health Science in Des Moines (now Des Moines University). He completed his residency at Broadlawns Medical Center in Des Moines.

Dr. Hoffmann currently practices in Guttenberg. A nomination letter we received said this about Dr. Hoffmann: “Dr. Hoffmann has not just been a physician to us, but a true blessing in every way. He has saved my family in more ways than one, given us a shoulder to cry on, words of faith and wisdom to hold onto when we felt like we had nothing to grasp, and most importantly, shown us actual love. Love of his community and the gifts and career he was blessed with. Love of his patients and staff. I believe if there is any physician out there who deserves this award, it is him. His career as a doctor is not just something he does for a living, but something he does with pure and unending love to help others. This award is for a Family Physician of the Year, and Dr. Hoffmann is everything this entails, starting with the word Family. He makes his patients more than a case or people to heal, he makes them his family.”

Congratulations Dr. Hoffmann!

AAFP Appoinment

IAFP Board Chair, Laura Bowshier, MD has been appointed to the AAFP FamMedPAC Advisory Board. She will serve a two-year term.

CONGRATULATIONS TO OUR NEW BOARD MEMBERS

AAFP President, Dr. Tochi Iroku-Malize, M.D., installed the new IAFP Officers and Board of Directors at our Annual Awards and Installation Banquet.

(Pictured from left to right)

President-Elect, Kate DuChene Hanrahan, M.D.,
Board Chair, Laura Bowshier, MD,
Vice President, Sarah Ledger, D.O.,
District 4 Director, Patrick Courtney, M.D.,
District 1 Director, Ursula Livermore, M.D.,
Alternate Delegate to the AAFP,
Brent Hoehns, M.D., and
Delegate to the AAFP, Jeffrey Hoffmann, D.O.

Congratulations on your new positions.



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PODCAST

IAFP member, Dr. Elizabeth Petelin, a third-year resident at MercyOne in Des Moines, was recently featured on a podcast with the President and CEO of the CDC Foundation, Dr. Judy Monroe. Dr. Monroe was attending the IAFP Annual Conference in October where she heard Dr. Petelin presenting an interesting case. Dr. Monroe asked Dr. Petelin to come on her podcast to share more about the case and how nutrition plays a role in healthcare.

Below are links to access the podcast as well as a blog post from Dr. Monroe about the episode.

Direct link to episode: <https://www.cdcfoundation.org/conversations/prescription-for-nutrition>

Blog post from Dr. Monroe about the episode: <https://www.cdcfoundation.org/blog/contagious-conversations-food-medicine>

IAFP OFFERING ON-DEMAND CME

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

ON-DEMAND IAFP END OF LIFE CARE COURSE

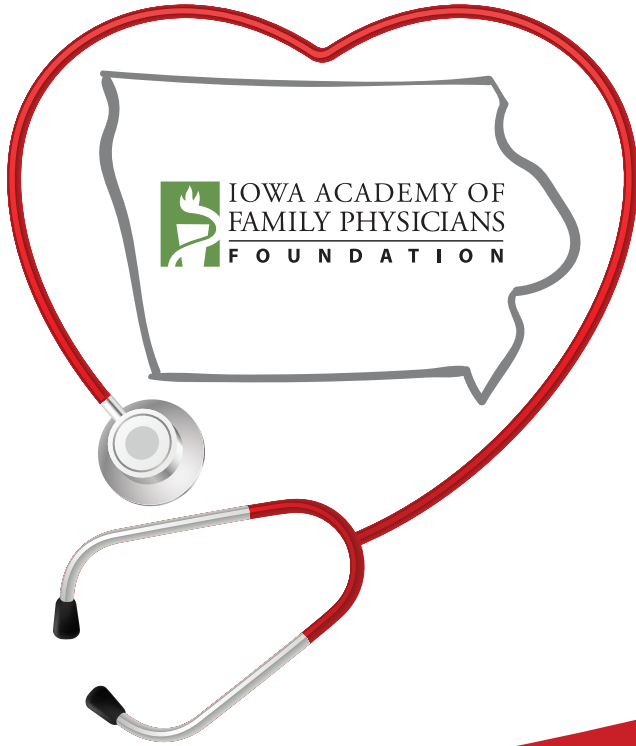
**COST: \$40 IAFP/AAFP MEMBERS
\$50 NON-MEMBERS**

ON-DEMAND EVIDENCE BASED CARE OF CHRONIC PAIN COURSE

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

**TO GET MORE INFORMATION
OR TO REGISTER, VISIT
WWW.IAAFP.ORG/EDUCATION**

THE HEART OF THE FOUNDATION



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

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

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

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

THANK YOU TO ALL OF OUR 2022 DONORS!

WANT TO SEE YOUR NAME HERE? PLEASE DONATE BELOW!

Candyce Ackland, MD
Robin Barnett, DO
Larry Beaty, MD
Jim Bell, MD
George Bergus, MD
Donald Boldt, MD
Jenny Butler, MD
David Carlson, MD
Melanie Cleveland, MD
Patrick Courtney, MD
Adrian Cordovi, MD
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Jeff Hoffmann, DO
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Lisa Kies, MD
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Ursula Livermore, MD
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Patricia Magle, MD
Doug Martin, MD
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Brian Mehlhaus, MD
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David Nystrom, DO
Sarah Olsasky, DO
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Jessica Rockafellow, MD
Kelly Ross, MD

Dawn Schissel, MD
Andrea Silvers, MD
Robert Shires, MD
Candice Smith, MD
Dustin Smith, MD
Gerry Stanley, MD
Erin Swenka, DO
Heidi Van Maanen, DO
Jason Wilbur, MD
Pam Williams
Mack Worthington, DO

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

IAFP Foundation Donation:

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

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

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

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

Make a donation online at www.iaafp.org or

- Pay by check Pay by credit card
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